PATH to Success: An Innovative and Inclusive Approach to Recruitment

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BACKGROUND

Historically, Mayo Clinic Rochester has been an open access campus, with very few locked doors, allowing integration into the city and free access to the clinic for patients, visitors and staff.

At the onset of the COVID-19 pandemic, Mayo Clinic took active steps to limit access to our campus by reducing entry points into the hospital and clinic from 25+ open access entry points to 11.

In addition to monitoring access, federal agencies like the CDC and CMS required healthcare facilities to develop and implement COVID-19 screening to mitigate the spread of COVID-19 as essential business activities returned.

To staff this new work, initially, the practice relayed on the redeployment hub, created to leverage employees from work units whose work was paused due to COVID-19. More than 1000 employees across Mayo Clinic Rochester practice helped with this.

As the practice and institution began to see patient volumes rebound there was an identified gap in the workforce, as previously redeployed staff were returned to their home work units.

OBJECTIVES

As Mayo Clinic responded to the COVID-19 pandemic, the lack of a sufficient workforce for key roles was identified as a significant risk. These roles included the front line of COVID-19 protection and enforcement of safety policies at patient entry points and throughout the facility.

With return normal operations, the lack of staff to do this important work escalated. To overcome this risk, an innovative, inclusive approach to recruitment, that optimized the ability to recruit, train and retain a new workforce was required which resulted in the creation of the Patient Arrival and Throughput Team (PATH).

PLANNING

With intentional community engagement through postings and virtual job fairs at Rochester Community and Technical College, the University of Minnesota Rochester, Project SEARCH, Project Legacy, and Hawthorne Adult Education Center, Mayo Clinic was able to expand our reach to candidates.

Additionally, by conducting listening sessions, surveys and soliciting informal feedback from staff serving in the role and potential candidates applying for this position helped identify the barriers in the process which included requiring a resume, interview process, and business formal dress code. There was also a need to expedite the orientation and onboarding process to get the staff hired and onboarded as soon as possible.

METHODS

In partnership with HR, recruiters utilized a variety of tactics during a 6-week recruitment timeframe including online job posting and virtual career fair on weeknights and weekends, engagement with community organizations, and changing submitting a resume from required to preferred. Then once candidates were selected, HR utilized a novel self-scheduling software to schedule 20-minute interviews, took extra time to explain the business casual dress code, and streamlined partnership with occupational health to offer expedited employment physicals.

With the success of recruiting this new diverse workforce, it was important for Mayo Clinic to retain this talented group of individuals. To accomplish this, a talent management program was created which included a resource guide for career development, inclusive of resume and interview preparation resources and tool for employees to understand and explore other roles at Mayo Clinic.

RESULTS

Recruitment and Retention:

- 599 applicants
- 260 interviews completed
  - 43% of applicants
- 234 offers
  - 90% of those interviewed
- 209 offers accepted
  - 89% of those offered
  - 33% minority candidates
- Over 64% retained in over 20 different roles across the organization

FIGURE 1: HIRING PROCESS EFFICIENCIES

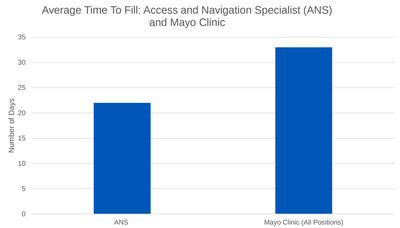


FIGURE 2

ANS RETENTION

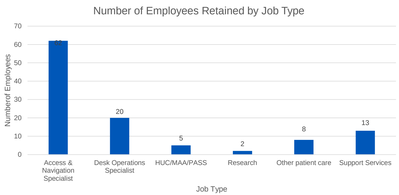
The above figures display that hired and retained candidates from the PATH team showed equal distributions in diversity.

This data indicates further need for study in matching these diverse hires to the right roles to ensure maintenance of this retention past an entry level job.

FIGURE 3

PATH Staff screening patients in the Gonda Building in Rochester, Minnesota.

FIGURE 4



- "Access and Navigation Specialist" represents individuals hired into permanent roles.
- HUC = Hospital Unit Coordinator
  - working on inpatient care units
- MAA = Medical Administrative Assistant
  - providing secretarial and limited patient support to providers
- PASS = Patient Appointment Service Specialist
  - scheduling of patient appointments and itineraries

CONCLUSIONS

The reimagined recruitment process was successful in recruiting a large entry-level workforce quickly, and connections throughout the organization ensured retention of those staff member's long term. Key success factors included community engagement, streamlining of the application and interview process, effective onboarding, and creating a talent management program. In addition, Mayo Clinic experienced increased diversity in our workforce. The process is being extended to other applicable work units that are experiencing challenges with recruitment.

DISCUSSION

- The ANS role filled a vital workforce gap and allowed an opportunity for the institution to implement new hiring practices on a dynamic environment, with results that were better than anticipated.
- As the PATH team showed dramatic increases in hiring efficiencies, and ways to leverage novel technologies to effectively recruit, screen, and onboard candidates during an ongoing global pandemic, these tactics have now been more widely adopted by other groups facing hiring challenges, including the Desk Operations (DOS) team.
- It is the long term goal for the Access and Navigation specialists employed as part of PATH to transition to roles within the DOS team. Their diverse skill set will allow them to screen, swab, and perform routine DOS tasks at a high level. These hybrid hires will become standard practice for the DOS role, increasing the organization's ability to be nimble in times of crunch or crisis and aligning with other industry best practices.

ADDITIONAL ARTICLES

- Patel, T. Y., Bedi, H. S., Deitte, L. A., Lewis, P. J., Marx, M. V., & Jordan, S. G. (2020). Brave new world: Challenges and opportunities in the COVID-19 virtual interview season. *Academic Radiology*, *27*(10), 1456–1460. https://doi.org/10.1016/j.acra.2020.07.001
  - Virtual interviews allow for a larger pool of interviewees
- Seifi, A., Mirahmadizadeh, A., & Eslami, V. (2020). Perception of medical students and residents about virtual interviews for residency applications in the United States. *PLOS ONE*, *15*(8). https://doi.org/10.1371/journal.pone.0238239
  - Paper highlighted cost of in-person residency interviews is very high (travel, interview clothes, time away from school/work). Virtual interviews are more accessible and reduce burden of cost
- Davis, M. G., Haas, M. R., Gottlieb, M., House, J. B., Huang, R. D., & Hopson, L. R. (2020). Zooming in Versus Flying Out: Virtual residency interviews in the era of Covid-19. *AEM Education and Training*, *4*(4), 443–446. https://doi.org/10.1002/aet2.10486
  - Benefits of virtual interviews: allowing interviews to continue during a pandemic, decreased cost for applicants and programs, minimizes time away for applicants, increased flexibility for interview times/dates
- Wills, C., Hern, H., & Alter, H. (2015). Residency applicants prefer online system for scheduling interviews. *Western Journal of Emergency Medicine*, *16*(2), 352–354. https://doi.org/10.5811/westjem.2015.1.24615
  - 87.5% of applicants preferred the online self-scheduling method