Planning with a Pulse: Overview

Thank you again to all of you who completed the 2022 Pulse Survey. The Pulse Survey has been an annual survey from the UAB Medicine Office of Wellness to hear from our UAB Medicine community, measure your engagement, and ultimately understand your needs. We encourage you to continue to take advantage of these opportunities from our office and others, as your opinions and comments help shape the strategy of UAB Medicine.

You can reference a summary of the major findings from the 2022 Office of Wellness Pulse Survey. Our team and senior leadership thoroughly reviewed the results, and the data provide important insight into how to begin to improve the UAB Medicine work experience with the ultimate goal of reducing your work-related stress and improving your overall wellbeing. Many specific initiatives are underway in departments, clinical units, and other small groups, and we feel it is important to communicate back to you the responses to the large organizational themes that emerged from the analysis of the survey data.

Our series of communications will cover topics such as PTSD (Post Traumatic Stress Disorder), recognition, healthcare worker safety, and areas of inefficiency affecting the work environment. Many respondents reported symptoms on the general screening question related to PTSD. We will provide additional information about obtaining a complete assessment and direct individuals to evidence-based therapies already available on campus. We also learned from the survey that many people are seeking recognition of their contribution to our important mission. The survey suggests that this recognition can be as simple as a thank you from a leader or colleague. We will summarize some of the comments with some additional information drawn from other sources to provide practical ways to incorporate recognition into our daily work.

One of the concerning areas that we identified in the 2021 Pulse Survey and continues to be an emergent theme is that patients can represent a threat to the safety of healthcare workers. Our previous report on this topic focused on the experiences of physicians, nurses, and advanced practice providers with the suggestion for an approach that balances the needs of the patients with those who are providing for their care1. This is a challenging problem, not limited to UAB Medicine, and we will report efforts underway to improve the safety of those involved in patient care.

The rest of the communications will relate to programs that were identified as sources of inefficiency. Chris Brown, PhD, Vice President for Research has already published his reaction to inefficiencies resulting from central research processes identified in this and other surveys. Future communications will include summaries of interviews with the leaders or leadership teams that are trying to effect positive change of the systems that you identified were a source of inefficiency.

We are humbled that so many of you report that your work is meaningful and we appreciate what you do to advance our missions of service, teaching and research. Our commitment to you is to listen to you and create a level of transparency so you can witness the efforts your feedback prompted.

References

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UAB Heersink School of Medicine Personnel Management

Conversation with:
LaKisha Mack, UAB Heersink School of Medicine (HSOM) Senior Associate Dean for Finance and Administration
Janet May, UAB Chief Human Resources Officer
Dr. David Rogers, UAB Medicine Chief Wellness Officer
Nisha Patel, UAB Medicine Director of Wellness & Administration

You were already evaluating personnel management when we administered the Office of Wellness Pulse Survey. Can you provide some background about that process?

We had begun to hear from our department chairs and executive administrators about their frustrations with the HR (Human Resource) processes in the Heersink School of Medicine. We created a task force to evaluate these processes with the goal of modifying our systems to reflect the current workforce realities, and to improve efficiency, equity, and the ability to retain staff. We co-led this task force, and the work began in January of 2022. The task force included representation from UAB HR, several of our departments and some of the individuals that are involved in managing the HR processes at the school level. We challenged this group to take a serious look at these processes from the perspective of the faculty and staff that use them to identify those features that were causing the greatest frustration. We had the advantage in our partnership that we had already worked together on an effort to improve our recruitment processes.

What are the main outcomes of this task force?

We developed several main priorities and implementation is either completed or underway.

<u>Evolving Job Titles and Requirements</u>
We are completing an evaluation of job titles and requirements as some of these have become outdated. Our goal was to create a set of job titles that allows for the recruitment of qualified people that meet the needs of the organization and to have a career ladder for them once that are working at UAB. We have created entry-level positions where people can begin to work at UAB to gain experience. As we are a higher education institution, we believe that we are in a unique position to offer additional formal education that augments this experience for career advancement.

<u>Document Review and Approval</u>
We discovered there were multiple approval levels required within departments and at the school level. We have eliminated several of the approval requirements in the Dean's office and have worked with the departments to streamline their approval processes as well. We want to maintain the appropriate oversight for these processes but are hopeful that we can speed up the approval process.

Promotion and Compensation Change Process

One of the initiatives was to modify the titles within job categories as we found that they could create confusion for people about their future at UAB. We wanted to modify these titles to make it clear how people can advance in their careers while staying at UAB. We have done this in the Clinical Research Career Ladder along with the Human Resources area and are looking at other major job families, such as finance and research.

Clinical Research Career Ladder

Another outcome is we are moving individuals who are research focused to the general wage structure as this allows more flexibility addressing employee equity and job market pricing. We hope this allows us to retain individuals more readily in this group, as they are critical to our research mission.

Staff Recruitment

We tried to improve the recruitment process by creating a single-page form. We found a lot of communication was occurring between individuals trying to recruit and HR personnel in the departments and HSOM. We created a single page document where all the necessary information can be provided at the beginning of the process, which eliminate the need for all the previous communication. Additionally, the PAR (Position Authorization Request) was updated to allow more information to be added upfront reducing the back and forth and speeding up the recruitment process.

Salary Equity

We created a salary calculator that allows for an estimation of the appropriate salary range for new hires. Our concern here was less about efficiency and more about equity to be certain people who are at UAB felt that they were being treated justly as it relates to salary compared to people being newly hired from outside. We certainly do not want current staff to feel that the only way that they can increase their salaries is to leave UAB.

When should people begin to feel the impact of some of these improvements?

Some of these initiatives have already been implemented and so we hope people are noticing them now. Some will take some months to fully implement. We have presented a summary of all these changes to departmental leadership groups, and we recognize people are attentive to these processes when they are using them. We recognize we will need to continue to educate people about these changes as the implementation process continues to create changes in these systems.

Did you learn anything new about these processes from the 2022 Office of Wellness Pulse Survey?

We carefully reviewed all the comments that you sent. There were really no surprises as the comments coincided with what we had heard before and our task force had already identified. It was good confirmation that we were on the right track. The Pulse Survey is just one source of information that we use to identify what is working and what could be working better in these and all organizational processes.

One set of comments suggests that a source of frustration is that there is a misalignment between HR processes within UAB Medicine. Any thoughts about how that could be addressed recognizing that is not under your control?

It was critical that we did this work together and some of the modifications prompted by this work have been instituted throughout UAB to the great benefit of people outside of the UAB HSOM. We have worked collaboratively with the leaders of the other HR programs in the past and would be happy to do so again to see if we could improve alignment between similar HR processes.

HSIS (Health System Information Services)
Electronic Medical Records

Conversation with:
Melanie Turner, HSIS Associate Vice-President
Joan Hicks, UAB (University of Alabama at Birmingham) Chief Information Officer
Dr. Jorge A. Alsip, Senior Medical Director, IT Development & Innovation
Dr. James Booth, UAB Medicine Interim CMIO
Dr. David Rogers, UAB Medicine Chief Wellness Officer
Nisha Patel, UAB Medicine Director of Wellness and Administration

What did you learn from the 2022 UAB Medicine Office of Medicine Pulse Survey?

The focus of analysis were the comments that specifically related to the systems under our control. Three areas seemed new this year. The first was the simple volume of comments from nurses about documentation that was both redundant and excessive. The second was that the volume of patient portal messages is becoming a problem for some groups. Finally, we noticed comments about the number of systems everyone must interact with to get their work done.

How is your group and UAB Medicine responding to these findings?

<u>Nursing Documentation</u>

A nursing informatics committee was created and we participate in that group. They have created a list of challenges we are working through to improve the ease of nursing documentation. Changes we are planning include updating documentation fields, consolidating interventions, and creating a process where charted documentation satisfies all interventions. We have also been working on modifying the workflow related to telemetry monitoring identified as a problem in a recent survey of nurses.

One thing we learned is that the alert function is uniquely overwhelming the nurses. Some of the alerts are quite intrusive and make it difficult to navigate through the work when they are present on the screen. We have focused on this problem with other groups for the past several years with some success and so are taking the same approach with nurses.

<u>Patient Portal Messages</u>

There seems to be considerable variability in how frequently different patient groups use the patient portal. Some clinical care groups express that they wish their patient would use the system more. However, we do observe that the sheer volume of messages is overwhelming for some of our primary care practices.

We observed that one of the problems is that patients were using the general message function for medication refills and so we moved that feature up higher in the screen to make it more apparent to the patient. This relates to the main challenge, which is that there is an incredible diversity of messages that all come through the same process. This creates the concern that there might be an urgent request mixed in with a large volume of standard messages. We have been doing a pilot project with the Department of Family Medicine that involves two innovations. The first is that we created categories that the patient can use to help direct the message to the right person more quickly (Figure 1). Then the messages are routed according to message type (Figure 2).

Figure 1. Patient managed message triage system

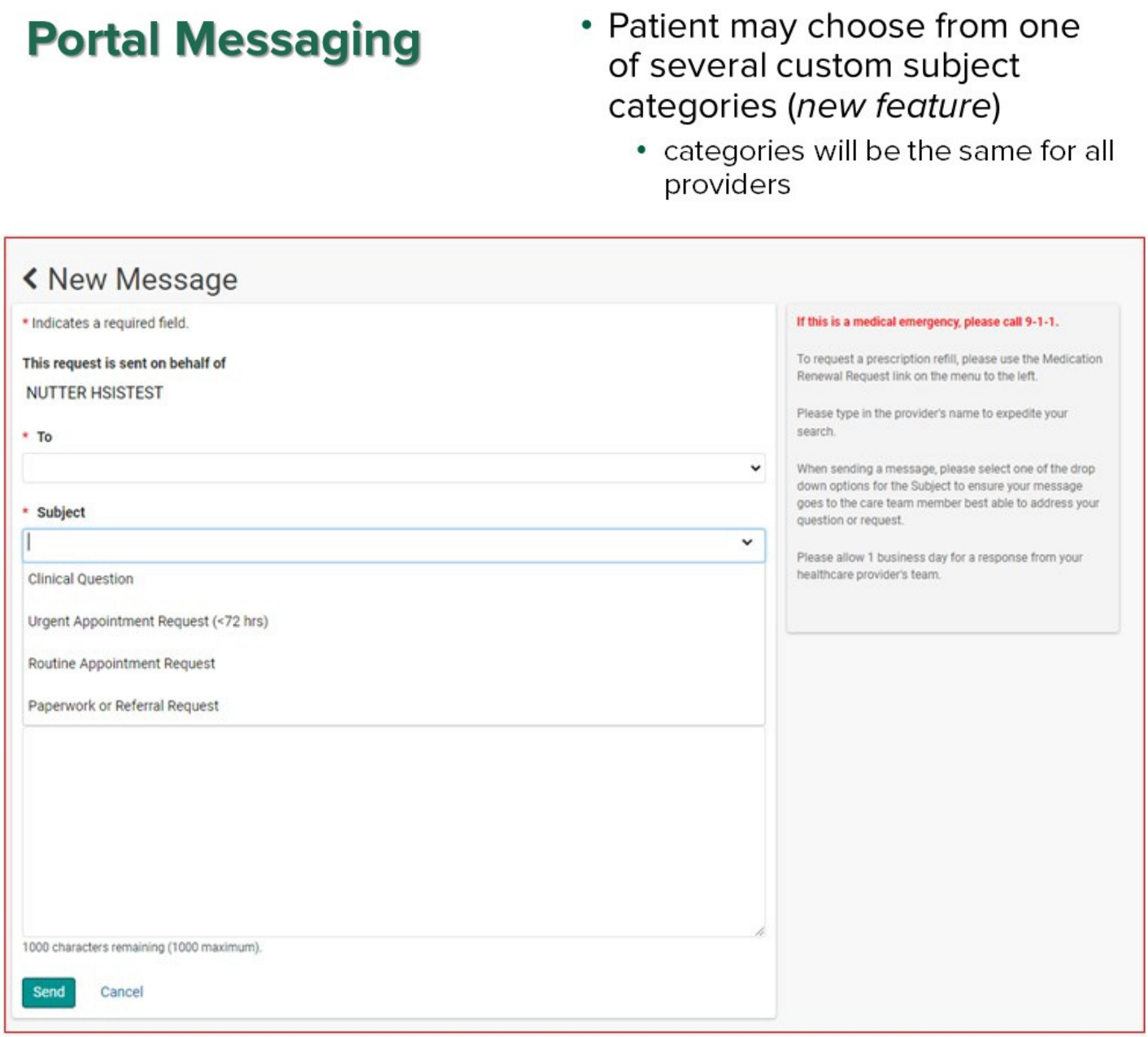
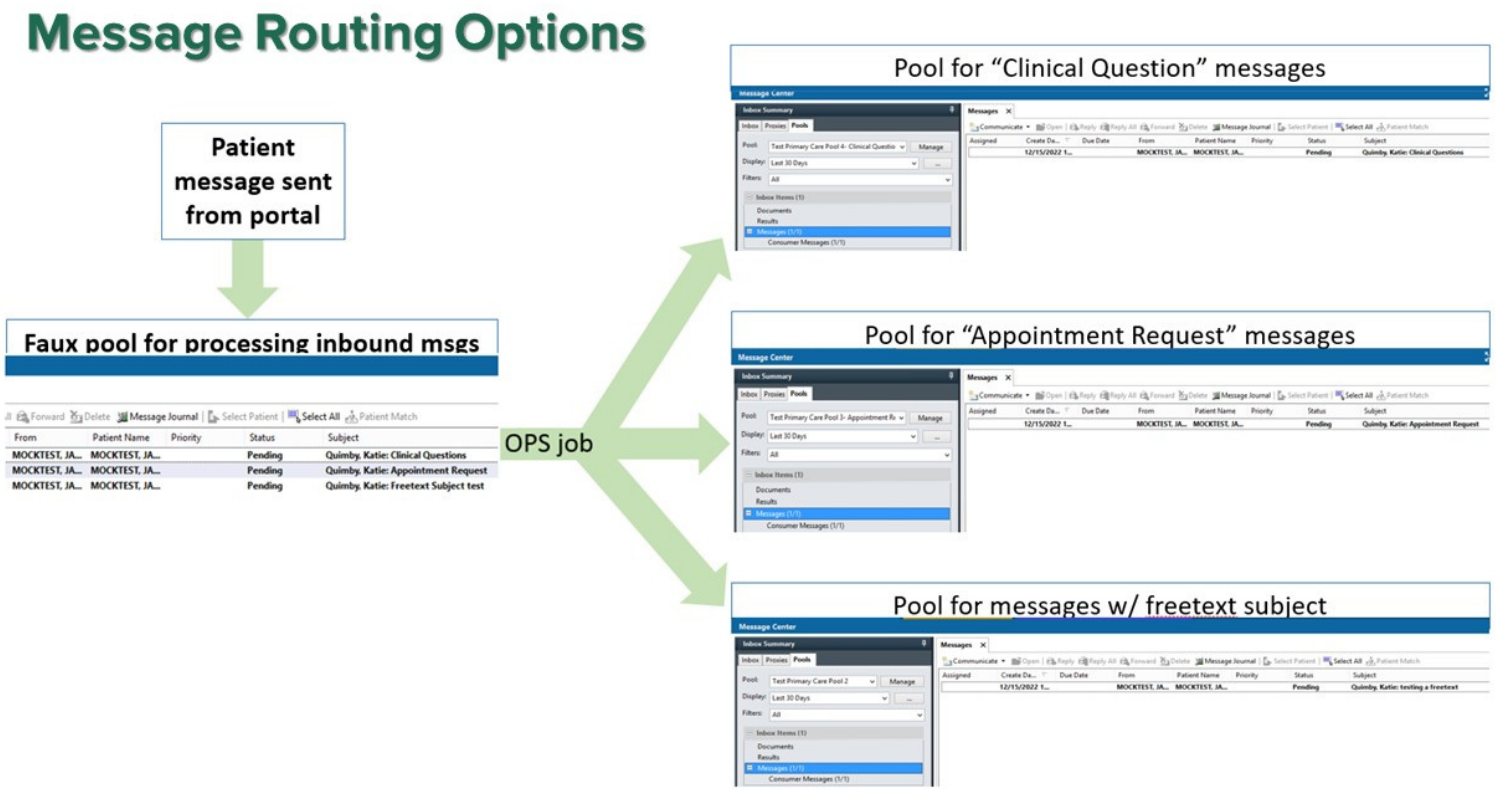


Figure 2. Message Routing System



We have also modified the logic in the system so that it identifies key words that can elevate the importance of the message so that is addressed more quickly. An example might be treating a urinary tract infection where it might be more important to act more quickly if that patient is pregnant. We expect to apply these modifications to other groups if they prove effective. We are trying to be mindful of UAB Medicine's commitment to an excellent patient experience and so we have previewed these modifications with the Office of Patient Experience patient advisory group.

In the long term, we are exploring response systems that would use Artificial Intelligence to help triage a message. For example, a system like that might recognize the words "chest pain" and direct it to someone's urgent attention. AI (Artificial Intelligence) based systems might be able to answer routine questions which would alleviate some of the burden of responding.

Systems, including ours, are adapting to this type of communication in ways that are beyond what we control in HSIS. Some groups are choosing to add staff or adjust the work schedule to allow dedicated time to respond to portal messages. Other systems are beginning to charge for responses to those portal messages that reflect a complicated situation.

Overall System Load

We know that we have increased the number of applications over the years and are currently supporting over 450. We have had to create over 800 interfaces to navigate between systems, and this is unsustainable. We recognize that we need to evaluate the entire platform and are planning, as a first step, an EPIC evaluation system that will be done in collaboration with administrative, medical, nursing, clinical, and ancillary staff. The assessment will culminate in an enterprise-level recommendation to the University of Alabama System Board of Trustees, which will make the ultimate determination on whether to continue using Cerner as our EHR or replace it with Epic.

How can individual EMR users let you know when they are struggling with the system?

We get system alerts that let us know that some part of our system is not working properly. This typically occurs before receiving communication from the users. We have done surveys in the past but are sensitive to the fact that people experience survey fatigue and so we try to do this collaboratively with other groups. However, this created the problem with the Pulse Survey that we could identify problems that we could solve but did not know whom to contact. We rely on our advisory groups to let us know that there are systems that need modification but are also always open to help the individual user who can contact us beginning with the helpdesk team.

Getting Access to the UAB Medicine Access Center

Conversation with:
Dr. Cheri Canon, Chief Clinical Officer of the Ambulatory Practice
Patricia Pritchett, Executive Vice President for Ambulatory and Administrative Services
Andy Hare, Associate Vice President for Ambulatory Access Services
Dr. David Rogers, UAB Medicine Chief Wellness Officer
Nisha Patel, UAB Medicine Director of Wellness and Administration

Can you provide us some history about efforts to begin improving patient access?

The effort began in 2012 in response to no growth in UAB Medicine clinic arrivals for the five prior years. The information was presented to the department chairs, HSF (Health Services Foundation) leadership and to the UAB (University of Alabama) Medicine Board. Everyone was convinced that we needed to improve patient access to our ambulatory clinics, and so we engaged with the Chartis Group to evaluate our current state and identify improvement opportunities. One of this evaluation's key findings was that there was no standardization in the appointment process. For example, we identified that there were over 3000 unique incoming patient lines to TKC alone with some of these lines ringing directly into examination rooms. There was also inconsistency in the provider templates leaving us with 6000 unique appointment types for the schedulers to manage. This resulted in patients being scheduled to the wrong provider, clinic, or location. In response, we created a physician dominant governance structure that has evolved to an Executive Access Committee that has over 40 members to include physicians, advanced practice providers, department chairs, and operational or administrative leaders.

We are one of the founders of a consortium of large academic medical centers trying to improve patient access. This group has been a wonderful place for us to learn from other groups that are grappling with the same challenges. One of the best practices was to create a centralized scheduling system that prompted us to do the same thing at UAB Medicine. Since we instituted that program in 2014, we have observed a 41 percent increase in patient appointments with an increase of 14 percent over the last three years.

The pandemic prompted changes that have really challenged our approach. We are acting on behalf of the various leadership groups and in close collaboration with them. Our preference is to work face-to-face with the clinical care teams to understand their needs and to educate them about some of the complexities of patient access. We also rely on the clinical leaders in those areas to communicate with everyone working in those units and this has been challenging to do during the last three years. We are sensitive to the fact that providers and staff are still feeling overwhelmed by all that has happened during the pandemic. We look forward to being able to reengage in person and believe that this will help everyone regard the access center personnel as being an integral part of the patient care team.

What were the major things you learned from the 2022 Office of Wellness Pulse Survey findings related to patient access?

The survey shows the difference between evaluating the data at a system level and the individual experience. The scheduling error rate may be only 2% in an area, which is quite good, but we recognize that it is a difficult experience for the provider, staff, and patient in clinic on the day that a patient is incorrectly assigned to a clinic. The same tension is true over the issue of control. Many providers long for the days when they have complete control of the process (traditional distributed scheduling model with an "academic secretary") in their clinic and this system provided some advantages. However, that approach was responsible for the inadequate access that prompted the last decade of work. We believe that meeting in person will improve communication about the concerns expressed about the access center. This works best if there is close coordination with the providers, clinical leadership, and the leaders of the access center. We do recognize that UAB Medicine, like all academic medical centers, is a complicated organization with many matrixed reporting structures and so a commitment to collaboration is critical to our success.

We saw more comments from a couple of clinical programs on the Pulse Survey. We intervened to assist those specific programs and are committed to do the same for other programs in the future. We are disappointed when people are not happy with the work that we are doing and see these as opportunities to collaborate. We have also observed over the last few years that frustration in clinics tends to ebb and flow and is sometimes related to changes occurring outside of the centralized access structure. We do not initiate changes without direction by key leadership groups. We rely on our governance structure to help us develop priorities, communicate changes, and remain committed to excellent patient care.

Do you have plans going forward?

We believe that it is critical that we build a better sense of team between the individuals who are doing the scheduling and managing the templates and those who are physically providing patient care in the clinic. We sense a bit of an "us vs. them" mentality in the comments which is expected given the size of the UAB Medicine enterprise. We also sometimes find that it is easy to blame the Access Center for some part of the process that is performed by others. The other area of emphasis, as we mentioned, is for there to be better coordination between leadership groups so that providers and staff perspectives are considered in any program changes and any changes are clearly communicate to everyone providing patient care.

Any other comments?

We are fully committed to working with any or all groups to improve patient access and to improve awareness about the role of the Access Center in patient care. We continue to modify and innovate to improve our processes. In many ways, we are among the leaders in the nation in improving patient access. We own our challenges and undertake ongoing performance improvement. For example, we have quality oversight that is quite rare among our peers. We record all patient calls and can review the recording if there are any complaints to improve how we communicate. We also realize that there will be some people who long to return to the model that was present before these processes were centralized even if the current approach is working well for them. As we pointed out, there is substantial evidence that this model did not serve providers, staff, or patients very well.

Patient Mistreatment of UAB Medicine Providers and Staff

UAB Medicine Adult Inpatients at Highlands and University Hospital

Interview with:
Erin Yarbrough, Associate Vice President for Clinical Operations,
Elizabeth “Beth” Caine, Associate Vice President for Psychiatric Medicine
Naseem Nimer, Hospital Administration Fellow
Dr. David Rogers, UAB Medicine Chief Wellness Officer

Can you give us the background for your efforts related to mistreatment of staff and providers?

This all began several years ago when we began to focus on what we called “challenging patients.” Initially, these situations and patients were dealt with individually, but we realized that the events were occurring frequently enough that we needed a systematic approach. We have developed a disruptive patient simulation for all our new nurse managers. The pandemic's onset escalated this problem with contribution from the changes in patient behavior and the generalized anxiety of our workforce. One way that we detected this change was through the utilization of our psychiatric consult service where the demand became unmanageable. Many of these consultations were not related to true psychiatric conditions and so we could sense that there was a growing need amongst frontline staff and providers related to disruptive patients. We then received the results of the 2021 Office of Wellness Pulse Survey, and this helped us better understand the scope of the challenge beyond what we were experiencing anecdotally. Further, this additional information caused the issue to become a focus of all UAB Medicine senior leadership.

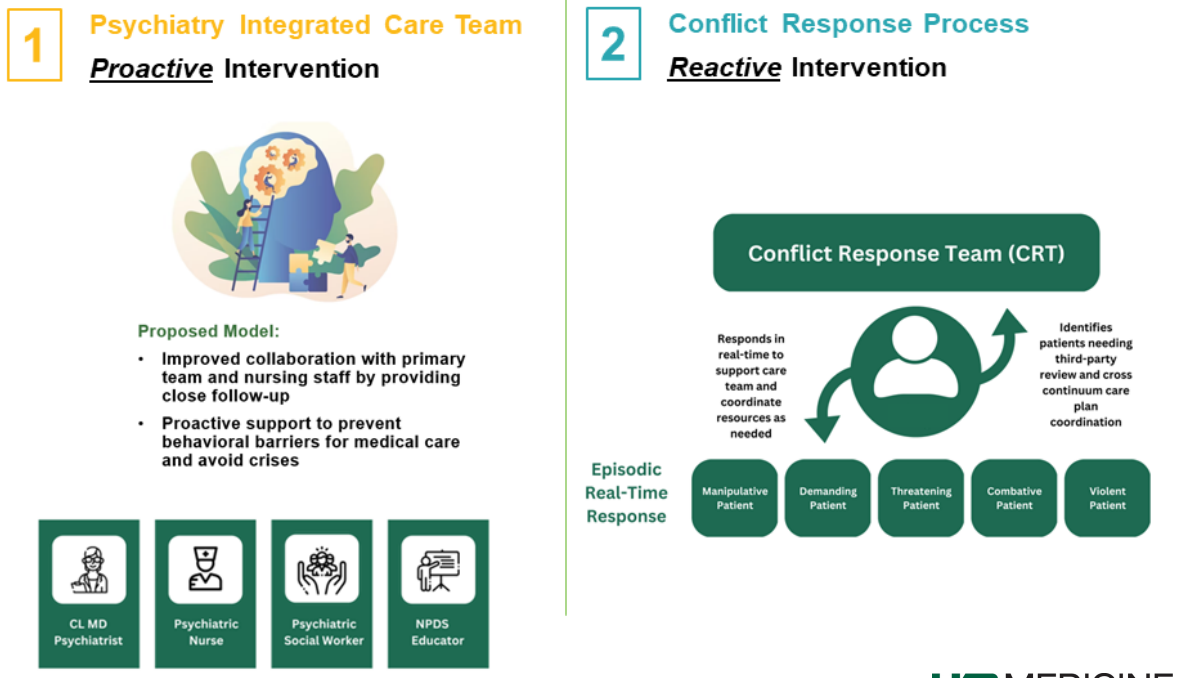
What system did you create?

Our current system is based around some evidence-based models that have proven effective elsewhere and is designed to be both proactive and reactive, which is an advance from a reactive only system. Specifically, we know there are patients more likely to be disruptive based on their past behaviors, so we can help mitigate harm by educating the care team since they may be familiar with the patient. This can involve educating the team about what they can do to avoid triggers with this patient or adjust medications for a patient based on how they worked well with that patient in the past.

The other element of this system is to be more readily available for support when it occurs. This includes advising staff and faculty where they can get assistance if they have been subject to mistreatment.

How do you manage disruptive patients in the outpatient and inpatient settings?

We involved people who work with disruptive patients in the clinic and could do a better job integrating the response to account for the fact that patients are moving between the two care locations. We remain committed to collaborating with the ambulatory enterprise leadership even though the disruptive patient challenge is different.



What is the status of implementing the new inpatient system?

We have posted the positions and are hiring the team members. We expect to be able to communicate formally about the process this summer.

Any suggestions for providers and staff while this system is coming on-line?

We would encourage everyone to continue to escalate these concerns. We get the sense that frontline providers and staff are reluctant to call an administrator and feel like they need to manage these situations themselves. We are carefully monitoring this situation to include the information on Trend Tracker and so having a clear understanding of what is happening is critically important to us. This is in addition to the support that we can provide if we are contacted.

Any concluding thoughts?

The challenge of mistreatment by patients is not new and the escalation in the frequency of these events does seem to be a generalized problem. We believe that our front-line providers and staff do a heroic job keeping the patients first. We feel obligated to make this complex situation safe while not overreacting in a way that might show that we are not patient centered.

UAB Medicine Adult Outpatients

Interview with:
Kimberly Payne, Associate Vice President of UAB Medicine Ambulatory Services
William Bryars, Director of Ambulatory Facilities at University of Alabama Health Services Foundation

Describe the situation of provider and staff mistreatment by patients in the UAB Medicine ambulatory setting.

We certainly have patients who can be disruptive and represent a threat to staff and providers. We do tend to know those patients and so can prepare for their visit. This specific threat is only one faced by people who work in the various ambulatory settings and less common that concerns about safety that are related to where they park or other causes.

What is our system for reducing the risk for mistreatment associated with patients?

We have responsibility for a wide range of facilities and so our response varies by location. We have on-site uniformed security in the Kirkland and Whitaker clinics where we see many patients. We find that their presence is helpful in most situations. If the patient does not react appropriately to the presence of a security officer, it is possible to summon UAB Police. At other locations, we rely on local police if the situation cannot be resolved by the front-line team and so have installed panic buttons for use to facilitate this notification. We find that our nurse managers do an excellent job in deescalating most situations because they know the patients. We do offer exercises with these teams to help the managers and the entire team prepare for disruptive patients.

How do well do you think our system is working?

Healthcare facilities have traditionally been designed to be incredibly open and inviting. We are doing the best that we can to adapt these environments to our current reality just as churches and schools are trying to do. We know that some of our providers and staff are only going to be comfortable if we had armed security on site and so we understand that we cannot satisfy everyone. The scale and variability of our clinic locations creates significant challenges, and we are open to working with leadership at any location to try to make our workplace as safe as possible. This includes working on programmatic changes but also collaborating in the care of individual patients known to be disruptive. We have begun to add more security features to the new clinic facilities.

Is there a system for dismissing patients from a clinic?

There is and we work with Risk Management to employ it on occasion. This can represent an ethical dilemma for us. We offer some programs that are unique and so dismissing a patient means that they have no option available for care. We also recognize that dismissing a patient from a clinic may mean that they seek care in our Emergency Department and so it just shifts the problem from one part of UAB Medicine to another.

Any concluding thoughts?

We appreciate the work done by our frontline teams in managing difficult patients and are grateful to the nurse managers in each location for taking responsibility for most of this work. We know that people get frustrated when they have ideas that we simply cannot institute due to the lack of resources. We hope that everyone understands that this concern is something we think about continuously, that we are doing our best to improve the situation and that we are committed to helping our providers and staff in whatever way that we can.

What comes after Trauma?

By: Megan Hays, Ph.D., ABPP

All humans are susceptible to traumatic experiences. Trauma can be defined as exposure to actual or threatened death, injury, or sexual attacks. Following a traumatic event, most people experience at least some of the symptoms of post-traumatic stress disorder (PTSD) within the first 3 months, but these are often short-lived and eventually lift.

When the symptoms continue, for at least one month, and/or worsen, this can be PTSD. PTSD is a mental health condition that is triggered by a traumatic event—either experiencing or witnessing it.

Symptoms of PTSD are grouped into four types and can vary over time and from person to person.

RE-EXPERIENCING

The traumatic event is persistently re-experienced, in the following ways:

- Unwanted upsetting memories
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

AVOIDANCE

Avoidance of trauma-related stimuli after the trauma, in the following ways:

- Trauma-related thoughts or feelings
- Trauma related reminders

NEGATIVE ALTERATIONS

Negative thoughts or feelings that began or worsen after the event, in the following ways:

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself, others, or the world
- Negative affect
- Decreased interest
- Feeling isolated

HYPERAROUSAL

Trauma-related arousal and reactivity that began or worsen after the trauma in the following ways:

- Irritability
- Risky or destructive behavior
- Hypervigilance
- Difficulty concentrating
- Difficulty sleeping

Tips to promote recovery after trauma:

If you relate to any of the symptoms on the first page, use a tool to help determine if your symptoms are related to PTSD.

CLICK HERE

PTSD Self-Screen Tool

If you relate to any of the symptoms on the first page or screened positive on the measurement tool, get evaluated by a mental health professional.

If diagnosed, consider evidence-based, trauma-focused psychotherapy:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Eye Movement Desensitization Reprocessing (EMDR)

Did you know UAB Medicine Office of Wellness and UAB EACC have therapist, counselors, and psychologists trained in these therapies?

If diagnosed, consider talking with your doctor about psychotropic medications for PTSD.

Seek support from other people, including friends and family, or a support group.

Exercise or include physical activity. The research suggests that exercise can be an effective addition to PTSD treatment, with greater amounts providing more benefits.

Avoid excessive alcohol use and/or drugs. Substance overuse can interfere with trauma recovery and cause additional problems.

Prioritize sleep. Research has demonstrated that sufficient sleep, especially REM sleep, plays a pivotal role in reducing the fear associated with traumatic memories. Regular exercise and sunlight both improve sleep quality.

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Fostering a Culture of Appreciation: The Power of Recognition in the Workplace

As human beings, we all yearn for recognition and appreciation for the hard work we contribute to our organization. Yet, recognizing and celebrating the achievements of our peers and colleagues often falls to the bottom of our never-ending to-do list. However, expressing gratitude can be as simple as a heartfelt "thank you." Surprisingly, in response to the question of how they want to be recognized, many employees responded that all they desired was a sincere "thank you."

Employee recognition encompasses all the ways in which an organization expresses appreciation for the efforts of its employees. Employees who feel valued and appreciated tend to be more motivated, engaged, and productive. We can recognize employees for many reasons including:

-Acknowledge achievements
-Commend desired behaviors
-Highlight going above and beyond expectations
-Celebrate milestones, such as work anniversaries or promotions

Whether you are a peer, manager, or senior leader, you can contribute to fostering a culture of appreciation. Remember that recognition and celebration do not have to be expensive or time-consuming. Here are some creative ways to show appreciation and recognize your colleagues:

PEER-TO-PEER RECOGNITION

- **Express Gratitude:** A heartfelt "thank you" for a job well done can go a long way in building morale and boosting motivation.
- **Give Shoutouts:** Use team meetings, newsletters, or social media to recognize colleagues who have achieved something noteworthy. Highlight their accomplishments and let them know how much you value their work.
- **Celebrate Milestones:** Mark important milestones, such as work anniversaries, promotions, and project completions, with recognition and celebration. Celebrating these occasions can help foster a positive work environment.
- **Utilize Recognition Programs:** Identify a formal recognition program that allows colleagues to nominate and recognize each other for outstanding work. This can help create a culture of appreciation and make it easier for everyone to celebrate each other's successes.

By taking a few minutes to show appreciation for your colleagues, you can help build a more positive and productive work environment.

RECOGNITION FROM A MANAGER/SUPERVISOR

- **Provide Timely Feedback:** Give regular and timely feedback to your employees, recognizing their achievements and providing constructive criticism to help them improve.
- **Be Specific:** When recognizing your employees, be specific about what they did well. Provide details about their accomplishments and how their work contributed to the team's success.
- **Celebrate Milestones:** Celebrate important milestones, such as work anniversaries, birthdays, and project completions, with personalized gifts or cards.
- **Provide Growth Opportunities:** Recognize your employees' potential and provide opportunities for growth and development. Encourage them to take on new challenges and provide support and resources to help them succeed.
- **Implement Recognition Programs:** Consider implementing a formal recognition program that allows employees to recognize and celebrate each other's achievements on the team or unit.

Managers play a vital role in fostering a culture of appreciation in the workplace. By taking the time to recognize and celebrate your employees, you can help create a positive and productive work environment.

RECOGNITION FROM A SENIOR LEADER

- **Lead by Example:** As a senior leader, recognize and celebrate the achievements of your employees. This can help create a culture of appreciation throughout the organization.
- **Recognize Individuals and Teams:** Recognize both individual and team achievements. Celebrate individual accomplishments, but also recognize the contributions of the team and how their work contributed to the organization's success.
- **Publicly Recognize Employees:** Publicly recognize employees for their achievements, whether it is through an email, company-wide meeting, or social media. This can help boost morale and motivate other employees.
- **Consistent Rewards and Recognition:** Ensure that rewards and recognition are consistent and equitable across the organization. Consider implementing a formal recognition program that is fair and transparent.
- **Listen to employee feedback:** Solicit feedback through surveys, focus groups, or one-on-one conversations, and use this feedback to improve recognition and celebration efforts.
- **Celebrate milestones:** Celebrate important milestones, such as the launch of a new product or service, the achievement of a major goal, or the opening of a new space. Celebrating these milestones can help build a sense of pride and accomplishment among employees.

Senior leaders are the compass that guides a team towards success. By helping employees see that their valued by the organization, recognition can help create a sense of security and motivate individuals to continue the great work.

Regardless of our position in the workplace, we all play a vital role in shaping the culture of recognition. So let's make gratitude a habit. Take the time to acknowledge your colleagues' hard work and dedication, whether it is through a heartfelt "thank you," a celebratory event, or a growth opportunity. Together, we can create a work environment where appreciation and recognition are not only encouraged but also celebrated.