



FROM DIRECTING TRAFFIC TO DIRECTING PATIENTS

DEENA SMITH'S SECOND ACT

What do you want to be when you grow up? For many people—regardless of age—that can be a tough question to answer. Hopefully, in the end, you find a career that you love! Deena Smith has been lucky enough to have a first act as a traffic engineer, making sure cars were moving efficiently on San Diego streets—and now a second act as a nurse manager over patient placement at Sharp HealthCare making sure that patients are moving efficiently through the health system.

Please give a brief overview of your background and what led you to patient flow?

When I was in college, I was interested in healthcare. In fact, I thought about medical school at one point, but in the end, I decided to pursue engineering. I worked for years as a traffic engineer in San Diego where my role was focused on improving processes that led to safer, more efficient traffic patterns for the city's residents. In that role, I worked with different members of the public from business owners to government officials, and so I understood the importance of customer focus and looking at a situation from someone else's perspective. I loved my job, but the idea of working in healthcare stayed with me, and in 2010 I made the decision to become a nurse and knew right away that I wanted to work for Sharp. My first few years there, I worked directly with patients, which I loved. Then I learned about an opportunity in patient placement

and it seemed like the perfect way to use my combined experiences—improving processes, maintaining safety and working collaboratively to solve problems. When I was hired, I felt like I had hit the lottery!

How has your role evolved? How has TeleTracking evolved with it?

I was deeply involved in getting our Command Center up and running, which included the implementation of our transfer center in order to provide patients with timely access to care, strengthen physician relations, and increase referral growth, revenue and market share. The decision to move in this direction was driven by the realization of how important a centralized approach was—even if at the beginning of the project every hospital wanted to keep doing things the way they always had.

A key to the success of our implementation was collaborating closely across departments, including getting environmental services and patient transport involved early in the process. As our Command Center evolved, we became increasingly immersed in the data that was being generated—and using that data to drive continuous improvement became an increasingly important part of my role. The nurses on the floor are caring for patients, they don't have time to pull data. Myself, and the clinical informaticist, can see the issues that are about to arise, analyze the situation and work toward finding solutions. We also use this data for unit-based improvement projects, which is a lot of fun. In addition, the centralized approach makes it possible to compare metrics at one hospital versus another—and offer them a macro view, with greater insight, than if they were just looking at metrics from their own hospitals.

On a typical day, please discuss the impact transparency and visibility have on the patient placement process.

Transparency and visibility are the cornerstone of what we do. Often when we're changing processes, people don't realize there's a problem that necessitates a change. However, the transparency that the data brings is very powerful and makes it possible to show people a larger view of their situation which really clarifies things.

For example, it's now standard to display TeleTracking's bedboard during unit meetings with nurses and coordinators to review patient status. This approach improves accuracy—and shifts the focus from reporting to planning. And those plans drive continuous improvement. In fact, as part of a Six Sigma project, the people that are part of the morning team meeting review the report and develop the plan for the day. When the evening shift comes in, they go over the previous report and update the status. Both reports are sent to leadership twice a day so everyone always knows what's going on across units.

Our Command Center is operational 24/7, so we are always pushing for standard practices and determining ways we can support those practices. At the same time, we also have flexibility and can offer support to a unit if they need to change course. It starts with the data and that makes it possible to bring everyone back to the same central point.

What are your daily typical challenges? How do you overcome them?

One challenge we face in the Command Center is hearing from administrators and nurses that they're different and don't need to follow the standard processes. And, there are people who are comfortable with the current way of doing things and don't want to change. We also find if there's a

challenge—and people become more stressed—they tend to drift back to the old way of doing things. That's where the coordinators play a really important role in keeping people on track. They're always promoting the best practice and have helped people learn to trust us over time.

Discuss some of the standard processes you've developed that have led to long-term improvements.

Transparency became the standard while building the Command Center and that meant having information easily accessible to everyone who needed it. The coordinators created detailed documentation on the patient placement process and added it to a dedicated section of the intranet. A separate site was then developed by Sharp's IT team to help our analysts who manage TeleTracking; it includes links to TeleTracking resources and easy to follow "cheat sheets," forms and other instructional documentation.

Please share three things you do to drive consistency and keep your patients "top of mind" with every interaction?

First, when we're selecting coordinators we look for people who are experienced bedside nurses—we want people to be aware of how things look to the patient to be fresh in their mind.

Second, we look for people who have a strong interest in process and understand the impact those processes have on patients. We are very selective about this quality. Third, we have regular debriefs—and if something doesn't go quite the way we want, the coordinators can always go back and listen to the conversation and troubleshoot. The bottom line is, we are always focused on what happened to the patient and how we can make it better.

Driving user-adoption is a never-ending challenge. How do you partner with diverse personalities?

I always go out and meet with people in person. And I always come armed with data, which really helps bring people around when they see in a concrete form what needs to be done. I also make it clear that we are here to make sure that the changes are made so that we can take better care of our patients. And, with the Command Center, it is also very helpful that we're all in the same room, which lends itself to open communication.

How important do you think emotional intelligence is with your team?

It's such a differentiator. It also helps that our team includes nurses from different disciplines—it gives us a diversity of perspectives. I am continually impressed with how well our coordinators deal with such a wide variety of people—they have an incredible ability to humanize every situation.



DEENA SMITH

Nurse Manager of the Centralized Patient Placement Center Sharp HealthCare

Deena is the Nurse Manager of the Centralized Patient Placement Center (CPPC). She had 24 years of experience as a Traffic Engineer before becoming a nurse in 2010. She earned an MSN in 2015.