

Q&A with Amy Smith

Nursing Practices and Peri-Operative Services Expert

What inspired you to pursue a career in nursing?

I've always had a love for science and biology, as well as an interest in the wellbeing of others. Nursing seemed to be a logical fit for those interests and, ultimately, passions.

Why did you switch from bedside nursing to administration? What types of administrative duties did you have as a nursing executive?

I think what inspired the move to administration was watching other nursing leaders. I knew going into nursing that I wasn't going to be a bedside nurse forever, that I could do more for patients at a different level than directly at the bedside. It wasn't until I got into my practice and observed different roles and types of nursing practice that I began to find my niche. I have a drive and desire for high quality patient care, but I also have a very analytical mind that could also benefit patients beyond providing direct patient care.

When I went to grad school it wasn't common for nurses to pursue advanced degrees in finance or business. When I came out of my Masters I was viewed uniquely in my organization because my finance colleagues felt I spoke their language and my nursing colleagues felt I spoke theirs. I almost functioned as a translator. Understanding the financial implications of care, translating quality patient care to financial metrics is a difficult thing to do. We could never quantify it. I was able help the finance department understand and justify the resources they were spending at the bedside.

In your experience, where are the most common systemic failures in the area of nursing as it pertains to hospital corporate negligence cases?

A lot of it is failure to follow policies and procedures. There are so many regulatory bodies covering hospitals that clinicians can't do anything without somebody telling them what they should be doing and how they should be doing it. It gets to the point where it becomes overload for staff. There's so much pressure to produce high quality care quickly, efficiently, and at the lowest cost possible that sometimes the pressure compromises what they are supposed to do in terms of following policies or procedures.

When production pressure gets in the way, steps may be forgotten. The hospital policy may say that a nurse has to do XYZ, but the surgeon may be demanding he or

she bring the patient in the room right away. This is human error. We're not machines, we're not robots and we reach maximum capacity which can lead to errors in practice or judgment. It's a balance between rendering safe high quality care and maintaining efficiency and a healthy bottom line and there are hospitals who are able to achieve both.

Do you feel hospitals should be held accountable for these human errors?

To a significant degree, yes. Because "to err is human" the trend over the years since the publication of the famous Institute of Medicine report of 1999, was for hospitals to take more responsibility to effectively prevent medical errors which result in patient injuries. To do so effectively hospitals need to proficiently develop policies and procedures, so they can implement safeguards and checks and balances and other measures that will prevent errors which could result in patient injury and even death. Also, improved communication with the patient and their family and among caregivers has been shown to both reduce the number and severity of adverse events and their impact on the patient.

You're President of and consultant for *Accelerate Healthcare Management*. What types of projects are you typically involved with?

I have two roles. First, I help to redesign care for certain patient populations. I'm currently working with the Total Joint Care patient population. I look at the entire episode of care from before surgery through rehabilitation and see how we can improve the quality of care, reduce the variation in care and reduce cost.

The key is aligning the right care for the patient, working with home care providers and ensuring they can provide the necessary physical therapy to the patients following the procedure. Patients wind up functioning better because instead of sitting in their rehab room, they're ambulating around their home and the overall outcome is better.

Along with my surgeon colleagues, I assist with care redesign in the following ways; putting processes in place to establish the correct interview questions for a patient, determining whether they are appropriate for home recovery or need to go to a rehab, and then following up with their progress during their length of stay. I review the aggregated claims data to see if we meet our targets. If we meet our targets, that's great. If not, I break down why, looking into all the outliers.

My 2nd role at Accelerate is I act as a subcontractor for other small firms to provide perioperative expertise, operational redesign, operational assessment, policy and procedure guidelines, etc.

There's widespread debate about the healthcare system in this country, from insurance coverage to price gauging etc. What do you believe are the biggest issues facing healthcare organizations and do they put them at risk legally?

Payment reform is probably the biggest issue. Quality standards have increased significantly and hospitals are trying to understand how to deliver care in a much different way than they have in the past. Hospitals now, under certain models, are going to be responsible for an entire episode of care. How can an acute care hospital be responsible for a patient who's following up with their cardiologist? Even in other areas, hospitals are forced to align with various levels of care like skilled nursing providers if that's where they transition their patients. How do they ensure that care is being rendered safely and appropriately at other facilities that they don't have any direct control over? What is their level of responsibility if something happens at one of these facilities since the hospital directed the patient to go there?

Controls and systems are in place, but its uncharted territory how healthcare organizations, mainly hospitals, are going to be able to provide this oversight of care for patients without actually rendering the care. I think this does put them at risk legally.

Hospital EXPERTS™ is the only firm dedicated solely to healthcare administration issues. What are the benefits, from your perspective, that Hospital EXPERTS™ professionals bring into the courtroom?

Our years of experience are the primary benefit. We have first hand experience performing the roles and duties of hospital administrators like drafting policies, educating staff, and addressing physician concerns about new rules and regulations. Our experience partnering with clinicians to create a strategy for the organization to comply with rules and regulations while providing the safest care possible for the patient is invaluable.

What are your hobbies outside of work? Are you involved in any volunteer organizations?

My husband and I have a 13-year-old son and 10 year-old-daughter. I volunteer for my daughter's Girl Scout Troop. I'm an avid yogi and love running, cooking with my children and reading.