

# NAM Action Collaborative on Clinician Well-Being and Resilience: The Role of SPHM

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Charlee M. Alexander, BA
 National Academy of Medicine (NAM)
 November 14, 2018



## Andling Professionals Learning Objectives

- To explain the goals of the NAM Action Collaborative on Clinician Well-Being and Resilience
- To discuss how SPHM is a critical component in achieving these goals
- To discuss the past, current and future efforts and desired outcomes of the collaborative
- To learn the involvement of the ASPHP to date, current and future efforts and desired outcomes



## A Multitude of Factors Affect Clinician Well-Being and Resilience

#### **External Factors**

- Rules and regulations
  - Reimbursement environment
- Learning and practice environment
  - Digital health environment
- Organizational factors

- Society and culture
  - Culture of silence
- Stigma and fear of vulnerability
- Health care responsibilities

#### **Individual Factors**

- Personal factors
- Skills and abilities of the clinician



### **Action Collaborative Goals**

 Raise visibility of clinician burnout, depression, stress, and suicide



- Improve baseline understanding of challenges to clinician well-being
- Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver













Alliance of Independent **Academic Medical Centers** 







UnitedHealth Group



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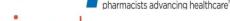
ASSOCIATION



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OSTEOPATHIC ASSOCIATION





## **Working Groups**

- 1. Research, Data, and Metrics
- 2. Conceptual Model
- 3. External Factors and Work Flow
- 4. Messaging and Communications
- 5. External Publications and Art Show



## Make up of the Working Groups

- ~65 participants representing:
- Medicine, nursing, pharmacy, dentistry
- Professional societies and membership organizations
- Government agencies
- Health IT vendors
- Large health care centers
- Payers
- Researchers
- Trainees and early career professionals
- Patient and consumer perspectives

### Research, Data, and Metrics

#### Completed:

- Discussion Paper: "<u>Burnout Among</u>
   <u>Health Care Professionals</u>: A Call to
   Explore and Address This
   Underrecognized Threat to Safe, High-Quality Care"
- Compilation of validated <u>survey</u>
   <u>instruments</u> to assess work-related
   dimensions of well-being
- Discussion Paper: <u>"A Pragmatic</u>
   <u>Approach for Organizations to Measure</u>
   <u>Health Care Professional Well-Being</u>"

#### Forthcoming:

- Financial cost of burnout among nurses
- Gender differences in burnout and related factors

#### **Burnout Among Health Care Professionals:**

A Call to Explore and Addresss This Underrecognized Threat to Safe, High-Quality Care





of hospital nurses have a high degree of emotional exhaustion.

[Metlughel a, 2011]

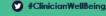


In a study of 1,171 registered in-patient nurses, 187
had depression versus a national prevalence of approximately 9%.

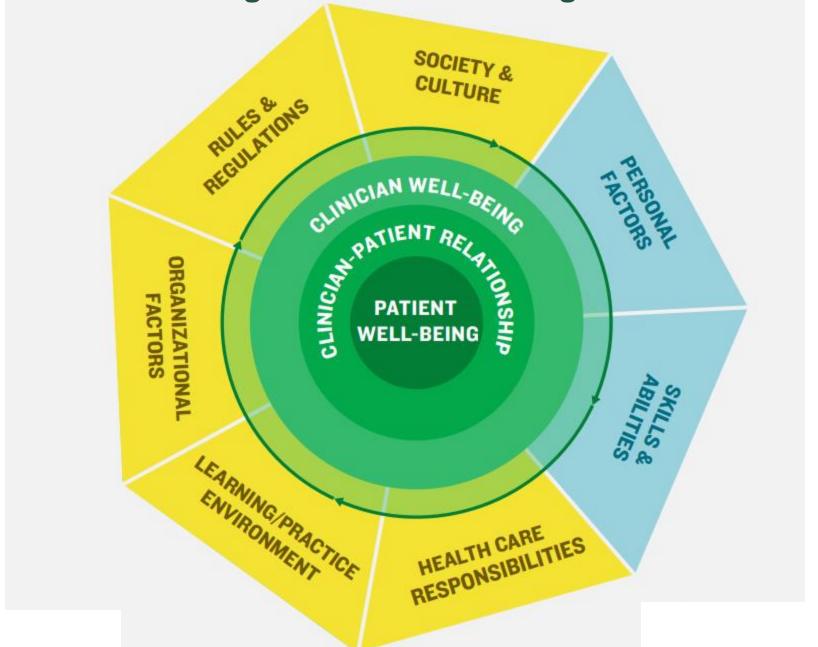
Read more and download the full discussion paper: nam.edu/Perspectives

Health care professional burnout represents real suffering among people dedicated to preventing and relieving the suffering of others. The high prevalence of burnout among health care professionals is cause for concern because it appears to be affecting quality, safety, and health care system performance. Efforts are needed to address this growing problem.

-Dyrbye et al., 2017



#### **Factors Affecting Clinician Well-Being and Resilience**



#### **External Factors**

#### **SOCIETY & CULTURE**

- Alignment of societal expectation and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

#### **RULES & REGULATIONS**

- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

#### **ORGANIZATIONAL FACTORS**

- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members

#### **ORGANIZATIONAL FACTORS**

- Power dynamics
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

#### **LEARNING/PRACTICE ENVIRONMENT**

- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

#### **HEALTH CARE RESPONSIBILITIES**

- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

#### **External Factors and Work Flow**

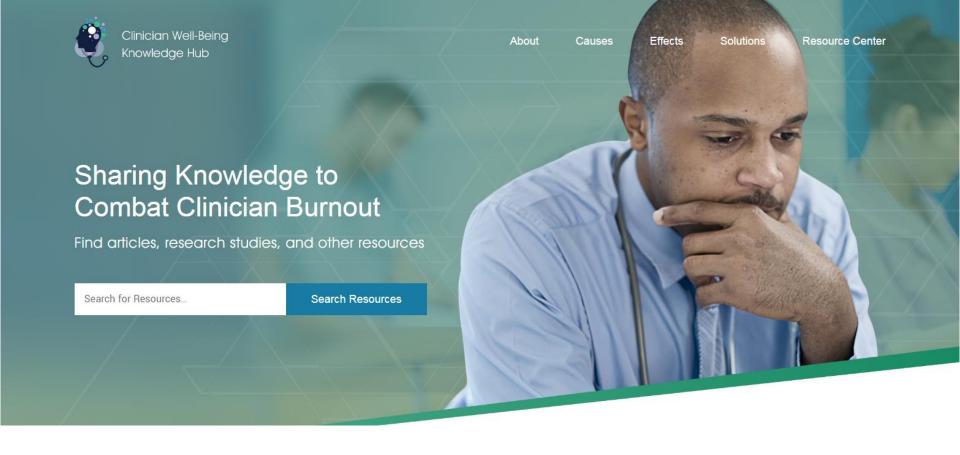
#### Completed:

- Discussion paper: <u>Care-Centered</u>
   <u>Clinical Documentation in the</u>
   <u>Digital Environment</u>: Solutions to
   Alleviate Burnout"
- Discussion paper: "A Vision for a Person-Centered Health Information System"
- Discussion paper: "Implementing Optimal Team-Based Care to Reduce Clinician Burnout"
- Forthcoming:
  - Streamlined suggestions to CMS re.
     E/M documentation guidelines





NAM.EDU/PERSPECTIVES
#ClinicianWellBeing



Healthy clinicians provide better patient care. Let's build a better system that helps clinicians thrive.

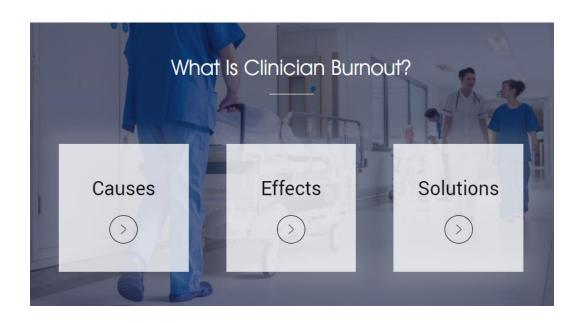
nam.edu/clinicianwellbeing





## Knowledge Hub is organized around three main topics

- Causes: Organizational factors, learning environment, practice environment, society and culture, personal factors, rules and regulations
- **Effects:** Safety and patient outcomes, clinician well-being, turnover and reduction of work effort, health care costs
- Solutions: Organizational strategies, measuring burnout, individual strategies



## **Case Studies in Spring 2019**

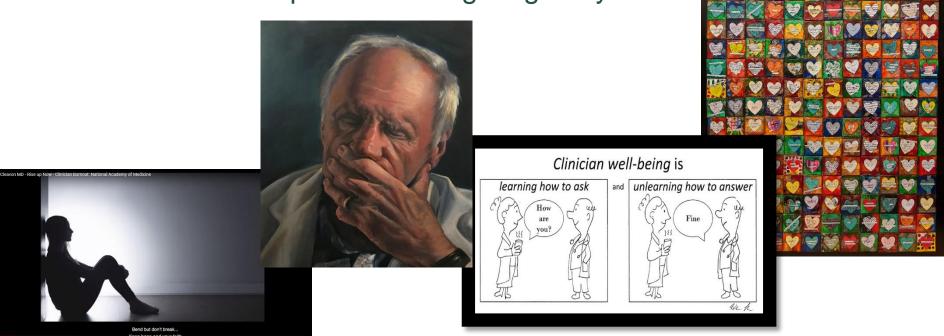
- 5-8 case studies highlighting programs that are engaging in promising practices to reduce clinician burnout and improve well-being
- Goal is to provide actionable guidance for organizations seeking to implement clinician wellbeing programs
- Diverse array of programs
- Four criteria for inclusion
- Community of shared learning; webinars



## **Expressions of Clinician Well-Being**

#### nam.edu/expressclinicianwellbeing

- > 350 submissions including paintings, music, and written word
- 10 art pieces available for traveling art show
- 100 featured in a permanent digital gallery



#### **Achievements to date**

- Over 180 network organizations
  - 150+ commitment statements
- Conceptual model of the factors affecting clinician wellbeing and resilience
- Clinician Well-Being Knowledge Hub
- Discussion papers and tools
- Compilation of validated instruments to assess burnout and well-being
- Expressions of Clinician Well-Being Art Show
- NEJM Perspective, <u>To Care is Human Collectively</u> <u>Confronting the Clinician Burnout Crisis</u>
- Suggestions to CMS re E/M documentation guidelines
- New question guidelines for FSMB House of Delegates



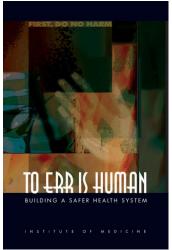
## Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being

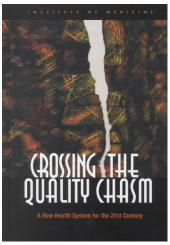
A consensus study from the National Academy of Medicine

An ad hoc committee will examine the scientific evidence regarding the causes of clinician burnout as well as the consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. The committee will examine components of the clinical training and work environment that can contribute to clinician burnout in a variety of care settings, as well as potential systems interventions to mitigate those outcomes. The committee will identify promising tools and approaches to support clinician well-being, identify gaps in the evidence base, and propose a research agenda to address areas of uncertainty.

Project website:

https://www8.nationalacademies.org/pa/projectview.aspx?key=HMD-HCS-17-09





#### Vision for the Future

- A campaign of systems change
- Evidence based solutions
- Leveraging networks of organizations committed to improving clinician wellbeing
- Building a community of empowerment
- Creating healthy clinicians for healthy patients



#### Join the movement!

#### nam.edu/SupportClinicianWellBeing

To provide an opportunity for organizations to discuss and share plans of action to reverse clinician burnout and promote clinician well-being, the NAM is collecting statements describing organizational goals or commitments to action.

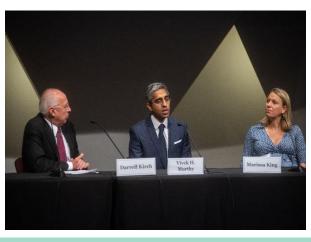


## Attend our next public meeting!

The next public meeting is focused on redesigning the clinical learning environment.

This meeting will take place on **Wednesday, May 29th** at the ACGME headquarters in Chicago, IL.

For meeting updates, visit nam.edu/CW









### **ASPHP Activities to Date**

- Onsite attendance at the first public meeting of the collaborative on July 14, 2017 and provided resource materials prior to and since that meeting.
- Provided commitment statement
- Remote attendance at October 1, 2018 web conference
- Advertise collaborative in ASPHP newsletters and on website



#### **Commitment Statement**

- Association of Safe Patient Handling Professionals
- Commitment Statement on Clinical Well-Being
- The mission of the Association of Safe Patient Handling Professionals
  (ASPHP) is to improve the safety of caregivers and their patients by
  advancing the science and practice of safe patient handling and mobility.
  Inherent in our mission statement is the close link between care giver and care recipient (patient) safety and well-being.
- The Board of Directors, certificants and members of the ASPHP represent a multi-functional, inter-disciplinary team of healthcare professionals who are dedicated to the recognition of safety for patients and clinicians across all healthcare settings.



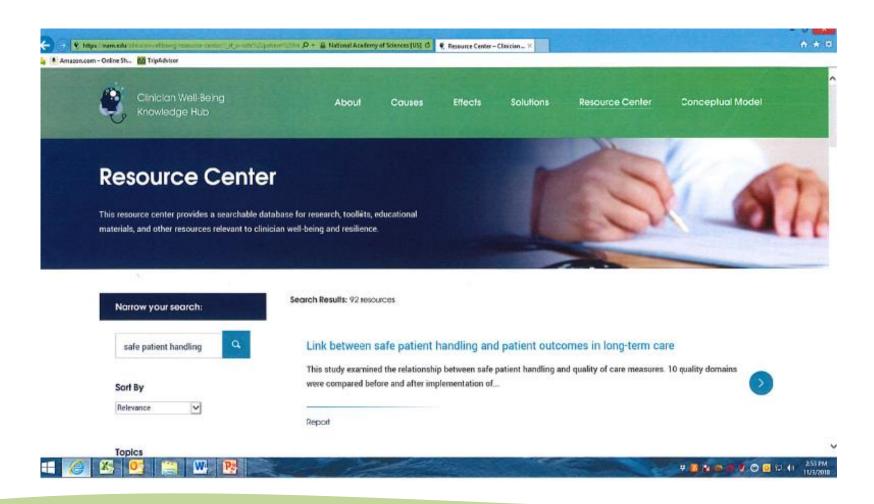
#### **Commitment Statement**

- We are committed to providing support to the National Academy of Medicine's Action Collaborative on Clinical Well-Being and Resilience in their efforts to reverse clinician (care giver) burnout and promote wellbeing. We hope to work together to bring about change, including legislation and best practice recommendations, that meet our mission and that of the Collaborative. We would be honored to provide input whenever requested and/or warranted.
- We attended the first public meeting of the collaborative on July 14, 2017 and provided resource materials prior to and since that meeting. Our website (www.asphp.org) provides a great deal of information, demonstrating the link between patient and clinician safety and well-being, as well as information that identifies and quantifies the negative impact of care giver burnout. The Learning Center of our website contains a wealth of knowledge regarding these issues and is continually refreshed as new content becomes available.

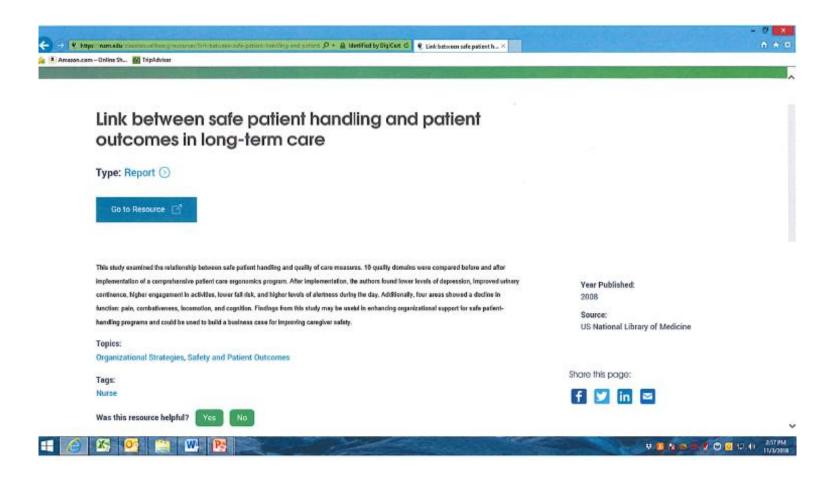




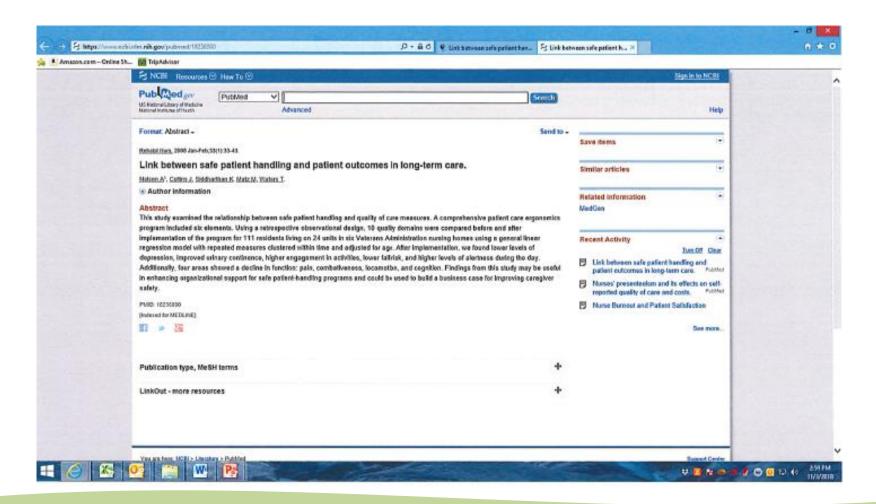




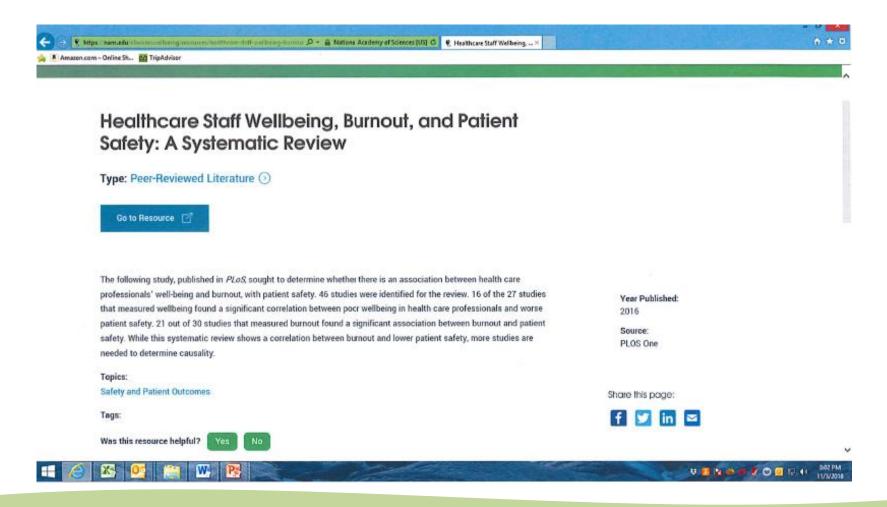




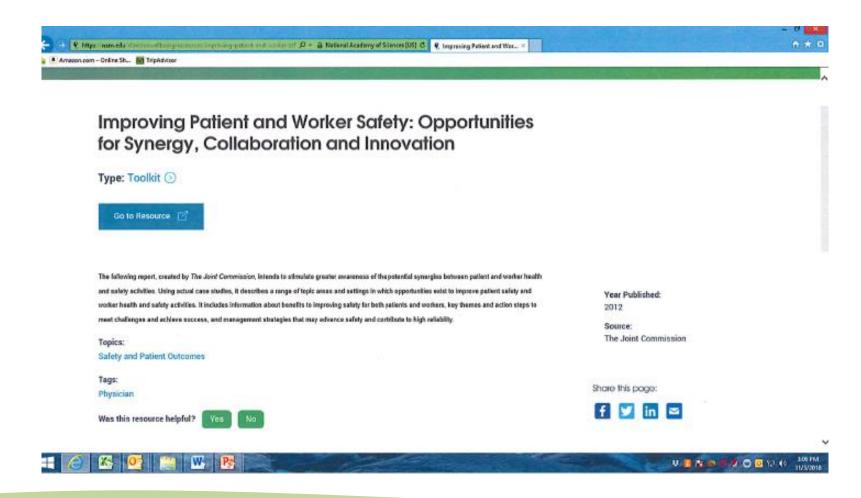




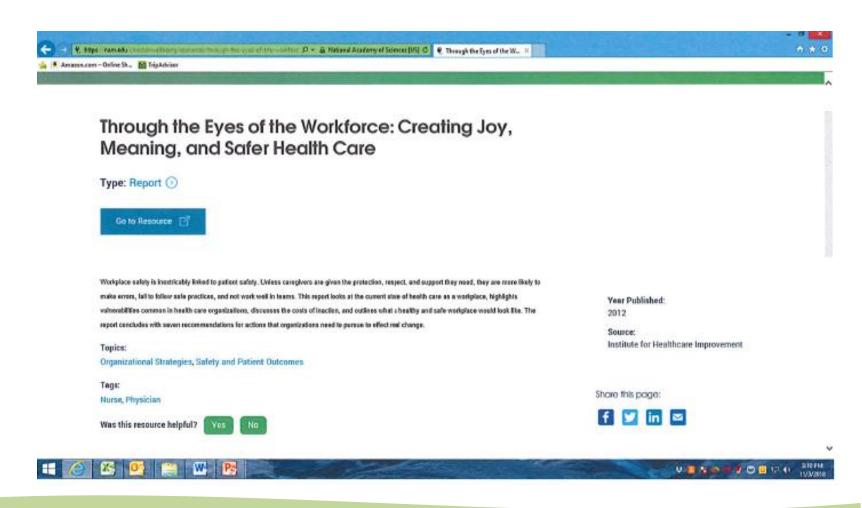










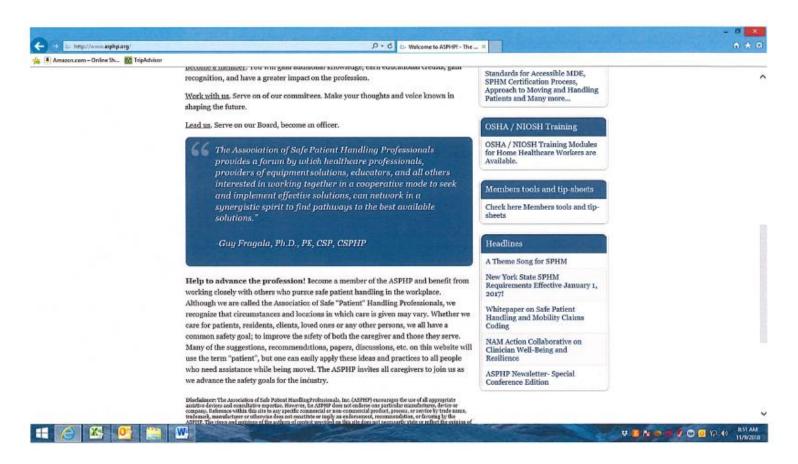




## Handling Professionals ASPHP Website





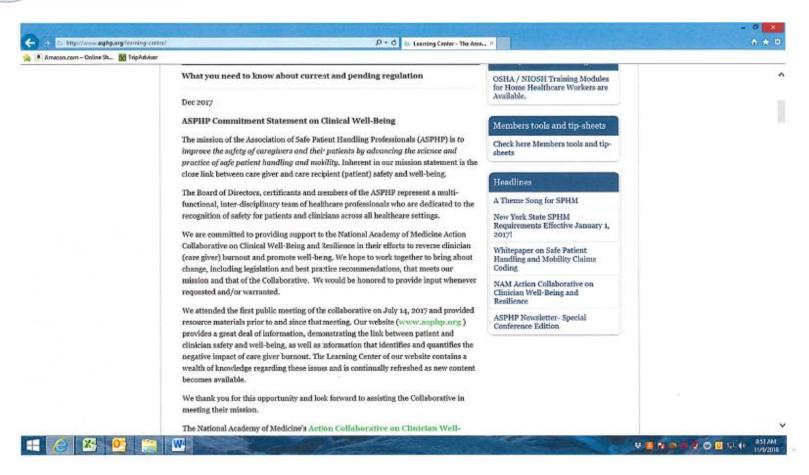




## andling Professionals ASPHP Website









Ode to a Healthcare Worker

Healthcare worker is made out of love Care for people that came from above Lifting and pulling and holding hands tight To end up broken don't seem right!

They move 1.8 tons and what do they get?
Another day older disabled and bent.
St. Peter when you call them be sure to know
The body is broken but the spirit aglow!

#### Owed to a Healthcare Worker: A Safe Workplace!

The 1.8 tons in the lyrics above is the patient weight that the average healthcare worker must lift in a typical day. Unlike the coal worker moving coal, the healthcare worker has no handles to grab ahold of to move this weight. They are dealing with a living human being that must be handled with care. The



patient/care recipient sometimes resists this movement, requiring the healthcare worker/care provider to generate even greater force to complete the movement or provide support.

In 2014, registered nurses ranked sixth among all occupations for the number of cases of musculoskeletal disorders resulting in days away from work, with 11,360 total cases. Nursing assistants reported 20,020 cases in 2014, the second highest of any profession. The leading cause of these health care employees' injuries is patient lifting, transferring, and repositioning injuries, which constitute a significant risk to the health and welfare of those employees under the Occupational Safety and Health Act of 1970.

This is an enormous amount of preventable harm to healthcare workers. There is also resultant harm to healthcare recipients. Effective safe patient handling and mobility (SPHM) programs prevent this harm. Help to provide what is owed to a healthcare worker: a safe workplace!



The Association of



November 2, 2018

Melissa Smith
Division of Regulations, Legislation, and Interpretation
Wage and Hour Division
US Department of Labor

Subject: Comments on Expanding Employment, Training, and Apprenticeship Opportunities for 16- and 17-Year-Olds in Health Care Occupations under the Fair Labor Standards Act. *Docket Number: 2018-20996 / RIN: 1235-AA22* 



#### Dear Ms. Smith:

The Association of Safe Patient Handling Professionals (ASPHP) would like to provide comments on the subject proposed rulemaking. Through this rulemaking, the US Department of Labor proposes to remove the prohibition regarding the independent operation of power-driven patient lifts by 16- and 17-year-olds from the Department's Hazardous Occupations Orders (HO) 7. We believe this change runs counter to the scientific evidence that currently exists and may lead to increased harm to both these care giving youth and the care recipients they service.



The ASPHP was developed for the sole purpose of furthering the science and practice of safe patient handling. Those anxious to join this grass roots effort and bring it to life, as evidenced by our Board of Directors and Advisors, were the pioneers and experts in the field; those impassioned about the subject of reducing injury to our healthcare workers and preventing harm to those for whom they provide care. Importantly, these experts not only rose to prominence in the field because of their educational background, they are experienced, practiced professionals who quite frankly, "get it"!

This ASPHP team represents all perspectives of the subject at hand: research, education, consulting, assistive device manufacturers, and clinicians. Some work outside of the practice environment, some work within that environment on an administrative level and many others



work as caregivers in acute care, long-term care, continuous care and the home environments. . Our membership is active with us, including those who have already achieved the status of Certified Safe Patient Handling Professionals (CSPHP). Our quest includes assisting in the setting of standards for program development, implementation, sustainability and overall practice. Succinctly, *the Association represents a ready wealth of information* to provide assistance in your endeavor to develop legislation to address this crucial need.

A review of our website (www.asphp.org) will reveal the many ways in which we seek to meet our mission "To improve the safety of caregivers and their patients by advancing the science and practice of safe patient handling." The Learning Center section of our website has a section on Legislative Updates that seeks to keep our membership and the general public informed regarding regulatory activity and our involvement with that activity.



Some of our members are also members of the American Industrial Hygiene Association (AIHA) and were involved in developing the comments they provided to you on November 1, 2018 regarding this proposed regulation. We thank the AIHA for their thorough and evidence-based review. We agree with the first 3 items listed below that they offered in their comments and are adding items 4 and 5 that we also consider critical. The ASPHP urges the department to protect these young workers by:

- 1) Issuing a new rule that would prohibit 16- and 17-year-olds from manually lifting patients who cannot bear weight.
- 2) Maintaining the current conditions under which 16- and 17-year-olds can operate power-driven patient lifts under hazardous occupations order 7.
- 3) Asking NIOSH to revisit the work it conducted from 2010 to 2011, and conduct a new assessment to determine the circumstances, if any, that 16- and 17-year-olds can safely operate power-driven patient lifts, either independently or as part of a team with another employee who is at least 18 years of age.



- 4) Considering the safety of both the care givers (16- and 17-year-olds) and the care recipients in this assessment, assuring there is a mutual process for protection for both parties.
- 5) Identifying a path by which this process for protection may be applied, enabling the involvement of our youth in the provision of care.



The ANA publication, Safe Patient Handling and Mobility Interprofessional National Standards: Across the Care Continuum, 2013, provides the necessary structure to establish a process for prevention of the harm that may arise from patient handling. While the ASPHP has been working, and had success, with individual states in their efforts to develop safe patient handling standards for their respective states, we believe that none of the existing state legislation addresses all of the 8 standards included in the ANA publication, nor do they encompass all of the workplaces where the movement of care recipients presents an injury exposure to care providers.

The ASPHP is proud to have been involved in the development of this publication, with our Board and general membership well represented in the group of experts who were brought together by the ANA. We believe that federal regulations incorporating the process for protection detailed in these standards would assist in increasing employment opportunities associated with patient handling while assuring the prevention of harm to those involved in the process.



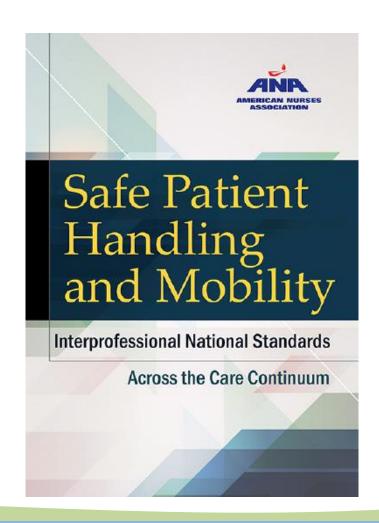
Regards,

Patti Wawzyniecki President – ASPHP



# Our Resources/Expertise

- ANA's <u>Safe Patient Handling</u> and <u>Mobility Inter-professional</u> National Standard
  - Provides best practices, not regulations
  - Eight Standards: create a culture of safety; implement and sustain a SPHM program; incorporate PTD; select, install, and maintain SPHM technology; a system for training; patient-centered assessment; RTW; program evaluation.
  - Flexible by the environment of care





# Our Resources/Expertise

Speakers
Suzy Harrington,
DNP, RN, MCHES
Director, ANA's Department
for Health, Safety, and
Wellness

Colin Brigham,
CIH, CSP, CPE, CPEA,
CSPHP
Past President, Association
of Safe Patient Handling
Professionals

Navigating the New Safe Patient
Handling and Mobility
Interprofessional National Standards
Wednesday, June 19, 2013
1:00 pm - 2:00 pm ET \* 12:00 pm - 1:00 pm CT \* 10:00 am - 11:00 am PT



## **Our Journey Together**

2018 and Beyond: What are some needs?

- Expand awareness: Ode to a Healthcare Worker and other resources
- Expand efforts more fully to all environments of care



## **Our Journey Together**

- Closing statements:
  - We are an aging population.
  - We are a deconditioning population.
  - We will require greater care.
  - We need to work together (collaborate).

- Closing questions:
  - What is your story or are your stories?
  - How and to whom can you tell them?
  - With whom can you collaborate?
  - What can you do to improve the process for protection?