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Promoting Clinician Resilience: Ensuring Effective Support after Adverse Events

Patricia I. McCotter, RN, JD, CPHRM, CPC
Director, Patient Safety Innovation & Provider Support

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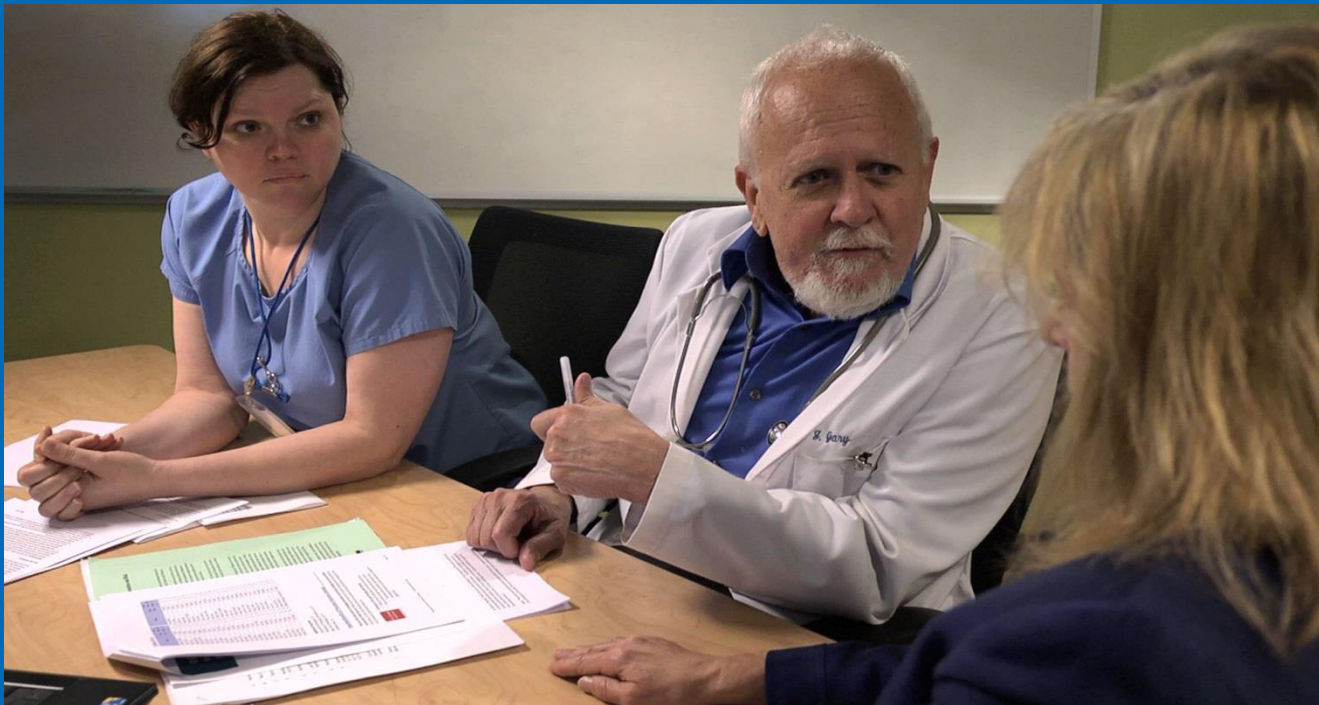
Welcome and introduction

Focus:

- Multidimensional impact of adverse events, litigation, and burnout on clinicians and organizations
- Correlation between clinician distress, burnout, and medical errors
- Identification of coping techniques, interventions, and support programs to promote clinician resilience

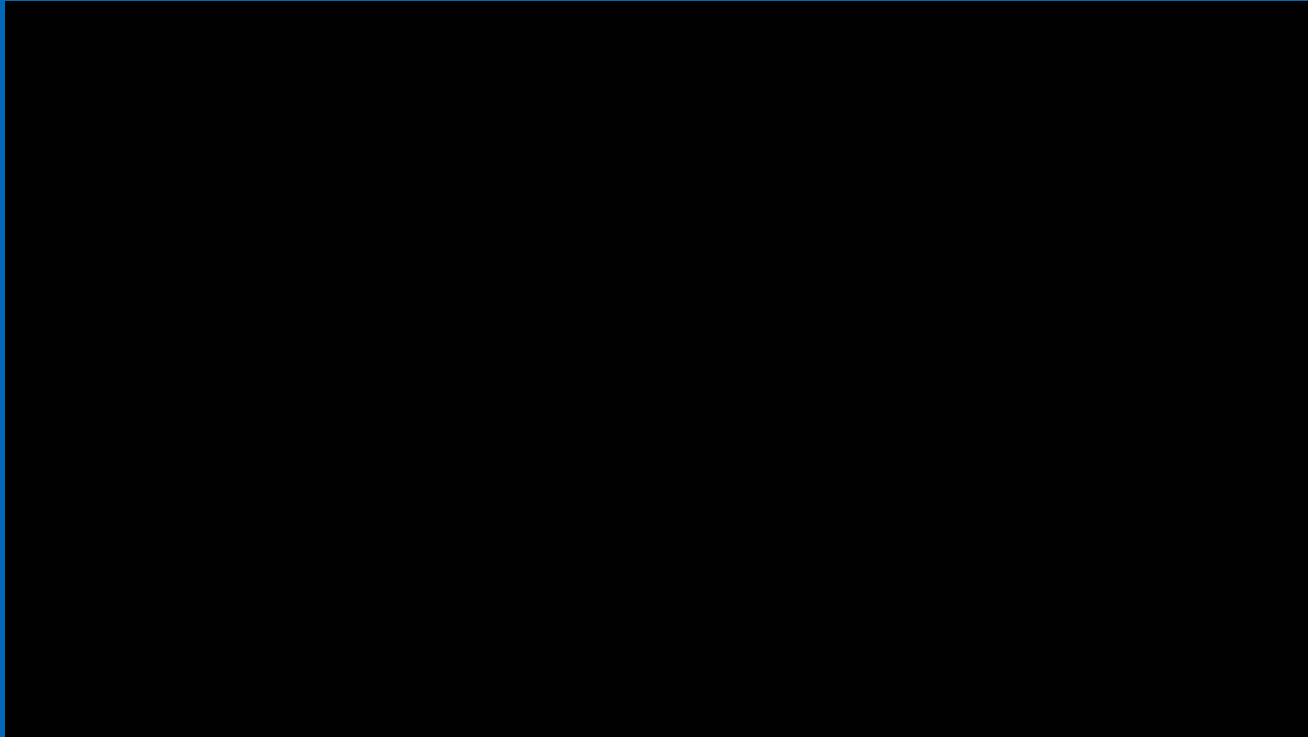


Bad things happen to good caregivers



Your team: all in a day's work

- Wrong side surgery in ambulatory surgery center in 34-year-old female. Wrong ovary removed.
- Questions:
 1. Is this a safe environment? Why or why not?
 2. What are the issues?
 3. What resources are needed?
 4. What are the barriers for change?
 5. How can we overcome the barriers?
 6. What are the next steps?

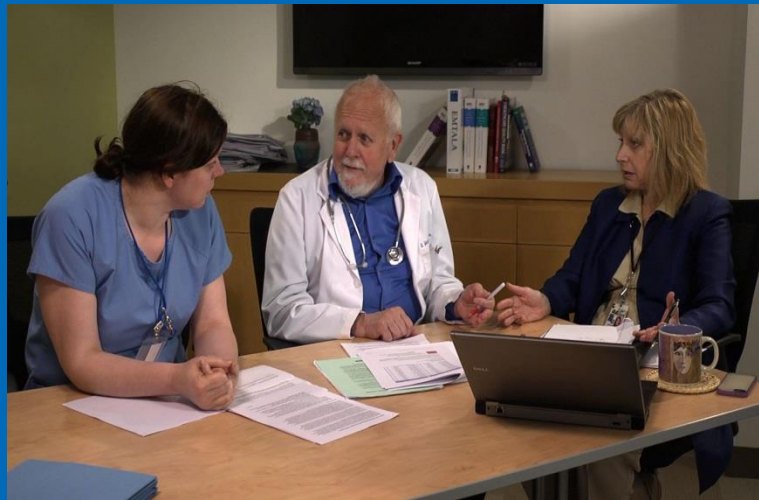


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Let's start at the beginning!

- What hazards are associated with this team?
- Does this team need help?



Your team: all in a day's work

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Burnout and dissatisfaction



Features of burnout

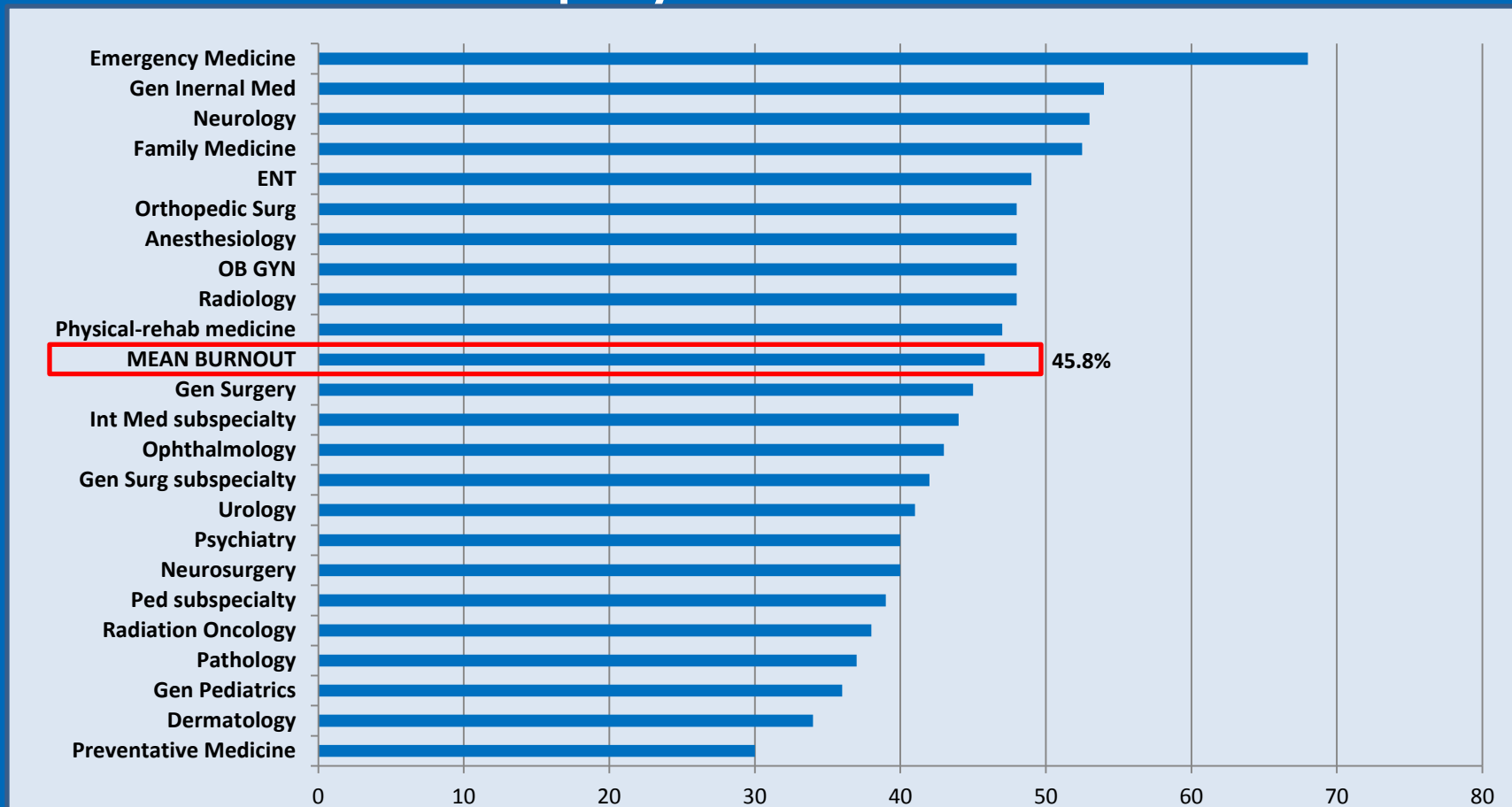
Impact on the individual

Burnout triad:

- Emotional exhaustion
- Detachment: feelings of cynicism
- Low sense of personal accomplishment: a sense of ineffectiveness

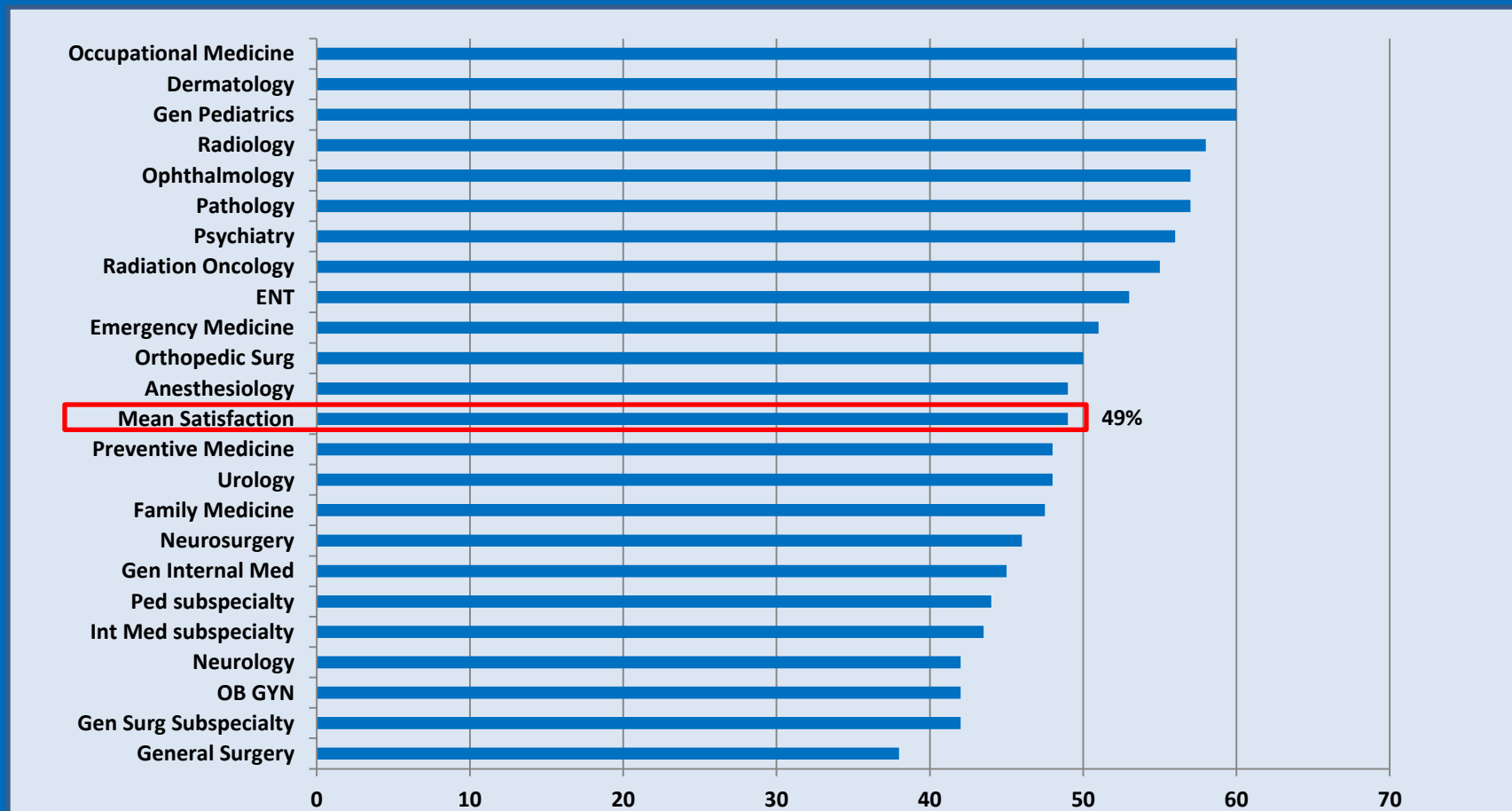


Burnout in U.S. physicians 2012



Percentage of burnout by specialty

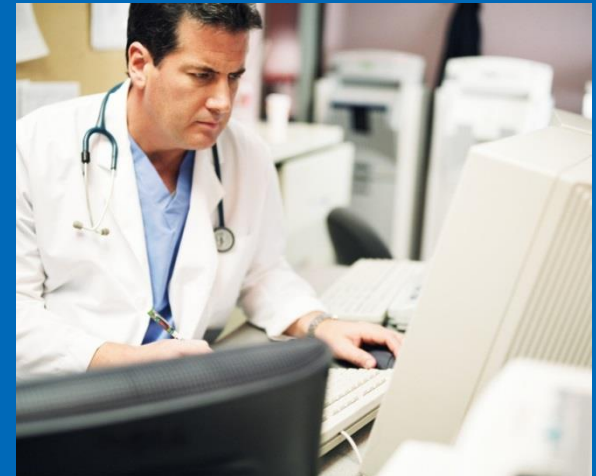
Satisfaction in U.S. physicians 2012



Percentage of satisfaction with life-work balance

Distressed physicians

- Increase in medical errors (1)
- Riskier prescription profiles (2)
- Less empathic (3)
- Change specialties(4) / practices (5)
- Reduced work hours (6)
- Leave patient care (7)
- Patients less satisfied (8)
- Patients less compliant (9)
- Patients more litigious (10)



Distressed physicians: citations

1. Amy Fahrenkopf, Theodore Sectish, Laura Barger, Paul Sharek, Daniel Lewin, Vincent Chiang, Sarah Edwards, Bernhard Wiedermann, and Christopher Landrigan, "Rates of Medication Errors among Depressed and Burnt Out Residents: Prospective Cohort Study," *BMJ* 336 (2008): 488-491.
2. Arabella Melville, "Job Satisfaction in General Practice: Implications for Prescribing," *Social Science and Medicine: Medical Psychology and Medical Sociology* 14 (1980): 495-499.
3. Tait Shanafelt, Colin West, Xing Zhao, Paul Novotny, Joseph Kolars, Thomas Habermann, and Jeff Sloan, "Relationship between Increased Personal Well-being and Enhanced Empathy among Internal Medicine Residents," *Journal of General Internal Medicine* 20 (2005): 559-564.
4. Darrell Campbell, Seema Sonnad, Frederic Eckhauser, Kyle Campbell, and Lazar Greenfield, "Burnout among American Surgeons," *Surgery* 130 (2001): 696-705.
5. Tait Shanafelt, Colin West, Jeff Sloan, Paul Novotny, Greg Poland, Ron Menaker, Teresa Rummans, and Lotte Dyrbye, "Career Fit and Burnout among Academic Faculty," *Archives of Internal Medicine* 169 (2009): 990-995.
6. Bruce Landon, James D. Reschovsky, Hoangmai H. Pham, and David Blumenthal, "Leaving Medicine: The Consequences of Physician Dissatisfaction," *Medical Care* 44 (2006): 234-242.
7. Darrell Campbell, Seema Sonnad, Frederic Eckhauser, Kyle Campbell, and Lazar Greenfield, "Burnout among American Surgeons," *Surgery* 130 (2001): 696-705.
8. Jennifer Haas, E. Francis Cook, Ann Louise Puopolo, Helen Burstin, Paul Cleary, and Troyen Brennan, "Is the Professional Satisfaction of General Internists Associated with Patient Satisfaction?" *Journal of General Internal Medicine* 15 (2000): 122-128.
9. Lisa Bellini, Michael Baime, and Judy Shea, "Variation of Mood and Empathy during Internship," *Journal of the American Medical Association* 287 (2002): 3143-3146.
10. Mark Crane, "Why Burned-out Doctors Get Sued More Often," *Medical Economics* 10 (1998): 210-212, 215-218.

Distress in nurses

- 1/3 of nurses reported high levels of job-related burnout
- Conclusions:
 - “When nurses are chronically stressed and feel unsupported by the work environment, it leads to lapses in infection control practices.”
 - “Now that we see that burnout is playing a role in this relationship, we have to look at more than just the staffing.”
 - “We have to look at the system, the organizational structure where the nurses provide care.”

Features of burnout

Impact on the team

- Increased mortality
- Increased rates of infection
- Low morale
- High job turnover
- Impaired job performance
 - Decreased empathy
 - Increased absenteeism
- Reduced patient satisfaction
- Greater staff conflicts



Preventing burnout

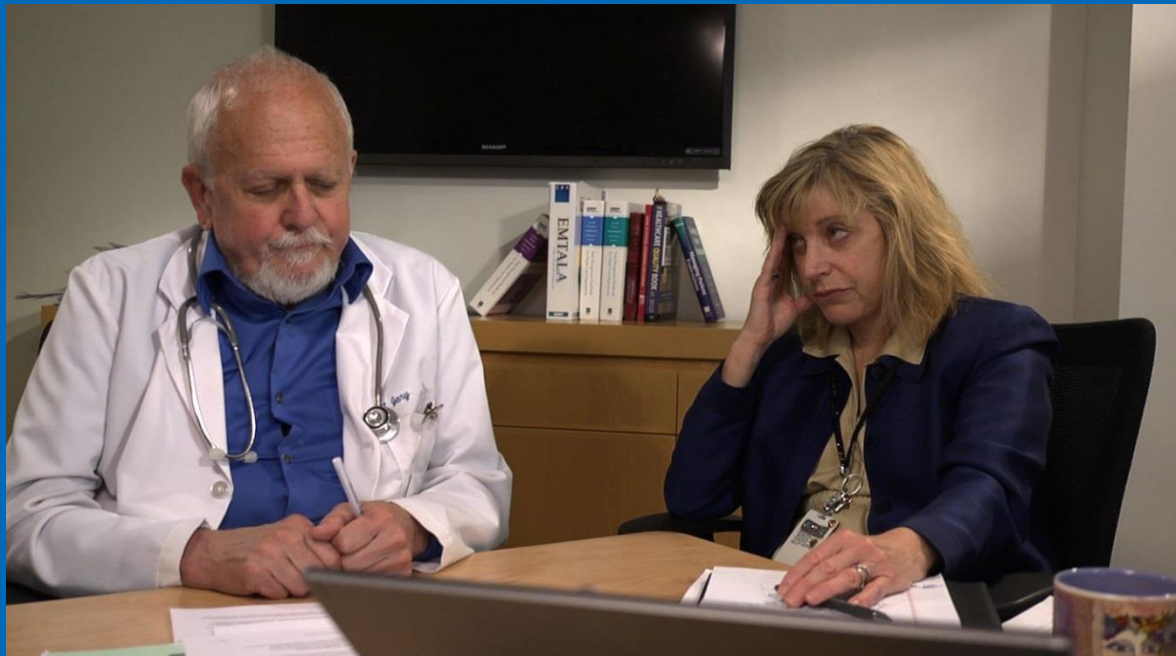
- Mindfulness meditation
- Reflective writing
- Adequate supervision and mentoring
- Sustainable workload
- Promotion of feelings of choice and control
- Appropriate recognition and reward
- Supportive work community
- Promotion of fairness and justice in the workplace

Preventing burnout

- Training in communication skills
- Development of self-awareness skills
- Practice of self-care activities
- Continuing educational activities
- Participation in research
- Mindfulness-based stress reduction (MBSR) for team
- Meaning-centered intervention for team

Prevalence of adverse events

92% of the physicians had been involved with a near miss, minor error, or serious error



Amy Waterman, Jane Garbutt, Erik Hazel, William Claiborne Dunagan, Wendy Levinson, Victoria Fraser, and Thomas Gallagher, "The Emotional Impact of Medical Errors on Practicing Physicians in the US and Canada," *Joint Commission Journal on Quality and Patient Safety* 33 (2007): 467-476.

“Second victim”: definition

Clinicians who are

- involved in an unanticipated patient event, a medical error, and/or a patient-related injury; and
- become victimized in the sense that the clinician is traumatized by the event.

Associated feelings:

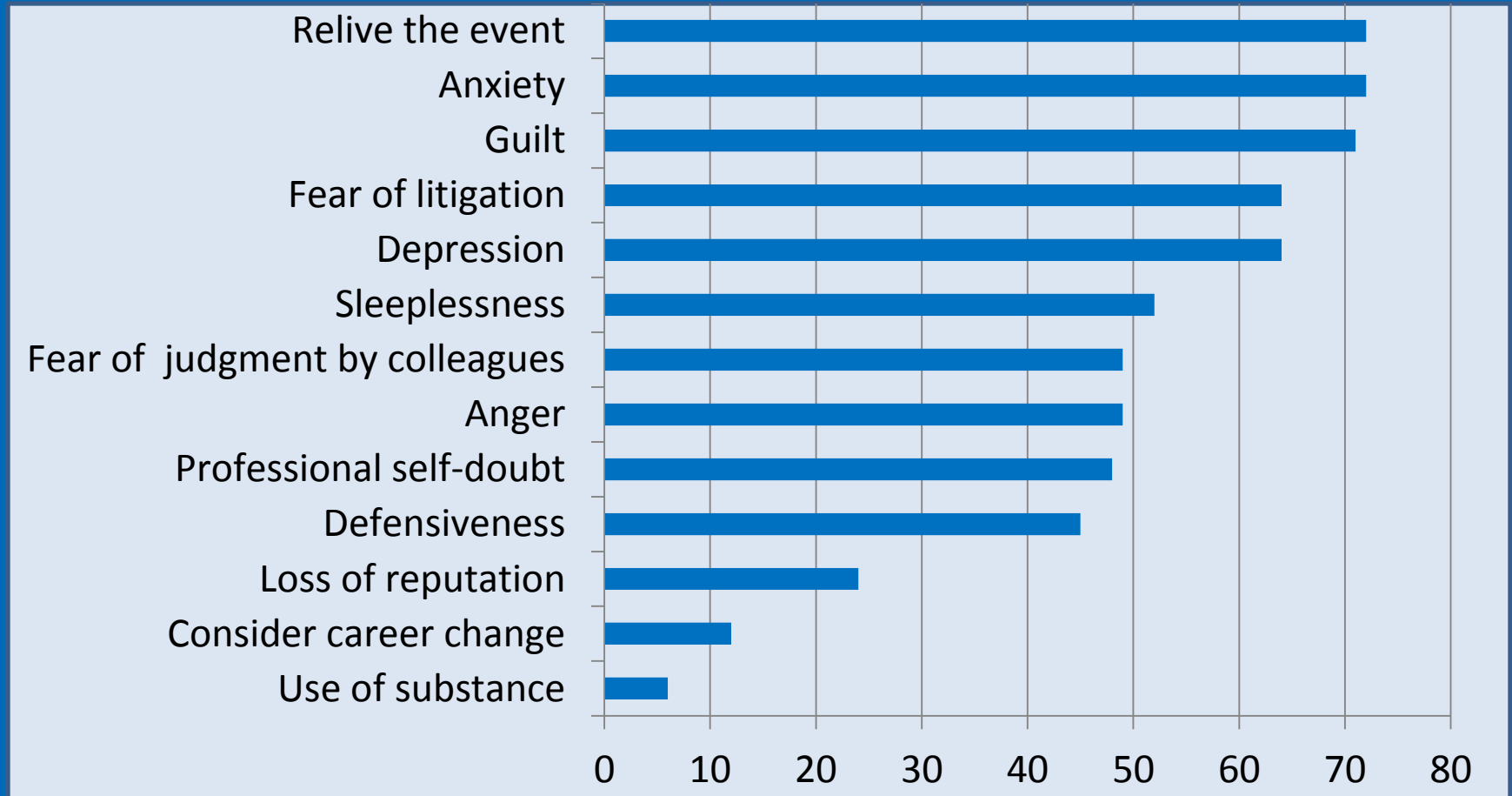
- Feel personally responsible for the patient outcome
- Feel they have failed the patient
- Second-guess their clinical skills and knowledge base

Common symptoms

- **Physical:** fatigue, headaches, tachycardia, insomnia
- **Cognitive:** confusion, worry, blame, intrusive thoughts
- **Emotional:** sorrow, grief, fear, sadness, guilt, shame
- **Behavioral:** social withdrawal, interpersonal conflict



Emotional impact of adverse events



Percentage of respondents who experienced symptom

Trajectory of emotional recovery

- Stage 1: Chaos and accident response
- Stage 2: Intrusive reflections
- Stage 3: Restoring personal integrity
- Stage 4: Enduring the inquisition
- Stage 5: Obtaining emotional first aid
- Stage 6: Moving on

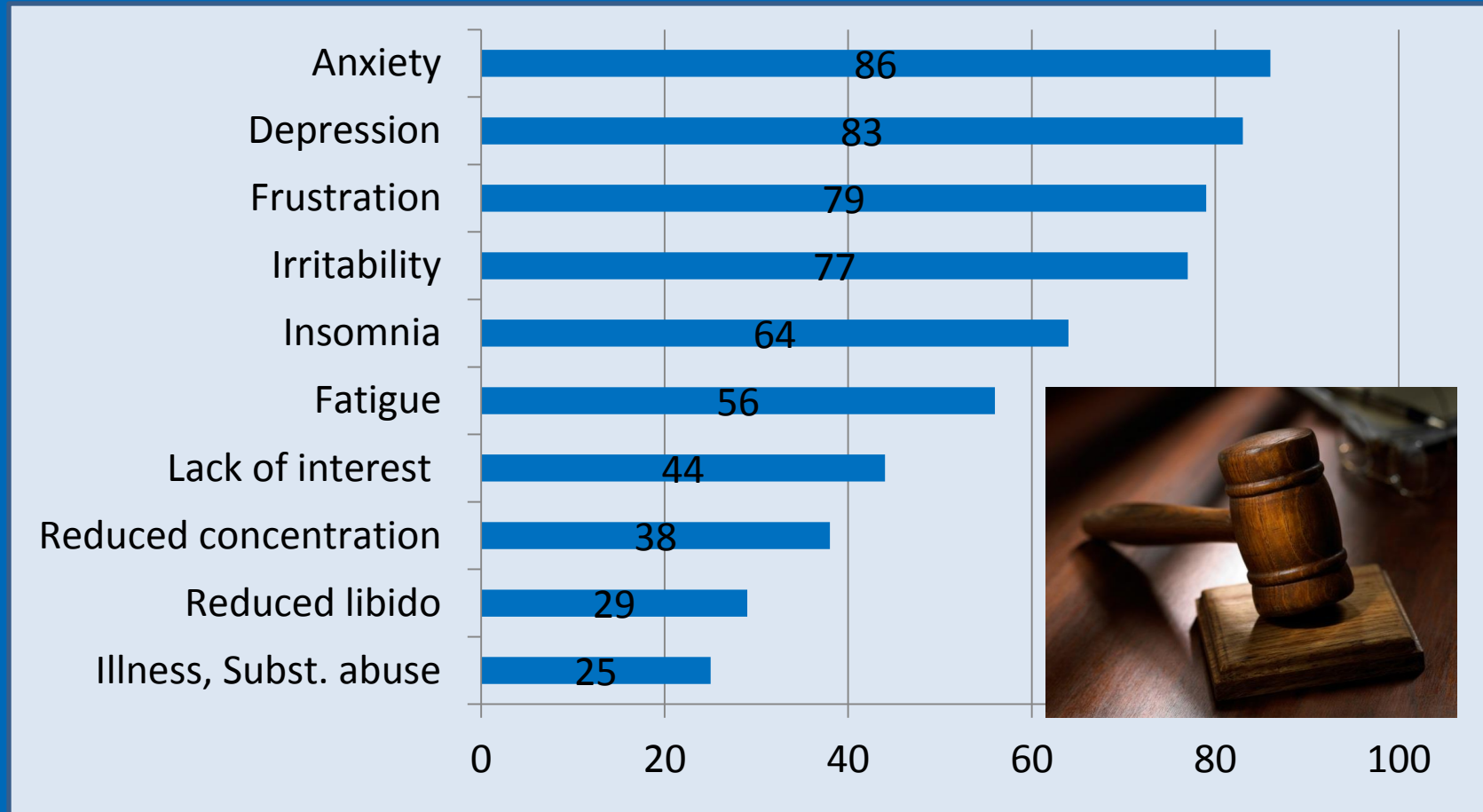
Susan Scott, Laura Hirschinger, Karen Cox, Myra McCoig, J. Brandt, and Leslie Hall, "The Natural History of Recovery for the Healthcare Provider 'Second Victim' after Adverse Patient Events," *Quality of Safety and Health Care* 18 (2009): 325-330

Percentage of MDs ever sued by specialty and age 2007-2008

Specialty	Age 55+
General Surgery	89.8%
Obstetric/Gynecology	77.1%
Emergency Medicine	75.1%
Surgical Subspecialties	73.1%
Radiology	63.4%
General Internal Medicine	58.3%
General & Family Practice	58.2%
Internal Medicine Subspecialties	57.6%
Pathology	55.4%
Anesthesiology	55.3%
Pediatrics	55.1%
Psychiatry	34.8%

Carol Kane, "Medical Liability Claim Frequency: A 2007-2008 Snapshot of Doctors," American Medical Association, 2010, <http://asts.org/docs/default-source/legislative/medical-liability-claim-frequency---a-2007-08-snapshot-of-physicians.pdf?sfvrsn=4>.

Impact of litigation



Percentage of physicians reporting symptoms

ACS 2010 survey

Recent malpractice suits were strongly related to

- Burnout
- Depression
- Recent thoughts of suicide



Price of clinician turnover

Single physician:

- \$123,000 - recruiting fees (\$153,859 in 2014 currency)
- \$2M - lost revenues (\$2.5M in 2014)

Single RN (Kaiser Permanente):

- \$47,403 - medical/surgical RN (\$59,296 in 2014)
- \$85,197 - specialty RN (\$106,572 in 2014)

Anita Misra-Hebert, Robert Kay, and James Stoller, "A Review of Physician Turnover: Rates, Causes, and Consequences," *American Journal of Medical Quality* 19 (2004): 56-66.

Steven T. Hunt, "Nursing turnover: Costs, Causes, and Solutions," SuccessFactors for Healthcare, Inc., 2009, <http://www.uexcel.com/resources/articles/NursingTurnover.pdf>.

Building resilience through job engagement

- Just culture
 - Learning environment vs. fear-based process
 - Proactive vs. reactive
 - Treating clinicians fairly
- Transparency after adverse events
 - Disclosure coaching
- Provider support/wellness programs

National Quality Forum Safe Practice #8

Care of the caregiver recommendations:

- Available to all employees involved
- Timely and systematic
- Just, respectful, compassionate
- Offer to participate in event investigation
- Fitness assessment and time off prn

Formal structures, systems, and policies:

- 24/7 availability
- Leadership training and buy-in
- Same care offered after near misses

Program designed to overcome barriers

- Time away from work
- Counseling would not be helpful
- Confidentiality
- Counseling part of permanent record
- Counseling might impact malpractice insurance costs
- Judged negatively by peers

Models of provider support

- Interprofessional rapid response system (tiered, pyramid of support)*
- Facility peer support program (QI-based)
- Insurer-based peer and litigation support programs (in anticipation of litigation)
- Wellness programs with clinician-centered resources (MBSR, yoga)



Scott three-tiered integrated model

Interprofessional rapid response system *forYOU team*

- Tier 1: Local unit-based support
- Tier 2: Trained peer supporter and resources
- Tier 3: Expedited referral network

Susan D. Scott, Laura E. Hirschinger, Karen R. Cox, Myra McCoig, Kristin Hahn-Cover, Kerri M. Epperly, Eileen C. Phillips, and Leslie W. Hall, "Caring for Your Own: Deploying a Systemwide Second Victim Rapid Response Team," *Joint Commission Journal on Quality and Patient Safety* 36 (2010): 5.

Tier 1: Local unit-based support

Immediate message to second victim

- I care about you.
- Medical Director/Supervisor still has faith in your clinical skills and abilities.
- Your peers respect and support you.
- You are a trusted and valued member of the team.

I want to remind you of what an incredible clinician you are!

Tier 1: Department leader support

- Full understanding of adverse event investigation process
- Educate staff on post-event process:
 - Immediately stabilize patient
 - Confirm roles and responsibilities of event responders, including peer supporter
 - Access institutional support

Tier 2: Trained peer supporters

Clinician lifeguards embedded in high-risk areas

- Monitor for signs and symptoms
- 1:1 support
- Referral to other internal resources
 - Risk manager
- Group debriefs

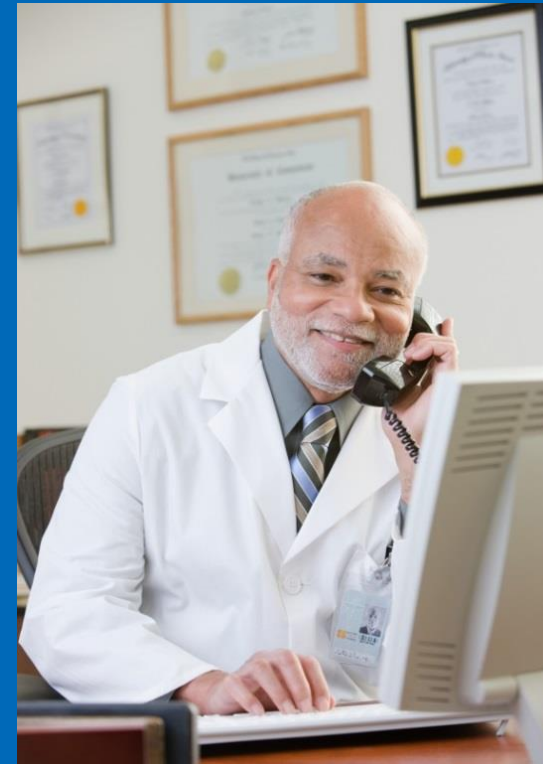
Tier 3: Expedited referral network

Established referral network with

- EAP
 - Chaplain
 - Social work
 - Clinical psychologist
-
- GOAL: Ensure same-day referral to expedite prompt support and guidance

Leading Well™ Peer Support Program

- Clinician-to-clinician, confidential support following report of an adverse event
- Educates clinicians about the impact of adverse events on the health care team
- Offers prn resources



Peer support consultants

- Trained to contact members by phone or in person
- Offer short-term, confidential, emotional support and coaching
- In “anticipation of litigation” (or as part of QI program)



Litigation Support Program

- Privileged and confidential coaching and support throughout the litigation process
- Offered to clinician and spouse
- Builds clinician resilience

Shifting culture through education

- Raising awareness re: provider support
 - Grand rounds
 - County medical societies
 - State nursing associations: Culture of Safety Initiative
- AdVerse Event Response Team (AVERT) Program
 - 2.5 hour experiential training
 - Just culture
 - Provider support
 - Disclosure skills

Shifting culture through education

- Leading Well™: Promoting Clinician Resilience and Patient Safety through Provider Support (Winter 2014)
 - Includes intro to
 - Mindfulness meditation
 - Office yoga
 - Other clinician wellness practices

Strategic alliances and targeted resources

- Coaches/physician whisperers
- Therapists
- Mindfulness-based stress reduction (MBSR) trainers
- NW Work Well (yoga and MBSR)
- Vera Whole Health (employee wellness)
- Washington Physicians Health Program
- Washington Patient Safety Coalition - Second Victim Workgroup

Committing to self-care

What self-care practice will you commit to during your work day?



Never worry alone!

- Providing health care is stressful.
- Advocate for a robust Provider Support Program.
- Get help from your team and leaders.





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www.experixllc.com

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