

MEDICAL INSIDER™

A Newsletter for Physicians Using HMA Facilities

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EMAIL OVERLOAD

There appears to be an overwhelming volume of advice on how one can manage email more effectively. In part, busy physicians have attempted to minimize burdensome email, especially email that is not relevant to their practice. The following are some compilations of ways you might want to consider reducing email overload.

As a Recipient

To avoid constant distractions, turn off automatic notifications of incoming email. Then establish specific times during the day when you check and take action on messages.

Don't waste time sorting messages into folders: Inbox search engines make that unnecessary. (One possible exception: Create an "urgent action" folder—but don't forget to check it.)

Don't highlight messages you intend to deal with later by marking them as "unread." In Microsoft Outlook accidentally typing in the wrong keyboard shortcut will irrevocably designate every item in your inbox as "read." (As it turns out, "Undo" isn't an option.)

If you won't be able to respond to an email for several days, acknowledge receipt and tell the sender when you're likely to get to it.

As a Sender

Make messages easy to digest by writing a clear subject line and starting the body with the key point. Use boldface headings, bullet points, or numbering to highlight action items—and to note who's responsible for each one.

To eliminate the need for recipients to open very short messages, put the entire contents in the subject line followed by "com" (end of message).

Whenever possible, paste the contents of an attachment into the body of the message

Minimize email ping pong by making suggestions ("Should we meet at 10?") rather than asking open-ended questions ("When should we meet?")

Before you choose "reply to all," stop and consider the email burden that your choice places on each recipient. If you wouldn't be able to justify that burden, remove the recipient from the send list.

For your own sake, send less email: An outgoing message generates, on average, roughly two responses.

Source: Harvard Business Review, September 2009

Thought for the month: The rarest gift that God bestows on man is the capacity for decision.—Dean Acheson

H1N1 PREPARATION

The exact number of people who will contract H1N1 Flu Virus is unpredictable. However, one can anticipate there may be significant disruption around your office, as well as in the hospital.

It is appropriate to plan now for what may be an unusually active flu season. Consider the following.

- Establish specific vaccine schedules and manage those schedules.
- Consider cross training employees, should some of your key employees become ill.
- Having staff work from home where possible.
- Keeping those with H1N1 symptoms away from other patients, and even directing some of these patients elsewhere to minimize disruption and illness spreading.
- Consider posting signs educating patients about respiratory hygiene and cough etiquette.
- Alcohol based hand rub should be readily available to staff and patients.
- During a pandemic any items that patients may share that are unnecessary to medical care, such as toys or magazines in the waiting room, should be removed.
- A phone triage system to screen mildly afflicted individuals may serve as an adequate triage to prevent spreading the illness among other patients who may be in your office.
- Determine an organizational structure and accountabilities within your practice, as well as how you will put your particular plan in effect.
- Incorporate and compliment your plan with your local hospital and community response plan.

Public health agencies and your individual medical societies, including the American Medical Association, have numerous resources on this subject. Your plans should include strategies for informing patients—and everyone working in the practice—that they may need H1N1 immunization in addition to the usual vaccine for seasonal flu.

Source: www.flu.gov/professional/checklists.html.



LET US KNOW: This newsletter is a means of communicating with physicians utilizing HMA hospitals. It is our intent to address issues having bearing on the success of your practices, and we are anxious to hear from you concerning ways the company can improve the care rendered to your patients or help make your practice professionally more efficient and satisfying. Please feel free to write us with your observations, suggestions or thoughts at Ron.Riner@hma.com or rriner@rinergroup.com.— Ronald N. Riner, MD, Acting Chief Medical Officer