

Recruitment and Retentions Issues with Various Positions at MSH

Psychiatrists and APRNs

Rationale For Modifying the Pay Scale for Psychiatrists and Psychiatric Advanced Practice Nurses at Montana State Hospital.

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Current Situation:

Today, Wednesday April 25, 2012, Montana State Hospital has three vacancies for full time psychiatrists. We have been recruiting for two of the positions for over 400 days. The most recent vacancy occurred as a result of one of our doctors accepting the full-time psychiatrist position at the Montana State Prison. His last day was April 20, 2012. Another one of our psychiatrists will be leaving this Friday April 27, 2012. When this occurs we will have four full time psychiatrist positions vacant out of a total of nine psychiatrist positions at Montana State Hospital. Unless we are able to show the remaining docs that we are actively working to resolve the situation of this "shortage", we will be at risk for losing additional providers.

Mitigation Efforts:

What have we done and what are we doing to mitigate the stress and burden the remaining licensed independent providers are experiencing to help them feel supported during this time:

1. We have secured the services of AMDD Medical Director, Dr. Simes, five days a week until we can get some temporary docs on staff to help with the admission and treatment of patients.
2. The hospital is working with multiple recruitment firms and has signed agreements for two temporary docs to begin in early June or when they secure Montana Licenses which ever comes first.
3. The hospital is continuing to work to seek permanent psychiatrists and additional temporary docs to help with weekend coverage.
4. The Medical Director has agreed to take additional weekend call, one APRN has modified her schedule to enable her to help with call two weekends per month and all APRNs are now included in the call schedule. This means that existing call for the remaining four psychiatrists will remain comparable to the call schedule prior to the departure of the two most recent psychiatrists leaving.
5. We are restructuring where patients are admitted and working to have one unit with more stable or most stable patients so that Advanced Practice Nurse may be able to cover with remote consultation from psychiatrists.
6. We are seeking assistance from Crisis houses to accept Emergency Detentions while we are under staffed with LIPs.

Primary Barriers to Recruitment/Retention

What are the primary issues that are driving the exodus and lack of replacement Psychiatrists?

1. Around the clock call. As our doctors are aging, they are complaining more and more about being on call through the weekend. The two docs who have just left have attributed it to being able to find jobs with no call.
2. Current pay for Psychiatrists and APRNs is not competitive.
  - Medical Group Management and Associates 2011 Physician Compensation Survey based on 2010 data confirms this.
  - Psychiatric APRN 25th %tile = \$85759; Median = \$94588; 75%tile = \$107,835.



- A recruiter I am working with told me he recently placed a new grad Psychitric APRN in Butte at \$95K and a Psychiatric APRN with 10 years of experience at \$118K. Our based for aprns is slightly less than \$80K.
  - Psychiatrist 25th %tile = \$166,105; Median = \$199,996; 75th%tile = \$240,656.
  - The doc that just accepted the MSP position told me he would be paid \$10 more per hour at MSP.
  - Our current based for Psychiatrist at MSH is slightly over \$162K.
  - We need to recognize that there is a shortage of Psychiatrists in the nation and that we will need to be financially competitive to land people at MSH.
  - I have provided our financial package to at least 8 prospective candidates in the last year. After providing the information, we do not hear from them again. I have to presume that our financial package discourages additional exploration.
  - We must have doctors and aprns to provide Medicare certified services and informed services at MSH.
- a. Recommendation: My recommendation is that we immediately move the new base pay for Psychiatrists and Psychiatric APRNs either to or as close to the existing MGMA median as possible.
3. Specialty Shortage.
    - The demand for psychiatrists and APRNs is increasing and there are few coming into the market each year.
  4. Uncompetitive Working Conditions.
    - Many psychiatrists are now supported by hospitalists around the clock. Call is a thing of the past. Residents often provide the weekend and night coverage. Where resident are unavailable Hospitalists often provide hospitalists.
    - Many state hospitals are establishing admitting hours to better serve patients and decrease wear and tear on psychiatrists.
    - Caseloads must be manageable and allow for safe care of patients. Some states do not allow untreatable patients to be sent to state hospitals i.e dementia patients, personality disorders and chemically dependent.

#### What We Need To Do:

1. Adjust pay scales asap (see above)
2. Temporarily suspend EDs at MSH
3. Establish admitting hours
4. Limit Admissions to Forensic Unit
5. Consider capping census.
6. Develop SWAT team for safely managing super violent patients (if we could call on MSP for our patients that would suffice)
7. Eliminate Barriers to charging select assaultive and violent patients at MSH

#### **Registered Nurses**

We have need for many RNs. Full staff is 47 full time equivalent RNs. We currently have four vacant full time RN positions and have had 4 or more vacancies for the past three years. We receive many applications but our RN workforce is leaving as quickly as we hire them. In the past year we have hired 11 full time RNs and we continue to have at least four vacancies. Prior to the recent pay adjustment

most applicants were new graduates. If people with experience inquired, they would ask about starting pay. Our pay was not competitive until recently. Now more experienced nurses have some interest.

We have difficulty with retention of RNs and we do not pay higher wages for experience.

### **Licensed Practical Nurses**

The problem we have with hiring LPN's is limited supply. LPN training programs have dropped off in recent years. We have a small applicant pool when we advertise, and the majority of our LPN's are long term employees nearing retirement.

Many LPNs advance to Registered Nurses. We expect to have increasing difficulty hiring LPNs and may have to resort to replacing them with RNs.

We do not pay higher wage for experience.

### **Psychiatric Technicians**

We have a large number of applicants when we advertise, for example, we were recently approved to hire twenty Psych Techs and we received 70 applications and we hired 11 qualified candidates.

In addition to a weak application pool, we have high turnover in this position. It is a difficult position to fill with unskilled labor. Out of the number of those hired, 58 we had 16 resign or leave, 28%.

### **Health Information Director**

This position has been vacant for 18 months. We have had two qualified applicants neither of whom passed muster upon screening. We have elected to resort to a training position for an existing staff member who has agreed to secure the needed certifications within two years.

### **Forensic Psychologist**

We have recruited for more than one year and we have had 2 applications. The pay we have is not competitive for the specialized training and experience required. Qualified applicants have turned down our offers.

### **Social Workers**

We had a 43% turnover rate in Social Workers over the past 12 months. The high turnover was due to primarily to retirements but also a termination and a resignation. The pay scale has hampered us in securing replacement social work staff because our pay is not competitive with the market. We have had some social workers accept positions here and leave shortly after arriving because of better offers.

### **Food Service Workers and Janitorial Staff**

Food Service Worker have had a 73 percent turnover rate in the past year and Janitorial staff have had a 29% turnover rate. The high turnover rates are due to high paying jobs in the area or transferring to the higher paying unskilled Psychiatric Technician positions. A janitor start out \$9.04 per hour and a food service worker starts out at \$9.25 per hours. A Psychiatric Technician starts at \$12.67. All of these positions are entry level and work with patients on the units.

MSH Overall

The State Hospital averages 28 vacant position per month throughout the year.