Moderator: We’re going to start with Marlena Shin. And one of the great things about these conferences is that you get to meet people in your own and get to know more about them. So Marlena’s also in Boston at my same center, the Center for Healthcare Organization and Implementation Research. And it’s very cool reading her profile. I’ll let her introduce more of her works. But recognizing her background as JD and some of the different perspectives that she has, as well as a focus on quality and safety. So with that, I’ll let Marlena take over.

Marlena Shin: Thanks, Seppo. Hi, so I’m very exciting to be presenting about the Leveraging Frontline Expertise Program, which I will refer to as LFLE. Okay, so why LFLE? Well, the basis for the LFLE Program is decades of research in both private sector and VA hospitals that have consistently shown that there’s a gap between senior managers and frontline staff in perceptions of work system challenges. LFLE is a program that can be used to help bridge this gap while empowering and supporting frontline staff.

 So what is LFLE? Well, it’s a structured program that encourages senior managers to spend time in work areas and learn from frontline staff by actively listening to their concerns. Both senior managers and frontline staff work together to identify and address quality and safety improvement opportunities. It’s a program that can also help to build trust.

 So the LFLE cycle. Well, there are many forms of leadership rounding that can be used by senior managers. However, LFLE’s not only about leadership rounding, it’s a structured program that consists of four stages and is conducted as a cycle in specific work area. So first is the information gathering stage. The second stage is action planning. The third stage is where the improvement actions get implemented. And the fourth stage is feedback with staff. And then the cycle starts again.

 So in this specific presentation, our objective was to explore frontline staff and senior managers’ perceptions to learn whether and how LFLE led to greater empowerment and support of staff. So we focused on two of the four stages. Stage 1, information gathering, and Stage 4, feedback with staff. So the goal of the first stage is for Sealy managers to really understand frontline systems, work system challenges, and to actively listen to frontline staff and have a two-way conversation with them. And to try out these concerns and ideas. It’s about observing the work that’s happening in the work area and just gathering information. Most of the solutions are planned for at a later stage in the action planning stage. And so this is a critical first step in building trust.

 And the goal of Stage 4 is for senior managers to provide interest and feedback and directly meet with frontline staff again and tell them about what’s been done in response to their suggestions. And this stage is a critical step in demonstrating that senior managers value frontline staff input. And it’s a critical step in sustaining the trust that has been developed.

 So a bit about methods: in this specific study, there were six Vera [sic] medical centers that implemented at least one LFLE cycle in the OR or ICU. We conducted semi-structured interviews with senior managers and collected data about LFLE implementation at mid and post-implementation. We administered a brief, web-based, feedback survey to frontline staff in the OR and ICU, where LFLE was being implemented at two points in time. So once after the information stage was completed and another time after feedback stop was completed. We qualitatively analyzed the data by conducting a content analysis to identify emergent themes.

 So what did frontline staff think about the information gathering stage? Overall, they appreciated the engagement they had with senior managers. So some quotes to share here: “Information gathering gave an opportunity to meet face-to-face and share concerns. It provided senior managers with insight into daily process challenges. And frontline staff felt like senior managers were listening to them.” You know, they felt positively enough about their experiences with senior managers, that they wanted it to happen more often and also they wanted senior managers to get more hands-on experience and experience what the staff actually experienced.

 So senior managers also appreciated the opportunity to engage with frontline staff. Overall,they said that it was an eye-opening experience. One senior manager said that “Interaction humanizes the senior leadership team with individuals. It establishes a relationship. A bond of trust comes out of it.” Another senior manager, describing his experiences and his visit in the ICU said, “I feel more welcomed and less like a stranger, not like an intruder.”

 And there were many improvement opportunities and concerns that frontline staff brought up that they had never actually heard about. And so one senior manager said, “It’s incredible that we’ve never heard of these concerns. I just find that amazing.”

 So senior managers also worked to actively listen to frontline staff during the information gathering stage. So one senior manager pointed out that “Listening in true listening mode is valuable.” But they also found it challenging to really not disagree or jump to resolutions too quickly. So one senior manager said, “When I’m in the unit and see something, I want to fix it right there. It’s tough.” Another one said, “When I do LFLE, I try not to be as reactive as I can be.”

 So, briefly, I just want to show you some improvement opportunities and concerns that were raised by frontline staff. And this is some of the actions that were addressed before moving onto the feedback with staff stage. So in terms of feedback with staff, some of the staff felt that it provided awareness of what had actually resulted. Staff felt that information was empowering. And concerns that went back to leadership have been resolved and a much safer process is in place. In addition, feedback was useful. It kept us informed and made us feel like they listened.

 But they also wished for more consistent and thorough communication about actions. And, you know, more follow-up from a higher level to make sure the concerns of staff continue to improve. And also, they wanted senior managers to be present in their unit to give the information and not give the information in an email.

 So what did senior managers think? So overall, they thought that they had provided sufficient feedback to frontline staff about the actions that have been taken or not taken. And they also recognized improvement opportunities though. So one senior manager points out, “You know, the follow-up visit to close the roof was beneficial.” Another senior manager had hoped that the nurse manager had provided feedback. But then there’s senior managers that also recognized that by not providing in-person feedback with frontline staff about actions that had resulted or not, we failed trust.

 So lessons learned. You know, both frontline staff and senior managers really felt positively about the information gathering stage where significant improvement opportunities were identified and addressed from frontline’s staff’s expertise. And I think that the information gathering stage is really a way that senior managers can empower and support staff by engaging with them at the work area, where they’re actually doing the work, observing the work as it happens, and actively listening to them. But there’s a key area in which senior managers can improve feedback with staff. And it’s essential to provide in-person feedback and not just feedback via email. And this can really hinder the trust that has been developed during the information gathering stage and so forth if that in-person feedback is not provided.

 So workforce engagement is a high priority. So it’s critical to continue to help and develop senior managers’ skills so they can provide frontline staff with greater empowerment and support. And as we move forward in our work, what we want to do is to revise the LFLE Program materials, work with our operational partner, and integrate our lessons learned into leadership training.

 So I want to just end with a golden nugget quote from our Medical Center Director who participated in the LFLE Program. And so what he said when I asked him what his words of wisdom would be to a mentee who he’s training to be in a leadership position, this is what he said: “I would tell them the greatest opportunity to empower staff is to present yourself as being humble and vulnerable to learning a troubled staff. When you share things about what you don’t know or don’t understand to a person who is doing its function, then people see you as being vulnerable and opening yourself up to staff so staff can be part of the solution. I had to do it purposefully. I don’t do it naturally. Especially if you’re in a leadership role where you’re accountable for everything.” I think this really gets to the heart of the LFLE Program and also what we wanted to accomplish to help leadership get trained on how to empower and support frontline staff.

 So I want to acknowledge and thank my LFLE team members and also our operational partner, and, of course, the participating VA Medical Centers and individual participants. And many thanks to QUERI for funding us and, of course, Michael Schwartz [ph.], the PI. Thank you. [Applause]

Moderator: If you have any questions, please stand up to the microphone. And maybe I can just start off just by asking a question about the observation that a lot of what you’re describing is really relationships.

Marlena Shin: Yes.

Moderator: And I think sometimes we have a tendency to see maybe the complaints or the challenges that are symptoms of those relationships as also the solution. And I’ll give you an example of that. At a non-VA Center where I was working, we had really incredibly low rates of engagement. And one of the frustrations was communication. And so the administrator’s response was to create a CEO block where they would just send their thought out to the rest of the healthcare staff, which I think exacerbated some of the problems. So how do you see solving some of the challenges that people outline as an opportunity to build relationships? How would you do that?

Marlena Shin: Yeah, so we’ve had discussions about this. And, you know, gaps in perception will always exist. There will be people who are just unhappy and no matter what you do, you know, you might not be able to satisfy them. I think what we’re trying to do through LFLE is really to try to move a step forward and try to close the gap as much as possible. Clearly, you know, there are some things that will be just intractable issues that might not be able to be resolved. And we encountered that during our study. So I think it’s just a matter of how do you work towards bridging that gap in perception about what might be occurring? There was a Spotlight article about the Manchester VA and one of the lines that really stuck out to me was that they felt like they had not been listened to. And I think that’s really important, you know. Senior managers listening to the staff and also showing that they’re listening.

Moderator: If you could introduce yourself when you ask a question.

Angie Wallens: Sure being heard. I’m Angie Wallens. I’m from Indianapolis. Very interested in burnout. And I couldn’t agree more. In my research, people, it’s just a constant theme, they just want to be heard. Even if you can’t fix every issue.

Marlena Shin: Yes.

Angie Wallens: To hear that I’m struggling with it, just makes people feel better and gives them some energy. My question though is the six VAMC’s that were in your study, how were they selected? And if you have any thoughts about engaging leadership that perhaps maybe don’t see a reason to use LFLE or any other approach?

Marlena Shin: Yeah, we had a very intense recruitment process. So we started out, there were like 130-something VA Medical Centers. And there was a way that we stratified them based on the learning organization survey. And so thereafter, we kind of recruited sites in waves and we got our operation partner involved basically asking the VA National Center for Patient Safety to, you know, send out an informational email, just so that people would know that this was an important program for NCPS. And so, thereafter, we did informational calls. And we did have sites that were interested, but when we had the call, they felt like they had something similar to LFLE. You know, different executive rounding programs and what have you. And so kind of opted out of getting into this study.

 So I think, you know, that one of the ways that we were able to recruit sites were just trying to really distinguish what the LFLE Program is about compared to different programs. Some senior managers agreed with us that it was different and some senior managers said it’s too similar. You know, and they’re already doing some more efforts. And so I think ultimately, you know, we had senior managers in the end really felt like our program was different in many ways.

Angie Wallens: It seems like it might be changing the workflow of information, like the information flow. And so I’m wondering have you thought about middle managers? So when you had the quote about the senior manager saying, you know, “I’ve never heard this before.” You know, I, of course, thought, “Well, how come?” You know, as if nobody had ever said anything or that is it that it got mediated at some level and then, therefore, never was flown up? And so I wonder if within this model, you know, there was ever any tension that comes up about middle management and how middle management may have gotten incorporated into the feedback?

Marlena Shin: Yeah, that is a really good question. And I actually—so part of the LFLE Program is really also to engage middle managers. I didn’t have enough time to kind of present about that, but I’m glad you brought it up. So in the LFLE model, you know, we ask middle managers to also be very engaged with the frontline stuff, particularly in getting feedback, because they’re the ones that are closest to the frontlines. And so sometimes that happens and sometimes that stopped. Also, the VA can be a very hierarchical chain of command and so we found certain sites where it just couldn’t break through that chain of command. But middle managers are very important in the LFLE Program also, yeah.

Moderator: Yeah, thank you.

 [Applause]