ECHO Idaho: Healthcare Vitality
CASE RECOMMENDATION FORM

ECHO Session Date: 8/20/24

Thank you for presenting your case to the ECHO Idaho – Healthcare Vitality session.

Summary: "Cindy," the administrative partner with Dr. Domore over the hospital medical staff, has been tracking a concerning trend of clinical staff departures, with turnover nearing 10% annually—double that of nearby hospitals—despite good patient satisfaction and outcomes. Reviewing exit interviews ahead of a meeting with the CEO, they identified several reasons for these departures: early retirements linked to frustrations with a new EHR system, mid-career staff leaving due to rigid scheduling, and early-career staff citing uncompetitive wages and dissatisfaction with the hospital's stance on reproductive health issues. Though retention has improved slightly, "Cindy" and Dr. Domore are struggling to identify actionable solutions to reduce turnover.

Question:
Considering the six areas of work life (workload, control, community, rewards, fairness, values) and the burnout profiles (engaged, disengaged, ineffective, cynical, and burnt out), what suggestions do you have for Cindy and Dr. Domore as they assess the situation in front of them with the feedback they've collected? What are some organizational, unit, and individual opportunities that present themselves?

After review of the case presentation and discussion of this case among the ECHO Community of Practice, the following suggestions have been made:

Recommendations:

Data-Driven Approach:
- Important to collect and analyze data to understand burnout at a granular level.
- Use data to target interventions at the unit or service line level and facilitate discussions with leaders about addressing specific issues.
- AMA Organizational Biopsy: a comprehensive tool that includes several questions around demographics, which gets you down to the service line specialty level. With extensive data at a granular level, this tool identifies outliers and presents correlational analysis, supporting conversations with service line leaders.
- Workplace mental health and wellbeing are important considerations for all places of work, not just healthcare (for more information see U.S. HHS Office of the Surgeon General Workplace Mental Health & Well-Being)

Leadership and Culture:
- Effective leadership and a supportive culture are critical in mitigating burnout.
- Leaders need to model well-being, involve staff in decision-making, and create structures that support shared governance.
- Any individual or individual CEO will not be able to drive change; everyone needs to push upwards at the next level of change.

Business / Value Case for Well-Being:
- Highlight the link between burnout, psychological safety, and medical errors. To gain C-Suite support, present the high cost of attrition and research connecting well-being drivers to these outcomes. This financial argument can justify initiatives like a well-being department, where preventing just one or two departures could offset the costs. Showing the data builds a compelling business case for addressing burnout.
- For faith-based institutions consider appealing to the organizational values.

Systemic and Community Action/ Local and national:
- There is a need for systemic change, including advocacy at higher organizational levels and collaboration within the healthcare community to address broader issues like prior authorization and regulatory burdens.
- Consider working with the Physician Wellbeing Action Collaborative: This group emphasizes the importance of community collaboration and respectful dialogue in addressing shared issues (e.g. the need for prior authorization reform). This local work has influenced federal efforts to improve transparency and reduce burdens on physicians.

Recruitment and Retention:
- Consider integrating well-being initiatives into the organizational culture to support recruiting prospective employees and retaining talent.
- Consider using the onboarding program to provide new employees an overview of the leadership goals around shared governance structure (including expectations & resources).

Resources:
AMA: In 6 specialties, desire to step away or scale back is common
AMA Quarterly Update: Organizational Well-Being Key Performance Indicators
Physician Wellbeing Action Collaborative
U.S. HHS Office of the Surgeon General Workplace Mental Health & Well-Being