Infusing Trusted Care Principles, Safety Behaviors and Improvement Tools to Bring “Joy in Work”

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Background
In 2015, the Air Force Medical Service (AFMS) launched its journey toward becoming a high reliability organization (HRO), termed “Trusted Care.” Over the past four years, the AFMS has diligently striven to create a psychologically safe environment, promote safety/reliability behaviors, and equip “every Airman” to be a problem solver. The AFMS designed a pilot to leverage its ever-increasing safety knowledge, skills and abilities with a focus on staff burnout. Burnout has been attributed to lower staff health, increased staff turnover, increased medical errors, and lower quality and patient satisfaction.

Objective
The aim was to create a framework using Trusted Care principles, briefs/huddles, improvement science/boards, rounding and collaboratives to ultimately reduce burnout, improve staff satisfaction and enhance teamwork.

Planning/Research Methods
From September 2017 to May 2018, seven military treatment facilities (MTFs), from various Air Force Major Commands (MAJCOMs), were selected to participate in the AFMS Joy In Work (JIW) pilot. Of these facilities, Family Health Clinics (FHC) at each site were targeted because of FHC enterprise-wide trends of decreased staff satisfaction and retention rates. The pilot timeframe was selected to avoid personnel changeover months.

Implementation Methods
The seven Air Force Family Health Clinics, of various sizes, used the following tools and approaches to assess and improve staff burnout, satisfaction and teamwork:

- Dr. Mark Linzer’s “Mini Z Burnout Survey” (Modified): This survey captured staff burnout, staff satisfaction, chaos in the work center and teamwork during the pilot. The modified survey required respondents to answer a single-item burnout question to self-determine burnout level. It also provided an opportunity to discuss burnout and its affects.
- Institute for Healthcare Improvement’s (IHI) “What Matters to You?” (Modified): This approach was used to identify “crazy makers” processes and systems that contribute to job dissatisfaction ultimately depleting one’s joy in work. This discussion-based approach is a simple, yet profound, way to foster conversation about what matters to the frontline workers and shared-decision making.
- Stephen Covey’s “Circle of Concern/Influence” (Modified): This tactic was used to determine if the clinic had “control”, “influence” or neither “control or influence” to determine what to target for improvement. Those items they controlled were then prioritized using a LEAN PICK chart methodology to determine what to improve.
- Lean Six Sigma Tools: Continues process improvement boards and other Lean tools were used to create problem statements, determine root causes, identify countermeasures and track progress. Daily huddles and leader rounding were also extremely important to the success of the improvement effort.

Staff satisfaction was measured periodically (daily/weekly) throughout the pilot, and patient satisfaction was tracked pre-, during, and post-event. To assist in capturing real-time feedback, a one-page patient satisfaction sheet was created for clinics to administer shortly after implementing the improvement effort. This helped to ensure that the improvement effort was positively impacting both staff and patients. Improvement data was tracked monthly and a bi-weekly collaborative was initiated with the seven clinics to discuss results, share ideas and ask questions.

Results
Of pre-intervention respondents (n =240), 45% met the criteria for burnout (clinic data ranged from 17-66%). The initial results established that burnout did not differ by sex, rank, or clinical role. Of post-intervention respondents (n=251), 39% met the indicated criteria for burnout upon re-administering the Mini Z survey (p=0.32). Job satisfaction improved 8% (p=0.08) and patient satisfaction increased in 4 of 7 clinics. Team efficiency improved from “good” to “optimal” by 9% (p=0.02). Data also showed that of those who indicated their environment was “chaotic” on the Mini Z burnout inventory, 86% of them met burnout criteria. At the end of the pilot, those who indicated their environment was “chaotic” decreased from 13% to 5% (p=0.002).

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