A New Nurse Model for Transformational Change

With Jennifer Thietz

Episode 87

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Jennifer(00:00):

Nurses are fundamental to healthcare. 90% of the hands-on care comes from nurses. And if we, as nurses, can provide care in a safe and happy environment, we can turn healthcare around. We are the ones who are speaking with the patient, spending up to 8 or 12 hours a day with individual patients. We are the front-runners. We understand what's going on. And we are the ones who are hurting. Everybody in healthcare is paying a price, but I believe that nurses are paying the biggest price at this stage, and the reason is that they don't... Many of them do not have sufficient help in the units.

Introduction (00:42):

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 (01:21):

Hi, this is Jim Cagliostro, and you're listening to The Healthcare Leadership Experience. Today's guest is Jennifer Thietz, speaker and international bestselling author. I'm personally excited to hear from Jen today. We're going to be talking about a new nurse model for transformational change. So welcome, Jen. Thank you for joining us.

Jennifer (01:40):

Hi, Jim. Thank you very much for having me. I'm looking forward to speaking with you this morning.

Jim (01:44):

Great. So I always like to hear from our guests. I could give the introduction, but I think our listeners love to hear from you about your journey. Can you share a little bit with our listeners about your career? Because I believe it truly enables you to speak so accurately to the current state of healthcare in this country.

Jennifer (02:02):

Yeah, thank you, Jim. Yes, so I have been a nurse for over 34 years now. I started off my nursing career when I was 18 in South Africa, and it was at the Groote Schuur Hospital, which is a beautiful hospital up on Table Mountain. It's where Professor Chris Barnard did his first heart transplant. So I did my training there, and then I started working in acute care in South Africa.

Jennifer (02:29):

And then after 18 years, we moved to America and immigrated in 2003. And I started working in California as a nurse for a big healthcare system there, and worked for 18 years in the acute care setting, and just over a year ago, we left America and we're now situated in Mexico. So I have well over 20 years of experience at the bedside. And I think for that reason, I can really speak to

this topic today, because I've been there, I've worked with these nurses, I've been on the floor with patients, and I have a great understanding of what is happening in healthcare.

Jim (03:08):

Great. And if I remember correctly, did I read somewhere, some oncology experience in that?

Jennifer (03:13):

Yes. I have been mainly in oncology through the years, which I absolutely love. Yeah, that has been my experience.

Jim (03:21):

Great. And I know we're not going to really get into it, but just that international experience, because I know healthcare, but I know healthcare in this country. I've worked in New Jersey, Pennsylvania, California, and I see variations even within this country. So I imagine just your experience seeing healthcare in another country also would give you some insight into, hey, some things could be done better or different or maybe some things are done well. So I appreciate your perspective, Jen.

So with that said, what would you say about the current state of healthcare in this country? We often use the word crisis, and yes, I know we can overuse it sometimes, but why would you say that healthcare in this country is genuinely in crisis right now?

Jennifer (04:03):

Yeah, I believe we're in a serious healthcare crisis at the moment. And I have a couple of stats here I just want to share with you.

Jim (04:10):

Please.

Jennifer (04:12):

Yes, this is a news release in April this year, and it's from the National Council of State Boards of Nursing, and they gave some really scary facts. We know that over 100,000 nurses left during COVID. They're saying by 2027, 900,000, or almost one fifth of the 4.5 million nurses, intend to leave the workforce. So that's a really frightening stat. We know that 189,000 nurses under the age of 40 want to leave nursing by 2027. 50% of nurses report being emotionally drained and burnt out, and this is the worst burnout in nurses that we've ever seen. So we really are in a real crisis, and we are losing our nurses daily. And without nurses, considering that nurses are 50% of the workforce, and actually touch 90% of patients. So you can imagine, if we don't have nurses, we can't nurse. We can't work in healthcare as it currently is. And I believe there will be a collapse in healthcare if we don't make some changes now.

Jim (05:24):

And those numbers are staggering. And as you're sharing that, I know we are not... Well, first of all, the ones that are leaving, you mentioned the age, it's not like they're leaving because, "Oh, it's time to retire." They're leaving, moving on to other careers. And also, I've heard, and I've been reading, we're not replacing those nurses at the same rate, if I can say it like that. The education in terms of having professors, having programs where people can get their nursing degree, it's just not enough to keep up with the nurses that are leaving. Correct?

Jennifer (05:54):

That's correct. We are really heading for a serious shortage of nurses. And I think if we don't make changes now, the nursing world as we know it is going to be unsustainable. And whether we'll go... I don't know what's going to happen, Jim, but I'm really worried, and I'm passionate about this situation as a long-time nurse, my daughter's a nurse, my sister's a nurse, most of my friends are nurses. And I'm hearing stories all the time about working conditions, which are extremely difficult.

Jennifer (06:24):

Now, I understand we are coming out of COVID obviously, and there have been certain measures in place to keep going, keep the lights on for organizations during COVID, but we were hoping there would be some type of recovery at this point. It doesn't seem to have happened, and in fact, nurses are leaving in higher numbers. So yeah, it's very concerning considering each of us and our loved ones will end up in a hospital at some point. And if we don't have the care, are they going to ration it if we don't have the nurses? I just don't know what's going to happen.

Jim (06:57):

Yeah. It seems like because of COVID and a strain on the system, we've fallen into a rut, but we just can't get out of that rut.

Jennifer (07:04):

Right.

Jim (07:04):

I didn't realize you had so many nurses in your family. My wife is also a nurse, I've shared that before. My twin brother's a nurse, my best friend. It's great, you get that perspective, not just from yourself, but I am sure you talk with your family about their experience.

Jennifer (07:18):

Absolutely, yes. Yeah.

Jim (07:20):

So Jen, you're currently writing a book, I know it's supposed to come out in January, called Nurses Matter. It focuses on the need for transformational change and how nurses can play a central role in making that happen. We'll get into the how, but first, let's talk about the why. Why do nurses need to be involved if real change is going to happen?

Jennifer (07:42):

Well, nurses are fundamental to healthcare. As I've just said, 90% of the hands-on care comes from nurses. We're a huge, huge percentage of the caregivers in healthcare. And if we as nurses can provide care in a safe and happy environment, we can turn healthcare around.

Jim (08:04):

Agreed.

Jennifer (08:05):

We're the bridge between the physicians, between the other healthcare providers, we are the bridge with patients. We are the ones who are there 24 hours a day, 365 days a year. We are the ones who are speaking with the patient, spending up to 8 or 12 hours a day with individual patients, so we really are the front-runners. We understand what's going on, and we are the ones who are hurting. Everybody in healthcare is paying a price, but I believe that nurses are paying the biggest price at this stage. And the reason is that they don't... Many of them do not have sufficient help in the units.

Jim (08:46):

Sure. And then we're going to talk about that too. But first, 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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Jim (09:23):

So Jen, many nursing models have been around for quite some time. Actually, when we had talked before, I went back and I said, what nursing

model did we use in school? And Betty Neuman, I had to ask my wife, but Betty Neuman nursing model, which I know you're familiar with, that's a very common one, but there's many nursing models that you believe have certain limitations. Many of them. What are those limitations, and what kind of model would you propose? I believe in your book, you propose a new model. How is it different from the older model? What's going to change?

Jennifer (09:55):

Yes. So it's interesting. When I started researching the nursing models, it appears that there are four primary nursing models that exist. And of course there are lots of other nurse models that have arisen around it, but the four primary nurse models at the moment, there was the functional nurse approach, and that was just after... Well, that was World War II, really, where a specific nurse did a specific task. For example, you'd have a nurse just putting in IVs for soldiers or doing wound care, et cetera. So that was in World War II. But then we had the team approach, where there were a team of nurses and other auxiliary help that nursed patients, and that was around about, I believe, the 1950s.

Jennifer (10:40):

Now, the individual nursing approach, and then there was the primary approach, which involved a primary nurse and associate nurse with a particular patient. But the individual nursing approach is the one that I think a lot of people, a lot of institutions are using, where you have one single nurse who is providing all of the care to that patient. And the reason I have looked at a new nurse model approach is that these approaches are, as I say, World War II up to the 1980s. They're old. They are nursing approaches that have been around for a long time, and I don't think they speak to what is happening in healthcare at this point.

Jennifer (11:21):

Now, obviously, we are in unprecedented times in healthcare with this hemorrhaging of nurses, with the costs that are associated with care at the moment. And having been on the floors and seen how nurses work, I think the main issue with many of the nurses who I've been speaking with and who I've worked with, is that they don't have sufficient time to nurse the way

they would like to. And the reason I think is related in some way to cost cuttings, where organizations are losing staff in order to stay afloat.

Jennifer (11:54):

And what's happening is nurses are now literally wearing two hats. They are doing their nursing-specific tasks, which as the acuity of patients goes up, become more and more complex, more and more difficult, and then they're also asked to do care, for example, handing out food trays, or finding patients who are lost, and transport has got a patient and they're supposed to go to Dr. Smith's office, but he's now lost somewhere and they're making calls. They're doing ordering, they're doing billing, they're doing bathroom breaks, all of this work, which is obviously essential, because that's how a hospital turns around, and that's how nursing care is provided — but I think if we had staff, auxiliary staff, to help the nurses, just to take that load off them so they have the time to do their nursing specific roles, I think that for me would be the way to go.

Jennifer (12:46):

And so I've looked at nursing, and I've used the benefits of two models. The one is the individual approach where obviously the nurse is involved with the care of the patient, and then a team approach where multiple people are involved, but I've shortened it or honed in on a ratio if possible of one to five, which is what CMS actually recommends. They don't mandate it, obviously, but the CMS is recommending a ratio, patient nurse ratio, 1:5, and then involving in that team a nurse assistant that just works with that RN. So you would have one nurse, you would have one nurse assistant, you would have five patients, and then you have two sets of eyes on those patients all day. You have the auxiliary tasks, like handing out food trays, et cetera, taken care of, and the nurse then can go ahead and fully concentrate on their nursing roles.

Jennifer (13:47):

And I would add to this, Jim, which I think is extremely important, is a ward secretary, or a ward clerk we call them, whereby they are at the nurses' station, and they allow the charge nurse time to leave the nurses' station because they're going to be doing the directing of patients, they're

answering the phones, maybe the ordering of meals, et cetera, and then charge nurse will then have the opportunity to be on the floor with the nurses where she's really needed, or he's really needed. So that's what I see as the hybrid individual team approach.

Jim (14:21):

That's great. And as you're sharing that, I'm going back to my mind. I began nursing in 2007, working on the floor at the bedside, and I've really only seen this one mindset. And like you said, a lot of these approaches have been around since the 1940s, 1950s, and sometimes we get stuck in... This is a human thing, this is how we've always done it, it's too difficult to change the way things are, let's just work harder. Or let's just work longer hours. And unfortunately, we're seeing this isn't sustainable.

Jim (14:52):

And you mentioned, I love just the one example that you shared, of having one nurse's assistant or aid with a nurse, paired together, to care for a specific five patients. And obviously depending on the acuity, ICU would be a smaller ratio, but to have that partnership in caring, because so many times it feels like people are stretched. And also I know you've experienced this, where like you said, nurses wear two hats. We've worked in places where they're wearing three or four hats, and they can't focus on their nurse training and their nurse skill and assessment and all these things, and caring for patients. They're worried about, "Well, what about the bed usage and admissions and transfers," or doing some secretary work. Again, all these things that are important, but it does take away from the focus on caring for patients at the bedside.

Jennifer (15:39):

Right, right.

Jim (15:43):

I love that you're bringing that. Go ahead.

Jennifer (15:43):

Yeah, sorry, just to clarify, so this one to one to five would be in units like telemetry, med-surg, oncology, the specialty units, obviously our ICUs, our step-downs, et cetera, have a totally different way of working. So this is really for the bigger units like med-surg, telemetry, oncology, et cetera.

Jim (16:03):

Absolutely. Thank you for clarifying. And unfortunately, I know friends who've worked in ratios of one to nine. One to ten

Jennifer (16:09):

I don't know how they do it.

Jim (16:11):

And they don't have... And they're not partnered with one aid, it's one aid for the whole floor. It's not sustainable. Maybe, okay, for a shift you had a call off or there's an issue, but every shift to be coming in, it's just not sustainable. That's why people are leaving.

Jennifer (16:26):

Right. And Jim, just to say here too as well, I'm obviously not a guru when it comes to finances and hospitals. I'm a registered nurse and I see things from the bedside. But when we look into the costs of bringing in an extra nursing aid, we know that the average cost of having a nurse assistant in a facility in a hospital is around $36,000 per annum. That's nationally. The same for a ward secretary. Now, you look at the turnover, the cost of turning nurses over, and that's $52,000 nationally. So if we were, for example, we had a 25 bedded med-surg unit, and we added... We had five nurses for 25 patients, we added an extra five nurse assistants. So you have that one to one to five team, and an extra ward secretary, that would be six positions, which would come in at around 220,000 per annum.

Jennifer (17:23):

Now, when you think that that could be covered by the cost of losing or turning over those four nurses, I know it would be initially an outlay for organizations, but I think that in the long term, the cost savings would be huge. The fact that every patient would have essentially two pairs of eyes on them, but they would be able to communicate more easily, especially patients who are tucked around corners in private rooms. You just have so much more interaction and connectivity with these patients. And I believe that then the patient satisfaction would go up, because they would have this interaction. Because obviously many of them are very vulnerable, feeling awful, at a bad place in their lives, and to sit on their own in a room and not have interaction because the RN is busy giving out field trades, or the RN is busy with one specific patient who's declining, it would be wonderful to have that extra person just there available to check in with them and say, "Look, do you have any needs?" And not just one nurse that's caring for everything.

Jim (18:26):

Absolutely. I'm glad you shared that point, because we can idealize the world of healthcare and say, "Oh, yeah, in a perfect..." But at the same time, we recognize there are costs to these things. And I think you hit the nail on the head in terms of it needs to be the long-term plan. We need to think about, well, what is the cost of nurse turnover? And that number in the 50,000s, I've heard even greater numbers too, but I've heard 50,000 up to over a 100,000 in terms of the recruiting, in terms of the training and orientation, and then you might have that turnover two years later. We need to be doing things to create a better work environment, not just for better patient care, but also for the retention of our best nurses.

Jennifer (19:05):

Absolutely. And I think if nurses have that care, have that extra help and the added care for their team, their work lives will change. They'll be able to sit with the patient who's dying and spend 20 minutes with the family. They'll be able to communicate and educate more efficiently because they have the time. They're not rushing from one task to the other. And I know this from myself, distraction is a huge, huge problem in nursing. And when you are busy and you have multiple tasks, it's natural that you're distracted. You are

going to be making mistakes, because we all fail and we're human, we make mistakes. And so just having that buffer of somebody else, and having that ratio, which CMS has recommended, if we could somehow get our organizations and nurses, if we could all get together on the same page and work it, I believe that we could turn healthcare around.

Jim (20:02):

Yes, great point. So I want to focus on this, because you mentioned the auxiliary staff, the auxiliary help. You've stated, I think I read in some of your writing, that nurses can turn the healthcare crisis around, but they need auxiliary help to do that. Can you explain that in a little more detail? I know we've touched on that. Does this go back to the importance of the team and the individual? I don't know if you can break that down a little bit more where we're this hybrid model, like you're talking about, the individual nurse, but also, hey, the help is essential.

Jennifer (20:31):

Right. So Jim, yes, I'm happy to do that. I think nursing and healthcare in general boils down to the connection we have with our patients and with each other, with our nurses. And our connection with patients, and I'm saying our, but I'm talking about specific nurses, there are other nurses who are working in wonderful work conditions who have the time. I spoke to a nurse last week who said, "Hey, I'm very happy. We have this incredible organization and I'm working in a great team. I have help."

Jim (21:04):

So there is hope. I love hearing it because there is some hospitals doing it right.

Jennifer (21:11):

Absolutely. And this particular nurse has the nurse assistant with her. So there are many organizations who are doing it right. I don't want to give the wrong impression, but yes, I believe that the crisis in nursing now is happening due to the break in our connection with our patients and our nurses. With each other, colleagues. We need to have that human

connection in order to thrive, in order to heal, in order to work to our best ability. And many of us are going into our workplaces every day, and we are given an assignment, and we look down and we see the tasks that we have, and we put our head down and we just plow through those tasks. And we don't have the time to necessarily sit with patients, with each other, to connect.

Jennifer (21:58):

And so I think this is another reason why so many patients are unhappy, and you can read it everywhere, that litigation is going up, et cetera. There are many unhappy patients. And it's not the fault of the nurses, and it's not the fault of anybody, the physicians or anybody else, it's just the fact that they are not getting the connection they need. I heard in Hawaii that there are work methods where techs are doing actually all the hands-on care, nurses are doing the paperwork. And to me, that's appalling. Nurses are so highly trained, nurses are the most... And you know it, because you've worked with nurses, your wife as a nurse. When I think of my colleagues, nurses are extremely smart. They have a caring heart. They have a servant heart. They are very, very good at what they do. And patients need nurses. They need that contact with nurses.

Jennifer (22:54):

And a patient will very quickly pick up if a nurse is sitting on her computer, which she has to, or he has to, because that's what happens. We have to chart everything. And there's very little eye contact, "How are you feeling? Did you take your medicines?" Et cetera. And it's not the fault of the nurse, it's just the way they're working at the moment. And so that connection, sitting down and really having meaningful conversation, even if it's 5 or 10 minutes, it's lost because of the distraction.

Jennifer (23:19):

And so I think we need to work towards those connections. And this nurse model, I believe having that help for the nurse with the patients, I believe that is how we are going to be able to rebuild those connections. And once we've done that, I think healthcare will turn around, because our patients are going to be happier, our nurses are going to be happier, our outcomes are

going to be better. There are going to be fewer mistakes. And because we do 90% of the care, if you have 90% of the care done by nurses who are well and happy, then everything will change. Everything needs change in healthcare. That's my wish and my hope, and my belief. It makes sense. It's fact. This is based on facts.

Jim (24:03):

That's great. I think we should spend five more minutes talking about how great nurses are. I love having... And I'm a little biased, obviously, but I love having nurses as our guests. And you're right, so much of the work and the heart is there. And even for those in leadership, those in management, physicians-

Jennifer (24:17):

Absolutely.

Jim (24:19):

We can be victims of the system. How do we kind of change... There's a deeper reason why things aren't getting done the way we want it to get done. And I believe you're addressing that.

Jennifer (24:30):

Yes. And Jim, just to say, I've had some wonderful conversations with chief nursing executives over the last couple of months, and I believe our nurse leaders are incredible, incredible people. The responsibility that sits on their shoulders, they are the bridge between nurses and the organizations. Obviously their role is, to a certain extent, business oriented because that's the role of nurse leaders, but their hearts are for nurses, because they know there are nurses. They know what it's like. And so I think we have amazing nurse leaders in America, and I know that they are working very, very hard for their nurses. And it's difficult. I can't even imagine being that bridge, because your heart is pulled in different directions. They're doing wonderful jobs, and we need our nurse leaders to really support and advocate for us. And they're doing that. They're absolutely doing that.

Jim (25:24):

Yes, great point. And I believe we've talked about it on this podcast before, the importance of those in leadership having that clinical experience is huge.

Jennifer (25:33):

Correct.

Jim (25:34):

Because they can really relate. They can really understand how decisions at the top really do impact the day-to-day bedside care.

So before I ask you our last question, we always like to leave some leadership wisdom or advice for our listeners, but I did want to mention, your book will be available January of 2024, this coming January. I guess it'll be available on Amazon, I know your website, right?

Jennifer (25:56):

Yes. So it will be available on Amazon and IngramSpark's as well. And yeah, I'm very, very excited about it. I'm hoping that people, nurses particularly, because it's all about nurses. This book is by a nurse for nurses. And I'm hoping with this book that nurses can really connect and come together, and that we can form more of a movement that we can have this greater connection with each other because we are millions strong. And I think if we can bring our voices to the fore, and really share with our leaders, with each other, what is going on and what we need, and what it will take to retain us and keep us in our positions, I believe that we can turn nursing around. And we can turn healthcare around at the same time.

Jim (26:44):

Absolutely. And I'll take this moment to encourage people to follow Jen on LinkedIn, that's Jennifer Thietz, and you put out some great stuff on LinkedIn, and I appreciate following you and some of the content that you're sharing.

So anything else that you'd like to leave our audience with? You've provided so much here, so thank you so much. But anything else you'd like to leave our audience, our listeners with, maybe some wisdom that has sustained you

through your career? Obviously, you've had a wide variety of experience. What would you tell our audience about leadership in healthcare?

Jennifer (27:16):

Right, so Jim, I think the most important thing that I'd like to share is my deep respect for nurses, and to really... I'm hoping to empower nurses who are sitting in jobs that are very, very, very challenging. I also worked during the COVID pandemic on the floor, and we as nurses were held up as heroes during COVID, and we were, and we are, and I think we remain those heroes. I think what nurses are doing now is maybe in some instances more difficult than during the COVID pandemic, because then we had the support of everybody.

Jennifer (27:54):

Now, each nurse that walks into a facility remains a hero because many of you are working very, very challenging conditions. And you are highly intelligent, highly skilled, highly motivated, your compassionate heart, you have a right to raise your voice and speak. And speak as much as you can and share with your leaders, if you have ideas on what can happen in your units to help your job, make your job easier, then go ahead and share that information. I think communication is vital. We need the connection. So keep connecting. Keep connecting with each other, pay it forward with each other, look after each other, look after your nursing managers, and your nursing leaders as well. And let's come together and change healthcare, because we are millions strong. We can do it. And we just need to get our voices out there.

Jim (28:46):

Well said. Thank you, Jen. And thank you for being on the show today. And thank you to our listeners who spend time with us. 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 as well. We at SpendMend love helping hospitals save money and enhance the patient experience. And we're hoping, not just hoping, I know the show today, the conversation, gave you some new insights, some ideas to consider and to use in your career and in your own healthcare organization.

Jen, once again, thank you so much for your time today.

Jennifer (29:18):

Thank you, Jim. It's been a complete pleasure. Thank you so much.

Jim (29:21):

Same here.

Speaker (29:23):

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.

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MEET JENNIFER THIETZ

RN, BSN, OCN, MSN, Speaker and International Best-Selling Author

With over 34 years of experience as an RN, Jenninfer Thietz excels in healthcare transformation From South Africa to the USA, her journey spans acute care settings and pioneering oncology initiatives. Notably, she authored "Navigating Your Cancer Journey," impacting countless lives. In her forthcoming book, "Nurses Matter," she advocates for a Nurse Movement to combat burnout and reshape healthcare, emphasizing nurses' vital role for enduring positive change in the healthcare landscape.

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