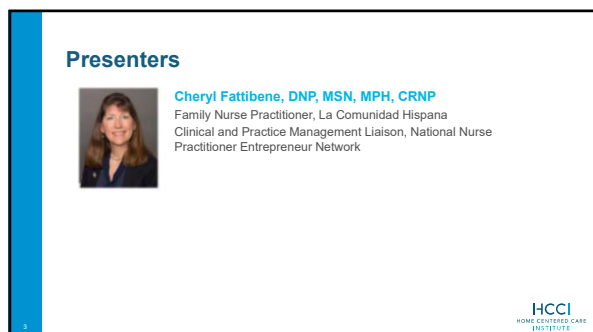




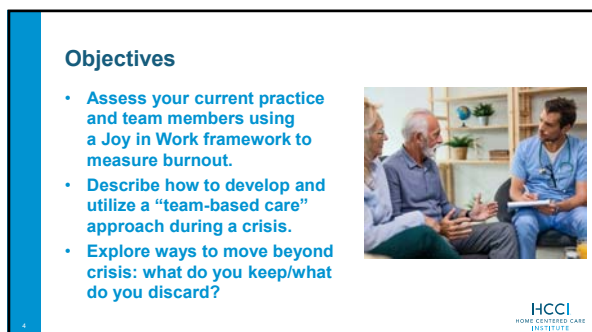
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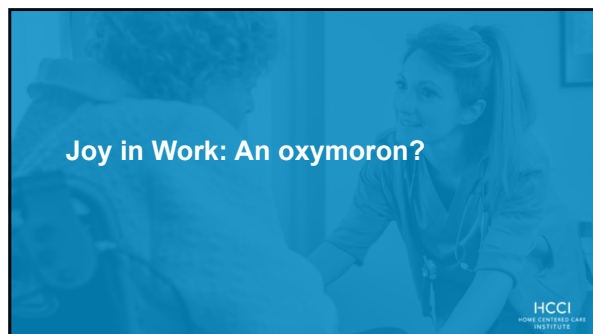
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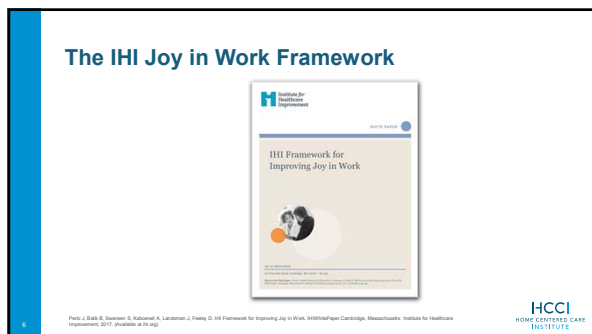
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6

IHI Framework

- Identify the "team" (especially those who oversee QI for the practice)
- Set aims/goals as a team
- What measures will you use to track change over time?
- What change(s) would you like to see/create?
- Do multiple tests of change (PDSA Cycles)
- Implement change(s) in practice environment: test, repeat

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Plan-Do-Study-Act (PDSA Cycles)

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

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Organizational Assessment: Who is on your "Team?"

Identify issues before considering changes
(morale, burnout, dysfunction)

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IHI Framework

- What is the current safety situation in your location?
- Enough PPE?
- Reuse of PPE?
- Loss of staff due to illness/burnout/fear
- Administrative infrastructure to support staff safety?

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Burnout During a Crisis

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Why address burnout during a pandemic?

- Providers are leaving healthcare
- Spotlight the human aspect of "compassion fatigue" and safety for caregivers
- Bring the "joy" and balance back into our day to day work

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What is Burnout?

Burnout is a state of chronic stress that leads to:

- physical and emotional exhaustion
- cynicism and detachment
- feelings of ineffectiveness and lack of accomplishment

Borg Center, S. (2013). The Tell Tale Signs of Burnout... Do You Have Them. Psychology Today, 46B-512.

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Background: Extent of Burnout before the Pandemic (COVID-19)

- In 2017, more than half of US physicians and nurses were experiencing substantial symptoms of burnout.¹
- Compared to other adults working in the U.S., healthcare clinicians were more likely to have symptoms of burnout (37.8 % vs. 27.8%).²
- Burnout can have serious personal repercussions for clinicians, including problematic alcohol use, broken relationships, suicide and suicidal ideation.³
- The suicide rate for male physicians is 1.41 times higher than the general male population and for female physicians is 2.27 times higher than the general female population.⁴

1. Dyrbye et al. (2017) Burnout among health care professionals: A call to explore and address this under-recognized threat to safe, high-quality care. NAM (National Academy of Medicine) Perspectives.
2. Shanafelt et al. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Archives of internal medicine, 172(16), 1327-1335.
3. Borg Center, S. (2013). The Tell Tale Signs of Burnout... Do You Have Them. Psychology Today, 46B-512.
4. Turner, A. (2019). Stress and rigorous work schedules push a doctor to commit suicide every day in the U.S. CNBC News events. November.

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What are the signs and symptoms of burnout

Physical and emotional exhaustion	Cynicism and detachment	Ineffectiveness and Lack of Accomplishment
☐ Chronic fatigue	☐ Loss of enjoyment	☐ Feelings of apathy and hopelessness
☐ Insomnia	☐ Pessimism	☐ Increased irritability
☐ Impaired concentration and attention	☐ Isolation	☐ Lack of productivity and poor performance
☐ Physical symptoms	☐ Detachment	
☐ Loss of appetite		
☐ Anxiety or depression		
☐ Anger		

Borg Center, S. (2013). The Tell Tale Signs of Burnout... Do You Have Them. Psychology Today, 46B-512.

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Burnout and Covid-19: Double Trouble

- Long Hours
- High Turnover
- Team Discord
- Safety Concerns (PPE)
- Concerns of risk (to you and your family)
- Cracks in team and clinic infrastructure exacerbated

1. Dyrbye et al. (2017). Burnout among health care professionals: A call to explore and address this under-recognized threat to safe, high-quality care. NAM (National Academy of Medicine) Perspectives.
2. Shanafelt et al. (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Archives of internal medicine, 172(16), 1327-1335.
3. Borg Center, S. (2013). The Tell Tale Signs of Burnout... Do You Have Them. Psychology Today, 46B-512.
4. Turner, A. (2019). Stress and rigorous work schedules push a doctor to commit suicide every day in the U.S. CNBC News events. November.

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Burnout and Covid-19: Double Trouble

Burnout:
 • Emotional and Physical Exhaustion
 • Depersonalization
 • Feeling Lack of Personal and Professional Accomplishments

➔

Medical Errors:
 • Medication errors
 • Delays in treatment
 • Incomplete or incorrect documentation in patient record

+

Patient Dissatisfaction:
 • Perceived quality of care
 • Patient-provider communication
 • Drop in HEDIS scores

➔

Personal effects:
 Fatigue, depression, anxiety, relationship issues, alcohol/substance abuse

1. Dyrbye, C. S., Lurie, J. D., & Trautman, L. (2017). The relationship between physician burnout and quality of healthcare in terms of safety and accountability: a systematic review. BMJ open, 7(5), e015141.
2. Maslach, C., Jackson, S. E., Leiter, M. P., Schabell, W. B., & Schwab, R. L. (1986). Maslach burnout inventory (19a-21). (pp. 340-345). Palo Alto, CA: Consulting Psychologists Press.
3. Peterson, C., & Seligman, M. E. P. (1997). Character's perceptions of the links between stress and personal growth. Social Science Medicine, 1997-2471-1511-1522.

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Burnout and Quality of Care: Clinician Impact

- Negative feelings by clinicians correlates with a higher prescription rates and with giving little explanation to patients.
- 50% of clinicians concerned lowered standards of care; 40% expressed irritability or anger; 7% expressed concern with serious mistakes.
- Poor quality of care tied to: tiredness (57%) and the pressure of overwork (28%), depression or anxiety (8%), and the effects of alcohol (5%).

1. Groll, R. et al. (2015). Workforce satisfaction of general practitioners and the quality of patient care. Fam Pract. 2015;23(3):128-135.
2. Peterson, C., & Seligman, M. E. P. (1997). Character's perceptions of the links between stress and personal growth. Social Science Medicine, 1997-2471-1511-1522.

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Then COVID-19 hit...

- Anxiety/Fear of the unknown
- Layoffs
- Safety concerns (both at work and bringing something home from work)
- Financial implications (personal and business)
- Dealing with illness and death (at work and at home)

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New Concerns

- Worker Safety (PPE, N-95 masks and supply chain issues)
- Enhanced cleaning protocols
- Outdoor/Off-site testing
- Protocols for staff: exposure, testing, cleaning, return to work and other guidelines

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Use of a Team-Based Care model During a Crisis

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Team Based Care Model: Stronger Together



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**High Performing Teams:
Why we need them now more than ever..**

- What are the characteristics of high-performing teams?
- What differentiates teams that meet their goals from those that do not?
- How the lack of a team-based care approach makes work more difficult.

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Championship Teams



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Successful Care Coordination: Core Principles from the Institute of Medicine (2003)

- Patient-centered care
- Teamwork and collaboration*
- Evidence-based practice
- Quality Improvement*
- Informatics

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Culture of Work

Teamwork

Culture of Work

Quality Outcomes

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Roles and Responsibilities for Effective Teamwork

- All roles are understood and respected
- Scope and responsibilities of each role are explicit
- Each team member understands how his/her role fits in the work of the team
- Constructive/mediated conflict is encouraged to improve/change practice

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Teamwork matters! Don't stand alone...

- Participants were asked to stand at the base of a hill and estimate how steep the climb would be
- Hill appeared steeper to those alone than those accompanied by a friend
- Relationship quality mediated the effect (more supportive relationships worked better)

ACPP
American College of Physicians
Physician and Patient Partnership

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Team Redesign and Optimization

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Optimizing Teams: Do an Initial Analysis

Demand

Team composition
Visit scheduling
Workflows

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Team Redesign: Consider the Basics...

- All team members should be working to their highest level of expertise, skill and licensure
- Team composition driven by:
 - Patient/family/population needs
 - Characteristics of practice
 - Location
 - Budget
 - Practice Oversight metrics (HEDIS, MACRA, MIPS and other available bonuses)

***Look at potential for cross-training to maximize flexibility and flow

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Team Redesign Examples

Primary Care Team Members	Redesign Examples
Registered nurse	• Expanded care coordination and education • Health promotion, chronic illness management and billable visits
Medical assistant	• Expanded responsibility for procedures • Workflow oversight • Follow-up/Tracking
Behavioral health professional	• Co-located, integrated, virtual

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Outcomes of Role Clarity and Optimization

Practice Outcomes	How to Measure
• Realistic expectations of team members • Efficient workflow • Improved decision making • Team member satisfaction, perception of being valued • Less conflict	• Enhanced job description with defined roles. • Wait times, time spent rooming, etc. • Use of standing orders • Satisfaction surveys, turnover rates • Increase in billable visits

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Tracking/Measuring Change

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Teamwork matters! Don't stand alone...



- Base goals on shared values and vision
- Use a SMART goals worksheet
- Match goals to your patient population
- Think broadly-engage all stakeholders in the goal setting process
- Use data you already have access to and track regularly (run charts)

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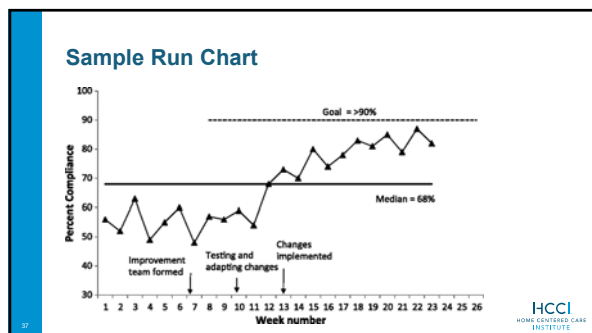
35

Smart Goals

Smart Goals	Goal #1	Goal #2
Specific (What, when, where and how?)		
Measurable (How will I measure it?)		
Attainable (Can I actually achieve this goal?)		
Realistic (Is this a realistic goal?)		
Timely (How often or when will goal be met?)		

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- ### Communication During a Crisis
- Acknowledge crisis (gains/losses)
 - Practice updates (weekly/monthly)
 - Focus on the positives (eg. virtual visits, new services, bringing back some normalcy)
 - Regular staff meetings (virtual and in person if feasible) at least monthly
 - Encourage use of PTO (if available) to recharge
 - Flexibility of staffing if feasible (eg. job shares or adjusted hours)
 - Scheduled "check ins" with staff and those in leadership
- 39

- ### Now more than ever...
- Practice self compassion
 - Remember your mission
 - Build resilience
 - Focus on the present
 - Be realistic, remain positive
 - Practice self care
 - Practice gratitude
-
- 40

- ### Teamwork matters! Don't stand alone...
-
- Practice positive psychology
 - Seek joy
 - Honor your values
 - Do what you love
 - Assume best intentions
 - Ergonomics evaluation
 - Mindfulness
 - Avoid cynicism
 - Exercise
 - Sleep
 - Healthy eating
- 41

- ### What to address and get rid of organizationally....
- Blame
 - Siloed work
 - Helplessness
 - Poor communication
 - Poor work systems/flow
 - Bottlenecks to effective care
 - Lost income due to coding issues
- 42

What to Keep/Explore: Moving beyond crisis...

Organizational Strategies:

- Team based care model. Use the IHI Joy in Work framework and work with your QI team on organizational improvements.
- Top down vs. bottom up (Think about your organization and how changes are made/introduced?) How can you address culture and help to make changes?
- Work with management/QI to identify and implement PDSA cycles to create small tests of change. Shoot for simple fixes (e.g. adjustments to the schedule, improved communication methods).

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What to Keep/Explore: Moving beyond crisis...

Personal Strategies:

- Do you have a "self-care" strategy? Do you practice it regularly?
- What keeps you grounded at work?
- What would help bring back the "joy in work" for you personally? Is this something that you could share with leadership (remember attainable goals are key here....not just more vacation time)?
- Plan a conversation with your supervisor/management about your personal and professional needs.

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Roles and Responsibilities for Effective Teamwork

- Burnout in healthcare has been increasing at alarming rates leading to compromised patient safety; personal repercussions for clinicians and staff; diminished bottom line for health settings.
- Physical and emotional exhaustion, cynicism, detachment, and feelings of ineffectiveness and lack of accomplishment are the primary signs of burnout.
- Covid-19 has stretched and stressed our health care system.
- Assess your current work environment using the IHI "Joy in Work" framework to see where you and your organization stand.
- Evaluate your practice: Are we using a team-based care approach? If not, why not? How can I make small changes to my practice setting to improve/implement a team-based care approach?
- The Team-based Model of Care is considered a protective factor in fighting burnout.

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HCCIntelligence™ Virtual Office Hours: Ask the Experts

An open forum for questions and answers

46

HCCIntelligence™ Resource Center



Hotline

Call 630.283.9222
or email
Help@HCCInstitute.org
9:00 am-5:00 pm (CST)
Monday through Friday



Webinars

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Immediately following the webinar, HCCI hosts Virtual Office Hours where experts address questions on any HBPC topic.



Tools and Tip Sheets

Downloadable tools, tip sheets, sample forms and how-to guides on a variety of HBPC topics.



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47

HCCIntelligence™ Upcoming Events

HCCIntelligence™ – Webinars

- The third Wednesday of every other month, HCCI hosts a free webinar on a clinical or practice management topic relevant to home-based primary care (HBPC). Visit www.HCCInstitute.org for more details.

In place of our October HCCIntelligence™ – Webinars

- Join us virtually on Thursday, October 22, 2020 for the American Academy of Home Care Medicine Preconference Presented by HCCI: [Daily Dilemmas in Home-Based Primary Care](#). For additional information and to register, [click here](#).
- Join us virtually on Tuesday, October 27, 2020 at the Coalition to Transform Advanced Care (C-TAC) Preconference presented by HCCI: [Bridging the Gap: Enhancing the Model for Complex Illness Management](#). To find additional information and register, [click here](#).

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49

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50