SDAHO Trustees Resource Center

The Trustee Quarterly

For South Dakota Association of Healthcare Organization Board of Trustee Members Winter 2022

BOARDROOM BASICS

Supporting an Exhausted Workforce and Preventing Future Shortages

Attracting and retaining motivated, dedicated, high-quality employees is an ongoing challenge for hospitals and health systems. While that challenge remains, the COVID-19 pandemic has elevated the critical importance of addressing employee mental health and well-being as a part of addressing current and future workforce shortages.

Hospital and health system boards play a pivotal leadership role in ensuring their organization's resiliency. This includes establishing a culture that prioritizes systems that strengthen both the professional and personal well-being of employees and physicians.

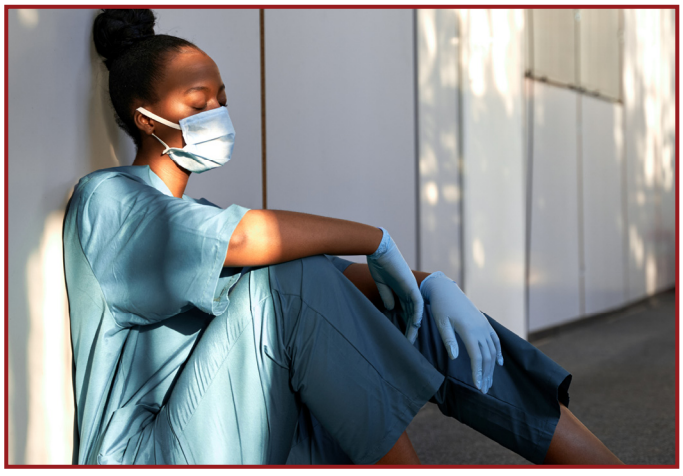
What is Provider Burnout?

According to the American Hospital Association, provider burnout is a long-term stress reaction that is defined by having at least one of the following symptoms: 1) emotional exhaustion; 2) depersonalization, including cynicism and a lack of empathy; and 3) a low sense of personal accomplishment.[1]

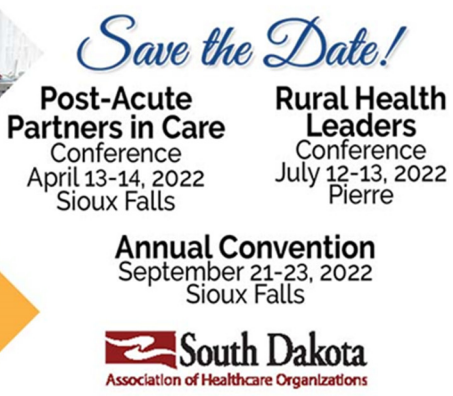
When a caregiver experiences burnout, the impact is significant on not only the individual clinicians and their families, but on patients and the hospital or health system as a whole. The impacts of provider burnout often include:[1]

- ***A decline in quality of care.*** Provider burnout increases the risk of patient safety events. In addition, a burned out provider may be less likely to show empathy, resulting in poor patient satisfaction.
- ***A compounding effect on other team members.*** Burned out health care workers may have a "contagion effect," causing other team members to become overwhelmed or burned out as well. This can magnify the impact on patient safety and the patient experience.
- ***Financial costs to the organization.*** Burned out providers experience reduced productivity and have higher rates of turnover. Before the COVID pandemic, the typical cost to replace a registered nurse was $88,000, and the cost to replace a physician was $500,000.
- ***Negative consequences on personal health.*** Provider burnout is associated with an increased risk of chronic and mental health issues. This includes an increase in hypertension and diabetes, as well as depression and alcohol abuse. One study found that physician burnout was linked to a 200 percent increase of suicidal ideation.

(Continued on page 3)



Our Perspective



Hometown Healthcare Heroes Campaign: A Tool for South Dakota's Healthcare Workforce Crisis

Currently, South Dakota has 1,700 nursing job openings, with many positions remaining unfilled for months. This workforce challenge requires long-term and short-term solutions, which is why the South Dakota Association of Healthcare Organizations (SDAHO) launched the Hometown Healthcare Heroes campaign. This is a video storytelling tool to help with recruitment needs for South Dakota's healthcare facilities and communities with the greatest workforce need. Sanford Webster Hospital and Medical Center, along with the Bethesda Home Heritage Village was featured in November of 2021. Dr. Ruth Hernandez works at the medical clinic and shared why moving her family from a larger community to the rural town of Webster was one of the best decisions she ever made. "There is a lot to be said about a rural community and how much that community is part of your family. Through technology we have been able to provide excellent healthcare here in our small community, with that technology we can get our patients the specialty care they need to stay in the community." *Dr. Ruth Hernandez, Sanford Webster Medical Clinic*

The campaign is collaborating with member healthcare facilities, the staff, and community members to help promote career opportunities by also promoting the community and lifestyle where healthcare jobs are available. Interviews include information about the school system, activities, outdoor recreation, amenities, nearby towns, in addition to the housing situation and the overall workforce environment. Dr. Mark Hagy, Orthopedic Surgeon with Avera St. Mary's hospital in Pierre has practiced medicine all over the world and chose to call South Dakota home in 2018. "People ask me all the time, why I chose South Dakota and I say, why not! It has been an absolute blessing to come here. It has reinvigorated my life. If I could bring my colleagues from where I have practiced before to talk about how they can really take care of patients and do it in a good way, I would bring them all to this setting, without a doubt. People have no idea the gift they have in the healthcare system, here in South Dakota." *Dr. Mark Hagy, Orthopedic Surgeon, Avera St. Mary's Pierre.*

Many of our state's smaller healthcare facilities often lack recruitment resources, this campaign provides member facilities a much-needed tool to help with their workforce needs. A recruitment tool they would not otherwise have the staff or time to create. The video is designed to assist healthcare facilities, but the local economies may thrive as the spouses, children, and other family members of recently hired healthcare professionals may also seek employment within their new community.

To learn more visit us today: https://sdaho.org/hometown-healthcare-heroes/

Spotlight Sponsors

SDAHO Enterprises

SDAHO Enterprise was developed to pursue valued services and increase non-dues revenue. Overall goals and objectives of providing revenue to supplement SDAHO strategies and providing support and benefit to members.

Upcoming Education
To Register and Learn More, Visit www.sdaho.org

March Education

- March 1 A Career Vs. A Calling
- March 2 CMS COVID-19 Health Care Staff Vaccination Requirements
- March 3 Swing Beds: Critical Access Hospitals CMS Requirements and Changes
- March 8 OSHA Update
- March 10 Emergency Preparedness in Home Health
- March 15 Recognizing and Rewarding Employees
- March 17 Supporting Grieving Children through "Grief Gardening"
- March 22 Assessment and Staging of Pressure Injuries
- March 23 Healthcare Finance 101
- March 24 Beyond the Headaches: Solutions to Staffing Solutions
- March 29 The ABCs of Grants Management, Part 1
- March 31 The Fundamentals of Resilience

April Education

- April 5 Understanding ACEs: Building Self-Healing Communities
- April 7 Survey Readiness
- April 19 Governance for the People Who Support the Board, Part 1
- April 20 Workplace Violence, Strategies to Reduce Workplace Violence Against Caregivers
- April 21 Assessment and Treatment of Lower Extremity Ulcers
- April 26 The ABCs of Grants Management, Part 2
- April 28 Sepsis: Fear and Loathing in the Microbial World

(Continued from page 1)

The Severity of Provider Burnout

According to Medscape's National Burnout and Depression Report 2022, 47% of physicians report feeling burned out, an increase from 42% the year before. Like previous years, burnout is even higher for women when compared to men. For the most recent year, 56% of women reported burnout, compared to 41% of men.[2]

In addition to measurements of burnout, two in ten physicians (21%) reported suffering from clinical depression, and 64% reported feeling "blue, down, or sad." [2]

COVID is a Contributor. In the Medscape survey of physicians, COVID was not reported as a primary cause of burnout, although it surely plays a role in the highest-rated factors. The greatest contributing factor was paperwork. Other major factors included lack of respect from employers and colleagues, too many hours at work, and "lack of control/autonomy over my life." Stress from treating COVID-19 patients was a contributor to burnout, but not one of the highest rated factors for physicians.[2]

In contrast, other sources continue to report the pandemic as a major contributor to provider burnout, including reports of exhaustion, depression, sleep disorders, and PTSD as high as 60-75% in front-line caregivers.[8]

Burnout Applies to All Providers, Not Just Physicians. Providers are feeling overworked and undervalued across the care continuum, not just physicians and nurses. One study found that medical assistants and nursing assistants experienced some of the highest degrees of COVID -related stress. Across the country, organizations are facing difficulty filling medical assistant positions, which results in shortages that pass additional work to the rest of the care team.[3]

Burnout Will Further Exacerbate Workforce Challenges. The Bureau of Labor Statistics projects that 500,000 nurses will leave the workforce in 2022, increasing the overall nursing shortage to 1.1 million nurses.[4]

Leaders must use approaches that "focus on fixing the workplace, rather than 'fixing the worker,' and by doing so, advance clinician well-being and the resiliency of the organization." [5]

In another study, twenty percent of physicians said they plan to leave their current practice within two years, and one-third of physicians and other health professionals plan to reduce their work hours in the next year. Researchers in the study found that the number of years in practice and "burnout, workload, fear of infection, anxiety or depression due to COVID-19" were associated with providers' plans to reduce their hours or leave their current practice.[3]

Christine A. Sinsky, MD, AMA Vice President of Professional Satisfaction and the lead author in the study, concluded that the study "demonstrates that the U.S. health care workforce is in peril. If even one-third to one-half of nurses and physicians carry out their expressed intentions to cut back or leave, we won't have enough staff to meet the needs of patients." [3]

Creating a Strong and Resilient Organization

Addressing provider burnout requires a commitment to systemic change. To be successful, the board and senior leadership must commit to using evidence-based best practices that create a culture of empowerment, build relationships, and encourage transparency.

In the National Academy of Medicine's discussion paper on the topic, the authors explain that leaders must use approaches that "focus on fixing the workplace, rather than 'fixing the worker,' and by doing so, advance clinician well-being and the resiliency of the organization." [5]

> **How physicians and other health care workers are supported during a time of acute stress impacts whether they are able to cope and then recover from the crisis, or alternatively, whether they will adopt unhealthy coping mechanisms and show signs of stress injury (e.g., burnout, insomnia, dysphoria) or even worse, chronic stress illness (e.g., depression, anxiety, post-traumatic stress disorder, substance abuse).**
> ***-AMA STEPS Forward***

While the details are implemented by senior leaders, the board sets the leadership tone and financial backing to encourage actions such as those outlined below.

Prioritize employee engagement and make employees feel valued, including continually seeking employee feedback and taking action based on the feedback. As the workforce composition shifts, boards of trustees and senior leaders must strive to find consistent ways to seek employee feedback, and demonstrate that employee ideas and opinions are highly valued. Multiple studies on burnout, including Dr. Sinsky's study, show that when employees feel valued, the odds are reduced for cutting hours or leaving.[3]

Invest in leadership development, recognizing the strong connection between management and employee satisfaction. A recent study by the Mayo Clinic reported that a one point increase in the leadership score of a direct supervisor was associated with a three percent decrease in burnout, and a nine percent increase in physician satisfaction.[1]

Ensure a continual focus on quality and patient safety, including opportunities for employees to provide feedback and directly influence quality.

Invest in technology that improves the patient care experience and strengthens

AMA: Fifteen Steps to Care for the Health Care Workforce

The American Medical Association's AMA STEPS Forward toolkit *Caring for the Health Care Workforce During Crisis: Creating a Resilient Organization* provides detailed steps health care organizations can take to care for and protect their workforce.[7] While hospital and health system boards are not responsible for the daily minutiae of these action items, it is the board's responsibility to elevate the importance of caring for the workforce and ensure actions similar to those recommended are a top organizational priority.

Before Crisis: Create a Resilient Organization

1. Appoint a Chief Wellness Officer (CWO) and establish a professional well-being program
2. Create a plan in coordination with Hospital Incident Command System (HICS) leadership
3. Support workforce needs for professional competency during crisis reassignments
4. Identify non-essential tasks that could be suspended or reduced during a crisis
5. Develop mechanisms to assess stress and needs within the workforce

During Crisis: Support Physicians and Other Health Care Workers

6. Assess the current situation; if necessary, develop new crisis-specific support and resources
7. Emphasize and embody the importance of visible leadership
8. Connect with other institutions to share and learn
9. Regularly evaluate stressors and stress levels within the workforce
10. Adapt support plan to meet evolving needs

After Crisis: Become an Even More Resilient Organization

11. Debrief unit by unit as well as by profession
12. Catalogue what was learned and update the crisis plan
13. Deploy an organization-wide approach to support workforce recovery and restoration
14. Honor the dedication and memorialize the sacrifice of health care professionals
15. Resume ongoing efforts to promote a thriving workforce

For the full toolkit, see the American Medical Association resource at [https://edhub.ama-assn.org/steps-forward/module/2779438.](https://edhub.ama-assn.org/steps-forward/module/2779438)

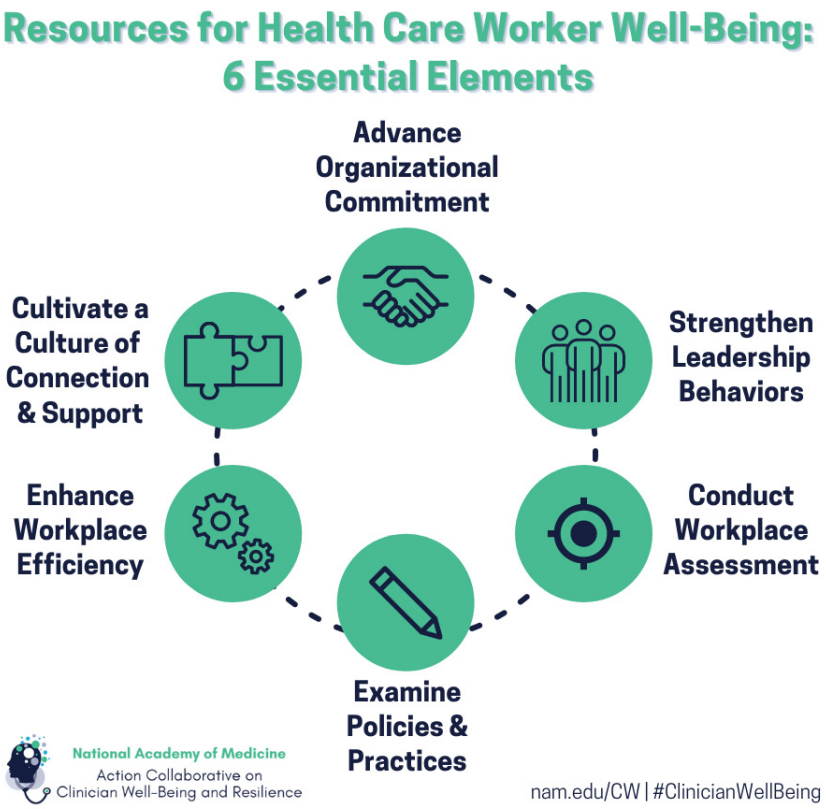
National Academy of Medicine: Resource Compendium for Health Care Worker Well-Being

In January 2022 the National Academy of Medicine (NAM) launched a comprehensive resource with strategies and tools to address burnout in health care workers and improve clinician well-being.[6]

The six categories provide a depth of resources, including toolkits, case examples, opportunities for continuous learning, instruments to measure burnout, and online communities and programs.

Questions boards should ask include:

- Is management aware of the toolkit, and how are they utilizing the resources? What updates should be provided to the board in key areas?
- Are there concepts included in the toolkit that the board should know more about and include in its strategic thinking and priority-setting?
- How is the organization currently measuring clinician burnout, and should the toolkit's instruments to measure burnout be implemented in order to better understand the organization's baseline and develop well-being and burnout guidelines?



(Continued from page 4)

employee recruitment and prevention, including information technology, medical technology, and artificial intelligence. It is essential that clinicians at all levels of the organization are included in this discussion, particularly when pursuing technology that has the potential to impact provider workload.

Understand what motivates and drives the next generation of employees, and how to facilitate positive inter-generational relationships.

Seek opportunities for providers to practice at the top of their license, shifting from physician-centric to team -based models that combine physicians with registered nurses, nurse practitioners, physician assistants, and others.

Provide ongoing educational opportunities for all employees, for both learning in current roles and to further advance career opportunities.

Offer remote work opportunities and flexible hours when feasible to compete with other industries where remote work is increasingly an option.

Ensure organizational transparency, which may require a cultural shift for some organizations. Transparent organizations allow employees to see and share information and make suggestions. They communicate strategies and objectives to employees, and provide regular updates about progress toward achieving those objectives.

Sources and More Information

1. Well-Being Playbook: A Guide for Hospital and Health System Leaders. American Hospital Association and AHA Physician Alliance. May 2019.
2. Hurt, Avery. Physician Burnout, Depression Compounded by COVID: Survey. *Medscape Medical News.* January 21, 2022.
3. Henry, Tanya Albert. Medicine's Great Resignation? 1 in 5 Doctors Plan to Exit in 2 Years. American Medical Association. January 18, 2022. www.ama-assn.org/practice-management/physician-health.
4. American Hospital Association. Data Brief: Workforce Issues Remain at the Forefront of Pandemic-Related Challenges for Hospitals. January 2022.
5. Sinsky, C. A., L. Daugherty Biddison, A. Mallick, A. Legreid Dopp, J. Perlo, L, Lynn, and C. D. Smith. 2020. Organizational Evidence-Based and Promising Practices for Improving Clinician Well-Being. NAM Perspectives. Discussion Paper, National Academy of Medicine. https://doi.org/10.31478/202011a.
6. National Academy of Medicine. Resource Compendium for Health Care Worker Well-Being. 2022. https://nam.edu/CW.
7. Shanafelt, Tait D., Ripp, Jonathan A., Brown, Marie T., et al. AMA STEPS Forward. October 29, 2020. https://edhub.ama-assn.org/steps-forward/module/2779438.
8. Levine, David. U.S. Faces Crisis of Burned-Out Health Care Workers. *US News & World Report.* Nov. 15, 2021.

GOVERNANCE INSIGHTS

Improving Experiences for Patients and Families: Life Beyond the Pandemic

Patients' and families' experiences in hospitals and other health care organizations have truly suffered due to the pandemic. Confusing information, fatigued staff, and the inability to access care when needed have contributed to a sense that hospitals are overwhelmed and unable to respond quickly.

The new year brings an opportunity for hospital and health system boards to consider what patients and their families really need and want, and return a sense of normalcy for the community.

Understanding the Significance of Patient and Family Experiences

Patient and family experiences are the result of complex combinations of individuals' wants and needs. They are described as the sum of all interactions and observations, shaped by an organization's culture, that influence the patient perspective across the continuum of care.[1]

Measuring Patient Satisfaction. The most common approach to measure hospital inpatient "patient satisfaction" is to engage a company such as Press-Ganey to survey patients after their discharge or transfer. The Centers for Medicare and Medicaid Services (CMS) uses consumer perceptions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, which are publicly reported. HCAHPS contribute to the "hospital star rating," and are weighted as part of the federal value-based purchasing/reimbursement program. The rise of consumerism and digital knowledge and resources have increased consumer expectations over the past several decades.

What Patients and Families Want. While patient satisfaction surveys use a variety of specific measurements, boards should consider the basics of what patients and families really need and want from hospitals. Generally, regardless of the type of care, service or provider setting, patients expect:

- Timely access to a diagnosis, and treatment when needed
- Information and guidance about their disease or condition
- Kindness, respect, and civility from the health care staff
- Personalized, individualized care
- Curative treatments when possible, and/or palliative care when a cure is not possible
- Avoidance of errors when receiving care

Simply stated, it's how board members would want to be treated as patients and family members.

Listening to Patients and Families

In 1998 at the Salzburg Global Summit on patient-centered care, Valerie Billingham suggested that patient-centered care should abide by "nothing about me, without me." In reality, patients differ in when and how much they want to take accountability and actions for their own health and wellness. The continuum of patient involvement can be described as: 1) passive, "I do what I'm told," 2) balanced or informed, "nothing about me, without me," or 3) partnership, "I am your partner in providing care for me, and I will advocate for my wants and needs."

As hospitals and health systems strive to best understand and meet varying patient and family desires, many are creating entities focused exclusively on the patient experience, including Patient and Family Advisory Councils and appointing a leadership position dedicated to the patient experience.

Patient and Family Advisory Councils. Hospitals are increasingly

utilizing Patient and Family Advisory Councils (PFACs). Members are often a combination of current and former patients, family members, and health care professionals, and typically number between 12 and 25 advisors. A PFAC is an opportunity for the organization to receive real, consumer-focused perspectives on both current and future services and programs as well as research projects. The Institute for Patient– and Family-Centered Care (IPFCC) provides in-depth information and tools for effective PFACs at www.ipfcc.org.

Chief Patient Experience Officer or Director of Patient Engagement. Some hospitals appoint a "Chief Patient Experience Officer" or "Director of Patient Engagement." The leader in this position helps identify and listen to patient voices and opinions, using some of the following best practices from the patient perspective:

- Ask me and care about my response and concerns;
- Value my feedback and make changes if something is wrong;
- Tell me when you've made an error or a problem arises, don't cover it up;
- Include my loved ones (as I define them, not you);
- Coordinate my care across multiple providers and settings;
- Treat me like a smart partner in my own care—it's my body, my life;
- Don't assume I know or understand what you're saying—ask me; and
- Satisfaction is more than just excellent clinical care. Service excellence is important too.

Case Example: Overlake Patient & Family Advisory Council

Overlake Medical Center & Clinics in Bellevue, WA has had a Patient & Family Advisory Council (PFAC) since 2015, when it was launched as a board-mandated initiative. Overlake's PFAC is hosted by the organization's patient experience department.

Program Objectives

1. Support "exceptional patient care and a superior patient experience," which to us means encouraging a culture where patient and family-centered care is a solid, dependable foundation in all we do.
2. Facilitate the inclusion of patients and families as central partners of their own care team.
3. Represent and advocate for the patient voice in decisions and future direction of Overlake.

Guiding Principles

The PFAC adheres to the Patient and Family-Centered Care's guiding principles:

- ***Dignity and Respect.*** Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
- ***Information Sharing.*** Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- ***Participation.*** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- ***Collaboration.*** Patients, families, healthcare practitioners, and leaders collaborate in policy and program development, implementation, and evaluation, in healthcare facility design, and in professional education, as well as in the delivery of care.

For more, go to www.overlakehospital.org/about/leadership/patient-family-advisory-council. For more about the Institute for Patient- and Family-Centered Care, go to https://www.ipfcc.org.

Recognizing the Power Imbalance

Boards of trustees must understand that there isn't a "level playing field" of power between patients and providers. Patients are vulnerable, and often come to the hospital frightened or in pain. Patients and their families seek care because hospitals have the expertise, resources, providers, equipment, and facilities they need.

Recognizing the differing perspectives and experiences of patients vs. the medical staff and hospital leadership provides essential board insight. Almost a decade ago, researchers reported that increased patient involvement in their own care leads to lower costs,[2] yet many hospitals have failed to advance to their full potential in this area.

Questions for Boards: Patient and Family Engagement

- Do we have a board-wide understanding of and commitment to the importance of patient and family engagement?
- Do we have an active, formal Patient and Family Advisory Council that meets regularly?
- How are the Council's recommendations and suggestions for improvements shared with the board in areas such as patient access, care delivery, and coordination of care with other community providers?
- Are relevant performance measures (such as HCAHPS, Net Promoter Score, and board-defined metrics to evaluate patient and family engagement) and action plans to improve patient experiences reported regularly to the board and included in board meeting agendas and materials?
- How does our organization encourage patients and families to "speak up" with ideas to improve quality and safety, without fear of retribution or embarrassment?
- How does management communicate expectations to all staff and physicians and hold them accountable around patient and family inclusion, engagement, civility, and respect, whether interacting in person or virtually?

The Impact of Improving Patient Experiences

Board members should consider improving patients' experiences as a part of their fiduciary responsibility. It is a component of the legal and ethical commitment to "do our best" for those the hospital or health system serves. Beyond this clear goal of meeting community needs consistent with the hospital's mission, there are additional benefits of improving patient and family experiences, including making a change in how health care is delivered for the better, improving quality and patient safety, and financial benefits.

Help Redesign the Culture to Improve Quality and Safety. According to the IPFCC, effective partnerships between patients, families, and providers help redesign health care and improve safety in quality, leading to better outcomes and enhanced efficiency. Importantly, the IPFCC reports that providers also experience a "more gratifying, creative and inspiring way to practice."

Involving patients and families as partners in care brings important perspectives about the experience of care, inspires and energizes staff, and provides timely feedback and ideas. In addition, it lessens the burden on staff to fix problems, recognizing that staff don't have to have all the answers.[3]

In the American Hospital Association's newly published blueprint for Patient and Family Advisory Councils, the importance of leadership buy-in is once again emphasized in order to accomplish this culture of patient and family centered care. Members of the PFAC should be involved in the organization's strategic planning process, and invited to proactively meet with leaders and board members to offer input on challenges.[5]

Financial and Competitive Advantages. When patients' care experiences exceed their expectations, those patients score the hospital higher on patient satisfaction and HCAHPS surveys, which directly impact reimbursement. In addition, happy patients typically tell their friends and neighbors about their experience.

The core question on "Net Promoter Score" surveys[4], a common standard for customer experience metrics, is "would you recommend…" While a recommendation leads to positive word-of-mouth referrals, a negative experience can often be compounded when complaints are shared through online reviews or on social media.

The reputation of the hospital, clinic, or individual physician can be seriously impacted, whether the comments are factual or not. A strategic focus on patient and family engagement provides hospitals and health systems the opportunity to shift the narrative, resulting in positive patient experiences that correlate with improved care, financial benefits, and strengthened employee morale.

Content for this article was contributed by governWell, www.governwell.net. Additional resources are included below.

Sources and More Information

1. Path to Experience Excellence. The Beryl Institute. https://www.theberylinstitute.org/page/frameworks-to-guide-your-experience-journey. Accessed January 6, 2022.
2. Hibbard, J. et al. Patients with Lower Activation Associated with Higher Costs: Delivery Systems Should Know their Patients' Scores. *Health Affairs.* February 2013.
3. Advancing the Practice of Patient- and Family-Centered Care in Hospitals. Institute for Patient– and Family-Centered Care. Updated January 17, 2017. www.ipfcc.org/resources/getting_started.pdf. Accessed January 6, 2022.
4. Net Promoter Score. Wiki. https://en.wikipedia.org/wiki/Net_promoter_score. Accessed January 6, 2022.
5. Patient and Family Advisory Councils Blueprint. AHA Physician Alliance & American Hospital Association. January 2022.