

Central Columbia Hospital

Scenario D:
Technology/
Social Media/HIPAA

PROJECT TEAM

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Please note: All company and individual names in this case are fictional.

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Central Columbia Hospital: Overview

Central Columbia Hospital was founded in 1889 as a nonprofit, community-based health care facility in northeastern Pennsylvania. This 116-bed, acute care facility employs 963 employees and is nestled along the Susquehanna River's northern branch in Briar Creek. The facility provides general medical and surgical services to the surrounding community of approximately 70,000 people. The hospital is proud of its tradition of upholding its mission to these communities by providing comprehensive health care services in a compassionate, caring and cost-effective manner while maintaining the highest level of professional excellence. The hospital is in the process of a yearlong celebration commemorating its 125th anniversary by partnering with the community for free monthly health screenings, hosting a summer carnival on the hospital's grounds and reaching out to local elementary schools to provide free healthy lunches each week.

Dr. George Stiller has served as the hospital's board chair for the past six years and is an obstetrician/gynecologist (OB/GYN) in the community. Stiller has lived and practiced in this community for more than 37 years and has delivered many employees of the hospital. He is known for being kind, gentle and truly caring, and can recall almost everyone in the hospital by his or her first name. Employees often seek Stiller's sympathetic ear to express concerns about everything from staff-to-patient ratios to the cafeteria food. Stiller takes a hands-on approach to his duties as chair and voiced strong concerns about the hospital's recent national search for a new president and CEO. Stiller pushed to keep the search close to home and cautioned the board of potential consequences to hiring a noncommunity member into such a pivotal role. In the end, however, the board launched a national search that resulted in hiring Anita Green. Green previously served as the chief operating officer for two community hospitals in Michigan and Indiana. Although Stiller plays quite a visible role in his position, the balance of the board members see their roles as ones of governance, not focusing on daily operations. As a matter of fact, most agree the day-to-day decision-making should be left in the capable hands of Green. Green knows that Stiller wanted to keep the president and CEO search at a local level. This created some tension between them when Green arrived to Central Columbia, and this tension still plays out occasionally during board meetings.

Green has been with Central Columbia Hospital for a little more than three years. When she joined the hospital, it was financially hemorrhaging from every service line. In the past three years, however, she and her team have turned obstetrics, radiology, gastrointestinal, and out-patient laboratory and surgery into revenue-producing service lines. Green is still concerned about emergency services, general surgery, orthopedics and critical care services. She knows that staffing these services with competent and experienced staff is essential to getting these areas to perform at the levels needed to make the hospital financially solvent.

Green knows that other areas of the hospital also need attention. Compliance in this heavily regulated industry continues to create substantial challenges, including a strain on the hospital's human resources (HR). Green feels the hospital is vulnerable to legal risks without a position completely dedicated to addressing HIPAA (the Health Insurance Portability and Accountability Act), Medicare issues, and regulations associated with the Pennsylvania Department of Health and the Joint Commission's criteria such as staff educational requirements, orientation documentation, patient care, and safety protocols and procedures.

Green has asked the board to approve a corporate compliance officer position as a member of the executive team. The current risk manager, William Toth, has said that he is not interested in expanding his scope to encompass all compliance issues and prefers to stay focused on patient safety goals. He has made great strides in the internal reporting procedures for patient-care incidents, and although the numbers are higher than they were two years ago, Toth sees this as a success because the hospital now has a better understanding of the issues and has started processes to implement appropriate changes.

Patient satisfaction has been on the rise, but it is still well below where Green and her team would like it to be. With an overall patient satisfaction rating of 78 percent, Green and her team know there is still a lot of work to do to reach a 90 percent satisfaction rate (a goal that is 5 percent above the national average), a target she set shortly after she arrived at Central Columbia. Although many patients feel the care is competent, the hospital still lags in satisfaction regarding communication of medical care to patient and family members and timeliness of treatment. The executive team, including the newly appointed vice president of patient care services and chief nursing officer, Ann Romero, has suggested that these scores may reflect a delay by nursing staff to inform attending physicians of a patient's status. Others on Green's team are concerned that her patient satisfaction goal is too lofty too soon, and they feel it has caused stress and morale issues in several areas of the hospital.

Green set the 90 percent patient satisfaction rate goal as a result of a patient and employee satisfaction survey conducted two years ago. Since then, the hospital has continued to participate in the survey process on an annual basis. These surveys have provided valuable data that have allowed Green and her team to establish several operational and patient care improvement initiatives. Green used the weeklong celebration of National Hospital Week in May to share the results with employees during her town hall talks. Green has used several occasions such as National Hospital Week to celebrate and educate employees on the important work they do and the reasons why it is necessary to continue to improve. Green has addressed several questions regarding the rumors of mergers during these meetings, and she is always candid about the real possibilities and the need for improvement.

Table 1. Patient Satisfaction—Most Recent Annual Report (Compared to Peers, State and National Average)					
Percentage of patients who:	Central Columbia	Competitor A	Competitor B	State Average	National Average
Reported that staff “always” explained medicines before administering.	59%	57%	63%	62%	64%
Reported that their room and bathroom were “always” clean.	65%	70%	73%	73%	73%
Reported that the area around their room was “always” quiet at night.	54%	52%	48%	54%	61%
Reported that yes, they were given information about what to do during their recovery at home.	86%	86%	87%	86%	85%
Gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	62%	66%	75%	69%	70%
Reported that yes, they would definitely recommend the hospital.	62%	69%	78%	69%	71%
Overall	78%	81%	71%	84%	85%

Table 2. Selected Results from the Most Recent Cultural Assessment—Survey of All Central Columbia Hospital Employees

Question	Previous Year	Current Year
I would recommend employment here.	66.0%	62.3%
I am proud to work for this organization.	73.2%	71.6%
I often leave work with a feeling of satisfaction.	82.4%	83.1%
I have considered leaving during the past six months.	47.8%	51.5%
I feel there are opportunities for long-term growth at the hospital.	62.3%	60.4%
I would recommend the hospital to others considering health services.	78.2%	77.0%

In addition to the changes Green is suggesting in the compliance area, she is also working closely with the current HR manager, Frank Scott. Scott has been with the hospital for 26 years and has been successful at processing the transactional work required to meet employee demands. It has become evident to Green, though, that Scott does not possess the knowledge and leadership skills needed to move this function to a more strategic level. Green is hoping to convince her executive team that it is time to begin a search for an individual who can move the HR function from being reactionary to one that will be instrumental in transforming the hospital. Scott currently reports to Jeff Curry, chief financial officer, but Green's vision is to have the vice president of HR report directly to her. Green's short list of issues for HR seems to grow longer every day, and she needs that function to partner with her to ensure success. Compensation, hiring practices, retention, talent identification and development, and diversity are just a few of the items that Green knows need to be addressed by the hospital to remain competitive.

This freestanding community hospital has also been faced with maintaining its independence while being surrounded by two larger, growing health care systems. Although the hospital has been successful to date operating independently, the increased demand for specialized services and the shrinking reimbursement and payment for services are forcing Central Columbia to evaluate two possible moves to assist in providing the most comprehensive short- and long-term health care possible to the communities for which it cares.

Figure 1. Hospital Organizational Chart

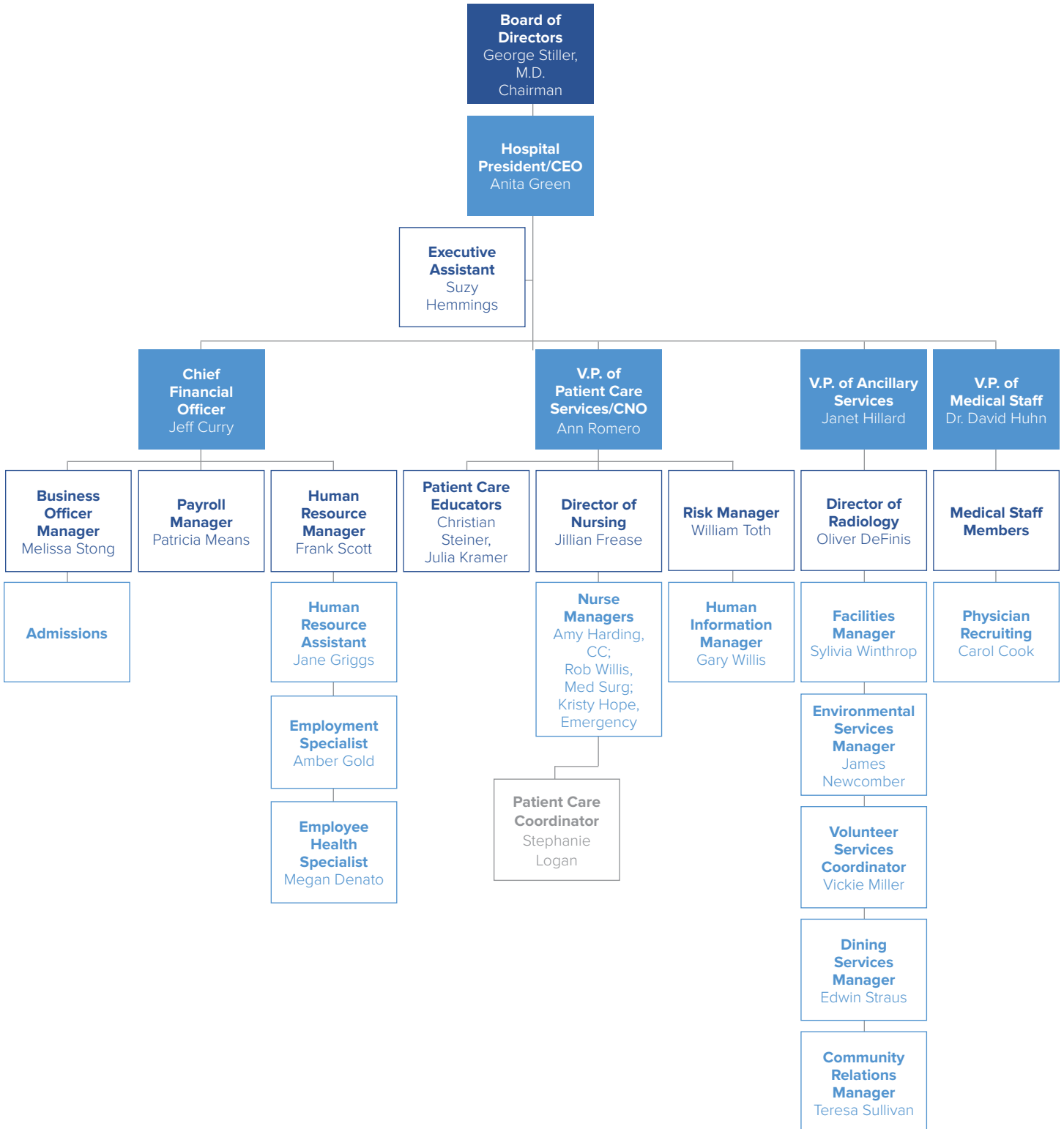


Table 3. Employee Count by Ethnicity and Gender

Total Number of Full-Time Employees: 963		
Ethnicity	Number of Employees	Percentage
White (Not Hispanic)	788	81.8%
Black (Not Hispanic)	95	9.8%
Hispanic	64	6.7%
Asian/Pacific	16	1.7%
Gender	Number of Employees	Percentage
Female	541	56.2%
Male	422	43.8%
Job Classification	Number of Employees	Percentage
Exempt	433	45.0%
Nonexempt	530	55.0%

Scenario D:

Technology/Social Media/HIPAA

Players

- Frank Scott, HR manager
- Ann Romero, vice president of patient care services and chief nursing officer (CNO)
- Gary Willis, health information manager
- Sara Donaldson, outside legal counsel

In Frank Scott's office

Ann Romero, Gary Willis and Frank Scott are gathered in Scott's office to discuss a current employee relations issue dealing with the online activity of seven hospital employees.

"Thank you all for coming together on such short notice. Frank has informed me of the situation, and I am very concerned that we may have multiple facets to this problem," said Romero.

Scott interjected, "When this issue was brought to me this morning I immediately contacted Ann. I believe we may have HIPAA [Health Insurance Portability and Accountability Act] violations and possibly other compliance concerns."

Romero was referring to an exchange via social media that occurred among six patient care services employees (three nurses and three nursing assistants) along with an employee from medical records. They were discovered having a conversation about the characteristics of a current patient on Friday between 10:30 a.m. and 2 p.m. on a popular social media website. None of the employees involved in the conversation were on duty at the time. The nurses and the nursing assistants work during the second shift, and the employee from medical records was on vacation that day. A HIPAA breach and the hospital's Code of Conduct violations are now under review.

Romero continued, "I think we all knew it was only a matter of time before we came together to discuss employee behavior on social media and its potential impact on the hospital."

An e-mail of the screen shots capturing the conversation was distributed to the meeting participants, and Gary Willis provided handouts before the discussion began. The following employees participated in the online conversation:

- Tammy Denato, RN.
- Christopher Simmons, RN.
- Renee Philips, RN.
- Charles Sotherby, nursing assistant.
- Holly Smith, nursing assistant.
- Amy Gold, nursing assistant.
- Stephanie Cook, medical records specialist.

Below is the exchange of comments:

Christopher: “So glad to be out of CCH for the next two days! Have had a bear of a patient to deal with tonight.”

Renee: “I bet I can guess which one! Really big guy on MedSurg 2? He was also a pain yesterday.”

Christopher: “Yep, talk about growling at everything you ask him to do.”

Holly: “I worked on MedSurg 2 yesterday with Renee. He was really tough, and I was at the end of an unscheduled double shift . . . something better change soon with the hours the hospital expects.”

Amy: “I agree, Holly. All this overtime doesn’t really cut it, even at time and a half. The nursing assistants make only a little more than minimum, and honestly, it just isn’t enough for what they are asking us to do day in and day out.”

Tammy: “The hospital keeps telling us that they are recruiting, but the new RNs they’re bringing in just don’t have the experience, but I guess they can pay them a lot less, so hey, why not just continue to expect more of us?”

Charles: “The number of patients they ask nursing assistants to care for is ridiculous! No wonder we have patients growling at us like the big guy on 2. Can we blame him? He was in for a simple respiratory infection, and now can’t even get a meal while it’s hot. We are just being asked to do too much!!!”

Stephanie: “I hear you guys. In medical records we see how many patients are in the house, and we also see the low staffing levels! I feel for you guys . . . working so many hours and then dealing with a patient who is growling for everything.”

Christopher: “CCH better make some changes, or I’m out of there! I also think several other RNs and nursing assistants will be right behind me.”

Willis responded to Scott’s earlier comments about a possible HIPAA infraction, “Well, after reviewing the online conversation, I really can’t say for sure if this would be considered a HIPAA violation.”

“Okay, folks, let’s not get ahead of ourselves with what violations there are or aren’t because I’m not even sure we have all the facts at this point,” said Romero.

“That’s true. We should slow down and try to gather as much information as we can before we make too many judgments,” Scott said. “Ann, have you had a chance yet to speak with the employees from patient care services about what happened?”

“No, I haven’t been given their work schedules, and the employee from medical records is on vacation. I have telephone calls in to each of the nurses and nursing assistants and am requesting they each come in before the start of their shifts this afternoon to speak with me,” said Romero. She looked at Scott. “Frank, I would like you and me to get in touch with Sara [Sara Donaldson, outside counsel] and brief her on what we know so far. I believe we will need her guidance as we move through this process. Can you stick around to call her as soon as we are done here?”

“Sure,” said Scott.

“Ok, so let’s lay out the facts that we have at this time,” said Romero. “So, Frank, how did this situation come to your attention?”

“One of the patient care services employees stopped me in the hall this morning and said she had something she wanted to discuss, and asked if I had a few moments before she went home after her shift. I met with her, and she began by saying that several of her co-workers were talking on social media yesterday about work and that she was uncomfortable with some of the comments made about the hospital and working conditions, especially the recent uptick in overtime, the current staffing ratios, etc.,” said Scott.

“So, her initial concern wasn’t about the part where they discuss a patient?” asked Romero.

Scott replied, “I don’t think she or any of the employees think that anything was wrong with that part of the discussion because they didn’t use the patient’s name, medical record, address or any other truly protected health information.” Romero gave a puzzled look, mildly concerned at this attitude.

Scott continued, “The employee who brought this to me said she knows that we have a Code of Conduct and strict guidelines about making public remarks about the hospital.” Central Columbia has had a Code of Conduct in its employee handbook for the past five years that addresses the use of electronic media in very broad terms. “At the time the statement was implemented, every employee was required to sign off indicating he or she had read and understood the statement,” said Willis. “We worked closely with Frank’s team to put a process in place in which all new employees are required to do the same.”

Frank distributed a copy of the Code of Conduct. Below is the excerpt relevant to this incident:

We adhere to all established confidentiality and privacy standards, policies and regulations including the Health Insurance Portability and Accountability Act (HIPAA). We actively protect and safeguard patients’ health information and respect patient privacy in all forms, including paper, electronics, verbal and telephone.

We adhere to the highest ethical and accountability standards. Central Columbia Hospital’s staff will uphold and further the mission and values of Central Columbia Hospital in all professional and personal representation of our organization.

We will treat all patients, families, co-workers and vendors with respect and dignity.

We will represent ourselves and Central Columbia Hospital in a professional and positive manner at all times and in all forms of communication, including paper, electronic, verbal and telephone.

We will direct concerns, grievances, conflicts and suspicion of fraud or wrongdoing to the appropriately identified organizational representative or to the compliance hotline.

After the meeting concluded, Romero and Scott stayed to call Sara Donaldson.

“Hello, Sara, this is Frank Scott and Ann Romero. How are you?” asked Scott.

“I’m guessing a little better than both of you right about now,” replied Donaldson.

Scott said, “Yes, I guess you reviewed the e-mail I sent earlier this morning.”

“I did,” she replied.

The e-mail Scott sent to Donaldson outlined the particulars of the incident. Donaldson asked a few clarification questions before addressing their concerns. “The last thing the hospital wants to do in this case is be viewed as retaliatory given the nature of these comments,” Donaldson said. She continued, “I am troubled, however, that they included patient characteristics in their conversation. While it may appear vague, it was too much information in my view.”

Romero continued, “I’m not sure why these employees feel the need to air their frustrations on social media. We have employee discussion groups each month, and everyone is free to raise whatever questions, ideas or concerns they have. In fact, I make sure I am at every one of those meetings. We started these several months ago, and I feel they have been very positive.”

“Have they been well attended?” asked Scott.

Romero replied, “I believe they have, although we simply can’t get every employee to each of the meetings.” She continued, “Frank, do we have a social media policy to address this and future situations?”

“I’m afraid we don’t,” Scott said.

“I think this is great that you have a statement that discusses HIPAA and the protection of patients’ rights. It also seems that you have a sound process in place to ensure compliance,” Donaldson said. “However, so much has occurred with social media over the past five years. We need something that provides employees with the proper guidance. I recommend that you continue with your plan to meet with each employee and gather as much information as possible. You may have a HIPAA concern because these employees gave enough details about this patient that others might be able to determine who was being discussed. This also gets muddy because employees were talking about the terms and conditions of their employment, and that is protected concerted activity under the Wagner Act, or the National Labor Relations Act.”

“I’m not sure I follow you. How can these employees be protected if they were clearly violating our Code of Conduct and HIPAA?” asked Romero.

“I’m not saying all of their activity is protected, but the conversation where they are talking about overtime, staffing, etc., is protected,” said Donaldson.

“Employees should not be able to speak poorly about their employers in any public forum and not have consequences,” said Romero.

SCENARIO D: QUESTIONS FOR UNDERGRADUATE STUDENTS

1. Based on the information provided, do any or all of the statements made by employees on social media warrant discipline?
2. How should the hospital address the employees' behavior in this situation? Explain your rationale.
3. In your opinion, does the current Code of Conduct provide enough guidance for employees and the organization about the use of social media, or does this situation require developing a formal social media policy?

SCENARIO D: QUESTIONS FOR GRADUATE STUDENTS

1. How should employee use (or misuse) of social media factor into an overall disciplinary system?
2. Discuss the challenges employers face when addressing the use of social media through the creation of a policy. Discuss whether you believe the policy should be specific to social media, or if it should be more comprehensive and address issues such as code of conduct, all electronic communications and other employee expectations.

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