

# Improving Efficiency of Locating Consultants Outpatient Contact Information

Derek Pride, DO, MBA; Anthony Shadiack, DO, CAQSM  
Family Medicine Residency Program - Grand Strand Medical Center – HCA Healthcare

## Background

- **Physician burnout** is prevalent in greater than 50% of all medical school students, residents, and supervising physicians (1). Ultimately, it is the culmination of excessive workloads, inefficient work processes, clerical burdens, [and] work-home conflicts (2).
- Family Medicine Physicians, report some of the highest rates of burnout among their physician peers (3). This can lead to numerous preventable **medical errors** (4) and can be associated with increased rates of **depression, alcohol and drug abuse, divorce, suicide, difficult relationships** with coworkers, and **patient dissatisfaction** (5).
- The objective of this quality improvement project is to improve the efficiency of locating a consultant's outpatient contact.

## PLAN

- **To reduce the risk of physician burnout** by providing physicians a faster way of locating each consultant's outpatient contact information, on the Grand Strand Webpage, that can be easily inserted into each patient's discharge instructions.

## DO

- The medical staff office added the **Consultant's Outpatient Contact Information** provided by the study team to the **Grand Strand Medical Center Webpage**.
- Pre-implementation survey was provided to the family medicine residents at Grand Strand Medical Center that would assess the need for the proposed changes.
- The study team revised the contact information every six month and any new consultant's outpatient contact information was added at that time.

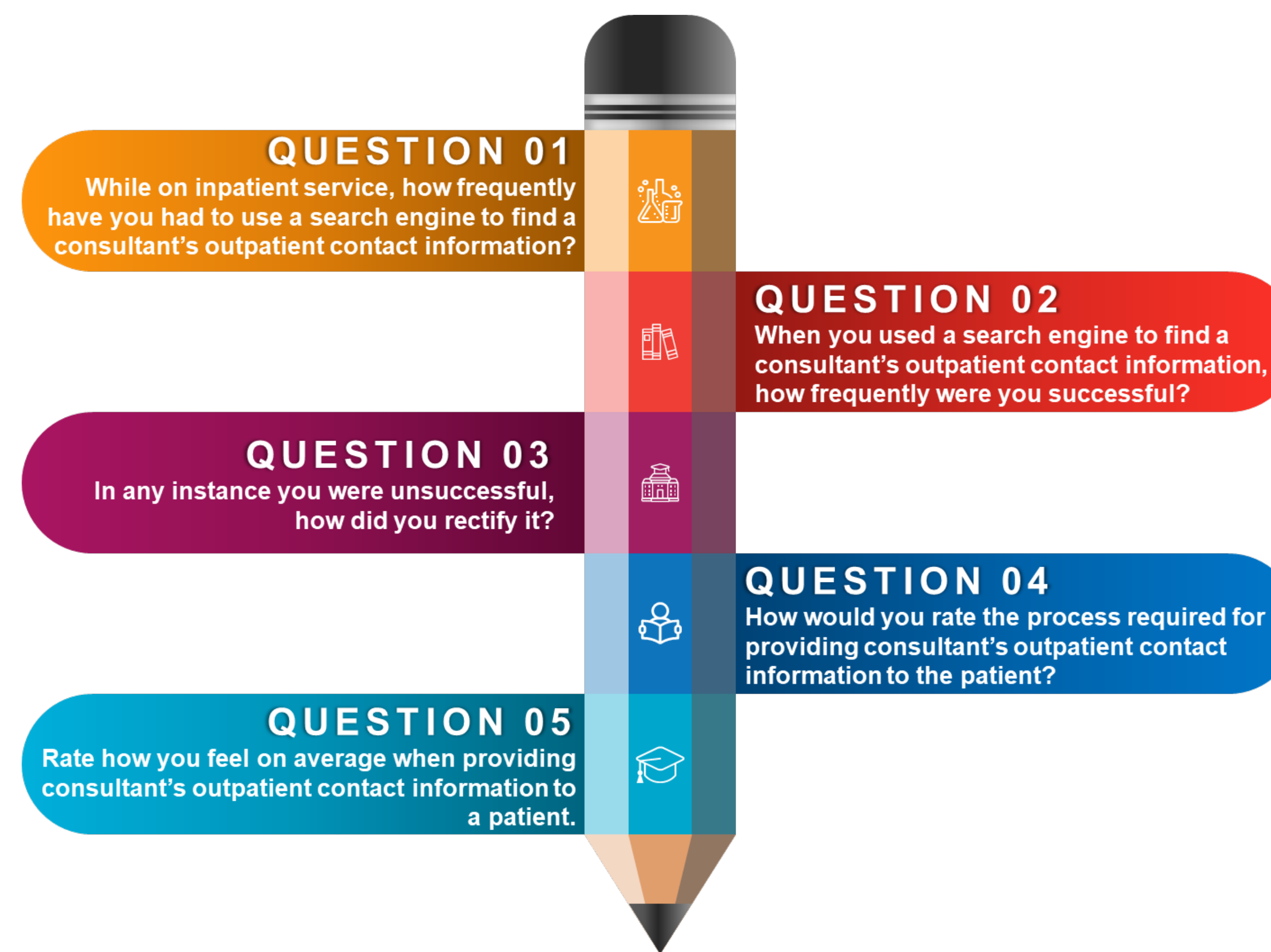
## CHECK

- **Pre- and post-implementation surveys** comparison was conducted three months after the project has begun, to assess for a reduction of physician frustration with locating a consultant's outpatient contact information.

## ACT

- Depending on the results of the pre- and post-implementation surveys the project would be deemed successful if there is a **reduction in physician frustration** with locating a consultant's outpatient contact information.

## Survey Questions



## Results

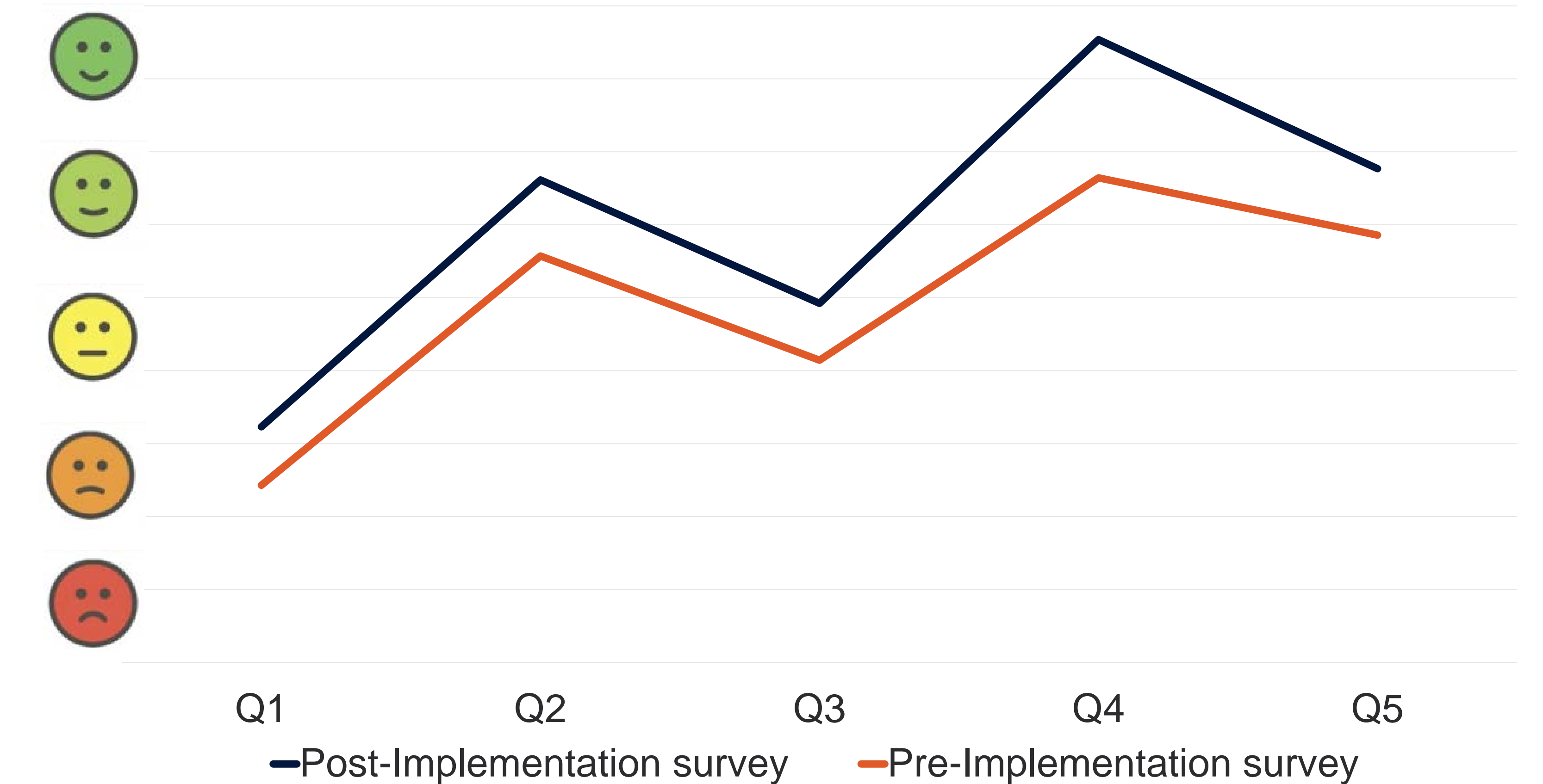
### Pre- and Post-Implementation Survey Results

Negative	Positive
<p><b>Question 1</b></p> <p><b>Pre 79%</b></p> <p><b>Post 46%</b></p> <p>Of participants have <b>very frequently</b> used a search engine to find a consultant's contact information</p>	<p><b>Question 2</b></p> <p><b>Pre 21%</b></p> <p><b>Post 31%</b></p> <p>Of participants were <b>frequently</b> successful using a search engine to locate a consultant's contact information</p>
<p><b>Question 4</b></p> <p><b>Pre 14%</b></p> <p><b>Post 46%</b></p> <p>Of participants rated the process required to locate a consultant's contact information <b>easy</b> or <b>very easy</b></p>	<p><b>Question 5</b></p> <p><b>Pre 28%</b></p> <p><b>Post 46%</b></p> <p>Of participants rated the way they feel when providing consultant's contact information to a patient as <b>satisfied</b> or <b>extremely satisfied</b></p>

Note: A total of 14 Participants responded the Pre-Implementation Survey and a total of 13 Participants responded the Post-Implementation Survey

## Results (continued)

### Infographic Pre- and Post-Implementation Satisfaction



## Conclusion

- Our results indicate that through this Quality Improvement project we were able to **improve the efficiency of locating a consultant's outpatient contact information**. Specifically, we were able to:
  - **Decrease the frequency** that a participant had to use a search engine to locate a consultant's contact information
  - **Increase the frequency of success** when a participant used a search engine to locate a consultant's contact information
  - **Decrease the frequency** of not including a consultant's contact information to a patient
  - **Improved the ease of locating** a consultant's contact information
  - **Improved participants satisfaction** of providing a consultant's contact information to patients, which likely **reduced the probability of resident burnout**.

## References

1. Rothenberger DA. Physician Burnout and Well-Being: A Systematic Review and Framework for Action. Dis Colon Rectum. 2017 Jun;60(6):567-576. doi: 10.1097/DCR.0000000000000844. PMID: 28481850.
2. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. J Intern Med. 2018 Jun;283(6):516-529. doi: 10.1111/joim.12752. Epub 2018 Mar 24. PMID: 29505159.
3. Agana DF, Porter M, Hatch R, Rubin D, Carek P. Job Satisfaction Among Academic Family Physicians. Fam Med. 2017 Sep;49(8):622-625. PMID: 28953294.
4. Yates SW. Physician Stress and Burnout. Am J Med. 2020 Feb;133(2):160-164. doi:10.1016/j.amjmed.2019.08.034. Epub 2019 Sep 11. PMID: 31520624.
5. Lacy BE, Chan JL. Physician Burnout: The Hidden Health Care Crisis. Clin Gastroenterol Hepatol. 2018 Mar;16(3):311-317. doi: 10.1016/j.cgh.2017.06.043. Epub 2017 Jun 30. PMID: 28669661.