

The Role of a Stroke Coordinator

With Monte Moos-Jenkins MSN, RN, PHN

Episode 65

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Monte (00:00):

The thing is, without good communication and teamwork, this job is a failure. Everything I do has to involve communication and teamwork. Each one of these things that we do, we bring best practice to the hospital for stroke, which actually improves our performance. It improves best patient practice and best patient experience.

I highly suggest if you are going to go into leadership, that you begin to understand that if you make everyone else around you succeed, you are a huge success.

Introduction (00:33):

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 (01:13):

Hi, this is Jim Cagliostro and you are listening to the Healthcare Leadership Experience. Today's guest is Monte "Moose" Jenkins. He is the stroke coordinator and advanced stroke life support instructor for Salinas Valley Health in Salinas, California. I'm excited to have Monte on our show. He's a friend and a former co-worker. Monte is a pleasure to work with and simply fun to be around it.

Jim (01:35):

I'll say this right off the bat, I would always remember a stressful shift. I always work night shift and I would often give report to Monte, and you had a way of making even the most stressful circumstance, "You know what, it's going to be okay." So there was confidence in handing off patients to you, but you also made work fun.

So I'm looking forward to this talk. It's great to reconnect with you, Monte. So welcome and thanks for joining the show today.

Monte (01:58):

Oh my God. Thanks Jim. Thanks for having me on here. Yes, I remember those days. They were a lot of fun actually. Really fun. And it's funny because I always feel like I work with you, not you coming working nights and me working days. But yeah.

Jim (02:11):

So I always like to do this. I like our audience to get to know you a little bit, some of your story. Can you take a few minutes to tell us about your experience, your education, some of your training? Really everything that has led you and prepared you for this role now that you serve as stroke coordinator at Salinas?

Monte (02:30):

Sure. When I was in college, I really didn't know what I wanted to do, so I didn't do well my first year of college. And then I played the piano, so I took a year off and played keyboard for group. And then I decided, you know what?

I need to go back to college. And I wanted something that made me money, but also gave me time to do music, and that all came down to nursing.

Monte (02:52):

And the funny thing is I hated it all the way through nursing school. I couldn't stand it. It was horrible. And once I got out of nursing school, thank God, I loved it. I found that it was, I could do so much in nursing. I could go from career to career just within nursing. And I thought that was really pretty amazing and I found it to be a really incredible job or career for men especially — and especially at that time not a lot of men in nursing.

Monte (03:17):

I started out in ICU and CCU, and then I burnt out. By year 14, I had burnt out. I was doing so much overtime and everything else. I left nursing and I started just teaching older people how to use the computer. Little did I know how much that would help me in the future because I learned from that that just teaching someone, people don't see things the same way. So if they're not getting it, I'm not teaching it right. That means I need to try to look at it from their point of view, and that's what I started to do. And it really helped me a lot. It helped me learn how to teach better, which was pretty amazing.

Monte (03:58):

Then I finally got back into nursing again, started to have another go around. And this time I went back into Step Down. And I did that for a long time. And I also worked as a traveling nurse. I traveled all over the country, and then when my husband and I decided to move from Chicago back to California, we moved to this great little place called Carmel Valley, California, which we both fell in love with.

Jim (04:21):

Beautiful place. I will confirm. Yeah.

Monte (04:23):

It's a great place. The only problem was we moved at a time when there were no jobs here. So I ended up having to work as a traveler at Stanford, and then I went on staff at Stanford. So I was up there for two and a half years commuting from Carmel Valley, and that's where of course I met you, Jim.

Monte (04:39):

It was really great. It was a great experience. I never ever want to travel two and a half quarter hours away from home to work again. That part of it was no fun at all.

Jim (04:48):

That's commitment. Monte, I give it to you. That's commitment.

Monte (04:51):

It was crazy. But oh, the one thing I left out is that I worked as a branch manager for a while early in my nursing career, and that helped a lot also. It helped me learn management.

Monte (05:00):

I am a Libra, so I tend to be a doormat, and I was a doormat up to that time. And it really taught me that if I'm going to let something go on instead of dealing with it directly and immediately, it's going to come back and bite me in the butt. And that was a really, really good lesson for me and I've learned to be very direct from that.

Monte (05:20):

And then it was a really, really great mentor and even though ... And it was while I was a stroke coordinator, which I still am of course, but she was my boss at the time, and she was only my boss for I think a year and she made such a huge impression on me and she just kind of took me under her wing and she would talk to me always about patient focus.

Monte (05:42):

As long as you keep the patient in focus and everything, you're doing for the patient is about the patient and everything you do at work is about the patient, then no one can fault you for that. You just need to keep the patient always at the forefront.

Monte (05:58):

Those were all the things that really led me into becoming a stroke coordinator. I had always been in cardiac, of course, most of the time. And when I came to Salinas, I was working as a float nurse 'cause that was the only way I could get in. And my boss came to me, and he said, "You know, the stroke coordinator is going out for back surgery. Can you just cover for her?" And I said, "Sure. I just need a week with her before I do that." He goes, "Oh, you don't need a week. You can jump right in." I'm like, "No."

Monte (06:25):

And I have to tell you, that was the smartest thing I did because I had no concept whatsoever it took to be a stroke coordinator, and she was really, really amazing. She walked me through step by step, everything during that week. So that she could feel comfortable while she was gone, and I could learn the stroke program while she was gone. And she ended up retiring because she had gone out for a second back surgery and finally, she was like, "I'm done."

Monte (06:49):

So that's when I took the position and I love it. It's challenging in a completely different way, but I love it.

Jim (06:57):

So they approached you about it, that particular position, or is that something you maybe had your eye on for a little bit leading up to that?

Monte (07:04):

Never. I had never even thought of being a stroke coordinator. I actually hate neuro. I was like, "I never want to work neuro." I love cardiac. The humorous thing about all of that is I have met so many stroke coordinators and almost all of them, without exception, have a cardiac background.

Jim (07:22):

And that's a good thing. But yes, two different worlds, right?

Monte (07:25):

Two different worlds completely. And yet, yeah, it's humorous.

Jim (07:29):

I love that you mentioned the whole patient focus, the patient has to be the first. As long as we're doing what's best for the patient, we're on a good path. We're on a good direction. So think that's huge. That's something that's come up a few times in some of our podcasts, and personally that that's a passion for me. So thank you for sharing that.

Jim (07:47):

I want to talk a little bit more specifically about the role of a stroke care coordinator. Can you share with our listeners the overall role, some of the critical responsibilities of a stroke coordinator? Maybe what a typical day looks like? And obviously that's something that you had to learn shadowing that first week. But what does your typical day look like?

Monte (08:06):

Oh man. Is there a typical day?

Jim (08:06):

Is there a typical day, right?

Monte (08:11):

The interesting thing about being a stroke coordinator, I'm responsible for always updating the knowledge on stroke guidelines for the hospital, any changes in stroke care, all that kind of stuff. And we've gone from pre-TPA to TPA and now we're going to be switching to connect to place and any other future changes that come up. I'm the one that has to be on top of it and I have to find those, and I have to make sure that education takes place for all of those things.

Monte (08:34):

Now, I don't have to educate, but I have to ensure that maybe our education department is doing the education or maybe it's physicians that need education. So we get one of our physicians to do the education for them, and that's just part of it.

Monte (08:47):

The largest part of being a stroke coordinator is data abstraction. There is tons of data abstraction. It's incredibly time-consuming. There's information that I have to gather on every single patient that arrives with stroke-like symptoms. That is probably two to three times the amount of patients that actually become stroke patients. So it's a huge number of patients. So every code stroke in the hospital, which sometimes there's two, three, four a day, those are patients that I have to do data abstraction on.

Monte (09:15):

Then I also have to understand how the data determines opportunities for improvement, and that was something I was so completely unaware of as a regular nurse. I was just working in the hospital. Data seemed, it used to make me angry when someone would come at me with data because I'm like, "I don't care about your data. All I care about is the patient." But now it's the-

Jim (09:37):

We don't have time for that. We're trying to put out fires. Right? I know exactly what you're saying. Yeah.

Monte (09:42):

So then I learned that data actually drives this change, and so I learned how data drives the change, and it's been really, really fascinating and very life-changing for me and being able to look at things and say, "Oh, here's where we can make improvement for these patients."

Monte (09:57):

I also have to make sure that I'm following the Joint Commission guidelines. I walk Joint Commission through when they come through to re-certify the Stroke Program. Sometimes I'm able to utilize them to help make changes faster. Because if Joint Commission says you have to do it, then it has to be done. So you learn to take advantage of those things, and you have to because as a stroke coordinator, you don't really don't have a lot of authority to do anything.

Monte (10:21):

It's really hard. There's no typical day. I do start out every morning doing the data abstraction on my patients. From there, I can go into developing education for something or any number of things. Right now we're providing neurology appointments for all of our stroke and TIA patients. So I spend a lot of time going back and forth with their office to create those appointments and tracking those.

Monte (10:45):

There's just tons of tracking of everything. I have to track the physician education, I have to track the stroke team education. There's just tons of tracking that goes on. And of course developing then graphs and everything to use for our stroke team committee meetings. Those are all things that I have to create and come up with as well.

Jim (11:04):

So just from my own knowledge, Monte, when you say the appointments, you're talking about follow up appointments for stroke patients who have been discharged, that that's all within your wheel of responsibilities?

Monte (11:15):

Yes. And that that's something that is recent that we just started doing this last year. We just started doing the TIA patients first, and then we added all the stroke patients in. So that way they have follow up outside of the hospital once they go home. Because a lot of people went home and they didn't follow up with someone and we found that if we create their appointment for them before they leave or even shortly after they leave, then they're more likely to go to the appointment.

Jim (11:41):

That's something I was just reading this week, the importance of that follow-up phone call. In surgery, our post-surgical patients, or day stay, we call them the next day or two days later, "How are things going?" And they've found that that really does improve, not just patient satisfaction, patient experience, but the outcomes.

Jim (11:58):

"Hey, there's something on. Yeah, you should follow up sooner. Or make sure you get to that follow up appointment or did you get your meds or things like that." But they're saying, "Hey, we need to do this for every patient, especially someone if they're at higher risk for stroke." So that's great. I didn't even think about that when we're talking about the responsibilities of what you do, but that's huge.

Jim (12:18):

So you probably kind of answered this, but I think I want to ask it anyway, if there's anything else you think, why is a stroke coordinator essential for a hospital that serves patients that suffer from stroke? In other words, what are the repercussions? Say you're not doing your job and I know you are doing an excellent job, but if a stroke coordinator is not strong or they're failing to do their job effectively, what are the repercussions — not just specifically for the patients, but maybe for the organization as a whole?

Monte (12:44):

Well, number one, the easiest one to tell you is to be a designated stroke receiving center by the county. We have to be a stroke certified hospital, so we can't lose that certification.

Monte (12:58):

So in other words, in order to be that receiving center, what a designated receiving center is? Well, when someone picks up the phone and calls 911 and the patient has stroke-like symptoms, they immediately go to our hospital if it's the closest hospital to them because we are the stroke center.

Monte (13:14):

Now in Monterey, two of them, and one is on the west side of the county, one's on the east side, we're on the east side, and we don't fight over patients. There's no argument or anything. It's just split right down the middle. And so if they're on the east side, they come to us. If they're on the west side, they go to them. But that is one of the biggest things, is if we didn't have that designation, we would lose a lot of patients to another stroke center.

Monte (13:37):

And the other thing is for cardiac, we always heard time is muscle, the second is true for stroke, time is brain. And people don't realize that approximately 1.9 million neurons die every minute during a large vessel occlusion. So we are racing, when they first come in, we are racing to give them treatment to dissolve that clot or whatever else so that we can restore that blood flow back to that area of the brain, because the longer they go without that blood flow, the more brain damage they're going to have. So that is what the whole thing is when they first come in.

Monte (14:10):

And the other thing where we make a huge difference in the community is because stroke is very time sensitive as far as treatment is concerned, you communicate and teach the community about stroke, stroke symptoms and recognizing those and getting into the hospital as quickly as possible.

Monte (14:29):

My partner, who is the cardiovascular coordinator, he and I have gone back and forth. We've gone to so many community events and everything trying to make a difference, and nothing has really made a difference. All of a sudden one day he said to me, "Why don't we advertise on the side of buses and advertise in the theater?" He goes, "I'll do the buses for cardiac, and you do the theater for stroke. See if either one of those makes a difference."

Monte (14:54):

So this is where data comes in handy. If it makes a difference, we're looking at the time someone recognizes their symptom to the time they arrive at the hospital. If it makes a difference, it should be shorter. We did that and it was fascinating. We only ran the ads for three months and we could see that time. The average time dropped almost 100 minutes over those three months, and then after the ads stopped, they slowly started coming back up again.

Monte (15:21):

So the next year we thought, okay, this is maybe a fluke. Let's do it at a different time of year, whatever. This time we both did the ads because the bus ads did nothing. We ran both of our ads in the theater, same thing happened within a short time. Those times dropped down over 100 minutes this time. So now we advertise in the theater year-round. And we started that and then all of a sudden COVID hit, which was funny, and all the theaters closed. So we had to wait until they opened up again to redo that.

Monte (15:50):

But it makes a huge difference to our patient population. And now we're looking at possibly on-demand TV because you can focus your ads to the specific area. So we're looking at that. All those things are very costly, but our hospital is really, really focused on teaching our community and being there for our community and making changes in our community.

Jim (16:11):

I love that you shared that. I'm amazed, 100 minutes difference that you're seeing and the noticeable difference, again, looking at the data, the data is driving that. And like you said, it's costly, but these are patients' lives. Going back to what you said about what's best for the patient, putting the patient first. I'm amazed by that statistic. Was that Monterey County? Was that the east of Monterey County? What was the region when you were doing that?

Monte (16:36):

It's East Monterey County. Yeah. So we have a highly Hispanic population and one of the theaters that is kind of centrally located in that area, and it just made a huge difference.

Jim (16:49):

That's great. I love that you shared that.

Jim (16:52):

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.

Jim (17:11):

Since 1999, VIE has been a recognized leader in healthcare costs, hospital purchase services, healthcare benchmarking, supply chain management, and performance improvement. You can learn more about VIE Healthcare Consulting at viehealthcare.com.

Jim (17:26):

Okay, Monte, I want to dig a little more into the challenges of your role. What would you say are the biggest challenges? Can we talk a little bit about the coordinator aspect of the role? And I know you touched on that in terms of coordinating with making sure the education happens or even working with

Joint Commission to get things done. What is it about the coordinating that you find challenging? How are teamwork and communication essential to what you do?

Monte (17:52):

Absolutely. The thing is, without good communication and teamwork, this job is a failure. Number one, except for data abstraction. Everything I do has to involve communication and teamwork. I have a lot of responsibility as a stroke coordinator, but I have absolutely no authority to do anything.

Monte (18:11):

So for instance, I want to make a change or something. Any change that I make, it will require someone else or some other department in order to make that change. So if I make a change in the code stroke process, for instance, it's going to affect the ER physicians, the ER nurses, the lab techs, CT techs and EMS. All of those people and all of them have to be involved in that change. So you really create buy-in and get people to understand why we're making this change and why it's so important.

Monte (18:39):

So for instance, we brought the MEND exam, which is a stroke neurological exam. You to go back, be educated in Miami and have four other people be educated as well, and then bring the class to our hospital and start teaching that class in the hospital. But in order to get our nurses to actually learn the MEND exam, we had to release a health stream for everyone to do it because we couldn't require that advanced stroke life support be taught to them, which teaches the MEND exam, because the union. So if we want to make it mandatory for say, the stroke unit or ER or ICU, we have to go to the union and have that negotiated into the contract for those things.

Monte (19:22):

So these are the things that requires a lot of time, communication, and working with every single person involved. Right now we're bringing in new drugs. We're bringing in ANDEXXA, which is a reversal agent for apixaban and Rivaroxaban. That included our physicians, our nurses, our clinical

informatics to write the order sets. And coming up, we're going to be bringing connect to place in. So we're going to have to go through the same thing again.

Monte (19:45):

So each one of those things requires communication, buy-in from all these departments, and everybody being on board. And if I don't have that, it's not going to happen.

Jim (19:56):

And I don't know if we actually said the word, but everything you're saying is making me think of trust. Where you're saying you have to create buy-in, you have to rely on one another. If there's no trust, then that teamwork is not going to be affected. There won't be teamwork. But that's a great point, not just in the role that you do, but healthcare at large. There needs to be a trust. It needs to be just the teamwork, the multidisciplinary approach to patient care.

Monte (20:21):

Absolutely. If I went to my physicians and said, "Oh, we have to do this, Joint Commission requires this." And when they really don't. Pretty soon my physicians wouldn't trust me. They would say, "No, we're not going to do that." You really do have to develop trust with all of these people that you're working with.

Jim (20:37):

So thinking about the financial and the quality of care aspect of all of this, maybe there's a chance for you to brag on yourself a little bit. But how does you doing your job effectively impact the bottom line of your organization? Obviously hospitals, healthcare institutions have to be profitable, at least to be sustainable. So how does it impact the bottom line of your organization and — more importantly — the quality of care that is provided to your patients?

Monte (21:04):

Well, first of all, being a stroke designated center by the county brings those patients there. So that immediately brings patients that we wouldn't normally receive. But how we help our patients is, for instance, we know that and studies have shown that, for every 15 minutes we can shave off of the time that symptoms have started to the time they get treatment, the patient is that much more likely to walk out of the hospital as opposed to going to a skilled nursing facility or rehab event.

Monte (21:33):

That is why we put this money into our theaters to bring patients in sooner, because the sooner they get there, the more like they're going to be walk out instead of go to one of these places. That also decreases their length of stay, which it lowers their cost as well as our cost. So each one of these things that we do, we bring best practice to the hospital for stroke, which actually improves our performance. It improves best patient practice and best patient experience.

Jim (22:04):

That's great. Listen, we're getting some good education just on stride. I love that we're bringing the pathophysiology into it. Because we often, we're talking about the business side of healthcare on this podcast, but I love, like you said, the education is huge with the movie theaters. Keep it coming, Monte. I love it.

Jim (22:22):

I did want to ask you, and you kind of touched on this, especially when you first started this and you kind of temporarily filled your role, were there any tough lessons you had to learn or are still learning, serving in your role? And I'm thinking more specifically about the importance of a mentor or maybe finding a resource. Do you want to talk a little bit more about having that mentor and even just encourage our listeners. Hey, if they find themselves in a new role, how important is it to find that mentor to help them along to get their feet underneath them?

Monte (22:52):

I believe about mentors like I believe in things that just, they come to our life when we need them. I can choose someone to be a mentor, but that isn't going to be the same as someone who comes into my life when I need them there. And she was really, really amazing in the sense she really taught me, I think to just shut my mouth and listen.

Monte (23:13):

She would sit there at a table full of all these upper echelon people and they would communicate. They would say all these things. They would go on and on and on, and then she would speak for just a brief time, and they would all just be silenced. Because she was coming from a place of patient-centered, focused care, and she had heard everything they said, and then it was, "But this is what needs to happen." And she taught me to just shut up and listen. That's a really, really important thing.

Monte (23:44):

If I am at the point where I'm so angry and I just need to speak now, that's all the more reason I need to keep my mouth shut because I'm going to come from the wrong place at that point in time. I need to just silence myself and maybe come back the next day, think about it a while, think about how can I look at this differently? How can I come back this differently? If someone else is so upset about this, there has to be a reason they're upset. How can I look at it from their perspective and then come at this differently and then sit down and have an actual level conversation with them?

Monte (24:20):

Open communication, transparency, they're incredibly important. I've had bosses that do not have that, and they're horrible to work under. They make life very difficult. It just makes you full of angst and anger and it's just not a great thing to do. And I've had bosses that are the opposite way and they're amazing to work under.

Monte (24:41):

So those are the things that really make a difference to me. And I think that's why a mentor is so, so important because they can look at you and say, "Calm down. I know you're upset about this and I understand why you're upset about this, but that's not going to do anybody any good."

Jim (25:01):

Listen now, I'm taking notes here, Monte, these are life lessons. You know my wife. It's like these are wise. Actually, this was a few weeks ago and I remember listening, you're hitting on a point where learn to shut up. I think that the line was learn to be — or at least be able to be — the last one to speak, because you talked about letting data drive our decisions. If we're in a meeting, if we're in a group, gather all the information, understand why someone's upset about this or make sure you fully understand someone's position or someone's thoughts on this. And then if you're the last to speak, it gives you time to gather all that information.

Jim (25:37):

And also for myself, I need help with this to better articulate what I want to communicate, to make sure it comes across. But I think that's great. Listen, just learn to shut up and take it in. But having that mentor to put things in perspective is huge. I know. I've appreciated that through my career. That's great.

Monte (25:53):

One of the recent things that happened, which is very, very interesting, is we needed to lower our door to needle times, which is the door for stroke and for ischemic stroke, I should say. And I had this idea how I wanted to do it. I thought it would really work. And one of the directors said, "Well, we're a magnet hospital. This needs to come from nursing practice council." And of course I wasn't really happy about it because I just wanted a change to happen and I'm like, and I said, "Whatever." And I just kept my mouth shut and I just let it happen.

Monte (26:23):

Interestingly enough, it went to nursing practice council. They did an amazing job and much better than I could have ever done. And it was a lesson to me to just, if you really trust people and allow them to do what they feel is best, a lot of times they will come up with a better solution than what you have.

Jim (26:41):

I love it. I love it. Thank you. So any parting thoughts, Monte? I've enjoyed this. I've really learned a lot and it's great to hear from your perspective and role, but this is the Healthcare Leadership Podcast. So I always like just to give you an opportunity to pass on anything maybe that you prioritize in terms of leadership qualities or maybe something that you've learned in this journey that you would like to share with our listeners as we finish our time here together.

Monte (27:09):

Well, I just want to say if anybody is interested in getting into leadership, it really is an amazing place to be. And you will see healthcare from a very different perspective, and it will really broaden your horizon. So I highly suggest that if you want to do it, to do it. If you have no interest, then please don't do it. Because everyone has their place in nursing and leadership is great for some, it's not great for others. And that's just the way it is.

Monte (27:34):

I always go back to though to what I looked at in a leader, and that was someone who was direct, someone who honest, someone who was transparent and someone who just came from a place of love, everything that they do in all of their management style. Those people always made the biggest difference in me. So that's the person I want to be, and I know I'm not always that. Many times I'm not, but that's the person that I want to be and that's what I want to learn. And so I'm constantly striving to do that. And I highly suggest if you are going to go into leadership that you begin to understand that if you make everyone else around you succeed, you are a huge success.

Jim (28:19):

Wise words. Thank you, Monte. Thank you for being on the show today. And thanks to our listeners for spending 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. Monte is also on LinkedIn.

Jim (28:35):

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 and your own healthcare organization. And once again, Monte, thank you. Thank you so much for being on the show with us today.

Monte (28:53):

Thank you, Jim. It was really great. It was great seeing you again.

Jim (28:56):

You too.

Monte (28:56):

Take care.

Speaker (28:59):

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 MONTE MOOS-JENKINS, MSN, RN, PHN

Monte is the Stroke Coordinator & Advanced Stroke Life Support Instructor at Salinas Valley Health in the California area. He is skilled in Nursing Education, Medical-Surgical, Cardiac Surgery, Advanced Cardiac Life Support (ACLS) and Advanced Stroke Life Support Instructor.

For more about Monte, please visit his LinkedIn:
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