

Healthcare's Leadership Gap

With Ronnie Kinsey

Episode 72

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Ronnie (00:00):

Who do you go to if it's not for HR, if it's not for your one-up, you need support. Their lies a gap. You have all the people that you need to engage and motivate and give them a reason to want to do what they do and get things done effectively. You need a little support too. Anybody who says no has another thing to think about.

Introduction (00:21):

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 (01:00):

Hi, this is Jim Cagliostro and you are listening to The Healthcare Leadership Experience. Today's guest is Ronnie Kinsey, leadership coach, healthcare leader and advisor. And Ronnie is an expert on many things. I've enjoyed receiving input from and talking with him, but today we're going to focus on the leadership gap in healthcare and I'm excited to hear more from Ronnie's perspective on that. So welcome and thanks for joining us today, Ronnie.

Ronnie (01:24):

Thank you very much, Jim. A pleasure to be with you today. Thanks for having me.

Jim (01:28):

Absolutely. So we'll jump right in and say, can you tell us a little bit about what you do as a healthcare leader and advisor, what you do as a leadership coach and why you do it?

Ronnie (01:39):

Okay. I'll tell you that I have a vast background and experience in the healthcare systems. I've been in academic and specialty medical centers. I've been in the pharmaceutical industry. A couple of really large companies such include Abbott Laboratories and I have been in leadership for the last several years and healthcare changed with COVID. Healthcare have been under transition for some time now. What I do is I work with highly successful leaders and highly motivated emerging leaders to surpass their greatest goal.

Jim (02:13):

That's awesome. I couldn't put any better. And I know in your LinkedIn profile you say words like agility, adaptability, diversity. I think your background really contributes to that. I think that's a wonderful thing to bring to the table in terms of advising and coaching, right?

Ronnie (02:28):

Well, I was led to this. I didn't push my way here, I was pulled my way here. So it's really interesting how my path of natural progression in my career, who I met, the transactions that took place, the interactions that took place, the exchanges and the identification of needs led me here to do what I do today.

Jim (02:50):

That's great. And I know it's good work. And you and I have talked a little bit about the leadership gaps. Let's start with the basics. Let's just bring it right back to doing. What is a leadership gap? And then to follow up with that, I know it's not unique to healthcare, but is it something that you're seeing more in healthcare? So what is a leadership gap and are we seeing more of it in healthcare than other industries?

Ronnie (03:12):

All great questions, all big topics. I will say that there are a couple things that come into play that had me identify the leadership gap. Having been in leadership for many years and having seen systems change, staff churn, staff come and go. And then the new requirements. Like I launched electronic health records when they first came out.

Ronnie (03:39):

I was involved in transitioning from pen and paper to the computer and I saw huge resistance from the clinicians involved and the leaders involved. They're like, "How's this supposed to happen? Where's their time for this?" What have you? So the idea of burnout has been around for quite some time, but I began to see it really unravel when we started launching EHR, right?

Jim (04:03):

I'll confirm that, Ronnie, sorry to interrupt, but when I started in nursing 2007, it was just that moment, at least where I began my career. And you saw that in the nurses that had been doing it for a while or close to retirement. They don't want to learn this for the last year or two of their career.

Ronnie (04:19):

Exactly. I saw them break down and cry every day for their last year of their job and try to beg management. "Is there a project you can put me on? Some other project, anything but this." Right. And there are so many people who got into healthcare with the idea of delivering care. They wanted care. But then you and I have had conversations. You're doing the business side of healthcare now as well. There is the whole business side of healthcare, which cannot be ignored. I think that clinicians schools could probably — potentially — do a better job of preparing clinicians for the business side of healthcare.

Ronnie (04:51):

Because that is start...and I accept it too if the bills aren't paid and if there's not access to plan for growing for the future, we've got a problem. So that's got to be there, but I think that it has to be really ingrained into the clinician earlier on. That would be one of my big asks for the new educational shift is that clinicians just be much more attuned to the business side of healthcare. Definitely don't lose the caring side — but be aware of the business side. I may have veered away from your original question, so I'm going to put the onus on you to keep me on point because I have a lot to share.

Jim (05:27):

I think you really touched on why we specifically see the issue in healthcare. And again, I'll confirm that in nursing school there might have been some talk about the business side, really minimal. Definitely no class on it. And then in terms of the general leadership gap that we see in healthcare. We seeing that in middle management, I mean administration, at the bedside. What is that leadership gap?

Ronnie (05:51):

So I'm going to put this out and this will not be popular to listen to for some people, but here we go with this conversation. So for your listeners who are not aware, I started as an RN, then I went to business school, I went into leadership, then I worked into larger corporation. I came back to actually care after a while and something opened up for me that allowed me to do that

after I had been a patient and I had a brand-new appreciation for healthcare in that moment. And I have had a brand-new passion for the clinicians that deliver healthcare in the heated moment with the constraints they're under. I want to take it from here. So there are those who want to do the care and then there are the new responsibilities being placed on them, which includes EHR and several other things.

Ronnie (06:39):

The new other device, the next thing that's coming and the nurse can do it and the nurse can do it, the clinician can do it, et cetera. And remember, they thought they got into it for care — and now they're having to learn that it's a lot more mechanical than maybe they were thinking. I'm not saying it's not their responsibility. It could be, but so there's overwhelm and then some will leave. So there's your attrition and then on average, it takes four months to replace an RN. So look at that gap that's going to happen. So you're one leader, you on average have one leader per category of management. So the front lines, whatever, until you get up to the C-suite and it's divided other ways. So say you have one leader that you report to, then that's at one level and that leader reports up to another leader at another level.

Ronnie (07:30):

So it's generally a one to one to one up. Well, what if that chain breaks and one of those ones goes out? There's a break. There's no extra time to fill in for that missing person per se. And again, remember we just said it takes about four months to replace them. Well, how to bring the next person up to speed, how to even try to get them close to knowing the personalities that play on that particular whatever we want to call it, the ward, the unit, the floor, the department, service line, you can name that. So look already where the gap comes in. So then from the front line, some people are wondering, "Well, who do I go to?" Okay. We can give them names, we can give them a title and that's fine. That person doesn't have extra time for you. They already have their financial responsibilities because they're in leadership.

Ronnie (08:24):

There are things they have to look at differently now in leadership and then Here you are-

Jim (08:29):

They have to answer up, yeah.

Ronnie (08:30):

Right. Okay. So here's the thing. So now are they short of resource? Where do they go? There tends to not be just so many extra hands sitting around waiting to help out because systems are really under constraints overall, especially after COVID, right? We're under a whole new redefinition of the healthcare system. It's been coming, I'll say it's for sure been coming since EHR. Well, it became no exception after COVID, right?

Jim (08:59):

Absolutely.

Ronnie (09:00):

No exception. It's got to be redesigned. So are you following yet? Am I making any sense? And I can make that example at every level, all the way up. Let's say this, the director of your department goes out on leave. That's a huge gap. So there may be what if you get an interim director along the way? Stranger, outsider, experienced, very capable, has all the credentials, stranger, do you get where I'm going with this now?

Jim (09:28):

Yeah.

Ronnie (09:28):

So then you've got to establish trust. Okay, so there's trust that well, then the day-to-day goes on. Well then what about that issue you were working on for three months with your director? That just went on ice because the new

director has no real understanding of these. You could explain it, you could try to work in and say, "We need to develop this," what have you. And a lot of smart people exist and get hired into healthcare. They can work on these things. It doesn't mean they have extra time to. So in the end, everyone in leadership is hired for certain accomplishments and certain capability you are expected to go the extra step. You're in leadership, you're a role model now, that's part of what leadership is.

Ronnie (10:12):

And again, leaders aren't necessarily born, but leaders can be developed. So then there lies the gap. There lies the gap. So often it happens in healthcare, somebody did so well in the clinical side, they're going to get promoted. Well, guess what? They like the idea, sounds good. They want to grow. They'd like to do something new and at another level. But boom, what if they're not prepared for the business side? What if now they're not prepared to hold somebody accountable. A, they didn't show up on time. B, didn't say the right thing. C, didn't have the right thing and you know where that goes? Then there's the accountability and the disciplining that takes place. Well, then you have resentment. Then you have resistance. Are you following me on the gap yet? Do you see where this turns into a huge cycle?

Jim (11:02):

Yeah.

Ronnie (11:02):

And then at the same time, you need to be delivering care and healthcare — efficiently, appropriately, timely and properly all the rights. Right person, right time, right thing, right place, right outcome, right? Applying all of those things, but your time factor doesn't increase. People don't have extra time to work on these things. So everyone really, you may have heard the saying before. Leaders are hired to be the CEO of their department, division, their service line, whatever. They're not the CEO per se, unless you're at the C-suite. But that is kind of the new onus.

Jim (11:41):

Okay. Yeah, I've heard that.

Ronnie (11:43):

That's kind of a heavy harness to wear if you think about it. If you're a new leader, "Oh, I'm expected to be CEO." And another round of people will take it in a totally different direction, "Above my pay grade." That is one statement that bothers me so much in healthcare because how can things go on if it's above your pay grade?

Jim (12:02):

It's funny you mention that. I'm just reading something and a lot of times we will turn to that phrase and that mentality and it's really just a, I don't want to take responsibility for this.

Ronnie (12:10):

You said it. There lies the gap. Tell me when you get where I'm going with this? There lies the gap. So if we all just say, "I'm not paid enough to think that way, I'm not paid enough to pick up that spilled cup of coffee on the floor, it's not my job." Well, then it all goes down in the end. If people are not willing to take that extra little fraction of a moment to correct something which could turn into, especially in a healthcare facility, a big accident and cost a bunch of money and your building could belong to someone else next year if the things aren't done properly.

Ronnie (12:48):

And here's the other thing, look at all the risk and accountability there is on the institution side. So see, once you realize how much business there is involved in healthcare, you get to see all the intricacies of how you could potentially work together better. And that is part of why I became a leadership coach, because I've seen it from so many different angles and I want to help people see the many different angles and understand. It's not your job to know what everyone's thinking per se, but you need to be able to engage with your teams to get things done and hopefully to improve and

move things along to the next level. Improvement is always of interest in healthcare. But certainly to avoid risk if nothing else, you're avoiding efficient timely care and avoiding risks. But there's a gap.

Jim (13:39):

Yes. And you mentioned something there that I really appreciate and that is the idea of trust. Well, before we say that, you talked about the necessity of time. Generally takes about four months to replace a nurse or replace a leader or a certain position. But also the trust and the relationships that have to exist in order for there to be effective leadership. And in order to establish that trust, you do need the time and you need those relationships built over time. And I think you did a great job of really explaining why we see that leadership gap in healthcare. So I also want to dig a little deeper and say, how can hospitals, how can healthcare leaders more effectively identify those leadership gaps? What makes one health system maybe more susceptible than another health system? And maybe it comes down to do organizations need outside eyes to really identify these leadership gaps? What are your thoughts on that?

Ronnie (14:28):

Thank you for this opportunity. My answer is not going to sound like what you ask. But I have to give you an example. I had no idea I was going to think like this today. So I'm going to share with you part of why I'm a coach now. I hired my first executive coach when I was working with a large pharmaceutical company to give a presentation overseas to our sales team and it had to do with behavior. And the executive coach says, "You can have your thoughts. You're entitled to your thoughts. You should have your thoughts, you're a human being. On the job, in this role, these are the behaviors that we'd like to pay you to perform." Boom. Cleared the sky like I'd never seen before. When I heard him say it the way he said it, he said, "You're entitled to your thoughts. You should have your thoughts. You're very welcome to have your thoughts, but on the job, please follow these behavioral procedures that we're asking you to follow."

Ronnie (15:25):

Does that make a point for where I want to go back to now? It's okay. The new phraseology seems to be like, "Bring your whole self to work." Well, you are anyway. And we are human, we have needs, we have issues. There's a time and there's a place for certain things you may or may not agree. And as adults, as professionals, as mature people, we do learn to check certain things at the door while we perform other things. It's just kind of understood. You'll be able to do that if you are a well-trained, good intending, well-hired professional. It's hire for fit, hire for fit. We hire you for fitting into the plan, the organization, for outcomes, et cetera. I've been in those interviews. I know what it feels like. I've been not chosen before. And sometimes it's for the better because if you're not the right fit, how's that going to look in three months and six months and if you're trying to hold onto your job in a year.

Ronnie (16:28):

So I wanted to give you that example because how can we improve? We have to set expectations and we have to hold people accountable. We know this is not ideal. We know that it'd be easier to be at the beach with ice cream right now or something like that. But we're now at work and we're doing this and we plan to do this throughout the next eight hours or the next 10 hours, 12 hours for the next three months, for the next three years, whatever it is, are you the right one to carry this behavior out with us during this time?

Jim (17:03):

I think that's a great point, you talked about fit and maybe there's never going to be a perfect fit, but there's definitely, "Hey, this candidate's a good fit. And this one, no, it just doesn't..." Whether it's personality, maybe it's experience. And you made a great point that yes, I believe that's kind of a fact of life, is there are some things we just need to leave at the door. We all come with baggage and with and things that maybe don't belong in the workplace, but maybe I'm carrying a whole bunch of baggage that I'm not able to put at the door. So maybe I'm not the right candidate, but the next person is because they're able to kind of differentiate between, okay, I can perform the behavior that's needed for this role.

Ronnie (17:37):

And I'm going to ask you to hold that thought because I need to make a very important point. And especially since COVID we've given much more attention to the needs of mental wellness, mental fitness and there's a time you need a mental fitness day. You need a mental wellness day and maybe you need to take off. Now, I'll circle back, there lies the gap again. I'm not saying wrong. I'm just saying this goes back to the gap. You need to be out. We got that. If you have the flu, please be out. Please do not come if you have the flu. Now our schedule will be a bit disrupted. So there goes back to a gap. A potential gap. So then if you have several gaps working around, well, then the gap goes into an abyss potential. And if not noticed and managed effectively and timely, you're going to have a mess.

Jim (18:34):

Got to catch it early. Absolutely.

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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So Ronnie, I know we dug deeper now I want to kind of go through a chronological step. Let's say a hospital does recognize, "Hey, we have a lack of effective leaders." What's the next step from that point when we recognize there's a problem with leadership? Maybe there's a few.

Ronnie (19:25):

There are a few. First of all, do you have someone in place that needs to go, all right? So you don't have to answer me but we have to throw it out. And this is all over the place, by the way. Somebody's in there holding on and they're not right. They're not right for a lot of reason. We could even say they're often toxic and they're causing damage while they are there. They're not only not

the right fit, they're actually taking us in the wrong direction. They're toxic, they're changing attitudes, they're demoralizing people. They're taking the whole attitude down and it's just bad for morale. So how do you get them out? You might have a conversation and suggest, we need you to change this now, they may or may not go with that. Well, then you may have to walk down the disciplinary path.

Ronnie (20:10):

Well, that could take six months to a year to a lot longer. It depends. There's that. Or it's someone quit or whatever happened. Then you need to replace someone. Do you have talent that you could bring up? You recognize someone is really amazing, has a great attitude, could probably be great with the team, inspire people, bring them up and hold people accountable. So do you give them a chance? Now they've got to get trained up. Okay, so there's another gap. Opportunity, but gap. Do you bring someone who's at the level or above from outside a different system, you bring them in now they've got to learn your system. They may bring the skill, they may bring the experience. They just need to learn your people. Now, then we go back to trust. Do we trust-

Jim (20:53):

Sure.

Ronnie (20:53):

Do we trust them? We don't know them? It's going to take six months to a year before trust develops really, really developed. Because every place of work has the stuff that people do not want to publish and talk about immediately. Every place, anytime you put two people together you have a culture. And we know that culture is important in every place and cultures are unique. Not to say that one is so one off like none in every other place, but every place will never have exactly the same personalities, exactly the same dynamic, exactly the same location, et cetera. So if you're bringing someone, say, who's temporary. Okay, you're here for three months. They have already checked your due date at the door. Okay, welcome. You're here in June, so see you later in September. Your three months. So they've kind of like got

that circle around you we're just going to be nice for three months, sometimes.

Ronnie (21:50):

People can work well together. But also for the people who are staying, that's not their long-term solution. There lies another gap. Who's going to be here in October for them? Whether it's an option that that person could get hired on long-term or not, you're still in test phase. People may be withholding what are the real issues? Because what's going to get done about them anyway? And then some people worry, did I say too much? Did I reveal too much about what's really going on? Is it going to look bad on me? Because remember, it's easy to shoot the messenger.

Jim (22:25):

Yes.

Ronnie (22:25):

You may say, we're having a flat tire. We don't want a flat tire. Well, I'm not the flat tire. I was just letting you know we're having a flat tire, right? Yes.

Jim (22:33):

Each of these things, as you mention them, it keeps coming up in my mind. It requires intentionality. It requires investment from those within the organization to say, "Hey, we do see a future leader, but now we need to provide the resources or the time or whatever it is to really bring this person up into that role." Or we need to spend a little bit more time in the interview process or the hiring process to make sure we're getting that right person that we can get used to our system and develop good relationship and be the next leader.

Ronnie (23:02):

And may I add here, you asked me earlier, why do I do what I do? Because I've been that leader who was promoted. I've been that leader who was hired in. I've been that leader who thought we had a plan until we realized it didn't

go as planned. And I need a little extra support. But guess what? If you have an employee that's challenging you, who intentionally wants to challenge you, who intentionally wants to resist you and they make it known that they're resisting you, maybe they were up for the job and didn't get it. Okay, that goes on. Well, you need support. Not everything is meant to be dealt with your boss above you. I almost don't like that word boss, but okay, let's just say you're one up if for this conversation, you're a one up. Not every conversation needs to go to the one up.

Ronnie (23:49):

If you keep going to the one up with concerns, your one up may start to think, "Did I hire the right person? Are you able to handle these things? But at the same time, who do you go to if it's not for HR, if it's not for your one up, you need support. There lies a gap. Because you already have all your responsibilities. You have all the people that you need to engage and motivate and give them a reason to want to do what they do and get things done effectively. You need a little support too. Anybody who says no has another thing to think about. So there's the opportunity for coaching.

Jim (24:24):

That's a great point.

Ronnie (24:26):

An experience leadership coach who has walked that walk, talked that talk and felt that pain can help you get out of the ditch before you get all your wheels in the ditch. One tire in the ditch you can save. If you get all your tires on the ditch, you have to get a tow.

Jim (24:44):

But I do want to jump back because I think this connects with what you're saying now. But you said something earlier about, I wrote it down, about leaders. Leaders are not born, they can be developed or some are natural born leaders. So I wanted to ask along that then, how does a healthcare organization, well identify those leaders you mentioned, but in your opinion, how important is the individual's personality, the temperament, those born

leaders as opposed to the idea that people can learn and develop those leadership qualities along the way? I don't know if you can put a percentage on it, but which one do you value most or how do you approach that a born leader versus developing those leadership skills?

Ronnie (25:20):

Well, there's a lot there. So if we took two terms to work with, let's talk about, okay, there's personality. That's one thing. And then there's attitude. I want to go with attitude. I want to put weight on attitude.

Jim (25:33):

Sure.

Ronnie (25:33):

The right attitude can take you very far. So then there's kind of the innate attitude. Some people just have that bright shining sun-in-the-sky attitude and they can weather the storm, what have you. Some just truly have that. Some can be shown to look at the sun rather than the mud. Okay. I like that. I heard a quote recently. "Two prisoners looked out from the prison bars, one saw this mud, the other saw the stars." What's your takeaway from that?

Jim (26:06):

Perspective is huge.

Ronnie (26:07):

Exactly. Yeah. You get to choose what you see. One saw a dirty, dismal, hopeless situation and the other one saw hope and aspiration.

Jim (26:17):

That's great.

Ronnie (26:17):

So attitude can be nurtured and developed, but it helps a whole bunch. If you already bring it, if you already bring it, the nurture curve is shorter. And by the way, as coaching goes, not everyone can be coached. Not everyone is willing to be coached. It's a possibility. It's not a guarantee.

Jim (26:38):

You hear the analogy in sports as well. A great prospect coming out of college, a lot of natural talent, but are they coachable? And that's sometimes the big difference. Whether they succeed long-term or not, might have great talent. Because they're just going to do it their way without listening to the coaches a tough road.

Ronnie (26:55):

Correct. So I'd like to, you didn't ask me, but I just want to make one other thing clear for your listeners. So if say a middle manager and it's often the middle managers who aren't ready to handle it all on their own, yet they have questions. So say if you're really stressed and you have a lot of doubt and you don't know where to go, you could choose maybe on your own to go see a therapist. That's different thing. Therapy is not coaching. That's separate. Then there's the EAP program through a lot of corporations, not every employee trusts those. If they're having a problem at work, that's why there's the opportunity to go outside of the job, not all of your issues, like check the thing at the door, we talked about. Not all of your second guessings need to be revealed. It's very common. I mean, you look some of the most successful sports stars, et cetera, whatever, CEOs, whatever, they had issues, but they worked through them. They got the right resources behind them. So I just want to point that out, how important that is to consider an outside resource.

Jim (27:56):

That's a great point. And have you seen it in terms of the work that you've done, do you see a lot of people reaching out on your own or are they connected through the organization? Do you feel like one way is more effective than the other?

Ronnie (28:07):

Well, I happen to have an observation that some companies claim to have a mentorship program and ideally a mentorship program might bridge some of these gaps. But also, let's go back to that conversation about time. Who's got the extra time? Really, there has to be an exchange in the relationship. The mentee and the mentor both need to benefit. The mentor needs to benefit as well. And if it's all one-sided, that's not interesting. So there's a gap. There's a gap there. So I say some of the most beneficial situations I've seen with leaders and managers are those who went outside the system. Why? They didn't feel the stress of, oh, are my questions, are my concerns being shared?

Jim (28:52):

That's good insight.

Ronnie (28:53):

You go outside is private and confidential. And I just want to point out, my coaching is confidential. You may never hear who my clients are. I don't need you to hear who they are. Some people want to brag. I'm working with whatever, the vice president, the president, whatever. I might use that term. It might not be which one and where.

Jim (29:11):

Sure. Well, that confidentiality is important because the trust is important.

Ronnie (29:14):

Exactly.

Jim (29:15):

The continued success for the person being coached and for you to continue doing what you're doing. Confidentiality is huge. So you mentioned mentorship and that's something I'm huge on it. I think it's such an important factor in healthcare and we didn't really talk about this before, but is it necessary or is it helpful in order to help mentors within the health

system, do they need coaching? Basically of the coaches need coaching, if I can put it that way?

Ronnie (29:41):

Yes. I have coaches. I've had all different kinds of coaches. By the way, it's how I chose to become a coach. Again, I was pulled here, remember I said that? I was pulled here. I benefited so much. I saw blind spot I didn't even identify before. And went boom. It's like I could get this out of this conversation and this relationship. I want the word to get out. This is available. So for the mentorship, again, it needs to be two-way. Don't be confused. The mentor wants something out of it as well. Well, then how to identify it? It's hard to assign someone, I hate to say it, it's not dating, but it gets somewhere in that realm. It's not romantic, but there needs to be some kind of interest because why? The mentor is not going to be able to go that extra step for you. Otherwise it might look just transactional. Like you're trying to satisfy something on paper or something.

Jim (30:37):

Yeah. Well, can I ask you this question? This is maybe a little more personal, but when it comes to a coaching relationship, have you said, "Ah, our personalities aren't fitting? Or maybe there's another coach that I know that has the experience and then you can connect to this person with" or vice versa, where another coach has directed someone to you to say, "Hey, this is the guy you need to talk to."

Ronnie (30:58):

Thank you so much. Thank you so much for asking this question. This is so vital. I have several conversations with people and I say, "I think we're not the best fit, but I think I have someone for you." And I will also put out there, I want everyone who might be listening to know that you should never have second doubts about getting any help that you might think you need or want for your mental fitness. Coaching is not mental therapy. There can be mental fitness exercises that go with that. You can get mental toughness from a coach, but it's not therapy. There may be therapists who do some

coaching per se, but generally coaching is not therapy. I wanted to put that out there.

Jim (31:40):

Let's make that differentiation.

Ronnie (31:42):

And I have several others that I refer to. I have referred to and I've been referred to as well. And we also, when we see a need, we also say, "This might be something that you could benefit from therapy with."

Jim (31:54):

That's great. So, I've really taken a lot from this conversation, and I know our listeners have as well.

Ronnie (31:59):

Thank you.

Jim (31:59):

I'd like to leave at the end of the conversation, you obviously, like we said, you have a diversity of experience, can you leave us with any overarching leadership advice, maybe even something that extends beyond healthcare, something that you have really embraced in terms of leadership or in terms of your approach with coaching, anything you'd like to leave with our listeners?

Ronnie (32:18):

Well, really, I mean, don't wait for someone else to solve the issue. How can you be the solution? What solution can you bring or suggest? Okay, let's go back to the pay grade conversation. This is one thing I want to take down to the lowest level. I think that companies who could ingrain into their people, I don't know if it could be an incentivized thing, can you look for the solution? Can you bring... So you've got a pain point, you've got a block, you've got a cog in the wheel.

Ronnie (32:43):

What in your view, what is the solution to bring that out? Because no one's going to know the pain better than you if you're in it. If you ask me if I'm up in the C-suite, there's no way, I would've to go and do some resource. I would've to have bring a meeting together to really understand what is it they're going through down there. Where you at the front line, pass the pain points up, but not looking like a complaint. What are one to two viable solutions that you see for your pain point? Bring that. Try to think of a solution-based approach. I hear your pain. Thank you for bringing that up. What do you think the solution is?

Jim (33:16):

So many and I've heard this in from a number of different, but so many solutions are at the front lines and we just need to be presenting them and work there. And maybe it's not completely refined. Maybe it needs to be tweaked a little bit. But the ones at the front lines are the ones that see how does this solution work? Does it work?

Ronnie (33:34):

And to clarify, I don't want it to sound like adding a job or responsibility to that person's job, let that come from above. How that gets implemented, let that come from above, but enlighten your leadership. What do you think the solution is? Help us out here. You have a pain point; you have a block. What is the removal mechanism? How do we get that out? And if I may, I have a quote or two, I could leave if you're ready for that?

Jim (34:00):

Yes.

Ronnie (34:01):

So Walt Disney, I'm going to give you two. I'm going to really go for it.

Jim (34:04):

Go for it.

Ronnie (34:06):

"If you can dream it, you can do it." Think about that what we're trying to do in healthcare. We are trying to recreate something here. And I don't mean to say the wheel. We're not trying to recreate the wheel per se. We need a new wheel. We just really need a new wheel. We need to entirely change the wheel-

Jim (34:22):

That goes back to attitude and perspective that you mentioned.

Ronnie (34:24):

Thank you. Accountability, pay grade. Yes, okay. Let's get into the pay. What is the solution? And one more thing.

Jim (34:32):

Yeah.

Ronnie (34:33):

I don't quote this person often, but I saw this and I just have to give him credit. Elon Musk, "When something is important enough, you do it even if the odds are not in your favor."

Jim (34:46):

That's great. Ronnie, that sums up our conversation today. I love everything that you shared, so thank you. Thank you for being on the show-

Ronnie (34:54):

Well, Jim, I just want to thank you for this platform. I had no idea we would have such a rich conversation today. I think you're a great host. You really bring up great questions and I just really love the chance we got to share this today.

Jim (35:05):

Thank you, Ronnie. It's informative to me, but also I think really for our listeners and it's a good listen and thank you so much for being on the show. To our listeners, we always say thank you. 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. Ronnie is also on LinkedIn and I know you have a newsletter, Leading Great. So check him out on LinkedIn.

Ronnie (35:26):

That's on Substack. That's right.

Jim (35:28):

Yes. So we at VIE love helping hospitals save money and enhance the patient experience. And we're hoping that today's episode gave you some new insights, I know it did, and ideas to consider and use in your career and your own healthcare organization. Ronnie, thank you again very much for being with us today.

Ronnie (35:45):

Thank you, Jim.

Speaker (35:47):

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 RONNIE H. KINSEY

MBA, Leadership Coach & Advisor

As a solution focused Leader in Healthcare, Corporate Operations, and Leadership Coaching, Ronnie brings diverse achievements and transformational expertise.

From clinical to leadership transformation within hospital and ambulatory care specialties, pharmaceuticals, Health Plans, and Start-ups, he has led successes internationally.

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