

ASCO Quality Training Program

Reducing Burnout Among Hematology Oncology Fellows at MUSC

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Medical University of South Carolina

December 5, 2019

Institutional Overview

MUSC - Hollings Cancer Center

- located in Charleston SC, serving a very diverse patient population
- the only NCI -designated cancer center in the State, ranked #24 in the country in 2018 per US News & World Report in cancer care
- the program offers the full range of cancer specialties, comprising more than 60 sub-specialists
- SC's only hematology oncology training fellowship, totaling 12 fellows across three PGY years

Team members

Young Lee, M.D. – Team leader

Gregory Haidemenos, M.D. – Core team member

Steve Power – QTP improvement coach

Problem Statement

In 2019, hematology oncology fellows at the Medical University of South Carolina were surveyed to have an overall Mini-Z workplace score of 28.9* regarding workplace satisfaction, burnout, etc., comparing to 30.6 for the national benchmark and an ASCO QTP peer group.

These results may be negatively impacting job & team satisfaction, overall well-being, and may be associated with suboptimal patient care.

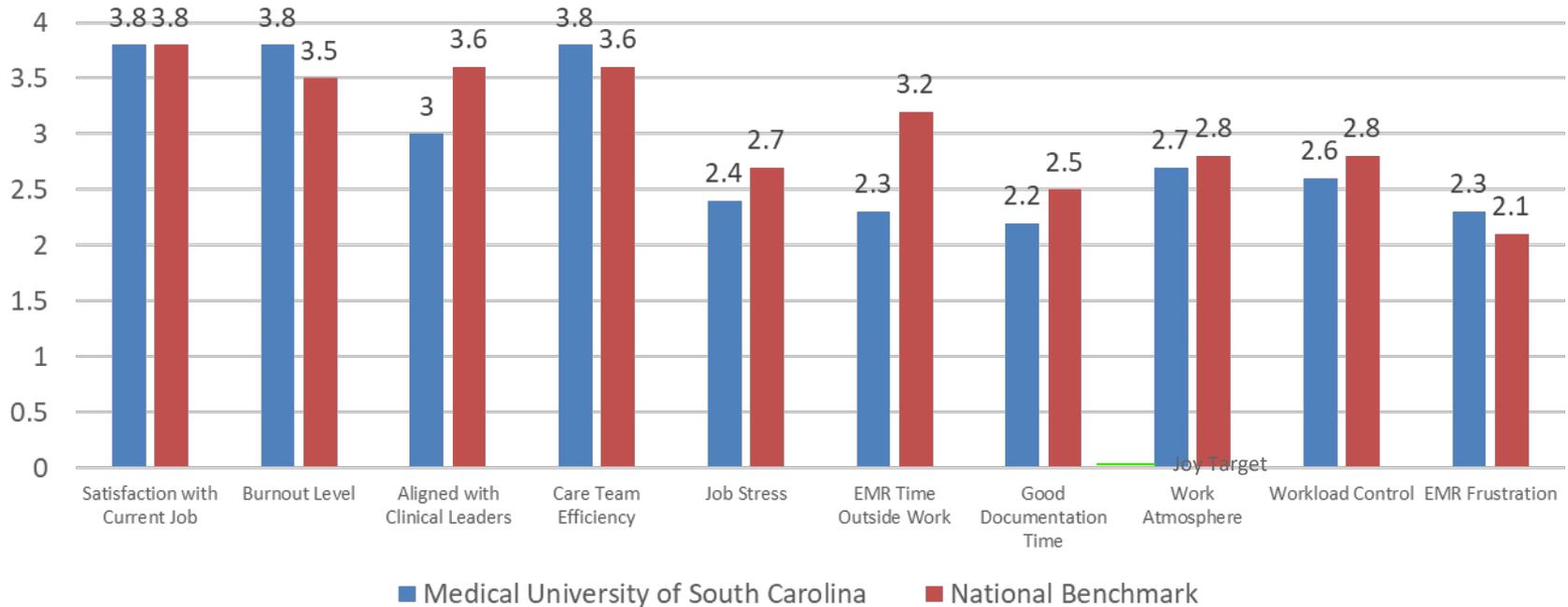
Baseline data summary

Item	Description
Measure:	Aggregate domain and specific scores as determined by AMA Mini-Z assessment
Patient population: <i>(Exclusions, if any)</i>	Physicians, specifically fellows.
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Per AMA methodology
Data source:	AMA Mini-Z
Data collection frequency:	NA
Data limitations: <i>(if applicable)</i>	Survey bias

Baseline data

Mini – Z Score and Contributing Factors

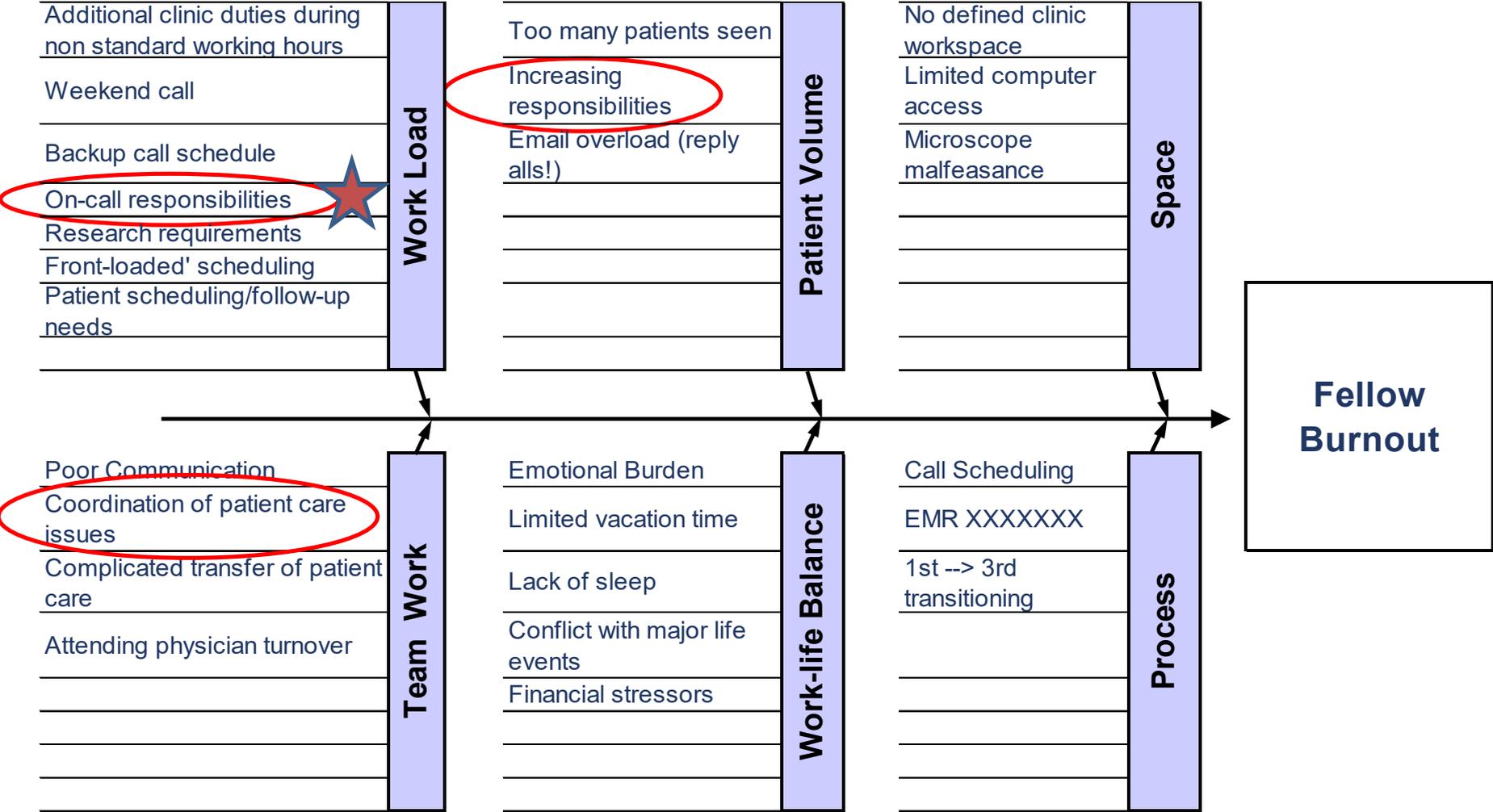
Mini-Z by Question compared to the National Benchmark



Aim Statement

By the first quarter of 2020, hematology oncology fellows at the Medical University of South Carolina will improve 'Joyful Workplace' score, as measured by the AMA Mini-Z Well-being assessment to ≥ 32 .

Cause and Effect Diagram

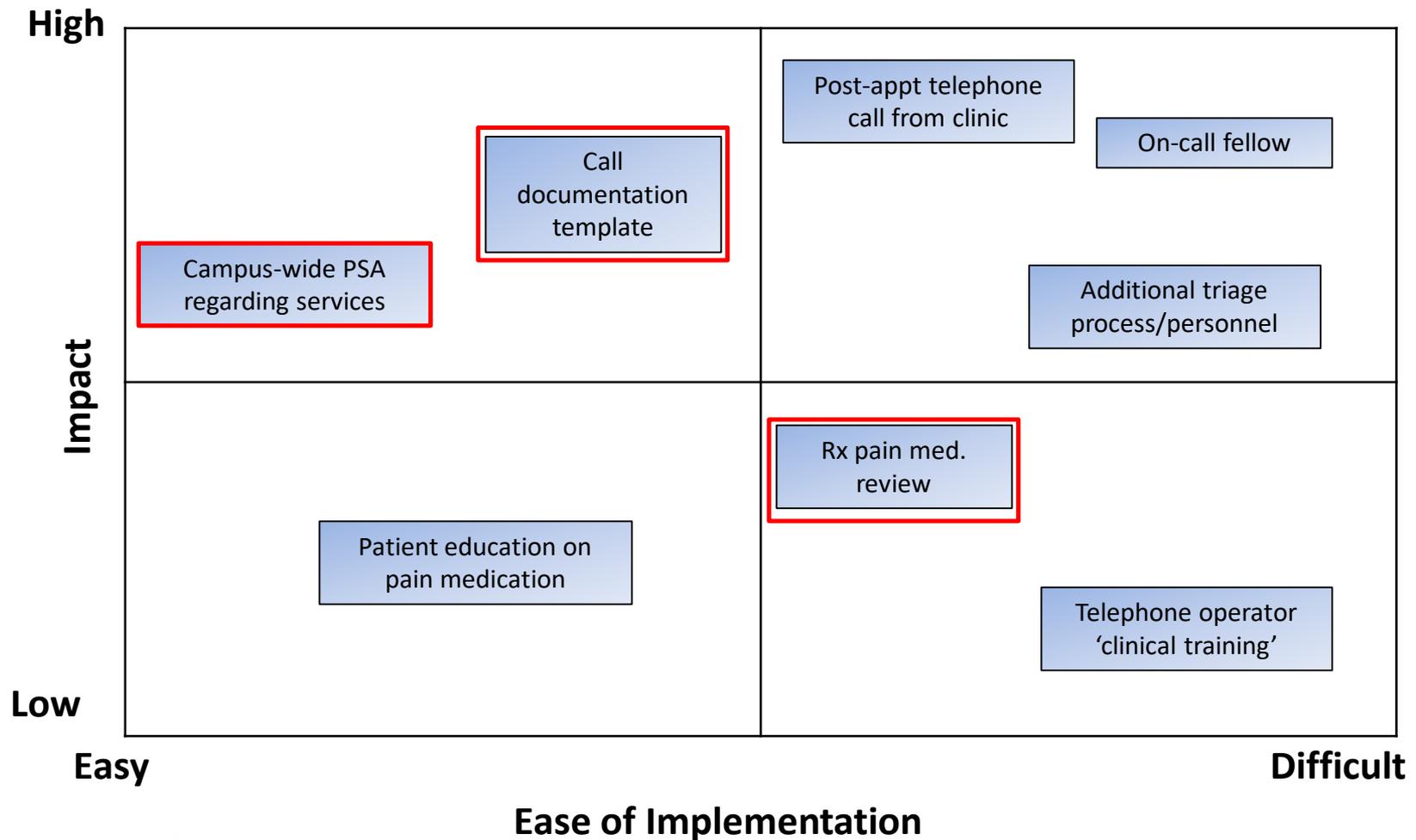


Problem is impacted by system, process, cultural, and human factors issues

Diagnostic Data

- Formal fellows meeting in late August 2019
- Consensus agreements
 1. **On-call responsibilities:** telephone calls
 2. **Additional responsibilities:** appointments, evaluations
 3. **Coordination of care:** scheduling, emails
- Follow up email with survey sent

Countermeasures



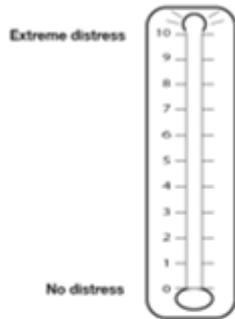
Diagnostic Data summary

Item	Description
Measure:	<ol style="list-style-type: none"> 1, # Calls 2, Stress levels pre- post call 3, Time spent taking and documenting call
Patient population: <i>(Exclusions, if any)</i>	Fellows
Calculation methodology: <i>(i.e. numerator & denominator)</i>	<ol style="list-style-type: none"> 1, Call count per night – for 14 nights 2, Recorded score on 0 – 10 scale (NCCN distress) 3, Call length category - 2-5 mins, 5-10 mins, >10 mins, >30 mins.
Data source:	Manually collected
Data collection frequency:	NA
Data limitations: <i>(if applicable)</i>	

Materials Developed (optional)

MUSC Heme Onc Telephone Call Log

How are you feeling at the beginning of your call shift?



Source of call

- Outpatient Inpatient
 Other _____
please specify (pharmacy, outside institution)

Please estimate total time related to call [including return call, contact w/attending, documentation]

- 0-2min 2-5min 5-10min
 >10min >30min

Reason for call

- Pain and/or symptom management
 Medication refill
 Consultation/colleague inquiry
 Other, please specify _____

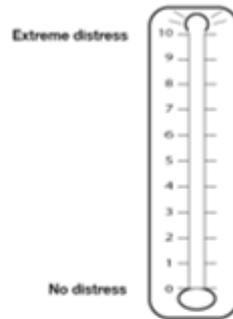
Do you think this call could have been avoided?

- Yes
 No
 Not applicable

Any comments appreciated

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Any comments appreciated

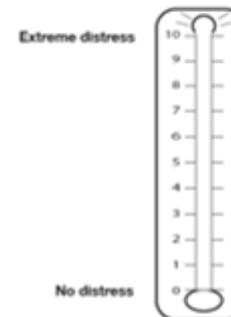
MUSC Heme Onc Telephone Call Log

Total # of calls

Please estimate total hours of sleep last evening.

Please share any additional comments, insights below.

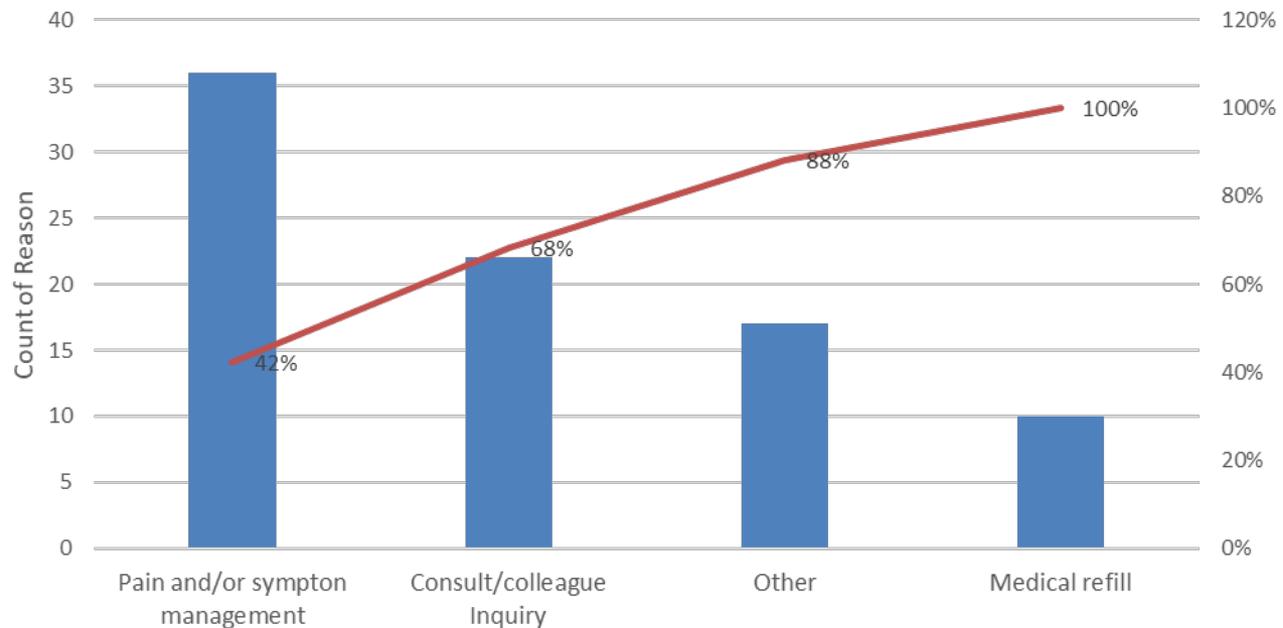
How are you feeling at the end of your call shift?



Diagnostic Data

Results of call characteristics

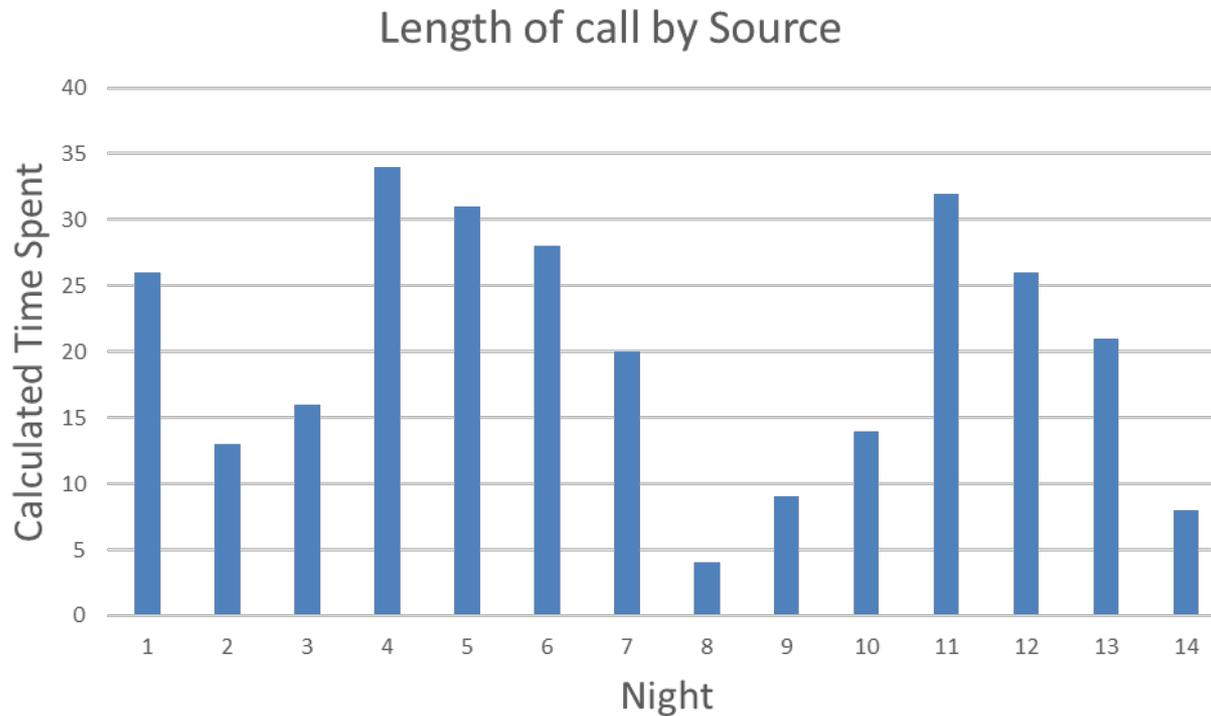
Call Survey



Key driver is Pain/Symptom Mgmt.

Diagnostic Data

Total call-related time



Significant time spent documenting

Outcome / Process Measures

Results of follow-up survey/discussion

Outcome

- Measure: AMA Mini-Z + supplemental questionnaire
- Stress levels prior to and post call
- Reduction in time spent documenting calls

Process

- Proportion of calls documented using template
- Proportion of Rx pain medication reviews

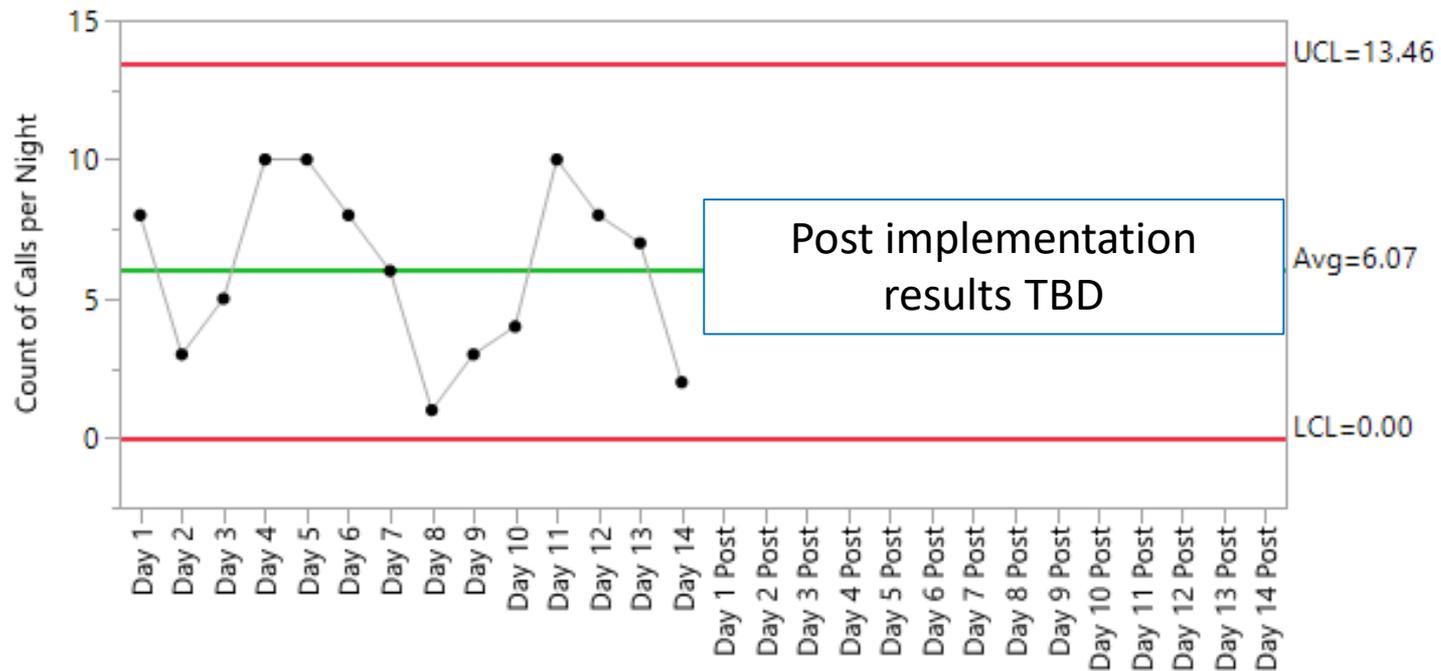
Tests of Change
PDSA Plan

Date	PDSA Description	Result
November 2019	Deploy call template	TBD
January 2020	Pharmacy pain/symptom medication review, triage process	TBD
February-March 2020	MUSC campus PSAs, education booths	TBD

Outcome Measure Change Data

Control Chart

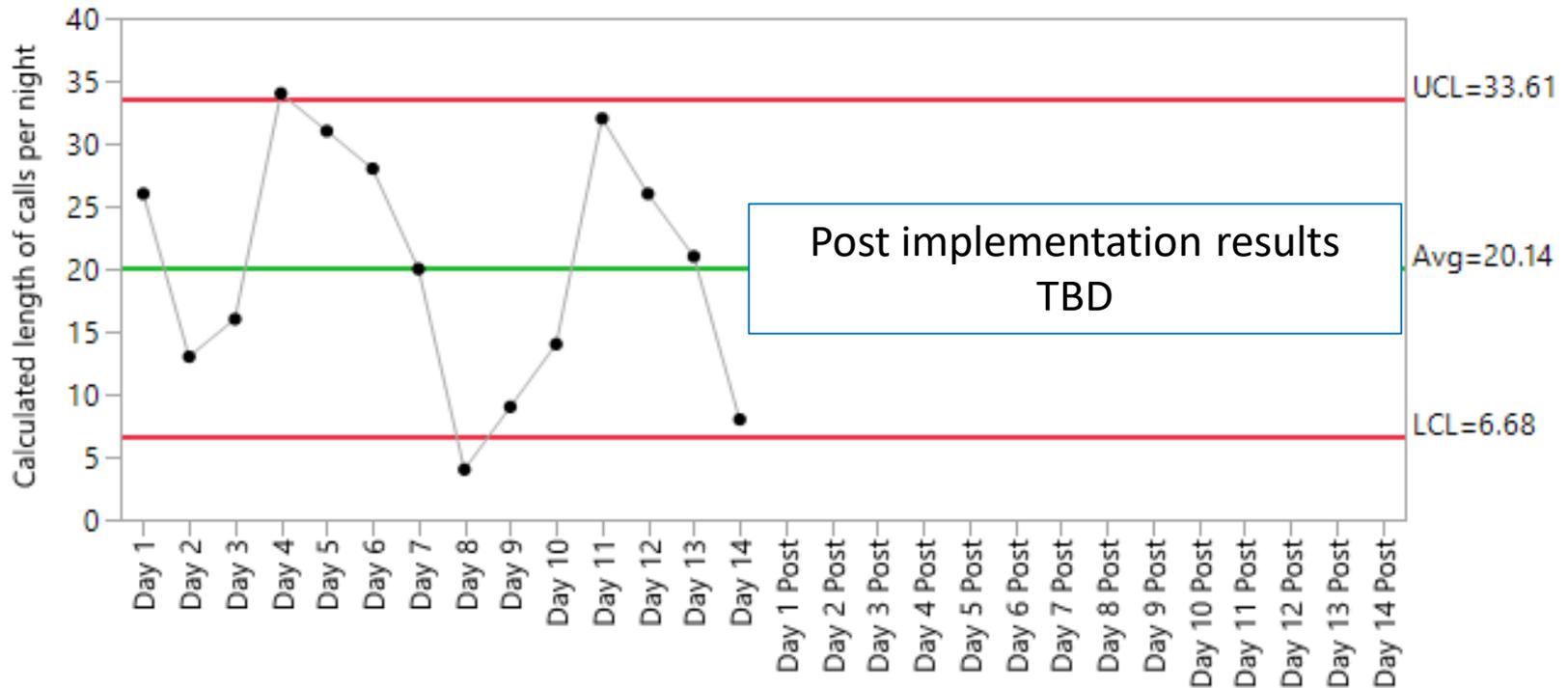
C of Count of Night



Outcome Measure Change Data

Control Chart

C of Sum of Length-N



Minutes	Score
0 to 2	1
2 to 5	2
5 to 10	3
>10	4
>30	5

Y axis shows some of calls' score calculated with the key

Next steps

Sustainability Plan

Next Steps	Owner
Routine 'check-ins' with fellows regarding call timing, characteristics, and levels of distress	Gregory Haidemenos
Bi-annual meetings with faculty members regarding calls triaged to them, outside institutions, fellow concerns	Young Lee
Incorporate training seminar for 1 st year fellows regarding 'after-hours responsibilities,' triage process, telephone calls, etc.	Gregory Haidemenos
Monitor against baseline results and project aim statement	All

Conclusions

- Medical providers across the board are facing increased challenges, responsibilities
- There is a tremendous need for ongoing quality improvement projects especially those tailored to provider well-being
- Quick 'fixes' are few and far between
- There is more work to be done!