



SOLUTION BRIEF | RESILENCY IN HEALTH

Supporting Those Who Support Others

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SITUATION

In clinical environments where care teams must deal with illness, death and dying, intense conflict, pain, and loss on a daily basis, chronic stress, compassion fatigue and burnout can run rampant. Individuals often feel that work, colleagues, family, etc. are asking more of them than they are able to give and caregivers are constantly expending energy and offering compassion without necessarily seeing patients recover or feeling cared for in return. The statistics on burnout, stress and compassion fatigue in healthcare are startling:

- Up to 60% of physicians report symptoms of burnoutⁱ
- 50% of third-year med students report burnoutⁱⁱ
- 40% of nurses have increased levels of burnoutⁱⁱⁱ
- 57% of nurses report stress and 26% of nurses who leave the field report stress as the cause^{iv}

Care teams who are unable to renew their personal emotional resources are likely to develop apathy, treat patients and family members inappropriately, become dissatisfied with their work, and suffer in both personal and professional relationships. By contrast, low levels of clinician stress and burnout have been linked to:

- **Improved Patient Adherence** – A 2-year longitudinal study of 186 physicians and their patients with major chronic diseases showed a direct, positive correlation between physician job satisfaction and adherence in patients.^v
- **Higher Quality** - Major medical errors reported by surgeons are strongly related to a surgeon's degree of emotional exhaustion.^{vi}
- **Fewer Lawsuits** – Burnout has been linked to increased risk of lawsuits.^{vii}
- **Patient Satisfaction** – The patients of physicians who consider themselves “very or extremely satisfied” with work show higher satisfaction scores. Also, when nurses are dissatisfied or report burnout, their patients are more likely to report lower satisfaction levels.^{viii}

THE SOLUTION

Stress among healthcare team members can be driven by a particular event, by the events of multiday stress, or by the enduring everyday challenges of delivering care (see figure 1). Approaches to addressing stress and burnout, therefore, must be targeted at multiple levels to be effective.

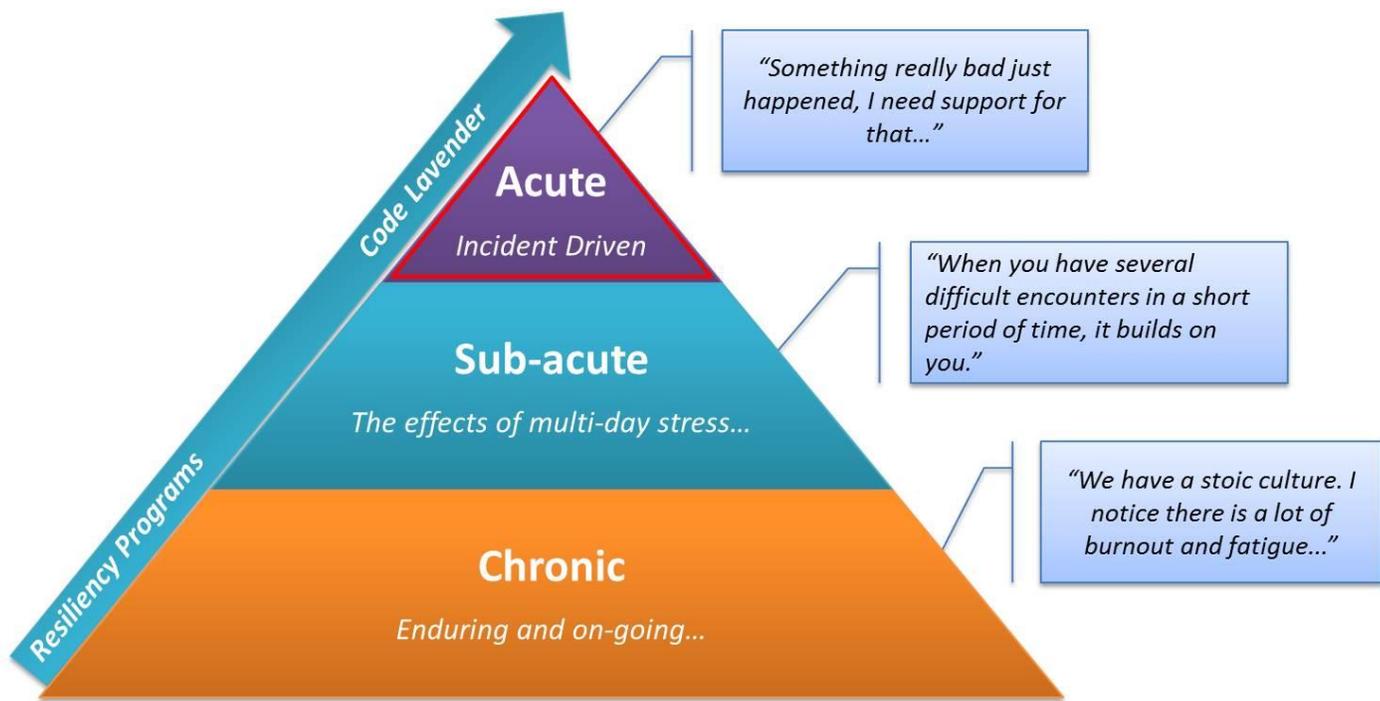


Figure 1: Staff and Clinician Stress Spectrum

Responding to different needs on this spectrum requires a multi-pronged approach.

Part 1: Code Lavender

Code Lavender is a formalized, rapid response program designed to support staff members during times of high stress. When a stressful event occurs, physicians and staff may call upon a Code Lavender team, typically comprised of palliative care, social work, pastoral care, organizational leaders, or other support services. The coordinates resources and provides support for staff during times of high stress including after: the death of a patient, major trauma or code, a dilemma in patient care, an error, difficult encounters with a patient/family, difficult encounters among care team members, or ad-hoc as needed during times of high stress or emotional distress. The Code Lavender team provides supports at many levels and in many formats, including:

- **Individual Support** – Provide discreet, but clearly accessible and communicated resources for staff and physicians to receive one-on-one support to handle distressing situations.
- **Team Support** – If desired and possible, create an opportunity for a safe, immediate team debriefing after high stress events.
- **Rounding and Follow-up** – Round routinely and in follow-up after key events to check in on the wellbeing of members of the team.
- **Quality Reviews and Debriefing** – Leverage existing event debriefings (e.g, those intended to establish root cause) to check in on how members of the team are recovering from incidents.
- **Providing Relief Staff** – work with unit, clinic, or department champion to facilitate relief for staff immediately involved in a high stress event.
- **Providing comfort** – Offering tea, water, food, and comfort for individuals and teams experiencing stressful or difficult situations.
- **Acknowledgement and visual cues** – As appropriate, create a visual cue that a Code Lavender has been called to communicate to team members the need for individual or team support.

- **Follow-up** – Offer follow-up as needed beyond the initial event or when the care team members return to work to check in on the wellbeing of teams and individuals.

The response team conducts ongoing measurement and assessment of the program, tracking incidents and outcomes from each intervention with a tool like the one below:

Code Lavender Program Tracker																
Case Number	Date	Time	Unit/Department	Caller Name	Assigned Owner	Call Recipient	Who Was Involved	Others who may need to be notified	Reason (Pick List)	Situation Description	Response Description	Response Cost	Additional Resources Required	Length of Response (Minutes)	24/7/24 Week Rounding	Recommend Score
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Figure 2: Code Lavender Tracking Tool

Part 2: Resiliency Programs

While Code Lavender is a great way to provide organized resources to support staff in times of acute need, resiliency programs can offer team members tools to manage the chronic nature of burnout and stress on a daily basis. Several studies have demonstrated that mindfulness-based stress reduction, the practice of gratitude, and social support have a significant impact on burnout and personal resiliency. In fact, an article published in the Journal of the American Medical Association (JAMA) concluded that participation in a mindfulness based course was associated with short term and sustained improvements in wellbeing, emotional exhaustion, and burnout among physicians participating in the course.^{ix} Below are examples of the high-level components of resiliency programs:



1. Mindfulness
2. Self Awareness
3. The Practice of Gratitude
4. Social Support



1. Self-regulation
2. Intentionality
3. Self-validation
4. Social Support
5. Self-care

Source: BJC Compassion Fatigue Innovation Showcase, ExperiaHealth CXO Roundtable, April 25, 2012



1. Fostering acceptance
2. Finding meaning in life
3. Gratitude
4. Spirituality
5. Retraining your attention

Source: <http://www.mayoclinic.org/resilience-training/>



1. 3 Gratitudes
2. Journaling
3. Exercise (self-care)
4. Meditation (Mindfulness)
5. Random Acts of Kindness

Source: http://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work.html

Figure 3: Components of Resiliency Programs

In practice these programs take many forms in terms of their delivery. At San Mateo Medical Center, participants in their resiliency program engaged in the following:

- **An initial educational workshop.** Participants spent two-and-a-half hours learning the basic concepts of mindfulness and gratitude, as well as how they affect burnout and compassion fatigue.^x They were also given various tools to increase their personal resiliency (meditations, gratitude journals, etc.).
- **An “Informed Hope” vision statement.** To focus each participant on his or her own core values and aspirations, each participant was asked to acknowledge their greatest hopes and dreams for their personal and professional life, elements that bring the greatest joy to their lives, sources of a personal sense of accomplishment, core values, morals, and beliefs, and personal gifts. From this, participants were asked to create a personal vision statement of informed hope.
- **30 days of gratitude journaling.** Building on the premise that it is not happiness that makes us grateful, but gratitude that makes us happy, participants were given a “Powerful Gratitudes” worksheet that encouraged them to make note of something that made them grateful each day for 30 days. Participants were asked to share this with their resiliency partners by keeping a journal, emailing, or simply sharing gratitudes over dinner.
- **Short recorded meditations.** As a follow-up to the workshop, participants were provided a record 1-minute meditation to participants along with 5, 10 and 15 minute meditation scripts. Participants were encouraged to use these meditation tools throughout the day whenever things get stressful.
- **A second workshop to recap and focus on sustained practice.** Roughly 2 weeks following the initial workshop, participants were invited to a shorter follow-up workshop. This second meeting included a recap of the key concepts taught in the first workshop, but focused on having participants share their experiences from their first month of mindfulness practice. The groups paid particular attention to sustaining the practice over the long run by identifying ways of making a habit of mindfulness practices. Individuals identified rituals and routines they could add to their daily personal and professional lives, with a focus on those tools and techniques that had proven most helpful over the study period.

THE IMPACT

Below are three case studies that show the impact of Code Lavender and staff resiliency programs in healthcare.



Situation: As an academic children’s health system with a high acuity patients, Stanford Children’s Health’s found that burnout and fatigue were high amongst its care team members and other staff.

Action: The organization assembled a multidisciplinary team comprised of team members from the office of patient experience, palliative care, social work, pastoral care, and physician and nursing leadership to design a response program to support staff during times of high stress. Modeling it after Code Lavender™ the team coined the program Lavender Alert.

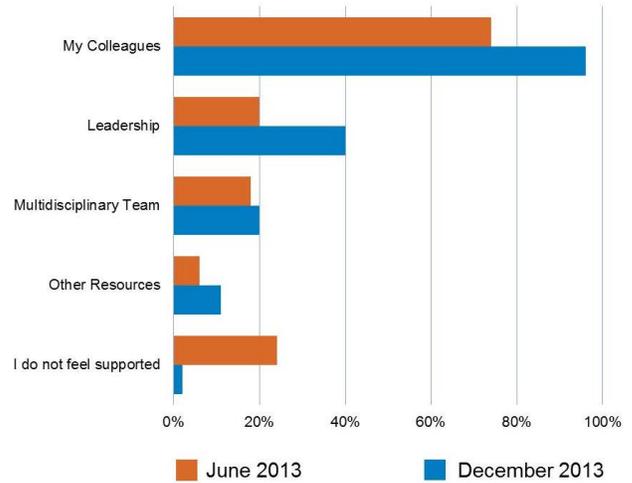
Results: Prior to launching the program as a pilot in the PICU, the organization measured levels of staff support and also administered the pulse survey of employee engagement. Six months after launching the program, they saw significant improvement in both measures and a staff survey indicated that the program exceeded most expectations.

Staff Feedback:

*“The lavender program has **changed the energy** on the unit in a huge way. Our manager is more compassionate during stressful times, and we recognize each others burdens better than we did before. The palliative care team, and others that have supported us in various lavender alerts are wonderful and amazing!”*

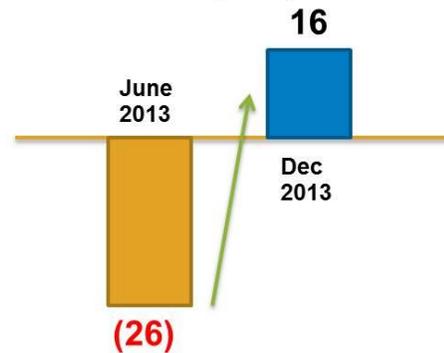
-ICU Employee

During stressful times in the ICU, I feel acknowledged and supported by:



Employee Engagement:

Willingness to Recommend as a place to work NPS (% ratings of 9 and 10 - % ratings 0-6)





Situation: Anderson Valley Health Center is a single site small rural health center in Boonville, CA with 16 staff and providers on staff. Feedback from their employee pulse survey pointed to a need to develop programs to support staff and help them in managing the daily stress of patient care.

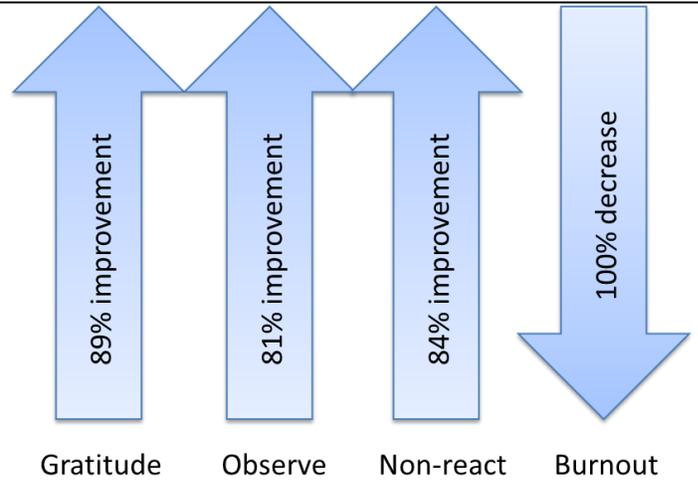
Actions: The Anderson Valley team implemented two interventions. The first, a “Wellness” room was created that included a solitary room outfitted with a comfortable chair, ambient lighting and guided meditations on CD to be used during scheduled break times. The second, a 30 day Mindfulness and Gratitude program for providers and staff.

Results: The Mindfulness and Gratitude Pilot yielded significant improvement pre and post measures, including:

- 89% improvement in Gratitude scores
- 81% improvement in “Observe” Scores
- 94% improvement in “Non React” Scores
- 100% reduction in “Burnout” Scores

Staff Feedback:

“You can really tell, there’s a difference, people are friendlier in the halls, it makes it easier to work together and get things done.”



“We take time to care for ourselves, so that we can take better care of our patients.”
-Anderson Valley clinician



Situation: San Mateo Medical Center was going through a period of intense change across its hospital and clinic operations, and leadership was hearing growing feedback from staff about stress in the environment.

Action: The health system launched a Resiliency workshop for staff of its hospital and clinics including a curriculum of Mindfulness Based Stress Reduction, the practice of gratitude, and social support.

Results: Prior to the workshop the organization assessed participant’s individual resiliency using the Emotional Exhaustion scale from the Maslach Burnout Inventory.

Staff Feedback:

- *“I enjoyed this and am looking forward to bringing it to the clinic and taking time to honor our soul/spirit in our work.”*
- *“Thank you. This class is helping me to relax a little bit and be more accepting.”*
- *“I am very grateful that I attended this workshop, it helps me to focus to take care of myself.”*

Percentage of Individual Participants Showing Improvement in “Emotional Exhaustion”



“I feel like I am awakening. I can see for the first time.”
- Workshop Participant

Below is a quick outline and tools to help you in designing and launching your staff support and resiliency programming:

1. **Identify Program Champions:** Identify an executive champion and recruit a multidisciplinary team to design the program.
2. **Co-Design Program Details** (See Program development FAQs): Bring the team together to identify the core elements of a program and what resources and capabilities the organization has in house that could contribute to it.
3. **Develop Training Materials:** Create process diagrams, tracking tools, and response guidelines.
4. **Design a Pilot and Pilot Measures** (See PDSA Template): Design a small pilot of the program and use observational research and survey tools to capture pre and post pilot data.
5. **Rollout Pilot Training and Communications** (See Communication Planning Template): Develop communications materials and launch the program pilot.
6. **Assess Pilot Effectiveness:** Conduct a follow-up assessment to measure results of the pilot and adjust the program as needed.
7. **Rollout and Spread:** Spread the refined program to other parts of the organization.

Program Development Frequently Asked Questions (FAQs)

Who leads the program?

Teams vary according to the existing resources and culture within an organization. We have seen the program lead by palliative care, holistic nursing, licensed social workers, clinical psychologists, or pastoral care. The ideal “lead” depends on what is most appropriate both culturally and based on resource availability. It is important to consider the barriers of perception posed by the individual leading the program, for example if pastoral care is the primary contact it may be a barrier for those who do not consider themselves spiritual or if it is nursing led it may be perceived as being for nursing only. Before implementing a program, have discussions or conduct focus groups or surveys with key staff members to understand preconceptions and barriers.

How do we position the Code Lavender program appropriately so it does not become trivialized or “overused”? Has this been an issue at other sites?

Leaders often fear that the system will be overused or abused. Historically this has not been a problem – if anything the opposite has been the issue. There is often a cultural stigma in healthcare where asking for help when in times of high stress can be viewed as a sign of weakness. Early in the implementation it is critical that team members feel not only welcomed, but encouraged to use the program. As such, cases of “overuse” are best addressed on a case by case basis, but have not been an issue for prior organizations.

What has the role of the physicians been in successful programs?

The role of physicians in the program has been multifold:

1. Unit/Program Champion(s) – Having physician champions lead the communication about the program and measurement of the program impact for the organization as a whole or within each clinic, unit, or department will help with adoption and acceptance by physicians.
2. Research - Conducting research studies of the impact of the program on the work environment (see measures below).
3. Quality Review - Embedding Code Lavender and staff support into incident follow-up into the quality review or root cause analysis process to check-in on staff wellbeing.

PDSA Template

Aim: Demonstrate the effectiveness of the program design (Big Aim: Improve staff resiliency and wellbeing)		
Cycle Length: 1 Each PDSA cycle will be 3-4 weeks in duration with a team huddle at the end of each cycle.		
Plan What will be done and who will do it		
Team	Test	Potential Challenges
Do What was actually done		
Study Data and Lessons Learned		
Questions validate effectiveness	Measures of Success	
Ask Recipients 2 weeks after the Code Lavender <ul style="list-style-type: none"> On a scale from 0-10, how likely are you to recommend using Code Lavender to a Friend or Colleague? (0-Not at all likely to 10-Highly Likely) Why did you provide this rating? Ask Code Lavender Team Members <ul style="list-style-type: none"> Do you find the Code Lavender process useful? (Yes/No) How is it helpful What would you do differently 	<ol style="list-style-type: none"> # of Documented Code Lavender performed Increase in number of calls 	
Act Was the desired outcome achieved? What should be changed?		

Communication Planning Template

Who	What	When	Messenger
Response Team	Program Overview How to Use it Responder Documentation		
Unit or Clinic Champions	Program Overview Champion Responsibilities Call Process		
Care Team Members	Program Overview Call Process		

MEASUREMENT AND MONITORING

To measure the effectiveness of these programs and validate the need for them, below are outcomes measures to assess:

Measure	Baseline	After
Pulse Survey		
<ul style="list-style-type: none"> ▪ Staff/MD willingness to recommend - place to work ▪ Staff/MD willingness to recommend - come for care 		
Resiliency Assessment		
<ul style="list-style-type: none"> ▪ Emotional Exhaustion ▪ PTSD 		
Program Feedback		
<ul style="list-style-type: none"> ▪ Staff rating of whether programs meet expectations ▪ Staff rating of willingness to recommend program 		
Organizational Outcomes		
<ul style="list-style-type: none"> ▪ Culture of Safety Survey ▪ Employee Engagement ▪ Safety Incidents ▪ Patient Satisfaction ▪ Absenteeism 		

ABOUT THE EXPERIENCE INNOVATION NETWORK

The Experience Innovation Network supported by Vocera Communications and the Stanford Clinical Excellence Research Center fosters partnerships across organizations to revolutionize healthcare experience and outcomes. Founded by Dr. Bridget Duffy, the first Chief Experience Officer in the nation, this network of healthcare pioneers is accelerating the discovery and adoption of innovations that restore the human connection in healthcare that ultimately improves clinical outcomes, increases patient and staff satisfaction, drives physician loyalty, and creates market differentiation in an uncertain healthcare environment. For more information, please visit <http://www.vocera.com/experience-innovation-network> and follow us on Twitter at @EINHealth.

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^v Dimatteo, M.R. et, al. Physicians' Characteristics Influence Patients' Adherence to Medical Treatment. *Health Psychology*, v. 12, no. 2, 1993, pp. 93-102.

^{vi} Shanafelt, T. Burnout and Medical Errors Among American Surgeons; *Annals of Surgery*: September 2009

^{vii} Crane M. Why burned-out doctors get sued more often. *Med Econ*. 1998; 75(10): 210-212, 215-218.

^{viii} McHugh, M., et. al. Nurses' Widespread Job Dissatisfaction, Burnout, And Frustration With Health Benefits Signal Problems For Patient Care. *Health Affairs*, 30, no.2 (2011):202-210

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^x During this initial workshop, trainers noted a significant skepticism that had to be overcome before participants were willing to accept and embrace the concepts.