It’s Time for a REBOOT!
A Journey Toward Organizational Thriving

Highlights from the Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) Task Force

The graphic above represents the six focus areas REBOOT is addressing by improving the work environment and support for employee wellbeing. These focus areas are workload, fairness, harmony, job control, values and recognition.
“Burnout is the result of a chronic imbalance of high job demands and inadequate job resources.”

-Christine Cassel, MD
Past President and CEO, the National Quality Forum
Past President and CEO, ABIM
“While burnout manifests in individuals, it originates in systems.”

-Christine Sinsky, MD
AMA’s Advisory Panel on Physician Satisfaction
Director, ABIM
Burnout is a Systemic Issue within VHA

- 23% of VHA Employees experience 1 of 3 symptoms of burnout weekly
- 19% experience 2 of 3 symptoms weekly
- 5% experience all burnout symptoms weekly

According to the 2021 AES data...

According to a study by Hendrickson et al in 2021:

- 50% of the current workforce has considered leaving their current occupation
- 59% of nurses consider leaving

We must create the structure to care for our employees.
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REBOOT Task Force

Introduction & Background Overview
The Veteran’s Health Administration (VHA) knows that burnout is an urgent organizational issue and is committed to implementing actions that address stressors that contribute to burnout, as well as promoting initiatives that foster joy and wellbeing in the workplace.

The REBOOT Task Force serves to:

1. **Promote the shared vision** for reducing burnout and optimizing organizational thriving
2. Ensure coordination with other VHA initiatives and program offices to **eliminate shared operational and legislative barriers**
3. Determine **proven practices** to be implemented across the enterprise and identify gaps where further examination and planning are needed
4. Provide VHA Leadership, employees at all levels, and external stakeholders with the **proper level of detail they need to stay informed**
5. Develop a long-term roadmap to **sustain and institutionalize practices** that improve VHA culture, reduce burnout, and promote joy in the workplace
VHA is Addressing Burnout
VHA's REBOOT Task Force is a major initiative to address burnout among clinical and administrative staff members. VHA takes the well-being of our employees very seriously and this effort builds on a number of previous and existing efforts to support our dedicated workforce. Field and headquarters-based task force members are identifying ways to address systems and organizational factors that are contributing to employee burnout as well as opportunities to further expand resources that support individual well-being.

The COVID-19 Pandemic Has Created New or Exacerbated Existing Challenges
In alignment with the Secretary's workforce priorities, high reliability organization (HRO) principles, and our commitment to servant leadership, the COVID-19 pandemic has further increased the urgency to make major organizational changes that improve the wellbeing of our employees in the long-term and promote joy in the workplace.

Ensure Support for Veterans and Employees
REBOOT’s efforts will allow VHA to boost its support for our most essential and valuable resource for Veteran care—our employees. REBOOT is also an opportunity for VHA to serve as a leader within the broader U.S. health care system in taking concrete, decisive actions to revitalize and recommit its support for our nation’s critical health care workers.
REBOOT Task Force Structure

**Organizational Design:**
Identify process changes and system enhancements that reduce barriers and delays and improve the effectiveness of individuals and teams to do their jobs and provide the best care to Veterans

- Systems and Solutions
- Recruitment and Retention

**Employee Well-being:**
Develop and deploy interventions to address fatigue and low morale and promote and enhance work-life balance and a sense of autonomy

- Supervisor and Leadership Culture
- Mental Health and Well-being

**Institutionalize and sustain practices that ensure continuous learning and transform the organizational culture**

**Offices Recommended for Participation in Workstreams and Workgroups**

- Clinical Care
- Diversity, Equity, and Inclusion
- Employee Assistance Program
- Employee Education System
- Office of Patient Centered Care and Cultural Transformation
- Employee Whole Health
- Health Services Research and Development Service

- Human Capital Management
- Labor Relations
- Mental Health and Suicide Prevention
- National Unions
- National Center for Organization Development
- Office of Nursing Service
- Primary Care

- Systems Redesign
- Veterans Experience Office
- VHA Comms
- VISNs/VAMCs
- Workforce Management & Consulting
**REBOOT Overall Timeline**

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<th>Nov</th>
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**Phase 1**
- **Kick-off**
- Conduct Workstream Environmental Scans
- Incorporate Evidence Synthesis
- REBOOT Update Message and Video

**Phase 2**
- Conduct Feasibility Assessments
- Develop Preliminary Recommendations
- Draft EDM
- Present recs to GB

**Phase 3**
- Finalize Recommendations for Implementation
- Submit EDM
- Distribute Employee Resource Guide

**Key Deliverables (Phase 1)**
- REBOOT Video Message
- Monthly Email Message from Dr. Lieberman
- Environmental Scans and Feedback Sessions
- Comms and CM plan

**Key Deliverables (Phase 2)**
- Preliminary Recommendations by Workgroup
- Governance Board Briefing
- Executive Decision Memo
- Focus Group Sessions

**Key Deliverables (Phase 3)**
- Finalized Recommendations
- Change Management/Comms Plan
- Employee Resource Guide
- Permanent Business Owners and Oversight
The graphic above represents the six focus areas REBOOT is addressing by improving the work environment and support for employee wellbeing. These focus areas are workload, fairness, harmony, job control, values and recognition.

REBOOT Task Force

Synthesis of Emails and Feedback From Employees
Employee recommendations include:

**STAFFING**
- Hiring more staff
- Streamlined recruiting and onboarding process
- Centralized HR and recruiting

**PAY**
- Pay commensurate with private sector
- Option to go part-time
- Bonus paid time off for staff working in COVID

**SCHEDULES**
- Reduce panel sizes and administrative tasks
- Part time reserve nurses for high demand periods
- More consistent and flexible schedules

**BENEFITS & POLICIES**
- “Leave” category for mental health and well-being
- Employee vaccination requirements
- In-person recreation activities post-pandemic

Effects of burnout may further fuel the causes:

- Continuous crisis mode
- COVID-19 pandemic
- Decreased staff levels
- Disengagement
- Low pay rate
- Fear of COVID
- Emotional, mental, and physical exhaustion
- Lack of vacation and recreational activities
- Slow recruiting process
- Staff turnover
- Increasing workloads
Conclusion and Recommendations

• Many employees feel burned out primarily due to increased workload during the COVID-19 pandemic while at the same time having decreased resources and feeling short staffed.
• Employees suggested many ways to decrease stress and turnover such as increased pay, a faster recruiting process, and more consistent/flexible schedules.

Common Employee Recommendations

• Hiring more staff
• Reduced number of patients/responsibilities
• Pay commensurate with the private sector
• A streamlined recruiting and onboarding process
• Part time reserve nurses for high demand periods
• Centralized HR and recruiting departments
• More consistent and/or flexible schedules
• Option to convert position to part time
• Mental health days
• Employee vaccination requirements
• Bonuses or paid time off for those that worked through COVID
• In-Person recreation activities after the pandemic (office parties, picnics, etc.)
REBOOT Task Force

Synthesis of Feedback
From REBOOT Focus Group Sessions

The graphic above represents the six focus areas REBOOT is addressing by improving the work environment and support for employee wellbeing. These focus areas are workload, fairness, harmony, job control, values and recognition.
Focus Group Sessions Overview

Overview:
Target Audience: Frontline, leaders
Group Size: 15-20 employees first come first serve
Frequency: 2 sessions per consortia per month
Modality: Virtual/Teams
Time: 45 – 50 minutes

Considerations:
1. These sessions were designed for interaction - a place for employees to be comfortable sharing
2. Important to maintain a positive and solution focused environment
3. Direct communication with POCs to mitigate low attendance
4. Purpose was to test solutions in development in REBOOT

Session Agenda

1. Acting DUSH Welcome and Future State
   10 minutes

2. 1-3 Questions/Topics for Discussion
   33-35 minutes

3. Closing
   2-3 minutes
Focus group sessions were focused on gathering feedback from mission-critical employees and VISN/facility leaders across the enterprise. Sessions primarily targeted nurses, physicians, MSAs, social work, and mental health providers. Additional sessions were scheduled in April for VHACO and administrative field staff.
Leadership Focus Group Sessions – Common Areas of Concern

FLEXIBLE WORK
- Hard to give protected time for staff to focus on areas of fulfillment but necessary for retention
- Move away from hourly to salary model
- Burdensome admin tasks noted in exit interviews
- Development of management tools to monitor, coach, mentor, and do remote work need to be developed
- Emphasize professional fulfillment time for all levels
- Address IT needs for telework/remote
- Some expressed concerns around telework, 72/80

MENTAL HEALTH
- Overwhelming burden on leaders due to IT and HR responsibilities and lack of streamlining
- Need for hardwiring of career progression
- Rethink the 8-hour day
- Mindfulness resources not as impactful as time off
- Protected time for mental health needs to be supported with resources and fully programmed
- Incremental, cultural shift to reduce stress
- Employee Assistance Program (EAP) limited in way it is set up now, desire to hire dedicated psychologist to support employees

REBOOT

INCENTIVES
- Consider 10-20% FTE flex window when hiring
- Salary rates get held up in the Workforce Management & Consulting Office
- Need to incentivize staff to be onsite

STAFFING
- Downgrading of positions hinders recruitment/retention, need to standardize classifications
- Standardize productivity by mapping calendars and workload
- Need for standardized hiring training
- Old, antiquated site (USAJobs) – need to modernize and be more user friendly
- Increased recruitment efforts to build applicant files
- Budget structure makes retention difficult
- Eliminate Title 5 so we have more flexibility with pay ranges
- Onboarding can’t keep up with turnover and growth rates
- HR difficulties noted as #1 frustration in sessions with employees during 6-month pulse check

LEADER CULTURE
- Overwhelming burden on leaders due to IT and HR responsibilities and lack of streamlining
- Need for hardwiring of career progression
- Concerns that many recs require more work
- Support for 25- and 50-minute meetings
- Set up a human performance department focus on our employees

ADMIN TASKS
- Burdensome tasks noted in exit interviews
- Should not have to ask for permission when in OPM guidelines
- Test-out option for Talent Management System (TMS)/employee training

INCENTIVES/PAY

FLEXIBLE WORK

Mental Health
Frontline Focus Group Sessions – Common Areas of Concern

**FLEXIBLE WORK**
- Having more flexibility on the telework front and be more creative with utilization of our space is great.
- In order to have flexibility, we need to have staff present. Look at how many staff are needed onsite and how many can telework; need guidance based on level of facility complexity.
- Remote work isn’t an option for those in direct patient care; need a diversity of options to make staff feel supported.

**MENTAL HEALTH**
- EAP Resources at the local level - There’s reluctance at times for team members to reach out to EAP. When you have embedded resources, they are part of the team and there’s a higher level of comfort with talking and reach out.
- VA facility has contract in place for virtually training staff to become peer supporters in any clinical departments.
- Love the idea of having well-being days staff/clinicians can use.
- Love the idea of changing meeting time defaults to 25 and 50.

**INCENTIVES/PAY**
- Telework can be incentive.
- Protected time for both Employee Whole Health & professional development would be great and needs to come from the top down.
- There isn’t incentive to stay for people who are at step 10 of GS level.

**STAFFING**
- Do a better job of back-filling vacancies in a timelier fashion, if we want to retain our good staff.
- Many staff feel overwhelmed while trying to balance patient care with training needs. Having float pool to step in while staff attends training would go a long way in making staff feel supported (especially for transitions like Cerner rollout).
- Hiring process is like a bottleneck; process is too long; it takes 4 months sometimes.
- Adequate staffing allows for staff to obtain and attend mental health/self-care activities.

**LEADER CULTURE**
- Creation of discipline or service-specific mentorship-based training/buddy system for managers/chief; transferred across other disciplines or service areas.
- Regarding quarterly 1:1 meetings – concerns that employees won’t be candid with their supervisors; speak to someone who isn’t direct report.
- The culture in which things are shared is important; told to do things because it’s on the director’s performance plan, and it’s not motivating for employees.
- Ensuring that managers understand workload and capacity is needed.

**ADMIN TASKS**
- Attention needs to be paid to reasonable workloads overall.
- For many clinicians, workload is unreasonable; many are working writing notes from home for hours after tour of duty.
FLEXIBLE WORK
- There is mistrust around staff teleworking/with flex-schedules; research shows that flexibility leads to more productivity.
- There is inequitable access to flexible work arrangements across the enterprise.
- Flexibility of the 72/80 for virtual employees and on-site employees.
- Telework would be helpful for non-clinical employees who support facilities with multiple campuses.

MENTAL HEALTH
- There also needs to be accountability at some level for employee wellness, maybe some training around this.
- The “Second Victim Support/Trauma Informed Care” would be good to have at the VA.
- EAP Hybrid Model is a great idea; if implemented would show a degree of serious intent to see employee health and wellbeing.
- Mental health days are needed
- Value Employee Wellness positions at program offices; acute/crisis support for staff members across the enterprise and not only for medical facilities.

INCENTIVES
- Flex time would be a welcomed incentive.
- Waiting 15 years to get 8 hours of leave per pay period is too long; consider reducing this number of years requirement.
- Waiting 3 years for a step increase is discouraging.
- Provide incentives/recognition to ALL employees

STAFFING
- Leadership needs to understand how to implement change, despite not having enough staff.
- It’s a vicious cycle of short staffing and this perpetuates as people burn out and leave; first step is to improve retention by asking people why they’re leaving.
- Proactively identify short staffing work units and develop strategies to increase staffing. Include consideration to the administrative staffing support structure for front line Supervisors and Nurse Managers.
- Improvement opportunities for hiring and onboarding process; too long, fragmented.

MENTAL HEALTH
- Management spends their entire day in meetings and are not available for everyday issues that occur.
- Leaders to set an example for work-life balance; no working/responding to emails on the weekend/late at night, etc.
- 1:1s between supervisors and staff would be a great way to improve employee engagement, but most supervisors do not take the time to do this.
- More leadership training on how to be a better leader.
- It would be great to consider a feedback mechanism from direct reports to be included in supervisors’ annual performance.

LEADER CULTURE
- Standard amount of protected time or “admin” time across all VISNs.
- The Electronic Medical Record needs a complete overhaul.
- Concern is finding time to do our work and complete TMS trainings.
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Themes Based on Employee Feedback

- Support for Servant Leadership
- Addressing Inefficiencies
- Mental Health Support at Local Level
- Build and Nurture a Culture of Wellness to allow Joy in Practice
- Human Centered Design Approach
- Policy Interpretation and Application
• Formulate themes into actionable recommendations for Governance Board consideration.
  – Ensuring that recommendations touch majority of the concerns/trends from employee feedback

• Finalize a communication plan to socialize all recommendations to VHA regardless of if the move forward to Governance Board for Concurrence

• Determine oversight for recommendation implementation plan and execution of the implementation

• Determine how to measure the impact of implementing the recommendations
## Next Steps Timeline

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<th>May 2022</th>
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<td><strong>Finalize Recommendations and VHA Support</strong></td>
<td><strong>Governance Board Concurrence</strong></td>
<td><strong>Transition</strong></td>
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**Key Deliverables – May 2022**
- In-person session
- Finalized recommendations
- Sequenced roadmap

**Key Deliverables – June 2022**
- Employee Resource Guide
- Transition Plan
- Established metrics
- Implementation Plan
- REBOOT Update from USH on recommendations

**Key Deliverables – July 2022**
- OHC transitions to oversight
- Implementation kick-off

- *In-person Sequester*
- *Determine Ownership and Implementation Structure*
- *Briefing to VHA Governance Board*
- REBOOT Update Message to Socialize Recommendations with VHA
- *Kick off Implementation*
Questions/Discussion?