ABSTRACT: 2014 ELAM Institutional Action Project Poster Symposium

Project Title: Onboarding for Surgeons

Name and Institution: Leigh Neumayer, MD, MS, FACS, Professor and Vice Chair for Academic Affairs, Department of Surgery, University of Utah, Salt Lake City, UT

Collaborators: Bart LeFan, Lisa Marley, Paula Peacock, Joyce Pell, David Ray, Andrew Siddoway, Rick Smith, Karen Wilson

Challenge: The University of Utah has a goal of being the best medical school in the country. Part and parcel to achieving this is having highly functional and highly satisfied faculty. A study from the University of Arizona nearly a decade ago showed that the average expense of replacing a surgeon is $587,000. The Department of Surgery had no standardization of how new faculty hires were managed once the offer letter was signed. In many instances the lack of process resulted in the faculty member not being able to practice for days to months after their start date (range 0 to 205 days, median 15 days). For some providers, the clinics didn't know that a new provider was coming or that they needed time scheduled in clinic. These circumstances created dissatisfaction amongst the surgeons and staff, and in some circumstances led to faculty turnover. Lack of appropriate orientation and preparation can also pose a patient safety risk if the surgeon doesn't have the correct instruments/processes to perform procedures.

Purpose/Objectives: The objectives of this project are to formalize and standardize the orientation of new faculty members in the Department of Surgery. This includes all processes prior to their start date as well as for the first year after their hire.

Methods/Approach: The first tasks were to perform a needs assessment of faculty who had recently joined our Department and establishing what if any procedures were in place for onboarding in our department. Next was casting a broad net to involve any and all interested parties. We continued to add interested parties throughout the fall/winter/spring. Our group included the Director of Health Science Human Resources, the Director of University Medical Billing, the Department of Surgery Director of Clinical Operations and a newly hired Health Sciences Organization Management individual. We also included departmental personnel with responsibility or interest in the process. We were able to take advantage of several found pilots including a mentoring survey I had conducted previously, the work Rick Smith was doing to formalize onboarding at the health science level and the newly developed onboarding for senior leadership (e.g. Department Chairs).

Outcomes and Evaluation Strategy: We now have a detailed spreadsheet that describes each step in the surgeon on-boarding process from signed offer letter to one year after hire. We established a regular communication system to keep all areas informed of new recruits and where they are in the process. Each new faculty will be assigned several "ambassadors" to guide them through the administrative, clinical and research processes during this time. We will measure our success in several ways. The most objective measure will be time from date of hire to date of first service (currently median 15 days, first year goal 7 days). We will also survey new faculty during their first year (at 6 months and one year) to see if we have met our objectives and their satisfaction with the process. The results of these surveys will help us modify the process for the coming years.

On-Boarding for Surgeons

Leigh Neumayer, MD, MS, Professor of Surgery, Vice Chair for Academic Affairs, University of Utah, Salt Lake City, UT
Collaborators: Bart LeFan, Lisa Marley, Paula Peacock, Joyce Pell, David Ray, Andrew Siddoway, Rick Smith, Karen Wilson

Background

The University of Utah has a goal of being the best medical school in the country. Part and parcel to achieving this is having highly functional and highly satisfied faculty. A study from the University of Arizona nearly a decade ago showed that the average expense of replacing a surgeon is $587,000.[1] As a department, we have no standardization of how our new faculty hires are managed once the offer letter is signed. In many instances the lack of a process results in the faculty member not being able to practice for days to months after their start date (range 0 to 205 days, median 15 days). For some providers, the clinics don't know that a new provider is coming or that they need time scheduled in clinic. The lag creates dissatisfaction amongst the surgeons and staff, and in some circumstances could lead to faculty turnover. Lack of appropriate orientation and preparation can also pose a patient safety risk if the surgeon doesn't have the correct instruments/processes to perform the operations.

Purpose

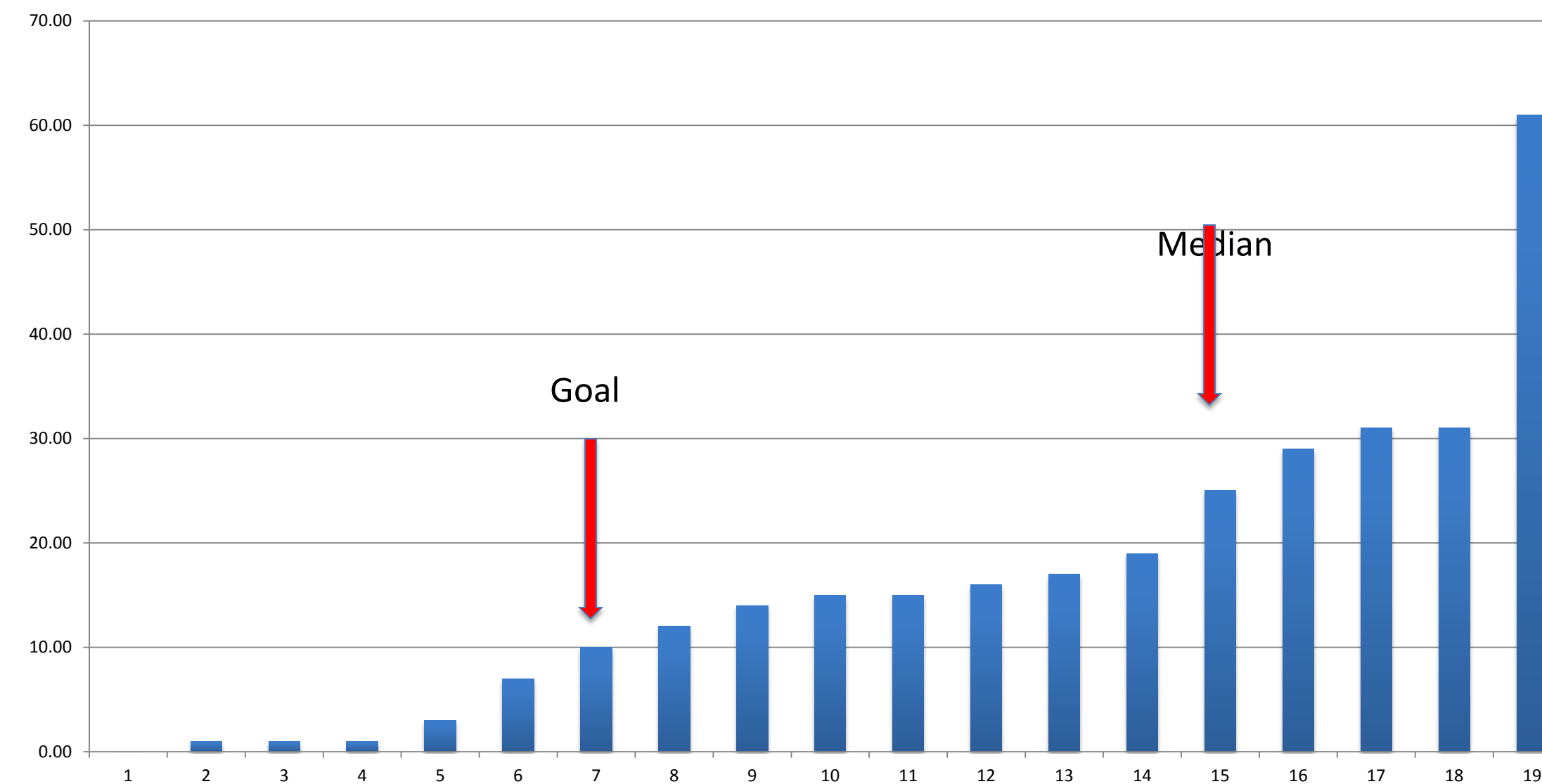The objectives of this project were
1. To understand the required steps of bringing a new faculty member on board in the department
2. To formalize and standardize the orientation of new faculty members in the Department of Surgery. This includes all processes prior to their start date as well as for the first year after their hire.

Methods

The first tasks were to perform a needs assessment of faculty who had recently joined our Department and establishing what if any procedures were in place for onboarding in our department. Next was casting a broad net to involve any and all interested parties. We continued to add interested parties throughout the fall/winter/spring. Our group includes the Director of Health Science Human Resources, the Director of University Medical Billing, the Department of Surgery Director of Clinical Operations and a newly hired Health Sciences Organization Management individual. We also included departmental personnel with responsibility or interest in the process. We were able to take advantage of several "found pilots" including a mentoring survey I had already done, the work Rick Smith was doing to formalize onboarding at the health science level and the newly developed onboarding for senior management (e.g. department chairs).

Days from start to first bill by surgeon
(excludes 2 high outliers)

Excerpts from faculty hired in last year

- Access to get doors to open (literally; I mean to get into the ICU or the OR, I had to ask somebody)
- Who keeps your case log (your what? What's a case log?)
- Coding/billing/collecting
- Dept. administrative organization: who do you call for...?

Pre-Arrival Timeline

Start Date (SD)	SD – 6 mo	SD – 5 mo	SD – 4 mo	SD – 3 mo	SD – 2 mo	SD – 1 mo	Comments
Signed contract with documentation	▓						
Academic Appointment	▓	▓					
Utah License application	▓						
Credentialing privileging packet to MSO and VA (Vetpro) if applicable				▓	▓	▓	
Office arrangements/team assignments	▓						
Inpatient/Clinic/OR arrangements	▓	▓	▓				
Off site clinic/OR arrangements	▓						
Mentor and ambassador assignments	▓					▓	
Marketing					▓	▓	
UMB	▓				▓		
Team Briefings	▓						

Outcomes & Evaluation Strategy

We now have a detailed checklist that includes each step in the process from signed offer letter to one year after hire. We established a regular communication system to keep all areas informed of new recruits and where we are in the process. Each new faculty will be assigned several "ambassadors" to guide them through the administrative, clinical and research processes during this time. Each new hire will have a "personalized plan" developed during our pre-briefings to address their individual needs. We will measure our success in several ways. The most objective measure will be time from date of hire to date of first service (currently median 15 days, first year goal 7 days). We will also survey new faculty during their first year (at 6 months and one year) to see if we have met our objectives and their satisfaction with the process. The results of these surveys will help us modify the process for the coming years.

Discussion

This project continues to gain momentum. We are enthusiastic about the faculty who will be joining us this summer and fall. We are planning monthly "lunches with leaders" and will be debriefing with the new faculty after their first day in clinic, on call and in the operating room. The institution is embracing this process and there are plans to make parts of it electronic (for reminders and so all involved can track the process) and to expand it to all departments.

Summary

This on-boarding project will serve as a template for other departments in the medical school and could be transferrable to other institutions. We will be designing the "personalized" process for each new faculty joining the faculty this summer/fall and evaluating our results.

References

1) Schloss EP, Flanagan DM, Culler CL, Wright AL. Some hidden costs of faculty turnover in clinical departments in one academic medical center. Acad Med 2009 Jan; 84(1):32-6.

Acknowledgments

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