Objectives

- Transition from Clinical Focus to Service Focus
- Recognize the incidence of clinical burnout in the U.S.
- Understand how burnout affects patient safety.
- Identify research practices and techniques that can reduce the effects of stress and promote health.
Medical malpractice

- Duty
- Breach of duty (standard of care)
- Injury caused by breach
- Damages
- Malpractice plus (x-factor)
  - Service lapses
  - Non-clinical issues
  - Plaintiff attorney’s dream
Today’s environment

- Claims frequency stable
- Claims severity on the rise
- 1 in 4 jury verdicts exceeds $1.2 million
- The “x-factor” will continue the severity trend
Reasons for today’s malpractice environment

- Patient expectations and abilities
- Societal view of the system
- Societal view of financial amounts
- HIPAA
- The IOM Report of 1999
- Shift in focus from clinical issues to service lapses
Scope of Analysis

- **Cases are unique patient events**
  and include information from third party defendants, when available.

- **Each case may include**
  multiple, open and/or closed claims and/or suits.

- **An objective perspective**
  The responsible service and factors leading to the allegations, injuries,
  or initiation of the claim or suit are determined for every event or case.

- **True root cause**
  Therefore, learnings may or may not directly reflect direct actions of
  the named defendant, but instead attempt to describe the true root
  cause of each patient event.
Top Major Allegations

Occurrence vs. Cost

- Surgical Treatment
- Medical Treatment
- Diagnosis-Related
- Safety & Security
- Medication-related
- Anesthesia-related Treatment
- OB-related Treatment
- Patient Monitoring

MMIC N=2,867 | CBS Peers N = 28,482 (excl. AMC) | MPL Open/Closed Cases | Asserted 2010-2015
Top Major Allegations

Diagnosis-related allegations

#3 in occurrence
N=484

#2 in total incurred costs
$84.7 million

MMIC N=2,867 | CBS Peers N = 28,482 (excl. AMC) | MPL Open/Closed Cases | Asserted 2010-2015
Top Major Allegations

MMIC Occurrence vs. Total Cost

Diagnosis-related Allegations (N=484)
$84.7 million

Other Major Allegations (N=65)
with Diagnosis-related Minor Allegations
$17.7 million
Analyzing the Diagnostic Process

Initial Diagnostic Assessment
- Problem Noted, Care Sought
- History and Physical Conducted
- Patient Assessed and Symptoms Evaluated
- Differential Diagnosis Established
- Diagnostic Test(s) Ordered

Testing and Results Processing
- Tests Performed
- Tests Interpreted
- Test Results Transmitted to/Received by Ordering Physician

Follow up and Coordination
- Physician Follows up with Patient
- Referrals/Consults
- Patient Information Communicated Among Care Team
- Patient and Providers Establish Follow up Plan

CRICO's 12-Step Diagnostic Process of Care Framework
Related to: Ambulatory, Diagnosis, Emergency Medicine, Primary Care, Nursing, Obstetrics, Surgical Specialties, Medical Specialties

https://www.rmf.harvard.edu/Clinician-Resources/Article/2014/CBS-Diagnostic-Process-of-Care-Twelve
Mining Factors Indicating Follow-up System Failures (FUSF)

N=229 PL Cases Asserted 2010-2015 with a Major or Minor Dx-related Allegation

19 Contributing Factors from CRICO Strategies’ Clinical Coding Taxonomy

- Initial Diagnostic Assessment
  - Problem Noted, Care Sought
  - History and Physical Conducted
  - Patient Assessed and Symptoms Evaluated
  - Differential Diagnosis Established
  - Diagnostic Test(s) Ordered

- Testing and Results Processing
  - Tests Performed
  - Tests Interpreted
  - Test Results Transmitted to/Received by Ordering Physician

- Follow up and Coordination
  - Physician Follows up with Patient
  - Referrals/Consults
  - Patient Information Communicated Among Care Team
  - Patient and Providers Establish Follow up Plan

Follow up Systems Failures (FUSF)
Cases with Dx-related Major or Minor Allegation with Follow up System Failures (FUSF)

Scope of FUSF

Dx-related 19%
N=549
Cases with a major or minor diagnosis-related allegation

FUSF 8%
N=229

No FUSF 11%
N=320

Other 81%
N=2,318

MMIC N=2,867 PL Open/Closed Cases Asserted 2010-2015
Cases with Dx-related Major or Minor Allegation with Follow up System Failures (FUSF)

42% of MMIC cases with a major or minor dx-related allegation involves an FUSF factor

MMIC N=2,867 PL Open/Closed Cases Asserted 2010-2015
Cases with Dx-related Major or Minor Allegation with Follow up System Failures (FUSF)

42% of MMIC cases with a major or minor dx-related allegation involves an FUSF factor.

Even if physicians diagnosed accurately 100% of the time, we’d still have diagnostic error.

MMIC N=2,867 PL Open/Closed Cases Asserted 2010-2015
Cases with Dx-related Major or Minor Allegation with Follow up System Failures (FUSF)

The cost of FUSF...

$43.7 million

229 MMIC cases over 6 years

MMIC N=2,867 PL Open/Closed Cases Asserted 2010-2015
Physician burnout
Burnout is growing (Mayo Clinic research)

Physician burnout climbs 10% in 3 years, hits 55%

Shanafelt, Tait D. et al; http://dx.doi.org/10.1016/j.mayocp.2015.08.023
Physician burnout

Positive screen for depression
2011: 38%
2014: 40%

Thoughts of suicide in past year
2011: 6.4%
2014: 6.4%

Growth of physicians and administrators 1970–2009

Source: Bureau of Labor Statistics; NCHS; and Himmelstein/Woolhandler analysis of CPS
“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

William Osler, MD
Era 1: Professionalism, trust, prerogative (Berwick, IHI 2015)

- Noble intent
- Duty
- Special knowledge
- Beneficent
- Self-regulating

https://www.youtube.com/watch?v=DKK-yFn7e_0
Era 2: About money, not trust

- Accountability
- Scrutiny, inspection, control
- Measurement
- Incentive
- Doubt

Berwick, IHI, 2015
Era 3: The “moral era”

1. Stop excessive measurement
2. Abandon complex incentives
3. Decrease focus on finance
4. Avoid professional prerogative at the expense of the whole
5. Recomit to improvement science
6. Embrace transparency
7. Protect civility
8. Listen. Really listen
9. Reject greed

Berwick, IHI, 2015
It’s an evolution

Physician-centered

Patient-centered

Metrics/$$$-focused

People-centered
Burnout by specialty – 2014 vs. 2011

- Emergency medicine
- Urology
- Physical medicine and rehabilitation
- Family medicine
- Radiology
- Orthopedic surgery
- General internal medicine
- Neurology
- Dermatology
- Anesthesiology
- Main burnout among all physicians participating
- Otolaryngology
- Internal medicine subspecialty
- General surgery subspecialty
- Pathology
- Obstetrics and gynecology
- General surgery
- Ophthalmology
- Neurosurgery
- Psychiatry
- Pediatric subspecialty
- General pediatrics
- Radiation oncology
- Other
- Preventative medicine/occupational medicine

% reporting burnout

2011 2014
Why caring for the healers matters

- Burnout and emotional exhaustion
- Reduced capacity for empathy
- Reduced patient satisfaction
- Increased medical errors
- Increased malpractice risk
- Increased hospital mortality rates

* Journal of Nursing Care Quality April 1996 - Volume 10 - Issue 3 Dugan et al. Stressful nurses: the effect on patient outcomes.
*** Stress and Health Volume 22, Issue 2, pages 131–137, April 2006, A proposed physician–patient cycle model
**** AHRQ May 2003, David H Hickam, MD, MPH , The Effect of Health Care Working Conditions on Patient Safety

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Depersonalization

Emotional exhaustion

Sense of low personal accomplishment

Decreased effectiveness at work

Physician burnout – emotional exhaustion

2011

- Intermediate: 19%
- High: 38%
- Low: 43%

2014

- Intermediate: 19%
- High: 47%
- Low: 34%

Physician burnout - depersonalization

**2011**
- Low: 50%
- High: 29%
- Intermediate: 21%

**2014**
- Low: 44%
- High: 35%
- Intermediate: 21%

The cost of physician burnout

- Productivity loss (including ramp-up time for replacement)
- Recruitment costs
- Reduced patient satisfaction
- Impact on other providers and referral patterns
- Impact on continuity of QI initiatives

Cost to replace a single physician:

$200,000 - $1,000,000
Patient care practices of residents suffering burnout

- Discharged patients because team was too busy
- Did not fully discuss treatment options or answer patient's questions
- Made treatment or medication errors not due to inexperience
- Ordered restraints or medication for an agitated patient before evaluation
- Discharged patient rather than perform diagnostic test

Patient care attitudes of residents suffering burnout

- **Paid little attention to social or personal impact of illness on patient:**
  - Weekly: 10%
  - Monthly: 20%
  - Several Times a Year: 40%

- **Had little emotional reaction to patient's death:**
  - Weekly: 0%
  - Monthly: 20%
  - Several Times a Year: 50%

- **Felt guilty about my treatment of patient from humanitarian standpoint:**
  - Weekly: 5%
  - Monthly: 10%
  - Several Times a Year: 20%

The emotional impact of medical errors

- Reputation
- < Satisfaction
- Sleeping problems
- Loss of confidence
- Anxiety

Stress management reduces errors and risk

Two studies based on five-step program:

1. Discussion of results of stress survey and recommendations to decrease organizational stress
2. Policy and procedural changes in highest-stress departments
3. Sharing of survey results with employees
4. Education program on stress
5. Implementation of employee assistance and counseling programs

Results

- Reported medication errors cut in half
- Reduced malpractice claims from 1.4 to .4/year

Stress management reduces errors and risk

- Reported medication errors cut in half
- Malpractice claims reduced from 1.4 to 0.4 per year

To achieve the Triple Aim …

- Better health outcomes
- Better patient experience
- Reduced costs

Make it the Quadruple Aim:
- Provider well-being ❤️

Thomas Bodenheimer, MD et al, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider, *The Annals of Family Medicine*, Nov/Dec 2014

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Redefining quality

- How we take care of our patients
- How we take care of each other
- *How we take care of ourselves*
Resiliency

An individual’s ability to overcome adversity and continue his or her normal development.
Stress = lack of control and predictability

Stress response triggered by
• Perceived lack of control
  – Loss of social support
  – Loss of ability to relieve frustrations
• Perceived lack of predictability
  – Perception that things are getting worse
Measuring the effects of stress

- We now have tools to measure physical changes in the body caused/influenced by the mind (functional MRIs, hormone levels, antibodies, heart rate variability)
- We can measure the effects of the mind and emotions on the heart, digestive tract, immune system, and individual cells
- We see that physical symptoms can change emotional health and vice versa
Emotions and healing
Stress can …

- Slow wound healing
- Diminish strength of immune response to vaccines
- Enhance susceptibility to infections illness
- Boost allergy symptoms
- Reactivate latent viruses
What does resilience look like?

- Awareness (of situation, of your reactions, of others’ behavior)
- Acceptance that stress is part of life
- Internal locus of control
- Strong problem-solving skills
- Strong social connections
- Self-identify as a survivor vs. victim
- Willingness to ask for help
The five pillars of resilience

- Self Awareness
- Mindfulness
- Purpose
- Self Care
- Relationships

Techniques for building resiliency

- Good nutrition and sleep
- Exercise
- 4-7-8 breathing technique
- Meditation/mindfulness
- Gratefulness journal
- Random acts of kindness
- Support groups
- Social connection/spiritual practice
THE ANTI-INFLAMMATORY FOOD PYRAMID

HEALTHY TREATS
Servings: Occasional

SUPPLEMENTS
Servings: Daily

PROTEIN
Total Servings: 3–4 per day; eat the following sources to meet your protein dietary needs:
- MEAT, EGGS & DAIRY
  Servings: 0–2 per day
- FISH
  Servings: 2–6 per week
- NUTS & SEEDS
  (both are sources of protein and fat)
  Servings: 1–3 per day
- BEANS & LEGUMES
  (both are sources of carbohydrate and protein)
  Servings: 2–3 per day

GREEN OR HERBAL TEA
Servings: 2–4 cups per day

HEALTHY FATS & OILS
Servings: 3–5 per day

WHOLE GRAINS
Servings: 3–6 a day

FRUITS
Servings: 2–4 per day

VEGETABLES
(includes sea vegetables)
Servings: 7–10 per day

HEALTHY HERBS & SPICES
Servings: Use Generously

WATER
Servings: 6–12 per day

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Self care – why do we sleep?

- Improve immune function (repair and rejuvenate)
- Consolidate memories
- Regulate emotions
- Brain cleansing
Tips for a better night’s sleep

- Skip the snooze button (makes you more tired)
- Avoid caffeine within 4-6 hours of sleep onset
- Get outside in the natural afternoon light (even if cloudy) to reset circadian rhythms
- Avoid eating within 2-3 hours of sleep onset because digestion disrupts sleep
- Morning exercise provides boost of energy, decreases stress hormones, and improves sleep quality (75% more time in deep sleep)
Breathe
Breathing Technique

- Get comfortable
- Inhale deeply through your nose to a count of 4
- Hold for a count of 7
- Exhale through your mouth for a count of 8 with tip of tongue against inside of teeth
Mindfulness

Awareness of present experience with acceptance, allowing you to see the big picture, recognize patterns, and enhance performance, creativity and innovation

Barbara Frederickson
Mindfulness

A flexible state of mind in which we are actively engaged in the present, noticing new things and sensitive to context

Ellen Langer
Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

Michael S. Krasner, MD
Ronald M. Epstein, MD
Howard Beckman, MD
Anthony L. Suchman, MD, MA
Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy E. Quill, MD

Primary care physicians report alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of burnout, defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians’ well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95%
Practice
“3 Good Things”
Random acts of kindness

Doing a kindness produces the single most reliable momentary increase in well-being of any exercise that has been tested.

“Find one wholly unexpected kind thing to do tomorrow and just do it. Notice what happens to your mood.”

Martin Seligman, 2011
Writing to heal

- Personal upheavals
  - disrupt normal cognitive activity
  - undermine social interactions and relationships
- Writing about an upheaval
  - reduces need to inhibit thoughts, emotions, behaviors
  - improves emotional modulation
  - brings cognitive resolution/frees up working memory

Writing to heal

- Write about recent trauma at least 3 times for at least 25 minutes, with 24 hours in between each writing

Benefits of resilience writing

- Decreased depressive symptoms \(^5,1\)
- Improved psychological well-being \(^6\)
- Improved working memory \(^2\)
- Improved sleep \(^3\)
- Improved immune system function \(^4\)
- Improved relationships \(^5\)
- Improved coping with emotional upheavals \(^6\)
Relationships

- A primary factor in resilience is having caring and supportive relationships within and outside the family.
- Relationships that create love and trust, provide role models, and offer encouragement and reassurance help bolster resilience.
"We can live without religion and meditation, but we cannot survive without human affection."

The Dalai Lama
For organizations

- Engage BOD and Leadership
- Measure burnout-Dashboard
- Engage MDs in listening sessions and support champions in the work
- Listen-Act-Develop Model
- Participative Management
- Measure again
Organizations

• Encourage discussion of errors
• Create options for flexible schedules
• Address challenges with workflow
• Address challenges with EHRs
7 steps to prevent burnout in your practice

1. Establish wellness as a quality indicator.
2. Start a wellness committee or choose a wellness champion.
3. Distribute an annual wellness survey.
4. Meet regularly with leaders to discuss data and interventions.
5. Initiate selected interventions.
6. Repeat the survey to re-evaluate the situation.
7. Seek answers within data, refine the interventions and continue improvements.

https://www.stepsforward.org
The top five regrets of the dying

1. I wish I'd had the courage to live a life true to myself, not the life others expected of me.
2. I wish I hadn't worked so hard.
3. I wish I'd had the courage to express my feelings.
4. I wish I had stayed in touch with my friends.
5. I wish that I had let myself be happier.

- Bronnie Ware, author and blogger
Contact us

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