NATIONAL ACTION ALLIANCE
for Patient and Workforce Safety

Workforce Safety and Well-being Webinar Series (Session 1)

Leadership Strategies that Improve Workforce Safety and Well-being

NATIONAL WEBINAR SERIES

October 8, 2024

Housekeeping Instructions

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- This webinar will be recorded and available for viewing on the NAA website

- Please use the 'Chat' function to engage with us throughout the webinar and to ask any questions.

- Closed Captioning (CC) is available.
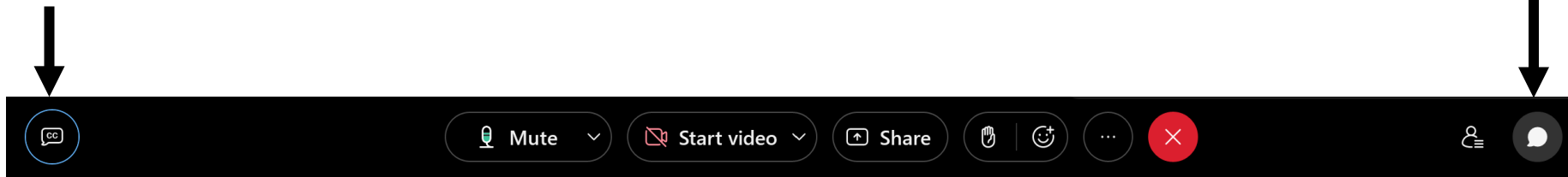
Thank You for Your Commitment To Advance Patient and Workforce Safety!

Introducing the Workforce safety and Well-being Series

In the three-part webinar series (Oct-Dec'24), we will focus on how to -

1. Influence leadership behaviors to promote patient safety
2. Address workforce burnout as a key driver of patient safety
3. Resolve workforce turnover crisis to drive safety and well-being

The Workplace Change Collaborative (WCC)

A HRSA initiative for addressing Workplace Burnout & Moral Injury

https://www.wpchange.org/

- Check out the national framework for advancing well-being
- Technical Assistance Center for well-being grant awardees
- Example award to Duke – integrated well-being intervention into continuing education as an RCT

Research on Workforce Well-being

JAMA Network | Open

Original Investigation | Occupational Health

Well-Being Outcomes of Health Care Workers After a 5-Hour Continuing Education Intervention
The WELL-B Randomized Clinical Trial

J. Bryan Sexton, PhD; Kathryn C. Adair, PhD

Abstract

IMPORTANCE Compromised well-being in health care workers (HCWs) is detrimental to the workforce, organizations, and patients.

OBJECTIVE To test the effectiveness of Well-Being Essentials for Learning Life-Balance (WELL-B), a web-based continuing education program to deliver brief, evidence-based, reflective, psychological interventions to improve 4 dimensions of HCW well-being (ie, emotional exhaustion, emotional thriving, emotional recovery, and work-life integration).

DESIGN, SETTING, PARTICIPANTS A randomized clinical trial (RCT) of US inpatient and outpatient HCWs randomized 1:1 was conducted from January 3 through May 31, 2023, using a web-based intervention. Cohort 1 received 5 hours of WELL-B over 8 days; cohort 2 acted as the control group and received WELL-B after the end of the RCT. Eligibility criteria were US HCWs aged 18 years or older, including clinical (physician, nurse, and respiratory therapist) and nonclinical (administrative, information technology, and finance) roles.

INTERVENTIONS Continuing education sessions exposed participants to positive psychology interventions (gratitude letter, work-life integration, self-compassion and cultivating awe).

MAIN OUTCOMES AND MEASURES The primary outcome was emotional exhaustion on day 8; secondary outcomes included emotional thriving, emotional recovery, and work-life integration. All outcomes were measured using psychometrically valid scales previously reported in well-being RCTs and were assessed on days 1 and 8 (primary end point). Differences in outcome measures between the WELL-B intervention group and controls were assessed using t tests. Baseline-adjusted multiple linear regression models were evaluated to examine the association between the WELL-B intervention and the outcome measures after adjusting for additional covariates (sex, race and ethnicity, age, HCW role, and discipline). Intention-to-treat analysis was performed.

RESULTS The cohorts were similar at baseline, mostly female (528 [89%]) and nurses (177 [30%]). A total of 643 respondents participated in the study. In cohort 1, 331 participants initiated WELL-B, and 262 (71%) completed the day 8 follow-up; in cohort 2, 312 participants initiated WELL-B and 291 (77%) completed the day 8 follow-up. Compared with the control cohort, WELL-B significantly improved emotional exhaustion (estimate: −9.0; 95% CI, −13.1 to −4.9; $P < .001$), emotional thriving (estimate: 6.6; 95% CI, 3.2-10.0; $P < .001$), emotional recovery (estimate: 5.5; 95% CI, 2.0-9.0; $P = .002$), and work-life integration (estimate: −5.0; 95% CI, −8.2 to −1.9; $P = .002$). After adjusting for baseline outcome measures, sex, race and ethnicity, age, HCW role, and discipline, the linear regression model showed WELL-B improved day 8 emotional exhaustion (estimate: −9.6; 95% CI,

(continued)

Key Points

Question Does a 5-hour web-based continuing education intervention (Well-Being Essentials for Learning Life-Balance [WELL-B]) improve health care worker well-being?

Findings In this randomized clinical trial including 643 health care workers, improvements in emotional exhaustion, emotional thriving, emotional recovery, and work-life integration were noted with WELL-B. Favorable impressions of WELL-B were reported by more than 90% of the participants.

Meaning The findings of this trial suggest that WELL-B is a brief, evidence-based continuing education intervention that may improve health care worker-well-being.

+ **Visual Abstract**
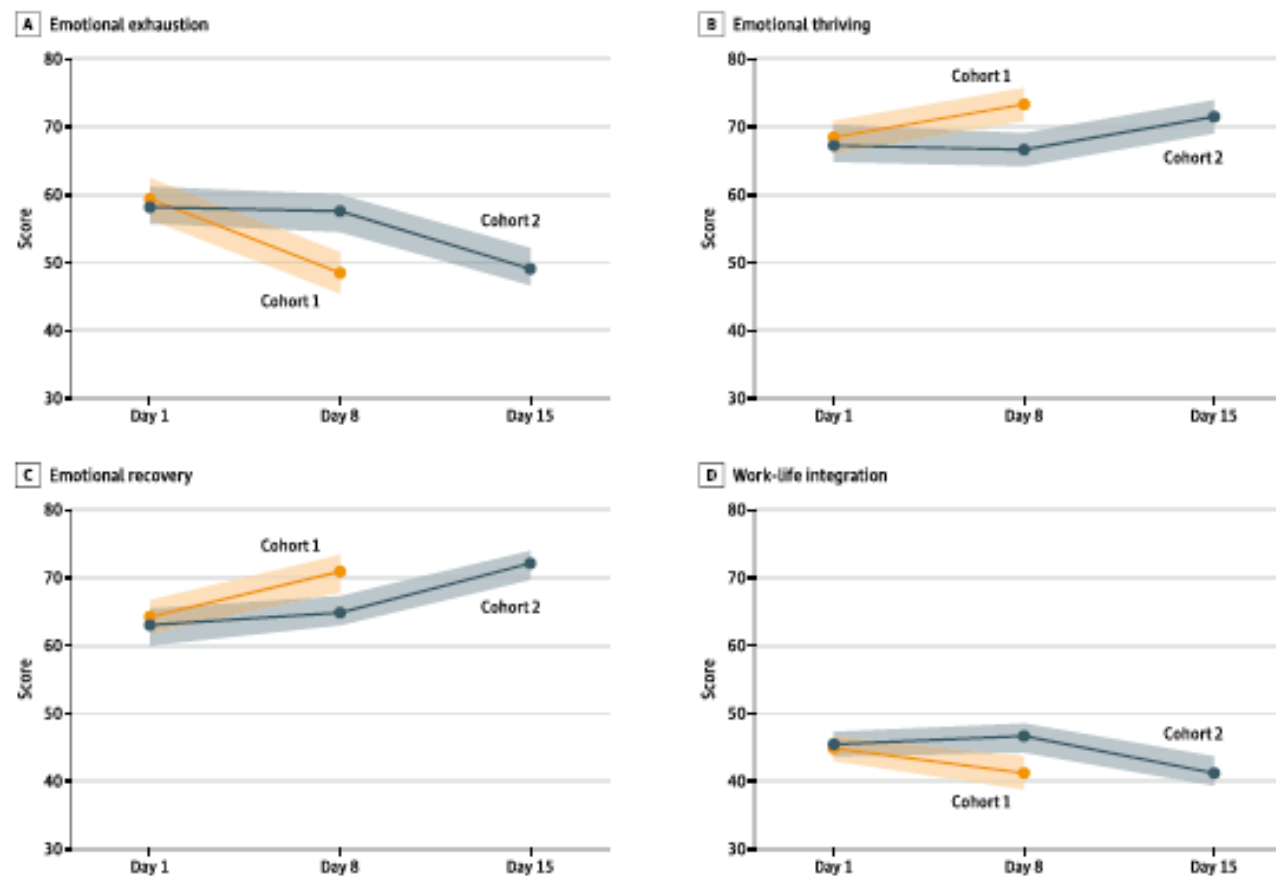
+ **Multimedia**

+ **Supplemental content**

Author affiliations and article information are listed at the end of this article.

Table 2. Intervention Effectiveness in Cohort 1 vs Cohort 2 on Day 8[a]

Outcome	Estimate (95% CI)	P value
Emotional exhaustion	−9.0 (−13.1 to −4.9)	<.001
Emotional thriving	6.6 (3.2 to 10.0)	<.001
Emotional recovery	5.5 (2.0 to 9.0)	.002
Work-life integration	−5.0 (−8.2 to −1.9)	.002

[a] Same-day assessments using t tests compared 1-week postintervention for cohorts 1 and 2.

Figure 2. Mean Scores Following Intervention for Days 1, 8, and 15 by Cohort

Scores on 100-point scales. Lines indicate means; shaded areas, 95% CIs.

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BMJ QUALITY & SAFETY

Ethnography to study healthcare improvements

Learning from voided computer medication orders

April 2018 Volume 27 Issue 4

Providing Feedback: the secret sauce in Safety WalkRounds?

qualitysafety.bmj.com

The Health Foundation BMJ

Traditional Patient Safety Leader Rounding:

"So how are we going to harm the next patient around here?"

Positive Leader Rounding:

"What are three things that are going well around here, and one thing that could be better?"

The Psychological Safety Scale of SCORE: A Brief, Diagnostic, and Actionable Metric for the Ability to Speak Up in Healthcare Settings

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• SCORE: Safety, Communication, Operational, Reliability and Engagement

FIGURE 3. Work setting SCORE domains by quartiles of percent exposure to SafeWR and PosWR.

- **What specific strategies can healthcare leaders use now to improve the well-being of their staff?**

- **What outcomes can be impacted by applying leadership behaviors focused on worker well-being?**

Share With Us

What would you like to do differently or better to improve the well-being of your staff?

Speaker Welcome

Allan Frankel, MD
Managing Principal, Vizient Inc.

Leadership....
and the Journey to Highly Reliable Care

Allan Frankel, MD, Senior Vice President

vizient®

Operational excellence is dependent on the willingness of individuals to volunteer their effort - above and beyond what they get paid.

Leonard Berry
Management Lessons from Mayo Clinic

Framework for high reliability healthcare

Management Systems

Infrastructure (systems and processes) to support strategy deployment; everyone has a role.

Leadership

Every leader models a healthy culture and holds everyone accountable; demonstrating the required high reliability behaviors and activities every day and in every interaction.

Learning System

A continuous learning mindset with competencies in improvement science. Deep dive to learn why……

Culture

"I am responsible for creating a positive and healthy culture around me and effectively collaborating to achieve shared goals."

Knowledge

Transparent, actionable, and visible clinical, operational, and cultural data to prioritize opportunities and track performance towards goals. Deep dive to learn what…..

*You can download a white paper on HRO and the Framework at: https://www.vizientinc.com/our-solutions/care-delivery-excellence/reliable-care-delivery

Corporations and **Units** vary in how well configured they are to achieve high reliability

vizient.

They MUST be Self-Reflecting & Improvement Capable
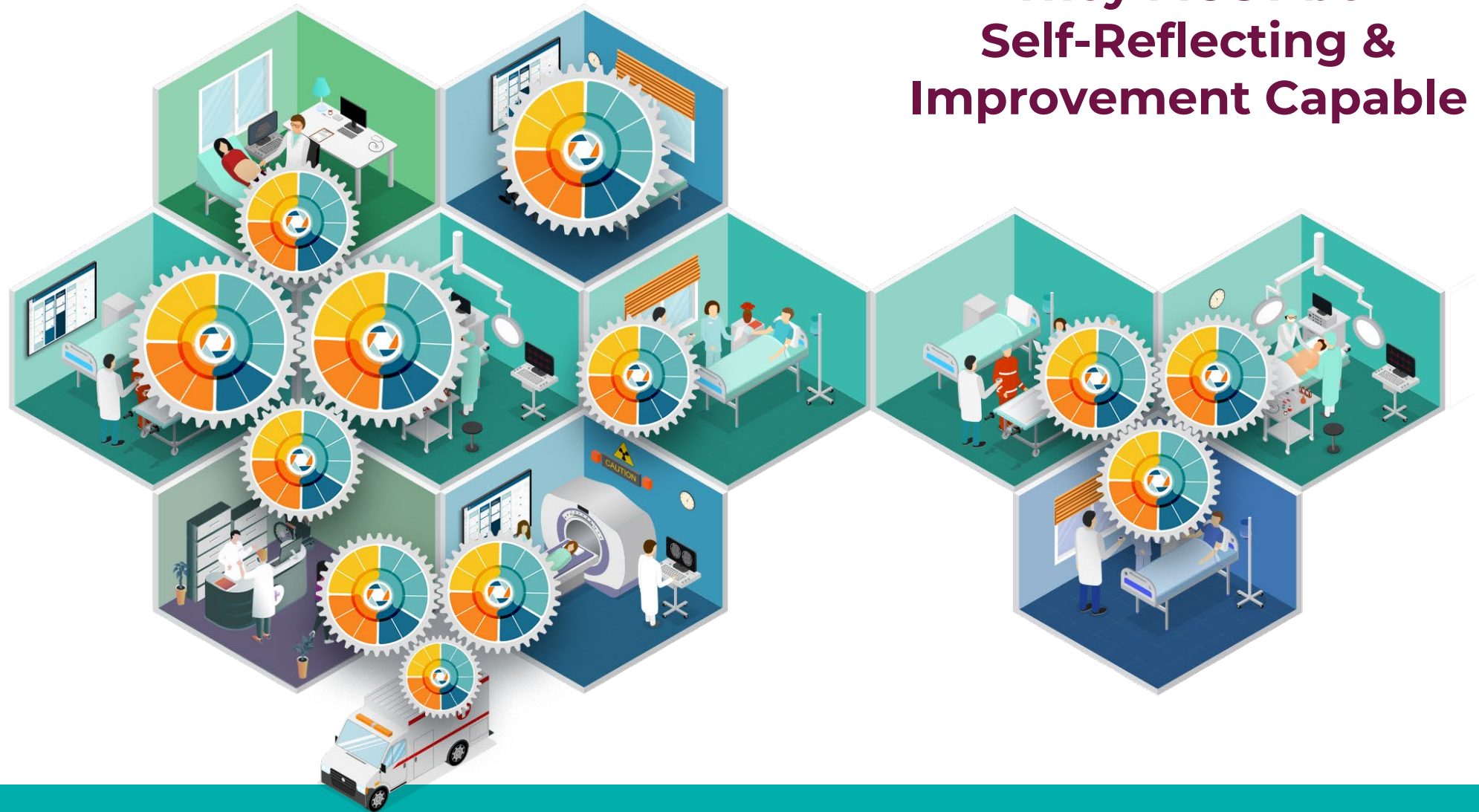
The Leadership team must be

ROBUST

& SUPPORTIVE
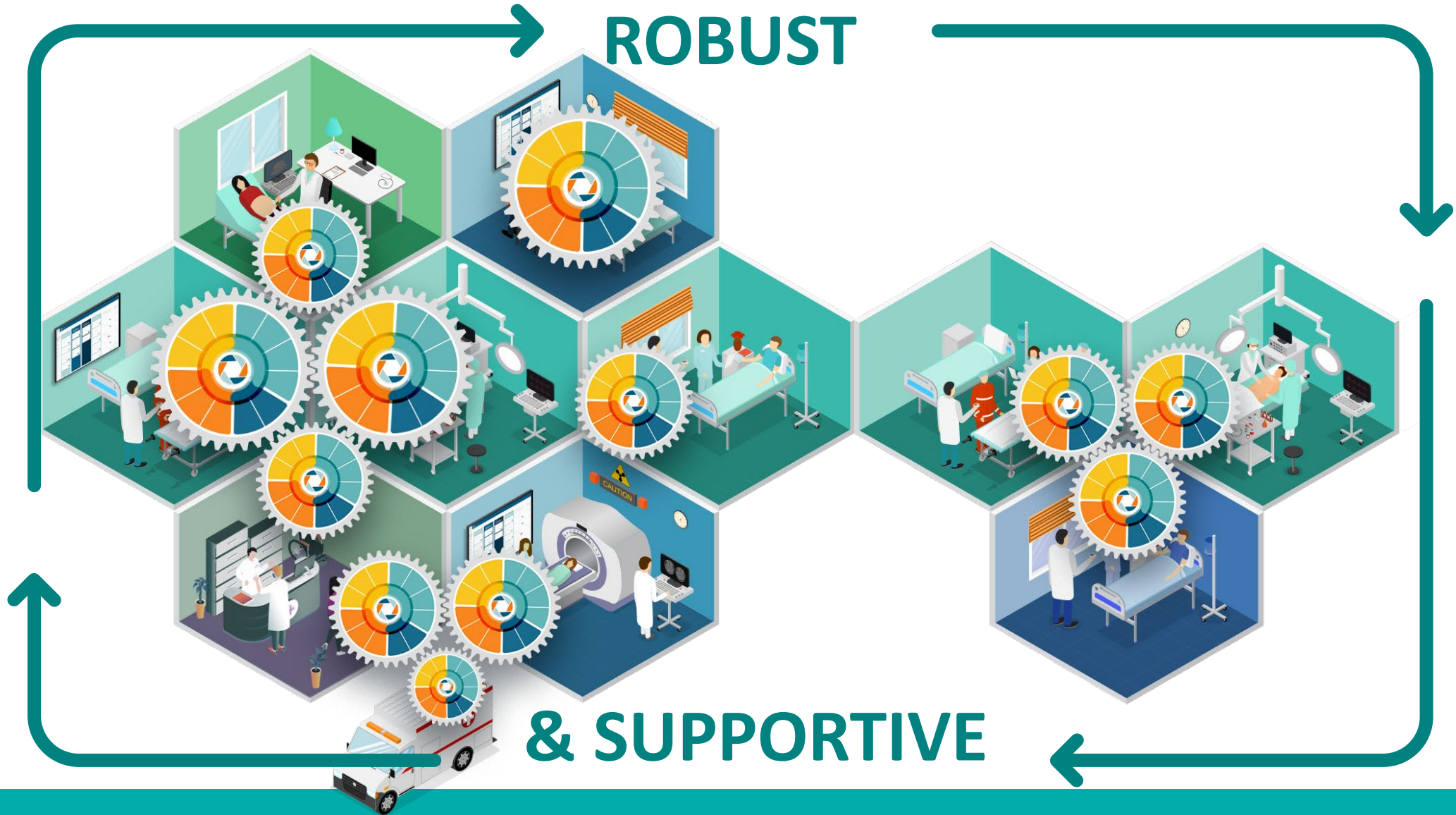
The Leadership team must be

ROBUST

This is you.

CXOs, VPs, Executive VPs, Executive Directors

Heads of Safety, Quality, Risk, Human Resources, Org Development Performance and Process Improvement, Education, Medical Informatics

The Academic Dean, Provost Etcetera...

vizient.

SCORE detects interventions to improve engagement, culture, and burnout
23%↑ SCORE results when leaders provide visible support and feedback

Michigan SCORE results, n=16,797 respondents

■ With leadership feedback

■ Without leadership feedback

23%↑ SCORE results when leaders provide visible support and feedback

Mean of the work setting scores

	Learning Environment	Local Leadership	Teamwork Climate	Safety Climate	Burnout Climate	Personal Burnout	Work Life Balance
All Respondents	55	52	33	44	36	56	62
No WalkRounds Feedback	41	37	24	29	28	47	56
Yes WalkRounds Feedback	74	69	44	63	46	66	65

■ All Respondents n=16797   ■ No WalkRounds Feedback n=5598   ■ Yes WalkRounds Feedback n=4074

BMJ
British Medical Journal

ORIGINAL RESEARCH

Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout

J Bryan Sexton,[1,2] Kathryn C Adair,[1] Michael W Leonard,[4,5] Terri Christensen Frankel,[6] Joshua Proulx,[6] Sam R Watson,[6] Brooke Magnus,[7] Brittany Bogan,[8] Maleek Jamal,[9] Rene Schwendimann,[10] Allan S Frankel[4]

Source: Sexton, Frankel et al https://qualitysafety.bmj.com/content/27/4/261

Impact of the Right Leadership

The Joint Commission Journal on Quality and Patient Safety

Available online 22 April 2021

In Press, Journal Pre-proof ⓘ

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Safety Culture and Workforce Well-Being Associations with Positive Leadership WalkRounds

J Bryan Sexton PhD [a, b] ⚇ ✉, Kathryn C. Adair PhD [b], Jochen Profit MD [c], Jonathan Bae MD [b, d, e], Kyle Rehder MD [b, e, f], Tracy Gosselin PhD, RN [e, g], Judy Milne RN [e, g], Michael Leonard MD [h], Allan Frankel MD [h]

Each 10-point increase in perceptions of leadership was associated with a 28% reduction in the odds of burnout for the respondent

LENS Huddles Reduce Team Burnout Climate

The LENS daily huddle board was developed to improve team culture and burnout.

For every 20 additional active users logging in to LENS per year the teams generally saw an improvement of their Burnout Climate by 5%.

(statistical significance of p = 0.008)

Huddle Activity in LENS Correlated to Personal Burnout Improvements

For every additional 10% of huddles completed we see 2.6% improvement in personal burnout.

For every additional 10 minutes of median huddle time you see a 8% improvement in personal burnout domain scores.

Median Huddle Time vs. Personal Burnout Question

r=-0.39, p=0.012

Median Huddle Time

Percent Negative Change from 2019 to 2020 for
I feel fatigued when I get up in the morning and have to face another day on the job.
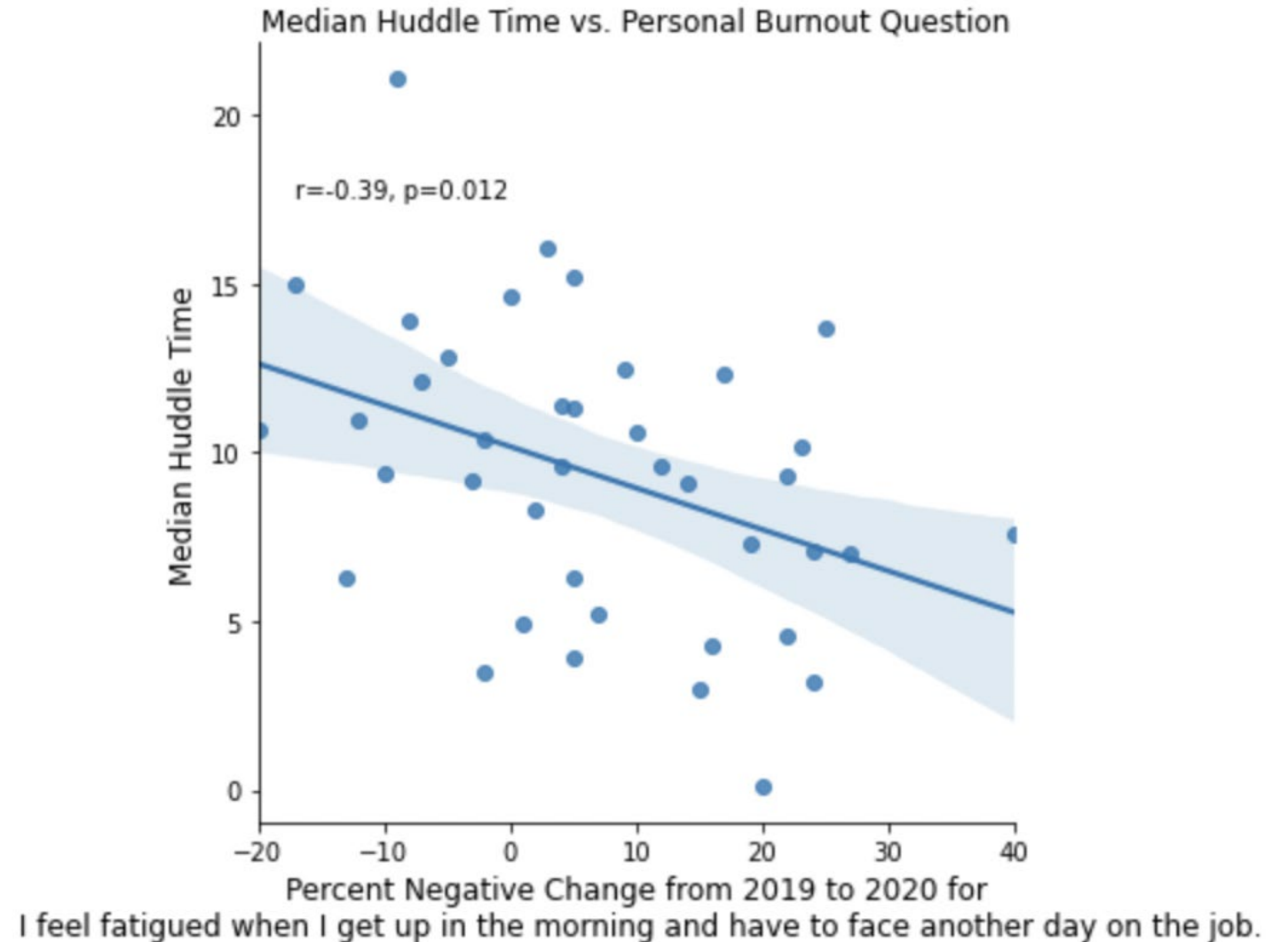
Understanding the unique characteristics of top-performing organizations over time

2005 — Characteristics of top performers

2010 — Characteristics of rapid improvers

2012 — Structures to support quality and safety

2013 — Good governance

2014 — Driving accountability and results

2015 — Impact of technology

2018 — The roles of modern-era CQO and CSO

2020 — Sustainers
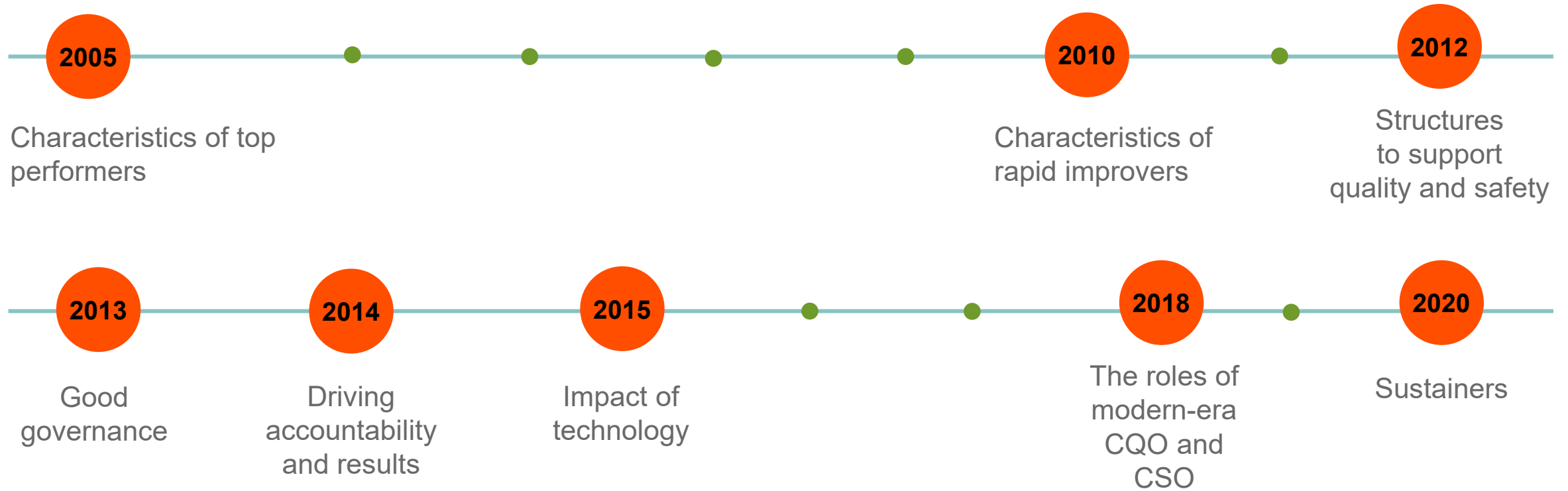
- Abbreviations: CQO = chief quality officer; CSO = chief strategy officer.

Vizient

Speaker Welcome

David Hurtado, **ScD, SM**
Associate Professor, Oregon Institute of
Occupational Health Sciences and
OHSU-PSU School of Public Health

Abigail Lenhart, MD
Associate Professor of Medicine, Division of General
Internal Medicine and Geriatrics, School of
Medicine, Oregon Health & Science University

Objectives

- Discuss the rationale and evidence supporting the Work-life Check-ins

- Review how to conduct these check-ins

Why is this important?

In 2022 and 2023, 48.2% of physicians (Berg, 2024), 56% of RNs (ANF, 2023) and 50% of HCW (CDC, 2023) were experiencing burnout.

Leadership behaviors impact team member wellbeing (Shanafeldt, 2015)

In a financially fraught time, leaders need practical solutions to improve wellbeing that can be implemented quickly

Where did Check-ins come from?

The *Primary Care Work-life Survey* (Lenhart, PI) measured burnout across OHSU primary care clinics in 2017, 2018 and 2019.

One key difference between clinics was regular check-ins.

A second pilot study conducted at pediatrics clinic during the covid-19 pandemic, showed that process was feasible to spread to a new practice.

Emotional Exhaustion

2017: South Waterfront 42%, OHSU clinics 32%
2018: South Waterfront 24%, OHSU clinics 43%

□ South Waterfront   ■ OHSU clinics
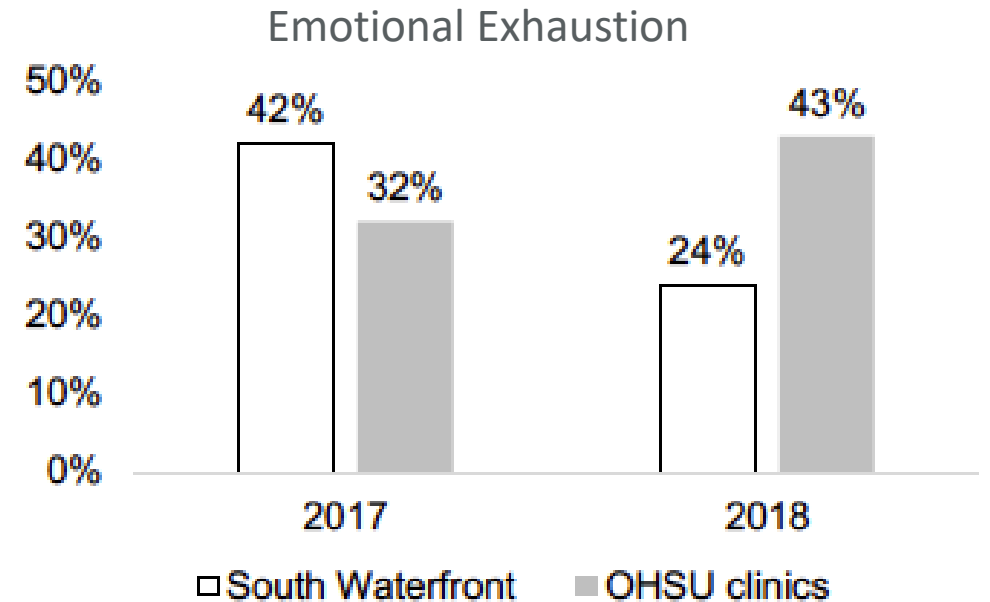
Check-in process over time
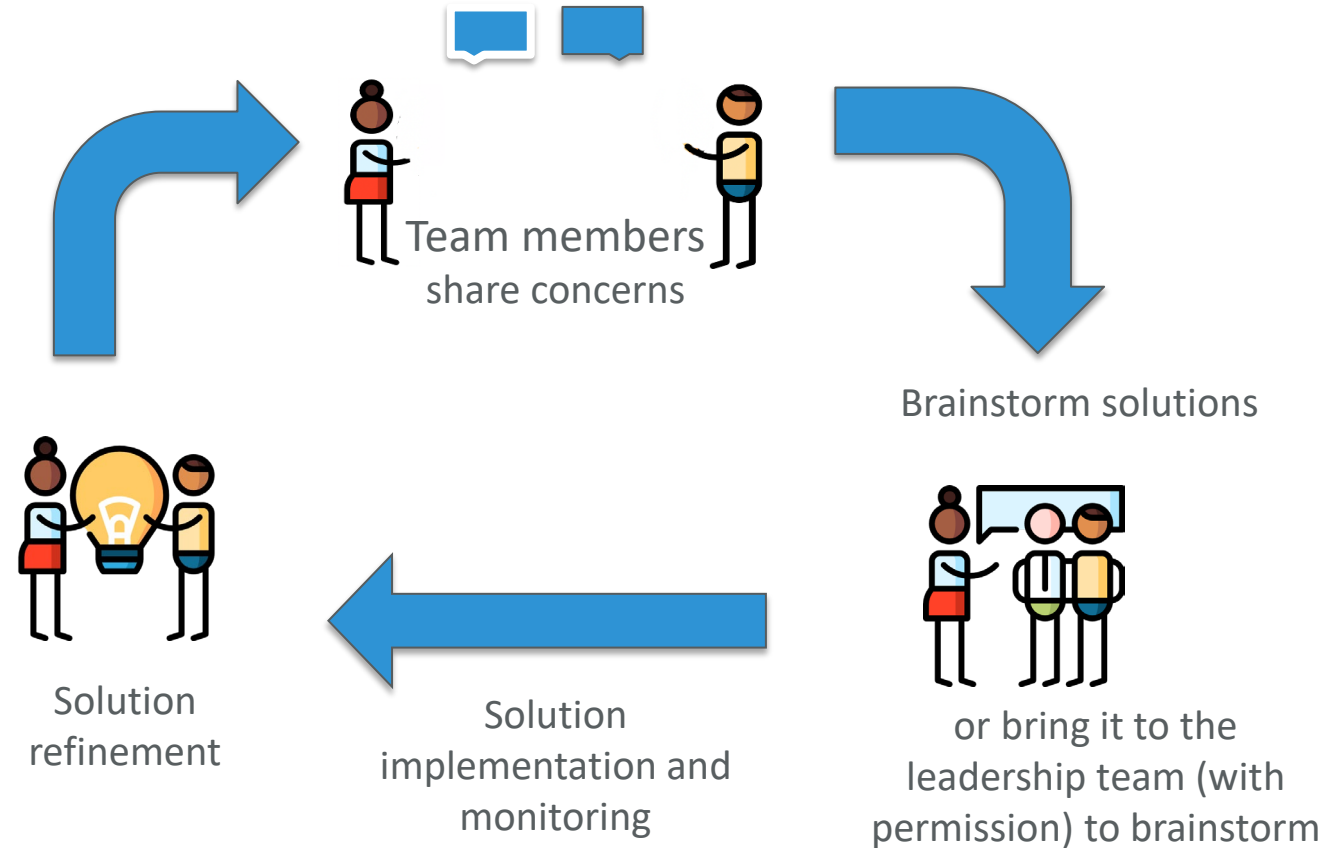
What are check-ins?

Main principle: This is time (5-15 min) for clinic leaders to check-in with each member of the clinic team.

Team members drive the check-in and can discuss anything that is impacting their wellbeing.

Examples: life stressors that are impacting work, work stress, things that could make work experiences better.

Goal: identify if there are things that can be addressed to improve workplace wellbeing and problem solve together about solutions

OHSU

WORK-LIFE CHECK-INS

WORK-LIFE CHECK-INS

Before the Check-Ins

❑ Secure a private location where each worker feels safe.

❑ Schedule check-ins (15-30 min) quarterly based on worker schedule and preference.

❑ Review past meeting notes as needed.

During the Check-Ins

❑ Ask:

"What would you like to check in about today?"

"What's working what could be improved?"

❑ Listen:

Confirm worker concerns. e.g., *" It seems like _____ makes work more stressful."*

❑ Follow-up or address any unresolved issues from previous check-ins.

❑ Collaborate on a plan to address worker concerns. Be transparent if change is not possible. Follow up on past concerns as needed. Schedule next check-in.

After the check-ins

❑ Email a brief summary of the meeting. Include next steps and thank you. Confirm the next check-intime

❑ Reflect on concerns, potential patterns and logistical barriers and discuss with leadership team if needed (e.g., if there is a common challenge implementing a recent change in day-to-day procedures).

❑ Implement next steps.

Check-ins evidence

- **Leadership Experience**: "I think it was beneficial (…) regardless of what was being brought up if you're trying to understand how the team is working and how to better make a successful team or build a successful team"

- **Team member Experiences**: "There's always these new things coming in at us that to just take 10 minutes or 15 minutes and say, "Hey, the way you're feeling is normal, most people in healthcare are feeling this way right now." And just that validation was great. "

- "[check-ins] made a big difference for me (…) There's definitely less turnover within the back office because of it. And it really gets you to know who you're working with and who they are as individuals. And then the trust and stuff can be built from there."

TABLE 2. General Linear Mixed Models Showing Differences Between the Check-ins and Control Primary Care Clinics Using a Cohort-Based Data Set (n=133)

	Emotional exhaustion			Perceived job stress			Values alignment with clinic leaders		
	b	SE	95% CI	b	SE	95% CI	b	SE	95% CI
Intercept	2.20***	0.08	2.03 2.36	3.20***	0.10	3.00 3.41	4.12***	0.07	3.96 4.27
2018 wave vs 2017 wave (reference)	0.27**	0.08	0.10 0.44	014	0.09	−0.05 0.33	−0.26**	0.08	−0.42 −0.11
2019 wave vs 2017 wave (reference)	0.20*	0.10	0.01 0.40	0.23*	0.10	0.02 0.45	−0.26*	0.08	−0.42 −0.11
Check-ins vs control clinics (reference)	0.09	0.20	−0.30 0.49	0.10	0.19	−0.34 0.54	−011	0.18	−0.46 0.23
2018 × check-ins interaction	−0.62**	0.22	−1.05 −0.18	−0.47	0.32	−1.10 0.16	0.51**	0.15	0.20 0.82
2019 × check-ins interaction	−0.30	0.22	−0.73 0.13	−0.33	0.27	−0.87 0.20	0.60**	0.18	0.24 0.96

*P<.05; **P<.001; ***P<.0001.

Organizational changes sparked by the Check-ins

Career path (e.g., recommendations, leadership training)

Flexible work arrangements (e.g., facilitating telework, change in work hours).

Changes to environment (ergonomics)

Improvement to processes (e.g., staffing, scheduling clinic activities)

OHSU
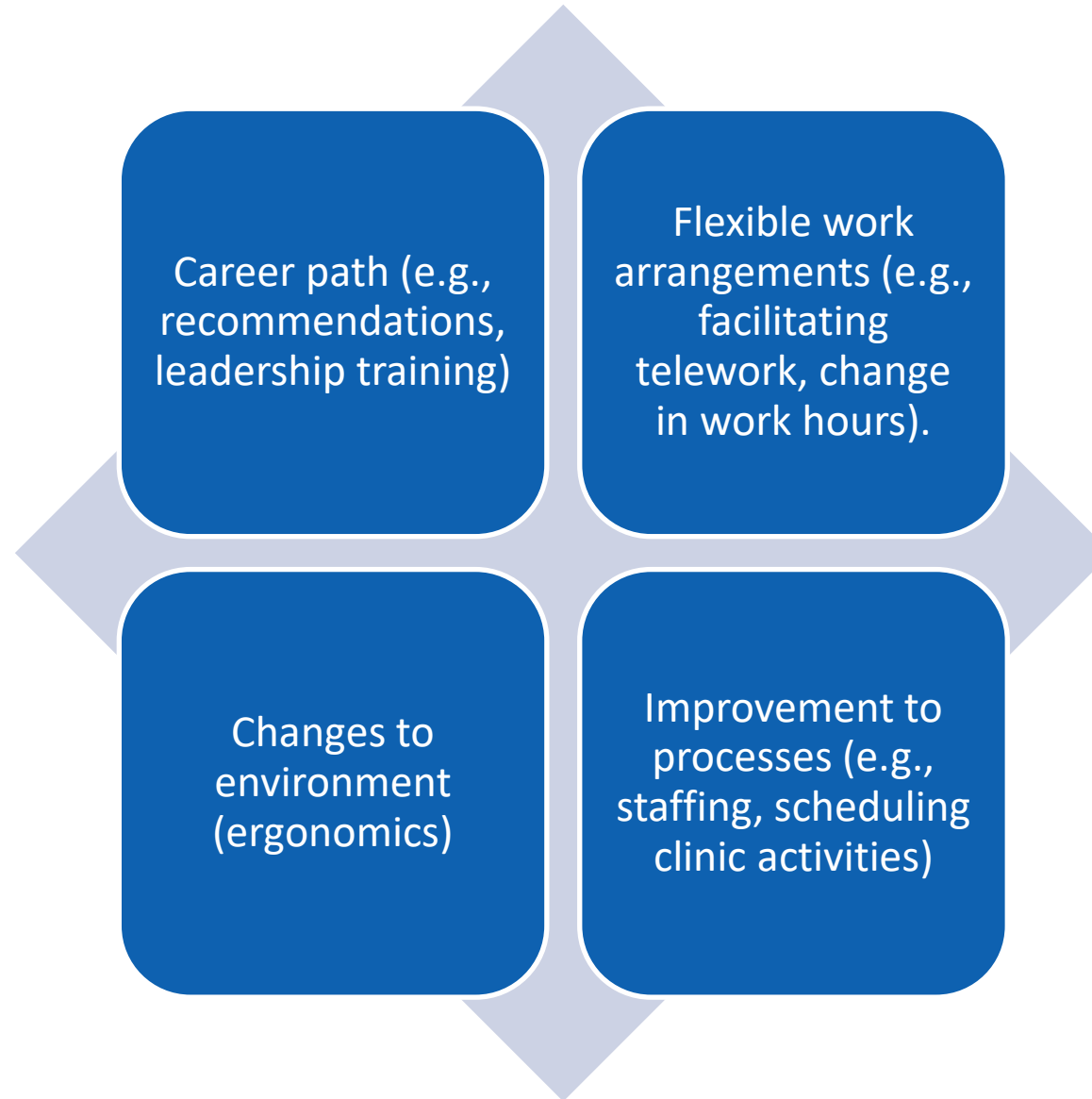
Caveats and Limitations

- Need for additional training on supportive leadership

- Risk of increasing leader's burnout

- Powerlessness

- Logistic issues

- Boundary setting

- Psychological safety prerequisites

ARTICLE

MAYO CLINIC PROCEEDINGS

MAYO CLINIC

Promise and Perils of Leader-Employee Check-ins in Reducing Emotional Exhaustion in Primary Care Clinics: Quasi-Experimental and Qualitative Evidence

David A. Hurtado, ScD; Samuel A. Greenspan, MPH; Steele Valenzuela, SM; Wendy McGinnis, MA; Teresa Everson, MD; and Abigail Lenhart, MD

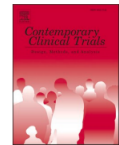Contemporary Clinical Trials 143 (2024) 107609

Contents lists available at ScienceDirect

Contemporary Clinical Trials

journal homepage: www.elsevier.com/locate/conclintrial

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The Work-life Check-ins randomized controlled trial: A leader-based adaptive, semi-structured burnout intervention in primary care clinics

David A. Hurtado [a,b,*], Jacqueline Boyd [a], Rachel Madjlesi [a], Samuel A. Greenspan [a], David Ezekiel-Herrera [c], Gideon Potgieter [a], Leslie B. Hammer [a], Teresa Everson [d], Abigail Lenhart [e]

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Why the Check-ins work

Team members can share what they value about their work

Time to focus on team member well-being and safety

Opportunity for a team member to provide feedback regarding work conditions and workflow

Implementation and monitor solutions

Acknowledgments

- Research team:
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  - Jackie Boyd, MPH
  - Rachel Madjlesi, MPH
  - David Ezekiel-Herrera, MPH
  - Samuel Greenspan
  - Teresa Everson, MD

- National Institute of Occupational Health and Safety/Oregon Healthy Workforce Center, a Total Worker Health Center of Excellence [U19OH010154].

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Question & Answers

Let us know!

Based on what you have learned today,

What would you like to do differently or better to improve the well-being of your staff?

*Please submit your response in the chat

Upcoming Events of Interest

Thank You!

Announcing the Next NAA Monthly National Webinar

Workforce Safety and Well-Being Webinar Series (Session 2): Addressing Healthcare Workforce Burnout

Tuesday, November 12, 2024 (Noon- 1:00 PM ET)
Registration is open and can be found on the NAA website
https://cma.ahrq.gov/NAANOV2024

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