



**American Hospital
Association™**

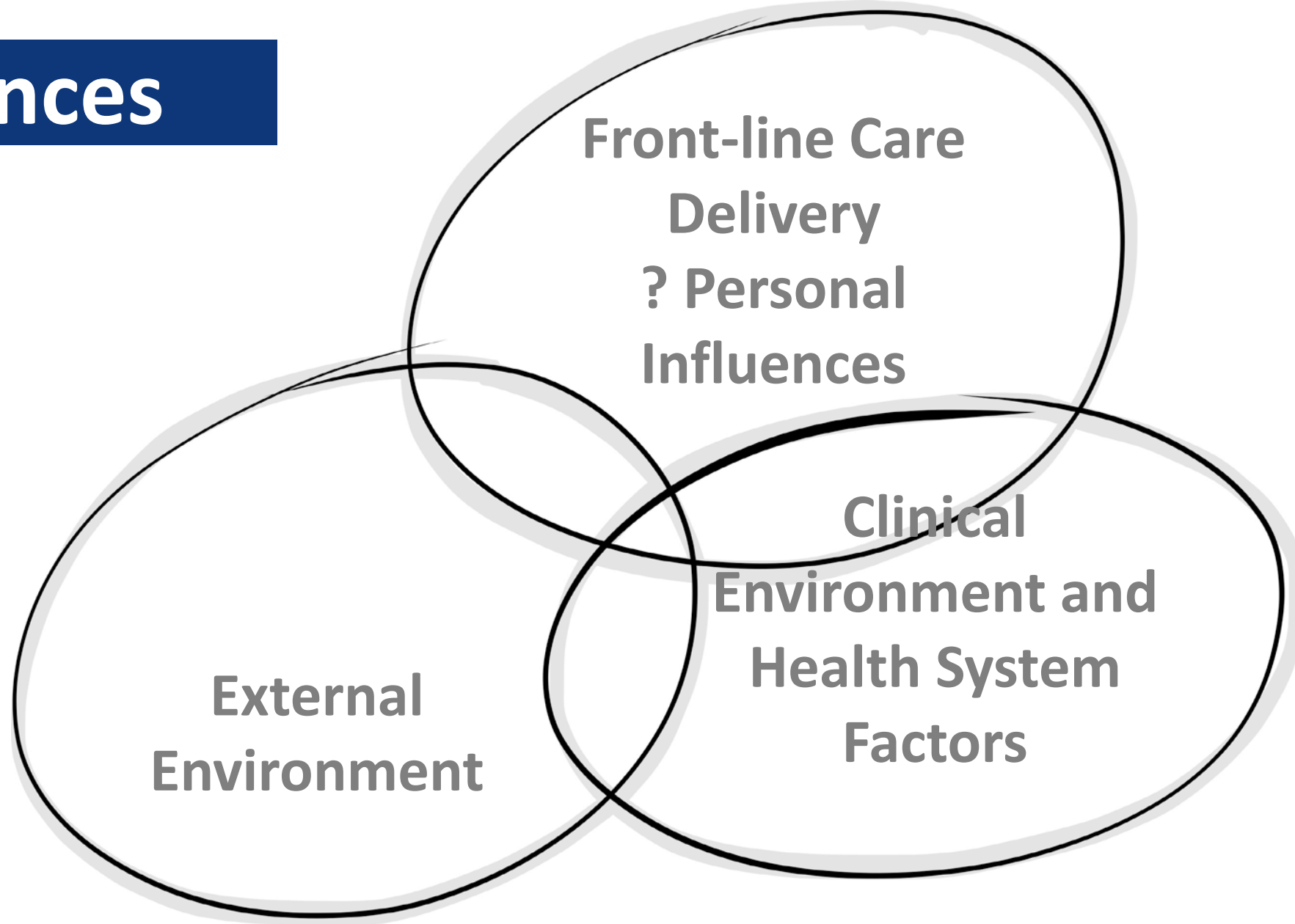
Advancing Health in America

Taking Action Against Clinician Burnout Perspectives on report recommendations

December 4th, 2019

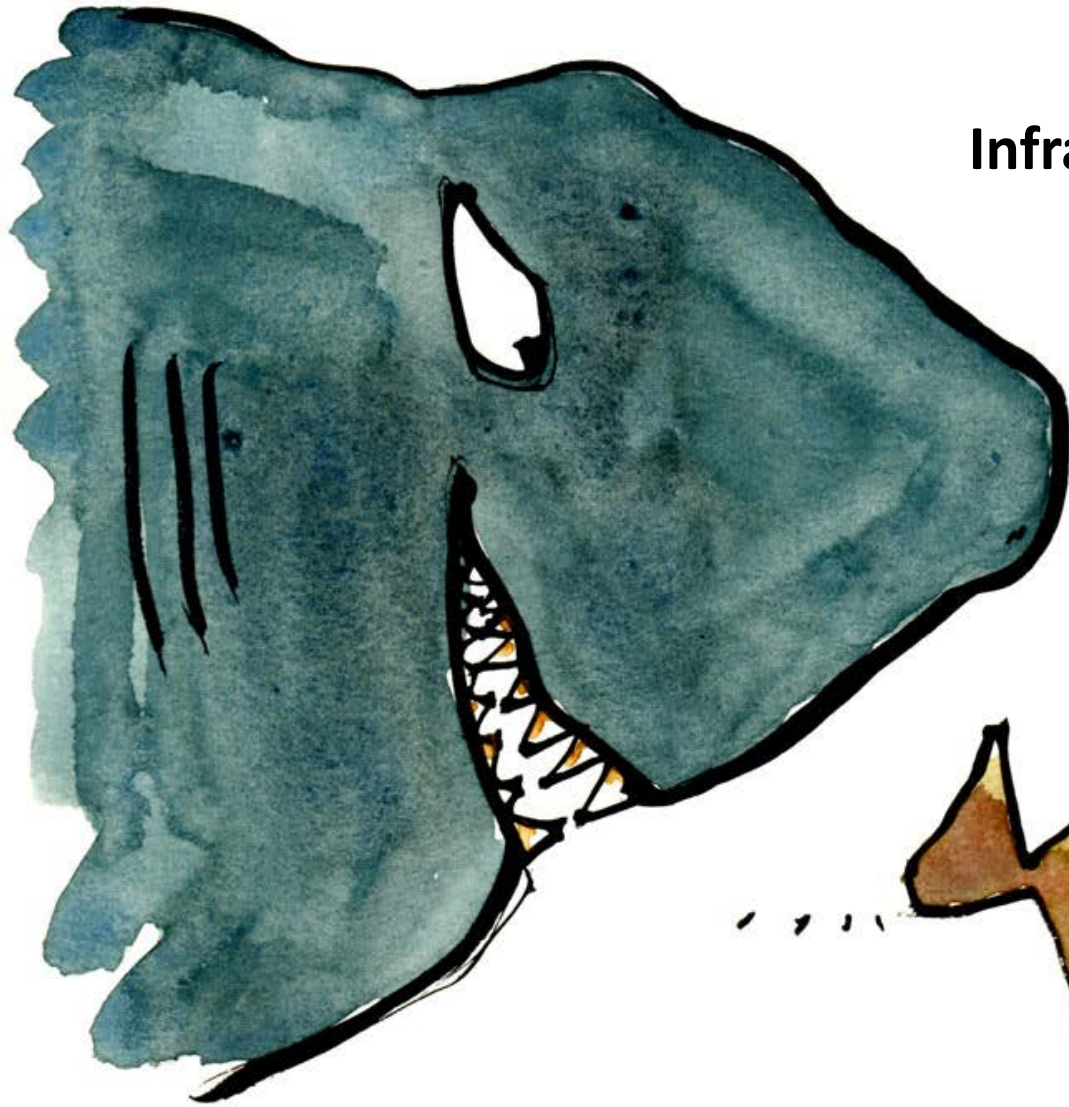
Jay Bhatt D.O., SVP & Chief Medical Officer

Influences

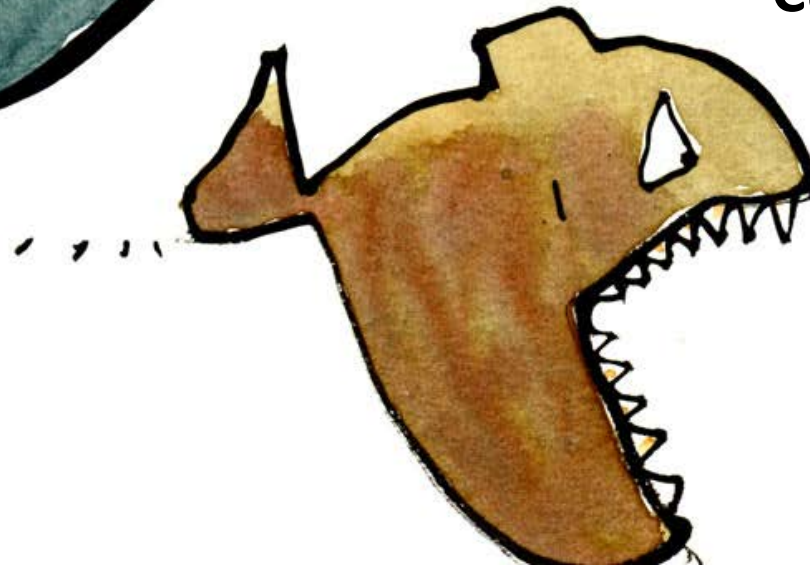


The Water

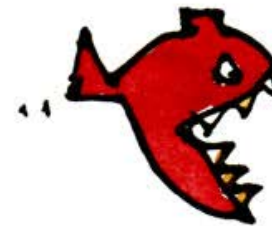
Infrastructure



Culture

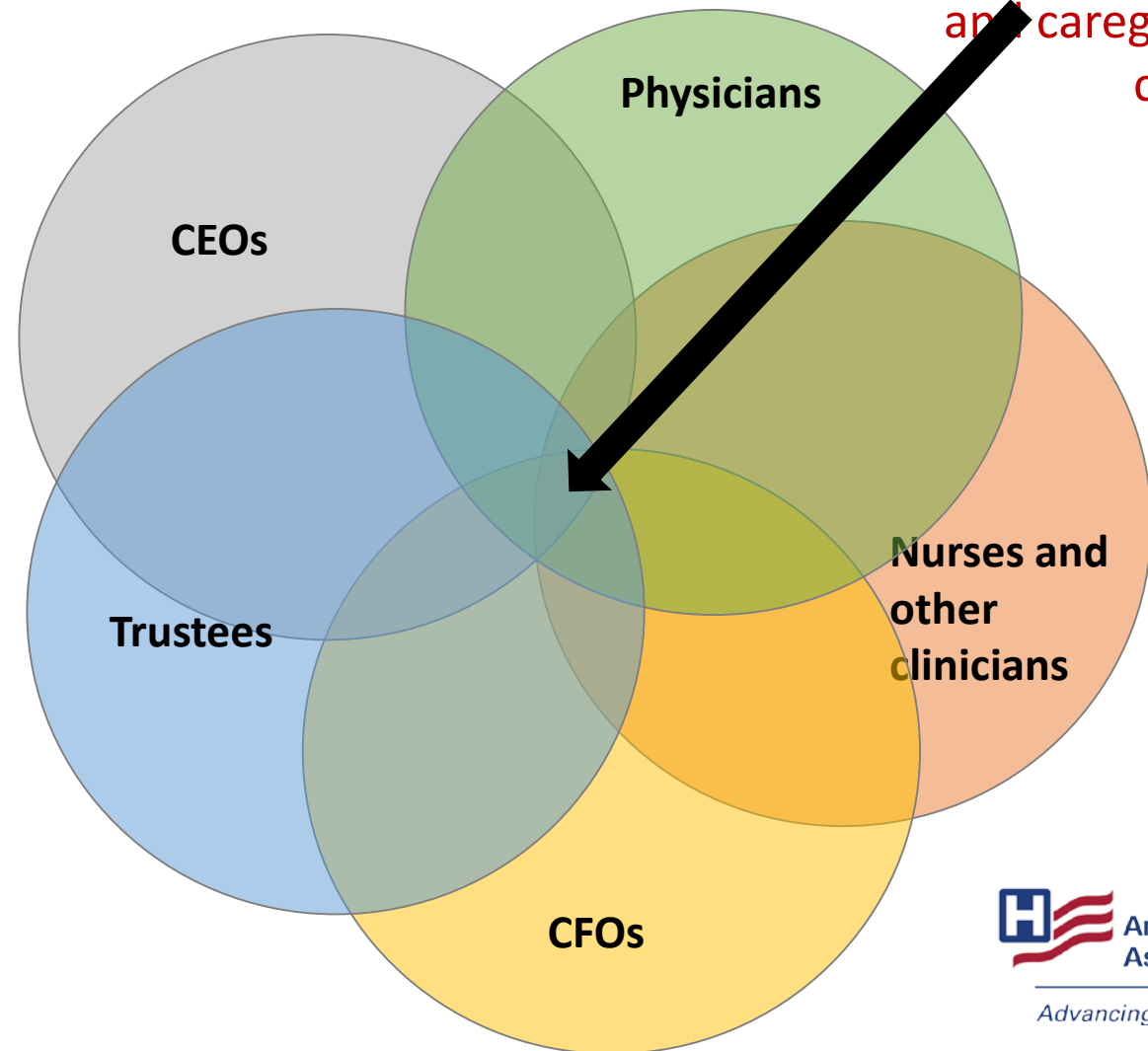


Strategy





HEALTH CARE STAKEHOLDERS AND A COMMON LANGUAGE TO DESIGN A WELL- BEING SYSTEM



Common language
for resilience and
well-being where
patients, families,
and caregivers at the
center

THE DANGERS OF BURNOUT

WHAT IS BURNOUT?

Burnout is defined as loss of enthusiasm for work, feelings of cynicism and low sense of personal accomplishment.

WHO IS AFFECTED?



1 out of 2 physicians (54%) are experiencing burnout



compared to **1 in 3 professionals (29%)** in the general population



Be Well: Cultivating Resilience to Address Health and Well-Being



What Is "Burnout"?

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Who Is Affected?



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What Contributes to Burnout?⁵



Workload. Excessive, the wrong kind, or emotionally draining work.



Control. Insufficient control over resources needed or insufficient authority to pursue work more effectively.



Reward. Lack of appropriate rewards (financial, social, or intrinsic).



Community. Lack of connection with others in the workplace.



Fairness. Lack of perceived fairness and mutual respect.



Values. Mismatch between personal values and leadership/organizational values or organizational values and actual practice.

The rapid pace of change in health care, from system redesign to new payment models to increased data reporting and electronic interoperability, has clinician attention divided among many competing priorities. All the while, the health care workforce itself is shifting and changing to reflect the growing diversity of the nation as well as needs and preferences of our communities. Clinician stress is associated with lower patient satisfaction, patient safety issues, overuse of resources and increased costs of care. Clinicians at the front lines of care, including primary, emergency and critical care, are especially vulnerable.

Physicians with less control over their work environment and chaotic schedules and pace are more likely to report symptoms of burnout and it's no wonder; primary drivers of burnout include regulatory and paperwork burden, deterioration of clinical autonomy, inefficient EHR design/interoperability and professional liability concerns.

Burnout is directly tied to job satisfaction and stress. In 2016, the *Physicians Foundation surveyed* 17,236 physicians and found long-term patient relationships, intellectual stimulation, interactions with colleagues, and social and community impact among the factors physicians value most in job satisfaction.

One study linked the areas of work-life balance with the dimensions of burnout for nurses; this in turn predicted nurse turnover. The study concluded that the impact of workload on exhaustion, which over time increases cynicism, indicates intervention to sustain manageable workloads and workplace health is necessary. It is imperative to recognize and acknowledge nurses' contributions in ways they find meaningful.

Implications

Burnout has a substantial effect on health care quality and safety. In cross-sectional studies of more than 7,100 US surgeons, major medical errors reported were strongly related to the surgeon's degree of burnout.¹ Other studies found that mean burnout levels among hospital nurses were an independent predictor of health care-associated infections.² As emotional exhaustion levels of physicians and nurses working in intensive care units increased, so did patient mortality ratios.³ Additionally, a study on hospital nurses found a correlation between longer shifts, higher levels of

Committee Recommendations

1. Positive Work Environments
2. Positive Learning Environments
3. Reduce Administrative Burden
4. Enable Technology Solutions
5. Provide Support for Clinicians and Learners
6. Invest in Research



University of Alabama Health System, Birmingham

- Six-hospital, academic health system, level one trauma center, 1.2 million outpatient and 86,642 inpatient visits

Problem:

- Rising rate of reported stress among surveyed faculty

Action:

- Coordinated strategy for wellbeing across the learner – faculty continuum
- Gather data and launch system-wide awareness campaign



Long term goals:

Leaders are now judged on wellbeing alongside other performance metrics

Working with both the residents and faculty to make this happen.

Impact:

- Created infrastructure to prioritize wellness
- Integrated efforts for physician wellbeing across GME and faculty
- Used data to develop evidence-based interventions, build buy-in, and increase accountability
- Got creative on funding: \$1.5M gift to address burnout from local medical malpractice insurer

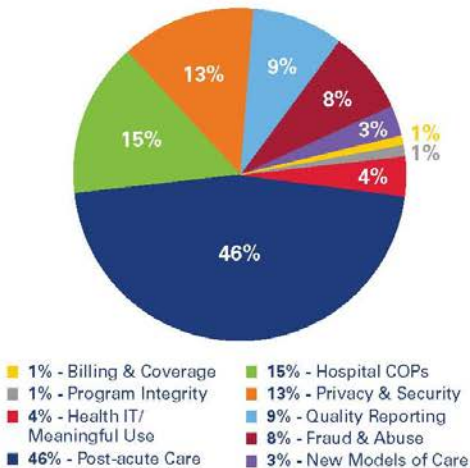
Regulatory Burden Overwhelming Providers, Diverting Clinicians from Patient Care

Regulations are essential to ensure safety and accountability. However, the rapid increase in the scope and volume of mandatory requirements diverts resources from hospitals and health systems' patient-centered mission.

\$39 BILLION Spent by hospitals each year on non-clinical regulatory requirements

629 mandatory regulatory requirements

- Hospitals have to comply with 341 mandatory regulatory requirements.
- Post-acute care providers have an additional 288 requirements.



\$7.6 MILLION
spent annually to comply
per community hospital

- This figure rises to \$9.0 million for those hospitals with post-acute care.
- For the largest hospitals, costs can exceed \$19 million annually.
- The average hospital also spends almost \$760,000 on the information technology investments needed for compliance.

Excessive regulatory burden affects patients:

- Clinicians have less time to spend with patients as regulatory demands grow.
 - 50% of physician time is spent on data entry and administrative work.
- Higher out-of-pocket costs due to artificial barriers that limit care coordination and prevent incentivization of high-value, quality care.





HCA Healthcare

- 178 hospitals, 1,800 sites of care, including surgery centers, freestanding ERs, urgent care centers and physician clinics, in 20 states and the United Kingdom

Problem:

- Major clinical documentation burden for nurses
- Three different EHRs and tremendous variation in documentation



Action:

- Develop, standardize and implement new nursing clinical documentation protocol

Impact:

- Time savings: 1 hour per 12-hour RN shift, time to view 'real-time' vital signs from 41 minutes to 23 seconds
- Real-time data to determine # of FTEs needed and tailor RN education for each unit's unique workload
- No regulatory events as a result of their documentation redesign



“If we really want to address burnout,
we need it as a line item on the
budget.”

- Dr. Tad Jacobs, Avera Health CMO

Avera Health

- Integrated health system, rural population of nearly 1 million residents over multiple states

Problem:

- How can we be proactive and address the burnout epidemic among physicians, advance practice practitioners and physician assistants?

Action:

LIGHT is Avera's well-being program for physicians, physician assistants and nurse practitioners.

All resources are free and confidential.



LIVE

healthy: physically, emotionally, professionally and spiritually



IMPROVE

resiliency skills



GROW

personal and professional coaching



HEAL

work wounds and family struggles



TREAT

and restore to have an improved quality of life

Impact:

- Soaring participation in LIGHT – year 1: 12 executive sessions, year 2: 30 sessions and year 3: 151 sessions
- Community building movement (e.g., spouses forming a Facebook group to connect families with organized in-person activities)
- Success that led to organization investment: increased funding and dedicated staff persons



**Minnesota
Hospital
Association**



Minnesota Hospital Association

- Represents 142 of the 144 hospitals and health systems in the state
- Nearly all hospitals are nonprofit or government-owned, small, and located in rural areas

Problem:

- How can we understand and address the universal challenge of clinician burnout among our membership?

Burnout Research 7 (2017) 29–35

Contents lists available at ScienceDirect



Burnout Research

journal homepage: www.elsevier.com/locate/burn



Statewide improvement approach to clinician burnout: Findings from the baseline year

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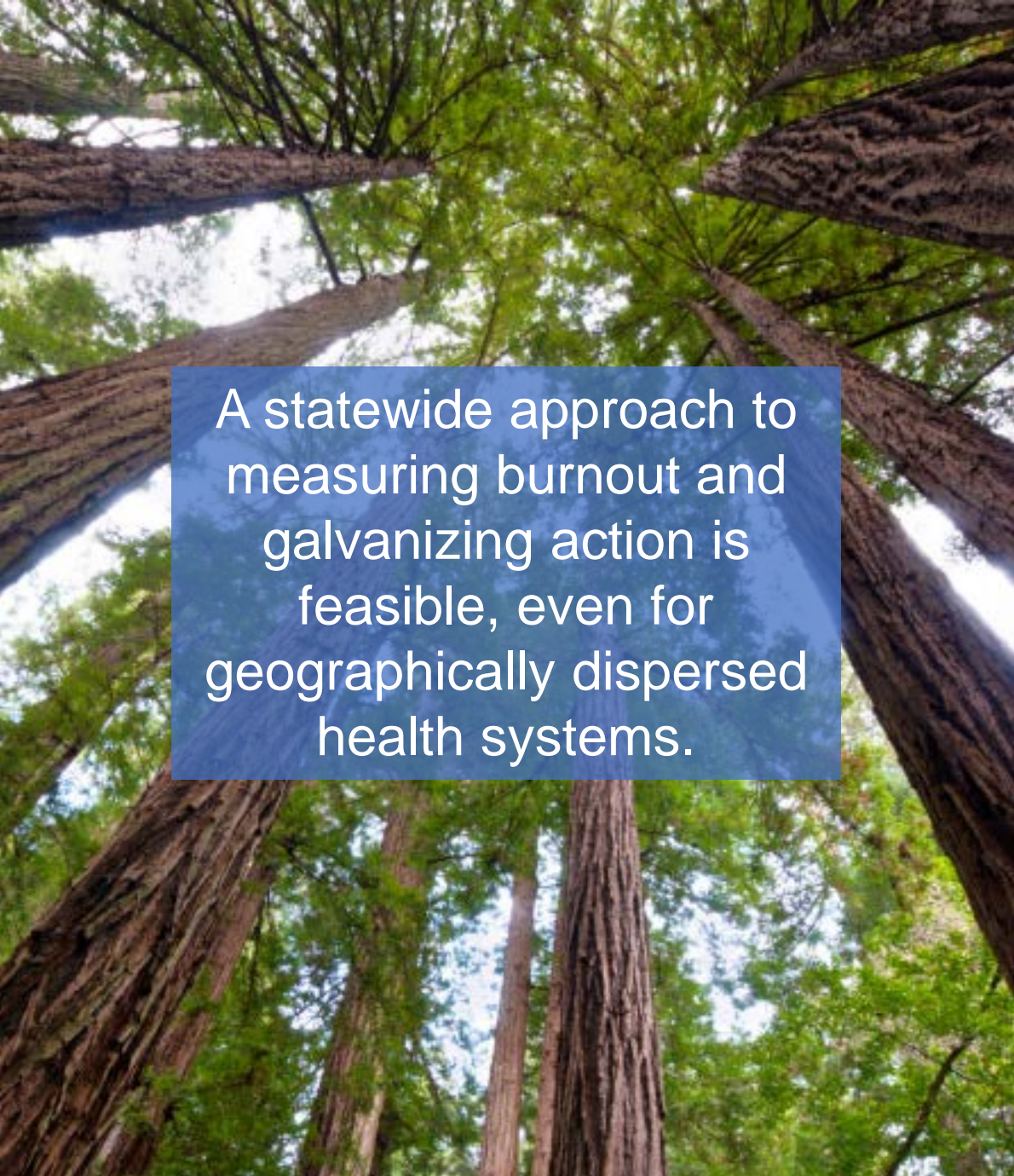
ARTICLE INFO

Keywords:
Physician
Advanced practice professional
Wellbeing
Healthcare

ABSTRACT

Wellbeing of the healthcare workforce is now recognized as an important fourth component of the Quadruple Aim. Given the crisis level of burnout in physicians, national organizations have urged immediate attention to the challenge, demanding measurement and action to mitigate and prevent the phenomenon.

Seeking to understand whether a statewide approach to burnout would be feasible, Minnesota launched a collaborative to assess and establish an action framework around physician and advanced practice professional (APP) burnout in 2016. A modified Mini Z survey tool was used to assess prevalence and drivers of burnout across a census of clinicians and APPs from healthcare organizations across Minnesota.



A statewide approach to measuring burnout and galvanizing action is feasible, even for geographically dispersed health systems.

Action:

- Established a collaborative to test, share and spread successful interventions that promote wellbeing

Impact:

- 75% of hospitals agreed to participate, deploying survey to 13,693 physicians, APRNs, PAs; response rate was 43% (5,932)
- 34% of clinicians reported burnout
- Armed with baseline data, 75% of participating sites developed action plans within 6 months post-survey



University of Rochester Medicine

- Six hospital, academic health system serving New York State's Southern Tier and Finger Lakes regions

Problem:

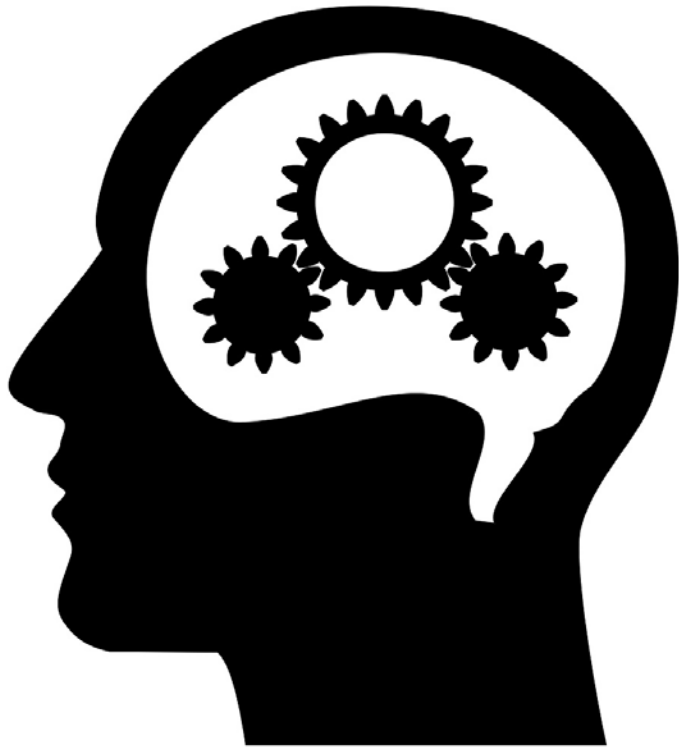
- Shift from Triple Aim focused on patient satisfaction to Quadruple Aim

Action:

- Use human factors and ergonomics to examine biological impact on clinician brain function.



UNIVERSITY of
ROCHESTER
MEDICAL CENTER



Impact:

- Established business case for well-being
- *Reducing burnout = \$243K less per \$1M spent on employee medical insurance claims and \$169K more in revenues per \$1M currently earned from patient satisfaction metrics*
- All process improvement efforts for patient experience and clinician wellbeing are now coordinated by the new well-being infrastructure

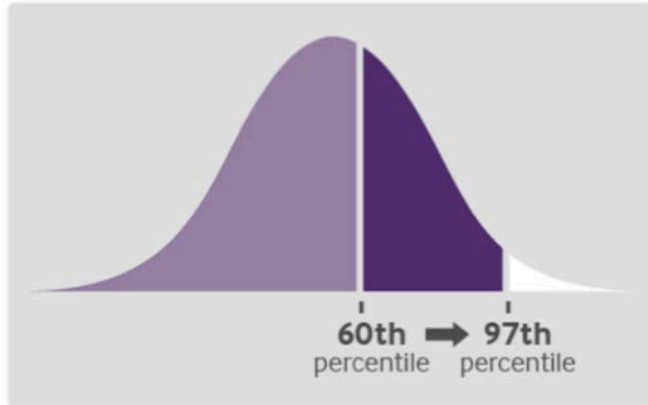


Novant Health

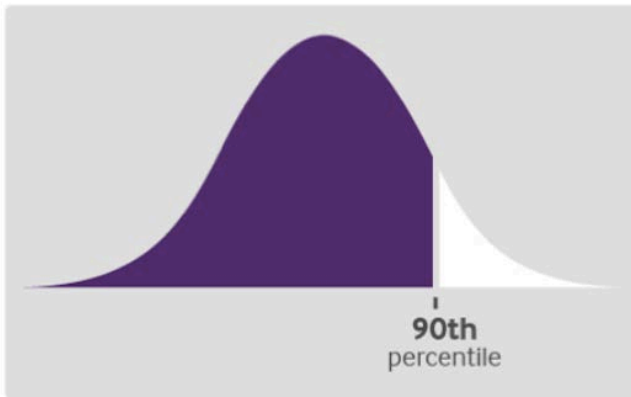
- Not-for-profit integrated health system providing care to over 4.4M patients each year in North and South Carolina and Virginia

Problem:

- How to build resiliency to address burnout and change the culture to sustain Novant's mission



Participants rank in the 97th percentile in both **engagement** and **alignment** with the organization. Prior to the program, scores were in the 60th percentile.



Novant Health's medical group, as a whole, now ranks in the **90th percentile** nationally in physician engagement.

Action:

- Novant Health Leadership Development Program: *3-day intensive leadership training or condensed programming on topics like effective communication*

Impact:

- Sustainable wellness coaching program graduating over 2,000 as of 2018
- Rise in overall employee engagement at from 62% to 89%
- Early data in the outpatient setting also show improvement in patient experience

AHA PHYSICIAN LEADERSHIP EXPERIENCE

CHARLOTTE, NORTH CAROLINA // APRIL 1-3, 2020

The AHA Physician Leadership Experience helps participants create a new professional strategy to offset the demands of the fast-paced health care environment, regaining control of what truly matters most in life and work.

The Physician Leadership Experience provides:

- Guided examination of current experience (life and work) revealing barriers, patterns and blind spots embedded in demands of work.
- Personal and professional insights informed by executive coaching team that inform authentic ways to influence an individual's future career and personal path.
- Tools to create a new foundation that facilitates greater satisfaction and life/work fulfillment.

SIGN UP TODAY!

COURSE ROAD MAP

STEP 1

Readiness

Preparation exercises, pre-course coaching session and group conference call to prepare participants and maximize the experience.

STEP 2

3-Day Immersion

Intensive and engaging group learning experience that guides participants through the creation of a new way to lead in their lives and careers.

STEP 3

Practical Application

Real-world practice, tools and connection with fellow participants for support, encouragement and accountability.



AHA PHYSICIAN LEADERSHIP EXPERIENCE



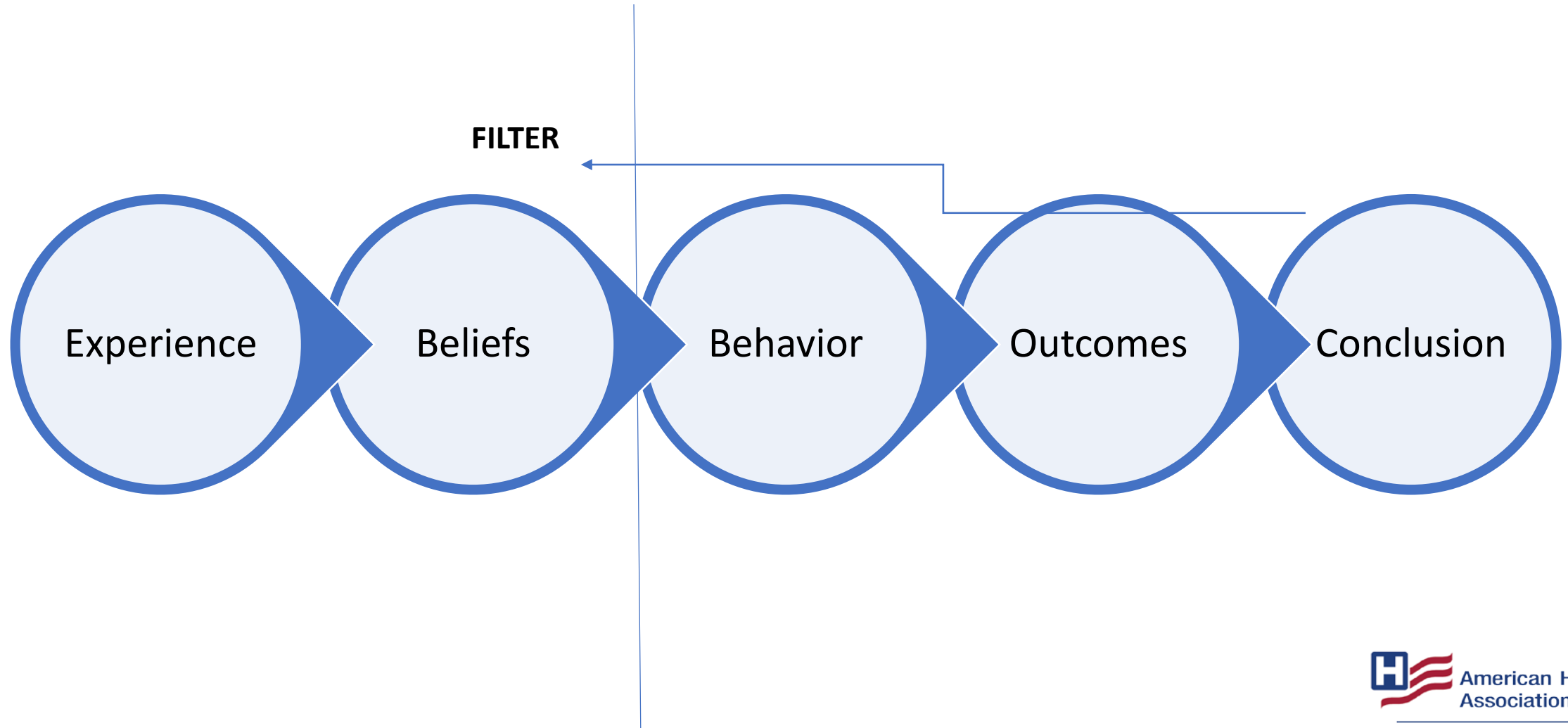
MAY 9-11, 2018 // SERENBE // ATLANTA, GA



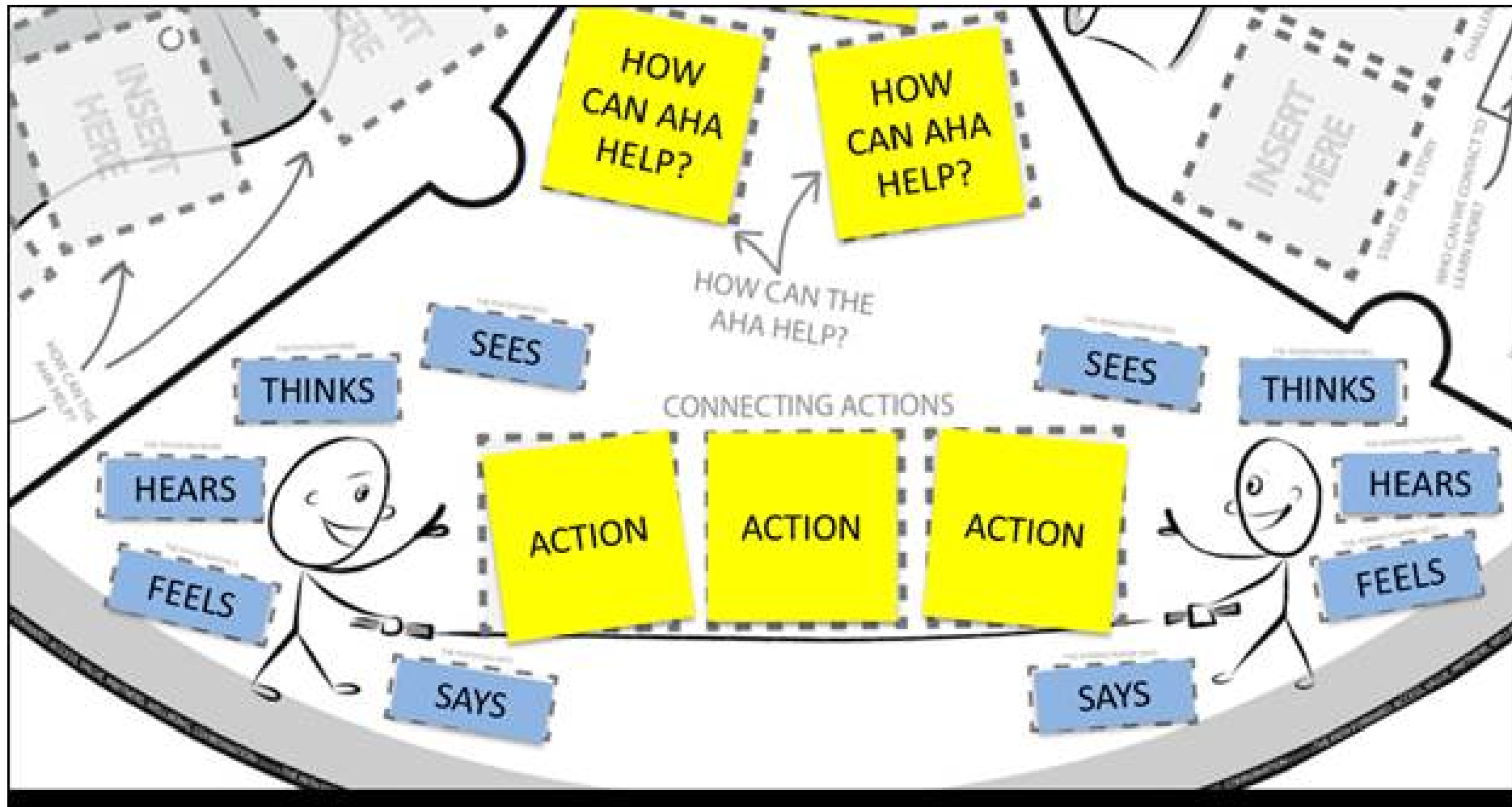
American Hospital Association™

Advancing Health in America

The Personal Patterns We Have



Empathy Mapping



Health System Well-Being Playbook

WELL-BEING PLAYBOOK:

A Guide for Hospital and
Health System Leaders

May 2019



Create infrastructure for well-being



Engage your team



Measure well-being



Design interventions



Implement programs



Evaluate program impact



Create a sustainable culture



Advancing Health in America



TRUST IN THE TEAM



**STRENGTH IN CONNECTION
AND THANK YOU**