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**Recorded Message:** The Hennessy Report from Keystone Partners. A free flowing conversation with leaders in the HR community talking about themselves, the industry, and their work. Brought to you in cooperation with NEHRA, the Northeast Human Resources Association.

Dave Hennessy: Welcome to The Hennessy Report by Keystone Partners. I'm Dave Hennessy and today's guest is Lisa Abbott, the head of HR and community affairs at Lifespan, Rhode Island's largest employer and a world-class academic healthcare system affiliated with Brown University.

Lisa discusses the heroism of the caregivers throughout the pandemic, the effects of burnout, and some of those that have left the profession and how they're trying to retain and bring back those who did leave with their "we miss you" campaign. We want you back. She discusses her approach to change management and cultural integration.

Lisa's an amazing HR leader who's known for developing great HR teams and she discusses her approach in those areas and much more. She's an amazing executive. So glad to have Lisa as a guest on the podcast. Next up we have two live recorded podcasts from the Maine HR Convention coming your way. Both Barry Gale, the head of HR at the Federal Home Loan Bank of Boston and Gio Twigge from IDEXX. And now our conversation with Lisa Abbott.

Lisa, welcome to the podcast.

Lisa Abbott: Thanks Dave. Great to be here.

Dave: I'm so glad that our mutual friend, Richard Fleming connected us for this podcast. He speaks so highly of you.

Lisa: Thank you. Richard and I go back a long way. He's been recruiting me for about the last 15 to 20 years.

Dave: All right. First question, please share a moment early in your life that informs who you have become as a professional, as a leader or something that as you look back on it now as an inflection point.

Lisa: I left corporate America in the late 90s. I worked for utility company and I went to work for Cornell University as the Director of Human Resources for the School of Industrial and Labor Relations. And people kept saying, "Do you understand higher ed isn't corporate? Do you understand?"

And I clearly didn't understand. There were a lot of things about the structure and decision-making and so forth. And I certainly didn't understand what the L in ILR meant to the people who worked at the school.

I was pretty miserable, truth be told, but I reflect back a lot on why. I left the School of Industrial and Labor Relations and I went to work for Weill Cornell Medical College in New York City. So still with Cornell, just in a different place and took a lot of the lessons that I learned about listening and building



# Keystone Partners

grassroots political support to move an agenda and really trying to seek the question behind the question.

I think I was at the ILR School; I was used to sort of command and control corporate decision-making and higher ed just doesn't work that way. And so it was really an instrumental lesson for me that I have carried forward through the positions that I've held that have become progressively more responsible and higher level in the organization. But the fundamental tenets that I learned still apply.

Dave: I love that. The question behind the question. You have to sometimes peel the onion a bit, right?

Lisa: That's right. That's right. Things aren't always as they appear.

Dave: Well, we have a lot to talk about how you and your organization at Lifespan have dealt with the pandemic and supported all the patients and caregivers. But first maybe we should just have our audience hear a little bit more about Lifespan and the history of the organization and what's going on in the larger world for you.

Lisa: In 1994, The Miriam Hospital merged with Rhode Island Hospital and the holding company was Lifespan. Since then, Lifespan as that holding entity has acquired several other affiliates: Newport Hospital, Bradley Hospital, Gateway Healthcare, and most recently Coastal Medical Group, which is the largest primary care practice in the state.

We have 17,000 employees, five hospitals, and many, many ambulatory care and clinical care sites around the state. I'm sure many of the listeners are patients of Lifespan and see providers here. And that makes me happy.

The healthcare landscape nationally is very interesting and ever changing. It's not a secret that we are working on a bigger relationship with Care New England. I think the pandemic taught us many lessons. And one of the most important was that we were going to be better together as a broad system that could really fill in one another's gaps across the continuum of care. Brown University keenly involved. We have certainly great emerging and continuing relationships with our colleagues at Brown, particularly with Brown Physicians, Incorporated, the Brown School of Medicine and the Brown School of Public Health.

Those are key to the creation of a world-class academic health system, which is the aim of the collaboration between Brown, Lifespan, and Care new England.

Dave: Right and there was already relationships with Brown and Lifespan and Care New England beforehand. So, there's...

Lisa: That's right. There's a lot of these kind of one-offs, but we think if we're more formal in our structure and our approach, we can lower healthcare costs for Rhode Islanders. We can provide care across the continuum from cradle to grave, from life to death. However people choose to experience



# Keystone Partners

their healthcare. There are things that Care New England does that Lifespan doesn't and vice versa. And then we have that teaching and research arm that make us an academic health system.

Dave: I heard there wasn't as much overlap as people might've thought. You think about Rhode Island being a smaller state. You would think there would have been a tremendous amount of overlap.

Lisa: Absolutely. I think it's a misperception. I think that the continuity of services really benefited if we were able to come together because for example, Lifespan doesn't offer maternal fetal benefits and Care New England doesn't offer pediatric services. And so that's really a place that's quite obvious.

Dave: So let's talk about what you've been through over the last year and a half. You've been at the forefront and still are of saving so many lives during this pandemic. Maybe there was some moments that you think back during the pandemic that really exemplify the kind of success that you had in helping the larger community and all your patients recover from this, and also how you helped your employees and caregivers.

Lisa: I'd love to start with my true admiration for the heroism that our caregivers demonstrated each and every day, particularly through the first phase when nobody had a clue what was happening. We all sort of followed this slow roll of the boulder down the hill that crescendoed with closing parts of our hospital, closing to visitors, stopping primary care services, trying to sort out what in the world was happening.

And our caregivers just came in every single day ready to do battle with this disease that was just crushing people. We struggled as people know as an industry to keep up with appropriate PPE and making sure that everyone was safe. And so there's a lot of iterative experience that happened. We're still seeing that. Right? Are we supposed to be masked? Are we not? Are we going to allow visitors? Are we not? How are we going to care for patients?

And we learned a lot during that first phase. Our workers ran on adrenaline in phase one and by phase two, they were running on fumes. People can do anything for some given period of time if they feel like the end is in sight. Right? And so through phase one, people felt like, "Okay, we can do this."

And as we started to get better at caring for the patients and we started to learn about combating this disease, we were able to say, "Okay, we're saving more people. We're getting better at how to navigate this particular crisis." Summer came. And as we know, we had a bit of a reprieve, but that just led us headlong into phase two, which was worse and uglier. More people got sick. Fewer people died because we were caring for them better, but more people got sick. And we started to see the effects of burnout.

We started to see people leave the profession. We started to see people just say, "I can't." Not just our caregivers, but those support service people who are often our unsung heroes, our housekeepers and our facilities workers, people cleaning the rooms, people doing the laundry. And those are folks who struggle. They're often multi-family households.



# Keystone Partners

We have generations in the household. And so we as an organization started to try to come up with creative ways to provide support. So we did a fundraising effort largely with our executives and our board, but lots of our employees wanted to get involved. And we raised in a couple of hours, about \$150,000.

All of which was given back to our most vulnerable and neediest employees in the form of gift cards for the grocery store and a modest couple hundred dollars stipend so that they could pay for childcare or more groceries. The number of people Dave had to tell you that said, "My kids are home all the time."

Dave: I was going to ask you about that.

Lisa: They're eating us out of house and home. They're eating all the time. And so these practical things that people have to tell you about their new life, we really worked on creative supports to try to help enable them to come to work. So a lot in the mental health hygiene space, people saw more people die in that first couple of months of COVID than they would normally see in a career.

So how do you deal with that? So we have a new EAP program. Employee Assistance Program. Still focuses on traditional EAP benefit of counseling for anyone in the family, anyone in the household. But we also offer wellness coaching, virtual concierge service, some modest legal services, some insurance guidance, and it's a much more holistic approach. So they get at the essence of what people actually need beyond just perhaps counseling.

We offer in addition to EAP, extensive counseling services through some of our own providers. And we continue to do that now. We're embedding some of our EAP providers in our organization. So people have ready access to somebody, not our employee. We're sensitive that people aren't going to want to talk to someone they perceive to be too close.

We're doing a lot around recognizing colleagues in crisis and just launched a program called NICE. So it's an acronym. **N**otice, **I**nquire, **C**are, and **E**xplore. And it's intended to help people say, "Dave, you don't seem quite like yourself today. Is there something going on? Do you need to talk? Do you know that these services are available?" And help give us the language to help each other.

Dave: How do you make sure that people are guarded against not prying or trying to do too much in that regard?

Lisa: It's sort of really light touch, but so important. So important. HR professionals see this all the time. Somebody who presents in their day-to-day as happy and effusive and is generally glass half full that starts to maybe act out. They start to not show up to work. They become less reliable. It's a light touch way of saying I'm here to help and I care about you and I'm worried about you.

And we don't ask people to be psychotherapists. It's not their job, but we direct them to the resources that are available. So once somebody's ready to confide, we empower people with the tools to direct them to the particular care they need. Did you know we have a new EAP service? Did you know that we have these evaluative services? Did you know that through this program, you can get some legal advice?



# Keystone Partners

Did you know we have an employee fund? You can apply and get some dollars to help offset these emergent costs that you didn't have, but it's somebody caring

There was a story in the news recently about a bus driver, somebody was on the verge of jumping off the Jamestown Bridge and this bus driver pulled over and talked this person onto the bus and to getting help. It's that person that just says, "This isn't right. And I care about you." So we want our employees to feel like that's okay to do. People will accept or reject those overtures. Let's make them and give the person the choice, whether they want to accept or reject that overture.

Dave: And if they accept, then you can go to the next step, I guess.

Lisa: That's right. That's right.

Dave: That's a great example.

So looking back now, what are you most proud of about how Lifespan adapted to the pandemic? And I know there's still much to go. I know it's not over.

Lisa: I'm proud of how much people really cared about coming and taking care of patients and trying to care for each other. I was proud of setting up the convention center as a field hospital, just watching the resilience and the agility of a multitude of groups and people and teams at Lifespan.

I mean, it's a testament to how we function. I mean, we're a very team-based organization. The rules changed regularly. You watched that. Everybody watched it. What are we doing today? What are we doing tomorrow? Yes. The rules changed. We're learning more. And so we had to be agile. We had to be flexible to use an overused term. We had to be able to pivot and it gives me great pride to work for an organization that was able to just move, even moving to remote work.

Dave: Of course many of your employees can't do their work remotely, but you have a lot that could, and you did.

Lisa: Yes.

Dave: So as lessons learned, I imagine there's some things that as part of this pandemic that you're going to be able to take forward in the organization. What are some things that you learned that will be different for Lifespan and for you going forward?

Lisa: We don't want to just be flexible when we're having a crisis. We want to be flexible because the environment calls for it. Practical things like remote work. It is highly unlikely we'll ever go back to everyone working 100% onsite. Hybrid model in my mind is here to stay.

I think, as it relates to our frontline workers, continuing to be creative in our solutioning about what people need, how do we meet them where they are? How do we recognize that? What happens at work



# Keystone Partners

is only a piece of who they are as an entire human being. How can we provide better support for the family unit? What do they need?

We did a lot with Bright Horizons as our childcare service provider, even when they were needing to close down their centers. We did a lot with at-home care through our partnership with them because some people to your point, Dave can't work remotely and they had kids home. We don't want them to have to choose between work and home. And so we heavily subsidized an offering where they had access to an at-home caregiver. So it's this notion that we need to meet people where they are, but that's not the same for every person. And that what got us here won't get us there.

Dave: Lisa, the trends in hiring and recruiting and retaining employees is changing. Can you talk a little bit about what you've seen and how does that impact how you recruit talent in the future and retain talent?

Lisa: That's been a real crisis in and of itself staffing over the last many months. Nursing in particular. This is where we're seeing incredible deficits – and this is a nationwide epidemic in staffing – is the nursing shortage.

So, some professionals elected to leave the profession. They just said, "This is too much. I have my family. I have some other things I can do or want to do. The risk is too high. The stress is too great. I don't want to do this." There were also nurses that realized the assignments working as a traveler were incredibly lucrative.

They could go work for an agency and take a traveling assignment. Maybe they didn't even have to travel very far and make a lot of money. One of the things we're really trying to do is help our employees understand the value proposition. What do you really need to know before you decide to leave in that yes, cash is king. We can argue that. People are going to go where the money is, but there's a lot more to it than just what's in your weekly paycheck.

How are you getting insurance for yourself and your family? What are the opportunity costs of leaving as it relates to your ability to retire in a healthy and simple way? Do you have the resources to retire? Because if you're not contributing and your employer's not contributing, your ability to retire with dignity is impacted.

So, we're trying to tell that story about know before you go. Know before you go. There's a lot of value to working here. We're also actively calling people saying welcome back. We're looking through the list of people who left and we are actively recruiting people back. We miss you. We want you back. You're a valuable asset to our organization and this is the place you really need to be because they may not feel like they're going to be welcomed back for any one of a host of reasons.

Dave: When their kids are 100% back to school and things like that. I have a feeling that's going to be a time then when people can come back, feeling less cautious or less worried about the pandemic as well.



# Keystone Partners

Lisa: Absolutely. So we're making some compensation decisions to try to catch up to moving minimum wages and ensuring that we're competitively paying people. Just want to stay close to what's important to people, continue that listening tour and make sure that we're peeling back that onion and asking the question behind the question.

Dave: That's great. Let's go back to when you first joined the organization, because I think when you came in, you had a mission. When I was talking to Richard Fleming, he was telling me a little bit about how when you joined, it was more decentralized. Hospitals had different processes and procedures and you came in with kind of a change management approach.

Lisa: It is a journey. We know the single biggest point of failure in mergers is cultural integration. Right? So, there were two things happening. This is a big, hot mess. We're not realizing the economies of scale of having a few ways of doing things, not 20 ways of doing things. How do we take the best pieces of everyone's idea, bring them together and create something that's greater than the sum of the parts.

And that's what we really worked to do. We said, "Okay, not everybody needs to be doing day-to-day transactions themselves." That's what call centers are for. So you centralize that low level important, but not tremendously value added activity and you free up your higher level resources to go out and do consulting to the business. So that was an evolution of years supported and enabled by technology so that you and I can do our work when and where we need to.

If I want to change my address, I can do that at 2:00 in the morning when I think, "Oh, I just moved. I need to change my address." And I call my HR business partner. When I'm thinking about a new service line I want to add, a new way of delivering care and what are the human capital implications of doing that?

So that's been our trajectory over time, but it's taken time and we're still on that journey. So we look to standardize where it makes sense, to create flexibility within an operationally cogent framework so we're not herding cats all the time, but we realize that our inpatient hospital workers need something different than our coastal medical primary care physicians, right?

They need different things. So it's flexibility within a framework and it's forever iterative. I had a person on the team ask me in my first year, when would the transformation be over? And I said, "Never. It will never be over because what got us here will not get us there."

We have to constantly meet people where they are and things like a pandemic, you can't plan for that, but you can plan that there will be something like that in the future. And the skills that allow us to be flexible and agile are those that will allow us to be proactive and more responsive the next crazy crisis that comes around.

Dave: Is there a culture, a way you can describe of all these different entities? Have you been bringing the culture together as one, is there some common themes about the way people like to work together inside Lifespan?



# Keystone Partners

Lisa: That too is iterative. As you look at the particular affiliates, the Miriam has a very different culture than Rhode Island Hospital, for example, but we try to take the best and celebrate Lifespan as the best of the best. The one characteristic that really comes to mind no matter where in the system you are is teamwork.

We really function as a collective of teams. So there's big teams. There's small teams. There's teams of two. There's teams of 22. There's teams of thousands. You will often hear Tim Babineau [president and CEO, Lifespan] refer to healthcare as a team sport. And I think everybody is acculturating to that.

Our mission is delivering health with care. Our values are compassion, accountability, respect, and excellence. And we do those things through relationships with each other, meeting people where they are, and functioning as a group of people who are focused on those same kinds of outcomes.

Dave: I hear you have some rock stars on your team that you've developed over the years. Can you talk about your HR team and what qualities they have?

Lisa: That was the first series of big changes for me. When I got here was figuring out who wanted to be part of a vision for the future that was different than the past and is common, sometimes people say, "That's just not what interests me," and that's okay.

And so we had people vote with their feet and go find something that was more suited to their talents and capability and desire. It allowed me to build a leadership team for sure that is in my mind best I've ever had. And I've had some great teams. These are folks that are true experts in their domain.

They're smarter at what they do than I am. You hear people say sign of a good leader is to hire people smarter than you. I'm really good at that. We meet often. We brainstorm ideas and it may or may not have anything to do with your particular field of expertise. But collectively we understand the impact more deeply.

We understand the implications of getting whatever it is done, because that is inevitably never one person's job or one team member's job. We've been working together for several years now as a leadership team. So people know stylistically what to expect.

Dave: What is the style of your HR team? How would different people in the organization describe the style of your group?

Lisa: We strive to be forward-thinking. We strive to be not the HR of the past, but the HR of the future. Really look at what's happening in what I would say are leading industries. I typically don't look at the government or higher education for the best examples of what HR of the future can look like because they're usually stuck in the 1980s, maybe the 90s if they're really lucky.

We didn't have technology when I got here. We didn't have structure or systems. We didn't have strategy. And so we have all of that now and it's a matter of bringing us to the next level. And we lead. We are out there moving the needle and setting the strategy for human capital and talking with my





# Keystone Partners

collective colleagues at the executive level saying, "Have you given thought to doing it this way? Or if we don't do that, these are the implications," or, "Let's solve for this." And then the team makes it happen.

Dave: Not a reactive team it sounds like. Proactive. That's great.

Lisa: We try not to be. Our goal is to be leading and setting the pathway, being the explorers and the pioneers of what can be.

Dave: How do you and your team connect to the community at large?

Lisa: I have responsibility also for the Lifespan Community Health Institute, which is really our public health outreach into the community. They do a tremendous amount of work. They are out in the vulnerable populations that we serve doing clinics and trainings and educational seminars and so forth.

And through the pandemic, they're licensed as a community vaccinator. They generally go out and do flu shots and things of that nature. But through the pandemic they did COVID testing. And now they're out doing COVID vaccinating. We're trying to do a lot of education to communities who might have vaccination hesitation. And we're trying to hear what their fears are and address those fears allay the concerns they may have about vaccine hesitancy.

We have a group called Team Lifespan. Generally that's part of our overarching wellbeing strategy. We do a lot in the way of runs and walks and things of that nature for causes that are close to us. American Heart Association, The Cancer Society. But we also do a tremendous amount of volunteering. We sponsor dinners at Crossroads. We do things at the Ronald McDonald House. We do community cleanups. We want to create ambassadors to the community so that they recognize that we are a valuable resource to them. That we would love to be the jewel of the community to the people who live here because we serve them. Many of them are our employees and they deserve to get the most they can out of this community asset known as Lifespan.

**Dave:** Excellent. Well, now we'll talk about the HR community. We're going to bring in Meghan Mandino, the producer of The Hennessy Report by Keystone and also a member of the NEHRA emerging HR professionals group. In fact, we've had to postpone our annual conference. It was going to be in Rhode Island last year. It's projected this fall to be in Rhode Island again.

Lisa: Oh terrific!

Dave: So big supporters in Rhode Island. Meghan.

Meghan Mandino: Hi Lisa. I saw on your LinkedIn profile that you're a member of a number of boards yourself. We were wondering what benefit HR leaders can bring to boards and then vice versa. What is the benefit for HR leaders to participate on boards?

Lisa: One of the best benefits that an HR professional can bring is their knowledge of the human condition. We know how people behave. We know how people work. So I think we can help bring that



# Keystone Partners

aspect to a board that maybe is helping its organization staff, or try to create a strategic plan, or figure out what's a new business model and what are the human capital implications?

I'm on one board that was recently hiring an executive director and there's a lack of knowledge or understanding for people who aren't hiring professionals about how to effectively recruit leadership and what that needs to look like. So I think there's an incredible value that can be brought.

On the flip side, I'm on boards because it's my turn to give back. It's important to be on a board whose mission resonates with something about your own life. For me now, purpose greater than self is an essential guiding principle for everything that I do, whether it's the work I do that I get paid for or the board work I do that I don't get paid for. There has to be a compelling why. And so I think for anybody who's contemplating their why, find something that's meaningful to you and get engaged because the return on that investment is immeasurable.

Meghan: We had an HR Forum last summer, right at the start of COVID where there was a survey done. They found that there was a large peak in terms of employees seeking higher purpose, something more ethical in their lives beyond just their day to day workload. So that sounds like exactly what you're talking about.

Lisa: Yeah, people were really displaced and looking for how do I fit anymore? What is my fit? And I think board work is an opportunity to always stay connected to a mission or a purpose.

Dave: Lisa, if you could write a letter of professional or career advice to your 30 year old self, what would you write? Dear Lisa...

Lisa: Dear Lisa, talk less, listen more. You don't know it all. You're 30. You do not know it all. To apply Covey's principles, seek to understand. And I really worked hard to incorporate that into my strategy, not just for work, but for life. What is motivating others?

Dave: What do you hope not to regret 10 years from now?

Lisa: I always want to work with purpose at the center. And so when I feel like I've lost my connection to purpose, then it's time to do something different and I never want to regret staying anywhere too long. And I want to make the greatest impact I can, whatever that looks like.

I think giving back when you reach a certain point in your life and career is essential to your completeness as a human being. I had a good friend say to me when I was getting ready to leave Manhattan, "You need to go to New York before you're too soft and you need to leave New York before you're too hard."

Dave: That's great. I love that line. I'll send that to my cousin in New York. What's something interesting about you that we won't find on your LinkedIn profile?



# Keystone Partners

Lisa: I am an avid rock climber and ice climber, and I've been climbing all over the world. I have not climbed Everest. Though I was supposed to this year.

Dave: Wow! If you could go to dinner with anyone, who would it be?

Lisa: So, given what I do as a hobby, I would go to dinner with Jimmy Chin and his wife, Elizabeth Chai [Vasarhelyi]. Most people won't know that he's a videographer and a mountaineer climber, and she is a movie producer and they produced *Free Solo*, which was the documentary that won the Oscar™ in 2019 about how...

Dave: Oh yes. I know it well. Amazing. Is that the kind of rock climbing you do, Lisa?

Lisa: I use ropes, Dave. I have a day job. And I need to go to it every day to fund my climbing hobby. So, I would love to have dinner with them to talk about the filming of *Free Solo* and what it meant to them and winning an Oscar™ about a climbing movie, which I thought was amazing.

Dave: It was amazing.

Lisa: If you haven't seen it, it'll make your toes tingle.

Dave: Oh yeah. It really will. Lisa, it was so great having you on the podcast. Thanks for joining us.

Lisa: Thanks so much for having me, Dave. I appreciate it very much. Keep yourself in good health and I'll look forward to talking to you again.

Dave: Same here.

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