

The ASHHRA Podcast

featuring Bo & Luke from The Bo & Luke Show

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Raw Transcript

00:06 - Luke

Ladies and gentlemen, you are listening to the ASHHRA podcast with Bo and Luke. I am your co-host, Luke Carignan. I'm here with our other awesome co-host, Bo Brabo. We have the pleasure today to be talking to Susan Russell. Susan is the Chief Nursing and Patient Safety Officer at Singing River Health System, which is an Ocean Springs in Pascagoula, Mississippi. If you've never been down there, I highly recommend it. Seafood is plentiful, you can get a place overlooking the ocean at a very affordable price. It is God's country you need to go. Susan has been singing river health system for 40 years now think we might have just crossed over 40 years. Wow. She also serves on the board of directors for Mississippi association of nurse leaders. And Susan, I can't wait to dig into some of the topics that we were discussing beforehand. But welcome.

01:09 - Susan

Thank you, guys. I appreciate the introduction. And thank you for the opportunity to speak everyone.

01:14 - Luke

Oh my gosh, of course. So first question. 40 years, you must have seen some crazy changes in the healthcare industry.

01:23 - Susan

I have seen some crazy changes in the healthcare. And one thing that hasn't changed there with all the things we've been through DRGs move to outpatient services, payment systems, changing higher deductibles, all the other crazy things that we know healthcare systems have dealt with COVID Definitely was curveball nobody anticipated, and has been the mother of all changes. One thing that has been constant since I got out of school has been ongoing shortages of trained healthcare workers, particularly registered nurses, I got out during the nursing shortage. Fast forward 40 years, we're still in a nursing shortage actually more severe than ever, ever. So some things have remained the same. Some things though, the majority of things have drastically changed.

02:15 - Bo

Susan, what do you think, given your years of experience and the statement that you just made? Can you summarize what you think are certain reasons that we've had an RN shortage for decades, not just not just now, but everybody's on staffing today, because everybody's feeling pain. But like you said, You've been in nursing, you've seen it for over 40 years. So are there some common things that you've seen, that have caused that?

02:47 - Susan

Well, you know, the things that I love about it, it's always a challenge keeps you on your toes, it's very busy type of work, if you like to be busy, active problem solving, it's great work, problems behind it, the schedules, we work 24/7, especially in hospital systems. It has changed a little bit in the dynamics the last couple of years. And you know, we always thought of ourselves as consumer driven, and we're still consumer driven. But I think everybody is aware of the

fact that the regular population isn't quite as simple as it used to be. So you factor in people who are sick, who aren't quite as civil as they used to be. It makes it where many times, it's not an easy work environment very much like we see with police officers and other individuals who I don't want to say the whipping boys, but they get the brunt of people's malcontent immediately. Also, the rise in drug, alcohol and mental illness has made it worse more challenging, especially in departments like the emergency department, turnover rates have escalated in the emergency department, it is very hard to get people who are willing and able to work in those departments. I mean, it's really very tough work. Additionally, nursing has not kept pace with the rest of other professions. So if you get out with a four year degree, and you're making approximately what a teacher makes, but you're having to work shifts, weekends, holidays and things like that, it just is not quite as attractive as it could be. And I can tell you, some of that is the providers that pay for us. They have been trying to control healthcare costs. And I know we all are very sensitive to the fact healthcare costs keep rising. But most of the costs associated now are for increased costs and labor. And if you can't pay people, a rate that they are willing to work for. It is problematic. You know, there's a variety of things tough work condition, working. You know, during COVID We were working with individuals that had life threatening viruses that nurses were being exposed to. So like I said a variety of reasons for We're in changing so quickly. In what's an ongoing shortages? I was joking with a physician yesterday because he had said he was not feeling well. So well, you know, we're not allowed to be sick. But really and truly, every time we have a nurse that calls in, it's like, oh my god, what are we gonna do we depend on them to work every single day. And there's a lot of pressure on our nurse

leaders and of course, our bedside nurses to feel like they there's, they can never be vulnerable enough to take off time or be sick. Or maybe I'm not feeling as well, but I'm gonna power through it. Because I know if I don't, my team is going to be short. And I hear that time and time again, from the scaffold work somewhere where it's okay not to work or be all for having more flexible schedule. And I understand that I definitely do. But considering the demands of nursing, it's a little bit harder to pull that off, because demands are high. They have to be.

05:56 - Bo

Yeah, boy, there's a lot to unpack there, Luke. That was, that was super good. I never really, I guess I never really thought of it. But Susan, you're 100%. Right. The nursing staff, especially the bedside care, they are going to take the brunt of every patient complaint that the patient might have about the hospital as a whole. Whether it's billing, the doctors, the reception, who checked them in who anything and everything, the food, right? Who do they who do they lay eyes on, right? It's the nurse who comes in their room to take care of them whom they might love, right? But you're still receiving all of that negative feedback potential. Just in a continuum, from patient to patient to patient to patient.

06:46 - Susan

That's a very, I'm unhappy with the doctor, I felt like he should have been here earlier. And my hamburger wasn't cooked the way I wanted it or what have you. And nursing really is the only discipline that's there 24/7. And they do take the brunt of compliance. And like said it, we love the profession. We love taking care of patients. But sometimes it is a bit much. And there of course, a

phenomenon that is called is burnout. And nursing has one of the highest rates of burnout of any professions around and as I was talking, it's kind of easy to see why in the hot fresh, we're dealing with life and death on a regular basis. It can take a toll. Like I said, people like me, I'm a little bit of an adrenaline junkie. I thrive on the problems, how to solve problems, how can we get this better, but I can see for a regular human being how that would get to be a little bit tiring. And I use an example. My daughter was an emergency room nurse for three years. She loved it. She was out of school man, she was jumping on those gurneys doing CPR, resuscitating people, and doing all those other great things that we want our nurses to do. But on the third year, she said, the amount of violence that she was experienced in the ED, the threats, she was seen in the ED, the number of people who are coming in with drug overdoses, and of course, they're acting out and then hitting it people having to be restrained. She said, it got to be a little too much. She went to an area where it's a little more controlled. So like I said, I know what it is and what it can do to people. I don't have answers to all those questions. In the meantime, I do know burnout and the departure from our staff is definitely escalated. escalated by the fact that shortages make it worse. Yeah, for sure. The pressure is higher, the stakes are higher, especially with the shortages we're experiencing.

08:53 - Luke

Susan, I'm really curious about how you're working through it and some of the innovative things that you're doing because I believe in Ocean Springs, and Pascagoula because I've been there before. You are in the situation that I think most healthcare organizations are in now. Most healthcare organizations

are not in LA, they're not in New York. Most of them are in the heartland of America. And you can't like in tell me if I'm wrong, but I'm imagining since I've been there, you can't there's not a never-ending pool of nurses. You can just steal from competitors. You need to pull people out of thin air, get them to move to the area you need to develop them. You had to have to make a career path switch. And I do think that most of America's in your position. Feel free to disagree with any of that. But I'm really curious as to what you're doing because it's a unique problem that I don't think is that unique today.

09:50 - Susan

You're white on that end. It we're not unique. We are in the poorest state in the nation. That is a reality. And what we've always benefited from is our low wage index. So your cost of living is lower as, as we've said, and come down here and live pretty comfortably on a reasonable amount of money. But what has happened with COVID, agency travel nursing, it has made it where nurses are not willing to work for a wage index, I think we're like point seven, six, which is one of the lowest wage indexes in the country, I would rather go work for a couple of months in one of those areas like LA where it's a 1.6 wage index, double my rate of pay. And so what has happened is states like Mississippi, Alabama, Louisiana, have gotten to be export states. That means it is very easy for those nurses to go somewhere and be a temp or an agency nurse and make much more than a healthcare system can pay all its staff. And those areas where they have a better payer mix, they have more people with private insurance, they have a higher percent of insured population. I'm in a state that did not have Medicaid expansion, regardless of which side of the political fence you're on. If you're the poor state, and you haven't expanded Medicaid, that means there's a lot of people out there who do not have the ability to pay for your care. And

you don't have as many private insured patients to make up the difference. So that makes it more challenging for health care systems, like our own lives, and I work for a nonprofit system. But where does the money come from to pay people at the right time that our competitors can pay in profit systems, for instance, a for profit, or in other parts of the country where you know, that they pay more for people to work like so the wage index is higher. So it is a different set of challenges. Like said we do benefit from lower cost of living, that's great thing. But right now with demand, a lot of times people are like, but yeah, I can still live there. But I can go travel for nine months and make what I can in a year or so it is it is, you know, Mike said kind of juxtapose the positives plus the minuses that we see as well.

12:16 - Luke

Sure. You were talking before the podcast about some of the innovative things that you're doing to grow your internal workforce. Talk to us a little bit about that, because I think it's fascinating and something that a lot of folks could do.

12:29 - Susan

Well, you know, we have never really mirrored what industry does in healthcare. We are the standalone business, very traditional in some ways on how you source staff. But during COVID, we had to get away from thinking in a traditional mindset, because we knew there weren't enough nursing schools, or training programs to get everybody that we needed. So our very clever executive director of HR went and partnered with our state, our state is very pro workforce development, and proposed some programs on how we could help solve the problem

of healthcare workers being in short supply. And I'll tell you this, I trained at the health system I've worked out, we've always trained people, but we train them for other institutions or entities, whether they're community colleges, senior colleges, doctoral programs, but they would come to us for the clinical training they need. So we kind of upset that model. And we made it where we actually were the institution that was responsible for training, as well as one providing the training. And like said, that's been a very exciting partnership with the state of Mississippi, they were more than agreeable to give us a seed money and funding to help with that. But as I talked about the big differences, it's an apprenticeship model, like we saw in the local industries. So people were paid to work. So it's paid to train, as opposed to having to chop your paycheck and you know, live on ramen noodles while you go to school, we actually continue to have a paycheck for those individuals. They are our employees, they are our staff, there's that engagement, they know they're one of us. And that gives us even a deeper commitment in making sure their training is good, it's appropriate. They're trying to where they need to be. And we can produce more individuals in the career paths that we need this way. So I mean, it's a win for us to take some of the pressure off these other schools that just simply do not have enough training programs to produce the level and caliber people needed. So that is really helped us a lot on nurse aides, phlebotomy surgical techs, also our LPN program, which we're incredibly proud of. We are about eight months into our first program, and another eight months we should have our first group of LPN that are going to come out as LPN apprenticeships, that is one of the first programs in it is the first one in the state, and one of the first ones in the country where people will come out, and they will be able to sit for their boards like everybody else. And in the meantime, they have that safety net, and no, and they're getting paid every

other week, just like every other employee, yeah, they can support their families. And like said, they are our partners in their learning. So it's really a great partnership.

15:33 - Bo

Now, when they finish the apprenticeship program, do they roll right into a full-time job with, with Singing River Health System?

15:43 - Susan

They do. They do that as part of the commitment, since we are helping pay them for their training, we actually are paying quite a bit of the staff costs for training.

That, you know, it's like the old apprenticeship programs that you see, like Ben Franklin was in, we will train you and then you owe us back your time for the amount of effort training and monies that went into your training. But yes, they know they are a walking key have a job when they come out, they have probably worked throughout our entire system. And they probably have a pretty good idea where they'd like to work. And I tell them every single time I get to meet with them, you are interviewing everyday for your future job said Go be on time, do your best work in a square, those managers are going to be knocking down the door to get you in their departments when you graduate.

16:35 - Luke

Susan, how does one start something like that? Because I the industry is in what you're describing is the need to have now we passed the threshold of being a nice to have a long time ago. If something was somebody starting from scratch, what do you what advice would you give them?

16:52 - Susan

I would encourage everybody to reach out to the legislators in their respective states. There is still quite a bit of money that the states have received for ARPA, which is COVID relief funds. And part of like I said, in healthcare, the shortage is really created in large part from COVID. So our state made the commitment to use those monies and turn it around workforce development to really create the future staff for healthcare. Unfortunately, it doesn't help us right this minute. But remember, we're planning for the future. And the future moving forward. You know, I don't envision in three or four years that our shortage of CNAs is going to go away. The shortage of LPN is going to go like scrub tech phlebotomist, those, those specialties have been in short supply for decades. And like said, No one, you have a steady stream of highly qualified individuals who can come into your system and do the work that's needed. Fish huge. I mean, it's just such a huge look forward in the future, knowing that that's coming down the pipeline, and that it will continue to come that you know, what you can depend on.

18:02 - Bo

You I think that's huge value in what you're sharing and based upon, you know, the experience that you have, and knowing, and I hope people take it seriously that you may not be solving for a labor issue immediately today, but you are solving for future issues that could arise if you're not taking these types of actions. Now.

18:25 - Susan

You know, one thing I would like to say, I know a lot of individuals listen to this

or HR specialists. What you're doing also is widening your net of candidates, like said many of these individuals, to go into an LPN program, they would have had to go through a very traditional model, they would not have been able to pass the entrance exams, especially if they'd been out of traditional education for a number of years. So I'm seeing individuals in their 40s and 50s, being able to go back to school, and if this program wasn't available to them, they never would have had that opportunity or be able to go into those fields. And they are the most engaged, enthusiastic individuals you will ever meet. I mean, I had one lady and she was a gem love working with Katherine. And she was actually one of our environmental service techs. She had become a widow and she had had to go back to work, didn't have a lot of job skills, per se. And she said her dream was always to be a nurse. But she raised her kids husband died, had to, you know, support herself. And when she got accepted to her LPN apprenticeship program, she came to the office with tears in her eyes. She said, I'm going to finally get my dream. You know? Wow.

19:35 - Bo

Yeah. I think what's Yeah, that is amazing, because what you're doing by offering such a program, is you're opening up candidate pools that would not have otherwise been there, right?

19:47 - Susan

Yeah, you're very right. Instead of this is who comes into nursing. This is who comes in as a scrub tech. Really, truly it is up in the field up to any body. If there appropriate, engage and have the right heart and mindset. I mean, it is just amazing how many more people and they don't look like they've always looked in

the past. And I think that'd be better for us from diversity, the depth of dementia, who we have our LPN group, first group more males than normal, that's great. We need more males in, in healthcare. And what's it, you talk about in demand positions, if you're scrub tech, you pretty much write your ticket or where you'll go all over the country. I mean, those individuals are so in demand, and it is such an intensive training program. But you know, if you ask any surgeon, what's the most important person in their room, they're telling you, they're their surgical tech.

20:46 - Bo

Wow, amazing. I think that's, that's amazing. And it's a field and I think it's one of the reasons Luke and I love healthcare. You know, the skills are always in demand they've been in demand for for a very long time, they're going to continue to be in demand, probably into perpetuity, right, you need health care professionals, providers.

21:09 - Susan

But we're born resistant, recession resistant. Times are hard as we love to say, in the south, you may put off having something done oh, well, you know, really need to get money fixed, or I need to, you know, maybe I was going to get it procedure done, but I'll just put it off. But there's some things that let's get, let's be honest, fundamental, you're going to have done if you have a gallbladder that's inflamed. If you have ruptured appendix, you are going to get those things remedied as you should. So as I tell people, we're not totally immune to what's going on with the economy. But what we see is our ups and downs are a little bit different than the rest of the private sector. Yeah,

21:53 - Luke

I love what you're doing. Because I mean, the problems not going to organically get better. All the analysts, all the graphs that we look at, and all the experts are saying the problem is only getting worse. And not only is it getting worse, it's getting worse quicker at a quicker rate than it was previously. And then healthcare to where you know, in the area you're in is such a reflection of the community. There's such a close bond between the health systems and the community, increasing wages, increasing the health of the community, that you really don't find in any other business, you know, so you're doing a great thing.

22:31 - Susan

Yeah, I appreciate that. You know, one thing we talked about, and the last couple of weeks is, you know, how healthy your community is, how likely it is to attract people to relocate or stay, have everything to do with two main factors, health care, and education. And of course, other nice amenities you we all know, you know, people want to be able to go out, do things enjoy themselves, which fortunately, we have an abundance here with our casinos and wonderful restaurants here in the Ocean Springs area. At the end of the day, though, industries are not going to relocate to a place, they don't have a strong healthcare base, because they have got to have good health care for their workers and their workforce or they will not stay. And like said, We are really blessed to have a bright system that's able to provide very comprehensive services. And we have a rated school. So I mean, that's another feather in the cap. So that really does help us.

23:32 - Luke

I'll give a shout out to like any nurses, anybody that wants to work in health care, check out Ocean Springs and Pascagoula. I'm telling you, I've been there. Let me just list off some of the things I love number one, it's warm. Number two, you can be right next to the water for a pretty affordable price. If you go away from the water, you can get land you can actually have a decent living and home out there. The food is absolutely ridiculous the freshest seafood that you'll find on Earth and it's cheap because it is bringing it on the boats every single day. I obviously can't say enough good things about it. Like if you want to get I know you said what the wage index is like 1.6 out in LA, you're going to be living in a tiny box not close to the water in LA not to you know, offend 20 million of our listeners just all at once. But if I had the choice, I'm going down to pet oceans springs in Pascagoula. It is a hidden gem. Susan, I loved taking business trips on there. You wouldn't have to twist my arm to go back. I can't say enough good things.

24:31 - Susan

Well, I do get asked occasionally with your credentials in your experience. Why didn't you go somewhere else? And I love it here. Share with my family. I won't say they came over on the Mayflower though. I do have some relatives who did come over on the Mayflower. But we located on the Gulf Coast in the 1700s. And it's just a beautiful location. I mean, it's a beautiful location. The people are wonderful. Yes We are blessed with that lower wage index like said, there's the double edged sword. As a payer, that's a little bit of a challenge, because of course, we don't pay the same wages as everybody, but then we're blessed with this lower wage index, and the quality of life that you can have, with a reasonable salary is amazing, nothing short of amazing.

25:19 - Bo

That's fantastic. So how in order to bring these programs to fruition, and get them implemented, and help ensure their success? how closely do you work with the HR team? And how important is that to you?

25:36 - Susan

Yeah, we do have to partner closely with the HR team, I'll be honest, they were some of our most vocal advocates going to the state and asking for money to help fund these programs. And of course, working with our local colleges, to let them know this was not a predatory program, we want to partner with them. And we do our LPs, or are overseen by local community college board, and now we were partners and not competition and producing those individuals and telling the case, it's not easy to sell. legislatures on new programs are different. And, you know, they seem to have a pretty good price tag, I mean, it cost us \$11 million to get this program up and going that is not small change. But you know, sell in the future, what it would look like an investment in the future. And I will say this, Mississippi does not do a lot of things right all the time. But some things they do very, very well. And therefore thought on workforce development and what they would need in the future. And the investments have been just incredibly spot on. In like said, working with the HR department, you know, we talked about the nurses having too much do not enough of them, going back and explain to them how we were asking them to do more, they are now responsible for helping to train other individuals, and paperwork with HR, again, on making it where it was an incentive for those staff members to do that you have to go to a preceptorship program, you have to

get trained, you get paid more to help with training. You know, when money's tied to charge, say we need to pay more for people to do things. But you know, that's the reality of it. We know it's a motivator. But it's money well spent.

So instead of having more instructors, we actually have our rank and file staff participate in the program. And that helps with engagement. So a lot of things we did very right, working with HR, working with our frontline nursing team, and of course, reaching out to the community and to the state making these programs a reality.

27:55 - Luke

11 million is definitely no chump change. But to put it in perspective, that's what 50 Travel nurses give or take.

28:03 - Susan

So the rates have come down a little bit, it's hard for us to see that as much, but I was sharing with Luke earlier. At one point, during the height of this pandemic, last February, we saw rates and around \$250, just in the neighboring state of Louisiana \$250 per hour. You know, that's great, I'm a nurse, my daughter's a nurse, that's great. You know that that is unsustainable, you know that that that you know it's coming out of somebody else's bucket or something, you're not going to be able to Bob, whether it's better technology, maybe you have another person you need to pay to do some work, which can't pay them because money's can one thing about money that can only be spent once. And if you can't spend it the way you need to, it's coming out of some other place that you would like to spend it. So I've been able to get our cost down has helped. Even though like said the rights are still high, but really truly as you were talking about the shortage, we have known as

professional nurses that there's going to be a big shortage of nurses coming in 2030. Hold on to your hats 2030. The baby boomers are retiring out and less people are going into nursing. And of course, the boomers are the biggest generation that we have in society. So your biggest generation is going to go out instead of being healthcare providers. They're going to be health care recipients. There'll be on the older end, they'll need people taking care of them. And so everybody's talking about this looming shortage, 10 years down the road COVID comes and moves that 10 year span up 10 years. So you know, I'll use the elegant term, we were caught with our pants down. People who had been in the profession maybe in their 50s, early 60s are like, I'm not dealing with this. You know it rightfully so because we knew this disease is a killer. So I'm going to go ahead and retire now. It's especially with shortages and other things working 12 hour shifts, it just got to be a lot. So what we saw was the resignation nation actually took an effect on our most experienced clinical staff who decided they weren't going to go to the house or retire early. Yeah. So now. So once again, you know, something's coming, you know, here's the train to come in, it's coming down the track, but guess what, the trains here, it's hitting now. And you really have to scramble to find good solutions. No one that you know, there's no replacements. Remember, we had 10 years to get replacements? And how can you quickly get people in place and like, say, kudos to our HR department, the state of Mississippi into our nursing partners. From that, I mean, the community colleges, who stepped up and said, We've never done this before, but we know we can do it. We know we have to do this, and get those programs up and go and so quickly.

30:56 - Bo

So that kind of leads me into my last question for you what, what advice would you give or recommendations would you give to the HR professionals listening to this podcast? If they want if they want to, to implement or bring, bring these types of solutions that you're doing in their organization? How do they socialize that with their clinical leadership, to help give it the most for, for what they want to try and accomplish?

31:26 - Susan

I think doing their research and finding out these programs can be pulled off. And, you know, once again, it is a great time to reinvent the wheel and not look at traditional sources. For employees as we have in the past. I know we've said you know he's worked in human resources and people solutions for a long time. In the past, we've done the same thing we were doing right now, agency temp staff rates are higher until hospitals decide they can't continue to do that. They wait for the shortage to kind of close a little bit. Or occasionally we'll get international nurses or that that all that is not a viable solution. Now, we really have to look at different ways of getting people into our professions, or looking at other skill gaps. For instance, if you don't have an Orient, are there roles that an LPN can do? Or is there some other licensed trained people that can take some of the tasks that are currently volunteer that are answer in such short supply, like said rethinking, and re envisioning what the field looks like in as I said, most of our LPN programs have closed pre pandemic? Okay, so we can't get them open fast enough. What can we do, and in this case, it was an apprenticeship program. And we had to look far and wide to say, this can be done. But now that some of these other programs are up and going like ours, we have a lot of other health systems in other states reaching out to us and say, How did you do that? What steps does it take? You know,

nursing is regulated by the institute of higher learning in my state, state boards of nursing, and making sure you have those partnerships and understandings. You know, they know there's a shortage, but really, truly looking at the needs differently than it was in the past. You're not looking at a decade from now. We're looking at the reality of we need skilled people yesterday, but we need them tomorrow. We need them in a year, we need them five years down the road. And definitely increasing the pool of people who can go in those programs is going to help everybody.

33:35 - Luke

Awesome. That's fantastic. Susan, you've been absolutely amazing. So for the last portion, we'd like to give you a chance just to make a shout out to whoever you want. Bring us home, and then I'll close this out.

33:47 - Susan

Well, I'll tell you, you know, I can't say the last three years have been easy with COVID. It's really been the most challenging years of my career. We are coming on the back end where we're just dealing with the usual crisis that we have every single day. And I am so blessed to work with amazing team, amazing team of nurse leaders who have stuck it out through some very challenging days, nights weekends, where we're on phones trying to find solutions. I work with great physician providers. I've worked with great executive leaders who have a vision and a desire to find alternate solutions. If solutions in the past aren't working today, then we need to find new solutions. And we have a pretty young executive team bias CEO, which I've got to give her a shout out. She is a 40-year-old female nurse with a doctorate degree and she just has a very good

vision as starting as rank and file nurse and progressing through the leadership and to the CEO level and having that nurse experience. She has a unique idea of how we can do things differently. And like said, it's the difference between telling somebody what nursing is and somebody knowing what nursing is. And she's worked in surgery. She understands what surgical techs do, phlebotomy does. It, it really does add a separate element and a more depth, because of her knowledge in healthcare, and the actual clinical side of it. So she's got a brilliant PhD brain, but also being able to look at the clinical side and balancing out the two. So like I said, our executive team is dynamic, smart, hardworking, and I'm just really blessed to be able to work with the group I work with.

35:39 - Luke

That's awesome. Well, Susan, thanks so much for being on the show. We really enjoyed the conversation. You're welcome back anytime, because you're just a fantastic human. So it's been great chatting with you.

35:54 - Susan

It's kind of cathartic talking about some of the great things we do. Because sometimes it's hard to look and say what you're accomplishing when you're dealing with a lot of facets of problems. But honestly, we have a lot to be proud of.

36:09 - Luke

We certainly do that well said well said. Well, folks in the ASHHRA nation out there, you've been listening to the ASHHRA podcast with Bo and Luke, Susan Russell, Chief Nursing and Patient Safety Officer over at Singing River Health System

in Mississippi. It's been an absolute pleasure and listeners, you know, don't be a stranger, reach out to us comment on social media. If there's topics that you're facing today. Let us know we're going to bring somebody on the show, to talk about it to tease out the little nuggets that can help us all become better professionals and better people. And, you know, as Susan said, we're all we're all in this together. We're doing a lot of great thing. So let's continue to do that. ASHHRA folks, that's a wrap.

About The ASHHRA Podcast

Co-hosts Bo Brabo and Luke Carignan from The Bo & Luke Show bring you the latest insights and trends in the world of human resources. Whether you're looking to stay up to date on the latest news and legislation or gain valuable insights into building a better workplace, the podcast has something for everyone. So sit back, relax, and join Bo and Luke every week for fresh episodes as they explore everything healthcare HR!

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