# NEW CLINIC MANAGER JOURNEY: YEAR ONE

TIME RANGE

TASKS / GOALS

EVENTS / CONDITIONS

EXPERIENCE

QUOTES

OPPORTUNITIES

## FOUNDATIONS (Month 1)

### People

- Meet patients with Mentor or CN
- Attend meetings with DO, ATL and area CMs
- Join CM Support group with Area CMs; attend via Teams group chat

### Planning

- Review checklist created by Mentor on daily, weekly, monthly tasks. Example: Opening/Closing tasks.
- Learn from Mentor how to prioritize alerts and emails
- Work with Mentor on when and how often to communicate with DO, RVP, others
- Schedule Tier 1 Training

### Learning

**Facility Operations**

- Learn about water filtration, dialysate mixtures, BioMed duties, supply ordering, phones, internet and building resources (like power, security, etc.)
- Meet with AA on supply ordering

**HR and Staff Management**

- Learn HR-related applications: WorkDay, Kronos, and LMS for training and certifications tracking. Attend online courses as needed.
- Work with Mentor on best ways to manage staff interpersonal relationships
- Schedule 1:1s with staff and Mentor
- Working with ScheduleWise Part 1: Scheduling Staff. Create Excel spreadsheet to support 6-week oversight of staffing calendar.

**Quality and Reporting**

- Learn schedules for Assessments and Reports; what's due daily, weekly, monthly, quarterly and yearly.
- Understand what drives CQS scores
- Learn related applications
  - CROWNWeb
  - NHSN
  - Governing Body
  - QAI
  - Facility audits
  - OSHA
  - DT POC meetings oversight

**Budget and Finance**

- Review current Clinic budget with Mentor, DO or ATL

**Clinical – Staying in Touch with the Floor**

- Working with ScheduleWise Part 2: Scheduling Patients. Learn how to resolve spikes.
- Review patient treatment plans with Mentor; identify patient exceptions; ascertain what can be delegated to staff.
- Work with Mentor on how to deal with New Patient Admission Process

### EVENTS / CONDITIONS

- Water pipes froze overnight, work with Mentor, BioMed and building maintenance to resolve
- PCT just quit. Work with Mentor and Recruiter to create job requisition
- Need to cover the floor 3–4 hours per day because the clinic is short-staffed

### EXPERIENCE

### QUOTES

- "I personally love working for the company. I love the autonomy dialysis provides, the ability to keep learning and opportunities to develop and grow with the company."
- "It's like drinking from a fire hose."
- "So when that happens, [it's] like, 'Oh my God, now I also I have to work the floor, too!' And when you work the floor, your day is gone because you really can't focus on anything else."

### OPPORTUNITIES

**Define the role and responsibilities more explicitly**

Many CMs expressed that they felt their role was not well-defined, and as a result, their is a great deal of overlap in peoples' responsibilities. Some did not anticipate the breadth, scope and depth of detail entailed in the job.

**Incorporate focused training on clinic budgeting and staff oversight before the CM enters their new role**

Many CMs expressed that they felt particularly inadequate in the areas of clinic financial governance and managing people effectively.

**Ensure a structured, solid period of mentorship is in place that is a minimum of 3 weeks long**

Many CMs emphatically stated that the experience of shadowing with a mentor was indispensable to properly learning the role. Those who had no dedicated mentor struggled to orient themselves to their new responsibilities and find information. Some expressed that they felt unsupported and abandoned by the organization.

**Provide checklists, SOPs, and training on new applications**

Some CMs felt there were not adequate guidance tools in place for them: SOPs (opening-closing, aquaB system), lists of regulatory people in their area, etc.

**Establish a dedicated, inviolable time for Tier Trainings**

Many CMs either did the trainings at home, compromising their work-life balance, or failed to complete them entirely because of urgent demands on the floor secondary to staffing issues. Even after several months, some were still unsure of themselves because they never had the time to learn the role thoroughly.

## UNDERSTANDING (Month 2)

### Ongoing Learning

- Work with DO or ATL on clinic budget
- Meet with DO or ATL for training and support, once every few weeks

**Attend Tier 1 Training**

- Romulus et Remus
- In Virgins regnis magna
- In Terra Multorum
- Novus ordem
- Felicity perpetua
- Dogma ipsum lorem
- Iudicum civilis

### Staff Management

- Conduct reviews and issue merit raises
- Interview staff for Charge Nurse position
- Work with AA on monthly staff appreciation
- Review PTO requests in Kronos. Publish PTO on Staff Room Vacation board, for transparency.
- Track staff training and certification schedules. Inform staff of upcoming deadlines.
- Coordinate schedule for RD and SW (shared resources)

### Oversight / Quality

- Resolve eCC alerts, prioritize emails daily. Address expiring orders.
- Review daily, weekly, monthly checklists from Mentor
- Work with DO on State Inspection prep and Emergency preparedness binder
- Work with area CMs on best practices for network projects: Handwashing, Engagement, 5-Diamond
- Work with AA on supply ordering
- Attend monthly DO and area CM meeting
- Review CQS scores with DO

### Reporting

- Work with DO on daily reports
- Work with area DO on weekly and monthly reports:
  - CROWNWeb
  - NHSN
  - Governing Body
  - QAI prep
  - Facility audits
  - OSHA
  - DT
  - POC meetings oversight

### EVENTS / CONDITIONS

- Tier 1 Training done from 5–8 pm at home — there isn't enough time during the work day
- Time with DO or ATL is beneficial but inadequate
- Admissions just assigned a new patient without consulting the ScheduleWise Lobby. Refuse and justify.
- RN calls in sick; to maintain compliance, work the floor
- Work with DO on rotating RN/PCTs to fill staff shortages
- Interview RN and PCT for open roles
- Onboard new PCT with staff PCT3
- Onboard new RN with Precept RN
- Intervene to resolve transportation problem for a patient
- Call FedEx regarding failure to pick up labs – AGAIN. Package specimens so I can drop them off at a FedEx drop location on my way home. Follow up with Spectra regarding missing labs.
- Admissions just assigned a new Trach patient that the clinic can't accommodate. Refuse and justify.

### EXPERIENCE



### QUOTES

- "You have oversight, literally on every little thing."
- "It's just the workload. [Just as you start] getting more comfortable [with the role], you realize there is [so much more] to do."

### OPPORTUNITIES

**Ensure time dedicated to training is protected and doesn't "bleed" into working off-hours in the office or the CM's home life.**

**Consider shrinking the scope of CM responsibility**

Transfer some responsibilities to another function in order to alleviate the sense of burden and overwhelm experienced by many CMs

**Expand the pool of potential new-hires by removing unnecessary barriers and requirements**

Some CMs claimed they were unable to hire qualified candidates because they lacked certain credentialing that was not really necessary to performing their job, thereby limiting an already sparce candidate population.

**Resolve the difference between staff-to-patient numbers calculated by ScheduleWise vs. the reality on the floor.**

This "numbers" discrepancy creates constant frustration for CMs: They are expected to take new patients when they don't have adequate staff, and they cannot hire additional staff. Staff who are "maxed out" on PTO can't take time off because there is no coverage available to compensate during their absence.

**Ensure that new CMs have adequate training on every application that is required for them to fulfill their responsibilities well, before they are expected to begin their roles.**

## TEAM BUILDING (Months 3–6)

### Ongoing Learning

**Attend Tier 2 Training**

- Romulus et Remus
- In Virgins regnis magna
- In Terra Multorum
- Novus ordem
- Felicity perpetua
- Dogma ipsum lorem
- Iudicum civilis

**Attend Tier 3 Training**

- Romulus et Remus
- In Virgins regnis magna
- In Terra Multorum
- Novus ordem
- Felicity perpetua
- Dogma ipsum lorem
- Iudicum civilis

### Oversight

Work with DO on:

- Fire drills
- Emergency audits
- Medical Director training documents
- Co-morbid review

### Reporting

- Work with DO on Quarterly Reports
- Master process of of preparing daily, weekly and monthly reports

### Staff Management

- Rework patient and staff schedules in ScheduleWise, daily
- Review Patient Experience analytics tied to patient on/off times
- Start process for mid-year performance evaluations
- Work with local Tech high school regarding shadowing opportunity

### EVENTS / CONDITIONS

- Tiers 2&3 Training done at home from 5–8 pm
- Inclement weather incident: Negotiate for building access, resedule patients and ensure adequate staff is available
- Attend newly-created CM Suuport Group meeting via Teams
- Negotiate excessive overtime situation with DO due to staff shortages
- Address patient complaints due to rescheduling under ScheduleWise constraints. Patient became verbally abusive to PCT. Patient Safety notified.
- Staff issue: Veteran PCT learned that new PCT is making $3/hour more. Has requested raise. Will consult with DO.

### EXPERIENCE



### QUOTES

- "This is the worst work-life balance I've ever had in my life."
- "There were a lot of behavioral issues with the patients, and then the staff, and it was really overwhelming. That was probably one of my breaking points."

### OPPORTUNITIES

## LEADING (Months 7–12)

### Ongoing Learning

**Prep for annual training and testing**

- Clinical annual training
- Mandatory CROWNWeb
- NHSN training

### Staff Management

- Start process for year-end performance evaluations
- Update staff on certifications and training schedules

### Leadership

- Train new CM

### Oversight / Quality

- Resolve eCC alerts, prioritize emails daily. Address expiring orders.
- Review daily, weekly, monthly checklist
- Prepare for State Inspection
- Attend monthly DO and area CM meetings
- Review CQS scores with DO
- Conduct Mock code
- DFR/QUIP access and Process
- Inclement weather preparation
- Lab calendar
- Annual skills checklist

### Reporting

- Prepare weekly/monthly and quarterly reports
- CMS Reports from Network

### EVENTS / CONDITIONS

- Work the floor so staff can take PTO
- Re-work staff and patient schedules to accommodate transients
- Held a Job Fair, but no one showed up
- Admissions sends a new patient that the Clinic can't accommodate. Refuse and justify.
- Take a dialysis machine off the floor for repair. Work with neighboring clinics to take two patients until the issue is resolved.

### EXPERIENCE



### QUOTES

- "I still don't know all the systems: eCube Financials, … NHSN and CrownWeb, I only know what I was either able to teach myself or what somebody showed me once."
- "When you have too many things that you're responsible for, you can feel like you're you're failing."
- "You are treading water day in and day out and all you can see is water for miles around you. No one sees you are on the verge of drowning … So a lot of the managers either leave the job or they mentally check out and are not performing at the level they should …"