



JOY IN WORK

DEPARTMENT OF INTERNAL MEDICINE

Two Goals: One Solution


- Our Patients
 - Exceptional patient experience
 - Superb quality of care
- Our Workforce
 - Thriving
 - Recruitment
 - Retention

Exceptional Patient Experience

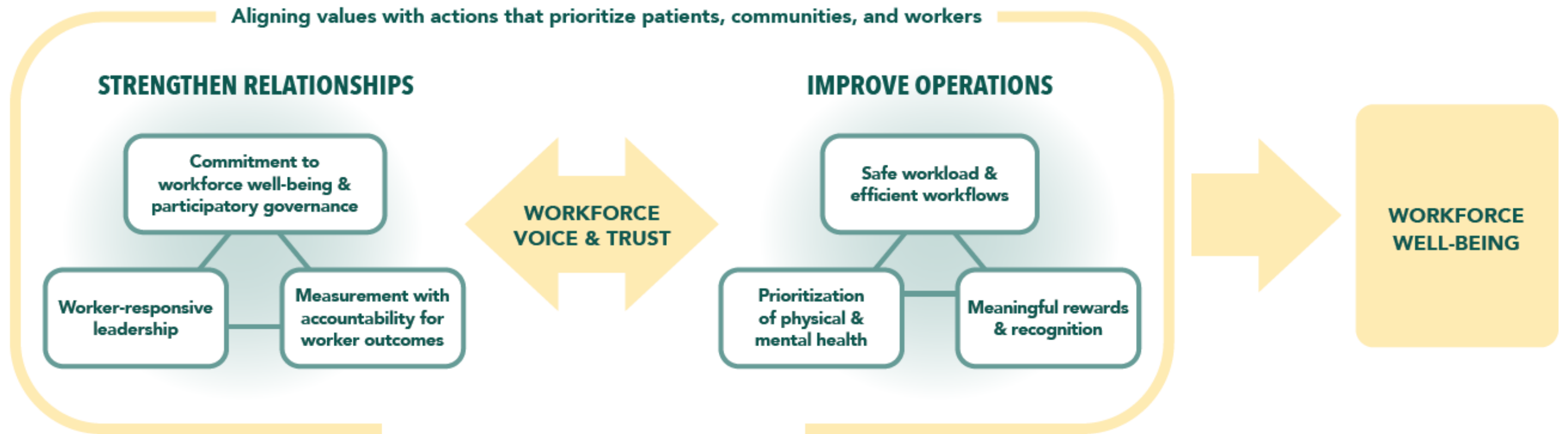
- Medical care can only be truly great if the patient thinks it is
- Willingness to recommend
- Did the team work together to care for me?

5 ELEMENTS OF PATIENT EXPERIENCE

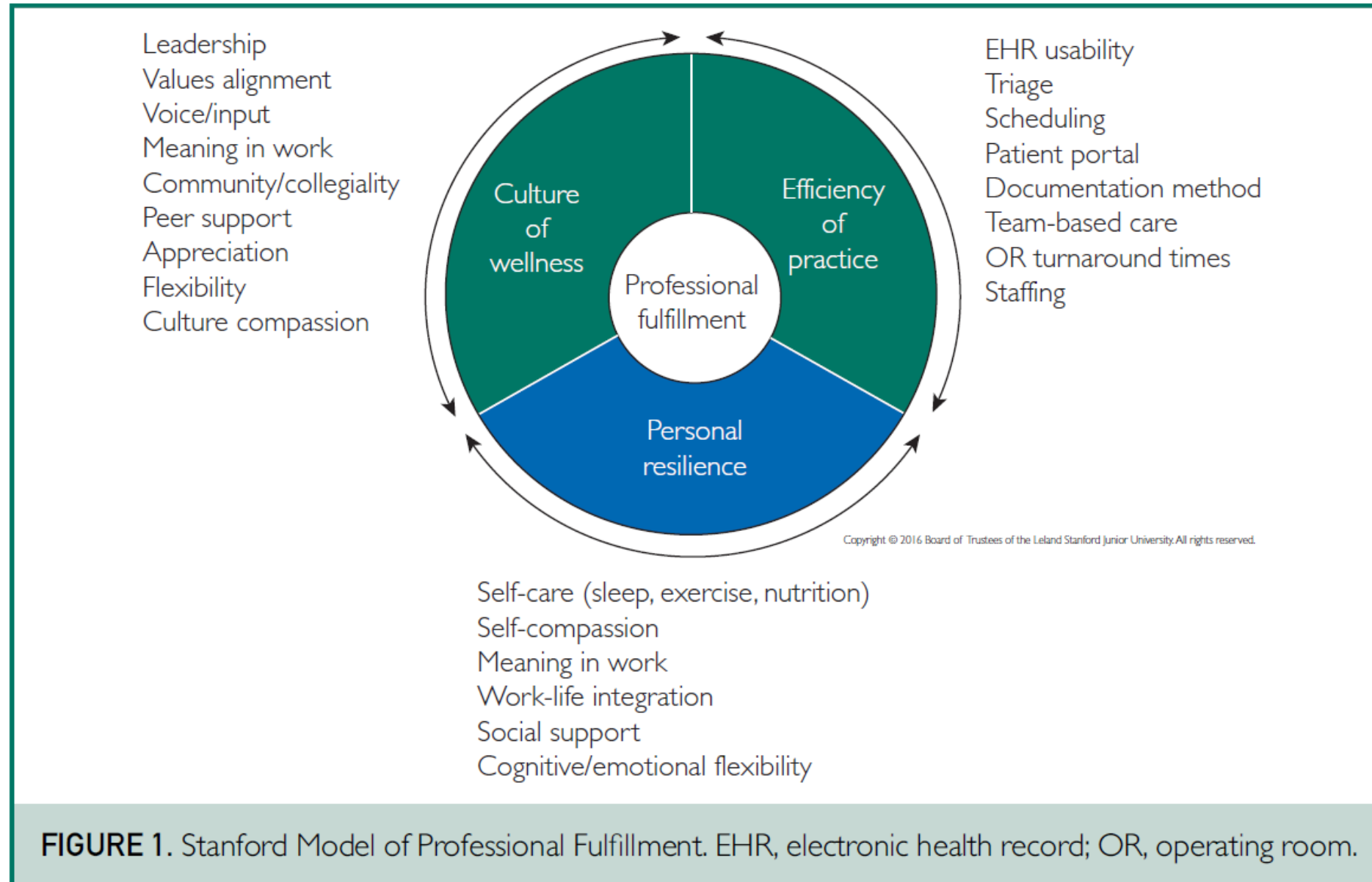


ELEMENT	THEME	WHAT IT LOOKS LIKE TO THE PATIENT
 CARING	KNOW me	<ul style="list-style-type: none"> Do they care about me as a person Are they sensitive to my needs? Are they concerned about my questions and worries? Are they friendly and respectful?
 LISTENING	HEAR me	<ul style="list-style-type: none"> Do they include me in decisions about my care? Do they take the time to hear my concerns?
 EXPLAINING	TEACH me	<ul style="list-style-type: none"> Did they explain my problem or condition? Do I understand my medications? Do I understand my follow up instructions? Do they use language I understand?
 TEAMWORK	COORDINATE for me	<ul style="list-style-type: none"> Was everyone friendly and courteous? Did the right hand know what the left hand was doing? Did the team work together to care for me?
 EFFICIENCY	MAKE IT EASY for me	<ul style="list-style-type: none"> How hard was it for me to get in? How long did I wait? Did they explain delays? Did they respond to my call light? How smooth was my discharge? Did they follow up with my other doctors?

Addressing Moral Injury & Burnout in the Health & Public Safety Workforce



How to Think About the Problem: Stanford Model of Professional Fulfillment



Whose Problem Is This? (Who is Responsible for Fixing This?)

- Burnout: the system
 - Not the individual
- System Leaders:
 - Ambulatory Operations Committee (AOC)
 - Department Chairs, Vice and Associate Chairs
 - Division Chiefs

Ambulatory Operations Committee (AOC)

Role of Leadership

- Focus: retention of clinicians and staff
- Articulating our Vision
 - Top-10 Public Healthcare System with Unsurpassed Societal Impact
- Establishing our Culture
 - Trust; Collegiality; Innovation; Drive

AOC: Clinician Onboarding

- AOC directed steps:
 1. Ambulatory practice standards
 2. Reducing screening disparities
 3. Clinician onboarding
- Onboarding:
 - Articulate our vision; establish our culture; demonstrate accountability
 - First opportunity to retain
 - Responsibilities: of clinician, of leaders, of system

Department of Internal Medicine

- 2024 Leadership Retreat
 - How to fix integration
 - Marketing and communications
 - Restoring Joy in Medicine
- Joy in Medicine working group
 - Drs. Corrine Welt and Tim Farrell (chairs)

Better U: Resiliency Center Wellness Champions

1. Understand drivers of well-being
2. Look at data
3. Gather the team
4. Realize locus of control
5. Make it meaningful
6. Decide where to start
7. Measure impact

Better U: Division of Geriatrics



Engagement

[View Engagement](#)



Inclusion

[View Inclusion](#)



Well-being*

[View Well-being*](#)



Energized*

[View Energized*](#)

Better U: Division of Geriatrics

43%

▼ -1 % vs. University of Utah Health Overall

▲ 2 % vs. Clinical

- vs. US Academic Medical Centers

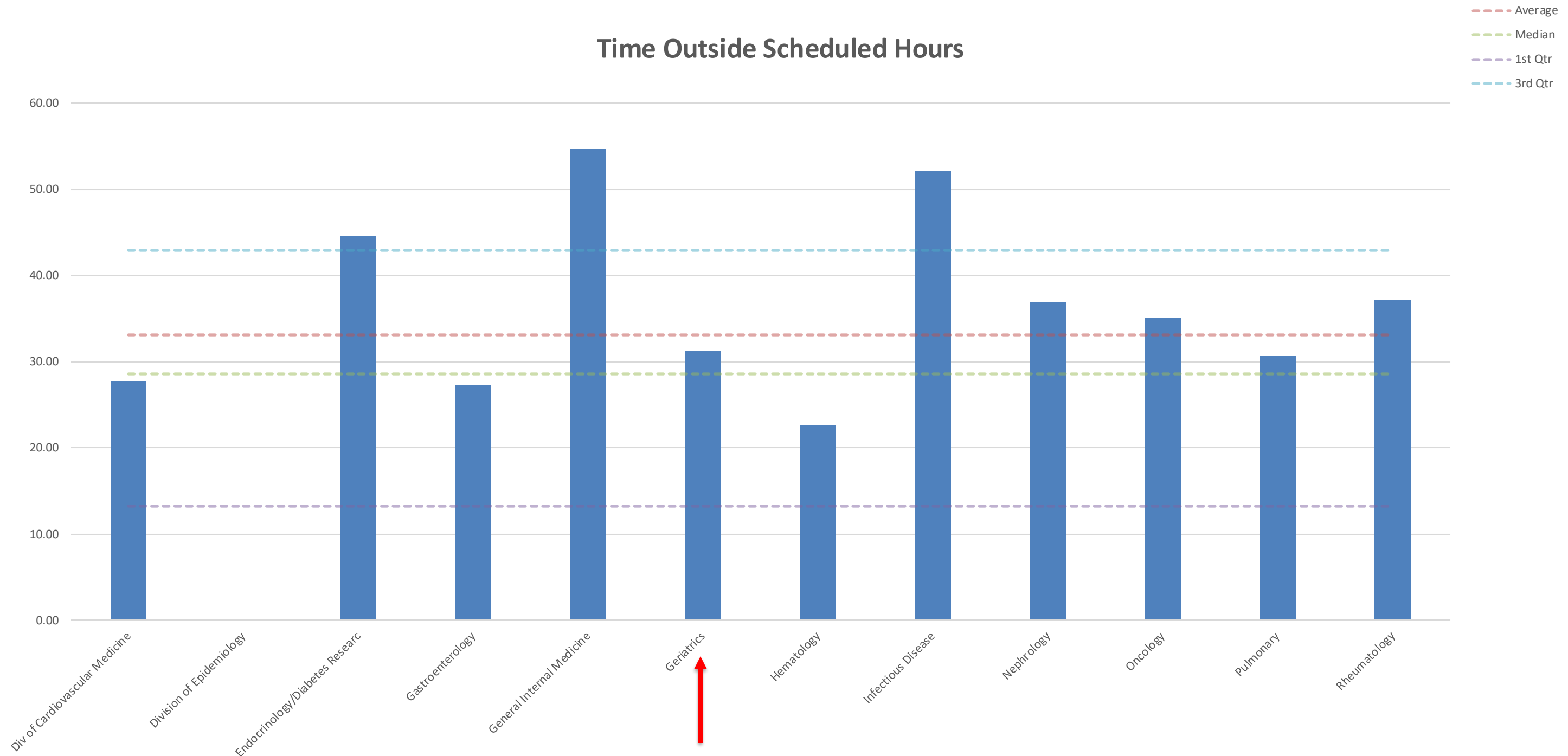
Energized* questions

Question		University of Utah Health Overall	Clinical	US Academic Medical Centers
I feel a great deal of stress because of my job.		27%	25%	
Using your own definition of burnout, please choose one of the items below:		61%	57%	

Energized* score trends

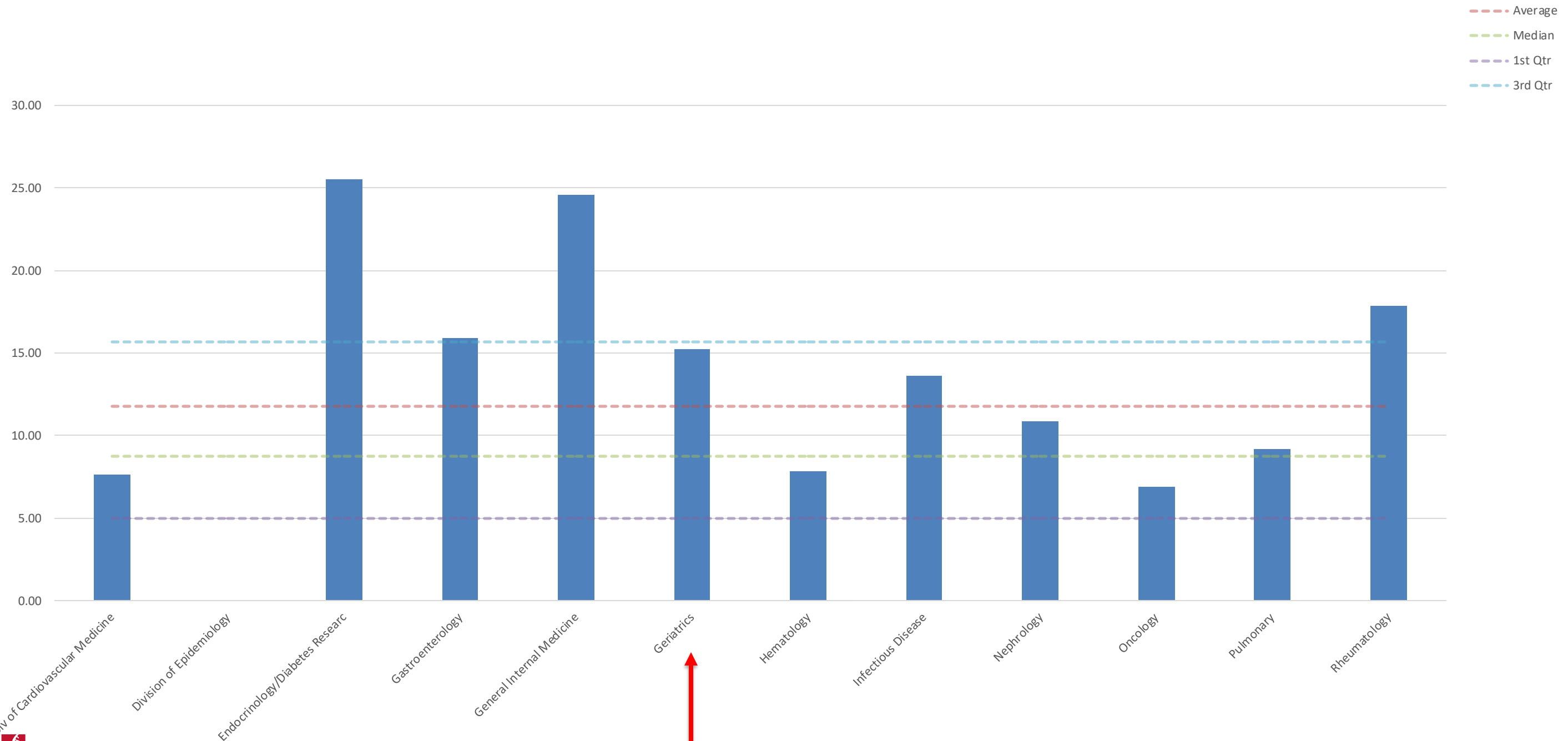
● Your scores

1. Epic Inbox – Note 6 of 12 divisions above average time spent outside scheduled hours – last 6 months

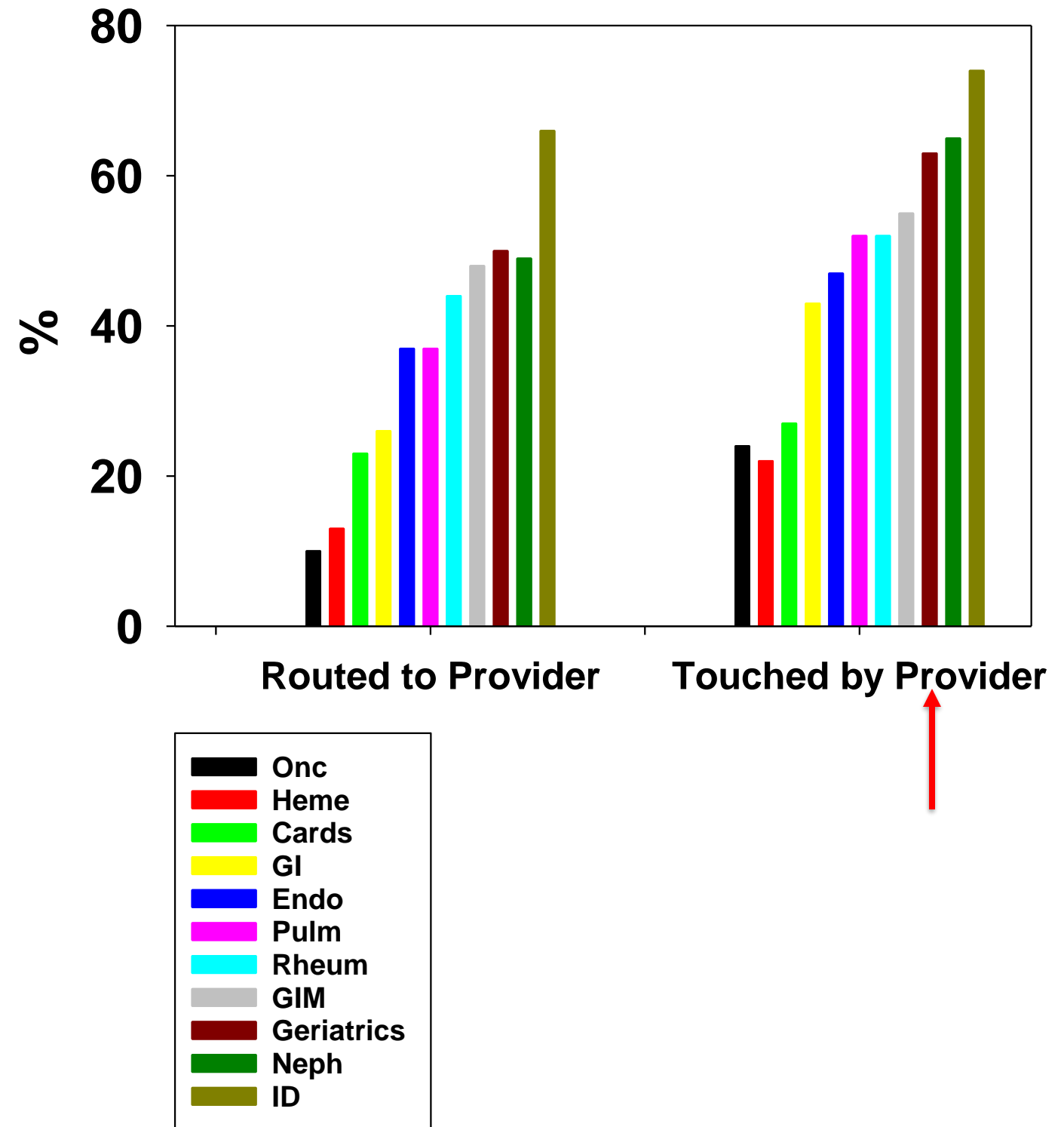


2. Epic Inbox – Note 6 of 12 divisions above average time spent on in basket per day – last 6 months

Time in Inbasket per Day



3. Epic Inbox – % messages Routed to or touched by a provider



4. Patient messaging Fixes – GI MU grant

1. Template phrases:

- A. RESULT REVIEW – MD will reach out if there is a change of plan
- B. Your results are normal
- C. Disease specific dot phrase for MAs: small bowel bacterial overgrowth, etc.
- D. Drug monitoring algorithm for RNs MAs– labs ordered, note is not sent to MDs

2. On the fly spots/visits: MA or nurse puts in on the fly slot– visit or virtual response to decrease unpaid messaging

3. Patient Rules:

- A. Cannot MyChart message more than once per month
- B. MAs ask if prescription refills are needed at visits to avoid refill notes
- C. After visit summary – Do not call about labs – results will be sent when complete

4. Additional Templates and Dot Phrases:

- A. Appeal letters – template so that RN and MA can create and do
- B. Dot phrases – pull in data so nurses can triage phone calls better – for typical diagnoses
- C. Medical records – sent through media manager – stop chasing – records – hyperlink

DOIM Joy in Medicine Working Group

- Goals:
 - Provide a toolbox of solutions proven to restore joy in medicine
 - EHR usability
 - Leadership development
 - Team-based care
 - Establish wellness metrics for Division Chiefs and Administrators
 - Incorporated into bonus plan

Joy in Work

- Creating a thriving workforce leads to an exceptional patient experience
- The role of leaders:
 - Articulate the vision
 - Establish the culture
- There are evidence-based solutions to re-establish Joy in Work
- Thank you for your commitment to wellness!