

Getting Ahead of the Aggravation

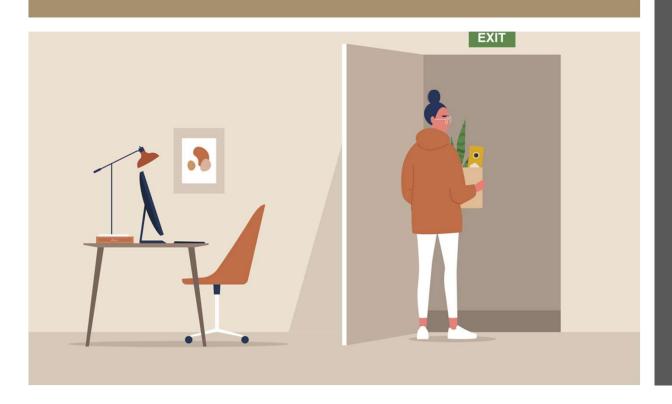
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### Disclosure

- Own and operate Bernard Wellness Initiative, LLC
- No financial disclosures



# Why wait to be aggravated (or worse)...



- Evaluate evidence behind work-process improvements associated with enhanced provider well-being.
- Distinguish benefits of and prerequisites for redistribution of provider workload to other team members.
- Value of pre-visit planning and operationalization of refill requests.
- Endorse the importance of both team structure and culture in determining provider well-being.

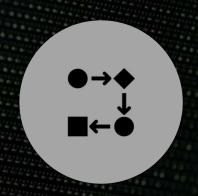
Stanford Model of Professional Fulfillment



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### The Best Path to a Good Outcome is a Good Process.





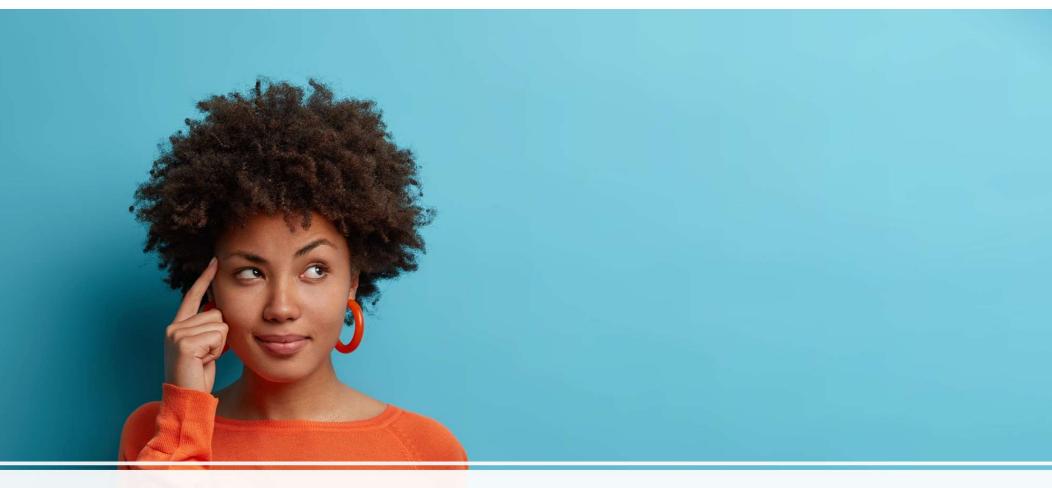


**STRUCTURE** 

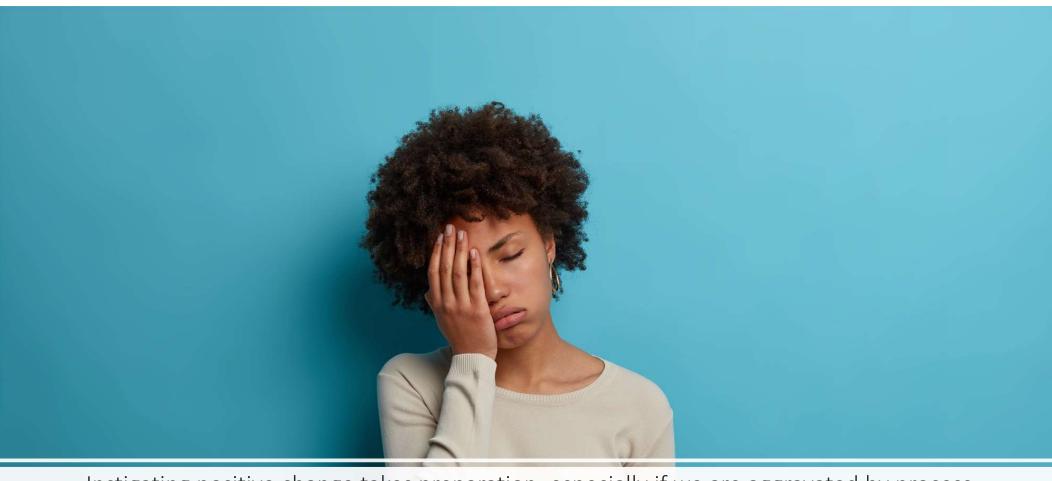
**PROCESS** 

**OUTCOMES** 

Shanafelt 2022, Stanford Director of Wellness course lecture

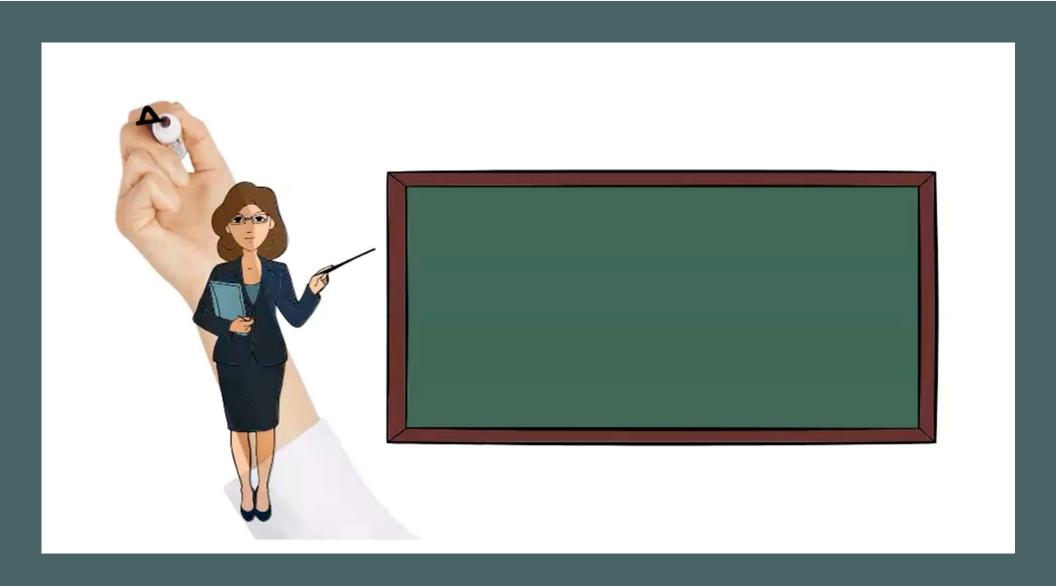


Those closest to the process posses valuable insight into potential improvements.

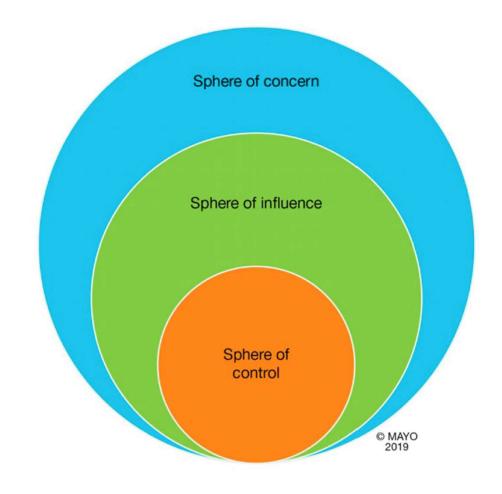


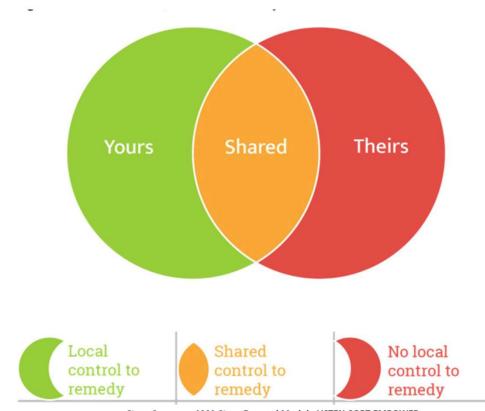
Instigating positive change takes preparation, especially if we are aggravated by process inefficiency.





Start with your *Sphere* of *Control* 





Steve Swensen, AMA Steps Forward Module LISTEN-SORT-EMPOWER Figure 3. The SORT Process, Part 1: LOFI Remedy Domains of Control



Ask, Listen, Sort, and Empower

### During the *Ask* Stage:

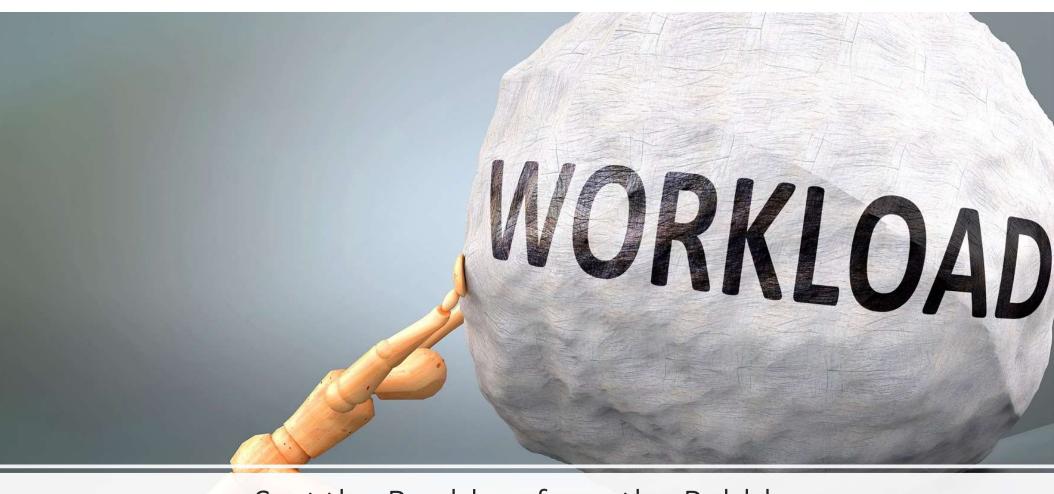
Use the Drivers of Employee Engagement or Burnout as a framework for the conversation



Shanafelt & Noseworthy, Mayo Clinic Proceedings, 91:422



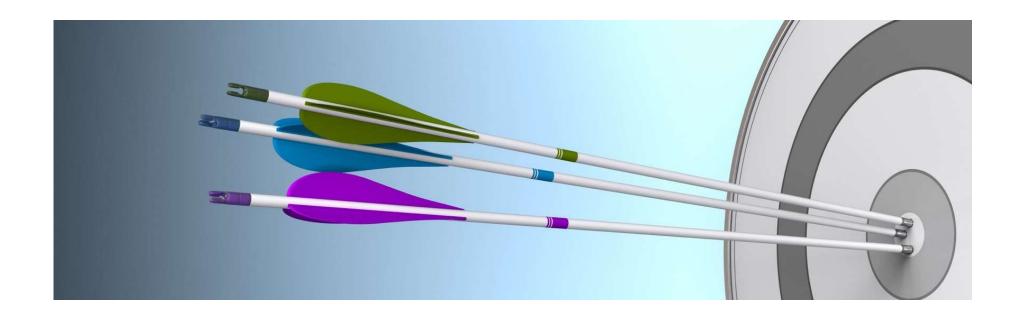
Listen to Understand (not refute or defend)



Sort the Boulders from the Pebbles



Empower the Messenger



Targeted Practice Efficiency Interventions

- Workload Redistribution
- Workflow Improvements
- Team Environment



# Workload Redistribution through Task Offloading

- Consider offloading tasks that:
  - Are not related to patient care
  - Do not require clinical reasoning
  - Produce no financial benefit
  - Deplete your motivation

## Task Delegation

To appropriate healthcare team members



### Caveat

#### Pair Task Delegation with Training



# Maximize Scope of Practice

- Create standing orders for nurses or MAs to provide health coaching for:
  - Preventive Care
  - Chronic Care Management
- Conduct regular self-efficacy checks:
  - Verify that nurses or MAs have the resources (self-efficacy, support when unsure, etc) needed to safely and effectively execute standing orders





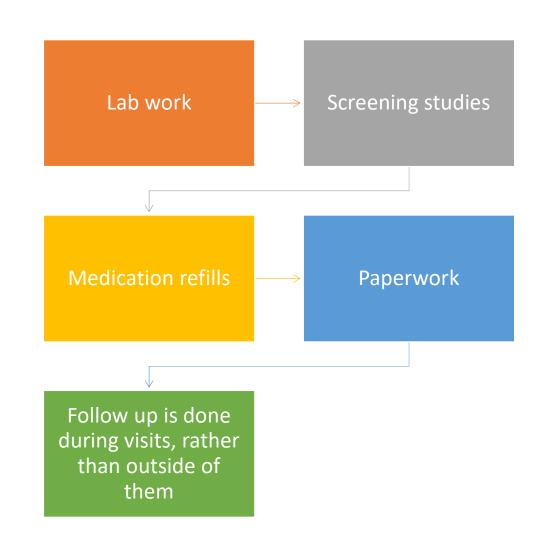
#### Rethink EHR Workflow

- Ask & Listen: Directly assess EHR user pain points or measure *note* closure time/pajama time for indirect measures of inefficiency
- Sort: Engage EHR specialists around feedback
- Empower: Bring EHR specialists to the clinic or other relevant spaces (lunchroom) to offer support, training, and EHR short cut set ups

#### EHR Deimplementation

Minimize	Minimize alerts
Simplify	Simplify login
Extend	Extend time before auto-logout
Decrease	Decrease password-related burdens
Reduce	Reduce clicks and hard-stops in ordering
Eliminate	Eliminate requirements for password revalidation (may retain for opioids)
Simplify	Simplify order entry process

Pre-Visit Planning Workflow







## Standardized Refill Workflow

- Providers are not the first point of contact
- Other team members: verify refills, prep prescriptions, contact pharmacies or patients, address "no refills"
- In one study, saved providers an average of 5 hours per week

## Clinical Inbox Management

- Standardized messaging
  - Color coding
  - Reply guidelines
  - Message groups



#### Reduce Inbox Notifications

1

Stop sending notifications for tests ordered that do not yet have results or have test results *not* ordered by the physician in question

2

Stop sending notifications for reports generated by the recipient of the notification

3

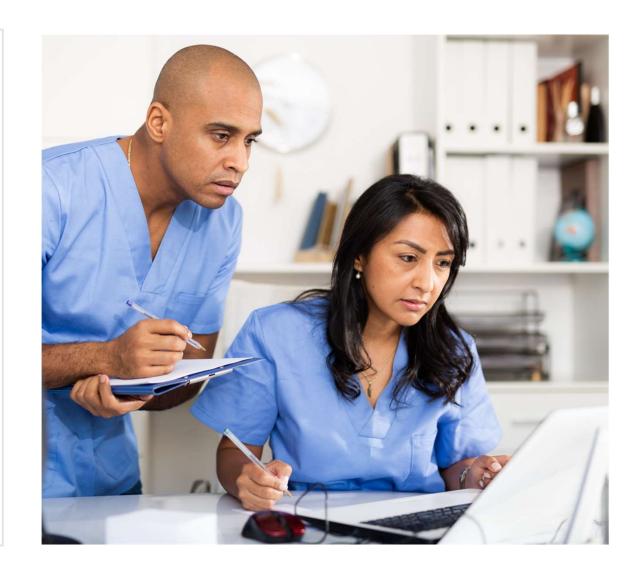
Eliminate multiple notifications of the same test result or consultation note 4

Consider auto-release of normal and abnormal test results to the patient-facing portal with imbedded or linked patient-friendly explanations

### Team Environment

Evidence-based Team Structures that enhance well-being & productivity:

- Collocation
- Consistent team members
- Incorporation of other roles (dietitian, behavioral health)
- Shared documentation tasks





Caveat: Team Culture Trumps Team Structure

# "Hissy Fit" Clinical Message Debacle

Ask

• Why so many clinical messages?

Listen

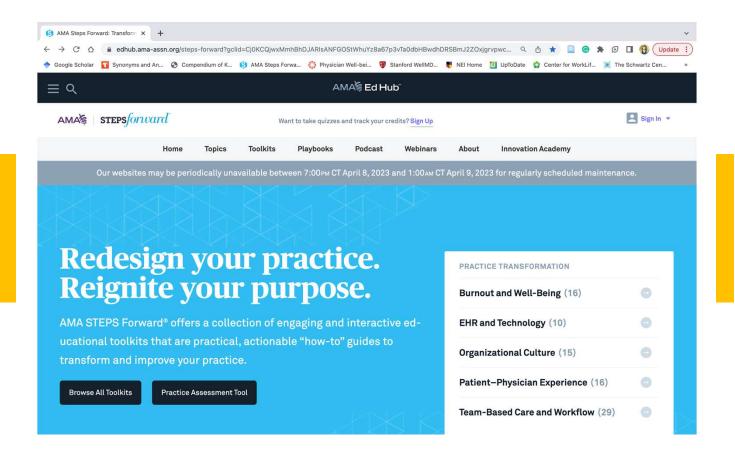
• Front office staff were overwhelmed with patient need

Sort

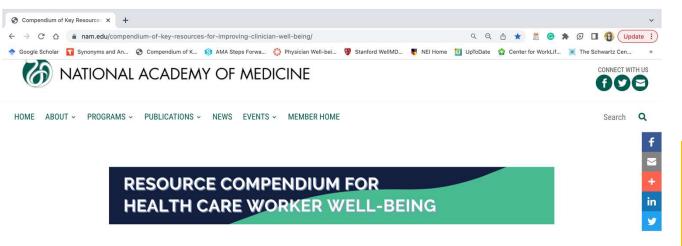
Created options to address the main issues

Empower

- Sponsored patient communication training (i.e., suicide prevention)
- Provided emotional support after challenging calls



#### AMA Steps Forward



NAM Resource Compendium for HCW Wellbeing

If you are a health care worker or leading a health care organization, we have well-being resources for you.

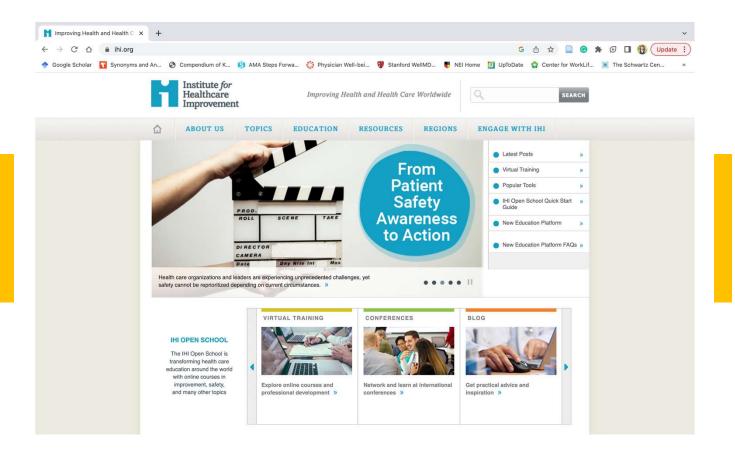
The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience offers this collection of resources that highlight strategies and tools that health care leaders and workers can use across practice settings to take action toward decreasing burnout and improving clinician well-being.

Resources are organized into six essential elements, based on *Organizational Evidence-Based and Promising Best Practices for Clinician Well-Being.* 

Related Resource: National Plan for Health Workforce Well-Being >>

https://nam.edu/wp-content/uploads/2021/12/Compendium-circle-graphic-1.2021.png





Institute for Healthcare Improvement



## Get Ahead of the Aggravation

- Start with your sphere of control, consider ways to engage your sphere of influence
- Evaluate your workload, work processes, sense of self-efficacy, and team environment
- Ask, listen, sort and empower team members to create targeted interventions
- Remember to prepare yourself to be a change agent!