Applying QI Approaches to Improve the Joy of Work

Laurel K. Leslie, MD, MPH
Disclosures

• I have no relevant financial relationships to disclose or conflicts of interest to resolve
• I will discuss no unapproved or off-label pharmaceuticals
The Real Disclosures

• VP, Research, ABP and Professor, Tufts School of Medicine
• Taught QI processes/applications at Tufts
  • Clinical care
  • Research
• Interest in wellness; I practice yoga and meditation myself
• Believe in the QI motto
Learning objectives

• Define burnout
• Describe causes and effects of burnout in healthcare
• Identify 5 steps we can take as organizations to improve joy at work
Health care staff burnout in the news

We Need Nurses More Than Ever. Why Are We Letting Them Burn Out?

The combination of an exodus of RNs and an influx of aging patients could create a healthcare crisis.

By Lisa Grehan

The Story Behind Epidemic Doctor Burnout And Suicide Statistics

Rate: 2X General Population

The Mayo Clinic released a study on doctor burnout that resulted in a spate of articles last month (e.g., Forbes, Washington Post). Not only are the statistics jarring, the individual stories are gripping. They highlight the horrible statistic that doctors have the highest rate of suicide. Once again, it points out that it’s a tragic mistake to ignore the Quadruple Aim—in particular, the “forgotten” aim of improving the care team experience. In this piece, I share a representative story behind the
Suicide In Nursing: Much More Common Than You Think

By: Mariam Yazdi, BSN, RN, CCRN

A study released earlier this year shed light on an alarming finding: of the female population, nurses are 23% more likely to commit suicide than women in general. The study linked this shocking statistic to nurses having easy access to lethal doses of medication and noted that suicide rates were higher amongst lower-paid healthcare employees versus higher-paid workers such as managers and CEOs.

Furthermore, nurses are four times more likely to commit suicide than people working outside of medicine.
Burnout

- Experience of
  - Emotional exhaustion
  - Depersonalization
  - Feelings of low achievement and decreased effectiveness

- Multiple ways to “measure” burnout that vary in the cut-point
How common is it?

- Nurses: 10-70%
- Physicians, NPs, PAs: 30-50%
- 2015 Mayo/AMA Study
  - >50% of physicians have at least one sign of burnout
  - 9% increase since study conducted 3 years earlier

Burnout: Pediatrics

Stats
• 40-75% of pediatric trainees
• 28% among early/mid career pediatricians in the AAP’s PLACES study
• Increasing among pediatricians?

Burnout in Pediatric Residents and Physicians: A Call to Action
John D. Mohan

The prevalence is growing that burnout in trainees, as well as practicing physicians, comes at a cost to the physician, their interaction with patients and their practices. In their article titled "Pediatric Resident Burnout and Resilience Toward Pediatrics," this study surveyed pediatric residents at Northwestern University and found the prevalence of burnout in these residents. The goal was to assist in efforts to develop effective measures of prevent and/or diminish the prevalence of burnout.

In a survey of pediatric residents, it was found that 40-75% of residents reported some degree of burnout. These rates are similar to those found in other specialties. The prevalence of burnout in pediatric residents is similar to that of other specialties, with rates ranging from 40% to 75% depending on site and year of residency. In one study by Yoon et al., there were no significant differences in burnout rates according to sex, race/ethnicity, and relationship or personal status, residents (ages 18-25 years old) were more likely to report symptoms of burnout than non-residents, residents (ages 26-30 years old).

Causes of Burnout 1

**PROFESSIONAL FACTORS**

- Expectation of unrealistic endurance
- Perfectionism
- Time pressures
- Excessive work hours
- Sleep deprivation
- Lack of resources
- Limited time with patients
- Difficult interactions with patients
- Coping with death and errors
- Unprocessed grief/guilt

**PERSONAL FACTORS**

- Financial concerns (debt)
- Limited free time
- Isolation/lack of social support
- Uncertainty
- Disconnection with purpose and community
- Limited application of effective stress management/resilience skills

McLafferty, Pediatrics, 2014
Causes of Burnout 2

SYSTEMS FACTORS

• Unsupportive work environments
• Cultures of silence
• Poor team functioning/communication
• Inequities
• Inefficiencies
• Increased fiscal/accountability/EHR demands with limited support
• Lack of flexibility
• Hectic, chaotic work setting

Burnout is related to professional, personal AND systems factors

McLafferty, Pediatrics, 2014
### Percent of early to mid-career pediatricians* very or moderately stressed by different factors of their jobs (n=1,237)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Stress Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finishing/catching up w/ work from job at home</td>
<td>52%</td>
</tr>
<tr>
<td>Documenting patient info in EHR</td>
<td>48%</td>
</tr>
<tr>
<td>Completing nonclinical activities</td>
<td>42%</td>
</tr>
<tr>
<td>Completing external regulatory requirements</td>
<td>41%</td>
</tr>
<tr>
<td>Staying current on medical knowledge</td>
<td>33%</td>
</tr>
<tr>
<td>Responding to current debate on healthcare</td>
<td>32%</td>
</tr>
<tr>
<td>Negotiating salary, contract, promotion</td>
<td>32%</td>
</tr>
<tr>
<td>Linking families w/ resources</td>
<td>31%</td>
</tr>
<tr>
<td>Working w/ families of patients</td>
<td>20%</td>
</tr>
<tr>
<td>Providing care to children and adolescents</td>
<td>20%</td>
</tr>
<tr>
<td>Coordinating patient care</td>
<td>16%</td>
</tr>
<tr>
<td>Working w/ co-workers</td>
<td>12%</td>
</tr>
</tbody>
</table>

*Early career pediatricians: six to eight years post-residency in 2017; mid-career pediatricians: 13 to 15 years post-residency in 2017

Source: AAP PLACES Check Point Survey 6 (2017)
Effects of Burnout: Personal

• Dissatisfaction
• Poor workplace dynamics
• Poor family dynamics
• Worse health
• Substance use
• Depression
• Suicidal ideas/actions
Effects of Burnout: Healthcare

• More likely to report having made a major medical error in past 3 months
• Limited clinician empathy with patients
• Lower patient-satisfaction scores
What seems to be the problem, Mrs. Johnson?

I feel the way you look!
Effects: Organizational

- Lower morale
- Lower productivity
- Increased workplace accidents
- Increased staff turnover
  - Cost of replacing a physician $250K to $1 million
  - Cost of replacing a nurse $85K, high nurse turnover

Shanafelt et al, JAMA Internal Medicine, 2017
What Can We Do About It?

Decrease Systems Factors Linked to Burnout

Increase Professional and Personal Resilience Skills
Systematic review: What works

While both intervention types had an effect on burnout scores, organizational interventions had a greater effect than individual.

Burnout is not just the responsibility of the individual.

Panagioti et al, JAMA Intern Med, 2017
What Can We Do About It?

Decrease Systems Factors Linked to Burnout

Increase Professional and Personal Resilience Skills

Systems: Leadership Culture QI
Systems

• Leadership
  • Focus on mission and what matters Authenticity
  • Commitment to “joy at work”
  • Demonstration of the “meaning” of work

• Culture
  • Strive for fair/just workplace
  • Improve communication
  • Give more control
  • Decrease chaos/hectic qualities in work setting
  • Build effective teams/community
Why “joy in work”

“In our work in healthcare, joy is not just humane; it’s instrumental. . . The gifts of hope, confidence, and safety that health care should offer patients and families can only come from a workforce that feels hopeful, confident, and safe. Joy in work is an essential resource for the enterprise of healing.”

Don Berwick, Institute for Healthcare Improvement
Systems

• QI
  • Reframe clinical QI projects as empowering and promoting change
  • Engage in QI to remove inefficiencies, redundancies, and barriers to care and decrease administrative tasks
  • Relate QI work back to what gives joy in work (meaning, purpose)
  • Build community
  • Track well-being indicators and celebrate wins
Beyond Burnout — Redesigning Care to Restore Meaning and Sanity for Physicians

Alexi A. Wright, M.D., M.P.H., and Ingrid T. Katz, M.D., M.H.S.

In late 2016, a primary care physician with a thriving practice decided it was time to shut her doors. She felt her retirement was forced on her after she’d spent a year in the grips of her “work after work” — at night, on weekends, even on vacation. “EHRs can be a double-edged sword, because they give you more flexibility about where you work, enabling physicians to get home
An Integrated Career Coaching and Time-Banking System Promoting Flexibility, Wellness, and Success: A Pilot Program at Stanford University School of Medicine

Fassiotto, Magali, PhD; Simard, Caroline, PhD; Sandborg, Christy, MD; Valantine, Hannah, MD; Raymond, Jennifer, PhD

doi: 10.1097/ACM.0000000000002121
Articles
Combating Clinician Burnout with Community-Building

Article • July 31, 2018

Increasing evidence from medical studies and surveys has erased all doubt about the reality of what's happening in American medicine today: More than half of doctors are burning out.

The research is sobering. Burnout and isolation are leading to increased staff turnover, more clinical errors, unprecedented levels of depression, and some of the highest rates of suicide and suicidal ideation among any profession in the U.S. — and all this as we approach a shortage of health care professionals, a coming elder boom, and calls to expand the focus of our services to address social determinants of health.

It's clear we're facing an epidemic. For many of us in the trenches, our desperate need for relief is driving creative, effective interventions that show tremendous promise in turning the tide. And when we look at these interventions — from leadership models that underscore collaboration to peer-support networks — some of the most impactful solutions share one common feature: community-building.

The Power of Peer Support

A primary care system within the Beth Israel Deaconess Medical Center in Boston provides a laudable example of the value of peer support. With morale at an all-time low among physicians in the network, a small group of providers — led by Nicolas Nguyen, MD — decided to invest in understanding and treating the problem.

Components:
Dinners
Retreats
Case consultations
All-staff meetings
Failure Bows
What Can We Do About It?

Decrease Systems Factors Linked to Burnout

Skill Set:
- Professional Skills
- Wellness/Resilience Skills

Increase Professional and Personal Resilience Skills
Challenge if focus only personal/professional

Message: “This is “your” problem”
PLACES participants provided many thoughtful comments about how work places can support physicians to enhance wellness and reduce burnout.

Example quotes related to reducing administrative tasks for physicians:

- “Better support for all of the administrative tasks physicians are asked to do, or better recognition for the folks who do them.”

- “Stop focusing on "fixing" physicians with burnout/wellness programs and make system changes to support physician autonomy and patient care.”

- “More autonomy over decisions that are made and more say in the organization.”

- “Improved support with administrative roles in patient care... filling out forms, screening forms at beginning of appointment, prescreening appointments.”
Professional

• Professional
  • Why we do the work we do—what gives us meaning and purpose
  • Address some of the challenges inherent in medicine through recognition, trainings, debriefs, and support
    • Articulating the impact of errors, deaths, difficult patients

Approaches to the Difficult Patient/Parent Encounter
Cora Collette Breuner, Megan A. Moreno

Abstract
Most pediatricians have experienced uneasy interactions involving patients and/or their parents. The majority of literature on this topic reflects encounters in adult medicine, without providing much information for pediatricians who also face this challenge. Unique to the pediatric approach is the added context of the patient/family dynamic. Pediatric encounters can be complex, requiring physicians to balance the emotional and practical aspects of care.
Personal

- Resilience “toolkit” and skills to manage the inherent challenges in being a healer
  - “Appreciative inquiry” or “gratitude” approaches
  - Self-care: physical health, sleep, exercise, diet
  - Positive psychology/cognitive behavioral therapy
  - Meditation, mindfulness
Novant Leadership Development Program

• Multi-day wellness retreat
• One-on-one coaching mentoring
• Themes
  • Focus on purpose, cognitive patterns of bias
  • Build an attraction to wellness
  • Develop new health habits
  • Be present and aware and live intentionally
  • Bild a strong medical community
  • Function as champions at the organization re: EHRs, reimbursement, etc
  • Develop influential leadership
Resilience Program

“Medical staff say the resiliency program has reignited their passion for medicine; made a positive difference in their health and well-being; improved relationships with patients, staff, friends, and family; and even saved marriages.”
Why Us?

Our trainings are trusted and used by the world’s leading businesses and organizations. Founded by former General Mills VP Janice Marturano, the Institute for Mindful Leadership has over a decade of experience working with companies to create a highly engaged workforce that will produce value and a competitive edge for your organization.

Employee focused methods for achieving better organizational outcomes.
Our trainings can be customized for individual and organizational needs. Let us help you:
• Reduce organizational stress
• Increase employee engagement & satisfaction
• Create an environment of innovation

CLIENTS

One Second Ahead
Enhance Your Performance at Work with Mindfulness

Rasmus Hougaard
Focused Work - Organizational Excellence
Hearing about it in patient care

Mindful Awareness Research Center
UCLA Semel Institute for Neuroscience and Human Behavior
760 Westwood Plaza, Rm. C8-243 Box 951759
Los Angeles, CA 90095-1759

History of MBSR

Since its inception, more than 24,000 people have completed our Mindfulness-Based Stress Reduction (MBSR) Program and learned how to use their innate resources and abilities to respond more effectively to stress, pain, and illness.
And trainees will be learning this at school...
And in residency . . .

- Other examples
  - Riley Children’s Hospital implementing “opt out” program for seeing a counselor during internship

[Research](https://www.ncbi.nlm.nih.gov/pubmed/26535958)

Web-Based Cognitive Behavioral Therapy Intervention for the Prevention of Suicidal Ideation in Medical Interns: A Randomized Clinical Trial

Constance Guillory, MD; Zhuo Zhan, MS; John Koczy, MD; Brad Nichols, MD; Kathleen Bocak, MD; Sheila Shen, MD, PhD

**IMPORTANCE** In the United States, approximately 1 physician dies by suicide every day. Training physicians are at particularly high risk, with suicidal ideation increasing more than 4-fold during the first 3 months of internship year. Despite this increase, to our knowledge, very few efforts have been made to prevent the escalation of suicidal thoughts among training physicians.

**OBJECTIVE** To assess the effectiveness of a web-based cognitive behavioral therapy (wCBT) program delivered prior to the start of internship year in the prevention of suicidal ideation in medical interns.
How can we integrate improvement in joy at work into the current QI paradigm at our institutions?
1. Find a champion and partners
2. Decide on a focus
3. Reframe the conversation
4. Steal shamelessly and share seamlessly
5. Think creatively
1. Find a champion and partners

Interested?
Doing something already that you could build on?
Possible Partners

- Personal/professional
  - Medical school faculty or program directors
  - Other schools at your institution (e.g., business, social work)
  - Behavioral health staff who are teaching skills to patients

- Systems:
  - QI staff
  - Leaders
  - Managers and leadership (e.g., business)
  - Other schools at your institution (e.g., engineering)
  - Other hospitals/industries
HEALTH SYSTEMS ACROSS MINNESOTA COLLABORATE TO UNDERSTAND, REDUCE BURNOUT AMONG HEALTH CARE PROFESSIONALS

Led by a group of its physician leaders, the Minnesota Hospital Association (MHA) has launched a comprehensive statewide collaborative to address the rising tide of burnout among health care professionals. Burnout is a response to excessive job stress and is defined by the three dimensions of emotional exhaustion, cynicism and inefficacy.

In 2016, on behalf of its member hospitals and health systems, MHA began conducting a statewide survey to assess the prevalence of burnout among physicians and advanced practice providers (APPs) such as nurse practitioners and physician assistants. The survey was again conducted in 2017.

The collaborative, called Minnesota’s Health System Initiative (MNHSI), is one of the first initiatives of its kind in the nation and is believed to be the first of its kind in the country to include a representative sample of all Minnesota’s health systems. The collaborative’s goals are to: 

- Better understand the prevalence and impact of burnout across Minnesota’s health systems
- Develop a strategy to reduce burnout for physicians and APPs
- Share best practices among health systems to improve the work environment and reduce burnout
- Engage health systems in the implementation of evidence-based interventions to reduce burnout

The initiative is supported by the MHA and has been adopted by nearly 100 local health systems, covering 25% of the state’s hospital beds.

The MHA is currently analyzing the survey data and plans to release its findings in early 2018. The results will provide a benchmark for measuring the success of the initiative’s interventions.

The collaborative’s ultimate goal is to reduce burnout among health care professionals, improve work environments and patient outcomes, and promote the health and well-being of Minnesota’s health care workforce.
2. Decide on a focus

What will work with your program?
Will you focus on the system, professional, or personal level?
Who will you target?
How will you make your case?
The Business Case for Investing in Physician Well-being

Tait Shanafelt, MD; Joel Goh, PhD; Christine Simky, MD

3. Reframe the conversation

Change the “negativity bias” and build on the power of language
4. Think creatively

How do we translate ideas or ongoing activities into a QI project with aim(s), measures, change strategies, measurement, participants?
5. Steal shamelessly and share seamlessly

Use of national resources
"Organizations and leaders that want to improve joy can do so using the same methods of aim setting, tests of change, and measurement that they use in the more familiar terrain of clinical and operational process improvement."

Don Berwick

See: http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx
American Medical Association (AMA)

Preventing Physician Burnout

Mark Linzer MD, FACP
Hennepin County Medical Center

Laura Guzman-Corrales, MPH
Hennepin County Medical Center

Sara Popple Hennepin County Medical Center

AMA in partnership with
CME Credits 0.5

How will this module help me successfully eliminate burnout and adopt wellness approaches in my practice?

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

Download module as PDF
Download module PowerPoint
Webinars

Combating Burnout, Promoting Physician Well-being Building Blocks for a Healthy Learning Environment in GME

In this webinar developed from the popular session at the 2016 Annual Educational Conference, Drs. Carol Bernstein and Lydia Konopasek provide a handson approach on how to conduct a needs assessment for developing a resident well-being plan. This allows designated institutional officials, program directors, and program coordinators to identify stressors and supports, along with curricular innovations, coaching strategies, and faculty development activities to use in the clinical learning environment.

A full-length version of the Combating Burnout, Promoting Physician Well-being Building Blocks for a Healthy Learning Environment in GME webinar is available in the ACGME’s Bridge learning management system (LMS). The Bridge LMS provides a robust and flexible platform for video and learning resources and a secure and accessible delivery mechanism for members of the GME community. Visit www.myn.acgme.org to access ACGME’s Bridge LMS portal and create a user account. Once you have created a user account, go to the Learning Library to access the Combating Burnout, Promoting Physician Well-being Building Blocks for a Healthy Learning Environment in GME webinar. Note that user access to the ACGME’s Bridge LMS is limited to members of the GME community.

Free Registration to View Webinar (presented July 13, 2016)

Webinar Resources

- Webinar Slides
- Inventory of Elements of Your Institutional Well-Being Plan
- Inventory of Element of Your Programs Well-Being Plan
- Short and Long Term Well-Being Action Plan Items
- Stressors and Supports Inventory

Partner Resources
Building a Framework for Clinician Well-Being and Resilience

As research innovators, medical schools and teaching hospitals are uniquely positioned to develop new approaches for tackling burnout, depression, and suicide among health care providers.

In July, the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience convened for its first public meeting since it began in early 2017. The NAM Action Collaborative was established out of a growing national awareness that the epidemic of burnout, as well as depression and suicide, has worsened significantly across the health professions in recent years. Its goal is to advance evidence-based solutions to promote clinician well-being and combat burnout, depression, and suicide among U.S. health care workers.

I have the privilege of cochairing the NAM Action Collaborative alongside Chair Victor Dzau, MD, NAM president, and Cochair Tom Nasca, MD, MACP, CEO of the Accreditation Council for Graduate Medical Education (ACGME). At our July meeting, the public and invited experts included representatives from professional associations, health care organizations, government, insurers, academia, nonprofits, and other sectors to provide feedback on the collaborative’s overall direction, as well as on the goals of the collaborative’s four working groups: research, data, and metrics; the conceptual...