



Planes Comprensivos: Cómo hacer un buen análisis de la Fuerza Laboral

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Acceso a la Salud Medica y Apoyo de Clínicos

Reclutamiento y Retención

National
Health Service
Corps

Recursos

Entrenamiento

Interconexión

- Acuerdo Cooperativo Nacional adjudicado en el 2014
- Fundado por el Bureau of Primary Healthcare
- Uno de veintidós Colaboradores Nacionales para el Entrenamiento y Asistencia Técnica
- Ofrecemos recursos, entrenamiento, y asistencia técnica **GRATIS** para los Centros de Salud Primaria

www.chcworkforce.org

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Invertir en la fuerza laboral

Un centro de salud primaria identifica a la fuerza laboral como una parte esencial de su organización, invierte en recursos operativos y también en el bienestar de su personal.



COMPONENTES CENTRALES

Plan de Fuerza
Laboral Informado
por Datos

Estructura de
Compensación
Equitativa y Efectiva

Cultura Positiva
Centrada en la
Participación

Estrategias
Probadas de
Reclutamiento y
Retención

Programa para el
Entrenamiento de
Profesionales de la
Salud

Jefe/a De Fuerza
Laboral

Directores de Alto
Desempeño

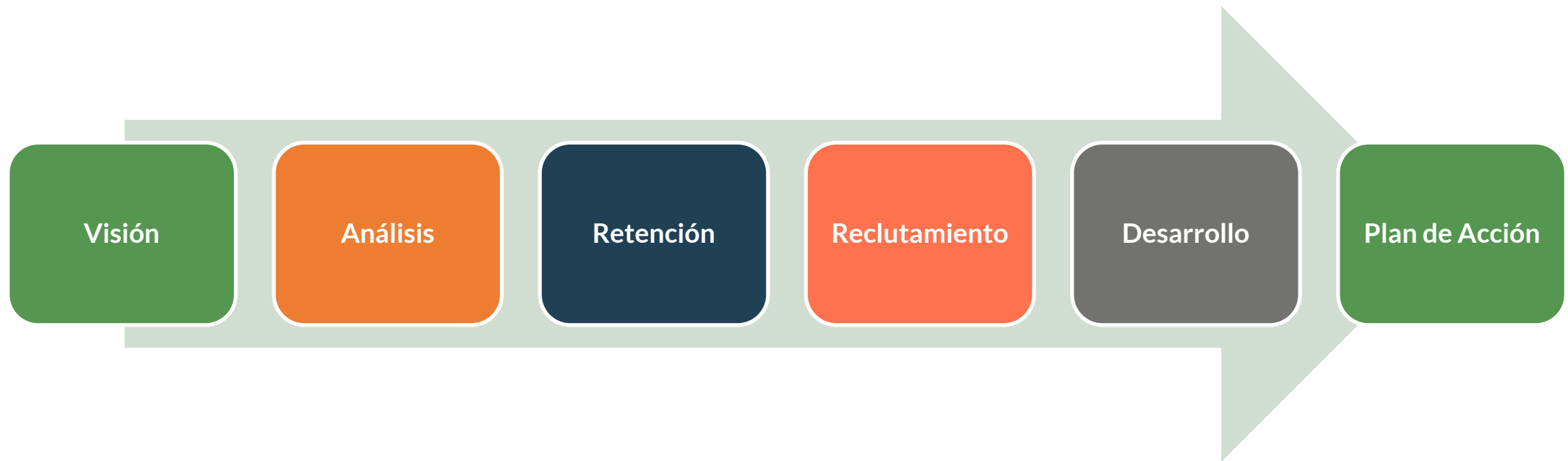
Políticas que
Apoyan la
Diversidad y el
Respeto Cultural



PLANES COMPRENSIVOS DE LA FUERZA LABORAL



Un **Plan Comprensivo de Fuerza Laboral** describe el proceso por el cual un centro de salud primaria (Centros 330) evalúa las necesidades de sus pacientes y la comunidad mientras identifica estrategias para desarrollar y mantener su capacidad para apoyar esas necesidades a través de personal que personifican los valores de la misión, equidad, e inclusión.



Haga clic [aquí](#) para acceder la definición de los Planes Comprensivos de la Fuerza Laboral

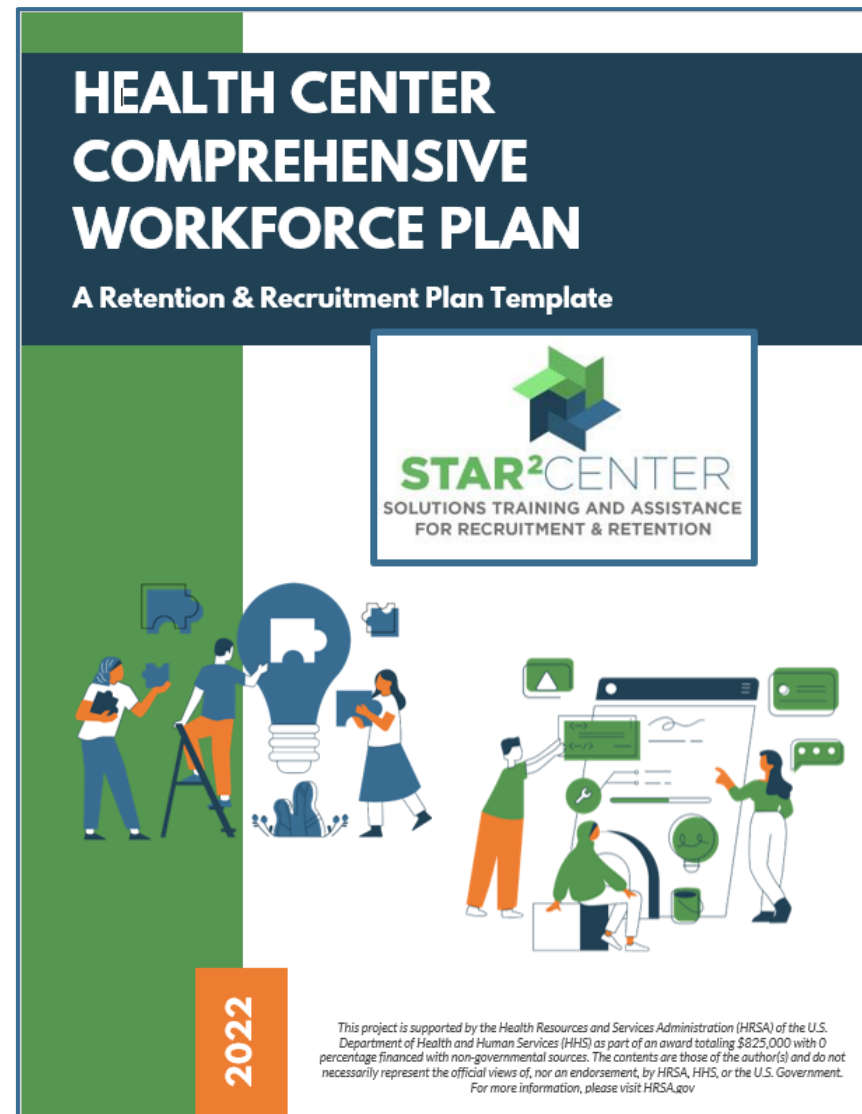
PLANES COMPRENSIVOS DE LA FUERZA LABORAL



PLANES COMPRENSIVOS DE LA FUERZA LABORAL



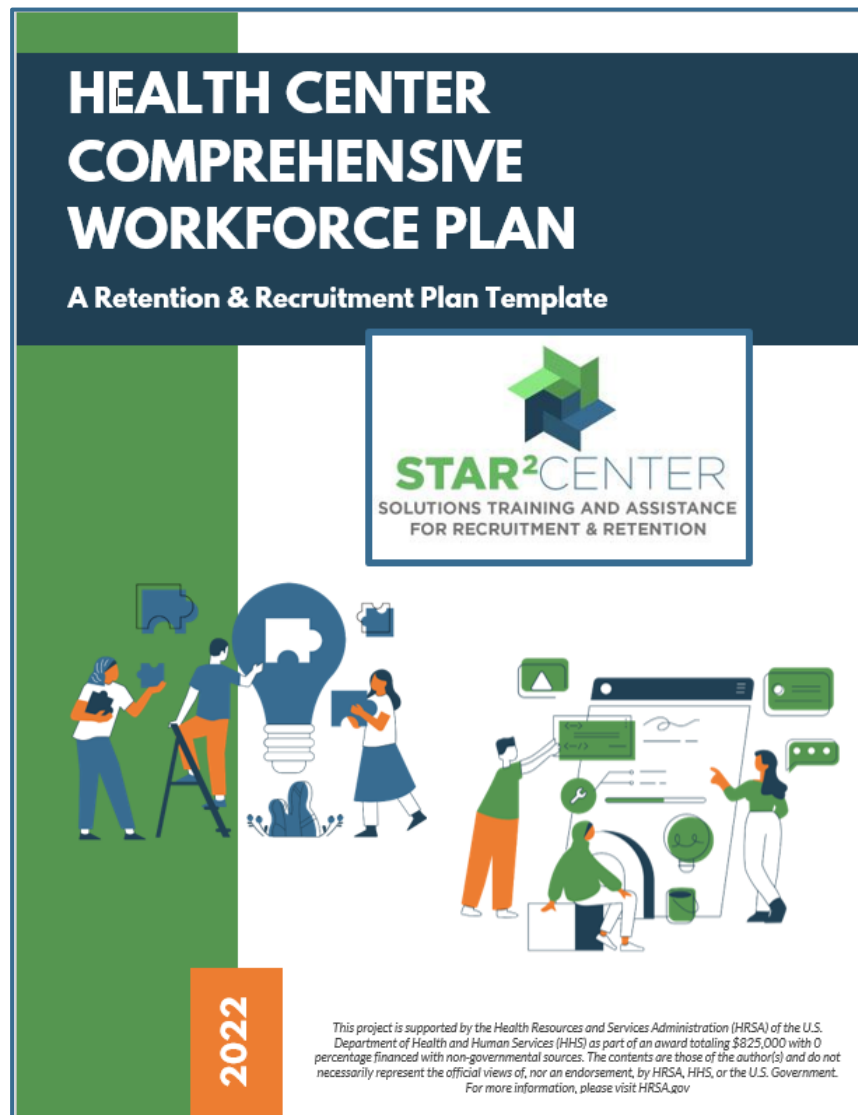
Clic [aquí](#) para acceder a la plantilla de los Planes Comprensivos de la Fuerza Laboral



2022

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PLANES COMPRENSIVOS DE LA FUERZA LABORAL



PLANES COMPRENSIVOS DE LA FUERZA LABORAL



RECURSOS DESARROLLADOS POR EL STAR² CENTER



Self-
Assessment
Tool



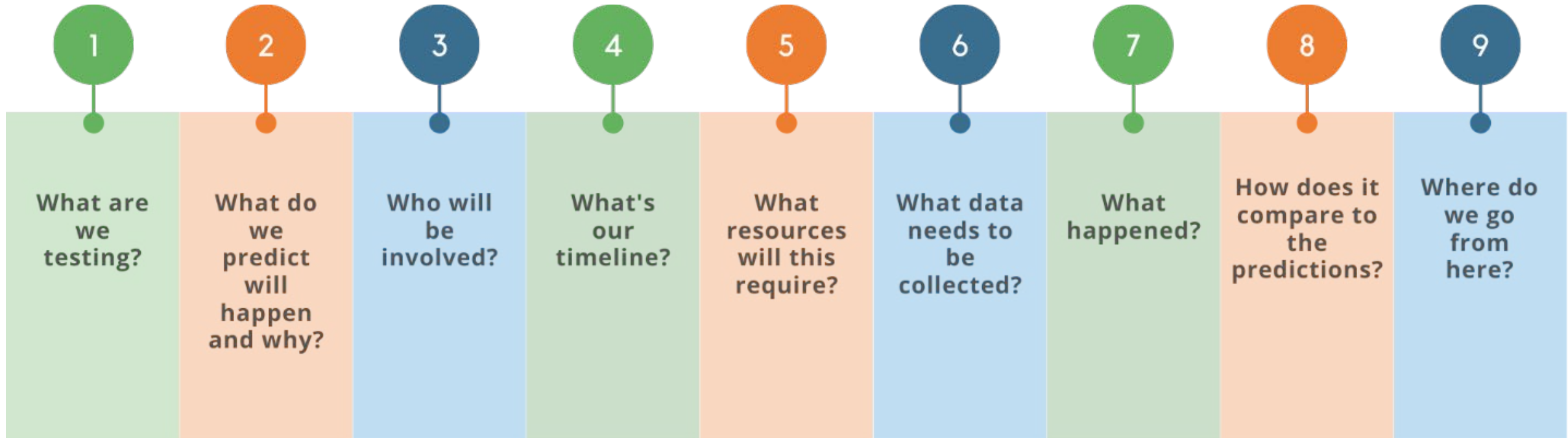
Financial
Assessment
Tool



Strategic
Planning
Workbook

Sin análisis de la fuerza laboral es difícil determinar las causas que influyen el reclutamiento y retención. Los centros de salud primaria pueden usar los resultados del análisis para desarrollar un plan que mejore y corrija áreas de necesidad para avanzar estrategias que apoyan a la fuerza laboral.

ANÁLISIS DE LA FUERZA LABORAL



ANÁLISIS DE LA FUERZA LABORAL



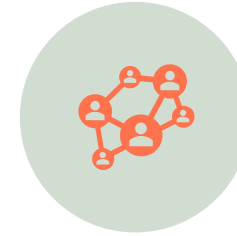
**CAPACIDAD DE LOS
PROVEEDORES**



**ANÁLISIS DE
PRODUCTIVIDAD**



ACCESO A CITAS



**MESCLA DE
PROVEEDORES Y
EQUIPO DE ATENCIÓN**



PERSONAL DE APOYO



HORARIOS



**SATISFACCIÓN DE
PROVEEDORES Y
PERSONAL**

CAPACIDAD Y PRODUCTIVIDAD DE LOS PROVEEDORES



Table 1a. Provider Productivity (Clinical Visits)

Measurement Period: _____

Provider Name	Provider Type	Provider Specialty	FTE	Clinical Visits	Clinical Visits per 1.0 FTE	UDS Mean Clinical Visits per 1.0 FTE	Percentage Difference from Mean
(Last, First)	(Degree or Licensure)	(Area of Expertise)		Number of patients seen	(Clinical Visits ÷ FTE)	Use UDS Table 5	$[(\text{Column 6} \div \text{Column 7}) - 1.0] \times 100$ <p>*Column 6: Clinical Visits per 1.0 FTE</p> <p>*Column 7: UDS Mean Clinical Visits per 1.0 FTE</p>

Table 1b. Provider Productivity (Virtual Visits)

Measurement Period: _____

Provider Name	Provider Type	Provider Specialty	FTE	Virtual Visits	Virtual Visits per 1.0 FTE	UDS Mean Virtual Visits per 1.0 FTE	Percentage Difference from Mean
(Last, First)	(Degree or Licensure)	(Area of Expertise)		Number of patients seen	(Virtual Visits ÷ FTE)	Use UDS Table 5	$[(\text{Column 6} \div \text{Column 7}) - 1.0] \times 100$ <p>*Column 6: Virtual Visits per 1.0 FTE</p> <p>*Column 7: UDS Mean Virtual Visits per 1.0 FTE</p> <p>**A negative result indicates percent below the UDS mean; a positive result is percent above the national mean.</p>

CAPACIDAD Y PRODUCTIVIDAD DE LOS PROVEEDORES



	Possible Causes	Possible Outcomes
Lower Productivity	<ul style="list-style-type: none"> • Provider first year of practice or first year practicing in the health center • Lost clinic time due to travel between clinic sites • Differences in on-call coverage distribution among providers • Scheduling issues • Staffing issues • Inefficient use of space • Low patient demand • Excess capacity • Greater time spent with patients 	<ul style="list-style-type: none"> • Reduced patient access • Unfair labor distribution for higher producing providers • Possible reduced revenue • Disengagement • Higher quality of care • Better patient outcomes • Increased satisfaction
Higher Productivity	<ul style="list-style-type: none"> • Experienced provider • Extended clinic hours • Differences in on-call coverage distribution among providers • Scheduling issues • High patient demand • Capacity shortage • Less time spent with patients 	<ul style="list-style-type: none"> • Overworked provider • Unfair labor distribution for higher producing providers • Provider burnout • Staff stress • Provider vacancy • Higher turnover • Lower quality of care

ACCESO A CITAS



Table 3. Weekly Appointment Access Report Today's Date _____

Specialty <small>(medical, dental, behavioral health, vision)</small>	Provider Name	Provider Type	Appointment Type	Third next appointment			Meets Written Policy (Y/N)	If No, Reason/Corrective Plan
				Date	# Days Provider	# Days Team		
Family Medicine			Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 1	MD	Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 2	DO	Sick Visit					
			Follow Up					
			Preventive Visit					
Pediatrics			Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 4	MD	Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 5	PA	Sick Visit					
			Follow Up					
			Preventive Visit					
Psychiatry			Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 6	MD	Sick Visit					
			Follow Up					
			Preventive Visit					
	Provider 7	NP	Sick Visit					
			Follow Up					
			Preventive Visit					

***If the “third next available” appointment is the same day, report it as “0”.**

MESCLA DE PROVEEDORES Y EQUIPO DE ATENCIÓN



Los equipos de atención interprofesionales son esenciales para un modelo de atención sanitaria sólido y pueden ayudar en la retención y reclutamiento de proveedores.



PERSONAL DE APOYO

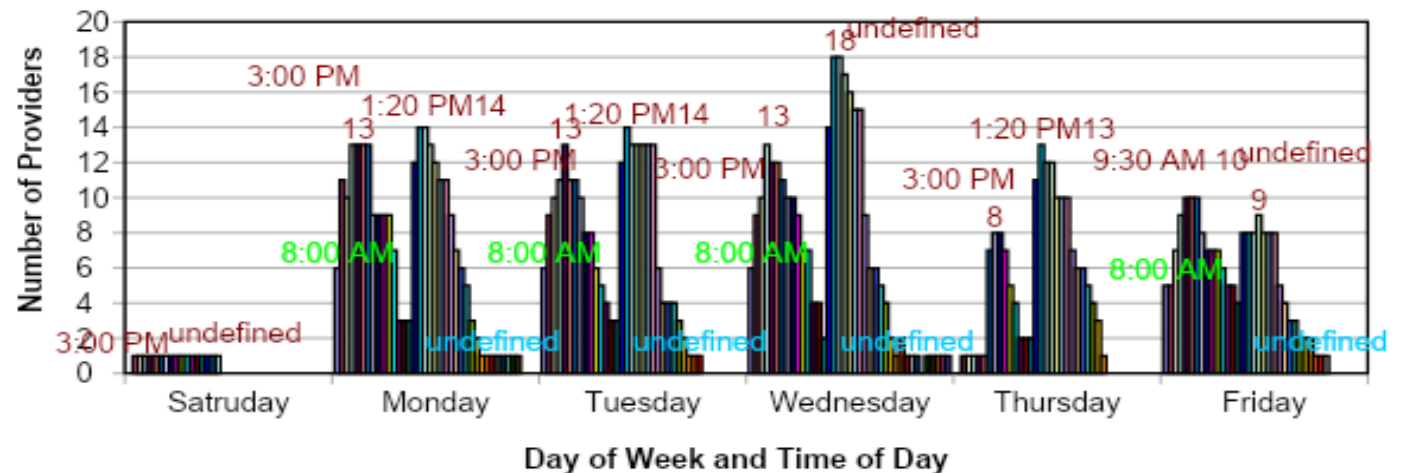
Table 6. Ratios of HC Support Staff to Provider Staff in Comparison to UDS Mean|

Date Assessed	HC Support Staff	HC Provider Staff	Ratio of HC Support Staff to Provider Staff	UDS Support Staff FTEs <i>*will be a large number</i>	UDS Provider Staff FTEs <i>*will be a large number</i>	Ratio of UDS Support Staff to UDS Provider Staff per FTEs	Comparison of HC Ratio with UDS Ratio
	<p>Based on your HC's staffing numbers</p> <p>*It can be individual support staff (ex: nurses); multiple support staff (nurses + laboratory personnel); or total support staff (may include administrative staff)</p>	<p>Based on your HC's staffing numbers</p> <p>*It can be physician specialty, (ex: pediatricians); non-physician provider (physician assistants); total physicians or a mix of different physician specialties (family physicians + OBGYN); total non-physician providers or a mix of non-physician providers (ex: nurse practitioners + physician assistants)</p>	<p>Column 2 ÷ Column 3</p>	<p>Use UDS Table 5</p> <p>*It can be individual support staff (ex: row 11, nurses); multiple support staff (row 11 + row 13, nurses + laboratory personnel); or total support staff (may include administrative staff)</p>	<p>Use UDS Table 5</p> <p>It can be physician specialty, (ex: row 5, pediatricians); non-physician provider (ex: row 9b, physician assistants); total physicians or a mix of different physician specialties (ex: row 1 + row 4; family physicians + OBGYN); total non-physician providers or a mix of non-physician providers (ex: row 9a + row 9b, nurse practitioners + physician assistants)</p>	<p>Column 5 ÷ Column 6</p>	<p>Column 4 ÷ Column 7</p> <p>*A number greater than 1 indicates you have a larger support staff to provider ratio than the national average; a number less than 1 indicates your ratio is lower than the national average.</p>

HORARIOS

- Horarios de Proveedores y Pacientes
 - Número y tipo de proveedores que cubren los horarios de la oficina en determinados días y tiempos
 - Tiempo que empieza y acaba una sesión clínica incluyendo el almuerzo y las responsabilidades administrativas
 - Número y tipo de pacientes que se atienden durante un tiempo determinado en una sesión clínica
- Horarios de la Oficina
- Horarios de Guardia
 - Contratar con una práctica local para compartir proveedores de guardia
 - Contratar con un hospital local para apoyar los horarios de guardia
 - Expandir el uso de proveedores que no tienen un título de médico para cubrir llamadas medicas
 - Expandir el horario de oficina durante horas con gran demanda, generalmente de 7:00 a 9:00 p.m., para aliviar el estrés de los proveedores.

Figure C. Provider Distribution - Sample Week



SATISFACCIÓN DE PROVEEDORES Y PERSONAL



Recursos del STAR² Center para mejorar la satisfacción de proveedores y personal:

- [Implementing Staff Satisfaction Surveys Infographic](#)
- [Empowering Your Workforce: Considerations For Implementing & Responding to Staff Satisfaction Surveys Webinar](#)
- [Clinician Wellbeing Resource Bundle](#)
- [DEI Resource Bundle](#)
- [Compensation Resource Bundle](#)
- [Workforce Self-Care Resource Bundle](#)
- [STAR² Center Original Resources Bundle](#)
- [STAR² Center Talks Workforce Success Podcast](#)
- [The Power of Stay Interviews Webinar](#)





RECURSOS DEL STAR² CENTER

- [Recruitment & Retention Self-Assessment Tool](#)
- [Health Center Comprehensive Workforce Plan Template](#)
- [Implementing Staff Satisfaction Surveys Infographic](#)
- [Building a Resilient & Trauma-Informed Workforce Factsheet](#)
- [Turnover Calculator Tool](#)
- [Onboarding Checklist](#)
- [Supporting Mental Health Through Compensation Equity Factsheet](#)
- [C-Suite Toolkit: Health Professions Education & Training for Recruitment and Retention](#)

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