IJPS Interdisciplinary Journal of Partnership Studies
Volume 9, Issue 1
pubs.lib.umn.edu/ijps

A CONVERSATION WITH KELLY WHITE, MSN, RN, CHIEF NURSING OFFICER, HENNEPIN HEALTHCARE: PARTNERING TO IMPROVE WORK CULTURE

Interviewed by Gertrude Thomas, MSN, RN, PHN, CNE

Abstract

Gertrude Thomas, MSN, RN, PHN, CNE, interviews Kelly White, Chief Nursing Officer at Hennepin Healthcare in Minneapolis, Minnesota. Their conversation addresses the vision of the new nurse leader collaborative work to improve outcomes for patients that align with the organization's mission of providing equitable and incisive care for patients and staff. Expectations and hopes for improving work culture and health-care outcomes are at the highest level with the incoming of the new CEO and the new CNO. We hope for transformation through partnerships across disciplines and collaborative work to meet goals that will improve our health-care systems. In their 2021 document, *The Future of Nursing, 2020-2030: Charting a Path to Achieve Health Equity,* The National Academies of Sciences, Engineering, and Medicine identify ways in which nurses should work with other members of the interdisciplinary team to eliminate disparities in health care and move toward equitable care delivery. This call to action cannot be achieved by one discipline. Stepping out of our silos and partnering across disciplines to bring our best efforts to the table, backed by actions that deliver care with a focus on equity and excellence, will bring us closer to achieving these visionary goals. Leadership challenges that include patients' safety, staff satisfaction, financial accountability, and equitable care delivery, have spiraled downward because of an ongoing pandemic. This is more reason to lean into partnerships and gain collaborative insights that bring out our best. We can intentionally and effectively redesign health-care delivery through partnerships to achieve mutual goals.

Key words: Equity; Partnership; Collaboration; Leadership; Safety; Quality

Introduction

This interview is the first of a three-part series of conversations with executives at a major health-care system in the Midwest. The focus of each interview is on partnership and collaboration through leadership to achieve safe, equitable, and quality health-care delivery.

Gertrude Thomas: Kelly, thank you for the opportunity to conduct this interview. It is an honor to sit across from you and learn about your vision for nursing at Hennepin Healthcare, current challenges, and plans for partnership in the delivery of equitable care. You assumed your position as Chief Nursing Officer for Hennepin Healthcare at a time when we did not have a nurse leader. At a time when the former CNO had stepped down from her role and there was no one to fill the gap. You came to us from another large metropolitan-area hospital fully aware of the challenges we face as an organization. What drew you to seek this role?

Kelly White: That is a great question. First, it was the community. I love the patients we serve. I wanted to be able to do something better and greater with them and for them. Second, it's the nursing team. This position gives me the opportunity to set staff up for success and make it easier for them to deliver excellent care to our patients. That is what drew me back to this organization.

Thomas: This sounds like your decision to serve here lines up with your personal values.

White: Absolutely. How can I show empathy through my leadership to everyone equally? Every human deserves the same level of care regardless of socioeconomic status, religion, race, or any other factors. From a core values perspective, the responsibility I feel for this community moves me to consider ways we can redesign health-care leadership to make it better for the nurses, laboratory technicians, physicians, and all the other disciplines that serve here.

When I think about the number of hours staff put in, reminiscing about my days as a

staff nurse, I am drawn to advocate for what we can do as leaders, when we work collaboratively to give staff the tools and resources, they need to consistently deliver equitable and excellent care to all our patients.

Thomas: I was fortunate to observe your first board meeting. I learned that you started here as a health-care assistant. Your roots are in this organization.

White: I started as a health-care assistant in the Neonatal Intensive Care Unit (NICU) and then was a registered nurse in the Surgical Intensive Care Unit (SICU). I got to see how the organization treats patients at every level of care. I always tell people that we are all equal. We may have different titles, skill sets, and passions. We find ourselves in different areas that we love, but we all come together for one purpose: to make it better for our patients and for our teams. As a new graduate in the SICU, I had a great mentor who suggested I go into leadership. I became a senior staff nurse, then a supervisor; a year later I became a nurse manager, and in another year, a director. I could have stayed here forever because of the people and the community, but I needed to understand how other organizations work. I can honestly say that there are good and bad in every organization. There is something about this organization and its culture, along with that deep commitment to the community, that is different. I always said that one day I would be back, and I would have my dream job, so here I am.

Thomas: We're glad you came back, and you brought with you the good things you learned out there.

White: I must say that there are many good ideas out there. We sometimes want to take good ideas and bring them into other organizations. What's important is understanding the culture of our organization, and where we are in terms of our journey, and adapt those ideas to make them our own. Hopefully, I can bring the good parts because not all of what's out there is good.

Thomas: I have heard you begin a leadership meeting with an open apology for fast rollout of great ideas, maybe the timing was not right. You then followed up with detailed explanations to roll out initiatives better. That is a true mark of a great leader. It brings out the human side of you that we can relate to. Great leaders fail forward. That is a leadership style that is highly admired and needed today to get the best out of your teams.

White: We have good intentions, but we sometimes move too fast, not thinking about all the moving parts. I learned early on to own my mistakes and work to do better. We must collaborate to make things better for our first line staff and patients. Ultimately, if our leaders and first line staff are not engaged, we will achieve nothing. They are the ones who drive the organization 100 percent. Ignoring my failures and mistakes is not my style. Hopefully it humanizes me. When I look back and see that I didn't do something very well, I want to see that I did something to make it better. I am not seeking perfection. I am seeking to do what's best for our patients and staff.

Thomas: It is refreshing to hear that coming from a leader. You put yourself on a higher level when you do that. It sets you apart as a value-based leader. We appreciate the humanness in you. You have listed multiple goals in monthly nursing meetings for the organization. What are your top three priorities?

White: First, safety for our teams. What I mean by safety is twofold. Staffing safety, getting the right resources for our teams, and safety from workplace violence. There is a big gap in this organization from a safety perspective.

The second big goal is quality. We're here to improve the lives of our community. We want to give them excellent quality care that is delivered with equity. If we are not aware of best practices for excellent care delivery, that is a problem. We need a higher-quality management system that makes it easier to make changes and elicit compliance from nurses, health-care assistants, and all the other disciplines, to make

those changes work. We strive to design changes that will not create more add-ons for frontline staff. We seek redesign that will help team members see how they can change their workday to prevent falls in a different way.

The third priority for me is the financial vitality of the organization. We want to keep 6,000 people working here. We are moving to hire appropriately to reduce overtime. We are looking into how we can observe closely so that we can get resources to where they are most needed.

Those are my top three goals. But I cannot get to safety and quality or even financial vitality if we cannot stabilize staffing first. It is Maslow's Hierarchy of Needs in health care. For nurses and health-care assistants, the most basic need is having the right number of staff to get the work done. Then improvement in equity, quality, safety, and patient satisfaction will follow. That is why you saw me push for hiring up in my first few months here. Safety, quality, and financial vitality. I put my priorities in that order.

Thomas: It takes someone who values patient outcomes, someone who has a passion for excellent care delivery, to prioritize their goals in that order.

White: Thank you. We also must understand that staffing does not solve all our problems. We must redesign care delivery to staff safely while driving quality. We are doing a trial with stronger nurse-to-patient ratios on one of our medical/surgical units. If we are doing it right, I expect to see a reduction in falls and pressure ulcers, and closer observations of patients. This is how we will achieve overall better health outcomes and narrow the gap in equitable care delivery.

Thomas: My next question is about the initiative to reduce patient wait times in the Emergency Department (ED). This is a huge move in improving patient and family satisfaction. How are we doing with this initiative and what has the response been from all leaders?

White: Great question. We are moving forward. We have lots of beds in this hospital, but we do not always have enough people to staff the beds. For example, the burn unit only takes patients with burns; the post-partum unit only takes mothers and babies. No one's willing to put other medical/surgical patients in those beds. We must redesign our strategy so that medical/surgical patients can be safely cared for in the burn unit, and female medical/surgical patients appropriately cared for in the post-partum unit. We are partnering with leaders and staff on these units. They are going to start seeing more medical/surgical patients that are appropriate for their areas. It is important for us to do it right. We cannot rush such a big change for the organization. A great mentor of mine stated that when you are working on new projects, 90 percent of the work should be in the planning, development, and communication stages. Yes, you must do the follow-up, accountability, and tracking. But if you do not do a great job up front, it's likely not going to sit well or get implemented. We now have weekly meetings, a project plan, and a walk-through of the workspace to ensure we have what we need for a successful rollout. We are looking at adding additional crash carts, making electronic health record changes, and considering everything else we need to make this happen. The organization is struggling with patient flow. We need to pivot from our current flow strategy to something that works to improve patients' movement through the system. We still do not have the right number of staff to improve patient flow from the ED and the Operating Room (OR). I always tell people to start with the end in mind. Start with a go-live date and work backwards from there. Be willing to adjust and pivot if you are not ready. That is where partnership with other disciplines comes into play.

Thomas: What do you say to staff who are concerned about caring for patients outside of their specialty area? How does that impact equitable and safe patient care delivery?

White: 95 percent of the time, specialty nurses will still care for patients within their

specialty areas. Cardiac nurses, for example, will care primarily for cardiac patients. We cannot say 100 percent because when the hospital is extremely busy with a high influx from our community, we partner to place the right patients in areas where they can be cared for safely. It is not going to help having a lot of general units when we consider delivering safe and equitable care for our patients. Nurses with specialized skills are in different areas of care to meet patients' needs accordingly.

Thomas: It brings the focus back to excellence in care delivery. How are things going with the collaborative work on reducing ED wait times for our patients?

White: It's a hard change for this organization. I understand that. Part of my job is trying to be progressive, trying to push that boundary with reassurance. I always try to work collaboratively to develop and implement changes. I try to partner with key stakeholders so that they are right there along with me to build that vision. Most importantly, getting insights from all disciplines to collaborate will make things happen. We must partner with providers, environmental services, laboratory, imaging, etc., to make our plans successful.

Thomas: If there was one thing you could change overnight within this organization, what would that be?

White: Number one for me is staffing. The team is so burned out and tired. They deserve better than what has been happening. Another thing I would change is diversity. We have lack of diversity within our leadership teams. Our staff is not representative of the community we serve. Having a staff that fully represents our community will positively impact our community and our outcomes as well.

Thomas: You must have the people to get the job done. The CEO of this organization has been forthcoming with her vision for getting the community involved in their care and having equity across staff lines. What's on your agenda to bring patient care and staff into the realm of equity?

White: We are working on scorecards for all units that will include representation rates by ethnicity. We are partnering with the Chief Equity and Inclusion Officer to implement training about implicit bias. We are redesigning our quality matrix to address quality through the lens of equity. We can validate the need for equal staff representation to improve outcomes only if we have data that proves that we do not have a diverse staff representation at all levels that reflects the community we serve. My goal this year is determining our representation rate and making sure we are hiring equitably at all levels. We cannot fix systemic inequities overnight, but we need to start doing something about it. The CEO is clear on her strategic plans to improve equity; that's one of the reasons I came back to this organization.

Thomas: What would you say to someone who questions your determination to hire through the lens of equity?

White: All staff should have the right skill set, training, and opportunity to see that we have an issue. If I can confidently say that we have given staff the tools they need and they still do not start to see where we fall short in terms of equity and inclusion, and are closed off, we might not be able to get them into that inclusive culture that we want to build.

Thomas: What advice would you give an aspiring leader who wants to get a bird's-eye view of Hennepin Healthcare? This is a large organization.

White: I would ask, "What you are passionate about?" and find opportunities to stretch you. Aspiring leaders should be given equal opportunities to drive bigger initiatives that will expand their view of the organization's vision and goals.

Thomas: This is great insight, considering where we are as an organization in terms of equity and inclusion, at all levels of leadership. A vision like this will build the

confidence of potential leaders who have not been given opportunities.

White: Absolutely. I had mentors stretch me and push me to get into uncomfortable circumstances. My proudest moments are seeing staff gain a better and stronger skill set than I have. That is success for me.

Thomas: Let's talk about the "school of fish" syndrome. This concept refers to people feeling comfortable working alongside others who look like them (hence, a school of fish swimming together). How will you redesign your leadership and partner with others to create a culture of equity and inclusion?

White: You are right; it is easy to talk about equity and inclusion, but how many are willing to execute? When it comes to hiring people, we hear that "we still need to hire the right candidate." We must start at the very beginning and get to every layer, so that we are not just mentoring people who look like us. If we are going to have equal representation across all levels within this organization, we need to mentor people with potential across diverse groups. We must have the data to prove that we raise diverse leaders, so that we are not just doing lip service to equity and inclusion.

Thomas: What final message of hope do you have for staff who have felt marginalized?

White: Courage. Be willing to fail. You cannot be other people. Take the good pieces from other people but stay true to yourself. Remain true to your values, and if your values get constricted, then you probably must consider whether that organization is the right fit for you.

Kelly White, MSN, RN, joined Hennepin Healthcare in Minneapolis, Minnesota in November 2020 as Chief Nursing Officer. She is responsible for clinical and operational oversight of direct patient-care services, including inpatient care units, community care, nutrition, the mother-baby program, and

other direct patient care services. Kelly started her career at Hennepin Healthcare as a health-care assistant and became a nurse in the Surgical Intensive Care Unit before moving into leadership. Most recently, Kelly was Vice President/CNO at North Memorial Health Hospital in Robbinsdale, Minnesota, where she increased nursing quality outcomes, operational efficiency, and engagement, through strong collaboration with the chief medical officers, CEOs, and other executives, while focusing on working with the community they served. She received her undergraduate degree from the University of Minnesota and her Master of Science in Nursing at Benedictine University in Illinois. She also completed the Executive Education in Nurse Leadership Training from the University of St. Thomas in St. Paul, Minnesota.

Gertrude Thomas is a student in the Health Innovation and Leadership DNP program at the University of Minnesota. She is a Registered Nurse with a background in acute, critical, and long-term care. She started out as a nursing assistant. She became a registered nurse and moved from Long-term care to Acute care to expand her nursing expertise. She has worked across various departments in both Acute and long-Term care to include Medical surgical and intensive care units. Gertrude earned a Master of Science in Nursing degree from Bethel University and served as an Adjunct Faculty at Bethel following graduation. She has since moved on to being a Teaching Assistant in the Nursing program at the University of Minnesota, guiding master's degree earning nursing students practice in the clinical setting. She stepped into the leadership role as a nurse manager, leading the clinical direction of a transitional care unit at Catholic Eldercare. Her passion for nursing empowerment & equity in patient care drew her back to leadership at Hennepin Healthcare. She is currently the Interim Nurse Manager in the Cardiac Renal Inpatient Department at Hennepin Healthcare. Gertrude was recently nominated for the Hennepin Healthcare Excellence in Patient Care Award.