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Community Health Centers®

# WORKFORCE WELLBEING IN HEALTH CENTERS

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# Why Workforce Wellbeing Matters

Where operational excellence meets workforce sustainability

- Health centers operate in high-demand environments with limited resources
- Workforce well-being directly impacts patient access, quality outcomes, and operational stability
- High turnover leads to disruptions in care and increased recruitment costs
- Investing in staff wellbeing improves retention, morale, and long-term sustainability

# The Workforce Challenge

- Health centers compete with hospitals, private practices, and other organizations for talent
- Increasing patient complexity requires highly skilled and adaptable staff
- Workforce shortages exist across providers, clinical support, and administrative roles
- Retention strategies must be intentional and data-driven





# HOW DO WE BUILD A SUSTAINABLE WORKFORCE THROUGH WORKFORCE WELLBEING?

# Hiring from the Community

## Why hire from the community?

- This approach strengthens trust, creates community-aligned care, and engagement

## How to support workforce wellbeing when hiring from the community

- Remember many team members face the same barriers as our patients, including childcare and transportation
- Our support systems must be designed to meet the realities of our workforce

The strongest workforce is built from the communities we serve.

# Supporting Staff Beyond the Workplace

When we support life outside of work, we strengthen care inside it

- Partner with daycare providers and sponsor childcare slots for staff
- Proactively communicate school closures and schedule adjustments
- Encourage staff to use internal resources such as Food Farmacy and Community Health Workers
- Support navigating benefits (insurance, childcare subsidies, etc.)
- Conduct financial literacy workshops (budgeting, homeownership, debt management)
- Clear growth opportunities within the organization
- Minimize after-hours administrative burden
  - Built in charting time - after lunch so patients do not run into charting time
- Talk to the staff and take the time to understand their challenges

# Flexible Scheduling

Flexibility isn't a perk—it's essential to sustaining our workforce.

- Offer both 4-day (10-hour) and 5-day (8-hour) schedules.
- Flexible start times allow staff to accommodate family responsibilities.
- Scheduling flexibility improves attendance, morale, and productivity.
- Work-life balance is a key driver of retention.

# Preventing Burnout Through Operations

Better operations. Stronger workforce.

- We avoid double-booking before lunch and at the end of the day.
- Protected breaks and manageable schedules reduce stress.
- Operational discipline directly impacts staff satisfaction.
- Small scheduling decisions have significant impact on workforce wellbeing.
- Choosing an Electronic Medical Records (EMR) System that streamlines charting
  - Quality training on EMR
  - Spending time with EMR Setup - Smart sets, AI, Dictation Devices

# Incentive Bonuses & Workforce Wellbeing

- Incentives align productivity with quality outcomes and patient experience
- They promote accountability and consistency across providers
- Well-structured programs increase engagement and overall performance
- Financial recognition reinforces desired behaviors and priorities



# Supporting Workforce Wellbeing Through Incentives

- Recognizes the effort required to meet increasing clinical and documentation demands
- Rewards efficiency without compromising quality of care
- Encourages ownership of patient outcomes and performance metrics
- Creates a culture of transparency, fairness, and motivation
- Set clear, transparent expectations so staff understand how performance is measured
- Align incentives with organizational priorities and mission-driven care
- Ensure goals are realistic within operational constraints (staffing, scheduling, patient mix)

# Saint James Health Quarterly Incentive Program

## Component 1: Productivity

- 4-Day Schedule: 20 visits per day
- 5-Day Schedule: 16 visits per day
- Productivity based on total encounters and scheduled clinical days
- Quarterly Bonus: \$500 – \$3,000 based on productivity performance

## Component 2: Quality & Patient Satisfaction

- Providers must meet 70% productivity to qualify
- Two different quality measures must meet defined thresholds (chosen annually)
- Patient Satisfaction: Minimum: 85% increased bonus at 90% and 95%
- Chart Closure: Required within 72 hours (flat-rate bonus)

# Incentive Bonuses Reminders

- Incentives should support, not pressure, the workforce by aligning expectations with achievable, meaningful goals
- Ensure inclusivity across the care team, recognizing the contributions of support staff
- Balance productivity with quality and patient experience to avoid unintended consequences
- Regularly review and adjust the program based on data and staff feedback



# Paid Time Off Structure

Structured time off supports retention, performance, and long-term stability

- Paid Time Off (PTO) is separate from sick time
- All staff receive 40 hours of sick time annually separate from PTO
- Five different tiers of PTO based on role
  - PTO increases based on tenure and role level
  - Anniversary Increases: Employees receive additional PTO hours on their work anniversaries
  - Structured PTO supports long-term retention and workforce satisfaction
- Allow employees to choose to carry over PTO or be paid out at the end of the year
- Sick time automatically carries over

# Leadership and Environment

- Managers should recognize when staff need to be heard, not fixed.
- Allowing staff to vent can prevent escalation and burnout.
- Follow-up after high-stress days reinforces support.
- Strong leadership creates trust and stability.
- Ongoing leadership training



# Calculating Staff Retention

## Basic Staff Retention Formula

$$\text{Retention Rate (\%)} = \frac{\text{Number of employees who stayed during the period}}{\text{Number of employees at the start of the period}} \times 100$$

Let's say:

You had **100 employees on January 1**

By December 31:

- **80 of those original employees are still employed**
- (New hires don't count in retention—only who stayed)

**Calculation:**

$$\frac{80}{100} \times 100 = 80\%$$

 **Retention rate = 80%**

# Tracking Retention

Track retention by:

**Role** (Providers, LPNs, MAs, Front Desk, Behavioral Health)

**Site** (e.g., West Ward vs Lafayette)

**Tenure bands**

- < 90 days (onboarding failure)
- 3–12 months (early attrition)
- 1+ years (true retention)

This will tell you *where* your real issues are (often early tenure).

# Retention Metrics

## 90-Day Retention Rate

Critical for onboarding effectiveness:

$$\frac{\text{Employees still employed after 90 days}}{\text{Employees hired}} \times 100$$

## Provider Retention (Strategic KPI)

Track separately due to impact on revenue + continuity.

## Voluntary vs Involuntary Retention

Voluntary = resignations (culture/competition issue)

Involuntary = terminations (performance issue)

# What “Good” Looks Like

- Overall retention: 80–90% is solid
- Frontline roles (MA/LPN): often lower (70–85%)
- Providers: should be 90%+ ideally

**Why it Matters:** Higher retention reduces costs associated with turnover, improves patient outcomes and strengthens team stability



# Summary of Insights

## What Matters Most

- Workforce wellbeing is essential to operational success
- Retention requires flexibility, support systems, and strong leadership
- Structured incentives and benefits improve engagement
- Supporting staff strengthens patient care and community impact
- Investing in staff wellbeing leads to better outcomes for patients
- A strong workforce is the foundation of sustainable care delivery



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