

Navigating the Challenges of Burnout in the Risk Management Community

March 5, 2015
CSHRM
Napa, California

Ron Hofeldt MD
Medical Director
Wellness Development Group
ronald.hofeldt@wdgmail

DISCLOSURE

We would like to disclose that

Ron Hofeldt MD

has no financial interests in any organizations that have a direct interest in the subject matter of this CME presentation.

Agenda

- Overview of the
 - common stresses in medicine
 - stresses associated with risk management
 - burnout and its prevalence
 - burnout prevention
- Case scenario discussion

Medicine

A combination of complex science and intricate art

Decisions in medicine

- Made in real time
- No do overs

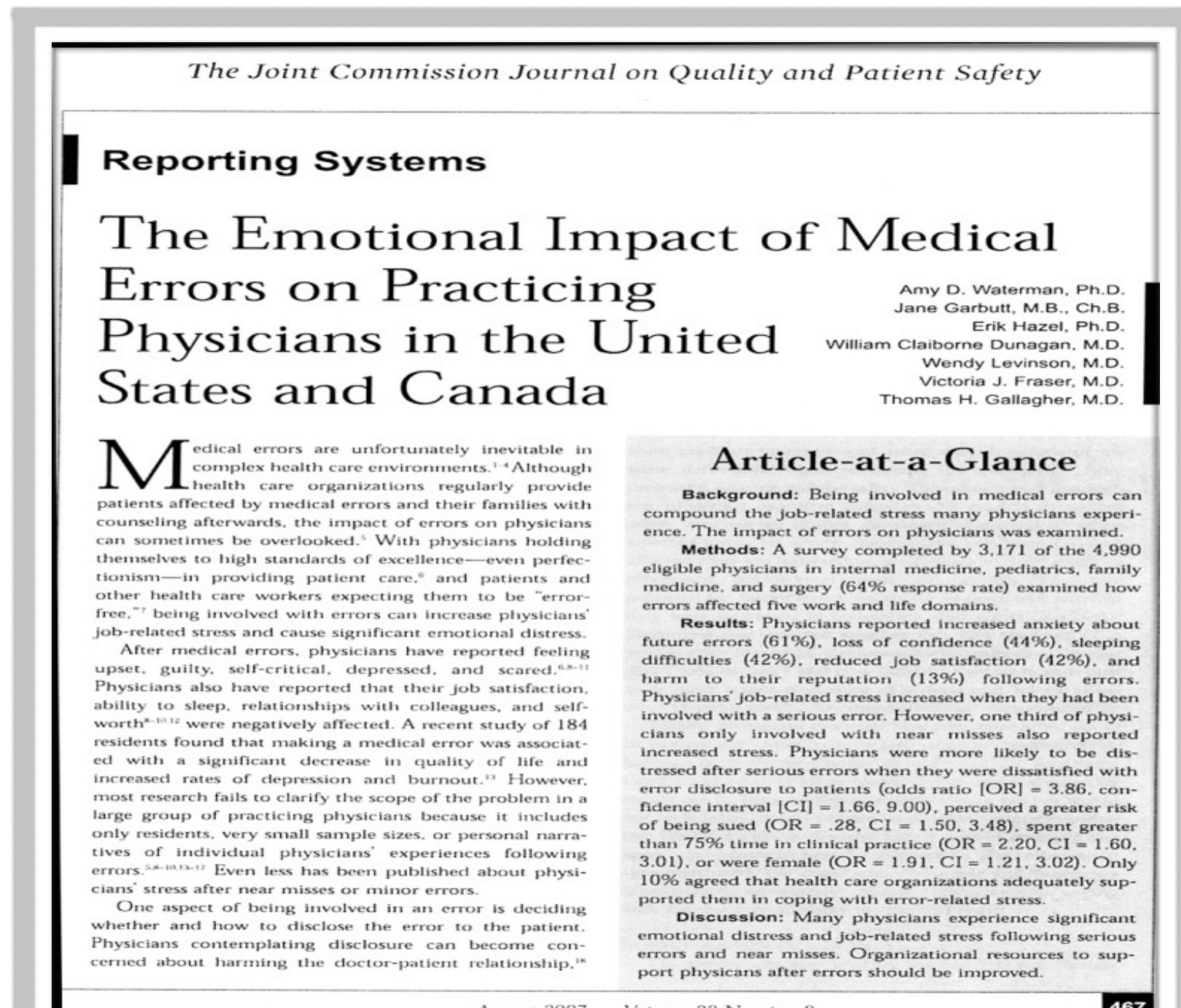
Modern Medicine

- Characterized by:
 - High volume
 - High acuity
 - High level of technology
 - High demands
 - High pressure
 - Lack of professional support
 - High complexity

Complex systems are vulnerable

Frequency of adverse events

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



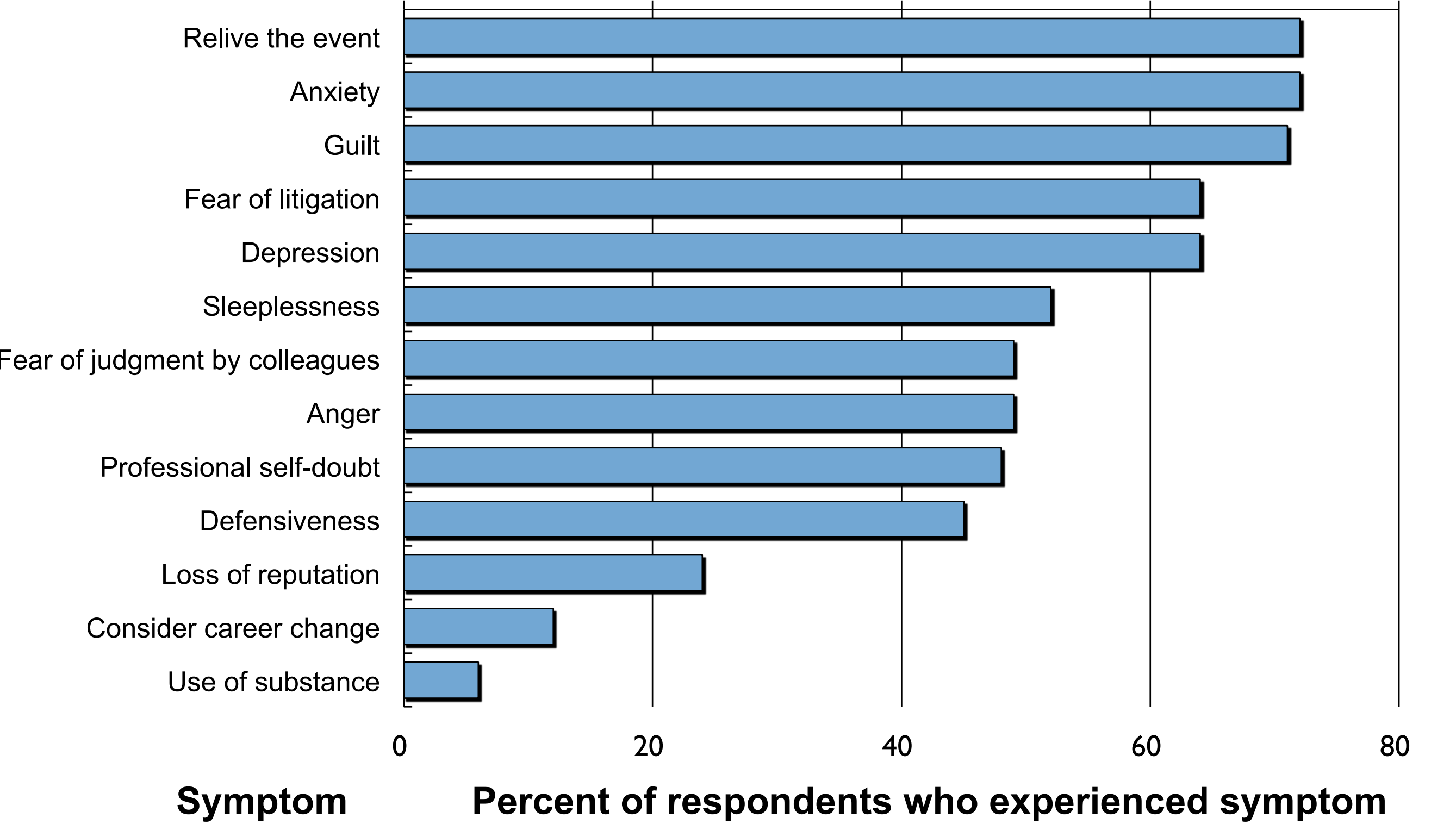
Gallagher, T. *The Emotional Impact of Medical Errors on Practicing Physicians in the US and Canada*, Joint Commission Journal on Quality and Patient Safety, August 2007

Impact of adverse events

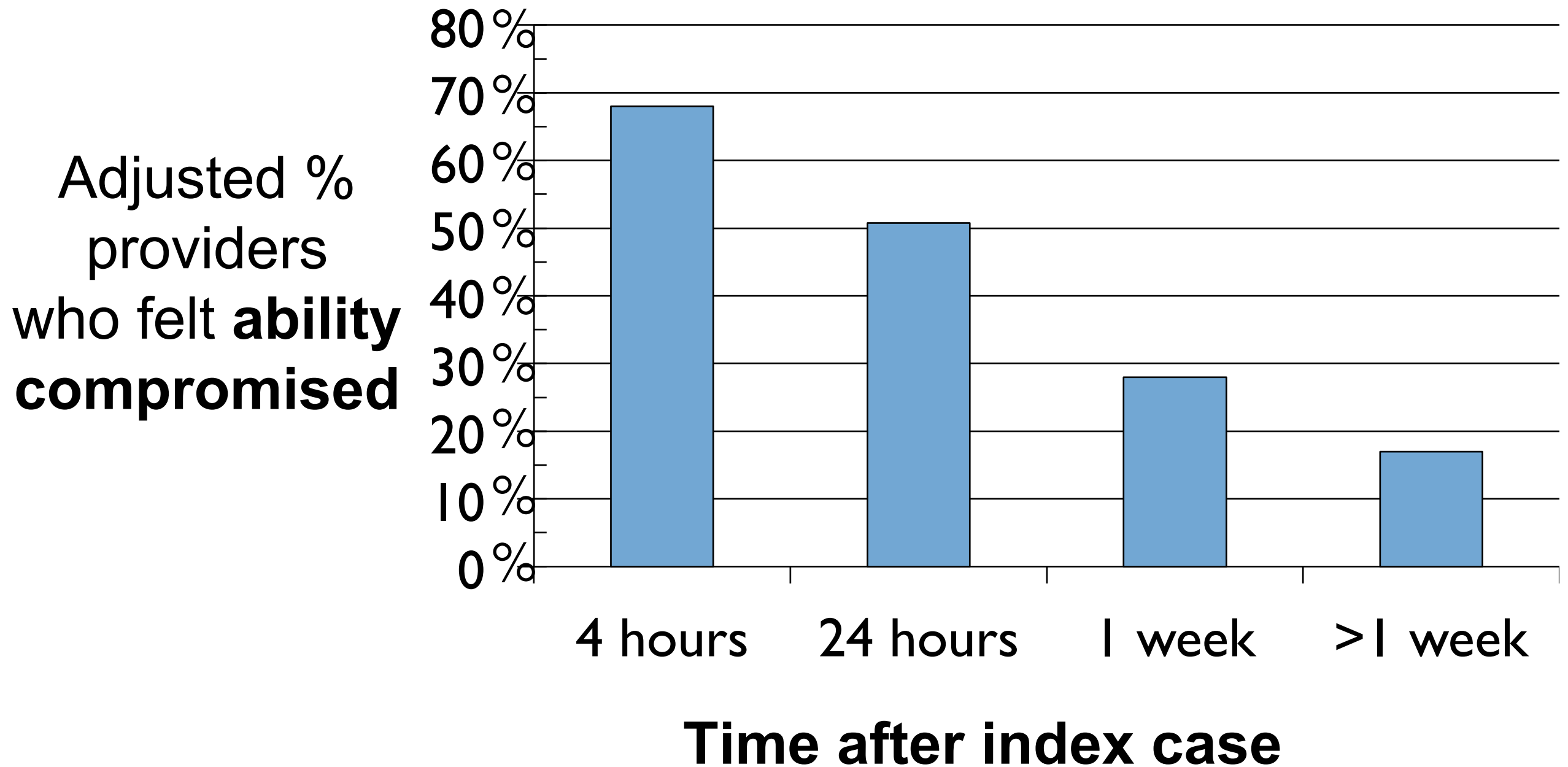
Survey results for Serious AEs	Minor	Near misses
•66% increase in anxiety re future errors	56%	51%
•51% loss of confidence	36%	31%
•48% decreased job satisfaction	34%	32%
•48% sleep difficulties	33%	34%
<u>•15% harm to their reputation</u>	9%	10%
81% reported at least one of the above		

**Second
victim**

Emotional impact of adverse events



Emotional recovery



The Impact of Perioperative Catastrophes on Anesthesiologists:

Results of a National Survey/Adverse Anesthesia Events F. Gazoni, Intern. Research Soc. Mar 2012. V 114. No 3

Impact of adverse events

- The Organization is deeply impacted, too
 - Excessive time demands on staff
 - Emotional toll on staff:
 - Risk Management
 - Claims Department
 - Administration and leaders
 - Public relations issues

**Third
Victim**

Collateral damage

- Adverse events contributes to:
 - Burnout
 - Depression and anxiety
 - Increased risk of future errors
 - Change in career

Truism regarding medical error

- Medical errors
 - Represent a serious public health problem
 - Pose a significant threat to patient safety
 - All patients are potentially vulnerable
 - Are costly from a human, economic, emotional and social viewpoint

Adverse events are common

- 2010 Inspector General study of hospitalized Medicare pts.
 - Hospital Medicare beneficiaries:
 - 13.5% experienced an adverse event resulting in Temporary Harm
 - 1.5% had an event that contributed to their deaths
 - ~15,000 patients/month
 - 44% of in-patient adverse events were **preventable**
- Tax Relief and Health Care Act

Common hospital incidents

- Adverse drug events (ADEs):
 - Incidence: 2-7% of admissions
 - 9.7% caused permanent disability
 - Costs:
 - ~\$5.6 million/yr/hospital not including malpractice
 - ~\$1.56 - \$5.6 billion USA annually
 - Associated with ADEs:
 - Older patients, severity of illness, intensity of treatment and polypharmacy

Reducing and Preventing Adverse Drug Events
To Decrease Hospital Costs.

<http://www.ahrq.gov/qual/aderia/aderia.htm>

Medical error

- Only 10% to 20% of errors are reported
 - Of the reported errors:
 - 90% to 95% cause no harm to patients

Self-perceived medical error

- Independently associated with
 - Higher levels of fatigue
 - Distress (reduced overall QOL)
 - Depression
 - Burnout

Role of risk managers

- Managers are in a prime position to
 - Influence policy regarding patient safety
 - Improve systems that promote quality of care
 - Develop and tweak policies and procedures
 - Promote a healthy organizational climate and create a Culture of Safety

Yet, errors happen

- Often, the best clinicians make the worst mistakes
 - Error is not the monopoly of an unfortunate few

Investigating error

- You look for system weakness and human vulnerability
- You observe:
 - Cover ups
 - Non-disclosures
 - System weaknesses
 - Slips, lapses and mistakes
 - Hand off errors
 - Human factors leading to error

Impact of stress

- Our body is hard-wired to react to stress in ways meant to protect us against threats from predators and other aggressors
- No one is immune to the impact of stress

Stress associated with Risk Management

- Excessive work demand and load work
- Time demands
 - Never ending demand on professional time
 - Greater time urgency
 - Endless demands from others
- Greater role complexity and role nuance
- Expanded diversity of skills
- Too many masters

Stress associated with Risk Management

- Staff shortage
- Lack of available resources
- Lack of adequate training
- Constant flux and turmoil
 - Emergencies dominate

Stress associated with Risk Management

- Imbalance of responsibility and authority
 - Too much responsibility: too little authority
 - Aware of organizational problems- without authority
 - Sense of being responsible
 - This is OUR organization
- Imbalance of care
 - Giving to others vs. caring for self

Stress associated with Risk Management

- Vicarious stress
 - Observing the impact of adverse events on
 - First victims- patients and family
 - Second victims
 - Third victims
 - Identify with those injured and impacted
 - Identification increases stress load
- Desire to “fix”

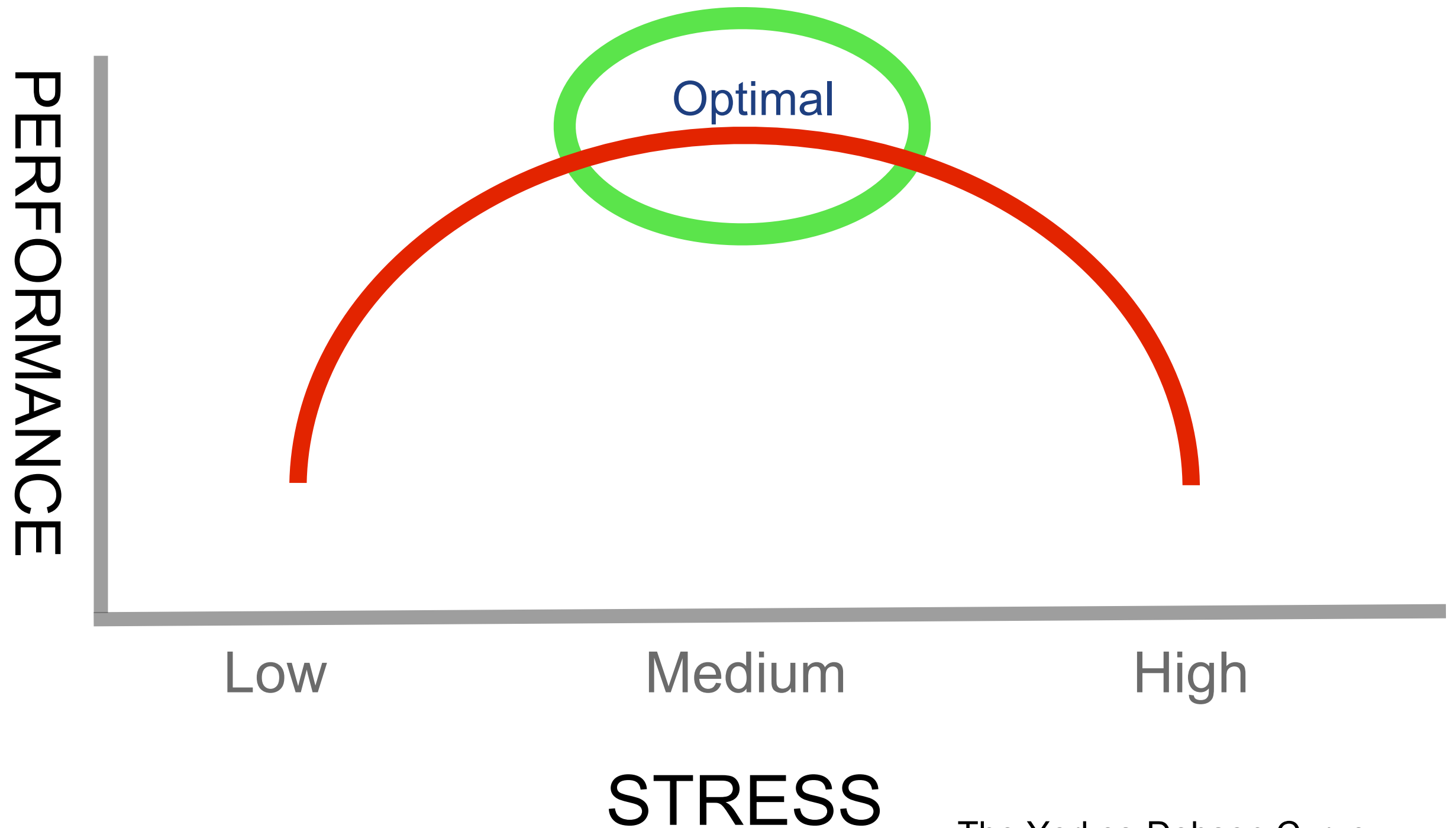
Stress associated with Risk Management

- “Champion strain”
 - Leads to change fatigue
 - Constant organizational flux
 - “It’s another about face in our organization”
- Lack of adequate support/mentoring/backup
 - Dealing with complex legal, ethic, medical, spiritual and social issues
- Exposure to apathy and low morale in coworkers
- Lack of adequate reward and recognition
- Professional isolation

Stress associated with Risk Management

- Technological explosion
 - Today, everything is measured- metric overload
 - Digital dilemma
 - More forms and reports
 - Shorter turn arounds
 - Greater reporting mandates
 - Reporting to federal, state and local authorities
 - Root Cause Analysis (RCA)
 - Healthcare Failure Mode Effect Analysis (HFMEA)
 - Failure Mode and Effect Analysis (FMEA)

Stress-Performance Correlation



The Yerkes-Dobson Curve

To promote patient safety

- Medical organizations must
 - Commit to a culture of safety
 - Acknowledge the error-prone vulnerability of medicine
 - Address issues that threaten patient safety

Health and wellness

- A key factor to improve patient safety
- The “hidden” quality indicator

Burnout triad

- Emotional exhaustion
- Depersonalization (cynicism)
- Low sense of personal accomplishment

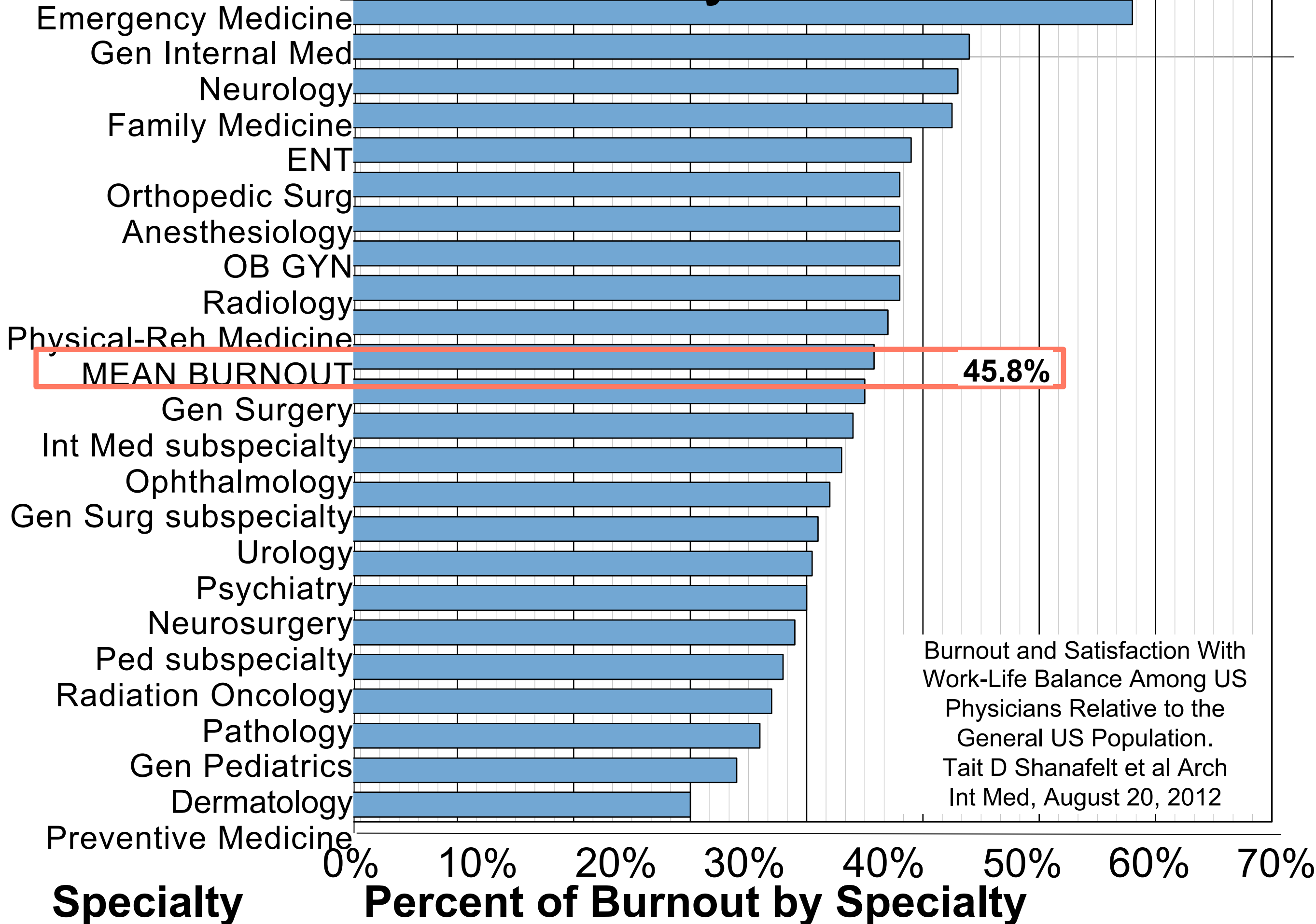
Burnout

“Burnout is the index of the dislocation between what people are and what they have to do.

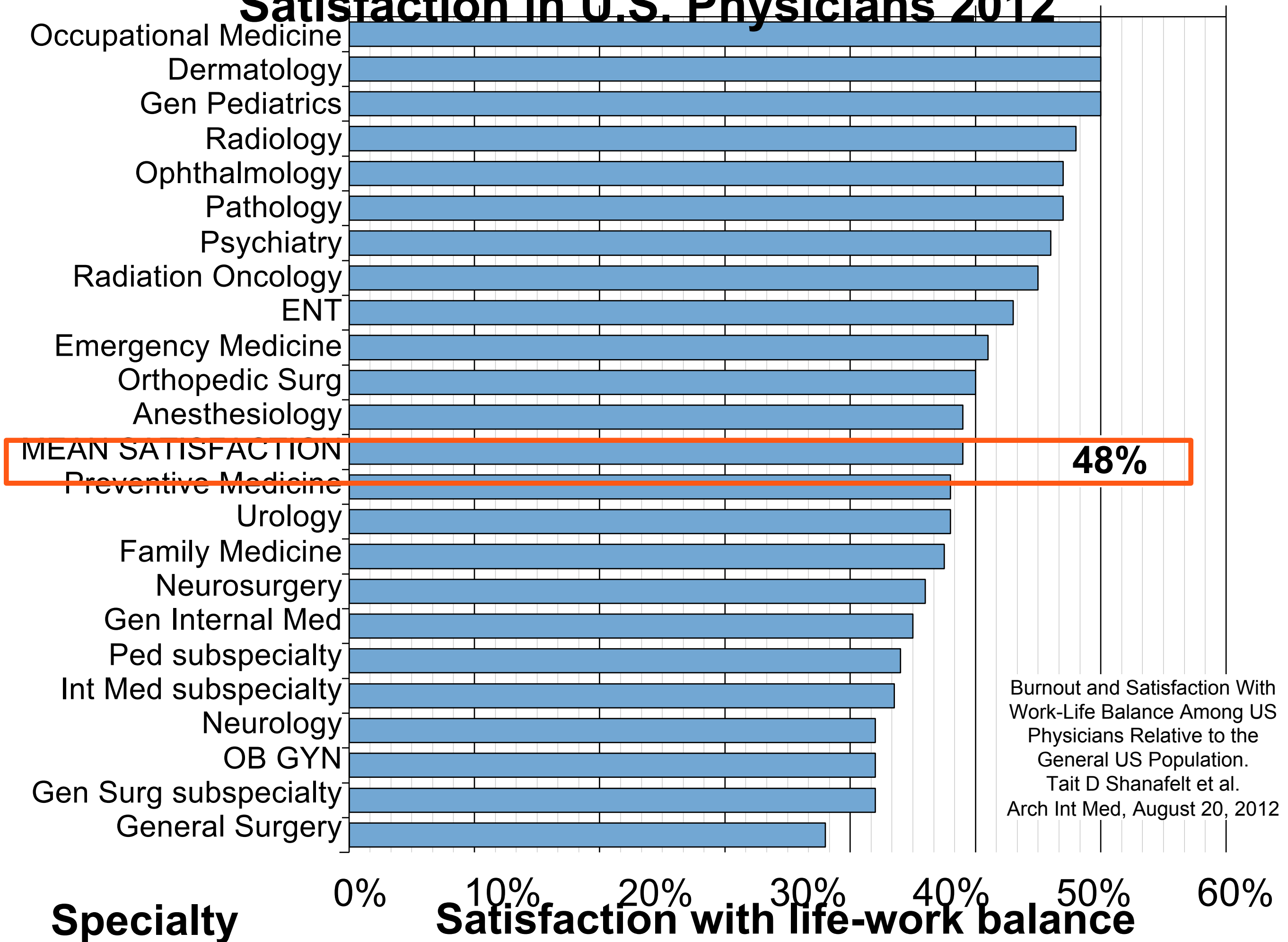
It represents an erosion in value, dignity, spirit, and will; an erosion of the human soul.

It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it's hard to recover.”

Burnout in U.S. Physicians 2012



Satisfaction in U.S. Physicians 2012



Coping tips

- Address burnout

Burnout identification and resources

- Promote burnout awareness
 - Provide widespread education
- Explore resources
 - Identify available resources
 - Develop additional resources

Burnout identification

- Early detection
 - Encourage speak up behavior
 - Observe for burnout
 - Reach out to impacted co-workers

Burnout detection

- Observe for
 - Changes in behavior
 - Changes in attitude
 - Changes in performance
 - Changes in mood and/or temper
 - Changes in social involvement/engagement
 - Changes in interests: opt out
 - Changes in energy
 - Changes in motivation
 - Changes in joy

Burnout prevention

- Encourage engagement

Burnout prevention

- Promote individual resilience
 - Enhance adaptiveness

Stress management strategies

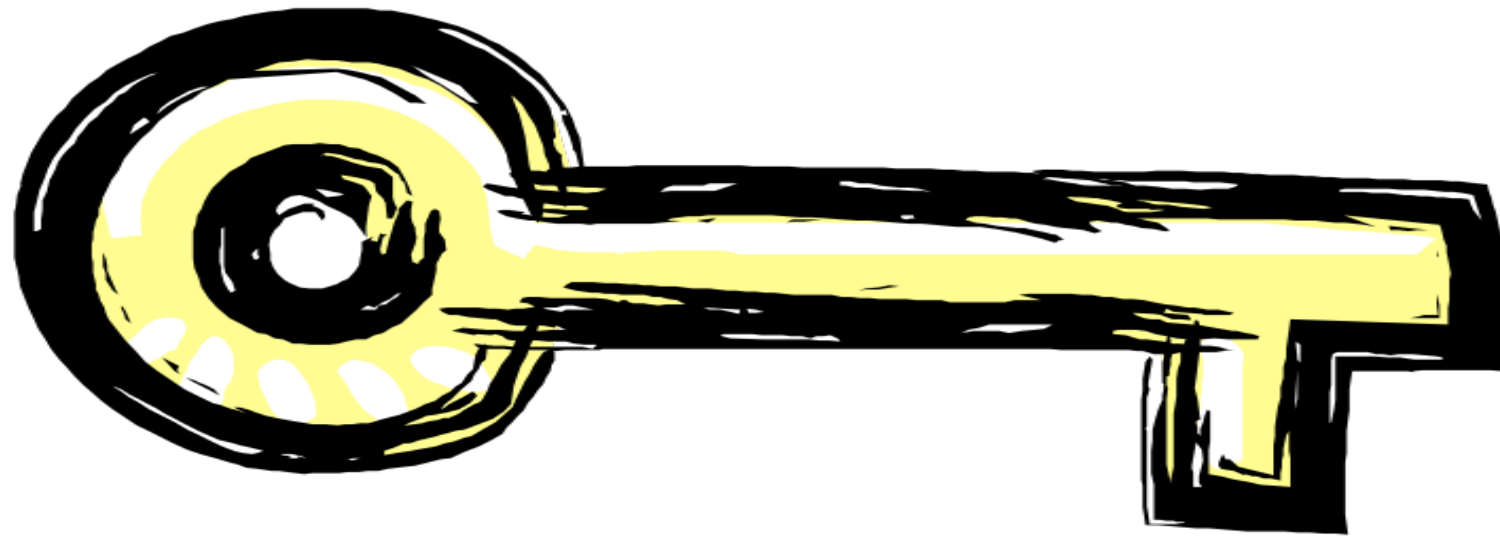
- Eat a healthy diet
- Get regular exercise
- Have plenty of sleep
- Practice relaxation/meditation techniques
- Foster healthy friendships
- Develop a sense of humor
- Seek professional counseling when needed

Burnout prevention

- Perspective shift

The key to satisfaction

$$\text{Satisfaction} = \frac{\text{Achievement}}{\text{Expectations}}$$



Manage expectations

Burnout prevention

- Set healthy limits and boundaries

Learn to say NO

Without guilt!

Burnout prevention

- Build teams by promoting:
 - Open communication
 - Positive reinforcement and adequate training
 - Collaborative work environment
 - Collegiality and mutual support

Questions and Comments

Judy Blue

Ms. Blue is a 52 year old highly experienced and well respected risk manager who works full time for a large medical facility. Recently, the facility experienced a medication error that led to the death of a 8 year old female patient who was the daughter of an employee of the facility. The nurses and doctors that were involved in the adverse event were devastated along with numerous members of the pharmacy staff, respiratory therapy department and the administration. Ms. Blue is being inundated by her co-workers who are seeking her support and guidance during this difficult time. Since she has always been the “go to” person at the facility, she feels responsible to help those around her who are suffering, but she’s also overwhelmed with grief from this tragic event. Her phone is ringing incessantly and the demands are piling up.

Ms. Blue was experiencing signs of burnout prior to this incident. Her 7 year old grand daughter recently finished a protracted course of chemotherapy for leukemia. Ms. Blue was the primary source of emotional support for her entire family as they dealt with the challenging medical issues and decisions. This recent adverse event is triggering sadness and a wide range of emotions that she hadn't previously experienced.

Ms. Blue is irritated by any additional demand on her time both at work and at home. Her sleep is frequently interrupted as she awakens with feelings of guilt as she’s not able to respond to the needs of those around her. She’s embarrassed by her cynical view of the world— “Everyone wants something from me, but no one is there for my needs.”

Her department is understaffed and inexperienced. She has always tried to accommodate the administration’s decisions to cut resources. Yet, she’s becoming intolerant to the excessive work demands and the lack of recognition from the administration. Her co-workers are noticing that she’s becoming irritable, impatient and detached.

Ms. Blue is married and has two grown children. Her marriage is rocky and her husband is busy with his career goals. They rarely communicate or share personal moments. Their goal of early retirement is quickly fading because of unexpected medical expenses involving her granddaughter’s treatment. Both are working excessively long hours to maintain their financial goals. Her parents are aging and she anticipates that they may require attention someday.

Ms. Blue has numerous interests outside work but hasn’t pursued them lately. Instead, she diverted her focus to work issues and family matters. She feels lost and wonders if life and work are worth it.

Discuss and develop suggestions/coping strategies for the following:

1. Issues and recommendations regarding the adverse event and demands from her co-workers
2. Issues and recommendations regarding her risk management department and her work
3. Issues and recommendations regarding her family: spouse/parents
4. Issues and recommendations regarding her personal life
5. Issues and recommendations regarding the management of her emotional condition

Take home message #1

*“If all of the knowledge and advice about how to beat burnout could be summed up in one word, that word would be **balance**-balance between giving and getting, balance between stress and calm, balance between work and home.”*

Christina Maslach

BALANCE

Take home message #2

Choices

Navigating the Challenges of Burnout in the Risk Management Community

March 5, 2015
CSHRM
Napa, California

Ron Hofeldt MD
Medical Director
Wellness Development Group
ronald.hofeldt@wdgmail