

Implementation of a Comprehensive Retention and Recruitment Program

Dominick A. Caselnova III, R.Ph.,
MHA, Director of Pharmacy

Benefis Health-System

Objective

- Describe the components, implementation and impact of a comprehensive retention and recruitment program

BACKGROUND

BENEFIS HEALTH-SYSTEM

- Largest Health-System in Montana at 516 beds.
 - Two hospitals, East and West Campuses representing 370 beds
 - Extended and transitional care facilities, total of 146 beds
 - Sletten Cancer Institute, a 54,000 sq.ft. freestanding facility

Department of Pharmaceutical Services

- Staffed 24/7, seven days a week
- 45 total FTE's, 21 R.Ph.s
- Unit based pharmacist services
- Pharmacist coordinated pain management service.
- APPE/IPPE site for pharmacy students.

Turnover

- Costly
- Adversely effects morale
- Stressful environment
- Hard to maintain or implement clinical programs

Turnover Costs

- Separation
- Vacancy coverage
- Recruiting
- Hiring
- Training

Challenges

- Turnover averaging 22% per year (5 open positions)
- Low morale
- Department on survival mode- limited clinical activities
- Difficulty recruiting
 - Great Falls Montana, relatively unknown
 - Negative image of the department

Challenges

- Changing demographics of workforce
- Multi-generational staff

Multigenerational Workforce

- World War II or Traditionalists
- Baby Boomers
- Generation Xers
- Millennials

Traditionalists

- Born before 1946
- To recruit & retain
 - Use personal touch.
 - Make face to face contact
 - May be alienated by computer driven communication
 - Show them that experience is viewed as an asset not a liability
 - Mentorship relationships

Baby Boomers

- Born 1946 – 1964
- To recruit & Retain
 - Flexible work arrangements
 - Challenging work opportunities, horizontal movement, learning opportunities
 - Offer phased retirement programs
 - Offer health & wellness program

Generation Xers

- Born 1965-1980
- To recruit & retain
 - Lots of options for workplace schedule
 - Autonomy
 - Give frequent, accurate, specific, timely, feedback

Millennials

- Born 1980-2000
- To recruit & retain
 - Provide flexibility to allow them to pursue their many outside interests
 - Get them involved in meaningful volunteer efforts
 - Use their capability to access & share information quickly

Millenials

- Pair them with older mentors
- Help them learn interpersonal skills

2002 ASHP Staffing Survey

- “Health systems that offer professional challenges, opportunities to positively effect patient care, flexible scheduling for work shifts, tools necessary to perform well, and effective communication between management & staff tend to have lower vacancy rates.”

New Director

Meeting with staff members

- “Get to know” meetings with individual staff members
 - What could be improved? What were the issues causing them the most angst?
 - Most voiced concern regarding rotating shift (day/evening) schedules and frequency of weekend duties.

Expansion of Clinical Programs

- Pharmacists surveyed for practice areas of choice and re-deployed to those areas
 - Critical Care in 2003
 - Medical/Surgical, Orthopedics/Oncology, Women's and Children's Services/NICU in 2004
 - Pain Management Service in 2005
 - Cardiac Services in 2007

Creative Scheduling

- Pharmacists surveyed regarding desired work schedules
- Offered choice of several scheduling options
 - 8 hour
 - 10 hour
 - 7 on 7 off day or evening shifts
- Pharmacists placed in practice setting of choice with their preferred schedule

Interview Process

- Screening calls
- On-site peer interviewing
- Post-interview feedback from staff

Career Advancement Program

- Implemented 2004
- 3 tier program
 - Pharmacists earn points based upon criteria described within program
 - Tier 3 requires BPS Certification
- Each tier has additional compensation in the form of a quarterly bonus

Level	Points Required	Compensation (Annual Bonus)	Level Requirements
I	60	\$2,080	Total of 60 points in any category
II	90	\$4,160	Total points must be obtained in at least two categories, with a minimum of 10 points in each of the two categories
III	120	\$6,240	Total points must be obtained in at least three categories, with a minimum of 10 points in each of the three categories. Must include one of the listed board certifications.

Domains

- Professional Growth
- Education of Others
- Institutional/community growth
- Clinical Expertise
- Other

Educational Opportunities

- ● Opportunities to obtain CE credits on site were developed
- ● Opportunities to attend regional and national meetings in pharmacist's area of interest or expertise
- ● Full financial support for B.S. pharmacists to complete Pharm.D. program in exchange for work commitment

Automation

- Implemented a physician order scanning system
 - Improved workflow
 - Facilitated success of the unit-based practice model
 - Improved pharmacist satisfaction

Feedback/Recognition

- Improved communication between staff and pharmacy management
 - Weekly staff meetings were implemented
 - Staff encouraged to voice their opinions and concerns
- Hospital implemented formal employee recognition program in 2004

Compensation

- surveys conducted once per year, salaries adjusted accordingly
 - “Critical” positions trigger additional position specific compensation and adjustments
- Pharmacist designated “critical” position
- Additional quarterly bonus for night shift pharmacists with one year work commitment

Student Clerkships

Can have negative or positive effect on future recruitment efforts.

- If high turnover, stressful environment, and unhappy employees - negative “word of mouth”
- If low turnover, professional environment, and happy employees- positive “word of mouth”

Other

- Quarterly Employee Forums
- Yearly Satisfaction Surveys

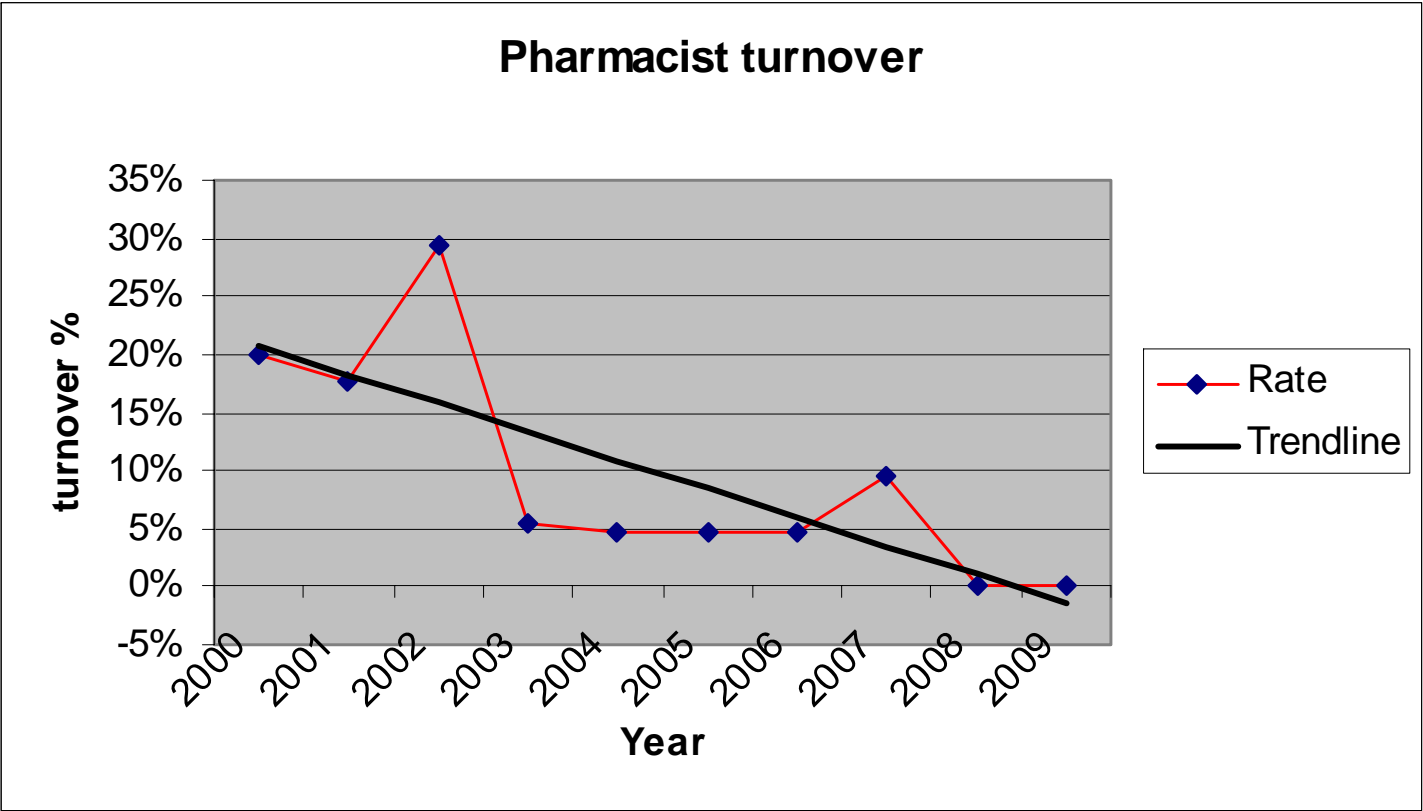
Other

- Resources
 - Adequate staffing, adequate staffing!
- Roadblock – traditional productivity benchmarking systems

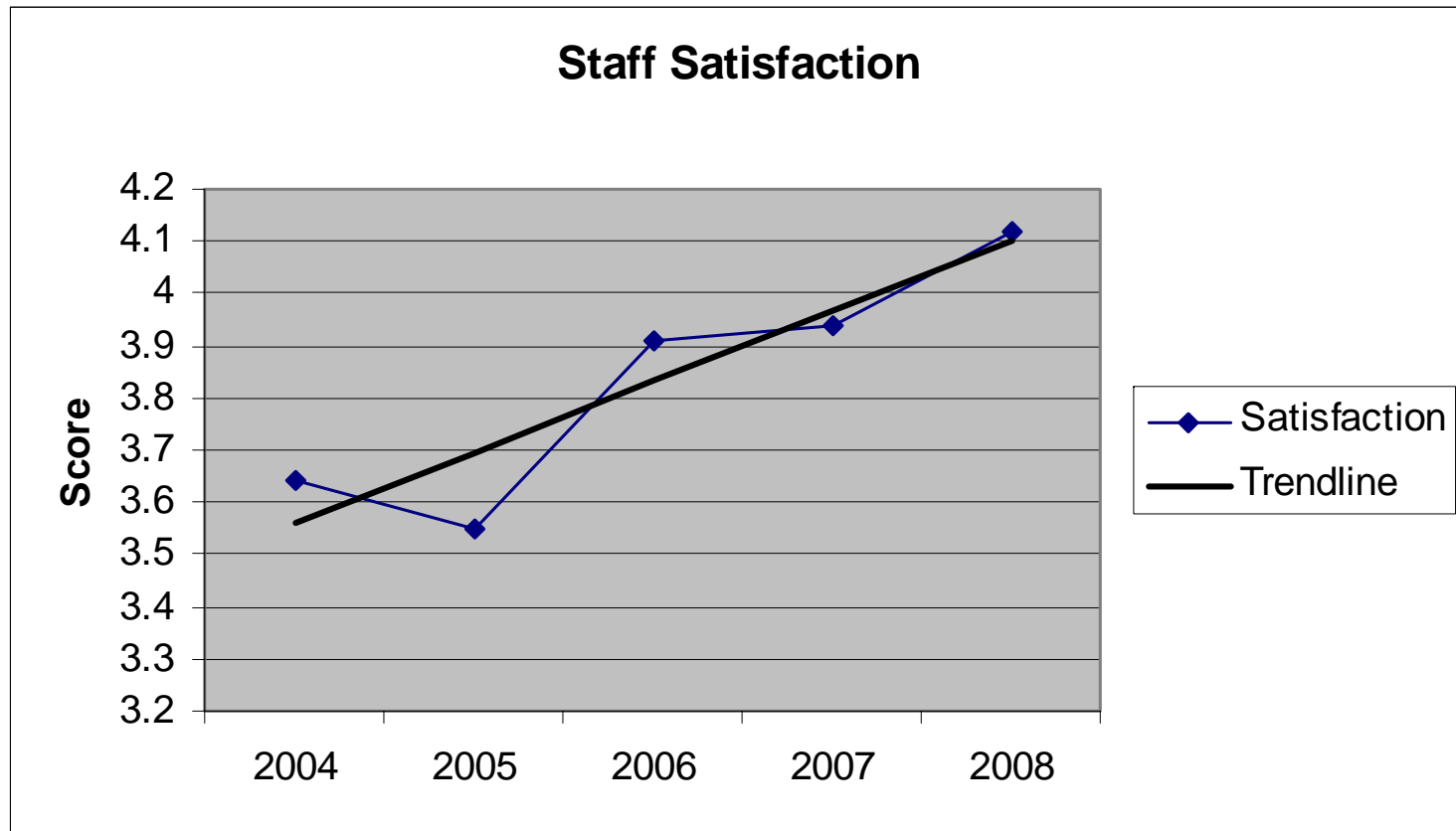
Managing Professionals

- Empower your staff
- Do not micro manage
- Professionals need a great deal of autonomy
- Support your staff

R.Ph. Turnover



Satisfaction



Results

- From 2000-2002, the turnover rate averaged 22% yearly. From 2003-2005 this decreased to an average of 4.7% yearly. For the last two consecutive years, the turnover rate has been 0%.

Discussion/Evaluation:

- Although our multi-faceted approach does not allow us to determine the impact of each individual component, we feel that the collective benefit resulted in our sustained improvement in retention. Recruitment was also improved. Five open positions existed in early 2003. All positions were filled by 2004. The majority of additional staff hired since program implementation have cited clinical opportunities and creative scheduling as reasons for pursuing opportunities at Benefis.

Key Points

- Find out what is important to each individual
- Expand clinical opportunities
- Match an individual's passion to their area of job focus.
- Utilize creative scheduling to match staff needs.
- Involve existing staff in the interview process

Key Points

- Provide career advancement and education opportunities.
- Expand automation
 - Electronic scanning of orders
- Increase feedback and recognition
- Adequate compensation
 - Staff should know the organization's process to ensure competitive wages

Conclusion:

- It is documented that increased clinical practice opportunities, career growth mechanisms, creative scheduling, greater use of automation, better peer relations, improved recognition, and competitive compensation are satisfiers in the profession of pharmacy. Benefis Health-System has experienced improved professional staff recruitment and retention by collectively addressing these issues.

Recommended

- ASHP Guidelines on the Recruitment, Selection, and Retention of Pharmacy Personnel