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Smart Card Revamping

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Abstract

Have you ever wondered what happens behind the scenes in a medical office which helps you get in for treatment and on your way in a timely manner? I have been a medical assistant for almost 6 years, privileged to be at the same location within the Treasure Valley, and I can verify that the magic behind the scenes involves constant process improvements but this especially prevalent when the unexpected happens - a pandemic. Working in a hospital during Covid-19 added challenges to nurses like never before. Our processes were already strained but now we have more to do and often with less personnel. My capstone focuses on a specific process improvement helping the nurses complete their side jobs associated with our daily workloads introducing the revamping of Smart Cards.

Keywords: Process Improvement, Smart Cards, Covid-19

Section 1: Introduction to your Capstone Project

During this time of year my team's main concern is to provide a safe environment against the Covid virus, as well as the flu, RSV, strep, and pneumonia. We continue to remain mindful that the liability of treating non-covid patients, such as people with cancer, diabetes, high blood pressure - etc, is delayed due to overflowing hospitals and emergency rooms. Our offices must remain on guard, continuously following CDC guidelines, and following hospital orders for keeping patients and staff safe. Continuing staff training allows us to be diligent with records of PPE supplies/shortages, cleaning procedures, and adhering to updated infection control protocols is key. Processing subsequent screenings on the assumption that a patient might have Covid-19

does allow our healthcare facilities to reduce the spread of viruses and other contagious elements.

My capstone project has implemented a process to streamline office duties associated with the sanitation of patient and prep areas throughout the office. In addition to cleaning, this process improvement includes documentation for the removal of expired supplies, disinfecting tools/instruments, and knowing how to answer the EOC and JCAHO questions pertaining to hospital policies.

Section 2: Elements coming together

As with many of us in our careers, I spend more time at work than I do with my own family. The bond of nurses can sometimes be double-sided, on one hand you are all in this profession to care for your community and to care for your patients but on the other hand you are all thrust together from all walks of life, with different experiences and unique personalities. Communication, optimism, patience, and understanding is the key in bringing our team together - a team that can build trust and collaboration with a common goal.

The Smart Card Project Revamping came to light during my last year in college and I began the process of condensing individual tasks assigned to nurses each month. The approach of organizing the distribution of cleaning patient rooms, preparing covid vaccines, charting testosterone, taking tools to be sterilized, documenting immunizations and medications, and removing expired items throughout the office can be quite challenging. Finding a solution to the miscommunication, office frustration, and continuously missed daily job assignments has become a foundational goal of this project - at the end of the day there is a job to be done.

While researching information for this project, with the nurses in my office, I have found that I am no longer the lax, nonchalant nurse that I once was. As my confidence grows, I find that I have become more composed with public speaking, optimistic that my project will bring solidarity to our office, and I am proud of myself and my group for the success we have demonstrated. Receiving positive feedback has boosted my confidence and encourages me to strengthen my performance.

Recognizing the role of a leader who needs to make changes to an ongoing issue at work is using emotional intelligence. Many of the nurses have had outbursts or arguments over the previous process of assigning daily, weekly, and monthly office duties. Emotional education should be taught in every high school and college to prepare students for personal, social, and professional competence interacting with others. This education would be quite beneficial to anyone who works in teams in person or online.

Analyzing, interviewing, and receiving feedback has helped in the search for a greater success rate of completed job tasks, remembering our daily jobs, and helping one-another with accountability. In finding what is most important with this process I have learned to stop asking questions that begin with “why” and start asking “what” we can change that will make our office excel.

I used to believe that people have creative thinking built into them and often wondered why I didn’t develop this tool but the more exposure I have had in difficult situations, I have found that it is not something we just have - it is something we can build with self help books, brainstorming, and mind-mapping, etc. Creative thinking is long thinking, thoughts that take us far. (Riel, 2017) I agree with this statement when trying to think outside of the box. Cultivating

everyone's individuality has provided an open opportunity to create great ideas by challenging each other to add positive expansion to each other's ideas. We have found it fun to bounce ideas back and forth in meetings, no idea is a bad idea - and then we go from there. The value of a new idea is a necessity to my project and adding a little spice to our meetings has made the project entertaining at the same time.

A unique approach to this process was fostering growth and guiding my team to focus on using the “what” and not the “why” in creating new ideas for their involvement in the process. ‘What if’ has produced a greater amount of positive interaction than ‘why’ when brainstorming unsuccessful aspects during this process improvement. I have found that a little laughter makes a constructive difference in having everyone add their thoughts and concepts together.

The progress has been going well and there has been a considerable amount of time spent making sure everyone understands the process. People learn differently and comprehension can come at different times when working with a large group, which is why it is very important to me that our team is on the same page before they move onto the next step. Once the commitment was made to implement the new smart cards process, it has been about 9 weeks of springing forward and going backwards. It is not uncommon for changes in our office to have good days and bad, it is also not unusual for process improvements to have unexpected delays, but for the most part everyone has shown more respect, support, and accountability holistically.

My solution has been more innovative than others because it was easier to understand, it was implemented using my professional experiences as a senior medical assistant and adjusting my process is more fluid. Another successful aspect of this process improvement was inspired by

my academic experiences, which encouraged me to incorporate my new skills and the confidence to act on my ideas.

Section 3: Results

Covid brought to the surface organizational issues during the height of the pandemic that were in need of refinement throughout our office. The hospital launched so many changes during the pandemic that by the time I set in motion the smart card application our office had pretty much shut down as far as positivity toward changes. The good news is that since the launch, even against naysayers, this process has shown success to date where our measurement is an ongoing process.

Over the last several weeks our group has successfully implemented the new and improved Smart Card Revamping process. The success of this rollout leaned heavily towards a group effort where the immediate stakeholders' commitments are critical to the outcomes. The benefits are felt daily and has enabled my office to set up a schedule enforcing responsibility and accountability as a team collectively. If an outcome is not met, not only does the office suffer but so do the patients. These critical tasks are measured daily and if an unsuccessful output occurs, the team regroups and management realigns the expectations.

An example of one of our high level outcomes involves the hospital's internal and external audits - Joint Commission can randomly monitor the vulnerabilities of our office several times a year. Hospital accreditation is critical to stakeholders near and far, JCAHO policies and rules currently have 250 active standards.

Section 4: Conclusion

I anticipated that there would be ups and downs throughout the process but knew we didn't have a choice as infection protocols were critical and if we were not diligent in this process improvement there would be a decrease in patient care due to supply shortages and a risk of reflux to hospitals and emergency rooms. I felt positive in going the direction we did and that unification would radiate outward as we learned to lean on each other for success.

With the holidays well underway there has been a shift in resistance, commitment, and acceptance of the Smart Card update. Change can be challenging, work can feel crushing, and this time of year everyone is overwhelmed but improvements are necessary for growth and advancement. The Smart Card implementation does work but it is critical that each team member completes their daily assigned requirements. When people are accountable and responsible, the impact ripples positively across our team, our patients, and our hospital.

If I wanted to approach the smart card differently, I would probably encourage more individual suggestions that could offer a unique solution. I may have branched out to see how other offices document and track similar individual assignments. As I move forward, I will encourage our medical staff to understand that as we grow technically, socially, and even emotionally we all need to communicate what is currently unsuccessful, be open to exploration, and foster cooperation.

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