

Improving the Hiring Process in Healthcare

With Meri Halilovich & Henry Lang

Episode 73

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Meri (00:00):

They should display, they're a great team player. They should talk about how they envision themselves as a part of this company, what they would like to do and achieve as well as deliver as a new hire, they should show enthusiasm, knowledge, and interest about the company and how amazing the delivery is going to be.

Henry (00:18):

The organization needs to go the extra mile and always put time and energy into ensuring staff are taken care of. And you may have ultimate goals for your organization in terms of patient care and safety, but those things are going to happen if the employees are taken care of.

Introduction (00:36):

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 five 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 (01:16):

Hi, this is Jim Cagliostro and you're listening to the Healthcare Leadership Experience. Today's guest, we have two guests actually, is Meri Halilovich, CEO at Top Medical Talent and advisor on recruiting and hiring. And also joining us today is Henry Lang. We have many titles, but I'll just say he's a CRNA, active duty Navy nurse. He's also an assistant professor at the Uniform Services University, but he is also involved in this recruiting and hiring. We're going to talk with both of them today about common mistakes made in the hiring process and how to avoid them.

I'm looking forward to this conversation. Welcome to both of you and thank you for joining us.

Meri (01:54):

Thank you for having us.

Henry (01:54):

Thank you. I'm really looking forward to this conversation.

Jim (01:57):

Great, great. Let's talk about the hiring process in healthcare. Can you take us through maybe first the historical approach to hiring healthcare workers and how it has changed in recent years, maybe a state of the hiring process as it is now in healthcare?

Henry (02:12):

Well, you have your historical approach. You have an applicant presented to HR. HR goes out and does traditional recruiting methods, job fairs, put it on a website, and put it on your hospital website. Have maybe some type of incentive program for people to pull people in. And that has been the traditional or the old school method for bringing clinical and administrative and backend staff into the healthcare environment.

But with the demand for healthcare employees right now, the shortage of healthcare employees, things have had to become a lot more creative when it comes to candidate searches. Extra efforts are needed to be made. Our organization got involved in healthcare recruiting because of that, because of the amount of time and energy that is required for organizations to find talent.

Henry (03:07):

Things that are in place today. You have to have a presence in LinkedIn. You have to have a presence on social media. You have to use creative ways to get the attention of the small pool of applicants that are there to fill these positions.

Jim (03:23):

Of course.

Henry (03:24):

The tools that people traditionally run from the locums and travel. And I don't want to work with that. Well, those are tools that you should look at positively to let people come in and experience your culture and then even provide opportunities for permanent staffing.

Jim (03:42):

Hmm. So you did mention, I just want to confirm, you said it's the same case for administration as well, clinical and administrative positions, the demand is high.

Henry (03:50):

The demand is very high for the right people, people with the skills because as you know, the healthcare environment has become more and more specialized.

Jim (03:59):

Yes.

Henry (04:00):

It's specialized and it's very, very complex and none of that is changing. We have all kinds of great ideas of what healthcare in the United States should look like, but we can't just flip a switch and do healthcare like we do it in other countries. So all of these little positions require very specialized talent.

Jim (04:19):

And I know in our line of work, we work with some rural hospitals and systems that have locations in very rural areas. And from what we hear, just the struggle and the challenge that rural hospitals have just for the sake of there's just no applicants coming or it's limited compared to areas of higher population maybe to have a little bit more. But it is a real challenge.

Henry (04:39):

It is a challenge. And what we found, and back to the original point about the historical process is especially coming out of COVID, people are now looking at rural places. And rural places oftentimes are able to offer opportunities for increased independence, increased growth, and different lifestyles that people are leaving some of the larger urban areas looking for. It's just a matter of packaging all of that in such a way that it shows the beauty of maybe going to some of these places, the ability to buy a home, or the ability to practice to the full extent of your license because you're in a place that you're allowed to do so. Or to grow, to get a title if you're in the administrative side. It's like, you know what? I have an opportunity to be a VP here based off of my skillset just to the demand.

Henry (05:29):

Yeah, I really liked that you brought that up because we recently have been working with helping some organizations and recruit people and social media. My partner here, Meri, has created some really unique advertisements. She'll put a picture of the desert and it's beautiful and you want to practice independently and work to the full scope of your license, but not work like a crazy person where it's a normal pace of life. And by being creative and stepping away from the traditional methods of recruiting, you can have some successes.

Jim (06:05):

You mentioned the creativeness. That's what drew my attention to Meri. We got connected through LinkedIn. And it is, it's so important being creative and that's something they didn't think about that. When I started nursing in 2007, they weren't thinking about creative ways to hire. So great points. For both of you, in your opinion, is the hiring process in healthcare broken today or do you see some organizations doing it well, hey, they're on track, they've really grasped this need to be creative?

Meri (06:33):

Awesome question, Jim. The answer will be yes and no. I would just say it's not necessarily broken. It's more so complicated and not complicated only because we like to complicate, it's complicated for a variety of reasons. You would know complexity of breaking in a skilled professional in a healthcare space. There is so much to it, not just let's talk about salary benefits and your credentials.

Jim (07:07):

Sure.

Meri (07:07):

And nonetheless, that can take the whole day to mention. I would say not broken but overcomplicated and I don't see necessarily a quick fix to this issue. I just see small little chunks of it getting addressed and improved. And while we are doing that, we might over-complicate the next section of the

process. Unfortunately, I would say it would remain exactly as complicated as it is now, then in the future too.

Henry (07:36):

Ways for an organization to be successful with the hiring process. If we're talking even a lot of managerial and administrative roles require a level of certification, they require a lot of background checks. Anything that organizations or successful organizations do to go ahead and implement someone to streamline that process. There's nothing more frustrating when you go to apply for a healthcare position and you fill out... You need your remote practice insurance, you need the billing stuff, you need just a normal application. So when you filled out the application, I gave you references, I gave you all of my information, I gave you my licenses, I gave you all of this information. Then I go to fill out another link and it's asking for the exact same information again. And anyone who can help go through, what are we asking people and how many times are we asking the same information and is there any way that we can streamline this so that they ask, we fill out this one form and it goes to all the different sources.

Henry (08:36):

To Meri's point, the system is complicated. Just like I talked to, you have insurance, you have billing, you have the hospital credentialing, your regional credentialing, then you have your national credentialing for whatever your specialty is. But a lot of those places are all asking for the same information. And a lot of people stay in jobs and they don't like because they just don't want to go through it again.

Jim (08:56):

Yes.

Henry (08:57):

They don't want to go through it again. There's opportunities and it keeps people from even growing because it's like this was exhausting. If you had an organization or people knew that it was going to be straightforward and

seamless and they had a person built into the organization who took the time to figure out what exactly are we asking people, that's an opportunity. And there are places that are doing that.

Henry (09:18):

It is a unique opportunity to, also with the advent of all these locums and travel work especially that's grown out since COVID, there are places that that's what they lead with. Streamlined licensing, streamlined credentialing. And they've taken the time to take an administrator, administrative assistant, let them look at exactly what we're asking everybody and if they want their name on 28 pieces of paper. Once I have your name, it's going to be filled in on 28 pieces of those paper. If it asks for your license, it's already filled in those. When you go through it, you're just clicking a couple of minor changes and you're like, "Oh wow, that wasn't bad at all." And guess what you do, you stay with them because they make it easy for you.

Jim (09:58):

That's a great point. You're making me think of exactly as a patient, how many times do we as patients come in and oh, you fill out the patient portal, all your history and medications and everything the night before and then you get in there and they want you to do it on paper. And they want you to do it three times because a different part of the office needs it or someone else needs it. But in the hiring process, you say, "We do have that same problem." And yes, a lot of it is antiquated, but I love what you said while we've talked about it being complicated, but then maybe having an individual, an administrative assistant, or someone that's dedicated to streamlining the process. And that does make, especially if someone's applying to two or three different facilities or two or three different hospital systems, it's going to stand out, "Hey, this one"... It just makes everything that much easier and that will draw attention.

Henry (10:42):

That's a great point. I really appreciate you sharing that. So — a lot of times we think about the hiring process and recruiting, resume, at least historically the resume comes to mind, at least in my mind. What might

healthcare leaders miss if they're only focused on what shows up on the resume? Or maybe I could ask, is there too much emphasis on the resume or are we missing, hey, we could really get a lot from the resume? What are your thoughts on that?

Meri (11:07):

Awesome question. I will speak to that. I trust the great hiring manager. Any great hiring manager will know that a resume is essential, but it's absolutely not the only thing they should look into. A resume is just a document that represents candidates' professional achievements, and it is essential since oftentimes it's the only thing the hiring authority has in front of them. And based on that, they're deciding if they are going to invite this person to interview or not. Basically at this stage, a hiring manager is just screening the resume and making sure the applicant has necessary certifications or license or years of experience or anything else that might be required for that job.

Jim (11:48):

Sure.

Meri (11:49):

So absolutely essential at that stage. But now there are different many sublevels — and levels actually — that will play at exactly the same level of importance of bringing in this person as an employee to the organization. One of them will be in-person interview, and this is something that I see candidates being a little bit, I would say, unsuccessful if you will. It might not be the perfect word for it. When a candidate comes into interview, they strongly rely what their resume says about them and that's all they want to talk about. When in reality they don't understand their resume screening, it's done and approved, that's why they brought you in. Right?

Jim (12:30):

Sure. Makes sense.

Meri (12:32):

Exactly. This is the time when candidates should wow their manager, the hiring manager. They should walk into that interview knowing and representing themselves like they are the one, they are that perfect person they are about to hire and all they should do is act that way. What I mean by that is they should display, they are a great team player, they should talk about how they envision themselves as a part of this company, what they would like to do and achieve as well as deliver as a new hire, they should show enthusiasm, knowledge, and interest about the company and how amazing the delivery is going to be. That's when they create this picture and vision for the person that is listening, the hiring authority, "Well, wow, they are actually the one. Already have a great resume and now I'm hearing what I want to hear from them." That would be one tip that I would give to a potential candidate who might be listening to this.

Meri (13:30):

Another thing is that candidates often during the interview avoid asking questions. I highly recommend, inquire about more information besides what job description provides. And this way a candidate might display and in some way manifest the idea that they are already part of the organization. And as I said already, going into an interview, applicants should represent that idea. They are the one, the perfect person that employer is looking for. So asking more, learning more, that absolutely helps them.

Jim (14:02):

That's great. And I'm glad you're speaking to the employee side of this too because I have a close friend... we talked about this before we started the podcast, a close friend who is in this interview process. And I remember back when I first started as a nurse, it's very intimidating. You're one of 20 people applying for one position. Now it's not necessarily the case because of that demand. So I believe, correct me if I'm wrong, I believe candidates, I'm thinking from the clinician side, can come in more confidently knowing, okay, there's a need. Obviously, you don't want to come in with arrogance,

but you can come in more confidently to say, "Hey, I do have the training. I do have the skill set that this organization needs." Is that fair to say?

Meri (14:41):

Definitely fair to say. And this market is absolutely on candidate side, so they should walk in with absolute humble but confident as you said. Yes, I agree.

Jim (14:52):

Great, great.

Henry (14:52):

And this is an opportunity right now, I'm always on the side of the candidate from the standpoint, I understand the organizations need someone, but we as individuals coming up to the ranks, this is the time to get that extra PTO that you need. Or if you really want some professional growth to ask for it. And we were working with a candidate the other day and the salary wasn't where she wanted it to be, but things like educational money, maybe PTO, maybe exposure a couple of days a month to go work in the ICU, let's say you want to break out and get some critical care experience. Those are things that are creative ways that employers are open to bring people in and it's an opportunity to shape the job that you need. Or maybe you need to do some form of hybrid. Employers are coming back but they're learning hybrid, that's what employees want and you can negotiate those types of things.

Jim (15:49):

The suggestion for creativity does not just apply for those hiring, but also for the candidates, for the potential employees.

Henry (15:54):

Absolutely.

Jim (15:56):

I love that. I really hadn't thought about that before but that makes sense. I want to go to the other side of the interview table and ask, how can a hiring manager best prepare for, maybe best use the interview to hire the right candidate? Maybe you're not one of 20 potential candidates, but maybe it's one of three and the hospital says, "Well, we have three to choose from. How do we use that interview process?" Or are there other things they can use to say, "We want to choose the best candidate for this position"?

Meri (16:25):

Awesome. Yes, great question again. I would say the candidate and the hiring manager should put exactly the same amount of work to get ready for this meeting. First thing first, the hiring managers should prepare great interview questions. They should study the resume and get to know the candidate. They should be ready to answer questions. Like I advised earlier, candidates should ask questions so a hiring manager better prepared to have answers. Correct?

Jim (16:50):

Mm-hmm.

Meri (16:52):

And they should definitely coordinate with their teammates who might attend that meeting as well. Plan the time and agenda and sharpen their skills when it comes to selling their company. What do I mean by selling their company? When they end this interview with a great candidate who has amazing resume, he or she is providing great answers to their questions, it's time to step up — or the hiring manager to step up — and do the right thing and save that candidate. They should definitely go over every single magnet that might attract this candidate to be, "Yes, this is the employer I want to stay with. I want to give a chance, I want to go further with them." They should talk about their benefits, their PTO bonuses, flexible schedule, anything they can think of, anything they actually offer to keep this candidate interested and perhaps get him to the next level. Having that

kind of candidate in front of you, it's definitely, especially now nowadays, it's almost a blessing. So having skills of doing so as a hiring manager is essential.

Meri (17:56):

Obviously, time and experience takes all the hiring managers to the next level and they develop the skills. They're firmly connected with emotional intelligence and ability to evaluate character. When you think about it, Jim, it's in a short conversation, hiring manager needs to evaluate so many different things in order to decide if this applicant should be moved to the next round or not. I would say an essential part of this task is how well this hiring authority knows the organization or actually people in the organization, I should say, analyzing who and how a new hire will fit with a team, who they will report to, who will report to them, might also play a crucial role in decision making. Here we're opening the door to this multi-level process where a million little things play a role if the answer is going to be yes or no to the next round. And as you can tell by my last statement, sometimes it's not actually the applicant itself, but who they're going to be around with.

Jim (19:02):

Sure.

Henry (19:04):

To jump in there, real genuine transparency and honesty in this current environment, everybody is connected. In healthcare, somebody who works there, someone who used to work there, you know what the culture is, you've figured it out. If there is a red herring, yes, we just had a major shake-up in an area, we just had a lot of people just left and went to another facility, to speak to it professionally what's being done to rectify it. Because oftentimes you have solutions and since you don't speak to it, you don't even let people know that, "Yeah, we knew that was a problem and we've made some pay adjustments and we've replaced some management in key areas. And we really want to bring some people in to really create a new culture here. And this is where our new culture is focused on." Because the

reality of about, we're talking about the hiring process, the problem we're struggling with is the revolving door, retention and the interview process is critical to your retention.

Henry (20:05):

And speaking to what Meri said, in order for you to properly interview, the hiring manager needs to truly know what their culture is and know what culture they're trying to build and be able to enunciate what that culture is and really let the person know, "This is where you're coming, this is what you're trying to do." Yes, what we do right now is throw bonuses and additional money, but that's not why people leave. People stay places that they're happy, that they're growing, that they feel challenged, that they feel a part of what's happening, and people go because money is not the answer to the solution. You have to be providing a salary within whatever your marketplace is. But people don't stay places not because of the money. They stay places because they don't feel valued.

Jim (20:53):

All those great points. I want to add like 10 comps. It really reminds me of... You mentioned preparation, Meri, and I believe when an interviewer or a manager who's hiring, whoever it is prepared, that breeds confidence in the candidate, and that will attract me. You get a general contractor to come or a mechanic, anytime you talk with someone, if it seems like they're unprepared, you don't have confidence in that person. But when they come with preparation and then all those things that you mentioned in terms of really selling your organization... The magnet, I think that's the image you used, a magnet to draw people in, that's huge and it is something that maybe we didn't have to think about before, but now with the demand, we really do.

Jim (21:36):

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.

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 (22:09):

So Meri, we're going to talk about culture because you mentioned that Henry and I want to get back to that, but I wanted to ask a question about soft skills. Some of the things you've written Meri on LinkedIn and other places, you've written about the importance of soft skills like teamwork and adaptability. Some people might call it the intangibles and yes, a hundred percent, I agree totally with that. These are things that can't necessarily be seen on a resume and it really can be challenging in a 30-minute interview, maybe even an hour interview, to get a sense of these soft skills that someone has. Is there another way? Well, within the interview process, are there recommendations you have to get a sense of these soft skills? Or beyond the interview, are there ways to really assess those intangibles that a candidate is bringing with them?

Meri (22:55):

Yes, there is. And you're exactly right. It's very crucial and plays a massive role not only to the hiring process but for long-term benefits of organization. I would say during the interview, a candidate should definitely take a chance to drive the conversation towards the experience and share the story where he or she did something that involved empathy, sympathy, just representing himself or herself as a great human. Just share the little story very quick. That is definitely going to display that soft skill of being a great individual, perhaps a team player or a coworker that might be desirable for that environment at that time.

Meri (23:40):

The other thing that I would like to mention that is probably outside of the interview, perhaps it would be a great way to do behavioral skill assessment tests where the hiring manager or HR or whoever is out there working on this can get exact scores broken down by so many different sections of this person who took the test, telling them exactly what kinds of skills this person have and what kinds of job titles they would fit for, where they're at when it comes to empathy, how honest they are, and so on and so forth.

Meri (24:15):

I would like to say that as great as this test is, assessment... and I know that lot of organizations do utilize it, which is great, we should all know that it should not be the only thing, just like a resume is not the only thing that we make a decision based on. It should not be the only thing that is, "Oh, a great score, let's hire Jim." Right?

Jim (24:38):

Mm-hmm.

Meri (24:38):

No. What happened to his resume? How did he do on interview? What are the other stuff on the checklist that we need to check off? It can help, but it should not be the deciding factor for the hiring process. Yeah.

Jim (24:52):

Sure. We had talked about this before in previous conversations, but I'll use a personal example. My wife and I both did the travel nursing earlier in our careers and my manager had told me they actually used the travel nurse program as a long interview process, "Hey, you sign a three-month contract, things go well, we're going to ask you to sign another or even sign on as staff. If things don't go well, we're just not going to ask you to sign on or extend." Are you seeing anything like that where you do have a long period of time to assess? Or typically at least historically it's interview, resume, maybe a second interview, maybe some interaction. Anything in that arena

that you're seeing now in terms of being creative, a longer process to get to know them?

Meri (25:35):

Based on my experience and I think the current market dictates this, it's quick. Let's do an interview. Let's make sure you are the one. If there's assessment, background check, and let's go from there. Even though the companies and healthcare organizations are striving to get this done as soon as possible, it's still a pretty lengthy process and there's a lot of fear that candidate might grab another opportunity that came along while they were working on a background check, for instance. I'm sorry, but the answer is no to this as far as my experience goes. Yeah.

Jim (26:10):

That's a great point. That really is. And the luxury just isn't there right now.

Meri (26:15):

Mm-hmm.

Henry (26:17):

Now what you're saying, however, our employees with their power right now are leveraging the locums' travel opportunities, PR opportunities, 10-99 opportunities to build their own schedule and see a lot of different places. And they're using it almost in reverse to come in and experience a facility and say, "Is this someplace that when I'm done traveling, when I'm done doing this, that I want to make my long-term solution?" So it's almost in reverse.

Jim (26:48):

Great point.

Henry (26:50):

It's that the employees are utilizing locum, "I'm going to go work a contract there for three months and see what's really going on."

Jim (26:56):

Sure.

Henry (26:57):

And then once they get a sense for the culture, then be in a place to make it a long-term location for them. So they're interviewing the employer as much as the employer is interviewing them.

Jim (27:09):

I had it all backwards, although that wasn't just this time.

Henry (27:12):

Well, it's just the market has changed and it just goes back to the point... and I know we wanted to talk a little bit about culture down the road in this conversation, but you're interviewing them. When you bring someone in, you bring someone in as a PRN or you bring someone in as a 10-99, it used to be early in my healthcare career that they were kind of like mercenaries. You gave them the sickest patients down at the end of the row. You know what I mean?

Jim (27:36):

Yes.

Henry (27:36):

You didn't look after them. Their lunches were, hopefully, they got one, maybe they didn't.

Jim (27:44):

Oh, you know it. Yeah.

Henry (27:44):

They were mercenaries. But now when you know do PRN or 10-99 work, they're wooing you like, "Hey, have you ever thought about working this area? Tell me a little bit more about yourself. Are we taking care of you? Is everything okay? Did you get everything you needed?" Because it's an opportunity to find really good employees.

Jim (28:02):

That's great. That's great. Yeah, let's jump into that topic of culture and we know culture can vary from organization to organization. Even I've worked in places and it's clear there's a different culture from department to department. How does the hiring process fit into this conversation of culture? How can we be sure... I get that I probably shouldn't say that. You can never be sure, but how can we try to be sure that you're hiring someone that really is a good fit for the culture?

Henry (28:26):

We're really excited about this because really this is what we do, this is why we get involved with great do.

Jim (28:31):

Great.

Henry (28:32):

And these are really great questions. And a lot of organizations really take a lot of pride and they invest a lot into this and that's a great thing, but it's not a quick thing. It requires a lot of work. And some employees may love what you're doing and others don't, they don't like where you're going with it. There's always a level of uncertainty. We talked about the skills and tools of the decision maker and once they select the ideal perfect candidate, it

doesn't happen that things work out perfectly for various reasons. It could have absolutely nothing to do with the culture. It would be the shift they're on or the hours or the commute or the spouse's job or the childcare issue. There's so many factors.

Jim (29:10):

Sure.

Henry (29:11):

But the organization needs to go the extra mile and always put time and energy into ensuring staff are taken care of. And you may have ultimate goals for your organization in terms of patient care and safety, but those things are going to happen if the employees are taken care of. And one of the efficient ways is to do one-on-ones. Everyone has probably experienced some type of exit interview and that's the time that you get to really let it all out and say the things that you wish had happened and the problems. Imagine having that interview while you still work there. People are like, "I wish you would've asked me these questions before I was leaving." And back to the point of that transparency, to really work with people to let them understand what the challenges you face.

Henry (30:04):

People know, they understand the challenges we face. We have X amount of people, we have to cover X amount of rooms, we have this many resources to take care of this, to treat people with respect, to let them know what's going on and then be open to hear their feedback. Because the feedback that you get, especially if you don't wait for the exit interview to get the feedback, you may find some solutions to your problems that are literally right there amongst your team — if they feel a part of the organization.

Jim (30:34):

Well, sorry to interrupt, but also I think the fact that if one person is leaving for a very specific reason, there could be two or three right behind them leaving at the same time.

Henry (30:42):

They all are sharing references with each other and getting ready to go.

Jim (30:48):

Right.

Meri (30:48):

Very true.

Jim (30:49):

You mentioned the transparency. That whole exit interview, I'm just curious, in your experience working with candidates and working with hospitals, do you see organizations doing that? I think there's always room to... I'm sure your answer's going to be, "No, they should be doing it more," but are you seeing people are recognizing the need for these maybe difficult conversations to really self-evaluate, how are we doing as an organization?

Meri (31:11):

Yes, definitely. There are a lot of organizations out there that do, if not weekly, then they have monthly sit downs one-on-one, very quick 15 minutes, "Hey, how are you doing? What's going on with X, Y, and Z? I know you mentioned last time we spoke," and go from there. That way they connect better on a human level. They understand why perhaps that employee might be a little off at work if they are. "Oh, okay, their child is sick," for example, or something like that. And then that gives the opportunity to employee to go, "Hey, I really love X, Y, and Z, but A, B, and C are really killing me. What can we do to improve? How can we"... you know

what I'm saying here? It definitely impacts not only productivity but happiness and that feeling of being valued in the work environment.

Meri (32:02):

This is definitely an example that does not touch healthcare, but in my personal experience, the company that I worked for, we had morning five-minute huddle where it was like, "Hey, good morning, did you get your coffee? What do you have going on today? How can I help you? Do you need longer lunch today because you need to run errands?" It was literally like that. Nobody ever needed anything from that manager, but just them telling you that in the morning made you feel so empowered that you went twice hard at work that day. That feeling valued, being human to one another, I think it's essential in this example. Yeah.

Jim (32:41):

Great, great. I think that really sums it up wonderfully. Jumping to another topic, but I really want to touch on this because I've seen and heard you share on this, the topic of diversity. You've talked about the dangers of ignoring diversity in the hiring process. Why should that be a factor in the hiring process? How does diversity impact a hospital or a health system?

Meri (33:03):

Well, Jim, this is literally my favorite topic, and thank you so much for noticing my work on this, but I'm going to have Henry answer it. If I try to, we might run out of time. Is that all right?

Jim (33:15):

Please, please.

Meri (33:16):

Go ahead, Henry.

Henry (33:17):

All right, let's start with the positive. Let's start with the facts. PricewaterhouseCoopers, 85% of CEOs report that applying a diversity and inclusiveness strategy has increased their earnings. Also, the same workplaces report that their employees are happier and more productive. Now, this leads us to the reason for this podcast. Happy and productive employees boost the ability to attract quality talent while reducing turnover. Right there, we're looking at a win for all.

Jim (33:49):

Yeah, reducing turnover. Yep. Happier employees. I love it.

Henry (33:53):

And if you ignore diversity and inclusion, you can harm the organization in so many ways. Just here's a couple. Unintentionally generate a culture where discrimination is present. You don't have any diversity. You create this environment because of lack of diversity. Employees' similar backgrounds do have similar viewpoints about the work you do, which then drives the workforce to do groupthink where new ideas and opposing opinions in a group of people are suppressed. And diversity is everything. It's not just racial diversity. There's age diversity. Young people, young generations are more diverse, so if the organization does not embrace diversity and inclusion, you're missing out on some excellent younger employees that can provide new point of views and help you prep the future as well as help you grow your organization. And then there's that negative public perception that could have been avoided if there are people from underrepresented backgrounds in an environment. You come in, there's nobody that looks like you that works in the organization, impact on patients, healthcare disparities among different racial groups.

Henry (34:59):

I work a lot in the OB environment and there's this staggering statistic that says if you're of color, the way to drastically improve your mortality and morbidity is to have someone who looks like you. There's a lot of layers there in terms of the whys, but it's a statistic. It's something that exists. And

diversity equals innovation. In addition to being a healthcare provider, being a military healthcare provider where diversity is a heavy part of how we recruit, you see it. You see people from different backgrounds, different areas, whether it be age, whether it be gender, whether racial diversity. It just creates an environment where people can say something that you had never thought about. Why? Because your culture is about treating everybody fairly, finding the commonality in each other. It's when all of a sudden a lot of things that may be from a media or political landscape may look really bad.

Henry (35:55):

You find all this commonality. And I always talk to people when they're really frustrated about politics or something. I'm like, "Well, how was your day today? Me and you may not look the same, but we're having a good time. We rode the elevator together. You know our kids. They're dealing with the same challenges and struggles at school. Our day, our world, our microenvironment, there's a lot of stuff that we have in common." And I think the beauty of having a diverse workplace and really taking it seriously, and doing it for the right reasons — not just because we want it to look good, but actually doing it for the right reasons.

Jim (36:29):

I love that. You're not just doing it for optics. My mind keeps going back to patient care. If everybody looked and thought like I did... Well, my wife said, "That's a very scary thing to think about," but the one floor I worked on in the past, I was the only white guy and it was a lot of Filipinos that I worked on. First of all, they fed me great. I learned a lot about their culture, but when I would have a Filipino patient, it's like, hey, there's some things different that I might not understand. Maybe they don't like to be woken up at a certain time or when you go in and you try to provide care, there's little nuances that I don't get that I would go to my coworkers and say, "Hey, I want to best care for this patient," and they had a deeper insight to that because of the differences, because of the diversity, like you said, not just racially, but culturally and age-wise and things like that.

Jim (37:16):

Those are all great points. I love what you shared there. I always like to end off the episode. This is an opportunity for both of you, or one of you, whichever. Through your careers, any leadership lessons that you've really learned or any leadership mantra that you've developed to say, "Hey, this is what drives me each and every day"? Anything that you'd like to leave our audience with, I'd love for either or both of you to share.

Meri (37:40):

Yes. I would like to start. My favorite thing to share, it would be the quality of our relationships reflects on quality of our life. I've been facing this all my life in so many ways from so many angles, and I never really realized it until last week when somebody said that to me. And the reason why I'm sharing this, it's because no matter what relationship we are talking about, it can be your husband, wife, your partner, friends, relatives, coworkers, I would say that every single one of us should strive on a daily basis to keep our connections positive. That simple hello in a hallway to a total stranger can make so much difference on his or her day. Being a good human, bottom line, it takes you to the next level. That would be my mantra. Thank you for asking, Jim.

Jim (38:31):

I love it. Thank you for that. Henry, please.

Henry (38:33):

Focus on the positive. You've been in healthcare for a while, many different levels, and the current healthcare system in the US is very complex. There's so many areas for improvement that it can seem overwhelming and helpless. You're just frustrated. Focus on the positive ways that we can impact our microenvironment, what we have control over. The things that we have control over, making those better can go a long way in, as Meri said, developing that culture of positive relationships. There's this concept, I like to call it a good busy day.

Jim (39:09):

Okay.

Henry (39:09):

If everyone is on the same page, we know each other a little bit, we've taken a little bit of time to check in with each other at our huddles, not from a professional standpoint, but just, "Hey, how was your day?" We can't always get more staff. We can't get more time off. We can't change how many patients are in the hospital, but if we're all working together, it creates this concept of a good busy day. That's that day when it's like, "Man, did you see what was in front of us? But we all came together and we worked and we crushed it," versus just that, "I'm quitting tomorrow. I'm leaving healthcare altogether." People are leaving healthcare because of something that can be fixed with our ability to talk to each other better and communicate. To be a little more present, just to take a couple of deep breaths and have a little bit of empathy.

Henry (39:59):

And just focus on the positive, focus on what are we here to get done, focus, and maybe just give each other the benefit of the doubt and assume that person's attention probably isn't negative. Maybe they're dealing with some stuff just like I'm dealing with some stuff, whether it be internally or externally, and just agree to meet in the middle somewhere and have a few more of those good busy days and focus on the positive.

Jim (40:23):

Wow. I couldn't think of a better way to wrap up this podcast from both of you. That's wonderful. Thank you, both. Meri and Henry, thank you for being on the show.

And thank you to our listeners who spent time with us 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. You can also find Meri and Henry on LinkedIn. We'll provide links where you can connect with them. We at VIE love helping hospitals save money and

enhance the patient experience. We're hoping that today's episode gave you some new insights, maybe some ideas to consider and actually use in your career and in your own healthcare organization.

Meri and Henry, thank you again for being with us today on the show.

Meri (41:03):

Thank you.

Henry (41:05):

Thank you very much. It was a great conversation.

Speaker (41:08):

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 the [HealthcareLeadershipExperience.com](https://www.healthcareleadershipexperience.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.

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MEET MERI L HALILOVICH

CEO of Top Medical Talent

As CEO of Top Medical Talent, Meri helps healthcare organizations attract, hire, retain and motivate talent to meet urgent job shortages, and decrease hiring time. She also assists healthcare and medical experts seeking a new employment path to discover one that satisfies their needs and aspirations

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