

# HUMAN MANAGEMENT IN HEALTHCARE: HIRING RIGHT TO MEET THE DEMANDS OF HEALTHCARE REFORM

►The healthcare industry has seen its share of staffing challenges in the past 10 years but these problems will become more pronounced once the Affordable Care Act takes effect in 2014.

The industry, already suffering from a shortage of physicians and nurses, will need clinicians and staff to provide care to an additional 32 million newly insured Americans. This, on top of the lack of experienced IT personnel who can implement large scale projects, such as ICD-10 and electronic health record systems, can push any organization to the breaking point.

In this *FierceHealthcare* eBook, we've gathered a mix of innovative and proven strategies to recruit the best employees—and retain them—so that you can maintain a strong and effective workforce in this uncertain environment.

You'll learn how organizations like Mission Hospital in Asheville, N.C., recruit potential employees within the community by turning to students in junior high school who have an interest in medicine. Or why Health Partners in St. Paul, Minn., credits its lower-than-average physician turnover rate to its year-long orientation program and "shadow coaching" project that matches physicians with non-clinical employees.

But whether they offer retraining programs, retention bonuses or mentors to coach new employees, the organizations interviewed for this eBook all share one thing in common: an understanding that nurturing relationships with their employees is critical to their success.

**BY ILENE MACDONALD**  
SENIOR EDITOR /// FIERCEHEALTHCARE

▼ THANK YOU TO OUR SPONSOR:



3

The Five Top Healthcare Staffing Challenges and How to Solve Them

6

Surviving and Thriving in the Era of Healthcare Reform: Human Resource's Role

\*Sponsored Content\*

7

3 Ways to Recruit and Retain Great Hospital Employees

11

ICD-10 and EHRs: Staffing Challenges Create Professional Growth Opportunities

15

Playing Matchmaker: Successful Recruitment and Retention

# The Five Top Healthcare Staffing Challenges and How to Solve Them

BY MARLA DURBEN HIRSCH

► The recruitment and retention of employees—always a challenge in the healthcare industry—will be especially difficult in the age of healthcare reform, with its focus on new payment models, such as accountable and value-based care.

Hospitals, health systems and other providers, already feeling the pinch in hiring and retaining employees, will

have to cope with 32 million more newly insured Americans seeking healthcare services once the health insurance mandates of the Affordable Care Act go into effect in 2014.

“Healthcare reform is forcing hospitals to reconsider how to deliver value-based care,” says David L. Longworth, M.D., chair of the Medicine Institute at Cleveland Clinic, an arm of the nonprofit multispecialty academic medical

center that studies approaches to improve patient-centered care. “It also causes hospitals to consider new roles like care coordinators and clinical pharmacists

who can focus on management of medically complex patients.”

And organizations must prepare for an influx of formerly uninsured patients who will seek out care now that they have better access to services, says Michael Lynch, president of Tiva Healthcare, a physician outsourcing and recruitment company in Sunrise, Fla. “In the next five years staffing needs will grow exponentially,” he says.

To help you plan for these growing staffing needs, below is a list of the top five challenges organizations will face and expert advice on how to solve them.



“In the next five years staffing needs will grow exponentially.”

MICHAEL LYNCH, PRESIDENT, TIVA HEALTHCARE, SUNRISE, FLA.

## 1. THE NEED FOR PRIMARY CARE AND EMERGENCY DEPARTMENT PHYSICIANS

As the industry shifts to outpatient services, patient-centered medical homes and preventive care in response to healthcare reform, hospitals will need to add primary care practitioners to their medical staffs.

But the primary care physician shortage, already acute, will worsen, says Bill Fera, M.D., chief medical officer for Ernst & Young’s Health Advisory Group, in Pittsburgh, Pa.

In addition, Lynch says there will be a corresponding shortage in physicians specializing in emergency medicine, as the influx of newly insured patients will be more likely to present to emergency departments than before, even for routine care, because they don’t



**Solution: Employ more physicians; use more mid-level staff.** Some

hospitals are filling the gaps by moving to an employment model for the specialties they need, buying physician practices and employing physicians on a full-time basis.

However, this does not mean that hospitals need to pay physicians lucrative salaries to hire and keep them, because, in reality, physician pay can’t outstrip reimbursements, says Lynch. To entice physicians, hospitals should instead focus on physicians’ quality of life benefits, he suggests. For instance, some hospitals are getting creative about physician scheduling, offering docs longer days in exchange for giving them more days off, he notes.

Others offer increased time off for continuing medical education, access to gyms and other perks. “You want it to be a nice place to work,” he says.

Hospitals should also consider hiring more mid-level professionals. Allied clinicians, such as nurse practitioners and certified registered nurse anesthetists, are a lower-cost alternative to physicians for staffing healthcare services, such as urgent care centers and telehealth programs. “Care extenders can deal with a lot of short fall and fill in gaps. They’ll be picking up the slack when there aren’t enough physicians,” says Fera.

## 2. THE LACK OF PHYSICIAN LEADERSHIP

As hospitals diversify into new care models, such as accountable

have a regular physician. “Health reform is really making the shortage [of these physicians] come to light,” Lynch says.



“We’re always looking ahead to promote jobs where the need is most critical.”

DAN ZUHLKE, VICE PRESIDENT OF HUMAN RESOURCES, INTERMOUNTAIN HEALTHCARE, SALT LAKE CITY

care organizations, they need more physicians in leadership roles. However, the market for physician leaders is “very competitive,” says Dan Zuhlke, vice president of human resources for the 22-hospital Intermountain Healthcare in Salt Lake City, Utah, which employs 800 physicians.



**Solution: Develop leaders internally.**

Healthcare organizations are turning to their own talent pipeline to identify and groom

physician leaders. Hospitals, already familiar with their affiliated physicians, can develop leaders from their own medical staff quickly. “If you rely on the outside [market] for physician leaders, it won’t work,” says Zuhlke.

## 3. THE SHORTAGE OF ANCILLARY PROVIDERS AND HEALTH INFORMATION TECHNOLOGY PERSONNEL

As hospitals diversify into urgent care centers and home health to make up for lower admissions due





to healthcare reform, they'll need more nurses, home health staff and personal care aides. However, those are the three health occupations with the greatest shortages, so that shortfall will exacerbate, especially when patients begin to take advantage of the health insurance exchanges, Fera says.

Fera also points out the growing demand for HIT staff due to the growth of accountable care organizations and the increased reliance on electronic health records and electronic monitoring of clinical quality measures, all byproducts of healthcare reform. But supply has not kept up with the huge demand, he says.

There's also a shortage of HIT personnel with specialty training, Fera adds. "There's a lack of clinical informaticists. We need these people to help clinicians with workflow. If you're just trying to recreate a paper chart digitally, that's not good, not efficient," he says.



**Solution: Be creative in reducing staffing needs and boosting morale.**

For instance, Bill Hughes, administrator of a 65-employee ob/gyn practice in Jensen Beach, Fla. and president of the local chapter of the Medical Group Management Association, couldn't guarantee raises for his staff, so he retained them by instituting performance-based bonuses that depend not only on how each individual employee performs, but also on the practice's financial performance. So far, this strategy has worked and has proven to be popular, he says.

To hire and retain nurses, hospitals should elevate the position of nursing and promote their status

as active contributing members of the hospital, rather than low-level functionaries, and reimburse them accordingly. "We'll see them come back to the profession," says Fera.

Technology, such as self-service registration kiosks, voice recognition equipment and remote monitoring can take the place of some employees and enable organizations

to use staff elsewhere, Hughes says. Predictive modeling programs can help determine staff scheduling needs and identify patient-flow logistic bottlenecks so that hospitals can reassign employees accordingly. Combined EHR/practice management systems can

*continued on page 17*



**"Hospitals need to develop programs or partner with organizations to create customized training programs for the types of caregivers needed in the future."**

**DAVID L. LONGWORTH, M.D., CHAIR, MEDICINE INSTITUTE AT CLEVELAND CLINIC.**



## Surviving and Thriving in the Era of Healthcare Reform: Human Resource's Role

► Double-digit operating margin drops are predicted over the next decade if healthcare organizations do nothing to respond to the market forces that are eroding these margins. How can HR help? With labor costs running between 50-60% of the typical healthcare organization's operating costs, labor cost reductions are an important part of the equation for surviving healthcare reform—and your HR technologies can help you get there.

### REDUCING TURNOVER

The cost to replace a skilled healthcare employee can range from 1 to 1.5 times the employee's annual salary. If you can reduce your organization's turnover rate by just 1%, you can reduce costs by hundreds of thousands of dollars.

- Reduce time to fill - When you have turnover, it is critical to fill open positions quickly to reduce the many premium costs associated with covering for a missing patient care provider.
- Improve the onboarding experience - According to a recent study by Aberdeen, 90% of employees decide within their first 6 months of employment

whether they plan to stay. With an effective onboarding program, you can have significant impact on first-year retention rates.

### ELEVATING ENGAGEMENT

There is no question that more engaged employees deliver better results. In healthcare, this translates to happier employees being correlated with happier patients. And with HCAHPS, Value-based Purchasing and the consumerization of healthcare, happier patients can significantly impact your bottom line.

- Increase visibility to development and advancement opportunities - With changing care models and new roles as a result of healthcare reform, ensuring that your employees have the knowledge, skills and certifications necessary to keep pace can be a real challenge, and a costly pursuit. Personalized learning plans can lead to optimizing your people resources, today and in the future.
- Enhance communications - Important for engaging and retaining top talent, especially in this time of change, is providing better communications and better HR service, with opportunities

for social collaboration and personalized, mobile access to all employment information, irrespective of where that information resides.

### IMPROVING PRODUCTIVITY

To maximize the return on your workforce's capability, it is critical to have the right people in the right place at the right time doing the right work. Nurses often leave their jobs due to scheduling frustrations and patient care load. And unplanned absenteeism directly impacts the cost of care.

- Staff based on demand - By allowing nurses input and control over their schedules, with automatic validations that skill mix and equitable staffing policies are enforced, you'll be more likely to maintain high-quality care at the lowest possible cost.
- Align employees to drive outcomes - By aligning individual goals with organizational strategies, you can create a culture of accountability and drive greater business results.

To help you address these and other challenges you are facing in this era of change and reform, Infor is committed to providing end-to-end Human Capital Management solutions that are purpose-built for healthcare organizations. ●

Learn how our HCM solutions can help you survive and thrive at [go.infor.com/resumetoretire](http://go.infor.com/resumetoretire)





## 3 Ways to Recruit and Retain Great Hospital Employees

BY DEBRA BEAULIEU

► With the threat of employee turnover reaching an all-time high, human resource leaders not only have to hire the right people for the right jobs, but also must retain those employees long enough to make recruiting investments pay off.

Old school hiring and retaining strategies will no longer cut it in this competitive environment. And considering the expense of recruiting and training employees, organizations need to come up with creative methods for attracting—and keeping—high-quality staff. From student internships, mentor programs and employee feedback surveys, here are some of the hottest—and most successful—trends hospitals are using now to grow and maintain a strong, caring and effective workforce.

### GROW YOUR OWN FUTURE WORKFORCE

Searching for individuals with the right talent and expertise to fit your culture and mission can be a difficult proposition in a competitive recruiting market. Taking its recruiting efforts to new heights in the “proactive” department, Mission Hospital, an 800-licensed-bed facility employing more than 8,000 people in Asheville,

N.C., invests in growing its own future workforce from within its community. To do so, the hospital engages students—from junior high school

up through college—in intensive internships. Through the programs, called Mission Possible Prequel at the junior high level and Mission Possible for high schoolers, students work in the hospital over the summer and develop a long-term relationship with the organization, according to Sheila Meadows, Mission’s vice president of human resources.

In taking this strategy to the next

level, the hospital engages in very intentional relationships with local colleges, Meadows says.

“When we go to the events, instead of doing just a regular recruiting event, we generally have a ‘Meeting Mission’ event, where we talk about our bigger aim, which is to bring every patient the desired outcome—without harm, without waste and with an exceptional experience for patients and family,” she says. “We start there and have some fun exercises where students tell us how they can fit into our bigger aim.”

After the event, college students get to have lunch with Mission’s human resources team, who then review resumes and answer any questions. “Then we keep up with them,” Meadows says. “Then we get to their junior and senior year and it’s not your old-fashioned internship experience. It’s a more intensive, meaningful experience in both clinical and nonclinical areas of the hospital where they can interface with other professionals,” she says.

While anyone interested in working for Mission can apply, Meadows says, participants in the Mission Possible programs are guaranteed an interview in which they have three minutes to present how they would fit into the organization.

“We’ve found that it saves a lot of time. It also gives students who are just graduating a chance to not only showcase themselves but also to connect with purpose and the vision of the organization,” she says.

Currently, Mission does employ a number of recent graduates who participated in their ‘Mission Possible’ programs as many as six years ago. “The program has



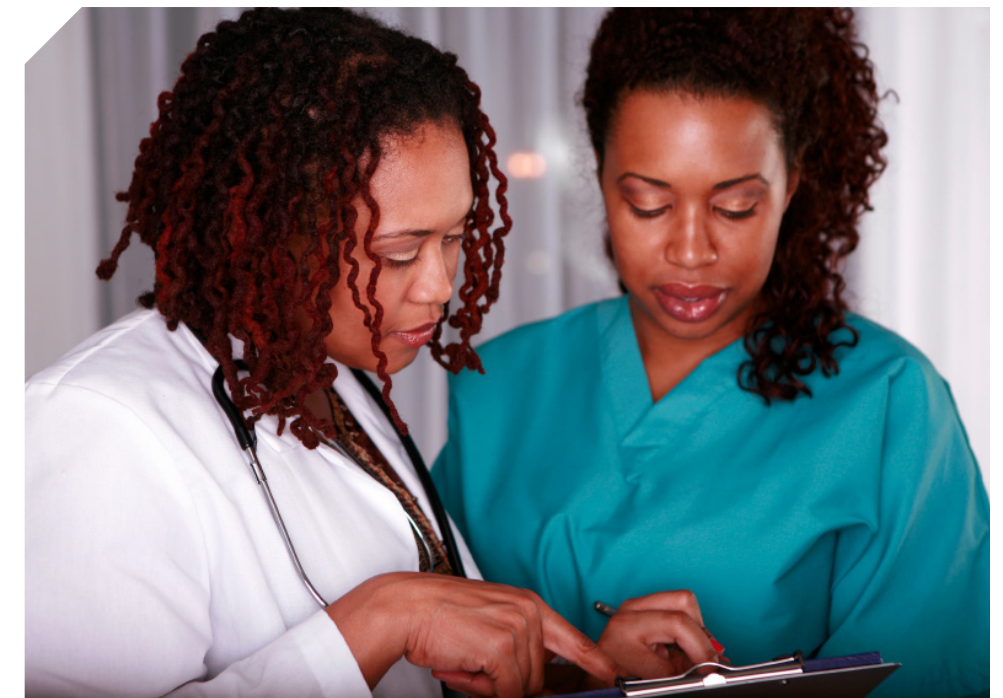
**“We watch that accountability index to make sure the managers are working on issues with people. And we’ve found that engaging people in resolving work-unit problems is a driver of motivation and employee engagement.”**

**PAUL YAKULIS, SENIOR VICE PRESIDENT OF HUMAN RESOURCES, MAIN LINE HEALTH**



**“We’ve found that [engaging students] saves a lot of time. It also gives students who are just graduating a chance to not only showcase themselves but also to connect with purpose and the vision of the organization.”**

**SHEILA MEADOWS, VICE PRESIDENT OF HUMAN RESOURCES, MISSION HOSPITAL**



worked very well for us,” Meadows says.

### SOLICIT AND RESPOND TO FEEDBACK

Once individuals become employees, it’s up to the organization to keep them as employees and engaged in performing their jobs to the best of their ability. All of the experts interviewed for this section of the eBook employ some form of employee-engagement survey on an at least biannual basis, and hold managers accountable for following

up on the results.

At Pennsylvania’s Main Line Health, whose hospitals employ more than 10,000 people, including 2,000 physicians, staff-satisfaction surveys are conducted anonymously, while still allowing leadership to categorize responses by job group and facility. Therefore, the reports members of the leadership team receive about the surveys are fairly specific to particular work areas, says Paul Yakulis, Main Line’s senior vice president of human resources.

When a concern crops up, he says, the manager of the work area



where it occurs is charged with meeting with his or her staff to show them the results of the survey, gathering employee feedback and organizing people to resolve any issues, Yakulis says.

"We track the work plan and progress," he adds.

Part of the way this tracking happens is through an element of the employee-engagement survey called an "accountability index," he says. To obtain this score, employees are asked the following three questions:

- Did you get feedback regarding the results of our last survey?
- Was there a meeting in which you were asked to help identify the top corrective priorities?
- Did you make actual progress in resolving identified issues?

"We watch that accountability index to make sure the managers are working on issues with people," he says. "And we've found that engaging people in resolving work-unit problems is a driver of motivation and employee engagement."

In addition, Main Line Health uses a program called eFeedback, in which employees can submit anonymous comments—positive or negative—via the organization's intranet site.

Once an employee submits a feedback form, an email is automatically delivered to Yakulis as well as to the organization's president and CEO, John Lynch III and an employee dedicated to managing the feedback process, he says. The answers to the questions are then posted on an internal blog.



**"Our new-hire mentorship program is more than just the traditional orientation process. It's really being that social support and establishing those relationships from day one."**

**JIM ROOT, VICE PRESIDENT OF HUMAN RESOURCES, MINISTRY HEALTH CARE**



In addition, he says, when multiple feedback forms are submitted on the same or similar issues, human resources and leadership can easily identify and react to "the little forest fires" within the organization.

**INVEST IN MENTORS**

Another common area where well-

intentioned recruiting can go awry is in getting new employees "on the floor" too quickly, says Jim Root, vice president of human resources at Ministry Health Care, a 25-bed hospital and 100-bed skilled nursing facility in Wabasha, Minn.

"Our new-hire mentorship program is more than just the

traditional orientation process," says Jim Root, Ministry's vice president of human resources. "What we looked at is investing in the skill level of our staff in welcoming, training and mentoring new hires. It's really being that social support and establishing those relationships from day one."

The mentor or preceptor's role, Root explains, is often to serve as a buffer between more seasoned employees, perhaps with high expectations, and newer personnel still learning the ins and outs of the job. "The mentor serves as that in-between person who can field those concerns and pass them along," he says, adding that mentors also have the authority to say whether a new hire "is ready to get out of the nest and start to fly or needs a little more time doing such and such."

This mindset differs from the traditional one, in which employees are rushed through orientation and out onto the floor, Root says. "We in the industry probably weren't doing ourselves justice in taking the time to really nurture people along. So we took a step back several years ago and said that in the long run it doesn't make the best sense in trying to hurry somebody through."

Mentors must formally apply for the position, Root says, and receive a 50 cents per hour pay increase for their enhanced responsibilities, which continue years beyond a hire's orientation period.

"The financial upfront cost in investing in that [mentorship pay] was something that some may look at and say, 'We can't afford to do it'; but when you look at the cost of a new hire, it's definitely money well spent," Root says. ●

**Don't Forget Older Workers**

**ENGAGEMENT TIPS FOR SUCCESS**

As baby boomers get older and the recovering economy puts retirement back in reach for some, organizations must pay special attention to retaining the experience and expertise of their older workers. Consider the following expert tips about engaging your more seasoned employees:

- Educate employees about educational differences, says Jim Root, vice president of human resources at Ministry Health Care. "It's really more about self-awareness than saying, 'Oh, Jim is this way or that way,'" he says. "Training about the differences helps alleviate some potential conflict around different expectations and different ways to communicate among generations."
- Engage workers throughout all of their life stages, says Sheila Meadows, vice president of human resources at Mission Hospital in Asheville, N.C. For example, older nurses may find it

difficult to work in direct patient care for 12 hour shifts, she says. "So we want to help you find alternate ways to allow us to [gain] value from your experience, where you might teach others or go into a role where you can maybe work fewer hours," she says.

- Ensure employees of all ages know they are valued. Paul Yakulis, senior vice president of Main Line Health in Philadelphia, says that it's important to make sure to offer service-weighted benefits. Therefore, more senior employees should be entitled to more vacation time, more lucrative retirement vehicles and other benefits, he says. In addition, the organization makes a "big deal" out of service awards and ceremonies. "The idea is to have it be more about expertise and experience and ability to contribute as opposed to how old you are. If you begin to establish that sort of reputation in practice that you're important all the way up to the time you retire, I think that's motivating," Yakulis says.





## ICD-10 and EHRs: Staffing Challenges Create Professional Growth Opportunities

BY J.M.K. ANTONIO

► It's a lemons-to-lemonade question: How do healthcare providers take two large, federal initiatives and use them as catalysts for growth? The conversion to the ICD-10 coding system and electronic health records implementation continue to challenge business-as-usual on a massive scale. Yet experts insist that ICD-10 and EHR systems offer opportunities for organizations to become more resourceful and resilient from the inside out. And it all begins with staffing.

ICD-10 and EHR have led organizations to recommit to time-honored staff management principles: invest in people, show them where their work fits in the big picture and create environments that draw out talent. Healthcare industry experts explained how they're doing this in a context of change management to move the ICD-10 and EHR implementations more seamlessly through their hospitals.

### HIRING THE RIGHT STAFF

Getting the right people in the right roles is crucial to meeting the demands of ICD-10 and EHR, according to Brian Meyer, vice president of IT at Phoenix Children's Hospital (PCH). One

of the 10 largest children's hospitals in the nation, PCH is a 355-bed facility serving patients from Arizona and throughout the Southwest.

"EHR and ICD-10 are two of the largest projects any healthcare organization will embark upon," he says. "The impacts of not getting ICD-10 correct can be staggering in terms of reimbursement. Same is true on the EHR side: If you start falling behind there, it's going to be very painful to meet all the meaningful use mandates and make sure the reimbursement comes back. So you need the right people with the right experience in the right roles."

Besides technical skills and a fundamental understanding of project management, PCH looks for IT staff with leadership qualities. Meyer seeks out innovative, solution-focused people who can make good decisions. The PCH human resources team tests these competencies before hiring through rigorous behavioral and situational interviewing.

At the University of Pittsburgh Medical Center (UPMC), a nonprofit health system that includes 20 hospitals in Pennsylvania and Europe, human resource recruiting teams are integrated into IT operations. HR has earned a voice in IT decision-making. UPMC's recruiters understand not only the various IT domains but also the culture of UPMC's information

services division. They know the type of people who fit well within it.

"It's very easy to check a box and screen candidates for a certain skill or certain programming languages, but we're interested in more than that," says Eric McIntosh, human resources director of UPMC's information services division. "We're looking for people with a thirst for knowledge who can adapt to a

changing industry." Integrated HR professionals help UPMC recruit staff with these qualities.

### SUPPLEMENTING WITH CONTINGENT LABOR

Providers with smaller IT shops or other resource constraints may fill gaps with consultants and contractors. But Meyer recommends outsourcing selectively. PCH, for



**"EHR and ICD-10 are two of the largest projects any healthcare organization will embark upon ... You need the right people with the right experience in the right roles."**

**BRIAN MEYER, VICE PRESIDENT OF IT, PHOENIX CHILDREN'S HOSPITAL**



example, delegated the overall project management piece of ICD-10 because this is a large, multifaceted task. Outsourcing this also reduced the possibility of bias in the ICD-10 implementation through overemphasis on coding, physician documentation or technology. Experts give three caveats for strategic outsourcing:

- **Cherry pick before delegating.** ICD-10 and EHR implementations offer rich learning opportunities, especially with application coding. Try to reserve these for employees; otherwise, valuable knowledge leaves your organization with the consultants.
- **Don't just parachute people in.** Successful ICD-10 and EHR implementations require more than a head count. Write clear, explicit procedures for contingent staff and use people who can follow procedures without deviation.

### Be careful of long-term use of independent contractors, especially if they receive employment-related perks.

The IRS penalizes employers for classifying workers as consultants when they should be considered employees. If you give long-term contractors on-the-job training or paid time off or if you supply them with equipment such as laptops or mobile phones, the IRS may conclude that an employment relationship exists and assess penalties.

### TRAINING NEW EMPLOYEES

At UPMC, EHR training for newly-hired IT staff begins with the end in mind. UPMC shows them the full breadth of their projects to help them

appreciate how their work affects others. New UPMC IT employees spend time in clinical and operational spaces so employees learn to support end users at the elbow.

Case in point: New IT staff who develop, build and support the electronic health records system and help with its implementation undergo end-user training to learn how clinicians and staff use the application. New IT employees attend a nursing class, a physician class or a class for respiratory therapists to get a taste of what the EHR looks like from the other side before they start supporting or helping to develop it.

"Our new hires get early exposure to how the IT organization affects operations by having them out there seeing the EHR in action," explains Vivek Reddy, M.D., UPMC's chief medical information officer. "We make our training hands-on so people understand the impact of what they're designing."

### TRAINING EXISTING STAFF FOR EXPANDED ROLES

ICD-10 and EHR conversions have caused hospitals to take a hard look at training for existing staff and revamp it, replacing passive learning models with interactive offerings that drive results.

For example, PCH partnered with a vendor to offer online EHR training. Employees take short, focused classes through a learning management system on topics pertaining to their work. Meyer says the short classes beat "sitting through a two-hour training class where maybe 15 minutes of the two hours is appropriate for their roles."

Through a "learn it/try it/do it" approach, staff receive a guided tour through the applications. Then



they take tests to check proficiency in application use. Test scores provide immediate measurement of training effectiveness. Scores can also highlight the need for remedial coaching or tweaks to training content.

Besides e-learning, another training option is joining forces with technical colleges and universities. UPMC partnered with Carnegie Mellon University to offer business intelligence and data analytics classes to UPMC's analytics group. It's a six-week program of six classes on evidence-based management, empirical methods, decision-making and uncertainty, forecasting and optimization, data management and query, and business intelligence and data mining. The program's goal, McIntosh says, is "to instill a culture and working environment across UPMC that embraces evidence-based analytical methods."

A challenge of training staff to meet ICD-10 and EHR demands is that these projects can require people to leave their comfort zones and upgrade their skills. As yesterday's break-and-fix IT recedes, many IT employees now play more interactive organizational roles. For example, they train end users in ICD-10 coding and EHR. That's a new ball game for people used to installing applications and moving on to the next assignment.

To help IT staff build strategic thinking skills, UPMC gives them creative leeway to solve problems. For example, IT and operational employees collaborated to create a new, simulations-based model for physician ICD-10 training to replace newsletters and PowerPoint presentations.

UPMC is also re-organizing IT



**"We invest in technology as a core strategic asset. This gives our employees the opportunity to work with cutting edge products by moving into different internal roles."**

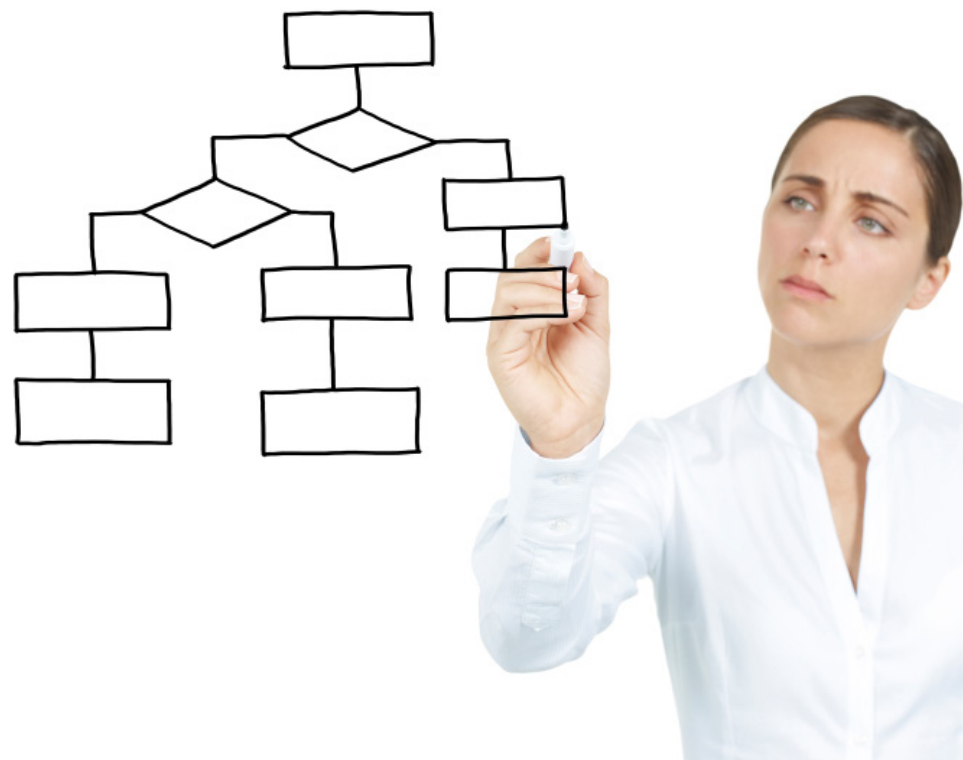
**ERIC McINTOSH, HR DIRECTOR, UNIVERSITY OF PITTSBURGH MEDICAL CENTER**

employees into cross-disciplinary teams for EHR problem solving and solution management. "We're cross-training staff so we end up with experts in specific areas of our EHR systems, but we're also giving everybody a common base so we have many more interchangeable employees who can support a multitude of initiatives," says Reddy.

This fosters continuous learning

by exposure to new people and ideas while reinvigorating the role and value of IT. Rigidly-defined IT roles of the past—Sam is in charge of hardware, Kate is in charge of the application—are disappearing. These changes make it essential to provide what Reddy calls "a very

*continued on page 18*



## How do you overcome labor shortages while optimizing your talent?



**Maximize your return on workforce capability with the only end-to-end HCM solution built specifically for healthcare.**

Like it or not, there's a talent management crisis coming. You can survive this looming change, and even come through it with a competitive edge. **Infor Unified Human Capital Management** gives you the tools you need to manage the most effective members of your workforce, resulting in lower turnover, better performance, and improved productivity.

Infor's end-to-end platform connects people and streamlines processes. From attracting and retaining talent, to onboarding and educating, to measuring and rewarding performance, this innovative solution helps lower costs and drive better performance.

Learn more and download the exclusive Bersin by Deloitte report, *Talent Management in Healthcare: Meeting the Challenge*, here: [go.infor.com/resumetoretire](http://go.infor.com/resumetoretire)

Copyright 2013 © Infor. www.infor.com. All rights reserved.



## Playing Matchmaker: Successful Recruitment and Retention

BY MARIANNE AIELLO

► About eight years ago, the physician/clinician services team at Health Partners, a St. Paul, Minn.-based health system with 850 employed physicians, conducted informational interviews with staff hired within the past year. The results were alarming.

"We got feedback that during the hiring process they felt we weren't being as upfront as we needed to be or giving enough information about what it was really like to be part of the organization," says Cheryl Magnuson-Giese, senior director of physician/clinician services, a department responsible for recruitment and retention for all doctors and advanced practice clinicians for the six-

hospital system.

"Hearing that feedback concerned us because we really wanted to see [recruitment and hiring] as a match process," she says. "We want you to really know what you're coming into and we want to really know you."

### REVAMPED RECRUITMENT PROCESS

As a result of the feedback, Magnuson-Giese and her team changed directions, creating a new and extensive hiring process for all candidates.

The team now sets expectations when a candidate first contacts them looking for more information by mailing all candidates a "physician compact"—a document that explains what Health Partners expects from its clinicians as well

as what clinicians can expect from the organization. Recruiters often reference the document when following up with potential recruits during phone calls, as well.

"We try really hard to give a much better picture of what our organization is all about and what are the expectations," Magnuson-Giese adds. "We're very clear that we expect physicians will work to try to standardize practice as much as possible—we call that the triple aim: provide high-quality care, do it while paying attention to the emotional experience of the patient and do it at a very low cost."

Once a candidate makes it past the initial screenings, each physician goes through a minimum of two full days of interviews, including spending time with a variety of people at multiple levels within the organization. For example, a rheumatologist candidate would interview with several staff members in rheumatology as well as the executive medical director.

In fact, the executive medical director interviews every finalist for a physician position and explains the organization's goal of transforming the way it provides healthcare. This practice, combined with a more transparent and informative recruitment process, has created a better matching system for physicians and advanced practice clinicians, Magnuson-Giese says.

### IN-DEPTH ORIENTATION

Once the correct candidate has been hired, the physician/clinician services team guides the physician through a year-long orientation process with a number of checkpoints. For example, the team encourages all new hires to join at least one committee across



**"By recruiting every year, regardless of whether or not we're going to fill a position, we create a good personal connection with these individuals and we learn how to talk to them more directly."**

**CHARLES LAIS, M.D., ASSISTANT MEDICAL DIRECTOR OF OB-GYN, HEALTH PARTNERS, ST. PAUL, MINN.**

the health system in order to give them a broader perspective of the organization.

New hires also receive a great deal of information and help regarding the electronic medical record system, the pharmacy and other systems required in order to do their jobs well.

Additionally, Health Partners has recently put in place a program called "shadow coaching," where physicians are matched with a non-clinical employee who has gone through specialized training to give that physician feedback from a patient interaction perspective.

It is not a requirement, but Magnuson-Giese recommends that all new hires take advantage of the program because the organization measures each physician's quality outcomes and patient experience scores on a quarterly basis.

This extended and focused orientation has helped new hires quickly feel more at home at the health system, she says.

### FOCUSED RETENTION EFFORTS

The team is constantly tracking and analyzing its turnover rates in order to perfect the organization's retention efforts. Team members track not only the percentage of retention, but drill down to look at the number of years each departing

staff member has been with the organization.

At the moment, Health Partner's highest rate of turnover is in the third year, which is a little better than the national norm for physicians, Magnuson-Giese says. Its combined physician turnover is at 4 percent to 5 percent—lower than the national average of 6.8 percent, according to the American Medical Group Association 2012 Retention Survey.

The health system also has department-specific initiatives in place in order to convince current residents to stay within the organization.

About once a year, the organization reaches out to third-year residents over dinner to teach them interview skills—and at the same time begin the recruitment process. Charles Lais, M.D., assistant medical director of OB-GYN, founded the dinner with Magnuson-Giese about five years ago. Each year, they gather 10-20 residents and eight or nine staff members from across the organization—based in diverse practices, from rural towns to the inner city. Lais says he tries to choose physicians who have position openings whenever possible.

"We talk about how we have a lot of options and choices for

where you can start your practices and if you want to change and do something different within your practice, we will be able to accommodate that too," Magnuson-Giese says. "The physicians who speak are from different aspects of practice—not just physician leaders but also people actually practicing—to give the residents an idea of what it's really like to practice there."

The program has become a tradition that the residents anticipate in their third year, Lais says.

"This is their first introduction to being treated as candidates with us and they leave with a very favorable opinion of Health Partners," he says. "It builds an incredible amount of trust in our organization and in myself as a leader that we take the time to talk to them about it."

The dinner is beneficial from a recruiting standpoint, whether a position is open or not, because it helps Lais and recruiters stay on top of what new physicians are looking for in an OB-GYN environment.

"By recruiting every year, regardless of whether or not we're going to fill a position, we create a good personal connection with these individuals and we learn how to talk to them more directly," Lais says.

By using specialized tactics like these, Health Partners' physician/clinician services team is able to recruit and retain staff that is the right fit for the organization.

"The number one mistake made by a medical group or hospital is wanting someone there to practice so much you don't pay close enough attention to having the right fit for the candidate and yourself," Magnuson-Giese says. "Because of the changes we've made, we don't hire that way anymore." ●







### 5. THE UNCERTAINTY OF WHAT HEALTHCARE REFORM WILL BRING.

Although providers are keenly aware that healthcare reform will influence staffing needs, it's hard for them to predict where they should focus their time and efforts, since so much of healthcare reform is still in flux and has yet to take effect.

"We're apprehensive. We're unsure if managed care companies will give us bids [for the exchanges], if we'll need more staff for our patient portal, if accountable care organizations and other new models will enter our market," says Hughes.

There's also the overall uncertainty about hiring. "Getting employees with the right match of intelligence, customer service and drive is hard," Hughes says.

compliance officers. "It's a daunting task for them to keep up," says Fera.

But many healthcare providers lack sufficient compliance personnel and they will need them to meet the ACA requirement for mandatory healthcare compliance programs. Rules implementing this requirement are pending. "There will need to be an expansion of staff to handle this," Fera notes.



#### **Solution: Move existing staff into compliance.**

Hospitals will need to invest in compliance resources, says Zuhlke. However, some current staff can be "repurposed" and retrained to fill compliance positions. For example, EHR adoption in Hughes' practice made the need for transcriptionists obsolete. Rather than lay them off, Hughes retrained some of them to handle the practice's compliance with the EHR Meaningful Use incentive program.



#### **Solution: Continually look ahead.**

Organizations should form a long-term vision. Longworth says hospitals must develop programs or partner with organizations to create customized training programs for the types of caregivers needed in the future. These programs should emphasize developing caregiver competencies around top of licensure practice, team-based care, continual performance improvement and change management

"Try to anticipate what the future might look like," Zuhlke says. For example, hospitals can evaluate how their workforce is aging and anticipate vacancies in positions being held by people near retirement age.

"We don't know the changes in healthcare but if we focus on the people who work here, we can work through anything," he says. ●

continued from page 5

streamline billing and reduce the number of billing personnel needed.

Hospitals should also partner with their nearby high schools, colleges and universities to create relationships with students in health IT, nursing and other programs who will soon be entering the job market. Hospitals can support educational programs to augment their labor force, such as by offering internships and residency programs, says Zuhlke. "We're always looking ahead to promote jobs where the need is most critical," he says.

### 4. THE UPCOMING COMPLIANCE EXPLOSION.

The government is ratcheting up its enforcement efforts, with wide-spread initiatives to ferret out providers who violate not only the Health Insurance Portability and Accountability Act (HIPAA) but also the fraud and abuse laws. That is putting added strain on healthcare



**"Even in a government-mandated initiative, there are plenty of good reasons to do the work."**

**VIVEK REDDY, M.D., CHIEF MEDICAL INFORMATION OFFICER, UNIVERSITY OF PITTSBURGH MEDICAL CENTER**

continued from page 13

comprehensive message about why you're going down these paths."

### PROVIDING MOTIVATIONAL MESSAGES

To counter employee resistance and alleviate change-related fears, experts recommend that organizations control ICD-10 and EHR messaging. Before they can buy-in to these projects, staff need to know the reasons for them and understand their implementation value. Good communication builds engagement. Here are some best practices for this:

#### 1. Consider a communications team.

PCH dedicated a team of marketing and public relations staff to handle ICD-10 messaging. The team leads town hall meetings and management forums focusing on how ICD-10 affects the hospital and its teams. The group designed a sub-brand logo for instant recognition of ICD-10 communications, and they're linking the project to enjoyable after-work events.

#### 2. Connect the dots by emphasizing value.

Take every opportunity to show employees how ICD-10 and EHR will improve the healthcare system and benefit them as consumers.

"Even in a government-mandated initiative, there are plenty of good reasons to do the work," says Reddy. "Saying 'the federal government is making us do this' is a non-starter."

Meyer agrees: "People get caught up in the technical aspects of things and forget the true reasons why we do these projects," he says.

### RECOGNIZING AND RETAINING KEY PEOPLE

Since work required for ICD-10 and EHR isn't equally distributed across IT, different segments of the staff step up to contribute as the implementations progress. Experts recommend keeping track of who's working in the pressure cooker at any given time. At PCH, for example, project managers and integration teams have always played key roles; but then the hospital decided it wanted more control and flexibility in its ambulatory and inpatient EHR systems. Bringing the hardware and support for these in-house created a large body of work for their infrastructure team.

When employees are working at full throttle to meet ICD-10 and EHR requirements, on-site stress management programs may help prevent burn out. These programs could include lunch-hour exercise classes, five-minute chair massages or providing nutritious meals for staff who work late.

Cash incentives are also meaningful: Some organizations identify key IT contributors and offer them retention bonuses or extra days off. But when staff learn a specialized technology that's heavily in demand, there's always a risk they'll jump ship.

UPMC mitigates this risk by creating in-house IT paths for job growth and advancement. "We invest in technology as a core strategic asset," McIntosh says. "This gives our employees the opportunity to work with cutting edge products by moving into different internal roles." UPMC's average length of service for IT employees is 10 years.

### FACING A STEADY STREAM OF NEW INITIATIVES

Meyer and Reddy emphasize that IDC-10 and EHR are just two of many large-scale projects rewriting the IT agenda. More are looming. "There's a never-ending fountain of large regulatory or safety initiatives that seem like they're coming up every week, every month, every year," Reddy says.

Moving from meaningful use Stage 1 to meaningful use Stage 2, new quality measures, accountable care and clinically-integrated organizations are just a few of the initiatives facing healthcare organizations. But with them comes the opportunity for organizational renewal through effective change management. And it all begins with staffing.

"Invest in your employees above all else," McIntosh advises. "Make sure they feel valued and connected to their work. Help them understand their place in the larger organizational and industrial pictures." ●