The Advisory Board Company

Paving Health Career Pathways to the Middle Class

How America's Health Care Employers and Educators Can Build Tomorrow's Entry-Level Workforce Together

Health Career Pathways Task Force Report,
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Executive Summary

Entry-Level Health Care Roles Can Launch the American Dream
Entry-level health care jobs can be the launching pad for fulfilling careers built on caring for others—and for entering the middle class. A patient care assistant earning a minimum wage can take advantage of tuition support offered by his or her employer to pursue additional education. With training and experience, he or she can take on new roles, such as becoming a registered nurse and earning a salary above the median household income. Following this type of career pathway is the American dream. But this dream is not achieved often enough.

The Disconnect Between Demand for Entry-Level Roles and Supply
Across the country, health care employers are struggling to fill entry-level jobs—roles requiring minimal formal education but critically important to delivering high-quality, cost-effective care. In some cases, there are not enough candidates. In others, the candidates are lacking key skills and competencies.

Health care employers have tried to address these issues on their own, building training programs and looking for talent beyond "traditional" sources. Meanwhile, community colleges have tried to adapt to changing workforce needs—without clear guidance on the specific skills and competencies needed for entry-level health care roles. Different employers may use different names to refer to similar entry-level health care roles, and different employers may require different skills and competencies for similar roles. Not surprisingly given this disconnect, candidates prepared for an entry-level role by one community college may have significantly different skills than candidates prepared by another college.

Partnering to Expand America's Entry-Level Health Care Workforce
There is tremendous potential for health care employers to work in partnership with educators to train and recruit the entry-level staff needed to serve patients in their communities. Training and recruiting more diverse entry-level staff will not only provide opportunities for meaningful careers in local communities but also help health care employers build a workforce that reflects the diversity of their patient populations.

In the past, efforts to ensure consistent preparation for entry-level roles have often been led by individual states, workforce groups, or educators. Recognizing the need for closer collaboration among employers, educators, and policy makers to develop effective pathways for health care careers, the White House Economic Council convened a discussion of leaders within these groups to assess opportunities for improvement in Spring 2016. Based upon the needs identified in this discussion, The Advisory Board Company and Hope Street Group partnered to launch the Health Careers Pathway Initiative that was announced by the White House in April 2016. The Initiative is designed to focus on three main goals:

1. Working with health care employers to identify the jobs and skills most in-demand
2. Upgrading training to give students skills and experiences most needed by employers
3. Supporting job seekers, especially those from disadvantaged backgrounds, in advancing along career pathways to middle-class jobs

In order to achieve these goals, the Initiative developed two primary activities: (1) establishment of a private sector-led task force charged with identifying specific needs and best practices to facilitate improvement of career pathways, and (2) operation of community-driven pilot programs in seven regions across the country to build the necessary partnerships and tools that are essential to offering effective career training and opportunities. The Health Career Pathways Task Force launched its work in June 2016, and the seven pilot projects will transition from the planning stage to full operation in January 2017.

Executive Summary

The Health Career Pathways Task Force by the Numbers

20
Health systems, educational providers, and workforce development groups participating in the Task Force

6
Working sessions with Task Force members (5 virtual, 1 in-person)

31
Semi-structured research interviews conducted between August and October 2016 specifically for Task Force research

187
Research interviews on staff recruitment and retention conducted by Advisory Board in 2016 with employer-based HR and nursing leaders

2,273
Respondents (health care leaders and staff) to Task Force survey on entry-level health care jobs and competencies

1,355
Open-ended comments from survey participants about entry-level jobs and skills in health care

Findings from the Health Career Pathways Task Force
This report describes the Task Force's findings. We hope health care employers, educators, and policy makers will use the recommendations and resources included in this report to guide workforce development initiatives in their communities.

Task Force members identified one of the most significant challenges to effective workforce development is: integrating employers' workforce planning efforts with educators' curriculum planning efforts. The Task Force uncovered eight key lessons learned by employers, community colleges, and workforce development groups that have made progress aligning workforce planning and curriculum planning on a regional level. These lessons include:

The health care industry will need new roles for population health, but **regional workforce development efforts should focus first on today's "usual suspects,"** such as nursing assistants and medical assistants. Additional entry-level roles in high demand include home health aides and pharmacy technicians.

The Task Force's national survey of health care leaders and staff revealed **broad agreement about which competencies are most important for entry-level roles**. Educators and employers can use these competencies (found on page 26) as the starting point for conversations about curriculum.

There is no single source of workforce data with the "whole truth" about future needs. **Instead of trying to collect the perfect data set, workforce development stakeholders should take advantage of existing national and regional data sets**. They can complement this quantitative data with qualitative feedback from the area's major employers.

In addition to describing these lessons—and five more—in greater detail, this report also includes:

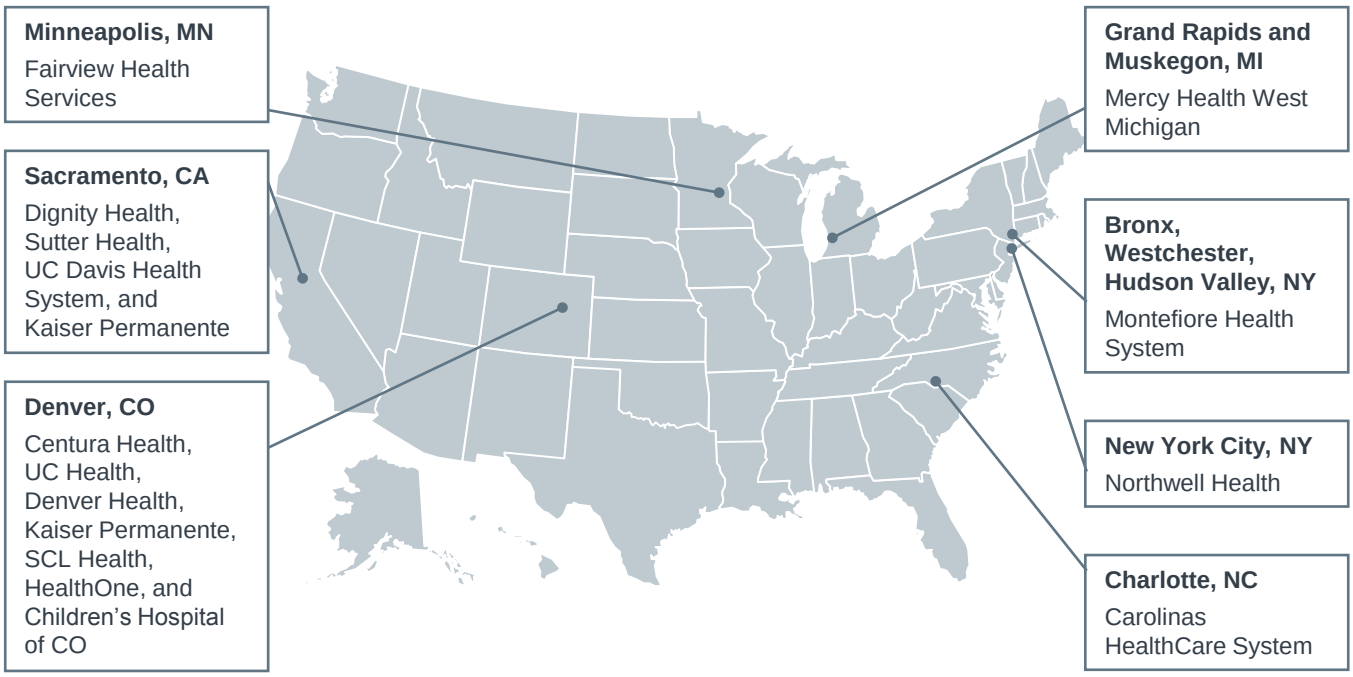
- **Employer Strategies to Support Entry-Level Health Career Pathways**. Since employer voices are heard less often in national conversations about health career pathways, Advisory Board drew on research across the last several years involving hundreds of interviews with employers. This section shares strategies for health care employers to solve two specific challenges they face when trying to support entry-level health career pathways: (1) a "traditional" (and limited) talent pool, and (2) an unsustainable rate of turnover among entry-level staff.
- **Recommendations for Broader Efforts to Support Health Career Pathways.** While individual organizations can do a great deal to improve entry-level pathways on a local level, there are many opportunities to scale efforts to improve entry-level careers through regional and national collaboration among employers, educators, and policy makers. This section includes three recommendations to augment regional and national efforts: (1) develop employer-driven regional standards for entry-level roles, (2) target funding for health care workforce development more effectively, and (3) continue to foster public-private collaboration on entry-level health care jobs.
- **Resources to Kick-Start Career Pathway Efforts.** This report includes several resources to help employers, educators, and workforce development groups build health career pathways. You can access these resources—including sample job descriptions and competencies—at advisory.com/hrac/2016/careerpathways.

Executive Summary

Regional Pilot Programs
As part of the Health Career Pathways Initiative, Hope Street Group is leading seven regional pilot programs across the country. The regional pilots are employer-led initiatives to increase demand-driven, competency-based career pathways to support individuals' entry into and career advancement in the health care industry. The seven regions are comprised of 15+ health care systems, 11 community colleges and systems, 7 workforce boards, and 12 community-based organizations. Hope Street Group is focused on providing them a framework and guidance as they adopt a common career pathways model and support 1,000+ disadvantaged Americans with training and placement into jobs.

The key target outcomes of the regional pilots are:
- **Defined Skills for Success:** The regional pilots will identify and define the skills for job success with health care employers and communicate them in measureable terms to training providers.
- **Fill Jobs with Diverse, Qualified Talent:** The initiative will build a pipeline of qualified job applicants in partnership with community partners and expand job access to new segments of the population. This work will ultimately reduce first-year turnover rates, reduce time-to-fill priority positions and increase diversity.
- **Provide Sustainability:** The pilots focus on public-private partnerships leading to sustained investment and infrastructure.

Cohort One Regional Pilots



Cohort One Project Phases

Planning Phase (June to December 2016)	Launch (January to December 2017)	Implementation (January 2018 to December 2019)
• Design the collaborative infrastructure • Develop region-specific implementation plans • Identify funding opportunities	• Training and support for career coaches and case workers • Training and support for employers that will receive candidate referrals	• Implementation of competency-based career pathways plan • Data collection • Evaluation of the competency-based career pathways

Why Health Care Employers and Educators Need to Pursue Workforce Development Together

The Power of an Entry-Level Health Care Role

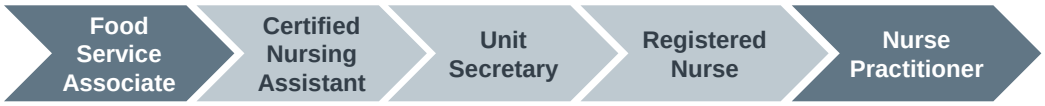
Entry-level jobs in health care can be the gateway to fulfilling careers. Entry-level roles have been the springboard for life-changing careers for countless people—including a woman who took a job as a hospital food service associate at Norton Healthcare, an employer headquartered in Louisville, Kentucky.

Once she was employed, she pursued additional education, thanks to the financial support and flexible hours offered by her employer. Today, the former food service associate is a nurse practitioner, able to earn almost four times her starting salary.

The health care industry is poised to offer these same types of opportunities to hundreds of thousands of people across the coming decade. The Bureau of Labor Statistics projects the health care and social assistance industry will grow three times faster than overall employment. The country will need many more entry-level health care workers like the woman whose story is told here.

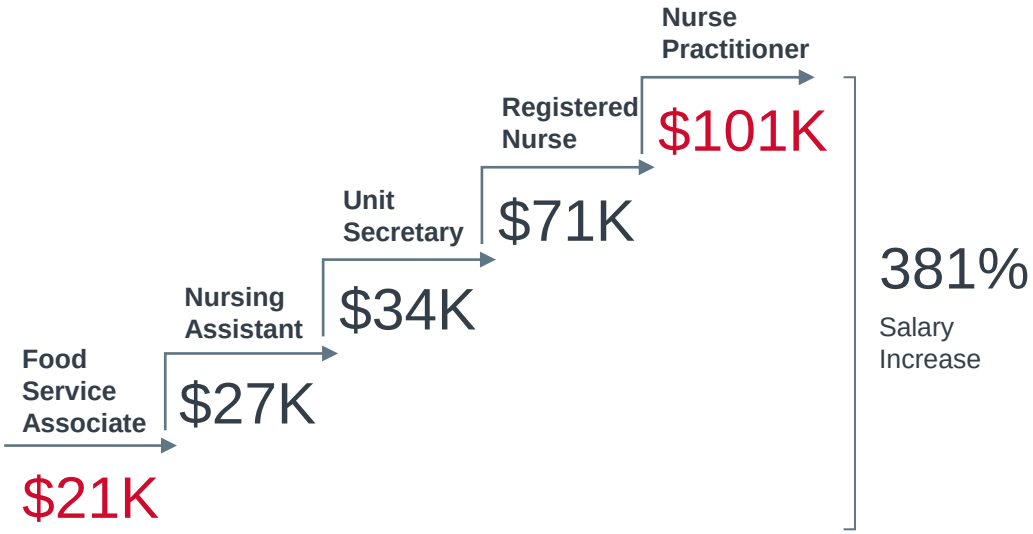
Entry-Level Roles Leading to Health Care Careers

One Entry-Level Staff Member's Health Career Journey (So Far)



Career Pathway Leads to the Middle Class

Typical Salaries by Role



Strong Demand for More Health Care Workers

6.5%
Projected employment growth, 2014-2014: All Industries

19.8%
Projected employment growth, 2014-2014: Health Care and Social Assistance Industry

Source: Norton Healthcare, Louisville, KY; Bureau of Labor Statistics, US Department of Labor, "May 2015 National Occupational Employment and Wage Estimates United States," http://www.bls.gov/oes/current/oes_nat.htm; Bureau of Labor Statistics, US Department of Labor, "Table 1.9 2014–24 Industry-occupation matrix data, by industry," Health Care and Social Assistance Industry (code: 620000) and Total Employment (code: TE1000), http://www.bls.gov/emp/ep_table_109.htm; Advisory Board interviews and analysis.

When people hear “health care careers,” they often think only of doctors and nurses. But health care organizations need staff in functions ranging from real estate to engineering to housekeeping. And many of the fastest-growing health care roles will require considerably less training than that needed to become a physician or registered nurse.

The Health Care Organization: A “Mini-City”

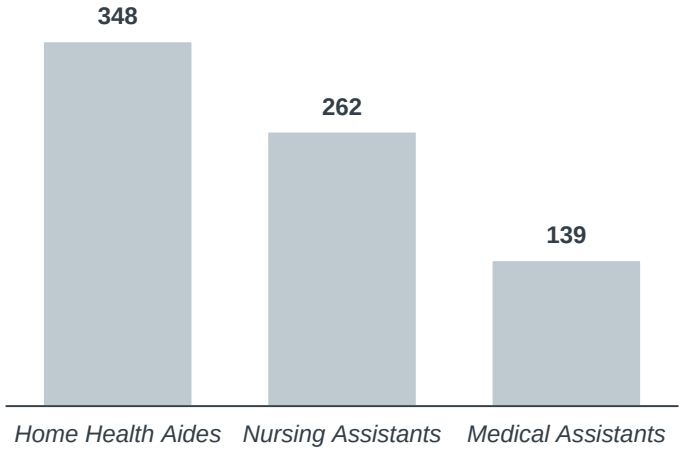
Sample Jobs in a Health Care Organization

These “entry-level health care roles” require a minimal amount of formal education to engage in low-risk, low-complexity patient care activities. These roles may or may not require a license, depending on the role and state. And these roles will be in high demand: for example, home health aides, nursing assistants, and medical assistants are among the 12 occupations across *all* industries projected to have the greatest number of new jobs from 2014 through 2024.

Strong Job Growth for Entry-Level Health Care Roles

Entry-Level Health Care Occupations with the Most Job Growth

Projected Number of Additional Jobs in Thousands, 2014-2024



	Home Health Aides	Nursing Assistants	Medical Assistants
Rank, Job Growth for All Occupations	3	6	12

Source: “Employment Projections 2014-2024: Table 6. Occupations with the most job growth, 2014-24,” Bureau of Labor Statistics, December 8, 2015, http://www.bls.gov/news.release/ecopro.t06.htm; Advisory Board interviews and analysis.

Reason 1: Reduce Health Care Costs

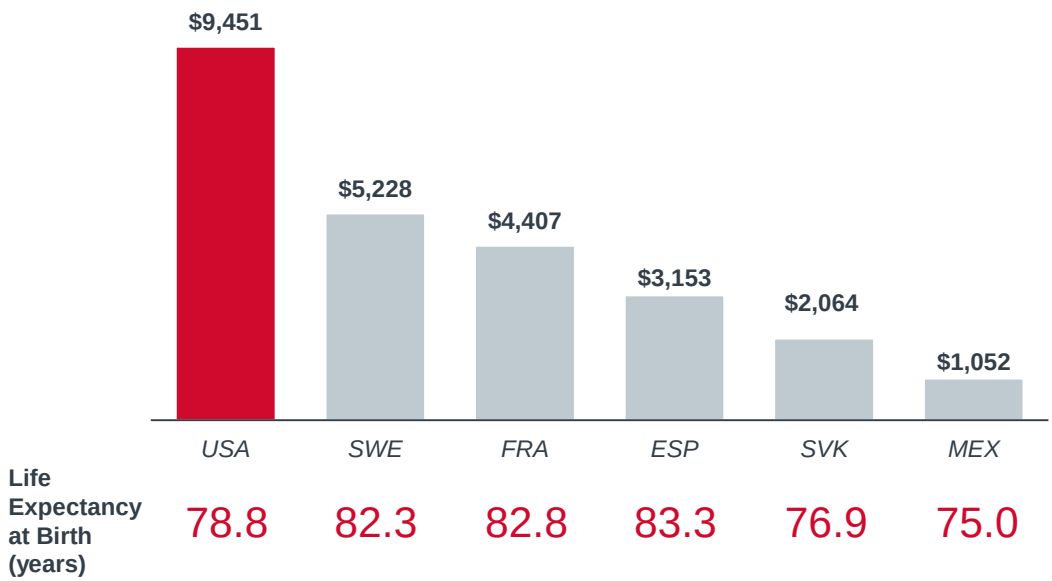
Health care employers and educators need to work together to build a more robust pipeline of entry-level health care staff for three reasons.

First, the country needs to receive greater value for the money we spend on health care. We need better outcomes for the same—or ideally, fewer—dollars. For example, even though we spend the most dollars per capita on health care, our country's life expectancy is lower than other countries spending less.

The Most Expensive Care in the World

Annual Health Spending

US Dollars/Capita, 2015

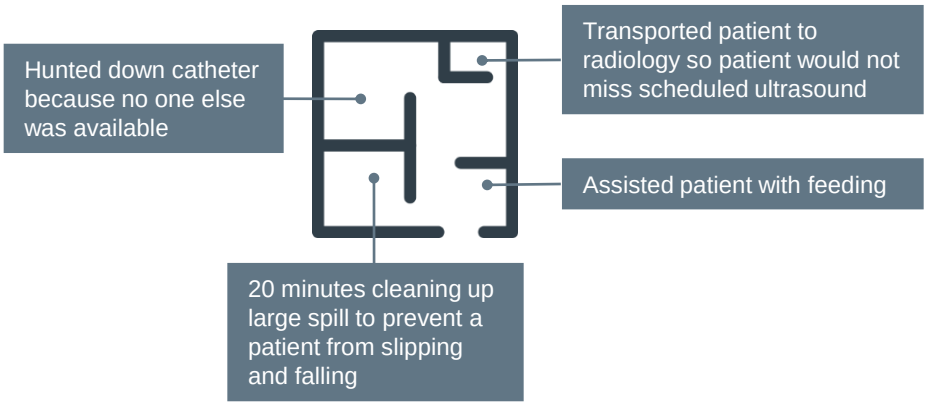


One way to increase health care value is to ensure highly skilled, costly clinicians (such as doctors and nurses) spend their time doing work only they can do. These clinicians can only practice at the top of their license if they have reliable staff they can delegate to. Work such as stocking rooms with supplies and transporting patients is important and needs to be done—but not by a physician or registered nurse.

Top-of-license practice is especially critical in areas where there are shortages of highly-skilled clinicians. Entry-level staff can help ensure scarce clinicians have time to spend with the patients who need them most.

Entry-Level Staff Critical for Top-of-License Practice

Representative Work Completed by Highly-Skilled Clinicians When They Do Not Have Reliable Staff to Delegate to



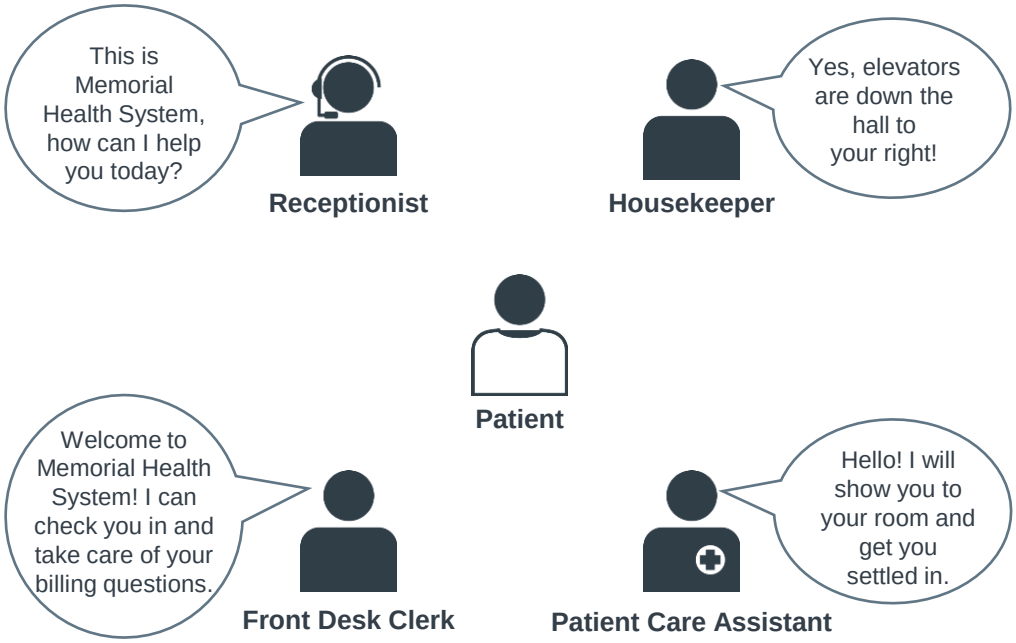
Source: "Health spending", Organisation for Economic Co-operation and Development (OECD), 2015, https://data.oecd.org/healthres/health-spending.htm; "Life expectancy at birth", Organisation for Economic Co-operation and Development (OECD), 2015, https://data.oecd.org/healthstat/life-expectancy-at-birth.htm; Advisory Board interviews and analysis.

Reason 2: Improve the Patient and Family Experience

Second, we need to build a more robust pipeline of entry-level staff because these staff have a real impact on patients' experience of care. Patients and visitors' first encounters with the health system are likely to be with entry-level staff such as nursing assistants, medical assistants, housekeeping staff, and front desk staff who are helping visitors find their way, answering phones, taking vital signs, cleaning rooms, and more.

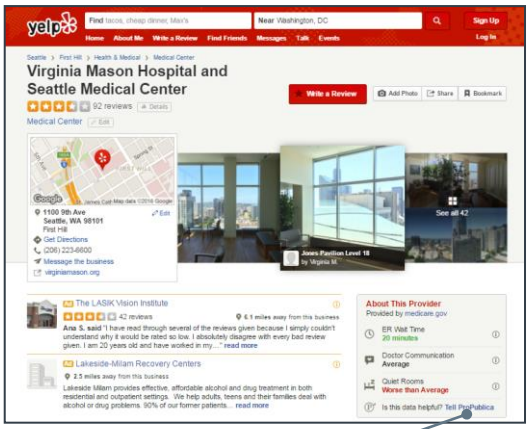
Entry-Level Staff at the Front Lines of Care

Representative Patient Interactions with Entry-Level Staff



Health care is increasingly a consumer-driven market. Patients-turned-consumers are using websites such as Yelp to inform decisions about health care, just as they use these sites to inform how they spend money on restaurant and hotel options. If entry-level staff appear harried or rude to a patient, he or she can easily share the story online for others to find.

More Access than Ever to Stories of Other Patients' Experience



ProPublica compiles and provides Yelp with Hospital Compare metrics on ER wait time, doctor communication and room noise levels

"Now the millions of consumers who use Yelp… will have even more information at their fingertips when they are in the midst of the most critical life decisions, like which hospital to choose for a sick child or which nursing home will provide the best care for aging parents."

Jeremy Stoppelman,

CEO of Yelp

Source: "Yelp's Consumer Protection Initiative: ProPublica Partnership Brings Medical Info to Yelp" Yelp, Official Blog, August 5, 2015; https://www.yelpblog.com/2015/08/yelps-consumer-protection-initiative-propublica-partnership-brings-medical-info-to-yelp; Health Care Advisory Board interviews and analysis.

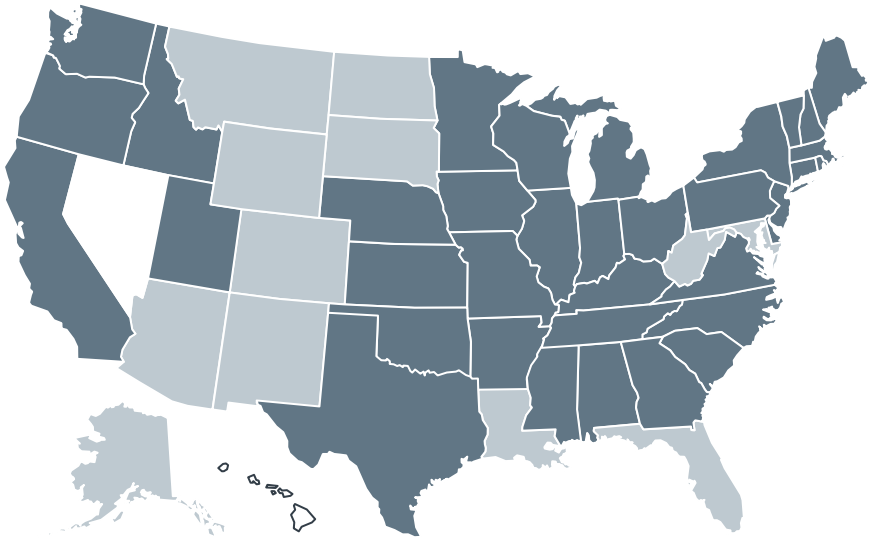
Reason 3: Contribute to Local Economics

Third, supporting entry-level health care roles supports the economic health of our communities. Health care is one of the most dominant industries across the country, and health care organizations are among the largest employers in their towns.

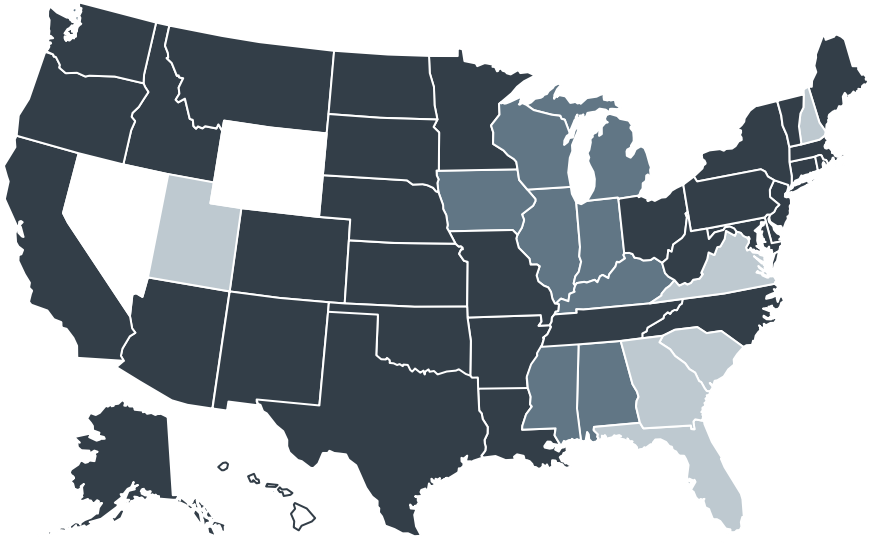
While technology and automation are impacting how health care is delivered, the bulk of the work of caring for patients is still local and physical. It is work that cannot be outsourced to a call center or completed in another country. Investing in entry-level health care roles helps employ the people in our communities—and ensures there are enough health care workers to care for the local population.

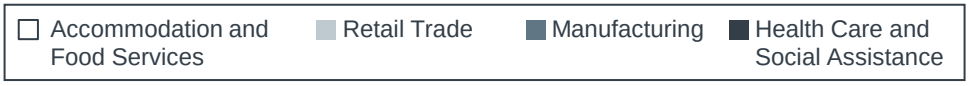
A Changing Landscape

Major Industries with Highest Employment, by State 1990



Major Industries with Highest Employment, by State 2013





Source: "Largest industries by state, 1990–2013," Bureau of Labor Statistics, July 2014, http://www.bls.gov/opub/ted/2014/ted_20140728.htm, Advisory Board analysis.

An Insufficient Supply of Entry-Level Health Care Staff

There is wide consensus among health care employers, educational institutions, and workforce development stakeholders about the importance of entry-level roles in health care. However, there is a disconnect between the demand for entry-level staff and the supply of candidates.

This disconnect exists on the two levels shown here. First, employers are struggling to find the number of candidates they need to fill today's entry-level roles. This shortage will become more acute as demand increases across the coming decade. Second, employers find candidates for entry-level roles have wide variation in their training and preparation, which can make it difficult to onboard new hires effectively.

The Disconnect Between Demand and Supply

Insufficient Number of Entry-Level Candidates

Demand for these roles will continue to grow, exacerbating shortages in parts of the country where there are already widespread vacancies.

Significant Variation in Preparation for Entry-Level Roles

Entry-level staff have different levels of preparation upon entering their role, depending on the length and quality of training, their prior experience, and state requirements.

Source: Advisory Board interviews and analysis.

Two Primary Causes of the Supply-Demand Mismatch

The mismatch between demand and supply has two primary causes. First, health care employers and educational institutions often pursue parallel but separate workforce planning efforts. As shown here, employers and educators alike are duplicating efforts and missing opportunities for collaboration.

Parallel but Separate Workforce Planning Efforts

Representative Health Care Employer's Workforce Planning Efforts

- Developed in-house training program on care coordination for medical assistants
- Vacancy rate for home health aides is at 10%
- Projecting need for 1,000 associates-prepared staff across next three years

Representative Community College's Workforce Planning Efforts

- Faculty member looking for industry expert to help update care coordination curriculum
- Graduates from radiology technician program having trouble finding jobs
- Manually searching local employer job boards to project demand

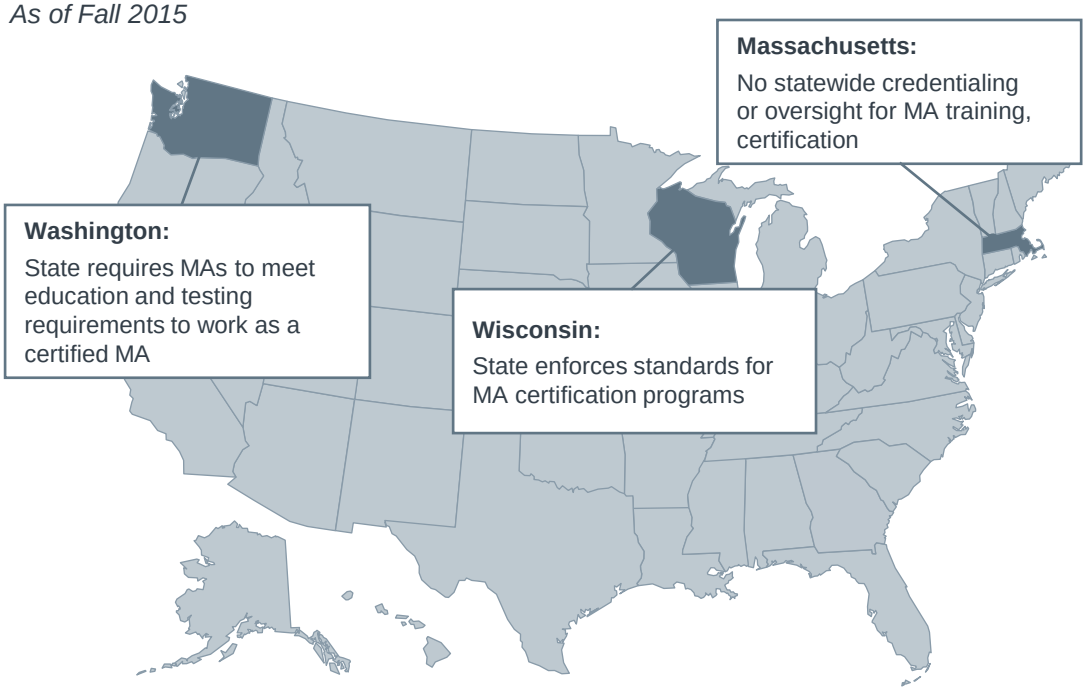
Second, entry-level roles are still largely a "blank canvas" when it comes to state and federal regulations. This gives health care employers freedom to innovate with new care delivery models, but it makes it more difficult for educators to provide a consistent level of preparation. While a direct cause of confusion, this "blank canvas" is also an opportunity: the health care industry has the chance to lead federal and state conversations about appropriate preparation for entry-level roles (rather than react to regulations).

A Blessing and a Curse

Few National Standards for Entry-Level Roles

Representative State Medical Assistant (MA) Certification Regulations

As of Fall 2015



Source: Advisory Board interviews and analysis.

Convening the Health Career Pathways Task Force

The Health Career Pathways Task Force convened in Spring 2016 to address the disconnect between demand for entry-level roles and supply. The Task Force brought together experts from 20 health systems, community colleges, and workforce training organizations to identify existing best practices to build a pipeline of entry-level health care workers.

Health Career Pathways Task Force Members

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Carolinas HealthCare System
Charlotte, North Carolina

Community Colleges of Spokane
Spokane, Washington

Corporation for a Skilled Workforce
Ann Arbor, Michigan

Fairview Health Services
Minneapolis, Minnesota

Goodwill Industries International
Rockville, Maryland

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Mercy Health West Michigan, a Regional Health Ministry of Trinity Health
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Trinity Health
Livonia, Michigan

UPMC
Pittsburgh, PA

Findings from the Health Career Pathways Task Force

This report from the Health Career Pathways Task Force includes the four sections described here. We hope health care employers, educators, and policy makers will use the recommendations and resources included in this report to guide workforce development initiatives in their communities.

1

Lessons on **Integrating Workforce Planning** with **Curriculum Planning**

The first section has lessons learned from early movers about how to integrate workforce planning with curriculum planning—a significant challenge with no single national solution. This report isolates eight key lessons identified by employers, community colleges, and workforce development groups that have worked to integrate workforce planning and curriculum planning on a regional level.

2

Employer Strategies to Support Entry-Level Health Career Pathways

The path forward will require collaboration among employers, educators, and local workforce development groups. Employer voices are heard less often in national conversations about health career pathways. To provide the employer perspective, Advisory Board drew on research conducted across the last several years involving hundreds of interviews with employers. The second section of the report shares strategies for health care employers to solve two specific challenges they face when trying to support entry-level health career pathways.

3

Recommendations for Broader Efforts to Support Health Career Pathways

While individual organizations can do a great deal to improve entry-level pathways on a local level, there are many opportunities to scale efforts to improve entry-level careers through regional and national collaboration among employers, educators, and policy makers. The third section of this report includes recommendations for building and enhancing these efforts.

4

Resources to **Kick-Start Career Pathway Efforts**

The fourth section outlines resources to help employers, educators, and workforce development groups build health career pathways. Access these resources—including sample job descriptions and competencies—at advisory.com/hrac/2016/careerpathways.

Section

1

Eight Lessons on Integrating Workforce Planning with Curriculum Planning

While national resources (such as sample competency models and career ladders) can support entry-level career pathways, **the hard work of matching curriculum to employer needs has to happen at the regional level.**

Each region's health care workforce needs depend on the local patient population and current supply of staff. One region may have an acute need for pharmacy technicians while another needs medical assistants most. A region's employers, educators, and workforce development groups are best-positioned to understand local workforce needs and to tap into local workforce resources. This is especially true for entry-level roles, which can have different regulations in different states.

And while it may be uncomfortable to consider collaborating with competitors, there are clear benefits to working together with competing employers and community colleges on workforce development:

Benefits from Collaboration

- Stakeholders can **collaborate on a well-defined, obvious workforce need for the region** (such as identifying competencies for a specific role). Collaboration does not need to include giving away "trade secrets."
- Upfront collaboration with regional stakeholders can **create a new standard for the region**. Instead of one employer working with several different schools to standardize preparation for a specific role—or one school trying to meet the different demands of several employers—all stakeholders can agree on a common standard.
- Workforce development requires investment without an immediate return (since it takes time to train a new generation of staff). Regional collaboratives can **spread the cost of investment across a larger group of stakeholders**.

Regional collaboration does not have to start with large-scale workforce planning. Some of today's successful regional collaborations first focused on a shared, practical challenge such as the ones shown below. After an "early win," regional workforce development stakeholders can start the harder, messier work of integrating regional workforce planning efforts.

Sample Projects to Start Regional Collaboration Efforts


Background checks


Grant applications


Single location for expensive training equipment


Care for un- and under-insured population

Source: Advisory Board interviews and analysis.

The health care industry will need new roles for population health, but **regional workforce development efforts should focus first on today's "usual suspects,"** such as nursing assistants and medical assistants.

There is broad consensus among Task Force employers about the entry-level roles they need today and will continue to need in the future. These roles are shown here.

Entry-Level Roles Needed Today and in the Future

Role	Description	Entry-Level Education	2015 Median Annual Pay	Expected Job Growth 2014-2024
Medical Assistants	Complete administrative and clinical tasks in the offices of physicians, hospitals, and other healthcare facilities.	Postsecondary nondegree award	$30,590	+23%
Nursing Assistants / Patient Care Assistants	Provide basic care for patients in hospitals and residents of long-term care facilities, such as nursing homes.	Postsecondary nondegree award	$25,710	+18%
Home Health Aides	Help elderly as well as people with disabilities, chronic illness, or cognitive impairment with activities of daily living.	No formal educational credential	$21,920	+38%
Environmental Services Workers	Keep many types of buildings clean, orderly, and in good condition.	No formal educational credential	$23,440	+6%
Pharmacy Technicians	Assist pharmacists in dispensing prescription medication to customers or health professionals.	High school diploma or equivalent	$30,410	+9%
Surgical Technologists	Support surgical teams by preparing operating rooms and arranging equipment.	Postsecondary nondegree award	$44,330	+15%

Beyond this initial set of roles, some regions of the country may wish to add other roles to their workforce development efforts depending on their local needs. For example, Task Force members in specific areas of the country also recommended focusing on:

- Emergency medical technicians
- Medical lab technologists
- Phlebotomists
- Health information management staff

Source: "Occupational Outlook Handbook: Healthcare," Bureau of Labor Statistics, December 2015, http://www.bls.gov/ooh/healthcare/home.htm; Advisory Board interviews and analysis.

There is **not yet consensus among employers on emerging roles needed for population health**. This increases the need for close collaboration between local educators and employers when designing curriculum for new roles.

There are two factors contributing to the lack of consensus on emerging roles for population health.

The first factor is the wide variety of roles employers are using to coordinate care and promote health outside the hospital. Similar roles often have different names at different health care employers, and different employers may require different backgrounds.

For example, many organizations are experimenting with community health worker (CHW) roles. A CHW is a member of the patient's community who is uniquely positioned to relate to patients' everyday challenges. Because CHWs share common ground with patients, they can build strong relationships with patients who might otherwise be disengaged, and inspire them to access the resources they need to manage their health. While many organizations have similar goals for the CHW role, there is wide variation in how leaders staff, train, educate, and deploy CHWs, as shown in the chart here.

Representative Variability in the Community Health Worker Role

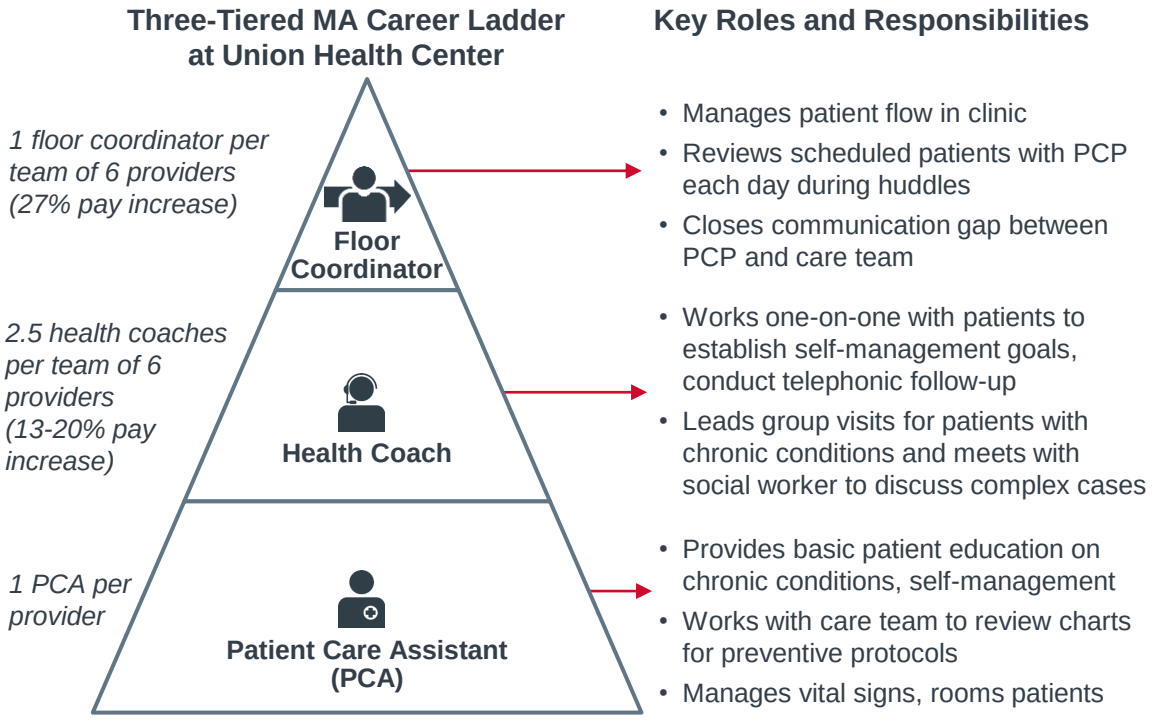
Job Title	Representative Job Duties	Education
Health Coach	• Engage patients as active participants in their care • Provide wellness coaching to reduce or eliminate high-risk behaviors • Coordinate care with other health-related resources for optimal patient care • Develop and distribute health education materials	Bachelor's degree or higher in health-related field such as health promotion, health education, athletic training, nutrition, etc.
Community Health Worker	• Establish trusting relationships with patients and families • Help patients set goals, attend appointments • Provide services such as first aid • Provide referrals to community agencies as appropriate • Provide informal counseling	High school diploma or equivalent
Community Health Consultant	• Build and model healthy professional relationships with patients • Support care plan adherence • Work with PCPs to identify at-risk patients • Schedule patient appointments • Conduct non-medical screenings and in-home assessments	Associate's degree in health or human services

Source: Nursing Executive Center, *Achieving Care Continuity*, Washington, DC: Advisory Board, 2015.

The second factor contributing to the lack of consensus on emerging roles is that employers often "upskill" existing staff to take on new responsibilities for population health, rather than recruiting external candidates for an entirely new position.

For example, Union Health Center, a comprehensive primary and specialty care center in New York City, trained select medical assistants (MA) to become health coaches as part of the medical home team. With resources from the American Diabetes Association and the New York City Department of Health, as well as material developed in-house by providers, UHC developed its own didactic and clinical curriculum to enable MAs to take on patient education and coaching activities.

Educators considering offering academic programs for emerging roles should consult with local employers to understand how local health systems plan to deploy the role in question. Instead of designing curriculum for an entirely new role, educators may instead aim to partner with employers on training programs for existing entry-level staff.



Case in Brief: Union Health Center

- Comprehensive primary and specialty care center in New York, New York, includes 10+ PCPs and 30+ specialists; received NCQA[1] Level 3 recognition in 2010.
- Redesigned MA training and task allocation to support team-based care, with input from all care team members and insights from assessment of Center's current gaps and staff skills.
- Upskilling MAs led to improved clinic workflow by reducing wait times, no-shows, and walk-ins. Patient satisfaction also increased given the personal relationship health coaches were able to develop with patients.

Source: Population Health Advisor, *How Four Organizations Trained Medical Assistants for the Advanced Medical Home,* Washington, DC: Advisory Board, 2014; Advisory Board interviews and analysis.

1) National Committee for Quality Assurance.

Lesson 4

There is broad agreement among health care leaders and staff about **which competencies are most important for entry-level roles**. Educators and employers can use these competencies as the starting point for conversations about curriculum.

A national survey of health care leaders and staff conducted by Advisory Board asked respondents to rank order 10 entry-level competencies by importance. Results showed strong agreement on the competencies most important in today's world for entry-level health care staff. These results were largely consistent across care settings and respondents' titles.

Respondents project these foundational competencies will also be the most important entry-level competencies five years from now. Note that the top competencies most in need of development today among entry-level staff are quite similar to the most important competencies—suggesting a clear area of focus for training efforts.

Survey in Brief

- Online survey conducted in September 2016; goal to gather quantitative feedback from current health care workers about entry-level competencies and care activities
- Employers, educators, and workforce development groups may wish to survey local stakeholders to understand how closely the national benchmarks reflect their specific region. You may access the complete survey and national benchmarks at advisory.com/hrac/2016/careerpathways.

Health Care Workers' Perceptions of Entry-Level Competencies

n ≈ 2,100 health care leaders and staff

Entry-Level Competency	Important Today	Important in Five Years	Most in Need of Development Today
Service Orientation and Patient Focus	1	1	2
Critical Thinking	2	2	1
Communication	3	3	3
Clinical/ Technical Skill	4	4	4
Accountability	5	5	6
Teamwork	6	6	7
Time Management/ Organization	7	7	5
Financial Acumen	8	10	9
Cultural Competence	9	8	8
Innovation	10	9	10

Source: Advisory Board, National Survey on Entry-Level Competencies and Care Activities, 2016; Advisory Board interviews and analysis.

Lesson 5

Health systems often feel compelled to develop their own training programs because the preparation of entry-level staff is so variable or because they need to quickly advance more tenured staff's skills. **Local schools have an opportunity to partner with employers to provide this training.**

Health systems provide crucial clinical experience to students through residencies and internships. But health care employers' core business is not didactic education, nor do most want it to be.

> "We used to have a lot of our own academic programs, but I have been systematically turning them back over to local colleges because it's not the hospitals' expertise – it's the education sector's. That model made sense 30 years ago, but it doesn't right now."
>
> *Health System Director of Talent Acquisition*

Despite not being in the core business of education, employers often provide extensive training at two points.

First, some employers find they need to provide in-depth training to newly hired entry-level staff because their preparation is so varied. Rather than work with each individual school to standardize preparation, employers decide it is more efficient to provide in-house training to standardize skills among new hires from a variety of local schools.

Second, employers may need to quickly introduce a new set of skills to existing staff (for example, to take on new responsibilities to support population health). To ensure staff quickly receive the needed training, employers may decide to develop and deliver their own curriculum.

These are two clear opportunities for educators to either work collaboratively to standardize preparation in a region or partner with an individual employer on custom curriculum to upskill existing staff.

Source: Advisory Board interviews and analysis.

Educators can collect feedback on graduates' preparedness for the workforce by **surveying graduates' supervisors after hire**.

This is a straightforward strategy for collecting useful information to inform future curriculum development. Community Colleges of Spokane sends a survey to employers every other year. They send the survey to HR leaders who then forward it to the appropriate managers (i.e., those who oversee graduates from the school). View sample survey questions below.

Excerpt from Community Colleges of Spokane Employer Survey

BASED ON YOUR EXPERIENCE WITH GRADUATES FROM OUR PROGRAM, PLEASE INDICATE WHETHER YOU:
d = strongly disagree c = disagree b = agree a = strongly agree

Graduates are prepared to:

1.	Perform in a safe manner that minimizes the risk to patient, self, and others.	d	c	b	a
2.	Demonstrate expected clinical behaviors in a professional manner in all situations.	d	c	b	a
3.	Perform in a manner consistent with established legal standards, standards of the profession, and ethical guidelines.	d	c	b	a
4.	Adapt delivery of physical therapy services with consideration for patients' differences, values, preferences, and needs.	d	c	b	a
5.	Communicate in ways that are congruent with situational needs.	d	c	b	a
6.	Participate in self-assessment and develops plans to improve knowledge, skills, and behaviors.	d	c	b	a
7.	Demonstrate clinical problem solving.	d	c	b	a

Educators interested in surveying graduates should consider the following recommendations:

- Limit the number of questions; aim for fewer than 10 to increase response rate and prevent survey fatigue.
- Use a six-point Likert scale (Strongly Agree, Agree, Tend to Agree, Tend to Disagree, Disagree, Strongly Disagree) for questions to eliminate "neutral" responses.
- Wait until new graduates have been in their roles for two to three months. Any new hire will have a learning curve; give graduates a chance to settle into their role before asking managers to complete the survey.

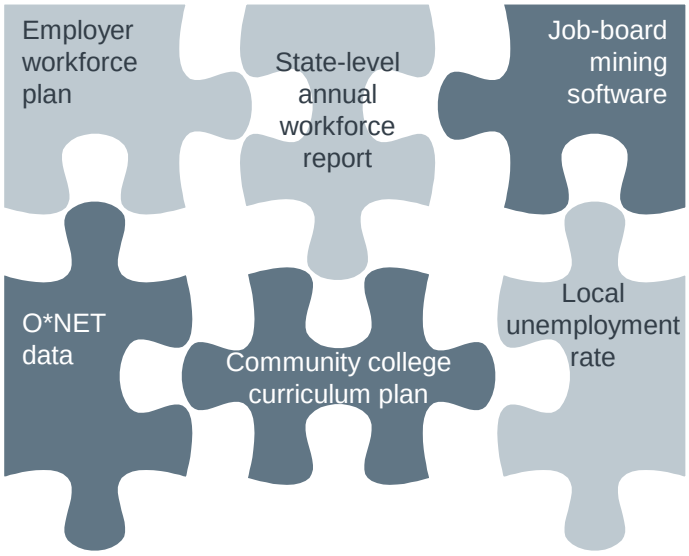
Source: Community Colleges of Spokane, Spokane, WA; Advisory Board interviews and analysis.

There is no single source of workforce data with the "whole truth" about future needs. Instead of trying to collect the perfect data set, employers, educators, and workforce development groups should **take advantage of existing national and regional data sets**.

No single employer, educator, or workforce development group can have a perfectly accurate projection of future workforce needs. But by combining perspectives, each individual organization can have a more accurate projection than it would alone.

Combining Perspectives Makes for a More Accurate Picture

Representative Sources of Workforce Data



Here's how to get started on projecting regional workforce needs:

1. **Convene** the area's major health care employers and educators.
2. **Pick one role** to focus on (for example: medical assistants).
3. **Review existing national or regional data** on the projected need for the role and the knowledge, skills, and abilities the role requires.

   O*NET is a good place to start. The Department of Labor collects data for the 900+ occupations included in the database by surveying current workers and industry experts about each role. The data is freely available to download and analyze.
4. **Supplement the data from national and regional sources with qualitative feedback.** Ask local health care employers and educators to "gut-check" your findings: Does the data match their reality? What's missing?

Source: Advisory Board interviews and analysis.

Don’t limit efforts to integrating workforce planning and curriculum planning at the community college level. Consider **opportunities for high school students to graduate ready to enter directly into a health care role.**

For example, at San Marcos High School, freshman students can opt into a health care education track that enables them to graduate with both a high school diploma and a certified nursing assistant (CNA) license.

Following their freshman year, students take health care classes at their school and at the local college. They sit for the CNA licensing exam in their junior year and then complete an internship at a nursing home or assisted living facility. As seniors, they complete a nine-week rotation program during spring semester at Cottage Health, which now employs 23 graduates of the high school program.

Health Careers Academy Program Timeline

Freshman Year	Sophomore Year	Junior Year	Senior Year
Interested students apply to program.	Accepted students begin taking health care courses at the high school and local community college.	Interested students sit for CNA license and complete internships at post-acute care facilities.	CNA students complete nine-week rotation program in eleven hospital units at Cottage Health.

Case in Brief: Cottage Health

- Not-for-profit health system with hospitals in Santa Barbara, Goleta, and Santa Ynez, California. Specialties include the Cottage Children’s Medical Center, Level 2 Trauma Center, Neuroscience Institute, Heart & Vascular Center, Center for Orthopedics, and Rehabilitation Hospital.
- Created the Health Careers Academy through a partnership with one of the local public high schools (San Marcos High School in Santa Barbara).
- Beyond providing the site for students’ rotations, Cottage Health helped create a “hands-on classroom” that houses hospital equipment including beds, wheelchairs, patient lifts, and many other miscellaneous items. The interactive classroom allows students to experience using medical equipment prior to working with actual patients in a real setting
- Cottage Health, a foundation, a congresswoman, and other community organizations provide funding and other support.
- 199 students have graduated the program as licensed CNAs. Cottage Health employs 23+ alumni.

Source: “San Marcos Health Careers Academy,” Santa Barbara Unified School District, https://sites.google.com/a/sbsdk12.org/sm-health-academy/. Cottage Health, Santa Barbara, CA; Advisory Board interviews and analysis.

Section

2

Employer Strategies to Support Entry-Level Health Careers

Solving Two Key Employer Challenges

Employer voices are heard less often in national conversations about entry-level health career pathways. To provide the employer perspective, Advisory Board drew on research across the last several years involving hundreds of interviews with employers.

Employers face two challenges in particular when trying to support entry-level health career pathways. The first is drawing candidates from an unnecessarily limited talent pool. As the labor shortage becomes more acute in many parts of the country, it will become increasingly important for employers to look beyond their traditional talent pools. The second challenge is the high rate of turnover in entry-level roles. Turnover leaves organizations with disruptive vacancies, increases pressure to fill empty positions, and creates more work for remaining staff.

The framework below includes three strategies to address these challenges, along with best practices to bring each strategy to life. Each best practice is described in detail on the following pages.

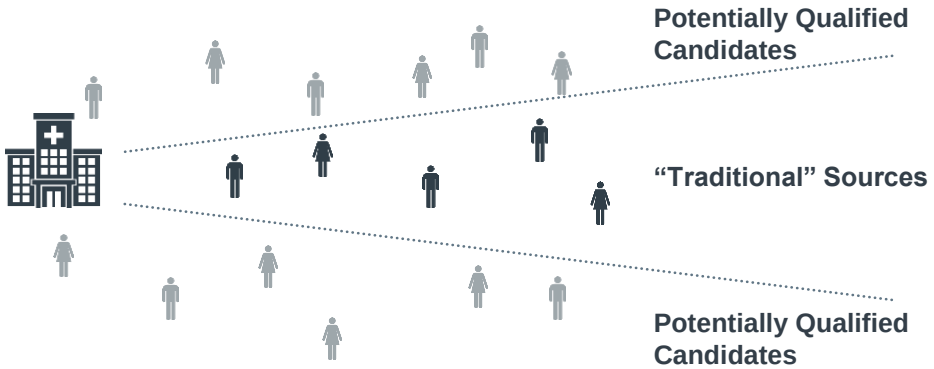
Employer Challenge	*A "Traditional" (and Limited) Talent Pool*	*An Unsustainable Rate of Turnover Among Entry-Level Staff*	
	1	2	3
Responsive Strategy	**Source Candidates with a Broader Range of Backgrounds**	**Illustrate the Impact of Staff's Daily Work**	**Embed Opportunities for Growth in Entry-Level Roles**
	Misperceptions and unconscious bias can lead employers to inadvertently turn away strong candidates for entry-level roles. By deliberately sourcing diverse candidates, employers can ensure they are hiring top talent and building a workforce that reflects their patient population.	Entry-level staff can become disconnected from the outcomes of their work, which contributes to unwanted staff turnover. By helping staff see the impact of their daily work on patients and customers, employers can help remind staff why they went into health care in the first place.	If entry-level staff cannot see opportunities for professional growth, they may leave the organization. Employers can channel this desire for growth to help staff move into roles needed for the future.
Best Practices	**Evidence-Based Selection Screens** Objective tests and standardized interview questions help remove unconscious bias in the interview process. **Under-Tapped Talent Pools** Employers reach out to often-overlooked talent pools by: • Partnering with a community agency to provide job assistance • Offering internship opportunities • Revising minimum qualifications • Reconsidering what should disqualify a candidate	**High-Impact Patient Storytelling** Employers systematically collect and share patient stories with staff. **Customer-Focused Interactions** Frontline staff in support departments round on departments and clinical units to interact directly with internal customers.	**Early-Tenure Career Ladder** Entry-level staff have the opportunity to advance in a role-specific career ladder. **Future-Oriented Tuition Assistance** Employers identify key positions that will be in high demand in the future and funnel tuition assistance to support preparation for those positions. **Centralized Re-Training Fund** As health care changes, some roles will become defunct. This fund supports retraining for staff to move into roles with greater need.

Employer Challenge 1: A “Traditional” (and Limited) Talent Pool

When vacancy rates are low, employers can afford to select talent from the same sources they always have: students from schools with established relationships and candidates who actively reach out to apply for a job. With vacancy rates climbing and workforce shortages becoming more acute across the country, employers can no longer rely solely on “traditional” sources of talent.

Employers Drawing from an Unnecessarily Shallow Pool

Representative Health System Hiring Sources



3.4%	6.0%
Hospital Vacancy Rate in 2010	Hospital Vacancy Rate in 2015

There are two ways employers can expand their candidate pool. The first approach starts with candidates who are already applying—but who may be turned down too quickly during the hiring process due to unconscious bias. Employers should start with this approach to make sure they are finding all the strong talent in their current applicant pool. The second approach is actively cultivating new sources of talent.

The following pages share best practices to equip employers to pursue each approach.

Two Approaches to Expanding Candidate Pool

Approach	Reinforce hiring safeguards to ensure unconscious bias does not lead to turning away qualified candidates	Actively seek out new candidates
Best Practices	1. Evidence-Based Selection Screen	2. Under-Tapped Talent Pools

Source: HR Advancement Center, Annual Turnover, Vacancy, and Premium Labor Benchmarking Survey, 2010-2015; Advisory Board Interviews and Analysis.

Practice 1

Evidence-Based Selection Screens

Practice in Brief

One of the best defenses against unconscious bias is objective hiring screens. Health care employers use a series of standardized assessments to test candidates' skills and behavioral competencies.

Rationale

In the midst of a talent shortage, employers need every qualified person they can find. In the hiring process, interviewers can inadvertently discount otherwise strong candidates due to unconscious biases. Standardizing the hiring process to test for specific skills and competencies—and using those results to inform the hiring decision—can help remove unconscious bias.

Implementation Components

Component 1: Identify the Skills and Competencies Needed for Specific Roles
HR leaders use available data sources (such as the Department of Labor's O*NET database) and/or job analysis to identify core skills and competencies for specific roles.

Component 2: Assess Candidate Skills and Competencies with Objective Tests and Standardized Interview Questions
HR leaders identify tests for candidates to complete to assess specific skills required for the role. To test behavioral competencies, HR leaders develop standardized questions to ask in candidate interviews.

Component 3: Decide How Hiring Screen Results Will Inform Hiring Decisions
HR leaders decide how results from screens will impact the hiring decision: For example, will a candidate need a specific score on a test to advance in the hiring process? Or will the score inform the questions interviewers will ask? Results can also inform the onboarding and training candidates receive once they join the organization.

Practice Assessment

This practice requires substantial investment to be effective. It takes time to identify skills and competencies for specific roles and to train recruiters and hiring managers in a new standardized hiring process. However, the payoff can be significant: reduced first-year turnover (due to hiring candidates with a better fit for the role and organization) and increased diversity among new hires (due to removing bias through a more standardized selection process).

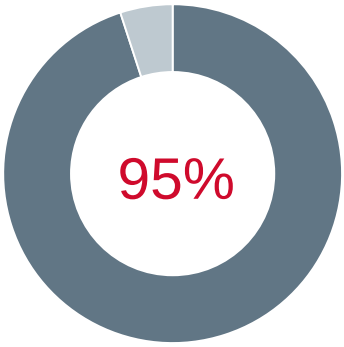
Component 1: Identify the Skills and Competencies Needed for Specific Roles

The first component in this practice is to identify the skills and competencies needed for specific roles. Mercy Health West Michigan partnered with a local consulting firm, Metrics Reporting, Inc., to analyze the skills and competencies needed for Mercy Health West Michigan's roles.

Instead of analyzing every single role across the organization, the team grouped roles into job families. They used O*NET—the Department of Labor's publicly available database of knowledge, skills, abilities, and work activities—to isolate the key skills and competencies for each job family.

Isolating Skills and Competencies for Common Roles

22 Job Families Cover Majority of Mercy Health West Michigan Employees



O*NET in Brief

- Online database maintained by the Department of Labor for 900+ occupations
- Data is collected for each role through surveys of current workers and industry experts
- Includes data on skills, abilities, knowledge, work activities, and other characteristics associated with each occupation
- Information can be downloaded at no cost and used as the foundation for workforce development analyses

Case in Brief: Mercy Health West Michigan, a Regional Health Ministry of Trinity Health

- A regional multi-campus health care system serving West Michigan with five hospital campuses and more than 800 hospital beds. Mercy Health is also part of Trinity Health, one of the largest multi-institutional Catholic health care delivery systems in the nation.
- Redesigned hiring process around objective tests for specific skills and standardized interview questions to assess specific competencies
- Increased the percentage of non-white hires by more than 11 percentage points. Reduced time-to-fill from 37 days to 31 days and first-year turnover from 25.3% to 18.7%.

Source: Mercy Health, West Michigan; "O*NET OnLine Overview," O*NET OnLine, https://www.onetonline.org/help/online/; Advisory Board Interviews and Analysis.

Component 2: Assess Candidate Skills and Competencies with Objective Tests and Standardized Interview Questions

The second component of this practice is to assess whether candidates have the needed skills and competencies for the role. To assess candidates' skills, Mercy Health West Michigan used the tests shown here. To assess specific competencies, the team designed a series of standardized interviewing guides for recruiters and hiring managers. Giving recruiters and hiring managers specific questions to ask helps ensure a consistent approach to interviews.

Assessing Candidates Consistently and Objectively

Elements Assessed During Mercy Health West Michigan Hiring Process

Category	Description	Assessed via
Skill	Reading prose	ETS WorkFORCE
	Reading documents	
	Quantitative reasoning	
Competency	Perception	Standardized recruiter interview
	Service orientation	
	Active learning	
	Office administration	
Competency	Time management	Standardized hiring manager interview
	Influence	
	Teamwork	
	Critical thinking	
Overall Fit Index	Conscientiousness, emotional stability, agreeableness, etc.	ETS WorkFORCE
References	--	Skill Survey

Component 3: Decide How Screening Results Will Inform Hiring Decisions

Employers can use results from hiring screens (such as the skill tests described above) in the three ways shown here.

Mercy Health West Michigan uses the results from the skill-based and competency-based components of the hiring process to calculate an overall candidate score ranging from one star to five stars. For candidates who are ultimately hired, the results form the foundation of the staff member's "career portfolio"—the skills and competencies they have today and those they wish to grow in the future.

Results Not Necessarily An Instant "Yes/No" Hiring Decision

Three Options for Using Screening Results

1

Interviewing

Assessment results inform interview questions

2

Selection

Assessment results determine whether candidate progresses in hiring process

3

Onboarding

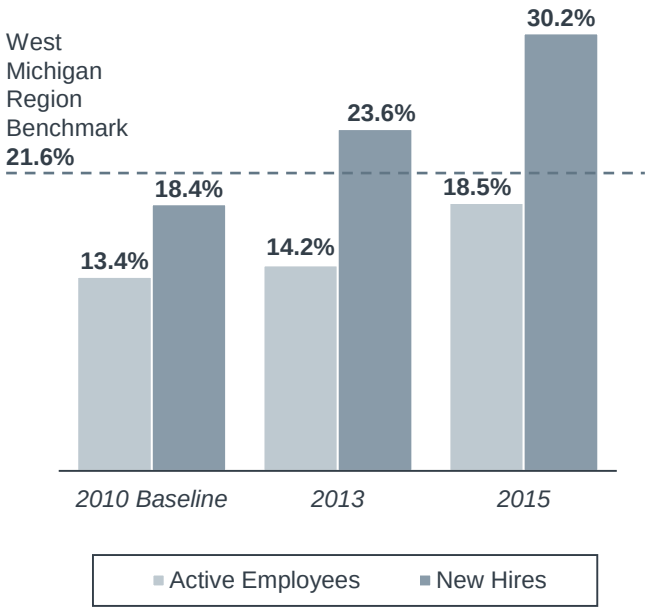
Assessment results inform onboarding and on-the-job training

Source: Mercy Health, West Michigan; Advisory Board interviews and analysis.

Mercy Health West Michigan has seen remarkable results since moving to their evidence-based selection screening process. First-year turnover is lower, suggesting Mercy Health West Michigan is finding candidates who are a better fit for the organization. The organization is hiring much more diverse staff than it was initially. Leaders at Mercy Health West Michigan attribute the increase in diversity to the more objective hiring process, which helps remove unconscious bias. Interestingly, the new hiring process is not taking longer—in fact, time-to-fill has decreased.

Hiring a More Diverse Workforce

Percent Non-White Staff at Mercy Health West Michigan



6 days

Decrease in time-to-fill (37 days to 31 days)

18.7%

First-year turnover (reduced from baseline of 25.3%)

Source: Mercy Health, West Michigan; Advisory Board Interviews and Analysis.

Practice 2

Under-Tapped Candidate Pools

Practice in Brief

HR removes barriers that prevent qualified candidates who belong to overlooked groups from being hired.

Rationale

Nearly every labor market contains pools of potential talent that health care organizations are overlooking. These groups may be deliberately overlooked (because they contain an attribute the organization has decided disqualifies candidates) or accidentally overlooked. With the labor market tightening, HR leaders need to identify ways to attract qualified individuals who belong to these overlooked groups.

Implementation Options

Option 1: Partner with a Community Agency to Provide Job Assistance
HR works with a community organization to offer qualified candidates (from otherwise overlooked talent pools) assistance with the application process.

Option 2: Offer Internship Opportunities
HR creates an internship designed to attract qualified candidates from an otherwise overlooked talent pool. The internship should be designed to serve as a stepping stone to a full-time role.

Option 3: Revise Minimum Qualifications
HR leaders consider which minimum qualifications—particularly for entry-level roles—can be revised without compromising the quality of hire.

Option 4: Reconsider What Should Disqualify a Candidate
HR leaders review attributes that currently disqualify a candidate in their application or background check. HR leaders consider how to conduct a more nuanced, case-by-case review of otherwise qualified candidates' background.

Practice Assessment

These are all highly effective options for hiring otherwise overlooked candidates. Each option is progressively more resource intensive, and each option faces a progressively greater risk of push-back. However, organizations who pursue options #3 and #4 report it is nearly always worth the investment and effort. These otherwise overlooked candidates are especially loyal and grateful for an employment opportunity that was not previously available to them.

Option 1: Partner with a Community Agency to Provide Job Assistance

HR partners with a community agency to provide candidates assistance with the job application process. The community partner should have a demonstrated ability to reach an underrepresented group your organization is interested in attracting.

Johns Hopkins Hospital in Baltimore, Maryland started the HopkinsLocal initiative with a goal to increase hiring from 16 economically disadvantaged zip codes in the city. Hopkins aims to fill 40% of targeted entry-level roles from these zip codes by 2018.

Hopkins works with a local workforce development agency to help recruit, screen, and refer candidates from these areas. This agency ensures that applicants are prepared for the application and interview process.

Taking a Closer Look at People in Our Neighborhood

JOHNS HOPKINS MEDICINE

Case in Brief: Johns Hopkins Hospital

- 998-bed academic medical center based in Baltimore, MD
- In 2015, launched HopkinsLocal an initiative to invest in Baltimore City
- Organization committed to increase hiring in 16 economically-depressed zip codes; with a goal to fill 40% of targeted entry-level roles from these areas by 2018
- A workforce development agency assists in recruiting, screening, and referring candidates for the targeted entry-level positions
- Recruitment staff promote initiative in local faith-based organizations and through other community partners

Source: HR Advancement Center, *Win Talent in a Candidate-Centric Market*, Washington, DC: Advisory Board, 2016.

Option 2: Offer Internship Opportunities

HR creates an internship or a temporary job assignment designed to offer overlooked candidates an opportunity to polish their skills and get an introduction to the organization. HR should prioritize departments where full-time opportunities are available to participants who are interested and qualified.

At Stanford Health Care based in Stanford, CA, HR partnered with NPower, a national nonprofit that helps people develop information technology (IT) skills. They sponsored 20 veterans for a 20-week program that included 13 weeks of classroom tech training and a seven-week internship. Of the veterans who interned at Stanford in their IT department, five were ultimately hired as Service Desk Agents.

Taking a Closer Look at Veterans

STANFORD HEALTH CARE.

Case in Brief: Stanford Health Care

- 613-bed academic health system based in Stanford, CA
- Partnered with NPower to sponsor 20 veteran participants in The Technology Service Corps San Francisco Bay Area program
- Stanford invested $27,500 in the 20-week IT skill development program
- Veteran participants completed 13 weeks of class-based training and a seven-week long internship at one of the sponsor organizations
- Stanford ultimately hired five veterans for IT roles as Service Desk Agents

Source: HR Advancement Center, *Win Talent in a Candidate-Centric Market*, Washington, DC: Advisory Board, 2016.

Option 3: Revise Minimum Qualifications

HR leaders review qualifications for entry-level roles to determine if minimum qualifications can be modified to allow for motivated but currently underqualified talent to be considered. Typically, you should look to modify experience requirements (e.g., two years of experience for an entry-level role) or education requirements for entry-level roles.

HR leaders at Missouri Health Care in Columbia, MO, realized they were missing an opportunity to recruit high-performing high school students who did not go directly to college. The Director of Talent Acquisition knew they could offer a competitive salary and benefits (e.g., tuition assistance) for high school graduates. The organization changed their experience requirement for specific entry-level roles (e.g., phlebotomy, unit clerk, or nursing support) so that high school graduates could apply.

Taking a Closer Look at High School Graduates

UNIVERSITY OF MISSOURI HEALTH CARE

Case in Brief: University of Missouri Health Care

- Academic health system based in Columbia, MO
- Identified 10 roles that could be filled with high school students not planning to go to college, including: CNA, surgical technician, and administrative positions
- Organization changed level of experience required for some roles so high school students could apply
- HR delivers presentations in high schools to build awareness about health care career paths

Source: HR Advancement Center, *Win Talent in a Candidate-Centric Market*, Washington, DC: Advisory Board, 2016..

Option 4: Reconsider What Should Disqualify a Candidate

HR leaders reconsider what currently disqualifies candidates in their application or background check.

Leaders at Johns Hopkins decided that a criminal background should not automatically disqualify an otherwise qualified candidate. Once a hiring manager extends an offer, Johns Hopkins uses a background security screener to evaluate the candidate's criminal offense based on several factors—when it happened, type of offense, if the candidate disclosed the offense—and make a final hiring recommendation.

Regardless of if the candidate is hired, the hiring manager is not informed of the candidate's criminal background. As of 2016, roughly ten percent of Johns Hopkins' workforce have a criminal background.

Taking a Closer Look at Candidates with a Criminal Background

Job Description

Job Title: Background Security Screener

Department: Human Resources

Position Summary:

- Reviews background investigations on all new hires for all affiliates.
- Makes recommendations to HR on disposition of candidates showing negative information on their background reports.
- Collects additional information to clarify information received from the background company and investigates further as needed, based on state requirements or position-specific requirements

Case in Brief: Johns Hopkins Hospital

- In 1996 began reviewing criminal background checks on a case-by-case basis after realizing that many applicants for entry-level roles had a former offense
- Johns Hopkins Hospital made hiring ex-offenders an intentional part of their workforce strategy to provide opportunities to talent often overlooked in the community
- Hired an ex-police officer as a background screener to assess the details of past convictions for candidates with criminal records and make recommendations about their suitability as employees
- Candidates proceed through full hiring process, receive an offer, then undergo a criminal background check; hiring managers only informed if the candidate is not approved in the pre-employment process

Source: HR Advancement Center, *Win Talent in a Candidate-Centric Market*, Washington, DC: Advisory Board, 2016.

Employer Challenge 2: Unsustainable Rate of Turnover in Entry-Level Roles

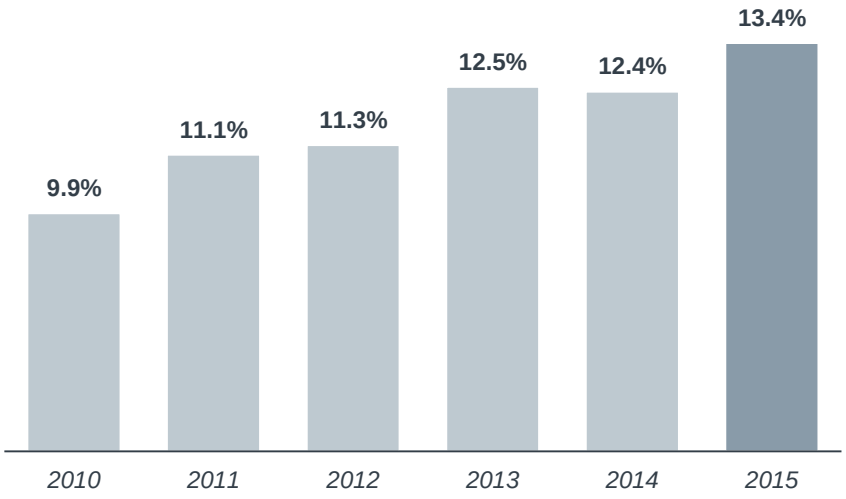
The national health care turnover rate is trending steadily upward. Advisory Board benchmarks pegged median hospital turnover at 13.4% in 2015—indicating half of organizations have turnover above that rate.

Arguably more concerning than the overall rate of turnover is the rate of "early" turnover. The proportion of turnover due to first-year departures has always been higher than anyone would like—but the industry has reached a point now where more than a quarter of all hospital turnover is due to employees leaving in their first year.

Two Clear and Troubling Trends

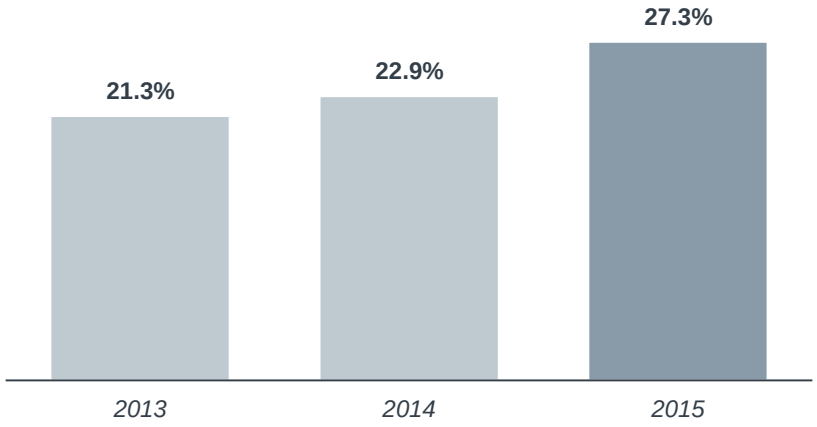
Median Hospital Turnover Rate[1]

n=381[2]



Percentage of Turnover Attributed to Employees with Less Than One Year of Tenure

n=370[2]



1) Turnover rate is determined by dividing total number of separations among all full-time and part-time employees between January 1 and December 31 by the average of the total number of full-time and part-time employees over that time frame. Excludes PRN, per diem and casual employees.
2) N-value for 2015 benchmark cohort.

Source: HR Advancement Center, Annual Turnover, Vacancy, and Premium Labor Benchmarking Survey, 2010-2015.

Staff retention is increasingly a top priority for leaders from frontline nurse managers to CEOs. Leaders are concerned for good reason: staff turnover is disruptive and costly, as shown here. Experts debate how to capture the cost of turnover in hard dollars, but everyone can agree that losing team members creates more work for managers, remaining staff, and HR—and turnover is not conducive to providing the best-possible patient experience.

Turnover Disruptive for Everyone

Turnover Creates More Work for Managers…

Interview additional candidates

Train new staff

…And for Staff…

Absorb extra work

…And for HR…

Recruit and screen new candidates

Onboard replacement staff

…And Can Impact Patients

May have to wait longer to receive care if insufficient staff (or have to go elsewhere)

This report includes five best practices to help employers tackle two root causes of turnover among frontline staff.

Addressing Two Root Causes of Entry-Level Staff Turnover

Root Cause	Staff become disconnected from the outcomes of their work; the job feels like a series of tasks	Staff feel "stuck" in their current role; they cannot see the next step in their career
Strategy	**Illustrate the Impact of Staff's Daily Work**	**Embed Opportunities for Growth in Entry-Level Roles**
Best Practices	3. High-Impact Patient Storytelling 4. Customer-Focused Interactions	5. Early-Tenure Career Ladder 6. Future-Oriented Tuition Assistance 7. Centralized Re-Training Fund

Source: Advisory Board interviews and analysis.

Practice 3

High-Impact Patient Storytelling

Practice in Brief

Organizational leaders capture and widely share a large number of patient stories that reflect the breadth and diversity of patient experiences.

Rationale

Patient stories are generally collected on an ad-hoc basis or only when patients proactively reach out to leaders to describe their experience. As a result, stories obtained often do not reflect the full spectrum of patient experiences. Moreover, collected stories are often shared with staff only sporadically, minimizing their potential impact.

Implementation Components

Component #1: Facilitate Patient Story Submission
Provide patients with clear instructions about when (and how) to submit their stories. The goal is to encourage many more patients to share their stories.

Component #2: Hardwire Story Capture
Standardize a method for capturing and preserving patient stories. Stories should be archived in a single location, easily accessible to staff.

Component #3: Ensure Consistent Story Dissemination
Maximize the impact and reach of patient stories by ensuring they are shared with staff in a systematic manner.

Practice Assessment

Relatively low-cost and low-effort practice with strong potential to remind staff why they went into health care in the first place.

Component #1: Facilitate Patient Story Submission

The first component of this practice is ensuring patients are encouraged to share their stories and have clear instructions for how to do so. Leaders at York Hospital in York, Maine, cite the flier shown to the right as a highly effective method of encouraging patients to submit their stories to a dedicated patient story voicemail hotline, called "Care to Share."

A Simple, Inviting Process to Relay Stories

York's "Care to Share" Flier

Makes sincere plea for patient stories–good or bad–captured in patient's own voice

Provides simple description of phone line, how to record story

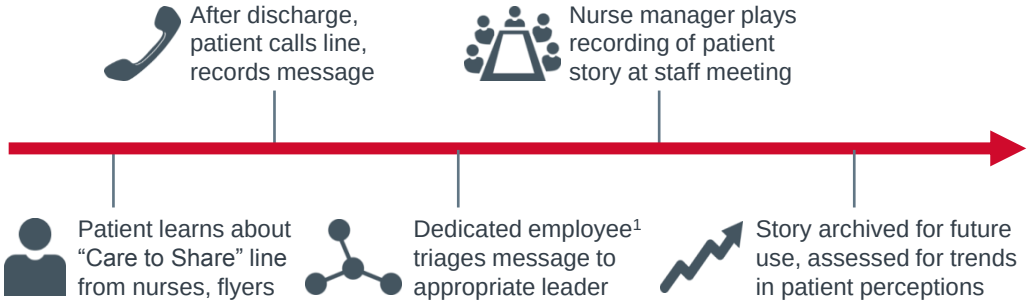
Explains how stories will be used by hospital, employees

Component #2: Hardwire Story Capture

The second component of this practice is hardwiring patient story capture. The goal is to systematically record and preserve all stories shared by patients. At York Hospital, stories are captured by their "Care to Share" line and automatically saved to a hospital server. The process is shown at right.

Capturing a Diverse Range of Patient Voices

Process for Capturing and Disseminating Patient Stories at York Hospital



Case in Brief: York Hospital

- 79-bed hospital located in York, Maine
- Dedicated "Care to Share" patient story line went live in July 2011
- Patient messages directly recorded onto hospital server, allows unlimited recording time
- Implementation of voicemail system directly on hospital server required 12 to 16 IT hours; regularly listening and triaging patient messages requires one hour per week

1) Director of Rehab responsible for "Care to Share" line at York; most employees in patient experience/service roles would be suitable for the position.

Source: Nursing Executive Center, *Enhancing the Patient Experience*, Washington, DC: Advisory Board, 2012.

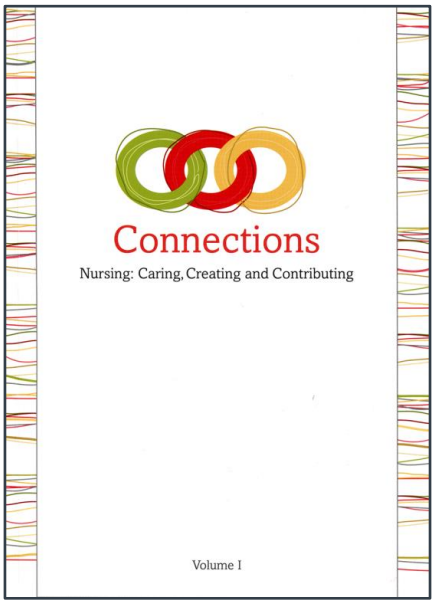
Component #3: Ensure Consistent Story Dissemination

Hardwiring patient story capture is an essential first step to better leveraging patient stories, but leaders must also ensure the captured stories are shared with staff.

There are a variety of ways to share patient stories, including in print. Nursing and patient experience leaders at Vidant Medical Center in Greenville, North Carolina, ensure stories are consistently relayed to staff through a staff-generated publication entitled Connections. The publication was printed in hard copy and shared with all staff members.

Disseminating Stories in a Widespread, Lasting Way

"Connections" Publication at Vidant Medical Center



"Connections" Table of Contents

Contents

Case in Brief: Vidant Medical Center

- 861-bed academic medical center located in Greenville, North Carolina; flagship hospital of Vidant Health
- Solicited stories from caregivers demonstrating the power of patient- and family-centered care
- Published *Connections* in June 2011; includes 66 unique caregiver stories
- Publication distributed to all nursing staff; serves as desk reference for caregivers to reconnect with mission of healing in the moment

Source: Nursing Executive Center, *Enhancing the Patient Experience*, Washington, DC: Advisory Board, 2012.

Additional effective ways to share stories are shown to the right. We recommend utilizing multiple channels to maximize the reach of patient stories.

A Range of Story Dissemination Options

Four Primary Channels for Story Dissemination

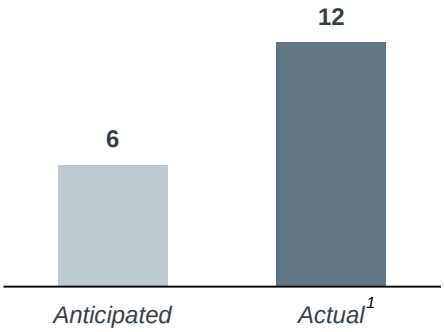
In-Person | **Voice Recording** | **Book** | **Video**

Source: Nursing Executive Center, *Enhancing the Patient Experience,* Washington, DC: Advisory Board, 2012.

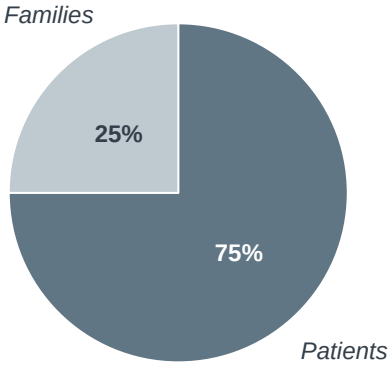
Evidence suggests that when provided with a clear call to action to share their stories, patients and families are willing to do so. Early results from York Hospital have been positive. York Hospital has exceeded internal expectations regarding the number of patient stories it would capture on its "Care to Share" line. In addition to calls from patients, the line has also begun to receive stories from patients' family members.

Exceeding Utilization Expectations

Average Number of Calls Per Week



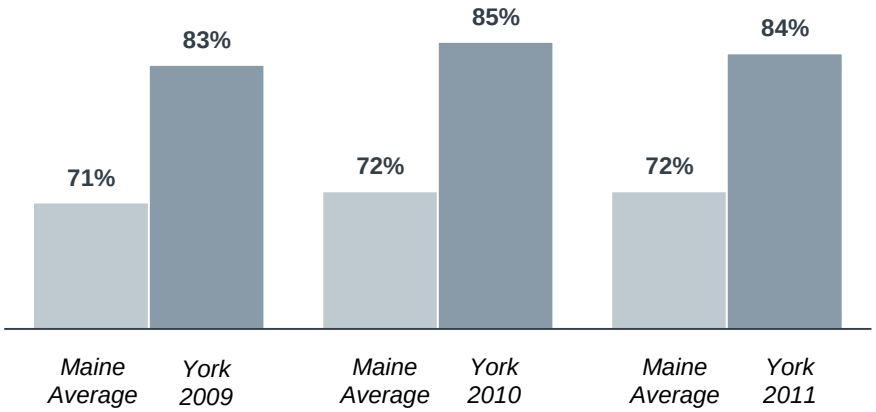
"Care to Share" Call Breakdown



Leaders at York believe their focus on sharing patient stories has helped them achieve consistently strong patient satisfaction. As shown, York Hospital has consistently outperformed the Maine average for Top Box overall ratings.

Consistently Outperforming in Patient Satisfaction

Percentage of "Top Box" Overall Hospital Ratings[2]



1) As of September 2011.
2) Based on HCAHPS national database.

Source: Nursing Executive Center, *Enhancing the Patient Experience*, Washington, DC: Advisory Board, 2012.

Practice 4

Customer-Focused Interactions

Practice in Brief

Frontline staff in support departments round on departments and clinical units across the organization to interact directly with internal customers, collecting feedback, providing staff education, and identifying improvement opportunities.

Rationale

The majority of administrative staff have limited, if any, direct integration with patients. This limited contact may cause support staff to feel disconnected to the larger organizational mission. However, these employees play a pivotal role in supporting those who support patients. Strengthening the ties between support staff and the colleagues they serve helps employees better understand their contribution.

Implementation Components

Component #1: Select Staff Rounders
Corporate office departments choose two staff members each month to round on departments and clinical units across the organization.

Component #2: Schedule Facility Visits
Rounding staff organize monthly visits to various system facilities. Staff travel onsite and round on two to three different hospital departments or units per visit.

Component #3: Meet and Interact with Internal Customers
Rounding staff solicit feedback on their department's effectiveness, offer subject matter expertise, and identify improvement opportunities.

Component #4: Conduct Post-rounding Debriefing Session
Rounding staff report back to their department findings from the facility visit and discuss customer feedback and areas for improvement.

Practice Assessment

This practice offers a concrete way for support staff to interact directly with internal customers and see the impact of their work on colleagues. Establishing a rounding process will require front-end time from managers, but only minimal time once the process is established.

Support staff rounding offers corporate office staff whose work is far removed from patient care a way to reconnect with the caregivers, their internal customers, and the organizational mission. While the majority of administrative support staff have limited, if any, direct interaction with patients, these employees play the important role of supporting those who serve the patient. Strengthening the ties between support staff and the colleagues they serve helps support staff better understand their contribution.

To enhance the relationships support staff have with internal customers, Southern Illinois Healthcare (SIH) established a support staff rounding program in which corporate office employees regularly round on facilities in the system. Four components are particularly critical to ensuring success—selecting staff rounders, scheduling facility visits, engaging internal customers, and debriefing the team. Additional detail on these components and participating departments is shown here.

Gaining a Boots-on-the-Ground Perspective

Equally Powerful for Support Staff to See Their Downstream Impact

Key Steps of SIH Support Staff Rounding

1 Select Staff Rounders

- Corporate office departments choose two staff members each month to round on departments and clinical units across the organization
- Staff members selected during monthly staff meetings

2 Schedule Facility Visits

- Rounding staff organize monthly visits to various system facilities; staff travel onsite and round on two to three different hospital departments or units per visit
- Rounding staff spend approximately one hour onsite

3 Meet and Interact with Internal Customers

- Rounding staff solicit feedback on their department's effectiveness, offer subject matter expertise, and identify improvement opportunities
- Information documented in a rounding form

4 Conduct Post-rounding Debrief Session

- Rounding staff report back to their department findings from the facility visit, discuss customer feedback and areas for improvement
- Teams address improvement opportunities in the moment during monthly staff meetings

Select SIH Departments Participating in Support Staff Rounding

Human Resources
Staff clarify, answer questions on HR policies and onsite HR office

IT
Staff provide EMR instruction and in-the-moment troubleshooting

Accounting
Staff provide education on accounting processes

Case in Brief: Southern Illinois Healthcare

- Three-hospital, 271-bed system based in Carbondale, Illinois
- All corporate office managers round on departments across system; HR, IT, and accounting departments also send frontline staff on rounds
- Rounding staff seek feedback on their department; often provide staff education on areas of their own expertise as well
- Leaders report relationship-building, problem identification, and mission reinforcement as primary benefits

Source: HR Advancement Center, *Hardwiring Accountability at the Front Line*, Washington, DC: Advisory Board, 2012.

Practice 5

Early-Tenure Career Ladder

Practice in Brief

HR works with department leaders to create performance-based career ladders for entry-level roles with high turnover; the goal is to encourage early-career growth and development within those roles.

Rationale

A career ladder can help staff in entry-level roles feel a sense of accomplishment by providing structured growth opportunities in the relatively near term (one to three years). However, career ladders defeat their purpose if moving up a rung happens almost automatically when staff reach a specific tenure. To promote retention of high performers in a sustainable way, HR leaders should implement career ladders selectively and ensure each ladder has specific, objective criteria.

Implementation Components

Component 1: Identify Entry-Level Roles Suitable for Career Ladders
HR leaders prioritize building career ladders for entry-level positions meeting the following criteria: roles with high turnover, roles where staff have special expertise that is attractive to competitors (and are harder to replace), and roles where staff feedback suggests a lack of growth opportunities.

Component 2: Include Performance-Based Criteria in Ladder Rungs
Staff must meet specific performance-based goals (such as scoring 90% or above on written and practical competency tests) to move from one rung in the ladder to the next. Including objective performance criteria helps ensure the ladder serves to recognize and reward staff's accomplishments, not just their tenure.

Component 3: Allow Staff to Nominate Themselves to Advance to the Next Level
Staff speak with their manager when they believe they have met the criteria outlined in the career ladder. If the manager and HR agree the staff member has met all the criteria, he or she receives a new title and a pay raise.

Practice Assessment

Career ladders give early-tenure staff an opportunity to meaningfully progress within a role, but do require investment since moving up a rung usually corresponds to a small increase in pay. If an organization already has a strong merit pay program for frontline staff, this practice may be less impactful (since the merit pay program already recognizes and rewards strong performers).

Component 1: Identify entry-level roles suitable for career ladders

The first component of this practice is to identify the entry-level roles that are the best candidates for career ladders. Career ladders are well-established retention tools, but they require investment since moving up on the ladder typically corresponds to a pay increase. To identify which roles could benefit most from a career ladder, use the criteria shown here.

HR leaders at Overlake Medical Center, in Bellevue, Washington, applied the three criteria listed to the right and identified two initial roles for career ladders. Medical assistants must be credentialed in Washington state, so replacing them is no easy feat. The front desk staff have experience using the electronic health record, so they are valued by both Overlake and its competitors.

Selecting Roles for Career Ladders

Overlake's Criteria for Investment in Career Ladder

- ☑ High Voluntary Turnover
- ☑ Specialized Skill Set
- ☑ Perceived Lack of Development Opportunities

Medical Assistants

Clinic Front Desk Staff[1]

Case in Brief: Overlake Hospital Medical Center

- 349-bed community hospital located in Bellevue, Washington, with busy primary and specialty care clinics throughout the region
- In 2014, Washington state passed a law requiring all medical assistants to be credentialed through the Washington State Department of Health, increasing competition for talent; a committee comprised of HR and operational leaders developed a medical assistant (MA) career ladder to address perceived lack of development opportunities for MAs at Overlake
- Overlake developed a Patient Services Representative (PSR) career ladder in August 2015 in response to the growing complexity of the role (such as increased payer demand for clinic quality metrics)
- Ladders were initially rolled out at manager meeting; managers were asked to announce the opportunity at staff meetings and discuss during annual performance reviews
- Staff must meet minimum requirements for tenure, outcomes-based metrics, and behavioral competencies to move from Level I to Level II
- Staff who move from a Level I MA or PSR to a Level II MA or PSR receive a 5% pay increase

1) Called Patient Services Representatives at Overlake.

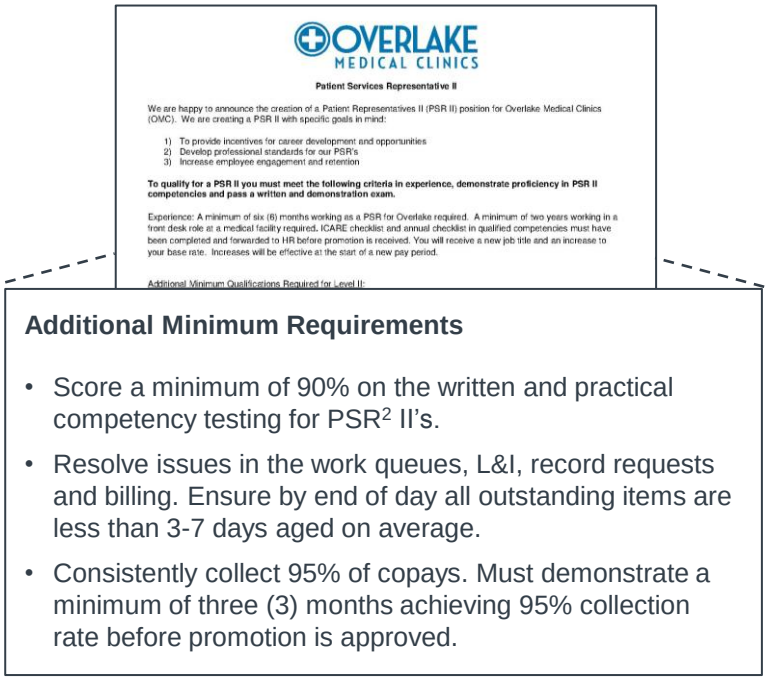
Source: HR Advancement Center, *Stop Turnover in the First Three Years*, Washington, DC: Advisory Board, 2016.

Component 2: Include performance-based criteria in ladder rungs

The second component of this practice is to build performance-based criteria into the ladders. Poorly designed career ladders can over-emphasize a staff member's time in position instead of performance. By defining performance-based goals, leaders ensure ladders recognize and reward staff accomplishments, not just tenure. Overlake's ladders do have a tenure-based requirement: staff need a minimum of two years' experience in their roles and at least six months at Overlake. But staff have to meet additional performance-based criteria, such as those shown here.

Ladders Emphasize Performance

Excerpt of Overlake's Level II Clinic Front Desk Staff[1] Qualifications



OVERLAKE MEDICAL CLINICS

Patient Services Representative II

We are happy to announce the creation of a Patient Representatives II (PSR II) position for Overlake Medical Clinics (OMC). We are creating a PSR II with specific goals in mind:

1) To provide incentives for career development and opportunities
2) Develop professional standards for our PSR's
3) Increase employee engagement and retention

To qualify for a PSR II you must meet the following criteria in experience, demonstrate proficiency in PSR II competencies and pass a written and demonstration exam.

Experience: A minimum of six (6) months working as a PSR for Overlake required. A minimum of two years working in a front desk role at a medical facility required. ICARE checklist and annual checklist in qualified competencies must have been completed and forwarded to HR before promotion is received. You will receive a new job title and an increase to your base rate. Increases will be effective at the start of a new pay period.

Additional Minimum Qualifications Required for Level II:

Additional Minimum Requirements

- Score a minimum of 90% on the written and practical competency testing for PSR[2] II's.
- Resolve issues in the work queues, L&I, record requests and billing. Ensure by end of day all outstanding items are less than 3-7 days aged on average.
- Consistently collect 95% of copays. Must demonstrate a minimum of three (3) months achieving 95% collection rate before promotion is approved.

Component 3: Allow staff to nominate themselves to advance to the next level

The third component of this practice is giving responsibility to staff for advancing on the career ladder. Staff nominate themselves for the next level on the ladder when they feel they have met the criteria, and then their manager and HR verify that the staff member is ready to advance. This staff-driven process works only if there are clear and objective criteria for advancement.

Staff Initiate Process of Moving to Next Level

Process for Moving from Level 1 to Level 2

1

Self-Nomination

Staff are responsible for telling their manager they have met the required number of qualifications for Level II role

2

Verification

Manager and HR verify qualifications

3

New Title and Pay

If staff meet qualifications, staff receive new title and 5% increase in compensation in pay period immediately following promotion

1) Called Patient Services Representatives at Overlake.
2) Patient Services Representative.

Source: HR Advancement Center, *Stop Turnover in the First Three Years*, Washington, DC: Advisory Board, 2016.

Practice 6

Future-Oriented Tuition Assistance

Practice in Brief

Organization identifies key positions that will be in high demand in the future and funnels tuition assistance to support preparation for those positions; the goal is to not only provide staff with growth opportunities but also help fill critical roles in the future.

Rationale

Tuition assistance can be an important benefit to help staff grow in their career, but organizations must ensure they are helping staff (and students) prepare for roles in high demand at their organization. Otherwise, they will inadvertently promote turnover when staff who have completed their education find there is not a position for them. Organizations can deploy their limited resources more effectively by anticipating which positions will be needed in the future and prioritizing tuition assistance for those roles.

Implementation Components

Component 1: Direct Tuition Assistance to Areas of Future Need
HR evaluates which roles will be in high demand in the future by considering factors such as the current turnover rate, time-to-fill, and age distribution for each role. The organization prioritizes tuition assistance for staff (and students) preparing for these positions**.**

Component 2: Guide Staff to In-Demand Jobs
Staff and students seeking tuition assistance must meet with a career counselor before receiving tuition assistance. Dedicated career counselors help guide employees to in-demand roles. Recruiters may be particularly well suited for filling the career counselor role, since they have firsthand understanding of the organization's workforce needs.

Practice Assessment

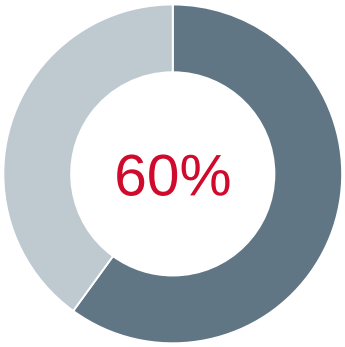
This practice helps organizations make the most of limited tuition assistance dollars by prioritizing areas of future need. Organizations unable to dedicate a full FTE to career counseling can start by carving out half of an HR staff member's time.

Millennials (like staff of all ages) want to grow and develop—in fact, over half of millennials polled in a cross-industry survey would pick a job with potential for professional development over one with regular pay raises. A common way of supporting professional development in health care is offering tuition assistance. This practice will help you maximize the impact of tuition assistance on staff retention (and help you avoid paying for staff to prepare for roles available only at competing organizations).

The Value of Professional Development

Percentage of Millennial Employees Who Prefer a Job with Strong Potential for Professional Development Over One with Regular Pay Raises

n=1,048



Component 1: Direct tuition assistance to areas of future need

The first component of this practice is to prioritize tuition assistance for roles that will have high-demand in the future. You can identify these roles by considering factors such as the current turnover rate, time-to-fill, and age distribution.

Leaders at Norton Healthcare in Kentucky use an Excel spreadsheet to capture this data and more, by job family. By analyzing the data, HR leaders can identify roles likely to have many vacancies in the future.

Making the Most of Tuition Assistance

Sample Criteria Used to Identify In-Demand Jobs

- ☑ Age Distribution of Current Employees
- ☑ Average Turnover Rate
- ☑ Average Time-to-Fill

Case in Brief: Norton Healthcare

- Five-hospital health system with 150+ physician practices headquartered in Louisville, Kentucky
- Offers tuition support to approximately 700 students (employees and non-employees) per year to earn credentials required for in-demand roles
- Three full-time and three part-time certified career coaches help employees and non-employee students plan their careers; part-time coaches split time with recruiting
- Retention in 2010 for staff receiving tuition assistance was 95%, compared to 69% for staff not receiving tuition assistance

Source: "Millennials Desperate for Financial Stability, in Search of Employer Support to Get There," April 2015, http://www.edassist.com/resources/news-releases/2015/04/Millennials-study-press; HR Advancement Center, *Stop Turnover in the First Three Years*, Washington, DC: Advisory Board, 2016.

Component 2: Guide staff to in-demand jobs

The second component of this practice is to encourage staff to pursue education matching the identified high-demand jobs. The goal is to not only provide staff with meaningful growth opportunities, but also help fill critical positions in the future.

At Norton, staff and students seeking tuition assistance must meet with a career coach before they can receive tuition assistance. Career counselors help staff and students understand likely future openings at the organization and the education they need to fill those roles.

Leaders at Norton have found recruiters are a particularly good fit for the career counselor position. They have firsthand understanding of the organization's workforce needs, and they can flex back and forth with recruiting and career counseling as demand dictates. Today, three of Norton's career counselors serve as part-time recruiters.

Career Coaches Direct Staff to In-Demand Positions

Excerpt of Norton Healthcare Career Coach Job Description

NORTON HEALTHCARE

JOB DESCRIPTION **Norton Healthcare Program Coordinator**

Job Title:	Program Coordinator, Workforce Development		
Job Code:		Revised/Revision Date	
Reports To:	Workforce Development		
Matrix To:			
External Contacts:	Norton Scholar Program Participants, Community Foundations, Colleges and Universities		

Job Summary:

The Program Coordinator, Workforce Development works to educate and expand the opportunities of current and potential employees by providing educational guidance and career counseling. The coordinator takes ownership of recruitment for workforce development initiatives and collaborates with the business partner in order to ensure the needs of the organization. The incumbent represents Norton Healthcare in the community and through all workforce development initiatives.

Basic Education, Training and Experience Required:

Education:	Basic	**Bachelors Degree Required**
	Desired	**Certified Career Coach (CCMC)**
License:	Basic	**Drivers License**
	Desired	
	N/A	
Certification:	Basic	**Not Required**
	Desired	
	N/A	
Experience:	Basic	**Three years' experience in recruitment, human resources, or educational counseling**
	Desired	**Healthcare, recruitment, or workforce planning experience**
Tools, Equipment and Technology:	Basic	**Microsoft Office Suite Proficient**
	Desired	

Source: HR Advancement Center, *Stop Turnover in the First Three Years*, Washington, DC: Advisory Board, 2016.

Practice 7

Centralized Retraining Fund

Practice in Brief

Health system develops an organization-wide fund to support re-training efforts for staff whose roles are no longer needed or who would like to transition into emerging roles. The goal is to provide additional training so these staff can be retained in different roles.

Rationale

There are two potential turning points in entry-level staff's careers: they may be looking for a new challenge or may find their role has been cut due to innovation in care delivery or budgeting constraints. These staff are likely to leave for an appealing role at another organization—unless they find a good fit within their current health system. The barrier to entering a new role may be the training required. By establishing a dedicated fund for re-deploying staff, employers help ensure they can retain staff even as some roles are eliminated and new ones created.

Implementation Components

Component 1: Establish a Dedicated Fund to Support Re-Training
System leaders create a dedicated fund for re-training. Funds for the program can be redirected from existing training budget dollars or donated by senior leaders.

Component 2: Evaluate Staff Requests for Support
System leaders assess requests from business units to access the re-training funds. Local leaders can provide a "boots-on-the-ground" perspective about which roles are emerging (and require dedicated training to help staff transition into them).

Practice Assessment

This practice requires significant investment to establish the training fund. It is most relevant for larger health systems that could benefit from a centralized mechanism to support innovation in care delivery at the local level (e.g., individual business units or regions).

Entry-level staff may decide to leave because they've reached a professional turning point: they may be looking for a new opportunity, or they may find their current role is being phased out. In either case, staff may decide to leave the organization (and find a job with a competitor). But these same staff might be excellent candidates for other roles within the organization—if they received the right training first.

Time to Leave?

Two Potential Turning Points in Entry-Level Careers

Staff member is getting bored in current role, **eager to take on new role**

Staff member's **role is eliminated** due to innovations in care delivery or budget constraints

Component 1: Establish a Dedicated Fund to Support Re-Training

The first component in this practice is creating a dedicated fund to support re-training. Leaders at Ascension Healthcare recognized there were associates throughout the health system who might be reaching one of the professional turning points described above—and they wanted to ensure they could retain these staff.

Since training staff for new roles requires investment, Anthony Tersigni, President and CEO of Ascension Healthcare, created a dedicated fund to support re-training efforts. He and his wife Flora donated the initial funds and then matched donations from senior leaders.

A Designated Fund for Redeploying Staff

Size of Ministry and Mission Fund

$3.4M

Total dollars

Donation Sources

- Contributions from Anthony Tersigni, President and CEO of Ascension Healthcare, and his wife Flora
- Contributions from other senior leaders
- Matching contributions from the Tersignis

Case in Brief: Ascension Healthcare

- Largest non-profit health system in the U.S. and the world's largest Catholic health system, with approximately 2,500 sites of care – including 142 hospitals and more than 30 senior living facilities – in 24 states and the District of Columbia.
- Ascension Healthcare's senior leaders financed the creation of a system-wide retraining program called Ministry and Mission Fund. The program helps incumbent workers prepare for newer roles in health care and ones that will become more important in the future.
- To date, $3.4 million has been raised and over $1.5 million has been donated to fund seven retraining projects.

Source: Ascension Healthcare, St. Louis, MO; Advisory Board Interviews and Analysis.

Component 2: Evaluate Staff Requests for Support

The second component in this practice is to evaluate requests for funds. Any of Ascension Healthcare's ministries can submit proposals for training projects. To date, the Ministry and Mission Fund is supporting the seven projects shown here.

Supporting Transitions to New and Emerging Roles

Projects Funded by Ascension Healthcare's Ministry and Mission Fund

Project Title
Re-recruit and Retrain High Performers for New Care Models and Settings
New Models of Care for Population Health
Train Pharmacy Techs as Medication Liaison
Train Associates as Post-discharge Navigators
Spiritual Care Roles in Ambulatory and Home Care Settings
New Role in Spiritual Care Across the Continuum
Coordinator Training

Source: Ascension Healthcare, St. Louis, MO; Advisory Board Interviews and Analysis.

Section

3

Recommendations for Broader Efforts to Support Health Career Pathways

Recommendations

While the best practices and lessons in this report will bolster the efforts of health care employers and educators to find and retain entry-level employees, broader industry collaboration and policy changes are needed to fully address challenges. Based on conversations with the Health Career Pathways Task Force and our research, we recommend the following activities to augment regional and national efforts to grow the entry-level health care workforce.

1 Develop **employer-driven regional standards** for entry-level roles

Health care employers should lead regional efforts to build consensus on competency models and preferred certifications. Health care employers often report that training programs and certifications do not align with staffing needs. Creating regional consensus on competencies and certifications for entry-level roles would enable educators to design training programs to better meet employer demands. Rather than government agencies determining standards, health care employers should drive conversations in collaboration with other key stakeholders including educators, associations, workforce boards, and state agencies. Public officials such as state officials or Centers for Medicare & Medicaid Services (CMS) regional administrators might be able to play a role as conveners, but any recommendations should be developed and supported by health care employers. Ideally, these discussions would take place at a regional (possibly multi-state) level.

National health care employer organizations should consider developing template competency and certification models. While regional consensus is essential to aligning training with employers' needs, national organizations could create templates which regional collaborations could use as a starting point for conversations. This "model policy" approach has been used successfully in other policy areas and regulatory environments. National organizations could develop these "open source" templates based on the experiences and outputs of regions with more advanced initiatives.

States should seek to align certification and licensure requirements with neighboring states to allow workers to move and health systems to shift staff across state lines. A growing number of health systems span state lines and the state-to-state differences in requirements for entry-level positions may hinder the ability of these systems to shift staff where they are needed most. Building on the regional initiatives to develop competency models and preferred certifications proposed above, states should ensure that any certification and licensure requirements for entry-level health care workers align with those in neighboring states to avoid limiting employment and staffing flexibility.

2

Better target funding for health care workforce development

Funding organizations should prioritize funding for initiatives with clear partnerships between educators and employers. Effective programs for building the entry-level health care workforce rely on collaboration between health care employers and community colleges. Community colleges need the industry expertise that health care employers hold and health care employers need the pedagogical expertise community colleges can provide. Funders should look to invest in workforce development built on strong employer-educator partnerships. Potential indicators of such partnerships could include:

- Formal relationships between employers and community colleges, such as health care staff with appointments as faculty members.
- An established process for employers and community colleges to exchange feedback on the current state of the workforce and future needs (for example, education institution-conducted survey of employers following hiring of graduates to assess job preparedness).
- Partnerships with more than two collaborating organizations—ideally more than one employer and more than one education institution—as evidenced by activities such as joint grant proposals.

Funding organizations should direct at least a portion of funds to initiatives focused on introducing pre-college students to health care roles. Workforce development initiatives often focus on community college students and adults, overlooking younger students at crucial times when they may be contemplating future careers. While funding for adult training is critical to expanding the pipeline of entry-level health care workers, students start to think about career choices long before they arrive on a college campus. Thus, funders should include high school and primary school educational efforts among their priorities. This might include developing model programs to offer apprenticeships or training as part of secondary school curriculums for interested students.

Payers might consider developing position-specific funding, but should only do so for well-defined, meaningful services and only if the incremental administrative burden is minimal. Payers rarely reimburse directly for services provided by entry-level health care workers and in most cases this remains preferable. However, payers might consider reimbursement for certain high-value services performed by entry-level workers, especially under emerging alternative payment models. One example of such a model is the Diabetes Prevention Program, under which CMS proposes to begin paying for services provided by health coaches beginning in 2018. Importantly, direct reimbursement should not be established where the administrative burden required to bill would be prohibitive.

3

Continue to **foster public-private collaboration** on entry-level health care jobs

Stakeholders should expand efforts to collaborate on a regional basis to build workforce development programs designed for the unique needs of the health care industry and entry-level workers. Health care employers often find that "all-industry" workforce development programs do not translate to health care's unique operating environment. Stakeholders should work to develop health care-specific programs—such as training models, apprenticeships, and retraining initiatives—that meet local and regional needs. Successful efforts are most likely when private- and public-sector stakeholders are at the table. Hope Street Group's Health Career Pathways Communities—a complementary initiative to the Task Force—is an example of private-public collaboration aimed at developing and implementing better health care-specific workforce development models (for more information on the initiative, see page 9).

Private- and public-sector stakeholders should evaluate these efforts and identify and disseminate best practices. Learning from the experience of others will be critical to building effective collaborations. Public- and private-sector organizations can help scale the impact from regional initiatives by evaluating the impact of various approaches, identifying best practices for collaboration, and publishing the information for use nationally. In addition, evaluation efforts can be used to develop and refine outcomes metrics to measure the impact of regional initiatives.

Section

4

Resources to Kick-Start Career Pathways

Resources for Building Entry-Level Health Careers

The Health Career Pathways Task Force compiled the following resources to support workforce development efforts. You can access these resources at advisory.com/hrac/2016/careerpathways.

Resources

- **Survey on Entry-Level Competencies:** This survey includes 10 entry-level skills and competencies and asks respondents to identify 1) the top three most important skills and competencies for entry-level staff today, 2) the top three most important skills and competencies five years from now, and 3) the three skills and competencies entry-level staff need the most help developing. Employers, educators, and workforce development groups can use this survey with regional stakeholders to identify key entry-level skills and competencies for the local workforce.
- **National Benchmarks on Entry-Level Competencies:** Nearly 2,300 health care leaders and staff participated in Advisory Board's national survey on entry-level skills and competencies. View results by title of respondent (e.g., executive, practicing clinician) and care setting (e.g., short-term acute hospital, post-acute care).
- **High-Touch Healthcare: Critical Six Soft Skills:** The California Community College Chancellor's Office worked with the Health Workforce Initiative Statewide Advisory Committee and the Workforce and Economic Development Program to develop publicly available "grab-n-go" modules focused on developing the following soft skills in health care workers: Communication Competency, Workplace Ethics and Professionalism, Team Building and Collaboration, Effective Problem Solving, Embracing Diversity, and Demonstrating Compassion. Each module includes several PowerPoint presentations with embedded talking points, as well as detailed teaching plans. The modules are available at: http://ca-hwi.org/.
- **Medical Assistant Competencies:** Massachusetts General Hospital expanded the medical assistant's role in primary care to include more complex responsibilities (such as assisting patients with system navigation and completing pre- and post-visit prep and follow-up). MGH leaders identified 22 competencies that medical assistants (MAs) need to meet expectations in their redesigned role.
- **Sample Post-Graduate Assessment Survey**: View the survey Community Colleges of Spokane uses to collect feedback from employers about the job readiness of graduates.

Job Descriptions for Building Entry-Level Health Careers

Fairview Health Services, a non-profit health system based in Minneapolis, Minnesota, with more than 22,000 employees, has a long history of promoting workforce development. For more than two decades, Fairview's Office of Talent Acquisition has dedicated resources to helping staff and community members pursue new skills and careers. Fairview is sharing the job descriptions below and on the following page to support other organizations' efforts to build entry-level pathways.

Job Descriptions

Please visit advisory.com/hrac/2016/careerpathways for the complete job descriptions. Brief descriptions of each role are below and on the following page.

- **Behavioral Assistant:** The Behavioral Assistant is responsible for assisting the nursing staff in maintaining a safe environment in the in-patient setting. Respond to, assist and observe patients. Basic Cardiac Life Support response priority.
- **Community Health Worker:** In collaboration with the Community Health team, the Community Health Worker (CHW) facilitates and supports project initiatives as defined by Fairview Southdale Hospital's Community Health Needs Assessment. Assists in planning and implementing community-based classes/education sessions, health events, screenings and data collection activities. Identifies opportunities and takes action to enhance community engagement and participation to ensure successful program outcomes.
- **Home Health Aide:** Following a written care plan and under the supervision of a Case Manager/ Registered Nurse, provide direct patient care and homemaking services for home care and hospice patients; under the direct supervision of a Registered Physical Therapist carry out selected exercise programs. Function as a member of an interdisciplinary team.
- **Instrument Technician:** Determines Operating Room surgical instrument need for surgery cases and sets up surgical instrument trays. Decontaminates and sterilizes surgical instruments including preparation. Serves as a resource to physicians, nurses and medical staff in the Operating Room regarding surgical instruments.
- **Medical Assistant:** As a member of the care team, the Medical Assistant supports quality patient- and family-centered care principles through performing a variety of high level functions within a care team to support the needs of the healthcare team and patients/families. The medical assistant will gather information and documents to support the patient visit. The medical assistant is responsible for adhering to all policies, procedures and practice guidelines, promoting teamwork with all members of the health care team, maintaining complete, timely and accurate clinical documentation for each patient and continually looking for opportunities to improve processes and workflow.

Case in Brief: Fairview Health Services

- Non-profit health system based in Minneapolis, Minnesota, with more than 22,000 employees and 2,500 aligned physicians. Care sites include six hospitals and medical centers, 40+ primary care clinics, 55+ specialty clinics, and 27+ retail pharmacies
- Participating in the first cohort of regional pilots with Hope Street Group as part of the Health Career Pathways initiative
- Recognized as a Frontline Health Care Worker Champion by CareerSTAT in 2016; also on Forbes' America's Best Employers List in 2016

Source: Fairview Health Services, Minneapolis, MN.

Job Descriptions for Building Entry-Level Health Careers

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Fairview Health Services' Job Descriptions (Continued)

Please visit advisory.com/hrac/2016/careerpathways for the complete job descriptions. Brief descriptions of each role are below.

- **Pharmacy Technician:** Provide support to the pharmacy, under the direction of a pharmacist, in the central pharmacy and decentralized areas while assisting the pharmacist with compounding and distribution of pharmaceuticals, IV solutions and documentation as ordered by qualified prescribers. Provide assistance in the narcotic control area as directed.
- **Surgical Technologist:** Performs the functions of a surgical technologist as a scrub person during surgical procedures providing patient care services appropriate to the age of the patients (ages pediatric through geriatric) served during the shift of duty in collaboration with the RN. Is responsible for adhering to standards of nursing practice and patient care, correct use of supplies/equipment and maintenance of the surgical suite under the direction of an RN.
- **Radiologic Technologist:** The Technologist provides services to patients and physicians through the creation of high quality diagnostic imaging, provides quality age-appropriate patient care according to established standards of practice, works collaboratively with all members of the health care team, and is responsible for performing procedures in another modality at least 50% of the time.

Source: Fairview Health Services, Minneapolis, MN.

More Resources from Advisory Board

Advisory Board has many additional resources available to members to support recruitment, retention, and workforce planning for population health. Members may access the specific resources below by entering the resource title into the search engine on advisory.com.

Recruitment and Retention

- **Win Talent in a Candidate-Centric Market:** Get 12 best practices for winning a greater share of today's top talent.
- **Behavioral-Based Interviewing Toolkit:** Use this toolkit to help you cut through the complexity and take the six steps needed to design, introduce, and sustain BBI at your institution.
- **Hospital Turnover, Vacancy, and Premium Labor Benchmarks:** Use our interactive Benchmark Generator to explore the national data by region, bed size, and teaching status to compare your organization's performance to your peers'.
- **The Manager's Guide to New Hire Onboarding:** Give managers six tools—including templates, checklists, and discussion guides—to help them efficiently and effectively onboard new employees.
- **HR's Guide to New Hire Onboarding:** This toolkit equips HR with 13 tools to quickly and efficiently build the infrastructure for a strong onboarding program.
- **Stop Turnover in the First Three Years:** It is not enough to engage millennials—learn how you can retain them through their first three years at your organization.
- **The Manager's Guide to Engaging Staff:** Access ready-to-use tools to improve your team's engagement. You will find tools to recognize staff, collect their input, support their professional development and more.

Workforce Planning for Population Health

- **Population Health Staffing Calculator:** This tool generates an estimate of your organization's primary care staffing needs for a defined patient population in the patient-centered medical home.
- **How Four Organizations Trained Medical Assistants for the Advanced Medical Home:** See how four organizations approached medical assistant training.
- **Care Management Staff Audit:** This tool provides a distilled list of care management staff roles that can help leaders evaluate current and future staffing composition by comparing common role functions, tasks, and titles.
- **A New Starting Point for Workforce Planning:** Get the resources you need to hold concrete conversations with operational leaders to understand future staffing needs.

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