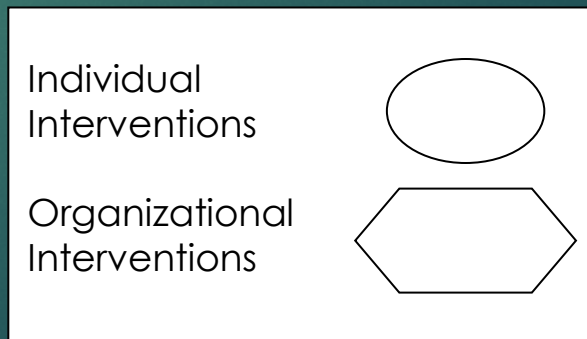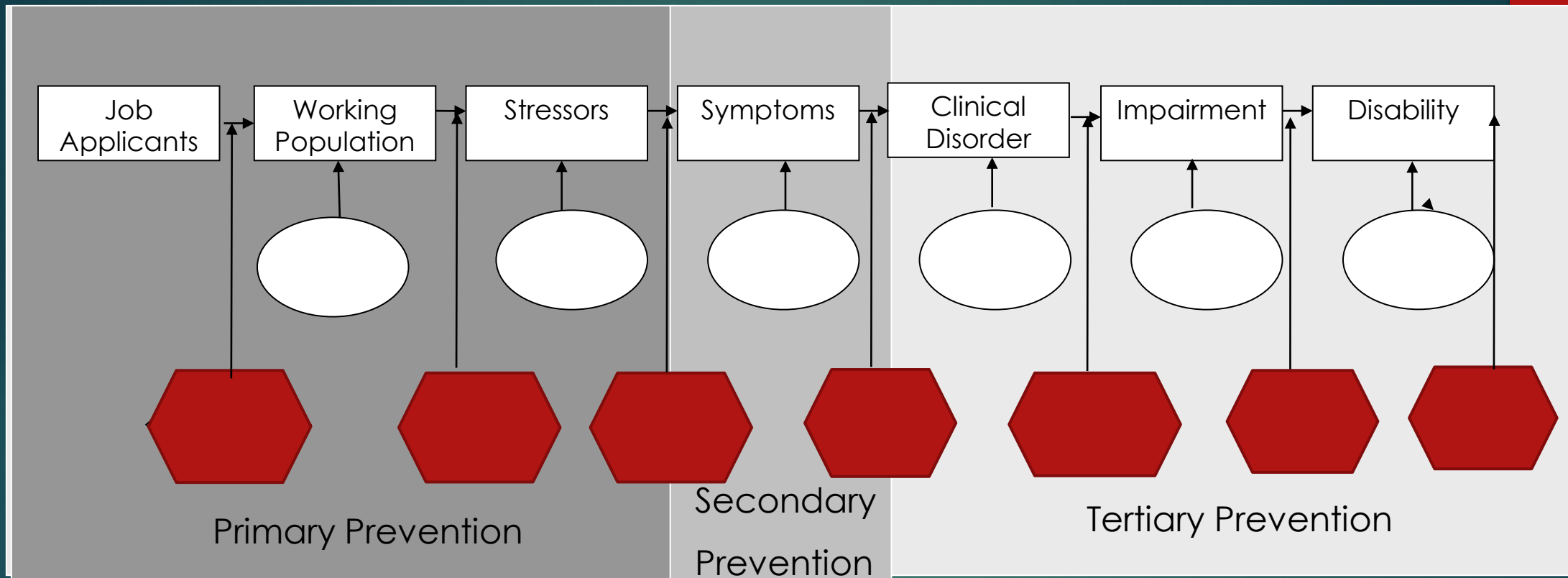# A Long Night's Journey Into the Day: Creating an Organizational Framework to Support Clinician Well-Being

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# Occupational Health Prevention Model

The Journey to Prevention

- Tertiary Prevention
  - Identifying and managing distress and impairment
- Framework for Primary and Secondary Prevention
  - Effective strategies
  - Process for implementation
- Lessons learned

Identifying and Managing Impairment: 2003 - 2018

- Robust Fitness for Duty process
  - 2003: 2 or 3 per year
  - 2018: 3-4 a month
- Detailed policy, procedures, and training
- Comprehensive Return to Work plan and support
- Occupational Medicine and HR in collaboration with NH Physicians' Health Program
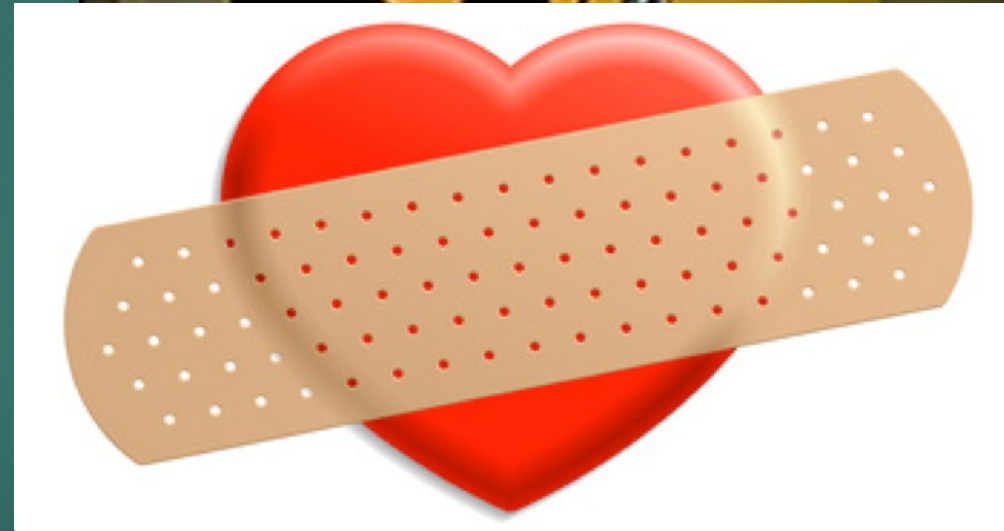
Physician, heal thyself*.

- "I cannot give myself, if I have no self to give."

    (Ethicist Richard Cohen)

- "… an ethics that not only encourages, but even demands care of the self."

    (Irvine 2009)

* Luke 4:23, King James Version

Burnout

Disengagement
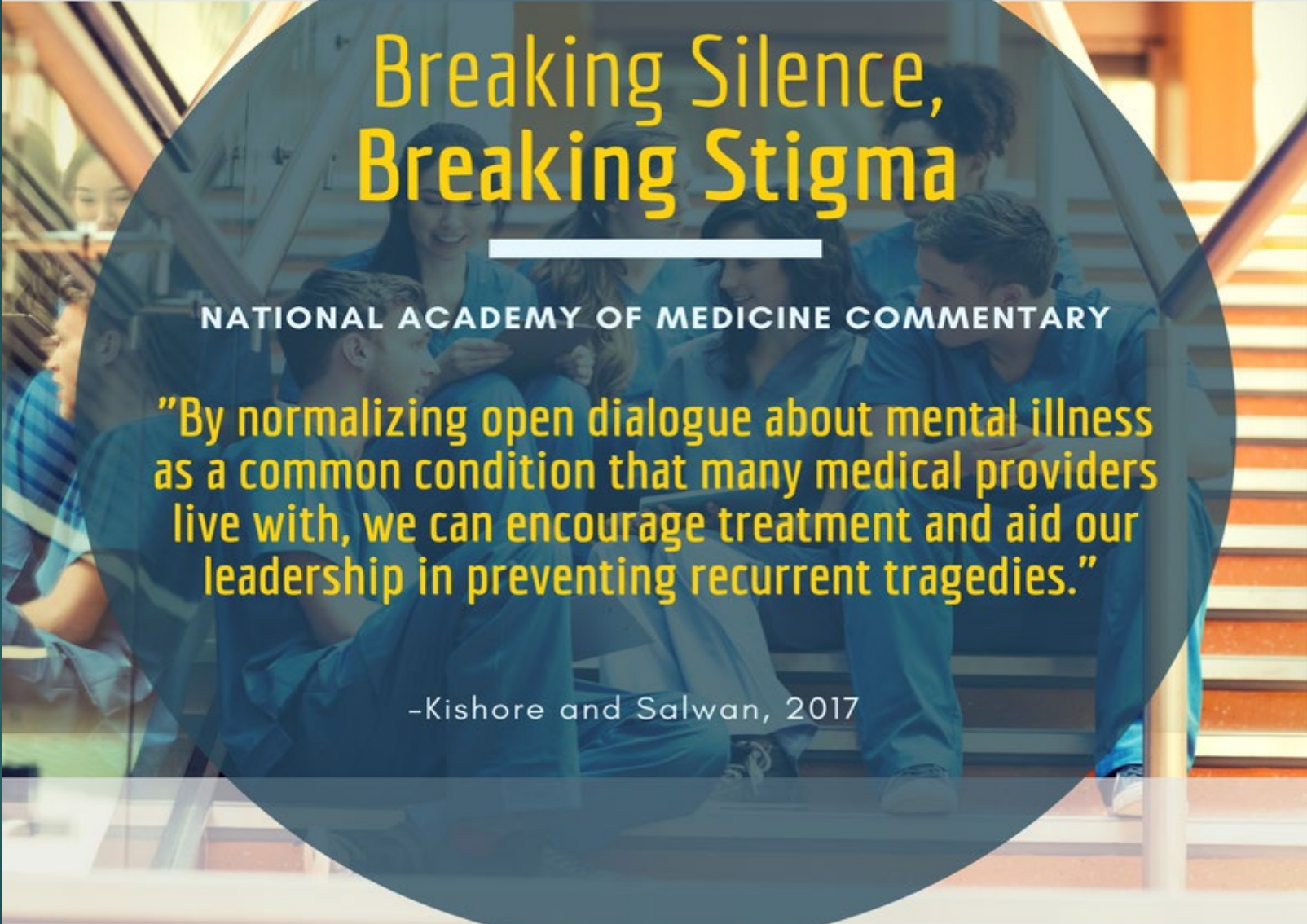
ATTRITION

Depression and Suicide

Breaking Silence, Breaking Stigma

NATIONAL ACADEMY OF MEDICINE COMMENTARY

"By normalizing open dialogue about mental illness as a common condition that many medical providers live with, we can encourage treatment and aid our leadership in preventing recurrent tragedies."

–Kishore and Salwan, 2017

@theNAMedicine

nam.edu/Perspectives

Plethora of Effective Personal Strategies to Support Well-being

- Mindfulness
- Exercise
- Mediterranean diet
- Gratitude
- Adequate sleep
- Music
- Contact with nature
- Positive psychology
- Social relationships
- Humor

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

CONCLUSIONS AND RELEVANCE Evidence from this meta-analysis suggests that recent intervention programs for burnout in physicians were associated with small benefits that may be boosted by adoption of organization-directed approaches. This finding provides support for the view that burnout is a problem of the whole health care organization, rather than individuals.

Acknowledge

It's the System, Stupid

- To Err is Human. IOM 1999
  - Recognized that patient safety was dependent on changing the system, not improving individual behavior
- "Institutions are where the heart either gets welcomed or thwarted or broken."
  - Parker Palmer

Physicians Share Universal Occupational Stressors as Dissatisfiers

- ↓ Autonomy and control
- ↓ Alignment of values with leadership
- ↓ Collegiality, fairness and respect
- ↓ Stability of payment, income, finances
- ↑ Work quantity and pace

Friedberg et al. Rand and AMA 2013

Factors Affecting Clinician Well-Being

External Factors

Internal Factors

National Academy of Medicine
Nam.edu/ClinicianWellBeing

Drivers of Burnout and Engagement

Shanafelt and Noseworthy. Mayo Clin Proc. 2017;92(1):129-146
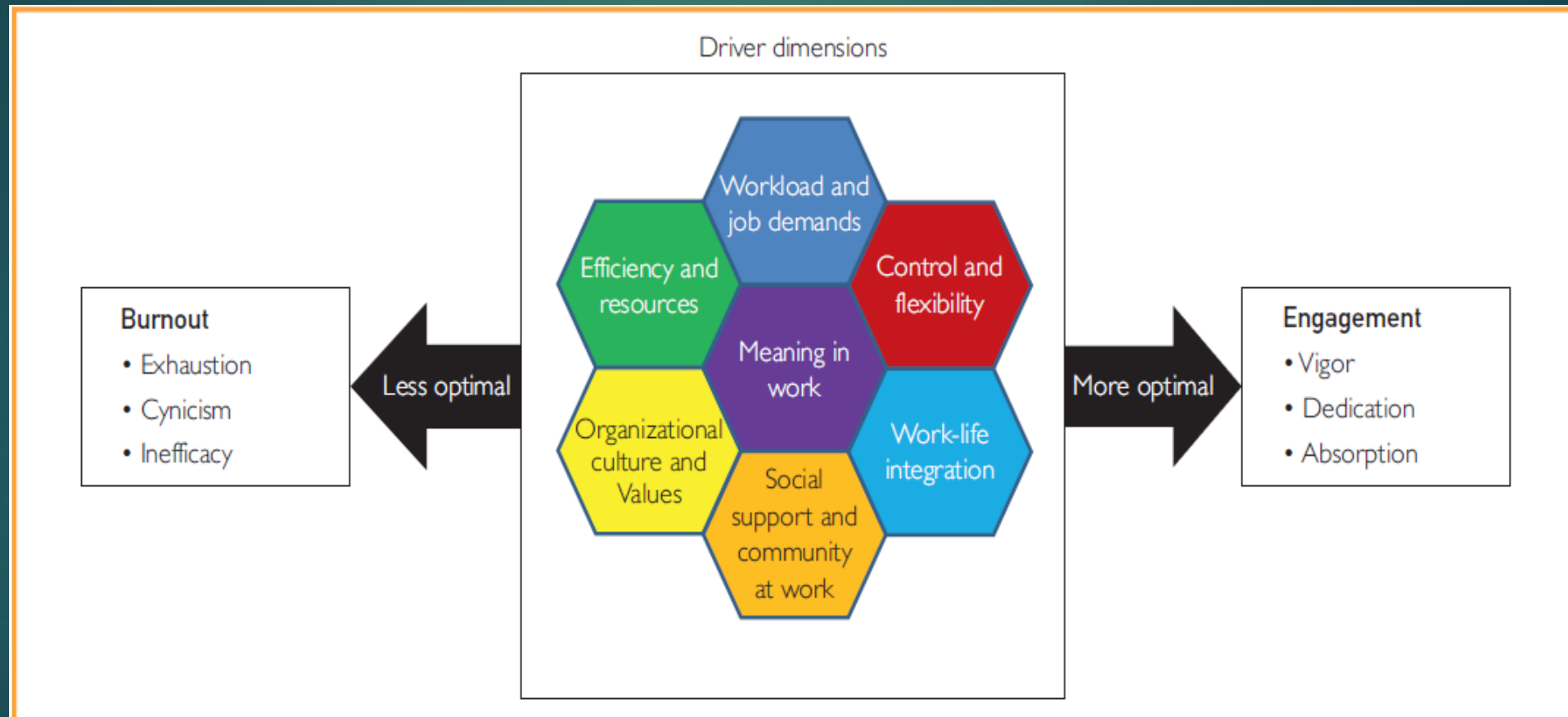
IHI Framework for
Improving Joy in Work

AN IHI RESOURCE

20 University Road, Cambridge, MA 02138 • ihi.org

Critical Components for Ensuring a Joyful, Engaged Workforce
Interlocking responsibilities at the individual, work unit, and organizational level
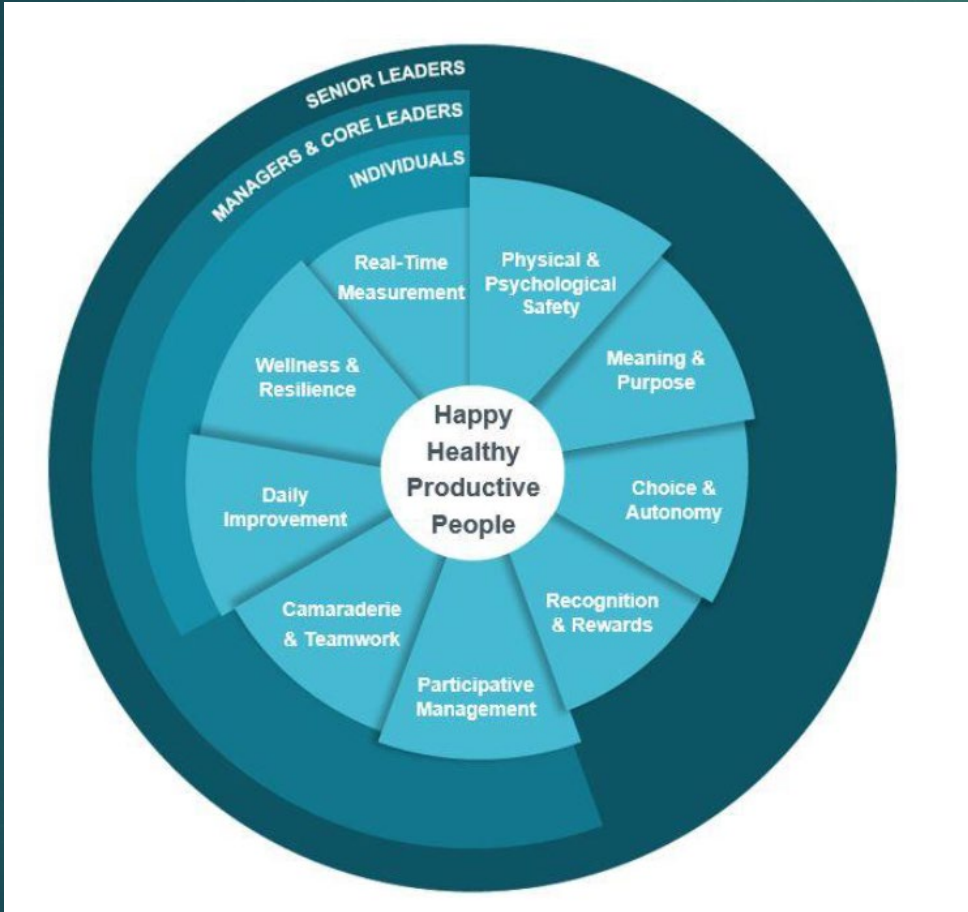
Physical & Psychological Safety:
Equitable environment, free from harm, Just Culture that is safe and respectful, support for the 2nd Victim

Real Time Measurement:
Contributing to regular feedback systems, radical candor in assessments

Meaning & Purpose
Daily work is connected to what called individuals to practice, line of site to mission/goals of the organization, constancy of purpose

Wellness & Resilience:
Health and wellness self-care, cultivating resilience and stress management, role modeling values, system appreciation for whole person and family, understanding and appreciation for work life balance, mental health (depression and anxiety) support

Autonomy & Control:
Environment supports choice and flexibility in daily lives and work, thoughtful EHR implementation

Daily Improvement:
Employing knowledge of improvement science and critical eye to recognize opportunities to improve, regular, proactive learning from defects and successes

Recognition & Rewards:
Leaders understand daily work, recognizing what team members are doing, and celebrating outcomes

Camaraderie & Teamwork:
Commensality, social cohesion, productive teams, shared understanding , trusting relationships

Participative Management:
Co-production of Joy, leaders create space to hear, listen, and involve before acting. Clear communication and consensus building as a part of decision making

SENIOR LEADERS
MANAGERS & CORE LEADERS
INDIVIDUALS

Real Time Measurement

Physical & Psychological Safety

Wellness & Resilience

Meaning & Purpose

Daily Improvement

Happy Healthy Productive People

Autonomy & Control

Camaraderie & Teamwork

Recognition & Rewards

Participative Management

Perlo et al. IHI Framework for Improving Joy in Work. 2017

Individual Opportunities

- Real time self-assessment
- Self care

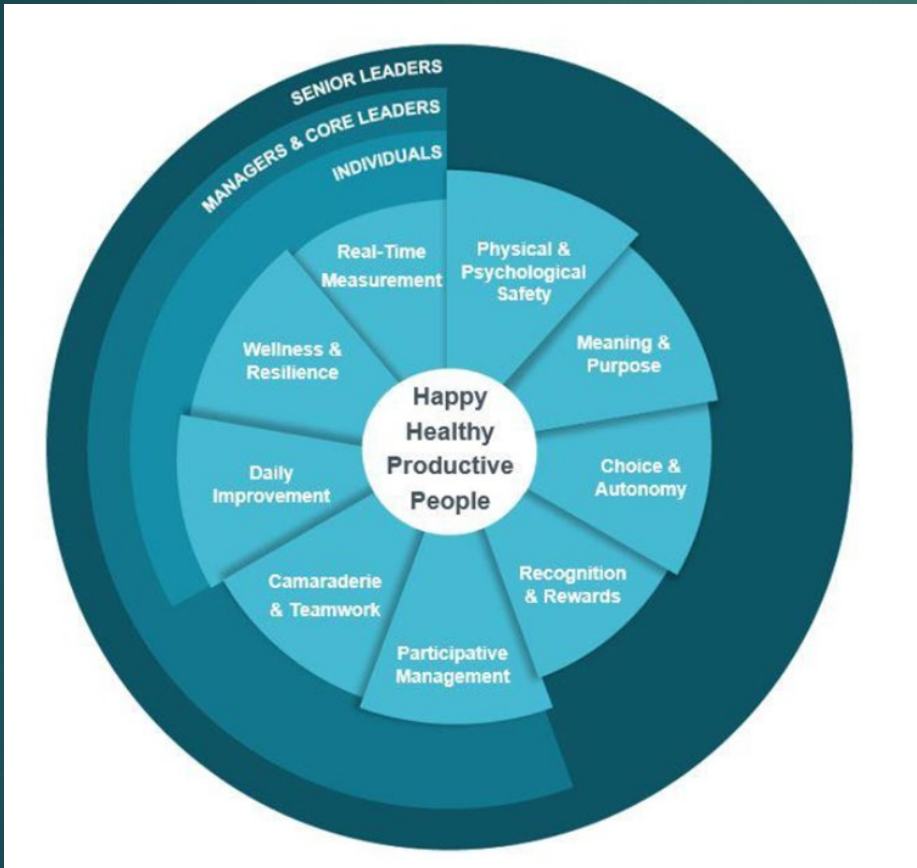Perlo et al. IHI Framework for Improving Joy in Work. 2017 (Available at ihi.org)

Team Level Opportunities

- Assure participative management
- Support camaraderie and teamwork
- Use quality improvement science
- *Support* personal wellness and resilience

Perlo et al. IHI Framework for Improving Joy in Work. 2017 (Available at ihi.org)

Organizational Level Opportunities

- Protect physical and psychological safety
- Assure meaning and purpose
- Optimize efficiency and autonomy
- Offer recognition and wise rewards

Perlo et al. IHI Framework for Improving Joy in Work. 2017 (Available at ihi.org)

Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being

A Consensus Study from the National Academy of Medicine

The Journey at Dartmouth-Hitchcock: Round One: 2013 - 2014

- Triggered by national conversation, local provider distress
- Sponsored by CMO; assigned project manager
- Create a plan , budget, and methodology for delivering and monitoring the outcomes of a program to enhance physician health and wellbeing
  - Emphasize behavioral health throughout the D-H system
  - Collaborate with Med School Resiliency Curriculum
- Out of scope: Associate providers, PhDs, other licensed health professionals and staff

Planning Components

- Multispecialty task force
- Research
  - Measures of well-being
  - Evidence for effective interventions
  - Benchmarking
  - Inventory existing D-H and community resources
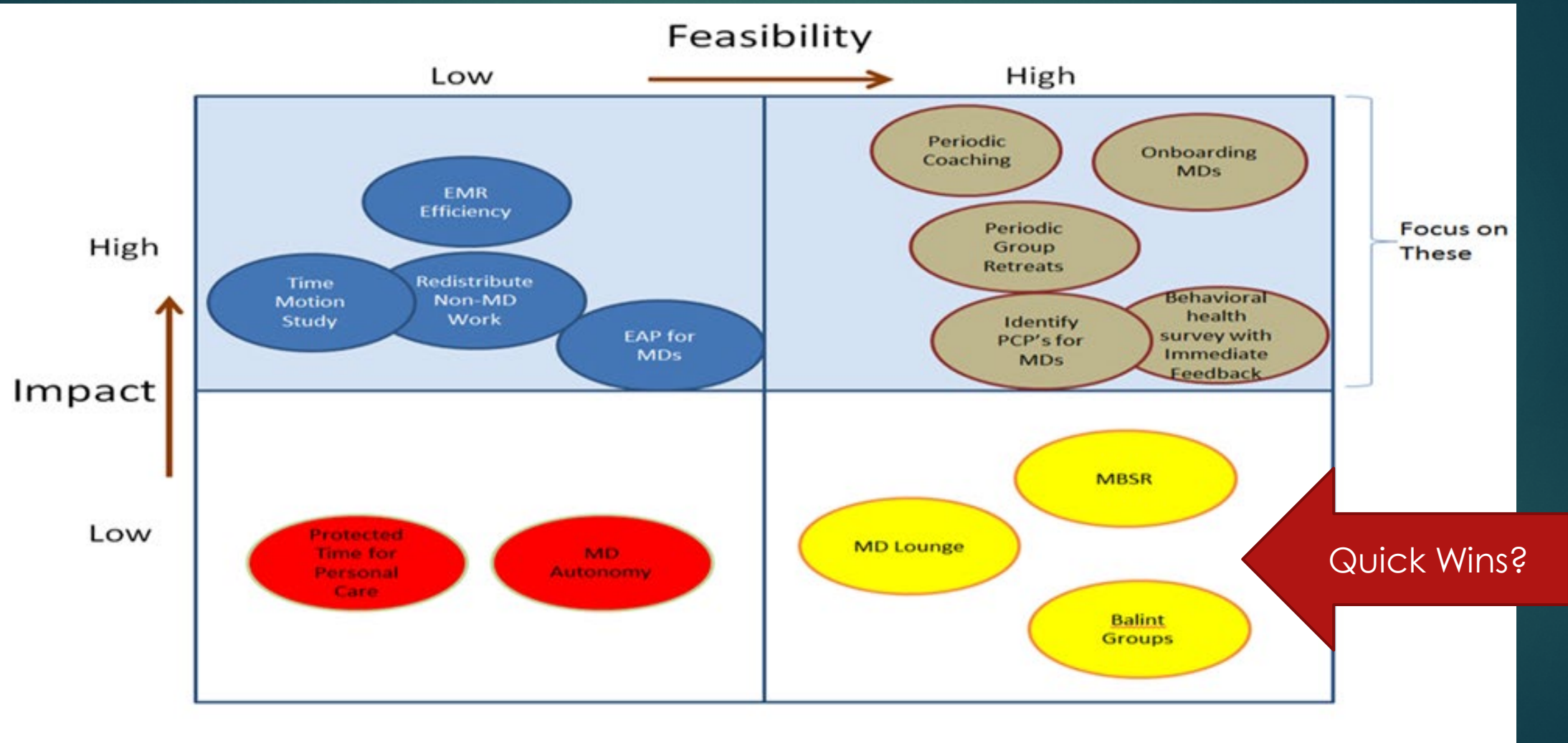- Intervention planning
  - Focus Groups
  - Workshop tools

Burnout Prevention Template

	Stress Reduction	Recharge
Personal	• Coaching Opportunities: peer support/mentoring for colleagues	• Mindfulness-Based Stress Reduction
Organization	• At elbow EMR Help Process	• Physician Lounge
Team	• Shift non-MD work to others in team	• Team retreat

Drummond. The Happy MD. https://support.thehappymd.com/physician-burnout-prevention-matrix

Prioritization

Project Proposals With $1.1 Million Budget

▶ Baseline survey with periodic reassessment

▶ Enhance EAP services for physicians

▶ At elbow EMR support

▶ Primary Care Doctors for physicians

▶ Implement a network of mentors and mentees

▶ Time motion study

FY 2015

Round Two: 2015 – 2016 Sponsored by DHMC CMO and CHRO

- Geisel resiliency curriculum stalled and disengages
- Refresh FY14 work with a focus on assessing the well-being of physician staff and implementing evidence-based approaches to preventing and responding to the emotional distress of physicians.

Top Ranked, Evidence Based Interventions

Strategy	Individual	Section	Organization
Assessment	On-line, on-demand self-assessment		• Annual survey • MD Well-being as quality metric • 360 leadership assessment
Leadership Recruitment & Development		Section chief • Right people • Training and tools • Performance expectations • More local autonomy	Senior Leadership • Right people • Clear/consistent messaging • Rounding

Shanafelt and Noseworthy Mayo Clin Proc 2016

Strategy	Individual	Section	Organization
Targeted Section Interventions		• Participatory management • $\geq$ 20% time devoted to professional "passion"	
Cultivate Community at Work			• Support small groups for dinners • Retirement recognition and opportunity • Budget fun activities for section
Efficiency and Resources			• Optimize EMR • Reduce inefficiencies

Strategy	Individual	Section	Organization
Use Rewards and Incentives Wisely			• Apply behavioral science to future comp. models • Consider non-financial recognition • Celebrate successes • Recognize non-financial contributions
Promote Flexibility and Work/Life Balance, Manage Cognitive and Work Load			• Support flex time and family-friendly policies • Reduce e-mail/busy work • Enhance child/elder care options

Shanafelt and Noseworthy Mayo Clin Proc 2016

Strategy	Individual	Section	Organization
Provide Resources, Support & De-stigmatize Self-care	• Encourage self-care plan as part of professional development		• Quarterly forums on MD health • Website with internal & external resources • Suicide communication plan • Second victim support • Emotional distress sensitivity training

Shanafelt and Noseworthy Mayo Clin Proc 2016

Five Leadership Behaviors

|	
Appreciation	• Express gratitude in a meaningful way to colleagues
Transparency	• Discuss what you know with the team
Ideas	• Seek input
Career	• Support professional aspirations of staff
Inclusion	• Nurture a culture where all are welcome and feel psychologically safe

Shanafelt et al. Mayo Clinic Proceedings. 2015

Leadership Development

Promote a system of physician leadership recruitment and development focused on the aptitude and competencies foundational to creating healthy, productive work environments

Totally Relevant. Completely Flexible. Results Oriented. Value Driven.
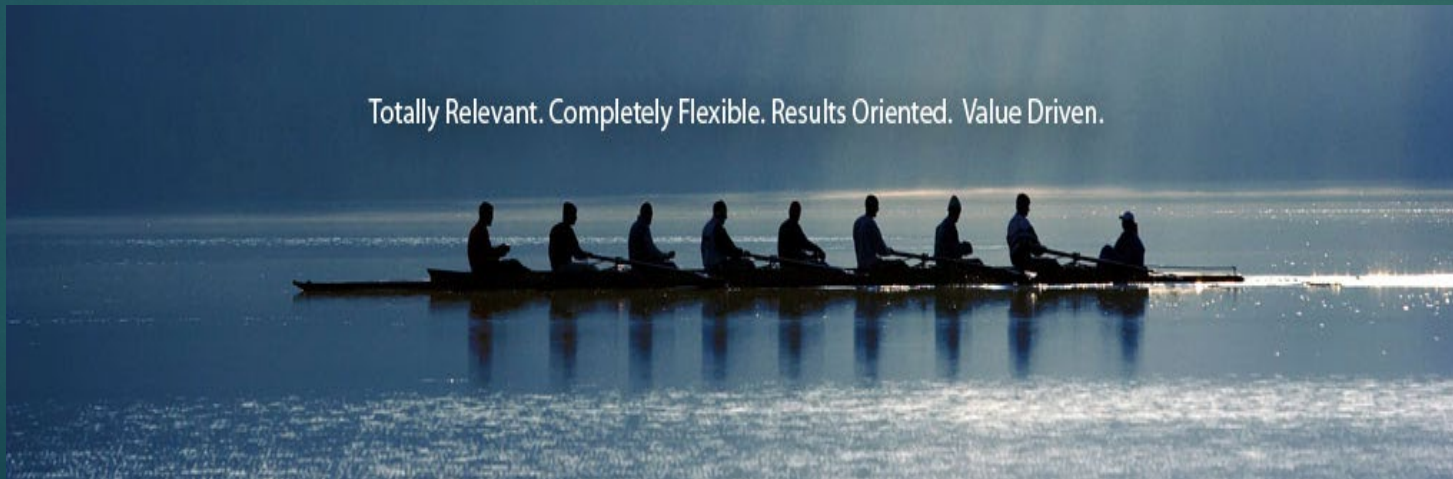
Round Three: 2018-2019

- Burning platform
  - Survey reveals poor employee engagement
  - High turnover
  - Active shooter in hospital
- New CEO
- ACGME dictates new requirements for supporting resident well-being by July 1,2018

Round Three: 2018-2019

- BOD and new CEO charge new initiative, "Do Something" for *all* employees
- New multidisciplinary committee formed which reports to Board of Governors/Board of Trustees

Round Three: Recommendations/Feasibility

- Pebbles
  - On-line platform to integrate all wellness services
  - On-line exercise, nutrition classes
  - Include employees in mission statement
  - On-demand well-being survey
  - Improved access to food for off hour shifts

Round Three: Recommendations/Feasibility

- Boulders
  - Employee donation program for fellow employees
  - Chief Wellness Officer; Medical Director
  - Improve marketing of LWWW services
  - Relaxation lounges

Round Three: Recommendations/Feasibility

- Mountains
  - Leadership development
  - EMR optimization
  - Increased IT support and equipment
  - Incentives for participation in wellness programming
  - Employee safety (violence focus)

Round Three: Recommendations/Feasibility

- Mountain ranges
  - Transition physician compensation model away from RVUs
  - Float pools to back-up/permit staff to take breaks
  - Change management system
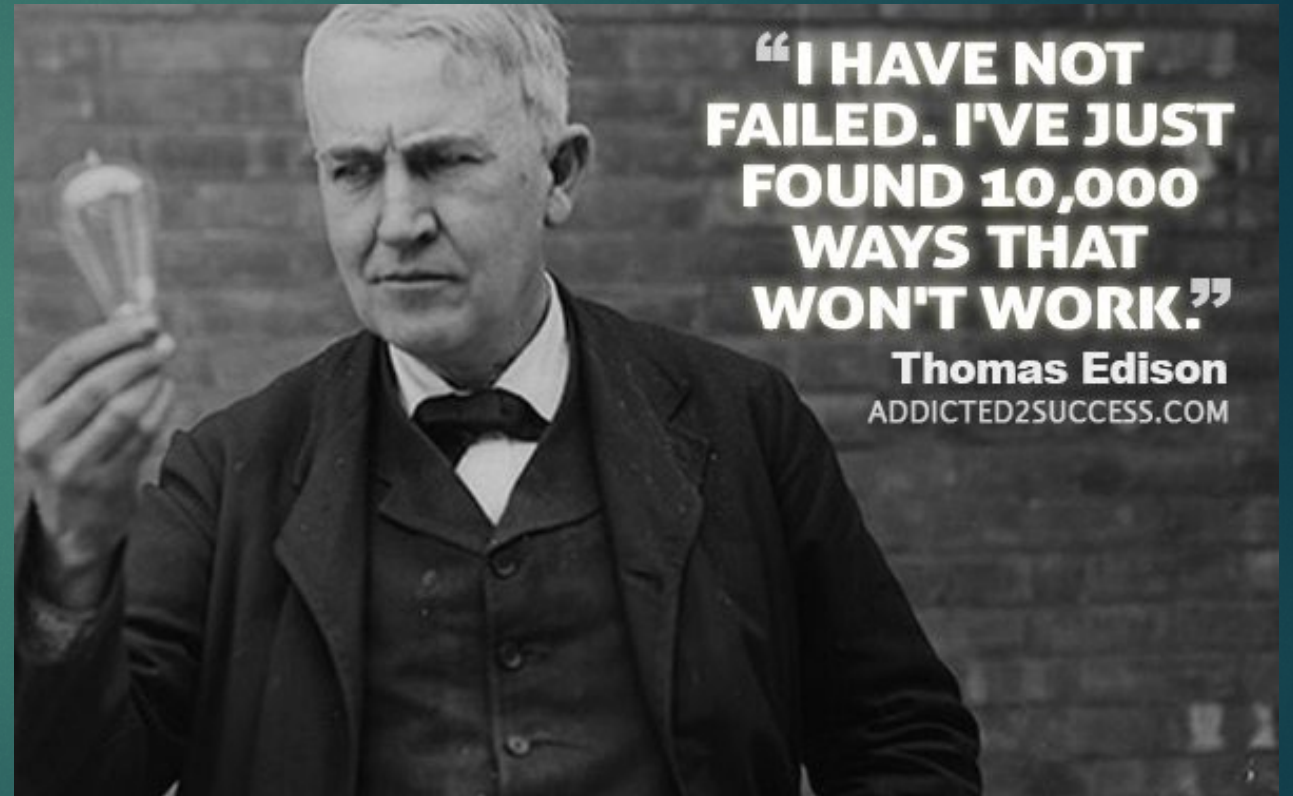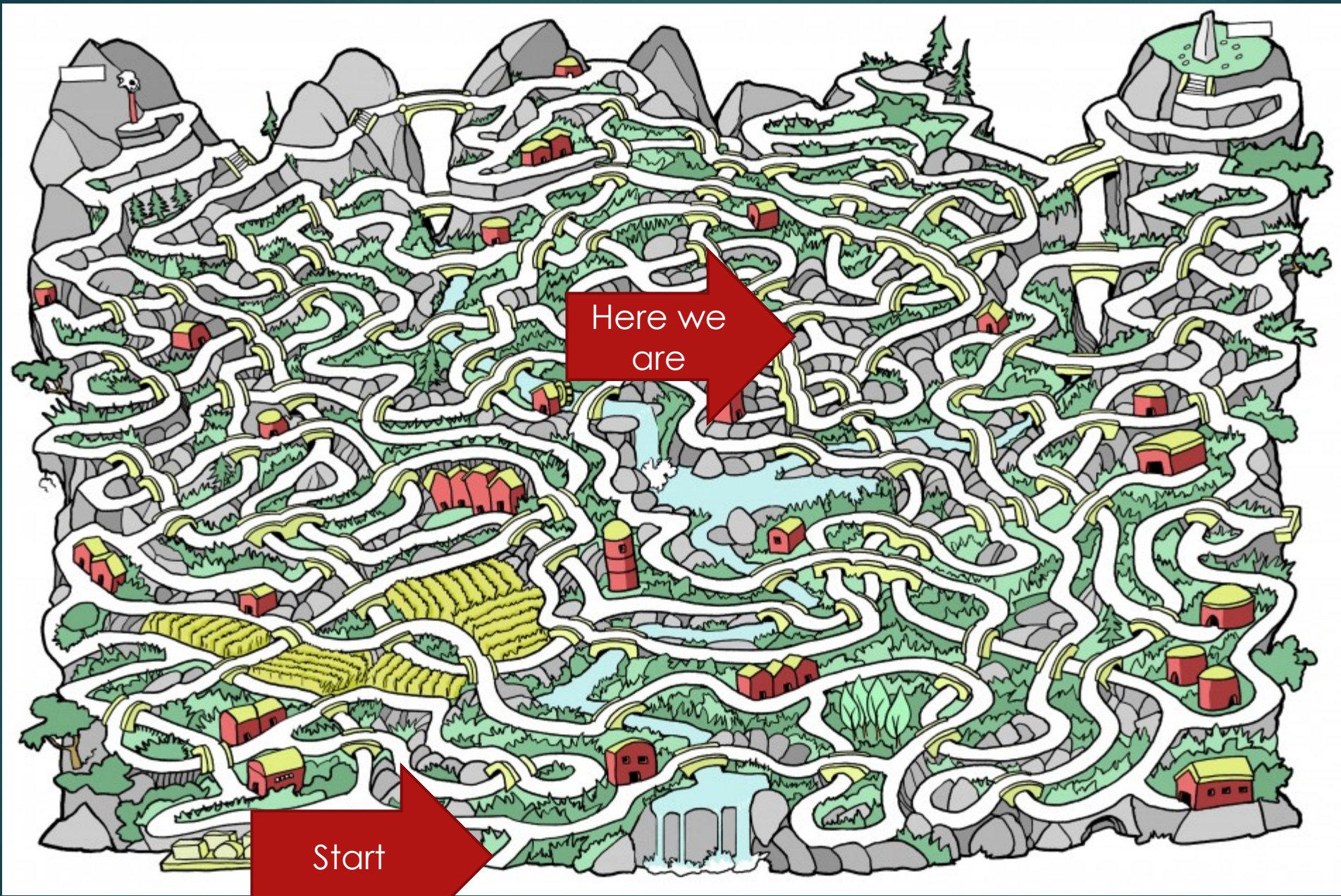
Lessons Learned

▶ Evidence based effective strategies to support clinician well-being exist

▶ Organizational change is hard

  ▶ Burning platforms

  ▶ Unified executive leadership

  ▶ Governance

    ▶ Board of Directors

    ▶ Board of Governors

Lessons Learned

- Budget support necessary
  - Many, but not all interventions are low cost
- Include all employees but recognize different needs
- Persist, but constant talk without action breeds cynicism!!

"I HAVE NOT FAILED. I'VE JUST FOUND 10,000 WAYS THAT WON'T WORK."
Thomas Edison
ADDICTED2SUCCESS.COM

Here we are

Start