Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the International Year of the Nurse and Nurse Midwife, and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work. I'm your host, Jessica Spruit, and I'm so glad you're here.

Hi, and welcome back to Nightintales. I'm glad you're back. I'm really excited to introduce our guest today. Today we have Alison Reardon. Alison is vice president at Premier Inc, and she is going to share her own unique journey in nursing. I know that we've said this so many times on the podcast, but there are so many different places that you can go in nursing in so many different specialties. But Alison has truly taken a really unique trajectory and ended up, I think, in an area that probably most of us are not thinking about when we originally pursue nursing. So I'm hoping she can help us think bigger and have a more open mind about the opportunities that exist within this profession.

So, Alison, thanks for coming today. Thank you for spending this time with us and sharing your own journey.

Alison Reardon, RN:

Thank you, Jessica. I'm happy to be here and yeah, as you said, I'm excited to share my journey because yes, it has been very different, than probably what most people think about when they think about traditional nursing. I'd love to be able to share what I've done and where I'm at now, and maybe give the listeners an idea of a future career that maybe they hadn't even thought of.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Awesome. I'm eager to hear about this Alison. If you don't mind, let's start by just telling us a little bit about how you entered this profession. Where did you go to school? What was your first job and where did this all begin?

Alison Reardon, RN:

Sure. So I actually graduated from Oakland University with a bachelor's in nursing. While I was in school, I completed a summer internship at Beaumont Hospital in Royal Oak as a surgical tech in the OR. Either I was really good or they were really desperate for help, because after the summer ended, they offered me a part-time job. So I continued kind of working as a surgical tech, if you will, during my last year of nursing school. When I graduated, everyone kept telling me that I really needed to go do a year in a med surg unit, but I loved working in the OR. So I accepted the job from Beaumont to work in the OR. But it was interesting because one of the areas in the OR that was most frightening to me was orthopedics.

So I told my manager at the time that yes, I was going to accept the job, but it was not going to be in her specialty area that I wanted to join the ortho team because I wanted to tackle that challenge head on. It really turned out to be a great decision. Most people didn't like working in orthopedics, and so we became a really close knit family.

From there, I really knew that I wanted to be in management. I really kind of started to understand the business side of things, surgeons were doing the same procedure, but doing differently, using different implants, some used a lot of different supplies, some not so much. So I ended up taking a role as the OR supervisor on the midnight shift. So that was my first experience in a management role. And then from there I actually left Beaumont and I went to Providence Hospital as their nurse educator. With that change, I was actually lucky enough to have a really great and one of my first mentors.

So I quickly moved from nurse educator into a nurse manager position, where I had responsibility for over a hundred FTE's and 26 OR suites in a level two OR. So a level two trauma center.

I did that job for a few years. Again, I knew that I wanted to be in more of the business side of healthcare and my boss and mentor at the time encouraged me to explore consulting. So I landed a job as a nurse consultant with a really large group purchasing organization or GPO, and for those who don't know what a GPO is, hospitals don't go out and negotiate contracts for all of the supplies that they buy. It would just take an enormous supply chain team and a lot of legal people. So hospitals usually belong to a GPO, that helps them to get best pricing and have those legalese parts of the contracts.

So I went to work for the GPO in their consulting division, and I was fortunate to get the job without any prior consulting knowledge, because I had had that OR experience. OR in cath lab are the highest cost centers in a hospital and so consulting firms often want that kind of experience.

So then for the next six to seven years, I worked for two different consulting companies. One of them actually was Plante Moran, which some of the listeners may have heard of here in the Midwest. Plant Moran had a healthcare division. So I worked for them for a while. During that time, I also went back to school to get my MBA with a specialization in healthcare management.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. Alison, I have to imagine that there weren't a lot of nurses in your MBA program, is that correct?

Alison Reardon, RN:

Yeah. I'm trying to think. Yeah, I don't believe there were any. I had my little cohort group of four of us and yeah, we all had varied backgrounds. But yeah, there was not a single nurse.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, interesting. But what an important perspective. Now I understand much better how that experience in the operating room translated very well into leading you down this path.

Alison Reardon, RN:

Yeah. I used to ... The best compliment I ever got was from a CFO at a hospital that said he loved having me in his executive meetings when I was there as a consultant, because I bridged the gap between the clinical people and the financial people. So the financial people needed to understand why it couldn't just be about money, that we weren't building cars, we were talking about people's lives. But the clinical people sometimes needed to understand that we had to be fiscally responsible and trying to help them bridge that gap.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh, that's such an and bridge. That makes a lot of sense to me. If you don't mind, tell me a little bit about, after you completed your MBA, kind of what were your next steps?

Alison Reardon, RN:

Sure. As I'm sure a lot of ... Nursing still tends to be a predominantly female field. So I'm sure that there's a lot of people listening that kind of maybe even are picking this field because does it help me sort of with my family life and having some that traditional work life balance. So when my last child was born, I decided to get off the road while, and I went to work for Ascension Health. I went to work in supply chain and I was basically their internal clinical consultant. I helped with standardization of products. I reviewed the clinical efficacy of new products that were being requested by physicians. Most normally it was surgeons or cardiologists that always want the newest toys. I had responsibility for all the Ascension Hospitals in Michigan and the Northeast.

Interestingly at the time having a clinical person in healthcare supply chain was very rare, but now most hospitals have very robust value analysis teams that are led by nurses. So clinical people and supply chain is becoming much more common. During this time I achieved my CMRP certification, which stands for Certified Materials Resource Professional, it's the certification for healthcare supply chain executives. So again, you could see where I'm shifting from that clinical nursing and getting the MBA, and then getting a certification specifically for healthcare supply chain. I also became really active in AHRMM, which is the Association for Healthcare Resource Materials Management. So it's the professional organization for healthcare supply chain personnel. I even served on the board of the Michigan chapter of AHRMM for over five years while I was doing that.

After a few years at Ascension, I was kind of itching to get back into more of that consulting role. I was given the opportunity to join Premier Inc, which is where I work now. Premier is a publicly traded healthcare improvement company. They are one of the largest GPOs. Again now, I used to work for one and now I've come to the other second largest one in the nation. But Premier also has technology products and services that help hospitals improve their quality and safety and reduce cost. So I've actually been with Premier for nine years. As you said, I'm currently a vice president in what we call our member field services. So what that means is once a member join either our GPO or they purchase our technology, I have responsibility and I ensure that they're getting the value out of that service and meeting their goals.

I also do a little bit on the sales side. So because I'm so integral with these hospitals, I'm always looking for where they need additional assistance and where they have additional opportunity. So then I work with our sales team to not only help the member hospital, but to help grow the business for premier. And then one other certification that I did while I was at Premier is so I am also Lean Certified in Healthcare.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow, this is so different than definitely what we learned in school, right? When we were rotating with medical surgical nursing, and we did an OB and a pediatric rotation, and perhaps public health or community health and psychiatric nursing. This is so different, but I can and see why it would be so important and so necessary for a nurse to be an integral member of those teams. As you said, that nursing voice needs to be heard. I think that if you haven't yet entered healthcare, you will see that sometimes it feels that new products are rolled out or decisions are made, and you're wondering where the nursing voice was there. So I love Alison, that you were able to bring that voice to those decisions and to that table and help bring that perspective, because it is so unique when you were the person actually caring for the patient and their family.

Alison Reardon, RN:

Absolutely. I still maintain my nursing license, but I haven't actually practiced bedside nursing in many, many years. But people ask me a lot, do you ever miss kind of that bedside nursing? I say, I feel like the job that I do now, I view it as I am helping hospitals remain in existence. What I mean by that is, there's a lot of consult validation that's occurring. I used to, when I worked in consulting, I worked with a lot of smaller rural hospitals, and it was really important for them to have an outsider point of view. Because when they're rural, they don't even have that connection per se, to understand maybe some of the differences they could do around improving their quality and safety.

But cost is such an important piece. The company that I work for now, Premier also is very active in Washington DC. So we advocate on behalf of all of our health system. One of the things that we do is to actually help protect the funds that they receive, regardless of what side of the fence that you're on. As we're trying to spend money in other areas, that money has to come from somewhere else. Oftentimes it they're looking at healthcare and trying to cut the reimbursement that they're getting.

So we try to help protect the funds, but we also work, we worked closely through the pandemic. Obviously the pandemic has been extremely ... It's probably presented some of the biggest challenges of my career, because working with supply chain executives during this time, helping them to secure the personal protective equipment, the PPE, and so many other items that just continuously are in short supply due to all of the logistical things, we can't even get the ships into the shore and get the products off of those ships.

So it's been exhausting and rewarding at the same time. Premier has really worked with Washington. One of the things that we're doing right now is even working to help expedite nurses from other countries and trying to get their visas to get here quicker, because that process tends to be really long.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow, this is such important work. When you keep offering examples like this, it really helps me understand how impactful this work is, and how it really has the opportunity to change our day to day in operations really.

Alison, if you don't mind, can you tell me about an average day or maybe a week would be better. This sounds like a huge job, so I'm not sure if it would be easier to summarize a day or a week, but what does it look like being a nurse in your shoes?

Alison Reardon, RN:

Yeah. That is a little bit challenging. So you really have to enjoy being on a lot of phone calls in a lot of meetings and doing a lot of computer work. So if going into nurse saying if that's not your way of wanting to try to help organizations and ultimately help patients, then this probably wouldn't be the job for you. But so right now I manage four large health systems on the Northeast. So like I have one in Long Island, one in Connecticut, New Jersey, et cetera.

COVID obviously has prevented me from traveling, but in normal circumstances, I would travel at least two, maybe three times a month out to those member organizations. I would meet with their C-suite executives. We build out a plan for them as far as, again, depending on what tools or services they're using from us. But we build out their plan as far as what their cost savings goals will be. We help them actually implement. So we work with their clinicians and help them identify those other opportunities where maybe they can rightsize their labor, where maybe they need to try to improve their quality. We all probably are very familiar with leapfrog scores and star ratings. That is the community's perception of that hospital. So it's really important that those numbers are high.

So we end up working with the chief quality officer, the chief medical officer, we work with their chief information officers on the tech technology side, and just really have the opportunity to have a seat at the highest table in the organization, to understand what their strategic goals are and what they're trying to achieve.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Wow. It's funny because it's almost like you have a second at language, in addition to your nursing language, being on that side of things. This has been so interesting to learn about and really opened my eyes as well, to truly how diverse this is. I know you said if, being on several phone calls and being in a lot of meetings, isn't your ideas as you're going into nursing school, then maybe this isn't the right job. But at the same time, I would say, if that is your idea of how you want to impact care. If you do want to do it at a different level and from a different perspective where the background of nursing is so incredibly valuable, then maybe this is for you.

Alison Reardon, RN:

Mm-hmm (affirmative) Yep.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I would almost spin it that way in that, there will be people who are in the nursing profession and feel that being at the bedside or being in a clinical environment is not the right thing for them, and maybe teaching isn't for them either. Maybe they have a natural ability to be more business oriented or to be in this role. I think what a beautiful thing that this is just another opportunity that you can use your nursing background. You can advocate for the people who need it the most and just in a different environment. It can't hurt the world to have nurses everywhere.

Alison Reardon, RN:

Oh, absolutely. [crosstalk 00:17:25] Like you said earlier, I would just encourage people to explore opportunities outside the traditional. I always tell people that a nursing degree is the most versatile, valuable degree that you can have, as you can see and hear from my career trajectory. It's really was the foundation of how I got to where I am. There's just so many varied paths that you can take from advanced practice nursing, like nursing anesthesia, nurse practitioner, or nurse midwifery, to forensic nursing, like you said, to teaching and all the way to the business side. Even the supply chain side, like my career path took me. Supply chain really is getting ... We always talk about from the basement to the boardroom.

In the basement, because that's typically where supply chain in the storeroom resides in a hospital. But they really are getting a seat at the table. If they didn't have one before the pandemic, they definitely do now. People are really starting ... Executives are really starting to understand the importance of that department, not only because funds are tight and you need to be able to control your costs, but that they really can help, there are some new products that come out in the market that make cost a little bit more, but then the total cost of care because of the outcomes for the patient are better.

Now we're getting into all this value based care where you're getting penalized, if you have a readmission within 30 days or mortality. So there are things because I think sometimes supply chain gets a bad rap and that, "Oh, well there are just the ones that want to make us use all the cheapest products." If nurses get involved, they can really help to advocate for using products that suppliers are really trying to come out with, that will ultimately save the hospital money in the long run. I mean, hospitals are pretty much paid on a DRG basis. So whatever that patient is in for, that's what you're getting paid on. Hospitals used to be reimbursed if we failed to take good care of them, if they ended up getting an infection, we used to actually get paid more for the patient getting that infection. Now we do don't.

So we need to look at products and say, "Are these things truly going to help reduce our infections? Are they really going to help reduce our falls?" Because if that patient falls on our watch, we're not going to get paid for that broken hip anymore. So it's all value based care is really, really changing the importance of the products that we buy and how we use them. I'll even give you a quick example. When I worked for Ascension and I was working out of the St John Providence health system. I remember working with this one clinician at St. John May and [inaudible 00:20:26] Ross, and she really wanted this, I'll call it this special feeding tube, and it was a much more expensive feeding tube. But it was one that actually would pass the stomach and go right into the duodenum, but it required this additional piece of equipment. You had to be able to use ultrasound to place it. The reason that this was so important was for a lot of patients that are postsurgery and we all know that nutrition is so important. It's important medicine for the patient to get better.

So we were able to do an entire project to show Ascension corporate in St. Louis that yes, the product was going to cost 10 times what a traditional feeding tube was. But for these patients that met the criteria, their outcomes were going to be so much better. They were going to get out of the hospital faster. So that length of stay was shorter. Ascension ended up adopting that product nationwide.

So it really is, again, when I said that people ask me like, "Do you ever miss kind of being at the bedside and working with patients or helping families." And I believe if I can help these hospitals and I can help them improve the quality and safety and cost and I can help them stay in business ultimately, then they are helping the communities that they're in.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That was the perfect illustration of why this work is so important. I'm so glad you shared that example because that I think really helps us understand it. That was perfect.

Alison, as we wrap up, are there any other things that you would share with listeners, any other pearls that you've got from your journey?

Alison Reardon, RN:

Yeah. I have a couple that I would definitely share. As you get older, you certainly learn these things and you always hope that you could share them so that people either don't make the same mistakes you did, or they maybe can accelerate to get to this point faster. My first one, I guess, would be seek out mentors. I've had two really great mentors in my career. You have to find the ones that will be honest with you, because you can't live up to your full potential if you're blinded by the things that you're doing that are holding you back or keeping you from being promoted. So find those mentors that will not only support you, but are going to be honest with you.

The other thing that I would say is, don't be afraid to be ambitious. As I said earlier, I think a lot of people choose nursing because they want to be able to have that family and everything. I actually have raised five children in all of this. Being a consultant provided me with a flexible schedule that allowed me to attend middle of the day school functions, go on field trips and be at home most nights to attend my kids' sporting events. The trade off was yeah, that I had to travel a couple of days a week, but the flexibility I had in scheduling myself was well worth it.

I just finished this book by this author, Shellye Archambeau, and the book is actually titled, Unapologetically Ambitious. And she talks about how she hates the phrase work life balance, because it implies that there's a scale and that both sides have to have equal weight in order for us to feel successful. She also doesn't like the word sacrificing because it implies that there's a sense of loss, and then we feel guilty because we have to sacrifice something. You're not going to be able to do everything with your career and family at all times, but you're making choices. So you're not sacrificing, you're making choices. Just know that you're making the choices that are best for you and your future and long term goals that you might have for your family's future. So I just really want, as I said before, I know this is a field dominated primarily by women. It doesn't mean that you can't achieve your own goals just because you also want to be able to have a family.

Lastly, I think with COVID, the burnout in healthcare has just been astronomical. This is something that has been very difficult for me to learn and it's take care of yourself. There's a reason why when you're on a plane and they say, "Put your own oxygen mask on first." It's you have to continue to do that. It's so important. You can't continue to take care of the people around you or the patients that are relying on you, if you don't take care of yourself.

I finally at almost age 50, I'm scheduling a monthly massage. I'm scheduling regular time out with friends and just embrace your work colleagues, lean on them when needed. Please don't eat our young. Nurses, we complain about being burned out. We complain about people not going into the field. Yet, unfortunately when we get nursing students or we have new nurses that come into our units, we tend to not be the most supportive and welcoming. I think that that part needs to stop because our society needs people to keep entering this field.

I would sort of end on, as I sort of wind down my paid career, an area of passion that I have is to work with health systems and food banks to ensure food security. So as I've done this, as my path has kind of taken this trajectory in working in supply chain and working for a company that is such a big advocate in Washington, I've seen how much impact social determinants have on people's health. As I mentioned earlier, good nutrition can mean the world to how healthy our society is. So that's kind of a passion of mine. It will be a goal of mine after I can kind of get out of the more traditional workforce.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Alison, I hope that people save those last words of wisdom and are able to replay, especially those last five minutes. That such wisdom that you've offered. I think that from taking care of ourselves and taking care of our colleagues who enter this profession and just recognizing how much we all offer each other and nurturing that, rather than, as they often say in nursing, eating our young. But it's so true that opportunities that are there, being ambitious, going after them and recognizing those decisions and choices that you make. This was just such great information. I really, really appreciate your time. I appreciate that wisdom that you offered. Like I said, I imagine this will be something that people are rewinding a few times over as they listen to this episode.

Alison Reardon, RN:

If somebody does listen to this and thinks, "Well, geez, how would I even get started?" I would actually suggest, find out where supply chain is and go talk to that supply chain exec and share with them that or talk to your nurse manager on the floor and share that you're interested in being involved in what we traditionally call value analysis teams. That's the best way to get started is to just, you can be a nurse on a floor or in an ICU unit, and you could participate on one of these value analysis teams and really start to see if this aspect of business and supply chain is something that you have interest in. It's a nice way of not trying to make a huge jump and go get an MBA and go be a consultant.

You can at least dip your toe in the water by and really be involved to your point earlier, Jessica, about the importance of having clinical people in those meetings to be very objective. That's another thing that's sometimes difficult for us nurses, we tend to be a little bit more subjective. So you have to be able to try out. But that's another thing that you'll learn by getting involved in these sorts of teams and working with more financial parts of the business, is learning how to be really objective.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That's such a great starting point. It's something accessible to all of us for, right?

Alison Reardon, RN:

Absolutely.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

If we're working in environment, we can identify these people. As you said, just dip our toe in the water.

Well, Alison, I'm so grateful for your time today. I'm really glad that we had the opportunity to hear from you and learn about this and really open our eyes to something that I think probably many of us have never thought about before.

Alison Reardon, RN:

I'm really happy to share. It's been a great career and I just really enjoy working with my supply chain counterparts.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Awesome. Well, thank you so much. We are really grateful for your time.

Alison Reardon, RN:

Thank you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The view shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer or the professional organization that they're active in. The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve.

We hope you'll listen again next time.