Minimizing Burnout Through Three Resident Protected Time Approaches: Administrative, Personal Health, Connectedness

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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 physicians¹

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 burnout²
- Family physicians cite EHR and other “paperwork” as a barrier to their well-being

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

OBJECTIVE:

Design and implement a systems-based intervention(s) that improves resident wellness and prevents burnout.

METHODS: INTERVENTIONS/CHANGES

Aurora Health Care’s Family Medicine Residency Program implemented 3 types of protected/dedicated half-days to improve wellness and prevent burnout:

1. To promote Personal Health:
   - One ½ day per quarter is allowed for residents to attend their own non-urgent health care visits/appointments
2. To promote a Sense of Community among residents
   - One ½ day per quarter is reserved for resident recreational activities (e.g., dining, golfing, hiking, board game day)
3. 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)

METHODS: COMMUNICATION

Outcomes:

1. CG-CAHPS - Clinic metrics for patient experience: test results and between visit communication
2. Mayo Well-Being Index

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

METHODS: MEASURES

RESULTS:

CG-CAHPS Percentile for 2 FM Residency Clinics (FCC, FPC)

1. Between Visit Communication
   - FCC ↑ 5 points & FPC ↑ 4 points (June 2017 vs Dec 2018)
2. 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, well-being, and patient quality care scores

Limitations

- Data limited to 12-18 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)