CAMBRIDGE PUBLIC HEALTH DEPARTMENT

WORKFORCE DEVELOPMENT PLAN
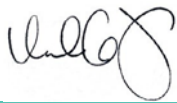
May 2015

CAMBRIDGE PUBLIC HEALTH DEPARTMENT

CHA Cambridge Health Alliance

This plan has been approved and adopted by:

05/29/2015

Claude Jacob
Chief Public Health Officer
Cambridge Health Alliance
City of Cambridge

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

For questions about this plan, contact:

Carmen Ploszaj, Quality Improvement Specialist
Email: cploszaj@challiance.org
Phone: 617-665-3822

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Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This plan serves as the foundation of the Cambridge Public Health Department's ongoing commitment to the training and development of its workforce.

Mission & Vision

Vision

The Cambridge Public Health Department is a leading, innovative, and model health department that facilitates optimal and equitable health and well-being for all who live, learn, work, and play in Cambridge.

Mission

The Cambridge Public Health Department improves the quality of life of all who live, learn, work and play in the city by preventing illness and injury; encouraging healthy behaviors; and fostering safe and healthy environments.

Shared Values

Social Justice and Equity: We accept and meet people where they are, with compassion and integrity. We advocate for holistic approaches that address the social determinants of health.

Innovation: We learn from within, are generative and cutting edge in our practice, approach, and knowledge base; we continuously push the envelope with data, evidence base, and a strategic, "big picture" view.

Professionalism and Excellence: We demonstrate our commitment to quality and continuous improvement by being trustworthy and credible, sharing accurate information in a timely and transparent fashion, especially in communicating public health ideas and risks to the public.

Collaboration: We continuously seek and engage community input. We practice an integrated, case management approach in developing and implementing strategies to address community public health concerns. We view community members as assets and leaders in community transformation.

Here are the priorities and goals as outlined in the strategic plan:

Priority Areas	Goals
Priority Area 1: Information Systems	Goal 1: Align and streamline information systems to capture, evaluate, and improve the quality of our public health work.
Priority Area 2: Communication & Branding	Goal 2: To raise the visibility and perceived value of CPHD; and use communication to engage, inform, and empower staff and external audiences.
Priority Area 3: Workforce Leadership & Development	Goal 3: Build upon the organizational culture that fosters collaboration within CPHD and encourages opportunities for growth and professional development.
Priority Area 4: Regulatory Review	Goal 4: To improve quality of regulatory oversight in order to minimize hazards and improve community health in Cambridge.

Governance

Patrick Wardell serves as the Chief Executive Officer for Cambridge Health Alliance and, pursuant to the Enabling Act, the Commissioner of Public Health for the City of Cambridge. Mr. Wardell has delegated the operation of the Cambridge Public Health Department to Claude-Alix Jacob, Chief Public Health Officer. However, Mr. Wardell is the signatory of record for all state-level contracts. In addition, Mr. Wardell serves as an ex-officio member of the Cambridge Public Health Subcommittee of the Cambridge Health Alliance Board of Trustees which is the quasi-board of health for the City of Cambridge.

The Cambridge Public Health Department is advised by the Cambridge Public Health Subcommittee, the Community Health Advisory Council, and through designated committees of the Cambridge City Council such as the Community Health, Environment, and Human Services committees. The Cambridge Public Health Department works closely with the City Manager, City Council, the School Committee, and all city departments.

Learning Culture	The Cambridge Public Health Department encourages a generative process of learning that empowers staff to share ideas and solve problems. One of the Cambridge Public Health Department's strategic priorities is to build upon an organizational culture that fosters collaboration within CPHD and encourages opportunities for growth and professional development. The objectives under CPHD's strategic plan under the Workforce Leadership & Development priority area are listed below:

- Require that all staff create an annual individualized professional development plan, in collaboration with their supervisor by 2015.
- Incrementally increase the number of CPHD staff who complete leadership or management trainings by 2019.
- Modify organizational structures and systems and culture to improve efficiency, innovation, and excellence by 2016.

The Cambridge Public Health Department is committed to providing staff with a variety of educational activities to enable all staff to be effective in their roles, and to supporting professional and personal development. The workforce development plan will further promote a culture of continued learning and growth. |
| **Workforce Policies** | The Cambridge Public Health Department's policies on staff competency, training and development, and tuition reimbursement are located on the staff intranet. The Cambridge Public Health Department has also recently identified opportunities to strengthen the policy framework related to workforce development and will soon be implementing changes to better support staff. A list of policies related to workforce development can be found in Appendix A. |
| **Links to Other Agency Plans** | The workforce development plan is informed by CPHD's strategic plan, and PHAB requirements for the quality improvement and performance management plans.
Details on the elements of the strategic plan that relate to workforce development can be found in Appendix B. |

WORKFORCE PROFILE

Introduction This section provides a description of our current and anticipated future workforce needs.

Current Workforce Demographics The table below summarizes the demographics of our workforce based on the Workforce Assessment and Quality Improvement Survey administered in 2014 and other data sources. All fifty-seven staff members completed the survey.

Category	# or %
Total # of Employees:	57
# of FTE:	48
% Paid by Grants/Contracts:	15%
Gender:	
Female:	50
Male:	7
Race:	
Hispanic:	5
Non-Hispanic:	52
American Indian :	0
Asian:	2
Black or African American:	9
Cape Verdean:	1
Caucasian:	42
More than One Race:	2
Age:	
18-24:	0
24 – 34:	7
35 – 44:	11
45 – 54:	12
55 – 64:	24
65+:	3
Primary Professional Disciplines:	
Leadership/Administration:	15
Nurse:	25
Environmental Health:	3
Epidemiologist:	2
Dietician:	2
Program Support:	10
Retention Rate per 5 years	77%

Future Workforce

The Cambridge Public Health Department (CPHD) has faced staff retirement in the nursing division in the past few years. As the public health workforce ages it is anticipated that more nurses and other staff will be retiring, potentially leading to a loss of institutional knowledge. Succession planning is needed to ensure continued capacity to effectively perform.

In addition to responding to internal changes, CPHD will also need to adapt to emerging needs in the public health landscape. As data-driven practice grows, public health professionals will require further training on collecting and effectively using data to inform service delivery.   Public health professionals will also be expected to engage with diverse populations and community stakeholders to assess program impact and to make changes to address unmet needs.

Core Competency Sets

The workforce development plan is based on four sets of competencies: core competencies for public health professionals, quality improvement competencies, cultural competency, and organizational competencies. CPHD also recognizes that continuing education credits required by professional licensing requirements address competencies for staff in their respective disciplines.

PUBLIC HEALTH COMPETENCIES

QUALITY IMPROVEMENT

CULTURAL COMPETENCY

ORGANIZATIONAL COMPETENCIES

WORKFORCE DEVELOPMENT PLAN
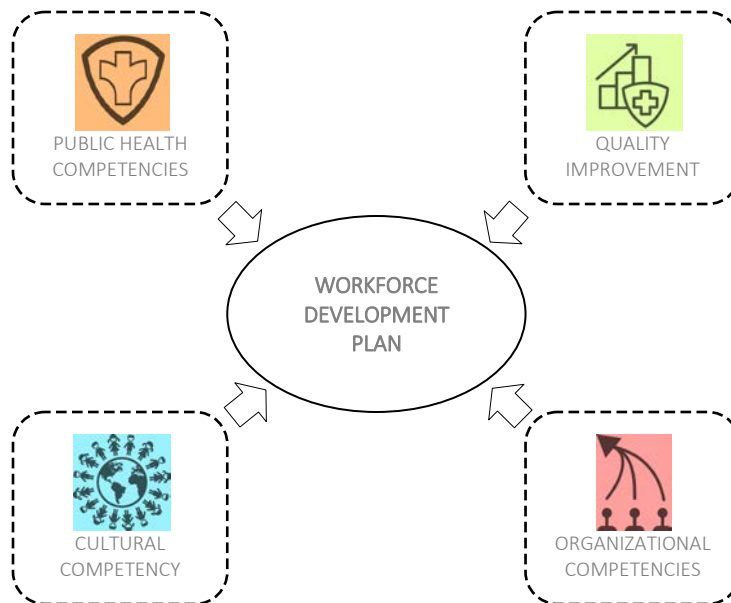
Core Competencies for Public Health Professionals

The Cambridge Public Health Department (CPHD) used the *Council on Linkages Core Competencies for Public Health Professionals 2010* to develop a workforce assessment that gauged workforce readiness to inform professional development. The workforce assessment was delivered as part of the Workforce Assessment and Quality Improvement Survey.

The *Council on Linkages Core Competencies for Public Health Professionals 2010* is a nationally recognized set of broad public health skills. These Core Competencies are divided into eight areas of knowledge or skill necessary for effective public health practice:

1. Analytic/Assessment
2. Policy Development & Program Planning
3. Communication
4. Cultural Competency
5. Community Dimensions of Practice
6. Public Health Sciences
7. Financial Planning and Management
8. Leadership and Systems Thinking

The Core Competencies are presented in three tiers to reflect stages of career development:

Tier 1 – Front Line and Entry Level
Tier 2 – Program Management/Supervisory Level
Tier 3 – Senior Management/Executive Level

Quality Improvement Competencies

As an imperative of public health accreditation and to improve organizational effectiveness, CPHD will foster a culture of quality improvement while developing a robust performance management system to guide the direction of programs and operations. An assessment of quality improvement readiness was conducted through the Workforce Assessment and Quality Improvement Survey and the results informed the contents of this plan.

The Workforce Assessment and Quality Improvement Survey assessed workforce readiness in quality improvement by examining:

- Staff participation in quality improvement projects
- Staff confidence in participating in quality improvement processes
- Staff familiarity with 14 quality improvement tools

Cultural Competency

Achieving sustainable gains in population health demands an equitable delivery of public health services to an increasingly diverse population. For CPHD, this means cultural competency and health equity will become a cross-cutting premise upon which all interventions are developed and implemented.

CPHD used the Massachusetts Department of Public Health's *Making CLAS Happen* manual, a guide designed for health and human service agencies to enhance their ability to deliver culturally and linguistically appropriate services to diverse communities, to develop a cultural competency assessment based on the following criteria:

Staff & Leadership (internal staff capacity)
- Staff reflecting the cultural and racial diversity of the communities served
- Policies for the recruitment and retention of diverse staff
- Professional development in cultural competency

Language Access / Communication (serving individuals effectively)
- Providing professional interpreter services
- Providing written notices about rights to language assistance services.
- Providing Disability Access Notices
- Using culturally and linguistically appropriate resources to promote health

Organizational Support and Accountability (serving populations effectively)
- Policies/procedures for identifying diverse communities
- Considering cultural and linguistic differences in developing programs
- Using race, ethnicity, and language (REL) service area data in delivering program services
- Collecting client satisfaction data to inform further culturally and linguistically appropriate service (CLAS) delivery
- Participating in partnerships with other agencies that target the diverse cultural groups
- Using the *Making CLAS Happen* manual

Organizational Competencies   Organizational competencies are primarily intended to contribute to the fulfillment of the objectives of the strategic plan. These competencies also include competencies relevant to department-specific functions and procedures. Below are some of the strategies and objectives in the strategic plan pertaining to organizational competencies:

1. Develop training(s) to improve staff capacity to effectively use data
2. Train staff to be brand ambassadors
3. Provide staff training on the website and social media policies
4. Train staff on the importance of a program-specific social marketing plan in order to enhance capacity and develop buy-in
5. Provide staff trainings on organizational effectiveness including high performance teams
6. Identity skill gaps for managers, aspiring managers, and supervisors through their annual professional development plan and provide training opportunities to fill those gaps

Details on the elements of the strategic plan that relate to workforce development can be found in Appendix B.

CE Required by Discipline   Multiple public health-related disciplines require continuing education (CE) for ongoing licensing or practice. Licensures held by staff and their associated CE requirements are shown in the table below.

Discipline	Massachusetts CE Requirements (as of 4/2/15)
Nursing (RN, LPN)	15 CEUs every 2 years
Registered Environmental Health Specialist / Registered Sanitarian (REHS/RS)	24 CEUs every 2 years
Asthma Educator (AE-C)	35 CEUs every 5 years
Dietitian (RD, LD)	75 CEs every 5 years
Principal Investigator (PI) or research member	9 CEs every 3 years
Veterinarian (DMV)	15 CEs every year

TRAINING NEEDS

Introduction

This section provides an overview of our agency's identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps.

Competency-Based Training Needs

With the exception of organizational competency-based training needs that were dictated largely by the objectives of the strategic plan, all other training needs were identified through rigorous needs assessments. Specifically, the Cambridge Public Health Department conducted the following assessments:

- A workforce assessment of staff competencies against core competencies for public health professionals
- An assessment of staff quality improvement skills
- An assessment of staff cultural competency

The workforce and the quality improvement assessments were combined into one staff survey: the Workforce Assessment and Quality Improvement Survey.

Core Competencies for Public Health Professionals-Based Training Needs

The Cambridge Public Health Department (CPHD) conducted a workforce assessment in 2014 as part of the Workforce Assessment and Quality Improvement Survey. The purpose of the workforce assessment was to acquire data necessary to better understand CPHD's public health workforce, compare CPHD's workforce competencies against the *Core Competencies for Public Health Professionals 2010*, and to inform the workforce development plan.

The workforce assessment drew from the *Core Competencies for Public Health Professionals 2010* and was a product of an iterative collaborative effort between the CPHD Workforce Development Workgroup and an external consultant. The survey was administered through the health department's online survey platform and all 57 staff members were invited to participate via emails. Fifty-seven staff members completed the survey, representing a response rate of 100%.

Key findings that informed the workforce development plan are summarized below:

68% AGED OVER 45 YEARS	More than two thirds of the respondents are aged over 45 years. While this indicates an experienced workforce, it also calls for succession planning to ensure continuity of business activities as staff approach retirement.
80% HAVE COLLEGE DEGREE	80% of respondents reported having a bachelor's degree or higher. The high number of college graduates suggests a limited need for college tuition support and implies gaps in competencies can be addressed by low cost short-term trainings and on-the-job coaching.
76% INTEREST IN SHORT COURSES	Most employees are interested in topic-specific public health courses that can be delivered inexpensively through webinars and other course offerings.
Over 66% NEED TRAINING IN CORE COMPETENCIES	Two thirds or more of employees need development in each of the following core competencies: Analytic/Assessment, Cultural Competency, Financial Planning and Management, Policy Development & Program Planning, Public Health Sciences, Community Dimensions of Practice, Communications, and Leadership and Systems Thinking Skills.
47% LACK TIME FOR COURSES	Time was identified as the major impediment to staff development.

Quality Improvement-Based Training Needs

The Cambridge Public Health Department (CPHD) conducted an assessment of staff competencies in quality improvement as part of the Workforce Assessment and Quality Improvement Survey. Questions assessed staff's quality improvement skills as well as staff experience with using quality improvement tools.

Results indicated a high number of staff members (84%) acknowledge the importance of quality improvement. In addition, 57% of the respondents felt confident in their ability to use quality improvement tools and 41% had experience participating in quality improvement projects. The survey also assessed staff familiarity with 14 tools and over two thirds of staff indicated that they were unfamiliar with 10 of these tools:

% STAFF UNFAMILIAR WITH EACH QI TOOL

Tool	Value
FORCE FIELD	94
RUN CHART	94
VALUE STREAM	92
LEAN	90
CONTROL CHART	86
SIX SIGMA	85
FISHBONE	82
AFFINITY	82
PLAN-DO-CHECK-ACT	76
ROOT CAUSE	65
TEST OF STASTICAL SIGNIFICANCE	49
PRIOTTY SETTING	26
FLOW CHART	6
BRAINSTORMING	6

KEY
> 2/3 of staff are unfamiliar with tool
< 2/3 of staff are unfamiliar with tool
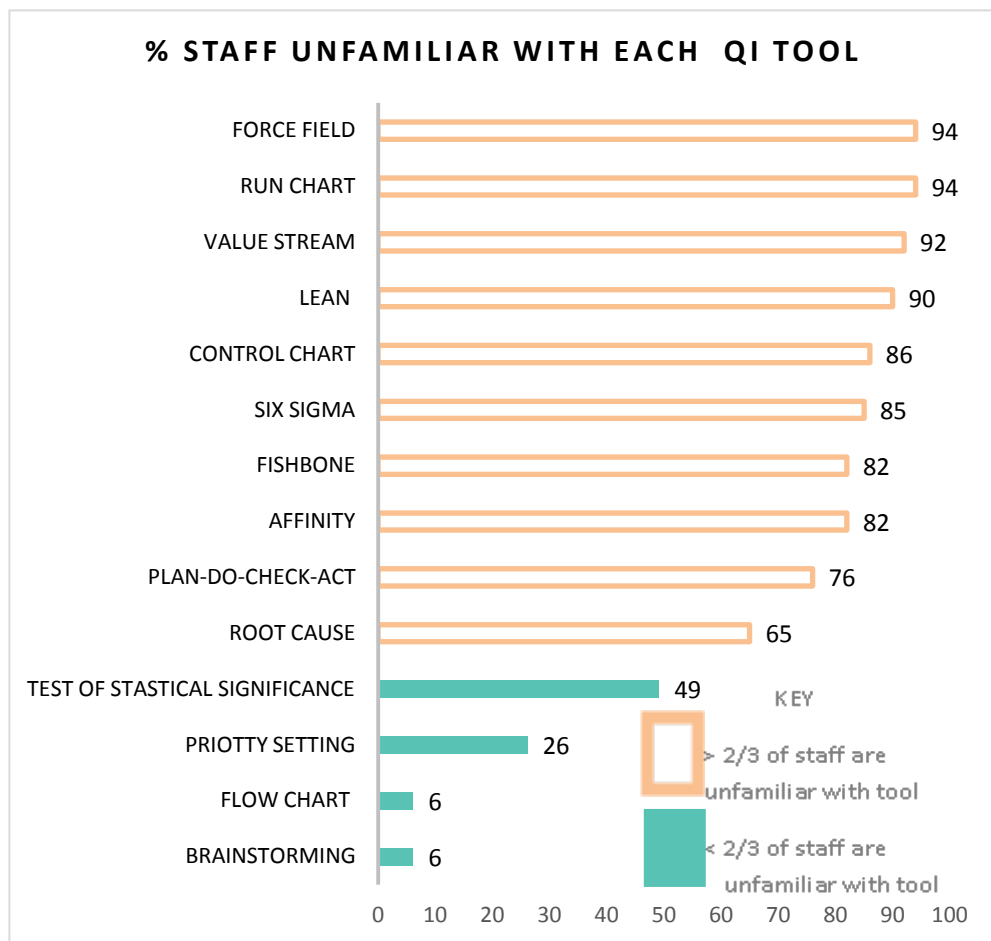
Cultural Competency-Based Training Needs

Cultural competency training needs were identified through a cultural competency survey administered to supervisors and managers. Although adapted from the Massachusetts Department of Public Health's *Making CLAS Happen* manual, the survey drew from the *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care* to assess the health department's cultural readiness in each of the following domains: Staff and Leadership, Language Access / Communication, and Organizational Support and Accountability.

Results from the Staff and Leadership domain indicated the staff racial profile largely reflects that of the city's population. The results, however, demonstrate the need for the development of policies that support the recruitment, retention, training, and promotion practices of diverse staff and a comprehensive staff training program in cultural competency.

In the Language Access/Communication domain, the results indicate employees use culturally and linguistically appropriate resources to promote health. Nevertheless, employees need reorientation to policies regarding the provision of interpreter services, verbal and written notices about the right to language assistance services, and Disability Access Notices.

Results from the Organizational Support and Accountability domain point to staff involvement in partnerships with other agencies that target the same diverse cultural groups. However, CPHD will need to strengthen its policy framework and practices for identifying diverse communities, considering cultural and linguistic differences in developing programs, using race, ethnicity, and language (REL) community/service area data and collecting client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery.

Recommended actions based on this survey include trainings in:

1. Cultural competency
2. The Provision of timely professional interpreter services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language.
3. The Provision of Disability Access Notices to deaf /hard of hearing clients and clients with disabilities.
4. The Provision of verbal and written notices about the right to language assistance services to English proficiency (LEP) or deaf/hard of hearing clients.
5. The use of the *Making CLAS Happen* manual.

Organizational Competency-Based Training Needs

As noted earlier, organizational competencies are intended to increase staff capacity and effectiveness in fulfilling department-specific functions. Some of the training needs for this section were extracted from the strategic plan and reflect the expectation for staff to fulfill the objectives of the plan. The identified training needs based on the strategic plan include trainings that address:

1. The effectively use of data
2. Brand ambassadorship
3. Website and social media policies
4. Program-specific social marketing
5. Organizational effectiveness including High Performance Teams
6. Leadership development

The other organizational competency-based trainings include those addressing discipline-specific competencies and other mandated trainings designed to advance departmental functions.

Through the Workforce Assessment And Quality Improvement Survey, the Cambridge Public Health Department (CPHD) identified the need for the development of an orientation to CPHD. The orientation topics, determined by the CPHD Workforce Development Workgroup, are:

- Organizational Chart and Program Descriptions
- Relationship between CPHD, CHA, and City of Cambridge
- Standard Operating Procedures
- CPHD Regulatory Activities and Powers
- Introduction to CPHD's Accreditation Process

Barriers and Solutions

Staff identified barriers to taking trainings through the Workforce Assessment and Quality Improvement Survey. The CPHD Workforce Development Workgroup examined these barriers and proposed solutions to address them. The table below summarizes the barriers to addressing the gaps in workforce competencies and the proposed solutions for successful implementation:

Barriers	Solutions
• Time • Training not available during work hours • Classes are not easily accessible	• In-person training and topic-specific courses will be provided during work hours. • Webinars will be made available for staff to take at their convenience. • Managers and supervisors will work with employees to provide adequate time for their staff to take trainings during work hours. • Some trainings will be integrated into all-staff meetings.
• Cost	CPHD will provide many courses in core public health competencies at no cost. In addition, existing reimbursement policies will help meet the needs of those seeking development outside the health department.
• No CE credit	Continuing education (CE) credit will be available for some of the standardized course offerings. Staff will be permitted to substitute courses with CE credit that cover the same competency sets for courses without available CE credit.

WORKFORCE DEVELOPMENT GOALS

This section presents CPHD'S workforce development goals.

Goal	Measure	Timeframe	Responsible Parties
Identify/create webinars for all-staff development	Webinar or link	Fall 2015	Workforce Development Workgroup
Link webinars to HealthStream Online Learning Center to help track trainings	Trainings available on HealthStream website	Spring 2016	QI Specialist, HR, IT
All supervisors develop succession plans for critical positions within their jurisdictions	Completed succession plans	Summer 2016	Supervisors
Present workforce development orientation video to managers.	Meeting minutes from video presentation	Fall 2015	Chief Public Health Officer, QI Specialist
Create orientation packet including SOPs.	Completed orientation packet	Spring 2016	Workforce Development Workgroup
Develop procedures for: • The recruitment, retention, training and promotion practices of diverse populations • Identifying diverse communities and their needs. • Using Race, Ethnicity, Language (REL) community/service area data in delivering program services • Collecting client satisfaction data to inform culturally and linguistically appropriate service (CLAS) delivery. • Considering cultural and linguistic differences in developing programs/processes	Completed cultural competency policy set	Spring 2016	Workforce Development Workgroup
• Staff refresher on policies about providing verbal and written notices about the right to language assistance services & Disability Access Notices to clients. • Staff refresher on policy regarding the use of interpreters	Meeting agenda and/or minutes	Fall 2015	Supervisors
All employees have individual professional development plans as part of the annual performance review process.	Completed individual development plans	Summer 2016	Employee and Supervisor, HR
All managers and some other staff participate in leadership development trainings. *See Curriculum and Training Schedule for details.*	Training logs, materials, and/or certificates	Fall 2016	Employee and Supervisor
Staff trainings to enhance their technical skills or to satisfy their continuing education (CE) requirements in their professional disciplines	Training logs, materials, and/or certificates	Summer 2016	Employee and Supervisor
Staff trainings in public health skills, quality improvement, and performance management. *See Curriculum and Training Schedule for details.*	Training logs, materials, and/or certificates	Fall 2016	Employee and Supervisor

Goal Legend
All staff training goals
Leadership goals
Cultural competency/health equity goals
Orientation goals

CURRICULUM AND TRAINING SCHEDULE

This section outlines the curricula and training schedule for 2015 to 2016.

Topic	Modules	Target Audience	Competencies Addressed	Schedule	Resources
Orientation					
CPHD Orientation	• Organizational Chart and Program Descriptions • Relationship between CPHD, CHA, and City of Cambridge • Standard Operating Procedures • CPHD Regulatory Activities and Powers • Introduction to CPHD's Accreditation Process	All Staff		Within 1 month of hire date	CPHD Orientation Packet
Cambridge Health Alliance Orientation	• HR Orientation • CHA Privacy Training	All Staff		Within 3 months of hire date	• Onsite training • HealthStream Online Learning Center
Cambridge Health Alliance Trainings	• CHA Rapid Regulatory Compliance • CHA annual trainings (e.g. SMART test)	All Staff		Annually	HealthStream Online Learning Center
ICS 100 and NIMS 700 Trainings	National Incident Management System training	All Staff		Within 3 months of hire date	FEMA website

Topic	Modules	Target Audience	Competencies Addressed	Schedule	Resources
Public Health					
Introduction to Public Health	Essential Public Health Services, role of health departments, public health system overview	All Staff		Within 1 year of hire date	cph.osu.edu
Introduction to Communications	• CPHD Brand • Introduction to Social Marketing • Website and Social Media	All Staff		Within 1 year of hire date	• Onsite training • cdc.gov
Cultural Competency	• Cultural competency/health equity • *Making CLAS Happen*	All Staff		Every 2 years	nciph.sph.unc.edu
Introduction to Data in Public Health	• Why we use data in public health • Types of data collection relevant to departmental functions	All Staff		Within 1 year of hire date	• CDC 101 • phlearnlink.nwcphp.org
Evidence-Based Practice	• Program planning and applying evidence-based practice to programs	All Staff		Within 1 year of hire date	• CDC 101 • phlearnlink.nwcphp.org • nciph.sph.unc.edu
Quality Improvement and Performance Management					
Introduction to Quality Improvement	Introduction to quality improvement, QI plans, and PDSA	All Staff		Within 6 months of hire date	• cph.osu.edu
Advanced Quality Improvement	QI plan implementation	QI Champions		Annually	Onsite training
Introduction to Performance Management	• PM basics • Using a PM system	All Staff		Within 6 months of hire date	• mphiaccredandqi.org

Topic	Modules	Target Audience	Competencies Addressed	Schedule	Resources
Advanced Performance Management	• Leadership Performance Improvement • Building/ Improving a PM System • Building High Performance Teams, Systems Thinking, Change Management, or other organizational effectiveness trainings	PM Champions		Annually	• PHF • Onsite training
Leadership Development					
Leadership Effectiveness	• Supervisor Development Program OR • Training(s) that address gaps in leadership capacity	Tier 2-3 Staff; Optional for Tier 1 Staff		Annually	• Onsite training • Conference, training, or other professional development activity
Division-Specific Requirements					
Administrative					
Admin Orientation	• Electronic Death Registration System (VIP) • Meditech • MIIS Vaccine	Admin Staff		Within 3 months of hire	• MDPH • Onsite training
TB Clinic Training	• Using EPIC for TB Clinic • State billing • Scanning paperwork	Admin Staff		Within 3 months of hire	Onsite training
Community Health and Wellness					
Communications for Programs	Program-specific social marketing	CHW, Nutrition, and other staff as needed		Within 6 months of hire date	cdc.gov
Public Health Law	Training that covers violence prevention law, substance use law, or any other laws relevant to CHW staff	CHW Staff		Every 2 years	samsha.gov

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Topic	Modules	Target Audience	Competencies Addressed	Schedule	Resources
Epidemiology and Data Services					
Surveillance	• Surveillance of infectious diseases • MAVEN	Epi Staff	(icons)	Within 1 month of hire date	masslocalinstitute.org
Public Health Law	Isolation and quarantine laws Parts 1 and 2	Epi Staff	(icons)	Within 3 months of hire date	masslocalinstitute.org
Nursing					
Orientation on Surveillance and EMR	• MAVEN Training • EPIC Training	PHN Staff	(icons)	Within 1 month of hire date	masslocalinstitute.org
School Health Orientation	• Professional School NSG in MA • Med admin and delegation • Mandated Screenings	SH Staff	(icon)	Within 1 year of hire	MDPH
Public Health Law	• Isolation and quarantine laws, Parts 1 and 2 • Immunization laws	All Nursing Staff	(icons)	Annually	masslocalinstitute.org
Cardiopulmonary Resuscitation	CPR Certification	All Nursing Staff	(icon)	Every 2 years	Onsite training
School Health Annual Meeting	SH refreshers & updates	SH Staff	(icon)	Annually	Onsite training
Emergency Preparedness					
EP Orientation	Introduction to Public Health Emergency Preparedness	EP Staff	(icon)	Within 1 month of hire	Onsite training
Public Health Law	Training that covers public health laws relevant to EP staff	EP Staff	(icons)	Every 2 years	masslocalinstitute.org
Environmental Health					
Public Health Law	Training that covers public health laws relevant to EH staff	EH Staff	(icons)	Every 2 years	masslocalinstitute.org

Competency Legend	
	Core Competencies for Public Health Professionals
	Quality Improvement & Performance Management Competencies
	Cultural Competency and Health Equity Competencies
	Organizational Competencies

IMPLEMENTATION & MONITORING

Introduction   This section provides information regarding communication, evaluation, tracking and monitoring/review of the plan.

Communication   The Cambridge Public Health Department (CPHD) will use a workforce development orientation video to familiarize managers with the workforce development plan. After watching the video, managers will read the workforce development plan and discuss implementation with their respective teams.

The workforce development plan will also be presented to the Board of Health. In addition, CPHD will report to the board with competency outcomes after the first year of workforce development plan implementation.

The workforce development plan will be available on the shared public drive in the workforce development folder for all staff to review.

Training Evaluation   Trainings will be assessed using evaluations based on the Kirkpatrick Model, an internationally recognized framework for training evaluation.

The Kirkpatrick Model recognizes four levels of training evaluation:

Level 1: Reaction
To what degree participants react favorably to the training

Level 2: Learning
To what degree participants acquire the intended knowledge, skills, attitudes, confidence and commitment based on their participation in a training event

Level 3: Behavior
To what degree participants apply what they learned during training when they are back on the job

Level 4: Results
To what degree targeted outcomes occur as a result of the training event and subsequent reinforcement

Trainings that will be available through the HealthStream Online Learning Center, CPHD's learning platform through the intranet, will minimally have Level 1 evaluations linked to each. Many trainings offered by the Cambridge Health Alliance already use Level 2 evaluations and will continue to include these evaluations.

Onsite trainings delivered at all-staff meetings will be evaluated using Level 1 evaluation forms. In addition to using Level 1 evaluations, advanced quality improvement trainings will include Level 2 and Level 3 evaluation forms for the first year of workforce development plan implementation.

A sample Level 1 evaluation form can be found in Appendix C.

Tracking

- All trainings available through the Cambridge Health Alliance HealthStream Online Learning Center will be tracked through the website.
- All onsite trainings will be tracked by the meeting organizer and training materials (agendas or curricula as well as certificates or proof of attendance) will be documented in workgroup/division folders on the public drive.
- All offsite trainings will be documented by individual employees. At a minimum, staff will log all trainings taken throughout the year and review the log with their supervisors as part of the annual individual professional development planning process. Supervisors and employees will use the Training Tracking Tool form to track trainings and to guide the development of professional development goals. Whenever possible, staff will keep training materials from external trainings (agendas or curricula as well as certificates or proof of attendance) in their individual training folders on the public drive.

Roles and Responsibilities

The workforce development plan will be available on the shared public drive in the workforce development folder. The CPHD Workforce Development Workgroup is responsible for monitoring the plan and ensuring updates are made as necessary.

Review and Maintenance

The CPHD Workforce Development Workgroup will review the workforce development plan after the first year of implementation to monitor program effectiveness. The workgroup will administer a survey to staff to track progress and review evaluation forms to inform any necessary changes to the plan. The CPHD Workforce Development Workgroup will also ask supervisors to discuss workforce development progress and propose changes for improvements to the plan.

Appendix A: Workforce Policies

Title:	Policy Number:	A-HRS-0023
Tuition Reimbursement	Policy Type:	Administrative
	Effective Date of this Policy:	04-30-13
Replaces (supersedes):	**Policy Chronicle:**	
Title: A-ORG-0002	Date the Original Version of Policy was Effective: July, 1999 Most Recent Review (month/year): 4/2013 Reviewer: Date 04-22-13 Marcy Lidman, Sr. Director Organizational Development Previous Reviews: July 1999 Previous Reviews: August 2004 Previous Reviews: January 2008 Previous Reviews: December 2010	
Area of Operations: Human Resources		
Regulatory Agency:	THIS POLICY HAS BEEN REVIEWED AND APPROVED ELECTRONICALLY: Deb Lemmerman, Sr. Director, HR Operations Joy Curtis, Senior Vice President Human Resources Allison Bayer, Chief Operating Officer Patrick R. Wardell, Chief Executive Officer	
Keywords(s)	Tuition, Reimbursement	

I.   Purpose

This policy defines the eligibility for tuition reimbursement, describes the benefit available, and explains the procedure for requesting tuition reimbursement.

II.   Personnel

This policy pertains to employees of Cambridge Health Alliance (CHA) including:
If any portion of this policy is inconsistent with either an applicable collective bargaining agreement or civil service statute, the applicable collective bargaining agreement or civil service statute, as it applies to permanent civil service employees, shall take precedence in defining CHA's rights and obligations with regards to that portion. However, the invalidity or modification of a portion of the policy shall not affect the applicability of the policy as a whole.

III.   Policy

The Cambridge Health Alliance offers a tuition reimbursement program to encourage employees to further their education, pursue professional development opportunities, and achieve required job competencies.

Title:	Policy Number: A-EXE-0007
Training and Professional Conferences	**Policy Type:** Administrative **Effective Date of this Policy:** March 1, 2010

Replaces (supersedes):
 	
Title:
	Policy Chronicle:
	
	Date the Original Version of Policy was Effective: June 1, 2003
	Most Recent Review (month/year): March 1, 2010
	
	Reviewer:_____
	      John Sullivan, Assistant Date:_____
	      Director Materials Management
	
	Previous Reviews: June 2003
	Previous Reviews: September 2006
	Previous Reviews: March 2010
	Previous Reviews: _____ month _____ year

Area of Operations: Administration	
Regulatory Agency:	**THIS POLICY HAS BEEN REVIEWED AND APPROVED ELECTRONICALLY:** John Sullivan, Assistant Director Materials Management Averil Kane, Senior Director Corporate Accounting Bill McFarland, Senior Director Support Services Allison Bayer, Chief Operating Officer Dennis Keefe, Chief Executive Officer Elizabeth Cadigan, Vice President Patient Care Services/CNO
Keywords(s)	Training, Professional, Development, Conferences, Education, Staff

I.   Purpose

To provide for and support the required staff education and professional development for employees of Cambridge Health Alliance.

II.   Personnel: All CHA Personnel and Medical Staff

III.   Policy

It is the policy of the Cambridge Health Alliance to provide for and support the required staff education and professional development for employees of Cambridge Health Alliance.

IV.   Procedure

Effective immediately all employee training conferences will be limited exclusively to those required for purpose of conducting mandatory staff education and professional development. The guidelines for this policy are outlined below.

Cambridge Health Alliance	Policy No: A-HRS-0020
Title: Performance Review Policy	Policy Type: Administrative
	Effective Date: February 15, 2014
Replaces (supersedes):	**Policy Chronicle:** Date Original Version of Policy Was Effective: May 1, 1999 Most Recent Review (month/year) 1/14 Reviewer: Date: 1/31/2014 Marcy Lidman, Sr. Director Organizational Development Previous Reviews: December 2010 Previous Reviews: February 2008 Previous Reviews: August 2004
Regulatory Agency/Standards: JOINT COMMISSION HR STANDARD 01.06.01, 01.07.01	**This policy was reviewed and approved electronically:** Joy Curtis, Senior Vice President Human Resources Allison Bayer, Chief Operating Officer Patrick Wardell, Chief Executive Officer
Keyword(s)	Performance Review

I. Purpose

CHA recognizes the importance of providing on-going feedback to employees to focus performance improvement and promote dialog about job performance. The annual performance review provides a formal opportunity to document the employee's progress, assess job skills and competencies, and identify developmental opportunities.

CHA also recognizes regulatory requirements for competency assessment and performance feedback.

II. Personnel

If any portion of this policy is inconsistent with either an applicable collective bargaining agreement or civil service statute, the applicable collective bargaining agreement or civil service statute, as it applies to permanent civil service employees, shall take precedence in defining CHA's rights and obligations with regards to that portion. However, the invalidity or modification of a portion of the policy shall not affect the applicability of the policy as a whole. Questions concerning policy application to union employees can be complicated and legalistic, therefore, inquiries should be directed to the Senior Director of Labor and Employee Relations.

III. Policy

Each employee will participate in a performance review after six months of the date of hire, transfer or promotion. An annual review will be conducted with the employee thereafter. The reviews shall establish baseline performance standards by addressing the following issues:
- Job performance criteria applicable to all CHA employees
- Position-specific performance expectations included in the employee's current job description
- Demonstration of CHA Service Standards
- Competency assessment

CHA Policy and Procedure Template, "A" policies, rev. 9/2004

Cambridge Health Alliance	Policy No: A-HRS-0016
Title: Staff Competency Policy	**Policy Type:** Administrative
	Effective Date: November 30, 2013
Replaces (supersedes):	**Policy Chronicle:** Date Original Version of Policy Was Effective: May 1, 1999 Most Recent Review (month/year) 11/13 Reviewer: Date: 11/11/13 Marcy Lidman, Sr. Director Organizational Development Previous Reviews: December 2010 Previous Reviews: December 2007 Previous Reviews: February 2002
Area of Operation(s): Human Resources	
Regulatory Agency/Standards: JOINT COMMISSION HR STANDARD 001.06.01	**This policy was reviewed and approved electronically:** Joy Curtis, Senior Vice President Human Resources Allison Bayer, Chief Operating Officer Patrick Wardell, Chief Executive Officer
Keyword(s)	Competency

I.   Purpose

To define the organizational approach to competency assessment.

Definition of Competency: Staff shall only assume those duties and responsibilities within his or her scope of practice/job responsibilities for which he or she has acquired and maintained necessary knowledge, skills, and abilities.

II.   Personnel:

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III.   Procedure:

CHA determines, maintains and assesses staff competency on a hospital-wide, departmental and individual level and uses these assessments as the basis for continuing staff education and training, and organizational performance improvement. The Alliance assesses performance and competency regularly.

Cambridge Health Alliance	Policy No: A-HRS-00222
Title: Training and Development Policy	**Policy Type:** Administrative
	Effective Date: February 15, 2014
Replaces (supersedes):	**Policy Chronicle:** Date Original Version of Policy Was Effective: May 1, 1999 Most Recent Review (month/year) 1/14 Reviewer: Date: 1/31/2014 Marcy Lidman, Sr. Director Organizational Development Previous Reviews: December 2010 Previous Reviews: February 2008 Previous Reviews: August 2004
Regulatory Agency/Standards: JOINT COMMISSION HR STANDARD 01.05.03	**This policy was reviewed and approved electronically:** Joy Curtis, Senior Vice President Human Resources Allison Bayer, Chief Operating Officer/Executive Vice President Patrick Wardell, Chief Executive Officer Elizabeth Cadigan, Chief Nursing Officer/Senior Vice President Patient Care
Keyword(s)	Training and Development

I.   Purpose

On-going training and development activities maintain and improve staff competence.

II.   Personnel

If any portion of this policy is inconsistent with either an applicable collective bargaining agreement or civil service statute, the applicable collective bargaining agreement or civil service statute, as it applies to permanent civil service employees, shall take precedence in defining CHA's rights and obligations with regards to that portion. However, the invalidity or modification of a portion of the policy shall not affect the applicability of the policy as a whole. Questions concerning policy application to union employees can be complicated and legalistic, therefore, inquiries should be directed to the Senior Director of Labor and Employee Relations.

III.   Policy

Cambridge Health Alliance offers a variety of educational programs and services to enable all staff to perform competently in their roles, and to pursue professional and personal development opportunities. This policy defines required educational programs and describes related training and development opportunities and services.

CAMBRIDGE HEALTH ALLIANCE	Policy Number: A-HRS-0024
Title: Internal Transfer and Promotion Page Number: 1	Policy Type: Administrative Effective Date: July 9, 2014
Replaces (supersedes): Title:	Policy Chronicle: Date Original Version of Policy Was Effective: July 1, 2005 Most Recent Review (month/year) 07/2014 Reviewer Brooke Bierschied, Employment Manager Date: July 2014 Previous Review: July 2011 Previous Review: February 2011 Previous Review July 2008
Area of Operation(s): Human Resources	
Regulatory Agency/Standards:	Approvals: Joy Curtis, Sr. VP Human Resources Andrew Fuqua, General Counsel Patrick Wardell, Chief Operation Officer
Keyword(s):	Transfer, Promotion

I.   Purpose

The purpose of this policy is to offer Cambridge Health Alliance employees opportunities for career development and advancement through transfers and promotions from within, and to provide managers with qualified internal applicants.

II.   Personnel

This policy applies to regular permanent full-time and part-time, exempt and non-exempt, positions below the level of Senior Director. If any portion of this policy is inconsistent with either an applicable collective bargaining agreement or civil service statute, the applicable collective bargaining agreement or civil service statute shall take precedence in defining Cambridge Health Alliance's rights and obligations with regards to that portion. However, the invalidity or modification of a portion of the policy shall not affect the applicability of the policy as a whole.

Title:	Policy Number: A-HIM-0026
Privacy-Training of Workforce Members on the Organization's Policies and Procedures With Respect to Protected Health Information	**Policy Type: Administrative** **Effective Date:** 02/14/2014
Replaces (supersedes): **Title:**	**Policy Chronicle:** Date Original Version of Policy was Effective: 4/14/2003 Date of Most Recent Review: 02/14/2014 Reviewer: Date: 02/14/2014 Cheryl Joseph, Sr. .Director, HIM Previous Review:11/17/2010 Previous Review: 06/01/2008
Area of Operations: Cambridge Health Alliance Health Information Management	
Regulatory Agency: Joint Commission Dept. of Health & Human Services/OCR	**This Policy Has Been Reviewed And Approved Electronically:** Cheryl Joseph, Sr. Director HIM Judy Klickstein, Senior Vice President/CIO Allison Bayer, EVP/Chief Operating Officer Patrick Wardell, Chief Executive Officer
Keywords(s)	Privacy, Patient Privacy, Confidentiality, HIPAA

Purpose: To define Cambridge Health Alliance guidelines, policies, and procedures, in accordance with federal and Massachusetts law, regarding the use and disclosure of protected health information.

Personnel: All Cambridge Health Alliance Workforce and Medical Staff

Policy: The Cambridge Health Alliance trains employees and other members of its Workforce concerning the Cambridge Health Alliance's policies and procedures regarding the privacy of Protected Health Information, as necessary and appropriate for the Workforce member to carry out his or her specific functions in the Cambridge Health Alliance in accordance with state and federal law. To the extent that there is not a Business Associate Contract, it will be assumed that any contracted individual is a member of the Cambridge Health Alliance's workforce

Procedure:

A. Current Members of Workforce. The Cambridge Health Alliance will provide training to all current Workforce members no later than April 14, 2003, which is the date that compliance is required with the Privacy Rule. All Workforce members are required to attend such training programs. The Cambridge Health Alliance will take attendance to ensure that all employees have received such training.

B. New Workforce Members. For a person who joins the Workforce after April 14, 2003, the Cambridge Health Alliance will train any such person concerning the Cambridge Health Alliance's privacy policies and procedures as part of the person's orientation or otherwise within a reasonable period of time after the date that the person joins the Workforce.

Appendix B: Workforce Development Needs from the Strategic Plan

Objective/ Strategy	Workforce Development Need
ANALYTIC ASSESSMENT SKILLS	
1.3.4	Develop training(s) to improve staff capacity to effectively use data.
COMMUNICATION SKILLS	
2.1.3	Train staff to be brand ambassadors.
2.2.5	Provide staff training on the website and social media
2.3.1	Train staff on the importance of a program-specific social marketing plan.
MANAGEMENT SKILLS	
1.1.5	Ensure that all staff are trained in relevant SOPs.
LEADERSHIP AND SYSTEMS THINKING SKILLS	
3.2	Incrementally increase the number of CPHD staff who complete leadership or management trainings.
3.2.1	Identity skill gaps for managers, aspiring managers, and supervisors through their annual professional development plan and provide training opportunities to fill those gaps.
3.2.2	Provide staff with the opportunity to develop leadership skills through Cambridge Health Alliance (CHA) supervisor development training and/or other professional development programs/trainings.
3.2.3	Identity potential areas for advancement through work plans and special projects.
OTHER: ANNUAL PERFORMANCE APPRAISAL	
3.1	Require that all staff create an annual individualized professional development plan as part of their annual performance appraisal.
3.1.1	Ensure that all staff participate in at least two training or educational opportunities each year.
3.1.3	Require that managers inform their staff of training and reimbursement opportunities and provide flexibility in work schedules when appropriate.
3.1.4	Encourage staff to report back on trainings and potential implications
3.1.5	Document individualized professional development plans in all annual reviews and review annually; update plans annually.
OTHER: QUALITY IMPROVEMENT	
1.2.6	Create a performance management plan that meets PHAB requirements.
1.2.8	Implement performance management plan.
3.3.3	Provide staff trainings on organizational effectiveness including high performance teams.
OTHER: DELIVERY OPTIONS	
3.1.2	Provide professional development opportunities as part of all-staff meetings.

Appendix C: Sample Evaluation Form

Instructions: Circle the number that best reflects each evaluation statement and whether the objective was met.	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
OBJECTIVES:					
As a result of this course I am able to:					
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

COURSE:

	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
6. The course is relevant to my work.	1	2	3	4	5
7. I am committed to applying what I have learned to my job.	1	2	3	4	5
8. The level of the course met my needs.	1	2	3	4	5
9. The supplemental materials/resources were appropriate.	1	2	3	4	5
10. My questions were adequately resolved.	1	2	3	4	5
11. The overall quality of the course was very high.	1	2	3	4	5

INSTRUCTOR(s):

	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
12. The teaching effectiveness of (instructor name) was excellent.	1	2	3	4	5
*Repeat #12 for additional instructors	1	2	3	4	5

TECHNOLOGY: (distance courses only)

	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
13. I experienced technology difficulties while completing the course.	1	2	3	4	5
14. The technical support was adequate.	1	2	3	4	5

FACILITY: (face-to-face only)

	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
15. The facility was conducive to learning.	1	2	3	4	5

16.   What were the highlights and why?

17.   What features of the course would you change, why would you change them, and what specific changes would you recommend?