

Podcast episode transcript: Deanna Berkowitz and Jared Sorensen

Deanna Berkowitz: Welcome to the Solventum Inside Angle podcast. I am your host, Deanna Berkowitz, marketing communications specialist at Solventum. Today we want to go beyond the business side of healthcare to explore the real health care stories that have shaped our lives. Our story today comes from Jared Sorensen, global vice president for clinical productivity solutions for Solventum's Health Information Systems business.

It starts on the Utah slopes, where a fun ski outing with friends changed Jared's son Ben's life forever.

I will let Jared take the story from here.

Jared Sorensen: So my son, Ben, he's 17 today, but back then he was 12 going on 13. Pretty simple kid. It was actually a ski trip where he would go with friends and they would go night skiing on a regular basis.

And so we would take turns with a group of friends and take up these four or five boys, they would go night skiing together. And one parent would go and either ski with them or wait for them and then bring them down. And it just happened, this was an early day in March. And he was up skiing with some friends, night skiing, and we were not there. This was an event where one of the other parents had driven that day.

And about eight o'clock that evening, we got a call from one of the one of his friends, you know, 12-year-old kids just barely getting cell phones. They're not quite sure how to handle these circumstances. But he just called and said, hey, Ben is hurt. And we didn't know fully what that meant. He said he's hurt and the ski patrol is bringing him down. So that was our first indication. Well, something's not going as planned tonight.

It wasn't terribly long, probably five minutes later, we got a call from the parent. This is a friend of ours and said, "Hey, Ben got hurt on the slopes. They're bringing him down. They understand he may have broken his leg."

And so that, you know, that sounded a little more serious. And we said, well, hey, keep us posted. You know, we can come meet you. You know, is he talking? She didn't know anything yet. She said that they were bringing him down.

So, you know, this is starting to trickle out. Probably about five, 10 minutes later, we get a call from the on-site paramedic there at the at the ski resort saying, yeah, we've got him loaded in an ambulance. We're going to be taking him down to primary children's hospital.

We think he's broken something. He may have broken his leg. His arm looks a little beat up but we're gonna bring him down to the hospital.

So not knowing the seriousness entirely, we jumped in the car and my wife and I drove up to primary children's hospital and we beat them. So we were waiting there at the emergency room when they rolled him in.

Lot of things go through your mind as a parent in that moment. And of course, I work in healthcare, on the software side, kind of the back end, more of the revenue cycle side, the documentation side.

And you might say any trip to the doctor is little bit of a field trip because then I'm seeing things in real life as they're happening. And I'm always curious about that. Hey, how do they do this? How do they do that?

A little bit of a personal, academic side to that from a work standpoint, but obviously when it's someone you know, someone in your own family, that's not your first priority, it's kind of a secondary element.

And so, when these paramedic teams receive someone, it's amazing all the different parts people are playing. You got a lot of hands on deck, whether it's to move someone or to get some type of monitoring place. There's a lot of people doing their jobs.

And I would say there was 15, 20 people seemingly moving around that ER as our son got wheeled in. They cut off all of his ski equipment. Now they're taking a look and they said well, it appears his arm is broken, but we think his leg will be okay. He would be in a lot more pain right now if that was broken. But definitely his arm's broken.

They've got him in a neck brace and just for stability. And the first thing they're going to do is start taking some x-rays.

And so we're there standing with the folks as the x-rays are being taken and they x-ray his arm. And of course, you know, you can kind of see it. First thing we see on his arm is his humerus bone. The upper part of the arm is broken in two places. And, you know, kind of one big loose piece in the middle, and his arm is in pretty rough shape.

And so then they take an x-ray of his leg, and you see immediately his femur is snapped in half, and he's just a few millimeters away from a compound fracture of his femur.

You hear them say he's not a lot of pain and I know he's going through a lot of pain, but he doesn't voice that. He's a pretty mild-mannered kid.

And so you see that and it kind of shocks you. And of course we're seeing it live. I'm not a radiologist, but none of the techs usually like to tell you what actually happened. They said, we need a doctor to diagnose that. Well, we could be our own doctors that day to see this was pretty serious. And so they do some other prep things and they get us and into a room, but they tell us that we're going to schedule him for surgery the next morning. By now, we're somewhere after nine o'clock that evening.

We're going to schedule him for surgery at six in the morning. And so the intent is they're going to put kind of a... a thin rod, you know like a three millimeter rod down through his arm. They'll, take the two breaks in the bone, try and get something through the bone and straighten that up. And then they'll put in a more permanent rod through his hip, through his femur and down to his knee.

So that would be something that would stay there as hardware. And so that's, you know, that was the plan as we heard it.

And, you know, so we stayed with him that night and he had surgery in the morning. He's waking up from surgery and we're just taking stock of everything. He's still in a neck brace. We're still kind of monitoring that.

And surgery happens and the intent is that he should start to recover from surgery and start to feel a little better but over the next 24 hours 48 hours he's not doing so great and so they start looking for other things and they probably things that should have been could have been done at the time but were maybe bypassed in light of the arm and the leg that was so immediate present, but they start looking internally and they realize with some scans he's got some bleeding in his abdomen.

He has a grade five injury to his left kidney.

Both the arm break and the leg break are on his left side. And so his left kidney is damaged to the point of non-functioning status. His spleen has kind of lacerated spleen, but it's almost like it was smashed.

His spleen is still an interesting shape from that, but he's got bleeding from that into his abdomen.

He's got five broken or four broken ribs. He's got a few cracked vertebrae. And you start adding this up and you realize, well, it's no wonder why he's not doing so well.

And now they're concerned about the bleeding and whether, you know, we're seeing any signs of sepsis, he's running the temperature, etc.

And so again, this frightens you as a parent. And then because you work in health care, you're seeing all the processes and saying, well, why wasn't this done?

And does the next doctor know what the doctor saw the night before? Was it documented well?

These are things you kind of think in the back of your mind you're not really expressing, but it's not because you're thinking about the payment process. You're thinking about the care process.

You're thinking about does everyone know what's happening and are they aware? This is when we gained a huge appreciation for the nurses that were on that unit. I mean, they are the ones who kind of stay with you.

They're, administering, you know, kind of the day-to-day, medication and conversation and you get, you know, five minute snippets with a doctor, or some of the, nurse practitioners who really were kind of guiding the care process at that point.

But there was a lot of discussion. Do they intervene? Do they need to get inside and see what's happening to repair anything?

And the decision was made, we're going to let this ride, we're going to see if his body can absorb the bleeding. And we're going to monitor and track how it's going, we're going to see how he recovers.

And little by little, you know, you start to see the lethargy kind of move to a little bit more active engagement.

You know, by day four or five, some of that have had kind of worked its way out. And now it was, hey, we got to get you in a healing process. So all of a sudden, now we're trying to get him out of bed and walking.

You know, very carefully down to physical therapy, try to get him moving. Of course, we got that neck brace off so that he could function a little bit more. And, now for the next three, four days, it was just a slow baby steps to recovery to where he was feeling good enough and well enough that he could sit up, he could eat.

And with a lot of little gifts and good wishes from friends and family, as he started to recover and we started to see and our son back to general personality still trying to grapple with his new circumstance.

Deanna Berkowitz: Sure. That's an amazing story. As a new parent myself, I feel slightly lucky to not be in a mountainous area that I maybe don't have to worry as much about ski slopes. But I'm sure he had gone many, many times before with the same group. And so I'm sure you weren't thinking, anything's going to happen. So when something does, I can't imagine what must be going through your brain. When did, I guess, did you get to speak to him for the first time after the accident? Did he remember what happened?

Jared Sorensen: You know, he doesn't. Even to this day, it's kind of a little bit of a blank. These were kids that enjoyed skiing together, but they were not trick skiers. They're not going off big jumps or doing crazy tricks.

I think when he describes the night, he and one of those, there were four friends, four or five friends up there, and one of them kind of had separated and they decided they would kind of race a little bit in this section. And so they're going fast.

He gets ahead of the other. They're in a terrain park, but you can go through this terrain park and not hit any of the obstacles. You just kind of roll over the hills as you go down. And my belief is that he was going fast enough that he did not realize his speed. And as he came over a rise, in his words, he described he found himself pretty high up in the air.

And at that point, whether just closing your eyes and wishing for the best, he says, I blacked out. And he woke up, kind of slid further down the hill, kind of near one of these terrain obstacles. But clearly, whatever he did, he landed hard on his left side, where all of his injuries were. And on a cold night with an icy ski slope, that's not a soft landing in any way.

Deanna Berkowitz: Does he have any lingering, like, I don't want to say pain, maybe pain, but just, I guess he still has the rod in his leg, right?

Jared Sorensen: Yeah, so, you know, it's funny. He was just 12 turning 13 at the time, but he was, he was a big kid. He was probably about five, eight, five, nine, you know, kind of a bigger kid about my size.

And he has just grown right through that injury in dramatic ways. So probably six weeks later, he got the rod taken out of his arm, the kind of the thinner rod.

And he had a few screws come loose in his rod and his leg. We had to take one of those out, so a few things happened along the way. But he grew, he says I have metal detectors, but he grew right through that injury and healed entirely. And I think if you were to see that boy in the hospital bed, kind of a pudgy young teenage boy and see him now as a distance runner, you know, put on three or four more inches, strong kid, you wouldn't know a single difference for him in his life.

He's, he went on to his older siblings were runners. He had never kind of stepped into that space, but he started running some that summer. He ran a half marathon in October, six months later.

He took up cross country about a year later and has been running ever since. So he does all that he wants to do. He does have one kidney that functions. And so we see a nephrologist every year just to check in and make sure that it's not being a squeaky wheel and causing blood pressure issues. Largely you wouldn't know the difference.

And so it's our little miracle to see that turn around and to be thrilled not to have any long-term effects from it.

Deanna Berkowitz: Absolutely. Yeah. What an amazing recovery to be able to go from hospital bed to running a half marathon in six months.

Jared Sorensen: Yeah, it was awesome.

Deanna Berkowitz: So I want to ask if this experience changed your approach at all to your work or if it just led to a bigger appreciation for all those healthcare folks, all the nurses, as you mentioned, doctors, or just all of the technology that went into his recovery, what are your thoughts on how it changed your perspective?

Jared Sorensen: You know, I think for a long time, this was just part of the process, right? You're seeking the best recovery for your child or for yourself or a family member, you know, when you're involved in something like this.

But it's not long before you start to bump into the administrative side. And so the bills start coming in. You're getting hospital bills, doctor bills, procedure bills, you know, they're all kind of happening and you're just making sure everything works at as it's expected.

I kind of went through that process. And again, I work in kind of the medical coding documentation space. I feel like I can navigate the system pretty well. So one thing that immediately think is, gosh, if people didn't do this every day, how would they navigate this system? There seem to be so many roadblocks and stops and challenges along the way.

We probably didn't get our final bill and confirmation of payment on that that episode for nine months. And it just took a long time for that to work its way out. And I would call and ask, do you have this? Do you have what you need? And it was always kind of coming. And I knew there was probably a lot of discussion going on between our health insurer and the staff or the yeah primary children's in terms of getting that bill paid.

And it wasn't until, you know, probably a few years after that as I'm sharing this story again and talking with a group of colleagues, I was trying to share it as an example of how we work in healthcare, care but how we experience healthcare. care But in sharing it, I couldn't decide which perspective I needed to take.

Was this a story about a parent and a patient and just wanting the best for your child? But I don't work in that side. I'm not a caregiver. Was I making a case that the doctors and staff should get paid their full amount and we're making sure that the revenue cycle process worked well for them? Well, I don't think I was arguing for that in the moment. But then I was getting the bills and I wanted to make sure the insurer paid for it.

And we didn't get a denial. like They did good work. And how so at the end of the day, I came to a conclusion. I wasn't taking a side in this story, the whole point about my experience with healthcare is I want the system to work. I want the healthcare care providers to have what they need to care for someone who is in an accident or crisis in this moment.

I want that person being treated to get all the treatment they need and the right information passed on and the right care delivered. And I want their insurance program to pay for it. I want them to have everything that they need, that it's smooth and it's not a financial burden to anyone in the process. And so at the end of the day, what it changed for me was I didn't have a side to be on.

I wanted the system to work.

And what my hope is, is that in the things that I do for work, is I want the system to work. I want the whole system to advance together in a positive way, that we are getting people the care they need, that providers are rewarded and paid for the work they do, and they have the tools they need to be successful.

And at the end of the day, Payment should be a non-issue. It should be captured and coordinated as it's intended. And so that that's really the big conclusion for me.

We look back at it. We're thrilled with, of course, the way that it's worked out for our son, that he's had no lasting effects from this. But it also, just for me from a work perspective, was one where I don't really seek to take a side.

I want the system to work.

Deanna Berkowitz: Yeah, it's really kind of about all those pieces working together as efficiently maybe as they can to lead to those positive outcomes. And like you said, the payment part should not, you know, it should just, it shouldn't be the problem.

Jared Sorensen: It should be the side effect of the whole event. It shouldn't be the focus.

Deanna Berkowitz: For Inside Angle, this is Deanna Berkowitz. You can find more podcasts online at solventum.com. Thanks for listening.