CareerSTAT

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BUILDING CAREER LADDERS IN THE AGE OF THE AFFORDABLE CARE ACT

A CASE STUDY OF JERSEY CITY MEDICAL CENTER/ BARNABAS HEALTH

By Randall Wilson | December 2015

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CareerSTAT is an initiative to document and endorse the business case for investments in frontline hospital workers and to establish an employer-led advocacy council to promote investments that yield strong skill development and career outcomes for low-wage, frontline hospital workers.

ABOUT THE AUTHOR

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PHOTOGRAPHY courtesy Jersey City Medical Center/Barnabas Health

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INTRODUCTION

This report documents the steps taken by an urban teaching hospital to develop its frontline workforce and achieve the goals of the Affordable Care Act (ACA). Responding to a host of challenges, including the ACA's "triple aim"—better patient experience, lower costs of care, and improved health for populations—**Jersey City Medical Center/Barnabas Health** (JCMC) has invested in the skills and career development of its employees to build a robust talent development effort targeting frontline workers, including patient transporters, receptionists, and housekeepers.

Jersey City Medical Center
Barnabas Health

This initiative, which earned JCMC the distinction "Frontline Health Care Worker Champion," aligns with the hospital's strategic goal of engaging employees as a means to improve patient satisfaction, also a central goal of the ACA. To date, nearly 40 frontline workers have successfully entered and completed the program, with all but three garnering positions that pay $5,000-8,000 more annually than their previous roles.

JCMC's strategic framework includes "improving the health of the population, enhancing the patient experience, and reducing the per capita cost of care." According to JCMC's Framework, an "engaged employee and physician workforce" is central to attaining these goals.[1]

JCMC's leadership and managers believe that its career ladder-training program adds value in multiple ways to the organization and its strategic goals. It creates a talent pipeline of confident and well-trained incumbents who are performing at high levels at patients' bedsides, in emergency medical teams, and in billing capacities. Their performance and commitment also contribute to organizational development, potentially inspiring higher performance and stronger team relationships among their peers. Above all, JCMC leaders value the contributions that career paths make to employee engagement, and ultimately, to enhanced performance and patient experience.

This report uses the experience of Jersey City Medical Center to document how one health care employer is implementing frontline workforce development, and how workforce investment can advance business objectives and organizational mission in the post-ACA environment. The research is guided by these questions:

1. What frontline workforce development activities have been implemented at JCMC? Why were these

JCMC's strategic framework includes "improving the health of the population, enhancing the patient experience, and reducing the per capita cost of care" through an "engaged employee and physician workforce."

chosen? How were they implemented? What are the outcomes?

2. Which activities that JCMC has undertaken to transform care affect frontline workers?
3. Why invest in the frontline health care workforce? What is the case for doing so, according to the chief executive, and the clinical, human resources, and workforce leaders?
4. Which impacts of workforce development are most relevant to the organization's mission and business objectives?

This report is based on a series of interviews conducted in summer 2015 with hospital executives, line managers, frontline employees, and instructors. It is one in a series of reports and case studies on the frontline workforce impacts of the ACA, conducted on behalf of CareerSTAT.

CareerSTAT is a joint initiative of Jobs for the Future and the National Fund for Workforce Solutions that documents the business case for investments in frontline hospital workers. CareerSTAT leaders and staff will use this and related case studies to build awareness in the health care field of changing frontline occupations as a result of the ACA, the potential implications of such changes, and the value of investing in frontline staff to facilitate ACA goals.

KEY LESSONS

Health care employers such as JCMC who invest in the skills and career growth of the frontline workforce offer lessons about talent development and its potential role in transforming patient care and achieving the triple aim.

Jersey City Medical Center's career ladder program demonstrates the feasibility of focused investment in advancing the careers of low-skilled hospital employees. But achieving results of this kind, with 100 percent retention, requires managerial capacity and executive commitment from the CEO, chief human resources or learning officers, clinical leaders, and frontline supervisors. These workforce investments also thrive best when they are aligned with organizational strategy and link employee growth to attaining key performance objectives, such as patient satisfaction targets required by the Affordable Care Act. Targeting occupations for internal training and promotion benefits from systematic research into employee interests and aptitudes, and organizational demands. JCMC also demonstrates the value of making career options—and the steps required to achieve them—transparent to employees. Having this information, as well as having personal support, coaching, and guidance of managers and instructors, makes career development attainable to individuals who never believed that advancement was possible. Finally, workforce development is organizational development. Investing in staff learning and development can positively affect performance, morale, and team building.

Employee engagement is commonly sought—and measured—by human resources departments across the U.S., in health care and in other industries. Less common is pursuing engagement through focused investment in career advancement for those at the frontlines of patient care, at bedsides, reception areas, housekeeping, medical labs, and food service, among others. Workers who serve in these roles are less visible than the physicians, nurses, and other clinical faces of health care, but they have the most contact with patients, and thus have major impact on the consumer's care experience. They also provide a potential pipeline of talent for first-level supervisory positions and other high-demand direct care and allied health positions.

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ABOUT JERSEY CITY MEDICAL CENTER

Jersey City Medical Center is a 316-bed teaching hospital and the largest provider of health services in northern New Jersey's Hudson County.[2] Comprised of two facilities—the Wilzig Hospital and the Provident Bank Ambulatory Care Center—it is also the county's only trauma center and open-heart surgery center, and the only nonprofit hospital remaining in Jersey City. (For-profit corporations have acquired the remaining community hospitals.) It employs approximately 2,100 individuals, admits 18,000 patients annually, and receives 80,000 emergency room visits.[3] JCMC also maintains the city's emergency medical services. Originating in 1882 as the city's charity hospital, it has expanded over time, adding an expanded surgery building and a maternity hospital, followed by other facilities, including a nurses' residence, outpatient clinic, and psychiatric hospital. The complex was rededicated in 1936 as the Jersey City Medical Center, one of the nation's first comprehensive centers for health care.[4] Situated in an area of rapid redevelopment overlooking New York Harbor and Liberty State Park, the hospital is in the process of constructing additional buildings on its 15-acre campus.

Today, JCMC serves a diverse urban patient population. Jersey City, home to about 250,000 individuals, is the state's second largest city after Newark. (Nationally, only three other cities of more than 100,000 have greater population density, including New York and San Francisco.) Jersey City's population is expected to increase in the next five years due to the city's growth and convenient location. Nearly eight in ten residents are of nonwhite racial groups and/or Hispanic ethnicity. Less than 40 percent of the population is foreign-born, more than triple the percentage nationally. Eighteen percent of Jersey City residents live at or below the poverty line.[5]

JCMC has been the subject of several recent mergers with larger health systems, a trend common in New Jersey and nationally. In 2013, the hospital—formerly affiliated with New Jersey's LibertyHealth—began an affiliation with Barnabas Health, the state's largest not-for-profit integrated health care system. In July 2015, the Barnabas Health system, including JCMC, signed a definitive agreement with the Robert Wood Johnson Health System, pending final approval by state authorities. The resulting organization, RWJ Barnabas Health, will span much of the state, from the New York border to the southern shore, with 11 acute care hospitals, three pediatric hospitals, and a range of other facilities serving outpatients as well as those receiving acute care, making it by far the largest health system in New Jersey.[6] To date, the JCMC's previous affiliation of Jersey City Medical Center with Barnabas Health has had little impact on staffing levels, according to managers interviewed, nor has it affected JCMC's investment in frontline worker training. At this writing (fall 2015), it is too soon to judge the implications of the larger merger with Robert Wood Johnson Health System.

Jersey City Medical Center's financial and clinical performance and its profile in the region have also changed dramatically in recent decades, particularly in the past five to ten years. The hospital has faced bankruptcy or near-bankruptcy twice since 1980. As a then-public hospital declaring bankruptcy in 1983,

Jersey City Medical Center's performance data in the past decade also points to a turnaround, with scores in the top ten percent of state and national rankings for heart attack, pneumonia, surgical care improvement, and heart failure.

it was prey to the declining fortunes and tax base of many industrial cities in the 1970s and '80s, with declining investment in capital and staff and an outflow of patients.[7] By the middle of the last decade, JCMC, then a nonprofit hospital operated by LibertyHealth, was losing $60 million a year. According to a report from the state's stabilization fund for medical services, new construction, and subsequent pressure on cash flows put JCMC on the brink of bankruptcy. Its role then as a super safety net hospital—one with over 50 percent of its patients indigent or funded by Medicaid—also created financial pressures. A turnaround plan requiring major management changes was instituted, accompanied by a series of state grants to maintain health services in low-income areas. The mix of patients has also shifted, with fewer than half supported by charity care.[8] The leadership of Joseph F. Scott, hired as CEO and president in 2008 after a national search, also helped the hospital improve its financial situation as well as upgrade its reputation as the preferred hospital in Hudson County and the surrounding area, according to those interviewed. These and other factors contributed to putting the hospital back on stable footing in recent years.[9]

Its performance data in the past decade also point to a turnaround, with scores in the top ten percent of state and national rankings for heart attack, pneumonia, surgical care improvement and heart failure.[10] In comparison, its 2006 ratings in these categories—except surgical care improvement, which was not measured at that time—fell to the bottom 50 percent of New Jersey hospitals.[11] Where potential patients might have chosen better-known Manhattan hospitals previously, there has been a shift in demand. Even some New York City residents decamp for care at JCMC, according to hospital leaders interviewed.

TRANSFORMING CARE: STEPS TO ACHIEVE THE TRIPLE AIM AT JCMC

In this section, we place JCMC's workforce development—and the demands that are driving it—in the context of Affordable Care Act policies and the hospital's response to them. While this report's primary focus is on the frontline, non-licensed workforce, this overview also describes practices and programs reflecting the hospital's broader organizational strategy, which embraces the workforce in full.

Jersey City Medical Center and its workforce are delivering care in a rapidly changing environment. Chief among these changes are: demographic shifts, notably an aging and more culturally diverse population; the integration of electronic medical records and other technologies, including telemedicine; and the drive to consolidate hospitals and aligned physicians in fewer and larger health systems. Nonprofit hospitals such as JCMC also face rising competition from for-profit institutions. Perhaps the greatest driver of change is the Patient Protection and Affordable Care Act of 2010 (ACA). The ACA is increasing the volume of patients—over 16 million have enrolled through exchanges, expanded Medicaid eligibility, or retention of young adults in their families' plans—and changing the way care is delivered, evaluated, and paid for.[12] These changes reflect the triple aim of lower cost, higher quality care, and better outcomes for populations.

For JCMC, as for all health care providers, this means treating a greater volume of patients outside the hospital, in community clinics and physicians' offices as well as at home. A related goal, and one backed by the threat of financial penalties, is reducing unnecessary readmission to the hospital. Equally important is engagement of patient populations in practices to maintain good health or to manage chronic health conditions, including good diet and exercise as well as regular doctors' appointments. JCMC and Barnabas Health, its corporate parent, are also taking steps to coordinate care, between hospital, clinic, rehab or nursing home, and home health care. For example, the hospital works with nursing home and home health providers to understand risk factors for readmission among heart failure patients discharged to their care.[13] The hospital is also seeking to control costs through payment arrangements that reward care quality rather than volume, and hold providers accountable for health outcomes and spending targets, through accountable care organizations or networks, and Medicare Shared Savings Plans.

Jersey City Medical Center's transformation of care is guided by its strategic plan. The plan is built on four pillars or guiding principles: clinical quality, patient safety, engagement, and economic health.

At the highest level, Jersey City Medical Center's transformation of care is guided by its strategic plan. The plan is built on four pillars or guiding principles: clinical quality, patient safety, engagement, and economic health.[14] The adoption of these pillars dates to Joseph Scott's 2008 start as CEO and President: As part of JCMC's turnaround, President Scott worked with the hospital's board of directors to change institutional culture through a focus on the pillars. Progress on the pillars and related goals are reviewed at each year's strategic planning retreat. Key goals include achievement of best-in-class clinical quality/patient outcomes and patient safety, scoring in the top 10 percent for these categories nationally; becoming a financially integrated care delivery system; achieving best-in-class population health management; developing a network of ambulatory care sites to increase access in the community to primary care, specialty care, and other services; and, most relevant for workforce development, "being a national leader in providing excellent patient experience through an engaged employee and physician workforce." The Center maintains councils led by senior executives to oversee each goal area. President Scott and Margaret Ames, Associate Vice President of Nursing Operations, lead the council on patient, employee, and physician engagement.

All employees at JCMC have a direct stake in achieving these goals. Annual raises and bonuses are now contingent on meeting the targets; automatic base wage increases are no longer included in eight collective bargaining contracts or for any union employee. President Scott acknowledged that JCMC's unions did not initially embrace the pay-for-performance program. In his view, it took a process of the employer engaging membership and leaders gradually on a personal level, through company-wide events and other community building activities, for trade union officials to reconceive their aims. Several other initiatives are in progress to achieve the hospital's goals for transforming care.

SHIFTING CARE TO THE COMMUNITY

In addition to adding ambulatory care services at the Medical Center campus, JCMC is building its capacity for outpatient care in the community, under the banner of "give more care locally." It maintains six affiliated clinics, or health stops, in Jersey City neighborhoods, including urgent care centers and providers of vision, dental, women's, and mental health services. The expansion of community clinics aligns with the goal of managing population health outside the hospital's walls, with an emphasis on reaching high-need patients who are the most frequent hospital users and incur the largest share of health care costs.

The shift to outpatient care does not mean reduced workforce demand in acute care, according to JCMC leaders; the number of hospital patient visits increased by 2 percent in the past year, at a time when patient levels are dropping in other systems. But it requires more staff, from physicians to medical assistants and patient access representatives in community-based positions. Some of the newly trained patient care technicians in the hospital's workforce programs have applied and been placed in ambulatory care. The demand for better management of population health also requires filling non-medical roles, including social workers and patient navigators.

PROVIDING INCENTIVES FOR PREVENTION AND SELF-MANAGEMENT

A touchstone of the Affordable Care Act is the need for patients to take a more active role in managing their health. A recent innovation at JCMC, and one that is also community-focused, is Wealth from Health. This program encourages healthy behaviors and patient self-management by offering users reward

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points—recorded on a membership card—redeemable for goods and services at participating vendors, including restaurants, gyms, and salons. For example, joining a gym earns members 10 points. Taking one's medications and understanding their side effects also generates points. Users enter the program through a health assessment, conducted on a home visit. This enables outreach workers (patient navigators) to establish a care plan; stratify users by risk category; assess the home environment for health hazards, such as mold or carbon monoxide; and begin educating patients on locating higher quality foods and other health-promoting habits. Wealth and Health members are also referred to JCMC's health stops. As of summer 2015, 1,600 were enrolled in the program, with a target of 2,000 members by the end of the year.

PATIENT NAVIGATION

JCMC's corps of patient navigators is the face of its Wealth and Health initiative. The patient navigator, a recently created role at the Medical Center, assumes a variety of other roles to promote coordinated care and population health management, with a special emphasis on reducing readmission to the Emergency Department. A subgroup is stationed in the emergency room Monday through Friday. Using a severity index of patient conditions to focus on those most likely to need services, the navigators use emergency room discharge as a teachable moment to educate patients about appropriate use of the ER; inform them about community resources such as health insurance, housing, transportation, and social services; and, if necessary, help them locate a primary care physician and secure an appointment within three to five days. They also work with patients in acute wards and community clinics, as well accompany physicians on home visits. Some specialize in specific conditions, such as pediatric asthma.

JCMC's patient navigators are evenly split between nurses and non-clinical practitioners, usually Bachelor's-level social workers. The latter focus on linking patients to community resources, including the Wealth for Health program. Clinical leaders, including the hospital's chief medical officer and senior staff from the Accountable Care network, described the use of lay navigators as cost-effective.

IMPROVING THE PATIENT EXPERIENCE

Patient satisfaction is perhaps the most prominent ACA mandate for care improvement. Based on patient surveys, health care providers are rated on such metrics as responsiveness of hospital staff, pain management, cleanliness and quietness of the hospital environment, communication with doctors and nurses, and transition of care.[15] For Jersey City Medical Center, as for all hospitals, achieving excellent ratings on the surveys—and ensuring that all staff understand their importance—is central, both because of commitment to delivering good care and concern with loss of reimbursement dollars. At JCMC patient satisfaction and other key metrics, such as infection control, are communicated to staff at many levels, starting with orientation and at regular town hall meetings anchored by the CEO and other leadership. Senior managers receive their units' scores weekly and discuss them with line management. Scores are posted in the unit, explained Mary Cataudella, Vice President of Human Resources, with color-coded indications of whether "pillar targets" are being met. Supervisors convene their staff to identify problems and strategies to correct them. Patient care technicians (PCTs), for instance, are observed by nurses to ensure that they are introducing themselves to patients and explaining what they are doing.

To help improve patient satisfaction, JCMC conducts trainings required for all staff to promote empathy and better customer service. Participants learn the AIDET approach to patient interactions: Acknowledge, Introduce, Duration, Explanation, and Thank You. More than 2,000 employees have been trained to date. The hospital also maintains simulation (sim) labs at all shifts on nursing units to train or upgrade nurses and PCTs in patient-centered care skills.

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DEVELOPING THE FRONTLINE WORKFORCE AT JCMC

Jersey City Medical Center has invested in its frontline workers through a sequence of steps: inquiry, leveraging internal and external resources, and implementation. Underlying these investments is an organizational commitment and philosophy of deep employee support, espoused by the CEO and reinforced at each level of the organization. The workforce effort is overseen by JCMC's Human Resources Department, which executes training programs over and above its operational HR responsibilities, such as recruitment, hiring, managing benefits, and related tasks. Unlike some large health care employers, it does not maintain a distinct workforce unit, or coaching staff. Frontline talent development is the responsibility of HR's Lourdes Valdes, Manager of Employment/Training and Development, who balances this work with other human resource responsibilities. Like many other organizations, JCMC's workforce program includes a range of courses in general skills, such as customer service or English as a second language, as well as professional development in specialized occupations and skills such as advanced cardiac life support. It also provides tuition reimbursement benefits, with nurses allotted $7,000 annually and non-nursing staff allotted $3,500 annually.

The hospital's current program of frontline training and development has roots in both the organization's philosophy and in regional workforce initiatives. JCMC's leadership sees an engaged workforce as critical to delivering excellent patient care as well as additional aims of the Affordable Care Act: improved population health and lower per capita costs of care. It also views its mission in terms of community development by providing opportunities for local residents to attain or move into jobs will sustainable wages. (According to JCMC staff interviewed, even entry-level positions are compensated at above minimum wage.) And it needs to fill positions essential to patient care, such as patient care technicians and emergency medical technicians.

At the regional level, Jersey City Medical Center is a member of a health care industry partnership of CareerWorks, a collaborative of public and private funders established by the Newark Alliance to align employer needs for skilled staff with investment in the skills of unemployed or underemployed workers. It is one of more than 30 collaboratives supported by the National Fund for Workforce Solutions, an initiative of national and local funders to advance the careers

According to JCMC staff interviewed, even entry-level positions are compensated at above minimum wage.

of low-wage workers. CareerWorks has initiated workforce partnerships in several high-demand industries in the Newark region, including health care and transportation, distribution, and logistics. The collaborative initially funded Barnabas Health, prior to its merger with JCMC, to provide computer skills to frontline workers, and later to train incumbents for roles as certified nursing assistants (CNAs) and EKG technicians, while training managers in coaching and mentoring skills. More recently, CareerWorks has invested in several rounds of frontline worker training at Jersey City Medical Center.

The first wave of training, backed by a $216,000 customized training grant, covered general skills, including training in computer applications such as Excel and Word, customer service, English, and writing. Over 1,000 employees participated in these trainings, on paid time, based on requests from their managers.

Before seeking CareerWorks funding for training in specific occupations, HR managers at JCMC began a deliberate process of inquiry into employee and organizational needs for workforce development, beginning in 2010. In employee engagement surveys, frontline workers expressed a desire for career growth and education. Vice President of Human Resources Mary Cataudella worked with Ms. Valdes to conduct focus groups to determine the exact meaning of the survey responses and articulate specific career and occupational interests of staff. Ms. Valdes used focus group responses to construct a career ladder grid illustrating 20 jobs at the hospital that were most in-demand by employees and were areas of high vacancy or need for the organization. The career ladder offered a systematic and transparent guide to growth opportunities and how to obtain them. Users could identify specific roles, such as nursing, patient care technician, or EMT; five-year demand profiles; skills and education required; educational programs available by location and how to access them; tuition reimbursement available; and related information. The career ladder was posted on the hospital's intranet. Ms. Cataudella explained, "Employees [using the career ladder] were able to make educated, well-informed decisions regarding what they would like to do and how to get there."

To realize employee aspirations expressed in surveys, focus groups, and the resulting career ladder, the workforce staff proceeded to implement several cycles of training for frontline workers. In the initial round, beginning in 2012, JCMC employed an additional CareerWorks grant of $100,000 to train entry-level workers as PCTs and medical billers/coders. The six-month courses were taught onsite at JCMC in the Human Resources area during evenings four nights per week, in partnership with William Patterson University of New Jersey, a four-year public institution based in nearby Wayne, N.J. Course costs were fully covered by the hospital. Among the 20 participants, 10 in each certificate program, were patient access associates, patient transporters, security officers, and housekeepers. All 20 students completed the course successfully, with 15 moving on to occupy positions as PCTs and medical assistants on the one hand, or billing coordinators, coders, and insurance verifiers on the other.

In 2014, 15 employees entered a second round of PCT training; an additional three were trained as emergency medical technicians. For this round, Jersey City Medical Center contributed 50 percent of the $100,000 cost of the program, including the cost of instructors, books, and certification exams. All students completed their course and subsequent certification exams successfully. As of summer 2015, 12 were placed as PCTs and the remaining three were in the process of finding positions. Two of the three EMTs completing the courses have been placed as well. JCMC is currently gearing up for a third cycle, with a target of training 30 PCTs and six operating room surgucak technicians, while enabling 40 current PCTs to obtain certification as certified nursing assistants. They anticipate that a portion of those graduating will be placed in JCMC's affiliated physician practices under titles such as medical assistant or CNA.

A number of factors facilitated the successful implementation of frontline workforce development at JCMC. At the organizational level, leadership support from the chief executive, senior managers, and line supervisors contributed to strong execution. The courses align with the organizational vision, expressed by Joseph Scott, CEO and President, of supporting employees by enabling them to obtain education, career opportunities, and livable wages. President Scott periodically visited the classes to encourage students, as did JCMC's Vice President for Human Resources and the Director of Public Relations. Senior managers and staff in HR contributed time and effort above and beyond regular duties and hours to support the training. Frontline supervisors encouraged individuals to use the opportunity and backed them up with scheduling flexibility. For their part, individual

trainees sought out managers, including Ms. Valdes, to request career and educational assistance for advancing their careers.

In addition to providing the training at no cost to employees, JCMC made child care available to facilitate participation. Holding classes at the workplace also added to convenience as well as safety, given the evening hours required for some courses. Students also benefitted from studying as a cohort and participating in study groups, especially as course materials became more advanced, as Stephanie Washington, a newly minted Patient Care Technician, explained. One student who experienced anxiety about academic challenges during the training, received emotional support from her fellow PCT trainees to bolster her self-confidence. According to students, the instructors created a comfortable environment for learning. Experienced PCTs, EMTs, or coders mentor students during the course.

Students and staff also noted that course instructors delivered a sense of mission about the roles and helped instill confidence. Yolanda Evengiou, course instructor from William Patterson University, reinforced this. For her, the mission is to "help employees climb the ladder," to learn and earn more and gain in self-esteem. For former receptionist Janet Thompson, working with Yolanda was "an amazing experience," motivating her to continue a challenging program in billing and coding.

JCMC employees in the courses did not lack challenges. Many relied on second jobs to make ends meet, and some had to give up this source of income to accommodate course taking. One instructor noted that students in the night courses who lacked cars walked home through high-crime areas. All coped with the burden of lower incomes and faced unexpected emergencies, such as eviction. Though the hospital assisted with childcare, finding care and balancing competing demands of family, school, and work posed difficulties. Instructors collaborated with local and county human service agencies to provide support and referrals when needed. For students with more limited English or other learning challenges, Human Resources staff helped them find training resources to ready them to enter the program in a later round.

At the conclusion of courses, the hospital conducted graduation ceremonies for student trainees, peers, family members, and friends to recognize and honor their achievement. JCMC board members as well as representatives from Barnabas Health also attended. For many students, noted Ms. Valdes, it was their first graduation ceremony. Students and staff spoke of the powerful effect of such rituals on workers' self-perception and confidence level, as well as how their children regarded them. While some family members reportedly complained earlier in the program of the parent or relative's preoccupation with studies, upon graduation their impatience was converted to pride. One student's child expressed a desire to one day "become CEO of this hospital."

THE VALUE OF WORKFORCE DEVELOPMENT AT JCMC

In this section, we review the major drivers of investments in the frontline workforce at JCMC, and outline the emerging impacts as perceived by hospital leadership and managers, workforce staff, and frontline employers.

Jersey City Medical Center's investments in its frontline workforce create value for the organization in several related ways, according to the hospital's executives and managers. The career ladder training programs create a pipeline to fill positions essential to delivering patient care. By building talent from within, these programs also save money in comparison to recruiting for such positions from external sources. They contribute to improved performance of employees placed in those positions and, indirectly, to their peers' performance. And they contribute to employee engagement, which, in the logic of JCMC's strategic plan, should enhance patient satisfaction. Frontline workers who have participated in the trainings "feel supported," according to Ms. Valdes.

BUILDING THE TALENT PIPELINE AND REDUCING COSTS

As noted, the career ladder positions selected for incumbent worker development represented the top selections of frontline participants in the focus groups, cross-referenced with data on areas of high need in the organization. The largest number of training graduates is in patient care technicians (PCT), needed to match a growing volume of acute care patients as well as to support ambulatory care in JCMC's new network of clinics and aligned physician practices. Filling these roles from within has multiple advantages, according to Ms. Valdes. Training incumbents who had previously worked as transporters, receptionists, housekeepers, or in similar roles yields savings in recruitment and onboarding costs of about $4,000 per hire for an outside candidate in frontline positions. Interviewing and onboarding experienced incumbents is more efficient, noted Ms. Valdes, because the candidate knows the hospital, its systems, its staff, and where to find things, shortening the orientation period as well as the time necessary to begin working productively:

> These employees have already been interviewed, prescreened, educated and had their competencies assessed. They are knowledgeable about the customer service expectations, familiar with the facility. It is most efficient and effective to provide the opportunity to an internal, self-motivated, employee.

For a PCT, an internal candidate has already performed his or her clinicals in the process of coursework and certification.

Graduates from these courses may contribute, eventually, to a longer pipeline leading to higher-level positions if a successful first experience with education and career progression motivates them to seek additional opportunities. Yolanda Evengiou, course instructor from William Patterson University, reported that 75 percent of her PCT students eventually return to school, in nursing and in other health-related fields. Several managers attested to this, and spoke of how they encourage their newly promoted PCTs to pursue nursing school or other health careers. One nursing director recently hired two

former PCTs as nurses. Frontline employee graduates confirmed these aspirations. Daniela Solano, a recent graduate of the EMT program, worked in reception and patient registration, but hopes to become a physician assistant. She is currently studying biology at a local community college. Janet Thompson, Billing Coordinator, who completed the billing/coding course, plans to pursue higher-level certifications in health information technology.

MEETING IMPROVED PERFORMANCE LEVELS

The Affordable Care Act, the transition to a new complex system of medical codes (ICD-10), electronic medical records, and other factors contribute to the demand for higher skills from frontline workers at the bedside, in billing departments, in emergency medical services, and in every other facet of health care. Most salient is the drive to enhance the patient experience and outcomes, and its accompanying metrics. As Ms. Cataudella explained, "Maybe years ago, it was tolerable to have a PCT who was substandard in customer service, but a great PCT…We can no longer afford that."

Today, in her view, "If you don't have that customer focus, then JCMC is not the place for you." Elenita Ajose, Director of Medical/Surgical Nursing, concurred that performance expectations for PCTs have risen sharply, for bedside manner in particular.

With higher skills and performance levels reflecting JCMC's strategic emphasis on patient satisfaction, in line with the Affordable Care Act, program graduates also serve as models for their peers when they return to the floor. As Ms. Valdes explained, "On the patient units, they've become the ambassadors. I call them the ambassadors of patient care. They're the ones, the newbies, who are setting the example for higher standards for the more seasoned, longer-term employees."

JCMC managers believed that trainees emerged from the courses as strong performers, not only because of the skills and technical knowledge they acquired but also because of increased confidence and a sense of mission. In Ms. Valdes' words,

> The instructors are able to deliver to them a higher level of education–they're absorbing it more. Confidence is being built. They're going to the patient units very confident in what they're doing, because now they are being told that they already possess the skills to meet the expectations; our mission is being transmitted throughout the entire course.

Michelle Lopez, Emergency Room Director, echoed this view. She reported "great success" with candidates placed in her department and cited their improved self-esteem and gratitude for having been given opportunities, as well as heightened communication skills. Ms. Cataudella described graduates of the programs as "top of the line." Directors are calling HR, noted Ms. Valdes, asking when the next crop of PCT graduates will be available for transfer.

The training graduates also transmit the message to peers that they too can take advantage of educational opportunities to ascend to higher-paying and higher-skilled roles.

INCREASING EMPLOYEE ENGAGEMENT

Associate VP of Nursing, Ms. Ames underscored the organizational principle that "employee engagement drives patient experience, [helping us achieve our] core measures." Frontline workforce development is one tool to achieve this, in her view. For her and for Joseph Scott, CEO and President, investing in employee advancement is part of a constellation of activities that create a sense of community and attachment to the organization. These activities range from cookouts for employees and their families to establishing a hardship fund for those disrupted by 2012's Hurricane Sandy, as well as internships to expose employees' children aged 16-24 to the workplace environment. For Ms. Ames, "Employee engagement is more than a poster." It is about concrete commitments to bettering people's lives and livelihoods. She cited data from recent surveys (Press Ganey) pointing to rising levels of engagement, notably in JCMC's Tier 1, which includes frontline workers. The hospital is bucking a national trend of stagnant or declining levels of employee engagement in health care workplaces.[16] Press Ganey survey results also indicate that highly engaged employees outperformed others in key performance areas, including patient experience (Hospital Consumer Assessment of Health Care Providers and Systems) and other core measures.[17]

To be sure, this evidence does not prove a causal link between JCMC's career ladder programs, rising

engagement scores, and patient satisfaction. But it speaks to the mental model, or theory of change, that matters to the hospital's leadership when justifying policies. When pressed about the kinds of data or evidence that would argue for scaling the Medical Center's workforce programs, Mr. Scott cited improved retention and lower turnover, but ultimately pointed to the value of intangibles, such as the bonds forged by employee-students in study groups that carried over to the hospital floor and created models for their children.

Graduates from the program attested to these values as well. Daniela Solano, Emergency Medical Technician, recounted better communication at work with classmates. "We had each other's back," she said. She and other students all singled out the importance of the personal commitment that the organization in general, and HR staff in particular, made to help them succeed in their careers. She emphasized the importance of knowing that "the hospital cares about providing better opportunities for people" and the level of effort that was invested in her success. Ms. Valdes confirms this: "HR Department will do whatever it takes" to foster incumbents' success. According to Ms. Cataudella, "They [students] may be struggling at home, but when they come here, they know that we support their efforts, we're helping them up that mountain."

Engagement of JCMC workers through career development rests, in other words, on a deep personal investment by HR managers, individual supervisors, and instructors in a relationship. This is why the career ladder program, in Ms. Ames' view, results in a "sense of belonging" for frontline workers. Ms. Valdes summarized the impact of workforce development for both the organization and its employees this way:

> You could see, after the graduation, the return on investment, which is to have dedicated employees–the majority of whom were willing to take the next step and go on to these careers full force–earning additional dollars, setting an example for their peers with hard work and dedication and study, and time and effort and launch them into a whole different career.

LESSONS AND RECOMMENDATIONS

Jersey City Medical Center's development of career opportunities in the ACA environment offers a number of lessons for other large hospitals and similar organizations:

- Successful training and placement of frontline workers, with 100 percent retention and completion rates, is attainable and practical.
- It requires staff, instructional, and financial resources, such as a dedicated training and development manager reporting to the Human Resources Department. Buy-in and support at all levels, especially from the chief executive, clinical leaders, and frontline managers, is essential.
- Frontline workforce development needs to align with organizational strategy that promotes a direct link between supporting employee growth and well being, and performance outcomes that contribute to key objectives, such as patient satisfaction.
- Workforce investments are best made in the context of systematic inquiry into employee interests and aptitudes and their alignment with organizational talent needs. These inquiries should result in opportunities for employee growth in the form of ladders, where the required steps or rungs are transparent to employees.
- Personal and sustained relationships of workforce staff with employee-learners are critical to candidates' retention and success.
- Workforce development is organizational development and vice versa. Investing in staff learning and development can have positive spillovers into performance, morale, and team building among trainees and their peers.

At this writing, Jersey City Medical Center is in the process of scaling up its internal development of patient care technicians, doubling the cohort from 15 to 30 candidates. It is also preparing to initiate a new training program for operating room technicians. Given the robust performance and promising expansion of these programs, we offer the following recommendations:

- **Expand the capacity for serving frontline workers at JCMC.** The hospital's Human Resources staff devotes long hours in both program development and personal support of trainees. JCMC could strengthen this critical work by adding a dedicated coach or retention specialist whose sole responsibility is to assist frontline workers in assessing career possibilities, identifying and removing obstacles—whether academic or personal—and supporting career and educational advancement. Creating this position would enable the manager for training and development to focus on strategy, program development, and sustainability.
- **Institutionalize frontline workforce development at an organizational and corporate level.** JCMC has taken important steps in this direction by internalizing a portion of the career ladder program costs that were originally covered entirely by grants from CareerWorks. Given the vulnerability of such programs in most organizations, the career ladder program needs to be a line item in the hospital's operating budget, or at least supported at a greater level. As one manager noted, "It's the first thing to go" when budget cuts are made. In light of the successive mergers involving JCMC, the hospital should make the case to Barnabas Health and Robert Wood Johnson Health System for replicating

this successful initiative system wide and leveraging the resources of large integrated health systems to develop talent in support of business objectives.

  - Both entities have already embraced this type of program. Barnabas Health has previously supported training and coaching initiatives with resources from CareerWorks. Robert Wood Johnson University Hospital, a flagship of the RWJ Health System, is an innovator in supporting its frontline workforce; it is currently an awardee in New Paths to Professional Nursing, a project of the Robert Wood Johnson Foundation's New Jersey Health Initiatives. In partnership with Rutgers University's School of Nursing, the hospital is assisting a cohort of non-licensed, incumbent workers, including PCTs, on a path to Bachelor's degrees in nursing.

- **Use data to make the business case for scaling career path programs.** JCMC has made a constructive start on this in several ways, including analyzing employee engagement and soliciting employees' occupational interests for career advancement. To demonstrate business impact of programs more rigorously, we recommend the following:

  - Tracking program graduates and nonparticipants in several key dimensions of highest value to JCMC, such as retention, wage progression, promotions, job performance, and engagement.
  - Developing measurements to capture the costs and benefits of growing your own talent, such as savings in recruitment and onboarding.
  - Tracking ACA metrics, including patient satisfaction, at a more granular level, focusing on units with higher and lower staff participation in career ladder programs, and monetizing the results if possible.

- **Bring workforce development into closer alignment with care transformation.** Jersey City Medical Center's work with population health and care coordination—especially its use of patient navigators and rewards to encourage healthy patient behavior (Wealth from Health)—is highly innovative and promising. At this point, patient navigator positions are limited to individuals with at least a Bachelor's degree in social work or nursing. However, other health systems have created models, especially in outpatient settings, in which sub-baccalaureate workers help patients find resources, keep appointments, and adopt healthy lifestyles. JCMC could tap this resource by preparing frontline workers for outreach roles, perhaps in support of patient navigators or as a career step between patient care technician and patient navigator. It could also examine best practices for expanding the role of medical assistants and community health workers in ambulatory care clinics to promote patient self-management and care coordination.

ENDNOTES

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[8] With implementation of the Affordable Care Act, the majority of Jersey City Medical Center's indigent, or charity care patients, are now covered by Medicaid. A budget shortfall remains, however, as Medicaid payments do not fully cover hospital costs; Joseph Scott, CEO and President of Jersey City Medical Center/Barnabas Health, opined on this recently in a column asking the state to increase reimbursement for charity care. See Joseph Scott. 2015. "New Jersey has an obligation to financially support safety-net hospitals." NJ.Com. March 3, 2015. Accessed Sept. 22, 2015, at http://www.nj.com/opinion/index.ssf/2015/03/opinion_new_jersey_has_an_obligation_to_financiall.html.

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[17] "Impact of Engagement on Patient Experience." 2014. Press Ganey. Chart prepared for Jersey City Medical Center.

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