



ACQUIRING AND RETAINING  
THE BEST ED DOCS:

*Secrets from a Staffing Leader*



Now is a great time to be a job-seeking emergency medicine (EM) physician. But if you're a hospital administrator seeking one of these in-demand specialists ... ? The times, well ... they aren't so terrific. What's more, projections suggest they'll only get worse.

*(Before you panic, read on. The solution is coming.)*

**But first, some context:** In the most recent study<sup>1</sup> assessing the United States' workforce needs for EM physicians, researchers concluded that, despite having 22,000 board-certified emergency physicians at work in 2005, the nation had only 55 percent of what it needed to staff one board-certified EM doc in each of its 4,828 emergency departments 24 hours a day.

Taking into account the 1,350 new board-certified physicians entering the field each year, the study found that, even if no other board-certified emergency physician died or retired, it would be 14 years before the nation's EDs would have the number of board-certified EM docs that patient volume required. At a more realistic attrition rate of 2.5 percent per year, supply wouldn't meet demand for 33 years. And at a worst-case attrition rate of 12 percent, it found that supply would never meet demand.

The overall annual attrition rate for emergency physicians currently hovers around 1.7 percent<sup>2</sup>, but the fact remains that demand is in excess of supply, and external forces are intensifying the disparity. An aging Baby Boomer generation,

a growing overall population, an increasing shortage of primary care providers<sup>3</sup>, and the Affordable Care Act's (ACA) expansion of insurance coverage to millions of Americans are converging. And they're prompting more patients than ever to visit America's EDs.

For a hospital administrator looking to provide his or her community with an outstanding emergency department, a limited supply of EM docs and ever-increasing demand and competition for them certainly poses a challenge. But there's good news: Recruiting and retaining enough doctors—and high quality doctors at that—is not only possible but also uniquely within your control.

**77% of EM Physicians** do not feel their EDs are adequately prepared for increased volume pressure due to the ACA.

In this white paper, we'll show you where and how to devote resources to attract outstanding physicians to your hospital. Just as importantly, we'll show you how to keep them as a part of your team for the long haul. If you're struggling to recruit or retain high quality emergency physicians that are an asset to your community and hospital, we'll also show you how to identify where you, your staffing and management group, or in-house or outsourced recruiter might be going wrong.

## Judgment Day

Before altering your current approach to recruitment and retention, you must first assess it. Question No. 1: Are there strategies in place for both recruiting and retention?

While many hospitals and outsourced recruitment firms have a well-honed plan in place to find and attract the physicians they need, **many of the very people they're recruiting say too few hospitals have and execute plans to retain them.**

In a survey<sup>4</sup> conducted by both LocumTenens.com and the American College of Physician Executives (ACPE), 84 percent of the 2,500+ physicians who responded said a physician retention plan was "very important" or "important" to physician satisfaction, but only 10 percent of responding physicians said their organizations had such a plan in place. (Of course, simply having one doesn't guarantee its effectiveness; 56 percent of those who said their hospital had a plan for retention said the plan did not adequately meet their needs.)

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## Inspect the Pipeline

At the very least, your hospital or recruiting agency should have a defined and trackable recruiting process in place. Begin evaluating its overall effectiveness by asking questions like these:

- Is your recruiting process generating enough quality candidates and doing so in a timeframe that meets your ED's staffing needs?
- Or is your ED relying on temporary staff, such as locum tenens, for longer than is financially feasible?
- Are you meeting your goals for quality, consistency, community involvement, or ED team cohesiveness?

Moving farther along the recruitment pipeline, are your best candidates joining your ED and hospital, or are they choosing to go elsewhere? If so, why have those offers been turned down? Whoever recruits EM physicians for your hospital can tell you why an ideal candidate turned down a position in your ED. Be it rate or pay structure, practice environment, or simply different priorities, knowing where your ED and/or hospital's weaknesses lie will give you an idea of what you might change (if the factor can be changed) to win the best candidates.

If it appears the weakness lies not in closing the deal with an ideal candidate but in finding suitable candidates at the start, you'll want to back up and evaluate your EM recruiting processes. For instance, how deep is the physician database your recruiter or recruitment firm utilizes? Has it been cultivated over the course of years, or better yet, decades? Does it encompass physicians nationwide yet enable the recruiter to pinpoint physicians who were raised, attended medical school, or fulfilled their residency near your hospital or in your hospital's state or region? How often is the database updated?

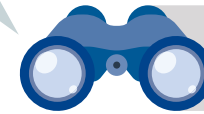
**An excellent test:** Could a recruiter, within the week, share an opening in your ED to a list of 300+ EM physicians with ties to the region? And if so, how many of those phone numbers and/or email addresses would be valid? An 85 to 90 percent deliverability rate is reasonable.

Also important to know is how well-versed your recruiter or recruitment firm is in the specialty of emergency medicine. Does your recruiter/firm speak the language and understand the unique priorities of EM physicians and their practice environment needs? Are EM physicians just one of a number of specialties for which they recruit? If you utilize an in-house recruiter, he or she might be charged with grasping the nuances of and recruiting for multiple specialties, and you'll want to determine if he or she is spread too thin to devote adequate time to find, understand, and recruit ideal EM

All our staff have ACLS and PALS certification.

We keep one RN and one LPN on our 12-hour day and night shifts

Our lab turnaround averages 39 minutes for our ED.



**How much does your recruiter know?**

physician candidates. An excellent way to gauge the process from a candidate's vantage point is to ask physicians who have recently become a part of your ED about their recruitment experience.

### Match Point

Many organizations make the mistake of assuming retention begins after an individual has signed on to your ED team. In fact, successful retention begins at the initial recruiting stage. Essential to the process of qualifying an applicant is evaluating not only the kind of asset he or she would be to your ED, hospital, and community, but how much of an asset those entities would be to him or her. For example, would working in the area allow him the opportunity to move near family? Perhaps your hospital serves a segment of population about which she is truly passionate, or the ED offers her a clear path to a leadership position she seeks, such as medical director or hospital board member. Maybe its lower volume—or high volume and acuity—is exactly what he craves at this stage in his career.

**Successful recruiting and retention is less about selling your hospital or ED than it is about listening carefully to the candidate's unique desires and determining whether or not your facility and practice environment can meet those needs.**

If they don't, you might be able to attract that individual—perhaps with a better rate, a signing bonus, or other perks and benefits. But keeping him or her there long-term likely will be challenging, and turnover is an expensive prospect in terms of finances and ED stability. That said, it's worthwhile to ensure your recruiters seek out and focus on courting candidates who want to be invested in the community and their role in the hospital and ED.

In addition to understanding what makes each candidate tick, your recruiter's ability to understand and communicate your hospital and ED's culture and priorities are essential to making a good match with candidates. In-house recruiters will naturally have a good understanding of your hospital's culture; they're part of it daily. It's imperative they have the time and support necessary to absorb and convey to prospective candidates the unique culture and priorities of the ED.



**An excellent test:** Have your recruiters interview/recruit a physician already working in your ED and ask that physician to evaluate how well the recruiters can answer questions a prospective EM physician might ask. In identifying gaps in the recruiters' understanding, the current physician can help educate the recruiters.

Likewise, you should expect outsourced recruiters to make the time for an on-site visit, so that they thoroughly understand the goals and pulse of your hospital and its ED. Ideally, they would meet not only with hospital administration but the ED medical director, physicians, and nursing and support staff manager to thoroughly understand the kind of candidate who would best align with the practice's culture, priorities, pace, etc.

The better informed your recruiter or recruiting/staffing group (and candidates) are up front, the less time will be wasted courting candidates who aren't a good fit, and the better aligned those candidates will be when they sit down with ED and hospital leadership for the next stage of interviews.

**Remember:** The interview process should be a vetting process for both sides, and as such, should be seized as an opportunity to clearly define the hospital and ED's culture, priorities, and expectations. Many hospitals wait until the onboarding process to do this, but onboarding is the time to reaffirm expectations, not define them. Assuring physician-hospital alignment before any contracts are signed will reduce the likelihood of disharmony—and risk of turnover—in the future.

## Go Long (Term)

Even if your recruiting pipeline is flawless, and your hospital or recruiting group has managed to attract and staff your ED with outstanding, well-aligned physicians, the real work—indeed, the most valuable work, retaining those outstanding physicians—remains. Just as your ED recruiters work tirelessly to find ED docs that suit your hospital’s needs, as long as the number of ED opportunities in the nation outweigh the number of EM physicians, competitor hospitals and ED management groups will continue to target members of your ED team throughout their tenure at your hospital. Staving them off is outside your power, but giving physicians reason to stay is completely within your control. As such, hospital administration, together with the ED leadership team, must make retention as much a part of their strategy as recruiting. Next, we show you where to expend your effort.



## Leadership

Your ED medical director carries the greatest responsibility for the success of the emergency department—operationally, financially, and in terms of quality of care and patient satisfaction. Because of the intense focus these areas demand, however, medical directors can lose sight of the linchpin that makes success in these areas possible: the physicians themselves.

For EM physicians to work safely, efficiently, and deliver excellent, patient-centered care in the high-stakes, high-stress environment of an ED, they must have a medical director who can build and sustain a cohesive team and lead effectively. **An effective medical director is one that combines a broad vision with strong clinical, managerial, and interpersonal skills—not one or two out of three.**

In evaluating your ED medical director's ability to lead, you'll want to look not just at the individual, but at the flow and harmony of the emergency department overall:

- Operationally, does your ED have reasonable throughput and wait times?
- Does he or she monitor operational and financial metrics and not only champion improvements but motivate the team as a whole?
- Does he or she help develop and/or implement protocols that support good patient care and a well-oiled practice environment?
- Are you hearing complaints arising from patients, physicians, and/or nursing staff?
- Does he or she instill a sense of collaborative practice within the ED and extending to other groups, such as the hospitalist team or other specialists?

The goal is to have an ED medical director in place who can create and maintain the kind of environment that is as good for physicians to work in as it is for patients to be in. Is your medical director up to task? Whatever your conclusion, it's important to draw deeper into the “why” of your medical director's strengths and weaknesses and evaluate the support he or she is receiving.

Ask: Is your ED medical director provided the tools and metrics needed to skillfully monitor and guide the day-to-day operations and performance of your ED and its physicians? Is he or she given access to ED-specific leadership training? What about ongoing education and training opportunities to advance his or her practice of medicine and ED management skills? To whom is he or she accountable? And finally, who is guiding your ED medical director? Ideally, someone with both clinical and management experience in emergency medicine would be provided to help mentor your medical director in the leadership of a cohesive EM physician team and high functioning emergency department.



**Knowing your medical director's skillsets is key to building and sustaining a successful team.**

## Practice environment

A strong, supported ED medical director is essential to physician retention because he or she shapes the single most important factor in physician satisfaction: the ED practice environment. Quite simply put, an EM physician is like any other professional: If he likes where he's going to work each day, he'll be less inclined to look elsewhere. Certainly, competitors will come calling, many with bigger paychecks and promises. No one has the power to prevent that. But what is absolutely within your power is to ensure your ED physicians are working in the kind of practice environment they wouldn't risk giving up.

The medical director, of course, is the primary driver in shaping a supportive, collaborative, efficient practice environment. But there are other factors you can impact. For instance, would it be feasible to provide nursing and secretarial or department support on all shifts? Does the current provider-patient ratio allow your EM physicians to spend adequate time with patients, or are both patients and physicians feeling excessively rushed? If adding another physician isn't affordable, consider adding an APP or a scribe to high-volume shifts.

A 2010 study<sup>5</sup> published by the Society for Academic Emergency Medicine found that, **for every 10 percent increment in scribe usage during an ED shift, physician productivity increased by .24 RVUs per hour, and the number of patients per hour increased by .08 percent.** Having a scribe not only frees up an EM physician to spend more quality face time with patients, leading to a better physician and patient experience, it often begets more accurate and complete documentation, which will positively impact your ED's reimbursement.

In addition to examining day-to-day operations and metrics, it's always recommended that administration pull back and look at the big picture through a physician's eyes as well. Are you confident your ED physicians feel valued by hospital leadership? Are they recognized for jobs well done as often as they are given suggestions for how to do better? How are decisions made in the ED—by consensus or dictatorship? For those decisions that cannot be left to votes, are your ED physicians at least granted a voice and an opportunity to share their ideas and experience before decisions affecting them are made? Finally, is someone accountable for acknowledging or rewarding good physicians and working with or removing those physicians that obstruct the harmony of the practice environment?

Exit interviews offer excellent opportunity to craft solutions based on feedback, but ideally, an engaged administration won't wait for physicians to leave to find out they detested their practice environment. Personally checking in with your ED physicians is a simple way to keep your finger on the proverbial pulse of your physicians' satisfaction. Additionally, having in place an objective, non-supervisor who

communicates frequently with your physicians, such as a scheduler, can be helpful in making leadership aware when physicians or the practice environment are struggling.



## Balance

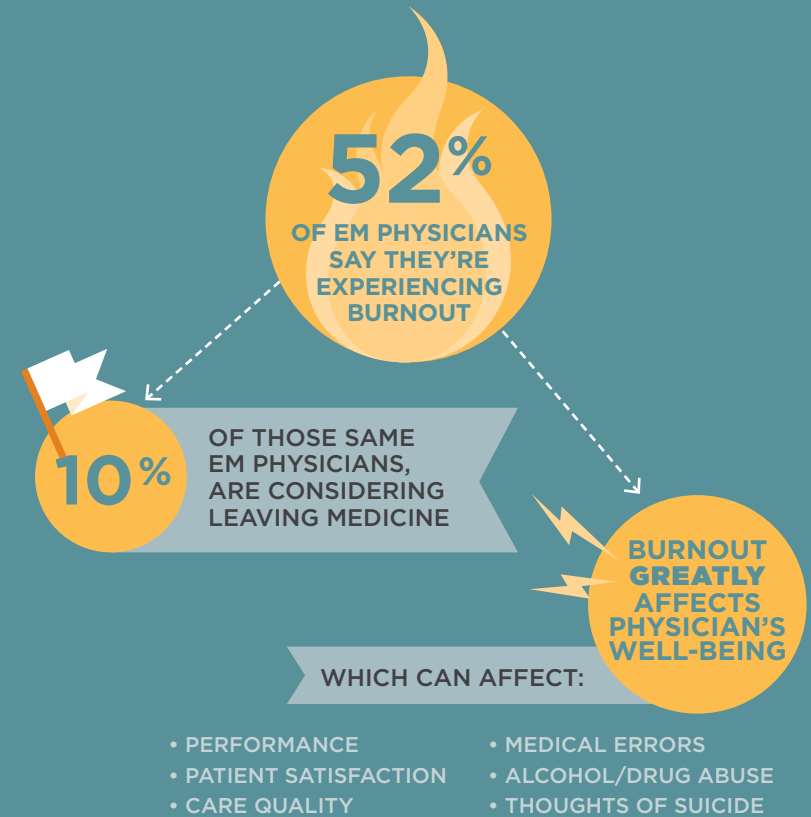
Burnout is a significant problem for all physicians, but a recent study of more than 7,000 physicians revealed that emergency physicians burn out at a rate more than three times the average doctor. The 2015 Medscape Physician Lifestyle Survey<sup>6</sup>, which reported 52 percent of surveyed emergency physicians say they're experiencing burnout—second only to critical care physicians—found that 10 percent of burned-out physicians said their burnout level was to a point where they were considering leaving medicine altogether.

Undoubtedly, burnout is no small issue for hospital administrators. Studies show it greatly affects a physician's well-being (alcohol and drug abuse and addiction, thoughts of suicide are common) and that of their patients: lower patient satisfaction and care quality, and more medical errors. As such, preventing and installing safeguards against its root causes is vital.

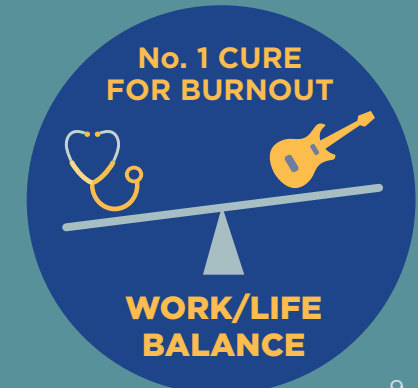
The top three causes, according to the Medscape survey: too many bureaucratic tasks, spending too many hours at work, and insufficient income. While an ED physician's income level is certainly something administration can impact, the reality is that raising ED physician pay above the market rate for your region may not be feasible for your hospital, or even fruitful; experience shows that like any relationship, long-term physician-hospital commitments tend to be more strongly fortified by those things money can't buy—shared values, strong leadership, a supportive practice environment, a collaborative ED team.

That's not to say money doesn't matter. For younger, less experienced physicians who might have minimal savings post-residency but face daunting med school loans or are looking to purchase a first home, signing bonuses and/or relocation reimbursements often prove to be valuable draws. With more

## HOW SERIOUS IS BURNOUT?



### TOP THREE CAUSES OF BURNOUT



established, experienced physicians, signing bonuses and relocation money may not be as important to them as what they know from experience they want or need in a practice environment, culture, medical director leadership, or team.

No matter how long a physician has been practicing, one factor is non-negotiable if you are serious about retaining him or her long term: work-life balance. While you'll never be able to control what walks in the ED door, when, administrators certainly can control how ready the ED team is to cope with it by ensuring the physician work schedule is humane and allows for adequate balance with a doctor's life outside the ED. That means making it clear and enforcing schedules that don't require physicians to flip from night to day and back again in a short series of shifts

or to work shifts that are longer than is safe or reasonable. Although overtime can't always be avoided, the careful and consistent monitoring of patient volume by a responsive leadership will ensure your ED is adequately staffed and able to handle swings in its patient load. Fair and equitable scheduling, in which all physicians share responsibility for working nights, weekends and holidays, also goes a long way in promoting a strong, team-centric practice environment. By making a conscious effort to support your physicians during work as well as to protect their personal time outside of work, you're showing your physicians they are valued as people and allowing them the necessary time they need to recharge from what is, unavoidably, a demanding job. Not only will your physicians benefit from this kind of culture, your patients will too.

## Summary

By the very nature of its purpose, the emergency department is a uniquely challenging part of any hospital, and the demands for and on the physicians who make it tick are ever increasing. Because administrators ultimately bear the burden of ensuring their hospital's ED is stable, and a true asset to the hospital and its community, it is vital that they make certain the hospital has invested in an ED recruiting and retention plan that is proven to work.

Finding the right providers for your hospital and ED's culture and priorities is job No. 1, but keeping them is no less important. To do so, however, requires ongoing commitment to strong ED leadership, appropriate staffing levels, a financially and operationally strong practice environment, work-life balance, and consistent demonstration that the hospital values the people who make up its emergency medicine team. Creating and maintaining this kind of culture will breed not only the fundamentally necessary physician and patient satisfaction but also physician and patient loyalty—aspects no hospital in today's healthcare environment can afford to ignore.

## References

1. <http://www.ncbi.nlm.nih.gov/pubmed/18945242>
2. <http://www.ncbi.nlm.nih.gov/pubmed/20036032>
3. <http://bhpr.hrsa.gov/healthworkforce/supplydemand/usworkforce/primarycare/>
4. <http://www.locumtenens.com/physician-recruitment/physician-retention-white-paper.aspx>
5. <http://onlinelibrary.wiley.com/doi/10.1111/j.1553-2712.2010.00718.x/full>
6. <http://www.medscape.com/viewarticle/838437>



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