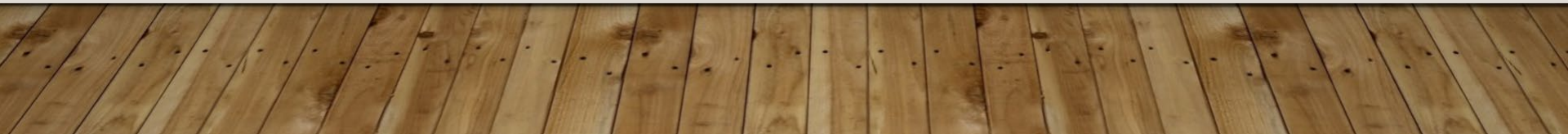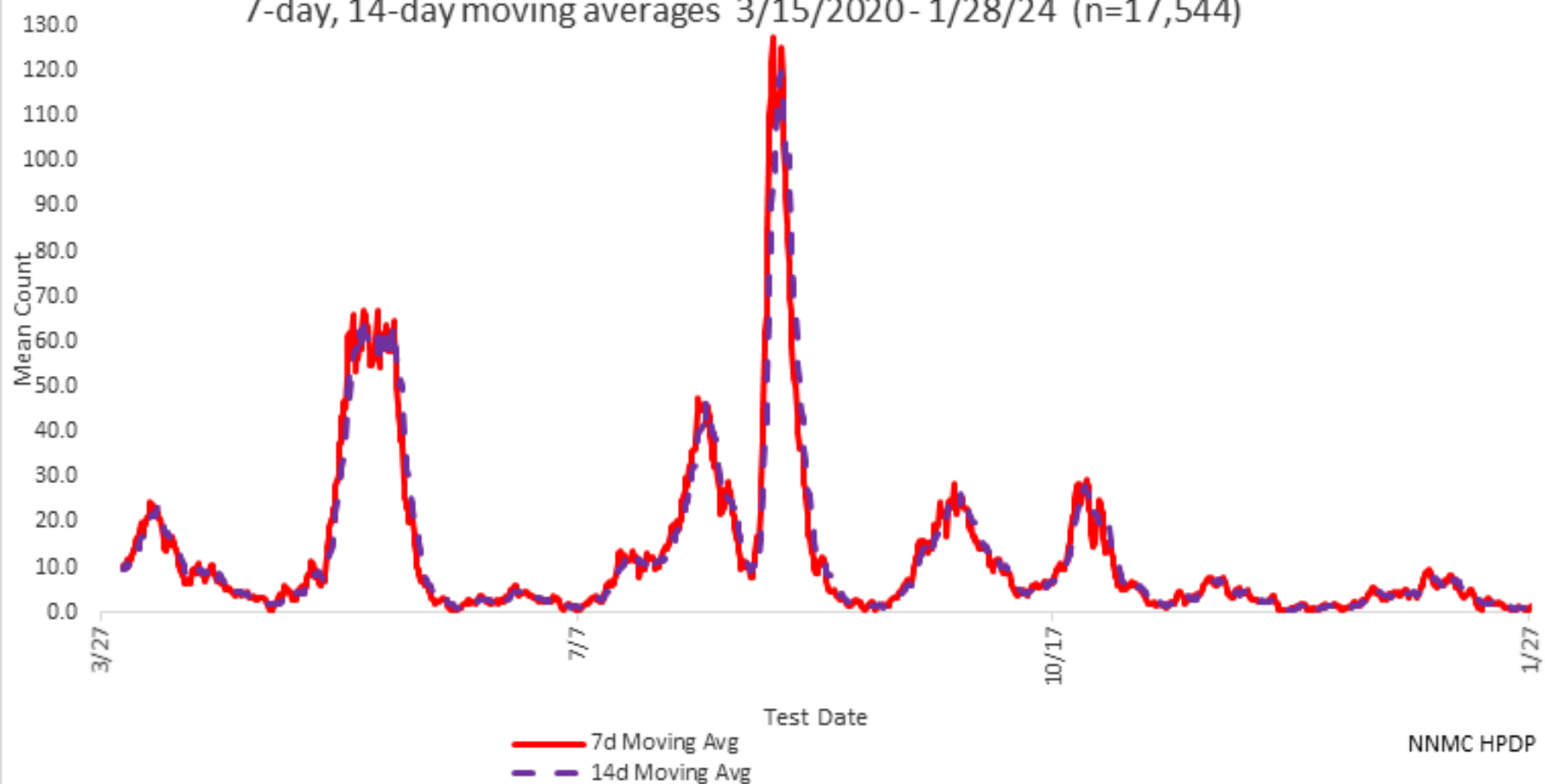# NORTHERN NAVAJO MEDICAL CENTER WELLNESS EFFORTS

Shiprock Service Unit SARS-CoV2 first positive test, 7-day, 14-day moving averages 3/15/2020 - 1/28/24 (n=17,544)

INSIGHTS FROM THE FRONTLINES OF CARE

"I realized as COVID began to peak, so did my burnout. I was feeling more negative and looking down at myself with a large sense of guilt after work, wondering if I did enough. I was anxious and felt like it would never end. I was more apathetic to death and people's emotions. I was emotionally drained by the end of a shift, and it would carry into the next day."

BACKGROUND

Recognition of problem and impact

Priority of CD, CNE and CEO

Burnout surveys

Lots of information gathering

INSIGHTS FROM THE FRONTLINES OF CARE

"Mental health support available to health care workers for free and at any time, preferably in the work setting."

STAFF PSYCHOLOGIST

- Supervisor resiliency rounds

- Book club

- Groups

- Individual sessions

- Debriefs

Quadruple Aim:
Improved patient experience + outcomes
At lower cost with
Superior caregiver well-being

Patient centeredness   Highest quality

ESPIRIT DE CORPS
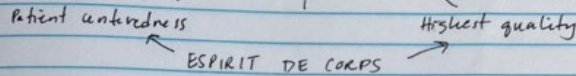
① Community at work   ④ Intrinsic motivation +   ⑦ Safety
   + camaraderie   rewards
② Control + flexibility   ⑤ Professional development   ⑧ Trust + respect
                                 + mentorship
③ Fairness + equity   ⑥ Partnership

Co-creation of Ideal Work Elements

                        Losada
↑ positivity   Ratio 6:1   ↓ negativity (structural +
                                                       functional)
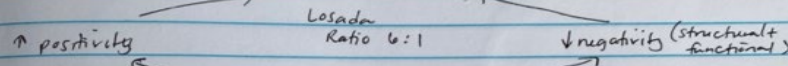
The Intervention triad
= Action sets

Agency - capacity of individuals   Objectives:
or teams to act   ① Mitigates drivers of
independently   [triangle: Agency]   burnout to ↓ negativity
• Measuring leader behaviors   ② Cultivates leadership
• Removing pebbles   [Esprit de corps]   behaviors + processes that
• Introducing control   ↑ positivity
  + flexibility   Coherence   Camaraderie   ③ Strengthen individual
• Creating a virtues   + team resilience to
  Alignment   ↑ tolerance of
  compact   negativity

Coherence - organizational state in   Camaraderie - the loyalty, social capital,
which all parts fit together   mutual respect, teamwork
comfortably to form united whole   + boundarylessness that orgs
                                             need to thrive
• Selecting + developing leaders   • Cultivating community + commonality
• Improving practice efficiency   • Optimizing rewards, recognition
• Establishing fair + just accountability   + appreciation
• Forming safe havens   • Fostering boundarylessness

Two Measures:
① Leader Behavior Index   ② work unit specific assessment

The Moral Imperative + Business Case

Burnout → ↓ pt experience, outcomes + safety   ↑ medical errors
           ↓ engagement, org effectiveness   ↑ unnecessary tests + procedures
           ↓ profit margin + productivity   ↑ work accidents
           ↓ continuity of care, collaboration   ↑ stress
                                                 ↑ turnover
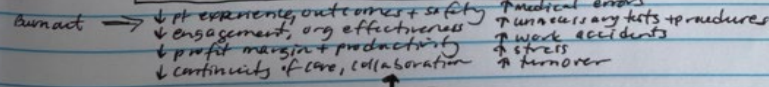
MISSION
Commitment to patients
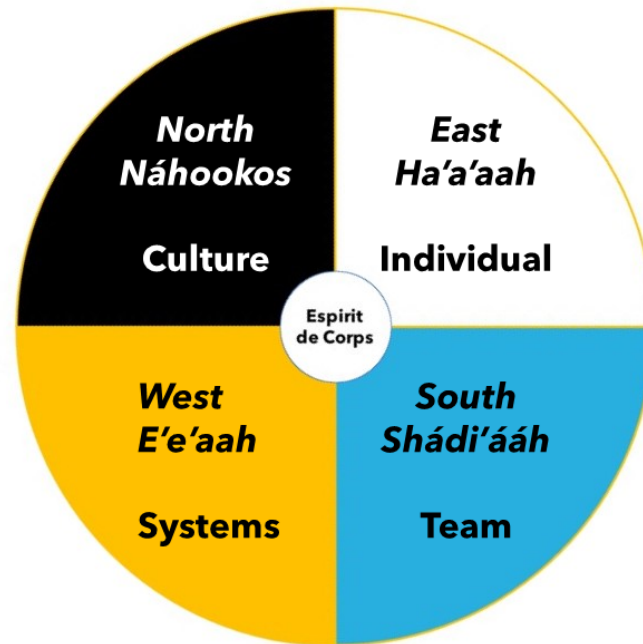
SHIPROCK'S 8 FOCUS AREAS FOR WELLNESS

1. Culture change

2. System changes

3. Department/unit efforts

4. Collegiality and community

5. Leadership development

6. Assessment of well-being and its drivers

7. Self-care and wellness promotion offerings

8. Safety net services/resources

SHIPROCK'S 8 FOCUS AREAS FOR WELLNESS

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NORTH - Culture	**Culture of Wellness and Caring** • Community building is deliberate, multi-disciplinary, and at all levels • Flexible work schedule • System supports taking leave, sabbaticals • Wellness and professional fulfillment measured on annual basis with results communicated through multiple avenues • Wellness is a priority, reflected in budget • Staff feel safe both psychologically & physically, Leaders promote listening and safety • Colleagues solve issues through caring conversation with each other • Values alignment – staff and leadership share values, on which all work is built • Colleagues support each other • Staff feel appreciated, listened to and that they have voice • Environment and facilities reflect wellness of both patients and staff • Departments implement their own activities • Staff have resources for emotional/mental health at all levels	**EAST - Individual**	**Personal Agency** • Staff find meaning in work • Staff report adequate self-care: sleep, exercise, nutrition • Staff feel they have self-compassion and support • Leadership opportunities or career ladder opportunities are supported • Debriefings • Staff feel like they can make improvements in their departments • Staff take advantage of wellness policy for breaks, walks
WEST - Systems	**Effective Systems** • Facilities maintained, are patient-centered and adequate space • Staffed to support people working to the highest of their abilities/training and for quality patient care • Active recruiting and retention activities including competitive wages • Timely communication at all levels with leadership seeking input from staff • Leadership is cultivated and supported at all levels with mentorship and formal and informal programming • Technology is a help, not a hindrance • Resources purchased in timely manner through acquisitions, meeting needs of departments • Nursing and clinicians work together to best serve patients • Cultural safety and trauma-informed care in everything	**SOUTH - Team**	**Efficiency of Work** • Technology is a help, not a hindrance • EHR is fast and functional • Roles, responsibilities and expectations are clear for all staff • HR and acquisition processes are clear with written and accessible guidance (e.g. checklists, flowsheets, process maps) • Enough and appropriate staffing (and staffing meets national standards) • Mentoring and coaching • Sharing and cross communication • Team-based care • QI processes

NORTH - NÁHOOKOS

Culture of Wellness and Caring

- Community building is deliberate, multi-disciplinary, and at all levels

- Flexible work schedule, part-time if needed

- System supports taking leave, sabbaticals

- Wellness and professional fulfillment measured on annual basis with results communicated through multiple avenues

- Wellness is a priority, reflected in budget

- Staff feel safe both psychologically & physically, Leaders promote listening and safety

- Colleagues solve issues through caring conversations with each other

- Values alignment – staff and leadership share values, on which all work is built

- Colleagues support each other

- Staff feel appreciated, listened to and that they have voice

- Environment and facilities reflect wellness of both patients and staff

- Departments implement their own activities

- Staff have resources for emotional/mental health at all levels

EAST - HA'A'AAH

Personal Agency

- Staff find meaning in work

- Staff report adequate self-care: sleep, exercise, nutrition

- Staff feel they have self-compassion and support

- Leadership opportunities or career ladder opportunities are supported

- Debriefings

- Staff feel like they can make improvements in their departments

- Staff take advantage of wellness policy for breaks, walks

SOUTH - SHÁDI'ÁÁH

Efficiency of Work

- Technology is a help, not a hindrance
- EHR is fast and functional
- Roles, responsibilities and expectations are clear for all staff
- HR and acquisition processes are clear with written and accessible guidance (e.g. checklists, flowsheets, process maps)
- Enough and appropriate staffing (and staffing meets national standards)
- Mentoring and coaching are standard
- Sharing and cross communication are standard
- Team-based care
- QI processes in place

WEST - E'E'AAH

Effective Systems

- Facilities maintained, are patient-centered and adequate space

- Staffed to support people working to the highest of their abilities/training and for quality patient care

- Active recruiting and retention activities including competitive wages

- Timely communication at all levels with leadership seeking input from staff

- Leadership is cultivated and supported at all levels with mentorship and formal and informal programming

- Technology is a help, not a hindrance

- Resources purchased in timely manner through acquisitions, meeting needs of departments

- Nursing and clinicians work together to best serve patients

- Cultural safety and trauma-informed care in everything

SHIPROCK'S 8 FOCUS AREAS FOR WELLNESS

1. Culture change – Trauma-informed care, flexible work schedules

2. System changes – EHR, HR, Acquisitions

3. Department/unit efforts – TPC Joy in Work

4. Collegiality and community – Resiliency Rounds

5. Leadership development – Coaching, Book club

6. Assessment of well-being and its drivers – Survey repeated

7. Self-care and wellness promotion offerings – Expanded gym hours, Stress First Aid, wellness policy – 30 minute walking break

8. Safety net services/resources – Staff psychologist, McLean

CURRENT FOCUS

Wellness Department:

  Physician wellness officer
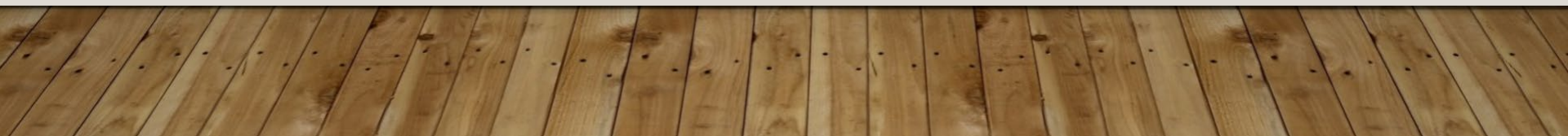
  Nursing wellness officer

  Staff psychologist

  Admin Asst.

More support staff

Anticipating EHR transition

Reconciling vision and action

INSTITUTIONAL INNOVATIONS: ANY 2080 FLEXIBLE WORK SCHEDULE PILOT

PAUL CHARLTON, MD

IHS CHIEF CLINICAL CONSULTANT FOR EMERGENCY MEDICINE

ED DIRECTOR, GALLUP INDIAN MEDICAL CENTER

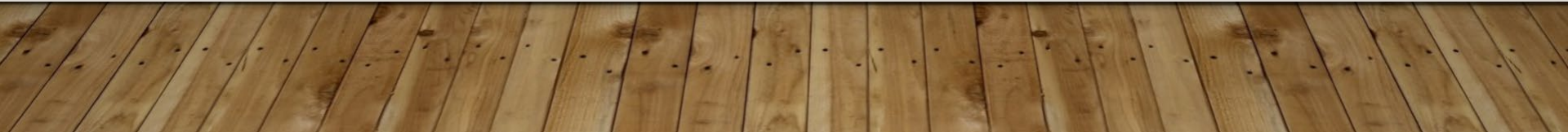NATIONAL COMBINED COUNCILS 2024

ANY 2080

$(80 \text{ hrs/pp}) \times (26 \text{ pp/yr}) = \textbf{2080 hrs per year}$

1. **Background**
2. **Any 2080 Pilot**
3. **Lessons Learned**
4. **Future Considerations**

BACKGROUND

Competing for Talent

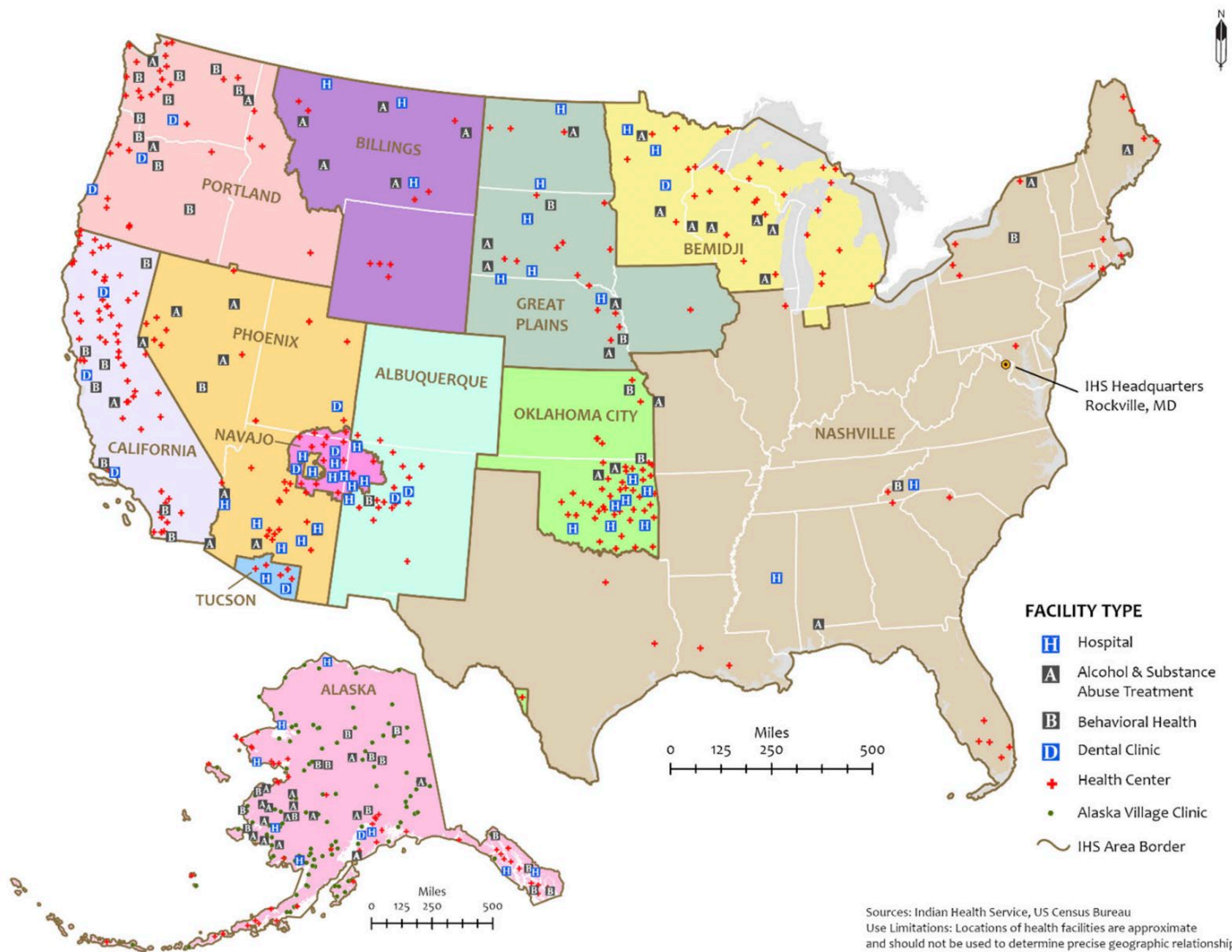# 100 largest hospitals and health systems in the US | 2023

Carly Behm, Anna Falvey, Riz Hatton, and Ariana Portalatin - Updated Friday, December 15th, 2023

Largest Health Systems

1. HCA Healthcare (Nashville, Tenn.): 184 hospitals
2. Veterans Health Administration: 172 hospitals
3. CommonSpirit Health (Chicago): 140 hospitals
4. Ascension (St. Louis): 140 hospitals
5. LifePoint Health (Brentwood, Tenn.): 124 hospitals
6. Trinity Health (Livonia, Mich.): 101 hospitals
7. ScionHealth (Louisville, Ky.): 94 hospitals
8. Community Health Systems (Franklin, Tenn.): 71 hospitals
9. Advocate Health (Charlotte, N.C.): 68 hospitals
10. Tenet Healthcare (Dallas): 61 hospitals
11. Christus Health (Irving, Texas): 61 hospitals
12. AdventHealth (Altamonte Springs, Fla.): 52 hospitals
13. Providence (Renton, Wash.): 51 hospitals
14. Baylor Scott & White Health (Dallas): 51 hospitals
15. Bon Secours Mercy Health (Cincinnati): 48 hospitals
16. Sanford Health (Sioux Falls, S.D.): 46 hospitals
17. Indian Health Service (Rockville, Md.): 46 [24 IHS-operated and 22 tribally operated] hospitals
18. Mercy (St. Louis): 45 hospitals

#17

Figure 2. Map of IHS Facilities

FACILITY TYPE

H	Hospital
A	Alcohol & Substance Abuse Treatment
B	Behavioral Health
D	Dental Clinic
✚	Health Center
•	Alaska Village Clinic
〜	IHS Area Border

IHS Headquarters
Rockville, MD

Sources: Indian Health Service, US Census Bureau
Use Limitations: Locations of health facilities are approximate
and should not be used to determine precise geographic relationships

RURAL EDS NOTABLY COMPETING FOR TALENT

US Hospital Statistics (2024)[1]	
Total # S Hospitals	6120
# Federal Hospitals	207
# Rural Community Hospitals	1810
# Urban Community Hospitals	3319

86.7% practicing in urban designations
13.3% EM clinicians practicing in rural designations (2019)[2]

32% of openings are in rural, low volume/acuity facilities (2024)[3]

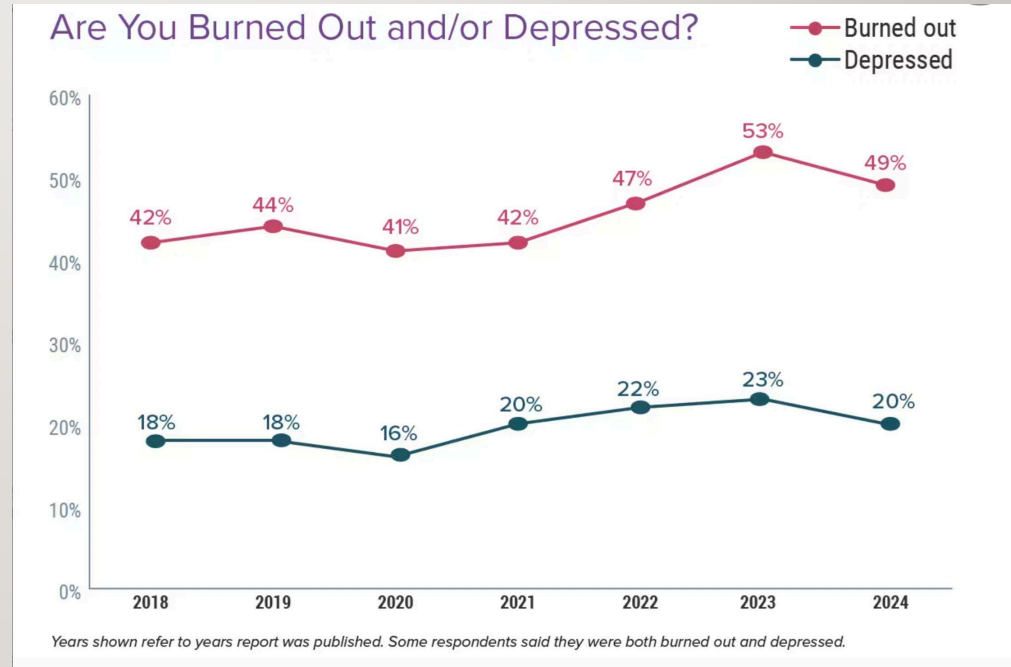1American Hospital Association, 2024, https://www.aha.org/statistics/fast-facts-us-hospitals

2Gettel et. al. The 2013 to 2019 Emergency Medicine Workforce: Clinician Entry and Attrition Across the US Geography. Ann Emerg Med. 2022 Sep;80(3):260-271. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9398978

3Katz, B. "2023-2024 Emergency Physician Compensation Report." ACEP Now, Aug 29, 2023. https://www.acepnow.com/article/2023-2024-emergency-physician-compensation-report/
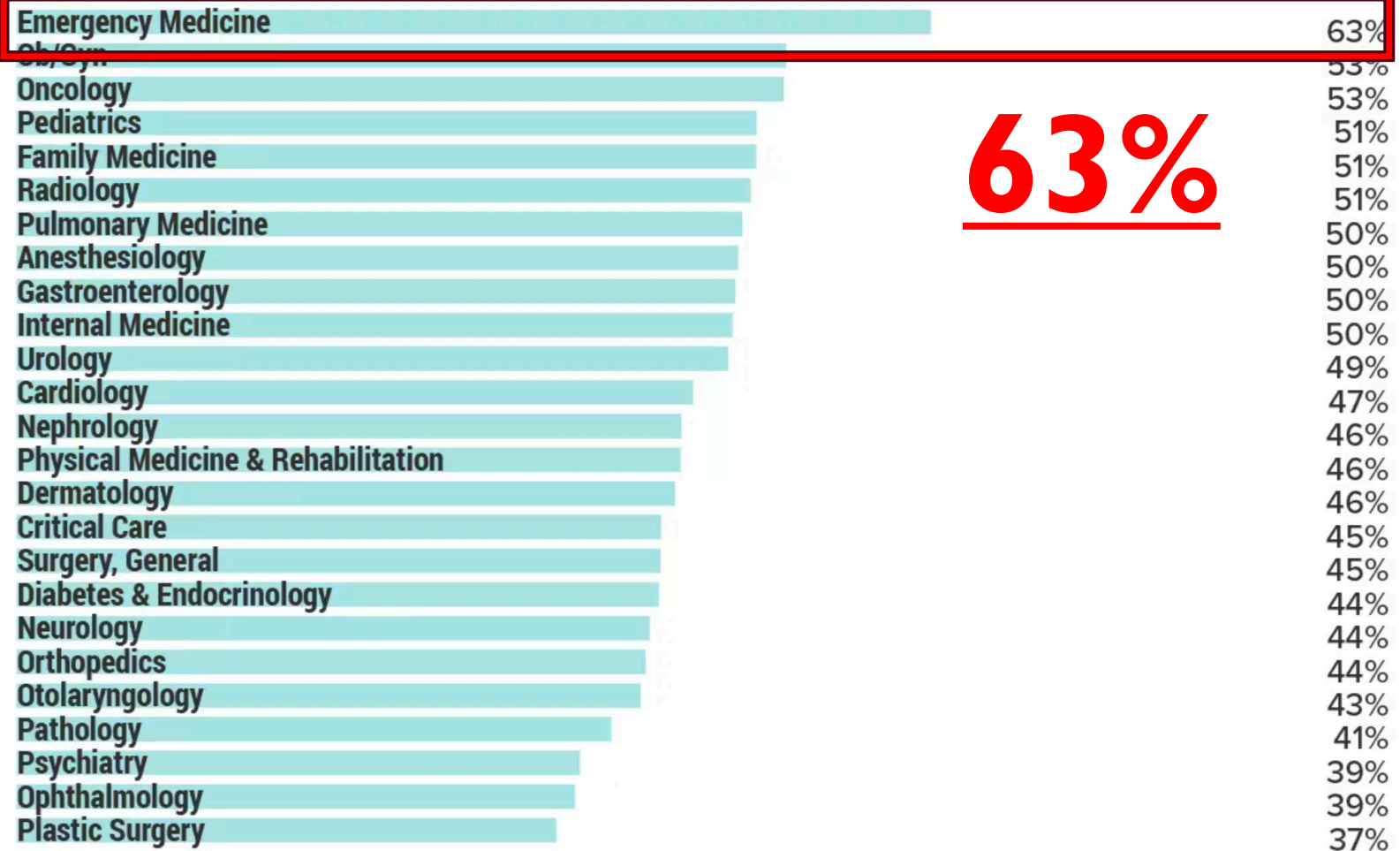
https://www.acep.org/life-as-a-physician/careers/salary-surveys---emergency-medicine/
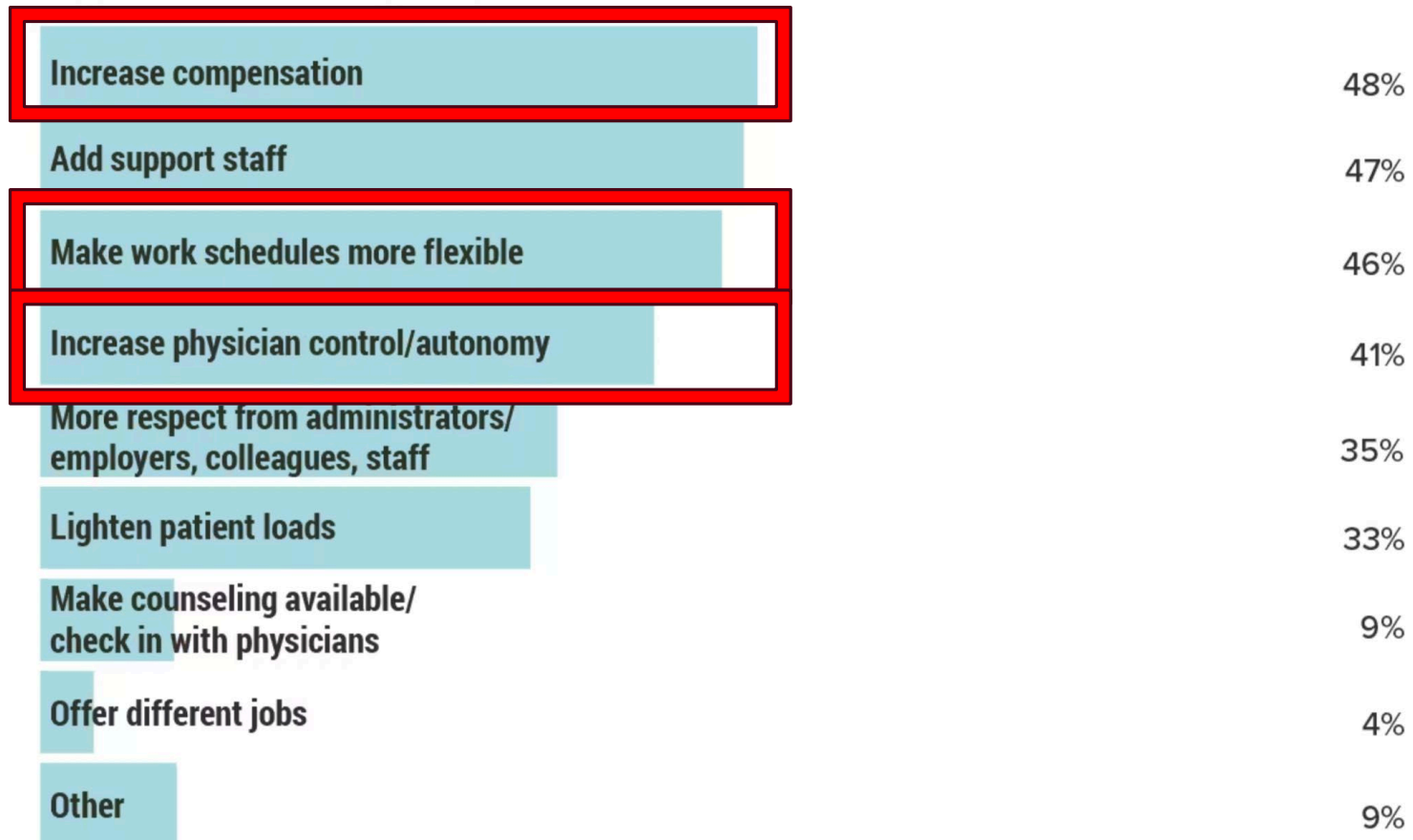
MEDSCAPE PHYSICIAN BURNOUT AND DEPRESSION REPORT 2024

Are You Burned Out and/or Depressed?

Which Specialties Have the Greatest Burnout Rates?

Specialty	Rate
Emergency Medicine	63%
Ob/Gyn	53%
Oncology	53%
Pediatrics	51%
Family Medicine	51%
Radiology	51%
Pulmonary Medicine	50%
Anesthesiology	50%
Gastroenterology	50%
Internal Medicine	50%
Urology	49%
Cardiology	47%
Nephrology	46%
Physical Medicine & Rehabilitation	46%
Dermatology	46%
Critical Care	45%
Surgery, General	45%
Diabetes & Endocrinology	44%
Neurology	44%
Orthopedics	44%
Otolaryngology	43%
Pathology	41%
Psychiatry	39%
Ophthalmology	39%
Plastic Surgery	37%

63%

Not all specialties are shown.

Medscape Physician Burnout and Depression Report 2024, https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865#1

Medscape Physician Burnout and Depression Report 2024,
https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865#1

Average annual clinical hours for Emergency Medicine nationally across various employment models

~1560 hours per year

FULL TIME AT IHS = OUTLIER IN NATIONAL EM MARKETPLACE

2022 survey of >3000 employee ED physicians, 55 healthcare organizations, 25 states

Gallagher's pulse survey found the median number of annual hours required of an employed ED physician at 1,680. The 25th, 50th, 75th and 90th percentiles of the data set appear below:

* IHS

	P25	P50	P75	P90	
Annual Hours Required	1,560	1,680	1,728	2,016	**2080**

2023–2024 EMERGENCY PHYSICIAN COMPENSATION REPORT

Katz, B. "2023-2024 Emergency Physician Compensation Report." ACEP Now, Aug 29, 2023. https://www.acepnow.com/article/2023-2024-emergency-physician-compensation-report/

Annual incomes are based on 1,560 clinical hours

32% of openings are in rural, low volume/acuity facilities

"We are seeing a rapid return of sign-on bonuses (as high as $150,000), stipends for grads before they start, loan forgiveness and other financial incentives **showing that employers continue to have a hard time luring physicians to the less desirable geographic regions**."

HISTORICALLY THIS IHS PITCH WAS TOUGH

- Excellent mission! *But*

- Less competitive compensation

- Work 25% more hours (2080 vs 1560)

- In remote areas

- Bound by rigid federal pay period system

- And if you help cover extra shifts when someone else calls out, you won't get paid for helping if you go over hours
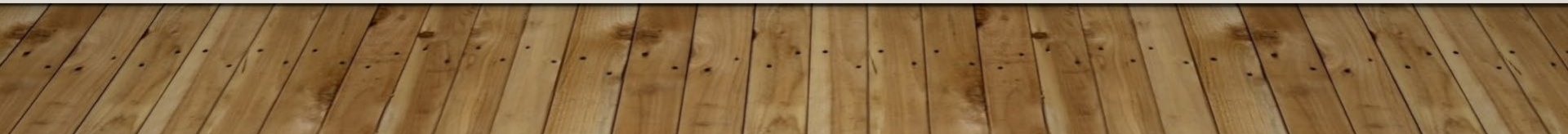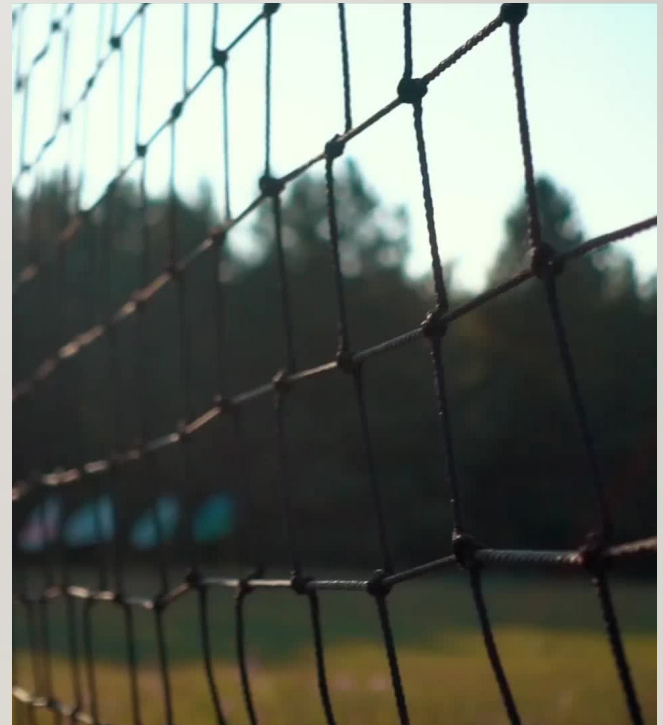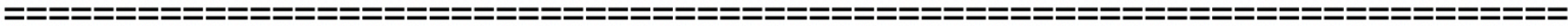
ANY 2080 PILOT

Thank you to those IHS leaders who made it happen
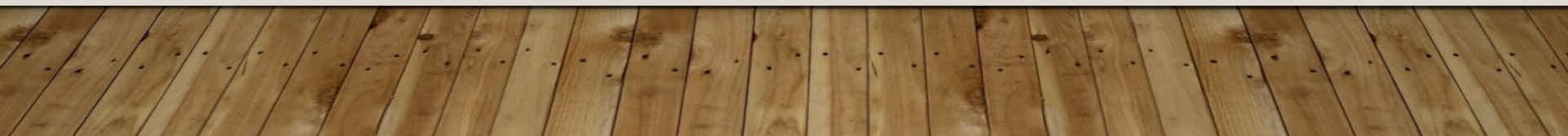
114th Congress   }   {   Report
                        HOUSE OF REPRESENTATIVES
 2d Session   }   {   114-811

===

DEPARTMENT OF VETERANS AFFAIRS EMERGENCY MEDICAL STAFFING RECRUITMENT AND RETENTION ACT

_____

November 14, 2016.--Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

_____

VA RESOLUTION (2016)

H.R. 4150 would allow the Department of Veterans Affairs (VA) to offer alternative work schedules (above or below 80 hours on a biweekly basis) to physicians or physician assistants (PAs) who work for VA on a full-time basis, provided that the total work hours in a calendar year do not exceed 2,080. Physicians and PAs would not be eligible for overtime pay for the hours worked in accordance with an alternative work schedule. VA reports that implementing this bill would not affect the amount of compensation paid to those employees.

Indian Health Service
Any 2080 Variable Work Schedule for IHS Physicians
Standard Operating Procedure
Effective Date 7-3-2022

IHS PILOT: JULY 2022 – DEC 2023

2021: IHS ANY 2080 PILOT MODELED AFTER VA PROGRAM

- Voluntary participation

- Only employee Emergency Medicine Physicians eligible

- Only full time (2080 hours, 1.0 Full-time equivalent)

- 2 pilot sites

  - Gallup Indian Medical Center (GIMC)

  - Northern Navajo Medical Center (NNMC)

  - Timekeeper based at GIMC

SAME TOTAL HOURS, NOT BOUND BY PAY PERIODS

- Think in terms of shifts / month instead of hours per pay period

- No carry over hours

- Quarterly reconciliation

- Flexibility to adjust work assignments as needed, unencumbered by pay period constraints

2 TIMECARDS

- ITAS accurately tracks leave and ensures regular paycheck deposits

- Supplemental timecard accurately reflects actual hours worked as well as leave

- Annual progression of hours towards target followed regularly by supervisor

- Quarterly reconciliation to ensure anticipated progress towards target

- Utilized sick leave and annual leave "count" towards total 2080 hours

PROCESS CHANGES

- If work more than 2080 hour target by end of year = no extra compensation, no carry over hours

- If work less than 2080 hour target by end of year = employee owes government money, could be disenrolled from program in future

- ITAS timesheet (if using leave) usually submitted before end of pay period

- Supplemental timesheet submitted after pay period ends to accurately reflect hours worked

Note: eligible employees can choose to join Any 2080 program at any point in year, in which case target hours for initial year prorated

SUCCESSES

- Very popular with supervisors, avoided multiple crises from coverage gaps, pt surges, etc

- Easier schedule generation, reduce coverage gaps from rigid pay period system

- Very popular with employees, anecdotally supporting sense of autonomy, control, balance with work/life needs

- Helping retention
    - Turnover mostly due to family issues (spouses and training programs in other regions)

- Helping with recruitment (the pitch easier now)
    - Mostly already had transitioned to employees so vacancy numbers similar, but clearly identified during recruiting efforts as an appealing draw by new recruits

- GIMC sabbatical month—very transparent, easy to accommodate, appreciated

LESSONS FOR OTHER AREAS

- Requires supervisor to be aware of schedule (doable by most supervisors)

- Scheduling software not necessary but helpful (allows efficient auditing by supervisor)

- System is different for timekeepers—all can learn but initial learning curve may feel intimidating

- In final quarter of year, close monitoring and scheduling of hours is particularly helpful (did twice a month checks, helped to work backwards)

- This can be successful at most sites with basic support infrastructure

FUTURE CONSIDERATIONS

- Expand to other geographic regions
    - Centralized timekeeping may be useful initially

- Expand to other specialties
    - Some specialties more conducive than others

- Expand to allow less than full-time
    - Pro-rated version of Any 2080 for 0.5-0.9 FTE
    - Help supervisors schedule more efficiently, fewer gaps
    - Help improve safe care
    - Help recruitment/retention esp in difficult to recruit lower-volume areas where full-time employment not sustainable for certain disciplines

EXPAND ELIGIBILITY TO LESS THAN FULL TIME

- **<u>Safe Care</u>**: Skill retention, sustainable professional development (stay up to date, academic partnerships)

- **<u>Longevity</u>**: Desire to work rural + urban for longevity

- **<u>Logistics:</u>** Blocking schedules difficult (for supervisor and employee) if commuting and less than full-time when bound by pay periods

- **<u>Burnout</u>**: Often people don't want to work 2080 hrs a year for family/personal reasons

THANK YOU TO IHS LEADERSHIP