Clinician Burnout & Workforce Stabilization

60-DAY DIAGNOSTIC OPTIONAL IMPLEMENTATION PHASE GME TRACK AVAILABLE

Stop hemorrhaging clinical talent. A3HCS runs a 60-day diagnostic that identifies the three modifiable burnout drivers actually moving turnover in your workforce, separates them from the popular-but-immovable ones, and ships an intervention plan your CMO and CHRO can execute. Optional GME track for residency programs and early-career physician retention.

$40K to $60K	18 to 23%	60 days
COST PER NURSE DEPARTURE, US AVG	ANNUAL RN TURNOVER, US HOSPITALS	DIAGNOSTIC TO EXECUTABLE PLAN

National benchmarks for context. Engagement target outcomes vary by service line, region, and intervention scope.

THE PROBLEM

Wellness programs do not move turnover. Yoga, mindfulness apps, and resilience training have been measured. They produce engagement-survey lifts but rarely retention deltas. The dollar gap is in operational drivers, not individual coping.

Exit interviews capture the wrong signal. By the time someone is exiting, they have rationalized the move. The drivers that mattered were 12 to 18 months earlier, not at the door. Stay-stage interviews are where the signal lives.

Burnout is not a single condition. It is the surface presentation of workload, autonomy, scheduling, EHR burden, leadership, recognition, and trainee-attending friction. Trying to fix it as one thing fails.

THE A3HCS SOLUTION

A 60-day diagnostic that separates modifiable drivers from immovable ones, ranks them by retention impact, and delivers a board-ready intervention design. Optional 90-day implementation phase. GME track adds residency and trainee retention scope.

- **Stay-stage interviews.** Weeks 1 to 3. Structured interviews with clinicians at 6, 12, and 24 months of tenure. The leading-indicator population, not the trailing one. GME track adds resident and early-attending cohorts.
- **Workload and EHR burden audit.** Weeks 2 to 5. Patient-ratio analysis, RVU expectations, after-hours documentation (pajama time), on-call density.
- **Synthesis, ranking, and board memo.** Weeks 5 to 8. Drivers ranked by retention impact, modifiable causes separated from popular-but-immovable ones. Top 3 interventions specified and scoped. Board-ready briefing.

THE 6-DOMAIN WORKFORCE STABILITY MAP

Retention is the surface of six underlying domains. A3HCS measures each, ranks them by retention impact, and prioritizes the modifiable ones.

DOMAIN	NAMED OWNER	WHAT WE REVIEW
1. Workload	CMO / Service Line	Patient ratios, RVU expectations, after-hours documentation, on-call density, panel size.
2. Autonomy	Department Chair / Unit Director	Scheduling control, scope of practice, decision authority, protocol flexibility.
3. EHR & Operational Burden	CMIO / Operations	Click counts, message inbox volume, pajama time, documentation redundancy.
4. Leadership & Culture	CNO / CMO / CHRO	Local leader trust, visibility, recognition, conflict resolution, psychological safety.
5. Trainee Pipeline (GME track)	GME Director / CMO	Resident attrition, trainee-to-attending transition friction, mentorship density, early-career onboarding.
6. Career Trajectory	CMO / CHRO	Promotion path, skills development, geographic flexibility, alternative role design.

THE 60-DAY ENGAGEMENT

Phase 1, Listen
DAYS 1 TO 21

Stay-stage interviews. Focus groups. GME and trainee survey if scope includes the GME track.

Phase 2, Quantify
DAYS 22 TO 42

Workload audit. EHR burden analysis. Driver synthesis. Ranking by retention impact.

Phase 3, Design
DAYS 43 TO 60

Top 3 interventions specified and sequenced. Board-ready memo. Handoff to CHRO and CMO for execution.

ENGAGEMENT & WHY A3HCS

Engagement Structure

Fixed-fee, scoped per workforce size. Optional GME track expands scope to residents and early-career attendings.

DELIVERABLES

Stay-stage interview series, workload and EHR burden audit, driver synthesis and ranking by retention impact, top-3 intervention design, board-ready briefing memo.

Optional 90-day implementation sprint after the diagnostic. Delivers the highest-priority intervention end-to-end with measurement discipline.

Why A3HCS

MD on both sides of the schedule. A practicing healthcare executive, BIAA-certified, and an active partner in DoMD Healthcare, a physician-led training program for medical students and residents. Trainee-pipeline credibility most workforce firms do not have.

Signal, not noise. We do not sell yoga, mindfulness apps, or resilience training. We diagnose the operational drivers that actually move retention.

Board-ready output. A memo a CEO can take to the board and a plan a CHRO can execute. Not a 60-slide deck.

Outcome-tied delivery. Fee tied to deliverable quality and benchmark outcomes, not billable hours.

Schedule a Strategy Consultation

30-minute call to assess fit, baseline opportunity, and engagement scoping. No obligation. • **a3hcs.org** •

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