



# Moving From the Triple to the Quadruple Aim

## Clinician Well-Being and Engagement Webinar



Ascension  
Medical Group

February 2019

I, Dr. Baligh Yehia, have no relevant financial relationship to disclose.

# Moving from the Triple to the Quadruple Aim

*The Clinician Well-Being and Engagement webinar will include the following learning objectives:*



Understand the impact of clinician burnout on clinicians, their families, patients, and organizations.



Understand the Three Domains for Physician Well-being

- Culture of wellness
- Efficacy of practice
- Personal resilience.



Describe Best Practices for providers, clinics, and health care organizations to impact clinician well-being and engagement.



Define measurement and tracking tools to measure clinician well-being and engagement.

# Moving from the Triple to the Quadruple Aim

*Clinicians and staff well-being is a prerequisite for the triple aim.*

“Dissatisfied physicians and nurses are associated with lower patient satisfaction, may contribute to overuse of resources and thereby increase cost of care, and reduced adherence to treatment plans - resulting in negatively affected clinical outcomes.

— Thomas Bodenheimer, MD  
Christine Sinsky, MD



In order to take good care of patients, we have to take good care of those caring for patients.

Bodenheimer, T., Sinsky, C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014, 12:573-576.

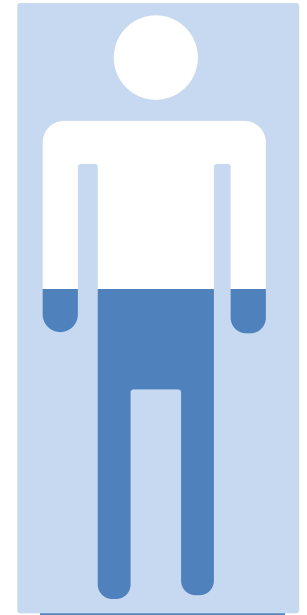
# The Rise of Clinician Burnout

*Over the last decade burnout has increased among American physicians.*

## Burnout

A syndrome characterized by exhaustion, cynicism and reduced effectiveness

**50.5%**  
of physicians are  
at a high or  
moderate risk of  
burnout



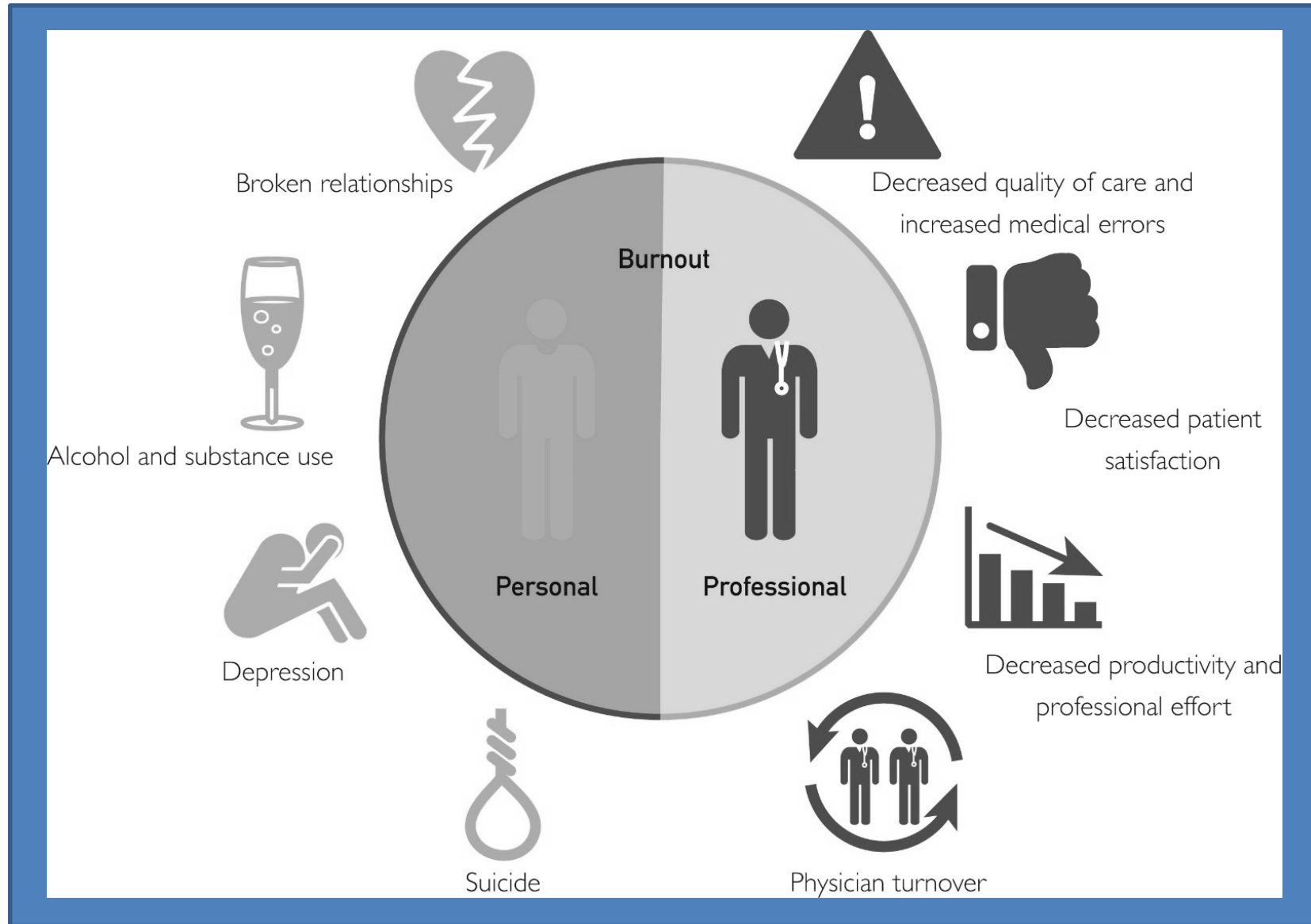
**68%** of family physicians  
and **73%** of general  
internists would not  
choose the same  
specialty

**87%** of physicians  
named the leading  
cause of work-related  
stress and burnout as  
paperwork and  
administration

Dissatisfied  
physicians are  
**2 to 3 times more  
likely** to leave  
practice

Bodenheimer, T., Sinsky, C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* 2014, 12:573-576.

# Effects of Clinician Burnout – Personal & Professional



Shanafelt, T., Noseworthy, J., Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. *Mayo Clinic Proceedings*, 2017, 92(1), 129-146



## **Effects of Clinician Burnout – Organizational**

**Turnover**

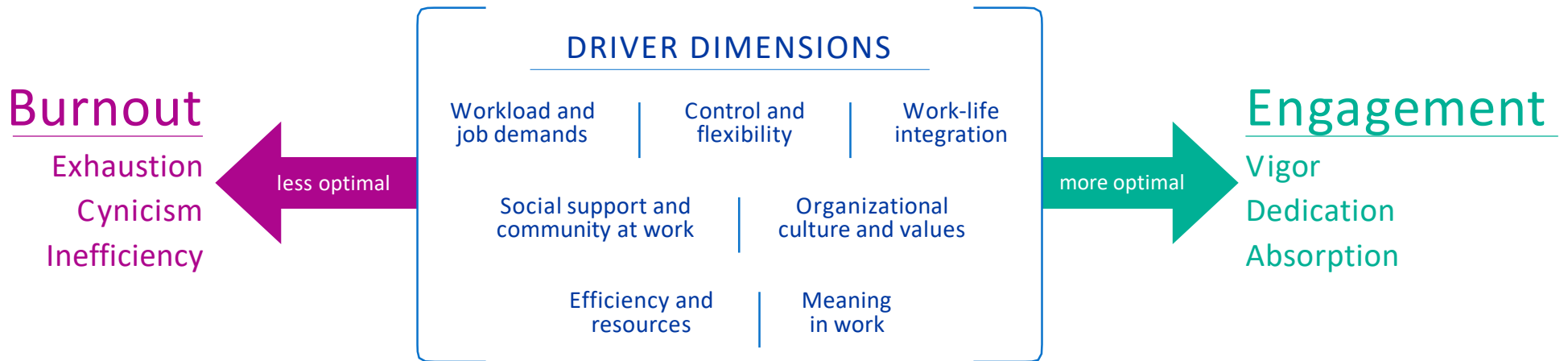
**Loss of Expertise**

**Decreased  
Productivity**

**Effects of Quality, Safety,  
& Patient Satisfaction**

# Drivers of Clinician Engagement

Each of these drivers are influenced by individual, work unit, organizational, and national factors.

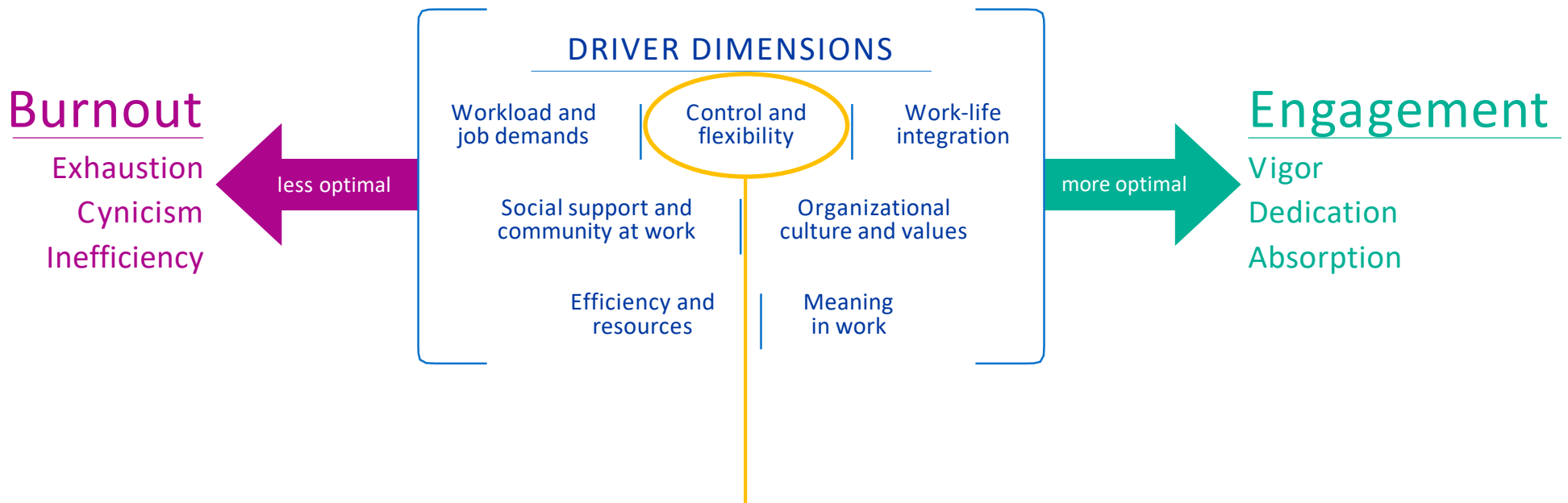


Promoting engagement and reducing burnout are the **shared responsibility** of individual physicians and healthcare organizations.



# Drivers of Clinician Engagement

Each of these drivers are influenced by individual, work unit, organizational, and national factors.



**50%** of clinician's time is spent documenting time in electronic health records. Trading screen time for interacting with patients and communication with peers and care teams often leads to a feeling of loss of flexibility and control that results in social isolation.

# Clinician Well-Being and Engagement Best Practices



## Culture of Wellness

Work environment, values, and behaviors that promote self-care, personal and professional growth, and compassion.



Three Domains of Wellness, as identified in the 2015 Stanford Model



1 Launch a diverse clinician well-being committee



6 Develop clinician coaching and mentoring programs



2 Develop improved clinician-to-clinician communication and connection strategies



7 Provide support and training in clinician and care team safety, including workplace violence, harassment and discrimination



3 Ensure confidential support is readily available



8 Support work-life integration



4 Create opportunities for clinicians to provide feedback



9 Improve aesthetics and ergonomics / functionality of the clinical workspace



5 Demonstrate value of clinicians to organization by recognition and appreciation

# Clinician Well-Being and Engagement Best Practices



Three Domains of Wellness, as identified in the 2015 Stanford Model

**Efficiency of Practice** Workplace systems, processes, and practices that promote quality, effectiveness, positive interactions, and work-life integration.

- 10** Use pre-visit planning tactics
- 11** Adopt pre-appointment laboratory work protocols
- 12** Adopt expanded rooming and discharge strategies
- 13** Implement a daily huddle
- 14** Establish medication refill protocols and guidelines
- 15** Adopt synchronized prescription renewal protocol
- 16** Adopt protocols for electronic prescribing of controlled substances and electronic reconciliation of controlled substance prescriptions
- 17** Reduce unnecessary clinician work through inbox management
- 18** Implement Leading with Quality: The Ascension Way and AIM4Excellence
- 19** Offer professional development for Medical Assistants (MAs)
- 10** Use the Athena quality measure tab

# Clinician Well-Being and Engagement Best Practices



## Personal Resilience

Individual skills, behaviors, and attitudes that contribute to physical, emotional and professional well-being.



Offer mindfulness training and resources



Offer stress management training and services



Think about practices from a different perspective



Offer community-building opportunities



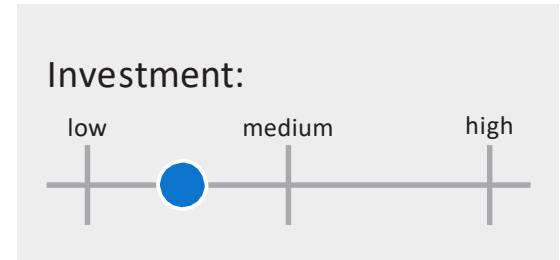
Offer assessment for resiliency



Three Domains of Wellness, as identified in the 2015 Stanford Model



# Launch a diverse clinician well-being committee



## Description:

An organizational commitment to establish a Clinician Well-Being Committee typically begins with recognition of the physician and advance practice provider as a valued partner by the executive leadership team. The role of the committee is to review the current state of clinician engagement and well-being and implement practices to build a robust clinician community, improve practice efficiency and strengthen personal resilience.

## Implementation:

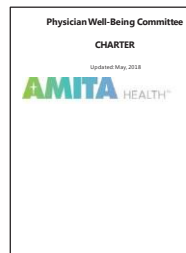
- Launch a committee with diverse membership, drawing from different health professions, specialties and programs.
- Provide administrative and financial support for committee activities.
- Create subcommittees such as social, community service, diversity and inclusion, physical well-being, and family support.

## Critical Success Factors:

- Diversity in the committee: representation from physicians (both leader and non-leader), advanced practice providers, residents and fellows, and directors with expertise in operations, electronic health records, quality and wellness.
- Regular meetings (monthly) with standing agenda items: current state of clinician community (recent survey, engagement in myVoice, etc.), electronic health record optimization, learning opportunities for clinicians, networking/social opportunities, and other activities.
- Monitor clinician well-being at an organizational level with report outs to C-suite.
- Consider clinician well-being in critical decision-making at the organizational level.

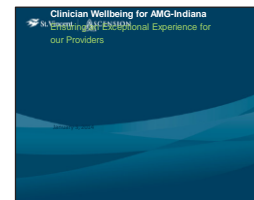
## Resources:

CHARTER



[AMITA Wellness Committee charter](#)

PROGRAM

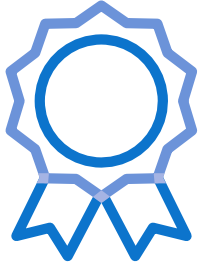


[Indiana Well-Established Clinician Engagement and Well-Being Committee](#)

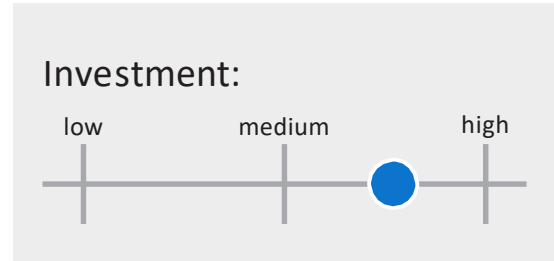
WEBSITE



[How to Create a Clinician Wellness Committee-ACP](#)



# Develop improved clinician-to-clinician communication and connection strategies



## Description:

Improving the ease of communication between clinicians and between clinicians and other members of the care team is essential for building community and delivering high-quality patient care. Communication and connection platforms/strategies are also important to fostering collaboration and innovation with organizations.

## Implementation:

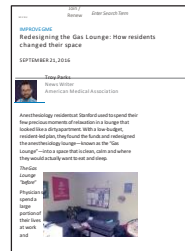
- Create physician-specific Yammer (or similar) groups.
- Adopt ministry-wide text paging/communication strategies (e.g., cell phone distribution, text messaging, group HIPAA-compliant chat capabilities, virtual pagers).
- Host social events, Grand Rounds, service programs and other gatherings to support community, collaboration and innovation.
- Design shared clinician work and renewal spaces (e.g., physician lounges).

## Critical Success Factors:

- Organizational and leadership support.
- Technology capabilities.
- Training on collaborative communication platforms.

## Resources:

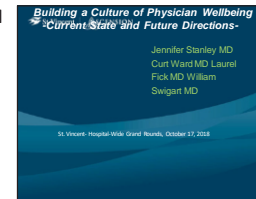
### ARTICLE



#### [Redesigning-Gas-Lounge Space](#)

Plan that residents at Stanford used to find a space where they could eat and sleep

### PROGRAM

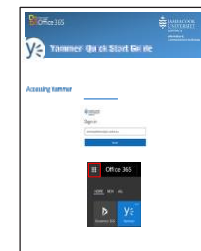


#### [Grand Rounds](#)

St. Vincent, Hospital-Wide Grand Rounds results and statistics where they could eat and sleep

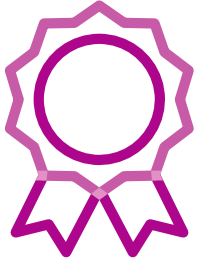
### WEBSITES [Social Media options](#)

Account can be developed with the intention of improving social connectedness



#### [Yammer](#)

Social networking tool used for private communication within organizations



# Implement a daily huddle

## Description:

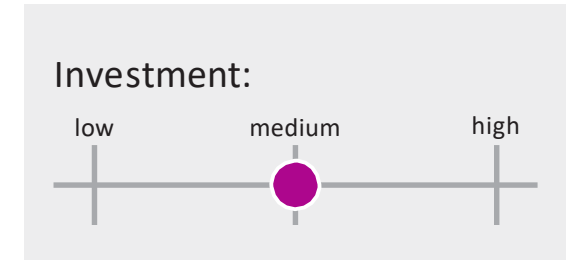
A practice team that cares for complex patients must communicate and coordinate patient care needs among its members on a regular basis to achieve the best possible patient outcomes.

Implementation of brief (15-minute), in-person scheduled meetings once or twice a day with relevant team members helps ensure an efficient clinic day with fewer surprises by providing an opportunity to anticipate patient needs and prepare for changes in staffing and logistics so that the day runs more smoothly.

The beauty of huddles is that they are short, yet effective. A strong commitment to starting and ending on time will make them a success. Many practices find that the time investment is more than made up for by improved clinic operations. However, it is important to establish a consistent time that integrates well into the clinic workflow.

## Implementation:

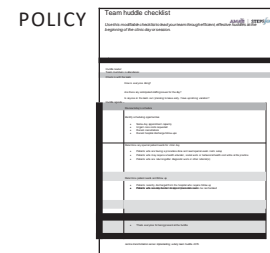
- Develop relationships and designate roles.
- Designate a Huddle leader.
- Use a checklist or a template.
- Develop a strong culture that embraces and supports the routine of holding a huddle.
- Add practice announcements and other non-patient related information that can easily and quickly be communicated to the team.



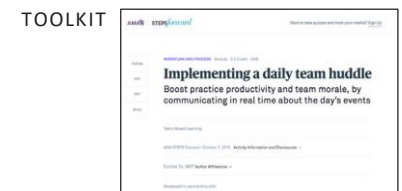
## Critical Success Factors:

- Consistent participation and presence from key players at the huddle.
- Huddles must be short and consistently held—brief but valuable time.
- There must be a designated huddle leader.
- The time of the huddle must fit well within practice routine (e.g., not at the end of a long day).

## Resources:



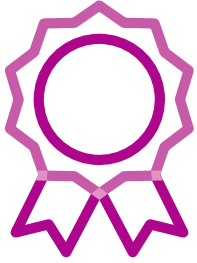
[Huddle Checklist](#)



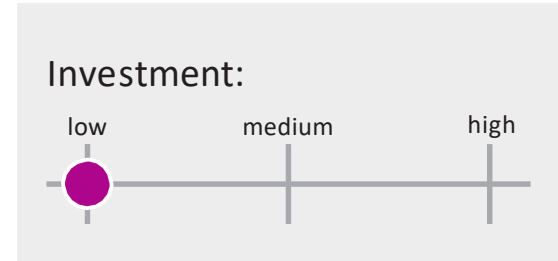
[Implementing a Daily Team Huddle](#)

AMA Steps Forward





# Establish medication refill protocols and guidelines



## Description:

In many ambulatory practices, considerable time is spent processing medication refills. Developing and implementing a standard protocol to handle medication refills can eliminate several unnecessary steps and increase the efficiency of practice. In addition, it can improve patient satisfaction, as refill issues are resolved promptly, and enhance provider satisfaction, as administrative/ clerical responsibilities are minimized.

## Implementation:

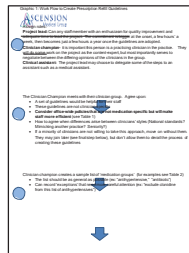
- Develop a standard medication refill protocol or guideline by building consensus among clinicians in a practice, service line or ministry.
- Monitor the efficacy of the protocol by tracking the number of staff to provider outreach events specific to medication refills.

## Critical Success Factors:

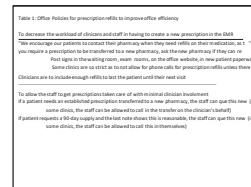
- Identify a clinic Champion who will navigate among providers and help ensure protocol gets implemented.
- Practice needs to invest time on the front end to develop the medication protocols. This should be done using a number of providers.
- Draft protocol should be circulated for input.
- To maximize success, it is important that there are a minimal number of “special situations” or “one-off” rules.
- Pick a single “go-live” date for use among all clinics.
- Providers must buy in to use of the protocol. If providers won’t support this, it will fail.
- After implementation, team should review and modify protocol as necessary.

## Resources:

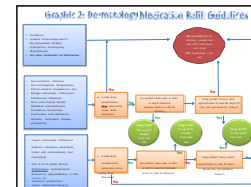
### POLICY



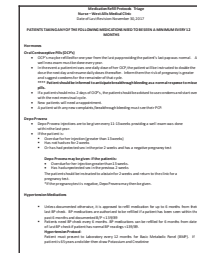
[Medication Refill Workflow](#)



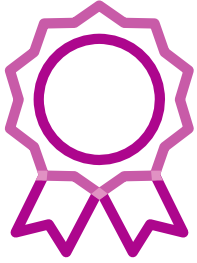
[Example of Medication Refill Protocol](#)



[Template Medication Refill Protocol \(Dermatology\)](#)



[Template Medication Refill Protocol \(Family Practice\)](#)



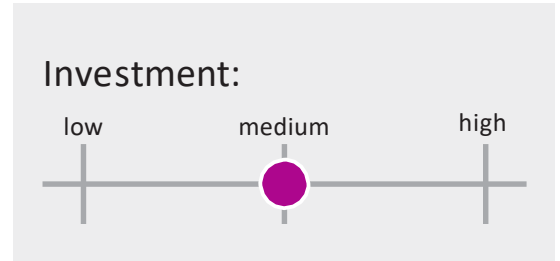
## Implement Leading with Quality: The Ascension Way and AIM4Excellence

### Description:

Adopting lean techniques in the ambulatory setting has several advantages, including reducing or eliminating wasted time and resources, improving overall efficiency, and fostering team cohesion. Developing an understanding of lean and establishing a process improvement team will allow practices to identify opportunities to improve practice work flow and empower front-line staff to identify an improvement project.

### Implementation:

- Roll out lean training to practice staff members.
- Establish a process improvement team.
- Actively engage clinical and clerical staff in a culture of continuous improvement by using Everyday Lean Ideas (ELI) worksheets to propose improvement ideas:
  - Placing a list of physicians' glove sizes in each procedure room.
  - Enabling the medical assistant to set up the room with the correct gloves for the specific provider each day.
  - Creating a "concierge card" that travels with the patient during their visit.
  - Letting the provider know who (family member, friend, neighbor, etc.) has accompanied the patient to the visit.
  - Posting signage on restroom doors to alert Urology patients to report directly to check-in before using the restroom, making it easier to collect urine samples needed for a visit.



### Critical Success Factors:

- Requires a high-level champion who can ensure that initiatives are moving forward.
- Requires a willingness for culture change.
- Celebration of "wins".

### Resource:

#### TOOLKIT



[Starting Lean Health Care](#)

AMA Steps Forward



### Best Practice 23: **Think about practices from a different perspective**

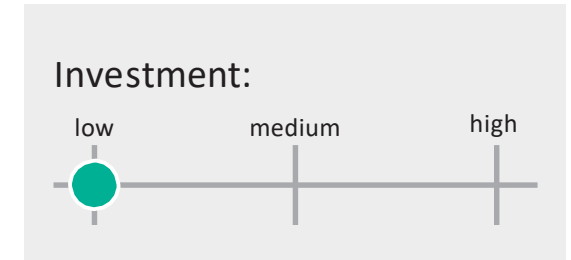
#### Description:

Taking small steps devoted to thinking about a clinician's practice from a different perspective will help clinicians have a longer, more satisfying career and reduce their risk of burnout.

Thinking about clinical practice differently can include creating a personal/practice mission statement; writing down inspirational patient stories; scheduling, in advance, events that will enrich an individual's life or the lives of those they care about; honing time management skills; considering how a clinician wishes to be remembered to spur changes in the way they currently live; and using appreciative inquiry.

#### Implementation:

- Collect and highlight inspirational patient stories that are meaningful to clinicians and care teams.
- Incorporate appreciative inquiry into clinician meetings, retreats and other activities.
- Offer training and provide opportunities to practice advanced scheduling and time management.
- Ask the right questions through a phase of discovery using the [LIFT Coaching Model](#).
- After the discovery phase, identify concrete, actionable ideas that will move the organization/practice closer to its newly envisioned potential.
- Work with the team and commit to the aspirations they want to achieve.

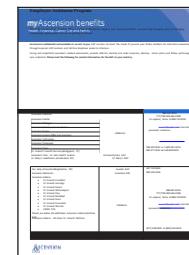


#### Critical Success Factors:

- Ensure that clinicians feel part of a community that cares about them personally and professionally.
- Take time to listen to concerns and develop solutions as a team.
- Make sure to recognize and celebrate contributions and successes.

#### Resources:

##### PROGRAM



[Ascension Employee Assistance Program \(EAP\)](#)

*Free program that provides clinicians support with managing stress, relationships, and getting out of debt.*

##### TRAINING



[Appreciative Inquiry: Fostering Positive Culture](#)  
*AMA Steps Forward*

##### WEBSITE



[Ascension Model Community and Culture Jam Site](#)



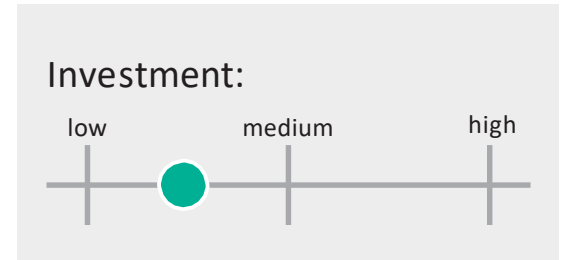
### Best Practice 24: **Offer community-building opportunities**

#### Description:

A community brings people together to advocate for and support each other to overcome threats or to pursue common interests. As human beings, we need a sense of belonging, and that sense of belonging is what connects us to the many relationships we develop. These relationships may offer meaning, comfort and security. Ascension and AMG value community and encourage clinicians to find meaning in community. A leader's role in a Model Community is to share the story of Ascension and draw connection to our Mission and Values. Leaders should encourage "community and ministry" in their work group.

#### Implementation:

- Organize, participate in and promote community volunteer opportunities.
- Promote and participate in leadership development and formation programs.
- Highlight the work of clinicians participating in community activities and provide opportunities for them to share their work with others.
- Organize social events – including spouses/partners – for clinicians to participate in after hours.
- Establish a monthly potluck where team members can share dishes and time to get to know each other across shifts/roles.



#### Critical Success Factors:

- Encourage clinicians to prioritize being in community with peers, external community and vocation.
- Provide information about opportunities including volunteering and participating in medical missions on a frequent basis using bulletin boards or email.
- Allow clinicians to participate in leadership development and formation programs.

#### Resources:

##### PROGRAMS



[Ascension Medical Mission at Home](#)



[Clinicians of the World](#)



[Doctors without Borders](#)



[AMG Leadership Development & Formation Program](#)



## Performance Measures

*Including measurements of well-being holds the potential to substantially improve not only the culture of our organization, but will ultimately result in improved clinician: well-being, satisfaction and engagement, and retention.*

Since burnout adversely affects quality, safety, and health system performance, as well as the personal lives of clinicians, there is a need for ministries to add measures of clinician well-being to their routine performance measures:

- **Growth**
- **Quality metrics**
- **Patient satisfaction**
- **Financial performance**

# Common Clinician Engagement and Well-Being Process Measures

Measure	Type	Description/Definition	Data Source
Encounter Completion Time	Process	Purpose	Athena Care Check Report
		Actual Documentation Time/Patient	Cerner (LON/Advance)
		Time in Note per Note	Epic (Signal)
Same Day Encounter Closure Percent of encounters closed same day	Process	Same Day Encounter Close (%)	Athena Care Check Report
		Visits Closed Same Day (%)	Epic (Signal)
Pajama Time EHR Time Spent Outside of Patient Encounters	Process	Time logged in the EHR after scheduled patient time	Athena Care Check Report
		Post Visit Doc Time (%)	Athena Care Check Report
		% Time in EMR After Hours (6PM to 6AM)	Cerner (LON/Advance)
		% Time in EMR, Chart Review After Hours	Cerner (LON/Advance)
		Time Outside Scheduled Hours	Epic (Signal)
		Time Outside 7 AM to 7 PM	Epic (Signal)
Documentation Keystrokes Keystrokes Per Encounter	Process	Total Keystrokes (per encounter)	Athena Care Check Report
		Total Clicks per Note	Cerner (LON/Advance)
Intervention Assessment	Process	Measures how likely clinicians are to recommend an initiative to their colleagues (Net promoter score)	REDCAP

# Common Clinician Engagement and Well-Being Outcome Measures

Measure	Type	Description/Definition	Data Source
Clinician Well-Being	Outcome	Assessment of overall clinician wellbeing as measured by the validated well-being index	AMG Clinician Well-Being Index
Clinician Satisfaction and Engagement	Outcome	The Model Community Survey is one way to measure progress on our One Ascension journey, Patient Safety, and Associate Experience all at one point in time. The Model Community Survey provides us with a broader picture of current state.	Model Community Survey Results available in Tableau
Clinician Retention	Outcome	Calculated as the # of individual clinicians who remained employed for entire measurement period / # of employees at start of measurement period) x 100	Visier



