

Recruitment Retention & review tool

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I. RECRUITMENT AND RETENTION REVIEW TOOL: GOALS

GOAL 1: HEALTH CENTER WILL PLAN FOR RECRUITMENT AND RETENTION IN ORDER TO RESPOND TO CHANGES IN CLINICAL STAFFING NEEDS.

- a. Indicator: There is a written recruitment and retention plan that guides the board and management.
- b. Indicator: The organization recognizes the importance of developing a positive clinical work environment as part of its recruitment and retention plan.
- c. Indicator: There is a written, board-approved, benefits package that appropriately responds to the marketplace.
- d. Indicator: Collaborations exist which ensure the effective recruitment and retention of essential clinical staff.

GOAL 2: HEALTH CENTER WILL PLAN FOR RECRUITMENT AND RETENTION COST IN ORDER TO MAINTAIN APPROPRIATE CLINICAL STAFFING RATES.

- a. Indicator: Recruitment and retention needs are addressed in the organization's budget and financial planning.
- b. Indicator: The organization has a plan for "retention rewards" for clinical staff who remain with the clinic for over 4 years and every two years after.

GOAL 3: THE HEALTH CENTER HAS A QUALITY IMPROVEMENT SYSTEM THAT ADDRESSES CLINICAL SERVICES.

- a. Indicator: The center has a written quality improvement plan, which establishes a quality management team that includes clinical staff.
- b. Indicator: Systems exist to assess and document performance and reward clinical excellence.
- c. Indicator: The health center ensures access to continuing professional education that maintains licensure of its provider staff and is appropriate to the needs of the health center, its staff and the community served.
- d. Indicator: The health center is able to recruit and retain qualified clinical staff.

II. PURPOSE

The Health Center Recruitment and Retention Review Tool is designed to support on-going recruitment and retention of qualified clinical staff at health centers.

The primary purpose of the Recruitment and Retention Review Tool is to assess health center readiness to recruit and retain high quality clinical staff and to identify areas requiring improvement. The Recruitment and Retention Review Tool has different sections that can be used for various purposes:

- Self-assessment by the health center of readiness.
- Guidelines for health centers in development, improvement or modification of a recruitment and retention plan.
- Technical assistance by recruitment and retention consultant.



III. OVERVIEW OF THE RECRUITMENT AND RETENTION REVIEW TOOL PROCESS

a. Recommended frequency for conducting the Recruitment and Retention Review

An in-depth evaluation of the health center's strategic plan for recruitment and retention is recommended approximately every 3-5 years. The Recruitment and Retention Review Tool can be used to evaluate and update the recruitment and retention process in place in the health center. The process of recruitment and retention requires on-going attention from health center management and staff.

b. Conducting a Recruitment and Retention Review

The Recruitment and Retention Review can be conducted by the health center without external involvement or with the assistance of a consultant. If an on-site technical assistance Recruitment and Retention Review Tool is scheduled, the review will begin with an entrance conference. This conference should include health center management and clinical staff. The conference allows the purpose of the Recruitment and Retention Review to be articulated for everyone present, provides an historical review of recruitment and retention efforts of the health center for the technical assistance team, and highlights any issues the team should understand in conducting the review.

The technical assistance team will interview various staff members, review pertinent documents and observe health center operations. The visit concludes with an exit conference, attended to the extent possible by the same people who were at the entrance conference. The exit conference provides the opportunity for the presentation of technical assistance findings and allows for recommendations and follow-up activities to be discussed.

IV. DOCUMENTS SUPPORTING RECRUITMENT AND RETENTION REVIEW TOOL

Review of these documents prior to the visit (if available) can assist the technical assistance:

- Needs Assessment
- Strategic Plan
- Most recent Grant Proposal
- Three year UDS trend report or other clinical measures reporting data
- Recruitment and Retention Plan
- Quality Improvement/Management Plan
- Clinician satisfaction survey and results
- Patient satisfaction surveys and results
- Sample provider contract
- Provider productivity reports
- Clinicians' salary ranges, benefits package



V. RECRUITMENT AND RETENTION REVIEW TOOL

A. Health Center Self-Assessment

<u>Directions</u>: The following brief questionnaire serves as a quick self-assessment for health center leadership to determine readiness for effective recruitment and retention of clinical staff. Answer the questions honestly and score each response according to the number of points in parentheses.

I.	Is recruitment and re	etention of high quality clinical staff a health center priority?
	Yes □ (10)	No 🗆 (0)
2.	Is regular attention g	given to retention and recruitment of all clinical staff positions in the health
	Yes □ (10)	No □ (0)
3.	Does the center add	ress issues of succession of top clinical management staff?
	Yes □ (5)	No 🗆 (0)
4.	-	omparability surveys conducted periodically to determine the going rates tions nationally and in the local area?
	Yes □ (5)	No 🗆 (0)
5.	Does your health cer Yes (10)	nter have a fully integrated Electronic Health Record? No \square (0)
6.	Has your health cent	ter been recognized as a "Patient Centered Medical Home"? No \square (0)
7.	Does the center have	e a written recruitment and retention plan?
	Yes □(10)	No (0)
8.	Is the plan reviewed Yes \Box (5)	annually by senior management staff and the board of directors? No $\ \square\ (0)$
9.	Does the health cent Yes ☐ (10)	ter's budget include the cost of recruitment and retention of clinical staff? No \square (0)
10.	Does your center tra	ack the turnover rate of clinical staff?
	Yes □ (5)	No 🗆 (0)
11.	•	nter's compensation schedule enable it to retain qualified clinical staff by the uses and other incentives and rewards?
	Yes □ (10)	No 🗆 (0)
12.	Does the center follo	ow a formal orientation schedule for new providers?
	Yes □ (5)	No 🗆 (0)



13.		ns done for all clinical staff where quality/patient satisfaction surveys/re discussed and incentives/bonuses offered for retention? No \Box (0)
14.	Is there clinical staff Yes \Box (10)	representation at the senior management and board levels? No $\Box(0)$
15.	Is there clinical staff Yes \Box (10)	representation on the quality management committee? No \square (0)
16.	Are there regular (at Yes \Box (10)	least monthly) meetings of your clinical staff? No \square (0)
17.	Does the organization Yes \square (5)	on perform staff satisfaction surveys? No \square (0)

TOTAL SCORE: _____

If you scored 110-140: Congratulations—your health center is a model!

If you scored 75-105: The Recruitment and Retention Review Tool will provide you with guidance for refining your recruitment and retention plans.

If you scored less than 75: Call for technical assistance!

B. Recruitment and Retention Review Guide

GOAL 1: HEALTH CENTER WILL PLAN FOR RECRUITMENT AND RETENTION IN ORDER TO RESPOND TO CHANGES IN CLINICAL STAFFING NEEDS.

a. Indicator: There is a written recruitment and retention plan that guides the board and

	management.					
I.	Has the organization put a recruitment and retention plan (RRP) into writing?					
	Yes No Comments:					
2.	How many years have been planned?					
	Years Comments:					
3.	Is there a realistic timeline for recruitment activities (for a July 1 start date, interviewing is conducted in Aug/Sept and hiring in Dec/Jan.)?					
	Yes No Comments:					
4.	Which staff members provide input into recruitment and retention plans?					
	Comments:					
5.	Is provider mix addressed in planning for recruitment and retention?					
	Yes □ No □					
	If yes, which categories?					
	☐ Discipline					
	☐ Gender					
	☐ Ethnicity					
	 Specialty and interdisciplinary areas of expertise 					
	☐ Experience/age					
	☐ Values and beliefs					
	Comments:					
6.	Have recruitment and retention resources been identified, such as:					
	 Affiliations with training programs 					
	□ Volunteer program					
	 Qualify for NHSC or State Loan Repayment Program 					
	☐ Job Banks/Website resources					
	☐ Head Hunters					
	Comments:					
7.	Are other clinical staff generally aware of the organization's plans for recruitment and retention					
	Yes No Comments:					
8.	Does the organization utilize support activities for recruitment, including:					
	Helping the "significant other" with job placement and introduction to community resources, social and business contacts, schools etc?					
	Comprehensive orientation at the time of interview (to center, hospital, community, and other providers)?					



	omments				
that m	rocess used to review to hight impact the health in, natural disasters etc.) \square No \square Communication communication is \square	center (e.g., pop)?	oulation shifts, econo	mic downturn/up-swi	
	plan reviewed annually				
Yes	□ No □ Comm	ients:			
	often and by whom is to propriately implement	•	d to assure that recr	uitment and retention	activit
		quarterly	semi-annually	not reviewed	
	CEO				
	CFO				
	Clinical Leadership				
	Finance Committee				
	Board				
Comr	ments:				
If char	nge is required how is t	he plan revised?			
	ator. The organization	on recognizes tl	• •	eveloping a positive olan.	clinica
	environment as part	of its recruitm	ent and retention p		
<i>work</i> Does	•		•	ownership of the prac	ctice, su
<i>work</i> Does	environment as part	ide mechanisms	for clinicians to feel	ownership of the prac	ctice, su
<i>work</i> Does	environment as part the health center provi	ide mechanisms her own patient the opportunity	for clinicians to feel of panel?	e in the organization	decisio
work	environment as part the health center provi Each clinician has his/ Each clinician is given	ide mechanisms her own patient the opportunity QI committee; s iician into the loo	for clinicians to feel of panel? to play an active rolutrategic planning con	e in the organization on the intree; HIT committee	decisioı :ee etc)



۷.	of communication, such as:
	Communication between clinicians and staff?
	Communication among clinicians? Are there regular clinician meetings?
	☐ Communication between clinicians and administration?
	☐ Communication between clinicians and board of directors?
3.	Is there clinical representation at the senior management and board levels?
	Yes
4.	Does the organization provide scheduled performance reviews with consistent, official feedback?
	Yes
5.	Does the organization address clinician input concerning hiring/firing of providers?
	Yes □ No □ Comments:
6.	Does the plan address teaching and research in the clinical setting?
	Yes
7.	Does the plan address assessment of provider satisfaction?
	Yes No Comments:
8.	Does the plan address retention bonuses (salary, vacation, sabbatical, time off without pay)
	Yes No Comments:
9.	Does the organization have a standard orientation for all new clinical staff that includes:
	Mentoring/shadowing a senior clinician?
	Yes No Comments:
	Training with HIT staff on EHR?
	Yes No Comments:
	Orientation to all departments? (Lab; Pharmacy; Radiology; Dental; BH etc)?
	Yes No Comments:
	Orientation to philosophy of organization?
	Yes No Comments:
	Orientation to patient demographics and the community cultural aspects?
	Yes No Comments:
	Orientation to community resources?
	Yes No Comments:
	Orientation to financial status of organization and productivity expectations?
	Yes No Comments:
	Orientation to scheduling and access during and after hours for patients?
	Yes No Comments:
	Orientation to QA/QI program and projects?
	Yes □ No □ Comments:



c.	Indicator: There is a written, board-approved, benefits package that appropriately responds to the marketplace.
I.	Does a written benefits package exist?
	Yes No Comments:
2.	Has the benefits plan been approved by the board?
	Yes No Comments:
3.	Does the package include:
	□ Salary
	☐ Health insurance (dental/vision)
	☐ Continuing education (days/expenses)
	☐ Paid time off (vacation/sick/holidays/personal days)
	☐ Retirement Program
	☐ Life insurance
	☐ Disability insurance
	☐ Malpractice/FTCA
	☐ Work hours/productivity expectations
	 Dues for organizations/subscription to professional journals
	 Incentive packages (based on productivity, patient satisfaction, years of loyalty to organization, other performance criteria)
	☐ Relocation expenses
	☐ Signing bonus
	☐ Retention bonus
	☐ Cafeteria plan of benefits (child care/discounts on health care at center/dental/eye)
	☐ Laptop for home access to EHR
	☐ Cell phone
	☐ Travel expenses if working in multiple sites
	☐ Performance-based pay increases or promotions
	Comments:
4.	Are compensation comparability surveys conducted periodically to determine the going rates for comparable positions nationally, in the local area, or both?
	Yes No Comments:
d.	Indicator: Collaborations exist which ensure the effective recruitment and retention of essential clinical staff.
l.	Does the health center have formal or informal collaborations and affiliations that support recruitment and retention goals (universities, community service organizations, research institutes, medical societies, etc.)?
	Yes No Comments:



۷.	etc.?	ing in local/state/regional coordinating committees, task forces, boards,
	Yes □ No □ C	omments:
3.	Does the clinical staff ha	ave faculty appointments?
	Yes □ No □ C	omments:
	_	ILL PLAN FOR RECRUITMENT AND RETENTION COSTS IN ORDER TO INICAL STAFFING RATES.
a.	Indicator: Recruitmen and financial planning	nt and retention needs are addressed in the organization's budget g.
I.	•	e professional development and licensure costs?
		omments:
2.	ū	e the cost of providing adequate support staff for providers? omments:
3.		budget support the recruitment and retention plan with financial
	Recruitment actiSalaries/benefits	vities
	Comments:	
4.		s compensation schedule enable it to recruit and retain qualified clinical
	Yes □ No □ C	omments:
b.	Indicator: The organiz	zation has a plan for "retention rewards" for longevity of clinical
I.	Does the health center's	s compensation schedule provide for retention bonuses or raises?
		omments:
	L 3: THE HEALTH CENTE ICAL SERVICES.	ER HAS A QUALITY IMPROVEMENT SYSTEM THAT ADDRESSES
a.		has a written quality improvement plan, which establishes a quality at includes clinical staff.
١.	Is there a written quality	y management plan that is reviewed and revised yearly?
	Yes □ No □ C	omments:
2.		a quality management committee?
	Yes □ No □ C	omments:
3.		represented on the quality management team?
	Yes □ No □ C	omments:



4 .	Are evidence-based clinical performance measures monitored and analyzed?
	Yes No Comments:
5.	Are clinical quality measure outcomes presented to the clinical staff on a routine basis (at least quarterly)?
	Yes □ No □ Comments:
6.	Are the results of clinical quality outcomes analyzed by the clinical staff and do the clinical staff have the opportunity to suggest improvement strategies?
	Yes No Comments:
7.	Has the organization obtained recognition as a Patient Centered Medical Home?
	Yes No Comments:
8.	Has the organization applied for incentive funding for Meaningful Use of Electronic Health Records from Medicare or Medicaid?
	Yes No Comments:
9.	Have the clinical staff adopted a true "team approach" to delivery of primary health care as described in a Patient Centered Medical Home?
	Yes No Comments:
10.	Have "standing orders" been instituted to allow nursing and other clinical support staff to actively participate as part of the clinical team approach to clinical care?
	Yes No Comments:
b.	Yes No Comments: Indicator: Systems exist to assess and document performance and reward clinical excellence.
<i>b.</i>	Indicator: Systems exist to assess and document performance and reward clinical
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	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys
	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review
	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits
	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services
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	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services Quality of clinical care Provider productivity Leadership activities
	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services Quality of clinical care Provider productivity Leadership activities Community involvement Teamwork/attitude
	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services Quality of clinical care Provider productivity Leadership activities Community involvement Teamwork/attitude Comments:
1.	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services Quality of clinical care Provider productivity Leadership activities Community involvement Teamwork/attitude Comments:
1.	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services Quality of clinical care Provider productivity Leadership activities Community involvement Teamwork/attitude Comments: Are industry benchmarks used to compare clinical productivity and excellence?
1.	Indicator: Systems exist to assess and document performance and reward clinical excellence. Are there processes in place to monitor and measure clinician performance and excellence in clinical services, such as: Patient satisfaction surveys Peer Review Medical Record audits Patient access to clinical services Quality of clinical care Provider productivity Leadership activities Community involvement Teamwork/attitude Comments: Are industry benchmarks used to compare clinical productivity and excellence? Yes No Comments:



C.	Indicator: The health center ensures access to continuing professional education that maintains licensure of its provider staff and is appropriate to the needs of the health center, its staff and the community served.
I.	Does the center provide adequate leave and funding for continuing professional education for providers and other clinical support and supervisory staff?
	Yes No Comments:
2.	Do members of the clinical staff have electronic access to clinical journals, medical literature, emerging new protocols, etc., during day and evening hours?
	Yes No Comments:
3.	Are there computer terminals/laptops dedicated for clinicians' use?
	Yes No Comments:
4.	Do members of the clinical staff have ongoing training on the EHR and ability to suggest areas for improvement to allow for more efficient and "patient friendly" modifications?
	Yes No Comments:
5.	Does the center allow time and space at the health center for the medical, nursing, and other staff to access webcasts and other internet learning methods as a means of assisting staff in their continuing education?
	Yes □ No □ Comments:
6.	Has the center made efforts to expose its staff to training in cultural sensitivity and competence
	Yes □ No □ Comments:
d.	Indicator: The health center is able to recruit and retain qualified clinical staff.
I.	Is recruitment and retention of high quality clinical staff a health center priority?
	Yes No Comments:
2.	Does the center address issues of succession of top clinical management staff?
	Yes No Comments:
3.	Does the health center track and analyze the turnover rates for clinical and non-clinical staff?
	Yes No Comments:

C. Individual Clinician Retention Interview

General Overview

l.	What were the major factors that contributed to your decision to work at the health center?
2.	What are the major factors that will cause you to continue working in your current position?
3.	What would be the major factors that would cause you to leave your current position?
4.	Is recruitment and retention of high quality clinical staff a health center priority? Yes No Comments:
Recru	uitment:
I.	Were you recruited through any of the following resources: Affiliations with academic training programs Volunteer programs NHSC Scholar or loan repayment State loan repayment programs Job banks/website resources Head hunters Internship/rotation at the health center Comments:
2.	Was there a formal orientation to the clinic and community when you were interviewed by the organization (meetings with other providers/visit to hospital/tour of all clinic sites etc.) Yes No Comments:
3.	Was there a formal orientation process when you began working with the organization? Yes No Comments:
4.	Was help offered for your significant other for job placement and introduction to community resources?
5.	Yes \(\subseteq \text{No} \subseteq \text{N/A}_\) Have you been involved in interviewing or recruiting other clinicians? Yes \(\subseteq \text{No} \subseteq \text{Comments:} \)
Work	Environment:
l.	Do you feel that you have input in planning for recruitment and retention of clinicians? Yes No Comments:

2.	Yes No Comments:
3.	Does the organization provide mechanisms for clinicians to feel ownership of the practice, such
	as:
	Each clinician having his/her own patient panel
	Assisting the clinician with integration into the local community
	☐ Flexible practice opportunities
	Comments:
4.	Are you able to participate as desired in:
	☐ Teaching and research activities
	 Local/state/regional committees, task forces, boards, etc.
5.	Do you feel the organization provides for clinicians' ability to have decision-making power?
	Yes No Comments:
6.	Are there mechanisms for critical communication channels:
•	Between clinicians and other staff?
	Among clinicians? Are there regularly scheduled clinician meetings?
	Between clinicians and administration?
	☐ Between clinicians and board?
	Comments:
7.	Do you feel that clinicians are well represented at the senior management and board level?
	Yes No Comments:
8.	Do you feel that the organization cares about your job satisfaction?
0.	Yes □ No □ Comments:
Benef	
I.	Does your benefit package include:
	□ Salary
	Health insurance (dental/vision)
	Continuing education allowance (days/expenses)
	Paid time off (vacation/sick/holidays/personal)
	Retirement program
	☐ Life insurance
	☐ Disability insurance
	☐ Malpractice/FTCA
	☐ Work hours/productivity expectations ☐ Dues for organizations/subscription to professional journals
	Dues for organizations/subscription to professional journals Incentive packages (based on productivity patient satisfaction, other performance criteria)
	Incentive packages (based on productivity, patient satisfaction, other performance criteria)Relocation expenses
	☐ Signing bonus
	— Olgania Donas



	Careteria pian of benefits (child care/discounts on health care at center/dental/eye)
	☐ Cell phone/laptop
	☐ Travel expenses if working at multiple sites
	☐ Performance-based pay increases or promotions
	Comments:
2.	Are your salary and benefits consistent with comparable positions nationally or in the local area?
	Yes No Comments:
Conti	nuing Education:
١.	Does the center provide adequate leave and funding for continuing education activities?
	Yes No Comments:
2.	Do you and other clinical staff have access to:
	☐ Electronic clinical journals, medical literature, emerging new protocols, etc.
	☐ Computer terminals/laptops dedicated for clinicians' use
	☐ Center subscriptions to professional journals
	☐ AIDS Education and Training Centers services
	☐ Cultural competence training
Quali	ity Management:
I.	Are you involved in quality management activities within the health center?
	Yes No Comments:
2.	Are clinicians well represented on the quality management team?
	Yes 🗆 No 🗆 Comments:
3.	Are clinicians kept up to date on the quality indicators that are being addressed at your health center?
	Yes □ No □ Comments:

