



CONSTANTLY IMPROVING THE PATIENT EXPERIENCE

Lisa Maples' career-long dedication.

As Director of Centralized Patient Logistics, Lisa Maples, RN, BSN, MSHSA provided leadership for the multiple departments that impacted patient flow across the Health First Integrated Delivery Network (IDN). Lisa recently retired and took a few minutes to share her thoughts on what it takes to launch and sustain a successful patient flow strategy, along with the staff members and patients who had an impact on her over the years.

AN ORIGIN ROOTED IN CARE

"I have been an RN for more than 30 years. I graduated with a BSN and started my career working in a med/surg unit, eventually transferring to the ICU after a year—but I always knew that I would end up in the ED because I knew that emergency nursing was my true calling. When the right opportunity became available, I moved to a Level 1 trauma center as a staff RN. I worked my way into the trauma room and never looked back. I spent 12 years at this center and was the director by the end of my time there. I also spent a few years doing part-time flight nursing during this time. I then spent the next eight years as an administrative director for a couple of different emergency departments—including having responsibility for two urgent care centers. At that point, I was looking for something different and found the patient flow role at Health First. I had only seen patient flow—and the opportunities for improvement—from the emergency department side and was very interested to see it from the inpatient side. I took a new role at Health First as the Patient Flow Administrator and within six months I had also taken on the role of managing

the staffing office and the house supervisors. The patient flow role morphed into a role that allowed us to centralize patient flow across the IDN, by adding the flight team, flight communications, centralized registration, non-medical stretcher transport and the transfer center under the one umbrella of Centralized Patient Logistics."

CUTTING WASTE AND IMPROVING PATIENT EXPERIENCE

"About six years ago we had TeleTracking do an assessment for Health First. We had Capacity Management™ Suite in place for about 10 years but were not using it to its full capacity. The assessment returned over 30 areas of improvement in order to be in compliance with best practices. One of the first things we did was look at workflows in the ED, as well as the inpatient nursing units. We wanted to approach the changes in a way that would have minimal impact on the workflow of the caregivers at the bedside. Watching the workflows showed us the areas where we could interface with the flow of information once the caregiver had completed their usual documentation. The next step involved looking at our process for moving patients from the ED to the inpatient units with a team of frontline caregivers. The end result was the development of a process that removed waste and made for a smooth patient experience. With these processes in place, we then moved on to centralizing the key areas that impacted patient flow. Bed control, transfer center, discharge transport, direct admits and non-patient facing registration went from being done at the hospital level to being done in a centralized location. Online and face-to-face education was completed with associates, information on patient flow was added to the new associate orientation and a TeleTracking subject matter expert was added to our Operational Excellence Team for support."

GROWTH THROUGH CENTRALIZATION

"One of the biggest accomplishments for my team was the launch of our Transfer Center. We knew that we could improve the number of incoming patients to our facilities, so we pulled together a team and started working on the process to make it happen. The Operational Excellence Team helped us map our old processes and then develop new streamlined ones. Our new process was based on the phrase, "We always say yes!" We started following the metrics for request to accept times for our transfers, denials of transfers and the number of non-Health First to Health First transfers that were coming to us on a monthly basis. Once we had our process in place, we went out to the surrounding facilities and presented information on our transfer center and handed out transfer packets with my number for them to call with any concerns. We quickly started to see our transfer volume grow month over month. In fact, over the course of five years, we saw 60% growth in our non-Health First to Health First transfers—and saw transfers to our community hospitals grow by 30%.

The other great accomplishment for the team was when we initially went live with Centralized Bed Control. We moved from the nursing units assigning beds to our Centralized Bed Control assigning beds. The nursing units could still determine where they wanted their patients and prioritize their workflow—but Centralized Bed Control was now constantly scanning to assign the beds within a goal of five minutes after the ready-to-

move timer was active. The first day we began assigning beds we went from an average of 120 minutes for a bed assignment to 14 minutes. And we continued to move that number down to our current average of 5-10 minutes on most patients."

MAKING ROOM TO GROW

"I think one of the biggest changes I've seen in health care from a patient flow perspective is the view that emergency department overcrowding is an organization-wide opportunity for improvement. This has allowed patient flow improvements to be tackled in a comprehensive way by the emergency department, physicians, inpatient units, testing areas, transport and environmental services. We have seen over the years how all of these areas impact the flow of a patient through our organization. By utilizing the tools that allow us to have real-time insight into how long it takes for a physician to write the inpatient order, or how many minutes are spent getting a test done, or how long it takes for transport to respond, or for environmental services to clean a room we are able to detect where there are delays and can then focus on decreasing the delays."

REAPING THE REAL REWARDS

"One of the most impactful moments for me came from a patient's family. In Centralized Patient Logistics we impacted every patient that came to our organization seeking care, but we never actually saw them. Our area also scheduled outpatient blood transfusions for two of our facilities. This process included being called by a physician to schedule the transfusion, sending and reviewing orders, arranging with the facility for a time for the patient to come in and then notifying the patient of the time they were scheduled. Many of our patients received multiple transfusions over a span of time. One such patient we spoke with almost on a weekly basis. She was a wonderful, kind person and we all found it incredibly enjoyable when we were able to speak with her and get her care arranged. She began telling us about her family and her daily life when she called. We truly bonded with this patient even though we never met face-to-face. One day her husband called and told us that his wife had passed away the day before, and he knew we would want to know. In the middle of his grief, he took the time to call us and let us know what an impact we had made on his wife and how much she liked talking to us when she needed care. For my team, that was confirmation that what we do on a daily basis matters!"

ON MAKING TIME FOR WHAT MATTERS THE MOST

"My plan for retirement is to enjoy spending a lot more time with my family. We will be camping and enjoying campfires and s'mores. I will eventually probably volunteer at our local hospital—I just can't stay away from health care! I have enjoyed my career and the people I have met and cared for over the years. Nursing is a great profession that allows you multiple opportunities to make a difference in this world."