



Time with Quint Studer

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(Intro) Welcome to TCNtalks. The goal of our podcast is to provide concise and relevant information for busy hospice and palliative care leaders and staff. We understand your busy schedules and believe that brevity signals respect. And now here's our host, Chris Comeaux.

(Chris Comeaux) Hello and welcome to TCNtalks. Our guest today is a dear friend and a longtime mentor.

(Chris Comeaux) Probably one of my most treasured mentors of my life. Quint Studer is the founder of Healthcare Plus Solutions Group. Quint, it's so great to have you.

(Quint Studer) Well, thank you Chris, and thank you for, um, leading by example for me for these many, many years.

(Chris Comeaux) Wow. Well, you're great Quint. Well, what does our audience need to know about you?

(Quint Studer) I. Well, I think I'm a lifelong learner. I think I not only write about it, but I've done it, which like you, I mean, I've operated things. I've had lots of employees. I've been president of a hospital, ran a medical group. I've had insurance company, and then I started my own company in 2000. Sold it in 2015.

(Quint Studer) Took a sabbatical, which they call a non-compete for a while, and, but got very involved in the community. But I've always been engaged. I've written a number of books and I, I just wanna always make life better for people that are in the trenches, particularly those frontline managers who have such a tough job and try to create tools and techniques that help people.

(Quint Studer) Really be successful in their job. Hopefully it will go into their successful in their life and really not only attain high performance, but do everything we can to help organizations sustain it.

(Chris Comeaux) Wow. Well Quint. That's great. When I, when I reflect, I think there, there are two bugs I caught from you. Number one is to be insatiably curious.

(Chris Comeaux) Um, I love that. And then to always leave whatever we've been given domain over better than we found it. Whether it's making it a great place to work, a better family, a better community. Whatever it is,

and you've just modeled that so amazingly throughout your career and your life and on behalf of a whole lot of people, thank you for that cuz we've caught that bug from you.

(Quint Studer) You're welcome. And I love seeing the legacy you're continuing to create.

(Chris Comeaux) Wow. Well, Quint recently, you've, uh, love what you've done now with Healthcare Plus Solutions Group, and you engaged in a study. Um, what did you study and what did you learn from this study?

(Quint Studer) Well, thank you. Yeah, I was in, um, Orlando about a year ago, and they started asking me questions about what am I seeing in healthcare with staffing models because everybody's struggling with staffing.

(Quint Studer) Um, and you know, I sat there, and I said, you know, I really don't have a good answer to that. You know, I know a little bit of what Mayo Clinic's doing or a little bit of what this skilled nursing facility's doing or this hospice is doing, or you know, I, I know a little bit of everybody's doing something because everybody's got the same pain point people.

(Chris Comeaux) Yeah.

(Quint Studer) And so I got curious about it and I called the American Nurse Association, Katie Boston Leary, who's somebody I've had a good relationship over the years, told her I would be interested in funding a study. On this topic of staffing models and I want to be independent. I want it to be shared cuz it was interesting because I asked them who I should use to do the study.

(Quint Studer) Because when I do studies, I want it so pure and so independent. No one can question it. And they said Jocelyn Insight is the company that they would utilize. I called Jocelyn Insight. And I said, you know, for the amount of money we're spending here, which is six figures, can you um, send me a sample study? And he said, well, it's really hard cuz most studies I do are proprietary, and people don't want 'em shared.

(Quint Studer) And I said, okay, well, so I sort of went on trust and it worked. They were phenomenal. But I also made that decision at that point that this will be a public domain. Research because if you wanna help everyone, you can't hold the study to yourself. So, we're sharing it with everyone. So, it was really a study to really dig into mostly clinicians on what they're looking at and what they think could be helpful in staffing models.

(Chris Comeaux) And what and what did you come up with Quint? Cause I know I've, I've Ken reviewed it. There seems like there's some pretty fascinating outcomes.

(Quint Studer) Well, first of all, what was really neat is they had never had an a response like this. They were hoping to get a couple hundred. They got 3000, almost 3,200. So it's a 99% validity.

(Quint Studer) Yeah, it's some, some high end things We found, we found that managers. Are seeing the environment in some ways different than the frontline employee. Mm-hmm. Now, it's not that they're not listening to the frontline employee, they just assume that the frontline employee is seeing it like they do. So I think the big one for me, Chris, is there was a question about readiness for change, and I think you and I both been there where we have about 30, 30, about 30% of the people in this study.

(Quint Studer) Are ready for change. You know they're ready. Maybe 35%. Well, these are the people we talk to. These are the people that come up to us. These are the people that nod their heads, particularly if they're on the executive team. And then we assume. That more people are with us than not. Now you've got about 30% or so, maybe 35% again, that are not ready for change.

(Quint Studer) They're going to wanna keep it the same. That's not unusual. I found in communities, in non-healthcare, you're always gonna have a certain group that's gonna be not ready to change, but then you've got about 30% in that middle, which we call neutral. They could go either way. So the. Big issue is don't assume cuz people are nodding their heads at you, don't assume cuz people are telling you what they think you want to hear that you're gonna be successful because this has been tried before with staffing models and normally it doesn't work because we don't get the critical mass.

(Quint Studer) So I think not assuming there's more change readiness in your organization, there is. So my message at the Maric College Healthcare executives when I presented this is you've got to become an expert in change management. Everybody, not just the executives at the top, but that frontline manager has to understand change management.

(Quint Studer) Couple other key points, Chris, is in staffing models, you've got to make sure the frontline staff get it. Again, that goes into readiness for change because some of them are a little concerned about the the changes that are being made. Number three, hang on to your CH certified nurse assistants and your charge nurses and your LPNs.

(Quint Studer) They are a hot commodity now cuz as we look at staffing models, those have become the people that the of particularly acute care wants to recruit. So if you're an organization. You're gonna, I just spoke to a large, um, national healthcare corporation that does senior centers, and I said, you're gonna be shocked at how acute care systems are gonna be out to recruit your CNAs, your charged nurses, and your LPNs.

(Chris Comeaux) Wow.

(Quint Studer) Keep, keep, love those people or somebody else is gonna love them. The other key points I thought, which were really, I thought very, very important is people are desperate for skill training. So frontline managers, 92% of them want more skill building, and 80 something percent of frontline employees want more skill building, which doesn't surprise us with the pandemic.

(Quint Studer) But you know, we weren't doing a great job even before the pandemic and many organizations, um, but they don't think they're getting it. So less than 40% truly think they're getting it. Now, it doesn't mean the organization, Chris doesn't think they're providing it. Mm-hmm. It's that the people might not think they're getting it.

(Quint Studer) You gotta connect the dots. Mm-hmm. So I was, mm-hmm. Again, with an organization, they're spending a lot of time on helping their leaders get skills, and there's a key question, an employee engagement call. Do you feel the organization is supporting you? And we we're, it's really important now yet, unless I, until I connect to the dots that this comes under the category of organizational support.

(Quint Studer) You are being taken offsite, provided this training, cuz you are being supported. I think we've gotta really work on one offering skill development. Absolutely documenting skill development. We're doing some really neat things. If we can go in deeper detail, if you'd like on that. And then I think you've really got to connect the dots with the people that you're committed to, their skill development and career development.

(Quint Studer) So those were some of the change management. Love your charge nurses, your LPNs and your CNAs, particularly cuz everybody's gonna want 'em right now. And, and really look at that whole idea of skill development and career development and connect the dots to, that's all about organizational support. Wow.

(Chris Comeaux) Well, Quint, the CNA and LPN is fascinating to me and I'm glad you said that cuz we definitely do need to love those people because finding them in certainly hospice and palliative care, um, skilled nursing care, senior living communities. Um, one of the things we had, Sheila Burke, I don't know if you know Sheila Quint, she's at, uh, part of Harvard.

(Chris Comeaux) And so she did a great segment with me about the surf, about the staffing challenge. And there was about a five minute segment in that podcast literally. I've, I've rewind it like five times. It's like a platform for the what you need to do nationally with the staffing challenge. But one thing that she said, and I've heard from a lot of other experts, similarly, helping nurses practice to the maximum extent of their license.

(Chris Comeaux) In other words, what are those things that you could take other disciplines like LPN, CNAs, and then in the hospice segment we've even talked about EMTs and graphing them into the care model. So that one

absolutely resonates. The other interesting one that you bumped into is a skilled, uh, training. I forget the years.

(Chris Comeaux) And so I think it's something like a million years of experience we are losing in healthcare that Sheila Burke alluded to. And we kind of hypothesize out loud that a lot of those nurses that are retiring and there's so many years ICU experience just, you know, amazing nursing experience that's walking out.

(Chris Comeaux) They don't want to come back and work shifts, but would they be available to be almost like a. A mentor even remotely to some of these new nurses. So that made us an idea, maybe you and I could work on, but I thought that was fascinating idea.

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(Quint Studer) And the study backs that up. The study asks a question about how do you feel about re-recruiting retired nurses and. That was really, they do a gap. Is it, you know, are we on, how close are we to being aligned?

(Chris Comeaux) Mm-hmm.

(Quint Studer) And that's one where staff and managers are both aligned. The other thing is the calling 'em a resource nurse.

You know, what are some people that can just come in and help us? And the other issue, Chris, It's the whole idea of mentorship. You know, it's sort of a hot topic. We got books on mentor, but, but what Katie Boston, Larry talks about a lot and I've seen it, is make sure your people are mentors, not to mentors.

(Chris Comeaux) Mm-hmm

(Quint Studer) So you've got to really be careful and train and develop mentors so they understand. Cuz a lot of times you think your mentors are your, the people that are the best at it. They might not be the best mentor cuz it comes too easy for them. Yeah, so I've always something that's come easy for me, it might sound crazy.

(Quint Studer) I do better getting up in front of a group than sitting at a dinner table. So somebody might say to me, Hey, can you help me be a, a

good public speaker? Sure. You get up on stage, grab the mic, and you start talking. But now that's diff, you know, that's easy for me. Now if somebody said, Can we sit down and have a dinner conversation with six people?

(Quint Studer) I start sweating profusely on how do you do those things? So you gotta be really, really sensitive when you put look at preceptor and mentorship, that you train those people specifically on development. (Chris Comeaux) That's really good. Quint Now you alluded to, said we could go deeper. Something about the documentation, about the, um, training that we're doing.

(Quint Studer) Yeah. I, I think what we need to do, and, and we've been doing this with a couple of organizations, particularly TriHealth in Cincinnati, is look at individual development. So, you know, the. You know, precision medicine is, is so great right now, and it didn't exist 15 years ago, and it started off with melanoma cancer, and all of a sudden they looked at the individual.

(Quint Studer) We now have biomarkers. We have mutations that we can look at. And by you looking at a person as an individual, We can do a treatment that fits what they need. And I think it, in training. And please for those listeners, I'm not saying you don't stop what you've been doing. Mm-hmm. I'm all for big group training.

(Quint Studer) I'm for all training, is good training, but I don't think we drive it down to the individual. And when you look at it and Chris talking about losing talent, usually in an organization we have not found, any organization has less than 25% of their managers that have less than three years experience.

(Chris Comeaux) Mm-hmm.

(Quint Studer) Many times it's 50%. If you add people that are managers but are in a different role because of the great resignation, they're, we call 'em one ups, they've all moved one up. So you've got anywhere from 25 to 50% of your people with less than three years experience. So no, we can't go back to where we were cuz they weren't even there.

(Quint Studer) When we were there. So we're really looking at individual. And so what we've done is we've created something called an OSR, and the O would be Chris. I would sit down and figure out what outcome do we want Chris to drive? We try to keep it not that it's other outcomes. We still wanna focus on one outcome, specifically, we wanna see enhanced.

(Quint Studer) So we pick the outcome and then we say, well, to achieve that outcome, ah, what skills does Chris need? And then we also dig deeper though. We really look at we a self-awareness checklist on how do you think you're on this skill. We use personality profiles, whether it's Myers-Briggs, DISC, or MBS. We look at, um, some testing.

(Quint Studer) Um, I, how do you learn best? Are you a visual learner?

Um, do you learn by doing? And then we even can, depending on the person, just do a quick down, down and simple \$58 test on critical thinking if you wanna use it. Because so what we wanna do is diagnose the individual. So how can we make sure we can maximize their training and development to acquire that skill?

(Quint Studer) And then we do one other thing, Chris. We have not found a lack of resources in organizations. I think organizations particularly that don't achieve their goals, actually have more resources. Somebody's saying, well, gee, our communication is down. Let's have one more resource. We found an organization recently that had 18 different training modules for communication, and I find the less accountability you have, the more resources you create.

(Chris Comeaux) Mm-hmm.

(Quint Studer) And so you go in and you say, what are the best resources for our leaders? And then we've done something else, Chris said, I don't think existed. Create more of a rotten tomato checklist. So if somebody can go in and reuse that resource, somebody reads one of my books, they go in and say, was this helpful or not?

(Quint Studer) And maybe it's wasn't, so then we should know that, so we can take that resource off sort of our learning management system. So we, we called it OSR and we're really calling it precision leadership development. And what's really nice, Chris, is when you present this particularly frontline managers, you hear a sigh of relief because it's not a hundred things I gotta learn.

(Chris Comeaux) Mm-hmm.

(Quint Studer) So I'll give you one example. Scheduling. We have found that that's a huge issue right now with frontline managers. Because during Covid they were sort of given a blank check and what is, we need to get people in here. So overtime was okay. Um, worked with an, uh, again, a, a non-acute care FAC organization.

(Quint Studer) Not too long ago. Those spent, I think \$18 million on agency staffing the last year. And they had never spent that type of money before. And so all of a sudden now you're saying, Hey, we need to get away from that. If we can, and we need to watch the overtime. They've never scheduled, so we found 82% of frontline managers want help in scheduling, so let's help them in scheduling.

(Quint Studer) So the outcome would be achieving budget. The skill would be scheduling. And then you'd say, what are the resources we can provide them for our scheduling? And then the last question we ask is, what are some barriers that you might face in order to achieve this? And we just find that individualizing training, again, take precision medicine.

(Quint Studer) Nothing wrong with the treatments we did, but we now provide better care through precision medicine. Nothing wrong with the

training we did before, but I think we can provide now enhanced training through individualizing at Precision leadership Development.

(Chris Comeaux) Quint, how much feedback does the individual, so if you were working with me to develop my own development plan, how much say do I have compared to the leader?

(Chris Comeaux) Is it a collaborative process?

(Quint Studer) It's a hundred percent collaborative. So it starts out like this. It's, we, we all are gonna agree in the outcome cuz the outcome's based pretty much on objective type measurement. But then what we do, Chris, is we decide what skills do you need for your role that you're in?

(Quint Studer) And then you give yourself a, a self-awareness rating on a one through 10. Then as your supervisor, I also give you, Rating on a one through 10, then we sort of meet in the middle and say, are we close or aren't we close? So I think the whole key to this is the collaboration.

(Chris Comeaux) Mm-hmm.

(Quint Studer) So it's a collaborative plan.

(Quint Studer) And then we ask this, I call it the magic question, Chris, when we sort of got your outcome, your skills, your resources, I say, is this really doable, Chris? So is this doable? Because if it's not doable, let's not talk about it. So a great example at Cooperman Barnabas in New Jersey, they wanted the, the nurse manager to round on every patient every day.

(Quint Studer) It's not doable.

(Chris Comeaux) Mm-hmm.

(Quint Studer) When we really looked at it, it was 42 patients. They wanted five questions in the software tool. And, and, and we sat here and said, okay, how many patients can you round on? Can you round on the new admits? Can you ask one question? And Chris, here's the question for your listeners that are, is again, uh, uh, important question.

(Quint Studer) Instead of asking a hundred questions or five questions, you say, what's your biggest worry or concern right now? That's where we start. So yeah, I think it's, our whole approach is collaborative right now, which I think really is, is a key to this whole thing. And then when we say, is it doable? Talk about collaborative.

(Quint Studer) And what's your barrier? And the other thing that we do, particularly TriHealth has done a great job in this, is the one up also has a role in the development. I think, again, not maybe in your

organization, I know you don't, but many organizations, they put too much weight on training's, hrs job or we've got some OD person.

(Quint Studer) No, no. They can help facilitate some things. Your job is to develop the people that report to you. Yep. And I, so we even have a little one up column. It's what's the one up? What should the one up should be doing to support the development of that individual that reports to them?

(Chris Comeaux) Wow. Well, Quint, when we, you and I did this, um, podcast last year, we're still in the wake of Covid.

(Chris Comeaux) My biggest takeaway in that one is you said mental and emotional health is no longer soft skills or nice to habits now. Essential, it feels like you're saying. And now also what's essential is just basically facilitating the, the development and learning and growth of the team around you. Is that accurate?

(Quint Studer) If you want to keep people and let me give you some statistics too. Um, once again, uh, research that we did with the American Nurse Association and the American Organization Nurse Leadership shows how desperate people are for skill development. But there's other research too. Research shows that 87% of people, particularly young people, will stay in the job they're in if they feel they're being developed yet, only 29% feel they're getting it.

(Quint Studer) So the message is, you know, invest, invest, invest in skill development, and it's really the key to go, but it doesn't have to be that expensive if you individualize it, cuz most places have the resources, they just don't have a good way to utilize the current resources they have in place.

(Chris Comeaux) Wow. Well, Quint, you alluded to something earlier and you wrote a blog recently about change is hard.

(Chris Comeaux) So you were talking earlier about the challenge of change management. So your blog was titled, change is Hard, be Kind To Yourself As You Bounce. This just feels really timely considering all the challenges we're facing in healthcare. What are some key points from that blog that you'd love to kinda share today?

(Quint Studer) Yeah, I think as a leader, and if you look at it came from Keith McFarland's work and the book Bounce. Um, I, I'm not gonna go backwards cuz I think we've all been through the anger, the frustration, the loneliness and the valley of despair. You know, that's sort of where we've been hanging out in healthcare for a couple years, that valley of despair.

(Quint Studer) But I think our job is to move out of the valley to despair. And I think while the book says, look at the new reality, Dan Coard, my colleague, says the The now normal. The now reality. Okay, so let's look at this. You know, we gotta change how we staff. We gotta

change how we develop. And like you said earlier, Chris, before we got on the line, you're gonna have people that wanna stay the way it is.

(Quint Studer) You want people that wanna. You know, change it. Well, there's a combination in there that that fits. So the two things that keep an organization from bouncing or a leader from bouncing or an employee is denial. They even need to change. And that is really combined with nostalgia. Somehow it was better and we need to go back there and people sort of put rose colored glasses on with nostalgia.

(Quint Studer) I mean, you talk to my mother and she thinks I was the perfect child. You know, you, you know, those types of things. It's that nostalgia that people get into. But then you have to provide what we call, um, informed optimism. And I, I think this informed optimism really ties into this development cuz I, I'm a big believer in human beings, Chris, and I think most people want to do a good job.

(Quint Studer) I don't, I don't think it's a will issue. I always go to a skill issue. And then, and then, and then the devil's in the detail. So what I just talked about with you, Chris, was digging into the detail. So what outcome does that person need to acquire? What skills do they really need to have? Let's look at their per their profile.

(Quint Studer) So if you're a real people person and we're gonna have to really tighten up on the budget, I'm gonna have to help you with that skill, cuz that's gonna be really, really hard with you if you're a real . Metric driven person that doesn't really have a lot of empathy, but we're talking about making it, uh, doing some things, um, to, to hold people cuz people wanna feel they're cared for.

(Quint Studer) Then I'm gonna have to work with you on empathy. So we really wanna devil go into the details. To find out how does that person best learn and then dig into resources and it's really amazing. Like I say, our pilot organization's been TriHealth in Cincinnati, and then you use the analytics so they can go in and tell you based on two questions in their employee engagement survey is seen is do I get communicated in an open and honest manner and am I feeling organizational support?

(Quint Studer) Those are two. Key questions because those are the two top key questions in retention today. Supervisor has gone to seven. Those are one and two, they go in and they can tell by leader, are you what percentage you are in employee engagement. So by going and sort of devils in the detail, I know where you're at, then I can use the analytics to see what resources we can provide you.

(Quint Studer) And then they're provided. They also know who does really well on those. And then they're provided a mentor, internal mentor that does well to coach internally, and there's a role for one up. So it's very, very exciting to see. I think it's the game changer in skill development.

(Chris Comeaux) Wow. Well, Quint, any final thoughts?

(Chris Comeaux) You're getting back into healthcare now, which by the way, I think is so incredible. Any other just final thoughts or pearls that you're picking up as you're getting to dig in again in healthcare?

(Quint Studer) Yeah, I think we can make it less. I think what happens over the years, you keep adding things. Chris, and you've been with me for lots of years.

(Quint Studer) You know, we start asking one question. Then somebody says, well, let's add these questions. Then somebody from safety says, let's add these questions. Next thing you know, the leader has 11 questions and somebody says, well, let's get some software for it. So now we've got this poor manager who's new, overwhelmed, asking all these questions, having to document it, which acts like we don't trust them while we're making them document almost the document that they documented the documentation.

(Quint Studer) So what we're finding the formula, Chris, is figure out less. What can that person do less of? What then if they do it less, they can do it always. Then they get consistency and then they get better outcomes. So the question is, can you ask every patient, what's your biggest worrier concern? Can you ask that one question?

(Quint Studer) The answer is usually yes. With the employee, Chris, and I know we're running short of time, we asked the question, where's your battery? Where's your battery? We don't say, how are you? People say, I'm fine and sadly, commit suicide eight hours later. So the question is, if you were a phone, because we take great care of our phones, what is your battery today?

(Quint Studer) And that's the one question there cuz somebody's gonna say an 80, a 60, a 40. And in healthcare when people have a low rating, the people rally around them, how can I help you? It also allows us to have those great conversations on how we can help someone with mental health. Because only one to 3% of people in healthcare ever seek any mental health services.

(Quint Studer) So I think those are the two questions. What's your greatest concern or worry? And you could ask that to managers too. And what's your battery today?

(Chris Comeaux) That's awesome, Quint. Well, Quint, you know, one of my favorite movies in the whole wide world is secondhand Lions. Robert Mitcham, I believe, and uh, Robert Duvall.

(Chris Comeaux) And there's a great line in there that basically they want to go out with their boots on. You are at a stage in your life and your career. You could sit back, you've done, you've had such a great impact, but I love the fact that you are like, Hey, I'm jumping in. Healthcare needs some help. And so just thank you.

(Chris Comeaux) You could, you could be not doing that, but that just says what your heart is. And so I just appreciate you and I know a lot of other people do as well.

(Quint Studer) Well, it replenishes me, so I, no, I cannot not do it because my heart is so into it. I can't stop myself. Um, I, I have a quote from years ago, Chris. It said, when you, when you spot a problem, you have a human responsibility to seek a solution.

(Chris Comeaux) Amen. Well, well, I'm actually gonna leave our listeners, as I always do with a quote. I have a whole Excel spreadsheet of Quint Studer quotes. Quint, you probably don't even know, I was like typing many years ago. So some of these like aren't in your book, it just came outta Quint's mouth. But this one is quote; "what this thing called leadership is all about is working within the organization to maximize the human potential inside of it."

(Chris Comeaux) And that's by Quint Studer. So, Quint, thank you. Thank you. And to our listeners, thanks for listening to TCNtalks.