The ASHHRA Podcast

featuring Bo & Luke from The Bo & Luke Show

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Raw Transcript

00:06 - Bo

ASHHRA Nation, welcome back to another episode of the ASHHRA podcast. I'm your co-host, Bo Brabo. I'm in studio with our other co-host, Luke Carignan. We have a very special guest with us today. He's the President of Advocate Condell Medical Center, Dr. Matt Primack, we want to welcome him to the show with open arms, we're going to have an amazing conversation. He's a very accomplished executive in healthcare. He's been in the industry for 25 plus years. His father is a doctor, Matt is doing great things at his facility, at his location for his organization. We have amazing topics to talk about, we're gonna get into, we've talked about it before Luke, we're gonna get into work life harmony, we're going to talk a little bit about the radical change that's happening in healthcare. Luke, you've said it before, healthcare is on fire. I think we've heard that from all of our guests, there's a lot of things happening. And it's important that we, that we talk about these things as they're happening so that we can learn from them and make the best decisions for our own organizations moving forward. Always great to continually learn from the people who are in the fight every single day. And it's just great to hear from professionals like Matt, and Matt, we are so happy that you're on the show. Welcome. Why don't you kick it off with you know, tell the folks a little bit about yourself?

01:24 - Matt

Yea thanks, Bo and Luke, absolutely honored to be on your show. I have listened to many episodes; you guys are absolutely the best. So honored to be here with you today. So Matt Primack, I serve as President of Condell Medical Center within the Advocate Health Network. Advocate Health is now a relatively new organization, we just merged with Atrium in the southwest quadrant of the nation. We're now a 67-hospital system. So one of the top five nonprofit health care providers in the country. I am embedded into what we are now calling the Midwest regions. We have 27 hospitals in the Midwest, that's primarily Illinois and Wisconsin. I have been in executive leadership for about 15 plus actually, almost 16 years now, prior to those 10 years on the clinical side of clinical doctorate in physical medicine, rehab, had my own private practice for about 10 years and then went into the administrative side.

02:23 - Bo

That's also a heck of a career. So yeah, no kidding, not even finished. Yeah, what an amazing organization to be part of, especially when you have a big merger like that. And it's a large organization.

02:33 - Matt

Yeah, it's getting larger by the minute to, you know, to know that we now have colleagues on the other side of the US, we have Alabama, Georgia, North Carolina, South Carolina, Virginia, it really makes for an exciting opportunity to be so large and have so much innovation really at our fingertips and the exciting next steps in health care, we're really on the cutting edge of many of the initiatives across the country.

03:01 - Luke

That's so cool. And speaking of those initiatives, one thing I'm super curious about, we were chatting about this, before the show started the transition and transformation that healthcare is going through, you know, especially post pandemic, I see because we have these conversations, you know, every week, healthcare is really rising to the challenge of transformation. And I would say outpacing, even the tech industry that you know, for the past 20 years has kind of been setting the bar on recruitment, on technology integration, just from a business perspective, on seeing access to care and access to information on the patient side, just explode, where you know, even if you look 10 years ago, for as me being a patient, I didn't have access to my doctor's notes. Now I just log into my chart, I can see you exactly what they're saying about, you know, me or my family and have that line of communication. Is it it from being internal does it is it, as it says in a big of a hyperdrive internally seems externally?

04:12 - Matt

Oh, well, actually, you mentioned hyperdrive, and I'm envisioning that, that scene in Star Trek, we hit hyper-gentle; stars are flying, but that was COVID for healthcare. So you mentioned we are now accelerating. And I absolutely agree that we're accelerating. But let's not forget, we need to look back the last decade or two. We were trailing far behind almost every industry. So if you are going to schedule tickets on an airplane, you get on your app, you do it, done. You're going to rent a car yet on your app, do it, done. You go into Whole Foods, you're checking out yourself, you know, but healthcare was trailing far behind any of these industries and yet the technology was there to utilize. We just weren't always utilized. So most of the technology around healthcare was really in care protocols and care intervention. It wasn't on the entire care delivery access system. And so you mentioned, you know, well, now I can get my results on my phone, or I can get it online. Right. I couldn't do that, let's say 5, 10 years ago. COVID showed us that we can act quickly, that we can utilize the technology that's out there in other industries, and we can provide it to the patients that we serve. We hadn't been doing that nearly as quickly as we are now.

05:41 - Luke

That's so cool. That's so cool. And what about, you know, oh, go ahead.

05:46 - Matt

You bring up three huge buckets, Luke of real change for us. The first is our workforce, the second is access to care, you talk about access from a technology standpoint, but there's access from a virtual standpoint, that is probably the most progressive and innovative and most quickly accelerating part of the healthcare industry, which is, you can go online and see a doc in the palm of your hand. And the third is the underlying platform of technology, those three things are really critical. And we can go deeper if you want. But I think those are real important factors to realize, when we talk about the entire healthcare landscape.

06:29 - Luke

I want to jump on something to because obviously, we are a human resources podcast. But from a President's perspective, another thing that I saw go into, I'll use the hyperdrive again, right, was a positive impact on the internal culture. At health systems, I feel like the pandemic made things so bad, we talked about resilience, like people, our workforce had to see things that we were not accustomed to dealing with, right. And no one had ever asked us to rise to that occasion. Now I see health care companies setting the pace in the world today really, over how do you affect those total rewards for the employee? How does culture play into that, and I can just tell from your personality, so far, without even digging into it, that you're probably good at this. So I'd love your opinion on it. You know, who thought that ever we would show up to work and our job would be to try to convince people to stay at work each day. If that wasn't in our job descriptions, that wasn't in our training for executives. We put out an open role and we'd get 15 to 20 people to apply, we'd do our interviews, you know, we'd select the best candidate, we got to a point in 2020 & 2021, where we had so many open jobs, we actually were closing down services, this is across the country, inpatient, outpatient ambulatory services, which didn't have enough people to do the work. And I was very blessed to have an opportunity to be on the front lines during COVID; we were on site seven days a week for over a year. And we would walk the halls and talk to people and say, you know, we'd hear from a younger teammate, you know, I have an elderly parent living with me, who has multiple illnesses, I can't catch something and bring it home to my family, I'm out, you know, I'm gonna go to work at a local grocery store, I'm gonna go to work at some other organization. We had people say, you know, I have young kids at home, I can't do this job, because I need to be at home because their school went virtual. And now I need to be at home managing the family. So we were having to deal with some of the most radical situations ever. And you know, I think it comes down to a few things. And I really feel strongly about this. And I've talked about this a lot. Number one is, as leaders, our job is pretty simple. Now we've got creating strategic direction of an organization and making sure that we're fiscally, you know, sensitive and sound and got a foundation to continue to remain an organization in the future. But really, our job is to inspire people to be great. And what does that mean? You know, I walk down the halls and I see a nurse or I see a physician, my job is to thank them, appreciate them, recognize them, celebrate them for the incredible work that they do every day. And secondly, my job and I hope my colleagues join me in this, is our job is to get the tools, the resources and the support so everybody at work can be successful, whether that's people,

whether that's equipment, whether that's technology, how do we secure the resources so everyone in this environment can be successful. If you break our roles down into that, we will have a successful organization and a successful industry.

10:14 - Bo

I love that. I think that is fantastic. Matt, has your organization, Now that we are, if you want to say post pandemic, you're coming out of it; have you taken time, from a leadership perspective and with your teams to conduct the after action type of reviews? To review everything that happened in your organization? What went well? What didn't? What can we do better next time and actually document it to create that almost - crisis playbook. For when something in the future comes again, whether it's a pandemic, or just something that hits your system, if you will, your facility so that you don't feel like okay, we're going back through all this again. And now we're trying to remember how did we handle it last time? We have a very good friend of our show. He's been on multiple times. He's one of the co-founders of JetBlue Airways. And we've talked about this with Mike Barger, we talked to Mike multiple times. And, you know, the airlines experience, unfortunately, crisis, like there's some type of incident, whether it's a crash, something happens. But when a major incident happens, they literally have the playbooks, the written documents, they pull them out, and it's probably an 80 to 90% solution. The same time. This is what we do step one, we're doing this step two, we're doing this and they react to that incident, and they go straight into crisis leadership mode. Are you seeing that in your facility and around the healthcare industry as a whole? Talk to us about that?

Okay, it's a great question. And let's, let's also frame this that, you know, 95 to 99%, of all of the 5700 hospitals across the country, you know, were dealing with an ebb and flow of volume on a daily basis. You know, some days we have high census, some days, we have a low census, but it had not been clear. And we had not run scenarios of let's say, 100% increase in census or doubling the number of patients that we needed to support. And so we did have to work very quickly in figuring out how do we put patients in hallways? How do we put patients in conference centers? How do we open up our ambulatory centers to be temporary inpatients? How do we put up a 10,000 square foot tent in our parking lot as a mobile ED for only patients who had COVID symptoms? That wasn't in our previous playbook we didn't

12:51 - Bo

Right, that's important to learn from.

12:53 - Matt

You may have come across some folks, this tends to be a military term, but we do this in disaster management called a hot wash. So immediately after a disaster situation, you bring every key stakeholder into a room and you say, what went well, what didn't go well, what do we need to plan for in the future and use the word playbook. That's a hot term in our organization. We have now, an entire encyclopedia volume of playbooks of facility management, of equipment management, of supply, I want to separate those three facility equipment supply because they're very different from one another. We have a people management playbook. How do we recruit folks. We were calling school nurses. We were calling extended care facilities and nursing home nurses to come in. We were calling retired staff, saying - you retired two to three years ago, we need you to help in the vaccine clinic, come on in! So the playbooks are now plentiful.

13:58 - Bo

Yeah, I think that is so fantastic. And for everybody listening, you know, I would highly suggest that you kind of just take an internal audit of your own organization to see if you have the types of things that Matt is speaking about. Because what happens is whether it's another military term, you know, you when you're in a crisis, you're thrown into this VUCA, environment, volatile, uncertain, complex, ambiguous, you respond differently, right? It's almost like the flight, fight, or freeze kind of happens to you. And it can help calm you if you know, there's something that you can go to and reference, right, that says, hey, these are the types of things that you could do, right? At least a starting point. It's not going to be 100%, the same reaction that you had last time or whatever, but what a difference it can make when you've taken the time to have these playbooks if you will, whatever you want to call them, available to you. And I think that's great that you're across these multiple types of topics, people management, specifically, that's you.

14:59 - Matt

Yeah, you know, Bo, I want to call one thing out, you used this term twice now in your comments, is our system CEO Jim Scottsburg, he's one of the most influential, one of the strongest healthcare leaders I think we've had in this country. And he asked us to do something. So this was prior to our merger with our southeast partners now. But he asked our Midwest region to do one thing, he said, I want calm over chaos. I want everybody to take a deep breath. I want everybody to take a minute and think about what we're doing. Let's not just react, let's Pro Act, and Jim set a tone for our entire enterprise, which I think really permeated into our management team. When things were challenging when things were volatile when we didn't have the answers. And he set the tone. And it was on all of our emails, calm overcast, I think that was one of the really well learned lessons, is we need to, even though in the midst of very challenging times, take a minute take a deep breath.

16:14 - Luke

100%. Yeah, I think that's great. That works across you know, since Matt's in Chicago, I'm gonna reference the great Phil Jackson. Right, the Chicago Bulls. I read his book 11 Rings, fantastic book, right. I mean, 11 championships is crazy. But what stuck out to me about this book is it really wasn't about basketball. It was about calming yourself and calming your team down. The whole thing was about meditation and getting your mind right and right at the beginning. I mean, Phil would say, you know, if you're trying to amp up your team or give him like a - win one for the Gipper speech - he said it actually has an opposite effect of what you would want because then they're not calm, and they're not doing the job that they were trained how to do. So he would actually go during the biggest plays during the championships, just work on calming the team down who said they'd go out there and get it done. That really broke things open for me when I read that.

17:11 - Matt

Another example that some of us refer to, for those race-car fans survived a drive that the Formula One on Netflix, it dives deep into each one of the race teams. And you see that the really, I would say at this point, radically different culture within each of the teams led by the team manager, and you see how their leadership behaviors can impact how the entire team performs. You see some leaders on the more volatile reactive side, you see some leaders on the more conservative and calmer side. And what that translates into their team is very direct. So examples all over on how calm leadership is really effective.

17:55 - Luke

I couldn't agree more. Matt, before this, before we started recording, you were talking about something I want to dive into. You're talking about how you manage just life personally and professionally. And what your goals are for each one and how those evolve. I know you mentioned, I think you said you had a couple of teenage daughters right now. And for the listeners out there, you know, if you look at Matt's LinkedIn, look him up, Matt Primack on LinkedIn. His resume is incredible, right? He's absolutely killing it. He's accomplished a lot. And he's helping a lot of people. Like on the outside, you might say things like, wow, this guy is lucky, or wow, he must work really hard. But what stood out to me is where you're really finding the benefit. And what you're passionate about is being great at both things personally and professionally. Just for folks that are trying to figure that out in their own life, would you mind sharing what you've learned and how you do it?

18:52 - Matt

Yeah, wow, where do I even start? We did talk about this earlier. I have two teenage daughters that no one warned me for this. Like I know I would put two teenage daughters against COVID right now. I mean, it is just I need to pull calm over chaos at home every night. When I line my doors with felt so I can't hear them slamming them upstairs. You know, the one thing that I am beginning to learn is now, being in the industry, being a healthcare leader for now, a long time as I poured years of my life into my career, and I missed a lot of really important events of my kids. I was finishing my doctorate. I was in business school. I was working 80 - 90 hours a week, leaving at five in the morning, getting home at 8, 9, 10 o'clock at night and I know many of your listeners are living that right now. And I share this openly, but I share it cautiously. I was lying in

bed with my then 11 year old daughter who was turning 12. Some of the nights, the only time I have with them is when I get home and they're around bedtime. And she leaned over to me and she said, Dad, and I said, yeah, she goes, do you think you'll be coming to my birthday party next week? And I said, Honey, we're planning a big celebration for your birthday. I'm involved in it. She goes, well, I know. But you know, you're not always around. And this is really important to me, do you think you can come to my birthday. And I will tell you, I didn't sleep well for about a week thinking that my daughter is asking me if I'm coming to her birthday party. And that was a few years ago. And that really pivoted me and my thinking around what's ultimately important to me, I've got to be good at my job. I've got to be passionate about the work that I do every day. But I have a commitment at home as a father, as a husband, that I need to deliver on and you use this word, I think I'm going to use this sign as you can copyright it or patent it, but I'm going to use this, this harmony. Because I had at work to find harmony. I had to figure out okay, how do I prioritize certain things when it's needed? How do I prioritize emails at home? How do I prioritize a softball game that I need to go to, how do I prioritize a late evening dinner with physicians that goes till 11 o'clock and I don't see my kids for 48 straight hours, because I've missed them one night. That has been a focus. I've worked with mentors and coaches; I coach and mentor others in this area. Because I think it's something that we all have an opportunity to work on. And I'm not sure if anybody's mastered it. But I'm striving for that excellence in finding that harmony in both. Another thing that we started; my wife also works full time. She's also an executive. And we started something quite a long time ago, and we still live to it. We have something called NTT. It's called "No technology time." And it's from about 6:30 to about 8 o'clock at night. And my team knows it. My wife's team knows it, my kids know it, that at about 6:30, we have a bowl, it's been the same bowl from multiple homes that we've lived in, and we all get home and we throw our technology in there, we turn it off. And we say this is a time for our family. It's NTT time. And that has been incredibly, it's allowed us to embrace each other. Now it's gotten tough with cheer practice, and gymnastics, and softball and football and everything else we're doing. But it's our families dedicated and isolated time to not be looking at the screen, to be having a meal together, to share about current events, to share about what happened at school and to share about what happened at work. We include our kids and our work. But we have to be deliberate in that. And that's something we found very helpful. I've talked about that a lot. And I recommend it for everybody, just a moment in a day where you're not connected to technology.

23:19 - Luke

I love that. I think I might implement that as well. And just, you know, and I do understand, like I have a lot of, I really empathize towards that it's probably really difficult with your practice and other things going on. But just the fact that you're being intentional about it and sharing that with the people around you. I mean, it raises the bar a little bit every single time. I bet what you get back from that is just huge. Even if you're not perfect at it, just doing it is huge.

23:52 - Matt

You know, I did something with my older daughter who's now 15. I did something and I was a little bit cautious, but I decided to do it. We were going through a massive expansion of our critical care Intensive Care Unit, doubling the size of it in our geographic market, where we right now are the largest of all the hospitals in the area. And this was big. The media was there. It was a very big event. And I said to my 15-year-old, do you want to come? And you know, the kids don't come to a lot of dad or mom's work events. And there's probably about 150 - 200 people in a conference with the media, their balloons, the ribbon cutting, the whole thing. She sat in the front row, and I'll tell you what I get you know, I gave my remarks... a little speech. I was more nervous talking of doing this in front of my daughter than like 30 elected officials, the media and everything. We got in the car after and my daughter looked at me, you know after turning on Taylor Swift, she looked at me and she goes... I don't even know what you do. That's pretty cool. Right then and there, I got chills. And I said, you know honey, anytime we want to talk about it I want to share what I do. By bringing them in and not keeping them out of what we do every day, especially when we're in healthcare. It's a mission driven industry. We're here to serve and support. What a better lesson to our kids and our family of what we do every day.

25:25 - Luke

Yes, that's the harmony. That's the harmony telling you balance is a losing battle. They're never going to balance work and families; it's never going to happen. But you just you hit the nail on the head. That's harmony! It's when you integrate them both together. And I feel like we can all figure out, that not only do we have time for both, but it can thrive with both. Like, why not embrace that?

25:51 - Bo

Yeah, I was fortunate about 20 years ago, maybe even 25 years ago, I actually attended a retirement ceremony for a Marine Corps Colonel. And he had been in the Marines for 30 plus years. And it was the first retirement speech that I'd ever heard, given the way that he delivered it. And what was most powerful was he said... "You know, I don't look back on my career and regret that I didn't do more deployments, regret that I didn't work longer hours or regret that I didn't do more training." He goes, "but I look back and I regret the 13 birthdays I missed for my son, I regret the family vacations I didn't partake in it', his message was he screwed up. Make a priority. So his message to the audience was make these a priority. They're years you can't get back. And when you can bring your family into your life. Right. And work is a big part of your life. It just helps them know you better, and what you're doing and what you're doing in your community and what you do for the family by going to work. And it really can make a big difference. So thank you for sharing that Matt.

26:57 - Luke

This has been fantastic, Matt. Before we let you go, let me ask where do you see with all this transformation in healthcare? Where do you see it going? You know, I don't want to ask you for 10 years out because that's crazy. Because in 2012, I wouldn't think we would have been here. So let me say like five. What do you think is on the horizon that folks can be excited about? What are you seeing?

27:24 - Matt

Yeah, that's a great question. And that I think, is one of the most prominent questions right now being asked, that we ask ourselves, because the way we're delivering healthcare in America right now is not the way that we can deliver it in the next three to five years. It's not a current sustainable model. It just isn't. It isn't from a financial standpoint, it isn't from a workforce standpoint, we have technology that can enhance the way we deliver health care. So a few things; first of all, we will see a sharp turn in offering virtual and digital care to our patients. So when most everybody, I had an opportunity, I sat in the ED last night and as I was walking out, one of our board members called and said, I've got a neighbor, he's there with his 20-month-old child and he's not feeling well. I walk into the ED. This guy is sitting there with his 20-month-old; kid's eating an apple and I said, why are you here and well, my son has a fever. I said, you brought your 20-month-old child to a trauma one center because he has a fever? We have got to be better at putting people in the right level of care. And we've not educated our community. We've not built ourselves to do that well. So whether that's care at home, care virtually, care in an ambulatory Immediate Care Center, the days of these big huge shops with lots of bricks and mortar and lots of equipment, we've got to transition into a smarter level of care. And I think you're gonna see a lot of that. And so we had 50 -60,000 virtual visits a year, we're now well over a million because people realize that the sore throats, the earaches, the ankle sprains, the things that you can do potentially easy in a virtual platform are quick or affordable or immediate and can return people back into their life without sitting in an ED for hours. So I think that's the first change. I think the second change that we're going to see is an enhancement in the technology. So you mentioned Luke that you can now get your results online, whether it's results, whether it's scheduling, whether it's interacting with your care provider, you know, if you've got a question right now, you schedule an appointment. That's an exhaustion of a ton of resources that did not need to get utilized. So how do we put in the palm of your hand for those quick questions, somebody on the other line, who's an educated caregiver who can provide you some guidance. You know what, that's something you need to go to the ED for, or you know what, let's try this. Let's touch base tomorrow and see how you're doing. Those are the types of evolutions we're going to see now, because what we're doing right now is not a long term plan. So I think you're gonna see a huge change. One more story, I'll never forget this, about seven or eight years ago, I ended up in the San Francisco airport. And I get off the plane, I'd rented a car, I get off the plane, and I'm expecting a ticket, or rental car, you know, you go up to the person, they

try to sell you the insurance, they try to sell you the gap like that. I walked up to a kiosk. And there was a woman on the video screen who asked me all the questions. I gave it to her quick. She said your car is at level three and the keys popped out of this like gizmo. And I'm like, I'm never going to talk to a human, it took six minutes, and now I'm up inside my car and I'm off onto the highway. Other industries have already figured out how to do this so much better. That's where we're going to see in the next three to five years, you're gonna see a radical acceleration of how we offer access and care.

31:19 - Luke

I love to hear that; love to hear that something I'm very passionate about now that I'm in southwest Virginia, and you just said it, is access to care, especially in rural markets. I mean, I'm originally from Peoria, Illinois. Folks drive three hours south of Chicago you'll find it. After you get south of I-80 and Chicago, we get to real rural, real fast. That's where half of America lives and the access to care is super difficult. People don't get in, they don't go in for screenings; they get have to get really sick and then be transported a long ways. So it's just so amazing to hear about the changes in access to care, because flat out people are going to live longer in a massive way. It's going to be very good... more birthdays!

32:06 - Matt

Yeah, more birthdays! I think the last to kind of cap to this conversation is, for those of you that may live in an area where your power company does this, this is not uncommon these days, is your power company will routinely send you a letter explaining how much energy you've used and how to save energy. Now, from an economic standpoint, you're thinking, why is the person who sells me energy trying to have me use and buy less, it just like the economic model doesn't make sense, but they're doing it because they know it's the right thing to do. Health care is quickly moving in that fashion, we have to move from an episodic type model, when you're sick, you come to us, we need to move to how do we prevent you from getting sick in the first place? That I think, as is as in other major areas, value-based care? How do we keep people healthier so they don't need that high level of care? How do we manage heart disease? How do we manage diabetes? How do we manage all of these things that early on, if they had, if we had a really good deliberate wellness program, we might see a prevention in these long-term high acuity illnesses that are very costly and very complicated to offer?

33:25 - Luke

100%. Well Matt, for the last minute or so we just like to open the floor to you. You can give shout outs to whoever you want, you can talk about your team, you can convince people to come work at, you know, at the hospital legends, it's totally up to you.

33:43 - Matt

So in the spirit of this of our environment, right now, let's talk HR. Because right now, healthcare is a people industry. We may be going to all this technology, but it is still people that are going to drive health care and people need support. And I routinely look to my HR power partners, whether that's local, whether that system, because we need innovative thought leaders in the world of people management, so whether it's volatile and reactive pay models, whether it's flexible benefit packages that were providing people. We talked about this to death, you know, before, everybody wanted the retirement plan, and they wanted all of the, you know, all of these, this deep portfolio of benefits. Now, people show up and say I want cash, give me everything in my paycheck, I'll go find my retirement and healthcare somewhere else. But I think we still, as an employer serve all of those age levels. And so some people want the benefits. Some people want the paycheck. We have to become flexible and nimble to address our new evolving workforce. And so as an executive team, I find that our leader in HR with a Chief HR Officer, VP, VP of HR, whatever that title may be, has become very quickly our most valuable thought partner in thinking about workforce. And so, you know, I want to thank all of the listeners today in the world of healthcare HR, because we wouldn't have gotten through COVID without thoughtful HR partners walking our organizations through some of these challenges. And as an example, we had a very rhythmic approach to compensation adjustments to what we call compression analyses, you know, every year or two or three, we take a subset, we were doing it quarterly, if not even more frequent than that, to address the needs of the market that took leadership to say, no, this is what we're doing. We've always done it this way and follow the parameters. And this is our protocol. We had folks in HR step up and say, This isn't good enough, we can do better for the people we serve and to support the organization. So if there's anybody I want to thank, it's our national leaders, our local leaders in HR for being such incredible dedicated partners, to make sure we had the people at the bedside to take care of the nation.

36:21 - Bo

That's fantastic. Thank you for sharing.

36:23 - Luke

The ASHHRA nation just gave a round of applause to Matt Primack. That's right. Well, Matt, thanks so much for joining us. I really enjoyed this episode a lot. I learned a ton. You're welcome back anytime you want. You have a very infectious personality. It's awesome. So please come back and join us again. Bo, any closing thoughts?

36:46 - Bo

I think you hit it right on the head there Luke. I appreciate it. Matt, thank you so much. We could not have asked for a better episode. Very conversational; hope it met your expectations or exceeded your expectations. I would say ASHHRA nation, you've been listening to Matt Primack. And by all means, rewind, pause, take notes, and try to use what Matt's talking about in your organization. And hopefully it helped.

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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