Developing Your Own Pioneer Program
IMPLEMENTATION TOOLKIT

PIONEER EMPLOYER HOSPITALS: Getting Ahead by Growing Your Own

A PROJECT OF THE HITACHI FOUNDATION
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The Pioneer Employer Initiative is based on the idea that employers who do good, do well. It is an effort to discover and promote the next generation of best practices in workforce management, with a particular focus on health care and manufacturing. Pioneer Employers are companies that strategically invest in their own lower-wage workers to benefit their customers and/or shareholders. They go beyond typical ideas about “great places to work,” and demonstrate how organizations can deliberately align the interests of employees and management to create better results for companies and their employees.

PARTICIPATING HOSPITALS

Advocate Lutheran General Hospital  
Park Ridge, Illinois

Bassett Medical Center  
Cooperstown, New York

Beth Israel Deaconess Medical Center  
Boston, Massachusetts

Faxton-St. Luke’s Healthcare  
Utica, New York

Good Samaritan Hospital Medical Center  
West Islip, New York

Group Health Cooperative  
Seattle, Washington

Northwestern Memorial Hospital  
Chicago, Illinois

Providence St. Peter Hospital  
Olympia, Washington

Thompson Health  
Canandaigua, New York

UNC Health Care  
Chapel Hill, North Carolina

Virginia Mason Medical Center  
Seattle, Washington

OUR PARTNERS

[Logos of various organizations]
Most hospitals are excellent employers – and have to be to compete. Health care is after all a service industry, and the quality of your people ultimately determines success. But a tipping point is approaching, led by a demographic shift and the implementation of health care reform. Hospitals that want to remain great need new strategies for hiring and retaining staff, and implementing effective staffing models. One way or another, the new models must be leaner, yet more effective.

This toolkit will help you develop such staffing models. It takes the most crucial lessons from a select group of innovative, high-performing health care providers – what we call the Pioneer Employer Hospitals – and distills them into steps that you can take today in planning your own hospital’s workforce future.

The Pioneer Employer Hospitals are diverse in many ways – they are large and small, rural and urban, union and non-union. What unites them is that they all saw their own frontline staff as underutilized assets, and decided to invest in them. Not simply because it’s the right thing to do, but because they realized these employees are critical to their organizations’ future. And they have taken unusually confident steps in developing these employees into a more integrated part of the care team.

To understand the focus on frontline workers, it may help to look at a tipping point in a very different industry. In the book *Moneyball*, Michael Lewis depicted the unlikely rise of the Oakland Athletics, at that time the team with the second-lowest payroll in baseball. Despite money woes, the As made the playoffs for three years running with players everyone else overlooked and underrated.

How did they do it? The As found their own underutilized assets: through statistical analysis, they identified players whose skills went unnoticed by the rest of Major League Baseball, and they put those players in a position to shine. However, the advantage was not one they could keep to themselves indefinitely. The book tipped off a revolution within the front offices of baseball teams, and changed the way that players have been evaluated and developed ever since.

While health care is undoubtedly more complex than baseball, the same core business rule – making the most of underutilized assets – remains extremely relevant. And like baseball, the single most important resource in health care is people. We believe the Pioneer Employer Hospitals are like the Oakland As – because they’re championship caliber, the game is changing, and they’re out in front of it. This toolkit puts their playbook in your hands.

Barbara Dyer
President and Chief Executive Officer
The Hitachi Foundation
The Pioneer Employer Initiative is based on the idea that employers who do good, do well. It is an effort to discover and promote the next generation of best practices in workforce management, with a particular focus on health care and manufacturing. Pioneer Employers are companies that strategically invest in their own lower-wage workers to benefit their customers and/or shareholders. They go beyond typical ideas about “great places to work,” and demonstrate how organizations can deliberately align the interests of employees and management to create better results for companies and their employees. More information about the Pioneer Employer Initiative, including links to all of its products, can be found at www.pioneeremployers.com.

This Implementation Toolkit is based upon in-depth case studies of 11 Pioneer Employer Hospitals selected for their diversity and the quality of their programs to develop the careers of their frontline workers. It is designed to help executives who anticipate facing specific workforce challenges to:

- Quickly identify the type of Pioneer Employer Hospital program that could help (Chapter 1 – Implementation Guide);
- Understand how other organizations have approached similar programs (Chapter 2 – Menu of Key Program Elements);
- Learn how to work effectively with post-secondary education institutions (Chapter 3 – Roadmap for Collaborating with Education Partners);
- Answer questions peers may have about the program (Chapter 4 – Frequently Asked Questions); and
- Delve more deeply into models and theories surrounding this work (Chapter 5 – Recommended Reading).

Researchers from the University of North Carolina’s Institute on Aging designed the qualitative research methodology to collect data from participating hospitals. These included more than 100 key informant interviews and extensive organizational surveys focused on both quantitative and qualitative data. The research team analyzed the data and wrote the case studies. More information on the methodology can be found in the Summary Report.
The Implementation Guide is designed to provide you with a broad snapshot of the types of outcomes, challenges, and successes that were found in the Pioneer Employer Hospital project, and then direct you to more detailed information about the specific case studies you may find interesting. It begins with an overview of the outcomes and program elements that were common amongst all the Pioneer Employer Hospitals. It is then organized by the four types of Pioneer programs:

- **CREDENTIALED PROGRAMS** – training resulting in new credentials
- **JOB-SPECIFIC TRAINING** – cross training or adding new skills
- **BASIC SKILLS** – preparing employees for work and college
- **LEADERSHIP DEVELOPMENT** – developing leadership skills

For each program, the toolkit summarizes the following:

- A brief definition of the program,
- Common outcomes from this program,
- Types of workforce challenges this program could address, and
- Common elements for success.
Regardless of the type of Pioneer Employer Hospital program you consider implementing, there are commonalities that the researchers found across all of them. These include:

**Common Outcomes**
- Increased engagement and reduced turnover
- Increased strategic use of professional development funds resulting in more specific and traceable outcomes
- Improved recruitment and increased competitiveness in hiring talent
- Improved quality and efficiency
- Increased patient satisfaction

**Common Elements that Help Promote a Successful Program**
- Career coaching
- Place students into cohorts and use other strategies that encourage peer support
- Organizational history of promoting from within
- Strong partnerships with necessary external partners
- Key human resource policies such as: tuition assistance for everyone, benefits available to 0.4 to 0.5 FTE employees, and advance payment tuition assistance
- Flexible scheduling to allow participation
- Supervisor involvement at multiple stages including helping design the program, selecting participants, job shadowing, flexible scheduling, as well as sharing the success of students
- On-site education and training programs
CREDENTIALING PROGRAMS

Any accredited training resulting in a new academic credential. The training can be provided in-house by qualified employees or in collaboration with an external partner, such as a community college.

Commonly Achieved Outcomes
- Faster on-boarding
- Strengthened integration of education and practice
- Improved recruitment
- Better fit between the employee and job
- Workforce stability

Workforce Challenges this Addresses
- Your talent needs fluctuate (these programs can be sized regularly to meet evolving talent needs)
- You need to reduce orientation and other on-boarding costs

Key Elements of Success
- You have or can create realistic career ladders for employees
- Build non-job-related skills into the curriculum, such as work readiness skills
- If possible, customize the training to meet your specific needs
- Identify a dedicated coordinator
- Make the training program longer so part-time workers do not get overwhelmed
- Make sure candidates are a good fit for the job/department before they are selected for training
- Provide in-house mentors
- Support supervisors and managers by allowing them greater use of float pool or overtime while their employees are in training

Hospitals Using This
- Bassett Medical Center
- Beth Israel Deaconess Medical Center
- Good Samaritan Hospital
- Group Health Cooperative
- Providence St. Peter Hospital
JOB-SPECIFIC TRAINING
Training workers to move up in their current jobs or cross-training workers to fulfill multiple roles/tasks/responsibilities

Commonly Achieved Outcomes
■ The ability to use staff more flexibly through cross-training
■ Increased skills development results in improved efficiency and quality
■ Work and learning are integrated
■ New graduates have increased productivity
■ The ability to integrate mission and values into the training
■ Improved care delivery and/or innovative care delivery staffing models

Workforce Challenges this Addresses
■ You need to improve quality and/or skills in a specific department
■ You want to create additional steps on a wage ladder
■ You need staff who are prepared to work in multiple jobs
■ Your talent needs fluctuate (these programs can be sized depending on needs)

Key Elements of Success
■ Use standardized competencies
■ Ensure structured training is tied to rewards
■ The ability to translate needed skills into competencies and training programs
■ Support excellent communication between human resources and managers
■ Use portfolios to document achievements for career progression
■ Use or create wage progression to incent employees
■ Incorporate participatory decision making
■ Support supervisors and managers by allowing them greater use of float pool or overtime while their employees are in training

Hospitals Using This
■ Beth Israel Deaconess Medical Center
■ Faxton-St. Luke’s Healthcare
■ Group Health Cooperative
■ Providence St. Peter Hospital
■ Thompson Health
■ Virginia Mason Medical Center
■ The University of North Carolina Hospital

Training workers to move up in their current jobs or cross-training workers to fulfill multiple roles/tasks/responsibilities
BASIC SKILLS DEVELOPMENT
Helping workers acquire the basic academic skills needed to succeed at work, and/or enter formal college degree or certification programs.

Commonly Achieved Outcomes
- Increasing workforce diversity
- Building a pool of incumbent workers who can address shortage areas in the future
- Increasing communication skills
- Increasing patient satisfaction
- Acquiring external funding to help support the programs

Workforce Challenges this Addresses
- Your organization’s diversity is confined to entry-level positions
- High turn-over in entry-level positions is a problem
- You have a significant number of workers who lack the math and/or reading skills to fill mid-level positions

Key Elements of Success
- Partner with community-based organizations that have funding and expertise with these programs
- Provide culturally appropriate curriculum
- Offer career navigation
- Proactively assist and support exploring and enrolling in college
- Identify and share the accomplishments of frontline workers who participate in training
- Break large goals into more achievable smaller goals
- Blend soft-skills training into the basic skills, such as how to call-in sick
LEADERSHIP DEVELOPMENT
Identifying potential leaders and providing them with the skills they need to assume leadership roles in the future. These programs are generally not limited to individuals in clinical positions.

Commonly Achieved Outcomes

- Improving management skills
- Integrating work and learning
- Creating a formal pipeline of future leaders
- Strengthening the skills of informal leaders

Workforce Challenges this Addresses

- Your organization needs to enhance its leadership pipeline
- Your organization needs help communicating the “bigger picture” to employees

Key Elements of Success

- Careful selection process
- Project-based learning that impacts the organization
- Group projects
- Formal mentorship program

Hospitals Using This

- Faxton St. Luke’s Healthcare
- Group Health Cooperative
- Virginia Mason Medical Center
Building a successful training program for frontline workers can seem overwhelming at first. The purpose of this chapter is to help you identify some meaningful, yet manageable first steps to take in getting started. This menu of practices represents some common steps taken by health care organizations that have successfully targeted the skill development and career advancement of frontline workers in meeting critical skills or workforce gaps, improving care quality, and/or enhancing work processes. No one hospital implemented all of these practices and each tailored the strategies to comport with their own human resource functions and workplace cultures. As you move forward with your workforce strategy, this chapter will help identify and surmount common barriers, build support, and develop a work climate conducive to successful implementation.
DEVELOP A CULTURE OF LEARNING

Each hospital in our study spent a significant amount of time and energy developing a culture of learning that extended throughout all levels from the environmental services technician to the CEO. The most successful are built upon existing core values and aligned with the organization’s strategic priorities. For example, one hospital used the story of their CEO who rose through the ranks, and connected that to the importance of workplace advancement through education.

Other first steps you might try:

- **Value and publicly acknowledge any and all learning.** Learning makes the teams better, the care better, and the organization better.

- **Celebrate successes.** Plan the celebrations in advance, so busy managers can attend.

- **Take advantage of teachable moments.** Allow everyone to have a chance at learning new skills and acquiring new knowledge.

- **Create time and space at work for learning** (e.g., coaching circles, brown bags, seminars, and on-site classes). All learning is not necessarily convenient but if you work together you can find periods during work time to accommodate the learning process.

DEDICATE STAFF TIME TO PROGRAM COORDINATION

It is difficult for clinically focused professionals to add one more thing on their already full plates. Having a program coordinator or team dedicated to running the credentialing, job-specific training, basic skills, and/or leadership development programs for frontline workers was critically important for most of the hospitals we profiled. Even if you cannot afford a full-time person, dedicating a portion of one person’s time - as little as .25 FTE - can help immensely. Some first steps a person in this position can take include:

- **Be the single point of contact** for program inquiries from potential participants and managers/supervisors.

- **Identify and work with educational providers** to develop curriculum and course content keyed to organizational skills gaps or workforce needs.

- **Work with human resources** to help develop or enhance competency-based job classifications and career ladders/lattices so that all employees can advance their career through education.
Help workers seeking education and advancement navigate the barriers to success, from applications through graduation and transition to new jobs.

Help supervisors develop succession plans within their own departments.

Track program data to evaluate, improve and understand the returns on the investment to the organization.

Communicate all aspects of education and training within the organization to stakeholders – and celebrate every success.

Most hospitals provide tuition assistance and other financial support for employee education, but relatively few have a deliberate strategy for doing so. Taking the time to develop such a strategy is a big part of what separates successful workforce programs from the rest of the pack. The following policies and practices have each been used by several of the profiled cases to support workforce development for frontline workers.

Provide tuition assistance that is:
- Available to all employees (not just professional staff);
- Offered for all stages of the learning process depending on where the worker is on his/her career path (e.g., basic skills development, certification, or degree programs); and
- Provided as an advance or by direct billing from the college partner such that workers have minimal to no out of pocket cost to serve as a barrier. Tuition assistance can also take the form of loans, which may be repaid through payroll deduction upon the employee’s advancement to a higher wage level. Or they may be forgivable through completion of a specified period of service in the higher-skilled position.

Reduce FTE required to qualify for benefits, particularly health insurance. Some hospitals in our study provided employee learners the opportunity to reduce work hours but maintain health benefits while completing educational programs (e.g., at .4FTE or .5FTE), up to the level of nursing. These programs achieved very high graduation/completion rates, and saw significantly lower turnover as well.

Institute scheduling flexibility or self-scheduling. This can be achieved either formally through self-scheduling practices, or informally through working with supervisors/managers to accommodate class time, clinical placements (where applicable), and test/study time as needed.
■ Other paid support. Strategies related to paid support varied across hospital sites. Some allowed workers to take classes on work time. Others split the time with workers at the end of shift to support class attendance but also to make sure workers had a personal investment in the programs. Depending on the nature of the frontline worker’s job, some hospitals also provided a budget (separate from the departmental budget) to provide backfill so that departments were not understaffed while employee learners were in class.

RESPOND TO THE NEEDS OF FRONTLINE WORKERS

Frontline workers often face persistent barriers to education and advancement based on limited household earnings and the complication of managing work, personal, and education-related responsibilities simultaneously. Recognizing their particular needs can help dismantle these barriers. Some of the ways this can be accomplished are as follows:

■ Design curriculum to be culturally sensitive based on the language, culture, and demographics of the communities served by the hospital.

■ Provide tailored pathways for English as a second language workers to reach appropriate education based on prior education experience rather than just based on language barriers.

■ Develop experiences for potential applicants that reduce education anxiety, a common barrier for frontline workers. These experiences could include tours of the local college, informal meet and greets with instructors/managers, and panels or celebratory events where workers share their own success stories.

■ Provide career coaching to help employees bridge gaps in knowledge about what is possible and what pathways make sense for them. For example, at one site, the program coordinator helped workers identify their interests, discover career options within the hospital related to those interests, and provided detailed guidance and support related to achieving short- and long-term career goals (e.g., registering for classes, preparing a resume, negotiating schedule changes with supervisors, and arranging for childcare).

■ Cultivate mentoring, precepting, and/or residency programs that can help create highly supportive cultures of learning throughout a department. The managers or experienced workers that are paired individually or through a structured program can provide students with a realistic preview of the jobs they are training for and give them real-world advice as how to navigate obstacles.
- Provide basic skills programs to help motivated workers achieve the skills necessary to succeed in college-level coursework (e.g., School at Work programs or stipends associated with improved scores on standardized achievement tests such as COMPASS or WorkKeys).
- Provide opportunities for peer support to emerge. A sense of camaraderie and support can go a long way to helping employee learners succeed. Paying special attention to cohort creation, pairing employees who often work together, and scheduling to reinforce potential peer support within cohorts of learners, often helps workers overcome obstacles to success.
- Provide space, where possible, for class to happen on-site (or at a conveniently located site close by) at a time that is best for the workers. This goes a long way to reduce logistical barriers (e.g., transportation, childcare, or shift work) that makes regular college more difficult for many employee learners.

OTHER KEY INGREDIENTS TO KEEP IN MIND

Make sure there is strong support and participation from the executive level

Unsurprisingly, the visible support of senior management has been critical to the development and sustainability of many workforce development programs. In addition to approving and funding new and on-going programs, many executives in our study take time out of their busy schedules to make presentations about their departmental operations, mention program successes in high-level meetings, participate in celebration events, and share their own career growth stories. This sets the tone for other management to be supportive and involved in creating opportunities for employees. In getting that support, it is essential to make sure that the workforce development approach you select helps realize your organization’s strategic priorities - which in turn can help you determine the metrics that you need to track.
Make sure there is support from managers/supervisors

Similarly, the support of managers and supervisors is critical to success – without their full engagement, any workforce initiative is likely to fail under the weight of everyday pressures. This is one of the reasons that dedicated coordinators are so critical. They are able to offload program-related work (e.g., counselling employees, providing information on career pathways, and tracking outcomes) that would fall to managers in their absence. Dedicated coordinators balance program participation with the day-to-day needs of individual departments, and implement robust communication plans to keep everyone engaged and informed. The essential element, however, is to keep managers involved: in planning/logistics, in scheduling, in the selection process, even in conducting training. It can also help to allow supervisors to use float pool workers or overtime to fill in staffing needs when workers are in class. Finally, consider formal training for managers in communication, teaching, and/or coaching.

Develop strong partnerships

The majority of the workforce development programs profiled in our study engaged educational partners to assist organizations in developing or implementing training and education for frontline workers. Partnering with local educational institutions pools resources to increase returns on investment, and in the end, reduces the burden on any one partner (See Roadmap for Collaborating with Educational Partners for a primer on the culture, organization, and financing of post-secondary organizations).
ROADMAP FOR COLLABORATING WITH EDUCATION PARTNERS

In almost all cases, mounting a successful workforce development effort for frontline workers requires close collaboration between the educational partner (e.g., community college, four-year college, and training provider) and the employer. This chapter shares lessons learned from studying such partnerships, and helps you understand how to build such a partnership yourself. This includes discussions about the potential benefits of these partnerships, what your partners are likely looking to get out of the collaboration, and some key information on the funding and accountability structure of educational institutions.

In order to create an effective partnership, it is important to know your partner in terms of motivation, structure, and incentives. There are many cultural and organizational similarities between higher education providers and hospitals. Both tend to be hierarchical institutions that rely on highly educated workers. Multiple public and/or private bodies usually regulate both. Similar to managed care payments for health services, some public educational institutions are paid a flat amount for educating students, regardless if the student participates in a low-cost program such as English, or a high-cost program such as nursing. Finally, whether unionized or not, both types of organizations tend to have multiple stakeholder groups with which to negotiate.
THE BENEFITS OF COLLABORATION

In discussing potential collaborations with both internal and external partners, it is important to understand what each party could get out of a successful partnership. Tremendous benefits await both educational partners and health care employers considering a collaboration. These partnerships can:

- **Align educational offerings and local workforce needs.** Programs developed with health care employers for incumbent workers allow educational partners, such as community colleges, to develop course content and pathways that can be expanded and integrated into regular course offerings.

- **Integrate education, research, and practice.** This integration means that the rapid innovation (e.g., evidence-based practice, technological advances, and electronic medical records) experienced by health care employers is reflected in educational content or in practice rotations.

- **Reduce startup time and lay groundwork** for subsequent collaborations as college partners become familiar with the needs, preferences, and workplace culture of your organization.

- **Attract new resources and leverage existing resources** to promote economic development for community members/incumbent workers.

When you approach an educational provider, it helps to know what they might value from the partnership. These partnerships can result in:

“The biggest benefit to this institution would be the relationship it builds with the employer. Because medical assistant is one program that this institution offers – that’s what we’re doing with Virginia Mason. VM also employs nurses. We train nurses. VM employs surgical technicians. We train surgical technicians. If the employer has a good experience with us, and, more importantly in this venture, gets an employee who’s what they need, who’s skills are good, and has a good work ethic, they’re more inclined to come back to us for our other programs because they view us as a quality provider of training good workers. So that’s the benefit for us.”

MARTY HEILSTEDT
VICE PRESIDENT OF INSTRUCTION, RENTON TECHNICAL COLLEGE
- **New pools of students.** College enrollment tends to increase during periods of high unemployment and decrease during periods of low unemployment. By partnering with employers to learn how to better serve incumbent workers, college administrators will learn strategies that could help them deal with the vexing problem of balancing the enrollment figures regardless of the economy.

- **Increased course offerings for all students** as a result of curriculum development projects.

- **Improved course completion rates,** which tend to be significantly better for incumbent worker programs. These numbers are key metrics for many educational partners and this improvement helps them meet their target numbers as an organization.

- **Better alignment between departments/divisions within the institution.** For example, credit-based and continuing education or adult basic education departments often develop more integrated approaches to meet the needs of low wage incumbent workers and their employers.

- **New faculty.** Your senior employees will develop relationships and learn about options to become part-time instructors at local colleges.
KEY PRACTICES TO WORKING WITH EDUCATIONAL PARTNERS

Cultivate buy-in from top-level administrators

Successful workforce development collaborations often require systems change within both partners. Making this happen requires an educational provider who prioritizes relationships with industry and understands the needs of frontline employee learners. Just as it is important to have high-level buy-in from hospital leaders, it is essential to work directly with someone in the college with positional authority. High-level administrators such as vice presidents/deans/directors are able to get approval from key gatekeepers (e.g., curriculum review committees, accreditation bodies, and professional standards bodies) whose buy-in is critical to developing new programs. Employers should also look for a partner who emphasizes active experiential learning (rather than traditional lecture orientations) and is flexible enough to accommodate needs related to timing (e.g., off semester schedule), scheduling (e.g., at convenient times for employee learners and their departments) and location (e.g., on the work site).

COMMON ACADEMIC ADMINISTRATOR TITLES AND ROLES

**COLLEGE PRESIDENT:** The college president is essentially the CEO of the college. He/she is the liaison between the board of trustees and/or the state level community college system and the administration of the college. Depending on the size and breadth of the academic programs offered, the president can play a large role himself/herself or delegate the administration of academic duties to the deans. Regardless of the day-to-day role in academics, the president will have a role in appointing committees and final decision-making related to academic programs. The president has additional public relations and development responsibilities as the leader of the organization as well. It is also possible that the president has a role to play in lobbying efforts. The president, or his delegate, leads strategic planning for the college.

**PROVOST OR VICE PRESIDENT OF INSTRUCTION:** The provost or vice president of instruction is the top executive for academic affairs. This person has broad authority over the quality and content of academics and the vitality of academic programs. While this person has high positional authority, colleges often draw on the recommendations of deans/directors of academic disciplines and committees that are constituted by faculty.

**VICE PRESIDENTS/DEANS/DIRECTORS:** These titles often correspond to high-level executives. Their positional authority depends on the unit to which they are attached. Vice presidents are usually named to units that are not academic units (e.g., Vice President for Instructional Technology or Vice President of Finance). Deans sit over academic units, usually schools (e.g., Dean of Health Sciences) whereas directors (also sometimes called chairs or coordinators) preside over departments or institutes within such units (e.g., Director of Workforce Development).

**PROGRAM MANAGER/PROJECT DIRECTOR:** These titles are often used for those who are leading externally funded grants or contracts within colleges. They rarely have high positional authority unless they have another high-level title (see above). These individuals are often responsible for meeting the requirements of grants or contracts as proposed by the college. If they are well integrated into the college, they can have strong ties with departments, particularly those associated with continuing education or workforce development units. Sometimes these positions are temporary and are released once grant or contract funding ends.
Understand the level of academic flexibility required

Whatever type of workforce development approach you choose, getting college credit for your students is an important consideration. Credits can help your employees develop meaningful career opportunities, and also have financial and other implications for the educational provider. From their standpoint, the process of developing credit-bearing courses and pathways is often governed by state rules as well as by external accrediting agencies, similar to the Joint Commission. Whether public or private, these regulations typically describe the instructors’ educational credentials and the rigor of the course work. While credit-bearing units are less flexible than employer-oriented continuing education units, these credentials can also have implications for you. For example, credentials sometimes determine how and if services delivered by workers are “billable” to insurance by the health care provider. To manage this sensitive topic, it helps to have upfront conversations about college requirements for documenting academic rigor (e.g., articulating course goals and competencies achieved) and to make sure that employee learners do not get caught without necessary preparations to continue on the career pathways. For example, workers who take college courses at the worksite yet do not have the test scores required for admissions may not qualify for the credits. Knowing these requirements will help you avoid having students who are delayed or stymied. Further, it is important that students and employers understand what prerequisite coursework may be needed prior to entering a creditworthy career ladder program. You will need to understand when educational partners can waive these prerequisites versus requiring students to complete them. You will also need to come up with appropriate selection requirements, and find ways to help students who need to increase basic skills (contextualized to their particular pathway if possible).
Understanding the revenue structure of your educational partner

Funding models for educational institutions vary greatly across institutions and states. Community colleges have various funding streams and thus different accountability metrics. Understanding these streams and the metrics involved are important when developing mutually beneficial partnerships (and outcome measures). For instance, direct state support for community colleges ranges widely from lows in the teens to over 50 percent of the budget. Community colleges with low levels of state support must raise tuition (which decreases access) or find grant or contract support to make up for lack of state support. Grant or contract support requires community colleges to fulfill the specific purposes of that funding in addition to their main mission. Finally, some states have appropriations tied to performance, similar to Value Based Purchasing. This means that these colleges are keyed to particular metrics by which they receive their performance-based portion of funding. Colleges with high levels of state funding are often focused on headcounts of students served, which illustrate to state policymakers the impact of the college on the communities. Performance-based funding, in contrast, encourages a focus on student success metrics. Understanding the revenue structure and outcome metrics important to your educational partner may give insight into how to collaboratively design workforce development programs.

Leveraging resources between institutions that align interests and promote communication

Formalizing relationships between employers and educational providers often helps partnerships succeed. Some strategies for building such a formal arrangement include:

- Paying to increase the number of faculty for high-demand programs. This is often a strategy used for nursing pipeline programs where nursing programs are already filled to capacity with students and offering additional classes for incumbent workers means they need additional resources for faculty salaries.
- Developing contractual relationships whereby employers are directly billed for the tuition of their employees. As mentioned previously, this strategy reduces out of pocket burden for frontline employee learners.
■ Making your own qualified professional employees, such as nurses, available to teach, either through creative employment agreements or by facilitating an employees’ second job as faculty. Sharing employees/faculty in this way increases the alignment of the content to the practices (e.g., technology, job descriptions, and scope of practice of position) of the specific health care employer. It also provides a vehicle for employers to have a voice in the revision of the content or processes of the educational partner. You and/or your college partner may need to navigate collective bargaining agreements, if applicable, to implement this tactic.

■ Increasing the visibility of both organizations by co-hosting recruiting, informational sessions, or health fair events across organizations (e.g., sharing pools of potential employees and students).

■ Finally, draw on the strength of your local community. Community based organizations and local non-profits have programs aimed at economic development in local communities. These organizations often have knowledge of local vulnerable populations and strategies in place to assist community members to get ahead (e.g., scholarships, basic skills accrual programs, and English as a second language offerings) that could be leveraged as your programs are developed.
Advocate for practices that support your employee learners

Below is a list of potential practices that educational partners can put in place to meet the needs of frontline employee learners in the context of your workforce development program.

- **Create collaborative and active learning environments.** Adult learners do better in collaborative learning environments than with traditional authority-oriented teaching techniques. Incorporating input from students and their supervisors into course design, timing, scheduling, and implementing active learning strategies (e.g., role playing, work-related assignments, facilitated discussion, and group work) will help them succeed.

- **Allow workers to test out of courses by demonstrating competencies.** Acknowledging skills gained through work experience and reviewing workplace training curriculum for overlap with completed educational coursework are potential strategies for awarding credit for prior learning.

- **Create flexible pathways to certificate/degree completion.** Just as flexible work scheduling can help workers thrive while pursuing education, flexible coursework can help them manage the competing demands on their time, while also easing the pressures on their supervisors. Examples of coursework flexibility include: providing multiple options for bundling courses to fulfill certificate/degree requirements; allowing students to complete degrees on a part-time basis; articulating non-credit courses with for-credit coursework; and extending time limits for completion and expiration of credit.
- **Offer evening, weekend, end of shift, and/or online courses.** On the same note, finding the time to attend class is a barrier for low-wage workers, many of whom work two jobs or have family responsibilities. Providing classes on-site, online, and at times when transportation and childcare are easily extended (e.g., end of shift) helps remove this barrier, and gives workers the opportunity to achieve something that otherwise might not be possible.

- **Expand student services to include coaching.** Mentoring can be as important for frontline workers as it is for advanced professionals. Extending academic advising to include coaching on navigating work, education, and personal lives helps workers manage these competing demands more effectively. Interaction with college professionals decreases education anxiety for employer learners and helps them gain familiarity with the resources available to them. Providing services or referral information related to childcare, transportation, and finances are examples of coaching areas especially relevant for low-wage employee learners. College faculty also appreciate coaching as it improves student performance and allows faculty to more fully concentrate on teaching. Finally, coaching is also a way to keep graduates of your workforce program engaged as you move on to develop future cohorts.

Workforce programs for frontline health care workers represent a great opportunity for both educational institutions and health care employers, and it makes sense to approach that opportunity with collaboration in mind. Educational partners have important resources (e.g., basic skills development programs, career counselors, and curriculum development specialists) that can help employers develop long range plans for their staffing and succession models. And health care employers can help educators tap a large new market with the promise of improving their completion rates and balance out drastic enrollment fluctuations driven by the economy. The strategies outlined here can help program planners get a jump-start on developing successful collaborative workforce development programs for frontline workers and avoid common pitfalls.
The economic collapse that began in the fall of 2009 created wide disruption in labor markets across the United States. In health care, workers asked for more shifts, previously retired workers returned to work, and people held on to their jobs even if they were dissatisfied. As a result, vacancy and turnover rates are at historic lows across the industry. But the demographic issues that had been driving concerns about workforce shortages prior to 2009 have not diminished, and in many places the recession has exacerbated them.

Workforce shortages are less expensive to prevent than repair. Organizations that plan for them have the luxury of implementing more sustainable solutions and spreading costs over a longer period of time. Those that wait for the shortages to impact business strategy have fewer tools available and will absorb high costs in a shorter period of time.

This should be a priority because frontline workers have a considerable amount of patient contact. Beginning October 2012, Medicare implemented value-based purchasing, withholding one percent of hospital payments to be distributed as bonuses to hospitals scoring above average on several measures. Patient satisfaction scores will determine 30 percent of the bonus, while quality factors will determine the balance.

To earn above average scores, hospitals will need above average strategies. Providing career development opportunities to frontline workers is a proven strategy that immediately reaps improved engagement for affected workers and impacts those around them. In the medium- to long-term, hospitals engaging in these strategies will be able to recruit individuals interested in developing careers rather than those just interested in a job, thereby bringing additional talent to the workforce, such as critical thinking skills, without necessarily increasing wages.

1Gallup Strategic Consulting has studied engagement extensively. More is available at http://www.gallup.com/strategicconsulting/employeeengagement.aspx
WHAT WOULD WE GET OUT OF THIS INVESTMENT?

There are many reasons why organizations begin this work; but they generally boil down to two buckets. First, most health care leaders acknowledge that they have cadres of smart, talented people trapped in entry-level jobs. Many of these folks have been with their organizations for multiple years. These workers have a deep knowledge of the organization, have bought into the mission and culture, and are committed.

Second, organizations of all stripes have workforce issues. Today’s health care organization is rapidly evolving and the need for talent will evolve with it. Regardless of aggregate vacancy or turnover rates, these challenges often crop up at the unit or department level.

The Pioneer Employers have documented that by addressing both of these challenges simultaneously they create significant positive outcomes for their organizations. By investing in the career development of their frontline workers they reap solutions to vexing workforce challenges. They fill their talent needs with individuals who will not leave the organization because of a poor fit with its mission or culture. They reduce orientation time because these “new” hires bring multiple years of experience and history with the organization. And they increase engagement, loyalty, and quality not just with these workers, but also with their co-workers who suddenly recognize new opportunities to turn their jobs into careers.

WHY DO SOME OF OUR EMPLOYEES NEED MORE HELP? LOTS OF PEOPLE IMPROVE THEIR CAREERS ON THEIR OWN.

Tuition reimbursement programs are typically not helpful to workers living paycheck to paycheck. They have difficulty fronting the money to pay for tuition, books, and supplies. Our case studies demonstrate that organizations that pay tuition upfront often see significantly higher graduation/advancement rates for frontline workers.

Second, employees that have little or no experience with the post-secondary education system can be intimidated and confused about how to access their services. Help navigating post-secondary education can pay dividends by removing a barrier that was preventing an employee from making greater contributions to their organization.
WHAT IS TO PREVENT EMPLOYEES FROM LEAVING THE COMPANY AFTER THEY RECEIVE THE TRAINING?

A more common reaction amongst employees who have benefited from enhanced career development help is increased loyalty. Hospitals in the Pioneer Employer Hospital study experienced lower turnover, at least partly attributable to their career development work. In particular, voluntary turnover was decreased.

Even so, most employers that embark on this work set up strategies to protect their investments. Some choose to ask participating employees to commit to work for their organization for a certain number of years or else pay off the organization’s investment. Others offer forgivable loans to participating employees. Either approach establishes clear expectations in the front end and helps the organizations invest in employees who are truly committed to staying.

I’M A MANAGER AND I CAN’T AFFORD TO LOSE MY BEST PEOPLE TO WORK IN OTHER AREAS OF OUR ORGANIZATION. WHY SHOULD I SUPPORT THIS?

There are many reasons why managers support these types of programs. One of the most broadly felt is that managers want to reward their best employees and believe there is no better way than by helping them along in their careers. Managers also report that as the word gets out about their support for these programs, they begin to get applications from candidates who bring more engagement and critical thinking to their positions.

Many of the programs studied offer more staffing flexibility as employees bring new skills to the workplace. Morale can increase as existing employees begin to understand the career options available to them. Finally, while voluntary turnover in a specific unit may slightly increase it’s worth noting that these programs run several months to several years in length, which leaves plenty of time for managers to plan for eventual departures.
IS THERE REALLY DEMAND FOR THIS TYPE OF BENEFIT IN OUR ORGANIZATION?

Many health care organizations offer tuition reimbursement and some find that these benefits are not fully used by employees. However employers are frequently surprised at the demand for a program that offers real opportunity for career advancement. For example, one of the employers in this study offered a program to train incumbent workers to become nurses and had over ten times the number of applicants, as there were available slots.

WE CAN’T AFFORD THIS. WHO CAN HELP?

These programs can be expensive and, while many employers find the reduced turnover, improved recruiting, and increased engagement worth the investment, there are external stakeholders who can help. Even in the current downturn, public funding can be found to help entry-level workers with career progression. Community colleges often have access to state or federal dollars that can be used to subsidize training. Workforce investment boards, using federal, state and private funds, can provide resources that help offset the costs of training, as can United Ways and many community-based organizations. Finally the state and local divisions of economic development occasionally have access to funding that can help.

Some health care employers have found success acquiring funding by forming collaborations with other employers that wish to operate similar training programs. Because these programs often have a fixed cost – the instructor – it tends to cost the same if one person participates or 15 people. For this reason, a larger career development program spanning multiple employers can help reduce the cost per employee as well as attract external resources.
WE DON’T HAVE THE RIGHT PEOPLE ON STAFF TO DO THIS TYPE OF WORK. WHO CAN HELP US?

Many of the same organizations that have access to funding to launch these programs also have staff with deep experience designing and implementing successful programs targeted at entry-level workers, especially workforce investment boards, community-based organizations, and some community colleges. Despite significant talents and smarts, this population can sometimes bring challenges that cannot be addressed by traditional post-secondary education programs including: personal finances, academic preparation and/or previous academic success, and family commitments.

Working with stakeholders that understand this population and can demonstrate previous success in planning and implementing career development programs can have multiple rewards. For example a well-designed program should result in higher student completion rates than those found in traditional community college programs.

If no external stakeholders are handy, some organizations have experienced success in designing these programs after senior executives interview the target population to gauge both their interest and potential challenges. The Robert Wood Johnson Foundation’s Jobs to Careers initiative required applicants to do this prior to applying and most found it a rewarding and useful investment of time.

WE ALREADY PROVIDE SOME ASSISTANCE, FOR EXAMPLE OUR TUITION REIMBURSEMENT PROGRAM, WHY SHOULD WE DO MORE?

During the current economic recession most health care organizations have found it more cost-effective to purchase the necessary talent in the bloated labor market rather than developing it themselves. However, they also understand that this will not always be the case. Given the demographics of the health care labor market, with its aging workforce and anticipated increase in demand for care, labor scarcities and wage inflation will eventually return. Because these programs take time to plan, test, and grow, Pioneer employers have found that it makes sense to launch them before they need them. The results include developing needed skills while providing a recruiting advantage over local competitors.

Some assistance, such as tuition reimbursement programs, are too commonplace to provide employers with the competitive edge for people or skills that will help them thrive in the coming war for talent.
OUR ORGANIZATION PROVIDES SIMILAR PROGRAMS TO THOSE STUDIED. WHY WERE WE NOT CHOSEN TO PARTICIPATE?

The purpose of this project was to highlight some of the best examples of what is occurring in this field. We selected organizations that could provide a diverse array of premier examples. Evaluating each of the 5,700 hospitals in the United States was not possible nor within the objectives of this project.
RECOMMENDED READING
CareerSTAT – CareerSTAT is an initiative to document and endorse the business case for investments in frontline hospital workers and to establish an employer-led advocacy council to promote investments that yield strong skill development and career outcomes for low-wage, frontline hospital workers. CareerSTAT is developed and operated by Jobs for the Future with support from the Joyce Foundation.

http://www.jff.org/projects/current/workforce/careerstat/1370

Innovative Workforce Models in Health Care – The Center for Health Professions at the University of California, San Francisco is exploring new uses of medical assistants in health practices. With support from the Hitachi Foundation, they have developed 14 case studies and a variety of multi-media projects to explore and share these pioneering models.

http://futurehealth.ucsf.edu/Public/Center-Research/Home.aspx?pid=539

School at Work – Several of the hospitals profiled in the Pioneer Employer Hospital study used the School at Work program offered by Catalyst Learning for Basic Skills Development programs. The hospitals use SAW to grow a workforce from its foundation. SAW uses a blended-learning instructional model to help students refresh essential skills and gain an understanding of health care-specific subjects.


Crede, M, Oleksandr , S, Chernyshenko, Stark, S, Dalal, RS, & Bashshur, M (2007). "Job satisfaction as mediator: An assessment of job satisfaction’s position within the nomological network." Journal of Occupational and Organizational Psychology, Vol 80, 515-538. Job complexity, workplace events (e.g., discrimination), and perceived job opportunities increase job satisfaction and subsequently organizational citizenship behaviors (workers going the “extra mile”) while decreasing counterproductive work behaviors and job withdrawal.

Contributors

STEERING COMMITTEE

Ed Phippen, MPA
Principal, Phippen Consulting, LLC
Mr. Phippen does strategic consulting for health care organizations, nonprofits, colleges, and state agencies related to workforce planning. He designs, acquires financing for, and implements sustainable workforce education models that benefit employees, employers, and public stakeholders. He has over a decade of hands on experience building, implementing, and providing technical assistance for workforce development in health care organizations.
Phone: (206) 491-8891
Email: phippenconsulting@gmail.com

Jennifer Craft Morgan, PhD
Assistant Professor, Georgia State University
Dr. Morgan is an academic sociologist and gerontologist whose research has focused on the systems change (e.g., human resource and educational policies, work organization, and practice change) needed to support improved job quality for frontline worker and quality of care for consumers. She has led research and evaluation projects funded by The Robert Wood Johnson Foundation, The Hitachi Foundation, and the U.S. Department of Health and Human Service’s Health Resources and Services Administration.
Phone: (404) 413-5214
Email: jmorgan39@gsu.edu

Cindy Levernois, MBA
Senior Director, Behavioral Health and Workforce, Healthcare Association of New York State
Ms. Levernois is a Senior Director at HANYS which provides representation and advocacy for all the hospitals and health systems in New York State. As such she has played an important role in developing tools for health care organizations seeking to improve their practice including extensive work in workforce development. She has more than 12 years of experience working closely with hospitals and health systems in reaching their strategic goals.
Phone: (518) 431-7744
Email: cleverno@hanys.org

Tom Strong, MBA
Program Officer, The Hitachi Foundation
Mr. Strong is a program officer at The Hitachi Foundation, whose mission is to mission is to forge an authentic integration of business actions and societal well-being in North America. He co-leads the Hitachi Foundation’s Pioneer Employers Initiative, an effort to discover and promote business practices that help low-wealth people move up the economic ladder - while also creating returns for owners, investors, and consumers.
Phone: (202) 828-1657
Email: tstrong@hitachifoundation.org

This toolkit was collaboratively written by the steering committee for the Pioneer Employer Hospitals project using the knowledge gained from our case studies with ten leading edge workforce development programs for frontline workers and our experiences with these types of partnerships.