Solutions for Burnout, Thriving, and Healthcare Value

Parkview Physicians Group
GI Division
AHA Physician Alliance Webinar
July 15, 2020
Our Strategic Partners

The National Taskforce for Humanity in Healthcare is grateful for the strategic partnership with the American Hospital Association, The Institute for Healthcare Excellence and Vocera Communications.
National Taskforce for Humanity in Healthcare
Strategic Sponsors & Contributors
Tackling Healthcare Burnout and Performance in a New Way

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Objectives

- Understand how clinician burnout contributes to challenges facing healthcare organizations

- Briefly review how the National Taskforce for Humanity in Healthcare has redefined the target - shifting from burnout to thriving - and solutions necessary to tackle these challenges

- Hear how Parkview Health and their GI Division deployed a comprehensive approach to achieve well-being that enhances thriving, performance, and value (outcomes, safety, experience, efficiency) in partnership with the NTH

- Discuss impact and outcomes at Parkview
Peak Performance at Work

- What allows you to go home with a “good tired” feeling?

- What is your greatest source of job satisfaction?
Barriers to Peak Performance in Healthcare
Lessons from IHE’s National Work

• Competing, contradictory priorities and legislation
• Complex, shifting teams and partnerships
• Rapidly evolving technology
• Poor process and technology implementation
• Shifts in reimbursement
• Leadership focus on tactics over workforce capacity
• Limited/no skills to navigate conflict, negative emotions, and strained relationships
• Low workforce engagement and high turnover
Performance Challenges = Drivers of a Burnout Epidemic

Process

Culture

Technology
Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.
Table 4: Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage

<table>
<thead>
<tr>
<th>Country</th>
<th>Reported ward to have poor or fair quality of care</th>
<th>Gave ward poor or falling safety grade</th>
<th>Regarded themselves to be burnt out</th>
<th>Dissatisfied with job</th>
<th>Intended to leave their job in the next year</th>
<th>Not confident that patients can manage own care after hospital discharge</th>
<th>Not confident that hospital management would resolve patients’ problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belgium</td>
<td>886/3167</td>
<td>28</td>
<td>6</td>
<td>730/2938</td>
<td>25</td>
<td>680/3159</td>
<td>22</td>
</tr>
<tr>
<td>England</td>
<td>540/2899</td>
<td>19</td>
<td>9</td>
<td>191/2895</td>
<td>7</td>
<td>1138/2699</td>
<td>42</td>
</tr>
<tr>
<td>Finland</td>
<td>141/1099</td>
<td>13</td>
<td>7</td>
<td>76/1095</td>
<td>7</td>
<td>232/1047</td>
<td>22</td>
</tr>
<tr>
<td>Germany</td>
<td>526/1507</td>
<td>35</td>
<td>6</td>
<td>94/1506</td>
<td>6</td>
<td>431/1430</td>
<td>30</td>
</tr>
<tr>
<td>Greece</td>
<td>170/361</td>
<td>47</td>
<td>17</td>
<td>61/358</td>
<td>17</td>
<td>246/315</td>
<td>78</td>
</tr>
<tr>
<td>Ireland</td>
<td>152/1389</td>
<td>11</td>
<td>8</td>
<td>117/1385</td>
<td>8</td>
<td>536/1293</td>
<td>41</td>
</tr>
<tr>
<td>Netherlands</td>
<td>756/2815</td>
<td>35</td>
<td>7</td>
<td>123/2817</td>
<td>6</td>
<td>211/2061</td>
<td>10</td>
</tr>
<tr>
<td>Norway</td>
<td>468/3732</td>
<td>13</td>
<td>5</td>
<td>199/3712</td>
<td>5</td>
<td>823/3501</td>
<td>24</td>
</tr>
<tr>
<td>Poland</td>
<td>683/2581</td>
<td>26</td>
<td>9</td>
<td>463/2579</td>
<td>18</td>
<td>920/2341</td>
<td>48</td>
</tr>
<tr>
<td>Spain</td>
<td>897/2794</td>
<td>32</td>
<td>17</td>
<td>173/2797</td>
<td>15</td>
<td>993/2714</td>
<td>40</td>
</tr>
<tr>
<td>Sweden</td>
<td>2750/10</td>
<td>27</td>
<td>27</td>
<td>117/10</td>
<td>0.9</td>
<td>035 /0.9</td>
<td>13</td>
</tr>
<tr>
<td>Switzerland</td>
<td>324/1604</td>
<td>20</td>
<td>4</td>
<td>71/1600</td>
<td>4</td>
<td>228/1563</td>
<td>12</td>
</tr>
<tr>
<td>US</td>
<td>4196/26</td>
<td>16</td>
<td>6</td>
<td>1628/26</td>
<td>6</td>
<td>9122/2732</td>
<td>25</td>
</tr>
</tbody>
</table>

34% of US Nurses are burned out
The medical profession relies on the premise that doctors and medical staff, like highly trained endurance athletes, are conditioned to clock long hours and ignore fatigue and the emotional toll of their work.

An estimated 300 to 400 doctors kill themselves each year, a rate of 28 to 40 per 100,000 or more than double that of general population.
How Burnout May Show Up

- I’m not certain I can keep going
- Maybe I should go part-time
- I just made a major medical error
- I have to quit that committee
- I simply can’t find a way to do that required training this month
- There’s no way we can increase encounters . . . I don’t care about more revenue while I’m drowning
- I have to quit that committee
- Should I find a new job?

- Another new leader . . . This is only going to get worse
- I know I shouldn’t yell at my manager, but she has no idea how bad things are
Disruptive Behavior is Associated with Personal Burnout

Burnout and Disruptive Behaviors

MD Burnout is expensive: $4.6 billion
**Burnout and Financial Impact**

- **Percent of doctors with burnout symptoms left:** 21%
- **Percent of doctors without burnout symptoms left:** 10%
- **Two year economic loss estimate:** $16 - $56 M

**National Taskforce for Humanity in Healthcare Estimate**

<table>
<thead>
<tr>
<th></th>
<th>Physician Turnover</th>
<th>Nurse Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimate</strong></td>
<td>$3,372,000,000</td>
<td>$8,998,000,000</td>
</tr>
</tbody>
</table>

Primary care providers who are burned out send more patients to the hospital, even when those admissions are preventable (dose–response pattern: worse burnout = more hospitalizations)
Burnout and Clinical Impact

**Patient Satisfaction**
- Aiken et al. BMJ 2012;344:e1717

**Infections**

**Medication Errors**

**Standardized Mortality Ratios**
- Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.
...existing interventions were associated with small reductions in burnout... effectiveness was improved with organization-directed interventions; however these interventions were rare.

More effective models of interventions are needed to mitigate risk for burnout in physicians. Such models could be organization-directed approaches that promote healthy individual-organization relationships.
High Level Themes from the Wingspread and National Taskforce for Humanity in Healthcare Retreats

Challenges Healthcare Organizations and Clients Face:

1. Competing demands can interfere with the desire to **build interpersonal relationships** with physicians and fellow caregivers.

2. “People come into health care with the desire to be caring and thoughtful. That gets extinguished early in careers when they are told there are too many people to see and no time to be caring and thoughtful.”

3. Patients present with pain, fear, and feeling vulnerable, which is a complicated set up for **creating strong relationships**.

4. The concept of team is evolving.

5. Regulatory demands, technology challenges, and reimbursement requirements result in **limited time to develop relationships**.
High Level Themes from the Wingspread and National Taskforce for Humanity in Healthcare Retreats

Proposed Solutions:

- **Train leaders** to lead in a more effective, human-centered way

- Work to **increase trust** between physicians and administrators

- **Integrate** the skill of **appreciation** into all of our work

- Design curriculum that puts the patient-physician **relationship at the center** of medical training

- **Create a safe place** for patients, respect patient’s choices, and be forgiving

- Promote care models that **engage patients** in their care
High Level Themes from the Wingspread and National Taskforce for Humanity in Healthcare Retreats

Proposed Solutions:

- Bridge the Personal, Leadership, and Organizational Divide
- Focus on teamwork, fostering connectedness, and true collaboration
- Promote resiliency at all stages of a nurse’s career
- Reframe the issue from treating burnout to achieving thriving
- Collaborate with other healthcare professions to create a team-based learning program
- Find ways to support caregivers in meeting technical obligations without detracting from patient interactions
Themes and evidence suggest **importance of connecting to positive emotion** and potential for **four (4) different types of interventions** to impact culture, thriving, and well-being

1. Leading differently

2. Team skills to create positive culture, focused on human connection

3. Alternative approaches to how we do (and design) daily work, based as much on relationships as on technical execution

4. Intensive focus on empathy, trust, and stronger relationships
Key Insight
Tackle Multiple Burnout Drivers Simultaneously

- Process
- Culture
- Technology
Key Insight

Move Beyond Burnout to Thriving

Burnout, at its core, is the impaired ability to experience positive emotion.

Outstanding culture, at its core, is the cultivation of positive emotion.

Christina Maslach
• Emotional Exhaustion
• Depersonalization
• Personal Accomplishment

Bohman, Dyrbye, Sinsky, et. al.
• Culture Of Wellness
• Personal Resilience
• Efficiency of Practice

I’m Thriving

Sexton, Buckingham, National Taskforce for Humanity in Healthcare
• Emotional Thriving
• Emotional Recovery

I’m Thriving

I’m Burned Out

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What Emotions Are We Talking About?

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines

Undoing Effect
Resilience - and Outstanding Performance - is a Team Sport

Culture of Wellness

We’re Burned Out

We’re Thriving

26% of your individual burnout score is predicted by the burnout of the people around you.

The organizational template for excellence becomes collective accessibility to positive emotions.

The National Taskforce for Humanity in Healthcare

Comprehensive Approach

**Measurement of Emotional Thriving, Emotional Recovery, and Emotional Exhaustion**
- Allows for an understanding of gaps in reaching the desired states and mapping of solutions to close these gaps

**Human-Centered Leadership**
- Provides healthcare leaders with skills necessary to create and nurture a culture of positive emotions and positive culture practices

**RELATIONS® for Teamwork Transformation**
- Provides frontline caregivers and support team with skills necessary to develop trust, teamwork, and respect

**Experience Mapping**
- Amplifies joys and removes hassles in critical daily work processes within a department/division

**Design Session**
- Provides an opportunity for leaders and front-line caregivers to hardwire skills and solutions learned throughout the program into daily work

**Post-Pilot Measurement**
Why Parkview Joined the National Taskforce for Humanity Pilot Program

- Parkview Physicians Group was interested in resources to support patient experience and burnout as it relates to physicians, APPs and co-workers.

- In June 2018 the partnership began between Parkview Physicians Group and IHE to introduce the RELATIONS® workshop to providers.
4 Engagement Questions using 5-point scale:
Respondents averaging 0.0 - 3.9 = Unengaged, 4.0 - 4.9 = Engaged, 5.0 = Fully Engaged
BURNOUT

Level of Burnout Among Those Burned Out

5 Burnout Questions using 5-point scale:
Respondents averaging 0.0-2.9 = Not Burned Out, 3.0-3.9 = Mild, 4.0-4.9 = Moderate, 5.0 = Severe
“I thought the course was excellent and the content was very useful.”

“Thank you, Parkview for offering this workshop”

“I thought the material was great and would like my staff to participate in the workshop. I think they would also find value in the training.”

“I think the most valuable learning experience from today was how to communicate with patients to improve outcomes”

“I was required to attend this workshop but I’m glad I did. It was the best thing that Parkview has ever done for me”
Why Parkview GI Joined the National Taskforce for Humanity Pilot Program

• We were transforming a rapidly growing group

• We had established a dense focus on standard work as our fundamental core operations vehicle

• We were creating a user manual, with a primary focus on integrating cultural principles into operational structures; marrying the two (no slogans)

• Personal belief that burn-out is not limited to number of hours worked and respect for NTH’s humanistic view on burn-out

• A significant tenant of our transformation is that all work is teamwork and the IHE/NTH program directly aligned with this
The National Taskforce for Humanity in Healthcare Comprehensive Approach

Measurement of Emotional Thriving, Emotional Recovery, and Emotional Exhaustion

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Experience Mapping

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Design Session

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Post-Pilot Measurement
Step 1
On-Site Assessment, Pre-Measurement, and Summary
September 5-6, 2019

- 68 Electronic Surveys
- 45 Interviews
- Dozens of Observations
Step 1
Key Learnings

• Increase visible and relational leadership skills among clinic staff and providers

• Enhance skills to provide timely, authentic, and compassionate coaching/communication amongst all members of the team

• Focus on key workflows to elevate joys and decrease hassles:
  1. Flow of information from Inpatient to Outpatient teams
  2. Maximally utilizing skills at the nursing, APP, and Physician levels to efficiently and effectively manage information/data for patient questions
  3. Standardization of Outpatient Flow, with particular attention to the Check-Out Process
## Pre-Pilot Team Climate Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel supported during times of high stress at work</td>
<td>22%</td>
</tr>
<tr>
<td>I feel closely connected to the mission and purpose of my organization</td>
<td>31%</td>
</tr>
<tr>
<td>In this unit, people treat each other with respect</td>
<td>31%</td>
</tr>
<tr>
<td>The people I work with care about me as a person</td>
<td>38%</td>
</tr>
<tr>
<td>I believe my teammates have my back</td>
<td>31%</td>
</tr>
<tr>
<td>We have a “we are in it together” attitude</td>
<td>25%</td>
</tr>
<tr>
<td>I experience good collaboration with others on my unit</td>
<td>27%</td>
</tr>
<tr>
<td>People on our unit cooperate to develop and apply new ideas</td>
<td>24%</td>
</tr>
<tr>
<td>Mistakes have led to positive changes here</td>
<td>11%</td>
</tr>
</tbody>
</table>
1. I have a chance to use my strengths every day at work
2. I feel like I am thriving at my job
3. I feel like I am making a meaningful difference at my job
4. I often have something I am looking very forward to at my job
1. I always bounce back quickly after difficulties
2. I can always regain a positive outlook despite what happens
3. I can adapt to events in my life that I cannot influence
4. My mood reliably recovers after frustrations and setbacks
1. Events from this work setting affect my life in an emotionally unhealthy way
2. I feel burned out from my work
3. I feel fatigued when I get up in the morning and have to face another day on the job
4. I feel frustrated by my job
5. I feel I am working too hard on my job
Webinar with Bryan Sexton
Partner at Duke University

Gratitude & Appreciation likely to have biggest impact on thriving and recovery
Step 2
Human-Centered Leadership Summary
October 7-8, 2019, ~20 leaders
Step 2
Human-Centered Leadership Skills

- Check-In
- Powerful Questions
- Self-Discovery
- ART: Ask (“How’d that go?”), Reflect (“I heard you say . . .”), Tell (Provide your reaction)
- Feed Forward (“That, yes that!”)
- Cone in a Box
- Ladder of Inference
- Setting SMART Goals
- Appreciation
Step 2
Key Learnings

- Provoked extensive reflection
- Saw value in relationships & understanding others as human beings
- Saw connection between skills and need to build vulnerability & trust
- Introduced new framework for highlighting positive emotions and strengths at work
- Had strong impact on the way people showed up each day
- Clarified the value of having all Parkview leaders lead this way
Four (4)-hour course on skills to enhance trust, teamwork, and communication - building upon prior communication skills training at the institution
Step 3
RELATIONS® for Teamwork Skills

- Appreciative Questions
- Check-In
- Connecting skills to Positive Emotions
- Reflective Listening
- Information Gathering/Joint Agenda Setting Skills Practice
- RELATIONS® in Written Form
- Appreciation (Gratitude Letter)
Step 3
Key Learnings

• Having all department staff together for learning and exchange was extremely valuable

• First time for group dialog, in a safe space, about burnout, challenging interpersonal interactions, and desired culture

• Many participants still sought a “single fix”, such as staffing, electronic workflow changes, or more time off - rather than focus on culture and culture-enhancing skills
Step 4
Experience and Process Mapping
December 2-5, 2019

- Extensive Workflow Observations
- Identified Opportunities
  - Amplify Joys
  - Minimize Hassles
  - Restore humanity through stronger human connection
- Extensive Data Analysis
Average Daily Volume by Hour
New vs. Return Patient

Average Visits Per Hour Returning Patients

Average Visits Per Hour New Patients
Patient Satisfaction Results

Overall Quality of Care (Jan 2018 - Nov 2019)

<table>
<thead>
<tr>
<th>Overall Quality of Care</th>
<th>Count</th>
<th>Percent</th>
<th>Cum %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>972</td>
<td>71.2</td>
<td>71.2</td>
</tr>
<tr>
<td>Very Good</td>
<td>302</td>
<td>22.1</td>
<td>93.3</td>
</tr>
<tr>
<td>Good</td>
<td>74</td>
<td>5.4</td>
<td>98.7</td>
</tr>
<tr>
<td>Fair</td>
<td>12</td>
<td>0.9</td>
<td>99.6</td>
</tr>
<tr>
<td>or Poor</td>
<td>6</td>
<td>0.4</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Co-Worker Engagement Survey Data

Red Questions

- Q3: At work, I have the opportunity to do what I do best every day.
- Q4: In the last 7 days, I have received recognition or praise for doing good work.
- Q7: At work, my opinions seem to count.
- Q9: My co-workers are committed to doing quality work.
- Q10: I have a best friend at work
Attention to Human Connection and Workflow
How Do We Prioritize?
Effort and Impact
SMART Objectives and Always Events

• Inpatient to Outpatient GI care transitions

• Handling unscheduled patient questions at the front desk

• Clinic Check-out

• Continuous validation of positive, culture-enhancing behaviors
Step 5
Design Session
January 16-17, 2020, 14 leaders and staff

- Reviewed Experience Mapping action items
- Hardwiring skills/habits into daily work
  - Human-Centered Leadership
  - RELATIONS® for Healthcare Transformation
  - Gratitude, along with 9 other Positive Emotion practices
- User-Centered Design Process: Created Human-Centered Always Events
  - Inpatient to Outpatient Handoff
  - Positive Culture Practices - Green Sheet (Impromptu visit to clinic - front desk staff)
  - Check-out Process
- Work outputs handed back to previously established working groups
## Empathy Map

### Inpatient to Outpatient Handoff

#### What Do End-Users of the Handoff Process

<table>
<thead>
<tr>
<th>THINK</th>
<th>SAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Outpatient team believes this should improve but inpatient team is Ok - yet outpatient team not happy</td>
<td>• RN Rounder - Inpt to clinic is going well but outpt has some complaints</td>
</tr>
<tr>
<td>• Definition of when d/c handoff is finished is different (inpt vs. outpt teams disagree)</td>
<td>• Lots of confusions among patients</td>
</tr>
<tr>
<td><strong>I’d follow up on inpt orders if inpt team called</strong></td>
<td>• Patients no-show</td>
</tr>
<tr>
<td></td>
<td>• Not the norm to get direction from inpatient MD on what to do with Path result</td>
</tr>
<tr>
<td></td>
<td><strong>Direct communication inpt to outpt makes it go well</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEEL</th>
<th>DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>• I’m stressed because the discharged patient is scheduled in a 30 min slot</td>
<td>• RN called up NP taking over, who let me order labs under her name</td>
</tr>
<tr>
<td>• Frustration/confusion among most providers</td>
<td>• Extra calls due to questions</td>
</tr>
<tr>
<td></td>
<td>• General lack of communication</td>
</tr>
<tr>
<td></td>
<td>• Takes 5 minutes to make an in-person call</td>
</tr>
<tr>
<td></td>
<td>• Outpt APP - Don’t prescribe meds for patients we’ve never seen before - we were told this</td>
</tr>
</tbody>
</table>
Prototype Sketches
How Do We Weave Skills, Emotions, and Work Together?
Prototype Videos
Bringing Human Connection and Workflow to Life

- Turned prototype sketches into short videos
- Incorporated empathy map insights into real world illustrations
- Looked for use of skills, human connection, and feasible workflows
- Sought to show how to cultivate positive emotions *inside* daily work
Step 5

Key Learnings

• Intensive coaching to make skills stick

• While engagement was strong in every step of pilot, only in Experience and especially Design Sessions did purpose, approach, and skills “click” for most participants

• Design process clarified what use of skills could look like in an ideal setting

• Ongoing work to implement all elements of the NTH program
Quotes from GI Participants

“It’s going to be a progressive domino effect of positive change that will impactfully change the culture of how we treat and support one another and our patients.”

“This journey improves team dynamics and interpersonal relationships. This translates to improved patient evaluation and perception of care. We now have a tool-box of skills to carry forward. Supporting less burnout and increasing employee retention.”

“The impact of this work can position Parkview as a pioneer in the delivery of medical care. Projects like this could have a substantial impact on quality of care and safety.”

“Before this work began, I was seriously considering transferring to another department. The burnout factor had turned into a dark cloud of negativity that I wanted no part of. This has created a positive shift that has inspired me to stay.”
How Parkview is Measuring Impact
<table>
<thead>
<tr>
<th>Holistic Measurement of Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnout, Emotional Recovery, Emotional Thriving</td>
</tr>
<tr>
<td>Team Climate</td>
</tr>
<tr>
<td>Engagement</td>
</tr>
<tr>
<td>Turnover</td>
</tr>
<tr>
<td>Observed use of leadership and team skills</td>
</tr>
<tr>
<td>Patient experience</td>
</tr>
<tr>
<td>Operational efficiency, access and visit volume</td>
</tr>
<tr>
<td>Harm and patient safety</td>
</tr>
</tbody>
</table>
Events from this work setting affect my life in an emotionally unhealthy way
I feel burned out from my work
I feel fatigued when I get up in the morning and have to face another day on the job
I feel frustrated by my job
I feel I am working too hard on my job
What This Work Means for Parkview
Impact on the GI Team following the NTH Participation

• Clear demarcation intellectually and culturally between participants and non-participants

• It is very difficult for people to truly understand this work just by talking about it

• Can’t implement this work without a toolkit; can’t get the toolkit without participating in the program

• Even with some experiencing the program and gaining the skills in the toolkit, it is still very difficult to implement across a broader group without everyone participating in the program
Questions
With Gratitude

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National Taskforce for Humanity in Healthcare
July 2020

With Gratitude