

## Background

- In 2023, The University of Texas (UT) System announced that it would support an estimated \$2.3B expansion to build a brand-new hospital– The University of Texas at Austin Medical Center.
- To meet this goal, Dell Medical School (DMS) and its clinical enterprise, UT Health Austin (UTHA), launched the “Health Starts Here” Strategic Growth Plan which included accelerated recruitment of surgeons.
- Prior to the announcement, surgeon onboarding was fragmented.
- High-risk fields (i.e., aviation, nuclear power) have effective, reliable structures for onboarding that reduce safety risks<sup>3</sup>.
- In medicine, onboarding can be limited, and institutions report orientation practice gaps related to organizational knowledge, resources and mentorship for surgeons<sup>3,5</sup>.

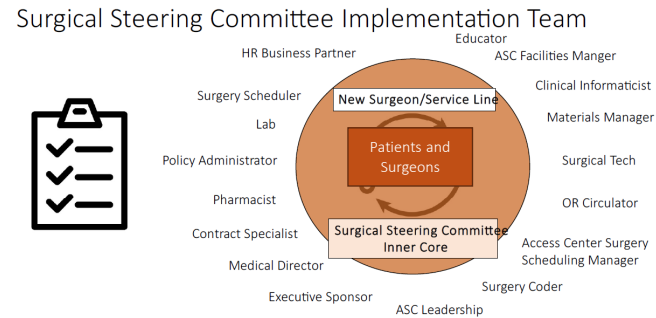
## Problem Statement

- UTHA faced a critical need to reimagine perioperative structure to scale and standardize the onboarding of rapid growth amongst diverse surgical specialties (10 service lines exist in our ASC).
- Using AORN’s Perioperative Steering Committee framework<sup>2</sup>, our ASC aimed to create its own Surgical Steering Committee to:
  - Create a streamlined, high-reliability approach to surgeon onboarding
  - Face operational bottlenecks proactively
  - Increase surgeon satisfaction and retention by using principles of industrial efficiency

Austin, TX Tesla Gigafactory<sup>7</sup>

For references and contact information,  
email Jessica Hovland at  
Jessica.Hovland@uastin.utexas.edu

## Multidisciplinary Framework

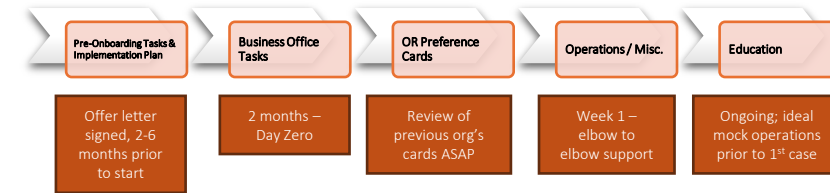


- Key elements of our framework:
  - Patients & surgeons are at the heart of everything we do
  - Multidisciplinary representation supports a systems theory approach<sup>4</sup>
  - Frontline staff provide specialty-specific guidance<sup>3</sup>
  - Ad-hoc champions support the outer core

## Interventions & Tools

- Created the Surgical Steering Committee Charter.
- Evaluated the recruitment pipeline to plan operational support.
- Develop, review, revise and implement policies & procedures:
  - “New Surgeons and Service Lines in the ASC” Policy
- Partnered with the Value Analysis Committee to support financial stewardship.
- Discussions about recruitment impact on:
  - Staffing plans, block scheduling, education needs, safety & quality measures, regulatory compliance, staff well-being and surgical culture
- Developed a Surgical Steering Committee Form for standardized intake of projects.
- Created an organizational campaign to promote stakeholder awareness of the committee’s mission and vision.

## Onboarding Checklist



## Discussion

- In 2016, the American College of Surgeons (ACS) released an onboarding checklist for surgeons<sup>1</sup>, however, there is no evidence to support how to implement the checklist<sup>6</sup> which means that more research is required to help operationalize the approach.
- The ASC’s model mirrored a factory line, such as Austin, Texas’ Tesla Gigafactory, where an assembly-line approach helps with maintaining high-quality operational efficiency to meet organizational demand<sup>8</sup>
- One study supported three major recommendations for surgeon onboarding programs, including:
  - Early & often peer-to-peer mentorship
  - Conveying key knowledge (i.e. available resources, roles/responsibilities of stakeholders, etc.)
  - Relationship-building for new physicians
- Although the Surgical Steering Committee was developed to support DMS’ Strategic Growth Plan surgeons, the structure also aimed to support the onboarding of the ASC’s external surgeons.
- More continuous improvement cycles are needed to adapt and evolve the onboarding process to align it with repeatable workflows.

Executive Sponsorship: Ryan Johnson, Abraham Doolhoff, Dr. Stuart Wolf, Dr. Eric Crowell  
Acknowledgements: Dell Medical School, UT Health Austin, UT Health Austin ASC Team