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T. T. Mitchell Consulting

Changing Attitudes and Perceptions for Unlimited Growth

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Positive Diversity In Patient Accounting

Last October I presented a seminar for an [AAHAM](#) (*American Association of Healthcare Administrative Management*) group in another state. The topic of this event was Diversity in the Patient Accounting Process. I began my talk by specifically saying that what I was going to talk about is a difficult topic, but it might not apply to every person's facility in the room. Then I began the presentation, and one of the first things I said was that different people have different perceptions of what's fair and what's not, and that the perception of the people in the community is always more important than the perception of the people in the facility, and that it's also important to address the perception of your employees if you want to be an effective manager.

About 10 minutes into my talk this one lady in the audience raises her hand, and when I call on her she states that maybe issues of diversity are a problem in the area that I live in, but in her area this wasn't the case at all. Me being me, I questioned her further on this. She said her facility had "lots" of diversity. I asked her about management and she said her facility had "lots" of minorities in management. I pressed further and asked how many management level positions were there at her particular facility, and she said 25. I asked what the percentage of minorities out of that number were and she said "Oh, at least 5%." So I said, "In other words, you're saying there's maybe 2 or 3", giving her the benefit because her figure would mean there was 1 ¼ minorities. She didn't say anything to that, so I asked her if that was representative of the population in her community, and she said yes. This other woman in the audience raised her hand at that point, so I called on her. She said "I happen to live in the area that this woman's facility is in, and at least 35% of the population there is black, and I've been in this woman's facility and they don't come close to having that many minorities in her hospital."

Of course an argument almost broke out, so I stepped in and pointed out how one of my points had been proven by this interaction. What we had was someone from the facility with one point of view, and someone from the

community with another point of view. I followed up on that by reiterating the rest of my original point, that being it's always more important to recognize the point of view of your customer, in this case the potential patients in the community, rather than believe everything is going okay.

Those who know me personally will realize that I come at this particular issue from a unique point of view. Healthcare is the one industry where women have the possibility of being equal with men in management positions, with the possible exception of the CEO spot. Even there, healthcare has more female CEOs than any other industry in America. Once you step away from the gender equity, though, most medical facilities are deficient in coming close to matching the minority populations of the area they're located in. I have been in the major hospitals in central New York, as well as visiting some others throughout the state, and unfortunately it's been proven time and time again. At my last facility, besides myself, at one point the only minorities who were working at the facility were in housekeeping. In Mid York, the central New York chapter of AAHAM, for many years I was the only minority participant.

So, what kind of numbers are we talking about anyway for our communities? In my particular regional area it equates to at least 25% of the population being associated with some type of minority group. I doubt that most of you know the breakdowns in your area; it's never been your job to know them, and you probably have never thought about the topic before now. Someone in your facility should know them, though; if you don't know what your population base is, how can you properly serve them?

The numbers from my own area are enough to highlight the fact that there are significant demographics which justify the reality that some of our facilities are failing their respective communities in their hiring practices for all positions within the hospital. It's inherently unfair to make up the difference by putting minorities in only non-skilled positions such as housekeeping or the cafeteria. And it certainly doesn't address the lack of diversity in areas of management. I know some of the arguments that are made why there aren't more minorities; sorry, but they are all invalid excuses. Trust me on this one; at my last facility I was able to conquer a few inequities on my own, though none of them were in management.

This talk about diversity isn't only about minorities. How many of you have anyone with physical disabilities working for you? How many of you have handled the issues of sexual orientation in a proper fashion? How many of you have ever addressed the possible class issues of your employees as it pertains to their past or present economic or ethnic differences? How many of you have ever addressed possible conflicts because of religion? How many of you have addressed issues that come up because of differences in physical

stature between your employees (heavy, skinny, tall, short, bald, etc)? How do you address the issues of age within your department?

Finally, the most important question; do you treat everyone the same, or treat everyone fairly? It's an important distinction because the reality is that every person can not be treated the same. No two people are alike, which means that each person will react differently to the same stimulus. There are some people who work well within a strict environment, and some who need more freedom. There are some people who need some kind of noise in the background to work well, some who need total silence. These may only seem like management issues; in reality, they are diversity issues as well.

Anyone who works within any kind of facility, even those of us who work with facilities in other capacities, are being watched all the time, and it's important to project the image of fairness as well as the image of equality. What do you think the community your serving really thinks of you and your facility? What do you think most of your employees really think of you and your facility as it relates to issues like these? Do you have the guts to ask? Diversity issues are tough to deal with, but one I personally had to deal with on a daily basis when I was still working in hospitals. I was tough enough to deal with it; are you tough enough to at least consider the issue?

T. T. Mitchell Consulting is dedicated to helping healthcare entities improve their financial base as it concerns receivables and revenue issues, including registration, billing, collections. We concentrate our efforts on the entire revenue process. We are also dedicated to helping facilities produce more effective employees. Our concentration is management, diversity and harassment issues, employee relations and customer service education, and group or individual coaching and counseling sessions are available. We offer short term and long term programs and contracts to help all employees of an organization learn to work better with each other in a changing and diverse world. If you would like to view services provided by T. T. Mitchell Consulting please go to the website for more information:
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T. T. "Mitch" Mitchell
 T. T. Mitchell Consulting
 (315) 622-5922

<http://www.ttmitchellconsulting.com>