



WELL-BEING PLAYBOOK 2.0

A COVID-19 Resource for Hospital and Health System Leaders

February 2021



AHA Physician Alliance
Shaping the future of care through collaboration.



American Hospital Association™

Advancing Health in America

Our **2019 Well-being Playbook** laid the groundwork for establishing a program in your hospital or health system, highlighting seven key steps:

- Create an infrastructure for well-being
- Engage your team
- Measure well-being
- Design interventions
- Implement programs
- Evaluate program impact
- Create a sustainable culture

The spread of COVID-19 in 2020 added new complications and urgency to this work.

Burnout is not new, however COVID-19 has highlighted the challenges faced when administrative burden, sub-optimal communications systems, and unbalanced teams collide with an extended crisis. In addition, the traumatic impact of COVID-19, in particular on care providers in hard hit areas, has amplified the need for support and efforts to improve wellness and well-being.

This resource is in two-parts: COVID-19-specific resources and a guide to walk you through well-being program development and execution. We hope these resources will help you build on tools already in place, learn from others who are doing this work and better support your teams, and your leadership as we cope together.

Introduction

COVID-19 Reframes Burnout

Even before COVID-19, the rapid pace of change in health care was significantly contributing to burnout. Nearly half of U.S. physicians reported experiencing at least one of the symptoms of burnout, with high rates among other professionals, including nurses and health care administrators. Many organizations began addressing causes of burnout and achieving some success with burnout rates dropping below 50% – the first time since 2011.

The COVID-19 pandemic presents unique mental health stress points for health care workers and demands aggressive reconsideration of existing well-being practices. In an already complex environment, providers are faced with putting their families and colleagues at risk for exposure to the virus, making difficult decisions about how to conserve supplies and prioritize treatment, working extended shift hours, and confronting an unimaginable death toll. Under these conditions, health care workers are likely to experience increased anxiety, depression, trauma, burnout and other mental health issues.

Why Should Hospitals and Health Systems Address Burnout?

For years, health care providers have struggled with overwhelming job demands and insufficient resources. Layer on the effect of COVID-19, and health care organizations must recognize the impact broad emotional distress will have on patient safety and staff retention both during and beyond the pandemic.

Physicians, nurses and other caregivers who experience stress and burnout often feel as though they are letting down their patients, families and colleagues. When clinicians are not well, it is more challenging to adequately care for patients. A **Mayo Clinic study** found: “There is a moral and ethical imperative to address burnout in physicians. Physician burnout contributes to broken relationships, alcoholism, and physician suicide. In addition to the moral-ethical argument, there is a strong professional and business case to reduce physician burnout and promote physician engagement.”

It is critical for hospitals and health systems to address burnout from a system-wide level to better care for the clinicians who care for our communities. Policies should reinforce that physicians, nurses and other caregivers are humans who experience trauma on a regular basis.

What is Burnout?

Burnout is a long-term stress reaction 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.

Factors Associated with Burnout



Workload. Excessive, the wrong kind, or emotionally draining work.



Control. Insufficient control over resources needed or insufficient authority to pursue work more effectively.



Reward. Lack of appropriate rewards (financial, social or intrinsic).



Community. Lack of connection with others in the workplace.



Fairness. Lack of perceived fairness and mutual respect.



Values. Mismatch between personal values and leadership/organizational values or organizational values and actual practice.

Source: www.annualreviews.org/doi/abs/10.1146/annurev.psych.52.1.397

Trauma vs Burnout

COVID-19 has introduced a new set of burnout contributors less frequently seen in health care, with the exception of manmade or natural disasters. These include prolonged grief, trauma, acute stress disorder and post-traumatic stress disorder (PTSD). The pandemic intersects already high burnout rates among clinicians and an acute traumatic stress. Understanding the intersection of these two

Impact of Burnout

Burnout reflects the total health of an organization and negatively impacts many aspects of hospital systems, including:



Quality. Burnout increases the risk of patient safety events and lowers a clinician's ability to show empathy, which can result in poor patient satisfaction. Research also shows a "contagion effect," with burned out health care workers impacting other team members, which can magnify the negative impact on patient safety and experience.



Financial. Burnout causes reduced job productivity and higher rates of turnover. With an average of \$500,000 to replace a physician and \$88,000 to replace a registered nurse, organizations face substantial replacement costs that could be avoided.



Physical Health Consequences. Burnout has been associated with an increased risk of chronic disease, including hypertension and diabetes.



Psychological Health Consequences. Rates of depression and alcohol abuse are higher among burned out health professionals. For physicians, burnout was linked to 200% increased odds of suicidal ideation.

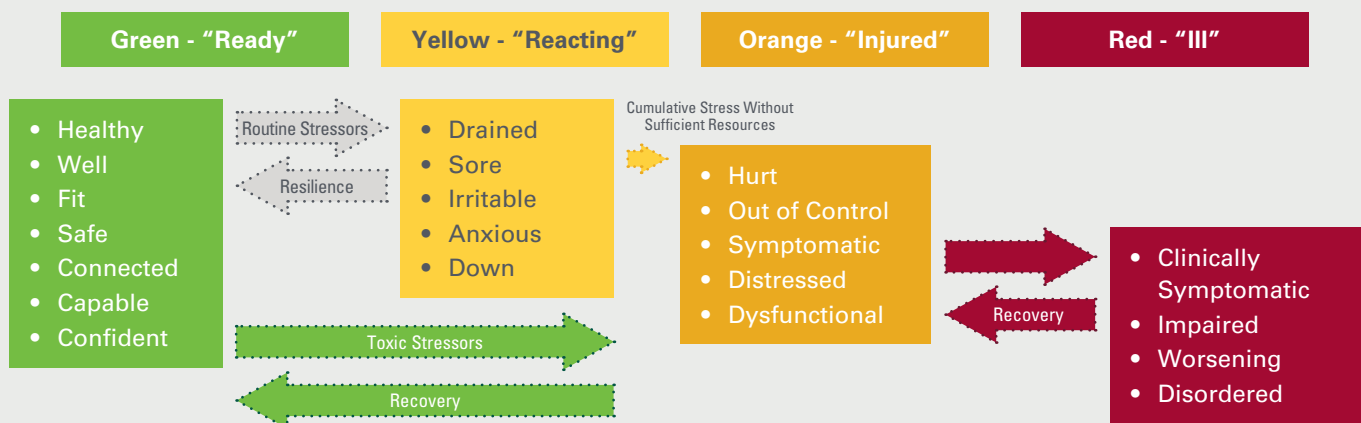
phenomena is necessary in order to inform interventions.¹ Prolonged grief or persistent complex bereavement disorder is defined as severe, persistent and disabling grief. Researchers are concerned that the unique circumstances of patient death during the COVID-19 pandemic (e.g., reduced social support, limited opportunities for death rituals) may also hamper the grief process for non-COVID-19-related bereavement.² Health care workers are at high risk of suffering from this condition as they lose peers to COVID and treat patients, some of whom will also be lost to COVID.

Trauma is a stressful occurrence outside the range of the usual human experience. It includes a perceived intense threat to life, physical integrity, intense fear, helplessness or horror. The *Journal of the American College of Radiology* notes that: "By this definition, COVID-19 and the threat to personal safety and fear that it has produced meets the definition of a traumatic event."

Exposure to such traumatic and stressful events can lead one to experience acute stress disorder and, if symptoms persist, PTSD. Similarly, burnout is a syndrome driven by increased exposure to workplace stressors that results in emotional exhaustion, depersonalization and decreased sense of personal accomplishment.

To help support caregivers, it is important to create a non-stigmatized way for people to talk about how they are feeling. Staff likely feel more stressed than normal, but it is important for them to recognize that it is a normal response to trauma and identify resources that can help them. The model below shows different levels of stress reaction so people can recognize where they fall as well as underlying factors.

De-stigmatizing Mental Health Discussions



Part One: COVID-19-Specific Well-being Resources

Health care workers and community members face challenges like never before due to COVID-19. Much focus has been on vaccinations, enhanced safety protocols and personal protective equipment to protect the physical health of clinicians and staff, but equally important are resources to protect their mental health. Below are resources to help organizations address mental well-being.



Resource Highlights

- Well-being Resources Addressing Resilience During COVID-19
Link: aha.org/well-being-covid-19
- Stress and Coping Resources for Health Care Clinicians & Staff During COVID-19
Link: aha.org/behavioralhealth/covid-19-stress-and-coping-resources



Webinars

- **Frameworks for Advancing Well-being During and After a Pandemic.** The National Academy of Medicine's Action Collaborative on Clinician Well-being and Resilience recommends a systems approach to professional well-being, and this webinar shares frameworks that allow organizations and individuals to understand stress models, manage the causes of pandemic related anxiety and identify drivers of burnout.
Link: www.youtube.com/watch?v=Elh10nk3EsQ&feature=youtu.be
- **Avoiding COVID-19 Burnout: Self-care and Resiliency for Public Health Leaders.** National behavioral health and resilience experts provide six sessions of conversation, reflection and nourishment to help clinicians continue the vital work of responding to COVID-19 while supporting families, friends, coworkers and communities.
Link: thenationalcouncil.org/webinars/leadership-check-up-series-crisis-leadership-and-resiliency-a-trauma-informed-approach-to-covid-19-response/
- **Ensuring Clinician Well-being in an Age of Uncertainty.** Learning from early 2020 clinician COVID-19 experiences, experts convened by the National Academy of Medicine Action Collaborative on Clinician Well-being and Resilience discuss the urgency of national action and map efforts needed to coordinate the long-term health and well-being of clinicians through COVID-19 and beyond this pandemic.
Link: nam.edu/event/ensuring-clinician-well-being-in-an-age-of-uncertainty-virtual-meeting/
 - **Related Resource.** Coordinating national actions for change – immediate steps forward.
Link: nam.edu/wp-content/uploads/2020/09/Session-4.pdf
- **Peer Support in the Time of COVID-19.** Jo Shapiro, M.D., FACS, (Harvard Medical School) discusses the importance of peer support, the fundamentals for operationalizing a peer-support system in health systems and practices and how it can potentially change organizational culture especially during the COVID-19 pandemic.
Link: www.youtube.com/watch?v=6XhcLkeCNYw



Case Study

- **Coping with Trauma, Celebrating Life: Reinventing Patient and Staff Support during the COVID-19 Pandemic.** COVID-19 presented unprecedented challenges to the New York City Health + Hospitals system. In addition to ramping up capacity and adapting operations quickly to handle the patient surge, NYC Health + Hospitals had to find new ways to provide emotional and psychological support for patients, families and staff.

Link: www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00929



Compendium Report

- **Resources for a Resilient Workforce.** The Hospital Association of Pennsylvania developed a compendium of strategies and information to support the well-being of health care workers in light of added COVID-19 stress throughout the continuum of care services they provide.

Link: haponlinecontent.azureedge.net/resourcelibrary/2020-hap-resources-for-a-resilient-workforce.pdf



Articles of Interest

- **Burnout and PTSD in the COVID-19 Pandemic.** *Intersection, Impact and Interventions: Health care providers are facing heightened acute workplace stress compounded by a high baseline rate of physician burnout.* This article explores the relationship between acute stress disorder, PTSD and burnout and provides a framework for understanding the mental health impact of the COVID-19 epidemic on physicians while proposing a systems-based model to respond to these challenges.
- **Peer Support Program Strives to Ease Distress During Pandemic.** Support and trust among colleagues within an organization is a key component of professional well-being. The AMA STEPS Forward outlines the five steps to putting together a peer support program as well as how to identify why a peer support program is beneficial and strategies to overcome barriers in organizations.

Link: www.nejm.org/doi/full/10.1056/NEJMp2003149

Link: edhub.ama-assn.org/steps-forward/module/2767766

Preventing Suicide

The COVID-19 pandemic makes working in health care especially exhausting both physically and mentally. Our health care workers face putting their families and colleagues at risk for exposure to the virus, working extended shift hours and confronting an unimaginable death toll. Each year roughly 400 physicians die by suicide. Hundreds more harbor serious thoughts of suicide. The suicide completion rate among doctors is 44% higher than the expected population; female physicians have a higher suicide completion rate than male doctors.⁴ Stress, burnout and trauma all contribute to this devastating toll, and COVID-19 has intensified these emotions.



Article of Interest

Clinicians are struggling to stay afloat as rates of COVID-19 continue to surge and health care leaders must step up. Leaders must be present, recognize and address sources of concern for clinicians, respond to requests for help to care for patients or for themselves and express gratitude for delivering extraordinary care under very stressful circumstances.

Link: nam.edu/stigma-compounds-the-consequences-of-clinician-burnout-during-covid-19-a-call-to-action-to-break-the-culture-of-silence/



Podcast

- The AHA's Physician Alliance and the Education Development Center (EDC) created a podcast series with stories of recovery and ideas for supporting colleagues struggling with thoughts of suicide.

Link: www.aha.org/advancing-health-podcast/be-well-preventing-physician-suicide

Part Two: 5 Questions to Guide Well-being Actions & Programs

Knowing where to begin can often be the most overwhelming piece of this work. The five questions below will help you create or supplement well-being planning, determine how to measure progress and identify what strategies stand to provide the most impact given existing resources in your organization.

1. **Who do you need in leadership and on the team?**
2. **What resources do you need and how does it connect to existing work?**
3. **What are the timelines and metrics? How do you prioritize?**
4. **How do you communicate and facilitate the discussion?**
5. **How do you evaluate and scale?**

The world's best performing companies have worked within their cultures to become one of the best and most successful places to work. Key principles are applicable to health care organizations.³

- **Match strategy to culture**
- **Focus on a few critical shifts in behavior**
- **Honor the strengths of the existing culture**
- **Integrate formal and informal interventions**
- **Measure and monitor cultural evolution**

Keep in mind that addressing burnout is not checklist of tasks to complete, but a cultural shift that should involve all stakeholders. As an organization, work within the existing culture of your organization to shift it in the right direction.

1. Who do you need in leadership and on the team?

To successfully develop and lead a robust program designed to improve the well-being of clinicians, it should also be the standard to have a designated and empowered senior leader overseeing clinician well-being efforts on behalf of an organization. This individual should facilitate system-wide changes, including the implementation of evidence-based interventions that enable clinicians to effectively practice in a culture that prioritizes and promotes their well-being. This leader – a CWO – would have the authority, budget, staff and mandate to implement an ambitious agenda, and reside within the executive team alongside the analogous chief information officer (CIO) and Chief Quality Officer (CQO).



Resource Highlight

- Making the Case for the Chief Wellness Officer
Link: www.healthaffairs.org/doi/10.1377/hblog20181025.308059/full

With or without a CWO, it is important to recognize that culture change cannot be accomplished by one person or team. We are all accountable in a culture of well-being and meaningful change will require leadership from both top down and bottom up. Building local capacity and well-being champions that are trained and empowered with the appropriate skills and knowledge to be effective change agents can be a great accelerator of culture change. The well-being champions can multiply the efforts of your leadership team, create a shared vocabulary around well-being, incubate pilot project ideas for well-being initiatives and infrastructure, and ensure that the needs of the local clinicians are understood and respected. These well-being champions can demonstrate the power of engaged and constructive clinicians and counteract the cynicism that can exist around well-being.



Webinar

- Frameworks and an Innovative Initiative to Advance Well-Being During and After a Pandemic
Link: www.youtube.com/watch?v=Elh10nk3EsQ&feature=youtu.be



Resource Highlight

- Designating a chief wellness officer is key to ensuring safety and well-being for patients and caregivers.
Link: nam.edu/wp-content/uploads/2019/09/Health-Affairs-Article-Making-The-Case-For-CWO--Health-Affairs-2019.pdf
- Steps for establishing a CWO
Link: edhub.ama-assn.org/steps-forward/module/2767739



Case Study

- Avera Health's chief medical officer (CMO) advocated to include well-being as a line item on the budget before formation of a well-being committee. Avera designated a full-time well-being director and trains and employs clinicians as part-time peer coaches to reach providers across their broad geography.
Link: www.aha.org/system/files/2018-10/plf-case-study-avera-health.pdf



Webinar

- Jamaica Hospital took an in-depth look at organizational performance from multiple perspectives, resulting in recognition of the burdens of organizational change, including the significant financial and psychological implications. The result was a commitment to prioritizing wellness as a core value that fosters continual improvement in a value-based care model.
Link: www.youtube.com/watch?v=JmPo-r5NLjI&feature=youtu.be



Podcast

- Identifying leadership skills needed to address burnout and promote resiliency and the restoration of humanity in health care.
Link: soundcloud.com/advancinghealth/ihe-podcastseries-1?in=advancinghealth/sets/institute-for-healthcare



Articles of Interest

- The rise of the CWO

Link: forbes.com/sites/colleenreilly/2020/07/07/the-rise-of-the-chief-wellbeing-officer/#1967b1461fce

- CWO Road Map

Link: edhub.ama-assn.org/steps-forward/module/2767764

2. What resources do you need and how does it connect to existing work?

Understanding the resources needed to accomplish this work is essential. While it may require the addition of new resources, take the time to inventory existing resources and programs currently available in your organization. Identify opportunities to connect new efforts to existing work or expand upon them to strengthen well-being practices.

Connect to Existing Work



Case Study

- University of Rochester Medicine (URM) found resources to address burnout by reframing clinician well-being as a patient experience issue. Alignment with existing operational priorities resulted in the institution's public commitment to well-being.

Link: www.aha.org/system/files/2018-11/plf-case-study-URM.pdf

- WellSpan York Hospital started with a simple question to its physicians, "How can we improve your life?" With a tremendous response rate, WellSpan quickly identified the most meaningful interventions and was able to deploy them with limited resources.

Link: www.aha.org/system/files/2018-10/plf-case-study-wellspan.pdf

3. How do you communicate and facilitate discussion?

As an organization, you must understand where you want to go and be able to conceptualize what wellness means in your organization. Understand the work already being done in performance, safety/quality and value – how does well-being connect and what does it mean to your organization?

Communicating Well-being



Podcast

- Educating people on the dimensions of well-being is one of the most important things organizations can do to address this issue. Patrice Weiss, M.D., executive vice president and CMO of Carilion Clinic, discusses how Carilion talks about resiliency and burnout in this podcast.

Link: soundcloud.com/advancinghealth/discussing-resiliency-and-burnout-featuring-dr-patrice-weiss-facog/s-adXcT

4. What are the timelines and metrics? How do you prioritize?

Timelines are essential for tracking progress and metrics help measure the overall impact of well-being work. It is important to incorporate process metrics as well as perception of control over workflow, or satisfaction with a particular aspect of clinical care and outcome metrics for evaluating how effective a program has been. When prioritizing, look for ways where this work helps move other organizational priorities forward. Open-ended survey questions and post-event surveys are great ways to learn more about a program's impact. Timelines and metrics must be owned by the C-suite and team doing the work. It is also important that the wellness team conduct regular report outs for accountability and maintains dashboards for tracking.

As you identify program activities, it is important to track both leading and lagging indicators. Lagging indicators, such as burnout prevalence and overall satisfaction, must be tracked to see improvement over time, but they do not provide good progress feedback on specific interventions. Identifying and tracking separate metrics for specific interventions will allow you to measure progress and adjust accordingly well ahead of when those lagging indicators show change. Ensuring you are measuring both immediate and local impact as well as the trends over time, will help you adjust your programs to maximal effect.

Link: [www.mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)

Establishing Timelines & Metrics



Case Study

- To allow for continuous input from nurses on ongoing documentation and workflow initiatives, HCA Healthcare formed a governance structure that provides a conduit for a nurse to bring an idea up to the regional chief nursing officer (CNO) council for consideration. Additionally, HCA now has the capacity to evaluate program impact to the level of the nurse or unit using data captured from the EHR that is pulled into a national data repository.

Link: www.aha.org/system/files/2018-10/plf-case-study-HCA-health.pdf



Webinar

- We all share the goal of working in an organization where people are engaged, the work is rewarding and patients receive great care. However, it's easy to become discouraged and disengage. Dan Diamond, M.D. knows first-hand how to get things done when times are tough and resources are scarce.

Link: www.aha.org/system/files/2018-10/plf-case-study-HCA-health.pdf

- Minnesota launched a statewide data-led action framework to combat burnout in 2016. Hear lessons learned and framework accomplishments as well as how one health care system is utilizing this improvement model to reduce health professional burnout.

Link: www.youtube.com/watch?v=NclCdjBO8yQ&feature=youtu.be

- The National Taskforce for Humanity in Healthcare (NTH) proposes a new model that goes beyond burnout prevention and promotes resiliency and the restoration of humanity in health care. Learn how to move beyond the prevention of burnout, and instead systemically cultivate human thriving and connection in ways that promote resilience, well-being and joy for all health care team members.

Link: www.youtube.com/watch?v=aa7DefXne-M&feature=youtu.be

5. How do you evaluate and scale?

To create change and help people in your organization feel supported, you will need to address burnout at multiple levels. Be patient. A cultural shift takes years to accomplish. However, you can help staff feel immediate, positive changes at the personal level, then team level.

This work will require multiple approaches. Take time to understand what brings value, to whom, and whether or not the team feels it. There is no one size fits all approach and time spent understanding these fundamental values will help your organization identify ways in which you can have the most touch and impact.

Additionally, take the time to evaluate previous programs in your organization. Understand why they were or were not successful in a particular environment. Understand the change readiness of your staff and assess all the various competing initiatives that are being placed on clinicians as you decide what level of change you want to introduce. The table below outlines important considerations when thinking about implementing organizational change. All these elements are important to the success of any program. Be sure that leadership is supportive of the change, changes connect to other work that is going on in your organization, there is a culture that is ready to support change, there are not other competing priorities, there is a need for change and that this change is not a stress builder – you do not want to continue adding more to people’s plates without removing something.

Leadership	Connection
Culture	Competing priorities
Need	Stress builder (What do you take off to do this change?)

Evaluating and Scaling Well-being



Resource Highlight

- Measuring well-being: Measuring the success of well-being programs using metrics that reflect organizational priorities (e.g., reducing burnout sleep-related impairment and turnover, and improving engagement and professional fulfillment) can help determine which interventions are most effective and whether the organization is meeting its well-being goals.

Link: hbr.org/2020/10/what-health-care-can-teach-other-industries-about-preventing-burnout



Case Study

- University of Rochester Medicine deployed a wellness survey to physicians and nurse practitioners to understand the incidence of burnout and leading workplace factors that drive burnout. The survey helped the organization identify and prioritize four rounds of feasible, high-impact system changes.

Link: www.aha.org/system/files/2018-11/plf-case-study-URM.pdf



Podcast

- Dr. Read Pierce and Dr. Bryan Sexton discuss how to measure the effectiveness of burnout prevention strategies.

Link: soundcloud.com/advancinghealth/ihe-podcastseries-3?in=advancinghealth/sets/institute-for-healthcare

- Dr. Ron Paulus, president and CEO of Mission Health, discusses the work being done at Mission to improve resilience among staff. He highlights the important elements of building a successful resilience strategy and how to include well-being in calculating return on investment.

Link: soundcloud.com/advancinghealth/building-a-resiliency-strategy-featuring-dr-ronald-paulus-mba-s-njmNb



Webinar

- Geisinger shares their journey to ameliorate stressors faced by health care workers by improving the provider experience. From the Geisinger Center for Professionalism and Provider Support, Charlotte Collins, Ph.D., director, and Monica McCarthy, MHSA, program manager, cover system and individual approaches to enhance the well-being and resiliency of providers. The team also describes a comprehensive stakeholder and gap analysis to inform their efforts.

Link: www.youtube.com/watch?v=NzsHu3znNVg&list=PLlx6E76MrsYgVfjeWYb9ktijznI07lu&index=8&t=0s

Sources:

1. Journal of the American College of Radiology: Burnout and Posttraumatic Stress Disorder in the Coronavirus Disease 2019 (COVID-19) Pandemic: Intersection, Impact and Interventions, [www.jacr.org/article/S1546-1440\(20\)30546-9/pdf](http://www.jacr.org/article/S1546-1440(20)30546-9/pdf).
2. Journal of Pain and Symptom Management: Grief Before and During the COVID-19 Pandemic: Multiple Group Comparisons, [www.jpmsjournal.com/article/S0885-3924\(20\)30799-5/fulltext](http://www.jpmsjournal.com/article/S0885-3924(20)30799-5/fulltext).
3. ibid
4. Harvard Business Review: Cultural Change That Sticks, hbr.org/2012/07/cultural-change-that-sticks.
5. American Journal of Psychiatry: Suicide Rates Among Physicians: A Quantitative and Gender Assessment (Meta-Analysis), ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.161.12.2295.

Appendix: Addressing Burnout



Case Study

- **Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout.** This article summarizes nine organizational strategies to promote physician engagement and describes how Mayo Clinic has operationalized some of these approaches.

Link: [www.mayoclinicproceedings.org/article/S0025-6196\(16\)30625-5/pdf](http://www.mayoclinicproceedings.org/article/S0025-6196(16)30625-5/pdf)

- **Related Resource.** *Impact of organizational leadership on physician burnout and well-being: The leadership qualities of physician supervisors appear to impact the well-being and satisfaction of individual physicians working in health care organizations.* These findings have important implications for the selection and training of physician leaders and provide new insights into organizational factors that affect physician well-being.

Link: pubmed.ncbi.nlm.nih.gov/25796117/



Articles of Interest

- 6 Big things that must change to beat physician burnout. With research showing that about 44% of physicians exhibit at least one symptom of physician burnout, a National Academy of Medicine report identifies six goals that lay the foundation for system level changes to reduce physician burnout and improve well-being.

Link: www.ama-assn.org/practice-management/physician-health/6-big-things-must-change-beat-physician-burnout

- **Related Resource.** AMA Steps Forward Modules.

Link: edhub.ama-assn.org/steps-forward/pages/professional-well-being



Links

- Controlled Interventions to Reduce Burnout in Physicians: A Systematic Review and Meta-analysis.

Link: jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814

- Medical leaders urge system change to reduce physician burnout.

Link: www.ncbi.nlm.nih.gov/pmc/articles/PMC6217605/

Appendix: Worker Support



Case Study

- Fueled by his own experiences with burnout, Novant's chief human experience officer addressed resiliency and well-being head-on across their system in 2013 which resulted in Press Ganey engagement scores rising from the 62nd to 89th percentile.

Link: www.aha.org/physicians/well-being/Novant

- **Three-part Series Podcast.** Highlights how Novant health is addressing the root cause of burnout.

Link: soundcloud.com/ahahospitals/sets/tom-jenike-masterclass

- Avera Health created spaces for community and peer-to-peer support and well-being coaches went to local clinics facilitating lunchtime discussions on well-being for providers. In addition, teams conducted Schwartz rounds at Avera hospitals. Well-being is now embedded in the culture of Avera Health.

Link: www.aha.org/physicians/well-being/avera-health



Resource Highlights

- Seven solutions health systems have implemented during the pandemic and beyond to address physician stress.

Link: www.ama-assn.org/practice-management/physician-health/7-ways-address-physicians-pandemic-stress

- The AHA Physician Leadership Experience helps participants create a professional strategy to offset the demands of the fast-paced, unrelenting health care environment. Participants develop a powerful ability to create new skills, patterns and rituals that intentionally create equilibrium between the competing dimensions of their lives.

Link: www.aha.org/system/files/media/file/2019/05/Leadership-Experience-2019.pdf

- Past participants of the Physician Leadership Experience share how this approach has changed their approach to work and helped them overcome burnout.

Link: www.youtube.com/watch?v=DgOd8iaho7U



Links

- Preserving Organizational Resilience, Patient Safety, and Staff Retention during COVID-19 Requires a Holistic Consideration of the Psychological Safety of Healthcare: Workers.

Link: pubmed.ncbi.nlm.nih.gov/32549273/

Appendix: Well-being Tools

National Taskforce for Humanity in Healthcare Blueprint for Change. The National Taskforce for Humanity in Healthcare proposes a new model that goes beyond burnout prevention and promotes resiliency and the restoration of humanity in healthcare. During this webinar participants will hear how to move beyond the prevention of burnout, and instead systemically cultivate human thriving and connection in ways that promote resilience, well-being and joy for all health care team members.



Podcast

- The Business Case for Humanity in Healthcare
Link: www.youtube.com/watch?v=aa7DefXne-M&feature=youtu.be
- Leadership skills needs to address burnout
Link: soundcloud.com/advancinghealth/ihe-podcastseries-1?in=advancinghealth/sets/institute-for-healthcare
- Skills needed to address burnout at the system level
Link: soundcloud.com/advancinghealth/ihe-podcastseries-2?in=advancinghealth/sets/institute-for-healthcare
- Measuring the effectiveness of burnout prevention strategies
Link: soundcloud.com/advancinghealth/ihe-podcastseries-3?in=advancinghealth/sets/institute-for-healthcare

National Academy of Medicine: Taking Action against Clinician Burnout: A Systems Approach to Professional Well-being. Taking Action Against Clinician Burnout: A Systems Approach to Supporting Professional Well-being calls upon leaders in health care organizations and health professions educational institutions as well as within the government and industry to prioritize major improvements in clinical work and learning environments in all settings, and for all disciplines to prevent and mitigate clinician burnout and foster professional well-being for the overall health of clinicians, patients and the nation.

Link: nam.edu/systems-approaches-to-improve-patient-care-by-supporting-clinician-well-being/