Intergenerational Management in Healthcare

With Ryan Dos Reis

Episode 74

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Ryan (00:00):

They don't necessarily always think outside of that box to be like, "Oh, maybe I can challenge that."

Jim (00:02):

Okay.

Ryan (00:06):

I think that's what I'm here to do is try to get them going, motivate them to say, "Hey, look, we can challenge a couple of thing." At the end of the day, you're the one who's practicing. So ask the "why" question. Figure out, can we do something different?

Introduction (00:16):

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 (00:55):

Hi, this is Jim Cagliostro, and you are listening to The Healthcare Leadership Experience.

Today's guest is Ryan Dos Reiss, CTICU Manager at NYU Langone. Today we want to explore with Ryan the idea of intergenerational management and some of the joys, some of the challenges of managing a CTICU. Ryan, thank you. Welcome, and thank you for joining us today.

Ryan (01:17):

Yeah, thank you so much for having me. I really appreciate it.

Jim (01:20):

Please tell us, I always like to start off asking our guests a little about your career leading up to your current role. I know we talked briefly about you being a professional referee for a while, so I'd love to talk about that — but maybe in terms of the nursing career, but sometimes leadership and things like that. What events in your life, what experiences have prepared you for this role that you have now managing the CTICU at NYU Langone?

Ryan (01:44):

Yeah, for sure, so I think that as a nurse, I wanted to be more than just coming in every day and just taking care of patients when I first got started. I know that right off the bat in the first two years, I was like, "Where can I get involved at work?" I started out on a med-surg unit, then went into a progressive care cardiac unit where I was very much eager to learn. I was

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hungry to just get involved with different things. Shared governance is very big where I used to work down in Philadelphia, and so I got involved there with committees, councils, and then eventually became the unit practice council chair where I was really able to help work with my nurse manager at the time, educator and colleagues on the unit to really move practice on the unit, which was really great.

Ryan (02:26):

So, it was actually very fulfilling for me because I was like, "Wow, I really love leading initiatives and really looking for initiatives and really looking for areas where we can improve. Knowing that we have that say to make that happen.

Jim (02:37):

Sure.

Ryan (02:37):

Then, from there, I went into the CTICU, where I pretty much did the same thing. About after six months of being in the CTICU, I became unit practice council chair there, and the same thing, just working with colleagues, working with your nurse manager to really just look at gaps and see like, "Hey, this is what it's like to be at the bedside. Maybe we should look into making some changes, something that's maybe not too tedious for the nurse, but something that makes sense, it's efficient." That kind of got the impetus and that ball rolling for me in terms of going into leadership.

Ryan (03:08):

I will say, you mentioned... I know we talked about the professional soccer refereeing, so I will throw that in there. I do think that a lot of my experiences outside of nursing also helped. I was refereeing for like about 15 years. I was able to referee up until like the Second Division of professional soccer in the country. There was a lot that went into that, a lot of fitness testing, a lot of regiments, but then also a lot of leadership aspects of coaching, so you're coaching me, like others coaching me. Going out to the field, what do you look like when you're off the field? How are you presenting yourself? Are you

well-groomed? Making sure your shirt's tucked in, your socks are off and not necessarily down, or your socks are fully up, so that whole presentation.

Ryan (03:50):

Then, also command presence and your aura that you bring when you're either off the field and then on the fiend. That was something that was really instilled in me by a former World Cup referee at the time. That was something I always worked on is, how are you communicating with the players on the field? How far are you away from them? Then, also that perception is reality. Maybe I'm talking to them face to face, but maybe from somebody that, I don't know, half a mile away, it might look like I'm screaming at them, so just being aware of like my body mechanics, my language, my body language. All of that, then, translates into nursing when you go into leadership. It's a lot of that, so I find myself, even to this day, and I've been a leader now for about three or four years, I find that I play back a lot of what I learned through refereeing in my leadership style.

Jim (04:35):

I love that analogy. I want to take that and run with that. We do a whole podcast on that, but that attention to detail. I also think in terms of management, you're going to have to make some decisions that people aren't going to be happy with. And you know, as a referee, sometimes the right thing, the right call is something that a lot of people are going to be upset with, but sticking with what you're committed to, what you're convicted of, or as a leader, some of the principles that you stand by, that's incredible. I mean, I love that analogy.

Ryan (05:01):

Yeah, you know, I think it's interesting because it's like even when you mentioned it, it's making the call that some people might not like. Then, also in refereeing, the game goes really well for us when the referee is sort of unseen. We don't want to give the yellow card or the red card, but that's kind of also my MO when I'm a leader is really looking into, "All right, let's speak to the clinical nurse." Let's have that coaching session, and hopefully that can change the behavior. Then, if that doesn't change the behavior and there's a

repeated incident like it would be on a soccer field, then we go to that yellow card and then we move. It's kind of like that escalation like from-

Ryan (05:35):

... the field also applies in the leadership sector. It's really easy for me, I think, sometimes to really make that connection and just be like, "Okay, this is how we're going to deal with this issue.", so-

Jim (05:46):

That's great, and now you're making me think about the relationships that you have are so important, so that's all really good stuff.

So Ryan, what would you say are some of the challenges? Let's start with that. Maybe on a day-to-day level or maybe long-term big picture, what are some of the challenges that you encounter in this type of management role — whether it's specifically the cardiothoracic side of things, or if you want to look more at just caring for critical patients?

Ryan (06:09):

Yeah, you know, it's every day is a new day. I have a little agenda book, and yesterday before I leave I write down all the things that I need to work on today, coming in on Friday, so it's all written down. Then, you walk in and there's multiple other things that happened. I walk in and maybe there's a patient that now all of a sudden is on ECMO and you're just like, "Oh, where did that come from? They weren't here yesterday." Then, maybe there was another patient who came up from the OR who was also really sick, and the nurse was feeling a little overwhelmed and had a lot of questions. Or maybe we had a newer charge nurse that needed a little bit of support, and then maybe something happened overnight where they wanted to run it through you.

Ryan (06:46):

So now, you're walking in where you're thinking like, "Okay, my day's set," and then next think you know it's like people are coming in and picking at you like, "Hey, I want to talk to you. Hey, I want to talk to you. Oh, you just released

the schedule. I wanted to talk to you about that." Now, before you know it, it's 9:00 o'clock, and you're like, "Wow, I haven't even been in my office yet to-

Jim (07:01):
Yeah, yeah.

Ryan (07:02):
… "kind of go through some of the things that I just wanted to go through." I think some of the challenges like… Also, then, you come in and a patient's coding maybe because the patients are so sick, and so you want to be able to be there and be present and be supportive to your team, whether it be night shift or day shift.

Ryan (07:17):
I think that sometimes can be challenging in these critical care settings where you think that you have things mapped out for the next day, and then you come in and it's like flipped over on its head. Just being adaptable, being flexible to just know how to reset your day and not let that completely ruin your day, I think, is a really big challenge that leaders in a critical care setting will face.

Jim (07:38):
Great. That's a great point, so undoubtedly, I'm sure there's hundreds of challenges, and like you're saying, sometimes ones that you can't even plan for and stressors serving as a manager, especially at NYU Langone, I mean, one of the nation's top hospitals, but I also know there's many joys, too. Anything in particular that stands out to you? Can you share with our listeners?

Ryan (07:57):
Yeah, for sure. There's a lot of joys actually that come with the job and from both aspects. It's the patient that was here, maybe the patient was someone who was a little difficult and then maybe didn't do so well, and now went to the OR and came back. Then again, doesn't do well and we have a code on

our hands, but we're able to revive them and they're pulled through, and then you're able to go in and visit them and see them. They're talking to you, they're doing well. They're all teed up for potential discharge in the next couple of days, and it's like being able to sit with them and just having that conversation, just kind of like seeing where they are and seeing what they remember, it's so, so rewarding as a nurse. Not even just as a leader, just as a nurse in general, so rewarding to be able to see that and take that moment with them. That's one big joy.

Ryan (08:45):

I would say the other really big joy that I take as a leader is when I onboard new nurses, being able to see them grow from when they first started, they were on orientation, and then I have specific check-ins with them throughout their orientation. They're open about how they feel and they're feeling a little timid here, and maybe they need more support there. Then, as we're teeing them up to come off orientation and then looking six months to a year later and just seeing how much they've matured, not only just as a nurse but as an individual, is really one of the biggest joys that for me, at least, I just sit back and I smile. I'm like, "Man, I did something right. We did something right here as a leadership team — and look how wonderful it is to see somebody just propel in this environment."

Jim (09:30):

That's great, and I love that you mentioned that growing as a nurse, but also as an individual. As a manager, you're not just reaching into that person's career, you're reaching into their life maybe as a husband or father, wife, mother, whatever it is. You're really growing as an individual. I think that's a great point.

So Ryan, I know we've discussed, in our lead up to this conversation, we've discussed how relatively young your staff is. I think you mentioned your most senior nurse might be about six years out of school, and you have many new grads on board.

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Ryan (09:58):

I know hospitals and health systems across the country, we've seen this Great Resignation in terms of more experienced nurses saying, "Okay, I'm done. That's enough." They move on to other areas or even leave healthcare altogether. Has this been your experience in your current role? Have you observed anything that people are not talking about in terms of the younger generation coming up? That's kind of the meat of what we wanted to talk about today.

Ryan (10:21):

Yeah, yeah. You know, healthcare is just in a really interesting spot right now across the country, but I do think that here, specifically here at NYU Langone, like you mentioned, we actually do a really good job at really focusing on retention and looking at what we can do to keep nurses. I think that ultimately my experience here would be that a lot of newer nurses at times might be leaving for other positions. From experience, what I've seen is that we had the pandemic, and I've been here for a year and six months now in this role at NYU Langone. We had the pandemic. People get hired into vacant spots and we're doing this rapid hiring, but maybe we're not hiring with intent because we're trying to make sure that we're filling spots. We need nurses to come at the bedside, so maybe-

Jim (11:03):

Sure.

Ryan (11:03):

... some people, then, after a little bit of time they realize like, "You know what? This is actually not for me. ICU isn't really my passion, but at least I could say I gave it a shot. I think I really would be better suited in on a med-surg unit or in the outpatient radiology oncology section."

Ryan (11:20):

I think that noticing that and looking at it from that perspective, I think for me it's been really helpful because I'm just like, "Okay, I'm not going to get

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upset about somebody leaving because they're not leaving because it's me. They're not leaving because of the culture. They're leaving simply because maybe there was just this funky time when we were across the country we're just hiring to try to fill voids. Now, people are starting to take a moment and a pause to think, "Wait, I maybe actually really want to do something different." Then, now as I'm trying to backfill those positions, I'm thinking about hiring with the intent of, who actually wants to be in the CTICU? How do we go about finding those right candidates to stay here.

Ryan (11:55):

I think the other piece of it is one of the things that we do here and all the managers have to do is we have to do performance evals, but then we've actually started doing one-to-ones with all of our nurses. So I find those one-to-one being so beneficial. I just finished up all of my one-to-ones with every nurse and it's a moment for me to just connect with them and say, "Hey, so you're a preceptor, you're a charge nurse. How's that going for you?" Or, "Hey, you're not precepting, you're not a charge, but we've identified that you would be good at that. What are your thoughts on it?" Trying to see how they feel about it, and not necessarily saying like, "Hey, you need to precept, hey, you now need to be in charge," but giving them the opportunity to have a say in that.

Ryan (12:32):

Then, the other piece of it is also looking at like, "What are your goals? You set up goals last years. Where are you in achieving them? If you're not quite there, what can I do to help support you? What can I do to make sure that you get there?" I think that that is a big shift from where we were pre-pandemic when I was clinical —

Jim (12:48):

Okay.

Ryan (12:49):

I never really had my nurse manager come to me and say, "Hey, you're not meeting your goals," or like, "Hey, let's have a one-to-one. Where are you with

your goals? So what can I do to support you?" It was kind of like an expectation that like, "We set out these goals together. You need to meet them." I think just in general now with the new generation and across the country, we need to really be mindful of we're here to help.

Ryan (13:07):

We're here to foster relationships and really make sure that everybody's growing and not so much just like leaving you alone to just sink or swim and, "Oh, you didn't meet your goals? Great, so now you're not going to do well on your eval." It's not the same. That's the one thing that I will say is we've been doing here, and I think has helped with keeping people feeling like they're a part of a team and also feeling like, "Wow, I'm valued. I'm valued because my manager actually cares about me and my career and how I'm doing."

Jim (13:33):

I love that you keep going back to that, the relationships, and I know you're a father, Ryan, and I think of parenting and it's like as a parent, I can just come down hard on my kids and say, "These are the expectations and you're not meeting them." Or I can come alongside and say, "Here, how can I help you grow? How can I help you learn to do this new skill?" That's a great point in terms of coming alongside those that are working under you and having those one-to-ones. I love that.

Ryan (13:58):

Yeah. You know, I actually sometimes find myself doing a little emotional intelligence with my three-year-old. "I see that you're upset. What are you upset about? Let's talk about this." I'm like, "She's three, but okay, let's if this works."

Jim (14:11):

I can tell my nine-year-old and she rolls her eyes. "Here Daddy's going again. He's getting into it." You know?

Ryan (14:16):

Yeah, yeah, yeah.

Jim (14:18):

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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Ryan (14:50):

Ryan, actually, I want to go back to something you mentioned earlier in terms of your mindset when you began nursing and you said you had this desire to get involved, more than just show up, punch in, do your 12 hours, and then punch out. When we talk about the younger generation coming in, that's something I'm personally curious about your experience. Sometimes we have this, maybe this is me just judging the younger generation-

Ryan (15:14):

Yeah.

Jim (15:15):

... but this lack of desire to commit to something, or fear of being overcommitted, which I understand it's a valid concern. Do you think that's a challenging aspect of the younger generation coming in? Or is there anything in particular about a younger generation of nurses coming in? How do you support that group of younger nurses? What challenges do you see?

Ryan (15:35):

Yeah, you know I actually recently was doing some reading and I found that there's times that I think we generalize generations of like, "The Millennials are X, Y, and Z, and the Baby Boomers are X, Y, and Z, or A, B, C, D. The Gen Z's are now W, X and Y." I think that sometimes the generalization, okay, we have an idea of what that generalization is, but now let's look at each individual because maybe each individual person might not necessarily fit that generalization because their upbringings might have been different. I think that it's really important to kind of hone in on each individual person and understand what makes their inner clock tick.

Ryan (16:13):

I do think that sometimes coming into nursing, and a lot of it might depend on where you came from in terms of schooling, but my mindset is maybe they don't know or not aware of the empowerment and they're not aware of what we can actually do and what we can actually change. I recently had some of this, a discussion with a couple of nurses where they were asking all these why questions like, "How can we use this on a back check valve, but we can't use this type of sticker on an Alaris pump? Is it an infection prevention issue? Is it this?"

Ryan (16:42):

I just sat there, and I was smiling the whole time and I thought to myself, "You know what? I'm just going to chime in." I was like, "You know, if you find evidence that would support best practice on how to manage a CVL, and if you think that it might not coincide with what our current policy is, then bring that forth and let's challenge the policy. Let's challenge the status quo and say, "Hey, we found this. It's validated evidence. We currently practice this way. Could we take a look at this?"

Ryan (17:09):

I was like, "Maybe we move our practice. Maybe we go from a more tedious way of printing labels to cut them to then put on a backcheck valve to, maybe we just change the backcheck value and put the date that we changed it in Epic?" It could be that simple, but it sat there, and they looked

at me like, "But there's a policy." I said, "Yeah, but that can always be changed if you have the supporting evidence behind it. I think that sometimes people aren't aware of that. Here's the generalization. I do think that the younger generation is very much like, "Okay, well, the organization, the institution is saying that this is what we do, so that's what we have to do." They don't necessarily always think outside of that box to be like, "Oh, maybe I can challenge that."

Jim (17:46):

Okay.

Ryan (17:46):

I think that's what I'm here to do is try to like get them going, motivate them to say, "Hey, look, we can challenge a couple of things." At the end of the day, you're the one who's practicing, so ask the why question. Figure out like, "Could we do something different?" The answer is always yes initially until we meet a roadblock and say, "Actually, we're not going to be able to do that because of here's why." Right? Regulatory-

Jim (18:07):

Sure.

Ryan (18:08):

... infection prevention, whatever. Does that make sense?

Jim (18:10):

Absolutely, and I love that you're saying, "Well, first of all, getting to know, going back to the relationships, getting to know the individuals and listening and really sitting and listening and saying, 'It's okay to challenge the status quo,' but let's come with, I mean, as nurses, scientists, whatever, we want that evidence-based practice. We can make a change, but there has to be a reason behind it." There has to be proof that that change will be effective.

Ryan (18:33):

I love that you're saying about supporting your staff by encouraging them, first of all, listening, but encouraging them. "Hey, we can challenge. We can question things."

How do you... another question I want to get into, how do feel like hospitals, or how has NYU Langone supported you as a manager? How do you think hospitals can support their managers in terms of working with a younger generation that's coming up?

Ryan (18:56):

You know, the support here has been great, and I think that a lot of hospitals, what they can do to support their managers I almost every hospital has some type of educational platform, something where you have to do videos, annual requirements for education. I think that some of the larger healthcare institutions have some type of a... educational academy like The Penn Medicine Academy, NYU Langone Academy, and those academies are really pivotal in providing education on all levels. We here have a tone of resources available to managers on the leader of self or leading others, the leader of others.

Ryan (19:31):

I think it's really important to tap into those resources and just really watch the videos, read the Harvard Business Review articles that are a page and a half long. It really makes you think, like when I read some of that stuff, I sit there and I think about like, "Wow, what do I currently do? How does this apply to me? How can I embed this into my everyday?" I think that's one thing that healthcare systems can do is really provide a lot of different articles and newer research that's out there on how to lead servant leadership. I think that's the big term nowadays is we went... At some point, it was transformative, the transformational leader, and now it's like, "You're still a transformative leader, but now it's also like, "Well, there's a servant leadership aspect of leading nowadays that needs to come out." I think just being able to have those resources available to leaders is huge.

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Jim (20:16):

Hmm. That's great. I'm thinking about that with you, working with the younger generation. So you have the support from the hospital. I imagine every manager, and this comes just part of being human, they might develop their own style of management or their own style of approach, and you've kind of touched on that throughout this conversation. Is there anything else that you can add to just the idea of, what is your style of management, especially when you're working with younger nurses, new grads coming right out of school?

Ryan (20:44):

Yeah, actually, I have a piece of paper on my wall that's actually currently covered up, but I will uncover it for a second, and it says... There's three words on here. It's direction, motivate, and develop, and that to me are the three key things that I have to focus on. I need to provide direction for the unit and for all the nurses that are here. I need to motivate each individual nurse and tech on the unit. Then, I also need to look at development. And so where does each one of them want to go? In terms of, for example, let's say my charge nurses. It's like, "okay, we need to look at the charge nurse and the charge nurse role. So I have been spending a lot of time on making sure that we have monthly meetings with my charge nurses.

Ryan (21:23):

I send out an email every two weeks with just any operational updates, things that they need to worry about or focus on. Then, I also provide them some of the learnings from our academy that we have here on leader of self, so things on emotional intelligence, things on how to deal with disruptive behavior or conflict because those are not things that we typically get. Any institution typically it's like, "Okay, hey, you're going to be in charge." You go to a charge nurse class, it's maybe four hours. Then, you-

Jim (21:50):

Yeah, right.

Ryan (21:50):

... do some type of shadowing experience on the unit, but we're not really providing the charge nurses with those soft skills on being a leader, which is charge nurses really being... You're air traffic control. We're now asking these people to four-hour class, maybe one or two shifts of orientation. Then, we're saying like, "Hey, now go manage all this traffic, patients coming from the OR, patient's leaving, nurses coming, calling out, patient placement calling you, asking you to put a cath lab patient here and there, and you're trying to figure all this out while also rounding the unit, so supporting the team, and making sure that people are taking breaks. Then, your manager maybe is calling you to be like, "Hey, can I get an update? Hey where -

Jim (22:26):

It's overwhelming.

Jim (22:27):

Yeah, yeah.

Ryan (22:29):

Yeah, yeah, so to me, it's really important that we spend some time developing and figuring out what it is that they want, and I think that's key. It's what do they want? if you develop and if you provide them the tools that they want and where they want to go in their career, then you're more likely to get some buy-in and people are going to be like, "Oh, okay, I'm actually going to do this reading or I'm actually going to watch this video."

Jim (22:48):

That's great, and while you talk about buy-in, and you also mentioned soft skills, that's something actually our previous podcast that was a focus of the interview process and hiring process. How do you gauge these soft skills? Well, maybe someone doesn't have those soft skills, but how can you as a manager or hospital or system help people develop that? And that's huge. I mean, you know how it is in just in-

Ryan (23:07):

Yeah.

Jim (23:08):

... nursing at the bedside, working with patients and then getting along with the coworkers. You mentioned about conflict resolution. I mean, some of those soft skills are extremely important to be effective.

I love what you said. I'm just going to say it again because I thought that was great. I hadn't heard it before in those three words, direction, motivation, and development.

Ryan (23:27):

As a manager, having those at the forefront, I think that's huge. I just wanted to say that again because that's great.

At the end of our conversations, I always like to give you, Ryan, the opportunity to share with our listeners some of the best advice, in terms of leadership, maybe the best advice you've received or may something you know now that you didn't know before, or something that you've developed as your motto in terms of leadership. Anything that you'd like to leave our listeners with?

Ryan (23:54):

Yeah, I would say two things, so one thing that I've learned over time, and I'll start there, is it's really important that you, as a leader, even if you're new to the position or new to the role, that you set up where you want to take the unit, where do you want, what's your vision for this unit? How does it align with the hospital vision and mission? And I think some of that comes from just getting to know your staff. When you're first onboarding and you're first starting out on a new unit with a leader, I think it's so crucial to meet each individual employee, each individual team member one to one and just do a like, "Hey, how are you?" introduction. Get to know them outside of work a little bit about work, and then get to know what makes them tick and where do they see the unit going.

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Ryan (24:40):

Then, you kind of categorize all of that and put that into buckets, and then you come with where you want to take the unit and you create a mission or vision for that unit that is embedded with what you got from each employee with also some of your core values. Then, you communicate that out clearly to everyone, so everyone knows exactly where you want to take this unit and where we're all working towards. I think it's so important to be very, very clear with that because that comes down to that first word that I mentioned, direction. Right? That's how you-

Jim (25:07):

Mm-hmm.

Ryan (25:08):

... start providing direction for everybody on the unit. In terms of things that I've learned that I really put into practice today is listening. It's so important to listen to understand and not listen to respond. It's so part of human nature that somebody's coming and talking to you, and maybe they're excited or they're like just having an outburst of emotion, and we're all of a sudden on the defense ready to respond.

Ryan (25:34):

Maybe that's just the way that they're explaining in that moment. Obviously, whatever the situation was, it really got them fired up. They're really excited and this is the best way that they can now express it with all this emotion. I think it's really important to just sit back and think that through and say like, "Okay, they're expressing themselves right now. There's a lot of emotion here. Let's try to unpack all of that emotion when they're done, but let's try to understand the root cause. So now, once they're done, kind of just throwing it all out there on a platter, you just go back and say, "What I'm hearing you say is," and you just kind of weed out all of the emotion and just try to get to understanding what the actual root cause is. Then, you replay it back to them so that you get that confirmation that truly that is the problem. All of a sudden, you'll start to see the other person just kind of chill out all of a

sudden because they're like, "Okay, yeah, that is the root problem," and I gave you a whole bunch of noise with it, you know??

Jim (26:30):

Yes.

Ryan (26:31):

I think it's so, so key to do that because when you don't listen to understand, your response is going to be emotional, and you've just now added to that emotion, and that individual is now leaving your office or leaving that conversation without any type of resolution, not feeling like they were heard, not feeling supported. So it's really, really, really key to take that moment, that pause.

Jim (26:53):

Great, Ryan. I think you summed it up perfectly and you hit on two things that I'm very passionate about, that the importance of clear communication and that phrase, listening to understand. I love that. I love that.

Thank you, Ryan. Thank you for being on the show today, and thanks 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. Ryan, I didn't ask you, are you on LinkedIn?

Ryan (27:18):

I am on LinkedIn, yeah.

Jim (27:20):

People can find Ryan on LinkedIn as well. We'll make sure we provide a link in our episode here. At SpendMend, we love helping hospitals save money and enhance the patient experience. I know the episode today gave you some new insights, some ideas to consider and use in your career and your own healthcare organization. Ryan, thank you again for being our guest today.

THE **HEALTHCARE**
LEADERSHIP
EXPERIENCE *with*
LISA MILLER & JIM CAGLIOSTRO, RN

EPISODE
SEVENTY-FOUR
Intergenerational
Management in
Healthcare

Ryan (27:39):

Thank you so much, man. It was my pleasure. This was great. I really appreciate it.

Announcer (27:43):

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.

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.
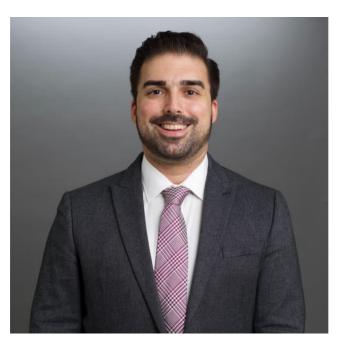
MEET JIM CAGLIOSTRO

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.

LinkedIn:
https://www.linkedin.com/in/jimcagliostro/

MEET RYAN DOS REIS

Ryan is a Nurse Manager at CVCT ICU at NYU Langone. He holds a Masters in Nursing Administration from the University of Pennsylvania.

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