BURNOUT WEBINAR SERIES

APRIL 25, 2019

1PM EASTERN

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

Access to Care & Clinician Support

Recruitment & Retention

National Health Service Corps

Resources

Training

Networking

association of clinicians for the underserved

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WHO WE ARE

Association of Clinicians for the Underserved

Funded by HRSA's Bureau of Primary Health Care

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WEBINAR HOUSEKEEPING

We are Recording

Ask Questions

Have Fun

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GOALS FOR THE SERIES

Emphasize the importance of addressing burnout within an organization

Examine how different organizations approach burnout

Learn strategies to address burnout

JOY IN WORK: PART 1
WHAT YOU NEED TO KNOW ABOUT EMPLOYEE SATISFACTION AND TURNOVER

APRIL 25, 2019
1-2PMEST

Cheryl Fattibene, DNP(c), MSN, MPH, CRNP

Chief Nurse Practitioner Officer

INTRODUCTION

Cheryl Fattibene

OUR PARTNERS IN THIS WORK…

OBJECTIVES

- Define burnout and its impact on providers, practice operations, and the bottom line

- Recognize signs of burnout: contributing vs. protective factors

- Use of the PCMH (Patient Centered Medical Home) framework for joy in work

BACKGROUND

BACKGROUND

Changes to US Healthcare System

Goal of:

- Better Care
- Improved Health
- Lower Costs
- Staff satisfaction

Changes Affecting Clinical Practice

- New payment models
- New delivery approaches
- Electronic Health Records
- Patient Portals
- Publicly reported quality metrics
- Staff Turnover

Changing Landscape

- How care is provided
- How care is documented
- How care is reimbursed

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WHY MUST WE ADDRESS BURNOUT?

- Providers are leaving healthcare

- It is the "elephant in the room" that is not often discussed but always lurking

- Call out the human aspect of "compassion fatigue" for caregivers

- Bring the "joy" and balance back into our day to day work

BACKGROUND: EXTENT OF THE BURNOUT EPIDEMIC

- More than half of US physicians and nurses are experiencing substantial symptoms of burnout. [1]

- Compared to US working adults, healthcare clinicians were more likely to have symptoms of burnout (37.8 % vs. 27.8%). [2]

- Compared to US working adults, healthcare clinicians were more likely to be dissatisfied with work life balance (40.2% vs. 23.2%). [2]

- Burnout can have serious personal repercussions for clinicians, including problematic alcohol use, broken relationships, and suicidal ideation. [3]

1. Dyrbye et. al. (2017). Burnout among health care professionals: A call to explore and address this under recognized threat to safe, high-quality care. NAM (National Academy of Medicine) Perspective.
2. Shanafelt et. al (2012). Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Archives of internal medicine, 172(18), 1377-1385.
3. Bourg Carter, S. (2013). The Tell Tale Signs of Burnout… Do You Have Them. Psychology Today, 498-512

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WHAT IS BURNOUT?

Burnout is a state of chronic stress that leads to:

- physical and emotional exhaustion

- cynicism and detachment

- feelings of ineffectiveness and lack of accomplishment

Bourg Carter, S. (2013). The Tell Tale Signs of Burnout… Do You Have Them. Psychology Today, 498-512.

WHAT ARE THE SIGNS, SYMPTOMS OF BURNOUT?

Physical and emotional exhaustion	**Cynicism and detachment**	**Ineffectiveness and Lack of Accomplishment**

Physical and emotional exhaustion
- ☐ Chronic fatigue
- ☐ Insomnia
- ☐ Impaired concentration and attention
- ☐ Physical symptoms
- ☐ Loss of appetite
- ☐ Anxiety or depression

Cynicism and detachment
- ☐ Loss of enjoyment
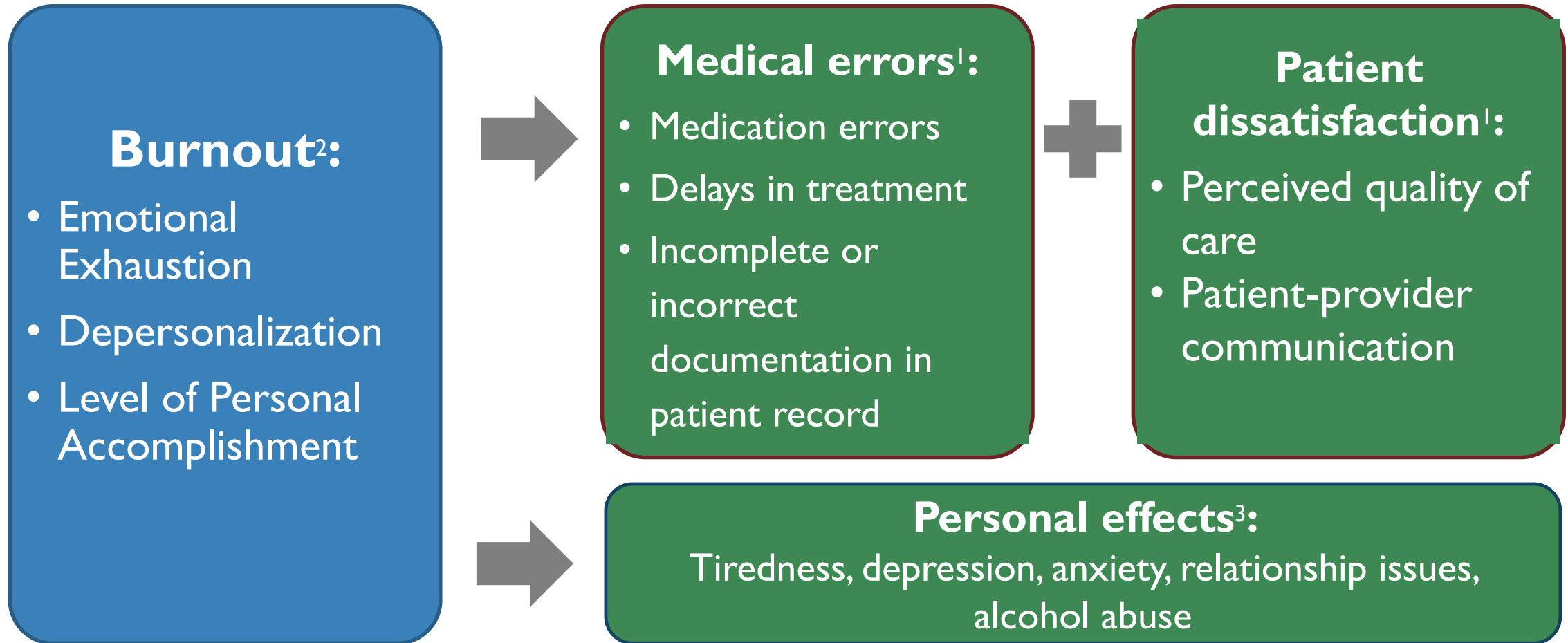- ☐ Pessimism
- ☐ Isolation
- ☐ Detachment

Ineffectiveness and Lack of Accomplishment
- ☐ Feelings of apathy and hopelessness
- ☐ Increased irritability
- ☐ Lack of productivity and poor performance

☐ Anger

Bourg Carter, S. (2013). The Tell Tale Signs of Burnout… Do You Have Them. Psychology Today, 498-512.

BACKGROUND: BURNOUT AND QUALITY OF CARE

Burnout[2]:
- Emotional Exhaustion
- Depersonalization
- Level of Personal Accomplishment

Medical errors[1]:
- Medication errors
- Delays in treatment
- Incomplete or incorrect documentation in patient record

Patient dissatisfaction[1]:
- Perceived quality of care
- Patient-provider communication

Personal effects[3]:
Tiredness, depression, anxiety, relationship issues, alcohol abuse

1. Dewa, C. S., Loong, D., Bonato, S., & Trojanowski, L. (2017). The relationship between physician burnout and quality of healthcare in terms of safety and acceptability: a systematic review. BMJ open, 7(6), e015141.
2. Maslach, C., Jackson, S. E., Leiter, M. P., Schaufeli, W. B., & Schwab, R. L. (1986). Maslach burnout inventory (Vol. 21, pp. 3463-3464). Palo Alto, CA: Consulting Psychologists Press.
3. Firth-Cozens, J. et. al. (1997). Clinician's perceptions of the links between stress and lowered clinical care. Social Science Medicine. 1997;44(7):1017-10122

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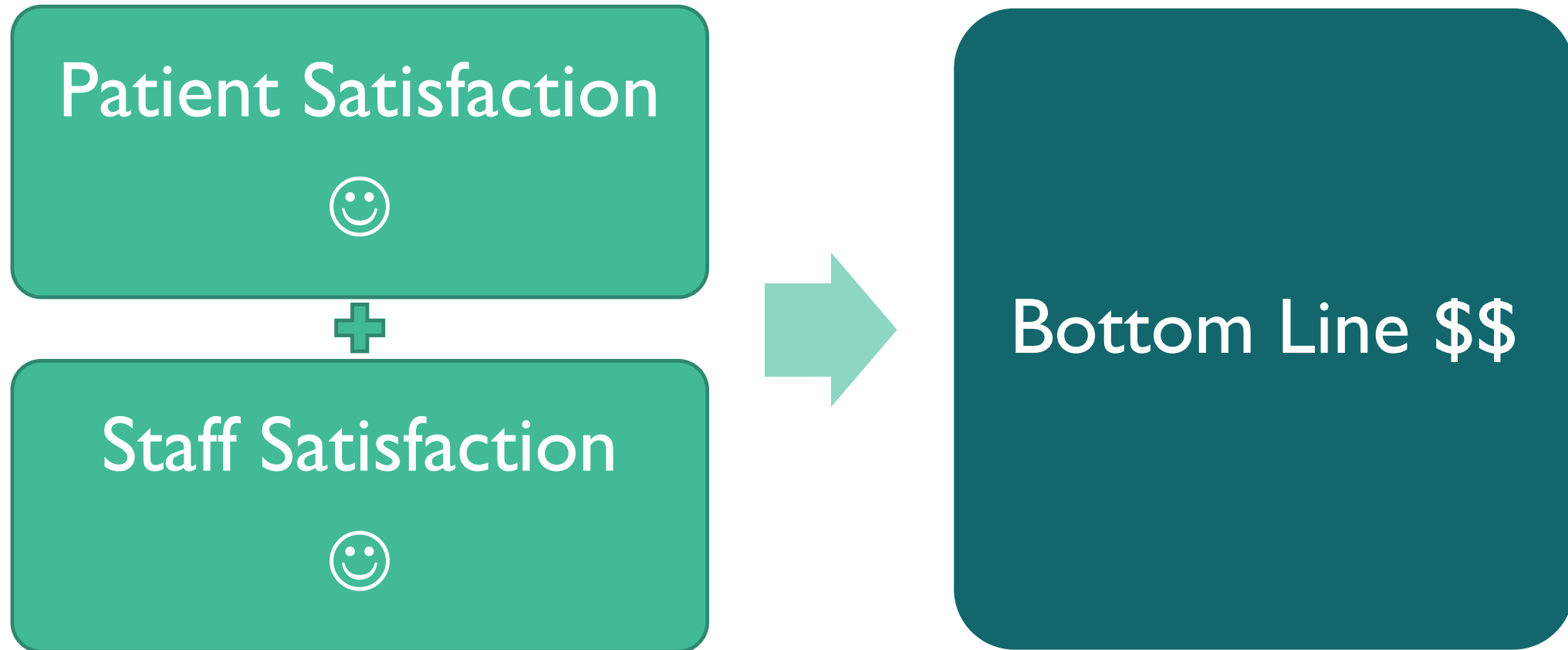
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BACKGROUND: BURNOUT AND QUALITY OF CARE

- Negative feelings by clinicians correlates with a higher prescription rates and with giving little explanation to patients. [1]

- 50% of clinicians concerned lowered standards of care; 40% expressed irritability or anger; 7% expressed concern with serious mistakes. [2]

- Poor quality of care tied to: tiredness (57%) and the pressure of overwork (28%), depression or anxiety (8%), and the effects of alcohol (5%). [2]
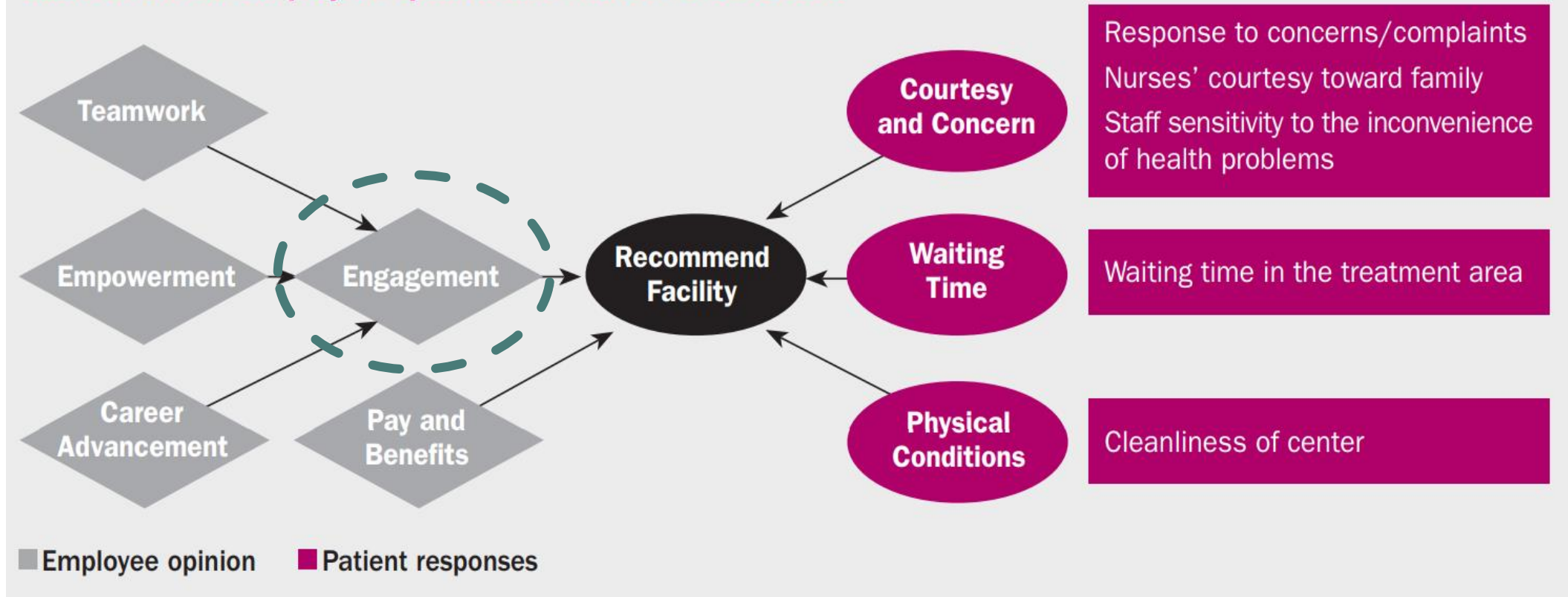
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1. Grol R. et. al (2015). Workforce satisfaction of general practitioners and the quality of patient care. Fam Pract. 2015;2(3):128-135.
2. Firth-Cozens, J. et. al. (2016). Clinician's perceptions of the links between stress and lowered clinical care. Social Science Medicine. 2016;44(7):1017-10122

BACKGROUND: BURNOUT AND THE BOTTOM LINE

Patient Satisfaction ☺

+

Staff Satisfaction ☺

➡

Bottom Line $$

BACKGROUND: BURNOUT AND THE BOTTOM LINE

Willis Towers Watson. *Committed to Health: A Large Hospital Network Links Employee Engagement With Patient Satisfaction to Maximize Competitive Strength A Case Study.* (2010)

IDENTIFY TECHNIQUES TO ADDRESS BURNOUT: PERSONAL VS. ORGANIZATIONAL

PROMOTE PERSONAL WELL-BEING

- Practice positive psychology

- Seek joy

- Honor your values

- Do what you love

- Assume best intentions

- Ergonomics evaluation

- Mindfulness

- Avoid cynicism

- Exercise

- Sleep

- Healthy eating

EMPLOYEE ENGAGEMENT TO REDUCE BURNOUT

Employee Engagement

- Empowerment
- Career Advancement
- Teamwork
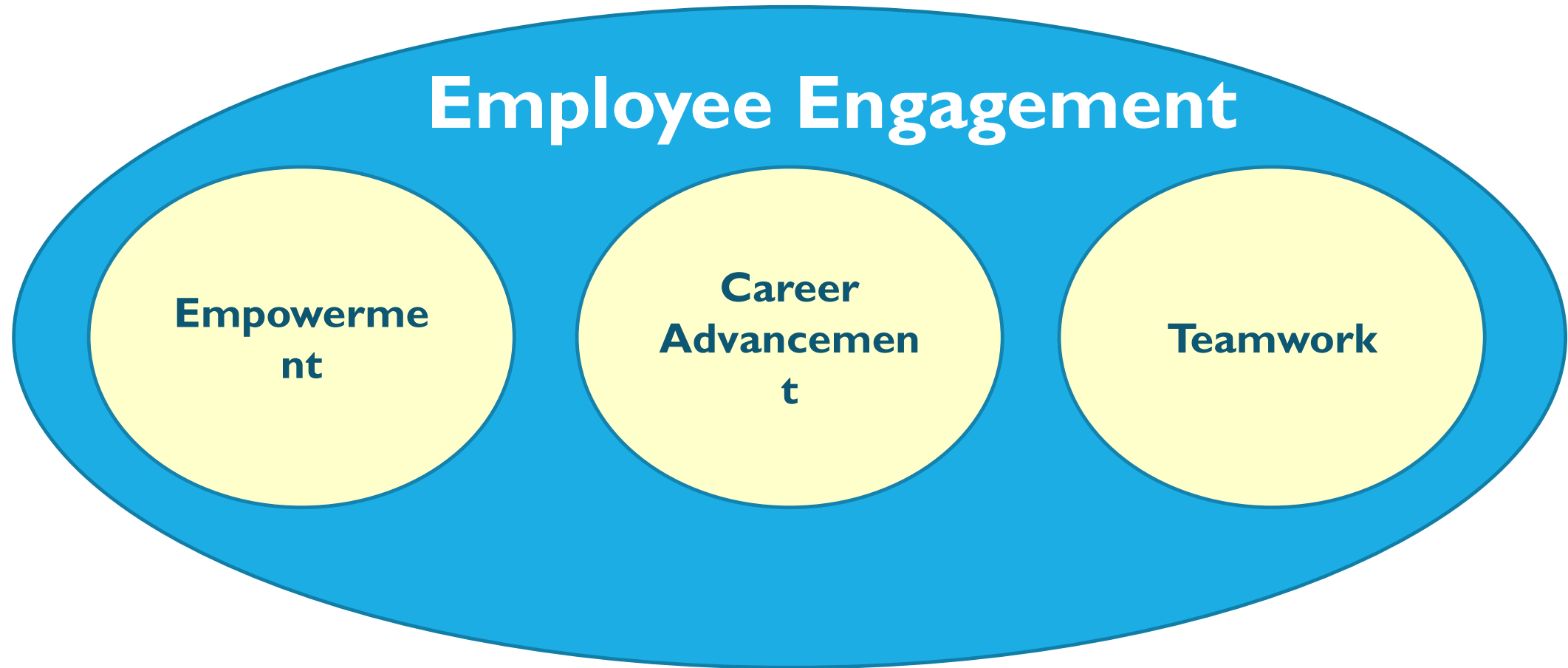
CONTRIBUTING VS. PROTECTIVE FACTORS TO BURNOUT

- Contributing factors
  - Long work hours
  - Excessive clinical workloads
  - Chaotic work environment
  - Discord among staff

Characteristics of a Patient Centered Medical Home *and* Team-based care model

- Protective Factors
  - Emphasis on quality of care and team cohesiveness
  - Strong communication
  - Adequate staffing levels
  - Equitable distribution of work
  - Opportunities for skills development
  - Control over schedule, environment, autonomy, and organizational decision-making

Helfrich, C. D., Dolan, E. D., Simonetti, J., Reid, R. J., Joos, S., Wakefield, B. J., ... & Nelson, K. (2014). Elements of team-based care in a patient-centered medical home are associated with lower burnout among VA primary care employees. Journal of general internal medicine, 29(2), 659-666.

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PATIENT CENTERED MEDICAL HOME MODEL

Team-Based Care and Practice Organization

Performance Measurement and Quality Improvement

Knowing and Managing Your Patients

PCMH

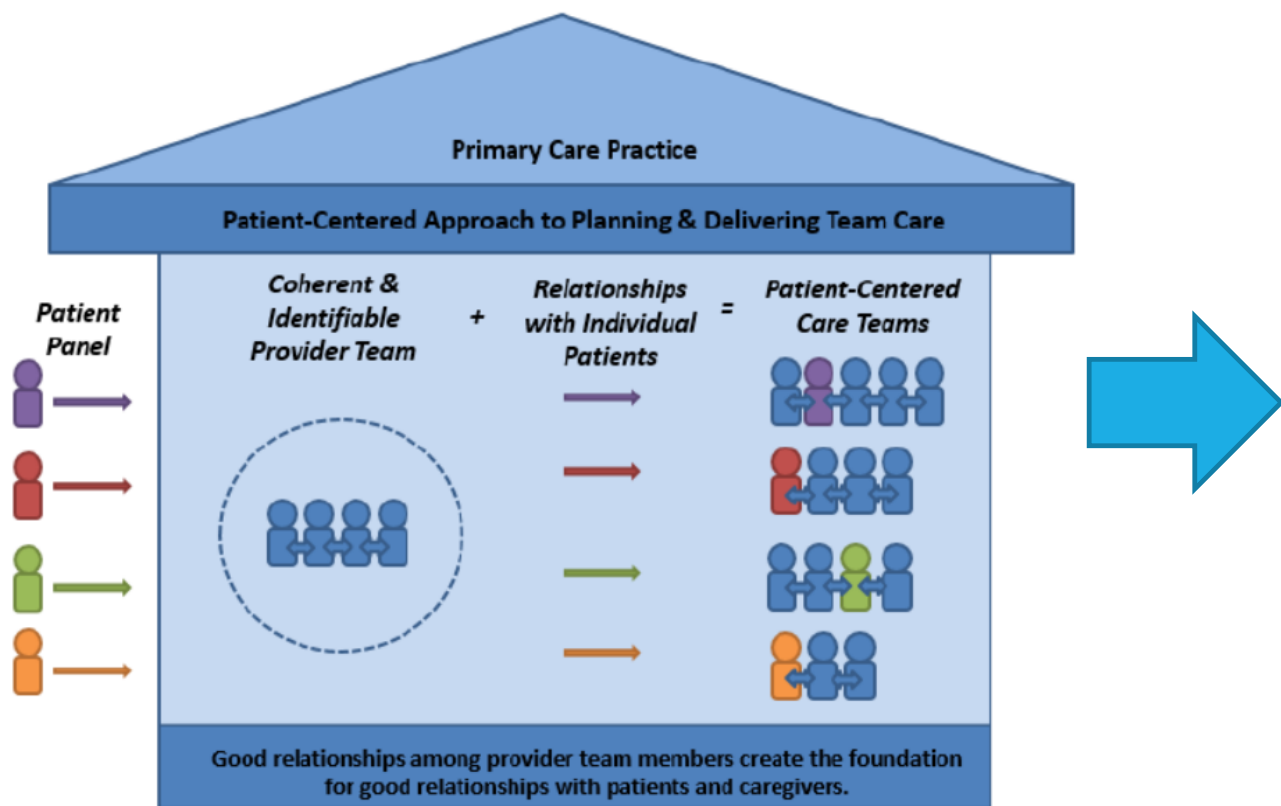Care Coordination and Care Transitions

Patient-Centered Access and Continuity

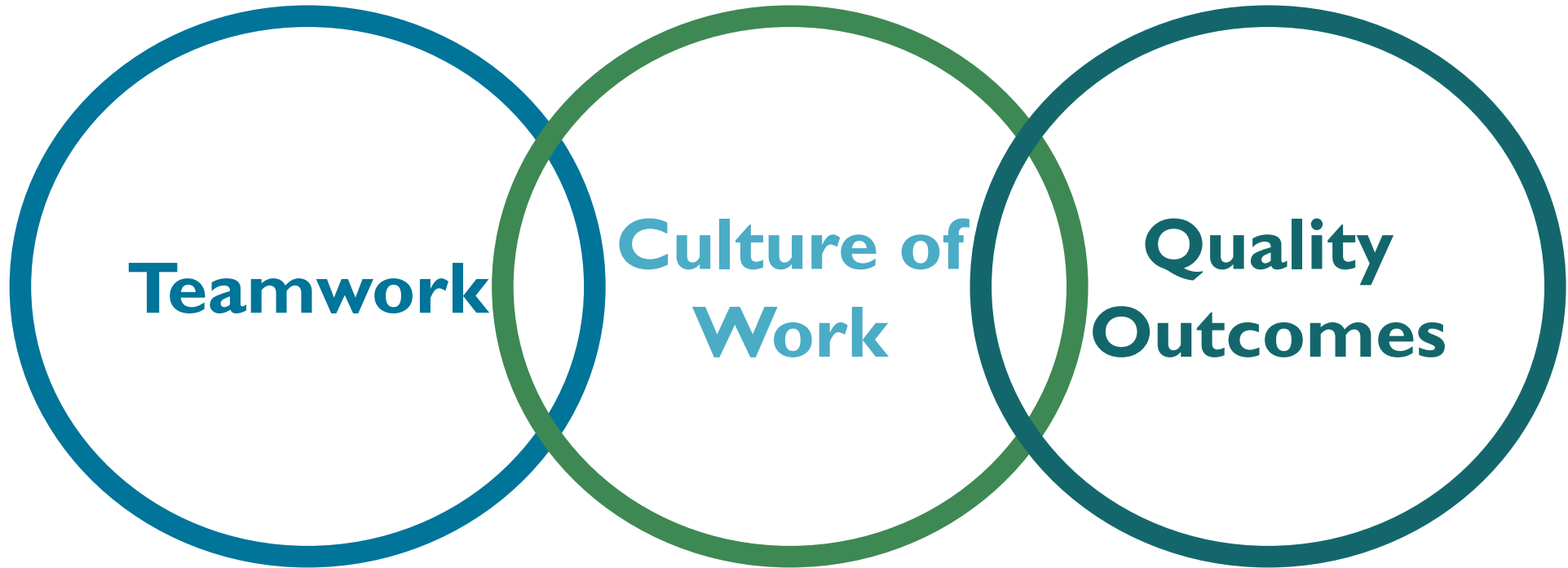Care Management and Support

TEAM-BASED MODEL OF CARE

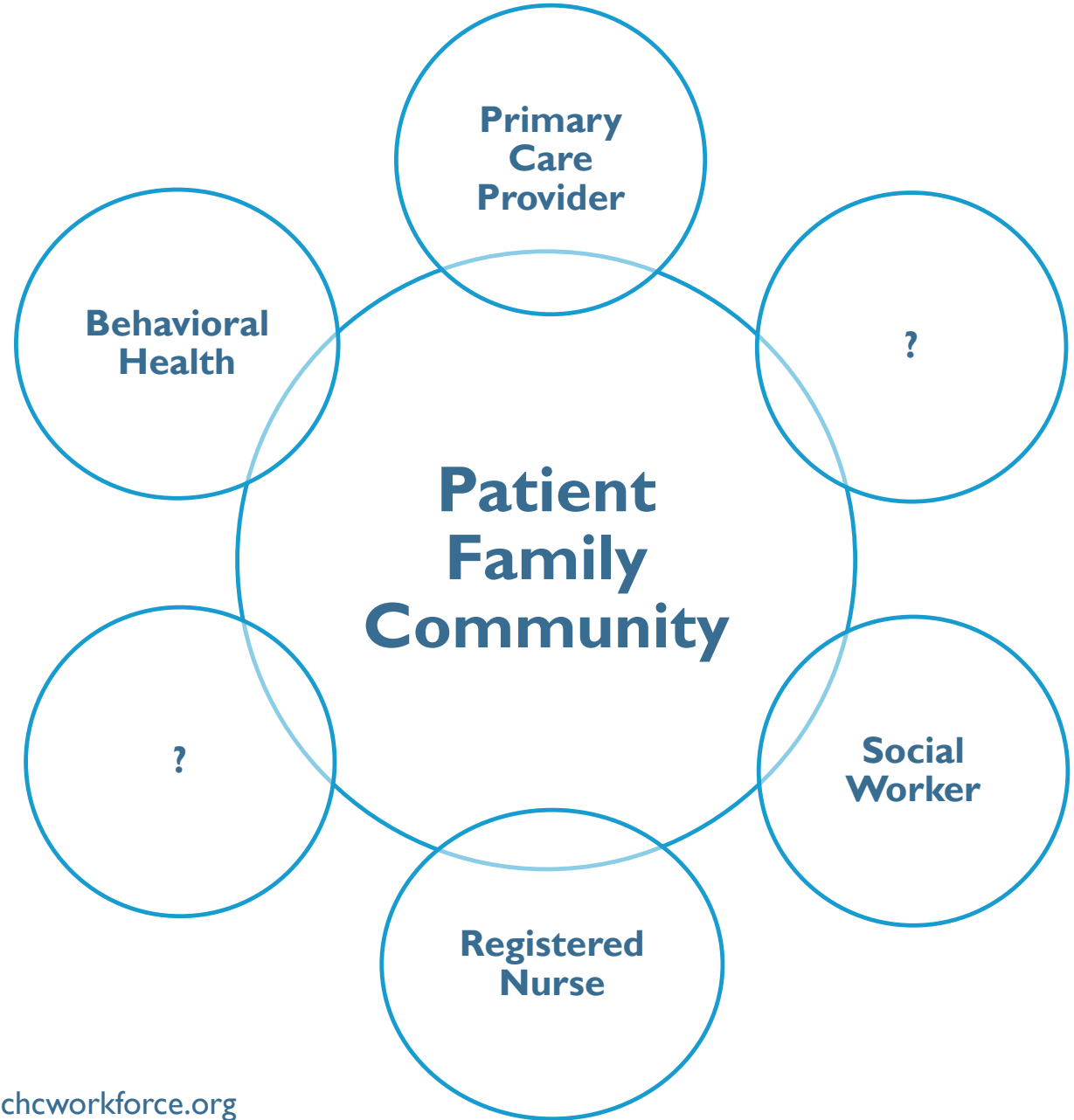Figure 1. Conceptual blueprint for the provision of patient-centered team-based care

NCQA Team-based Model of Care

1. Structure & Staff Responsibilities
2. External PCMH Collaborations
3. Patient/Family/Caregiver Involvement in Governance
4. Certified EHR System
5. Individual Patient Care Meetings/Communication
6. Involvement in Quality Improvement
7. Behavioral Health Care Manager
8. Medical Home Information

1. Schottenfeld, L., Petersen, D., Peikes, D., Ricciardi, R., Burak, H., & McNellis, R. (2016). Creating patient-centered team-based primary care. Agency for Healthcare Research and Quality; 2016.
2. NCQA (2017), NCQA PCMH Recognition: 2017 Standards Preview. National Committee for Quality Assurance; 2017.
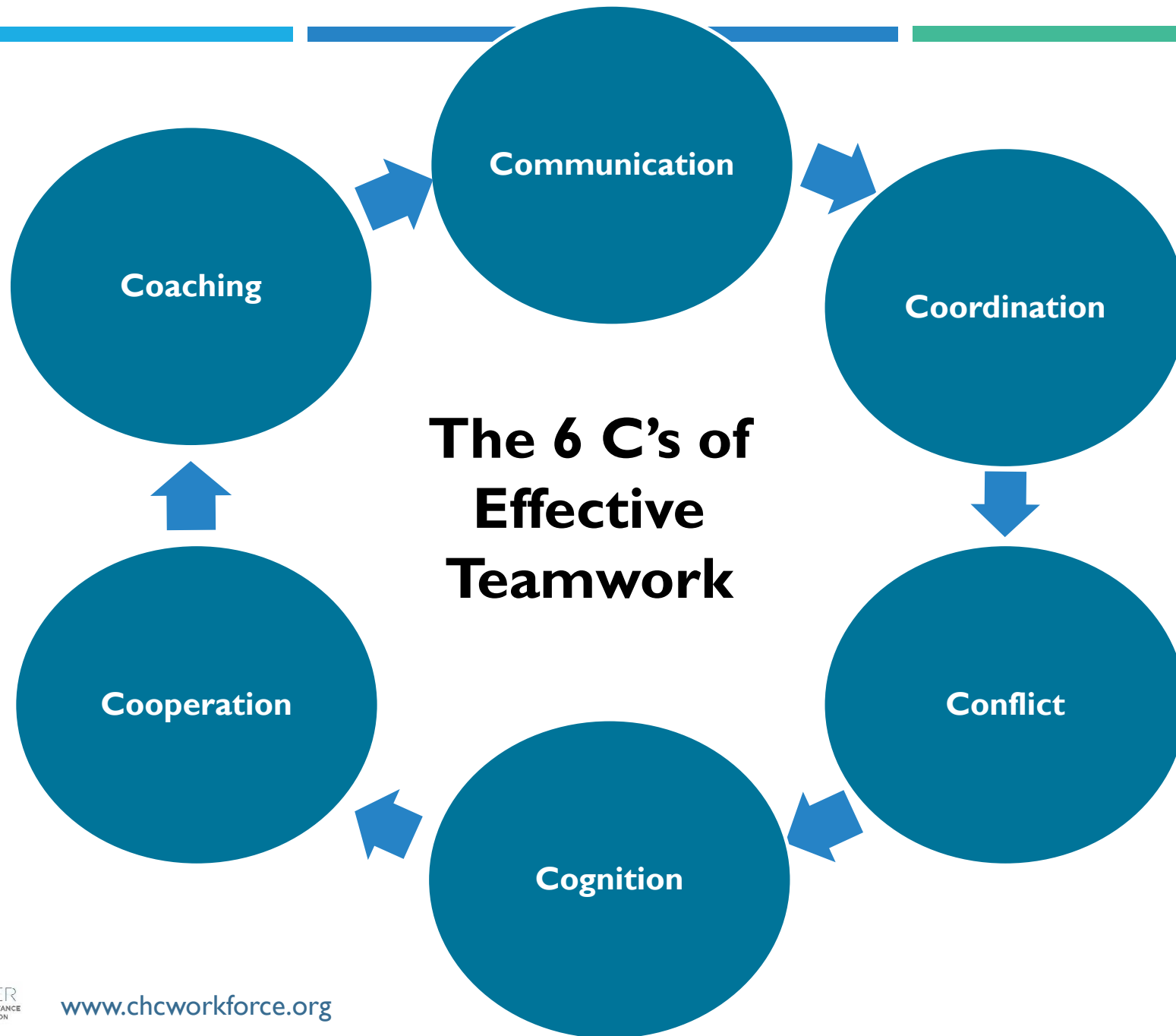
RECOGNIZING HIGH-PERFORMING TEAMS

HIGH-PERFORMING TEAMS

What are characteristics of high-performing teams?

What differentiates teams that meet their goals from those that do not?

The 6 C's of Effective Teamwork

Communication
Coordination
Conflict
Cognition
Cooperation
Coaching

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CORE PRINCIPLES FROM THE IOM ROUNDTABLE

- Shared goals

- Clear roles

- Mutual trust

- Effective communication

- Measureable processes and outcomes

DEFINING TEAM ROLES AND RESPONSIBILITIES

ROLES AND RESPONSIBILITIES FOR EFFECTIVE TEAMWORK

- All roles are understood and respected

- Scope and responsibilities of each role are explicit

- Each team member understands how his/her role fits in the work of the team

TEAMWORK MATTERS: DON'T WORRY ALONE

- Participants were asked to stand at the base of a hill and estimate how steep the climb would be

- Hill appeared steeper to those alone than those accompanied by a friend

- Relationship quality mediated the effect (more supportive relationships worked better)

Schnall S, Harber KD, Stefanucci JK, Proffitt DR. Social Support and the Perception of Geographical Slant. J Exp Soc Psychol. 2008 Sep 1;44(5):1246-1255.

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ROLE CLARITY

- Competencies

- Scope of practice

- Licensure

- Values and ethics

- Education / accreditation standards

OPTIMIZING TEAM ROLES

OPTIMIZING TEAM ROLES

Demand → Team composition
Visit scheduling
Workflows
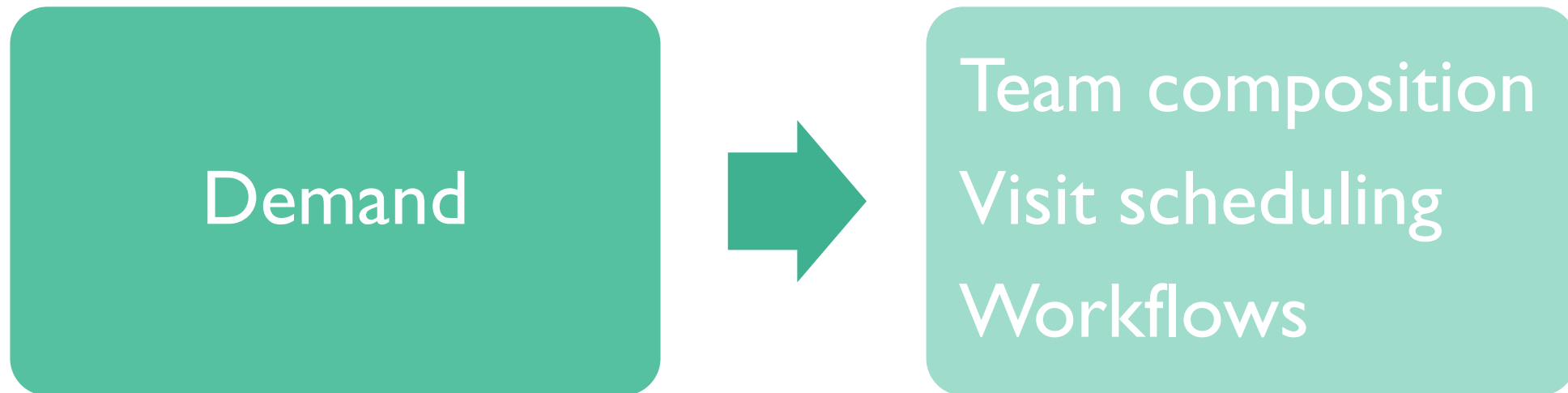
TEAM REDESIGN

- All team members work to their highest level of expertise, skill and licensure

- Team composition driven by:
  - Patient/family/population needs and
  - Characteristics of practice.

- Look for potential for cross-training to maximize flexibility and flow

TEAM REDESIGN

Primary care team members	Redesign examples
Registered nurse	• Expanded care coordination and education • Health promotion, chronic illness management
Medical assistant	• Expanded responsibility for procedures • Workflow oversight
Behavioral health professional	• Co-located, integrated

OUTCOMES OF ROLE CLARITY AND OPTIMIZATION

Practice Outcomes	How to Measure
• Realistic expectations of team members	• Enhanced job description with defined roles.
• Efficient workflow	• Wait times, time spent rooming, etc.
• Improved decision-making	• Use of standing orders
• Team member satisfaction, perception of being valued	• Satisfaction surveys, assessment
• Less conflict	

PRACTICAL STRATEGIES: SHARED MEASURABLE GOALS

- Base goals on shared values and vision

- Use a SMART goals worksheet

- Match goals to your patient population

- Think broadly-engage all stakeholders in the goal setting process

- Use data you already have access to and track regularly (run charts)

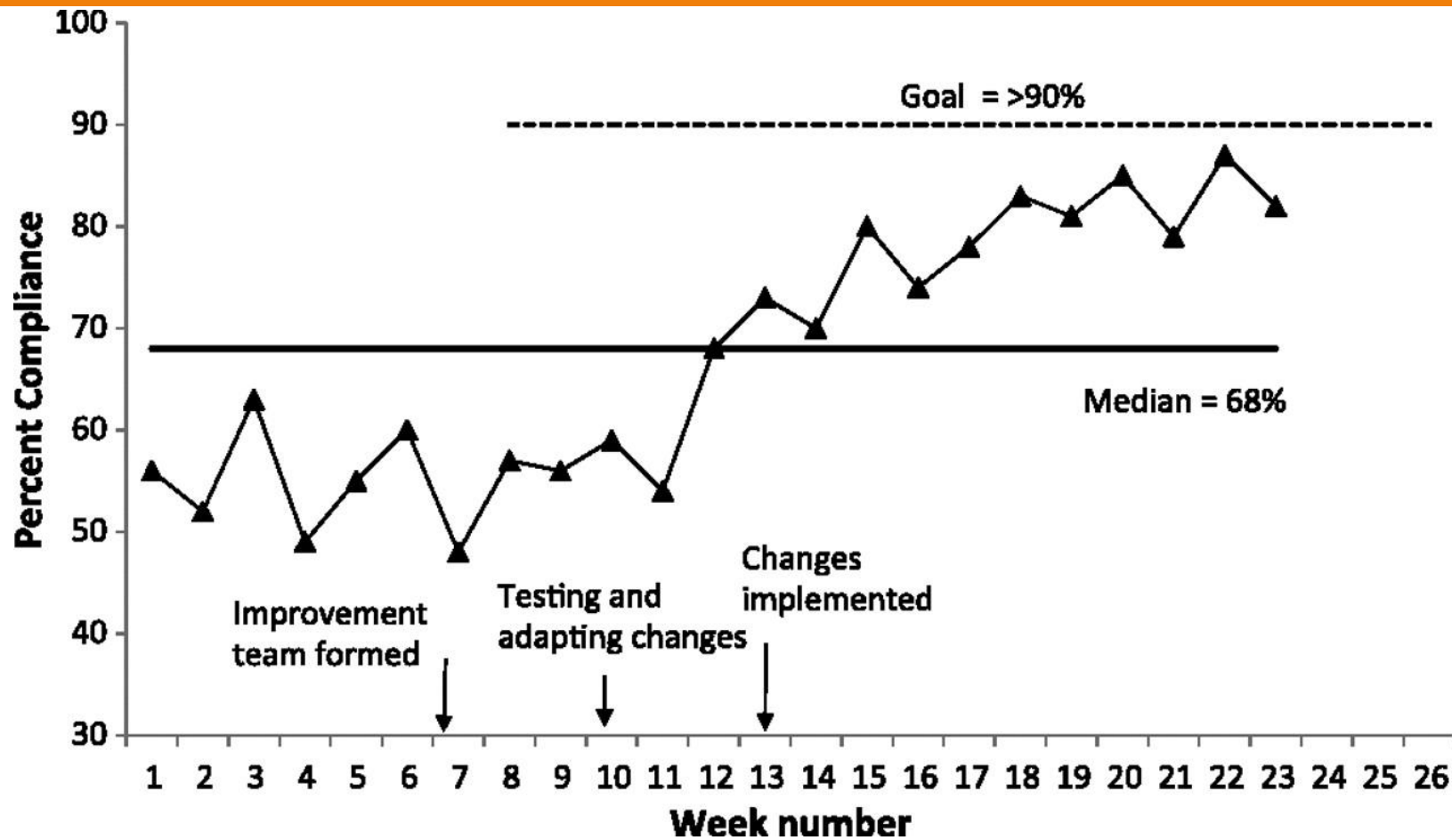| Smart Goals	Goal #1	Goal #2
Specific (What , when, where and how?)		
Measurable (How will I measure it?)		
Attainable (Can I actually achieve this goal?)		
Realistic (Is this a realistic goal?)		
Timely (How often or when will goal be met?)		

SAMPLE RUN CHART

RECOGNIZING SUCCESS: TEAMS

- Objective: Measuring Interprofessional "Teamness"

- Tool: Assessment for Collaborative Environments (ACE-15)

- Measures:
  - Effective communication
  - Clear roles
  - Shared goals
  - Mutual trust
  - Measureable process and outcomes
  - Organizational support

(15 questions, 5 minutes)

RECAP & CONCLUSION
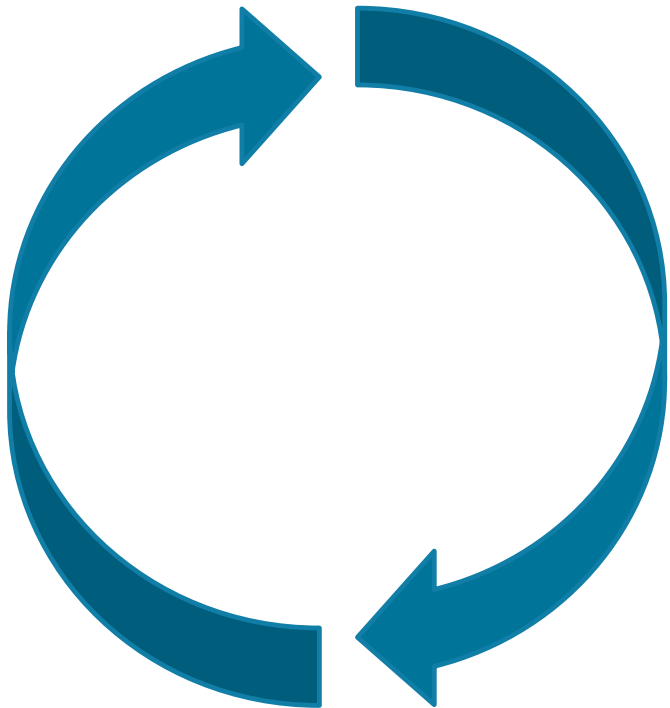
1. Burnout in healthcare is increasing at alarming rates, leading to: compromised patient safety; personal repercussions for clinicians and staff; and diminished bottom line for health settings.

2. Physical and emotional exhaustion, cynicism and detachment, and feelings of ineffectiveness and lack of accomplishment are the primary signs of burnout.

3. The Patient Centered Medical Home and Team-based Model of Care are considered protective factors in burnout.

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THINGS TO CONSIDER TO MOVE BEYOND BURNOUT…. LAYING THE GROUNDWORK

- Organizational Strategies:

  - Team based care (Do we use this model? If yes, describe. If no, why not?)

  - Top down vs. bottom up (Think about your organization and how changes are made/introduced? How can you address culture and make changes?)

  - Consider a PDSA cycle to create small tests of change

- Personal Strategies:

  - Do you have a "self-care" strategy? Do you practice it regularly?

  - What keeps you grounded at work?

  - What would help bring back the "joy in work" for you personally? Is this something that you could share with leadership (remember attainable goals are key here….not just more vacation time)? How (and to whom) could you bring forward your suggestions/thoughts?

Questions

CONTACT US!

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UPCOMING WEBINARS IN THIS SERIES

- May 1*:   Cheryl Fattibene on Moving Beyond Burnout

- May 9:   Cindy Barr on Setting up the Space

- May 16:   Dr. Eileen Barrett on Improving R&R By Increasing

  Professional Satisfaction

Note: This is a change!

THANK YOU!