

Figure 1-1: Burnout Rates among Physician Specialties¹³

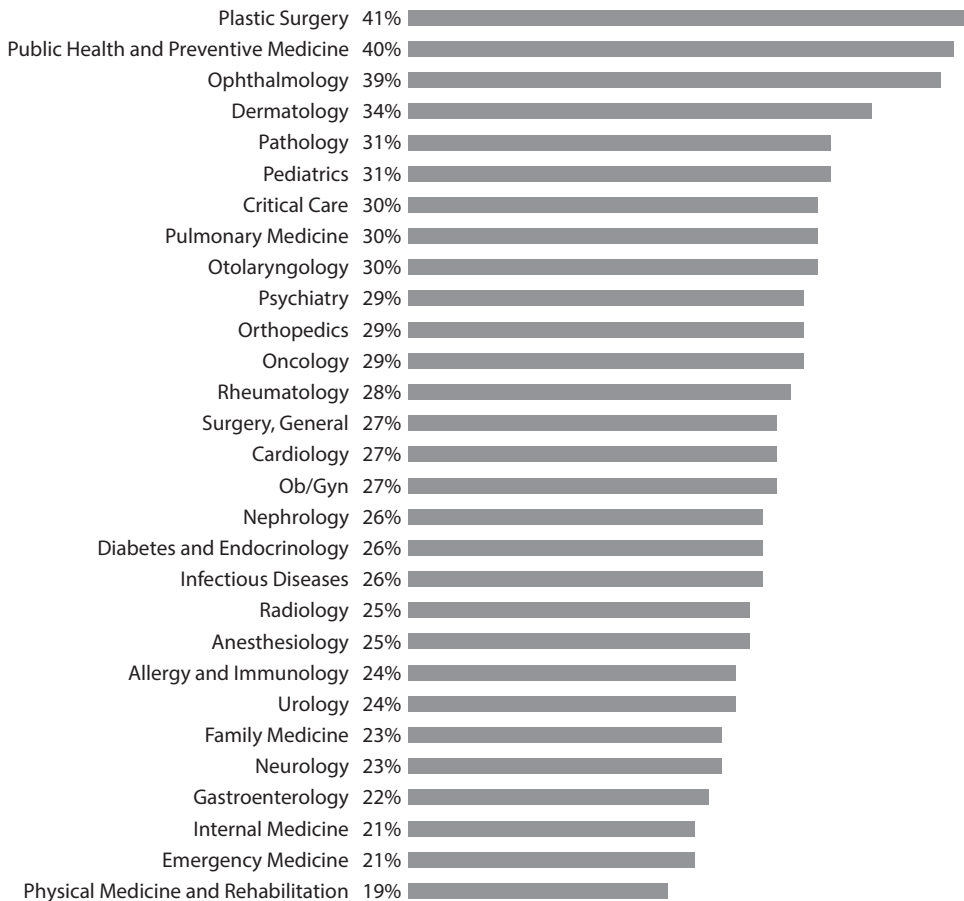


Figure 1-2: Physician Self-Ratings of Happiness at Work¹³



Figure 1-3: The Costs of Burnout

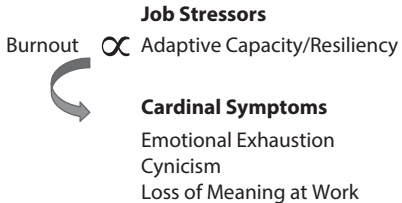


Figure 2-1: The Definition of Burnout and Its Symptoms

Symptom	Strain Dimension
• Exhaustion	• Individual Strain
• Cynicism	• Interpersonal Strain
• Loss of Meaning at Work	• Self-Evaluation Strain

Figure 2-2: Symptoms and Strains of Burnout

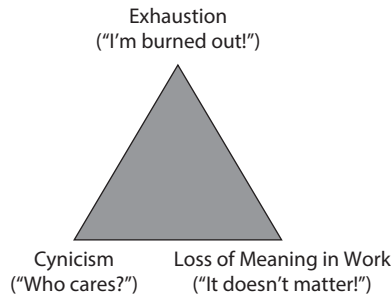


Figure 2-3: The Three-Dimensional Model of Burnout with Each Cardinal Symptom Diagnosed with Different Language

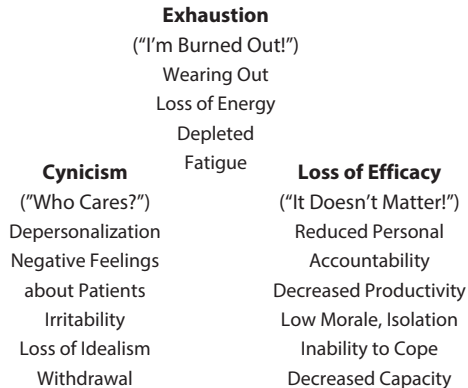


Figure 2-4: Symptoms of Burnout in the Three-Dimensional Model

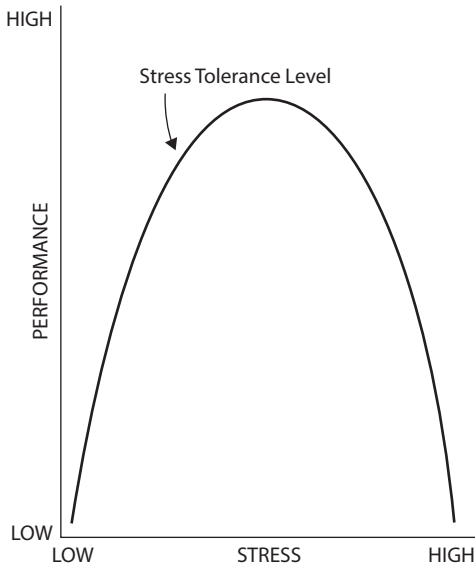


Figure 2-5: Stress, Performance, and the Stress Tolerance Level

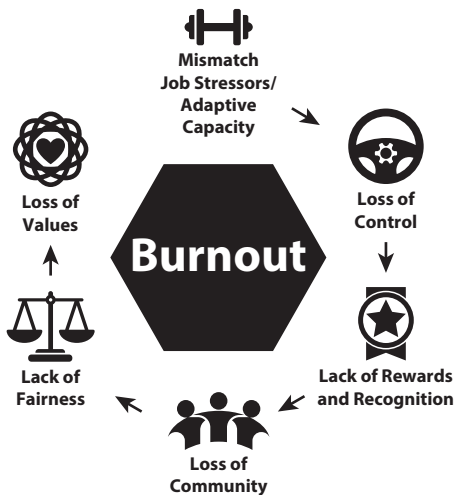


Figure 3-1: Maslach's Six Domains of Burnout

Maslach Domains of Burnout

1. Mismatch in Workload Demands and Capacity
2. Loss of Control
3. Lack of Rewards and Recognition
4. Loss of Community
5. Lack of Fairness
6. Lack of Strong Values

Mayo Clinic Drivers of Burnout

1. Excessive Workload and Job Demands
2. Lack of Control and Flexibility
3. Difficulties with Work-Life Integration
4. Isolation and Loneliness
5. Inefficiency/Inadequate Resources
6. Problems with Organizational Culture/Values

Figure 3-2: A Comparison of the Maslach Domains and the Mayo Clinic Drivers of Burnout

Leadership

- Envisioning
- Strategies
- Alignment
- Empowerment
- Direction Setting
- Execution

Management

- Planning
- Budgeting
- Organizing
- Staffing
- Controlling
- Problem Solving

Figure 3-3: The Skills of Leadership and Management

Leadership Goals for Burnout

- **Think** about burnout in a radically different way
- **Act** on those thoughts within the week
- **Innovate** to change culture, systems, and people

Figure 3-4: Leadership Goals for Burnout

- Excessive work hours
- EHR
- Malpractice suits/litigation risk
- Productivity-based pay
- Doing more with less
- Call schedule/frequency
- Low self-compassion and perfectionism
- Ultimate responsibility resides with them
- Academic factors—"publish or perish"
- Witness to death and suffering—ultimately responsible
- Moral injury

Figure 4-1: Differential Causes of Burnout: Physicians

- Role ambiguity
- Lack of respect/acknowledgment
- Poor treatment by other team members
- Inadequate staffing (increased job stressor without increased adaptive capacity)—"short-staffing"
- Intense exposure to patients and family
- Witness to death and suffering
- Moral distress/injury
- Inadequate compensation
- Poor career ladder

Figure 4-2: Differential Causes of Burnout: Nurses

- Lack of thanks/appreciation
- Job security
- Limited career progression
- Inadequate compensation and appreciation
- Often understaffed
- Exposure to patients and family limited/circumscribed

Figure 4-3: Differential Causes of Burnout: Essential Services

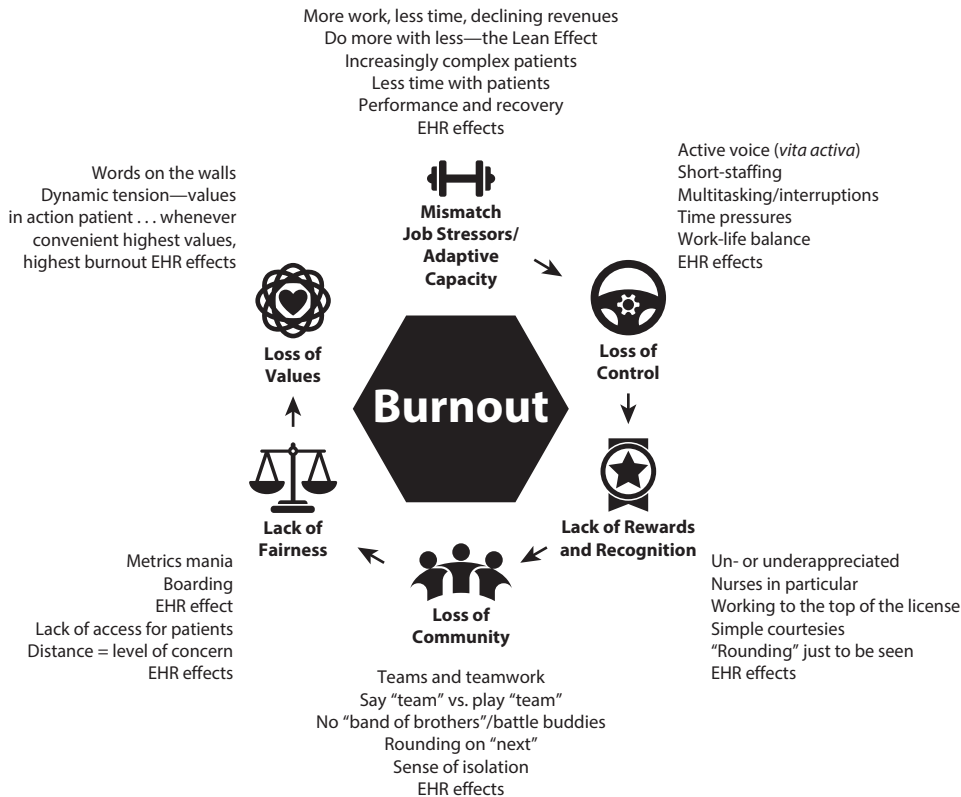


Figure 4-4: Maslach's Six Domains of Burnout

Clinical

- Searching for results (radiology, labs, consults, previous medical records, etc.)
- Documenting history, physical examination, progress notes
- Multiple “clicks” on multiple screens
- Fewer consultants

Nonclinical

- Billing requirements
- Documenting nonclinical issues
- Redundant documentation requirements
- Regulatory burdens

Figure 4-5: Mismatch of Demands and Adaptive Capacity: Administrative Burdens

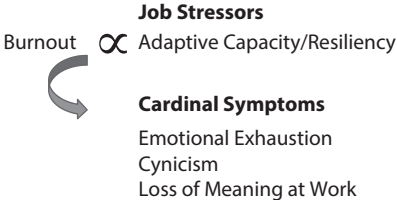


Figure 5-1: Definitions Drive Solutions



Figure 5-2: The Three Core Elements

Connect the Gears Or...

Clinical Effectiveness

High-Reliability Principles



Patient Experience

Hardwiring Flow

BURNOUT!

Figure 5-3: Connecting the Gears

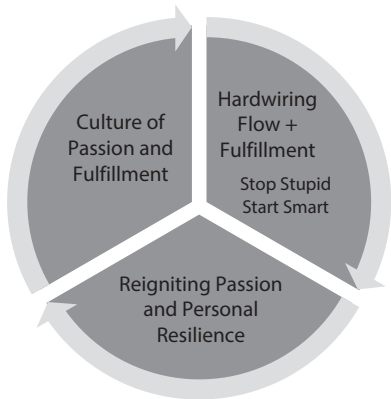


Figure 6-1: Three Core Elements of Addressing Burnout

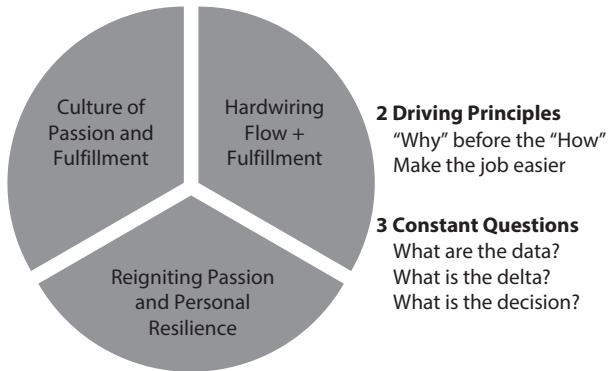


Figure 6-2: The Model for Decreasing Burnout and Increasing Fulfillment

Hardwiring Flow

- Start Doing “Smart Stuff”—Adding Value
- Stop Doing “Stupid Stuff”—Decreasing Waste

Hardwiring Fulfillment

- “Fully Filling” Our Passion
- Fueling Our Fires to “Burn In”
- Stopping Burnout

Figure 6-3: Hardwiring Flow and Fulfillment

THE VALUE-ADDED EQUATION

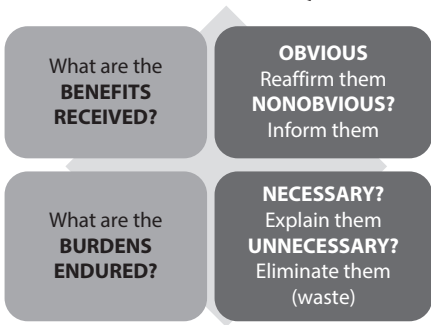


Figure 6-4: The Benefit-Burden Ratio

- Right resources (costs) for the . . .
- Right patient (core measures) in the . . .
- Right environment (bed) for the . . .
- Right reasons (evidence-based medicine) by the . . .
- Right team (best people) at the . . .
- Right time (flow metrics) . . .
- Every time! (high-reliability organizations)

Figure 6-5: Flow and the “Seven Rights”

Battling Healthcare Burnout Mutual Accountability Scorecard

BURNOUT Organizational Personal	FOCUS	TOOLKIT
CULTURE • Passion • Fulfillment	PASSION	"Re-recruit" the A-team members
	PASSION FULFILLMENT	Servant leadership training, what kind of leader are you?
	PASSION	Appoint and fund wellness champions for each team
HARDWIRING FLOW + FULFILLMENT • Systems • Processes	EHR	Shadow shifting with A-team super users
	EHR	Unroof the "inbox abscess"
	FLOW	Stop doing stupid stuff, start doing smart stuff, send a signal of hope
	FULFILLMENT	Bounty hunt for unfairness, treasure hunt for fairness
	FLOW	Psychology of waiting tools and training
	FULFILLMENT	Develop and implement a "pain flight plan" champion
REIGNITING PERSONAL PASSION AND RESILIENCE	PASSION	"Love, hate, tolerate" tool
	RESILIENCE	ID stress tolerance level, disconnect hot buttons, don't let life be a surprise
	RESILIENCE	You are a performance athlete, do the things you tell your patients to do

Figure 6-6: Jumbotron for Mutual Accountability

Burnout Surveys and Burnout Plus Well-Being Surveys

Figure 7-1 summarizes the details of the available surveys, but a discussion of each is presented in this section. The National Academies of Sciences,

Survey Instrument	Strengths	Limitations
Burnout Surveys		
Maslach Burnout Inventory (Human Services Survey)		
22 items, 7-point Likert scale <ul style="list-style-type: none"> • Exhaustion • Cynicism/depersonalization • Personal accomplishment 	Gold standard National database Detects effects of changes well	Fee for use Length of survey
Maslach Burnout Inventory (2 Items)		
2 items, 7-point Likert scale <ul style="list-style-type: none"> • “I feel burned out from my work” • “I feel more callous toward people . . .” 	Stratifies elements Brief	Fee for use Questionably sensitive to change Limited benchmarks
Physician Worklife Survey (Mini-Z)		
10 items and 1 open-ended question, 5-point Likert scale <i>or</i> 1 item, 5-point Likert scale <ul style="list-style-type: none"> • “Overall, based on your definition of burnout, how would you rate your level of burnout?” 	Scores correlate with outcomes of interest Relatively brief	Limited correlation with outcomes Limited to emotional exhaustion
Copenhagen Burnout Inventory		
16 items	All professions Very short Easy to do analysis Free	Length Rarely used in the US Limited benchmarks

(continued)

Oldenburg Burnout Inventory		
19 items	Free All professions	Complex to analyze
Burnout Plus Well-Being Surveys		
Well-Being Index		
7 burnout items and 2 items about satisfaction with work life and meaning at work <ul style="list-style-type: none"> • “The work I do is meaningful to me.” • “My work schedule leaves me enough time for my personal/family life.” 	Free All professions Burnout and fulfillment	Fee for for-profits and online version Unclear relationship to solutions
Stanford Professional Fulfillment Index		
16 items, 5-point Likert scale <ul style="list-style-type: none"> • Professional fulfillment • Work exhaustion • Interpersonal disengagement 	Brief Free for nonprofits/research Analysis is simple Burnout and fulfillment Sensitive to change	Moderate analysis complexity Moderate length Benchmarking data evolving

Figure 7-1: Strengths and Limitations of Burnout Surveys and Burnout Plus Well-Being Surveys

The Duke Modification of the MBI

1. "I feel frustrated by my job."
2. "Events at work affect my life in an emotionally unhealthy way."
3. "I feel burned out from my work."
4. "I feel frustrated by my job."
5. "I feel fatigued when I get up in the morning and have to face another day on the job."

Figure 7-2: The Duke SCORE (Safety, Communication, Operational Reliability, and Engagement) Assessment

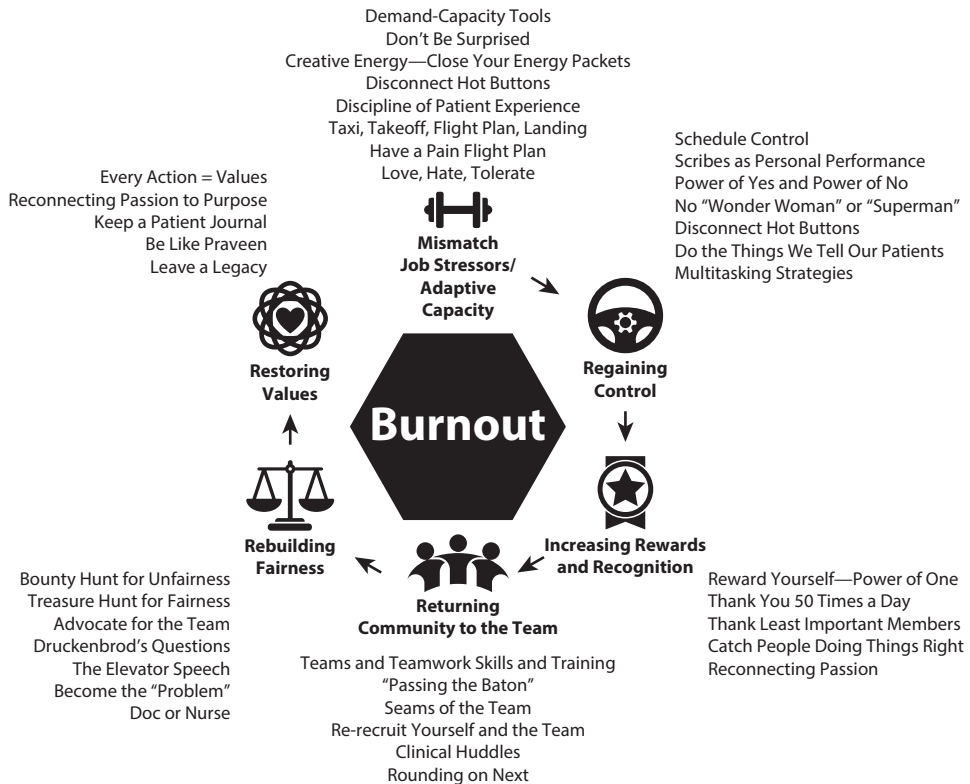


Figure 8-1: Solutions to Reignite Passion and Personal Resilience by Maslach Domain



- Demand-Capacity Tools
- Don't Be Surprised
- Creative Energy—Close Your Energy Packets
- Disconnect Hot Buttons
- Discipline of Patient Experience
- Taxi, Takeoff, Flight Plan, Landing
- Have a Pain Flight Plan
- Love, Hate, Tolerate

Figure 8-2: Solutions to Decrease Job Stressors, Increase Adaptive Capacity, or Both



Regaining Control

- Gain Control of Schedules
- Scribes as Personal Performance Assistants
- Power of Yes and Power of No
- No “Wonder Woman” or “Superman”
- Disconnect Hot Buttons
- Do the Things We Tell Our Patients
- Multitasking Strategies

Figure 8-3: Solutions to Regain Control

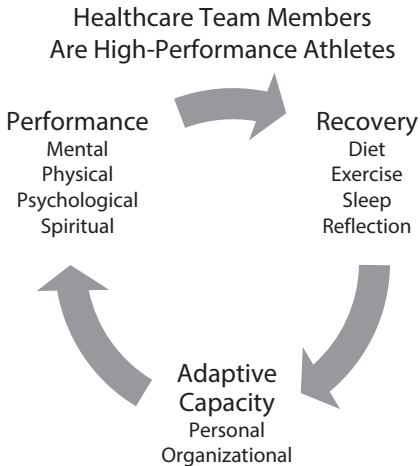


Figure 8-4: The Cycle of Performance, Recovery, and Resilience



Increasing Rewards and Recognition

- Reward Yourself—Power of One
- Thank You 50 Times a Day
- Thank Least Important Members
- Catch People Doing Things Right
- Reconnecting Passion

Figure 8-5: Increasing Rewards and Recognition Solutions



**Returning
Community
to the Team**

- Teams and Teamwork Skills and Training
- “Passing the Baton”
- Seams of the Team
- Re-recruit Yourself and the Team
- Clinical Huddles
- Rounding on Next

Figure 8-6: Solutions to Return Community to the Team



Rebuilding Fairness

- Bounty Hunt for Unfairness
- Treasure Hunt for Fairness
- Advocate for the Team
- Druckenbrod's Questions
- The Elevator Speech
- Become the "Problem"
Doc or Nurse

Figure 8-7: Solutions to Rebuild Fairness



Restoring Values

- Every Action = Values
- Reconnecting
Passion to Purpose
- Keep a Patient Journal
- Be Like Praveen
- Leave a Legacy

Figure 8-8: Solutions to Restore Values

- Leaders Everywhere at Every Level
- Leadership Candor Is Essential
- Look in the Mirror—Leadership Self-Assessment
- Leadership-Culture Realities
- Form Follows Finance
- Words on the Walls
- Leadership Development
- Limits Begin Where Vision Ends
- What Kind of Leader Are You?
- The Case for Servant Leadership
- Culture of Passion, Compassion, Appreciation, Transparency, and Growth
- Empowerment Solutions
- Stop Doing Stupid Stuff
- Take on the EHR
- The Chief Wellness Officer Dilemma

Figure 9-1: Solutions to Create a Culture of Passion and Personal Resilience

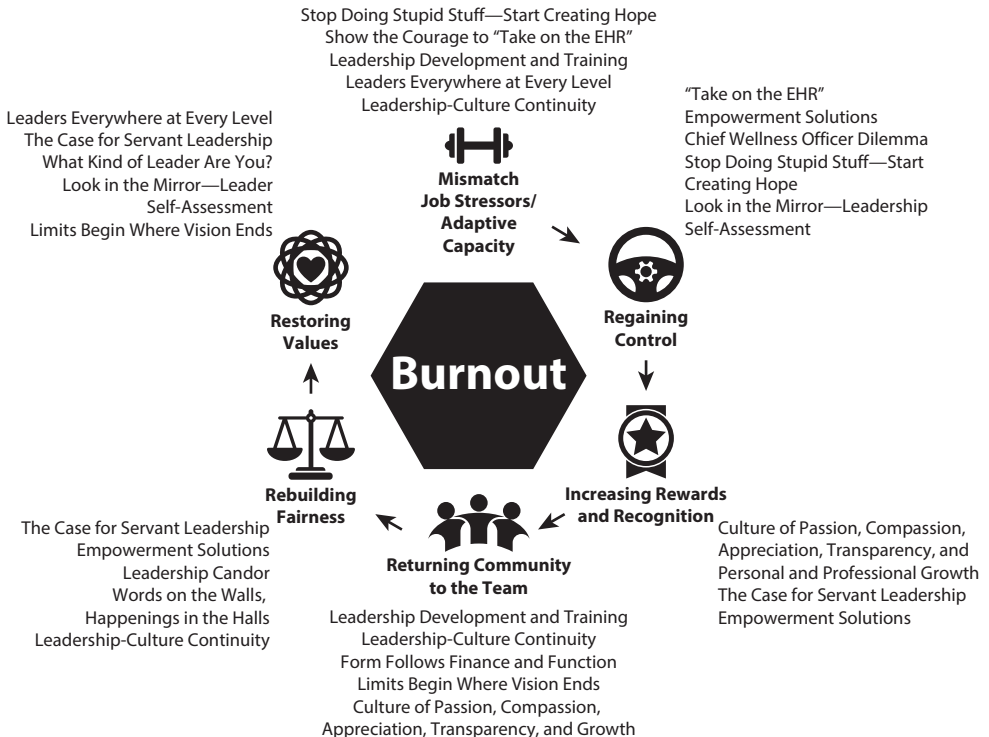


Figure 9-2: Solutions to Create a Culture of Passion and Personal Resilience by Maslach Domain

1. What do I love?



Maximize it

2. What do I hate?



Eliminate it

3. What do I tolerate?



Minimize it

Figure 9-3: The “Love, Hate, Tolerate” Tool

Reports to

Senior Leadership (CEO, President, or Dean)

Minimum Requirements

Resources, including them members, to (i) implement and evaluate evidence-based interventions at the individual, group, and system level; and (ii) ensure implementation and continuous feedback.

Coordinates with other executive leaders (e.g., CQO) to ensure well-being is prioritized and integrated into executive leadership activities.

Works closely with marketing and/or communications team to ensure that community-wide messaging is supportive of the well-being for the community served.

Specific Responsibilities

- Provides strategic vision, planning, and direction to the development, implementation and evaluation initiatives to improve health and well-being outcomes
- Regularly monitors and reports outcomes, including measures of engagement, professional fulfillment, health and well-being, return on investment, value on investment, and tracks how they change with the introduction of interventions
- Raises awareness and provides education about the impact of professional burnout and the benefit of building resiliency and coping skills in clinicians
- Implements effective evidence-based individual-level interventions, group-level interventions, and system-wide interventions
- Implements system-level interventions on efficiency of practice, participatory management, and empowering of healthcare professionals to develop their voice on culture
- Pursues/advances well-being research efforts where appropriate
- Coordinates and works with mental health leaders to decrease stigma and improve access to and awareness of mental health services
- Creates a culture of wellness to improve organizational health and well-being at the system level
- Conducts evidence-based quality improvement efforts that support clinician well-being
- Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being

Figure 9-4: Sample Job Description for Chief Wellness Officer Position

Hardwiring Flow

- Start Doing “Smart Stuff”—Adding Value
- Stop Doing “Stupid Stuff”—Decreasing Waste

+

Hardwiring Fulfillment

- “Fully Filling” Our Passion
- Fueling Our Fires to “Burn In” Instead of Burn Out

Figure 10-1: Hardwiring Flow and Fulfillment

Stop Doing Stupid Stuff—Send a Signal of Hope
 The 5 Demand-Capacity Questions
 EDs 24/7/365 Grafted on a 12–18/5/250 Hospital
 Variation That Adds Value

Hardwire Values into Systems
 All Change Reflects Values
 “This Embodies Our Values”
 “Nothing about Us without Us”



**Mismatch
 Job Stressors/
 Adaptive
 Capacity**

Scribes—Performance Assistants
 Practicing at the Top of Your License
 Constant Redesign—Takeoff, Landing



**Restoring
 Values**



**Regaining
 Control**



**Rebuilding
 Fairness**

Bounty Hunt for Unfairness
 Treasure Hunt for Fairness
 Accountability for Fairness
 Psychology of Waiting Tools



**Increasing Rewards
 and Recognition**

Reward Yourself
 Leaders Lead Thanks
 Seams of the Teams Compliments
 Leading/Managing Up
 Making Thanks Mandatory—Easy



**Returning Community
 to the Team**

Teams and Teamwork Skills and Training
 Passing the Baton
 Seams of the Team
 Physician and Nurse Transformation
 “Huddle Up”—Use Clinical Huddles
 Rounding on Next

Figure 10-2: Solutions to Hardwire Flow and Fulfillment Matched to Maslach’s Six Domains of Burnout

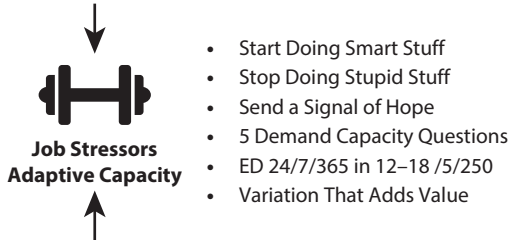


Figure 10-3: Solutions to Decrease Job Stressors and Increase Adaptive Capacity



Regaining Control

- Scribes as Personal Performance Assistants
- Practicing at the Top of Your License
- Redesign Systems and Processes with the “Takeoff” and “Landing” Approach

Figure 10-4: Solutions to Regain Control



Rewards & Recognition

- Reward Yourself
- Leaders Lead Thanks
- Seams of the Team
- Leading Up/Managing Up
- Making Thanks Easy

Figure 10-5: Solutions to Increase Rewards and Recognition



Restoring Community

- Teams and Teamwork
- Passing the Baton
- Seams of the Team
- Physician and Nurse Transformation
- Huddle Up
- Rounding on Next

Figure 10-6: Solutions to Restore Teams and Community



Rebuilding Fairness

- Bounty Hunt for Unfairness
- Treasure Hunt for Fairness
- Accountability and Language
- Putting the Psychology of Waiting to Work

Figure 10-7: Solutions to Rebuild Fairness

Unoccupied time feels longer than occupied time

- TVs, magazines, health care material
- Company—friends and family
- Review-of-systems forms, kiosk, pre-work
- Frequent “touches”

Pre-process waits feel longer than in-process waits

- Immediate bedding
- No triage
- AT/Al (Advanced Treatment/Advanced Initiatives)
- Team triage

Anxiety makes waits seem longer

- Making the customer service Dx and Rx
- Address the obvious—pre-thought-out and sincerely deployed scripts
- Patient and leadership rounding

Uncertain waits are longer than known, finite waits

- Previews of what to expect
- Expectation creation
- Green-yellow-red grading and information system
- Traumas, CPRs—informal delays
- Patient and leadership rounding

Unexplained waits are longer than explained waits

- In-process preview and review
- Family and friends
- Patient and leadership rounding

Unfair waits are longer than equitable waits

- Announce codes
- Fast-track criteria known and transparent

The more valuable the service, the longer the customer will wait

- The value equation: maximize benefits for the patient and significant others + eliminate burdens for the patient and significant others

Solo waits feel longer than group waits

- Visitor policy—the deputy sheriff takes a furlough
- Managing the family’s expectations
- It’s OK to leave for a while
- On-stage/offstage

Figure 10-8: Putting the Psychology of Waiting to Work



- Constant “Connect Systems and Processes to Values” Test
- All Change = Values
- “This Embodies Our Values by...” Test
- “Nothing about Us without Us”

Figure 10-9: Solutions to Restore Values

Patient-Centered Design

1. EHRs should add value for the patient
2. The primary function for the EHR is evidence-based clinical care

Health Care Professionals

3. EHRs should improve or at least not reduce the well-being of clinicians
4. EHRs should align work with training of the team members
5. The EHR is a shared informational tool for patients and population health

Efficiency

6. EHRs should reduce waste while increasing value (Lean principle)
7. Electronic workflows should align with clinical work
8. Many forms of information flow are necessary (including nonelectronic)

Regulation and Finance

9. Resources (adaptive capacity) must match the new work (job stressors)
10. Evidence should guide changes, not just regulatory or financial issues

Figure 11-1: 10 Principles of EHR Solutions

Adapted from Sinkov et al.³⁰

1. Acute Myocardial Infarction
2. Appendicitis
3. Meningitis
4. Chest Pain (Acute Chest Syndrome and Other)
5. Traumatic Wounds
6. Abdominal/Pelvic Pain
7. Pneumonia
8. Spinal Fractures
9. Acute Aortic Aneurysm
10. Acute Testicular Torsion

Figure 11-2: The Risk-Free Emergency Department Top 10 List of Risk

✓ **Best Practice #1**

Ensure any patient with acute onset of testicular pain and clinical findings of torsion has:

- IMMEDIATE call to Urologist
- Attempted manual detorsion

Treatment is immediate surgery

✓ **Best Practice #2**

Every patient with acute onset of testicular pain, but with equivocal findings of testicular torsion receives a color flow Doppler ultrasound

✓ **Best Practice #3**

Ensure any patient with acute scrotal pain and negative imaging study receives:

- Urologic consultation
- Admission, placement in observation unit OR follow-up with urologist in AM
- Careful discharge instructions

✓ **Best Practice #4**

Ensure prospective, proactive discussion with both radiology and urology regarding the use of color flow Doppler ultrasound

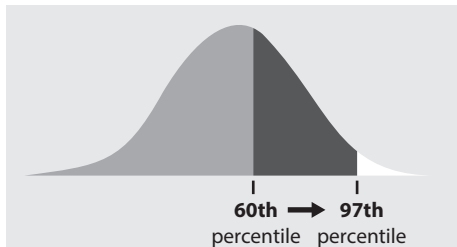
Figure 11-3: Creating the Risk-Free Emergency Department: Testicular Torsion

Results of Resiliency Program Investment



Novant Health has invested more than \$2 million in the program.

- ▶ Participants have become **champions** of critical programs and processes. Novant Health has developed an **EMR optimization team**.
- ▶ A yearlong **on-boarding program** has been launched for all new physicians. The program incorporates wellness, resiliency, and empathetic communication skills.



Participants rank in the 97th percentile in both **engagement** and **alignment** with the organization. Prior to the program, scores were in the 60th percentile.

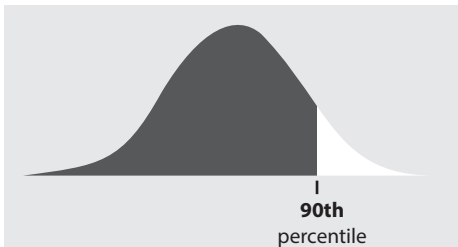


Several initiatives have been launched as a result of the program's dialogue.



Participants scored higher—often by more than **50 percent**—than others on many key measures:

- + **personal fulfillment**
- + **alignment** with the health system's mission
- + **positive attitudes** toward the organization



Novant Health's medical group, as a whole, now ranks in the **90th percentile** nationally in physician engagement.



Novant Health received dozens of notes saying the program has:

- + **reignited passion** for medicine
- + improved **personal well-being**
- + **saved marriages**

Figure 12-1: The Results of the Resiliency Training Program

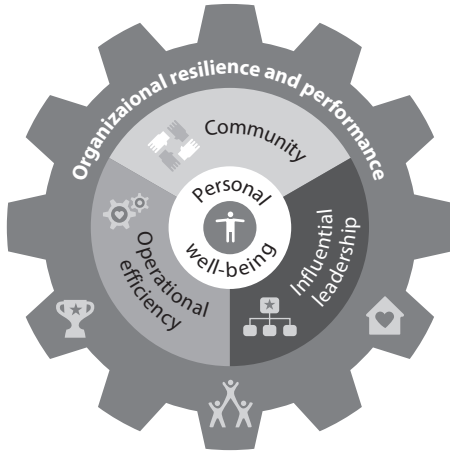


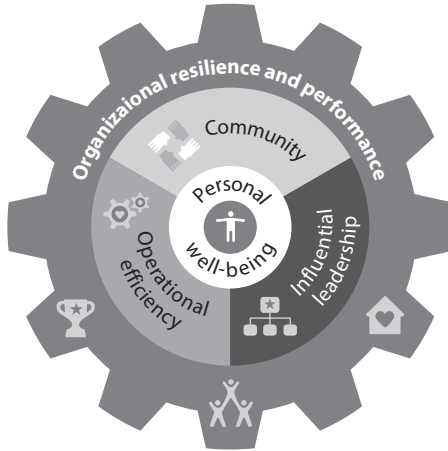
Figure 12-2: The Novant Health System Approach to Well-Being, Resiliency, and Performance

Personal well-being:

Foster personal well-being through self-awareness, behaviors that promote self-care, personal and professional growth, and compassion for ourselves and others.

Operational efficiency:

Provide wellness advocacy for process improvements that facilitate efficiency and performance for team members and reduce barriers to core work.



Organizational resilience and performance: Intentionally create a culture that directly aligns team member well-being with organizational health and performance.

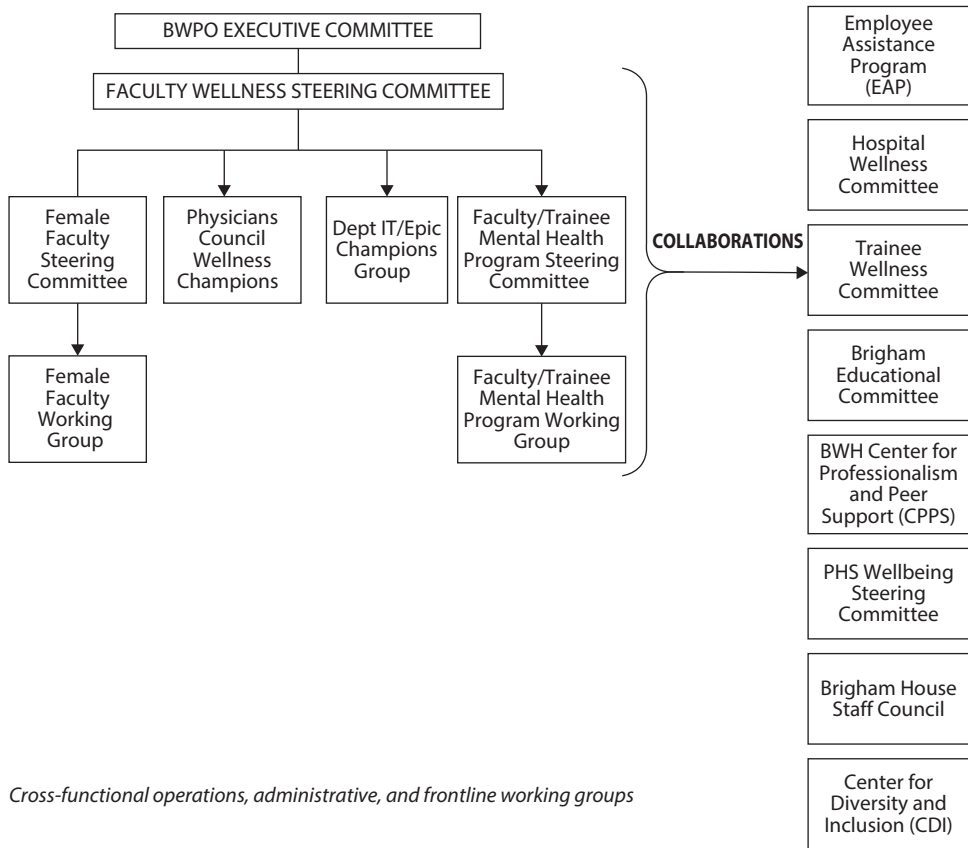
Community:

With a strong focus on wellness, intentionally develop opportunities for connection points that foster collegiality among our team members.

Influential leadership:

Leadership engagement and development ensure behaviors that demonstrate support, appreciation, and professional growth for team members.

Figure 12-3: Organizational Resilience and Performance



Cross-functional operations, administrative, and frontline working groups

Figure 13-1: Governance Structure of the Brigham and Women's Physicians Organization Faculty Wellness Steering Committee

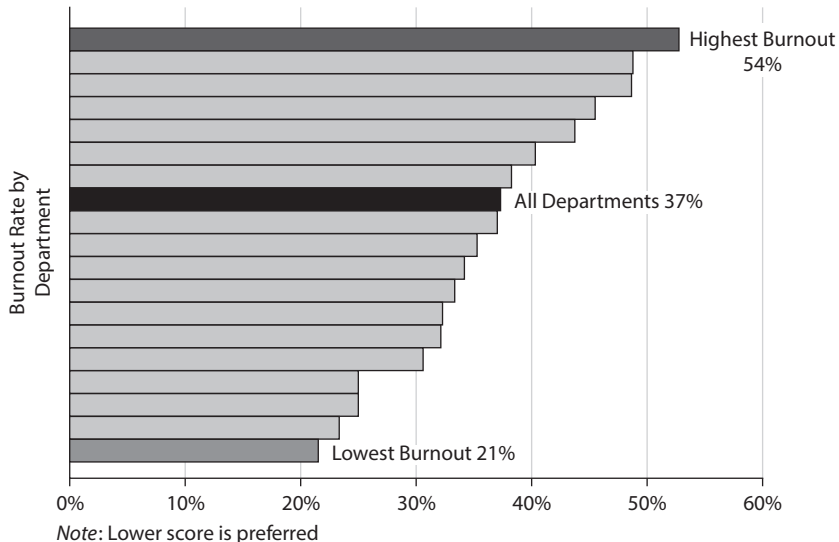


Figure 13-2: Burnout Distribution across All Brigham Health Departments

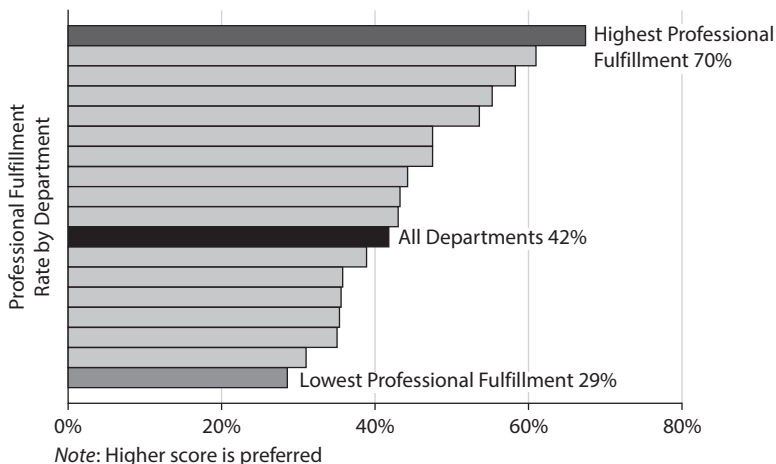


Figure 13-3: Professional Fulfillment Distribution across All Brigham Health Departments

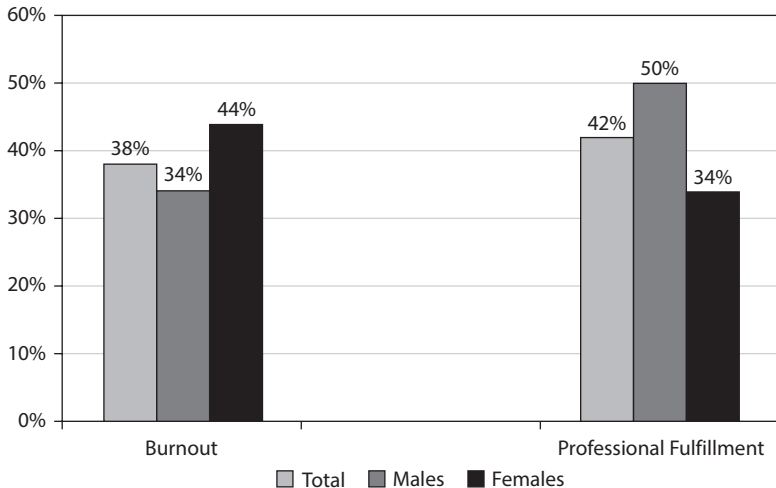


Figure 13-4: Brigham Health, All Departments: Burnout and Professional Fulfillment by Gender, 2017



Adapted from the Stanford WellMD Professional Fulfillment Model
 FY'19 Strategic Plan

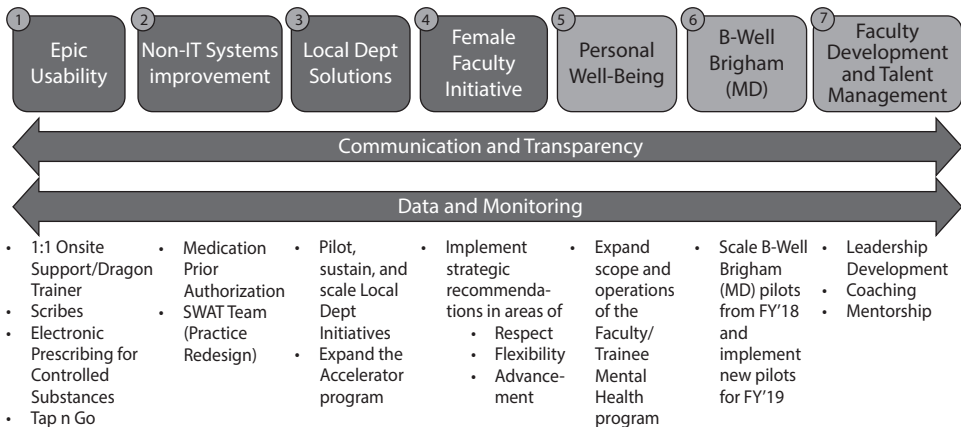


Figure 13-5: The Strategic Plan for the Faculty Development and Well-Being Effort, Fiscal Year 2019

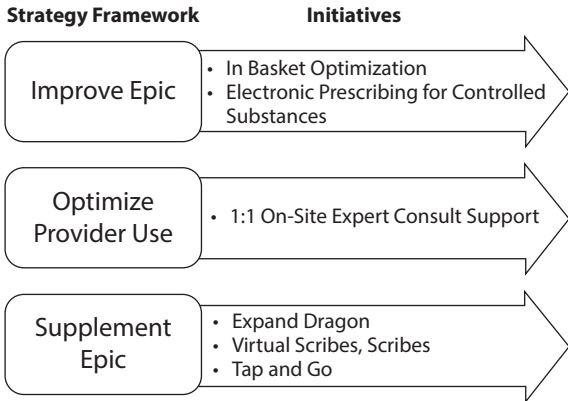


Figure 13-6: Epic Usability: Decreasing EHR Burden for Providers, Fiscal Years 2018–2019

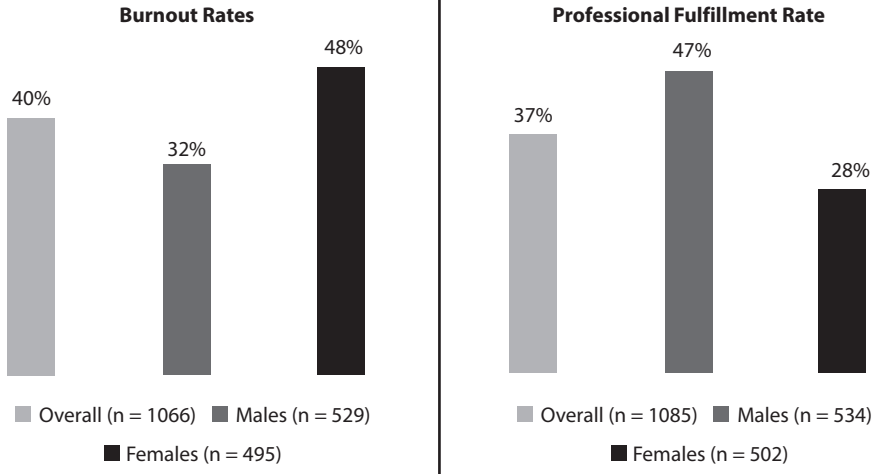
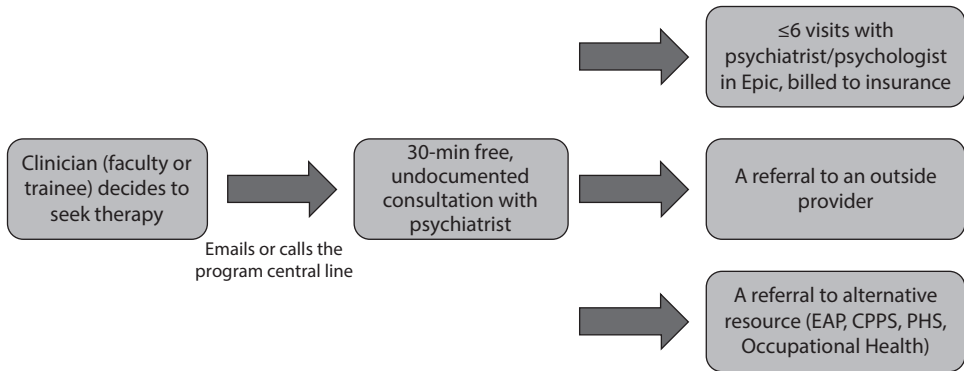


Figure 13-7: Brigham Health: 2019 Clinical Faculty Wellness Survey Data

Objective: In response to increased concerns for physician burnout and its impact on mental health well-being, offer significantly streamlined access to psychiatric services at BH.



- The PILOT program is available for all faculty and trainees.
- The program is not intended as an emergency service.
- The program is not intended for faculty facing disciplinary action.

Figure 13-8: Personal Well-Being: Faculty/Trainee Mental Health Program

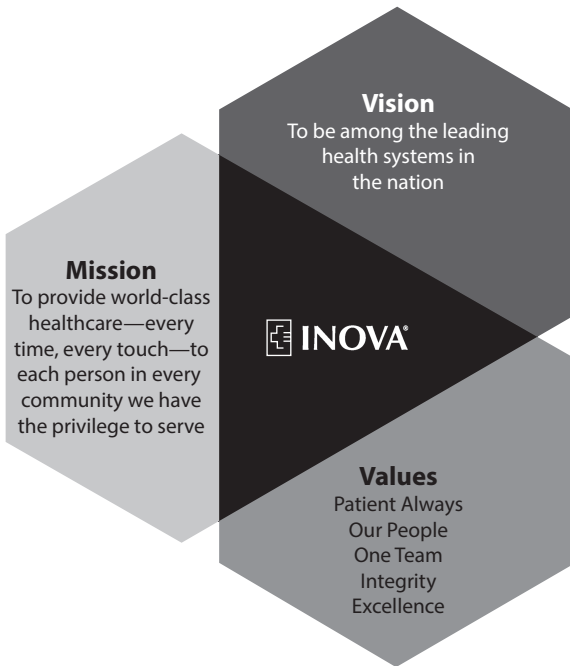


Figure 15-1: Inova Health System's Mission, Vision, and Values

Three-Day Program	One-Day Program
<ul style="list-style-type: none"> • Learn how to operate from a deeper place of personal purpose and core clarity. • Develop a keen sense of personal awareness and understanding of how one's unconscious patterns of behaviors, inner dialogue, and choices can contribute to burnout. • Focus on creating an “attraction to wellness” rather than a solution for burnout. • Develop a new mindset, new habits, and a commitment to living like “healthcare athletes,” which includes the concepts of repetitive cycles of work, rest, recovery, and rejuvenation. • Develop a greater ability to lead oneself and therefore have a greater ability to influence the team and the culture in a positive manner. 	<ul style="list-style-type: none"> • Gain insights into the power of self-leadership: awareness of patterns, biases, mind frame, and in-the-moment presence. • Develop the ability to make intentional decisions and act in service of improving one's quality of life. • Develop the ability to consistently restore physical vitality and energy. • Improve the ability to consistently restore emotional resiliency and access full engagement in every dimension of one's life. • Develop the ability to consistently access one's A-game, best self, and best life. • Create equilibrium within the eight dimensions of the My Life Balance Dashboard: <ol style="list-style-type: none"> (1) Professional (2) Health and wellness (3) Finances (4) Personal growth (5) Spiritual (6) Significant other (7) Fun and recreation (8) Family and friend

Figure 16-1: Program Objectives, Three-Day and One-Day Programs, High Level

	Primary	Secondary	Tertiary
Methodology	Preventive	Preventive or responsive	Responsive
Provider distress	Minimal	Mild	Moderate or severe
Resources	Internal	Internal	External

Figure 16-2: Resources Coordinated to Intended Impacts

Menu of Resources	Primary	Secondary	Tertiary
1. Frontline provider outreach calls	+	+	+
2. Provider wellness toolkit	+	+	+
3. Apps and web-based tools	+	+	+
4. Behavioral health podcast series	+	+	+
5. Stress management video series	+	+	+
6. Mindfulness groups	+	+	+
7. Spiritual health care support		+	+
8. Peer/colleague support line		+	+
9. Debriefings (crisis/noncrisis)		+	+
10. Counseling services		+	+
11. Medication management			+

Figure 16-3: Menu of Wellstar Wellness Resources

Tools for Personal Passion and Resiliency

1. Love, Hate, Tolerate
2. Deep Joy, Deep Need
3. Sing with All Your Voices
4. Stress Tolerance Level
5. Strategic Optimism/Creative Energy
6. Disconnect Your Hot Buttons
7. Leave a Legacy
8. Do the Best You Can
9. Keeping a Gratitude Journal
10. Who Do You Burn Out and Why?

Tools for Shaping Culture

1. Mutual Accountability Jumbotron
2. A-Team/B-Team
3. Leading from the Front
4. What Kind of Leader Are You?
5. Trust
6. Shadow Shifting

Tools for Hardwiring Flow and Fulfillment

1. Stop Doing Stupid Stuff, Start Doing Smart Stuff, Send a Signal of Hope
2. Taxi, Takeoff, Flight Plans, Landings
3. Making the Patient Part of the Team
4. Precision Patient Care
5. Clinical Huddles and Five Demand-Capacity Questions
6. The EHR Solutions

Figure P4-1: The 22 Tools of Battling Healthcare Burnout

1. Get started
 - Educate the C-suite and the board on the problem and ROI
 - Be committed to changing the system, not just yourselves
2. Takeoff, landing—tap into their passion, ideas, and purpose
3. Dedicate resources and infrastructure
 - Educational resources
 - Survey resources
 - Chief wellness, human experience, or talent officer and support
4. Decide on a survey—commit to action on survey results
5. Precision solutions to decrease job stressors and leverage organizational and personal resilience
6. Proceed across all three core elements (culture, systems and processes, and personal)
7. Apply the tools of battling healthcare burnout

Figure P4-2: A Framework for Moving Forward in Implementing Efforts to Battle Healthcare Burnout

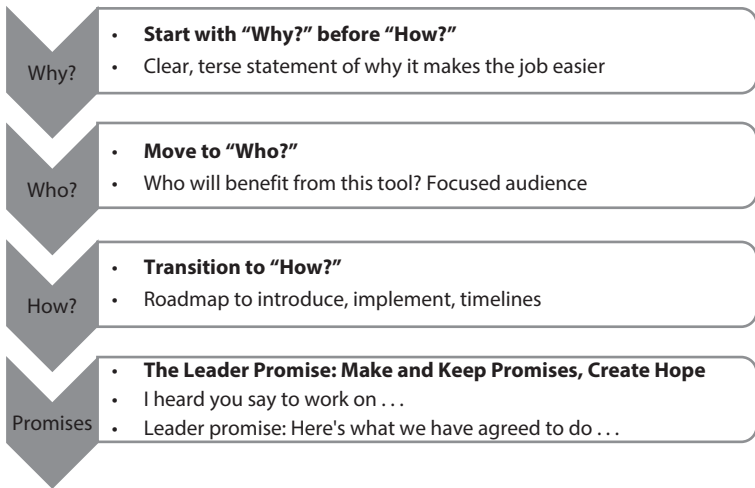


Figure P4-3: Battling Healthcare Burnout Toolkit Format




- | | | |
|------------------------|-------------------------------------------------------------------------------------|--------------|
| 1. What do I love? |  | Maximize it |
| 2. What do I hate? |  | Eliminate it |
| 3. What do I tolerate? |  | Minimize it |

Figure 17-1: The “Love, Hate, Tolerate” Tool

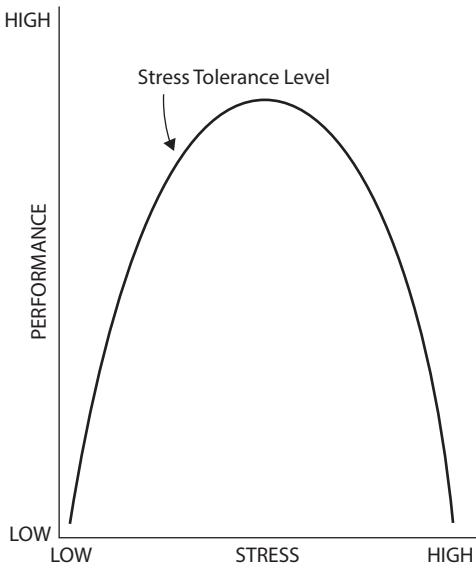


Figure 17-2: Stress Tolerance Level

How far you go
in life depends
upon . . .



Figure 17-3: The Beginning of George Washington Carver's Important Message

**How far you go in life depends
upon your being . . .**

Tender with the young
Compassionate with the aged
Sympathetic with the striving
And tolerant of the weak and strong
Because someday in your life
You will have been all of these things

Figure 17-4: George Washington Carver's Full Message

Emphasis

- “Best”
- “Do”
- “Can”
- “You”

Meaning

- Focus on excellence, often extrinsic motivation
- Focus on action, do something even if wrong
- Focus on execution, what is possible, pragmatic
- Focus on the individual: What can you do?

Figure 17-5: The “Do the Best You Can” Exercise

BURNOUT Organizational Personal	FOCUS	TOOLKIT
CULTURE •Passion •Fulfillment	PASSION	"Re-recruit" the A-team members
	PASSION FULFILLMENT	Servant leadership training, what kind of leader are you?
	PASSION	Appoint and fund wellness champions for each team
HARDWIRING FLOW + FULFILLMENT •Systems •Processes	EHR	Shadow shifting with A-team super users
	EHR	Unroof the "inbox abscess" champion
	FLOW	Stop doing stupid stuff, start doing smart stuff, send a signal of hope
	FULFILLMENT	Bounty hunt for unfairness, treasure hunt for fairness
	FLOW	Psychology of waiting tools and training
	FULFILLMENT	Develop and implement a "pain flight plan" champion
REIGNITING PERSONAL PASSION AND RESILIENCE	PASSION	"Love, hate, tolerate" tool
	RESILIENCE	ID stress tolerance level, disconnect hot buttons, don't let life be a surprise
	RESILIENCE	You are a performance athlete, do the things you tell your patients to do



3 Constant Questions

What are the data?

What is the delta?

What is the decision?

Figure 18-1: The Mutual Accountability Jumbotron, the Three Core Elements, and the Three Constant Questions

- Positive
- Proactive
- Confident
- Competent
- Compassionate
- Communicative
- Works well on a team
- Trustworthy
- Is a good teacher
- Does whatever it takes
- Has a sense of humor
- Moves the meat

Figure 18-2: The Attributes and Attitudes of the A-Team Members

- Negative
- Reactive
- Confused
- Poor at communicating
- Lazy
- Late
- Constant complainer
- A member of the BMW club
- Can't do
- Always surprised
- Nurse Ratched
- Dr. Torquemada

Figure 18-3: The Attributes and Attitudes of the B-Team Members

- Summarize the journey (chief storyteller)
- “These tests/treatments showed...”
- Druckenbrod’s queries
 - “Have I met your expectations?”
 - “What other questions do you have?”
 - “How did we do?”
- Discharge instructions with active listening
- Sign-out rounds at bedside

Figure 19-1: Landing: Discharging the Patient

- "Mrs. Jones, we have a team of dedicated people who are here to serve you. But you are the most important member of our team. We want to keep you fully informed of every aspect of your care, so please let us know if you have any questions at any time."
- "We want you, as the key team member, to participate in the diagnostic and treatment decisions and understand them."
- "Please let us know how the medication affects your pain/nausea/symptoms . . ."
- "I'd like to perform a physical exam. Would you be more comfortable if your family stepped out while we do that?"
- "Based on what we know so far, here's what we think our plan should be . . . Does that make sense? Do you agree?"

Figure 19-2: Scripts for Making the Patient Part of the Team

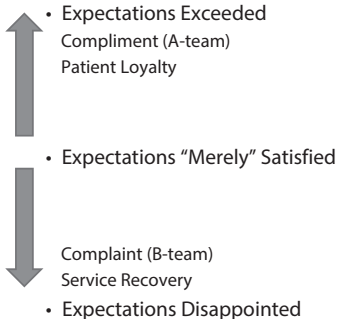


Figure 19-3: Understanding Patient Expectations

1. Who's coming?
2. When are they coming?
3. What are they going to need?
4. Are we going to have it?
5. What will we do if we don't?

Figure 19-4: The Five Demand-Capacity Questions

- Create shared mental models
- Identify bottlenecks
- Assign clear accountability
- Identify safety issues
- Identify opportunities to leverage flow
- Use parallel vs. sequential processing
- Create hope

Figure 19-5: The Function of Clinical Huddles

- They fear something new (change vs. being changed)
- "It's just Kum-ba-yah!"
- "Forced intimacy"
- Exposes what you are (or aren't) thinking
- Who leads the huddle and why?

Figure 19-6: Sources of Resistance to Clinical Huddles