Beating Burnout Together
Enhancing Organizational Health

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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
Organizational Health

• An organization that promotes engagement, not burnout


Organizational Health Strategies

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

Driver Framework: Maslach

- Workload
- Reward
- Values
- Control
- Fairness
- Community
6 Domains for Job-Person Fit

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

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)

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
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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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

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.
Thank You

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Tips

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

What’s worked?

- Biweekly facilitated discussion 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 communication (Sinky, Willard-Grace et al. 2013) (W, CM)
  - Stable teams, Shared goals/purpose, psychological 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

- 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)