Reducing Burnout: Short-term Techniques and Long-term Solutions

Peg Bradke RN, James Jerzak M.D., Kathy Kerscher, Gail A Nielsen, IHI Fellow and Faculty

IHI Summit
April 21, 2017

#IHISummit
Session Objectives

Participants will be able to:

- Identify root causes of burnout and how to recognize the extent of burnout in your workgroup or organization.
- Apply strategies to deploy now to ease the effects and the extent of burnout in your organization.
- Learn how advanced Team Based Care can transform your organization to effectively address the underlying causes of burnout.
- Describe how this dual approach of immediate and long term solutions can help you effectively address burnout, while restoring joy to the practice of medicine.
Agenda

9:30  Welcome

9:50  1st Case Story with Q & A

10:50 BREAK

11:05  2nd Case Story with Q & A

12:05 Discussion: getting started tips & your stories

12:30 Program Ends
Building Resilience: Personal, Interpersonal, Work Unit, and Teams

Peg Bradke, Gail A Nielsen

“These presenters have nothing to disclose.”

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Why Is This Important?

**Personal**
- Reconnect with the joy and purpose of work and practice
- Increase compassion and empathy
- Improve physical and mental health

**Work Unit or Team**
- Increase patient safety
- Improve patient/family experience
- Improve work environment
- Reduce staff turnover
Uses of “Resilience” Language

Resilient Healthcare:
- Patient Safety thinking and processes that drive safety and reliability in complex organizations (Karl Weick)

Resiliency in Healthcare:
- Readiness to manage local catastrophes and dangers
- Improving patient/family capacity to adjust to change, disruption or difficulty and move beyond negative impact
- Addressing workforce burnout by enhancing resiliency

Today’s Agenda: Burnout and Resilience of the healthcare workforce and work units.
Is burnout a reality in your life or work?
Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.
Burnout is Worsening

Mayo Clinic Proceedings, December 2015

• In a 2014 survey:
  – 54% of physicians reported burnout, an increase of 10% since 2011
  – Little change in trends in working US adults, resulting in increased disparity between physicians and the general public
Research in 12 European Countries and the US

US Nurses’ Responses:

• 34% identify themselves as burned out
• 25% are dissatisfied with their jobs
• 14% intend to leave their jobs in the next year
• 46% have no confidence patients can manage on their own after leaving hospital
• 57% not confident hospital management would resolve patients’ problems

Aiken LH et al. Nurse outcomes in 12 European countries and the US. BMJ 2012
Serious Signs Clinicians Should Never Ignore

1. You have a high tolerance to stress
2. Your practice is exceptionally chaotic
3. You don’t agree with your boss’ values or leadership
4. You’re the emotional buffer
5. Your job constantly interferes with family events
6. You lack control over your work schedule and free time
7. You don’t take care of yourself.

http://www.ama-assn.org/ama/ama-wire/post/beat-burnout-7-signs-physicians-should
Redefining Quality

Taking Care of our patients

Taking Care of Each Other

Taking Care of Ourselves
What is the connection between burnout and potential harm?

“Burnout makes it nearly impossible for individuals to provide compassionate care for their patients.”

Steven Lockman, MD, Senior Medical Director, Neurosciences, Orthopedics and Rehabilitation Service Line/Chief, Physical Medicine and Rehabilitation Hennepin County Medical Center, Minneapolis, MN
How do we build resilience?
BUILDING RESILIENCE

Programs and Resources
Webinar Series
Clinical Resilience: Preventing Burnout, Promoting Compassion, Improving Quality of Care
Tuesday, March 11, 2014
How the module helps successfully eliminate burnout and adopt wellness approaches in medical practice:

• Seven key steps to help you prevent provider burnout
• Ten-item survey designed to assist you in assessing burnout
• Examples of successful burnout prevention programs in a variety of practice/organization settings

https://www.stepsforward.org/modules/physician-wellness
Mayo Clinic Resiliency Program for Physicians

Well-being and Resiliency Resources Playbook

“As a health care organization we not only have a responsibility to our patients, but to our Staff who care for them.”

“We believe that staff well-being is a shared responsibility of both the individuals and organizations.”

Four Contexts
- Enterprise
- Department
- Leader
- Individual

Staff Engagement Process and Empowering to create an Action Plan
12 Habits of Highly Healthy People

HABIT 1: PHYSICAL ACTIVITY
HABIT 2: FORGIVENESS
HABIT 3: PORTION SIZES
HABIT 4: PREVENTIVE HEALTHCARE TESTING
HABIT 5: ADEQUATE SLEEP
HABIT 6: TRY SOMETHING NEW
HABIT 7: STRENGTH AND FLEXIBILITY
HABIT 8: LAUGH
HABIT 9: FAMILY AND FRIENDS
HABIT 10: ADDRESS ADDICTIVE BEHAVIORS
HABIT 11: QUIET YOUR MIND
HABIT 12: GRATITUDE

Resiliency:
More effective leaders have better work-life balance

Duke University Patient Safety Center
Resiliency Program

Resilience

Self Awareness

Relationships

Mindfulness

Self Care

Purpose
BUILDING RESILIENCE: Taking Care of Ourselves and Each Other

Addressing Burnout: Personal and Interpersonal
A few action steps to managing stress:
Work on 1 over the next 30 days

1. Start a gratitude journal
2. Take a mindfulness class
3. Enlist your peers to provide support
4. Connect with your body
5. Write down inspiring patient stories
6. Don't forget to have fun

https://www.stepsforward.org/modules/improving-physician-resilience
Reducing Impact of Negatives in our Work Experiences

Cultivating Positive Emotion: the 3 to 1 Ratio

“Please share three things that are going well around here, and one thing that could be better.”

Make it about what you can do.

“How can I help to remove barriers, so that the safety defects you are most concerned about can be better addressed?”

Slide adapted from Bryan Sexton PhD
Cultivating gratitude: the driving force for resiliency

Hunt for the good stuff

Appreciate day-to-day interactions
Three Good Things

Flourish
Martin E. P. Seligman

“A compelling view of a positive human future, for individuals, corporations, and nations, brilliantly told.”
—Tony Hsieh, author of Delivering Happiness and CEO of Zappos.com, Inc.
Three Good Things
BUILDING RESILIENCE

In the Work Unit
Master Resilience Training: Part 1

Build Resilience

- Self Awareness – don’t ignore warning signs
- Self Regulation – regulate impulses, emotions, thinking
- Optimism – noticing goodness, what is controllable
- Mental Agility – willing to try new strategies
- Connection – Strong Relationships
  - Willingness to ask and offer help.
Master Resilience Training: Part 2

A = Actual event
B = Beliefs about the event
C = Emotional and behavior consequences

Concepts for Building Mental Toughness

– Notice habits
  • Jumping to conclusions, generalizations
  • Holding onto deeply held beliefs
– Management energy – get your sleep
– Solve problems – manage counterproductive thoughts
– Own the situation
– Cultivate gratitude

U.S. ARMY
Master Resilience Training: Parts 3-4

• Identify Strengths
  – One’s behavior drives emotions behaviors
  – You have control to change your own feelings and perspective

• Strengthen and Protect Relationships
  – Structure to build community among clinicians
  – Mindfulness as a community activity
  – Well-being about engagement not withdrawing
Workload Hypothesis

Change initiatives that do not add additional workload and have high perceived value are more likely to be adopted, cause less workplace burden and, achieve the intended outcomes.

© Chris Hayes 2014
www.highlyadoptableQI.com
Intentionality: Teaching New Processes

OLD WAY
Teach & leave
• Static slides
• During busy staff meetings
• Teach in remote conference rooms

NEW WAY (TWI)
• Test to reliable process
• Specify the process
• Design education - with help aids
• Teach test group in workplace
• Stick around - can they do it?
• If needed, redesign education, process or both
• Teach the next group; can they do it as taught?
AMA: Seven Steps to Prevent Burnout:

1. Establish wellness as a quality indicator
2. Start a wellness committee and/or choose a champion
3. Distribute an annual wellness survey
4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness
5. Initiate selected interventions
6. Repeat survey within the year to re-evaluate wellness
7. Seek answers within the data, refine the interventions, continue to make improvements

https://www.stepsforward.org/modules/physician-wellness
Intentional Rounding

• Scheduled process for feedback/discussion
  – Target Individuals and Departments

• Ask:
  – What’s going well?
  – If we could change one thing to improve you and/or your patient’s experience what would it be? What is holding you back?
  – Given the rapid pace of change how prepared do you feel to manage the next change? Is there anything you need to support you?
  – What else do you think I should know?
Resilience Online slides and videos: Quick Links

- Schwartz Center Webinar Series on Clinical Resilience: Preventing Burnout, Promoting Compassion, Improving Quality of Care [https://www.youtube.com/watch?v=5uuvzn7D1tM](https://www.youtube.com/watch?v=5uuvzn7D1tM)
- AMA [https://www.stepsforward.org/modules/physician-wellness](https://www.stepsforward.org/modules/physician-wellness)
J Bryon Sexton, PhD Resilience Lectures Online

• Three Good Things  
  https://www.youtube.com/watch?v=hZ4aT_RVHCs

• Science of Safety: Safety as a System (at Texas Children’s, 2012)  
  https://www.youtube.com/watch?v=PsRaEsju6KA

• Slides: Healthcare Worker Resilience: The Intersection of Quality, Stress and Fatigue  
Resilience: Recommended Reading

- **Flourish** by Martin Seligman 2011
- **Positivity**: Top-Notch research reveals the 3 to 1 Ratio That Will Change Your Life by Barbara Fredrickson, PhD
  - Cultivating Positive Emotion: Ratio of positive to negative
    - Top 5 Amygdala Triggers in the workplace: Condescension and lack of respect, Being held to unrealistic deadlines, Being treated unfairly, Being unappreciated, Feeling unheard
- **Importance of Sleep**:
Resilience Articles/Research: Medicine

- Dyrbye LN, Shanafelt TD. Physician Burnout: A Potential Threat to Successful Health Care Reform. JAMA, May 18, 2001 Fol 305, No.19
- Medscape the 2015 Physician Lifestyle Report: across all types of physicians surveyed, 46 percent described themselves as burned out, compared to 39.8 percent of doctors surveyed in 2013 for the 2014 report.

Resilience Articles/Research: Nursing


Questions?

Comments?

Ideas?
YOUR TURN:

What are your Strengths to build resilience?

What do you see as other’s strengths?

How do you rely on each others strengths?

Other existing supports you can build on?

Do you have a formal program underway?

What interventions work: For you? Your team?
Reducing Burnout - Long Term Solutions: The Power of Team Based Care

James Jerzak, MD
Kathy Kerscher
Bellin Health, Green Bay, WI

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The Story Begins:
Bellin Health Primary Care
February 2014
PROBLEM: Too much work being done below top of skill set of staff

**PROVIDER**

- 50% Provider Level License
- 50% Non-Provider License Level Work

**STAFF**

- 50% Staff Level License
- 50% Non-Staff License Level Work
Problem: OLD MODEL OF PATIENT CARE

- Paper Work
- Medication Refill
- Chronic Disease Management
- Test Results
- Acute Visits
- Preventative Visits
- Patient Orders/Triage
- Referral to Ancillary Services
- CMA/LPN
- RN
- Referral to Specialist
- Managing Messages, Test Results, Calling Patients

Provider

---

50
• Potential loss of staff due to burnout issues
• Good but not top quality measures
• Impending transition to value based payments
Strategic Approach

- Review of the Literature
- Site Visits
- Communication with National Thought Leaders
- IHI Meetings
- Formation of Planning Team
DRIVERS OF BURNOUT:
Our View

① Demands of the EHR
② Demands of in Between Visit Work
③ Complexity of Care
Team Based Care is the *means to the end* of achieving effective population health management.
Solving burnout is the result of improving care through improved and innovative processes.
ALLOCATION OF PHYSICIAN TIME STUDY

• 27% of total time on direct face time with patients

• 1-2 hours of after-hours work at night on EHR

• For every hour of face to face time with patients, 2 additional hours on EHR work

Like Texting while Driving
Pajama Time
BURNOUT

cannot be solved without addressing the EHR issue
THE EMERGING PROBLEM OF COMPLEXITY

- Increasing copays and deductibles
- Increasingly complex patients in the office setting
- Increasing emphasis on improving quality measures

“Chronic disease has become the great epidemic of our times”

BURNOUT

cannot
be solved without providing support for the clinician in the care of complex patients
Our Solution: Achieving Population Health through Team Based Care
Complete Redesign of the Office Visit
ENHANCED ROLE OF EMPOWERED CMA’S/LPN’S
The Daily Huddle
## Jerzak Team Measures

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<tr>
<td>A1c in control</td>
<td>49%</td>
<td>77%</td>
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<tr>
<td>A1c &lt;9</td>
<td>93%</td>
<td>96%</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>21%</td>
<td>91%</td>
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<tr>
<td>Blood Pressure control</td>
<td>50%</td>
<td>88%</td>
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<tr>
<td>Microalbumin screening</td>
<td>62%</td>
<td>92%</td>
</tr>
<tr>
<td>Retinal exam</td>
<td>33%</td>
<td>41%</td>
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Documentation and Order Entry
Support during the Patient Visit
Closing the Visit
The Art of Medicine Reclaimed
ARE THERE OTHER OPTIONS FOR EHR RELIEF?

- Redesign of EHR Functionality
- Hiring Scribes
- Others?
Advantages of Up Trained Staff vs. Scribes

- **Enhanced engagement** with patients
- Ability to provide **more robust support** to clinician
- **Improved satisfaction** of staff in this role
Team Approach to In Between Visit Work

• The Power of Empowerment
• The Role of the RN Redefined
• The Fundamental Need for Co location
Population Health Management

Ultimate Goal of Transformation: Improved Health of Our Entire Population
Population Health Strategy

Communities

Employers

Payers

Conditions

Panels

TEAM BASED CARE MODEL

Population Health – Health System Strategy

Population Management – Focus of Care Teams
Five Steps to Improved Population Health

- Knowing Your Population
- Thorough Chart Prep
- Team responsibility for closing care gaps
- Effective outreach to patients due for interventions
- Involvement of Extended Care Team with complex patients
OLD MODEL OF PATIENT CARE

- Paper Work
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- Managing Messages, Test Results, Calling Patients
- Referral to Ancillary Services
- CMA/LPN
- RN

PROVIDER
ADVANCED MODEL OF CARE

**Patient Needs**
- Paperwork
- Acute Visits
- Medication Refill
- Patient Orders / Triage
- Test Results
- Preventative Visits
- Chronic Disease Management
- Referrals

**CORE TEAM**
- Physician
- PAR
- RN
- LPN/MA (Care Team Coordinator)
- NP/PA
- BHC (New)

**Extended Care Team**
- Diabetic Educators
- Case Manager
- CCMT
- Pharmacist
- Health Educator
- RN Care Coordinator
- Behavioral Health

bellinhealth | Official Healthcare Partner of the Green Bay Packers
THE 3 W’S OF TEAM BASED CARE

① WIN for the Patient
② WIN for the Care Team
③ WIN for the System
WIN FOR THE PATIENT

✓ Improved quality of care
✓ Improved engagement with their team
✓ Ability of their clinician to focus on them during the office visit
✓ Better coordination of care throughout the system
WIN FOR THE CARE TEAM

- The Power of Empowerment
- The Satisfaction of Team Work
- Reclaiming the Joy of providing care for our patients
# Bellin Clinician Satisfaction 2016 Survey

How satisfied are you with your overall experience at Belin Health

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<th>TBC</th>
<th>non TBC</th>
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<tr>
<td><em>Very Satisfied</em></td>
<td>87.5%</td>
<td>34.3%</td>
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I am proud to tell people that I am affiliated with Bellin Health

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<tr>
<td><em>Strongly Agree</em></td>
<td>100%</td>
<td>79.2%</td>
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I am fully committed to the mission and goals of Bellin Health

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<tr>
<td><em>Strongly Agree</em></td>
<td>100%</td>
<td>70.3%</td>
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St Norbert College, Strategic Research Institute 2016
WIN FOR THE SYSTEM

- Improved Quality Measures
- Improved Staff Retention and Recruitment
- Improved ability to Thrive in Value Based Payment Systems
The Impact of Team Based Care on Quality
Comparison of PMPM Rates for Team Based Care Teams vs Non Team Based Care Clinicians  (Lower is better)

Claims for services performed between September, 2015 and August, 2016
• To solve the burnout crisis for health care workers, the fundamental causes of burnout must be addressed

• The processes needed to address these fundamental causes take time, commitment, and collaboration

• Since these fundamental solutions take time, other measures need to be taken to provide relief for clinicians in the interim

BURNOUT RELIEF IS ACHIEVABLE !!!
Reflections: Bellin Case Study

• Is the EHR burden on your clinicians important for your organization to address?

• What steps has your organization taken to provide help for the clinicians in the care of complex patients?

• Three solutions were presented, which if any of these do you feel may be most relevant for your organization?

• What barriers to you foresee in working toward these solutions?
Questions?

Comments?

Ideas?
Discussion: Two Cases

- Do you have a program to share with us?
- Which of our ideas could you adapt to meet your needs?
- What barriers will you face making these changes?
- What are the steps you will need to take to get started?
- What else do you need to know?
Planning for Going Home

Tools for: Planning and Considering Challenges and Barriers
Planning for Going Home

Use ideas from your notes

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<tr>
<th>Topic</th>
<th>Notes</th>
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<td>UnityPoint Health Case Story</td>
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<td>Personal Interventions</td>
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<td>Inter-personal Interventions</td>
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<td>Work Units, Teams and Organizations</td>
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<tr>
<td>Bellin Case Story</td>
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<td>Work Unit Interventions</td>
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## Plan for Home


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<tr>
<th>What is the top priority to work on?</th>
<th>Why? The desired outcome</th>
<th>Who leads? Who needs to be involved?</th>
<th>Where?</th>
<th>When?</th>
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## Plan for Home

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<tr>
<th>Challenges</th>
<th>Planning Thoughts</th>
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<tr>
<td>Clear aims/goals</td>
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<td>(What, how much, by when)</td>
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<td>Anticipated barriers</td>
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<td>Specified time frame</td>
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<td>What to do first</td>
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<td>Where to start</td>
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Volunteers briefly share: What are you eager to go home and work on?