

On Board with Onboarding: Planning for Success

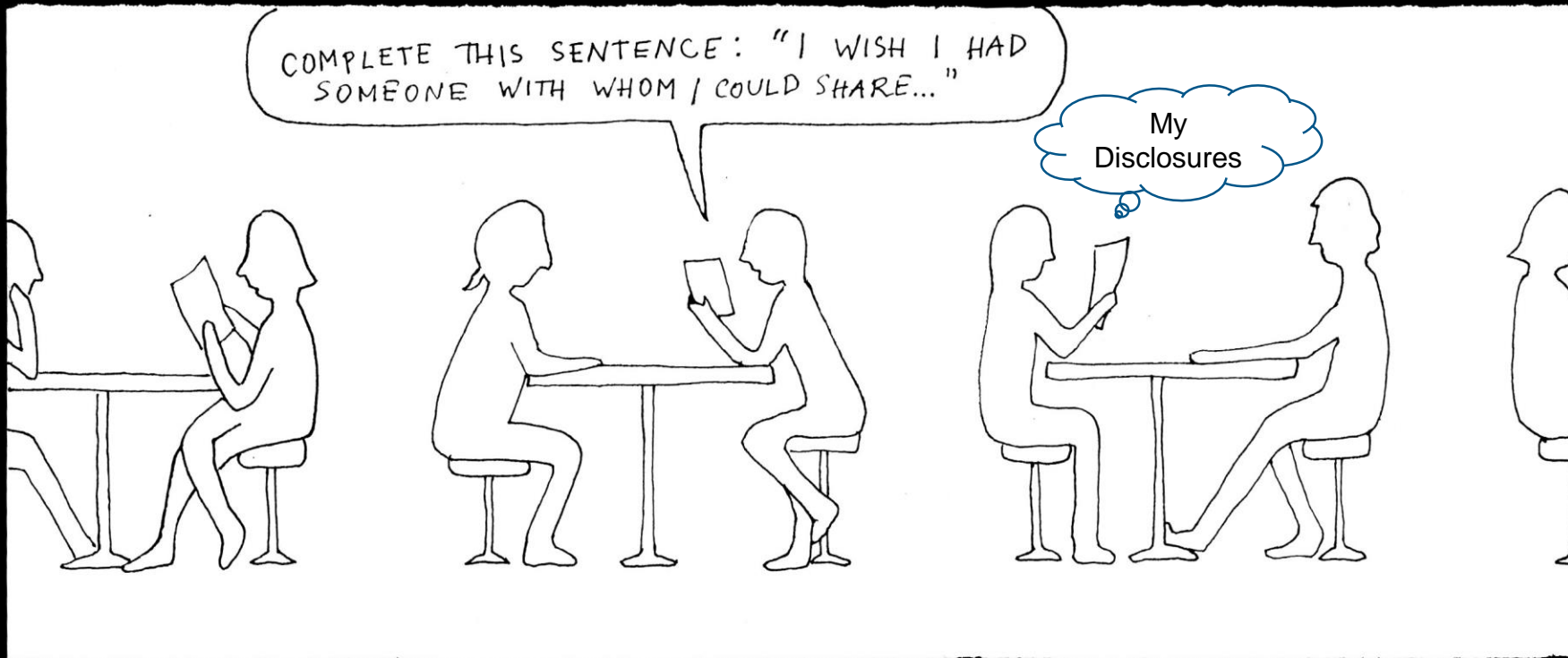
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Cleveland Clinic





I HAVE NO DISCLOSURES TO SHARE!

The Average Hospital Turnover Rate including that of PAs & APRNs Compared to MDs is?

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According to Harvard Business what percentage of companies have no formal onboarding program?

a. 22 %

b. 33 %

c. 44%

d. 55 %



According to Dr. Talya Bauer the 4 C's of Successful Onboarding Are?

- a. Compliance, Connections, Clarity and Comfort**
- b. Compliance, Culture, Connections and Clarification**
- c. Connections, Clarification, Compliance and Critique**
- d. Clarity, Critique, Comfort and Culture**



OBJECTIVES

- Discuss maximizing PA/APRN onboarding to practice.
- Identify current challenges and opportunities of onboarding.
- Recognize ways to develop, support and empower PA/APRN in your infrastructure.



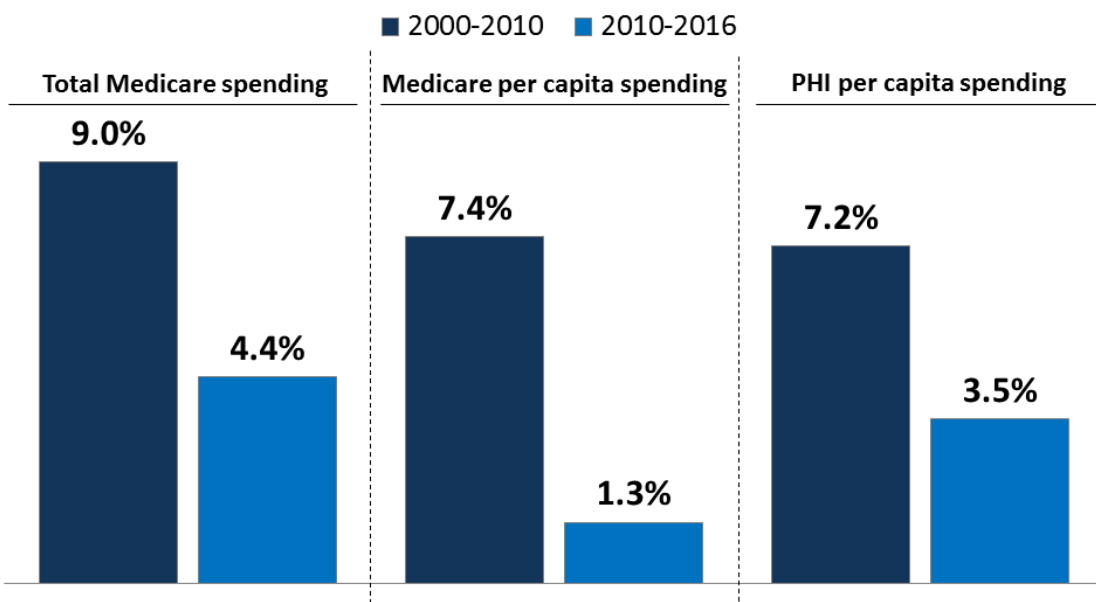
SUPPLY AND DEMAND

- Physician demand continues to grow faster than supply leading to a projected total physician shortfall of between 61,700 and 94,700 physicians by 2025.
- Projected shortfalls in primary care range between 14,900 and 35,600 physicians by 2025.
- Projected shortfalls in non-primary care specialties range between 37,400 and 60,300 by 2025.

Current State

Figure 3

Average Annual Growth Rates in Medicare and Private Health Insurance Spending, 2000-2016



NOTE: PHI is private health insurance.

SOURCE: Kaiser Family Foundation analysis of Medicare spending data from Boards of Trustees; private health insurance spending data from the CMS National Health Expenditure data.



- Decrease in work hours for residents
- Decrease in Medicare funding
- Cost prohibitive physician models
- Value based payment vs. volume based

Decrease Supply

- Retirement Patterns
- Millennial Hours

Other Influences

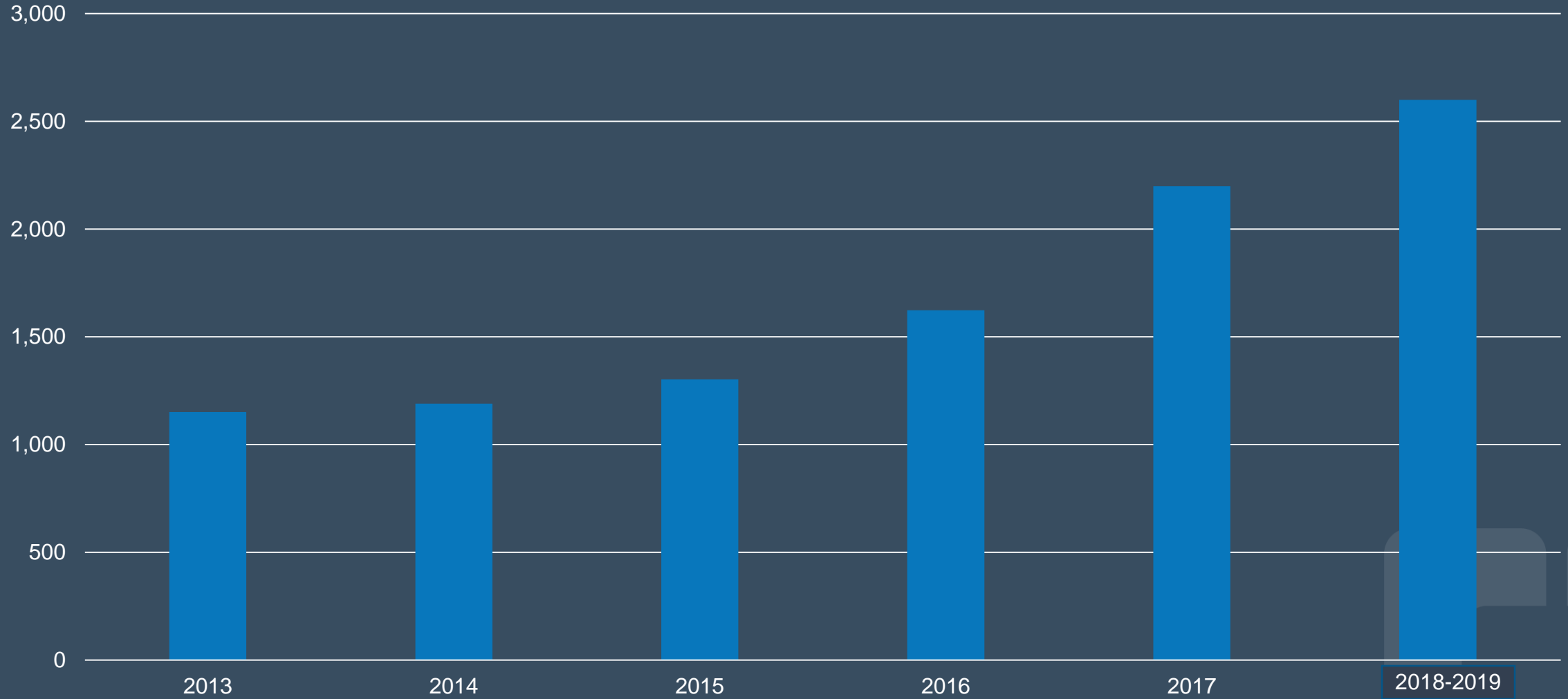
Health Care Demands

- Growth in Demand Due to Expanded ACA Medical Insurance Coverage
- Expanded Use of Retail Clinics: Between 2009 and 2015, the number of retail clinics in operation increased from approximately 1,100 to 2,000. *

**ncsl.org/research/health/retail-health-clinics-state-legislation-and-laws*



Growth Rate for APPs at Cleveland Clinic



Cleveland Clinic By the Numbers

Caregivers

Metric	2017	2018	% Change
Caregivers Worldwide*	56,994	59,186	2.6%
Professional Staff Physicians	3,774	3,953	4.7%
Female Professional Staff	1,376	1,473	7.0%
Advanced Practice Providers	2,278	2,678	17.6%
Registered Nurses	13,865	14,710	6.1%

Consistently >
11% year over
year since 2014

Growth Rate

2,600 APRN/PAs across Cleveland Clinic Health Systems



65% of new hire APRN/PAs are new graduates



APRN & PA Education

	APRN	PA
Program details	APRN can choose a specialty area (e.g. Peds/FM/Acute Care) and typically need to complete 500 didactic hours and between 500 to 700 clinical hours (up to 1,000 for DNPs).	PAs are trained as generalists and typically need to complete about 1,000 didactic hours and more than 2,000 clinical hours.
Expected job growth	~ 36.5% percent from 2016 to 2026, much faster than average for all occupations, according to the BLS.	

Family physician

4 years in medical school with up to 6,000 clinical hours

Residency with up to 10,000 clinical hours

Which of these is acceptable?



Costly Not to Get it Right

- Average hospital turnover rate in 2017 was 18.2%, which is the highest recorded turnover in the industry for almost a decade. Since 2013, the average hospital turned over 85.2% of its workforce. Second worst only to hospitality.
- The turnover rate of 12.6 percent for both nurse practitioners and physician assistants, more than twice the combined, adjusted physician turnover rate of 6 percent.

REGION	TOTAL TURNOVER	FULL/PART TIME TURNOVER
North East – (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI & VT)	17.8% (-0.6%)	16.6% (+0.1%)
North Central – (IA, ID, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, WI & WY)	16.8% (+1.1%)	14.8% (+0.7%)
South East – (AL, FL, GA, KY, MS, NC, SC, TN, VA & WV)	18.4% (+1.9%)	16.2% (+1.2%)
South Central – (AR, AZ, CO, LA, NM, OK, TX & UT)	19.1% (+0.7%)	17.9% (-0.4%)
West – (AK, CA, HI, NV, OR & WA)	16.5% (+0.6%)	14.0% (+0.2%)
OWNERSHIP		
For-Profit – Acute Care	18.0% (-3.4%)	15.8% (-4.1%)
Non-Government/Non-Profit – Acute Care	18.3% (+2.3%)	16.7% (+1.9%)
Government – Acute Care	19.0% (+1.8%)	16.0% (+3.5%)
BED SIZE		
<200 Beds	16.8% (+1.1%)	14.5% (+0.9%)
200-349 Beds	17.0% (+1.2%)	15.4% (+1.5%)
350-500 Beds	19.5% (+0.7%)	17.2% (+0.8%)
>500 Beds	18.4% (+2.4%)	16.5% (+1.6%)
NATIONAL AVERAGE	18.2% (+2.0%)	16.3% (+1.5%)

Costly Not to Get it Right

Practices feel the impact of NPs and PAs leaving a practice in multiple ways!

Turnover costs employers in the following ways:

1. Lost revenue related to the unfilled position - Looking at a simplified financial scenario, a vacant APRN or PA conservatively costs a clinic \$1,500/day or more in lost revenue potential.
2. Cost of recruiting a new NP/PA (advertising, interview costs, HR employees' time)
3. Cost of hiring a new provider (relocation, sign-on bonus, decreased productivity during training, employee time to train/onboard new provider)

A 2011 Physician Retention Survey from Cejka Search and the American Medical Group



What's in the language?

Orientation

- Employee role and benefits with company
- One time or in first month of hire
- General overview
- Classroom or online

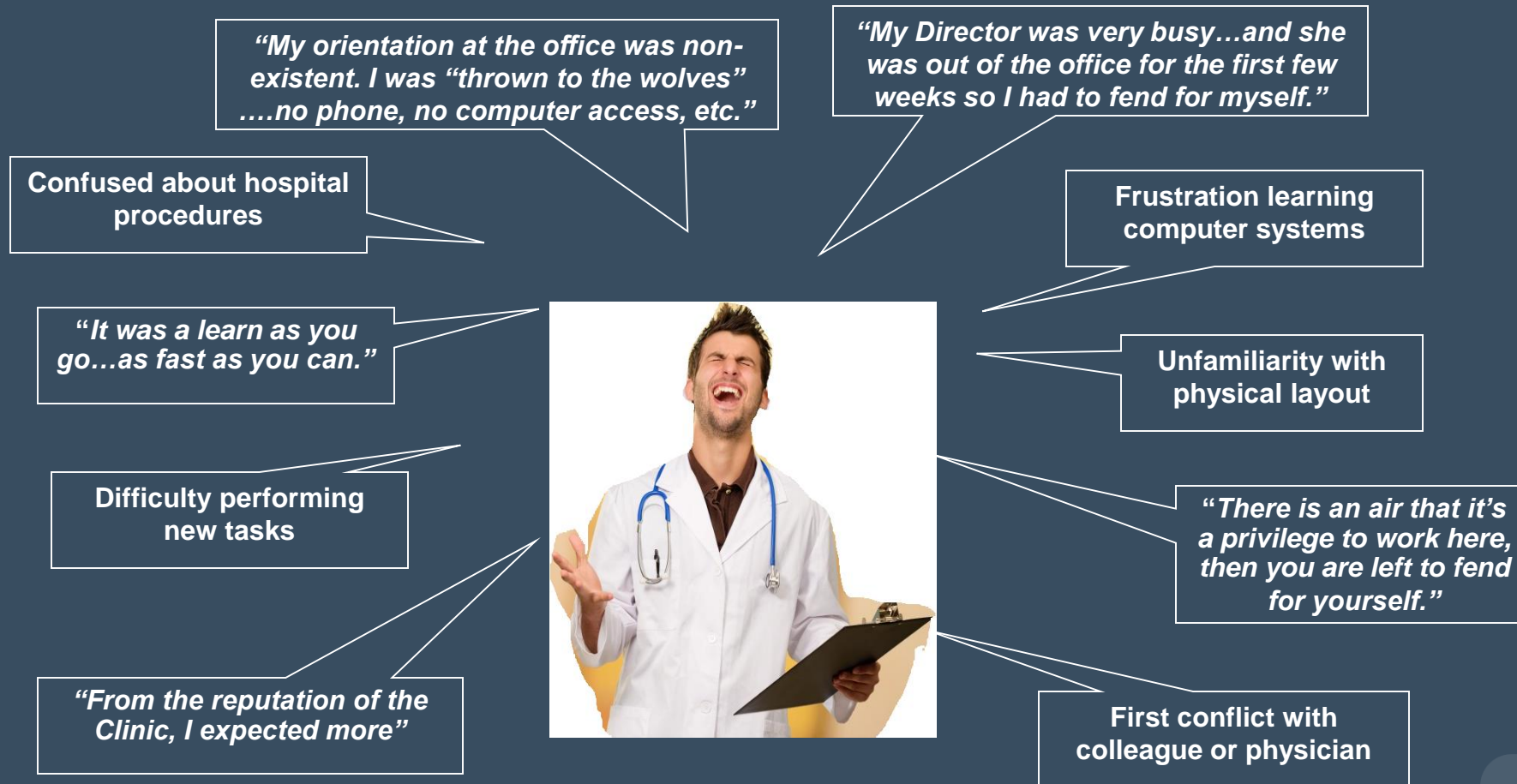
Onboarding

- Employee specific role with department
- Ongoing (could last months)
- Specific to each employee
- On the job readiness for productivity

TTP

- New hire or change in specialty to refine skills.
- Specific to general patient population.
- Approved by BOG
- Standardize the quality, productivity, and practice expectations of APRNs and PAs across the enterprise.
- Average 6 months

ORIENTATION AND ONBOARDING HAS ITS CHALLENGES



Coworkers
Overwhelmed by workload, often indifferent (or hostile)

Manager
Wide span of control restricts time for personal interaction

Orientation Start Class
No occasion to see fellow hires in other departments after first day

Human Resources
Contact ends after first-day paperwork is complete

*Quotations taken from prior CC focus groups

Make a commitment to ongoing education



How long should onboarding last?



When hiring a new graduate APP you have to consider the training time to invest. “According to the AASPA, PAs with no neurosurgical experience take approximately one year to fully handle the day-to day office and hospital routine”

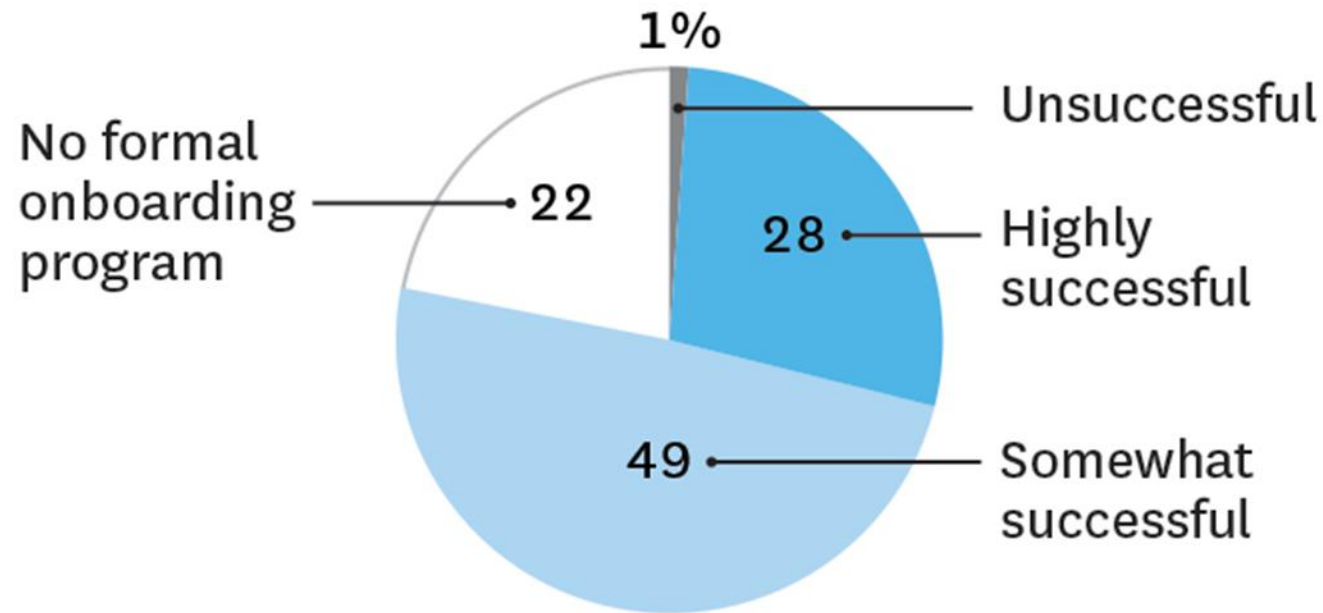
The Business, Policy, and Economics of Neurosurgery

Narrated timeline source for length of onboarding - Melnic recruiting 9/13/2019

AN OVERVIEW OF ONBOARDING

Almost a quarter of companies say they don't even have a formal program.

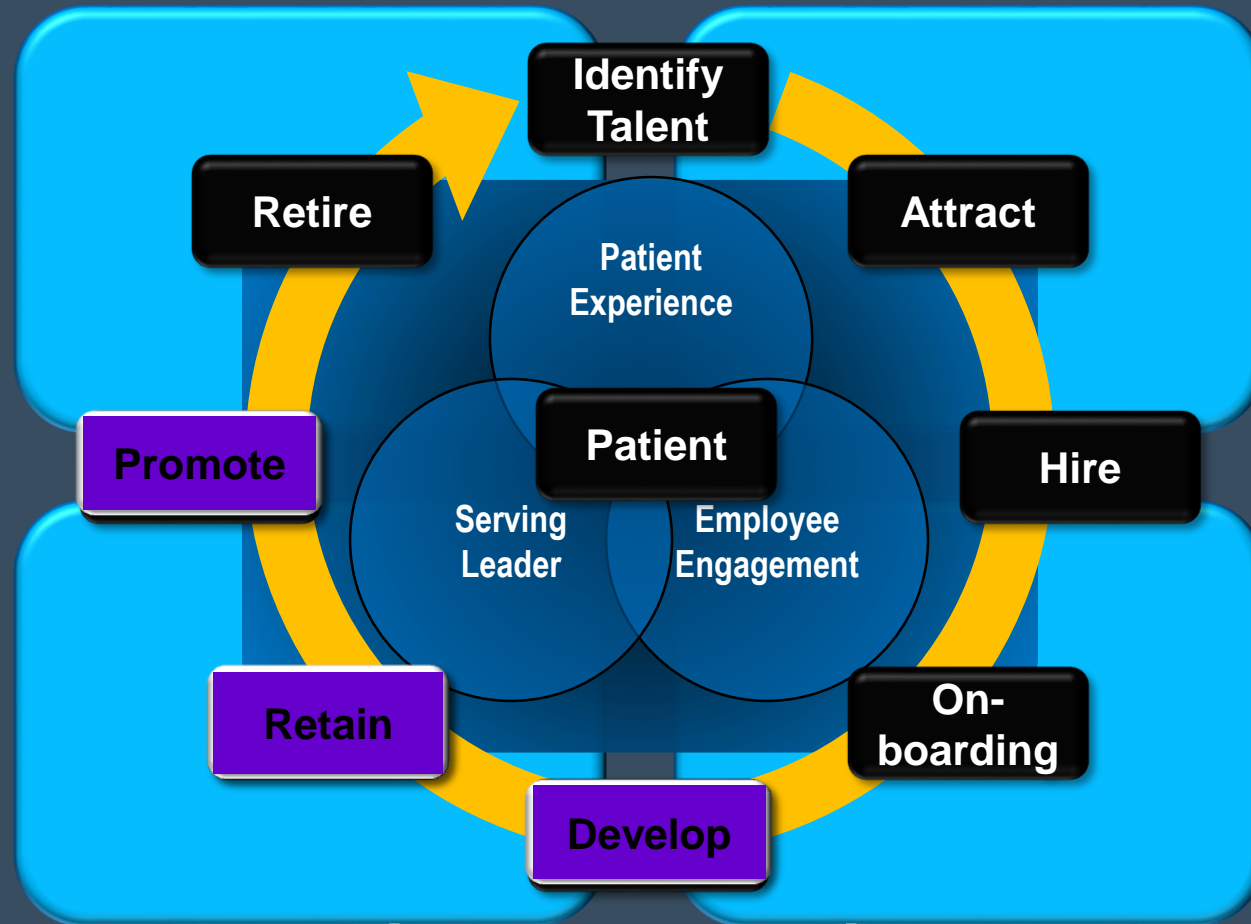
ONBOARDING SUCCESS



SOURCE ALLIED WORKFORCE MOBILITY SURVEY:
ONBOARDING AND RETENTION

HBR.ORG

TALENT MANAGEMENT LIFE CYCLE



Recruitment to Retirement

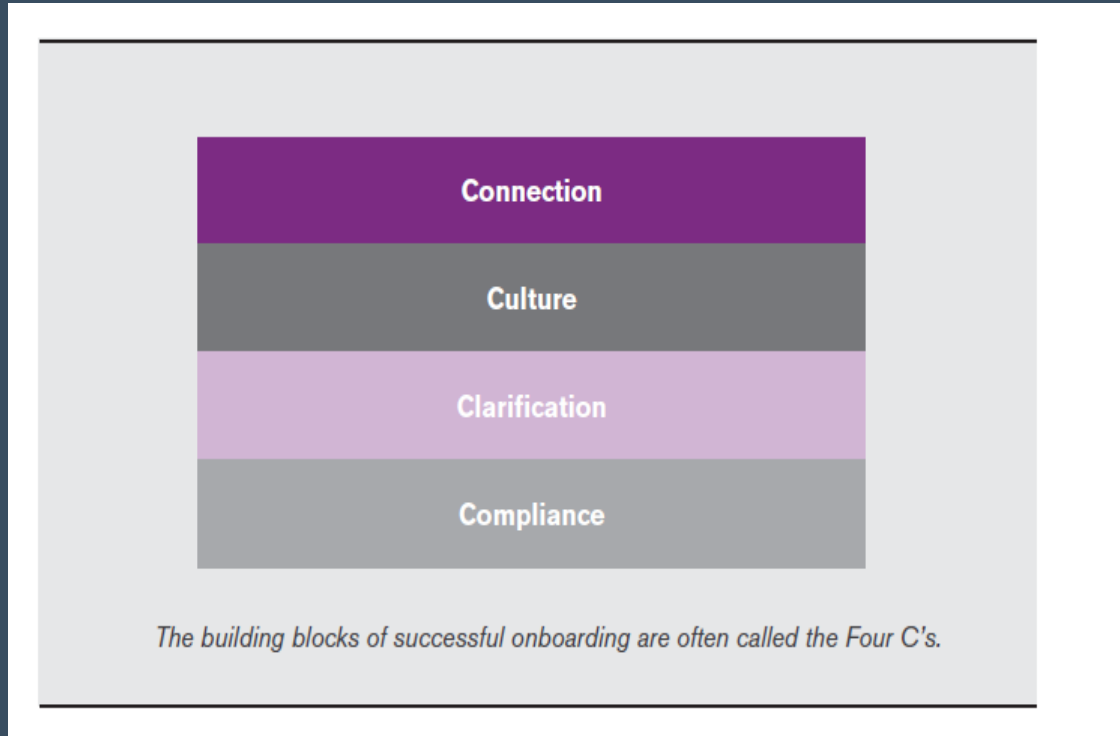
Cleveland Clinic Process Starts Before They Do



Logistics Start Before Day 1

4-6 week process (internal vs. external)
Lots of paperwork & signatures
Privilege Process
Billing
EMR
E-Mail
Lab Coats
Phones and IT support
Lots more - CHECK List recommended!

Onboarding -The 4 C's



According to Dr. Talya Bauer from the SHRM Foundation, successful onboarding involves proactively covering

Compliance

- The Have to Do's

Clarification

- Role Clarity and Expectations

Culture

- Your Brand

Connections

- Connect with People

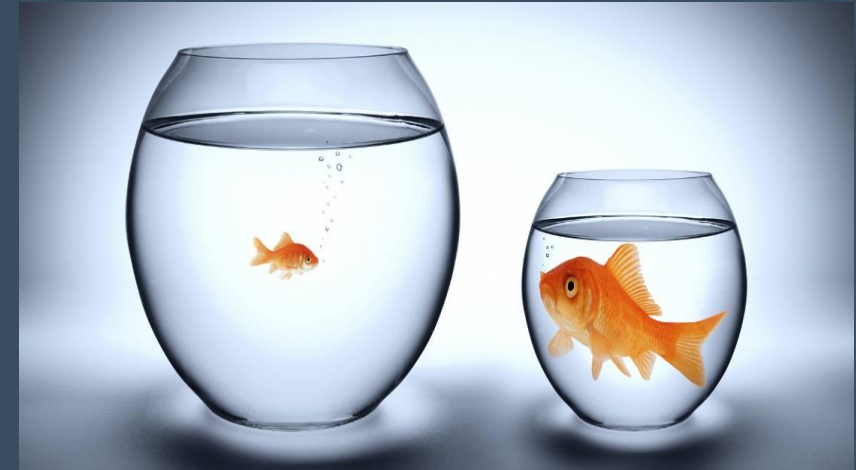
New Graduate Challenges

- Increased patient complexity with increased volume managing multiple comorbidities.
- Have not learned technical and practice guidelines for all specialized settings by time of graduation.
- Lack of access to experienced APP/Physician mentors and faculty, and generational diversity in the workforce.
- New hire performance anxiety, fatigue and burnout leading to decrease retention.

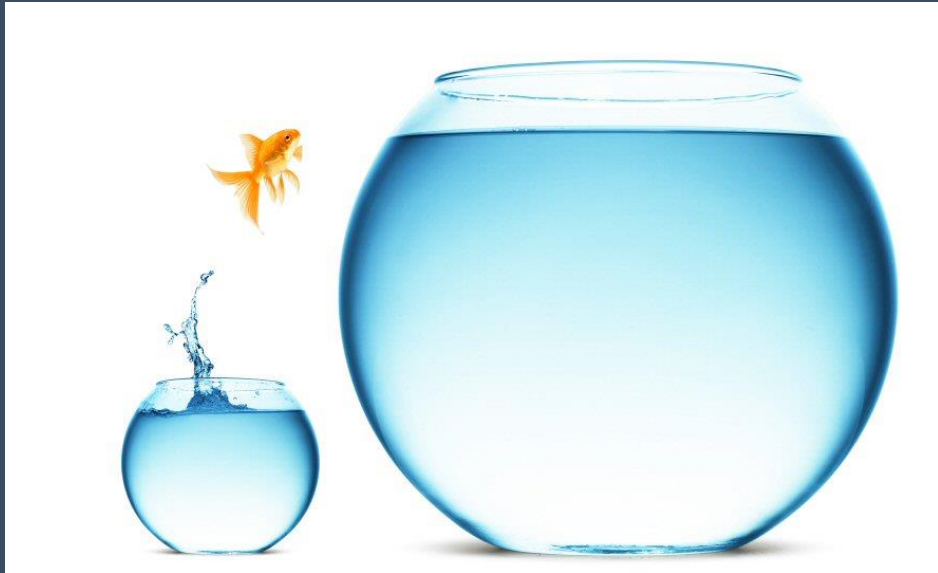


Employer Challenges

- Variations in departments formal practice utilization
 - (e.g. on-boarding, training, or orientation)
- No standard productivity metrics in place
 - (e.g. safety, quality, productivity)
- Not a fellowship – ongoing and for new hires to department.
(e.g. no unified start, must be ready all the time)



Opportunities



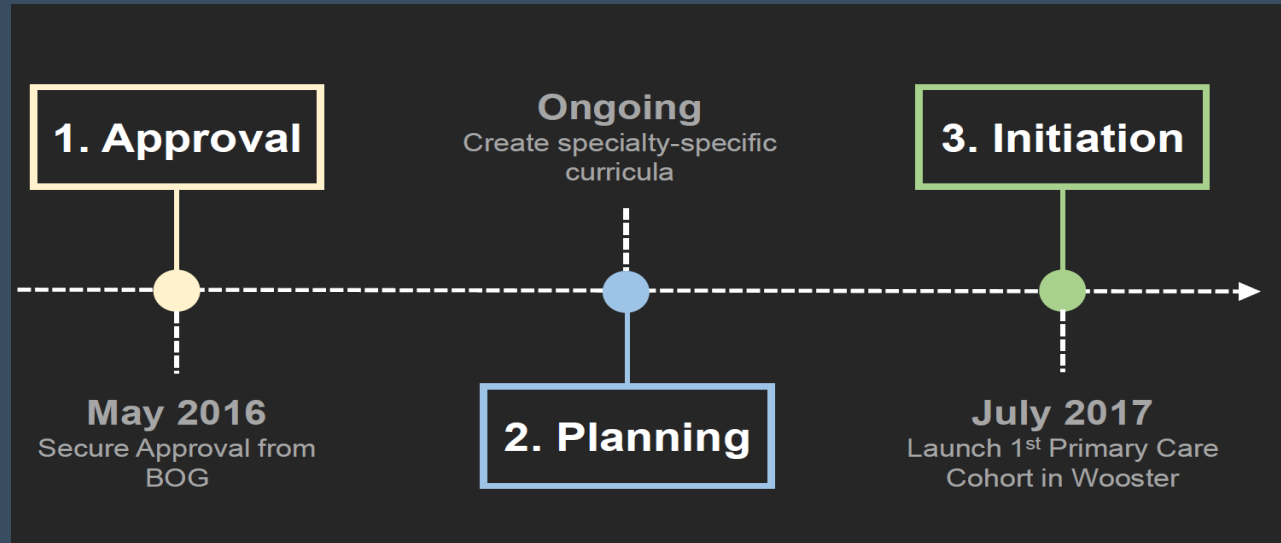
Increase Quality
(Standardization & Consistency)

Increase Productivity
(Productivity Measurements)

Increase Retention
(Transition & Expectation)



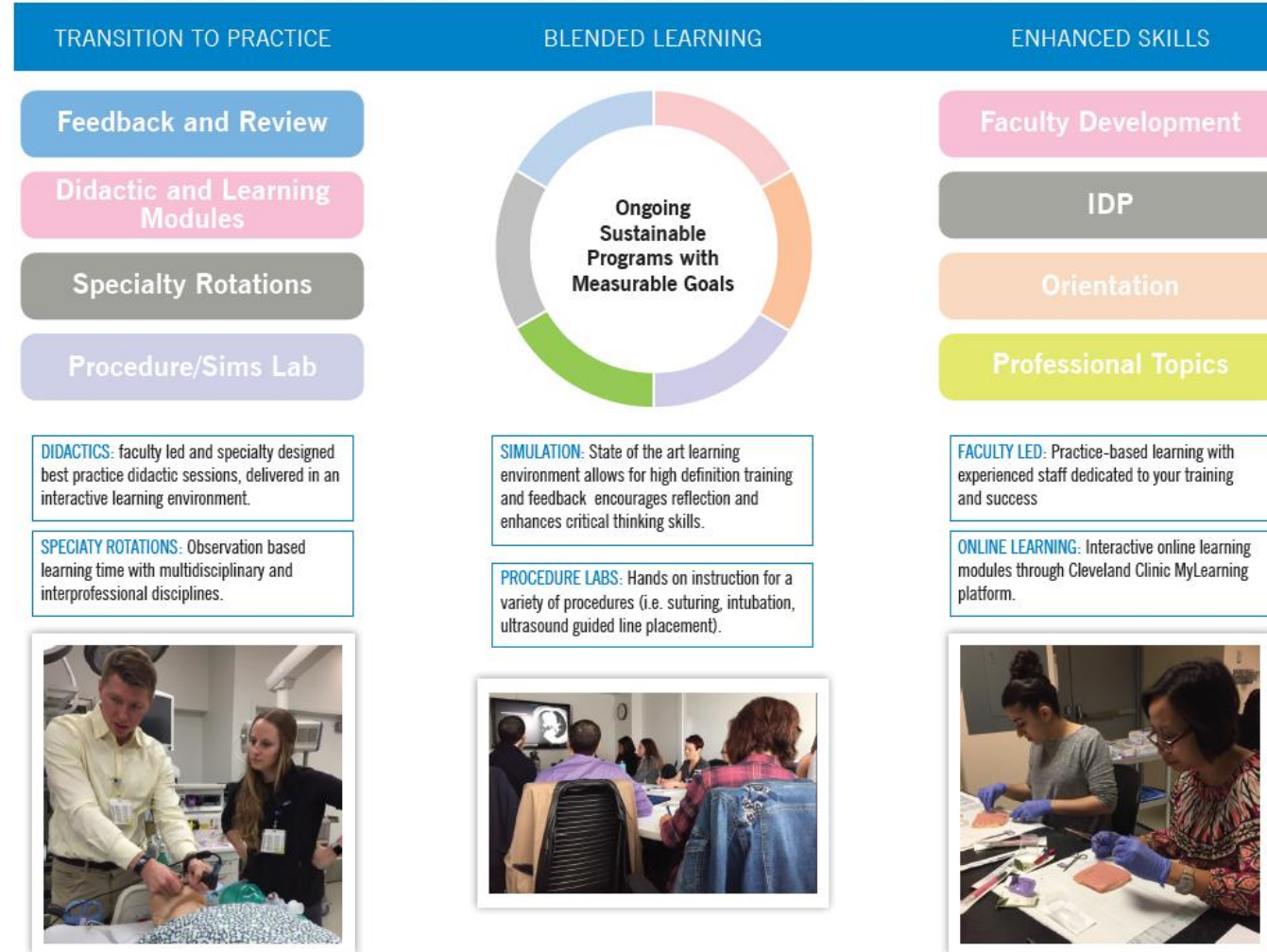
Transition to Practice (TTP)



Start	Week 1	Week 2	Through Month 3	Month 4 – Month 12
	- Orientation - Professional On-boarding - New Hire checklist	- 8 hr Didactic/Formal education time per Week - Faculty Led Time - No Autonomous Practice	- 4 to 8 hr <i>Didactic/Formal Non-Clinical but education time per Week</i> - Gradually Increasing Autonomy - Core components of TTP (includes Procedures, Sims, Feedback system)	- 8 hr Didactic/Formal education time per Month - Autonomous Practice - Core components of TTP (includes Procedures, Sims, Feedback, IDP)

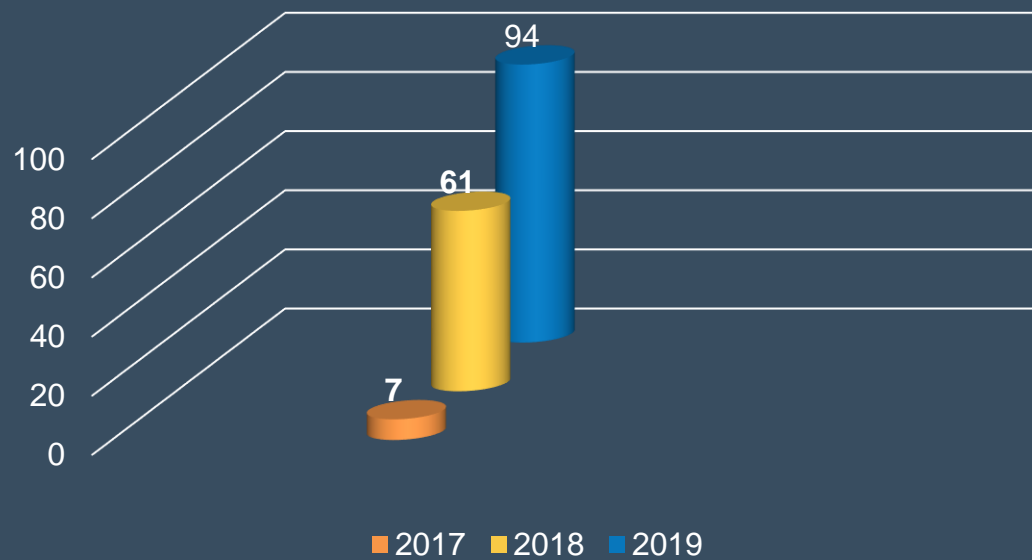
A commitment to the profession, the enterprise and most of all the patient!

APP TRANSITION TO PRACTICE (TTP)

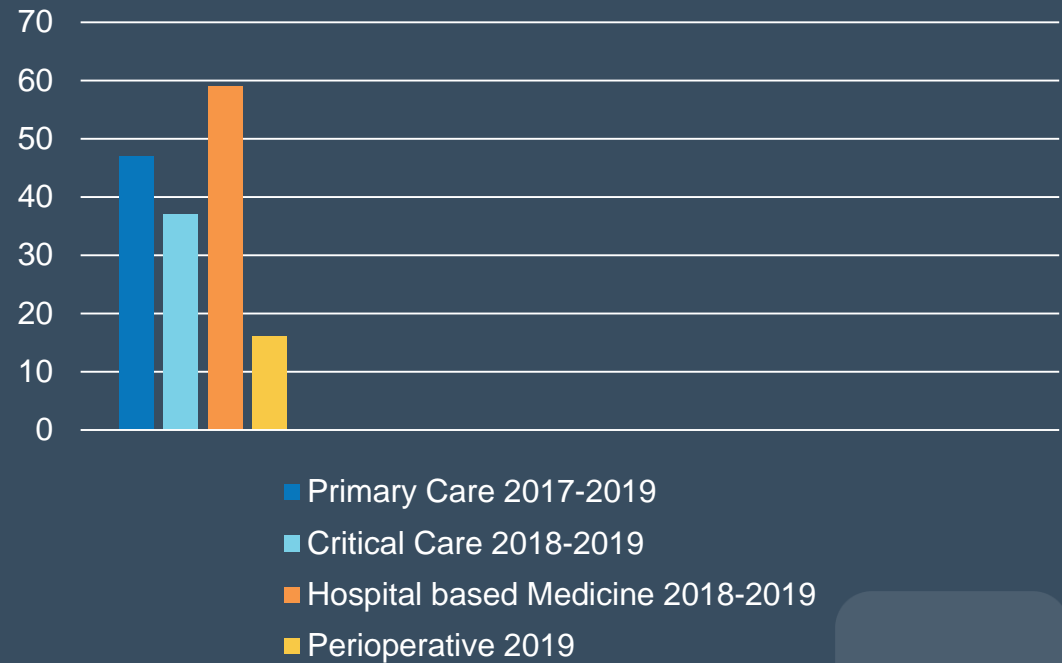


TTP Enrollment 2017 – 2019

Comparative TTP Enrollment to Date 2019



Total Enrollment per Track



IPE – Interprofessional Education

IPP – Interprofessional Practice

Interprofessional Education

“When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes”

Collaborative Practice

“When multiple health workers from different backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care”

WHO, 2010



IPE IS PART OF STUDENT CURRICULUM

Accreditation Review Commission on Education of Physician Assistant (ARC-PA) Effective September 2014 Standard B1.08 Curriculum must include instruction to prepare students to work collaboratively in interprofessional patient centered teams (includes content on roles and responsibilities of various health care professionals, emphasizes team approach to patient centered care, assists with learning principles of interprofessional practice and includes opportunities to apply these principles in interprofessional teams within the curriculum)

“Because team training in educational programs lags behind the actual practice of working in teams, a gap exists between the realities of practice (IPEC, 2011) and the utilization of teamwork skills to deliver patient-centered care. As a result, today’s graduates from well-intended, accredited institutions are not prepared for the practice environments in which they will work (Speakman & Arenson, 2015).”



IPE – Interprofessional Education

IPP – Interprofessional Practice



Onboarding Your Onboarder's



Challenges

- Maintaining Department Leadership Participation
- Identifying APP/MD Champions
- Coordination of Multiple Specialties
- Varying Shifts
- Protected time for educational endeavors
- Multiple Locations
- Participation in Faculty Mentorship Program
- Maintaining core of program with cyclical not linear schedule
- Not for everyone



Measuring Success

Measuring success – ROI

- Evaluations and Feedback Forms
- Time to Autonomy
- Revenue
- Process and Outcome Measures (e.g. adherence, patient experience)





Some say opportunity knocks only once, That is not true. Opportunity knocks all the time, but you have to be ready for it. If the chance comes, you must have the equipment to take advantage of it.

(Louis L'Amour)

izquotes.com

Key Takeaway

The predicted provider shortages underscore the importance of a renewed commitment to optimizing utilization of PAs and APRNs to provide safe, high-quality care that is also fiscally responsible.

When PAs and APRNs are utilized to the extent of their licensure, they can strengthen the overall efficiency of the practice.

Understanding the PAs and APRNs educational and training background and investing in upfront training can optimize utilization and retention.



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THANK YOU

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