
Professional Certificate in Consulting for Healthcare Management

Healthcare Human Resource Management

Absenteeism – attendance, turnover

Unscheduled employee absence from work. High rates increase staffing costs and disrupt patient care continuity. Example: A nurse missing multiple shifts leads to overtime for peers. Challenge: distinguishing legitimate medical leave from misuse.

Accreditation – certification, compliance

Formal recognition that a healthcare organization meets predefined standards. HR must ensure staff qualifications align with accrediting bodies (e.g., Joint Commission). Practical use: Aligning recruitment to meet specialty criteria. Difficulty: Keeping documentation current amid regulatory changes.

Adverse Employment Action – discipline, termination

Any negative change in an employee's terms of employment (e.g., demotion). In healthcare, such actions can trigger whistleblower claims if linked to patient safety reporting. Example: Removing a physician after a malpractice report. Challenge: Balancing legal risk with performance management.

Agency Staffing – temp workers, staffing firms

Hiring nurses or allied health professionals through external agencies to fill short-term gaps. Benefits include rapid deployment; drawbacks involve higher hourly rates and integration issues. Example: Deploying agency nurses during a flu surge. Challenge: Maintaining consistency of care standards.

Annual Review – performance appraisal, feedback

Formal evaluation of employee performance over a year. Used to set goals, identify training needs, and determine compensation adjustments. Practical: Linking competencies to clinical outcomes. Challenge: Avoiding bias and ensuring timely completion.

Apprenticeship – on-the-job training, mentorship

Structured program combining work experience with classroom instruction, often for technicians. Example: Radiology technician apprentices learning equipment operation. Benefits: Building a pipeline of skilled staff. Challenge: Securing qualified mentors.

Attrition – turnover, retention

Gradual reduction in workforce numbers due to resignations, retirements, or death. High attrition can signal morale problems. Example: 15% annual turnover of bedside nurses. Challenge: Forecasting staffing needs accurately.

Benchmarking – performance metrics, best practice

Comparing an organization's HR metrics (e.g., vacancy rates) against industry standards. Helps identify gaps

and set improvement targets. Practical: Using national nurse staffing ratios as a benchmark. Challenge: Adjusting for regional variations.

Benefits Administration – compensation, health plans

Management of employee perks such as health insurance, retirement plans, and tuition assistance. In healthcare, benefits influence recruitment of scarce specialties. Example: Offering loan repayment for primary care physicians. Challenge: Navigating complex regulatory compliance (e.g., ACA).

Board Certification – credentialing, licensure

Specialty-specific validation that a clinician has met rigorous standards. HR tracks and updates certifications to maintain credentialing status. Example: Ensuring all cardiologists hold current American Board of Internal Medicine certification. Challenge: Managing renewal cycles across large staff pools.

Burnout – stress, well-being

State of physical, emotional, and mental exhaustion caused by prolonged workplace stress. In healthcare, burnout correlates with reduced patient safety. Practical: Implementing resiliency workshops for staff. Challenge: Measuring burnout reliably and linking interventions to outcomes.

Career Pathway – succession planning, development

Defined routes for employee advancement within the organization (e.g., RN → Nurse Manager → Director). Supports retention by clarifying growth opportunities. Example: Structured leadership program for emerging nurse leaders. Challenge: Aligning pathways with organizational budget constraints.

Casualty Staffing – surge capacity, emergency response

Rapid deployment of staff during unexpected events (e.g., mass casualty incidents). Requires pre-identified pools and cross-training. Practical: Maintaining a roster of on-call physicians. Challenge: Ensuring credentialing is up-to-date for all surge staff.

Case Mix Index (CMI) – DRG, reimbursement

Metric reflecting the diversity and clinical complexity of patients treated. Higher CMI can justify higher staffing levels. HR uses CMI to justify budget for specialized nurses. Challenge: Translating CMI fluctuations into flexible staffing models.

Certification – credential, competency

Formal acknowledgment that an individual possesses specific knowledge or skills (e.g., Certified Nurse Assistant). HR tracks certifications to comply with licensing requirements. Example: Verifying all phlebotomists hold the Certified Phlebotomy Technician credential. Challenge: Managing renewal dates for thousands of employees.

Change Management – transition, adoption

Structured approach to moving an organization from a current state to a desired future state. In HR, it includes communication plans for new scheduling software. Practical: Conducting pilot tests before full

rollout. Challenge: Overcoming resistance from long-tenured staff.

Clinical Staffing Ratio – patient-to-staff, workload

Guideline describing the optimal number of patients per clinical staff member. Example: 1:4 nurse-to-patient ratio in intensive care. HR uses ratios to schedule shifts. Challenge: Balancing ratios with budgetary limits.

Compensation Benchmark – salary survey, market rate

Data set used to compare pay levels against similar organizations. Helpful for setting competitive wages for scarce specialties. Example: Using MGMA salary survey for orthopedic surgeons. Challenge: Adjusting for geographic cost-of-living differences.

Competency Framework – skill matrix, standards

Structured set of skills, knowledge, and behaviors required for a role. HR maps employee assessments to the framework to identify gaps. Practical: Using a competency matrix for allied health staff. Challenge: Keeping the framework current with evolving clinical practices.

Continuing Education (CE) – professional development, CPD

Ongoing learning activities required to maintain licensure and stay current. HR tracks CE credits for compliance. Example: Nurses completing 30 CE hours annually. Challenge: Providing accessible CE options across multiple sites.

Contractual Staffing – fixed-term, agreement

Hiring employees on a defined contract period (e.g., 12-month locum tenens). Useful for covering maternity leaves or project-based needs. Practical: Negotiating fair rates for temporary physicians. Challenge: Managing contract expirations and renewal negotiations.

Core Competency – essential skill, baseline

Fundamental abilities required for all employees within a function. For all clinical staff, core competencies include patient safety and infection control. Example: Mandatory hand-hygiene training. Challenge: Ensuring universal adherence.

Credentialing – privileging, licensure verification

Process of verifying a provider's qualifications, background, and competence before granting clinical privileges. HR collaborates with medical staff office. Practical: Using automated credentialing software to reduce manual errors. Challenge: Keeping records up-to-date with frequent staff turnover.

Cross-Training – skill diversification, flexibility

Teaching employees to perform duties outside their primary role. Enables workforce agility during peaks. Example: Training surgical techs to assist in endoscopy suites. Challenge: Allocating time for training without compromising patient care.

Culture of Safety – patient safety, reporting

Organizational environment where staff feel empowered to report errors without fear of reprisal. HR supports by integrating safety metrics into performance reviews. Practical: Implementing non-punitive incident reporting. Challenge: Changing long-standing hierarchical attitudes.

Decentralized HR – regional HR, autonomy

HR functions distributed across multiple locations rather than a single central office. Allows tailoring policies to local labor markets. Example: Separate HR teams for urban and rural hospitals. Challenge: Maintaining consistency of standards across sites.

Delegated Authority – decision rights, empowerment

Granting managers the power to make HR decisions (e.g., hiring within budget). Speeds up recruitment for critical roles. Practical: Allowing department heads to approve overtime. Challenge: Ensuring delegated decisions align with overall policy.

Demand Forecasting – workforce planning, predictive analytics

Estimating future staffing needs based on historical data, seasonality, and service expansion. HR uses forecasting to avoid shortages. Example: Predicting a 20% increase in ICU beds next year. Challenge: Accounting for unpredictable events like pandemics.

Diversity, Equity, and Inclusion (DEI) – bias, representation

Strategic focus on creating a workforce that reflects varied backgrounds and ensures fair treatment. HR implements DEI hiring goals and bias training. Practical: Setting targets for underrepresented minorities in leadership. Challenge: Measuring impact beyond recruitment numbers.

Employee Assistance Program (EAP) – well-being, counseling

Confidential service offering support for personal or work-related issues. In healthcare, EAPs help staff cope with trauma exposure. Example: Providing grief counseling after a patient death. Challenge: Encouraging utilization without stigma.

Employee Engagement – motivation, satisfaction

Degree to which staff feel committed to their organization's goals. High engagement correlates with better patient outcomes. HR measures via surveys and acts on feedback. Practical: Recognizing units with highest engagement scores. Challenge: Translating survey data into concrete actions.

Employment Law Compliance – ADA, FMLA, OSHA

Adherence to statutes governing workplace rights and safety. HR must ensure policies meet legal standards. Example: Providing reasonable accommodation under the Americans with Disabilities Act. Challenge: Keeping abreast of legislative changes across jurisdictions.

Employee Retention – turnover reduction, loyalty

Strategies aimed at keeping valuable staff. Includes competitive compensation, career development, and

work-life balance initiatives. Practical: Offering tuition reimbursement for nursing staff. Challenge: Measuring ROI of retention programs.

Employer Branding – recruitment marketing, reputation

Public image an organization projects to attract talent. Healthcare employers showcase culture, benefits, and impact. Example: Highlighting community health initiatives on social media. Challenge: Aligning brand promises with actual employee experiences.

Employee Wellness Program – fitness, mental health

Initiatives promoting physical and mental health (e.g., on-site gym, mindfulness sessions). Proven to reduce absenteeism. Practical: Providing free flu vaccinations to staff. Challenge: Securing participation across shift patterns.

Full-Time Equivalent (FTE) – headcount, staffing metric

Standardized unit representing the workload of one full-time employee. Used for budgeting and reporting. Example: Two 20-hour part-time nurses equal one FTE. Challenge: Accurately aggregating variable shift patterns.

Gap Analysis – needs assessment, competency

Comparing current workforce capabilities with future requirements to identify shortages. HR uses results to prioritize recruitment. Practical: Identifying a shortage of pediatric intensivists. Challenge: Translating analysis into actionable hiring plans.

Graduate Medical Education (GME) – residency, fellowship

Post-graduate training programs for physicians. HR coordinates with academic affiliates to staff teaching hospitals. Example: Managing resident schedules in internal medicine. Challenge: Balancing educational mission with service delivery.

HR Analytics – data-driven HR, metrics

Application of statistical analysis to HR data (e.g., turnover rates, time-to-fill). Enables evidence-based decision making. Practical: Using predictive models to identify nurses at risk of leaving. Challenge: Ensuring data privacy and integrity.

Human Capital Management (HCM) – HRIS, talent management

Integrated set of practices for acquiring, developing, and retaining workforce. In healthcare, HCM platforms centralize credentialing, scheduling, and payroll. Example: Implementing an HCM suite across a health system. Challenge: Integration with legacy clinical systems.

Incentive Pay – bonus, performance-based compensation

Additional remuneration linked to achieving specific goals (e.g., patient satisfaction scores). Can motivate quality improvement. Practical: Offering a quarterly bonus for meeting infection-control targets. Challenge: Designing metrics that truly reflect performance.

Industrial Relations – union negotiations, labor relations

Interaction between management and employee representatives. In many hospitals, unions negotiate wages and working conditions. Example: Collective bargaining for nursing staff. Challenge: Maintaining collaborative relationships while managing cost pressures.

Internship – clinical rotation, experiential learning

Short-term placement offering practical experience in a specific field. Healthcare internships often precede full licensure. Practical: Summer internships for pharmacy students. Challenge: Providing meaningful supervision within busy clinical settings.

Job Evaluation – grade, pay scale

Systematic process to determine the relative worth of jobs. Influences salary bands. Example: Using point-factor method to rank a radiology tech against a surgical tech. Challenge: Achieving objectivity across diverse clinical roles.

Job Description – role outline, responsibilities

Document detailing duties, required qualifications, and reporting relationships. Serves as basis for recruitment and performance appraisal. Practical: Updating ER nurse job description to include tele-triage duties. Challenge: Keeping descriptions current with evolving technology.

Job Family – career ladder, grouping

Cluster of related positions sharing similar functions (e.g., nursing, allied health). Facilitates career path planning. Example: Nursing job family includes RN, LPN, and Nurse Manager. Challenge: Aligning pay scales across families.

Job Sharing – part-time, flexibility

Two employees split the responsibilities of one full-time position. Supports work-life balance. Practical: Two dietitians sharing a 40-hour week. Challenge: Coordinating handoffs and ensuring continuity.

Job Satisfaction – engagement, morale

Employee's emotional response to their job. Influences retention and patient care quality. HR surveys satisfaction and tracks trends. Example: Low satisfaction among night-shift technicians prompting schedule redesign. Challenge: Isolating root causes from multiple variables.

Labor Market Analysis – talent supply, demand

Study of external workforce conditions affecting recruitment. Includes unemployment rates, competitor wages, and demographic trends. Practical: Analyzing regional shortage of neonatal nurses. Challenge: Rapidly shifting market dynamics during health crises.

Learning Management System (LMS) – e-learning, training platform

Software for delivering, tracking, and reporting educational content. Enables standardized CE for staff. Example: Hosting infection-control modules on the LMS. Challenge: Ensuring high completion rates across

multiple shifts.

Leave Management – FMLA, PTO, accrual

Process for requesting, approving, and tracking employee time off. Critical for staffing continuity. Practical: Automated leave portal for nurses. Challenge: Balancing statutory leave entitlements with service coverage.

Leadership Development – succession, coaching

Programs designed to cultivate future leaders. May include workshops, mentorship, and rotational assignments. Example: 12-month leadership academy for emerging physician leaders. Challenge: Measuring long-term impact on organizational performance.

Lean Management – process improvement, waste reduction

Methodology focused on eliminating non-value-added activities. HR applies lean to streamline onboarding. Practical: Reducing paperwork for credentialing by 30%. Challenge: Changing entrenched processes in a regulated environment.

License Renewal – credentialing, compliance

Periodic re-validation of professional licenses (e.g., nursing, pharmacy). HR monitors renewal dates to avoid lapses. Example: Automated alerts for upcoming RN license expirations. Challenge: Coordinating renewals across large staff populations.

Limited Duty – scope of practice, credentialing

Restrictions placed on a clinician's practice based on qualifications or licensure. HR ensures work assignments match authorized scope. Example: A nurse practitioner limited to primary care without surgical privileges. Challenge: Maintaining accurate records of permitted activities.

Logistics Staffing – supply chain, support staff

Personnel responsible for materials handling, sterilization, and distribution within the facility. Important for operating rooms and labs. Practical: Cross-training central supply staff for surge periods. Challenge: Aligning staffing levels with fluctuating procedural volumes.

Medical Staff Office (MSO) – credentialing, privileging

Administrative unit overseeing physician credentialing, peer review, and bylaws. HR collaborates closely with the MSO for provider onboarding. Example: Coordinating background checks for new surgeons. Challenge: Synchronizing timelines between HR and clinical leadership.

Metric Dashboard – KPI, visualization

Interactive display of key performance indicators (e.g., turnover rate, time-to-fill). Enables real-time monitoring. Practical: HR leader reviews dashboard each week to spot staffing gaps. Challenge: Selecting metrics that drive meaningful actions.

Mobility Program – internal transfer, career growth

Facilitates employee movement across departments or locations. Supports skill diversification and retention. Example: Offering nurses the option to rotate between inpatient and outpatient units. Challenge: Managing staffing balance while allowing mobility.

Multidisciplinary Team (MDT) – collaboration, care coordination

Group of professionals from different specialties working together on patient care plans. HR ensures appropriate staffing mix for MDT meetings. Practical: Scheduling regular tumor board sessions with required participants. Challenge: Aligning varying schedules and professional cultures.

Onboarding – new hire orientation, integration

Process of acclimating new employees to organizational culture, policies, and job duties. In healthcare, includes campus tours, safety training, and electronic health record (EHR) access. Example: 2-day orientation for newly hired respiratory therapists. Challenge: Delivering comprehensive onboarding while maintaining patient care coverage.

Organizational Development (OD) – change initiatives, culture

Systematic effort to improve effectiveness through interventions in processes, structures, and people. HR leads OD projects such as redesigning shift patterns. Practical: Conducting a redesign workshop to reduce overtime. Challenge: Securing buy-in from clinical leaders.

Performance Improvement Plan (PIP) – corrective action, coaching

Formal plan outlining performance deficiencies and remediation steps. Used to address issues before termination. Example: PIP for a pharmacist with recurring medication error alerts. Challenge: Documenting process to protect against legal claims.

Performance Metrics – KPI, measurement

Quantitative indicators used to assess employee effectiveness (e.g., patient satisfaction scores, medication error rates). HR integrates metrics into appraisal systems. Practical: Linking nurse performance bonuses to unit readmission rates. Challenge: Avoiding metric overload and ensuring relevance.

Physician Alignment – engagement, compensation

Strategic partnership between health system and physicians to align incentives with organizational goals. HR collaborates on shared savings models. Example: Implementing bundled payment contracts with orthopedic surgeons. Challenge: Balancing autonomy with accountability.

Physician Recruitment – headhunting, talent acquisition

Targeted effort to attract physicians, often using specialized recruiters. Critical for filling subspecialty gaps. Practical: Offering sign-on bonuses for cardiology hires. Challenge: Managing long recruitment cycles and credentialing timelines.

Portfolio Management – project selection, resource allocation

Prioritizing and overseeing multiple HR initiatives (e.g., talent acquisition, learning, benefits). HR leaders use

portfolio approaches to align projects with strategic objectives. Challenge: Balancing competing demands for limited budget.

Post-Acute Care Staffing – rehab, skilled nursing

Staffing needs specific to facilities providing rehabilitative services after hospitalization. HR must ensure adequate therapy and nursing coverage. Example: Staffing a 30-bed skilled nursing facility with PTs and RNs. Challenge: Recruiting clinicians willing to work non-hospital environments.

Predictive Modeling – forecasting, analytics

Statistical techniques that anticipate future outcomes (e.g., turnover) based on historical data. HR uses models to proactively address staffing shortages. Practical: Flagging nurses with high turnover risk scores for retention outreach. Challenge: Ensuring model accuracy across diverse clinical settings.

Professional Liability Insurance – malpractice coverage, risk management

Insurance protecting clinicians against claims of negligence. HR assists in enrolling staff and tracking coverage limits. Example: Providing malpractice coverage for newly hired surgeons. Challenge: Managing varying policy requirements across specialties.

Quality Improvement (QI) – process enhancement, outcomes

Systematic efforts to improve patient care processes. HR contributes by training staff in QI methodology (e.g., Plan-Do-Study-Act). Practical: Engaging nurses in hand-off communication improvement projects. Challenge: Integrating QI responsibilities into busy clinical workloads.

Recruitment Marketing – employer branding, outreach

Use of marketing tactics to attract talent (e.g., social media campaigns, career fairs). In healthcare, highlights mission-driven work. Example: Video series showcasing day-in-the-life of ICU nurses. Challenge: Measuring ROI of marketing spend.

Remote Workforce Management – telehealth staff, virtual teams

Oversight of employees who perform duties off-site, such as tele-medicine physicians or remote coders. HR ensures compliance with licensure and data security. Practical: Providing ergonomics assessments for home-based staff. Challenge: Maintaining engagement and cohesion with dispersed teams.

Retention Bonus – incentive, loyalty

One-time payment offered to employees who remain for a specified period. Used to retain scarce talent. Example: \$10,000 bonus for anesthesiologists staying three years. Challenge: Budgeting for bonuses while avoiding unintended turnover spikes after payout.

Return on Investment (ROI) – cost-benefit analysis, value

Metric evaluating financial return of HR initiatives (e.g., training programs). HR calculates savings from reduced turnover versus program costs. Practical: Demonstrating ROI of a mentorship program for new RN hires. Challenge: Quantifying intangible benefits like improved morale.

Risk Management – compliance, safety

Identification and mitigation of potential hazards affecting staff and patients. HR participates in risk assessments for workplace violence. Example: Implementing de-escalation training for emergency department staff. Challenge: Balancing risk reduction with operational efficiency.

Scheduling Optimization – staffing software, shift patterns

Application of algorithms to create efficient work schedules that meet demand while respecting labor rules. HR uses tools to minimize overtime. Practical: Using predictive analytics to align nurse staffing with expected census. Challenge: Accommodating individual shift preferences.

Skill Gap Analysis – training needs, competency

Assessment identifying differences between required and existing skills. HR develops targeted learning plans. Example: Detecting need for advanced cardiac life support (ACLS) certification among emergency nurses. Challenge: Prioritizing gaps within limited training budgets.

Strategic Workforce Planning – long-term, alignment

Process of aligning staffing with organizational goals over a multi-year horizon. Incorporates demographic trends, technology adoption, and service expansion. Practical: Planning for a new oncology center by projecting need for 20 additional oncology nurses. Challenge: Adjusting plans when external factors (e.g., pandemic) shift dramatically.

Succession Planning – leadership pipeline, continuity

Identifying and preparing internal candidates to fill key positions. HR creates development plans for potential successors. Example: Grooming a senior RN for Director of Nursing role. Challenge: Retaining high-potential staff amid competitive offers.

Talent Acquisition – recruiting, sourcing

Comprehensive approach to attracting, evaluating, and hiring qualified individuals. In healthcare, includes sourcing from nursing schools and physician networks. Practical: Implementing an applicant tracking system to streamline candidate flow. Challenge: Reducing time-to-fill for critical specialties.

Talent Management – development, retention

Holistic management of employee lifecycle from hire to exit, focusing on growth and performance. HR integrates learning, performance, and succession. Example: Using a talent management platform to track career trajectories of allied health staff. Challenge: Aligning individual aspirations with organizational needs.

Telehealth Workforce – virtual care, remote clinicians

Staff providing care via digital platforms. HR must address licensing across state lines and technology training. Practical: Recruiting tele-psychiatrists for a rural outreach program. Challenge: Ensuring compliance with diverse telemedicine regulations.

Time-and-Half – overtime premium, labor law

Pay rate equal to 1.5 times the regular hourly wage for overtime hours. HR monitors compliance with Fair Labor Standards Act. Example: Nurses working beyond 40 hours receive time-and-half. Challenge: Managing overtime budgets during seasonal spikes.

Turnover Rate – attrition, retention metric

Percentage of workforce that leaves during a specific period. HR tracks by department and role. Practical: Calculating annual turnover for surgical technologists to identify retention issues. Challenge: Distinguishing voluntary from involuntary turnover causes.

Unionized Workforce – collective bargaining, labor contracts

Employees represented by labor unions with negotiated agreements governing wages, benefits, and work rules. HR negotiates contracts and ensures adherence. Example: Negotiating a new contract with the nurses' union. Challenge: Balancing union demands with fiscal sustainability.

Utilization Review – resource allocation, case management

Evaluation of the appropriateness of medical services. HR supports by ensuring adequate staffing for review committees. Practical: Staffing a utilization review team with case managers and physicians. Challenge: Maintaining objectivity while managing workload pressures.

Value-Based Purchasing (VBP) – pay for performance, reimbursement

Payment model linking reimbursement to quality and efficiency metrics. HR aligns staffing incentives with VBP goals. Example: Bonus for reducing hospital-acquired infection rates. Challenge: Translating financial incentives into staff behavior.

Workforce Diversity Dashboard – DEI analytics, reporting

Tool displaying demographic breakdown of staff by race, gender, age, etc. HR uses dashboard to monitor diversity targets. Practical: Quarterly reporting to leadership on under-represented groups in leadership roles. Challenge: Ensuring data accuracy and protecting privacy.

Workforce Optimization – efficiency, capacity planning

Strategic approach to align staff numbers, skills, and schedules with patient demand while minimizing waste. HR employs analytics and flexible staffing models. Example: Adjusting RN staffing levels based on predictive census. Challenge: Balancing cost containment with quality of care.

Workforce Planning Software – HRIS, forecasting tool

Technology platform that integrates staffing data, demand forecasts, and budgeting. HR uses it to create scenario analyses. Practical: Simulating impact of a 10% increase in outpatient visits on staffing needs. Challenge: Data integration with clinical information systems.

Workforce Segmentation – grouping, strategy

Dividing employees into distinct categories based on function, skill level, or location to tailor HR interventions. HR may segment by frontline clinical, support services, and administrative staff. Example:

Designing separate development programs for each segment. Challenge: Avoiding siloed approaches that hinder collaboration.

Workforce Shortage – talent gap, recruitment difficulty

Insufficient supply of qualified candidates for open positions, often seen in nursing, primary care, and mental health. HR implements targeted recruitment campaigns and incentive programs. Practical: Offering relocation assistance for rural physician hires. Challenge: Competing with higher-paying private sector offers.

Workplace Violence Prevention – security, safety training

Policies and programs aimed at reducing aggression toward staff. HR provides training on de-escalation and reporting protocols. Example: Implementing a “zero tolerance” policy for patient-initiated violence. Challenge: Encouraging reporting without fear of retaliation.

Work-Life Balance – flexibility, employee well-being

Ability of employees to manage professional responsibilities alongside personal life. HR promotes flexible scheduling, part-time options, and remote work where feasible. Practical: Offering compressed workweeks for lab technologists. Challenge: Maintaining adequate coverage while accommodating flexibility.

Zero-Based Budgeting (ZBB) – cost control, financial planning

Budgeting method where each department starts from a “zero base” and justifies all expenditures. HR uses ZBB to evaluate staffing costs annually. Example: Reassessing the need for a dedicated HR coordinator for each site. Challenge: Time-intensive analysis and potential disruption of ongoing programs.