COOK COUNTY HEALTH & HOSPITALS SYSTEM

Human Resource Committee

Gladys Lopez, Chief of Human Resources
April 22, 2016
HR Department – We Are More than Recruiting

Human Resources is a Strategic Partner

The Department consists of:

<table>
<thead>
<tr>
<th>Classification and Compensation</th>
<th>Recruitment</th>
<th>Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Research, prepare, standardize, update and maintain job descriptions</td>
<td>• Post vacancies; validate candidates; work with management to fill vacancies</td>
<td>• Orientation</td>
</tr>
<tr>
<td>• Conduct market studies</td>
<td>• 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</td>
<td>• ID Badges</td>
</tr>
<tr>
<td>• Participate in salary surveys; Hot Jobs surveys</td>
<td>• • Tuition Reimbursement</td>
<td>• Employment Verification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operations</th>
<th>Learning and Development</th>
<th>Labor Relations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employment Verification</td>
<td>• Provide training throughout CCHHS that support organizational initiatives to ensure the delivery of quality service</td>
<td>• Manage labor / management relations</td>
</tr>
<tr>
<td>• Leave Management</td>
<td></td>
<td>• Support management with contract interpretation of the Collective Bargaining Agreements</td>
</tr>
<tr>
<td>• Research employee concerns</td>
<td></td>
<td>• Conduct impact bargaining on organizational initiatives to support the delivery of quality service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EEO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Investigate and resolve allegations of discrimination</td>
<td></td>
</tr>
<tr>
<td>• Represent CCHHS in cases filed with external agencies</td>
<td></td>
</tr>
</tbody>
</table>

Ensure compliance with the CCHHS Employment Plan
Demographics: 6,265* Employees

Employee Population by Age
(Average Age: 48)

- 21 - 25 (84): 2%
- 26 - 30 (479): 10%
- 31 - 35 (579): 12%
- 36 - 40 (586): 11%
- 41 - 45 (753): 13%
- 46 - 50 (980): 13%
- 51 - 55 (1,040): 14%
- 56 - 60 (1,132): 13%
- 61 - 65 (569): 7%
- 66 - 70 (206): 3%
- > 70 (66): 1%

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

- 0 - 04 (2,096): 45%
- 05 - 09 (882): 10%
- 10 - 14 (829): 16%
- 15 - 19 (873): 11%
- 20 - 24 (807): 9%
- ≥ 25 (867): 9%

*Data is as of 04/07/16
Demographics: 6,265* Employees

Employees 61+ Years of Age

- Number of Employees Who Retired FY13-FY16
- Active Employees

Breakdown of Employees with 25+ Years of Service

<table>
<thead>
<tr>
<th>Age Range</th>
<th># of EEs</th>
<th>% of EEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 - 45</td>
<td>12</td>
<td>1%</td>
</tr>
<tr>
<td>46 - 50</td>
<td>110</td>
<td>13%</td>
</tr>
<tr>
<td>51 - 55</td>
<td>240</td>
<td>28%</td>
</tr>
<tr>
<td>56 - 60</td>
<td>282</td>
<td>33%</td>
</tr>
<tr>
<td>61 - 65</td>
<td>144</td>
<td>17%</td>
</tr>
<tr>
<td>66 - 70</td>
<td>42</td>
<td>5%</td>
</tr>
<tr>
<td>&gt; 70</td>
<td>37</td>
<td>4%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>867</td>
<td>100%</td>
</tr>
</tbody>
</table>

Average Age: 56

*Data is as of 04/07/16
Demographics: 6,265* Employees

Employee Population - “Race & Ethnicity¹”

- White (1,049) 16.4%
- Unknown (337) 7.3%
- Two or More Races (1) 0.0%
- Hispanic or Latino (645) 10.5%
- Black or African-American (3,043) 47.5%
- Asian (1,175) 18.0%
- American Indian/Alaskan Native (15) 0.2%

Employee Population - Gender

- Male (1,836)
- Female (4,429)

*Data is as of 04/07/16

¹ Reflects reporting terminology and category as established by the federal government.

² 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%).**

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

**Total:** 5,524 88%

*Data is as of 04/07/16*
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).
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

*Data is as of 04/07/16
Demographics: 6,265* Employees

### 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.

<table>
<thead>
<tr>
<th>EEO Description</th>
<th>Number of Employees</th>
<th>% of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Support Worker</td>
<td>1,078</td>
<td>17.3%</td>
</tr>
<tr>
<td>Craft Workers</td>
<td>69</td>
<td>1.1%</td>
</tr>
<tr>
<td>Laborers</td>
<td>10</td>
<td>0.2%</td>
</tr>
<tr>
<td>Officials and Managers¹</td>
<td>297</td>
<td>4.8%</td>
</tr>
<tr>
<td>Operatives</td>
<td>10</td>
<td>0.2%</td>
</tr>
<tr>
<td>Professionals</td>
<td>3,229</td>
<td>52%</td>
</tr>
<tr>
<td>Service Workers</td>
<td>692</td>
<td>11%</td>
</tr>
<tr>
<td>Technicians</td>
<td>830</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

¹Non-Union Employee’s

*Data is as of 04/07/16
Demographics: 6,265* Employees

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

![Pie chart showing the percentage of staff and management](image)

- **Staff**: 95%
- **Management**: 5%

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

*Data is as of 04/07/16

http://yourbusiness.azcentral.com/ideal-ratio-managers-staff-24643.html
There are basic functions of all Managers

- Planning (Goals)
- Organizing (Delegating)
- Leading (Motivating)
- Quality (Standards)

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
**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**

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

-AMA

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**Race an Ethnic Demographics of CCHHS Workforce to Patient Population**

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

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- 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

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1 CCHHS Department of Business Analytics

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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/measurix.htm
Principle Objectives

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

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

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.

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

www.shrm.org/about/foundation/products/Documents/2013
**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
“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

**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

**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

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

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

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

Waldhousen 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.