



Thought Leader Forum



Discussion Transcript Workforce Issues in Health Care

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AMERICAN SOCIETY FOR HEALTHCARE
HUMAN RESOURCES ADMINISTRATION
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Founded in 1964, ASHHRA is the leading voice for HR professionals in health care - linking people and organizations to leadership practices, best practices to patient outcomes, and outcomes to business results. Headquartered in Chicago, IL, the society has more than 3,400 members and services the needs of over 50 chapters throughout the United States. For more information about ASHHRA, visit www.ashhra.org.

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By joining together, by raising our skills and by speaking with one voice, we, as ASHHRA members will enhance the well-being of our employees, our health care organizations, and the communities we serve.

- ◆ ***Our purpose:*** To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- ◆ ***Our power:*** To influence and impact the future of the health care workforce and those they serve.
- ◆ ***Our promise:*** To keep in our minds and hearts the passion and commitment we have for our profession.

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ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration.

Guiding Principles

Collaboration * Service Excellence
Integrity * Innovation * Passion

Value Proposition

We offer high quality and effective resources, educational programs, and networking opportunities to human resources professionals in the health care industry.

Introduction

The American Society for Healthcare Human Resources Administration (ASHHRA), a personal membership group of the American Hospital Association (AHA), held its second Thought Leader Forum on Saturday, October 11, 2008 in Austin, Texas, prior to the ASHHRA 2008 Annual Conference.

Molly S. Seals, Sr. Vice President of HR & Learning, Catholic Health Partners Northeast Division/Humility of Mary Health Partners, and ASHHRA immediate past president, chaired the proceedings. The discussion was moderated by Larry Walker, president of The Walker Company Healthcare Consulting.

A select group of health care human resources experts participated in the Forum, a two-hour session titled, "Workforce Issues in Health Care." The CEOs in particular noted that human resources leaders in health care play a pivotal role in creating a culture of quality and patient safety.

"The forum provided an outstanding opportunity for health care leaders to identify today's major workforce challenges and the many ways HR professionals should lead efforts and initiatives to address those," said ASHHRA president Jeanene Martin. "The information provided in this summary will be beneficial to all health care leaders; it takes all of us to plan for and ensure a productive workforce."

The following Thought Leader Forum document is a transcript of the Forum conversation. The *Summary of Findings*, an executive summary of the Thought Leader Forum, can be found at <http://www.ashhra.org>.

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Workforce Issues in Health Care

This special report on workforce issues in health care is based on a *Thought Leader Forum* discussion with prominent hospital and health system human resources executives, members of the American Society for Healthcare Human Resources Administration (ASHHRA) board of directors and other workforce experts held on October 11, 2008 at the Austin Convention Center in Austin, Texas.

Participating in the *Thought Leader Forum* were:

Laura J. Easton
CEO

Caldwell Memorial Hospital, Lenoir, N.C.

Fred Hobby
President & CEO

Institute for Diversity, American Hospital Association, Chicago, Ill.

Brandon Melton
Sr. Vice-President, Human Resources
Lifespan Health System, Providence, R.I.

Molly Seals
Sr. Vice-President, HR & Learning
Catholic Health Partners NE Division, Humility of Mary Health Partners, Youngstown, Ohio

Greg Terrell
Sr. Director, Patient Safety
Tenet Healthcare, Dallas, Texas

Dan Zuhlke
Vice President, Human Resources
Intermountain Health Care, Salt Lake City, Utah

Kathleen Harris
Vice President, HR and Organizational Development
Mercy Health System, Janesville, Wis.

Jeanene Martin
Sr. Vice-President, Human Resources
WakeMed Health and Hospitals, Raleigh, N.C.

Amy Schultz
Director, Organizational and HR Development
Henry Ford Health System, Detroit, Mich.

Deb Stock
Vice President, Member Relations
American Hospital Association, Chicago, Ill.

Amy Wilson-Stronks
Project Director, Division of Standards and Survey Methods
The Joint Commission, Oakbrook Terrace, Ill.



Larry Walker, President, The Walker Company, moderated the Thought Leader Forum discussion. This report is an edited version of the transcript of the discussion. It has been underwritten through a generous contribution to ASHHRA by Quick Leonard Kieffer International.

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Larry Walker: *Welcome to this second Thought Leader Forum on "Workforce Issues in Health Care." We're looking forward to a wide-ranging, energetic, rich and robust dialogue on the challenges, issues, opportunities and barriers that you see around the issues of health care workforce excellence - growth and development, sustainability, recruitment, retention, loyalty building, and more.*

Health care is a stressful, hands-on, 24/7/365 day-a-year business. What workforce challenges and issues exist in your organizations that concern you the most, the troubling ones that keep you awake at night, and that cause you the most concern? Brandon, let's start with you.

Brandon Melton: At Lifespan Health System in Rhode Island, a year and a half ago we completed a labor forecast looking at our labor needs for the year 2006 through 2025. We looked out approximately 18 years. One of the things we found was that the labor shortage that we're experiencing now is going to get worse all the way through 2025 and beyond. So, what keeps me awake at night is convincing our senior operations executives to invest more in the workforce when we haven't really seen the worst of the shortage. Our labor forecast shows health care demand going up 35 percent over the next 18 years. Labor supply goes down a little bit, but drops off precipitously in 2015. And so getting our focus on something that is still seven years away, and building a business case for that, is one of the greatest challenges we have.

Walker: *How about the rest of you? Are you experiencing the same kinds of issues?*

Dan Zuhlke: We find the same thing at Intermountain. The numbers are pretty similar even though we're in different marketplaces. But if you look at the forecast for labor, the gap is going to continue to grow. It's one thing to get our senior leaders' attention, but the solutions that we're looking for go beyond our own organization and our own control; it really requires a significant amount of collaboration with others, including colleges and universities.

Fred Hobby: I share their concerns about the future of the workforce in health care over the next 10 or 15 years. In addition to the desire to reach out and create partners for recruitment, one of the things that concerns me just as much is the retention of the employees that we have. There are so many challenges. We're in a very competitive environment for employees. And I don't think that's going to change even with increasing unemployment. Because our workers are mostly certified or registered, they carry some type of credential for the most part.

My concern is that we must continue to create a culture in our nation's hospitals that values and empowers our employees, that gives them some sense of ownership. We need to focus on creating a culture that's inclusive, that's empowering, and that says to our employees "we really value you" in order to retain them.

Amy Schultz: We need to focus on excellence on the patient safety side and the patient satisfaction side, and build a culture that leads to high levels of retention. How do we help the rest of our organization understand that human resources is not just a department? How do we carry the message that human resources reside within each of those departments, and that the engagement initiatives, recruitment and retention strategies and recognition programs are necessary support, but that the ownership is driven on the operational leadership side?



Jeanene Martin and Amy Wilson-Stronks

Walker: *Amy, have you done anything specific at Henry Ford Health System to try to address that issue?*

Amy Schultz: Right now we're launching our new culture change around employee engagement, which I'm sure many people around this table have undertaken, or will soon move in that direction. We're now building the case for why engagement is so critical for our organization to embrace and connect to financial outcomes, and why we need to recognize the savings that our organization will see in retention and the cost-per-hire for replacement. We're trying to connect to the bottom line, especially in these times. And we're seeing employee engagement as a direct correlation with improved patient satisfaction and safety outcomes.

Brandon Melton: About two years ago at Lifespan we began to do studies correlating employee engagement with organizational outcomes, such as financial performance, retention and patient satisfaction. This year we looked at patient safety. And one of the things we found is that in every single area we've looked at there's a strong and significant correlation between engaged employees and improved organizational performance. Departments with high engagement have significantly less overtime. Departments with high engagement have 90th to 95th percentile scores on patient satisfaction. In the low engagement departments, we score in the 50th percentile in overall rating of care, and likeliness to recommend.

This year when we looked at patient safety we examined medication errors and hospital acquired infections, and we found again that there is a very significant correlation between engaged employees and a safer environment for our patients. I think that we have to make the business case for investing more in our people. And certainly we can invest more wisely in our people, and target precisely where we need to spend our resources.

Kathy Harris: I want to piggyback on something that Amy said. We really have to work hard at understanding that all of leadership manages human resources. HR is not a department. At Mercy, we invested a great deal in a leadership development academy, and we were able to show a clear correlation between who attended and did well in the leadership development academy, reduced turnover and increased patient satisfaction. That really made the case for investing in leadership.

Dan Zuhlke: As an industry we're increasingly "getting it." We know how important engagement is. The issue that I struggle with is that we have a very large workforce; it's very diverse, and changing every day. People go into health care for different reasons now than they did 10 or 15 years ago. And so the difficulty for me is, how we can better engage our workforce when it's so diverse? We're used to using the same standard of programs for everybody. But today we need to be much more flexible and creative, and allow more variation than we ever have at a time when we're also trying to balance standardization in the way we treat patients. To me it's a big challenge.

Fred Hobby: If we could admit our employees to the hospital for one day as a patient, I think we would have an immediate break-through. I'm a big advocate of diversity inclusion. But sometimes other interests, concepts, practices and desires get lost in the primary mission, which is

focusing on the patient and providing good-quality care regardless of whether I am male or female, black, white, Asian, Hispanic, or any religious denomination. Our organizations all say we should recognize the differences and try to honor them, or respect them. But we haven't done as good a job of pointing out the similarities, why are we here. I think some of our future important work will be to remind our employees why we're in health care. I agree with you, Dan, what drew people to health care 20 years ago may not be the same moral or mission-oriented draw that we're seeing today. We need to provide our employees with the right perspective, help them understand that we hold the public trust, and that people expect us to do the very best we can for our patients consistently, regardless of our differences or their differences.



Molly Seals: We've boiled down the workforce issues to three primary areas, all of which have been mentioned here. It's workforce shortage issues that we're all struggling with - issues of engagement that are impacting, and being driven and affected by trust, or lack of trust that is built into health care today around diversity. Our organizations are experiencing much greater generational diversity than ever. We have more generations than ever working in the health care field. Some of the key drivers of being able to both recruit and to retain are tied to elements of diversity, because individuals are making life decisions and they're paying much more attention to those

life decisions than ever before. They're asking, do I really want to work in a 24/7 environment? It's always been a struggle, but today it's an even greater struggle than we've seen in the past. Individuals are often deciding earlier in life to reduce the number of hours they work, and choosing to not do the harder work, the hands-on work. They're trying to balance family, lifestyles and enjoyment, and they're putting a greater degree of value on those things than ever before.

When you start looking at engagement, trust, the workforce shortage, the attraction, the recruitment, they all boil down to a workforce today that is more diverse than ever. I think we clearly have to figure out how to appeal to the needs and expectations of each individual person - who they are, what they're looking for, and what work looks like for them. Tying it all back to the mission and purpose of our organizations is critical. But at the same time, we need to find ways to be more flexible than we've ever been.

Jeanene Martin: One of my biggest concerns is the aging workforce. We have to find ways to make nursing care more suitable to our aging nurses. We need to keep them in the workforce not just in part-time

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jobs, but in full-time jobs, and find ways to re-design the way that we deliver care so that it's provided safely, and so that someone who is 60 or 65-years old can remain in a patient care position.

Deb Stock: Thank you, Jeanene, for raising that issue. I think this whole issue of the work that people do is really the critical fourth area. Let's face it. We're in a situation, and Brandon started with it, where we won't have enough people. We won't have the same number of people that we have today. So, we need to re-design the way people work in ways to keep them working in the hospital environment as long as possible, to make sure the right people are doing the right things that enable them to be at the bedside, focused on taking care of patients. That is really a challenge. It's kind of like fixing an airplane while you're flying it. There have been some successes and some pilots in the country around who know how to do that. I see that as one of the major challenges that we all face.

Kathy Harris: About six years ago we implemented a focus on changing the way patients are moved in order to reduce injury and also to allow older nurses to stay at the bedside. We've had a great deal of success with that, but it took a long time because it's a culture change to move patients more mechanically, and many of our nurses didn't want to do it. It takes more than just buying the equipment; it requires embracing new technology and changing the way you work.

Brandon Melton: Part of what I'm hearing is that we can't fix this workforce shortage issue unless we fix our work environments first. I believe that nursing is the hardest job in America. I don't know of another job that requires higher emotional, intellectual and physical demands than being a nurse. Molly, you mentioned the 24/7/365 work issue, which is a huge dissatisfier for our employees. We still have employees working every other weekend in our organization. People won't continue to do that for a very long time.

But let me bring up another issue that you alluded to, Molly, and that is the diversity of our workforce. I don't think we can fix this problem unless we begin to attract more people of color and more males into the nursing profession. We're trying to fix a problem by focusing on 35 percent of the workforce in this country, which is essentially Caucasian women. I think we've got to find ways to attract a wider range of people into the health care profession, especially into the nursing profession. One of the things that we found recently is that two-thirds of our male nurses work full-time. Only a third of our female nurses work full-time. We need to get as many hours as we can from our employees. So there's a business case that could be made for attracting more males into the nursing profession.

Laura Easton: We did extensive work with a diversity grant in North Carolina focused on helping four hospitals to diversify their workforce. In our particular community we focused on men; the other hospitals focused on what was relevant to their particular community. We did many interventions over the course of three years. We went into schools, held mentoring days, and did all kinds of other things, but we hit walls because there are such preconceived ideas among adolescents; young children and men have an identity issue that tells them nursing is not a suitable career. I think in the last year we hit the nail on the head. We developed an EMT-to-RN program, and we went

from one male enrollee in our community college program to 13 when we developed that program. Right now those graduates are coming into the workplace. They're heads of households and they want to



work a lot of hours. And they're helping us stabilize some of our workforce issues. When you look at the history of men coming into the nursing profession, they tended to be former military. With recent military experiences increasing, maybe we'll see an influx again. But I think the EMT angle is one where men come into health care and can transition into nursing. It has been really successful for us.

Kathy Harris: With the current economy we may have a great opportunity to attract people who are looking for different jobs and different careers because the career they were in is now gone. So, maybe we have opportunities to attract people into a growing employment sector that we wouldn't have had in normal economic times.

Jeanene Martin: There are some things we don't have control over, such as the fact that colleges and universities don't have the capacity, space, instructors or technology to take on more nursing students. There are students who are very qualified for the programs, and yet colleges have their hands tied because they can't afford to expand. I wonder if there isn't something that we can do as a group, in conjunction with the AHA, to have some impact here.

Molly Seals: Jeanine, I think that's absolutely right. Being part of the solution requires every single one of us to look for those kinds of opportunities. I call them the "grow your own" strategies. I'll use our organization as an example. A few years ago we opened a campus of

the college in our hospital. We graduate anywhere from 26 to 32 nurses every single year, and we retain 96 percent of them. It's an absolute success story. That's 24 to 32 nurses each year that would not have been in the community, who we would have been trying to



**Dan Zuhlke and
Laura J. Easton**

recruit from somewhere else. Many of them are second career individuals who live in the community, and who had a long history of good employment, simply not in health care. And we were able to help them make a transition. Those are the kinds of "grow your own" strategies I think we have to look at for nursing. And we have to do the same thing for radiology and technologists – in fact, for all positions.

Amy Schultz: At Henry Ford Health System last year we launched our first class in what is called the "early college high school." Many of you know about it and may have something like it in your own organizations. We take at-risk students who are not doing well in school and bring them to our campus. We have a program that enables them to graduate high school, and then graduate with an associate's degree in a medical professional career, so they can go on to nursing and other entry level professions. It's a direct pipeline in and it's also coupled with a mentoring program that we're starting now, so students can shadow different health care careers and choose their direction.

Jeanene Martin: We also have a nursing school on campus. We're now in our third year. I think what will make progress like this successful is our ability to give students some great observational experiences when they're in ninth grade, and then work them into part-time jobs by the time they're juniors or seniors in the program. We have to do more of those types of programs.

Fred Hobby: It will be interesting to track the future of these at-risk students. I'm wondering what affect this program would have on the lives of those at-risk; and, once they get a feel for health care, will they go on to get a bachelor's degree in nursing, or a master's? The other

effect that I'm wondering about is, what about their siblings? And furthermore, what affect will that have on the whole community? Perhaps we need to do a better job of sharing our successes.

Deb Stock: Let me put a plug in for the AHA's workforce Web site, which has about a thousand case examples of initiatives that hospitals are implementing in the workforce arena. Many of them are centered on partnering in the communities and with educational institutions. The case examples can be found at www.healthcareworkforce.org. We've developed many case examples on hospitals reaching out and working with schools, starting as young as pre-school. In addition to the kids and their parents, teachers also need to be educated and understand that a hospital is more than doctors and nurses, which is a stereotype. We also need to make sure that there are great math and science programs in the schools, because if kids don't have that background they're just not going to be able to get into and make it through a health profession program.

Amy Wilson-Stronks: In talking with hospitals and those who are working around issues of our increasingly diverse patient and staff mix, the language barrier is a major factor. That obviously has an impact on how effective communication is. And that those language barriers are not always just at the patient level, but also among our staff.

There are some efforts among hospitals to collaborate with schools and colleges to build health care interpreting as a profession, particularly in the communities served by the organization, and I think that helps in a couple different ways. Typically we think of health care interpreting as being a benefit for the patient, but it's more than that. It's a benefit for every staff member, clinical and non-clinical, who is trying to communicate. I think that in terms of improving the culture of the organization, having a focus on that is a challenging issue. I know a lot of times we hear it's an unfunded mandate. But we need to begin to think of it as an investment in the business, an improvement in the culture and communication among staff as well as patients.

Molly Seals: What you're describing is an organization that takes control and ownership of its model of cultural competence across the whole organization. It helps to drive that in ways that impact teams and how teams work together, and the communication flow that takes place with them as well as with the patient. Without a doubt, that is the next major step that every health care organization will obviously need to be involved in and concerned with.

Every single one of our organizations, as a part of our strategic plan, needs to have some focus on cultural competence. Everything we do in leadership development training needs to have a focus around cultural competence because that's an element of team building, strengthening the team, strengthening interaction and strengthening communications. Our organization just trained an internal group of assessors around cultural competence. We've been working with the Center for Multicultural Competence in Healthcare Organizations to train our team. We now have a team of individuals who will do a self-assessment to figure out how we are progressing, how that's impacting the work that we do, how it's impacting team building, how it's impacting the patient, and how we take the concept of linguistically appropriate standards and apply them across the organization. That's a

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perfect example of what we can do as HR professionals to help encourage and ensure those things are really front and center of our organizations.

Greg Terrell: From a safety point of view, if employees won't speak up when they see something unsafe, and if we're trying to ensure safe and trusted health care from both an employee and patient point of view, I think it's very important that we have the willingness to speak up and that we train people how to speak up appropriately. Certainly in some cultures speaking up is not something that's done or appreciated.

Laura Easton: When I think about all that we need to do in our culture and in our environments to make a difference on the retention side and the environment side, what keeps me awake at night is that frontline leadership person, and how to assure that we have strength, competence, support, and capability on the frontline. You can have all of the system-wide programs, themes, schemes and measurements you want, but if you don't have that person at the frontline who can listen, integrate, respond, be creative and do all the things you need to do to sustain that environment, you just can't get it done.

I looked at the strategic initiatives in my organization, put them all across the top of a matrix and then I went down the side and put in each department. What I discovered was that there are a few departments in my hospital that every initiative touches. There are some who have one, so they can really devote their time to it, and some that have two. But there are four or five departments in my organization where the nurse manager is touched by every initiative.

I really think in some ways the demands are very difficult and unrealistic. When you look at those frontline leaders, many of them have spans of control that are too wide, and expectations that are absolutely unrealistic, and they don't have the skill development that they need to do their jobs well. Out of all the jobs I've ever done, that job was the hardest job to do. And so that, to me, is the pivotal place in the organization where you're going to need to put effort, attention, energy and resources.

Brandon Melton: We have to develop programs like leadership development centers, leadership assessment centers and mentorship programs. In the labor forecast that we did at Lifespan we looked at management and found that we were going to have a 25 percent vacancy rate by the year 2025 – one quarter of our managers. Our vacancy rate runs around five percent now in management. That's a huge increase. The idea of making sure that we have really well-developed succession planning and leadership continuity programs in place is a critical part of the work that most all of us around the table are doing now.

Laura Easton: When you look at the current workforce and whatever generation we're talking about, they really aren't as ladder-oriented as the older workforce is. They're much more practical – they say, "I could probably make the same amount of money picking up a shift in a float pool at another hospital than I can stepping up the ladder, and I don't

have all the headaches and the pressure." They're much more sophisticated in how they approach moving in their career.

I think we've got a lot of work in the field to do in developing leaders in that job. You talked about being flexible, and it all comes down to the manager on the frontline listening and then thinking outside the box to create a solution. In my organization, a recent example was our OR workforce, which has really aged. OR is a call position – you're on call every few nights, you have to park your car in backwards, put your shoes by the bed – you know the drill. Some people like to live that way for a period of time in their life, and then they reach a point where they don't want to climb out of bed at 3:00 a.m. and jump into their shoes. My OR manager had a near crisis with multiple resignations over the pressures of call because of the growth in the OR. She stayed up one night and came up with a good solution: We won't have everybody take call. We're going to have a set call and that's all they do. Everybody else will be off call. It completely transformed the operating room. It took a lot of support from leadership and management to adjust to the financing of that, how we pay people and support them. But I think if she had not been sitting in that job



listening to the specific needs of the individuals, and being willing to think differently, we would have lost five or six people that would have taken us years and lots of money to replace.

Greg Terrell: When you think about your aging OR workforce, in many cases they've worked together for a long time. There's a lot of built up, unspoken communication. And then when you start replacing individuals, the communication dynamic changes. When people have all of the accountabilities and responsibilities of all the initiatives that fall on their shoulders, we have to be concerned about burning those people out.

Kathy Harris: One of the things you talked about is changing the culture, so that it's good to think of problems as opportunities; that

nurse manager didn't hit a brick wall when she came back with the idea. One of the things I think that senior HR leaders can do is to look at that type of person as a role model, and reinforce the importance of thinking outside the box. Tell them they're going to be rewarded for it. It's good to change. I think sometimes we think change happens because either you weren't doing it right to start with, so something was wrong, or we've always done it that way. Part of the way we're going to get people to rise to greater leadership roles is to embrace their ideas by ensuring a culture that encourages that behavior.

Laura Easton: But I think that in health care creativity is not a feature that is rewarded; we have to nurture and develop it.



Jeanene Martin, Amy Wilson-Stronks and Greg Terrell

Amy Wilson-Stronks: It seems like that's one of the challenges of creating a culture. When we talk about diversity initiatives we're talking about cultural competence. People tend to think of it as the "checkbox" in the HR file, and it's not. It's something that is not meant to support care, or services or employment for one group, but instead to improve the culture for everybody. It's really hard to remove the "touchy-feely" sort of connotation of it and bring in the numbers and facts. I think that's how the care team responds: give me the numbers, show me the impact on safety. And so, as we've begun to think in terms of cultural competence on the patient care side we've really moved away from cultural competence and moved towards effective communication. It's not just for the patient who doesn't speak English. It's for the patient who's intubated and who does have the right to have his or her communication needs met.

Dan Zuhlke: As I listen to this challenge, I feel as an HR executive that we have a whole set of work that we expect to be standardized and evidence-based, and where we don't want or expect people to be creative. On the other hand, we have a whole bunch of work where we

want people to be creative, inclusive, flexible, all of those things. And we don't have a little handbook that says "this is standard, this is flexible." It's bad enough that we don't have that skill in HR in many cases. And so, as we think about the challenges in balancing these things, that's a critical role for us as HR leaders to try to figure out.

Amy Schultz: One of the questions around engagement, too, is "do I know what's expected of me at work?" Am I expected to be flexible and creative here? How am I expected to follow procedure and protocol here? Brandon, you said "we can't face the workforce situation until we fix the work environment."

What do we all strive for? We all talk "good to great," and fours to fives, and top box, and all of that. But we can't expect that "five" on the patient satisfaction side or the patient safety side unless we create an environment where our employees are giving that "five" about how they're treated at work, how they feel about the organization. It's the same thing for diversity and culture. How can we expect our employees to meet the diverse cultural needs of our patients, meet them where they are, and flex to their needs, and listen and communicate, and hear where they're coming from so we can adjust accordingly? If we can't give that same "five" about how we feel as an employee, about how we're treated from a cultural perspective and an acceptance perspective, we're going to have problems. I think it really starts from within.

Brandon Melton: One of the things I've been thinking about over the years is where HR fits into this. I've begun to think of lower case "hr" being the HR function. Upper case, "HR" is the people. We in the HR profession need to start focusing on the upper case people area, not the lowercase HR function area. One of the things that we're trying to do is to get a lot better at things like selection, for example selecting for diverse ideas, backgrounds and experiences so that we have those individuals in our organization. And we have others

who are going to be creative, and innovative, and think outside the box. We need both for our organizations to be successful.

We haven't looked outside often enough to what others have learned. I think sometimes we're the last source we should look to to figure out, for example, how to create a healthier workforce and a healthier work environment. I think others have figured that out. We can train all we want but if we just did a better job of selecting people in the first place, I think we'd be much better off.

Walker: *We've been talking about challenges, potential solutions to those challenges, some best practices, and some things that many of you have been doing to try to address these issues. What skills are HR leaders going to need to develop in the next ten years to be true strategic leaders in their organizations? How can health care human resource leaders acquire and practice those skills to resolve many of these challenges you've been talking about?*

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Fred Hobby: I think one of the biggest changes that we're going to have to bring about in health care and in health care leadership is the ability to be transparent during adverse times. Not doing that breeds mistrust. It's hard to keep a secret in a hospital, even though we think we are. In order to create an environment of trust we must practice transparency. Without it I don't think we're going to create the kind of workforces that we're talking about.

Dan Zuhlke: When I think about the future of HR leadership, I believe that a professional HR executive should be primarily a health care executive first. We should understand the business that we're in, and what our patients and communities expect from us. We have to know that as well as anybody else on the executive team. The second part of the skill that we bring to the team is a deep understanding of the people side of this business. Sometimes, as Brandon said, we focus on the "little" HR. We do the transactional stuff really well, but we don't connect it to the "big" HR as well as we should. We really need to be health care executives first, know the business, and bring our expertise to bear just like the finance, strategic planning and other executives do.

Brandon Melton: I think the other skill that we have to develop is becoming much better at making the business case for investing the monies that we spend. We've got to get much better at demonstrating that what we're spending on the people side of the business is actually having impact on patients and on the community. I think we in HR have focused for way too long on things like feelings, and beliefs, and thoughts, and not enough on making the business case for what we believe our organizations need to do.

Laura Easton: There's a lot of pressure on the resources. We only have the resources to spend on things that absolutely make a difference to the future of the organization.

Kathy Harris: I'd like to add another attribute that I think is important. Larry, you asked, what are some of the attributes that we'd like to see in our leadership? Our employees have to know that we need and expect them to suggest improvements, and drive improvement in the organization, inside and outside their own departments, and to work collaboratively with others within the organization. They must bring that to the table.

Amy Wilson-Stronks: You're talking about leaders serving as change agents, and encouraging change agents throughout the organization

to assist in the whole culture shift, increase transparency, and be aware of structures and tools that are available.

Jeanene Martin: I think it's going to be really important for us as HR leaders to help our managers and executives in the organization accept that we have a new style of workforce. It's a workforce with very different expectations and very different motivators. And they don't simply respect management because they have a title. Our managers have to earn their respect, and employees today are not just going to accept the manager's edicts or decision. I think that's going to be a challenge over the next few years, particularly as long as we have baby boomers in the majority of our management positions. They need to

accept that they're going to have to be more flexible in their management style.

Molly Seals: Way too often in our organization, we've found managers that don't always recognize the importance of relationship building. They think they've been placed into their role to oversee, to guide and give direction, but they aren't thinking about the relationship building required. That goes back to transparency, adaptability and the flexibility. When you are building relationships you work to build trust and mutual respect among the

team. And as you begin to build those things you create a more flexible work environment. You begin to recognize how important you are to the equation as an individual.

Laura Easton: I think the transparency question is really quite interesting. I think we're moving into a different generation, a different level of transparency. I write a blog, I think a lot of CEOs do now. It's a really interesting learning process in terms of how to do that well. One of the things that intrigues me is that a lot of the questions I get back are HR related. I find a lot of anxiety reflected in the questions. There is a new kind of transparency in the relationship with employees where you do need to listen and respond quickly. You have to tell it to everybody, not just the person asking the question.

Dan Zuhlke: As I listen, I think about my own situation. A day doesn't go by when a question or problem comes up, and I find that I don't know the answer. So who's the top guy here? Oh, that would be me.

It's critical that HR and other executives today have courage. We're not going to know the answer a lot of times, and we have to rely on our relationships. We have to hire the right people. But if we're an organization where our leaders don't have courage, I think we'll have big problems.



Greg Terrell

Brandon Melton: I'll give you an example. We promoted a 27-year old young man to be the manager of benefits. He has two master's degrees. And in his first week he had two employees come face-to-face with each other in a confrontation. We were talking about it in the hallway very quietly, no one else was around, and I had to admit to him, "I have no idea what to do." I mean, I've been in this for 35 years. He's in his first week. And so part of the courage, I think, is to admit what we don't know, as well as when we don't know what to do. We also have to have courage to respond to the issues that others in the room are raising, respond to the tough questions that employees are asking.

Amy Schultz: Dan, you were talking about the importance of knowing the business and being a health care business executive first. One of the key competencies of an HR leader is knowing how to translate the business objectives and the strategic plan of the organization to every individual in the workforce, so there is a clear line of sight. People need to see how they make a difference, whether it's in performance management, goal-setting or any other area. We need to educate the workforce about the environment, the changing times, and connect those dots for everyone so that there is a different level of ownership within the organization, both from the engagement and loyalty side, but also the performance excellence and the outcome side.

Greg Terrell: I think a beneficial skill that an HR leader should have is to be more involved in root cause analysis and failure mode and effect analysis. A lot of times we haven't historically been at the table for root cause analysis. I'm not saying that we necessarily have to be at the table, but there's always a competency or training, or some component that results from the investigation that an HR executive could help embed into the organization. I think that we have to make the whole organization safer, and share learning throughout the organization. I also think the "just culture" is something that's very important. Oftentimes when we have an adverse event, we look for somebody's head. We can do a lot of things to change the culture in an organization, but it takes a long time to make those changes, and the reaction to one adverse event can set you back a long ways.



Dan Zuhlke, Laura Easton, Kathleen Harris and Deb Stock

Kathy Harris: Larry, I want to make a connection between Fred's trust and transparency statements and the engagement Amy was talking about. Early on in our Baldrige journey we had a dashboard of many indicators that we were shooting for, different outcomes comparing ourselves to best practice. And we were hesitant to share them with the entire staff. Now, what does that say about us? That was early on in our journey, and we stepped back from that and started to ask ourselves why. Well, it was because we didn't want to admit our weak spots; we were afraid that someone would print it or share it with the media, or talk about whatever we were trying to improve. We had to move past that, and we had to want to be transparent, and engage our partners in seeing where we were at any given time. It had to be okay not to be at best practice for every indicator every day. And unless people know where they are, how can they be engaged in the organization's goals?

Fred Hobby: Transparency is transformation. It's very difficult. There are political, economic and liability reasons why we feel we can't be transparent. But if we have a culture of withholding information it will trickle throughout the rest of the organization.

Many of us have said for a long time our problems are not people, they're systems. But trying to change systems that are deeply embedded in an organization is very threatening to people who are responsible for guarding those systems, not changing them.

We were working on a throughput problem one time. The computer said we had no clean and available beds on a unit. So I went up for a look, and there were quite a few available beds. I called a housekeeper and I said, "Your data on the computer does not match what I'm looking at." She was very transparent. She said, "We don't want those patients at three o'clock. It's time for us to go home." If we had put those patients on the floor, the housekeepers would have had to stay to get them into beds and get them comfortable. There was a shift change. They were ready to go. They weren't willing to accept any patients. So we found out that a huge contributor to the throughput problem was the housekeepers. We were focusing everywhere but the right place. My point is, we need new models for managing and delivering care. We're going to have to look for not only things like transparency and new safety models but new ways to deliver care.

Amy Schultz: Fred, how did you get the housekeepers' buy-in for change, and what was in it for them?

Fred Hobby: I took off my suit coat and I put on a gown, and I told the housekeeper, "I will help you prepare these patients to get them in the bed if you'll stay. It's overtime for you." And she said, "I don't want any overtime. I want to go home." I said, "Well, what if I don't?" And she looked at me like, you, an administrator are going to be hands-on with a patient? I think she stayed just to make sure I didn't get us into any trouble.

Laura Easton: I have another issue that periodically concerns me when I think about workforce issues. Turnover of executive leadership has a trickle down effect in the whole shifting and moving of the organization, and in the leadership in the organization. What I've observed in our market is when there's a lot of turnover in an

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organization, it throws off the whole marketplace, and it trickles down to the frontline and then trickles to my area, and I have to pay for it. Succession planning is so critical, and I see big variation in how organizations address the future. Strong organizations have to have strong plans and a long-view vision. How do you see that in your markets?

Dan Zuhlke: It's a balance. At Intermountain we do a lot of work with succession planning and talent management. We hire from within. We know when people are going to move from place-to-place. There's less disruption in the organization, and we're not changing direction all the time. I think we've done a really nice job of planning and moving people. The flip side of that, though, is we're sometimes not bringing in enough new ideas. It's really incumbent upon us to learn how to be creative from within vs. bringing in outsiders to challenge our thinking. What is the balance? How do you make sure you're bringing in new thinking, younger executives, and a more diverse executive team? I think it's a difficult challenge.

Brandon Melton: One of the things that we've done at Lifespan is to focus on mentorship. Our CEO is deeply committed to mentoring. He requires all of our hospital CEOs to serve as mentors to supervisors and frontline managerial staff. They go through a year long mentorship program in small groups. I think we need to do more of that. We did a lot of it in the '60s and '70s, and we were doing a better job with leadership assessment and development than we may be doing today. So, some of this is going "back to the future," but I think we've got to spend a lot more time identifying that next generation of leaders. We're moving in the direction to do it more formally.

Molly Seals: I think the challenge today is on implementing "action learning," where the mentoring and grooming is done in the vein of learning and doing the work, applying it at the same time, growing and learning, and getting something in return. I think that strengthens the whole idea of talent management. Grooming, leadership academies, and all the things that organizations are doing today can become action-oriented learning where people walk away with real new skills.

Dan Zuhlke: Laura, I have a question for you as a CEO. We talk about quality and patient safety and employee engagement, and other things that we want leaders to do. How much time do you want your nurse leaders and others spending developing others vs. focusing on all these other important issues?

Laura Easton: I think that it's a role of HR executives to help design those jobs better.

Greg Terrell: When you promote your best nurse to manager, and if he or she doesn't have time to be groomed on how to be a leader, that's a huge dissatisfier. He or she can be the best nurse on the floor or the unit but if they haven't had the right leadership training, they can drown pretty easily.



Larry Walker and Brandon Melton

Deb Stock: One of the most creative supports of a nurse manager role that I've ever seen is at a health system in Wisconsin where the nurse executive there had a group of senior nurse managers that frankly had just burned out. They were older, experienced nurses. She didn't want to lose them in the system. So she designed a role for them to be floating, mentoring nurse managers. If there's a vacancy in a nursing unit they'll step in for a very defined period of time, or they provide support to the other nurse managers. I thought it was incredibly creative.

Laura Easton: Maybe we have to be more creative. When I think about my first nurse manager job, probably the most influential person in my career was an OR person who was trained in organizational and management development. She was really helpful, but she wasn't another nurse manager who was overwhelmed with her day and she wasn't someone distant from the situation. She was really dedicated to me and that was a very fortunate situation for me to be in because it helped groom me to be successful.

Fred Hobby: I suspect that if we stopped for a minute to think about who contributed to our level of success or professional development, there is somebody, or somebodies, that we would point to who have been mentors or coaches who made a difference in our success. I agree with Brandon. We're overwhelmed with competing priorities, contemporary challenges, departments and silos that don't talk to each other, and hand-offs that are getting dropped. There's so much that goes on in an acute care hospital. And the commitment to mentoring and coaching too often collapses under the weight of trying to survive. We've got to figure out how to put that back or we're not going to have the best leaders for the future.

It's great if you can groom your own and get them on those tracks, but a lot of small rural hospitals and other hospitals don't have that luxury.

The Institute for Diversity has a summer enrichment program where we take students who are pursuing a master's degree in health or hospital administration and place them in hospitals around the country for 12 weeks during the year. The Veteran's Administration adopted our



program as their formal pipeline program, and they hire probably 50 percent of the students they take. It's a way to achieve diversity, bring in new ways of thought, and develop new young leaders. During those 12 weeks you can get a glimpse of the future.

Molly Seals: Fred was very helpful with assisting our system to develop an administrative fellowship that specifically targets diverse individuals, and became a two-year long experience where individuals are able to earn their living while at the same time learning what it truly means to be a leader who has to make tough decisions.

Amy Schultz: Dan, you asked Laura the question about engagement, performance management, leadership development and other initiatives, and how you build the case for adding that to the repertoire of other initiatives on one's plate.

How do we as HR executives, in partnership with operational leadership, help reinforce that these are not initiatives but rather are a way to onboard our new hires, a way to communicate and coach on an ongoing basis? We're just launching a new employee engagement initiative. How do we communicate to everyone that it's not another program, but that it's a tool, a resource, and a development opportunity to help our leaders create a more effective environment for their teams? We need to make these not "just another initiative."

Dan Zuhlke: If we look around this table, every one of our organizations has a strategic plan, and it's probably been boiled down to some sort of scorecard. If we can describe how this work that we're talking about helps us deliver and execute on the important strategies of quality and patient safety, then I think they take on a different kind of

role. They're no longer HR programs. They're work that we have to do so that we can execute our strategies better than others.

Brandon Melton: Dan, that's what I've concluded is our primary role in HR - aligning every one of our employees behind those three or four things that our board and executive management team have said we're going to do.

How do we get them aligned and fully engaged to help us be the provider of choice, and the employer of choice? We can't be the provider of choice unless we're first the employer of choice. So to me, it really is all about trying to get all employees fully aligned around the strategic plan. We aren't even close to being fully aligned and fully engaged. We're working at it and we're getting better. Our engagement scores are going up and we're getting better alignment, but the idea of getting every one of our 12,000 employees fully aligned - imagine the power of that. To me, that's the great challenge we have in HR, to really get alignment up and down, and throughout our organization.

Fred Hobby: I believe it can be done. I believe that a culture can be created where every employee becomes an ambassador for the hospital.

Molly Seals: Think about the conversations we've had here today. We've talked about trust, engagement, diversity, flexibility and mentoring. We need to find ways to pull all that together. It all comes down to establishing a relationship that shows someone their value, that knows what they're looking for, that understands what motivates them, that helps them find purposeful, meaningful work in that process, and then helps them figure out how to get there.

I heard earlier about "just culture," and how that ties to safety and risk. We've talked about a lot of initiatives around that today. If we're going to take it from this concept of an initiative to become "it's just the way we do things," then it takes an understanding of how we hold one another accountable, and yet recognize where our systems fail us. We've also talked a lot about quality, safety, and financial stewardship. Every single individual in our health care organizations affects the outcomes in those areas. The physician, the nurse, the environmental worker, the housekeeper, the person that sweeps the floors or fixes the food - every single individual makes a difference. If we as HR leaders can find an effective way of bringing it down to that simple of an understanding, then I think we shift from initiative thinking, because it's not about all these initiatives, it's about what these things do in the end to build relationships, to create a sense of trust and transparency, support a strong relationship and engage employees. We need to hold individuals and systems accountable so that we share, learn, grow and do together. That's the real challenge. It's an absolute tough thing to do.

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Greg Terrell: I think people get into health care because they have a passion for caring for people, for taking care of people. And I think if we can reignite that passion and keep the fire burning, that's how we'll get people marching in the same direction. We've just got to keep that passion, and continuously ignite it and stoke it.

Amy Schultz: It's interesting from a philosophical perspective. All of our organizations are filled with caregivers. And historically, who are the worst patients? Who are the people who are least likely to take good care of themselves? It's people who are taking care of other people. We have people working in hospitals and health care systems that are so focused on taking care of other people that it's hard for them to stop and take care of themselves. What are we doing from a wellness perspective? We haven't really talked about wellness yet. What are we doing to ensure that our organizations take care of our workforce? What kind of environment and culture do we create to reinforce that?

Kathy Harris: Let's talk about something as simple as flu shots. I've been in HR for a long time now, and I remember when we wouldn't have thought of giving people free flu shots. We started to do that maybe ten years ago and it was sort of a "come and get one if you want one."

But about four years ago we took a different approach. We said everyone should have a flu shot because they're delivering patient care, and they need to be well. So we started to keep score. We went from 36 percent to 75 percent over about an 18-month period. And it's because we communicated, we talked to people one-on-one, we made it really important to do because we told people why it was important. Not just for them at work, but for them at home and in the community as well. Success was based on communication.

Amy Wilson-Stronks: I learned about an organization that was trying to get better in touch with their patient population. They required leaders to participate in some sort of a community activity or something as simple as having dinner at the home of one of the direct care staff, particularly direct care staff from different ethnic backgrounds. The HR professional was even going to Alcoholics Anonymous meetings to see how the hospital was perceived by the community, and really understand what the needs were. Even in my organization, if I see leadership coming to meetings to hear about what's going on, it means a lot. The little things that a leader can do to show interest in the work of the staff really goes a long way. Then you might start to get the employees saying, you know, this is the best place to work because of the relationship and the respect, and knowing that you're valued.

Brandon Melton: I realized a few years ago that we can't expect our employees to be engaged with us unless we're engaged with them through good communication—engaged by being visible in our organization—by doing job shadowing, doing rounding and being engaged in the community as well.

I'd like to go back to something Amy Schultz said, and that is this business of creating a healthier workforce. It's a huge challenge and a great opportunity for us. The data on this is that for every dollar spent in health care claims we can add another four to five dollars in lost productivity through absenteeism, presenteeism, and other kinds of factors. It's huge, not only in terms of our mission, but also I believe it's actually the single most important thing we can do in HR to help improve the financial health of our organizations. At Lifespan our health plan is the fourth-largest line item in our budget. I was with a fellow last night on the plane. It's the second-largest line item in his company's budget. And so, I think we really do need to focus more in this area.

Molly Seals: At Humility of Mary Health Partners, we built a business case around this very issue—whether we can build healthier employees, reduce our cost in claims, increase productivity, and reduce absenteeism. We ran health risk assessments, and we asked every employee to participate. About 40 percent of our employees participated in the first year, and we got a 200 percent return for every dollar we spent. That's what we saw in terms of the reduction in our health claims cost alone, not even considering the productivity side.

This year we took the next step and said that because we know the value of this, and because we feel it's so important that employees be in tune with their own health, they would receive a reduction in their premium cost if they participated in the health risk assessment. The turnout has been absolutely incredible. We've increased the size of the on-site group that's actually doing the assessments, and we have to keep adding additional sessions because we just can't have enough sessions, there's that much demand. It's showing our employees that we value them, and it's not just about what they deliver to us, it's about



taking care of themselves because the patient will benefit by that in the end.

Greg Terrell: Tenet has done something we call “Healthy at Tenet.” Employees earn points for participating in our health assessment. If they attain a certain number of hours of exercise and log it into the system, they earn points. It knocks \$200 or so off of their health insurance premium. It’s a good promotion for being healthier.

Walker: *A lot of you are from large organizations with deep resources to do many of the things you’ve talked about. But many hospitals in America are small. They don’t have big HR departments. They don’t have an overabundance of resources. If you were going to give advice to the HR leaders of America’s 5,000 hospitals, many of which are Critical Access Hospitals and other small rural hospitals, what are some of the things that you would recommend that they can begin to do right now, today, to make the most meaningful impact possible on their workplace and their workforce?*

Amy Schultz: Engagement is free. I think the biggest piece of advice would be to understand what engagement means for your team members. Understand it from an individual perspective, and have team discussions around engagement.

What would it take to increase feelings of loyalty and commitment for the organization? How do employees like to be recognized? How do they want to be communicated with? That’s free. We need to understand that and act on that through our leadership.

Amy Wilson-Stronks: You’re right, Amy. The whole idea of leadership being visible and engaged doesn’t cost anything. Maybe a little bit of time. But the returns are really high.

Greg Terrell: It doesn’t cost a lot of money to join ASHHRA and other professional organizations, and there’s a lot of good, free information.

Brandon Melton: Larry, one of the things that occurs to me is something very simple, and that is for that individual to find out the two, three, or four things that their CEO, their board and their other executive management teams are trying to accomplish. What are those vital few things we’re trying to do? And then think about what is the contribution our people can make to achieve those vital few things. A great guru in health care human resources, Norman Metzger, said many years ago, “we need to be relevant.” He used a very simple term, “relevant.” How can we be relevant in our organizations? We need to become more integrated into the business. Dan alluded to it earlier. If we’re going to be a business partner, or a business leader, we have to find out what the business needs, and then to make a significant strategic contribution.

Jeanene Martin: All HR leaders should be very involved with their local colleges and universities to make sure that we’re growing the next generation of health care workers. We have the power to do that and to embrace that opportunity.

Walker: *We’ve had a really in-depth and passionate exploration of a variety of different issues today, and a host of great ideas have emerged that hospitals, health systems and their HR leaders can employ to make the workforce, workplace, organizations, and ultimately community healthier. We appreciate all of the great ideas and questions that have been asked, and the input and the ideas that you’ve all shared with one another today.*

On behalf of ASHHRA, I want to thank all of you for taking your time at this event to share those thoughts and ideas. And thank you also for your time and your commitment to workforce development and workforce leadership for America’s hospitals and health systems.

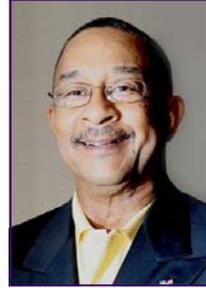
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Thought Leader Action Ideas

for Maximizing the Role of Health Care Human Resources in Responding to Workforce Issues in Health Care

Labor Shortages/Recruitment/Retention

- Work with local schools, colleges, and universities to develop health care programs to fill the workforce pipeline. Develop creative “grow your own” recruitment strategies.
- Develop creative workforce recruitment efforts that will reach out to and attract more men and minorities.
- Explore creative ways to restructure jobs and workplace structures to be an “employer of choice” that attracts workers and increases retention.
- Develop a clear business case for investing in employee development today to ensure that the organization is well-prepared to succeed despite increased workforce shortages in the upcoming years.
- Explore and adopt innovative ways to redesign care processes to retain older employees.
- Capitalize on the current economic downturn by promoting the stability, growth and opportunity of health care careers.

Employee Engagement and Empowerment

- Work to understand what “engagement” means to employees - how they want to be communicated with, involved and recognized.
- Build a business case for the role of employee engagement in creating improved organizational performance and financial success.
- Create an inclusive, empowering environment of trust and respect that builds a sense of employee ownership in the organization’s direction and success.
- Focus more resources on the people aspects of HR in addition to the HR functional aspects.
- Encourage and support an expectation and appreciation for out-of-the-box thinking, and reinforce innovation and creativity.
- Align employee commitment to and engagement in achieving the organization’s most critical organizational objectives.
- Empower and encourage employees to speak up and positively confront issues affecting organizational performance.

Developing Employee Performance and Commitment

- Invest in leadership development and mentoring programs to increase the effectiveness of current leaders and groom future leaders.

- Communicate the organization’s business objectives in ways that enable all employees to understand, embrace and contribute to their achievement.
- Devise strategies to understand and appeal to the career needs and expectations of each individual employee.
- Assist managers and executives to understand the new expectations and motivators of a changing workforce, and their relationship to management style and substance.
- Develop internal “knowledge capital” through succession planning and talent management at every level in the organization.

Align the Role of HR with Business Development

- Tie human resources work to organizational outcomes and business effectiveness.
- Create incentive programs that increase employees’ participation in health and wellness programs that improve employee health and reduce costs.
- Build the business case that investing resources in the people side of the business positively impacts patients and the community.

HR Leadership

- Advocate for a human resources’ seat at the “strategy table.”
- Deeply embed the HR function in all aspects of organizational thinking and planning.
- Demonstrate the connection between the investment in human resources and the positive impacts on quality, patient satisfaction, community trust and business growth.
- Help build greater organizational learning and transparency through deep and wide-ranging communication.
- Nurture and develop “change agents” throughout the organization who continually challenge the status quo and stimulate new organizational thinking.
- Build an organization-wide understanding of business and industry trends, patient and community expectations, and ways HR can best contribute to organizational improvement.



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