

SESSION 5

ADAPTIVE MODELS OF CLINICIAN WELL-BEING



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Adaptive Models of Clinician Well-Being



Bryant Aibe, MD

System Vice President and Chief Wellness Officer
Rush University System for Health



@theNAMedicine

#clinicianwellbeing





World Beyond Our Walls

Oct 29, 2020

Bryant Adibe, M.D.
System Vice President, Chief Wellness Officer

This Year...



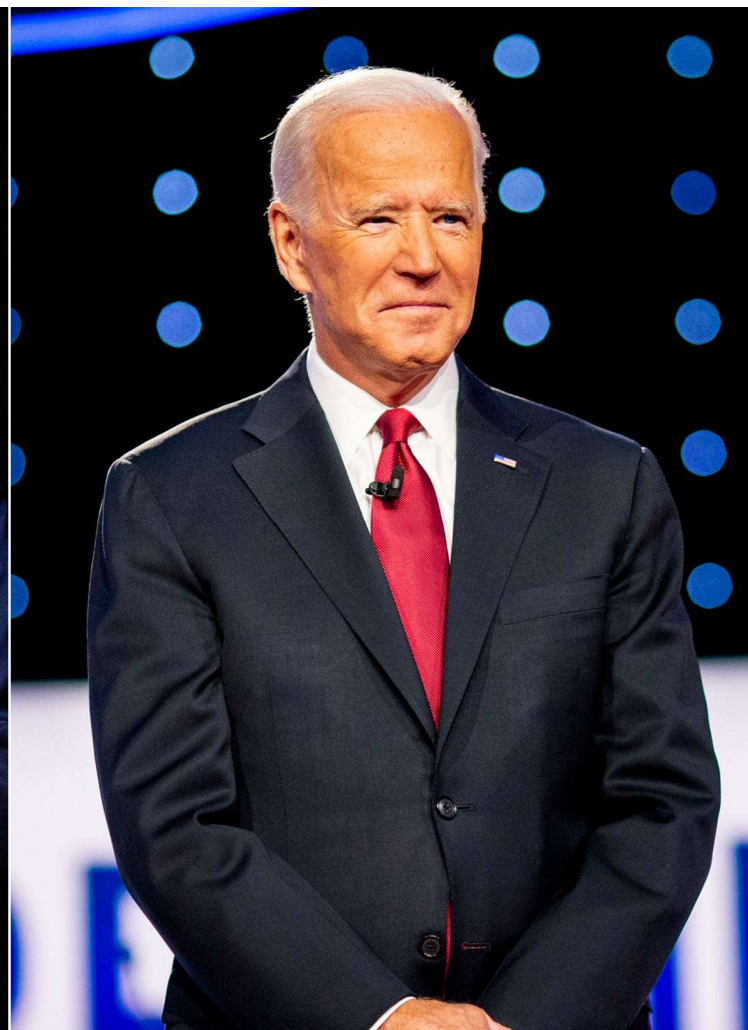








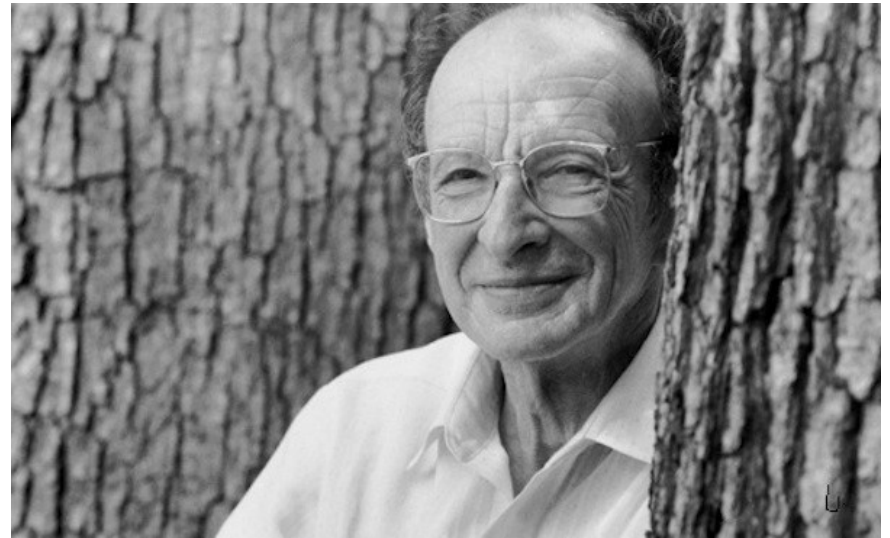


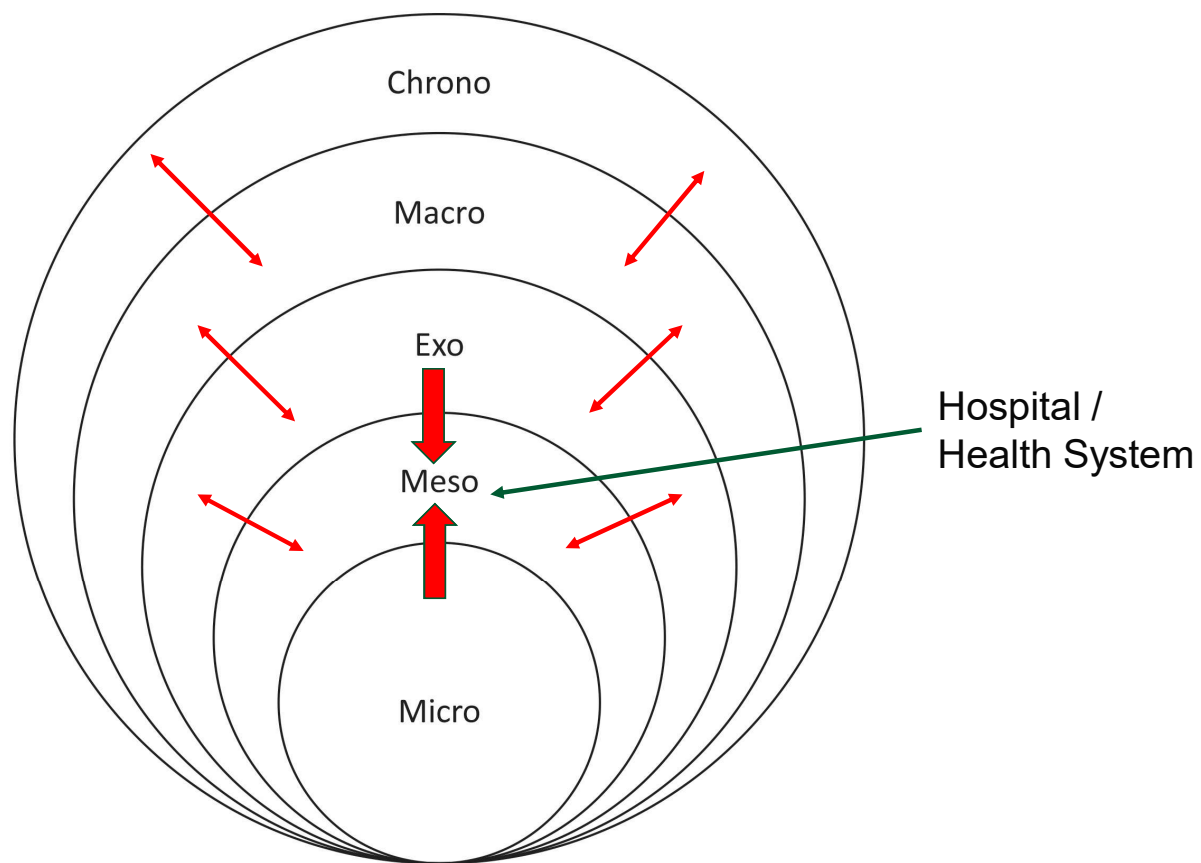


Takeaway #1: **Health Systems** **Do Not Exist as** **Islands**

Ecological Systems Model

- Developed by Urie Bronfenbrenner in 1970's to describe human development
- Relates individual relationship with community and broader society
- Five Environmental Systems:
 - Micro-Systems
 - Meso-Systems
 - Exo-Systems
 - Macro-Systems
 - Chrono-Systems





Takeaway #2:

These Pressures Shape Institutional Culture

(whether we realize it or not)

What Role Should Healthcare Play in the World Beyond our Walls?

The Future of Healthcare

The Future of Healthcare

1. Leadership

2. Partnerships

3. Values

The Future of Healthcare

1. Leadership

- 1. Health Systems Will Become Active, Engaged Participants**
 - As Anchor (+) Institutions → Defining, Creating**

2. Partnerships

3. Values

Rush Anchor Mission: Westside United



The Future of Healthcare

1. Leadership

2. Partnerships

Health Systems Will Develop Strategic Partnerships

- **To Address 21st Century Problems**
- **Public/Private, Cross-Institutional**

3. Core Values

Rush *Center for Clinical Wellness*



Rush Center for Clinical Wellness



The Future of Healthcare

1. Leadership

2. Partnerships

3. **Values**

Move from Issues → Values

- Well-Being
- Equity
- Respect

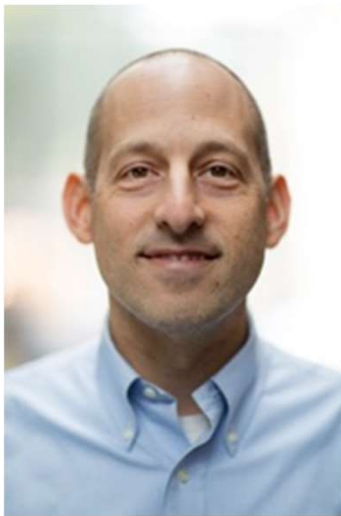


Takeaway #3: **Wellness is a Value, Not an Issue**

Discussion

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Adaptive Models of Clinician Well-Being



Jon Ripp, MD, MPH

Senior Associate Dean for Well-Being and Resilience,
Icahn School of Medicine at Mount Sinai
Chief Wellness Officer
Mount Sinai Health System



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#clinicianwellbeing



The Role of the CWO in Response to Crisis

Jonathan Ripp, MD, MPH

Chief Wellness Officer, Mount Sinai Health System
Dean for Well-Being and Resilience,
Icahn School of Medicine at Mount Sinai
Co-Chair, Collaborative for Healing and
Renewal in Medicine (CHARM)



**Mount
Sinai**

What is the role of the Chief Wellness Officer?

Perspective

The Health Care Chief Wellness Officer: What the Role Is and Is Not

Jonathan Ripp, MD, MPH, and Tait Shanafelt, MD

Responsibilities of the Chief Wellness Officer (CWO)

Responsibilities of the CWO^a

Measure well-being, burnout, and professional fulfillment across the organization

Measure the efficiency of the practice environment and identify opportunities to improve it

Engage members of the organization while working to create the optimal practice environment

Assess the organizational culture and identify dimensions of culture that require strengthening

Provide relevant and actionable data to other leaders

Develop an organization-wide action plan for improving clinician well-being

Determine what resources are necessary, advocate for those resources, and develop a business case and a path to secure those resources

Identify hot spots and provide guidance, recommendations, tactics, and support to those areas

Develop system-wide resources for individuals to improve well-being

Develop system-wide resources to support individuals in distress

Develop system-wide resources to help leaders develop behaviors that promote the well-being of those they lead

Advocate for clinician well-being in organizational decision making

Influence other leaders' thinking and sense of shared ownership of clinician well-being

^aResponsibility of the CWO and his or her team; CWO is accountable.

^bResponsibility of senior leaders in the organization; all senior leaders are accountable.

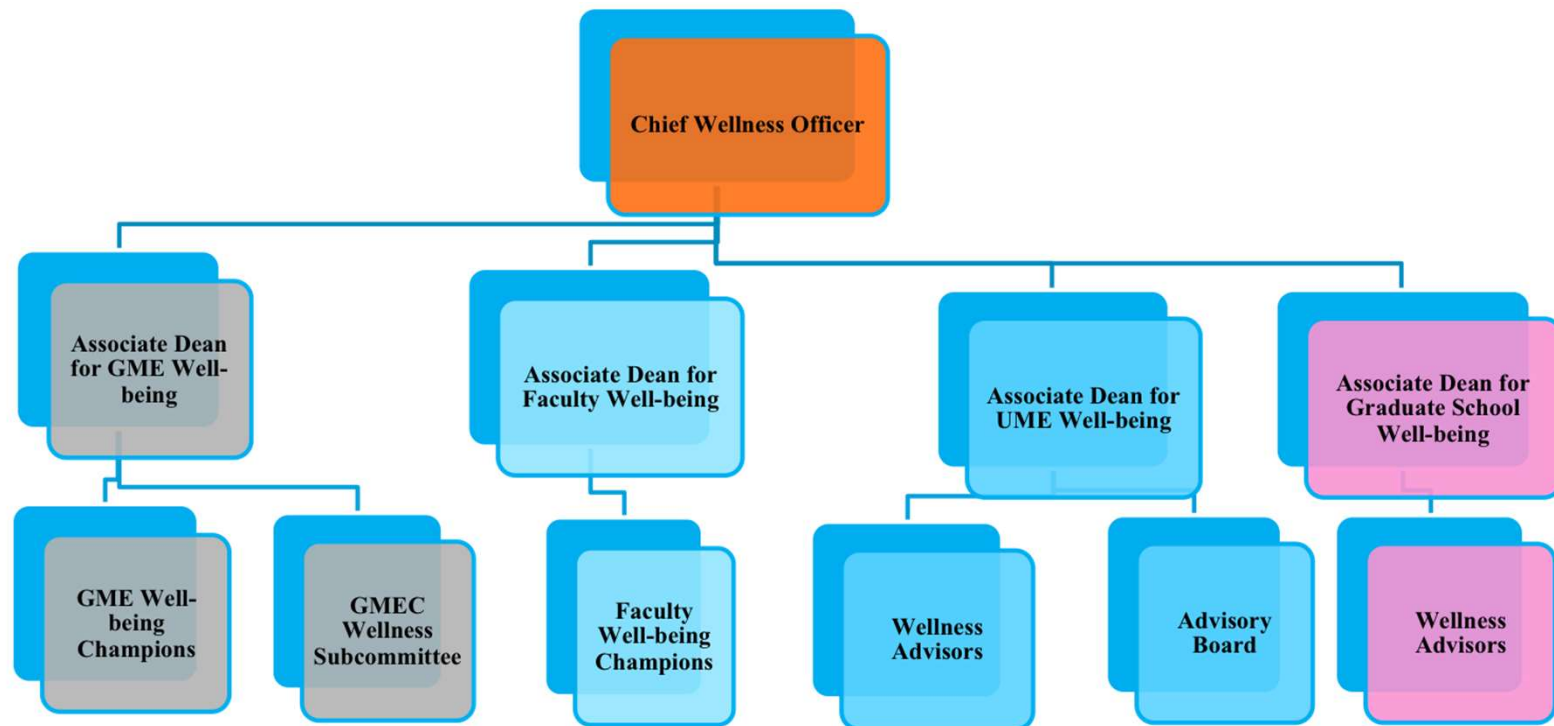
- ▶ Measure
- ▶ Listen and Partner to help “steer the ship”
- ▶ Provide Expert Guidance
- ▶ Advocate
- ▶ Educate and Raise Awareness
- ▶ Perhaps some “Program Delivery”

Ripp et al. Academic Medicine. 2020

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Icahn School of Medicine at Mount Sinai

Office of Well-Being and Resilience



Recognizing Sources of Stress in Crisis

The Pandemic Curve and Associated Stressors

1) Fear for Basic Needs

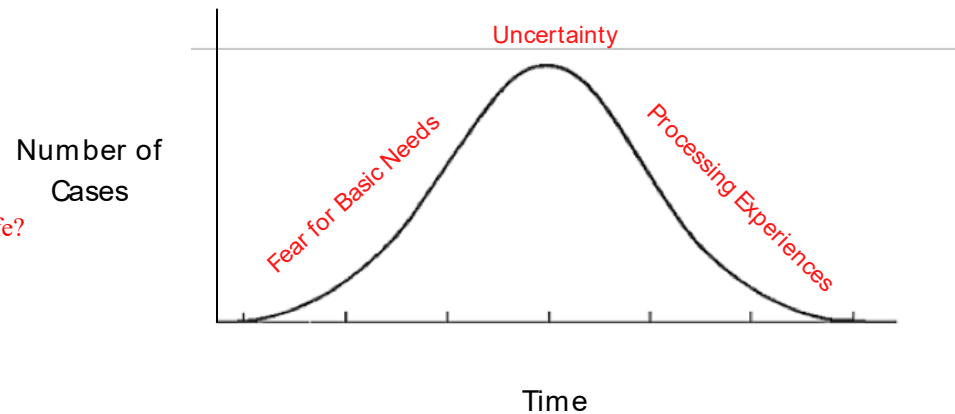
- When/what will I eat?
- How will I be kept safe and keep others safe?
- Who will care for my children?
- How will I get to and from work?

2) Uncertainty

- How long will this workload continue?
- Will I be able to do the job if redeployed?
- Am I doing enough?
- Will I be supported by my employer?
- Will I be able to make the difficult decisions?

3) Processing Experiences

- Grief and loss
- PTSD or PT Growth
- Catching my breath and time to reflect and facing the impact of societal upheaval around racial injustice



Addressing Sources of Stress in Crisis

New Strategies to Address

1) Provide Basic Daily Resources

- Food (free and subsidized)
- PPE Clarity
- Childcare resource
- Transportation and Parking

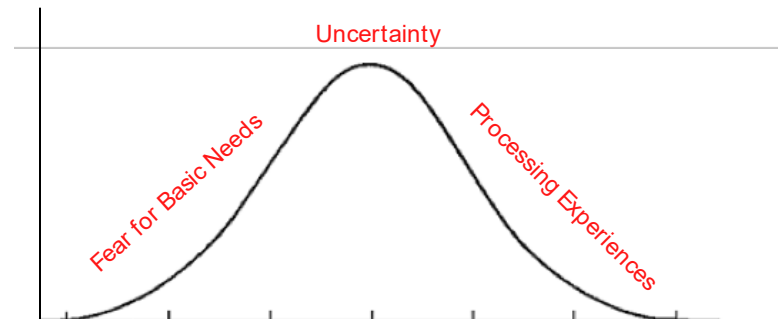
2) Communication

- Weekly wellness messages
- Town Halls
- Transparency

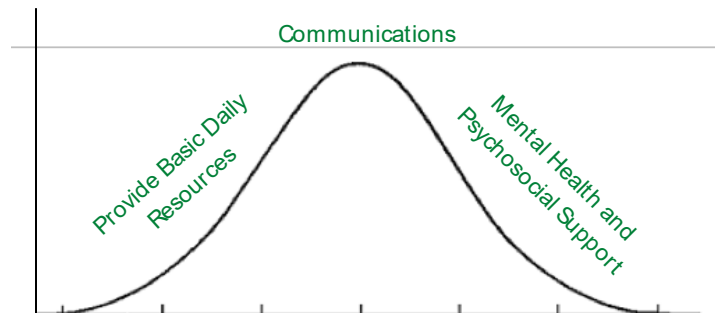
3) Psychosocial & Mental Health

- Support Groups
- Phone Lines
- Telepsychiatry
- Mental Health “PPE”
- Frontline Relief

Number of
Cases



Number of
Cases



Time

Shanafelt et al. JAMA. 2020; Ripp et al. Academic Medicine. 2020

Current Sources of Support



MOUNT SINAI EMPLOYEE AND STUDENT RESOURCES

A guide to mental, emotional, and spiritual help at work



CENTER FOR STRESS, RESILIENCE, AND PERSONAL GROWTH

Call for support, resilience training workshops, care referrals and help with navigating all MSHS resources
212-659-5564 | bit.ly/MS-CSRPG



EMPLOYEE ASSISTANCE PROGRAM

Short-term counseling and referral
212-241-8937



MOUNT SINAI CALM SELF CARE

Yoga, meditation, music, art, self-care
4calm@mountsinai.org



THE OFFICE OF WELL-BEING AND RESILIENCE

Facilitated discussions, narrative medicine, and mindfulness training
tiny.cc/wellnessrequest



ICARE PEER SUPPORT

For all clinical employees and trainees
 Peer emotional support
212-241-8989



SPIRITUAL CARE

Speak with a chaplain

Mount Sinai Downtown: **212-420-2759**
 The Mount Sinai Hospital: **212-241-7262**
 Mount Sinai West: **212-523-6920**
 Mount Sinai Morningside: **212-523-2016**

For More
Please Visit



OUTPATIENT PSYCHIATRY TREATMENT

Call any site for a mental health evaluation and treatment

Mount Sinai Downtown: **212-420-2400**
 The Mount Sinai Hospital: **212-241-5947**
 for children and adolescents: **212-241-7175**
 Mount Sinai Morningside/West: **212-523-8080**
 for children and adolescents: **212-523-3082**

For More
Please Visit



PSYCHIATRY FACULTY PRACTICE ASSOCIATES

Mental health evaluation and treatment
212-659-8752 | psychiatryfpa@mssm.edu

UMR Insurance



LOUIS ARMSTRONG CENTER FOR MUSIC AND MEDICINE

Daily individual and group sessions
212-844-8387 | info@musicandmedicine.org



PAWS AND PLAY

Support for clinical teams with our facility dog, Moby
jaclyn.craig@mountsinai.org



WELLNESS SPACES AND RECHARGE ROOMS

Mount Sinai Downtown
 Beth Israel 3 Linsky, Room 327
 Tent on 16th Street near Beth Israel ED door

Mount Sinai Queens
 Tent on 30th Road

The Mount Sinai Hospital
 Family Waiting Rooms next to MICU and KCC9

Mount Sinai West
 Eighth floor Family Waiting Room by the Neuro ICU



ADDITIONAL TRAINEE RESOURCES

students, post-docs, fellows, housestaff

STUDENT AND TRAINEE MENTAL HEALTH
212-659-8805 | stmh@mssm.edu
 24/7 SUPPORT AND CRISIS HOTLINE
212-241-2400 | **1-866-339-7725**



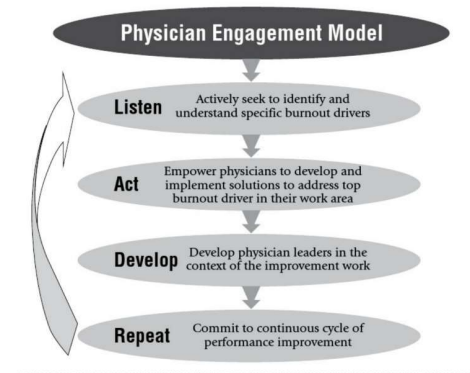
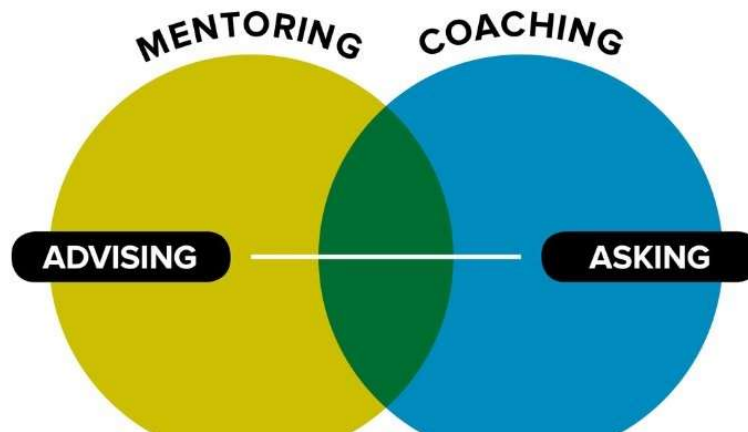


The Office of Well-being and Resilience
OWBR@mssm.edu | 212-241-5057

<https://www.mountsinai.org/files/MSHealth/Assets/HS/About/Coronavirus/MS-Staff-Support-Resources.pdf>

The “COVID Pivot” – Pivoting Back?

- ▶ Greater Attention to the Individual in the Midst(appropriate)
- ▶ Ongoing attention to Uncertainty and the Role of Anticipatory Anxiety
- ▶ Shifting Back to Systems Approach
 - Culture and Efficiency: *What are the low/no cost options?*
 - Coaching
 - Appreciation
 - Learning from your own – “Listen-Act-Develop” (Swensen et al. J Healthc Manag. 2016)



Viewpoint

April 17, 2018

Charter on Physician Well-being

Larissa R. Thomas, MD, MPH¹; Jonathan A. Ripp, MD, MPH²; Colin P. West, MD, PhD^{3,4}

» Author Affiliations

JAMA. 2018;319(15):1541-1542. doi:10.1001/jama.2018.1331

- **Commitments**
 - Societal (i.e. Policies)
 - Foster a Trustworthy and Supportive Culture in Medicine
 - Advocate for Policies That Enhance Well-being

What happens when the factors influencing clinician well-being are largely external to the health care system?

The Role of the CWO in Response to Crisis

Jonathan Ripp, MD, MPH

Chief Wellness Officer, Mount Sinai Health System
Dean for Well-Being and Resilience,
Icahn School of Medicine at Mount Sinai
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**Mount
Sinai**

Adaptive Models of Clinician Well-Being



Anna L. Dopp, PharmD

Senior Director, Clinical Guidelines and Quality Improvement

American Society of Health-System Pharmacists



@theNAMedicine

#clinicianwellbeing





Adaptive Models of Clinician Well-Being

Anna Legreid Dopp, Pharm.D., CPHQ

Sr. Director, Clinical Guidelines & Quality
Improvement





Outline

- 1 **ASHP commitment to well-being and resilience**
- 2 **Healthcare teams as complex adaptive systems**
- 3 **Considerations for inter- and intraprofessional approaches to well-being**

American Society of Health-System Pharmacists



**ASHP Headquarters
Bethesda, Maryland**

Membership Organization

- Established 1942
- 50,000 members
- Pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians working in hospitals and health-systems

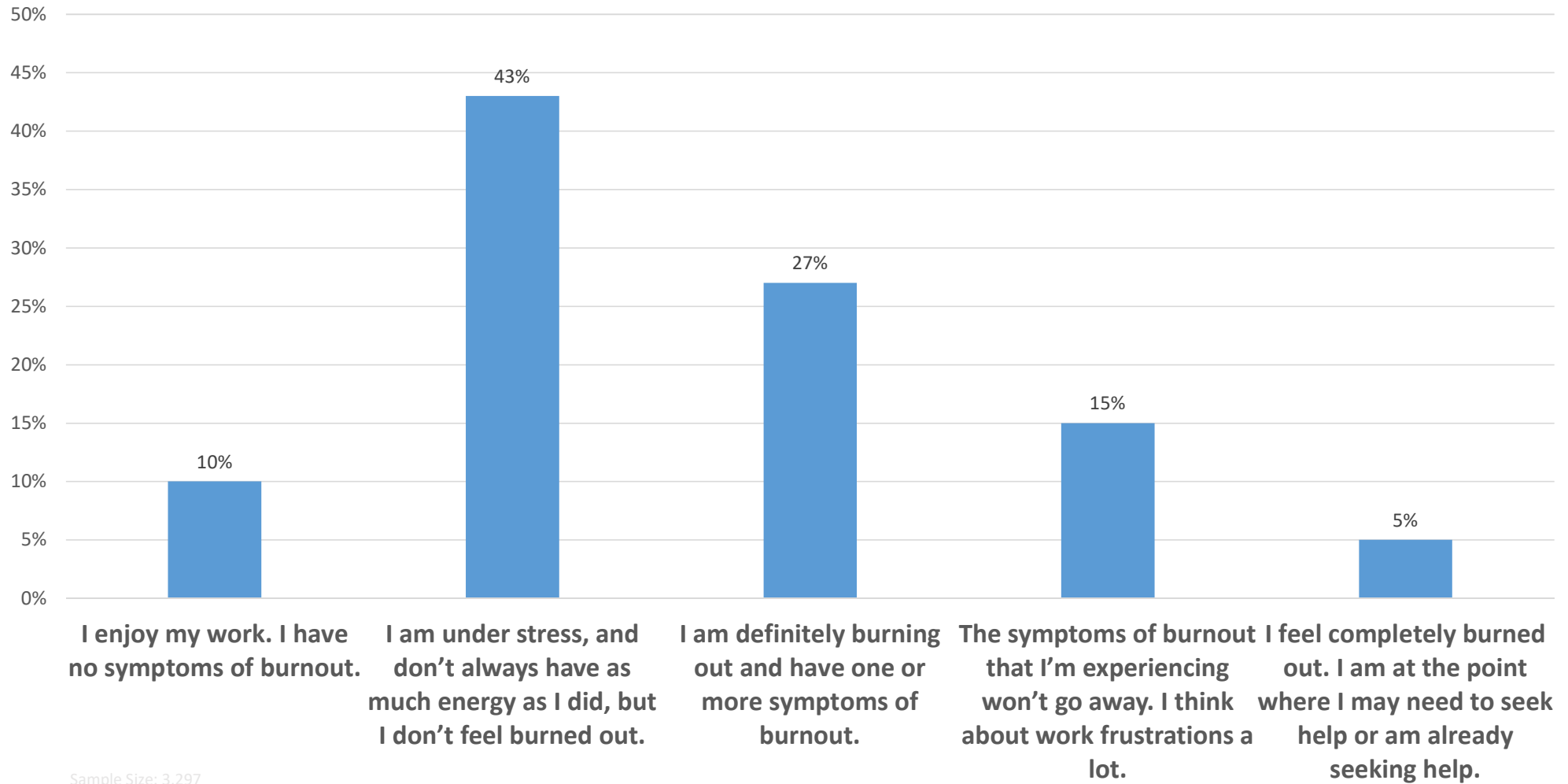
VISION:

Medication use will be optimal, safe, and effective for all people all of the time.

Burnout: Health-System Pharmacists

- **Purpose:** Assess levels of and risk factors for burnout in health-system pharmacists
- **Methods:** Maslach Burnout Inventory Human Services Survey distributed to health-system pharmacists
- **Results:** 329 surveys analyzed; 175 (52.2%) reported scores of a high degree of burnout in at least one MBI-HSS subscales; 28 (8.5%) in all three
 - Emotional Exhaustion: 22.9%
 - Depersonalization: 6.2 %
 - Low sense of accomplishment: 36.3%

Reporting of self-defined levels of burnout





ASHP Strategic Plan

Strategic Priorities and Goals

- Our Patients and Their Care
 - Goal 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians
- Our Members and Partners
- Our People and Performance

2018 ASHP Policy Positions

CLINICIAN WELL-BEING AND RESILIENCE

Source: Council on Education and Workforce Development

To affirm that burnout adversely affects an individual's well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To encourage the development of programs aimed at prevention, recognition, and treatment of burnout, and to support participation in these programs; further,

To encourage education and research on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective preventive and treatment strategies at an individual, organizational, and system level.

Policy 1825

ASHP Policy Positions, 1982-2018: <https://www.ashp.org/-/media/assets/policy-guidelines/docs/browse-by-document-type-policy-positions-1982-2017-with-rationales-pdf.ashx>

<https://wellbeing.ashp.org/>



ASHP.org

JOIN ASHP

ISSUE

OUR LEADERSHIP

TAKE ACTION

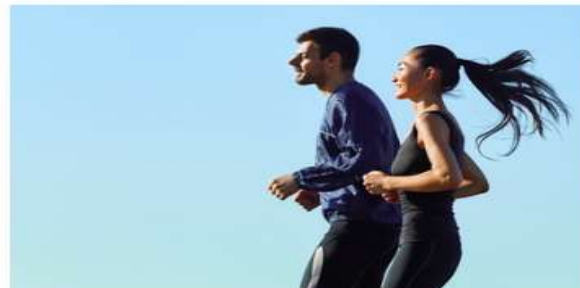
RESOURCES

NEWS

TAKE THE WELL-BEING PLEDGE

Show your commitment to improving clinician well-being

TAKE THE PLEDGE





SURVEY SAYS: PATIENTS WORRIED ABOUT CLINICIAN BURNOUT

Just as clinicians care for the well-being of their patients, patients care about the well-being of their clinicians. ASHP is a healthcare leader committed to preventing burnout and promoting well-being in pharmacists and the entire healthcare workforce. Resilient clinicians and healthcare organizations are critical to safe, high-quality patient care.

THE PROBLEM

Burnout in healthcare professionals can cause a decrease in care quality and patient safety.



Pharmacy staff burnout may result in medication errors and increased patient harm.



Healthcare workforce burnout may cause inefficiencies, decreased productivity, and employee turnover.

Cost of physician burnout is estimated to be **\$4.6 billion** annually¹

ASHP Wellbeing and Resilience Infographic

A RESILIENT PHARMACY WORKFORCE

Burnout affects today's pharmacists, residents, student pharmacists, and pharmacy technicians at unprecedented rates. A pharmacy workforce with the ability to thrive during adversity — a resilient workforce — is essential to combat burnout and support safe, high-quality patient care.

BURNOUT

Characterized by emotional exhaustion, cynicism, and/or a low sense of personal accomplishment



Affects pharmacists, residents, students, and technicians

53% of health-system pharmacists surveyed reported a high degree of burnout*



A patient care problem
Pharmacy staff burnout can result in

HOW CAN INDIVIDUALS BUILD RESILIENCE?

- ⊕ Monitor your stress levels
- ⊕ Find a mentor
- ⊕ Develop meaningful social connections
- ⊕ Embrace change
- ⊕ Start a daily gratitude practice



wellbeing.ashp.org

TO DECREASE THE POTENTIAL FOR BURNOUT, THE PHARMACY WORKFORCE MUST BUILD RESILIENCE

- ✓ Rebound from setbacks
- ✓ Show confidence in strengths and abilities
- ✓ Stay calm under pressure

A resilient pharmacy workforce leads to:



Higher-quality care



Increased patient safety



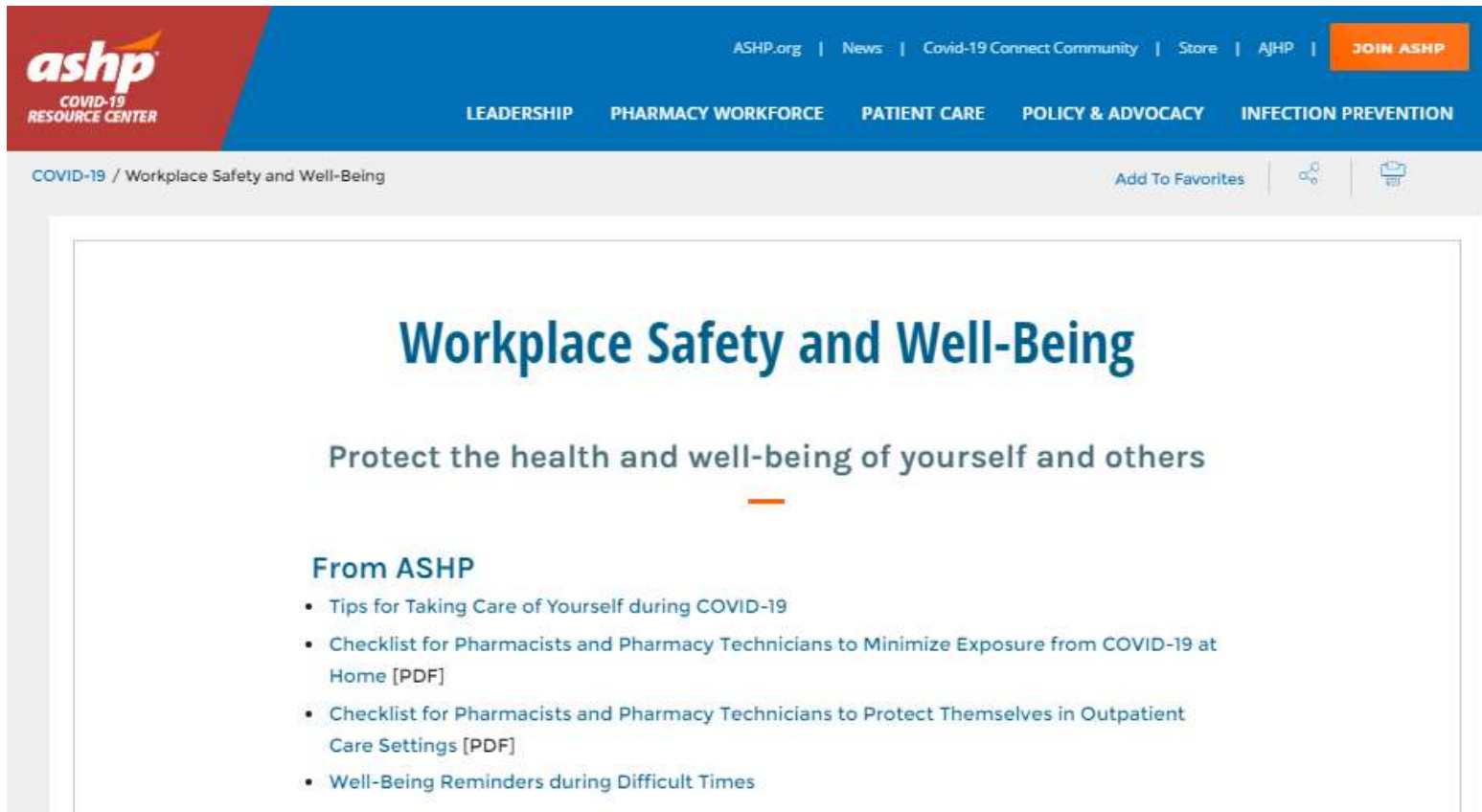
Improved patient satisfaction



HOW CAN HEALTHCARE ORGANIZATIONS BOOST RESILIENCE?



Pivot to Support Well-Being & Safety during COVID-19



The screenshot shows the ASHP COVID-19 Resource Center website. The header is blue with the ASHP logo on the left and navigation links (ASHP.org, News, Covid-19 Connect Community, Store, AJHP, JOIN ASHP) on the right. Below the header is a white navigation bar with links: LEADERSHIP, PHARMACY WORKFORCE, PATIENT CARE, POLICY & ADVOCACY, and INFECTION PREVENTION. The main content area has a title 'Workplace Safety and Well-Being' and a subtitle 'Protect the health and well-being of yourself and others'. Below this is a section 'From ASHP' with a bulleted list of resources.

ashp
COVID-19
RESOURCE CENTER

ASHP.org | News | Covid-19 Connect Community | Store | AJHP | **JOIN ASHP**

LEADERSHIP | PHARMACY WORKFORCE | PATIENT CARE | POLICY & ADVOCACY | INFECTION PREVENTION

COVID-19 / Workplace Safety and Well-Being

Add To Favorites

Workplace Safety and Well-Being

Protect the health and well-being of yourself and others

From ASHP

- [Tips for Taking Care of Yourself during COVID-19](#)
- [Checklist for Pharmacists and Pharmacy Technicians to Minimize Exposure from COVID-19 at Home \[PDF\]](#)
- [Checklist for Pharmacists and Pharmacy Technicians to Protect Themselves in Outpatient Care Settings \[PDF\]](#)
- [Well-Being Reminders during Difficult Times](#)

<https://www.ashp.org/COVID-19/Workplace-Safety-and-Well-Being>

The image features a dark blue background with a large, lighter blue circle centered on the left side. Within this lighter blue circle is a smaller, solid orange circle. The text "Complex Adaptive Systems" is written in white, bold, sans-serif font, centered within the orange circle.

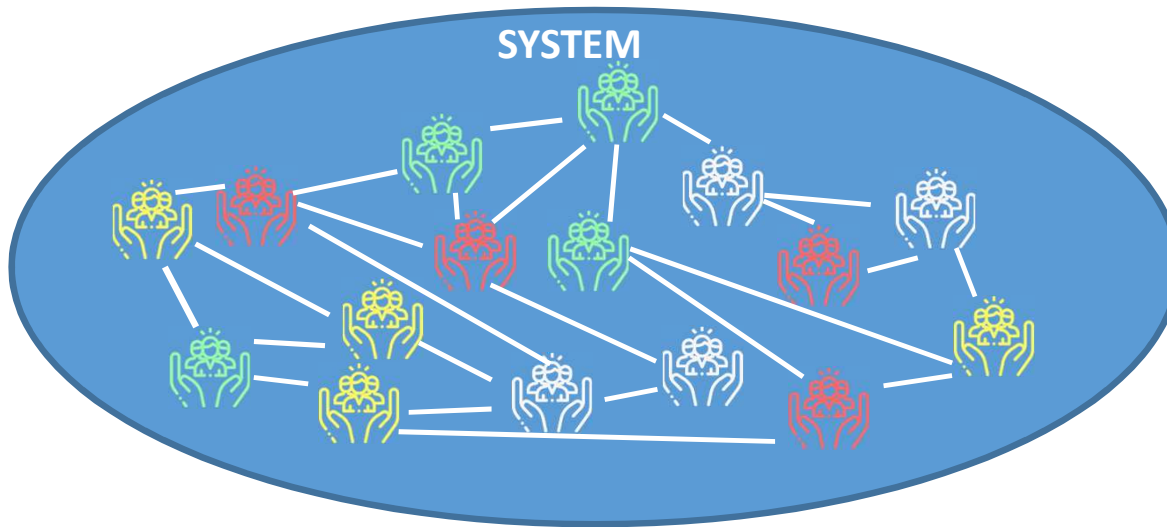
Complex Adaptive Systems

Complex Adaptive Systems Thinking

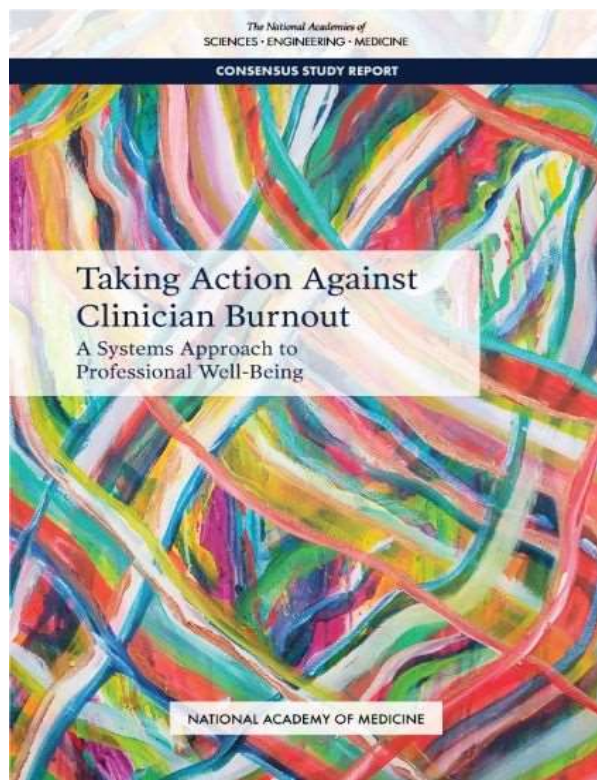
For Resiliency of Healthcare Teams

1. Focuses on patterns and interrelationships, not cause and effect
2. Random interactions lead to patterns that change the system
3. Constantly evolving, connected, nested systems
4. Governed by simple principles
5. Self organized but on the edge of chaos

Interactions and relationships of different components simultaneously affect and are shaped by the system



NAM Consensus Study



Ire: Complex Adaptive Systems & Organizational Change

- Concept of complex adaptive systems emphasizes the need for organizations to establish learning mechanisms as part of change management

The image features a dark blue background. A large, light blue circle is centered on the page. Within this circle is a smaller, solid orange shape that is roughly circular but has a flat, rectangular edge on its right side. The text "Inter- and Intra-professional Considerations" is written in white, bold, sans-serif font, centered within the orange shape.

Inter- and Intra- professional Considerations

Survey Details



2,720 member pharmacists completed entire survey



32% member clinical pharmacists, 12% member residents



35% have at least 20 years of professional practice



63% are working at there fullest potential



Most are part of interprofessional care teams and they feel valued by colleagues (84%), particularly by physician and nurse colleagues



Interprofessional Care Team

1

Role on interprofessional care team (86%)

2

High performing team qualities

Shared goals (73% good/optimal) and Mutual trust (67% good/optimal)

3

Working at my fullest potential on team

61% agree or strongly agree

4

Meaningful Interactions

Largely with physicians, nurses, and administrative staff

5

Alignment with leadership values

62% agree or strongly agree



ORIGINAL RESEARCH

Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life

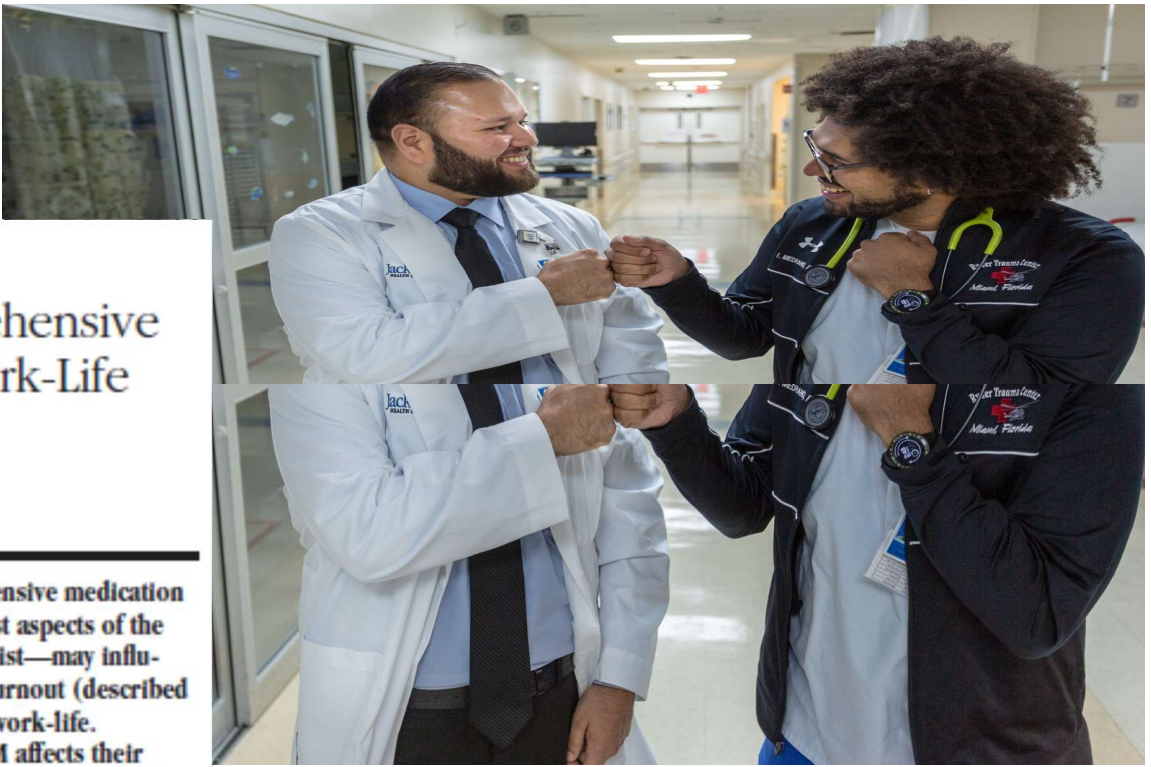
Kylee A. Funk, PharmD, BCPS, Deborah L. Pestka, PharmD, PhD, Mary T. Roth McClurg, PharmD, MHS, Jennifer K. Carroll, MD, MPH, and Todd D. Sorensen, PharmD

Purpose: In primary care, clinical pharmacists often deliver a service called comprehensive medication management (CMM). While research has identified that CMM positively influences most aspects of the Quadruple Aim, it is unclear how CMM—both the service and the role of the pharmacist—may influence the primary care provider’s (PCP) clinical work, professional satisfaction, and burnout (described here as PCP’s work-life). We aimed to identify how PCPs perceive CMM impacts their work-life.

Methods: Sixteen PCPs were interviewed. Interview questions centered on how CMM affects their work-life. After interviews were transcribed, a codebook was developed by 2 researchers and from the codes, themes were identified.

Results: PCPs spoke of the pharmacist being an added skillset and resource and a collaborative partner in caring for patients. They also described 7 outcomes of having CMM available that contribute to their work-life. These outcomes were: decreased workload, satisfaction patients are receiving better care, reassurance, decreased mental exhaustion, enhanced professional learning, increased provider access, and achievement of quality measures. Lastly, the PCPs described barriers and areas of opportunity related to CMM.

Conclusion: Our findings suggest PCPs believe CMM, in general, positively affects their work-life. CMM’s impact on PCPs aligns with many previously identified drivers of burnout and engagement among providers. These results shed light on how CMM may foster achievement of the Quadruple Aim. (J Am Board Fam Med 2019;32:462–473.)



“If everyone is moving forward together, then success takes care of itself”
~Henry Ford

Panel Reflections

1

General Reactions

Overall comments & reactions

2

Intraprofessional

What are the factors (individual and external) that impact burnout that are unique to your profession and specialty that need to be addressed separately?

3

Interprofessional

What are the shared threats to well-being and resilience across professions that can be addressed in an interprofessional manner with a systems thinking approach?

Adaptive Models of Clinician Well-Being



Pamela Cipriano, PhD, RN, NEA-BC, FAAN

Sadie Heath Cabaniss Professor and Dean
University of Virginia School of Nursing



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