JOURNEY TO HIGH RELIABILITY HEALTHCARE: INFUSING TRUSTED CARE PRINCIPLES, SAFETY BEHAVIORS AND IMPROVEMENT TOOLS TO BRING “JOY IN WORK”

Lieutenant Colonel Michael Fea; Colonel (Dr.) John Oh; Colonel Christian Lyons; Colonel Kimberly Sencindiver; Ms. Beth Kohsin

BACKGROUND
The Air Force Medical Service (AFMS) is a continuous learning and improving organization that partners with patients, families, and communities to achieve high reliability, quality, safety, and efficiency. Over the past four years, Trusted Care has worked to create a psychologically safe and improving environment by implementing leading principles, safety behaviors, and improvement tools to enhance teamwork. From September 2017 to May 2018, seven military treatment facilities (MTFs) of varying sizes from different Air Force Major Commands (MAJCOMs) were selected to participate. Family Health Clinics (FHCs) at each site were nominated due to the national status of being one of the top five locations for burnout and an AFMS-wide trend of decreased staff satisfaction and retention rates within FHCs. The pilot’s time frame was selected to avoid personnel changeover months.

JOY IN WORK OBJECTIVE
The AFMS designed an initiative called “Joy in Work” to focus on staff burnout, as burnout has been attributed to lower staff health, increased staff turnover, increased medical errors, and lower quality and patient satisfaction. “Joy in Work” created a framework using Trusted Care principles and tools, reduced burnout, improved job satisfaction and enhances teamwork. From September 2017 to May 2018, seven military treatment facilities (MTFs) of varying sizes from different Air Force Major Commands (MAJCOMs) were selected to participate. Family Health Clinics (FHC) at each site were nominated due to their national status of being one of the top five locations for burnout and an AFMS-wide trend of decreased staff satisfaction and retention rates within FHCs. The pilot’s time frame was selected to avoid personnel changeover months.

JOY IN WORK APPROACH
To combat staff burnout, “Joy in Work” followed a four step approach:

1. Initiate
2. Implement
3. Improve
4. Institutionalize

- **Initiate**: Create an overarching problem statement (burnout), identify crazy makers, determine crazy makers within control, prioritize process to improve based on ease of implementation and impact on burnout.
- **Implement**: Create a process problem statement, determine crazy makers, prioritize process to improve based on ease of implementation and impact on burnout.
- **Improve**: Create a process problem statement, determine crazy makers, prioritize process to improve based on ease of implementation and impact on burnout.
- **Institutionalize**: Reengineer people and environment for change adoption, generate results, sustain and spread improvements.

CONCLUSIONS
The “Joy in Work” pilot demonstration showed that workcenter chaos, lack of workload control and insufficient time for documentation were the top three contributors to Family Health Clinic burnout. Clinics were able to successfully decrease burnout and increase staff satisfaction by applying the Trusted Care principles, huddles, CPI Management Boards and rounding. Strong leadership engagement by the Command Suite also proved essential to success. By fixing broken processes with improved “control,” the pilot realized a six percent overall decrease in burnout, seven percent increase in staff satisfaction and eight percent reduction in perceived chaotic work environment over a five month period.

IMPLEMENTATION TOOLS AND METHODS
Each JIW Pilot MTF used modified versions of the following tools to create a tailored approach.

1. Institute of Health Improvement’s “Institute of Health Improvement’s 5S (Standing, Scrubbing, Stopping, Shining, Setting)”
2. Stephen Covey’s Circle of Influence vs. Circle of Control
3. Continuous Process Improvement Board
4. Less Possible Implement Challenge Kill (POC) Chart
5. Improved countermeasures
6. Identified opportunities to address burnout
7. Focus on ease of implementation and impact on burnout

RESULTS
The Effects of Joy in Work Campaign on Burnout September 2017 - June 2018

<table>
<thead>
<tr>
<th>MTF</th>
<th>Overall Seymour Nellis Minot Hickam Ramstein Vance Willford</th>
<th>Team Based Approach</th>
<th>Booking Protocol Adjustment</th>
<th>Rewards Efficiency Set Priorities Embrace Use Teams (RESET)</th>
</tr>
</thead>
<tbody>
<tr>
<td>JIW Pilot MTF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Results</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase Demand in Bookable Appointments</td>
<td>25% Increase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase Encounters Cleared in Time</td>
<td>81% Increase</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty/Spec Rate Change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES
1. American Medical Association, AMA Steps Forward Campaign/Healthy Work Place Study, Dr. Mark Linzer
4. Lean Six Sigma Method, Continuous Process Improvement Board
5. Lockheed Martin, Inc., 5S Chart, Lean Production
6. RESET, https://www.youtube.com/channel/UCgQrQjuxf5bKTVjL6hnsKTSa/videos

ASSESSMENT
How Did AFMS Assess Burnout and Contributors?
- Developed a modified M2-2 Burnout Survey
- Conducted a modified M2-2 Burnout Survey
- Distributed a post-implementation survey to compare burnout rates

CONCLUSIONS
- 45% BURNOUT 65% RESPONSE RATE
- 65% RESPONSE RATE