



# **COOK COUNTY HEALTH & HOSPITALS SYSTEM**

## **Human Resource Committee**

**Gladys Lopez, Chief of Human Resources**

**April 22, 2016**



**COOK COUNTY HEALTH  
& HOSPITALS SYSTEM**  
**CC+HHS**

# HR Department – We Are More than Recruiting

*Human Resources is a Strategic Partner*

The Department consists of:

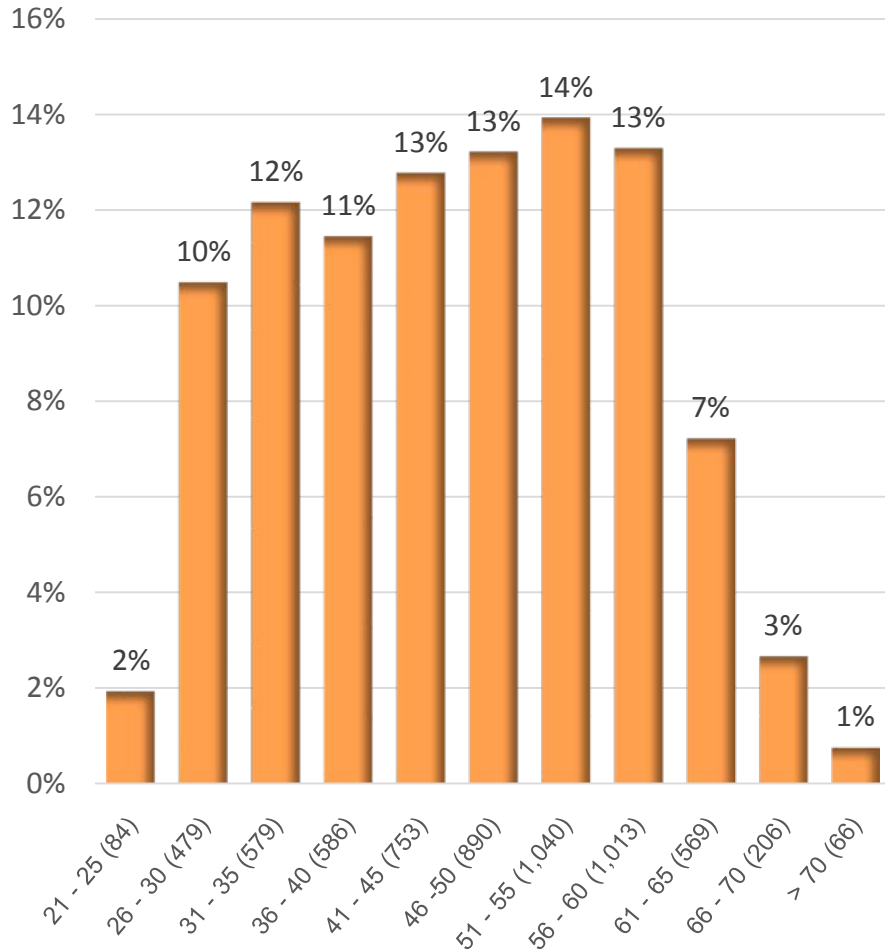
<b>Classification and Compensation</b>	<ul style="list-style-type: none"> <li>• Research, prepare, standardize, update and maintain job descriptions</li> <li>• Conduct market studies</li> <li>• Participate in salary surveys; Hot Jobs surveys</li> </ul>		
<b>Recruitment</b>	<ul style="list-style-type: none"> <li>• Post vacancies; validate candidates; work with management to fill vacancies</li> <li>• Work with management to identify external sources, sites, journals, publications, organizations, etc. to post vacancies; utilize Social Media outlets to advertise and expand CCHHS' recruitment efforts</li> </ul>		
<b>Operations</b>	<ul style="list-style-type: none"> <li>• Orientation</li> <li>• ID Badges</li> <li>• Tuition Reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Employment Verification</li> <li>• Leave Management</li> <li>• Research employee concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Work with management on employee coaching</li> <li>• Exit Surveys</li> <li>• Separations</li> </ul>
<b>Learning and Development</b>	<ul style="list-style-type: none"> <li>• Provide training throughout CCHHS that support organizational initiatives to ensure the delivery of quality service</li> </ul>		
<b>Labor Relations</b>	<ul style="list-style-type: none"> <li>• Manage labor / management relations</li> <li>• Support management with contract interpretation of the Collective Bargaining Agreements</li> <li>• Conduct impact bargaining on organizational initiatives to support the delivery of quality service</li> </ul>		
<b>EEO</b>	<ul style="list-style-type: none"> <li>• Investigate and resolve allegations of discrimination</li> <li>• Represent CCHHS in cases filed with external agencies</li> </ul>		

*Ensure compliance with the CCHHS Employment Plan*

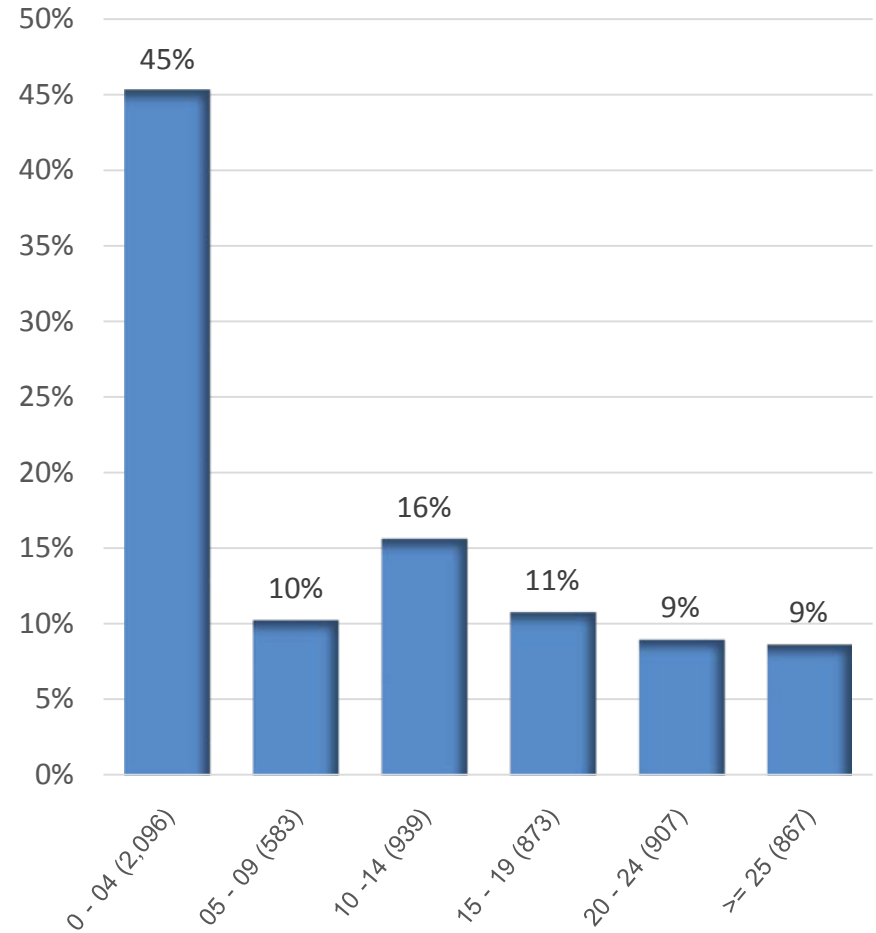


# Demographics: 6,265\* Employees

Employee Population by Age  
(Average Age: 48)



Employee Population by Service  
(Average Years of Service: 12)



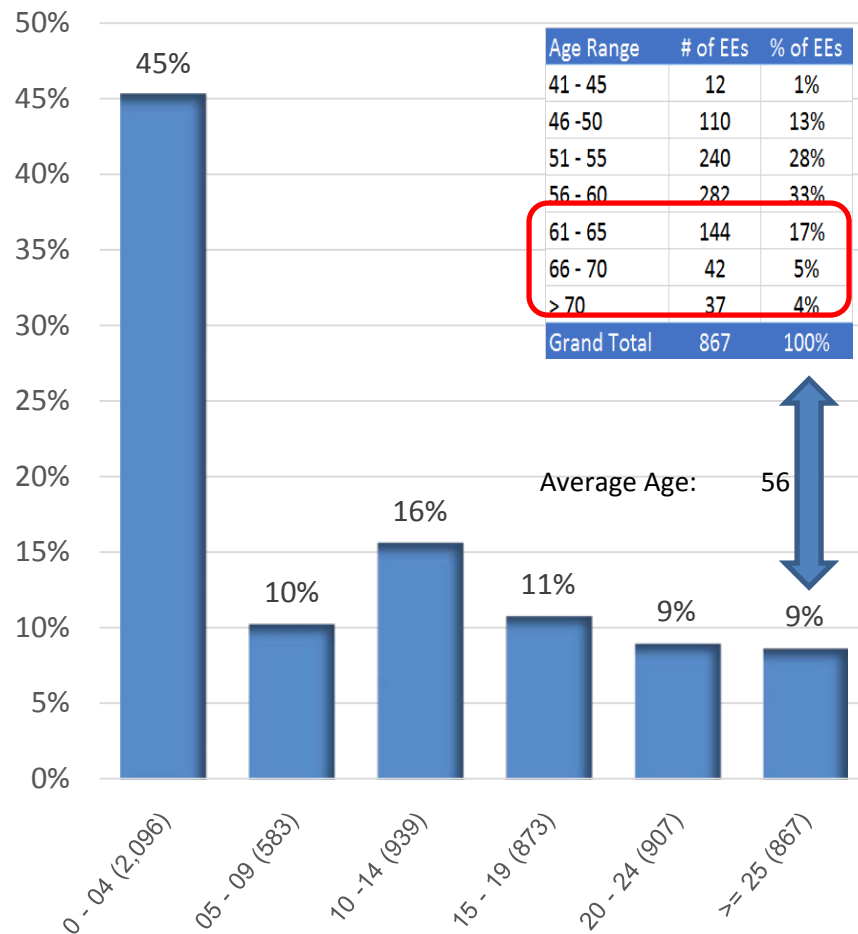
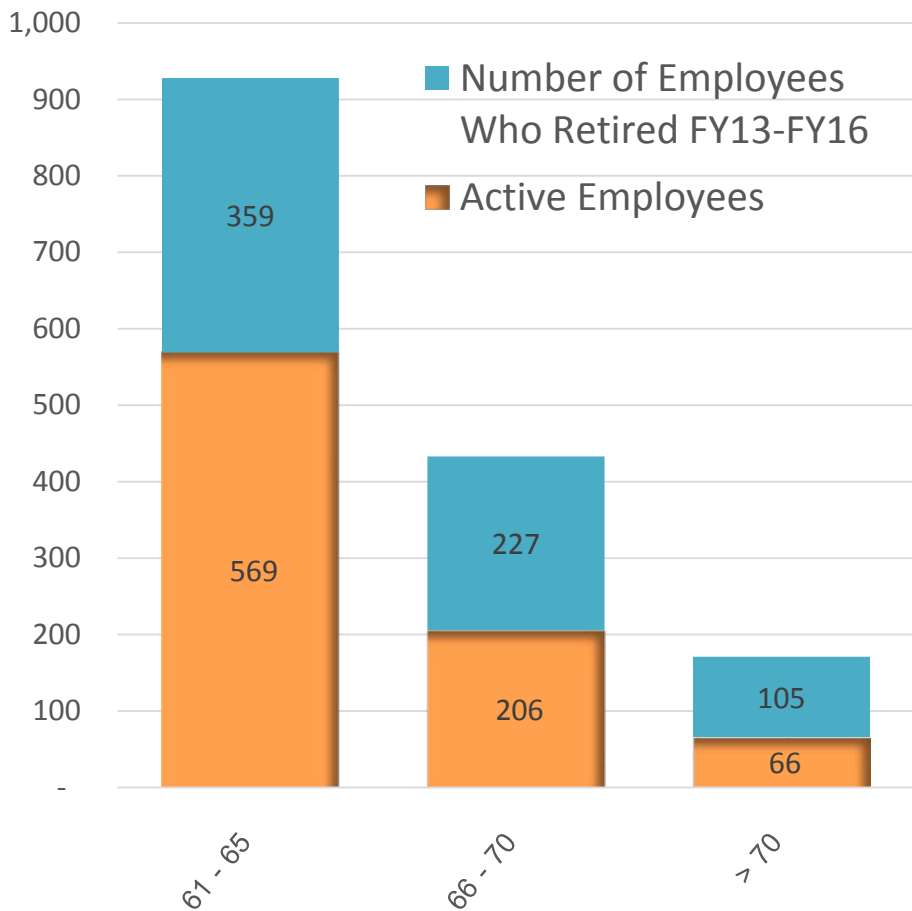
\*Data is as of 04/07/16



# Demographics: 6,265\* Employees

## Breakdown of Employees with 25+ Years of Service

### Employees 61+ Years of Age

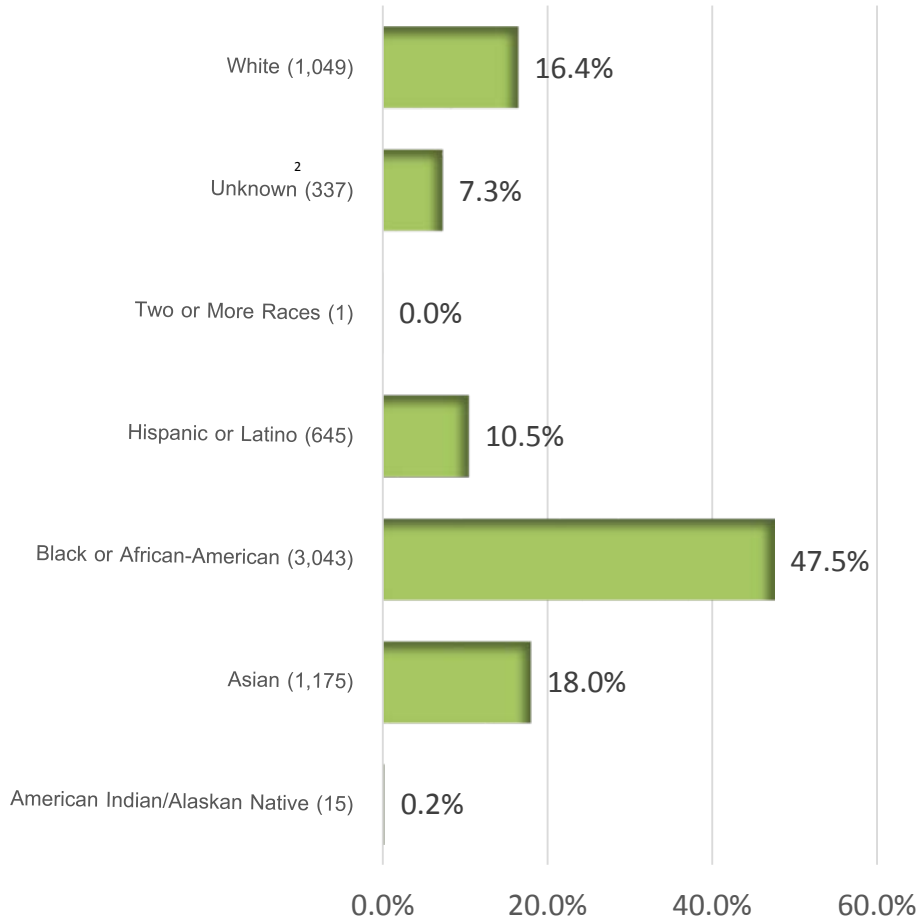


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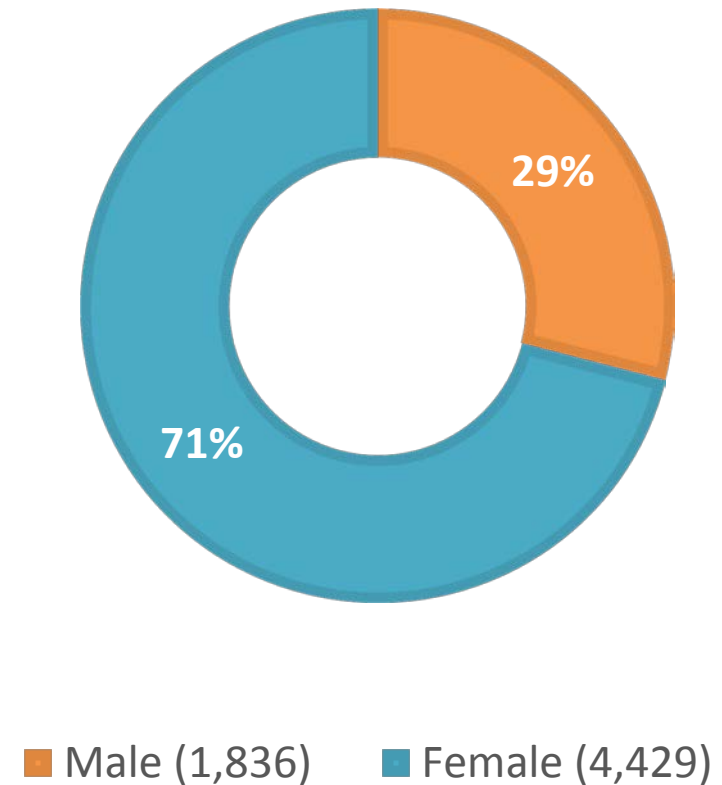


# Demographics: 6,265\* Employees

## Employee Population - "Race & Ethnicity"<sup>1</sup>



## Employee Population - Gender



\*Data is as of 04/07/16

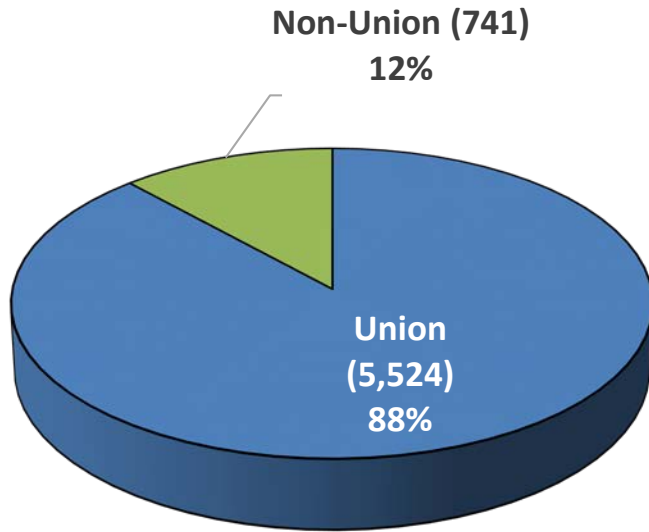
<sup>1</sup>Reflects reporting terminology and category as established by the federal government.

<sup>2</sup> Self identification of Race/Ethnicity is voluntary in accordance with the provisions of applicable federal laws, executive orders, and regulations.



# Demographics: 6,265\* Employees

## Population by Union vs. Non-Union



- *Public-sector workers had a union membership rate (35.2%) more than five times higher than that of private-sector workers (6.7%).*
- *In 2015, 7.2 million employees in the public sector belonged to a union, compared with 7.6 million workers in the private sector.*
- *Among states, New York continued to have the highest union membership rate (24.7%).*

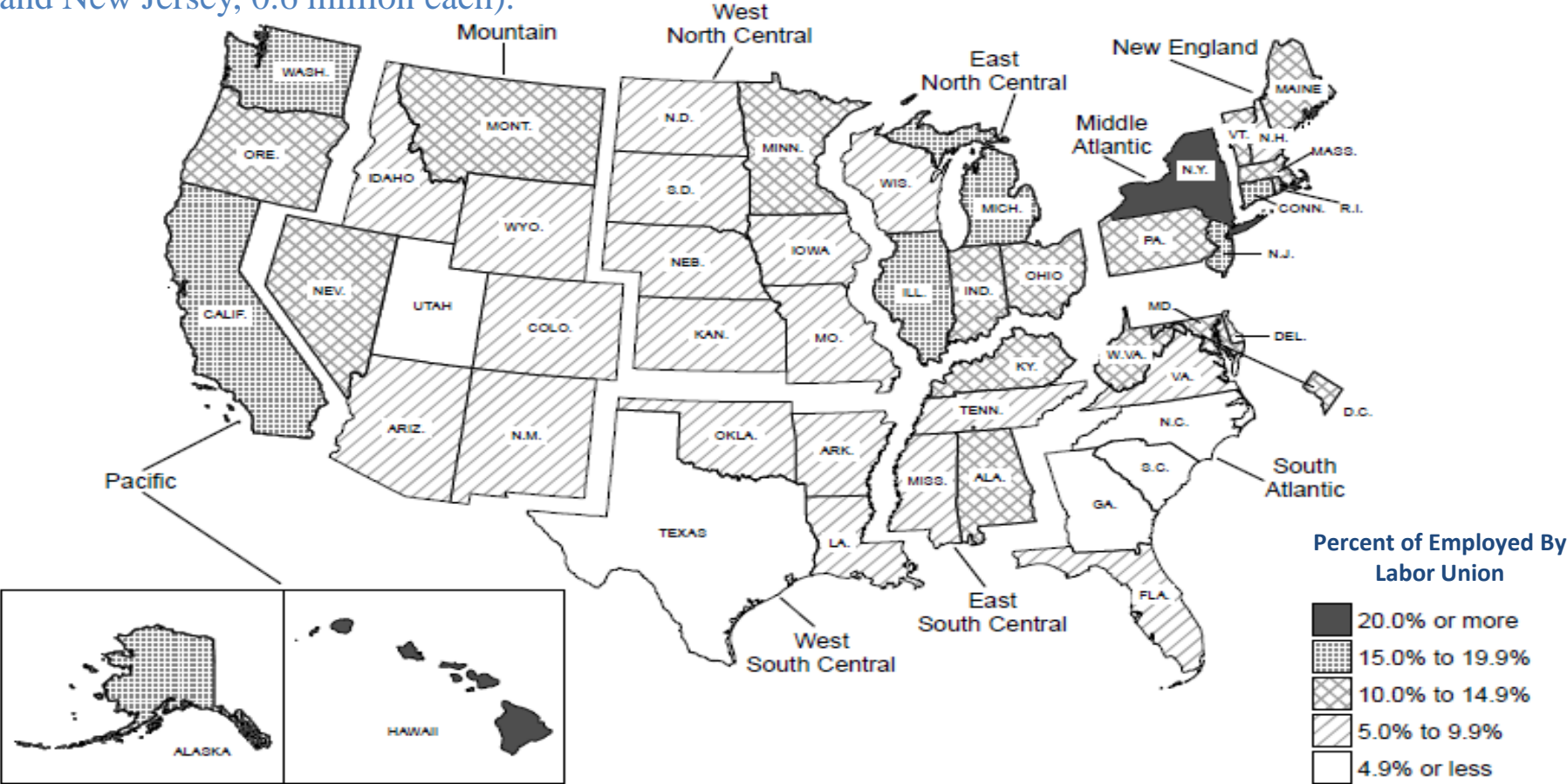
Union	Number of Positions	% of Positions
AFSCME – 1111	848	14%
AFSCME – 1178	211	3%
AFSCME – 1276	197	3%
COUPE – 126 Machinists	9	0%
COUPE – 13 Carpenters	11	0%
COUPE – 130 Plumbers	9	0%
COUPE – 134 IBEW	16	0%
COUPE – 14 Painters	15	0%
COUPE – 2 Laborers	7	0%
COUPE – 5 Plasterers	1	0%
COUPE – 597 Pipefitters	4	0%
NNOC	1274	20%
RWDSU – 200	343	5%
SEIU – 1 Firemen/Oilers	7	0%
SEIU – 20 Doctor's Council	410	7%
SEIU 73	1590	25%
TEAMSTERS – 700	15	0%
TEAMSTERS – 743	72	1%
Other	485	8%
<b>Total:</b>	<b>5,524</b>	<b>88%</b>

*Approximately 88% of CCHHS' positions are represented by unions*

# Union Membership Rates by State, 2015 Annual Avg

US Rate = 11.1%

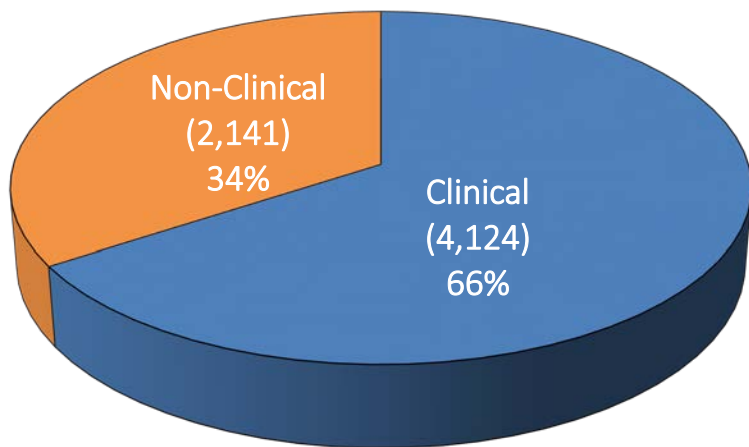
- Roughly half of the 14.8 million union members in the U.S. lived in just seven states (California, 2.5 million; New York, 2.0 million; **Illinois, 0.8 million**; Pennsylvania, 0.7 million; and Michigan, Ohio, and New Jersey, 0.6 million each).





# Demographics: 6,265\* Employees

## Sample Clinical vs Non-Clinical Titles



### Clinical Positions

- RNs (1256): *CNI, CNII, Clinician, IHR, Epidemiologist*
- MDs (573): *Attending, Psychologist, Dentist, Optometrist*
- APNs (52): *Anesthetist, Midwife, Specialist, Practitioner*
- PAAs (52)
- Pharmacists (120)
- Technicians (329): *Emergency Room, Radiologic, Sterile Processing, Electrocardiogram, Medical Lab*
- Ward Clerk (111)
- Mental Health Specialist (68): *II, III and Senior*

### Non - Clinical Positions

- Analyst (89): *Employment Plan, Grant, Systems*
- Building Service Worker / Lead (242)
- Clerical / Administrative (613): *Assistant I-V, Clerk, Steno*
- Finance (198): *Cashier, Payroll, 3<sup>rd</sup> Party Biller & Follow-up*
- Food Service / Dietary (103): *Food Service Worker, Cook, Dietician*
- Procurement / Supply Chain ( 24): *Contract and Procurement Specialist, Storekeeper/Supply Clerk*
- Trades ( 124): *Laborer, Painter*

## Of the 4,124 Clinical positions:

- *Approximately 2,529 are Licensed Professionals*
- *Approximately 1,097 positions require credentialing*

**Clinical:** To treat patients or provide direct patient care of any type.

**Non-Clinical:** Positions which do not provide any type of medical treatment, or testing.

<http://healthcareers.about.com/od/whychoosehealthcare/f/FAQClinical.htm>





# Demographics: 6,265\* Employees



EEO Description	Number of Employees	% of Employees
Administrative Support Worker	1,078	17.3%
Craft Workers	69	1.1%
Laborers	10	0.2%
Officials and Managers <sup>1</sup>	297	4.8%
Operatives	10	0.2%
Professionals	3,229	52%
Service Workers	692	11%
Technicians	830	13.4%

## JOB CATEGORIES

The EEO-1 collects data on job categories. They are defined below as they are defined:

**Administrative Support Worker** – Includes all clerical-type work regard-less of level of difficulty, where the activities are predominantly non-manual though some manual work not directly involved with altering or transporting the products is included. Include: Administrative Assistants I-V, Book Keepers, Call Center Customer Service Representatives, and Data Entry Operators.

**Craft Workers** - Manual workers of relatively high skill level having a thorough and comprehensive knowledge of the processes involved in their work. Exercise considerable independent judgment and usually receive an extensive period of training. Includes: Mechanical Assistants, Painters, Machinists, and Electricians.

**Laborers** – Workers in manual occupations which generally require no special training who perform elementary duties that may be learned in a few days and require the application of little or no independent judgment. Includes: Groundskeepers, and Laborers.

**Officials and Managers** - Occupations requiring administrative and managerial personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operations. Includes: Chiefs, Deputy Chiefs, Associate Chairs, Associate Directors, Directors, and Managers.

**Operatives** - Workers who operate machine or processing equipment or perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. Includes: Motor Vehicle Drivers.

**Professionals** – Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. Includes: Attending Physicians, Nurses, General Counsel, Accountants, Financial Analysts, and Biochemist.

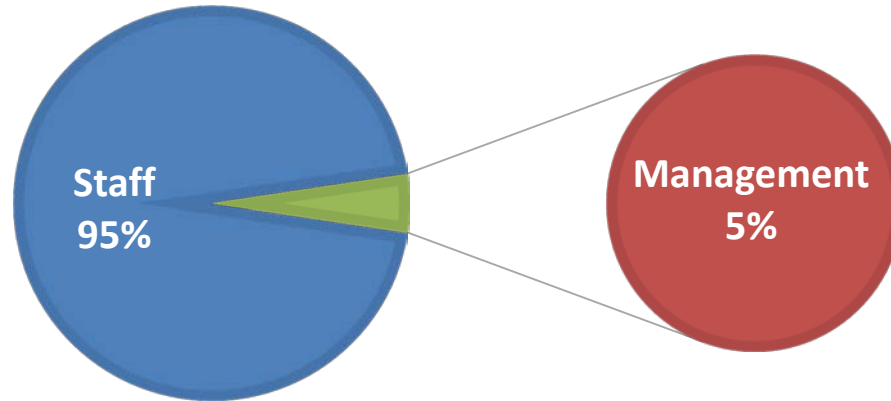
**Service Workers** - Workers in both protective and non-protective service occupations. Includes: Attendant Patient Care, Building Service Workers, Hospital Security Officers, and Fireman.

**Technicians** – Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training. Includes: Licensed Practical Nurses, Dental Assistants, and Sterile Processing Tech.



# Demographics: 6,265\* Employees

*Approximately 297 Managers are responsible for 5,968 employees*



Consider type of work, level of staff, and other factors when determining the ideal employee to manager ratio as it can be varied by skill set/experience:

- 4 to 1 direct reports to Vice-President / Senior Manager
- 20 to 1 direct reports in an Administrative Area
- Average is 10 to 1

Staff with greater experience would like require less managing:

- i.e. IT 20 to 1 for programmers
- i.e. Call Center (low-level tasks) 15 to 1

Less involvement required from the Manager would result in a larger staff ratio

<http://yourbusiness.azcentral.com/ideal-ratio-managers-staff-24643.html>

\*Data is as of 04/07/16



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# CCHHS MANAGEMENT FUNCTIONS

There are basic functions of all  
Managers



## Management Responsibilities

- ✓ Placing the right person in the right job
- ✓ Orienting new employees to the team / department
- ✓ Orienting employees to their role
- ✓ Developing employees for their job
- ✓ Validating employee competencies
- ✓ Evaluating employee performance
- ✓ Coaching employees
- ✓ Maximizing employee potential
- ✓ Training and developing employees
- ✓ Fostering interdisciplinary relationships across the organization at all levels
- ✓ Fiscal stewardship of organizational resources
- ✓ Creating and maintaining department morale
- ✓ Provide and foster a positive working environment
- ✓ Communicate and enforce CCHHS policies and procedures

*HR management is the responsibility of every manager  
not just those in the HR Department.*

[www.prenhall.com/dessler](http://www.prenhall.com/dessler)



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# Principle Objectives



*Equity is achieved by providing care that does not vary in quality by characteristics such as ethnicity, gender, geographic location, and socioeconomic status.*

-AMA

- Expand our diversity network of advertising sites.
- Talent Sourcing and Social Media Specialist to expand recruiting efforts with diverse organizations.
- Improve the Cultural Competence of staff.

**Race an Ethnic Demographics of CCHHS Workforce to Patient Population<sup>1</sup> (POP.)**

RACE / ETHNICITY	CCHHS WORKFORCE	% CCHHS WORK FORCE	PATIENT POP.	% PATIENT POP.	Var.
American Indian/Alaskan Native	15	0.2%	1,145	0.6%	1,130
Asian	1,175	18.8%	6,989	3.5%	5,814
Black or African-American	3,043	48.6%	107,298	53.3%	104,255
Hispanic or Latino	645	10.3%	57,467	28.5%	56,822
Native Hawaiian/Pacific Islander	0	0.0%	241	0.1%	241
Two or more races	1	0.02%	1,114	0.6%	1,113
Unknown	337	5.4%	6,100	3.0%	5,763
White	1,049	16.7%	21,038	10.4%	19,989
<b>Grand Total:</b>	<b>6,265</b>	<b>100%</b>	<b>201,392</b>	<b>100%</b>	<b>195,127</b>

Racial and ethnic minorities are more likely than non-Hispanic Whites to report experiencing poorer quality patient-provider interactions, a disparity particularly pronounced among the 24 million adults with limited English proficiency.

[www.ahrq.gov/qual/m easurix. htm](http://www.ahrq.gov/qual/m easurix. htm)

“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”  
 – Kathleen G. Sebelius, Secretary, Health & Human Services



# Principle Objectives



*Assess Staff Engagement: Survey staff across CHHS to determine awareness, engagement, and judgments regarding processes and problems.*

When employees are engaged on each of these levels (physical, emotional and cognitive), they will invest significant energy to complete their work and achieve positive organizational outcomes.



- **Validate and maintain employee competencies**
- **Develop an employee engagement strategy to enhance the employee experience**
- **Assess Staff Engagement**

Employees who are highly engaged in their work are likely to be more productive and more committed to your organization.



# Principle Objectives

Improve Health Equity

Provide High Quality, Safe & Reliable Care

Demonstrate Value, Adopt Performance Benchmarking

Develop Human Capital

Lead in Medical Education And Clinical Investigation Relevant To Vulnerable Populations

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."  
— John Quincy Adams

- Recruit & retain top talent
- Improve leader effectiveness
- Identify HR benchmarks & measures that align with strategic initiatives

"Leadership and learning are indispensable to each other."  
— John F. Kennedy

"To successfully respond to the myriad of changes that shake the world, transformation into a new style of management is required. The route to take is what I call profound knowledge – knowledge for leadership of transformation."  
*William Edwards Deming*





# Principle Objectives



*"The people we hire, and the focus we put on their development as leaders, are critical to P&G's ability to innovate and compete. Nothing I do will have a more enduring impact on P&G's long-term success than helping to develop other leaders."*

*- A.G. Lafley, CEO, Proctor & Gamble*

*"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change." -Charles Darwin*

*"The rate of change is not going to slow down anytime soon. If anything, competition in most industries will probably speed up even more in the next few decades."*

*-John P. Kotter Author, Leading Change*

- Increase employee development opportunities
- Develop staff to ensure the delivery of quality service.
- Establish succession strategy.
- Explore with Shakman House Staff transition to Physicians





# Develop Human Capital: Improve leader effectiveness



a. bacall

**"What I'm looking for in a manager, is the ability to dream large while staying within budget."**

## Major Reasons Why Leadership Development is Important:

- Rapid, radical and discontinuous change
- Increasingly complex challenges
- Greater leadership responsibility at lower levels enables Senior Leaders to focus on more complex issues
- Recruitment and retention of the best talent

*-David V. Day, Ph.D. Author, Developing Leadership, SHRM*



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# Principle Objectives



*“In our values and our commitments - as physicians, our primary raison d’être is patient care. The welfare of patients, the education of students and residents, and the growth of research knowledge - these are important commitments underlying our profession.”*

*Waldhausen JMD. Leadership in Medicine Gibbon John H., Jr Lecture Hershey, PA: 2000*

## ***Five fundamental leadership principles are critical to building a better future:***

- 1. Recognizing that the work of leadership involves an inward journey of self-discovery and self-development;*
- 2. Establishing clarity around a set of core values that guide the organization as it pursues its goals;*
- 3. Communicating a clear sense of purpose and vision that inspires widespread commitment to a shared sense of destiny;*
- 4. Building a culture of excellence and accountability throughout the entire organization; and*
- 5. Creating a culture that emphasizes the development of leaders and leadership as an organizational capacity.*

*Leadership and learning are inextricably linked.*

*Wiley W. Souba, MD “Building our Future: A Plea for Leadership”*

Over the last few years we processed an average of 126 House Staff.

- **Continue to support annual House Staff intake by providing administrative services.**
- **Transition processing of House Staff from Operations to Recruitment.**

