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THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

Integrating Temporary Workers Into the Healthcare Organization



Gerri Smothers

BY GERRI SMOTHERS,
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According to labor statistics, there are approximately 15 million people are out of work in the United States today. With figures like these, many individuals turn to whatever work opportunities they can find, including temporary work. Today, healthcare organizations account for the largest share of the temporary workforce, in some cases this may be more than 25% of the

total staff in an organization. As a result of the anemic job market, some very skilled, talented, smart people with advanced degrees and years of experience are turning to staffing agencies. In fact, there are temporary/contingent workers at just about every level of the workforce from the CEO position to Human Resources, and from the marketing department to the office clerks. Even some scientists are working on temporary/contingency assignments – a fact that debunks the myth that temp workers are of low quality. Health care organiza-

tions have high expectations for the temporary workers they hire, but may not always give them access to the tools, resources and people they need to properly succeed. Given that temporary staffing is prevalent in healthcare, integration of temporary staff into the existing workforce is essential to best achieve the organizations' goals.

One of the major challenges is how to best achieve effective integration of temporary employees into the department where they work, which will ultimately

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2010: A YEAR IN REVIEW

Celebrating 75 Years of Helping Hospitals Care for Their Communities

BY KEVIN P. SCANLAN

This year the Metropolitan Chicago Healthcare Council (MCHC) is celebrating its 75th anniversary!

The Chicago Hospital Council (CHC) was chartered on November 26, 1935, with 23 members. The main goals of the CHC were to create and implement programs that would benefit all area hospitals, such as educating the public about available hospital services and facilities, identifying methods to ensure access to health care was within the reach of low-income families and coordi-

nating independent hospital services.

One year after its charter, CHC helped establish the Hospital Service Corporation, which later became the Chicago Blue Cross Plan, to provide group hospital insurance to individuals who were "neither indigent nor possessed sufficient means to cover hospital expenses. At its inception, the Hospital Service Corporation enrolled 20,000 Chicago residents, making it possible for many people to obtain hospital care.

The CHC worked quickly to develop a portfolio of beneficial services that were promoted to

member services. A group purchasing pool, patient account collections and legislative reporting service were among the first programs instituted by CHC by 1938. Member hospitals also relied on the CHC to provide guidelines for pressing health care issues of the day, including hospital employment and maternal welfare and obstetrics.

CHC played a critical role in the Chicago health care community during World War II by helping member hospitals prepare their staff for emergency situations and evaluating hospitals' capacity to

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Kevin P. Scanlan

2010 Brings Change for Health Care Providers

BY PATRICIA HOFSTRA

The year 2010 brought significant changes in the law for the healthcare industry, both at the state and federal levels. At the federal level, the Patient Protection and Affordable Care Act ("PPACA") created significant changes to hospital reimbursement and encourages provider integration through bundled payments and Accountable Care Organizations ("ACO"). At the state level, the Illinois Supreme

Court's Provena and Lebron decisions resulted in setbacks for non-profit hospitals and provider liability. Together, the changes at the state and federal level will create significant shifts in the way in which healthcare providers deliver patient care services and manage their practices and businesses.

At the federal level, PPACA's changing reimbursement scheme and emphasis on integrated care will have an enormous impact on the way in which hospitals provide care. First, effective October 1,

2012, Medicare will provide payments for acute care hospital services based on the hospital's performance on several quality measures for common and high-cost conditions. Similarly, beginning October 1, 2014, hospitals with high levels of hospital acquired conditions may be subject to reduced Medicare reimbursement for inpatient services. These hospitals may also have to publicly post their hospital acquired condition rates on a national website. In

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Patricia Hofstra

COVER STORY: Integrating Temporary Workers Into the Healthcare Organization

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benefit the larger organization. The first step to a successful integration is to identify all of the challenges and misconceptions related to temporary employees and make a true effort to address each and every one. One of the biggest misconceptions is that people turn to temporary positions when they cannot find anything else. The truth is, yes there are many in this economy that turn to staffing agencies, but there are still a fair amount of individuals who prefer temporary positions due to anything from school schedules to raising children to providing supplemental income in their households. Integration requires bridging the gap between existing and temporary employees, ending negative images about temporary workers, and ensuring that proper respect is given to temporary workers. Without temporary staffing, many companies would be forced either to shut their doors or to spend beyond their means hiring full-time employees, which could later result in lay-offs of more than just those who were last hired.

Management's goal is to tap the full potential of every staff person (both temporary and permanent) and eliminate the potential pitfalls of uneasiness and rivalry that may befall an organization attempting to integrate temporary personnel. What are some steps that can be taken to navigate this delicate road of integration and achieve maximum possible benefits from adding temporary staff?

1) Planning: In advance, prepare permanent, existing staff for the arrival of temporary workers. Address issues such as identification of work space, main contacts, and goals and expectations.

2) Orientation: Provide orientation for temporary employees so that they will have the information, resources, tools, and people to help guide them in succeeding in their assigned projects. Provide all temporary staff with existing policies and procedures relevant to their assignments.

3) Effective Communication: Make sure that all expectations are conveyed widely and clearly. Establish regular communication with the temporary staff and the staffing partner to convey and verify expectations and plans and to provide ongoing feedback as needed.

Through integration, temporary and permanent workers are then best positioned to contribute to their fullest ability, thereby enhancing the organization's bottom line.

Gerri Smothers, President and CEO, Professional Dynamic Network, Inc., can be reached at (708) 747-4361.

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Profiles IN LEADERSHIP

WHEN Announces Carmen Velásquez as the 2010 Women of the Year Achievement Award Recipient

The Women Health Executives Network (WHEN) announced its recipient of the association's highest honor. An impressive leader, a tireless campaigner, and a committed advocate of health care policy, Carmen Velásquez, founder of Alivio Medical, is the recipient of the 2010 Women of the Year Achievement Award.

"Velásquez has changed community health care for Mexican, working-poor, uninsured, and immigrant individuals. Her work with the not-for-profit community health center and advocating for universal health care for the uninsured and amnesty for undocumented residents is well-documented," said Jessica Ross, this year's award chair and past president of WHEN, and director of business development with Northwest Community Hospital.

As a result of a passionate vision, strong partnerships, and the crucial need for bilingual bicultural medical providers for the uninsured and undocumented, Velásquez founded Alivio Medical Center, in 1989, as a bilingual bicultural, nonprofit community health center. She has served as its executive director since its inception.

Velásquez has consistently led efforts to improve and empower the greater Hispanic community. She serves on several boards and committees including the Advisory Council at El Valor, Chicago Center for Health Systems Development; Health and Medicine Policy Research Group; Campaign for Better Healthcare; Pilsen Neighbors Community Council; Pilsen Planning Committee; and the Chicago School of Psychology. Ms. Velásquez is also the current Chair of the Legislative Committee of the Illinois Primary Health Care Association (IPHCA).



Carmen Velásquez

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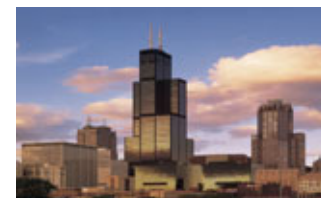
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