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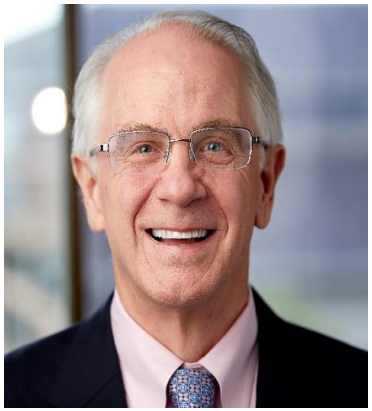
Solutions for Burnout, Thriving, and Healthcare Value

Parkview Physicians Group
GI Division
AHA Physician Alliance Webinar
July 15, 2020

Today's Panelists



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The National Taskforce for Humanity in Healthcare is grateful for the strategic partnership with the American Hospital Association, The Institute for Healthcare Excellence and Vocera Communications.

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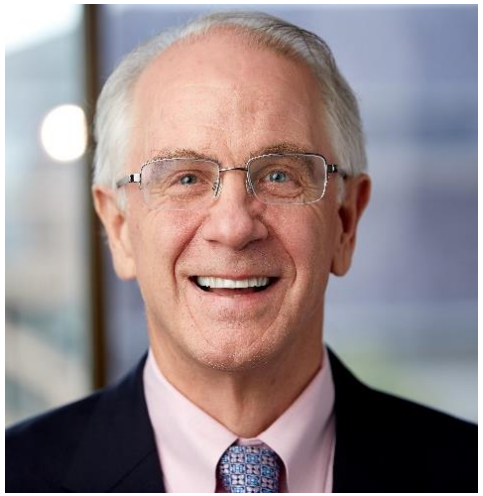
Tackling Healthcare Burnout and Performance in a New Way



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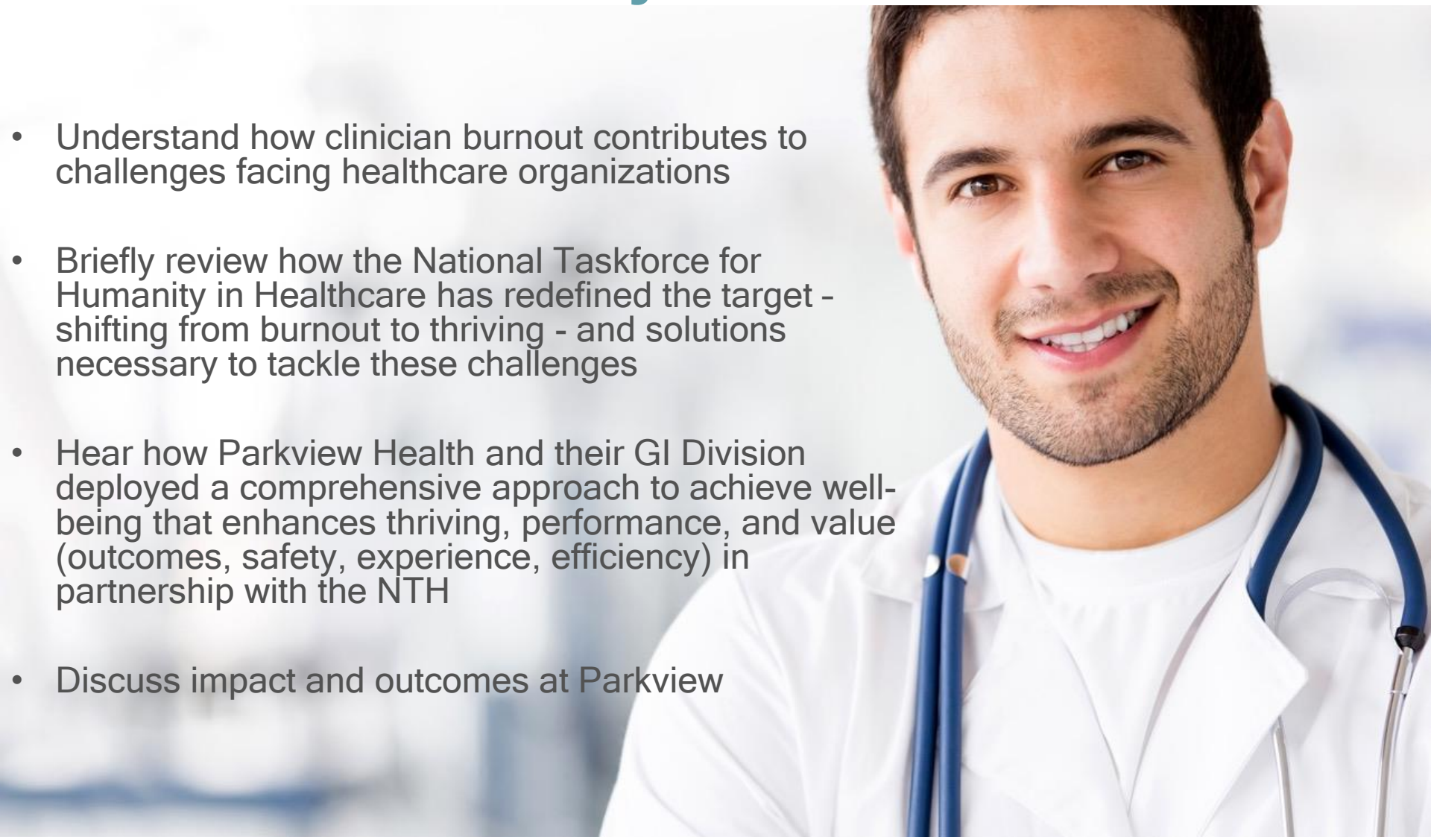
Objectives



- Understand how clinician burnout contributes to challenges facing healthcare organizations
- Briefly review how the National Taskforce for Humanity in Healthcare has redefined the target – shifting from burnout to thriving - and solutions necessary to tackle these challenges
- Hear how Parkview Health and their GI Division deployed a comprehensive approach to achieve well-being that enhances thriving, performance, and value (outcomes, safety, experience, efficiency) in partnership with the NTH
- Discuss impact and outcomes at Parkview

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Peak Performance at Work

- What allows you to go home with a “good tired” feeling?

- What is your greatest source of job satisfaction?

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Barriers to Peak Performance in Healthcare
Lessons from IHE's National Work

- Competing, contradictory priorities and legislation
- Complex, shifting teams and partnerships
- Rapidly evolving technology
- Poor process and technology implementation
- Shifts in reimbursement
- Leadership focus on tactics over workforce capacity
- Limited/no skills to navigate conflict, negative emotions, and strained relationships
- Low workforce engagement and high turnover

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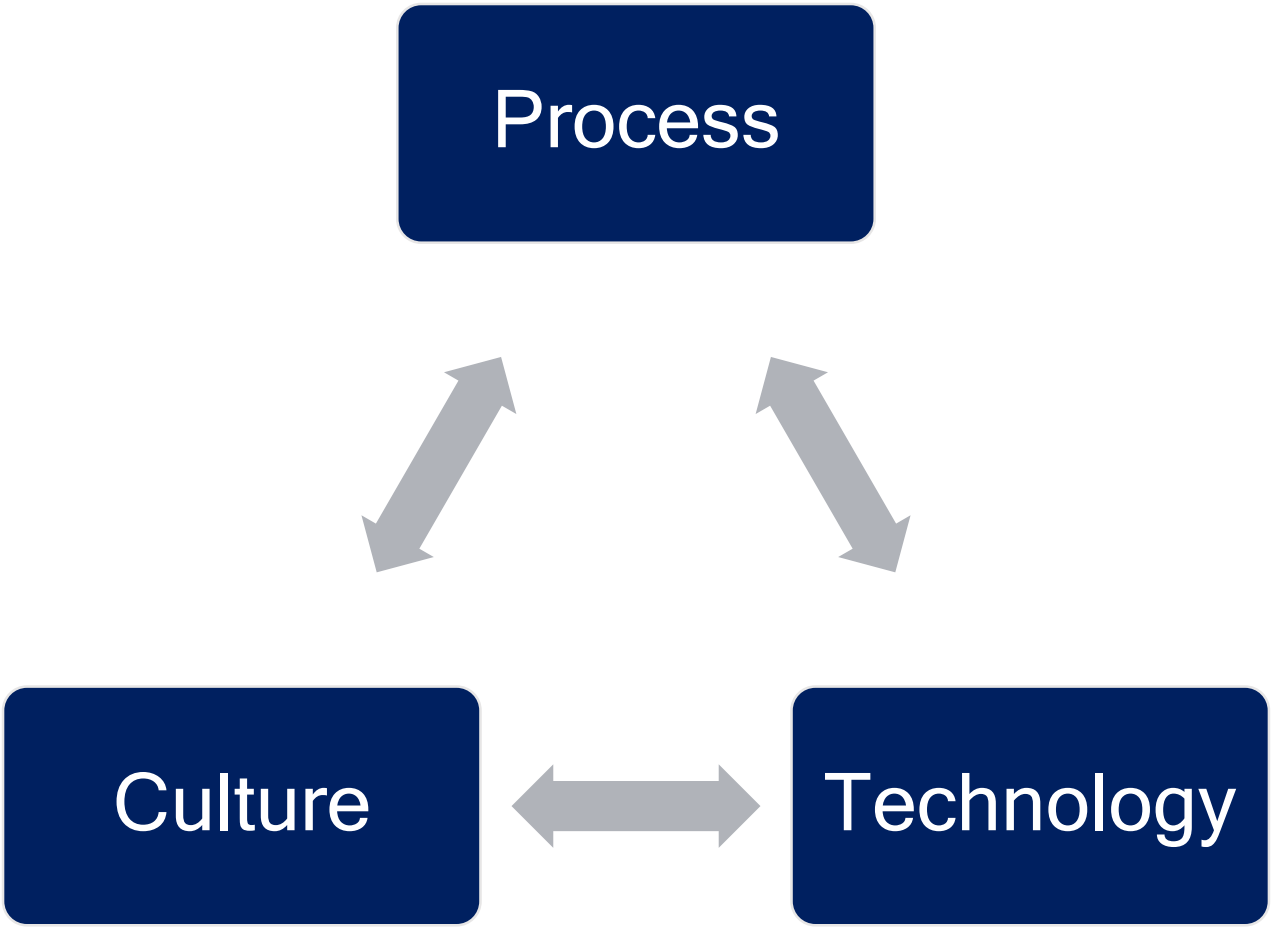
Performance Challenges = Drivers of a Burnout Epidemic



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JAMA, May 18, 2011—Vol 305, No. 19 **2009**

Physician Burnout

A Potential Threat to Successful Health Care Reform

Liselotte N. Dyrbye, MD, MHPE
Tait D. Shanafelt, MD

DISCUSSIONS OF BARRIERS TO SUCCESSFUL IMPLEMENTATION of the Patient Protection and Affordable Care Act have largely focused on legislative, logistic, and legal hurdles. Notably absent from these discussions is how the health care reform measures may affect the emotional health of physicians.

Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.[1] Many of patient care may be compromised by burnout. who have burnout are more likely to report ma dical errors, score lower on instruments and plan to retire early and have high ich has been associated with red medical care and patient adh

Burnout stem vidence suggests t

physicians.[6] With demand for care outpacing supply of physicians,[6] the workload for physicians active in practice will inevitably increase. Decreased financial margins due to cost containment provisions and higher practice costs will provide additional pressure for physicians to increase their workload. Capital costs to purchase electronic prescribing tools and computerized medical records are not fully covered by subsidies.[7] Infrastructure expenses required for compliance with new regulations, such as those expenses associated with reporting quality-based measures, will be an additional ongoing practice expense. These and other new regulations and reporting requirements (eg, requiring reporting of patient outcome data and guideline adherence for payment) will also increase the administrative burden for physicians on each patient for whom they provide care. Indeed physicians in Massachusetts report seeing more patients,[8] reducing the time they spend with each patient, dealing with greater administrative requirements, and experiencing a detrimental financial impact after implementation of the Massachusetts Health Insurance Reform Law.[9] If physicians nationally have a similar experience with health care reform, it is likely to result in increased workload that will exacerbate the challenge physicians have balancing their personal and professional life. Thus, health care reform is likely to adversely affect physicians' workload, autonomy, and work-life balance—all large contributors to burnout.

Health care reform does contain some provisions that may reduce physician stress. For example, removing

health care policies were implemented.[10]

However, little is known about how best to mitigate burnout in medical practice. Policy makers, health care organizations, insurance companies, academic medical

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Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout.

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BMJ

BMJ 2012;344:e1717 doi: 10.1136/bmj.e1717 (Published 20 March 2012)

Table 4| **Nurse outcomes in 12 European countries and the US. Data are number of nurses reporting outcome/total number of nurses surveyed, and percentage**

Country	Reported ward to have poor or fair quality of care		Gave ward poor or failing safety grade		Regarded themselves to be burnt out		Dissatisfied with job		Intended to leave their job in the next year		Not confident that patients can manage own care after hospital discharge		Not confident that hospital management would resolve patients' problems	
Belgium	886/3167	28	199/3150	6	730/2938	25	680/3159	22	934/3164	30	1921/3153	61	2518/3134	80
England	540/2899	19	191/2895	7	1138/2699	42	1136/2904	39	1261/2896	44	981/2901	34	1856/2893	64
Finland	141/1099	13	76/1095	7	232/1047	22	300/1114	27	546/1111	49	441/1098	40	890/1094	81
Germany	526/1507	35	94/1506	6	431/1430	30	561/1505	37	539/1498	36	473/1505	31	879/1504	58
Greece	170/361	47	61/358	17	246/315	78	199/358	56	177/358	49	231/358	65	311/356	87
Ireland	152/1389	11	117/1385	8	536/1293	41	581/1383	42	612/1380	44	588/1385	42	872/1381	63
Netherlands	756/2185	35	123/2187	6	211/2061	10	240/2188	11	418/2197	19	889/2195	41	1781/2200	81
Norway	468/3732	13	199/3712	5	823/3501	24	773/3729	21	942/3712	25	2097/3710	57	2739/3698	74
Poland	683/2581	26	463/2579	18	929/2321	40	663/2584	26	1056/2387	44	1890/2571	74	2196/2571	85
Spain	897/2794	32	173/27											86
Sweden	2750/10 051	27	1117/1 035						013					73
Switzerland	324/1604	20	71/1606	4	228/1563	15	/1610	21	447/1623	28	564/1612	35	1216/1612	75
US	4196/26 316	16	1628/26 772	6	9122/27 163	34	6692/26 935	25	3767/27 232	14	11 449/25 110	46	15 240/26 717	57

34% of US Nurses are burned out

Rene Schwendimann *head of education* [1], Maud Heinen *senior researcher* [1], Dimitris Zikos *researcher* [14], Ingeborg Strømseng Sjetne *senior researcher* [15], Herbert L Smith *professor and director* [16], Ann Kutney-Lee *assistant professor* [1]

[1]Center for Health Outcomes and Policy Research, University of Pennsylvania School of Nursing, Philadelphia, PA 19104, USA; [2]Centre for Health Services and Nursing Research, Catholic University Leuven, Leuven, Belgium; [3]Department of Health Care Management, WHO Collaborating Centre for Health Systems, Research and Management, University of Technology Berlin, Berlin, Germany; [4]Department of Health Services Research and Policy, London School of Hygiene and Tropical Medicine, London, UK; [5]Florence Nightingale School of Nursing and Midwifery, King's College London, London; [6]School of Health Sciences, University of Southampton, Southampton, UK; [7]National Spanish Research Unit, Instituto de Salud

PUBLIC HEALTH

When Doctors Struggle With Suicide, Their Profession Often Fails Them

July 31, 2018 · 5:06 AM ET

Heard on Morning Edition

The medical profession relies on the premise that doctors and medical staff, like highly trained endurance athletes, are conditioned to clock long hours and ignore fatigue and the emotional toll of their work.

Alarms go off so frequently [illegible]mergency rooms that doctors barely notice — until a colleague is wheeled in on a gurney, clinging to life. All of a sudden, that alarm becomes a deaf[illegible]

For Dr. Kip We[illegible]

Wenger is regional medical di[illegible]n, one of the country's largest emergency room staffing companies[illegible]Knoxville, Tenn.

An estimated 300 to 400 doctors kill themselves each year, a rate of 28 to 40 per 100,000 or more than double that of general population.

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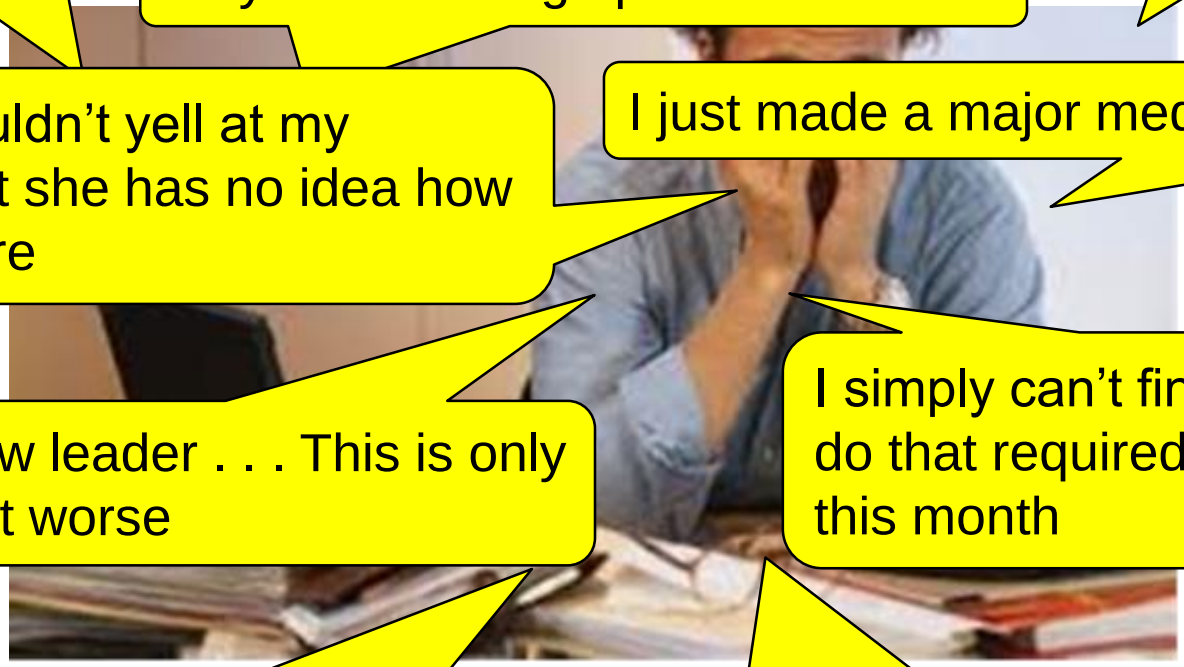
How Burnout May Show Up



I'm not certain I can keep going

Should I find a new job?

Maybe I should go part-time

I know I shouldn't yell at my manager, but she has no idea how bad things are

I just made a major medical error

Another new leader . . . This is only going to get worse

I simply can't find a way to do that required training this month

There's no way we can increase encounters . . . I don't care about more revenue while I'm drowning

I have to quit that committee

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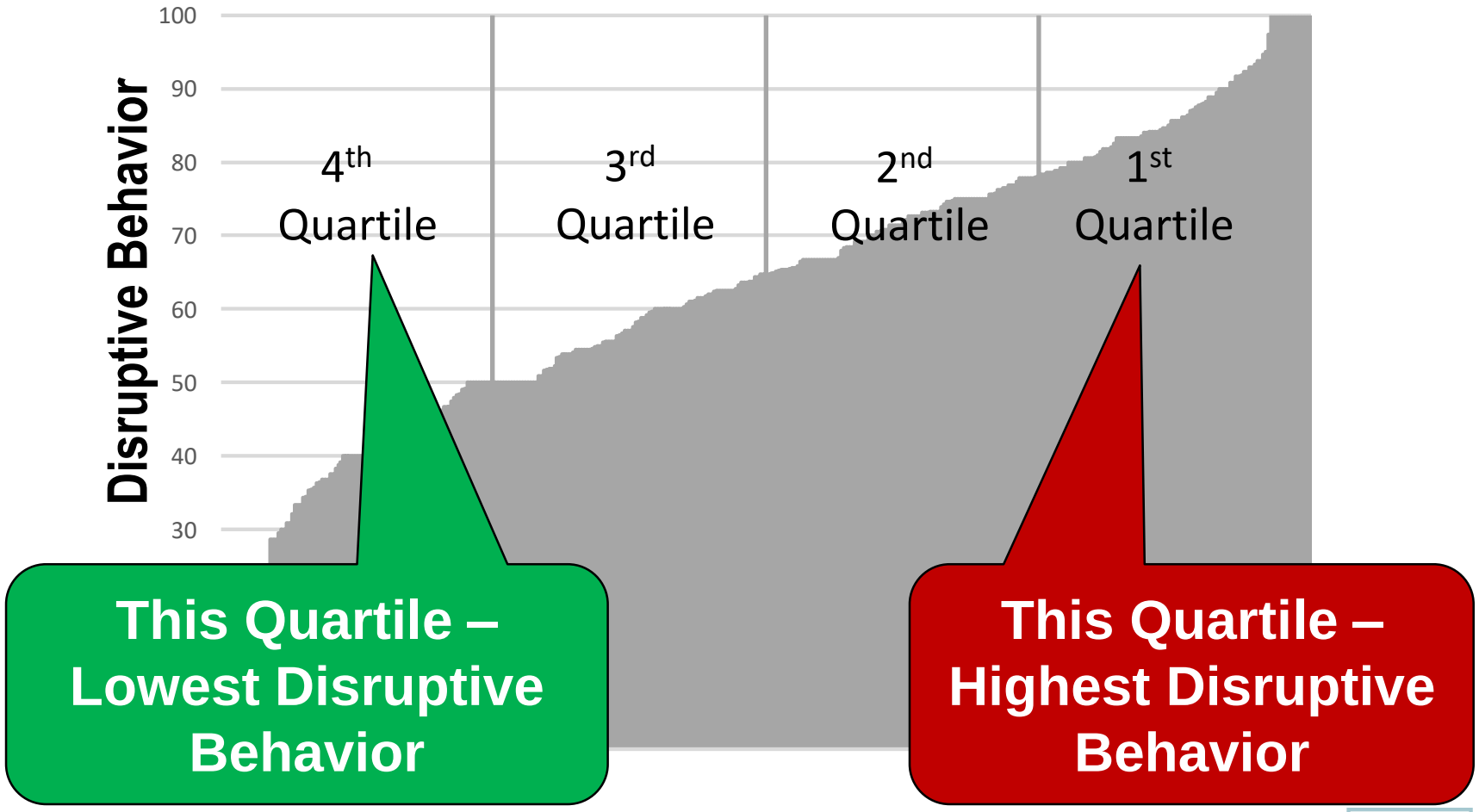
Disruptive Behavior is Associated with Personal Burnout



Rehder K, et al. "Associations Between a New Disruptive Behaviors Scale and Teamwork, Patient Safety, Work-Life Balance, Burnout, and Depression." Joint Commission Journal on Quality and Patient Safety. Jan 2020.

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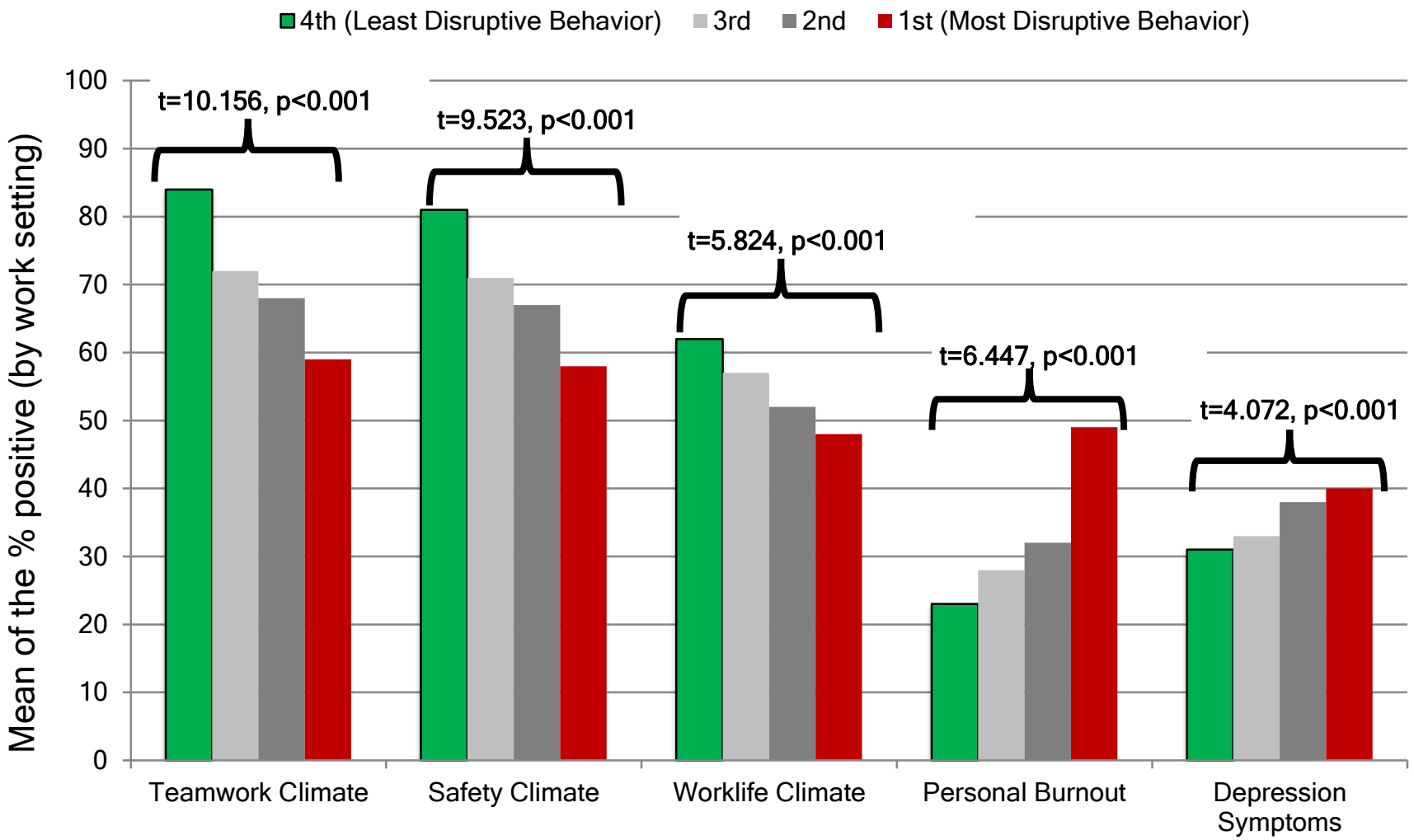
Burnout and Disruptive Behaviors



Rehder K, et al. "Associations Between a New Disruptive Behaviors Scale and Teamwork, Patient Safety, Work-Life Balance, Burnout, and Depression." Joint Commission Journal on Quality and Patient Safety. Jan 2020.

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Burnout and Financial Impact

Annals of Internal Medicine

MEDICINE AND PUBLIC ISSUES

Estimating the Attributable Cost of Physician Burnout in the United States

Shasha Han, MS; Tait D. Shanafelt, MD; Christine A.
Lynne C. Fiscus, MD, MPH; Mickey Trockel, MD; an

Background: Although physician burnout is asso
negative clinical and organizational outcomes, its
costs are poorly understood. As a result, leaders in health care
cannot properly assess the financial benefits of initiatives to re-
mediate physician burnout.

Objective: To estimate burnout-associated costs related to
sician turnover and physicians reducing their clinical hou
tional (U.S.) and organizational levels.

Design: Cost-consequence analysis using a
model.

Setting: United States.

Participants: Simulated population of ysicians.

Measurements: Model inputs we mated by using the re-
sults of contemporary published earch findings and industry
reports.

Results: On a national scale, the conservative base-case model
estimates that approximately $4.6 billion in costs related to phy-

lion in multivariate probabilistic sensitivity
ganizational level, the annual economic cost
burnout related to turnover and reduced clinical
approximately $7600 per employed physician each

Limitations: Possibility of nonresponse bias and incomplete control of confounders in source data. Some parameters were unavailable from data and had to be extrapolated.

Conclusion: Together with previous evidence that burnout can effectively be reduced with moderate levels of investment, these findings suggest substantial economic value for policy and organizational expenditures for burnout reduction programs for physicians.

Ann Intern Med. doi:10.7326/M18-1422 **Annals.org**
For author affiliations, see end of text.
This article was published at Annals.org on 28 May 2019.

MD Burnout is expensive: $4.6 billion

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Burnout and Financial Impact

Stanford HEALTH CARE Stanford Children's Health

21%

Percent of doctors **with** burnout symptoms left

10%

Percent of doctors **without** burnout symptoms left

Two year economic loss estimate: **$16 - $56 M**

National Taskforce for Humanity in Healthcare Estimate

Physician Turnover	Nurse Turnover
$3,372,000,000	$8,998,000,000

http://wellmd.stanford.edu/content/dam/sm/wellmd/documents/2017-ACPH-Hamidi.pdf

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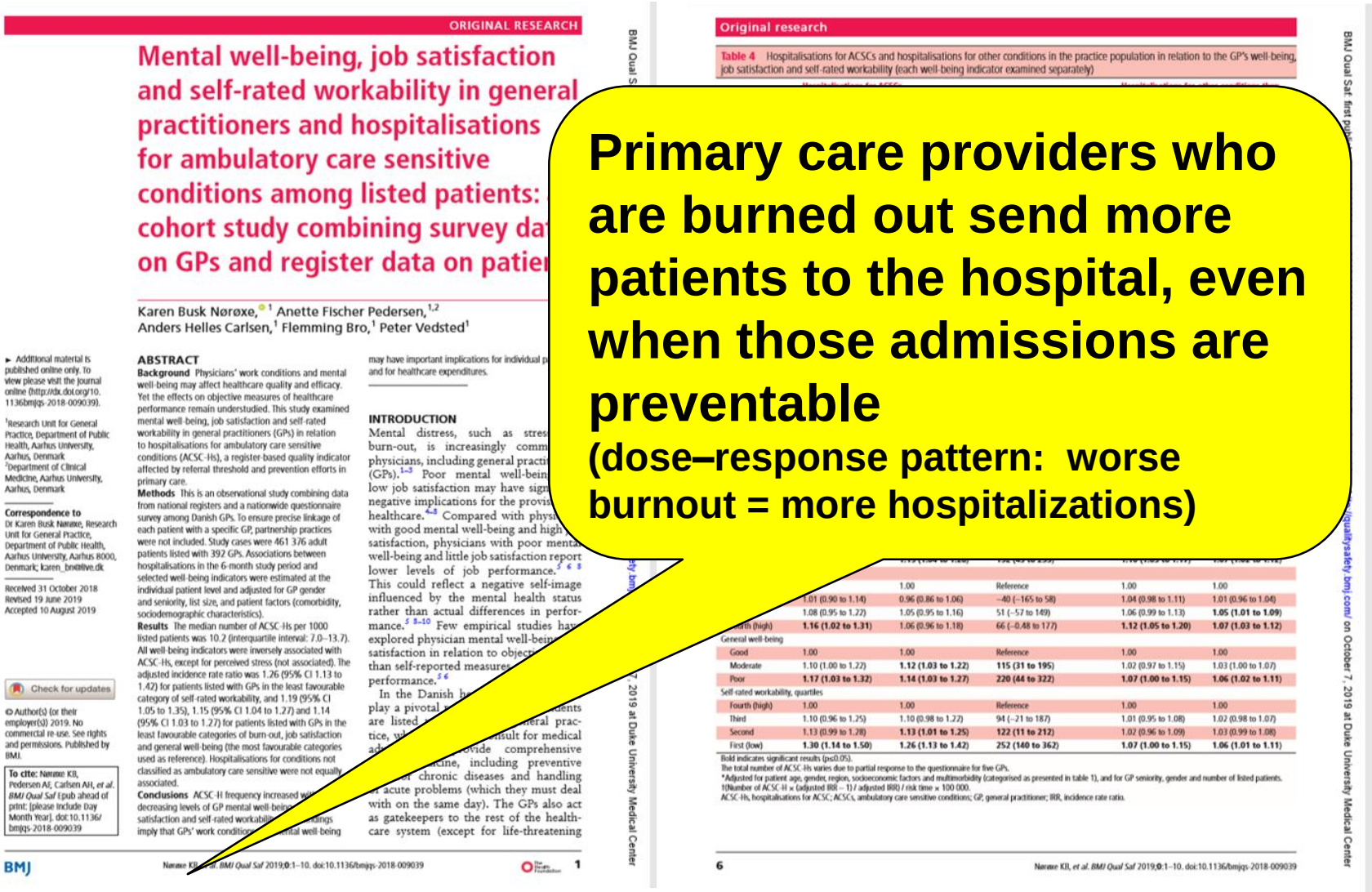
Burnout and Clinical Impact



ORIGINAL RESEARCH

Mental well-being, job satisfaction and self-rated workability in general practitioners and hospitalisations for ambulatory care sensitive conditions among listed patients: cohort study combining survey da on GPs and register data on patie

Karen Busk Nørøxe,[1] Anette Fischer Pedersen,[1,2] Anders Helles Carlsen,[1] Flemming Bro,[1] Peter Vedsted[1]

ABSTRACT

Original research

Table 4 Hospitalisations for ACSCs and hospitalisations for other conditions in the practice population in relation to the GP's well-being, job satisfaction and self-rated workability (each well-being indicator examined separately)

Primary care providers who are burned out send more patients to the hospital, even when those admissions are preventable

(dose–response pattern: worse burnout = more hospitalizations)

Burnout and Clinical Impact

Patient Satisfaction

Aiken et al. BMJ 2012;344:e1717
Vahey, Aiken et al. Med Care. 2004 February; 42(2 Suppl): II57–II66.

Infections

Cimiotti, Aiken, Sloane and Wu. Am J Infect Control. 2012 Aug;40(6):486-90.

Medication Errors

Fahrenkopf et al. BMJ. 2008 Mar 1;336(7642):488-91.

Standardized Mortality Ratios

Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians
A Systematic Review and Meta-analysis

…existing interventions were associated with small reductions in burnout… effectiveness was improved with organization-directed interventions; however these interventions were rare.

More effective models of interventions are needed to mitigate risk for burnout in physicians. Such models could be organization-directed approaches that promote healthy individual-organization relationships.

burnout is related to reduced productivity, high job turnover, and early retirement.[7-9] Importantly, burnout can result in an increase in medical errors, reduced quality of patient care, and lower patient satisfaction.[10-15] It is not surprising, therefore, that wellness of physicians is increasingly proposed as a quality indicator in health care delivery.[16]

Leading drivers of burnout include excessive workload, im-

health care settings (primary care, secondary or intensive care) and in physicians with different levels of working experience. Our rationale was that physicians working in different organizational settings or physicians with different levels of experience might have diverse needs and might respond differently to burnout interventions.

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High Level Themes from the Wingspread and National Taskforce for Humanity in Healthcare Retreats

Challenges Healthcare Organizations and Clients Face:

1. Competing demands can interfere with the desire to **build interpersonal relationships** with physicians and fellow caregivers

2. "People come into health care with the **desire to be caring** and thoughtful. That gets extinguished early in careers when they are told there are too many people to see and no time to be caring and thoughtful."

3. Patients present with pain, fear, and feeling vulnerable, which is a complicated set up for **creating strong relationships**

4. The concept of team is evolving

5. Regulatory demands, technology challenges, and reimbursement requirements result in limited time to **develop relationships**

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High Level Themes from the Wingspread and National Taskforce for Humanity in Healthcare Retreats

Proposed Solutions:

- **Train leaders** to lead in a more effective, **human-centered way**
- Work to **increase trust** between physicians and administrators
- **Integrate** the skill of **appreciation** into all of our work
- Design curriculum that puts the patient-physician **relationship at the center** of medical training
- **Create a safe place** for patients, respect patient's choices, and be forgiving
- Promote care models that **engage patients** in their care

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High Level Themes from the Wingspread and National Taskforce for Humanity in Healthcare Retreats

Proposed Solutions:

- Bridge the Personal, Leadership, and Organizational Divide
- Focus on **teamwork**, fostering **connectedness**, and true **collaboration**
- **Promote resiliency** at all stages of a nurse's career
- Reframe the issue from treating burnout to **achieving thriving**
- Collaborate with other healthcare professions to create a **team-based learning** program
- Find ways to **support caregivers** in meeting technical obligations without detracting from **patient interactions**

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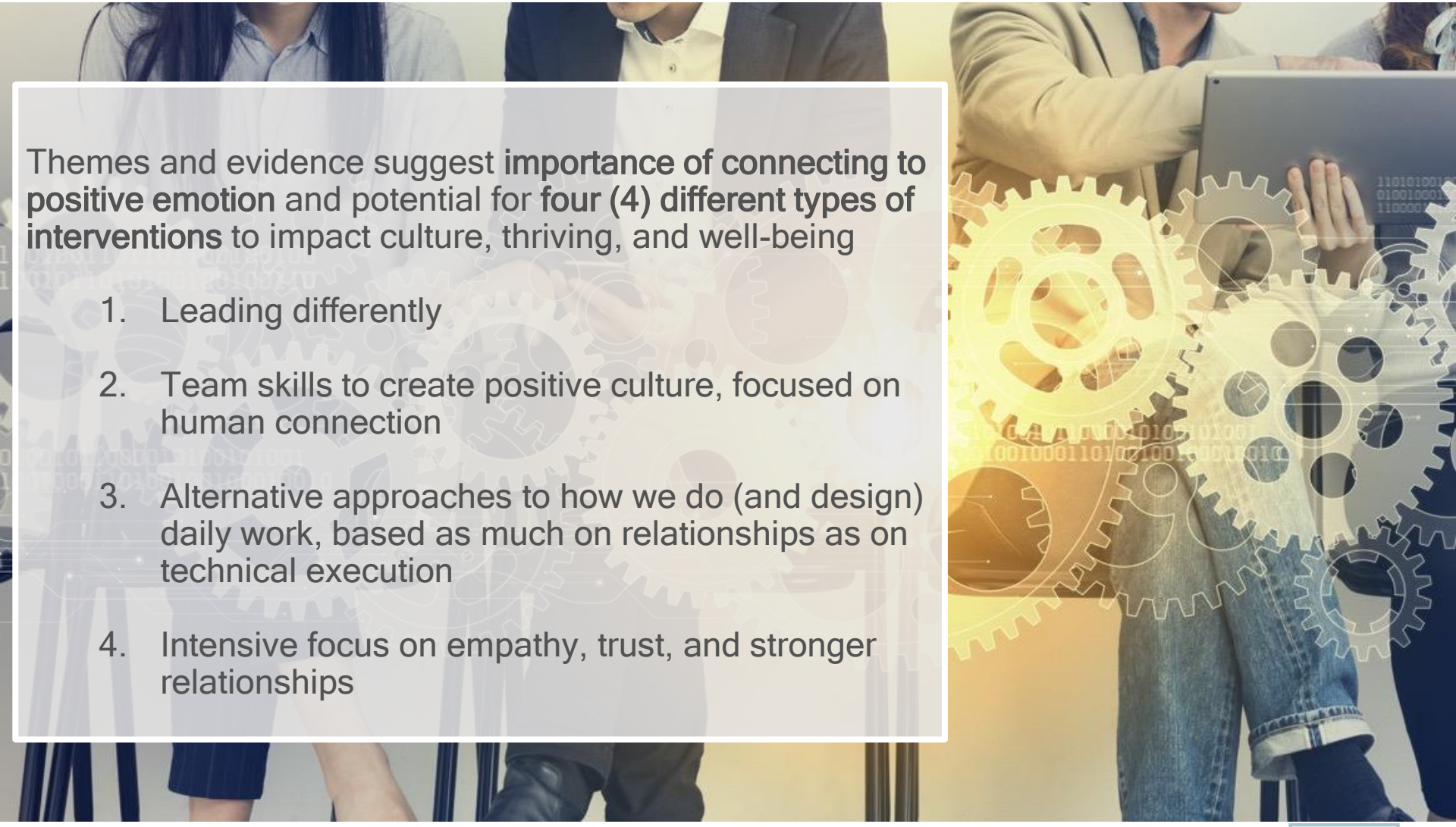
National Taskforce for Humanity Blueprint
Where to Start?



Themes and evidence suggest **importance of connecting to positive emotion** and potential for **four (4) different types of interventions** to impact culture, thriving, and well-being

1. Leading differently
2. Team skills to create positive culture, focused on human connection
3. Alternative approaches to how we do (and design) daily work, based as much on relationships as on technical execution
4. Intensive focus on empathy, trust, and stronger relationships

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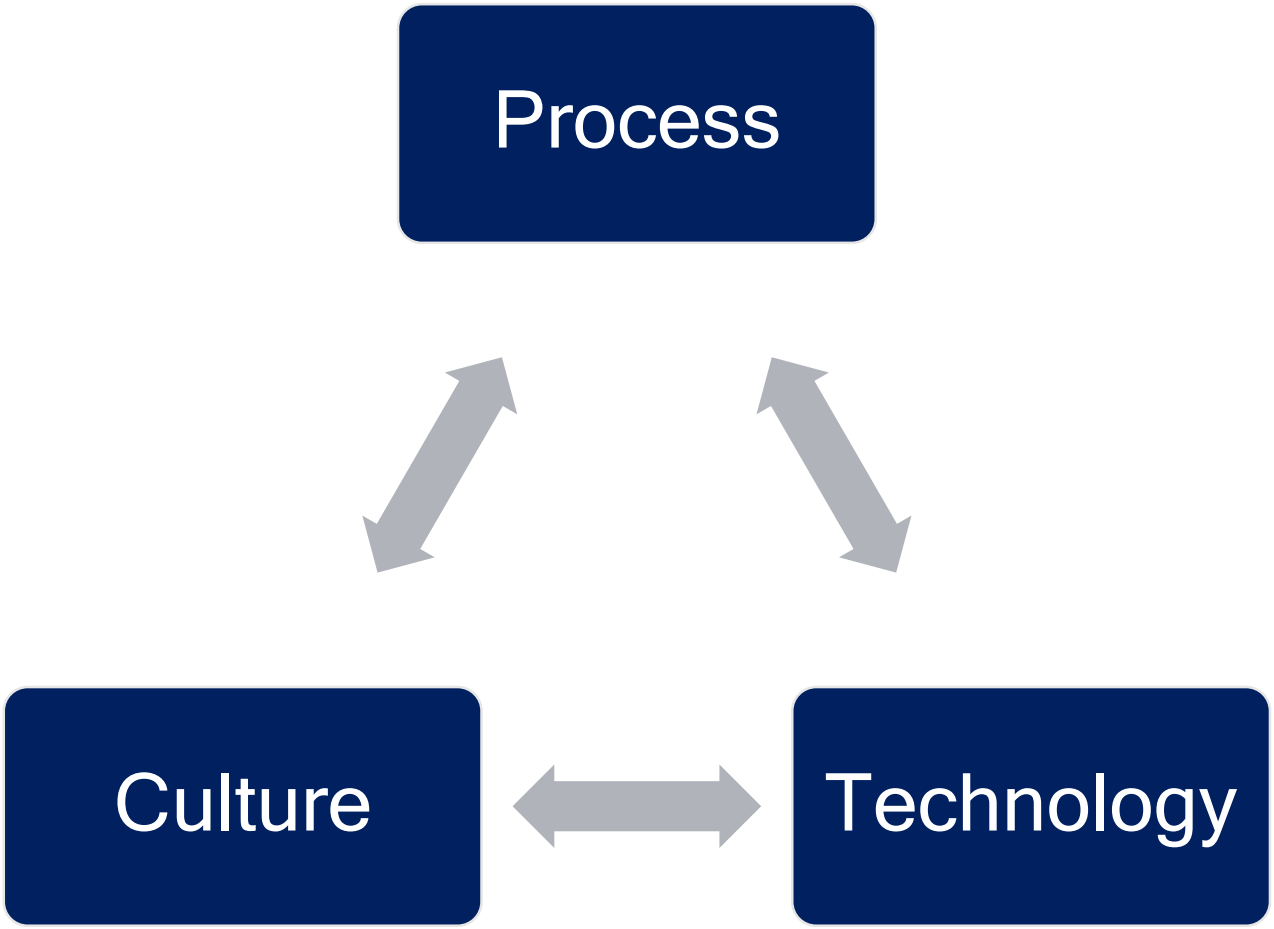
Key Insight

Tackle Multiple Burnout Drivers Simultaneously



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Key Insight

Move Beyond Burnout to Thriving

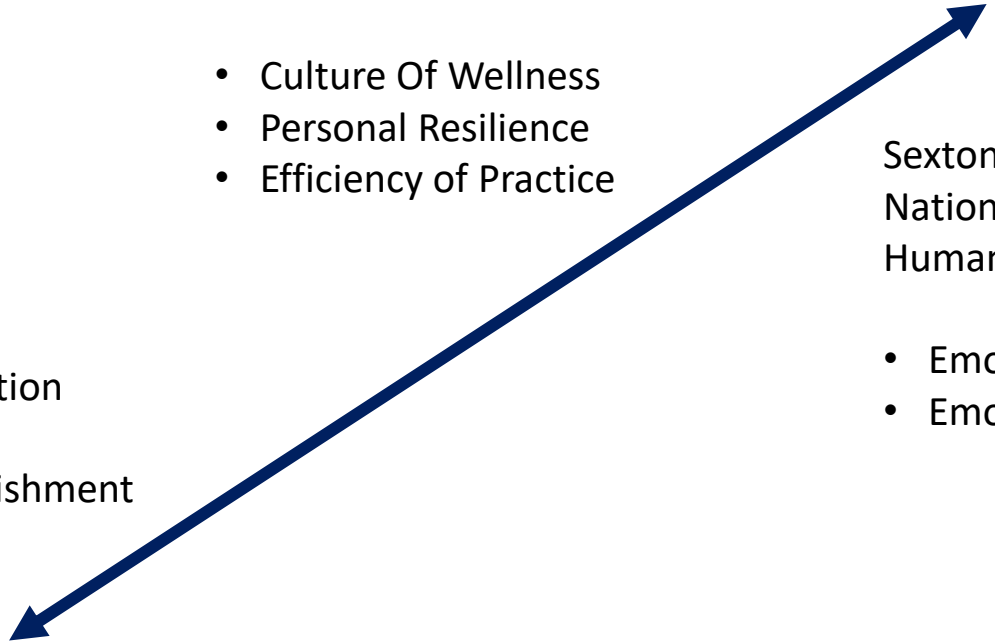
Bohman, Dyrbye, Sinsky, et. al.

- Culture Of Wellness
- Personal Resilience
- Efficiency of Practice

I'm Thriving

Sexton, Buckingham, National Taskforce for Humanity in Healthcare

- Emotional Thriving
- Emotional Recovery



Christina Maslach

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment

I'm Burned Out

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

I'm Thriving

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

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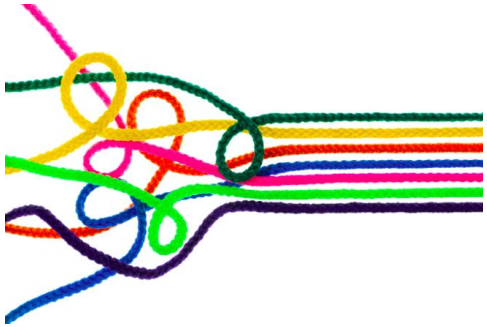
What Emotions Are We Talking About?

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines

Undoing Effect



Resilience – and Outstanding Performance – is a Team Sport

Culture of Wellness

We're Thriving

We're Burned Out

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 emotions.

Sexton, B, Adair K. "Providing feedback during Leadership WalkRounds is associated with better patient safety culture, higher employee engagement, and lower burnout." BMJ Qual and Saf, Oct 2017.

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The National Taskforce for Humanity in Healthcare
Comprehensive Approach

Measurement of Emotional Thriving, Emotional Recovery, and Emotional Exhaustion

-Allows for an understanding of gaps in reaching the desired states and mapping of solutions to close these gaps

Human-Centered Leadership

-Provides healthcare leaders with skills necessary to create and nurture a culture of positive emotions and positive culture practices

RELATIONS® for Teamwork Transformation

-Provides frontline caregivers and support team with skills necessary to develop trust, teamwork, and respect

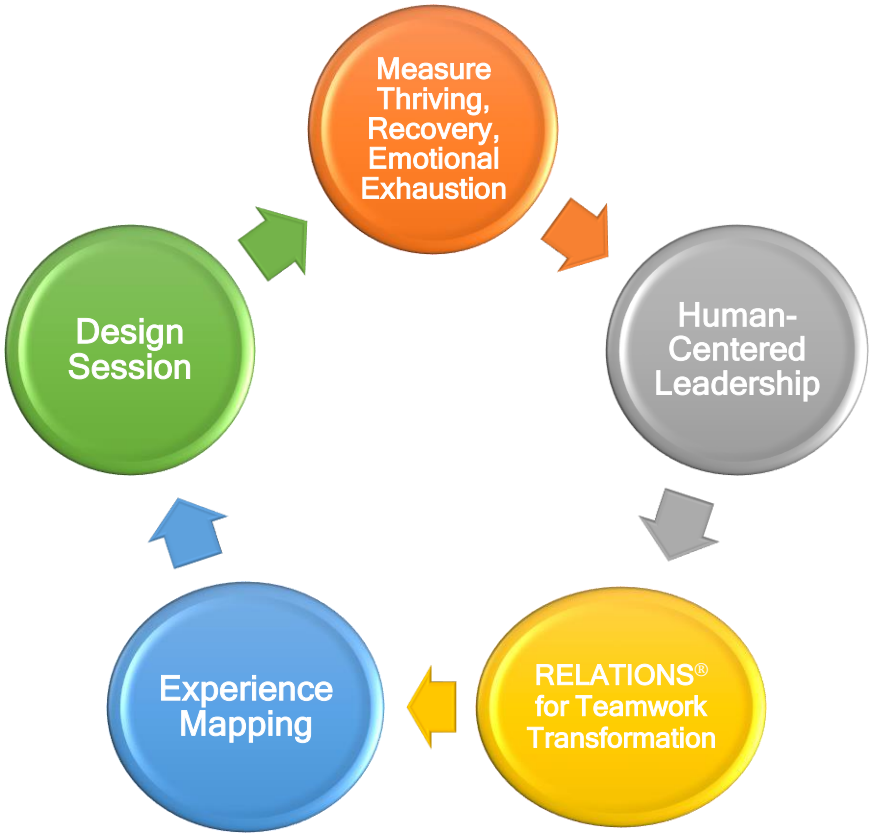
Experience Mapping

-Amplifies joys and removes hassles in critical daily work processes within a department/division

Design Session

-Provides an opportunity for leaders and front-line caregivers to hardwire skills and solutions learned throughout the program into daily work

Post-Pilot Measurement



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Why Parkview Joined the National Taskforce for Humanity Pilot Program

- Parkview Physicians Group was interested in resources to support patient experience and burnout as it relates to physicians, APPs and co-workers

- In June 2018 the partnership began between Parkview Physicians Group and IHE to introduce the RELATIONS® workshop to providers

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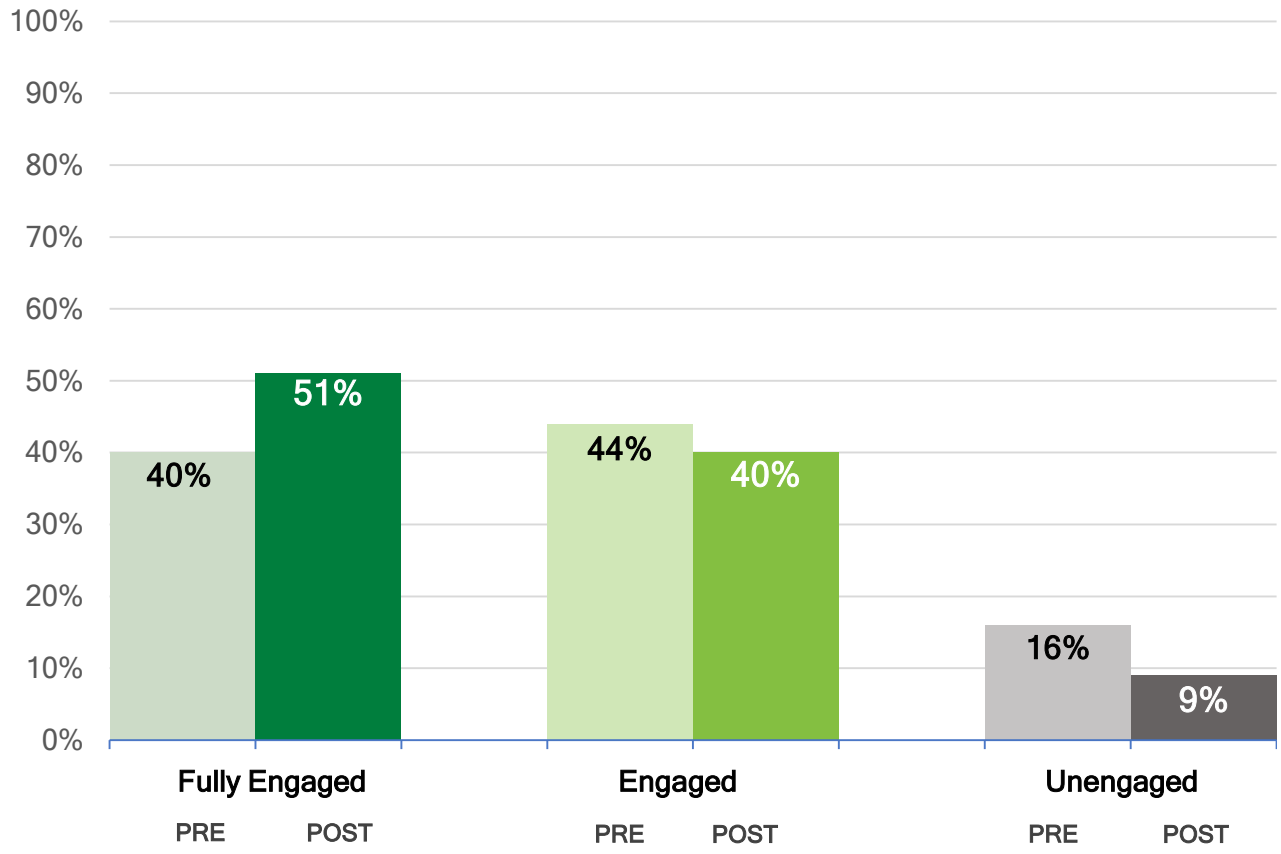
ENGAGEMENT



4 Engagement Questions using 5-point scale:
Respondents averaging 0.0 - 3.9 = Unengaged, 4.0 - 4.9 = Engaged, 5.0 = Fully Engaged

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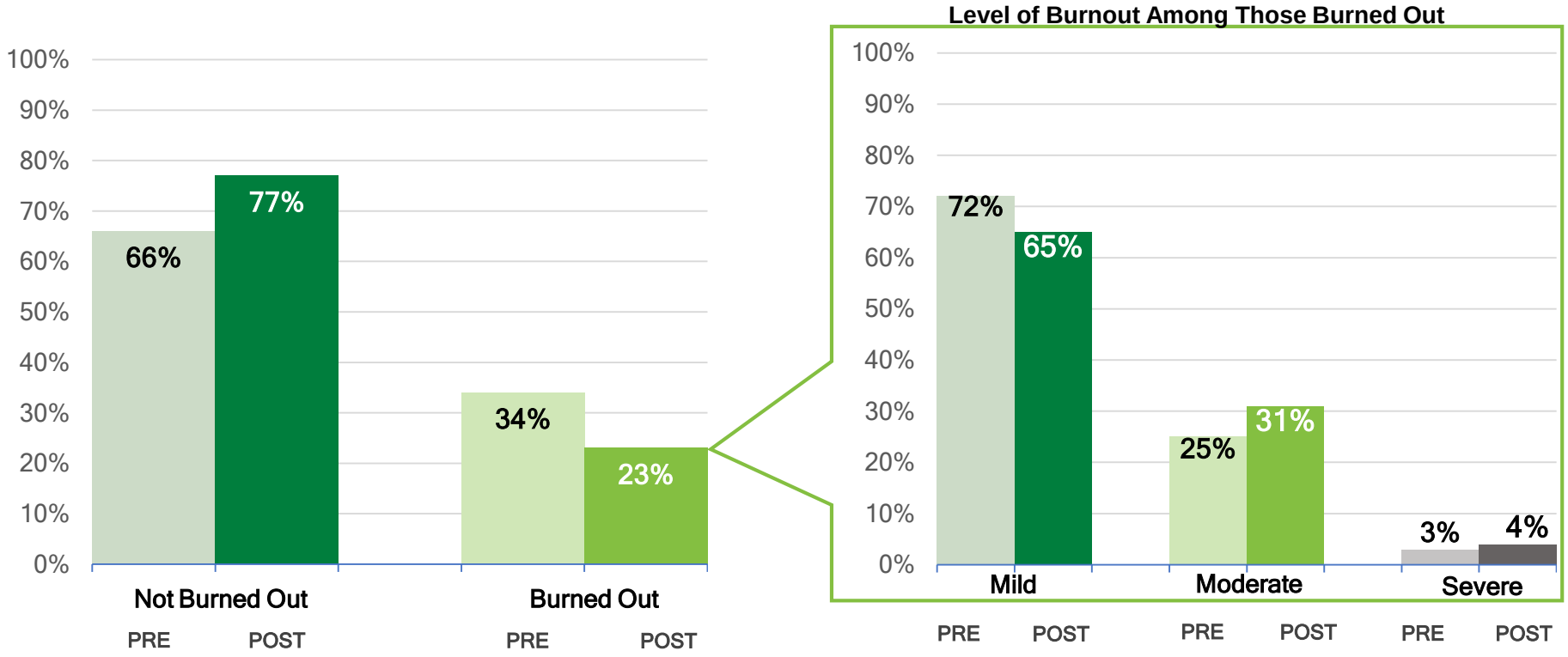
BURNOUT



5 Burnout Questions using 5-point scale:
Respondents averaging 0.0-2.9 = Not Burned Out, 3.0-3.9 = Mild, 4.0-4.9 = Moderate, 5.0 = Severe

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"I thought the course was excellent and the content was very useful."

"Thank you, Parkview for offering this workshop"

"I thought the material was great and would like my staff to participate in the workshop. I think they would also find value in the training."

"I think the most valuable learning experience from today was how to communicate with patients to improve outcomes"

"I was required to attend this workshop but I'm glad I did. It was the best thing that Parkview has ever done for me"

Why Parkview GI Joined the National Taskforce for Humanity Pilot Program

- We were transforming a rapidly growing group
- We had established a dense focus on standard work as our fundamental core operations vehicle
- We were creating a user manual, with a primary focus on integrating cultural principles into operational structures; marrying the two (no slogans)
- Personal belief that burn-out is **not** limited to number of hours worked and respect for NTH's humanistic view on burn-out
- A significant tenant of our transformation is that all work is teamwork and the IHE/NTH program directly aligned with this

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The National Taskforce for Humanity in Healthcare Comprehensive Approach

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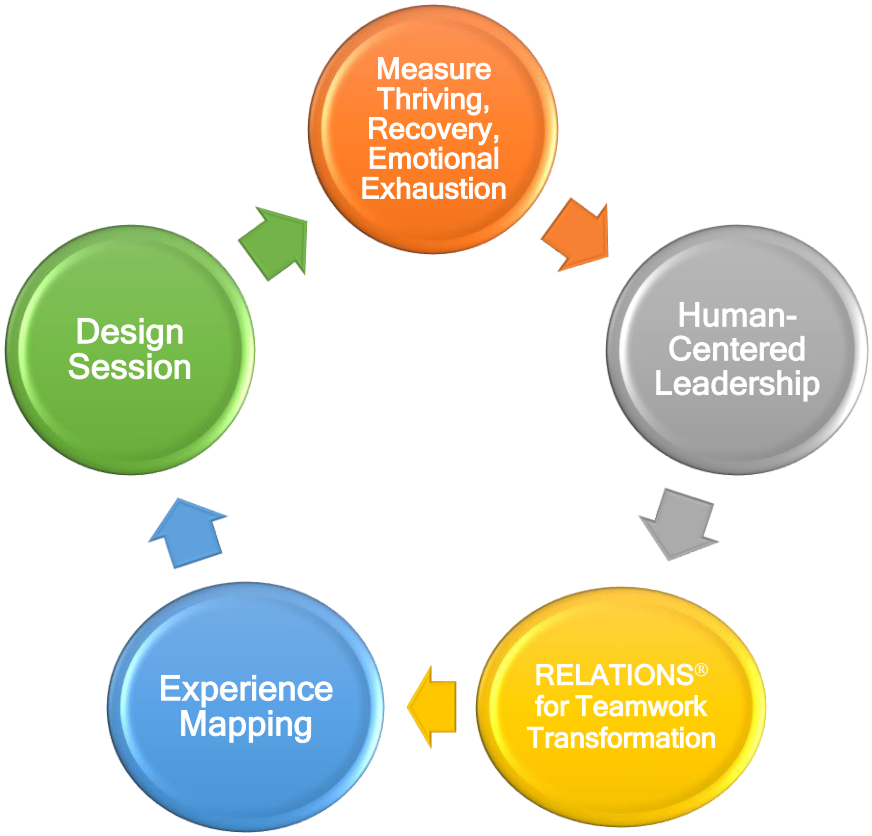
-Provides an opportunity for leaders and front-line caregivers to hardwire skills and solutions learned throughout the program into daily work

Post-Pilot Measurement



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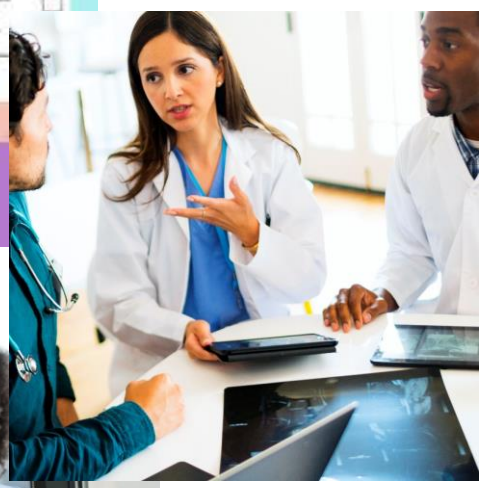
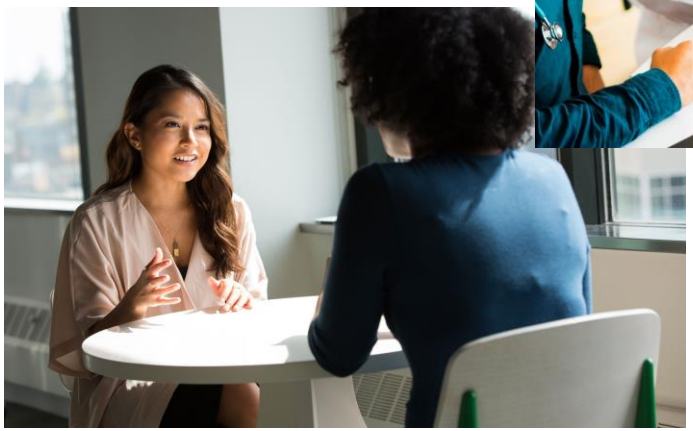
Step 1

On-Site Assessment, Pre-Measurement, and Summary

September 5-6, 2019





- 68 Electronic Surveys
- 45 Interviews
- Dozens of Observations

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Step 1
Key Learnings

- Increase visible and relational leadership skills among clinic staff and providers
- Enhance skills to provide timely, authentic, and compassionate coaching/communication amongst all members of the team
- Focus on key workflows to elevate joys and decrease hassles:

    1. Flow of information from Inpatient to Outpatient teams
    2. Maximally utilizing skills at the nursing, APP, and Physician levels to efficiently and effectively manage information/data for patient questions
    3. Standardization of Outpatient Flow, with particular attention to the Check-Out Process

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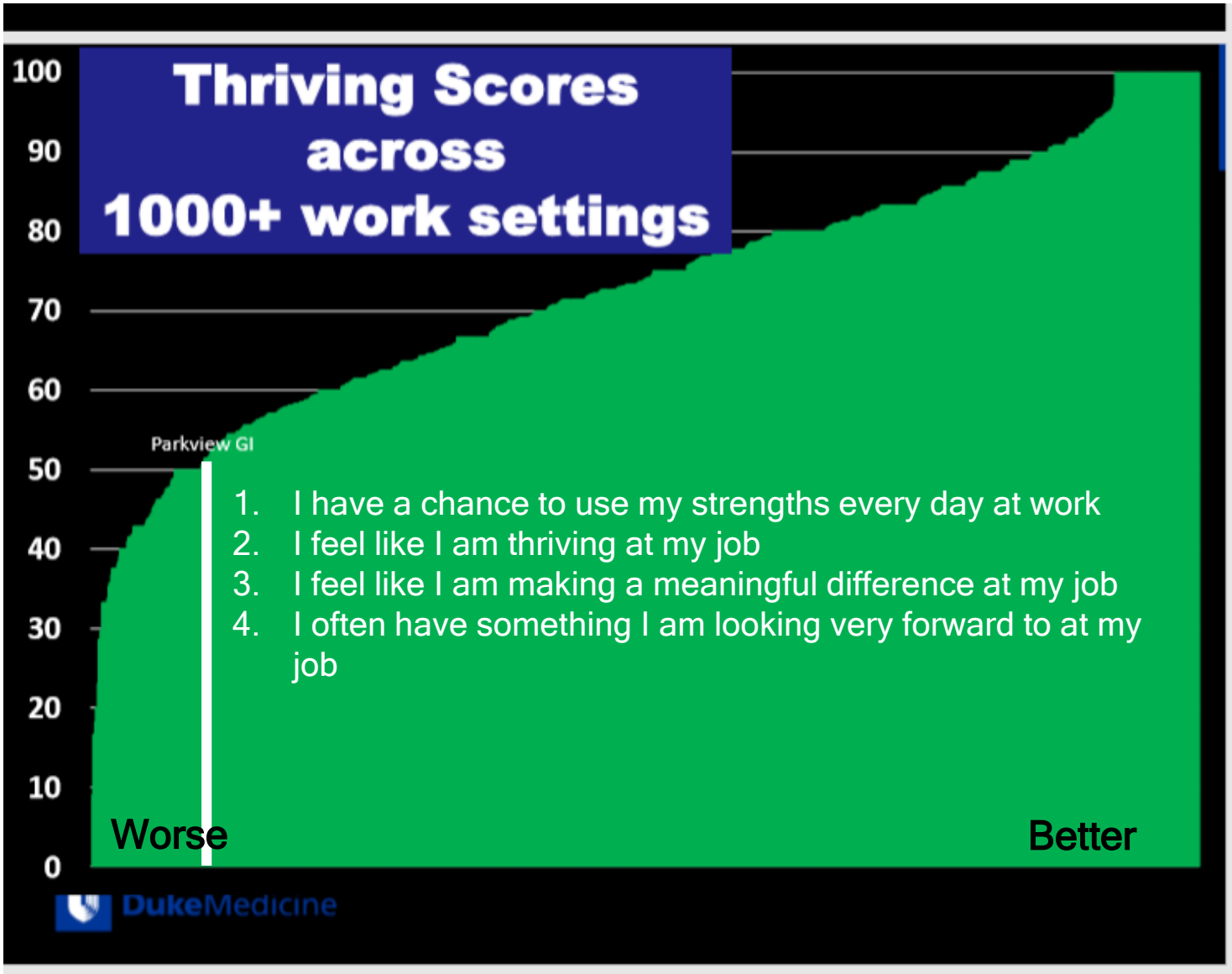
Pre-Pilot Team Climate Data

Question	Strongly Agree
I feel supported during times of high stress at work	22%
I feel closely connected to the mission and purpose of my organization	31%
In this unit, people treat each other with respect	31%
The people I work with care about me as a person	38%
I believe my teammates have my back	31%
We have a "we are in it together" attitude	25%
I experience good collaboration with others on my unit	27%
People on our unit cooperate to develop and apply new ideas	24%
Mistakes have led to positive changes here	11%



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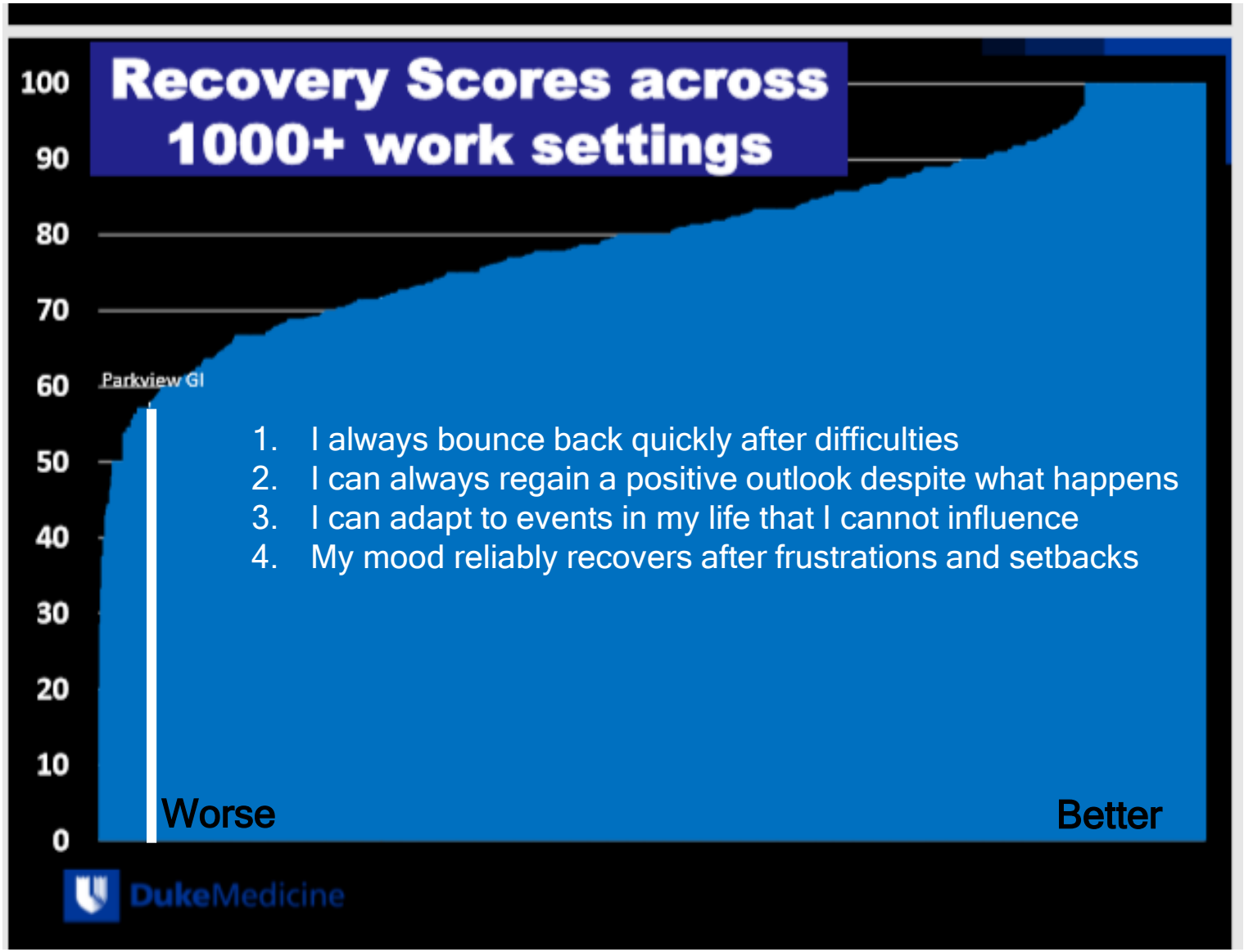

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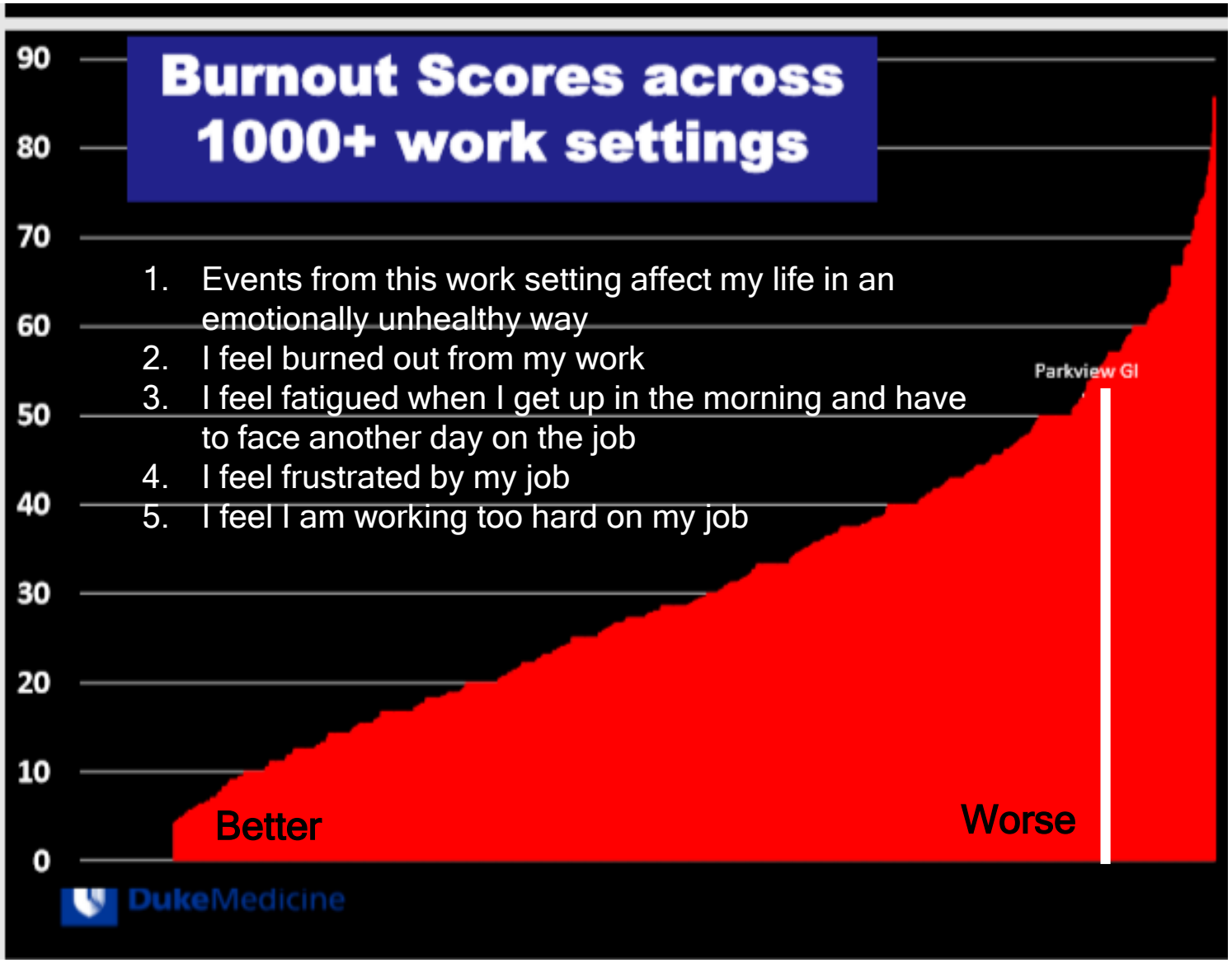

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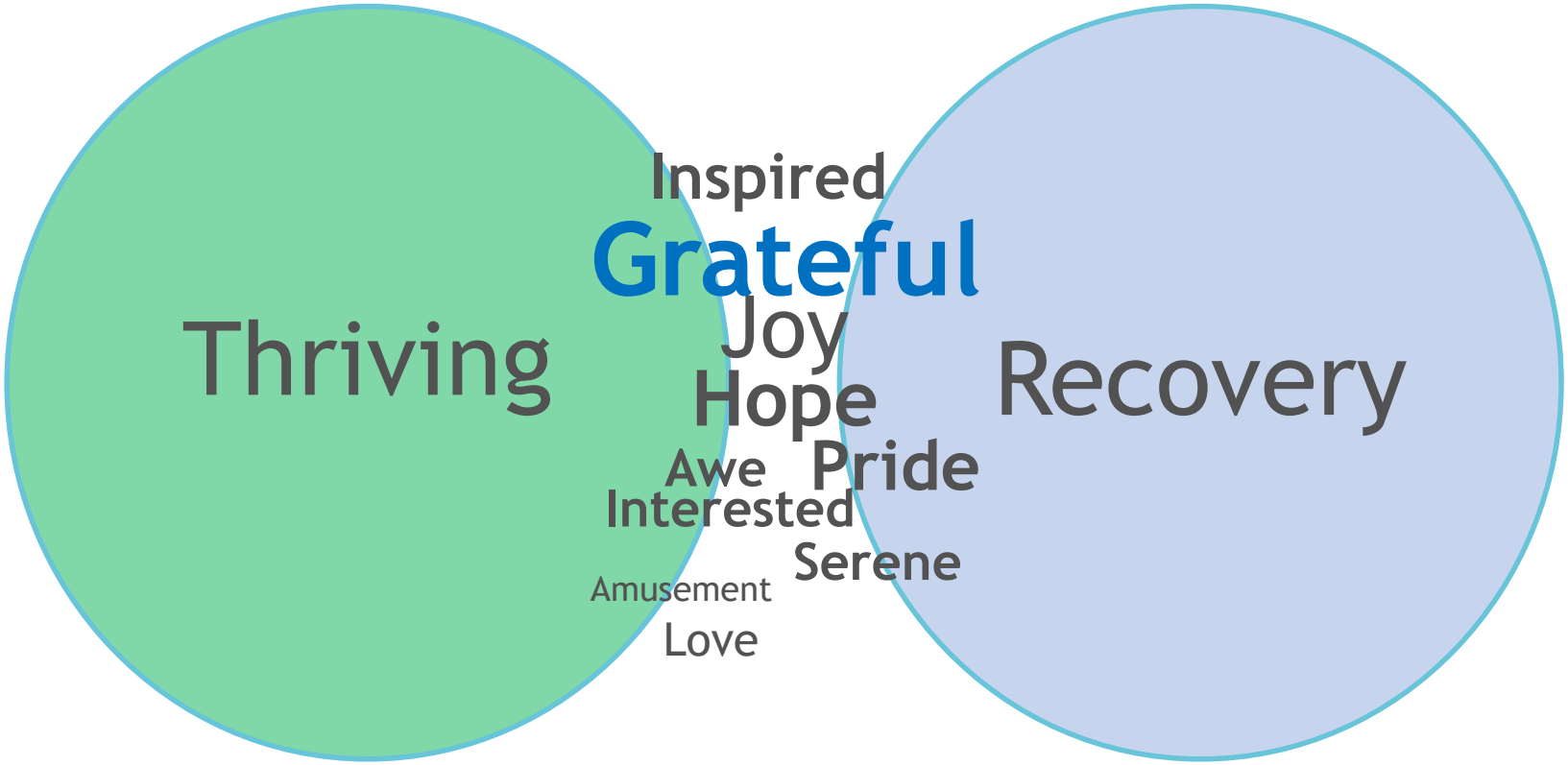
Webinar with Bryan Sexton

Partner at Duke University



Gratitude & **Appreciation** likely to have biggest impact on thriving and recovery

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Step 2

Human-Centered Leadership Summary

October 7-8, 2019, ~20 leaders

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Step 2

Human-Centered Leadership Skills

- Check-In
- **Powerful Questions**
- Self-Discovery
- ART: Ask (“How’d that go?”), Reflect (“I heard you say . . .”), Tell (Provide your reaction)
- Feed Forward **(“That, yes that!”)**
- Cone in a Box
- Ladder of Inference
- Setting SMART Goals
- **Appreciation**

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Step 2
Key Learnings

- Provoked extensive reflection
- Saw value in relationships & understanding others as human beings
- Saw connection between skills and need to build vulnerability & trust
- Introduced new framework for highlighting positive emotions and strengths at work
- Had strong impact on the way people showed up each day
- Clarified the value of having all Parkview leaders lead this way

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Step 3

RELATIONS® for Teamwork Transformation Summary

November 19-20, 2019, ~80 team members

Four (4)-hour course on skills to enhance trust, teamwork, and communication – building upon prior communication skills training at the institution

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Step 3

RELATIONS® for Teamwork Skills

- **Appreciative Questions**
- Check-In
- **Connecting skills to Positive Emotions**
- Reflective Listening
- Information Gathering/Joint Agenda Setting Skills Practice
- RELATIONS® in Written Form
- **Appreciation** (Gratitude Letter)

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Step 3
Key Learnings

- Having all department staff together for learning and exchange was extremely valuable
- First time for group dialog, in a safe space, about burnout, challenging interpersonal interactions, and desired culture
- Many participants still sought a “single fix”, such as staffing, electronic workflow changes, or more time off – rather than focus on culture and culture-enhancing skills

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Step 4

Experience and Process Mapping

December 2-5, 2019

- **Extensive Workflow Observations**
- **Identified Opportunities**
  - Amplify Joys
  - Minimize Hassles
  - **Restore humanity** through *stronger human connection*
- **Extensive Data Analysis**

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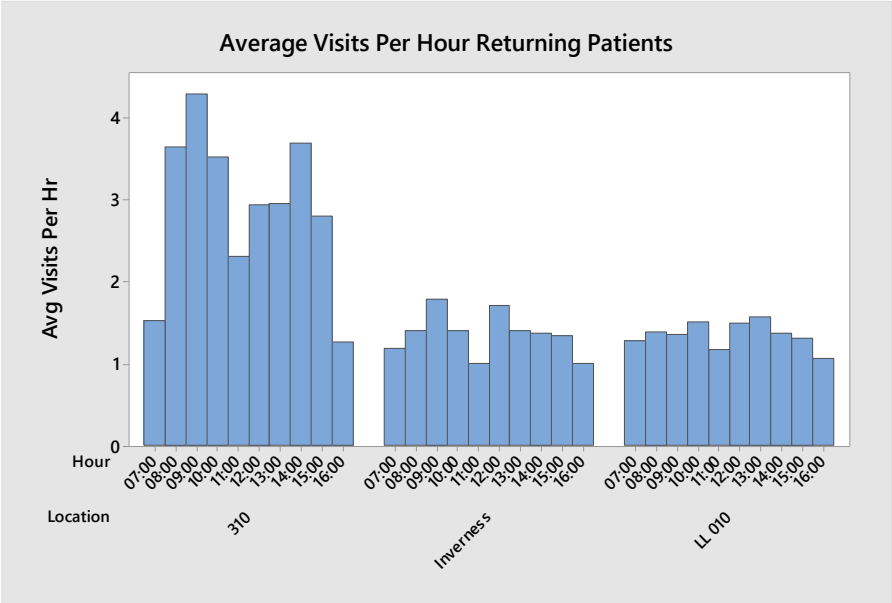
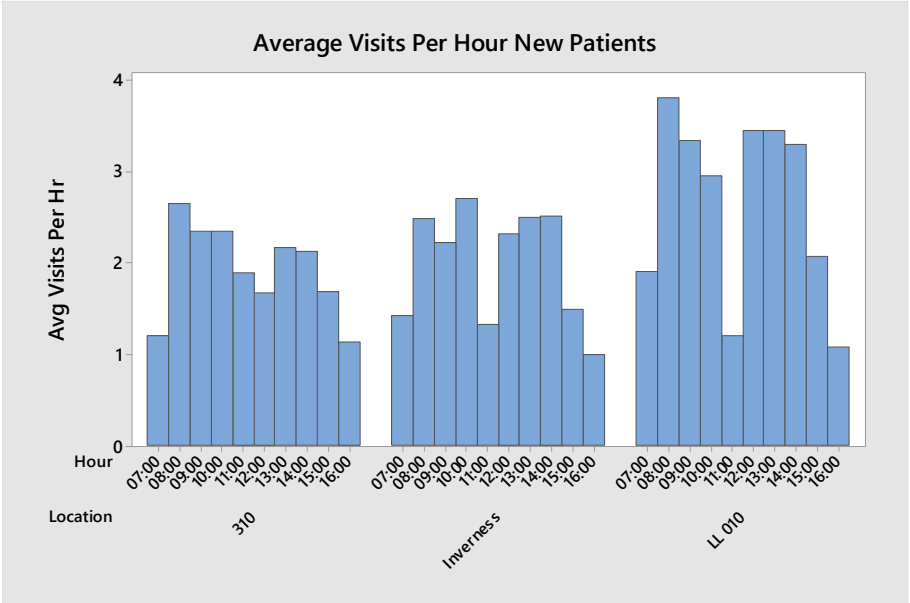
Average Daily Volume by Hour
New vs. Return Patient





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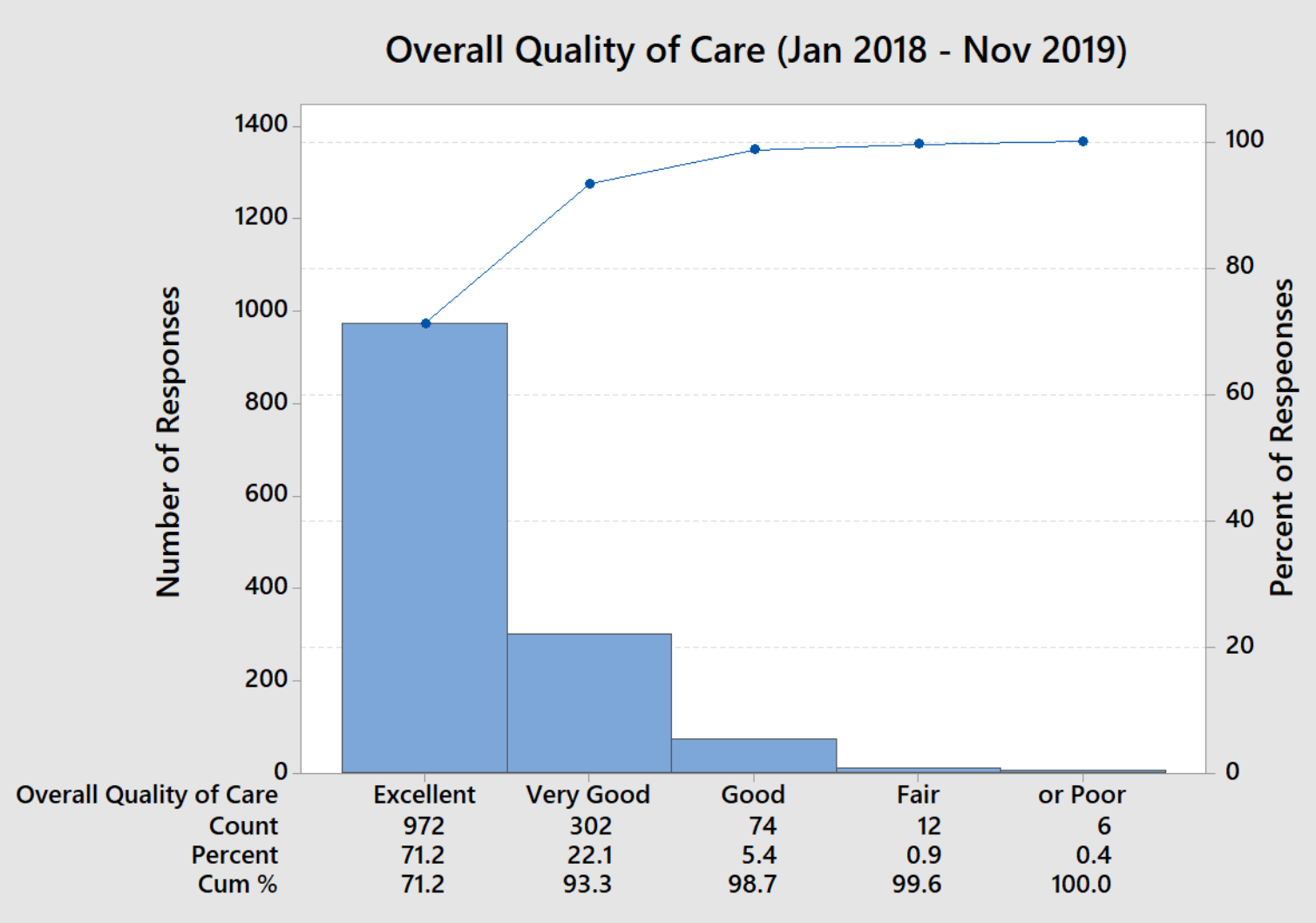
Patient Satisfaction Results



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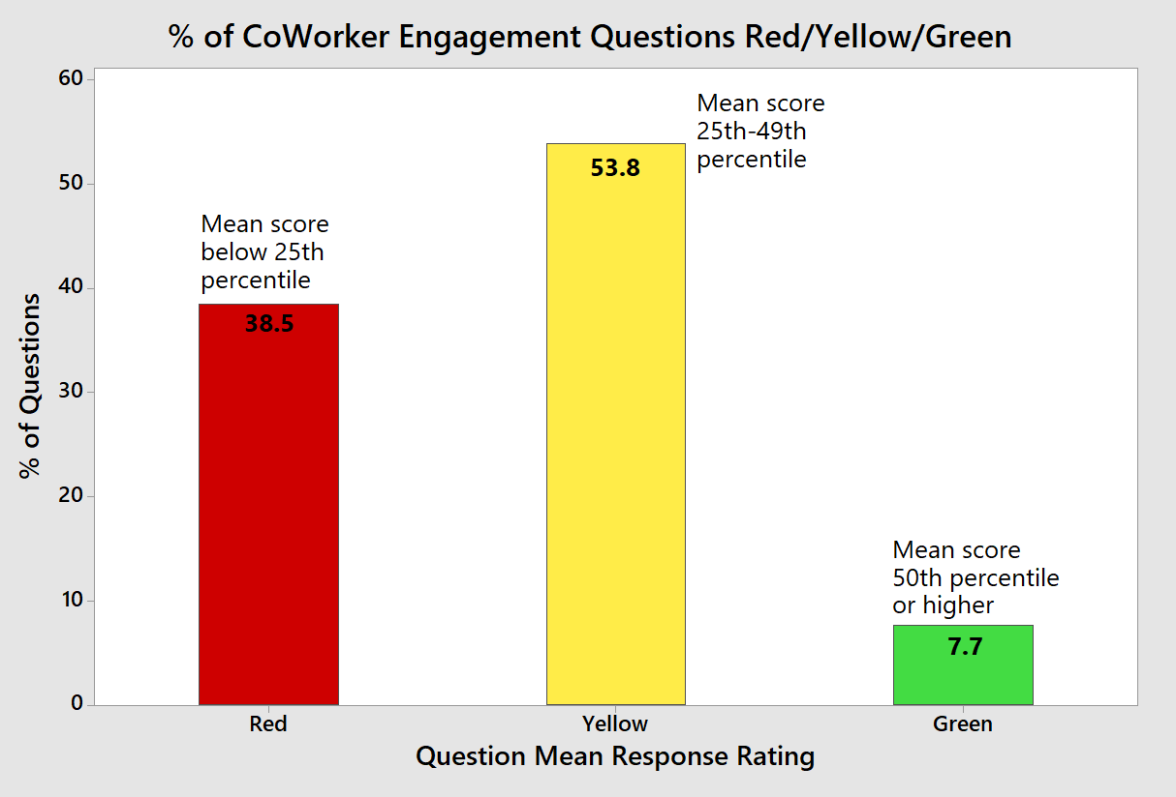
Co-Worker Engagement Survey Data



Red Questions

- Q3: At work, I have the opportunity to do what I do best every day.
- Q4: In the last 7 days, I have received recognition or praise for doing good work.
- Q7: At work, my opinions seem to count.
- Q9: My co-workers are committed to doing quality work.
- Q10: I have a best friend at work

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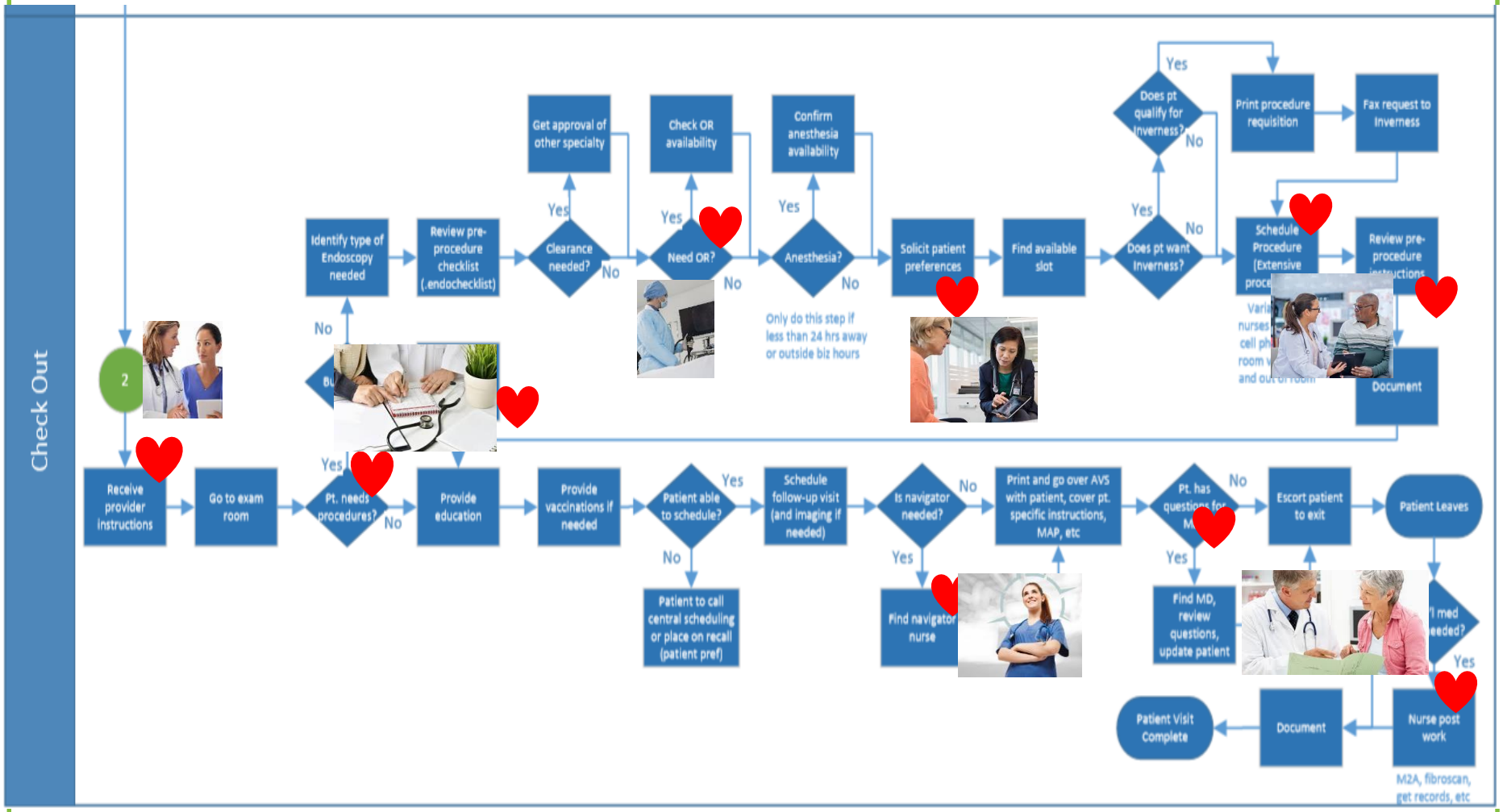
Attention to Human Connection and Workflow



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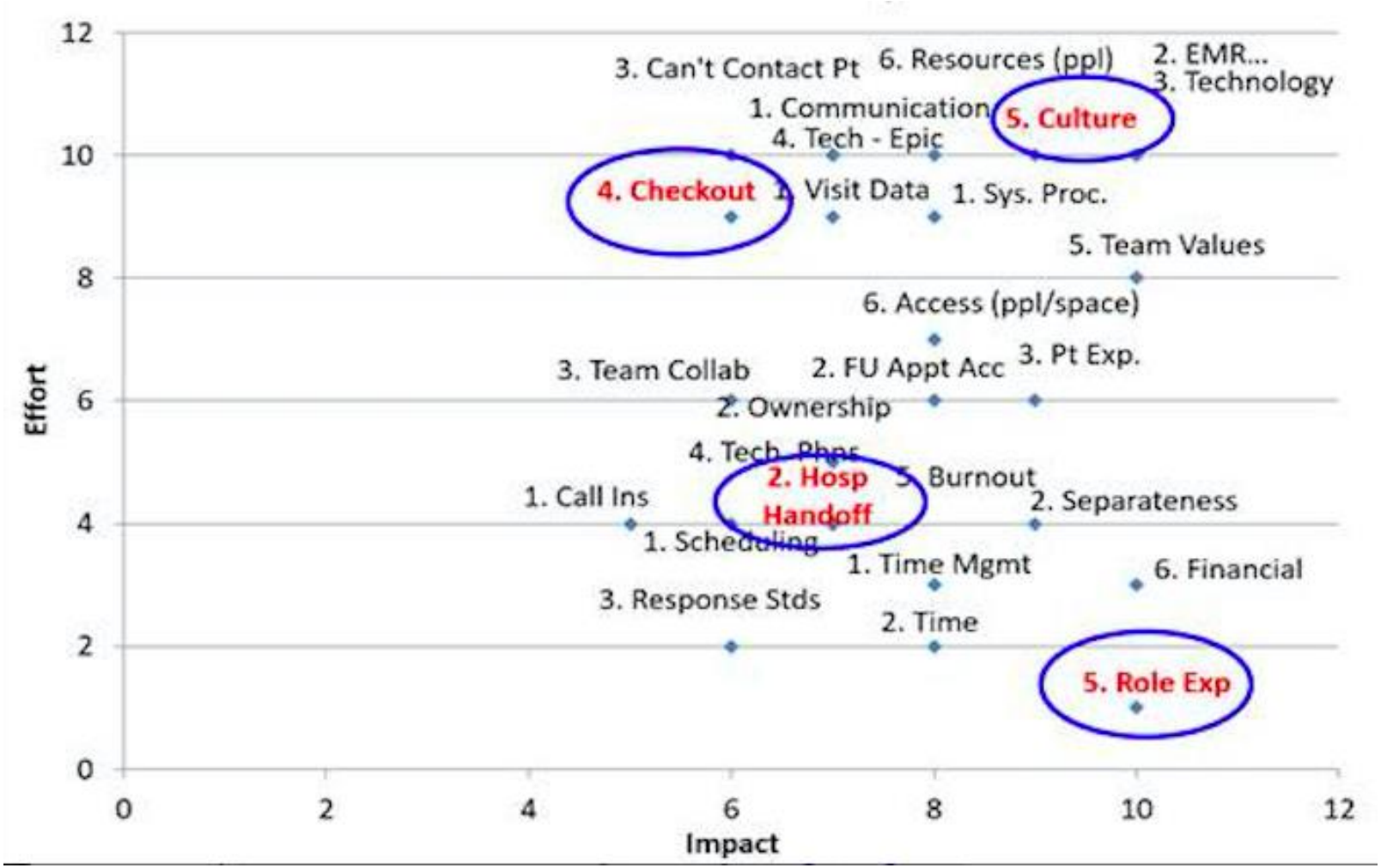
How Do We Prioritize?
Effort and Impact



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SMART Objectives and Always Events

- Inpatient to Outpatient GI care transitions
- Handling unscheduled patient questions at the front desk
- Clinic Check-out
- Continuous validation of positive, culture-enhancing behaviors

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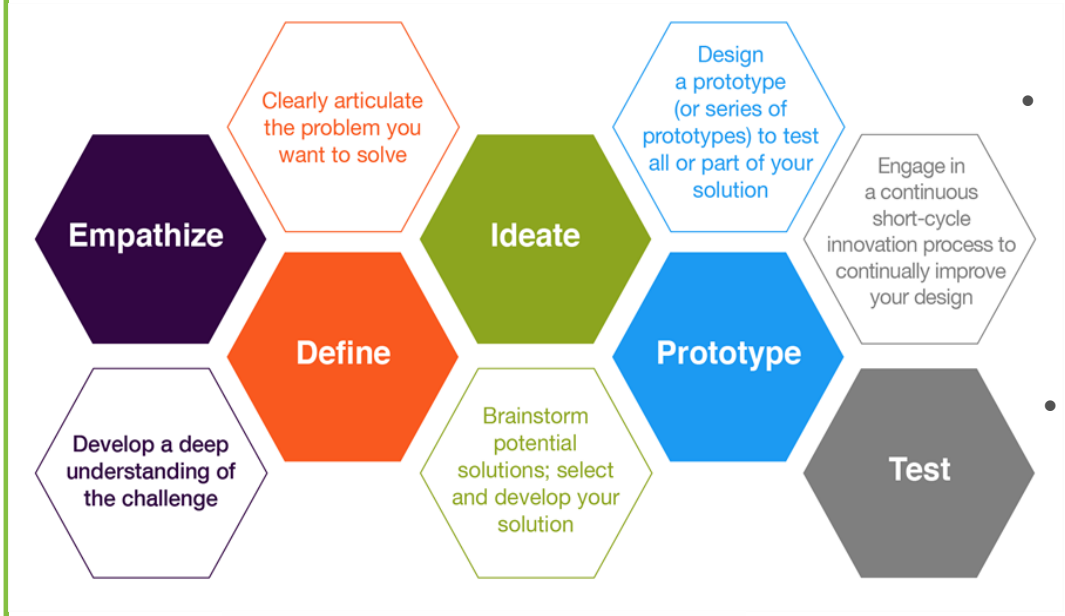
Step 5
Design Session
January 16-17, 2020, 14 leaders and staff



- **Reviewed Experience Mapping action items**
- **Hardwiring skills/habits into daily work**
  - Human-Centered Leadership
  - RELATIONS® for Healthcare Transformation
  - Gratitude, along with 9 other Positive Emotion practices
- **User-Centered Design Process: Created Human-Centered Always Events**
  - Inpatient to Outpatient Handoff
  - Positive Culture Practices - Green Sheet (Impromptu visit to clinic – front desk staff)
  - Check-out Process
- **Work outputs handed back to previously established working groups**

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Empathy Map

Inpatient to Outpatient Handoff

What Do End-Users of the Handoff Process

THINK

- Outpatient team believes this should improve but inpatient team is Ok - yet outpatient team not happy
- Definition of when d/c handoff is finished is different (inpt vs. outpt teams disagree)

**I'd follow up on inpt orders if inpt team called

SAY

- RN Rounder – Inpt to clinic is going well but outpt has some complaints
- Lots of confusions among patients
- Patients no-show
- Not the norm to get direction from inpatient MD on what to do with Path result

** Direct communication inpt to outpt makes it go well

FEEL

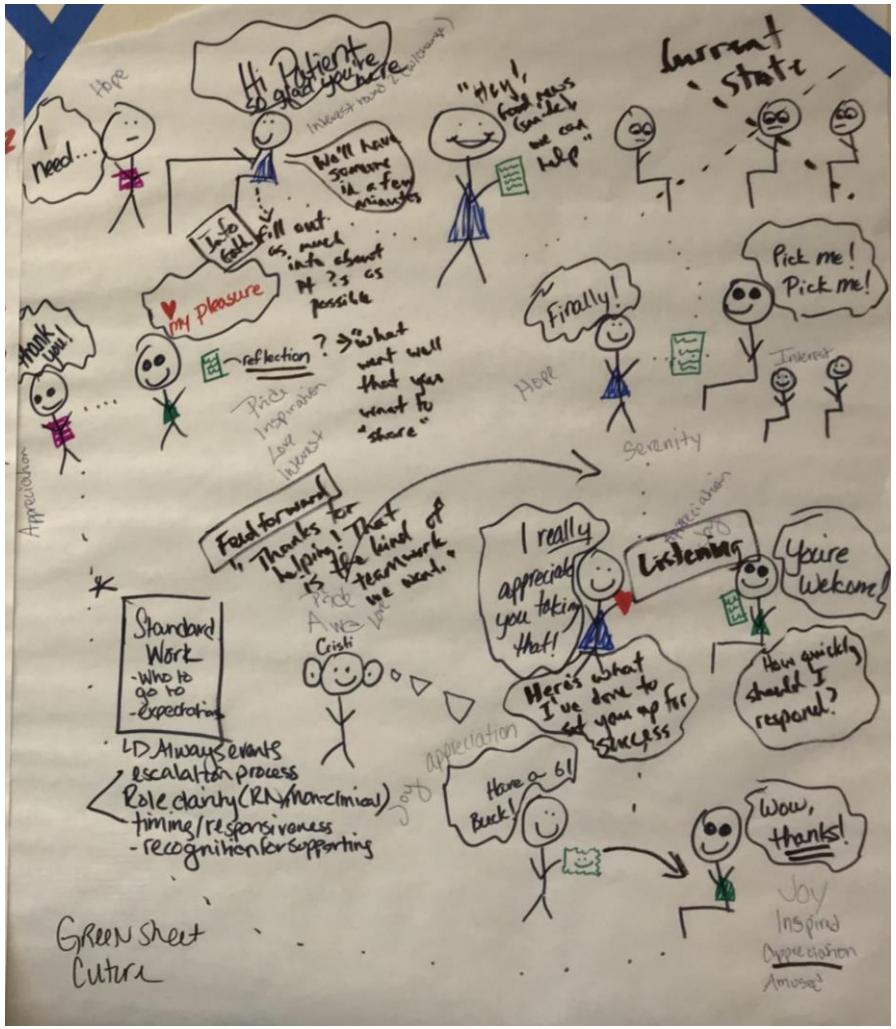
- I'm stressed because the discharged patient is scheduled in a 30 min slot
- Frustration/confusion among most providers

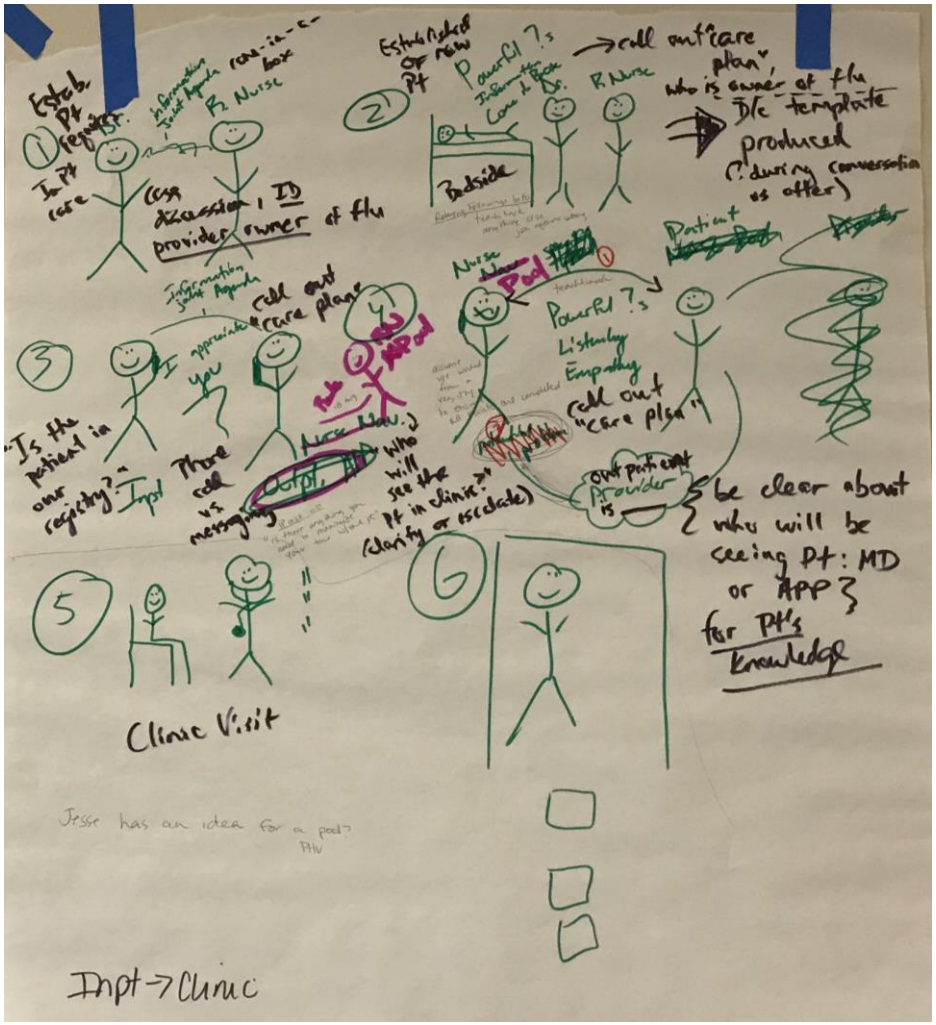
DO

- RN called up NP taking over, who let me order labs under her name
- Extra calls due to questions
- General lack of communication
- Takes 5 minutes to make an in-person call
- Outpt APP - Don't prescribe meds for patients we've never seen before – we were told this

Prototype Sketches

How Do We Weave Skills, Emotions, and Work Together?





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Prototype Videos

Bringing Human Connection and Workflow to Life

- Turned prototype sketches into short videos
- Incorporated empathy map insights into real world illustrations
- Looked for use of skills, human connection, and feasible workflows
- Sought to show how to cultivate positive emotions *inside* daily work

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Step 5
Key Learnings

- Intensive coaching to make skills stick
- While engagement was strong in every step of pilot, only in Experience and especially Design Sessions did purpose, approach, and skills “click” for most participants
- Design process clarified what use of skills could look like in an ideal setting
- Ongoing work to implement all elements of the NTH program

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Quotes from GI Participants

"It's going to be a progressive domino effect of positive change that will impactfully change the culture of how we treat and support one another and our patients."

"This journey improves team dynamics and interpersonal relationships. This translates to improved patient evaluation and perception of care. We now have a tool-box of skills to carry forward. Supporting less burnout and increasing employee retention."

"The impact of this work can position Parkview as a pioneer in the delivery of medical care. Projects like this could have a substantial impact on quality of care and safety."

"Before this work began, I was seriously considering transferring to another department. The burnout factor had turned into a dark cloud of negativity that I wanted no part of. This has created a positive shift that has inspired me to stay."

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How Parkview is Measuring Impact

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Holistic Measurement of Outcomes

- Burnout, Emotional Recovery, Emotional Thriving
- Team Climate
- Engagement
- Turnover
- Observed use of leadership and team skills
- Patient experience
- Operational efficiency, access and visit volume
- Harm and patient safety

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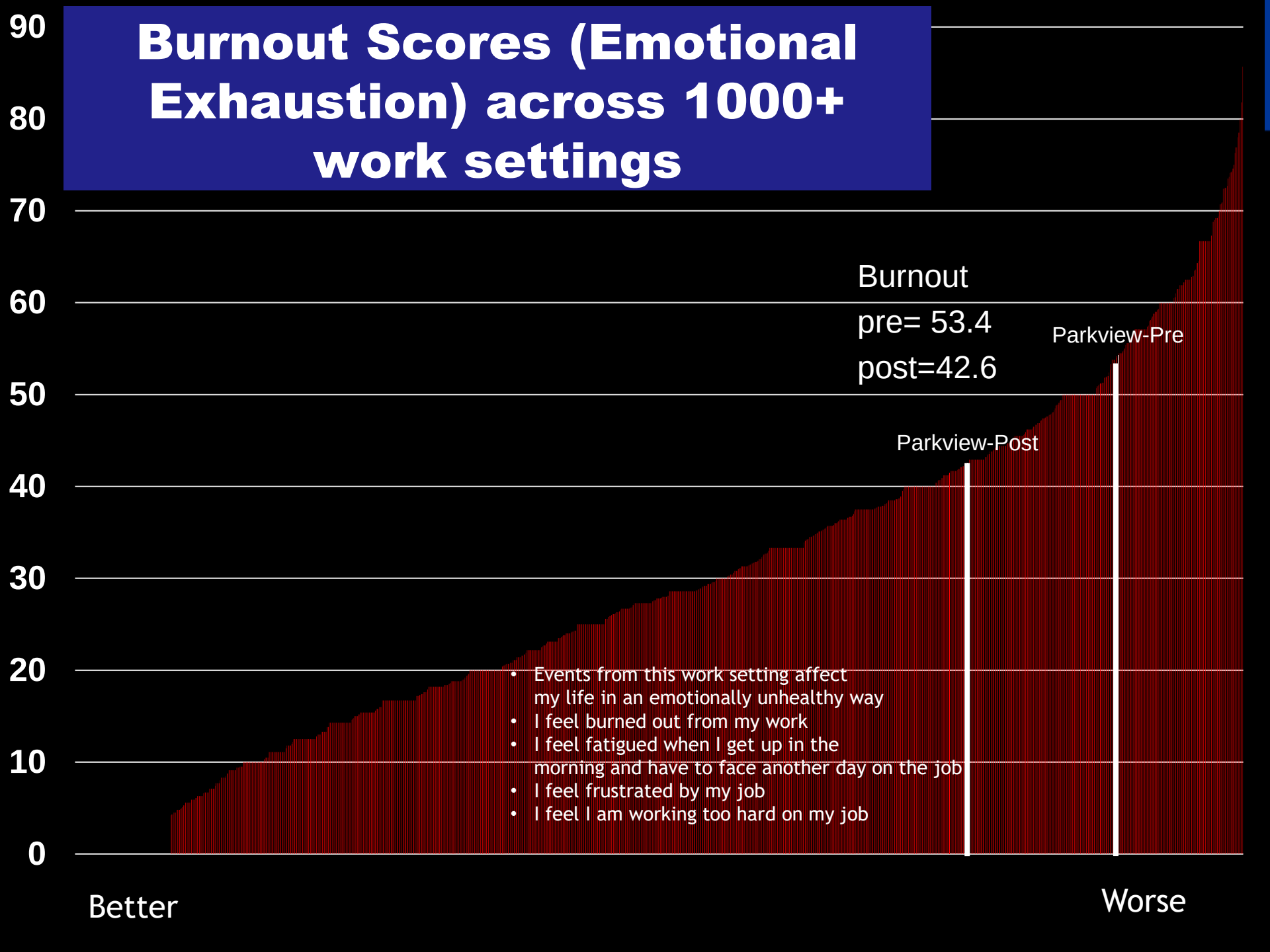
Burnout Scores (Emotional Exhaustion) across 1000+ work settings
90
80
70
60
50
40
30
20
10
0
Burnout
pre= 53.4
post=42.6
Parkview-Pre
Parkview-Post
• Events from this work setting affect my life in an emotionally unhealthy way
• I feel burned out from my work
• I feel fatigued when I get up in the morning and have to face another day on the job
• I feel frustrated by my job
• I feel I am working too hard on my job
Better
Worse

What This Work Means for Parkview

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Impact on the GI Team following the NTH Participation

- Clear demarcation intellectually and culturally between participants and non-participants
- It is very difficult for people to truly understand this work just by talking about it
- Can't implement this work without a toolkit; can't get the toolkit without participating in the program
- Even with some experiencing the program and gaining the skills in the toolkit, it is still very difficult to implement across a broader group without everyone participating in the program

Questions

National Taskforce for Humanity in Healthcare

July 2020

With Gratitude

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National Taskforce for Humanity in Healthcare

July 2020

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