

Changing Times in Healthcare Requires Changing Your Mindset

With Rhone D'errico

Episode 63

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Rhone (00:00):

I spent many years working with big healthcare systems, healthcare companies, performance improvement teams, and absolutely it's that mindset of your team, it's that mindset of your leadership of don't fall into those same kind of ruts. We all talk about how the system needs to change, we know the system needs to change, but while we're waiting for that system to change and while we're working at it, we can change our mindsets and find our success in that way as well.

Introduction (00:22):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro. Lisa is the founder of VIE Healthcare Consulting and now managing director at SpendMend.

Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services, and outpatient settings at nationally-recognized medical facilities across three states. You'll hear conversations on relevant and trending topics in healthcare and much more. Now, here's your hosts, Lisa and Jim.

Jim (01:02):

Hi, this is Jim Cagliostro, and you're listening to the Healthcare Leadership Experience. Today's guest is Rhone D'Errico. We are excited to learn more about his world as a nurse practitioner, as an educator, and even touch on some other current issues that hospitals are facing today. Rhone, welcome and thanks for joining us today.

Rhone (01:19):

Thank you for having me. It's a great pleasure.

Jim (01:21):

So, I always like to hear the story of our guests. I'd like to hear your background, your experience, because I believe in healthcare that's extremely valuable in terms of what you bring to your current role. So, can you share a little bit about your story?

Rhone (01:34):

Yes, absolutely. So, I started full-time work actually when I was 15 years old. So I started working very young, working actually in the restaurant industry, had some family circumstances that required me to be working. So, I got right into work and working at that young age, I had been kind of a shy, awkward teenager, not really popular, not really social, and I really found this niche for myself where I really started talking to people, I became comfortable with myself, people seemed to enjoy interacting with me, and that service element, even there just at that point, it just really started... That was kind of my fulfillment.

I'd always been kind of isolated and having to work and having to interact with people, it just really changed. It changed my outlook on life, it changed the way my future was going to go. And, we can fast-forward through many years by worked in several service industries. I went to college. I like to say it took me nine years to get my first degree.

Jim (02:30):

Nice.

Rhone (02:30):

And, it took me 24 years to get my last degree. So in between the two, there was quite a spread. I was really trying to find myself. I was working in restaurants. Finally, at that nine-year point, I was like, "Well, I need to decide on a degree. I need to wrap this up." I looked at all my credits, my interests, and I was like, "Well, I can get a psych BA pretty quickly," Bachelor of Arts in psychology, so I did that. I took a couple of last high-level courses, got my Bachelor of Arts in psychology. I loved this subject. Did some experimental work, worked in a lab with a colleague of mine at UNLV, which was my alma mater.

Rhone (03:02):

But then, I was looking...and it's funny looking back now, but I remember at that time I thought to myself, "Well, I don't want to go for..." To do anything in psychology, you kind of have got to get the doctorate and master's doesn't really get you much, clinical doctorate or experimental doctorate. I'm like, "Oh, I don't want to spend all that time." Now, of course, if I fast-forward, I was know that I spent the next couple of decades in college, but at that time I was like, "Oh, I don't know what I want to do." So, I basically would just flip through the college catalog, and it opened to nursing and I was like... I've never really thought about that, but I started reading through the classes and then I started doing some research online. So, this was circa 2006 when I was looking at this and I was like, "This sounds really interesting."

Rhone (03:41):

Now, zero healthcare experience, never, other than going to the doctor's office or going to the hospital on occasion with a friend or family member, I had zero healthcare experience, but it looked interesting. It looked intellectually stimulating, which I was really looking for, so I went for it I got in, took the other couple of pre-reqs. I had thought about pharmacy school for a while, so I had a bunch of organic chemistry, things like that. I got into nursing school, got my BSN, got my bachelor's, graduated, went right into the NICU. So, I entered that specialized area as a new grad, and this is kind of an aside, this started my approach to nursing for the rest of my career because I knew early on, I want to do NICU. I was fascinated by the

technology, by the environment, the controlled nature of it, the high acuity, the fact that you have just the most vulnerable patients of all, these premature infants.

Rhone (04:36):

It was fascinating and I'm like, "I want to do this." So, I had it geared. So, every assignment I would do in any class I was in, if it could be geared towards NICU, I would do that, and that's how I mentor my students and people I'm coaching career-wise now. If you focus, actually make those steps, don't just ask permission. So gerontology, no, I couldn't bring in NICU unless I talked about grandparents or something, but I always geared it towards that, and then we had an opportunity in our senior semester to do a specialty preceptorship in a unit of our choice, but NICU was not on the list. That was not when they allowed people in, and I fought tooth and nail. And again, very long story short, I had to make a lot of promises. I had to get in front of an excellent clinical instructor that I had that she even told me she was an ICU expert in surgical ICU.

Rhone (05:24):

She was a CNS, she's definitely an expert, but she said, "I don't know NICU, so I can't properly supervise you in there, so I need to trust you." And I said, "You can trust me." So, I got that senior preceptorship that landed me a job. That was basically an eight-week job interview, and they hired me. I sat down with the unit manager, the unit director actually, and she said, "Well, before we even start talking, just so you know, you have a job if you want it," which is always the thing we want to hear, right?

Jim (05:51):

Yeah, that's awesome.

Rhone (05:52):

So, I got into that specialty unit. I loved it, did that for several years, eventually kind of got restless, which is again, my path. So, then I pursued my family nurse practitioner, got my master's FNP, worked in college health, I worked in primary care, urgent care.

Rhone (06:08):

I ended up kind of landing a position in the ER. Again, I had no ER experience. So, at this point I have a bunch of ICU experience, a bunch of critical care experience, and never had any ER experience. I went right into it, went through that huge learning curve. I stayed in the ER for several years and the path branches here a bit because I was getting a little frustrated, a little bored in the ER. Again, this is me, a few years in, I want new challenges. So, I went for my psych NP as post-master's because I remember my psych, I really enjoyed that. Again, I had never worked in psychiatry, but I was interested in it, so I went for it, got that, and just when I got that degree, I got a promotion in my work. So, I was kind of bored and frustrated, but I got promoted into a clinical leadership position.

Rhone (06:50):

So I got the psych degree, got the certification, took my exam, but I wasn't practicing, and through a string of promotions, I moved my way up in this company. So, this was a staffing company that staffed providers, so physicians, NPs and PAs in emergency departments, hospital medicine, ambulatory care across the United States. We were a local group that was acquired by this big national company. So, I got promoted up a couple of levels and to higher and higher clinical leadership. I got my doctorate along the way, again, because I was getting restless. So, I got my Doctor of Nursing practice with a specialty in executive leadership, and right about that time an opportunity came up to apply for an executive position, a vice president of operations, not clinical — business side, completely new for me, a whole new world. I connected with some great people. I had some wonderful advocates on my side that advocated for me, and I took that job, and I loved it.

Rhone (07:44):

It was a whole new world. My contract grew from 12 contracts in one city to over 40 contracts across four states in the West. I was traveling, I was doing a lot of performance improvement work, a lot of what you talk about on your podcast. I would work closely with our performance improvement teams. We would go into hospital medicine programs, emergency medicine programs, ambulatory care programs, look at how are we going to improve metrics,

throughput, patient outcomes, Press Ganey, that was really my life, and maintaining those contracts. I was the businessperson, so I was working directly with CEOs, C-suites, my stakeholders on my side, my executive leadership. So it was really, really, really interesting. I loved it. I did that for a few years, several years, and then along the way, I got called up by a former... Someone who was actually in my first NP course.

Rhone (08:33):

She was now the program director of an NP program. She knew I had psych and family and she wanted someone... She needed an adjunct instructor to teach one online course on psych for the FNP. So, they had a course that taught FNP, some basic psychiatry, which I was a natural, so I was like, "A little side hustle, it's online. I can do it on weekends." I went ahead and went for that, and I fell in love with it. I just fell in love with that teaching, that teaching I'd done throughout my whole career was just all there, and it just so spoke to me. I loved working with the nurse practitioner students, and it was just incredible. So, I kept doing that adjunct for a while and a full-time assistant professor position at that university opened up and I made the really tough call to leave my VPO position and become a full-time professor.

Rhone (09:19):

So, it was tough. I loved being a VPO. I actually stayed on as a consultant for several more months. So I just consulted with them, kept my contracts going, advised the incoming person that took my position, kept sharing my expertise, which gave me really my first touch of consulting, which I really enjoyed that as well, just very targeted, not the 9 to 5, just you're paying me for my expertise and knowledge, that advising role that I love. So I kept that up, kept up the professor. I did a couple of different professor gigs, ended up just recently founding a psychiatric mental health nurse practitioner program at my alma mater, full circle.

Jim (09:53):

Oh, nice.

Rhone (09:53):

My triple almond mater, UNLV, where I got two bachelors and a master's there, so they brought me on again because they were starting a new psychiatric nurse practitioner program. They just knew me from the community. So I came in, I founded it. It turned out I was pretty much the one-man band. So, I designed the courses from the ground up, designed the clinical experiences, was out there on the street, hustling to get my students clinical rotations. I know we want to discuss that in a little bit, and just got the program up and going. I got them through the first cohort first year. Everybody did great, it was a good program.

Jim (10:23):

What timeframe is that?

Rhone (10:25):

That was just around 2020, so 2020-2021. So, that's very recent, and basically what happened is a good friend and colleague of mine, who I've known for many years, who's actually associate vice president at the university where I'm working now, had a full-time teaching position in his new psych NP program, and I really made the choice to kind of step away from academic leadership. I'm glad I did it, grateful I did it, but I just really wanted to come back to focus on teaching and at this point reevaluate how I'm going to progress with my career. So, I tried to keep that as non-meandering as absolutely possible and saved you a lot of side roads there, but that's where I am today.

So, now currently I am a full-time associate professor in the graduate nursing program at Rasmussen University. I primarily teach our psych and peace students. I also teach our nurse educator students, and I teach in our Doctor of Nursing practice program, as well I do some clinical practice on the side and then some coaching, consulting, advising, and speaking as those opportunities come up.

Jim (11:29):

I'm tired just listening to all of the responsibilities, but I wish I was as

productive with my restlessness as you have been, but that's great. It's something that we talk about often where especially in healthcare, you want people, whether it's the C-suite or in education, who have that foundational clinical experience, a wide variety, so that you're bringing that to the table and you have much to offer your students, you have much to offer whoever you're working with, so I love that. Thank you for summing that up. I think that was great.

So on LinkedIn, I keep seeing this title, the Mindset NP or the Mindset Nurse attached to your name. Do you mind just telling us a little bit about that? How did you come up with that or what's the emphasis there? I know we chatted a little bit, but maybe share with our listeners that mindset nurse.

Rhone (12:13):

Absolutely, and it kind of reflects probably what my true passion really is and it's teaching, it's coaching, it's advising, it's helping others, all high-performing professionals, but especially nurses, nurse practitioners, to really find their true profession and their true passion and where they want to go in their profession.

Jim (12:31):

Sure.

Rhone (12:32):

So basically in LinkedIn, I just started writing, it's my daily writing platform, and I got to the point where I just want to write about what I'm just obsessed about, and I'm obsessed about nurses leveraging our skills and ability and our knowledge to become creators in this digital era because we have this whole new world to us and there's so much burnout and stress and pain among healthcare professionals. And I'm not trying to pull anybody away from the bedside, I honor the bedside, it's a necessary position. I honor those that are doing it, but I just want to make sure that I am illustrating to my audience options.

Rhone (13:06):

And, the main start is you have to change your mindset, that's where it all

begins. All the technology, all the toys, all the tricks are not going to do you a bit of good until you really change that mindset and say, "Hey, not only can I do this, but I have so many resources as a nurse or any healthcare professional, that there's a whole world out there that would love to take advantage of that knowledge, and I have this tunnel vision that all I can do is bedside, administration, education." So, that's really all about.

So I post on LinkedIn, I post pretty much every day. I invite anybody that wants to follow along, please do. I talk about mindset. I talk about very tactical tricks and tips on how to promote yourself online, how to find your niche, how to build an online business, those sorts of subjects.

Jim (13:54):

I've read recently just with the personal branding, and we talk about with hospitals and health systems, the importance of storytelling and having that brand.

Rhone (14:02):

Yes.

Jim (14:02):

But individually, I know you've pushed for that and that's great, that kind of entrepreneurial mindset. I love it.

Rhone (14:09):

And, it absolutely does apply to your systems. Again, I spent many years working with big healthcare systems, healthcare companies, performance improvement teams, and absolutely — it's that mindset of your team, it's that mindset of your leadership of don't fall into those same kind of ruts. We all talk about how the system needs to change and we know the system needs to change, but while we're waiting for that system to change and while we're working at it, we can change our mindsets and find our success in that way as well.

Jim (14:35):

Great, I love it. So jumping right into the nurse practitioner education realm, can you share maybe some trends that you're seeing regarding the shift? Maybe talk about online education or other trends that our listeners might not be aware of, maybe things that hospitals need to be aware of in terms of the nurse practitioner education online and other avenues to go with that?

Rhone (14:58):

Absolutely, and it's a subject that I just find endlessly fascinating. One thing I find fascinating is when COVID came along and all this education had to switch online, and it was so traumatic for so many different degrees and programs, those of us in the graduate nursing, including nurse practitioner programs, were sitting here saying, "Hey, we've been doing online education since 2010, 2012. We've been getting better and better at it, and we just keep reiterating and improving, and actually you all have been liking to take little pot shots about nurse practitioners doing their education, their didactic, not clinical, but didactic education online. And here it is, 2020 and we're set, we're good."

I was working as a full-time nurse practitioner educator throughout that period, and there was a lot of struggles with finding clinical sites, really spooling up our simulation programs to make sure we were supplementing that education and really reinforcing the education.

Rhone (15:55):

But in terms of delivering our didactics online, communicating online, using Zoom, using online learning management systems, we were ready to go at the graduate nursing program and we were ready to really bring that skillset, and we were kind of the bullied kid in the corner that got to say, "Hey, now you need us. Now you need online education." And so what I would say mainly, especially to employers, to hospital systems — there's always been sort of a stigma about online. And, we've had to defend that and a little bit less now because of COVID, honestly, because so many people did it and it got normalized, but I will say don't necessarily be frightened off by that online if you see that related to a graduate school. Like all education programs, there can be some variance in quality. We have accreditation

programs that really work to make sure that that variance in quality is very narrow.

Rhone (16:47):

We always work to have high quality graduates. And then within all the schools I've ever worked, there is strong quality improvement mindsets involved there.

So, your one big trend though is that nurse practitioner education, to the large extent — not 100%, but to a large extent — the didactic portion is delivered online. And, what that's led to also is an explosion of nurse practitioner programs because you don't have quite the same capital investment cost to build a new building when you can deliver so much of your didactic education online. Now, that's of course, this is market forces we know on the business side. So, now we have a pretty large pool of nurse practitioners, primarily family nurse practitioners, that's why a lot of them went to the psych NP route as a post-master's, but now we're seeing that with psych too.

Rhone (17:39):

So when you get out there, and when I say to... Especially when I'm coaching my new grads or colleagues that are new in the job market, I'm going to say, don't worry about the glut, don't worry about it. I'm a cream-always-rises-kind of guy. You have to make yourself excellent, and I would say the same thing to employers. It's worth your time and effort. Maybe this means you need to put a little more time and effort into your interviewing process, but even if there's a larger pool to choose from, there are some true quality candidates out there, many of them, and it takes some good interviewing and making sure that you know what you're looking for to make sure you get the absolute best NP candidates for whatever position you're hiring for.

Jim (18:20):

That's great, and you mentioned a few times that word quality, and I think at least early on, or because of maybe not being familiar with or not being comfortable with that online education, there was concern for quality, but I believe, and you touched on that, we're past that point now, at least in terms

of these online programs have been established and they are bringing out great nurse practitioners. And yes, it looks a little different than we've done historically, but the questions of quality are no longer there, that's great.

Rhone (18:50):

So if you're just tuning in, you're listening to the Healthcare Leadership Experience, and I'm your host, Jim Cagliostro. This show is sponsored by VIE Healthcare Consulting, a SpendMend company, which provides leading edge financial and operational consulting for hospitals, healthcare institutions, and other providers of patient care.

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Rhone (19:24):

Ok Rhone, one thing that we did communicate on leading up to this conversation, we know about the staffing crisis, but you informed me about another crisis, you called it the preceptor crisis. Can you tell us a little bit more about that and what universities, hospitals, and health systems can be doing to address this preceptor crisis?

Rhone (19:43):

Well, yes, and honestly, I think preceptor crisis may be my term, others have likely used it. I just started using it. As I spoke of before, we have had an explosion of programs. We have a lot of programs putting out nurse practitioners now, and what I just said regarding the didactics, we can deliver those online. We can do a good amount with simulation. Simulation is a science in and of itself where you can really develop some excellent education that really creates great skills via simulation, but the fact is a healthcare professional has to train by putting their hands on real live patients.

Jim (20:18):

Yes.

Rhone (20:19):

That's the bottom line. Nurses, nurse practitioners, physician associates, physicians, we all need to learn by actual patient interactions. So the struggle — similar to what we saw in COVID where all these clinical sites were shutting down to students because of the infection control risks, we're also seeing that issue just because there's so many students out there, it becomes very kind of frustrating for the students.

Rhone (20:42):

It becomes frustrating for the universities. We've always done this primarily as a volunteer model. It was a way of giving back to your profession and giving back to your community.

For employers, it was sort of a win-win where you get to pre-interview possible candidates, you could pick the ones you like. I loved doing that when I was in the job of hiring nurse practitioners and PAs, bring them on as students so I can see how they are, and keep the best for myself and recruit them in, but the issue is, if you look at it from the clinic standpoints, and I really have some sympathy for them because on our side, it's like, boy, they're being mean. They're just hanging up on students saying, "Stop calling." Some of these clinics are getting hundreds of calls a day from nurse practitioner students from around the country because a student may be in that area, but they're actually attending a program where the didactics are offered online, so the headquarters of the program could be in another state.

Jim (21:35):

It makes sense.

Rhone (21:36):

So, these clinics are being inundated with student requests for preceptorships, and it really is a crisis because it's such a struggle. I don't know that there's not enough placements for everybody. I tend to think it's a systems issue, and that's where I think the solution's going to come, where if

you're not properly distributing your asks, that's where trouble comes up. Now, the university I work with right now does an excellent job of that, previous university did as well, of having a really active placement coordinator that is being very mindful.

Rhone (22:10):

Okay, I've already asked this site. They said no way, so I'm not going to bother. I asked, this site's taking three students, I'm not going to keep asking them because I've kind of filled them up. Here's a new one, maybe I'll reach out to them. And, what I tried to do in my roles is really teach some of that biz dev, teach them business development to the universities and that mindset of like, "Don't just call with an ask. Take that cookie basket to the clinic and not just the cookie basket, sell them on it." Our students are very qualified, they're very well supervised by their faculty. This could be an opportunity for you to grow your own staffing, et cetera. You have to put-

Jim (22:47):

You have to put some strategy behind it.

Rhone (22:50):

Yeah exactly, you have to have some sales and some strategy to get that, but the bottom line is we have a lot of students, and we don't necessarily have enough clinical placements, at least in a way that's efficient, and it's just becoming more and more of an issue, and it will continue as more and more students enter these programs.

Jim (23:09):

Maybe I should have asked this question first, but convince me, convince our listeners, and this is something I think that's been accepted for a while, but why should hospitals be looking to bring nurse practitioners on board? What value? I think a lot of times at VIE we talk about value. What value do nurse practitioners bring? Rather than say, well, let's just hire more physicians, let's just get some more nurses on board, why nurse practitioners?

Rhone (23:34):

Absolutely, and I think that's a great question and I think as nurse practitioners, we have to lead with our value. You always lead with the value you bring. So, nurse practitioners have been providing safe and reliable and evidence-based excellent patient care for well over 40 years now. I think we're going on 50 years since the foundation of our profession. So when you hire a nurse practitioner, you're hiring someone that has some registered nurse experience to some degree. It can be a relatively small amount, it can be many, many years, but you have somebody that is comfortable with that fundamental patient interaction. I think that's really the advantage you're getting as an employer.

Rhone (24:14):

You're getting a clinical expert, someone who is trained to perform clinically in whatever specialty they're being hired into, but they also have that human connection that's offered by a nurse, the ability to make that interpersonal connection with your patients. That's the mindset we come to it as nurses. So, I don't bring in a bunch of comparisons to other professions. I honor all healthcare professions and the roles we play, but I do know that nurse practitioners bring very real value in terms of quality focus on patient care, efficiency, and really making that human connection to ensure that our patients are healing and able to live their best possible life.

Jim (24:54):

I love it. So Rhone, getting into more specific, you mentioned your background in psychiatry. Can you tell us a little bit more about nurse practitioners and the role that they play in terms of telehealth, specifically telepsychiatry, really not just telehealth, but any technology that you see nurse practitioners using to meet patients and where they're at?

Rhone (25:14):

Absolutely, and I will say that my clinical practice now, which is my full-time job is I was a professor, but I do maintain a side clinical practice, it's 100% via telepsychiatry, and it has been that way for several years. And, this is another thing that came out of COVID. Telehealth, telepsychiatry, telemedicine was

present before and relatively robust depending on what area you're in. So it's not like a brand new thing, but again, the COVID crisis really drove the need for this, and everybody was telehealth because you physically could not get to a physical healthcare facility in many cases other than a hospital. Your clinics and things like that were closed down.

And this is another thing, I kind of made my comments about online education with nurse practitioners. Same mindset, we've been using online delivery of education, of interviewing our students, of speaking with each other for many years now.

Rhone (26:07):

So, I really believe my profession was in a good position to jump on and adopt these telehealth modalities. And I know it is because I talk to a lot of colleagues that are equally as involved in telehealth and other online technologies. And as you alluded to, it's not just telehealth as one thing. If it's telehealth, you need to learn this platform we're using now, and there's multiple platforms that we use for video conferencing, and each one's different. So, you have to learn each of those. You have to be willing to jump on and learn that technology quickly. And then as healthcare providers, providers, there's all the HIPAA association and patient privacy and protections that we also have to be mindful for. It's not just getting on a call, it's state laws. What can I do by video? What can I do by telephone?

Rhone (26:53):

So, there's a lot of knowledge behind it, and I really feel that nurse practitioners have done an excellent job of taking the lead. Now in my nurse practitioner programs, we've done some of those portions of allowing telehealth as part of the clinical experience, not the entirety, but as just a part. And, I tell my students as they come through that and as they're graduating, and this kind of comes back to my coaching, advising mindset, I say, "Listen, A, don't try to hide that you did some of your clinical work via telehealth and don't be ashamed of it. You need to put that front and center and say, "In my nurse practitioner program, I specifically learned the best practices of telehealth and I actually practiced in that modality for a portion of my clinical experience.'" So, again, it's mindset shift. That's something to brag about because I was assigning assignments about, tell me the best way

to deliver a neurological exam via telehealth.

Rhone (27:50):

You only have telehealth available, you need to perform a neurological exam, what are you going to do? And they would do research, go into the literature, and come back. So, we learned about that telehealth and there's lots of literature out there showing what incredible patient outcomes we've had. I have a great rapport with my patients via telepsychiatry. In telepsychiatry specifically, I think there's a benefit to it because a lot of what we deal in psychiatry, especially with our most vulnerable populations, which is what I deal with, there's a lot of boundary issues.

Rhone (28:19):

And being physically in front of a healthcare provider can be very, very intimidating or triggering or anxiety-inducing in some psychiatric clients. And so this telehealth, they really open up to me because they're safe, and I meet the requirements of that eye-to-eye, face-to-face contact initially, but I always tell them, listen, once I've established your identity, I've talked to you face-to-face, I can see that everything's appropriate, and I've made my assessment, you can turn off your camera if you want, or if you'd feel better, I'll turn off my camera if it's in any way intimidating to have me looking at you, whatever makes you comfortable.

Rhone (28:53):

And so I think, again, it's that mindset shift. Telehealth is not a substitute, and in-person, hands-on patient care will always be valuable, but telehealth is a good in and of itself, and there's just an enormous amount of opportunity, and especially for healthcare systems where you're dealing with staffing crises, where it may be hard to... Especially, I had a lot of rural contracts back in my executive days where it was so hard for us to recruit physicians and NPs and PAs into these tiny rural sites. Folks didn't want to move out there, so we would do as much as we could via telehealth, as much as state law and patient safety would allow, and that was a very innovative way that we approached some of those issues, and telehealth and technology came to the rescue.

Jim (29:39):

Rhone, I love those insights, and the reality is it's not just the future of healthcare, it's the current state, this use of telehealth, it's a necessity. You mentioned rural situations in terms of psych, there's opportunities available that exist with the telehealth that didn't necessarily exist before. Thank you for that insight.

Rhone (29:58):

Absolutely.

Jim (30:00):

So you mentioned, and we'll maybe wrap up here with this. You said you spent several years as vice president. You'll have to remind me the exact title of the role, but basically as a healthcare executive in a leadership role. Would you be willing to share maybe some insights in terms of leadership, in terms of things that you have learned through your experience or things that you would want to encourage, maybe those seeking leadership roles in the healthcare setting, or those who really aren't sure where they're at in their career and they're looking for a change? What's some advice that you can lay out there for our listeners?

Rhone (30:36):

Definitely, and I had a really, really incredible time as a leader. I had some incredible mentors. My senior vice president, Mr. Steven Miles, who is a senior vice president, high level in this organization, and an RN, by the way, and he liked to say in his little self-deprecating, British style that he's just a nurse, but he's an incredible nurse and incredible leader, and he was my mentor, and he's the one that saw in me the potential, even though I wasn't an MBA, the MBA came much later, I didn't have that, but he brought me into this role, and I'm always so grateful. And his leadership is something that I've always tried to model mine on, and it was a very interactional, very human leadership. And he was never afraid to have tough conversations, but he would sit right down with you, and he would not be afraid just to deal with some of those tensions that we deal with as leaders, but he didn't flinch.

Rhone (31:33):

And, I think that's probably my number one leadership lesson. I'm a huge believer in servant leadership. I've done all the leadership trainings everybody's done. I've done the leadership academy. I actually got my Doctor of Nursing practice in executive leadership. I've trained leaders, so I know a lot of... It's a whole industry and there's a lot of terminology involved, but when it really comes down to it, as a leader, you just can't flinch from the tough decisions and the tough conversations. And it is so rewarding, and it makes your life so much better when you're able to just get in front of whatever situation it is. So, is it a client? Because sometimes my clients would be some relatively grumpy CEOs. Honestly, it was the COOs. The CEOs would be nice, the COO would call you like, "We have an issue with your staffing. We need to talk right now."

Rhone (32:23):

And I just learned, you just need to get right there and get on top of it. You can't hide and put yourself in those positions. I think leadership is a wonderful path. I think working your way up, it takes you to a whole other level when you can be a very, very skilled individual contributor. And if you choose to be that individual contributor for your entire career, I definitely honor that path, but if you choose to go into leadership, it is kind of as you mentioned, an entirely different skillset. It is you are not doing things personally — you need to inspire those that are around you, that you supervise, that are your clients to do their jobs to the very best possible, and you need to tell them what their jobs are. You need to give them good job descriptions. You need to learn how to hire, you need to learn how to discipline. There's a lot to it, but the main factor of all successful leaders that I've ever known is just that ability to get right in front of the problem and address it.

Jim (33:19):

I love that. I wrote that down, so getting in front of the problem, but you said you can't flinch from the tough conversations, from the tough decisions. I think that's wise advice for all of us, but especially those in leadership.

Well, thank you, Rhone, for being on the show today. And, thank you to our

listeners who spent time with us today. If you have questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. And, Rhone mentioned he's also on LinkedIn, Rhone D'Errico.

We at VIE Love helping hospitals save money and enhance the patient experience, and we're hoping that the episode today gave you some new insights or ideas to consider and use in your career in your own healthcare organization. So Rhone, thank you once again for being with us today.

Rhone (34:02):

Thank you so much for having me. It was a great pleasure.

Speaker (34:05):

Thanks for listening to the Healthcare Leadership Experience Podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices, and ideas to utilize in your career and healthcare organization, check out our website at thehealthcareleadershipexperience.com. And oh yeah, don't forget to rate and review us and be sure to join Lisa and Jim next time on the Healthcare Leadership Experience Podcast. Thanks again for listening.



MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial

improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through front line insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book The Entrepreneurial Hospital is being published by Taylor Francis.



MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients



MEET RHONE D'ERRICO

The Mindset Nurse | Helping nurses and other high performers adopt a new mindset to find success, fulfillment, and freedom

Rhone's mission is to help nurses and other high performers upgrade their mindset, achieve freedom, and live the life of their dreams

Nurses must leverage this incredible digital era in which we live to find wealth and happiness

For more about Rhone, visit:

<https://www.linkedin.com/in/rhonederrico/>