HR Service Delivery
Informational Session:
HR LEADS

February, 2012
Today’s Purpose

- Overview of HR Service Delivery Work to Date
  - Workgroups and Recommendations
- HR Lead Role
  - Job Description/Duties and Role of this Position on Team
- HR Business Unit Teams
  - Roles that will report to the HR Lead and proposed staffing levels by Business Unit
- Next Steps
  - Posting and Application Timeframes, Interviewing, Selection Process
- Answer Questions about any part of the process
HSHR Service Delivery Improvement Initiative

Purpose:

- To develop a model for HR Service Delivery that aligns with the missions of the Health System, eliminates redundancies, and results in a high quality and more cost effective service.
Why?

- Challenge by Doug Strong and Jim Woolliscroft to further integrate administrative functions within the Health System
- Tony Denton’s challenge to streamline administrative departments in the HHC
- Medical School CAO, Jim Bell, charging an “administrative modernization” team
- University and Health System engaging Hackett to assess the current state of our administrative processes
- There is a clear mandate to slow the expense growth curve, especially in administrative areas
Why?

- Customer service improvement opportunity
  - Access
  - Responsiveness
  - Consistency
  - Depth of knowledge of HR and areas served
Change Process

■ 3 Day Whole scale Change Event
  ■ Feedback from groups on priorities
  ■ Charged a “Model” Team
    ■ Identify elements of the Service Delivery Model including but not limited to partnerships within all venues (HHC, MS, Central HR, Department Based HR, etc.)
    ■ Define the elements
    ■ Identify prioritized steps with timeframes
HR Service Delivery Model
Guiding Principles

The Model Will:

- Be developed in partnership with the customers of the work and those that provide the services
- Evolve and be centered on a flexible structure which promotes partnership, alignment and integration in the delivery of HR Services
- Promote service excellence and create value to all constituents in the delivery of HR Services
- Support organizational strategic plans, business strategy and department goals
- Leverage talent of existing staff, provide opportunities for professional growth and increased competence for those providing HR Services
HR Service Delivery Model
Guiding Principles

The Model Will:

- Assure diversity and inclusion which is essential to a vibrant, engaged workforce
- Use the lean principles of eliminating redundancies, improving efficiencies and measurement. In so doing the model will promote high quality and more cost effective service
- Leverage technology to deliver HR Services in the most effective and efficient manner
- Promote effective communication and consistency in the application of HR processes, policies and procedure
What’s In and Out Summary

**IN**
- Recruiting and Staffing
- Employee/Labor Relations
- Organizational Development and Training
- Faculty Processing
- Effort Certification
- Compensation
- Transaction Management
- Workforce Planning

**OUT**
- Nurse Recruitment and Retention
- Contract Negotiation and Interpretation
- ESN, CME, Departmental Trainers
- Time and Attendance
- Regulatory and compliance
- Faculty Affairs
HR SERVICE DELIVERY WORK TO DATE
Service Delivery Teams
Work Completed to Date

HSHR Service Delivery Improvement Initiative
LEAD TEAM

PROCESS IMPROVEMENT TEAMS

MODEL IMPLEMENTATION STEERING TEAM

Communication/Change Mgmt

BUSINESS UNIT IDENTIFICATION
Team Lead: Carolyn Cole-Brown

STAFFING
Team Lead: Kelly

Workgroup 1
Lead: Kelly

Workgroup 2
Lead: S Schroeder

Workgroup 3
Lead: Amanda Louks

Workgroup 4
Lead: Kelly

FUNDING
Team Lead: Doug Duwe

EDUCATION & DEVELOPMENT
Team Lead: Kelly

Competency Review
Lead: Kelly

TRANSITION & IMPLEMENTATION
Team Lead: Kelly/Stephanie Schroeder

Communication/Change Mgmt
Proposed configurations for business unit combinations

- Initial recommendation of Phased Approach

Decision made to implement the Service Delivery Model to all business units concurrently

- Change from the Phased approach that was initially discussed, as a result of:
  - Better quality customer service due to fewer transitions of HR service (no backfilling required during phased implementation)
  - Smoother transition for HR roles to be staffed and develop knowledge of their units
  - Recommended implementation date of May 7, 2012 with 30 day increment go-no go checks built in to work plan
ANCILLARY SERVICES

HR Service Unit Team with an HR Lead

Total Number of Employees
S = 1,244  F = 0  T = 1,244

- Social Work & Pastoral Care: 198
- Community Services: 74
- Respiratory Care: 244
- Homecare Services: 399
- Pharmacy: 299
- Child and Family Life: 30

DRAFT - 1/24/12
HR Service Unit Team with an HR Lead

**Total Number of Employees**

- **S = 1,859**
- **HO = 1,112**
- **T = 2,971**

**OFFICERS**

- Exec Director
- Human Resources
- Chief Clinical Affairs
- Svc Excellence
- Quality Improvement
- Risk Mgmt
- GME
- Compliance Office
- Contracts & Procurement
- EVPMA
- Revenue Cycle
- Health & Well Being
- Office of COO
- PR & Mktg
- Mich Health Corp
- Prog & Ops Analysis
- Contracting & Planning
- Finance

**Support Staff**

- HIM
- MCIT
- 15
- 546
- 71
- 55
- 11
- 611
- 14
- 3
- 6
- 1124
- (12 Staff, 1112 HO)
- 32
- 14
- 34
- 32
- 10
- 48
- 22
- 73
- 72
- 54
- 15

**DRAFT - 1/24/12**
HR Service Unit Team with an HR Lead

Total Number of Employees
$S = 1,724$  $F = 319$  $T = 2,043$

Radiology
$S = 834$
$F = 180$

Pathology
$S = 890$
$F = 139$
EMERGENCY and OPERATING ROOMS

HR Service Unit Team with an HR Lead

Total Number of Employees
S = 1,771  F = 373  T = 2,144

- Emergency Medicine
  S = 420  F = 153

- Anesthesiology
  S = 283  F = 162

- CORP OR PACU (includes Kellogg)
  721

- Otolaryngology
  S = 170  F = 58

- East Ann Arbor Surgery Center
  49

- Livonia Surgery Center
  69

- Pediatric ED
  S = 59

- Survival Flight
  F = 59

DRAFT - 1/24/12
HR Service Unit Team with an HR Lead

INPATIENT NURSING SERVICES

- Surgery, Oncology, Rehab
- Peds Perinatal
- ABCC Unit
- Psych
- Administration

Ancillary Care Services
- Cardio and Med
- Cardio-vascular
- Central Staff
- Central Support
- Oncology

Total Number of Employees 3,281

DRAFT - 1/24/12
HR Service Unit Team with an HR Lead

Total Number of Employees
S = 1,278  F = 252  T = 1,530
HR Service Unit Team with an HR Lead

**MEDICAL SERVICES**

- **Dermatology**
  - S: 95
  - F: 32

- **Family Medicine**
  - S: 50
  - F: 104

- **Internal Medicine (all divisions)**
  - S: 1518
  - F: 771

- **Neurology**
  - S: 247
  - F: 83

**Total Number of Employees**
- S = 1,910
- F = 930
- T = 2,840

*DRAFT - 1/24/12*
HR Service Unit Team with an HR Lead

Cardiovascular Center: 115
Ambulatory Care Admin: 149
ACS Health Centers: 593
Cancer Center: 615
Radiation Oncology: S = 146, F = 56
University Health Service: S = 157

Total Number of Employees:
S = 1,775, F = 56, T = 1,831
HR Service Unit Team with an HR Lead

Total Number of Employees
S = 848  F = 648  T = 1,496

PSYCHIATRY, PEDIATRICS AND WOMEN’S SERVICES

Mott, Women’s, Holden
F = 28

Pediatrics
S = 407  F = 264

Psychiatry
F = 275

S = 290

OBGYN
F = 109
S = 123
HR Service Unit Team with an HR Lead

Total Number of Employees:
- S = 1,471
- F = 0
- T = 1,471

Support Services: 66
Materiel Services: 266
Safety Mgmt Services: 17
Security Services: 205
Environmental Services: 489
Food & Nutrition Services: 262
Facilities: 133

DRAFT - 1/24/12
HR Service Unit Team with an HR Lead

**SURGICAL SERVICES**

- Neurosurgery: 69S, 36F
- Cardiac Surgery: 60S, 19F
- Orthopaedic Surgery: 208S, 40F
- Urology: 93S, 48F
- Transplant Center: 139S
- Ophthalmology: 279S, 97F
- Speech Language Pathology: 24S
- Physical Med and Rehabilitation: 411S, 58F

**Total Number of Employees**

- S = 1,720
- F = 430
- T = 2,150

*DRAFT - 1/24/12*
Funding Team

- Drafted several proposals for funding models
- Determination made around Shared Services Funding Model
  - Funding Team re-convened in February, 2012 to clarify final details
  - HHC will not see any difference in funding structure
Other Service Delivery Teams Completed to Date

- **Staffing Workgroup 1**
  - Recommended HR Business Unit Team roles, duties, and proposed staffing model
  - Validation of staffing formulas

- **Staffing Workgroup 2**
  - Recommended process for staffing HR Business Unit Teams

- **Staffing Workgroup 3**
  - Conducted survey for identifying UMHS individuals doing HR work
Service Delivery Model
Teams Completed to Date

Education & Development

- Developed guidelines around competencies, education and development for HR Business Unit Teams
- Created draft Service Level Agreement with customer service standards
Service Delivery Model
Teams Work in Progress

- **Staffing Workgroup 4**
  - Determining the best way to deliver HR “central” services to HR Business Unit Teams
  - Determining the structure (processes & organization) to support the work of the HR Business Unit Teams and the work of “central” HR

- **Competency Review Team**
  - Creating a revised Competency Matrix for all roles
  - Creating an assessment tool for current and future staff
  - Creating an education plan for the staff of the HR Business Unit teams, based on the competencies in the HR Development Model
Transition & Implementation Team:

- Recommending a reasonable, attainable and firm date for “go-live” implementation
- Developing a transition and implementation plan for rollout of the model
- Recommending metrics for measuring the success of the new model
- Recommending approaches for change management and communications
- Recommending approaches to logistical aspects of implementation
HR LEAD ROLE
Staffing Workgroup 1 was charged to:

- Define the role of the HR Lead, including specific competencies

Along with this, they:

- Identified the work of the HR Business Unit Teams under the new Service Delivery model
- Identified the staffing level (quantity of individuals, type of roles) to support the work of the business units
The HR Lead will plan and direct human resource strategic and administrative activities for University of Michigan Health System Business Units

- Role is an extension of the current HR Consultant role, with supervision over the HR Business Unit Team roles (HR Consultant, HR Generalist, HR Assistant)
- The Role reports to both the HR Director for that Business Unit and the Business Unit Leadership

Feedback from individuals at all levels in Human Resources was utilized to create the job description for the HR Lead *(see handout)*
HR Lead Role –
Direct Reports

- **Reporting to the HR Lead will be:**
  - HR Consultant(s)
  - HR Generalist(s)
  - HR Assistant(s)

- **The HR Business Unit Team will provide services:**
  - Recruiting & Staffing
  - Employee/Labor Relations
  - Compensation Administration
  - Organizational Development & Training
  - Transaction Management
  - Workforce Planning
The number of roles on each HR Business Unit Team depend on a number of factors, including:

- Transactional Activity
- Grievances/Discipline Activity
- Employee/Labor Relations & Consulting Activity
- Strategic and Project Work for Unit
- Department Size

Benchmarking was done around:

- Current staffing levels and current empowered teams
- Hackett Study
- Saratoga Report
Current proposed staffing levels (still being vetted):

<table>
<thead>
<tr>
<th>HR Business Unit Team</th>
<th>HR Lead</th>
<th>HR Consultant</th>
<th>HR Generalist</th>
<th>HR Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ancillary Services</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Business Services</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td>1</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Emergency &amp; Operating Rooms</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Inpatient Nursing Services</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Med School Administration &amp; Basic Sciences</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Medical Services</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Programs, Centers &amp; Ambulatory Care</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatry, Pediatrics &amp; Women’s Services</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Support Services</td>
<td>1</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
HR Lead Role – Openings

- Ancillary Services
- Business Services
- Diagnostic Services
- Emergency & Operating Rooms
- Inpatient Nursing Services
- Programs, Centers & Ambulatory Care
- Psychiatry, Pediatrics & Women’s Services
- Support Services

Individuals already functioning in HR Lead roles for teams where Business Units are not significantly changing will be placed as HR Leads

- Medical Services, Surgical Services, Med School Administration & Basic Sciences
Key Principles considered when Filling HR Business Unit Team Roles:

- Individuals will not have to apply for their own positions
- The staffing process should provide minimum disruption to the Business Units being served
- Individual’s expertise, competencies and interests will be considered in their placement
- The Business Unit leaders will be involved as partners in the determination of their HR partner (HR Lead)
- Each Business Unit team will have a well-rounded balance of skills and competencies, taking into account the Business Unit’s needs
- Career Development opportunities will be created, with adequate training and development created for all roles
- The staffing process will help provide greater consistency, reduce redundancies, and increase efficiency
## HR Lead Role – Next Steps

<table>
<thead>
<tr>
<th>TIMING</th>
<th>NEXT STEPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week of 2/20</td>
<td>Announce Management Structure for HR (HR Lead reporting relationship, Central HR structure)</td>
</tr>
<tr>
<td>Week of 2/20</td>
<td>Gain clarity around Labor Relations role(s) remaining Central (specializing in Labor Relations and Contract Negotiation/Interpretation)</td>
</tr>
<tr>
<td>Week of 2/20</td>
<td>Internal Posting for HR Lead Openings or Central Labor Relations opening</td>
</tr>
<tr>
<td>Week of 2/27 – Week of 3/15</td>
<td>Interviewing with HR Director and Business Unit Leadership; Selection Process</td>
</tr>
<tr>
<td>Week of 3/15</td>
<td>Reclassification and Salary Setting Calibration, as needed</td>
</tr>
<tr>
<td>3/15 – 4/30</td>
<td>HR Director/HR Lead discuss/negotiate Service Level Agreement with Business Unit Leadership</td>
</tr>
<tr>
<td>3/15 – 5/7</td>
<td>Transition discussion period - Leads and Teams partnering with current incumbents</td>
</tr>
<tr>
<td>TIMING</td>
<td>NEXT STEPS</td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Week of 3/26</td>
<td>HR Leads help present Informational Sessions for HR Business Unit Team Member Roles</td>
</tr>
<tr>
<td>Week of 4/2</td>
<td>Internal Posting for Team Member Roles (HR Consultant, HR Generalist, HR Assistant)</td>
</tr>
<tr>
<td>Week of 4/2</td>
<td>Discussions with Business Unit Leadership regarding &quot;HR&quot; staff in Business Units</td>
</tr>
<tr>
<td>Week of 4/9 –</td>
<td>Creation of teams by HR Lead, with the input/consultation of Business Unit Leadership/HR Director (Combination of transitioning current staff into roles on the Team and placing individuals who posted into new, otherwise unfilled, roles)</td>
</tr>
<tr>
<td>Week of 4/23</td>
<td></td>
</tr>
<tr>
<td>Week of 4/23</td>
<td>Reclassification and Salary Setting Calibration, as needed</td>
</tr>
<tr>
<td>4/23 – Ongoing</td>
<td>Conduct Needs Assessment and determine Training &amp; Development plans, as needed</td>
</tr>
</tbody>
</table>
Questions?