

## **ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium**

**Project Title:** Improved Onboarding Process for Trainees at the Minneapolis VA Medical Center

**Name and Institution:** Ezgi Tiryaki, MD, University of Minnesota

**Collaborators:** Troy Taubenheim, Lisa Gorman, Heather Woeste (Minnesota Metropolitan Counsel of Graduate Medical Education), Lee Ann Heim, Danielle DeWitt, Nicole Warren (Education Service Line), Brad Kimble (Human Resources), Bob Baller (Chief Information Officer) and David Laanui (Process Improvement)

**Background:** The Minneapolis VA trains approximately 1500 trainees annually, including medical students, residents, fellows and health professions students. The different learners undergo an onboarding process that ensures that they are compliant with all requirements (qualifications, fingerprinting and federal background check, etc.), have malpractice coverage under the Federal Tort Claims Act and can access the patient records (privacy and computer training). Paid and unpaid positions are processed differently through HR and various departments have been following different workflows to accomplish these goals.

**Purpose/Objectives:**

1. Consistent malpractice coverage and effective risk mitigation
2. Improved customer service and ease of processing for the trainees
3. Increased staff efficiency and resource utilization at the VA
4. Stronger alignment with trainee onboarding process at the affiliated University
5. Creation of a trainee and process tracking tool and document archiving system

**Methods/Approach:** 685 residents/fellows, 368 medical students and 481 health professions students were trained at the Minneapolis VA in 2013-14. Three audits were conducted for the presence of valid appointment letters. A process improvement expert (Six Sigma) facilitated process mapping of the onboarding process of the primary and specialty care service lines. Process metrics for coordinators were proposed and retrospective data were obtained in select trainee cohorts to establish a baseline for comparison. Key stakeholders of the VA (human resources, information security, badge office, IT accounts, pharmacy, imaging) and of the University were brought in for additional workflow mapping and process improvement.

**Outcomes/Evaluation Strategy:** Significant variability and gaps in the onboarding process including process tracking and document archiving were identified. VA-specific onboarding checklists were created utilizing a commercial platform (Resident Management Suite - RMS - New Innovations, Inc.) that is already in use for evaluation, scheduling and duty hour tracking in GME. Multiple onboarding steps were centralized and automated (e.g. welcome and reminder emails, appointment letter creation for entire duration of training program). For residents the background investigation through an electronic Questionnaire for Investigations Processing (e-QIP) for the National Agency Check with Inquiries (NACI) was replaced with a compliant, shorter and more cost-effective background check (Special Agreement Check-SAC). Document uploads were set up to be done electronically by trainees. Expiration dates of training documents (BLS/ACLS, mandatory training for trainees) will be automatically tracked and key documents shared and archived in an online database using RMS. Implementation for resident physicians and student registered nurse anesthetists is targeted for 2015-16. Process cycle time comparison, cost analysis and satisfaction surveys are planned.



# Improved Onboarding Process for Trainees at the Minneapolis VA Medical Center

Ezgi Tiryaki,<sup>1</sup> Danielle DeWitt,<sup>1</sup> Lee Ann Heim,<sup>1</sup> Nicole Warren,<sup>1</sup> Lisa Loyas,<sup>2</sup> Dar DeWay,<sup>2</sup> Brad Kimble,<sup>3</sup> Bob Baller,<sup>4</sup> Troy Taubenheim,<sup>5</sup> Lisa Gorman,<sup>5</sup> Heather Woeste,<sup>5</sup> David Laanui<sup>6</sup>  
<sup>1</sup>VA Education Service Line, <sup>2</sup>VA Residency Site-Coordinators, <sup>3</sup>VA Human Resources, <sup>4</sup>VA Chief Information Officer, <sup>5</sup>Minnesota Metropolitan Counsel of Graduate Medical Education, <sup>6</sup>VA Process Improvement

## Background

- The Minneapolis VA trained 685 residents/fellows, 368 medical students and 481 health professions students in 2013-14.
- An onboarding process ensures that learners are compliant with requirements (qualifications, fingerprinting/federal background check, etc.), have malpractice coverage under the Federal Tort Claims Act and have access to patient records (privacy and computer training).
- Paid and unpaid positions are processed differently through HR and various departments have different workflows.

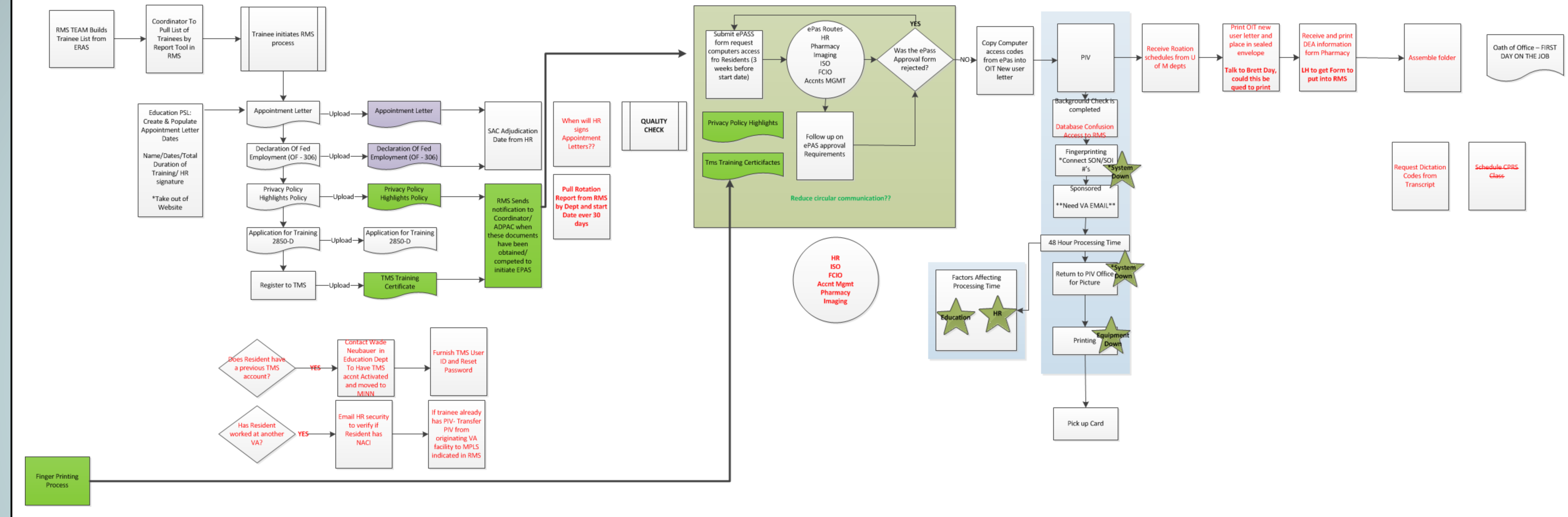
## Purpose

- Consistent malpractice coverage and effective risk mitigation
- Improved customer service and ease of processing for the trainees
- Increased staff efficiency and resource utilization at the VA
- Stronger alignment with trainee onboarding process at the affiliated University
- Creation of a trainee and process tracking tool and document archiving system

## Methods

- Trainee records were audited for compliance and completeness.
- Six Sigma methodology was used for process mapping and workflow redesign.

## Standardized Workflow Map



## Outcomes

- Significant variability and gaps including process tracking and document archiving were identified.
- VA-specific onboarding checklists were created utilizing a commercial platform (Resident Management Suite - RMS - New Innovations, Inc.) that is already in use for evaluation, scheduling and duty hour tracking in GME.
- Multiple onboarding steps were centralized and automated (e.g. welcome and reminder emails, appointment letter creation for entire duration of training program).
- For residents the background investigation through an electronic Questionnaire for Investigations Processing (e-QIP) for the National Agency Check with Inquiries (NACI) was replaced with a compliant, shorter and more cost-effective background check (Special Agreement Check-SAC).

## Outcomes, continued

- Document uploads were set up to be done electronically by trainees.
- Expiration dates of training documents (BLS/ACLS, mandatory training for trainees) will be automatically tracked and key documents shared and archived in an online database using RMS.

## Next Steps

- Implementation for resident physicians and select health professions is targeted for 2015-16.
- Process cycle time comparison, cost analysis and satisfaction surveys are planned.