

Physician Recruitment and Retention Committee

The Physician Recruitment and Retention Committee met Tuesday June 7, 2016 in the Board Room. Mr. Jackson called the meeting to order at 12:22p.m.

Members present:

Mr. Harvey Jackson, Chairman
Mr. Bill Stangl, VP Physician Services
Mrs. Mary Barks, Director Patient and Resident Experience
Mr. George Dunlap, Board Member
Mr. Randy Hite, Board Member

Also present:

Dr. Lowell Amiotte
Dr. Angela Biggs
Dr. Brian Clarke
Dr. Tom Davis
Whitney Fevold, APRN
Dr. Sairav Shah
Dr. Nicholas Stamato

1. CALL TO ORDER AND APPROVAL OF MINUTES

Approval of Agenda

Mr. Hite moved, seconded by Mr. Dunlap, to approve the agenda with the addition of Recruitment Rules under New Business. Motion carried.

Approval of Minutes

Mr. Dunlap moved, seconded by Mr. Hite, to approve the minutes of the May 3rd meeting. Motion carried.

2. RECRUITMENT

OLD BUSINESS:

WWAMI Program

Dr. Larry Kirven returned to CCH on Friday May 13th to answer questions and assist with the application process. Karissa submitted application for review and approval by WWAMI.

NEW BUSINESS:

Medical Staff Recruitment Referral Incentives – This administrative policy is currently in place at CCH and is up for review. There is one instance of reference to CCMH that will be changed. Mr. Hite moved, seconded by Mr. Dunlap to approve the policy with said change. The policy will now go to the Board Meeting on June 23rd.

Pulmonology – Dr. Fort has resigned with a last day of August 19th. It was asked if we can have Board approval to continue recruiting to replace his position. Consensus is that with his current patient volume, having an ICU, Sleep Lab, and Cath Lab on site that this is a critical position to have filled. With this position being a replacement, we have the approval.

It was asked, “with this being a potentially difficult position to fill quickly, could we gain support from an outreach clinic with a Pulmonary Fellowship?” This question will be brought to Andy Fitzgerald to see how he would like to answer to handle it.

Dr. Stamato and Dr. Shah have agreed to take over the Cardiac and Pulmonary Rehab responsibilities. Bill Stangl spoke with Dr. Finley with regards to covering the Medical Director and report reading pieces of the Sleep Lab. Dr. Davis offered assistance with the Sleep Lab, also.

Dr. Koduri resignation – Dr. Koduri has turned in her resignation with a last day being December 1st. Do we have Board approval to recruit for this position? Since it is a replacement and we are currently working for an additional one, we may begin recruitment.

Recruitment Update

- **ECD:**
 - In process of confirming dates in July or August for UT candidate to work a block of shifts.
 - MT candidate has a site visit today.
- **Family Medicine:**
 - In process of determining a date for site visit for WY candidate.
 - AL candidate scheduled for 7/25 site visit.
- **Hospital Medicine:** CO candidate start date 8/29.
- **Internal Medicine:**
 - MN candidate to make decision on opportunity week of 6/13.
 - NC candidate (5/6 visit) had positive feedback.
 - NC candidate (6/3 visit) had positive feedback.
- **Physical Medicine and Rehabilitation:** Andy gathering more information on WA candidate.
- **Physician Extender – Ortho:**
 - SD candidate (3/21 visit) was extended an offer.
 - SD candidate (5/9 visit) accepted offer and has start date of 9/1.
- **Behavioral Health:** Psychiatrist signed contract and will begin June 27.

Demand Tool

- There are no changes since last month. Next update is scheduled for 2017.

Recruitment Rules

- What is usual process of recruiting?
 1. Phone interview with Andy or Bill and Karissa,
 2. Provider on site to interview,
 3. Get feedback and if positive begin discussion to draft contract.Suggestion made to also include provider from practice in initial call as it would show peer involvement.
- At what interval do we reevaluate our offers or processes if we are not filling positions?
- What do we do for and with follow-up data? We do get follow up from recruitment firms that we use on provider visits.
- If we want to make changes to processes or rules for recruitment, PRRC is place to initially discuss it. Approved changes would then be brought to Board Meeting and turned into policy.
- Suggestions made:
 1. Look at more aggressive tactics for high priority recruitment needs (ex. Pulmonology).
 2. Find out what candidate wants out of life, not just monetary, to possible make offer more enticing.
 3. Have contract ready at end of visit instead of there being a delay in getting draft to candidate.
 4. Move position of CMO into the high-priority section of demand tool. If we do not have CMO in place, we may lose new recruits if they are younger doctors with no mentorship in place.
- Items for next PRRC agenda: review current recruitment/retention policies, ideas for Administration to consider (policy or “attitude” items), rules for recruitment and retention.

3. PHYSICIAN RETENTION AND RELATIONSPhysician Retention and Relations Report

- There was no report at this meeting.

4. ADJOURNMENT

The meeting adjourned at 1:17 p.m. **The next Physician Recruitment and Retention meeting will be July 5, 2016 at 12:15 p.m. in the Board Room.**