

*Pennsylvania*

WORKFORCE INVESTMENT BOARD

# Regional Health Care Retention Roundtables

## Technical Report

*August 2005*

### Pennsylvania Center for Health Careers

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## Executive Summary

The Pennsylvania Center for Health Careers serves as a catalyst to develop action-oriented strategies for Pennsylvania's short- and long-term health care workforce challenges which include:

- § Increasing the capacity of Pennsylvania's nursing education system,
- § Retaining health care workers in health care professions,
- § Responding to the demand for critical allied health professions, and
- § Addressing the needs of direct-care workers.

The Center's Leadership Council established the Retention of Health Care Workers Working Group to champion its health care worker retention initiatives in Fall 2004. The Working Group began by conducting research around current workforce retention issues and best practices. Subsequently, the Working Group developed a Vision to achieve creative and innovative health care workplace environments, seven supporting Principles, and corresponding objectives for each Principle.

The Vision is:

**The Commonwealth of Pennsylvania will have dynamic and innovative workplace environments that sustain an ample and highly skilled health care workforce to provide the highest quality of care, services and safety for patients and residents.**

The Principles are:

- 1. Promote and sustain a prioritization of direct patient care and emphasize quality and safety of care.**
  - § Promote patient centered care.
  - § Support evidence-based practice (IOM).
  - § Make quality drive the work and the organization (Magnet).
  - § Prioritize work design; design all aspects of work around patients and the needs of staff to care for and support them (AHA, IOM).
  - § Increase caregiver time in patient care (AHA).
  - § Minimize paperwork and administrative duties (JCAHO).
  - § Use technologies to improve work flow and reduce risk of injury to both health care workers and patients (JCAHO).
  
- 2. Ensure a workplace environment that advances patient and staff safety.**
  - § Determine and set staffing standards and/or guidelines that are supported by the best evidence available to meet each health care institution's patient population's needs (IOM).
  - § Educate, encourage, and recognize safe practices and behaviors (IOM).

- § Institute a non-punitive culture and system for error-reporting, analysis, and feedback (IOM).
- § Review progress regularly toward formally specified safety objectives (IOM).
- § Assist governing boards to understand safety issues and emphasize safety equally with financial and productivity goals (IOM).
- § Develop coordinated safety policies and processes.

**3. Support and respect all staff.**

- § Empower and respect staff (JCAHO).
- § Adopt zero-tolerance policies for abuse of staff and abusive behaviors by physicians and other health care practitioners (JCAHO).
- § Support a culture to protect staff in all health care settings (JCAHO).
- § Design personnel policies and programs—including salaries, benefits, and staffing—that support professional practice, work/life balance, and the delivery of quality care (Magnet).
- § Address the needs of each generation and culture of workers (AHA).
- § Give human resources the same governance and senior leadership attention as finance (AHA).
- § Foster mutual respect in collaborative working relationships across disciplines (Magnet).
- § Compel accountability for civility in the workplace amongst all health care practitioners.

**4. Foster communication and collaboration on all levels.**

- § Foster effective communication between staff and leadership (IOM).
- § Institute mechanisms that promote interdisciplinary and interdepartmental communication and collaboration throughout the health care organization or system (IOM).
- § Foster mutual respect in collaborative working relationships across disciplines (Magnet).
- § Collaborate with other health care organizations to create initiatives to retain workers and build societal support for health care (AHA).
- § Foster effective communication between staff and patient families.
- § Develop strong relationships and partnerships with other health care organizations, associations, K-12 education providers, area colleges and universities, community organizations, corporations and foundations, and local workforce development councils to recruit people into health care and retain them (AHA).

**5. Support staff autonomy and accountability.**

- § Develop and clearly communicate performance standards and measurement
- § Give staff responsibility and authority for the provision of direct patient care and the coordination of care and services (Magnet).
- § Implement models of care that provide for patients' needs and continuity of care (Magnet).

- § Support staff participation in decision making (Magnet).
  - § Design an organizational structure that is decentralized, dynamic, and responsive to change (Magnet).
- 6. Select and develop managers/leaders to create and sustain a healthy work environment.**
- § Continually educate and support leaders at all levels to effectively and efficiently manage and lead (JCAHO, IOM, Magnet).
  - § Educate and support leaders at all levels to engage staff in nonhierarchical decision making and work design (JCAHO, IOM).
  - § Encourage trust between leaders and staff (IOM).
  - § Establish succession plans for managers and leaders.
- 7. Foster a learning organization.**
- § Offer, publicize, and support education at all levels of experience: orientation, preceptorships, in-service education, career development services, and professional development. Involve staff in education programming as teachers (JCAHO & Magnet).
  - § Provide training on new technologies (IOM).
  - § Utilize new technologies in educational activities.
  - § Provide decision support at point of care (IOM).
  - § Provide staff with resources and encourage staff to be involved in professional organizations (Magnet)
  - § Employ learning experiences for continuous improvement in quality of care.

The Vision and Principles served as a guide to develop the initiatives to retain health care workers. These initiatives promote strong alignment of critical health care worker needs with the actions of vital industry stakeholders.

To develop these initiatives, the Working Group gathered input from a diverse group of health care industry stakeholders. More than 100 health care workers, including executives, managers, and line-staff, provided feedback and validated the Vision and Principles through five Regional Roundtables across the Commonwealth.

Three major themes regarding retention emerged from the Roundtables:

- § Organizational culture – Organizational culture was the most popular discussion theme. Participants discussed issues such as inter- and intra-disciplinary relationships, trust, accountability, and respect for diversity.
- § Leadership development – Strong leadership was mentioned in discussions involving many Principles, even though it directly corresponds to Principle 6: Train leadership to engage with and represent staff effectively. Participants discussed promotion strategies, succession planning, training programs, mentorship, and performance-based incentives.

- § Incentives – Institutionalized systems to encourage motivation and morale were often discussed across the Commonwealth, particularly in relation to Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement. Participants discussed issues including generational gaps, relationships between staff and physicians, career ladders and lattices, job loading, and recognition.

The Principles most commonly discussed were:

- § Principle 6: Train leadership to engage with and represent staff effectively.
- § Principle 3: Support and respect staff.
- § Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement.

The Working Group developed a series of recommendations incorporating participant responses and best practices research following completion of the Roundtables. The recommendations are included in a report titled, *The Retention of Health Care Workers in the Commonwealth*. A copy of the report is available online at [www.paworkforce.state.pa.us](http://www.paworkforce.state.pa.us).

## Introduction

In April 2004, Governor Edward G. Rendell created the Pennsylvania Center for Health Careers to address critical health care issues in the Commonwealth. The Center is an initiative of the Pennsylvania Workforce Investment Board. The Governor appointed 26 members to the Center's Leadership Council, which consists of representatives from health care employers, Commonwealth agencies, industry associations, labor unions, professional associations and educational institutions. Gerald Miller, President and CEO of Crozer-Keystone Health System; Eileen Connelly, Executive Director of Pennsylvania's Service Employees International Union (SEIU) State Council; and Kathleen Malloy, Vice President for Health Professions at the Community College of Allegheny County co-chair the Leadership Council.

The Leadership Council established the Retention of Health Care Workers Working Group in Fall 2004 to champion its health care worker retention initiatives. Members of the Working Group were selected to represent a wide range of stakeholders across the Commonwealth, including representatives of hospitals, long-term care organizations, labor, and state agencies.

In order to be as thorough as possible and to consider all relevant topics and all perspectives, the Working Group followed a process that incorporated the following sources:

- § External Research
- § RN Focus Groups
- § An educational presentation on mandatory overtime

Using national and state-level research, the Retention of Health Care Workers Working Group developed a Vision and a set of core Principles to achieve creative and innovative health care workplace environments. The Working Group then conducted a series of Regional Retention Roundtables that included a diverse group of health care industry stakeholders to validate and refine the Vision and Principles.

The Working Group incorporated the Roundtable findings into recommendations that support health care worker retention across the Commonwealth. These recommendations also include the results of several Registered Nurse Focus Groups and thorough best practices research. The culmination of these efforts is recorded in a report titled, *The Retention of Health Care Workers in the Commonwealth*. A copy of the report is available online at [www.paworkforce.state.pa.us](http://www.paworkforce.state.pa.us).

The next section of this technical report outlines the Methodology used in each Roundtable. The Findings Section describes common themes across the Commonwealth, unique regional information and specific Principle Impact and

*Regional Health Care Retention Roundtables*

Performance Rating by health care organization type. The Appendix provides samples of Roundtable materials, as well as detailed information regarding each region.

## Methodology

The Working Group held five Regional Roundtables to gather representative input from all health care industry stakeholders regarding its proposed Vision and Principles. Approximately 30 individuals representing various health care organizations and employment levels were invited to each Roundtable. Participants included health care industry executives and administrative advisers, as well as managers and line-staff from nursing, medical imaging, clinical laboratory sciences, respiratory therapy, and pharmacy. These individuals represented health care providers such as hospitals, health systems, long-term care, home health, and community health.

The Roundtable schedule was as follows:

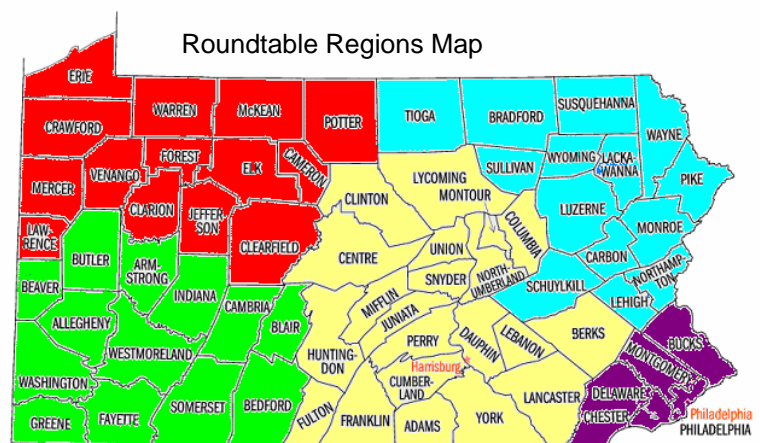
- § Central – Counties included: Lancaster, Berks, York, Adams, Franklin, Fulton, Huntingdon, Cumberland, Perry, Juniata, Dauphin, Lebanon, Mifflin, Snyder, Northumberland, Montour, Columbia, Union, Centre, Clinton, and Lycoming.  
May 26, 2005 – Harrisburg, PA

- § Southwest – Counties included: Greene, Washington, Beaver, Allegheny, Bedford, Westmoreland, Fayette, Butler, Armstrong, Indiana, Cambria, Blair, and Somerset.  
June 14, 2005 –  
Cranberry Township, PA

- § Northwest – Counties included: Erie, Crawford, Warren, Venango, Forest, Elk, Cameron, Mercer, Clarion, Jefferson, Clearfield, Lawrence, Butler, Armstrong, Indiana, Cambria, Blair, Allegheny, Westmoreland, Washington, Greene, Fayette, Somerset, Bedford, Huntingdon, Mifflin, Juniata, Perry, Dauphin, Lebanon, Berks, Potter, Elk, Cameron, Clearfield.  
June 15, 2005 – Meadville, PA

- § Northeast – Counties included: Tioga, Bradford, Susquehanna, Sullivan, Wyoming, Luzerne, Schuylkill, Lackawanna, Wayne, Pike, Monroe, Carbon, Northampton, and Lehigh.  
July 7, 2005 – Wilkes Barre, PA

- § Southeast – Counties included: Chester, Delaware, Philadelphia, Montgomery, and Bucks.  
July 14, 2005 – Philadelphia, PA



Each four-hour Roundtable followed the same format.

All Roundtable participants attended a general session. The objectives of the general session were:

- § To explain the purpose of the Pennsylvania Center for Health Careers and its retention of health care workers initiative.
- § To validate the Vision. Participants were asked if the Vision resonated with their organizational aspirations and if their organizations would be inclined to strive for it.

The participants were asked questions such as:

- Is the Vision long-term?
  - Does the Vision provide direction for the health care industry?
  - Is the Vision inspirational?
- § To validate the Principles.

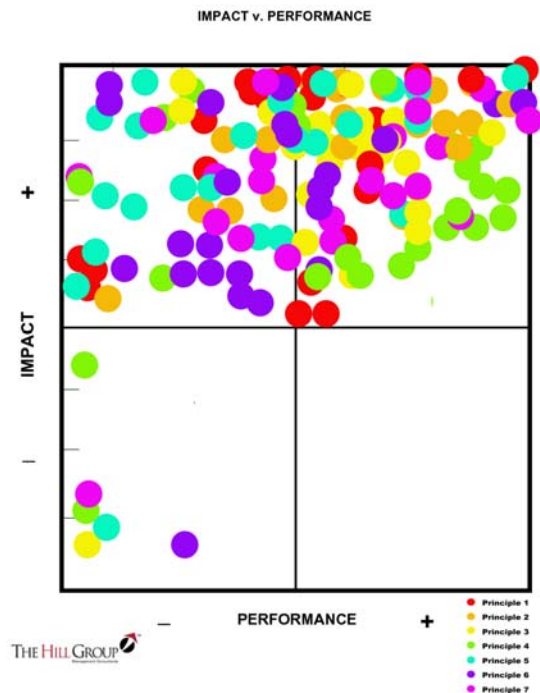
The participants were asked questions such as:

- Are the Principles aligned with the Vision?
- Are there any missing components in the Principles?
- Are each Principle's corresponding objectives clear?

Roundtable participants then formed small groups of 10-12 individuals. The objectives of the small group sessions were:

- § To identify two Principles for discussion which have the highest impact on health care organizations, yet are currently performed at a lower level.
  - Each individual completed an Impact and Performance Scorecard (See Appendix 7), which listed each Principle and its corresponding objectives. Participants determined whether each Principle would have a positive or negative impact on their organizations and whether their own organizations had a high or low level of performance regarding each Principle.
  - After the participants finished their self-ratings, they produced a composite rating of the larger group. This exercise helped facilitators to identify two Principles that most commonly appeared to have the highest impact and lowest organizational performance rating.

*This figure depicts the process undertaken to narrow small group discussions to two principles that were most often rated “high impact” with “low performance.” In this example, Principles 5 and 6 would have been chosen for discussion.*



- § To use high impact/low performance Principles to direct discussions in which participants:
  - Identified obstacles to achievement;
  - Shared best practices; and
  - Identified metrics to gauge progress toward making Principles high impact/high performance.

Following the small group sessions, all participants reconvened to share findings and complete Roundtable evaluations.

## Findings

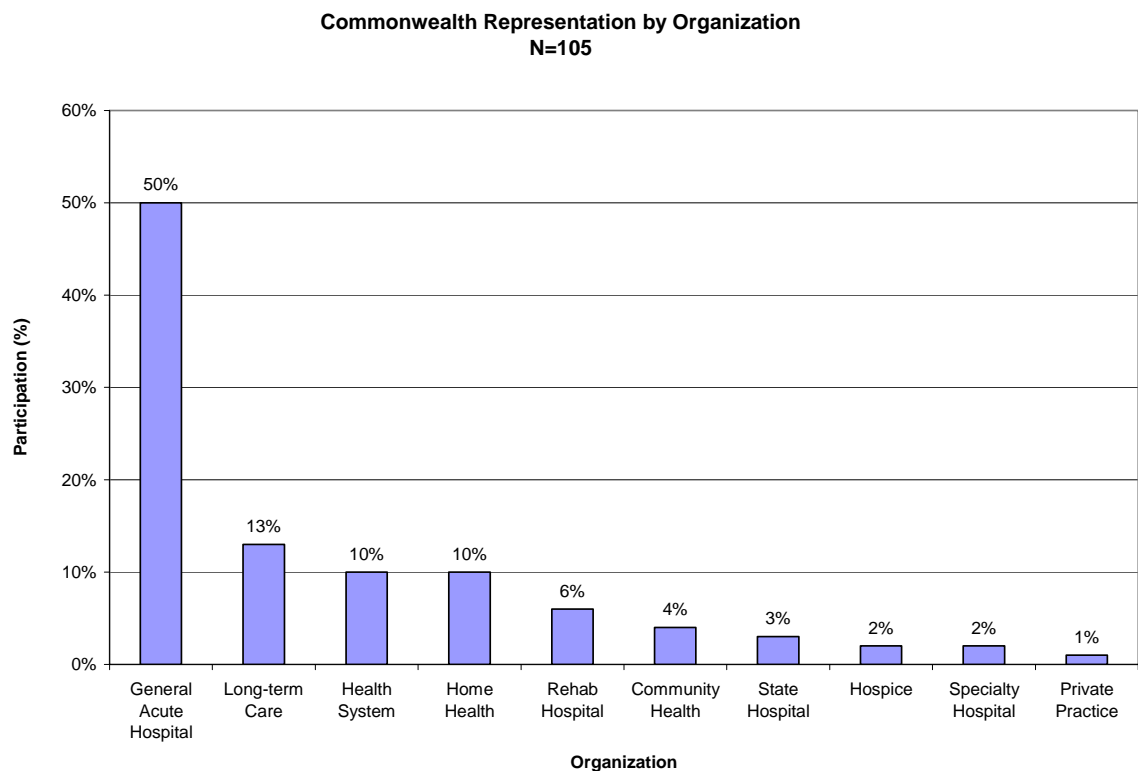
### The Commonwealth

This section highlights findings and major themes from across the Commonwealth.

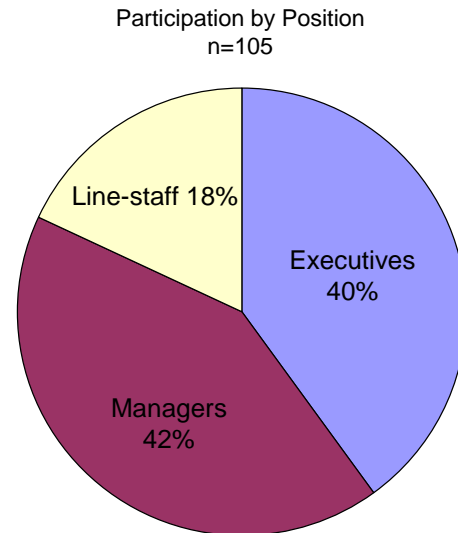
#### Roundtable Participant Demographics

Roundtable participants represented numerous workforce environments including hospitals, nursing homes, long-term care facilities, home care, and community health services. Definitions of these organizations can be found in the Appendix.

Seventy percent (105 of 150) of all individuals invited to the Roundtables participated. Approximately 50 percent of participants were from hospitals, followed by long-term care at 13 percent.



Roundtable coordinators attempted to solicit an equal representation across executives, managers, and line staff. However, health care organizations had difficulty releasing employees involved in direct patient care. Therefore, managers or executives represented many organizations. Managers represented approximately 42 percent of all participants across the Commonwealth, closely followed by executives at 40 percent. Line-staff represented 20 percent of all participants.



### *Validation of the Vision and Principles*

The original Vision and Principles proposed by the Working Group were:

#### Vision

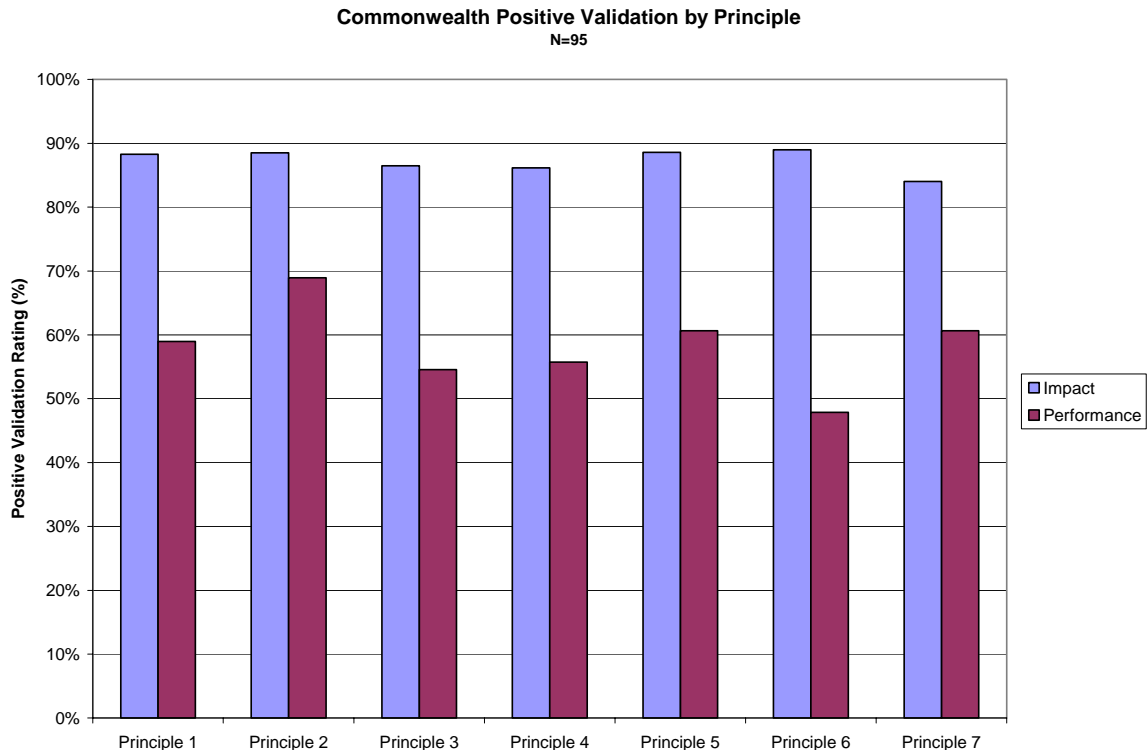
The Commonwealth of Pennsylvania will have a highly skilled and robust health care workforce employed in workplace environments that provide the highest quality of care, services, and safety for patients and/or residents.

Principles (See Appendix 7 for corresponding objectives)

1. Prioritize patient care and emphasize quality and safety of care.
2. Ensure safety of patients.
3. Support and respect staff.
4. Foster communication and collaboration on all levels.
5. Provide staff with autonomy and accountability, with clear performance standards and measurement.
6. Train leadership to engage and respect staff effectively.
7. Foster a learning organization.

Each Roundtable overwhelmingly agreed that the Vision has a noble purpose and that health care organizations should strive toward it. Participants also confirmed that the Principles were in alignment with the Vision, discussed missing components, and determined if each Principle's corresponding objectives were clear (See Appendix 1).

The tabulation of scorecards from each region further supports validation of the Principles. The chart below shows that 87 percent of participants believed the Principles have a high impact on the attainment of the Vision. Participants also felt their organizations could improve their performance regarding each Principle.



The Working Group used participant recommendations to refine the Vision and Principles following the conclusion of the Roundtables.

The revised Vision and Principles are:

#### Revised Vision

The Commonwealth of Pennsylvania will have dynamic and innovative workplace environments that sustain an ample and highly skilled health care workforce to provide the highest quality of care, services, and safety for patients and residents.

#### Revised Principles

1. Promote and sustain a prioritization of direct patient care and emphasize quality and safety of care.
2. Ensure a workplace environment that advances patient and staff safety.
3. Support and respect all staff.

4. Foster communication and collaboration on all levels.
5. Support staff autonomy and accountability.
6. Select and develop managers/leaders to create and sustain a healthy work environment.
7. Foster a learning organization.

### *Common Principles and Overall Themes*

All Principles were discussed at least once in the 11 small group sessions held around the Commonwealth.

The following three Principles were most commonly discussed in small groups:

- § Principle 6: Train leadership to engage with and represent staff effectively.
  - Discussed in 6 of 11 sessions (55 percent)
- § Principle 3: Support and respect staff.
  - Discussed in 5 of 11 sessions (45 percent)
- § Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement.
  - Discussed in 4 of 11 sessions (36 percent)

The three major discussion themes across the Commonwealth were:

- § Organizational Culture
- § Leadership Development
- § Incentives

The following sections will summarize each of these themes. In addition, detailed comments from Roundtable participants are included after each summary.

### *Organizational Culture*

Organizational culture was the most popular discussion theme. Participants stated that generational differences, inter- and intra-disciplinary conflicts, distrust, and a lack of accountability prevent organizations from fostering a positive organizational culture. Respect for diversity was also mentioned in several roundtables. This was not limited to racial diversity; rather, it encompassed different cultures, ways of thinking, and approaches to care.

Participants described best practices used to foster teamwork, promote respect, and enhance communication. For example, some health care organizations have created programs like “Lunch with the CEO” and a “Walk in My Shoes Day” where individuals from different departments trade responsibilities for a short period of

time. Participants also mentioned that a continual re-evaluation of the organization's mission and vision helps to foster a positive organizational culture. Furthermore, orientation programs, mentoring, and ongoing training are key to fostering a service-oriented environment.

Participants listed a variety of methods that could be used to measure progress toward fostering a positive organizational culture. These metrics include turnover rates, employee surveys, incident reports, voluntary participation in committees, patient satisfaction, and frequency of communication.

The following chart highlights detailed comments from Roundtable participants across the Commonwealth regarding organizational culture.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Trust</li> <li>§ Lack of accountability</li> <li>§ Lack of standards</li> </ul>	<ul style="list-style-type: none"> <li>§ Create a culture of care through focus on the mission and customer satisfaction</li> <li>§ Fostering teamwork – stepping outside of boundaries/roles</li> <li>§ Ongoing workshops</li> <li>§ Orientation</li> <li>§ Seek Magnet status through informal meetings to discuss current issues</li> </ul>
<ul style="list-style-type: none"> <li>§ Antiquated culture</li> <li>§ Culture is not encouraging</li> <li>§ History – How it was</li> </ul>	<ul style="list-style-type: none"> <li>§ Admitting mistakes</li> <li>§ Communication</li> <li>§ Cultural expectations defined</li> <li>§ Culture of units pushing leadership with evidence to move culture</li> <li>§ Honesty</li> <li>§ Openness</li> </ul>
<ul style="list-style-type: none"> <li>§ How to get medical staff organization to buy into change of culture?</li> </ul>	<ul style="list-style-type: none"> <li>§ Identification of behavior change</li> <li>§ Meetings for physicians aid w/physicians to have voices be heard</li> <li>§ Time to bring out positive attributes/activity from staff</li> </ul>
<ul style="list-style-type: none"> <li>§ Changing generational mindsets on how to do things another way</li> <li>§ Elderly workforce – need time off from work</li> <li>§ Homecare can't hire new grads – need at least one year experience – lack of exposure and doesn't encourage growth in promotion</li> <li>§ No sense of loyalty/work ethic</li> <li>§ Work values vs. skills</li> </ul>	<ul style="list-style-type: none"> <li>§ Becoming a clinical site</li> <li>§ CNA's work during school – rotate through organization prior to graduation</li> <li>§ Elderly – alternative work procedures and phase retirement</li> <li>§ Loan forgiveness</li> <li>§ Precept with 2-3 year line-staff for a perspective more in line with new graduates</li> <li>§ Preceptor program for a couple of weeks                             <ul style="list-style-type: none"> <li>– Voluntary</li> <li>– Ability to evaluate preceptor and weed out those lacking</li> </ul> </li> <li>§ Re-entry into practice for older nurses</li> <li>§ Teach customer service</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Accountability</li> <li>§ Analysis of workforce wants</li> <li>§ Communication</li> <li>§ Confidentiality</li> <li>§ Corporate culture not consistent with needs</li> <li>§ Different cultures in different types of hospitals</li> <li>§ Fair, consistent management</li> <li>§ Little flexibility</li> <li>§ Risky                             <ul style="list-style-type: none"> <li>- Need buy-in from highest level</li> <li>- Give up control</li> </ul> </li> <li>§ Skepticism</li> <li>§ Sustainability</li> <li>§ Tangibility</li> <li>§ Territorialism</li> <li>§ Time constraints for meetings, rotation of staff</li> <li>§ Work/life balance</li> <li>§ 75% Rule – rehab</li> </ul>	<ul style="list-style-type: none"> <li>§ Establish meaningful, person appreciation processes</li> <li>§ Flexibility of worker schedules</li> <li>§ Include staff in reviews and celebrations</li> <li>§ More time for patients and families</li> <li>§ Positive reinforcement</li> <li>§ Reevaluate work processes/redesign</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of trust between leaders and staff (Second-guessing decisions)</li> <li>§ Disconnect between responsibility and authority</li> <li>§ Misalignment of vision/mission with leadership</li> </ul>	<ul style="list-style-type: none"> <li>§ Administration attend orientation and set expectations and accountability</li> <li>§ Appropriate leadership team/right structure</li> <li>§ CEO lunch program</li> <li>§ Clear guidelines and decision matrices</li> <li>§ Demonstration of interconnectedness</li> <li>§ Meetings with leadership monthly                             <ul style="list-style-type: none"> <li>- Rounds</li> <li>- Report every morning</li> <li>- Different model of nursing</li> <li>- Outcomes established</li> </ul> </li> <li>§ Open-door policy</li> <li>§ Reward developments in what we are trying to achieve</li> <li>§ Shared governance/Unit councils</li> <li>§ Willingness to continually re-evaluate vision/mission with actions in leadership development</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of understanding of cultural diversity</li> <li>§ Language barriers – staff ESL</li> </ul>	<ul style="list-style-type: none"> <li>§ Cultural diversity handbook at new employee orientation Communicating value and professional job</li> <li>§ English as a Second Language – dialectic</li> <li>§ Hiring assessment to screen language and design training to address and improve English skills</li> <li>§ Interpreters bureau in staff meetings</li> <li>§ Management training programs to understand diversity of workforce</li> <li>§ Translation programs</li> </ul>

Metrics
§ Accountability <ul style="list-style-type: none"><li>– Time/Attendance/Behavioral Measures</li></ul>
§ Autonomy <ul style="list-style-type: none"><li>– Patient satisfaction scores</li><li>– What I did to prevent...</li></ul>
§ Advisory boards
§ Agency costs
§ Appreciation
§ Chart audits
§ Clinical indicators
§ Create a culture in colleges and universities to support measurement
§ Dashboard of metrics through organization – keep it simple and meaningful. Promote through organization to staff
§ Documentation/communication with other disciplines
§ Employee/culture survey to diagnose organization and leaders
§ Frequency of communication/visits/meetings
§ Improved community perception
§ Incident reports (more accountability to other staff and patients)
§ Involvement in voluntary things
§ Magnet status
§ MQSA /Other standards
§ Nursing M&M <ul style="list-style-type: none"><li>– Isolate critical incidents</li><li>– Invite people to think about situation</li><li>– Forum for increasing nursing practice</li><li>– Staff-to-staff presentations</li></ul>
§ Participation of staff in business/committee activities and collaborative practice
§ Patient satisfaction
§ Performance Standards - Performance Reviews/Competency
§ Physician satisfaction
§ Reduced absenteeism
§ Reduced disciplinary action
§ Report cards
§ Retention/turnover
§ Staff satisfaction
§ State surveys/JCAHO surveys
§ Track changes of processes in relation to satisfaction scores
§ Transfer rates of units
§ Trend demographics
§ Turnover rates/Retention/Exit interviews
§ Vacancies/Patient Feedback

*Leadership Development*

While leadership development directly corresponded to Principle 6 (Train leadership to engage with and represent staff effectively), strong leadership was identified as an essential component of retention in all Principle discussions. Participants noted several obstacles that prevent health care organizations from fostering effective leadership. One of the most prevalent comments was an organizational tendency to promote from within based on skills rather than leadership ability. Someone can be very good at operating a piece of equipment or working with patient families; however, they may have difficulty leading their peers, working directly with administrators, and/or enforcing policies. Other obstacles include a lack of formal training, a lack of accountability, high turnover, and ineffective compensation strategies.

Best practices regarding leadership development include ongoing training programs, mentorship, and performance-based incentives. Numerous participants described training programs for new leaders, as well as ongoing training for individuals who have been in leadership roles for years. Increasingly, stakeholders are included in hiring decisions. This ensures that leadership candidates possess the appropriate competencies and interpersonal skills to work effectively with a team.

Metrics to monitor leadership development include the use of 360-degree feedback tools, turnover rates, competency evaluations, completion of courses, and frequency of communication.

The following chart highlights detailed comments from Roundtable participants across the Commonwealth regarding leadership development.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Promote from within based on current skills rather than leadership ability</li> <li>§ Not hiring leaders with the appropriate competencies and values</li> </ul>	<ul style="list-style-type: none"> <li>§ On-going training/support from mentors</li> <li>§ 8-week leadership course</li> <li>§ In-house training</li> <li>§ Stakeholders assist in leadership hiring decisions</li> </ul>
<ul style="list-style-type: none"> <li>§ Leaders not taught to be leaders</li> <li>§ Self-recognition of leaders</li> <li>§ Disconnect between education/leadership</li> <li>§ Leader vs. manager</li> </ul>	<ul style="list-style-type: none"> <li>§ Mentors</li> <li>§ Taking courses outside of discipline</li> <li>§ Learning from professional organizations</li> <li>§ Leadership forum 3-4 times a year                             <ul style="list-style-type: none"> <li>- Leadership planning group coordinates</li> <li>- Bring in national speakers</li> </ul> </li> <li>§ Everyone reads 3-4 leadership books per year</li> <li>§ Diploma school (BSN in hospital)                             <ul style="list-style-type: none"> <li>- Motivation of a diploma to learn</li> <li>- Motivation of bachelor/master's to lead/teach</li> </ul> </li> <li>§ Recognize managers were promoted from within – provide training</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Lack of formalized process for management development</li> <li>§ Separation of management/staff – hard to separate from “staff think”</li> </ul>	<ul style="list-style-type: none"> <li>§ Dedicated person for training/orientation</li> <li>§ Empower staff to run committees</li> <li>§ In-house leadership training</li> <li>§ Joint staff/management leadership training</li> <li>§ Lunch and learn (management-related topics) – open invitation</li> <li>§ Mentoring program</li> <li>§ Reward tied to mentoring program</li> </ul>
<ul style="list-style-type: none"> <li>§ Skills are learned within organizations vs. training</li> <li>§ Lack of value associated to training leaders, lack of sophisticated system</li> <li>§ Lead by example vs. telling how to do it</li> </ul>	<ul style="list-style-type: none"> <li>§ Communication of expectations</li> <li>§ PA Home Care Association – introductory program to supervisor positions (consider cost of demoting managers to staff over cost of program)</li> <li>§ Nursing Leadership Academy (company in LA)</li> <li>§ Action plans for each unit – report to managers/accountable</li> <li>§ Tied to managers’ compensation</li> <li>§ Leadership/administrative program (18 months)</li> <li>§ Various levels of training                             <ul style="list-style-type: none"> <li>– Goals and objectives</li> <li>– Continuing education credits</li> </ul> </li> <li>§ 90-day training prior to entering facility</li> <li>§ Partnerships/mentors (preceptor as long as needed)</li> <li>§ Resource directory for new leaders                             <ul style="list-style-type: none"> <li>– Where they need to go</li> <li>– Who you need to see/ask</li> <li>– Key areas with objectives and hospital orientation</li> </ul> </li> <li>§ Ongoing training for all leaders</li> <li>§ Practical application of training</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of clinical experience and perspective for administrative leaders</li> <li>§ Lack of succession planning for clinical leaders</li> <li>§ Selection for committees</li> <li>§ Trust and communication between staff/management</li> <li>§ Unapproachable leaders</li> </ul>	<ul style="list-style-type: none"> <li>§ Administrative staff on-call and rounds</li> <li>§ Balanced participation of line-staff on committees</li> <li>§ Care delivery program and “Walk in my shoes” program to break down barriers</li> <li>§ Create responsibility for all levels</li> <li>§ Face-time and meetings between staff and managers</li> <li>§ Promotion of existing meetings and organizational development</li> <li>§ Shadowing/Adopt-a-Unit</li> <li>§ Support on decisions which were agreed upon</li> <li>§ Visibility of senior leadership</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Compensation</li> <li>§ Difference in values/philosophy keeping line-staff from wanting to be managers                             <ul style="list-style-type: none"> <li>- Lifestyle priorities</li> <li>- What one manager once did should now be covered by two people</li> </ul> </li> <li>§ High turnover</li> <li>§ Lack over overtime measurement</li> <li>§ Leadership visibility Overload of roles for managers/leadership because of staffing shortages and prioritization</li> </ul>	<ul style="list-style-type: none"> <li>§ Champion of change</li> <li>§ Communications meetings</li> <li>§ Incentives to improve relationships                             <ul style="list-style-type: none"> <li>- Orientation</li> <li>- More engaged with team structure</li> </ul> </li> <li>§ New staff meetings with leadership</li> <li>§ Performance-based incentives</li> <li>§ Regular, monthly patient forums</li> <li>§ Senior leadership switches roles with staff for a day</li> <li>§ Structured minutes to send to rest of staff</li> <li>§ Structured time for continuing education</li> <li>§ Use business techniques</li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ 360-degree feedback</li> <li>§ Appreciation</li> <li>§ Collaborative practice</li> <li>§ Competency evaluations</li> <li>§ Completion of courses/programs</li> <li>§ Employee/culture survey to diagnose organization and leaders</li> <li>§ Exit interviews</li> <li>§ Frequency of communication/visits/meetings</li> <li>§ Patient feedback</li> <li>§ Reduced absenteeism</li> <li>§ Retention</li> <li>§ Turnover rates</li> <li>§ Vacancies</li> </ul>	

*Incentives*

Incentives were a common theme across the Commonwealth, particularly in relation to Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement. Roundtable participants stated that human resource incentive systems are not always effective. For example, younger and older generations of workers are motivated by different incentives. Likewise, physicians need appropriate incentives for improving the work environment. In addition, health care workers would like to have more career ladder availability. Job loads are also an issue, because those who do well are often only recognized by being given more job responsibilities. In many health care environments, morale is down simply because there is a lack of recognition for a job well done.

Participants shared best practices such as rewarding line-staff who sit on committees, establishing physician champions, and dedicating time to learning about each others' roles. Another best practice mentioned was the conversion of sick leave into benefit time. This benefit is often cut when there are financial or workforce shortages.

Participants suggested metrics to gauge incentive effectiveness such as performance reviews, clinical indicators, retention/turnover, and staff satisfaction surveys.

The following chart highlights detailed comments from Roundtable participants across the Commonwealth regarding incentives.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Human resources incentive systems don't always match – need to think differently</li> <li>§ Lack of physician incentives for participation</li> <li>§ Not knowing what generational incentives are and how to meet them</li> </ul>	<ul style="list-style-type: none"> <li>§ Reward and provide incentives for line-staff who sit on committees to increase empowerment</li> <li>§ Physician champions</li> </ul>
<ul style="list-style-type: none"> <li>§ Career ladder availability</li> <li>§ Job load</li> <li>§ Lack of recognition/Morale is down</li> <li>§ Prioritization</li> <li>§ Those who do well get more work</li> </ul>	<ul style="list-style-type: none"> <li>§ "Fair" day to learn about roles</li> <li>§ Conversion of sick leave into benefit time (often cut in bad times)</li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Autonomy – What I did to prevent...</li> <li>§ Clinical Indicators</li> <li>§ Performance Standards - Performance Reviews/Competency</li> <li>§ Retention/Turnover</li> <li>§ Staff Satisfaction/Patient Satisfaction</li> <li>§ Surveys</li> </ul>	

## Regions

This section focuses on critical issues concerning each geographic region.

Each regional summary includes:

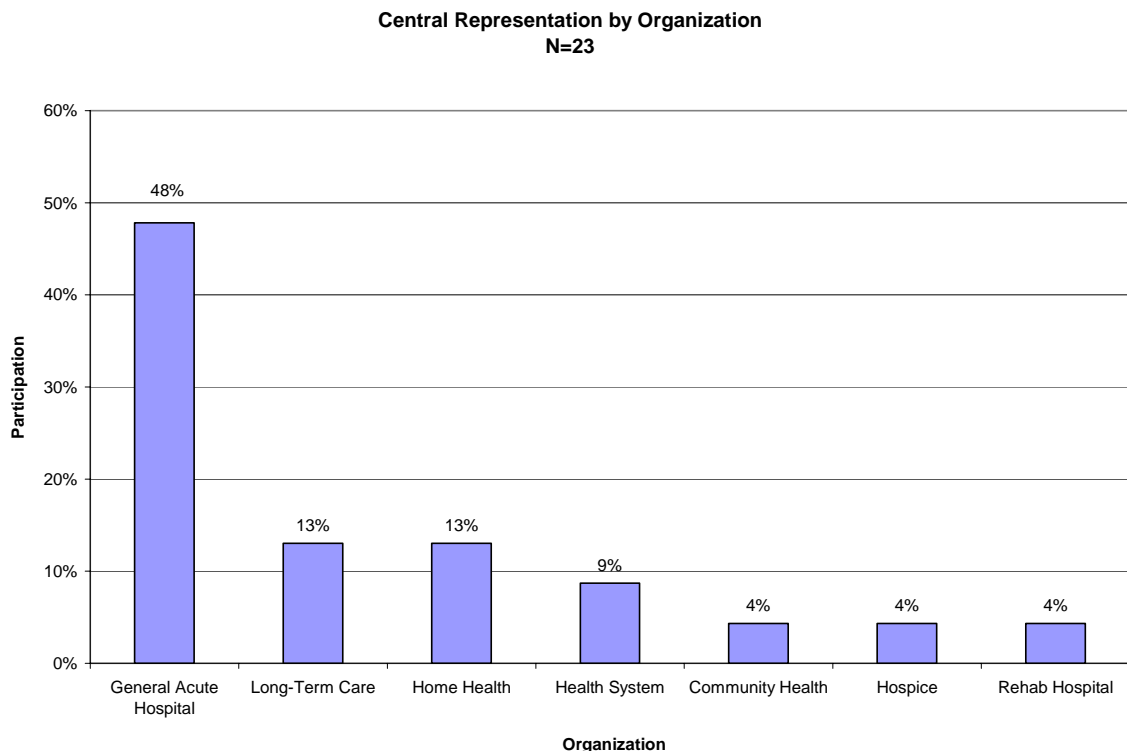
- § Demographic information
- § Principles discussed in small group sessions
- § Themes unique to the region
- § Themes commonly discussed in small group sessions
- § Detailed comments from small group sessions

### Central Region

#### Roundtable Participant Demographics

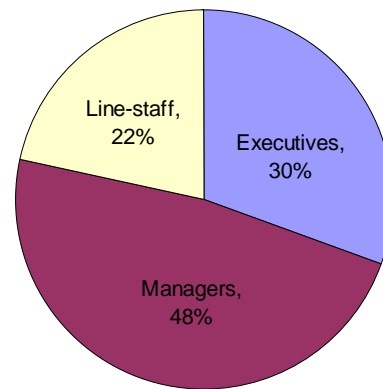
The Central Regional Retention Roundtable discussion was held May 25, 2005, in Harrisburg, Dauphin County. Approximately 65 percent of invitees attended the Roundtable, which was the highest participation rate in any region. A total of 23 participants attended the Roundtable.

Hospitals had the highest representation at 48 percent, followed by long-term care at 13 percent. This was consistent with Roundtables across the Commonwealth.



In terms of representation based on positions, the Central Region is one of two Regions with the most equal distribution among the three categories. The Central Region also had the highest line-staff participation rate.

Central Participation by Position



### Principles

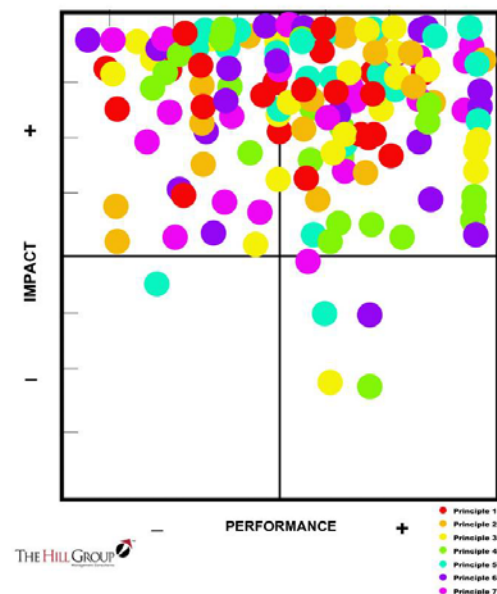
Five principles were discussed in three small group sessions. Principle 6 was discussed in two of three small groups. Furthermore, discussions regarding Principles 2 and 7 only occurred in the Central Region.

The principles discussed were:

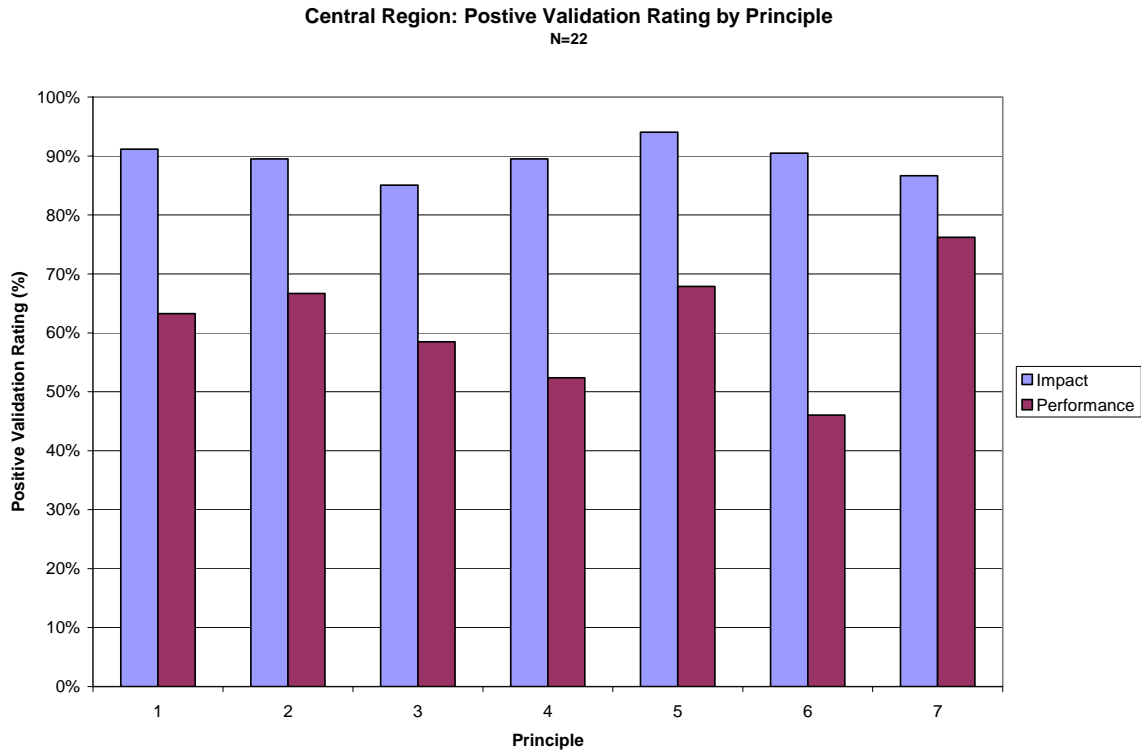
- § Principle 2: Ensure safety of patients.
- § Principle 3: Support and respect staff.
- § Principle 4: Foster communication and collaboration on all levels.
- § Principle 6: Train leadership to engage with and represent staff effectively.
- § Principle 7: Foster a learning organization.

Central Region

IMPACT v. PERFORMANCE



At the end of the Roundtable, participants were asked to submit their scorecards used to direct the small group sessions. The scorecards were later entered into a database to more precisely evaluate how the participants rated each Principle. The chart below summarizes positive scorecard values by Principle.



### Unique Regional Themes

- § Respect
- § Involvement with senior leadership

In comparison to other regions, the Central Region Roundtable discussions were more focused on respect and involvement with senior leadership. As previously mentioned, the Central Region had the highest line-staff involvement in the Commonwealth. Most issues regarding respect stemmed from organizational culture and a lack of understanding other roles within the organization. Participants stated that cross-functional teams are one solution to this obstacle. In addition, involvement with senior leadership was often a concern in the Central Region. Suggested solutions regarding this obstacle included a CEO lunch program, a CEO-staff shadowing program, and the involvement of stakeholders in senior leadership hiring decisions.

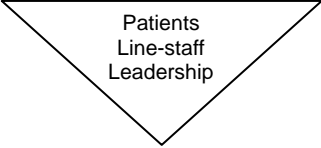
Common Regional Themes

The most common themes in Central Region discussions were:

- § Organizational Culture
- § Leadership Selection/Development
- § Incentives

The following chart highlights detailed comments from Central Region participants regarding organizational culture.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Respect is missing from set of core values</li> <li>§ Recruiters don't fully understand job requirements/culture</li> <li>§ Physicians don't understand other line-staff' positions</li> <li>§ Line-staff don't always feel safe to voice opinions</li> </ul>	<ul style="list-style-type: none"> <li>§ Recruiters spend time within departments</li> <li>§ Education of physician office staff</li> <li>§ Customer sensitivity training (internal and external)</li> <li>§ "Walking the talk"</li> <li>§ Equal treatment</li> <li>§ 360-degree feedback tools</li> </ul>
<ul style="list-style-type: none"> <li>§ Upper-level management doesn't understand jobs</li> </ul>	<ul style="list-style-type: none"> <li>§ Assist aspiring leaders</li> <li>§ CEO should shadow staff</li> <li>§ Senior management should conduct more information communication with staff</li> <li>§ Increase visibility and connections</li> <li>§ Include stakeholders in decision-making</li> </ul>
<ul style="list-style-type: none"> <li>§ History/track record communication barriers breakdown</li> <li>§ Lack of respect and understanding of health care environments and services</li> <li>§ Diversity of cultures throughout organization</li> </ul>	<ul style="list-style-type: none"> <li>§ Lunch with executive director – all staff participated and acted on these issues</li> <li>§ Line-staff feel valued</li> <li>§ Visible management</li> <li>§ Embrace culture and language diversity to actively recruit bi-lingual staff</li> <li>§ Active diversity training</li> <li>§ Partner with organizations that provide interpretation services</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of trust between leaders and staff (Second-guess decisions)</li> <li>§ Disconnect between responsibility and authority</li> <li>§ Misalignment of vision/mission with leadership</li> </ul>	<ul style="list-style-type: none"> <li>§ CEO lunch program</li> <li>§ Build an appropriate leadership team with the right structure</li> <li>§ Clear guidelines and decision matrices</li> <li>§ Willingness to continually re-evaluate vision and mission and align them with leadership development</li> <li>§ Reward developments in what we are trying to achieve</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of cohesive teamwork</li> </ul>	<ul style="list-style-type: none"> <li>§ Form work groups to address teamwork</li> <li>§ Create teams with functional groups</li> <li>§ Recreate patient care delivery models to include all service providers</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of appreciation for diversity across all levels</li> </ul>	<ul style="list-style-type: none"> <li>§ Diversity education</li> <li>§ Realize everyone contributes to overall service</li> <li>§ Provide language education to English speakers</li> <li>§ Provide ESL to non-English speakers</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Communication is not sustained</li> <li>§ Lack of time, systems to re-educate on need for better communication</li> <li>§ Lack of measurement of communication “achievement” level</li> <li>§ Some technologies aren’t complete in ease to communicate not always interoperable</li> <li>§ Stereotypes permeate interdisciplinary communication physician/staff</li> <li>§ Hindrance of technology less personal, misinterpretation of e-mails – creates problems</li> <li>§ Time</li> <li>§ Unskilled or uninterested managers leading communication plans – generational gap</li> </ul>	<ul style="list-style-type: none"> <li>§ Open-door policies &amp; communication</li> <li>§ SBAR – standardization for communication – method or tool – <a href="http://www.ihi.org">www.ihi.org</a></li> </ul> <div style="text-align: center;">  </div> <ul style="list-style-type: none"> <li>§ <b>Situation</b></li> <li>§ <b>Background</b></li> <li>§ <b>Assessment</b></li> <li>§ <b>Response</b></li> </ul> <ul style="list-style-type: none"> <li>§ Emphasis of communication in staff orientation</li> </ul>

The following chart highlights detailed comments from Central Region participants regarding leadership selection and development.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Promote from within based on current skills rather than leadership ability</li> <li>§ Not hiring leaders with the appropriate competencies and values</li> </ul>	<ul style="list-style-type: none"> <li>§ Provide on-going training/support from mentors</li> <li>§ 8-week leadership course</li> <li>§ In-house training</li> <li>§ 360-degree feedback</li> <li>§ Stakeholders assist in leadership hiring decisions</li> </ul>
<ul style="list-style-type: none"> <li>§ Education of governing board</li> <li>§ Lack of a planned program</li> </ul>	<ul style="list-style-type: none"> <li>§ Individual goal setting in alignment with organizational goals</li> </ul>
<ul style="list-style-type: none"> <li>§ Unlike managers paired with departments</li> <li>§ Seniority for leadership position - High turnover, no training, one-day seminars</li> </ul>	<ul style="list-style-type: none"> <li>§ New leader/interest training</li> </ul>
<ul style="list-style-type: none"> <li>§ Skills are learned within organizations vs. training</li> <li>§ Lack of value associated to training leaders, lack of sophisticated system</li> <li>§ Lead by example vs. telling how to do it</li> </ul>	<ul style="list-style-type: none"> <li>§ Communication of expectations</li> <li>§ PA Home Care Association – introductory program to supervisor positions (consider cost of demoting managers to staff over cost of program)</li> <li>§ Nursing Leadership Academy (company in LA)</li> <li>§ Action plans for each unit – report to managers/accountable</li> <li>§ Tied to managers’ compensation</li> <li>§ Leadership/administrative program (18 months)</li> <li>§ Various levels of training - Goals and objectives/Continuing education credits</li> <li>§ 90-day training prior to entering facility (has not yet reached direct care)</li> <li>§ Partnerships/mentors (preceptor as long as needed)</li> </ul>

Obstacles	Solutions
	<ul style="list-style-type: none"> <li>§ Resource directory for new leaders</li> <li>§ Where they need to go</li> <li>§ Who you need to see/ask</li> <li>§ Key areas – objectives/orientation</li> <li>§ Ongoing training for all leaders</li> <li>§ Practical application of training</li> </ul>
<ul style="list-style-type: none"> <li>§ Strategic plans</li> <li>§ Need for forward-thinking leadership team, executives and board members</li> </ul>	<ul style="list-style-type: none"> <li>§ To partner with organizations to share resources (net-learning)</li> </ul>

The following chart highlights detailed comments from Central Region participants regarding incentives.

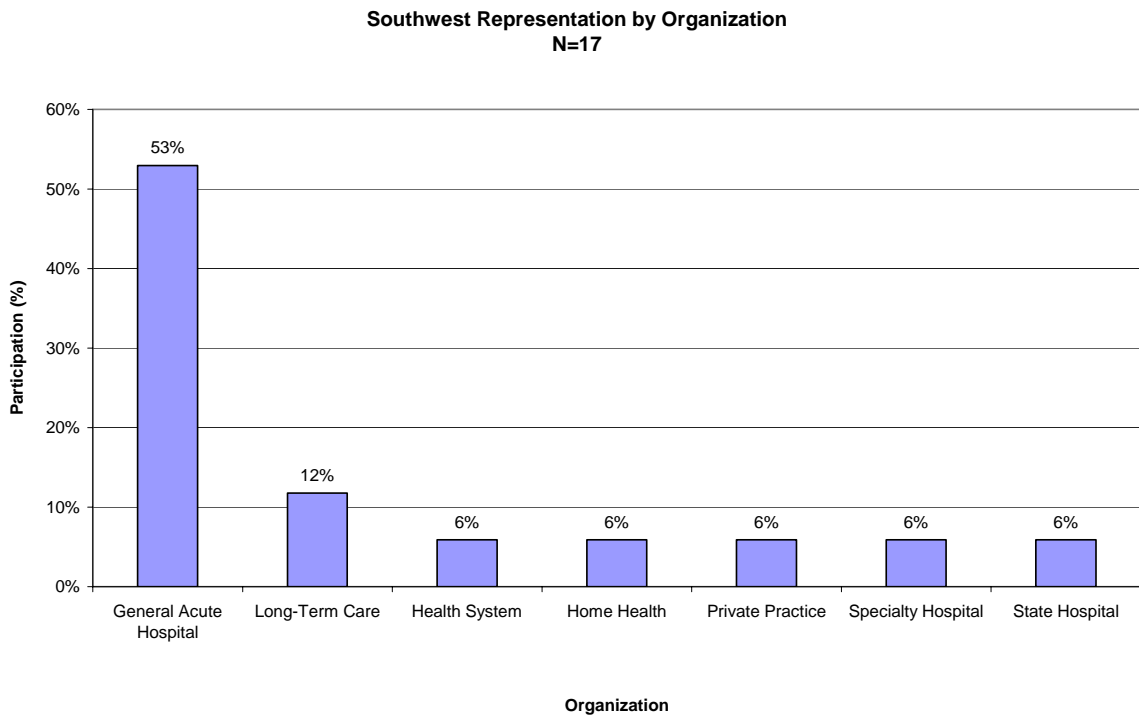
Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Lack of encouragement for certification</li> <li>§ Lack of payment for certification</li> <li>§ Lack of demonstrated value</li> <li>§ Equality across system – not just nursing</li> </ul>	<ul style="list-style-type: none"> <li>§ Supporting certification</li> </ul>
<ul style="list-style-type: none"> <li>§ Time</li> <li>§ Financial</li> <li>§ No compensation differences</li> </ul>	<ul style="list-style-type: none"> <li>§ Performance (Baptist Hospital in FL)</li> <li>§ 1-yr succession planning for leaders</li> <li>§ Incentives tied to strategic goals are tied to the department-head level – not yet staff-level</li> <li>§ Expectations of clinical competence at front line</li> <li>§ Incentive &amp; cultivation of teaching/lectures                             <ul style="list-style-type: none"> <li>– Merit-based raises</li> <li>– Not only manager level</li> <li>– Financial incentive based on expectations</li> <li>– Practical (clinic ladder 4) knowledge</li> <li>– Demonstrated value first and outcomes then incorporate financial ties</li> </ul> </li> <li>§ Buy-in from staff for program without financial incentive                             <ul style="list-style-type: none"> <li>– Reward for clinical excellence</li> <li>– Patricia Benner – resource</li> <li>– Incorporating empowerment</li> </ul> </li> </ul>

No metrics were recorded or discussed in this Roundtable.

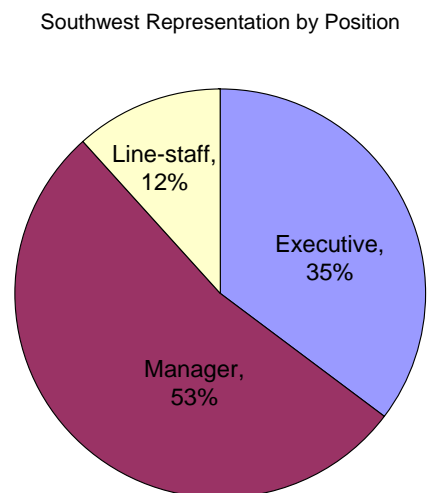
### Southwest Region

#### Roundtable Participant Demographics

The Southwest Region Retention Roundtable was held June 14, 2005, in Cranberry, Allegheny County. Forty-seven percent of those invited to participate attended the Roundtable. This Roundtable included 17 participants, making it the smallest in the Commonwealth. Hospitals representatives were 53 percent of all participants, followed by long-term care at 12 percent.



In terms of representation based on positions, the Southwest Region was the one of the regions that had the highest participation level by managers. Managers comprised 53 percent of participants, followed by executives at 35 percent. Twelve percent of participants were line-staff.

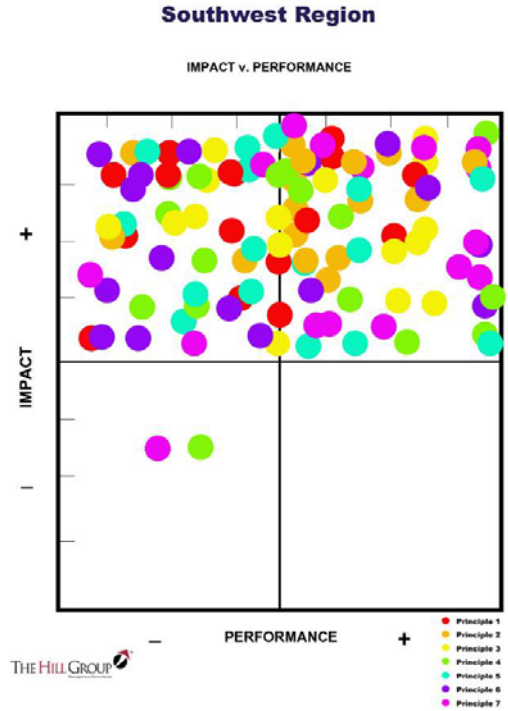


Principles

Three principles were discussed in two small group sessions. Principle 6 was discussed in both small groups.

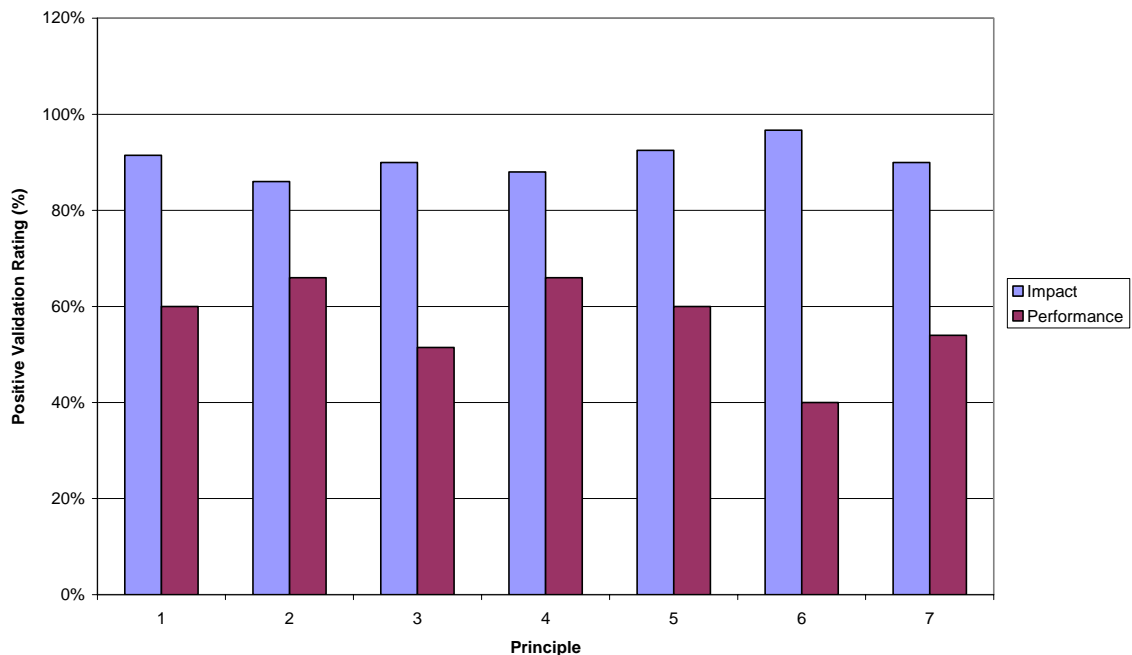
The principles discussed were:

- § Principle 1: Prioritize patient care and emphasize quality and safety of care.
- § Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement.
- § Principle 6: Train leadership to engage with and represent staff effectively



At the end of the Roundtable, participants were asked to submit their scorecards used to direct the small group sessions. The scorecards were later entered into a database to more precisely evaluate how the participants rated each Principle. This chart below summarizes positive scorecard values by Principle.

Southwest Region: Positive Validation Rating by Principle  
N=11



Unique Regional Themes

- § Leadership development
- § Leadership selection

In comparison to other regions, discussions in the Southwest Region Roundtable were highly focused on leadership development and leadership selection. Comments may have been influenced by the high percentage of executives and managers present. Participants indicated that many individuals are placed into a leadership role without the training to properly manage peers. Other individuals simply do not have the personality to be in a leadership role; they are unapproachable and there is no trust between the leader and staff. Best practices and solutions mentioned by participants included developing mentoring/orientation programs, building confidence, and holding meetings between leaders and staff.

Common Regional Theme

The most common theme discussed in small groups was leadership selection and development.

The following chart highlights detailed comments from Southwest Region participants regarding leadership selection and development.

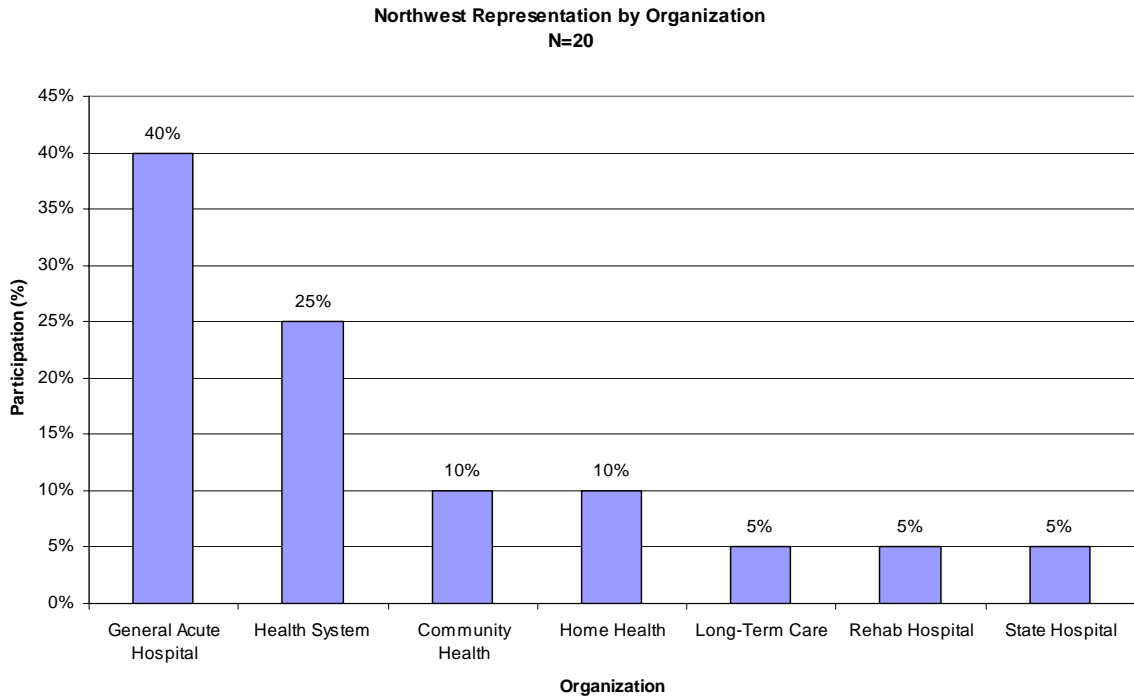
Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Confidence</li> <li>§ Leadership throughout care delivery system</li> <li>§ Managers at lowest level unable to give up control</li> <li>§ Staff prepared to take on and manage responsibility and new roles</li> <li>§ Support for decision follow-thru</li> </ul>	<ul style="list-style-type: none"> <li>§ Build confidence from Day #1</li> <li>§ Clear set of expectations and accountability</li> <li>§ Consistently align decision-making for clinical/clinical-administrative direction</li> <li>§ Increase duration of orientation</li> <li>§ Mentoring program to build confidence</li> <li>§ Positives promoted – BRAVO program</li> <li>§ Reality-based orientation program</li> <li>§ Use an outside change agent to work with senior leadership to change roles throughout organization to empower at all levels</li> <li>§ Use interdisciplinary committees for organization-wide decisions</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Lack of clinical experience and perspective for administrative leaders</li> <li>§ Lack of succession planning for clinical leaders</li> <li>§ Selection for committees</li> <li>§ Trust and communication between staff/management</li> <li>§ Unapproachable leaders</li> </ul>	<ul style="list-style-type: none"> <li>§ Administrative staff on-call and rounds</li> <li>§ Balanced participation of line-staff on committees</li> <li>§ Care delivery program and “Walk in my shoes” program to break down barriers</li> <li>§ Create responsibility for all levels</li> <li>§ Face-time and meetings between staff and managers</li> <li>§ Promotion of existing meetings and organizational development</li> <li>§ Shadowing/Adopt-a-Unit</li> <li>§ Support on decisions</li> <li>§ Visibility of senior leadership</li> </ul>
<ul style="list-style-type: none"> <li>§ Compensation</li> <li>§ Difference in values/philosophy keeping line-staff from wanting to be managers                             <ul style="list-style-type: none"> <li>- Lifestyle priorities</li> <li>- What one manager once did should now be covered by two people</li> </ul> </li> <li>§ High turnover</li> <li>§ Lack over overtime measurement</li> <li>§ Leadership visibility Overload of roles for managers/leadership because of staffing shortages and prioritization</li> </ul>	<ul style="list-style-type: none"> <li>§ Champion of change</li> <li>§ Communications meetings</li> <li>§ Incentives to improve relationships - Orientation, More engaged with team structure</li> <li>§ New staff meetings with leadership</li> <li>§ Performance-based incentives</li> <li>§ Regular, monthly patient forums</li> <li>§ Senior leaders switch w/staff for a day</li> <li>§ Structured minutes sent to rest of staff</li> <li>§ Structured time for continuing education</li> <li>§ Use business techniques</li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Accountability - Time/Attendance/Behavioral Measures</li> <li>§ Autonomy                             <ul style="list-style-type: none"> <li>- Patient satisfaction scores</li> <li>- What I did to prevent...</li> </ul> </li> <li>§ Barcode reports</li> <li>§ Create a culture in colleges and universities to support measurement</li> <li>§ Collaborative practice</li> <li>§ Dashboard of metrics through organization – keep it simple and meaningful. Promote through organization to staff</li> <li>§ Employee/culture survey to diagnose organization and leaders</li> <li>§ Exit Interviews</li> <li>§ Incident reports (more accountability to other staff and patients)</li> <li>§ Measure turnover</li> <li>§ Patient feedback</li> <li>§ Performance Standards - Performance Reviews/Competency</li> <li>§ Roles/responsibilities</li> <li>§ Staff and resources to measure</li> <li>§ Turnover</li> <li>§ Vacancies</li> </ul>	

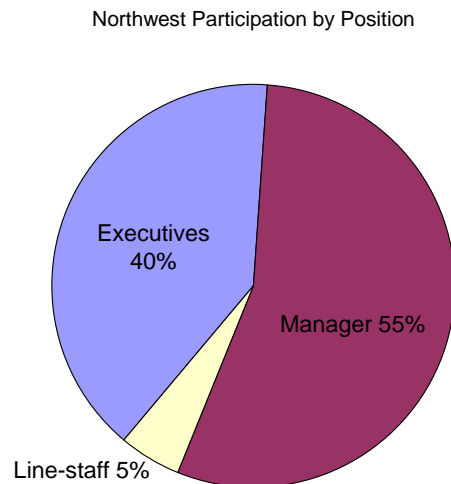
Northwest Region

Roundtable Participant Demographics

The Northwest Region Retention Roundtable was held June 15, 2005, in Meadville, Crawford County. Fifty percent of those invited to participate attended. There were 20 participants representing the Northwestern Region's health care community. The largest participant group was hospitals at 40 percent, followed by health systems at 25 percent.



In terms of representation based on positions, the Northwest Region had the highest representation by managers and the lowest representation by line-staff. Managers represented 55 percent of participants, followed by executives at 40 percent. Line-staff represented 5 percent of participants.

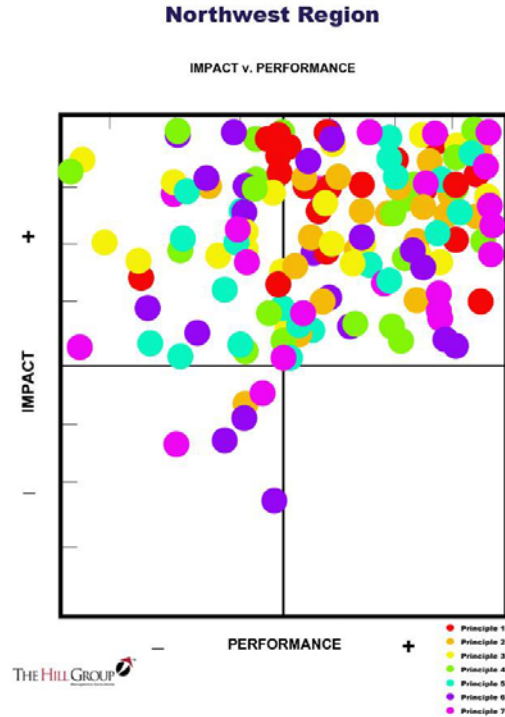


Principles

Three principles were discussed in two small group sessions. Principle 3 was discussed in both small groups.

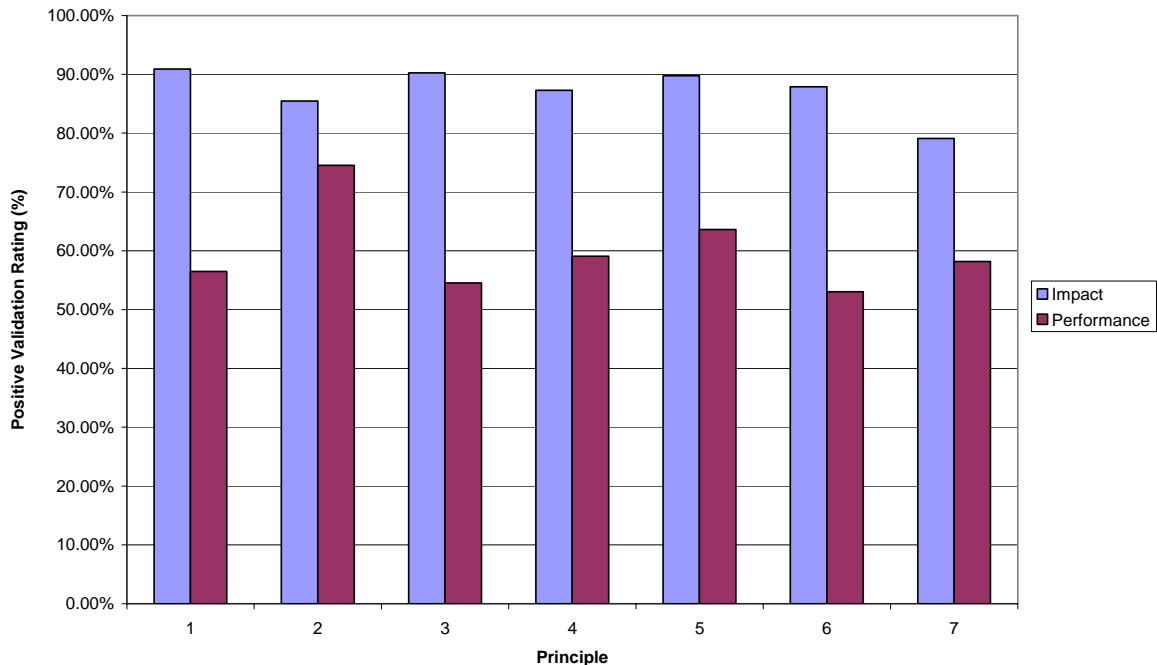
The principles discussed were:

- § Principle 3: Support and respect staff.
- § Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement.
- § Principle 6: Train leadership to engage with and represent staff effectively.



At the end of the Roundtable, participants were asked to submit their scorecards used to direct the small group sessions. The scorecards were later entered into a database to more precisely evaluate how the participants rate each Principle. The chart below summarizes positive scorecard values by Principle.

Northwest Region: Positive Validation Rating by Principle  
N=20



### Unique Regional Themes

- § Positive reinforcement
- § Incentives

In comparison to other regions, the Northwest Region Roundtable discussions were more focused on positive reinforcement and incentives for staff. Like the Southwest Region, this region had a high percentage of manager- and executive-level participants. Line-staff represented just 5 percent of those involved in the Roundtable. Participants indicated that morale in their institutions was down, because employees are overworked and not well recognized. When discussing best practices, some participants mentioned that their institutions successfully created incentives not focused on monetary compensation. These incentives were focused on bringing fun back to the workplace and receiving positive reinforcement from leadership. Participants also indicated that there were no incentives to become a leader in their respective institutions. In some instances, there was simply not enough difference in pay between regular staff and management.

### Common Regional Themes

The most common themes in Northwest Region discussions were:

- § Organizational Culture
- § Incentives
- § Recruitment/Retention

The following chart highlights detailed comments from Northwest Region participants regarding organizational culture.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Communication</li> <li>§ Work/life balance</li> <li>§ Accountability</li> <li>§ Fair, consistent management</li> <li>§ Corporate culture not consistent with needs</li> <li>§ Little flexibility</li> <li>§ Confidentiality</li> <li>§ Time constraints for meetings</li> <li>§ Territorialism</li> </ul>	<ul style="list-style-type: none"> <li>§ Positive reinforcement</li> <li>§ Flexibility of worker schedules</li> <li>§ Reevaluate work processes/redesign</li> <li>§ Establish meaningful, person appreciation processes</li> </ul>
<ul style="list-style-type: none"> <li>§ Culture of organization not encouraging</li> <li>§ History – How it was</li> </ul>	<ul style="list-style-type: none"> <li>§ Admitting mistakes</li> <li>§ Communication</li> <li>§ Honesty</li> <li>§ Openness</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ How to get medical staff organization to buy into change of culture?</li> <li>§ Time                             <ul style="list-style-type: none"> <li>- Rotation of staff to allow participation</li> </ul> </li> <li>§ Work/life issues:                             <ul style="list-style-type: none"> <li>- Quality of life issues</li> <li>- Flexibility</li> <li>- Finding balance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>§ Identification of behavior change</li> <li>§ Meetings for physicians aid w/physicians to have voices be heard</li> <li>§ Time to bring out positive attributes/activity from staff</li> </ul>
<ul style="list-style-type: none"> <li>§ Analysis of workforce wants</li> <li>§ Different cultures in different types of hospitals</li> <li>§ Respect differences</li> <li>§ Risky                             <ul style="list-style-type: none"> <li>- Need buy-in from highest level</li> <li>- Give up control</li> </ul> </li> <li>§ Skepticism                             <ul style="list-style-type: none"> <li>- Another program that will not continue</li> </ul> </li> <li>§ Sustainability</li> <li>§ Tangibility</li> <li>§ Time and energy</li> </ul>	<ul style="list-style-type: none"> <li>§ Administration attend orientation and set expectations and accountability</li> <li>§ Demonstration of interconnectedness</li> <li>§ Meetings with leadership monthly                             <ul style="list-style-type: none"> <li>- Rounds</li> <li>- Report every morning</li> <li>- Different model of nursing</li> <li>- Outcomes established</li> </ul> </li> <li>§ They developed how to achieve it Open-door policy</li> <li>§ Shared governance                             <ul style="list-style-type: none"> <li>- Unit councils</li> <li>- Critical care unit usually starting point</li> </ul> </li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Advisory boards</li> <li>§ Employee satisfaction surveys</li> <li>§ Exit Interviews</li> <li>§ Fairness of leaders</li> <li>§ Frequency of communication/visits/meetings</li> <li>§ Improved community perception</li> <li>§ Nursing M&amp;M                             <ul style="list-style-type: none"> <li>- Isolate critical incidents</li> <li>- Invite people to think about situation</li> <li>- Forum for increasing nursing practice</li> <li>- Staff-to-staff presentations</li> </ul> </li> <li>§ Participation of staff in business/committee meetings</li> <li>§ Patient satisfaction</li> <li>§ Physician satisfaction</li> <li>§ Reduced absenteeism</li> <li>§ Reduced disciplinary action</li> <li>§ Report cards</li> <li>§ Track changes of processes in relation to satisfaction scores</li> <li>§ Transfer rates of units</li> <li>§ Trend demographics</li> <li>§ Turnover</li> <li>§ Vacancies</li> </ul>	

The following chart highlights detailed comments from Northwest Region participants regarding incentives.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Varying benefits w/organizational labor</li> <li>§ FLMA - no overtime prescription</li> </ul>	<ul style="list-style-type: none"> <li>§ Attach raises to performance</li> </ul>
<ul style="list-style-type: none"> <li>§ Need for more recognition</li> </ul>	<ul style="list-style-type: none"> <li>§ "Pay the pig" – peer pressure</li> <li>§ 12-week strategy plan around themes</li> <li>§ Accounts toward education</li> <li>§ Bring fun back into the workplace</li> <li>§ Certificates</li> <li>§ Commitment across board, staff community</li> <li>§ Creativity doesn't cost a thing</li> <li>§ Criteria for nomination</li> <li>§ Newsletter</li> <li>§ Nice doings recognition</li> <li>§ Not nursing-focused</li> <li>§ Staff recognition from other staff</li> <li>§ Suggestion box</li> <li>§ Thank you cards to all levels of line-staff, including maintenance</li> </ul>
<ul style="list-style-type: none"> <li>§ Career ladder availability</li> <li>§ Job load</li> <li>§ Lack of recognition</li> <li>§ Morale is down</li> <li>§ Prioritization</li> <li>§ Those who do well get more work</li> </ul>	<ul style="list-style-type: none"> <li>§ "Fair" day to learn about roles</li> <li>§ Conversion of sick leave into benefit time (often cut in bad times)</li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Employee satisfaction surveys</li> <li>§ Exit Interviews</li> <li>§ Involvement in voluntary things</li> <li>§ Participation of staff in business/committee meetings</li> <li>§ Patient satisfaction</li> <li>§ Physician satisfaction</li> <li>§ Reduced absenteeism</li> <li>§ Transfer rates of units</li> <li>§ Turnover</li> </ul>	

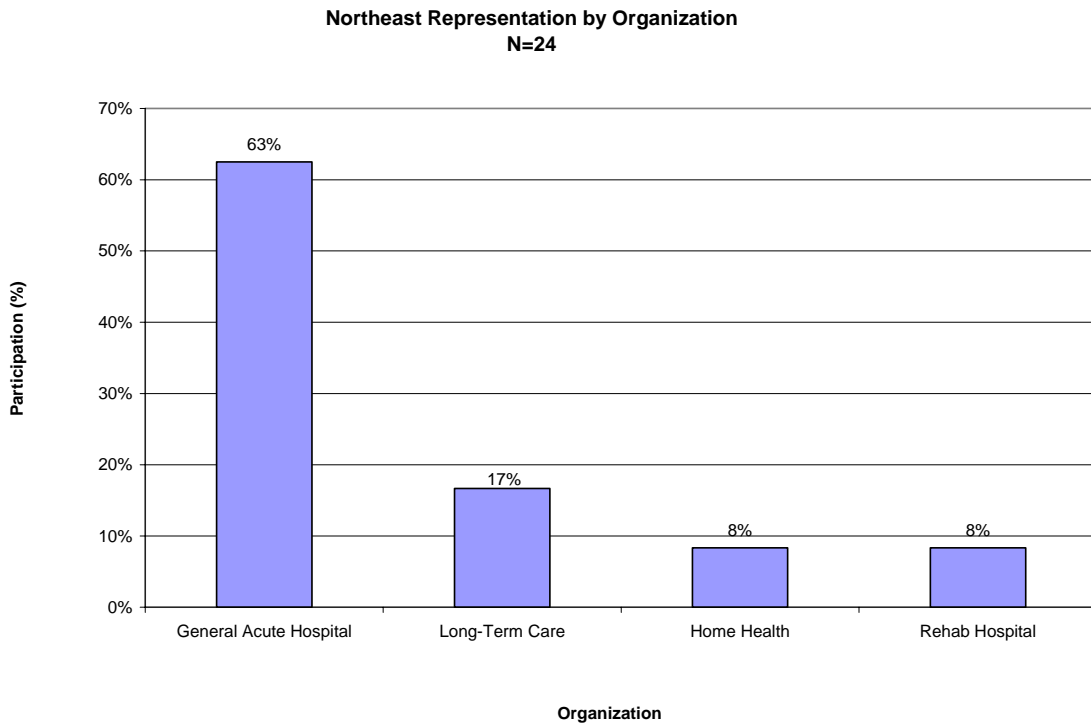
The following chart highlights detailed comments from Northwest Region participants regarding recruitment and retention.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ High-paying alternative careers</li> <li>§ Overregulated/Defined job description</li> <li>§ Tenure</li> <li>§ Turnover</li> </ul>	<ul style="list-style-type: none"> <li>§ Administrative rounds</li> <li>§ Birthday luncheon forum to discuss issues and celebrate</li> <li>§ Celebrate often</li> <li>§ CEO demonstrates personal approach</li> <li>§ CEO hosts staff meeting with all shifts/all staff members quarterly</li> <li>§ Honest sharing of management issues with staff</li> <li>§ Post management notes in lounges and discuss with staff</li> <li>§ Succession planning</li> </ul>
<ul style="list-style-type: none"> <li>§ Lack of ability to recruit</li> <li>§ Visibility of management/senior leadership</li> </ul>	<ul style="list-style-type: none"> <li>§ Extensive Education                             <ul style="list-style-type: none"> <li>– Overview of policies</li> <li>– Physicians/board members/managers</li> <li>– Round-the-clock education</li> <li>– Weekend programs</li> </ul> </li> <li>§ Follow-up on issues at next meetings</li> <li>§ Orientation of new staff</li> <li>§ Ownership of projects/programs</li> <li>§ Selection of right people – behavioral interview</li> <li>§ Visibility by managers every week                             <ul style="list-style-type: none"> <li>– Quarterly staff meeting around-the-clock from various units</li> <li>– Responses quarterly</li> </ul> </li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Advisory boards</li> <li>§ Employee satisfaction surveys</li> <li>§ Exit Interviews</li> <li>§ Fairness of leaders</li> <li>§ Frequency of communication/visits/meetings</li> <li>§ Participation of staff in business/committee meetings</li> <li>§ Patient satisfaction</li> <li>§ Physician satisfaction</li> <li>§ Reduced absenteeism</li> <li>§ Reduced disciplinary action</li> <li>§ Turnover rates</li> </ul>	

Northeast Region

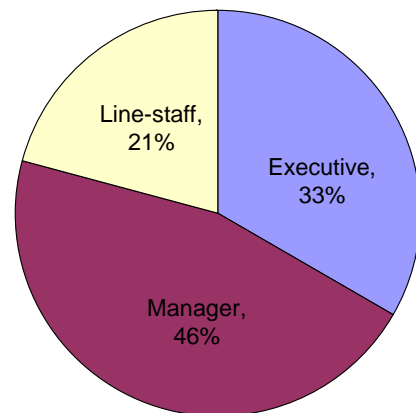
Roundtable Participant Demographics

The Northeast Region Retention Roundtable was held July 7, 2005, in Wilkes-Barre, Luzerne County. Fifty-five percent of those invited to participate attended. The Northeast Roundtable included 24 participants. As shown in the graph below, 63 percent of participants represented hospitals, followed by long-term care at 17 percent.



In terms of representation based on positions, the Northeast Region, like the Central Region, also had a relatively equal distribution among the three position levels. Managers represented 46 percent of participants, followed by executives at 33 percent and line-staff at 21 percent.

Northeast Participation by Position

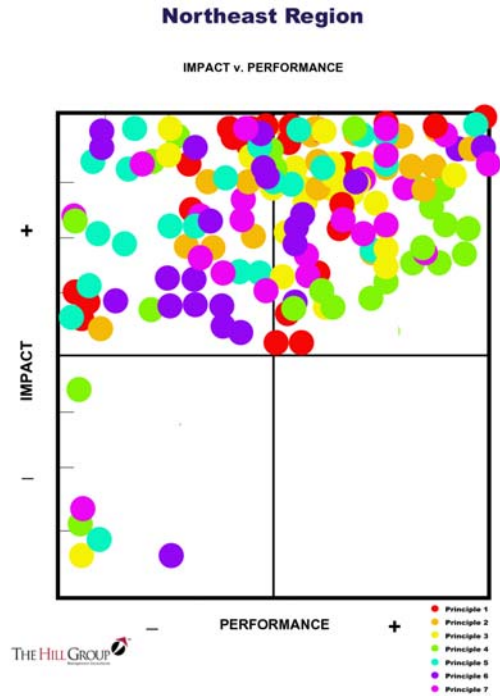


Principles

Three principles were discussed in two small group sessions. Principle 5 was discussed in both Sessions.

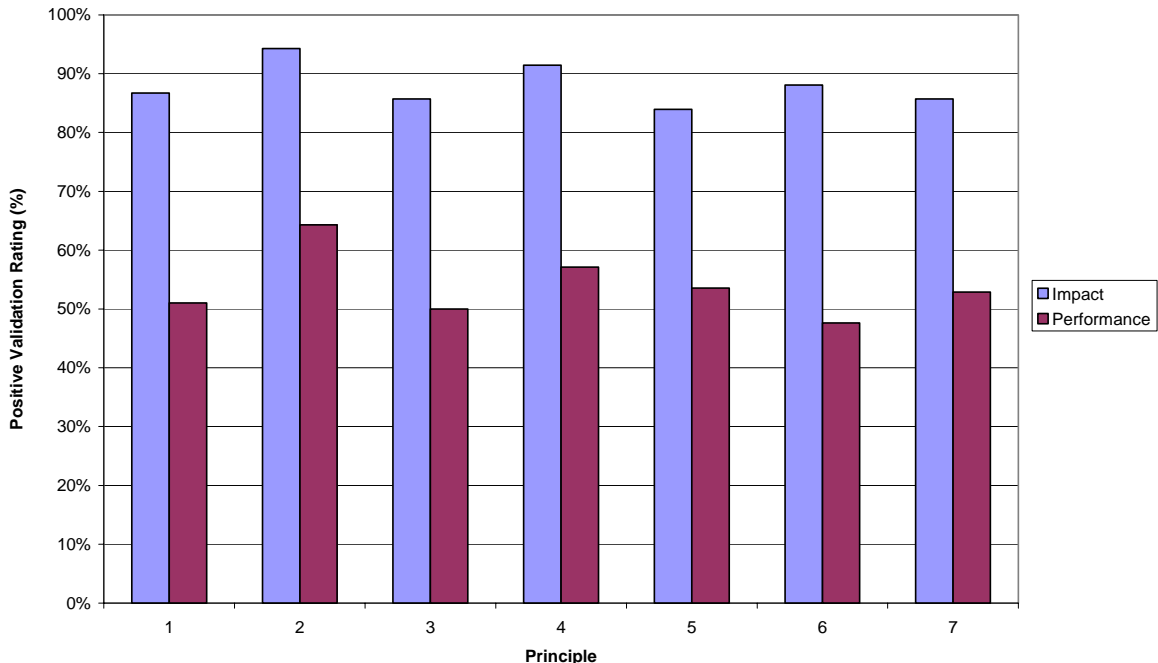
The principles discussed were:

- § Principle 4: Foster communication and collaboration on all levels.
- § Principle 5: Provide staff with autonomy and accountability, with clear performance standards and measurement.
- § Principle 6: Train leadership to engage with and represent staff effectively.



At the end of the Roundtable, participants were asked to submit their scorecards used to direct the small group sessions. The scorecards were later entered into a database to more precisely evaluate how the participants rate each Principle. The chart below summarizes positive scorecard values by Principle.

Northeast Region: Positive Validation Rating by Principle  
N=15



### Unique Regional Theme

#### § Insurance industry

In comparison to other regions, the Northeast Region Roundtable discussions uniquely focused on the insurance industry. Participants mentioned that they feel they have little control over the care they provide patients, especially when insurance companies dictate the amount of time individuals can spend in hospitals or which drugs patients are allowed to take. Health care workers suggested that this report be shared with insurance companies, and in the future, insurance companies should attend similar Roundtable discussions.

### Common Regional Theme

The most common theme in Northeast Region discussions was organizational culture.

The following chart highlights detailed comments from Northeast Region participants regarding organizational culture.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ 75% Rule – rehab</li> <li>§ Communication</li> <li>§ Constraints of industry</li> <li>§ Corporate structure not willing to change</li> </ul>	<ul style="list-style-type: none"> <li>§ Communication training</li> <li>§ Conference</li> <li>§ Individual meetings within departments</li> <li>§ Interdisciplinary meetings</li> <li>§ Open discussions</li> <li>§ Practice councils</li> <li>§ More time for patients and families</li> <li>§ Include staff in reviews and celebrations</li> </ul>
<ul style="list-style-type: none"> <li>§ Antiquated culture</li> </ul>	<ul style="list-style-type: none"> <li>§ Cultural expectations defined</li> <li>§ Culture of units pushing leadership with evidence to move culture</li> </ul>
<ul style="list-style-type: none"> <li>§ Communication between shifts</li> <li>§ Communication between supervisors/shifts</li> <li>§ Receiver communication accountability</li> </ul>	<ul style="list-style-type: none"> <li>§ Forums to offer ideas</li> <li>§ Meeting facilitation and direction – outcome based</li> <li>§ Overlap shift meetings</li> <li>§ Posting minutes and results</li> <li>§ Public mail systems - visible from home</li> </ul>
<ul style="list-style-type: none"> <li>§ Afternoon/Night “Out of Loop” on care decisions – perceptions</li> <li>§ Competition to bring in, recruit among organizations</li> <li>§ Interdepartmental perspective sharing</li> <li>§ Physician buy-in of decisions of care</li> <li>§ Road blocks to have meetings – time constraints</li> </ul>	<ul style="list-style-type: none"> <li>§ Bi-weekly interdepartmental meetings – examine each patient's care</li> <li>§ Clinical liaison – staff nurses, BSN Precept, allowed larger clinical group</li> <li>§ Hands-on administration</li> <li>§ Membership on regional, national councils, professional relations</li> <li>§ Talking and working through issues</li> <li>§ Tuition reimbursement</li> </ul>

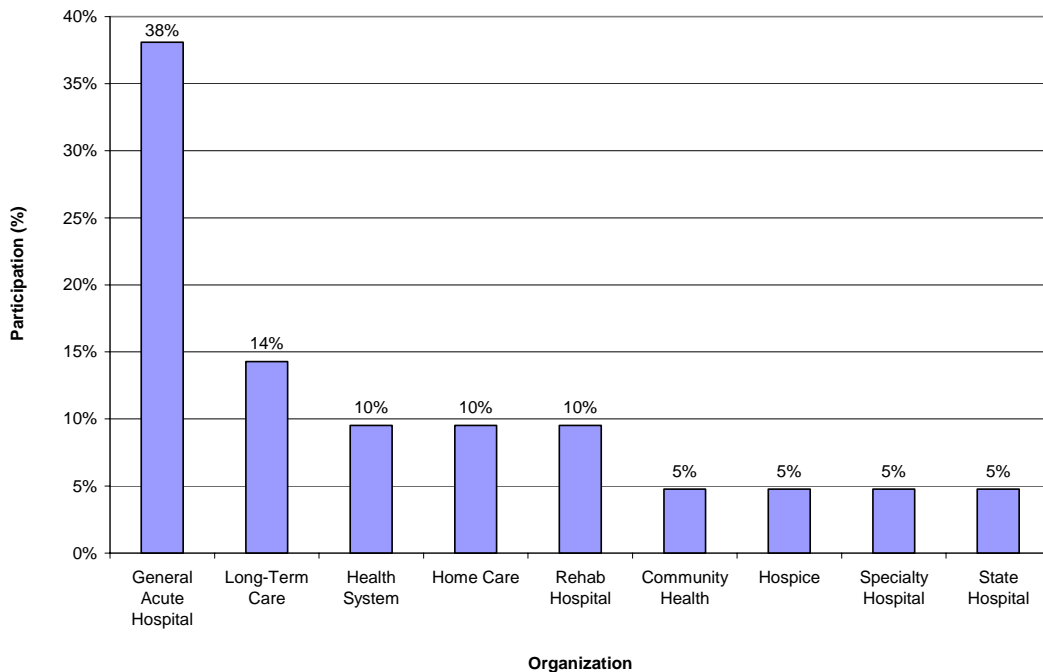
Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Trust based on past experiences and follow-through</li> <li>§ Not understanding other individuals'/disciplines' responsibilities</li> <li>§ Trust – honesty of senior leadership/managers</li> <li>§ “They can’t fire me, because they need me”</li> </ul>	<ul style="list-style-type: none"> <li>§ Send staff meeting minutes to HR &amp; senior management</li> <li>§ Senior leadership must make communication a core value</li> <li>§ When a situation can’t be changed – address how to live with it</li> <li>§ Complaints must come with a potential solution</li> <li>§ Promote integrity, honesty, fairness</li> <li>§ Equal treatment/consistency</li> <li>§ Guiding principles for staff – signed upon hiring</li> <li>§ Learn/supervised by example</li> <li>§ Mission – review it/talk about practicing it</li> <li>§ Staff sets the unit rules and managers enforce the rules</li> </ul>
<ul style="list-style-type: none"> <li>§ Trust based on past experiences and follow-through</li> <li>§ Not understanding other individuals'/disciplines' responsibilities</li> <li>§ Trust – honesty of senior leadership/managers</li> <li>§ “They can’t fire me, because they need me”                             <ul style="list-style-type: none"> <li>– Don’t threaten – lost credibility</li> <li>– Managers don’t want people who don’t want to participate in the culture</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>§ Send staff meeting minutes to HR &amp; senior management</li> <li>§ Senior leadership must make communication a core value</li> <li>§ When a situation can’t be changed – address how to live with it</li> <li>§ Complaints must come with a potential solution</li> <li>§ Promote integrity, honesty, fairness</li> <li>§ Equal treatment/consistency</li> <li>§ Guiding principles for staff – signed upon hiring</li> <li>§ Learn/supervised by example</li> <li>§ Get buy-in through an emphasis on long-term goals</li> <li>§ E-mail notes/messages</li> <li>§ Mission – review it/talk about practicing it</li> <li>§ Staff sets the unit rules and managers enforce the rules</li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Chart audits</li> <li>§ Clinical indicators</li> <li>§ CMS indicators</li> <li>§ Documentation/communication with other disciplines</li> <li>§ Employee surveys</li> <li>§ Frequency of forums, postings, methods of communication</li> <li>§ Magnet status</li> <li>§ MQSA /Other standards</li> <li>§ Patient satisfaction</li> <li>§ Peer review</li> <li>§ Retention</li> <li>§ Retention/turnover</li> <li>§ Staff satisfaction</li> <li>§ State surveys/JCAHO surveys</li> </ul>	

Southeast Region

Roundtable Participant Demographics

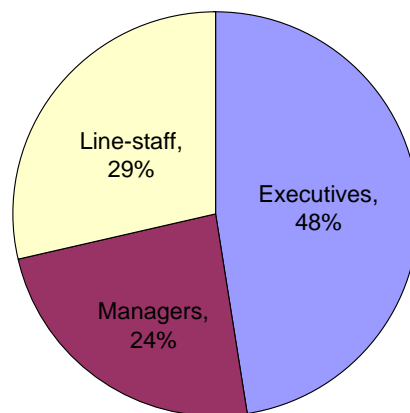
The Southeast Region Retention Roundtable was held July 14, 2005, in Philadelphia, Philadelphia County. Fifty-one percent of those invited to participate attended the Roundtable. Twenty-one participants represented the Southeast Region's health care community. Hospital representatives were 38 percent of participants, followed by long-term care at 14 percent.

Southeast Representation by Organization  
N=21



In terms of representation based on positions, the Southeast Region had the highest representation by executives across the Commonwealth. Also, it was the only region to have a generally equal representation between managers and line-staff.

Southeast Participation by Position



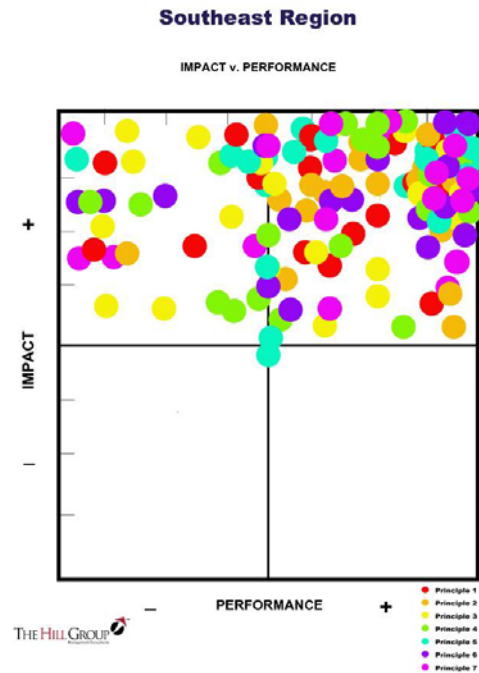
Principles

Two principles were discussed in the Southeast Region Roundtables. Both small group sessions focused on the same Principles.

The Principles discussed were:

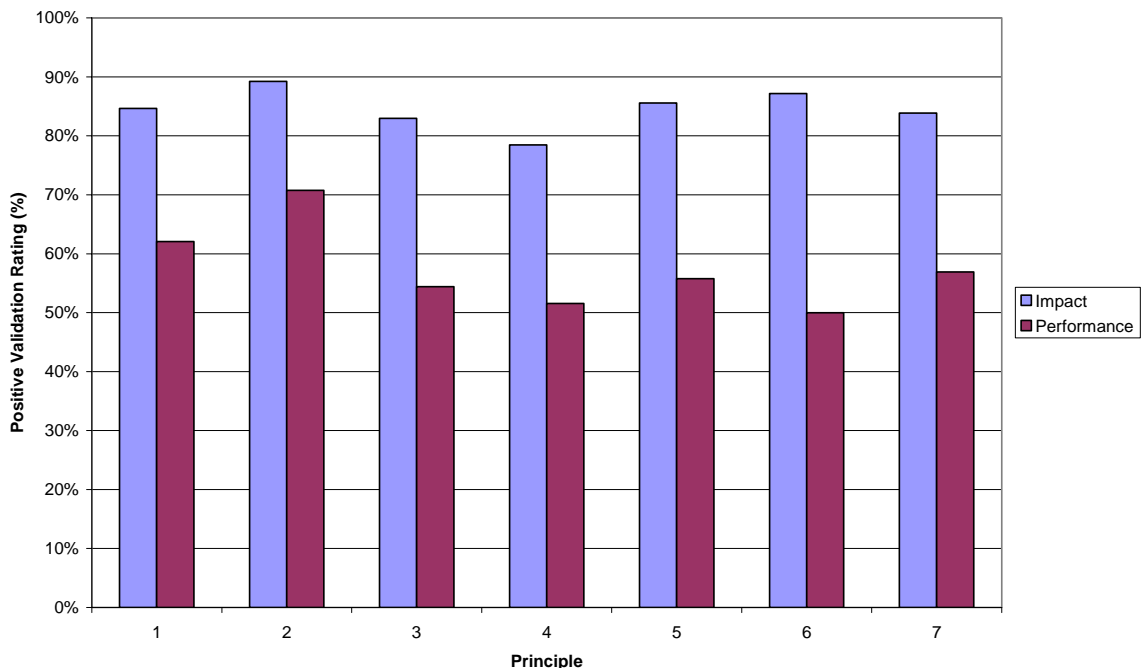
- § Principle 1: Prioritize patient care and emphasize quality and safety of care.
- § Principle 3: Support and respect staff.

Participants in the Southeast Region rated their organizations high performers in nearly all principles.



At the end of the Roundtable, participants were asked to submit their scorecards used to direct the small group sessions. The scorecards were later entered into a database to more precisely evaluate how the participants rate each Principle. The chart below summarizes positive scorecard values by Principle.

Southeast Region: Positive Validation Rating by Principle  
N=27



### Unique Regional Themes

- § Technology
- § Data quality

In comparison to other regions, the Southeast Region Roundtable discussions uniquely focused on technology and data quality. Obstacles indicated by the participants included difficulty interfacing systems, a lack of labor-saving technology, and becoming hostage to one vendor when buying a whole package. Data was another area of concern, as there is often little data regarding individual populations or diseases. In addition, participants mentioned that data from the state is usually two to three years old, making it difficult to use. Solutions were challenging for participants to articulate since they did not have expertise in information systems.

### Common Regional Themes

The most common themes in Southeast Region discussions were:

- § Technology
- § Organizational culture

The following chart highlights detailed comments from Southeast Region participants regarding technology.

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Systems don't interface with each other</li> <li>§ Buy a whole package and become hostage to one vendor</li> <li>§ The databases that exist don't complement each other or work well together</li> <li>§ Lack of labor-saving technology in health care. This is driven by managed care and by monopolies of insurance companies</li> </ul>	<ul style="list-style-type: none"> <li>§ Decreased technology costs or sharing agreements</li> <li>§ Pharmacy MAC bar coding - reduced errors</li> <li>§ Responding promptly to changing needs</li> <li>§ Smart Pump technology – prevents overdoses</li> </ul>
<ul style="list-style-type: none"> <li>§ Adopting technology</li> <li>§ Different tracking systems – computer systems different between departments</li> </ul>	<ul style="list-style-type: none"> <li>§ All electronic charting/tracking – improves readability</li> <li>§ All nurses have laptops (homecare)</li> </ul>
<ul style="list-style-type: none"> <li>§ Data from the state 2-3 years old - not useful</li> <li>§ Duplication among agencies – it would be much better if they could all use the same form and be consistent</li> <li>§ OASIS only for the 18+ non-pregnant population</li> <li>§ A lots of data but not a lot of information</li> <li>§ Very little data on pregnancies</li> <li>§ Does the data you're collecting actually add value or is it all just someone's whim</li> </ul>	<ul style="list-style-type: none"> <li>§ Electronic records</li> <li>§ Homecare – Oasis data for quality - Quality Insights of Pennsylvania (QIP)</li> </ul>

Regional Health Care Retention Roundtables

<ul style="list-style-type: none"> <li>§ Adopting technology</li> <li>§ Different tracking systems – computer systems different between departments</li> </ul>	<ul style="list-style-type: none"> <li>§ All electronic charting/tracking – improves readability</li> <li>§ All nurses have laptops (homecare)</li> </ul>
<ul style="list-style-type: none"> <li>§ Data from the state 2-3 years old - not useful</li> <li>§ Duplication among agencies – it would be much better if they could all use the same form and be consistent</li> <li>§ OASIS only for the 18+ non-pregnant population</li> <li>§ A lots of data but not a lot of information</li> <li>§ Very little data on pregnancies</li> <li>§ Does the data you’re collecting actually add value or is it all just someone’s whim</li> </ul>	<ul style="list-style-type: none"> <li>§ Electronic records</li> <li>§ Homecare – Oasis data for quality - Quality Insights of Pennsylvania (QIP)</li> </ul>
<b>Metrics</b>	
<ul style="list-style-type: none"> <li>§ Benchmarking – state and national level using an external database</li> <li>§ Measurement against statistical significance</li> </ul>	

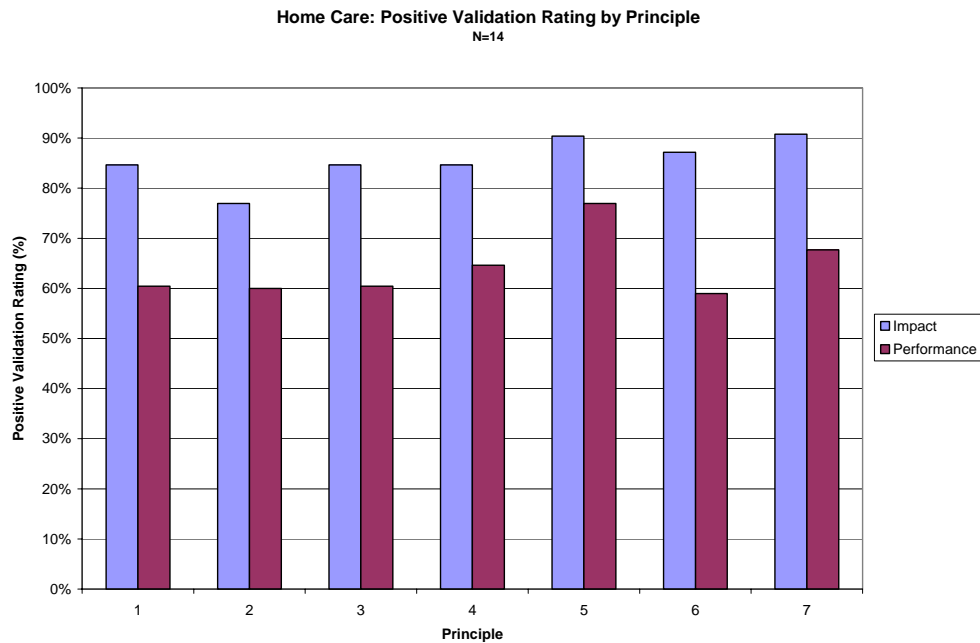
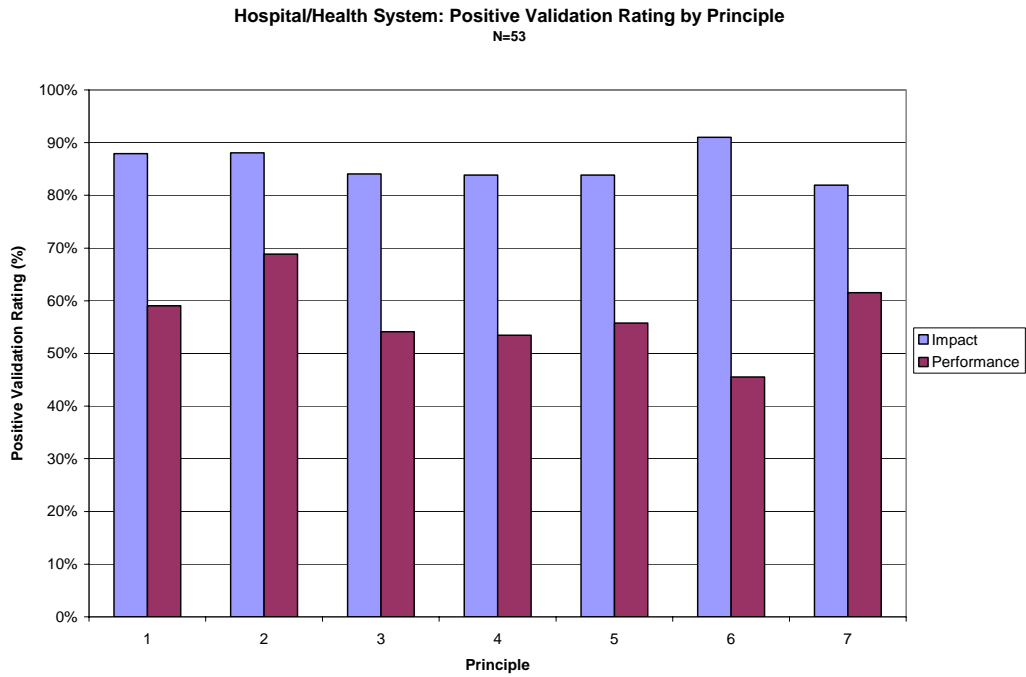
The following chart highlights detailed comments from Southeast Region participants regarding organizational culture.

<b>Obstacles</b>	<b>Solutions</b>
<ul style="list-style-type: none"> <li>§ Changing the way people have done things for 30 years</li> <li>§ Everyone was working from different value systems                             <ul style="list-style-type: none"> <li>– Lacked central vision, mission, values</li> <li>– Had professionalism/but not collective</li> </ul> </li> <li>§ Leadership thought that intradepartmental patient education would offend doctors – but the doctors actually appreciated it</li> <li>§ Sick time abuse</li> <li>§ Silos</li> <li>§ Staff understanding finance</li> </ul>	<ul style="list-style-type: none"> <li>§ Decisions are made, but not without getting the proper input/information first</li> <li>§ Know values/drivers of your audience</li> <li>§ Mission/values w/employee input</li> <li>§ Extensive education on mission</li> <li>§ Focus groups/department process flows – staff identifies how obstacles are created</li> <li>§ Involvement in ongoing education</li> <li>§ Patience and participation (bottom up)</li> <li>§ Pride in productivity – push rather than pull</li> <li>§ Recognition programs</li> <li>§ Redid sick time policy – made it nonpunitive</li> <li>§ Research/program grants for improvement</li> <li>§ Rewrote vision/mission/values - “Road map to the future” w/visuals</li> <li>§ Show staff how absences affect everyone</li> <li>§ Speak in the language of your audience</li> <li>§ Shared governance council</li> <li>§ Staff newsletter with copies of patient satisfaction letters and financial information</li> <li>§ Day administration visited line-staff 24/7. They appreciated the fact that administrators went out of their way to collect input</li> </ul>

Obstacles	Solutions
<ul style="list-style-type: none"> <li>§ Generational differences – work ethic and technology</li> </ul>	<ul style="list-style-type: none"> <li>§ Instead of using CNAs, hire nursing students in the summer – they know the staff – they get to experience different departments – the staff gets to know them – 30 students just hired at one facility</li> <li>§ Nurses wanting to come back – create re-entry program</li> <li>§ Older nurse programs – different age-appropriate tasks</li> <li>§ Over 60 can work 4-hr shifts</li> <li>§ Pairing new grads with younger preceptors who have 2-3 years of experience</li> <li>§ Preceptors chosen for positive attitudes over expertise</li> </ul>
<ul style="list-style-type: none"> <li>§ Elderly workforce – need time off from work</li> <li>§ Generational issues</li> <li>§ Homecare can't hire new grads – need at least 1 year experience – lack of exposure and doesn't encourage growth in promotion</li> <li>§ No sense of loyalty/work ethic</li> <li>§ Work values vs. skills</li> </ul>	<ul style="list-style-type: none"> <li>§ Becoming a clinical site</li> <li>§ Elderly – alternative work procedures and phase retirement</li> <li>§ Loan forgiveness</li> <li>§ Preceptor program for a couple of weeks                             <ul style="list-style-type: none"> <li>- Voluntary</li> <li>- Ability to evaluate preceptor and weed out those lacking</li> </ul> </li> <li>§ Teach customer service</li> </ul>
Metrics	
<ul style="list-style-type: none"> <li>§ Employee satisfaction surveys</li> <li>§ Employee surveys – Difficult to identify weaknesses in individual staff vs. unit</li> <li>§ Exit surveys</li> <li>§ Patient satisfaction surveys – Problem: voluntary</li> <li>§ Turnover rates</li> <li>§ Vacancy rates</li> <li>§ Yearly evaluations</li> </ul>	

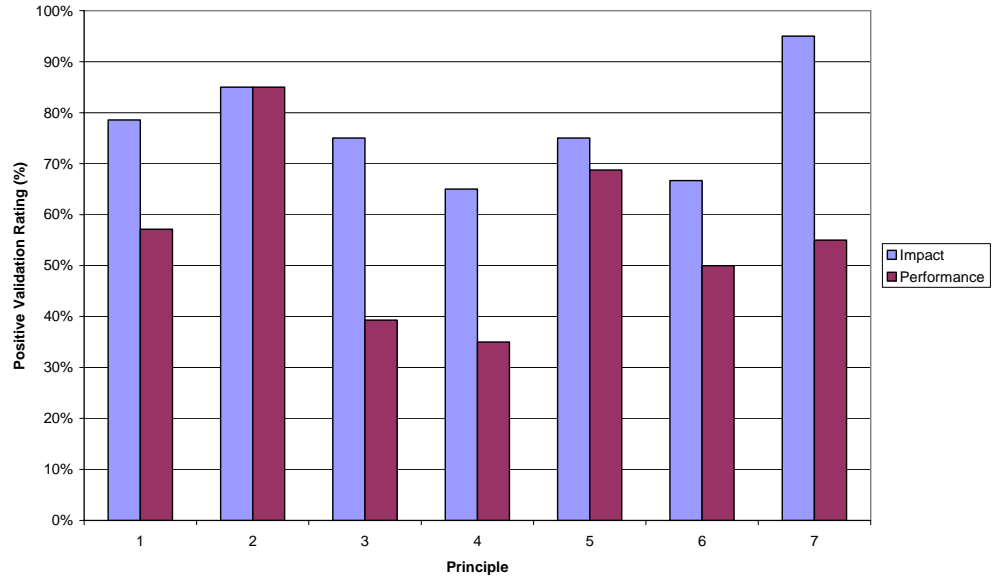
## Health Care Organizations

The graphs below depict scorecard values across the Commonwealth based upon health care organization type. No conclusions or comparisons can be made regarding these scorecard values because of statistically insignificant numbers.

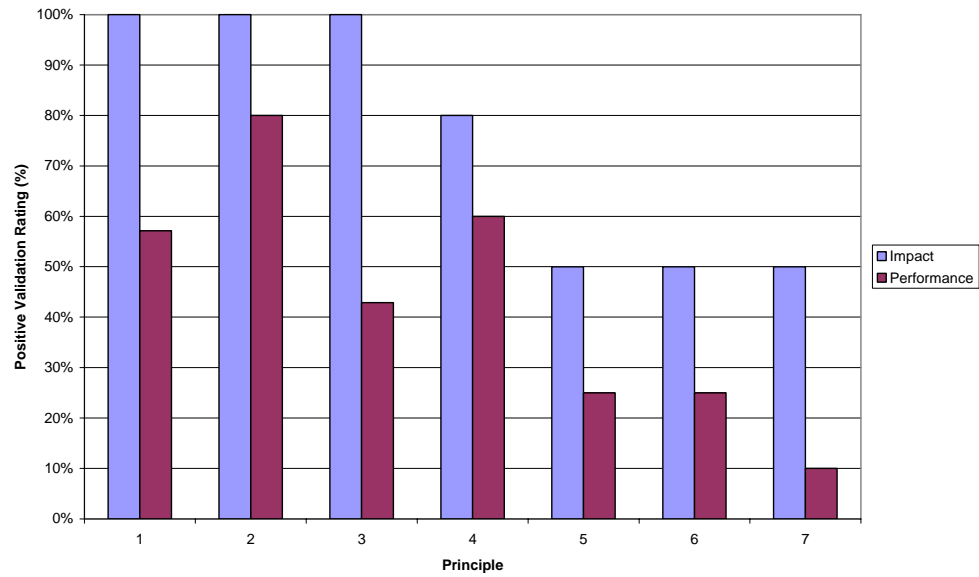


Regional Health Care Retention Roundtables

Long-Term Care: Positive Validation Rating by Principle  
N=5



Community Health: Positive Validation Rating by Principle  
N=2





## Appendix

- Appendix 1: Regional Comparison Chart  
Validation of Vision and Principles
- Appendix 2: Central Region's Small Group Discussion Notes,  
Participant List
- Appendix 3: Southwest Region's Small Group Discussion Notes,  
Participant List
- Appendix 4: Northwest Region's Small Group Discussion Notes,  
Participant List
- Appendix 5: Northeast Region's Small Group Discussion Notes,  
Participant List
- Appendix 6: Southeast Region's Small Group Discussion Notes,  
Participant List
- Appendix 7: Sample Scorecard
- Appendix 8: Sample Invitation Packet
- Appendix 9: Titles Associated by Positions



**Appendix 1:  
Regional Comparison Chart  
Validation of Vision and Seven Principles**



  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Vision – The Commonwealth of Pennsylvania will have a highly skilled and robust health care workforce employed in workplace environments that provide the highest quality of care, services and safety for patients and/or residents

**Revised Vision – The Commonwealth of Pennsylvania will have dynamic and innovative workplace environments that sustain an ample and highly skilled healthcare workforce to provide the highest quality of care, services, and safety for patients and residents.**

<b>Key Words:</b>	§ Engagement of workforce	§ Contain
§ Attract	§ Enjoy	§ Possess
§ Retain	§ Command	
§ Constant	§ Experience	

Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
<b>Content Comments</b>				
	<ul style="list-style-type: none"> <li>§ Missing word – <u>constant</u> supply</li> <li>§ Question about residents – patients or safety of workers?</li> </ul>	<ul style="list-style-type: none"> <li>§ Doesn't speak to employee satisfaction and culture</li> <li>§ Skilled and robust – address wording</li> <li>§ Not related to staff issues/priorities</li> <li>§ Too generic – personalize towards workforce</li> <li>§ Vision should focus on/link to language from principles</li> <li>§ Vision should include the word “engagement” – of workforce</li> </ul>	<ul style="list-style-type: none"> <li>§ Focusing only on patient/resident care – what about training, research and education?</li> <li>§ Stagnant because it's only talking about today – dynamic/changing/incorporating continuing education</li> <li>§ Doesn't address work environment</li> <li>§ Doesn't address public health careers</li> <li>§ Very hospital-focused</li> <li>§ Staff</li> <li>§ Quality of care</li> <li>§ Issues aren't health-care specific – but directly involved in the health/well-being of patients</li> <li>§ Safety of the employee</li> </ul>	<ul style="list-style-type: none"> <li>§ “Attraction” and “retaining” – add to vision statement</li> <li>§ Confusion – “residents” – future doctors? Community members? Long-term clients? Why “and/or” residents? Why not just “and”?</li> </ul>
<b>General Comments</b>				
		<ul style="list-style-type: none"> <li>§ Assumption of attaining quality care = employee satisfaction</li> <li>§ Where am I going to find the resources to achieve this mission?</li> </ul>		

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 1 – Prioritize patient care and emphasize quality and safety of care	
Revised Principle 1 – Promote and sustain a prioritization of direct patient care and emphasizes quality and safety of care	
<b>Key Words:</b> § A supportive workplace § Access to care § All levels in organizations	§ Prioritize direct patient care § Support a workplace that prioritizes patient care § Supportive structure § Workforce
Original Bullets	Revised Bullets
§ Support evidence-based practice (IOM). § Make quality drive the work and the organization (Magnet). § Prioritize work design; design all aspects of work around patients and the needs of staff to care for and support them (AHA, IOM). § Increase caregiver time in patient care (AHA). § Minimize paperwork and administrative duties (JCAHO).	§ <b>Promote patient-centered care.</b> § <b>Support evidence-based practice (IOM).</b> § <b>Make quality drive the work and the organization (Magnet).</b> § Prioritize work design; design all aspects of work around patients and the needs of staff to care for and support them (AHA, IOM). § Increase caregiver time in patient care (AHA). § Minimize paperwork and administrative duties (JCAHO). § Use technologies to improve work flow and reduce risk of injury to both health care workers and patients (JCAHO).
<b>Key Words:</b> § Education § Advocacy § Cultural Diversity § Healthcare Literary	

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 1 – Prioritize patient care and emphasize quality and safety of care				
Revised Principle 1 – Promote and sustain a prioritization of direct patient care and emphasizes quality and safety of care				
Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
<b>Bullet Content Comments</b>				
<ul style="list-style-type: none"> <li>§ Educational programs should boost health literacy of patients</li> <li>§ Lower productivity requirements to allow extra time to devote to patient care</li> <li>§ Older workers lack understanding of technology</li> <li>§ Promote cultural diversity</li> <li>§ Provide sufficient staffing</li> </ul>	<ul style="list-style-type: none"> <li>§ Allow management to do comprehensive evaluation</li> <li>§ Constant ongoing staff education to supplement technology</li> <li>§ Eliminate waste – make time spent more meaningful</li> <li>§ Healthcare literacy – education materials for patients</li> <li>§ Inclusion of physician and medical staff (clarification)</li> <li>§ Management of complex data – need for analysis and critical thinking</li> <li>§ Prioritize work/redesign/assign appropriate job to appropriate person</li> </ul>	<ul style="list-style-type: none"> <li>§ Addressing ancillary support services/staff</li> <li>§ All healthcare providers have buy-in – assumed but not stated</li> <li>§ Creating policing environment vs. teaching environment</li> <li>§ Definition of “prioritization of patient care” as per nursing definition</li> <li>§ Keep adding responsibility vs. a structure of support that alleviates pressures</li> <li>§ Magnet etc. is not only means of validation of quality of care. There are other non-accredited means</li> <li>§ Magnet, etc. are the drivers of paperwork</li> <li>§ Mismatch between juggling care vs. administrative duties</li> </ul>	<ul style="list-style-type: none"> <li>§ Communication/collaboration</li> <li>§ Cultural differences</li> <li>§ Disconnect when transitioning from one level of care to another</li> <li>§ Does the principle only cover licensed professionals? Michele Campbell indicated that it was meant to be broad</li> <li>§ How do we share data? Look at the dissemination of information</li> <li>§ Need for patient advocates</li> <li>§ Technology missing – most people have technical medical records – this information doesn’t always go to the direct care worker</li> <li>§ The workforce should be placed first – the first and second principles are more focused on the patient</li> </ul>	<ul style="list-style-type: none"> <li>§ Bullet #5 - Direct patient care vs. just patient care</li> <li>§ Clarify evidenced-based practices – to ensure research</li> <li>§ Does the principle address now or later?</li> <li>§ How is quality defined?</li> <li>§ Missing the roadmap to achieve the principles</li> <li>§ Participation in research to make evidence/research-based practices</li> <li>§ Patient education programs – should include the family – specify what types of patient education (Ex. discharge planning, continuum of care)</li> <li>§ Should say “Offer patient and caregiver education”</li> <li>§ What was the intent from Magnet patient education programs? Missing “access” to care</li> </ul>
<b>General Comments</b>				
<ul style="list-style-type: none"> <li>§ Barriers to achievement: staff, technology, money</li> <li>§ Beds are not full in homecare – Taking on more referrals than what is possible</li> <li>§ Minimize paperwork</li> </ul>	<ul style="list-style-type: none"> <li>§ Administration/regulatory agencies should be guided by principles</li> <li>§ Paperwork reduction</li> </ul>	<ul style="list-style-type: none"> <li>§ Affordability of bullets – logistics?</li> <li>§ No evaluation of time commitments</li> <li>§ Overload of expectations</li> <li>§ Regulation overload</li> <li>§ Tech vs. time at bedside</li> </ul>	<ul style="list-style-type: none"> <li>§ Illegible paperwork/prescriptions</li> <li>§ Medical imaging – huge safety issue – physician/staff doesn’t have enough time to explain what’s going on</li> <li>§ Minimize paperwork – need to ask what really needs to be done, by whom, and at what level?</li> </ul>	<ul style="list-style-type: none"> <li>§ Paperwork issues</li> </ul>

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 2 – Ensure safety of patients		
Revised Principle 2 – Ensure a workplace environment that advances patient and staff safety		
<b>Key Words:</b> § 4 safety factors: policy, process, product, people § Staff § Coordination of safety and continuing education	§ Balance/Discipline § Communication § Routine § Control § Advance § Promote	§ Support § Foster § Sustain
Original Bullets	Revised Bullets	
§ Determine and set staffing standards and/or guidelines that are supported by the best evidence available to meet each healthcare institution’s patient population’s needs (IOM). § Educate, encourage, and recognize safe practices and behaviors (IOM). § Institute a non-punitive culture and system for error-reporting, analysis, and feedback (IOM). § Review progress regularly toward formally specified safety objectives (IOM). § Assist governing boards to understand safety issues and emphasize safety equally with financial and productivity goals (IOM).	§ <b>Determine and set staffing standards and/or guidelines that are supported by the best evidence available to meet each healthcare institution’s patient population’s needs (IOM).</b> § <b>Educate, encourage, and recognize safe practices and behaviors by patients and staff (IOM).</b> § <b>Institute a non-punitive culture and system for error-reporting, analysis, and feedback (IOM.)</b> § Review progress regularly toward formally specified safety objectives (IOM). § Assist governing boards to understand safety issues and emphasize safety equally with financial and productivity goals (IOM). § Develop coordinated safety policies and processes	
<b>Key Words:</b> § Open culture § Non-punitive § Distinction between error report and a cause for discipline § Balance § Staff safety and patient staff		

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 2 – Ensure safety of patients				
Revised Principle 2 – Ensure a workplace environment that advances patient and staff safety				
Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
<b>Bullet Content Comments</b>				
<ul style="list-style-type: none"> <li>§ Ensure lab safety</li> <li>§ No control over homecare safety, educate on safety within homes</li> <li>§ Bullet #1 should also include implementation plans</li> <li>§ Principle should focus on processes: communication of safety expectations, safety as a routine, balance between all areas</li> <li>§ Change principle to “Ensure safety of patients <b>and staff.</b>”</li> <li>§ To what extent do you allow a non-punitive culture?               <ul style="list-style-type: none"> <li>– Balanced system approach</li> <li>– Reporters of mistakes should not be victims of retaliation</li> <li>– Discipline by peer review</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>§ Clarify ratio – appropriate mix of staff</li> <li>§ Setting staffing standards (clarification)               <ul style="list-style-type: none"> <li>– Should be set and adhered to</li> <li>– Need for better enforcement</li> <li>– Threat to licensure</li> </ul> </li> <li>§ Take into consideration type of care</li> </ul>	<ul style="list-style-type: none"> <li>§ Cultural dynamics of safety</li> <li>§ Need to address mistakes, <u>near</u> mistakes</li> <li>§ Preparation/education component</li> <li>§ Safety of equipment</li> <li>§ Support needed for non-punitive culture</li> </ul>	<ul style="list-style-type: none"> <li>§ Bullet #1 – standards by institutions – not statewide</li> <li>§ Employee safety</li> <li>§ Ensuring professional accountability – ensure legal responsibility of the institution</li> <li>§ Four safety factors:               <ol style="list-style-type: none"> <li>1. policy</li> <li>2. process</li> <li>3. product</li> <li>4. people</li> </ol> </li> <li>§ Last bullet not worded strongly enough</li> <li>§ More coordination of safety and continuing education</li> <li>§ Non-punitive should be changed to promoting an open culture</li> <li>§ People should be comfortable reporting errors/issues</li> <li>§ There is a difference between error reporting/cause for discipline</li> <li>§ Unsafe practitioners</li> </ul>	<ul style="list-style-type: none"> <li>§ Is bullet #1 referring to ratios?</li> <li>§ Who is it referring to: doctors/patients/staff?</li> </ul>
<b>General Comments</b>				
<ul style="list-style-type: none"> <li>§ Technology can give people a false sense of security</li> </ul>			<ul style="list-style-type: none"> <li>§ LTC is a punitive culture</li> </ul>	<ul style="list-style-type: none"> <li>§ Acuity – standard of predictability in an unpredictable business</li> <li>§ Bylaws and adherence to them</li> <li>§ Cannot erase mistakes</li> <li>§ Different instruments/set-ups – difficult to benchmark</li> <li>§ Pharmacists spend time calling doctors b/c of poor writing</li> <li>§ Physicians are the managers of the healthcare team</li> <li>§ Stay away from Calif. standards</li> </ul>

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 3 – Support and respect staff			
Revised Principle 3 – Support and respect all staff			
<b>Key Words:</b>	§ Across and within disciplines	§ Require	§ Expect
§ Cultural diversity	§ All levels		§ Demand
§ Generational Differences	§ Oblige		
Original Bullets		Revised Bullets	
<ul style="list-style-type: none"> <li>§ Empower and respect staff (JCAHO).</li> <li>§ Adopt zero-tolerance policies for abuse of staff and abusive behaviors by physicians and other healthcare practitioners (JCAHO).</li> <li>§ Support a culture to protect staff in all healthcare settings (JCAHO).</li> <li>§ Design personnel policies and programs—including salaries, benefits, and staffing—that support professional practice, work/life balance, and the delivery of quality care (Magnet).</li> <li>§ Address the needs of each generation of workers (AHA).</li> <li>§ Give human resources the same governance and senior leadership attention as finance (AHA).</li> <li>§ Foster mutual respect in collaborative working relationships across disciplines (Magnet).</li> </ul>	<ul style="list-style-type: none"> <li>§ <b>Empower and respect staff (JCAHO).</b></li> <li>§ <b>Adopt zero-tolerance policies for abuse of staff and abusive behaviors by physicians and other healthcare practitioners (JCAHO).</b></li> <li>§ <b>Support a culture to protect staff in all healthcare settings (JCAHO).</b></li> <li>§ <b>Design personnel policies and programs—including salaries, benefits, and staffing—that support professional practice, work/life balance, and the delivery of quality care (Magnet).</b></li> <li>§ <b>Address the needs of each generation and culture of workers (AHA).</b></li> <li>§ <b>Give human resources the same governance and senior leadership attention as finance (AHA).</b></li> <li>§ <b>Foster mutual respect in collaborative working relationships across disciplines (Magnet).</b></li> <li>§ <b>Compel accountability for civility in the workplace amongst all health care practitioners.</b></li> </ul>		
<b>Key Words:</b> <ul style="list-style-type: none"> <li>§ <b>Mutual respect</b></li> <li>§ <b>Demand/ require respect and support</b></li> </ul>			

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 3 – Support and respect staff				
Revised Principle 3 – Support and respect all staff				
Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
Bullet Content Comments				
<ul style="list-style-type: none"> <li>§ County/region differences</li> <li>§ Independent organizations have difficulty providing medical insurance at hospital levels</li> <li>§ Promote cultural understanding               <ul style="list-style-type: none"> <li>– Courses in American finance</li> <li>– Develop partnerships for cultural/language training</li> <li>– Differences in how safety is defined</li> <li>– Provide English speakers with other language courses</li> <li>– Provide ESL to non-English-speaking staff</li> </ul> </li> <li>§ Support/respect regarding the leadership role</li> <li>§ Bullet #1 – “<b>Empower</b> and respect staff.”</li> <li>§ Make Bullet #3 regarding safety more explicit – address on-the-job safety and violence</li> <li>§ Bullet #5 should address differences in work habits/values/training, scheduling preferences, benefit preferences</li> </ul>	<ul style="list-style-type: none"> <li>§ Address needs of cultural diversity in workforce</li> <li>§ Communication               <ul style="list-style-type: none"> <li>§ Education component at all levels</li> <li>§ Protecting/empowering staff                   <ul style="list-style-type: none"> <li>– Fear of retribution for voicing concerns</li> <li>– Principle is missing emphasis of employee safety</li> </ul> </li> </ul> </li> <li>§ Understanding needs and shared expectations in workplace</li> <li>§ 1<sup>st</sup> bullet: requiring vs. just fostering</li> <li>§ Obligation/responsible communication</li> <li>§ Responsibility of the receiver of</li> <li>§ Interdepartmental/ intradepartmental communication</li> </ul>	<ul style="list-style-type: none"> <li>§ Address in Bullet #2: Most common abuse of healthcare workers is committed by patients/family of patients</li> <li>§ Protect (wording issue) – “ensure the safety.”</li> </ul>	<ul style="list-style-type: none"> <li>§ 1<sup>st</sup> two principles really focused on professional staff – need to include all levels in all principles</li> <li>§ Broaden in terms of cultural diversity</li> <li>§ Generational issues – 5 different generations working               <ul style="list-style-type: none"> <li>– Language/communication issues</li> <li>– People from 3 different continents</li> <li>– Relationships between cultures in inner cities/rural areas are different</li> </ul> </li> <li>§ Governance/senior leadership need to focus more on people than on finance</li> <li>§ Stereotypes</li> <li>§ Add in employee safety – Bullet 3 needs to be stronger – especially in homecare and mental health</li> <li>§ Bullet #3 – beyond organization and is a community issue as well</li> <li>§ Bullet #6 – group thought that HR/finance were pitted against each other</li> </ul>	<ul style="list-style-type: none"> <li>§ “Protect” used for homecare – families/homes</li> <li>§ Bullet #2 – “physicians and other healthcare practitioners” – physicians will not appreciate being singled out</li> <li>§ Career ladders - empowerment</li> <li>§ Collaboration from the top down</li> <li>§ Difference between Bullets 2 and 3?</li> <li>§ Nurses can’t be using medical terms in some institutions or among certain physicians</li> <li>§ Registration/maintenance staff are abused too – they are also an important part of healthcare</li> <li>§ Respect across disciplines and within disciplines</li> <li>§ Respect is influenced by the shortage of workers</li> <li>§ Started Radiology program at a community college – only put 13 people into the workforce, but definitely made a difference</li> <li>§ Stronger language is needed for mutual respect, abuse, empowerment – use the word “demand”</li> </ul>
General Comments				
<ul style="list-style-type: none"> <li>§ Provide equipment that operates in other languages</li> <li>§ Review sign-on bonuses               <ul style="list-style-type: none"> <li>– Not uniformly applied according to specialties/levels</li> <li>– Some people “play the game” by staying only until their contracts run out</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>§ Operationalize this               <ul style="list-style-type: none"> <li>– How to?</li> <li>– Need for?</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>§ Doctor is seen as the finance generator of the facility</li> <li>§ Hiring the right people rather than hiring because a body is needed – vacancies may be longer, but searching for quality</li> <li>§ Judgment calls and empowerment</li> <li>§ Many people do not want to be empowered</li> <li>§ Not being asked for the opportunity to be empowered – the way you are asked influences your performance</li> <li>§ Some staff only want the 8-hr job, not the “profession”</li> </ul>

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 4 – Foster communication and collaboration on all levels

**Key Words:**  
 § Within organizations  
 § General/public education

Original Bullets	Revised Bullets
§ Foster effective communication between staff and leadership (IOM). § Institute mechanisms that promote interdisciplinary and interdepartmental collaboration throughout the healthcare organization or system (IOM). § Foster mutual respect in collaborative working relationships across disciplines (Magnet). § Collaborate with other healthcare organizations to create initiatives to retain workers and build societal support for healthcare (AHA). § Develop strong relationships and partnerships with other healthcare organizations, associations, K-12 education providers, area colleges and universities, community organizations, corporations and foundations, and local workforce development councils to recruit people into healthcare and retain them (AHA).	§ <b>Foster effective communication between staff and leadership (IOM).</b> § <b>Institute mechanisms that promote interdisciplinary and interdepartmental communication and collaboration throughout the health care organization or system (IOM).</b> § <b>Foster mutual respect in collaborative working relationships across disciplines (Magnet).</b> § <b>Collaborate with other healthcare organizations to create initiatives to retain workers and build societal support for healthcare (AHA).</b> § <b>Foster effective communication between staff and patient families.</b> § <b>Develop strong relationships and partnerships with other healthcare organizations, associations, K-12 education providers, area colleges and universities, community organizations, corporations and foundations, and local workforce development councils to recruit people into healthcare and retain them (AHA).</b>

Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
<b>Bullet Content Comments</b>				
§ Education on communication skills § External education issues § Provide interpreters to staff/patients § Cultural diversity		§ “Protect” ties in well with homecare § Doctor/staff respect are issues § Recognition of generational differences – understanding/adapting of differences/values § Respect/communication between staff, patients, and family	§ Change/create/promote value in all professions § Bullet #1 – needs to be stronger § Define the nature/type of communication – honest/ethical § What does “effective” mean? – needs to be more strongly worded	
<b>General Comments</b>				
				§ HIPPA – hard for high school students to observe/shadow – too much paperwork

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 5 – Provide staff with autonomy and accountability, with clear performance standards and measurement				
<b>Revised Principle 5 – Support staff autonomy and accountability</b>				
<b>Key Words:</b>				
§ Provide				
§ Support				
Original Bullets		Revised Bullets		
<ul style="list-style-type: none"> <li>§ Give staff responsibility and authority for the provision of direct patient care and the coordination of care (Magnet).</li> <li>§ Implement models of care that provide for patients’ needs and continuity of care (Magnet).</li> <li>§ Support staff participation in decision making (Magnet).</li> <li>§ Design an organizational structure that is decentralized, dynamic, and responsive to change (Magnet).</li> </ul>		<ul style="list-style-type: none"> <li>§ <b>Develop and clearly communicate performance standards and measurement.</b></li> <li>§ <b>Give staff responsibility and authority for the provision of direct patient care and the coordination of care and services (Magnet).</b></li> <li>§ <b>Implement models of care that provide for patients’ needs and continuity of care (Magnet).</b></li> <li>§ <b>Support staff participation in decision making (Magnet).</b></li> <li>§ <b>Design an organizational structure that is decentralized, dynamic, and responsive to change (Magnet).</b></li> </ul>		
Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
<b>Bullet Content Comments</b>				
<ul style="list-style-type: none"> <li>§ The Dept. of Health mandates 24-hour liability for Bullet #1 – “Give staff responsibility and authority for the provision of direct patient care and the coordination of care <b>and services</b> staff decisions.”</li> </ul>	<ul style="list-style-type: none"> <li>§ Accountability/measurements is missing in overall principle</li> <li>§ Leadership training – role of leader</li> <li>§ Safe environment for learning, decision-making</li> </ul>	<ul style="list-style-type: none"> <li>§ Accountability by staff</li> <li>§ Champions</li> <li>§ Code of conduct</li> <li>§ Education/training is different than it was in the past</li> <li>§ Eliminate “victim” mentality</li> <li>§ Empower staff to feel accountable vs. micro-managed</li> <li>§ Expectation setting for accountability</li> <li>§ Mutually established standards</li> </ul>	<ul style="list-style-type: none"> <li>§ Add “specific” needs (wording)</li> <li>§ Challenges with generational issues</li> <li>§ How can you hold people accountable? How do you set standards?</li> <li>§ Need for time factor in giving autonomy</li> <li>§ Nothing about measurement effectiveness – no measurement tool</li> </ul>	<ul style="list-style-type: none"> <li>§ “Participation” replaced with “representation” in Bullet #3</li> <li>§ Decision making and influence – Bullet #3</li> <li>§ Education should be part of the principle</li> <li>§ More communication lines</li> <li>§ Not included in decisions that affect direct patient care and staff</li> <li>§ Nurse practice council – include a structure for Bullet #3 – possibly include an interdepartmental/profession council</li> <li>§ Support staff participation – Bullet #3</li> <li>§ Who are you referring to? Professional staff</li> </ul>
<b>General Comments</b>				
<ul style="list-style-type: none"> <li>§ Define parameters for supervisor control and staff decision-making</li> <li>§ Home-care clients have the right to remain in an unsafe environment</li> </ul>		<ul style="list-style-type: none"> <li>§ Staff are overwhelmed – don’t want to handle “management’s job”</li> <li>§ Too much non-compliance is allowed internally</li> </ul>	<ul style="list-style-type: none"> <li>§ Lines of care – how broad/specific should models of care be? Can go overboard on models</li> </ul>	<ul style="list-style-type: none"> <li>§ Apathy, resentment</li> <li>§ Fear of getting shut down</li> <li>§ Regulations are difficult to understand – all professional staff should have HIPPA training</li> </ul>

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 6 – Train leadership to engage with and represent staff effectively				
Revised Principle 6 – Select and develop managers/leaders to create and sustain a healthy work environment				
<b>Key Words:</b>		§ Befitting	§ Appropriately	
§ Advocate		§ Develop	§ Truthfully	
§ Engage and represent		§ Not misrepresenting	§ Rightfully	
Original Bullets		Revised Bullets		
§ Educate and support leaders at all levels to effectively and efficiently manage and lead (JCAHO, IOM, Magnet).		§ <b>Continually educate and support leaders at all levels to effectively and efficiently manage and lead (JCAHO, IOM, Magnet).</b>		
§ Educate and support leaders at all levels to engage staff in nonhierarchical decision making and work design (JCAHO, IOM).		§ <b>Educate and support leaders at all levels to engage staff in nonhierarchical decision making and work design (JCAHO, IOM).</b>		
§ Encourage trust between leaders and staff (IOM).		§ <b>Encourage trust between leaders and staff (IOM).</b>		
§ <b>Establish succession plans for managers and leaders.</b>				
Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
Bullet Content Comments				
§ Bullet #3 should include other stakeholders beyond leaders/staff	§ Facilitation to help leaders make change	§ Encourage dialogue	§ Bullets #3 - needs to be strengthened	§ Use the word “advocate” in a bullet, or add a bullet
§ Include stakeholders in decision making.	§ Evaluation/transformation	§ Encourage staff leadership	§ Define value and respect instead of trust	
§ Integrate leadership skills into the college classroom	§ Mentors	§ Encourage staff members to teach other staff	§ Develop staff	
§ More about leadership expectations, accountability, continual education, respect and on-going feedback		§ Incentives	§ Educational components for all employees	
§ Principle is not aligned with the other principles and the vision statement. This principle ties back to Principle 3 – Support and respect staff		§ Staff/staff responsibility/inclusion	§ Leaders must also be role models	
§ Proactive internal communication		§ Support for being a leader	§ Need for a feeling of being valued	
		§ Too often promoted for good skills, not exactly good leadership skills	§ Understand other peoples’ roles	
General Comments				
	§ Differences between managers vs. leaders		§ How to encourage trust?	
	§ Question of barriers between “competitors” for cross learning		§ Not enough time for job	

  
**Pennsylvania Center for Health Careers**  
**Revision of the Vision and the Seven Principles**

Original Principle 7 – Foster a learning organization

<b>Key Words:</b>	§ Adaptable
§ Innovation	§ Champion
§ Self-evaluative	§ Continual/continuous learning

Original Bullets	Revised Bullets
<ul style="list-style-type: none"> <li>§ Offer, publicize, and support education at all levels of experience: orientation, preceptorships, in-service education, career development services, and professional development. Involve staff in education programming as teachers (JCAHO &amp; Magnet).</li> <li>§ Provide training on new technologies (IOM).</li> <li>§ Utilize new technologies in educational activities.</li> <li>§ Provide decision support at point of care (IOM).</li> <li>§ Provide staff with resources and encourage staff to be involved in professional organizations (Magnet)</li> </ul>	<ul style="list-style-type: none"> <li>§ <b>Offer, publicize, and support education at all levels of experience: orientation, preceptorships, in-service education, career development services, and professional development. Involve staff in education programming as teachers (JCAHO &amp; Magnet).</b></li> <li>§ <b>Provide training on new technologies (IOM).</b></li> <li>§ <b>Utilize new technologies in educational activities.</b></li> <li>§ <b>Provide decision support at point of care (IOM).</b></li> <li>§ <b>Provide staff with resources and encourage staff to be involved in professional organizations (Magnet).</b></li> <li>§ <b>Employ learning experiences for continuous improvement in quality of care.</b></li> </ul>

Central Roundtable	Southwest Roundtable	Northwest Roundtable	Southeast Roundtable	Northeast Roundtable
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**Bullet Content Comments**

<ul style="list-style-type: none"> <li>§ Assure training, especially in the use of new technology/processes</li> <li>§ Collaborate with universities and other affiliates</li> <li>§ Ethics and moral values of leaders should spread to others</li> <li>§ Learning Organization Definition:               <ul style="list-style-type: none"> <li>– Agility, innovation, leadership</li> <li>– Aligned from top to bottom with specific actions associated with them</li> <li>– Dynamic, adaptable, responds to needs, self-evaluative</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>§ Bullet 4 – Educational resources in addition</li> <li>§ Define learning organization so that all are educated about it and know what it is</li> <li>§ Real-time learning vs. formal setting</li> </ul>	<ul style="list-style-type: none"> <li>§ Engagement of staff beyond just empowerment</li> <li>§ Recognize individual employees can provide education</li> </ul>	<ul style="list-style-type: none"> <li>§ A learning organization is also a teaching organization</li> <li>§ Assess effectiveness of learning</li> <li>§ Bullet #1 – where are clinics?               <ul style="list-style-type: none"> <li>– Should be in hospitals</li> <li>– Develop what is needed at the nucleus of your organization</li> <li>– Get interest in your profession/facility from the start</li> </ul> </li> <li>§ Requirements for licensure regarding nursing would facilitate a learning organization</li> <li>§ Last bullet – “resources” is vague</li> <li>§ Why are Principles 6 and 7 separate?</li> </ul>	<ul style="list-style-type: none"> <li>§ Bullet #1 – quality needs to be better emphasized – addressed in Principle 1</li> <li>§ Bullet #4 – address technology for decision support</li> <li>§ Ensure that education is a core value</li> <li>§ Internal and external education</li> <li>§ Need for prioritization/finances for educational opportunities</li> <li>§ Research – tons of data, but what is done with it?               <ul style="list-style-type: none"> <li>– Are we just collecting it?</li> <li>– Is it driving healthcare?</li> <li>– JCAHO and Joint Commission use data</li> </ul> </li> </ul>
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**General Comments**

<ul style="list-style-type: none"> <li>§ Direct patient care is often provided by unqualified, low-paid workers although it is difficult work</li> </ul>		<ul style="list-style-type: none"> <li>§ Money is an issue</li> <li>§ Service Quality – “If Disneyland ran your hospital...”</li> <li>§ Staying until all work is done</li> <li>§ Value of being self-learner</li> </ul>	<ul style="list-style-type: none"> <li>§</li> </ul>	<ul style="list-style-type: none"> <li>§ Magnet is synonymous with research and participation</li> <li>§ Need to decide/define who this study is for               <ul style="list-style-type: none"> <li>– healthcare systems, public, education</li> </ul> </li> <li>§ Not just money – it is also the time</li> </ul>
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**Appendix 2:  
Central Region**

**Small Group Discussion Notes  
Roundtable Evaluation**

**Harrisburg  
May 25, 2005**



**Central Region  
Red Group  
Principles 3 and 6**

**Principle 3 – Support and respect staff**

Obstacles	Solutions
<b>Teamwork</b>	
<ul style="list-style-type: none"> <li>Lack of teamwork</li> <li>Physicians don't understand/respect other employee and their positions</li> </ul>	<ul style="list-style-type: none"> <li>Create functional groups to support teamwork and respect               <ul style="list-style-type: none"> <li>– Could be all-nurse teams or cross-discipline teams depending on needs</li> </ul> </li> <li>Educate physician office staff</li> <li>Provide internal/external customer sensitivity training</li> </ul>
<b>Senior Management/Board Members</b>	
<ul style="list-style-type: none"> <li>Employees don't feel safe enough to voice their opinions</li> <li>Respect missing from organization's core values</li> </ul>	<ul style="list-style-type: none"> <li>Provide opportunities for senior management to meet with employees</li> <li>Provide opportunities for staff to get to know co-workers</li> <li>"Walk the talk"</li> <li>360-degree feedback loops</li> </ul>
<b>Diversity</b>	
<ul style="list-style-type: none"> <li>Lack of appreciation for diversity</li> </ul>	<ul style="list-style-type: none"> <li>Diversity education</li> <li>Provide language education to English speakers</li> <li>Provide English education to non-English speakers</li> </ul>
<b>Human Resources</b>	
<ul style="list-style-type: none"> <li>Recruiters don't understand job requirements or organizational culture</li> </ul>	<ul style="list-style-type: none"> <li>Recruiters should spend time in each department</li> </ul>
<b>Time and Money</b>	
<ul style="list-style-type: none"> <li>Not enough time</li> <li>Not enough money</li> </ul>	<ul style="list-style-type: none"> <li>Hire people with collaborative styles</li> <li>Proactive financial planning</li> <li>Include educational opportunities for staff in budgeting</li> <li>Promote education and its ROI</li> <li>Accountability</li> <li>Provide clear expectations</li> </ul>

**Central Region  
Red Group  
Principles 3 and 6**

**Principle 6 – Train leadership to engage with and represent staff effectively**

Obstacles	Solutions
<b>Hiring/Developing the Right Leaders</b>	
<ul style="list-style-type: none"> <li>• Promoting from within based on current skills rather than on leadership potential</li> <li>• Lack of trust between leaders/staff</li> <li>• Disconnect between responsibility/authority</li> <li>• Not hiring leaders with the appropriate competencies and values</li> </ul>	<ul style="list-style-type: none"> <li>• Provide on-going training/support from mentors</li> <li>• 8-week training program</li> <li>• 360-degree feedback loops</li> <li>• Build leadership team with the right structure/skills</li> <li>• Develop clear guidelines/decision matrices</li> <li>• Include stakeholders in hiring decisions</li> </ul>
<b>Senior Management</b>	
<ul style="list-style-type: none"> <li>• Senior management doesn't understand jobs</li> <li>• Misalignment of vision/mission with leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Assist aspiring leaders</li> <li>• CEO should shadow staff</li> <li>• CEO lunch program</li> <li>• Senior staff should communicate informally more often with staff</li> <li>• Increase visibility/connections</li> <li>• Include stakeholders in decision making</li> <li>• Willingly re-evaluate the vision/mission with actions of leadership</li> <li>• Reward developments/accomplishments</li> </ul>

**Central Region  
Yellow Group  
Principles 2 and 4**

**Principle 2 – Ensure patient safety**

Obstacles	Solutions
<b>Boards and Senior Management</b>	
<ul style="list-style-type: none"> <li>• Education of board</li> <li>• Financial status has priority over the safe care of patients</li> <li>• Lack of a planned safety program</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership sets their goals. As long as they are consistent and follow through, they filter down. It sends a message that it's everyone's responsibility and not just the decision makers. Safety should be our daily goal</li> <li>• HAP did a survey—if you spend over 25% of your time in board meetings discussing quality and patient safety, your index quality will be better</li> <li>• Safety should be a core value</li> <li>• Giving reimbursement incentives to ensure patient care. Will currently do that for certain performance standards--they have not done that in terms of safety</li> </ul>
<b>Regulations</b>	
<ul style="list-style-type: none"> <li>• Constant change in regulations</li> <li>• Documentation regulations are not taken seriously</li> <li>• Staff focuses less on quality when more paperwork is mandated</li> </ul>	<ul style="list-style-type: none"> <li>• JCAHO accredited agencies must demonstrate that safety is a priority</li> <li>• There is a bill in the legislature that would say if you are accredited, rather than having to look at state licensure, you only have to live by accreditation standards</li> <li>• Department of Health standards have not changed since 1998 in PA. The way they interpret things is from 1998 and does not incorporate new technology and research—this creates additional work for staff</li> </ul>
<b>Education</b>	
<ul style="list-style-type: none"> <li>• Regional variation of supply and demand of allied health professions.               <ul style="list-style-type: none"> <li>– Examples include:                   <ul style="list-style-type: none"> <li>§ ultrasound technicians</li> <li>§ respiratory therapists</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Analyze the state relative to the different specialty and schools around state</li> </ul>

## Central Region Yellow Group Principles 2 and 4

### Principle 2 – Ensure patient safety

Obstacles	Solutions
<b>Staff</b>	
<ul style="list-style-type: none"> <li>• High staff turnover               <ul style="list-style-type: none"> <li>– Staff members don't know their jobs</li> <li>– Staff members don't know what is expected of them</li> <li>– Staff members don't know their patients</li> </ul> </li> <li>• Rural hospitals can't compete with larger markets for qualified staffing</li> </ul>	<ul style="list-style-type: none"> <li>• Create a Safety Committee with staff representation: direct-care workers, RNs, administration and clerical               <ul style="list-style-type: none"> <li>– Addresses patient safety and corporate compliance</li> <li>– Employees set the standards for administration</li> <li>– Addresses workman's comp issue and JCAHO standards</li> </ul> </li> <li>• One person should be named the safety compliance officer and should report directly to senior management (required in hospital and ambulatory-care settings)</li> <li>• Provide staff with medical electronic recording—make sure staff can collect data quicker to help demonstrate safety</li> <li>• Provide staff with the right training and equipment to ensure safety</li> </ul>
<b>Non-Punitive Culture</b>	
<ul style="list-style-type: none"> <li>• Managers sometimes prevent the creation of a non-punitive environment</li> <li>• Need for a universal acceptance of culture change</li> <li>• Non-punitive—looking more at the process.</li> <li>• Sent candy as a thank you for reporting errors, but then managers intercepted it and bounced over somebody</li> </ul>	

## Central Region Yellow Group Principles 2 and 4

### Principle 4 – Foster communication and collaboration on all levels

Obstacles	Solutions
<b>Senior Management/Board Members</b>	
<ul style="list-style-type: none"> <li>• Lack of communication between senior leadership and employees</li> </ul>	<ul style="list-style-type: none"> <li>• Allow staff to have lunch with senior leadership once each year</li> <li>• Communication should be a core value</li> <li>• Involve staff in changing policies</li> <li>• More management visibility</li> </ul>
<b>Technology</b>	
<ul style="list-style-type: none"> <li>• Technology can hinder communication               <ul style="list-style-type: none"> <li>– Staff can become less personable</li> <li>– Miscommunications arise from e-mail</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Technology, especially electronic records, are helping to increase quality communication</li> </ul>
<b>General Communication Issues</b>	
<ul style="list-style-type: none"> <li>• Lack of communication between doctors and front-line staff</li> <li>• Silos internally and externally</li> <li>• Generational differences</li> <li>• No one wants to be a manager</li> <li>• Lack of respect for co-workers</li> <li>• Need for diversity recognition in relation to both staff and patients</li> <li>• Lack of understanding of how to fit into the community</li> <li>• Sustainability - Communication issues are addressed, and two months later, there is another breakdown in communication</li> <li>• The larger the system, the more difficult it is to communicate</li> <li>• Students don't graduate with communication skills</li> </ul>	<ul style="list-style-type: none"> <li>• Institute open-door policies</li> <li>• Use opportunities/competitions for grant funding to foster teamwork/communication</li> <li>• Employee buy-in/empower staff</li> <li>• Develop ways for patients to better communicate their needs to staff</li> <li>• Hospice holds team meetings each week and conducts quarterly communication reviews</li> <li>• SBAR - Use a standards communication approach (<a href="http://www.ihi.org">www.ihi.org</a>)               <ul style="list-style-type: none"> <li><b>S</b>ituation</li> <li><b>B</b>ackground</li> <li><b>A</b>ssessment</li> <li><b>R</b>equest</li> </ul> </li> <li>• Focus education on more than task-based skills. Teach communication/ teamwork</li> <li>• Provide interpreters and hire multi-lingual staff</li> <li>• Conduct cultural diversity training</li> <li>• Partner with organizations that provide translation services</li> </ul>

**Central Region  
Blue Group  
Principles 6 and 7**

**Principle 6 – Train leadership to engage with and represent staff effectively**

Obstacles	Solutions
<b>Training Needs</b>	
<ul style="list-style-type: none"> <li>• Staff put into leadership positions without the right training and are not hired for their leadership skills</li> <li>• Organization puts a lot of value on front-line managers, but didn't train them until recently</li> <li>• Staffing shortage = no time for training</li> </ul>	<ul style="list-style-type: none"> <li>• PA Home Care Association Leadership Program for Frontline Managers (Home Health Care Management)</li> <li>• Invested in leadership program - cost of not doing it was too high - had to take some people out of management roles</li> <li>• Quarterly Nursing Leadership Academy, run by the NLA Company (Penn State Hershey Medical Center)               <ul style="list-style-type: none"> <li>– For charge nurses</li> <li>– Leaders are held accountable to action plans on their unit</li> </ul> </li> <li>• LEAD Program for all levels of new leaders across the hospital (Lancaster General Hospital)               <ul style="list-style-type: none"> <li>– 18 months</li> <li>– Operational Leadership Program for people with 2-5 years of experience</li> <li>– Senior Leadership Program as well</li> </ul> </li> <li>• The Baptist Florida Pursuit of Excellence Initiative convenes managers for quarterly meetings to learn about how to be a true leader</li> <li>• Developed a Nurse Manager Residency Program to build succession planning</li> <li>• EDs go through a 90-day training before going into the facility (Beverly Healthcare)               <ul style="list-style-type: none"> <li>– Partner with long-term EDs</li> <li>– Leadership training not yet available at the direct-care level for LPNs or RNs</li> </ul> </li> <li>• Organizational education for new leaders               <ul style="list-style-type: none"> <li>– Resource guide is a 15-page document that includes a list of who to go to: people who are resources, key areas and what people do</li> <li>– Preceptors for as long as needed</li> </ul> </li> </ul>

## Central Region Blue Group Principles 6 and 7

### Principle 6 – Train leadership to engage with and represent staff effectively

Obstacles	Solutions
<b>Staffing Needs</b>	
<ul style="list-style-type: none"> <li>Managers are providing direct patient care because of short staffing</li> </ul>	<ul style="list-style-type: none"> <li>Allowing managers to provide a specific amount of patient care is important, because they know what's happening in the department</li> <li>Hire clinically competent nurse managers because of the message it sends to staff</li> </ul>
<b>Teaching Responsibilities</b>	
<ul style="list-style-type: none"> <li>Lab managers are also lecturers to clinical students. They are overloaded with crises and trying to manage too</li> </ul>	<ul style="list-style-type: none"> <li>Develop staff so that some other employees could do lectures and receive an incentive</li> <li>Clinical Level 4 nurses do a lot of teaching and get a financial reward               <ul style="list-style-type: none"> <li>\$5000 a year in addition to base</li> <li>Program has made them more autonomous and accountable</li> <li>They're the best teachers because they're by the bedside all the time.</li> </ul> </li> </ul>
<b>Clinical Ladders</b>	
<ul style="list-style-type: none"> <li>Trouble getting people to apply for the clinical ladder without the financial incentives</li> <li>Creates extra work so people aren't blocked from entering the program</li> <li>No clinical ladder in homecare, and regardless of whether you're ADN or MSN, everyone has to do everything. There's no compensation differential, and that's a problem</li> </ul>	<ul style="list-style-type: none"> <li>Associate financial incentives with the ladders</li> <li>Anyone who wants to can move up but not everyone wants to</li> <li>Flexibility - Some Clinical 4 Nurses take time off for personal reasons and come back when they're ready</li> </ul>
<b>Homecare</b>	
<ul style="list-style-type: none"> <li>Your only choice is clinician or manager because there's no career ladder</li> <li>Financial barrier to training</li> <li>Time constraints and training - perception is that it's not of value, and the lack of a system that quantifies the value</li> <li>It's common in homecare for people to be managing things that are very different from their own domain</li> </ul>	<ul style="list-style-type: none"> <li>Nurses choose to go into homecare because they provide the highest level of patient care by themselves and because of the reimbursement structure</li> <li>Autonomy &amp; flexibility</li> </ul>
<b>Trust</b>	
<ul style="list-style-type: none"> <li>Lack of trust between leaders and staff</li> </ul>	<ul style="list-style-type: none"> <li>Leading by example</li> <li>Open-door policies</li> </ul>

## Central Region Blue Group Principles 6 and 7

### Principle 7 – Foster a learning organization

Obstacles	Solutions
<b>Paperwork and Technology</b>	
<ul style="list-style-type: none"> <li>• Too much paperwork</li> </ul>	<ul style="list-style-type: none"> <li>• Professional clinicians use laptops and all home health aides use an automated telephone documentation system</li> <li>• Everyone uses computers including CNAs. The computers allow the CNAs to chart as soon as they finish with a resident. That makes the information more accurate, and RNs can access it from a computer</li> <li>• Decentralization in homecare (Home Health Care Management)               <ul style="list-style-type: none"> <li>– Before, homecare providers had to constantly drop off paperwork</li> <li>– Huge financial outlay for seamless system – reimbursement &amp; electronic billing</li> <li>– One of the first to develop technologies for homecare, and its sold to other homecare agencies</li> <li>– Requires workforce agreeable to using technology                   <ul style="list-style-type: none"> <li>§ Younger employees are excited about it</li> <li>§ Some say that they didn't become a nurse to be on the computer</li> </ul> </li> </ul> </li> </ul>
<b>Technology Implementation and Training</b>	
<ul style="list-style-type: none"> <li>• Smaller providers don't have access to the resources that larger institutions have</li> <li>• Technology in different stages throughout facilities. Systems improvement needed</li> <li>• Inconsistency among insurers/regulators. Inconsistencies across the state and the country causes re-entry of data</li> <li>• Inconsistency among departments for reimbursement for certifications and encouragement of professional development</li> </ul>	<ul style="list-style-type: none"> <li>• Partnering/Sharing resources is important</li> <li>• Scanning System does doses</li> <li>• Bridge Technology is fantastic               <ul style="list-style-type: none"> <li>– Reduced medical errors</li> <li>– Eliminated medical administrative records (MARs)</li> <li>– It doesn't save time, but it makes nurses feel much safer</li> </ul> </li> <li>• Technology investments - in line with strategic work design and safety initiatives</li> </ul>
<b>Senior Management and Board Members</b>	
<ul style="list-style-type: none"> <li>• Boards may not fully understand hospital processes</li> </ul>	<ul style="list-style-type: none"> <li>• More open and forward-thinking</li> <li>• Align policies with mission/vision</li> </ul>

**Central Region  
Blue Group  
Principles 6 and 7**

<b>Metrics</b>
<ul style="list-style-type: none"><li>• Employee opinion surveys (EOS)</li><li>• Employee surveys</li><li>• Home healthcare uses the discharge survey</li><li>• Incentives tied to strategic goals</li><li>• Jackson or Pressganey scales</li><li>• Management turnover</li><li>• Patient satisfaction</li><li>• Surveys on interdepartmental collaboration</li><li>• Use hours per patient per day &amp; budget to assess managers/nurses</li></ul>



# ROUNDTABLE EVALUATION

Central Pennsylvania Region  
 Health Care Workforce Roundtable:  
 Retention of Health Care Workers & Improving the Health Care Work Environment

May 26, 2005

The Pennsylvania Workforce Investment Board, Pennsylvania Center for Health Careers Leadership Council, and The Hill Group, Inc. are committed to designing and facilitating the best quality Roundtable possible. Your participation in this Roundtable was necessary and appreciated. Your input is important to us, and we are interested in your comments. **Please take a few minutes to complete this questionnaire before leaving or fax to 412.722.1220.**

**Please mark all applicable affiliations:**

**Participant:**

- Hospital/Health system (11)
- Long-Term Care (3)
- Community Health (1)
- Home Care Setting (2)
- Organized Labor (0)
- Administration/Executive (6)
- Unit Manager/Department Director (3)
- Clinical Staff (1)

**Observer:**

- Workforce Investment Board (0)
- Leadership Council Member (0)
- Working Group Member (1)
- Other (0)

N = 19

**AVE SCORE**  
 % of 4's and 5's

**1. Please rate the quality of the information that you received prior to the Roundtable meeting**

1	2	3	4	5	<b>4.4</b>
μ	μ	μ	μ	μ	100%
Poor	Fair	Average	Good	Excellent	

**2. Please rate the level of preparation that you believe went into developing this Roundtable and planning process:**

1	2	3	4	5	<b>4.5</b>
μ	μ	μ	μ	μ	95%
Poor	Fair	Average	Good	Excellent	

**3. Please rate your overall satisfaction with this Roundtable Meeting:**

1	2	3	4	5	<b>4.3</b>
μ	μ	μ	μ	μ	89%
Poor	Fair	Average	Good	Excellent	

**4. Overall, how applicable was this process in discussing the issues impacting the health care work environment and the retention of the healthcare workforce?**

1	2	3	4	5	<b>3.9</b>
μ	μ	μ	μ	μ	74%
Not applicable	Somewhat applicable	Applicable	Very applicable	Extremely applicable	

**5. How was the lead facilitator's knowledge of the planning process and subject content?**

	1	2	3	4	5	<b>4.7</b>
	μ	μ	μ	μ	μ	100%
Lead Facilitator: Alyson Cole	Poor	Fair	Average	Good	Excellent	

**6. How was the small group facilitator's effectiveness in moving the group through the planning process? (Please check which facilitator led your session)**

**Alyson**  
N = 6  
**4.8**  
100%

Facilitator: Alyson Cole    μChris Brussalis    μ    Alexandra Laporte    μ    Mary York    μ

**Chris**  
N = 4  
**4.8**  
100%

1	2	3	4	5
μ	μ	μ	μ	μ
Poor	Fair	Average	Good	Excellent

**Alexandra**  
N = 6

**7. How would you rate your opportunity to give input and participate in the discussion?**

**4.0**  
100%

1	2	3	4	5
μ	μ	μ	μ	μ
Poor	Fair	Average	Good	Excellent

**4.5**  
89%

**8. General comments about the Roundtable Meeting or the planning process**

- Maybe too general for the diversity of the group at large. Needs are somewhat different in home care, hospitals, small private facilities vs. large hospital environments.
- Excellent time – Need to now create a fact sheet that has all the best practice stuff for everybody. We need to make sure that this information will be shared. (Carla Leed)
- I would spend less time on the seven principles and provide more summary information for the working group. End-of-the-day report time was rushed.
- Excellent – Keep us updated and involved when possible. (Marie Keim)
- Excellent interchange of information among all parties. (Missy Zimmerman)
- Covered all aspects of healthcare, not just nursing, which I was focusing on. I realized that the vision needed to be targeted towards all aspects of health care. It was good to know that nursing is not alone with the problems that exist in healthcare. (Raymond "Ed" Aikey)
- Well planned, organized, sincerity of Center to come up with solutions.
- Excellent representation from all healthcare sectors. Great opportunity for discussion and input. (Jeannine Peterson)
- Good format – small groups allow for greater discussion. Could have spent more time discussing principles.
- Overall enjoyable – good to be a part. Consistent with my goals and focus at work.
- One of the better "roundtables" I have been involved in. Great group discussions. Alyson "pulls" information from participants. Great job. I would be happy to participate again in any location. Thank you very much for the opportunity. (Thomas Schnars)
- Some participants manipulated the group, and there were others who made no comments or did not participate at all.
- Very informative and hopefully successful. Can't wait to hear the outcome of the roundtables. Gave each of us new ideas for our own facility for improvement. (Patricia Pensyl)
- I felt that the format was well done. Small group discussions very helpful. (Christal Dixon)
- Very interested in retention result strategies/report. (Scott Meck)

**9. What content was absent from the Roundtable meeting?**

- The discussion of direct care workers (CNA), which will be discussed in another roundtable. (Raymond "Ed" Aikey)
- Would have liked to hear more on reasons nurses leave the workforce (ex. Hospitals, long-term care, etc.), and how to change this. Nurses leave often due to mandatory overtime and working weekends and holidays. Focusing on slides and those topics did not lend conversation toward that avenue of discussion. Otherwise, you are on the right track.
- In-depth discussion of generation problems (Generation X/Y refusal to work weekends, holidays, extra, etc.)
- More concern for recruitment and retention of employees. (Patricia Pensyl)
- It would have been nice if time would have allowed the discussion of best practices of the organizations that were present at the roundtable meeting. I am positive that there are many things we could all learn from each other. I know that was not the purpose of the roundtables, but it would have been nice. (Christal Dixon)

Optional: May we have your permission to quote any of the information you have provided above?  
YES \_\_\_\_ NO \_\_\_\_ (If you checked "YES," please sign and date below.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CENTRAL PENNSYLVANIA REGION ROUNDTABLE RETENTION OF HEALTH CARE WORKERS - MAY 26, 2005

### PARTICIPANTS:

Name	Title	Organization
Mr. Ed Aikey	LPN	Albright Care Services - Riverwood
Ms. Sherrill Katzaman,BSN,RN	Resident Services Coordinator	Arden Court - HCR Manor Care
Ms. Antonette Blair-Jones	NHA Administrator	Beverly Healthcare - Camp Hill
Ms. Patricia L. Pensyl RTR.CT.BD	Radiologic Technologist	Bloomsburg Hospital
Ms. Christal Dixon, MAOM, CCRN	Nursing Services Coordinator	Evangelical Hospital
Ms. Hope Cook	RN	Fulton County Medical Center
Ms. Susan Hallick, RNC,BSN,MHA	Chief Nursing Officer, CAO	Geisinger Medical Center
Ms. Kris O'Shea	Vice President of Patient Care Services	Gettysburg Hospital
Ms. Jeannine Peterson	Chief Executive Officer	Hamilton Health Center
Mr. Scott Meck	Director of Clinical Services	HEALTHSOUTH Rehabilitation Hospital Mechanicsburg
Ms. Debra Bradley	Director of Clinical Services and Outpatient Operations	HEALTHSOUTH Rehabilitation Hospital York
Ms. Chris DeCoskey	Registered Nurse	Holy Spirit Hospital
Ms. Missy Zimmerman	Vice President Human Resources & Facilities	Home Health Care Management
Ms. Bette Miller,RN,CHPN	Hospice Education Manager	Hospice of Lancaster County
Ms. Joanne Cochran	Executive Director	Keystone Health Center
Ms. Carla G. Leed	Director of Nursing	Lancaster General Hospital
Mr. Ronald Napikoski,RRT,RPFT	Director, Cardiopulmonary Services	Lewistown Hospital
Ms. Patricia Light	Nurse Manager, Pediatrics	Penn State Hershey Medical Center
Ms. Janice Dunsavage	Pharmacy Director	Pinnacle Health System
Ms. Marie Keim	Program Director, Clinical Laboratory Sciences	Reading Hospital and Medical Center
Ms. Cynthia Keane	Program Director-St. Joseph Medical Center	School of Radiologic Technology
Mr. Tom Schnars	Administrative Director for Imaging Services	Susquehanna Health System
Ms. Mary Beth Hoban,RN,BSN	Staff Development Specialist	The Home Care Network - Main Line Health

Ms. Susan Rossi, BSN, RNC,CRM	Clinical Administrator	Visiting Nurse Association Central Pennsylvania
Mr. Chris Miller	Director, Human Resources	Waynesboro Hospital
Mr. Martin Peck	NHA Administrator	York County Nursing Home
Mr. Charles Mills, R.PH.	Pharmacist	Chambersburg Hospital

## OBSERVERS:

Name	Title	Organization
Mr. Fred Dedrick	Executive Director	Pennsylvania Workforce Investment Board
Ms. Mary Marshall	Director of Planning and Research	Pennsylvania Workforce Investment Board
Ms. Carolyn Scanlan	President and CEO	The Hospital and Healthsystem Association of Pennsylvania
Ms. Janetta DeOnna	Doctoral Student - Workforce Development	The Pennsylvania State University
Ms. Mary Kinneman	Executive Director	Leadership Development Recruitment Specialists, Inc.
Mr. Jose Garcia	Bureau of Human Resources	PA Department of Health
Dr. Kathleen Malloy	Vice President of Health Professions	Community College of Allegheny County- Boyce Campus
Ms. Gwen Bower	Director of Government Relations (Proxy)	PA Health Care Association
Mr. David Ranck	Regional Coordinator of Health Careers	South Central Workforce Investment Board
Ms. Marina Matthew	Public Health Program Director (proxy Secretary of Health)	PA Department of Health
Ms. Rachel Fichtenbaum	Program Coordinator	CAEL
Ms. Janet Shields	Chairperson	State Board of Nursing
Ms. Alyson Cole	Consultant	The Hill Group, Inc.
Mr. Chris Brussalis	President and CEO	The Hill Group, Inc.
Ms. Alexandra Laporte	Consultant	The Hill Group, Inc.
Ms. Abby Houck	Analyst	The Hill Group, Inc.
Ms. Mary York	Senior Consultant	The Hill Group, Inc.

**Appendix 3:  
Southwest Region**

**Small Group Discussion Notes  
Roundtable Evaluation**

**Cranberry  
June 14, 2005**



## Southwest Region Red Group Principles 5 and 6

### Principle 5 – Provide staff with autonomy and accountability, with clear performance standards and measurement

Obstacles	Solutions
<b>Leadership Development</b>	
<ul style="list-style-type: none"> <li>• Confidence to assume responsibility over peers</li> <li>• External managers vs. someone who moved into leadership role internally – how to approach when internal leader “fails”</li> <li>• Have staff that can handle responsibility/staff preparation – behavior change</li> <li>• Leadership needs to listen to stakeholders</li> <li>• Nurse managers not wanting to give up responsibility and authority – if they want to give up the control, they don’t know how to do it</li> <li>• Time and money</li> <li>• Younger nurses do not respect experienced nurses</li> </ul>	<ul style="list-style-type: none"> <li>• BRAVO! Program lottery system to recognize good deeds</li> <li>• Change care-delivery model so nurses have the ability to be heard</li> <li>• Clear set of expectations/accountability</li> <li>• Create interdisciplinary teams</li> <li>• Develop a career advancement program with rewards and incentives –money, recognition/self-esteem follows</li> <li>• Developed a different/longer training</li> <li>• Education is ongoing, building confidence by respecting individual, verbal praise from manager, recognition</li> <li>• Empowerment – involved on committees</li> <li>• Establish a good mentoring programs</li> <li>• Promote follow-through</li> <li>• Provide leaders with resources/ support</li> <li>• Support for taskforce/committee decisions</li> <li>• Use outside consultants</li> </ul>
<b>Physicians</b>	
<ul style="list-style-type: none"> <li>• Continuity of policies and follow-through</li> <li>• Difficult to change physician behavior</li> <li>• Lack of physician incentives for participation</li> <li>• Lack of undergraduate interdisciplinary education</li> <li>• Medical staff will pay penalties in order to miss meetings</li> <li>• Physicians don’t always align with policy and other messages</li> </ul>	<ul style="list-style-type: none"> <li>• Align clinical and administrative direction</li> <li>• Align clinical and clinical</li> <li>• Need a “Physician Champion”</li> <li>• Start students off on the right track by working together from the beginning</li> </ul>

## Southwest Region Red Group Principles 5 and 6

### Principle 5 – Provide staff with autonomy and accountability, with clear performance standards and measurement

Metrics	
§	Accountability <ul style="list-style-type: none"><li>- Behavioral standards</li><li>- Information confidentiality</li><li>- Time/attendance at meetings</li><li>- Timeliness of reports</li></ul>
§	Autonomy hard to measure
§	Culture surveys
§	Dashboard indicator- developed ways that are easy to collect data and report display those and use as a goal/talking point for staff <ul style="list-style-type: none"><li>- Communicate metrics in meetings/on bulletin boards</li><li>- Rather than what admin/finance want/report</li><li>- Should be meaningful and easily understandable for staff</li><li>- Turnaround time, missing doses, patient satisfaction scores</li></ul>
§	Focus on positive metrics rather than negative metrics
§	How are you going to measure it?
§	Need a part or full-time staff member for measurement
§	Number of error-free patient stays
§	Patient satisfaction scores
§	Performance Standards <ul style="list-style-type: none"><li>- Performance evaluations</li><li>- Self-evaluations</li><li>- Supervisor evaluations</li><li>- Self-evaluate educational needs</li></ul>
§	Time and money
§	What are you going to measure?

## Southwest Region Red Group Principles 5 and 6

### Principle 6 – Train leadership to engage with and represent staff effectively

Obstacles	Solutions
<b>Senior Management</b>	
<ul style="list-style-type: none"> <li>§ Lack of clinical experience/perspective in SR leadership positions at hospitals</li> <li>§ Lack of understanding of collaboration at the senior management level               <ul style="list-style-type: none"> <li>- Trustee forums</li> <li>- Educational programs</li> <li>- Time constraints</li> </ul> </li> <li>§ Need for approachable leaders</li> </ul>	<ul style="list-style-type: none"> <li>§ “Adopting” a unit</li> <li>§ All senior administrators are on-call 24/7 and must make rounds</li> <li>§ “Walk in my shoes” – what are department issues</li> <li>§ Focus on bullet 2, then 3 will follow</li> <li>§ Heightens visibility Visibility of senior leaders among staff</li> <li>§ Job shadowing</li> <li>§ Monthly interdisciplinary meetings with leaders</li> </ul>
<b>Education</b>	
<ul style="list-style-type: none"> <li>• Feeder system doesn’t prepare students for real life</li> <li>• Lack of practicing health care providers in teaching</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare Association has a weekly program – how do they determine/pay for these?</li> <li>• introduce interdisciplinary teams in educational programs</li> <li>• Many online educational opportunities</li> <li>• mentoring healthcare students</li> <li>• Promotion of educational opportunities/creating awareness</li> </ul>
<b>Ownership/Responsibility</b>	
<ul style="list-style-type: none"> <li>• Lack of ownership – multidisciplinary projects –which department handles what?</li> <li>• Lack of succession planning in care delivery personnel (clinical leaders)</li> <li>• Selection of committee members is biased</li> <li>• Trust between staff/management</li> </ul>	<ul style="list-style-type: none"> <li>• Create responsibilities for all levels</li> <li>• Once project is given to person, that person is supported – given authority to make decisions</li> <li>• President’s Council               <ul style="list-style-type: none"> <li>- Need for this at all levels</li> <li>- People who attend events report back to others</li> </ul> </li> </ul>

Metrics
<ul style="list-style-type: none"> <li>§ Employee satisfaction surveys</li> <li>§ Exit interview</li> <li>§ Measure collaborative efforts</li> <li>§ Rank/evaluate leadership in surveys</li> <li>§ Survey to diagnose</li> <li>§ Turnover rates</li> <li>§ Vacancies</li> </ul>

## Southwest Region Blue Group Principles 1 and 6

### Principle 1 – Prioritize patient care and emphasize quality and safety of care

Obstacles	Solutions
<b>Safety</b>	
<ul style="list-style-type: none"> <li>§ Money for interactive education and technologies</li> <li>§ Perception that technology adds time to processes</li> <li>§ Technology</li> </ul>	<ul style="list-style-type: none"> <li>§ Good documentation</li> <li>§ Good shift reports</li> <li>§ Homecare assessment by University of Colorado</li> <li>§ Hotlines for safety/errors</li> <li>§ Look at high-risk areas</li> <li>§ Outside communication training</li> <li>§ Suggestion boxes/E-mail requests for suggestions</li> <li>§ Toyota Process – real-time learning and problem solving</li> </ul>
<b>Teamwork</b>	
<ul style="list-style-type: none"> <li>§ Generational differences – technology, values</li> <li>§ Job roles/responsibilities have changed over the years</li> <li>§ Nursing schools should address how to interact with CNAs and the older generations and also team building</li> <li>§ Senior staff draw the line</li> <li>§ The lack of understanding around job roles leads to a lack of respect</li> </ul>	<ul style="list-style-type: none"> <li>§ Develop good rapport with other departments</li> <li>§ Staff understands what they are doing, why they're doing it, and what their job responsibilities are</li> <li>§ Weekly culture-change meetings – interdisciplinary – even housekeeping</li> </ul>

**Southwest Region  
Blue Group  
Principles 1 and 6**

**Principle 6 – Train leadership to engage with and represent staff effectively**

Obstacles	Solutions
<b>Resources</b>	
<ul style="list-style-type: none"> <li>§ Money</li> <li>§ Management turnover</li> <li>§ Time</li> <li>§ Leaders don't measure their overtime</li> </ul>	
<b>Management Training</b>	
<ul style="list-style-type: none"> <li>§ Generational differences</li> <li>§ Managers say the more accountable you are the more work you get – everyone needs to be equally accountable</li> <li>§ Not enough management training</li> <li>§ Sometimes places allow bad managers to remain in their jobs</li> <li>§ Sometimes promotions are based on clinical competence, not leadership potential</li> <li>§ Trust</li> </ul>	<ul style="list-style-type: none"> <li>§ Better orientation</li> <li>§ CEOs spend an entire day transporting patients</li> <li>§ Chief Nurse does rounds</li> <li>§ Employee opinion surveys</li> <li>§ Link performance metrics to compensation</li> <li>§ Management training in interviewing techniques, counseling, performance appraisal</li> <li>§ Meeting of new staff with leadership during new staff orientation</li> <li>§ Monthly forums – including forums with patients</li> <li>§ People step out of the boundaries of the roles and help each other</li> <li>§ Revamp mission and customer service processes</li> <li>§ Scorecard</li> <li>§ Small group informal chats</li> <li>§ Structured minutes shared with staff</li> <li>§ Taking the time to build relationships is more important than offering formal education programs</li> </ul>



# ROUNDTABLE EVALUATION

Southwest Pennsylvania Region  
 Health Care Workforce Roundtable:  
 Retention of Health Care Workers & Improving the Health Care Work Environment

June 14, 2005

The Pennsylvania Workforce Investment Board, Pennsylvania Center for Health Careers Leadership Council, and The Hill Group, Inc. are committed to designing and facilitating the best quality Roundtable possible. Your participation in this Roundtable was necessary and appreciated. Your input is important to us, and we are interested in your comments. **Please take a few minutes to complete this questionnaire before leaving or fax to 412.722.1220.**

**Please mark all applicable affiliations:**

**Participant:**

- Hospital/Health system (11)
- Long-Term Care (2)
- Community Health (0)
- Home Care Setting (0)
- Organized Labor (0)
- Administration/Executive (5)
- Unit Manager/Department Director (4)
- Clinical Staff (2)

**Observer:**

- Workforce Investment Board (0)
- Leadership Council Member (0)
- Working Group Member (0)
- Other (0)

N = 16

**AVE SCORE**  
**% of 4's and 5's**

**1. Please rate the quality of the information that you received prior to the Roundtable meeting**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.5**  
100%

**2. Please rate the level of preparation that you believe went into developing this Roundtable and planning process:**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.8**  
100%

**3. Please rate your overall satisfaction with this Roundtable Meeting:**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.7**  
100%

**4. Overall, how applicable was this process in discussing the issues impacting the health care work environment and the retention of the healthcare workforce?**

- |  |   |  |   |  |
|--|---|--|---|--|
| 1<br><input type="radio"/><br>Not applicable | 2<br><input type="radio"/><br>Somewhat applicable | 3<br><input type="radio"/><br>Applicable | 4<br><input type="radio"/><br>Very applicable | 5<br><input type="radio"/><br>Extremely applicable |
|--|---|--|---|--|

**4.4**  
94%

**5. How was the lead facilitator's knowledge of the planning process and subject content?**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
- Lead Facilitator: Alyson Cole

**4.8**  
100%

**6. How was the small group facilitator's effectiveness in moving the group through the planning process?**

**Alyson**  
N = 10  
**4.9**  
100%

**(Please check which facilitator led your session)**

Facilitator: Alyson Cole  Chris Brussalis  Alexandra Laporte  Mary York

**Alexandra**  
N = 6  
**4.7**  
100%

1  2  3  4  5   
Poor Fair Average Good Excellent

**7. How would you rate your opportunity to give input and participate in the discussion?**

1  2  3  4  5   
Poor Fair Average Good Excellent

**4.9**  
100%

**8. General comments about the Roundtable Meeting or the planning process**

- § Very well planned, coordinated. Information for review received in a timely manner and opportunity to critique, give input and suggestions invaluable. It is through these types of efforts involved the interdisciplinary health care community that we can and will make a positive impact. Thank you for inviting me to be a part of this group. (Mary Ann Farmcree, VP Patient Care Services – JRMC)
- § Bravo to everyone involved in this initiative. This is the voice that can make a difference. (Lisa Scullo)
- § It was obvious that a lot of work was already done. Great session. Information presented was right on track. (Claudia Rager)
- § Very good at defining problems and solutions. Implementation is going to be a key factor. (Sheila Herring)
- § Thank you for inviting me. Setting and format were very accommodating. I believe the work being done here will have some long-term results as far as raising awareness. Changes that are sustainable are possible but will require lots of work!
- § It was great. Thanks for inviting me. (Patrice B. Hlad)
- § It was very nice to interact with leadership from local institutions. Excellent interdisciplinary group selection. Thank you! (Anita Nucci)
- § I am impressed with the thoroughness of the seven principles. I hope we will collectively "put our money where our mouths are." I hope we will use models for education and collaboration such as the Maryland Patient Safety Center, Michigan Collaborative, PRHI, Virginia Institute for Medical Safety, Florida Patient Safety Center, and the Virginia Center for Patient Safety. (Christopher Hughes)
- § Very informative, topics discussed gave new insight and information to take back to the workplace. (Lisa Stroup)
- § It was nice to have interaction from different hospitals/disciplines/healthcare organizations. Talking about the "issues" can be very energizing and thought-inspiring. (Joy Peters)
- § Please send follow-up materials about this and future elements of this planning process as well as outcomes. This opportunity for the various hospitals to collaborate was outstanding. (Edna I. McCutcheon)
- § Unfortunately, good opportunity to share "successes," time was short and group so diverse that the exchange felt less structured.
- § Good information that can be operationalized. Good to know that issues are prevalent in other healthcare facilities.
- § Well done. Efficient use of time to gather good info effectively. Thanks for inviting me! (Marilyn Rudolph)
- § This is one of the best processes I have been involved in. We are poised to make PA an excellent place to work in healthcare. Our challenge is to operationalize the outcomes. (Debra Thompson)

**9. What content was absent from the Roundtable meeting?**

- § Next steps, but that is for a future meeting I expect. It is worth stating the obvious that the 9 ideals of the patient safety movement dovetail wonderfully with the seven principles. The Hospital Association, PMS, insurers, state government, etc. need to make all of this a priority and work together ASAP. (Christopher Hughes)
- § Excellent sharing of information. (Claudia Rager)
- § The outcomes are pretty well employed already at our location. I was interested in more focus on the actual "nuts and bolts." Why do people leave their organization?

Optional: May we have your permission to quote any of the information you have provided above?  
YES \_\_\_ NO \_\_\_ (If you checked "YES," please sign and date below.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SOUTHWEST PENNSYLVANIA REGION ROUNDTABLE RETENTION OF HEALTH CARE WORKERS - JUNE 14, 2005

### PARTICIPANTS:

Name	Title	Organization
Joy M. Peters,RN, MSN, MBA	Nursing Director, CCU	Allegheny General Hospital
Anita Nucci, Ph.D, RD	Clinical Nutrition Manager	Children's Hospital of Pittsburgh
Claudia Rager	Vice President, Nursing	Conemaugh Health System
Lisa Schiullo	Clinical Practice Coordinator for Nursing	Excelsa Health - Latrobe Area Hospital
Jay Robinson	Medical Director	Glendale Area Medical Association
Shawn Adamson	Director of Wellness Center Rehab & Fitness	Greene County Memorial Hospital
Walt Schwoeble	Human Resource Director	Heritage Valley Health System
Celeste Twardon	Vice President	Home Nursing Agency
Christopher Hughes	Physician	Internal Medicine and Critical Care
Mary Ann Farmerie	Vice President, Patient Care Services	Jefferson Regional Medical Center
Susan Cobaugh	Director Rehabilitation	Mercy Hospital of Pittsburgh
Lisa Stroup	LPN	Presbyterian Senior Care
Sheila Herring, RN	Administrator	South Fayette Nursing Center
Cindy Loughman	Director of the Heart Center	St. Clair Hospital
Edna McCutcheon	Chief Executive Officer	Torrance State Hospital
Patrice Hlad,BSN	Staff Nurse	UPMC McKeesport
Kelley Wasicek	Pharmacy Manager	UPMC Presbyterian Hospital
Marilyn Rudolph,RN,BSN,MBA	Vice President, Performance Improvement	VHA Pennsylvania
Tanya Ulrich	Director, Human Resources	West Penn Hospital

## OBSERVERS:

Name	Title	Organization
Alyson Cole	Consultant	The Hill Group, Inc.
Rachel Fichtenbaum	Program Coordinator	CAEL
Lynn Gurski-Leighton	Director, Clinical Services	The Hospital & Healthsystem Association of Pennsylvania (HAP)
Abby Houck	Analyst	The Hill Group, Inc.
Alexandra Laporte	Consultant	The Hill Group, Inc.
Mary Marshall	Director of Planning and Research	Pennsylvania Workforce Investment Board
Kathleen Malloy	Vice President of Health Professions	Community College of Allegheny County- Boyce Campus
Linda Novak	Director, Human Resources Development	West Penn Allegheny Health System
Carolyn Scanlan	President and CEO	The Hospital and Healthsystem Association of Pennsylvania (HAP)
Debra Thompson	Chief Nursing Officer and Director RN Engagement	Pittsburgh Regional Healthcare Initiative

**Appendix 4:  
Northwest Region**

**Small Group Discussion Notes  
Roundtable Evaluation**

**Meadville  
June 15, 2005**



## Northwest Region Red Group Principles 3 and 6

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Generational</b>	
<ul style="list-style-type: none"> <li>• “Eating their young”</li> <li>• Generational differences</li> </ul>	<ul style="list-style-type: none"> <li>• Generational incentives</li> <li>• Younger generation used as a resource for technology</li> </ul>
<b>Technology</b>	
<ul style="list-style-type: none"> <li>• Abuse of Internet privileges</li> <li>• Technology – because we have it, we can see everything</li> </ul>	<ul style="list-style-type: none"> <li>• Technology lock-downs</li> </ul>
<b>Culture</b>	
<ul style="list-style-type: none"> <li>• Accountability</li> <li>• Balancing single moms w/traditional corporate culture</li> <li>• Challenging mgmt in non-punitive way</li> <li>• Communication</li> <li>• Confidentiality</li> <li>• Differing levels of competency/motivation</li> <li>• Family Medical Leave Act – hindrance</li> <li>• Inconsistency of management</li> <li>• No overtime prescription</li> <li>• Time restraints are hard to coordinate cross-functional meetings</li> <li>• Work/life balance</li> </ul>	<ul style="list-style-type: none"> <li>• Attach raises to performance</li> <li>• Corporate culture – be an employee advocate</li> <li>• Flexibility in work schedules</li> <li>• Positive Reinforcement</li> <li>• Re-evaluate work processes</li> <li>• Respect from nurse-to-nurse</li> </ul>
<b>Staff Safety</b>	
<ul style="list-style-type: none"> <li>• Definition of abuse</li> <li>• Physician behavior – not being held accountable for behavior</li> <li>• Territorialism</li> </ul>	<ul style="list-style-type: none"> <li>• Anger management classes</li> <li>• Crisis Prevention Intervention training</li> <li>• One-up</li> <li>• Personal notes to those who prevent errors</li> <li>• Physician behavior part of the credentialing process</li> <li>• Tolerance/abuse/safety</li> </ul>
<b>Metrics</b>	
<ul style="list-style-type: none"> <li>• Demographics – trends in turnover</li> <li>• Family surveys</li> <li>• Improved community perception</li> <li>• Involvement in voluntary activities</li> <li>• Less turnover</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing M&amp;M</li> <li>• Patient satisfaction</li> <li>• Physician satisfaction</li> <li>• Reduced disciplinary action</li> <li>• Staff surveys – sharing results with entire organization</li> </ul>

## Northwest Region Red Group Principles 3 and 6

### Principle 6 – Train leadership to engage with a represent staff effectively

Obstacles	Solutions
<b>Resources</b>	
<ul style="list-style-type: none"> <li>• Time</li> <li>• Money</li> <li>• Lack of appropriate candidates/resources</li> </ul>	<ul style="list-style-type: none"> <li>• DO grant – writing to get funding</li> </ul>
<b>Culture</b>	
<ul style="list-style-type: none"> <li>• History – people can't get past "how it was"</li> <li>• Unwillingness to change</li> </ul>	<ul style="list-style-type: none"> <li>• Culture of the organization</li> <li>• Celebrate as often as possible</li> <li>• Honesty, openness, communication and consistency</li> <li>• Willingness to admit mistakes</li> <li>• Birthday luncheons</li> </ul>
<b>Recruitment/Retention</b>	
<ul style="list-style-type: none"> <li>• Tenure</li> <li>• Turnover</li> <li>• High pay in alternative careers</li> <li>• Visibility of senior leadership</li> <li>• Communication to new managers</li> </ul>	<ul style="list-style-type: none"> <li>• Administrative rounds</li> <li>• Open-door policy</li> <li>• Share issues with staff</li> <li>• Discuss management notes at department meetings</li> <li>• CEO-staff meetings</li> </ul>
<b>Management Development</b>	
<ul style="list-style-type: none"> <li>• Unwillingness to think outside of the box/normal job description</li> <li>• Lack of a formalized process – checklist for management development</li> <li>• Promotion from within – staying "staff at heart"</li> <li>• Micro-management</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Managers should separate and disassociate from staff</li> <li>• Succession planning</li> <li>• In-house leadership training</li> <li>• New manager program</li> <li>• Lunch and Learn – presentations on management-related topics</li> <li>• Leadership development – bring staff members with managers to meetings</li> <li>• Reward tied to mentoring</li> </ul>
<b>Metrics</b>	
<ul style="list-style-type: none"> <li>• Completion of courses, hours of training</li> <li>• Employee surveys</li> <li>• Evaluations – competency</li> <li>• Exit interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of staff visits to managers</li> <li>• Participation in hospital/business activities</li> <li>• Reduced absenteeism</li> <li>• Retention</li> </ul>

## Northwest Region Blue Group Principles 3 and 5

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Culture</b>	
<ul style="list-style-type: none"> <li>• How do you get the medical staff to buy into the culture change?</li> <li>• Need to recognize the humanity of the workers</li> <li>• Time</li> </ul>	<ul style="list-style-type: none"> <li>• Administration should step in when a staff member goes to a committee meeting to do that staff member's work</li> <li>• Being included is important</li> <li>• CEO does rounds/recognizes staff during tough times</li> <li>• Monthly meetings with physicians and nurses. No administrators are present</li> <li>• Visibility is key</li> <li>• Visit units each week/quarterly staff meetings around the clock to listen to staff</li> <li>• Work/life balance is tied to the generational issues and to recruitment</li> </ul>
<b>Safety</b>	
<ul style="list-style-type: none"> <li>• Abuse by physicians in the operating room</li> <li>• Chief of Staff tried to enforce a zero tolerance policy and doctors stopped referring to the Chief's private practice</li> </ul>	<ul style="list-style-type: none"> <li>• Brought physicians and board members in and went over the abuse policy to take the sense of retribution away</li> <li>• Encourage coming forward with complaints</li> <li>• Extensive education on abuse and brought in lawyers around the clock to educate frontline staff and managers</li> <li>• Hold regular meetings for psychiatric aids with physicians so that the aids know their input is valued</li> <li>• Policies and procedures in place around abuse and harassment</li> </ul>
<b>Recruitment/Retention</b>	
<ul style="list-style-type: none"> <li>• Big hospitals can recruit physicians easier than smaller hospitals</li> <li>• Nursing student won't apply to a facility if not treated well during their time there as a student</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation of new people is critical to retention, and we've raised retention of new grads from 50 to 97% by using behavioral interviews and selecting the right people from the start</li> </ul>

## Northwest Region Blue Group Principles 3 and 5

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Rewards/Recognition</b>	
<ul style="list-style-type: none"> <li>• Need for rewards/recognition</li> </ul>	<ul style="list-style-type: none"> <li>• Committee where staff members recognize other staff for excellence in patient care</li> <li>• Each department has a 12 week plan where they choose what specific issues to address – recruitment and retention are the #1 focus. It's about setting goals in fun ways and bringing fun back to the workplace. IF they meet their goals then they get gift certificates. We're trying to nudge them back to work as real teams. This program didn't cost a lot but it's a culture change, it's about stopping and listening to staff – their concerns are not all about raises. It's also about staff buy-in. Someone said to me, "We feel like we've taken ownership of our units."</li> <li>• Incentive programs</li> <li>• Management – acts of kindness</li> <li>• Managers recently started doing thank you cards, not just for nurses but also for maintenance employees and so forth – and this is very well received.</li> <li>• Recognition tokens and a recognition tree</li> <li>• Rewards and recognition</li> </ul>

Metrics
<ul style="list-style-type: none"> <li>• Department-specific dashboards</li> <li>• Different metrics in different departments</li> <li>• Particular areas people are transferring out of</li> <li>• Report cards for managers – reflected in raises</li> <li>• Time to fill the vacancies</li> <li>• Turnover rates</li> <li>• Vacancies</li> </ul>

## Northwest Region Blue Group Principles 3 and 5

### Principle 5 – Provide staff with autonomy and accountability, with clear performance standards and measurement

Obstacles	Solutions
<b>Rewards/Recognition</b>	
<ul style="list-style-type: none"> <li>• Sustainability</li> <li>• Different in rural areas</li> <li>• Need for career ladders</li> <li>• Job loading is a problem</li> <li>• Need buy-in from finance</li> <li>• Staff doesn't just want money – it's also knowing that the administrators and managers are there with them</li> <li>• How do you make time for the staff?</li> </ul>	<ul style="list-style-type: none"> <li>• Start with small, achievable things – then you can tackle bigger things</li> <li>• Meet with the leadership once a month</li> <li>• Leadership does rounds</li> <li>• Pay for performance</li> </ul>
<b>Culture</b>	
<ul style="list-style-type: none"> <li>• Silos are a big issue.</li> <li>• Teamwork is easier in smaller facilities</li> <li>• In some places they stop shared governance when a crisis hits. This sends a bad message to staff. An institution needs to be prepared to champion shared governance through good and bad times</li> <li>• Time and energy</li> <li>• Risk - need buy-in at the highest level</li> <li>• Need to know your workforce</li> <li>• Must recognize that certain people want to do certain things</li> <li>• When people are under stress, they'll revert back to what's comfortable</li> <li>• The rest of the hospital thinks everything is nursing-focused</li> </ul>	<ul style="list-style-type: none"> <li>• Issues that don't make it into the 12-week plan go into the "parking lot" so that you know the issue didn't disappear</li> <li>• Go to all orientations to set expectations/accountability/introduce open-door policy</li> <li>• Consultants help build teams strategically to bring players together to work through painful issues - has positive effects for patient care because it improves the continuity of organizational structure</li> <li>• Sharing across the institution fostered teamwork</li> <li>• Employee teams make changes possible that weren't possible before</li> <li>• Shared governance is a buzzword</li> <li>• HR helps to promote shared governance through identifying savings from the program</li> </ul>



# ROUNDTABLE EVALUATION

Northwest Pennsylvania Region  
 Health Care Workforce Roundtable:  
 Retention of Health Care Workers & Improving the Health Care Work Environment

June 15, 2005

The Pennsylvania Workforce Investment Board, Pennsylvania Center for Health Careers Leadership Council, and The Hill Group, Inc. are committed to designing and facilitating the best quality Roundtable possible. Your participation in this Roundtable was necessary and appreciated. Your input is important to us, and we are interested in your comments. **Please take a few minutes to complete this questionnaire before leaving or fax to 412.722.1220.**

**Please mark all applicable affiliations:**

**Participant:**

- Hospital/Health system (13)
- Long-Term Care (2)
- Community Health (1)
- Home Care Setting (5)
- Organized Labor (0)
- Administration/Executive (3)
- Unit Manager/Department Director (3)
- Clinical Staff (1)

**Observer:**

- Workforce Investment Board (0)
- Leadership Council Member (0)
- Working Group Member (0)
- Other (0)

N = 19

**AVE SCORE**  
 % of 4's and 5's

**1. Please rate the quality of the information that you received prior to the Roundtable meeting**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.1**  
79%

**2. Please rate the level of preparation that you believe went into developing this Roundtable and planning process:**

- |                                    |                                    |                                       |   |   |
|------------------------------------|------------------------------------|---------------------------------------|---|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input checked="" type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|---|---|

**4.6**  
100%

**3. Please rate your overall satisfaction with this Roundtable Meeting:**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.3**  
95%

**4. Overall, how applicable was this process in discussing the issues impacting the health care work environment and the retention of the healthcare workforce?**

- |  |   |  |   |  |
|--|---|--|---|--|
| 1<br><input type="radio"/><br>Not applicable | 2<br><input type="radio"/><br>Somewhat applicable | 3<br><input type="radio"/><br>Applicable | 4<br><input type="radio"/><br>Very applicable | 5<br><input type="radio"/><br>Extremely applicable |
|--|---|--|---|--|

**4.2**  
84%

**5. How was the lead facilitator's knowledge of the planning process and subject content?**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
- Lead Facilitator: Alyson Cole

**4.4**  
90%

**6. How was the small group facilitator’s effectiveness in moving the group through the planning process?**

**(Please check which facilitator led your session)**

Facilitator: Alyson Cole  Chris Brussalis  Alexandra Laporte  Mary York

1  2  3  4  5   
 Poor Fair Average Good Excellent

**Alyson**  
 N = 9  
**4.8**  
 100%

**Alexandra**  
 N = 7  
**4.3**  
 100%

**7. How would you rate your opportunity to give input and participate in the discussion?**

1  2  3  4  5   
 Poor Fair Average Good Excellent

**4.8**  
 100%

**8. General comments about the Roundtable Meeting or the planning process**

- Travel directions were not accurate.
- Very informative – great to hear others’ success. Thank you. (Jacqueline Starr – Pharmacy Director)
- I was reluctant to take the afternoon to participate – but it was well done and worth my time. (Karen Bray)
- Well organized – a brief, yet comprehensive overview of issues and purpose. Kept to task at hand.
- Very informative – nice blend of people. (Veronica Moras)
- Good exchange of information. Positive action to address needs. (Margaret Swanson – CRNP)
- A lot of information to discuss in one afternoon. (Deborah Gurtner)
- Good discussion.
- The information was applicable regarding retention and I really enjoyed the facilitation of open discussion. (Cherise Coles)
- This was an excellent meeting. I enjoyed the opportunity to discuss issues related to healthcare workforce retention and recruitment. (Susan Gibson)
- The goal (intention) of the roundtable is admirable; I hope it is successful. However, the items discussed at our session failed to address why valuable professionals are leaving the Commonwealth. They may explain why individuals leave an organization. Recognizing and treating employees well are very important. However, healthcare professionals (including physicians) leave because of high malpractice insurance, high sign-on bonuses, higher salaries, tuition reimbursement, and better benefits in other parts of the country. (William Simpson)

**9. What content was absent from the Roundtable meeting?**

- a. I was struck by the absence of physician input in the process as so much of the hospital work environment is influenced by MD’s either individually or formally through medical staff.
- b. Legislative problems – Example: Over-regulation and how it can be changed through the government process. (G. Gornall)
- c. Perhaps a program of student loan forgiveness would help retain healthcare professionals. For each year a licensed professional practices within the Commonwealth, a percentage of student loans could be forgiven. Educational programs should be developed to address generational differences, not just for management – staff should be included. (William Simpson)
- d. Hospital employees at staff level. (Susan Gibson)

Optional: May we have your permission to quote any of the information you have provided above?  
 YES \_\_\_\_ NO \_\_\_\_ (If you checked “YES,” please sign and date below.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NORTHWEST PENNSYLVANIA REGION ROUNDTABLE RETENTION OF HEALTH CARE WORKERS - JUNE 15, 2005

### PARTICIPANTS:

Name	Title	Organization
Netra Baker	Director Staff Development	Charles Cole Memorial Hospital
Will Simpson	Director of Pharmacy	Clarion Hospital
Jacqueline Starr	Director of Pharmacy	Clearfield Hospital
Cherise Coles	Human Resources Manager	Community Health Net
Brenda Porter	Clinical Systems Manager	Community Nurses Inc.
Rose Campbell	Administrative Manager Oncology	DuBois Regional Medical Center
Georgeann Gornall	Administrator	Edinboro Manor
Catherine Kirk	Vice President of Nursing Services	Elk Regional Health System
Debbie Burbules	CEO	Great Lakes Home Health
Veronica A. Maras, RN	Senior Vice President/Chief Nursing Officer	Hamot Medical Center
Thomas Thompson, MS, MBA, RPh	Vice President, Pharmacy Services	Hamot Medical Center
Lori Hooker	Director of Nursing	Healthsouth Rehabilitation Hospital of Erie
Roy Hammett	Manager of Critical Care Services	Jameson Health System, Inc.
Margaret Swanson	Certified Registered Nurse Practitioner	Keystone Rural Health Consortia, Inc.
Christine Henry	Director of Human Resources	Meadville Medical Center
Debbie Tamlin	Vice President of Patient Care Operations	Saint Vincent's Health System
Susan Gibson	Vice President of Patient Care	Sharon Regional Health System
Glen R. Hayes, OTRIL	Director Occupational Therapy	Titusville Area Hospital
Karen Bray, MSN,RN	Vice President, Patient Care Services	United Community Hospital
Deborah Gurtner	Director, Imaging Services	UPMC Horizon
Walt Jones	Program Director, Radiology Technology School	UPMC Northwest
Patricia Kaufmann	CEO	Visiting Nurses Association of Venango County
Bonnie Riggle	Director of Nursing	Warren State Hospital

## OBSERVERS:

Name	Title	Organization
Alyson Cole	Consultant	The Hill Group, Inc.
Rachel Fichtenbaum	Program Coordinator	CAEL
Abby Houck	Analyst	The Hill Group, Inc.
Alexandra Laporte	Consultant	The Hill Group, Inc.
Mary Marshall	Director of Planning and Research	Pennsylvania Workforce Investment Board
Carolyn Scanlan	President and CEO	The Hospital and Healthsystem Association of Pennsylvania (HAP)
Mary York	Senior Consultant	The Hill Group, Inc.

**Appendix 5:  
Northeast Region**

**Small Group Discussion Notes  
Roundtable Evaluation**

**Wilkes Barre  
July 7, 2005**



## Northeast Region Red Group Principles 4 and 5

### Principle 4 – Foster communication and collaboration on all levels

Obstacles	Solutions
<b>Teamwork/Respect</b>	
<ul style="list-style-type: none"> <li>• Employees in the lab feel disrespected as professionals. People don't want their kids to go into the same profession. If staff are so unhappy, how are you going to recruit?</li> <li>• Interdepartmental communication</li> <li>• Need for respect of different professions, their strengths and limitations</li> <li>• The size of the institution can make communication harder or easier</li> </ul>	<ul style="list-style-type: none"> <li>• Have regular meetings twice a week on every patient to discuss their care               <ul style="list-style-type: none"> <li>– Physicians are welcome but usually don't come</li> <li>– Put the information right onto the patients' charts</li> <li>– Use the meetings to see if there are things to work on or do differently</li> </ul> </li> <li>• Interdisciplinary meetings are mandated in long-term care</li> <li>• Individual patient plans are created in interdisciplinary groups</li> <li>• Talking face-to-face</li> <li>• Shadowing</li> </ul>
<b>Management/Policies</b>	
<ul style="list-style-type: none"> <li>• Physician buy-in</li> <li>• State hospitals – a lot of bureaucracy – like the DPW               <ul style="list-style-type: none"> <li>– Need to for accountability and flexibility</li> <li>– Other shifts feel out of the loop</li> <li>– People are also very rigid about their roles</li> <li>– Still have a culture of blame</li> <li>– System is based on a medical model</li> <li>– The core team is on day shift, and they make most of the decisions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Leaders belong to associations and sit on meetings with other institutions</li> <li>• Cooperate with the competition because the better the world perceives the industry, the better off our institution will be               <ul style="list-style-type: none"> <li>– Also have a legislative voice</li> <li>– Competition still exists for clients and staff</li> </ul> </li> </ul>

Metrics
<ul style="list-style-type: none"> <li>• Employee surveys, evaluation process</li> <li>• Peer review</li> <li>• Quality indicators</li> <li>• Magnet has shown the relationship to recruitment and retention</li> </ul>

## Northeast Region Red Group Principles 4 and 5

### Additional Best Practices from Other Principles

- Alliances with an educational institutions that have service learning requirements
- Career days for Boy Scouts and high schools
- Clinical ladders for staff
- Clinical liaisons to universities
- Education programs including nursing magazines
- Emphasize the positives, like flexible schedules
- Employee councils and committees
- Formal system for communication about changes including follow-up meetings that make clear what's absolute and what's flexible about new policies so that when something doesn't work, people know what can be changed
- Involve employees in all changes and change processes
- Involve staff when you're building a new facility, for example doorways that fit oversized wheelchairs
- Involvement in education consortiums
- Offer extra money for certifications when needing someone who isn't just entry-level
- Offer tuition reimbursement
- Pay tuition w/contract for years of service afterward
- Push continuing education
- Work-study programs with underserved high school students

## Northeast Region Red Group Principles 4 and 5

### Principle 5 – Provide staff with autonomy and accountability, with clear performance standards and measurement

Obstacles	Solutions
<b>Culture</b>	
<ul style="list-style-type: none"> <li>• Account for shift and hours because it varies between days and nights</li> <li>• Everyone who knows anything does day shift</li> <li>• Generational issues aren't taken into account</li> <li>• The system is antiquated in terms of culture – it's hierarchical</li> </ul>	<ul style="list-style-type: none"> <li>• Magnet facility - RN Advisory Council               <ul style="list-style-type: none"> <li>– A lot of diversity of specialties/ facilities are represented on the council</li> <li>– Culture - expectation of accountability</li> <li>– Each shift is represented</li> <li>– Every unit has a council too, with a minimum of three working committees</li> <li>– Looks at what care will look like over the next 5-10 years</li> </ul> </li> <li>• Start to make cultural changes on a small level within units</li> </ul>
<b>Management/Policies</b>	
<ul style="list-style-type: none"> <li>• Dept. of Health is extremely punitive in LTC</li> <li>• Management makes all the decisions</li> <li>• Medical staff control</li> <li>• Night shift supervisors need the training too. They need to be in the director meetings</li> <li>• The way supervisors talk to employees</li> <li>• Upper level nursing management doesn't have very good management skills – not willing to give up control</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership training</li> <li>• Mentors for new managers</li> <li>• Put a visionary leader in a designated leadership position</li> </ul>
<b>Staff</b>	
<ul style="list-style-type: none"> <li>• Better define roles and skills</li> <li>• Lack of recognition</li> <li>• Not everyone wants opportunities for professional growth</li> <li>• Performance measurement tools lack the sensitivity to detect the little things staff do well</li> <li>• Staff may not have great people skills</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for professional growth</li> </ul>

## Northeast Region Red Group Principles 4 and 5

### Principle 5 – Provide staff with autonomy and accountability, with clear performance standards and measurement

Obstacles	Solutions
<b>Communication</b>	
<ul style="list-style-type: none"> <li>• The receiver of information has a responsibility to keep up with communications too; it's not just the sender who has a responsibility</li> <li>• We run things as if everyone's there 40 hours each week, which doesn't account for agency nurses and part-time people, and there's no communication with people on other shifts</li> </ul>	<ul style="list-style-type: none"> <li>• Access to a common public mail system that can also be accessed from home</li> <li>• Do benchmarking to see which issues are raised by a significant amount of the staff and then address those</li> <li>• Hold meetings to communicate survey results and changes</li> <li>• Meetings to bring the shifts together</li> <li>• Post all minutes from meetings either online or on a bulletin board</li> <li>• Post results from surveys and say what you're going to do to make changes</li> <li>• When managers invite staff to be on a committee, they have to hold the meetings on those shifts – at 8 PM and at 3 AM – to be respectful to the staff</li> </ul>

Metrics
<ul style="list-style-type: none"> <li>• Monitor and measure progress toward set goals</li> <li>• Patient satisfaction</li> <li>• Retention</li> <li>• Staff satisfaction surveys, clinical indicators</li> <li>• The rewards and recognition committee should review what's been accomplished</li> <li>• There are specific clinical, operational, and patient satisfaction measures unique to each setting</li> </ul>

\*No Blue Group Scribe Notes for this Roundtable

# ROUNDTABLE EVALUATION

Southeast Pennsylvania Region  
 Health Care Workforce Roundtable:  
 Retention of Health Care Workers & Improving the Health Care Work Environment

July 14, 2005

The Pennsylvania Workforce Investment Board, Pennsylvania Center for Health Careers Leadership Council, and The Hill Group, Inc. are committed to designing and facilitating the best quality Roundtable possible. Your participation in this Roundtable was necessary and appreciated. Your input is important to us, and we are interested in your comments. **Please take a few minutes to complete this questionnaire before leaving or fax to 412.722.1220.**

**Please mark all applicable affiliations:**

**Participant:**

- Hospital/Health system (11)
- Long-Term Care (1)
- Community Health (0)
- Home Care Setting (5)
- Organized Labor (0)
- Administration/Executive (3)
- Unit Manager/Department Director (0)
- Clinical Staff (0)

**Observer:**

- Workforce Investment Board (0)
- Leadership Council Member (0)
- Working Group Member (1)
- Other (0)

N = 18

**AVE SCORE**  
 % of 4's and 5's

**1. Please rate the quality of the information that you received prior to the Roundtable meeting**

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1<br><input type="radio"/> | 2<br><input type="radio"/> | 3<br><input type="radio"/> | 4<br><input type="radio"/> | 5<br><input type="radio"/> |
| Poor                       | Fair                       | Average                    | Good                       | Excellent                  |

**3.89**  
78%

**2. Please rate the level of preparation that you believe went into developing this Roundtable and planning process:**

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1<br><input type="radio"/> | 2<br><input type="radio"/> | 3<br><input type="radio"/> | 4<br><input type="radio"/> | 5<br><input type="radio"/> |
| Poor                       | Fair                       | Average                    | Good                       | Excellent                  |

**4.76**  
94%

**3. Please rate your overall satisfaction with this Roundtable Meeting:**

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1<br><input type="radio"/> | 2<br><input type="radio"/> | 3<br><input type="radio"/> | 4<br><input type="radio"/> | 5<br><input type="radio"/> |
| μ<br>Poor                  | Fair                       | Average                    | Good                       | μ<br>Excellent             |

**4.28**  
89%

**4. Overall, how applicable was this process in discussing the issues impacting the health care work environment and the retention of the healthcare workforce?**

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1<br><input type="radio"/> | 2<br><input type="radio"/> | 3<br><input type="radio"/> | 4<br><input type="radio"/> | 5<br><input type="radio"/> |
| Not applicable             | Somewhat applicable        | Applicable                 | Very applicable            | μ<br>Extremely applicable  |

**3.72**  
67%

**5. How was the lead facilitator's knowledge of the planning process and subject content?**

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Poor                  | Fair                  | Average               | Good                  | Excellent             |

Lead Facilitator: Alyson Cole

**4.39**  
94%

**6. How was the small group facilitator's effectiveness in moving the group through the planning process?**

**(Please check which facilitator led your session)**

Facilitator: Alyson Cole  Chris Brussalis  Alexandra Laporte  Mary York

**Alyson**  
N = 11  
**4.6**  
100%

1  2  3  4  5   
Poor Fair Average Good Excellent

**Alexandra**  
N = 6  
**3.5**  
50%

**7. How would you rate your opportunity to give input and participate in the discussion?**

1  2  3  4  5   
Poor Fair Average Good Excellent

**4.65**  
100%

**8. General comments about the Roundtable Meeting or the planning process**

- § Alyson needed a recorder in the breakout session.
- § First group a little "Pie in the sky." Second group much more effective to discuss the "nuts and bolts." (Eileen Phillips)
- § Good brainstorming ideas. Ideas on what is happening in industry. Gave me an appreciation for my own organization
- § Good. Could have used more than two copies of the study previously done.
- § Great discussion and opportunity for sharing. Setting was conducive to learning/discussing. Facilitators were excellent. Process was conducive to identifying issues. Thank you for inviting me to participate. (Susan Cusack)
- § I think it may have helped to know the foci of other groups (Andrea Devoti)
- § Leaders have a vested interest in first the patient and second the staff in successful organizations. (Terri Cullen)

**9. What content was absent from the Roundtable meeting?**

- a. Barriers in educational availability – probably in other groups. (Andrea Devoti)
- b. Cultural diversity
- c. Didn't really address nursing shortage in PA. Physicians leaving PA and how to attract and retain healthcare personnel.
- d. General recommendations for staff retention. I think staff and patient education are essential to retention. Communication among staff. Provide formal education and training on site or by video technology. (Nancy Beck)
- e. I would like to see integration of education group and the practice group; how does one group support the other. What can education do to promote understanding of the problems in clinical sites and vice versa. (JoAnn Erb)
- f. Need more disciplines to be involved – physician participation would be beneficial – discussion frequently centered on nursing and support services recognized for their contribution. (Susan Cusack)

Optional: May we have your permission to quote any of the information you have provided above?  
YES \_\_\_\_ NO \_\_\_\_ (If you checked "YES," please sign and date below.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SOUTHEAST PENNSYLVANIA REGION ROUNDTABLE RETENTION OF HEALTH CARE WORKERS - JULY 14, 2005

### PARTICIPANTS:

Name	Title	Organization
Ms. Joann Erb PhD RN	Education and Research Coordinator	Abington Memorial Hospital Home Care
Ms. Shelley Berg	LPN	Belle Haven Associates
Ms. Nancy Beck	Director of Rehabilitative and Volunteer Services	Belmont Center for Treatment
Ms. Susan Cusack	Chief Nursing Officer	Brandywine Hospital
Ms. Tammie Calabrese	Clinical Nurse Researcher	Bryn Mawr Hospital
Ms. Joann Gurney	Administrator Director of Nursing	Bryn Mawr Rehabilitation Hospital
Ms. Babara Schellhorn	Director,- Personal Health Services	Bucks County Department of Health
Ms. Valerie Caraballo-Peres	RN	Children's Hospital of Philadelphia
Mr. Gene Zegar	Vice President Human Resources	Crozer-Chester Medical Center
Ms. Terri Cullen	Nursing Educator, PI Coordinator	Delaware County Memorial Hospital Hospice
Ms. Ellen Huber	Executive in Charge of Recruitment	ManorCare Health Services - Devon
Ms. Andrea Devoti	Vice President	Neighborhood Health Agencies
Ms. Judith Yoppi	Chief Social Rehab Services Executive	Norristown State Hospital
Ms. Kathleen Bohrer	LPN, Staff Nurse	Paoli Hospital - Main Line Health System
Mr. Michael Bringhurst	Clinical Pharmacist	Pennsylvania Hospital
Ms. Marianne Collins, RN, MS	Nursing Resource Manager	Riddle Memorial Hospital
Ms. Jacqueline Moore	President	Ridgeway Philips Home Care Services
Ms. Jane Roche	RN,C	South East Veterans Home
Ms. Karen Blount	Chief Nursing Officer	St. Christopher's Hospital
Mr. Scott Hartman, M.S.	Director of Cardiopulmonary, Neurology and Sleep	St. Mary Medical Center
Mr. David Dunn	Vice President of Health Services	Tel Hai Retirement Community
Ms. Eileen Phillips RN, BSN, MSN	Division Manager	The Home Care Network, Jefferson Health System

Ms. Patricia Hushen, RN, MS	Vice President, Recruitment, Retention and Resources	Thomas Jefferson University Hospitals
Ms. Janice Barbato	Chief Nuclear Medicine Technologist	Montgomery Hospital and Medical Center

*\*List Continues on Back*

**OBSERVERS:**

Name	Title	Organization
Ms. Mary Marshall	Director of Planning and Research	Pennsylvania Workforce Investment Board
Ms. Michele Campbell	Executive Administrator	Pennsylvania State Nurses Association
Mr. Joseph Welsh	Executive Director	Life Science Career Alliance
Dr. Joel Telles	Vice President, Information Services and Research	Delaware Valley Healthcare Council of HAP
Ms. Sallie Glickman	Executive Director	Philadelphia Workforce Investment Board
Ms. Cheryl Feldman	Director	District 1199C Training & Upgrading Fund
Ms. Patty Knecht	Director of Practical Nursing	Center for Arts and Technology - Brandywine Campus
Ms. Danielle Calabrese	President	Student Nurses Association of Pennsylvania
Ms. Phyllis Snyder	Regional Vice President	CAEL
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Ms. Alyson Cole	Consultant	The Hill Group, Inc.
Ms. Alexandra Laporte	Consultant	The Hill Group, Inc.
Ms. Mary York	Senior Consultant	The Hill Group, Inc.
Ms. Abby Houck	Analyst	The Hill Group, Inc.

**Appendix 6:  
Southeast Region**

**Small Group Discussion Notes  
Roundtable Evaluation**

**Philadelphia  
July 14, 2005**



## Southeast Region Red Group Principles 1 and 3

### Principle 1 – Prioritize patient care and emphasize quality and safety of care

Obstacles	Solutions
<b>Culture</b>	
<ul style="list-style-type: none"> <li>• Changing the way people have done things for 30 years</li> <li>• Everyone was working from different value systems               <ul style="list-style-type: none"> <li>– Lacked central vision, mission, values</li> <li>– Had professionalism/but not collective</li> </ul> </li> <li>• Leadership thought that intradepartmental patient education would offend doctors – but the doctors actually appreciated it</li> <li>• Sick time abuse</li> <li>• Silos</li> <li>• Staff understanding finance</li> </ul>	<ul style="list-style-type: none"> <li>• Decisions are made, but not without getting the proper input/information first</li> <li>• Know values/drivers of your audience</li> <li>• Mission/values w/employee input</li> <li>• Extensive education on mission</li> <li>• Focus groups/department process flows – staff identifies how obstacles are created</li> <li>• Involvement in ongoing education</li> <li>• Patience and participation (bottom up)</li> <li>• Pride in productivity – push rather than pull</li> <li>• Recognition programs</li> <li>• Redid sick time policy – made it nonpunitive</li> <li>• Research/program grants for improvement</li> <li>• Rewrote vision/mission/values - “Road map to the future” w/visuals               <ul style="list-style-type: none"> <li>– Where we were, where we are now, and where we want to be</li> <li>– Cracks/bumps in road = obstacles</li> <li>– Taken 24/7 to employees by normally day administration – appreciated the fact that they went out of their way to collect input</li> </ul> </li> <li>• Show staff how absences affect everyone</li> <li>• Speak in the language of your audience</li> <li>• Shared governance council</li> <li>• Staff newsletter with copies of patient satisfaction letters and financial information</li> </ul>
<b>Patient Care</b>	
<ul style="list-style-type: none"> <li>• Patients ill-prepared for testing – causing rescheduling and additional health counseling</li> </ul>	<ul style="list-style-type: none"> <li>• Addressed patient satisfaction surveys In-house patient education TV station/videos (Mainline Health)</li> <li>• Patient education done by individual departments</li> </ul>
<b>Technology</b>	
<ul style="list-style-type: none"> <li>• Adopting technology</li> <li>• Different tracking systems – computer systems different between departments</li> </ul>	<ul style="list-style-type: none"> <li>• All electronic charting/tracking – improves readability</li> <li>• All nurses have laptops (homecare)</li> </ul>

## Southeast Region Red Group Principles 1 and 3

### Principle 1 – Prioritize patient care and emphasize quality and safety of care

Obstacles	Solutions
<b>Regulatory Environment</b>	
<ul style="list-style-type: none"> <li>• Excessive documentation</li> <li>• Regulatory agencies</li> <li>• Regulations demand different/conflicting things</li> </ul>	<ul style="list-style-type: none"> <li>• Explain to staff how their paperwork affects public reporting and how that affects funding from regulatory agencies</li> <li>• Recognize staff for good reporting</li> <li>• “Second-checker” to avoid reporting errors</li> <li>• Computer program that checks reports – develops list of errors/missing information</li> <li>• Concurrent reporting and checking</li> </ul>
<b>Education</b>	
<ul style="list-style-type: none"> <li>• Staff doesn’t know enough about finance and administration</li> </ul>	<ul style="list-style-type: none"> <li>• Teach finance in school programs geared toward health careers</li> </ul>

Metrics
<ul style="list-style-type: none"> <li>• Event reports</li> <li>• Getting payment for patient care</li> <li>• How well are employees living values in performance reports</li> <li>• Medicare outcomes – public report cards</li> <li>• Patient satisfaction surveys</li> <li>• Performance improvement activities</li> </ul>

## Southeast Region Red Group Principles 1 and 3

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Respect</b>	
<ul style="list-style-type: none"> <li>• Everyone is busy – flow of patients – devaluing other staff members' jobs</li> <li>• “Preaching to the choir” – rather than actually doing something to address those who really aren't doing their jobs</li> </ul>	<ul style="list-style-type: none"> <li>• “Walk in my shoes” program</li> <li>• “Walking the talk”</li> <li>• Different initial and ongoing training – managers</li> <li>• Expertise of older workers – let them do what they love to do – find this out in reviews</li> <li>• Flexibility to rearrange schedules</li> <li>• Mandatory quarterly record reviews – accepted because they emphasize the good and bad – people learn things they may have missed in education/orientation/training</li> <li>• One-on-one meetings between staff and quality care officers</li> <li>• Valuing all professions</li> </ul>
<b>Generational</b>	
<ul style="list-style-type: none"> <li>• Generational differences – work ethic and technology</li> </ul>	<ul style="list-style-type: none"> <li>• Instead of using CNAs, hire nursing students in the summer – they know the staff – they get to experience different departments – the staff gets to know them – 30 students just hired at one facility</li> <li>• Nurses wanting to come back – create re-entry program</li> <li>• Older nurse programs – different age-appropriate tasks</li> <li>• Over 60 can work 4-hr shifts</li> <li>• Pairing new grads with younger preceptors who have 2-3 years of experience</li> <li>• Preceptors chosen for positive attitudes over expertise</li> </ul>
<b>Safety</b>	
<ul style="list-style-type: none"> <li>• High tolerance for physician abuse</li> <li>• No longer an escort service for homecare – staff are now sent together, which is inefficient and unsafe</li> </ul>	<ul style="list-style-type: none"> <li>• Administration support of good treatment</li> <li>• Enforce/address physician problems – committee speaks to physician</li> <li>• Unsafe areas – staff are no longer going there</li> </ul>

## Southeast Region Red Group Principles 1 and 3

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Communication</b>	
<ul style="list-style-type: none"> <li>• Language barriers – staff and patients</li> <li>• Conversation issues – dialects, rather than content, are an issue</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• English assessment</li> <li>• Interpretalk service</li> <li>• Interpreters, language education and training</li> <li>• Unit councils to communicate/solve problems</li> </ul>

Metrics
<ul style="list-style-type: none"> <li>• Employee satisfaction surveys</li> <li>• Feedback from unit councils</li> </ul>

## Southeast Region Blue Group Principles 1 and 3

### Principle 1 – Prioritize patient care and emphasize quality and safety of care

Obstacles	Solutions
<b>Data</b>	
<ul style="list-style-type: none"> <li>• By the time we get data from the state, it's 2-3 years old and thus not at all useful</li> <li>• Duplication among agencies – it would be much better if they could all use the same form and be consistent</li> <li>§ OASIS is only for the 18+ non-pregnant population</li> <li>• Technology We have a lot of data but we don't get a lot of information from it.</li> <li>• Very little data on pregnancies</li> <li>• You don't know if the data you're collecting actually adds value to patient care or if it's all just someone's whim</li> </ul>	<ul style="list-style-type: none"> <li>• Electronic records</li> <li>• Homecare – Oasis data for quality - Quality Insights of Pennsylvania (QIP)</li> </ul>
<b>Technology</b>	
<ul style="list-style-type: none"> <li>§ Systems don't interface with each other</li> <li>§ If you do buy a whole package, then you're hostage to one vendor</li> <li>§ is really expensive</li> <li>§ The databases that exist don't complement each other or work well together</li> <li>§ There's a lack of labor-saving technology in healthcare. This is driven by managed care and by monopolies of insurance companies</li> </ul>	<ul style="list-style-type: none"> <li>§ Decreased technology costs or sharing agreements</li> <li>§ Pharmacy MAC barcoding - reduced errors</li> <li>§ Responding promptly to changing needs</li> <li>§ Smart Pump technology – prevents overdoses</li> </ul>
<b>Resources</b>	
<ul style="list-style-type: none"> <li>§ New drugs change how care is provided</li> <li>§ Money</li> <li>§ Pharmaceuticals - research and funding</li> <li>§ Regulatory agencies – no accountability</li> <li>§ Space</li> </ul>	<ul style="list-style-type: none"> <li>§ Communication</li> <li>§ Education</li> <li>§ Evidence-based medicine</li> <li>§ Managed care is huge in Southeastern PA – about 50% - not typical for PA as a whole</li> <li>§ Regulatory agencies should work at evidence-based practices</li> <li>§ SAMSA – sharing lessons among hospitals</li> </ul>

## Southeast Region Blue Group Principles 1 and 3

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Retention</b>	
<ul style="list-style-type: none"> <li>• Competition drives change</li> <li>• Homecare can't compete with pay. Nurses in the community are afraid of being targeted because they're carrying drugs and maybe syringes too. Some are afraid to carry laptops into the neighborhoods where they have to go and that doubles the work they have to do</li> <li>• HR on senior leadership varies a lot from one organization to another</li> </ul>	<ul style="list-style-type: none"> <li>• A retention bonus that targets shifts where we need more staff. The bonus amount varies by position, and that leads to some bad feelings, but staff do look forward to the bonus</li> <li>• Corporate bonuses based on profit, hours or care, and margin</li> <li>• Electronic surveys</li> <li>• Full-time RNs can sign up for a program where they are rewarded with a bonus for going above and beyond their workload</li> <li>• Give benefits for hourly staff if they fulfill certain requirements, like complete 7 visits per week. They can become eligible for part-time or full-time benefits</li> <li>• Hospital gave everyone a bonus when the entire hospital did well on patient satisfaction scores</li> <li>• Individual bonuses of at least 9% per quarter</li> <li>• Make HR part of the senior leadership team.</li> <li>• Performance Plus - HR awards a bonus when a staff member goes above and beyond</li> <li>• Retention bonus for all RNs regardless of FTE status if they stay on their current status – including their shift</li> </ul>
<b>Diversity</b>	
<ul style="list-style-type: none"> <li>• Cultural diversity</li> <li>• Translation programs are limited because they don't include culture</li> <li>• There are so many different varieties of Spanish. That makes it harder</li> </ul>	<ul style="list-style-type: none"> <li>• Cultural diversity handbook and education around those issues as part of new employee orientation</li> </ul>

## Southeast Region Blue Group Principles 1 and 3

### Principle 3 – Support and respect staff

Obstacles	Solutions
<b>Generational Issues</b>	
<ul style="list-style-type: none"> <li>• Homecare – not allowed to hire new grads - must have a year of experience               <ul style="list-style-type: none"> <li>– This comment led to some confusion – others thought there was nothing in the state regs, just that it's cost-prohibitive because new grads can't go out alone, they need buddies</li> </ul> </li> <li>• Older employees have a lot invested in their institution because they're earning retirement benefits</li> <li>• Older staff - problems with time missed from work and medical leaves of absence – others mentioned that younger staff is out more than our older staff</li> <li>• Older workers get tired. They don't want to be on their feet all day - Looking at options for phased retirement</li> <li>• Difficulty attracting new hires drives change</li> <li>• There's no sense of loyalty or courtesy among the younger generations. People don't show up for or call to cancel a scheduled job interview</li> <li>• Younger employees aren't loyal to the institution.</li> </ul>	<ul style="list-style-type: none"> <li>• In-house programs to teach customer service and soft skills – families/patients seen as guests</li> <li>• Loan forgiveness</li> <li>• Outreach and partnerships with community colleges</li> <li>• The education system needs to teach work values: responsibility, being on time...for older people too, if they've been out of the workplace</li> <li>• Volunteer preceptor program. It lasts a couple weeks, and there's no financial benefit. Not everyone is a good preceptor – you have to weed people out</li> <li>• Working on a dual enrollment program with Immaculata, trying to attract 18-year-olds</li> </ul>

Metrics
<ul style="list-style-type: none"> <li>• Concurrent chart reviews</li> <li>• Patient/physician satisfaction</li> <li>• Patient satisfaction surveys are voluntary, so it's hard to tie to performance reviews               <ul style="list-style-type: none"> <li>– Privacy and confidentiality issues also limit the usefulness of patient satisfaction surveys because you have to use the data in aggregate and it's hard to tie to individual staff</li> <li>– Bad patient satisfaction result not because of bad care – rather an undesirable outcome</li> </ul> </li> <li>• Retrospective chart reviews</li> <li>• Turnover rates</li> <li>• Vacancy rates</li> <li>• Yearly evaluations</li> </ul>



# ROUNDTABLE EVALUATION

Southeast Pennsylvania Region  
 Health Care Workforce Roundtable:  
 Retention of Health Care Workers & Improving the Health Care Work Environment

July 14, 2005

The Pennsylvania Workforce Investment Board, Pennsylvania Center for Health Careers Leadership Council, and The Hill Group, Inc. are committed to designing and facilitating the best quality Roundtable possible. Your participation in this Roundtable was necessary and appreciated. Your input is important to us, and we are interested in your comments. **Please take a few minutes to complete this questionnaire before leaving or fax to 412.722.1220.**

**Please mark all applicable affiliations:**

**Participant:**

- Hospital/Health system (11)
- Long-Term Care (1)
- Community Health (0)
- Home Care Setting (5)
- Organized Labor (0)
- Administration/Executive (3)
- Unit Manager/Department Director (0)
- Clinical Staff (0)

**Observer:**

- Workforce Investment Board (0)
- Leadership Council Member (0)
- Working Group Member (1)
- Other (0)

N = 18

**AVE SCORE**  
 % of 4's and 5's

**1. Please rate the quality of the information that you received prior to the Roundtable meeting**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**3.89**  
78%

**2. Please rate the level of preparation that you believe went into developing this Roundtable and planning process:**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.76**  
94%

**3. Please rate your overall satisfaction with this Roundtable Meeting:**

- |                                    |                                    |                                       |                                    |   |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|
| 1<br><input type="radio"/><br>Poor | 2<br><input type="radio"/><br>Fair | 3<br><input type="radio"/><br>Average | 4<br><input type="radio"/><br>Good | 5<br><input type="radio"/><br>Excellent |
|------------------------------------|------------------------------------|---------------------------------------|------------------------------------|---|

**4.28**  
89%

**4. Overall, how applicable was this process in discussing the issues impacting the health care work environment and the retention of the healthcare workforce?**

- |  |   |  |   |  |
|--|---|--|---|--|
| 1<br><input type="radio"/><br>Not applicable | 2<br><input type="radio"/><br>Somewhat applicable | 3<br><input type="radio"/><br>Applicable | 4<br><input type="radio"/><br>Very applicable | 5<br><input type="radio"/><br>Extremely applicable |
|--|---|--|---|--|

**3.72**  
67%

**5. How was the lead facilitator's knowledge of the planning process and subject content?**

- |                               |                               |                                  |                               |                                    |
|-------------------------------|-------------------------------|----------------------------------|-------------------------------|------------------------------------|
| 1                             | 2                             | 3                                | 4                             | 5                                  |
| <input type="radio"/><br>Poor | <input type="radio"/><br>Fair | <input type="radio"/><br>Average | <input type="radio"/><br>Good | <input type="radio"/><br>Excellent |

Lead Facilitator: Alyson Cole

**4.39**  
94%

**6. How was the small group facilitator's effectiveness in moving the group through the planning process?**

**(Please check which facilitator led your session)**

Facilitator: Alyson Cole  Chris Brussalis  Alexandra Laporte  Mary York

**Alyson**  
N = 11  
**4.6**  
100%

1  2  3  4  5   
Poor Fair Average Good Excellent

**Alexandra**  
N = 6  
**3.5**  
50%

**7. How would you rate your opportunity to give input and participate in the discussion?**

1  2  3  4  5   
Poor Fair Average Good Excellent

**4.65**  
100%

**8. General comments about the Roundtable Meeting or the planning process**

- § Alyson needed a recorder in the breakout session.
- § First group a little "Pie in the sky." Second group much more effective to discuss the "nuts and bolts." (Eileen Phillips)
- § Good brainstorming ideas. Ideas on what is happening in industry. Gave me an appreciation for my own organization
- § Good. Could have used more than two copies of the study previously done.
- § Great discussion and opportunity for sharing. Setting was conducive to learning/discussing. Facilitators were excellent. Process was conducive to identifying issues. Thank you for inviting me to participate. (Susan Cusack)
- § I think it may have helped to know the foci of other groups (Andrea Devoti)
- § Leaders have a vested interest in first the patient and second the staff in successful organizations. (Terri Cullen)

**9. What content was absent from the Roundtable meeting?**

- § Barriers in educational availability – probably in other groups. (Andrea Devoti)
- § Cultural diversity
- § Didn't really address nursing shortage in PA. Physicians leaving PA and how to attract and retain healthcare personnel.
- § General recommendations for staff retention. I think staff and patient education are essential to retention. Communication among staff. Provide formal education and training on site or by video technology. (Nancy Beck)
- § I would like to see integration of education group and the practice group; how does one group support the other. What can education do to promote understanding of the problems in clinical sites and vice versa. (JoAnn Erb)
- § Need more disciplines to be involved – physician participation would be beneficial – discussion frequently centered on nursing and support services recognized for their contribution. (Susan Cusack)

Optional: May we have your permission to quote any of the information you have provided above?  
YES \_\_\_\_ NO \_\_\_\_ (If you checked "YES," please sign and date below.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SOUTHEAST PENNSYLVANIA REGION ROUNDTABLE RETENTION OF HEALTH CARE WORKERS - JULY 14, 2005

### PARTICIPANTS:

Name	Title	Organization
Ms. Joann Erb PhD RN	Education and Research Coordinator	Abington Memorial Hospital Home Care
Ms. Shelley Berg	LPN	Belle Haven Associates
Ms. Nancy Beck	Director of Rehabilitative and Volunteer Services	Belmont Center for Treatment
Ms. Susan Cusack	Chief Nursing Officer	Brandywine Hospital
Ms. Tammie Calabrese	Clinical Nurse Researcher	Bryn Mawr Hospital
Ms. Joann Gurney	Administrator Director of Nursing	Bryn Mawr Rehabilitation Hospital
Ms. Babara Schellhorn	Director,- Personal Health Services	Bucks County Department of Health
Ms. Valerie Caraballo-Peres	RN	Children's Hospital of Philadelphia
Mr. Gene Zegar	Vice President Human Resources	Crozer-Chester Medical Center
Ms. Terri Cullen	Nursing Educator, PI Coordinator	Delaware County Memorial Hospital Hospice
Ms. Ellen Huber	Executive in Charge of Recruitment	ManorCare Health Services - Devon
Ms. Andrea Devoti	Vice President	Neighborhood Health Agencies
Ms. Judith Yoppi	Chief Social Rehab Services Executive	Norristown State Hospital
Ms. Kathleen Bohrer	LPN, Staff Nurse	Paoli Hospital - Main Line Health System
Mr. Michael Bringhurst	Clinical Pharmacist	Pennsylvania Hospital
Ms. Marianne Collins, RN, MS	Nursing Resource Manager	Riddle Memorial Hospital
Ms. Jacqueline Moore	President	Ridgeway Philips Home Care Services
Ms. Jane Roche	RN,C	South East Veterans Home
Ms. Karen Blount	Chief Nursing Officer	St. Christopher's Hospital
Mr. Scott Hartman, M.S.	Director of Cardiopulmonary, Neurology and Sleep	St. Mary Medical Center
Mr. David Dunn	Vice President of Health Services	Tel Hai Retirement Community
Ms. Eileen Phillips RN, BSN, MSN	Division Manager	The Home Care Network, Jefferson Health System

Ms. Patricia Hushen, RN, MS	Vice President, Recruitment, Retention and Resources	Thomas Jefferson University Hospitals
Ms. Janice Barbato	Chief Nuclear Medicine Technologist	Montgomery Hospital and Medical Center

*\*List Continues on Back*

**OBSERVERS:**

Name	Title	Organization
Ms. Mary Marshall	Director of Planning and Research	Pennsylvania Workforce Investment Board
Ms. Michele Campbell	Executive Administrator	Pennsylvania State Nurses Association
Mr. Joseph Welsh	Executive Director	Life Science Career Alliance
Dr. Joel Telles	Vice President, Information Services and Research	Delaware Valley Healthcare Council of HAP
Ms. Sallie Glickman	Executive Director	Philadelphia Workforce Investment Board
Ms. Cheryl Feldman	Director	District 1199C Training & Upgrading Fund
Ms. Patty Knecht	Director of Practical Nursing	Center for Arts and Technology - Brandywine Campus
Ms. Danielle Calabrese	President	Student Nurses Association of Pennsylvania
Ms. Phyllis Snyder	Regional Vice President	CAEL
Ms. Rachel Fichtenbaum	Program Coordinator	CAEL
Ms. Alyson Cole	Consultant	The Hill Group, Inc.
Ms. Alexandra Laporte	Consultant	The Hill Group, Inc.
Ms. Mary York	Senior Consultant	The Hill Group, Inc.
Ms. Abby Houck	Analyst	The Hill Group, Inc.

**Appendix 7:  
Sample Scorecard**



## Vision for a Achieving a Vibrant and Robust Health Care Workplace in Pennsylvania

The Commonwealth of Pennsylvania will have a highly skilled and robust health care workforce employed in workplace environments that provide the highest quality of care, services and safety for patients and/or residents.

**\*\*Impact** - level of importance to achieving the vision from your organization or sector perspective

**\*\*Performance** - current level of organization or sector achievement from your perspective

### 1) Prioritize patient care and emphasize quality and safety of care.

	IMPACT (+/-)	PERFORMANCE (+/-)
• Support evidence-based practice (IOM).		
• Make quality drive the work and the organization (Magnet).		
• Prioritize work design; design all aspects of work around patients and the needs of staff to care for and support them (AHA, IOM).		
• Increase caregiver time in patient care (AHA).		
• Minimize paperwork and administrative duties (JCAHO).		
• Use technologies to improve work flow and reduce risk of injury to both healthcare workers and patients (JCAHO).		
• Offer patient education programs (Magnet).		
<b>OVERALL SCORE (+/-)</b>		

## The Seven Principles: Impact and Performance Scoring Card

### 2) Ensure safety of patients.

	IMPACT (+/-)	PERFORMANCE (+/-)
<ul style="list-style-type: none"> <li>Determine and set staffing standards and/or guidelines that are supported by the best evidence available to meet each healthcare institution's patient population's needs (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Educate, encourage, and recognize safe practices and behaviors (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Institute a non-punitive culture and system for error-reporting, analysis, and feedback (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Review progress regularly toward formally specified safety objectives (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Assist governing boards to understand safety issues and emphasize safety equally with financial and productivity goals (IOM).</li> </ul>		
<b>OVERALL SCORE (+/-)</b>		

## The Seven Principles: Impact and Performance Scoring Card

### 3) Support and respect staff.

	IMPACT (+/-)	PERFORMANCE (+/-)
<ul style="list-style-type: none"> <li>Empower and respect staff (JCAHO).</li> </ul>		
<ul style="list-style-type: none"> <li>Adopt zero-tolerance policies for abuse of staff and abusive behaviors by physicians and other healthcare practitioners (JCAHO).</li> </ul>		
<ul style="list-style-type: none"> <li>Support a culture to protect staff in all healthcare settings (JCAHO).</li> </ul>		
<ul style="list-style-type: none"> <li>Design personnel policies and programs—including salaries, benefits, and staffing—that support professional practice, work/life balance, and the delivery of quality care (Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>Address the needs of each generation of workers (AHA).</li> </ul>		
<ul style="list-style-type: none"> <li>Give human resources the same governance and senior leadership attention as finance (AHA).</li> </ul>		
<ul style="list-style-type: none"> <li>Foster mutual respect in collaborative working relationships across disciplines (Magnet).</li> </ul>		
<b>OVERALL SCORE (+/-)</b>		

## The Seven Principles: Impact and Performance Scoring Card

### 4) Foster communication and collaboration on all levels.

	IMPACT (+/-)	PERFORMANCE (+/-)
<ul style="list-style-type: none"> <li>Foster effective communication between staff and leadership (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Institute mechanisms that promote interdisciplinary and interdepartmental collaboration throughout the healthcare organization or system (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Foster mutual respect in collaborative working relationships across disciplines (Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>Collaborate with other healthcare organizations to create initiatives to retain workers and build societal support for healthcare (AHA).</li> </ul>		
<ul style="list-style-type: none"> <li>Develop strong relationships and partnerships with other healthcare organizations, associations, K-12 education providers, area colleges and universities, community organizations, corporations and foundations, and local workforce development councils to recruit people into healthcare and retain them (AHA).</li> </ul>		
<b>OVERALL SCORE (+/-)</b>		

## The Seven Principles: Impact and Performance Scoring Card

### 5) Provide staff with autonomy and accountability, with clear performance standards and measurement.

	IMPACT (+/-)	PERFORMANCE (+/-)
<ul style="list-style-type: none"> <li>Give staff responsibility and authority for the provision of direct patient care and the coordination of care (Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>Implement models of care that provide for patients' needs and continuity of care (Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>Support staff participation in decision making (Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>Design an organizational structure that is decentralized, dynamic, and responsive to change (Magnet).</li> </ul>		
<b>OVERALL SCORE (+/-)</b>		

### 6) Train leadership to engage with and represent staff effectively.

	IMPACT (+/-)	PERFORMANCE (+/-)
<ul style="list-style-type: none"> <li>Educate and support leaders at all levels to effectively and efficiently manage and lead (JCAHO, IOM, Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>Educate and support leaders at all levels to engage staff in nonhierarchical decision making and work design (JCAHO, IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>Encourage trust between leaders and staff (IOM).</li> </ul>		
<b>OVERALL SCORE (+/-)</b>		

## The Seven Principles: Impact and Performance Scoring Card

### 7) Foster a learning organization.

	IMPACT (+/-)	PERFORMANCE (+/-)
<ul style="list-style-type: none"> <li>• Offer, publicize, and support education at all levels of experience: orientation, preceptorships, in-service education, career development services, and professional development. Involve staff in education programming as teachers (JCAHO &amp; Magnet).</li> </ul>		
<ul style="list-style-type: none"> <li>• Provide training on new technologies (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>• Utilize new technologies in educational activities.</li> </ul>		
<ul style="list-style-type: none"> <li>• Provide decision support at point of care (IOM).</li> </ul>		
<ul style="list-style-type: none"> <li>• Provide staff with resources and encourage staff to be involved in professional organizations (Magnet)</li> </ul>		
<b>OVERALL SCORE (+/-)</b>		

**Appendix 8:  
Sample Invitation Packet**



*Pennsylvania*  
**WORKFORCE INVESTMENT BOARD**  
**Pennsylvania Center for Health Careers**

901 North 7<sup>th</sup> St. Suite 103 Harrisburg, PA 17102 Telephone: 717-772-4966 Fax: 717-783-4660

April 21, 2005

<Salutation> <First name> <Last name>  
<Title>  
<Organization>  
<Address 1>  
<Address 2>  
<City>, <State> <Zip>

Dear <Salutation> <Last name>,

As the Leadership Council co-chairs of the Pennsylvania Center for Health Careers, we are writing today in order to elicit your personal participation in a crucial initiative for the future of the health care industry and the Commonwealth of Pennsylvania.

In April 2004, Governor Edward G. Rendell created the Pennsylvania Center for Health Careers, a public/private initiative led by a Leadership Council of employers, Commonwealth agencies, industry associations, labor unions, professional associations, and educational institutions. The Center acts as an organizational catalyst for developing an action agenda to respond to Pennsylvania's short and long-term health care workforce challenges.

In October 2004, the Pennsylvania Center for Health Careers responded to the Governor's charge by putting forth 15 recommendations for a coordinated systems approach to increase the supply of nurses in the Commonwealth by strengthening the capacity of the nursing education system. As a result of these recommendations, the Pennsylvania Higher Education Assistance Agency (PHEAA) Foundation has made a \$40 million commitment to address the state's critical health care workforce needs over the next four years and plans to implement the recommendations to increase the number of qualified nurse educators, expand the number of clinical training opportunities for student nurses, and implement a plan to improve the pass rate for RN and LPN candidates.

Continuing on this course of action The Pennsylvania Center for Health Careers is now seeking to develop a strategy that would best address the issues associated with the retention of health care professionals. The Center has proposed a series of five facilitated roundtable meetings to take place across the Commonwealth this summer. These roundtables will act as the forums to enable statewide participation and validation of the vision and principles of a healthy work environment, as well as to solicit discussions to identify current obstacles and tactics to achieving success.

**You have been specially selected by The Center as one of thirty participants to take part in the Central Pennsylvania roundtable discussion on Thursday May 26<sup>th</sup> at Three Penn Center, 349 Wiconisco Street, Harrisburg, PA from 12:00 PM to 4:00 PM.** Lunch will be provided. You will be joined by a group of your peers representing health care industry executives and administrative advisers, managers, and employees from hospitals, nursing homes and long-term care facilities, home care settings, and community health services in the 21-county Central Pennsylvania region.

As you know, critical labor shortages continue across many important health care occupations including nursing, pharmacy, respiratory therapy, imaging, and medical technology. With more than 17,000 openings estimated in these careers and more vacancies projected in the future, retaining a highly skilled and robust health care workforce and fostering workplace environments that provide the highest quality of care, services, and safety for patients and residents is a critical and essential course for health care organizations across the Commonwealth.

The goal of the roundtables is to develop strategies and recommendations that would best address the issues associated with the retention of health care professionals.

In preparation for these discussions, the Center conducted extensive research and developed Seven Principles to serve as foundation and roadmap to achieving a healthy work environment and retention best practices.

**Prior to the Roundtable on May 26<sup>th</sup>, we ask that you review these Principles and the enclosed materials and prepare to actively discuss the following:**

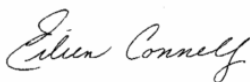
- The Vision for a Achieving a Vibrant and Robust Health Care Workplace in Pennsylvania (enclosed)
- The Seven Principles as a Roadmap for a Achieving a Vibrant and Robust Health Care Workplace in Pennsylvania (enclosed)
- Obstacles preventing health care organizations from achieving the Principles
- Suggested approaches to aid health care organizations in achieving the Principles
- Suggested metrics to assess progress in achieving the Principles

The suggestions and priorities shared by your regional roundtable discussion will be joined with the recommendations of the four other regional roundtables in a final report to the Pennsylvania Center for Health Careers Leadership Council in September 2005. The Leadership Council will then develop a tactical plan and policy agenda for implementing your recommendations.

We would very much like your personal participation. Please indicate your interest by completing the enclosed response form, and, faxing it to Project Manager, Alyson Getty Cole, at 412-722-1220, or contact by phone at 412-722-1111 or via e-mail at [acole@hillgroupinc.com](mailto:acole@hillgroupinc.com). If you are unable to attend please contact Alyson Cole by phone to share your suggestion for your replacement.

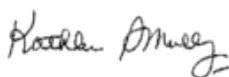
We thank you in advance for your participation and look forward to working with you on this very important issue.

Best regards,



Eileen Connelly  
Executive Director

SEIU PA State Council



Kathleen Malloy  
Vice President for  
Health Professions

Community College of  
Allegheny County



Gerald Miller  
President and CEO

Crozer-Keystone  
Health System

# Pennsylvania

WORKFORCE INVESTMENT BOARD

## Pennsylvania Center for Health Careers

901 North 7<sup>th</sup> St. Suite 103 Harrisburg, PA 17102 Telephone: 717-772-4966 Fax: 717-783-4660

### Retention of Health Care Workers Regional Roundtables

#### Central Region Roundtable Agenda

12:00 PM – 4:00 PM

#### Agenda

**1. Welcome** **12:30 PM**

Carolyn Scanlan, President and CEO  
The Hospital and Healthsystem Association of Pennsylvania  
Co-Chair, Retention of Health Care Workers Working Group

**2. Introductions** **12:40**

Roundtable Participants and Observers

**3. Meeting Objectives and Process Overview** **12:50**

Alyson Cole, Consultant, The Hill Group, Inc.

**4. Present and Validate Vision for Health Care Workplace Environments** **1:00**

**5. Present and Validate 7 Principles to Improve the Health Care Workplace** **1:10**

**<Break>** **1:45**

**6. Small Group Discussions of 7 Principles** **2:00**

**7. Present Small Group Discussion to entire Roundtable** **3:35**

**8. Identify Common Themes among Groups & Wrap-up** **3:55**

**9. Next Steps**

- Complete evaluation today or fax to 412.722.1220

**10. Conclusion** **4:00**

**Pennsylvania Center for Health Careers**

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***Overview of the Pennsylvania Center for Health Careers***

***Pennsylvania's Health Care Challenges***

Over 800,000 Pennsylvanians are employed in health care and an additional 82,000 work with research laboratories, biotechnology firms, and medical device companies. Pennsylvania's hospital sector alone provides approximately \$56 billion in direct and secondary spending, supporting an estimated 438,000 additional jobs.

Unfortunately, Pennsylvania has critical labor shortages across many important health care occupations: nursing, pharmacy, respiratory therapy, imaging, medical technology and direct care. There are an estimated 17,000 current openings in these careers and projections suggest more vacancies in the future. Exacerbating the shortage will be an aging population, an increasing rate of retirement and challenging working conditions.

To address these issues, Governor Edward G. Rendell created the Pennsylvania Center for Health Careers in April 2004 as an initiative of the Pennsylvania Workforce Investment Board. The Center serves as a catalyst to develop action-oriented strategies to address Pennsylvania's short- and long-term health care workforce challenges. The key challenges the Center seeks to address are:

- Increasing the capacity of Pennsylvania's nursing education system
- Retaining health care workers in health care professions
- Responding to the demand for critical allied health professions
- Addressing the needs of direct care workers

To set direction for the Center, Governor Rendell appointed twenty-six members to a Leadership Council. The Council consists of representatives from health care employers, Commonwealth agencies, industry associations, labor unions, professional associations, and educational institutions.

The Council is co-chaired by Gerald Miller, President and CEO of Crozer-Keystone Health System; Eileen Connelly, Executive Director of Pennsylvania's Service Employees International Union State Council; and Kathleen Malloy Ph.D., Vice President for Health Professions at the Community College of Allegheny County.

***The Governor's Charge***

Governor Rendell asked the Leadership Council to prepare action-oriented recommendations for his administration and the legislature. In response, the Leadership Council initiated an analysis of the issues surrounding the barriers to expanding Pennsylvania's capacity to educate more RNs and LPNs.

## ***The Nurse Education Capacity Initiative***

The Center established a Nurse Education Capacity Working Group and organized a series of five roundtable meetings across the Commonwealth to solicit ideas on how to address this issue. The goal was to develop specific recommendations to increase the number of graduates from LPN and RN programs who will successfully obtain licensure and practice nursing in Pennsylvania.

The roundtables involved nearly 200 nursing, education, business, labor and health care experts and the recommendations were presented to the Pennsylvania Workforce Investment Board at their October 2004 meeting. The Board approved the 15 recommendations and submitted them to Governor Rendell with the goal of having these initiatives included in the Governor's FY06 Budget.

## ***Health Careers Week***

This annual event, which is organized by the Health Careers Week Planning Committee of the Center, develops initiatives to attract Pennsylvania residents to consider a career in health care. It seeks to raise the public's awareness to the demand and opportunities for health care professionals. The 2004 Health Careers Week took place during the week of November 8-12, with a focus on youth. It kicked off the week with the Commonwealth's first-ever health careers "virtual job shadowing" web cast to more than 4,000 middle school students. Throughout the week, more than 175 health care career events were held in communities across the state.

## ***Next Steps***

The Center has also established working groups to focus on the other key issues:

The Supply/Demand Working Group is defining the gap between the demand for particular health care occupations and the supply provided by Pennsylvania's education institutions. This Group is developing a long-term plan for collecting and disseminating health care workforce information.

The Retention of Health Care Workers Working Group is developing a set of initiatives to address the issues associated with retaining health care professionals in the industry.

The Direct Care Workers Working Group will address the issues surrounding the challenges facing direct care workers and the long-term care industry. The Governor's Office of Healthcare Reform is sharing the lead on the activities of this working group and will jointly develop recommendations with the Center.

Additional information regarding the Pennsylvania Center for Health Careers can be found at [www.paworkforce.state.pa.us](http://www.paworkforce.state.pa.us) under the Pennsylvania Workforce Investment Board link. This site also has a link to the complete report and its recommendations: [Addressing Pennsylvania's Nursing Education System Capacity.](#)

# # #

1/14/05

**Overview of Regional Roundtables to Improve the Health Care Work Environment**

## **Vision**

The Commonwealth of Pennsylvania will have a highly skilled and robust health care workforce employed in workplace environments that provide the highest quality of care, services and safety for patients and/or residents.

## **Initiative Mission**

The Pennsylvania Center for Health Careers will develop a set of principles and recommendations addressed to all health care stakeholders, that promote this vision as well as addressing issues, barriers and conditions that could or do impede this vision. These recommendations will cover a variety of settings including long-term care facilities, hospitals, home care and state institutions.

## **Strategy to Develop Principles and Recommendations**

The Pennsylvania Center for Health Careers sought to develop a strategy that would best address the issues associated with the retaining of health care professionals. The purpose was not to reiterate the well-documented problems, but rather to develop a set of principles and guidelines that would promote retention best practices.

Through extensive research, the working group concluded that the following seven principles would provide a strong foundation to achieve a healthy work environment:

1. *Prioritize patient care and emphasize quality and safety of care.*
2. *Ensure safety of patients.*
3. *Support and respect staff.*
4. *Foster communication and collaboration on all levels.*
5. *Provide staff with autonomy and accountability, with clear performance standards and measurement.*
6. *Train leadership to engage with and represent staff effectively.*
7. *Foster a learning organization.*

The working group determined that regional roundtable meetings needed to be organized to enable statewide participation and validation of the vision and principles as well as to solicit discussions to identify current obstacles and tactics to achieving success in the health care work environment.

## Pennsylvania Center for Health Careers

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### ***Objectives of Roundtable Meetings***

The Regional Roundtables to Improve the Health Care Workplace Environment will achieve the following goals:

- § Validate the Vision established by the Working Group
- § Validate the Seven Principles as a Roadmap for a Achieving a Vibrant and Robust Health Care Workplace in Pennsylvania
- § Identify obstacles preventing health care organizations from achieving the Principles
- § Suggest approaches and best practices to aid health care organizations in achieving the Principles
- § Identify metrics to assess progress in achieving the Principles

30 participants will be selected from each region. Participants in the roundtable discussions will represent health care industry executives and administrative advisers, managers and employees from Nursing, Medical Imaging, Clinical Laboratory Sciences, Respiratory Therapy and Pharmacy. Participants will represent a diverse cross-section of workforce environments including: Hospitals, Nursing Homes and Long-Term Care Facilities, Home Care Settings and Community Health Services.

### ***Proposed Schedule for Roundtable Meetings***

**Central**--Counties include: Lancaster, Berks, York, Adams, Franklin, Fulton, Huntingdon, Cumberland, Perry, Juniata, Dauphin, Lebanon, Mifflin, Snyder, Northumberland, Montour, Columbia, Union, Centre, Clinton and Lycoming.

*Date:* May 26, 2005 – 12:00 to 4:00 p.m.

*Location:* Three Penn Center, 349 Wisonisco Street, Harrisburg, PA

**Southwest**--Counties include: Greene, Washington, Beaver, Allegheny, Bedford, Westmoreland, Fayette, Butler, Armstrong, Indiana, Cambria, Blair, Somerset and

*Date:* June 14, 2005 – 12:00 to 4:00 p.m.

*Location:* Regional Learning Alliance Conference and Learning Center – 850 Cranberry Woods Drive, Cranberry Township, PA

**Northwest**--Counties include: Erie, Crawford, Warren, Venango, Forest, Clarion, Mercer, Lawrence, McKean, Potter, Elk, Cameron, Jefferson and Clearfield.

*Date:* June 15, 2005 – 12:00 to 4:00 p.m.

*Location:* Edinboro University - Meadville Campus – 764 Bessemer Street Meadville, PA

**Northeast**--Counties include: Tioga, Bradford, Susquehanna, Sullivan, Wyoming, Luzerne, Schuylkill, Lackawanna, Wayne, Pike, Monroe, Carbon, Northampton and Lehigh.

*Date:* July 7, 2005 – 12:00 to 4:00 p.m.

*Location:* Ramada Inn – 20 Public Square/I-81, Wilkes Barre, PA

**Southeast**--Counties include: Chester, Delaware, Philadelphia, Montgomery and Bucks.

*Date:* July 14, 2005 – 12:00 to 4:00 p.m.

*Location:* PNC Center – 1600 Market Street, Center Hall, Philadelphia, PA

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**Vision for a Achieving a Vibrant and Robust  
Health Care Workplace in Pennsylvania**

The Commonwealth of Pennsylvania will have a highly skilled and robust health care workforce employed in workplace environments that provide the highest quality of care, services and safety for patients and/or residents.

**The Seven Principles: A Roadmap for  
for a Vibrant and Robust Healthcare Workplace**

**1. Prioritize patient care and emphasize quality and safety of care.**

- Support evidence-based practice (IOM).
- Make quality drive the work and the organization (Magnet).
- Prioritize work design; design all aspects of work around patients and the needs of staff to care for and support them (AHA, IOM).
- Increase caregiver time in patient care (AHA).
- Minimize paperwork and administrative duties (JCAHO).
- Use technologies to improve work flow and reduce risk of injury to both healthcare workers and patients (JCAHO).
- Offer patient education programs (Magnet).

**2. Ensure safety of patients.**

- Determine and set staffing standards and/or guidelines that are supported by the best evidence available to meet each healthcare institution's patient population's needs (IOM).
- Educate, encourage, and recognize safe practices and behaviors (IOM).
- Institute a non-punitive culture and system for error-reporting, analysis, and feedback (IOM).
- Review progress regularly toward formally specified safety objectives (IOM).
- Assist governing boards to understand safety issues and emphasize safety equally with financial and productivity goals (IOM).

### **3. Support and respect staff.**

- Empower and respect staff (JCAHO).
- Adopt zero-tolerance policies for abuse of staff and abusive behaviors by physicians and other healthcare practitioners (JCAHO).
- Support a culture to protect staff in all healthcare settings (JCAHO).
- Design personnel policies and programs—including salaries, benefits, and staffing—that support professional practice, work/life balance, and the delivery of quality care (Magnet).
- Address the needs of each generation of workers (AHA).
- Give human resources the same governance and senior leadership attention as finance (AHA).
- Foster mutual respect in collaborative working relationships across disciplines (Magnet).

### **4. Foster communication and collaboration on all levels.**

- Foster effective communication between staff and leadership (IOM).
- Institute mechanisms that promote interdisciplinary and interdepartmental collaboration throughout the healthcare organization or system (IOM).
- Foster mutual respect in collaborative working relationships across disciplines (Magnet).
- Collaborate with other healthcare organizations to create initiatives to retain workers and build societal support for healthcare (AHA).
- Develop strong relationships and partnerships with other healthcare organizations, associations, K-12 education providers, area colleges and universities, community organizations, corporations and foundations, and local workforce development councils to recruit people into healthcare and retain them (AHA).

### **5. Provide staff with autonomy and accountability, with clear performance standards and measurement.**

- Give staff responsibility and authority for the provision of direct patient care and the coordination of care (Magnet).
- Implement models of care that provide for patients' needs and continuity of care (Magnet).
- Support staff participation in decision making (Magnet).
- Design an organizational structure that is decentralized, dynamic, and responsive to change (Magnet).

## **6. Train leadership to engage with and represent staff effectively.**

- Educate and support leaders at all levels to effectively and efficiently manage and lead (JCAHO, IOM, Magnet).
- Educate and support leaders at all levels to engage staff in nonhierarchical decision making and work design (JCAHO, IOM).
- Encourage trust between leaders and staff (IOM).

## **7. Foster a learning organization.**

- Offer, publicize, and support education at all levels of experience: orientation, preceptorships, in-service education, career development services, and professional development. Involve staff in education programming as teachers (JCAHO & Magnet).
- Provide training on new technologies (IOM).
- Utilize new technologies in educational activities.
- Provide decision support at point of care (IOM).
- Provide staff with resources and encourage staff to be involved in professional organizations (Magnet)

### **PRINCIPLES BY SOURCE**

**The Pennsylvania Center for Health Careers derived the Seven Principles and strategies from recent studies and white papers by the following national organizations:**

**AHA Commission on Workforce for Hospitals and Health Systems. In Our Hands: How Hospital Leaders Can Build a Thriving Workforce. 2002.**

**Institute of Medicine. Executive Summary. Keeping Patients Safe: Transforming the Work Environment of Nurses. National Academies Press. 2004.**

**Healthcare at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis. JCAHO. 2002.**

**Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses. American Academy of Nursing. June 2002.**

**Appendix 9:  
Titles Associated with Positions**



### ***Executives***

Administrative Director for Imaging Services  
Administrator  
Administrator Director of Nursing  
Assistant VP of Nursing Acute Care/Maternal Child Health  
Chief Executive Officer  
Chief Nuclear Medicine Technologist  
Chief Nursing Executive  
Chief Nursing Officer  
Chief Nursing Officer, CAO  
Chief Social Rehab Services Executive  
Clinical Administrator  
Executive Director, Outpatient Services  
Executive in Charge of Recruitment  
Human Resources Manager  
Human Resource Director  
Nursing Home Administrator  
Senior Vice President/Chief Nursing Officer  
Vice President  
Vice President Clinical and Facilities Support  
Vice President Human Resources  
Vice President Human Resources & Facilities  
Vice President of Clinical Services  
Vice President of Nursing Services  
Vice President of Patient Care  
Vice President of Patient Care Operations  
Vice President of Patient Care Services  
Vice President, Direct Patient Care Services  
Vice President, Nursing  
Vice President, Patient Care Services  
Vice President, Performance Improvement  
Vice President, Pharmacy Services  
Vice President, Recruitment, Retention and Resources  
Vice President/Chief Operating Officer  
VP & Chief Nursing Officer

### ***Managers***

Assistant Director of Nursing  
Clinical Nutrition Manager  
Clinical Practice Coordinator for Nursing  
Clinical Systems Manager  
Co-Director, Critical Care Services

Director of Clinical Services
Director of Diagnostic Imaging
Director of Human Resources
Director of Imaging Services
Director of Medical Surgical
Director of Nursing
Director of Patient Services
Director of Pharmacy
Director of Rehabilitative and Volunteer Services
Director of OHU/TOHU
Director Rehabilitation
Director, Cardiopulmonary Services
Director, Imaging Services
Division Manager
Education and Research Coordinator
Hospice Education Manager
Laboratory Director
Manager of Critical Care Services
Nurse Manager, Pediatrics
Nursing Director, CCU
Nursing Education Instructor
Nursing Educator, PI Coordinator
Nursing Resource Manager
Nursing Services Coordinator
Nursing/Human Resources
Pharmacy Director
Program Director, Clinical Laboratory Sciences
Program Director, Radiology Technology School
Program Director-St. Joseph Medical Center
Resident Services Coordinator
Service Line Director
<b><i>Line-staff</i></b>
Certified Registered Nurse Practitioner
Clinical Nurse Researcher
Clinical Pharmacist
LPN
Radiology Technologist
Registered Nurse
Staff Development Specialist
Staff Nurse

**Appendix 10:  
Organizational Definitions**

## Organizational Definitions

The following definitions were used to define the organizations represented in the Regional Retention Roundtables.

**Community Health** – includes organizations that protect and improve the health of a community through preventive medicine, health education, control of communicable diseases, application of sanitary measures, and/or monitoring of environmental hazards.

**General Acute Hospital** – provides a variety of inpatient and outpatient services which may include emergency, medical, surgical, and intensive care.

**Health System** – an organization that may include facilities such as hospitals, family practices, research institutes, and outpatient centers.

**Home Health** – includes home care, home health, and visiting nurses. These organizations provide medical and personal care in people's homes.

**Hospice** – hospital and home-based programs, as well as independent facilities, designed to care for terminally ill patients.

**Long-Term Care** – includes nursing homes, group homes, and other facilities providing on-going, daily care for residents.

**Private Practice** – a facility independently owned and operated by one or more health care professionals.

**Rehab Hospital** – a hospital that provides rehabilitative therapy to patients expected to be discharged fully or transferred to home-based programs.

**Specialty Hospital** – a hospital with expertise in a particular area of care, such as psychiatry, geriatrics, surgery, etc.

**State Hospital** – a hospital that is owned and run by the Commonwealth of Pennsylvania.





*Pennsylvania*

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