

HEALTHCARE HR COMPETENCIES, STRUCTURES, AND QUALITY STANDARDS

Learning Objectives

After you have read this chapter, you should be able to:

- Define the competencies required for healthcare HR professionals.
- Describe the importance of attaining HR management credentials.
- Explain the relationship between the type of healthcare organization and the level of senior HR position.
- Discuss how the healthcare industry compares to other industries in terms of HR staffing and expenditures.
- Explain the importance of successful HR programs to the delivery of safe, competent healthcare.

HEALTHCARE HR INSIGHTS

Effective HR management is critical to the success of healthcare organizations. Whether the HR leader is a corporate vice president of human resources for a multihospital healthcare system or an HR manager for a 65-bed skilled nursing facility, they are able to contribute strategically only if they understand how their organization works and develop HR programs and policies that support the “business” of the organization.

In David Ulrich’s book *HR from the Outside In: Six Competencies for the Future of Human Resources*, he postulates that a primary challenge for HR going forward is to turn external business trends and stakeholder expectations into internal HR practices and actions. Healthcare HR professionals who understand and focus on the external business trends and stakeholder expectations will clearly be more credible “business partners” with their management colleagues and more effective in meeting the needs of the employees.¹

An excellent example of HR leadership understanding external business trends and stakeholder expectations and turning them into internal HR practices and actions is at Seattle Children’s Hospital. Steven Hurwitz, vice president of human resources, describes not only how his department must support the daily operational needs of his organization, but to truly be relevant, the HR program also focuses on the key strategic areas of workforce planning and succession planning.

Cognizant of the labor shortages that loom on the 5- to 20-year horizon due to the retirement of baby boomers, lower birth rates, and increased demand for health services, Hurwitz and his team have been engaged in comprehensive workplace planning over the last two years that has achieved notable results—evidence of which was the successful staffing of a new ambulatory surgery center.

Succession planning is another focus area of HR strategic planning at Seattle Children’s. From a national perspective, a large percentage of healthcare executives will be exiting the workforce in the next five years. Seattle Children’s will be similarly impacted. As such, HR leadership, working closely with senior leadership, developed a comprehensive succession plan for the board’s approval. It included a timeline of readiness and a development plan. In both areas of strategic planning, Hurwitz and his HR team focused on the external business trends and stakeholder expectations impacting the organization and developed strategic solutions.²

To fulfill their mission, healthcare organizations must have competent HR leaders, effective HR structures and programs, and an understanding of the relationship between the delivery of quality care and effective HR policies and practices, especially given the nature of rapid change in healthcare. This chapter will provide an overview of these areas and establish the framework for how HR activities are managed.

COMPETENCIES FOR HEALTHCARE HR

Research, study, and discussion of HR management competencies have been extensive and far ranging. For example, the general HR literature tends to refer to competencies through the acronyms SKAs or KSAs, sometimes referred to as skills, knowledge, and abilities. Practical definitions include a cluster of related knowledge, skills, and attitudes that impact a major part of an HR professional's job. As an example, there is a need for well-developed communication skills that include the ability to counsel employees, as well as make professional presentations to large audiences.

The Society of Human Resources Management (SHRM) has developed an HR Success Competency Model. The model comprises nine competencies: one technical competency and eight behavioral competencies. Human resource expertise is the fundamental requirement for HR professionals, while the eight behavioral competencies reflect the way through which an HR professional leverages his or her technical competence. SHRM's competency model includes the following areas:³

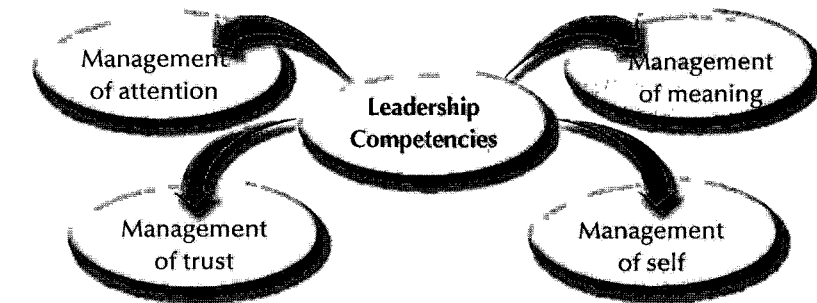
- Human Resource Expertise
- Ethical
- Relationship Management
- Communication
- Consultation
- Global and Cultural Effectiveness
- Organization Leadership and Navigation
- Critical Evaluation
- Business Acumen

Leadership Competencies and Emotional Intelligence

Closely related to the management and HR competencies previously described are specific behavioral competencies that can also be identified as contributors to the success of healthcare and organizational leaders. As Figure 2-1 depicts, Warren Bennis describes four leadership competencies that are critical to the success of organizations. These leadership competencies include management of attention, management of meaning, management of trust, and management of self.

- *Management of attention*—the ability to articulate a set of intentions or a vision in order to achieve an outcome, goal, or direction.
- *Management of meaning*—the ability to make dreams apparent to others and to align people with them. Leaders must communicate their vision.
- *Management of trust*—the main determinant of trust is reliability or constancy. Effective leaders must be aware of what they stand for.

FIGURE 2-1 Four Core Competencies Critical to High-Performing HR Leaders



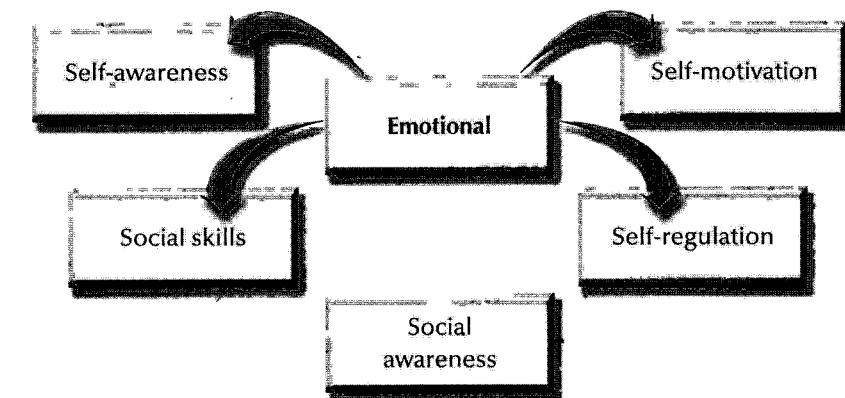
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- *Management of self*—knowing one's skills and deploying them effectively. Without self-management, leaders and managers can do more harm than good.⁴

Emotional intelligence is another critical set of HR management skills equally relevant to the successful contribution of healthcare HR professionals to their organization. *Emotional intelligence* is defined as proficiencies in intra-personal and interpersonal skills in the areas of self-awareness, self-control, self-motivation, social awareness, and social skills as shown in Figure 2-2.⁵

A common theme in the skill sets and competencies of effective healthcare HR professionals are strong interpersonal communications. The nature of healthcare requires HR professionals to be effective communicators in one-on-one interviews, in small-group discussions and meetings, and in presentations to large groups. Being socially aware and having the ability to treat people with respect and dignity and to communicate effectively with them is

FIGURE 2-2 Emotional Intelligence



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also a critical component of emotional intelligence. As an example, an HR manager in a busy dental practice must deal with employment and employee situations involving diverse applicants and employees. In order to be effective, she must be competent in recognizing and dealing with their unique communication needs.

HR professionals typically have a great deal of organizational power because of the nature of their responsibilities and the scope of their authority. They regularly make decisions that can affect the lives, careers, and financial well-being of others. For instance, a typical duty for an employment manager at a hospital is determining who, out of a number of qualified applicants for an open position, is referred to the department head for final consideration. The power to reject or further consider a particular candidate should be used objectively and fairly. Self-regulation as a part of emotional intelligence is important to ensure that HR professionals make appropriate decisions that are consistent with effective management of people, as well as with HR policy and practice.

HR Management Certifications

One of the characteristics of a professional field is having a means to acknowledge or certify the knowledge and competence of members of the profession. The most well-known certification program for HR generalists is administered by the Human Resource Certification Institute (HRCI). Figure 2-3 describes the credential levels and the criteria that must be met to achieve the various HRCI designations. Studying and preparing for the exams is an excellent opportunity to increase the HR knowledge base of a healthcare HR professional. Just as accounting professionals pursue CPAs, HR professionals should consider pursuing certification through HRCI or other certification organizations to document their HR knowledge.⁶

Other HR Certifications Additional certification programs for HR specialists and generalists are sponsored by various other organizations. For specialists, some well-known programs include the following:

- Certified Compensation Professionals (CCP), sponsored by the WorldatWork Association
- Certified Employee Benefits Specialist (CEBS), sponsored by the International Foundation of Employee Benefits Plans
- Certified Benefits Professional (CBP), sponsored by the WorldatWork Association
- Certified Performance Technologist (CPT), sponsored by the International Society for Performance Improvement
- Certified Safety Professional (CSP), sponsored by the Board of Certified Safety Professionals

FIGURE 2-3 Understanding Eligibility Requirements By Exam

PHR® (/our-programs/our-hr-certifications/phr) ELIGIBILITY REQUIREMENTS
• A minimum of 1 year experience in an exempt-level (professional) HR position (/exam-preparation/experience-and-education/understanding-exempt-level-experience) with a Master's degree or higher, OR • A minimum of 2 years of experience in an exempt-level (professional) HR position with a Bachelor's degree, OR • A minimum of 4 years of experience in an exempt-level (professional) HR position with less than a Bachelor's degree
SPHR® (/our-programs/our-hr-certifications/sphr) ELIGIBILITY REQUIREMENTS
• A minimum of 4 years experience in an exempt-level (professional) HR position (/exam-preparation/experience-and-education/understanding-exempt-level-experience) with a Master's degree or higher, OR • A minimum of 5 years of experience in an exempt-level (professional) HR position with a Bachelor's degree, OR • A minimum of 7 years of experience in an exempt-level (professional) HR position with less than a Bachelor's degree
GPHR® (/our-programs/our-hr-certifications/gphr) ELIGIBILITY REQUIREMENTS
• A minimum of 2 years of global experience in an exempt-level (professional) HR position (/exam-preparation/experience-and-education/understanding-exempt-level-experience) with a Master's degree or higher, OR • A minimum of 3 years of experience (with 2 of the 3 being global HR experience) in an exempt-level (professional) HR position with a Bachelor's degree, OR • A minimum of 4 years of experience (with 2 of the 4 being global HR experience) in an exempt-level (professional) HR position with less than a Bachelor's degree
HRMP (/our-programs/our-hr-certifications/hrmp) ELIGIBILITY REQUIREMENTS
• A minimum of 4 years of professional-level experience in an HR position with a Master's degree or global equivalent, OR • A minimum of 5 year of professional-level experience in an HR position with a Bachelor's degree or global equivalent, OR • A minimum of 7 years of professional-level experience in an HR position with less than a Bachelor's degree or global equivalent, OR • Please note, the HRMP is only available to candidates outside of the United States. HRMP candidates also must demonstrate knowledge of local employment law (/exam-preparation/experience-and-education/knowledge-of-local-employment-laws) as a part of exam eligibility requirements

- Occupational Health and Safety Technologist (OHST), given by the American Board of Industrial Hygiene and the Board of Certified Safety Professionals
- Certified Outsourcing Professional (COP), provided by the International Association of Outsourcing Professionals

HR variables.¹¹ A definition of **HR analytics** that considers both extremes is as follows: HR analytics is an evidence-based approach to making HR decisions on the basis of quantitative tools and models.¹²

HR Analytics

Unlike financial reporting, there is not yet a standard for the implementation and reporting of HR measures.¹³ This lack of consistency in HR reporting makes it difficult to evaluate a specific healthcare organization and then to compare HR practices across organizations.¹⁴ The following characteristics should be considered when developing HR metrics and analytics:

- Accurate data can be collected.
- Measures are linked to strategic and operational objectives.
- Calculations can be clearly understood.
- Measures provide information valued by executives.
- Results can be compared both externally and internally.
- Measurement data drive HR management efforts.

Benchmarking

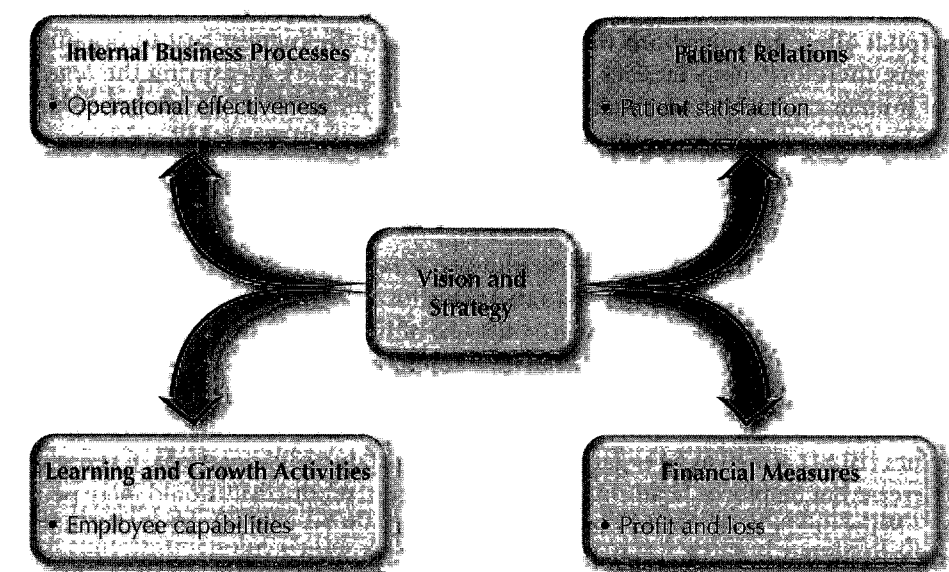
Benchmarking is the process of comparing the business metrics and outcomes to an industry standard or best practice. In other words, the organization compares itself to “best-in-class” organizations that demonstrate excellence for a specific process. Benchmarking is focused on external practices that a healthcare organization can use to improve its own processes and practices.¹⁵ When implementing benchmarking, managers should be careful to find organizations with similar contexts, cultures, operations, and size.¹⁶ Practices that would work effectively in a hospital of 500 employees might not transfer very well to an academic medical center with more than 5,000 employees. The organization should study and choose benchmarks that relate well to its size, staffing characteristics, and type of care provided. Benchmarking of this nature will have the greatest impact on the organizational performance.

Balanced Scorecard

One effective approach to measuring strategic performance of healthcare organizations, including their HR practices, is to use the balanced scorecard. The **balanced scorecard** is a framework organizations use to report on a diverse set of performance measures. Organizations that did not use a balanced scorecard recognized that focusing strictly on financial measures only limited their view.¹⁷ The balanced scorecard balances financial and nonfinancial measures so that managers focus on long-term drivers of performance and organizational sustainability. As shown in Figure 2-7, the balanced scorecard measures performance in four areas:

- **Financial Measures**—Traditional financial measures such as profit and loss, operating margins, utilization of capital, return on investment, and return on assets are needed to ensure that the organization manages its bottom line effectively.

FIGURE 2-7 Balanced Scorecard Framework



- **Internal Business Processes**—Product and service quality, efficiency and productivity, conformance with standards, and cycle times can be measured to ensure that the operation runs smoothly and efficiently.
- **Patient Relations**—Patient satisfaction, loyalty, and retention are important to ensure that the organization is meeting the expectations of patients and clients and can depend on repeat business.
- **Learning and Growth Activities**—Employee training and development, mentoring programs, succession planning, and knowledge creation and sharing provide the necessary talent and human capital pool to ensure the future of the organization.

Organizational results in each of these areas determine if a healthcare organization is progressing toward its strategic objectives. For example, organizations have recognized that when employee engagement survey results show a decline in employee satisfaction, several months later there are declines in patient loyalty and retention.¹⁸ Further, investing money in employee leadership development training can be linked to lower employee turnover and reduced time to hire managers from outside the organization.

A variety of organizations claim to use a balanced scorecard approach. The Mayo Clinic has used this approach to align performance measures with their organizational strategy. Using the balanced scorecard requires spending considerable time and effort to identify the appropriate HR measures in each of the four areas mentioned earlier and how they tie to strategic organizational success. The balanced scorecard should align with company goals and focus on results.¹⁹

Human Capital Effectiveness Measures

HR measures outcomes that traditional accounting does not account for. Human capital often provides both the biggest value and the biggest cost to organizations; therefore many metrics reflect people-related costs. Measuring the benefits of human capital is more challenging but equally important. Assessing the value of human capital demonstrates the importance of effective HR practices to maintain a high-quality workforce.²⁰

As noted previously, human capital refers to the collective value of the competencies, knowledge, and skills of the employees in the organization. This capital is the renewable source of creativity and innovativeness in the organization but is not reflected in its financial statements.

Revenue per employee is a basic measure of human capital effectiveness. The formula is Revenue/Head Count (full-time employee equivalents). It is a measure of employee productivity and shows the revenue generated by each full-time employee. This measure is commonly used in government reporting (see Bureau of Labor Statistics [BLS]) as well as by organizations to track productivity over time. If revenues increase but employee head count remains constant, productivity would increase.

Many financial measures can be tracked and reported to show the contribution human capital makes to organizational results.²¹ Without such measures, it would be difficult to know what is going on in the organization, identify performance gaps, and provide feedback. Managers should require the same level of rigor in measuring HR practices as they do for other functions in the organization. Regardless of the time and effort placed on HR measurement and HR metrics, the most important consideration is that HR effectiveness and efficiency must be measured regularly for managers to know how HR practices affect organizational success.²²

HR and Quality Patient Care

Another consideration in establishing the framework for effectively managing the healthcare HR function is understanding the linkage between quality patient care delivery and HR programs. The process of ensuring healthcare consumers in the United States that a particular provider of care is competent and safe takes many forms. It includes governmental oversight through the Medicare reimbursement program; local, county, and state health department oversight; independent agencies who supply quality review information on health insurance plans and their preferred providers; and quality review organizations that perform comprehensive standard-based assessments of their subscribing members.²³

Competitive Position Healthcare organizations are experiencing significant change in response to ever-increasing costs, technology advances, and recruitment and retention issues. To ensure quality care and organizational viability, healthcare organizations must hire and retain a competent workforce.

Providing high-quality healthcare and achieving a competitive position in their respective marketplaces are clearly linked for healthcare providers. Business and industry groups have required that health plans disclose quality-of-care information on providers and evaluate the effectiveness of a provider's care in certain disease categories and care modalities. The pressure from the healthcare plans on the providers to disclose outcome information, consumer satisfaction

information, and other metrics of safe patient care is having a significant impact on the healthcare industry at every level of delivery—from sole practitioner physicians to multistate integrated healthcare systems.

JOINT COMMISSION (JCAHO) AND HEALTHCARE MANAGEMENT

The dominant quality review organization for hospitals, long-term care and assisted living facilities, clinical laboratories, ambulatory care organizations, behavioral healthcare organizations, and home care agencies is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO accredits more than 15,000 healthcare organizations in the United States. In this section is a review of how the JCAHO quality standards have affected HR programming and how healthcare organizations meet those standards.

JCAHO Process

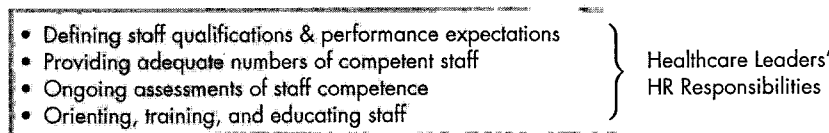
The JCAHO surveys healthcare organizations in a broad range of administrative and clinical functions. Under each of these functions is a series of standards that must be defined and operationalized by the healthcare organizations that subscribe to JCAHO. The standards are action statements that provide specific expectations for quality achievement on a detailed basis within each function. JCAHO reviewers survey healthcare organizations to determine their accomplishment on the various standards for all of the functions. An organization that attains a satisfactory survey receives accreditation from the JCAHO. Accreditation carries with it an indication that within the functions surveyed, the organization is substantially meeting the standards. Also, JCAHO survey data are critically reviewed by insurance companies, healthcare oversight groups, and individual consumers of healthcare.

Methodology of JCAHO Review The JCAHO surveyors attempt to be as comprehensive in their review of an organization's attainment of quality as possible. They consider a variety of data points as evidence of quality and performance to determine the organization's accomplishment on a particular standard. Sources of evidence of performance for HR standards include the following:

- Interviews with staff members, department directors, and senior managers
- Performance evaluations or competency assessment processes
- Employee personnel records and file documentation
- Organizational and departmental policies and procedures
- Staff development plans and education records
- Committee reports and meeting minutes
- Description of licensure, certificates, and credential verifications

Due to the importance JCAHO has placed on the HR standards, HR professionals typically play key roles in the preparation for a JCAHO survey and in the actual on-site review.

The JCAHO's statement on the HR function indicates that through its Management of Human Resources, Improving Organization Performance (PI),

FIGURE 2-8 JCAHO Requirements for HR

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Leadership (LD), and other accreditation standards, the JCAHO helps healthcare organizations take a systematic approach to addressing staffing needs.²⁴ Figure 2-8 depicts the HR leadership responsibilities. The JCAHO's statement on HR management notes that the broad goals of the HR function are to identify and provide the right number of competent staff to meet the needs of the patients, clients, or residents served by the healthcare provider. As indicated in Figure 2-8, healthcare leaders are responsible for the following broad processes to fulfill this goal:

- *Planning*—This defines the qualifications, competencies, and staffing necessary to fulfill the provider's mission.
- *Providing Competent Staff*—The staff includes both employees of the organization and those contracted to provide service or care. Applicants' credentials must be assessed and confirmed prior to employment or service delivery.
- *Assessing, Maintaining, and Improving Staff Competence*—This includes ongoing periodic competence assessment and performance evaluation of staff to ensure the continuing ability of staff to perform.
- *Promoting Self-Development and Learning*—Leaders encourage self-development and continued learning.

JCAHO HR Standards and Serious Adverse Events

HR standards are not the exclusive domain of HR professionals in healthcare organizations. The JCAHO evaluates the extent to which these standards are met through a multidisciplinary approach. As such, HR professionals and operational managers must work collaboratively to meet the standards. These standards serve as a valuable set of guiding principles for HR policy and practice for healthcare organizations that are reviewed by JCAHO. Healthcare HR professionals play a very key role in ensuring the delivery of safe, competent healthcare by developing programming to meet these standards and by documenting performance to the standards.

The Role of HR Issues in Serious Adverse Events Since the mid-1990s, JCAHO has been collecting data on serious adverse events in the healthcare setting; these are also referred to as *sentinel events*. A sentinel event is further defined as an unexpected occurrence involving death, or serious physical or psychological injury, or the risk thereof. The term *sentinel* is used by JCAHO because it signals the need for immediate reporting, investigation, and remediation to ensure that there is no further occurrence.

By studying the root causes of sentinel events, the JCAHO has been able to provide valuable information designed to help prevent the circumstances that lead to such events. Thousands of such events have been closely studied and evaluated,

and HR and management-related issues have consistently played a major role in the causation of sentinel events. The top three categories reported for 2013 include:

- *Human Factors*—such as inappropriate staffing levels, lack of appropriate staff orientation, in-service education or competency assessment, poor staff and resident supervision, and other (e.g., rushing, fatigue, distraction, complacency, bias)
- *Communications*—poor or inadequate oral, written, or electronic communications among staff, with/among physicians, with administration, and/or with the patient or family
- *Leadership*—poor or inadequate organizational planning, poor community relations, lack of service availability, inadequate priority setting, poor resource allocation, lack of leadership collaboration, inadequate policies and procedures, noncompliance with policies and procedures, lack of performance improvement, and poor nursing leadership²⁵

Throughout this book, JCAHO standards and how they impact the HR function in healthcare organizations will be brought into the discussion. For those organizations that do not subscribe to JCAHO, these standards can still provide a useful template for how quality standards apply to all HR management within healthcare organizations.

HEALTHCARE REFORM AND HR PRACTICES

The current health reform environment requires healthcare HR and non-HR leaders to dramatically rethink the way they lead their organizations. Essentially, healthcare leaders must offer an accelerated value proposition to the people and communities they serve.

At the heart of healthcare reform is a switch from a fee-for-service to value-based payment structure. This switch will require extraordinary leadership from healthcare organizations to be successful. Sally Jeffcoat, FACHE, president and CEO of Idaho-based Saint Alphonsus Health system, describes the leadership imperatives Alphonsus Health utilized to move her organization forward to deal with the changes driven by healthcare reform. These include:

1. **Clarity of Vision, Strategic Direction, and Brand:** This required a “deep dive” with Saint Alphonsus’s executive team, board, and medical staff to achieve clarity, direction, and brand development.
2. **Alignment of Talent and Team:** Healthcare leaders need to work differently with their colleagues to deliver a future of highest quality of care and value-based reimbursement. This resulted in realignment positions, clearly defined skill sets related to value-based reimbursement, and changes in leadership positions.
3. **Innovation and Collaboration:** Saint Alphonsus required its executives to think about problems differently and to solve them creatively. This change in approach had a significant impact on the organization’s culture—with executive leadership acting as role models for employee innovation supported with the appropriate rewards.

(Continued)

4. System Performance Improvement Rigor: Saint Alphonsus trained more than 1,000 employees in lean management principles, deployed project management throughout the system, and infused significant energy into improving quality and reducing waste.
5. Leadership Development Succession: Saint Alphonsus devoted significant resources to the development of a succession pool and developing future leaders. In addition, they have implemented a physician leadership academy to enhance clinical integration and encourage physician leadership and governance.
6. Movement to a Community of Leaders: Saint Alphonsus supports a philosophy that leadership is all about the team, and a community of leaders is more important than ever. Jeffcoat indicates that "we have to go from individual silos to a collection of team members that can deliver the future we envision."²⁶

Leadership imperatives of this nature that are necessitated by healthcare reform have significant HR leadership implications, including the development of innovative HR approaches to recruitment and selection, compensation, and employee communications.

CASE

Adult and Pediatric Primary Care (APPC), a five-doctor clinic with 40 employees and two offices, is a financially viable, growing organization with an expanding patient base. The practice is five years old, started by two physicians who left a larger group with a goal to provide high-quality care. At the time they started, they hired an experienced medical office manager, a front-desk receptionist, and two medical assistants. Over the past five years, they have added more physicians and staff as patient volumes grew. The physician owners are very cautious about adding cost to the operation, always making sure that patient revenues could appropriately cover their overhead.

At a recent practice meeting that included the physician owners and the office manager, the agenda included a discussion point about adding a human resources professional to the administrative team. The office manager indicated that

she was spending a significant amount of her time dealing with HR-related duties at the expense of her other duties, such as billing management, vendor negotiations, and shopping for an electronic medical records system. Although she felt that she was skilled at hiring and training, she did not feel her competencies included, at the level necessary, the other areas of HR such as legal compliance, performance management, and benefits and compensation management. Consequently, she was recommending hiring an individual with those skills. The physician owners generally agreed with her recommendation but voiced concern about the additional expense of adding a non-revenue-producing staff member and wanted more detail as to what an HR professional would do for a practice their size. The meeting was adjourned without making a final decision regarding adding the HR staff member pending more research by the office manager on the specific duties

the HR professional would perform and a cost-benefit analysis on the position.

Questions

1. Describe the potential value a human resources professional could bring to APPC.

2. What are the key human resources qualifications and competencies APPC should look for in a human resources professional if they choose to hire someone in that capacity?

END NOTES

1. D. Ulrich, W. Brockbank, J. Younger, and M. Ulrich, *HR from the Outside In: The Next Era of Human Resources Transformation* (New York: McGraw-Hill, 2012), 41.
2. S. Hurwitz, "Key Human Resource Strategies within a Healthcare Organization," *Washington Healthcare News* (June 21, 2012), 1-2.
3. See <http://www.shrm.org/hrcompetencies/pages/model.aspx> for more information.
4. W. Bennis, "Leadership Competencies," *Leadership Excellence* (February 2010), 20.
5. Daniel Goleman, "The Focused Leader," *Harvard Business Review* 91, no. 12 (December 2013), 50-60.
6. See <http://www.hrci.org/exam-preparation> for more information.
7. "HR Staff Ratios for 2013 by Industry," BNA-Bloomberg, 2013.
8. Beth Tootell et al., "Metric: HRM's Holy Grail? A New Zealand Case Study," *Human Resource Management Journal* 19 (2009), 375-391.
9. "Human Capital Benchmarking Study," Society for Human Resource Management, <http://www.shrm.org>.
10. D. Robb, "Creating Metrics for Senior Management," *HR Magazine* (December 2011), 109-111.
11. Allison Rossett, "Metrics Matters," *T & D* 64 (March 2010), 65-69.
12. Laurie Bassi, "Raging Debates in HR Analytics," *People and Strategy* 34 (2011), 14-18.
13. Special Report on HR Metrics, a Supplement to HRfocus (July 2010).
14. Robert Grossman, "Disclosing HR Metrics: How Much Information Is Too Much?," *HR Magazine* (March 2013), 48-52.
15. Eric Krell, "Measuring the True Value of Your Services," *HR Magazine* (September 2010), 99-103.
16. Jeremy Shapiro, "Benchmarking the Benchmarks," *HR Magazine* (April 2010), 43-46.
17. Meena Chavan, "The Balanced Scorecard: A New Challenge," *Journal of Management Development* 28 (2009), 393-406.
18. P. Lencioni, "Stooping to Greatness," *Businessweek.com* [serial online] (December 13, 2010), 6.
19. Robert S. Kaplan et al., "Managing Alliances with the Balanced Scorecard," *Harvard Business Review* (January-February 2010), 115-126.
20. Stephen Gates and Pascal Langevin, "Human Capital Measures, Strategy, and Performance," *Accounting, Auditing, and Accountability* 23 (2010), 111-132.
21. Frank DiBernardino, "The Missing Link: Measuring and Managing Financial Performance of the Human Capital Investment," *People and Strategy* 34 (2011), 44-47.
22. Alexis A. Fink, "New Trends in Human Capital Research and Analytics," *People and Strategy* 33 (2010), 14-21.
23. Michael Ewing, "The Patient-Centered Medical Home Solution to the Cost-Quality Conundrum," *Journal of Healthcare Management* (July/August 2013), 258-266.
24. Bruce Buckley, "JCAHO to Zero In on Staffing Effectiveness," *Drug Topics.modern-medicine.com*, June 17, 2012.
25. See http://www.jointcommission.org/assets/1/18/Root_Causes_by_Event_Type_2004-2Q2013.pdf.
26. Marisa Paulson, "A New Spirit of Service," *Healthcare Executive* (November/December 2013), 76-79.