

Housekeeping Items

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- **Webinar attendance will be noted via log in. 2 Requirements: Please log in through a computer (instead of cell phone) to Join Webinar / Join Event and also call in by telephone by choosing the Call In Option with the call in number, access code and assigned unique attendee ID number. If your name does not appear on the WebEx Final Attendance and Activity Report (only as Caller User #) and no submission of online survey, no CME or CE certificate will be provided.**
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- Please send a message to the Host via Chat box if you cannot hear the presenter or see the presentation slides.



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- *Partial credits are not allowed at L.A. Care's CME/CE activities for those who log in late (more than 15 minutes late) and/or log off early.*
- The PowerPoint Presentation is allotted 60 minutes and last 30 minutes for Q&A session, total of 90-minute webinar, 1.50 CME credits for L.A. Care Providers and other Physicians, 1.50 CE credits for NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals. Certificate of Attendance will be provided to webinar attendees without credentials.
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- Within two (2) weeks after webinar and upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential and after verification of your name and attendance duration time of at least 75 minutes for this 90-minute webinar. The **PDF webinar presentation will be available within 3 weeks after webinar date on lacare.org website located at**
<https://www.lacare.org/providers/provider-central/provider-programs/classes-seminars>
- Any questions about L.A. Care Health Plan's Provider Continuing Education (PCE) Program and our CME/CE activities, please email Leilanie Mercurio at lmercurio@lacare.org

Presenter's Bio

Karen Miotto, MD, is a Clinical Professor at UCLA in the Department of Psychiatry and Biobehavioral Sciences. Her academic work at UCLA includes addiction treatment and research and supporting the mental health of physicians and medical trainees.

As Director of the Physician and Faculty Wellness Program and Behavioral Wellness Center, Dr. Miotto has extensive experience providing programming, supportive services, and mental health treatment for physicians and medical trainees.

In addition, Dr. Miotto is serving as the President of the California Society of Addiction Medicine and she is the past president of the California Patient Protection and Physician Health Program, Inc. working with various organizations across the state to address the occupational and psychological concerns of healthcare workers.

Healthcare Provider Burnout Prevention & Wellness

Karen Miotto, MD

Clinical Professor, Department of Psychiatry and Biobehavioral
Sciences at UCLA DGSOM

Director, UCLA Physician and Faculty Wellness Program

President, California Society of Addiction Medicine

June 30, 2022 Live Webinar via WebEx, 12:00 pm – 1:30 pm PST

Directly Provided CME/CE Activity by L.A. Care Health Plan

1.50 CME/CE Credits

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The following CME Planners and Faculty do not have relevant financial relationships with ineligible companies:

1. Leilanie Mercurio, L.A. Care PCE Program Manager, CME Planner
2. Alex Li, MD, L.A. Care Deputy Chief Medical Officer, CME Planner
3. Katrina Miller Parrish, MD, L.A. Care Chief Quality and Information Executive, CME Planner
4. Karen Miotto, MD, Clinical Professor, Department of Psychiatry and Biobehavioral Sciences at UCLA DGSOM; Director, UCLA Physician and Faculty Wellness Program; President, California Society of Addiction Medicine; CME Planner and Faculty

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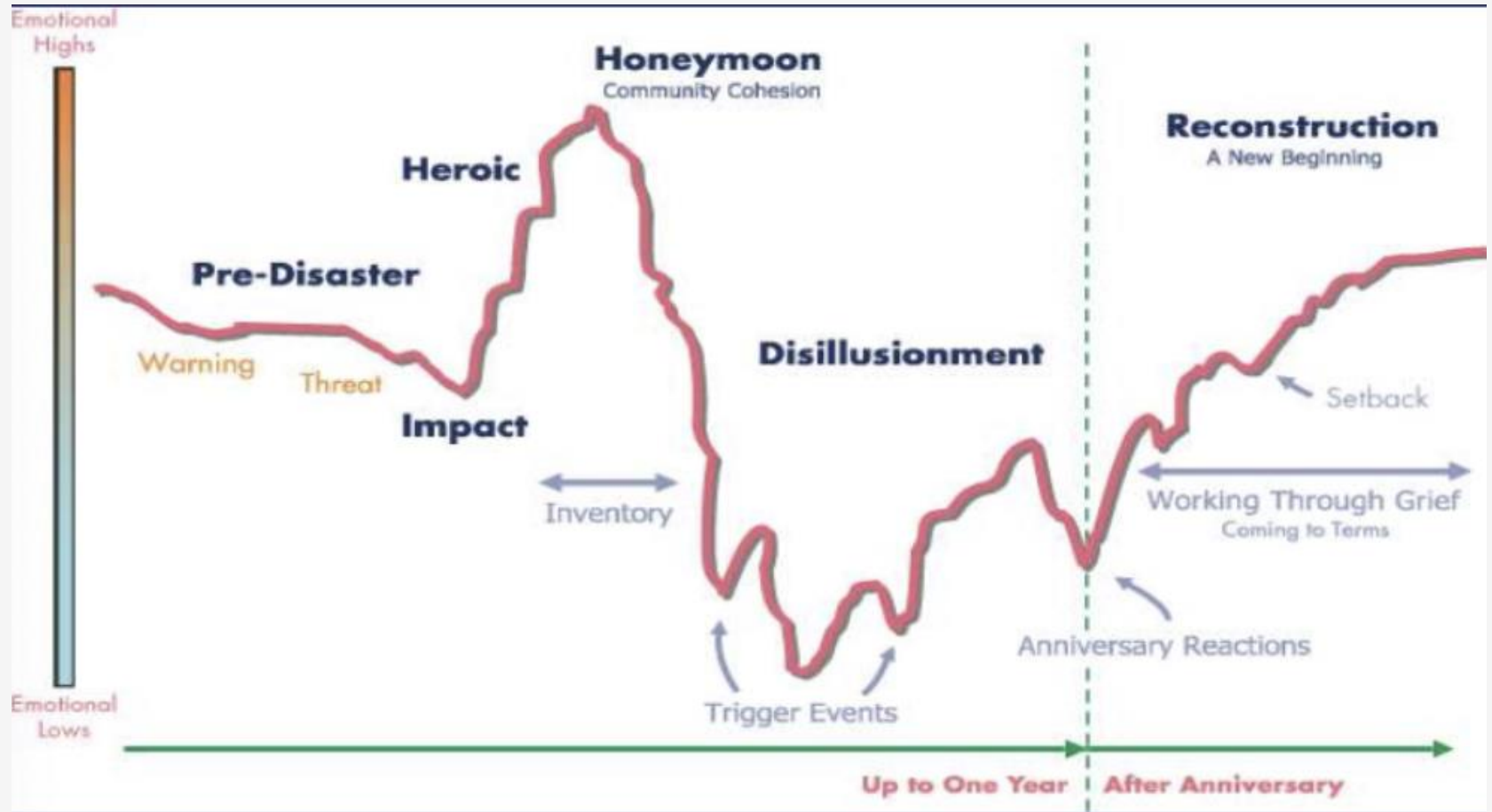
Learning Objectives

- ❖ State three (3) key features of burnout in physicians.
- ❖ Define two (2) evidence-based system interventions to decrease physician burnout.
- ❖ Identify national resources to implement burnout prevention strategies in healthcare organizations.
- ❖ Summarize the impact of physician burnout on health, patient care, outcomes and the health care system.

Overview

- Background COVID pandemic
- About burnout
- Burnout instruments
- Characteristic of burnout
- Great resignation
- Individual and organization-level solutions interventions
- UCLA Wellness Journal

Pandemic = Disruption of Phases of a Disaster Response

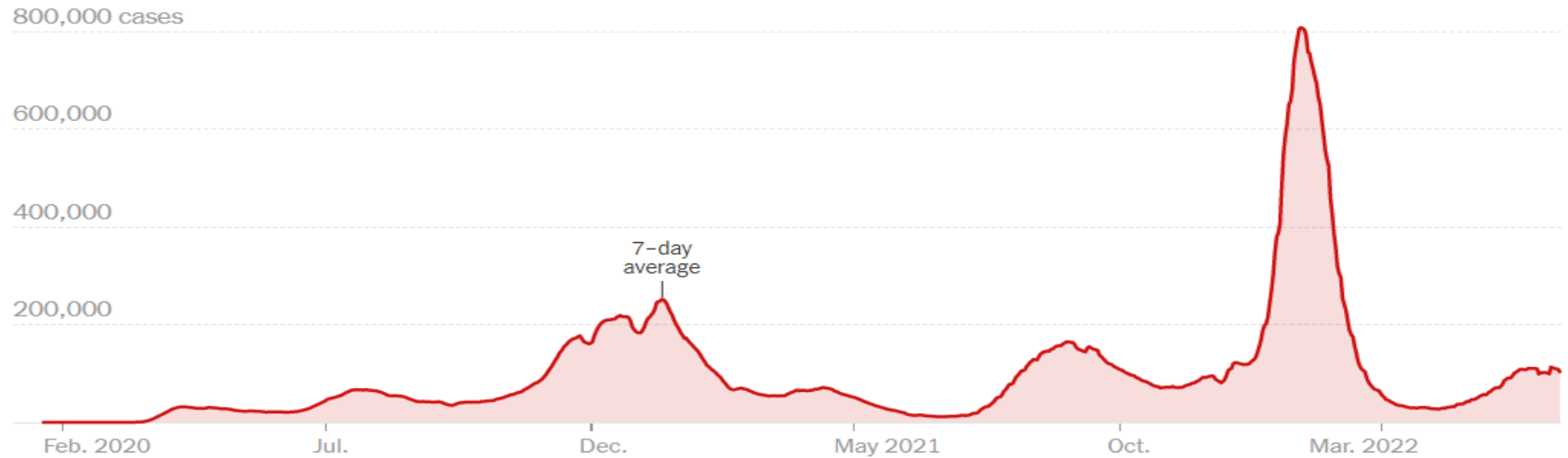


COVID-19 in the US

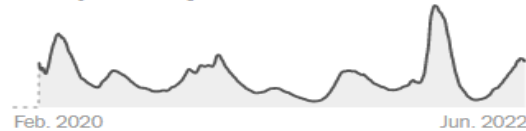
New reported cases

All time

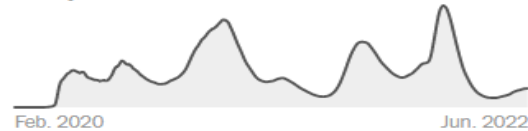
Last 90 days



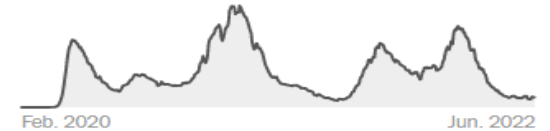
Test positivity rate



Hospitalized



Deaths



(The New York Times, June 13, 2022)

Sources of Distress During the COVID-19 Pandemic

Societal:

- Shelter in place
- Social justice issues
- Political tensions
- Virtual school for children
- Childcare and eldercare challenges
- Disconnected support network
- Disconnected activities used to recharge

Sources of Support:

- Families, support systems

Specific to Healthcare

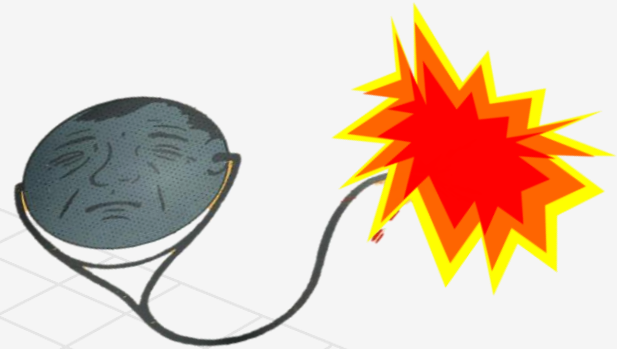
- Personal risk of infection
- Risk of being portal to family members
- Increased exposure death and suffering
- Practicing outside typical area expertise
- Rationing of care
- Financial repercussions for practice
- Increased workload
- Isolation



Burnout: Stress-Related Process

It is a response to the prolonged exposure to occupational stress which negatively affects the individuals, the organizations, and patients

Burnout is an imbalance between job demands situational demands and the resources including cognitive and emotional resources



Understanding Burnout

- Psychological syndrome emerging as a prolonged response to chronic stressors on the job
- **3 key features:**
 - **Emotional exhaustion**
 - **Feelings of cynicism and detachment from the job**
 - **Sense of ineffectiveness and lack of accomplishment**
- Early burnout measure based on comprehensive program of psychometric research was the Maslach Burnout Inventory (MBI)

Christina Maslach, Ph.D, is a Professor of Psychology (Emerita) and a core researcher at the Healthy Workplaces Center at the University of California, Berkeley



Instruments for Measuring Burnout

- **Maslach Burnout Inventory (MBI)** - Human Services Survey for Medical Personnel (MBI-HSS [MP]) - domains: emotional exhaustion, depersonalization, and low sense of personal accomplishment - Areas of Work-life Survey (AWLS)
- **Oldenburg Burnout Inventory (OBI)** - domains: physical, cognitive, and affective exhaustion and disengagement from work
- **Copenhagen Burnout Inventory (CBI)** - domains: personal (physical and psychological fatigue and exhaustion), work (physical and psychological fatigue and exhaustion related to work), and client-related (or a similar term such as patient, student, etc.) burnout
- **Physician Worklife Study (PWLS)** single-item to measure burnout symptoms
 - "Overall, based on your definition of burnout, how would you rate your level of burnout?"
- **Well-Being Index (WBI)** Stanford Professional Fulfillment Index (PFI) that measure symptoms of burnout (work exhaustion and interpersonal disengagement) as well as professional fulfillment
- **Mini Z burnout survey** – domains include the HER
- **Pebble in your shoe**

Mini-Z

1. Overall, I am satisfied with my current job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
2. I feel a great deal of stress because of my job:	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree

3. Using your own definition of "burnout," please circle one of the answers below:

- I enjoy my work. I have no symptoms of burnout.
- I am under stress, and don't always have as much energy as I did, but I don't feel burned out.
- I am definitely burning out and have one or more symptoms of burnout, e.g., emotional exhaustion.
- The symptoms of burnout that I am experiencing won't go away. I think about work frustrations a lot.
- I feel completely burned out. I am at the point where I may need to seek help.

4. My control over my workload is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
5. Sufficiency of time for documentation is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal
6. Which number best describes the atmosphere in your primary work area?	1 Calm	2	3 Busy, but reasonable	4	5 Hectic, chaotic
7. My professional values are well aligned with those of my department leaders:	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
8. The degree to which my care team works efficiently together is:	1 Poor	2 Marginal	3 Satisfactory	4 Good	5 Optimal

Leadership Rounding for Outcomes

The consistent practice of asking specific questions of key stakeholders—leaders, employees, clinicians, and patients—to obtain actionable information.

The focus of questions during rounding are to:

- **Build relationships** ("How is your family?" "Did your daughter graduate last week?")
- **Harvest "wins" to learn what is going well**, what is working, and who has been helpful ("Are there any clinicians I need to recognize today?")
- **Identify process improvement areas** ("What systems can be working better?")
- **Repair and monitor systems** to ensure chronic issues have been resolved ("Do you have the tools and equipment to do your job?")
- **Ensure that key behavior standards in the organization are "hardwired"** (or being consistently executed) to reward those who are following the standards and coach those who are not



Stanford WellMD Model of Professional Fulfillment



- Valuing ourselves
- Valuing our colleagues
- Valuing our personal relationships

Self-Valuation Index

During the past two weeks...

- When I made a mistake, I felt more self-condemnation than self-encouragement to learn from the experience
- I was less compassionate with myself than others
- I put off taking care of my own health due to time pressures
- Taking care of my needs seemed incomparable with taking care of my patient needs

Never

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Rarely

[]

Sometimes

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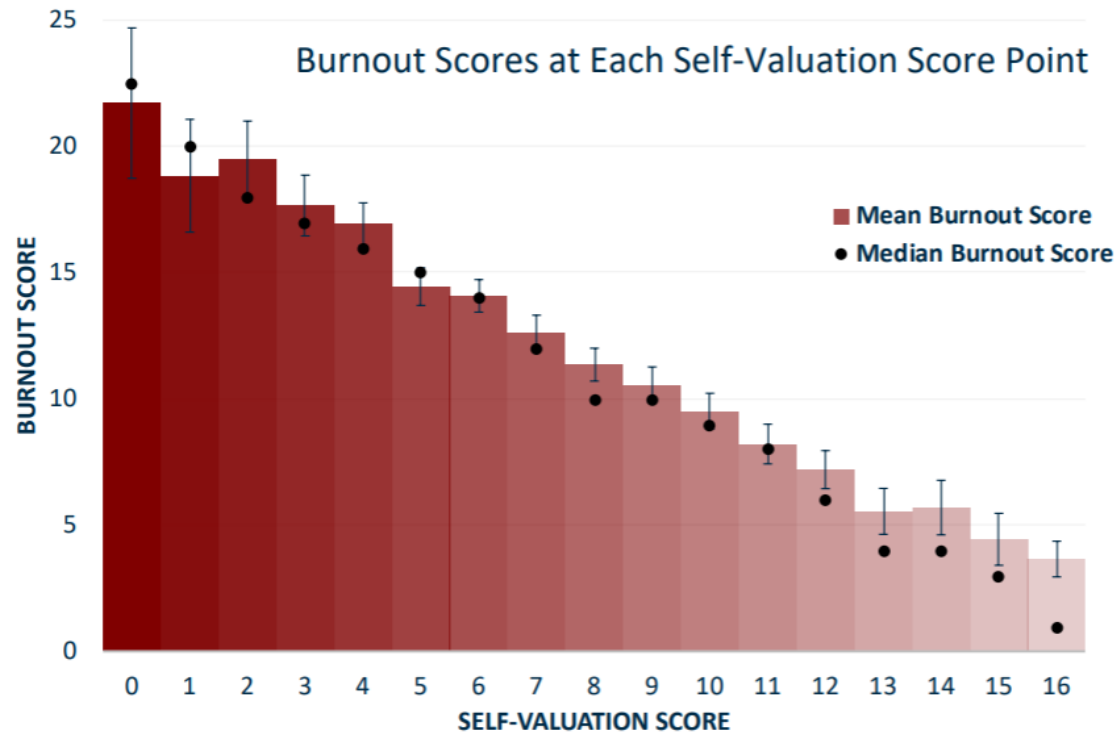
Often

[]

Always

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Low Self-Valuation is a Strong Determinant of Burnout



*Error bars represent 95% confidence intervals for the estimated mean burnout score at each self-valuation score point. Burnout scale range = 0 to 40.

Trockel, M. T., Hamidi, M. S., Menon, N. K., Rowe, S. G., Dudley, J. C., Stewart, M. T., ... & Shanafelt, T. D. (2019, September). Self-valuation: Attending to the Most Important Instrument in the Practice of Medicine. In Mayo Clinic Proceedings. Elsevier.

Burnout in Physicians vs Employed US Population, 2012

Burnout

Physicians: 38%

General Population: 28%

Dissatisfied Work-Life

Physicians: 40%

General Population: 23%



When Does Burnout Start?

- Matriculating medical students better mental health than college graduates pursuing other fields
 - Lower burnout
 - Less depression
 - Higher QOL (overall, mental, emotional, physical)
- Pattern reversed by 2nd year medical school
- Burnout crescendos during residency
- In practicing physicians, burnout and dissatisfaction with work-life balance peaks midcareer (10-19 years in practice)



The “Physician Personality”

- Adaptive
 - Diagnostic rigor
 - Thoroughness
 - Commitment to patients
 - Desire to stay current
 - Perfectionism*
 - Obsessional*
- Maladaptive
 - Difficulty relaxing
 - Problem allocating time for family
 - Sense responsibility beyond what you control
 - Sense “not doing enough”
 - Difficulty setting limits
 - Confusion of selfishness vs. health self-interest
 - Difficulty taking time off

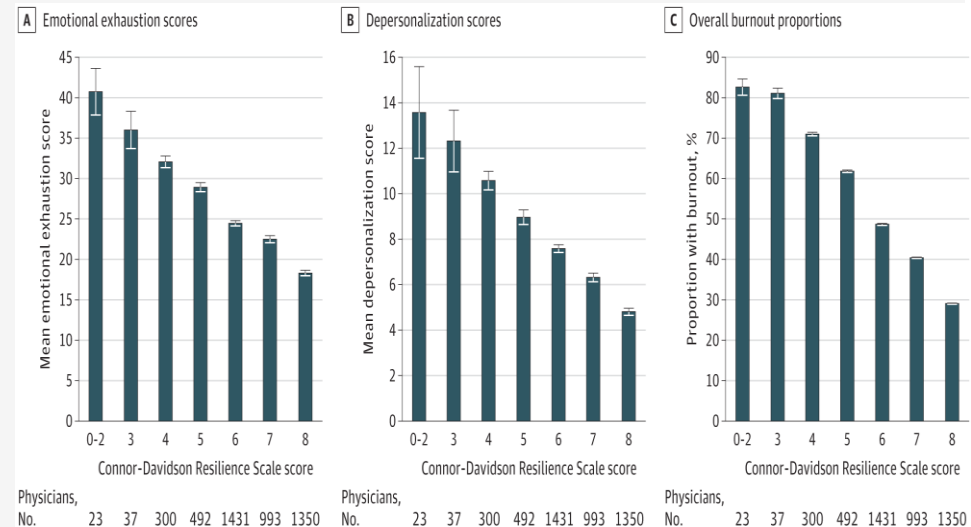
Nursing Personality and Reasons for Entering Nursing

- Mixed method study of the association between personality traits of nurses and their reasons for entering nursing
- Two dominant themes re: reasons for entering nursing:
 - 'opportunity for caring'
 - 'my vocation in life'
- All surveyed nurses and nursing students were very high in traits: empathy and altruistic ideals, regardless of other characteristics, which included highly pragmatic and self-serving principles
- Qualitative and quantitative findings suggest that a caring nature is a principal quality of the nursing personality



A Resilience Deficit is Not A Problem

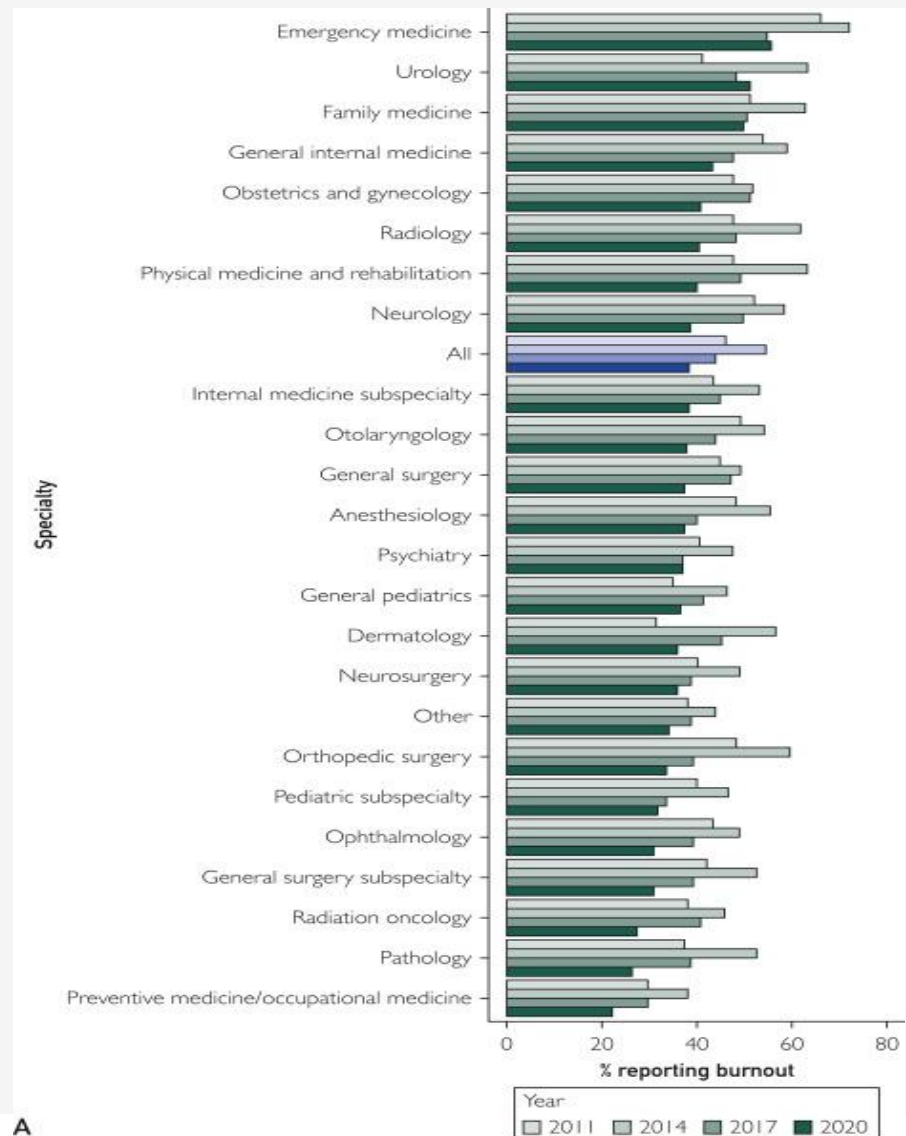
- Compared resilience scores large sample
US physicians (n=4705) and US workers
in other fields (n=5198)
- Physicians had higher personal
resilience than workers in other fields
($p < 0.001$)
- Each 1 point increase resilience score (0-
8) associated 36% decrease odds of
burnout (OR=0.64; 95% CI: 0.60-0.67)
- 29% of physicians with highest possible
resilience score were burned out



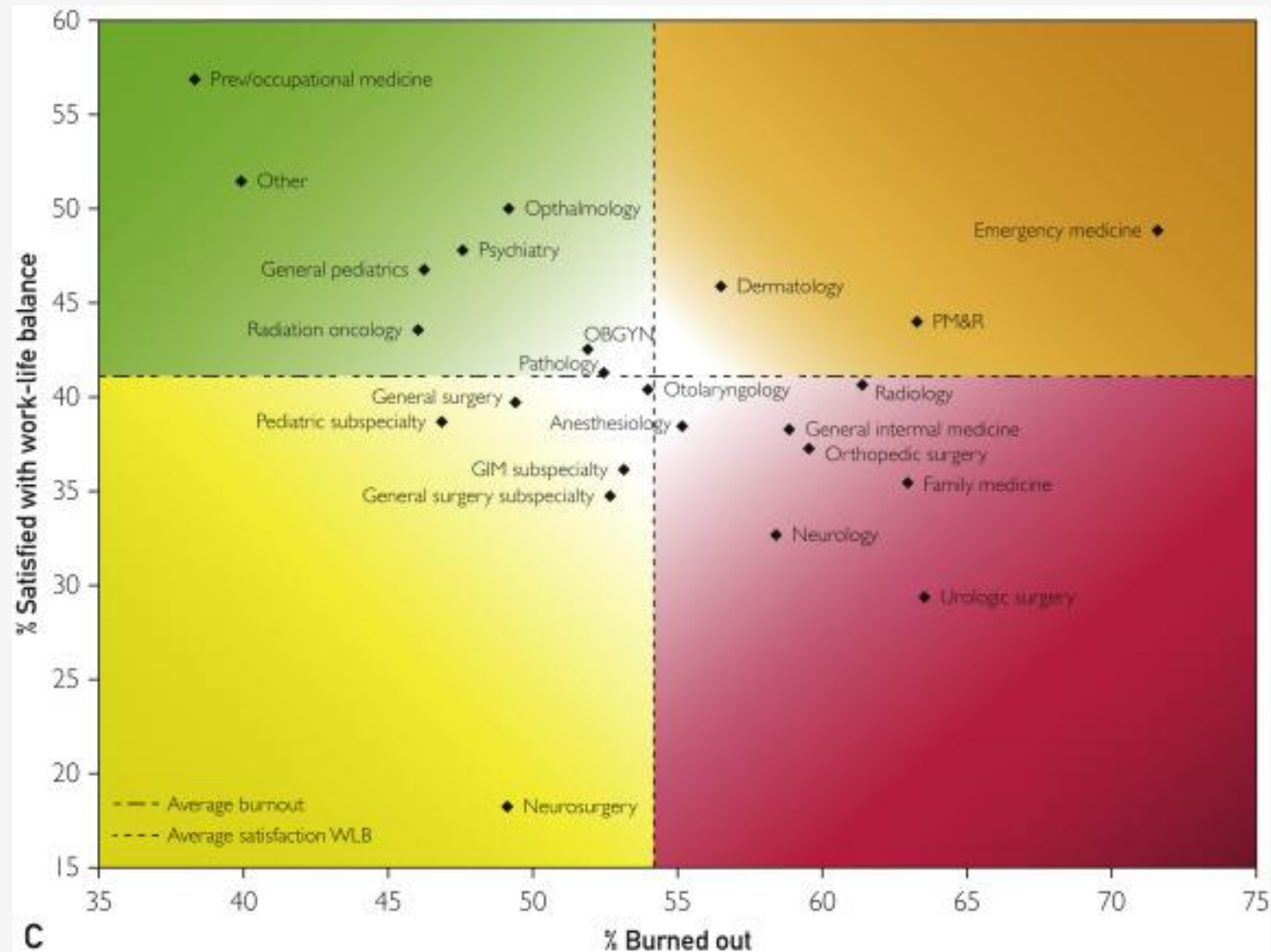
Burnout in US Physicians by Specialty

- Surveyed US physicians and a probability-based sample of the US working population
- N=7510
- 2011, 2014, 2017, 2020

(Shanafelt et al, Mayo Clinic Proceedings: 97(3):491-506, 2022)



Burnout and Work-Life Integration

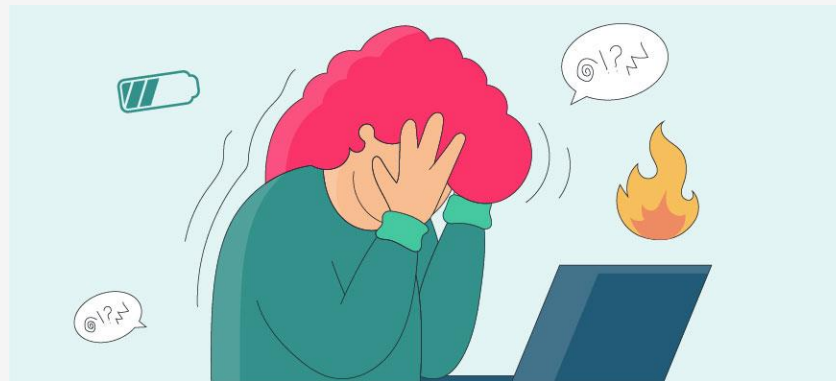


(Shanafelt et al, Mayo Clin Proc: 90(12):1600-1613, 2015)

2022 National Burnout Benchmarking Survey

January 2020 – December 2021

- 72% satisfied with their careers – decrease by 4%
- 52% experiencing a great deal of stress
- >50% reported experiencing burnout
- Younger women experienced highest rates
- >Greater time on EHR = <time with patients



COVID-19 Pandemic & Burnout

October 2020 Coping with COVID survey, 20,947 HCWs, 42 organizations

- 49% of health workers, including nursing assistants, medical assistants, social workers, and housekeepers, reported burnout
- 38% reported symptoms of anxiety or depression
- Inpatient workers, women and persons of color, nursing and medical assistants, and social workers reported higher levels of stress related to workload and mental health
- Impacts were mitigated when health workers felt valued

Mental health impacts extend to public health workers across state, tribal, local, and territorial governments

- More than 50% of public health workers surveyed early in the pandemic reporting symptoms of at least one mental health condition, including increased levels of post-traumatic stress disorder (PTSD) when compared with rates previously reported among health workers, frontline personnel, and the general population

Burnout and Compassion Fatigue in Nursing

- 2019 Professional Research Consultants (PRC) National Nursing Engagement Report, a study of 2,000 nurses in 37 hospitals, states that 15.6% of nurses report feelings of burnout, with 41% of "Unengaged Nurses" feeling burned out



Groups of Healthcare Workers Disproportionately Impacted

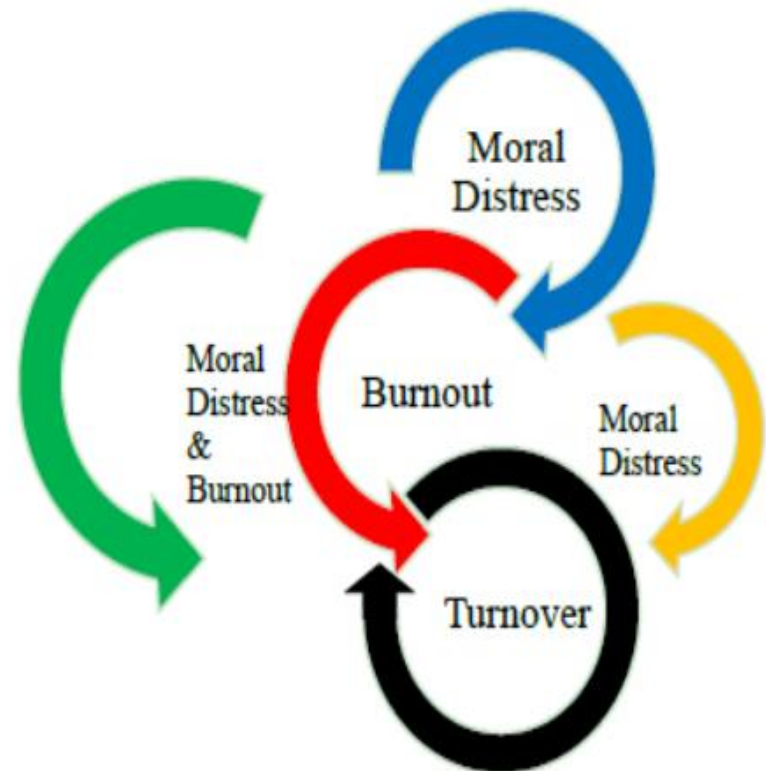
- Healthcare workers of color
- Immigrant healthcare workers
- Female healthcare workers
- Healthcare workers in rural communities
- Healthcare workers in tribal communities
- Low wage healthcare workers



(Dill & Duffy, 2022), (Wolfe et al, 2021), (Nguyen et al, 2020), (Kaiser Family Foundation, 2020), (Serafini et al ,2020), (Batalova, 2020), (World Health Organization, 2019), (Lotta et al, 2021), (Templeton et al, 2019), (Kinder, 2021) (UNC Cecil G. Sheps Center for Health Services Research, 2021)

Dimensions of Moral Distress

- N=7846 nurses, physicians, healthcare workers
- High prevalence experiences associated with moral distress:
 - 58% Resource scarcity
 - 32% PPE limiting ability care for patients
 - 60% Exclusion family from care
 - 55% feeling letting co-workers down when infected



Clinician Burnout in Federally Qualified Health Centers (FQHCs)

- Longitudinal surveys assessed the experience of clinicians and staff at 296 clinical sites in the Centers for Medicare and Medicaid Services (CMS) Federally Qualified Health Center (FQHC)
- Two waves of surveys were distributed, once in 2013 and as a follow-up again in 2014
 - Early wave: April - August 2013
 - Late wave: June - October 2014
- All three measures of professional satisfaction worsened significantly over time
 - Overall satisfaction rates declined from 84.2% in the early wave to 74.4% in the late wave
 - Rates of burnout increased from 23.0% to 31.5%
 - The proportion of respondents reporting that they were likely to leave their practices within two years increased from 29.3% to 38.2%

Clinician Burnout in FQHCs (con't)

EXHIBIT 2

Changes in measures of professional satisfaction from the early wave to the late wave of the survey of workplace conditions among FQHC clinicians and staff

Measure	Early wave	Late wave	Adjusted odds ratio	p value
Overall satisfaction: percent responding "agree" or "strongly agree" to satisfaction with current job	84.2%	74.4%	0.5	<0.001
Burnout: percent giving a response indicative of burnout	23.0	31.5	1.6	<0.001
Intent to leave: Percent responding moderately, likely, or definitely to likelihood to leave practice within 2 years	29.3	38.2	1.5	<0.001

The EHR

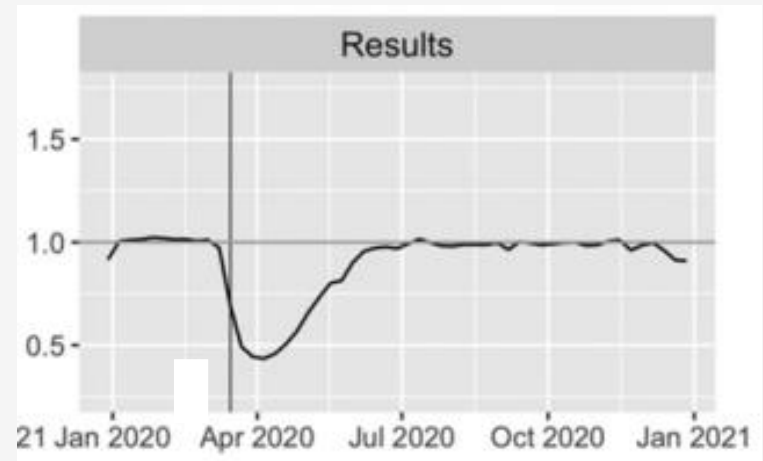
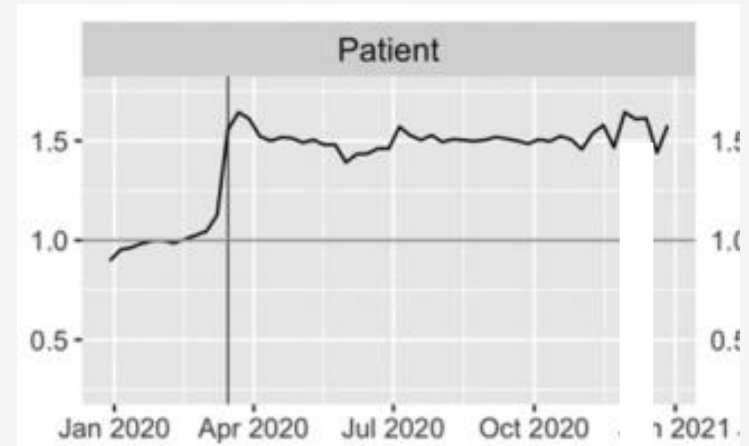


- 50% Clinician workday spent on EHR and clerical tasks
 - 2 hrs EHR/Clerical work for every 1 hr clinical work
 - Average of 28 hours/month EHR work on nights and weekends
- Greater issue in US than other parts of the world
 - US physicians spend > time on notes, orders, in-basket messages, and clinical review
 - US physicians received 2.6 x as many inbox messages as colleagues other parts of the world
 - Clinical notes in US physicians approx. 4 times longer than those in other countries
 - Regulations for documentation and billing may play > role than EHR itself

(Sinsky et al, Ann Intern Med: 165(11):753-760, 2016), (Arndt et al, Ann Fam Med 15(5):419-426, 2017), (Shanafelt et al, Mayo Clinic Proceed: 91(7):836-848, 2016), (Tai-Seale et al, Health Aff: 38(7):1073-1078, 2019), (Adler-Milstein et al, JAMIA: 27(4):531-538, 2020), (Hillard et al, JAMIA: 27(9):1401-1410, 2020), (Holmgren et al, JAMA Intern Med: 181(2):251-259, 2021), (Downing et al, Annals Int Med: 169(1):50-51, 2018), (Melnick et al, Mayo Clinic Proceed: 95(3):476-487, 2020)

Pandemic Impact on the (Dreaded) In Basket

- Used EHR data from 366 health systems in US using EPIC
 - December 2019-December 2020
 - Messages received
 - Total EHR time
 - EHR time after hours
- EHR messages from patients increased 157%
- Each additional patient message associated 2.3 min increase EHR time/day



Workplace Violence in Healthcare Setting

- Workplace violence for healthcare workers had been increasing before the pandemic
- Since the beginning of the pandemic, healthcare workers faced additional threats, harassment, and acts of violence
- In a national survey among healthcare workers in mid-2021:
 - 8 out of 10 experienced at least one type of workplace violence during the pandemic
 - two-thirds having been verbally threatened
 - one-third of nurses reporting an increase in violence compared to the previous year
- By October 2021, at least 300 health department leaders had left their posts during the pandemic due to reported threats, intimidation, lack of funding and lack of support
- The widespread falsehoods and misinformation about COVID-19 have contributed to worker exhaustion, frustration, burnout, and not feeling valued

COVID-19 & Childcare

- Healthcare workers who are caregivers have faced pandemic-related challenges at home, too, such as:
 - Caring for children attending school virtually
 - Keeping relatives or older adults in their care healthy and safe
- During the pandemic, a survey of healthcare workers who had children found:
 - 76% reported that they worried about exposing their child or children to COVID-19
 - 50% reported lacking quality time or being unable to be present as a parent or support their children



(Mental Health America, 2021)

Medicine and the Great Resignation

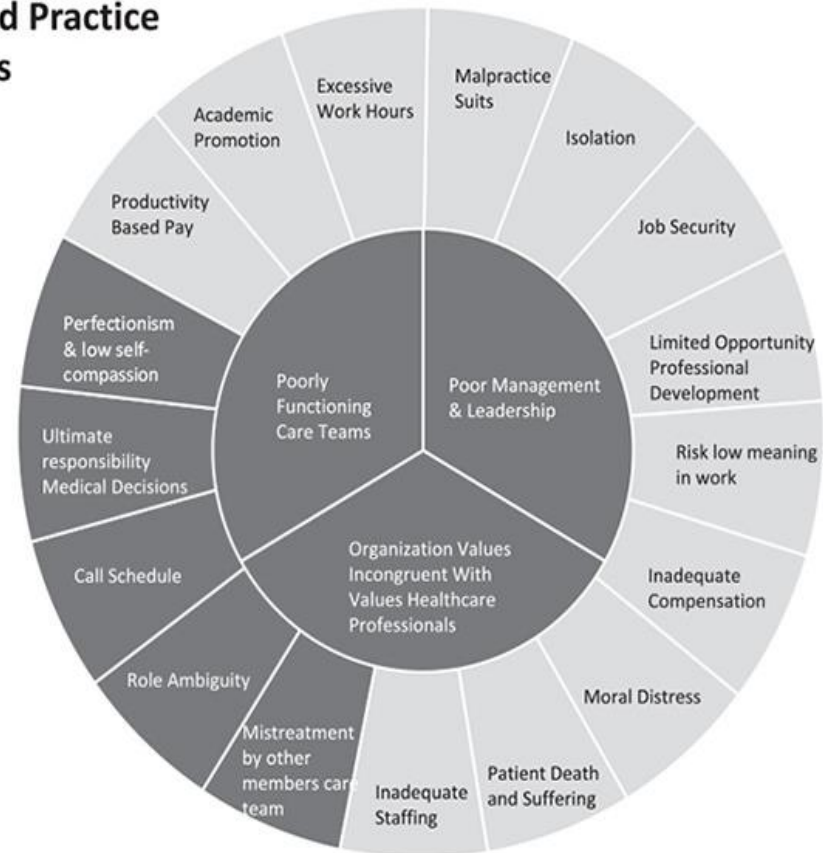
- Combination of distressing work environments and increased demands for care has increased the numbers of healthcare workers quitting or reporting that they intend to quit
- 20,665 respondents, 124 institutions surveyed in 2020:
 - 1 in 3 physicians, advanced practice providers (APPs), and nurses intend to reduce work hours
 - 1 in 5 physicians and 2 in 5 nurses intend to leave their practice altogether within 2 years
- Nurses surveyed by the American Association of Critical-Care Nurses (AACN):
 - 92% reported that the pandemic “depleted nurses at their hospitals and cut careers short”
 - 66% of nurses reported that they considered resigning because of COVID-19 experiences

Stressors by Occupation

Physicians



Advanced Practice Providers



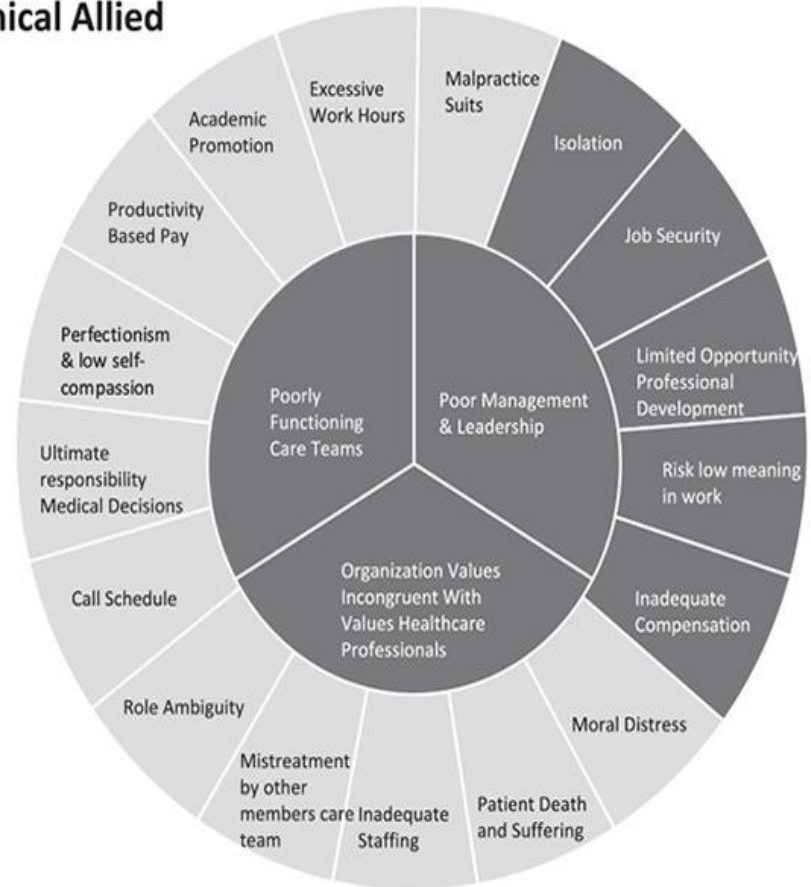
(Shanafelt et al, Academic Medicine: 94(2):156-161, 2019)

Stressors by Occupation (con't)

Nurses



Non-Clinical Allied Health

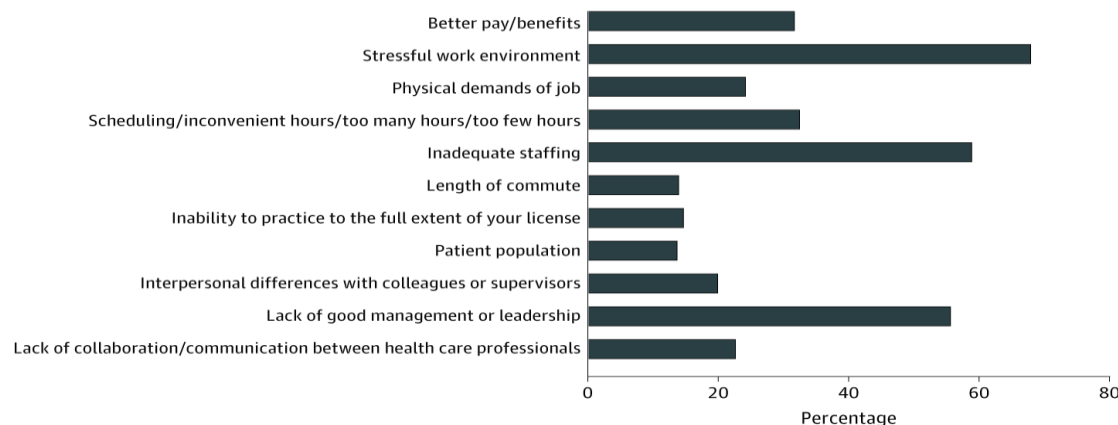


(Shanafelt et al, Academic Medicine: 94(2):156-161, 2019)



From: Prevalence of and Factors Associated With Nurse Burnout in the US

A Reasons for leaving job

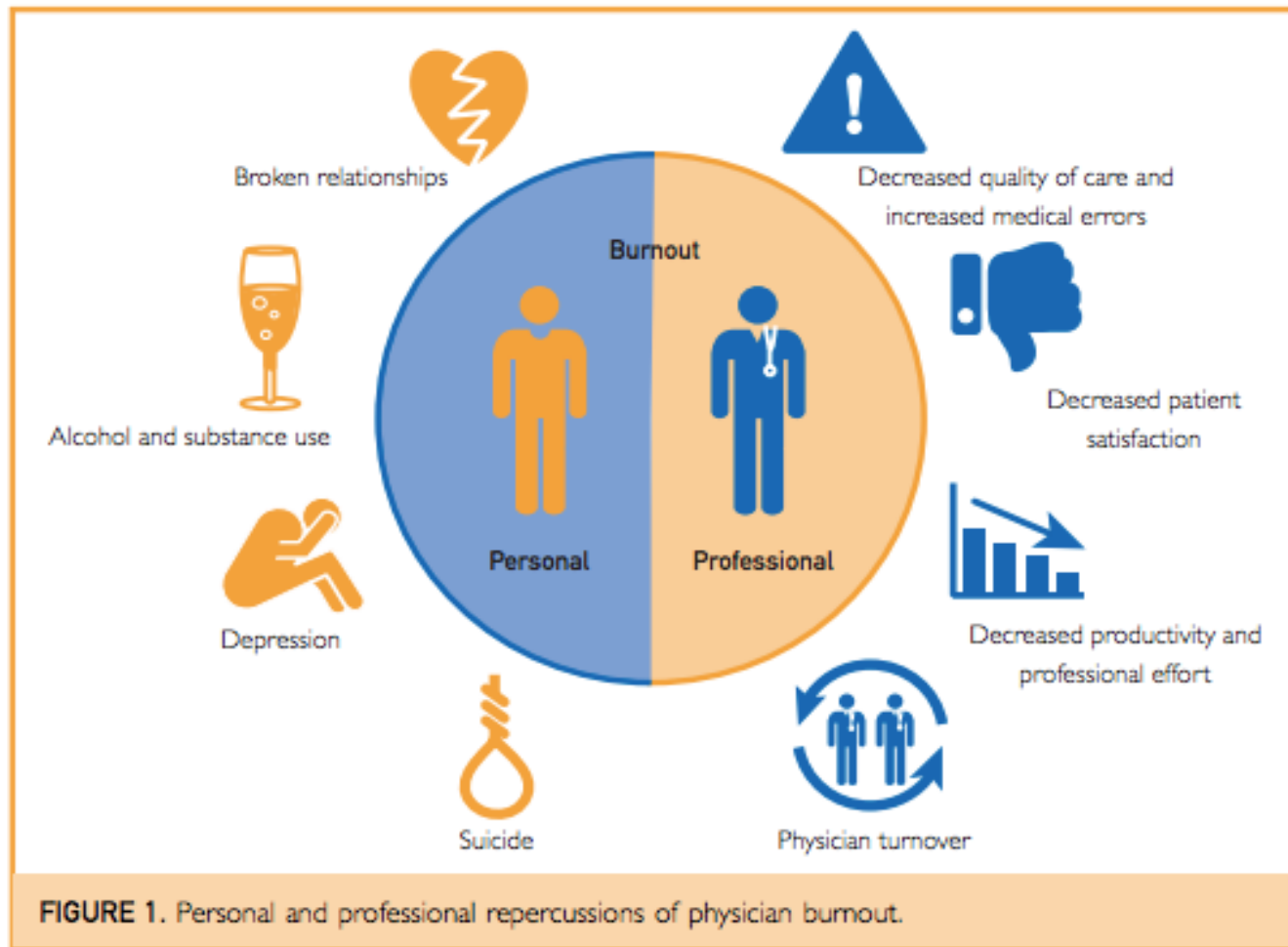


B Reasons for considering leaving job



Overlap of Work Reasons for Nurses Who Left or Considered Leaving Their Jobs Owing to Burnout Data are from the 2018 National Sample Survey of Registered Nurses.

Professional and Personal Consequences



Impact of Burnout on Individuals

- Chronic work-related stress, a precursor to burnout, has been associated with poor physical and mental health outcomes for health workers, including:
 - Impaired cognitive function
 - Increased risk of heart disease
 - Type 2 diabetes
 - Fertility issues
 - Sleep disruptions and insomnia
 - Family and relationship conflict
 - Isolation
 - Anxiety and depression
 - Increased risk for substance use and misuse



Factors associated with burnout among health workers

Societal, cultural, structural, and organizational factors that contribute to burnout among healthcare workers



(Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce, 2022)



Office of the
U.S. Surgeon General

What Steps Can Individuals Take?



What Can I Do For Myself?

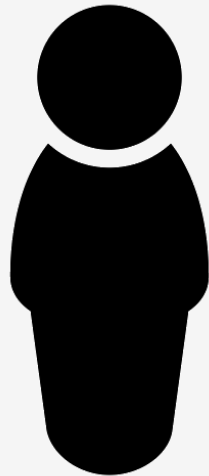
- Identify Values
 - Debunk myth of delayed gratification
 - What matters to you most?
 - Balance personal and professional lives
- Optimize Meaning in Work
 - Flow
 - Choose/limit type of practice
 - Environment
- Nurture Personal Wellness Activities
 - Relationships (connect w/ colleagues; personal)
 - Religious/spiritual practice
 - Personal interests/hobbies
 - Self-care (exercise, sleep, regular medical care)

10 Keys to Resilience: A Holistic Approach

- Optimism: belief in brighter future
- Facing fear: adaptive response
- Moral compass/ethics/altruism
- Religion and spirituality: drawing on faith
- Social support
- Resilient role models
- Training: physical fitness
- Brain fitness: challenge your mind and heart
- Cognitive and emotional flexibility
- Meaning, purpose, and growth

How Do We Address This Issue?

Individual-Level



20%

Organizational/System-Level



80%

Evidence-Based Interventions for Burnout

- **Individual-focused**

- Emotion regulation, self-care workshop, mindfulness, meditation, stress management skills and communication skills training

- **Structural or organizational**

- Workload or schedule-rotation, opportunities for collegiality, improving practice efficiency, leadership rounding, meaningful recognition

- **Combine interventions**

- Stress management and resiliency training, stress management workshop and improving interaction with colleagues through team training

What Can Healthcare Organizations Do?



Listen to healthcare workers and seek their involvement



Establish a Chief Wellness/Wellbeing Officer role



Regularly assess, measure, respond to and intervene to prevent occupational distress and burnout using validated tools



Institute a workplace violence prevention program with zero-tolerance policy for violence



Time off with coverage



Commit to practice efficiency



Promote health worker diversity, equity, inclusion, and accessibility

Stanford WellMD Model of Professional Fulfillment

- Growth medical knowledge
- Productivity expectations
- Quality metrics
- Patient satisfaction



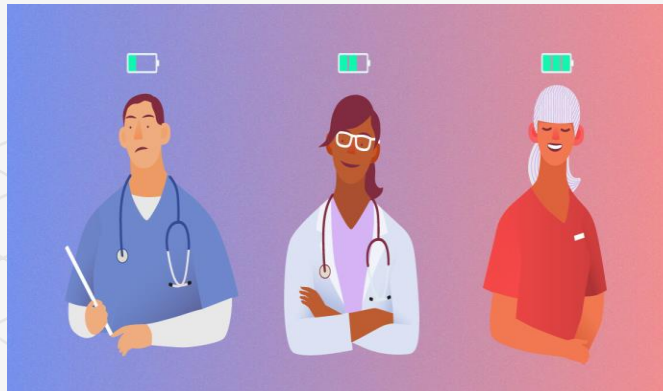
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What Steps Can Organizations/Systems Take?



Actions to Tackle Healthcare Burnout

- Reduce administrative and documentation burdens, increase practice efficiency
- Transform organizational cultures to prioritize healthcare worker wellness
- Strengthening social connection and community
- Invest in public health and our public health workforce
- Ensure that every health worker has access to affordable, confidential, and convenient mental health care
 - Offer evidence-based training and practices that support prevention, early intervention, and treatment of an array of conditions including burnout and mental health challenges
- Protecting healthcare workers from workplace violence must be prioritized

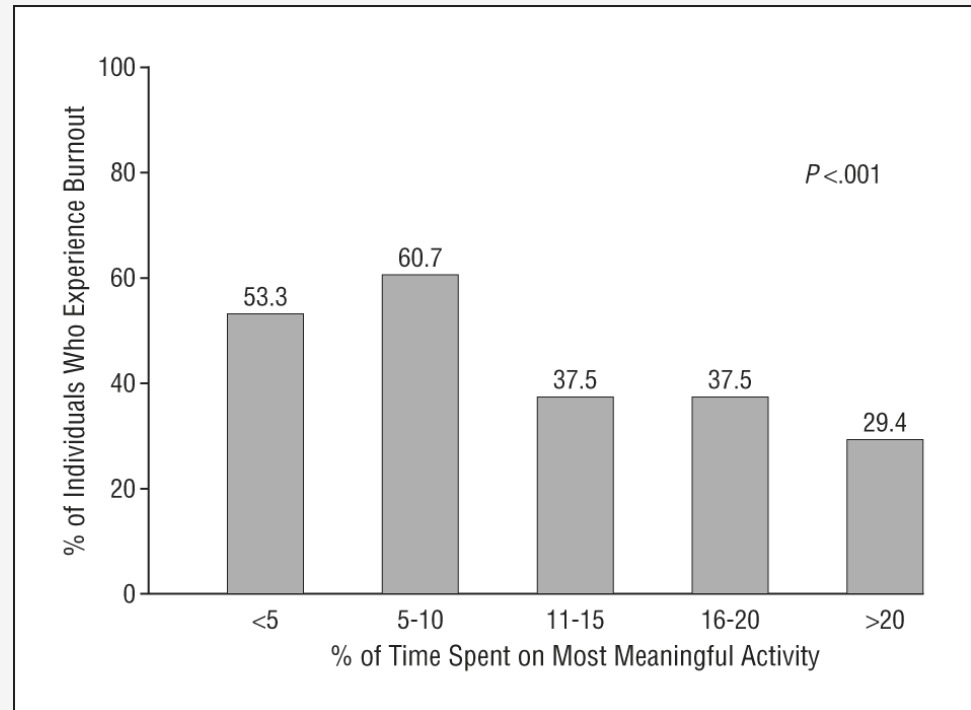


Power of Leadership

- Behaviors of supervisor have large impact on burnout and satisfaction of individual physicians
 - Each 1 point increases leader score approx. 4% decreases burnout ($p < 0.001$)
 - Each 1 point increases leader score approx. 9% increases satisfaction ($p < 0.001$)
- Leadership qualities supervisor impacts burnout and satisfaction work-unit level
 - 11% variation burnout between units correlated leader score
 - 47% variation satisfaction between units correlated leader score
- Follow-up longitudinal study found baseline leadership score predicted physician burnout at second time point 2 years later ($p = 0.001$)
 - On MV analysis each 1-point higher baseline leadership score (range 9-45), associated with 2% decreased risk of burnout 2 years later
- Leaders own well-being impacts their leadership behavior

Meaning: Career “Fit”

- 465 Internal medicine physicians Mayo Clinic
- Most personally meaningful aspect of work
- Spending <20% effort in most meaningful activity strongly associated with burnout
 - (53.8% vs. 29.9%; $p < 0.001$)
- Persist MV analysis adjust other factors (OR 2.75; $p = 0.001$)



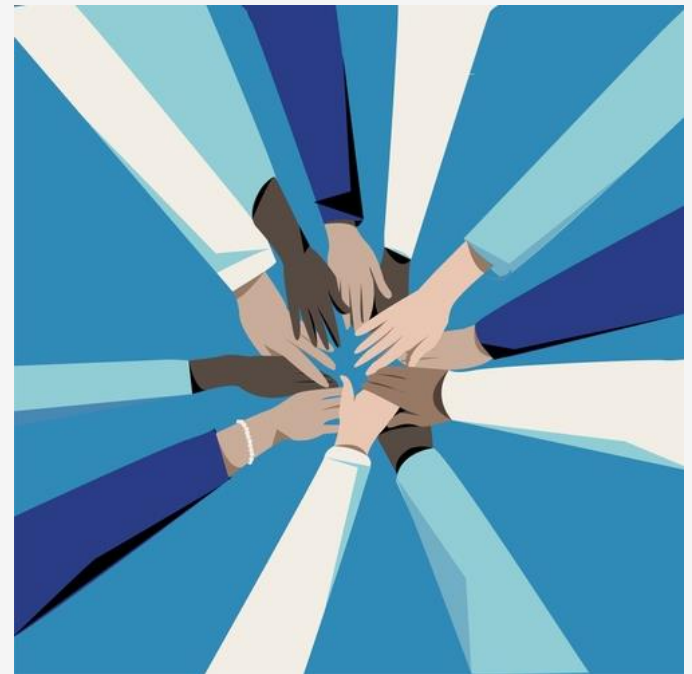
(Shanafelt et al, Arch Intern Med: 169(10):990-995, 2009)

Wellness-Centered Leadership

- Care
 - Recognize critical role leader behaviors play in the well-being of team member
 - Understand multi-faceted needs of individuals
- Cultivate Relationships
 - Develop relationships with individuals
 - Nurture interrelationship of the team (community)
- Cultivate a collective vision and shared sense of purpose
 - Inspire Change
 - Help team think beyond current state
 - Provide team members the opportunity to make suggestions for improvement
 - Build consensus regarding priorities for improvement
 - Empower team to drive change

Collaborative Action Planning

- When you've seen one unit, you've seen one unit
- "The system can ask the question but the answer is local"
- It works
 - All units decrease burnout (median absolute decrease 11%)
 - 70% units improve satisfaction (median absolute improve 8%)
- Breeds engagement
 - Professionals and leaders working together constructively
 - Change is possible
 - Healthcare professional as partner rather than victim
 - Empowered
 - "it was our idea"

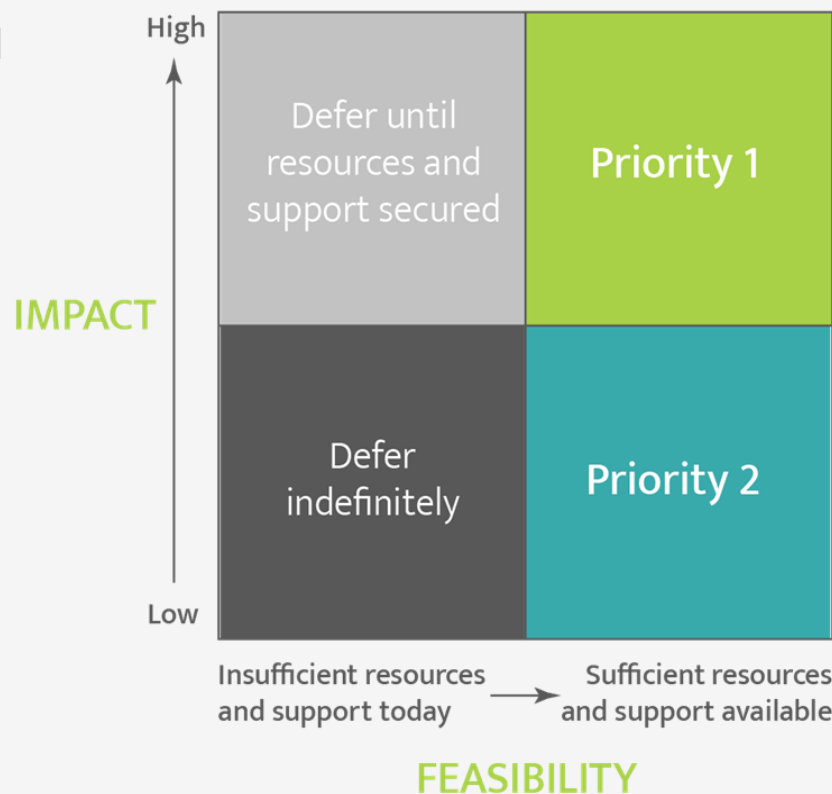


(Swensen et al, Journal Health Care Management: 61(2):105-127, 2016)

Listen-Sort-Empower

- **Listen** to team members' assessment of what works well and where there are local opportunities for improvement (LOFIs) in workflow, team dynamic, communication, processes, quality, etc.
- **Sort** the local opportunities for improvement (LOFIs) into categories based on impact and feasibility, then prioritize those you can control and escalate the others to the appropriate person.
- **Empower** and support members of your team to develop and implement solution to the frustrations and inefficiencies.

Assess Feasibility and Impact of LOFI



Stephen J. Swensen, MD
<https://edhub.ama-assn.org/steps-forward/module/2767765>

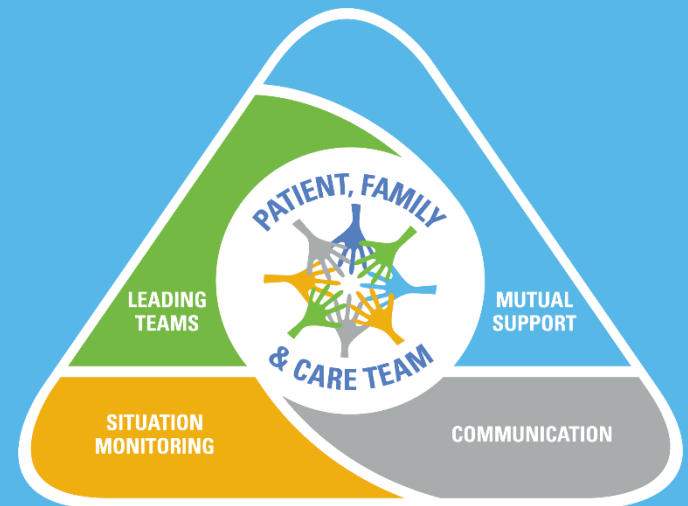
Fostering Community and Collegiality

- Randomized control trial with physicians
- Arm A (Group): N = 37
 - Meet 60 minutes every other week for 9 months
 - Facilitated curriculum
 - Small group colleagues
 - Cognitive knowledge, shared experience, and solutions
- Arm B (Admin time): N = 37
 - Receive 60 minutes every other week for 9 months
 - Professional/administrative tasks (approximately 1% FTE)
- Non-trial: N = 476
- Measure meaning in work, satisfaction and wellbeing





TeamSTEPPS® MUTUAL SUPPORT



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Review

- State three (3) key features of burnout
- Summarize the impact of physician burnout on health, patient care, outcomes and the healthcare system
- Define two (2) evidence-based system interventions to decrease burnout
- Identify national resources to implement burnout prevention strategies in healthcare organizations

Review Burnout

3 dimensions of burnout:

1. feelings of energy depletion or exhaustion;
2. increased mental distance from one's job, or feelings of negativism or cynicism related to one's job;
3. and reduced professional efficacy or sense of accomplishment



Review Contributing Factors

- Poorly functioning care teams
- Poor management and leadership
- Organization values incongruent with values of healthcare professionals
 - Academic promotion
 - Excessive work hours
 - Malpractice suits
 - Isolation
 - Job security
 - Limited opportunity for professional development
 - Low meaning in work
 - Inadequate compensation
 - Moral distress
 - Patient death and suffering
 - Inadequate staffing
 - Role ambiguity
 - Call schedule
 - Ultimate responsibilities of medical decisions
 - Perfectionism

Consequences of healthcare worker burnout are wide-ranging

Health worker burnout can have many negative consequences

Health Workers

- Insomnia, heart disease, and diabetes
- Isolation, substance use, anxiety, and depression
- Relationship and interpersonal challenges
- Exhaustion from overwhelming care and empathy

Patients

- Less time with health workers
- Delays in care and diagnosis
 - Lower quality of care
 - Medical errors

Health Care System

- Health workforce shortages and retention challenges
 - Limited services available
- Risk of malpractice and decreased patient satisfaction
 - Increased costs

Community and Society

- Erosion of trust
- Worsening population health outcomes
 - Increased health disparities
- Lack of preparedness for public health crises

"I can't provide the best care to my patients..."

"I can't get the care I need..."

Office of the U.S. Surgeon General

(Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce, 2022)

Joy in Practice

- To reduce professional burnout and bring back Joy in Practice, organizations need to achieve the following three primary outcomes:
 1. Satisfied Human Social and Psychological Needs
 2. Eliminated or Mitigated Structural and Functional Drivers of Burnout
 3. Strengthened Individual Resilience
- Leaders can take the following evidence-based actions to achieve those three outcomes:
 1. Design Organizational Systems to Address Human Needs
 2. Develop Leaders with Participative Management Competency
 3. Build Social Community
 4. Remove Sources of Frustration and Inefficiency
 5. Reduce Preventable Patient Harm and Support Second Victims
 6. Bolster Individual Wellness

Resources to Support Healthcare Workers

- 24/7 Hotlines
 - National Suicide Prevention Lifeline: 1-800-273-8255
 - Crisis Text Line: Text HOME to 741741
 - Veterans Crisis Line: 1-800-273-8255 and press 1
 - Physician Support Line: 1-888-409-0141
 - Disaster Distress Helpline: 1-800-985-5990
- Additional Resources
 - SAMHSA, [Behavior Health Treatment Locator](#)
 - Mental Health America (MHA), [Compassion Fatigue Resources](#)
 - US, HHS, [Disaster Behavioral Health Resources](#)
 - US Dept. of Veterans Affairs (VA), [Moral Injury in Healthcare Workers](#)
 - National Alliance on Mental Illness (NAMI), [Resources for Health Professionals](#)
 - American College of Physicians (ACP), [Toolkit for Addressing Workplace Violence](#)
 - American Medicine Association (AMA), [STEPS Forward Modules](#)

Our Wellness Journey at UCLA Health



Overview: Physician and Faculty Wellness Program

The UCLA Health Physician and Faculty Wellness Program provides support for the health and wellness of physicians, fellows, and residents. We provide a variety of services to promote physician wellness, including educational lectures and workshops on topics related to physician burnout, health, and wellbeing. We also serve as a drop-in center for information, resources, and support.

The UCLA Health Physician and Faculty Wellness Program operates in alignment with UCLA Health's mission, vision, and values. The Program supports our caregivers to ensure that they are best equipped to provide optimal patient care.



Karen Miotto, MD
Director



Rebecca Wilkinson, MSPH
Program Manager



Elizabeth Mead, LCSW
Clinical Coordinator



Jesse Sanford
Program Coordinator



Elizabeth Kyababchyan, MPH
Program Assistant

Physician Wellness Oversight Committee and Physician Wellness Officers

The Committee's aim is to strengthen the culture of wellness by implementing strategic, evidence-based initiatives. Currently, 14 Departments have a Wellness Officer representative. Physician Wellness Officers identify strategic priorities, implement interventions, and measure effectiveness to maximize alignment, engagement, meaning, and job satisfaction at UCLA Health.

Department	Officer	Department	Officer
Anesthesiology	Keren Ziv	Palliative Care	Shannon Bell
Emergency Medicine	Carolyn Sachs	Pathology	Stephanie Yang
Head and Neck Surgery	Ashley Kita	Pediatrics	Ratna Behal, Jessica Lloyd
Internal Medicine	Daniel Croymans	Psychiatry	Alpna Agrawal
Neurology	Neal Rao	Radiation Oncology	Ann Raldow
Neurosurgery	Andrew Vivas	Surgery	Veronica Sullins
Ophthalmology	Tara McCannel	Urology	Ja-Hong Kim

Physician Wellness Officer Initiatives



Robert Cherry, MD

We appreciate the support of Dr. Rob Cherry in Physician Wellness Officer initiatives.



Keren Ziv, MD
Anesthesiology

- Developing and overseeing a grand rounds presentation with the preeminent leader in the field of physician burnout and wellness, Dr. Tait Shanafelt from Stanford University
- Restructuring departmental peer support program to improve utilization



Shannon Bell, DO
Palliative Care

- Coordinating with the COVID-19 Emotional Support Response Team to develop divisional processing groups to reflect on work/life experiences during the COVID-19 pandemic



Alpa Agrawal, MD, PhD, MPH
Psychiatry

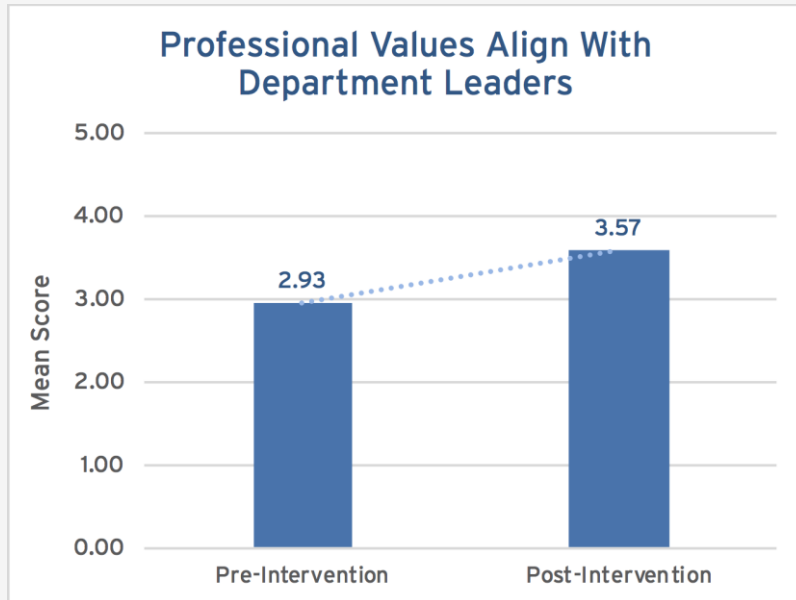
- Publishing a manuscript on resident work empowerment, burnout, and mental health before and during the first COVID-19 surge, which is currently under review



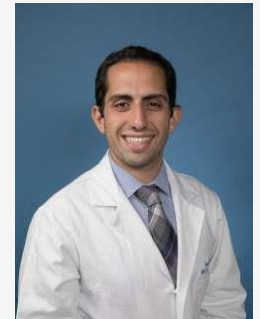
Veronica Sullins, MD
Surgery

- Collaborating on a randomized clinical trial for mindfulness-based, stress-resilience training with the leader in this field, Dr. Carter Lebares from UCSF

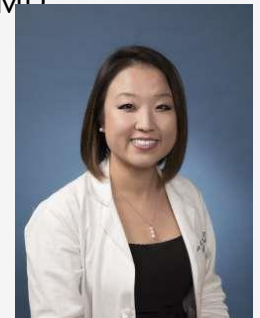
Executive Physician Coaching: A Pilot Program



- 1 Improvement in self-reported leadership self-efficacy ($t = -2.86, p < 0.05$)
- 2 Improvement in self-reported professional values alignment ($t = -2.86, p < 0.05$)
- 3 Improvement in self-reported EHR proficiency ($t = -3.80, p < 0.05$)



Joshua N. Khalili,
MD



Sun M. Yoo, MD, MPH

Support and Reporting Resources Website

mednet | keeping **U** connected

Support and Reporting Resources

Support and Reporting Wellness Idea Launchpad Individual Wellness Podcasts & Videos COVID-19 Support → Search Site

How can we help?

Compliance Concerns	EDI	Emergency/Crisis Help	Ethical Concerns
Discrimination & Harassment	HR Inquiries	Impaired Employees	Mediation & Legal Counseling
Patient Care Concerns	Professionalism	Title IX	Union Contracts

Wellness Guide

Our virtual agent can help guide you.

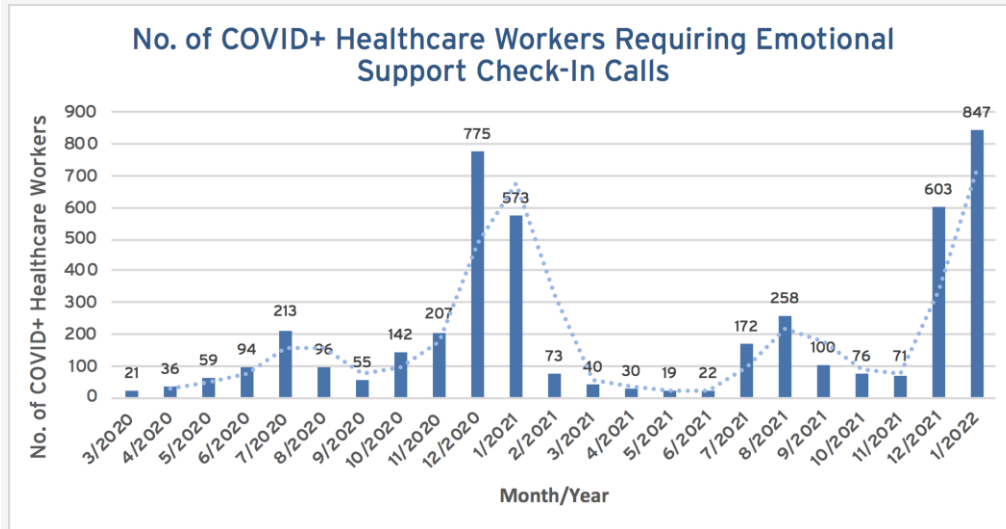
Hi, welcome to mednet! I'm a virtual agent and can help guide you through our wellness assessment. Please select 'I agree' below to begin.

Sent by: UCLA Health

Hi there! I can help answer guide employees through our wellness assessment.

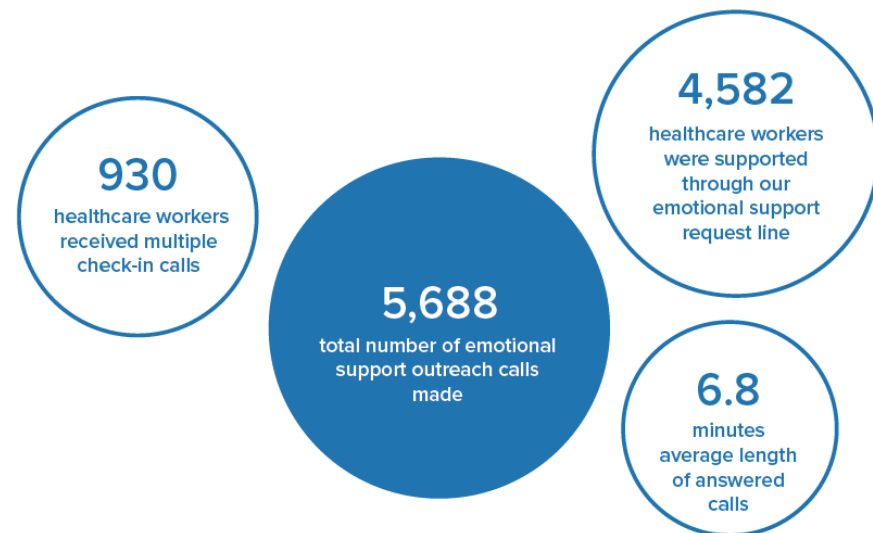
Just ask

Emotional Support Request Line



This line is available to all HCWs who would like to check-in with a mental health counselor. Counselors also make outreach calls to support HCWs who test positive for COVID-19 or have been directly impacted by the pandemic.

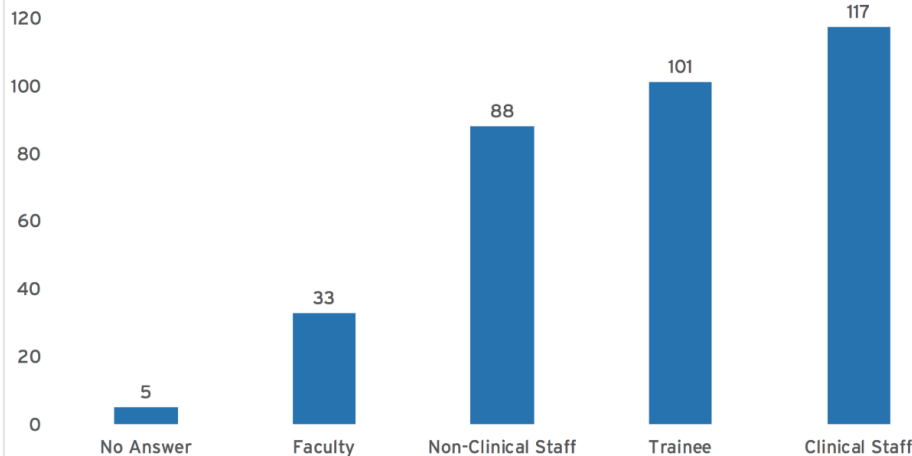
- 90% were very satisfied with the service
- 95% strongly agreed that they felt supported by the counselor they interacted with



Interactive Screening Program

In partnership with:

No. of Healthcare Worker Users,
by Occupation

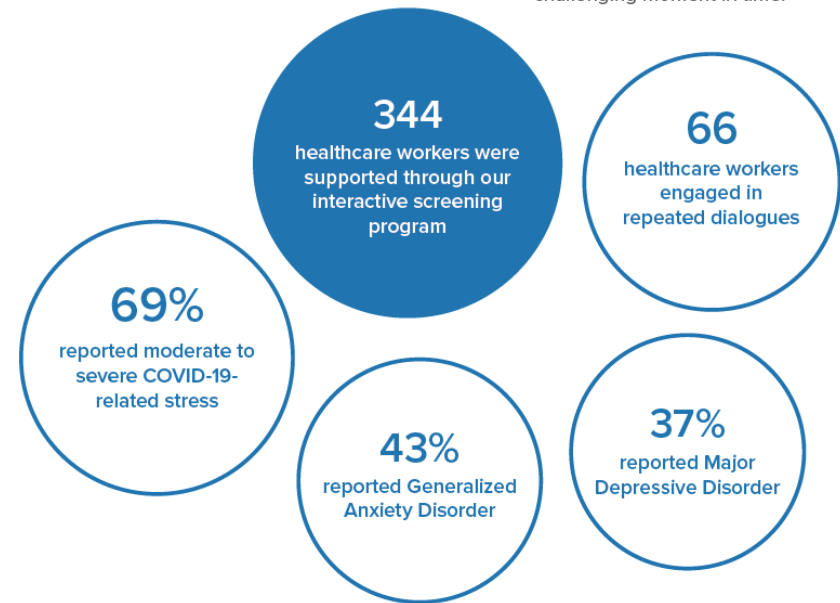


This brief, online, and anonymous program for stress and anxiety is available to all HCWs. Mental health counselors help support and connect users with tailored available resources, like referrals to SFCC and BWC. The program is designed to provide users with an opportunity to informally check-in with a counselor.



**American
Foundation
for Suicide
Prevention**

challenging moment in time.



Trauma and Grief Processing Groups

Unaddressed grief and trauma have consequences for both employees and their respective organizations.

Trauma and grief processing groups help address these concerns in a substantive way. Mental health professionals help groups of HCWs practice effective strategies, like psychological first aid, bereavement stress debriefings, and facilitated discussion groups to build resilience and effective self-care practices.

In partnership with:



- RPMC 3F
- RPMC 5W
- SMH 6NW
- Family Med Dept Residents
- Pediatrics Dept Residents
- Pulmonary & Critical Care Fellows
- Palliative Care: Adult Unit
- Palliative Care: Pediatric Unit



Thank you!

Karen A Miotto, M. D.

kmiotto@mednet.ucla.edu



FAQs

1. What has been the most helpful to a physician's mental health and wellbeing during the pandemic?

a. Family

b. Psychiatric evaluation

c. Social media support groups

d. Exercise

2. What strategies are important for healthcare workers to address burnout?

a. Sleep

b. Improving practice efficiency

c. Yoga

d. Gratitude journal

FAQs

3. Rates of physician burnout differ by:
 - a. Age
 - b. Gender
 - c. Medical specialty
 - d. All the above**

4. What is the most recent goal of the Quadruple Aim?
 - a. Enhancing patient experience
 - b. Improving population health
 - c. Reducing costs
 - d. Improving the work-life of health care providers**

Q & A



L.A. Care PCE Program Friendly Reminders

Friendly Reminder, a survey will pop up on your web browser after the webinar ends (please do not close your web browser and wait a few seconds) and please complete the survey.

Please note: *the online survey may appear in another window or tab after the webinar ends.*

Upon completion of the online survey, you will receive the pdf CME or CE certificate based on your credential, verification of name and attendance duration time, within two (2) weeks after webinar.

Webinar participants will only have up to two weeks after webinar date to email Leilanie Mercurio at Imercurio@lacare.org to request the evaluation form if the online survey is not completed yet. No name, no survey or completed evaluation and less than 75 minutes attendance duration time via log in means No CME or CE credit, No CME or CE certificate.

Thank you!

