

Ken Dion: Touching lives at the point of care

by James E. Mattson

In the ongoing battle to improve health care, it's nurses, contends Kenneth W. Dion, RN, MSN, MBA, who are on the front lines. From their unique bedside vantage point, where they deliver the lion's share of patient interventions, nurses can also recognize needs that may be opportunities for innovative products that improve patient care.

He knows whereof he speaks. Making a difference at the point of care inspired Dion, an emergency room nurse, to become a successful nurse entrepreneur.

"I have this passion for delivering patient care," he says. "There are very few things you can substitute for the look in a patient's eyes when he or she is in dire straits in an emergency room and recognizes that you're there to help. You can't put a price on something like that."

These days, Dion doesn't directly treat patients, but the company he founded is directly involved in improving patient care and, for him, that's rewarding.

"We have close to 400,000 end users now using our systems in one place or another," he says. "If we're doing a good job and each one of them touches 10 patients' lives a day, we've touched 4 million people, and that's worth getting out of bed for in the morning."

Getting out of bed to touch lives is a lifestyle exemplified for Dion throughout his youth. He grew up in South Florida, moving there from New Jersey when he was 5 years old. His grandfather, father and two of his uncles were firefighters and his mother was a nurse. Dion ended up following both career paths.

One of his first jobs was working as an emergency room technician—an ER tech—at Shands Hospital at the University of Florida in Gainesville. That led to employment as an emergency medical technician (EMT), certification as a paramedic and four years' employment as a firefighter/paramedic with Florida's St. Lucie County Fire District in Ft. Pierce, one of the busier fire and rescue departments in the nation. When future career options proved limited at the firehouse, Dion briefly considered a business career but opted instead to follow his mother's example and become a nurse.

While enrolled at the University of Central Florida (UCF) in Orlando, he worked as a nurse tech on hospital med/surg and telemetry floors, preparing for an eventual career in the ER. Upon earning his BSN, he worked for a while as a graduate nurse in a hospital progressive care unit in Winter Park, Fla., before moving on to employment as an ER nurse at hospitals in Pennsylvania and Texas.



In 2006, as an expression of appreciation for his contributions to the National Student Nurses' Association, Dion was awarded honorary membership in the organization, its most prestigious award. Above, Rebecca Wheeler, then president of NSNA, presents Dion with the honorary membership pin. Recently, he was elected to the NSNA Foundation's board of trustees.

—Photo by Harry Butler, Nashville. Copyright 2007, NSNA.

Leveraging skills gained in one setting to acquire additional competencies in another has been part of Dion's modus operandi since his days as a Boy Scout. The Scout motto is "Be prepared," and young Dion took the admonition seriously, earning a merit badge in computers.

His first college course was basic programming, offered by Florida International University in Miami. He was in seventh grade. He learned to write program instructions that were fed via punched cards into a large mainframe computer. "It was back when men were men and screens were green," Dion explains with a laugh.

Those early exposures to computers and data processing would pay rich dividends. Today he is CEO of a company that develops and markets cutting-edge, Web-based software to track health care education for compliance and competence evaluation and promote competency-based staffing that improves hospital bottom lines and contributes to positive patient outcomes.

When opportunity knocks

Throughout his career, Dion has demonstrated a knack for being in the right place at the right time and, more importantly, doing something with the opportunity. While a nursing student, Dion attended a convention of the National Student Nurses' Association (NSNA) as an alternate delegate, but wound up serving as an official delegate. When a controversial topic arose during a business session, he went back to his hotel room and studied the organization's bylaws. At the next day's session, he strode to a microphone and expressed his views on the matter.



"The next thing I knew," recalls Dion, "I got a phone call from someone who told me, 'You know, we think you're the kind of guy that should run for national office.' I hung up the phone and thought to myself, 'Yeah, right!' Then I thought about it a little more and said, 'You know, one of the things I would like on my tombstone is, 'He never said he wished he had.'"

Encouraged by his mentor Jean Kijek, then dean of UCF School of Nursing, Dion campaigned for secretary-treasurer at the organization's next convention, running on a platform of fiduciary responsibility, and was elected. Although he hadn't really understood the meaning of the term "fiduciary responsibility" prior to his political debut in NSNA, he was a quick study. Once in office, he requested and received external-audit proposals from four of what were then the Big Seven accounting firms.

"We came to New York for our first meeting," he recalls. "Everybody went to the hotel to get ready to go out and have dinner and a big time in New York City, and there I sat looking at proposals from Deloitte & Touche, Price Waterhouse, and Coopers & Lybrand [the latter firms have since merged]. I had to go through those proposals, as a nursing student, and make a recommendation to our board. And then, after the audit was completed, I had to report to a packed room of 2,500 people. Students don't get those kinds of experiences. I did learn the meaning of fiduciary responsibility that year, and NSNA has gone on to touch me throughout my entire life."

Dion's migration from emergency department nurse to software entrepreneur was also serendipitous. In 1993, he felt the time was right to pursue his interest in business. Though still enjoying ER nursing, he had become convinced, based on his experience as an NSNA board member, that his penchant for commerce was a talent that should not be ignored. Mentors urged Dion to develop both his nursing and business expertise by pursuing a joint MSN/MBA degree, advice that resonated with his thoughts. Soon afterward, while still working in the ER, he enrolled in a dual nursing and business administration program offered by The University of Texas at Austin.

Another door opens

He planned to go into health care administration after completing his graduate program, but an internship with Insource Management Group (IMG), a Houston-based health care consultancy specializing in information technology, led to full-time employment and the opening of another door. As an account executive for IMG, Dion headed up a \$10 million project to implement a high-availability clinical data repository (CDR), one of the nation's first. A patient-oriented CDR is a single repository of information that

captures, from multiple sources and from cradle to grave, essential health-related information about patients and makes it available to appropriate health care personnel when and where it's needed.

Concurrent with Dion's CDR experience, the World Wide Web, created a few years earlier, was coming into its own, and Dion recognized in its open architecture a powerful potential for knowledge transfer and promotion of positive patient outcomes. He promptly wrote a business plan for the company that would become Decision Critical. Its core product would borrow from the conceptual framework used for the CDR but be used instead to track nurses' education.



In much the same way that a patient-oriented CDR captures information about patients, Dion's "educational data repository" (EDR), a Web-based learning management system, would collect and track nurse education anywhere it

occurred—whether product information from a sales representative, an online class, completion of a survey, knowledge gained in a classroom setting or participation on a committee—making it available in a comprehensive, readily accessible format that hospitals and other institutions could use to document requirements compliance, including requirements associated with the Magnet Recognition Program.

Circumstances, however, would delay implementation of Dion's business plan. For one thing, the Web wasn't ready. It was moving in the right direction, but in 1995, the year Dion wrote his plan, the Web was still missing essential capabilities needed to support his vision.

Dion also needed start-up money. That meant finding investors—what Dion calls "dancing with the venture capitalists."

"Fortunately, that didn't work out," he says. "It's funny. They just didn't get what we were talking about."

Basically, it was a problem of vision, with the venture capitalists looking through the wrong end of the telescope. With his background in health care, Dion looked at the market potential of his ideas and saw great possibilities. The money people, on the other hand, would look at the numbers and say, "That's not really exciting to us. You need a B-to-C (business-to-consumer) model. That's where the money really is."

So Dion would trot out Part B of his business plan, his idea for a product now known as Critical Portfolio. "Here's my B-to-C plan," he would say, "a portfolio that has direct benefit for the individual nurse and provides access to the B-to-C market."

"Now you've lost focus," they'd tell Dion, to which he would reply, "No, I've lost time."

What the customer ordered

For many companies, the dot-com bubble of the late 1990s ended in disaster. Had Dion's dance with the venture capitalists concluded in financial agreement, Decision Critical could have been one of the statistics, a company based on a good idea but lacking customers. Fortunately, while the music was still playing, Dion and his fledgling enterprise were rescued from the dance by—of all things—a customer.

It was his very first vendor-selection event, a three-day "dog-and-pony show" sponsored by a major health care company for the purpose of choosing a software provider.

"We were the last vendor at the end of three days. I got up and the senior vice president for nursing said, 'Tell me about your mission, vision and values.' I said, 'I can tell you what's in our very tiny handbook, seeing that we're a very small company at this point, but the reality is that our product is a tool in your tool

kit. You need to be focused on delivering patient care. We need to be focused on delivering and tracking your education.’ And she said, ‘You’ve got the job.’

“I said, ‘Don’t you need to talk about these other vendors you’ve looked at?’ and she said, ‘No. We know you guys are the right people. You might not have everything we want today, but you understand we’re in the patient-care business. You are the first vendor in three days who has opened his mouth and the word “patient” has come out.’”

With the purchase order tucked safely in his pocket, Dion and the software gurus he had gathered around him went back to the drawing board and completed the product the customer had just ordered.

Other vendors had looked at continuing education for nurses, thought “knowledge,” and turned their attention to supplying content. Dion, on the other hand, had looked at continuing education for nurses, thought about how people work who take care of patients, and turned his attention and the attention of his software designers to tracking acquisition of knowledge, irrespective of its source.

“What we did was support the way these people are doing work,” he emphasizes. “You shouldn’t have to change the way you work to work with a software program. People get enamored with technology, but the reality is, it’s a tool. It’s a blood-pressure cuff, a stethoscope. The bottom line is patient care. That needs to be our focus.

“We decided we were never even going to go into the content business and, to this day, we have not,” he continues. “What we do is develop the platform to allow organizations to create their own content or buy off the shelf.

“We never did get caught up in the dot-com craze, take outside funding and be beholden to investors,” says Dion. “Instead, we are beholden to our customers, and that’s a much nicer position to be in—because if you take the time to listen to a nurse about what they need to do their job, they’ll tell you. I’m blessed to be able to say that 60 percent of the functionality in any of the software products we offer was gifted to us by the people using them. They tell us what they need.”

Dion often jokes that he’s trilingual: “I go to the end users and talk with them in their language about what they need. Then I go to the IT people and talk with them in their language about what we are going to build. And then I go to the CFO [chief financial officer] and talk to him in the ‘C-suite’ language that he’s used to hearing, about why they need to fund this project and how it is going to help nurses deliver patient care.”

Responding to the market

Other software products developed by Decision Critical include Critical Check Lists, StaffBid and Critical Portfolio.

Critical Check Lists takes Decision Critical’s Education Data Repository to the next level of functionality by enabling organizations to assess and document individual competencies electronically.

“When I first walked into the emergency room,” says Dion, “I was handed a checklist about 25 pages long that I had to get signed off by my preceptor before I was turned loose to practice on my own in the ER. What a cumbersome process!”

With Critical Check Lists, a nurse’s list of competencies is documented not only electronically but, more importantly, at the point of care. “In addition to certifying that a nurse is qualified in CPR, fire safety, back injury prevention, filling out HIPAA forms and the like, there are other things like starting an IV and doing Mantoux TB screening. What do we typically do? We take the nurse away from the patient care unit and send him or her down to a skills lab, where they have to start an IV on an arm that’s got terrible track marks. If you can’t put an IV in that thing, we’ve got real issues. It’s not a really good assessment of competency, plus we remove the nurse from the patient care setting, where he or she needs to be.”

By completing the process electronically, says Dion, you save money for the organization—it doesn't have to hire replacement staff for those undergoing assessment—and get better results.

“You are going to get a much better assessment of a nurse's competency, whether it's changing a central line dressing, adjusting a ventilator or starting an IV. Again, we have not developed the content in these checklists. It's a Web-based framework that incorporates an organization's own competency checklists for online delivery and tracking.”

StaffBid, Decision Critical's latest addition to its product armamentarium—also part of Dion's original business plan—helps hospitals improve patient care by reducing unfilled, less popular nursing shifts through use of a voluntary pay rate-bidding system that works like eBay, but in reverse. Nurses bid against each other for open time slots, bidding pay rates downward in 50-cent increments. The lowest bidder is awarded the shift and is notified via e-mail. By opening unfilled time slots to competitive bidding—bidders must be prequalified with proper credentials—and setting the top rate of pay below that charged for agency nurses, hospitals reduce costs. Organizations can choose not to enable the bidding function and use StaffBid as a communication tool, letting those nurses qualified to work a shift know that it is available. This approach can save vast amounts of time spent by management making phone calls attempting to find a qualified nurse to work the shift.

Nurses who support the concept cite as system benefits 1) increased income resulting from better pay rates and more hours worked; 2) better patient care—staff nurses are more familiar with a hospital's procedures; and 3) more control over their own schedules, including time with their families. Dion, who first worked with shift bidding as a paramedic, cites the experience of one of his clients: “They have over 75 percent of their nurses participating in this process. When you get that kind of adoption out of a group of nurses across the entire organization, that pretty much demonstrates that you've hit the nail on the head.”

Critical Portfolio is a testament to Dion's conviction that, when it comes to careers and life experiences, virtually nothing need be wasted. The software was developed on the premise that a nurse's professional education consists of much more than what is represented in the credentials that follow his or her name. Available to both organizations and individual users, the software is more complete than a résumé—though it can be used to build a résumé—more sophisticated than an electronic folder that merely holds a collection of documents and more secure than a CD. (The latter benefit resonates with any nurse who experienced property loss from Hurricane Katrina.)

Mention Critical Portfolio to Dion and you've touched a topic he's passionate about. “Always, at the end of the day,” he begins, “my heart lies near and dear to nursing. I think every nurse should have their professional portfolio, whether it's in a Web-based application or on a CD that they can pull data from and e-mail to somebody.” Clearly, Dion favors the Web-based approach.

There are four major user candidates, as he sees it, for Critical Portfolio: 1) Nurses in academic settings who find the software useful for documenting tenure-related achievements; 2) people like him who are pursuing graduate degrees—he's working toward a doctorate in nursing administration—and find it helpful in compiling annual status reports; 3) hospitals that find it useful for documenting nurse compliance with Magnet requirements; and 4) virtually everybody else, including nurses and nursing students, who use it to document lifelong learning.

Items that should be considered for inclusion in a professional portfolio are career goals and objectives; professional development activities such as education, licenses, certifications, work history and military service; professional leadership, committee involvement and community service activities; honors, awards, grants and scholarships; and research and student activities.

Critical Portfolio also supports a host of other uses, says Dion.

“Say I'm a home health nurse and I've got my portfolio out there on the Web. I'm in a patient's home. I can pull up my favorite patient-teaching materials on diabetes and leave them right there with the patient.

"We had one of our customers use Critical Portfolio to write a simple one-question test for employees: Have you had your annual TB screening? Every year, three months before it's due, that question pops up on that company's employee to-do lists together with an e-mail reminder, and workers go down to the nurse to be screened. There's no reason for anyone in that organization to ever be noncompliant with regard to TB screening.

"Use it as a place to journal and then reflect back on your practice," he suggests. "I encourage both students and professionals to review their portfolio once every three months, at least. You know the old saying in nursing, 'If you never write it down, it never happened.'"

Finally, says Dion, Critical Portfolio helps nurses review their career paths, consider future options and gain new perspective. "Use it to reflect on 'How I got from Point A to Point B.' Sometimes, we don't take the time to do that. Every once in a while, you need to take a few minutes to sit back and appreciate your accomplishments—not to rest on your laurels, but to help you with the next challenge that lies in front of you."

He pauses to reflect on his own career path: "What a great journey I've had. I'm fortunate that I've kept lots of documentation about these things. If I'm having a bad day, I can pull out that file and go, 'Wow! I did make a difference in somebody's life back in 1985 when I was a paramedic.'"

That brings Dion back to his experience with the NSNA and fiduciary responsibility.

"What if I had just laughed at that person who called me and had never picked up the phone to get involved in NSNA. Life would have taken a completely different turn. Or what if I had turned down the opportunity to be an alternate at that convention. It's just amazing! Like I said, I never want to look back and say, 'I wish I had.'"

As we concluded our phone conversation, Dion added one more comment: "I appreciate you not asking me the question I normally get asked by the media. Usually, their first question is: Why did you leave nursing? You know, if I'd opened a pet shop or was out selling real estate, you could accuse me of that, but, no, I'm still very involved in nursing." *RNL*

James E. Mattson is editor of *Reflections on Nursing Leadership*.

FYI ... Kenneth Dion is the fifth male to be featured in a *Reflections on Nursing Leadership (RNL)* "cover story." (This includes cover stories published under the magazine's former name, *Reflections*). The first man to appear on a cover of *RNL* was **Luther Christman** (Third Qtr. 2002), followed by Australia's **Alan Pearson** (Fourth Qtr. 2002), **Daniel J. Pesut** (First Qtr. 2004) and former U.S. Surgeon General **Richard H. Carmona**, a physician and a nurse (First Qtr. 2005).

Additional links:

Critical Portfolio is available at a discount to members of the Honor Society of Nursing, Sigma Theta Tau International through Nursing Knowledge International, a subsidiary of the honor society. To learn more, visit http://www.nursingsociety.org/career/critical_portfolio.html.

To show appreciation for the leadership opportunities that Dion gained through the National Student Nurses' Association, his company—Decision Critical—hosts NSNA Leadership U, complete with online virtual campus, to help prepare future nurses for effective leadership. To learn more, visit <http://www.nsnaleadershipu.org/nsnalu/>. Decision Critical also offers NSNA members a free one-year subscription to Critical Portfolio, the company's Web-based career management system.

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