



TRANSPLANT

WEBINAR SERIES



From Burnout to Breakthrough: Strategies to Reduce Coordinator Turnover and Improve Productivity

August 25, 2020 | 3-4pm ET

Speakers: Ginny McBride, RN, MPH | Barry Friedman

CEPTC Information

For more information:

Contact The Alliance at
info@odt-alliance.org

- **1.0 Category CEPTC credits** are being offered for this webinar as well as a Certificate of Attendance
- Participants must fill out the evaluation form within 30 days of the event; the link for the evaluation form will be sent to you via email within the next 48 hours
- You will receive a certificate via email upon completion of the evaluation
- Group Leaders - Please keep track the names of the participants in your group and share the evaluation link with them.

Nursing Contact Hours

- **1.0 Nursing contact hour** is being offered for this webinar.
- Participants desiring nursing contact hours must request their certificate within 30 days.
- We highly encourage you to provide us with your evaluation electronically. Detailed instructions will be in the email which will be sent to you within the next 48 hours
- You will receive a certificate via email upon completion of a certificate request or an evaluation.
- Group leaders, please share the follow-up email.



Certificate of Attendance

- Participants desiring CE's that are not being offered, should complete a certificate of attendance.
- Certificates should be claimed within 30 days of this webinar.
- We highly encourage you to provide us with your feedback electronically. Detailed instructions will be emailed to you within the next 24 hours.
- You will receive a certificate via email upon completion of a certificate request or an evaluation.
- Group leaders, please share the follow-up email.



WEBINAR SPEAKERS



Moderator:

Valinda Jones, MSN, RN
Program Consultant
The Alliance



Ginny McBride, RN, MPH
Executive Director
OurLegacy
Organ & Tissue Donation Services



Barry Friedman
Executive Director
AdventHealth
Transplant Institute



Our Legacy

Managing Burnout During Periods of Growth



A Donate Life Organization

601 South Lake Destiny Road, Suite 400, Maitland, FL 32751

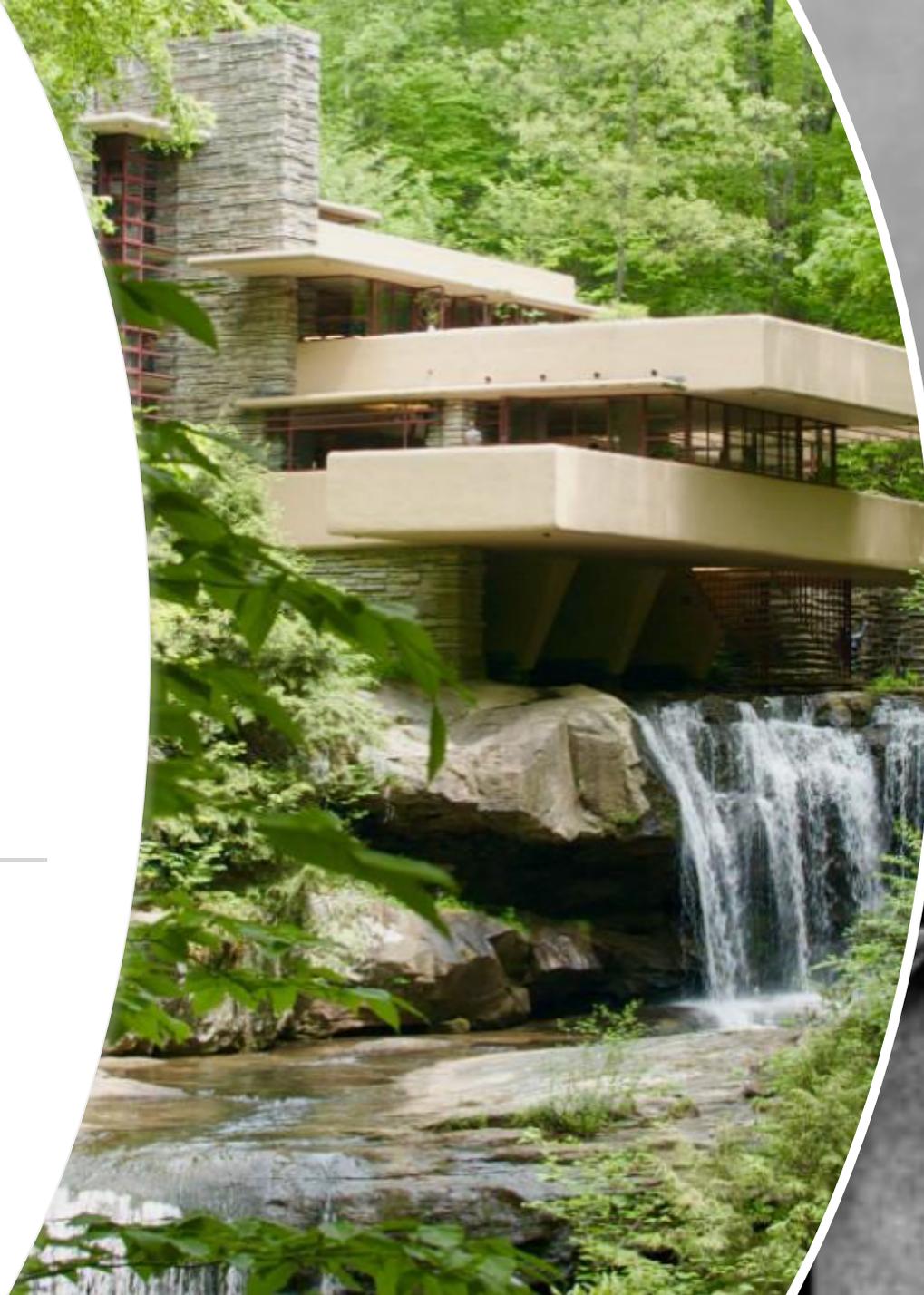
P: 800-44DONOR | **F:** 407-543-4139 | ourlegacyfl.org



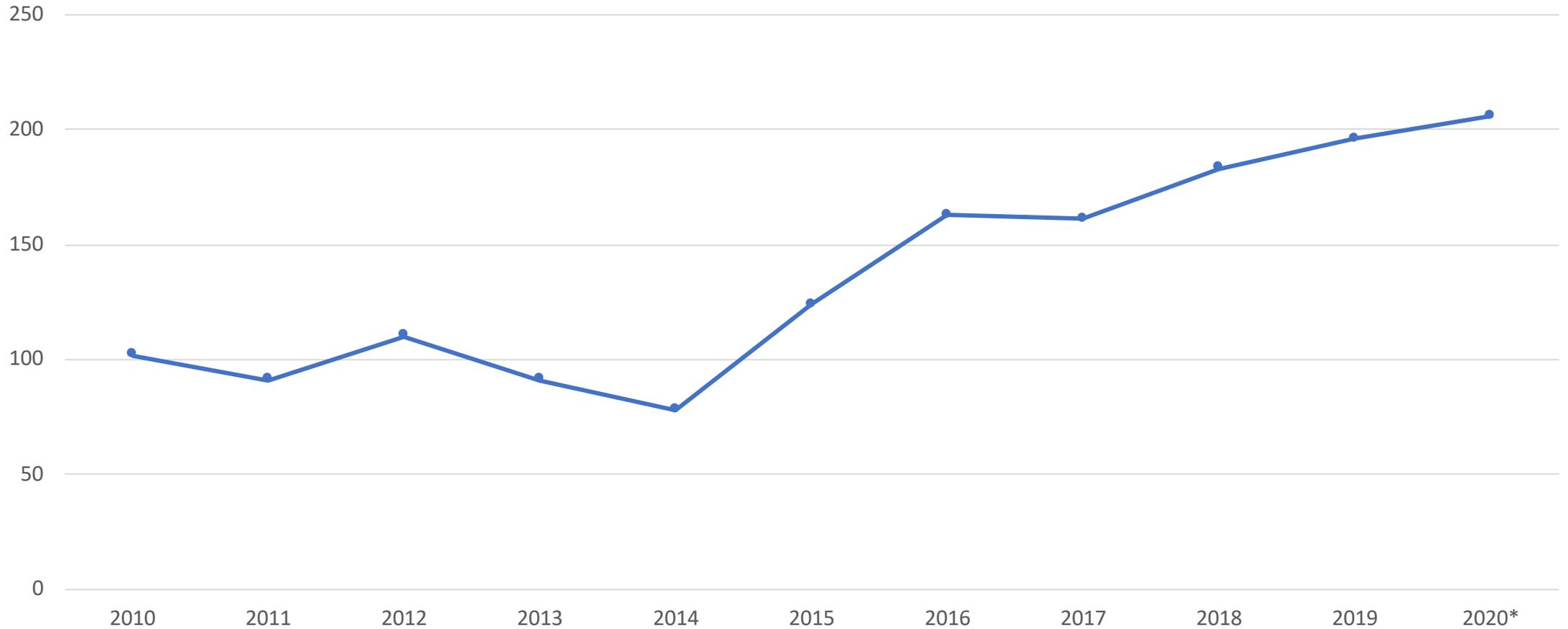
I know the price
of success:
dedication, hard
work, and an
unremitting
devotion to the
things you want to
see happen.

*Frank Lloyd Wright
American Architect*

*Falling Water
Mill Run, PA*



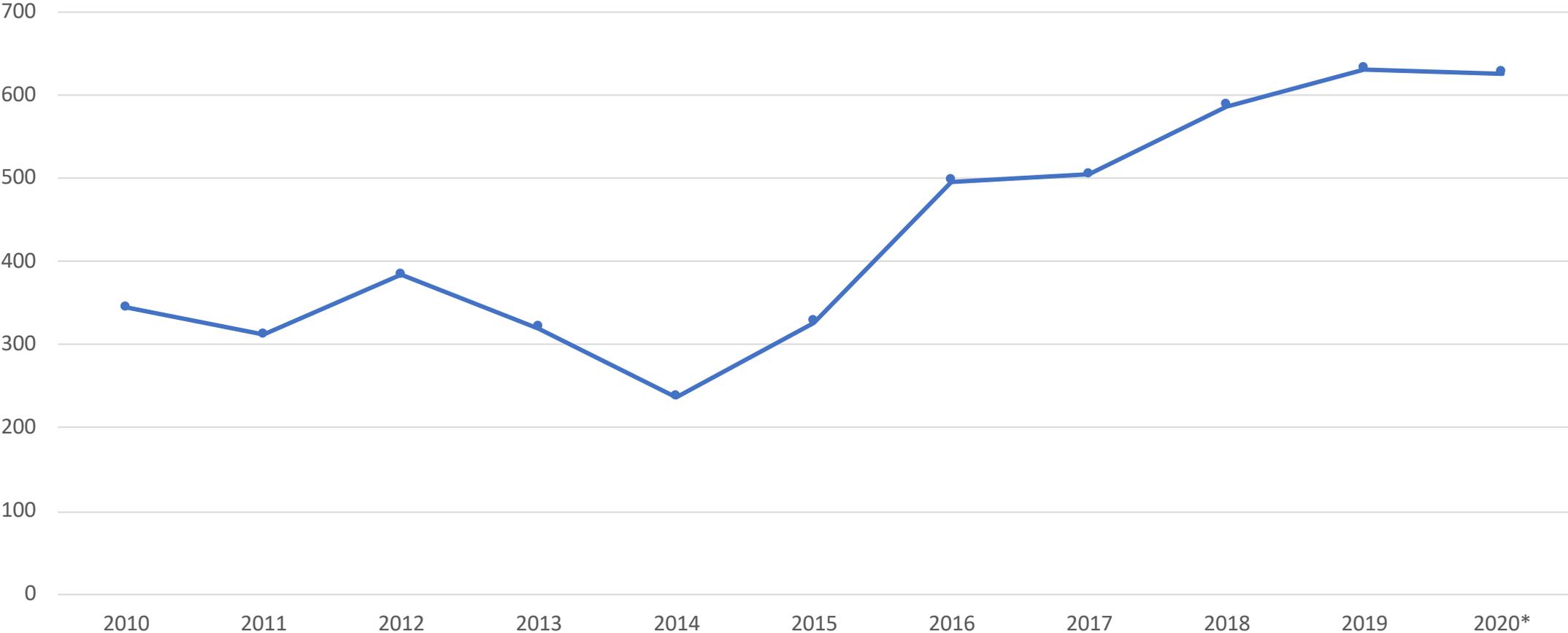
OurLegacy's Journey Organ Donors 2010-2020



*2020 Data Annualized

OurLegacy's Journey

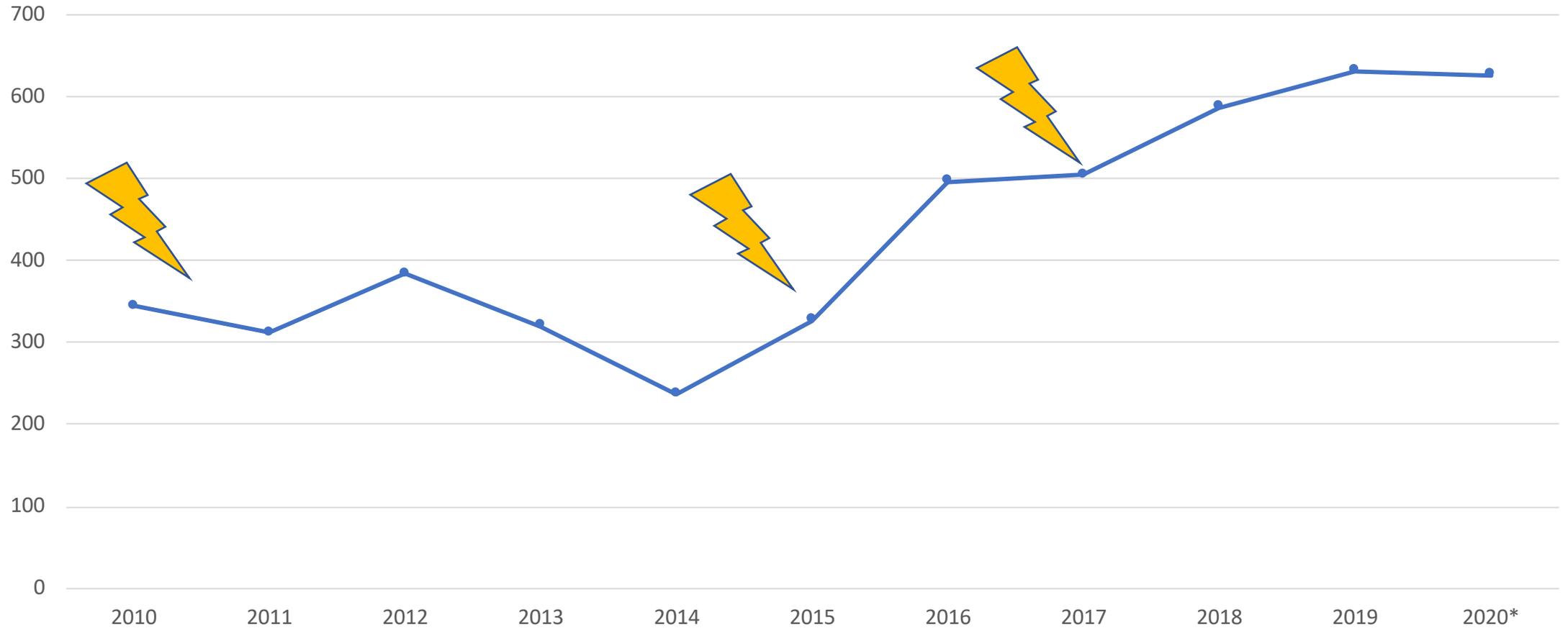
Organs Transplanted 2010-2020



*2020 Data Annualized

OurLegacy's Journey

Leadership Changes



*2020 Data Annualized

Impacts on Staff



*Taliesin West
Scottsdale, AZ*



"You have to go
wholeheartedly into
anything in order to
achieve anything
worth having."

Frank Lloyd Wright

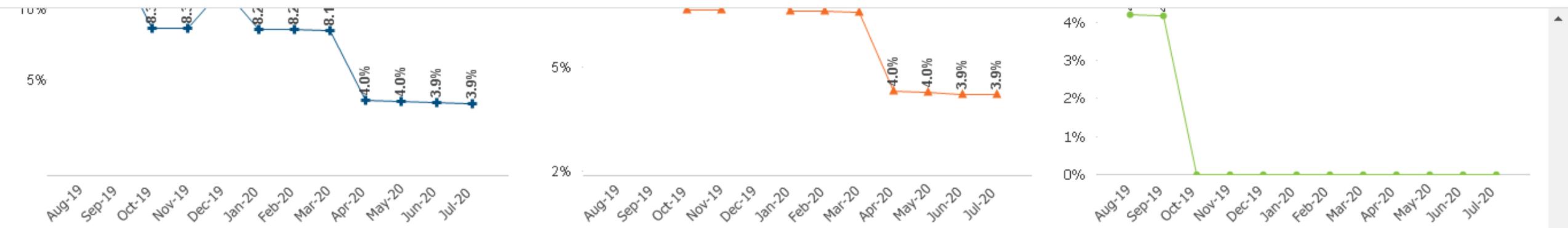
Bottom Up/Top Down Approach

Staff Focused

- Get the Right Leader
- Address the Staffing Shortage
- Clinical First Responders
- Consistent Decision Making
- Have Some Fun Along the Way

Leadership Focused

- Coaching at Every Leadership Level
- Coaching Resources via AdventHealth
- Leadership “Team”

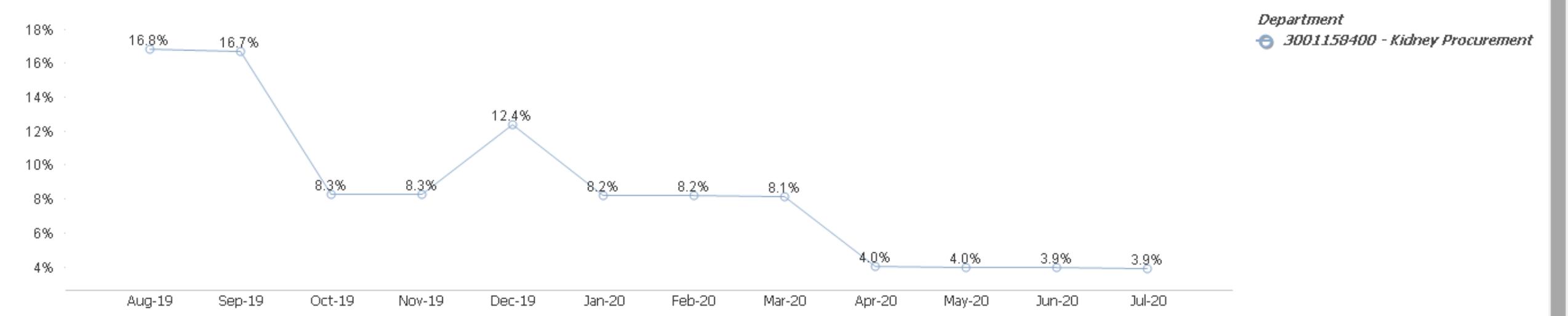


Note: By default only 5 departments with highest turnover headcount are shown on the bottom line charts. you can select upto 5 departments from the department list on the left.

Turnover Data Breakdown - One Level Below

- Total Turnover Rate @ Department Level
- Voluntary Turnover Rate @ Department Level
- InVoluntary Turnover Rate @ Department Level
- Employee Turnover Data @ Department Level

Total Turnover Rate @ Department Level



Department
 3001159400 - Kidney Procurement

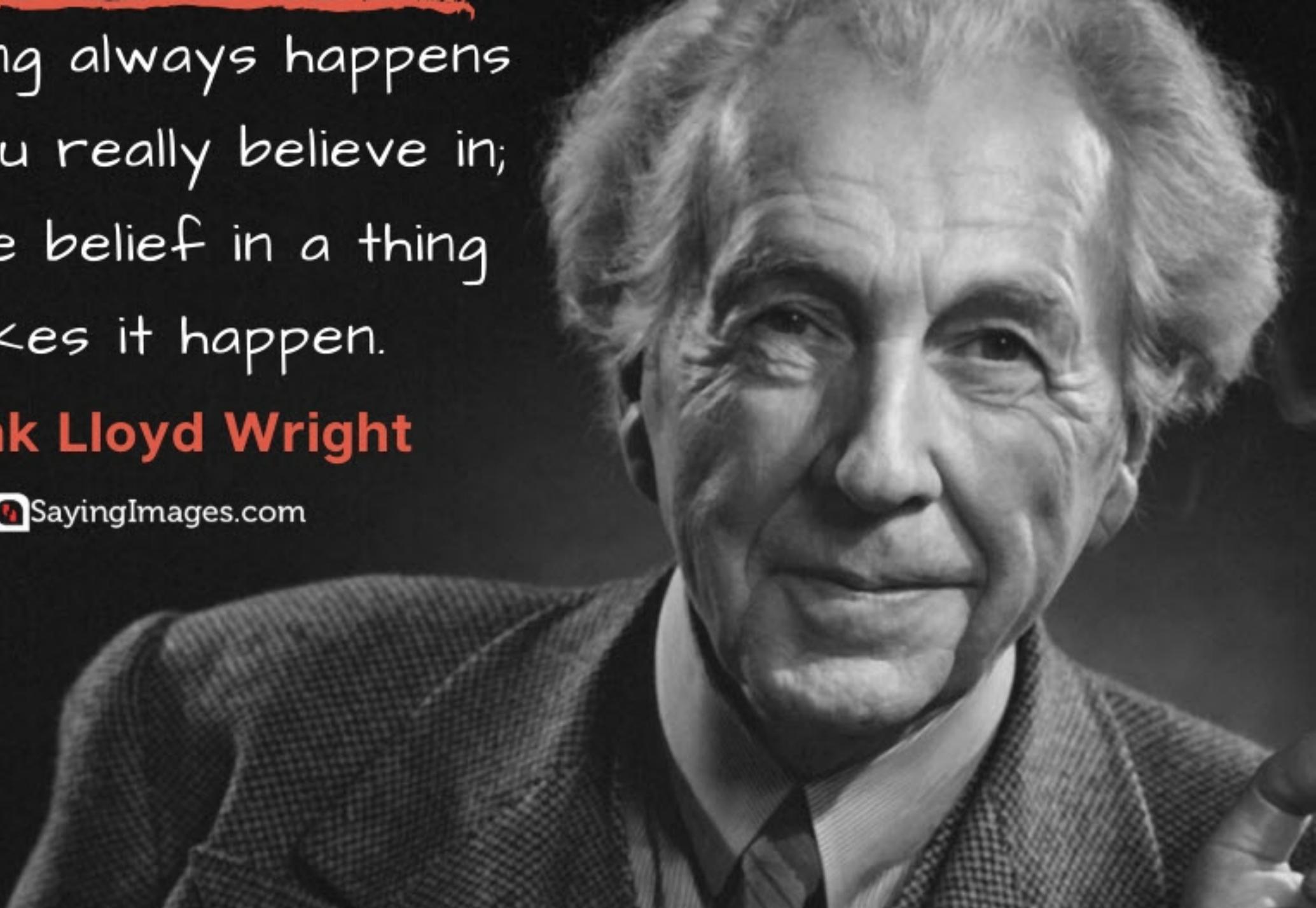
*Guggenheim Museum
New York City, NY*

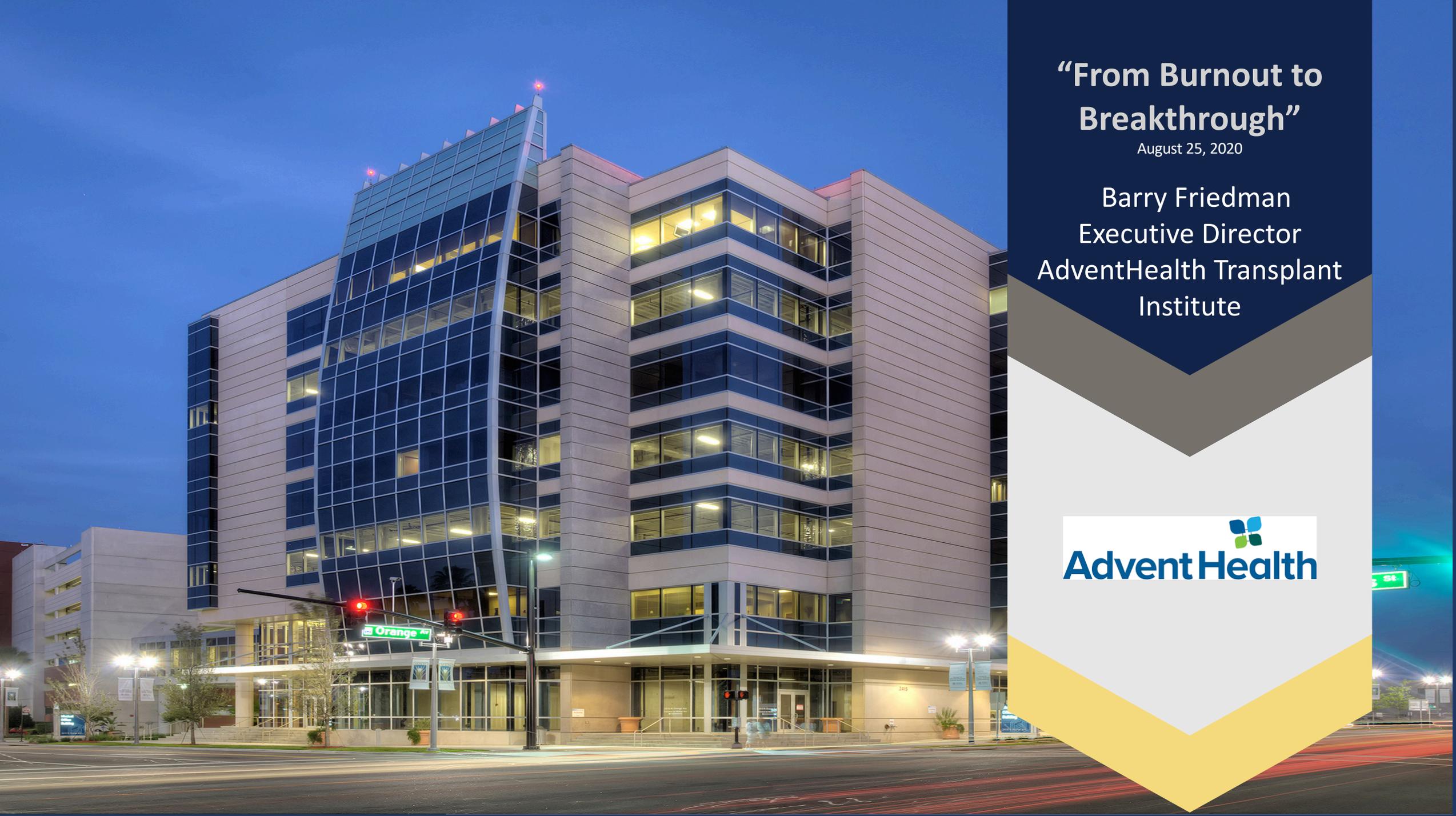


The thing always happens
that you really believe in;
and the belief in a thing
makes it happen.

Frank Lloyd Wright

 [SayingImages.com](https://sayingimages.com)





“From Burnout to Breakthrough”

August 25, 2020

Barry Friedman
Executive Director
AdventHealth Transplant
Institute





Angie Korsun, RN, MSN,MPA
(Could Not Join Us)
Executive Director,
Transplant/MCS Services
Banner University Medical
Center; Phoenix & Tucson



- **“From Burnout to Breakthrough”:**

- **Strategies to Reduce Coordinator Turnover and Improve Productivity**



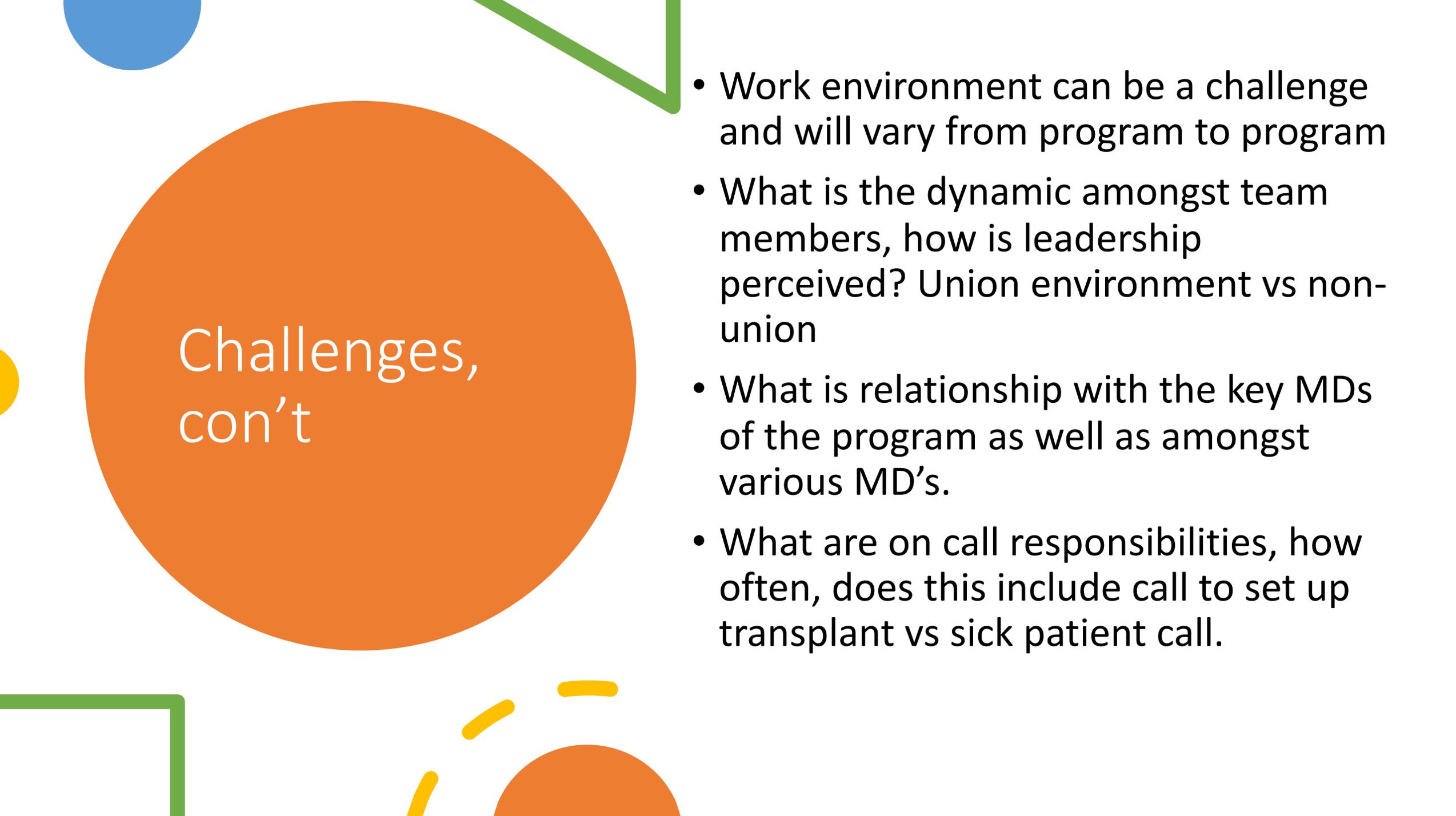


Coordinator turnover

- A Transplant Coordinator is a critical team member
 - Difficult to recruit
 - Many locations (more rural) harder to recruit than larger (urban) areas, maybe (can vary amongst different locations)
 - While the job is interesting and attractive in many regards; certain job aspects become difficult to deal with over time.
 - Turnover rate is multifactorial and varies from program to program
- 

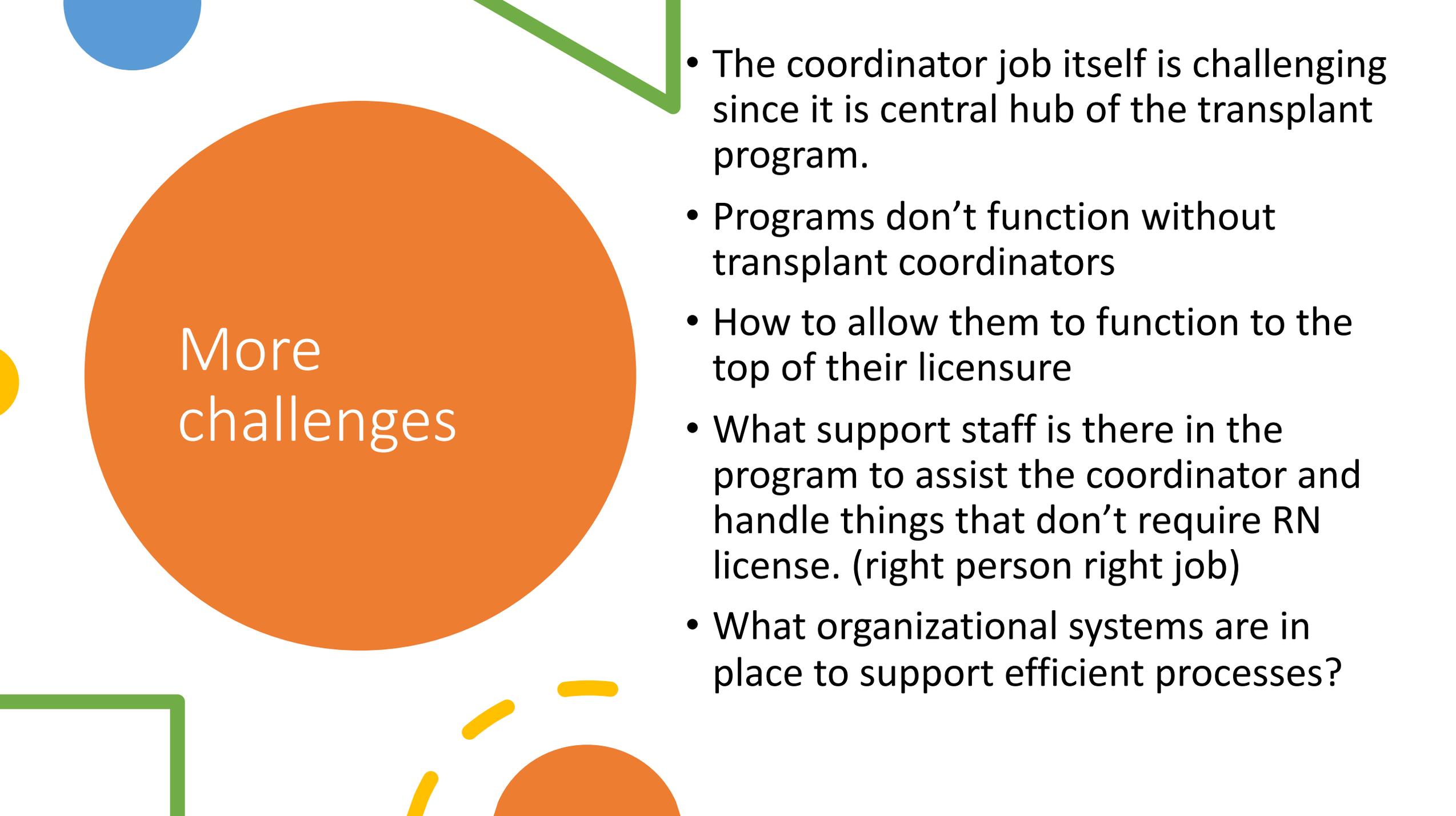
Challenges

- Adequate staffing:
what is the right level for caseload?
(UNOS staffing survey, Trigger methodology)
- Is there a difference between organ types, pre vs post caseload?
- Unfortunately, we still don't have that "magic" number of what makes the ideal caseload for a coordinator to manage.
- Differences when experienced vs new coordinator
- Some caseload numbers that have been mentioned are approx 150 patients post transplant. Does this hold true for all organs?



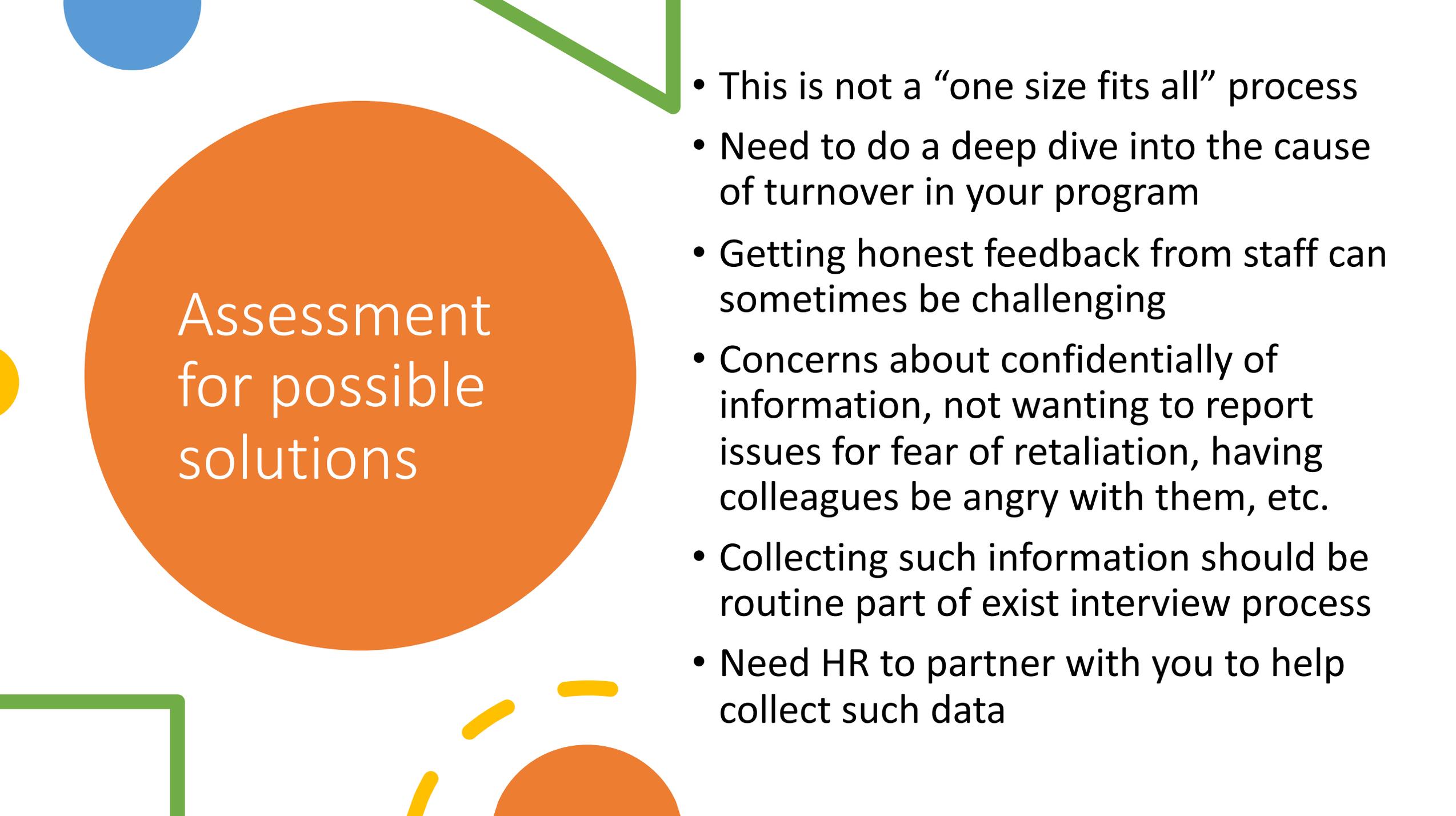
Challenges, con't

- Work environment can be a challenge and will vary from program to program
- What is the dynamic amongst team members, how is leadership perceived? Union environment vs non-union
- What is relationship with the key MDs of the program as well as amongst various MD's.
- What are on call responsibilities, how often, does this include call to set up transplant vs sick patient call.



More challenges

- The coordinator job itself is challenging since it is central hub of the transplant program.
- Programs don't function without transplant coordinators
- How to allow them to function to the top of their licensure
- What support staff is there in the program to assist the coordinator and handle things that don't require RN license. (right person right job)
- What organizational systems are in place to support efficient processes?



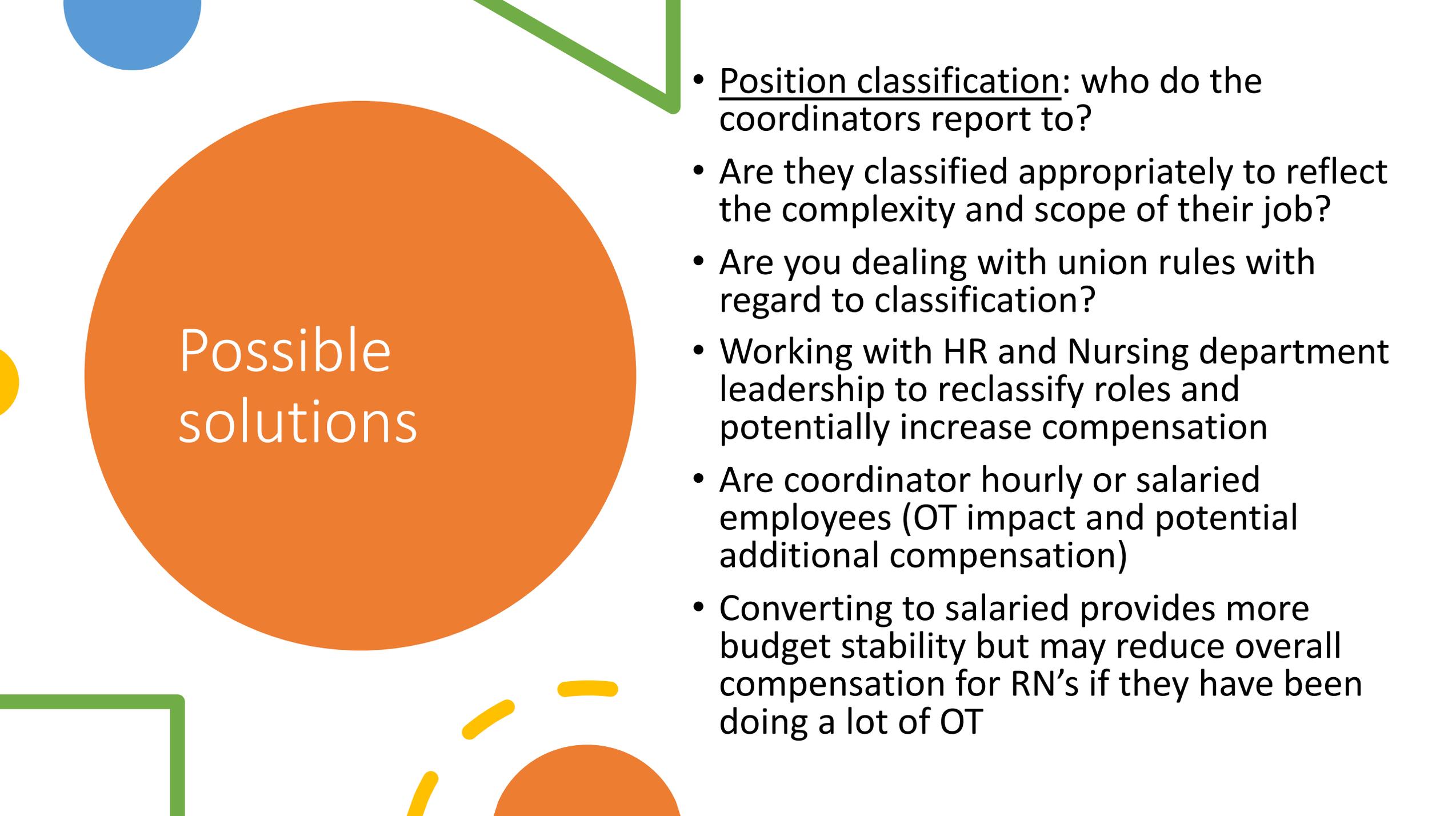
Assessment for possible solutions

- This is not a “one size fits all” process
- Need to do a deep dive into the cause of turnover in your program
- Getting honest feedback from staff can sometimes be challenging
- Concerns about confidentiality of information, not wanting to report issues for fear of retaliation, having colleagues be angry with them, etc.
- Collecting such information should be routine part of exist interview process
- Need HR to partner with you to help collect such data



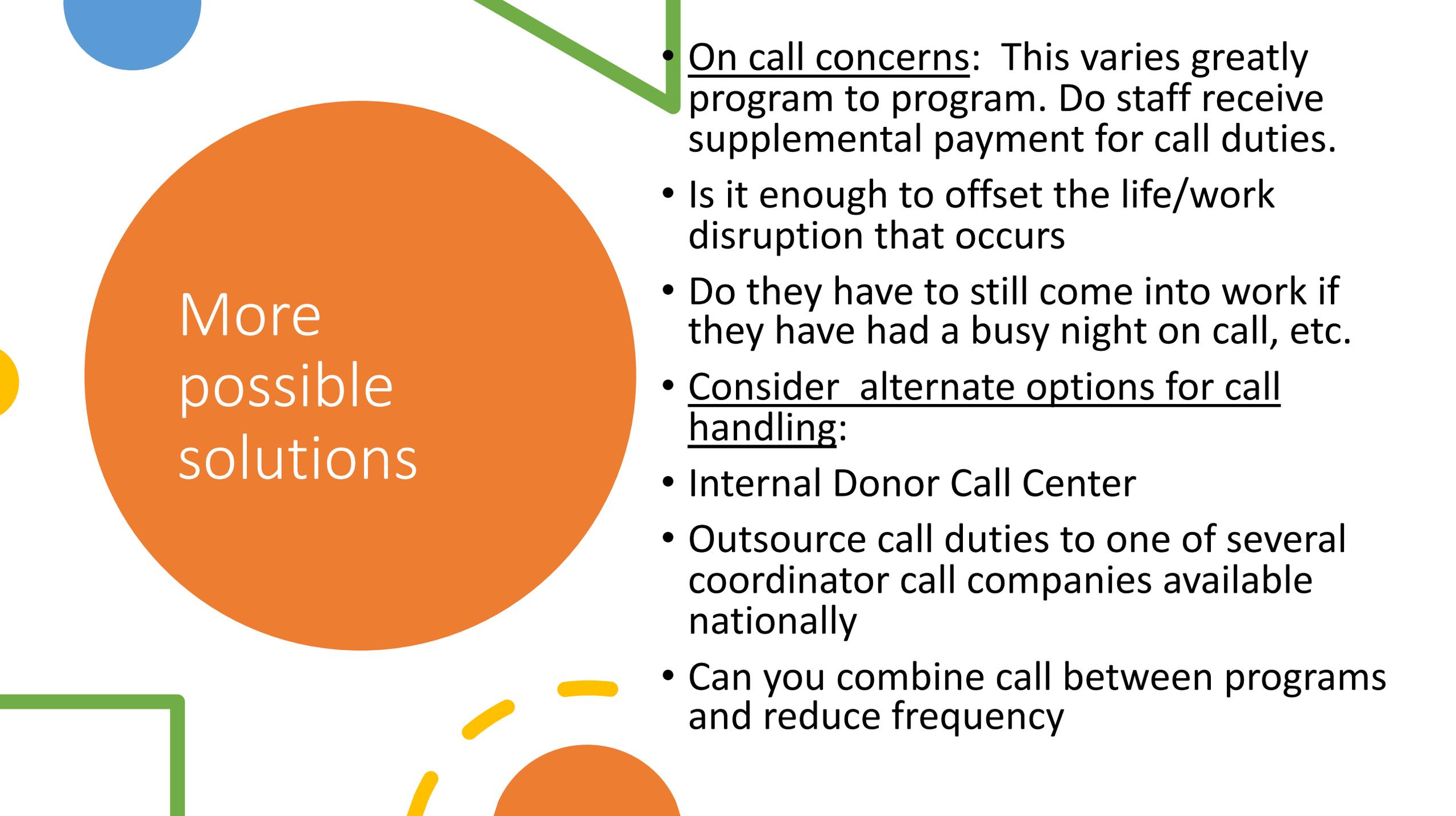
Issues list

- **Common concerns:**
- Compensation relative to job classification
- On call frequency and intensity
- Work- life balance
- Schedule restrictions
- Child care issues (daycare, costs, competing schedules with spouse, etc.)
- Ability to provide extra compensation based on specific projects or work situations that might occur
- Ability to work remotely
- Work environment (supportive vs toxic)



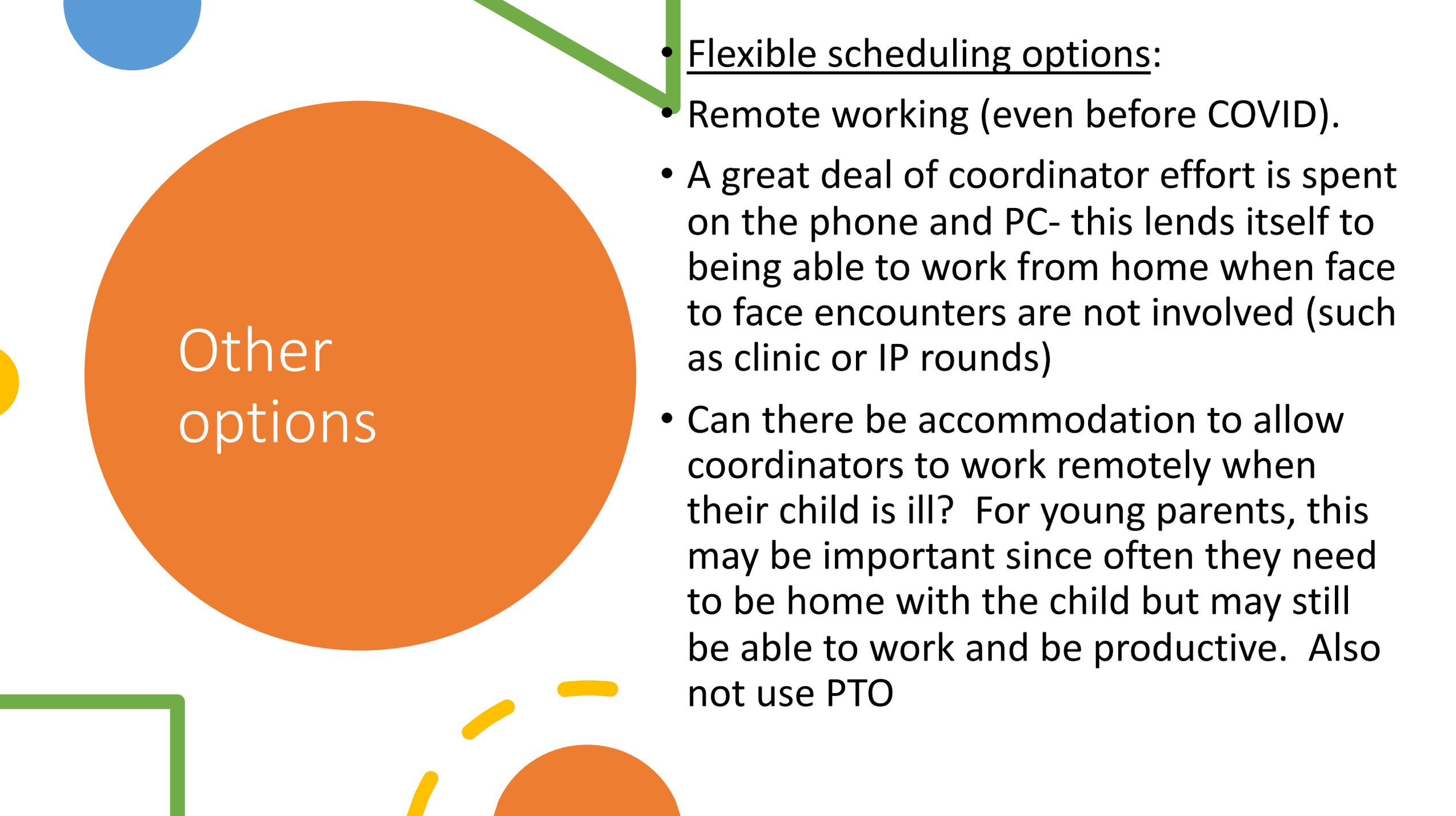
Possible solutions

- Position classification: who do the coordinators report to?
- Are they classified appropriately to reflect the complexity and scope of their job?
- Are you dealing with union rules with regard to classification?
- Working with HR and Nursing department leadership to reclassify roles and potentially increase compensation
- Are coordinator hourly or salaried employees (OT impact and potential additional compensation)
- Converting to salaried provides more budget stability but may reduce overall compensation for RN's if they have been doing a lot of OT



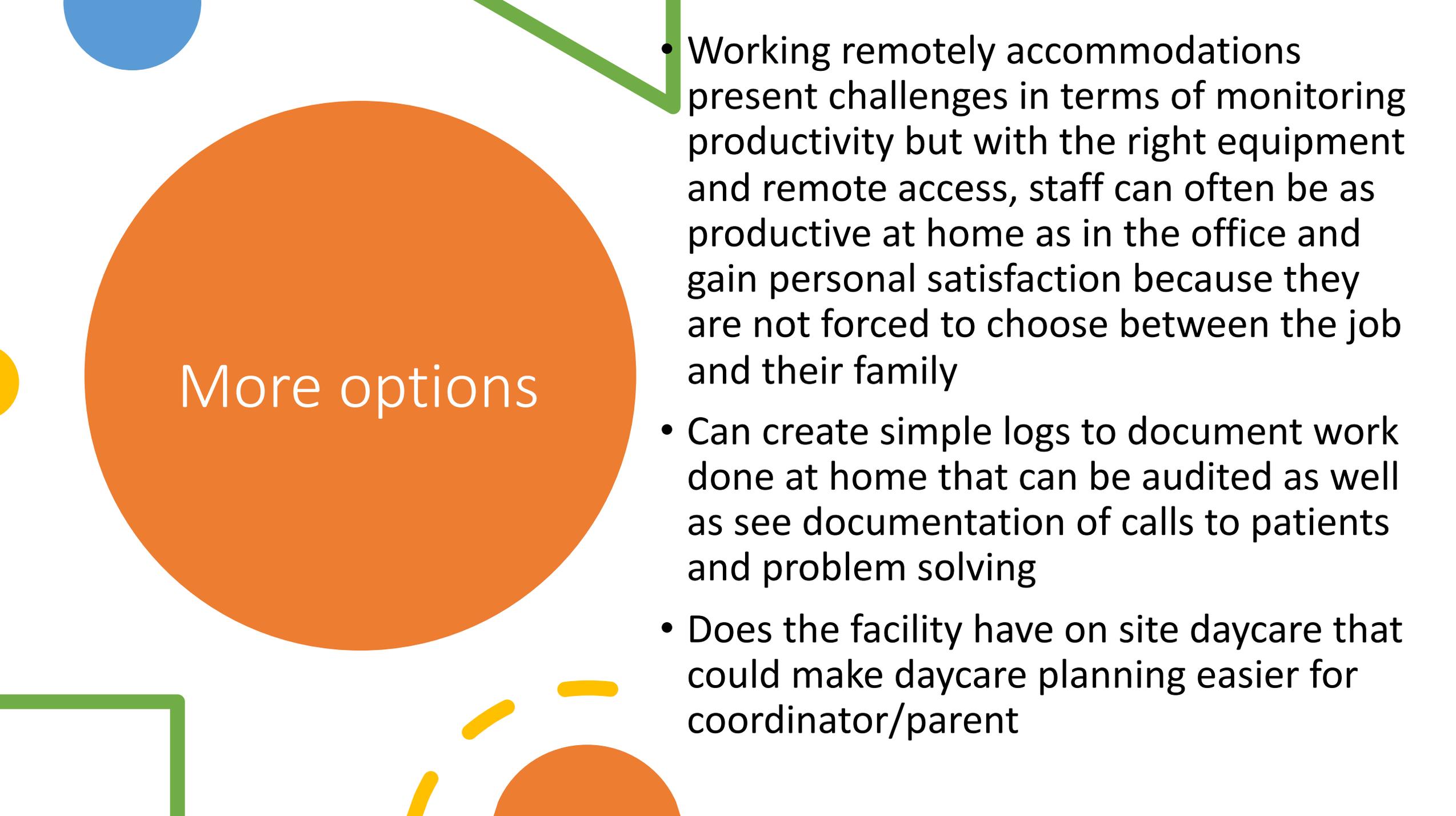
More possible solutions

- On call concerns: This varies greatly program to program. Do staff receive supplemental payment for call duties.
- Is it enough to offset the life/work disruption that occurs
- Do they have to still come into work if they have had a busy night on call, etc.
- Consider alternate options for call handling:
 - Internal Donor Call Center
 - Outsource call duties to one of several coordinator call companies available nationally
 - Can you combine call between programs and reduce frequency



Other options

- Flexible scheduling options:
- Remote working (even before COVID).
- A great deal of coordinator effort is spent on the phone and PC- this lends itself to being able to work from home when face to face encounters are not involved (such as clinic or IP rounds)
- Can there be accommodation to allow coordinators to work remotely when their child is ill? For young parents, this may be important since often they need to be home with the child but may still be able to work and be productive. Also not use PTO



More options

- Working remotely accommodations present challenges in terms of monitoring productivity but with the right equipment and remote access, staff can often be as productive at home as in the office and gain personal satisfaction because they are not forced to choose between the job and their family
- Can create simple logs to document work done at home that can be audited as well as see documentation of calls to patients and problem solving
- Does the facility have on site daycare that could make daycare planning easier for coordinator/parent



Summary

- There are no simple solutions that fit all organizations and situations
- Leadership needs to be thoughtful about what the issues are, how they can potentially be addressed and listen to the staff issues and needs.
- Be transparent about what may be feasible or not
- Partner with HR to assess what options might fit with YOUR organization
- Senior management team perspective on issues
- Flexibility is critical

