Developing an Effective Health Care Workforce Planning Model









Contents

Executive Summary	1
Getting Started with a Workforce Planning Model	2
Data – Collecting, Understanding, and Using	3
Strategy – Understanding and Addressing the Business Need	9
Planning – How to be Prepared for the Future	12
Evaluation – Understanding Success	21
Conclusion	23
Literature Review	24
Acknowledgements	26



Executive Summary

The U.S. health care system faces growing challenges—the U.S. population is aging at a rapid rate; health care reform is expected to bring millions more patients into the system; and there are anticipated shortages in numbers of trained health care professionals to care for these patients. Therefore, the need to start now to develop more effective and efficient workforce planning models (WPMs) for health care organizations is critical.

This white paper contains both important data and insights as well as an assessment tool that will help organizations develop effective WPMs—and support excellent patient care and strengthen the U.S. health care system. By reading through this document in its entirety and completing the assessment in full, organizations can better define their needs as well as find new ways to improve their recruiting, sourcing, retention, retirement, and onboarding strategies, and use this information to refine their WPMs.

Supporting Organizations in Developing WPMs _____

The American Hospital Association (AHA), the American Organization of Nurse Executives (AONE), and the American Society for Healthcare Human Resources Administration (ASHHRA) are committed to assisting hospitals and health care systems to create WPMs unique to the delivery of patient care. In the 10-year impact statement from the American Hospital Association Strategic Plan 2012-2014, it states that the mission of the American Hospital Association Workforce Center is to "...assure hospitals have a competent and engaged workforce to deliver high quality care to patients and families." This white paper is a response to that call, and a way we can be most supportive to organizations as they develop more effective WPMs.

About This White Paper

- Literature Review: A literature review of more than 30 sources was conducted to gain a better understanding of the strengths and weaknesses of existing health care WPMs.
- Executive Interviews: Thirty-two top-level health care executives across the country were interviewed for this white paper in order to better understand the strengths and weaknesses of existing WPMs.

Using data obtained from these sources, the WPM assessment developed for this paper takes into consideration the size, scope of practice, location, workforce issues, and demographics of an organization. We also have developed it so components can be selected a la carte to better meet the unique needs of each organization.



Getting Started with a Workforce Planning Model (WPM)

Health care organizations should evaluate their WPMs annually and adjust them in order to meet ever-changing needs. When doing this evaluation, it is important to consider the future strategic direction of the organization and how this direction impacts workforce needs. At the same time, the "big picture" should always be kept in mind. For instance, organizations need to carefully consider how the Affordable Care Act (ACA) might impact them; how a team-based model of care will impact their workforce needs; and how new technology will change how their workforce functions.

To begin the WPM development process, we have created an assessment tool to help organizations understand their workforce needs and the shift to team-based care. Completing the assessment will help organizations plan and implement a workforce planning strategy; understand how to build talent pipelines and partnerships in order to be successful; and how to evaluate the WPM and determine if it is working well or needs to be modified.

Key Components of an Effective WPM

An effective health care WPM should include data, strategy, planning, and evaluation (DSPE). This health care WPM white paper outlines an a la carte method that will help organizations create a customized model. When developing a health care WPM, organizations should focus on the following:

- **1. Data** An analysis of the current health care workforce and the needs of the future.
- 2. Strategy An overarching workforce planning approach.

- **3. Planning** An approach to create pipelines to fill future workforce needs.
- **4.** Evaluation The ability to monitor the effectiveness of the plan.

The following assessment tool includes a series of questions that you can answer that will help you create a customized WPM for your organization. To create a comprehensive WPM, be sure to answer all the questions in each of the sections.



Data – Collecting, Understanding, and Using

Conducting a thorough analysis of an organization's workforce data is the first step toward developing an effective WPM. Doing so will help the organization better understand its future needs, and how the changing health care landscape will impact job positions, who they hire, and how employees do their jobs or deliver patient care. This workforce data should include current workforce demographics, potential future workforce requirements, and factors impacting the data, such as the move to interdisciplinary team-based care.

One important demographic to keep in mind: The approaching retirement of the baby boomer generation will have a larger impact than many realize on our nation, and our health care system. While baby boomers are the largest group, the post-boomer generations are much smaller and health care organizations developing new WPMs must plan for that.

Executive Interviews: Key WPM Focus Areas

In November and December 2012, we interviewed more than 30 health care leaders to better understand how to develop a new WPM. Below are examples of the feedback they provided that we used to help guide us:

- Linda Kruso, director of workforce planning at Beaumont Health System in Royal Oak, Mich., said it is important to look at why new hire turnover can be an issue. She addressed it with her organization with a complete revamp of their onboarding program. Kruso also met with the chief nursing officer and reviewed data for nurses and determined they are a majority of the workforce. Out of that analysis, a comprehensive recruiting, retention, and retirement program was created.
- At Aurora Health System in Milwaukee, Wisc., John Zorbini, chief human resources officer, stated that it costs their organization on average \$85,000 every time a nurse leaves or retires; therefore, if nursing turnover is 10 percent, that is a \$850,000 loss. Looking at ways to reduce nursing turnover is key to their WPM.
- Deborah Knight-Kerr, director of human resources at Johns Hopkins Medical Center in Baltimore, Md., instituted a diversity program to address the

disparities of minorities in leadership positions. Also, the biggest need at Johns Hopkins was addressing the large number of retirees utilizing health care services now and in the future. Due to this, Johns Hopkins is focused on ensuring there is a well-supplied pipeline around geriatrics and physical therapy, and that there are technical jobs to support their electronic medical records system.

- "It is important to gauge employee feedback results and how they explain turnover, turnover within the first year, and retention," says Molly Seals, senior vice president, Human Resources & Learning CHP North Division, Humility of Mary Health Partners, Youngstown, Ohio.
- Brandon Melton, senior vice president of Human Resources at Lifespan in Providence, R.I., needed to address the future supply of nurses at his organization, as many of them were eligible to retire. To determine what was needed, he looked at the nursing workforce supply by size, what nursing schools were producing, and where the gaps were. Melton also created a voluntary early retirement plan that opened up positions for nurses with different competencies.



Understanding Workforce Competencies

Gathering data regarding workforce competencies is also important when developing a WPM. Organizations should closely examine the competencies that are required for every position. These competencies—or lack of them can determine the success or failure of an organization. If a health care professional is competent, he or she will add value to the organization, whether that person works within an accountable care organization (ACO) or team-based care framework.

Executive Interviews: Competencies

Health care executives interviewed for this white paper said the following regarding competencies:

- "It is important to create well-structured jobs so we can be sure to send the right leaders to the right job. This is based on a job analysis, competency analysis and a selection analysis," said Angie Metcalf, vice president, Human Resources and CHRO, Martin Health System, Stuart, Fla.
- Jackie McGravey, workforce planning and analytics manager, UMass Memorial Health Care, Worcester,

Other Competency Areas to Consider

As you begin developing your WPM, consider the following topics related to competencies:

- Make sure your valued, long-term employees have easy access to tools and resources that will allow them to take continuing education, get retrained or access support services.
- Determine if any of your retiring staff could transfer their skills to new caregiving positions like those found in geriatric care, hospice or home health care.
- Create a progression chart elevating people to the top of their skill level, credentials, and/or education. For example, a career ladder for each department can assist employees in envisioning their career path. Posting these career ladders on bulletin boards and in other shared spaces will allow employees to see specifically how they can grow professionally.

Regardless of their position in the workforce—whether it is a nurse, a food service worker, a health care HR specialist, a medical records coordinator, a department manager, or a director of pharmacy—staff who are competent in health care knowledge, communication skills, leadership, professionalism, and relationship building are vital to an organization, and also the common denominators in developing an effective WPM. Each of these competencies can be specific and expanded for each unique role. The ASHHRA HR Leader Model and the AONE Nurse Executive Competency model address some of these competencies.

Mass., indicated that her organization was looking at more education for nurses with outcomes of better patient results; this is a shift in competencies for some.

- To address the shift in needed competencies at Hospital Sisters Health System in Springfield, III., HR staff grouped staff into three categories of performers (low, middle, and high) and created performance/training plans in order to improve performance objectives and quality outcomes.
- Offer skill enhancement programs that allow employees to obtain new skills and increase their confidence—and their investment in the organization.
- Ask, "Does a nurse need to do this job?" Perhaps there are other staff members who have the competencies, credentials and/or education/training to complete the work.
- Ask, "Do you want to be a nurse manager?" "What are your clinical, as well as management skills?"
- Consider other positions that may by suitable for older workers. An example of this is moving an older nurse to a discharge nurse or into a home health function so there is less need for him/her to stand on his/her feet for eight to 10 hours each day.

Once the workforce data has been gathered and the current and future gaps have been outlined, it is time to begin drafting the WPM.



WPM Assessment Tool: Data

Following is an assessment tool to help you start analyzing your current and future workforce data and help you identify strengths and weaknesses. Please complete this assessment in full, in order to capture all the data needed to develop an effective WPM.

Data: Review current workforce data and your future workforce needs to create an understanding of current and potential gaps.

Current Workforce Data

Outline the demographics of your organization's current workforce (age, ethnicity, gender, status [full- or part-time], years of service, etc.) If you file an Affirmative Action Plan (AAP) each year, use that data to answer these questions.

Demographic	Organization Data
Average employee age	
Retention rate (If you consider your retention rate is low, consider reviewing your employee employee feedback results and/or exit interviews to gain insight into why employees are leaving your organization.)	
Turnover within one year	
Average turnover	
What percentage of your staff is retiring each year (retirement rate)?	
What is the average retirement age of your employees?	
How many staff are eligible to retire within one year?	
How many staff are eligible to retire within five years?	
How many staff are eligible to retire within 10 years?	
Is your organization prepared to replace those who may retire? What are the top three positions that have the highest number of staff who may retire in the next three to five years?	1. 2. 3.
Describe your workforce by percentage.	Union: Non-Union: Professional: Credentialed: Certified: Experienced:



Demographic	Organization Data
Ethnicity of Employees: List the poercentage of the total employee population in each group.	
African American/Black	
American Indian/Alaska Native	
Asian/Pacific Islander	
Hispanic/Latino	
White/Caucasian	
Other	
Ethnicity of Patients: List the percentage of patients your organization treats annually.	
African American/Black	
American Indian/Alaska Native	
Asian/Pacific Islander	
Hispanic/Latino	
White/Caucasian	
Other	
It is essential that the organization's employee ethnicity percentages closely match patient ethnicity percentages. If they match, answer "yes." If not, answer "no."	
Gender of Employees: List the percentage of employees in each of the following groups.	
Female	
Male	
Gender of Patients: List the percentage of patients in each of the following groups.	
Female	
Male	
It is essential that the organization's employee ethnicity percentages closely match patient ethnicity percentages. If they match, answer "yes." If not, answer "no."	
Professional Level: List the percentage of employees in each of the following groups.	
Entry Level	
Clinical	
Professional	
Management/Executive	
Do you need a different mix of professionals to deliver care in the next three to five years?	



Demographic	Organization Data
Critical Workforce: List the top five positions that you consider most critical to delivering care.	1. 2. 3. 4. 5.
Credentials: List the top five credentials needed to deliver quality care.	1. 2. 3. 4. 5.
Are there any gaps between the top five critical positions and the top five credentials identified above? If so, where?	
Is your current workforce performing to the full extent of their credential and/or education? If not, why not?	
List the top five positions that should be evaluated if they are not working to the top of their credential and/or education.	1. 2. 3. 4. 5.
What is your staff ratio per manager and what are the titles of those manager positions? (It is also important to look at each manager's employee feedback scores, and determine if he/she is an effective manager. You also should review the turnover rate for the employees that person manages and note if it is high.)	
What positions are currently open?	
List the positions filled in the last two to three years and how long it took to fill them.	
List your top three sources for qualified candidates from which positions have been filled in the last two to three years (e.g., job boards, internal candidates, referrals).	
Does your organization have a recruitment strategy?	
What is your payroll budget, including severance payments? Are there any trends or areas of concern?	
What is the unemployment rate for your state? City/Town, County, or Region?	



Future Workforce Data: Determine what competencies and positions you will need in the future.	
Demographic	Organization Data
Are there any current competency gaps? List any here.	
What positions do you need to fill that are new positions versus replacements?	
When a vacancy is created and/or a new position is posted, do you review it for new competencies? How often are new competencies identified?	
What are your top three long-term goals that will impact your workforce in the next three, five and 10- years?	1. 2. 3.
What are your top five workforce concerns associated with those long-term goals?	1. 2. 3. 4. 5.
Do you have a workforce planning committee?	

Review Your Answers

Go back and highlight answers in **red** that fit these criteria:

- 1. Any "no" answers.
- **2.** If you were unable to answer a question.
- 3. Any answer that was incomplete.
- 4. Any answer that generated concern.

These highlighted areas show you where you need to focus in order to develop an effective WPM. Now that you have identified potential gaps, you are ready to move ahead to the next section of the assessment, which will help you develop effective strategies to address those gaps.



Strategy – Understanding and Addressing the Business Need -

Workforce planning is a process of forecasting the necessary talent needed to ensure future success. Steps in the process include developing a current workforce profile, determining future workforce needs, and closing any gaps. This process helps organizations not only identify workforce needs, but also key strategies, goals, processes, and behaviors needed to effect positive change. The planning process also helps health care organizations identify the level of competencies required to achieve their vision, goals, and mission, as well as the financial management needed to meet these targets.

Most organizations have some sort of workforce planning system in place, and many have identified the key internal and external drivers that impact their ability to achieve their goals. Organizations that are newer may find it helpful to begin planning for a specific subset of the workforce and then expand workforce planning throughout the organization.

Executive Interviews: Strategy Health care executives interviewed for this white paper had the following to say about the strategy of a WPM:

"When looking at the future workforce, it is important to focus on the transformational change, how that change will affect the way we provide care, how we will help our people to know how to change, and most importantly, make sure we are efficient," said Molly Seals, senior

Other Strategy Components of a WPM The most important component in creating a WPM strategy is obtaining buy-in from senior leaders or key stakeholders who will support the process.

Another component to developing a successful strategy is sharing information with your employees. This means you openly communicate any workforce planning information/ data that could affect jobs and scope of responsibilities such as changing workforce demographics, your effort to focus on interdisciplinary team-based care, or other organizational changes impacting the way patient care is delivered.

Identifying Stakeholders Next, it is important to identify stakeholders and

acknowledge their needs. Having a workforce planning group with key stakeholders in the organization is a must. First, there is a need to meet with the key stakeholders and constituents to discuss hiring and retaining, from frontline staff to leadership. This includes everyone from the CEO, to executive director of hospice, to head of surgery. Talk about the key challenges, level of commitment to the organization, and buy-in into a long-term strategic plan.

A workforce advisory council (WAC) or a workforce planning committee (WPC) is traditionally made up of a small contingent including the board of directors the head of human resources (HR), the chief nursing officer (CNO), and the chief executive officer (CEO). Other WACs may include staff representatives such as a registered nurse (RN), environmental services

vice president, HR & Learning, CHP North Division, Humility of Mary Health Partners, Youngstown, Ohio.

David Schutt, workforce planning and geo analytics leader, Stanford University Medical Center in Los Altos, Calif., emphasized that organizations need to know where they are going as an organization in order to plan for the future.

Finally, in developing an effective strategy, it is important to involve employees in the decision-making process, as they have the ability to influence the "decisions that matter" through various mechanisms. It is important not to take a "top-down" approach to developing your WPM. Because employees are interacting with patients and colleagues directly every day, they have unique insights into your organization and can help you forecast workforce changes and gaps impacting the WPM now and in the future.

representative, a finance representative and a physician. Most have human resources and nursing representatives, the CNO, the CMO, the CEO, and a physician.

When developing a WPM for an organization, it is important consider pre-determined actions that need to be accomplished before the WPM can be put in place. Most importantly, every WPM should have specific goals it sets out to answer, such as, "How will hiring more RNs help our organization?" or "If we reduce administrative staff, who will take on their responsibilities?"

After creating the overarching WPM strategy, it is important to communicate the WPM to all stakeholders for feedback and to ensure everyone is aware of the components, objectives, and goals of the WPM.



WPM Assessment Tool: Strategy Development

Following is an assessment tool to help you start developing your strategy. Please complete this assessment in full, in order to capture all the data needed to develop an effective WPM.

Strategy: Understanding and Addressing the Business Need
What would your organization like to accomplish in creating a WPM? Name the top three expected outcomes.
1.
2. 3.
List the top three changes you expect to happen in the next five years that will impact your organization's workforce (e.g., changes in your mission, goals, or shift to interdisciplinary team-based care or new technology). 1.
2. 3.
List the top three skills that are critical to meeting your goals and objectives (e.g., delivering quality patient care). 1. 2. 3.
List stakeholders who should be included in creating your WPM. It is valuable to have a task force oversee development or revamping of the WPM.
1.
2. 3.
4.
5.
6.
List potential external strategic partners who could contribute to the WPM. 1.
2.
3.
4.
5. 6.
List five occupational skills that will no longer be needed at your organization in the next five years.
1.
2.
3.
4. 5.
0.



List five new occupational skills that you will need in the next five years.
1.
2.
3.
4.
5.
List five new positions you anticipate will be needed in the next five years.
1.
2.
3.
4.
5.
List at least three ways your organization is addressing expected skill imbalances due to attrition, including
retirement, over the next five years.
1.
2.
3.

Review Your Answers

Go back and highlight answers in **red** that fit these criteria:

- 1. Any "no" answers.
- **2.** If you were unable to answer a question.
- **3.** Any answer that was incomplete.
- **4.** Any answer that generated concern.

These highlighted areas show you where you need to focus in order to develop an effective WPM strategy. Now that you have identified potential gaps, you are ready to move ahead to the next section of the assessment.



Planning – How to Prepare for the Future

Cultivating strategic partnerships and community workforce pipelines is key in acquiring a diverse pool of

candidates for your future workforce. (Note that a "workforce pipeline" is a source of future candidates who will possibly work in a health care organization.)

Partnerships can be defined as two organizations joining forces, sharing resources, and maximizing strengths toward achieving a common goal. In health care, partnerships can be valuable for for-profit, non-profit, private and public organizations and help fill workforce pipelines.

The following are examples of potential partners that can bring value to a health care organization:

- National and state workforce boards
- Public health departments
- Universities, colleges, academies and high schools
- Capital investors

How to Develop Partnerships

Below are examples of steps you can take to begin developing new partnerships:

- Meet with local colleges and universities to discuss your future employment needs. This collaboration can positively impact the quality and quantity of health care graduates.
 - Outline what is expected of graduates in terms of STEM (science, technology, engineering, math) education and experience.
 - Invite partners to attend quarterly information sessions with your CEO, so they have a better understanding of your future workforce needs and can help you develop new strategies to meet those needs.

- Grants or foundations
- Scholarship sponsors
- HOSA Future Health Professionals (encourages and mentors high school students to enter the health care field)
- National and regional professional societies (e.g., AONE, ASHHRA)
 - Educational institutions can invite health care staff to join their advisory boards as subject matter experts. In this role, they can share their thoughts on topics such as current health care curriculum versus future curriculum.
 - If you require job candidates to have firsthand experience working in health care, consider helping students and recent graduates gain experience by offering volunteer opportunities, internships and work-study programs.
 - Some institutions may have programs that help fund students working toward degrees in health care. Partnering with educational institutions can help strengthen these programs by demonstrating an interest in students with health care degrees.

Mike Paruta, director of workforce development, Human Resources, Care New England Health System,

Providence, R.I., is the pioneer of such a partnership initiative. The Rhode Island Nurses Institute Middle College Charter School opened in Providence in 2011. The charter school helps students complete college-level courses while working toward a high school diploma. Paruta, also chair of the school's board of trustees, said, "This is an outstanding education-workforce development strategy. It helps in building a new workforce, making it a more diverse workforce in the future and preparing young people for the new health care model. Nursing will lead the transformation of health care." The charter school addresses the current shortage of 4,000 nurses in Rhode Island, according to the Rhode Island State Nurses Association. College-level courses are completed by students earning both a high school diploma along with 28-32 credits of general education requirements before gaining entrance to a post-secondary institution of nursing. The charter school supplies graduates to the local hospitals and long-term care facilities with a direct flow of viable local candidates who are a direct reflection of the community that they will serve.



- Connect with youth in your community by hosting a monthly "Be a Health Care Career Volunteer" day. In addition to helping them understand the value of volunteering and how it can help them in a future career, pair them with a mentor who can provide more specific guidance. This is a "win-win" since you can fill volunteer positions while allowing them to build their skills and knowledge and explore a career in health care.
- Let universities and colleges know you seek diverse candidates as well as diverse student volunteers. Actively seeking diverse candidates not only demonstrates your commitment to diversity, it supports your overall mission. By seeking diverse student volunteers, you build relationships with them and help ensure you have quality, diverse candidates to choose from in the future.
- When recruiting, think beyond the short-term and communicate your long-term strategy to potential partners so they can envision how the partnership can benefit them. Also, note that today, many students and other candidates research companies to work for instead of the traditional approach to job hunting, which involves exploring specific jobs or positions. Your future workforce will contribute to your strategic plan and help you accomplish your mission, if they can better see how they can individually contribute to the organization's success.
- Contact local high schools to see if they might be interested in creating a workforce readiness center for your organization. A workforce readiness center can prepare students for entry level positions in health care while enhancing important communication skills.
- Look at your recruitment strategy. How is your organization perceived by your employees, as well as patients and the public? How does your online presence represent your organization? Consider how you can use social media to build your workforce pipeline by attracting Generations Y and Z to your organization.
- Form cross-departmental teams to look at your day-to-day operations so they can help predict your future needs. Bring nurse leaders together to listen to staff nurses share their ideas about recruiting, retention and retirement. Have conversations about who is championing interdisciplinary team-based care and where is it working. Talk about who is interested in nurse management and training. Acquiring fresh perspectives is key for leaders to be able to make choices that lead to better work environments that ultimately lead to extraordinary patient care.

Keeping the Pipeline Full

Here are some practices to consider with regard to filling your workforce pipeline:

- For every leadership role, two to three candidates should be in your pipeline who would be qualified to fill the position. Explore leaders in all departments, competing markets, and outside the health care field. However, keep in mind that "rising stars" may also be viable candidates.
- Make sure to publicize job openings and volunteer opportunities not only to health care graduates, but to residents of your community. If you are inviting and open, community members will not only come to you as patients, but as potential employees.
- Nurses are excellent workforce ambassadors. They come in contact with the target audience, the community, as they serve and care for patients. "We are always looking for great people to join our team," can be a powerful message when communicated by a positive, engaging and committed nurse. Also, be sure to include nurses in staff meetings related to recruiting and creating a pipeline.
- Look at the WPMs at successful businesses outside of health care in your community and see if there are practices you could also follow. For example, Macy's starts looking at seasonal hiring needs for the coming November immediately following the completion of the holiday season in January.



Understanding Recruitment

According to ASHHRA, recruitment is "the process of attracting, sourcing, screening, and selecting candidates for positions within the health care organization." Partnerships and pipelines are sources for recruitment plans.

A recruitment plan should describe the organization's vision, mission, and values and profile of the health care worker, while outlining ways to attract candidates through social media, employee testimonials, and face-to-face referrals. Keep the following in mind regarding sourcing, screening and selecting candidates:

- Sourcing candidates using conventional tools as print media, career fairs, and word of mouth are good, but are quickly being replaced by social media, virtual career fairs, networking, and conversations with passive candidates, employment verifiers, and candidates' business associates. While it is important to keep up with these emerging trends, using both traditional and newer methodologies can be beneficial and the variety of recruitment methods can be complementary.
- Screening candidates can initially be done using a software program or an applicant tracking system. Using these types of programs enables the hospital hiring staff to streamline applications and respond more quickly and efficiently to inquiries and better match candidates with open positions.
- Selecting candidates by phone and through in-person interviews are often substituted with a behavioral interview session, on-the-job interview, shadow interview, panel interview, or a virtual interview on SKYPE or GoToMeeting.com. Using these alternative tools will allow the candidate to demonstrate his or her technology skills, as well as communication skills, required to deliver excellent patient care.

It is also important to ensure your HR staff has technology skills as well as a forward-thinking approach in order to attract candidates in today's competitive market.

Within the recruitment plan also consider the following:

- As a path to positively affect the labor market, consider attending meetings, commissions, etc., that impact the local community to develop networks that include people who are interested in contributing to the health care workforce.
- In communities with more than one hospital, consider working together with other organizations to find talent. Focus on a shared employee approach where individuals can move into positions utilizing their strengths while filling current and future openings. Forming a collaborative coalition can flourish into becoming a vital and dependable steward of the community's needs.
- Keep in mind that external factors may have a significant impact on your WPM. Consider collaborating with other local hospitals to do an assessment about supply and demand. An analysis of key jobs, along with data and comparison of other hospitals can assist with identifying organizational needs and the needs of your entire community – and how to address them.

Health care graduates overall have more opportunities not only because of more demand in hospitals and health care systems, but because there are growing needs in nursing homes and home health for continuity of care. Thus, forming relationships with nursing homes and home health organizations might offer flexibility for current and future employees to work in a variety of settings, which can lead to increased recruitment and retention opportunities and staff satisfaction. Furthermore, staff who are aware of such linkages with home health and nursing homes will better understand the importance of reducing readmission rates, which will benefit the organization overall.



Onboarding and Retaining the Workforce

According to ASHHRA, onboarding is "the process of assimilating a new employee into the health care organization with structured engagement while having access to employees, resources, and technology to perform the job effectively and become contributors to the organization."

The onboarding process should begin long before hiring an employee. Items to consider in developing an onboarding plan include:

- Develop information materials about the organization that are specific to new employee needs; include a new employee portal on your organization's website or Intranet; support a "friend-at-work" program to assist new hires in adjusting to their new roles.
- In-person onboarding presentations are most effective when all new employees attend the same session from new hires who are environmental services specialists to executives to physicians and nurses. Components of a successful onboarding presentation should include the following:
- Introduction
- Onboarding process map (outlines what all new employees will need to do)
- Position outline/job descriptions
- Position schedule for first 180 days
- Sample check-in form to be completed within 30/45 days
- Goal setting form for first 180 days
- Organization chart

Other items that may be valuable in developing or refining your onboarding process:

- Have employees willing to assist new hires wear a "Helping Hands" badge so they are quickly identifiable.
- Offer an online onboarding presentation for new employees that they can view at home, prior to beginning their first day of work.
- Create a "passport" specifically for new employees that includes the mission and goals of the organization on one side and a place to write in their personal or career goals on the other.
- Check-in with new hires frequently, particularly in the first 90 days, to answer any questions and ensure they are fulfilling the responsibilities of their position.
- Ask new hires, "Do you understand why you do what you do in the job?" Take it one step further to find out how it aligns with their personal goals.
- Ask new hires to give you more specifics about their background in health care. The goal is not to put the new employee on the spot, but rather to identify any strengths or skills they may have that are not being utilized.



Retaining Employees

Once the employee has completed the onboarding process and has started to fulfill their job responsibilities and it is clear they are an asset to the organization, it is important to retain them.

Retention, or stability index, is the health care HR metric that measures the number of staff with one year or more of service in the organization compared to the total number of staff in the prior year, one year ago. The more stable an organization is, the higher the employee retention rate should be. Retention should be calculated by department and workgroup to determine where the greatest need of focus for a particular department or workgroup should be. Ongoing evaluation of the work environment is needed to keep ahead of any shifts in retention.

An organization may have an acceptable retention rate overall but may have unacceptable retention rate with a particular workgroup, department, shift, pay grade, position, competency, or education,

Components of a successful retention plan include:

- Structured schedule for follow up between managers and employees.
- Supervisors should coach/praise/reward/recognize employees directly, while they are on the job as well as publicly in the organization or in the community.
- Encourage employees to complete employee surveys and share survey results and demonstrate how any concerns are being addressed.
- Encourage employees to get involved in committees and activities sponsored by the organization.
- Assign employees a "work buddy" and/or mentor.
- Involve employees in the performance planning process.
- Ask for feedback from employees regarding ways to improve or ask them to share any new ideas they have that could improve the workplace.

Developing a Mentoring Program

A key component to a retention plan is a good mentoring and/or "buddy" program. According to ASHHRA, mentoring is a process "designed to create a mentorship community for the health care worker to enhance and grow knowledge, skills, and abilities to excel in their position and career." This process becomes a resource for finding and developing talent to ultimately advance the growth of the workforce.

Some ideas to consider when evaluating a retention plan and developing a mentoring program are as follows:

- Ask registered nurse leaders to precept new employees. Their leadership will engage new employees in meaningful ways.
- Ask, "If every employee had a buddy, would that change how invested they are in the organization?"
- Precepting/mentoring new employees should be a yearlong process with the majority of meetings held in the first six months.

As mentees and mentors develop their relationships, knowledge is transferred and gained. This training drives toward improving and enhancing specific knowledge topics, job tasks, and workplace behaviors which increase employee competencies.



Developing Training Programs

Another key component to a retention plan is offering employees training and continuing education opportunities. Examples of the variety of training opportunities available include:

- Extensive Training: Activities involving a more-thanmandated/more-than-typical investment in developing employees to achieve greater relative organizational effectiveness.
- Career Development: Assessments that focus on identifying career opportunities/pathways for current

Examples of innovative and effective training programs are as follows:

- Comer's Children Hospital, Chicago, III., identifies emerging leaders and allows them to complete an MBA program onsite through National-Louis University, Chicago, III.
- Chamberlain College of Nursing, an institution of DeVry Inc., offers an RN to BSN degree. This program is completely online, which allows nurses the flexibility to work full-time while completing coursework.

Other examples of how training can support retention:

- Contact your state Department of Labor to learn about potential funding for training.
- Provide operations, business, HR, and finance training for physicians. They will become more successful and thoughtful leaders when they gain business insights that combine with their medical background.
- Implementing electronic medical record (EMR) training can present challenges, since employees have varying

employees as well as the training needed to support those opportunities.

- Management Training (Linked to Workforce Planning): Practices involving the alignment of leadership development resources within each organization's strategic direction.
- Alexian Brothers Medical Center, Elk Grove Village, III., has partnered with Dominican University for an onsite Bachelor's of Nursing degree program, which expands the opportunities for staff nurses and will hopefully lead to a workforce that is more reflective of the community and patients they serve.

skills and technical knowledge. Follow-up to ensure employees understand the system and communicate as the EMR is rolled out.

- Create a leadership cohort for physicians and offer interpersonal and communication training to enhance their leadership skills.
- Have BSN/MBA/MHA/MSN programs brought onsite to your facility.



Measuring Results

In order to maximize an organization's ROI on retention, it is important to measure the results of onboarding and recruiting and retention programs. An organization cannot manage or improve on programs if they do not measure their results.

Succession Planning

Succession planning is the proactive identification of leadership needs through leadership workforce analysis, leadership career planning, and development. Every organization needs a succession plan. Be transparent with new hires, especially about their potential trajectory if they meet competencies, training, and job requirements.

Formation of new partnerships and growth of workforce pipelines are ongoing processes to be monitored and evaluated regularly. However, while these processes are moving forward, the health care organization's leadership team can devote attention to succession planning.

Statements referring to employee status such as "from cradle to grave" and "homegrown employees are loyal employees" may have at one time been true. However, today the workforce is much more transitional and today's succession planning must account for this. Therefore, successful succession planning should include methodical long-term forecasting, continuing education, investing in experience, embracing mentorship, and continuous coaching. Nearly every health care executive will agree that having a succession plan is vital for effective leadership.

Creating and generating enthusiasm around succession planning is a responsibility for the leadership team, and the team must promote their commitment to a succession plan. Not only will this strengthen the organization, quality external candidates will be more interested in exploring options at the organization. Promotions by tenure cannot be the only determining factor when elevating tomorrow's leaders. Thoughtful, deliberate succession planning results in a more robust and engaged workforce and contributes to the organization's overall financial health.

Here are actions to consider when developing a succession plan:

- Get statistical analysis: tracking age, demographics, turnover, and union and non-union workforce in your area. Vendors, outside consultants, and membership associations can provide credible reports on the current workforce.
- Look at how you communicate about advancement. Develop a clear and specific communications plan where you can tell employees more about advancement possibilities. "Always looking for top talent and the next emerging leader" can be a strong message to convey to your existing workforce.
- Leadership behavior surveys can be instrumental in determining future trends for management. An outside consultant can provide an unbiased reporting of what is holding back your leadership as well as what will be needed in the future to take leader—and the organization—to the next level.

- Meet with directors and managers to discuss highpotential candidates. Their insights will be valuable in deciding potential training needed for success.
- Asking directors and managers to write down their ideas in "success journals" can also be helpful. In them, they can reflect on their current workforce as well as note any accomplishments and achievements.

As applicants move from candidate to employee to emerging leader to members in the organization's succession plan to becoming leaders, positions in the organization must be constantly reviewed, accessed and analyzed in order to remain competitive in the marketplace. These positions include competencies that are necessary for the employee to be successful in the role of delivering extraordinary patient care while contributing to the long-term strategic plan of the organization.



American Hospital Association®

WPM Assessment Tool: Planning

Following is an assessment tool to help you start analyzing your current and future workforce planning methods and help you identify strengths and weaknesses. Please complete this assessment in full in order to capture all the data needed to develop an effective WPM.

Planning: It is important to understand what onboarding, retention/ training, pipelines, and partnerships will make the WPM work in your organization.
Onboarding and Retention/Training
Outline three components of your current onboarding program.
1.
2. 3.
List the types of programs that are in place that help to retain employees in their first year.
1.
2.
3.
List types of ongoing training you have in place for current employees whose roles have changed.
1. 2.
3.
Outline the career development practices that have been utilized to focus on identifying career opportunities/
pathways for current employees and what training and support have been provided.
1.
2. 3.
What types of training programs have been implemented in the last five years to address leadership, management,
technical, and/or new skills?
1.
2.
3.
List what type of career development and retraining the organization will provide to its employees in order to have a
highly skilled workforce. 1.
2.
3.
What have you identified as leadership needs (e.g., through a leadership workforce analysis or leadership career
planning and development)? Have you created a succession plan?
1. 2.
3.



Workforce Pipelines and Partnerships
What are your top three to five retention strategies?
1.
2.
3.
4.
5.
How are you successfully reaching out to attract new employees (e.g., referral incentives, alumni programs)?
1.
2.
Who have you identified as community strategic partners?
1.
2.
3.
What strategies and tools are other organizations or your competitors using to recruit talent?
1.
2.
Describe three ways you have worked with high schools, academies, colleges, universities, and community workforce
development centers to help develop a workforce pipeline that supports your future workforce needs.
1.
2.
3.

Review Your Answers

Go back and highlight answers in **red** that fit these criteria:

- 1. Any "no" answers.
- **2.** If you were unable to answer a question.
- **3.** Any answer that was incomplete.
- **4.** Any answer that generated concern.

These highlighted areas show you where you need to focus in order to develop an effective WPM. Now that you have been identified potential gaps, you are ready to move ahead to the next section of the assessment.



Evaluation: Understanding Success

Once you've identified your major focus areas, developed your WPM, and put your programs and ideas into practice, you need to evaluate your progress and make needed changes. You can evaluate the effectiveness of your WPM by asking yourself these questions:

- Is the plan accomplishing its goals?
- Have conditions changed so that strategies need to be revised?
- Are assumptions that were made about supply and demand when the WPM was developed still valid?

Executive Interviews: Evaluation

Executives shared their views on the need to validate a WPM:

- We tell our clients to try to stay as nimble as possible, so we advise creating a three- year plan and budgeting yearly on that plan," said Judy Klauzer Stroot, senior director, Huron Healthcare, Wichita, Kan.
- "Good data and a good partnership in finance and operations will help you assess the plan each year," said Linda Holfer, senior vice president/nurse executive, Vidant Medical Center, Greenville, N.C.

It is important to recognize that a WPM focuses on outcomes from the planning process rather than the process itself. An effective WPM is developed over time and should be reevaluated on a regular basis.

To ensure the WPM is working, it is important to also consider creating a workforce committee to help monitor the effectiveness of the strategy with the most senior leadership to the frontline staff. Ensure that the group is diverse, integrating physicians, nurses, and other health professionals, making sure reflections are collected from every group.



WPM Assessment Tool: Evaluation

Following is an assessment tool to help you evaluate your WPM and identify strengths and weaknesses.

Evaluation: It is important to understand or see success in the workforce plan, and the ability to understand success around the plan.

What timelines and milestones have been established to evaluate your WPM?

Who are the top three staff members who have effectively implemented the action strategies of your WPM?

1. 2.

2. 3.

How has the WPM been communicated to the organization, who was the audience, and what vehicles were utilized?

How often have you communicated about the WPM? Annually? Quarterly?

Is the WPM accomplishing its goals?

Have conditions changed so that strategies outlined in the WPM need to be revised? If so, where?

Are assumptions about supply and demand that were considered when the WPM was first developed still valid? If not, indicate where more focus is needed.

Review Your Answers

Go back and highlight answers in **red** that fit these criteria:

- 1. Any "no" answers.
- **2.** If you were unable to answer a question.
- 3. Any answer that was incomplete.
- **4.** Any answer that generated concern.

These highlighted areas show you where you need to focus in order to develop an effective evaluation of your WPM.



Conclusion

Congratulations. You have identified gaps, created an effective WPM and now better understand the critical workforce needs in your organization.

In order to make the most of this WPM development process, take the time now to go back to the beginning of this white paper and examine the items you highlighted in red. How can you address these things within the next 30, 60 or 90 days?

If there are areas with which you still need assistance, contact the AHA, AONE or ASHHRA.



The Voice of Nursing Leadership™

www.aone.org

THE HUMAN SIDE OF HEALTHCARE www.ashhra.org

The American Hospital Association (AHA) is the national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Close to 5,000 hospitals, health care systems, networks, other providers of care, and 40,000 individual members come together to form the AHA.

Through our representation and advocacy activities, AHA ensures that members' perspectives and needs are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters. Our advocacy efforts include the legislative and executive branches and include the legislative and regulatory arenas.

Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends.

The American Organization of Nurse Executives (AONE) is the national organization of nurses who design, facilitate, and manage care.

Since 1967, the organization has provided leadership, professional development, advocacy and research to advance nursing practice and patient care, promote nursing leadership excellence and shape public policy for health care. AONE's 48 affiliated state and metropolitan chapters give the organization's initiatives a regional and local presence. AONE is a subsidiary of the American Hospital Association.

The American Society for Healthcare Human Resources Administration (ASHHRA) – a personal membership group of the American Hospital Association (AHA) – is the nation's only membership organization dedicated exclusively to meeting the needs of health care human resources practitioners. ASHHRA is recognized as "the premier source of educational resources, industry research, HR tools, networking, and best practices for the health care HR professional. When you join ASHHRA, you are investing in the future while helping to advance the transformation of the health care HR leader.

Founded in 1964, ASHHRA represents more than 3,500 human resource professionals across the nation. ASHHRA is governed by a 13-member board of directors, three standing committees, and more than 45 affiliated chapters who are all committed to enhancing the profession and moving toward one common goal – excellence in health care human resources.



Literature Review

ACC Board of Trustees Workforce Task Force. ACC 2009 survey results and recommendations: addressing the cardiology workforce crisis. *Journal of the American College of Cardiology*, Vol. 54, No. 13, 2009, pp. 1195-1208.

American Hospital Association. Workforce 2015: strategy trumps shortage. January 2010. [Online information retrieved 11/8/2012]. http://www.aha.org/content/00-10/workforce2015report.pdf

American Hospital Association. Workforce facts & trends at a glance: the hospital leader's guide. January 2010. [Online information retrieved 11/8/2012]. http://www.aha.org/content/00-10/ workforce2015chartbook.pdf

American Organization of Nurse Executives. The AONE nurse executive competencies. 2011. [Online information retrieved 11/8/2012]. http://www.aone.org/resources/leadership%20tools/PDFs/AONE_ NEC.pdf

American Society for Healthcare Human Resources Administration. The ASHHRA HR leader model. *HR Pulse*. Summer 2006, pp. 32-33.

Association for Academic Health Centers. Out of order out of time, the state of the nation's healthcare workforce. 2008. [Online information retrieved 11/8/2012]. http://www.aahcdc.org/policy/ AAHC_OutofTime_4WEB.pdf

Bleich, Michael R., Hewlett, Peggy O., Santos, R., Rice, Rebecca B., Cox, Karen S., and Richmeier, Sheila. Analysis of the nursing workforce crisis: a call to action. *The American Journal of Nursing*, Vol. 103, No. 4, (Apr., 2003), pp. 66-74.

Collins, Teresa and Ricci, Christine. Top 10: investing in the future through workforce planning. 2012 [Online information retrieved 11/8/2012]. https://www.besmith.com/sites/default/files/Top%20 10%20Strategies%20for%20Workforce%20Planning.pdf

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine; Institute of Medicine. Future of nursing: leading change, advancing health. October 5, 2010. [Online information retrieved 11/8/2012]. *http://www.nap.edu/catalog.php?record_id=12956*

Curson, J. A. and Dell, M. E. Who does workforce planning well? *International Journal of Health Care Quality Assurance*. Vol. 23, No. 1, 2010, pp. 110-119.

Deloite Center for Health Solutions. The new health care workforce: looking around the corner to future talent management. 2012 [Online information retrieved 11/8/2012]. https://www. deloitte.com/assets/Dcom-UnitedStates/Local%20Assets/ Documents/Health%20Reform%20Issues%20Briefs/us_chs_ NewHealthCareWorkforce_032012.pdf

Derksen, Daniel J. and Whelan, Ellen-Marie. Closing the health care workforce gap: reforming the federal health care workforce policies to meet the needs of the 21st century. 2009 [Online information retrieved 11/8/2012]. http://www.americanprogress.org/wpcontent/uploads/issues/2010/01/pdf/health_care_workforce.pdf Douglas, Kathy. Talent management, the next frontier: retaining, nurturing, and growing our workforce. *Nurse Leader*. April 2013, pp. 23-25.

Girot, Elizabeth A. and Albarran, John W. Sustaining the education workforce in healthcare: challenges for the future. *Nurse Education Today*. Vol. 32, 2012, pp. 32-38.

Grumbach, Kevin. Fighting hand to hand over physician workforce policy. Health Affairs, Vol. 21, No. 5 (2002): pp. 13-27. [Online information retrieved 11/8/2012]. http://content.healthaffairs.org/ content/21/5/13.full.html

Human Resources for Health Observer, World Health Organization. Models and tools for health workforce planning and projections. 2010. [Online information retrieved 11/8/2012]. http://whqlibdoc. who.int/publications/2010/9789241599016_eng.pdf

Institute of Medicine. Retooling for an aging America: building the health care workforce. 2008 [Online information retrieved 11/8/2012]. http://www.nap.edu/catalog/12089.html

Joint Commission of Accreditation of Healthcare Organizations. Health care at the crossroads: strategy for addressing the evolving nursing crisis. 2006 [Online information retrieved 11/8/2012]. http://bhpr. hrsa.gov/healthworkforce/reports/physwfissues.pdf

Larrieux, Sonya, Izzucupo, Adam, Kapadia, Xerxes, and Latorre, Jennifer. Northeastern University and Edward M. Kennedy school's "shadow day" program: impact on minority students in healthcare careers. *Journal of Best Practices in Health Professions Diversity: Research, Education, and Policy*, Vol. 5, No. 2, Fall 2012, pp. 799-809.

Marine, Joseph E. Cardiology workforce crisis: shortage or surplus? *Journal of the American College of Cardiology*, Vol. 55, No. 8, 2010, pp. 836-839.

Massachusetts Workforce Board Association. A health care workforce development imperative: a strategy for change–white paper. 2006. [Online information retrieved 11/8/2012]. http://www. massworkforce.com/documents/healthcareimperative.pdf

Michigan Department of Labor and Economic Growth and Public Policy Associates. Health care workforce development in Michigan. 2004 [Online retrieved 11/8/2012]. http://michigan.gov/documents/ DLEG_163_FINAL_REPORT_11-16-04_Report_Only_109279_7.pdf

National Association of Community Health Centers. Fact sheet: the struggle to build a strong workforce at health centers. November 2009. [Online information retrieved 11/8/2012]. http://www.nachc. com/client//WorkforceFS.pdf

National Association of Community Health Centers, Robert Graham Center, George Washington University, School of Public Health and Health Services. Access transformed: building a primary care workforce for the 21st century. August, 2008. [Online information retrieve 11/8/2012]. http://www.nachc.com/client/documents/ ACCESS%20Transformed%20full%20report.PDF



- New York Health Workforce Data System, Center for Health Workforce Studies. The health care workforce in New York, 2012: trends in the supply and demand for health workers. March 2013. [Online information retrieved 4/2/2013]. http://chws.albany.edu/archive/ uploads/2013/04/nytracking2013.pdf
- Okrent, Deanna. Alliance for Health Reform. 2012. [Online information retrieved 11/8/2012]. *http://www.allhealth.org/publications/Cost_of_health_care/Nursing_Toolkit_FINAL_8-27-12_111.pdf*
- Paraprofessional Healthcare Institute. Fact sheet: Wisconsin's direct care workforce state facts. December 2011, pp. 1-6.
- Ramlall, Sunil, Tomlinson, Daniel, Tripp, Welch, and Walter Jennifer. Strategic HRM at the Mayo Clinic: a case study. *Journal of Human Resources Education*. Vol. 3, No. 3, Summer 2009, pp. 13-35.
- Reddick, Bobbie Kearns, Bethea, Dorothy Peterson, and Holland, Cecil. Promoting successful careers in allied health and nursing. *Journal of Best Practices in Health Professions Diversity: Research, Education, and Policy.* Vol. 5, No. 2, Fall 2012, pp. 842-849.

- State of Vermont. Seven step workforce planning model. 2012 [Online information retrieved 11/8/2012]. http://humanresources.vermont. gov/sites/dhr/files/pdf/training_development/DHR-WP_Model_ Graphic_Color.pdf
- Sugden, Nancy A., Udalova, Victoria, and Walsh, Thomas. Wisconsin *Physician Workforce Report*. October 2012. [Online information retrieved 5/6/2013]. *http://www.ahec.wisc.edu/sites/default/files/2012-WI-Physician-Workforce-Report-REV-12-28-12.pdf*
- U.S. Department of Health and Human Services Health Resources and Services Administration, Bureau of Health Professions. The physician workforce: projections and research into current issues affecting supply and demand. 2008 [Online information retrieved 11/8/2012]. http://bhpr.hrsa.gov/healthworkforce/reports/ physwfissues.pdf
- Wilson, Barbara, Johnson, William. Using innovation to assess nursing workforce in Arizona: a collaborative approach. *Nursing Economics*, July-August 2009, Vol. 27, No. 4, pp. 223-238.



Acknowledgements

Authors

Stephanie H. Drake, MBA, Senior Executive Director, AHA Professional Services

- Ursula Pawlowski, MSHRM, HR Membership Specialist, American Society for Healthcare Human Resources Administration (ASHHRA)
- Veronika Riley, MA, Director, Special Projects, American Organization of Nurse Executives (AONE)

Data Collection

Carol Hutchins, Communication Solutions

Editor

Shirley Armistead, Senior Governance Specialist, American Society for Healthcare Human Resources Administration (ASHHRA)

Participating Hospitals

Advocate Health Care, Oak Brook, III. Aurora Health Systems, Milwaukee, Wisc. Beaumont Health System, Royal Oak, Mich. Care New England, Providence, R.I. Costello, Sr. - Allen Optometrists, PLLC, Oneida, N.Y. Hospital Sisters Health Systems, Springfield, III. Humility of Mary Health Partners, Youngstown, Ohio John Hopkins Medical Center, Baltimore, Maryland Kaiser Permanente, Oakland, Calif. Lifespan, Providence, R.I. Long Island Jewish Medical Center, New Hyde Park, N.Y. Maine Health/Maine Medical Center, Portland, Maine Martin Health System, Stuart, Fla. OSF Healthcare System, Peoria, III. Reading Health, Reading, Penn. St. Luke's Health System, Boise, Idaho Select Specialty Hospital, Denver, Colo. Shasta Regional Medical Center, Redding, Calif. Stanford University Medical Center, Stanford, Calif. Texas Health Resources, Arlington, Texas UMass Memorial Health Care, Worchester, Mass. University of Miami Hospital, Miami, Fla. Vidant Medical Center, Greenville, N.C.

It is important to note that all information obtained from health care executives in connection with this paper has been treated in strict confidence, and has not been used for any purpose other than this project.