

2008

# MHA Retention Toolkit

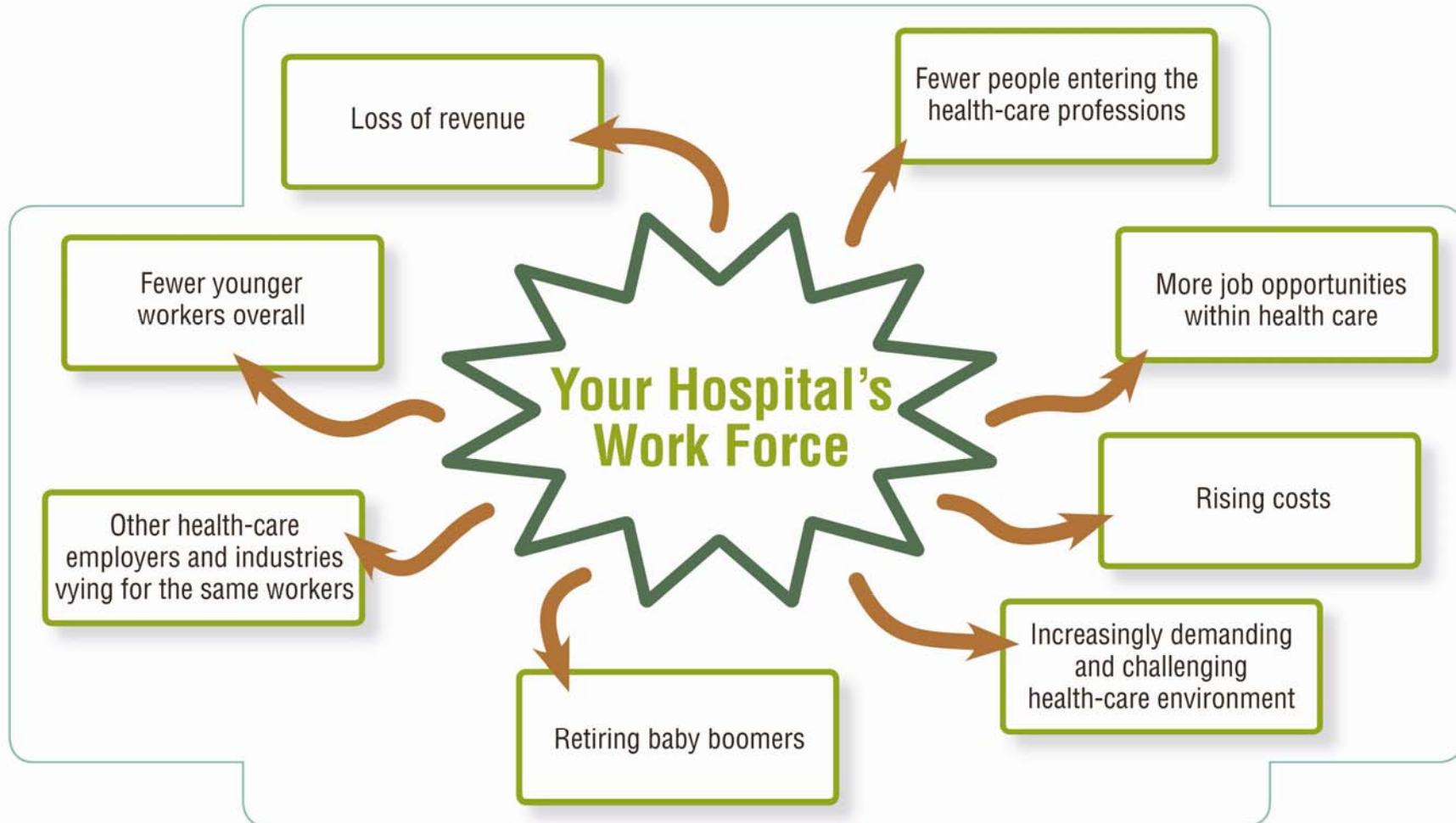
*a project of the Minnesota Hospital Association Work Force Development Committee*



Minnesota Hospital Association

Multiple external and internal factors in the health-care environment can undermine your efforts to maintain a stable work force.

### What can you do to encourage your employees to stay?



**Retention is the Best Recruitment Strategy**

## Employee retention — The key to service and operational excellence

Minnesota hospitals are among the best employers in the state, and the goal of MHA Work Force Development is to assist our member hospitals to maintain their status as employers of choice. Two of the most effective ways to succeed as an organization in this area are: 1) hire a qualified and talented work force and 2) retain valued employees for the long term. Retention is the best recruitment strategy, and the reason is simple – it generally costs more to hire and train a new employee than it does to retain an existing employee. As a result, efforts to retain employees will have a positive impact on the bottom line and service provided to patients, something that all hospital executives and human resource leaders can understand and appreciate.

### Retention Toolkit

In 2008, MHA Work Force Development committees identified the need for a Retention Toolkit to help hospitals retain valued employees, and this toolkit was designed with your needs in mind. MHA realizes that all retention efforts are local; the toolkit offers resources and ideas that can be applied if you choose to address retention as a key issue at your facility. Hospitals can look for ideas about what must be done to keep their employees; however, retention is one area where there is no silver bullet or quick fix. Much can be learned from surveys, exit interviews, and turnover data - and they are a good place to start - but often this is not enough. Effective retention involves many aspects of the work environment and the employee relationship. A comprehensive retention program will identify areas to focus on, and include specific action items, time frames and ways to measure results.

Included with this 2008 first version of the toolkit is information in five content areas related to the various aspects that impact retention –

- Career Growth and Development — p. 3
- Culture and Values — p. 6
- Human Resources — p. 11
- New Employee On-Boarding — p. 14
- Workplace Design — p. 17

Within each content area, you will find definitions, explanations and discussion, real-life examples from local hospitals that were willing to share their stories; and additional information and resources to that provide further detail on the subject. There is also a self-assessment work sheet to identify areas for improvement, list action items, responsibilities, deadlines, costs and the potential benefits to assist in the development of a strong business case for retention.

### Employees are your most valuable asset!

In these hard economic times, and as we head into the true shortage years, hospitals cannot afford to lose critical personnel. Now is the time to be proactive and focus on retaining your best employees. The implications of ignoring retention include labor shortages, work-force instability, loss of revenue, loss of past investments in staff, impeded growth and productivity, and negative impacts on employee job satisfaction, patient safety and customer perceptions regarding quality care.

The benefits of implementing a comprehensive retention program, on the other hand, far outweigh the costs; it highlights the investments made in retaining staff, and provides additional downstream benefits as well.

Some of the positive and important benefits of a retention program include...

- The ability to recruit and retain staff of all ages, providing short- and long-term solutions to future work-force shortages.
- Sustained competitive advantage as an employer of choice.
- The preservation of skills, knowledge and experience within the organization.
- Improved knowledge transfer and succession planning.
- Maintained or increased productivity.
- Fewer medical errors and better clinical outcomes.
- Lower employee turnover and the associated costs.
- Increased job satisfaction, trust and accountability.
- Improved culture and work environment.

It is important to remember that each organization is unique, and it will be necessary to conduct an internal assessment to define your current situation and determine next steps. The following recommendations will help employers begin a retention program:

- Obtain executive support for an exploration of causes, results and solutions.
- Identify and analyze contributing causes leading to staff turnover that are unique to the organization.
- Identify and analyze organizational barriers that must be overcome to ensure full implementation and integration of a plan for retention.
- Review and analyze internal data to help justify the business case for a coordinated retention effort.
- Use MHA toolkit to explore industry-specific retention issues, and review general guidance on employee retention programs to get a good overview of options to consider.
- Recommend specific ideas and strategies to develop a program that meet your facilities needs.
- Evaluate your success against goals, review and compare practices, and adjust plans as needed.

MHA Work Force Development envisions this Retention Toolkit to be a living document, an exchange of ideas – evolving and improving over time to meet your most critical needs for retention. We extend a special thank you to the hospitals that submitted examples of successful retention initiatives from their organizations, and invite your comments, questions and suggestions. The collaborative sharing of stories and information will help to make all Minnesota hospitals even better places to work.

The MHA Retention Toolkit is available in hard copy or electronically on the MHA web site at (TBD). We also encourage members to visit the American Hospital Association Healthcare Workforce Toolkit, which includes national information and resources at:

<http://www.healthcareworkforce.org/healthcareworkforce/toolkit/index.html>

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## Career Growth and Development

### What is it?

Career growth is an employee's progression within an organization by their acceptance of new roles and responsibilities. Career development is how an individual manages their career within and between organizations, and how organizations structure the career progress of its staff. Employees must ultimately be in charge of their own careers; however most employers offer a number of opportunities for career growth and personal development that benefit both the employer and employee in the long term.

### Why is it important?

Providing programs for career growth and personal development is an important component of talent retention. As an employer, you will be able to meet future work-force demands through the development of a continued supply of qualified and talented personnel, and advance organizational goals. In addition, the establishment of an organizational precedent to promote from within will result in increased employee job satisfaction, loyalty, and most importantly, retention.

### What should it look like?

Where do your employees fit in with your long-term plans? Show interest in your staff and support their efforts to improve with mentoring, training and educational opportunities. Examples include resources for self-awareness, leadership development, continuing professional education, fellowships, and certificate programs. The programs can be made available in-house, and tuition reimbursement is a common benefit for externally offered programs. In addition, e-learning is flexible and convenient, and fits well into today's busy lifestyles. Career planning should be tailored to meet the employee's needs – whether they want to advance within the organization or grow where they are planted. Therefore, a variety of programs are necessary to retain workers of all ages.

**Opportunities** — workers must be in charge of their own careers, yet employers can help by offering opportunities as incentives for employees to grow and stay with an organization...

- Continuous learning programs for basic skills, and new technologies and knowledge.
- Special projects or committee work where an employee can demonstrate competencies, creativity or showcase innovations.
- Personal growth and life enhancement programs, such as programs for health and wellness, retirement planning, and employee assistance.

**Education and training** — it is necessary to define education and training goals for talented performers who are attracted to new and challenging opportunities. Management can identify and recommend high performers for advancement within the organization.

**Leadership Development** — core competency training for managers and self-assessments are two areas of leadership development where the skills and self-knowledge that is gained can be utilized across a variety of roles and departments. The added value will not only benefit the employee, but the organization as a whole.

The American Organization for Nurse Executives (AONE) recognizes the need for nurse manager leadership development, and has formed a collaborative to address this need, the Nurse Manager Leadership Collaborative. The program, while under development, currently has a learning domain framework, and a comprehensive nurse manager inventory tool. To learn more, visit:

<http://www.aone.org/aone/resource/NMLC/nmlc.html>

**Knowledge transfer** — Critical knowledge and capabilities drive economic growth. As organizations are challenged with an aging workforce and the impending retirement of critical personnel,

transferring knowledge to the next generation becomes an essential ingredient for sustainability.

According to David DeLong, author of *Lost Knowledge* (Oxford University Press, 2004), one simple and low-cost step to transfer knowledge is to create a training plan that deconstructs a job into a specific list of things a successor needs to know how to do.

Knowledge transfer is also a great retention opportunity! For example, Baby Boomer nurses are looking for ways to stay employed beyond the normal retirement age. Many will require the ongoing income and health care benefits; they also want to remain active contributors without having to deal with the physical challenges of bedside nursing on full-time basis. One example of a role for qualified older nurses is that of mentor or clinical coach - mentoring nurses through their first year, or identifying and working with nurses or students who need help in certain areas. Retaining older nurses for the short term will maintain work force stability, and mentoring programs will help to retain younger nurses for the long term, thus reducing the typically high costs of turnover for this nurse population.

### Examples in Action



#### **Organization:**

CentraCare Health System, St. Cloud Hospital

**Organization size:** 6,477 employees

**Program/Initiative Description:** The Medical Oncology Units budget money annually for staff members to attend outside educational opportunities. The purpose is for staff to expand their knowledge of Medical and Oncology specialties, and to learn more about their patients to continue to provide excellent care. Staff initially pay for the education, and are reimbursed when they bring information back to the unit. Part of the requirement for reimbursement is that staff must teach others about what they have learned in a presentation or poster format.

**Establishment of program/initiative:** 2002 – 2003

**Major objectives:** To increase staff knowledge of the medical and oncology patient population and to promote these areas as nursing specialties.

**Significant results:** Several staff members have taken advantage of this opportunity over the past several years. They have appreciated the opportunity to learn and grow in their roles.

**External partners:** None.

**Lessons learned/advice to other organizations:** This has been a very positive experience for the Medical/Oncology units. Staff members enjoy the opportunity to learn and teach.

**Estimated cost, to date:** Varies from year to year. The Medical/Oncology units budget \$4,500 for staff to attend outside conferences. We also budget for unit leadership to attend national conferences and for staff to pursue national certifications in their specialty.

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**Organization:**

Fairview Health Services  
Minneapolis, MN

**Organization size:** 22,000 employees

**Program/Initiative Description:** Career Services provides career counseling services and job seeking skills to employees who are injured, ill, laid off or desiring to change jobs through individual consultations, small group workshops, assessment administration and interpretation.

**Establishment of program/initiative:** 1995

**Major objectives:**

1. To reduce the amount spent on unemployment insurance and replacement labor costs.
2. To increase productivity and job satisfaction.
3. Decrease industrial indemnity costs.
4. To expand employee benefits and improve employee morale.
5. To improve retention.
6. To facilitate “the right people in the right job at the right time”.
7. Assist in the realignment, including mid-career employees.
8. To assist in the attainment of corporate objectives.
9. Reduce negative exposure in community if employees are laid off.

**Significant results:** (from 2007) Placed 281 employees in new jobs. Estimated saving the system \$12 million in replacement labor costs by placing 144 individuals into jobs at Fairview.

**External partners:** None.

**Lessons learned/advice to other organizations:** This is a win-win situation for Fairview; Fairview employees and other organizations are interested in doing something similar. Fairview can proactively build

and redeploy an internal pool of resources, adjust the services as needs change and collaborate internally and externally.

**Estimated cost, to date:** The return on investment/ROI has far exceeded the cost.

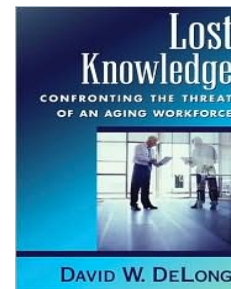
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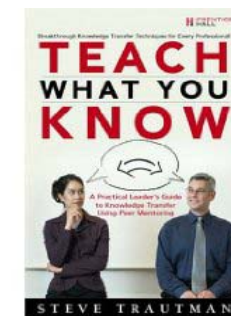
**Additional Information and Resources**

Complete the Self-Analysis Worksheet to identify opportunities for improvement (OFI).

Is Yours a Learning Organization? By David A. Garvin, Amy C. Edmondson and Francesca Gino, *Harvard Business Review*, March 2008.  
[www.hbr.org](http://www.hbr.org)



*Lost Knowledge: Confronting the Threat of an Aging Workforce.* By David DeLong, Oxford University Press, 2004.



*Teach What You Know: A Practical Leaders Guide to Knowledge Transfer Using Peer Mentoring,* by Steve Trautman, Prentice Hall, 2006.

## Culture and Values in Healthcare

### What is it?

The standard definition of culture is a shared set of values, beliefs and norms that provide meaning and direction for individuals in a group. Examples of this definition are the values of caring and respect; norms include quality measures and standards of excellence, and beliefs are what we consider to be acceptable behavior, attitudes and actions. Culture influences nearly every aspect of our daily lives in the workplace. An organization with an ethical culture will create a work environment that is positive, healthy and sensitive to the nuances of cultural and generational diversity.

### Why is it important?

Identifying with and working from a strong cultural foundation leads to an understanding of mission, a statement of why we are in existence as an organization. With a clear sense of mission, a cultural vision for the future can be developed, with measurable strategies and objectives for improvement. Cultural competency will not only retain employees for the long-term; operational and clinical outcomes have been shown to improve as well. Organizational excellence is the result of leaders building strong internal relationships through the application of ethical beliefs, norms and values.

### What should it look like?

#### Culture and the workplace

Multiple factors make culture what it is...organizational structure, policies, mission, hierarchy, and decision-making roles, to name a few. Although a healthy workplace environment is one of your most important assets for retention, each hospital's culture is unique, and you may have multiple systems and departments with distinct cultures. Many leaders believe that culture is difficult or impossible to change; however, culture can be changed, shaped and unified. Promoting incremental changes will support an overall healthy culture and work environment with better results than a major culture change initiative. Leadership support is essential, and managers from every unit will need to help guide the changes.

Communicating a cultural vision, and then following up with actions are the essential first steps to transforming hospital culture. For example, the language used to describe your organization and employees can have a profoundly positive effect on culture. Through written and spoken language, the following attitudes can be communicated:

- This is a great place to work!
- Our employees are our greatest asset.
- Our mission and vision are important in defining our identity as an organization.
- We are part of something bigger than ourselves.
- We make a difference in people's lives every day.

Beyond language, ongoing processes that foster cooperation and accountability, such as focus groups, advisory boards and other internal committees that include staff from all levels within the organization will support a healthy environment and culture where your employees will want to stay working.

### Examples in Action

## Johnson Memorial Health Services

#### Organization:

Johnson Memorial Health Services, Dawson, MN

**Organization size:** 220 employees

**Program/initiative description:** Incorporated the Studer Group philosophy and culture based on the book, *Hardwiring for Excellence*, by Quint Studer. The establishment of a set of standard behaviors to live by and follow will emphasize customer service and patient satisfaction.

**Establishment of program/initiative:** May 2007

**Major objectives:** To increase overall satisfaction by working with patients, residents and employees to increase the benchmarks that measures these satisfiers.

**Significant results:** The patient satisfaction survey results have been wonderful, job applicants are seeking out the organization rather than the organization reaching out to job seekers, and employee morale has increased.

**External partners:** Studer Group.

**Lessons learned/advice to other organizations:** Change has to happen from within and from the top. Continued improvement and ongoing recognition are very important.

**Estimated cost, to date:** \$50,000. An increase in patient satisfaction will increase revenue; improved retention will decrease recruitment and training costs.

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**Organization:**

Avera Marshall Regional Medical Center, Marshall, MN

**Organization size:** 511 employees

**Program/initiative description:** Service Excellence – a formal initiative designed to ensure that our customers receive excellent service that is delivered with care and compassion and through the efficient use of

resources. Through employee engagement measures, Avera has focused on improving work place culture to improve the patient experience.

**Establishment of program/initiative:** 2007

**Major objectives:**

- Leadership development – to coordinate opportunities for developing management and leadership skills, including administrative and director rounding and implementing core competencies from the Avera Leadership Institute.
- Physician engagement – evaluate survey data to identify opportunities to engage physicians in the service excellence initiative. This will include reports, discussions and potential actions with medical staff.
- Employee engagement – Develop and promote activities and programs which engage staff and foster employees to be ambassadors for mentoring, recognition and motivation. Coordinate the employee opinion survey process; serve as a resource for motivational activities, celebrations and employee recognition for departments, individuals and teams.
- Customer satisfaction – evaluate client/patient/resident survey data to identify service improvement opportunities and recommend strategies, review patient rounding reports and service recovery information.

**Significant results:** Increased patient satisfaction scores.

**External partners:** Avera system sites.

**Lessons learned/advice to other organizations:** Keep the energy and momentum going with committees.

**Estimated cost, to date:** \$20,000 per year.

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## Additional Information and Resources

Complete the Self-Analysis Worksheet to identify opportunities for improvement (OFI).

The Power of Culture, by Dan Beckham. *Hospitals and Health Networks*, September 9, 2008. <http://www.hhnmag.com>

*Transforming Hospital Culture, And Sharing the Lessons Learned*, by Karen Cox, R.N., Ph.D., F.A.A.N.; April 11, 2008. <http://www.rwjf.org/qualityequality/product.jsp?id=28354>

An excellent book on the subject that is recommended by the American Hospital Association is, *The Baptist Health Care Journey to Excellence: Creating a Culture that WOWs!* By Al Stubblefield, John Wiley & Sons, Inc., 2005.



## Cultural and generational diversity

Our world and workforce are changing! Demographic trends predict an increase in cultural and generational diversity. Hospital leaders must be able to manage a multi-generational and diverse workforce and understand the benefits of including diversity as a core business strategy. Diversity is more than compliance – it also involves inclusion, managing differences and ways to leverage diverse groups of workers of all ages. Diversity will require organizations to review their management practices and develop new and creative ways to manage people. Access to a variety of resources, policies, knowing the law and the ability to address areas of concern are essential competencies for the HR leader.

Helping your employees to accept, respect, and value differences is a major challenge for many organizations. Providing opportunities for people to interact informally, such as “Lunch and Learn” sessions can be beneficial, as well as bringing together different generations in mentoring programs. For example, younger workers can help older workers to learn new technologies, and older workers have much experiential knowledge to share with their younger counterparts.

An important point to remember is that cultural and generational diversity is not culture. Strong cultures are homogeneous in terms of core values, beliefs and norms, but they are not homogeneous in the following areas:

- Age
- Race
- Gender
- Ethnicity
- Class
- Sexual orientation
- Physical and mental ability
- Spiritual practice
- Public assistance status

Here is an interesting story that highlights our similarities...it is from a respondent who attended a generational workshop where all of the

attendees were invited to wear clothing from their own generation. The audience was reported to be fun and colorful! Long beads, spiked hair, baggy blue jeans and brown polyester suits were among the many variations in attire. In an effort to better understand one another, the workshop participants separated into generational groups with the task of recording favorite or unforgettable childhood memories and important values. They first shared memories and then compared values. The childhood memories were vastly different, and the participants realized how much things have changed. Yet to their surprise, nearly all of their important values were the same...a powerful message that no matter what age we are, we are not so different after all.

### Examples in Action



#### **Organization:**

Gillette Children's Specialty Healthcare, St. Paul, MN

**Organization size:** 1,000 employees

**Program/initiative description:** Healthy work environment (HWE) training modules.

**Establishment of program/initiative:** June 2007

**Major objectives:** In an effort to improve customer service, Gillette Children's organized diverse groups from across the organization to develop HWE training modules to reduce turnover, improve on employee HWE survey responses and provide information in a consistent manner on what constitutes a healthy work environment.

**Significant results:** YTD turnover has decreased 32% from June 2007 to June 2008, and annual turnover from December 31, 2007 compared to annualized turnover as of June 2008. In addition, employee responses

improved on the 2008 HWE survey. Twenty-eight employees participated in developing the modules, and training was delivered to their individual departments over an eight-month period.

**Lessons learned/advice to other organizations:** It is possible to bring uniquely diverse groups from across the organization together to work on a common goal. The team remained focused and passionate; they live their vision every day and have become role models for the organization. The creation of a facilitator guide will assist other staff members in educating their teams on the benefits of developing and maintaining a healthy work environment.

**Estimated cost, to date:** Costs for 28 employees to attend a one-day off-site meeting; office supplies to create training binders for facilitators.

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### Additional Information and Resources

Complete the Self-Analysis Worksheet to identify opportunities for improvement (OFI).

Membership in the American Society for Healthcare Human Resources Administration (ASHHRA) and/or the Society of Human Resource Management (SHRM) is highly encouraged. ASHHRA is the human resource arm of the American Hospital Association, and offers an abundance of specialized resources for the healthcare HR professional, including best practices, policies, forms, research, white papers and more. An ASHHRA-SHRM joint membership is available, providing valuable information on healthcare specific and general human resource topics. The following ASHHRA and SHRM articles offer insights in this area:

Bridging the Gap: Simple Steps to Help Bring Your Multi-generational Workforce Together, by Nancy J. Reisz. Available from the ASHHRA publication, *HR Pulse*, winter 2004.

*5 Things an Employer Can Do to Succeed at This Thing Called Diversity*, by Janilyn Brouwer Daub, Esq., and Dawn R. Rosemond, Esq. Available from the ASHHRA website, under Best Practices.

A SHRM whitepaper on the subject is *Realizing the Full Potential of Diversity and Inclusion as a Core Business Strategy*; by Peter L. Bye, June 2007.

An AHA endorsed text is, *Managing Diversity in Health Care: Proven Tools and Activities for Leaders and Trainers*, by Lee Gardenswartz and Anita Rowe. 1<sup>st</sup> ed., 1998, Jossey-Bass/AHA Press Series.



## Human Resources and Retention

### What is it?

Recruiting and hiring a staff of qualified and motivated employees is vital for organizational success; retaining your employees for the long term is another matter. Gone are the days when providing fair wages, a standard benefits package and a retirement savings plan was enough to be considered a good employer. There are multiple internal and external factors in the health care environment that can undermine your efforts to maintain a stable work force. Now is the time to assess your current situation and plan for the future. Your Human Resources Department can play an important role in the assessment process and in the development of a strategic plan for retention.

### Why is it important?

Work-force analysts agree that the cost of turnover is much higher than the costs of retaining your current staff members. Although a necessary and inevitable part of conducting business, turnover costs can represent a substantial portion of the annual budget. For example, it has been estimated that the average cost of RN turnover in acute care hospitals is 1.5 to 2.0 times a regular nurses' annual salary. The hard or quantifiable costs of turnover are easy to calculate, such as the real dollars lost to overtime, loss of income, advertising, and hiring contract employees when staff is unavailable. However, it is the soft, intangible costs of turnover that have the greatest impact. Examples of the soft elements of turnover costs are: decreased productivity, decline in morale, increased potential for errors and loss of organizational knowledge. Issues with morale, stress and heavier workloads also increase the potential for absenteeism, injury and attrition. In addition, high turnover usually leads to even more turnover.

The bottom line is this – if your employees are unsatisfied, your patients will be too, resulting in an increase in customer dissatisfaction and a loss of revenue. Fortunately, much of turnover is voluntary, and controllable! Effective retention-specific human resource benefits and practices will improve your employee satisfaction scores and retention rates, save time and money, and help to maintain a stable work force to meet your overall staffing needs.

### What should it look like?

In today's challenging, demanding and regulatory health care environment, hospitals are financially overwhelmed. Investment losses, a decline in reimbursements, patients postponing elective procedures and an increase in uninsured patients have pushed many facilities to make the decision to lay off employees and initiate budget cuts in all areas of operation. In addition, as the health care work-force shortage escalates, the available pool of critical talent will shrink. A focus on retention is more important than ever to retain your best people during trying times and maintain organizational stability.

The Bernard Hodes Group reports that among the top five human capital future challenges for executives is the need to engage and retain talented employees. Here are three steps they recommend to drive high retention:

- Assess your current situation.
  - What and where are your areas of strength and areas for improvement? For example, what do your exit interviews tell you? What do your new employees tell you? What are your incumbent employees telling you? Surveys, interviews and forum groups are all effective ways to listen and learn. Resources and ideas for retention are plentiful; the assessment process is an essential first step in understanding what strategies will work in your organization.
  - Inventory your current skill base and identify vulnerable areas and critical positions to forecast your future needs.
- Brainstorm for ideas with all stakeholders.
  - When possible, engage everyone...employees, hiring managers, executive leadership, recruiting partners and even vendors.
- Constantly be innovating and measuring.
  - Creativity will inspire innovation and drive change. It is also necessary to prioritize and make sure that your retention strategies will benefit all generations in the work force. Measurement will provide direction and the foundation for necessary changes to the plan through the tracking of data.

## Examples in Action



### Organization:

Children's Hospitals and Clinics of Minnesota  
Minneapolis/St. Paul, MN

**Organization size:** 4,600 employees

**Program/initiative description:** Workforce planning that focuses on recruitment and retention strategies based on the positions that are critical to operations, and defining the competencies needed to bring people in who fit the organization's culture and well as bring specific expertise. Children's is piloting a behavioral-based interview tool to better determine organizational fit that should lead to improved retention rates.

**Major objectives:** Bring the right people in to the right jobs; focus on recruitment and retention for critical roles.

**Significant results:** There are no identifiable results at this time; however we are in the early stages of program development and implementation.

**External partners:** Other children's hospitals, other businesses with workforce plans, Minnesota Hospital Association.

**Lessons learned/advice to other organizations:** Strategy must have full support from leadership and resources must be assigned to key initiatives.

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## CENTRA CARE Health System

### Organization:

CentraCare Health System, St. Cloud, MN

**Organization size:** 6,477 employees

**Program/initiative description:** The purpose of our Wellness Program is to improve the health and well being of employees and their families by promoting healthy living. A variety of programs, education and activities are offered to help achieve goal:

- Employees, spouses and dependents over the age of 18 are encouraged to complete an annual Health Assessment.
- Lifestyle coaching is also available to employees with 4+ health risks as identified by the assessment. Coaching programs include physical activity, nutrition, stress management, healthy weight and tobacco cessation.
- We partner with Mayo Clinic Health Solutions to offer disease management programs for cardiovascular disease, asthma and diabetes, and a wellness website for employee access to health information and other related online programs such as fitness and healthy pregnancy.
- We offer annual health challenges, such as Walk to Wellness, Nutrition Challenge, Turkey Tune-Up and Loop the Plaza 5k fun walk/run event.
- Yoga, circuit training and meditation classes are available for employees.
- We partner with Weight Watchers to offer "Weight Watchers @ Work" and meetings over the lunch hour.
- Our monthly newsletter, "Fit for Life" includes health topics, recipes and information about classes, programs and events.

**Establishment of program/initiative:** 2004

**Major Objectives:** To help lower the health risks of employees and their families and to encourage employees with low health risks to maintain health status.

**Significant results:** The number of people with a high number of health risk factors (4-7) has reduced over the last three years.

12

**External partners:** Mayo Clinic Health Solutions, Weight Watchers.

**Lessons learned/advice** to other organizations: In our experience, communication is very important – the more communication the better. Incentives are also very important; participation numbers tend to be low when we do not offer an incentive.

**Estimated cost, to date:** We currently budget \$75,000 per year for our program.

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**Additional Information and Resources**

MHA Work Force Development recently designed a web-based assessment tool that will assist hospitals to better manage the work force and plan for the future through the use of long-term projections and analyses. Data will be collected on 28 positions, and will include RN turnover and vacancy data. Reports will be available to participating members for internal use and benchmarking. In addition, the data will be aggregated at the Association level for advocacy, educational and legislative purposes. Contact Richard Kreyer or Susan Klug for additional information.

Complete the Self-Analysis Worksheet to identify opportunities for improvement (OFI).

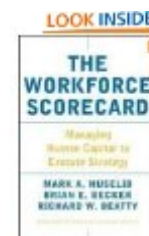
Membership in the American Society for Healthcare Human Resources Administration (ASHHRA) and/or the Society of Human Resource Management (SHRM) is highly encouraged. ASHHRA is the human resource arm of the American Hospital Association, and offers an

abundance of specialized resources for the healthcare HR professional, including best practices, policies, forms, research, white papers and more. An ASHHRA-SHRM joint membership is available, providing valuable information on healthcare specific and general human resource topics.

*Human Resources in Healthcare* (3<sup>rd</sup> Ed.). By Bruce Fried and Myron D. Fottler, Health Administration Press, 2008.



*The Workforce Scorecard: Managing Human Capital to Execute Strategy*, by M.A. Huselid, B. E. Becker & R. W. Beatty. Harvard Business School Publishing Corporation, 2005.



*The HR Scorecard: Linking People, Strategy, and Performance*, by B. E. Becker, M. A. Huselid & Dave Ulrich. President and Fellows of Harvard College, 2001.



## New Employee On-boarding

### What is it?

On-boarding is a process and essential function that goes above and beyond the traditional new hire orientation program. In brief, on-boarding involves providing a new hire with information and training over a longer period of time, with measurable objectives and outcomes that allow for the new hire to become productive as soon as possible. The process includes introductions, training, integration and coaching new hires to the brand, culture and methods of the organization. A new hire can be defined as someone new to the organization or a current employee in a new position.

### Why is it important?

According to Jo Manion, a leading health care management consultant; “Recruitment and retention are closely linked. Making sure that all of your recruitment practices work well will yield little if new recruits leave within a few months of joining your organization or department” (July, 2005). Nothing is more frustrating and de-motivating to a new hire than trying to learn a new job and navigate a new system alone. Effective on-boarding techniques will improve your retention rate and save thousands of dollars in turnover costs, thus improving the bottom line and the overall organization.

### What should it look like?

Are you doing enough to help your new hires succeed? On-boarding involves not only informing employees about benefit programs and having them complete required forms; it also includes providing all necessary services for the employee to conduct their work, cultural and organizational socialization, coaching and opportunities to measure engagement. In addition, on-boarding is an excellent opportunity to promote the organization’s brand. Ideally, the process should be ongoing, and include new and current employees.

Following is a list of steps to ensure that your on-boarding process is a success:

- Job roles and expectations should be clear and realistic, and communicated early on and often. The manager and the new employee should develop objectives and a timeline with expected outcomes.
- Meeting with the manager and immediate work team over lunch or breaks will increase the odds for successful working relationships.
- Benefit and contract sessions and the completion of paperwork can be scheduled over a period of weeks rather than explained in an all-day orientation program.
- Orientation and training programs that use a variety of learning approaches, and automated forms for benefits, are widely available for employee and office use.
- New employees should be provided with an office space and the necessary supplies and computer and phone passwords to shorten the time to productivity.
- Assigning the new employee a coach for the first few months to make introductions and explain office procedures will provide for a smooth transition.
- The new employee should also be assigned an HR contact to periodically discuss progress, measure objectives, and to handle and document any issues.
- Constructive feedback should be encouraged and allowed from the new employee, the team and the manager.
- Ongoing mentoring after the first year can assist the new hire with personal and professional development.
- Management practices and evaluation processes may need to be updated to incorporate the on-boarding process.

On-boarding needs to be intentional and customized to the individual and the position, and it is the manager’s responsibility to provide a new employee with the tools necessary for success. It is important to

remember that the fundamental needs of new hires have not changed over time. In essence, they need to know what is expected of them, what they have to work with, and how they will be evaluated and rewarded.

Once the employee has successfully completed the on-boarding process, it is important to continue to integrate and engage the employee on an ongoing basis. Towers Perrin, a national leader in HR consulting, lists the following as top retention and engagement drivers for health care employees:

- A good relationship with the supervisor.
- Senior management that is interested in the employee's wellbeing.
- Satisfaction with organizational people and business decisions.
- Appropriate amount of decision-making authority to do the job well.
- The opportunity to develop new knowledge and skills.
- A potential career track for advancement within the organization.

Well-designed integration and engagements processes will incorporate these drivers for maximum effectiveness and assist an organization in retaining its employees for the long term.

## Examples in Action



### Organization:

Fairview Health Services, Minneapolis, MN

**Organization size:** 22,000 employees

**Program/Initiative Description:** Workforce Development offers training and funding for training in partnership with post-secondary institutions to prepare people for future employment with Fairview based on projected openings in areas of critical need.

**Establishment of Program/Initiative:** 1997

**Major Objectives:** Proactively plan for future needs and minimize potential shortages in critical areas (e.g. nurses, HUCs, physical therapists, lab, imaging, providers).

**Significant results:** Critical need areas are more easily filled because recipients are contracted to work at Fairview as part of the sponsorship. We have realized estimated annual savings of \$5.5 million in replacement labor costs by training or sponsoring the education of individuals who will be placed or promoted into patient care positions at Fairview.

**External partners:** MnSCU colleges and universities, the College of St. Catherine, the University of Minnesota.

**Lessons learned/advice to other organizations:** Fairview is proactively planning to fill potential openings before they become shortages.

**Estimated cost, to date:** The return on investment/ROI has far exceeded the cost.

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### Organization:

St. Elizabeth's Medical Center, Wabasha, MN

### Organization size:

350 employees; 25-bed hospital, 100 beds long-term care, 45 assisted living apartments

**Program/Initiative description:** New Hire Mentorship Program. The organization partners new hires with a mentor that had to apply and

interview for the position. The mentor works on the normal orientation aspects of a new hire.

18

They also provide social support and are responsible for informing the scheduler when the new hire is ready to “hit the floor”.

**Major objectives:** Reduction of turnover; improvement in employee morale and less of the “old eating the young”.

**Significant results:** Industry average turnover for a LTC certified nursing assistant is approximately 70%. St. Elizabeth’s turnover average was 60%; since the implementation of this program, turnover is averaging 20%.

**External partners:** Utilized educational materials from various partners for our new hire mentorship-training program.

**Estimated cost, to date:** \$.50/hour adjustment for mentors. The costs of the program are greatly overshadowed by the decrease in turnover.

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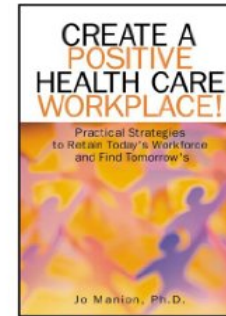
**Additional Information and Resources**

Complete the Self-Analysis Worksheet to identify opportunities for improvement (OFI).

*On-boarding, the New HR Buzzword.* Don Schmitz, Human Resource Staffing. <http://www.humanresourcestaffinginc.com/news69.htm>

*Annual Checkup: Taking the Pulse of Health Care Workers to Measure Engagement.* Towers Perrin, Perspectives, June 2008.  
<http://www.towersperrin.org>

An excellent book on the subject that is recommended by the American Hospital Association is *Create a Positive Health Care Workplace! Practical Strategies to Retain Today’s Workforce and Find Tomorrow’s*, by Jo Manion, PhD, RN, CNAA, FAAN. Health Forum/AHA, July 2005.



## Workplace Design

### What is it?

Workplace design is the planning of the workplace environment, structures and equipment to reduce or eliminate the potential for injury and illness. Primarily involving the physical environment, workplace design includes such factors as where employees conduct their work, the processes and technologies that enable the work, and the interactions that occur between the employee and the work environment. A hospital's workplace design has a direct effect on the health, safety and wellness of its patients and staff.

### Why is it important?

Quality workplace design improves organizational efficiency and productivity – improving the quality of care while impacting the bottom line through the reduction of work-related accidents. It can also one of your best assets for recruitment and retention...an organization that emphasizes employee health and safety will attract and retain staff through the design and management of a healthy and healing environment.

### What should it look like?

Workplace design incorporates ergonomics – equipment, technologies or other strategies – that make a hospital a better place to work.

Hospital workers, such as nursing aides, registered nurses and orderlies suffer a high number of sprains and strains, primarily involving the back, due to the physical demands of the job. In order to decrease the number of injuries, hospitals should not only have a preventative safety program, you should also adopt a culture of safety for ongoing consideration of ways to avoid injury. A safety program and culture includes the following prevention controls:

- Training in safe lifting and other related principles.
- Policies and procedures geared toward injury prevention.
- Ergonomically engineered equipment and technology.

There is a wide variety of ergonomic equipment, technologies and other strategies that can be used to improve staff and patient safety and decrease the physical demands of the work environment. Examples include:

- Flexible staffing and scheduling arrangements
- Patient lift and transfer equipment; lift teams
- Advances in bed design
- Wireless phones or pagers to reduce noise
- Brighter lighting
- Handrails
- Decentralized nursing
- Ergonomic evaluations of the workspace
- Adjustable workstations
- IT systems

In these difficult economic times, financing new design modifications can be a challenge. However, the costs associated with the purchase of ergonomic equipment and technologies are low in comparison to the real-time costs of injuries, and the purchases will pay for themselves exponentially over time.

### Additional Resources and Information:

Complete the Self-Analysis Worksheet to identify opportunities for improvement (OFI).

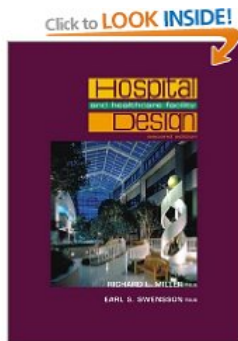
To determine the effectiveness of new workplace design modifications, follow-up with a staff survey, then assess before and after turnover rates.

*Ergonomics for the Hospital Setting*, by Craig Shepherd.

<http://www.ihf-fih.org/pdf/113-5%20Ergonomics%20for%20the%20Hospital%20Setting.pdf>

*Extreme Makeover: Hospital Edition*, by Julie K. Kent.  
[www.spectrumstrategies.com/news/PDFs/Extreme%20Makeover-%20Hospital%20Edition.pdf](http://www.spectrumstrategies.com/news/PDFs/Extreme%20Makeover-%20Hospital%20Edition.pdf)

*Hospital and Health Care Facilities Design*, by Richard L. Miller and Earl S. Swenson. W.W. Norton & Company, Inc., 2002.



## Examples in Action



### Organization:

North Country Health Services, Bemidji, MN

**Organization size:** 950 employees

**Program/initiative description:** The Safe Patient Handling initiative was designed to prevent employee injuries caused by lifting and transporting patients. We installed ceiling lifts in most of our patient rooms and purchased various safe patient handling devices to move patients safely. A Low Lift policy was implemented by providing training to our direct patient care staff. North Country Health Services realized a significant reduction in injury rates (DART and TCIR) as well as our workers' compensation costs. While Safe Patient Handling was not implemented as a retention program, work days lost to injury were

reduced significantly from almost 600 work days in 2003 to only 31 days for 2008 as of October 31. Employee morale improved along with the opportunity for employees to enjoy longer careers by reducing physical demands.

### Establishment of Program/Initiative: 2002

**Major objectives:** Reduce the number of employee reportable injuries and lower workers' compensation costs. In 2002, we had 50 back injuries with 32 of them in our Medical/Surgical unit. These injuries needed to stop.

### Significant results:

A decrease in total on the job injuries, decrease in work days lost to injury and a decrease in workers compensation costs. Employees appreciate that North Country Health Services cares about workplace safety and demonstrates that commitment.

	Workers Compensation Costs	Days away from work due to illness	Total Case Incidence Rate (TCIR)	Days away from work (DART rate)
2001(Base)	\$878/fte			
2002	\$675/fte			
2003	\$407/fte	592		
2004	\$542/fte	255		
2005	\$290/fte	166		
2006	\$383/fte	119	9.56	5.8
2007	\$191/fte	78	8.7	2.8
2008	\$90/fte est. 2008	31 as of Oct. 31	6.5	2.6
			Avg. = 8.1	Avg. = 3.2

**External partners:** Minnesota OSHA, and Bemidji Medical Equipment

**Lessons learned/advice to other organizations:** Listen to your employees, even when they tell you what you don't want to hear. What works in one organization may not work in yours. Survey your employees about physically demanding tasks that may increase stress or cause pain. Train employees on proper use of equipment. Assign peer leaders to cheerlead, train and hold staff accountable. Safety is a number one priority.

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**Organization:**  
CentraCare Health System, St. Cloud, MN

**Organization size:** 6,477 employees

**Program/initiative description:** RN self-scheduling on the Medical Unit 2/MCPU started at the request of nurses to increase RN retention and allow greater scheduling flexibility. Unit leadership investigated the

basics of the process, and held informational meetings. Unit staff decided to try the process on a trial basis, setting a deadline and determining guidelines, expectations and providing education. A task force was formed prior to the go-live date, and included 12 RN self-scheduling champions to help get the project up and running. The task force currently conducts ongoing reviews, communicates the findings, and assists with problem-solving.

**Establishment of program/initiative:** August, 2008

**Major objectives:** To increase RN satisfaction with scheduling and promote retention.

**Significant results:** Overall, RNs like the new process. Participation rates are good, which is a must for self-scheduling to work. We are in our third schedule and continue to work on the problems as they arise.

**External partners:** The Medical Unit 2/MPCU mimicked the model used by the Telemetry Unit. In addition, the Medical Oncology LPNs have been self-scheduling for several years.

**Lessons learned/advice to other organizations:** Make sure that there are very clear guidelines and expectations for staff. You do not want this to turn out to be "selfish scheduling". Staff must understand that if the schedule is not balanced, the scheduler will balance the schedule and will not call staff if changes need to be made. The ultimate goal of self-scheduling is that staff should balance the schedule themselves.

**Estimated cost, to date:** Minimal cost. There was some additional meeting time for the planning phases and the task force.

**Contact information:**

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**Organization:**

CentraCare Health System, St. Cloud, MN

**Organization size:** 6,477 employees

**Program/initiative description:** Safe Workplace promotion. In response to the MN Safe Patient Handling Act, our Employee Incident Prevention Committee (EPIC) is evaluating current safety concerns and looking for better ways to engage employees. One module of our annual education day training is focused on the SPH Act with breakout sessions where employees will work with and ask questions about various safety devices already available for use. Making safety visible is essential. Posters, some with a quiz theme, are being developed to further engage staff and remind them that safety requires diligence and forethought. In addition, we are simplifying our on-line incident report form to encourage employees to report even near-miss incidents. During the construction of our hospital addition, the Director of Employee Health is actively involved in the planning as well as the day-to-day safety issues. Frequent communication with the construction manager promotes safer walkways and improves employee satisfaction. Collaboration, communication and trust are central to our program and to employee safety outcomes.

**Establishment of program/initiative:** January, 2008

**Major objectives:** Improve employee safety through communication and collaboration. Creating a safe work environment is essential to employee satisfaction and retention. Our brand is, “Care Above All”; that care extends to patients, families, visitors and staff.

**Significant results:** Over the past several months, back injuries are decreasing. Work injury severity has also shown a significant decline. Employees are better informed, involved and engaged in safety. There is always room for improvement and EPIC is diligently working to improve our safety record.

**External partners:** State Fund Mutual Insurance, Mahowald Insurance, our insurance underwriters, and the construction company contractors.

**Lessons learned/advice to other organizations:** Involve staff at all levels and listen to their experiences; listening impacts outcomes by creating an environment of trust. Choosing new safety equipment or making changes to a work environment will be more successful if employees have meaningful input into the decisions.

**Estimated cost, to date:** Meeting time and poster development. Costs are minimal. Payback has potential to be significant and practical.

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## Retention Toolkit Self-Analysis Worksheet

Retention category: \_\_\_\_\_

Strengths (current state): \_\_\_\_\_

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Opportunities for Improvement (OFI; desired state): \_\_\_\_\_

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OFI Goal	Importance (H,M,L)	Action Items (for high importance areas)

Who is responsible? \_\_\_\_\_

Potential benefit(s): \_\_\_\_\_

Anticipated costs: \_\_\_\_\_

Deadline(s) for action items: \_\_\_\_\_

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