Open discussion: Ensuring optimal health and satisfaction for employees and patients

In the final of four thought leadership articles designed to spur member-to-member dialogue on emerging employee strategies, dive further into the myriad of stressors affecting children’s hospital employees, and consider collective approaches to evaluate and improve employee well-being.

Improve Employee Well-Being

A study by the Stanford Medicine WellMD Center found that 39% of all physicians experience burnout, which is a higher rate than other professional or doctoral degree careers.* It's also higher than the 28% of working adults in the U.S. who report burnout.** Personal finances, patient safety incidents and the daily commitment to children’s hospital missions also place immense pressure on employee mental health status.

Some hospitals are addressing employee well-being by starting with subpopulations of employees and pilot projects. Others are creating new structures or roles, such as a Chief Wellness Officer or Director of Resilience, to raise the priority level and impact of their organizational efforts. Given the enormity and complexity of the situation, any efforts to develop healthier, more fulfilled and productive employee populations will require a culture shift for children’s health care organizations. Some hospitals are finding that their patient safety culture work, such as openly tracking and addressing the issues and then tackling lessons learned as an industry, may provide a starting framework.

Working collectively is what sets Children’s Hospital Association (CHA) members apart from other health care providers. Let’s explore the best-practices within our membership that can boost well-being and resilience and use the research and initiatives that promise results. Together, our ideas can make the differences in employee well-being that will positively affect the pediatric communities we serve.

Establishing a Goal

Packard Children’s Hospital Stanford has been addressing employee well-being with a formal plan for over four years. Julie Collier, Ph.D., director, Enterprise Resilience and Marisa (Mimi) Albert, M.P.H., director, Human Experience Strategy and Innovation for Stanford Children’s Health, Lucile Packard Children’s Hospital Stanford presented at the CHA 2019 Quality and Safety in Children’s Health Conference. Here’s the FY18 organization goal:

Goals for an Engaged and Resilient Workforce

- 80% of the workforce contributes to the implementation of at least one individual- or team-generated improvement affecting the culture of wellness, personal resilience or work improvement.
- Create and administer a Wellness Survey, adapted from the Stanford Physician Wellness Survey, based on the Stanford Professional Fulfillment Index*** and establish a baseline measure by April 2018.
The content of Stanford Children’s Health wellness survey is specific to reaching their goal through a multi-phased effort to cultivate an engaged and resilient workforce. The survey measures:

- Burnout, defined as work exhaustion, emotional exhaustion, and interpersonal disengagement.
- Professional fulfillment, defined as happiness, meaningfulness, self-worth, and self-efficacy at work.

The survey also measures the following drivers of burnout and professional fulfillment:

- Gratitude
- Work and input are valued
- Values alignment
- Peer support
- Psychological safety
- Control over schedule
- Sleep quality
- Self-compassion
- Meaningfulness of clinical work****
- Secondary traumatic stress****

The survey expands on the routine employee engagement questions, to begin uncovering the population health issues an organization could affect.

**Address Well-Being Together**

The health care industry is recognizing that burnout or lack of resilience costs more than time for rest or recovery. In the future, children’s hospitals might consider tying well-being data to operational or patient safety data to more readily identify improvement opportunities. Given children’s hospitals’ historical collaboration, the multiple
operational, financial and quality data sets from which to glean data, and the willingness to share insights across interested parties, the potential for greater data understanding is likely available through a combined effort.

CHA hospitals already submit data to several programs managed by the association and those pediatric-specific data sets can translate to insight on building the best well-being practices for staff and improving outcomes. For example, Claims and Health Analytics Resource Tool® (CHART) data can compare the types and numbers of health conditions for staff at children’s hospitals versus companies nationwide.

**CHART Data Comparison**

CHART data already shows that children’s hospital staff have more chronic conditions and higher risk scores than the national benchmark.

<table>
<thead>
<tr>
<th>All workers</th>
<th>Children’s hospital employees</th>
</tr>
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<tbody>
<tr>
<td>29.2%</td>
<td>47.3%</td>
</tr>
<tr>
<td>with &gt;1 chronic condition</td>
<td>with &gt;1 chronic condition</td>
</tr>
<tr>
<td>1.32% average risk score</td>
<td>1.49% average risk score</td>
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While CHART provides a robust picture of employee health trends, a few members are investigating a crosswalk between CHA’s operational database (PROSPECT) and CHART to see if it enhances the ability to target employee populations with unique health needs based on tenure, age or department. This new view may guide the development of targeted interventions to support a healthy and productive workforce. For this to happen, the children’s hospital community will need to further collaborate on data collection and determine how to translate that data into actionable insights.

Other next steps to further address well-being across children’s hospitals could include the following:

- Migrate toward similar resilience and well-being assessment tools for enhanced benchmarking, e.g., questions like the Stanford tool or the Mayo Clinic’s Well-Being Index, a short nine-question instrument.

- Share best practices of individual hospital attempts to create, implement and evaluate interventions.

- Tie burnout and resilience data trends with operational and quality business metrics to better understand the impact of changes in employee engagement strategies to patients and the overall organization.

Fulfilled, productive employee populations are a big ask and there’s most likely a long road ahead. These cooperative efforts can move children’s hospitals more quickly to sound strategies.

As you reflect on ideas, think about how your organization is addressing employee well-being. Are your programs functioning so well you could set an example for best practices? Do you have an idea of direction, but are unsure of all the elements necessary to build a successful program? What are the conversations important specifically for children’s hospitals?
Share your thoughts on the proposed steps and ideas you may have for collectively addressing resilience and burnout.

Let us know your ideas for data analytics related to well-being and workforce performance. We can assist in brainstorming appropriate data sets and collection techniques.


**** Asked in clinical version only