Empowering Nurses In Leadership & Innovation

With Rebecca Love

Episode 66

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Rebecca (00:00):

And I'd say this to nurses all the time. A hackathon is going to change your life because it empowers you to take ownerships of the problems you want to solve. The status quo of healthcare doesn't speak for nurses anymore because the truth is we've allowed you to do that, and you haven't listened. And because of it, our entire profession is crumbling because the status quo has failed nursing, and it's time we change it.

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 (01:01):

Hi, this is Jim Cagliostro and you're listening to the Healthcare Leadership Experience. Today's guest is Rebecca Love, chief clinical officer at IntelyCare. She is one of the country's most prominent advocates for nurses, regarded as a pioneer in developing technology solutions that benefit nursing professionals.

Rebecca was the first nurse to ever be featured on the main ted.com platform and is passionate about empowering the nursing profession to shape the future of healthcare. She's also president of the Society of Nurse Scientists, Innovators, Entrepreneurs and Leaders that SONSIEL and has co-authored two internationally bestselling books.

Personally, I'm honored to have Rebecca on our show. I'll say I'll embarrass myself, I'm a little starstruck I would say, and I'm excited to learn from Rebecca more about the future of healthcare by way of nursing and how technology and entrepreneurship will play a role — and is playing a role. So, Rebecca, welcome and thanks for joining us today.

Rebecca (02:05):

And James, it is such an honor to be here and thank you so much for the warm introduction.

Jim (02:05):

Oh, our pleasure, our pleasure. So, there's plenty of things that I know I missed in my little intro there about your experience and your impact. So, what did I miss, or what would you say is something that has been a really proud or defining moment for you in your career leading up to this point?

Rebecca (02:21):

So, James, I think one of the things that may not come across in the intro is that what I love most about nurses is finding your soul sisters and brothers who every day that when you engage with them, they give you hope for a better future. And I think that's what's so incredibly powerful on nursing is that the reason that we do our jobs, it's not because it was ever about the money, which I think is something that actually has probably been in

detriment to us. We'll talk about that a little bit, but more importantly, it's about everything that we do is about making the world better. And to me, that is the unique thing about being with nurses that we don't recognize to that highest potential or highest level. And I sit with a whole bunch of different people in different settings and it's every time that I sit with nurses that I find myself in my cup refilled and a belief that we can make tomorrow better than we can today because together with people like us, we're going to change the world.

Jim (03:11):

Yeah. So, is there something that you really feel shaped the maybe a particular event or something that shaped the direction of your career? And in particular, I want to connect it to your role right now within IntelyCare. I know IntelyCare started 2016, I believe. How do you feel your experience in a particular event shaped you and prepared you for serving an IntelyCare?

Rebecca (03:34):

Yeah, so honestly, a hackathon changed my life. And are you familiar with hackathons, James?

Jim (03:40):

Only because I was reading up on you and I read a little bit, and actually I think the TED talk, you share a little bit about that.

Rebecca (03:46):

We do. And I have to tell you, I was a struggling nurse entrepreneur years ago. I started a job board with my mom who was also a nurse, and we had no idea how to make money. That wasn't what it was. We wanted to help nurses find jobs and those who wanted to hire nurses, like find them. And this was in 2013, I was working at a community college. My students couldn't find jobs, hire nurses was my first spin into entrepreneurship. So, I founded a company, a job board hire nurses, but I had no idea. As I said, "I just wanted to help people connect with nurses." And so, the company was not financially well. I focused on just connecting people. We were making

no money. My husband, who's a CFO was like, "We got to shut this down. It's just a lost starter."

Rebecca (04:25):

And I was like, "No, I know if we empower nurses, we're going to do great things." And I was out with a buddy of mine and he said, "Rebecca, I told him about my company. I think I got to wind it down." And he said, "You got to go to this hackathon." And I'm just like, "What is this hackathon neck?" And he said, "Three-day event, people different backgrounds come together, put out the problems they want to solve, form teams and come up with new solutions." And I was like, this sounds brilliant. So, long-story short, I went, and I entered this room. It was at a hospital in Boston. I'll never forget crossing into it being the nurse, not knowing anybody there. And everybody in Boston was there. All of the major tech startup CEOs, the CEO of the hospital, all the doctors, engineers, scientists, everybody was in this room, hundreds of people.

Rebecca (05:07):

And that's when I walked around and I realized there were no other nurses in that room, James. I was like, "Oh my God, I'm not supposed to be here as a nurse, this is where the decision-makers are." We feel this way constantly as nurses, we know everybody that makes all the decisions are in rooms that we're not in. But nobody asked me to leave that weekend, James, and I ended up joining a team, and that's when my whole life changed because we were sitting in these rooms where we were hashing out. I had a doctor and my team, I had an engineer and an occupational therapist. I had a scientist, were all in there. And in walked the CEO of the hospital and he literally sat down next to me and he said, "So, tell us what is your problem and what's your solution that you're fixing?" And this gentleman, our physician starts talking like, "Well, here's the problem and here's how we're going to solve it on the floor."

Rebecca (05:57):

And I'm squirming, right. Because I'm hearing this doctor explain a solution that's not going to work, right? So, I finally speak up and I say, "That's not

how it's done on the hospital floor. If we do it that way, it's just going to create more work for the nurses." And they looked at each other and the CEO looks at me and goes, "Well, how did I not know that's not how it worked on the floor of the hospital?" And I said, "Well, did you ever ask a nurse?" And they started laughing. So then, I started laughing because I didn't really know what was funny. And then, I realized they thought it was funny to have ever thought about asking a nurse how they should solve these problems.

Rebecca (06:35):

So anyway, it got out that I was there and everybody at that event started to seek me out like, "Rebecca, but it worked this way. Would a nurse ever do it this way? Why?" I was like, "And I felt brilliant." I don't know about you, James, but I never felt brilliant. I always felt unheard as a floor nurse. Nobody came to me with... Letting me fix anything. They came to me with all the problems and told me just how to work around them, so that we can figure it out. So anyway, I learned more in the course of that weekend about the business of healthcare than I had ever learned in my life of trying to build a company. So, I left there, started to study the environment of healthcare hackathons around Boston, started to call the organizers and ask them, do you have nurses who participate? They would say to me things like, "No, not really, or a couple," but actually on the winning teams, most of our teams have nurses on them.

Rebecca (07:22):

And that's when I hypothesized, oh my God, if we had nurse hackathons, we could change the future of healthcare because nurses have the practical knowledge and experience that they are closest to the problem. That if they were given the opportunity a team to be heard and seen and built towards the solution, we could solve all of the insanity that we live every day as nurses that we could fix healthcare. So, I went on, and that was the story. We finally, after 200 phone calls connected with the dean at Northeastern, Nancy Hanrahan didn't hang up the phone on me and she said, "Next summer, Rebecca, I'm running a conference on innovation entrepreneurship. Why don't you run a hackathon?" And similar to many of

the nurses on this phone, I had three small babies at home. I was working full-time as a community college professor, a hospice nurse practitioner.

Rebecca (08:09):

And I said, "Sure, I've been through a hackathon. I'll run one for you." And just jumped in. And that event, that nurse hackathon at Northeastern that we built to which nobody talked about innovation or entrepreneurship as nurses back, if you look in 2015, there was like a handful of articles that mentored those words, but none of them in the same sentence. Like nobody believed nurses could be innovators. And we built to that event in 2016 that ended up changing my life and ended up changing the idea that nurses could be innovators and entrepreneurs because we built the first nurse innovation and entrepreneurship program out of Northeastern for two years and then spun that out into SONSIEL.

So, James, that was a very long story about one of the things that we didn't talk about, but change the credit, and I'd say this to nurses all the time, A hackathon is going to change your life because it empowers you to take ownerships of the problems you want to solve.

Jim (08:59):

I love it. And well, you mentioned that word empower, and I know I've read that on the IntelyCare website, and that's so important. You're giving a voice to nurses who previously didn't have a voice, or even if they had a voice, they just weren't being heard by the decision makers. So, I'm glad you shared that. That's great. So, I know you're passionate about giving nurses that louder voice about empowering nurses. How loud would you say that verse in 2023? And can it be louder? I mean, I think we could maybe guess at the answer, but maybe I should ask, how much of that louder voice is a result of our current healthcare system listening more and how much is it a result of nurses saying, "Okay, I really need to step out and I maybe need to scream a little bit louder or do these things like a hackathon or what would you say is the current status? Where are we at and where are we going?

Rebecca (09:48):

Well, let's put it this way. I've never had a lobbyists call me from Capitol Hill and say, "Rebecca, everybody in Congress is talking about nursing, but there's not a lot of nurses up here talking about it." So it's finally reached the levels of Congress. So, the reality is, where is the voice of nursing? I think there's more of us. We were told, and James, I think you know this, right? Any nurse who works in a healthcare system has been told, scared to death. If they were to talk about anything, they would be fired or sued or blah, blah, blah. But they've made us scared of speaking out about our conditions or about our experiences or what we're witnessing on the frontlines. And they have largely done that, I think, in a way so that they can control the narrative at the level. So, have you heard of the Woodhull study, James?

Jim (10:30):

I have not, no.

Rebecca (10:32):

Okay. Let me tell you about the Woodhull study. So two-part study-

Jim (10:35):

Please.

Rebecca (10:35):

... done started in 1998, redone in 2018. It was founded by Nancy Woodhull, who was the editor of USA Today, who in 1998 wanted to understand why nurses were missing from so many media stories in the mainstream media when they represented at the time 3.5 million in the entire country, the largest healthcare workforce like it is today. But they were absent from many of the conversations that they would've been centered to germane to the story as she said.

So, they found in 1998 that 4% of all media stories were nurses would've been relevant. That is all they were quoted of the 100% of our only 4% of news stories mentioned or quoted nurses at that time. So, they reran the study in 2018, co-sponsored by woman under the name of Barbara

Glickstein. Now in 2018, did we expect that number would've gone up or down? What do you think, James?

Jim (11:28):

You'd hope up that would be the desire.

Rebecca (11:29):

You would hope up, except the study showed not only had it not gone up, it had gone down by half. Nurses in 2018, were now sourced, incited less than 2% in all major media stories and absolutely devastating one. So, nurses have abdicated their voice to everybody else except ourselves to speak on our behalf. So, in the 2000s, they started to look at the study again, during COVID when they started to actually highlight nurses, it was never about talking about the issues. They made them look devastated. All of us as nurses were watching nurses cry and curl up and these kind of things. They showed pictures of them why people were clapping, but nobody actually interviewed nurses to say, "Tell us your thoughts on COVID. What are the things that they could be doing better?"

Rebecca (12:13):

And the truth is, when COVID hit, SONSIEL started to do meetups with hundreds of nurses around the world who were entering into their shifts, leaving their shifts in the middle of March 2020, when that pandemic hit, they were in everybody... I think James, you know this, right? And the truth is, I don't think a lot of the American public knows, but everybody else left the hospital besides nurses. They stood behind screens, they stood behind doors. It was only nurses left driving this care and these things.

Jim (12:43):

My wife was at the bedside when all of that hit. And you're hearing it firsthand. She's coming home and it's every day was a different story. But yes, they were at the bedside.

Rebecca (12:53):

They were at the bedside and everything that they knew to your point, everything was a different story. Everything we thought we knew failed us in COVID, right. Oh, wait, you know what? You really don't need a mask for a respiratory illness. Just go ahead and not wear masks or you know where these used to be now that we got better, these are now disposable masks, but you get put it in a paper bag and use that N95 for four months, no offense. Where was the CDC? Where was OSHA then? Suddenly, the rules changed for all of these things, and they put nurses out to sacrifice their lives in situations that nobody else would've tolerated, but we did. So, long story short, they were innovating. And that's when we kicked off with Microsoft, and J&J, and SONSIEL, our virtual hackathons.

Rebecca (13:34):

And we ran four hackathons from... Our first one was May 2020. We ran four of them over the course of two years to allow nurses to innovate on the frontlines of COVID. And it was brilliant. I mean, they're just so brilliant and we made such progress as nursing. But the truth is, and I think this is why we're seeing so many nurses leaving the profession right now, is we sacrificed everything during COVID. We gave our all, we had expanded practice, we were building the hospitals, we are doing what we needed to do, and suddenly healthcare is rolling back and they're taking our voice away from us again. So, do I think nurses' voices are louder today? I think there are some brave nursing voices out there who are finally saying, "You know what? You don't own my voice anymore." The status quo of healthcare doesn't speak for nurses anymore because the truth is, we've allowed you to do that, and you haven't listened.

Rebecca (14:27):

And because of it, our entire profession is crumbling because the status quo has failed nursing, and it's time we change it. So, I think the platforms like LinkedIn, for example, and why I say LinkedIn specifically, is it's a platform where people can reach the executive leadership across all the other systems who would not have heard us otherwise. And why I think we're binding that there's greater amplification of nursing voices in places that

we haven't seen them before. And hopefully, we will start reversing the trends of the Woodhull study and seeing more nurses, because we're out there on LinkedIn taking a stand, finally being interviewed for the news stories where they should be in mainstream media.

Rebecca Jim (15:07):

Rebecca, I appreciate that insight and even that study to know, because you would think, oh, as time goes on and you see in the media, like you mentioned all the heroes of COVID, but at the same time, what's the long-term effect? Does it stick where, "Okay, we do need to listen to those who are on the frontlines. We do need to listen to the nurses." I'm passionate about nurses getting into leadership roles, and I'm sure we'll touch on that a little bit here but thank you so much for that insight even to look back to '98 and 2018.

So, I guess looking at the current state, how should we identify the issues that nurses and hospitals currently face? How similar would you say, or how different are they compared to 10 or 20 years ago, maybe some of the trends or major issues that you're hearing from the nurses that you interact with on a daily basis?

Rebecca (15:56):

So, I think the difference was, I think the issues nurses for years have been yelling that there's a nursing crisis, a nursing shortage, that there's plenty of nurses in the United States, but just not enough nurses willing to work in the healthcare environments they are today. And actually, I think that's a really important distinction because I do think that we have more than enough nurses in the United States. We have 5 million nurses in the United States when you include LPNs and RNs, right. The reality is it's the largest healthcare workforce. We have 1.5 more million than we did even 20 years ago. It's the largest, I mean, it's just we've graduated 250,000 nursing students a year for the last five years at an increase of 15%. 250,000 is the largest profession ever to graduate of any degree in the United States. There's not a shortage of nurses in this country.

Rebecca (16:37):

There is a shortage of nurses willing to work in the healthcare environments again, that they are today. And the numbers showed out even before COVID, 57% of new grads left the bedside within two years of practice. Nobody wanted to address that, right? They're like, "We're just going to produce more nurses." And a lot of the conversations I'm hearing at the federal level are saying, "We're just going to produce more nurses." We produce plenty of nurses. What we don't do is we don't retain them. Do you know that since COVID, before COVID, the average length of an experience on a 12-hour shift was 6 years of experience. Today, it's 2.7 years of experience of a nurse. That is your average nurse length of experience. That's still a novice nurse, but it dropped almost three years from length of experience on being on 12-hours shift.

Rebecca (17:20):

So, here's the reality. Why is this existing? The reason exists today is because nurses are cost to healthcare system, James, and because they are cost, we de-

invest in that there is always an argument to say, "We need more nurses," and hospital systems will say, "Well, we can't afford more nurses now," but they always can afford more physical therapists or occupational therapists or doctors, right? They're not a cost to healthcare systems. They have a reimbursable service that pays for them. But as nurses, we only are cost. And that dates back a 100 years ago based on squad policy that was meant to keep women's economic development for moving forward in this country. And as long as nurses remain on the cost side of healthcare, James, we will always see this misalignment when it comes to, we need more nurses to say, "We just can't afford them, and we need to correct the wrong of the history of what's going on."

Jim (18:15):

And would you say that that's across the board nationwide? Are there some hospitals or some systems that do it differently or that's pretty much across the board?

Rebecca (18:24):

No, it's a reimbursement model, actually. A lack of a reimbursement model. And so, James, I'm going to tell you the story because I know we talked about this a little bit before, but let's look back and it comes back from a 100 years ago. And what happens is in the 1900s, women were organizing for the right to vote. So, in the 1919, the American Nurses Association organized a mass march in support of the women's suffrage movement. 1920s women get the right to vote. 1920s, nursing becomes the greatest economic vehicle for women's economic freedom in the history of the world. At that time, nurses ran their own independent companies, they had their own practices. Private families would hire private nurses to go into hospitals and care for a patient when they were there, because at that time in the 1920s, hospitals in the United States worked up horrible.

Rebecca (19:12):

Only the most destitute would seek care there. So, as surgery started to get better, hospitals started to recognize that nurses added value. Outcomes started to get better. They started to pull nurses into the hospital system. But those bills you would see would contain as carve out, that would specifically say bill for nursing services, hospital services.

So, 1930s come nursing is empowered across healthcare. They're growing, women are getting huge economic advantages. They're accelerating across this 1930s, there's the establishment of national insurance. Now, at that time, hospitals were run by men, physicians were men. They started to see nursing as economic competition. And this is well documented by historians to show that these males — men — tried to keep women nurses as far from the money as possible. So, they were looking for a model to sort of cut the knees out from nurses' economic growth. And what they did is they looked to hotels, they saw that maids had been rolled into room rates, and then, they rolled nurses into the room rates of hospitals forever, putting them on the cost side of healthcare.

Rebecca (20:21):

And we are the only healthcare professional that does not have a billable service. What I mean by that is MRI techs, dietary services, OT, PT, everybody

else physicians, all of them have a billable code that says OT services. You're reimbursed for this. Only nurses are the only profession. Even CRNAs and nurse practitioners have been pulled out of that model for reimburses, only nurses have been mirrored in the past, kept as a cost to healthcare systems and misalignment that more nurses equal more costs without associated revenues. And therefore, if you need more nurses, you are always going to be told we can't afford them. And why, James? I'm now president emeritus of SONSIEL and now co-chair of the first commission, the Commission for Nurse Reimbursement, we're putting together, it launches this week to get nurses out of the room with a billable service.

Rebecca (21:10):

And we're putting it together with some of the leading nurses and institutions and others in the country to finally say, "We are correcting the wrongs of history because every other fix to deal with the nursing crisis, until we fix the reimbursement and financial model around nursing, we will not be able to fix the nursing crisis because healthcare can no longer afford nursing as it is structured today. So, that is what we are doing.

Jim (21:32):

I mean, that's incredible to hear that history. And I'm just curious, so what's the name of the organization again that you're saying?

Rebecca (21:41):

Commission for Nurse Reimbursement. I'll drop a link in there for you, James.

Jim (21:44):

Sure. And is there anything like that that's been attempted in the past, or is this all kind of brand new, just really getting the ball rolling here.

Rebecca (21:53):

No, no. That has been amazing individuals. In the 1980s, when they developed DRG codes, in fact, all of the DRG codes had codes for nursing

reimbursement, but we wouldn't be surprised. The American Medical Association opposed DRG codes for nurses and just left it for physicians.

So, 1980s happened, then in the 2000s, another group of incredible nurses came together. John Welton, who's actually a member of our commission, one of the leading historians on this, brought it forward in front of Medicare and Medicaid. Medicare and Medicaid said at the time, "You know what? We don't have the technology to track nursing interventions in the early 2000s to be able to pull this out." Now guess what we have today?

Jim (22:29):

The technology.

Rebecca (22:29):

What do we have? Yeah. What do we have today, the health system that we use?

Jim (22:32):

AI.

Rebecca (22:36):

AI and EHR, right? EHR. We have electronic health records that now can track all the services that are delivered. So, we feel today, all of the arguments that were put forward to nurses since the 1980s trying to solve this issue.

Today, there are no reasons why we cannot solve for it. We have the technology, we know how to track it. We know that healthcare works to bill for every other service and because it works for everybody else, we know it will work for nursing. And we're just saying, "Look, it's time to correct, no offense, but the sexist policies that were put in place to largely keep women down in the 1900s need to be corrected, so that nursing becomes a sustainable model on a go forward basis from a financial model that only makes sense." And the truth is, we know this as business people where you put money, things grow. And that's absolutely what is critical to helping

nursing grow in this country. So, please check us out. It's going to be a long fight.

Jim (23:28):

Absolutely. Listen, I love it. You're all about, we talked about empowering nurses to have that louder voice, but also being that voice, actively being that voice and leading by example. So, we need that with it. Thank you.

Rebecca (23:39):

Well, James, and I want to tell everybody on this call, people say, "Why do you do this?" And I said, "We all have a problem that we think in our lives, somebody should really do something about that." And I just want to give every nurse and every person who's listening to this, if there is a problem like that in your life, I want to give you permission to own that, to actually solve it, to sit there and say, "Here is my ownership of this problem and I'm going to solve it." Because if we just keep thinking to ourselves, somebody should really do something about this. That's how 99% of the world thinks, right? Your opportunity is to stop that from happening and take ownership of it and actually fix it. And this is something that you can do in a cause like I do as a non-profit.

Rebecca (24:16):

This is something you can do at work in entrepreneurship to be like, "You know what? I am not doing another workaround on that IV pump, again." I'm going to solve that and deal with my system to, "Hey, you know what? I actually, I know that my diabetic patients aren't getting the care they need. And as a nurse, I'm starting up my own diabetes coaching platform. And then you take ownership of it because you know can deliver it better." So, this is what I'm talking about, ownership. Ownership expands everything from a process policy procedure all the way to owning your own company to driving change across the institution in which you work.

Jim (24:45):

Yeah. Well, so I didn't tell you earlier, but I got my hands on. I can see that here. But the *Nurses Guide to Innovation*, which I know you co-authored,

and I love some of the points that were made in that where as nurses we're problem solvers. And a lot of it is you identify a problem, and you say like, "What is the current solution for that problem? How are we addressing it? And what's a better way we could, if we had all the resources in the world, what's a better way we could address that?" I appreciated a lot of the insights that you give, especially your chapter there.

We're going to get into the entrepreneurship side of things, the rest of this conversation, but nurses are problem solvers, and we are built to go and fix the solution. But like you said, "I think the bigger problem is someone else will take care of it or I don't have time to really go and address that.

Rebecca (25:31):

Yes, you got it, James.

Jim (25:33):

So, if you're just tuning in, you're listening to The Healthcare Leadership Experience, and I'm your host, Jim Cagliostro.

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Jim (26:07):

Okay, Rebecca, so I know I mentioned earlier about the TED Talk that you gave in 2018. So, I had a chance to go back to listen to that. I encourage our listeners, go and listen to it. You can find it on YouTube or other websites, but you said every clinical interaction begins with and ends with the nurse. Nurses are the end user of nearly every medical product on the market. However, nurses are rarely, if ever, engaged in the decision-making process of which products are to be brought forth into the healthcare system.

Would you say that's still the case? And again, we've touched on this, you can expound on it more. Is it getting any better in your opinion?

Rebecca (26:43):

Actually, James, I think it is getting a lot better. Not in every system, I still think that there's barriers, but I think even in COVID, we saw that nurses really were able to take charge of a lot of their systems and supply chains failed, GPOs, group purchasing organizations and vendor management platforms. They all failed in the name of code and allow nurses to get really savvy about getting what they needed into hospital systems.

Now, you have people like Hiyam Nadel, the first director of Innovations at Massachusetts General Hospital nurse appointed over to really recognizing, "Hey, what products would help us work better for our nursing workforce?" We saw a rollback of the role of the chief nursing informatics officers after EHR's rolled back, but now we're seeing a resurgence of those chief nurse informatics officers who are being employed by hospital and healthcare systems to basically validate the technology from the nursing perspective.

Rebecca (27:34):

So, this has been a really exciting thing. So, you just saw Becky Fox just be chain, the chief clinical informatics officer for all of Intermountain, for example, you have Brian Weirich, he's the chief nurse information executive for all of Banner Healthcare. These are newer roles that are helping hospitals shape, you know what? Okay, we're going to roll out this product. We better have our nurse informaticist officer check to make sure that it's going to work out. That is super exciting, and I think the best hospitals are starting to see that this is going to happen. And so, there is a group called ANAI, A-N-A-I, which is the American Nurse Association of Informatics, really cool group of rockstar nurses who are sort of pioneering this space and demanding that their voices are heard. Now it is, of course, there's always struggles with any new pioneering space.

Rebecca (28:22):

But these guys, I have to tell you, they're rock stars and it's exciting to see this kind of stuff happen. Also, I mean, Mount Sinai also has the chief nurse

informaticist officer. There's just a lot of good progress, and I think the best healthcare systems are going to start recognizing that we for a long time just sort of shoved technology and shoved products down nurses' throats and nurses are starting to say, "You know what? I'm not going to use that." And if they are not going to use it, guess what happens that billions and millions of dollars of investments just are going to cost more as you try to fight the wave. And if you just had asked nurses at the front start, imagine how much easier this all would've been.

Jim (29:01):

Yeah, one. Yeah, you mentioned it earlier in our conversation, value — is it really bringing value? We can throw the most expensive and most advanced technology, but if it's not adding value, if it's not improving patient care, then we're wasting our time, energy, resources.

Rebecca (29:14):

You got it. And value right now, and the one way that we value things honestly, and this is why I think the conversation around money is important. The biggest way that we value things in our society is what we pay for them. And if you're not willing to pay for them, you don't value them. And that is just the fundamental things that we as nurses should start recognizing is why do we feel so undervalued is because we've always been told it's not about the money with you guys, it's about your mission. And then we realize it's always just been about the money.

Jim (29:42):

Sure. That's a good point. That's a good point. I'm going to quote you one more time and just to want your thoughts. Going back to the nurse hackathons a little bit. You've said, "Nurses have the practical bedside experience to create great solutions, but even more than that, they are fundamentally necessary in the process of innovation by which to create great healthcare solutions." Can you talk a little bit more how those nurse hackathons or even encourage our listeners going to attending, participating in something like that, how it's instrumental in driving this

empowerment of nurses and those at the bedside to create new solutions, innovation, entrepreneur ideas?

Rebecca (30:21):

I mean, honestly, as we've said before, nurses are the largest workforce in healthcare, but not only workforce in healthcare, what largest workforce in the United States actually, in fact the world, but they are the end user of these products. And back doing those days, we had found evidence at the time in 2018 that nurses did about 27 workarounds a shift, and were in 36 different places an hour, which meant they were constantly innovating with things that were not designed to work well, but we always made these kind of workarounds seem very bad. We were told we're not supposed to do those things. But that's different than pretty much everything you see in tech, right? If something's not working well, guess what? Those UI, UX experience officers are sitting, they're saying it, make it you work better for the end user. Nobody's ever really thought about the nurse because we're a cost to healthcare systems.

Rebecca (31:08):

Nobody's really cared if the device works well for us. The people making those decisions, the CFO and the CIO and all those people, they're like, "Yeah, we like the idea that we can basically drive better efficiency." And when you hear the word “efficiency”, efficiency means one thing in organizations — saving money. So they're going to sit there and say, "You're going to use this device because it's actually going to increase the amount of patients we're going to see, or it's going to make us money or save us money." They could care less if nurses really want to use that, or it doesn't because you're just a cost anyway. So, they don't care. They didn't care if it made your life harder. And let me tell you, things have gotten so much harder for nurses than they were even 10 years ago, right?

Rebecca (31:44):

Our documentation systems, the technologies we're using, I was on the stage with over at HLTH and my colleague Kim pulled out 10 years ago. This is what a nurse had to do on admission. It was a one eight by 12 piece of

paper, like a piece of paper. Now, she wrote out a six-foot page long, this is now what nurses have to do on admission. We just kept adding, "Oh, the nurse can do it," And all this technology, they're like, the technology is going to be great, but you know what? We're just going to have the nurse manage the technology. So, they've invested in all these technologies that just made it one more thing that the nurse had to do as opposed to things that we should have been eliminating.

Rebecca (32:22):

So, when we're having this conversation, I think that the heart of the matter is it's time that we as nurses take back our voice, take back our scope of practice and start saying “no”. Because the truth is we haven't done that. We've always been told do more with less. The truth is, you can do this, we appreciate you so much. We're going to clap for you while you go in. But the truth is, it's broke us. Last year, one in three bedside nurses left the profession, James. One in three that left the bedside.

Jim (32:52):

Yeah, the number's astounding him.

Rebecca (32:54):

I mean, every hospital I talked to has... If it's just a single hospital, they have 500 openings. I was talking to HCA the other day. They have 30,000 job openings in their hospital system. And if you look at what we just said, the average age of a nurse in this country is 50% is over 54, 70% is over 40. And so, the reality is we have plenty of experienced nurses in this country who just simply are not going to go back and work in healthcare environments. And I'll be very honest, the reason they're not to is because every hospital system stood by and watched as a nurse was criminally prosecuted for a self-reported medical error, RaDonda Vaught in Vanderbilt University last year, that is now led to an onslaught of criminal prosecutions of nursing. And our malpractice insurance doesn't cover us for criminal prosecutions.

Rebecca (33:40):

That prosecution out of pocket cost her nearly $250,000 in which she was still found guilty by a jury and facing 10 years in prison for [inaudible].

In the state of Ohio, the Attorney general has prosecuted 106 nurses and CNAs for failures criminally, for failures at nursing homes in 2022. Not the owners of the nursing homes, but the nurses. I mean, this prosecution of nursing is this doesn't happen to doctors. They sue their malpractice insurance. Why are we criminally prosecuting nurses today, James? We need to stop it. We need to stop it today. And we need to say, "For God's sake, you cannot criminally prosecute a nurse if there was not intent. These people did not go out with the intent to hurt somebody, but because they're short staffed, they're working in unsafe conditions, they made a mistake that any human would make." And that to me is something we are not talking about on the national stage enough. And it is something that if you follow me on LinkedIn, I talk about frequently.

Jim (34:45):

Yes.

Rebecca (34:46):

And this is something that the federal government, there needs to be an indemnification clause similar to what we give to firefighters when they run into a burning building. They are not criminally responsible if harm happens. We have nurses running into burning hospitals, literally. There is not enough staff to care for the patients. They're doing the best they are. And when they make a mistake, not only are they losing their license, losing their job, but they're now going to jail. And you have four kids, I have three kids, and no matter how much I love nursing, I will never risk the lives of being a mother and being home with my kids to go back and care for patients under the current environment.

Jim (35:23):

That that's an incredible point in that analogy with the firefighter. I mean that's exactly, you emphasize the importance of raising awareness, but then we have to move beyond that, not just to aware, "Okay, what are we doing

about that to create solutions that will fix and help this situation long term?" That's a great point there.

I think I'd like to ask you to speak to two individuals, two groups of our listeners. One would be the C-suite executive. In light of our conversation that we've had, where does the C-suite executive start? How can they take advantage of the knowledge and the skill that nurses do have that nurses are bringing into their hospital that can truly transform the future of healthcare? What leadership can the nurses bring to this area to help the decision makers in these large systems?

Rebecca (36:10):

I actually, I feel sorry, not sorry. That's not the word. I feel the stress that our leadership is under in these executive positions because they're caught in some really difficult positions. That being said, we know that healthcare does not function without nurses. And for a very long time, we have not given nurses a seat at the table to drive the changes they have. So here's my advice, instead of spending the millions of dollars that you are on your consultants, you have a problem you want to solve with falls, readmissions, bed throughput, run a hackathon with your healthcare system and ask the nurses to solve it. I guarantee those answers that you get for the small amount of dollars you spend are the answers that you have been looking for to solve those problems. Not only then do you solve two issues you solve, basically solving a problem for your institution, but suddenly you made that nursing workforce feel, seen, heard, and valued by one single event.

Rebecca (37:04):

So, here's my answer to you. Start looking at your workforce, not as the competition or as the enemy, but as the solution. And if you feel like this is something that you need to tackle head on, one thing that we know today is what we've been doing has not been working. So, it is the time for radical change, and that is hard. But find those people who want to own it, empower them to do it, and you're going to get back tenfold from anything that you do to empower your frontline. That's not pizza parties, and that's not a banana for nurses' week. It's a hackathon that makes them identify the problems they want to solve and actually drive your healthcare system forward together. So, that would be my advice.

Jim (37:49):

Oh, great. Great. So then to another set of our listeners, maybe to the bed center, and this maybe is where I would fall in as someone who maybe doesn't see themselves as an entrepreneur, but recognizes, "Hey, there is a need for nurses to have a voice." How do I support that movement? I'm thinking of things like shared governance as a concept that's been around for a while, nurses in leadership, but maybe I don't see myself as a leader in terms of administration. How can bedside nurses support this movement if they don't see themselves as the innovator, entrepreneur.

Rebecca (38:24):

Stop being hidden, get out on social, and if you don't feel comfortable making a post, start commenting on the posts or liking the posts of those nurses who are being brave enough to do so. The truth is, it's time for us as one profession to come together and control the narrative that everybody else has controlled for us for a very long time. So, if you don't see yourself as that leader, be the champions of the others who do, I'm a big believer that a rising tide raises all boats and more nurses that have success in this world. The more nurses who start companies and are successful and are financially successful, more nurses who are getting airtime in the media, the more nurses who are getting senior leadership positions in untraditional nursing roles like chief clinical officers or CEOs, we want to amplify them because the more that we can get up high levels, the entire profession is going to rise with them.

Rebecca (39:13):

So, champion every nurses forward. If you are one of those nursing leaders, reach back through and pull up that next one for tomorrow too long. As nurses, we have been threatened by other success, and I am telling you that mindset has kept our profession down. So, if you want to do something great, stand up and applaud every single amazing nurse around you. And let me tell you, it is going to come back to you, not tenfold, but a hundredfold because the energy you put out there, helping other people to be successful comes back to you in ways that you don't even realize today. And I think that in all honesty, is the only reason I am here today is because I

realized if I can help other people be successful, I didn't care. It didn't matter to me. I didn't do it for any financial reason.

Rebecca (39:59):

They went forward and future, suddenly they were reaching back forward and pulling me up. That is the only reason I serve as a chief clinical officer of IntelyCare. It's the only reason that SONSIEL existed. It's the only reason that this commission that we're starting to take on nurse reimbursement exists because every nurse there, we've all paid it forward and backwards to each other, to amplify and help them be successful. And you can too.

So, the smallest move, get out on social like something, comment on it, and then one day, let's see you post on it. And I welcome you to all that network of us trying to change the world.

Jim (40:35):

I love it, Rebecca and as you're saying that it's a... You see, it needs to be together, together nurses across the board need to be working on this, and we will see change, but your heart and your passion for it just comes through. And I'm thankful for everything that you shared today.

Rebecca (40:51):

James, it's been such a pleasure and thank you. I love talking to nurses, and I just thanks so much for doing this, and to everybody that's listening, please reach out on LinkedIn if there's anything I can do for you and the world starts with one small step forward. So, I hope today is yours.

Jim (41:07):

Yes, thank you. Thank you so much, Rebecca, for being on the show today. And thank you to our listeners, those who tuned in today. If you have any 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. Like Rebecca said, she's also on LinkedIn. We at VIE love helping hospitals save money and enhance the patient's experience. And we're hoping that the episode today, this conversation with Rebecca, gave you some new insights

or ideas to consider and use in your career and your own healthcare organization.

So once again, Rebecca, thank you. Thank you so much for being on the show.

Rebecca (41:40):

Thank you so much, James.

Speaker (41:44):

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 frontline 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 REBECCA LOVE

Nurse. Innovator. Author. Speaker. Connector. LinkedIn Top Voice, First Nurse Featured on Ted.com, Forbes Business Council, President Emeritus: SONSIEL, Chief Clinical Officer, IntelyCare

Rebecca Love, RN, BS, MSN, FIEL is an experienced nurse executive and first nurse featured on Ted.com, first nurse panel at SXSW.

Rebecca is a regular contributor on the Forbes Business Council, has been featured in BBC, Fortune, Becker's, Forbes, Chief Healthcare Executive Magazine and ABC news.

Rebecca is an experienced Nurse Entrepreneur, founding HireNurses.com in 2013 which was acquired in 2018 by Ryalto, LTD UK, where she served as the Managing Director of US Markets, until it's acquisition in 2019. Currently, Rebecca serves as the Chief Clinical Officer of IntelyCare, Inc. Rebecca is passionate about empowering nurses and creating communities to help nurses innovate, create and collaborate to start businesses and inventions to transform healthcare. In addition, Rebecca sits as an advisory board member on several leading digital health startups and organizations, has co-authored 2 books, founded 3 companies, speaks internationally, and is dedicated and passionate about empowering nurses to be at the forefront of healthcare innovation and entrepreneurship.

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