Operational Issues

1. Our current willingness and/or ability to recognize, appreciate and reward each other within DFM (74)
   a. Goal: Develop a clearly defined employee recognition program.

   b. How: Create a volunteer-based task force with employees from all facets in the department (standing committee with rotating members maintaining representative balance)
      a. Determine what is currently available and check with other departments
      b. Check with ADFM
      c. Leadership buy-in
      d. Open to monetary and non-monetary recognitions (Creativity)
         i. Survey employees for non-monetary
         ii. Develop checklist of preference options
      e. Line item in budget

   c. Who: Power to local units within department

   d. Metrics: Increased job satisfaction and decreased turnover

   e. Communication Plan: in stages
      a. Follow-up survey for feedback after one year of implementation
      b. Have survey's completed during meeting time/dedicated time (shows respect and importance)
      c. Consult with Admin, HR and finance
      d. Establish criteria and reward structure by position to avoid bias

2. The current level of respect we show each other in the workplace (74)
    a. Outcome:
        i. Adequate time, training and institutional support to engage everyone in creating and maintaining a respectful work environment
        ii. Respect within DFM and UW Health
    b. Steps:
        i. Training for all
        ii. Ongoing survey- pre, during and after
        iii. Focused meeting for this topic
        iv. Meeting during work hours
        v. Float staff to facilitate meeting
        vi. Blocked meeting time
        vii. Better meeting skills
        viii. Mix of trainers as outside and inside clinic (Dyads)
        ix. "Fixing" – (feedback, training, remediation specifically identify employees who are often not respectful)
    c. Who: All staff
        i. Outside source to train? TRP or other group
        ii. Rosa Garner (SMPH Ombudsperson) as a resource
    d. Measurement
        i. Surveys
        ii. Did meetings/trainings happen?
        iii. Was training during work hours?
    e. Methods
        i. Observe other clinics
        ii. Survey
    f. When:
        i. Baseline assessment 0-3 months
        ii. Training clinics 3-6 months
        iii. Implement/re-evaluate 6-12 months

3. Our current willingness to model, among ourselves, the wellness and resiliency that we support in our patients (128)
    a. What: Happy, well department by restoring peoples energy and hope

    b. How: We request experts for advice on some way to measure wellness (e.g. Burnout scale)
        i. Wellness taskforce
        ii. Wellness needs assessment
        iii. Identify best practices
        iv. Gap analysis
        v. Protected time for wellness activities

    c. Who:
        i. Integrative Medicine
        ii. UWMF Wellness Committee
        iii. Leaders of DFM- input and model behaviors

    d. By When?
        i. Wellness taskforce created by August 2015
        ii. Needs assessment by October 2015
        iii. Best practices identified by December 2015
        iv. Gap analysis by March 2016

4. Our current ability to engage member of DFM in solving problems and making decisions that influence our lives (36)
    a. What:
        i. Implement communication tool (see template)
        ii. Foster creativity and innovation
        iii. Acknowledge success AND failures
        iv. CELEBRATE
    b. How:
        i. Develop tool
            1. Distribute to stakeholders
            2. Explore new communication options
        ii. Scheduled protected time for staff and faculty for creative thinking and innovation
        iii. Create a "Center for Innovation"
        iv. ID innovation champion
        v. Find funding and community partners
        vi. Build lessons learned
    c. Who
        i. Management and leadership
        ii. Admin/Management
            1. Accounting
            2. Human Resources
            3. Information Technology
            4. Establish a committee or steering group
            5. Everyone brave enough to try!
    d. When
        i. FY 2016
        ii. NOW ☺
            1. Within next 3 years
        iii. Ongoing
    e. Methods:
        i. Email
        ii. Paper

iii. New IT

iv. FTA/PD realignment

    1. Internal schedulers/guidelines
    2. Fact finding visits like office/center with innovative programs
    3. Policy and methods established to celebrate successes and failures

7. Medicine is increasingly becoming team focused. (103)

   Problem: Our current ability to operate as effective teams in a team based culture

   a. What: A DFM team-based workforce knowledgeable and skilled in the components of a team, in order to accomplish the triple aim

   b. How:
      a. Define a team
         i. i.e. research, clinical, education
         ii. identify barriers
            1. time
            2. coverage
            3. compensation

   c. Who: Above will be accomplished through a task force composed of reps from each discipline directly involved in the 3 missions

   d. Methods: Financial modeling to prove value of team based culture

   e. When: Evaluate and continually implement quality improvement
      a. Identify task force – 2 months
      b. Implementation – 15 months

8. Our current willingness/or ability to communicate in open and transparent ways across the Department (27)

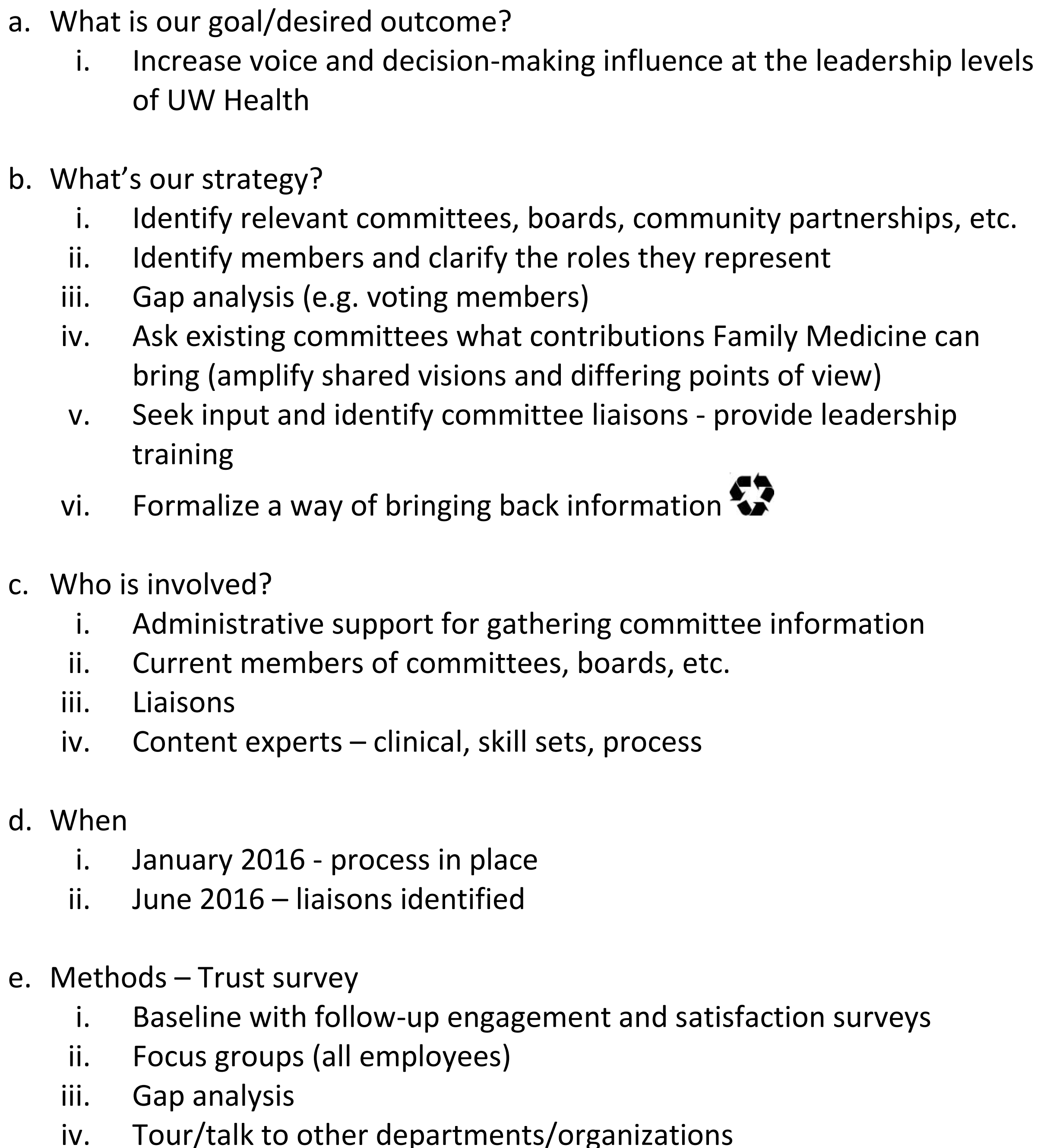
a. What
   a. Department communication
      i. Relevant
      ii. Streamlined
      iii. Concise
      iv. Safe
      v. Bi-directional

   b. How
      i. Offer opt-in/opt-out for listservs
      ii. Identify key point persons – need millennials!!
      iii. Offer training/guidelines in communication effectiveness
      iv. Identify breakdown of communications and follow-up
      v. Choose form of communication intentionally (mindful communication)

   c. Who
      i. Everyone
      ii. IT
      iii. Relevant point persons

   d. When
      i. Interactive process ↔ ongoing ↔now consider communications committee which might help prioritize and take on 1-2 issues
   e. Methods
      i. Visit, read about → communication at other companies

9. Our current ability to influence UWHEALTH, at a political level, in areas, i.e. Clinical Processes, which impact our quality of patient care (64)



a. What is our goal/desired outcome?
   i. Increase voice and decision-making influence at the leadership levels of UW Health

b. What's our strategy?
   i. Identify relevant committees, boards, community partnerships, etc.
   ii. Identify members and clarify the roles they represent
   iii. Gap analysis (e.g. voting members)
   iv. Ask existing committees what contributions Family Medicine can bring (amplify shared visions and differing points of view)
   v. Seek input and identify committee liaisons - provide leadership training
   vi. Formalize a way of bringing back information

c. Who is involved?
   i. Administrative support for gathering committee information
   ii. Current members of committees, boards, etc.
   iii. Liaisons
   iv. Content experts – clinical, skill sets, process

d. When
   i. January 2016 - process in place
   ii. June 2016 – liaisons identified

e. Methods – Trust survey
   i. Baseline with follow-up engagement and satisfaction surveys
   ii. Focus groups (all employees)
   iii. Gap analysis
   iv. Tour/talk to other departments/organizations