Informational Webinar and Call for Pioneers:

JUNE 7, 2018

Restoring Humanity to Healthcare

National Taskforce for Humanity in Healthcare
Agenda

• What is the National Taskforce for Humanity in Healthcare?
• Why this approach?
• What is the call for pioneers?
• Why address well-being as a top strategic priority?
• Questions and answers
Today’s speakers

William J. Maples, M.D.
President and Chief Executive Officer
The Institute for Healthcare Excellence
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Read Pierce, M.D.
Associate Director, Institute for Healthcare Quality, Safety, and Efficiency (IHQSE)
Director, IHQSE Programs
UCHealth
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Executive Medical Director for Patient and Provider Experience
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Liz Boehm
Research Director
Experience Innovation Network, part of Vocera
@LizBoehm

National Taskforce for Humanity in Healthcare
About the National Taskforce for Humanity in Healthcare
Executive Sponsors

William J. Maples, M.D.
President and Chief Executive Officer
The Institute for Healthcare Excellence

M. Bridget Duffy, M.D.
Chief Medical Officer
Vocera Communications

Ronald A. Paulus, M.D., MBA
President and Chief Executive Officer
Mission Health System
Call To Action

Organizations Represented:
Abundant Venture Partners AVIA
Advocate Christ Medical Center University of Illinois at Chicago
American Hospital Association
American Nurses Association
Ascension
Beryl Institute
Aurora Healthcare
Branch2, Inc.
J. Bryan Sexton, PhD
Bureau of Medicine and Surgery / Walter Reed National Med Ctr
California Healthcare Foundation
CHI Baylor
Deloitte
DePaul University
Dignity Health
DKB Consulting
Essentia Health
Heal Thyself MD
HopeLab
It’s All Good Here
Intermountain Healthcare
Johns Hopkins Medicine – School of Nursing
LifeXT
Marcus Buckingham
Maple Grove Hospital
Mission Health
NASCAR
North Carolina Quality Center, NCHA
Owned Outcomes
Palliative Care Home
Professional Research Consultants, Inc.
Qpatient Insight
Seton/University of Texas Austin Dell Medical School
Shannon Healthcare Communication
Suburban Hospital, Johns Hopkins Medicine
Sutter Santa Rosa Regional Hospital
Stress Resources
The Institute for Healthcare Excellence
The Johnson Foundation at Wingspread
Tom Cosgrove
University of Virginia
utmb Health
Vital Works
Vocera Communications / Experience Innovation Network

National Taskforce for Humanity in Healthcare
Call To Action

Supporting Organizations:

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National Taskforce for Humanity in Healthcare
How Did We Get Here?

Wingspread Physician Leaders

Wingspread Nursing Leaders

The National Taskforce for Humanity in Healthcare
Three Critical Imperatives

• **Change the dialog around burnout** from one that sees burnout as a personal psychological failing to acknowledgement of a system in distress. Through this reframing, shift the aim from burnout prevention to creation of a system that supports resilience, well-being, and joy.

• **Adopt a metric for humanity** that focuses less on deficit measurement (burnout), and more on understanding the causes and consequences of emotional thriving and emotional resilience.

• **Create a blueprint for change** that supports a systematic shift in culture towards a human-centered care system. Change must occur at all levels within organizations and cascade across all decisions related to people, processes, and technology.
Why This Approach:
Experience, Resilience, and Building Capacity
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
Clinician burnout rates are rising, making it even harder to accomplish the mission and goals of healthcare organizations.

Consequences of Burnout:

- **Patient Satisfaction**
  
  Allen et al. BMJ 2012;344:e1717
  

- **Infections**
  

- **Medication Errors**
  

- **Standardized Mortality Ratios**
  
  Welp, Vaner & Maraner. Front Psychol. 2015 Jan 22;5:1573.
We’ve Tried
- High Reliability Strategies
- Culture Of Safety Response
- Quality Improvement Initiatives
- Technology Solutions
- Physician & Employee Engagement Tactics
- TeamSTEPPS

What’s Missing?

We Want

Holistic Outcomes
- Patient Safety
- Effective, High Quality Care
- Patient Satisfaction
- Efficiency and Care Coordination
- Population Health
- Lower Total Costs

New Paradigm Needed
The Secret To Sustained Improvement

IMPROVEMENT

Technical Capabilities

Cultural Capabilities

I = TC x CC

George Eckes
Burnout, at its core, is the impaired ability to experience positive emotion.

Outstanding culture, at its core, is the cultivation of positive emotion.

Christina Maslach
- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment

Bohman, Dyrbye, Sinsky, et. al.
- Culture Of Wellness
- Personal Resilience
- Efficiency of Practice

Bryan Sexton, National Taskforce for Humanity in Healthcare
- Emotional Thriving
- Emotional Recovery

I’M THRIVING

I’M BURNED OUT
## What emotions are we talking about?

<table>
<thead>
<tr>
<th>Joy</th>
</tr>
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<tbody>
<tr>
<td>Hope</td>
</tr>
<tr>
<td>Gratitude</td>
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<tr>
<td>Inspiration</td>
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<td>Awe</td>
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<td>Interest</td>
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<tr>
<td>Amusement</td>
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<tr>
<td>Pride</td>
</tr>
<tr>
<td>Serenity</td>
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<tr>
<td>Love</td>
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</table>

Tiny Engines

Undoing Effect
Resilience—and outstanding performance—is a team sport

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.
How Are We Going to Do That!?

(What’s the Path Forward?)
1. **Change the story** – culture, thriving, and reduced burnout are the business case for everything else

2. **New Measurement** - focus on positive emotions and thriving, not (only) deficits or satisfaction

3. **Capacity building must focus on culture**
   - Systems and organizational habits that enhance access to positive emotion
   - Positive connection & relationships
   - Individual well-being
   - *Human-centered leadership*

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National Taskforce for Humanity in Healthcare
Rewrite the Story – Starts with this Pilot and Courageous Early Adopters

A Belief: Together, We Can Demonstrate that Human Thriving in Healthcare . . .

• Reduces turn-over costs ($20+ billion opportunity per year for MDs & RNs in US alone) – stop talent loss
• Measurably enhances safety & experience – through restoration of healing environment
• Restores purpose to healing professions
• Restores joy to our leaders
Drawing from Other Industries: Joy, Caring, and Sustainable Performance Over Time

1. Take care of (love) your employees . . .
2. Who in turn will take care of the customers . . .
3. Who will then return for the right reasons
New Measurement - 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 am often pleasantly fascinated by things that happen at my job.

Emotional Recovery
1. I always bounce back quickly after difficulties.
2. I always find a solution when something unforeseen happens.
3. I can adapt to events in my life that I cannot influence.
4. My mood reliably recovers after frustrations and setbacks.
Capacity building must focus on culture

- Systems and organizational habits that enhance access to positive emotion
- Positive connection & relationships
- Individual well-being

*This Requires Transformational, Integrated Approach to Human-Centered Leadership* – not technical skills alone or potpourri of initiatives
NTH Pioneer Cohort Overview
The NTH is recruiting ten (10) pioneering health systems to address burnout and promote resilience, well-being, and joy in a way that is meaningful and transformative.

The NTH model combines evidence-based leadership coaching, care team training, individual resilience strategies and actionable measurement of team well-being to build competency and capacity for team member resilience, well-being, and joy as the foundation for clinical excellence and sustainable business results.
The Cohort: Objectives

• Build skills that support resilience, well-being, and joy at the individual, team, and organizational level
• Advance a measurement tool focused on well-being as an alternative to focusing on burnout
• Contribute to an approach to well-being in healthcare that shifts the burden of improvement from the individual to the team and organization
• Strengthen the business case for investment in well-being as it links to clinical, financial, and other organizational priorities
The Cohort: The Program

- **Onboarding + Baseline Well-being Measurement**
- **Human-Centered Leadership Development Program (HCL)**
- **Build team skills for cultural Transformation through the RELATIONS® for Healthcare Transformation Program (RHT)**
- **Follow-up Well-being Measurement + Sharing Results**

Identification of a division/unit/program within each Pioneer organization of up to 120 people to participate in the cohort.

Conduct measurement with novel and validated thriving instrument

Secure executive sponsor.

Build core cohort leadership team.

**Participation in evidence-based interventions for individual resilience**

**Coaching from IHE around unique needs of the division/unit/program**

<table>
<thead>
<tr>
<th>Month 1 and 2</th>
<th>Months 3 through 8</th>
<th>Month 9</th>
</tr>
</thead>
</table>

National Taskforce for Humanity in Healthcare
The Cohort: Stakeholders and Teams

Types of leader-participants that would likely be valuable to engage in cohort work:
- Physician leader
- Nurse leader
- Administrative leader
- Project manager
- IT partner
- HR partner
- Quality/safety partner
- Process improvement partner
- Patient partner

Division/Unit/Program (up to 120 people)

Broader cohort-related leadership

Core Cohort Leaders (2-4 people)

Organizational Senior Leadership

support and buy-in
The Cohort: Timeline

- June – August 2018: Cohort recruitment and selection

- September 2018: Cohort participation launches:
  - Up to 4 teams launching in September 2018
  - 3 teams launching in November 2018
  - 3 teams launching in January 2019

- May – September 2019: Cohort report out and sharing results

Cohort Cost = $135,000 overall with $80,000 coming from the Pioneer organization
(Includes all coaching, training, measurement/data-analysis, and evidence-based interventions)
Why Address Well-Being as a Top Priority?
Building the Business Case for Humanity in Healthcare

EXECUTIVE SUMMARY

The epidemic of burnout among healthcare professionals is receiving growing international attention. The high prevalence of burnout in the healthcare workforce is a cause for immediate concern because evidence shows impacts on quality, safety, and healthcare system performance. In addition, our analysis suggests that costs for burnout-related turnover may be as high as $7.7 billion annually among hospital-employed physicians, and $277 billion across all US physicians. For nurses, we estimate the hospital costs at $20 billion annually and total national costs at $54 billion. This epidemic must be remedied, given the serious and negative ramifications of poor well-being and low job satisfaction among healthcare professionals on patient experience, health of populations, and the cost of healthcare.

The National Taskforce for Humanity in Healthcare (NTFH) proposes a new model that goes beyond burnout prevention and promotes well-being and the realization of humanity in healthcare. We believe that burnout is the manifestation of a systemic problem, and therefore it requires system-level solutions. These solutions must move beyond the prevention of burnout, and instead systematically cultivate human thriving and connection in ways that promote resilience, well-being, and joy for all healthcare team members. To accomplish this, we see three critical imperatives:

1. Change the dialog around burnout from one that sees burnout as a personal pathology failing to acknowledge a system in distress. Through this reframing, shift the aim from burnout prevention to creation of a system that supports resilience, well-being, and joy.
2. Adopt a metric for humanity that focuses less on deficit measurement (burnout), and more on understanding the causes and consequences of emotional thriving and emotional resilience.
3. Create a blueprint for change that supports a systemically shift in culture toward a human-centered care system. Change must occur at all levels within organizations and extend across all dimensions related to people, processes, and technology.

BURNOUT EXAMINED

1. Introduction

The United States healthcare system has never faced the degree of transformation that exists today. Never have cost pressures from government (Medicare, Medicaid) and commercial payers have forced a mixed and often unprecedented transition from fee-for-service to value-based payment models.
“My own health and well-being is inextricably linked with my clinician’s well-being.”

- Martha “Meg” Gaines
Patient Advocate and Cancer Survivor
Patient-Family Experience Impact

Beaumont, Troy
HCAHPS Global Rating
Percentile Ranking

Q2 2015 – 60 leaders attend CIH
Q3 2015 – 150 leaders attend CIH, employee classes began and Caring Connections began
Quality and Safety Impact

Study of 7905 surgeons - Annals of Surgery: September 2009, *Burnout and Medical Errors Among American Surgeons*
Quality and Safety Impact

Nurse burnout is significantly associated with:

<table>
<thead>
<tr>
<th>Infection</th>
<th>Odds Ratio</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary tract infection</td>
<td>0.82</td>
<td>.03</td>
</tr>
<tr>
<td>Surgical site infection</td>
<td>1.56</td>
<td>&lt;.01</td>
</tr>
</tbody>
</table>

Hospitals in which burnout was reduced by 30%:

- 6,239 fewer infections
- Cost savings up to $68 million

Financial Impact

Percent of doctors with burnout symptoms left: 21%
Percent of doctors without burnout symptoms left: 10%

2 year economic loss estimate: $16 - $56 M

Financial Impact

INPUTS:
Number of licensed physicians in the US: **953,695** (i)
Percent of physicians employed by hospitals: **7.4%** (ii)
Recruitment costs per physician: **$47,598** (iii)
Signing bonus and moving costs per physician: **$45,000** (iii)
First-year start up cost per physician: **$211,063** (iii)
Lost revenue per physician (6 months): **$495,000** (iii)

**Percent with signs of burnout: 54.4%** (iv)

**Turnover rate for burned out physicians: 21%** (v)

**Turnover rate for non-burned out physicians: 10%** (v)

**Total recruitment, start up, moving, + signing bonus costs:**
- **$2,448,000,000**
- **$3,991,000,000**
- **TOTAL: $6,439,000,000**

**Lost revenue (6 months):**
- **$3,991,000,000**
- **TOTAL: $6,439,000,000**

**Total recruitment, start up, moving, + signing bonus costs:**
- **$1,166,000,000**
- **$1,900,000,000**
- **TOTAL: $3,066,000,000**

**Lost revenue (6 months):**
- **$1,900,000,000**
- **TOTAL: $3,066,000,000**

Cost of Burnout

**Total recruitment + start up:**
- **$1,282,000,000**
- **Lost revenue:**
- **$2,090,000,000**
- **TOTAL:**
- **$3,372,000,000**

(i) Young, A. et al. “A Census of Actively Licensed Physicians in the United States, 2016”
Financial Impact

INPUTS:
Turnover cost per nurse: 1.25x salary (i)
Average salary for US hospital-employed nurses: $74,245 (i)
Total turnover rate for US hospital-employed nurses: 16.2% (ii)

Total hospital-employed nurses in the US: 1,748,810 (i)
Percent with signs of burnout: 63% (iii)
1,101,750

Turnover rate for burned out nurses: 20% (iv)
223,325
Turnover cost: $16,581,000,000 (rounded to nearest million)

Turnover rate for non-burned out nurses: 9% (iv)
102,132
Turnover cost: $7,583,000,000 (rounded to nearest million)

Turnover cost: $8,998,000,000 (rounded to nearest million)

(ii) NSI Nursing Solutions: 2017 National Healthcare Retention and RN Staffing Report
(iii) May 2017 survey by Kronos Incorporated of 257 RNs working in U.S. hospitals.
Joy: Care Team Impact

Female physicians

2.3x

more likely to commit suicide than females in the general population.

Male physicians

1.4x

more likely to commit suicide than males in the general population.

Source: American Foundation for Suicide Prevention

1,000,000 patients lose their doctor to suicide every year.
Joy: Care Team Impact

Aggregate Team Engagement Trend Over Time

- US Benchmark: 18.7%
- Baseline: 17.5%
- Q1 2016: 28%
- Q2 2016: 28%
- Q3 2016: 37%
- Q4 2016: 38%
- Q1 2017: 39%

(+120%)

Proprietary and Confidential, 2017
How likely are we to kill the next patient and how can we prevent it?
Did leaders ask for information about **what is going well** in this work setting (e.g., people who deserve special recognition for going above and beyond, celebration of successes, etc.)?

Yes / No / Not Sure
Safety Culture Domains by “Positive Rounds”

Source: J. Bryan Sexton, PhD, Duke
Cohort Application Link

https://www.surveymonkey.com/r/NTHpioneercohortapplication
Discussion

https://www.surveymonkey.com/r/NTHpioneercohortapplication
With Gratitude: NTH Core Team

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Executive Sponsor

M. Bridget Duffy, M.D.
Executive Sponsor

Ronald A. Paulus, M.D., MBA
Executive Sponsor

Read Pierce, M.D.
Chair: Metrics Subcommittee

Patrick Kneeland, M.D.
Chair: Blueprint Subcommittee

Liz Boehm
Chair: Storytelling Subcommittee

Jennifer Krippner
NTH Project Leader

Questions about the NTH Pioneer Cohort: Please contact Jennifer Krippner, jkrippner@healthcareexcellence.org

National Taskforce for Humanity in Healthcare
About the National Taskforce for Humanity in Healthcare

Under the leadership of William J. Maples, MD founder and CEO of The Institute for Healthcare Excellence (IHE), Ronald A. Paulus, MD, CEO at Mission Health and M. Bridget Duffy, MD, Chief Medical Officer at Vocera Communications, Inc., The National Taskforce for Humanity in Healthcare will refine and deepen solutions to prevent caregiver burnout, restore joy and resiliency to healthcare, and develop ways to engage organizations, physicians and nurses in this important work.

Our agenda includes innovative and educational approaches that will provide an actionable measurement tool focusing on joy and resiliency in addition to elements of burnout and solutions which will be closely linked to the measurements. The Taskforce will advance the creation, understanding, and spread of approaches that support human connection in all aspects of healthcare and support care team members in achieving their highest healing potential.

Our goal is for the Taskforce is to answer a call to action that will disrupt the status quo and create a sustainable difference in achieving the 4th aim of restoring joy and purpose in healthcare.
APPENDIX

Evidence and case examples
Patient Experience/HCAHPS
Beaumont Hospital Troy implemented RELATIONS® for Healthcare Transformation and Human-Centered Leadership and has witnessed a continued gradual improvement in HCAHPS scores, including Overall Global Rating and Communication with Nurses as illustrated below. An improvement of this magnitude at a moderate to large size hospital can translate to a positive financial return of 1+ million dollars/year on the basis of Value Based Purchasing. Similarly, the integration of human centered leadership practices with strategic work on a medical unit at UCHealth University of Colorado Hospital (UCHealth) that had long struggled with HCAHPS performance realize a 4-point increase in top box overall rating in 6 months. Interventions in an ambulatory ENT clinic raised the performance in patient experience scores from average to the top performing clinic in the health system.
Benefits of Improved Teamwork Related to Clinical Outcomes, Safety, and Efficiency

Improved teamwork from both the patient’s perspective as well as the caregiver team perspective has been demonstrated following implementation of components of the NTH blueprint. Dr. Michael Leonard, Safe and Reliable Healthcare, has demonstrated improved clinical and employee outcomes, safety, and efficiency in units who have “high” teamwork scores as outlined in the charts below.
The Cohort: Anticipated Impact Based on Prior Results

Physician and Caregiver Engagement
Mission Health in Asheville, North Carolina, implemented a program focusing on strengths of individual caregivers and building on things going well rather than focusing on weaknesses. With leadership shifting the daily conversations to an appreciative tone, engagement has markedly improved - prior to this approach improving physician and caregiver engagement was elusive.

Within a large hospital medicine group at UCHealth, the integration of several human-centered strategic interventions resulted in decreased physician burnout rates despite increased external pressures around revenue growth and regulatory quality. Turnover rates decreased by 50% from 13.2% to 6.6%. This translated into a conservative estimate of $400,000 benefit in terms of prevented cost of burnout and turnover. Similar work in an outpatient clinic resulted in staff engagement scores that moved from tier 3 (lowest) to tier 1 (highest) in 12 months, while staff turnover decreased from 50% to 0% year to year. A medical-surgical unit at UCHealth historically struggled with complex and variable patient populations and young, inexperienced staff with system-high staff turnover rates. The integration of human centered leadership practices with strategic work contributed to a year-over-year decrease in nursing turnover from 70% to 30%.
The Cohort: Anticipated Impact Based on Prior Results

**Psychological Safety, Work-Life Balance, Joy, and Resiliency**

Implementation of Positive Leader Rounding as well as interventions focusing on positive emotions at Duke University have demonstrated significant improvements in improved readiness, local leadership, teamwork climate, safety climate, personal burnout, burnout climate, advancement, growth opportunities, job uncertainty, participation in decision making, work-life balance, and workload as outlined below.

Within a large hospital medicine group at UCHealth, implementation of several components of the NTH blueprint resulted in year over year increases in psychological safety (“Our culture makes it easy to learn from the mistakes of others”), perception of collegiality, and decreased burnout, even as secular pressures increased considerably.

The Cohort: Anticipated Impact Based on Prior Results

The potential financial impact of improved teamwork is outlined below.

### Nurse Turnover [1]

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cost to replace one (1) nurse (average RN salary $74,245)</td>
<td>1.2 – 1.3 x salary = $86,694</td>
</tr>
<tr>
<td>Expected Turnover for 2,000 nurse organization (average turnover rate 9%)</td>
<td>180 nurses</td>
</tr>
<tr>
<td>Expected Turnover for 2,000 nurse “high teamwork” organization (1:9)</td>
<td>20 nurses</td>
</tr>
<tr>
<td>Financial Outcome</td>
<td>160 nurses x $86,694 = $14,255,040</td>
</tr>
</tbody>
</table>

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The Cohort: Anticipated Impact Based on Prior Results

**Pressure Ulcers**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cost per pressure ulcer</td>
<td>$43,180</td>
</tr>
<tr>
<td>Expected pressure ulcers in a 600-bed organization (average pressure ulcer rate 2.5%)</td>
<td>(35,000 discharges/year) = 875</td>
</tr>
<tr>
<td>Expected pressure ulcers in a “high teamwork” 600 bed organization (1:3)</td>
<td>(35,000 discharges/year) = 292</td>
</tr>
<tr>
<td>Financial Outcome</td>
<td>583 x $43,180 = $25,173,940</td>
</tr>
</tbody>
</table>

# The Cohort: Anticipated Impact Based on Prior Results

## C. difficile infections

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average cost per C. difficile infection</td>
<td>$42,316</td>
</tr>
<tr>
<td>Expected number of C. difficile cases in a 600-bed organization (average c. diff rate 0.38%)</td>
<td>(35,000 discharges/year) = 133 patients</td>
</tr>
<tr>
<td>Expected number of C. difficile cases in a “high teamwork” 600 bed organization (1:3)</td>
<td>(35,000 discharges/year) = 44 patients</td>
</tr>
<tr>
<td>Financial Outcome</td>
<td>89 x 42,316 = $3,766,124</td>
</tr>
</tbody>
</table>

[1] CDC. Volume 12, Number 3-March 2006
The Cohort: Anticipated Impact Based on Prior Results

**Empathy Capacity**
Following implementation of components of the NTH blueprint, Beaumont Hospital Troy has demonstrated significant and sustainable improvement in Empathy Capacity as measured by the Jefferson Scale of Empathy. This improvement continued to improve one (1) year after initiation of the work.

![Empathy Scores Chart](chart.png)