

Workforce Strategy

Key Steps and Measurable Milestones

Key Issues - this section is not linked to the specific workforce achievement value

<i>Workforce Impact Analysis</i>	<i>Target Completion Date</i>	<i>Supporting Documentation</i>
Milestone: Define target workforce state (in line with DSRIP program's goals)	DY1Q4	Finalized PPS target workforce state, signed off by PPS workforce governance body. Subsequent quarterly reports will require an update on the implementation of your workforce transition roadmap, including any change to your target state.
1. Define reporting structure between existing workforce team; workforce workgroup; and CNYCC Board of Directors.	DY1Q3	
2. Map specific workforce requirements and challenges (i.e. turnover, hiring trends, etc.) on a project-by-project basis through surveys, interviews, data modeling, etc.	DY1Q3	
3. Tie workforce estimates resulting from Step 2 to Scale and Speed to identify timing and key dates for recruitment/retraining.	DY1Q3	
4. Complete analysis of positions vulnerable to redeployment as a result of DSRIP goals.	DY1Q4	
5. Identify positions that are eligible for redeployment given existing Human Resources (HR) policies/labor agreements.	DY1Q4	
6. Based on data gathered in Steps 2-5 above, finalize the Target Workforce State that defines a comprehensive view of project impacts across the PPS; identifies areas that require resource commitment; and guides timing of training/recruitment/redeployment efforts.	DY1Q4	

<p>Milestone: Create a workforce transition roadmap for achieving your defined target workforce state.</p>	<p>DY1Q4</p>	<p>Completed workforce transition roadmap, signed off by PPS workforce governance body.</p> <p>Subsequent quarterly reports will require an update on the implementation of your workforce transition roadmap.</p>
<p>1. Develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, and training will be made and signed off.</p>	<p>DY1Q3</p>	
<p>2. Develop means for communication/consensus with partners (ex: Regional Project Advisory Committee (RPAC) meetings) around workforce issues such as training, re-deployment, commitments to hiring re-deployed workers, etc.</p>	<p>DY1Q3</p>	
<p>3. Work with Performance Reporting and IT to create and implement system for workforce data tracking and reporting.</p>	<p>DY1Q3</p>	
<p>4. Based on the Target Workforce State (identified above) and the Detailed Gap Analysis (identified below), create the Transition Road Map that outlines specific workforce changes needed, along with associated plans and timeline, for achieving necessary workforce conversion.</p>	<p>DY1Q4</p>	
<p>5. Obtain sign off by CNYCC Board of Directors on the Workforce Transition Road Map and timeline.</p>	<p>DY1Q4</p>	
<p>Milestone: Perform detailed gap analysis between current state assessment of workforce and projected future state</p>	<p>DY1Q4</p>	<p>Current state assessment report & gap analysis, signed off by PPS workforce governance body.</p> <p>Subsequent quarterly reports will require an update on the implementation of your workforce transition roadmap.</p>

1. Perform detailed workforce analysis to include: a) transferrable skills between jobs to be reduced/eliminated vs. jobs to be created; b) direct re-deployment vs. up-training; and c) talents currently available in PPS labor pool through partner surveys, workforce workgroup, and online tools such as Health Workforce New York.	DY1Q3	
2. Confirm staff eligible for re-deployment given project implementation and DSRIP goals, as well as existing HR policies and labor agreements.	DY1Q3	
3. Identify non-traditional methods for filling workforce gaps (ex: telemedicine; sub-contracting with PPS partners for existing workers; joint employment possibilities with current/future employers, etc.).	DY1Q3	
4. Identify those positions that cannot be filled through re-deployment or non-traditional methods.	DY1Q3	
5. Create, implement, and promote PPS wide job board.	DY1Q3	
6. Create recruitment plan and timeline for new hires.	DY1Q4	
7. Identify and implement solutions for those positions that are difficult to recruit, train, or retain.	DY1Q4	
8. Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP.	DY1Q4	
9. Finalize current state assessment and obtain approval from the Board.	DY1Q4	
<i>Milestone: Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.</i>	DY1Q4	<p>Compensation and benefit analysis report, signed off by PPS workforce governance body.</p> <p>Subsequent quarterly reports will require an update on the implementation of your workforce transition roadmap, including updates on compensation and benefits.</p>
1. Identify the projected patterns of re-deployment and	DY1Q3	

re-training impact across projects and partners based on the Target Workforce State developed in Milestone #1.		
2. Work with HR with respect to projected impacts identified in Step 2, including labor groups in discussions.	DY1Q3	
3. Work with HR departments and additional workforce vendors (ex: Iroquois Healthcare Alliance) to conduct salary and benefit analysis for categories of affected employment and with CNYCC and partners' legal counsel to identify benefit restructuring and transition options.	DY1Q4	
4. Work with HR to identify existing policies for staff who face partial placement, as well as those who refuse re-training or re-deployment.	DY1Q4	
5. Finalize compensation and benefit analysis for CNYCC Board of Directors review/approval.	DY1Q4	
Milestone: <i>Develop training strategy</i>	DY1Q4	Finalized training strategy, signed off by PPS workforce governance body. Quarterly reports will require evidence of up-take of training programs, including both individual training and training for new, multi-disciplinary teams. PPSs will need to provide: a description of training programs delivered and participant-level data, including training outcomes.
1. Develop process/system for reporting training numbers across PPS partners.	DY1Q2	
2. Identify specific training needs by project and position (through project summaries, survey, and interviews).	DY1Q3	
3. Identify internal/external training capacity.	DY1Q3	
4. Engage labor representatives to identify options	DY1Q3	

through union training fund programs.		
5. Identify existing programs and best practices for increasing training capacity and collaboration both within and across PPS territories.	DY1Q4	
6. Ensure training plan meets the scope and sequence of project needs and accounts for operational realities.	DY1Q4	
7. Finalize Training Strategy, including goals, objectives and guiding principles for the detailed training plan; process and approach to training (i.e. voluntary, mandatory, etc.); delivery methods, modes, and key messages based on project needs. This includes consideration of geography, language, and level of education. Obtain approval of training strategy from the Board.	DY1Q4	

Major Risks to Implementation & Risk Mitigation Strategies

The following identified risks have the potential to influence the ability of CNYCC to meet our baseline process measures in the future:

Risk 1: The near contemporaneous relationship of workforce assessment and planning, and initiation of projects presents a challenge

Potential Impact: Some positions will need to be created, while others may require retraining before workforce impact analyses are completed, or training strategies are developed.

Mitigation: In response, AHEC will work with CNYCC to identify methods to monitor and capture the early impact of project implementation and training activities.

Risk 2: Successful project implementation and support for system wide change requires effective training of the workforce to respond to and prepare for both internal and external change agents.

Potential Impact: Without it, there will be resistance from front line employees and other key stakeholders, undermining the ability for changes to become institutionalized. At the same time, it is anticipated that great variability in training capacity exists across CNYCC partner organizations.

Mitigation: Therefore, a key input in developing the workforce training strategy is the assessment of partner organization capacities for training and evaluation, in order to be responsive to the diversity of needs which exist in the region and to leverage available resources.

Risk 3: Competition both within and across PPS territories for particular, high-demand occupations such as social workers, care coordinators, and mental health workers is a risk to achieving workforce transformation.

Potential Impact: Competition may make it difficult to recruit and retain staff to fill the new health workforce needs.

Mitigation: Occupational evaluation of new positions in terms of key tasks, transferrable skills, and required abilities, along with creating common language around job titles/descriptions, is key to ensuring the ability to match individuals with the new health workforce needs. Regulatory relief and a commitment to practicing at the “top of the license” are additional strategies to be pursued to meet workforce goals.

Major Dependencies on Other Workstreams

Workforce is both integral and highly sensitive to all other DSRIP project workstreams. It is expected that all project and organizational workstreams will need to interface with Workforce to: 1) identify and coordinate training efforts to ensure inclusion in the overall training strategy; and 2) coordinate training efforts to ensure data collection and reporting of staff trained.

In particular, Workforce anticipates working closely with Cultural Competency/Health Literacy; IT Systems and Processes, and the Clinical Governance Committee as follows:

Cultural Competency/Health Literacy – There will need to be coordination of efforts around: a) online training compendium to maximize access across the PPS and throughout the State; b) assess training needs; c) create training strategy; d) forums for information sharing across the PPS and throughout the State.

IT Systems and Processes and Performance Reporting – There will need to be coordination around a) identifying partner capability with respect to Learning Management Systems and “data dumping” to MAPPS system; b) creating a system for workforce data collection and reporting; c) achieving buy-in across PPS on using workforce data collection system.

Clinical Governance Committee – The Clinical Governance Committee will oversee the identification and development of training required for project implementation and the workforce transition towards community based care.

In addition, Workforce will work with the following workstreams to verify new hire projections and monitor impact of system change on workforce: Cultural Competency/Health Literacy, IT Systems and Processes, Financial Sustainability, and Clinical Integration.

Roles and Responsibilities

<i>Role</i>	<i>Name of person / organization (if known at this stage)</i>	<i>Key deliverables / responsibilities</i>
Workforce Consultant	Eric Turer, JSI Consulting	Provide key data/analytics on which to base workforce assumptions; Serves as liaison between project implementation/work streams and workforce.
Workforce Vendor	Anita Merrill, Northern	Draft comprehensive workforce

	and Central AHECs	strategy and assist with implementation, including coordination of the Workforce Workgroup.
CNYCC Workforce Leads	Kari Burke, DSRIP Program Coordinator CNYCC Cheryl Perry, MA, RN DSRIP Project Coordinator, Mohawk Valley Health System	Oversee the planning and implementation of the comprehensive workforce strategy, including coordination of the Workforce Workgroup.
CNYCC Workforce Workgroup	Representatives from: Hospital HR; Labor Unions; Nursing Homes; CBOs; Public Health; FQHCs; Post- secondary education, etc.	Provide insight and expertise into workforce impacts to assist with workforce planning.
CNYCC Executive Director	Shawna Craigmile, Executive Director, CNYCC	Serves as liaison between the workforce team (i.e. workforce consultant, vendor, and leads) to the CNYCC Board of Directors.
CNYCC Board of Directors	See Governance Section for complete listing.	Review and approve key aspects of workforce strategy.

Key Stakeholders

<i>Key stakeholders</i>	<i>Role in relation to this organizational workstream</i>	<i>Key deliverables / responsibilities</i>
Internal stakeholders		
List of individual contacts in process through partner surveys.	HR Leads of CNYCC Partner Organizations	Identify workforce challenges (hiring trends, turn-over, etc.); support data collection (wage/benefit, new hire, redeployment information, etc.); identify current workforce status; provide information with respect to existing labor agreements; assist in achieving job title consistency throughout the PPS.
List of individual contacts in process through	Training Leads of	Provide oversight and input into

partner surveys.	CNYCC Partner Organizations	development of training needs assessment, and subsequent training strategy/ plan. Also provide insight into existing partner technological capabilities for training.
List of individual contacts in process through partner surveys.	IT Leads of CNYCC Partner Organizations	Assist in organizing and coordinating technological means of training and data reporting.
External stakeholders		
Gary Fitzgerald	Iroquois Healthcare Alliance	Compensation and benefit analysis; training.
Coert Bonthius	1199 Training Fund	Training.
SEIU 1199; PEF; CSEA; CWA; UUP; NYSNA; UFCW; AFSCME; PBANYS	Labor Unions	Expertise and insight into workforce impacts, staffing models, retraining, redeployment, etc.
List in process as part of training strategy.	Post-secondary training partners	Training, recruitment, and capacity building for training.
Tracy Leonard (NCI); Lenore Boris (STRIPPS); Lottie Jameson (AHI)	Workforce Leads from neighboring PPSs	Communicate best practices and share training resources.
		Assist with post-secondary capacity for training needs; communicate training resources across PPSs; assist in achieving consistency of job titles across PPS boundaries.
Heather Eichen	SUNY RP2	Analyze job skills; create skill assessments and skill-gap analysis; training.
ACT/WorkKeys	Potential Vendor	
TBD	Other Training Vendors	Training.

IT Expectations

Workforce requires integration with a shared IT infrastructure in the following areas: 1) training; 2) data collection and reporting; 3) ability to access an external “learning collaborative” to promote available trainings and best practices; and 4) promoting available job opportunities through PPS-wide job board functionality.

Training - We anticipate a high degree of training will be conducted via online methods. However, the ability of PPS partners to access and track online training via a Learning Management System (LMS) is not currently well documented. In the latest iteration of the Partner Survey, questions relative to LMS capability were included. Workforce will work with IT Systems and Processes to assess partner capability for training and data “dumping” to MAPPS. With respect to this reporting, the CNYCC will recognize and address issues related to confidentiality so as to ensure the safety of its workforce. The AHECs will work with smaller, safety net providers to maximize access to LMS, which may increase electronic participation.

Data collection and reporting – In addition to LMS data, there remains a need to connect partners within the PPS for the purpose of standardized workforce data collection and reporting. The Health Workforce New York

(HWNY) platform under construction by the AHECs is capable of serving as a data collection and reporting tool for workforce. AHEC will work with IT Systems and Processes and Performance Reporting workstreams to identify and develop a data collection process for workforce.

Learning collaborative -- The ability to connect partners within and across the various PPS territories will allow us to access existing, best-practices and trainings without having to re-create curricula, which, we hope, will ultimately reduce the cost of training to the PPS. CNYCC is currently meeting with North Country Initiative (NCI), Adirondack Health Institute (AHI), Southern Tier Integrated PPS (STRIPPS), SUNY RP2, Iroquois Healthcare Association, and the Center for Health Workforce Studies with respect to ensuring regional communication around these issues. The AHECs are also pursuing outside funding opportunities to create a digital platform through Health Workforce New York (HWNY) that could serve as the framework for a learning collaborative that would ensure access on a PPS, regional, and statewide level.

PPS-wide Job Board functionality – the HWNY digital platform has the capability to promote openings within the PPS and across PPS territories, so as to maximize access to information with respect to available openings.

Progress Reporting

CNYCC workforce success will be measured against timely achievement of the milestones, including development of a workforce state, transition roadmap, gap analysis, compensation and benefits analysis, and training strategy. A system and process for reporting workforce measures across the PPS will need to be created that includes: training, workforce implications, placement impact, and new hires. The Health Workforce New York (HWNY) platform under construction by the AHECs is capable of serving as a data collection and reporting tool for workforce measures. AHEC will work with IT Systems and Processes and Performance Reporting workstreams to identify and develop a data collection process for workforce. Additionally, the AHECs will work with CNYCC to provide training for staff with respect to accessing the HWNY reporting platform and the importance of workforce data collection/reporting. Workforce will also work with the Performance Reporting and Funds Flow workstreams to determine a process for reporting CNYCC partner workforce budget investments. The internal workforce team will monitor the progress of the implementation plan through regular meetings and work plan review.

Key measures of success will be meeting milestones and reporting requirements, as well as assessment by the Board regarding PPS performance and operations in relation to established goals. Key indicators include progress in developing the roadmap, gap and compensation and benefit analyses, and training strategy.

Governance

Key Steps and Measurable Milestones

Domain 1 Process Measures

i. Governance structure updates	Target Completion Date	Supporting Documentation
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