## Title: Done by Dinner: Practice Redesign to Improve the Experience of Children and Providers

## **Author(s) Information:**

Arora, G., Suresh, S., Comunale M., Barcellona, N.J., Gessner, C.A., Young, S., Hofkosh, D., Dermody, T.S.

Department of Pediatrics, University of Pittsburgh School of Medicine and UPMC Children's Hospital of Pittsburgh (CHP)

## **Background:** Theme: Efficiency of Clinical Practice

Inefficiencies in workflows and care processes in the ambulatory setting are a major driver of physician distress and burnout. Developing effective solutions to the complex problem of inefficient workflow requires careful attention to individual work unit challenges, creative thinking about feasible solutions, implementation of the solutions with the highest likelihood of impact, and on-going assessment and continuous improvement of the effect on workflow and the patient/family and physician experience.

The evolution of the electronic health record (EHR) has led to new EHR-based documentation requirements such as 'meaningful use' (federal guidelines) that limit the time for providers to fully engage with patients and families during outpatient visits. Patients are less likely to rate their physicians as "excellent" when the physicians are primarily focused on a computer for most of the time during the brief clinic encounter.

To enhance the care experience for patients and physicians, the Department of Pediatrics is engaged in the "Done by Dinner" initiative, which is a multi-modal effort to identify root causes of inefficiencies in the ambulatory clinics, implement targeted solutions, and quantify outcomes. The goals of the initiative are to: (1) Reduce the documentation burden, and thereby enable the provider to devote more face-time with the patient and family during the visit, (2) Promote real-time electronic charting and timely communication to community pediatricians and referring providers, (3) Improve visit throughput (e.g., on-time starts and room utilization), and (4) Enhance the patient and provider experience. This effort also is likely to increase outpatient practice access and volume, as providers will be able to care for additional patients when the workflow is streamlined.

**Objectives:** At the conclusion of the workshop, participants will develop the ability to:

- 1. Describe the challenges to optimal patient and physician experience in the current ambulatory specialty clinics at CHP and in their own experience.
- 2. Evaluate the solutions developed in the 'Done by Dinner' initiative.
- 3. Develop solutions that may be applicable to their own clinical settings.

**Description:** Workshop leaders will share the background, process, and outcomes to date of the Done by Dinner Practice Redesign (15 min). Participants will select a single approach and work in groups to consider ways to apply the lessons learned to their own clinical settings (20 min). Groups will share their ideas, and generalizable and feasible solutions will be prioritized. (20 min). Participants will identify one solution to take back to their own practice groups for implementation (5 min).

**Evaluation:** Likert scale re: knowledge, skill, and perceived value. Participants will identify a solution to apply in their own settings.

**Reflection:** Connections will be made to follow up in 3 and 6 months following the workshop to determine the success of implementation of identified solutions.