



Applying high- reliability strategies to address burnout



Welcome and Opening Remarks



Talya Meyerwitz



Jean-Ann Wurtz

Talya Meyerowitz and Jean-Ann Wurtz have no real or apparent financial relationships to disclose.



Breakout Overview

- Welcome & Introduction
- Pulse Check
- Goal of High Reliability
- Framework for High Reliability Healthcare
- Exnovation & High Reliability
- Opportunities for Exnovation
- Science of Exnovation
- Harvesting Ideas



Pulse Check

Fun Question

Q If you had your own theme music when you walk down the street TODAY, what song would it be?



Framework for High Reliability Healthcare

Goal of High Reliability



Failure-free and stable over time:

- Clinical
- Operational
- Cultural

Mindful of:

- the **current state**
- everyone's **expertise**
- the **complexity** that exists when humans and systems interact
- **risks** and **defects** that could cause failures
- **tendency** to **oversimplify** situations and solutions
- the need for **continuous learning**, even during high-demand events



The Framework for High Reliability Healthcare



Leadership

- Non-Negotiable Respect
- Guardians of Learning
- Models of Healthy Culture
- Visible Action

Culture

- Courage
- Agency
- Community
- Collaboration

Learning

- Self-Reflecting
- Improvement-Capable
- Sustainable

Knowledge

- Clinical, Operational & Cultural Measurement
- Up-to-Date & Visible

Management Systems

- Policies, procedures, processes
- Standardized, clear, visible
- Behaviors that operationalize reliability





Big Group Discussion

What activities and tasks have recently been added to your plate in the name of improvement?

What activities and tasks have recently been removed from your plate in the name of improvement?

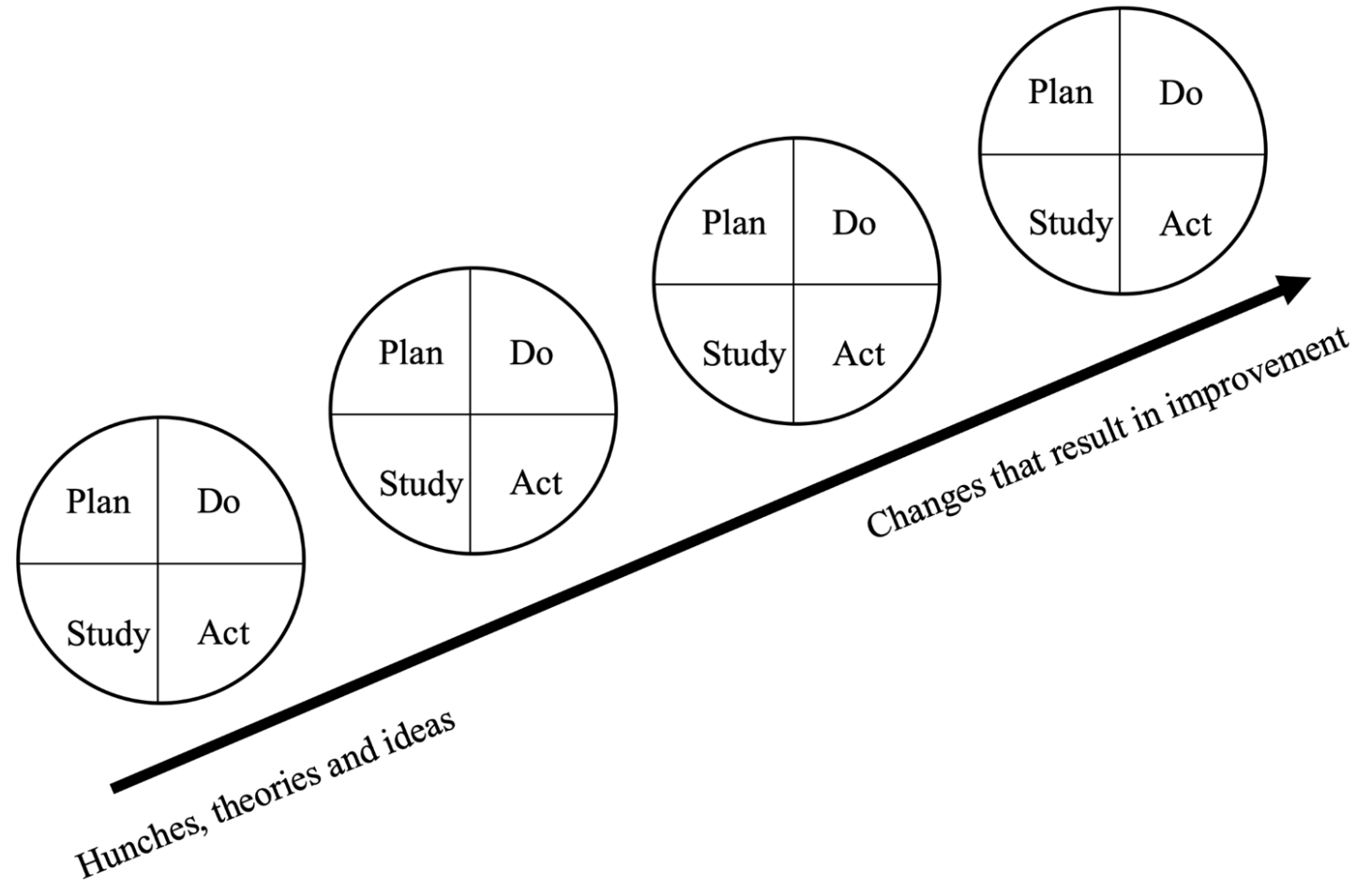
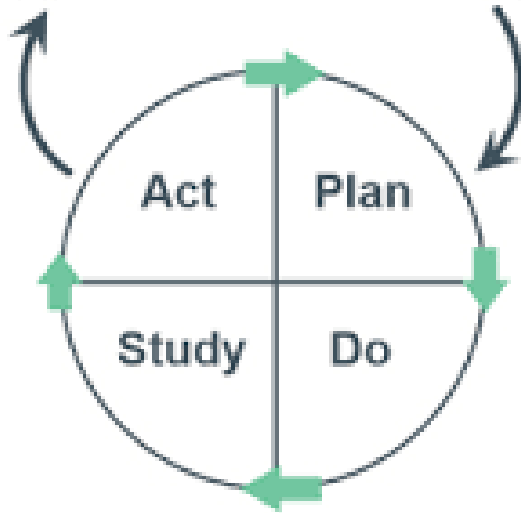
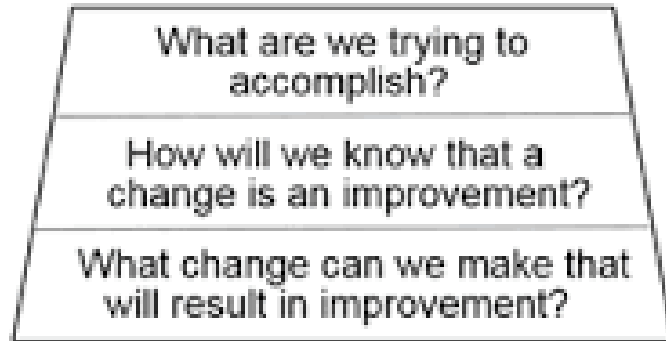
Exnovation & High Reliability: *Stop what doesn't work anymore*



Science of Exnovation



Model for Improvement





Small Group Breakout

Let's spend some time exploring these questions:

Q What gets in the way of innovation and stops **YOU** from removing low value tasks and activities from your workflow?

- Cultural factors
- System factors

Top 5 Exnovation Opportunities



meetings emails

audits reports

data

Improving meeting effectiveness



Improving meeting effectiveness

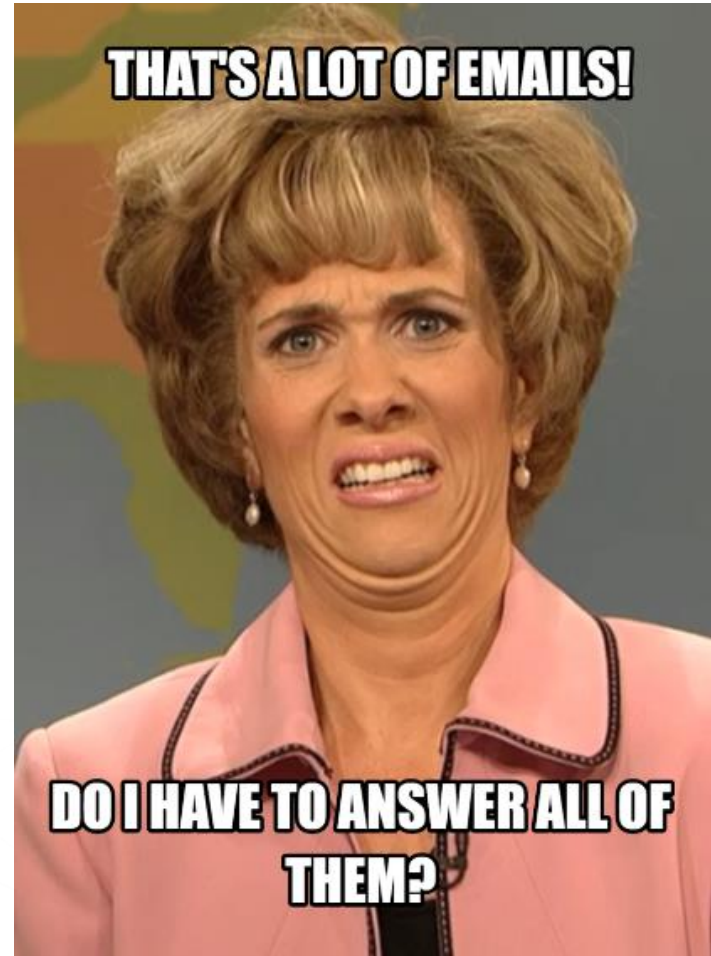


- Bottom Line Up Front (BLUF)
- Clear purpose (drives design & attendees)
- Link meeting to action
- Assign actions to specific people
- Follow-up on actions

Test of Change:

- Start/End meetings ten after the hour
- Try reducing the number, frequency or length of meetings by 25%

How can we reduce the number of emails?



Improving email effectiveness



- Ask, “Is email the best approach?”
- Include only those who need to know
- Ensure most important information is clearly stated up front

Test of Change:

- *Define the goal of each email at the start*
- Define response & deadline in subject field (ex. FYI, Response Needed, Action Needed)
- *Limit emails to 300 words max*

Turning Data into Information





Improving Data effectiveness

- Separate data for learning and assurance
- Ask and understand, “What do I plan to do with this data?”
- Link all data to action

Test of Change:

- *Present and display data over time as run charts*

Reports, Reports, Reports...



Next time could you write a shorter report? It would really help us to pretend like we read it and considered all the findings.





Improving Report effectiveness

- Who's asking for them?
- Who's reading them?
- Are they required, needed, habitual or missing?
- Does the data display create clarity?

Test of Change:

- *Present and display data over time as run charts*



Commitment

Q What is **one** thing you can work on exnovating?





Stop Doing event

Ask: *“If you could break or change one rule in service of a better care experience for patients or staff, what would it be and why?”* (www.IHI.org)

Discuss: Understand why things are not working well – deeply.

*******The team needs to understand why and adjust if people start using the process again.*

Decide (as a team): What processes to stop doing.



Then, **Stop Doing** it.

Remember: Stop-doing is not a fix-it and forget-it strategy; it requires monitoring to ensure the change is still an improvement.



When **NOT** to Exnovate

- It poses a **safety risk** to patients and team members
- Regulatory and government agencies specific process **requirement**
- When we simply don't like doing something or **personal preference**





Key Takeaways

- Exnovation requires a little energy, time and commitment
- People need encouragement to stop doing tasks or to suggest tasks that could be removed - language matters
- We have more control over the pebbles in our shoes than we think
- It has never been more critical to ensure that our staff experience minimal frustrations at work
- Be open minded to changes - ask why not and be willing to test



Thank you.

Talya.Meyerowitz@Vizientinc.com

Jeanann.Wurtz@Vizientinc.com

