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of RURAL HEALTH

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OPPORTUNITY
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OHSU

Well-being First: A Radical Vision for Oregon's Health Workforce

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Wellbeing-First: A Radical Vision for Oregon's Health Workforce

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Check-In

Learning Objectives

- Understand what a *wellbeing-first* operating system looks like and why it is key to achieving success in the Quadruple Aim.

- Understand several key levers that have the ability to affect systems change and spur a true culture shift across your organization.

- Understand immediate steps any leader can take to systematically improve organizational resilience and create a better work environment rather than just layering programs on top of our current broken system.

Orchid Health

Founded in 2014

6 clinic locations

10,000+ patients

90 employees

Integrated care

Sandy Hybrid SBHC/RHC

Hoodland RHC

Estacada Hybrid SBHC/RHC

McKenzie River RHC

Fern Ridge Hybrid SBHC/RHC

Oakridge RHC

eNPS score 2 to 3X primary care industry average

80 to 90% employee retention rate year over year

NPS score 2 to 3X primary care industry average

40% reduction in ED visits

4 to 10% net operating margin year-over-year amidst 10 to 20% annual growth

What is the Problem We Are Trying to Solve?

The Burnout Crisis in Rural (and across) Healthcare

Six Sources of Burnout

Source	Description
Workload	Extent to which demands are manageable or overwhelming.
Control	Amount of control people feel in their jobs.
Reward	The effectiveness of rewards and recognition systems.
Community	The organization's responsiveness to staff and community.
Fairness	Respect and fairness among people in the organization.
Values	Personal and organizational values about work.

Note: Source, Maslach and Leiter (1997).

Why This is so Difficult to Solve?

What We're Up Against:

Structural Overload

Resource and Role Strain

Trust and Power Gaps

12 Places to Intervene in a System

12. Constants, parameters, and numbers **9.4**
11. The sizes of buffers and other stabilizing stocks,
10. The structure of material stocks and flows
9. The lengths of delays
8. The strength of negative feedback loops
7. The gain around positive feedback loops.
6. The structure of information flows
5. The rules of the system
4. The power to add, change, evolve, or self-organize system structure.
3. The goals of the system.
2. The mindset or paradigm out of which the system arises.
1. The power to transcend paradigms.

Content Credit: Donella Meadows Institute/Academy for Systems Change

9. The lengths of delays
8. The strength of negative feedback loops
7. The gain around positive feedback loops.
6. The structure of information flows

4. The power to add, change, evolve, or self-organize system structure.
3. The goals of the system.
2. The mindset or paradigm out of which the system arises.

Wellbeing-First O.S.

People-positive

- Starts with team members that are cared for, trusted, and have the autonomy to do what they feel is best for their patients and community.
- Pull vs push, empowered local teams, a small # of metrics (across our four pillars) used to measure success and guide decision making.

Relational

- Localized when possible to build relationship.
- 60 min new patient visits to get to know our patients and 30 min follow-up visits where patients feel listened to.

Strengths-based

- Where "*what matters to you*" and "*what is something that you're proud of or that brings you joy*", are a key part of the way your care is provided.
- Integrated with the community - "formal and informal health creators working hand in hand".

vs

Status Quo O.S.

Control-focused

- Flywheel in reverse: starts with money, then pop health, then patient experience, then employee experience. A lack of trust and autonomy.
- Push vs pull, very bureaucratic, tons of quantitative metrics (primarily $ focused) used to measure success and guide decision making.
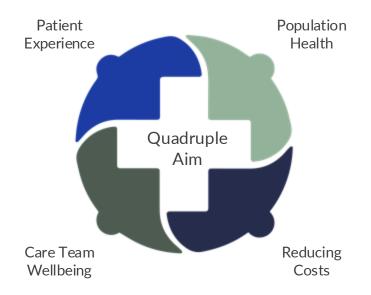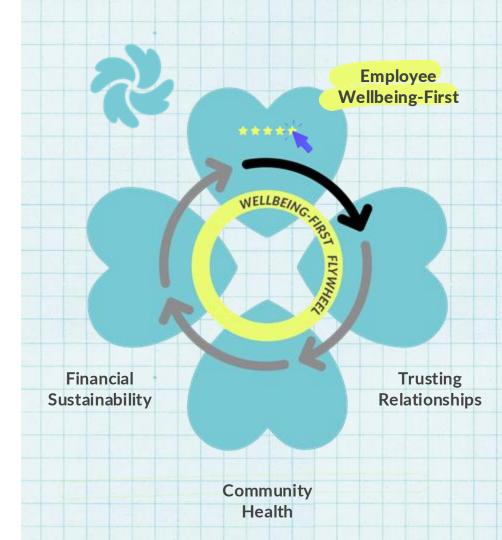
Transactional

- Centralized when possible to increase efficiencies.
- 30 or 40 min new patient visits and then very rushed 15 or 20 min follow-up visits.

Risk-based

- Where "*what's the matter with you*" what are your health risks" are the primary determinants for how treatment is delivered.
- Focused solely on traditional healthcare scope of work - "formal health creation".

Patient Experience · Population Health · Care Team Wellbeing · Reducing Costs — Quadruple Aim

Employee Wellbeing-First · Financial Sustainability · Trusting Relationships · Community Health — WELLBEING-FIRST FLYWHEEL

Wellbeing-First OS Modules

M1

M2

M3

M4

A Culture of Trust

System Alignment

Shared Consciousness

Self-Governance

Assessment
Readiness
Leadership
Time Scarcity
Negotiation

Vulnerability
Transparency
Fairness
Gratitude

Value-based pay
Value-based care
Incentives/contracts
Performance goals

Steering dashboard
Operating rhythm
Shared learning
Internal comms

Admin "on tap" vs "on top"
Coaches vs managers
Decentralized decisions
Peer and self accountability

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Building Trust and a Brave Space Culture

Listen Deeply, Act Meaningfully

Monthly anonymous surveys on stress, balance, and team culture

Includes both quantitative ratings and open-ended feedback

Feedback is reviewed and used to guide Wellbeing-First initiatives

Staff voice directly shapes organizational priorities

Teach the Skills, Not Just the Values

Annual training in communication, conflict resolution, and de-escalation

Framed as essential skills for all roles, not optional extras

Personalized mentoring supports staff in building confidence

Focused on growth and support, not correction or discipline

Grow Peer Leadership, Not Top-Down Control

New hires are paired with peer mentors to learn workflows and culture

Mentorship supports onboarding into values, not just tasks

All staff can apply to ULEAD for advanced training in feedback and team dynamics

Peer-led development reinforces trust and accountability across teams

Building Trust and a Brave Space Culture

Model the Vulnerability You Want to See

We expect our teams to be honest, accountable, and open, and that starts with leadership. At Orchid, we model vulnerability as leaders by admitting when we have made the wrong call, when an initiative misses the mark, or when we are still figuring things out. Whether it is naming tensions in a staff meeting or sharing the limits of what we can promise, we create trust by showing that honesty and imperfection are part of how we lead, not things to hide or avoid.

Wellbeing-First OS Modules

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Shared Consciousness

From: Delayed information feedback loops and most information kept private/only reviewed by management who takes action based on the information.

To: Accessible, understandable information flowing directly to teams who have time made available to "sense and respond".

"An individual without information can't take responsibility.

An individual with information can't help but take responsibility."

- Jan Carlzon, the former CEO of Scandinavian Airlines Systems

Default to transparency:

Share openly unless there is a good reason not to do so.

Shared Consciousness

Four Pillar Flywheel KPI Dashboard (indicating pillar health and momentum)	2023 Outcome	Orchid Benchmark	Jan -24	Feb -24	Mar -24	Apr -24	May -24	Jun -24	Jul -24	Aug -24	Sep -24	Oct -24	Nov -24	Dec -24	2024 Outcome
Pillar 1: Employee Well-Being															
Feeling Orchid is a positive place to work	8.3	7.5	8.2	8.2	8.6	8.2	8.7	8.5	8.2	8.4	8.1	7.9	8.2	8.5	8.3
Feeling valued as an Employee at Orchid	8.1	7.5	7.9	7.9	8.1	7.7	8.4	8.2	8.0	8.3	7.7	7.8	7.6	7.9	8.0
Experiencing a great deal of stress because of your job	5.7	≤ 6	6.1	5.3	4.9	5.4	4.7	5.2	6.0	5.8	6.6	6.5	5.9	5.3	5.7
Feeling encouraged and supported in maintaining a healthy work-life balance	8.2	7	7.6	8.1	8.4	7.9	8.7	8.5	8.3	8.3	7.8	7.9	7.9	8.0	8.1
eNPS score	45	30	39	35	34	32	40	43	43	47	38	35	30	28	37
Turnover rate	10%	< 15%	14%	15%	15%	18%	19%	19%	16%	17%	20%	20%	19%	19%	19%
Pillar 2: Trusting Patient Relationships															
PCP Visit Cancelation less than 30 days notice	1.3%	< 5%	2.4%	3.8%	2.4%	2.7%	3.6%	1.6%	1.3%	2.2%	1.9%	2.7%	4.7%	1.6%	2.6%
Provider Communication Index	95%	94%	95%	94%	94%	95%	95%	96%	95%	94%	95%	95%	94%	95%	95%
Practice Operations Index	92%	92%	91%	91%	92%	92%	92%	92%	92%	92%	92%	92%	93%	92%	92%
Customer Service Index	94%	94%	93%	93%	93%	94%	94%	95%	95%	94%	94%	95%	94%	95%	94%
Net Promoter Score (NPS)	87	85	81	81	82	80	80	82	84	84	84	83	82	81	82
Pillar 3: Community Health															
Integrated social health care - % of patients w/ a positive SDOH need who received support from a CHW	43%	40%	45%	45%	44%	46%	45%	47%	48%	50%	51%	37%	38%	38%	45%
Integrated behavioral health care - population reach	15%	20%	18%	17%	17%	18%	14%	13%	14%	15%	18%	18%	22%	21%	17%
# of population health measures above benchmark	9	8	7	7	8	9	9	9	9	9	10	9	8	8	9
Pillar 4: Financial Sustainability															
Average PCP visits/8 hr shift	10.2	11	10.0	10.5	10.1	10.8	10.9	10.9	10.6	10.6	11.2	11.0	11.2	10.9	10.7
Average BHC visits/8 hr shift	4.6	6	4.7	5.6	5.6	4.8	5.7	5.9	5.3	4.8	5.1	5.3	4.0	3.9	5.1
Average RN visits/8 hr shift	2.5	3	1.9	2.5	2.8	2.3	2.5	2.5	2.1	2.8	2.4	2.3	2.2	2.4	2.4
Patient growth (# of new patients seen)	156	170	158	178	146	199	163	158	173	180	170	181	104	109	160
Revenues - shows total over/under actual vs. projected	$ (56,253)	Positive	$ (110,229)	$ (26,101)	$ (33,743)	$ (63,975)	$ (59,778)	$ 50,490	$ (21,253)	$ (13,757)	$ 24,567	$ (59,937)	$ (47,869)	$ 139,592	$ (221,993)
Expenses - shows total over/under actual vs. projected	$ (80,827)	Negative	$ (57,959)	$ (24,755)	$ (37,051)	$ (59,309)	$ (52,361)	$ 81,581	$ (10,929)	$ (16,474)	$ 31,656	$ 32,405	$ (27,225)	$ 23,969	$ (116,452)
Operating income/loss	$ 918,050	$800K y/e	$13,747	$49,005	$88,850	$65,167	$88,897	$1,746	-$3,051	$6,792	-$55,593	$20,698	$14,325	$167,533	$458,116
Operating margin	10.3%	8% y/e	1.9%	6.2%	11.6%	8.4%	11.1%	0.2	-0.4%	0.9%	-6.7%	2.2%	1.6%	15.3%	4.6%

Shared Consciousness

Orchid Operating Rhythm

Three months a year.
T1-Feb | T2-Jun | T3-Oct

Think & Plan

Goal
Celebrate and reflect, assess four pillar health, and set clear direction for the upcoming trimester guided by vision, mission, core values and annual strategy.

Week 1
Document and review current state of clinic and org-wide health and status of previous trimester OKRs.

Week 3
Half day work session to assess state of health and aspirations for development

Half day team building event

Week 4
Two hour work session to align on trimester OKRs and supporting priority projects

As needed
Follow advice process and/or develop project charters for agreed upon OKR supporting projects.

The other months of the year.
T1- Mar-May | T2- Jul-Sep | T3- Nov-Jan

Sense & Adjust

Goals
To regularly sense clinic health and progress against OKRs and make adjustments to maintain health and momentum towards agreed upon project priorities.

To share learning and grow clinic self management skills.

Week 1
All Clinic Mtg including quick hit review of actions and needs, discussion of Triannual priorities and review of four pillar health.

Week 2
Org Health Steering Committee Mtg to support shared learning, check-in and support Triannual project priorities and foster organization relationships.

Week 3
All clinic meeting. Same agenda as Week 1 with addition of company updates from above.

Week 4
Back office team meetings to sense and adjust to clinic needs.

Daily huddles
Share obstacles, "pebbles in shoes" as well as ideas to solve them.

Oakridge Clinic T1 2025 Triannual Priorities and Action Plan

Objective 1: Update facilities - assess space and make other key updates

Key results:
- New floor in MA/provider room and fixed back door by the end of T1
- Explore accelerated SBHC plan that includes a final recommendation presented at a team meeting in April for a decision
- Assess renting an outbuilding to support BHC and CHW services in the near term and then during construction (if we go this route)

Objective 2: Improve key patient workflows

Key results:
- Create a standardized workflow for running tickler reports and recording ticklers and hold a tickler cleanup party, resulting in a ___% reduction in old ticklers and eliminating duplicates by the end of April.
- Work to streamline how metrics are recorded, hold team training of QM workflows, and end the trimester meeting 8 QM targets.
- Create an improved MA workflow for tracking pain meds by the end of T1.

Objective 3: Enhance team roles and responsibilities, communication, and schedules to support realistic workloads and each other

Key results:
- Hold facilitated self-management responsibilities session in March to identify how responsibilities can be spread across the team to include new team members.
- Hold a round table check-in on self-management responsibilities at every other team meeting starting in April where admin time is set and protected.
- New team photo and updated website to include new team members by the end of T1

Shared Consciousness

Maintaining strong employee well-being, Orchid's Pillar 1, is a key organizational priority. This is tracked and maintained through a monthly engagement and satisfaction survey.

When organizational and clinic stress was high in January, due to weather related challenges our organizational steering committee shared insights to determine why. A policy change to address this insight was developed and completed soon after.

orchid health — Four Pillar Health Dashboard — Mar 2024

PILLAR 1a	TARGET	Company-Wide	Oakridge	Estacada	McKenzie	Fern Ridge	Sandy
Feeling Orchid is a positive place to work	7.5	8.6	8.5	8.7	8.5	7.9	9.3
Feeling valued as an employee at Orchid	7.5	8.1	8.2	7.5	9.3	7.0	8.5
Experiencing a great deal of stress because of your job	<6.0 Inverse	4.9	5.5	4.6	5.7	4.3	4.3
Feeling encouraged and supported in maintaining a healthy work-life balance	7.0	8.4	8.8	7.8	8.5	8.0	9.0

Steps to Take

- Clarify a shared set of employee wellbeing metrics that matter and share them openly across the organization.

- Create a mistake board and have leadership express vulnerability by owning their mistakes.

- Clarify the decision rights held by teams and roles.

- Before hiring your next administrative role, ask whether or not this function could be given to your teams for greater context and speed - and add capacity there.

- Try giving your frontline teams more authority on items that won't "sink the ship".

- Identify an administrative function where you can remove "power over" authority.

- Commit to gaining consent from those that will be impacted before making key decisions.

- Start a book club and read one of the following foundational reads on new ways of working: *Brave New Work (Aaron Dignan), Reinventing Organizations (Frederic LaLoux), or Dare to Lead (Brene Brown).*

Want to Learn More?

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Attend our Wellbeing-First Workshop tomorrow!