Session Objectives

- Introduce the concept of organizational health frameworks to increase wellness and engagement
- Share from what has helped at OHSU DOM and nationally
- Learn from each other
  - Beating burnout together
    - Current strengths and opportunities
    - Sharing our strengths and ideas

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Organizational Health Strategies

- All of our divisions are unique
- Predictable driver domains: Humans respond to stimulus over time.
- Change is hard and slow

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5 Steps to Beat Burnout:
Enhance Organizational Health

1. Choose a framework
2. Assess reality and perceptions (Get Data!)
3. Get buy-in
4. Make changes
5. Follow up

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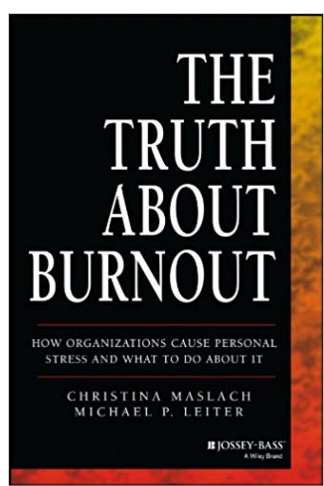
Driver Framework: Maslach



Workload

Reward

Values

Control

Fairness

Community

Banishing BURNOUT
Six Strategies for Improving Your Relationship with Work
MICHAEL P. LEITER • CHRISTINA MASLACH

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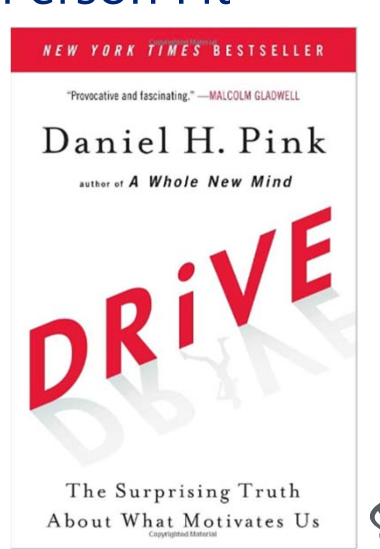
6 Domains for Job-Person Fit

- **Workload (W):**
  - Volume, efficiency, systems etc.
- **Rewards (R)**:
  - Extrinsic
  - **Intrinsic**
    - Purpose
    - Autonomy
    - Mastery



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6 Domains for Job-Person Fit

- **Workload (W):**
  - Volume, efficiency, systems etc.
- **Rewards (R)**:
  - Intrinsic and extrinsic
- **Values (V):**
  - Mission, Human values expressed by the organization
- **Control (C):**
  - Schedule, workload, group practice decisions etc.
- **Fairness (F):**
  - Promotion, salary, discrimination etc.
- **Community (Com):**
  - Connection to the people, conflict resolution

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Driver Framework: Shanafeldt

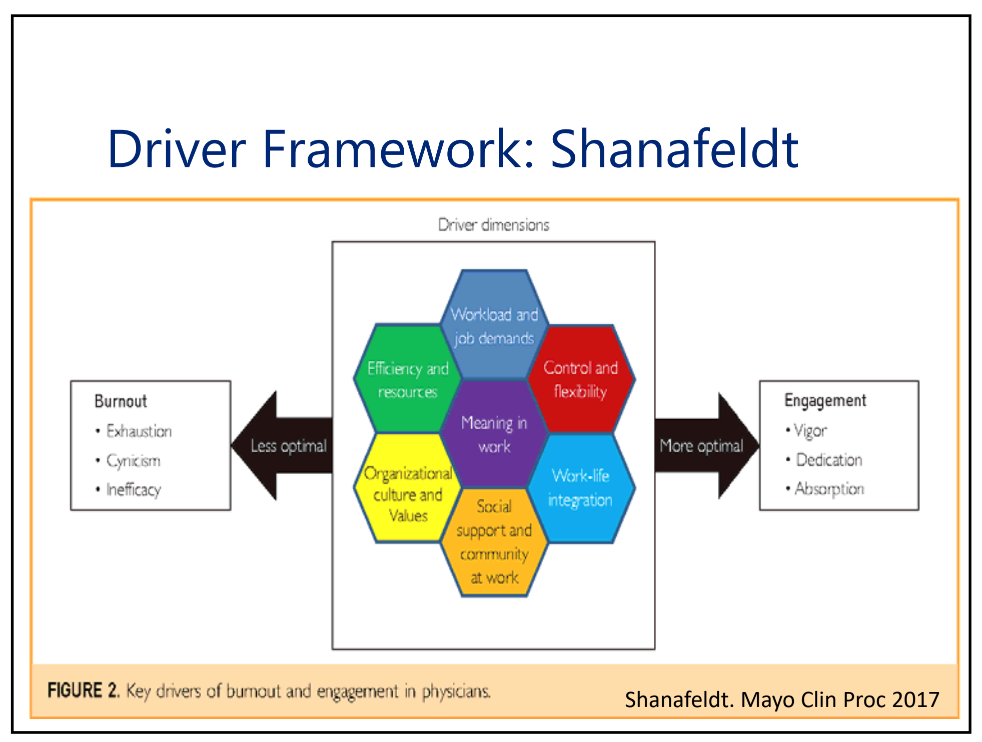
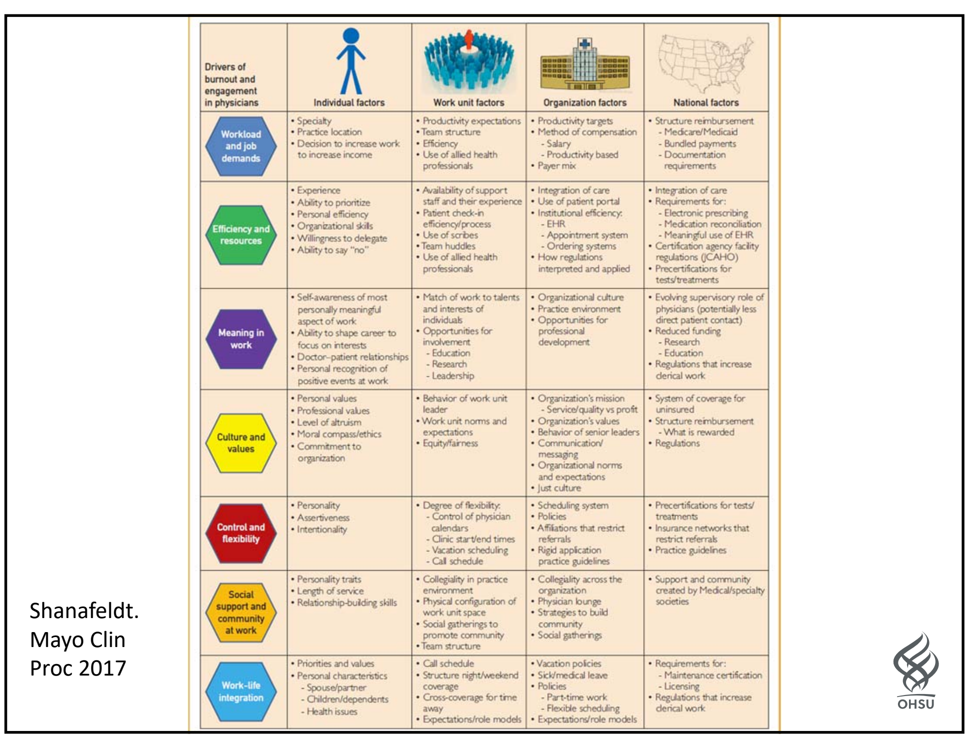


FIGURE 2. Key drivers of burnout and engagement in physicians.

Shanafeldt. Mayo Clin Proc 2017



Drivers of burnout and engagement in physicians	Individual factors	Work unit factors	Organization factors	National factors
Workload and job demands	• Specialty • Practice location • Decision to increase work to increase income	• Productivity expectations • Team structure • Efficiency • Use of allied health professionals	• Productivity targets • Method of compensation - Salary - Productivity based • Payer mix	• Structure reimbursement - Medicare/Medicaid - Bundled payments - Documentation requirements
Efficiency and resources	• Experience • Ability to prioritize • Personal efficiency • Organizational skills • Willingness to delegate • Ability to say "no"	• Availability of support staff and their experience • Patient check-in efficiency/process • Use of scribes • Team huddles • Use of allied health professionals	• Integration of care • Use of patient portal • Institutional efficiency: - EHR - Appointment system - Ordering systems • How regulations interpreted and applied	• Integration of care • Requirements for: - Electronic prescribing - Medication reconciliation - Meaningful use of EHR • Certification agency facility regulations (JCAHO) • Precertifications for tests/treatments
Meaning in work	• Self-awareness of most personally meaningful aspect of work • Ability to shape career to focus on interests • Doctor–patient relationships • Personal recognition of positive events at work	• Match of work to talents and interests of individuals • Opportunities for involvement - Education - Research - Leadership	• Organizational culture • Practice environment • Opportunities for professional development	• Evolving supervisory role of physicians (potentially less direct patient contact) • Reduced funding - Research - Education • Regulations that increase clerical work
Culture and values	• Personal values • Professional values • Level of altruism • Moral compass/ethics • Commitment to organization	• Behavior of work unit leader • Work unit norms and expectations • Equity/fairness	• Organization's mission - Service/quality vs profit • Organization's values • Behavior of senior leaders • Communication/ messaging • Organizational norms and expectations • Just culture	• System of coverage for uninsured • Structure reimbursement - What is rewarded • Regulations
Control and flexibility	• Personality • Assertiveness • Intentionality	• Degree of flexibility: - Control of physician calendars - Clinic start/end times - Vacation scheduling - Call schedule	• Scheduling system • Policies • Affiliations that restrict referrals • Rigid application practice guidelines	• Precertifications for tests/ treatments • Insurance networks that restrict referrals • Practice guidelines
Social support and community at work	• Personality traits • Length of service • Relationship-building skills	• Collegiality in practice environment • Physical configuration of work unit space • Social gatherings to promote community • Team structure	• Collegiality across the organization • Physician lounge • Strategies to build community • Social gatherings	• Support and community created by Medical/specialty societies
Work-life integration	• Priorities and values • Personal characteristics - Spouse/partner - Children/dependents - Health issues	• Call schedule • Structure night/weekend coverage • Cross-coverage for time away • Expectations/role models	• Vacation policies • Sick/medical leave • Policies - Part-time work - Flexible scheduling • Expectations/role models	• Requirements for: - Maintenance certification - Licensing • Regulations that increase clerical work

Shanafeldt. Mayo Clin Proc 2017

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What has worked for us?

- Inpatient
  - DHM Work-Life annual survey since 2015
  - Staffing: increased rounders, swing shift, increased night coverage (W)
  - Delegation and protocol orders (W)
  - Transition coordinator for appointments, outside records (W)
  - Documentation standards (W, V)
  - Increased Teaching Opportunity on Clinical Hospitalist Service (R,V)
  - Addictions medicine and Transitions support- H.Englander (W, R, V, C)
  - Per Shift RVU incentives- (R, F)
  - Wellness Committee/Scheduling Committee (C, F)
  - Business Meetings/Town Halls/Weekly Division emails (C, Com)
  - Social Chairs/Book Clubs/Parties/Onboarding buddies/New hire dinner (Com)
  - Group mentoring/Awards planning (R)
  - Transparent plan for promotion into Teaching Service weeks (C,F)
  - Leadership Development/Increased Leadership meetings (W,R,V,C,F,Com)

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What has worked for us?

- Outpatient
  - Surveyed 10 primary practices in fall of 2017
    - Mini Z survey
    - Team Culture Scale
  - Used data to facilitate clinic brainstorming sessions (community)
  - Outcomes:
    - Leadership priority (V)
    - Epic efficiency training (W)
    - Huddles (W, C)
    - Newsletter/potlucks (CM)
    - Clinic Retreat (V, C, CM)
    - Primary Care Workgroup

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Resources

- Handout
- ACLGIM site visit program
  - With a wellness focus
- Top 3 articles:
  - **A Cluster Randomized Trial of Interventions to Improve Work Conditions and Clinician Burnout in Primary Care** (Linzer, Poplau. 2015)
  - **Controlled Interventions to Reduce Burnout in Physicians**: A Systematic Review and Meta-analysis (Panagioti, Panagopolou et al. 2016)
  - **Interventions to Prevent and Reduce Physician Burnout**: A Systematic Review and Meta-analysis (West, Dyrbye et al. 2016)

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5 Steps to Beat Burnout

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Beating Burnout Together: Activity

- What's great in your division?
- What opportunities for improvement exist in your division?
- Beating burnout brainstorming
- Take picture of your worksheet.
- Email to lenhart@ohsu.edu, or hand to a facilitator

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Beating Burnout Together

- Share **Strengths**, **Opportunities** and **Brainstorming** at your tables: 15 min
  - Pair and share (5 minutes)
  - Whole table discussion (10 minutes)
    - Pick **two** items from each category discussed at the table to share with the room
- Each table shares with the room: 15 min
  - Two Strengths, Opportunities and Brainstorming
- Take a picture of your own worksheet
  - Email to lenhart@ohsu.edu or text to 202-213-6559.
  - The Strengths, Opportunities and Brainstorming will be collated and emailed to all who send in their worksheets.

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Thank You

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James Clements: Clemenja@ohsu.edu

Tips

- Choose a Framework
- Get data (survey, focus groups)
- Get buy-in on next steps/Transparency
- Make Changes
- Follow up

What's worked?

- Biweekly faclitated dsicussion groups addressing mindfulness, reflection, small group learning (West, Dyrbye et al 2014) (CM, V)
- Float providers who can cover 10-20% of total clinical FTE (Linzer, Rosenberg 2002) (W, F)
- Empathic, engaged leadership (Wright, Katz, 2018) (V, CM)

Ambulatory

- Workflow, QI, Communication interventions (Linzer, Poplau et al. 2015) (W, C, CM)
- Characteristics of high functioning practices:
    - Standing orders, nonMD order entry, scribes, consistent teamlets, huddles, team meetings, verbal communciation (Sinky, Willard-Grace et al. 2013) (W, CM)
    - Stable teams, Shared goals/purpose, pyshcological safety, role negotiation (True, Stewart et al. 2014) (CM,V)
    - Appropriate staffing levels ((Meredith, Schmidt Hackbarth et al. 2015) (W, F)
- Panel Size reduction (Reid, Coleman et al. 2010) (W, C)
- Enhanced staffing ratios (Reid, Coleman et al. 2010) (W,C)
- Practice Redesign – APEX model (Wright, Katz et al. 2018)(W, C, CM)
- Job sharing/part-time work (Mechaber, Levine et al. 2008) (W,C)
- Good team culture (Willard-Grace, 2014) (V, CM)

Inpatient

- Shorter inpatient attending rotations (Lucas et al. 2012) (Ali, Hammersley, Hoffmann 2011) (W)
- Conflict prevention via structured early feedback (Sluiter et al. 2015) (W, CM)
- Standardizing work around stressful situations (Quenot et al. 2012) (W, CM, V)

Key (W = workload, C = control, R = rewards, CM = community, F = fairness, V = values)