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Geri Amori: Hello, everyone, and welcome to *Healthcare Perspectives 360*, a podcast dedicated to exploring contemporary healthcare issues from multiple perspectives. I'm Geri Amori and today I am joined by Dr. Megan Ranney, Pierre Monice, and Jake Poore. Welcome. While there are so many healthcare topics we could discuss, I think we have to start with the elephant in the room: the COVID pandemic. We are 2-1/2 years in, and I'd like to hear how it's going from each of your standpoints. Dr. Ranney, you are an emergency medicine physician. What's it like now for clinicians and healthcare workers? How has it changed from the beginning?

Megan Ranney, MD: Thank you, Geri. And please call me Megan. Gosh, I almost have difficulty expressing how difficult it is right now for healthcare providers whether physician, nurse, radiology tech, physical therapist, social worker, or chaplain in the healthcare space. We have all been stretched to our limits over and over again over the course of the last 2-1/2 years and are now experiencing not just physical and emotional exhaustion from the waves of COVID that we've taken care of but also exhaustion from the pent-up demand, the number of folks who had delayed care who are now coming in super sick, and the fact that we've lost many of our colleagues from healthcare.

Certainly, some of us have gotten sick. A few have, unfortunately, passed from COVID, but more of an issue is that a significant portion of healthcare providers—some studies report up to 1 in 5—have left healthcare over the course of the pandemic. And we are not able to replace those staff at a speed that we need, so we're consistently understaffed. We also, of course, have lost colleagues and friends and that hurts our morale in multiple ways. So we're at a tough spot.

Amori: So, Mr. Monice, as an administrator, I want to go back first to what Dr. Ranney was, Megan, was talking about. Have you…has it been your experience that you've lost about 1 in 5 staff? And how has that affected your ability to provide healthcare?

Pierre Monice: I would say 1 in 5 at the very least, definitely. It varies across, you know, depending on where you are in the United States or in the world. But it's tough. We're looking at burnout. The reality of healthcare workers, they're people too. So when they're caring for a community, caring for individuals, once they are off shift, they have to deal with the realities outside of the hospital, or the 4 walls, and it's been tough. So from an administration standpoint, yes, we can no longer just focus on the numbers. We have to focus on the people. So it's not just filling shifts, but we've got to say you have to use your time off, and our traditional way of looking at time off has to be different. Some people just need time off just for themselves. We're seeing people…we're encouraging people to take more time, not just a day or 2 here, unplug, disconnect because we have to take care of our people.

Amori: Well and both of you probably are seeing a lot of the…of the travelers happening. Probably you're working with travelers and you're probably hiring travelers and, Jake, as the patient person here, that you hear from patients a lot, that effects patient experience too. Have you heard patients say anything about this staffing issue and how it affects the way that they get care?

Jake Poore: Absolutely. You know, I've been doing over the last 2 years patient focus groups but also frontline employee focus groups. And what's interesting is we're now into a double pandemic. Right? We've just survived COVID—or we're in the process of surviving COVID—but we also have the great resignation that Megan talked about. So you've got frustrated, demoralized, exhausted, short-staffed still. People are retiring early. People are not only leaving the job, they're leaving the industry altogether, and you've got suicide, which is at an all-time high for doctors and nurses. We've never seen these kind of numbers before. The domino effect on patients is well if you're anxious, then you're making me more anxious. And if I had a call light and it takes an exuberant amount of time by the time you come in, I'm going to blow your hair back with some colorful language.

So, I think the blessing and the curse of COVID it's really helped us tear away the filter about what's really important in life. I mean, people are moving from, you know, upstate Michigan to a warmer climate. People are, you know, seeing more family. But the impact on family are the patients when they can't even have a visitor. When they can't say goodbye to their greatest loved one, their grandfather or their father or their mom. They can't hold their hand, and sometimes they can't even look at an iPad to say goodbye to that loved one. I mean, the impact is resentfulness. And that's long lasting.

Amori: Yeah. Dr. Ranney, or Megan, bring us in.

Ranney: Old habits die hard, right? That impact…Jake, I really appreciate that perspective and I will say that is part of what hurts healthcare providers at their core. You know, I've talked in other settings about this idea of moral injury. Right? Which is this concept that actually came out of soldiers at war. The idea that you are seeing things or participating in things that go against the fabric of your being. And as healthcare providers, regardless of what our space or profession is within the healthcare space, we went into this profession in order to help. And knowing that we are not able to serve patients the way that we want to, consistent with our specialties or professions ideals, hurts us at our core.

That then causes healthcare providers to have one of 2 reactions: they survive that moral injury either by putting up walls, right, being burnt out, putting up walls, becoming less empathetic, cracking perhaps inappropriate jokes, just not caring anymore because that serves to protect them, or they take it on, and they feel it so deeply that it drives them hopefully to help create change but sometimes that's part of what actually leads folks to leave the profession.

I've had discussions with some of my nursing colleagues who've expressed to me just the sense of not knowing if they can, you know, be out in triage another shift because it feels so difficult for them to watch the pain that patients are in and being unable to treat it the way that their license and their training has taught them to.

Amori: Thank you. Thank you, all three of you. Pierre, I'd like to bring this on to you and kind of put a different spin on it. This pandemic has been a real challenge for hospital administrators. And so, what's the hot topic right now for you in your role, and where do you think it's going? And is it the lack of staff or is it something else?

Monice: To be totally transparent, it's all of the above. You know, staffing's a challenge whilst trying to stay viable and understand our cost structure. Now, you know, in the past, your agency and travelers were coming from out of state. The new dynamic is agency and travelers coming from across the street. And you have individuals that are part of your organization that are great people, but they can't pass up a great offer to go right down the road for a couple of weeks to take care of their family. And so now we're living with that reality and saying, you know what, let's take care of them even when they transition out because we want to welcome them back. Because we're all in this together. We've got to figure out a way to get creative. And we have to be open-minded to understand everyone's situation is different. From a financial standpoint, we get it personally but from an administration standpoint, we know there's only so much that we can carry to ensure that we keep our doors open.

Amori: Megan, how's that fit for you? Are you seeing that, people from right across the street coming in to work with you?

Ranney: Oh, absolutely. I mean, it's like a bidding war. Anyone who's been in the housing market recently knows how challenging it is to get a house or a rental. It's the same thing for healthcare workers. We're all desperate, and we're particularly desperate for good folks who care deeply and are well trained, and sometimes those right up the street are people that we've known for a long time.

Amori: Maybe even worked there before, huh?

Ranney: Exactly.

Amori: Jake, what are the patients seeing?

Poore: Well, what's interesting is patients, they know what's going on. They read the news and the data that's coming out is pretty shocking. When you think about it takes between…it costs an organization between $40,000 to $82,000 to recruit a nurse in America. Right? It takes about 8 months to get a senior nurse to start, not just someone out of nursing school. Hospitals are at a risk of losing $300,000 per percentage of turnover. I mean, this is shocking stuff. And it does not exude confidence in the minds and the hearts of our patients who are wondering whether they should go see their doctor or, you know, should I get this lump taken care of because I know that hospital is so short staffed.

Amori: And personally, I sit on the PFAC of a local medical center, and I know that there are physicians who are uncomfortable with nurses that they might be working with or with other staff that is cycling through and leaving some of the positions to desire. Megan?

Ranney: Yeah, I would just want to echo that, that really medicine and healthcare in general is a team sport. Or this is not something that any one of us does alone, and so much of it depends on that shared verbal as well as nonverbal language on our ability to trust our team members. On knowing what the hospital protocols are and what to do next. And the constant turnover of our colleagues and of our team members does make that more difficult. And then to Jake's point, impairs that patient care sometimes.

Amori: Pierre, bring us home with this topic. What are you thinking?

Monice: Yeah, so what I found, and it's not an exact science. You know, yes, it has been and will continue to be a long, winding road. But people are people, and they appreciate transparency. You know, getting in front of the team in huddles or a staff meeting or a hospital address and saying we don't know what the future looks like. We're open to ideas, and we're open to your thoughts. At times it's nerve-wracking as a leader to say I don't have the answer. But I get the feedback saying thank you for being honest. Thank you for not just making a bunch of empty promises. And welcoming, hey, I mean I want to hear your thoughts and feedback. What do you think? And it's been amazing seeing the entire community come together. Other administrators come together. Other clinicians from other facilities saying, hey this worked for us. You guys should try this out. And it's amazing seeing the healthcare community come together.

Amori: Thank you. That's a great way to bring this topic home. Jake, I want to turn to you now. You do a lot of work with patients, and we've already talked about some of the anger and frustration that patients have. And so, do you think it's because of the pandemic or where to you think they are now with the pandemic and the delivery of care? What do you think, how is all this coming together?

Poore: Well, I don't know if it's coming together. That's…to be quite frank, I think it's pretty fragmented. I think people are nervous. They're putting off, as Megan said, they're putting off procedures. They're putting off annual exams and Pap smears and mammographies, which is crazy in the world of evidence-based medicine because the catastrophic aspect is what we could have done with a biopsy now is going to be full-blown cancer. The other thing is, you know, back in the day, I worked at Walt Disney World, and they had these little speedboats and that little thing on the engine called a governor. And it would keep the speed at a normal speed that kids and parents couldn't go crazy. The governor's now off of patients. That filter of what we think is now coming out of their mouths. And vulgar words and being upset and that has a domino effect on folks like Megan and people who work for Pierre in their health systems I would imagine.

Amori: Yes. Yes, I would imagine so too. Do you think that the pandemic has changed the view permanently of clinicians, hospital administrators, and patients? Or do you think this is just a transitional phase we're going through?

Ranney: Geri, that's a tough one. I think it's too early to say. You know, as I'll frequently say on TV that my crystal ball around COVID got broken a long time ago. I think what happens next is partly up to those of us on this podcast, those listening to the podcast. The impact of COVID on healthcare could be something that leads us to a better, stronger space. Or it could destroy us and change healthcare negatively for permanently. And that's partly what happens next to COVID but it's also partly up to our own actions.

Monice: Yeah, this is the optimist in me. I tell my team it's a whole new world. We knew healthcare was broken and needed some opportunities. Let's rebuild it right now. You know, let's not talk about well this is how we've done it in the past. Let's try new things. Right?

Because let's be honest, COVID has broken many of us. Right? So let's throw out all the old policies and procedures and look at this as a new startup. And say, hey, let's have a world of opportunities in front of us. Will we fail? Most likely and let's fail fast but try new things. So that's the way I've been challenging my team and so far, they've been receptive.

Amori: Okay. Good. That's very positive and I like it. Jake, what about you?

Poore: I agree. I agree with Pierre and Megan. You know, this is our Pearl Harbor. This is our 9/11. This is our Katrina. This is our earthquake. Every time we've had adversity in this country we've innovated, we've spun, and we've gotten better. And this is just going to make us better. And even though the governor is off of that filter, both figuratively and literally for patients, I think they're going to make us be better because I don't think they're going to take it anymore. They're just, like all of us, they're not comparing you against other hospitals, they're comparing you against other life experiences. And how they treat me at the Apple store or the restaurant or the dry cleaner or the auto dealer, by gosh my physician or my ED, my emergency department, should treat me the same. So I think it's going to raise the bar. We're going to be a better employment organization. We're going to be a better clinical organization. And I think patients are going to receive that better service as well.

Amori: Great. All right. I d' like to bring us to a close with a question I really like asking. And I'm going to ask you to keep it pithy and succinct. Now we've been talking about the pandemic and its effect on each of your perspectives of healthcare and the way that healthcare is being provided now. And you each have a different perspective. So I'm going to ask you, if you had one thing that you wanted our listeners to really take away from your perspective of the effect of the pandemic and where we are now, what would that be? So, Megan, let's start with you.

Ranney: I don't know if I should be thankful or frustrated that you asked me first. So, I think that the one thing that I want our listeners to take away, knowing that many of them are healthcare providers themselves, are that you are seen and heard. We know, whether we are healthcare providers ourselves or kind of Jake's perspective or Pierre's, we understand the stress that we've been under for the last couple of years. And that this is a moment where our voices matter, where we have a chance to create change, but where we also deeply need to take care of ourselves in order to be able to continue to be present for our patients and for our communities. It's been a tough couple of years and it's…we need to kind of take a moment and just recognize and acknowledge that.

Amori: Thank you. Thank you so much and thank you for being here with us today. Pierre Monice, would you like to tell us what your one thing you'd like people to take away would be?

Monice: This is the former basketball coach in me. It's okay to take a timeout. As healthcare professionals it's okay. You know, sometimes we feel guilty, we need to come in, we need to do more. But sometimes, you know, less is more. Take a timeout. Take care of you, so when you're back in the game you're refreshed, you're able to continue making an impact.

Amori: Thank you so much. And I think I'd like to be working for you as an administrator. And Jake, can you bring us home, and what would be the one thing you'd want us to know? Both healthcare workers and non-healthcare workers from the perspective of the patient.

Poore: It's simple. Patients, from the voice to the patient they want to be partners and not participants. They don't…they want to be an active partner. You know, most of them have 3 quick questions they need you to answer immediately when you walk into their exam room, or they walk up to your front desk, and they said who are you? Who are you? Who's taking care of me? Are you any good? Tell me your experience and your background. And then, what do you know about me? And how are you going to care for me? And if you can personalize and customize, and I know you don't have any time because you're really short staffed and you're really busy, but if you don't do that, I'm not going to like you. And if I don't like you, I don't trust you. And if I don't trust you, I'm not going to comply to a prescription or a care plan. So we're in this together. But I need you to know it's all about me, says the patient.

Amori: I love it. Thank you so much. This has been a tremendous exchange. And I want to thank each of our panelists for a great conversation. I hope you found our discussion valuable, everyone in our audience. So thank you for joining us.

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