

USING EVIDENCE TO DRIVE HIRING AND INVESTMENT:

HOW MERCY HEALTH, WEST MICHIGAN IS MAKING THE CASE FOR INVESTING IN FRONTLINE WORKERS' SKILLS AND CAREERS

By James W. Guest

Mercy Health, a regional health ministry of Trinity Health, is a regional partnership of hospitals and healthcare providers throughout Western Michigan. As one of the largest health systems in the region, Mercy Health is a multi-campus healthcare provider with 700 hospital beds and over 8,600 employees, including 400 physicians and nearly 3,000 frontline workers. The system uses a range of practices to hire and engage employees including evidence-based hiring practices to build a diverse talent pipeline and extensive workforce investments to advance frontline workers. Mercy Health's strategy is centered on the knowledge that excellent patient care requires talented workers with the right skills tailored to their responsibilities. Employee/colleague development and advancement are critical to Mercy Health's business strategy, and it has a long history of investing in its frontline staff.

Mercy Health believes that collaboration best serves the healthcare system and the community, works with employer groups such as Talent 2025 (a group of 100 CEOs from the West Michigan region) and the Health Careers Council (composed of eight to ten regional employers, including three hospitals) to develop sustainable talent sources. Partnering with Grand Rapids Community College, West Michigan Works! workforce agency, and other local healthcare employers, they recently received a \$6 million U.S. Department of Labor America's Promise grant to continue building talent pipelines. Mercy Health has also been recognized by Grand Rapids Mayor

The Mercy Health, West Michigan case study is the second in CareerSTAT's business practice series on how healthcare employers measure the impact of their investments on frontline workers. This study documents Mercy Health's approach to workforce development and program measurement with a focus on how strategic goals, workforce needs, and programmatic tools influence decision making and investment goals.

With the goal of supporting healthcare employers, workforce practitioners and others in starting, scaling and sustaining frontline workforce programs, this study explores the ways leading healthcare organizations around the country use frontline investments to improve six key business metrics:

- › Workforce Availability
- › Employee Competency and Advancement
- › Employee Engagement
- › Community Impact
- › Patient Experience
- › Patient Safety and Quality

Rosalynn Bliss in her Racial Equity Initiative. Mayor Bliss has taken a strong stand for inclusion and workforce equity, and has specifically recognized Mercy Health's achievements in approaching equity across its workforce.

MERCY HEALTH'S STRATEGIC PRIORITIES

Striving to meet increased demand for a sizable and healthy workforce, Mercy Health has made it a strategic priority to grow and diversify regional talent pipelines and develop those who come into the organization. Infrastructure has long been in place to measure employee engagement, positive patient experience, quality patient outcomes, and other metrics with financial impact. Each of the three programs discussed in this case study contribute to these goals.

Diversifying Its Workforce

Mercy Health is committed to expanding diversity in the workplace. According to Greg Loomis, President of Mercy Health Muskegon, "Living our Values" is one of Trinity Health's pillars. "It has always been a goal to have our colleagues reflect the diversity in the community." In his career, he has implemented diversity scholarships for nurses and initiated diversity training across the organization. He sees Mercy Health's current programs pursuing the same goal. "In my 38 years with Mercy Health, I've seen how important it is for our patients to see that our colleagues mirror their communities." Similarly, Bill Manns, President of Mercy Health Saint Mary's, is known for coming to every hiring orientation and spending time with new colleagues. "You can see the changing complexion of the workforce and how the West Michigan community is represented in it," he says. "You can begin to realize the vision is coming to fruition."

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This case study highlights successful advancement programs that demonstrate clear business impact and specifically benefit the 33 percent of its workforce serving in frontline positions:

1. The **Evidence-Based Selection Process (EBSP)** is a major process redesign effort for talent acquisition to identify and hire new colleagues. The EBSP leverages evidence-based selection procedures and results in increased workforce diversity and improved retention.
2. The **Certified Healthcare Environmental Services Technician (CHEST)** development program offers incumbent environmental service employees the chance to advance their knowledge and skills in order to better serve patients and earn higher wages.
3. The U.S. Department of Labor **Medical Assistant Apprenticeship** implemented in coordination with community partners, fills critical positions by offering individuals who would otherwise be unlikely to enroll in college the opportunity to receive college training, paid work experience, and free support services.

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—Greg Loomis

President, Mercy Health Muskegon

Effective Hiring to Deliver Quality Care

Central to all of Mercy Health's workforce investments has been a clear line of sight to the patient. While new science and technologies that improve patient outcomes make headlines, the words and behaviors of the people who interact with patients and their families are equally important. With that understanding, Mercy Health concluded that to be the best in healthcare they needed to hire the best people. To do this, they wanted to complement the skills and experience of talented recruiters and hiring managers with data-driven methods and analysis that measurably tie the full range of knowledge, skills, and abilities of prospective employees to job performance. For this reason, they determined that developing the Evidence-Based Selection Process (EBSP) would be a critical focus of their investments. As John Schwartz, Regional Vice President and CHRO, explains, "EBSP helps us hire people that are a fit with the mission and core values of our organization, and reflect our commitment to diversity. Once hired, we want to promote education and advancement opportunities so that our colleagues can deliver the highest-quality care to our patients."

Mercy Health's workforce investments are guided by the understanding that diverse, highly competent, compassionate talent is essential to excellence in healthcare. Patients expect to see the diversity of the community reflected among the healthcare staff that serve them, and highly competent healthcare workers deliver better clinical outcomes and higher levels of patient satisfaction. Further, empathy, caring, and compassion are essential skills for effective relationships with patients and effective performance in healthcare roles.

Mercy Health's workforce investments are guided by the understanding that diverse, highly competent, compassionate talent is essential to excellence in healthcare.



LISA HERNANDEZ, ENVIRONMENTALIST



SUSAN BUKREY, ENVIRONMENTALIST

EFFECTIVE HUMAN RESOURCE AND WORKFORCE DEVELOPMENT PROGRAMS

Evidence-Based Selection Process

To improve key metrics like turnover, time to fill, retention, and diversity, Mercy Health shifted how hiring managers and the talent acquisition team collaborate. Shana Welch, Regional Director of Talent Acquisition, says that by redesigning the selection and hiring process, Mercy Health made a “transformational change” in West Michigan. Typically, talent acquisition and hiring managers had separate roles, with the latter making the final decisions. “Now talent acquisition is positioned as a strategic partner with hiring managers. No longer are we considered just recruiters who mine resumes,” Welch says.

With the goal of leveraging relevant quantitative information about applicants, the EBSP goes beyond standard hiring procedures that consider certification, experience, and performance in standard interviews. Mercy Health wanted to make it possible for talent acquisition specialists to consult quantitative information at different stages of the hiring process to sort and narrow applicant pools in ways that maximize quality.

Design, Implementation, and Validation

From the beginning in 2010, Mercy Health’s leaders supported the hiring process redesign. Tom Karel, then Vice President of Human Resources at Mercy Health Saint Mary’s, made a significant investment of time and resources to work with an independent consulting firm, Metrics Reporting Inc., to design and implement the process, as well as to collect data and validate its effectiveness. Because validation would require years of data collection and analysis before return on investment could be calculated, the early



REUBEN MCRAE, ENVIRONMENTALIST II

enthusiasm and support of Mercy Health leadership was a critical part of getting the EBSP off the ground.

Redesigning the selection process from the ground up required significant labor, including organizing all of Mercy Health’s individual job codes into coherent, defensible job families. They leveraged publicly available resources from the U.S. Department of Labor (e.g., Standard Occupational Classification [SOC] codes and O*NET data).¹ They reviewed occupational titles, occupational definitions,

1. The Occupational Information Network is a free online database developed by the U.S. Department of Labor that provides extraordinary amounts of occupational information to help students, jobseekers, businesses, and workforce development professionals understand the world of work in the United States. It includes, for example, information on skills and knowledge required for jobs, interests and values related to the work, education or licensing requirements, physical and social characteristics of the work, and labor market information.

Cognitive Elements	Character Elements	Evidence-Based Selection Process
<ul style="list-style-type: none"> > Judgment and Decision-Making > Critical Thinking > Reading Prose (procedures) > Reading Documents (charts, graphs, forms) > Math (quantitative reasoning) 	<ul style="list-style-type: none"> > Overall Job Fit (personality and behavior) > Recruiter SIG (perception, service orientation, active learning and office administration) > Manager SIG (time management, influence, teamwork, critical thinking) > Reference Checks (360 Blind Reference) 	<p>Hiring Requirements</p> <ul style="list-style-type: none"> > Credentials > Critical Thinking and Problem-Solving > Character—Behaviors and Personality Factors > Structured Interviews > Reference Checks

educational attainment, and wage data for each code to make sure that similar jobs were grouped into logical job families. After carefully considering this data, Mercy Health finally grouped its 1,168 idiosyncratic job codes into 22 O*NET-aligned, data-rich job families that cover over 95 percent of all healthcare jobs. Metrics Reporting and Mercy Health have made these generalized job families public, through their work with the nonprofit Hope Street Group and their national Health Career Pathways Network, which makes this process much easier for other organizations seeking to implement similar procedures.²

Analysis and Selection

To summarize how the EBSP works, Mercy Health starts with job analysis to understand the most important occupational and foundational competencies for each job family and uses this information in their interview and selection process. Assessment of cognitive competencies and character competencies—in addition to scored interview guides and a 360 double-blind reference report—measure perception, service orientation, active listening, office administration, time management, influence, teamwork, and critical thinking. All applicant data is carefully collected to assure that the process is

fair and objective. The reliability and validity of the selection process confirmed through Mercy Health’s annual job performance evaluations.

The evidence provided by the EBSP makes all the difference. “Having the measures provided by EBSP gives Talent Acquisition Specialists the confidence they need to advocate for high-quality candidates,” Welch says. The EBSP is a compensatory system, which means that no one thing can knock out a candidate. For example, a great candidate may not give his or her best interview when it counts, but by combining the interview with a half dozen other measures, the team gets the data they need to make the right decision, even if the candidate had a bad day. By the same token, if a candidate knows how to talk a good game in the interview but the other measures indicate he or she isn’t a good fit, the EBSP leads to the right decision.

An Objective Approach

Compensatory systems reduce the ability of bias to affect an outcome. As Lead Regional Talent Acquisition Specialist Julie MacFarland explains, Talent Acquisition now focuses on evidence-based preliminary evaluation. Hiring Managers still make final decisions but they are presented only with

2. Hope Street Group. “The Health Career Pathways Network.” Accessed May 8, 2017. hopestreetgroup.org/impact/jobs/hcpn.

Mercy Health's EBSP Toolkit

After years of continuous improvement, the optimized selection process uses a compensatory decision method that includes the following seven predictors of job performance (in addition to requiring standard job-related credentials):

1. **Prose Reading**—Assessments that measure the reading of procedures, training texts, and emails
2. **Document Reading**—Assessments that measure the reading of charts, graphs, and forms
3. **Quantitative Reasoning**—Assessments that measure basic math skills
4. **Overall Fit Index**—Based on a subset of 15 personality facets that relate to job performance
5. **Recruiter Structured Interview Guide (SIG)**—Scored questions on: (a) initiative and perseverance, (b) customer service, (c) flexibility and resilience, and (d) continuous learning
6. **Manager SIG**—Scored questions on: (a) responsibility and accountability, (b) teamwork and citizenship, (c) problem solving and ingenuity, and (d) influencing others
7. **Reference Checks**—The overall score from SkillSurvey® references.

A competency-based selection system is only as good as the instruments that measure the competencies. For predictors one through four, Mercy Health worked with Educational Testing Service (ETS) and acquired assessments based on the same highly predictive tests the U.S. military uses for selection. Together, these seven scores are normalized and averaged to provide the recruiters with a five-star rating scale that indicates the overall fit of a candidate to the job family requirements.

top candidates, and they have confidence that each candidate is a good fit. "There is a consistency that governs the process so that every decision is governed by fair and objective evidence. No one makes "gut" decisions, and it is not sufficient to say "he or she really wowed me!" These procedures combat bias, both conscious and unconscious, by giving hiring managers and talent acquisition specialists the evidence they need to advocate, when necessary, for underrepresented individuals. All employees, from frontline occupations through pharmacists, go through the application process—which has produced more than 10,000 external hires in under five years.

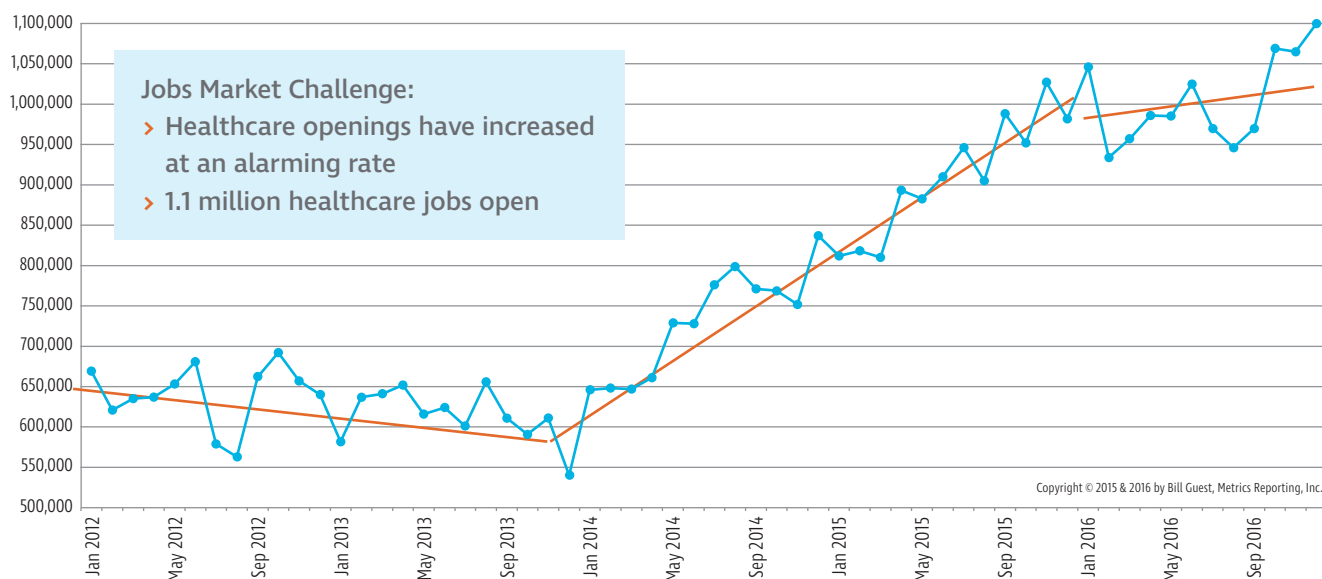
Results and Insights

The job analysis process yielded unexpected insights about the day-to-day work of Mercy Health colleagues. You might think that the key competencies for Environmental Services (EVS), for example, are related to those that contribute to keeping the hospital clean and safe. However, during the job analysis of EVS responsibilities, Mercy Health realized the need for bedside skills. Tim Wilson, of the EVS team, understands the importance of these skills saying, "Keeping things clean is important, but the interaction with patients and families is an important part too—the most gratifying part." As Welch explains, EVS plays a crucial customer service role, representing the hospital as a whole and often making the first impression on visitors.

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U.S. Healthcare Job Openings Trends 2012-2016



relationships with the patients they interact with. This has a financial impact through reimbursements tied to higher HCAHPS (the Hospital Consumer Assessment of Healthcare Providers and Systems—a patient satisfaction survey required by the Centers for Medicare and Medicaid Services) scores and it has an equally measurable impact on metrics like employee engagement and satisfaction.

The ultimate result of the EBSP design was the development of a harmonized list of competencies that synthesizes tasks from O*NET with competency frameworks from professional credentials, licensing standards, and job descriptions.

Developing a Regional Talent Pipeline

Mercy Health envisioned how the education and training providers could use the harmonized set of competencies to improve and align competency models across the region. In a loose labor market, the EBSP allowed

Mercy Health to establish a competitive advantage by hiring the best available talent; but in tighter markets, developing a regional talent pipeline quickly emerged as the only viable long-term solution. As Regional Senior Sourcing Specialist



MERCY HEALTH

Career Portfolio Submission Form

Name: Date of Submission:

Email: Phone:

Applying For (check all that apply): BOC ES MA NS PCA PLB

#1 Workforce for Cognitive Ability Assessment Scores (or NCRC)	330 Prose	345 Doc	390 Quan	NCRC	4 Reading	4 LI	4 Math
#2 Workforce for Job Fit Assessment Score	85 Score						
#3 Skill Survey Prep (Attachment) Attach to email as "LNameFName-SkillSurvey.pdf"							
#4 Structured Interview Practice Completed	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	#5 Release Form (Attachment) Attach to email as "LNameFName-Release.pdf"				
#6 Career Pathway (Attachment) Attach to email as "LNameFName-Pathway.pdf"	#7 Resume & Cover Letter (Attachment) Attach to email as "LNameFName-Resume.pdf" and "LNameFName-CoverLetter.pdf"						
#8 Typing Proficiency Can type 30 words per minute	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	#9 ICHAT Completed (or equivalent)				
#10 Previous Mercy Health Employment/App (Completed by MWA)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						

Candidate has not previously been employed or applied for employment at Mercy.

WEST MICHIGAN WORKS! SCREENS AND RECOMMENDS CANDIDATES

Kelly Wilczak says, “aligning the development of that pipeline with data gathered from EBSP was the essential next step.”

Mercy Health engaged consulting partners to create a Career Portfolio system to be used by local community colleges, West Michigan Works! workforce agency, and other partners to build their regional talent pipeline. The Career Portfolio consists of several evidence-based measures such as assessment scores and structured interview preparation in connection with standard jobseeker practices such as resumes. Another critical piece of the portfolio is the career pathway outline in which jobseekers outline their career progression goals and the education/ resources needed to achieve each position in their career pathway. Establishing agreement on the required elements of the Career Portfolio allowed employers, educators, and training providers to align “signals” between themselves and individuals seeking a healthcare career. These conversations led to the launch of the Health Careers Council, an employer-led initiative. The alignments among community partners optimized existing pathways and led the Council to consider implementing new pathways using joint resources.

Launching a Medical Assistant Apprenticeship

In 2015, Mercy Health developed and launched a U.S. Department of Labor–registered MA apprenticeship program with three community college partners from the region. With 17 years of experience with Mercy Health, Kaslena Hussey, HR Business Partner of Mercy Health Muskegon, has been a primary driver behind the approval of the MA apprenticeship. Midway through 2013, the shortage of MAs was clear. Physicians were calling for a solution and, on top of that, Medicare and Medicaid had made a nationwide request that MAs become certified. Hussey wanted to get the program for certified MAs up and running in Muskegon by 2014 to answer the need.

The program balances the employee’s time between school and work. Apprentices spend two days a week in class and three paid eight-hour days working in a physician’s office for 11 months. This arrangement allows apprentices to earn a paycheck

and benefits while they learn. The first cohort of apprentices had 70 percent of tuition covered by grants, Workforce Innovation and Opportunity Act (WIOA) funding, and scholarships, with Mercy Health covering the remaining 30 percent. Unlike the standard MA education and clinical training model, the apprenticeship model gives students the opportunity to immediately apply what they learn in the classroom to the workplace while

The Braided Funding Strategy

Pursuing a Registered Apprenticeship model with community partners can open broader funding opportunities. Mercy Health’s organizational goals include good stewardship of their finances, and it worked with community partners to establish the following:

- › Understanding of support needs for individuals
- › Awareness of community partners providing support services
- › Next steps required to provide seamless support to individuals
- › Identification of a backbone agency that will lead the braided funding efforts and coordinate support from various sources

As a result of this discussion, the community partners identified multiple sources of available and renewable funding, including:

- › Skilled Trades Training Funds from the Michigan Workforce Development Agency (\$3,000 per apprentice)
- › Individual Training Accounts for WIOA-eligible participants (up to \$6,000 per apprentice)
- › Customized and Incumbent Worker Training for WIOA-eligible participants (up to \$25,000 per employer)
- › FASFA federal financial aid (up to \$5,775 per student)
- › On-the-job training (average \$1,000)
- › Registered Apprenticeship Veterans Employment RAVE (up to 100,000)

earning a paycheck. They also receive regular wage progressions tied to education benchmarks, and often graduate with zero debt. Upon completion of the program, apprentices are eligible to sit for the Certified Medical Assistant or Registered Medical Assistant exams.

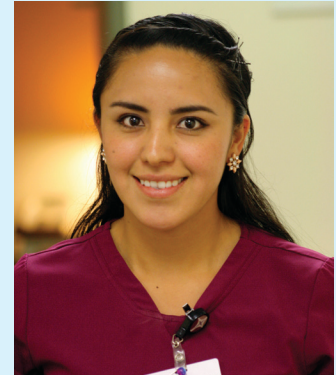
Mercy Health had specific populations they wanted to enroll: marginalized communities, those who have multiple barriers to employment, and individuals who would not otherwise have the resources to pursue a college education. Mercy Health wanted to enroll people for whom this opportunity would help remove barriers to successful employment and positively impact their economic well-being. "You would think people would jump at the opportunity to receive paid education, support, and on-the-job training," Hussey says, "but it was a struggle." Over time they learned that outreach efforts needed to move beyond community college referrals and TV or online advertising. Reaching the target populations required getting involved with community organizations, churches, and other partners.

With a background in education, Resource Pool Supervisor at Mercy Health Muskegon Diane Goryl led the clinical side of the apprenticeships in Muskegon and emphasizes the value of the blended education and training apprenticeship model. "It's really important to introduce students slowly," she says. Students are usually unfamiliar with healthcare when they start, and employers must give them time to learn about their colleagues, the organization, and its policies. It's important to find ways to let students get familiar and comfortable in the clinics while they practice what

The MA apprenticeship helps assimilate individuals to the organization, and rotation through the different locations helps individuals identify the place they fit best.

TERESA BELTRAN, one of the first MA apprenticeship graduates, knew she wanted to make a move to a career in healthcare but had no clear idea of how to get there. The MA apprenticeship offered a way to start her education and a career.

Reflecting on study groups for classes with her fellow apprentices, and the personal guidance she often got from the Resource Pool



Supervisor, Beltran credits her success to the support she received from others. She thinks that beside mentorship and financial support, it is important to consider the emotional support provided by families. Family may not understand just how much work a one-year apprenticeship requires, so outreach to families of students can be a great help. Upon graduation, Beltran was selected by the physician she apprenticed with to work full time at the office.

they learn and gradually work toward those crucial interactions with patients. The blended model also allows preceptors to offer guidance to students during difficult portions of the education. Goryl remarks, "It's not very often that your boss has the opportunity to go through your schoolwork or help you organize your studies."

Working in collaboration with the community, Mercy Health expects the MA apprenticeship model to be financially feasible. Overall, the total cost per apprentice for cohort 1, including tuition, books, wages, and benefits, was \$23,941. Mercy Health paid wages and benefits. For cohort 1, community funding covered 70 percent of the education costs and Mercy Health covered the remaining 30 percent.

“The CHEST program supports our culture of continuous learning. It gives our colleagues something to aim for, and a sense of pride in achieving it.”

—Kent Miller

Director, Environmental Services, Mercy Health Saint Mary's

In cohort 2, braided funding from community partners covered 100 percent of the education costs. While Mercy Health does not yet have strong data on how the MA apprenticeship affects turnover, the strategic consideration is that the MA apprenticeship helps assimilate individuals to the organization, and rotation through the different locations helps individuals identify the place they fit best. With the average cost of turnover estimated to be \$26,769, investment in MA apprentices are expected to lower turnover and result in overall savings.³

The Program for Certified Health Environmental Services Technicians (CHEST)

Creating a regional talent pipeline that produces qualified candidates for hire is only half the story. Once in the organization, Mercy Health wants their employees to flourish and advance. One of the ways Mercy Health invests in the development of frontline employees is to provide opportunities and support as they obtain certifications leading to new skills, better pay, or advancement along a career pathway.

Bill Manns, President of Mercy Health Saint Mary's, remembers getting the call from EVS Director Kent Miller about the opportunity to offer the CHEST program to incumbent environmental services technicians. The strategic goal was clear: “CHEST program supports our culture of continuous learning. It gives our colleagues something to aim for, and a sense of pride in achieving it.” Further, EVS impacts

Meet **DIANA DURST, GREG KOLENDA, TIM WILSON**, 3 CHEST Graduates Tim and Diane were hired into Mercy Health three years ago, and Greg joined just about a year and a half ago. All of them have earned the CHEST credential. They say that earning the credential, which emphasizes procedures as well as professional behaviors, makes them more well-rounded as employees. They feel they are keeping patients safer and more comfortable. “It enhances what we know and gives us new things to apply in the job,” Diane says. Tim adds that the CHEST program shows that Mercy Health cares about you, “they’re investing in you, and you know that they see you as a human and want to see you grow.” Diane agrees, so much so that five of her family members have come to work for the hospital as well!



TIM WILSON WITH THE NURSE WHO NOMINATED HIM FOR THE FRIEND OF NURSING AWARD

“They’re investing in you, and you know that they see you as a human and want to see you grow.”

—Tim Wilson

CHEST Graduate

3. The average cost of turnover of \$26,769 is based on an extensive study performed at Saint Mary's with Towers Perrin and System Office HR leadership in 2009. The \$26,769 amount is obviously too high for EVS and NS job families and too low for the RN job family. However, the number is considered accurate for the overall mix of job families.

From the moment you begin planning a program, you have to begin determining the measures of success.

—John Schwartz

Regional Vice President, Chief Human Resources Officer

patient quality of care and safety—“one of the most important roles in the hospital.” For example, the hospital’s scores on the HCAHPS are crucial for reimbursements, and good relationships between EVS and patients leads to higher scores for cleanliness. The CHEST program offers an opportunity to move the needle on these strategic goals.

Miller was one of the original experts that helped develop the national CHEST credential, so starting a program for his employees was natural. Employees who earn the CHEST credential meet predetermined

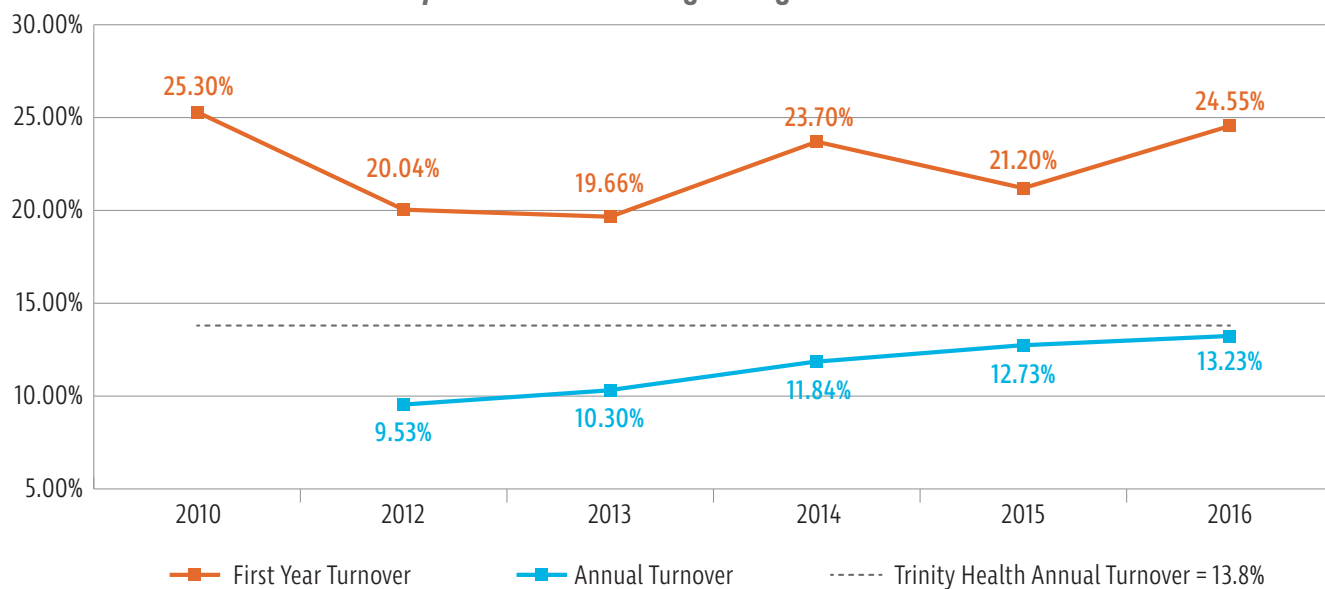
criteria for safety, public health, and patient protection. The online CHEST learning modules teach frontline employees not just the how, but also the why, of their jobs. The instruction is in English and module materials are written at the eighth-grade level. Kent takes the time to make sure all participants understand the concepts, and Mercy Health has made interpreters available for Spanish-speaking colleagues during examinations.

Mercy Health supports employees who want to earn the CHEST credential by offering paid time as they complete the learning modules, usually before or after a shift. They also committed to covering the cost of the exam for the first 50 employees and providing a \$1 per hour pay raise to each employee who earns the credential.

Analyzing Metrics and Assessing Impact Key Metrics for the Evidence-Based Selection Process

As they use the EBSP, Mercy Health is collecting longitudinal data to validate that the system is measuring the competencies that predict job performance. Selection data—including cognitive

Mercy Health West Michigan Region Turnover Rates



Performance Outcome:
Quality-of-Hire
 > Fill 3,100 positions/year

> First-year turnover from 25.30% baseline in 2010 to 19.66% in December 2013

> Holding first-year turnover below 25% in tight market

assessments, character assessments, and structured interview questions—is correlated with job performance data to confirm the validity of each element in the selection process. This analysis enables them to determine the data elements that are most predictive of job performance, and that data becomes the basis for continuous improvement over time. Mercy Health regards this careful focus on job performance as responsible for positively moving the needle on key organizational outcomes.

Regional Vice President and Chief Human Resources Officer John Schwartz notes that Mercy Health has heavily invested in lean practices over the last five years. One of the principles, he says, is that “you can’t advance what you can’t measure. From the moment you begin planning a program, you have to begin determining the measures of success.” Mercy Health chose to focus on five key metrics to assess the outcomes of the EBSP. These metrics and their value to the organization are as follows:

1. Reduced **first-year turnover** is evidence of better talent selection and on-boarding, and has a clear, calculable financial impact.
2. Reduced **annual turnover** is evidence of improved development and engagement.
3. Reduced **time to fill** is evidence of better talent planning, sourcing, and selection.
4. Increased **diversity** is evidence of community engagement and fair and objective selection decisions.
5. Higher **employee engagement** is complex but influenced by good job fit and a sense of growth opportunities. It depends upon selection and development of employees, managers, and leaders.

Historically, Mercy Health has had incomplete information on frontline worker advancement because programs were decentralized. As a part of these recent efforts, however, a new workforce metric, Advancement of Entry-Level Workers, has been added to the Mercy Health Workforce Analytics monthly report.

Organizational Impact of the Evidence-Based Selection Process

The Mercy Health Regional Talent Acquisition team fills over 3,100 positions per year, with more than 1,200 internal transfers and 1,900 external hires, and they track and report detailed performance metrics each month. Using 2010-2011 baseline data, Mercy Health has achieved the following key performance improvements:

- First-year turnover was reduced from a baseline of 25.3% down as low as 19.66% in 2013, and it is currently holding below 25% in today’s tight market.
- Time to fill was reduced from a baseline of 37 days to 31 days.
- Hiring diversity (non-white new hires) increased from an 18% baseline to 38% in 2016. By comparison, the West Michigan region is 21.6% non-white.
- Increased workforce diversity is up from 13.4% non-white in 2010 to 20% in 2016.
- Finally, there is the overall financial impact. Having calculated the average cost of turnover for an individual employee at \$26,769, reduction in turnover alone has led to significant savings.

Shana Welch emphasizes that it took patience and trust to develop this program and stick with it long enough to produce solid performance data. There



MARIA VALLES, ENVIRONMENTALIST

were hurdles along the way, but now the process is widely accepted as part of the hiring culture. For example, during a recent transition in which the organization switched from one assessment vendor to another, the system was inoperable. Both EVS and Nutrition Services departments had gained such confidence in the frontline employees they had hired through the EBSP that they chose to slow down their hiring until the transition was completed. They wanted to make sure that all the evidence they could gather informed their decisions. The business case for continuing the program is well understood and supported by leadership. Welch says, "The data just doesn't lie."

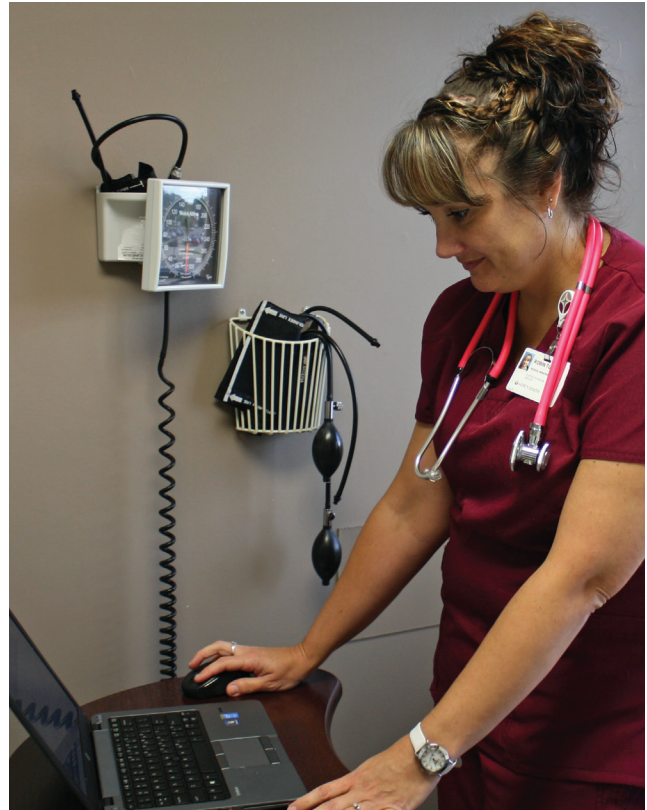
Early Impact of the Medical Assistant Apprenticeship and CHEST Program

Since both the MA apprenticeship and CHEST program have relatively small numbers of participants, limited data exists. Nevertheless, measures of success have been identified and reveal positive results.

Regionally, Mercy Health hired 19 apprentices from the first cohort starting January 2016. In December of that year, 16 graduated the program and 14 transferred to full-time MA positions. The second MA apprenticeship cohort yielded 16 new hires. Mercy Health will be assessing performance and calculating their return on investment by comparing pre- and post-apprenticeship rates for time to fill, turnover, retention, and diversity. In collaboration with other community partners expanding this successful model, Mercy Health will launch three new apprenticeships for other occupations in 2017.

The impact of the CHEST program will be measured to justify further investment as well. Tracking HCAHPS scores, incidence of HIPAA violations, incidence of hospital-acquired infections, and employee engagement scores will all be illustrative of impact on Mercy Health's organizational goals. They know already that HCAHPS scores related to EVS have risen to just shy of the 84th percentile. They are aiming for the 90th percentile, but even now Mercy Health Saint Mary's is one of the highest-scoring Trinity Health locations. Altogether 28 employees have earned their certification, and a

new cohort of 10 is training now. Tools like Workday will also be used to track comparative rates of advancement or exit of those who do or do not possess certification. Three certified staff have already advanced to roles in different departments.



ROBIN TUFTS, MEDICAL ASSISTANT APPRENTICESHIP GRADUATE



TERESA BELTRAN, MEDICAL ASSISTANT APPRENTICESHIP GRADUATE

CONCLUSION AND BEST PRACTICES

Advancing frontline workers helps healthcare organizations do good and do well. As proven by Mercy Health, West Michigan, frontline investments transform workers' lives and help organizations meet critical business goals, reduce costs, and deliver higher-quality care. Mercy Health demonstrates how strategic workforce investments with clear measurements of success are essential to making the business case—not only to generate good evidence, but to ensure that programs are sustainable.

The success of the EBSP has given Mercy Health leadership the confidence to continue investing in frontline workers to explore new ways to help individuals advance in the organization. While EBSP has produced a workforce at Mercy Health that reflects the community it serves, leadership recognizes that more is required to build internal pathways for workers to reach greater opportunities. As Bill Manns, John Schwartz and Shana Welch all affirmed, Mercy Health wants to see wage equity within the organization go above and beyond the workforce equity they have achieved. As internal pathways are further developed to help incumbent workers advance to higher wages, Mercy Health will no doubt draw on their EBSP experience to make the business case for continued investments in frontline workers.

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There is no “one-size-fits-all” model for healthcare providers to effectively invest in their frontline workforce, but there are both programmatic and organizational practices common to the most successful employer-based programs. CareerSTAT has identified 25 key elements in its *Guide to Investing in Frontline Healthcare Workers*. Mercy Health exemplifies the following industry-tested practices.

Alignment with Organizational Priorities

Mercy Health's organizational commitment to increasing the diversity of their workforce and reducing turnover gave Talent Acquisition the time and resources needed to redesign their selection process and reduce hiring bias. Their EBSP is an exemplary practice that demonstrates the impact employers can have when their workforce investments align with organizational priorities.

Recruit from the Community and Evidence-Based Hiring

At the core of Mercy Health's evidenced-based selection and hiring process is a commitment to hire from the community it serves. While improving the quality of new hires and reducing first-year turnover, the new process incorporates assessment of cognitive skills, behavioral skills, and professional references to ensure a fair and objective hiring experience. The evidence-based hiring process has resulted in an increase of 11 percent minority hires and reduced time to fill open positions from 37 days to 31 days. First-year turnover rates have dropped from a baseline of 25 percent to 19 percent in a three-year period.

Making Career Advancement Accessible

The CHEST training program and the MA apprenticeship help frontline workers gain critical competencies needed to access and advance in healthcare careers. Employees are given the opportunity to gain new knowledge and learn new skills, and are rewarded with a wage increase to reflect their increased value to the organization.

Form Industry Partnerships with Other Employers

To develop several initiatives, including the MA apprenticeship, Mercy Health worked with other healthcare employers and community partners in the region. To expand its talent pipeline, Mercy Health engaged with local community colleges, a workforce agency, and others to develop a Career Portfolio system. This long-term investment with community partners resulted in the launch of the West Michigan Health Careers Council, an employer-led initiative aiming to introduce nontraditional students to careers in healthcare.

Implementation Resources for Other Providers

Mercy Health's work has been widely recognized and there are a number of ways that organizations seeking to produce similar results can learn more and get involved.

Mercy Health and their community partners worked with consultants from the National Career Pathways Technical Assistance Center to develop career pathways around EBSP tools and processes. These consultants have produced a series of guidebooks centered on this work.

- The *Stakeholder Guidebook* offers step-by-step guidance for creating local and regional initiatives around demand-driven, evidence-based career pathways. This guidebook facilitates the general discussions regions need to have to organize a sector strategy shared by employer, educator, and workforce partners.
- The *Career Navigation System Guidebook* offers guidance for workforce practitioners that defines and specifies components of demand-driven,

competency-based career pathways. It advocates using EBSP tools and processes to inform career coaching and career portfolios in particular.

- The *Talent Excellence System Guidebook* is an introduction to Talxcellenz® processes and tools for job analysis and validation to support competency-based career pathways. Much of the work Metrics Reporting, Inc. did to organize and leverage data from O*NET can now be done on a website they created, and this guidebook explains how to use it.



CareerSTAT, a national network of healthcare leaders, is committed to helping more organizations develop programs, infrastructure, and culture to advance their frontline workforce by offering peer learning opportunities and resources to organizations just starting or scaling their own frontline investments. Supporting almost two dozen healthcare partnerships in 20 communities, CareerSTAT's Frontline Healthcare Worker Champions roster of successful programs and organizations documents best practices in the *Guide to Investing in Frontline Healthcare Workers*; it hosts an Employer Academy and offers technical assistance to organizations to develop, implement, scale, and measure frontline investments.

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