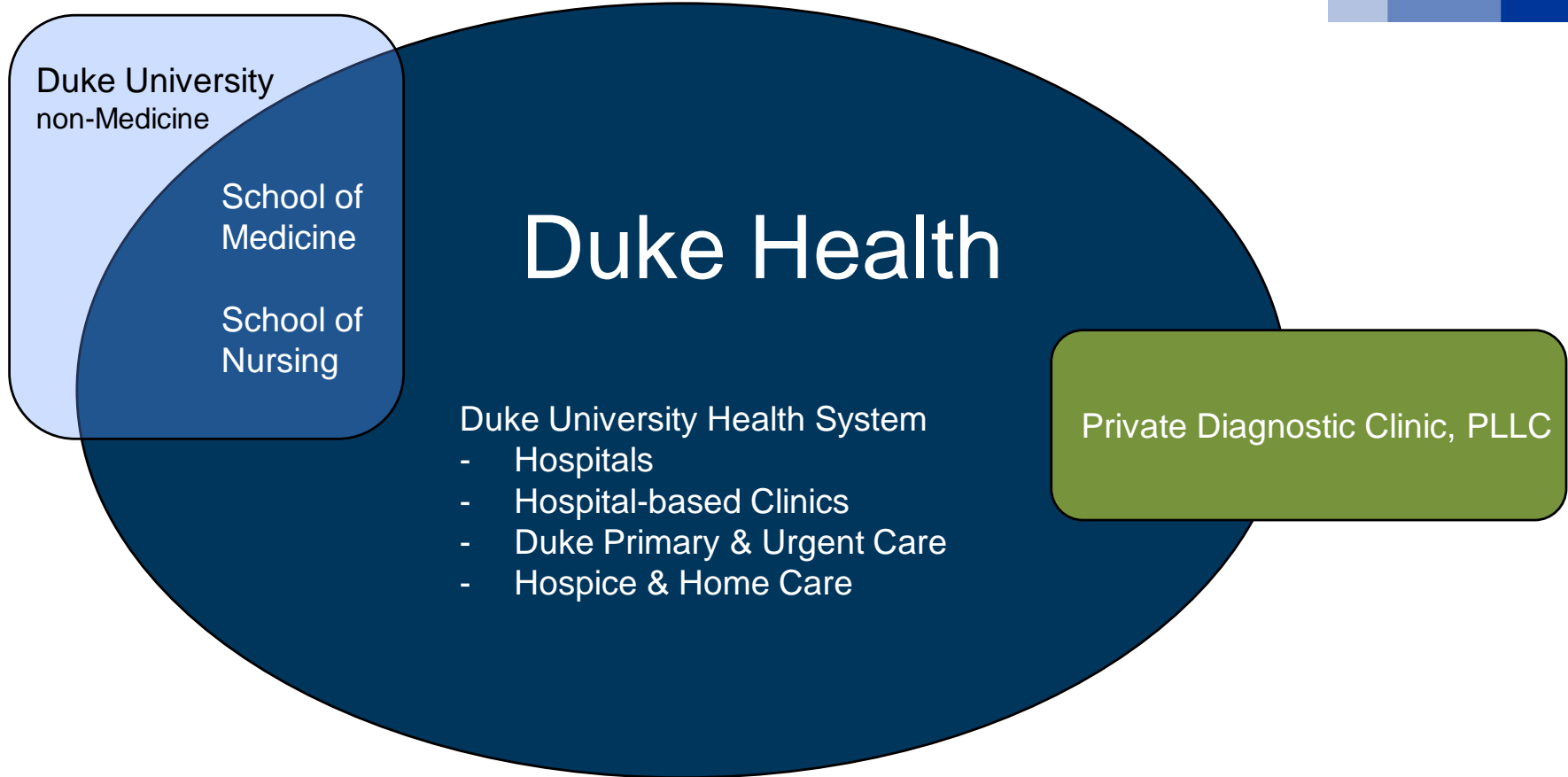# Duke Health Clinical Growth
Provider Transition and Management Overview

Paul Newman

Senior VP, Duke Faculty Practice

Private Diagnostic Clinic, PLLC

Duke University non-Medicine

School of Medicine

School of Nursing

Duke Health

Duke University Health System
- Hospitals
- Hospital-based Clinics
- Duke Primary & Urgent Care
- Hospice & Home Care

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The Faculty Practice is a separate legal entity From Health System
- Associated with Duke University through faculty physicians
- Branded under the Duke Heath

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Size and Scope of the PDC – FY17

1,550 Physician Members (15 Clinical Departments, 80 Divisions)

1,250 Advanced Practice Providers, Nurses, Clinic Staff

80 PDC clinic sites in 10 NC counties, VA

1.6 Million Patient Visits Annually
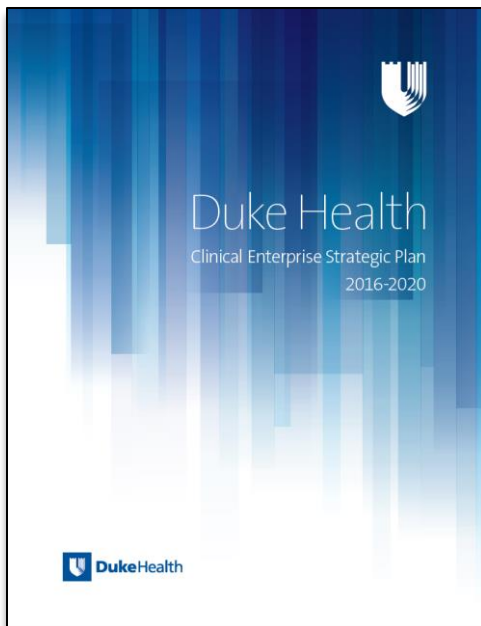
$72M in Charity and Uncompensated Care Annually

$802M Annual Total Revenue

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Growing to Support the Needs of our Community

Clinical Enterprise Strategic Plan

Strategic Goals Supported by Ambulatory Expansion:

- Lead in the Delivery of Highest-Quality, Patient-Centered Care
- Integrate to Optimize Coordination of Care
- Grow and Extend our Reach Locally, Regionally and Nationally
- Invest in Innovation to Create Sustainable Differentiation and Value
- Deliver on the Promise of Population Health

When identifying the sites and specialties to include in the ambulatory plan, Duke Health followed several guiding principles:

- Geographically dispersed sites
- Provide access to the communities we serve
- Align primary and specialty services
- Consolidate sites for efficiency and visibility
- Maximize existing capacity and promote access
- Develop a land acquisition strategy for future growth.

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Today's Discussion:
Grow and extend our reach locally

Growth Opportunities

Ambulatory Facilities

Ambulatory Coverage Manpower Plan

Internal Systems to Support Growth and Provider Development

Investment and Outcomes

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Organize for Growth and Management of Providers Motivating Department Chairs and Faculty for Growth

- Focus departmental leadership on need for growth

- Approve manpower hiring plan, ie. type of providers (plan 5 years out)

- Develop funding plan to support hire(s) start-up phase

- Coordinated planning on timing of providers joining with clinic, hospital beds/ORs and department office space expansion

- Focus on process to efficiently recruit providers, credential and effectively on-board providers (online System)

- Management faculty development and expectations (online system)

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Provider Hire Plan:
Specialty and Primary Care

To support growth over the next 5 years, 560 incremental providers are planned. Provider growth support three distinct strategies:

1) Access
2) Strategic hires
3) Local market growth

Contract and non-modeled providers are broken out separately.

Strategy Type	FY16	FY17	FY18	FY19	FY20	FY21	Grand Total
Access		5	50	14	14		83
Contract		36	17	2			55
Local Market Growth		26	45	84	84	35	274
Non-Modeled					2		2
Strategic Hire	16	100	27	1	1	1	146
Grand Total	16	167	139	101	101	36	560

	FY16	FY17	FY18	FY19	FY20	FY21	Grand Total
Specialty	16	147	102	75	59	8	407
DPC		20	37	26	42	28	153
Grand Total	16	167	139	101	101	36	560

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Private Diagnostic Clinic Specialty Providers

In addition to the 186 DPC providers, specialty services will be supported by the PDC's planned addition of approximately 400 incremental specialty providers at existing and new sites.

Specialty	FY16	FY17	FY18	FY19	FY20	FY21	Total by Specialty
Anesthesiology	1	11	6				**18**
Dermatology		1	3				**4**
Family Med		6					**6**
Medicine	*9*	*39*	*11*	*29*	*19*	*1*	*108*
Cardiology	2	4		2	5	1	14
Cell Therapy		6					6
Endocrinology		4	3	7	1		15
Geriatrics		1		2			3
GI	2	10	2	2	8		24
Hem/Onc - Hematology		1	2		2		5
Hem/Onc - Oncology		6	2	5			13
Nephrology		1		2	1		4
Pulmonary	1	4	2	4	1		12
Rheumatology	4	2		5	1		12
Neurology	1	4	7	5	6	2	**25**
Neurosurgery		3	15	2			**20**
Obstetrics/Gynecology	1	5	1	4	5	4	**20**
Ophthalmology		7	9	3	9		**28**
Orthopaedics	1	11	15	6	5		**38**
Pathology		1	5				**6**
Pediatrics		12	19				**31**
Psychiatry		2	18				**20**
Radiation Oncology		5	1				**6**
Radiology		1	2	5	3	1	**12**
Surgery	*1*	*23*	*18*	*13*	*8*		*63*
CT Surgery		1	2				3
Emergency Medicine		2					2
ENT - Head & Neck Surg		3	2	3	1		9
General Surgery		11	10	5	4		30
Urology	1	4	3	2	2		12
Vascular		2	1	3	1		7
GRAND TOTAL	*14*	*131*	*130*	*67*	*55*	*8*	*405*

PDC Strategic Hire Physician Manpower Plan

Each year, the Health System, PDC and School of Medicine implemented a pre-budget planning process for the purpose of identifying key faculty recruitment needs for the subsequent fiscal year and the resources associated with those recruits. This process is integrative, involving institutional strategic priorities as well as other chair-identified department needs. The resource analysis identifies institutional requirements and department needs.

Once agreement has been reached with each clinical chair regarding the approved (MD and APP) clinical recruitment plans and related support, recruitment can begin in time for subsequent fiscal year start-dates and in time for the financial impact to be built into the department budget process.

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Strategic Clinical Hires

Objective: (March 2003)

PDC Board, Dean and Health System leadership agreed that a short term strategy was needed to assist departments in hiring specific clinical faculty in order to stimulate clinical growth.
- Every year we lose 100 MDs typical cost to replace $100-150k

A proposal was introduced and approved stating the following goals:
- The clinical hires fit within the stated priorities of the Health System and Departments to support services lines , ie. heart, cancer, musculoskeletal, and neuroscience
- Further the clinical enterprise by hiring "full time" clinicians
- Consistency with educational program objectives of the SOM
- Differentiate Duke as a center of excellence
- Fill a need and relieve patient access choke points
- Have a reasonable business plan
- Identify a specific person to hire
- Assist the Departments with the recruitment and on-boarding process

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Strategic Clinical Hires

Guidelines Approved by Leadership

- No one gets any new hires unless you show you're using existing staff optimally

- Full time clinicians mean full time clinicians (at least 80% clinical time)

- Need for incentive based provider compensation plans

- Truth in pro-formas using a standard format (Coverage of Direct Costs Only)

- Put it in writing – Specific contract for each departmental hire

- Includes MD and APP strategic providers, excludes APP's that are assisting MD professional billings

Determination for Financial Subventions

- Physician pro-formas are established by each department and include only those initial costs that are **"direct expenses"** associated with adding an additional faculty member. Centrally reviewed and scrubbed to standard format.

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Strategic Clinical Hires

Financial Model

Examples of Direct Expenses Include:

- MD salary and fringe benefit
- Secretary, PA or NP salary and fringe benefit
- Malpractice
- Office space and equipment
- Relocation expenses
- Miscellaneous Direct expenses (ie. Cell phone)
- Direct clinic expenses to support new hire

Examples not Covered in the Pro-forma:

- Building Fund (Space)
- Department and/or Division overhead
- PRMO (rev cycle) expenses
  - (All of these costs are fixed annually)

Tracking Hires thru the Entire Recruitment Process
Duke Medicine Recruitment Database
DMR 2.0

Physician Lifecycle

Stakeholders

PDC   SOM   DUHS

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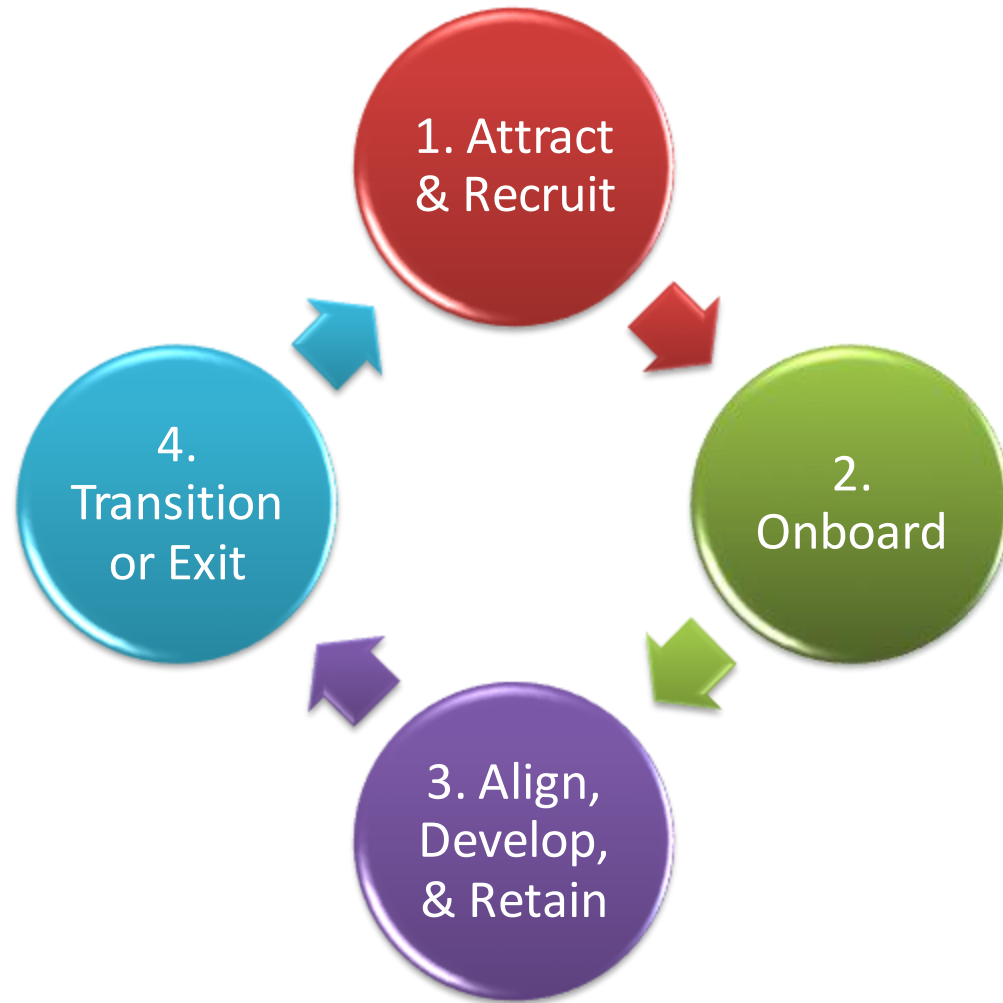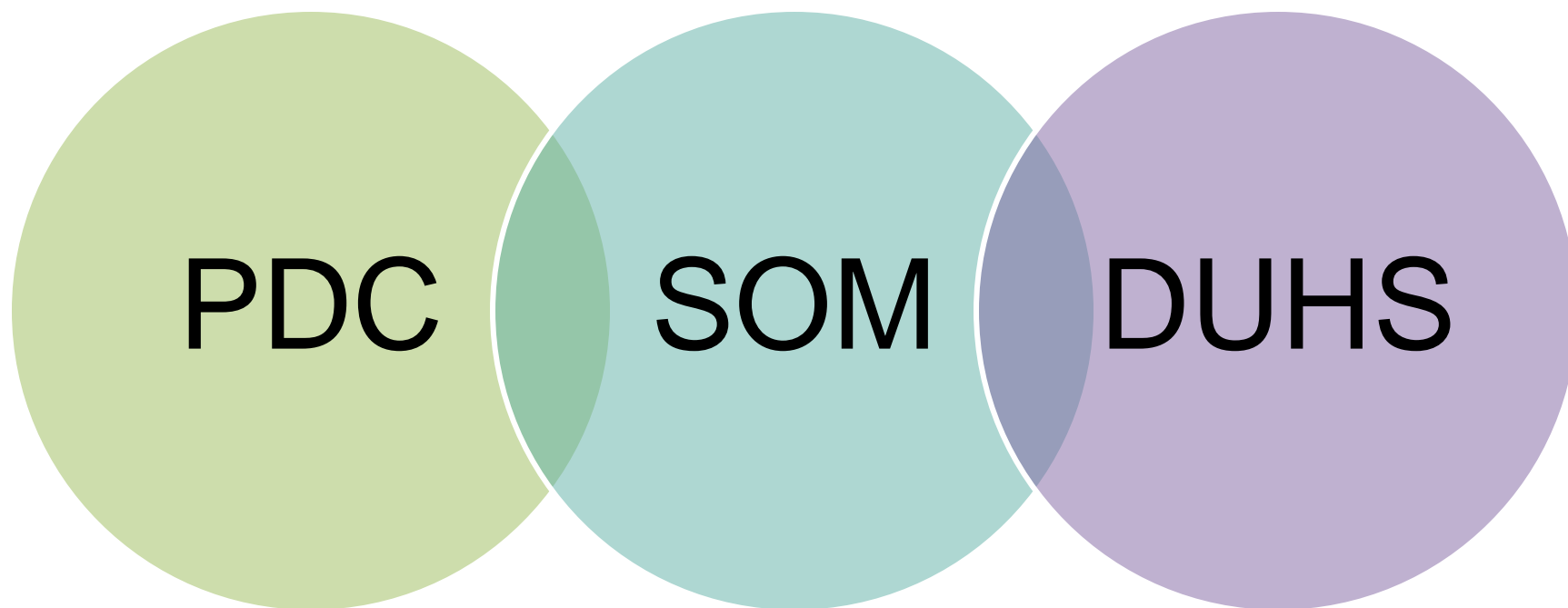
Entity Interaction Involving Faculty Hiring

Department
- Posting of position
- Job description
- Faculty title
- Effort
- Funding
- Office space

Practice
- Manpower plan approval
- Capital and resource planning for providers
- Clinic space planning
- Coordinate with Hospital for OR, bed, equipment, etc
- Faculty recruitment
- Faculty on-boarding

DMR

Other
- Hospital Credentialing
- Revenue Cycle: Credentialing and Billing

SOM
- Faculty appointments, promotion, and tenure process for Clinical and Basic Science positions
- Position and candidate approval by the Dean or designee
- EEO Reporting

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Prior to DMR

- Manpower planning was managed via a large spreadsheet, all proformas were saved on our private server, communication was face to face and via email.

- All candidate tracking was managed in a large spreadsheet.

- All candidate data was stored on our private server and Departments did not have access.

- Departments did not have a set check list for onboarding new faculty. Each department had its own way of doing things and often critical items were missed.

All lead to a lack of coordination between the Department, SOM , Practice and Hospitals in the resource planning and support of new hires. Resources such as capital from practice to backstop hires, office space, OR & Bed capacity, special equipment, unit operating budgets, etc.

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Initial Purpose/Vision

DMR launched in 2008

- Automate and centralize the recruitment process for all Duke Health entities as well as support the appropriate approval process for recruitment.

- Facilitate development of faculty manpower plans by departments/entities.

- Establish database record of negotiation points and entity support for faculty recruits.

- Streamline recruitment process.

- Track onboarding process for clinical faculty

Goal: Move up the process for approval, post position, recruitment, offers to candidates, and finally getting the provider up to speed to see patients closer to their start date.

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DMR 1.0 Launched in 2008

Manpower planning managed centrally via DMR. Critical information is collected (faculty rank, effort, funding, etc) and factored into the overall budget. Approvals, denials, special circumstances are recorded in the position record.

Onboarding

- This global tool allowed onboarding standards to be established and increased efficiencies
- The online version allows various users to collaborate on the completion of tasks. Each task is assigned to a specific " owner". Completion of tasks are centrally monitored by PDC Physician Integration, who also provides onboarding assistance when needed.
- The global tool includes resource sections with detailed information on how to complete a task, which is helpful to new on-boarders.
- The online version allowed administrators the ability to instantly update information on the checklists when needed.

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Expectations

- DMR will track the entire process.
  - The status of any position and/or candidate can be determined and viewed at any point in the process.
    - Example: Department has submitted position to SOM for approval. DMR will show when the department submitted the position and how long it take SOM to approve it.
- Each Entity will have specific expectations to alleviate any delays in process.
  - Example: SOM will have 3 days to respond to all positions being submitted for approval.

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Process

1
- Department/entity enters new position with required documents and submits for review.

2
- PDC and/or SOM reviews for approval.

3
- Department/entity recruits new position and identifies lead candidate *or*
- Medical Staff Recruitment office recruits new position and identifies lead candidate.

4
- Department submits lead candidate and required documents via DMR.
- PDC and/or SOM approval granted or additional modifications recorded in DMR.

5
- When approved, offer letter is sent to candidate. The date the offer is sent is recorded in DMR.
- If offer letter generates further negotiations, go back to step 4.

6
- Offer accepted and start date is recorded in DMR.

7
- Begin onboarding process.

DMR 2.0 - Launched April 2017

- DMR 2.0 is Duke owned with in-house support for maintenance and enhancements

  – Web-based application

  – Developed in Microsoft .Net with MS SQL Server

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DMR 2.0 Enhancements

Positions

- Department dashboard/landing page

- Standardized naming conventions

- Customized query/views

- Email/note capability

- Alerts for required documents

- Improved funding section to be more user friendly and for accurate reporting

- Improved approval routing for quicker turnaround

- Approved/decline automated email notifications to key contacts

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DMR 2.0 - Position

DMR 2.0 - Position

21671 MED CARD CARDTEST is in STATUS: ✓ Working ⏱ For 108 days.

DETAILS

Name *	MED CARD CARDTEST	Faculty Rank Tenure *	Regular, Non-Tenured	Primary Dept Contact	
Department *	Medicine	Faculty Rank Title *	Associate Professor-Track IV, 1582	Business Manager	N/A
Division *	Cardiology	Anticipated Start *	7/1/2019 FY20	Recruitment Contact	N/A
		Out Of Budget Cycle * ❓	○ Appv'd In Budget ⦿ Not Appv'd In Budget	Request PDC Recruiter	☐
Secondary Dept		PDC Position	☑ Strategic Hire ☐ CPDC ☐ APP	APP Model	❓
Secondary Div		Contract Funding ❓		Growth Plan	💾
Entity *	PDC	New/Replacement *	⦿ New ○ Replacement		
Home Location *	Wake County	Replacement DMR#			
Purpose *	Grow Existing Service			PDC Recruiter	💾
Justification				Recruiter Comment	

EFFORT

Effort	Percentage	Comments
Clinical	100%	
Total	100%	

FUNDING

COMPENSATION	FY1	FY2	FY3
PDC			
Base	$304,713	$304,713	$304,713
PDC Award(subvention)	$160,873	$130,537	$92,534

DOCUMENTS

Required Documents:

Document	File Name	User	Date	Description	Upload
Proforma					📤

Optional Documents: ➕

Document	File Name	User	Date	Description	Upload
Dean Pre Approval					📤 ✖
Proforma Final					📤 ✖

CANDIDATE(s)

No Note has been added.

NOTES

No Note has been added.

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DMR Enhancements

Candidate/Recruitment

- Hotlinks for positions and candidate

- Customized query/views

- Improved funding section to be more user friendly and for accurate reporting

- Email/note capability

- Alerts for required documents

- Offer/recruitment benchmark data to be measured and reported by DMR *(coming soon)*

- Improved approval routing for quicker turnaround

- Approved/decline automated email notifications to key contacts

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DMR 2.0 - Candidate

DMR Additional Enhancements

- Approver dashboard for quick turnaround

- New proforma/funding template

- All clinical APP's are now tracked via DMR

- New Onboarding features

  - Customized views (All/Pending)

  - Onboarding landing page

  - Addition of clinical site

  - Relocation of task notes

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Medical Staff Recruitment Office

- Faculty recruitment is centrally managed (practice funds 8 positions).

- Clinical departments and recruiters work together within the system.

- Required documents are uploaded to the candidate profile (CV, EEO, Offer Letter, etc)

- Potential faculty visit data is collected.

- Coordinate all aspects of the candidate visits and interviews

- Contact point for hires MD up to the on-boarding process of start date (hand off to an on-boarding specialist)

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PDC Physician Integration

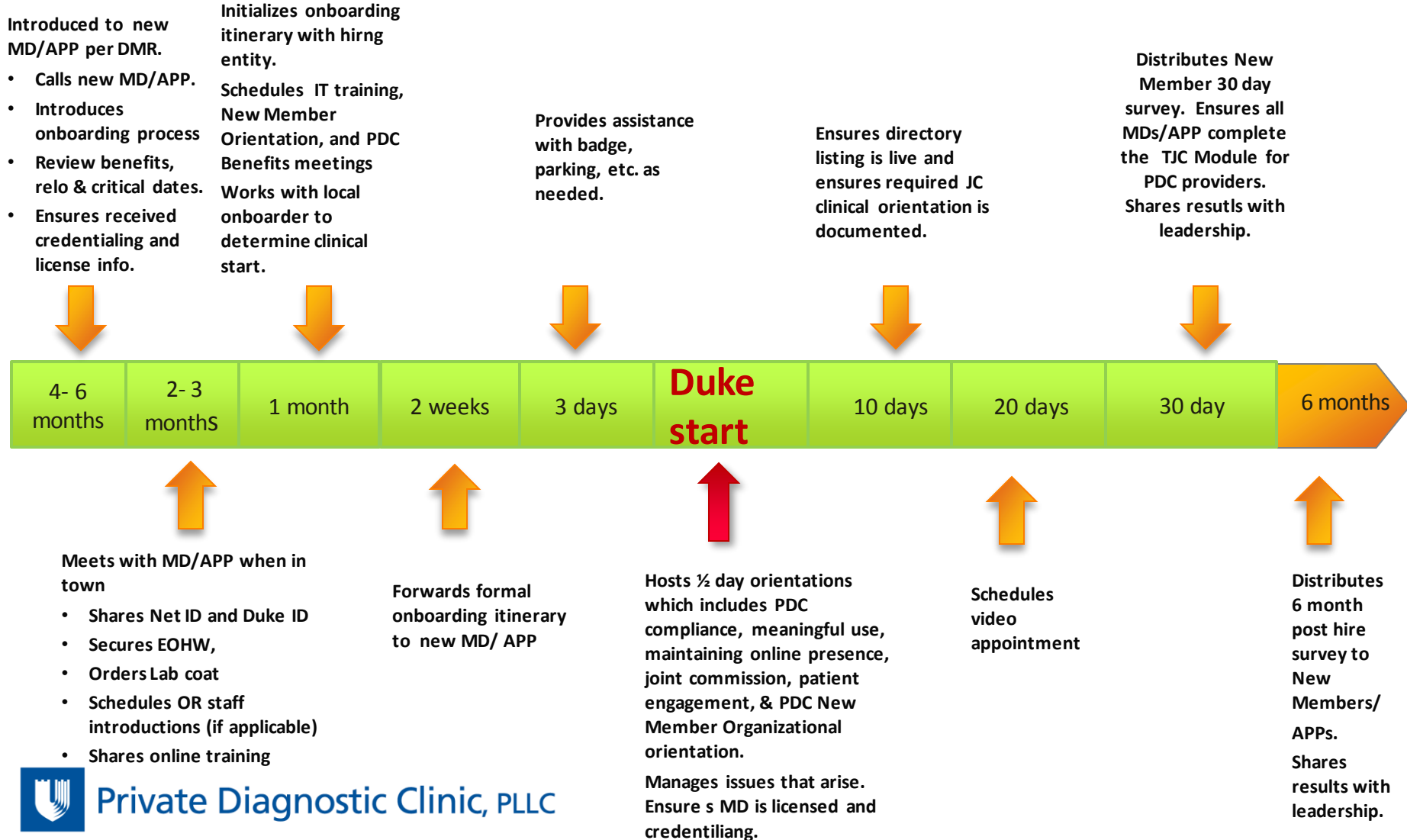# Physician Integration
Department Responsibilities

- Collaborates with various entities (CVO, IT, OESO, Dept/Division contacts) to standardize and streamline the onboarding process for new members.

- Conducts initial phone calls. Review pertinent info and timelines. Track onboarding process and resolve issues.

- Coordinates monthly half-day PDC New Member orientations. (Compliance, Meaningful Use, Joint Commission, Patient Experience, Organizational Orientation, and Maintaining Your Online Presence, Hospital transfers/EMTALA, and Duke Concierge Team).

- Maintains DMR onboarding checklist accuracy (tasks, links, responsible parties). Checklists are customized to meet department needs.

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Physician Integration
Activities with New MDs/APPs

Introduced to new MD/APP per DMR.
- Calls new MD/APP.
- Introduces onboarding process
- Review benefits, relo & critical dates.
- Ensures received credentialing and license info.

Initializes onboarding itinerary with hirng entity.

Schedules IT training, New Member Orientation, and PDC Benefits meetings

Works with local onboarder to determine clinical start.

Provides assistance with badge, parking, etc. as needed.

Ensures directory listing is live and ensures required JC clinical orientation is documented.

Distributes New Member 30 day survey. Ensures all MDs/APP complete the TJC Module for PDC providers. Shares resutls with leadership.

4- 6 months	2- 3 months	1 month	2 weeks	3 days	Duke start	10 days	20 days	30 day	6 months

Meets with MD/APP when in town
- Shares Net ID and Duke ID
- Secures EOHW,
- Orders Lab coat
- Schedules OR staff introductions (if applicable)
- Shares online training

Forwards formal onboarding itinerary to new MD/ APP

Hosts ½ day orientations which includes PDC compliance, meaningful use, maintaining online presence, joint commission, patient engagement, & PDC New Member Organizational orientation.

Manages issues that arise. Ensure s MD is licensed and credentiliang.

Schedules video appointment

Distributes 6 month post hire survey to New Members/ APPs.

Shares results with leadership.

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DMR - Onboarding Landing Page

The onboarding landing page allows users to have a quick view of important onboarding information. Any/all onboarders can edit information in the landing page.

DMR 2.0 Onboarding Enhancements

- New Onboarding Landing Page with new fields including
  - EPIC experience
  - EPIC training needs
  - Clinical Location
  - Relocation Budget
  - Net ID/ Duke ID
- Customized Views
  - Can view all tasks or only tasks that haven't been completed
  - Can view by responsible party/ owner
- Customized Reports – Auto generated Incoming MD Report and Tracking Report
- Off-Boarding
- Offer Letter Generation

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DMR - Onboarding Checklist

Task Categories

Onboarding Landing Page					✏
Task	**Owner**	**Date**	**Done?**	**Notes**	**n/a**
➕ 1. When final approval from Dean's Office is received for hire via DMR					
➕ 2. When signed offer letter is received					
➕ 3. 90 Days before anticipated start date					
➕ 4. 60 Days before anticipated start date					
➕ 5. When Physician is in town					
➕ 6. 30 - 45 Days before anticipated start date					
➕ 7. 10 - 15 Days before anticipated start date					
➕ 8. 3 Days prior to start date					
➕ 9. Upon Arrival					
➕ 10. Technical IT Applications					
➕ 11. VA					
➕ 12. Education					
➕ 13. Academic					
➕ 14. 10 Days Follow-up					
➕ 15. 30 - 60 Days Follow-up					
➕ 16. 6 Months Follow-up					

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DMR - Onboarding Checklist

Task		Owner	Date	Done?	Notes	n/a
1. When final approval from Dean's Office is received for hire via DMR						
2. When signed offer letter is received						
3. 90 Days before anticipated start date						
4. 60 Days before anticipated start date						
Ensure that the completed credentialing information is sent to the Credentialing Verification Office (CVO)	❓	Dept		☐	📝	💡 🕐
Finalize office location	❓	Division		☐	📝	💡 🕐
Order computer and printer (if applicable)	❓	Division		☐	📝	💡 🕐
Ensure new member obtained DEA and/or DEA has NC residency information	❓	Dept		☐	📝	💡 🕐
Order Office Phone	❓	Division		☐	📝	💡 🕐
PDC-PI will share online listing info with new MD	❓	PDC-PI		☐	📝	💡 🕐
5. When Physician is in town						
Set up picture for Physician Directory	❓	PDC-PI		☐	📝	💡 🕐
EOHW (Placement Health Review) appointment	❓	PDC-PI		☐	📝	💡 🕐
Obtain Lab Coat	❓	N/A		☐	📝	💡 🕐
Meet with dept contact to review I-9 and ensure 3rd party enrollment forms and credentialing forms are completed	❓	N/A		☐	📝	💡 🕐
6. 30 - 45 Days before anticipated start date						
Request Maestro Account	❓	Division		☐	📝	💡 🕐
If applicable, request off-site approval through Dept Chair from Risk Management	❓	Division		☐	📝	💡 🕐

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DMR - Onboarding Checklist

14. 10 Days Follow-up

Ensure listing on dukemedicine.org is completed	❓	HR	03/29/20:	☑	🟥	💡	🕐
Ensure appointment can be scheduled with new MD	❓	HCA	03/29/20:	☑	📝	💡	🕐

15. 30 - 60 Days Follow-up

PDC-PI will send out 30 day post hire survey	❓	PDC-PI	02/07/20:	☑	📝	💡	🕐
Review billing with Revenue Manager	❓	Virginia King-Barker	03/31/20:	☑	📝	💡	🕐
Mentor should check in with new member	❓	HCA	03/31/20:	☑	📝	💡	🕐
Review the clinical schedule template with HCA	❓	Clinical Director	03/31/20:	☑	📝	💡	🕐

16. 6 Months Follow-up

PDC-PI will send out 6 month post hire survey	❓	PDC-PI	03/13/20:	☑	📝	💡	🕐

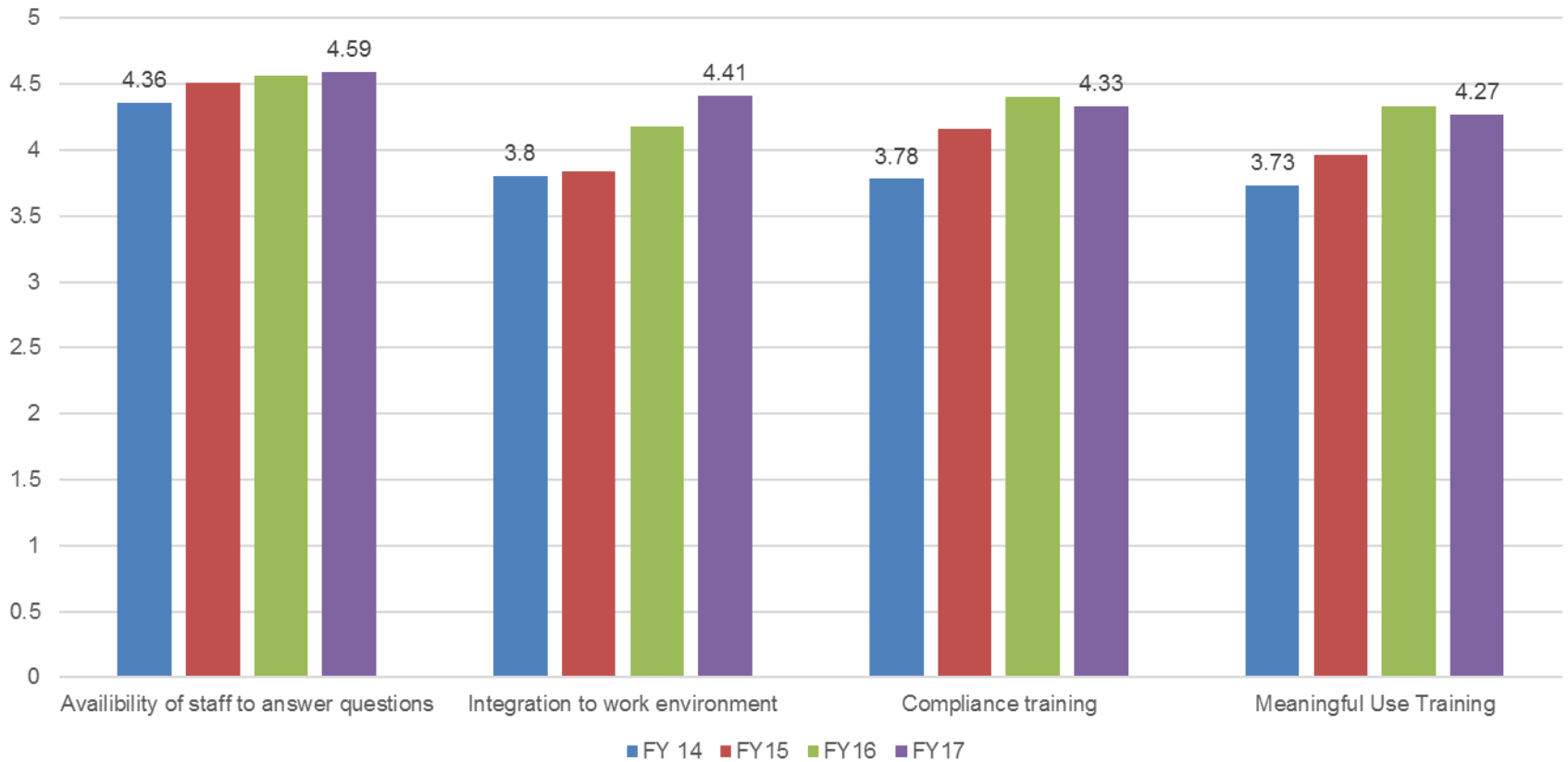➕ NOTES

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Onboarding Satisfaction

5- very satisfied, 4 – satisfied, 3 – neutral, 2 –dissatisfied, 1 – very dissatisfied

30 Day Member Survey Results - FY 14- FY 17

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Onboarding Satisfaction Rates

5- very satisfied, 4 – satisfied, 3 – neutral, 2 –dissatisfied, 1 – very dissatisfied

30 Day Member Survey Results -FY 14-FY17

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Faculty Development System (FDS)
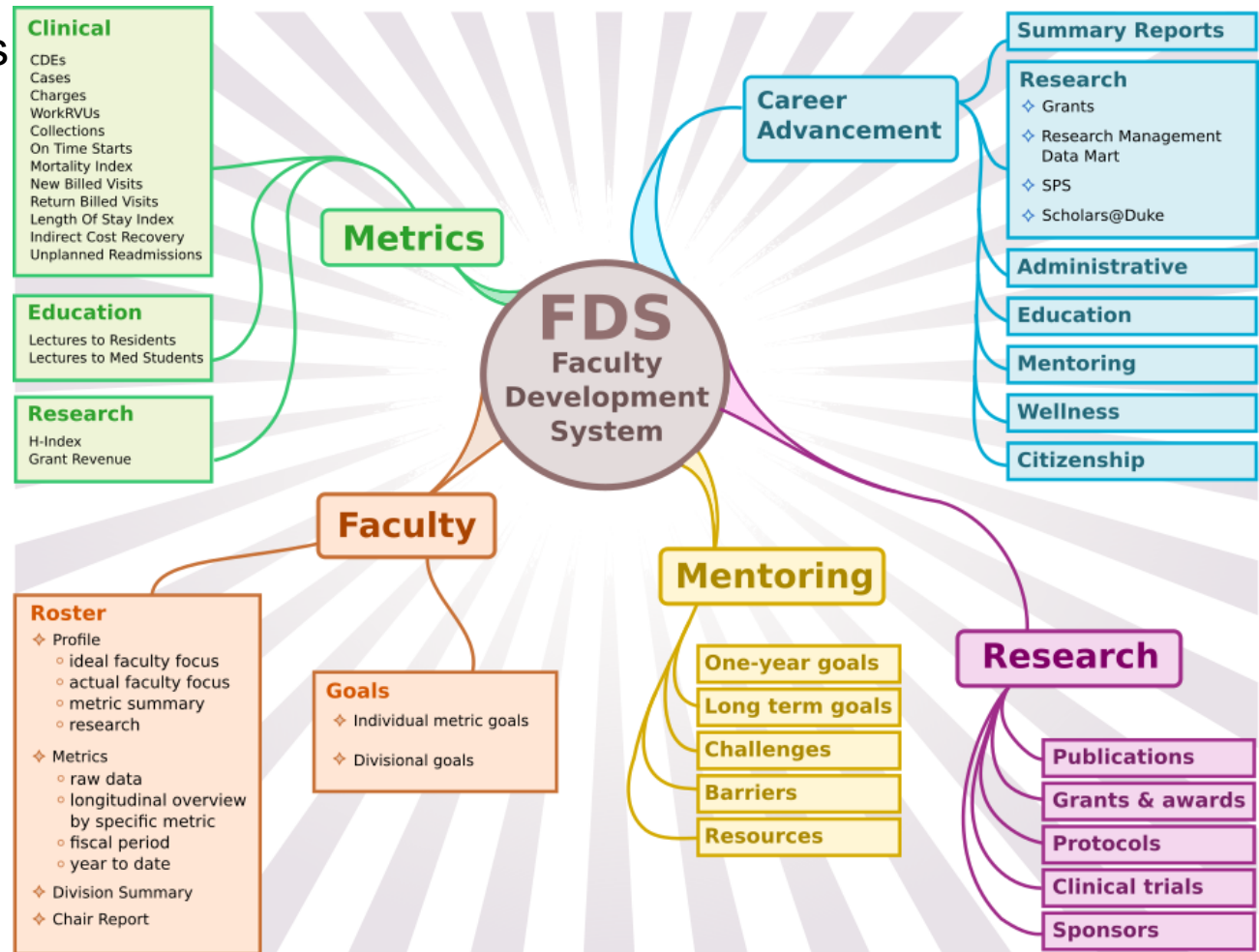
FDS Overview

System Built in Modules
- Roster
- Home Page
- Metrics
- Research
- Career Advancement
- Mentorship
- Help

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IT Infrastructure

Application built with Django

- best-of-breed Python application

Housed in DHTS managed (Linux server)

Clustered high availability server architecture

- decoupled data ingest
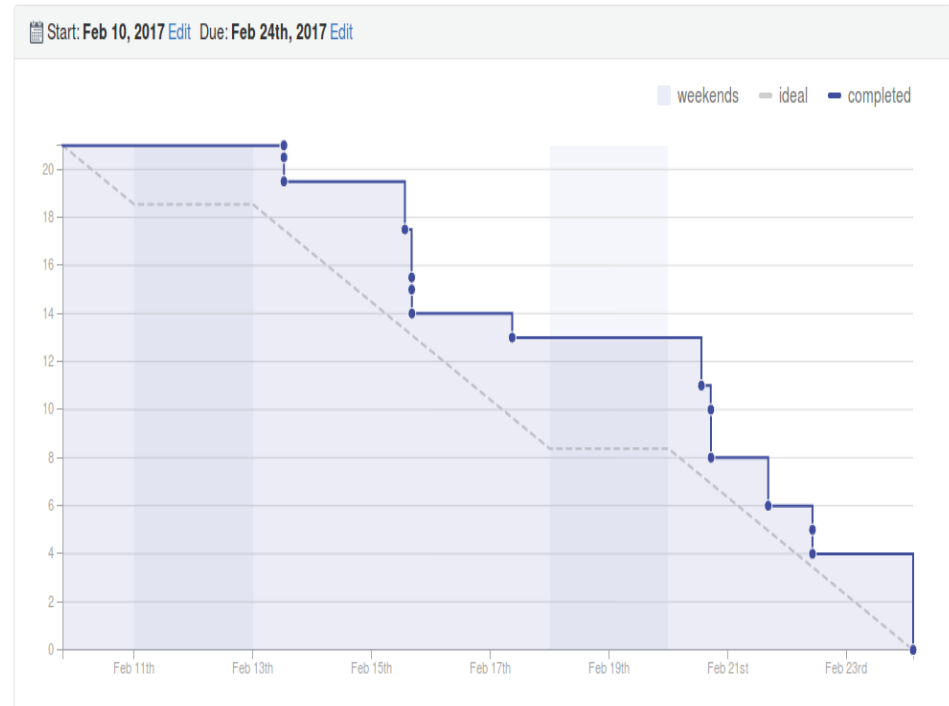
- separate database server for data

Security

- Updates are automated to minimize downtime & enhance stability

- University authentication and authorization

  - o Protects information access

  - o Password protection via unique user ID
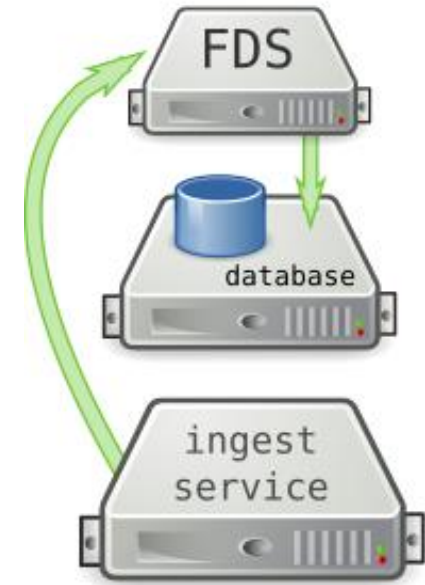
FDS Code Development

- Professional coding/security standards

- Continuous integration and deployment of data

- All code is peer reviewed and fully tested

- Agile process used to develop software

Start: **Feb 10, 2017** Edit Due: **Feb 24th, 2017** Edit

weekends — ideal — completed

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Module Selection / Customization

Examples of Metrics

New Billed Visits & Return Billed Visits

Unplanned Readmissions

Mortality Index

Length Of Stay Index

First Case On Time Starts

Cases/Visit Volume

Work RVUs

Clinical Charges & Collections

Indirect Cost Recovery

Grant Revenue

Grants

H-Index

Med Student / Resident Lectures
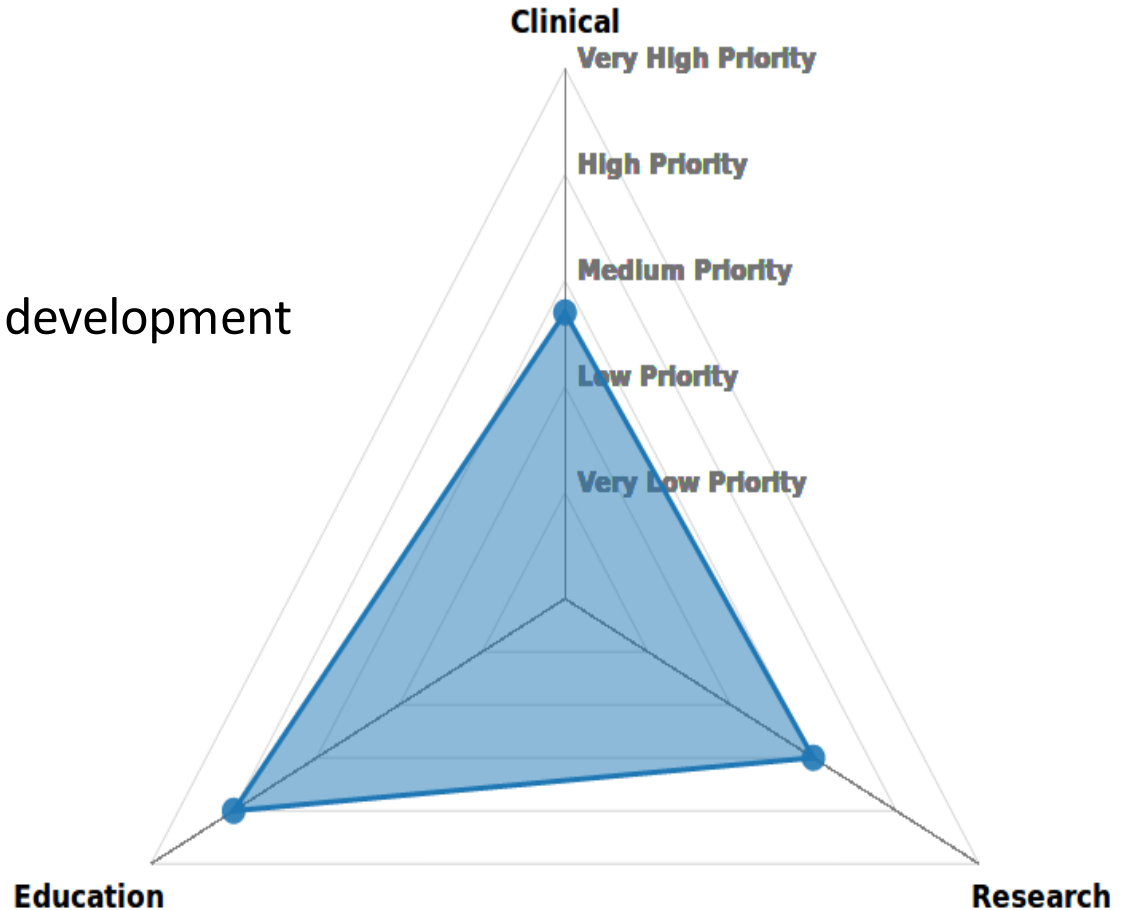
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Goals & Metrics

Chairs set goals & priorities for the next year for each faculty

Charts and reports are based on metrics and these goals

Faculty can manage their career development based on their priorities:

- o Clinical
- o Research
- o Education
- o Mentorship
- o Citizenship
- o Wellness

Radar Chart

Roster

Roster is the development summary
- by faculty and division
- viewable only by Chair and department leadership
- Links to each faculty detail page
  - metrics
  - chair report
  - division
  - summary

Last Name	First Name	Division	Email	Actions			
Allen	Tinisha	Abdominal Transplant Surgery	bng916@duke.edu	i detail	edit	metrics	chair report
Fernandez	Edan	Abdominal Transplant Surgery	bu631@duke.edu	i detail	edit	metrics	chair report
Harris	Royce	Abdominal Transplant Surgery	p213@duke.edu	i detail	edit	metrics	chair report
Harrison	Fitzgerald	Abdominal Transplant Surgery	teh885@duke.edu	i detail	edit	metrics	chair report
Patterson	Elmer	Abdominal Transplant Surgery	uc832@duke.edu	i detail	edit	metrics	chair report
Perry	Roland	Abdominal Transplant Surgery	axvs653@duke.edu	i detail	edit	metrics	chair report
Richardson	Li Xiu	Abdominal Transplant Surgery	mb274@duke.edu	i detail	edit	metrics	chair report

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Faculty Profile – Aster Plot

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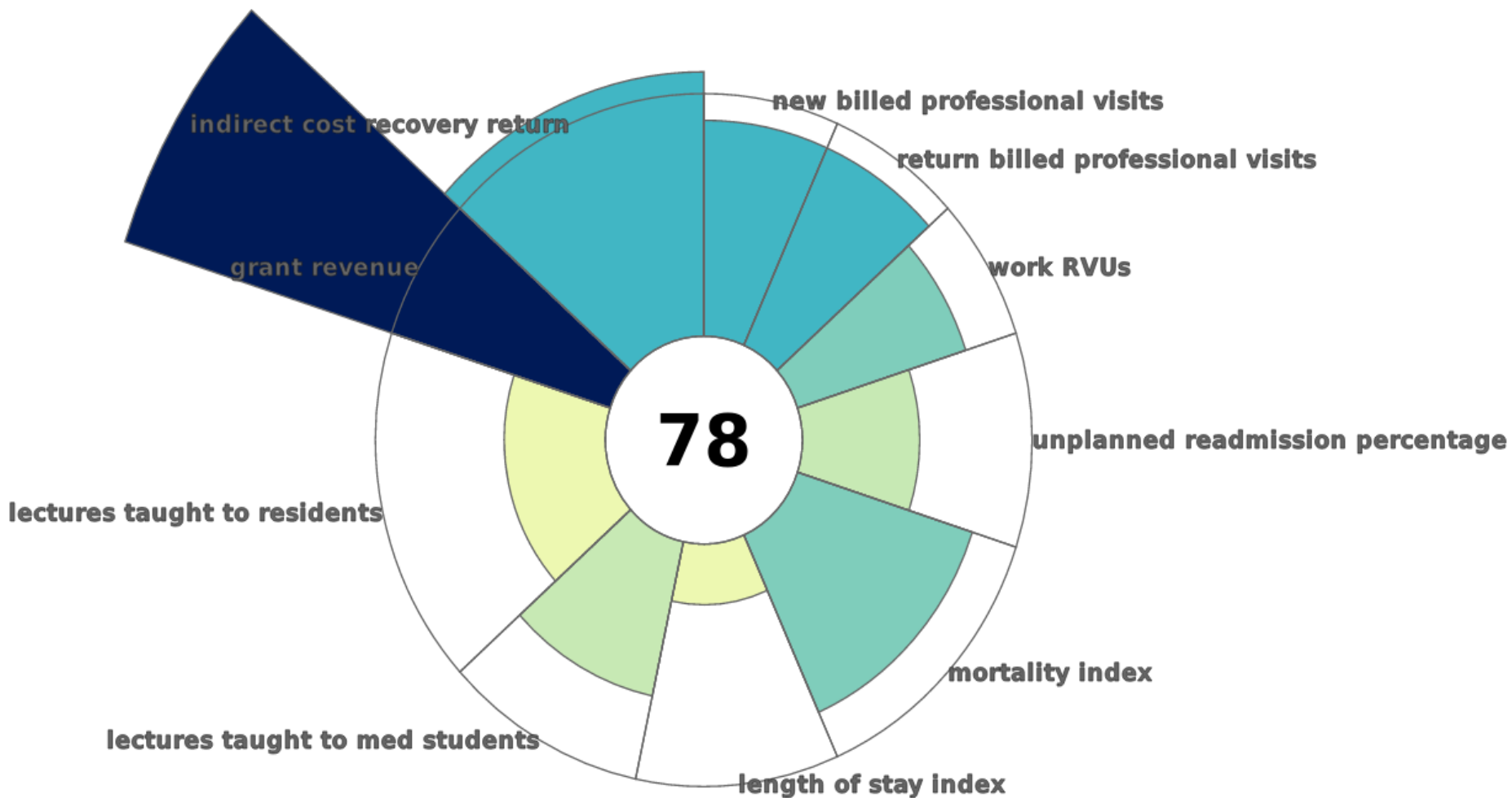
Metrics

Metrics help department leadership assess the strengths and weaknesses of faculty in each area.

Metrics help faculty stay on target and adjust their effort as the year progresses.

work RVUs

Division:	Cardiovascular
Target:	1934.91
Year-to-Date:	4354.24
Percent of Target::	225%

This metric should be at or above its target

poor ——— excellent

n/a   data unavailable   ★ target

Private Diagnosti

Research

Publications

Grants & Awards

Protocols

Clinical Trials

Sponsors

Advancement

140 activities, including:

- Publications

- Lectures

- Grants

- Attending Grand Rounds

- Citizenship Activities

- Chairing Committees

Customizable by department

Faculty propose activities at the beginning of the year

At the end of the year, actual compared against proposed

Can be factored into the comp plan or used to track a faculty's career progress

Career Advancement - Research

Activities

- Research
  - Grants, Database, Training and Mentorship
    - ACES or T32 primary mentorship
    - Database active committee leadership or division leadership
    - Each $100,000 direct dollars expended on commercial contracts (PI Only)
    - Each $10,000 starter grant dollars credited over life of grant (PI Only)
    - Each $10,000 total direct federal dollars awarded; credited evenly over awarded budget (PI Only)
    - Internal grant review committee
    - Internal grant review committee
    - Late Submission: PI on submitted major DOD, NASA, FAER, APSF, National AHA, Regional AHA
    - Late Submission: PI on submitted NIH (R01, K08, U01, R21, Project on PPG)
    - Late Submission: PI on submitted PPG or NIH Equivalant
    - Late Submission: PI on submitted revision to major DOD, major NASA, FAER, APSF, National AHA
    - Late Submission: PI on submitted revision to NIH (R01, K Series, U01, R21, Project on PPG)
    - Late Submission: PI on submitted revision to scored PPG or NIH equivalent
    - Leadership of Grant Review Committee
    - Maintain and administer T32
    - New T32 or T32 competitive renewal
    - PI on scored NIH application
    - PI on submitted major DOD, NASA, FAER, APSF, National AHA, Regional AHA
    - PI on submitted NIH (R01, K08, U01, R21, Project on PPG)
    - PI on submitted PPG or NIH equivalent
    - PI on submitted revision to major DOD, major NASA, FAER, APSF, National AHA, Regional AHA
    - PI on submitted revision to NIH (R01, K Series, U01, R21, Project on PPG)
    - PI on submitted revision to scored PPG or NIH equivalent
  - Other Activities
    - Abstract reviewer for Academic Evening
    - Co-directorship of Academic Evening
    - Leadership of monthly departmental research conference
    - Presentation at monthly departmental research conference
  - Publications
    - Tier 1 - First Author (If impact factor is greater than 10)
    - Tier 1 - Other Author (If impact factor is greater than 10)
    - Tier 1 - Second Author (If impact factor is greater than 10)

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Career Advancement - Education

- Education
  - Advising/Mentoring
    - AIG faculty preceptor
    - Faculty advisor for resident
    - Resident remedial tutoring - (Assigned by CCC)
  - Departmental
    - Clinical case conference moderator
    - Develop new educational technology
  - Educational Material Development
    - Development of new simulation scenario
  - Educational Research
    - Primary Mentor for MS3 research year
    - Primary Mentor for trainee in dedicated research year (including ACES)
    - Trainee abstract presented: Academic evening AND national/international meeting (one per trainee/year)
  - Fellows
    - Faculty research mentor for clinical fellow
    - Faculty research mentor: research publication
    - Faculty review/critique of fellow research at conference
    - Interview supplement
    - Minor rotation responsibility
    - Responsible Faculty Member for Fellowship Rotation

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Advancement Administrative

- Administrative
    - Awards
    - CRU Advisory Board Chair
    - Dept OR Equip Comm Chair
    - Development
    - Education Council
    - Epic Coordinator
    - Epic Physician Champion
    - IACUC - Institutional Animal Care & Use Committee
    - Institutional Review Board
    - Leadership Position
    - PR/Alum
    - Research Council

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Career Advancement - Mentorship

- Mentoring
  - Faculty mentor of 3rd year ACES resident non-clinical (e.g., research)
  - Faculty mentor of Fellow non-clinical year(e.g., research)
  - Junior Faculty
  - Junior Faculty - Fall Mentor
  - Junior Faculty - Spring Mentor
  - NIH Grant Submission
  - Starter Grant Receipt
  - Starter Grant Submission

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Mentorship

- Manages 1, 3, and 5 year goals

- Articulates resources and barriers for both one year and long term

- Identifies challenges

- Mentees provide feedback to mentors

- Mentees and mentors sign off on an annual report

Mentorship Goals

One Year

Goal	Created	Status
Epic Coordinator	3/13/2017	✅ Achieved
Clinical case conference moderator	1/1/2017	✖ Not Achieved
Screen applications (Residency and/or Fellowship) (>76 Apps Screened)	2/27/2017	✖ Not Achieved
PI on submitted PPG or NIH equivalent	2/27/2017	✅ Achieved
ACLS/BLS classes taught	6/12/2017	In Progress

One Year Resources	Students, Faculty Development Grant
One Year Barriers	Orientation and safety courses. Moving from out-of-state.
Additional Comments	

3-5 Year

Goal	Created	Status
Getting career focused in peds cardiac	3/13/2017	✅ Achieved
Promotion to Associate Professor	2/6/2017	In Progress
Develop secondary niche in regional anesthesia education	2/6/2017	✖ Not Achieved

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Notifications

Push Alerts to Users (Text/Email)

- Monthly Summary Reports (text/email)

- When a deadline is approaching or has past

- When an upload completes

- When a faculty adds a career advancement that needs verification

In-site Notifications

- Customized list of alerts appears upon log-in

- Real time updates

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FDS Installation Process

2a) INFRASTRUCTURE

FDS Housed in DHTS

FDS

database

ingest service

4) TRAINING

Train admins.
Train division chiefs.
Train faculty.

3) DEPARTMENT

Provide divisions & faculty roster.
Create goals for each faculty.

2b) DATA PROVIDERS

Create relationships with data providers. Establish data format and transfer frequency to FDS.

1) METRICS

Identify metrics to track.
Locate data sources.
FDS team codes metrics into FDS.

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PDC Recruitment: FY14-FY17 Member Headcount with FY18 thru July 31, 2017

PDC New Hires - Member Headcount by Fiscal Year				PDC Membership: Annual Growth Rate		
Fiscal Year	Beginning Headcount*	Term/Retire	New Hires	Ending Headcount*	Net Growth	Year-Over-Year Net Growth
FY14	1,276	95	178	1,359	83	6.5%
FY15	1,359	112	124	1,371	12	0.9%
FY16	1,367	85	156	1,438	71	5.2%
FY17**	1,435	99	176	1,512	77	5.4%

PDC New Hires - Signed but Not Yet Started Information regarding future recruits who have signed offers but have not yet joined the PDC. Historical data is not available.

Fiscal Year (To-Date)	Beginning Headcount	Term/Retire (thru July 31, 2017)	New Members (thru July 31, 2017)	Current Headcount (thru July 31, 2017)	Net Growth (thru July 31, 2017)	Year-Over-Year Net Growth (thru July 31, 2017)	New Hires: Scheduled to Start in FY18	New Hires: Scheduled to Start in FY19	Net Growth: FY17/18 (YTD) + New Hires: FY18/19
FY18	1,512	6	79	1,585	73	4.8%	70	2	222

JULY	6	79	JULY	Already Started	
AUGUST			AUGUST	36	
SEPTEMBER			SEPTEMBER	27	
1ST QUARTER	6	79	1ST QUARTER	63	
2ND QUARTER	0	0	2ND QUARTER	5	
3RD QUARTER	0	0	3RD QUARTER	2	
4TH QUARTER	0	0	4TH QUARTER	0	
TOTAL:	6	79	TOTAL:	70	

Since implementation of Growth Plan (beginning FY17), PDC Net Growth Membership has increased by 150 (FY17: 77 + FY18: 73). An additional 72 future Members have been signed with start dates in the remainder of FY18 and FY19. This results in a total of Member headcount of 222 for combined Net Growth and New Hires since FY17.

Timing of future New Member start date is based on information currently available in DMR. Some variables may impact timing of actual on-boarding and month of start may be subject to change.

PDC Membership counts do not include NPs, PAs, ODs, or ineligible MDs.

Discussion