What matters during a pandemic: Pain points and ideas from the front line

ever has it been more important to make sure your teams, especially point-of-care staff, feel heard and valued. COVID-19 has required much from many, but also has fostered an environment where empathy, community and connection through shared experience thrives. Simple tools such as active listening, motivational interviewing and asking, "What Matters to You?" (WMTY) can be used to create a space in which leaders can learn real-time from multidisciplinary teams to identify opportunities for improvement, improve workforce well-being and reduce burnout, even during a pandemic. What is more exciting is that this simple question, originally introduced in 2012 in the New England Journal of Medicine¹ as a shared-decision making tool to flip the conversation with patients, is now being used worldwide to provide the same to support staff.

Organizations throughout the world and in Pittsburgh have championed this simple tool over the past year in both patient and care team settings. Teams have incorporated WMTY pulse surveys into employee conversations to anticipate barriers and quickly allocate resources needed to solve them before they arise. The resulting qualitative data is analyzed and aggregated to tell powerful employee stories and to demonstrate to leaders *how* to meet the needs of their workforce and patient populations at a local and organizational level. By engaging front-line teams through themed action-oriented pulse surveys, leaders can codesign improved experiences that reinforce shared purpose, build trust and allocate valuable resources to act upon what matters most to staff.

Primary themes from asking care team members 'What Matters to You?'

Interestingly, common themes identified from employee responses worldwide can be grouped into six domains: communication, safety, support, patient experience and employee experience. Of all teams that deployed WMTY in their organizations, the domain of communication comprised 30.3% of all responses, major themes being: clarity and frequency of communication, coordination



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2020 Employee "What Matters to You?" Aggregate Results



of care, provider communication and leadership communication. Employee responses related to safety comprise 13.1% of the data and focus on themes such as: supplies and equipment to properly perform job, policies/procedures, cleanliness and availability of PPE. Lastly, employee feedback relating to support accounted for nearly half of the data. Major themes identified are teamwork, leadership support and rounding, staffing/scheduling and education/professional development.

Responses are categorized using word lists and sentiment analysis is performed to denote feedback as positive or negative. Visualized data helps leaders see a snapshot of what is going well and what can be improved. However, ensuring employees feel seen and heard goes deeper than just asking WMTY. Next steps must be taken to produce

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results, and show that active change is being initiated. Organizations that continually use the WMTY framework can measure success over time, see how employee feedback trends positively or negatively, and be used to inform strategic planning for the organization at large.

How do I start?

Developing a culture that supports staff and their wellbeing not just with words, but in *practice*, does not happen overnight. Recovery from COVID-19 provides an ideal time to use the WMTY framework and tools to debrief

staff on what they are most proud of accomplishing in the past year and what they most look forward to achieving individually and as a team ... and *how*. Flipping the conversation provides an opportunity for staff to provide instructive feedback to inform recovery and administrators to focus on post-COVID growth.

Below are the top tips for asking staff WMTY. You can download sample survey questions from www.goshadow. org. Join in on international WMTY day June 9, 2021, to share your stories and hear practical applications from around the world.

1	Be present and authentic . For example: schedule 15 minutes at least 1x/month to have a 1:1 conversation in a private setting. Do not have a "fly by" conversation.
2	Feedback to your team and individuals. Let them know what you are doing with the information and ideas they share.
3	Ask questions that spark conversation. Use freeform questions that enable the employee to give you feedback and ideas that solve pain points.
4	Don't rely on just multiple choice, scale, or tick box questions. These can be used in tandem with freeform questions. For example, measuring your teams scaled satisfaction and then digging deeper through conversation.
5	Be prepared for difficult conversations. The goal is to make your team's voices heard-good or bad. It's a leader's job to direct conversation and follow-up with employees.
6	Make What Matters an always event. Iteratively engage your teams in WM, create a culture where employee voices are heard and can thrive.
7	Model supportive behaviors that you want your staff to use with one another and with patients and families.
8	Celebrate small wins. Any success – individual or shared – lifts team morale and helps to reinforce the role that every team member has on patients' and employees' experiences.
9	Measure impact over time. Demonstrate how asking free-form questions, listening to responses and taking action changes culture, reinforces the team and reduces turnover.
10	Elevate individuals to develop skills that matter most to the team and patients. Create a culture that communicates and supports one another's goals.

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The opinion expressed in this column is that of the writer and does not necessarily reflect the opinion of the Editorial Board, the *Bulletin*, or the Allegheny County Medical Society.

Reference

1. Barry MJ, Edgman-Levitan S. Shared decision making–pinnacle of patient-centered care. N Engl J Med. 2012 Mar 1;366(9):780-1. doi: 10.1056/NEJMp1109283. PubMed PMID: 22375967. https://www.ncbi.nlm.nih.gov/pubmed/?term=22375967

Society News

POS hosts inaugural virtual conferences

The Pittsburgh Ophthalmology Society (POS) hosted its inaugural virtual programs, the 56th Annual Meeting and the 41st Meeting for Ophthalmic Personnel meeting, March 12. This was the most responsible path to maintain safe conditions for attendees, presenters and exhibitors. Overall evaluations and comments from the virtual experience were extremely positive, with many attendees recognizing and appreciating the convenience of attending a session from their home or office, while participating in excellent educational sessions.

56[™] Annual Meeting

Robert H. Osher, MD, distinguished faculty, served as the 40th annual Harvey E. Thorpe Lecturer. Dr. Osher, professor of Ophthalmology at the College of Medicine of the University of Cincinnati and medical director emeritus of the Cincinnati Eye Institute, presented several brilliant lectures. "Management of Complications during Cataract Surgery – Posterior Capsule Tears," offered exemplary videos and narration by Dr. Osher, followed by the Thorpe lecture: "Award winning Videos: Teaching Through Entertainment," which offered attendees superb video vignettes throughout his presentation.



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