

# Opportunity for Protected Admin Time Improved Resident Well Being and Patients' Experience of Care

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## INTRODUCTION: BACKGROUND

**Well-being** is increasingly recognized as a critical issue for healthcare providers, with burnout rates measured as high as 63% among family physicians.<sup>1</sup>

**Indirect Patient Care Responsibilities** (visit notes, inboxes, phone calls) has been identified as a significant contributing factor for burnout:

- **Primary care physicians** who spend on average 6 hrs/wk on EHR work outside normal clinical time are 3x more likely to report burnout<sup>2</sup>
- **Family physicians cite EHR and other "paperwork"** as main causes of burnout<sup>3</sup>

**Our FM residents** identified lack of time to manage patient related "in-boxes" as a barrier to their well-being.

1. Shanafelt, T. et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clin Proc.* 2015 Dec;90(12):1600-13.
2. Robertson SL, et al. EHR Effects on Work-Life Balance & Burnout Within the I3 Population Collaborative. *JGME.* 2017;9(4):479-84.
3. Medscape Physician Compensation Report 2017, [www.medscape.com](http://www.medscape.com)

## OBJECTIVE:

To determine if allocating one half day/week to complete indirect patient care tasks reduced residents' perceived administrative tasks burden and improved the patient's experience.

## METHODS: INTERVENTIONS/CHANGES

- A total of 30 residents from the Aurora Family Medicine Program participated in this study over the course of two academic years (July 2017 – December 2018) for a total of 18 months.
- To reduce the **Burden of Administrative Tasks** outside of scheduled work hours:
  - One ½ day per week is allocated to complete indirect patient care responsibilities (e.g., phone calls, paperwork, chart completion, QI projects)
- Once clinical schedules were established, residency program leaders (faculty, clinic, chief residents) allowed residents on non-call rotation blocks to notify their preceptor if they wanted to take a ½ day each week to perform administrative tasks.

## METHODS: COMMUNICATION

- On-going and repeated communication using multiple forums and formats was provided to clarify the purpose and process for using Resource ½ day allocated time.
- Poster (right) was designed to help residents distinguish the resource ½ days (intervention) from existing wellness ½ days.

**Resident Wellness ½ Days**

Are you using all your dedicated wellness time??

The 3 Types of Dedicated Wellness Times Are:

Resource ½ Days (NI-6)	Self-Care ½ Days (Aurora GME)	Wellness Afternoon (FM Program)
Weekly During Non-Call Blocks	Quarterly During Non-Call Blocks	Quarterly During Wednesday Didactic Time
You decide AFTER your clinic schedule is set. In place of preceptor time. Only let preceptor know, not chiefs or schedulers.	You decide BEFORE your clinic schedule is set. Email Sr. Chiefs and clinic schedulers to request.	Scheduled by Junior Chiefs and added to the didactic schedule. Event ideas always welcome.
Time to complete administrative and project related tasks: Epic Inbox, Notes, QI Projects, Evaluations, Research, etc.	Time to schedule and attend appointments for health care: PCP, Dental, Optometry, Program Requirements (TB), etc.	Time for residents to establish and build relationships among each other: Bowling, Lunch & Board Games, Grill in the Park, Yoga, etc.
<b>Purpose:</b> Reduce/eliminate residency workload during non-work time.	<b>Purpose:</b> Provide opportunity for self-care and role model for patients.	<b>Purpose:</b> Foster social connections and teamwork among residents.

If you are having trouble scheduling in your wellness ½ days contact your Junior Chiefs for help!

## METHODS: MEASURES

The effectiveness of this intervention was evaluated using:

### OUTCOME MEASURES:

1. **CG-CAHPS - Clinic metrics** for patient experience: test results and between visit communication
2. **Mayo Well-Being Index** - for resident experience: validated longitudinal online assessment tool for professional burnout

### PROCESS MEASURES:

1. **End-of-rotation evaluation**
  - # of ½ days taken during rotation, scheduling barriers, how time was spent, degree to which ½ day "made me feel that things were more under my control"
2. **Resident Wellness Survey**
  - 7 Likert scale items adapted from existing surveys: ability to utilize EHR, balance b/w education & clinical demands, feeling overwhelmed, professional growth, coworker support, meaningful work, time spent on well-being

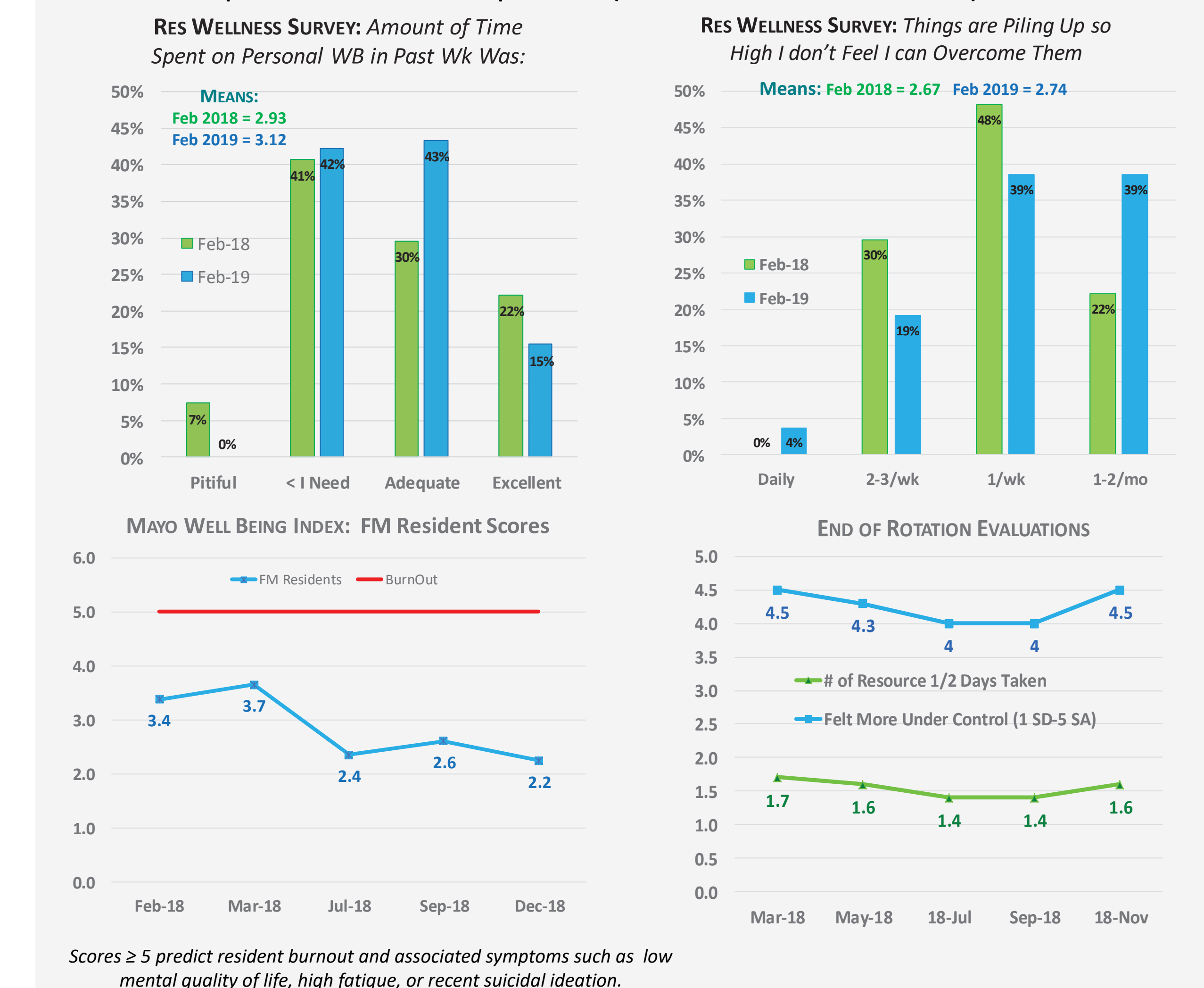
## RESULTS:

### CG-CAHPS Percentile for 2 FM Residency Clinics (FCC, FPC) Between Visit Communication

- FCC ↑ 5 points & FPC ↑ 4 points (June 2017 vs Dec 2018)

### Test Results Communication

- FCC ↑ 5 points & FPC ↑ 7 points (June 2017 vs Dec 2018)



## DISCUSSION: BARRIERS & STRATEGIES

### Key Findings

- Protected time for personal health, community, and administrative tasks (i.e. inbox) improves residents sense of control and well-being.
- Patient quality care scores also improved, highlighting the strong association between physician wellness and patient's experience of care.

### Limitations

- Data limited to 18 months, no long-term data available

### Next Steps and Sustainability

- Continue protected time as a "built-in" curriculum intervention
- Continue measuring resident perception of well-being, compare to national norms, and make adjustments accordingly
- Improve resident efficiency in administrative tasks (i.e. EHR)