

## **Q&A with Rosemarie Hayes Nursing Practices and Administration Expert**

### **What inspired you to pursue a career in nursing?**

I was always service oriented and come from a long line of nurses. The decision to pursue nursing was influenced by that but also a desire to help people. I was interested in science and found that nursing was a great opportunity for me to work in a career I could expand. There are so many things to learn, so many specialties and opportunities that, for me, provided variability and the ability to keep learning and expanding my knowledge base within the profession.

### **Why did you switch from bedside nursing to administration? What types of administrative duties did you have as a senior nursing exec?**

Initially, it was that they picked me. As part of the clinical work I had done I developed a knack for organizing and reorganizing things. As a clinician I was part of various committees and was asked to participate outside of the hospital on a community-based committee for emergency nurses.

As I continued to explore that, I was asked to teach, so I moved into that arena. My first change from clinical was teaching emergency nursing for the state of Massachusetts. From there I went back to a hospital setting where I worked in an emergency room, eventually running two emergency departments which evolved into an administrative role.

### **In your experience, where are the most common systemic failures in the area of nursing as it pertains to hospital corporate negligence cases?**

What you see is a lack of communication between caretakers that creates deficiencies, an inability to follow an approved standard of care. Having nurses be able to assess – and communicate their assessment – of a patient to the physician and other practitioners is vital. This allows the patient to be monitored to the best outcomes.

Medication administration is another area of concern, where patients aren't always getting exactly what they're supposed to when they're supposed to.

### **What trends are you seeing in the field of nursing?**

I think one of the trends that has really enhanced nursing practice – though we hate it as much as we love it – is computerized medical records. They allow you to really

incorporate a standard of practice that is easy to access and gives a guideline for nurses to practice. That's been huge for nursing.

Education and training for me as a Chief Nursing Officer was extremely important and technology has been very helpful in that respect. When nurses continue to learn and are motivated by that I find their practice is much better. There are so many ways of doing that now instead of having to pull them off units and out of the hospital; there are a lot of in-hospital things that can be done, as well as computerized programs.

Another major improvement has been the practice of keeping communication flowing to patients and the patient's family. It used to be just nurse-to-nurse reporting, but now they're rounding on each patient in their room and sharing information with patient and family so it's more inclusive. They're educating the patient as to what's happening to them. A big thing you find is when people don't understand the care they're getting they feel its not being provided. Education of patients, families, and practitioners is one of the strongest things organizations can do to provide the best standards and keep out of legal problems.

**You've been instrumental in improving hospital efficiency throughout your career. How do you increase efficiency without losing quality of care? Have you seen instances where corners were cut causing legal liabilities?**

When looking at productivity and financial efficiency it becomes clear that as it gets more difficult to run healthcare organizations you don't actually want to work harder but you want to work smarter.

Some efficiency examples are: decreased turnover time in the operating rooms by looking at how we cleaned and how we worked as a team, asking the people actually doing the work how we could be more efficient. With that increase in productivity we could add more cases and more staff. Most of our work was around trying to promote the best, most efficient environment. Once people are bought in to the things they're doing they are much more productive rather than just coming in and doing the same thing day after day. Another efficiency was decreasing the wait time of patients in the emergency department. Physicians saw patients immediately, thus decreasing the time it took to decide whether to treat and discharge or admit. This made both patients and families happier.

**What prompted you to launch Hayes Legal Nurse Consultants and Associates?**

I served as a Chief Nursing Executive for 18 years and decided I wanted to change the dynamic of how I spent my time, but didn't want to go into retirement and not use the skill set I had. I started looking into various options and discovered legal nurse consulting which immediately piqued my interest and I became certified.

I found that for me, to have the availability to be able to travel and still do the work remotely was really aligning my personal goals with having more control of my time, while still being able to use the skill set that I've been developing since 1979.

I launched Hayes Legal Nurse Consultants 3 years ago and knocked on doors and became affiliated with different attorneys. I was fortunate enough to get recognized by Hospital EXPERTS™ and am really enjoying this relationship.

**There's widespread debate about the healthcare system in this country, from insurance coverage to price gauging etc. What do you believe are the biggest issues facing healthcare organizations and do they put them at risk legally?**

The way our insurance works, in my opinion, is not the best system. Patients really have to know how to use insurance, what they're covered for and the questions to ask.

If you have symptoms of a stroke and you go to a community hospital that doesn't have a stroke center you lose valuable time that could be used when time is important to treat you. Hospitals do their best to put everything in place that they can provide but end up transporting patients elsewhere. Hospitals, not wanting to lose their sector of people that come in to the hospital, don't necessarily want to admit they're not equipped to treat certain conditions. Some of the legal stroke cases I've seen are people that went to small hospitals that weren't stroke certified. If you have symptoms of a stroke and you go to a community hospital that doesn't have a stroke center you may lose valuable time to treatment.

**Hospital EXPERTS™ is the only firm dedicated solely to healthcare administration issues. What are the benefits, from your perspective, that Hospital EXPERTS™ professionals bring into the courtroom?**

We know how the inside of a hospital works and that's the key in my opinion. I know the structure of hospitals, what privileges, rules, and regulations apply to physicians and I know the Joint Commission standards.

What I think I provide that's different than that of a staff nurse is that overall understanding of how hospitals work. What staff nurses are responsible for, what they should or shouldn't do what their obligations are, and what their chain of command is. Having developed all those systems I feel like I can speak to them with certainty. I'm helpful at ensuring attorneys request the right pieces of information.

**What are your hobbies outside of nursing? Are you involved in any volunteer organizations?**

I love golf, yoga, and travel. I also serve as treasurer for the women's guild of my church.

I was recently asked to be on the board of Gratitude House in my community, which aids people who have had addictions – primarily women with children. Gratitude House gives them a place to live and retrains them, helping them find employment so they can raise their children on their own after having been clean. I look forward to working with them.