

Emergency Department Director's Academy-II

Battling Burnout and Restoring ~~Resiliency~~ Adaptive Capacity

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The Most Important Slide?

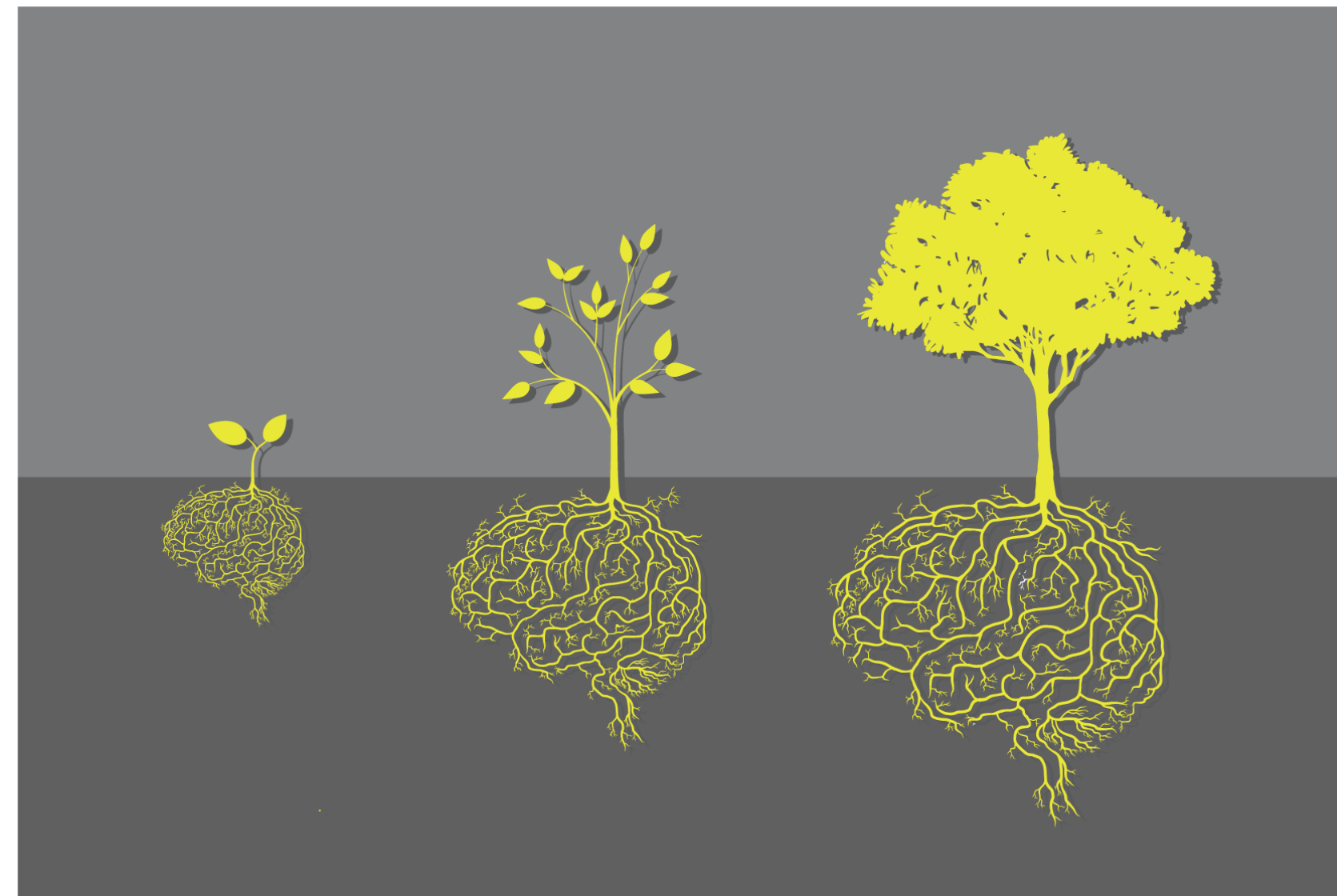
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Leading in Times of Crisis

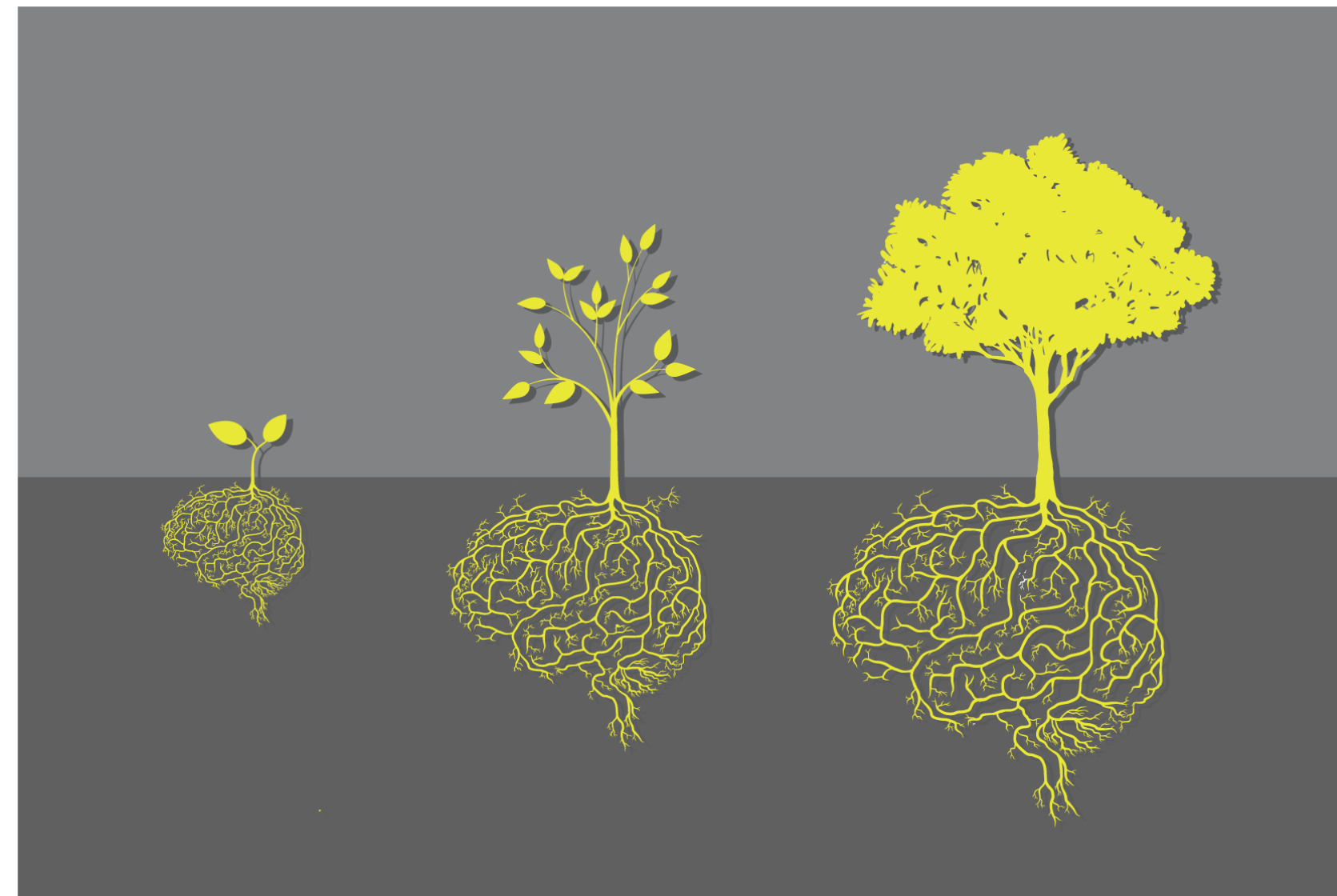
- **Think** about “It begins with you!” and Leading in a Radically Different Way..
- **Act** on those Thoughts Within the Week
- **Innovate** You and Your Team to Evolve the System...and Yourselves!



Leading in Times of Crisis

We've Been Asking the *Wrong question...*

- **Don't Aspire** to become a Leader
- **Embrace** the fact you already are a leader
- **Inspire** Yourself and Your Team to Lead-in the active voice-every day



Deep Joy, Deep Need...



3 Fundamental Insights Drive it All



1. Every member of the healthcare team is a **leader**...
 - Lead Yourself
 - Lead Your Team
2. Every healthcare team member is a **performance athlete**...
 - Invest in Yourself
 - Invest in Your Team
3. **The Work Begins Within!**



The Way We're Working...Isn't Working!



Why is Battling Burnout Critical for Leading?

“He who has a strong enough ‘Why’ can bear almost any ‘How’”

- Burnout is human suffering
- Burnout affects 50% of our team
- Burnout is expensive-we can't afford it-ROI
- Workforce recruitment, retention, and personal development
- Burnout negatively affects every measure of quality
- The “Good News”- there are actionable solutions and ROI in battling burnout is substantial

Why_Leading Burnout Matters...

- Everyone in this room-and in all your rooms in healthcare-will spend all day, every day, for the rest of our professional careers steeped in radical, non-incremental change in a capacity and revenue constrained “system”
- The only constant is change-cataclysmic change during crisis
- Most people don't mind change-but they do mind “being changed”
- In leading yourself, you lay the foundation to lead your teams
- In changing the lives of others while leading teams, you change your own life
- You connect Deep Joy with Deep Need and...Reverse the Jump

Major Issues Facing Emergency Department Teams

- The Great Resignation-Workforce Staffing
- Inadequate...everything! Metrics mania without means/percentile scores
- Constant pressure with inadequate resources
- The front door is open...but the back door is locked!
- Hospital Boarders
- Lack of appreciation
- EHR-Unroof the abscess of the “Inbox” & Eliminate “Clickstorms”
- Patient Experience scores based on Percentiles
- The C-Suite vs. the “We-Suite”
- “Other than that Mrs. Lincoln, how was the *play?*”

VIEWPOINT

Criterion-Based Measurements of Patient Experience in Health Care

Eliminating Winners and Losers to Create a New Moral Ethos

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Prevailing measurements of patient experience in health care are norm based and focused on percentile scores and rankings, a system of assessment that inherently produces winners and losers. There is a better way: a criterion-based system with transparent reporting of results, driven by intrinsic motivation toward benchmark practices that make health care team members' work easier and patients' lives better. Simply stated, norm-based measurements are based on an individual's or organization's standings relative to that of others, or "grading on the curve," producing rankings. Criterion-based measurements rely on standards that produce ratings instead of rankings, of which board certification examinations are perhaps the most common example in health care. Percentile scores and rankings rely on extrinsic motivation and are often linked to perverse payment and incentive systems in which teamwork, mentoring, mutual accountability, and sharing best practices are far too rare.^{1,2} Health care is thus not unlike many educational systems, in which rankings have devolved into a zero-sum game, chilling learning and treating "grades" as more important than the individuals whose performance is being assessed.

Despite these well-known and fundamentally inexorable consequences of grading on a curve, surveys from the Centers for Medicare & Medicaid Services' current Care Compare and Consumer Assessment of Healthcare Providers and Systems (CAHPS) continue to score individual measures and calculate Hospital CAHPS

The Problem: 2 Truths

There are 2 truths regarding using measurements to improve patient experience: it is essential, and done poorly, it does far more harm than good. (Although these also apply to other measures of quality, the focus in this Viewpoint is on patient experience.) Measurement of patient experience and a commitment to patient-centered care are welcome additions to the way in which quality is judged in health care, as is a deep commitment to continuous improvement for all clinicians. In a cross-sectional study of 5445 physicians, 44% met criteria for burnout (defined as emotional exhaustion and depersonalization on the Maslach Burnout Inventory), and although overall higher resilience scores were associated with lower odds of burnout, among the 1359 physicians with the highest resilience scores, 29% met criteria for burnout.⁵ Two of the most common causes of burnout among physicians are dealing with the electronic health record and an unreasonable focus on rankings, particularly in norm-based percentile systems,⁶ which are examples of what Muller⁷ has referred to as "metrics fixation" or "metrics madness."

The dynamic tensions between job stressors and adaptive capacity or resiliency could be resolved by moving not *away* from measurement and improvement but *toward* a more humane and healthier system of transparent criterion-referenced reporting of what works best for everyone to improve patient experience.

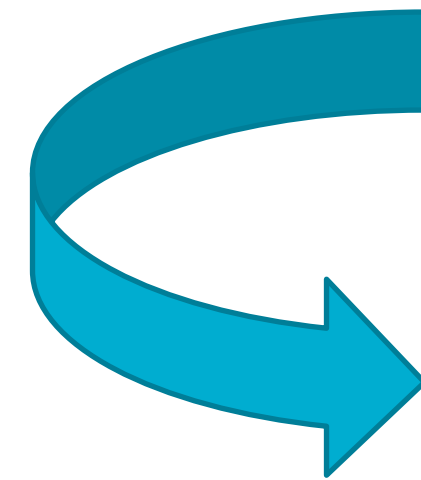
Clinical leaders should take a lesson from medical education in realizing these benefits. Already, 90% of

Definitions Drive Solutions

Decrease Stressors, Increase Adaptive Capacity

Job Stressors

Burnout \propto Adaptive Capacity/Resiliency

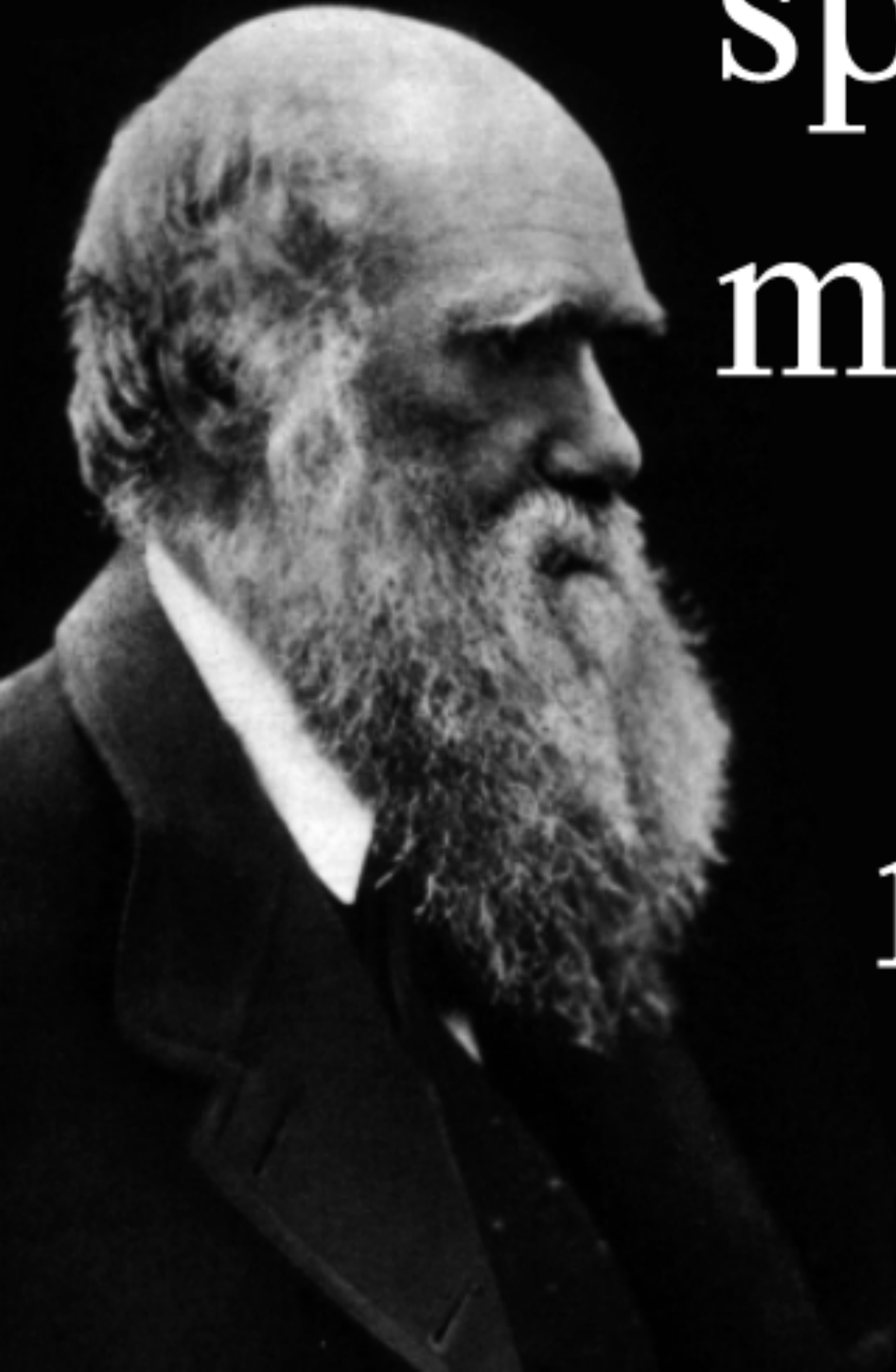


Cardinal Symptoms

Emotional Exhaustion

Cynicism

Loss of Meaning at Work

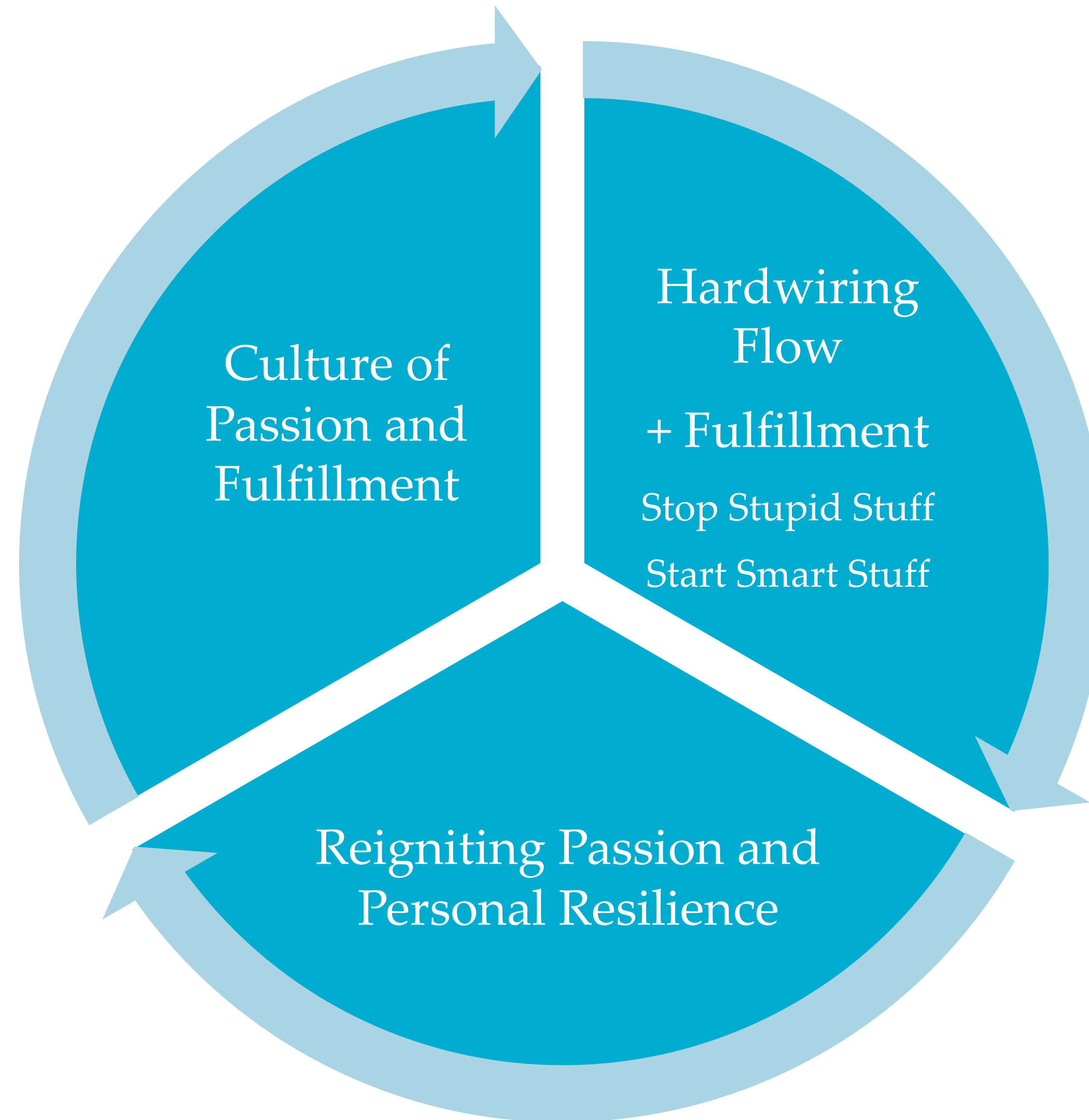


It is not the strongest of the
species that survives, nor the
most intelligent that survives.

It is the one that is the
most adaptable to change.

-Charles Darwin

The Battle for Personal and Organizational Resiliency



Culture of Personal Passion and Resilience

Great Culture ≠ 50% Burnout Rates!

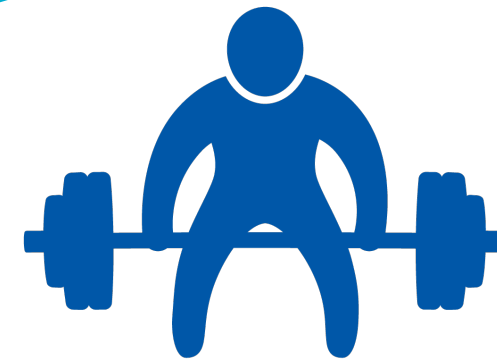
- Definitions Drive Solutions
- Don't make this complicated
- “We are what we repeatedly do. Excellence is not a virtue but a habit.”
- Culture = Actions = Leading
- We constantly, daily, iteratively redefine our culture
- Leave a Legacy



6 Maslach Domains of Burnout



Loss of Values



Mismatch
Job Stressors/
Adaptive Capacity



Loss of Control

BURNOUT



Lack of Fairness



Loss of Community



Lack of Rewards &
Recognition

**“Every system is
perfectly
designed to get
precisely the
results it gets.”**

Dr. Paul Batalden



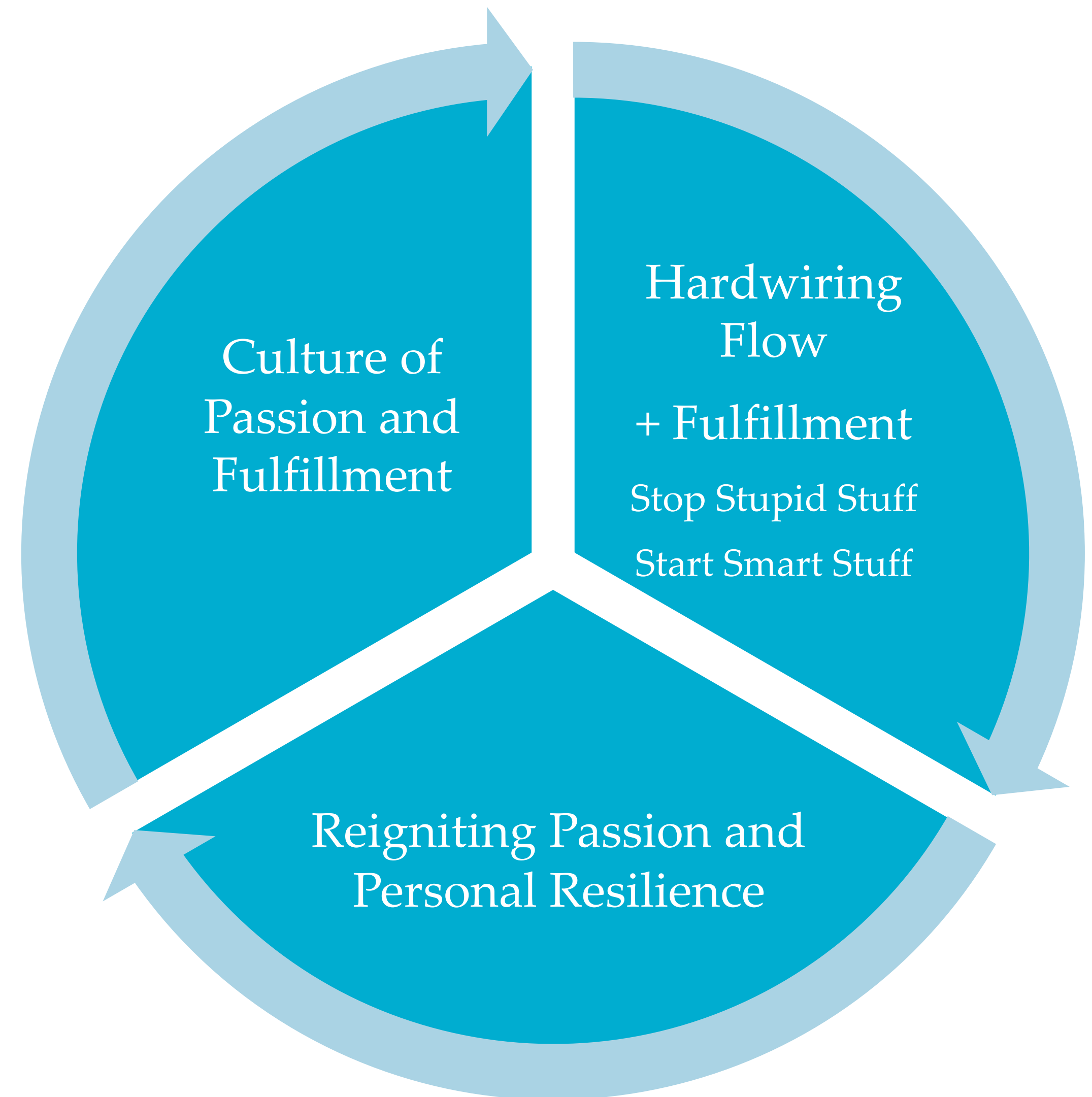
Definitions Drive Solutions-Hardwiring Flow

1. Stop Doing Stupid Stuff!

Systems and Processes
Creating Waste

2. Start Doing Smart Stuff!

Systems and Processes
Creating Value



If They Aren't with You on the Take-Off...
They Won't be with You on the Landing!



From the “C-Suite” to the “WE-Suite”



C-Suite
[sē 'swēt]

The upper echelons of a corporation's senior executives and managers.

 Investopedia

The illustration on the left depicts several stylized figures in business suits, some standing and some sitting at a desk with a computer keyboard, representing the C-suite.



Words on the Walls vs. Happenings in the Halls

**PATIENT
FIRST**



Connecting the Gears= Leading Teams
What Happens if You Don't? = BURNOUT

Clinical Excellence

Patient Experience



Patient Safety-HROs

Hardwiring Flow

The 22 Tools of Battling Burnout

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 Burnout and Why?

Tools for Shaping Culture

1. Mutual Accountability Jumbotron
2. A Team/ B Team-Re-Recruitment-Mentor or Tor-mentor
3. Leading From The Front
4. What Kind of Leader Are You?
5. Innovation at the Speed of 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, Take-Off, Flight Plans, Landings
3. Making the Patient Part of the Team
4. Precision Patient Care
5. Clinical Huddles and 5 Demand-Capacity Questions
6. The EHR Solutions

Battling Healthcare Burnout Toolkit Format

Why?

- Start with “Why?” Before “How”
- Clear, terse statement of Why it Makes the Job Easier
- And patients’ lives better

Who?

- Move to “Who?”
- Who will benefit from this tool? Focused audience



How?

- Transition to “How?”
- Roadmap to introduce, implement, timelines

Promises

- The Leader Promise-Make & Keep Promises, Create Hope
- I heard you say to work on...
- Leader Promise-Here’s what we have agreed to do...

The “Love, Hate, Tolerate” Tool

- What do I LOVE?  Maximize It
- What do I Hate?  Eliminate it
- What do I Tolerate?  Minimize It

Six Solutions for Reigniting Passion/Personal Resilience

The Work Begins Within...



“What Was Leading at the Pentagon/Concussion/ Covid Like?”

The Path to the Head is Through the Heart Become the Chief Story Teller

“About suffering, they were never wrong, the Old Masters. How well they understood its human position.”

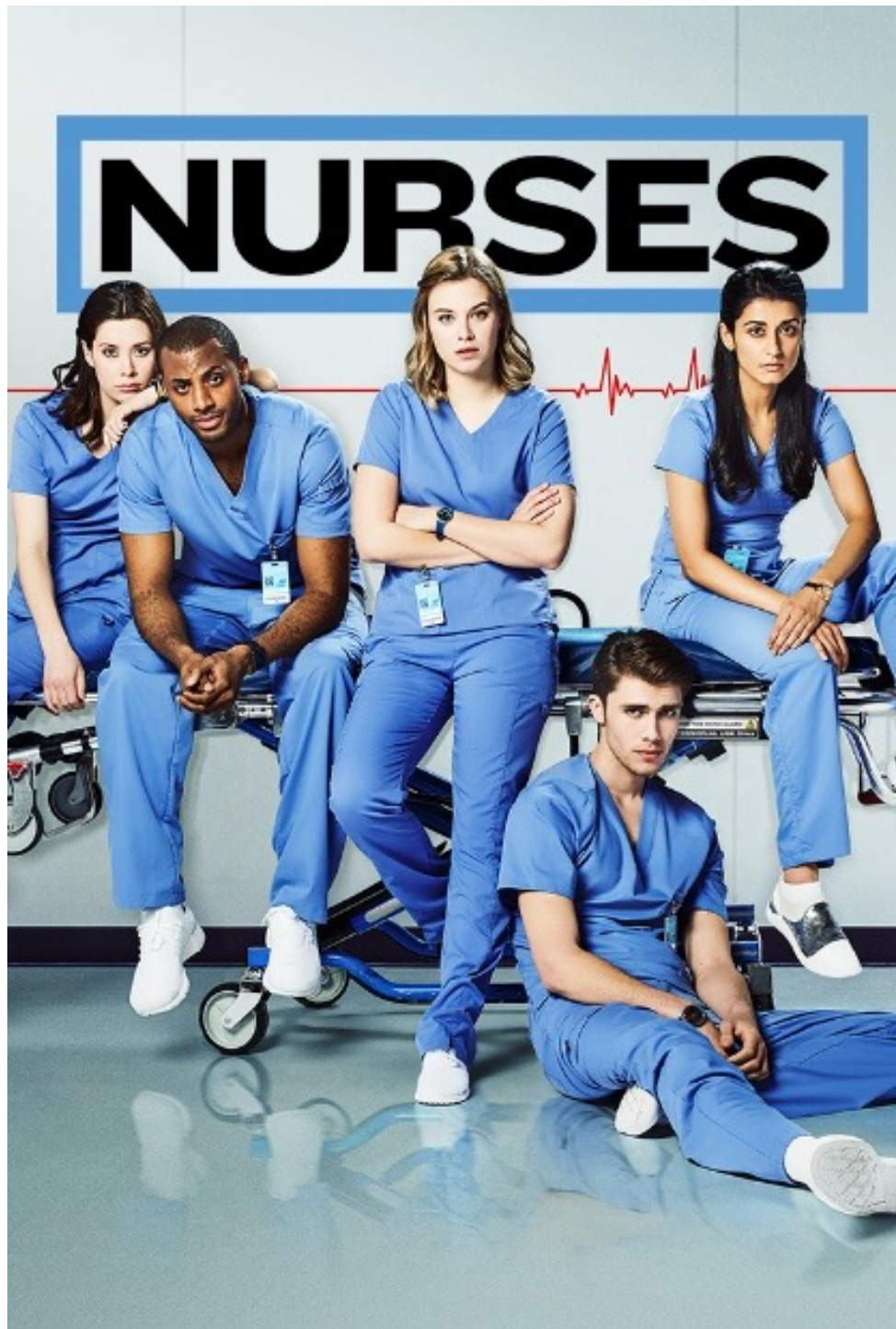
-WH Auden, Musee de Beauxs Arts



*“In the middle of the road of my Life
I awoke in a Dark Wood
Where the True Way was wholly lost
Death could scarce be more bitter
But if I would show the good that came from it
I must talk about things other than the good.”*
-Dante Alighieri

Make the Patient Part of the Team

Assumptions vs. Reality-Say Team vs. Play Team



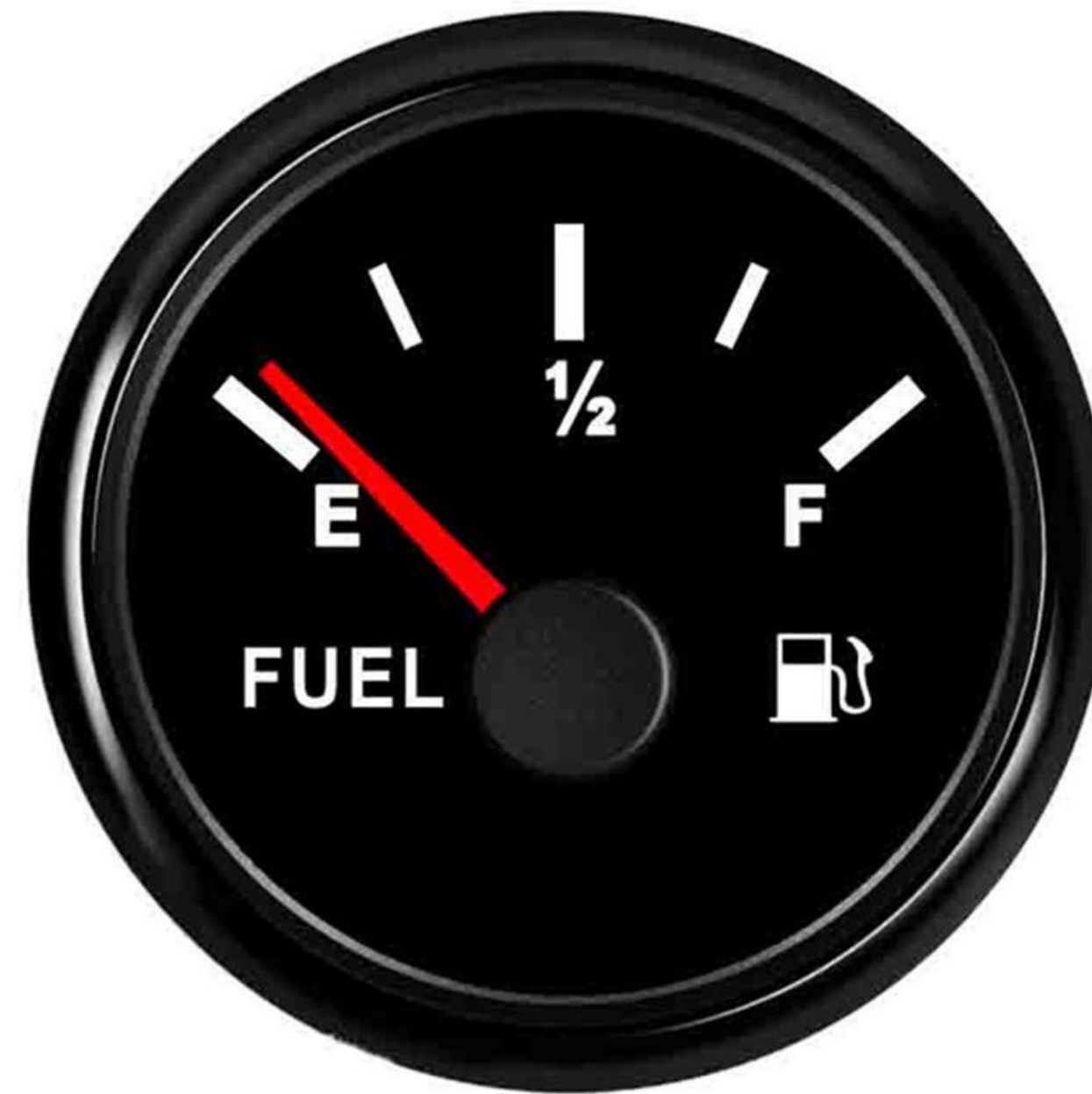
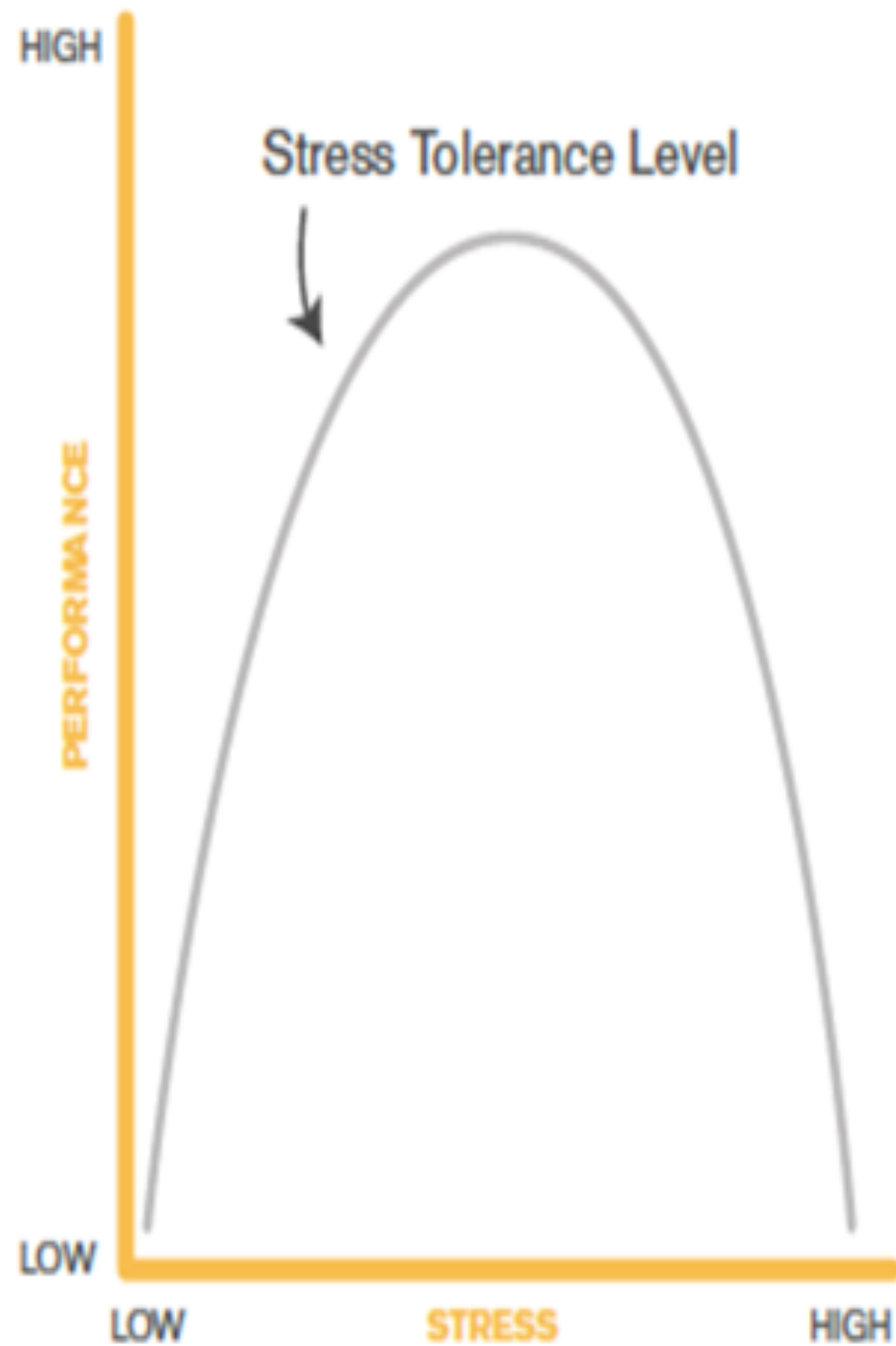
A Culture of Re-Recruitment & Coaching/Mentoring



1. The more talented the A Team Members, the more likely the competition knows that-and will try to recruit them away.
2. A Team Members hire A Team Members...but B Team Members hire C team members.
3. A culture of coaching and mentoring-mentors or tor-mentors?
4. Hire Right-hire people who are better than you-but Re-Recruit even better.
5. Change the culture-and the details-of your job performance systems, which reek of hierarchical, authoritarian interactions, moving from “How are you performing in this job?” to “How is this *job performing for you?*”

STLs, Creative Energy, and Hot Buttons

Figure 1



Do the Things You Tell Your Patients to Do... Be Kind to... Yourself!



think



“That’s just the EHR-get used to it!”

Senior Leadership
Commitment

Eliminate Pajama
Time/Date Night

Improve coaching,
mentoring and
education for the
EHR “At the Elbow”

Click storms must
go!

Siri/Alexa “Show
Me!”

Reduce screen
switching

Drain the “Inbox
Abscess”

Scribes, Dragon,
Voice Tech Natural
Language
Processing

Teams and
Teamwork

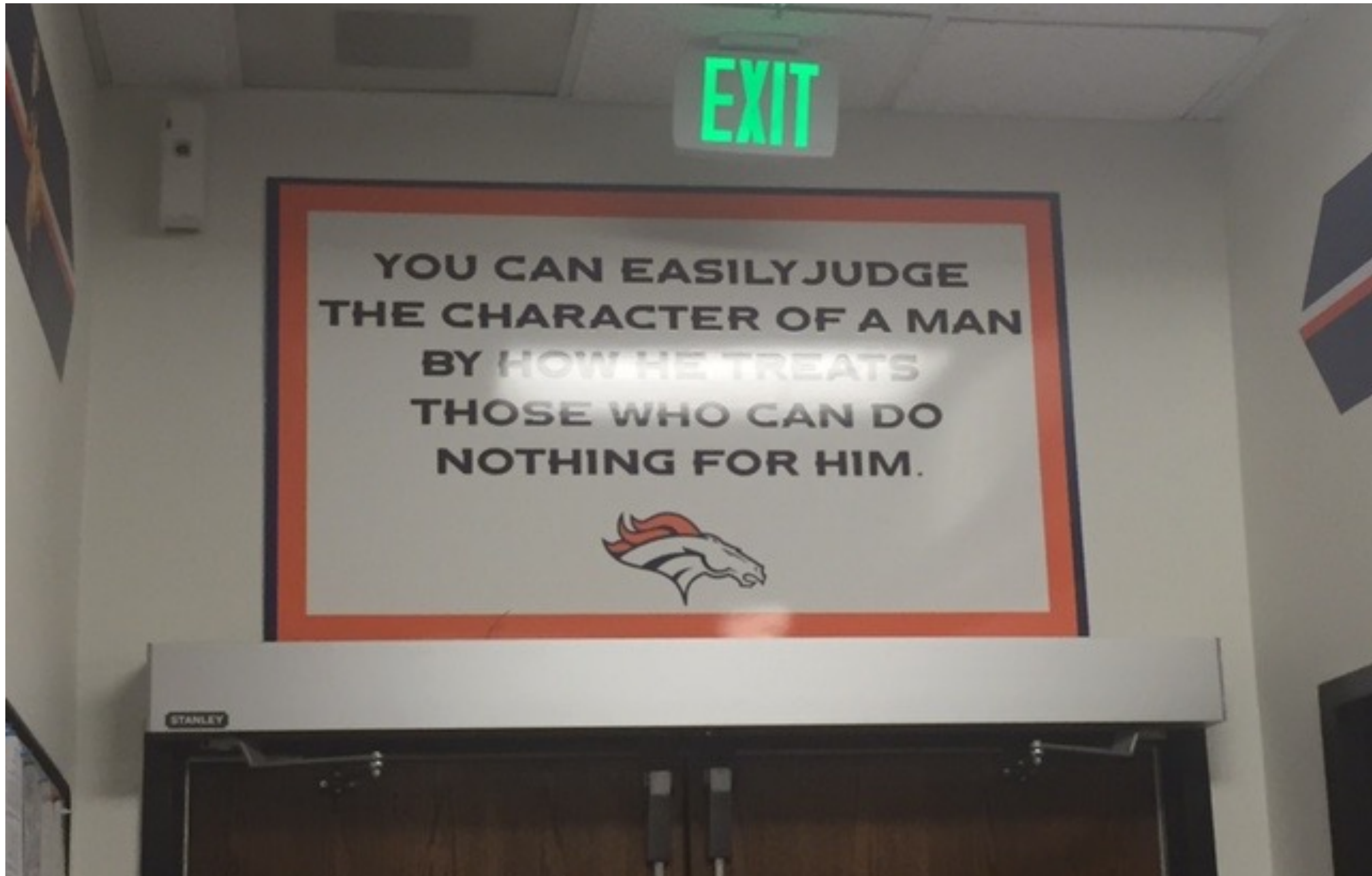
Augmented
Intelligence-App
Orchard

Incorporate the
“Story of the
Patient” in EHRs

Clinical Decision
Support-Risk Free
ED



Say "Thank You!" 50 Times Per Day



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A Framework for Moving Forward

1. Get Started-Definitions Drive Solutions

- Educate the C-Suite and the Board on the Problem and ROI
- Be committed to changing the system, not just yourselves

2. Take-Off, Landing-Tap into their Passion, Ideas, & Purpose

3. Dedicate Resources and Infrastructure

- Educational resources
- Survey resources
- Chief Wellness, Human Experience, Talent...Officer and support

4. Decide on a survey-Commit to Action on Survey Results

5. Precision solutions to decrease job stressors, leverage organizational and personal resilience

6. Proceed across all 3 Core Elements (Culture, Systems & Processes, Personal)

7. Apply the Tools of Battling Healthcare Burnout

Timing is Everything...



From Courage to Crazy



References

- Doris Kearns Goodwin, *Leadership in Turbulent Times*
- General James Mattis, *Call Sign Chaos*
- David McCullough, *Truman*
- Katherine Graham, *Personal History*
- Doris Kearns Goodwin, *No Ordinary Time*
- David McCullough, *The Wright Brothers*
- Walter Isaacson, *Einstein*
- John Keegan, *Churchill*
- Jean Edward Smith, *Grant, Eisenhower*
- Martin Gilbert, *Churchill*
- Edmund Morris, *The Rise of Theodore Roosevelt, Theodore Rex, Colonel Roosevelt*

References

- Peter Drucker, *The Effective Executive*
- Tom Peters, *Extreme Humanism, The Little Big Things, The Excellence Dividend*
- Steven Covey, *The 7 Habits of Highly Effective People*
- Dale Carnegie, *How to Win Friends and Influence People*
- James Collins, *Good to Great, Built to Last, How the Mighty Fall*
- Larry Bossidy and Ram Charan, *Execution*
- Warren Bennis, *On Becoming a Leader*
- Daniel Pink, *Drive*
- Seth Godin, *Tribes*
- Sebastian Junger, *Tribe: On Homecoming and Belonging*

Thank you

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