

The ASHHRA Podcast

featuring Bo & Luke from The Bo & Luke Show

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Special Guest

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Episode Time Hacks

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Raw Transcript

00:05 - Luke

Bo and Luke Nation. Welcome to another episode of the Bo and Luke show. My name is Luke Carignan, your co-host and I'm here with our other co-host, Bo Brabo. We have the pleasure today of having Liz Bruno on the show. Liz is actually the Chief Learning Officer at Baptist Health right now. Liz focuses on educational and organizational effectiveness in the healthcare industry that spans teaching, training, educational leadership, performance consulting, nursing management. She also works on mentoring. She's a skills coach, facilitator, team builder, and communicator across all groups. Baptist Health is lucky to have her. And Liz, we're lucky to have you on the bone Luke show. How are you?

00:52 - Liz

I am well. Thank you ever so much for the invitation.

00:55 - Luke

Oh my gosh, of course. So how's your Friday going so far?

00:59 - Liz

Dear God

in heaven. It's afternoon. So I'm a very happy woman.

01:04 - Luke

Oh, I hear that. I hear that. All right. So I'm curious. First off, just to jump right in Chief Learning Officer at Baptist Health. How much has that role

evolved from the pandemic post pandemic? Did you have to pivot on what you on what's being taught quite a bit? Are you being pulled in different ways? Like just kind of catch me up on your role and how it's evolving?

01:26 - Liz

Well, that's actually a really good question. My role was evolving before the pandemic. And the pandemic certainly put some new spin on things during the pandemic. And I'm, I am shamelessly proud of my team. We did some very, very creative things. We built a process because it was very obvious. We had many, many patients. And we built what I call a force multiplier process. What we did was we looked at the need to have more critical care nurses and more PCU nurses. And so what we did was we looked at our current nurse intensive programs, and we took content, refocused it, repackaged it. And we took nurses from PCU. And we brought them up to be able to be force multipliers in the military. A force multiplier is anything that makes the job or the mission more successful, right. So it could be a weapon or a human or an idea or a technology. So what we did was we brought we did some very intensive training. And we brought PCU nurses to ICU, med surg nurses, PCU. And because we were not doing a whole lot of surgeries, we took our nurses, and had them prepared to become force multipliers in med surg. So that was, that was a big deal. And it was extremely successful. I've also got a really robust technology department, and we made 38 instructional videos that were able, you know, the CDC, during COVID, was changing guidance very frequently. And so we needed to be able to make sure that our team had the latest and greatest information. So we did videos on all kinds of clinical strategies and techniques, and a couple of them. We had colleagues from across Florida, we actually sent some of those videos to other hospitals. So during COVID, things were definitely different. Post COVID, what we've done is it you know, we learned a lot of lessons, we learned

a lot of lessons. And we looked at a lot of our training and decided we needed to make sure that we were able to deploy content in multiple modalities. And so that's been something that we've really spent some time and sweat to do. So that we're able to use different we're able to use content, modify it for different audiences using different mobile modalities. And it certainly has given us a lot more confidence to to be incredibly creative.

04:49 - Luke

Wow. Yes, give me an idea on the scope that's going on here too. How many people are on your team? And how many team members are you helping out with the learning resources. Just understand, like how big this is?

05:02 - Liz

Sure. Well, you know, we're in Northeast Florida. We're Baptist Health of Jacksonville. And so we have right now about 15,000. Team members. I have, I think it's 53 people, but some people creep in, they get in our cubicles. I'm not sure who they are. And then I see them at dinner I asked. So I've got about 53 people on my core learning and development. And then I also have a team that is focused on our electronic health record training. And God loves those people. And there's about 33 of them. So it's, it's not a huge team, but it certainly is a big enough team right now.

05:52

Wow. Bo, are you familiar? I was curious with us familiar with the force multiplier. She mentioned military. And we Oh, here. I think that's great. military background.

06:01 - Bo

Yeah, for sure. But my question in thinking about what you were explaining is,

obviously, you know, crisis hits, and you start putting these, these plans into action and creating the false force multiplier effect. How has that impacted your staff or the morale, morale of your nursing staff, the culture, even now post pandemic, because I would imagine it it gave those gave those nurses as they start learning and they start getting involved in other areas that they weren't involved in before. Just a different perspective on the entire organization, the hospital patient care, you name it.

06:38 - Liz

That you're absolutely right, we had some wonderful stories, where some of our force multipliers went to the ICU, they had been progressive care unit, folks. And some of them said to us later, I never really thought I could be an ICU nurse. But now I feel like I can't. And so post pandemic, they joined our regular ICU nurse intensive and are now working in intensive care. We had some people who also actually some or nurses, and much to the chagrin of some of the leaders in the Omar, a couple of them said, you know, I thought I would live and die and just be in the or forever, but I'm starting to think about other things. So it opened up the mindset, I think, perhaps that's one of the post pandemic insights that people had because of the force multiplier program.

07:44 - Bo

Yeah. And is that opened up in other programs? From the labor perspective, and who's getting assigned where, or you're opening up assignments to these nurses picking up extra shifts, and our leaders, you know, really adapt?

07:59 - Liz

Actually, your leaders have been simply wonderful. They continue, you know, if someone has done that work, they're able to be floated even easier when you need to float

someone, they're able to float. Even, you know, easier than they would ordinarily. And really, one of the things that did was it forced us to say, Okay, what else? What else can we do? And we started looking at, and we're suffering from the same shortages, everyone in the countries dealing with, you know, so what we're looking at now, and what we're doing now is rebuilding our own internal schools to address some of the pipeline issues. So that's very exciting. And we think that's going to make a very, very big difference. Because we've had to change our model of care, we're looking at how can we be creative to get people in the right people in with the right knowledge, skills and abilities to be able to do the work of patient care today because let's be honest, our patients are sicker they have more comorbidities if you're not that sick, you don't get admitted these days.

09:20 - Bo

Yeah. Has this, Luke think about what we're talking about healthcare human resources, right? For Astra think about the HR department in in Baptist Health or any other large health system and how beneficial it could be to have force multiplier type training inside of the HR department so that people can fill in people can be more value added if you want.

09:49 - Luke

A Game changer is an understatement. Like you think and Liz. You know, we talked to so many different health systems and it's always the same story nowadays. First While they're getting creamed in just two divisions, one is labor. And then two is access to care. Right? And they both go hand in hand, right? Because, you know, as you mentioned, if you can have somebody that can cover different divisions, that's going to decrease your need for specialized labor in different divisions having to go out and overpay for travel, nursing, and things like that. So I

imagine you're making a pretty big impact on that as well. And then with access to care, also, I mean, they both go hand in hand, if you have more folks there that can do you know, of course, different things or help different types of patients, you're going to, of course, increase that access, are you finding that that's the case, because it almost like for some of the folks we talked to that almost seems like a dream come true to them?

10:50 - Liz

Yeah, you know, our, our, as I said earlier, our force multiplier program was the crisis response. But we had put in place these intensives, so that if you wanted to become and you know, most people have some variation on the theme of this. But if you are an adult nurse, and you want to become a pediatric nurse or an a NICU nurse, we have the package specific training for you. What we found post force multiplier was, boy, we need to think through how to make this more robust at the same time, more efficient, more convenient, and frankly, more attractive. So we've spent a lot of time and energy on that. And then of course, that's spilled over we're doing some creative things, our partnerships out in the community with universities and colleges as well. We partnered with a local university to do an accelerated second degree 12-month BSN program. So I know, I know, it's enough to make you. Yep, it's a frightening thought. Or it was for me the first time we talked about it. Because I went, alright, now I'm old, I admit it. I went to a five-year BSN program; those don't exist anymore. But right now, we have ASN programs there two years, and BSN programs there for years, there are still some diploma programs out there, excuse me. And this program was conceptualized to, to take some of the workplace learning concepts that my team and I have developed and deployed and take a very creative group of faculty at local university, to pull this 12-month program together. And it was a true partnership, because all of the clinical time was done here at

Baptist with our nurses as the clinical faculty, so sort of a joint appointment looking thing. And so if you were a person who always wanted to get into health care, and you had a bachelor's degree in whatever you could apply for this program, there were, I believe, there were hundreds of people who were interested, I think, a couple of 100, actually over 200 applied, and they accepted 40. And yeah, there, but that's just one example of some of the creative things that we're doing.

13:44 - Bo

I like that. So they already had a bachelor's degree. But if they were interested enough to 40 that get accepted, go into a 12-month program, they'll get a second bachelor's degree, and it will be Bachelor of Science.

13:55 - Liz

Right, and they can sit through the boards, and they were successful. It was truly an exciting and brilliant endeavor for us. So

14:07 - Luke

That's super cool. I think it's incredibly innovative in space right now. And Bo and I have been having this conversation, we told so many people we're seeing, you know, healthcare, innovate quicker than the tech industry is today, which is awesome to see because it impacts so many lives, you know, obviously, you know, healthcare is more important than apps, at least in my opinion. What would you say? What advice would you give to somebody that, you know, doesn't have a team of 50, let's say, but they're looking to make an impact, because of course, they're going to be faced facing some of the same challenges, right? Is there anywhere where they could start, you know, where it just makes a big impact with, you know, fewer resources? I would say because I think that'd be super

valuable.

14:51 - Liz

Yeah, absolutely. There are and Alright, so it sounds like I have a zillion people, but you know, some of them are leadership development and some of them are technology. They're odd, all clinical, just say for sure. But you're right. I do have a good number of people very creative, very knowledgeable. But to answer your question, there absolutely is, we're doing something. We now have LPNs as part of our skill mix, and we started so we started hiring them. But before we started hiring them, we figured, you know, the LPN curriculum for many moons has been really focused on long term care. So we knew if we opened up and said, bring us your LPNs, we were going to need to prepare them. So we built a program, it was nine weeks, and it was focused to help people become ready to deliver care in acute care, right, and hospice. Well, that first group, God loved them, so we brought them in, and we it became very apparent that they had higher levels of need in a number of areas pathophysiology, pharmacology, time management, because if you haven't done the work of acute care lately, or if you're a newbie who went to a program that was really focused on long term care, predominantly, you're not going to be ready. So if I were someone out in the community, who didn't have a whole lot of resources, one of the first things I would say, is you need you're going to need to develop creative, trusting partnerships with your local colleges and universities. Because you can come up with win wins, you can use joint appointments, by with that program that I mentioned a moment ago, the transition program, that's what we call it. We added two more weeks to that. So it's now an 11-week program, because we knew we needed to fill some of those deficits. But that program is incredibly successful for us right now. If I were Yeah, if I were looking for that, I would say partnerships are going to be your

best bet.

17:06 - Luke

I love it, Liz. I mean because I have a lot of experience in long term care industry as well. And I know a lot a lot of the LPNs really want to break into the acute space. But it's hard, especially, you know, if you're dealing with families like that, there's just a lot going on in people's lives. And without that direct path to go in. There is a truncated path. If I don't know if that's the right word, but it's an incredible opportunity for I mean, I bet you attract the A players of the LPN world to come out there because they naturally want to improve. Are you finding that?

17:41 - Liz

Oh, yeah, the, you know, Jacksonville is the largest, geographically it's largest city in the United States. Yes, it was spread out. But it's a small town. I'm sorry, it's a small town. And so the word gets out. And so our second third, and we just started our fourth group, the competition to get into the program, the people who are interested, they are so sharp, they are so eager and wonderful. And truthfully, one of the things we're doing now is looking at what kind of education and training would we need to put together because right now we're focusing on med surg, to be able to help LPNs work in some of the specialties. So that's something my team is working on right now. So just as we have specialty training for RNs, we would also have it for LPNs. It would be different, but you know, it would be workable, because it's all about defining the role. You know, you've got to be able to from an HR perspective, from a, from a, you know, board of nursing perspective, from an ethics perspective, you need to define the role, what are the things these people are going to be doing, and then make sure that as an organization, we're making sure or

supplying them with those, you know, knowledge, skills and abilities so that they can be successful, and help us do what we need to do for our patients.

19:13 - Bo

Wow. Yeah, that's incredible. That's why I love doing this podcast, and Liz and for everybody listening if you just if you pay attention and to the principle that Liz is talking about, right, and from an HR perspective, and defining the role, you might find with your harder to fill positions that you have in your organization, that things the types of things Liz is talking about, you may be able to take advantage of in your own organization and partnering with colleges and universities. Right. It doesn't have to just be nursing it could be whatever applies to you in that day, but it's the principle in that the passion to go after it and solve for it.

19:54 - Luke

I couldn't agree more. And I mean, I just had kind of like an epiphany, if you will, if we want to call it that but I mean, to all healthcare leaders out there they are in shortage is not going to get better. Like Newsflash, it's going to get worse. It's not even going to stay stagnant where it's at right now the shortage is going to get worse now, I have two brain cells left and right, when Liz was talking about bringing in the LPN, like, they fired together, and then I was like, oh, my gosh, Baptists is creating a worker pool that doesn't exist or that their competitors aren't thinking about right now. And that is going to talk about helping now, Liz, I mean, it just, I'm applauding that because a year, two years down the line, when this shortage is getting worse, you're gonna have a gap filled, I think that your labor problems, and the patient access problems are actually going to be a lot less for you than they are for other organizations that aren't doing this right now. So kudos to you.

20:54 - Liz

Well, from your lips to God's ear.

20:59 - Luke

Liz, before we recorded, I think it was yesterday, the day before you sent me an amazing article that you wrote, I wanted to spend like the last 10 minutes if you're comfortable, of course. You know, maybe just telling that story because I when I when I read it, you know, I just love hearing stories about why people are passionate about the healthcare industry, how they got into it, and your story was just so unique, and to the mentor and role model. I don't want to give a lot of it away. But are you comfortable with sharing that?

21:30 - Liz

Sure. Sure. You know, it's I wrote that really basically about my mother and the family, you know, my family in which I grew up. I had absolutely no intention of becoming a nurse. I was a dancer, that's what I did. You know, then of course, I break my foot. I became a nurse. But I grew up in a family. I was one of eight children, I had seven brothers, six of them were born with a gamma globulin anemia, which is a very long diagnosis very long word, it means that they were born without the gamma globulin component up in the blood. So it made them very susceptible to infection. So I grew up in this family where the majority of my brothers were ill a lot. They were in and out of hospitals, we were taking care of them at home. And my mother, who was a nurse, by background had been a nurse in World War Two for four years in the European Theater. She partnered with a physician from Philadelphia, we were from Northeastern Pennsylvania, and our family it was, I guess, one of the operating Truths of Our family was that people were sick all the time. And it was just how sick

were they. But it was also and that sounds so sad. You know, and I will say I
my brothers died early 1018 1938 3233. And that can sound very sad. And it is
sad. But truthfully, growing up in that family, the thing that I learned that I
internalized was everybody thinks they have forever, everybody thinks, you
know, I will spend time with my kids later, I will lose weight later, I will go
back to school. What we have right now is what we have now. And in the family I
grew up in if you love someone you let them know. Now, the other side of that
is I don't suffer fools gladly. And I don't spend or waste a whole lot of time
with people or things that don't bring me happiness. Truly, I don't have time
for a lot of Mickey Mouse nonsense. I don't have time for people who are
negative who are and that's, it sounds kind of cold. But I just really, I spent
so many years, you know, with my background, I've done so many things. By
background. I'm an advanced practice psych nurse. And I have seen so many
people over the years who say if only I had known. So what my mother taught us
was that what you have is now and that caring, and love and compassion need to
be expressed. And that has been something I've internalized and as the
compassion piece is something that I think it's easy to, to think I can be
compassionate only to the people who I like the ones who agree with me, the
ones who share my values. Well, you know what, guys, it's really easy to be
compassionate with those people. But it's not with others. And so the
compassion when you demonstrate it because that's the action part of empathy,
right? is about is as much for you as it is for someone else. And so, over the
years of taking care of my brothers, and then becoming a nurse, and taking care
of my family, I realized that people who are in health care are incredibly
lucky. Every single day, whether you're a direct care provider, or not a care
provider at all, but we're all you know, part of it, we are so blessed because
we have an opportunity to make a difference in people's lives. And not everyone
gets the chance to do that. And we need to value it and affirm it within

ourselves. And we need to recognize that we have opportunities that other people don't and take them.

26:27 – Bo & Luke

It's so powerful. So well said yeah,

26:30 - Liz

I babbled. What are you kidding me? I just babbled. But, you know, it's so I could talk about what I learned growing up in that family and how that's impacted me for a very long time. But I think, you know, in the moment, here, it's about if you're listening to this podcast, when you're done, pick up the phone and text, the people you love the most. And let them know that you love them. And when you go home, be in the moment. And when you are you, few have a friendship that you've kind of let fall to the wayside. Go back and do something with it. And don't think for a moment that everyone that you love that's in your life is going to be there forever. That will change how you interact with your family, and it will change how you interact with the world.

27:26 - Luke

So true. So true. Liz, how do you do cat? Do you ever catch yourself not living in the present? How do you bring yourself back in there? The reason for that question is, you know, I struggle with it. And I think most of the people probably I think most people in this world struggle with staying in the present. The people that are really good at it have much better lives. Are you do you have to work at it? Or do you find yourself naturally that way?

27:49 - Liz

Oh, hell yes. I have to work at it. And yes, i i So are you kidding when someone you

know, cuts me off on 95? Or someone at work is being a butt? Oh, am I allowed to say butt on the podcast?

28:06 - Luke

Butt is allowed, 90? Yeah. 95 is not allowed.

28:10 - Liz

It's not allowed. There you go. Truth. Of course. You know, there are times I you know, I always used to tell people, you know, just because you have homicidal fantasies, just don't act on him. You know what I mean? So, of course I do. And when I find myself really getting angry, or resentful, and God knows, and I'm Irish, I can nurture a grudge for 150 years, believe me, I can't I have a gift. But I realized that when I do that, I'm giving away my power to somebody else. And I'm giving away my peace of mind to somebody else. I don't automatically go back into some kind of serene Zen state. I wish I could be one of those people who had this serene Zen state, because I don't have it. But I work at it.

29:07 - Luke

That's all that matters. That's how you get good at it. Now, I'm dealing with the same thing right now as well. Similar not the exact same thing but just like with stress, right? And so I keep having to pull myself back like more than pretty stressed during the holidays is always more I think I don't care who you are, I think I wish it wasn't that way, but it is and then I try to keep trying to remind myself you know, only I can create stress. Like stress doesn't exist unless I create it for myself. Nobody like Bo can make me stressed out only I can create that emotion so like what am I doing? So it's weird like I've been thinking about that a lot the past few days. So your episode is super timely, you know about just living in the present. And again when I'm when I'm stressed

out, usually guess what's happening. I'm not living in the present. I'm thinking about the past but usually the future Sure, but just being present. Yeah. Well, I'm glad to hear that you have to work at it too. And that, although secretly, I was hoping you had just some silver bullet.

30:10 - Liz

Sure. And don't I wish I had the silver bullet. You kidding me? I live on the beautiful coast. You know, here I live in coastal Georgia. I work in Jacksonville. Do you know how long it's been since I've gone to the beach? I mean, almost a year. Wow. Okay. And of course, I only go at night because you know, I'm like, as pale as can be. But those are things that bring me peace. And I don't do them nearly as much as I need to. You know, someone was saying, I have so much cooking and present wrapping to do and oh, my God, it's going to be terrible. And they're not going to enjoy it at all. You're right. Yep. All right.

30:56 - Luke

Liz, this been amazing. This has been amazing. So for the last couple of minutes, or however long you want to take, we give you the opportunity to address whoever you want. Listeners, you can say whatever you want, you can just the floor is yours, Liz? Ooh, bring us?

31:13 - Liz

Sure. And isn't that a frightening thing to think about? You know, I guess all I would say is that first of all, make sure you hire the right people and let them be creative. Because it's my team are all smarter than I am. And collectively, they're frighteningly smart, and creative. And the best ideas come from the people doing the work. So we have to be willing to listen, you

know, when we're in leadership positions, we have to be willing to listen to the people who are doing the work. And it's so easy to get caught up in Oh, we know best. Which is, frankly, it's not an illusion, it's a delusion. Because we don't. And we have to be generous. I guess I would say that as well. You know, we have to be careful. And, you know, who's your competitor, and, and, and all of that. But you know, generosity of spirit and an intellectual generosity. I like to tell people, it's important to who's in your network? Who do you talk to? And who are you sharing ideas with? Because if we all did, that, we would all be better off, you know, it's not. This is about healthcare is about taking care of people and families and communities. So it's best to open yourself up to the opportunity, how can we collectively do more? How can we do it better? We have limited resources, let's be honest, you know, reimbursement in no way shape or form keeps up with all of the needs that healthcare has. You mentioned premium labor earlier, Luke and absolutely. It's killing everyone and so how do we do it? Well, we're gonna have to do it by force multiplication, we're gonna have to do it by leveraging technology. We're gonna have to do it by being generous with each other. You know?

33:20 - Luke

Totally. Yes. 100% 100 Liz, sincere. Thank you for being on the show. I really learned a ton here. I'm sure our listeners did as well. You just got me thinking about things and a little bit different of a way and in a very positive way. So sincere thank you for joining us. I really appreciate it.

33:39 - Liz

I was a total pleasure. Blessings to both of you.

33:43 - Luke

Absolutely yes. Bo and Luke nation. You're listening to Liz Bruno, Chief Learning Officer at Baptist Health. We can all learn a lot from being a little more like Liz and implementing what she's done. So let's thanks so much and Bo and Luke nation. That's a wrap.

About The ASHHRA Podcast

Co-hosts Bo Brabo and Luke Carignan from The Bo & Luke Show bring you the latest insights and trends in the world of human resources. Whether you're looking to stay up to date on the latest news and legislation or gain valuable insights into building a better workplace, the podcast has something for everyone. So sit back, relax, and join Bo and Luke every week for fresh episodes as they explore everything healthcare HR!

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