

# Seeking Multiple Interventions for Lasting Efficiency and Satisfaction (SMILES): Improving Joy in Practice

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## BACKGROUND

Recent evidence has shown increasing burnout rates among physicians (Shanafelt et al, 2015)

- 54.4% of all physicians in 2014 (up from 45.5% in 2011)
- 63% of family medicine physicians in 2014 (up from 52% in 2011)

No current research on staff burnout

Out project aims to assess joy instead of burnout among all staff and not just physicians.

## PROJECT AIM

Between November 2016 and May 2017, our collaborative seeks to improve joy across its six constituent family medicine practices as demonstrated by a two point increase on the eight point joy meter scale.

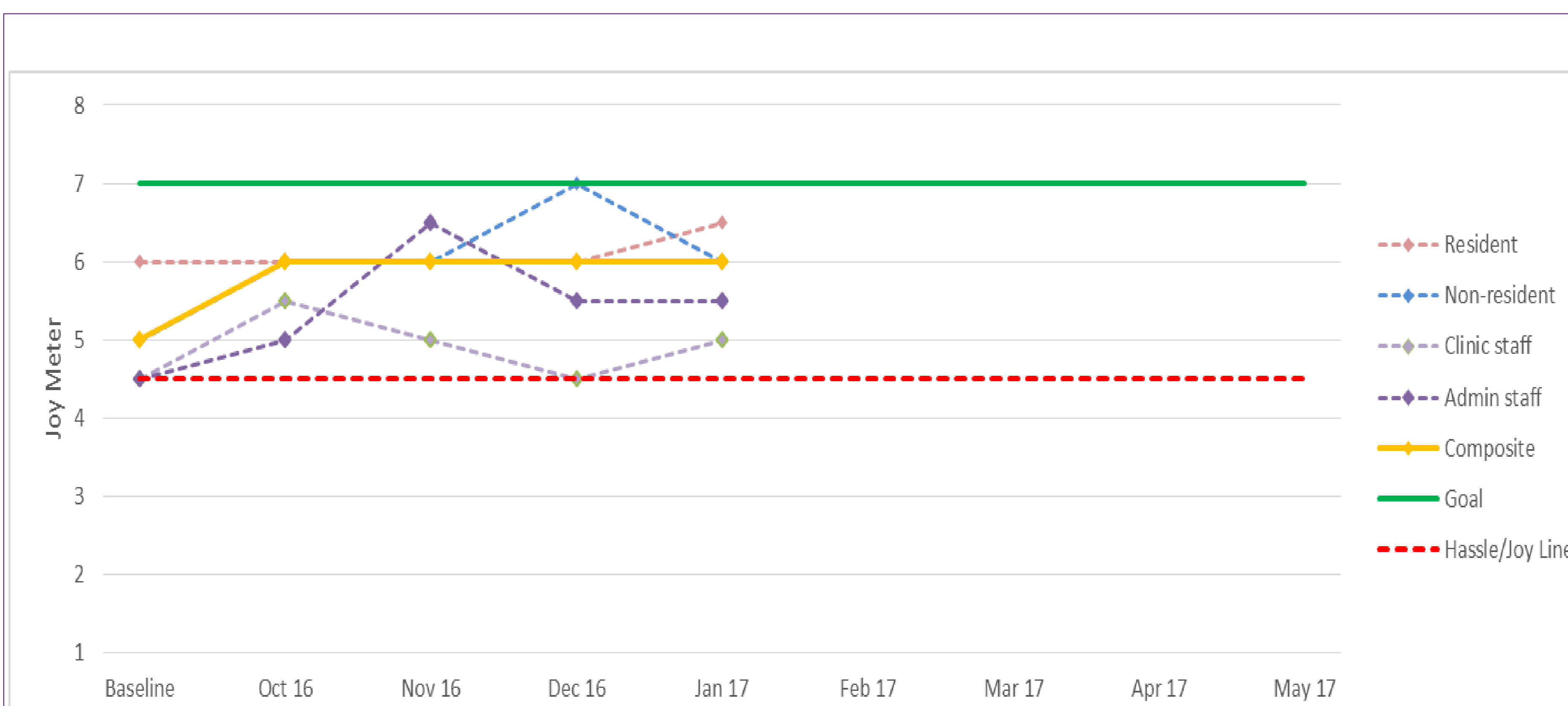
## PROJECT DESIGN/STRATEGY

- Multi-center quality improvement collaborative of six family medicine residencies as part of UNC Family Medicine Faculty Development Fellowship
- Validated Mini-Z burnout survey distributed to physicians and staff to assess for joy deficiency
- Fishbone diagram used to further evaluate underlying causes of joy deficiency at each site
- Joy meter scale given at monthly intervals to assess impact of PDSA cycle interventions

## CHANGES MADE (PDSA CYCLES AT ECU)

- Intervention - Improve pre clinic chart review by staff
  - Plan: Optimize schedule screenshot to include certain labs
  - Do: Staff able to see most recent A1c, lipids, and urine microalbumin
  - Study: Staff found this minimally helpful, and other information could be added
  - Act: Remove lipids, add certain immunizations to screenshot
- Intervention – Reduce task overload for clinic staff
  - Plan: Extra point of care (POC) lab medical assistant (MA)
  - Do: POC MA helpful with labs, but other MAs still overloaded
  - Study: MAs/providers found this helpful, but felt role could be expanded
  - Act: Expand POC MA to a “float MA” to help offload multiple other tasks
- Intervention – Reduce task overload for clinic staff
  - Plan: Float MA to help other MAs with tasks during clinic session
  - Do: Float MA able to assist with tasks not directly related to rooming patients
  - Study: MAs/providers found this helpful and improved clinic efficiency
  - Act: Intervention successful, plan to spread to entire clinic
- Intervention – PDSA cycle for Pre clinic huddles in progress

## RESULTS/OUTCOMES



## LESSONS LEARNED

- Very difficult to measure joy
  - Outside psychosocial influences unrelated to work
- Unable to intervene on certain issues
  - E.g. Vidant/ECU merger
- Difficult to sustain physician/staff engagement in prolonged QI project

## NEXT STEPS

- Continue current PDSA cycle with pre-clinic huddles
- Discuss with administration regarding extra medical assistants on clinic modules
- Continue to assess underlying causes of joy deficiency and implement subsequent interventions

## ACKNOWLEDGEMENTS

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