



COMMUNITY HEALTH CARE ASSOCIATION of New York State

COMPREHENSIVE WORKFORCE PLAN TEMPLATE

LAST UPDATED: APRIL 2025

HRSA Funding Acknowledgment: Portions of this template are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to CHCANYS' New York State Primary Care Association (NYS-PCA) totaling 1,932,890.00. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



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I. Vision

The vision of the Comprehensive Workforce Plan Template is to serve as the foundation for your organization's comprehensive workforce plan. The goal is to think big and work in tandem with health center staff and patients to identify the current and future workforce needs of the organization and the community it serves.

Insert organization's vision: (Add organization's mission or vision statement to this section)

A comprehensive workforce plan is not a static document and needs continuous revision as the landscape of the health center workforce rapidly changes. Note that the template should be an evolving document that adjusts to the current workforce landscape, on-going assessments and relevant outside factors. **For this reason, the template toolkit will remain ever evolving.**

This toolkit is divided into categories that outline essential components to consider when developing your health center's comprehensive workforce plan. Each area contains subcategories and, where applicable, links to pertinent resources are provided. Finally, the template provides a glossary of definitions for the various acronyms used throughout the document.

The Template provides an abundance of categories to consider when developing a strategic workforce plan, some categories may need to be altered or may not be relevant to each health center. By creating a strategic workforce plan, you will have a better understanding of the health centers' current and future workforce needs, gaps, and challenges. Work with the New York State Primary Care Association (PCA), CHCANYS for training, technical assistance, and resources to customize and create an evolving strategic workforce plan that supports your health center needs.¹

II. Assessment

The first step in any planning process is to assess your health center's current workforce needs including outlining areas of strength in the organization's recruitment and retention efforts, as well as opportunities for growth and improvement. A thorough assessment also includes identifying patient and community needs to ensure that a health center's workforce represents the community. Ultimately, the assessment results should serve as the baseline data used to develop a health center's workforce strategy.

¹ Star2Center Comprehensive Workforce Plan



List of Organization’s Current Recruitment and Retention Strengths:

List of Organization’s Current Recruitment and Retention Challenges:

Describe what your organization will look like in 2-5 years.

Current Needs

# Of Open Positions	Date by which position should be filled	Number of applicants desired	Number of current applicants	Level of Education	Expected new hire retention date	Notes



Who are you serving? (Type of patients served)

What services are you providing? Have you added new services?

III. Strategic Plan Review and Assessment

Does your organization have a current strategic plan? What are your short term (define length, for example: within 6 months) strategic goals and workforce priorities? What are your long term (define length, for example: 3 – 5 years) strategic goals and workforce priorities?

Consider which stakeholders should be involved when assembling an appropriate recruitment team. For example: local colleges and universities, local employment community groups, community members, etc.

List of internal and external stakeholders involved in workforce planning:

Workforce Compliance Optimization Checklist²

Use the checklist below as a guide to ensure your health center follows all workforce-related regulatory rules and legislation.

- Health Center has a credentialing/privileging compliance plan which accounts for:
 - Background checks and employee screening
 - C&P webinars
 - Credentialing with Insurance Providers
 - FTCA/Malpractice requirements
 - OIG Exclusion List
- Health Center has succession plans for leadership.
- Staffing Requirements – health center recruits, develops, engages, and retains the proper staffing mix of qualified providers and staff needed to provide safe and comprehensive care to its patients.
- Health Center has a process for ensuring compliance with State and Federal workforce and employment laws, including but not limited to:
 - Fair Labor and Standards Act
 - FMLA
 - HIPAA
 - OSHA
 - ADA
 - Section 1557 of the ACA

IV. Practice Assessment

Consider key performance indicators & data sources used to assess recruitment and retention. List current key performance indicators and data sources for Recruitment and Retention tracking and how often data is reviewed:

List Performance Indicator and Data Sources

Data Sources	Yes/No	How often will it be collected	How often will it be reviewed	Lead Staff	Presented to Leadership
HR Vacancy					
HR Turnover					
Tenure Report					
Stay interview					
Exit Interviews					
Patient Experience					
Regional Workforce Data					
Compensation & Salary Survey					
Other:					

² Star2Center Comprehensive Workforce Plan



V. Retention Strategy

According to the National Association of Community Health Centers (NACHC), retention is about *“ensuring that the employee’s interests/goals and those of the health center are at least compatible; if they don’t directly overlap, they should strongly intersect.”*³ Health centers are uniquely positioned to offer multiple methods of retaining valuable employees. Integrated professional development, transparent communication, positive leadership models, team support, recognition and opportunity for connection are just some of the tools that CHCs can use to retain staff. Encourage “Recruitment” as part of your retention strategy – this means recruiting from within, establishing career ladders, and providing professional development to aid in retaining valuable staff.

Considerations for retention planning⁴: What is the employee culture at your health center? Does this reflect your mission and vision?

Topic	Current Practice	Gaps/Opp- ortunities	Needs	Strategies	Goals
Staff recognition					
How is staff satisfaction measured?					
How is performance measured and communicated to staff?					
Financial incentives					
Non-traditional incentives (remote options, flexible schedules, free food)					
Employee wellness					
Exit evaluation (interview and/or survey)					
Professional development					
Advancement opportunities					

³ NACHC Recruitment and Retention Toolkit

⁴ NACHC Recruitment and Retention Toolkit



VI. Workplace Culture and Workforce Development

Workplace culture and workforce development are integral to intentional and strategic retention of staff. Discussions regarding workplace culture can help to better engage your staff around how you can best assess their needs through policy implementation and detailing accountability measures. This requires a level of humility, which assumes an on-going process of learning, and a move away from mastery.

- How can you use data to assess needs?
- What are the best practices in implementing policies at your organization?
- How can we create a positive workplace culture demonstrated in our daily actions?
- How can you use data to ensure accountability?

a. Workplace Dynamics

Does your CHC clearly communicate performance management processes and strategies to all employees on a regular basis?

- Indicate if your site has a specific policy and procedure for this:

- Timeline for this process:

- Key players:

Does your CHC create formal Employee Development Plans for all employees' professional and personal development opportunities? This may include mentorship, skill assessments, self-evaluation, training/Learning Management System goals.

- Indicate if your site has a specific policy and procedure for this:

- Timeline for this process:

- Key players:

Does your CHC offer supervisor and management specific training on a regular basis? This may include succession planning/training, how to give/receive feedback, employment law, and performance management training.

- Indicate if your site has a specific policy and procedure for this:

- Timeline for this process:

- Key players:



b. Work-life Balance

Does your CHC employ any Engagement Surveys to determine staff job satisfaction and work-life balance needs? Examples include sample surveys, stay interviews, etc. Some employers provide a 'reward' like a gift card to increase response rates. Be sure to always close the loop with staff – share an action plan for the response to the survey results.

- Indicate if your CHC has a specific policy and procedure for this that ensures consistent anonymous surveying of employees:

- Timeline for this process:

- Key players:

CHCs may need to consider the cost of turnover, particularly for specific positions that have high rates. Data sources for turnover include UDS reports, State-based turnover reports, Department of Labor Statistics, NACHC Salary and Benefits surveys, and CHCANYS survey projects.

- Indicate if your CHC has a process or policy in place to calculate and address the cost of turnover:

- Timeline:

- Key Players:

- Resources:
 - [STAR2 Center Financial Assessment Tool](#)
 - [STAR2 Center Turnover Tool](#)

c. Employee Support

As a health care provider, CHCs are leaders in supporting the community, including their own. CHCs must consider the impact of the work on their employees and management should consider modeling support strategies. For example, the use of regular paid time off or sick leave can be modeled by management to encourage staff to use their time off.

- Indicate if your CHC has a specific policy and procedure for this that ensures employee support:

- Timeline for this process:

- Key players:

Community Connection

- Provide employees with the opportunity to volunteer with the community together.
- Provide a social committee at work where employees can plan staff engagement events.



d. Workplace trust and culture

Team Based Care

A team-based model of care strives to meet patient needs and preferences by actively engaging patients as full participants in their care, while encouraging and supporting all health care professionals to function to the full extent of their education, certification, and licensure. It allows for the building of clinical teams for retainment and support of key staff.

Steps to Optimal Team-Based Care Framework⁵

1. Foster mutual trust and safety
2. Clarify roles and expectations
3. Practice effective communication
4. Track a set of shared measurable goals

VII. Recruitment Strategy

<p><u>List of your current recruitment strategies</u></p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5.

Conduct a benefits review⁶ - Employers can be transparent with employees by providing a personalized benefits review and total compensation calculation sheet for all staff. Consider offering improved educational or social benefits to encourage retention and to promote quality improvement initiatives in the health center. Review each of the following benefits to determine competitiveness in the marketplace. The first line “Vacation” is completed as an example in the following table.

Benefits Review: Yes /No

Date of Review: _____

Benefit	Details	Review Results	Action Plan
Vacation	3 weeks, 4 weeks after 5 years, 5 weeks after 10 years	Competitive	None
Holidays			
Sick			
Educational Leave			
Educational Travel			
Educational Conference			
Health Insurance			
Dental Insurance			
Life Insurance			
Disability Insurance			
Retirement Plan			
Loan Repayment			
Stay Bonus			

⁵ [American College of Physicians Team Based Care Toolkit](#)

⁶ Star2Center Comprehensive Workforce Plan



Flexible scheduling, Hybrid			
Unique Benefits (Housing, transportation, gym memberships, discounts)			
Community/Family Events			
Staff Appreciation Programs			
Other (specify)			

a. Funding

List current members of the recruitment team:

- 1.
- 2.
- 3.
- 4.

Do you need to add members:
Yes ___ No ___ (If yes list new members of the recruitment team)

- 1.
- 2.
- 3.
- 4.

b. Advertising

What tools/services do you use to advertise roles? (i.e., job boards, social media strategies, etc.)

What marketing materials do you use for advertising? (i.e., videos, brochures, social media campaigns)

c. Interviewing

Does your health center have a standardized interview process (i.e., number of candidates screened and interviewed, standard pre-screen interview, number of in-person interviews, panel and/or group interviews, etc.)? If so, please outline below:



Does your health center utilize a standardized interview technique? Please outline below.

Examples include:

- Behavior-focused questions (i.e., Give an example of a time when you...)
- Situational (i.e., What would you do if you...)
- Panels (i.e., several people from distinct roles within the organization take turns asking questions)

Does your Health Center utilize standardized interview guides? (either per role, department, etc.)

d. Onboarding

“Effective onboarding has a critical role in the continuum of functions that ultimately result in effective and happy employees working in high-performing health centers. No doubt it’s also clear that onboarding affects, and is affected by, both recruitment and retention. So, onboarding is really a bridge between these related functions that effectively ties the total system together. In sum, a well-chosen new employee who is well integrated into the organization is motivated to do excellent work, enjoys high job satisfaction –and stays.”⁷

Does your Health Center currently have a standardized on-boarding process? (i.e., new staff orientations, standardized HR/Benefits introductions, etc....) Please outline below:

VIII. Development Strategy

Consider your strategy for building investment in career ladders, advancement opportunities, talent development, and succession planning to prepare and train employees for an upward career trajectory that leads to the successful achievement of leadership positions.

a. Workforce Development Programs

[The National Health Service Corps \(NHSC\)](#) builds healthy communities by supporting qualified health care providers dedicated to working in areas of the United States with limited access to care. Through its scholarships and loan repayment options, NHSC enables health centers in rural, urban, and frontier communities to compete with private medical practices and prevent a growing primary health care shortage.

⁷ NACHC Recruitment Onboarding and Retention Toolkit



[Nurse Corps](#) awards scholarships and loan repayment to nurses, nursing students, and nurse faculty.

[Doctors Across New York \(DANY\)](#) is a state-funded program enacted in 2008 to help train and place physicians in a variety of settings and specialties to care for New York's varied population.

[Nurses Across New York \(NANY\)](#) is a state-funded program enacted in 2023 to help train and place nursing professionals in a variety of settings and specialties to care for New York's varied population.

[Primary Care Service Corps](#) is a New York State Department of Health service-obligated loan repayment program that is designed to increase the supply of certain clinicians in underserved areas.

[The New York Alliance for Careers in Healthcare \(NYACH\)](#)

[The NYC Employment & Training Coalition \(NYCETC\)](#)

[Key National Workforce Partners](#)

- [3RNET](#)
- [Association of Clinicians for the Underserved \(ACU\)'s Star Center](#)
- [Community Health Center, Inc. \(CHC\)](#)
- [National Association of Community Health Centers \(NACHC\)](#)
- [National Network for Oral Health Access \(NNOHA\)](#)

b. Workforce Pathways Initiatives

Use the tables below to categorize and plan for your future health professions programming by discipline and education level/target audience.

Goals for Health Professions Education and Training (HP-ET) Programs

Examples: (Graduate Education, Residency Programs, Fieldwork, volunteers, etc.)⁸

Discipline	Volunteers	Undergraduate Students (Including Community College and Technical/ Vocational Programs/ Apprenticeship)	Graduate (Medical Students, Dental Students, APRNs, MSW/LISW)	Residents
Medical				
Physician Assistants				
Nurse Practitioners/ APRNs				
Dental				

⁸ APCA Comprehensive Workforce Template, 2021



Behavioral Health				
Pharmacy				
Nursing				
Allied Health Services				
Front-line and Administrative Staff				
Other (Optometry/Vision Services, CHW, MA/DA, Physical Therapy)				

HP-ET Programming Considerations	
Strengths for education and training	
Limitations for education and training	
Who oversees managing students? (Ownership of HP-ET)	
What is your student rotation and orientation process?	
What is your student policy?	
Student Support Services Offered	
Student evaluation process	
Process for tracking students	



Preceptorship	
Current Preceptor Recruitment (how do you talk to staff about taking on student supervision?)	
Goals for Preceptor Recruitment	
Current Preceptor Education	
Goals for Preceptor Education	
Current Preceptor Benefits	
Goals for Preceptor Benefits	
Process for Scheduling Preceptors	

c. Employee Development

Consider if you provide staff training and staff development opportunities at all levels. Are you able to provide a career ladder or pipeline within your organization? Is your employee development program aligned well with your organizational objectives and strategic plan?

Staff are often more likely to stay with an organization if there is an opportunity for professional growth and advancement. Indicate the types of professional growth and advancement currently available in the health center. Also document your assessment of each type and action plans to incorporate professional growth and advancement into the practice.

Current Status: Where We Are

Employee Development	Current Status	Gaps/Barriers	Strategies for Improvement	Timeline
Staff Competency Training				
Continuing Education for Staff Development				
Organizational Value Placed on Development				
Cross-Training Staff				



Staff Development Plan (Career-Ladder & Succession Plans)				
Staff Education Funding and Scholarships				

Short Term Direction (next 6 – 12 months)

Develop a list of Strategies for Improvement in priority order.

1. 2. 3.

Long Term Direction (next 2 – 5 years)

Develop a list of Strategies for Improvement in priority order.

1. 2. 3.

Provider Growth and Development

Type	Availability	Assessment	Action Plan
Clinical Oversight (Other Providers or Clinical Teams)			
Administrative Oversight (Programs/Services)			
Teaching Opportunities			
Medical Students			
Medical Residents			
Advanced Practice Students			
Advanced Practice Residents			
Apprentices			
Volunteers/Interns			
Telemedicine Opportunities			
Other (specify):			

Short Term Direction (next 6 – 12 months)

Develop a list of Strategies for Improvement in priority order.

1. 2. 3.



Long Term Direction (next 2 – 5 years)

Develop a list of Strategies for Improvement in priority order.

1. 2. 3.

d. Employee Engagement

Are staff feeling professionally fulfilled? Do we adequately address issues related to stress? Do your staff feel they are part of a team? Do you have ways to build team support and rapport? What are your staff recognition strategies?

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Current Status: Where We Are⁹

Employee Engagement	Current Status	Gaps/Barriers	Strategies for Improvement	Timeline
Employee-Management Relationship				
Team Building Strategies				
Staff Recognition Strategies				
Addressing Stress				

IX. Action Plan

The action plan should include measurable steps and determine accountability for a health center's workforce development. The action plan should consider all the components of a comprehensive workforce plan.

Step 1: Assessing the need for additional staff and defining opportunity.

Need

- Determine potential income for new providers
- Determine supply and demand

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⁹ APCA Comprehensive Workforce Template, 2021



Opportunity

- Setting/Site
- Responsibilities

Step 2: Gain support from the community.

- Meet with department staff and define recruitment needs.
- Demonstrate the community's sincere interest in a new provider
- Make the staff feel welcome in the Health Center Community

Outline recruitment needs below:

Step 3: Form/expand upon recruitment team

This may include: CHC ED or President, Board Members, CMO/Medical Director, CFO, HR Director, Marketing Specialist, Administrative Assistant, Physicians/Nurses, Recruiter, and/or Department Staff

Step 4: Define standard benefits/fringe available to all employees

- Establish a fair and competitive compensation arrangement for staff, including salary, vacation/time off, fringe benefits, etc.
- Ensure compliance with all local, state, and federal laws regarding salary transparency

Step 5: Define your ideal candidate – Personal and professional background should be highly compatible with the needs of the health care system and the community.

Step 6: Create a recruitment budget

- Promotion/publicity
- Candidate screening
- Site Visit and interviews for relevant staff
- Personnel (i.e., time away from primary duties, bonus pay for extra duties, or temps)

Step 7: Create Site Marketing Materials

- Develop job postings for electronic ads, social media, and print ads
- Develop promotional packets highlighting professional/personal aspects of community health
- Ensure facility's online presence is consistent and up to date (if you search facility online, what comes up first? Do you need to update your website or other online information?)



<p>Step 8: Search for and generate candidates Generate list of possible sources of candidates (residency programs, medical school, pipelines, professional groups, local job fairs, etc.)</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Step 9: Develop process for candidate communications</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Step 10: Interview Candidates</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Step 11: Conduct reference and credential checks</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Step 12: Make an offer and follow-up</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Step 13: Onboarding and Assessment</p> <div style="border: 1px solid black; height: 40px;"></div>
<p>Step 14: Develop a Retention Plan</p> <div style="border: 1px solid black; height: 40px;"></div>

X. 2025 Addendum: Upskilling Middle-Management, HRIS, Retooling, and Right-sizing

This update to the CHCANYS Comprehensive Workforce Plan Template is designed to assist New York’s Health Centers with responding to emerging issues within their workforces. Over the past few years, substantial workforce realignment has reshaped the immediate and long-term approach health centers must take in adjusting their Human Resources (HR) strategies to meet evolving workforce demands.

In this addendum, we consider the three critical needs health centers can expect to face now and for the next 3-5 years, including: upskilling middle managers, improving Human Resources Information System (HRIS) and data use adoption to match the health center’s needs, and helping health center HR departments prepare for difficult tasks such as right-sizing during economic change.

NOTE: In completing the exercises below, where appropriate, consider using SMART (Specific, Measurable, Attainable, Relevant and Time-bound) goals. SMART goals are an evidence-based way to improve processes and systems which will yield long-term and sustainable results. When considering a SMART goal, try to be specific about what will be done. For example, it may be partnering with a local community college to provide 2-3 courses for middle managers. Then, consider your completion goal. Is a



50% or a 75% completion rate acceptable? The goal should be measurable and attainable. Consider how relevant that goal is to what you want to achieve. If the goal is to upskill your middle managers by providing them with structured courses to teach common management skills, then the goal is relevant to your ultimate need of upskilling managers. Lastly, put in a timeframe, including periodic updates if necessary. This helps keep you on track and ensures that you can hold your team accountable for the completion of the tasks.

a. Aligning Responsibilities/Upskilling Managers:

Middle managers are professionals within an organization's hierarchy who act as a bridge between executive management and frontline employees. Middle managers play a key role in managing day-to-day operations, facilitating communication between levels of the organization, and ensuring that departmental objectives align with overall strategic goals.

Over the past 2 years, there has been a shift in management responsibilities for two critical reasons: middle managers were often pulled to perform staff level responsibilities during shortages, and it became difficult to manage workforce performance issues while operating with limited staffing. The result is that middle managers may have been promoted without leadership training or that vital leadership skills may have been lost in the rush of daily operations. Human Resources was often tasked with addressing those challenges to ease the pressure on middle managers. However, a new or enhanced strategy of investing in middle management can pay significant dividends including increased staff satisfaction, reduced turnover, and improved organizational performance.¹⁰

The key to upskilling middle managers is understanding what managers need, identifying vital and cost-effective resources, and establishing a systematic approach to team investment. When evaluating what skills a middle manager may need, the health center should consider what it currently offers for all middle management staff and what each individual manager may need. It is not uncommon for most first-time managers to need formal training along with a mentor. Further, managers may require additional support in specific areas related to their job description, so creating customizable leadership training may be advisable. Consider these three elements:

1. What training strategies do you use for all new managers (ex. An in-house leadership training module, formal mentorship):

2. How do you determine what a new manager needs? (Ex. Supervisor/director evaluation, manager's expressed needs, results of 360-degree evaluation)

3. What individual training strategies do you make available based on need? (ex. Communication and public speaking coaching, finance and budget training)

¹⁰ Investing in Middle Managers Pays Off – Literally; June 26, 2023; McKinsey & Company; E. Field, B. Hancock. S. Smallets, B. Weddle



Also consider how you measure demonstration of middle-management skills. Have you revised your performance evaluation to consider these skills? Is there both a quantitative demonstration of learning (i.e., a training certificate) as well as a qualitative demonstration (i.e., 360-degree evaluation)?

- **What quantitative measures do you use to measure performance?**
- **What qualitative measures do you use to measure performance?**
- **Where are there gaps?**

Next, consider how to offer skill-building opportunities that are both cost-effective and practical. Thankfully today, there are many resources including online learning, conference-based learning (particularly for health centers), and structured external educational opportunities. These training courses can help health centers to create a comprehensive program that meets individual needs while providing baseline training for all managers, fostering cohesion and consistency in management.¹¹ Nationally community colleges have undergone a transformation to work with local employers to develop key workforce skills training. These programs are often low-to-moderate cost and flexible to meet employers' needs.¹² Consider these key resources:

- **CHCANYS Training:** such as the Annual Conference and learning series - www.chcanys.org
- **ECRI Web-Based Learning:** [ECRI Website](http://www.ecri.org) – Offers health-related educational topics. This is just one example; other well-respected, evidence-based web-based programs are also available.
- **NACHC Training Programs:** Includes the Community Health Institute (CHI), the Policy & Issues Forum (P&I), and various web-based and position-specific training. More information is available at www.nachc.org.
- **Explore opportunities for collaboration at local colleges and Universities.** For example, CUNY and SUNY schools, community colleges, private institutions, etc.
- **Explore community leadership programs offered by your local Chamber of Commerce to enhance your leadership skills and engage with your community.** Here are some examples in New York State:
 - Leadership Capitol Region: <https://capitalregionchamber.com/business-resources/leadership-capital-region/>
 - Adirondack Leadership: <https://www.adkleadership.org/>
- **What sources do you currently use for your middle management development?**
- **Do you have an annual budget line dedicated for this purpose?**

¹¹ Investing in Middle Managers Pays Off – Literally; June 26, 2023; McKinsey & Company; E. Field, B. Hancock. S. Smallets, B. Weddle

¹² Friends in Both Places: Best Practices for Community Colleges and Employer Partnerships; September 7, 2023; Harvard Business Review, The Project on Workforce; Summer Fellowship Students (authors)



A final key element in investing in middle management and demonstrating leadership skills is how the health center compensates effective management. Several key strategies can be implemented, including:

- Increased compensation for both quantitative and qualitative demonstration of leadership skills.
- Advanced career planning for promising middle managers to support their growth and advancement within the health center.
- Opportunities for special projects and/or additional training opportunities (i.e., investment in their career development)

What leadership skills do you require middle managers to have to assume or positively perform in that role:

- 1.
- 2.
- 3.

b. Using Human Resource Information System (HRIS) Technology Effectively for Your Health Center:

The rapid adoption of Human Resource Information Systems (HRIS) has significantly enhanced HR capacity by improving candidate sourcing and tracking, streamlining onboarding processes, ensuring the completion of organizational and regulatory training requirements, and providing HR departments with valuable insights into human capital management. This includes insight into turnover rates, length of open positions, days to fill specific jobs and even how well the organization is implementing strategic initiatives. But rapid adoption and the increased recruiting pressure of health care staffing shortages may have caused rushed implementation, uneven adoption of HRIS systems among staff and unreliable or unused data. Some research has found that up to 1/3 of all HR executives are currently dissatisfied with their system and its effectiveness. Common frustrations cited include not meeting expectations, requiring workarounds, training needs for end users, and unhelpful reports.¹³ As you begin strategic planning for the HR department, consider some key elements:

- **What works in your current system and why?**
- **What doesn't work and why?**
- **Are you working for the system or is the system working for you? (For example, consider when the system creates those extra "clicks" that are inefficient or when the system can synthesize information to make it more straightforward)**
- **Would additional staff training improve the adoption of HRIS?**

¹³ Top Insights for Improving Your HRIS Performance in 2023; March 1, 2023; HR Executive; D. Kawamoto



- **Would adaptation make reporting more accurate and more usable? (Consider both elements of this question: even if something is accurate, it may not be usable.)**

- **Finally, take a step back and ask yourself: what do you really need out of an HRIS system?**

For each of the exercises below, it is recommended that the HR team meet as a group and answer the questions together. However, if you believe that staff may be reluctant to be open, it is also possible to ask these questions via anonymous survey to gather honest responses.

QUESTIONS TO EVALUATE HOW OUR HRIS WORKS FOR US:

- 1. How has our HRIS improved our daily and strategic operations?**

- 2. Where has the HRIS eliminated work and reduced our daily tasks or most routine work?**

- 3. Where are we disappointed in the HRIS? What doesn't perform as we expected it to?**

- 4. Where has the HRIS created work for us?**

- 5. What is the key element that the HRIS can/cannot do for us?**

Finally, working as a team, consider what HR is going to need in the future. This may include better reports or reports that are more customized to the health center's specific needs. Do you need to request additional training for all users to up-skill yourselves to better manage the HRIS? Will you need to work within the system to customize reports? How much will this cost? Can you budget for this in an upcoming budget cycle? And how will you justify those costs?

Below, consider your priority list of HRIS improvements. (Reminder: list elements in order of ranking with "1" being the most important to do and the highest number being the least important to do. Only items listed 1-3 are typically achievable in a one-year period. If your list is longer than 10 total items, that may be too long and an indication of the need for a strategic discussion about your HRIS system.)

HRIS Improvements Priority List:

- 1.
- 2.
- 3.



c. Using HR Data to Manage Your Health Center’s Human Resources Efforts:

Over the past decade, adoption of HRIS has skyrocketed across industries, including amongst health centers. The goals of HRIS adoption include more streamlined candidate recruiting processes and improved human resource management on everything from performance to benefits. However, a key element of HRIS adoption was using data to inform and improve candidate recruitment and staff retention. Consider these key HR data points and evaluate – without judgement – how well your HRIS is working and how valuable these reports are to you today:

- **HR Vacancy Averages (by department, by site, by skillset)**

(INSERT YOUR EVALUATION HERE)

Ex: Works well/no changes necessary or Needs Improvement/key activity for first quarter

- **Average time of “length to hire” – the time it takes from when a vacancy is posted to when the position is filled:**

(INSERT YOUR EVALUATION HERE)

- **Candidate recruitment success by recruiting platform (Indeed, Idealist, SimplyHired, other platforms and local recruiting initiatives such as referral bonuses):**

(INSERT YOUR EVALUATION HERE)

- **Tenure Report – the average length of stay for each department:**

(INSERT YOUR EVALUATION HERE)

- **Top 5 reasons people leave (from exit interviews):**

(INSERT YOUR EVALUATION HERE)

- **Top 5 reasons people stay (from stay interviews):**

(INSERT YOUR EVALUATION HERE)

Now, consider what additional reports your health center uses and evaluate how effective they are for you. Consider reports such as the length of tenure for all employees with less than a year’s service (first-year flight) or compensation surveys.



As a result of the above, consider the top 1-5 things that are working well:

1.
2.
3.
4.
5.

On the flipside, HRIS can be plagued by unhelpful generic reporting, data input errors, and other adoption issues that make using data from your HRIS system difficult. Based on your evaluation above, please identify the top 1-5 challenges you're facing with using HRIS data, their priority for resolution, any ideas to address them, and who will lead the project to implement those solutions:

Challenge:	Priority:	How to fix:	Lead:

d. Retooling and Right sizing Your Health Center for Today and The Future:

One of the most critical tasks for health centers to think strategically about is how to ensure the health center's staffing meets its current and future needs. In general, salary and fringe expenses are the largest expenses a health center has. Further, as a service industry, the health center's ability to generate revenue relies almost solely on the delivery of services which requires human capital. Ensuring correct staffing levels – in the correct disciplines – is critical for long-term success. Too many staff and the health center's expenses may outstrip its revenue; too little or deployed in the wrong areas and the health center won't have enough staff to support its services or grow to meet emerging demands.

Given the fluctuations in funding, many health centers must consider how to retool and right-size their health center, including reducing staff, closing programs or adjusting benefits to save resources. Retooling refers to upskilling or reassigning existing staff to new roles to redeploy them more effectively and efficiently. Right-sizing is a process of systematically adjusting staff levels to current and expected demand, including both reduction and addition of staff.

Please consider the following questions:

- 1) Is your health center considering retooling? This can be a strategy to retain staff in times of economic downturn when you find you have excess staff in particular roles you can no longer support. For staff, it can provide them with both job stability and other skills. If so, what staff would be targeted for retooling?



- 2) Would the opportunity to retool be open to all staff in a particular employment category or just a few staff? How would you decide who could participate?
- 3) What would be the timeframe for the retooling process? What resources would you need to provide staff? What costs are associated with skills building?
- 4) How would you communicate to staff about the opportunity?

Some health centers may be considering right sizing their health centers in preparation for experiencing a reduction in revenue either from declining resources, declining revenue, or reduced patient volumes. With right-sizing initiatives, there are key activities health centers should consider ensuring that their efforts minimize staff impact and ensure long-term sustainability of the health center. Best practices for downsizing staff include communicating clearly and openly about the actions and the need for them, acting decisively and cutting deep enough to avoid the need for additional cuts, and taking ownership of the decision while also showing genuine empathy for staff.¹⁴

Right-sizing can be extremely difficult - but necessary - for an organization's long-term survival. While stressful, having a plan to help both exiting staff and remaining staff navigate the changes ahead will reduce that stress. This in turn will help you retain those staff you need to achieve your goals and create a pathway for future success. Working on a plan when there is not an immediate risk of downsizing can also help a health center get prepared and ensure that all the necessary elements are in place without the time pressure of an immediate announcement. Getting ahead now can help the health center, and all staff get through a downsizing with as little disruption as possible.

Consider these vital questions:

- 1) What is our plan to downsize? Can we achieve most of our goals through attrition of staff due to voluntary resignations and not filling open positions? Is there an opportunity to offer early retirement that would save costs and create an opportunity for voluntary staff departures to reduce the impact on non-voluntary departures?
- 2) Have we identified all impacted employees? Are we confident that in a scenario where revenue dips 5% below what we have already planned for that we will not have to make additional cuts? (This is known as the 5% Shock Model and is used to ensure that additional cuts are not necessary.)
- 3) Are we offering severance packages and employment support services? Have those services been engaged? Are we confident in the performance of these services? Have we budgeted for this cost? Have we also considered our own unemployment costs?

¹⁴ 20 Best Practices for Employee Downsizing, March 8, 2024, Forbes, expert panel



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Association of New York State**

- 4) Will we be adjusting other employment benefits at the same time? Are we reducing our contribution to healthcare costs or retirement plans or reducing benefit time? Have we fully considered what the impact of those changes will be? Do we have to consider any stopgap/bridge efforts to support employees in the near-term for potential loss of benefits?

- 5) Do we have a communications strategy to announce the downsizing to all staff? Will we ensure that those directly impacted receive the message first?

- 6) Who will be announcing the downsizing? If not the CEO, which member of the leadership team will be making the announcement?
 - a. How are we assuring staff that this is a one-time only cut?
 - b. Are we being transparent and have we fully identified all the changes that are being made?
 - c. Are we taking responsibility for making this decision but also fully explaining why (ex. lost funding)?
 - d. Is our message empathetic and kind?
 - e. Have we set up a mechanism for employees to come and ask questions?
 - f. Did we commit to routinely sharing information and remaining open about our situation?
 - g. Have we considered the impact of these reductions on the remaining staff and are we addressing those impacts?



XI. Glossary

Glossary

3RNet	A non-profit specializing in health care jobs in rural areas with a mission to increase access to quality health care through the recruitment and retention of health care professionals and community-based training.
ACU	Association of Clinicians for the Underserved, a membership network uniting clinicians, advocates, and organizations in the shared mission to improve health for the underserved.
ADA	Americans with Disabilities Act of 1990, a civil rights law that prohibits discrimination based on disability.
CWP	An acronym for a Comprehensive Workplan, a systematic fully integrated organizational process that involves proactively planning to avoid talent surpluses or shortages.
FLSA	Fair Labor and Standards Act, requires that most employees in the United States be paid at least the federal minimum wage for all hours worked and overtime pay at time and one-half the regular rate of pay for all hours worked over 40 hours in a workweek.
FMLA	Family and Medical Leave Act of 1993, a labor law requiring employers of a certain size to provide employees with unpaid time off for serious family health issues or situations.
FTCA	Federal Tort Claims Act, the federal legislation that allows parties claiming to have been injured by negligent actions of employees of the United States, including CHC providers, to file claims against the federal government.
HIPAA	Health Insurance Portability and Accountability Act, Federal law that restricts access to individuals' private medical information.
HP-ET	Health Professions Education and Training
NACHC	The National Association of Community Health Centers supports community-based health centers and the expansion of quality and cost-effective health care for the medically underserved and uninsured. NACHC conducts research and analysis that informs the public about the work of health centers and their value to the American health care system at the local, state and national levels.
NHSC	National Health Service Corp connects primary health care clinicians to people in the United States with limited access to healthcare through scholarship, loan repayment, career fairs and more.
OIG	The Office of Inspector General is charged with identifying and combating waste, fraud, and abuse in the HHS's more than 300 programs, including Medicare and programs conducted by agencies within HHS, such as the Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health.



OSHA	Occupational Safety and Health Administration is a large regulatory agency of the United States Department of Labor that originally had federal visitorial powers to inspect and examine workplaces.
PCAs	Primary Care Associations are state or regional nonprofit organizations that provide training and technical assistance (T/TA) to safety-net providers.
Recruitment	Recruitment and retention are not separate events – they are part of a process - recruitment. From NACHC Recruitment Onboarding and Retention Toolkit
SHRM	Society for Human Resource Management is a professional human resource membership association. SHRM promotes the role of HR as a profession and provides education, certification, and networking to its members, while lobbying Congress on issues pertinent to labor management.
UDS	Each year, health center grantees and look-alikes report on their performance using the measures defined in the Uniform Data System (UDS). The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes.

XII. References

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