



VOICE

PRIMARY CARE ANALYTICS TEAM (PCAT)

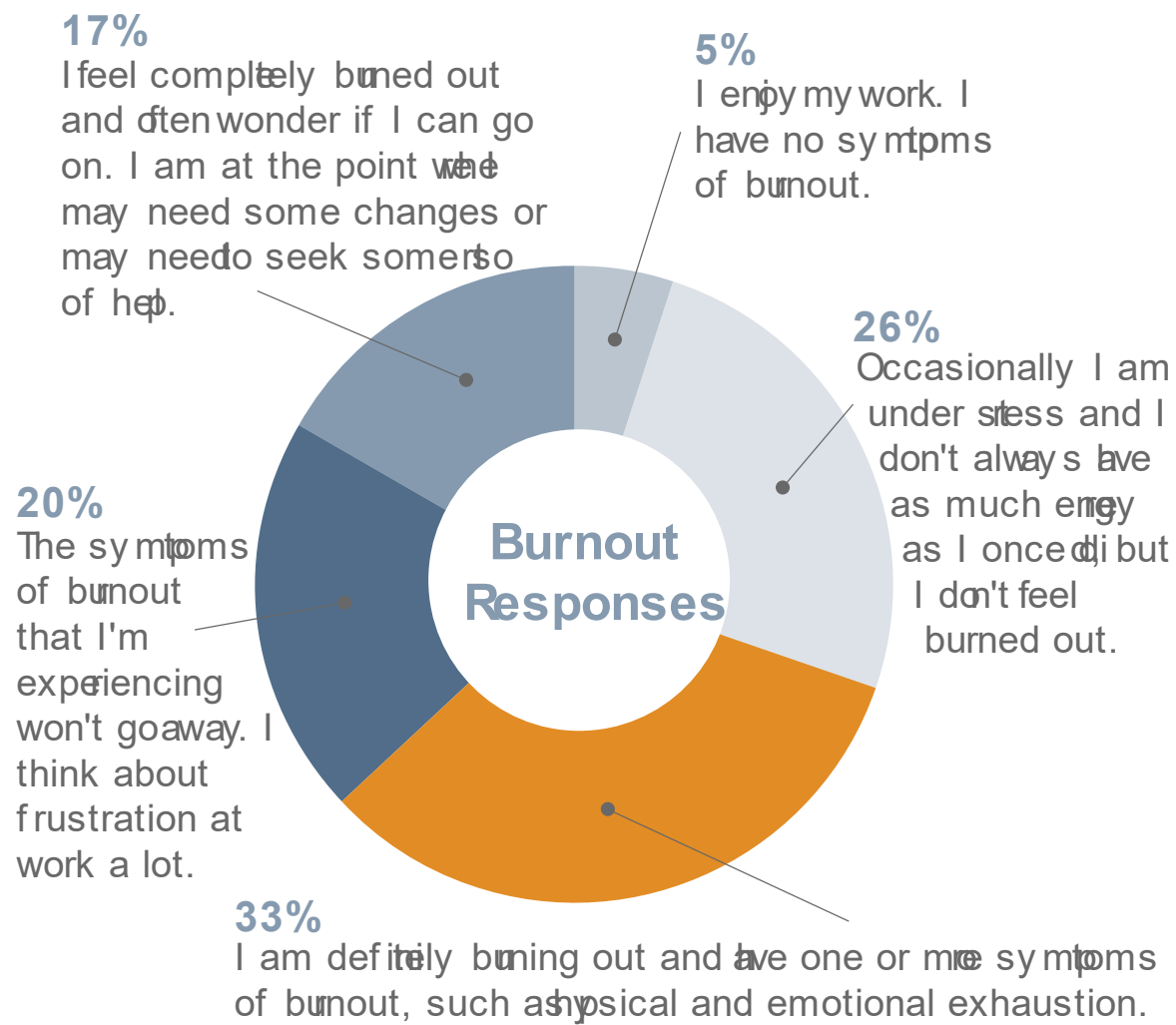
VOICE SURVEY PROCESS

- Survey 1—November 2021
 - Burnout and Speaking Up
 - ~700 Responses
- Survey 2—January 2022
 - COVID-open-ended only
 - ~400 Responses
- Survey 3—March 2022
 - Listening
 - ~600 Responses
- Survey 4—May 2022
 - Delegation
- Survey 5—July 2022
 - Roadmaps
- Survey 6—November 2022
 - Open-Ended

VOICE SURVEY PROCESS

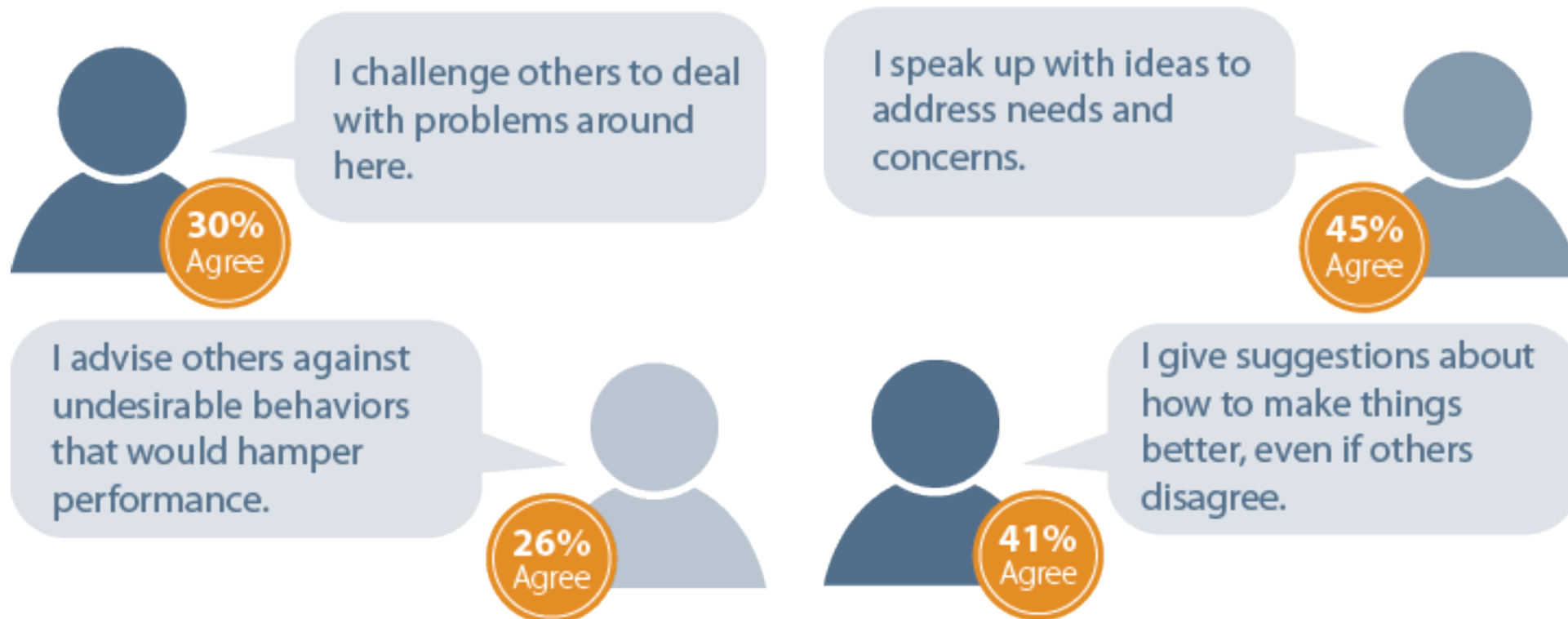
- Survey 1—November 2021
 - Burnout and Speaking Up
 - ~700 Responses
 - 5 items
 - 3 open-ended questions

BURNOUT - QUANTITATIVE



SPEAKING UP - QUANTITATIVE

We asked participants about if they agree with the following statements:



IMPACT OF BURNOUT

“Extremely over worked with additional work duties keep adding on... will ask [us] to do 2-3 peoples’ job when short staff, putting Veterans safety at risk and increasing chance of making error for a nurse.”

“We spend so much energy on busywork that there is no energy left to care for patients. It's almost comical, it's so depressing.”

STAFF IDEAS TO ADDRESS BURNOUT

“Would be nice to see actual change from the ELT when these issues are addressed. Don't need another jean day or cookout, looking for change.”

“Programs focused on self-care are insufficient to address burnout and just take more time when stretched so thin. Need programmatic and systemic changes.”

SPEAKING UP

Yet when we speak up about them, the solutions proposed are too often individual level ones - i.e., stress management classes or similar wellness activities that burned out staff rarely have the time to participate in.”

“Speaking up isn't an issue, it's low confidence that voices will be heard or valued at a level of influence that is capable of addressing broad scale problems.”

Infographic sent to Primary Care staff

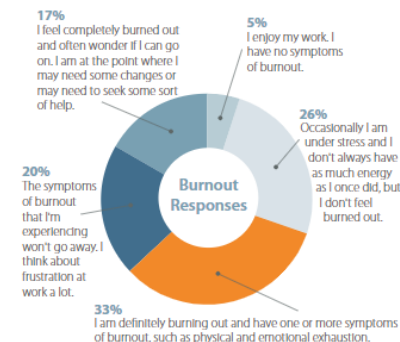


We Hear You!

Summary of responses from November 2021

A panel approach to voice: rapid communication of results to leadership and the field

"Thank you to all the PC employees participating in the VOICE survey series. Your direct feedback is an asset to our office, and helps us understand your struggles and successes at the frontline, such as those elucidated here: speaking up and burnout. We hope that this forum will truly help to give you a voice in the Office of Primary Care, as it has already begun to do so. With the demands and fatigue of the pandemic, we both hear and feel your exhaustion. We understand first-hand how telework can mitigate this burden. As a program office we strongly support offering telework in an appropriate manner for several days a pay period, in the context of local factors. As for challenges with staffing, we are continuing to advocate at a program office level with VA senior leadership to strongly support staffing of the full PACT model. We know this is critical to our success in caring for Veterans and reducing stress at the frontline. Know that you and your work are greatly appreciated and wish you a very warm holiday season and new year!" - **Angle Denietolls, Executive Director**



Respondent quotes: Burnout

"Extremely over worked with additional work duties keep adding on. No support from nursing leadership. Nursing managers will ask [us] to do 2-3 people's job when short staff, putting veterans safety at risk and increasing chance of making error for a nurse."

"We spend so much energy on busywork that there is no energy left to care for patients. It's almost comical, it's so depressing"

Respondent quotes: Addressing Burnout

"I love my work with veterans, but the expectations of productivity, leave policy limitations, professional development limitations and systems-level issues that conflict with my values about patient care make it hard to see myself staying in this position for the long term."

"Would be nice to see actual change from the EIT when these issues are addressed. Don't need another jean day or cookout, looking for change."

"Programs focused on self-care are insufficient to address burnout and just take more time when stretched so thin. Need programmatic and systemic changes."

Respondent quotes: Speaking Up

"I think one of the challenges is that we're very aware of the problems, and many are systemic in nature - unrealistic workload expectations for the PACT teams, for example. Yet when we speak up about them, the solutions proposed are too often individual level ones - i.e., stress management classes or similar wellness activities that burned out staff rarely have the time to participate in."

We asked participants about their ability to speak up at their place of work. Here are the responses:



The analyses reported in this summary were performed at the request of the Office of Primary Care. For questions or additional information, please contact VOICE@va.gov.

- Survey 2—January 2022
 - COVID-open-ended only
 - Responses

SICK LEAVE

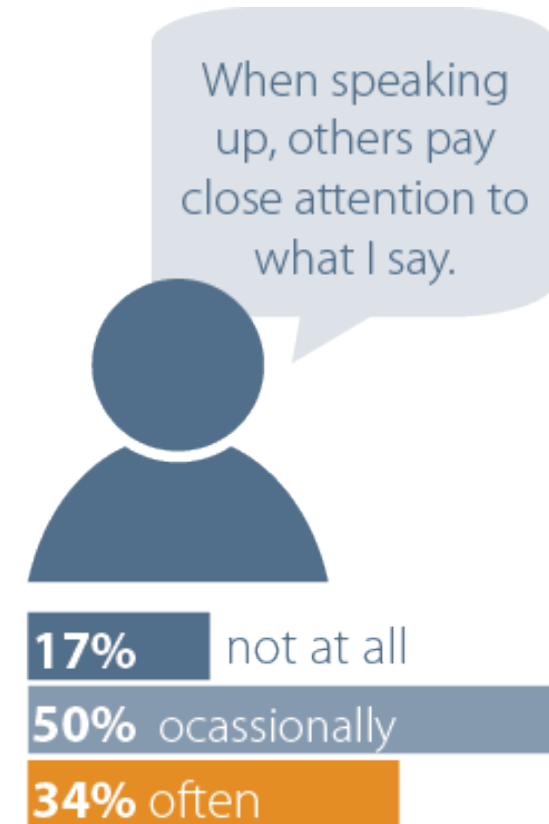
“It makes it even worse that now we have to [deplete] our sick leave if we get covid which is not fair to those of us that have never had it during the timeframe of the covered leave.”

“Coworkers have come in very sick with several COVID symptoms because they were told they would have to use their own sick leave, so it puts staff with little to no leave in a bind...”

VOICE SURVEY PROCESS

- Survey 3—March 2022
 - Listening

We asked participants “when speaking up with improvement-oriented input at work, others (1) try hard to understand what I say, (2) listen to me attentively, and (3) pay close attention to what I say”



FEELING INGORED

“There is a perception of ‘why bother?’ when talking about process improvement. The feeling is that nothing is going to change anyway.”

“We were told as a group that the workload would continue to increase and nothing would be taken away.”

LOCAL LEADERSHIP

“My immediate supervisor is very receptive to suggestions and ways to improve morale in our department... however these ideas are not well received from the Chief.”

“The only time I feel like I am heard is at the unit level. Once a change or idea is recommended at a higher level it is the typical ‘we’ll see what we can do’ response and there is never any follow up or changes made.”

FEELING HEARD

“When the manager found out I was helping to teach and train a patient after my tour of duty was over. I was actually given premium pay for it and not comp time. Going above and beyond was appreciated.”

“The manager listened to those suggestions and put several into practice.”

VOICE SURVEY PROCESS

- Survey 4—May 2022
 - Delegation

Underutilization of Allied PACT Members

Dietician: “I should be involved in more preventative screenings and education.”

Mental Behavioral Health: “I do not get the amount of referrals for behavior modification involving health care as I should”

Social Worker: “I am not being asked to do the following consults but feel that it is within my scope to be able to complete them: depression screenings.”

Pharmacists: “Direct patient care-seeing patients in clinic to provide comprehensive medication management services.”

Need More Role Clarity

“Clear communication on roles would be helpful. Providers outlining clear instruction with needs and expectations would be helpful”

“There needs to be clear roles. I have nursing duties and the provider wants me to do the majority of her tasks”

Scope of Practice

“RNs are doing the immunization nursing appts rather than the LPN-again the RN is not working to the top of their scope”

“MSAs are not allowed to place leave or clinic cancellations for providers (all private practice and hospital based clinics have admin do this). Our MSAs are very restricted in what they can do. My RN can't order anything. My LPN can't take histories.”

TELEWORK

“Being able to telework has been really helpful with the COVID pandemic. It allows for flexibility when you are sick, someone in your family is sick; an really overall work/life balance.”

Electronic Messages and Refills Are Burdens

“Almost ALL messages are sent to RN to sort and tag the appropriate person. This is abusing a valuable resource. RNs cannot do their job of care coordination for chronic disease management”

All roles complain about aspects of medication refills/renewals

VOICE SURVEY PROCESS

- Survey 5—July 2022
 - Road Maps

7 Roadmaps

- PACT Implementation
- Women's Health PACT
- Management of High Risk Patients
- Implementation of Personalized Proactive Patient Driven Care
- Pain Management
- Open Access
- Military Culture and Post-Deployment Care

Roadmaps Are Not Being Used Effectively

76% of front-line staff respondents were unfamiliar with or hadn't used roadmaps

"I didn't know this existed, I wish I did, I would like to fully implement PACT at our site."

"I am not sure it is of value or not: I am sure we don't have time to find out."

"Generally, we are so overwhelmed with work we do not know nor have the time to learn about this roadmap."

VOICE SURVEY PROCESS

- Survey 6—November 2022
 - Open-Ended

Areas of Improvement

- Team Function
- Leadership Support
 - Telework
 - Work-Life Balance
 - Equipment
 - Coordination
- Workload/Staffing
- Models of Care—Optimized for Patients

Improvement Suggestions

- Equipment and Space Configuration
- Staffing, HR responsiveness
- Role Clarity
- Consults and View Alert Reduction
- Improving Burnout and Morale
 - Telework
 - Recognition
 - Retention Pay

Conclusion: Big Picture

- Establishing Ongoing Dialogue
- Benefits for Office of Primary Care Leadership
- Continue to Struggle with Participation
- Need Broader Dissemination of Findings