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Saint Al’s Bolano: Former nurse feels for the front lines

- A former nurse, Odette Bolano says the Catholic approach to care and ministry resonates with her
- Bolano comes to Boise from Oakland, where she ran Kaiser Permanente’s East Bay operations
- Longtime exec liked Boise’s small-town vibe, culture and recreation, proximity to lawmakers

Odette Bolano, who recently became president of Saint Alphonsus Regional Medical Center — the Ada County operations of Saint Al’s — talks with registered nurse Yelena Veremchuk. Bolano is a former nurse with experience at for-profit and nonprofit hospitals.

Odette Bolano shares at least one trait with the longtime CEO who preceded her. She began her career in health care at the bedside, not in the board room.

Bolano, 55, a former nurse, was named last fall as the new president of Saint Alphonsus Regional Medical Center, or SARMC, which includes the Saint Alphonsus hospitals and operations in Boise and Meridian. She comes most recently from Oakland, Calif., where she managed East Bay operations for the nonprofit giant Kaiser Permanente.

Before that, she worked for companies including HCA, a national for-profit company whose hospitals include West Valley Medical Center in Caldwell; and Ascension Health, a Catholic system.

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Sally Jeffcoat, the former CEO and president of both the Saint Alphonsus Health System and SARMC, was promoted in 2014 to a regional leadership position within CHE Trinity Health, Saint Alphonsus’s parent organization. She remains in Boise but oversees a much larger segment of the national Catholic health system.

Bolano says that 11 1/2 years in the for-profit world, an equal amount of time in a Catholic system and the past two years with Kaiser has given her “a different vantage point” — insight into three models of health care delivery.
“Catholic health care is more focused on their commitment to the community and legacy and mission. And of course Kaiser, being a fully integrated health system, [allowed me] to understand how they do it,” she says.

But she’s keeping an open mind about how to run things as she gets to know Saint Alphonsus and the Boise area.

“I don’t think you ever want to walk into an organization and say, ‘This is how I did, and thou shalt,’ right? Because you have to understand what are the needs of the community, what are the needs of the colleagues, what are the needs of the medical staff,” she says. “Even though we know [health care] in general is pretty similar around the country, there are nuances in every community that you have to pay attention to.”

Q: Sally Jeffcoat started her career in health care as a nurse, and you did as well. It’s always interesting to hear what prompted the transition from bedside care in nursing to administration.

A: My nursing background was critical care and OR — or surgical in the operating room — and I always went into nursing knowing that I wanted to go into administration.

But I felt that it was really important to understand the clinical side and really work in the bowels of a hospital to really understand how all of the components pull together to then continue my career in administration. So I went into nursing knowing that I wanted to go into administration.

Q: What made you want to do administration?

A: Most of the people in my family are in health care. My father’s a retired pediatrician; my brother is an orthopedic surgeon; my mother was a director of lab services; my brother is a dentist; my uncles are physicians. So I’ve been totally surrounded by health care most of my life.

I enjoy helping people and serving in that capacity. It’s what I’ve known and what I’ve grown up with. But I always had an interest in business. So it was a combination of being able to get into a profession where you can help people, having the clinical background and being able to have the business side.

Q: What attracted you to this job and Boise?

A: I also did 11 1/2 years, before I went to Kaiser, of Catholic health care. And have a passion for Catholic health care because of their mission and the commitment we make to the community because of that mission. Every Catholic ministry has some kind of legacy that’s tied back to the trials and tribulations of the sisters that founded the ministry.

And I believe that health care as we all know is in a huge flux, and I believe that Trinity as our system is really focused on what the Affordable Care Act is trying to do. We’re all focused on health and wellness. We want to be sure people can get the full continuum of care that they need. We don’t want to leave anyone behind, and we’re very focused on the communities.

And I had heard great things about Boise, as one of the most popular cities to live in these days. So I had the privilege to identify that there was a need here for a president and began to explore it.

Q: You’ve been here two months. What do you think?

A: Great people, very friendly. Everybody I talk to, in and outside of Boise, has wonderful things to say. The community is great — a lot of outdoor activities, four seasons, it’s still small enough that it feels like a community versus a large urban area. Lots to do — not only the outdoors, but the arts. Living in the capital,
where you can have more of an influence in being able to educate the legislators of what is happening in health care and being able to affect it positively.

**Q: Did you bring any family with you?**

**A: My two children are grown. I have a son in residency (general surgery, then plastic/reconstructive surgery at Emory University in Atlanta), and my daughter has her own business in Austin, Texas. They’re 28 and 26, so, no, they’re not following me anymore [laughs].**

**Q: What did you think of the announcement of a new osteopathic medical school?**

**A: There’s a shortage of physicians, especially primary care. The issue is there’s just not enough residency spots for people who are coming out of medical school. While it’s great to be able to have a medical school in Idaho, right here in our community, it’s difficult for all of those medical students to get residencies. So that will be something that needs to be looked at very closely as it continues to develop.**

**Q: What are some of your goals for Saint Alphonsus?**

**A: Saint Al’s is a great organization. It’s premier. We’ve got incredible medical staff. We’ve got services that are really unique to the community, like our trauma services. So it’s a privilege to be here and try to move the system forward.**

Everybody out there is trying to figure out how we maneuver through the seas of the Affordable Care Act and what that all means. And the political climate is kind of changing right now. But I think everybody agrees that being able to keep people well, we’ll continue to move in that journey.

In the short term, I’m really trying to get to know the medical staff and understand the programs that we have here. As everybody, we’re continually focusing on meeting our patient, the consumer and their families where they need to be met.

Without the Medicaid expansion, there’s still a group of patients, or a community of people, who fall through the cracks in being able to get even preventive health care. So the goal is to continue to work with the team, who has done incredible work to identify how we continue to meet that commitment to the community.

**Q: In your previous position at Kaiser, there were some complaints from nurses about understaffing, and there was a strike. I wanted to get your reaction to that. Do you have a good relationship with your nursing staff? Is staffing something that you think might be an issue here?**

**A: I have a great relationship with everywhere I’ve been. I’m a very visible president and can relate since I was a nurse, and that’s one of the reasons I came around my career the way I did. I have a lot of understanding and empathy for our front-line staff. They’re touching our patients, our family members, every single day.**

So, Kaiser is very different, right? It’s California, there are ratios, it’s a highly unionized environment. It doesn’t mean you can’t have a very good relationship with your nursing staff. Some of that is predicated on contract negotiations, what they’re looking for. So, that was going on at the time that we were negotiating a contract with them. But I don’t think it compromises the relationship you have with the front line when there’s a strike.

**Q: The understaffing complaints stuck out to me. In Idaho, we have a shortage, especially when it comes to advanced practice.**

**A: I think everybody is looking at that. And we’ve done a tremendous amount of work before I got here.**
It’s really the work that our chief nursing officer, Sherry Parks, has done, along with Rodney [Reider, former president of SARMC, now president of the health system] and several other people — of looking at our compensation, of looking at how we develop programs that help support our nurses both to grow professionally and to be able to do what they do every single day.

The average nurse’s age is up in the late 40s, early 50s. We’re all getting a little older. There’s a higher need for nurses, and there’s a lot more opportunity for nurses outside the four walls of the hospital. So the nursing workforce has a lot more choices.

So we constantly have to look at how we’re making sure that they’re succeeding in the jobs they have in the facility. How we’re partnering with nursing schools. How we get people interested in high school and junior high in what it is to be a nurse. How do we continue to evaluate different models of how we provide staffing to support patients while they’re in the hospital?