

Kaiser Permanente: Antelope Valley Medical Center

Background

Kaiser Permanente (KP), one of America's leading health care providers and not-for-profit health plans, currently serves 12.5 million members in eight states and the District of Columbia. Antelope Valley Medical Center, a KP site in Southern California, has more than 170 physicians and 1,100 employees, providing high-quality care to more than 140,000 patients at five locations in Lancaster and Palmdale.

Dr. Dawn Clark, an obstetrician/gynecologist and Chief Wellness Officer for the Southern California Permanente Medical Group, was intrigued when she heard about the Institute for Healthcare Improvement (IHI) Joy in Work Results-Oriented Learning Network. "We understand that there is a developing body of evidence about what brings joy in work or mitigates burnout," she said. "We wanted to be part of the solution to address those two challenges."

IHI Joy in Work Results-Oriented Learning Network

The IHI Joy in Work Results-Oriented Learning Network is a collaborative of pioneer institutions committed to supporting workforce well-being and improving overall quality of care for staff and patients. IHI strives for a future free of health inequities. Our bold vision is that everyone has the best care and health possible. Realizing this vision requires a focus on attending to the joy of the health care workforce. The Joy in Work Results-Oriented Learning Network allows us to combat burnout at pace and at scale; provide improvement methods and tools for testing our way to solutions; create a learning system across organizations; and disseminate results and lessons learned. Learn more at ihi.org/JoyResults.

Approach

To improve joy in work, the team at Antelope Valley Medical Center (KP AV) developed an aim statement: "To create space for joy in work for the physicians at KP AV, with a focus on adult primary care, by decreasing burnout by 5% from January 2020 to August 2021." Then the team implemented a number of projects in service of this aim. One project focused on mental health benefits, and a second project on staying connected through an internal social media platform. A third was called the "pebble-ology project," which entailed having "What Matters to You?" conversations with physicians, and a fourth aimed to improve systems for messaging and communication.

A fifth project focused on increasing physician engagement in unit-based teams (UBTs) – groups of frontline employees, managers, and physicians at Kaiser Permanente whose work brings them together to collaborate on improving member and patient care. Many departments within KP have a UBT. They meet regularly and are accountable for the performance of their unit and for working on projects that align with one or more of the four points of KP’s Value Compass: quality, service, affordability, and best place to work. UBTs evolve through what is known as the Path to Performance as different processes are established and milestones are met. The Path to Performance consists of 5 levels: Level 1 represents a UBT at the pre-team climate, Level 2 is a foundational UBT, Level 3 is a transitional UBT. At Level 4, the UBT is considered operational, and at Level 5 the UBT has reached high-performing status.

In theory, UBTs include representation from all roles engaged in providing and supporting patient care: managers, labor representatives including nursing staff, and physicians. But in practice, physicians have not been well-represented. It wasn’t entirely clear why – possibly because UBT meetings were scheduled during clinic time, or because UBTs had not been promoted sufficiently to physicians. Clark wanted to change that. “I was very interested in making sure that the physician voice was heard,” she said.

As one example, Dr. Ruben Sanchez, an ophthalmologist, has been participating in the Ophthalmology UBT for eight years. “During the COVID-19 pandemic, we tried to maintain integrity and performance of the department. We made lots of changes so that we could still maintain quality, affordability, and patient satisfaction, and improve the clinician experience. We couldn’t shut down, we had to keep going.”

Sanchez’s UBT meets once a month, for up to two hours. In advance of the meeting, he polls his colleagues to ask, “What do you want me to take to the UBT?” After the meeting, it is his responsibility to return to the physicians, report on the decisions that were made, and explain why.

The UBT, with Sanchez’s engagement, was functioning well and leadership took note. According to Ana Ortega, Lead Improvement Advisor at KP AV, “We knew that we wanted to try to replicate the success of the Ophthalmology UBT.” They came up with a three-year plan to increase physician participation and engagement in Antelope Valley Medical Center UBTs.

In April 2021, Sanchez and team launched the physician engagement project by giving a presentation to the KP AV physician leaders, describing his experience with serving on the UBT. “It leads to my joy in work to be part of a team molding the workflows in response to the pandemic,” he explained. Sanchez sees UBTs “as equalizing entities. They’re one of the only places where doctor, staff, manager, labor partner, and everybody has an equal voice.”

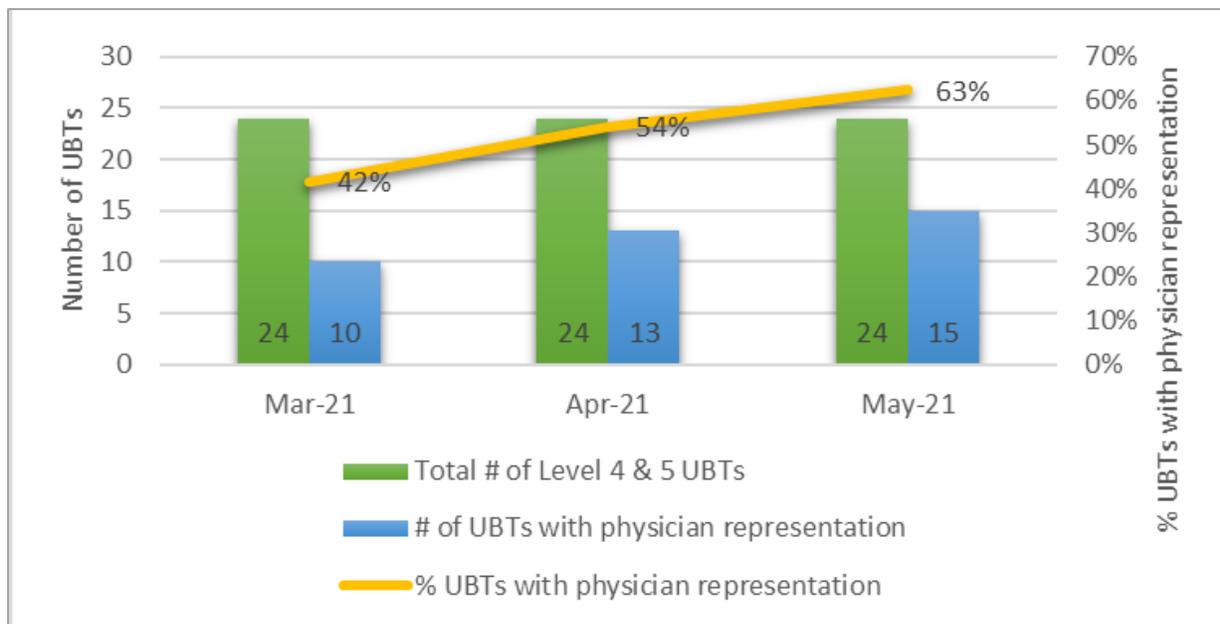
Outcomes

One specific challenge the Ophthalmology UBT tackled was lunchtime coverage. Typically, all nurses take their lunch at 12:00 PM. The lack of nursing coverage for doctors during this time was “leading to a big pain point for the doctors.” The team arrived at a simple solution: stagger nurses’ lunch times so that a nurse is always available. For physicians, said Sanchez, having that reliable backup makes a big difference. It means “ten minutes you get back, when you can sit and talk with the patient.”

Another scheduling challenge was related to COVID-19. To allow for social distancing for in-person visits, the team had to expand hours so that fewer patients would be present at the same time. They scheduled early appointments and evening appointments, enabling staff to select the times when they were able to provide additional coverage. “COVID taught us that we had the ability to be a lot more nimble than we thought we were,” said Sanchez.

In terms of their goal of engaging more physicians in UBTs, the team made significant progress. From March 2021, when the work began, to May 2021, the number of Level 4/5 UBTs (operational/high-performing UBTs, respectively) with physician representation increased by 50 percent. Similarly, the percentage of the total Level 4/5 UBTs with physician representation increased from 42 percent in March to 63 percent in May (see Figure 1).

Figure 1. Physician Representation in Level 4/5 UBTs



Challenges

Persuading physicians to get involved in UBTs was not always easy; it took sustained attention and follow up. Ortega noted, “Given the pandemic and other competing priorities, we didn’t automatically get physicians jumping at the opportunity.” The team made sure that leaders such as the area medical director followed up with physicians, “to nudge them to take on this opportunity... Articulating the ‘What’s in it for me?’ was important.”

Next Steps

The team aims to establish a sustainability plan to ensure that this work continues and that more physicians are engaged. Their goal is to have physician representation for at least 88 percent of Level 4/5 UBTs by 2024. They also plan to spread best practices throughout the region from the UBT project as well as from some of the other projects, such as the internal social media platform.

Joining the IHI network provided valuable support to carry out this work. Regular coaching calls “keep you honest,” said Clark. “Sometimes when you get really involved in the nitty-gritty, you need to step back and have somebody look at the forest for the trees.”

Sanchez, meanwhile, continues to find his participation in the UBT highly rewarding. The team tackles hard issues, and it leads to better collegiality and a greater sense of autonomy. “I don’t think it gets any better than that,” he said.