

Clinician Retention Tool Methodology Development of Retention Matrix

Many retention plans call for things like a welcome basket when the new physician arrives, orientation and a good onboarding experience, assigning a mentor. We agree that those are all necessary retention strategies, but we also thought we needed to develop a more measurable way of determining if a physician is likely to stay in our community or leave. That was the basis for developing this tool.

This exercise consists of two parts –

- Clinician Retention Tool
- Retention Matrix

The Clinician Retention Tool is designed to help clinic and hospital administration learn what is important to them and to their clinical staff in retaining physicians. It's not meant to be scientific, and it is not meant to be used as a performance review, but rather as a tool to help physicians be successful in your community. The data gathered from the tool is used to create the Retention Matrix.

The Retention Matrix is a compilation of the medical staff's opinions of each category listed on the matrix. Opinions are gathered during one-on-one interviews with clinical staff to judge their satisfaction with categories you feel are important to retaining physicians. The results of those opinions help you identify which physicians you're in jeopardy of losing, design strategies to address concerns, determine if there are trends you could address to help with retention, and to help you learn what your strengths are so you can better recruit the right people.

We recommend that administrators talk to staff before starting this exercise to explain the process and the reasoning behind it. It should be clear to staff that development of the Retention Matrix is only a tool to help them succeed. Their answers and comments will be confidential and are not meant to be shared with other staff – we usually show the results only to the administrator and medical director or medical executive committee.

For our purposes in our community, the completed matrix with physician comments was shared only with the CEO. We created a "blinded copy" that removed any obviously identifiable answers and shared that blind copy with the medical executive committee.

We suggest assigning one person to administer the tool, to create the matrix and then to do the subsequent interviews with clinical staff to fill in the matrix. It's best to assign a neutral party to this job, someone who has good rapport with your physicians and someone they trust. Sometimes, human resources may not be the best fit for this, simply because of the perceived connection to performance reviews.

We believe the success of this exercise requires solid commitment from administration. Follow-through throughout the year is a key element.

How to fill out the Clinician Retention Tool:

The Clinician Retention Tool is filled out by administrators and one or two key clinical staff members.

The Retention Tool consists of categories that are common strengths and weaknesses to many communities and many facilities. You may certainly add additional categories that you feel are unique to your community or facility.

Each participant determines if each category is strength or a weakness to their facility and/or their community. A numeric value is assigned to each category and placed in the appropriate column.

0 = no concern, not a factor in being either a strength or weakness

5 = highest concern as a weakness or the highest strength

Weighting the answers:

1. Disregard any answers that are 1, 2 or 3. You will weight only answers that are 4 and 5.
2. After discounting the 1,2,3 answers, determine the average of the remaining 4 and 5 answers for each category. Then, assign an additional 1 point for each 4 and 5 answer in each category to arrive at a final numeric score.
3. For instance: An administrator, the medical director and one other physician in a leadership role filled out the following Clinician Retention Tool. They assigned the following numeric values to each category based on their perception of the community and the facility/practice.

	Strength	Weakness
Location		
Close to a large community/urban center	4, 3 ,4,4 (4 is the average + 3 additional points for each 4 = 7)	
Community/patient demographics	4, 3 ,5 (4.5 + 2 = 6.5)	3
Social networking	4, 3 (4 + 1 = 5)	2 ,4 (4 + 1 = 5)
Recreational opportunities	5,5, 3 (5 + 2 = 7)	4 (4 + 1 = 5)

These scores show that “Recreational opportunities” with a high score of 7 is a major strength. The next high score is “Close to a large community/urban center,” also with a total score of 7, a strength. Both of these categories would be included in the matrix.

Most likely, you’ll see quite a bit of agreement between participants in their assessment of each category. If you see wide variance in answers, that may indicate a problem at the leadership level that needs to be addressed.

You may end up with all strengths, all weaknesses or a mix of the two for each section (Location; Practice Characteristics; Medical Community Support; Hospital, Clinic and Community Support; Future Opportunities; and Mental Health, if you want to include that aspect). Try to limit your matrix choices to the two highest scoring categories from each section to create a matrix of 10 – 12 retention factors.

Please see the sample Retention Matrix for an example.

Most often, “Spousal or Family Satisfaction” should be included in a Retention Matrix because it is a huge determinant in physician retention. We recommend always including it regardless of other retention factors that are identified.

Retention Matrix

1. Once you have compiled the answers from the Clinician Retention Tool and created a Retention Matrix, schedule one-on-one interviews with each clinical staff member. The interviews take about 15-20 minutes.
2. We recommend that the person administering the interviews write down the clinician’s answers at the time of the interview. Simply have a conversation. If “Recreational Opportunities” is a retention factor on your matrix, ask the physician you’re interviewing if he/she and their family have found out about the opportunities they’re interested in. Find out what those opportunities are (hiking, fly fishing, marathons) and note them in your answers because that will help you tailor your retention strategy later on.
3. After the interview, note any observations you picked up on. This is meant to be subjective, also. There may be something in the clinician’s mannerisms that give you a clue as to how they feel about an issue.
4. Enter any comments and/or observations into the matrix. Assign a numeric value of 0 - 10 to each retention factor based on the clinician’s comments and your intuition.
 - a. 0 = no concern
 - b. 10 = fully satisfied or fully dissatisfied
5. Assign a color code to each retention factor, also.
6. See sample matrix for example and matrix key.

From the finished matrix, you should be able to easily identify issues. Those areas that appear in red need your immediate attention.

You should also be able to create strategies to retain each physician based on these answers. Your retention plan may be personalized per physician and it may contain general strategies for the entire staff. You can make it as detailed as you want and as you have the capacity to administer.

For instance, if one of your physicians loves to participate in running events, it’s very easy to send that physician an email every time you know of an event in your community. We recommend including all the information needed to enter that event in the email.

We typically use this kind of format:

What: Prineville Hotshot Memorial Run

10K run, 5K walk

When: Sat., June 8 – 10 a.m. start

Who: Adults and children

Where: Ochoco Creek Park

How: Register by calling 541-555-0000 or online at hotshotrun.com

Why: Fundraiser to maintain the Hotshot Memorial in Ochoco Creek Park

If the issues are weaknesses, be sure to address those concerns with the physician. Even if you can't "fix" the concern, at the very least let the physician know you're aware of it and explain why it can't be fixed.

Again, we believe one of the most valuable outcomes of this exercise is to create open dialogue and communication as that is a key element to any retention plan.

If you have any questions, please contact Rimrock Health Alliance at 541-2133-0706 or email us at svail@rimrockha.org or cpapke@rimrockha.org.

Thank you, and good luck with your retention plan!