19th Annual Michigan Recruitment & Retention Network Annual Conference

“Winning the Game of Physician Recruitment, Orientation and Retention”
April 28 - April 30, 2013

REDUCING RISKS IN A HIGH STAKES WORLD:
Effective On-Boarding Strategies
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Starbucks #187
Jeffrey Kuehl, a customer

“Life is a school for angels.
Love is the Teacher,
So do your homework without fear.
Death is merely graduation.”
Defining Onboarding

• Onboarding is a process designed to welcome and educate new employees to an organization. SHRM-Society for Human Resource Managers

• Onboarding encompasses the variety of tasks and requirements involved with acclimating and engaging a new employee in the company. Onboarding should involve pre-hire and post hire stages. Aberdeen, 2006
Physician Lifecycle

1. Attract & Recruit
2. Onboard
3. Align, Develop, & Retain
4. Transition or Exit
Orientation – VS – Onboarding

• Orientation is short term (1 -2 days, a week) and typically HR/paperwork focused. Process based; **not relationship based.**

• Onboarding begins before the person’s first day and extends through 3 -6 months to a year after hire. It is a **relationship building** focused activity with a goal of joint, long term relationships for all parties.
Provider Onboarding

Provider onboarding is the comprehensive system by which newly hired providers are fully integrated into your healthcare organization and its culture and the local community. A good onboarding program will help create a warm, welcoming, and inviting start for your new hire to your organization and sets the stage for retention.
Why is onboarding important?

• Improved retention rates
• Centralized form management and collection
• Standardized protocols/processes
• Reduced duplication of effort
• Improved time to productivity
• Improved provider satisfaction
• Improved communication
The data speaks volumes!

Aberdeen found that companies with a standard onboarding process experience 54% greater new hire productivity, 50% greater new hire retention, and two times the level of new hire engagement.
What’s involved?

- Credentialing
- Third Party Enrollment
- Referencing
- Organizational Orientation/Introduction to Culture
- Marketing
- Community Orientation
- Policies/ Procedures
- Ancillary Departments
- Collaboration with APPs
- QI/ Clinical Review
Key Tools for Onboarding

• Create an onboarding committee
• Identify your onboarding process/timelines
• Identify key stakeholders
• Determine technology venue/management system
• Determine deliverables. Set goals and metrics
• Create Checklists
• Survey to monitor results
• Foster Mentoring relationship
How to measure success?

Measure success based on the organization’s goals

• Measuring an onboarding program’s ROI depends greatly on what the institution values. Money is a “common” language, but how it is presented and calculated depends greatly on what the organization values, i.e., time to productivity, physician satisfaction, retention rates, patient satisfaction. Perhaps, the validation includes a combination of multiple variables. Find out what your organization values most and make those standards a top priority.
Know the rules of the game

Physician recruitment professionals (or onboarders) should know their entity’s onboarding process — who’s involved, timeframes, requirements, etc. Re-evaluate your program annually and make adjustments as needed. For instance, if computer training is only offered twice a month at the beginning of the month, then it makes sense to use the first of the month for start dates to maximize efficiencies. Teach onboarding professionals and leaders in your organization ways to maximize onboarding’s effectiveness.
Hot Topics in Onboarding

• SMART onboarding
  • Specific
  • Measurable
  • Attainable
  • Realistic
  • Time-Bond

• LEAN onboarding

• Using Pinterest for onboarding
  share links and *educate* prospective employees, *engage* new employees and *connect* with current employees.
http://www.youtube.com/watch?v=CXgoJ0f5EsQ
Onboarding Resources

ASPR website

- Onboarding Checklist (Mercy Medical), August 2010
- Onboarding Checklist (Baystate), February 2010
- Onboarding Guide, February 2010
- Insurance Participant list, March 2011
- Onboarding Checklist (Health Quest), March 2011
- Onboarding Checklist, January 2012
- What is Onboarding?, March 2011
- Announcement Email Example, January 2012
- New Hire Feeback Survey, January 2012
- Orientation Checklist (HealthQuest), January 2012
- Sample Itinerary, January 2012
- Welcome Letter (Health Quest), January 2012
- Onboarding Checklist, January 2012
- Hospital Onboarder Job Description, Submitted by Donna Ecclestone, Duke University Medical Center, April 2012
- Physician Integration Coordinator, Submitted by Donna Ecclestone, Duke University Medical Center, April 2012
- New Chapter – OAR – Onboarding and Retention!
  www.onboardretainhealthpros.org
Keys to Program Success: Duke University Medical Ctr.

1. Define a starting point (use surveys info for current status).
2. Establish a benchmark goal.
3. Get your stakeholders actively involved.
4. Implement customer serviced based program.
5. Report out your progress, adjust plan as needed.
6. Realize little steps will make big changes over time. Keep moving forward with persistence. Faberge effect will happen!
What We Do

• “Welcome committee”
• Resource for onboarding updates/policies
• “Extra set of hands” for departments/divisions for onboarding tasks (135 onboarding steps!)
• Coordinate “new member” networking events
• Interface with Duke entities to streamline processes
• Report to leadership on “pulse” of new members
What We Did

• Created an onboarding committee
• Developed a global onboarding template
• Implemented a new physician checklist
• Conducted regular “check-ins” with new members
• Hosted a new member networking event
• Proposed a standard schedule for a new hire’s first few days
• Launched website and created monthly flyers with onboarding updates/resources
Program Development Tools

• Communication with new hires (pre- and post hire)
• Regular meetings with division/department contacts
• Pre- and post-hire surveys
• Templates
• Websites
• “Canned” software
Research Methods: Carolinas Healthcare System

Methods

- Physician Integration Task Force
- Analysis of CHS New Physician Survey Results
- Advisory Board Literature Review
- Personal Interviews with Department Representatives
- Personal Interviews with Physicians
- Observations from the Field (Duke Medicine)
What Our Docs Were Saying

“The physician orientation should be separate from that of other employees. It should be more structured and should take into account all issues pertaining to the physician employment as done in almost every organization this size.”*

“More training on computer, specific to the office/hospital, etc...”*

“My first week was not “office ready.” My computer didn’t work and a lot of items were not taken care of prior to me starting.”*

“To be able to follow a physician for the first day or two would have been helpful to get to know the system, procedures, etc.”*

*2011 CHS New Physician Surveys
Cost of Physician Turnover: Soft Costs

- Lower morale throughout organization
- Additional workload and stress shifted to other clinical staff
- Additional frustration and stress for patients being shifted to other providers
Cost of Physician Turnover: Hard Costs

The cost of physician turnover is estimated to total appropriately $1.26 million per physician by the 2010 AMGA/Cejka Search Annual Physician Retention Survey.
As projected physician shortages continue to rise (see chart below) in the coming years, Physician On-Boarding/Integration and Retention will become increasingly important in an effort to reduce physician turnover.

### Projected Physician Shortage: All Physicians*

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<th>Year</th>
<th>Supply</th>
<th>Demand</th>
<th>Shortage</th>
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<tr>
<td>2010</td>
<td>709,700</td>
<td>723,400</td>
<td>13,700</td>
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<tr>
<td>2015</td>
<td>735,600</td>
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<tr>
<td>2020</td>
<td>759,800</td>
<td>851,300</td>
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<tr>
<td>2025</td>
<td>785,400</td>
<td>916,000</td>
<td>130,600</td>
</tr>
</tbody>
</table>

*Source: AAMC Center for Workforce Studies, June 2010 Analysis*
• Thanks to...
• Donna Ecclestone, Associate Director, Duke PDC Physician Integration/Onboarding
  • Donna.Ecclestone@duke.edu

• Maranda Judd, Manager, Carolinas HealthCare System Phys.Integration & Retention
  • Maranda.Judd@carolinashealthcare.org

?????????QUESTIONS????????

Thank You!
http://www.youtube.com/watch?v=hE9dkNxllEE