



THE INSTITUTE FOR
HEALTHCARE EXCELLENCE

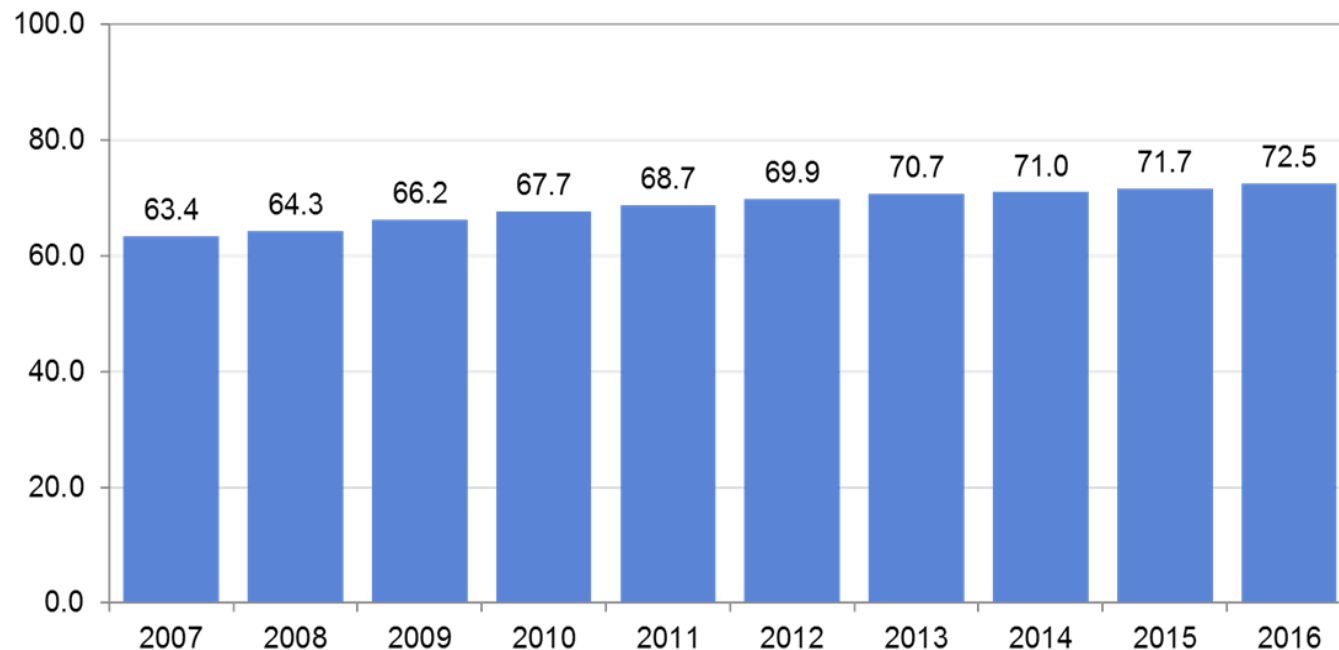
**Human-Centered Leadership:
A Foundation for Creating Joy and
Resilience in the Practice of Medicine**

Stillbirth Summit 2019
June 21, 2019

The Challenge

Despite years of focus and investment on Patient Experience culture, relatively small improvements have been sustained in healthcare organizations across the United States.

HCAHPS Overall Rating- Over Time
(Top Box)



The Other Challenge



The Journey to Excellence: Culture + Performance

New Paradigm Needed

We've Tried



We Want

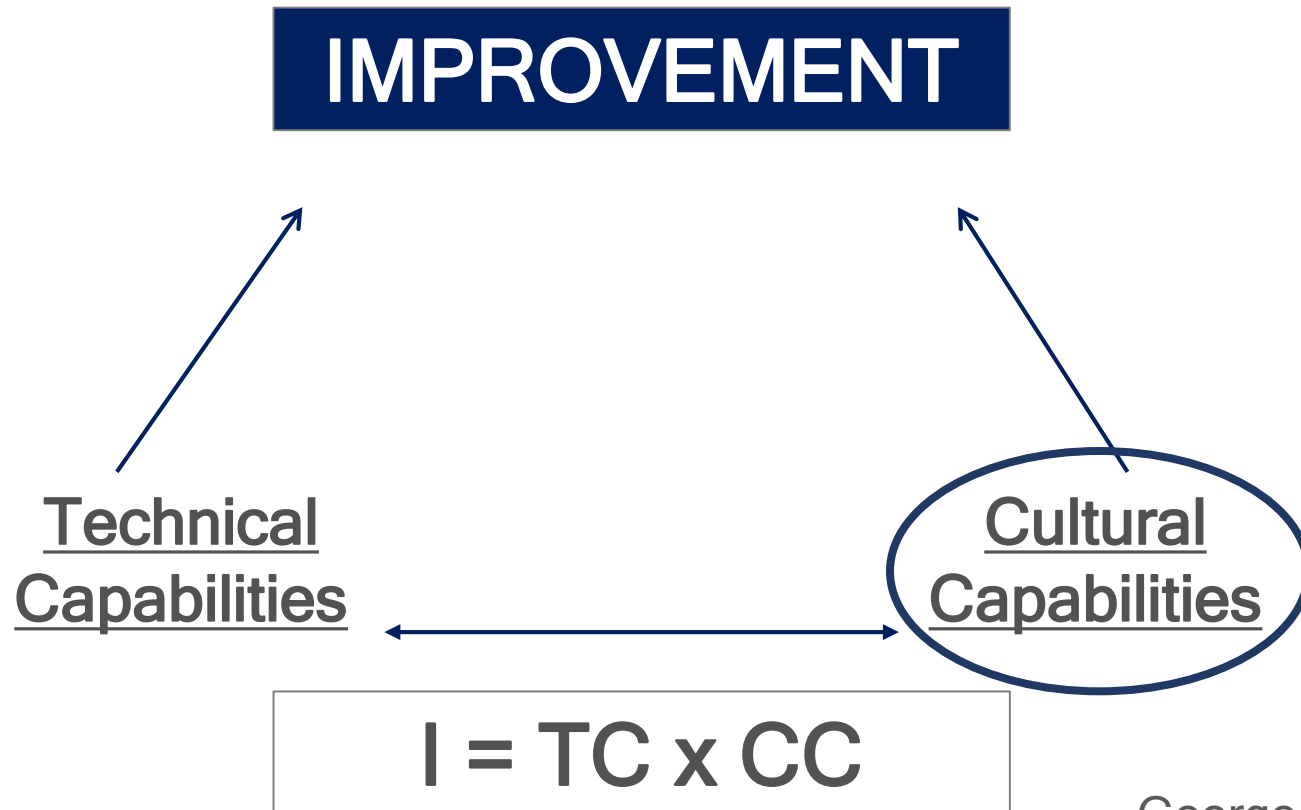
Holistic Outcomes

- Patient Safety
- Effective, High Quality Care
- Patient Satisfaction
- Efficiency and Care Coordination
- Population Health
- Lower Total Costs
- Fulfilled, Engaged Clinicians



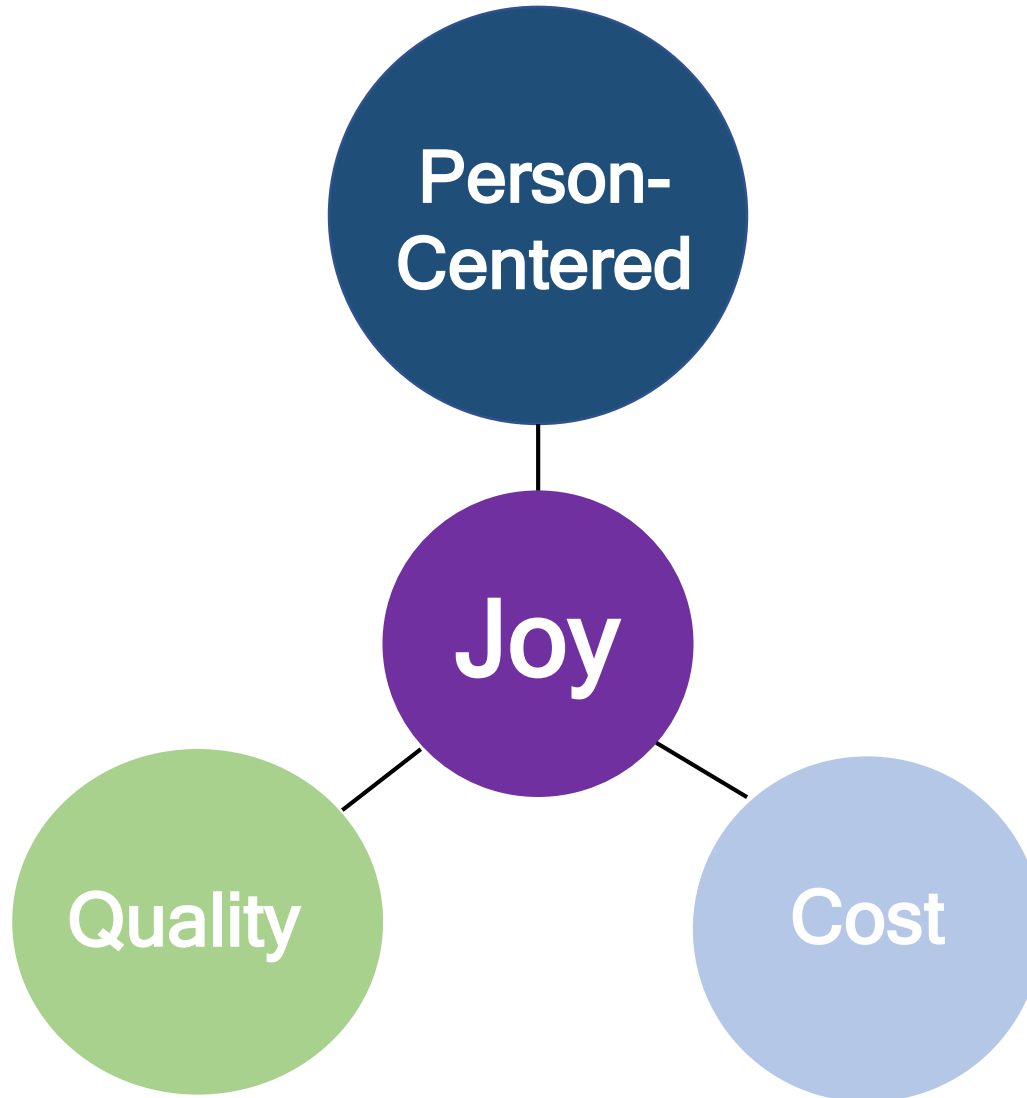
What's Missing?

The Secret To Sustained Improvement



George Eckes

Quadruple Aim



Caregiver Burnout: A National Dilemma

ORIGINAL ARTICLE



ORIGINAL

Changes in Burnout and Satisfaction With

Changes in Burnout and Satisfaction With

When assessed using the Maslach Burnout Inventory, 43.9% of the physicians reported at least one symptom of burnout in 2017 compared with 54.4% in 2014 and 45.5% in 2011...Physicians remain at increased risk for burnout relative to workers in other fields.

Abs

Object

US workers in 2014 relative to 2011.

Patients and Methods: From August 28, 2014, to October 6, 2014, we surveyed both US physicians and a probability-based sample of the general US population using the methods and measures used in our 2011 study. Burnout was measured using validated metrics, and satisfaction with work-life balance was assessed using standard tools.

Results: Of the 35,922 physicians who received an invitation to participate, 6880 (19.2%) completed surveys. When assessed using the Maslach Burnout Inventory, 54.4% (n=3680) of the physicians reported at least 1 symptom of burnout in 2014 compared with 45.5% (n=3310) in 2011 ($P<.001$). Satisfaction with work-life balance also declined in physicians between 2011 and 2014 (48.5% vs 40.9%; $P<.001$). Substantial differences in rates of burnout and satisfaction with work-life balance were observed by specialty. In contrast to the trends in physicians, minimal changes in burnout or satisfaction with work-life balance were observed between 2011 and 2014 in probability-based samples of working US adults, resulting in an increasing disparity in burnout and satisfaction with work-life balance in physicians relative to the general US working population. After pooled multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians remained at an increased risk of burnout (odds ratio, 1.97; 95% CI, 1.80-2.16; $P<.001$) and were less likely to be satisfied with work-life balance (odds ratio, 0.68; 95% CI, 0.62-0.75; $P<.001$).

Conclusion: Burnout and satisfaction with work-life balance in US physicians worsened from 2011 to 2014. More than half of US physicians are now experiencing professional burnout.

© 2015 Mayo Foundation for Medical Education and Research • Mayo Clin Proc. 2015;90(12):1600-1613

Participants and Methods: Between October 12, 2017, and March 15, 2018, we surveyed US physicians and a probability-based sample of the US working population using methods similar to our 2011 and 2014 studies. A secondary survey with intensive follow-up was conducted in a sample of nonresponders to evaluate response bias. Burnout and work-life integration were measured using standard tools.

Results: Of 30,456 physicians who received an invitation to participate, 5197 (17.1%) completed surveys. Among the 476 physicians in the secondary survey of nonresponders, 248 (52.1%) responded. A comparison of responders in the 2 surveys revealed no significant differences in burnout scores ($P=.66$), suggesting that participants were representative of US physicians. When assessed using the Maslach Burnout Inventory, 43.9% (2147 of 4893) of the physicians who completed the MBI reported at least one symptom of burnout in 2017 compared with 54.4% (3680 of 6767) in 2014 ($P<.001$) and 45.5% (3310 of 7227) in 2011 ($P=.04$). Satisfaction with work-life integration was more favorable in 2017 (42.7% [2056 of 4809]) than in 2014 (40.9% [2718 of 6651]; $P<.001$) but less favorable than in 2011 (48.9% [3512 of 7244]; $P<.001$). On multivariate analysis adjusting for age, sex, relationship status, and hours worked per week, physicians were at increased risk for burnout (odds ratio, 1.39; 95% CI, 1.26-1.54; $P<.001$) and were less likely to be satisfied with work-life integration (odds ratio, 0.77; 95% CI, 0.70-0.85; $P<.001$) than other working US adults.

Conclusion: Burnout and satisfaction with work-life integration among US physicians improved between 2014 and 2017, with burnout currently near 2011 levels. Physicians remain at increased risk for burnout relative to workers in other fields.

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HEALTHCARE EXCELLENCE

Why the National Taskforce for Humanity in Healthcare?

Why the National Taskforce for Humanity in Healthcare?

Question 1:

Do healthcare organizations, healthcare leaders, physician, nurses, and caregivers hold a deep understanding of how caregiver burnout impacts individual, team, and overall business performance?

Question 2:

Are our traditional measurements of burnout helping us map solutions to the more desired endpoint of caregiver thriving and resiliency?

Question 3:

Do healthcare organizations, healthcare leaders, physicians, nurses, and caregivers have an understanding of a comprehensive solutions blueprint which results in meaningful and sustainable improvement?

Consequences of Burnout

Patient Satisfaction

Aiken et al. BMJ 2012;344:e1717
Vahey, Aiken et al. Med Care. 2004 February; 42(2 Suppl): II57-II66.



Infections

Cimiotti, Aiken, Sloane and Wu. Am J Infect Control. 2012 Aug;40(6):486-90.



Medication Errors

Fahrenkopf et al. BMJ. 2008 Mar 1;336(7642):488-91.



Standardized Mortality Ratios

Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.



Financial Impact of Clinician Burnout



21%

Percent of doctors **with** burnout symptoms left

10%

Percent of doctors **without** burnout symptoms left

Two year economic loss estimate: **\$16 - \$56 M**

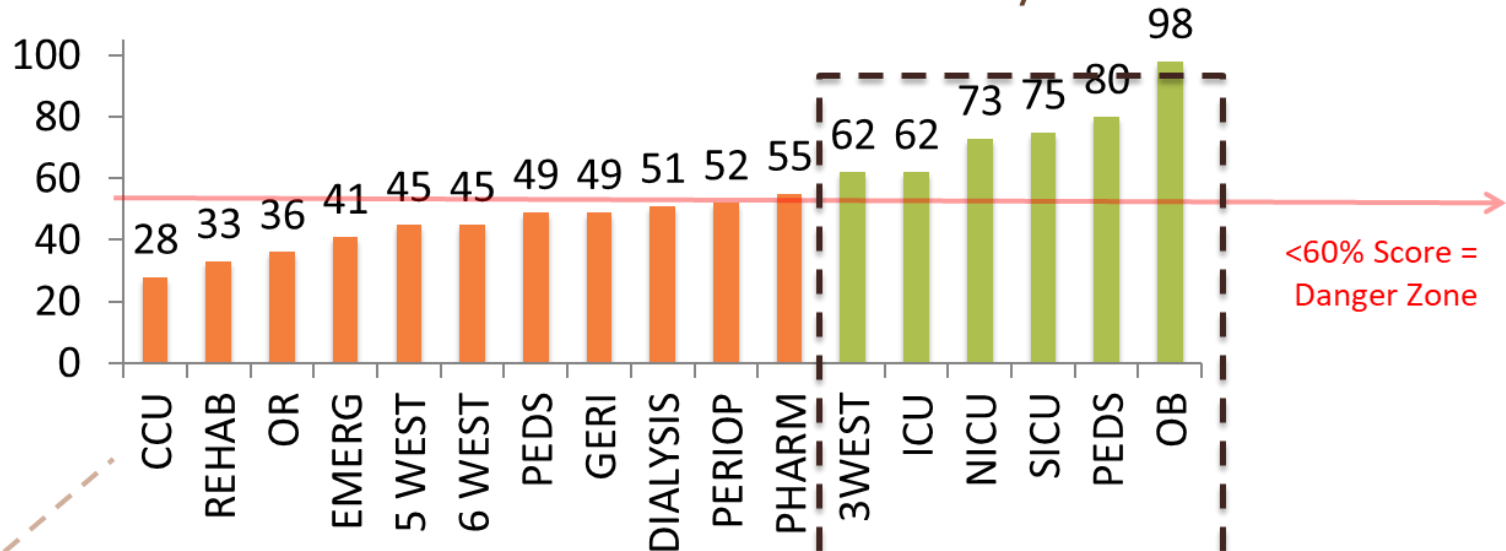
National Taskforce for Humanity in Healthcare Estimate

Physician Turnover	Nurse Turnover
\$3,372,000,000	\$8,998,000,000

<http://wellmd.stanford.edu/content/dam/sm/wellmd/documents/2017-ACPH-Hamidi.pdf>

CULTURE ANALYTICS PREDICT AND PREVENT HARM

Teamwork Climate Scores Across Facility



<60% Score =
Danger Zone

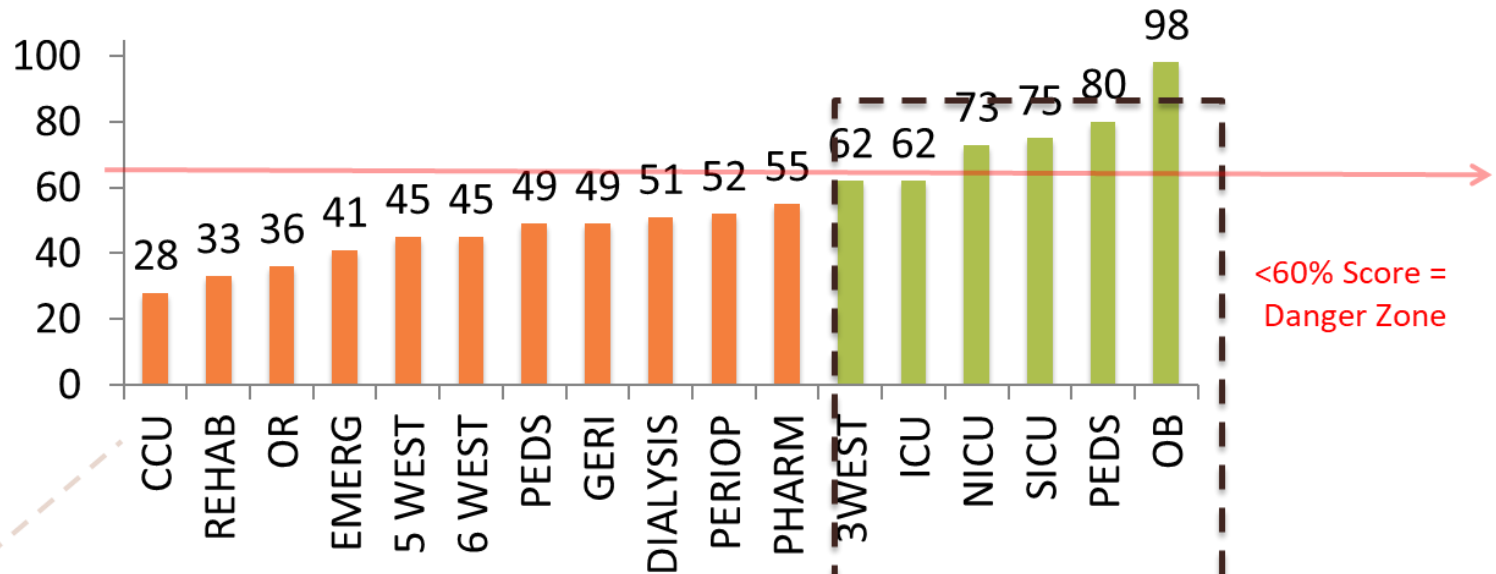
HCAHPS	50	92
Medication Errors per Month	6.1	2.0
Days between <i>C Diff</i> Infections	40	121
Days between Stage 3 Pressure Ulcers	18	52

*Illustrative Data:
Extracted from
Blinded Client Data*

*Michael Leonard, M.D.,
Safe and Reliable Healthcare*

... AND UNFAVORABLE EMPLOYEE OUTCOMES

Teamwork Climate Scores Across Facility



<60% Score =
Danger Zone

Employee Satisfaction	55	91
Employee Injury per 1000 days	16	0.1
Employee Absenteeism per 1000 days	15	10
RN Vacancy Rate	9	1

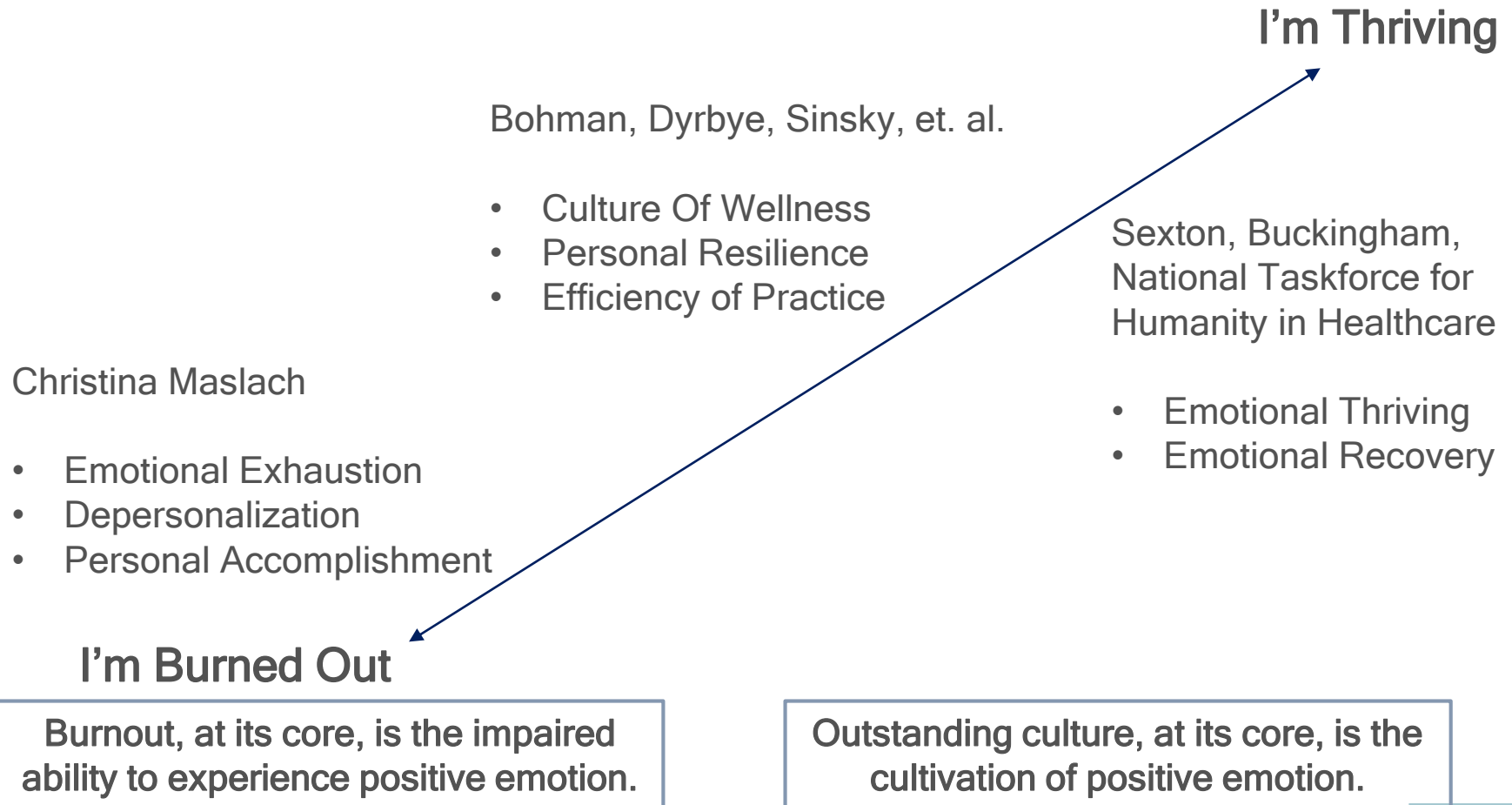
*Illustrative Data:
Extracted from
Blinded Client Data*

*Michael Leonard, M.D.,
Safe and Reliable Healthcare*

Why the National Taskforce for Humanity in Healthcare?

Question 2:

Are our traditional measurements of burnout helping us map solutions to the more desired endpoint of caregiver thriving and resiliency?



What Emotions Are We Talking About?

Joy

Hope

Gratitude

Inspiration

Awe

Interest

Amusement

Pride

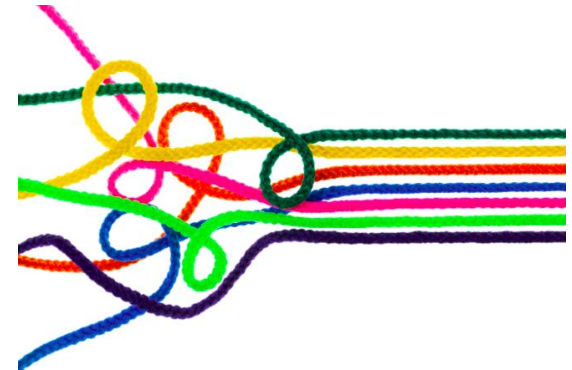
Serenity

Love

Tiny Engines



Undoing Effect



Resilience - and Outstanding Performance - is a Team Sport

“Culture of Wellness”

We're Thriving



We're Burned Out

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 emotion.

New Measurement

A Metric for Humanity - focus on positive emotions and thriving, not (only) deficits or satisfaction

Emotional Thriving

1. I have a chance to use my strengths everyday 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.



Emotional Recovery

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.

Sexton JB, Adair KC, Leonard MW, et al. Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout. *BMJ Qual Saf.* October 2017;bmjqs-2016-006399.

New Measurement



Not:
Embarrassed
Ashamed
Angry
Guilty
Stressed
Sad

Why the National Taskforce for Humanity in Healthcare?

Question 3:

Do healthcare organizations, healthcare leaders, physicians, nurses, and caregivers have an understanding of a comprehensive solutions blueprint which results in meaningful and sustainable improvement?

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

...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.

physicians, the health care system, and for patient outcomes. Burnout in physicians has been linked with lower work satisfaction, disrupted personal relationships, substance misuse, depression, and suicide.^{5,6} Within health care organizations, burnout is related to reduced productivity, high job turnover, and early retirement.⁷⁻⁹ Importantly, burnout can result in an increase in medical errors, reduced quality of patient care, and lower patient satisfaction.¹⁰⁻¹⁵ It is not surprising, therefore, that wellness of physicians is increasingly proposed as a quality indicator in health care delivery.¹⁶

Leading drivers of burnout include excessive workload, imbalance between job demands and skills, a lack of job control

meaning: 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.

health care settings (primary care, secondary or intensive care) and in physicians with different levels of working experience. Our rationale was that physicians working in different organizational settings or physicians with different levels of experience might have diverse needs and might respond differently to burnout interventions.

A lush, dense tropical jungle scene. Sunlight filters through the thick canopy of various green plants, including large palm fronds and broad-leafed tropical foliage. A prominent, moss-covered tree branch extends horizontally across the middle of the frame. The overall atmosphere is vibrant and natural.

How Are We Going to Do That!?

(What's the Path Forward?)

What Skills Support That Kind of Cultural Transformation?

Systems and organizational habits that enhance access to positive emotion

Human-centered leadership

Positive connection & relationships

Individual wellbeing



The NTH Comprehensive Approach

The NTH 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

RELATIONS® for Healthcare 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 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 workflow

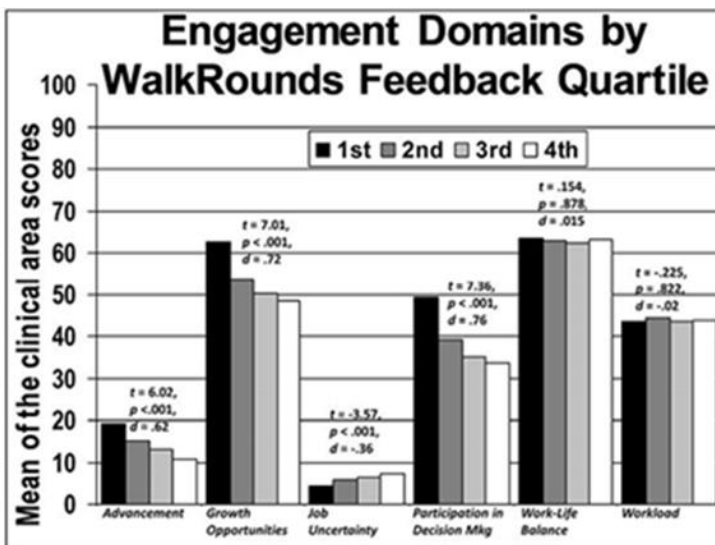
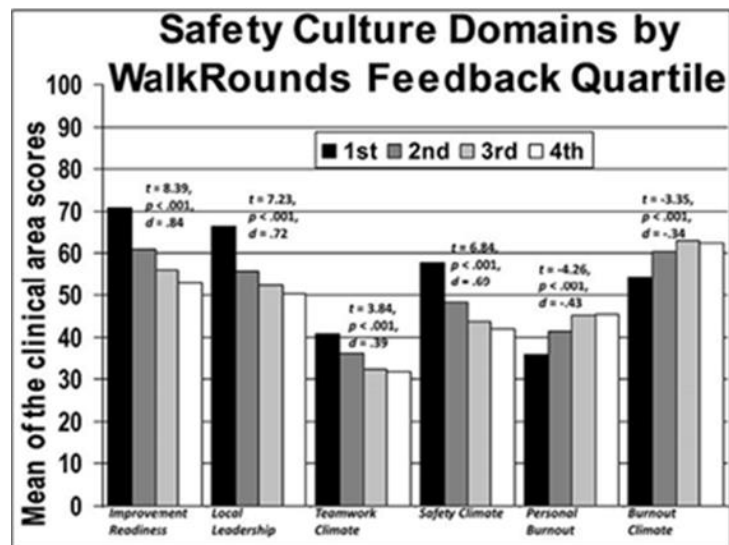


Results from Components of NTH Blueprint

Human-Centered Leadership
and
RELATIONS® for Healthcare Transformation

Human-Centered Leadership

Duke University

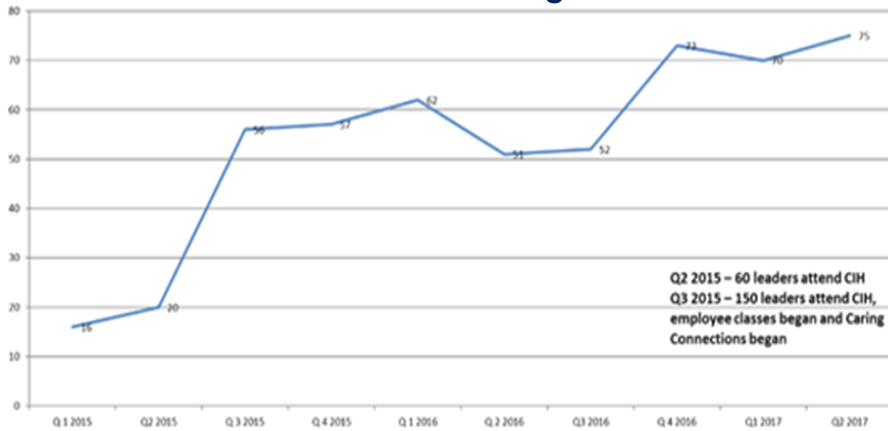


Quartile	% of respondents reporting 'yes' to WR with feedback
First	38.1%-100%
Second	23.9%-37.5%
Third	13.6%-23.8%
Fourth	0%-13.3%

Human-Centered Leadership & RELATIONS® for Healthcare Transformation

HCAHPS - Beaumont Hospital, Troy

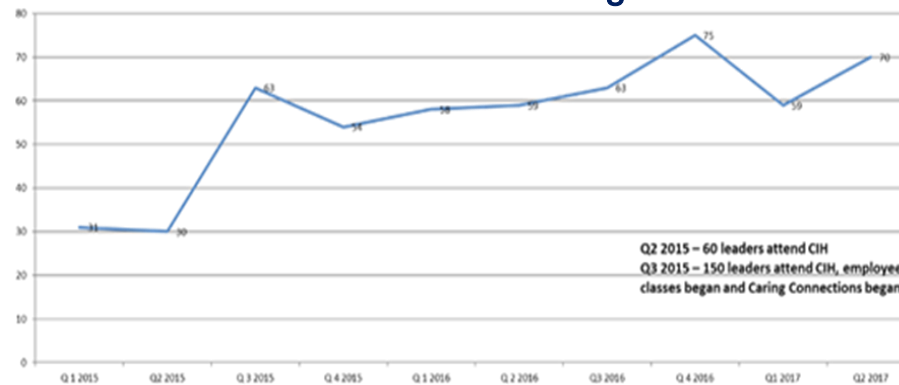
Communication with Nurses Domain Percentile Ranking



Communication with Doctors Domain Percentile Ranking

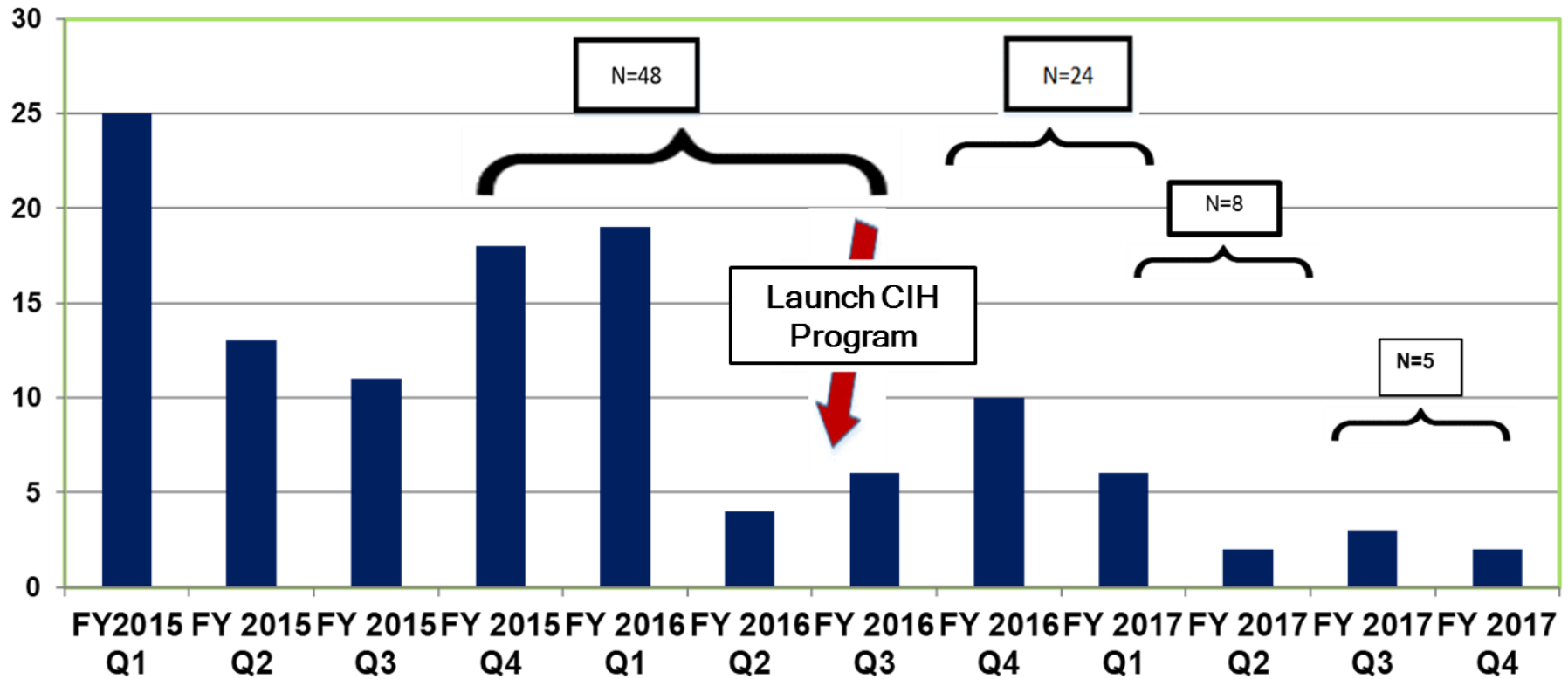


Patient Satisfaction - HCAHPS Global Rating Percentile Ranking



RELATIONS® for Healthcare Transformation

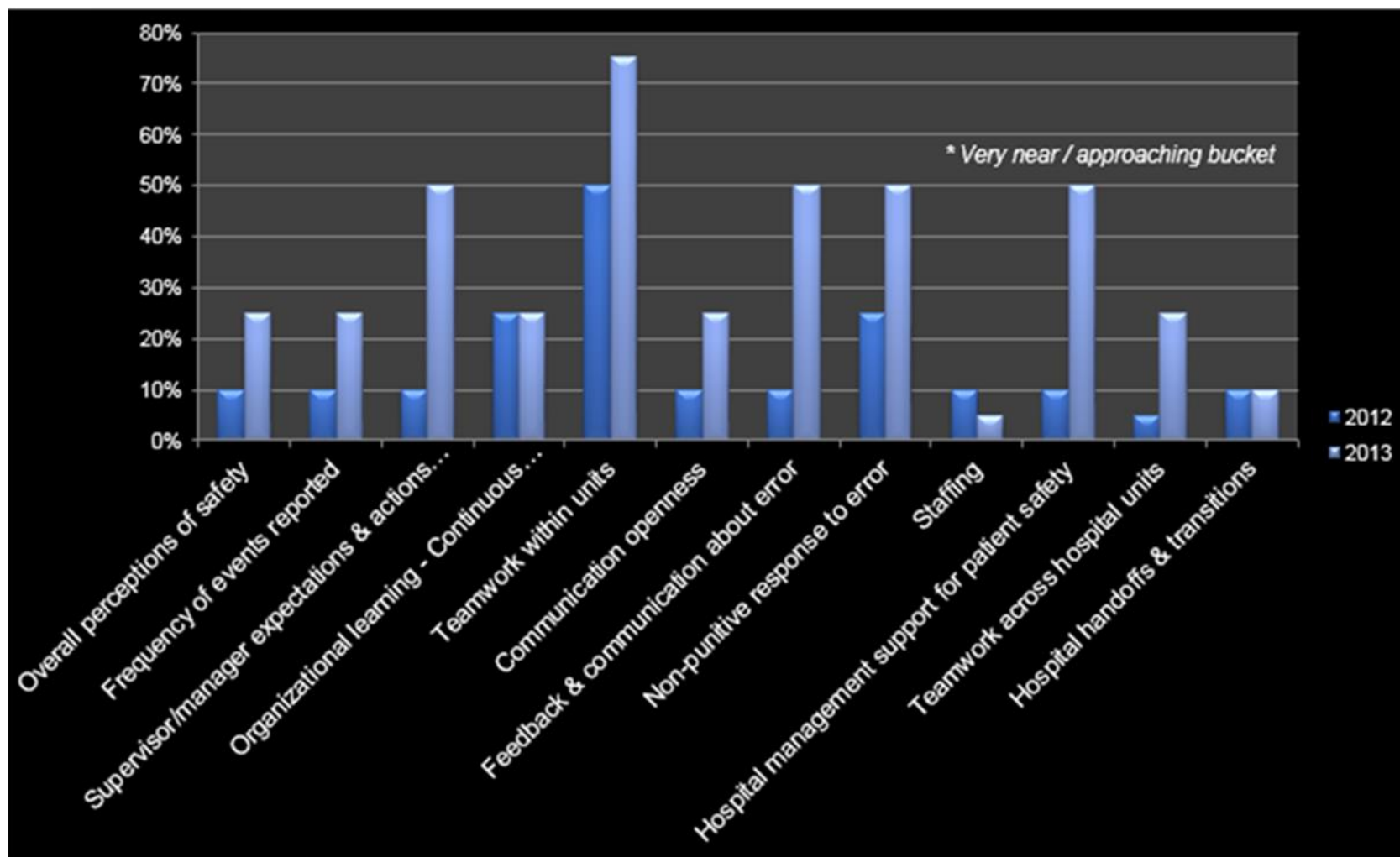
Grievances and Complaints - Washington, DC Community Hospital



Total grievances citing physicians total led 39 for Fiscal Year 2016. More than half of patient grievances cited communication as the issue. With the mandatory attendance requirement of Communication in Healthcare program, the number of grievances per quarter steadily decreased. Between FY 2015 and Q2 of FY 2017, the number of grievances have decreased eight-fold.

Human-Centered Leadership & RELATIONS® for Healthcare Transformation

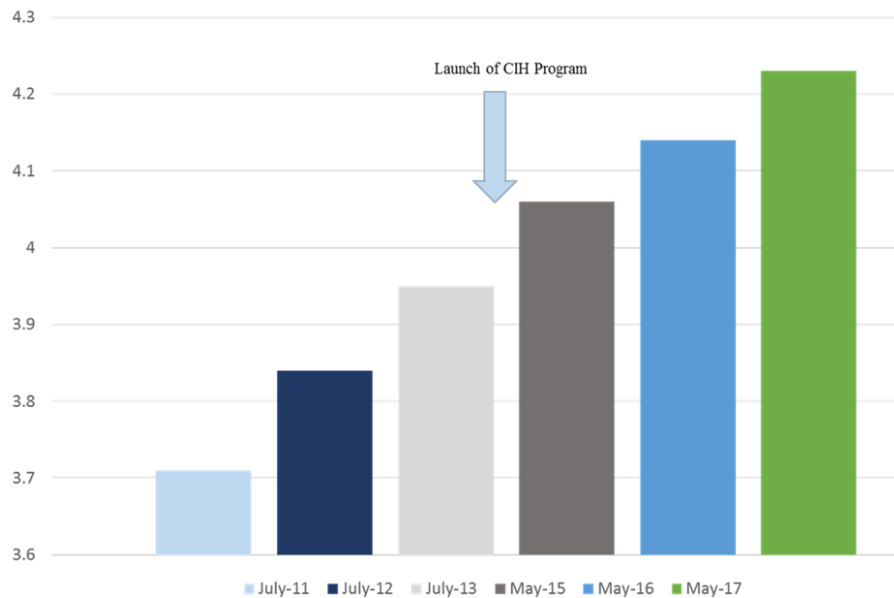
Culture of Safety - North Carolina Hospital



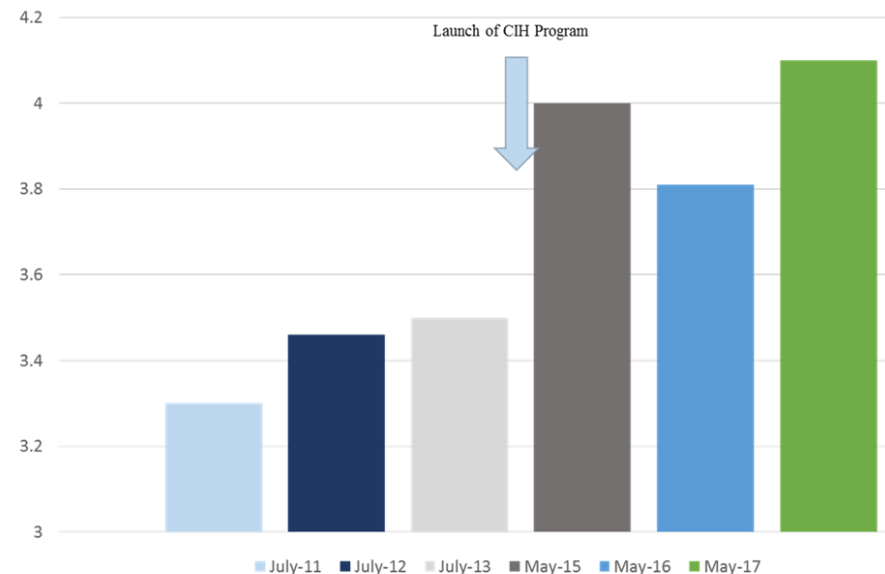
RELATIONS® for Healthcare Transformation

Physician Engagement - Maryland Hospital

Mean Overall Engagement Score



There is open communication throughout all levels of the organization.

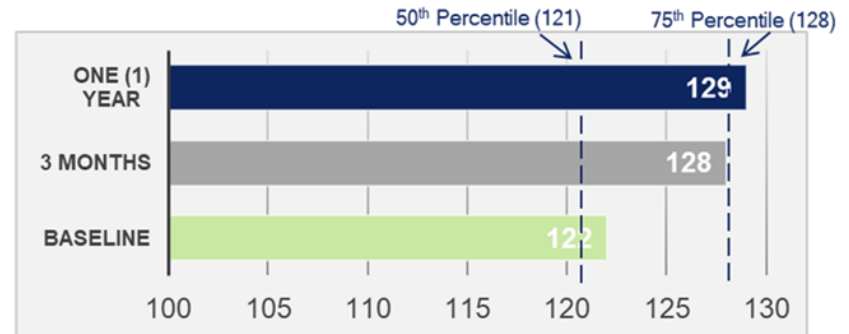


Human-Centered Leadership & RELATIONS® for Healthcare Transformation

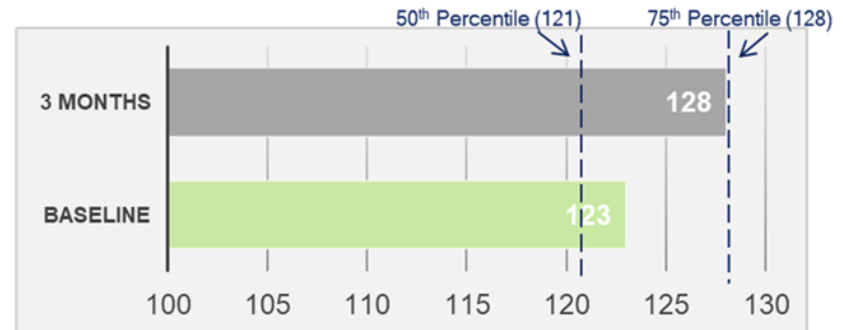
Empathy Capacity - Beaumont Hospital, Troy

Results for 30
Communication in
Healthcare Faculty

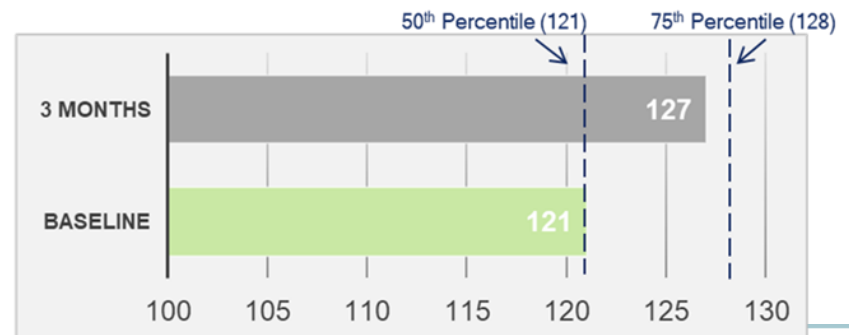
Combined Physician
and Allied Health Staff
Empathy Scores



Allied Health Staff
Empathy Scores



Physician Empathy
Scores



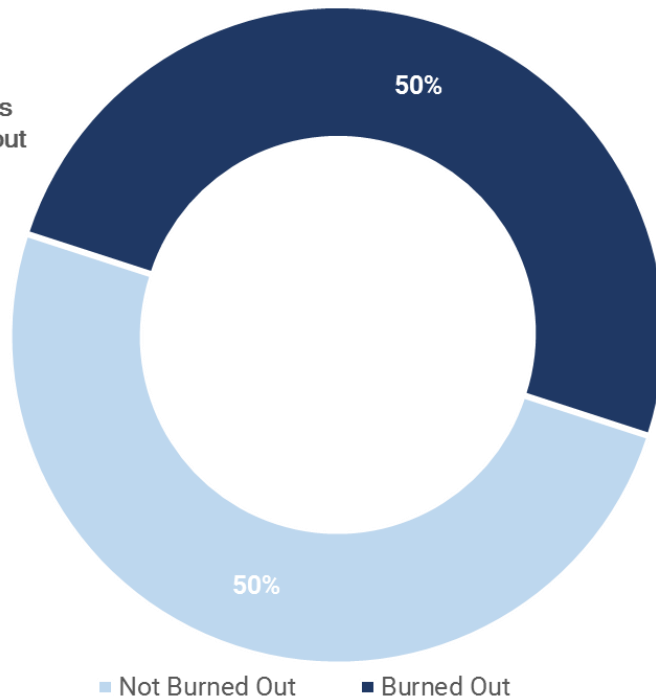
* Empathy Survey received from Thomas Jefferson University

RELATIONS® for Healthcare Transformation

Emotional Exhaustion - VA Hospital

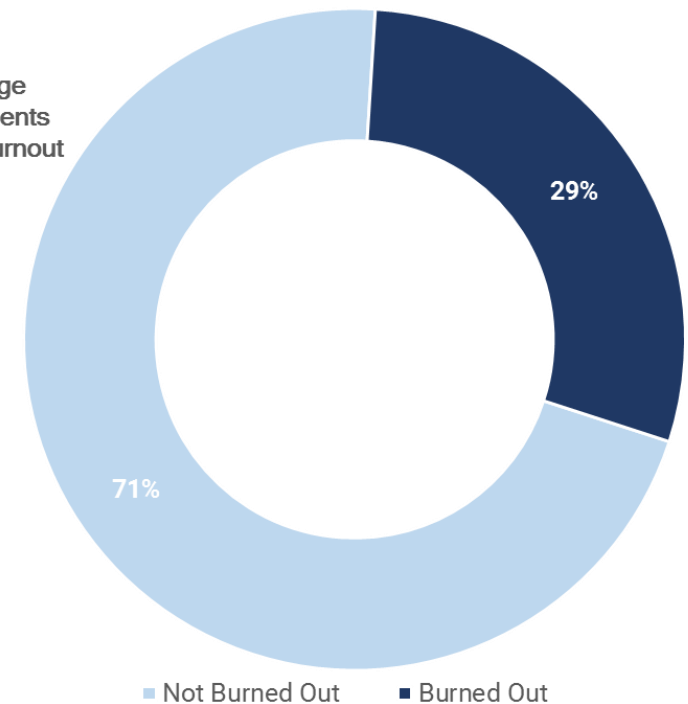
Original Survey Results
2018

Percentage
of Respondents
Reporting Burnout



Refresher Survey Results
2019

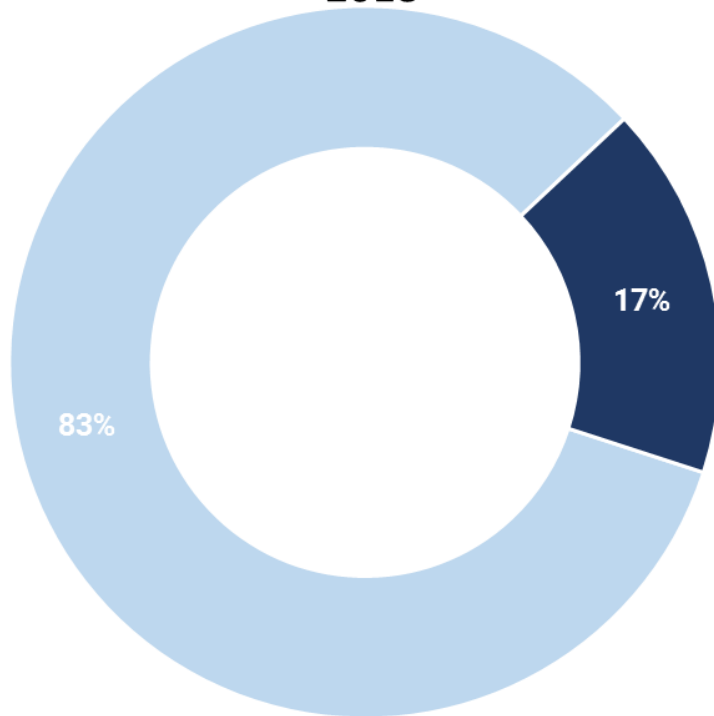
Percentage
of Respondents
Reporting Burnout



RELATIONS® for Healthcare Transformation

Emotional Recovery - VA Hospital

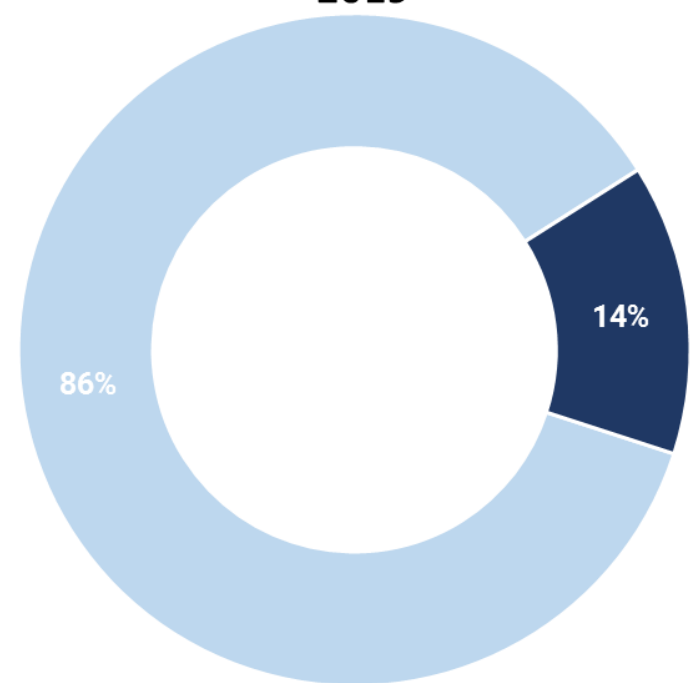
Original Survey Results
2018



■ Able to Recover ■ Not Able to Recover



Refresher Survey Results
2019

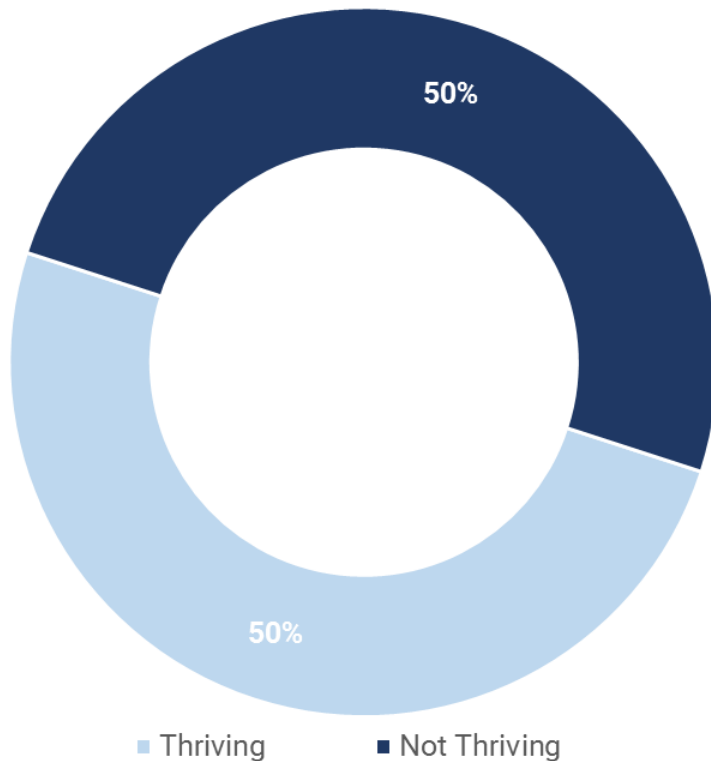


■ Able to Recover ■ Not Able to Recover

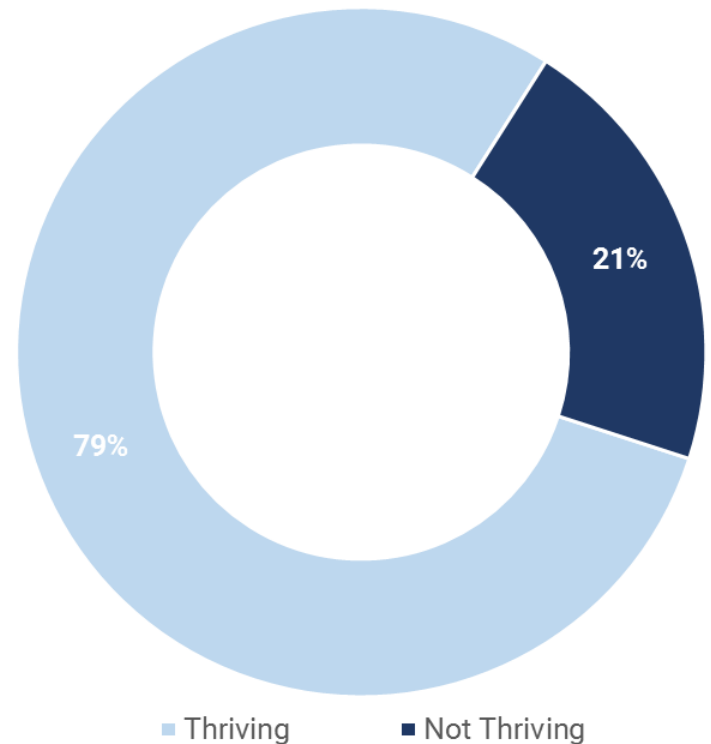
RELATIONS® for Healthcare Transformation

Emotional Thriving - VA Hospital

Original Survey Results
2018



Refresher Survey Results
2019



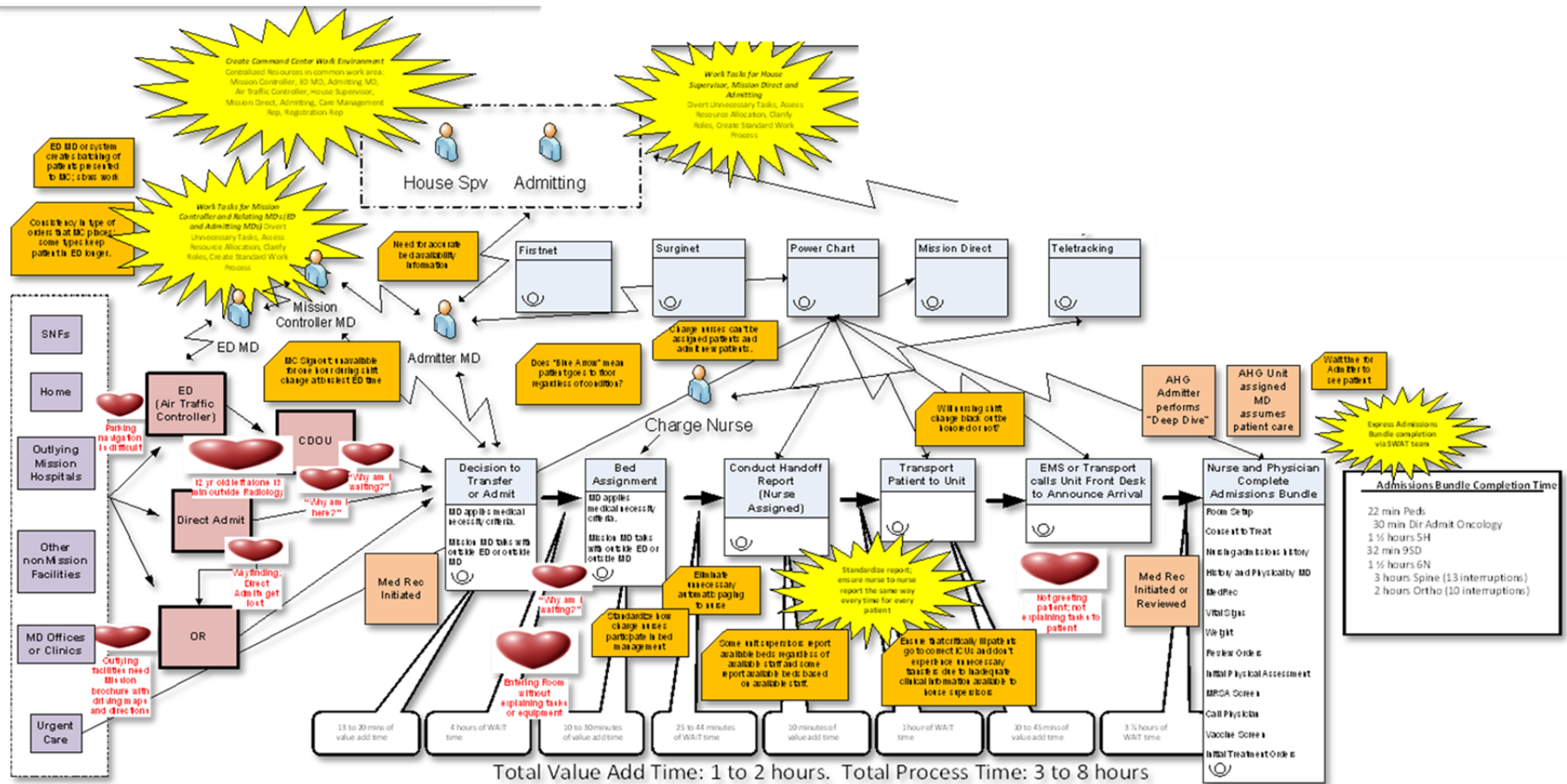
Results from Components of NTH Blueprint

Experience Mapping

Amplifying Joys and Minimizing Hassles

Experience Mapping

North Carolina Hospital

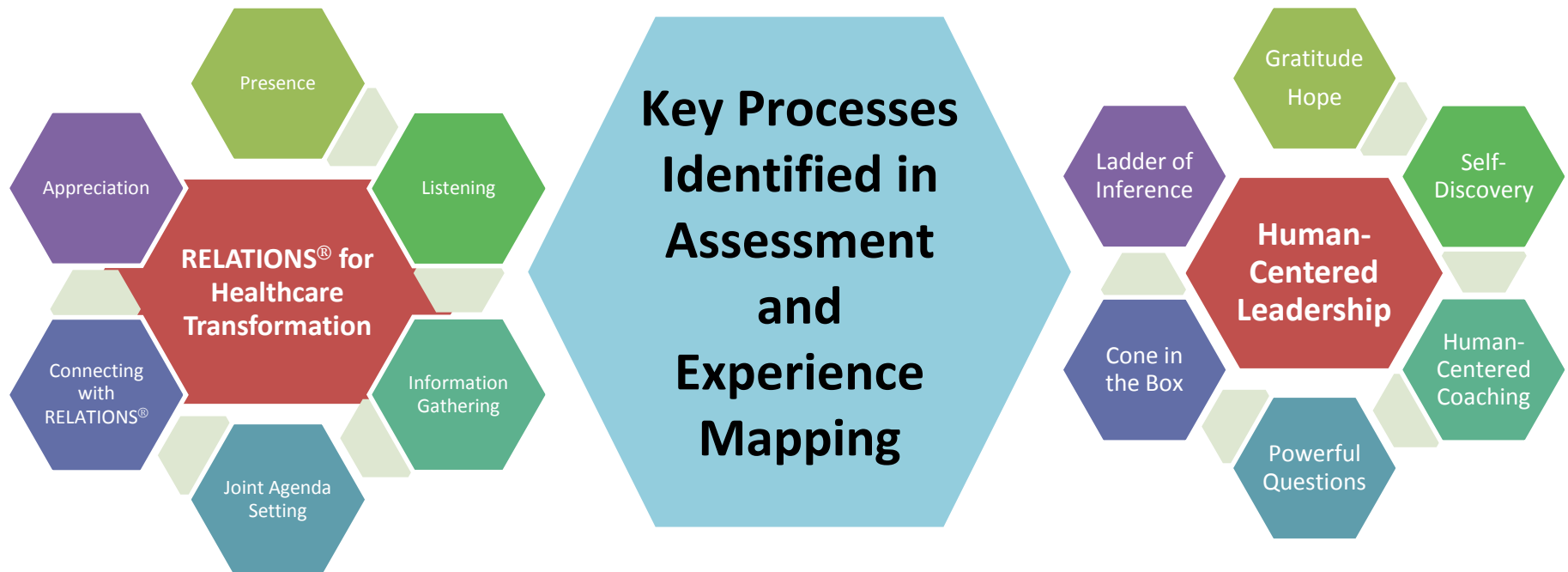


Results from Components of NTH Blueprint

Design Session

Design Session

A two (2) day session aimed at hardwiring the skills learned during the program into existing daily workflow



Design Session

University of Colorado

Impact of Leadership-Focused and User-Centered Design Work, University of Colorado Hospital Medicine

Key Metrics that Improved Despite 200% Clinical Growth

	2014	2015	2017
I feel burned out from my work.	44%	36%	<u>33%</u>
I have become more callous toward people since I took this job.	24%	11%	<u>15%</u>
Our culture makes it easy to learn from the mistakes of others.	35%	51%	<u>59%</u>
The people I work with care about me as a person.	78%	89%	<u>91%</u>

85% of people feel that “Being part of the DHM is a source of professional pride.”

Turn-over (2009-2013): 13.2% Turn-over (2014-2017): 6.6%

Ultimate Goals of NTH Program

Reflections from Caregivers - Indiana Health System

Bring humanity back into healthcare. Making all team members see their value and tapping into that value to get the best performance from all team members.

Increased patient outcomes. Increased caregiver joy and satisfaction. Decreased burnout. Build mutual respect.

The Journey To Excellence

We've Tried

RHT

RELATIONS® for Healthcare Transformation

- Mindfulness/Presence
- Reflective Listening
- Information Gathering
- Negotiating an Agenda
- Connecting with Patients and Team
- Appreciation

We've Tried

High
Reliability
Strategies

Just Culture

Quality
Improvement
Initiatives

Technology
Solutions

Physician &
Employee
Engagement
Tactics

TeamSTEPs

We Want

Holistic Outcomes

- Patient Safety
- Effective, High Quality Care
- Patient Satisfaction
- Efficiency and Care Coordination
- Population Health
- Lower Total Costs
- Fulfilled, Engaged Clinicians

Culture
Interventions
Transformation

Through the National Taskforce on Humanity in Healthcare, What Have We Learned?

- There is enormous interest around the nation in tackling this problem.
- Most current frameworks for improving are rather general (e.g., "leadership engagement is necessary").
- Most organizations are measuring burnout (the negative), yet we need more focus on measuring desired state--thriving and its connection to performance.
- Organizations and physician groups don't know where to start making a meaningful difference.
 - Most of the common burnout interventions (meditation rooms, encouragement to sleep and exercise more) are minimally impactful and/or rejected as "shifting the burden" onto those suffering from burnout.
- Clinicians are better positioned to lead this work than HR or OD.
- We need a comprehensive approach to enhancing thriving, resilience, and top-notch, humanistic performance of their people.