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.

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

Hi, and thank you for joining us for another episode of Nightintales. We have a really exciting guest with us today, you guys. We've got Dr. Tim Raderstorf and he's Joe joining us from the Ohio State University and where he has a couple of roles, one, as a nursing professor, and two, as the chief innovation officer. And that's something that we don't hear about a lot in nursing and that's one of the reasons that I'm so excited for Dr. Raderstorf to be joining us today and to tell us this story.

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

Because I think that what we've seen and I think, especially when I think about what we've seen in the past 12, 13 months of this pandemic is innovation in nursing, but this is not something that, I think, we see a lot of in school or that we are really groomed for necessarily in our programs. And so, Tim, I'm so glad that you're joining us today. Thank you for spending some time to share your story and your inspiration with us as well.

Guest: Tim Raderstorf, DNP, RN:

It's my pleasure, Jessica. And we'll get to that point that you just made because the process of innovation is actually baked into nursing curriculum, we just call it something else.

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

That's probably very accurate. I appreciate the clarification and I'm anxious to talk about it. So, Tim, what I know of your career is that you didn't necessarily begin nursing in the most conventional way. So if you don't mind, tell me a little bit about how you entered this profession.

Guest: Tim Raderstorf, DNP, RN:

Sure. My trajectory into nursing is definitely what I like to call bent arrow, it certainly wasn't pointing to nursing or maybe if I reflect back on it, it was pointing to nursing, I just wasn't so good at seeing it. So let me preface this whole conversation by giving a little bit of a disclaimer here, and this comes from my good friend, David Putrino, who is a researcher at Mount Sinai. He actually was a guest lecture in my master's of healthcare innovation class last night.

Guest: Tim Raderstorf, DNP, RN:

And I credit all of this idea to him, but he said, "When I give presentations now or talk, the first thing I talk about is my privilege." And because when we talk about innovation, innovation is mostly just managing risk and depending for a long time it's for me, I thought that I was being very risky and that's very true that we've taken a lot of risk with our innovation work. But my worst case scenario is being a professor, being a bedside nurse and falling back on that.

Guest: Tim Raderstorf, DNP, RN:

So it's not really that risky for me that if something blows up in my face and goes terribly wrong, there's going to be plenty of opportunity for me. And I want to recognize before we start that I'm coming from extreme place of privilege as a white male in a state that has provided privileges to white males probably more than any other demographic, to having parents who supported me financially until I finished college, lots of reasons that I was set up for success and able to take risks that other people may not be able to take.

Guest: Tim Raderstorf, DNP, RN:

But to get back to my journey, part of that privilege was that I went to a college prep school. And when I was in high school, I was told that I excelled in math and sciences, and I was a male, so I should be a physician. So I enrolled at Ohio State and found really quickly that the traditional pre-med path wasn't for me, but instead of pivoting, I still kept focusing on being a physician. So I created my own major at Ohio State, which was called humanistic medicine.

Guest: Tim Raderstorf, DNP, RN:

And it took all the pre-med pre-reqs and then added all the things that I thought you needed to be a good bedside care provider. So psychology, sociology, gerontology, all these things that worked on that bedside manner. And that probably should have been hint number three or four that being a physician maybe wasn't the path in healthcare for me, that I should be looking towards nursing. But I didn't, I was young and naive and privileged and kept focusing on what other people told me I should do.

Guest: Tim Raderstorf, DNP, RN:

So it was until after I finished college and had mediocre GPA and mediocre MCAT scores, and wasn't going to get into to med school that first year that I did some real thinking about it and was fortunate to be asked by my brother to go volunteer at a summer camp that he worked at in Ashford, Connecticut called the Hole In the Wall Gang Camp. And that camp was started by the actor, philanthropist, race car, world champion, Paul Newman. He wears many hats, but I think mostly now known for his salad dressings in philanthropy, since he's passed.

Guest: Tim Raderstorf, DNP, RN:

And I was at this camp and when I say summer camp, think of like, if Disney world created a summer camp, it has a world class infirmary in the middle of it and then out throughout this beautiful lake in a 150 seat theater and just really high-end amenities for these children who are experiencing sickle cell, HIV and cancer, that was the original population. So kids who were really down on their luck and Mr. Newman said he wanted to create a place for kids to raise a little help. Kids who weren't given the opportunity or didn't have the privilege that other children had.

Guest: Tim Raderstorf, DNP, RN:

And while I was there, I saw what all these nurses were doing, that they were running the camp. I mean, the camp couldn't have function without these five or six full-time nurses and six volunteer nurses that would come every week. And these kids would get chemotherapy while they were at camp. And they were still able to create this environment that was life changing for everyone that was involved. And that opened my eyes to a new type of healthcare that was available to me, and that was being a PT hem-onc nurse.

Guest: Tim Raderstorf, DNP, RN:

So the next summer I went back and I volunteered. And then next summer after I volunteered, I went back and I worked there full time and then started applying to direct entry nursing programs and got into Xavier's CNL program in Cincinnati. And from there was just my laser focused on how can I get that BT monk job, ad when I graduated ended up marrying a lifeguard from that camp and we moved, she was living in Columbus and I moved to Columbus with her and started my career as a PT hem-onc nurse at the bedside.

Guest: Tim Raderstorf, DNP, RN:

So very circuitous career trajectory, not something that I think most people think of when they get to nursing, but I'm a big believer that nursing could improve its diversity. We're about 90% women right now, we greatly need to amplify our BIPOC community so that the nursing profession represents the communities that we serve. And so speaking to people, speaking to your listeners who may or may not be considering a career in nursing, I want to tell you it's been one of the most rewarding things that I could have imagined as a profession.

Guest: Tim Raderstorf, DNP, RN:

Because I started as a PT hem-onc bedside nurse, that was the dream job that I wanted right out of college, I got my dream job. And then I ended up creating my dream jobs from there. And I will talk more about that, but nursing is this incredible profession where you can switch your focus at the drop of a hat and go from being a PT hem-onc nurse to labor and delivery nurse, to advancing your degrees and becoming an academic, to running a health system.

Guest: Tim Raderstorf, DNP, RN:

There are so many opportunities that happen within nursing and it's such a great, great profession for people who want variety in their lives. So hopefully if you all are out there and you don't know what you want to be as a nurse, you know you just want to be a nurse, stick with it and keep looking for what you're trying to find, because there are so many doors to open in nursing, and sometimes you just have to create your own door, which is something I've done quite a bit.

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

Right. So just to clarify for listeners who maybe aren't as familiar with the clinical nurse leader, so you had a previous bachelor's degree and then entered actually a master's in science and nursing program. And that was your first degree in nursing, is that correct?

Guest: Tim Raderstorf, DNP, RN:

That is correct. Yes.

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

Okay.

Guest: Tim Raderstorf, DNP, RN:

I did not ever use the CNL certification. I actually did not obtain the CNL certification and went straight to the bedside knowing that that was where I saw myself in nursing until more opportunities came my way.

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

Sure. And I love that you got your first job, your dream job, which arguably we had very similar first dream jobs, but right out of school. And so was there anything about obtaining that pediatric specialty job at that point in time that you felt really positioned you well to secure that position? Because oftentimes those can be hard to come by.

Guest: Tim Raderstorf, DNP, RN:

Yeah. Well, the thing I think that positioned me the most was working at that summer camp. And then I actively sought out PT hem-onc clinical rotations when we had the opportunity. So we had two kind of elective, we had one peds rotation in my program and I sought out the hem-onc opportunity. And then we had an open elective and I tried to get it back in hem-onc and wasn't able to do that, but was able to get into the PTR. So having pediatric experience, an extra clinical rotation that most of my peers hadn't had was really helpful.

Guest: Tim Raderstorf, DNP, RN:

One thing I've never talked about on a podcast though is, I first had an opportunity to apply for a role at PICU here in Columbus. And came up here, sat through the interview with HR, well, she took me from the HR interview to meet the manager. And she said, "I can't see any reason why you won't get this job." And I sat down and I had the interview and I thought it went really great and walked out, got back to my car and had a voice message already saying they're going to pass and was like, "Whoa, didn't see that coming at all."

Guest: Tim Raderstorf, DNP, RN:

And was devastated because when I came out of school the peds jobs were incredibly hard to come by and the hem-onc unit wasn't hiring at that time, this got a little bit of an early interview. So I was devastated, wasn't sure if I was going to be able to move to Columbus with the job and all these types of things and ended up being an incredible blessing disguise because 45 days later, I had an interview for the PT team on team.

Guest: Tim Raderstorf, DNP, RN:

And same thing happened where the recruiter said, "You've got this, I can't see them saying no." And by the time I got back to my car, she was calling and saying, "They're going to extend an offer to you." So I think the things that set me up for success are the things that I'd encourage all of your listeners to do is find that patient population that speaks you the most and then spend time with them. And I was able to do that fortunately through working two summers at the Hole In the Wall Gang Camp and also volunteering at its sister camp here in Columbus, just north of Columbus, which is called Flying Horse Farms.

Guest: Tim Raderstorf, DNP, RN:

And by staying engaged and involved in that patient population, I think it was an obvious choice for a new grad to come into one of those positions, because I had such a passion and a minute level of experience at least personally interacting with those patients, not clinically, but in a personal level. I knew the pain and the joy that surrounded their lives and was able to hopefully capitalize on that for them.

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

Sure. That makes a lot of sense because I think when I reflect on interviewing for position similar to that, it is a lot of, how do you interact with this population? Can you be a human with them in their journey? When it comes to any chemotherapy or what your analysis needs to be or whatever, you'll learn that stuff on the job, right? If you can be intentional with your experiences as you're reflecting on these camps and volunteer work, I think that you can really articulate in the interview and that will hopefully help you stand out.

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

And I love your resilience after not receiving that PICU offer that you expected, I think we've all been humbled by surprises such as that in our careers and that happens in nursing. So if you're listening and that's happening to you or it happens in the future, just know you're certainly not alone and it doesn't mean that your trajectory couldn't be even more fulfilling.

Guest: Tim Raderstorf, DNP, RN:

Yeah. I mean the quote that was big for me, I played sports growing up and they'd always say Michael Jordan got cut from his high school varsity team his sophomore year. So you're not always going to rise to the top or get that dream thing right off the front from the start, but perseverance is a wonderful thing. And again, nursing, I wanted to be a hem-onc nurse, the PICU door opened, I walked through it and it closed and it probably closed for the right reasons.

Guest: Tim Raderstorf, DNP, RN:

I've never really reflected on that, but I can imagine that I talked about wanting to connect with my patients and wanting to have, for a long time caring for them. And that doesn't suit you well for the PICU, and that's not a knock on PICU at all, it's just two totally different environments. So I think those hiring managers or the manager of the PICU of that time made a great decision. And I ended up at a place that has catapult in my career to Heights that I had never imagined. But again, that's the beauty of nursing.

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

It really is. So I'm anxious to hear about, I've introduced you with your title of chief innovation officer, and you referred to kind of the number of doors that have opened for you along the way, but I'm curious, can you talk us through those evolving dream jobs, what that trajectory looked like to where you are today?

Guest: Tim Raderstorf, DNP, RN:

Sure. In my career, I've been a nurse now this will be 11 years that I've been in into the profession. Let me run through my titles really quickly just to show how evolved it's been. So I went from a RN care manager, which is the name of a bedside nurse at the hospital I worked at, to a clinical leader, to a interim director, to a... What was next? A quality manager, to associate professor, to a director of continuing education, to executive director of business and innovation, to chief innovation officer.

Guest: Tim Raderstorf, DNP, RN:

And then on top of those another chief innovation officer title at a startup, the head of academic entrepreneurship at the Erdős Institute and the chief operating an officer at NursesEverywhere, which is the nonprofit that I helped start this year. And all of those are nursing jobs, and in those roles, I've directed and produced a music video, I've given CPR to patients who are passing away, I've done palliative care, I've hands patients hands as they pass away. And these are all nursing jobs, right? I've played video games with them, these are all nursing jobs.

Guest: Tim Raderstorf, DNP, RN:

And so for me, a lot of this has come from one of my mentors sayings that's called dangle your feet in the river of opportunity. And recognizing that everyone's river of opportunity is going to be different, right? We talked about privilege earlier on. So my river certainly looks different than other people's. But a lot of my success in nursing or the advancement that's occurred in nursing is being open to these new opportunities.

Guest: Tim Raderstorf, DNP, RN:

So when I'd been at the bedside for 11 months, my director came to me and said, "Hey, we've got a position to be the clinical leader for our outpatient clinics, five outpatient hem-onc clinics. We know that you have limited experience at the bedside, but we think you have the leadership capabilities to take this and to be frank, no one's really applying for this job. So it's been vacant for a while and we need to fill it, and we think you're the right person, would you consider putting your name in the ring?"

Guest: Tim Raderstorf, DNP, RN:

And so I did that and went from never managing a person before in my life to managing 50, all women at the time. Many of them had years and years of experience, and three of them had been P hem-onc nurses longer than I'd been alive at the time. So I learned a lot about leadership, a lot about what to do well and even more about what not to do, and made a lot of mistakes along the way. But we did a lot of great things for our patients and it was a good experience. And while I was doing that, we were consolidating these five clinics down to four and moving into a new tower.

Guest: Tim Raderstorf, DNP, RN:

So we are going from three vocations to two and cutting one clinic and consolidating them. So I fell in love with that process improvement and that opportunity to make a patient's experience better. And shortly after completing that move, Ohio State was doing the same thing with their emergency department. They were going from 60 beds to 105 ish. And they had reached out to me and said, "Hey we're going to be going through some transition. We'd love someone on our leadership team with experience at that, and we have a quality manager position open. Would you consider that?"

Guest: Tim Raderstorf, DNP, RN:

And at that time, I'd been in PT hem-onc for about two and a half years, and my wife and I we're thinking about starting a family. And I just said, "Is this where I want to be directed in my career? Or should I be focused on something that maybe I'm not as emotionally involved in, from a patient care perspective?" So ended up going over to Ohio State. And then in the hiring process, I came up with an invention and it was a electronic interface with the health record, with the EHR.

Guest: Tim Raderstorf, DNP, RN:

And instead of having to dive into Epic or Cerner, whatever system you use to look for what tactics and tasks needed to be completed, we ended up using the patient's door as that visual interface, and we would project the tasks, badges, medications on that patient's door. So in a team based care environment, which is what the emergency department's always striving to be. You could walk down the hall and say, "This pay patient doesn't need anything right now, this patient needs a medication in 45 minutes, and this patient needs a med in two minutes."

Guest: Tim Raderstorf, DNP, RN:

And I only am taking care of those first two patients, but I need to help out my teammates. So I'm going to go in and get that patient set up for success that's going to improve a patient's outcomes, that's going to improve the reimbursement structure for our health system and all in all, we're going to have a better outcome for everyone. So that was my first dive into innovation and entrepreneurship. And that is what really opened up a ton of doors to me. So in pitching that idea, I spoke in front of our C-suite at the health system, and they said, "The Dean of the college in nursing is really a champion of innovation entrepreneurship."

Guest: Tim Raderstorf, DNP, RN:

Her name's Bern Melnyk. And she's one of the most influential, most impactful nurses in the nation. And they said, "Go talk with her, see what she has to say about it." So I went over there and pitched my idea. And she said, "This is fascinating, you have my support. And are you faculty at our college?" And I said, "Bern, I'm not sure I understand your question. I work at the med center." And she said, "Oh, I know, but we have a ton of associated faculty members who have positions at the med center and then teach classes here. And I wasn't sure if you were one of them, but do you have a master's degree?"

Guest: Tim Raderstorf, DNP, RN:

And I said, "Yes." And she said, "Well, congratulations. We're going to make you faculty at the College of Nursing." And then I was like, "Oh, okay, great." So I got an offer letter a couple weeks later and continued to work on my invention, but then shortly thereafter, they called me and said, "Hey, you're running quality in the ed, would you teach our quality program and our master's degree?" So I started doing that, and then three months later, they called and said, "Hey, would you consider taking this director position of continuing education?"

Guest: Tim Raderstorf, DNP, RN:

And it was a part-time job, and I said, "I'm not really interested in splitting my roles between the system and the college. But if you can make that a full-time job, I'd be very interested in that." So kind of designing my own thing, putting my parameters out there ended up opening this door to academia that I never thought I'd walk through. And took a full-time position there where I was half faculty, half staff working in this director of continuing ed program.

Guest: Tim Raderstorf, DNP, RN:

And then from there just started seeing all these business opportunities, we have amazing continuing ed programs, particularly in pediatric mental health, which is our KySS program. And that helps people prepare for the pediatric mental health specialist certification out of PNCB. It's this wonderful program, and we didn't get a lot of traction with it. And we went from having about seven users a year to 100 users per year. And that's work worth doing, we are totally understaffed when it comes to pediatric mental health specialists and helping people get the certification is something that our communities desperately need.

Guest: Tim Raderstorf, DNP, RN:

So we kept finding these opportunities. And I also kept trying to commercialize my technology and develop a startup and started working with our technology commercialization office who licenses technologies that are brought out of the university. And because of that, I became kind of a content expert in what that process was like, not from the side of a licensing agent, but from the side of a faculty member. So I started getting all these faculty member coming to me and saying, "Tim, I have this great idea, but I just don't know where to begin."

Guest: Tim Raderstorf, DNP, RN:

So I would be mentoring them and through kinsmen or through just wonderful intervention, we had a husband and wife couple come to us and say, "Hey, we think the culture of innovation at Ohio State could be improved. We have about a half a million dollars that we'd be willing to give to the university if you could come up with a platform that could change the culture of innovation." And that marrying in between all these faculty and staff members coming to me and saying, "Tim, I have this great idea. I just don't know nowhere where to begin."

Guest: Tim Raderstorf, DNP, RN:

And donors saying, "Hey, we're willing to put some serious backing behind an initiative, if you can figure out what it is." It became this very easy point to marry those two, because when people say, "I don't know where to begin." You just have to create that place for them to begin to go to. So we said, "All right, we're going to create, what's called the Innovation Studio. And this will be a physical location that when you have a great idea and you don't know where to begin, you walk through those doors and you get started."

Guest: Tim Raderstorf, DNP, RN:

And now we've taken that whole question, that whole problem that many of our bedside clinicians and faculty members were facing and solved it for them and then we can continue to funnel them through the other wonderful channels we have at Ohio State through our tech commercialization office and our partners through the state of Ohio and ventures and say, "All right here's the opportunities that are in front of you, here are the things that you can leverage. And this may or may not be the right path for you, but will at least help you get started and then you can figure out what to leverage from there."

Guest: Tim Raderstorf, DNP, RN:

So in doing so that opened up the door to become the nation's or the world's first chief innovation officer in academic nursing. And we've done a lot of amazing things and helped a lot of nurses and other clinicians and engineers and people across the university start with that first idea and then leverage the other resources that exist within our communities to either start companies or license their technologies, or to develop policies and other things that really changed people's lives.

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

That is so cool, it leaves me with so many questions of wanting to explore this further. I was thinking about your original invention and what kind of it sounds like, shaped that fork in the road of this was the path that you were going to take and really that you were going to please yourself. I think you were so well positioned as a nurse who understands the way that nursing actually works, to be an innovator and identify a solution, that as you said will work better for patients, will work better from a timeliness perspective, your outcomes will be enhanced, your satisfaction will be better.

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

And I think that so often nurses are right there, we are the ones who are truly at the bedside, who recognize our strengths and weaknesses, who recognize our hurdles and the things that we can really embrace and move forward with. I just think you are so perfectly positioned to do that, but it's not often enough that a nurse, I guess, recognizes how much they bring to the table, how much they have to offer in a presentation to the C-suite as you make that pitch.

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

I'm curious how you... I loved your statement earlier about risk and even your worst case scenario is still one that we've all pursued and sounds pretty good to us. But what was it that helped tip you in that direction of, "You know what? I'm going to put myself out there and present this invention." Or the diff the various things along the way.

Guest: Tim Raderstorf, DNP, RN:

So very early on, I had an understanding for how healthcare works, and I think this is something that's incredibly challenging for most nurses. And I mentioned my sports background, I watched the show PTI quite a bit, and one of the broadcasters that is Tony Kornheiser, and he said, one of his mentors who he worked with would say, "The answer to all your problems is money or the answer to all your questions is money."

Guest: Tim Raderstorf, DNP, RN:

So if you can follow the money, then you understand how things work and healthcare is no different. So if I was presenting to this to you now, I'd pull up the slide that would show kind of a linear diagonal line shows how impact and commercialization in healthcare. The only way to increase your impact is to commercialize your ideas. For all your listeners out there, I'd love for you to think of one thing that a patient gets that they don't get charged for. And nurses would say, "Well nursing care is not in the patient bill or anything on those lines."

Guest: Tim Raderstorf, DNP, RN:

They're paying for that though, it's in the room cost, it's there. We need to do a lot of work from a policy side to get nursing care better represented in billing, but that's a story for a different time. But the love that you provide, the caring you provide, holding their hands, they're paying for that. And that comes to your salary and that's fine, that's great, because without you there, their outcomes are going to be different.

Guest: Tim Raderstorf, DNP, RN:

And what I'm really passionate about is getting nurses to recognize that it's okay to move that beyond your caring and to move that to the intellectual property and the things that you come up with your ideas, because if we can't sell your ideas, it's never going to happen for a patient more other than the patients that you directly care for. So your impact remains at a very small level, but if you can take your idea and move it from an idea to a commercializable or a sellable product or solution, all of a sudden you have the opportunity to impact every person in the world.

Guest: Tim Raderstorf, DNP, RN:

And that's really what nurses need to reframe. It's okay to make money in healthcare. You're doing it on a daily basis, you are making money in healthcare. It's certainly not the highest paying job in healthcare and none of us got into nursing because of the big checks that come our way. But if you are fortunate to create something that can change the world, then the only way that you can act actually have it change the world is by selling it to others. And then you can do other great things with it, like donate money to the Hole In the Wall Gang Camp, or find other passion projects that you have, or fund nurses who have other ideas and help them get their ideas off the ground.

Guest: Tim Raderstorf, DNP, RN:

There's so many things that we can do collectively together, if we can get beyond this, "Oh, that's not good for are patients." The morality component of, of commercialization in healthcare, because the fact of the matter is it's our only way to impact. And it's something if we don't solve the problems for ourselves, then other people are going to do it for us. And that's been the position that nursing has been in for a really long time.

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

Yeah, I definitely agree. And that's an important point to, and I think that that's something that we do need to be attentive to. And especially in this evolving climate of healthcare in the world that we are functioning in right now, I mean, it continues to progress at a pace that is difficult to keep up with, but we need to, we owe it to our patients and their families to do that.

Guest: Tim Raderstorf, DNP, RN:

Well, and it's going to happen, whether we are part of it or not. So the biggest thing that nurses need to do right now is get our seat at the table and be incredibly vocal about what our expectations for the future are and start designing those with our peers instead of... The HR is a wonderful example of letting other people design that for us. And as nurses and we've now felt the pains of letting other people design what they think our day should look like.

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

It's so critical that we are at the table when those decisions are being made, right? Because so often you can be in a position where rules and new processes and policies are imposed upon you that don't work for you at the bedside. And so that's why I think our continued advocacy for a seat at that table is really essential.

Guest: Tim Raderstorf, DNP, RN:

Yes, and fits, we need to realize that.

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

Absolutely. Absolutely. So I'm curious if you don't mind and I don't know if you're able to, but if you could share, you shared your own kind of initial invention. Is there anything else? and I'm sure there are lots of other things, but one thing that you could share that's come out of the innovation lab or something that you've seen really change nursing care in your experience so far.

Guest: Tim Raderstorf, DNP, RN:

I'd be happy to. My favorite story to tell is my favorite, because it has incredible impact and it dispels so many myths about innovation. So we have a product that's come out of the innovation studio. That's a tamper evidence seal that goes over at every port, basically anywhere you'd put a Curos cap on an IV line, this is a tape that goes over that. And we had a nurse leader named Karen who came to us and said, "Hey, I work in our heart hospital, we have patients who come in who look exactly like you and me, and we don't know it, but they end up being an opioid addict, addicted to opioids.

Guest: Tim Raderstorf, DNP, RN:

And sometimes they end up trying to use the lines that we provide them to inject drugs into their system. And this results in cardiac valve infections, it may have even more serious consequences than that. And most importantly, they're under our care and we're missing the opportunity to give them access to addiction support services." So she said, "I want to create a tape that we can put over all the Curos caps, all the ports in our IVs. And then we'll be able to tell if a patient is trying to get through their lines."

Guest: Tim Raderstorf, DNP, RN:

Because what they were doing as a status quo was taking a tape that came from the pharmacy and it was just a foil tape and they had found patients having that within their possession. So they knew that patients were getting access to it and accessing their lines, but there's no way to be certain. So instead if we had a tape that would showcase that when people were trying to access their lines, we could then make note of that in the chart, which would then make them eligible for opioid addiction services and help us with a lot of other different reasons.

Guest: Tim Raderstorf, DNP, RN:

So she came to the innovation sphere with this drawn on a napkin in October 2017 and put a ton of sweat equity into the project. She was there after her shift, at least one to two nights a week for about four months, figuring out how to change the design. And then she'd take it back to her peers at the bedside and say, "All right I made these changes, let's make it better or worse for you." And then go back and forth.

Guest: Tim Raderstorf, DNP, RN:

And she figured out with the help of our shop manager how to do just about everything in our studio, use a laser cutter, develop a rig so that she could... Originally, it was one layer of tape and it became three layers of tape and sticking tape together is a pretty challenging process and a pretty sticky process. So she learned how to do all those things. And at the end of those nine months, she ended up getting an international licensing deal with one of the top medical tape distributors in the world.

Guest: Tim Raderstorf, DNP, RN:

So as we talked about impact, she went from having this idea and they had to work around, right? They were taking an existing solution, which wasn't working for them, and wasn't really changing people's lives to commercializing it. And now no longer, she may be changing the lives of a couple of people at her health system, there are people across the world who are getting the support services they need because she's developed a commercializable solution.

Guest: Tim Raderstorf, DNP, RN:

And here's the crazy thing, it costs us $240.20, that's all it took, because the sweat equity that she put into it. And when you hear about innovation, a lot of times people think of Silicon Valley and Boston and these sexy, disruptive technologies that come through. Healthcare needs those, but we need a lot more of these incremental innovation changes. These things that just solve the problems that we've been running into over and over again, and no company or no nurse, or no bedside clinician has stepped up and say, "Here's how we do it." So innovation doesn't have to be expensive.

Guest: Tim Raderstorf, DNP, RN:

Karen had access to a lot of tools that could help her, but more than anything, she just put in a bunch of sweat equity. And that was the true investment in her project, was that she was willing to take our time and expertise and download that into the solution that she created.

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

I hope everyone listening recognizes that that could be any of us, that could truly be any of us because when we go to work every day and we find these hoops that we have to continuously jump through, right? Or these challenges that continue to present these patients that aren't served well enough yet, that could be any of us. And I think that I just hope everyone recognizes the opportunity that we have and that there aren't limits.

Guest: Tim Raderstorf, DNP, RN:

And everyone has the capability to do this. I actually think new nurses have the highest level of capability because they're coming in with fresh eyes, the system to see all these floss. So if you are starting at a new system or starting a new role, keep those eyes open and keep a notepad up. And you don't have to be really pushy about the problem identification, but don't be afraid to speak up and say, "Hey, I'm just curious of why that's done that way." And then from there, you can figure out, is there an opportunity to create something or change a policy or a practice and really allow people to stop running in the same barriers over and over again.

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

Oh, that's awesome. This is so inspiring to me, and, Tim, I know that we obviously don't have all day to talk about this, although we could, I'm sure, and do a lot of problem solving. But if you don't mind, can you share, I want to kind of end with the NursesEverywhere work, but in the meantime, if you could just share a couple of resources with us, your workshop, I know that we could find you as you have a Ted Talk. I mean, certainly if this is the kind of conversation that gets your mind going and gets you thinking about, wow, I really want to take my role in nursing and my impact in nursing to the next level, there is more inspiration available from you. And so if you don't mind just share those resources with us.

Guest: Tim Raderstorf, DNP, RN:

Sure. One of the other things that helped me along this journey and got me to the chief innovation officer role was early on even before I started the College of Nursing, once I met the Dean and found about her passion for innovation entrepreneurship that we share, I said, "I don't see anything in the market right now that's training nurse practitioners to open their own businesses or nurses to figure out how to be entrepreneurial and innovative at work. So what if we created the idea workshop, which stands for innovation design and entrepreneurship amplified?"

Guest: Tim Raderstorf, DNP, RN:

And we've now run that for six years, it started in 2015. And we run it each fall, usually, next year is going to be on the 21st and 22nd of October in Columbus. So we'd love to have your listeners, if they're interested in this, come join us. There's some poster sessions and other things that you could do as part of your academics to join. But it really focuses on... It's a workshop, it's not a conference. You are going to build tangible skills. When you leave that workshop, you'll know how to develop an elevator pitch, to how to get people to buy into your ideas.

Guest: Tim Raderstorf, DNP, RN:

You're going to learn how to run a P&L sheet, a profit and loss sheet statement, things that we never talk about in nursing, but are incredibly important, not just to be an entrepreneur, but to being a bedside nurse and understanding what happens if you decide to use a pancake drain versus a grenade drain and what is the cost of that? There's a $100 cost difference between those two products. And other things like building your own brand and either marketing as a company or a marketing as an individual, and everyone leaves with a business plan.

Guest: Tim Raderstorf, DNP, RN:

So whether you're starting a business or whether there's a new initiative that you want to integrate a new unit, we teach you to come to that from the entrepreneurial mindset and really figure out how you can make a compelling argument that your ideas need to get integrated. So that's one of my favorite things to do, we do that in the fall of each year. I also did something that I said I would never do, and that's read a textbook because I could see the trajectory of where textbooks were moving and how we're transitioning to open source content.

Guest: Tim Raderstorf, DNP, RN:

But we worked with Springer Publishing based off the initiative that we were going to write the textbook, but it's really going to be a good piece of nonfiction, and it's going to be storytelling throughout so that if someone were at to say, "Hey, I want to learn more about innovation entrepreneurship, and I'm not in an academic program." They could take this book off the shelf and read it as if they're reading a nonfiction piece on self-help or a business acumen, or in this case, innovation and entrepreneurship and leadership. So that book is called Evidence-Based Leadership, Innovation and Entrepreneurship in Nursing and Healthcare: A Practical Guide for Success.

Guest: Tim Raderstorf, DNP, RN:

We're big into long titles, as you can tell with my chief innovation officer role. So it's one of those things that we were just named the American Journal of Nursing 2020 management and leadership book of the year, and heralded for all those things that we talked about, it's readability, it's applicability, chapters written in the first person that you would never see, not just in a nursing textbook, but in any academic textbook. So really pushing the boundaries of the way that people learn and really meeting our students where they're at, because this is the feedback.

Guest: Tim Raderstorf, DNP, RN:

I was fortunate to write this book while I was getting my DNP. So I had a ton of lived experience as to what was working for me as a student and what wasn't working for me as a student. And it's been a really, really great rewarding cause, and then my Ted Talk, the Ted Talk that you mentioned is called The Participation Trophy Model for Innovation and Why It Works. And we really didn't even get into that so much today with the innovation studio and the work that we do to democratize innovation across Ohio State.

Guest: Tim Raderstorf, DNP, RN:

But if you're interested in finding out about a platform at Ohio State that funds every team who pitches the idea to them, every single team in pitches to us, we give them at least $250 to get started. So check out my Ted Talk and I'd be interested in hearing your thoughts on that.

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

Absolutely. I'm so impressed that you wrote a textbook during your DNP, because I imagine you had many other things on your calendar and pulling your time at that point.

Guest: Tim Raderstorf, DNP, RN:

Yeah, it was an offer that I couldn't refuse.

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

That is an admirable feat for sure. So, Tim, if you don't mind share a little bit with us about NursesEverywhere and your work right now, and this is very new, this is something that we're kind of just introducing this year.

Guest: Tim Raderstorf, DNP, RN:

Yes. So NursesEverywhere was founded by one of my now incredible friends of mentors and someone who I've been following for a long time. The most successful nurse entrepreneur in US history is a woman named PK Scheerle and PK has started two staffing agencies and sold one in the early 2000s. And then now as the CEO of another one called Gifted Healthcare and PK reached out, she's been a nurse for 35 years now probably, maybe a little bit longer, and had reached out to her peers that she'd been collaborating with over the last four decades in healthcare and said, "Listen, this pandemic is going to be terrible, but I'm certain the one thing that's going to come from this is that nursing is going to be elevated. And I think we need to do something to continue to elevate the voice."

Guest: Tim Raderstorf, DNP, RN:

And together these 18 nurses came together, we have amazing, amazing people like Beverly Malone, Ernest Grant, people who have had incredibly high positions, not just in US health care, but Dr. Beverly Malone was in the UK for a while. So we have these people who are incredibly well-connected and all of us come together and recognize that the true gap in nursing right now is really the partnership with the public, and really helping them identify their rights to nursing care and really understanding the role that nursing and nurses have in the health of their communities. And then starting to become co-advocates with nurses to demand access to nursing care.

Guest: Tim Raderstorf, DNP, RN:

So it's been a labor of love for all of us. We've done a few amazing things. The first is communicate and pull the American public through The Harris Poll to figure out how people feel about nursing. And we're thrilled, but not surprised. As the most trusted profession in the US we also we're thrilled to see that 89% of Americans said they want the same level of access to nurses after the pandemic as they're receiving during the pandemic. So that's telling us that there's an immense value perceived by the American public.

Guest: Tim Raderstorf, DNP, RN:

And that's a great thing for us to start leveraging as we look to things like independent scope of practice and increasing nursing scope, so that we can get out into our communities and really have the impact that we're capable of doing that the evidence shows that we're exceptional at. And then as things continued, we've done many different initiatives, but the other one that we're most proud about is our partnership with the country music duo, Brown & Gray. And they, through a colleague in the nursing profession is connected to their manager.

Guest: Tim Raderstorf, DNP, RN:

A woman named Marcia Prodo, had reached out to their manager and said, "Hey, I think we need an Anthem for nurses right now." And so she collaborated with, with Brown & Gray and together and this song came out, that's called, You Didn't Have To. And it really focuses on all the wonderful things that the nurses have done during this and the added level of care that they've put on because they could go to work every day. And some of the people had to do that, but the added level of care that they put on is something that the song really highlights.

Guest: Tim Raderstorf, DNP, RN:

And we were able to then collaborate with Brown & Gray to produce and direct their music video, which features nurses from around the world. So we debuted that on Christmas Eve of this year, and it's now topping out about somewhere around 150,000 views on YouTube. But the really cool thing that's starting to happen is that other health systems are reaching out to us and asking if they can create their own videos, which is something we highly, highly encourage.

Guest: Tim Raderstorf, DNP, RN:

And then that's led to us launching on April of this year the Thank A Nurse Contest, which is asking, not just nurses, but anyone from around the world, anyone who wants to think a nurse to create a short, either TikTok video, or regular video, and upload that to nurseseverywhere.com, and we're going to share those with as many people as we can, so that nurses in the community feel the love of this relationship and this partnership that we've created.

Guest: Tim Raderstorf, DNP, RN:

And then there's fantastic awards and prizes like having Brown & Gray do a private conference for your organization. So if you're out there and you want to have a conference from a pretty phenomenal band go to nurseseverywhere.com, upload your video and participate in the Thank A Nurse Contest.

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

I love that. And I think that you're right, we've been the most trusted profession for many years. I think that we all are aware of that. But I think the image of nursing that has come through throughout this pandemic we see such a human side of it too. We have seen such compassion and empathy and the toll of witnessing suffering on nurses. I mean, beyond the physical, the dense in the skin, and the exhaustion, and the PPE and all of that, we just have seen nurses just deliver such just amazing care.

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

When you think of the toll that it takes to do this work day in and day out, and the intervention or the utilization of like FaceTime and other communication strategies for families that are disconnected, I mean, it truly is nurses who are there every day. I've said for my whole career, but it feels like the buck stops with nursing, always. It's always kind of like the nurse's job to make sure it gets done, or it works. And I think this pandemic has really illustrated that.

Guest: Tim Raderstorf, DNP, RN:

My favorite quote that I've heard during the pandemic comes from a physician. I don't know if you saw, there's a great video of two nurses in ICU in Phoenix who with The New York Times are wearing GoPros and they filmed them for multiple days on the unit. And it's not an eloquent quote at all, but it totally sums up what we hope the American public understands through this. And he said, "If we were to show up and there weren't nurses here, why would we even be open?"

Guest: Tim Raderstorf, DNP, RN:

And I think that's the biggest nod that we can get from our colleagues at saying all of this is on... The nation right now is standing on the shoulders of nurses. And I'm really hopeful and bullish on what the future of nursing is going to look like because of that.

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

Yeah, I agree. It makes me pause for a moment, it's just what an opportunity to be that person to the American public, to be in this profession that gets to serve them. And not that it's easy all the time not that we go home every day feeling like these heroes, certainly that that's not the case every day. I'm curious, if you don't mind sharing, you talked a little bit about this need to partner with the public and for nurses and then the American public to kind of align together. Do you have any practical strategies that you think would help us kind of create that relationship or help us as nurses better advocate for the public?

Guest: Tim Raderstorf, DNP, RN:

Yes. And the first thing is to broaden your scope. So if you are going to a nursing conference every year, then you need to go to a conference for not NursesEverywhere. We need nurses to be expanding our expertise and just our presence, because we are... I don't even think expanding our expertise necessarily needs to be the right thing, but having others recognize their expertise is really the key factor here. So now that I've been on this podcast with you, that's nursing focus, my goal is to compliment this with a non-nursing podcast and have almost this exact same conversation, but making sure that a different audience is hearing it.

Guest: Tim Raderstorf, DNP, RN:

And then for all of you who are nurses, go home and ask your aunts and uncles and your parents like, "What do you think I do at work each day?" Get that question out there, because I think you will be shocked and alarmed by the lack of understanding of what most people think happens on a daily basis. And the only way we can change that is by telling our stories. So start telling your stories of what go on and don't just talk about the care that you provide, why that's exceptional, talk about the amazing decisions that you've made that changes people's lives because you do that on a daily basis too.

Guest: Tim Raderstorf, DNP, RN:

You recognize the problems, you solve the problems. So make sure that you're sharing that. And then the other things that we can do is be political advocates for nursing and make sure that if our state is looking at passing laws that expand scope of practice, call your local representatives, call your friends and family and ask them to call their local representatives so that the voices of nursing are heard, because right now it is clearly evident that evidence-based decision making is not being made when it comes to scope of practice laws.

Guest: Tim Raderstorf, DNP, RN:

There's plenty of evidence that showcases what's best for our communities, and unfortunately lobbying agencies are having negative impacts on nurses scope of practice. So I highly encourage you to ask for evidence-based decision to be made, to just look up Peter Buerhaus' work in research that showcases the role of the nurse practitioner and the outcomes of patients who receive care for them and advocate that these are the solutions, nurses are the solutions to the problems that we're facing when it comes to improving healthcare and improving access to care.

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

Yes, I think that so often we forget about our role, we give so much of ourselves at the bedside or in the hospital environment or at our college of nursing, we forget about our role to advocate, to elevate our profession further and to advance the work that we do. And as you said, to campaign for that. I mean, it's almost like a campaign that we are doing to the public.

Guest: Tim Raderstorf, DNP, RN:

I mean, just turn on any movie TV show of the last 50 years and look at how nurses are represented in that, and it's nowhere close to being a realistic depiction. And that's how most of our colleagues or most of our community members experienced nursing. I think the other thing nurses take for granted it's because we're in a hospital all day or a clinic all day or in our communities all day that everyone else is. And they see the same problems, the same issues that we faced. My wife had not been in a hospital from being born until we had our first children because her family was healthy and there was no reason for her to go in.

Guest: Tim Raderstorf, DNP, RN:

So on the contrary where I would spend years in the walls of a hospital, and it felt like what a cubicle feels like to other people. So recognizing that the public's view of nursing, a lot of it comes from media and the way that we can change that is either start our own media networks, which I don't think we're going to do. So we got to tell our stories through either podcasts or conversations at the dinner table, with our family and community members.

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

This has been truly, and I've used this word before, but it truly has been such an inspiring talk. I think that you can love nursing and believe in what you're doing, but I hope that you also take this podcast as a challenge, I hope that it presents a challenge to you to think about what can you do in your practice to impact more patients and families, to have a greater influence on the way that nursing care is delivered? And to really expand your boundaries because they don't need to exist.

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

I mean, you, Tim, have perfectly illustrated for us that these boundaries are self-imposed, right? We see the needs that exist in our environments, and so I'm so grateful to you for sharing this with us and helping challenge us. I really think that this is an opportunity, this is an invitation to grow our profession and to grow our presence. And I hope that everyone listening, perceives it that way as well.

Guest: Tim Raderstorf, DNP, RN:

It's been a true pleasure, and I love the challenge and invitation. I use the term permission slip quite a bit because a lot of us feel like, oh, they do exactly what you said, they self-select out because they don't feel like they have the permission to do it. That's not true, this is your permission slip, go change the world, you have the capabilities, it all just comes within your desire and granted at the level of privilege that you're at, but you can change your world, and I challenge you all to do it.

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

Awesome. Well, Dr. Tim Raderstorf from the Ohio State University, thank you so much for spending this time with us today, for sharing all of those stories with us. And I hope that you all will check out the additional references that were provided to really help launch you into this next level as well. So thank you so much, Tim.

Guest: Tim Raderstorf, DNP, RN:

Many thanks, Jessica. And to all your listeners out there, be curious.

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

Thank you. 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 views 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.