Midwest Retention Toolkit

2012

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Indiana,
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Wisconsin

Midwest National Health Service Corps Retention Toolkit

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The Midwest National Health Service Corps Retention Toolkit is not intended for commercial use. Permission granted to use within health care facilities for development of individual retention plans.

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Introduction

The National Health Service Corps (NHSC) program facilitates connections between primary, dental, and psychiatric care providers and communities in need by supporting providers who choose to work in underserved areas of the US. In 2011, the NHSC expanded their Scholarship and Loan Repayment programs to include more than 10,000 clinicians providing care to the nation's underserved communities. The NHSC also provided funding to the State Primary Care Offices (PCOs) in Indiana, Minnesota and Wisconsin along with 33 other states to implement two-year projects to support and track the retention of NHSC health care providers in underserved communities. In the Midwest, Indiana, Minnesota and Wisconsin initiated a project to support the retention of NHSC providers in underserved areas by developing a Retention Toolkit of resources to help NHSC sites with provider retention. The NHSC program supports primary care and psychiatric physicians, physician assistants, advanced practice nurses, mental health providers, dentists and dental hygienists. Similar to a provider's medical bag, the Retention Toolkit has a variety of instruments or tools for use at each stage of a health care organization's retention plan. This toolkit includes worksheets, sample surveys, agendas, and plans that may be utilized with all of these types of providers although many of the samples are based on physician retention. The tools ensure they are properly orientated to the practice, integrated into the community along with their family and recognized for their service and impact on local health care. The toolkit also features a national and state resource section with websites and contact information.

Retention Issues

Immense resources are invested by health care organizations in underserved areas to recruit and train health care providers, therefore it is critical to retain those providers and protect that investment, both from a business and community perspective. For a community, health care provider turnover is disruptive to health care delivery, continuity of care and patient loyalty. The estimated costs of replacing one primary care physician can result in $20,000 to $30,000 in recruitment and a loss of $300,000 to $400,000 in annual gross billings plus additional costs related to ancillary employment within the community. [1]After a health care provider has been recruited, it is critical to understand the challenges they face in providing health care in the community and what can be done to support their efforts. Long term retention begins with recruitment; matching a candidate's preferences to the attributes of your community will go a long way in ensuring a successful, long term solution to the health care needs of your community. Without such a foundation, all retention building post-hire will have little impact on retaining a provider who does not fit your community.

Midwest NHSC Heath Care Facility Interviews

To identify retention issues and best practices among NHSC sites, the National Rural Health Resource Center (The Center) conducted a focus group by phone with 10 site administrators from the three states representing Federally Qualified Health Centers, Rural Health Clinics, community mental health centers and hospital affiliated primary care clinics from rural and urban areas. Sites indicated the following retention challenges: lack of individual clinic staff responsibility for retention; limited salary and benefit resources; retaining providers after completion of their loan repayment obligation; and limited spouse/partner employment opportunities. Some successful retention strategies included affiliations with local Universities to offer continuing education and professional networking, creating retention committees, conducting satisfaction surveys, and provider recognition efforts, including a "Provider of the Year" award selected by peers.

Midwest NHSC Health Care Provider Retention Survey

To identify retention factors which were favorable to providers, the Center surveyed 123 health care providers from IN, MN and WI, with a 48% overall response rate. One third of the respondents were mental health providers, 26% advanced practice nurses, 16% dentists, 12% physicians, 9% physician assistants and 2% dental hygienists. The respondents were evenly split between rural (52%) and urban (48%) communities with over 20,000 in population. Fifty-five percent had been in the practice two to three years and 38% over four years. The majority planned to stay in the practice following completion of their NHSC obligation, although 26% were not sure they would stay at the site. The most important retention factors cited included:

- Professional relationships with partners and colleagues
- Workload/call schedule
- Compensation/benefits
- Community/lifestyle

The following bullets highlight two particular instances where we discovered clinic retention efforts that significantly misaligned with provider preferences, examples of how important it is to gain provider

[1] Shotwell, Steve. Physician Retention Plan. 2011. Michigan Center for Rural Health

feedback on what provider's see as important so as to design incentive offerings that can best address those desires:

- The financial incentives most frequently offered by sites beyond the NHSC loan repayment included: continuing education reimbursement, increasing paid time off and retirement. However, the financial incentives reported to be the most important to providers were increased compensation and medical insurance.
- The providers ranked the recognition activities, community integration and participation in clinic/hospital decision making as most important; however, less than one-third of the sites offered these activities. Non-financial strategies typically offered by NHSC sites were provider/satisfaction feedback surveys, teaching opportunities, and participation in clinic/hospital decision making.

Health care providers were asked what else they felt was important that would help encourage them to stay at their current practice site. Survey comments included:

- *Lower case loads or more staff to lower case loads. The work load and expectations tend to causes high burnout.*
- *Better integration into the community as an individual provider and a practice.*
- *I love my job and I couldn't imagine working anywhere else! The people I work with are great and the patients make coming to work worthwhile.*

Other Retention and Workforce Reports

The South Dakota Department of Health's Office of Rural Health conducted a Recruitment and Retention Survey in May 2012. Health care providers ranked incentives and reasons which they considered to be most important in their decision to remain practicing in their community. Competitive salary was rated as the most important issue in the retention of providers. Family oriented setting; educational facilities for children; incentives (bonuses, health insurance and sick leave); and employment opportunities for spouse/partners also ranked very high.[2]

A workforce study conducted among social workers in North Dakota found that 47% indicated that "burnout/stress" was the least enjoyable aspect of their job and "not being able to pay a competitive salary" was seen as the most serious problem related to recruitment and retention of social work staff. [3]

Top 10 Retention Factors

As noted in the survey, focus groups and previous studies, a number of factors impact retention. A comprehensive retention plan should address all of the following factors (not ranked) as much as feasible for the site and community:

- Availability of relief coverage for vacations, holidays and family emergencies.
- Quality of public elementary and secondary schools.
- Compatibility with others in health care community.
- Availability of quality housing.
- Availability of practice partners and consulting specialists.

[2] South Dakota Department of Health Office of Rural Health Recruitment and Retention Study. May 2012.

[3] North Dakota Social Work Workforce Report, Quinn, A., Phillips, A., Heitkamp, T. University of North Dakota Department of Social Work, November 2011.

- Income potential.
- Employment opportunities for spouse/partner.
- Help with retiring education loans at start of practice.
- Availability of continuing education opportunities.
- Opportunity to be a preceptor.

Retention Plan

The core component of health care provider retention is to maintain regular contact with new providers and their families to stay informed of their community and workplace adjustment, and to mitigate any potential problems that could impact retention. Retention begins as soon as a provider signs an agreement or accepts an employment offer and continues throughout the length of their practice. A formal retention plan including scheduled professional and community interactions and staff accountable for those tasks is recommended. One person should be designated to coordinate or oversee the plan; however, a committee approach to implementation can be considered. The key components of the Retention Plan should include:

1. Goals, timeline and person accountable
2. Committee or those part of the plan
3. Resources (materials, community and health care contacts, and budget)
4. Elements of Retention
5. Evaluation (outcome measures)

Retention Plan Samples (Sample documents are located at the end of the document)

1. **Michigan Physician Retention Plan**
   An introduction to retention and a plan outlined into 3 steps (3-page Word Doc)

2. **Virginia Department of Health Retention Plan**
   An action plan with steps (1-page Word Doc)

3. **Quad-state Partnership Basic Three-Year Retention Plan**
   Outline of retention plan steps by year (1-page Doc)

Retention Elements

Your retention efforts should begin actually at the time of recruitment. Ensuring a good match and establishing open communication between the facility and provider through the employment, credentialing and relocation process will build a strong foundation.

Orientation

Once the new health care provider begins practice in your community, you need to implement a variety of strategies that accomplish the following objectives:

- Welcoming and orient the new provider and spouse/partner to the health care community

- Welcoming and fully orienting the provider and family to the community and region
- Arranging opportunities for the provider and family to "check-in", provide feedback and ask questions
- Matching a mentor or "buddy" to the provider for the first year
- Addressing concerns or issues that may encourage the provider or family to leave the practice and community
- Recognizing the provider for service and special accomplishments
- Satisfying compensation, education and benefit needs to the extent possible

Orientation/Onboarding Samples

1. **Michigan Center for Rural Health (3 Steps)**
   New Provider Orientation Checklist Step 1. Detailed list of items to prepare provider for practice with timelines. (5-page Word Doc)
   New Provider Orientation Checklist Step 2. Detailed list of items to prepare provider for practice with timelines. (5-page Word Doc)
   New Provider Orientation Checklist Step 3. Detailed list of items for retention over 3 years with timelines. (5-page Word Doc)

2. **National Rural Health Resource Center Orientation Check-Off List**
   Detailed list of orientation items and outline (2-Page Word Doc)

3. **National Rural Health Resource Center Orientation and Retention Overview**
   Review of retention issues and solutions with orientation outline. (31 slide pdf)

Practice Feedback Samples

Using a practice feedback process to check on the retention status of the health care providers in your community is important to conduct annually in terms of perceptions of job satisfaction. This type of feedback is conducted one on one between the retention committee lead and the provider.

1. **National Rural Recruitment and Retention Network, Recruiting for Retention, 2002, The Retention Questionnaire**
   Assessment questions for providers (2-page Word doc)

Provider Satisfaction Surveys

Provider satisfaction surveys are excellent tools to help build the communication process between employer and employee and assess potential retention issues regarding the understanding of the mission of the organization, benefits, compensation and technology. Satisfaction surveys are generally anonymous and best if conducted by a third or neutral party. It is imperative that if the surveys are conducted that the cumulative results are shared with leaders in the organization as well as the providers and that issues are addressed.

Provider Satisfaction Survey Samples

Some samples are physician-based but could be modified for other health care providers.

1. **Michigan Center for Rural Health, Physician Satisfaction Questionnaire**
   Introduction to survey and survey tool (3-page Word Doc)

2. **Quad-state Partnership Sample Clinician Surveys**
   Provider Satisfaction Surveys (3-page Word Doc)

3. **Mountain States Group Physician Feedback Template**
   Physician Satisfaction Survey template (3-page Word Doc)

Recognition Activities

Recognition of all employees' service is important, and it is no different with providers. Practicing in rural and underserved communities is more challenging for providers as it generally means more frequent time spent on-call, larger caseloads, and patients with economic barriers including lack of insurance and transportation. Below are some examples of the types of recognition activities to include in the retention plan and they should occur throughout the year. The following events or accomplishments could be recognized through press releases, plaques, facility website, staff and/or board meetings and organizational newsletters.

- Years of service
- Practice research, presentations, publications
- Patient satisfaction survey results or testimonials
- Achievement of Meaningful Use of electronic health records
- Hospital or community board or committee service (i.e. EMS Medical Director, Public Health Board, Medical Examiner, Sports Team Health Care Provider, Quality Team)
- Teaching and precepting students for local high schools and state colleges, universities, and Area Health Education Centers
- Board Specialty Certification renewal
- National Nurse, Mental Health Provider, Dental Day
- Remember to recognize all employees, not just physicians

Recognition Activity Samples

1. **Marshfield Clinic Shining Star Program**
   Recognition of health care provider with a philanthropic gift to the facility

Mentor Programs

A mentor program or "buddy system" is a formal process to match a peer provider or administrative leader to the new provider for the first year of practice. The mentor or buddy is advised to meet monthly with the new provider for a meal, a break or recreationally to discuss retention factors, obtain feedback and help the retention coordinator or committee follow up on issues. The topics of discussion may include:

- Acceptance to the practice and community
- Spouse/partner and family satisfaction with the community

- Quality of work environment (practice size, electronic health record, referrals)
- Ability to pursue continuing education
- Satisfaction with personal and professional support and time schedules

Mentor Program Samples

1. **Michigan Center for Rural Health, Mentor Program Outline**
   Outline for provider and social mentor program (2-page Word Doc)

Other Retention Tools

If a health care provider leaves your community, whether it is because of the end of an obligation for loan repayment retirement or some other reason, take the opportunity to learn something from the departure. An exit interview may help you determine the reasons behind the provider's decision to leave, gain their perspective on the practice or community, and learn information that they may have been uncomfortable sharing with the organization while employed.

1. **Quad-states Partnership, Sample Exit Interview Form**
   Questionnaire for health care provider employment exit interview (1-page Word Doc)

2. **Michigan Center for Rural Health, Physician Exit Interview**
   Exit survey form (2-page Word Doc)

Financial Retention Samples

Some health care sites offer financial incentives for retention for years of service (e.g., year-end retention bonus). Health care facilities should develop these arrangements and written agreements with legal counsel. Recruitment expenses such as moving or board exams covered by the facility should not be tied to an obligation if the provider is applying for loan repayment with a service obligation.

1. **Michigan Center for Rural Health, Promissory Note** (2-page Word Doc)

Compensation is a critical retention factor as noted in the *Midwest Health Care Provider Retention Survey* and other surveys of health care providers. Health care provider compensation can be impacted by the facilities various relationships and contracts related to service reimbursement, including cost-based for Critical Access Hospital and Community Health Center designations, Medicare primary care bonuses for underserved areas in addition to new methods such as Accountable Care Organization and Medical/Health Care Homes. The important item to consider is that health care providers will compare their salaries by state or nationally, therefore sites should be aware of what the competition is offering your providers. In addition to national organizational surveys, contact your state member of the National Rural Recruitment Retention Network or State Office of Rural Health to see if the organization conducts and offers a salary survey free or for a fee.

Please be advised that National Health Service Corps providers may only serve one obligation at a time and providers are limited to one state or federal loan repayment program per year. Additional years of NHSC

Loan Repayment may be applied for on a year to year basis for up to a total of 6 years of service. Providers must apply 90 days before the contract end date for each subsequent year. After a provider has exhausted loan repayment opportunities through NHSC he or she could then participate in a state loan repayment program or employer-based loan repayment option.

References

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Michigan Retention Plan, Orientation /Onboarding Sample, Physician Satisfaction Questionnaire, Mentor Program Outline, Physician Exit Interview and Promissory Note; (November 2011)

National Rural Health Resource Center
www.ruralcenter.org
Orientation Check-off List (2002)
Orientation and Retention Overview; (S. Buck, November 2005)

National Rural Recruitment and Retention Network
www.3rnet.org
Recruiting for Retention, 2002

Virginia Department of Health
A Community's Guide to Recruiting for Retention
http://www.vdh.state.va.us/ppova/pdf/Recruitment%20Action%20Plan%20Print%20Ready.pdf
Retention Plan; (November 2004)

Quad-State Partnership
Recruitment & Retention Best Practices Model
http://www.nachc.com/client/documents/Recruitment%20%20Retention%20Best%20Practices%20Model.pdf
Basic Three-Year Plan, Sample Clinician Surveys, Sample Exit Interview Form; (2005)

Mountain States Group
http://www.mtnstatesgroup.org/resources/rhpi/Physician%20Feedback.pdf
Rural Hospital Performance Improvement Physician Feedback Form

Marshfield Clinic
http://www.marshfieldclinic.org/giving/?page=giving-benchmarks-spring-2012-shining-star
Recognition Activity

Retention Sample Tools

Permission granted to use these tools within health care facilities for development of individual retention plans. Free to use and customize documents. If using the tools completely, please acknowledge the source.

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Retention Plan Samples

Michigan Physician Retention Plan

Introduction

The key to physician retention is to maintain regular contact with physicians and their families to stay abreast of how they are adjusting, and to anticipate any problems that may develop. The most critical element in any retention plan is a mechanism to "Check In" on the physician's expectations. Utilize regularly scheduled professional and social interactions to measure the effectiveness of the retention effort.

In the 2009 Retention Study; Administrators, Practice Managers, and Recruiters stated that an effective retention plan must identify one person to coordinate the process. In this tool that individual is referred to as Physician Services.

Recruiting cannot be considered completely successful until the physician is on staff and productive to the point of providing a service to the community and producing enough revenue to support the new practice. Therefore, the retention function should ensure that the physician and his or her family are successfully acclimated to their new location.

Retention efforts will not be wasted because it is far less costly to retain one promising provider than to recruit another. Estimated costs of replacing one primary care physician can result in $20,000 to $30,000 in recruitment, loss of $300,000 to $400,000 in annual gross billings plus additional costs related to ancillary employment within the community.

Physician Retention is a process:

- Strategic planning tells the organization where they are going and how they will get there.
- A provider demand assessment should review efficiency issues, patient volumes and types of patients, market share, and determine the type of provider who will fit that need (associate staff or medical staff).
- The recruitment plan includes sourcing, practice description, criteria for hire, and "fit".
- Interviewing and evaluation process should be defined as part of the planning. Keep the surprises to a minimum (any on-going issues will rise to the top during recruitment).
- Hiring should move the new physician smoothly into relocation and orientation.
- Orientation is step one in developing a retention plan that is part of a total process, which includes a feedback loop (exit interviews, succession planning and the strategic plan).
- Exit interviews should be held with all physicians who voluntarily leave the organization to determine correction points in strategic plan.

In the 2009 Retention Study, physicians indicated that professional satisfaction was critical to retention. The orientation template is a step-by-step process designed to efficiently and effectively introduce the physician into your community and health system. The three-year Physician Retention Plan provided for this study is a template; it is intended to allow for the unique personality of each community and health care facility. The model is provided in Word format, which will allow the retention manager, the ability to refine as necessary.

The model is not intended to be "one size fits all." It should be modified to the size and character of your facility. Is the new physician employed by the hospital? Is he/she a Primary Care Provider or Sub-Specialist? Is the practice an independently owned certified Rural Health Clinic or a Federally Qualified Health Center? The action steps were developed after reviewing several Orientation Plans from health care centers in Michigan and across the United States.

The period between the signing of the contract and actual arrival in the community may be several months. It is the moment when the Retention Plan is crucial. "First Impressions" mean a lot. Maintaining communication and responding to questions or requests for assistance in a timely fashion builds confidence in the effectiveness and efficiency of the hiring organization. Identifying the relocation team (realtor and mover) is essential. The relocation team can also be a key conduit of information between the organization and the family.

Step One begins with the signed employment agreement.

- Keep in contact after contract is signed; communicate often.
- Ensure licensure and credentialing process is progressing.
- Communicate with realtor on relocation.
- Plan orientation sessions: Community, practice site, hospital. Send to physician.
- Maintain routine communication.
- Ensure the physician's office and exam rooms are ready.
- Obtain office space and complete necessary renovations.
- Plan social events that help ease family members into the community.

Step Two begins the first day in the community.

- Provide a detailed orientation schedule for first two weeks prior to relocation.
- Welcome the physician and their family within the first week of relocation.
- "Welcome" basket sent to the home on the new physician's first day of work.

- Include meeting with hospital administration (if applicable).
- Hospital tour (include relevant department directors).
- Clinic tour (lunch with staff).
- Clinic orientation involves the new physician with issues regarding equipment, office space scheduling, support staff, business cards, etc.
- Physician mentor introduced (if applicable).
- Contact the spouse and family to see how they are adjusting to the community and to integrate the social mentor (if applicable).
- Marketing sends announcement introducing the new physician to the clinic and system.

Step Three involves the first six months, first year, second year, and third year.

- Monthly meetings with identified Hospital Administrators, practice managers, and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to the situation.
- Monthly meetings with identified VPs, practice manager and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to their situation.
- Marketing of practice or outreach needs to be incorporated into the process.
- As information becomes available, track patient volume, and revenue and expenses. After three months schedule quarterly meetings for the remainder of the first year (15-minute meetings).
- Recruiter meets with physician after two months to see if expectations have met reality.

The retention process does not end after three years. It is a continuous activity where the facility “Checks in” and asks the question, “How are we doing?”

Virginia Department of Health Retention Plan

Action Step	Lead Person	Deadline
Create retention committee		
Meet with new provider on monthly basis to assess integration progress		
Meet with spouse on monthly basis to assess spouse and family integration progress		
Have quarterly social for medical staff and spouses		
Conduct retention questionnaire with medical staff		
Meet with all providers on quarterly basis to discuss retention issues and address concerns		
Develop long-range medical staff development and retention plans		

Quad-state Partnership Basic Three-Year Retention Plan

Sample retention plan

- Train the staff and board for their respective roles in the recruitment and
- retention process:
- Improve recruitment skills; identify roles for successful retention.
- Team and organization development.
- Identify key retention strategies; these can be specific to your area or region, or can be generalized, but have readily available for reference.
- Be supportive and responsive to provider needs:
- Provider-oriented efforts, including: medical director development and
- mentoring programs;
- Provisions for continuing medical education, including cultural
- competencies;
- Management of information systems with links for providers.
- Clinical systems development.
- Provider — organization relationships: board, administrator, local, state and federal partners.
- Promote development of personal and organizational issues.
- Arrange for teaching appointments, research opportunities, if requested.
- Promote local, state and national involvement in primary-care issues.
- Improve or upgrade financial packages offered, as feasible:
- Analyze competitiveness of position.
- Assure competitive compensation package, including:
- Salary
- Benefits
- Incentives
- Time off
- Articulate that an improved plan exists.
- Promote site and provider, help build strong patient base.

Basic three-year retention plan

Initial activities:

• Assistance with moving and initial adjustment.
• Welcoming receptions, including medical and office staff.
• Hospital orientation, if appropriate.
• Practice start-up activities.
• Practice marketing.
• Social activities.
• Adjustment for physician, and family — utilize a “buddy” system, mentor.

Year one:

• Lunch or dinner meeting with administration (quarterly).
• Meeting with physician liaison to cover business aspects (monthly).
• Other practice assistance, staff training (quarterly).
• Spouse visits or calls (monthly).
• Social activities (monthly).

Years two and three:

• Meeting with top administration (semi-annually).
• Meeting with physician liaison (bimonthly).
• Practice business assistance (quarterly).
• Spouse visits or calls (quarterly).
• Social activities (quarterly).

Successful recruit = candidate stays at least three years with an organization.
Transition and activities to new environment can promote good relations for all employees.
Be flexible, and adjust plan as needed.

(General Outline Based on *Physician Recruitment & Retention, Practical Techniques for Exceptional Results*, Roger Bonds & Kimberly Pulliam, AHP, Inc., 1991.)

Sample orientation plan for new clinicians

It is important that the new provider feels at home at the center and that all pertinent information is at his or her disposal. Here are some tips for orienting the new provider to the center.

• Give the provider a formal tour of facilities and staff introductions, including time to meet with ancillary and support staff and board of directors.

• Provide information regarding the practice and its policies, including: liability issues, technical assistance and support services available, practice manual and care plan, appointment system and scheduling; call schedule, clinical duties, mid-level supervision, continuing education policy, quality assurance program and expectations, mentoring and precepting opportunities and committee structures.

• Review practice procedures, including patient record and billing systems, patient demographic information, key elements to the practice dynamics.

• Introduce key professional colleagues and consultants.

• Outline hospital and referral relationships, emergency procedures, practice protocols for referrals, partner organizations and agencies introduced.

• Give a detailed explanation of benefits (for example: health, life insurance, disability, professional allowances, continuing medical education, vacation), employee policy and procedure manual, employee services.

• Discuss routine paperwork, including licensure, Drug Enforcement Agency certificate, credentialing checklists (should be credentialed prior to start, but review status).

• Provide and go over policies for use of cell phone and pager, review the call schedule and expectations of schedule, and availability for administrative duties.

• Review marketing plans and procedures (for example, practice open house welcome, newspaper ad or article).

• Ask about personal and professional needs and implement a plan for increased responsibility with time, transition period, expectations.

• Document the orientation process in new employee’s personnel file.

Orientation/Onboarding Samples

Michigan Center for Rural Health (3 Steps)

NEW PROVIDER PRE-ORIENTATION CHECKLIST

STEP ONE of THREE

PROVIDER NAME:_____ **MD DO PA NP**
(First Middle Last)

PROVIDER SPECIALTY:_____

ANTICIPATED START DATE:_____

ORIENTATION:_____

PATIENTS:_____

CLINIC LOCATIONS:_____ **A** _____ **B** _____ **C** _____ **D** _____ **F**
(Check Primary Location)

Task Description	Party Responsible	Date Completed	Notes/comments
PHYSICIAN SERVICES			
Return employment agreement to physician	_____	_____	_____
Process signing bonus/ promissory note	_____	_____	_____
Send welcome letter to physician	_____	_____	_____
Initiate internal announcements providing notification of new provider	_____	_____	_____

Notify department chair (Hospital)	_____	_____	_____
Notify credentialing	_____	_____	_____
Notify credentialing coordinator (Hospital)	_____	_____	_____

Task Description	**Party Responsible**	**Date Completed**	**Notes/comments**
Initiate relocation assistance to provider (if needed)	_____	_____	_____
Arrange pre-employment visit	_____	_____	_____
Notify human resources	_____	_____	_____
Copy of employment agreement to finance	_____	_____	_____
Prepare press announcement	_____	_____	_____
Hospital newsletter announcements	_____	_____	_____
Welcome letter to new physician and family from clinic staff with photo of clinic and staff	_____	_____	_____
Website page announcement	_____	_____	_____
Photo arrangements	_____	_____	_____
Develop provider profile	_____	_____	_____
Develop new provider marketing strategy, ads, letters, etc.	_____	_____	_____

Develop and distribute press release	_____	_____	_____
Order lobby signs	_____	_____	_____
Mentor(s) notified and assigned (if applicable)	_____	_____	_____
Schedule pre-employment physical	_____	_____	_____
Schedule hospital orientation time develop and distribute orientation schedule	_____	_____	_____

Task Description	**Party Responsible**	**Date Completed**	**Notes/comments**
Arrange for welcome gift at physician office on start date also at physician home for family	_____	_____	_____
Copy of first and second week schedule to physician	_____	_____	_____
Welcome reception (Orientation) order welcome cake	_____	_____	_____
CREDENTIALING			
Initiate licensure/DEA Application processes (if needed)	_____	_____	_____
Meet with new provider to complete 3rd party payer applications	_____	_____	_____
Notify malpractice	_____	_____	_____

Notify hospital to send credentialing application	_____	_____	_____
Process 3rd party payor applications	_____	_____	_____
Set-up accounts for billing	_____	_____	_____
Electronic billing vendor notified	_____	_____	_____
Follow-up on all hospital and 3rd party payor application	_____	_____	_____

HUMAN RESOURCES

I-9, W-4, benefit enrollment forms, security	_____	_____	_____
Salary/Payroll- draw amount, bonus, taxes, etc.	_____	_____	_____

Task Description	Party Responsible	Date Completed	Notes/comments
HR benefits review	_____	_____	_____
Confidentiality agreement (done at orientation)	_____	_____	_____
Name/Security badge	_____	_____	_____
State/County Medical Society	_____	_____	_____

CLINIC MANAGER/NURSE

Medical assistant assigned	_____	_____	_____
Rooms assigned	_____	_____	_____

Work station assigned	_____	_____	_____
Determine office hours	_____	_____	_____
Lab coats ordered	_____	_____	_____
Dictaphone ordered	_____	_____	_____
Business cards ordered	_____	_____	_____
Revise letterhead	_____	_____	_____
HIPPA orientation	_____	_____	_____
Order RX pads	_____	_____	_____

COMMUNICATION CENTER

Schedule template developed (Staffing needs, scheduling preferences reviewed with provider)	_____	_____	_____
Master schedule entered	_____	_____	_____
Assign provider schedule name	_____	_____	_____
Paper ordered/paper number assigned	_____	_____	_____
Complete answering service provider form	_____	_____	_____

Task Description	**Party Responsible**	**Date Completed**	**Notes/comments**
Notified answering	_____	_____	_____
Install/Change signage (front lobby, rooms, wall)	_____	_____	_____

INFORMATION SERVICES

Voice mail assigned number assigned	_____	_____	_____

Task Assigned	Party Responsible	Date Completed	Notes/comments
Email name assigned	_____	_____	_____
Computer installed	_____	_____	_____

(Activities vary—these are suggestions)

Don't forget to "Check-In"

NEW PROVIDER ORIENTATION CHECKLIST
STEP TWO of THREE

PROVIDER NAME:_____ **MD DO PA NP**
(First Middle Last)

PROVIDER SPECIALTY:_____

ANTICIPATED START DATE:_____

ORIENTATION:_____

PATIENTS:_____

CLINIC LOCATIONS:_____ **A** _____ **B** _____ **C** _____ **D** _____ **F**
(Check Primary Location)

Task Description	Party Responsible	Date Completed	Notes/comments
PHYSICIAN SERVICES			
Bring welcome basket to family on the day of arrival in new home	_____	_____	_____
WEEK ONE: **Day One**			
Breakfast with hospital CEO	_____	_____	_____
General orientation of organization, committee structure/responsibilities, board/staff meetings	_____	_____	_____
Tour of hospital (Introduce directors and managers of key services; Lab, Radiology, Nursing, Emergency Room, etc.)	_____	_____	_____
Human Resources: Compensation/Benefits, tax forms, I.D. badge, parking	_____	_____	_____

Lunch with Mentor? (available medical staff)	_____	_____	_____
Department call responsibilities	_____	_____	_____
Referral process (Internal and external)	_____	_____	_____
Medical Records			
Credentialing Services	_____	_____	_____
Information Management: EMR, External Access, Hospital Website	_____	_____	_____
Hospital Pharmacy And Therapeutics	_____	_____	_____
General tour of the Medical Buildings/EMS introductions	_____	_____	_____

[Clinical Services ensures that the physician's office is cleaned & ready (furniture, telephone & computer lines installed, starter office supplies, etc.), exam rooms are cleaned & stocked, mailbox in mailroom, RX pads, and appointment cards have been ordered.]

Day Two

Breakfast with practice Manager (clinic keys, parking access, office hours)	_____	_____	_____
Clinic patient market area (Map of state and region)	_____	_____	_____
Relationships with other departments/affiliated clinics and programs, Referral System	_____	_____	_____
Insurance: HMO/Managed Care, Medicare/Medicaid Private Pay, Uninsured	_____	_____	_____

Information and forms:
Billing and Coding _____ _____ _____

Clinic Tour

Lunch (All available
clinic staff) _____ _____ _____

Patient Scheduling _____ _____ _____

Clinic Pharmacy _____ _____ _____

Office supplies &
equipment _____ _____ _____

Information Management:
EMR, Computer, Sign On,
External Access, etc. _____ _____ _____

Call Schedule _____ _____ _____

Phone system, voice mail,
pager, answering service,
dictation/Medical Records _____ _____ _____

Patient complaints and
Incident Reports _____ _____ _____

Days 3-5

Regular Office Schedule _____ _____ _____

Community mentor contacts
Spouse "Checks in"
(if applicable) _____ _____ _____

End of Week

Welcome reception at clinic:
Invite physician's family,
medical staff, hospital
administration & community. _____ _____ _____

Week Two

Monday Breakfast, practice

manager meets with physician to discuss first week, work flow, other issues. _____ _____ _____

Mentor "Checks In" with new physician for breakfast or lunch. Any unexpected issues or questions. _____ _____ _____

(Activities vary widely—these are suggestions)

NEW PROVIDER ORIENTATION CHECKLIST

Meet with:

_____ Hospital CEO
_____ Medical Director
_____ Sr. Director of Medical Services
_____ Human Resources
_____ Director of Client & Payer Relations
_____ Director of Financial Services
_____ Coding Supervisor & Educator
_____ Clinic Manager
_____ Clinical Operations Supervisor
_____ Communications Manager
_____ Director of Facility and Materials
_____ Manager of HIM
_____ Information Services Orientation (Phone System, Computer System)
_____ Laboratory Supervisor,
_____ Director of Occupational Health (30 days out)
_____ Sr. Director of Finance (30 days out)
_____ Radiology Supervisor
_____ Sr. Director of Business Operations
_____ Director of Pharmacy
_____ Physical Therapy
_____ Managed Care Liaison
_____ Mentor(s)
_____ Shadowing
_____ Department Chair
_____ Hospital Orientation
_____ Welcome Lunch (es)
_____ Medical Education Coordinator
_____ Other:

(Activities vary widely—these are suggestions)
Don't forget to "Check-In"

NEW PROVIDER ORIENTATION CHECKLIST
STEP THREE of THREE

PROVIDER NAME:_____ **MD DO PA NP**
(First Middle Last)

PROVIDER SPECIALTY:_____

ANTICIPATED START DATE:_____

ORIENTATION:_____

PATIENTS:_____

CLINIC LOCATIONS:_____ **A** _____ **B** _____ **C** _____ **D** _____ **F**
(Check Primary Location)

PHYSICIAN SERVICES

First Three Months: Monthly meetings with hospital CEO (or relevant administrator) and the new physician to get feedback on practice development and discuss problems or any other topics relevant to their situation. To provide feedback "interventions" over a period of time, foster on-going communication & to ensure that the new physician feels valued to the group & community (by giving positive feedback from patients, other physicians, and community members, etc.). These meetings can build goodwill between the new physician and administration. As information becomes available, track patient volume, revenue and expenses.

After three months: Quarterly meetings for the remainder of the first year. (15 minute meetings.)

Task Description	Party Responsible	Date Completed	Notes/comments
Review coding and documentation at three weeks. Follow up at three months and six months.	_____	_____	_____
New physician (and family) attend a small dinner party at the Physician Mentor's home within 2-3 weeks of the new physician start date.	_____	_____	_____

Marketing issues a press Release to the local newspaper, places print and other advertising introducing the new physician.	_____	_____	_____

Task Description	Party Responsible	Date Completed	Notes/comments
Physician Mentor meets with new physician monthly to continue to provide information, guidance and support.	_____	_____	_____
Community Mentor Contacts the Spouse on a monthly basis to see how she/he and family are acclimating to the community and new lifestyle.	_____	_____	_____
"Check In." Practice manager, meets with new physician every two weeks (first six months) to ensure smooth professional acclimation. (15 Minute meeting)	_____	_____	_____
Marketing of practice or Outreach incorporated into the process.	_____	_____	_____
Recruiter talks to new physician and spouse during first six to twelve months to see what improvements could be made in the relocation and practice orientation/ retention processes for future physicians.	_____	_____	_____

Annual meeting with the
Hospital CEO or Senior
Medical Leadership _____ _____ _____

Year 2

- "Check-In" Bi-monthly meetings with the Physician Mentor or other as assigned. (Physician Services)
- Quarterly meetings with the Clinic practice manager.
- Social mentor or physician services calls the Spouse on a bi-monthly basis to "check in". (if applicable)
- Annual meeting with the Hospital CEO.
- Physician Services surveys the new physician after 2 years to see what improvements could be made in the Physician Retention Plan for future implementation.
- Physician Services surveys the Spouse after 2 years to see what improvements could be made in the Social Mentor Program for future implementation.
- Physician Services follows up with the CEO, and clinic practice manager with an Evaluation Form or telephone call to ensure that schedule is being followed.

Year 3

- "Check-In" Bi-monthly meetings with the Physician Mentor or other as assigned. (Physician Services)
- Bi-annual meetings with the Clinic practice manager.
- Social Mentor or physician services calls the Spouse on a bi-monthly basis to "check in".
- Annual meeting with the hospital CEO.
- Physician Services surveys the new physician after 3 years to see what improvements could be made in the Physician Retention Plan for future implementation.
- Physician Services surveys the Spouse after 3 years to see what improvements could be made in the Social Mentor Program for future implementation.
- Physician Services follows up with the CEO, and clinic practice manager via Evaluation Form or telephone call to ensure that schedule is being followed.

(Activities vary widely—these are suggestions)

Don't forget to "Check-In"

Name of the Organization

Orientation Check-Off List

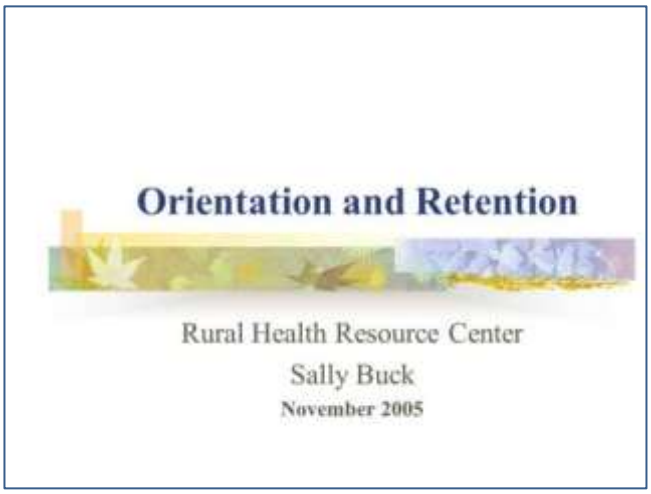
Date

Provider Name:_____ **Specialty:**_____

Item	Complete	Comments
Cafeteria/Food Service		
Coding/Billing Procedures		
Computer In-Service (account/password)		
Employee Handbook		
Employee Physical Form		
Facility Maps		
Fire/Disaster/Safety Policy Procedures		
Hospital Admitting Procedure		
HR Forms		
ID Badge		
Marketing Plan		
Medical Records: 1. Dictation Procedure/Instruction Card 2. Delinquent/Supervision Policy		
Medical Staff Calendar: 1. Meetings Attendance 2. CME Programs		
Medical Staff Organization Chart		
Medical Staff Roster		
Medical Staff/Organization Newsletters		
Mission Statement		
Office Equipment In-Service		
Office Keys		
Office Protocols/Procedures		
Other/Ancillary Department Policies & Forms 1. 2.		
Pager Assignment		
Parking ID Access Card		
Physician Lounge/Call Room/Rest room		
Scope of Practice Stationary/Business Cards		
Surgery/Procedure Schedule Policy		
Telephone Directory		
Telephone Operation/Voice Message		
Tour of Facilities: 1. Primary Office 2. Hospital 3. Satellite Office 4. Others		

Work Schedule/Time Sheet		
Evaluation Form		
Others:		

National Rural Health Resource Center Orientation and Retention Overview



Advantages to Rural Practice

- Make a difference
- Continuity of care
- Broader scope of practice
- Reimbursement incentives (HPSA, CAH, RHC)
- Housing dollar goes further
- Access to nature and outdoor recreation
- More autonomy
- Loan repayment programs
- Uniqueness of rural communities
- Less stressful environment

Minnesota Office of Tourism

Orientation Objectives

- Familiarize new providers with the organization and its policies
- Acquainting new providers with their responsibilities

Orientation Program

- Schedule in a timely matter
- Provide orientation manual
- Review responsibilities/obligations
- Discuss marketing plan
- Review other logistical items
- Assess and assist with provider's needs

Orientation Manual (Cont.)

- Medical Staff or Health Care Professional Bylaws, Rules and Regulations
- Telephone and email Directory (with name and title of key staff)
- Medical records dictation/ electronic charting procedure
- Health Care Professional roster
- Health Care Staff calendar
- Newsletters

Key Personnel

- Health Care Professionals
  - Practitioner in the same discipline
  - Department Chairperson
- Administrative Personnel
  - CEO
  - Clinic Administrator/manager
- Ancillary Personnel

Educate: Orientation Manual

- Introduction/Welcome letter
- Mission Statement
- Overview of Organization's services including satellite facilities and affiliations
- Medical Staff/Clinic/Hospital organization charts

Orientation Manual (Cont.)

- Ancillary department policies and forms
- Relevant polices/guidelines
- Facility Map(s)
- Fires/Safety/Disaster Plan
- Employee Handbook

Communicate

- Scope of practice
- Clinical privileges
- Work schedule
- On-Call duties/ER coverage
- Referral procedure
- Admitting procedure
- Surgery/procedure scheduling
- Medical records requirements
- Staff meeting requirements

Marketing

- Announcements (photo and brief bio)
- Press release
- Web site
- Publicity events
- Community organizations
- Local/regional medical or professional society
- Business cards

Mentor

- Medical Staff or Health Care Professional
- Informal meeting
- Referral pattern/relationship
- Interpersonal communication with other medical staff
- Attitude and style with patients
- Relationship with office staff

Evaluation

- Forms:
  - Evaluation Form
  - Check-off list
- Use information for:
  - Performance Improvement
  - Professional Development

Tour of Facilities

- Clinic Practice
  - Medical Records
  - Office
  - Office Setup
  - Procedure Room
  - Urgent Care Clinic

- Hospital Practice
  - Admitting
  - Emergency Room
  - Medical Records
  - Medical Library
  - Radiology
  - Operating Room/OB
  - Doctors Lounge/Call Room
  - Cafeteria
  - Other departments related to provider's specialty

Additional Activities

- Reception/Dinner (Include spouse/guest)
- Office social
- Introduction to others in health care community
  - Public Health
  - Long Term Care
  - Emergency Medical Services

Orientation Summary

- Orient new providers immediately
- Present information in a well-planned and organized fashion.
- Establish on-going open communication between the new provider, other staff and administration.
- Lastly, well informed providers are more likely to increase their sense of loyalty and commitment to the organization, result in a win, win situation for everyone.

Retention

Rural Retention Factors

- Availability of relief coverage
- Quality of public schools
- Compatibility with health care community
- Availability of quality housing
- Readily available specialist phone consults
- Available practice partners
- Competitive income
- Employment for spouse
- Help with educational loans
- Technical help in running practice

Why Providers Leave

- Spouse or family unhappy
- Lack of professional and community support
- Inadequate facility, equipment or staff
- Excessive call
- Availability of relief coverage for vacations, CME, illness or family emergency
- Compensation
- Disparity between expectations and reality
- Debt free

Principles of Retention

- Long-term retention is a realistic goal (6 years)
- Retention is about matching the right provider or community
- Community and independence are more important than professional support for rural providers
- Make providers feel satisfied and valued and offer long term employment option

Retention During Recruitment

- Opportunity for conversation(s) with potential practice colleagues
- Detailed agenda for the candidate, spouse, and family
- Meeting arranged with administrative and health care leaders
- Appropriate community introductions
- A job description and sample contract available for review

Retention After Recruitment

- Arrange a second visit to include house-hunting
- Maintain open communication to reaffirm the support of the hospital/clinic
- Send copies of community newspapers and organizational newsletters
- Ensure adequate licensure and credentialing process to allow provider to begin practicing on time
- Obtain office space and complete necessary renovations
- Plan orientation session
- Plan social events that help ease family members into the community

Development of a Retention Plan

- Form a committee with community, clinic, and health system members
- Ask for feedback from providers and incorporate suggestions into the plan
- Identify key strategies with action steps
- Review every 6 months to 1 year
- Look at effectiveness in terms of new provider satisfaction and low turnover

Successful Elements of a Retention Plan

- Formal orientation
- Integration activities: community and healthcare activities
- Recognition activities
- Develop personal and professional relationships (Buddy System)
- Implement peer or other review procedure

The "Buddy System"

- Monthly luncheons or other activities with a staff member or colleague
- Use the same process with the spouse
- Discuss retention factors; obtain feedback and follow-up on issues

"Buddy System Topics"

- Acceptance and camaraderie
- Spouse and family satisfaction with the community
- Economic satisfaction
- A feeling that opinions and ideas are appreciated and welcomed
- Quality of work environment
- Professionally challenged and ability to pursue CME
- Satisfaction with personal and professional support and time schedules

Don't let them get away!

Practice Feedback Samples

National Rural Recruitment and Retention Network, Recruiting for Retention, The Retention Questionnaire

Insure adequate income potential:

1. Giving consideration to your expenses, lifestyle and cost of living in the community, how much money do you realistically require and are you making it now?
2. What would you like to be making in the future?
3. What sort of benefits and professional perks do you value most, whether you are receiving them now or not?

Practice Issues

1. How much input do you have into decision-making and policies that affect your position? How much do you want?
2. What is your perception of your responsibilities and work load?
3. Do you need more help with coverage or assigned tasks?
4. If you have a supervisor, what is your assessment of your relationship, especially in regard to your performance evaluation?
5. Are the support staff, physical plant and technology for your clinic and hospital practice adequate? If no, why?

Community Issues

1. What is your overall perception of the community in which you live?
2. Consider all aspects of your community, including schools, housing, culture, recreational opportunity conveniences, religious services, politics and people. What do you want, need or expect from the community that you are not receiving?
3. If you have a family, how can the community better address their needs?
4. How can the community, including other medical providers or facilities, better support your role as a health care provider?
5. How do you perceive the patient population served by your practice with regard to their acceptance, appreciation, responsiveness and support for your practice? Your needs?

Goals Issues

1. What are your personal and professional goals both short-term and long-term?
2. Do you feel that you can attain these goals within your present practice situation and within the community?

Provider Satisfaction Survey Samples

Michigan Center for Rural Health Physician Satisfaction Questionnaire

Physician Satisfaction Questionnaire

Please X the appropriate responses below:

Your practice is:

___ Mostly Primary Care ___ Mostly Specialty Care

The patients you care for are:

___Mostly adult ___Mostly children

If your practice is in specialty care, please X your service area below:

___ Burns ___ Cardiovascular ___ Children's ___ Digestive Disorders

___ Gynecology ___ Neonatology ___ Neurosciences ___ Obstetrics

___ Oncology ___ Orthopedics ___ Urology ___ Other medical

___ Other surgery ___ Other (please specify)
_____

Please X your level of agreement with the following statements:

How well is (hospital) communicating with you?	**Strongly Agree**	**Agree**	**Neither A/D**	**Disagree**	**Strongly Disagree**
Communication within the organization is open honest and direct.					
Management listens to, and appreciates, the thoughts, views and opinions of the medical staff.					
There is a high level of mutual respect between the medical staff and hospital employees.					
(Hospital) has developed and implemented an effective method to resolve medical staff concerns.					
How well is (Hospital) managing and improving its business?					

(Hospital) does a good job managing and measuring improvement.					
Hospital management exercises the appropriate balance between quality of care concerns and sound fiscal policy in their decision-making processes.					
I know the organizations plans for improvement and the medical staff's role in those plans.					
The organization recognizes and properly utilizes the medical staff in attempting to meet its plans, goals and objectives.					
How well is (Hospital) making it easier for you to practice?	**Strongly Agree**	**Agree**	**Neither A/D**	**Disagree**	**Strongly Disagree**
The attitude of customer service is pervasive in every (Hospital) Department.					
(Hospital) has the staff and technology to produce the quality of programs and services the community expects and needs.					
The hospital's clinical information system allows for timely and accurate reporting of meaningful medical information.					
Overall, how well is (Hospital) meeting our needs?					
I would recommend (Hospital to other physicians as a place to practice.					

Please answer the following:

Within your clinical specialty area, what specific clinical services does (Hospital) do best?

_____

_____

Within your clinical specialty area, where could (Hospital) most improve?

_____

_____

Outside your specialty area, in which three (3) specific clinical services does the Hospital deliver the highest quality care?

1. _____
2. _____
3. _____

For which services would you send a patient and/or family member away from (Hospital), and where would you send them?

_____
_____

Other comments/suggestions:

_____
_____

Demographics (optional):

Years in practice: Gender:

___ 1-10 ___ 10-20 ___20-30 ___ 30+ ___ Male ___Female

Thank you for your input! Please return your finished survey using the postage-paid envelope provided.

Sample clinician survey

Dear Colleague:
As part of our service to excellence and assessment, we are asking for your perceptions regarding our commitment to patient satisfaction, teamwork and other working conditions. Please complete this survey *within three working days*. Your responses will be kept strictly confidential. Thanks for helping us!

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE

	Strongly Agree			Strongly Disagree
PATIENT SATISFACTION:				
1. Patient satisfaction is a top priority at (name of clinic)	4	3	2	1
2. Most patients are pleased with our service	4	3	2	1
3. Patients judge us as much on service as on medical quality	4	3	2	1
4. Patient complaints are bound to happen in a busy medical practice but are, basically, nothing to worry about	4	3	2	1
5. Staff members have the authority to respond to and solve patient complaints	4	3	2	1
TEAMWORK AND COOPERATION				
6. There is good teamwork in our department	4	3	2	1
7. There is good teamwork between departments	4	3	2	1
8. Generally, I am cooperative with the people in my department	4	3	2	1
9. I usually praise employees for good performance	4	3	2	1
10. I treat employees with respect	4	3	2	1
11. I am usually calm and professional when under pressure	4	3	2	1
PERSONAL ASSESSMENT				
12. I give clear instructions to my employees	4	3	2	1
13. I usually praise employees for good performance	4	3	2	1
14. I welcome ideas from my employees	4	3	2	1
15. I do not play favorites	4	3	2	1
16. I am a good role model for customer service	4	3	2	1

WORKING CONDITIONS:	Strongly Agree			Strongly Disagree
17. My staff members are well-trained for their jobs	4	3	2	1
18. I feel proud when I tell people where I practice	4	3	2	1
19. I receive recognition for my efforts	4	3	2	1
20. I feel "burned out"	4	3	2	1
21. We get a lot accomplished at our meetings	4	3	2	1
22. I'm usually able to meet my patients' expectations for service	4	3	2	1

WOULD YOU CHANGE YOUR PRACTICE PATTERNS TO ACHIEVE:

23. Better medical outcomes	YES	NO
24. More productivity at your practice site	YES	NO
25. Increased patient satisfaction	YES	NO
26. Higher staff morale	YES	NO

27. I would refer a friend or family member to our practice for employment:

YES NO

If NO, please explain why: _____

_____

_____

_____

28. I would refer a friend or family member to our practice for medical care:

YES NO

If NO, please tell us why:_____

_____

_____

_____

Comments

_____

_____

_____

_____

_____

_____

_____

_____

Please return to:

_____

_____

_____

Thank you for your input and time!

Sample employee satisfaction survey

Your opinion of our organization is important. Please take a few minutes to complete the following survey and return to _____. An honest answer to each statement will help us do a better job of making this a better place to work. Your responses are confidential and will not have an impact on your employment. Survey results will be compiled and shared with all staff.

* * *

Job title: _____

Department: _____

Supervisor: _____

Please mark under the appropriate description:

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am satisfied with my job				
I am committed to the mission				
I have input into policies / procedures				
I am well informed of activities				
I would encourage others to work here				
I am satisfied with my salary				
I am satisfied with my benefits				
I am satisfied with my work hours				
There are opportunities for advancement				
My contribution is valued by my employer				
Patient care and satisfaction is a top priority				

Comments:

Thank you for your time.

Mountain States Group Physician Feedback Template

Rural Hospital Performance Improvement

PHYSICIAN FEEDBACK FORM

(hospital name)

We need your help! Your answers to the following questions are an important part of an organization review being completed for ___. Please take a few minutes to complete this assessment and return it in the enclosed postage paid envelope today. The information you provide will be completely anonymous.

		Excellent	Very Good	Good	Fair	Poor	Don't Know	Yes	No	If you selected "Fair" or "Poor," please tell us why:
1	Overall, how would you rate ___ as a place to practice medicine?	E	VG	G	F	P	DK	Y	N	
2	Overall, how would you rate the quality of care at ___?	E	VG	G	F	P	DK	Y	N	
3	Is there any service you would like ___ to offer you or your patients?	E	VG	G	F	P	DK	Y	N	
4	If you answered yes to #3, please tell us what service(s) you desire:									
5	Do you feel there is a need for additional physicians?	E	VG	G	F	P	DK	Y	N	
6	If you answered yes to #5, please tell us how many and what specialties you believe are needed.									
7	In terms of outpatient testing, how would you rate the ease of scheduling outpatient tests?	E	VG	G	F	P	DK	Y	N	
8	How would you rate the timeliness of receiving outpatient test results?	E	VG	G	F	P	DK	Y	N	
9	Overall, how would you rate the quality of nursing care at ___?	E	VG	G	F	P	DK	Y	N	
10	How would you rate the nursing staff's responsiveness to physicians?	E	VG	G	F	P	DK	Y	N	
11	How would you rate the critical thinking skills of the nursing staff?	E	VG	G	F	P	DK	Y	N	
12	How would you rate the appropriateness and timeliness of nursing staff communication with physicians?	E	VG	G	F	P	DK	Y	N	
13	How would you rate the nursing staff knowledge of patients' status and needs?	E	VG	G	F	P	DK	Y	N	
14	How would you rate the nursing staff's responsiveness to patient and family needs?	E	VG	G	F	P	DK	Y	N	
15	Overall, how would you rate the medical records department?	E	VG	G	F	P	DK	Y	N	
16	Do you perform inpatient or outpatient surgery at ___?	E	VG	G	F	P	DK	Y	N	
17	Overall, how would you rate the surgical services?	E	VG	G	F	P	DK	Y	N	
18	How would you rate the ease of scheduling surgery?	E	VG	G	F	P	DK	Y	N	
19	How would you rate the turnover time between surgical cases?	E	VG	G	F	P	DK	Y	N	

PHYSICIAN FEEDBACK FORM

(hospital name)

We need your help! Your answers to the following questions are an important part of an organization review being completed for ___. Please take a few minutes to complete this assessment and return it in the enclosed postage paid envelope today. The information you provide will be completely anonymous.

		Excellent	Very Good	Good	Fair	Poor	Don't Know	Yes	No	If you selected "Fair" or "Poor," please tell us why:
20	How would you rate the competency of the operating room staff?	E	VG	G	F	P	DK	Y	N	
21	How would you rate the anesthesia services?	E	VG	G	F	P	DK	Y	N	
22	How would you rate laboratory services provided?	E	VG	G	F	P	DK	Y	N	
23	How would you rate the cardio-pulmonary rehabilitation services provided?	E	VG	G	F	P	DK	Y	N	
24	How would you rate the physical therapy rehabilitation services	E	VG	G	F	P	DK	Y	N	
25	How would you rate pharmacy services provided?	E	VG	G	F	P	DK	Y	N	
26	How would you rate the advanced nursing care?	E	VG	G	F	P	DK	Y	N	
27	How would you rate the communication and feedback provided by the pathologists?	E	VG	G	F	P	DK	Y	N	
28	Overall, how would you rate the emergency department?	E	VG	G	F	P	DK	Y	N	
29	How would you rate the competency of the emergency department physician staff?	E	VG	G	F	P	DK	Y	N	
30	Overall, how would you rate the radiology department?	E	VG	G	F	P	DK	Y	N	
31	How would you rate the timeliness of the radiology reports?	E	VG	G	F	P	DK	Y	N	
32	How would you rate the interpretation and feedback provided by the radiologists?	E	VG	G	F	P	DK	Y	N	
33	Overall, how would you rate the discharge process?	E	VG	G	F	P	DK	Y	N	
34	How would you rate the availability of medical equipment you need to deliver care?	E	VG	G	F	P	DK	Y	N	
35	How would you rate the physical condition of ___s' buildings?	E	VG	G	F	P	DK	Y	N	
36	How would you rate the services offered to physicians, such as parking, the doctor's lounge, etc.?	E	VG	G	F	P	DK	Y	N	
37	How would you rate the strategic direction in which ___ is moving?	E	VG	G	F	P	DK	Y	N	
38	Overall, how would you rate the relationship between ___'s administration and the medical staff?	E	VG	G	F	P	DK	Y	N	

PHYSICIAN FEEDBACK FORM

(hospital name)

We need your help! Your answers to the following questions are an important part of an organization review being completed for ___. Please take a few minutes to complete this assessment and return it in the enclosed postage paid envelope today. The information you provide will be completely anonymous.

		Excellent	Very Good	Good	Fair	Poor	Don't Know	Yes	No	If you selected "Fair" or "Poor," please tell us why:
39	How would you rate the administration's responsiveness to the physicians' concerns?	E	VG	G	F	P	DK	Y	N	
40	Overall, how would you rate the credentialing process?	E	VG	G	F	P	DK	Y	N	
41	Overall, how would you rate the medical staff leadership adequately representing the views and needs of medical staff members such as yourself?	E	VG	G	F	P	DK	Y	N	
42	How would you rate the hospital's leadership's and staff's demonstration of the mission and core values of ___?	E	VG	G	F	P	DK	Y	N	
43	How would you rate ___'s efforts on meeting the health care needs of all patients regardless of their economic status?	E	VG	G	F	P	DK	Y	N	
44	How could the staff of ___ better meet the spiritual and holistic needs of your patients? (please describe below)	E	VG	G	F	P	DK	Y	N	
45	Recent Federal regulations offer incentive payments for use of Electronic Medical Records. Are you willing to assist the hospital in meeting the requirements to obtain such funding?	E	VG	G	F	P	DK	Y	N	

The following questions are for statistical use only. The information will not be used to attempt to identify individuals. This section is optional, but would help our analysis of the data.

How many years have you been on the ___ medical staff? _____

What is your age? <35 36-45 46-55 56-65 65+

What is your gender? M F

What is your specialty? _____

What is your Medical Staff status? Active Courtesy Emergency Other

IF YOU HAVE ANY OTHER COMMENTS YOU WOULD LIKE TO SHARE, PLEASE LIST BELOW OR ATTACH A SEPARATE PIECE OF PAPER:

_____

_____

Recognition Activity Samples

Marshfield Clinic Shining Star Program

Shining Star Program Honors Those Who Make a Difference

If you or a family member had a Marshfield Clinic caregiver or staff member who made a meaningful difference in your experience at the Clinic, we'd like to hear from you. Please consider recognizing him or her by making a gift in their honor through the Shining Star program.

A gift to Shining Star may be made in honor of a physician, nurse, medical assistant, receptionist, volunteer or anyone who has provided exceptional care.

"In addition to honoring those who've made an impact on their care, giving a gift through the Shining Star program is an opportunity for Clinic friends to support priority areas in patient care, education and research," said Teri Wilczek, chief development officer.

Unless otherwise designated, gifts to the Shining Star program support Marshfield Clinic's Area of Greatest Need Fund. These gifts are unrestricted and allow the Clinic to allocate the funds to its highest priority areas within patient care, research and education.

Eric Callaghan, M.D., Marshfield Clinic radiologist and a member of the Development Committee., said "philanthropic support from our patients and community is invaluable to furthering the mission of Marshfield Clinic. I sincerely appreciate the generosity of our patients and their families, whose contributions provide essential support for research, education, clinical programs and support for patients in need."

When a gift is made to the Shining Star program in honor of a staff member, the staff member is notified that a gift was made. He or she is presented with a specially designed lapel pin, which can be worn with pride.

Mentor Program Samples

Michigan Center for Rural Health Mentor Program Outline

Developing a Mentor Program

The Retention Study discovered that many rural Michigan physicians did not place a high value on the professional mentor. National studies have shown the value of including the mentor in a retention plan. It may be a valuable tool for a new physician just out of residency while a relocating veteran may find it unnecessary.

In general, the mentor is another provider who has experience in the organization to assist the new physician/provider in all aspects of beginning a successful and rewarding practice. Medical leadership and administration will choose the mentor. The mentor may have developed a positive relationship with the new staff member during the recruitment process or have an interest in helping to integrate new staff into the department.

During the first six months of employment, the mentor should informally, but regularly, meet every week for the first month with the new provider and then every 2-3 weeks thereafter.

The Professional Mentor - Activities

I. Introductions

- Support Staff in Department by Chair or Section Chief
- Lab/Pathology
- Radiology
- Surgical staff if appropriate
- Appropriate hospital units
    1. Health Unit Coordinator
    2. Nursing Staff
    3. Protocols
- Noon conference
- Others as appropriate
- Walk through the cafeteria
- Hey, where's the restroom?

II. Potential topics of discussion

- Medical equipment issues
- Referring physicians
- Relationships with other departments
- Office supplies & equipment

- Coding/ charge slips
- Dictation/Medical Records
- Understanding the service area
- Relationships with other departments/affiliated clinics and programs

III. Other Support

- Serve as a sounding board for concerns
- Assist with "New Kid on the Block" syndrome. (Recognize that new physicians may be hesitant to make suggestions or ask questions because they are new – even experienced physicians)

Social Mentor Program Activities

Resource Couple as mentor

The resource couple or resource individual is a non-medical volunteer who has the opportunity to assist new providers and/or families with integrations into the community. The couple or resource person can help the new provider/family meet others in the communities who have similar interests. Also, they can help locate services, activities and programs that will assist with adjustment and integration into our community. The couple will be selected by leadership and the moving date, start date, and phone number will be provided.

Not all relocating families will desire a mentor.

Responsibilities

- Social mentor should be introduced during pre-employment visit if possible.
- Contact new couple to welcome them to medical community and area within the first 1 – 2 weeks.
- Arrange a community outing within 2 – 5 weeks.

  (i.e. Dinner, Chamber of Commerce Dinner, Sporting Events, or small in home gathering)
- A second community outing in 6 – 8 months is encouraged.
- Offer to take physician/family to clinic or hospital sponsored activities and parties.

  (i.e. Annual picnic, holiday parties, fundraising events)

Other Retention Tools

Quad-states Partnership Sample Exit Interview Form

Sample exit interview form

Thank you for your service. We would like your input on your employment experience so that continued efforts are considered to provide an effective work environment. Please be as honest as possible. Responses will be kept confidential.

Exit Interview date: _____ Job title: _____

Employee name: _____ Employment start date: _____

Employment end date: _____ Supervisor: _____

Organization: _____ Site (if different): _____

What are your reasons for leaving?

What did you like best about the center?

Rate the center and your supervisor; please discuss strengths, weaknesses.

What could be done to improve your work experience?

Please rate the following (1= Excellent, 2= Good, 3= Fair, 4= Poor):

Salary	_____	Advancement opportunities	_____
Benefits	_____	Physical working conditions	_____
Co-workers	_____	Recognition - appreciation	_____
Training	_____	Support	_____

Additional comments:

Thank you for your time in completing this form!

Michigan Center for Rural Health Physician Exit Interview

Physician Exit Interview Questionnaire

Name (optional): _____ **Workplace (optional):** _____

The information obtained from this questionnaire will be used to find ways to improve the quality of working conditions for our medical practices. Your input is greatly desired and appreciated and will be treated confidentially. Please return this survey in the attached envelope or fax it to_____. If you would like to be contacted and given an opportunity to discuss the results please provide your contact information on the next page.

1. What are your primary reasons for leaving (indicate all that apply: put "1" next to the primary reason. Refer to the attached codes and circle the appropriate ones):

_____ Taking another position. If so, why? _____

_____ Leaving the area. If so, why? _____

_____ Domestic (child rearing) responsibilities. Please explain _____

_____ Spousal needs. Please specify _____

_____ Retirement. Would you be willing to work on call? _____

_____ Community Issues. Please explain: _____

_____ Quality of the practice/group/system. Please explain _____

_____ Financial pressures. Please explain _____

_____ Other. Please specify

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
2. Consider all aspects of your job and rate your experience on a scale of 1 to 4, with 4 being the highest	1	2	3	4
3. Your job gave you a real sense of accomplishment	1	2	3	4
4. Your physician colleagues worked as a team	1	2	3	4
5. Your office support staff met your needs	1	2	3	4
6. You had a chance for continuing education (sufficient time and funds)	1	2	3	4
7. You felt you were paid fairly for the work you performed	1	2	3	4
8. The workload was acceptable	1	2	3	4
9. The physician leadership seemed to respect your care center and the work you did	1	2	3	4
10. When decisions which affected you were made, your medical director asked for suggestions	1	2	3	4
11. You were treated fairly by the group and leadership	1	2	3	4
12. You received adequate orientation and training for your workplace	1	2	3	4
13. Your total benefits package met your needs	1	2	3	4
14. Overall, you liked working with your colleagues	1	2	3	4

and staff				
15. Being in a practice affiliated with _____ hospital was favorable	1	2	3	4
16. Referrals and care within the _____ hospital were satisfactory for you and your patients	1	2	3	4
17. The quality of physicians and partners in your care center met your expectations	1	2	3.	4
18. The community met your cultural and recreational needs	1	2	3	4
19. The schools for your children met your needs	1	2	3	4
20. Your spouse/significant other was made to feel welcome in the community	1	2	3	4
21. Your spouse/significant other (if pursuing employment) found a job easily	1	2	3	4
22. The organization support you in meeting your professional goals	1	2	3	4
23. The workplace offered you adequate equipment and supplies	1	2	3	4
24. You would recommend _____ hospital as a place to work	1	2	3	4

If you respond "1" or "2" to any of the above, please explain or provide comments.

Contact Information (0ptional):

Name:
Telephone:
E-mail:

Thank you for your time!

Exit interviews should be conducted by an assigned administrator with all physicians who voluntarily leave the organization. If information revealed in these sessions indicates a pattern of some kind, the administrator can share it with physician services if that information can be used to improve the Physician Retention Plan.

Retention Bonus Samples

Michigan Center for Rural Health Promissory Note

PROMISSORY NOTE

$Dollar Amount ***Current Date***

City, State

FOR VALUE RECEIVED, **Physician Name** ("Physician") promises to pay to the order of **Organization Name** ("Payee"), the principal amount of **$Dollar Amount**, together with interest on the unpaid principal balance at a rate per annum of **Percentage** (percentage)% (Bank prime rate plus 1%). All principal and accrued interest on this Note shall be paid as provided below, subject to the forgiveness provisions set forth below.

Prepayments. Physician may prepay all or part of the principal of this Note at any time without penalty.

Payment and Forgiveness. This note is executed simultaneously with an employment agreement ("Employment Agreement") between Physician and Payee. Physician and Payee agree that for four years following the commencement of Physician's employment under the Employment Agreement, except if the employment is terminated pursuant to Section 6© of the Employment Agreement, on each anniversary date of the Commencement Date, Payee shall forgive 25% (i.e., one quarter) of the initial principal balance and accrued interest forgiven is considered taxable income for the year in which it is forgiven. This income will be included in Physician's year end W2 statement. On the fourth anniversary of the Commencement Date, if Physician has not continuously remained employed full-time under the Employment Agreement, all principal and accrued interest under this note that have not been forgiven shall be paid in full.

Acceleration. If (i) Physician ceases to be employed full-time under the Employment Agreement, (ii) becomes insolvent, or makes an assignment for the benefit of creditors, or (iii) a voluntary or involuntary case in bankruptcy, receivership, or insolvency is instituted by or against Physician, all indebtedness then owing by Physician to Payee under this Note shall, at the option of the Payee, become due and payable in 60 days without notice or demand.

Remedies. Payee shall have all rights and remedies provided by law and by agreement of Physician.

Waivers. No delay by Payee in the exercise of any right or remedy shall operate as a waiver thereof. No single or partial exercise by Payee of any right or remedy shall preclude any other or future exercise thereof or the exercise of any other right or remedy. No waiver by Payee of any default or of any provision hereof shall be effective unless in writing and signed by Payee. No waiver or any right or

remedy on one occasion shall be a waiver of that right or remedy on any future occasion. Physician waives demand for payment, presentation, notice of dishonor, and protest of this Note.

IN WITNESS WHEREOF, this Promissory Note has been executed as of the date first written above.

_____

Physician Date