Care for the Caregiver

Lisa M Boyle MD FACS
Vice President of Medical Affairs and Chief Medical Officer
Objectives

• Program background
• Program design
• Implementation strategies
• Data
BACKGROUND
To Err is Human…

- While the focus of the patient safety field has mostly been on improving systems of care, such systems include real people, and safety events may take an emotional toll.
- The suffering of caregivers in the face of a serious medical error has been termed the “second victim phenomenon”
- In most health care settings, caregivers have no one they can turn to for support and/or guidance in the face of medical error or unanticipated outcome, often resulting in suffering in silence.
Events lead to multiple victims…

- 1\textsuperscript{st} Victim = Patient & Family

- 2\textsuperscript{nd} Victim = Caregiver (directly involved) & Team Member (indirectly involved)

- 3\textsuperscript{rd} Victim = Organization & management
• Scott et al. provided a “consensus definition” of **second victims** of patient safety events as “**health care** providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.”

*U of Missouri Aug 1, 2017*
• 1/7 clinicians reported they had experienced a patient safety event within the past year that caused personal problems such as anxiety, depression, or concerns about the ability to perform one's job.
• 68% of these clinicians reported they didn't receive institutional support.
Nurse Suicide, Seattle Children’s Hospital

- Kimberly Hiatt, 50
- 27 years as a nurse
- Accidentally gave an infant a fatal overdose
- Placed on administrative leave and soon dismissed from the hospital
- Committed suicide shortly afterwards
Grieving Doctor Over Lost Patient…

"And in the end, when the life went out of him and my hands could work no more, I left from that place into the night and wept—for myself, for life, for the tragedy of death's coming. Then I rose, and walking back to the suffering-house forgot again my own wounds, for the sake of healing theirs."

~Anonymous ER doctor
Where did we start

PROGRAM DESIGN
It has been a long road.................
Comprehensive Patient Safety Program

• 2013
  – Implemented the principles of High Reliability “HRO”
  – Event reporting system: RL Solutions

• 2014
  – Adopted the “Seven Pillars” program U of Illinois
  – Just Culture training

• 2015
  – Daily safety huddles
  – Safety stories
  – Safety coach program

• 2016 – 2017
  – HRO 2.0
MedStar Georgetown: Care for the Caregiver

• The Care for the Caregiver team is comprised of volunteers from a variety of disciplines who have been trained in crisis support and stress management.
• The team includes: physicians, nurses, respiratory therapists, social workers and chaplains.
• Care for the Caregiver is available 24/7 through pager
Care for the Caregiver has been created to...

- Provide consistent and targeted hospital-wide guidance and support
- Provide additional resources for the management team to effectively support associates
Care for the Caregiver will...

- Provide caregivers with a “Safe zone” to express thoughts and reactions to enhance coping
- Ensure that information shared is strictly confidential
- Provide one-on-one peer support and explore the associate’s reactions and feelings that often occur after a stressful or traumatic event
- Provide the associate comfort
- Help facilitate if there is a need for an escalation of care ie EAP
MedStar Health Weekly Safety Theme: Care for the Caregiver

Most often we adjust to the demands and stress we encounter at work and at home on a daily basis. As human beings we have strong emotional defenses that allow us to get our jobs done everyday however, research suggests that associates go through various stages of grief after a stressful or traumatic event making it difficult to work. If you or someone you know is experiencing a stressful event or outcome during patient care or due to your work environment please contact a member of The Care for the Caregiver team at your site.
IMPLEMENTATION STRATEGIES
Essential Elements.....

• Committed and compassionate leadership
• Multidisciplinary
• Identify team members that have high EI and empathy
• Training, training and more training……
• Get the word out
• Trigger team early and often
• Track results
FY 16 – FY 18 YTD

DATA
CCG Deployment

Knowledge and Compassion Focused on You
Total # associates impacted by program

N = 612
## FY 17 | Care for the Caregiver

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Unit</th>
<th>Members that received CFCG</th>
<th>Patient or Associate related event</th>
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<tr>
<td>July</td>
<td>7/1/2016</td>
<td>4 East</td>
<td>3</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>7/20/2016</td>
<td>C52</td>
<td>2</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>7/29/2016</td>
<td>Plastics</td>
<td>1</td>
<td>Associate</td>
</tr>
<tr>
<td></td>
<td>8/4/2016</td>
<td>C42</td>
<td>3</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/5/2016</td>
<td>C51</td>
<td>5</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/11/2016</td>
<td>PACU</td>
<td>30</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/11/2016</td>
<td>Cath Lab</td>
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<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/12/2016</td>
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<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/15/2016</td>
<td>ED</td>
<td>15</td>
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</tr>
<tr>
<td></td>
<td>8/16/2016</td>
<td>Lombardi- Hem/Onc</td>
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<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/18/2016</td>
<td>Pharmacy</td>
<td>9</td>
<td>Patient</td>
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<tr>
<td></td>
<td>8/23/2016</td>
<td>Same Day Surgery</td>
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<td></td>
<td>8/26/2016</td>
<td>MICU</td>
<td>15</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>8/31/2016</td>
<td>C42</td>
<td>6</td>
<td>Patient</td>
</tr>
<tr>
<td>September</td>
<td>9/1/2016</td>
<td>3 Bles</td>
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<td>Patient</td>
</tr>
<tr>
<td></td>
<td>9/20/2016</td>
<td>PACU</td>
<td>15</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>10/5/2016</td>
<td>2 Bles</td>
<td>2</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>10/6/2016</td>
<td>C51</td>
<td>10</td>
<td>Patient</td>
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<td></td>
<td>10/10/2016</td>
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<td>10/17/2016</td>
<td>C31</td>
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<td>Patient</td>
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<tr>
<td></td>
<td>10/25/2016</td>
<td>Patient Advocacy</td>
<td>2</td>
<td>Associate</td>
</tr>
<tr>
<td></td>
<td>10/28/2016</td>
<td>Finance</td>
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</tr>
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<td>November</td>
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<td>2 Bles</td>
<td>5</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>11/8/2016</td>
<td>2 Bles</td>
<td>3</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>11/15/2016</td>
<td>C41</td>
<td>4</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>11/16/2016</td>
<td>Anesthesia</td>
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<td>Patient</td>
</tr>
<tr>
<td></td>
<td>11/21/2016</td>
<td>4 East</td>
<td>7</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>11/28/2016</td>
<td>Pharmacy</td>
<td>2</td>
<td>Patient</td>
</tr>
<tr>
<td>December</td>
<td>12/16/2016</td>
<td>C51</td>
<td>6</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>1/6/2017</td>
<td>C52</td>
<td>8</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>1/10/2017</td>
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<tr>
<td>January</td>
<td>1/17/2017</td>
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<td>Patient</td>
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<td></td>
<td>1/17/2017</td>
<td>Orthopaedics</td>
<td>2</td>
<td>Patient</td>
</tr>
<tr>
<td>February</td>
<td>2/6/2017</td>
<td>C52</td>
<td>4</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>2/6/2017</td>
<td>Pharmacy</td>
<td>2</td>
<td>Patient</td>
</tr>
<tr>
<td>March</td>
<td>3/1/2017</td>
<td>C41</td>
<td>8</td>
<td>Patient</td>
</tr>
<tr>
<td></td>
<td>3/2/2017</td>
<td>C51</td>
<td>3</td>
<td>Patient</td>
</tr>
</tbody>
</table>

**Total # of associates that received CFCG:** 217
Mr G

• Monday 8 am daily huddle in the Environmental Services Department
• 65 yr old ESD associate was giving an update
• Colleagues noticed him slurring speech and upper extremity weakness
• Called a stroke code but were concerned about remote location of the department delaying care
• Formed a “human stretcher” and carried him to the ED
Mr G (continued)

• Had emergency intervention by the Stroke Team
• Discharged from hospital on day 5 with full recovery.
• Care for the Caregiver Team was deployed in two sessions for staff to talk about the impact that the event had on them.
In Summary……..

• This program is truly transformational
• It is now completely embedded within the fabric of our culture of safety
• Must be viewed in the context of a broad comprehensive program for associate and patient safety
Thank You!!!
Optimizing the Health & Well-being of Clinicians: Evidence-based Strategies for Success

Bernadette Mazurek Melnyk, PhD, RN, APRN-CNP, FNAAP, FNAP, FAAN
Vice President for Health Promotion
University Chief Wellness Officer
Dean and Professor, College of Nursing
Professor of Pediatrics and Psychiatry, College of Medicine
Executive Director, Helene Fuld Health Trust National Institute for EBP

THE OHIO STATE UNIVERSITY
Evidence-based Practice + Clinician Well-being = The Quadruple Aim in Healthcare

- Enhance the patient experience (includes quality)
- Improve population health
- Decrease costs
- Improve the work life of healthcare providers
400 physicians commit suicide each year, a rate more than 2X that of the general population. (Andrew & Brenner, 2015)

Physician rates of depression remain alarmingly high at 39%. (Shanafelt, 2015)

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder. (Mealer et al., 2007)

Prevalence of emotional exhaustion among primary care nurses is 23–31%. (Gomez-Urquia et al., 2016)

How can we protect the health of the people who protect our own?

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing @theNAMedicine
Sharing Knowledge to Combat Clinician Burnout

Find articles, research studies, and other resources

http://nam.edu/clinicianwellbeing/
From a Small Coal Mining Town to Buckeye Nation: My Story
Considering all Causes of Morbidity and Mortality, Behaviors are the #1 Killer of Americans
Contributors to Premature Death

- Behavioral Patterns: 40%
- Genetic Predisposition: 30%
- Social Circumstances: 15%
- Health Care: 10%
- Environmental Exposure: 5%
- Health Care: 10%

Contributors to Premature Death

The Ohio State University
Every day, we make behavioral choices that influence our health and wellness outcomes.
New Year's Resolutions
for 2009

1. Lose weight again
2. Get fit next year
3. Give up alcohol
4. Stand up to boss
5. Be nicer to my wife
6. Sort out junk in shed

The Ohio State University
What Does The Evidence Tell Us?
Stress and Depression are Prevalent

One out of 4 individuals have a mental health problem. Depression and stress are poor predictors of health and wellness outcomes.
State of Nurses’ Healthy Lifestyle Behaviors and Health in 2012

U.S. Physicians Set Good Health Example
Physicians in better health than nurses and employed adult population

Katie Bass and Kyley McGeeney (October 3, 2012)

Data based on 1,984 physicians and 7,166 nurses, conducted Jan. 2, 2011 to Aug. 31, 2012.
# State of Nurses’ Healthy Lifestyle Behaviors in 2012

**Health Habits of Physicians, Nurses, and Other Workers**

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Nurses</th>
<th>Other workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Smoke</td>
<td>4</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>% Exercise at least 30 mins., 3+ days a week</td>
<td>58</td>
<td>55</td>
<td>54</td>
</tr>
<tr>
<td>% Eat 5 servings of fruits &amp; vegetables, 4+ days a week</td>
<td>60</td>
<td>64</td>
<td>55</td>
</tr>
<tr>
<td>% Ate healthy all day yesterday</td>
<td>66</td>
<td>59</td>
<td>62</td>
</tr>
</tbody>
</table>

Gallup-Healthways Well-Being Index

Gallup
# State of Health in Nurses in 2012

*Chronic Health Problems Among Physicians, Nurses, and Other Workers*

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Nurses</th>
<th>Other workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Obesity</td>
<td>13</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>% High Blood Pressure</td>
<td>16</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>% High Cholesterol</td>
<td>21</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>% Diabetes</td>
<td>4</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>% Depression</td>
<td>7</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>% Heart Attack</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>% Asthma</td>
<td>9</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>% Cancer</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Gallup-Healthways Well-Being Index

GALLUP®
A National Study Links Nurses’ Physical and Mental Health to Medical Errors and Perceived Worksite Wellness (N=1790)

Melnyk, Orsolini, Tan et al., 2018, *Journal of Occupational and Environmental Medicine*
Health Status by Perceived Wellness Support & Stress at Workplace

Health Status, by perceived support of wellness at place of employment:

- Physical Health < 7
- Mental Health < 7
- BMI ≥ 24.9
- TC > 100
- PHQ-22 < 3
- GAD-22 < 3
- FS-42 < 9
- ProQOL ≤ 10

Health Status, by perceived stressfulness at the place of employment:

- Physical Health < 7
- Mental Health < 7
- BMI ≥ 24.9
- TC > 100
- PHQ-22 > 3
- GAD-22 > 3
- FS-42 > 9
- ProQOL ≤ 10
Percent of Nurses with Poor and Good Health with Medical Errors

Those nurses in poorer health had a 26 to 71% higher likelihood of errors. Depression was the leading predictor of errors.
Errors and Shift Work

Medical errors in the last 5 years

- none
- 1-2
- 3-5
- 5+

Hours of work day/shift:
- <8 hrs
- 8 hrs
- 8-10 hrs
- 11-12 hrs
- 12+ hrs
## Nurses’ Healthy Lifestyle Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Fruits/Vegetables Intake per Day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 servings</td>
<td>63</td>
<td>1.7%</td>
</tr>
<tr>
<td>1-2 servings</td>
<td>1,466</td>
<td>38.4%</td>
</tr>
<tr>
<td>3-4 servings</td>
<td>1,627</td>
<td>42.6%</td>
</tr>
<tr>
<td>5+ servings</td>
<td>659</td>
<td>17.3%</td>
</tr>
<tr>
<td>n</td>
<td>3,815</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td><strong>Hours of Sleep per Night</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;4 hours</td>
<td>13</td>
<td>0.3%</td>
</tr>
<tr>
<td>4 hours</td>
<td>66</td>
<td>1.7%</td>
</tr>
<tr>
<td>5 hours</td>
<td>373</td>
<td>9.8%</td>
</tr>
<tr>
<td>6 hours</td>
<td>1,375</td>
<td>36.0%</td>
</tr>
<tr>
<td>≥7 hours</td>
<td>1,988</td>
<td>52.1%</td>
</tr>
<tr>
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### Nurses’ Healthy Lifestyle Behaviors

#### Daily Aspirin

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<tr>
<td>No</td>
<td>1077</td>
<td>67.3%</td>
</tr>
<tr>
<td>Yes</td>
<td>524</td>
<td>32.7%</td>
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n (women ages 55-79 or men ages 45-70) 1601

#### Minutes of Moderate Physical Activity per Week

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<thead>
<tr>
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<tr>
<td>&lt;30 minutes</td>
<td>528</td>
<td>13.8%</td>
</tr>
<tr>
<td>30-60 minutes</td>
<td>748</td>
<td>19.6%</td>
</tr>
<tr>
<td>61-90 minutes</td>
<td>751</td>
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<tr>
<td>91-149 minutes</td>
<td>732</td>
<td>19.2%</td>
</tr>
<tr>
<td>≥150 minutes</td>
<td>1055</td>
<td>27.6%</td>
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</table>

n 3,815
## Nurses’ Healthy Lifestyle Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>N</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td><strong>Tobacco Smoking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current smoker</td>
<td>125</td>
<td>3.3%</td>
</tr>
<tr>
<td>Past smoker</td>
<td>802</td>
<td>21.0%</td>
</tr>
<tr>
<td>Non-smoker</td>
<td>2890</td>
<td>75.7%</td>
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<td>n</td>
<td>3,815</td>
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<table>
<thead>
<tr>
<th>Indicator</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td><strong>How Often- Tobacco Smoking</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td>81</td>
<td>64.8%</td>
</tr>
<tr>
<td>&lt; Daily</td>
<td>19</td>
<td>15.2%</td>
</tr>
<tr>
<td>Socially</td>
<td>25</td>
<td>20.0%</td>
</tr>
<tr>
<td>n</td>
<td>125</td>
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<tbody>
<tr>
<td><strong>Use of an e-cigarette</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>3565</td>
<td>93.4%</td>
</tr>
<tr>
<td>Yes</td>
<td>252</td>
<td>6.6%</td>
</tr>
<tr>
<td>n</td>
<td>3,815</td>
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</tbody>
</table>
## Nurses’ Healthy Lifestyle Behaviors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>N</th>
<th>%</th>
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<tbody>
<tr>
<td><strong>How often do you have a drink containing alcohol</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>554</td>
<td>14.5%</td>
</tr>
<tr>
<td>Monthly or less</td>
<td>1047</td>
<td>27.4%</td>
</tr>
<tr>
<td>Two to four times per month</td>
<td>952</td>
<td>24.9%</td>
</tr>
<tr>
<td>Two to three times per week</td>
<td>747</td>
<td>19.6%</td>
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<tr>
<td>Four or more times per week</td>
<td>517</td>
<td>13.5%</td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>3,815</td>
<td></td>
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<table>
<thead>
<tr>
<th>Indicator</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How many drinks containing alcohol per day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>582</td>
<td>15.2%</td>
</tr>
<tr>
<td>1-2 drinks</td>
<td>2752</td>
<td>72.1%</td>
</tr>
<tr>
<td>3-4 drinks</td>
<td>382</td>
<td>10.0%</td>
</tr>
<tr>
<td>5-6 drinks</td>
<td>80</td>
<td>2.1%</td>
</tr>
<tr>
<td>7-9 drinks</td>
<td>15</td>
<td>0.4%</td>
</tr>
<tr>
<td>10+ drinks</td>
<td>3</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>3,815</td>
<td></td>
</tr>
</tbody>
</table>
Predictors of Physical Activity

- Higher Education
  + (p < 0.001)
- More hours of work day/shift
  - (p = 0.001)
- African-American
  - (p = 0.01)
- Married/In a relationship
  + (p = 0.02)

Physical Activity (150+ mins moderate PA per week)

$^5$Adjusted for age, gender, and primary role
Predictors of Sleep

- More hours of work day/shift
- Non-White
- Primary Role in Administration
- Higher Education
- Age 65+

Adjusted for gender and marital status

Sleep (7+ hours per night)

- (p<0.001)
- (p<0.001)
- (P<0.001)
+ (P=0.002)
+ (P=0.002)

$\text{Adjusted for gender and marital status}$
What Works Based on the Best Evidence

- Comprehensive well designed health promotion programs that are built on a culture and environment of health and wellness that support individual efforts at changing lifelong health habits by putting in place policies, programs, benefits, management, and environmental practices that intentionally motivate and sustain health improvement
- Leader and middle manager role modeling and support
- Grass roots wellness initiatives that build a culture of wellness (e.g., wellness innovators)
- Visual communication triggers at decision points
- Cultures that make healthy choices the default choices
- Incentives can stimulate short-term positive outcomes, but not long-term behavior change
Implementation Tactics of the Most Successful Organizations

- Foster senior leaders’ commitment
- Develop a comprehensive strategy
- Engage managers as role models
- Reduce employees’ stress
- Establish metrics
- Communicate frequently and implement tactics to engage employees
Ohio State’s Wellness Vision & Mission

The Healthiest University & Community in the World

We exist to optimize the highest levels of wellness for faculty, staff and students across the university and global community.
Fast Facts about Ohio State

- Over 65,000 students
- 46,242 faculty and staff
- 18 colleges & schools, including 7 health sciences colleges
- 5 regional campuses
- 7 hospitals
- 14 primary care practices
- Extension offices in all 88 counties in Ohio
- CEO Cancer Gold Standard
- Silver in HealthLead Accreditation
The OSU Wellness TEAM
Together, Everyone Achieves More

HR/Your Plan for Health
The OSU Health Plan
Buckeye Wellness and Buckeye Wellness Innovators
Student Life
One University Health & Wellness Council and Sub-Councils
The Social-Ecological Framework and Life-Course Perspective Guide
Evidence-based Interventions to Achieve the Vision of Ohio State as the Healthiest University on the Globe

Adapted from: Model to Achieve Healthy People 2020 overarching goals
Source: Secretary’s Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020 (2008, p. 7)

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A Sustainable Culture of Well-being is a Must for Improved Outcomes

We must make it easy and fun to engage in physical activity, healthy eating and stress reduction tactics.
Examples of Culture & Environmental Supports

- PHA completion assistance
- Health coaches
- Faculty & Staff Fitness Program
- RPAC & Rec Sports
- Healthy vending options
- Healthy food options in the dining halls
- Tobacco-free university
- Lactation rooms
- Bike racks & bike rental program
- Wellness Innovators
- On-site Weight Watchers
- Webinar educational programming
- Treadmills & standing desks
- Competitions, such as Amazing Races, dodgeball
- Chair messages
- Wellness walks
- STAR and Mindfulness in Motion
Buckeye Wellness Innovators
A Force in the Grass Roots

• Total Number:
  — 279 University
  — 210 Medical Center

• Units Represented
  — 52 Academic
  — 100 Medical Center
  — 5 Regional
  — 11 Extension
The Health Athlete Course for OSU Leaders, Faculty, Staff and Students

- Expands capacity for peak performance under stress without compromising health and happiness
- Expands capacity to make personal change
- Findings from a pilot study with 61 new graduate nurses indicated increases in healthy lifestyle behaviors and decreases in BMI, depressive and anxiety symptoms 12 months later (Hrabe, Melnyk, Buck et al., NAQ, 2017)
The OSU Wellness Onboarding Program for Health Sciences Students Incorporating an Evidence-based CBT Intervention
OSU’s Healthcare Spend and Return on Investment

- 1.4% compared to +4.3% in other organizations

- $3.65 ROI for every dollar invested

- Cumulative productivity savings: $15,424,829
The Inaugural National Summit on Promoting Well-being and Resilience in Healthcare Providers
Sept. 26-28, 2018

The Ohio State University’s seven health sciences colleges and the College of Social Work are proud to present the first national summit series to address the state of mental and physical well-being among healthcare providers and health professions students.
The 4th National Summit on Building Healthy Academic Communities

April 30/May 1, 2019 at The Ohio State University

See www.healthyacademics.org
Today, Make a Commitment to Making One Healthy Behavior Change for You and Your Family’s Well-being
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