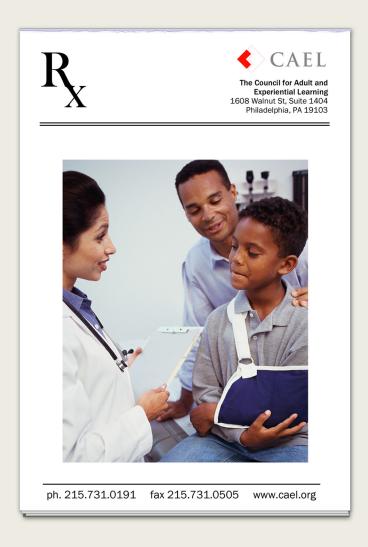# Employee Development:
A Prescription for Better Healthcare

Exemplary Practices of Employee Learning and Development in Healthcare Organizations

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◆ CAEL

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Experiential Learning**
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The Experience of CAEL in Healthcare Learning and Development

CAEL (The Council for Adult and Experiential Learning), a thirty-year-old organization dedicated to advancing lifelong learning opportunities for adults, is pleased to present this report on exemplary practices in employee learning and development for healthcare organizations. This work, supported with a grant from the U.S. Department of Labor, is a natural outgrowth of two areas of CAEL's experience. Since 2001, CAEL has conducted research with Chicago area employers to identify and recognize exemplary practices in employee learning and development programs. Workforce2.0, as the initiative is known, is the model upon which this healthcare research was based.

In addition, CAEL has also been developing a strong consulting practice in the healthcare industry, particularly addressing the issue of critical skill shortages and developing learning initiatives using career ladders and lattices. Some of our work in healthcare includes:

- **Creation of a five-site pilot of an apprenticeship-based CNA to LPN program, the other component of this DOL-funded project**

- **Advising the Life Science Career Alliance in the Philadelphia area on addressing critical skill shortages through the development of career ladder programs**

- **Consulting with Kentucky regional action teams on designing strategies to respond to healthcare shortages in several locations**

- **Consulting with the University of Pennsylvania Health System on an e-learning initiative**

- **Piloting our Lifelong Learning Account (LiLA) demonstration in San Francisco with four area healthcare employers**

More information about CAEL and many of the projects listed above can be found at **www.cael.org**.

For additional information about this study and how to use the exemplary practices model in your organization, please contact Phyllis Snyder, Vice President of CAEL, at psnyder@cael.org.

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Introduction

Lesa grew up in a blue collar family and was the first in her family to go to college. After earning her Associate's Degree in nursing, she started her career as a nurse and unit clerk at St. Alphonsus Regional Medical Center. A family move required her to leave that job, but she returned a few years later to take a job as a quality assurance analyst, reviewing medical records for the medical staff's peer review program. Her supervisor, a vice president with the medical center, encouraged her to go back to school. The organization paid for her education, which resulted in her earning a Bachelor of Arts in Communication and Master's in Instruction and Performance Technology. With these credentials, Lesa has been able to advance to the position of director of organizational effectiveness and learning, where she is a passionate advocate for employee learning and development.

St. Alphonsus played an active role in Lesa's professional development and educational pursuits. When she was in a lower-level position, her supervisors encouraged her to gain new credentials. Not only did the organization pay her way in earning an advanced degree, but it rewarded that effort with new responsibilities and higher level positions. The organization gave her access to professional guidance in planning her career and individual development, while giving her on-the-job experience to learn informally and access to learning programs that are offered online for greater convenience.

The organization's investment and encouragement in her learning are paying off for both Lesa and for St. Alphonsus. She has advanced in her career, and the organization has gained a higher skilled employee who knows the organization and how important it is for employees at all levels to receive encouragement to improve their skills.

In response to a variety of challenges, many healthcare organizations across the county are taking paths similar to St. Alphonsus's, using employee learning and development as a strategy to improve the skills of their workforce, retain and advance their own employees, recruit new talent, and support the changes necessary in this environment of new technologies and regulations and changing patient demographics.

In this report, CAEL showcases eight exemplary practices of healthcare organizations in employee learning and development, why these practices are used, and their results. The programs we profile are helping organizations to address critical workforce shortages while supporting larger organizational changes. They are helping both individual employees and the organizations reach their goals.

Our intent is to identify and share exemplary practices that apply to a wide range of healthcare organizations, including hospitals, hospital systems, long-term care facilities, and healthcare clinics, focusing in particular on the development of the non-physician workforce. These

practices can serve as a guide to other organizations who are facing similar issues of employee and skill shortages, succession planning needs, and diversity concerns.

Following a summary of the various issues and challenges facing healthcare organizations today (Section II), the report provides an overview of the eight exemplary practices (Section III), describes the organizations we interviewed and visited (Section IV), and details examples of each of the practices in turn (Sections V-XII). The report then examines the ways in which seven healthcare organizations took a comprehensive approach to employee learning and development by carrying out the various exemplary practices simultaneously (Section XIII). The individual case studies are followed by observations on applying the exemplary practices model in other organizations.

Workforce Challenges Facing Healthcare Organizations Today

Twenty first century healthcare organizations are vastly different operations than they were even five or ten years ago. Rapid advances in biotechnology, information technology, treatment protocols, diagnostic tools, and pharmaceutical options have allowed for great advances in care. Despite all these improvements, healthcare organizations know that it is still the people, members of the healthcare workforce, that have the greatest impact on patient care and that make the whole system work. The workforce is also the largest cost to healthcare organizations: the Centers for Medicare and Medicaid Services (CMS) have found that wages and benefits account for 56.7% of all hospital costs (PriceWaterhouseCoopers 2003).

Growing Skill Needs

The various advances in healthcare have raised the skill level that is required of the entire healthcare workforce. Healthcare employers are now more likely to seek RNs with Associate's or Bachelor's Degrees than LPNs, and certification requirements for all positions are growing. The Institute of Medicine's "Crossing the Quality Chasm" report detailed the various ways that the healthcare system has fallen short in terms of quality care and noted that, "If the health care system cannot consistently deliver today's science and technology, we may conclude that it is even less prepared to respond to the extraordinary scientific advances that will surely emerge during the first half of the 21st century." Part of the solution is to "manage the growing knowledge base and ensure that all those in the health care workforce have the skills they need." (IOM 2001).

Looming Shortages

Workforce shortages are a particular challenge, as healthcare organizations are finding it increasingly difficult to fill key positions such as nurses, radiologic technicians and other allied health jobs. Much publicized is the projected shortage in nurses, which was estimated at 6% (or 110,000 individuals) nationally in 2000 and is expected to increase to a 12% shortage by 2010 and a 29% shortage by 2020 (HRSA 2002). This shortage is expected in part because of increased demand due to a growing population, a larger proportion of elderly persons, and medical advances that heighten the need for nurses.

In a survey sponsored by Hospitals and Health Networks and the Medical Group Management Association, 86% of hospital executives who responded said that they were experiencing staffing shortages and that employee recruitment, training and development is one of their top five issues of concern (Thrall 2001). In a study of the nursing home industry in California, administrators and staff said that the "largest obstacle to delivering high quality care was the need to constantly accommodate vacancies from staff turnover and a revolving door of new staff (Harahan et al 2003).

Other Issues

At the same time, the supply of nurses is decreasing because of the large number of the current nursing workforce that is leaving the profession (due to retirement as well as personal choice) and because the enrollment in nursing programs is not keeping pace with the growing demand. In the not-so-distant past, enrollment did not meet demand largely because hospitals were not appealing to prospective employees, compared to other work settings (ASHHRA 2001). More recently, however, enrollments in entry-level baccalaureate programs in nursing have increased dramatically – more than 16% from 2002 to 2003, according to the American Association of Colleges of Nursing. The constraint that is now preventing nursing schools from meeting demand is related to capacity. In 2003, more than 11,000 qualified students were turned away from baccalaureate nursing programs due to limited numbers of faculty, clinical sites, and classroom space (AACN 2003).

Long term care organizations, meanwhile, face the challenge of filling Certified Nursing Assistant positions, which are often seen by current and potential employees as unappealing jobs to hold. In many settings, these workers feel that they are undervalued, treated poorly by supervisors, and/or provided with little incentive to remain in such a demanding occupation. The Paraprofessional Health Care Institute reports that, as a result, the best workers often choose another occupation that offers greater rewards in terms of salary, benefits, working conditions, or respect (PHI 2003).

Another demographic change of concern to healthcare administrators is the growth in the diversity of the general population, with much of the higher-skilled healthcare workforce not reflecting this diversity. Studies have shown that when the staff knows the language and cultural mores of the population they serve, they offer a more complete and effective kind of care (Pew 1998).

Compounding the staffing and skills issues are other concerns facing healthcare organizations, such as reimbursement rates, safety and other regulations, and heightened competition.

Importance of Learning and Development for Solving These Issues

To address workforce shortages, skill shortages, diversity needs, and rising cost pressures, healthcare organizations are increasingly turning to employee learning and development strategies for the non-physician workforce. Until recently, relatively little attention was paid to the recruitment, advancement and retention issues of this group. Now, however, the changing organizational needs require new approaches.

Healthcare organizations are developing career ladder programs that help attract new workers and move incumbent workers up to higher skilled jobs. They are providing on-site degree programs for high demand jobs that are typically free-of-charge to employees and, in some cases, offered on the employer's time. They are finding ways to make learning a part of the organization's culture so that employees are motivated to participate in learning activities and are aware of how new skills and credentials can help them advance their careers internally. And they are using technology and forming partnerships with educational institutions to help them meet their organization's learning goals. Above all, these organizations recognize that learning and

development are critical tools for helping the organizations achieve their business goals by enhancing their ability to recruit and retain a qualified workforce.

While learning and development have become important strategies for changing some organizations and helping them succeed, many organizations are just getting started. In fact, a 2001 survey of healthcare senior managers showed that many feel ill-prepared to deal with these workforce issues (Thrall 2001).

Overview: A Model of Exemplary Practices for Employee Development in Healthcare Organizations

In 2002, CAEL produced a report on exemplary practices in workforce development in Chicago, looking at practices used across all industries. *WorkforceChicago2.0: Advancing Corporate Excellence Through Exemplary Practices in Employee Learning and Development* identified the exemplary practices in employee learning and development that emerged from our study of more than 46 organizations nominated by their peers.

Although the 2002 model of exemplary practices applies to many industries, CAEL recognized the need to adapt it to the healthcare industry's specific environment, concerns and issues, including: the challenges posed by staff schedules to participation in learning activities, ever-changing certification requirements, and the differing educational benefits that are typically offered to the various categories of staff (physicians, nurses, allied health, and non-clinical staff.)

For healthcare, CAEL was able to build on our *WorkforceChicago2.0* research, adapting our list of exemplary practices to directly apply to healthcare organizations. To do this, we drew from a number of resources such as a review of research literature on the healthcare workforce, results from a national survey of 48 healthcare organizations, in-depth phone conversations with 16 healthcare administrators, and site visits to seven representative organizations. The seven organizations we visited have been successful in developing a comprehensive approach to employee learning and development, where the importance of incorporating good learning practices supports organizational effectiveness. During the site visits, researchers met with learning staff, executive leadership (in most cases, this included the CEO), managers, and focus groups of employees at all levels of the organization. For more information on the methodology, please see Appendix B.

From this research, elements of a comprehensive approach were identified as exemplary due to their importance in helping healthcare organizations reach their organizational learning goals and meet workforce needs, both now and in the future. These practices are:

1. **Leadership Promotes Education and Training Through Vision and Commitment**
   The CEO and senior management are driving forces in elevating the importance of learning and development. They communicate the importance of learning through what they say and through their active involvement in the promotion and delivery of learning activities.

2. **Employee Learning and Development Are Aligned with Business Goals**
   Learning strategies support the organization's goals for the supply, composition, and competency of the workforce. Learning is positioned strategically within the organization, and there are deliberate links between organizational and individual learning goals. Learning strategies help to address issues such as worker and skill shortages, workforce diversity, patient care, and succession planning.

3. Leadership Development Is Emphasized at All Levels of the Organization

Management recognizes that leadership skills are essential for employees at all levels, and talents are developed from within the organization. This results in expanded opportunities for internal advancement and increased capacity of employees at all levels to take responsibility for their own development.

4. Structured, Individual Career Development and Growth Is Emphasized

The organization involves the individual employee in decisions around the development of career ladders and the overall learning strategies of the organization. There is a balance between meeting organizational needs and individual career goals.

5. Internal Structures Are Developed for Informal Learning and Knowledge Management

Learning strategies are embedded in knowledge management and communications systems, enhancing the intellectual capital of the organization, breaking down information and learning silos, and helping employees become knowledge workers. In healthcare organizations, structures to promote informal learning include interdisciplinary teams and structured coaching and mentoring relationships.

6. There Is Strategic Use of Technology for Meeting Learning Objectives

Innovative technologies are used to deliver, support and reinforce learning and to manage the organization's education and training offerings. Technology is used to offer flexible scheduling of learning and knowledge management.

7. Alliances with External Partners Are Central to Learning Strategy

Customized degree, certificate and non-credit programs are developed collaboratively with educational institutions to meet organizational and employee needs. The organization also collaborates with other healthcare organizations, subcontractors, vendors, and suppliers, the public sector, community based organizations, and local educational systems in developing programs for recruitment, job preparation, and short term training.

8. Assessment of Impact Is Emphasized

A mixture of measurement strategies is used to assess the impact of training and development investments which can be used in continuous improvement activities as well as to validate the investments.

In looking at the ways in which organizations operationalize these practices, we found that what makes an organization exemplary is not whether the leaders have been successful at implementing all eight practices, but rather the degree to which they have linked the practices they do implement in a sustained and comprehensive way, with the view of learning as a long term investment. These organizations design and implement initiatives that address multiple practices at the same time, approaching learning and development strategically. Organizations that do this are able to create an environment where employees are energized, committed, and focused on individual skills development, improved patient care, and customer service.

We also found that organizations that have a comprehensive approach which incorporates at least several of the practices achieve the greatest results. There is clearly a value that emerges from the synergies among the practices that reinforce and support each other.

The Organizations Profiled in This Report

The examples that we present in this report are from sixteen of the 48 healthcare organizations who responded to a national survey administered in September 2003. They are:

1. **Baptist Healthcare** Pensacola, FL
2. **Bellevue Hospital** New York, NY
3. **Ben Taub General Hospital** Houston, TX
4. **BJC HealthCare** St. Louis, MO
5. **Clarian Health Partners** Indianapolis, IN
6. **Evangelical Lutheran Good Samaritan Society** Sioux Falls, SD
7. **Huntsville Hospital** Huntsville, AL
8. **Multicare Health System** Tacoma, WA
9. **Saint Alphonsus Regional Medical Center** Boise, ID
10. **Saint Mary's Health Center** St. Louis, MO
11. **St. Clare Hospital and Health Services** Baraboo, WI
12. **St. James Mercy Health** Hornel, NY
13. **Sun Healthcare Group** Irvine, CA
14. **Truman Medical Center** Kansas City, MO
15. **University of Chicago Hospitals and Health System** Chicago, IL
16. **University of Pennsylvania Health System** Philadelphia, PA

Seven of the organizations we interviewed were chosen for more in-depth site visits. They were selected in part due to the degree in which they had demonstrated most, if not all, of the eight practices. These organizations were not equally strong in every area of practice, but they had incorporated a number of exemplary practices into their operations, and they had taken a comprehensive and sustained approach to employee learning and development. In addition, our goal was to visit organizations that were somewhat representative in terms of size, region of the country, location (urban, suburban and rural), union/non-union workforces, and type (e.g. critical care, long term care, etc.).

From the 16 organizations, we visited the following:

- **BJC Healthcare** – a 13 hospital system in St. Louis, Missouri, southern Illinois and mid Missouri, created from a series of mergers commencing in the early 1990s and completed in 1994; it employs 26,000 individual workers and includes two teaching hospitals

- **Clarian Health Partners** – a hospital system in Indianapolis, Indiana, with 9,500 full-time equivalent employees, established from a merger of several local hospitals, some of which are teaching hospitals

- **Evangelical Lutheran Good Samaritan Society (GSS)** – based in Sioux Falls, GSS is an organization with long term care facilities in 25 states and 24,000 employees nationwide, in mostly rural communities

- **St. Alphonsus Regional Medical Center** – in Boise, Idaho, with 3,300 employees, that is part of the larger Trinity Health System

- **St. Clare Hospital and Health Services** – a hospital system with approximately 650 employees in Baraboo, Wisconsin, affiliated with the Sisters of Mary Health Care (SSMHC), a St. Louis-based private, not-for-profit healthcare system in four states: Missouri, Illinois, Wisconsin, and Oklahoma.

- **University of Chicago Hospitals and Health System (UCH)** – a hospital system in Chicago with 5,000 employees that includes a teaching hospital

- **University of Pennsylvania Health System (UPHS)** – a large university hospital system, including four hospitals, out-patient treatment facilities as well as hospice and home care; the Philadelphia-based system employs over 13,000 individuals.

The examples we provide for each of the practices come from all sixteen organizations – the seven organizations we visited as well as the nine others that were interviewed over the telephone. Many of the initiatives we describe are relatively new, and in a stage of continuous improvement, evolution, and change. The organizations are continuously piloting new programs, exploring new ways of measuring outcomes, and expanding practices from the pilot stage into all units of their organizations. Many of the examples may therefore be at varying levels of depth or progress. The organizations and their employees are nevertheless very excited about and proud of their practices, and they have begun to see some great results for the organizations as well as for individual growth and development.

It is also important to note that many of the initiatives that we highlight in the following sections often touch on multiple practices simultaneously. Therefore, following the in-depth look at each of the individual practices, we showcase the comprehensive approaches taken by the seven organizations we visited.

Practice 1: Leadership Promotes Education and Training Through Vision and Commitment

In CAEL's research and experience with organizations of all sizes and across many sectors, we have found that the most important practice for any successful employee learning and development program is the active and visible engagement of the organization's leadership in promoting education and training of their employees. This finding is consistent with other research, as well as the Baldrige and ISO 9000 criteria (see Katzenbach and Santamaria 1999, Tichy 2001, and Meister 1996). The CEO and senior management are the driving forces in articulating the critical importance of learning and development and in embedding them throughout the organization as a crucial and necessary element of all activities.

The interviewed healthcare organizations believed that this is an exemplary practice for their industry as well. Leaders promote education and training in a number of different ways: they communicate the importance of learning, are directly involved in learning initiatives, invest resources into learning, and hold themselves accountable for meeting learning goals.

At the Good Samaritan Society, the "Growing Our Program" holds formal recognition for its graduates. This event enriches the pride of accomplishment for students. In addition to the Society recognition employees attend the official graduation exercise with The University of South Dakota. For many, it is not only their first graduation, but may be the first postsecondary graduation in the employee's family. The mentoring by the Center Director of Nursing, Administrator and Staff Development Coordinator symbolizes the importance of learning and career advancement to everyone at the Society. In fact, after attending one recognition event, a resident who saw the pride it engendered and understood the role of learning in the quality of care he received donated $100,000 to continue to develop the center's employees.

- from the GSS newsletter, The Good Samaritan

Communication

The Baldrige award recognizes the importance of an organization's leadership sharing information with employees about strategic objectives, while inspiring and motivating the workforce to develop and learn (Baldrige 2003). At many of the interviewed organizations, communicating the importance of individual learning to the workforce was an important role of the CEO and other executives. In these organizations, the CEO attends every new employee orientation session (e.g., UCH, St. Clare, and BJC). The purpose of these visits usually includes such goals as the CEO delivering a brief introduction; sharing the organization's mission, vision and values; and communicating the critical need to deliver excellent patient care. The CEO often stresses the importance of each employee's continuous learning and development.

Exemplary practice means that the communication of these messages continues well beyond the first week of employment. In many organizations, regular communication about organizational learning goals and opportunities are promoted in employee newsletters, quarterly course catalogues for internal and external learning programs, and included in paycheck envelopes

(e.g. Good Samaritan Society, UCH). At Clarian, the organization's core values include educating the workforce as well as valuing an "internal community of mutual trust and respect." At the Good Samaritan Society (GSS), the Director of Communications is involved in the promotion of employee learning, which involves issuing press releases to the local newspaper and the printing and distribution of posters that advertise the learning opportunities to all of its centers. At St. Alphonsus, the CEO holds a forum each quarter for all employees, where she shares information about how the organization is doing according to the "pillars" by which they measure themselves. One of these pillars includes employee learning.

Individual communication is also effective in conveying the importance of learning. At St. Clare, the CEO meets one-on-one with employees who are identified as "stars" to encourage them to take their education to a higher level, so that they can advance to a more responsible position. The CEO and board members of Clarian are known for sending cards and e-mails to individual employees, congratulating them on their educational achievements. At organizations like GSS and Clarian, the CEO participates in commencement ceremonies and personally congratulates the graduates. And at both the University of Pennsylvania Health System (UPHS) and GSS, the employees reported in focus groups that their managers supported learners by providing flexibility in shift scheduling to accommodate learning activities. This kind of support through flexible scheduling means a lot in a healthcare environment because most employees find it difficult to schedule training around their irregular shifts while also balancing personal responsibilities. When an employer can be flexible, it communicates a true commitment to the goal of learning.

Involvement

The involvement of the organization's leadership in learning activities is also part of exemplary practices (Baldrige 2003). At several of the interviewed organizations, the CEO does not just visit classes but also teaches them (e.g., Truman, UCH). At UCH, for example, the CEO teaches the opening module of the organization's leadership program, introducing the competencies expected of leaders. A senior administrator at UPHS has an open meeting with employees once a month and conducts a meeting for managers in business literacy.

At other organizations, the CEO is involved in more of the behind-the-scenes work, helping to integrate learning into all functions of the organization. At Multicare Health System, the CEO initiated and is driving the change process within the organization, which has learning as its core. At GSS, the CEO uses the strategic planning process as a vehicle to integrate employee learning and development throughout the organization, which is reflected in key goals. The CEO of St. Clare is a major force in the ongoing development of a learning organization that emphasizes benefits to both the individual and the organization. She has done this by increasing the investment in learning, personally encouraging employees to learn and advance, and promoting collaborative cross-department learning.

Investment

It is, of course, easy for an organization to say that it is supportive of education and training. It is quite another to show that commitment in terms of a real financial investment. This means taking a long-term view of the importance of learning and development by establishing a budget

for learning and development that is significant and sustained, even in downturns (e.g., St. Clare, UPHS, BJC and others).

Within the budgets for learning activities, we found that many organizations we interviewed provided substantial education and training benefits for their workforce. The budget for education at St. Alphonsus, for example, is double that of a typical healthcare facility of the same size. The range of programs offered can be extensive, as we will discuss later under Practice 4. However, it is important to note that some organizations even include an incentive such as a monetary recognition for employees who complete their programs (e.g., Penn, UCH).

Accountability

The CEOs of healthcare organizations also promote the value of education and training by creating systems that establish learning as an organizational priority. At Baptist, for example, managers are held accountable for ensuring that their direct reports participate in a minimum of 60 hours of learning per year. In a less formal way, the Senior Vice President for Hospital Operations at UPHS reported that he tells managers to make education a priority. At UCH, the CEO shines the spotlight on himself by publishing and disseminating his own professional goals along with the organization's goals, inviting others to hold him accountable for meeting those goals. At BJC, the CEO holds quarterly meetings with key system leaders to review the organization's five Key Result Areas (KRA), one of which is workforce development.

Practice 2: Employee Learning and Development Are Aligned with Business Goals

Leading healthcare organizations invest in their employees to benefit the organization, and their investments are expected to provide a return of investment to the business itself, in both the short and long terms. Learning and development can – and should – be used strategically (Baldrige 2003), particularly in an industry such as healthcare, which is facing such extraordinary challenges in meeting its workforce and skill needs. Aligning learning and development with business goals is not just an exemplary practice, but a highly necessary one. Organizations that recognize this fact give learning a place of strategic importance in the organization and find ways to link business goals with individual learning goals. When carried out successfully, this strategic approach results in learning that is embedded in most, if not all, organizational activities and changes. Healthcare organizations have also carried out this practice through special initiatives designed to address issues of strategic importance to the organization.

Structural Position of Learning Within the Organization

Organizations in all industries have found that they can facilitate the alignment of business goals with learning by giving learning a place at the table – literally. In organizations such as UCH and GSS, learning initiatives are overseen by a Chief Learning Officer or other high-ranking executive, who is part of the executive team and reports directly to the CEO. This enables learning strategies to be linked to all major organizational strategies and for the learning division (or, in some cases, the corporate university) of the organization to be fully aware of the direction of and challenges facing the organization as it carries out its work.

At UCH, the involvement of the CLO on the executive team helps to facilitate learning strategies to address long-term organizational goals and the development of special training initiatives that are designed specifically to meet short-term organizational goals. For example, in preparation for the opening of a new children's hospital, the UCH Academy constructed full-sized replicas of the new patient rooms and nurses' stations so that the employees could be trained on the actual set up of the new facilities prior to having access to the real thing.

At Clarian, education and development are the responsibility of the Division of Academic Affairs, which handles both medical education as well as education and development for staff who are not physicians. The Executive Vice-President for Academic Affairs reports directly to the CEO. In addition, Clarian has developed another senior level position, the Senior Vice-President for Values, Ethics and Social Responsibility, whose responsibility is to make sure that Clarian is "living and breathing" its mission. While neither the Director nor Executive VP for Academic Affairs reports to the VP for Values, Ethics and Social Responsibility, they collaborate to create reports and to measure Clarian's success at meeting its mission of being an institution of education and research.

Besides giving learning programs executive status, most of the interviewed organizations had at least some way of linking learning with organizational goals. At least four – UPHS, GSS, BJC, and St. Clare – had strategic plans that included learning goals for the organizations. The Center

for Lifelong Learning at BJC, for example, serves the purpose of bringing multiple organizations together under a single learning center to promote a unified approach to learning and development.

Other organizations go one step further in developing learning programs by creating a corporate university (UCH, Huntsville, Truman, Baptist), a separate division within the organization that is typically designed to be "the function or department that is strategically oriented toward integrating the development of people as individuals with their performance as teams and ultimately as an entire organization by linking with suppliers, conducting wide-ranging research, facilitating the delivery of content, and leading the effort to build a superior leadership team" (Wheeler 2003. See also Meister 1998). Baptist Healthcare in Pensacola, Florida put its own stamp on the corporate university with one that consists of separate colleges: the College of Leadership Development, the College of Performance Excellence (for customer service skills) and the College of Clinical Excellence.

Linking Business Goals to Individual Learning Goals

Linking learning with business goals is not just an activity that takes place at the organizational level. In some organizations, there are efforts to make sure that individual employees are making the connection between their learning activities and achieving strategic organizational goals. A standard practice is to use the performance appraisal and goal-setting system to link organizational goals with key workplace competencies. Individual performance appraisals address what competencies need further development and how those competencies have an impact on the needs of the organization.

St. Clare has an exemplary practice in linking business goals to individual learning goals. Each year, all employees are issued a "passport." This booklet, officially called "My Passport to Exceptional Healthcare Services," lists the mission, core values, and strategic initiatives and measures. Employees are charged with filling in the "entity goals" for their department (e.g., improve employee satisfaction), their department's goals and measures, and personal goals and measures. Both individuals and their supervisors sign the passports. In focus groups, employees referred to the passport as the vehicle through which they understood how their work relates to the whole. This exemplary practice was cited in the Baldrige Award received by St. Clare's parent, SSMHC, in 2002.

Initiatives Addressing Industry Issue of Skill and Worker Shortage

Perhaps the biggest focus for many healthcare organizations is finding ways to address the shortage of skilled workers that is projected to get much worse in the next two decades. Since most healthcare organizations are facing shortages, they recognize the value of retaining the employees they already have. The interviewed organizations have therefore made this a primary goal for many of their learning and development efforts. They are emphasizing the value of the workforce to patient care, encouraging learning and development of the workforce, providing special learning opportunities for high demand positions, and providing opportunities for advancement.

According to the Paraprofessional Healthcare Institute, caregivers who remain in the field often do so because they gain tremendous satisfaction from their relationships with clients and residents (PHI 2003). Clarian has developed a program to celebrate the "personal calling" aspect of healthcare. The program, called the Gift of Caregiving, is a two day retreat that focuses on putting people back in touch with the reasons they went into healthcare. It focuses on personal goals and personal rejuvenation, but in the process individuals often make career decisions. The program is a great way to link business goals with employee learning, since individual satisfaction is seen as central to an employee's ability to contribute to the organization. The retreat is free to employees and they participate on paid time. According to Steve Ivy, Vice President for Values, Ethics, and Social Responsibility, "Hospitals should be a healing place for those who work there." Other noteworthy retention strategies include Missouri Baptist's mentoring programs for nurses (Missouri Baptist is part of BJC HealthCare) and UPHS's year-long Nurse Residency Program to help orient newly-graduated nurses.

Many organizations consider their tuition benefit to be a key recruitment tool (e.g., UPHS, UCH, St. Clare, St. Alphonsus), and, if carried out strategically, it can be effective. In a focus group of nurses at UCH who were participating in a company-sponsored BSN program, most of the participants said that they had joined the UCH staff specifically to take part in this learning opportunity.

Healthcare organizations also develop education and training programs to address specific shortages. Although most offer some sort of nurse training, some have developed training programs designed for nurses who are re-entering the profession after some time away (e.g., BJC). UPHS, meanwhile, has opened its own on-site school of radiology to help fill radiological technologist positions, and BJC has created an Allied Health Institute to address shortages in allied health jobs. The Institute offers certificated non-degree healthcare programs, such as surgical or laboratory technicians, in collaboration with the local community college.

Healthcare organizations are also finding that one of the best ways to fill high-demand, skilled positions, while helping to retain employees, is to create internal career advancement opportunities (PHI 2003). Organizations are offering programs and incentives to help their incumbent workers gain the skills and credentials required for key positions. Some organizations, such as UCH, GSS, and St. Alphonsus, provide special scholarships to employees who choose to pursue training in areas where the organization is experiencing shortages. UCH, meanwhile, has spent years developing step-by-step learning opportunities along a career ladder in nursing:

- **CNA programs that draw applicants from public sector job training programs**
- **CNA to LPN/RN programs**
- **LPN to RN programs**
- **BSN programs for nurses**
- **Master's Degree and certificate programs for BSN nurses**

GSS' Growing Our Own program currently includes an ADN program. In addition, as part of a national nursing career ladder initiative overseen by CAEL and funded by the USDOL, they are developing a CNA training program to offer upward movement within the nursing

profession. In this program, they are also experimenting with ways to use apprenticeship models for the training of CNAs. There is seamless articulation between the various Growing Our Own programs.

A less structured approach to providing career advancement opportunities is offered by St. Alphonsus. At its annual Career Fair, individual departments and schools provide information to the organization's employees. Afterwards, employees have access to individual counseling and can develop career plans based on what they have learned.

Initiatives Addressing Industry Issue of Diversity

Many healthcare organizations are concerned with issues of diversity. The racial and ethnic makeup of the general population is changing rapidly, meaning that the patient population is also changing. Increasingly, healthcare organizations are recognizing that high quality patient care can sometimes be dependent on a staff whose racial/ethnic makeup is more reflective of its patients. And, as the front-line staff becomes more diverse, management needs to be as well. By reaching out to "non-traditional" demographic groups (e.g., racial and ethnic minorities, immigrants, and men), organizations are able to expand their pool of qualified applicants as a way to solve some of the shortages they are facing.

Addressing the issue of diversity is a complex task, involving special recruitment methods, targeted leadership development, and cultural sensitivity training. Recruitment of new employees at Clarian, for example, is accomplished in part through partnership programs with Goodwill Industries, which screens and provides pre-employment training to disadvantaged job seekers. One of their programs, Destination Clarian, is targeted to non-English speaking community members, specifically Latinos. Employees who enter the hospital through Destination Clarian receive three hours per week of English instruction. UCH, meanwhile, is also seeing the need to increase the number of its Latino staff. Its nurse recruitment efforts include radio and billboard advertising, which they are targeting to the zip codes in the Chicago area close to its hospitals and heavily populated by Latinos.

Leadership development programs are important succession planning tools for any organization, and they can also help to address diversity in leadership. Baptist Healthcare, for example, has established a management fellowship for African-American males in order to develop potential leaders in this group. At some organizations, educational tools are used to help staff be more sensitive to issues related to cultural diversity that can affect patient care. For example, UCH's Intranet offers brief synopses of the main tenets of a variety of religious faiths, which may affect the approach to patient care.

Initiatives Indirectly Addressing Industry Issue of Patient Care

Several of the interviewed organizations had made the connection between employee satisfaction and patient satisfaction (e.g., UCH, UPHS, St. Alphonsus). By improving the satisfaction of the workforce – and being an employer of choice – the organization can have an impact on patient satisfaction. Learning programs at these organizations have been instrumental as vehicles to improve employee satisfaction. Organizations offer a wide range of learning benefits, such as free on-site degree and credential programs, special scholarships, programs to help fulfill prerequisites for high demand training programs, and tuition assistance. Also, by

offering such benefits, the organization can attract talent that provides excellent care to its patients. Clarian's Gift of Caregiving program, described earlier in this section, exemplifies this belief by formally recognizing the link between the individual satisfaction of employees with excellence in patient care. Similarly, BJC's new training initiative in support of "service champions" is an effort to help employees at all levels to understand the components of good service and how it relates to enhanced patient satisfaction.

Initiatives Addressing Industry Issue of Succession Planning

As the nation's population ages, so does its workforce. Healthcare organizations, like other employers, are facing the promised "retirement bubble" in the next decade or two, when significant numbers of workers are expected to retire. Organizations are concerned about what this will mean for their leadership and so a number of initiatives are focused on succession planning and leadership development. These are discussed in greater detail in Practice 3.

Practice 3: Leadership Development Is Emphasized at All Levels of the Organization

Most organizations that provide internal training of some kind will invariably offer special training to employees in leadership positions. Many of the interviewed organizations offered variations of such training. GSS's *Leading with Spirit* provides ongoing leadership training in topics such as coaching, interviewing, and conflict management. A similar program at UCH, *Management at the Forefront*, requires that all managers take a minimum of 12 credit hours annually in various leadership courses. BJC sends newly promoted employees to New Manager Boot Camp, and St. Alphonsus holds a quarterly Leadership Institute, a two-day, off-site meeting for all 200 leaders in the organization. In addition, managers at St. Alphonsus who score in the lowest quartile on an annual employee engagement survey receive management coaching.

Ongoing training is important for the continued development of existing leaders. However, in a study by Hewitt Associates, companies with strong leadership tend to invest in leadership development at *all* levels of the organization (Hewitt 2002). Healthcare organizations that are thinking strategically about succession planning, which is of critical importance given the looming "retirement bubble," are also focusing their leadership development on all levels of the organization. An additional issue for some organizations, particularly those located in large healthcare markets (e.g., Chicago and Philadelphia), is the easy access to advancement opportunities at competing healthcare organizations in the same market. The loss of talent is therefore a very real concern for many organizations, and it requires more thoughtful planning about identifying and developing internal candidates for leadership positions. This can be difficult for healthcare organizations to do. As one interviewee said, hospitals are used to being in "crisis mode," and so taking time and resources to develop people internally requires a conscious effort and strong commitment.

In practice, this means having systems and processes for identifying and developing leaders. In the course of our interviews and site visits, we found two variations of such a process. Both find ways to identify high performing employees and give them experiences in leadership to develop skills that they will need to advance. One method is more formal than the other.

Formal Leadership Identification and Development

Two organizations we visited – UPHS and UCH – have formal processes for identifying and developing potential leaders at all levels of the organization. Penn Futures is a program that identifies potential leaders from the beginning of their career at UPHS, works with them to network with other promising leaders, provides them with mentors, and exposes them to leadership forums, speakers and seminars. Each manager nominates individuals with potential. In addition to developing the leadership skills of these employees with potential, Penn Futures brings together talent from across departments and gives them a forum to connect with each other. UCH's Talent Assessment Development Process is similar in design, with the identification of leadership potential included as part of the twice-annual performance review process. Managers determine which employees have the potential to play a larger role in the organization and then work with the employees on developing goals. Those employees then take

part in both formal leadership training and informal development opportunities.
UCH's program includes a tracking system in which the Academy tracks individual leadership development goals over time, collective attrition rates, and promotions among those that are being assessed in the leadership process. The organization tracks by different "tiers" of talent. Those at the top tiers – those who appear to have the most promising futures at the organization – receive additional nurturing and are given more informal learning opportunities. As a result, the group's attrition rate is much lower than the individual employees' in the other tiers.

Also at UCH, employees who are already at the managerial level are assessed on outcomes and how they achieve those outcomes. The organization uses Bank of America's "Leadership Matrix" to assess performance in terms of performance results and leadership practices (Conger and Fulmer 2003). The leadership practices (or competencies) assessed include the following:

- **Focused in planning and communication**
- **Utilizes data in decision-making**
- **Entrepreneurial and innovative in approaches to business trends/challenges**
- **Achieves results**
- **Continuous improvement focus**
- **Enterprise guardian**
  (e.g., focus on long term goals, good stewardship of resources, etc.)
- **Assesses and develops talent of employees**
- **Models company values**

Where the employee falls within the matrix determines the amount of bonus as well as development needs:

Performance Results (What)	Exceeds	Leadership issues – employees who are given immediate coaching and improvement plans.		Key Talent – employees who receive accelerated and high priority development attention
	Meets			
	Does Not Meet	Top-grading opportunities (not meeting performance expectations)		
		Does not meet expectations	Meets expectations	Exceeds expectations
		Leadership Practices (How)		

Betsy Riley-Wasserman, UPHS Chief Learning Officer, notes that formal leadership programs help to give "rising stars" a "tap on the shoulder" and let them know that people have noticed

their good work. The organization is communicating very clearly to these employees about where and how far their careers can go internally, a strategic way to boost the retention of the best talent within the organization.

Informal Leadership Identification and Development

An alternate approach to leadership development is taken by St. Clare, which is in the process of developing an internal governance structure based on Leadership Councils. The Councils are internal committees staffed by an integrated group of physicians, nurses and administrators. This interdisciplinary team is responsible for the decision-making and planning of all departments, as well as addressing learning and development needs. The program was officially launched in 2003 and, when complete, will have established over 30 Councils, staffed by employee volunteers.

St. Clare views the Leadership Councils as the vehicle for embedding shared leadership into the culture and making it part of everyone's competencies and practice. The goal is "to assure quality care by empowering employees to make decisions that affect their practice, professional development, and work environment." Employees we interviewed told us that the main purpose of the Councils is to give authority and responsibility to the employees directly involved in specific situations. All Council members are expected to voice opinions, make suggestions, investigate solutions, work in teams, and look for results and accountability. Most Council heads are non-managers from all levels who "tend to show leadership potential." These individuals are given leadership training.

"James", a Human Resources Specialist, was attracted to employment at St. Clare because of the educational assistance and loan forgiveness programs, opportunities to advance, and stability of employment. He is the Chair of the Employee Council, which looks at learning needs, employee satisfaction issues, and educational programs. He is rapidly becoming a "go to" person in HR, answering employees' questions regarding their benefits and services. The current HR director is working with him to develop his advancement potential as part of the hospital's commitment to mentoring and succession planning. He is currently enrolled in an MBA program, a requirement of the director position, by taking advantage of St. Clare's tuition program, while continuing to take on increased responsibilities.

The Councils themselves provide the venue for demonstrating leadership potential. Managers and executives can identify potential talent by noticing who takes responsibility, gets things accomplished, is a team player, has critical problem solving skills, and is committed to what they are doing. Supervisors, managers, and senior executives can then approach these individuals to encourage them to further develop their skills through education, mentoring, and advancement. To assist in the development of leaders within the organization, St. Clare has identified a range of leadership competencies for the entire organization.

Internal Advancement is a Reality

Even without full-scale programs like those described above, there are steps organizations can take on a smaller scale to create a culture that develops leaders internally. At many of the organizations we visited, employees saw evidence that internal people can successfully work their way up the ranks of the organization over time, even if there was no formal program that taps

people for development and advancement. At several organizations (St. Alphonsus, BJC, UCH and St. Clare), managers are encouraged to promote from within and their salaries or bonuses are tied to successfully grooming staff. Many of the staff interviewed at St. Alphonsus, for example, had advanced from entry-level positions. According to the organization's own records, 26% of all posted jobs are filled by internal candidates. BJC's Hire Direct program, meanwhile, includes a web site with job postings and allows incumbent employees to apply online. Managers at BJC give preference to internal candidates, and BJC's St. Louis Children's Hospital is launching a new program with the Advisory Board to assist managers and supervisors to nurture and develop their employees. Most of the managers and members of the executive teams at St. Clare and GSS had been internally recruited and promoted. Employees interviewed at both organizations felt encouraged and supported in their desires to move up.

Practice 4: Structured, Individual Career Development and Growth Is Emphasized

The strategic approach to employee learning and development recognizes that individual learning and development provide great benefits to the organization. At the same time, exemplary organizations also recognize that in order for these programs to be successful, individual employees must want to participate, not take on burdens in doing so, and take responsibility for setting and achieving their learning goals. There must be a balance of meeting the organizational needs and individual career goals, and a connection between them. Healthcare organizations bring the employees into the process by addressing individual circumstances and needs, letting the employees drive the learning process, and rewarding new skills and credentials with better pay and/or advancement opportunities.

A Focus on the Individual's Circumstances and Needs

Many adult learners, particularly those with full-time jobs, face significant barriers to learning. One of the more daunting barriers is the cost of learning programs, which is why so many employers across all industries offer some form of tuition assistance to their employees. All of the interviewed organizations offered this, with some providing very generous packages, particularly for employees pursuing credentials for high demand occupations (UPHS, UCH, Truman, St. Clare and others).

Healthcare organizations also recognize that money is only one of the hurdles that must be overcome. Individual workers must also find ways to balance learning opportunities with their work schedules, and so employers like St. Clare specifically encourage their managers to provide some flexibility in scheduling for workers in learning programs. For some of its on-site degree programs, UCH employees spend two days of their work week in the classroom.

Access to information and guidance can also be a barrier. Many working adults know they need education to advance but don't know what to pursue or how to go about doing it. Employees of St. Alphonsus have access to professional career advisors on an ongoing basis. Clarian's Career Quest® program also provides a formal process for individual career planning. Employees have access to an advisor who helps them map out which courses they want to take and what they hope to achieve. Questers literally have a "map" which allows them to visualize the process of taking courses and making decisions about courses. They also have a "passport" (similar but less detailed than the St. Clare version) where they record the courses they have taken. Both of these documents, the map and the passport, become part of their file, which they can refer to during a performance review. For nurses, there are nurse retention specialists on each campus who can help the employees develop step-by-step plans for advancing in their careers.

At other healthcare organizations (GSS, UCH, UPHS, St. Clare), individual career and educational advising is provided informally, either from the learning and development staff or from the person's own supervisor. St. Clare assists the individuals by identifying and promoting core competencies for each job and the organization as a whole. These competencies are used in employee orientations and in annual performance evaluations to identify gaps and develop an action plan for addressing developmental needs.

Employee Driven Learning

Healthcare organizations can also engage employees in educational pursuits by putting them in the driver's seat – giving them control over their learning choices and input into the programs offered internally. In several of the organizations we visited (UPHS, UCH, Truman, St. Clare, St. Alphonsus), employee tuition assistance programs allowed for broad choices. There were few, if any, restrictions on what kinds of courses employees could take. St. Clare officially limits tuition assistance to programs that are related to their employee's current positions or ones to which they can reasonable aspire. However, the organization tends to be more inclusive than exclusive, because they have found that employees use their new learning and skills to benefit the organization in unexpected ways. For example, they supported one Emergency Medical Technician's (EMT) request to participate in an aromatherapy program. This employee went on to demonstrate the value of aromatherapy to the organization and then was asked to establish an aromatherapy unit.

Organizations also offer in-house training, to which employees often have full access. For example, GSS offers a wide range of courses through its Distance Learning Network (DLN), which includes a broadcasting studio and 24/7 satellite network with both public and private channels. The DLN includes courses in faith based leadership and management, workplace knowledge and skills, academic education, and personal growth. The DLN greatly expands the courses that are accessible to all employees and there are several hundred learning events at any one time.

Individuals can also become engaged in learning programs when they are given opportunities to provide input. At UPHS and Clarian, for example, the learning staff regularly holds focus groups with workers to gain information on what works well and what does not in the learning and development programs offered by the organization. In this way, the learning staff has guidance from learners on how to improve existing programs and what additional programs or services might still be needed. UPHS has been particularly responsive to feedback from employees regarding what was valuable to them in terms of tuition assistance. Several years ago, the administration decided to only offer assistance for credit-bearing courses related to a degree. An employee survey revealed strong dissatisfaction with this decision. In addition, the survey responses showed that for many employees, the most valuable resources were staff development or other non-credit training seminars that helped them stay current in their field and advance in their own careers. In response to the survey results, employees now have an additional $600 per year that may be used for non-credit courses.

Technology can be another useful tool for engaging individuals in the learning process. At Clarian, individual employees can access the Electronic Learning Management System to track their own learning, register for live or electronic courses, and take select courses or trainings online. Currently, there are over 150 online training course (all annual mandatory trainings are available online) and 500 instructor-led courses for employees. Managers and supervisors at Clarian can pull training reports, look at transcripts, and view courses in which employees are currently enrolled. St. Clare's electronic system also allows employees and their managers to view their learning plans and their participation in training and educational initiatives. GSS's current system allows employees and managers to track participation in distance learning courses, and

this capacity is to be expanded to allow tracking of participation in all forms of training and education.

Rewards for Individual Learning

To create interest in learning opportunities and to help make learning even more worthwhile for individuals to pursue, healthcare organizations seeking high participation in learning activities offer several forms of positive reinforcement. Some organizations (e.g., UPHS, UCH, Truman and others) award learners with additional pay or one-time bonuses for completing credential or degree programs. But the real "carrot" for employees is the promise of career advancement and job satisfaction.

Exemplary organizations let their employees know that there is a connection between learning and advancement opportunities. BJC does this by formally publicizing job openings internally and giving first priority to internal transfers. As mentioned earlier, at St. Alphonsus, the results tell the story: 26% of all job postings are filled with internal candidates. Some organizations identify core competencies of various jobs in order to show skill progressions and how individuals who pursue learning activities can meet the competencies needed for higher level jobs. St. Clare, for example, is developing competencies for all of its positions, and will use these competencies in several ways: to describe the position to new employees, identify learning needs, and indicate learning needs for advancement into new positions. The competency lists are available on the organization's intranet.

The focus on promotion from within the organization has taken on new meaning as organizations face relatively high vacancy rates, particularly in nursing positions. Two approaches to this problem rely on offering rewards for learning. Both Clarian and UPHS have established highly structured systems by which nurses develop a peer-reviewed portfolio of learning and competencies to move to the next level of clinical expertise. As nurses increase their clinical skills, they are recognized for increased competency in patient care. This provides an important incentive for nurses, who at other organizations find that advancement opportunities typically put them in administrative or managerial roles, rather than allowing them to advance along a clinical path.

A second approach is the delineation of internal career ladders and the development of programs that provide individuals with the training they need to advance up the "rungs" of that ladder. GSS's Growing Our Own Program and UCH's various nursing programs were designed in response to the shortage of nursing candidates, but from the perspective of the participant, they provide training that results in career advancement.

The Growing Our Own RN Program is a collaborative agreement between GSS and the University of South Dakota. GSS recruits existing frontline care givers who have limited access to educational opportunities and USD offers qualified applicants the opportunity to earn their RN degree. General education and support course requirements are delivered either online or over the GSS Distance Learning Network, and nursing coursework is online. The clinical practice lab requirements are arranged at the employee's long-term care center, which is geographically close to the employee's home or work place. Employees who work full-time typically take four years to earn their degree as a part-time student if they have no previously earned transferable credit. As part of a CAEL/USDOL Nursing Career Lattice Program, GSS is also in the process of developing internal advancement steps within the CNA profession, so that

the knowledge gained on the job through an apprenticeship system is rewarded with a change in position, responsibilities, and compensation.

Similarly, UCH has developed on-site cohort programs that help CNAs earn an Associate's in Nursing from a local community college (CNA to RN) and RNs earn bachelor's degrees (RN to BSN). The RN to BSN option is available through two different formats: through a blended video-conferencing and traditional delivery from the University of Illinois at Chicago and through online delivery from Illinois State University. UCH is currently developing two additional "rungs" of the ladder: an on-site BSN to MSN program and an on-site CNA certification class.

There are several other programs that help to prepare incumbent workers for post-secondary education at UCH. In the Health Care Core Curriculum program, Harold Washington College (one of the City Colleges of Chicago) provides employees and their families (and, if space allows, members of the community) the opportunity to take a series of undergraduate courses which will help them qualify to enter a post-secondary allied health certificate or degree program, with the target programs being nursing, surgical technology or radiologic technology. GSS has an alliance with Bellview University in Omaha, Nebraska to provide online Bachelor's and Master's Degree programs in healthcare administration. Another program is School @ Work, a nationwide initiative in 70 hospitals (including BJC and Clarian) that is designed to expand career opportunities for staff in front-line positions in foodservice, environmental services, and other support services. In the School @ Work program, participants work primarily on reading and math skills that prepare them for two tracks: clinical (e.g., surgery technician, nursing) or support-services (e.g., unit secretary, clinic coordinator, medical records, tech, medical transcriptionist, or billing and coding professional). Similarly, St. Alphonsus offers GED prep and ESL classes for employees at lower rungs of the career ladder, many of whom are recent immigrants.

Practice 5: Internal Structures Are Developed for Informal Learning and Knowledge Management

Although formal learning that leads to credentials is highly valued by both healthcare organizations and their employees, there is growing recognition that most of what people know about their jobs is learned *informally*. In a comparative study of formal and informal learning, researchers found that formal learning accounted for only 30% of all learning transfer; the other 70% was due to informal learning (McLagan 2004). Others claim that 80-90% of learning for the job is achieved informally (Cross 2003). The Baldrige criteria recognize the importance of informal learning, describing how learning needs to be a regular part of daily work and that information and knowledge sharing need to be practiced at personal, work unit, and organizational levels (Baldrige 2003). Many organizations have also found that informal learning can be a valuable tool to reinforce and sustain what is learned through formal, more traditional vehicles.

Healthcare organizations often invest in both formal and informal learning in an effort to achieve their organizational goals. Investment in informal learning, however, is still only a fraction of formal learning since there is relatively little knowledge and experience of how to structure the program, measure the impact, and provide credit for informal learning. It requires embedding learning strategies in knowledge management and communication systems, breaking down information and presenting it in an abbreviated and on-the-spot fashion, and turning employees into knowledge workers. Employees also need to learn how to process and apply what they have learned informally.

Although many of the interviewed organizations are in the early stages of developing an organizational approach to informal learning, many are seeking methods for structuring informal learning opportunities as described below.

Brief In-Service Modules

In some occupations, professional development takes the form of in-service training, where topics of particular interest to a field or occupation are presented. This is usually in a classroom or meeting room and can be a few hours or a few days in length. Hospitals, however, do not have the luxury of sending their patient care staff off the floor for in-service training for hours or days at a time. So, when topics of critical importance need to be taught to staff, some hospitals attempt to convey the information through very brief learning modules (UCH, BJC, St. Clare). Often no more than ten minutes in duration, these learning modules can be delivered in the unit, with staff huddled around a videotape player for a minute of instruction followed by a short facilitated discussion of the topic. This illustrates an innovative blending of informal and formal learning. The method of instruction is similar to that found in a classroom, but it is offered in the work setting, among peers, with the expectation that it is to some extent embedded in the workday.

Knowledge Management Tools and Programs

Informal learning can be facilitated by providing a systemic way to capture, manage and share knowledge. One method for doing this is by providing job aids and other resources that can be used by employees to refresh their memories or to learn something new that may be critically needed for a particular task or patient. UCH is in the process of developing an online clinical information system. This will complement its intranet system, Academy Connect, which also gives employees access to "Tapestry Cards," which provide short tutorials on critical issues and special topics. For example, one online "card" provides a summary of the basic tenets of the religions most often practiced by UCH patients. If a nurse needs to understand why a Muslim patient is refusing treatment, for example, the Tapestry Card may be able to provide insight as to why, if the reason is in part due to religious or cultural issues. These kinds of knowledge management tools can be instructive while not taking a significant time commitment of the employee or the healthcare organization.

A second kind of knowledge management strategy used by healthcare organizations is developing systems for employees to learn from each other. BJC, St. Alphonsus, and GSS, for example, require employees who attend special education sessions or conferences to share the information they acquired with other staff. Job shadowing and mentoring are also popular options for encouraging peer-to-peer learning. GSS has just launched a new mentoring program for advanced CNAs to serve as mentors to new CNAs, and BJC offers a mentoring program for nurses re-entering the profession. Taking this to a higher level, GSS has recently created internal consulting teams that regularly visit the various centers to assist them in developing clear definitions of their issues, and develop and implement strategies to address them. The consultant teams devote a substantial amount of time working with the center directors and staff to create solutions that are appropriate for each center, thereby obtaining maximum buy-in.

Finally, Communities of Practice can be used to help manage, share, and apply knowledge among staff. St. Clare, for example, takes advantage of a practice that its parent, SSMMC, encourages, known as "good stealing." St. Clare participates in system-wide workshops that are sponsored by SSMMC twice a year to share "best practices" in addressing issues that have been given priority by many of the member hospitals. In addition, they initiate "learning groups" with several employees in other parts of SSMMC to work on solutions to specific problems. St. Clare employees are encouraged to consult and work with other employee "experts" within the system, when they encounter specialized problems or feel that their team needs additional expertise. GSS, meanwhile, offers the Idea Exchange, which is beginning to offer Communities of Practice for employees across the organization with similar job responsibilities to share common problems. These communities are designed to generate innovative solutions to problems, and based on early successes, they expect to expand the number of communities. In addition, the Idea Exchange is piloting a new knowledge management software, the Idea Bank, which is an electronic repository of best practices that are emerging within the organization. At Clarian, the Clinical Advancement Program provides a forum where nurses can not only share what they have learned informally, but where they are also recognized and rewarded for what is learned on the unit as much as they are for what they have learned in the classroom.

Multi-disciplinary Teams

A growing trend in healthcare organizations is the use of multi-disciplinary teams to help improve the quality of care and to increase employee retention by giving all employees input in

care decisions and increasing cross departmental communication (Stone et al 2002, Pew 1998). A good example of this kind of team is the St. Clare Leadership Councils, described earlier in this report, which bring employee representatives from each part of the patient care process to make decisions and develop plans for the individual departments. St. Alphonsus takes a similar approach by organizing ad hoc teams of employees drawn from different areas to help develop solutions to problems or challenges that arise. The group created an Operations Management Team to turn budget targets into reality. These multi-disciplinary groups provide opportunities for individual workers to learn from each other and to become more familiar with issues outside of their normal work experience. GSS has Priority Work Teams (PWT), which are multi-disciplinary and cross-functional that work on major initiatives that have high priority within their strategic and operational plan.

Coaching and Mentoring

Healthcare organizations are beginning to establish more coaching and mentoring programs. Mentoring is used in an effort to improve retention of mentees, but at the same time it provides informal learning for both the mentor and the mentee. The mentor gains experience in coaching and mentoring, which helps develop more effective leadership and supervisory skills (Stone et al 2003), and the mentee gains valuable information and advice on performing every day tasks and making on-the-spot decisions from a more experienced worker. A good example is the new CNA mentoring program that is currently being developed by GSS as part of the CAEL/USDOL program, which allows experienced CNAs to gain supervisory and coaching skills while helping to build the confidence and skill level of new CNA apprentices – all through informal learning.

Other Informal Leadership Training

Three of the organizations we visited had made efforts to provide informal leadership development experiences for their employees. At UPHS, the Penn Delta program combines its safety instruction program with employee leadership development. The program trains front-line employees in all aspects of patient safety policies and procedures, and then the trainees serve as a safety resource for their peers. By putting front-line workers in a leadership role, the program provides them with opportunities to learn while doing. The St. Clare Leadership Councils also provide non-managerial employees with the same kind of hands-on

"Carl," a physical therapist at UPHS, believes that the Delta Team shows how influential the individual can be by demonstrating how one person can help improve patient safety within the work site. "Each day I work with between 10 to 13 patients, and so much of my time with my patients involves educating them about safety during daily activities," he explains. "Being a part of the Delta Team is about being able to share and learn from the experiences of fellow professionals throughout UPHS and use this information to help educate co-workers about patient-safety issues."

- from UPHS "System News", March 2004

leadership training by giving them the opportunity to serve in a leadership role. At UCH, the organization's leadership development program is proactive in providing informal learning opportunities to high performing employees who have been identified as having leadership potential. Through stretch assignments and exposure to other jobs and departments, employees can learn informally the skills they need to advance.

Practice 6: There Is Strategic Use of Technology for Meeting Learning Objectives

Technology has become an indispensable resource in helping organizations meet their learning needs. Innovative technologies are used to support and reinforce learning, deliver and manage education and training offerings, and to obtain input and feedback on education and learning programs. It was particularly clear from our site visits that technology can be a powerful tool for communication, instructional delivery, management of information and offerings, and knowledge management. The benefits include delivery of high quality programs across large and diverse systems, use of scale economies, ability to provide flexible scheduling, convenience, and self-directed study. Even the most technology-savvy organizations, however, are still learning how to use their systems to the fullest, and are continuing to improve them and expand their reach.

Communication and Feedback

Technology has changed the way most organizations communicate internally, making it easier to provide information to employees and to gain timely feedback on programs and services. Healthcare organizations are using technology for these purposes as well. Organizations like Truman issue weekly e-mails to their employees that communicate learning opportunities, and most organizations we interviewed offered considerable information about their internal learning programs online. Several (e.g., St. Clare, GSS, UCH, and others) provided course catalogues online.

Communication goes both ways. Technology makes it possible for organizations to get feedback from the workforce on the effectiveness of in-house training. At UCH, for example, after employees participate in an in-house training (e.g., computer software programs), they complete a brief survey asking them to rate themselves on how well they mastered the various learning objectives. An instructor can see these ratings at a glance. If several employees provide feedback that they do not feel that they mastered certain portions of the curriculum, the instructor can make immediate adjustments to the lesson plans that will benefit future trainees. Those trainees that did not learn it well the first time are then provided with short tutorials to help them gain the needed information and skills.

"Amanda," has worked at Clarian for 16 years in food services. For the past six months, she has been in Basic Skills Training improving her math skills using the PLATO computer program. She is studying fractions, decimals, percentages and word problems. Her next task is to tackle and English review (parts of speech and sentence construction). "Right now I'm satisfied with where I am [with my career]. I'm refreshing my mind in math an English skills, because it has been a while since high school," she says. She adds that PLATO has helped her build confidence as well as skills. Before she began, she had no computer skills. Learning how to use PLATO taught her basic computer skills as an added benefit."

- from the Clarian "Pathfinder", December 2003

Online, Distance and Blended Learning Methods

Healthcare organizations are also using technology in their delivery of instruction. Many of the interviewed organizations offered online learning of some kind (UCH, Multicare, GSS, St. Clare, UPHS, Clarian, St. Alphonsus). As with organizations from other industries, healthcare

organizations need to be strategic about the use of technology and determine how much technology to use, what kind of technology to use, and how to combine e-learning with traditional learning modes (Meister 1998).

The benefits from using online and other distance learning techniques are many. The organizations find that the programs enable employees to learn more on their own time, and in some cases, the organization pays the employee for time spent learning at home or at work through online programs (St. Alphonsus). Online learning programs can allow for more customization. For example, at Clarian, the PLATO learning platform teaches basic reading and math skills using a computer-based program that individualizes instruction to give learners more help with the subjects that they find particularly challenging. In some cases, online learning can offer time savings. UPHS, for example, offers an online module for nurses in dysrhythmia that will reduce the amount of time spent in the classroom. Finally, the use of distance learning methods can expand the applicant pool, thereby ensuring the minimum enrollment numbers needed for the class to be held. UCH, for example, offers a BSN program that is linked with the University of Illinois in Chicago and the Quad Cities area. Videoconferencing between the three sites allows the instructor to be face-to-face with learners on a rotating basis. This gives learners easy access to the instructor while creating some economies of scale through videoconferencing.

> "Rhonda," a Medication Aide at the Nelson Good Samaritan Center, is currently enrolled in the "Growing Our Own" distance learning RN program. "Because I live where I do I would have to drive at least an hour one way to go to school," she says, "but because of this program, the classes come to me. I love it!" For her, the program helps to elevate GSS as an employer of choice. She states, "I don't think there is a more supportive or caring environment than Good Samaritan Society".

GSS has invested significant time and resources into its Distance Learning Network (DLN), which provides access to centrally produced learning opportunities. The DLN uses a studio to broadcast learning sessions live, tape sessions for future viewing, and access satellite feeds from other organizations. The network operates 24 hours a day, seven days a week on a channel that can be viewed by the public as well as by employees. This service is highly valuable to a workforce based in rural communities. Several people we interviewed said that prior to the DLN, they often would have to travel two hours to a community college for courses, and the quality of those courses was uneven. Other employees like the fact that they can either learn together or view the programs when they have had more time. A Center Administrator said that she reviews the offerings with staff weekly and encourages them to use it as much as possible. She liked it because it makes "learning more accessible to larger numbers of employees" and because they have less need for external courses and workshops.

Learning Management Systems

Some healthcare organizations offer an online learning portal where employees can access online courses, resources and job aids, career development information, and a record of the individual's own learning activities (UCH, St. Alphonsus, Clarian, St. Clare, Multicare, GSS, UPHS, BJC). This system allows the employees to "manage their own destiny," according to GSS's President and CEO David Horazdovsky.

UCH's Academy Connect is one such portal, where employees can access training videos (e.g. customer service), a career development site that provides descriptions of the various learning programs, an online library providing documents and other tools and training guides, online courses (credit and non-credit), annual safety and HIPAA assessments, information on trends in the healthcare industry, and descriptions of instructor-led courses. The organization has installed computer kiosks around the campus to give all employees access to Academy Connect.

Clarian's Electronic Learning Management System (ELMS) likewise helps learners to register for either live or electronic courses, take certain courses or trainings online, and manage their own learning and development. Each individual's ELMS homepage provides links to *My Learning Plan, My To Do List,* and *My Transcript.* Clarian currently offers close to 150 courses online through ELMS. In the past year nearly all staff completed mandatory HIPAA and safety training online. The difference in time and cost between scheduling 15,000 employees one at a time for a career fair, versus allowing employees to do for themselves online, is enormous. Clarian has also recognized the need for assistance to employees who may not be comfortable with new technology. PACE (Partnering to Advance Clinical Excellence) is an initiative to educate staff on the new computer-based system.

There are numerous benefits to learning management systems like ELMS. For mandatory trainings (e.g., safety and HIPAA), clinical staff do not need to leave their floor to participate, which eliminates some of the difficulty of scheduling training sessions. Another advantage is that there is a clear record for both employees and managers of what has been taken and what still needs to be done. Since educational plans and goals are part of employee reviews, it is helpful to be able to easily pull up what has been done. At UCH, for example, regular reports to department heads indicate which staff members are non-compliant with safety and other issues, and automated e-mail reminders are sent to individuals who still need to fulfill their safety training and/or assessment.

Practice 7: Alliances with External Partners Are Central to Learning Strategy

Healthcare organizations find that partnerships with other organizations are a tremendous asset to their success and leveraging their resources. The most common partnerships are with postsecondary institutions such as community colleges and nursing schools, but many organizations also reach out to the public sector, other healthcare organizations, and even the larger community, which can be great resources for recruiting and preparing new employees and for developing new initiatives. Many of the partnerships are designed to increase basic skills, e.g. literacy, math, communication, as well as technical skills associated with specific occupations.

Postsecondary Education Institutions

With the goal of increasing the skills and education of employees, healthcare organizations have natural partners in postsecondary education institutions. Partnerships with community colleges, nursing schools and other higher education programs can offer degrees and credentials, which are important for both the learners and the employers – and which the healthcare organizations generally do not provide themselves. These institutions can also provide valuable expertise to the organization. Indiana University's School of Nursing, for example, assisted Clarian in the development of the Clinical Advancement Program.

Yvette, an RN at UCH, recently received her BSN through the hospital's partnership program with St. Xavier University. "Not having the degree was holding me back" in terms of career development. Taking courses right where she works helped her reach her professional development goals. "The only way I could see doing this while working is by taking classes where I work," she says. "Without the financial help and the convenience, I don't think I could have done it. It would have taken so much longer." The cohort model was also viewed positively by Yvette. "It was a big help to have other University of Chicago Hospitals nurses going through the program with me. We supported each other, went over course information together, and became like family with fellow students and faculty."

- from UCH Academy Quarterly, Winter/Spring 2004.

Often, healthcare organizations leverage the partnership to customize degree and certificate programs, as well as non-credit offerings, to meet specific business and employee needs. Many of the interviewed organizations had arranged with their educational partners to offer degree and certificate programs on-site or online (e.g., Multicare, St. Clare, GSS, UCH, UPHS, and BJC) so that their workforce could have geographically convenient options for increasing their skills for higher level jobs. Typically, these programs train employees for nursing, radiology, and other high demand positions. Some of the organizations, most notably GSS and UCH, have worked with local providers to establish a series of on-site, cohort programs for each step of the nursing ladder, as described earlier. GSS currently works primarily with the University of South Dakota and is establishing relationships with three other post secondary institutions. UCH has established partnerships with more than four different institutions to develop the programs that progress along the nursing career ladder. One of its partnerships is with the University of Illinois at Chicago, in which the courses are offered simultaneously to both UCH employees and UIC students using videoconferencing. By pooling students from both institutions, the partnership helps to ensure that classes will not be cancelled due to low enrollment.

The most successful educational partnerships for customized degree programs share the following characteristics:

- The educational institutions are flexible in terms of scheduling, course locations, and curriculum design.
- The curriculum often uses examples from the work place and is observant of adult learning principles.
- Employers play a key role by providing flexibility in employee schedules, classroom and study space, use of equipment, and loaned faculty or "guest lecturers" from the staff.
- They have high enrollment as well as high completion and retention rates.
- They are cost effective.

In healthcare, partnerships with educational institutions can offer some benefits that may not be as important in other industries. For example, there is a shortage of trained faculty in many healthcare programs. Some of the interviewed organizations had arranged to "share" a staff position. St. Alphonsus, for example, shares a pharmacy position with Idaho State University, which gives the school the trained faculty it needs to expand its capacity to serve more students, while helping the hospital meet its own patient care needs. St. Alphonsus is willing to share this position, recognizing that it will ultimately result in a steady flow of pharmacy graduates who completed their clinical work at the hospital.

Other healthcare organizations value partnerships that expose their employees to different learning environments. Clarian, for example, has established over 100 agreements with colleges and vendors to have students do clinical rotations at Clarian hospitals. These students also do rotations at other institutions so they can learn from different environments.

Partnerships with educational institutions can also provide healthcare organizations with an expanded pool of candidates for employment. Missouri Baptist (part of BJC HealthCare), for example, has a partnership with the Jewish College of Nursing, Maryville College, and Truman College for a summer extern program, with an expectation of recruiting half of the externs to Missouri Baptist upon completion of their degrees.

Other Partnerships for Recruitment

Postsecondary institutions are not the only good sources for recruiting new employees. Many of the interviewed organizations (Multicare, GSS, Clarian) have partnerships with publicly-funded or community-based workforce development entities that help with screening and training of job candidates.

Two programs at Clarian, Job Link and Destination Clarian, are made possible by a partnership with Goodwill Industries of Central Indiana, which recruits and screens potential applicants who then spend five weeks in a paid job readiness program. Upon completion of this program, the candidates are placed in an entry-level position at Clarian in environmental or dietary services. Clarian's partnership with Goodwill goes beyond efforts to recruit and employ dietary and housekeeping staff. In the past, Goodwill and Clarian have participated in an adult high school.

Staff from Clarian taught a surgical aide course and staffed a career center. Several years ago, Goodwill and Clarian worked together to create a summer healthcare exposure camp at Methodist Hospital. The program was a huge success and was replicated for a second year.

UPHS also sees high schools as a source for recruiting new employees, and BJC has reached out to Scott Air Force Base for recruiting purposes. Outreach to younger populations is important and necessary to change perceptions and clear any misconceptions about health careers. According to research conducted by JWT Specialized Communications, second- to tenth-graders see no compelling reason to become a nurse because nursing has been portrayed as "a girl's job" that is highly stressful and has bad hours (Costello 2001). Outreach can help to promote alternative perspectives.

Partnerships With Other Healthcare Organizations

Many of the interviewed organizations had established close relationships with other healthcare organizations for a variety of purposes, including learning consortia, shared recruitment, and the sharing of information and best practices. St. James Mercy is part of the Joint Education Training (JET), a group of six small hospitals in a rural environment that offers education sessions together. Pooling their employees in learning programs helps to achieve the minimum enrollment numbers that are needed to make the programs cost-effective. The programs are primarily focused on the business end of the hospital, for positions such as medical coders, clerical workers, and billers.

Clarian participates in the Health Careers Consortium, a regional approach to meeting workforce needs which is organized by one of its partners, Goodwill Industries of Central Indiana. The consortium, comprised of all the major healthcare providers in the greater Indianapolis area, helps connect jobseekers to healthcare employers with vacancies. The emphasis is on positions that do not require a college degree. Goodwill provides readiness skills, support services, and placement for the job candidates that are then referred to the participating employers.

Other partnerships help organizations learn from each other. UPHS engages with the University HealthSystems Consortium, the Advisory Board, and the Conference Board. These partnerships help the organization stay current with developments and measure its own successes against the industry as a whole. St. Clare is part of a group of 26 hospitals in the Wisconsin Rural Hospital Cooperative, which is working to understand and adapt competencies that are established by the Joint Commission. The cooperative also serves as a learning collaborative, providing a forum for discussing shared problems, bringing in speakers, etc.

Several years ago, UCH established the Academy Connection, which was designed to build a culture of "continuous learning and service" among a group of healthcare organizations. The Academy Connection offered its members privileges such as on-site consultation to support the adaptation of the corporate university model, access to key practitioners during planning and implementation, and technical support. Conferences allow for shared learning among all participating organizations. Judy Schueler, UCH's Chief Learning Officer, reports that the Academy Connection has resulted in a network of CLOs from a wide range of healthcare organizations that serve as a resource to each other.

Reaching Out to the Community

Partnerships can also serve to fulfill an organization's outreach capacity, providing networks and links to the community. Several organizations (UCH, St. Clare, Clarian, and GSS) have made some of their customized on-site programs available to individuals from the community. This can be useful as a public relations effort and can help to boost the enrollment of courses that may be undersubscribed. UCH, for example, opens up enrollment for a special program that fulfills prerequisites for allied health training programs if there is space after employees and their family members enroll. Interested learners from the community can take part in these for-credit courses free of charge because the cost of the instructor is already paid by UCH and the organization sees this as an opportunity to further develop their future applicant pool. GSS is making its Growing Our Own Program available to individuals outside the organization and to other organizations in the communities they serve.

Reaching out to the community also takes place at higher levels. GSS center directors are encouraged and trained to sit on community boards (e.g. Rotary, School to Career). The organization sees this as a necessity to gain goodwill in the community, learn about and cultivate opportunities for recruitment and learning, and to give back to the community.

Practice 8: Assessment of Impact Is Emphasized

Healthcare organizations that have invested heavily in employee learning and development, and that are using learning programs in a strategic way, want to know whether their efforts have been worthwhile and where improvements may be needed. Exemplary organizations use a variety of quantitative and qualitative measurement strategies to assess the impact of their training and development investments. They identify key indicators and establish systems for data collection, they track and analyze results related to the business goals of the organization, and they refer to their collected data for continuous improvement.

Systems for Tracking and Analysis

The first step in measuring effectiveness is to determine what the quantitative objectives or metrics are for measuring progress. In healthcare, system-wide targets for measurement include vacancy rates, turnover rates, and employee and patient satisfaction levels (ASHHRA 2001). BJC sets targets, or Key Result Areas (KRA), for each manager. Individual performance evaluations are based in part on the review of these KRA metrics.

Evaluation of employee learning and development in healthcare also involves examining the effectiveness of specific initiatives. In looking at how healthcare organizations evaluate their programs, it is helpful to refer to Kirkpatrick's levels of evaluation. As in other industries, healthcare organizations tend to implement the lower level evaluation processes most often and the higher level processes more strategically. The lower level processes include participant feedback surveys (Kirkpatrick's Level One, "Reactions") and pre-and post-testing (Level Two, "Learning"). Higher level processes are measuring how well the learning was applied to the job (Level Three, "Transfer") and the impact on the bottom line (Level Four, "Results").

BJC's Missouri Baptist, for example, estimates that it evaluates 100% of its initiatives at Level One but only about 25% at Level Four. Similarly, UCH reports that it uses Level Four evaluation methods strategically – only for those initiatives for which such measurement makes sense and is not cost prohibitive. An example of one that was recently measured is a national certification training for UCH's medical coders that was designed to help them be more efficient and reduce the billing cycle time. Measuring cycle time pre-training and then again several weeks post-training determined that the program was, indeed, effective. Similarly, BJC implemented new customer service initiatives to help address concerns with patient satisfaction. Measuring patient satisfaction before and after the initiative is carried out will help them determine whether the classes have made a difference.

Despite the difficulty in measuring the impact of learning programs on the bottom line, many healthcare organizations we interviewed do regularly track and analyze data in an effort to show the importance of employee development to the business of healthcare. Several organizations (Truman, UPHS, St. Alphonsus, GSS and others) track indirect measures related to system-wide objectives such as: staff satisfaction, the number of graduates, retention in training program, degree completions, retention rates of learner vs. non-learners, internal advancement, improvements in patient care, staffing ratios, and cost savings.

Several organizations (UPHS, St. Alphonsus, UCH, BJC, and St. Clare) are convinced of a strong link between employee satisfaction, employee learning, and improved patient care and patient satisfaction. UPHS is tracking clinical competency (one result of learning) and correlating it with patient satisfaction. St. Alphonsus is trying to capture the impact of increased internal education and development on staff behavior and treatment of patients that would lead to increased patient satisfaction. UCH's employee satisfaction survey asks about satisfaction with learning and development opportunities. Similarly, BJC surveys 1,500 employees monthly to measure satisfaction. BJC also measures on a quarterly basis the organization's five Key Result Areas (KRA), one of which is workforce development. The indicators used to measure the impact of workforce development initiatives are the vacancy rate, the number of days to fill beds, the turnover rate and the retention rate.

Results

Quantifying the impact of learning on the bottom line is extraordinarily difficult simply because an organization typically uses learning initiatives in conjunction with other change strategies in order to achieve business goals. The effects of other contributing factors, such as a tight labor market, may also be difficult to isolate. Many of the organizations in this study, however, reported significant drops in vacancy and turnover rates that they credited largely to their learning initiatives: St. James Mercy's RN vacancy rate dropped from 15% to under 5% in three years, Clarian's vacancy rates dropped six percentage points over two years, and GSS's turnover of CNAs dropped more than 16 percentage points in one year. UPHS not only measured vacancy rates which decreased by nearly 10 percentage points for nurses, but also the turnover rate, which decreased by nearly 15 percentage points. The improved vacancy and turnover for nurses was a direct result of the nurse residency program, according to Chief Nursing Officer, Victoria Rich.

Organizations have also quantified learning impact in other ways. St. Alphonsus has calculated a $90,000 cost savings in converting its classroom-based courses to e-learning formats. The Senior Vice-President of Human Resources at Clarian estimated that each percentage point of nurse turnover cost the system one million dollars in recruiting and training costs, thus underscoring the importance of its retention strategies. UCH has measured the impact of its cohort programs on retention: two years after degree completion, UCH found that there is 90% retention of employees studying in cohort groups compared to only 50% retention for employees completing their degrees independently with tuition assistance.

Use of Data

Tracking and analyzing data can be useful for confirming that learning programs and initiatives are achieving what they have been designed to do. However, there are additional important uses of data. UCH regularly produces reports for all managers showing the educational participation of their staff, so managers can both be sure that employees are in compliance with healthcare regulations and aware of their staff's other educational pursuits.

A common use of data is the continuous improvement of the learning programs themselves. GSS has used participant satisfaction data to determine the best scheduling times, define strategies for better integration of formal learning into the workplace, develop shorter learning sessions, and make distance learning available around the clock. These changes in its program

offerings – as well as better tracking of participation – helped to show an increase in the use of its Distance Learning Network from 12,512 employees in 2002 to 23,969 employees in 2003. For some of its in-house training, UCH uses online self-assessments to evaluate how well the participants mastered individual topics covered in the training. If an instructor sees that a critical mass did not master a specific topic, the instructor can revise the lesson plan accordingly for future trainees and provide tutorials to trainees who didn't master material the first time. As part of UPHS's initiative to target Allied Health shortages, the organization conducted focus groups with current staff, former staff, and prospective staff to determine areas of importance. They also looked at benchmarks of educational benefits by which to measure themselves. This information was then used in the design of the program, and once programs were implemented, the organization measured retention and job satisfaction.

Living and Breathing the Practices –
Examples of Comprehensive Approaches to Learning and Development Systems

Our examination of each of the practices provides an in-depth look at a number of different strategies healthcare organizations take in their approach to employee learning and development. However, the strategies we have highlighted should also be understood in the context of the comprehensive approaches that organizations have taken.

All healthcare organizations have some kind of employee education and training program that addresses mandatory training requirements in safety, HIPAA, and other areas. A comprehensive approach, however, goes beyond the mandatory training needs of an organization by recognizing the important strategic role of employee learning and development in supporting organizational change goals and in providing opportunities for employees to maximize their potential. In many of the organizations we visited, learning is fully integrated into the environment and endorsed as a factor in all activities, including individual performance and advancement, retaining and recruiting staff, implementing new management structures, preparing for new facilities and equipment, improving processes, and cutting costs. In organizations that have integrated learning in a comprehensive way, various learning and development initiatives complement and support one another and the development of a learning organization. A critical piece of this comprehensive approach is a CEO that is actively involved in the design, process, promotion, and delivery of learning and development activities.

> Kelly", an LPN and the staff development/human resources coordinator at the North Central Good Samaritan Center, is impressed with the amount of support she receives through the "Growing Our Own" Program. "We are a small facility with six employees currently participating in the University of South Dakota RN program. Having the USD program with the active support of our project director is great. I waited about 10 years for a program that allowed me to pursue a RN degree without driving and the distance from my family. This is a positive outreach for rural communities. We are providing a vital service not just for our residents, but our employees as well."

As our case study organizations show, this approach benefits the organization in a number of ways. Having a dynamic and integrated approach to employee learning and development, which is supported and promoted by the top leadership of the organization, strengthens the overall health of the organization. UPHS, for example, credits its learning program with helping the organization build its way out of a bad financial position, and BJC points to its learning culture as a major factor in enabling the organization to manage multiple sites. A sustainable learning system enables the organization to adapt better to continuing changes in technology, healthcare methods, market demands, regulations, and many other challenges. The case study organizations reported positive results, even for initiatives that are less than two years old, e.g. the increase in the participation in GSS' Distance Learning Network. Another benefit is to the image of the organization. A dynamic and comprehensive employee learning and development program helps to make the organization an employer of choice, which is highly valued by employees as well as by external parties, including patients.

In the following pages, case studies highlight the work of the seven organizations we visited. In these visits, we examined the organization's overall approach to learning and development, as well as the individual initiatives that are part of that approach. These initiatives often encompassed several of the individual practices.

Each case study includes a short description of the organization and highlights its overall approach to learning, and some of the key initiatives and practices that we found to be exemplary. As mentioned previously, it is important to recognize that many of these initiatives are in their early developmental stages and should be understood as works in progress. Others are more established, with data to show their organizational value. These initiatives, regardless of their stage of development, provide useful models and lessons for other organizations to consider for their own approaches to employee learning and development.

BJC HealthCare St. Louis, Missouri

Overview of Organization

BJC HealthCare is one of the largest nonprofit healthcare organizations in the U.S., delivering services to residents in St. Louis, southern Illinois, and mid-Missouri. BJC serves rural, urban and suburban communities and includes 13 hospitals and other community health locations. The system is about to construct its fourteenth hospital. With over 26,000 employees, it generated a net revenue of $2.4 billion in 2002. For the 12th consecutive year, BJC's Barnes-Jewish Hospital is listed among America's elite medical centers on the *U.S. News & World Report* "Honor Roll," ranked No. 8 in the nation in 2004.

The formation of the system began with the affiliation of Barnes Hospital and the Jewish Hospital of St. Louis, both of which were teaching hospitals connected to the Washington University School of Medicine. The new organization, known as Barnes-Jewish, merged in 1993 with Christian Health Services, a network of suburban and rural healthcare facilities. The combined organization was named BJC Health System. With the addition of Missouri Baptist Medical Center and the St. Louis Children's Hospital in 1994, the system became BJC HealthCare.

One of the ways that CEO Steven Lipstein is seeking to unify the system is by applying clear and consistent goals and measures equally to all entities. He is seeking to achieve Directed Autonomy with Congenial Controls – in other words, the expectations are developed and articulated at the system level, but each of the institutions can create its own strategies for achieving them. Among the system measures is a very strong focus on customer service and a willingness to learn from other sectors about how to instill and promote positive skills and attitudes.

Approach to Learning

There is very strong support for learning at the executive level of BJC. CEO Lipstein attends every orientation for new employees to underline the importance of delivering high quality care and to encourage employees to grow within the healthcare system. Corporate support for employee learning and development was also evidenced by the stability in funding for learning and the improvement in practices at the individual hospitals.

As mentioned earlier, the BJC system is comprised of a number of different facilities that operate somewhat independently. It is only in the last five years that the whole system has existed; many of the 13 entities that form BJC had already developed their own approaches to training and development. However, it is clear that an important component of building the system is establishing an overarching and visible learning agenda, which is embodied by the Center for Lifelong Learning. It has also increased the range of learning opportunities available to non-clinical staff. In addition, part of the benefit of moving to a system has been that the educational programs available at one of hospitals are now available to employees at the other institutions as well.

Key Learning Programs and Initiatives

Addressing key shortages is a focus for the development of several learning initiatives. For example, BJC developed the Allied Health Institute, which offers certificated non-degree healthcare programs, such as surgical or laboratory technicians, in collaboration with Forest Park Community College. The organization has also launched an online RN-BSN program with the University of Missouri-St. Louis (UMSL) and BJC's own Jewish College of Nursing and Allied Health. In addition to the many opportunities for students to carry out externships and clinical work at BJC hospitals, the organization has developed a mini-MBA program in partnership with UMSL in an effort to allow mid-level staff who have shown promise to build their business literacy and test the idea of returning to school to gain a full fledged MBA.

A key goal of the system is to create "service champions" among the employees. The Center for Lifelong Learning sponsored an initial daylong program on this topic, with speakers from Southwest Airlines and Disney, along with Lipstein and others from BJC. The goal was to look at the service culture of these two companies and then work to define the BJC service culture and discuss the behaviors that model service excellence in the hospitals. Initial attendance was targeted primarily at senior leaders; the strong positive response to the program has resulted in it being offered to a broader range of employees.

Other Exemplary Practices

A number of important practices are providing support to the employee learning and development system at BJC. Many of the employees we interviewed, for example, noted that the general workforce of BJC is becoming more aware of the organization's strategic goals, partly because of the increased level of communication throughout the system and the ready access to the monthly metrics that are posted on the website. This helps individual workers understand where the organization is headed and how individual employees might focus their individual learning goals to be in sync with those organizational goals. Employees also report that the organization supports their participation in learning: the hospitals have been willing to "split" time for learning with individual employees, allowing them to attend classes partly during work hours. Also, the system has established the Hire Direct program, an internal online job posting site that provides detailed information on jobs that are posted, permits online applications, and gives first choice to internal transfers. One of the participants in the School @ Work program interviewed for this report has already been able to advance through a combination of the classes she has taken and the information available to her about other hospital opportunities.

HR leadership has recognized the need to offer leadership development at all levels of the organization by creating the Emerging Leaders Focus Group of the People Board, a workforce advisory group of hospital employees, to define the needs for leadership development at all levels of the organization. As a result of the initial work, the group is now working with HR to make recommendations on how to update and extend the Leadership Development curriculum.

Impact measurement is a key focus for the BJC system. Meetings occur on a quarterly basis to review the five key measures (Clinical Quality, Service Excellence, Financial Performance, Workforce Development, and Activity). The indicators used to measure Workforce Development are Vacancy Rate, Days to Fill, Turnover, and Retention. All managers have Key Result Areas (KRA) that are part of their annual performance review and influence salary increases. Metrics are reviewed for each entity as well as for the system, and employee

satisfaction surveys are administered to a sample of 1,500 employees every month. Furthermore, BJC is becoming more systematic about following up after employees have been given learning opportunities to determine the specific impact of a program or initiative. For example, all employees are now required to attend a system orientation and BJC is measuring retention after 90 days. BJC is also making an effort to make changes in practice based on the data analysis. For example, the new customer service initiatives were created to help address concerns with patient satisfaction. After the training program is carried out, BJC plans to again measure key patient satisfaction indicators to see if the classes have made a difference.

Clarian Health Partners Indianapolis, Indiana

Overview of Organization

Clarian Health was formed in January 1997 by the consolidation of Methodist Hospital, Indiana University Hospital and Riley Children's Hospital. A new hospital is being planned on the west side of Indianapolis, which will be designed as a "sanctuary of healing." Clarian is the 2nd largest non-government employer in the city of Indianapolis, with approximately 9,500 full-time employees, and the largest healthcare provider in the state of Indiana. Bringing together a publicly funded institution (Indiana University Hospital), a faith-based institution (Methodist) and a children's hospital was not without challenges, but the partnership has made Clarian an extremely successful healthcare system.

One way that Clarian has been recognized for its commitment to employee education and development is that it was named Goodwill's "Employer of the Year" twice, once in 2000 and then again in 2002.

Approach to Learning

"Excellence in education for health care providers" and "an internal community of mutual trust and respect" are written into the core values of the organization at Clarian. The structure of Clarian's executive team reflects the organization's overall commitment to education. In many of the organizations we visited, all employee learning and development activities were overseen by the CLO who reports directly to the CEO. We consider this to be an exemplary practice, giving learning and development a prominent place in decision-making and planning activities at the highest levels of the organization. Clarian's structure, however, is somewhat different and suggests a different approach to exemplary practice.

At Clarian, education and development are the responsibility of the Division of Academic Affairs, which handles both medical education as well as education and development for staff who are not physicians. The Executive Vice-President for Academic Affairs reports directly to the CEO. In addition, Clarian has developed a senior level position, the Senior Vice-President for Values, Ethics and Social Responsibility, whose job it is to make sure that Clarian is "living and breathing" its mission. While neither the Director nor Executive VP for Academic Affairs reports to the SVP for Values, Ethics and Social Responsibility, they collaborate to measure Clarian's success in meeting its mission of being an institution of education and research.

Key Learning Programs and Initiatives

Several learning and development initiatives stand out at Clarian: the Clinical Advancement Program, Career Quest®, and the Electronic Learning Management System.

Clinical Advancement Program

The Clinical Advancement Program is a highly structured system in which nurses develop a peer-reviewed portfolio of learning and competencies to move to the next level of clinical expertise. As nurses increase their clinical skills, they are recognized for increased competency in patient care, and the program provides a forum where nurses can share what they have learned informally.

By emphasizing the skills learned from experience, the program is promoting advancement and mastery which allows a nurse to serve as a leader even if s/he does not assume administrative responsibility. This provides an important incentive for nurses who, at other organizations, find that advancement opportunities typically put them in administrative or managerial roles, rather than allowing them to advance along a clinical path.

Career Quest®

In Clarian's Career Quest® program, employees follow a formal process for individual career planning. Advisors help employees decide what courses take and what their long term plans are. Participating employees are given a "map" which allows them to visualize the process of taking courses and making decisions about courses. They also receive a "passport" where they document the courses they are taking. The map and the passport become part of their file, which they can refer to throughout the year or during a performance review. For nurses, there are nurse retention specialists on each campus who can help the employees plan out a strategy for advancing in their careers. In addition, entry-level workers have access to PLATO and School @ Work, two remediation programs that make use of computerized tutorials and online learning.

Electronic Learning Management System

Clarian's Electronic Learning Management System (ELMS) helps learners to register for live or electronic courses, take certain courses or trainings online, and manage their own learning and development. Individuals navigate through their web pages that are customized with information on their learning plans, action plans, and courses taken and in process. ELMS also offers a wide range of courses – almost 150 online courses and more than 500 instructor-led courses. Staff can log on to the ELMS to complete their mandatory HIPAA and safety training assessments. The organization sees great value in the ELMS, particularly since so much of enrollment and scheduling is managed and carried out by the individual employees. There is significant cost savings, for example, in not having to register 15,000 employees for a career fair by hand, versus allowing employees to do for themselves online.

Clarian has also recognized the need to provide assistance to employees who may not be comfortable with new technology, through a program called PACE (Partnering to Advance Clinical Excellence). There is also an open communication between senior administration and the learning team about methods to promote technology, to make it more accessible and attractive to employees.

There are numerous benefits to learning management systems like ELMS. For mandatory trainings (e.g., safety and HIPAA), clinical staff do not need to leave their floor, which eliminates some of the difficulty of scheduling training sessions. Another advantage is that there is a clear record for both employees and managers of what has been taken and what still needs to be done. Since educational plans and goals are part of employee reviews, it is helpful to be able to easily pull up what has been done.

Other Exemplary Practices
Gift of Caregiving

Clarian has developed a program called the Gift of Caregiving, a two day retreat designed to put people back in touch with the reasons they went into healthcare. It focuses on personal goals and personal rejuvenation, but in the process individuals often make important career decisions. The program is a great way to link business goals with employee learning, since individual satisfaction is seen as central to an employee's ability to contribute to the organization. The retreat is free to employees and they attend on paid time.

Program with Goodwill Industries: Job Link, Destination Clarian

Two programs at Clarian – Job Link and Destination Clarian – are made possible by a partnership with Goodwill Industries of Central Indiana, which helps recruit, screen and train potential applicants. JobLink assists the underemployed and hard-to-employ members of the community by providing five weeks of Goodwill-paid training to learn specific job and work-readiness skills. Destination Clarian is designed to attract limited English-speaking community members to Clarian and provide them with similar training with the assistance of a Spanish speaking coordinator. Participants who complete either of these programs are placed in full-time positions at Clarian. They typically start in entry-level jobs in either environmental or dietary services. Once employed, Clarian helps to continue their development by providing basic skills and GED training, ESL (English as a Second Language) classes, and career guidance. With this additional training, the new employees can position themselves for further learning opportunities as well as career advancement within the organization.

Clarian's partnership with Goodwill goes beyond efforts to recruit and employ dietary and housekeeping staff. Several years ago, Goodwill and Clarian worked together to create a summer healthcare career camp. Clarian also partners with the public school system to provide on-site GED classes.

Good Samaritan Society Headquarters in Sioux Falls, South Dakota

Overview of Organization

The Good Samaritan Society is a non-profit organization with 24,000 employees at facilities in more than 240 communities in 25 states. It serves more than 28,000 residents. Focused primarily on providing long term care, the organization also provides a continuum of care in senior housing and home- and community-based services. Many of its centers are located in communities with populations of less than 10,000.

The organization was founded in 1923 by August Hoeger, a Lutheran pastor. Its faith-based roots are strong to this day, with an emphasis on the integration of spirituality with service delivery. A pastor sits on the executive team to ensure that the spiritual values are integrated into all aspects of the system. The four hallmarks of the Society's mission are: Christ-centered, Resident-centered, Staff-centered and Community-centered.

Approach to Learning

The Society has been successful at "institutionalizing" its commitment to learning. At the National Campus, the Society's headquarters in Sioux Falls, South Dakota, learning and development initiatives are overseen by Neal Eddy, the Vice President for Learning and Strategic Integration, who reports directly to the CEO. The goals of Eddy's office are to:

- Provide leadership and support in the development and implementation of learning activities
- Ensure that learning paths exist for all positions (job-related competencies required for high performance)
- Develop systems to record and recognize all employees' learning activities
- Capture and spread important ideas and successful work practices

Eddy's work is supported by a large, sustained budget and it is complemented by the work of other vice presidents who are actively engaged in the learning initiatives.

Employee learning and development is linked with two main organizational goals. The first is the need for large scale systems change, which involves integrating more than 240 centers in 25 states into a unified culture and system. The second is to address skill and worker shortages through a number of career ladder and other initiatives under an umbrella program called "Growing Our Own."

Key Learning Programs and Initiatives

Two unique features of the Society's learning and development effort are the Growing Our Own program and the Distance Learning Network.

Growing Our Own

GSS faces the difficult challenge of attracting nurses to rural communities. In response, they developed the Growing Our Own program to help their current workforce gain additional skills to move into higher-skilled positions. The first initiative in the Growing Our Own program focused on moving lower skills staff into an ADN program. This program was developed in partnership with the University of South Dakota with a $750,000 grant from the U.S. Department of Health and Human Services. Currently, employees in six states can pursue the Associate of Nursing Degree from the University of South Dakota (USD) via the Society's Distance Learning Network. With scholarships and other financial assistance from the local facility, participating employees need only pay for one-third of the cost. More recently, GSS received a $1.9 million grant from the U.S. Department of Labor, Business Relations Group, to expand career lattice opportunities for both clinical and non-clinical staff members. It includes formal and informal training.

Another part of the Growing Our Own program is designed to create new RNs for the organization from internal candidates. The RN program is a collaborative agreement between GSS and the University of South Dakota. GSS recruits existing frontline care givers who have limited access to educational opportunities. General education and support course requirements are delivered either online or over the GSS Distance Learning Network, and nursing coursework is online. The clinical practice lab requirements are arranged at the employee's long-term care center and geographically close to the employee's home or work place. Employees who work full-time typically take four years to earn their degree as a part-time student if they have no previously earned transferable credits.

An estimated 100 people are currently enrolled in the Growing Our Own program. There were 3 graduates in Spring 2003, another 15 in Spring 2004, and GSS expects another 15 in 2005. Higher enrollment is needed in order to meet the financial goals for the program, and so the Society has plans to expand the program. The goal is to have 200 enrollees. The program uses a cohort model, where at least five people must be enrolled in a center before the course can be offered.

A new addition to the Growing Our Own series is a CNA apprenticeship program (funded by CAEL through a U.S. Department of Labor grant). This program develops new and existing employees for the entry level rung on the nursing career lattice – CNAs – using an apprentice-ship model that establishes linkages to public sector job training/placement program and provides informal learning and leadership development opportunities to both participants and mentors in the program.

Current students and graduates we interviewed expressed great satisfaction with the Growing Our Own program. They indicated that they could not have gone to school without it, and confirmed that supervisors allowed flexible schedules to accommodate courses. Convenience and financial support appeared to be the greatest selling points. An employee who had been with the Society for 12 years started as a social services coordinator, then participated in the Growing Our Own program, which she completed in two and a half years. She is now an RN. While in the program, she could continue to work, raise her children, and go to school at the same time.

Distance Learning Network (DLN)

The second major component of individual learning is the course offerings through the Distance Learning Network (DLN), which includes a broadcasting studio and 24/7 satellite network. The DLN offers a range of courses, including programs in faith-based leadership and management, workplace knowledge and skills, academic education, and personal growth. With several hundred learning events available at any one time, about 80-85% of all of the Society's offerings are through the DLN. All of these courses, as well as other courses the Society offers (e.g., self-study and classroom-based instruction), are free for employees. Discussions with employees indicated a general belief that the DLN has greatly increased their access to learning.

GSS has used participant satisfaction data to assist in the continuous improvement of the DLN, including determining the best scheduling times, defining strategies for better integration of formal learning into the workplace, developing shorter learning sessions, selecting program and trainers, and making distance learning available around the clock. These changes in its program offerings, along with improved participant tracking, helped to show an increase in participation in the Distance Learning Network from 12,512 training events in 2002 to 23,969 in 2003 (training events means
that individual participants may be counted more than once if they participated in more than one training activity).

Other Exemplary Practices

Other exemplary practices at the Good Samaritan Society demonstrate the organization's commitment to a comprehensive, institutional approach to both leadership development and informal learning. The Society recently created internal consulting teams that regularly visit the various centers to assist them in developing clear definitions of their issues, and develop and implement strategies to address them. The consultant teams devote a substantial amount of time working with the center directors and staff to create solutions that are appropriate for each center and obtain maximum buy-in. A related practice is the Idea Exchange, which currently has Communities of Practice for employees across the organization with similar job responsibilities to share common problems. These communities are designed to generate innovative solutions to problems, and based on early successes they expect to expand the number of communities. Finally, the Society has just launched a new mentoring program for advanced CNAs to serve as mentors to new CNAs.

GSS's new alliance with Bellview University in Omaha, Nebraska allows them to award employees college credit for completion of select GSS designed learning programs.

St. Alphonsus Regional Medical Center Boise, Idaho

Overview of Organization

St. Alphonsus Regional Medical Center, with more than 3,000 employees, is one of the largest employers in Boise and is locally viewed as very desirable place to work. The center has been growing in recent years and is about to embark on a building project that will expand the available space. Several years ago, when the hospital conducted focus groups in the community; they learned that the community respected the quality of the medicine at the facility but did not see it as "patient centered." Those findings spurred a number of changes that are still being implemented and are part of the five "pillars" by which the hospital measures itself.

There is a strong service environment at the hospital and a focus on helping employees deal with problems they are facing. It begins with the introduction of new employees who wear a "helping hand" so that other employees know who they are and can offer extra assistance.

Approach to Learning

The hospital benefits from being part of the Trinity Hospital System, the third largest Catholic Health System in the U.S.. It is a system of 45 hospitals and numerous other clinics and long term care facilities that values and promotes learning in its individual facilities. The senior staff in administrative areas who have joined the hospital in recent years have been recruited in large part because of their vision and commitment to employee development. According to Derek Carissimi, the VP of HR, St. Alphonsus seeks to hire people who will spend their career at the hospital. The hospital understands that they must create an atmosphere and opportunities that will encourage this to happen.

Key Learning Programs and Initiatives

St. Alphonsus offers many of the same learning benefits and programs as other healthcare organizations, such as tuition assistance, scholarships for employee earning credentials for positions in high demand, and a range of learning options. The tuition policy recognizes the value of learning for all employees and does not require that the program in which they are enrolled be related to their current job title. Registered nurses are eligible for an additional educational reimbursement of up to $250 per year that they can use for conference attendance, journals or books, or for memberships in health related organizations. Registered nurses obtaining specialty nursing certifications are given a lump sum bonus upon achieving certification (or recertification) as well as reimbursement for taking the exam. The organization makes an effort to meet employees where they are on the learning spectrum by offering programs for even the lowest-skilled workers, such as GED preparation and English as a Second Language (ESL) classes.

The organization has developed a creative approach to filling one of its shortage positions: pharmacy. One of the big challenges in filling this position is the shortage of faculty at Idaho State University to help train new students. The solution that St. Alphonsus developed in partnership with Idaho State is the sharing of a pharmacy position. This arrangement helps the school obtain the trained faculty they need to educate additional students, while providing the

hospital with a qualified staff person and assuring a steady flow of pharmacy students who have completed the clinical portion of their work at St. Alphonsus.

Other Exemplary Practices

St. Alphonsus places great importance on individual career development and internal advancement. In fact, the staff person who is responsible for career development programs at the center is evaluated annually by the growth of in-house transfers. One of the key programs to support this organizational goal is the annual Career Fair, where individual departments and schools provide information to the organization's employees. Afterwards, employees have access to individual counseling with trained career coaches who are available to employees year round and can develop career plans based on what they have learned.

St. Alphonsus has developed an eLearning Network that provides employees with 24-hour access to mandatory training, computer software courses, and elective continuing education courses. Any time that an employee is accessing the network for mandatory education, either at the hospital or from home, their time is paid.

Another exemplary practice is St. Alphonsus' efforts to measure the return from the investments they are making in learning. Some of the data they have begun to collect includes savings from the e-learning conversion of many of the required classes, which has been calculated at approximately $90,000. They are also beginning to track internal promotions and to measure whether turnover has begun to decrease with the implementation of strategies such as quarterly staff meetings with the CEO that are designed to increase employee satisfaction. Finally, since much of their focus has been on trying to increase patient satisfaction, they are trying to capture the impact of increased internal education and development opportunities on staff behavior and treatment of patients that would lead to increased employee satisfaction.

St. Clare Hospital and Health Services Baraboo, Wisconsin

Overview of Organization
St. Clare was founded in 1922 in Baraboo, Wisconsin by the Sisters of St. Mary Health Care (SSMHC). SSMHC, which received a Malcolm Baldrige Award in 2002, is based in St. Louis, Missouri and operates as a private, not-for-profit healthcare system in four states: Missouri, Illinois, Wisconsin, and Oklahoma.

The St. Clare campus includes a hospital with 475 employees, a nursing home with 175 employees, an off-site urgent care facility, and a dialysis clinic. Employee loyalty is strong at St. Clare, with the average tenure at about 10 years. This is impressive because even in the softer job market, there is stiff competition from the tourist industry, which pays better than at St. Clare for most full time jobs. There are also three hospitals and several nursing homes within a 16 mile radius.

Approach to Learning and Exemplary Practice
Visitors to St. Clare are struck by the enthusiasm that employees show for the organization and by the overwhelming evidence that individual development is supported and valued by the organization. Like other organizations we visited, St. Clare offers tuition assistance and loan forgiveness programs to help individual employees earn degrees and credentials. The organization has also worked with local education providers to offer degree programs to employees, some of which are partially on-site.

More than any specific program or initiative, however, St. Clare stands out due to its overall approach to learning and employee development. Staff we interviewed believed that their success in developing a learning culture is due to their history, small size, and the fact that they are part of a larger healthcare system which provides access to financial resources and expertise for learning.

Two key elements to their approach, however, are unrelated to these factors: the use of a "passport" system for promoting individual development and the rollout of Leadership Councils for managing operational issues.

Passports
St. Clare has a strong focus on individual employee development and is convinced of its value to the success of the organization as a whole. An exemplary practice in linking business goals to individual learning goals while cultivating individual development, is the use of "passports" that are issued annually to each employee. This small booklet, officially called "My Passport to Exceptional Healthcare Services," lists the mission, core values, and strategic initiatives and measures of the organization.

Employees are charged with filling in the "entity goals" for their department (e.g., improve employee satisfaction), their department's goals and measures, and personal goals and measures. Both individuals and their supervisors sign the passports. The organization has implemented a process for developing competencies for each position that are used in performance evaluations

and the passports to identify gaps and develop an action plan for each employee and the organization as a whole. In focus groups, employees referred to the passport as the vehicle through which they understand how their work relates to the whole.

Leadership Councils

In 2000, St. Clare began the process of developing a shared governance structure based on Leadership Councils, which are internal committees staffed by an integrated group of physicians, nurses and administrators. They are responsible for decision-making and planning of how the work gets done in each department and across departments, as well as addressing learning and development needs. Management still retains a decision-making role for determining the work to be done and obtaining and managing the resources to do the work. The program was officially launched in 2003, and has established over 30 councils, composed of volunteers. Although the initiative was launched under the prior CEO, it was the current CEO who gave it energy and led to its expansion and continuous improvement.

St. Clare views the Leadership Councils as a way to convey the importance of shared leadership and to embed that value into the culture of the organization. Employees we interviewed told us that the main purpose of the councils is to give authority and responsibility to the employees directly involved in specific situations. All council members are expected to voice opinions, make suggestions, investigate solutions, work in teams, and look for results and accountability. All council heads, who are voluntary, are primarily non-managers from all levels who have demonstrated leadership potential. Through the timely discussion of issues and challenges, the councils often identify critical learning needs, contribute to the development of curricula, and encourage employee participation in training and education.

The Councils also provide opportunities for non-managers to demonstrate leadership potential. Management often identifies potential talent by noticing individuals who take responsibility, make things happen, work well with the team, and demonstrate problem solving skills. Supervisors, managers, and senior executives can then approach these individuals to encourage them to further develop their skills through education, mentoring, and advancement. To assist in the development of leaders within the organization, St. Clare has identified a range of leadership competencies for the entire organization.

University of Chicago Hospitals and Health System
Chicago, Illinois

Overview of Organization

The University of Chicago Hospitals (UCH), located on the near South Side of Chicago, is a system of three hospitals (including a teaching hospital), an outpatient facility, and doctor's offices. The system employs approximately 5,000 staff and was ranked by the 2003 US News and World Report among the 17 best hospitals in the U.S. for overall quality. It has made this list eight times.

The mission of UCH is to "provide superior health care in a compassionate manner, ever mindful of each patient's dignity and individuality." To accomplish its mission, the organization calls upon "the skills and expertise of all who work together to advance medical innovation, serve the health needs of the community, and further the knowledge of those dedicated to caring." The organization has established a core set of values that it calls "PRIDE", which stands for Participation, Respect, Integrity, Diversity, and Excellence.

Approach to Learning

UCH has demonstrated its commitment to employee learning and development by establishing a corporate university called the Academy. The Academy houses all learning initiatives and is led by the Chief Learning Officer, who reports directly to the CEO.

At its inception in 1993, the purpose of the Academy was to:

- Align learning initiatives with business needs of the organization
- Develop organizational citizenship
- Support principles of lifelong learning
- Provide learning opportunities for employees at all levels
- Prepare the manager for expanded roles of mentoring, coaching, and training
- Provide instructional resources for development of job specific curricula
- Serve as a vehicle for organization cultural change

The Academy's offerings include thirteen different curricular tracks, which include orientation, service quality, management and leadership development, regulatory compliance, communication skills, diversity, improving organizational performance, and on-site degree programs provided by educational partners. In addition, there is a generous tuition assistance package for both full and part-time staff, scholarship programs for high demand positions such as nursing, and a virtual university called Academy Connect.

Key Learning Programs and Initiatives

Two learning initiatives that stand out at UCH include the organization's partnerships to provide on-site degree programs and Academy Connect.

Partners in Education

The UCH Academy has engaged in key educational partnerships to provide opportunities for employees to participate in degree/certificate completion programs on-site. The intent of the program is to find ways to help lower-skilled employees obtain the learning and credentials they need to move into nursing positions and then up the nursing career ladder.

Depending on where an employee is in terms of skills and educational levels, there are cohort programs that employees can join at many stages along the entire progression for nursing careers. For workers with the lowest skills and educational levels, UCH provides a cohort program called the Core Curriculum with one of the City Colleges of Chicago. This program provides employees with a series of undergraduate courses which are held on-site two evenings per week that are prerequisites for post-secondary allied health certificate or degree programs, particularly nursing, surgical technology or radiologic technology. If space permits, family members of employees as well as members of the community may participate in these courses as well. Additional on-site programs include:

- **Associate's Degree program through City Colleges of Chicago for employees and their families**
- **Associate's Degree in nursing for current CNAs, to qualify to sit for the RN exam, offered by Moraine Valley Community College; employees are paid a full time salary but are in school two days per week**
- **Bachelor of Health Administration, offered by Governors State University**
- **Bachelor's Degree in Nursing, provided through the University of Illinois at Chicago, through a mix of interactive video-conferencing and on-site instructor**
- **Master's Degree in Nursing, offered by Governors State University**
- **Spanish Language for Healthcare Professionals – collaboration with the Spanish Studios**

In development is an online Bachelor's Degree in Nursing provided through the Illinois State University Mennonite College of Nursing, which is scheduled to begin in Fall 2005. Also in development is an online Associate's Degree in Nursing with Maricopa Community College District through Rio Salado College, which is scheduled to begin in Summer 2005. There are additional plans for an on-site BSN to MSN degree and an on-site CNA certification class.

UCH has chosen to provide these opportunities primarily for cohorts of employees. UCH's own research on employee retention has shown that employees who complete degrees in cohort programs have a 90% retention rate two years after degree completion, compared to only 50% for those employees who complete degrees independently through the tuition assistance

program. CLO Judy Schueler believes that the cohorts help to provide individual workers with a network or community of support that helps to tie the workers to the organization.

UCH has demonstrated a commitment to the partnership approach by providing a staff member whose sole purpose is to manage these partnerships.

Academy Connect

UCH's virtual university is called Academy Connect, a portal through which employees can access training videos (e.g. customer service), a career development site that provides descriptions of the various learning programs, an online library providing document and other tools and training guides, online courses (credit and non-credit), annual safety and HIPAA assessments, information on trends in the healthcare industry, and descriptions of instructor-led courses. Having all of this information and access to learning in one place helps raise the visibility of learning at UCH. The organization has installed computer kiosks around the campus to give all employees access to Academy Connect.

Other Exemplary Practices

The hospital system has a strong focus on leadership with its Talent Assessment Development Process. Managers identify leadership potential as part of the twice-annual performance review process. Employees identified as having leadership potential work with their managers to develop goals. They then take part in both formal leadership training and informal development opportunities, as described earlier in this report. UCH's program includes a tracking system in which the Academy tracks individual leadership development goals over time, collective attrition rates, and promotions among those that are being assessed in the leadership process. The organization tracks by different "tiers" of talent. Those at the top tiers – those who appear to have the most promising futures at the organization – are usually "nurtured" more and given more informal learning opportunities. As a result, their attrition rate is much lower than that of employees in the other tiers.

Finally, the UCH Academy has demonstrated a commitment to sharing its practices with others in the industry through Academy Connections. This group was formed by the UCH Academy in response to the many requests the Academy received from outside organizations wishing to visit UCH to learn its comprehensive approach to employee development. Academy Connections has provided technical assistance to its members as well as opportunities to gather with others in healthcare to share best practices. This approach to information sharing has benefited UCH as well by providing a network for brainstorming ideas and developing new approaches to issues facing the organization.

University of Pennsylvania Health System
Philadelphia, Pennsylvania

Overview of Organization
The University of Pennsylvania Health System is a large operation, with four hospitals, a medical school, outpatient facilities, home, and hospice care. The Hospital of the University of Pennsylvania (HUP) is perhaps the most well known hospital in the system. There are approximately 13,000 UPHS employees.

Several years ago, when the system faced financial difficulties, leadership recognized that employee education was a key strategy to making UPHS an employer of choice, which would lead to a stronger staff and better patient care. Employee education is still seen as critical to the success of the system. In addition, UPHS has given significant attention to some of the areas of healthcare which have often been overlooked, specifically the allied health professions. A multi-year effort to increase retention of allied health professionals looked at strategic goals, national benchmarks and employee satisfaction as well as vacancy rates.

Approach to Learning
In the past five years, the health system went through a period of financial difficulty as well as a certain amount of restructuring. Although significant budget cuts were made in many parts of the organization, particularly in middle management, employee education benefits were not cut. According to Garry Scheib, UPHS COO and Executive Director of HUP, the financial difficulties were partly responsible for the organization's heightened emphasis on employee education. During the difficult years, the organization's leadership recognized that they could not deal with issues like patient safety without improving employee education. In addition, the organization saw educational benefits as a great way to attract, retain and develop staff.

All but one of the hospitals which comprise UPHS offer a very generous tuition assistance package to employees, which includes tuition assistance for up to two courses per semester as well as up to $600 per person per year for non-credit courses. In addition, there are special incentives for those pursuing high demand nursing degrees, such as a $10,000 scholarship for current LPN students who matriculate into an ADN program and commit to two years of work at UPHS post-graduation. UPHS also offers a $5,000 per year loan forgiveness for new RNs. Through the Talmadge Scholarship for Nurse Practitioners, HUP offers five $20,000 scholarships to students pursuing a Nurse Practitioner Master's Degree who commit to two years of service at HUP.

Key Learning Programs and Initiatives
Like many of the other organizations we visited, UPHS has resorted to a "grow your own" approach to addressing skill shortages. UPHS's version was developed in response to a severe shortage of radiological technologists. To create a steady supply of candidates for this high demand position, UPHS opened its own school of radiology in 2002. In the first year, enrollment in the program was over 85% of capacity. By the second year, the school had to turn away a number of applicants.

UPHS has two significant programs addressing the retention of nursing staff. The Nurse Residency Program was developed in partnership with the University HealthSystem Consortium. The program provides a year-long program to orient new graduate nurses in an effort to improve their retention rates. For other nurses in the system, UPHS developed the Clinical Advancement and Recognition Program (CARP), a six level system that "places the nurses' clinical practice and skill at the core of their professional development and recognition." CARP recognizes four domains of practice: Clinical Judgment and Decision-Making, Nurse-Patient/Family Relationships, Clinical Leadership, and Clinical Scholarship. As nurses progress through the levels of advancement, they are rewarded with increases in salary.

UPHS has also used learning initiatives to develop potential leaders and leadership skills within the organization. Penn Futures is a program that identifies potential leaders from the beginning of their career at UPHS, works with them to connect them to other promising leaders, provides them with mentors, and exposes them to leadership forums, speakers and seminars. In addition to developing the leadership skills of employees with potential, Penn Futures brings together talent from across departments and gives them a forum to connect with each other. Another approach, the Penn Delta program, combines its safety instruction program with employee leadership development. The program trains front-line employees in all aspects of patient safety policies and procedures, and then the trainees serve as a safety resource for their peers. By positioning front-line workers in a leadership role, the program provides opportunities to learn while doing.

Other Exemplary Practices

Beyond specific initiatives, UPHS carries out several other notable practices. One is its outreach to area high schools. Nurses from the hospital participate in a panel to discuss healthcare careers with students from local high schools. In addition, HS students are brought into the hospital for the opportunity to shadow and be mentored by professionals. The health system has a deep connection to the school district and even advises them on creating curriculum that is appropriate and helpful for preparing students for careers in healthcare.

UPHS has a strong focus on measuring the impact of its efforts, particularly the initiatives addressing key business goals. Measures that are regularly tracked include employee turnover and retention, employee satisfaction, patient satisfaction and feedback from trade groups and individuals. In recent years, vacancy rates decreased by nearly 10 percentage points for nurses, and the turnover rate decreased by nearly 15 percentage points. According to the Chief Nursing Officer, Victoria Rich, the improved vacancy and turnover for nurses was a direct result of the nurse residency program. When UPHS addressed allied health professions, they not only recorded the turnover rates but employee satisfaction as well. Favorable employee satisfaction increased by 17 percentage points in the allied health fields.

Applying the Model

As healthcare organizations think strategically about learning and development, the exemplary practices model presented in this report can be a useful tool. Chief Learning Officers or Human Resources leaders can use exemplary practices to:

- Identify existing critical issues that may be addressed by learning and development initiatives
- Share examples of exemplary practices with their own leadership to help foster new ideas and make strategic connections between existing programs and organizational goals
- Examine how practices can be implemented within their own organization to enhance existing programs or to find ways to develop comprehensive approaches to new learning and development challenges
- Include the model in strategic planning discussions to help in designing strategic responses that can also serve as building blocks for organizational culture change
- Serve as general benchmarks for reviewing their own initiatives to measure learning and development strengths within the organizations as well as identifying areas for improvement

Learning and development programs can ultimately be part of larger solutions to organizational challenges, and when they evolve in this way, they can form the building blocks for establishing a dynamic and responsive learning organization. Examples from the case study organizations underscore this point:

- **Career Lattice Programs**, administered by organizations like GSS and UCH which were facing the issue of nursing shortages and a dwindling pool of new recruits. The solution was to find a way to identify a new pool of nurse candidates from within the organization. The result in both cases was the development of a series of on-site and online degree programs to move internal candidates from the lowest skill levels into higher-paying jobs of critical import to the organization. To carry out this solution, the organizations chose a comprehensive approach: using technology in new ways, paying close attention to individual development, providing strong links to organizational goals, and leveraging external partnerships with educational institutions. The result is a series of programs that serve as building blocks for deepening the organization's approach to learning and development. Both GSS and UCH are now exploring the use of additional online modules for some of the programs, and GSS is incorporating informal leadership development through its CNA mentoring program.

- **St. Clare's passport program**, a system for establishing a visible link between organizational and individual learning and development goals, while focusing attention on individual career development and leadership development.

- **Online learning management systems** such as Clarian's ELMS, which serve as portals for online learning and other learning programs, create visibility for learning initiatives within the organization, and provide tools for informal learning and learning management.

It is important to remember that when developing their approaches to employee learning and development, the organizations profiled in this report did not follow a set path. They developed a response to a particular problem, experimented with it, built on its success, changed what didn't work well, and then began to systematize and build upon it. It is a more organic process of developing strategic building blocks that eventually began to work together and complement one another.

Another lesson from the case studies is that organizations do not need to carry out each of the practices to the same degree in order to effect change. In fact, the size of the organization may preclude this from being a practical, or even necessary, approach. For example, larger organizations that we visited – Clarian, UCH, and UPHS – were very successful in carrying out all the practices to a significant degree, compared with some of the smaller organizations. Yet some of the smaller organizations we visited – St. Alphonsus and St. Clare – had instituted enough of a comprehensive approach to learning and development to have created real change in the organization's culture. Walking into those organizations, visitors can feel energy and enthusiasm about learning and development among the staff that may be more difficult to achieve in larger-scale environments.

What is important is taking a strategic approach to learning that is both supported in a highly visible way by the organization's leadership and that works in synchronicity with other overarching policies and change strategies in the organization. As one or two initiatives get off the ground, the various practices enlisted will support one another and combine to create an effective and comprehensive approach to organizational change.

Next Steps

In the course of this study, we observed that some of the most exemplary practices an organization can carry out are also practices that are difficult to do and/or require significant investments of time, talent and financial resources. As a result, many of these practices were not as well-developed across the board as others, particularly leadership development at *all* levels of the organization, impact measurement, and informal learning and knowledge management. As organizations move forward in designing comprehensive approaches to learning and development, they would greatly benefit from tools and resources that can help them enhance and develop these practices. Also needed is additional research on how to structure, support and measure informal learning. Further, as more career lattice programs are launched within healthcare organizations, we expect to see greater attention given to developing non-nursing professions and even non-clinical career paths within the healthcare organization.

Building on the findings of this report, CAEL is currently developing a process and tools for working with individual healthcare organizations to assess current strengths in employee learning and development, using the exemplary practices as a point of departure. These tools will also help these organizations think strategically about next steps in developing a learning culture. CAEL will draw from its own work identifying and fostering exemplary practices in adult learning and will help organizations connect the appropriate practices to the goals they wish to achieve.

Conclusion

Learning and development are becoming integral to the strategies and operations of leading healthcare organizations. Healthcare organizations are taking a number of different approaches to addressing their employee learning and development needs, but the most successful ones are doing so strategically, using a range of exemplary practices, and with strong backing and promotion from the executive level. The eight practices identified in this study can be a useful guide for understanding the various pieces contributing to the whole, and the examples from the case study organizations provide actual examples of successful initiatives that help to build a comprehensive approach to learning and development.

Appendices

A. Sources

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B. Methodology

Phase I: Developing the Preliminary Model

In 2002, CAEL produced a report on exemplary practices in workforce development in Chicago, looking at practices used across all industries. This report, *WorkforceChicago2.0: Advancing Corporate Excellence Through Exemplary Practices in Employee Learning and Development*, identified nine exemplary practices in employee learning and development that emerged from our study of more than 46 firms nominated by their peers.

This subsequent project grew out of a recognition that the healthcare industry has specific characteristics that impact employee learning and development opportunities and needs, including state and federal regulations, licensing and in-service training requirements, pre-established payment structures, and mounting cost pressures. CAEL built on the WorkforceChicago2.0 research, customizing our list of proposed exemplary practices to directly apply to healthcare organizations. To do this, we reviewed research on the healthcare workforce and interviewed select industry experts. From this information, we compiled a preliminary list of exemplary practices for healthcare to use as the point of departure for our discussions with leading organizations in the industry.

Phase II: Documenting Specific Practices

Through a written survey, phone interviews, and select site visits, CAEL solicited feedback on the exemplary practices model while documenting a variety of specific practices and comprehensive approaches taken by healthcare organizations nationwide.

- **Survey:** CAEL identified more than 200 healthcare organizations as subjects for this study from a variety of sources: lists of award-winners (Fortune's list of best employers, Working Mother's Best Companies, ACHA Step II Award, Baldrige, and US News Best List), magnet hospitals, AHA case studies, participants in the CAEL/USDOL Nursing Career Lattice Program, UCH Academy Connection members, referrals from industry experts, and organizations CAEL has worked with in the past. Administrators in these organizations were mailed a survey that could be completed in written form or online. The survey asked respondents to rank the importance of each of the proposed practices and then provide information on their best and most effective strategies for addressing employee learning and development needs. A total of 48 healthcare organizations were represented in the responses received in Fall 2003.

- **Phone Interviews:** CAEL followed up with sixteen of the respondents – both union and non-union – who had described learning and development programs that had one or more of the following features:

    - **Integrated into the organization's overall goals and operation**
    - **Maintained as a long-term investment**
    - **Distributed to reach all levels of the workforce**

- Comprehensive in scope

- Demonstrated to be effective in achieving their goals

- Designed to be cost effective

- Designed to address concerns specific to the healthcare industry

The phone interviews were designed to learn more about the specific initiatives, learn about the organization's overall approach to employee learning and development, further define the practices, and understand how they are operationalized. The sixteen organizations included:

1. **Baptist Healthcare** Pensacola, FL
2. **Bellevue Hospital** New York, NY
3. **Ben Taub General Hospital** Houston, TX
4. **BJC HealthCare** St. Louis, MO
5. **Clarian Health Partners** Indianapolis, IN
6. **Evangelical Lutheran Good Samaritan Society** Sioux Falls, SD
7. **Huntsville Hospital** Huntsville, AL
8. **Multicare Health System** Tacoma, WA
9. **Saint Alphonsus Regional Medical Center** Boise, ID
10. **Saint Mary's Health Center** St. Louis, MO
11. **St. Clare Hospital and Health Services** Baraboo, WI
12. **St. James Mercy Health** Hornel, NY
13. **Sun Healthcare Group** Irvine, CA
14. **Truman Medical Center** Kansas City, MO
15. **University of Chicago Hospitals and Health System** Chicago, IL
16. **University of Pennsylvania Health System** Philadelphia, PA

- **Site Visits:** Seven of the organizations we interviewed were then chosen for more in-depth site visits. They were selected in part due to the degree to which they had demonstrated most, if not all, of the eight practices. These organizations were not equally strong in every area of practice, however they had incorporated a number of exemplary practices into their operations and had taken a comprehensive approach to employee learning and development.

In addition, we considered organizational demographics and intentionally selected a diverse group of healthcare organizations for our site visits, to understand how the practices work in different environments. The organizations varied according to:

- **Size – from 600 to 26,000 employees**

- **Region – East Coast, Northwest, Northern Plains, Mid-West**

- **Location – urban, rural, and suburban**

- **Type of employer - acute care hospital, hospital system, long term care system, and university/teaching hospital**

- **Type of workforce - Union and non-union**

The organizations we visited included:

- **BJC Healthcare** – a 13 hospital system in St. Louis, Missouri, southern Illinois and mid Missouri, created from a series of mergers commencing in the early 1990s and completed in 1994; it employs 26,000 individual workers and includes two teaching hospitals

- **Clarian Health Partners** – a hospital system in Indianapolis, Indiana, with 9,500 full-time equivalent employees, established from a merger of several local hospitals, some of which are teaching hospitals

- **Evangelical Lutheran Good Samaritan Society (GSS)** – based in Sioux Falls, GSS is an organization with long term care facilities in 25 states and 24,000 employees nationwide, in mostly rural communities

- **St. Alphonsus Regional Medical Center** in Boise, Idaho, with 3,300 employees, that is part of the larger Trinity Health System

- **St. Clare Hospital and Health Services**, a hospital system with approximately 650 employees in Baraboo, Wisconsin, affiliated with the Sisters of Mary Health Care (SSMHC), a St. Louis-based private, not-for-profit healthcare system in four states: Missouri, Illinois, Wisconsin, and Oklahoma.

- **University of Chicago Hospitals and Health System (UCH)** – a hospital system in Chicago with 5,000 employees that includes a teaching hospital

- **University of Pennsylvania Health System (UPHS)** – a large university hospital system, including four hospitals, out-patient treatment facilities as well as hospice and home care; the Philadelphia-based system employs over 13,000 individuals.

During the site visits, researchers met with learning staff, executive leadership (in most cases, this included the CEO), managers, and focus groups of employees at all levels of the organization. Questions during all interviews and focus groups addressed each of the exemplary practices – the extent to which a practice is carried out in that organization and specific examples of how the practices are operationalized.

Phase III: Refining the Model

After collecting all the data, CAEL researchers made adjustments to the model based on the specific practices that were profiled during site visits and phone interviews.

C. Types of Organizations Responding to Survey

Total number of responses: 48

Type of Organization (Multiple responses possible)	Number of Respondents
Critical Care Hospital	20
Long Term Care Facility	9
Clinic	2
Hospital System	19
Teaching Hospital	24
Other	3

Location of Organization (Multiple responses possible)	Number of Respondents
Urban	25
Suburban	13
Rural	12

Region	Number of Respondents	Percentage
Northeast	10	21%
Southeast	6	13%
Midwest	20	42%
North Central	1	2%
South Central	4	8%
Northwest	4	8%
West	3	6%
Southwest	0	0%
Total	48	100%

D. Detailed Model

Exemplary Practices in Employee Education and Development in the Healthcare Sector

The exemplary practices in healthcare include the following:

1. Leadership Promotes Education and Training Through Vision and Commitment
2. Employee Learning and Development Are Aligned with Business Goals
3. Leadership Development Is Emphasized at All Levels of the Organization
4. Internal Structures Are Developed for Informal Learning and Knowledge Management
5. There Is Strategic Use of Technology for Meeting Learning Objectives
6. Alliances with External Partners Are Central to Learning Strategy
7. Assessment of Impact Is Emphasized

1. Leadership Promotes Education and Training Through Vision and Commitment

The CEO and senior management are the driving forces in elevating the importance of learning and development.

Operationalized by:
- The CEO and senior management regularly verbally communicate the importance of employee learning and development. Learning is a part of the culture of and vision for the organization.

- The importance of employee learning and development is explicitly stated throughout the organization: in the organization's mission statement or business strategy, in personnel policies, and introduced at employee orientation.

- Leadership stresses the importance of developing employees at all levels to achieve their highest potential and regularly cites examples of individuals who have advanced in the organization.

- Leaders encourage learning that supports internal promotion of employees, including provision of interdepartmental advancement opportunities.

- The organization supports investment in employee education and training and maintains a budget even in economic downturns.

- Leadership participates in the organization's learning activities (learning, teaching, attending graduation, etc).

- Internal publications, intranet, etc., feature articles and information about employee learning and development.
- Leaders at all levels are expected to develop their employees and co-workers.

2. Employee Learning and Development Are Aligned with Business Goals

Learning strategies support the organization's goals for the supply, composition, and competency of the workforce.

Operationalized by:

- Employees are aware of the organizations strategic plans and how they fit in and contribute to the overall goal or mission.
- Employees understand the skills and core competencies needed to achieve the organization's goals.
- Business goals provide a framework for employee learning and development.
- A broad array of education and training opportunities meets the varying needs and learning styles of individual employees to attain the skills required to advance.
- Training and education help prepare and recruit an expanded and diverse pool of workers including minorities, immigrants, retirees, and younger populations.
- Innovative internal and external training and education are designed to help meet critical skills needs and occupational shortages.
- Learning spans all occupations and departments, is patient centered, and supports and encourages evidence-based practice.
- All employees learn the behavior and attitudes to work in cross cultural situations.
- Learning opportunities develop flexible, well rounded, as well as technically proficient employees.
- Learning is linked to a competency-based performance management system.
- Learning supports and builds teams.
- The Leadership of Human Resources is an active member of the executive team.
- New HR position and/or structures are created to facilitate the integration of employee learning into overall company operations (i.e. Chief Learning Officer).
- HR acts as change agent, facilitating company performance improvement by working with key internal stakeholders on a range of issues, for example:
  - Assesses employee skill needs and learning styles

- Customizes and facilitates the delivery of in-house training

- Structures and manages the alignment of business goals, individual and group performance, and learning activities

- Structures career paths and compensation systems

- Incorporates appropriate technologies to support training and education activities

- Tracks and monitors costs and measures impact

3. Leadership Development Is Emphasized at All Levels of the Organization

Management recognizes that leadership skills are essential for employees at all levels, and talents are developed from within the organization.

Operationalized by:
- Managers are encouraged to promote from within.

- Managers' bonuses/incentives/salaries are tied to successfully grooming staff.

- Managers participate in helping employees define and accomplish learning and personal goals.

- Leadership skills are developed at all levels of the organization.

- The organization tracks internal promotions and can cite specific examples of employees who have successfully "worked their way up the ranks."

- The organization has programs in place to groom future leaders that include:

    - Identification of core competencies and performance expectations for leaders

    - A structured assessment process to select high potential talent

    - A mix of formal and informal learning opportunities for the new leaders: formal opportunities may include degree, certificate programs and in-house training, informal learning may include mentoring relationships, rotational assignments, etc.

    - Training objectives that go beyond core business and finance training and emphasize interpersonal skills, conflict resolution, diversity, coaching, and communication

    - Mentoring network or buddy system is an important dimension

4. Structured, Individual Career Development and Growth Is Emphasized

The organization involves the individual employee in decisions around the development of career ladders and the overall learning strategies of the organization. There is a balance between meeting organization needs individual career goals.

Operationalized by:

- A centralized, highly visible career development unit connects executive, human resources, educational services, organizational development diversity and other related functions.

- Individual Learning Plans for all employees guide career development.

- Employees understand their role in the organization and the importance of the need for continuous learning.

- Employees take responsibility for their own personal development.

- The organization seeks input from individual workers on the design of learning programs.

- Trained advisors encourage and assist all employees with their individual career and learning plans.

- Career ladders delineating competencies and job requirements at various levels are publicized internally and used to help guide employee learning and career plans.

- Support for learning job related skills and broader knowledge is available to all employees.

- Flexible scheduling opportunities help employees accomplish their learning goals.

- A meaningful percent of employees at all levels recognize and take advantage of opportunities for learning and advancement.

- Employees are able to access community support services, e.g. transportation and day care to support education and training.

- Employees are given opportunities to take on new responsibilities to facilitate career development, advancement.

- Recruitment within the organization, "grow your own," is stressed. There is a significant portion of internal promotions.

- Incentives in pay and title are provided for the completion of learning and educational benchmarks and achievement of required competencies.

5. Internal Structures Are Developed for Informal Learning and Knowledge Management

Learning strategies are embedded in knowledge management and communications systems, enhancing the intellectual capital of the organization, breaking down information and learning information silos, and making employees become knowledge workers.

Operationalized by:
- The process of creating, capturing and sharing information and knowledge is systematic, on-going and consistent, and it is sensitive to the constraints on staff time.
- Information about best practices and new approaches is available and easily accessible to all employees.
- Learning and communication support team building, cooperation, and integration of functional silos.
- All employees contribute to the knowledge management system.
- Structured informal learning opportunities take place in various settings, e.g. multi-disciplinary care delivery teams, meetings, patient interactions, supervision, mentoring, apprenticeships, communities of practice, peer to peer communication, cross-training, exploration, on the job training, and execution of the job.
- Informal learning is documented and measured, e.g. in portfolios.
- Information is assembled into "topic packages" and learning modules that learners can reassemble to fit their own skill level and understanding.

6. There Is Strategic Use of Technology for Meeting Learning Objectives

Innovative technologies are used to support and reinforce learning and to manage the organization's education and training offerings.

Operationalized by:
- The organization has or is developing a computerized learning management system.
- Interactive technologies enable learners to network with peers and mentors during the learning process.
- Technology is used to customize learning opportunities to meet the individual learner's needs and interests, where appropriate.
- Use of computer-based and on-line learning is blended with other learning methods, where appropriate.

- The organization provides training to entry-level staff to be able to use the technology for informal and formal learning, as appropriate.

- Complete information about learning opportunities and the application process are online.

- The knowledge management system uses the IT system to make information accessible to all employees.

- Technology is used to share and internally promote the organization's vision and culture.

- Technology is used to support communication among teams.

- All employees have access to learning and information technologies.

- Employees are encouraged to use learning technologies to achieve learning goals.

7. Alliances with External Partners Are Central to Learning Strategy

Customized degree, certificate and non-credit programs are developed collaboratively with educational institutions to meet business and employee needs. The organization also collaborates with other healthcare organizations, subcontractors, vendors, suppliers, the public sector, community based organizations, and K-12 in developing programs for recruiting, job preparation, and short term training.

Operationalized by:
- Organizational leadership can cite examples of successful partnerships with educational/training vendors.

- Organization utilizes a structured process when assessing and selecting education and training vendors.

- Courses and degree programs are jointly developed (customized) by external vendor and internal staff.

- Courses, trainings are provided frequently onsite, on hospital/employer time.

- Real work situations and work problems are incorporated into internal trainings.

- Educational partnerships are leveraged for quality, efficiency and cost-effectiveness through collaboration with similar healthcare organizations.

- The organization strategically participates in and leads regional consortia to collect data, work with primary and secondary schools to improve preparation of entry level employees and professional development opportunities for current employees, addresses shortages of faculty and clinical training sites, and raises/leverages funds for training and education.

- Employees' supervisors and managers actively help employees apply classroom learning to their jobs.

- Organizational learning values and opportunities are shared by subcontractors and suppliers.

8. Assessment of Impact Is Emphasized

A mixture of measurement strategies are used to assess the impact of training and development investments.

Operationalized by:

- Measurable learning goals are linked to organizational goals.

- Training programs demonstrate a positive impact on the development of teams and the use of evidence-based practices.

- Data are collected throughout learning initiatives and are used to assess impact of effort on individual and organizational goals.

- An impact measurement plan exists and is fully operational. Reports are used to inform changes in delivery and content of learning activities.

- Reports on achievement of learning goals are submitted regularly to the executive management team and communicated to employees.

- Impact assessments are used in continuous improvement of organizational strategies and initiatives.