

Pioneer Employer Hospitals: Investing in Frontline Workers

Case study: Beth Israel Deaconess Medical Center

BETH ISRAEL DEACONESS MEDICAL CENTER

Beth Israel Deaconess Medical Center (BIDMC) is a major regional hospital located approximately three miles from downtown Boston. The product of a 1996 hospital merger of two well-established hospitals (New England Deaconess, which had been in service since 1896, and Beth Israel Hospital, which had been in service since 1916), it currently has an East and West Campus reflecting the merger of the two medical centers. The facility has 631 licensed beds (429 medical/surgical beds, 77 critical care beds, and 60 OB/GYN beds) and a staff of over 6,000 FTEs (including 1,179 full time RNs, and 3,600 non-clinical employees). BIDMC is both a teaching hospital affiliated with the Harvard Medical School, and the official hospital of the Boston Red Sox.

HOW IT WAS ALL STARTED

Much of the leadership related to workforce development originated with Joanne Pokaski, the Director of Workforce Development, and Lisa Zankman, Senior Vice President of Human Resources. Zankman joined BIDMC in 2003, and considered internal workforce development to be a major priority. Though there were some programs in existence at the hospital that provided training, there was a shift in focus toward formalizing and extending these efforts. After a meeting on the topic, it was decided to create a dedicated position for development, and Pokaski was then hired in 2004 to fill that role and build the hospitals' workforce development efforts.

The problems that the Workforce Development Department addresses are twofold. First, the hospital had a shortage of skilled workers to fill nursing and allied health positions. As is often the case in situations with staff shortages, the hospital was experiencing challenges in meeting the patient care workload; there were greater demands placed on staff, which affected morale. The shortage also placed pressures on managers, as it became difficult to attract and retain quality employees. Finally, the costs of covering that shortage through overtime and agency staff were burdensome.

The second problem was also a part of the solution. BIDMC had good workers stagnating in jobs that might be considered "dead-end" because there were no clear ladders for incumbents within the job, and because incumbents lacked the credentials to break into better paying or career-building positions in the healthcare field. As Zankman noted, "We had the shortage, and we had the supply, but the supply of labor wasn't credentialed, wasn't able to take on the jobs that were open. So, we thought, how can we fix that? And we began to look at the idea of pipelines....It was really a question of matching shortages with

labor supply, people who wanted to move ahead.”A series of programs was created to bridge that gap between shortage and supply.

HOW IT WORKS

To address key personnel shortages and foster growth for incumbents in entry-level positions, BIDMC created education and training programs that cover nursing, medical laboratory technicians, research administration, patient care technicians, surgical technologists and central processing technicians. Additionally, through their Employee Career Initiative BIDMC offers pre-college coursework to help employees who may not be ready for a college-based pipeline, but who demonstrate potential to succeed in college with some help. Lastly, BIDMC has a Central Processing Initiative that involves a new career ladder for Central Processing Department technicians.

Nursing Pipeline Programs

In nursing, BIDMC offers two programs to interested employees. One is an associate degree nursing program offered in cooperation with Bunker Hill Community College. BIDMC pays for tuition, fees, and expenses (in advance) in exchange for a commitment by the participant to work at the hospital for 2 years upon completion. The program is designed to be completed over 4 years to make it manageable for the working adults. Bunker Hill offers courses on-site at BIDMC, typically after the employees’ shifts. Participants completed their clinical rotations onsite at the hospital after their work shifts as well.

In addition to the ADN program, BIDMC also encourages registered nurses (RNs) to use the hospitals’ tuition reimbursement policy to pursue a bachelor’s degree in nursing. BIDMC markets the online program provided by a local state college by hosting information sessions about the program onsite at the hospital. They help interested employees apply and register for the program and bring the enrolled BSN students together so that they can complete the program as a cohort. Given how isolating online programs can be, creating a cohort provides the employee learners with a support system that they would not otherwise have access to.

“So we were trying to do a combination of skill-building and credentialing, using both in-house and actual degree granting institutions, to fill the needs that we have and to get people to move ahead.”

– Lisa Zankman, Senior Vice President of Human Resources

Workforce Development Programs: Quick Facts								
Program Name	Dates in existence	# participants	Completion rate	# wage increases	Average wage increase	# promoted	# still employed at hospital	# still in targeted position
Nursing pipeline program	2005 - 2011	24	67%	14	\$4.42	14	15	13
Medical laboratory technician program	2007 - 2010	15	74%	8	\$1.98	10	10	8
Research administrator program	2006 - 2011	34	74%	21	\$4.83	22	17	15
Patient care technician program	2008 - 2010	22	82%	15	0.75	18	16	16
Surgical technologist program	2005 - 2008	14	36%	5	4.03	3	2	2
RN to BSN program	2010 - 2011	21	NA	NA	NA	NA	NA	NA
Employee career initiative	2007 - present	573	NA	267*	NA	NA	369*	NA
Central processing initiative - Core competency	2009-present	76	NA	70	2%	70	54	54
Central processing initiative - certification	2010	14	85%	12	3%	12	13	13
ESOL	2008-present	174	NA	NA	NA	NA	NA	NA
GED Preparation	2009-present	13	NA	NA	NA	NA	NA	NA

NA = Information not available; *As of 2010.

Medical Laboratory Technician Program

BIDMC also works with Bunker Hill to provide a Medical Laboratory Technician (MLT) program. Bunker Hill instructors teach the classes onsite at the hospital. Once they complete the necessary coursework, participants are paid a stipend equivalent to their salary while completing the practicum. This practicum occurs 40 hours a week for 20 weeks. Upon graduation, employees move into MLT positions. Typically the lab hires Bachelor's prepared individuals, however to accommodate the graduates of the MLT program, some positions were converted to Associate's degree positions.

Surgical Technologist Program

The Surgical Technologist program is similar to the MLT program in that participants complete coursework onsite at the hospital from Bunker Hill instructors. Surgical technologist students are also required to complete a practicum. Participants were asked to reduce their work hours to complete the practicum (8 hours, three days per week for 20 weeks) and received a stipend equivalent to their salary to ensure no loss of income during this time.

WORKER SPOTLIGHT

Kelly Ann Matthias DeSouza is a native of Trinidad who came to the states with a high school diploma. She applied for a position at BIDMC because she heard that, "they help you grow." Employed at BIDMC for 8 years, Kelly Ann has occupied Medical Assistant and Patient Care Technician positions at the hospital. Over the last eight years, she has taken a host of classes that prepared her to apply to nursing school. These included basic skills classes as well as the standard prerequisites needed for nursing school. While completing the necessary prerequisites, Kelly Ann accessed the support services provided by the Employee Career Initiative. She credits tutoring with bringing her biology grade from a C to a B. Currently, Kelly Ann works part-time (20 hours per week) as a Patient Care Technician and attends an associate's degree nursing program full-time. She acknowledges that she could not have done it without the programs and services offered by the hospital and is very appreciative of the fact that BIDMC is "helping [her] achieve [her] dream."

Patient Care Technician Program

The patient care technician program is considered an in-house program in that instructors are educators hired by nursing leadership rather than a college. Employees in this program complete classroom training after work for eight weeks. If they are successful with the coursework, then they move into three weeks of hands-on training, at which point they move onto the nursing payroll and receive a stipend equivalent to their salary during the training period.

Research Administrator Program

BIDMC receives many grants, yet was having a tough time finding people to manage these grants. To solve this problem, the Research Department reached out to the Workforce Development department for assistance. Leadership in the two departments worked together to develop a training program for existing BIDMC employees that would prepare them to enter research administrator positions. Employees are eligible if they have a bachelor's degree; typically, participants are already in administrative roles (e.g., secretaries).

Research directors conduct the training. Classes occur once a week after work for eight weeks, and cover the basic principles of research administration. Upon completion, graduates move into vacant Research Administrator positions. The starting salary for research administrators is in the low \$50,000s and there is also room to grow within the department into lead and senior roles. Thus, the research administrator program proves an attractive career path for employees in administrative positions throughout the hospital.

Employee Career Initiative

One of the lessons learned from early cohorts of the programs described above was that some workers needed additional educational preparation before they could be successful at college-level coursework. For these workers, BIDMC developed a series of pre-college courses to help put them on the path to school success. Using a \$500,000 grant from The Boston Foundation, BIDMC established the Employee Career Initiative (ECI), which provides free on-site pre-college courses in reading, English, math, and college-level science courses. The ECI also provides academic assessment and academic and career counseling. Students who need extra help are matched with BIDMC employees who volunteer to provide tutoring services.

Central Processing Initiative

The Central Processing Initiative is a cooperative effort between the Workforce Development and Central Processing Department, and seeks to improve the quality of Central Processing work. To achieve this goal, a core knowledge assessment was developed for all CPD technicians, and a certification test preparation program was brought on-site. CPD techs were required to pass the core knowledge assessment to secure their positions

as Central Processing Technicians at the hospital. Some passed without the need for any training. Workers who did not pass the initial assessment completed training provided by BIDMC staff. Once employees pass the core knowledge assessment they receive a salary increase and are eligible to participate in the certification course, which was taught onsite by Bunker Hill instructors. Employees who achieve certification receive another salary increase and are eligible for promotion into leadership and management positions (other factors such as tenure, and leadership skills are also considered in promotions).

Miscellaneous Programs to Support Workers

In addition to the more sizeable and formal programs listed above, BIDMC put several supplementary programs in place that address individual challenges to advancement for workers. For workers who have not received a high school diploma, BIDMC has partnered with Jewish Vocational Services Boston (JVS) to offer GED preparatory classes. For immigrant workers, BIDMC has partnered with JVS to offer a citizenship program (as an additional benefit, extra spaces in the program are offered for workers' families). For workers who are not native English speakers, BIDMC offers ESOL classes through JVS. Basic computer classes are also offered; typically workers in the Environmental and Food Services department enroll in these classes. Finally, all workers are eligible to take part in the Workforce Development Department's monthly career workshops (e.g., how to write an effective resume).

CRITICAL SUCCESS FACTORS

There are many factors at BIDMC that make these programs work. The following list outlines key contributors to program success.

Dedicated workforce development team

A department of four committed to the internal development of workers seems rather small for a hospital of more than 8,400 employees. Yet in many ways, this department has proven itself to be mighty. In less than a decade, this group has launched numerous complex programs that bridge major gaps in staffing and demonstrate the organization's commitment to its workforce.

There were some programs in place prior to the 2004 launch of the Workforce Development Initiative. Yet the coordination and undivided attention of one Director of

"When we're doing it right we're helping Managers solve their problems — whether it is shortages of skilled workers, or maybe not having the right people, or having retention issues, or other challenges."

- Joanne Pokaski,
Director of Workforce
Development

Workforce Development, ultimately joined by three additional human resource professionals and matched with support from the upper levels of the organization, have allowed the BIDMC development efforts to take on increasing complexity, and more actively address workforce shortages with greater specificity.

Service Oriented Approach to workforce development

As Pokaski notes, “I think it’s important to go where the pain is, because those are the people who are willing to try something new.” Many of the Pipeline Programs represent an active collaboration with department managers to fill needs, and the departments are active partners in helping determine what the solutions are and putting programs into place. This is particularly evident in the Central Processing Department collaboration with the Workforce Development team.

Other programs such as the Research Administration Pipeline and MLT Pipeline are also the direct result of hospital departments seeking out collaboration. This is an efficient way to identify needs, and to ensure that the solutions enacted are appropriate and not simply handed down from above. It also gives department managers an opportunity to reflect on ideal skill bases and articulate standards for employees, making personnel decisions and evaluation more transparent.

Meeting students where they are

The bulk of services provided by the Workforce Development team are provided on-site, making them much more convenient for program participants. One participant noted how beneficial this was, stating “Even though I’m always exhausted from working eight hours, I didn’t have to still worry about driving to point B now and then going home to point C. All I really have to do is just go right across the way or across the street.”

In addition to hosting onsite classes to reduce logistical challenges to attending, many of the programs have been decelerated to facilitate employees’ success. For example, ADN programs typically run two years; the BIDMC program is typically done in four. This helps students who might not otherwise be able to participate, as it allows them to balance full employment and family demands with schooling. As noted by Pokaski, “Over time we’ve learned that you need even more time than you think, and the more you rush people, the harder it is for them. We stretch things out even more and we also make a slower ramp up for people. So they’re not just kind of thrust into it right away.”

Extensive career navigation

All of the programs in the world will not help an employee who does not know what is available or how they can participate and succeed. One way that the Workforce Development team has addressed this is with individualized coaching by Babak Bagheral, a dedicated Program Administrator for the ECI. Babak’s role is to get people the information

they need to make good career decisions and to help them achieve their career goals. Specifically, Babak helps people identify their interests, identifies career options within the hospital related to those interests, and provides detailed guidance and support related to achieving short- and long-term career goals (e.g., registering for classes, preparing a resume, negotiating schedule changes with supervisors, etc.). Sometimes this guidance involves helping employees think about and resolve obstacles to program participation before they begin (such as childcare).

"I think one thing, that shift anybody needs to make is that shift (from) finding a job to getting a career.... Once a person makes that shift then things are much easier.... The idea here is to work on a career."

-Babak Bagheral, Program Administrator, Employee Career Initiative

Finally, Babak thinks creatively to grow workers' confidence by giving them bite-sized goals to accomplish. For example, the first step for one worker who experienced considerable education anxiety was to simply go to the college and pick up a course catalog. As workers successfully complete successively more involved tasks related to pursuing their career goals, their confidence improves. Because low-wage workers lack information about the breadth of career options available in health care, struggle to navigate educational bureaucracies and experience fear and anxiety regarding formal education, this career navigation is vital to workers' success.

Tailored approach

BIDMC does not use a one-size fits all approach. Rather, employees can choose which programs to participate in based on their current skills, life situations, goals, interests etc. Career ladders start at the most frontline of positions and reach up into administrative and leadership roles as well as professional positions. Having this diversity in options represents a comprehensive approach and ability to meet the needs of many workers.

Strong leadership

Comprehensive workforce development programs targeting frontline health care workers such as what exists at BIDMC represent new territory for most hospitals. It is helpful to have strong buy-in, commitment, and leadership from key executives while undertaking these types of innovative programs. Interviews with key informants demonstrate that these facilitators are in fact present at BIDMC. In particular, several key informants credited the efforts of Joanne Pokaski as essential to the success of the workforce development department. Joanne builds relationships with community organizations that have a stake in developing workers, reaches out to internal departments who might benefit

from the departments' services, and constantly works to improve and expand existing program offerings. She also makes the case internally for continued funding as well as to foundations to secure grants. Together these efforts ensure success as well as sustainability and growth for BIDMC's workforce development programs.

Communication with managers

The Workforce Development department maintains clear and frequent communication with managers who have employees pursuing advanced education/training or who are going to have program graduates as employees. They work with hiring managers to make sure that the trainee is a good fit for the department and position in terms of knowledge/skills and personality, troubleshooting and resolving any issues as they arise. For example, the workforce development team solicits feedback from managers about how trainees are performing during their practicum and helps to resolve any concerns they express. Including managers throughout the training process acknowledges their stake in the programs' outcomes and ensures a good match between departmental expectations and employee performance.

*"When I came to the States
and I see the opportunity
that BIDMC was giving, I
decided to stick to
healthcare."*

-Participant

Recognition

The Workforce Development department is committed to celebrating success. Program graduates receive recognition at ceremonies that hospital leaders attend. This reinforces to both the participants and the leadership that the program is important and successful completion is a major accomplishment. It also demonstrates to program participants that they are valued at the hospital.

RETURN ON INVESTMENT

Initially, some of these programs were grant-funded, but as those grants have drawn to a close BIDMC remains committed to continuing them as part of its operating budget. The programs have helped the hospital to creatively address worker shortages in key nursing and allied health positions while providing entry-level workers with opportunities to build careers. The most salient returns on this investment are listed below.

Employer of choice

The location of BIDMC has broad implications for the hospital's workforce. It creates a great deal of competition for talent. As noted by one manager at BIDMC, "our workforce doesn't have to change garages if they change hospitals." Competition for personnel is quite literally around every corner, creating opportunities for intra-organizational mobility for

healthcare workers in the area. However, the career development programs offered by the hospital help BIDMC achieve a competitive edge. Several key informants noted that they applied for positions within the hospital because of the programs they have available for workers to develop their careers.

Decreased vacancies

Many of the programs were developed to address shortages in key clinical and administrative positions at the hospital. Though vacancy rates do continue to be a problem for some departments (e.g., in the lab), growing incumbent workers to enter these positions has proven successful. For example, before the Research Administrator program began, the vacancy rate for this position was 15%. The current vacancy rate is 2%. In addition, the number of research administrators on staff has increased from 31 to 41. Thus, BIDMC was not only able to reduce vacancies through the program, it was also able to meet the increasing demand for Research Administrators.

Skilled workers

In addition to addressing shortages, several of the programs were designed to address skill deficits. Identifying core competencies and developing standardized training programs to help incumbent workers acquire these skills reduced the problems associated with skill deficits. For example, the Central Processing Department plays a vital role in delivering high quality care; yet, some workers lacked the skills to ensure the optimal performance of the department. By working with the Workforce Development department, Central Processing was able to devise and implement a plan to address skill deficits and reward participants for improvements.

Organizational commitment

Workers are thankful for the opportunities that BIDMC provides and are loyal to the organization. Most participants stay on at the hospital after completing an educational/training program and continue to access opportunities as they build their careers at the hospital.

"Every year I go to the graduation ceremony for some of these programs. These are folks who recognized that they wouldn't have had the opportunity to upskill themselves and get into a training program, to get a college degree, to go to nursing school, and they feel like they owe their careers and their future and their family's future to the hospital. And that's a really nice thing. I think you know those are loyal and really dedicated employees."

- Eric Buehrens, Chief Operating Officer

Workforce diversity

By providing such strong support services and pre-college readiness programs, BIDMC makes advancement possible for many vulnerable workers who would not be able to succeed on their own. For example, the financial assistance involved in the ADN program (tuition advancement and funds for books and equipment) helps low-wage workers access a career in nursing. The ESOL and citizenship programs help immigrant and non-native English speakers build the foundation necessary to pursue health care careers. The proportion of disadvantaged workers represented in professional and mid-level positions is still small, but is increasing steadily as these workers move through the ECI and other supporting services into credential or skill-building programs.

Positive PR

The workforce development strategy has been honored by five local organizations, including the Associated Industries of Massachusetts, who awarded the hospital with the John Gould Education & Workforce Development Award in 2010. The Workforce Development Initiative was the subject of a positive CBS Evening News story (May 15, 2011: “Boston hospital trains workers up from within” by Seth Doane <http://www.cbsnews.com/video/watch/?id=7366160n>). This high public visibility is a testament to the high quality services BIDMC provides to its’ workers.

“I think both myself and our CFO have recognized that the biggest single line item in the hospital budget is salary and personnel expenses. And if we’re going to turn these people constantly we’re wasting our money. So I think we’ve been reasonably enlightened in recognizing that if we can invest in internal training programs and employee development programs, and hold on to people for greater than the median period of years, that’s a cost-effective and intelligent thing to do.”

Eric Buehrens, Chief Operating Officer

- Eric Buehrens, Chief Operating Officer

NEXT STEPS

BIDMC is not currently offering the nursing, surgical technologist, or medical laboratory technician programs as they do not currently have hiring needs for those positions. However, BIDMC remains committed to educating and developing its workforce. The remaining programs will continue and new programs on the horizon include pipeline programs for pharmacy technicians and patient registration specialists. The extensive

formal structure of programs developed through half a million dollars in grant funding by the Boston Foundation and the State of Massachusetts Workforce Competitive Trust will remain in place, now funded by the hospital. BIDMC plans to fund the development programs independently. The leaders in Human Resources and specifically in Workforce Development will continue to seek new sources of funding and grants as opportunities present themselves, but program expenses have been moved to the operating budget of the hospital.