Humanizing Efficiency in Healthcare

2015 RESEARCH REPORT

EXPERIENCE
Innovation Network
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A research study by the Experience Innovation Network, part of Vocera, examining how healthcare leaders are aligning quality, safety, process, and experience improvement to streamline change efforts and drive a more humanized healthcare experience.

HUMANIZING EFFICIENCY IN HEALTHCARE

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Healthcare organizations have a lot on their plates, pursuing improvement in quality, safety, process efficiency, and experience improvement. This report presents survey analysis and in-depth research with healthcare leaders demonstrating that organizations are striving to drive alignment across improvement efforts, but that many rely on ad hoc and voluntary coordination efforts. Our research shows several key gaps in how many organizations approach overall improvement, including lack of a formal, experience-focused improvement methodology, the absence of patient and family involvement in improvement efforts, and failure to account for the human toll of change on physicians and staff. To succeed, organizations need to align an experience-focused mission, strategy, and governance structures with humanized daily management approaches to drive continuous improvement across quality, safety, process efficiency, and experience while restoring physicians and staff to purpose.

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WHY THIS STUDY, WHY NOW?

Healthcare leaders across the U.S. and Canada agree: Change has become the one constant on which healthcare organizations can depend.

Based on a combination of mission and market necessity, healthcare leaders are seeking to improve the quality and safety of the care they deliver while also making processes more efficient and cost-effective. And increasingly, organizations strive to achieve these goals while also making care more humanized for both patients and families and the physicians, nurses, and other care professionals who serve them. While studies and best practices exist in each of the individual domains of process improvement, quality and safety best practices, and experience excellence, none has delved into the complex interplay between the three.

In this study we sought to examine three key ideas:

Quadruple Aim: Improve population health, elevate patient-and-family-centered care, and reduce costs while restoring joy to the practice of medicine.

Person-Centered

Joy

Quality

Cost
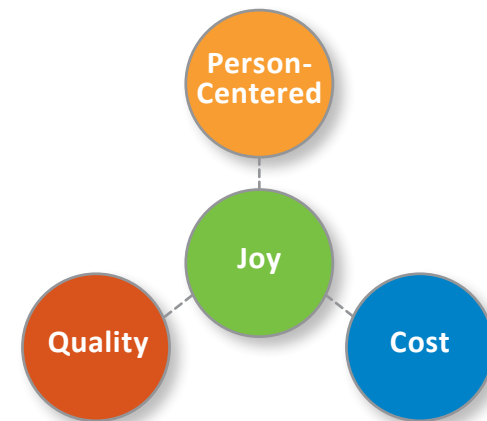
1	How to create sustainable approaches to drive high quality, efficient, humanized healthcare experiences.

2	How effectively organizations are partnering with patients and families in improvement.

3	How fully organizations are assessing and measuring the impact of improvement work.

"Organizations can no longer solely focus on stripping out waste and reducing cost as a growing body of evidence points to patient, family, and staff experience as key drivers for transforming healthcare. We must design processes and identify technologies that hardwire humanity at every point of care."

M. Bridget Duffy, M.D.
Chief Medical Officer, Vocera Communications
Co-Founder, Experience Innovation Network
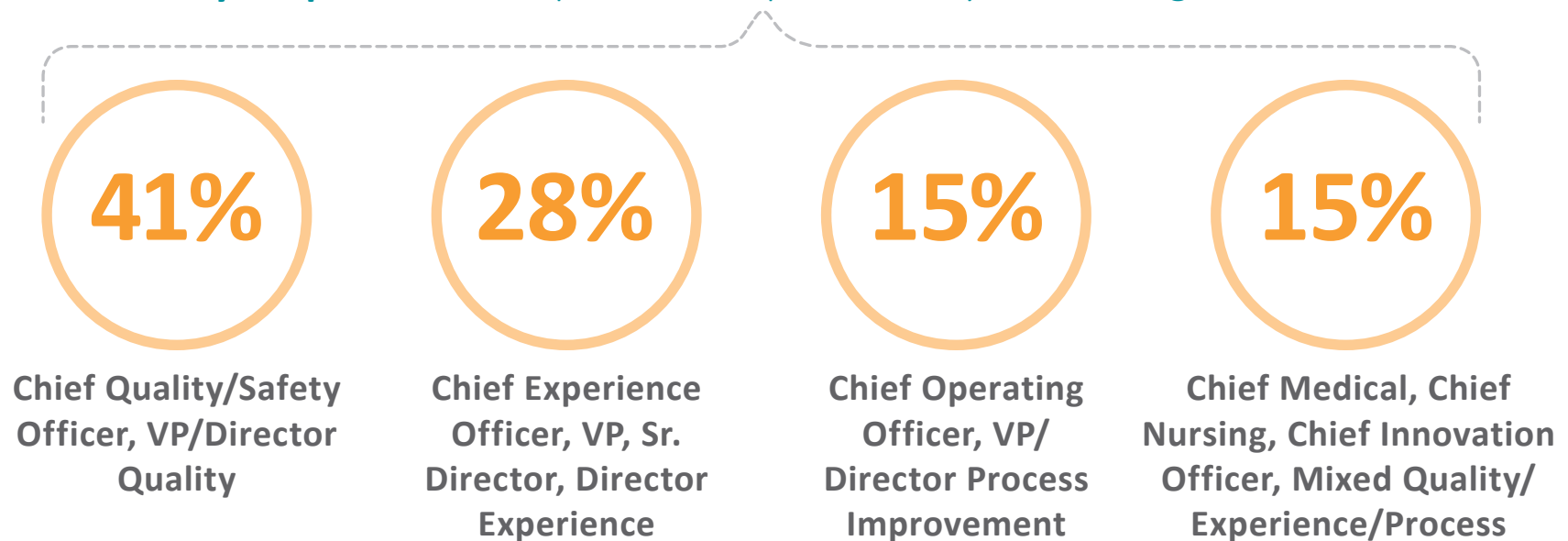
METHODOLOGY & SAMPLE

Quantitative

Invitation-only online survey completed by 83 director-level and above healthcare leaders in the U.S. and Canada.

Qualitative

In-depth interviews with more than 20 select vice-president and above healthcare executives.

SURVEYED SENIOR-LEVEL EXECUTIVES (N=83)

**Thirty-six percent** of respondents report directly to their organization's CEO.

41%

Chief Quality/Safety Officer, VP/Director Quality

28%

Chief Experience Officer, VP, Sr. Director, Director Experience

15%

Chief Operating Officer, VP/ Director Process Improvement

15%

Chief Medical, Chief Nursing, Chief Innovation Officer, Mixed Quality/ Experience/Process

(responses may not total 100 due to rounding)

RESPONDENT EXPERTISE

"What Are Your Credentials?"

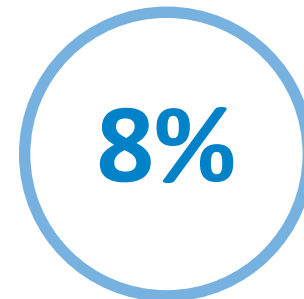**41%**
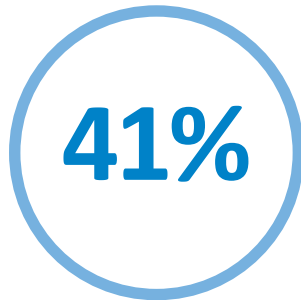
Nursing Degree (e.g. PhD, NP, RN, etc.)

22%

MBA

15%
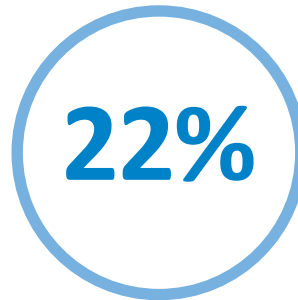
Lean
Master Black Belt/Black Belt - 8%
Other Lean - 7%

11%

Medical Degree

10%

Six Sigma Master Black Belt or Black Belt

8%

Certified Professional in Healthcare Quality

(Multiple responses accepted.)

RESEARCH INSIGHTS

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IMPROVEMENT PRIORITIES

"For the last four years or so we've been deeply involved in Lean, embedding it in more and more of our process improvement. We adapted our own philosophy and tools, which we call LEAP —Learn, Engage, Aspire, Perfect. Just the word, 'Lean,' sounds terrible in a healthcare environment—the Toyota connection turns people off. **LEAP came from a contest we put out to employees. They're much more bonded to it.**

All of our experience, quality, financial stewardship, and other improvements are captured within the LEAP process. And we redid our mission, vision, and values to be more focused on patient-centered care. That shapes all of our pillar goals and strategic initiatives."

Susan Ehrlich, M.D.
Chief Executive Officer
San Mateo Medical Center

Quality and Safety Outcomes Top Experience and Efficiency

When asked to allocate 100 points to indicate the types of goals improvement projects aim for, respondents gave nearly half of all points to quality, safety, and clinical outcomes. Experience took the next place, with an overwhelming focus on patient experience versus staff and physician experience.

"Please Allocate 100 Points Across the Following Project Outcomes to Indicate the Importance of Each Outcome Type for Improvement Projects Across Your System."

25 Process Improvement

Cost - 13
Time/Efficiency - 8
Headcount - 4

47 Quality/Safety Improvement

Quality - 16
Safety - 16
Clinical Outcomes - 15

28 Experience Improvement

Patient Experience - 16
Staff Experience - 7
Physician Experience - 5
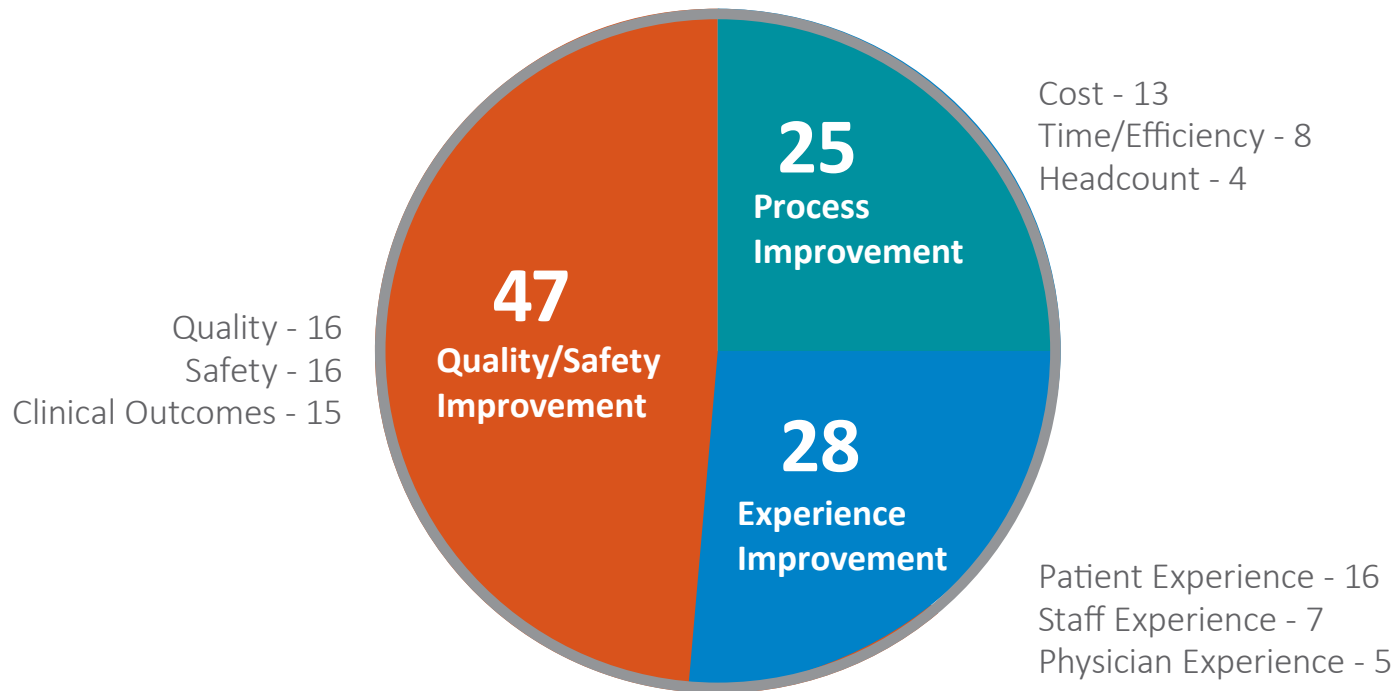
(Amounts represent averages of all responses.)

HEADCOUNT

Despite professing an equal focus on quality/safety and experience, organizations have on average one third as many employees focused on experience as on quality and safety. And while process-focused staff may be shared across quality, safety, and experience projects, many lack the specific skills to identify and solve gaps in the human experience.

"What is Your Organization's Approximate Headcount for Each of the Following?"

14	21	7
Process Improvement	**Quality/safety Improvement**	**Experience Improvement**

	Process Improvement	Quality/safety Improvement	Experience Improvement	
Fewer than 200 beds	4	5	3	n=15
200 -499 beds	9	9	5	n=15
500-999 beds	8	22	8	n=13
1,000+ beds	12	20	6	n=19

(Amounts in circles represent average of all responses. Not all respondents reported number of beds.)

RESTORING PURPOSE

In today's value-driven healthcare economy, organizations can't afford to miss out on any aspect of the Quadruple Aim. Though harder to orchestrate, the most successful change efforts seek alignment across traditional silos by merging methodologies and leadership practices, and empowering frontline staff to focus on meaningful work.

Quadruple Aim: Improve population health, elevate patient-and-family-centered care, and reduce costs while restoring joy to the practice of medicine.
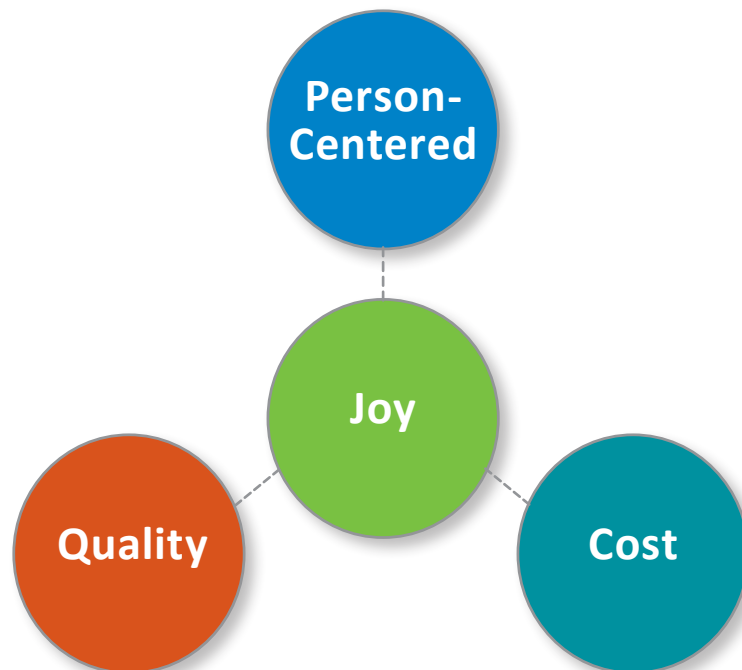
"In our for-profit system, our CFO plays a huge role in how we speak and what we measure. He has led the charge that better quality care and a better experience IS the most efficient and cost effective care. This also lets us practice the kind of medicine that matters."

– Jennifer Clark, M.D.
Chief Medical Officer
Hillcrest HealthCare System

"We want to streamline processes at the bedside while making sure we've embedded good quality, safety, and service for every patient, every time, every day."

– Maureen D'Agostino
System Vice President Performance Excellence
Beaumont Health

"I think safety, quality, empathy, and respect must be prioritized and in that order—but you have to be careful that you don't let any of them fall off the table. If, as a leader, I'm making a decision that favors safety over patient preference, I still have to find a way to address respect and empathy. And I have to trust and guide my staff to apply their critical thinking skills so the work is meaningful to them."

– Marty Scott, M.D., MBA
Senior Vice President/Chief Quality Officer
Meridian Health

COORDINATING IMPROVEMENT EFFORTS

"For the longest time we had silos around safety, productivity, experience, and outcomes. We were all doing our own thing, **creating a lot of work for the frontlines.**

We have to understand that these elements are so linked. **Safety, compassion, communication—for patients and families it's all experience.** If we don't communicate well, we don't get the information we need to deliver great care. It all comes together.

We just embarked on a five-year plan. **We no longer talk about safety versus experience. We're talking about total care.** How do we enhance teamwork, how do we enhance care?"

Anne Boat, M.D.
Associate Professor of Clinical Anesthesia and Pediatrics
Director of Fetal Anesthesia
Patient Experience Officer
Cincinnati Children's Hospital

COORDINATING EFFORTS

Alignment Across Improvement Disciplines Proves Elusive

Almost one in five respondents admitted there is no alignment across improvement efforts. Many relied on multidisciplinary meetings, ad hoc collaboration, and shared goals to drive alignment. Emerging practice to watch: organizations are building centralized improvement hubs to drive coordination, share resources, and increase alignment.

"How, If at All, Do You Coordinate Efforts Across Process Improvement, Quality/Safety Improvement, and Experience Improvement?"

19% Don't

81% Do
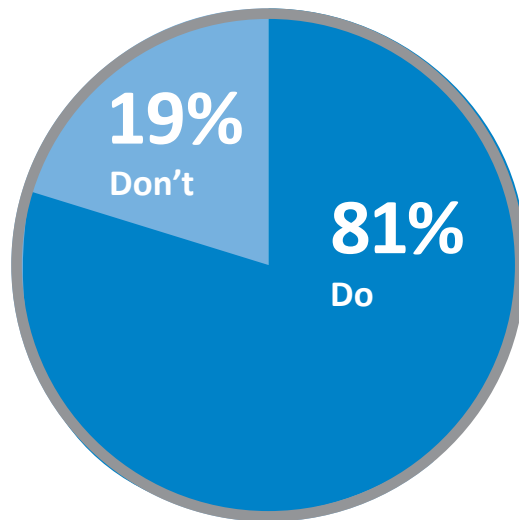
27% Multidisciplinary Meetings

18% Ad Hoc Collaboration

18% Aligned Goals

16% Aligned Reporting Structures

14% Multidisciplinary Teams

9% Centralized Improvement "Hub"

(Note: Results are aggregated from open-ended responses. Responses may fall into more than one category)

UCSF Medical Center Built an Integrated Improvement Model

University of California San Francisco Medical Center wanted to align quality, safety experience, and efficiency, and encourage continuous, front-line-driven improvement. Their continuous process improvement hub connects unit-based leadership teams with skills and resources to support a rotating cycle of ongoing improvement.
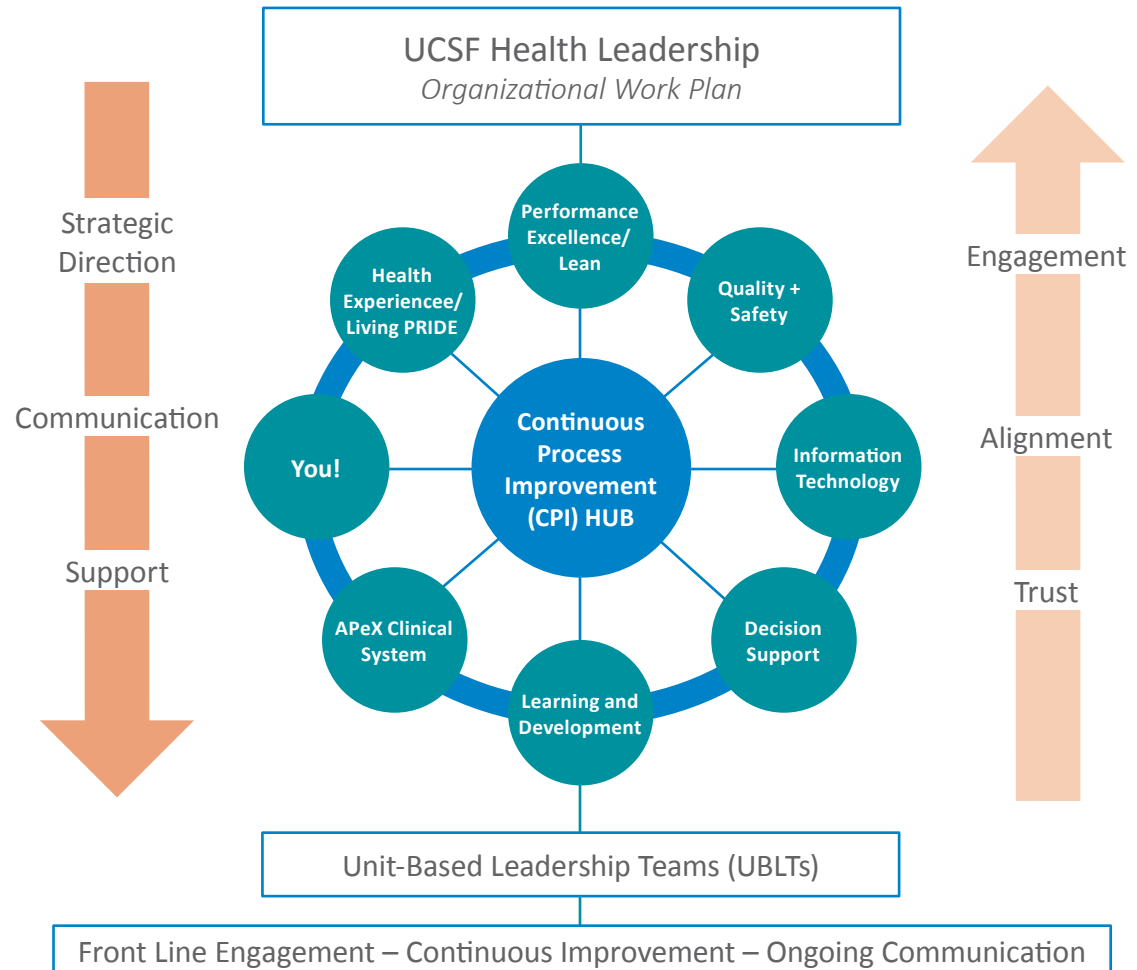
UCSF Medical Center
UCSF Benioff Children's Hospital

Ralph Gonzales, M.D., M.S.P.H.
Chief Innovation Officer
UCSF Medical Center

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inaugural UBLTs delivered meaningful improvement in overall satisfaction in 8 months.

UCSF Health Leadership
Organizational Work Plan

Strategic Direction

Communication

Support

Engagement

Alignment

Trust

Performance Excellence/ Lean

Health Experiencee/ Living PRIDE

Quality + Safety

You!

Continuous Process Improvement (CPI) HUB

Information Technology

APeX Clinical System

Decision Support

Learning and Development

Unit-Based Leadership Teams (UBLTs)

Front Line Engagement – Continuous Improvement – Ongoing Communication

EXPERIENCE IMPROVEMENT

Almost half of respondents said their organization does a good job with innovation, though they could still do more. Fourteen percent said they have specific people, processes, and budget devoted to sourcing and spreading experience innovation. Almost 40% of respondents said culture was their biggest innovation hindrance.

"Which of the Following Best Describes Your Organization's Adoption of Structured, Experience-Focused Improvement Methodologies?"
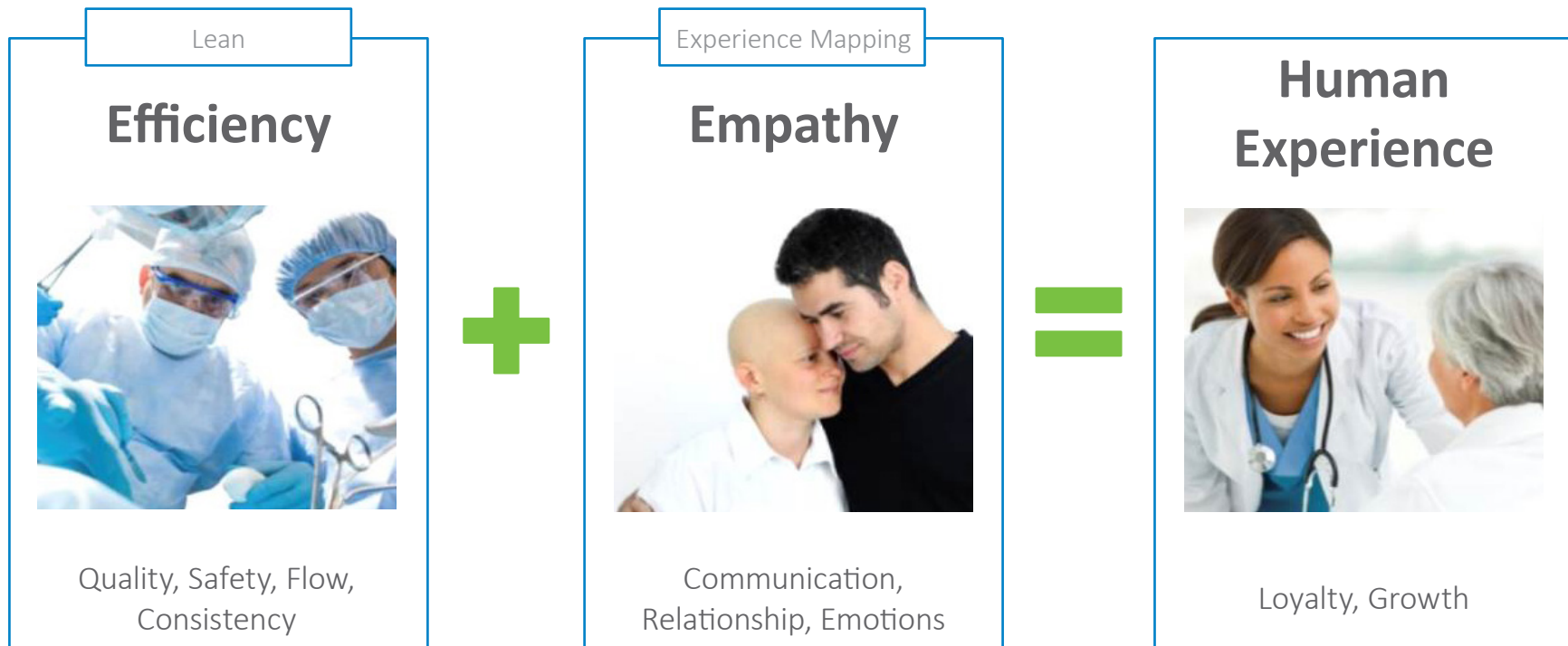
14%

No formal approach that includes the voice of employees, physicians, patients and families

63%

Standard process improvement methodologies (e.g. Lean, Six Sigma)

9%

Concrete tools for identifying gaps in experience and engaging front line staff

+

Standard

12%

Ongoing mechanism to solicit, prioritize, and act on staff suggestions for improvement and innovation

+

Concrete tools for identifying gaps in experience and engaging front line staff

+

Standard

(responses may not total 100 due to rounding)

HUMANIZED IMPROVEMENT

Healthcare leaders have turned to Lean and other process improvement tools to create a streamlined experience. But where Lean strips out waste, an optimal human experience requires that organizations map emotional and communication gaps and design processes that reinforce connection—with systems to support both efficiency and empathy.

Lean		Experience Mapping		Human
Efficiency	**+**	**Empathy**	**=**	**Experience**
Quality, Safety, Flow, Consistency		Communication, Relationship, Emotions		Loyalty, Growth

Systems to Hardwire Sustainable Change

Parkview Health Mapped the Gaps in the Human Experience

Parkview Health leaders wanted to augment their process improvement approach, building in human connection in addition to stripping out waste. They engaged frontline staff and leaders to conduct experience mapping and design in the radiology departments at two hospitals with plans to spread successful results across the system.

PARKVIEW HEALTH

Sue Ehinger, PhD
Chief Experience Officer
Parkview Health

Improvement in "% Excellent" Rankings in PRC Database

	Facility 1	Facility 2
Quality of care by staff member	13	31
Staff member's understanding and caring	4	7
Overall teamwork	19	25
Safety perception	14	17
Overall quality of care	22	1

(percentile rank increase over 2 quarters)

Radiology Department

Start → Finish

Patient fears & concerns, expectation management, follow-up

Relationship Building	Quality & Safety Perceptions
Physical Comfort	**Information**

Experience

Innovations Implemented
1. Approaching and greeting patient by name
2. Discussing quality and safety up front
3. Narrating care
4. "Talking up" the next member of the care team

SUSTAINING CHANGE

"We put a great focus on creating a dashboard that aligns our various sources of patient feedback. Now we're aligning that with our quality and Magnet data. **That lets us put quality, safety, and experience on an equal footing.**

Our experience transformation work started with the implementation of best practices such as purposeful rounding, leader rounds, and care calls. Now **we're integrating experience into our Managing for Daily Improvement (MDI) processes.**

We've been on our Lean journey for about six years. **Taking a purposeful approach to integrating experience into our Lean infrastructure is the logical next step."**

Susan Murphy, RN, BSN, MS
Executive Director, Patient Experience and Engagement
The University of Chicago Medicine

BARRIERS TO SUSTAINABILITY

Leaders Cite Lack of Accountability and Project Overload as Barriers

Sustaining change is often the hardest part of improvement. Eighty-one percent of respondents said failure to hold people accountable is a top reason why change efforts fail. Fifty-nine percent said frontline staff have too much on their plates to sustain change, while almost half acknowledge that key stakeholders are not adequately involved.

"Many Process Improvement Efforts Start Well but Aren't Sustained. Please Select the Top Three Reasons Why Improvement Initiatives Stall or Fail."
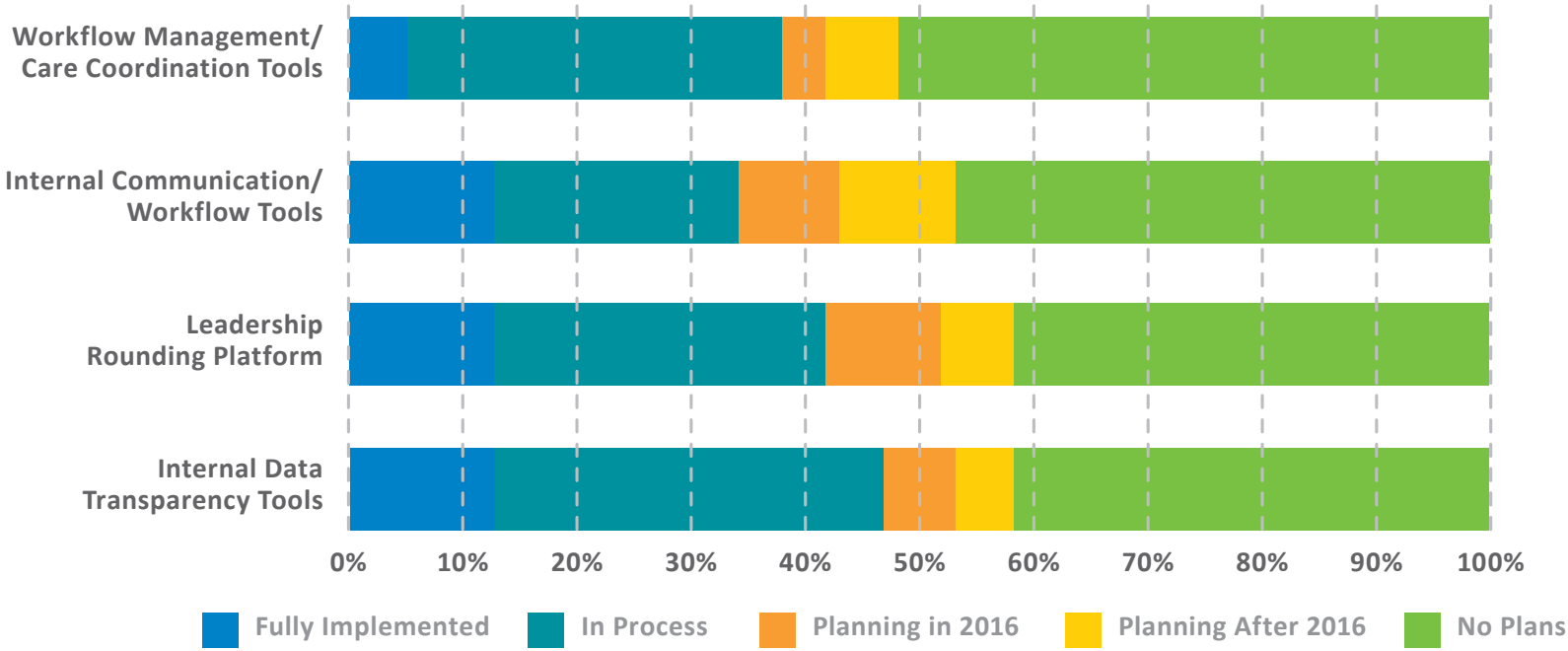
Reason	Percentage
Failure to hold people accountable	81%
Frontline staff and leaders have too much on their plate/can't handle change	59%
Lack of engagement of key stakeholders in defining/solving issues	45%
Failure to communicate the "how" and the "why" of change	38%
Too much focus on eliminating "waste"; not enough on returning staff to purpose	18%
Lack of technology to hardwire change	17%
Lack of patient/family engagement in defining/solving issues	15%

(Multiple responses accepted.)

TECHNOLOGY IMPLEMENTATION

Technology is Underutilized for Efficiency Efforts

Across the board, organizations are under-investing in technology to support their efficiency efforts. Only 47% of organizations have or are in process of implementing tools that bring data transparency to the frontlines. Leader rounding tools will catch up by 2016, while workflow management and internal communication tools lag.

"Which, If Any, of the Following Technology Categories are You Investing in for Efficiency?"

Workflow Management/
Care Coordination Tools

Internal Communication/
Workflow Tools

Leadership
Rounding Platform

Internal Data
Transparency Tools

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- **Fully Implemented**
- **In Process**
- **Planning in 2016**
- **Planning After 2016**
- **No Plans**

"PEOPLE-IZE" DATA

"People-izing" Data is an Emerging Skill Set

The art of change is engaging team members' heads and hearts to motivate and guide the work. Putting a human face on data helps connect leaders and staff to purpose and justify the efforts of change—for quality, safety, process, and experience improvement. Just over half of respondents said this is a focus; the majority struggle to do it consistently.

"We have 11,000 more diabetics in control. That's 11,000 people walking around the lake with their grandchild instead of being pushed in a wheelchair."

Penny Wheeler, M.D.
President and Chief Clinical Officer
Allina Health System

"I called all the leaders into a room and talked about what I saw, which was that we killed Brian."

Leslee Thompson, RN
Chief Executive Officer
Kingston General Hospital

"How Well Does Your Organization "People-ize" the Data (i.e. Put a Human Face on Quality, Safety, and Efficiency Measures)?"

Exceptionally well — **10%**

Somewhat well — **41%**

Poorly — **44%**

Not at all — **5%**
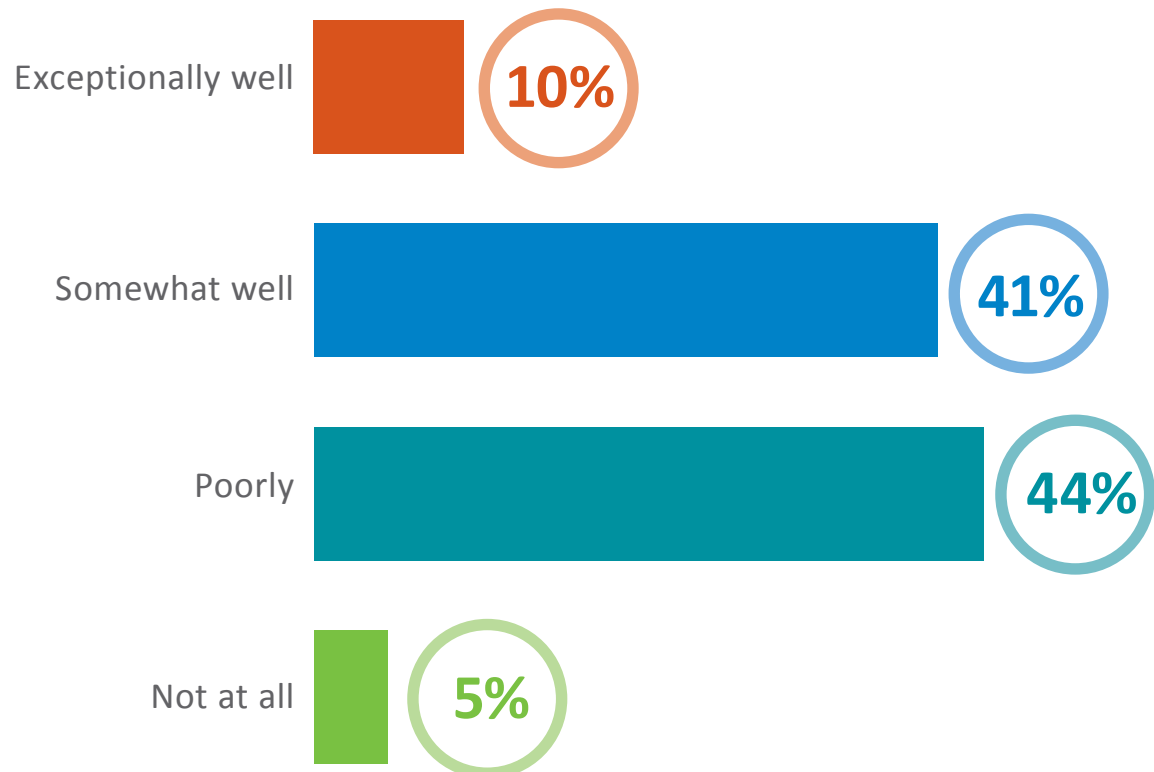
(responses may not total 100 due to rounding)

Leaders Let Themselves Off the Hook with Sustainability Practices

Sustaining excellence requires commitment from the bedside to the boardroom. But less than 50% of respondents are creating leader standard work to support change, even while they build standard practices such as daily huddles for frontline staff. Executive leader rounds are a start, but leaders also need to build skills including coaching andengagement.
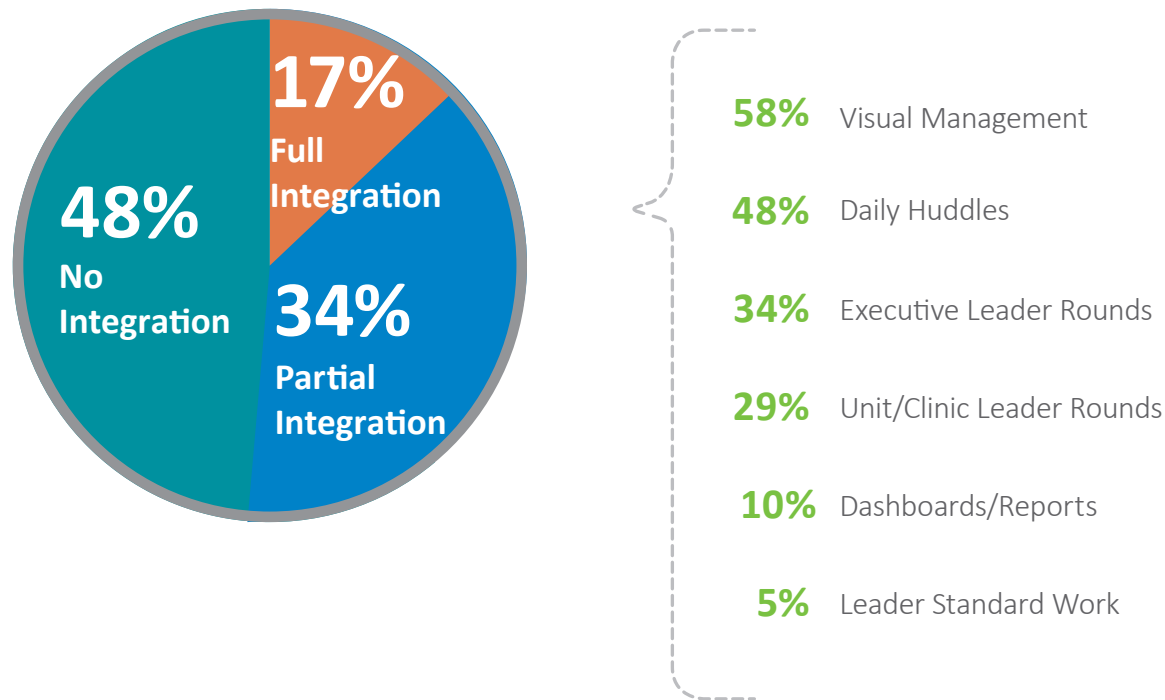
"Which, If Any, of the Following Daily Management Best Practices Are You Implementing?"

Legend: Fully Implemented · In Process · Planning in 2016 · Planning After 2016 · No Plans

Categories (top to bottom): Leader Standard Work, Visual Management Boards, Executive Leader Rounds, Daily Huddles, Unit/Clinic Leader Rounds
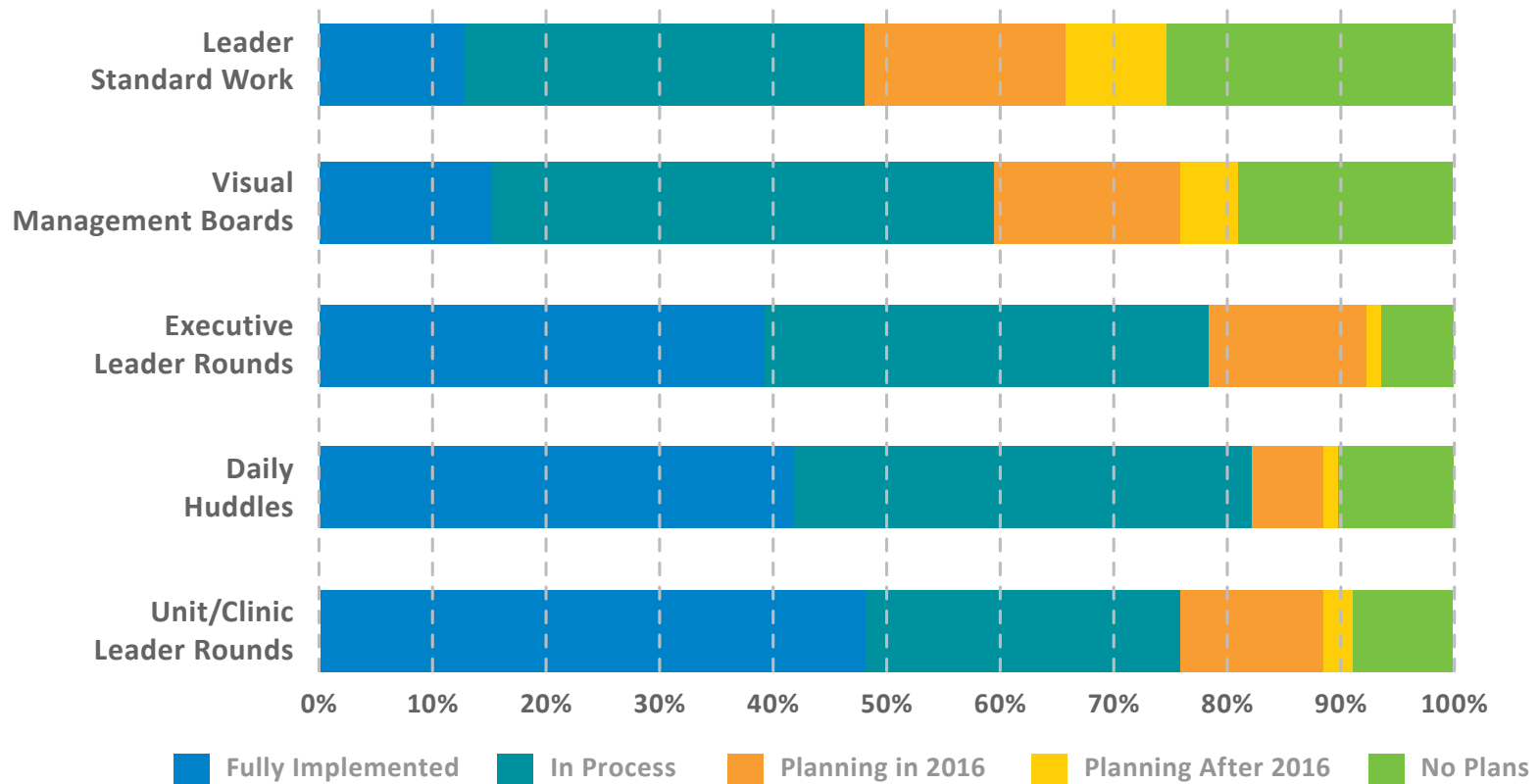
EXPERIENCE IN DAILY WORK

Active Daily Management Systems Leave Out Patient Experience

Many health systems have already adopted practices such as daily safety huddles and visual management systems that help track quality outcomes, throughput, and other key metrics. We asked whether respondents are integrating patient experience measures into daily management and found that almost half have not yet created this alignment.

"How Does Your Organization Incorporate Patient Experience Projects/ Measures into Active Daily Management Processes?"

48% No Integration

17% Full Integration

34% Partial Integration

58%	Visual Management
48%	Daily Huddles
34%	Executive Leader Rounds
29%	Unit/Clinic Leader Rounds
10%	Dashboards/Reports
5%	Leader Standard Work

(Note: Results are aggregated from open-ended responses. Responses may fall into mor than one category. Numbers may not add to 100 due to rounding)

HUMANIZED DAILY WORK

Active Daily Management Systems Need A Humanizing Overhaul

Humanized Active Daily Management takes practices such as daily safety huddles and visual management to the next level. Rounding focuses on human connection, huddles include celebrations of success, data are supplemented with human stories, and standard work supports appreciative coaching and human-centered innovation.

"By going to gemba to round on staff and patients in a way that enables us to hear their voices, fears, and concerns, we have discovered more than 60 improvement opportunities, reduced patient complaints by 50%, and raised patient satisfaction by 25 points."

Chris Pratt
Senior Director, Performance Improvement
El Camino Hospital

Standard Work and Rapid Cycle Human Experience Improvement

- People-ized Visual Management
- Rounding with Purpose
- Human-Centered Huddles
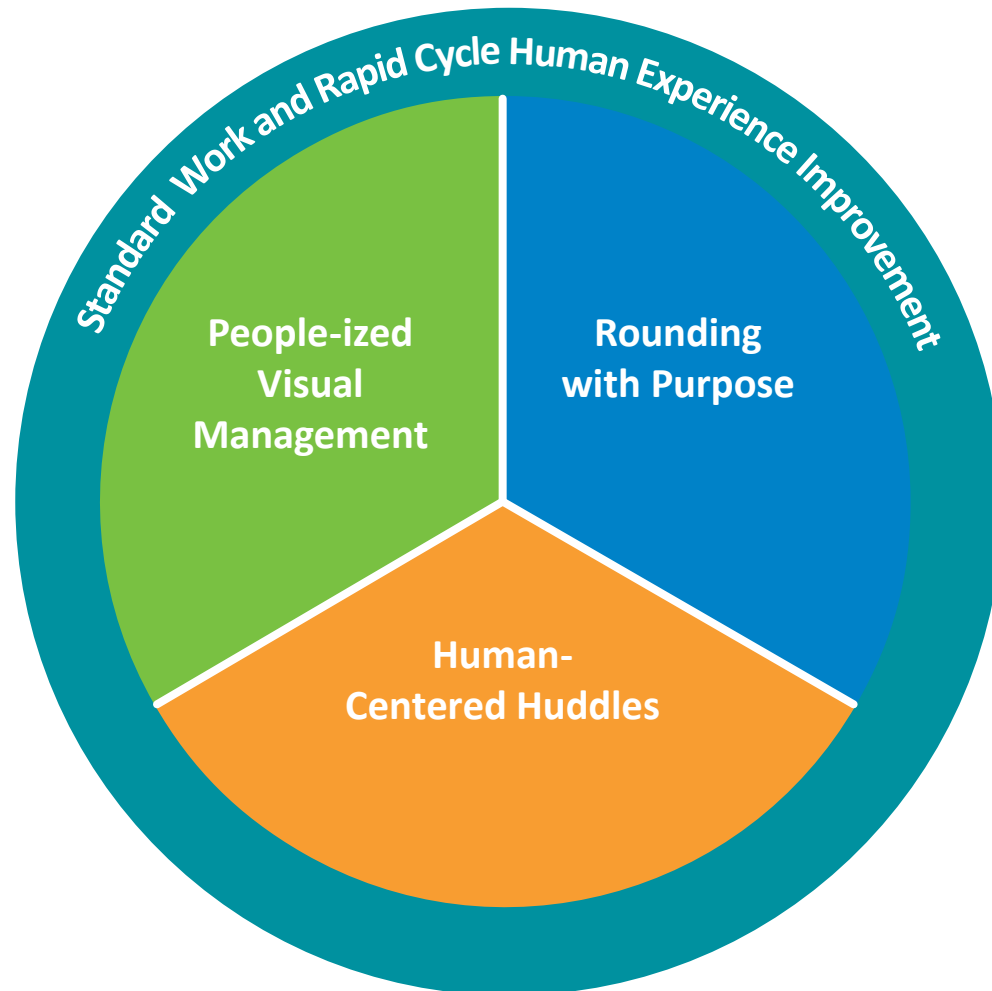
CASE EXAMPLE

Bronson Healthcare Group Practices Humanized Daily Management

Leaders at Bronson Health Group know that creating a human-centered culture requires commitment and follow through. In addition to defining behavior standards for that hardwire respect and support, they've built patient-centered elements into practices such as rounding, huddles, visual management, and leader standard work.

BRONSON

Nancy Radcliff, RN
Director of the Bronson Experience
Bronson Healthcare

Visual workspace

Press Ganey Survey HCAHPS Overall Rating — 87th percentile

PDCA cycle: Act — Plan — Do — Study

Inner circle: Daily Management, Variation Analysis, Visual Workspace, Standard Work — STEEEP

Lower circle: Support the team, Speak Up For Safety, Pay Attention to Detail, Communicate Clearly
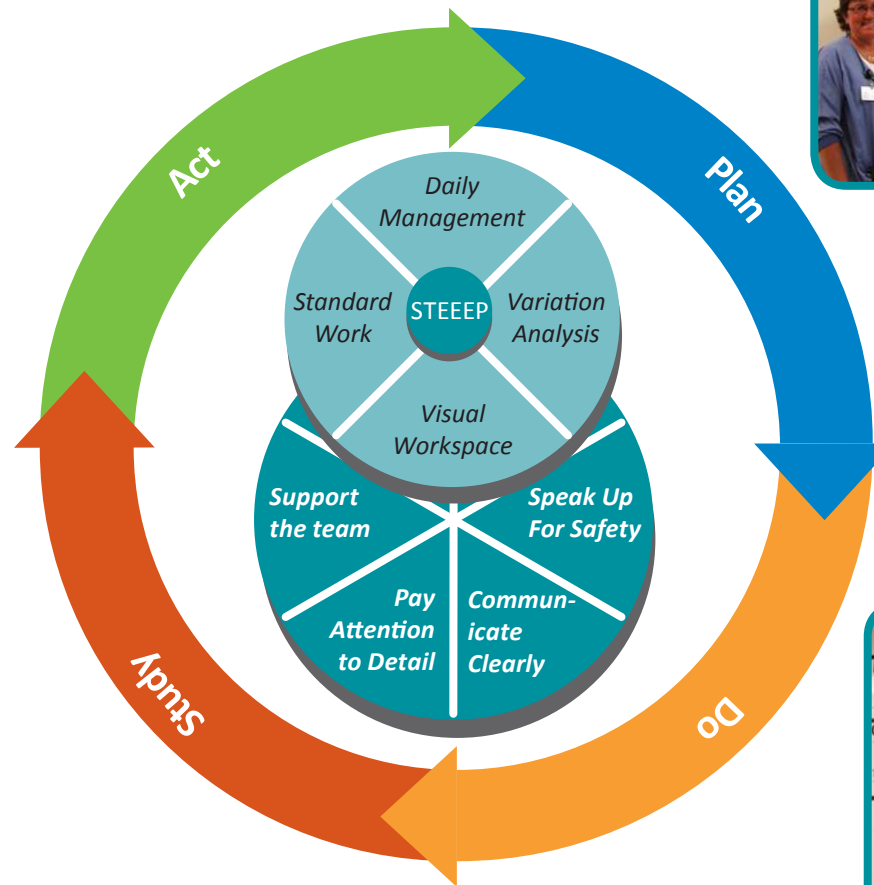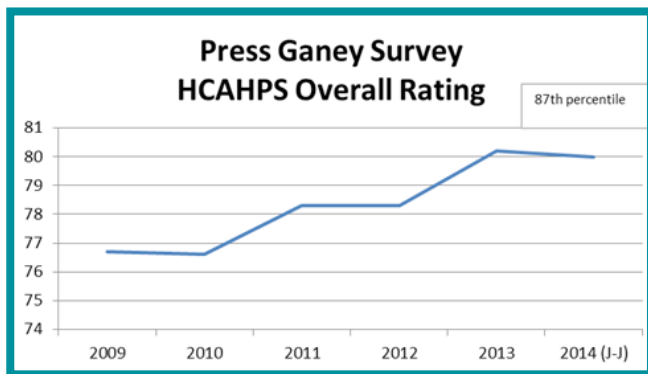
Daily management

(STEEEP is a standard of care defined by the Institute of Medicine. STEEEP health care is Safe, Timely, Effective, Efficient, Equitable, and Patient Centered

PATIENTS AS PARTNERS

"Any time we make an improvement that's more than three people and three process steps, **we have to have patient perspective in the room.** They guide the whole thing so that we're improving process and experience at the same time.

Our performance teams know this is non-negotiable, so they plan for it early in the process. **If you don't have a patient, you don't go.** We have robust patient councils—they either want to be involved or know someone who does.

I've never done this and not gotten value from the patient in the room."

Shawn Evans, PhD
Senior Vice President, Performance Excellence
University of Colorado Health

DEFINING "VALUE"

Value is Judged from the Patient's Point of View
When asked to define "value" as a target for improvement, almost half of respondents said value through the eyes of the patient is a critical aim. Several used variations on value equations, such as "(quality + safety)/cost," or "(quality*safety/reliability*experience)/cost." Only 12% cited improved physician or staff experience as value.

"When Doing Process Improvement Work, How Do You Define, "Value," (As in Value-added Time in Lean)?"

48%	**31%**	**29%**
Improved Patient Experience/Satisfaction	Reduced Cost/ Increased Revenue	Improved Quality/ Outcomes
17%	**14%**	**12%**
Improved Efficiency	What the Patient is Willing to Pay For	Improved Physician/ Staff Experience

(Results aggregated from open-ended responses.)
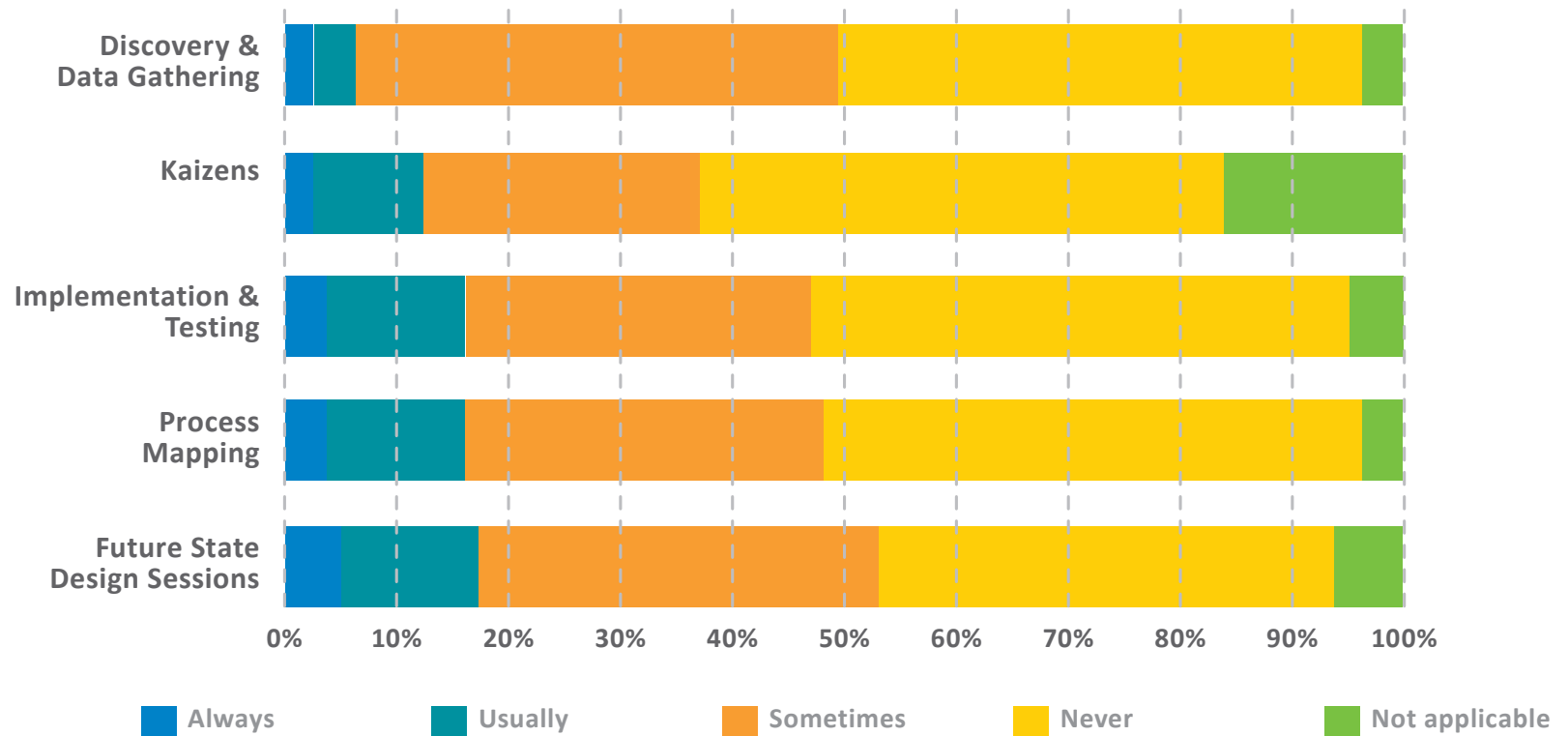
PATIENT-FAMILY ADVISORS

Patient and Family Advisors Need a Deeper Role in Problem Solving

Unless leaders are thoughtful about how they define the scope, responsibilities, and goals, Patient and Family Advisory Councils risk becoming a coffee klatch or having their capacity limited to issues that don't hit the heart of patient experience. Below, two experience patients describe the opportunity to truly engage patients as partners.

"What Do You Think of Patient and Family Advisory Councils (PFACs)?"

Regina Holliday
Patient Activist and Artist
@ReginaHolliday

Michael Seres
Patient and Founder of 11Health
@mjseres

"I served on a PFAC. Unfortunately we got to design a lobby. A lot of hospitals don't get what true patient advisory councils could be. The one that I was amazed by actually had patients work on EMR workflows. That rocked. That was truly valuing us. We may not have a background in computer science, but we're valuable in understanding how workflow can affect us.

What I ask of hospitals that are trying to go in this direction is: Understand that this is not about a closeted panel that meets in the basement and you give us design work. This is about complete integration of patients and family members into all of the departments of your hospital."

"I got contacted by a major hospital wanting to set up a panel to discuss, this, this, this, and this. I just said, 'Woah. If you're going to set up a board to discuss exactly what you want to discuss there's no point in having it.'
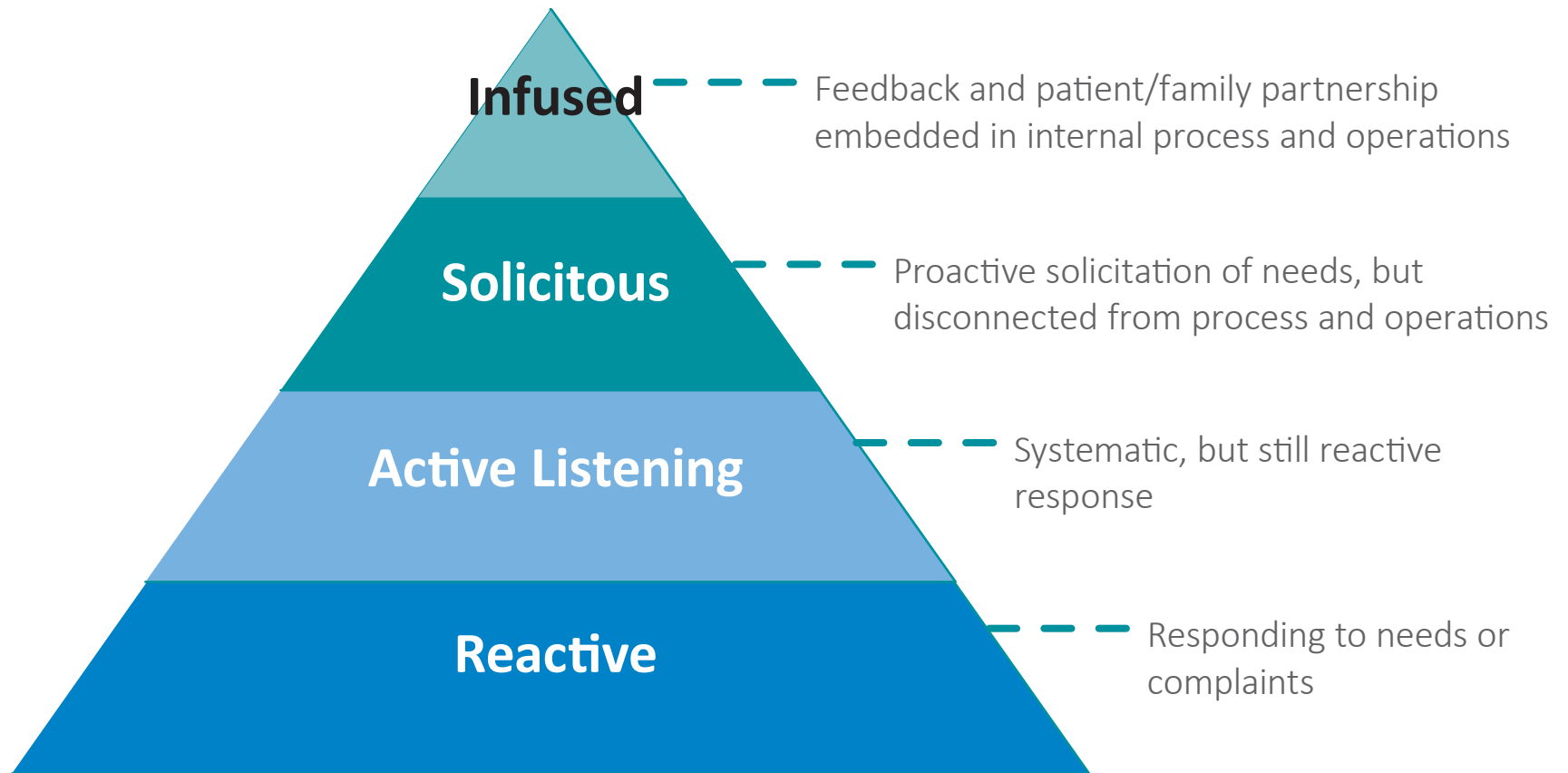
If you want to set up a patient and family advisory team, then the mission, what you're going to discuss, what you're going to do needs to be co-designed and co-created.

Don't set up a patient advisory team just to discuss the things you want to discuss. Set it up because you want true partnership."

The Stages of Patient and Family Voice Integration

By mandate, most organizations have a system for tracking and managing complaints and grievances, and for surveying patients about their experience. But health systems need to take patient voice to the next level by proactively soliciting input from patients and families, and building systematic processes to embed voice into processes and operations.

Infused — — — Feedback and patient/family partnership embedded in internal process and operations

Solicitous — — — Proactive solicitation of needs, but disconnected from process and operations

Active Listening — — — Systematic, but still reactive response

Reactive — — — Responding to needs or complaints

INFUSING PATIENT VOICE

Patient and Family Voice Must Be Aggregated from Multiple Sources

Healthcare leaders have a multitude of sources from which to gather patient voice and feedback. To truly design patient-and-family-centered care models, patients must be involved across the spectrum of solution design—from issue and root cause identification to codesign and adaptation.

Market Intelligence & Issue Identification	Understand Root Cause	Improvement & Solution Development	Implement & Adapt	Measure & Monitor
Patient and Family Improvement Partners				
Standardized Surveys				Standardized Surveys
Comment Cards/Ombudsman				Comment Cards/Ombudsman
Inbound Complaints				Inbound Complaints
		Multidisciplinary Design Session		
	Interviews & Focus Groups			
	Observations & Discussions			
Virtual Patient Councils				Virtual Patient Councils
Social Media (e.g. Yelp)				

Kingston General Hospital Put Patient and Family Voice at the Center

Leaders at Kingston General Hospital in needed to orchestrate a turn-around—financially and to improve the quality and safety of the care. The system made a strategic commitment to putting patient and family voice at the center of decision making. As a result, the system delivered significant improvements in quality and solvency.

KG+H Kingston General Hospital

Leslee Thompson, RN
Chief Executive Officer
Kingston General Hospital

Organizational Strategy

Transform the patient experience through a relentless focus on quality, safety, and service. We will:

1. Engage patients in all aspects of our quality, safety, and service improvement initiatives
2. Eliminate all preventable harm to patients
3. Eliminate all preventable delays in the patient journey to, within, and from KGH

Executive Commitment

"ANY decision where there is a material impact on experience of patients, a patient will be at the table."

Polices for Execution

| Patient-centered leadership training & materials | Patient- & family-led feedback forum facilitation guides | Patient-centered decision-making tools & resources | Patient/family partner recruit-ment & guidance materials |

Three Year Results

Community Engagement
- ✓ 55 Patient Advisors & all levels committees
- ✓ Improved reputation, brand, pride
- ✓ Eliminated financial deficit

Outcomes
- ✓ Reduced infection rates
- ✓ Increased hand hygiene compliance
- ✓ Patient satisfaction >90%

Clincal Efficacy
- ✓ Reduced length of-stay
- ✓ Reduced waiting times, better turnarounds

Employee Engagement
- ✓ Reduced sick time
- ✓ Improved workplace safety

THE HUMAN SIDE OF CHANGE

"**You have to be rigorous in your prioritization.** You have to be able to say no and have senior leaders back that up. Ultimately it's controlled in the C-suite.

One of my blind spots is I tend to say yes and overcommit my team. So **I appoint someone as my cross-check.** I tell them, 'I'm aware and I'll try, but I expect you to question me publicly: Do we really have the resources? What are we going to stop doing?'

It's the same skills as on a high reliability team—**trust and transparency. I have to live what I teach.** To keep my team healthy, I have a preoccupation with failure and sensitivity to operations."

Marty Scott, M.D., MBA
Senior Vice President/Chief Quality Officer
Meridian Health

PHYSICIAN & STAFF WELL BEING

Physician and Staff Burnout and Fatigue are Rarely Measured

While 76% of respondents said their organizations usually or always measure pre- and post- values for patient experience in improvement projects, only 15% do so for staff and 11% for physician burnout, fatigue, or exhaustion. By ignoring physician and staff well being, organizations risk higher error rates, attrition, and other negative results.

"How Often in Your Improvement Projects Do You Measure a Baseline and Subsequent Measure for Each of the Following?"

- Physician Burnout, Fatigue, or Emotional Exhaustion
- Staff Burnout, Fatigue, or Emotional Exhaustion
- Physician Experience/ Satisfaction
- Staff Experience/ Satisfaction
- Patient Experience/ Satisfaction

Legend: Always | Usually | Sometimes | Never | I don't know
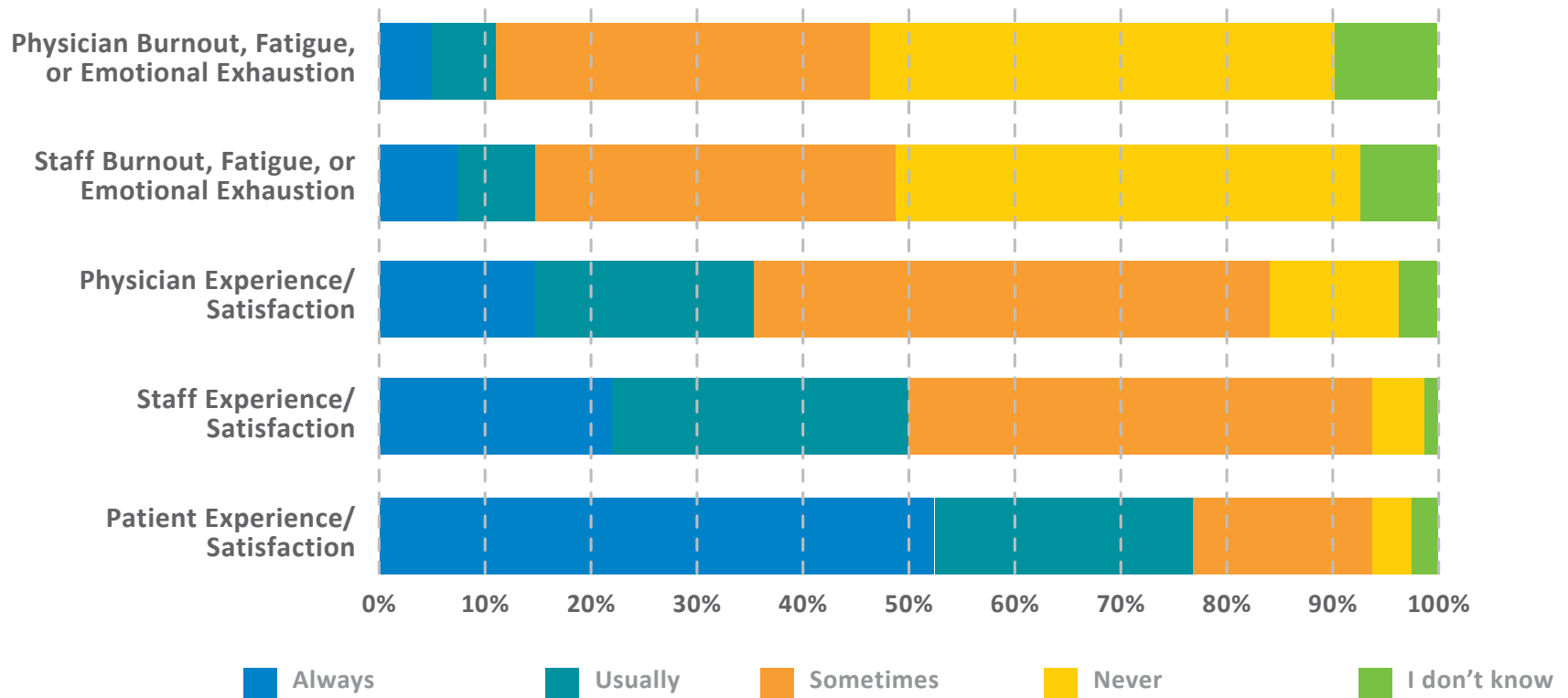
BURNOUT & FATIGUE

Most Organizations Overlook the Human Impact of Change

Fifty-three percent of respondents told us their organizations either have no programs in place to support workers through the energy-drain of change, or they still significantly struggle with burnout and fatigue despite their efforts. Among the 47% that do address the issue, more than a quarter rely on employee engagement programs to boost morale.

"How Does Your Organization Help to Prevent Burnout and Initiative Fatigue?"

53% Don't

47% Do
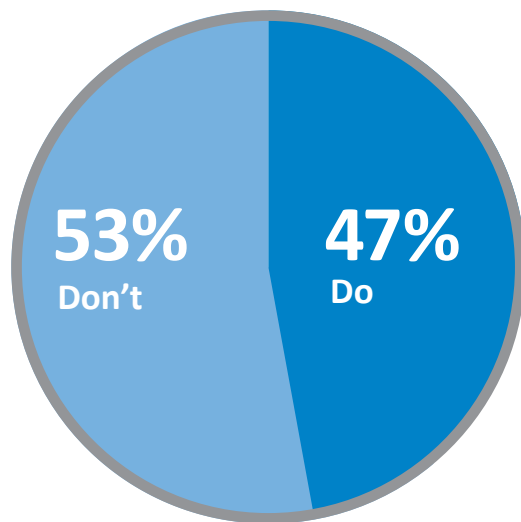
26% Employee Engagement Programs (including recognition/rewards)

23% Employee Wellness Programs (including access to holistic/healing services)

20% Limit Number or Stagger Frequency of Initiatives

11% Connect Initiatives to Strategic Goals

9% Rotate People on Projects

6% Tie Change to Purpose

(Note: Results are aggregated from open-ended responses.)

LIMITING FATIGUE

Leaders Take a Deliberate Approach to Limiting Initiative Fatigue

In our interviews, leaders shared a variety of approaches that help them maintain their staff's and their own energy for change. Their ideas center around limiting change to key, meaningful initiatives, leadership approaches that show a commitment to purpose, and attunement to the human side of change management.

FOCUS ON KEY PRIORITIES

"We try to minimize initiative fatigue by being conscious and focused in what we do. Before LEAP we said yes to everything. Now we have 11 metrics we follow for the board. Any improvement work has to link to one of our 11 metrics."

Susan Ehrlich, M.D., Chief Executive Officer
San Mateo Medical Center

LIMIT INITIATIVE CREEP

"We intentionally limit change. I always push back and ask, 'How does this benefit our patients and our people?' We staff appropriately so we don't run too lean. We're not asking people to do more with less, we're asking people to do less with less."

Shawn Evans, PhD, SVP, Performance Excellence
University of Colorado Health System

FIND AND FIX ROOT CAUSE

"I get overwhelmed if I look at the 820 things I need to address. But if I trace the issues back to root cause, I can focus on what really needs to be fixed. Organizing problems helps people see the bigger picture. It's like a Monet painting—if you get too close, it doesn't make sense."

Jennifer Clark, M.D., Chief Medical Officer,
Hillcrest HealthCare System

FOLLOW THROUGH

"I really believe that you need to invest in and develop leaders. You'll never be able to overcome the damage of saying one thing and acting a different way. People need to see that you're committed. Then they look at things a little differently."

Verna Yiu, M.D., Chief Medical Officer
Alberta Health Services

CONNECT TO PURPOSE

"People in a mission-driven organization want to be reminded of their mission. We construct change with more of a human face. How does this affect employees, patients, and families? When we onboard new units to continuous process improvement, we start with respect."

Ralph Gonzales, M.D., Chief Innovation Officer
University of California San Francisco Medical Center

RESTORE JOY

"We often work from a mental model that assumes we must squeeze people, processes, or supplies to enhance efficiency. Instead we can liberate the system from wasteful or silo-based practices to simultaneously improve efficiency while restoring joy, meaning, and mindful focus."

Read Pierce, M.D., Associate Dir., Inst. for Healthcare Quality, Safety, & Efficiency
University of Colorado Health

CASE EXAMPLE

Burnout and Fatigue Cascade into Errors and Disengagement

Studies show that burnout and emotional fatigue reduce empathy, which results in a host of downstream problems, including reduced satisfaction, increased medical errors, increased malpractice risk, and increased hospital mortality rates. By contrast, when clinicians show high mindfulness, patients rate them more highly on communication.

Acute
Incident-driven ----- Doctors and nurses internalize the emotional impact of difficult cases and stoically "move on" to the next; difficult peer and team relationships compound the stress.

Sub-acute
The effects of multi-day stress ----- With no immediate outlet, stress builds up, causing physical, emotional, and behavioral deterioration.

Chronic
Enduring and ongoing ----- Over time, unresolved stress and emotional distress causes burnout, detachment, and increased likelihood of errors.

Dugan et al. *Stressful nurses: the effect on patient outcomes.* Journal of Nursing Care Quality April 1996 - Volume 10 - Issue 3
Jones et al *Stress and medical malpractice: Organizational risk assessment and intervention.* Journal of Applied Psychology, Vol 73(4), Nov 1988, 727-735
A proposed physician–patient cycle model. Stress and Health Volume 22, Issue 2, pages 131–137, April 2006,
David H Hickam, MD, MPH , *The Effect of Health Care Working Conditions on Patient Safety* AHRQ May 2003
Beach MC, Roter D, Korthuis PT, et al. *A multicenter study of physician mindfulness and health care quality.* Ann Fam Med. 2013;11(5):421-428

CASE EXAMPLE

Xpedition Health Delivered a Mindfulness Course for Physicians

Physician faculty members in the Institute for Healthcare Excellence (IHE) teach a communication course that starts with mindfulness. Xpedition Health conducted a training program designed to build mindful awareness for the faculty. Before and after measures showed significant improvements in mindfulness, burnout, and satisfaction with medicine.

XPEDITION HEALTH

Robert Eric Dinenberg, M.D., MPH
President and Chief Medical Officer
Xpedition Health
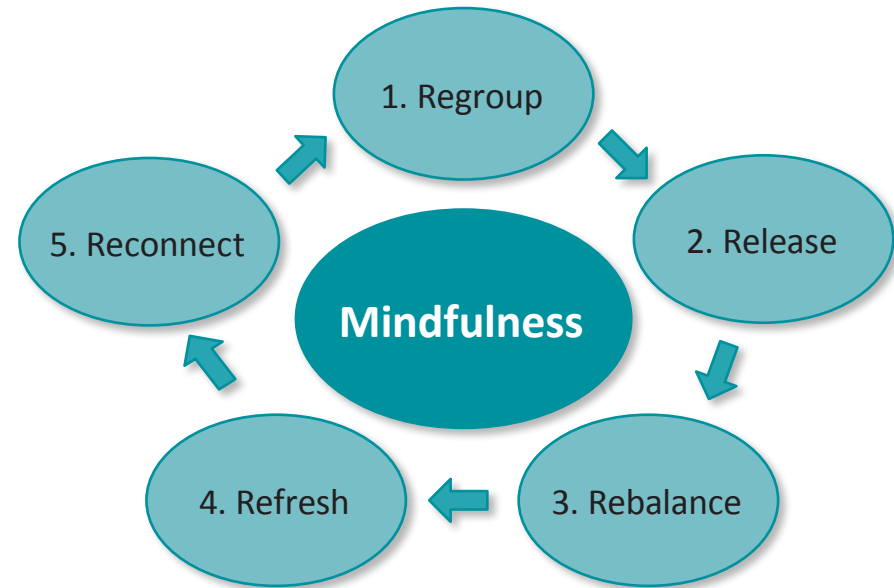
Six-Week Results

	Before	After	
Average mindfulness score[1]	**3.6**	**4.4**	*p<.05*
Average burnout score[2]	**13.5**	**7.8**	*p<.05*
Average satisfaction with medicine score[3]	**11.7**	**14.4**	*p<.05*

[1] Mindful Attention Awareness Scale
[2] Abbreviated Maslach Burnout Inventory
[3] Satisfaction with Medicine scale

In-Person Mindfulness Retreat

8 hours of in-person instruction on mindfulness—how to purposefully pay attention to present moment experience in a nonjudgmental manner.

Six Weeks: Mindfulness via Twitter

Monday: instructional video
Wednesday: group chat
Daily: participants log "mindful minutes"
Friday: winning team for most "mindful minutes" announced

Mindfulness cycle: 1. Regroup, 2. Release, 3. Rebalance, 4. Refresh, 5. Reconnect

A UNIFYING APPROACH

A UNIFIED VISION

Experience Leaders Take It to the Next Level

Now that responsibility for human experience is embedded in the healthcare ethos, experience leaders can solidify the strategy, infrastructure, and organizational capacity to take healthcare into its next iteration—new care models and system-based approaches that deliver efficiency and empathy to every patient, every time.

Strategy & Governance

Develop a clear course and align the organization around human experience differentiation as the key to clinical outcomes and growth.

Culture & Performance Management

Clearly define behavioral standards and expectations within the culture, hire-for-fit, performance management, and leadership coaching tools.

Operating Model & Infrastructure

Create the organizational and technological infrastructure, communications processes, and daily management system to turn strategy into results.

Improvement & Innovation

Map the gaps in both efficiency and empathy across the patient journey to define differentiating moments of truth that improve experience and outcomes.

ROADMAP FOR EXCELLENCE

Connect the Dots Across the Organization to Drive Improvement

The work of building the necessary components for alignment and integration rests on the shoulders of leadership. Creating the vision, culture, and infrastructure to support patient- and staff-led innovation is the hard work of change, but a thoughtful approach saves time, resources, and burnout down the road.

Organizational & Leadership Commitment to Experience Excellence

Strategy & Governance	Culture & Performance Management	Infrastructure & Operating Model	Improvement & Innovation
Align the organization around clearly defined priorities	*Define cultural standards and drive accountability*	*Organize and align resources for execution*	*Engage front-line teams in transformation*
❑ Mission and vision linking experience to outcomes	❑ Organizational values and behavioral standards defined for every role	❑ Active Daily Management (rounds, huddles, visual management)	❑ Stakeholder voice to inform and prioritize improvement efforts
❑ Strategic planning, priorities, and metrics ("True North")	❑ Training and credentialing	❑ Process improvement that integrates quality, safety, and experience	❑ Implementation of evidence-based best practices
❑ Governance at all levels and across the enterprise	❑ Interview process, hire-for-fit, and on-boarding	❑ Office of Patient Experience	❑ Process for rapidly testing new solutions
❑ Transparency and cascading communications	❑ Annual performance reviews, coaching, and incentives	❑ Unit-Based Leadership Teams for spread and scale of initiatives	❑ Forum to showcase successes and build momentum

STRATEGY & GOVERNANCE

Vision and Mission Cascade to Objectives, Metrics, and Accountability

The most successful transformations start with making human experience a top strategic priority. Leaders turn strategy into reality by linking vision and mission to operational objectives and a governance infrastructure that allows all parts of the organization to align behind and contribute to change. Daily management techniques help hardwire results.

Showcase

Know Your Physician

Dashboards

Plan on a Page

Person-Centered / Joy / Quality / Cost

A3 Charters

Tie Organization's Vision and Mission to Humanizing Healthcare

Craft Measurable Objectives tied to the Quadruple Aim

Link Measures to H-ADM and System Strategic Initiatives

Cascade Measures by Service Line and Visually Manage Results

Create Top Down and Bottom Up Communications to Assess Progress.
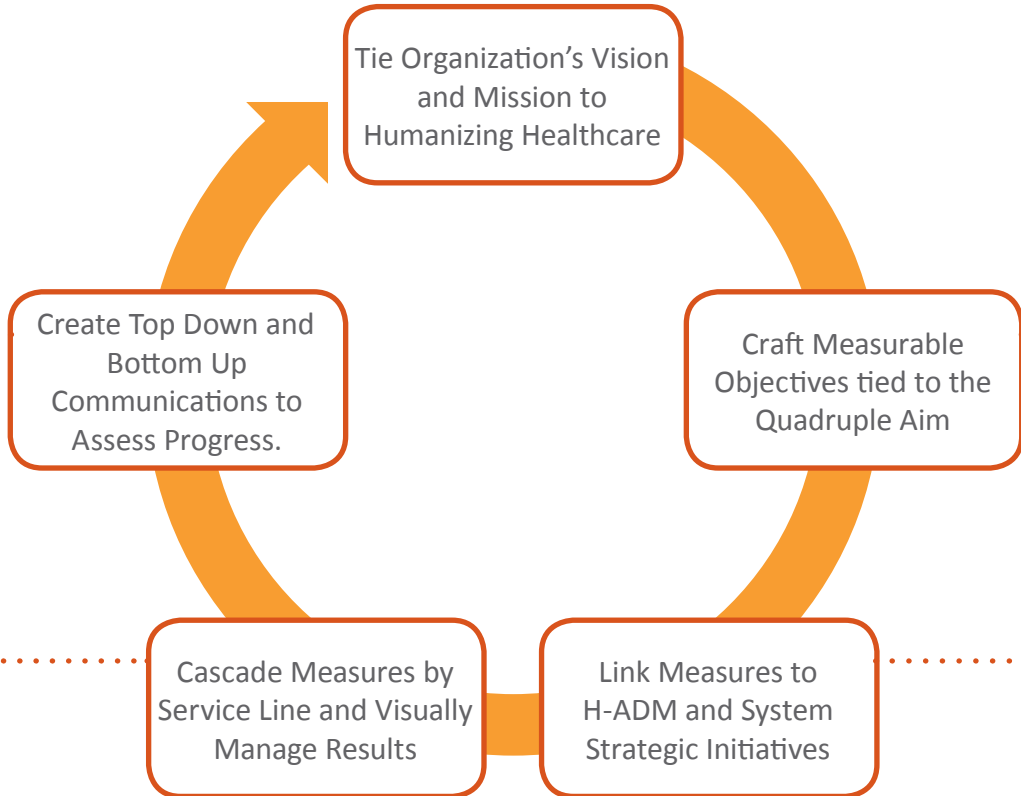
How to Build an Experience Culture

Most industries focus culture activities on hiring, training, and rewards. However, hospitals and health systems must recognize the emotional burden that caring for vulnerable patients and families can have on the workforce, and invest in programs that provide emotional support and healing for physicians, nurses, and other staff.

4. Restore Joy

- Resiliency programming
- Mindfulness training
- Code Lavender™
- Access to Healing Services resources
- Burnout prevention
- Team-building activities
- Collective celebrations

1. Leadership Expectations

- Experience-focused vision and values
- Promotion based on leadership competency and demonstrated experience skills
- Skill- and interest-based initiative assignment
- Leader rounds
- Formal and informal mentoring programs
- Role model desired behaviors

3. Performance Management

- Clearly defined daily work
- Visual management resources
- Engagement processes (e.g. rounding, huddles)
- Formal and informal recognition and rewards programs aligned with experience values
- Inspiration through storytelling

2. Behavior Standards

- Co-create behavior standards with frontline staff, physicians, and leaders
- Clearly defined behavior standards for all job roles
- Job descriptions, hiring criteria, onboarding, and promotion based on behavior standards
- Training in empathy and communication

Operating Model
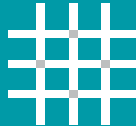
Creating Operational Resources and Alignment

Alignment and coordination across quality, safety, process, and experience improvement doesn't happen by accident. Leading organizations are building centralized imrpovement hubs that provide resources and education to frontline leaders, and act as a center of coordination to promote collaboration across disciplines and sharing of best practices.

Strategic Plan

Process Improvement (PI) Center of Excellence

- Quality & Safety
- Research Informatics
- Clinical Application Services
- Project Management Office (PMO)
- Patient Experience
- Clinical Informatics

Service Lines

Operational Excellence

Patient Experience

Quality

Annual Cascading Project Charters
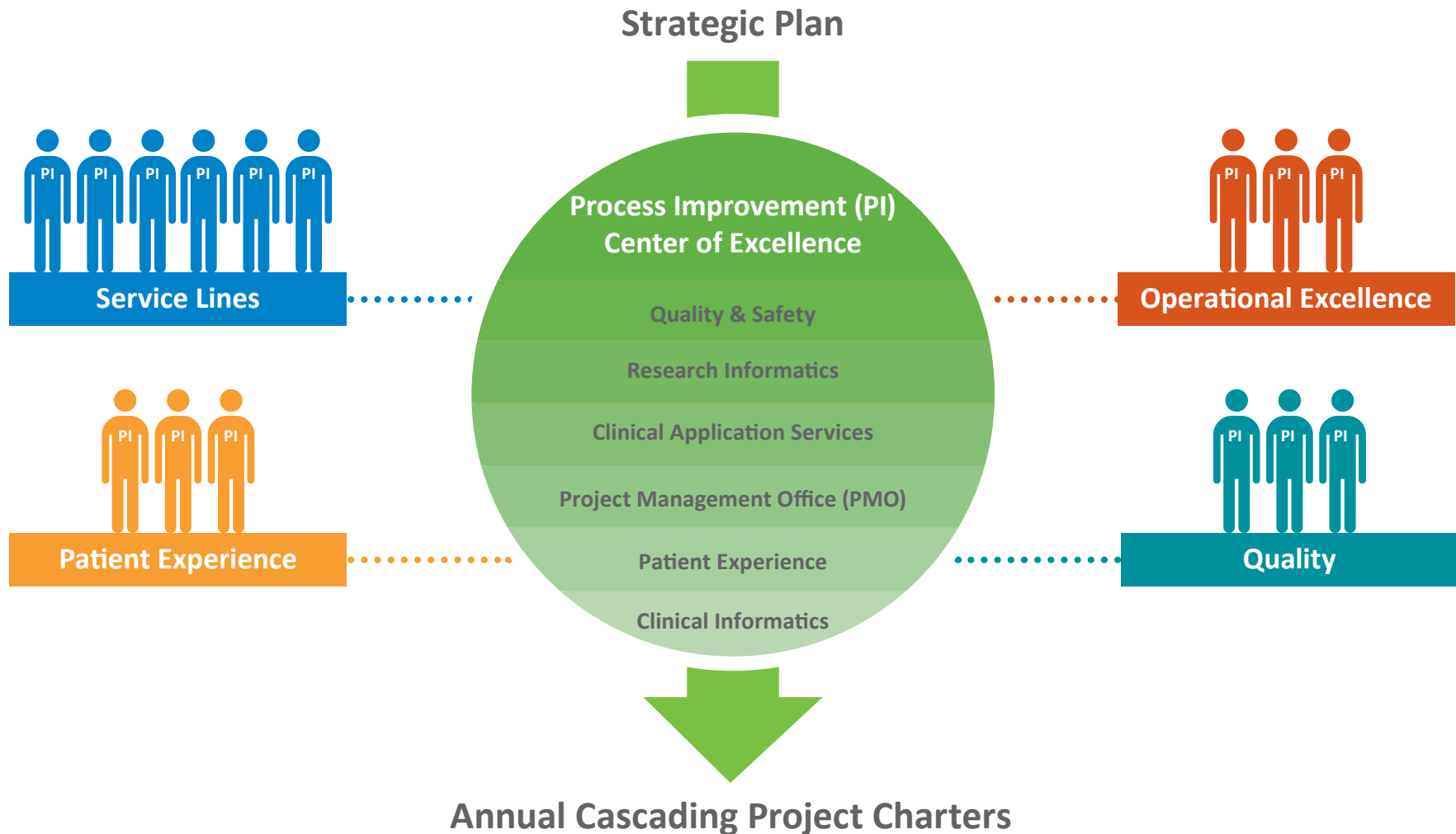
GRASSROOTS IMPROVEMENT

Experience Mapping and Design Humanizes Process Improvement

The Experience Innovation Network's Experience Mapping and Design Program marries design thinking with best practices from Lean and Six Sigma to create a more humanized healthcare experience. Key focus points include addressing communication, relationship, and physical comfort gaps, and restoring physicians and staff to purpose.

Alignment	Intelligence	Discovery	Design	Realization	Sustainability
❏ Align team ❏ Define project scope ❏ Set goals	❏ Collect experience data ❏ Complete culture "pulse" survey	❏ Hold experience interviews and focus groups ❏ Conduct experience observation	❏ Hold experience design session ❏ Begin rapid prototyping and action	❏ Implement improvement plans ❏ Communicate results	❏ Measure results ❏ Monitor backsliding ❏ Retake culture "pulse"

Parting Thoughts

It's a truism that the only thing you can count on in healthcare is change. How we define healthcare "value" and experience excellence will continue to evolve as our understanding becomes more sophisticated, and as new technologies and industries raise the bar on consumer expectations.

But some things will remain constant: the root of healthcare will always be high-quality, safe, efficient, respectful, and empathetic experiences. So healthcare leaders will need to embrace approaches to change that create an optimal human experience.

For leaders focused on transformation, it is imperative to remember the humanity of doctors, nurses, employees, patients, families, and fellow leaders. Practices such as storytelling, supportive coaching and mentoring, and a relentless focus on the "why" behind the change will help return healthcare professionals to purpose and minimize the effects of burnout and fatigue. This, in turn, will form the foundation for differentiation and growth.

Over the coming years, healthcare leaders will need to find the courage and humility to engage patients and families much more deeply in change processes so that they can redefine "value" in healthcare through the eyes of patients and families. Only this will allow health systems to create end-to-end patient journeys that support the highest quality care and human connection, in a manner that allows healthcare professionals to achieve their highest healing potential.

RESPONDING ORGANIZATIONS

ORGANIZATIONAL TYPE

Multi-Hospital System	Stand-Alone Hospital
46	**9**
Academic	Community
15	**15**
Not-for-Profit	Faith-Based
21	**5**
Medical Group Practice or Multi-Clinic System	Other
12	**9**

SERVICES PROVIDED

Inpatient	Outpatient
69	**70**
Primary Care	Long-term Acute Care
57	**20**
Skilled Nursing	Home Care Services
28	**40**
Behavioral Health	Inpatient Rehabilitation
4	**4**

BEDS

Average: **1,065**   Minimum: **24**   Maximum: **8,000**   Median: **535**

(Not all respondents shared organizational information.)

ACKNOWLEDGMENTS

GRATITUDE

The Experience Innovation Network team is grateful to all who shared their time and insights to make this study possible. We are humbled and honored to work with so many of the industry's best, brightest, and most empathetic!

KEEP THE DIALOG GOING | **Join fellow leaders in the Accelerating Healthcare Experience Excellence LinkedIn group. Ask questions, get answers, and network in the only group exclusively for experience leaders.**
http://linkd.in/1EA3Rcd

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ABOUT THE EXPERIENCE INNOVATION NETWORK

Vocera's Experience Innovation Network works to foster adoption of solutions that revolutionize healthcare experience and outcomes. Co-founded by Bridget Duffy, M.D., the first Chief Experience Officer in healthcare, this network of industry pioneers is accelerating the discovery and adoption of innovations that meet the Quadruple Aim of improving population health, elevating patient-centered care, and reducing costs while restoring joy to the practice of medicine.

For more information, please visit www.vocera.com/EIN and follow us on Twitter at @EINHealth.

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