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

Dave Hennessy: Welcome to The Hennessy Report by Keystone Partners. I'm Dave Hennessy and today's guest is Rosemary Sheehan, the Chief Human Resources Officer at Mass General Brigham formerly known as Partners HealthCare now 81,000 employees strong and clearly one of the world's leading medical institutions. Rose takes us right inside the dramatic steps that they've had to take at Mass General Brigham to care for patients during this pandemic and how it's evolved and continues to evolve.

She also discusses how she sees HR's role inside Mass General Brigham is to better care for their people so they can better care for patients. A couple of things, she also discusses is how post-traumatic stress syndrome has been a big factor on their staff, how the namings of the hospitals going back to their founding hospital names, why she loves the Mass General Brigham mission and how her career has evolved from finance to HR. And their united against racism platform and how they're rolling that out. You'll enjoy this episode. Rose is a great speaker and very interesting to listen to. Next up on our podcast is Denise Vargas, the executive director of El Hogar Projects, a school in Honduras. And, now our conversation with Rosemary Sheehan.

Rose, welcome to the podcast.

Rose Sheehan: Thank you so much, Dave, happy to be here.

Dave: Well, we always start the Hennessy Report by Keystone with a little bit about our guests and we have so much to talk about, but we want to know is there anything that you can share about earlier in your life that you look back now as an inflection point? Something that informs your work today.

Rose: I think there's two things that really impacted who I am and how I think and how I function as a human being, as a mother, as a wife, but also as a professional. First is I'm a daughter of immigrant parents. English is not my first language and raised in a home where both my parents were factory workers and worked really hard to achieve the American Dream. So, much of what so many immigrants today strive to achieve. And there were some things that we learned really early on, nothing is owed you and you have to work really hard. I always try to work pretty much as hard as anyone else or harder than I ask anyone on my team to work. And so those early lessons were really important.

I also think an early lesson was that no matter what your job is, you're valuable to society. I think we've seen that through the COVID pandemic. There's been a lot of focus on essential workers as being people who deliver our groceries, who work for Amazon, who are our nurses and our doctors. And I think for so many years, those essential workers were not visible to society. And so growing up, I realized my parents weren't doctors, weren't lawyers, they did factory work and they still deserve to be treated with dignity and respect.

Dave: Yeah. It sounds like it's really come back to during this pandemic, as you referenced just thinking about the people that are working very hard inside your organization and many others that are dealing



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with this. And maybe before we get into some of the big organizational issues, can you talk a little bit about the people component inside our organization during this pandemic. Then of course your organization has impacts and influences globally, but talk about the challenges, the victories and what your concerns are for your people that work inside your institutions.

Rose: It's been almost like a bad sci-fi book, right? It's nothing any of us I think we're prepared for; from a people perspective, it's been incredibly difficult. We had at one point in all of our hospitals, 800 COVID positive patients. And so we had a lot of fear, no one really understood. I think it's better now in that we all better understand the science, we understand how to care for patients. But if you think back to March, we didn't even know what SARS-CoV-2 was, we didn't understand what it was to take care of it. And yet knowing nothing about how serious it was, what kind of risk they were putting themselves in all of our employees, whether they were doctors, nurses, food service staff, environmental services staff, put on their PPE and walked into those rooms and took care of patients. And, they took care of very very sick patients.

They saw more death than I think they had probably ever seen in a short period of time. And, it was incredibly traumatic many of our staff, frontline workers are still experiencing significant PTSD. They're very worried about a surge, they wish that it weren't happening again I think they're very concerned about it. The good news is I think the data shows us that we can take care of patients and most patients actually will survive if even hospitalized. And so that's the good news, I think that's the positive news, but it's been very difficult. We redeployed staff, we took staff whose jobs were not in ICUs and we retrain them we put them in ICUs. We had to stand up a field hospital in a matter of seven or eight days, we hired nearly a thousand employees to support that.

We had to revisit every single policy. We had employees who had no support mechanisms, childcare centers were closed, nowhere for their kids to go. We had a lot of employees who sent their kids away, sent them to family members' homes they were so afraid. Again, we didn't know anything. They were changing in the garage, donning all the clothes that they wore all day and then going into their homes immediately into a shower. Again, we didn't know what we didn't know. So, it was an incredibly and still is an incredibly difficult time period for our workforce. We have a very heterogeneous workforce so we sent home at the peak of the pandemic, because we shut down all of our elective cases. We had nearly 40,000 employees working remotely that number is probably closer to about 25-30,000 now.

Dave: Out of what 78,000?

Rose: It's about 81,000.

Dave: Oh, it's up to 81,000 – wow, I'm behind.

Rose: We had to learn how to support those employees too. And, what do they need to be able to successfully do their job? We never furloughed one person, we didn't lay off anyone and we tried really hard to provide the mechanisms and support for them to be able to continue to do their job. So, we're managing really employees on two fronts, our frontline workers and the issues that they were struggling with every day and then our remote workers and many of them were researchers and physicians who



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are all of a sudden thrust into providing telehealth services to patients because all offices were shut down.

So, it was an incredibly trying time and I'm really so proud of our workforce. They really were amazing through the whole thing and so brave, so courageous and they continued to do that every day. And, I'm really proud of our HR team. Now, one of my proudest things that we did is we created what we call a COVID fund. And we gave out \$1,000 grants to 11,000 people who really hit upon some serious financial crises during this pandemic. And so we really tried to lean in, in ways that we probably never would have considered in the past to really make sure people had what they needed to survive.

Dave: No, I didn't know all of what you were dealing with. I can't imagine what it's been like inside your organization. As you look forward, now we're starting to see the numbers of infections go up. And it sounds like you feel like you can handle if there is another surge, which it seems like it's happening, you can handle it even more effectively than you did last time because you know how to treat this more.

Rose: I'm not a doctor so I rely on all of our scientists and our physicians, but what I'm hearing from them is that we have better treatments, right? We know now what to do to treat patients. We know when to vent them, when not, when to put them in a prone position, when not, we know when to admit them and when not. And, I think we're testing so much more and we're identifying cases earlier that they're likely coming into the hospital, less sick than we did before. And when you look at the types of patients who are getting sick and this data is readily available, the state has a wonderful dashboard on its mass.gov website which really highlights that right now who's getting sick are younger patients that will probably fare better than our older, more vulnerable patients who have lots of comorbid conditions.

So, I think that's also one of the reasons why we feel like we could probably handle it better, but we're hoping that the slope of the curve is not as dramatic as it was in March. It was an exponential curve and right now it's a pretty linear curve. It is increasing every day the number of admitted patients, but it's increasing in a less steep way than it did back in March and we're hoping that that continues. What we tend to see is we're about two weeks behind the restrictions going into effect. We tend to see those cases begin to decline.

Dave: Rose, you started to talk about your organization. I think it would be great for our listeners because I think there has been some confusion. I think you're trying to resolve that confusion by the rebranding of your organization from Partners to Mass General Brigham, you talked about the numbers of employees, 81,000. That's the most employees by a private employer in Massachusetts by a lot so it's a big HR job you have for sure. But can you talk about the scope of the whole organization?

Rose: We're a large academic health system with two large academic medical centers really a couple of miles away from each other, it makes us quite unique. We have a number of other hospitals. We have three specialty teaching hospitals, world-renowned hospitals, Spaulding, Mass Eye and Ear, and McLean. And then we have several community hospitals as well, we have about six of those that are sprinkled all over Massachusetts. And then we have a nursing home and a home health agency. We have four physician organizations. And so that kind of comprises the whole system. We do employ about 6,000 physicians and we do have a number of affiliated physicians as well, that are an important part of our



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community hospitals and the care that we provide there. It has been a system since 1994, the two founding hospitals were Massachusetts General Hospital and the Brigham and Women's Hospital.

Dave: And, that was big news when they merged for sure, right?

Rose: Yes. Tremendous science at its core, right? Many of the residents that have come through those hospitals are now leading hospitals or hospital teams across the country. So, we are teaching the best and brightest in the country. They were tremendous competitors, they were really focused on growing and developing their own hospitals, I'll call them our forefathers, brought those organizations together. I think in part to strengthen the position of the organizations against managed care which at that point was overpowering any hospital in Massachusetts. And so that was kind of the originating perspective as to why the hospitals were brought together. And then immediately we started to develop ways to drive efficiency that was done through a lot of shared service functions. Many teams were collapsed and integrated into corporate functions that serve the entire system and so that work started almost immediately. The process of becoming a system has been evolving for many years.

We've added hospitals, we've added the specialty hospitals. Our two newest hospitals are Mass Eye and Ear and Wentworth Douglas. I wasn't part of Partners when the name was created, I think they felt that they wanted a name neutral from the clinical organizations. Most recently, when the board wanted to really focus on becoming a more integrated academic health system, really with patients at its very core and patients at its mission, the board also asked the question of, "Are we really able to convey the strength of the system using a name that's not tied to the clinical operations?" And that was really fundamentally the question. If you have two name brands that are very well known both regionally, but also nationally and internationally, why would you want to not reinforce the system name brand and reinforce those names? And so the name was decided last year, it was intended to have a very thoughtful rollout and then the pandemic hit. And as much else in life, we had to take a little bit of a different pathway.

Dave: Right. Resources were going in different directions, right?

Rose: Yes. So, we put the whole thing on hold and we had no intentions of actually starting any use of the name until we realized one of the outcomes of the pandemic is that many patients delayed care. We were seeing care that we normally provide almost evaporate, we knew people were either staying home and potentially getting worse or even not making it.

Dave: Because of fear of catching COVID at the hospital.

Rose: That's exactly right. They were so afraid about coming to a hospital that we really needed to be able to message that it was a safe place to be and we had really worked hard. One of the things that we as a system did is we really banded together during COVID and we really operated as one. It was really quite remarkable, but one of the things we did is we developed what we call our safe care commitment which is how we as employees remain safe, but also how we create a safe environment for our patients. And we wanted to make sure we could convey that to our patients and it was either convey it with one voice or convey it in 13 different voices and out we launched in the middle of a pandemic, a new name.



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And, it's been very well received by our patients. They love the Mass General Hospital, they love the Brigham and Women's Hospital. Internally, I think it's just hard, right? Change is hard. And, every organization looks at that change slightly differently. So, if you have been working for the corporate function, say HR or finance or IT and you've always worked for the company called Partners HealthCare, you have some loss, right? That was who you associated with.

Dave: There's some identity there, right?

Rose: Exactly. If you work for an organization like McLean Hospital which is world renowned for its psychiatric services and its research and teaching, you don't want to lose and nor do we want to lose the value of that name brand. So, it's how do you really build a structure where you both maintain the integrity of the name McLean Hospital, for example, and also wrap it around the system name. So, Salem hospital now is Mass General Brigham Salem Hospital, for example, right? But our specialty hospitals it's McLean Hospital, part of Mass General Brigham. Our employees deliver the brand promise so we really want to make sure that they feel really committed to the system and to the full brand.

Dave: Now you have a very interesting career path. I think we should talk a little bit about this because you're kind new to the head of HR for years now in the HR function. You came from a finance background can you talk about how that impacts your perspective leading the people function inside your organization?

Rose: So, I'll start with kind of the end which is the role I'm in now, it's probably the hardest job I've ever had. And it's a hard job in any given year, but we've had CEO transitions, we've had a pandemic, we've had a name brand change. We've done more transitions in the last year or 18 months than most people see in their entire career. And it's a hard job because I also care so deeply for the outcome, right? The workforce, I care a lot. I started my career at Mass General. When of my kids were little people would say to me, "Do you like your job? Why do you do that job?" And, I was in finance at that point and I would say to them, "I am surrounded by so many incredibly smart people. It elevates my game every day." In my role as the head of HR, my sole focus is to make sure that we can take care of our people so that they can take care of patients.

That's fundamentally why we're here every day. We're here to drive the science that ultimately will be a game changer in curing cancer and curing Alzheimer's and curing ALS. So, that's why I love being here and that's why I've been here for 21 years. So, I started my career as an individual contributor in the finance team in revenue cycle. A month after joining, they asked me to be the manager of the team and I think that was in their plan. It wasn't clear if that was in my plan and I had two young boys. For working moms, it's always a difficult balancing act between wanting to really drive your career and having a plan and also wanting to make sure that you feel good about your decisions. And you feel good about the balancing act between your decisions that impact your family and decisions impacting your career.

So, a month later I was a manager and I moved up the ranks in the MGPO. I worked for the Massachusetts General Physicians Organization then which is part of MGH and I was given tremendous opportunities to advance. About eight years after arriving there as an individual contributor, I was running their entire revenue cycle team. And then I got tapped on the shoulder by Peter Markell, the



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CFO of what was then Partners, now Mass General Brigham and he said to me, "I'd love to see you do this on the hospital side and really try to bring all this together." I had three children at that point was really nervous and I will say, my husband was amazing. He said to me, "If not you then who, go for it." And I was like, "Okay, you're right. I'm going to go for it."

And I did that job for seven years. And then Peter Markell also has a dual role. He is the CFO, he's also the Chief Administrative Officer and he tapped me on the shoulder a couple of days before Thanksgiving in 2017 and he said, "Our CHRO is leaving after a very short stint here. We could go back out, do a national search, but what this team really is a really good leader. You've got some tremendous experts on the team, they just need someone who's going to set the vision and help them execute it, will you do it?" And I was like, "What?" So, after I recovered I called my mentors and they said, "It's a perfect job for you because you are a change agent and that's what HR needs to be." And so I said, "Yes."

And my then daughter who was nine said, "Mom, is that like Toby from *The Office*?" And I said, "Oh honey no, well, your mother will never be anything from *The Office*." So, it's been a tremendous experience. One thing I didn't appreciate and I'm sure many of our business leaders don't appreciate is how complicated and how challenging some aspects of HR, all of the compensation and benefits, the ERISA rules that is incredibly complex. And so I'm so blessed I have incredible leader who is our SVP of Total Rewards and HR Customer Experience. Matt has done just a phenomenal job of really driving the effectiveness of that team.

Dave: That's great. I know many of the people in your team and I agree, they're incredible. Rose, what's important to you about the people that you bring into your team and even Mass General Brigham at large.

Rose: So, really it depends upon the role that they're going to be occupying, right? I hire obviously a lot of leaders and one of the things I look for is can they be a good people leader. Will they actually lead their team? Will they be a good coach and mentor? Will they really drive diversity and inclusion? By the time you get to a vice president or an SVP role, you've already proven yourself technically, right? And we hire for technical skills all the time and we often have to let people go for their inability to lead people or their inability to work with people. And then fundamentally, I look for a lot of the same characteristics that really worked for me which is will they work hard? Will they be passionate about our mission? Do they care about what we do? Those are the things I think that differentiate the people who want to work for a nonprofit organization and those who would prefer to work for a for-profit organization.

No judgment with for-profits, but when you work for a nonprofit organization it's all about the mission. It's not fundamentally about profits. It's really about driving the mission and so I think if you're going to be a leader in an organization like Mass General Brigham, you have to care deeply about the mission and about our patients. If I'm looking for a technical contributor then I'm really assessing are they going to be a good teammate? Will they treat people fairly and with integrity and respect? There's nothing more damaging to the ability to drive goals and to bring someone in as a team member who just can't be a good team member.



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Dave: Rose, I remember meeting you. You gave a great analogy about your vision, and you said, "Be kind of run like the European Union." And, you talked about this with the branding of the organization.

Rose: Exactly.

Dave: That really separate organizations, but your hope and I think you were starting that process already is make it more like the United States, where there was more commonality amongst the organizations. And could you about that in terms of culture? And of course, in terms of what that means for HR and operations as well.

Rose: The hospitals really have been a bit of a loose federation for many years, right? It's how the system was formed. One of the things that is really wonderful is all of the cultures are quite unique and different and they're rooted in their history. I mean, these hospitals, many of them have been there for hundreds of years. What would be really, I think terrible for the system is if we try to wipe out cultures. What we want to encourage is that people are both proud of their local culture and of the culture of the system. That we create a "both and": it's, I'm proud to be a nurse at MGH, it's an amazing place to work. I'm also really proud that I'm part of this great system that is driving tremendous impact to the world, right? Or to the region or to the country. And I think COVID, David, was incredible for this because we actually moved patients around, we moved equipment around, you need a vent, we'll send you a vent. We need to move employees, we'll send you two respiratory therapists. You have too many COVID patients, we'll send the COVID patients...

Dave: And that's never really something that happened before. Sounds like it.

Rose: No, not really. You know most often you can manage your own case volume, you can manage your capacity, you have enough staff, but this pressed us in ways that we never had to think like that before. And now we have a capacity committee that's looking at capacity across the system and saying, "How do we level load capacity so that we're using all of our assets?" "How do we make sure that we don't have patients in the hallway at one hospital and empty beds at another hospital? How do we make sure that we're using all of the assets of the organization?" But COVID, I think really made it clear to people that when we function as one, we are incredible.

We can do so much, when we came together to stand up Boston Hope with the City of Boston, I mean, that was an amazing feat. And, we had employees from all over the system volunteer to go work at Boston Hope. You can have philosophical discussions around what it might look like when you function as one, but when you actually feel it and live it, it's so much more powerful. It makes it so much real to people.

Dave: Yeah. And that necessity the mother of invention here, sounds like it's helping here. I remember you gave me a great example when we talked about this, you said, "We have 19 recruiting teams, recruiting nurses and we might have a great candidate and not a spot in this hospital. And we want to have visibility into the whole system to that great nursing candidate."

Rose: We actually just finally moved together all of our talent acquisition specialists, all under one team.



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Dave: So, you reached your goal. You told me about this and you made it happen during a pandemic.

Rose: We did. So now the hard work becomes, all right, "Well, how are we going to do specialty based recruiting?" So, do we need one nursing team? Do we need one team to focus on the non-nursing clinical roles and maybe one on administrative roles? So, we're now kind of digging in and really understanding what the right structures are to support the organization.

Meghan Mandino: We're recording this on Veterans Day and two of our colleagues, Rob Byron and Buck Rogers they're army and navy vets. And, they recently spoke about the importance of mission and trying to find it in civilian life and how it can be often very difficult. And, I was wondering if you've had experience with veterans in your role?

Rose: Yeah, actually we have a wonderful celebration tomorrow, a virtual Veterans Day celebration. We have a lot of veterans in our organization and honestly we celebrate them. They bring to our organization, the commitment and the dedication that is unwavering. It really is. They've sacrificed so much of their personal lives often their physical bodies, they are an amazing addition to the team. I've also had the opportunity to actually mentor a vet through an organization called the ACP. That has been an amazing way to support someone coming out of the military into civilian life. Boy, what a different world it is. We have the home-based program out of MGH that really tries to help vets with post traumatic issues from warfare we really think it's an important part of the organization. Today I watched a seven minute video with a number of our vets who are sprinkled all over our organization and tomorrow we'll celebrate even more veterans with the system-wide Veterans Day celebration.

Dave: Next chapter, after you get through the pandemic, your vision for people strategy...the next...2.0, what are you excited about for Mass General Brigham? And in particular with the people and HR function?

Rose: There's a couple of really important things that we're working on. So, first we have a new United Against Racism platform. If we can accomplish anything this year, if we can roll out the tenets of that platform to the entire system or at least begin to roll it out... it's a big system, so to begin to roll it out, I will be a very happy person. We know that there has been racism in our hospitals in the way that we have hired before, in the way that we have likely cared for patients in the past. Our goal as a system is to eradicate that, we are on an anti-racism approach. That's our goal. And, the tenets of our United Against Racism plan there's actually two platforms I'll focus on the organizational equity portion, but there's a community health and health equity platform as well that's really unbelievable.

But to focus on the organizational aspects, we are training all 81,000 employees starting with our top 500 leaders on what it really means to be anti-racist. To really set the expectations very clearly to every single person in the organization about what we expect everyone to do and how we expect everyone to conduct themselves at work. We need to diversify our leadership team so we're setting targets and we're really setting a plan forward to make sure that we can hit those targets. And we're also rolling out a new platform to actually track complaints around harassment, sexual harassment, racist issues. So, we're trying to give some control back to the hands of our workforce so that they can bring up and raise



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issues when they see them so that we can really tackle them and fix them. So, that is one of the most important things that we can do this coming year.

Dave: That's great. And Rose, can you give me a sense of what that's going to look like for the top 500 leaders? What way will they take in that training or that development or that knowledge?

Rose: So ideally it would be in person, but I think we all know we're in the middle of a pandemic so it likely will be by Zoom. It will be facilitated, it will not be an online learning effort and it'll probably make people feel very uncomfortable.

Dave: Yeah.

Rose: And, I think if we can actually get to the uncomfortable part then we'll be successful, because ultimately what we want our leaders to understand is what is their role in having an anti-racist organization. And leaders really set the tone, if our leaders set the tone from the top, I mean, it really will change. And, that's also why we need more diversity in our leadership ranks, because once you have a diverse leadership team, it changes everything. It changes how the team problem solves, how it comes up with solutions, how it develops business plans and it ultimately also changes the way people can see that they have opportunity. They can see...

Dave: I was just going to say that if you can see the top, you know you can get there too. Right?

Rose: That's right, exactly. We're a complex organization with I like to say very heterogeneous organization. We have what we can call hospitality workers, our housekeeping staff, our buildings and grounds staff, our food services staff. They're essential. You don't have those staff, you don't have a hospital, but then we have everything from that to Nobel prize winners who are curing the world's most challenging diseases. And then we have every job in between. So trying to make sure that you can convey what it really means to be anti-racist to all those different types of people. You really do need a diverse leadership team to be able to do that.

Dave: That's for sure. But I can't think of an organization that has more diverse functions.

Rose: Yeah.

Dave: Well, you know we produced this podcast in cooperation with NEHRA?

Rose: Yes.

Dave: And Meghan is part of a subgroup of NEHRA called the Emerging HR Professionals. And, we always have the NEHRA question of the podcast which Meghan has for you. Welcome back, Meghan.

Meghan: Thank you. Since you've been with the same company for much of your career what advice would you give to emerging leaders looking to develop their skill sets from within an organization?



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Rose: I saw a quote today that I thought was fantastic. It said, "People shouldn't be thinking about their careers as career ladders, but more like roller coasters." That is something I think people really have a hard time with, right?

Dave: Sounds scary Rose.

Rose: I know it does, but come on Dave. Don't you love roller coasters?

Dave: No, I get sick on them.

Rose: I think the most important message there is, it is not a linear pathway. I actually strongly encourage emerging HR leaders to get out of HR and go work in operations. Come back. If you want to be in HR long-term, fantastic. I mean, I think there are some very specific skillsets that if you want to be an HR professional, you need to hone over time, especially skillsets like OD and learning and development, strategic kind of workforce planning role.

But I think it really helps to have some varied experience so don't say no to anything offered you in terms of new opportunities to learn new things. Saying yes to any projects, saying yes to involving yourself in new committees, saying yes, to being part of new launches of work. Those are the things that do two things, one, they expose you to new skills. They expose you to new people, they open up your network, but they also ensure that you are getting ready for the next step. People will know you, if you just stay in your world in your lane and you don't get out of your lane, it's very hard for people to get to know you, especially kind of in a COVID world where we're all working remotely. It's very difficult.

Dave: Can you think of an example? Like, "Boy, I'm glad I had that business line experience."

Rose: My many years of experience in finance and rev cycle really helped me when we transitioned our ASO from Blue Cross to Allways I knew exactly how insurance companies worked and what it meant in ways that sometimes HR leaders may not understand. I went all over the system, I met with everybody. I did town hall meetings I talked about the transition to Allways and that allowed people to actually see me now in this new role, it allowed that transition to occur much more quickly than it would have if I didn't have that opportunity. So that's a real concrete example.

Dave: That's a good one. And, I'm sure you had a lot of confidence in your presentation because you knew that stuff inside and out.

Rose: Exactly.

Dave: What's something that you've changed your mind about that's important about leadership, about business?

Rose: We've recently had an issue where we were trying to come up with gender neutral bathrooms and at first, I was really worried about them and how our teams would feel. I've since changed my mind that I think it's more important to make everyone feel like they have a safe space and we're redesigning the



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bathrooms so that they're much more private. And I think with that, everyone should have a safe place to go to the bathroom and to not feel like they are uncomfortable or unsafe. So that's probably the most impactful one.

Dave: Yeah. That's a good example. If you could write a letter of advice to your 25 or 30 year old self Rose, what would you write, Dear Rose...?

Rose: Ah, your life is going to go by really, really fast. Make sure you have fun.

Dave: I'd write that too.

Rose: I would say don't be afraid of taking risks. Take the risks, say yes. I would give that career advice to anyone else. Make sure you surround yourself with people who will push you when you're a little bit nervous about taking the leap.

Dave: It sounds like recently you had those people.

Rose: I've had them several times in my career.

Dave: Yes. What's the kindest thing anyone's ever done for you?

Rose: Professionally, I've had tremendous mentors and I would say Jim Heffernan who was the CFO of the MGPO and Peter Markell, CFO of the MGB system.

Dave: Yeah, I've met Peter before.

Rose: They are amazing mentors. Peter said to me, "I know that you had aspirations to potentially someday be a CFO, but I think this role is exactly meant for your skillset." And he said, "I think I see something in you that you might not have even seen." And he was right. And, then I think personally I have to really thank my husband and my mother-in-law because without both of them... My mother-in-law really was amazing and always incredibly supportive when I was raising three kids and was the person I called when I had a late meeting, I got stuck in traffic, I had an early meeting. She would come and stay over so that I could get to work on time. I mean, I've been very blessed to have supporters in my life that have afforded me the opportunity to focus on my career and grow my career.

Dave: That's great. You're surprised to find an extra few hours, something drops off your calendar on a weekday or a weekend. What do you do with that time?

Rose: Go for a walk. My husband, John and Gus, our dog. And if I find even 15 minutes during my day where I feel like I can break away, I'm like, "Can you break away?" He's like, "Yeah, let's, let's go for a short little walk." It's just a way to get outside. With our remote workers and this goes to probably people listening to this podcast. It is very hard. And so I would really encourage people to take breaks throughout the day, this constant Zoom staring at a camera, you wake up it's there, you go to bed it's there. It's very difficult, I think people need to really take care of themselves, especially now.



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Dave: Yeah. It seems like more and more information's coming out, because we're just staring... When you're in person, you're looking, there's all sorts of different stimuli. When we're looking at this 12 by 12 screen, it's more exhausting. Do you have a good life hack you're willing to share?

Rose: Well, I only have one life hack that I still use, I've used my whole life and that's, you have to be really organized and a to do list is my only life hack that I've... and I've tried everything, I flipped to electronic tools, I've tried every "electronic." I'm an old-fashioned paper person and I...

Dave: Is it a spiral bound notebook that you work through? What is it? One sheet a day? What do you mean?

Rose: Well, no. I usually use a nice little notebook, I keep adding on, sometimes the pages get too old and I rip them all out and I start fresh with number one, but I'm a big cross off the list.

Dave: Cross off?

Rose: Yeah.

Dave: And then something that's not done gets moved to the next day?

Rose: I do. That's exactly what I'm constantly evaluating what didn't I get done, does it need to anymore. I was given really good advice once this is an interesting hack, which is sometimes you should not jump on things immediately. Just wait, because a lot of things just request of the moment. So sometimes those things fall off. So that's the beauty of...

Dave: I know, especially those ones where you're a little emotional right, where you're like, "Oh, I think I've got a send something." Wait, before you send an angrygram.

Rose: Always, honestly, I strongly encourage eliminating all angrygrams, pick up the phone and have a discussion. Let's talk as human beings and get to the right answer that's really what we need to do.

Dave: It's been so great having you on the podcast.

Rose: What fun!

Dave: We really appreciate you taking the time.

Meghan: Yeah, this is great.

Dave: So much fun. Rose.

Rose: Be well and stay safe.



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