Compassion Integration: Connecting Hearts and Minds with Action

Compassion in Action Webinar Series
May 9, 2017

Moderator

Andrea Greenberg
Communications and Partnerships Associate
The Schwartz Center for Compassionate Healthcare
Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- Please respond to audience polls by clicking on the answer of your choice.
- We value your feedback! Please complete our electronic survey following the webinar.

Host

Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate Healthcare
Today’s Speaker

Mark Rosenberg, MD, FACP
Becca Hawkins, MSN, ARNP

Directors, Compassionate Care
Providence St Joseph Health

Compassion Integration: Connecting Hearts and Minds with Action

Becca Hawkins, MSN, ARNP & Mark Rosenberg, MD, FACP
Directors, Compassionate Care
Providence St Joseph Health
Objectives:

• Describe key concepts connecting suffering, compassion and burnout
• Discuss the integration and collaboration process for embedding compassion throughout a system
• Adapt compassion innovations to their own healthcare system’s needs.
All Caregivers | 2015 | 2017  
---|---|---  
Registered nurses | 25,958 | 39,000  
Employed physicians | 3,579 | 23,000  
Physician clinics | 475 | 829  
Acute care hospitals | 34 | 50  
Providence Health Plan Members | 500,941 | 1.9 Million  
Locations | Alaska, Montana, Oregon, Washington & California | Texas & New Mexico  

This Has Been One Wild Ride
Kotter’s Process for Leading Change

Step 1: Creating a Climate for Change

- Creating a resonant burning platform
- Sharing data that engages/supports
- Socializing key principles that focus
- Inviting authentic sharing of suffering
Our Burning Platform

- Compassion is central to our mission and values
- Suffering of caregivers is real
- Suffering leads to burnout
- Burnout worsens all outcomes

Compassion at the Heart of Our Organization

**Providence Mission Statement:**
As people of Providence we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

**St. Joseph Vision Statement:**
We bring people together to provide compassionate care, promote health improvement and create healthy communities.
Our Promise Statement

Know me
Care for me
Ease my way

Palpable Need of Employees

Team stress
• “Change in my teams caused frustration and made me feel alone”

Loss
• “I feel sad at losing co-workers during “transformation”

Change
• “Makes me unable to control change or support my people”

Personal suffering
• “I’ve heard leadership say “they just have to do it or just get rid of those who don’t want to go along”

Work load
• “We just have too many initiatives”
• “We are understaffed, understaffed, understaffed”
Caregiver Burnout Impacts the Quadruple Aim

Step 1: Creating a Climate for Change

- Creating a resonant burning platform
- Sharing data that engages/supports
- Socializing key principles that focus
- Inviting authentic sharing of suffering
Burnout in Healthcare

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
<th>Journal/Thesis Source</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Nurses</td>
<td>80%</td>
<td>Journal of Emergency Nursing</td>
<td>2010</td>
</tr>
<tr>
<td>ICU (Nurses and RT)</td>
<td>54%</td>
<td>Ind. Journal of Critical Care</td>
<td>2014</td>
</tr>
<tr>
<td>Ward RNs</td>
<td>47.3%</td>
<td>Journal of Nursing Management</td>
<td>2009</td>
</tr>
<tr>
<td>PT/OT</td>
<td>58%</td>
<td>Journal of Allied Health</td>
<td>2002</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>40%</td>
<td>Williams: Doctoral Thesis@Seton Hall</td>
<td>2013</td>
</tr>
<tr>
<td>Mental Health Workers</td>
<td>21-67%</td>
<td>Admin. Policy Journal of Mental Health</td>
<td>2012</td>
</tr>
<tr>
<td>Social Work</td>
<td>75%</td>
<td>Journal of Social Service Research</td>
<td>2005</td>
</tr>
<tr>
<td>Chaplains</td>
<td>68%</td>
<td>Pastoral Psychology</td>
<td>2011</td>
</tr>
<tr>
<td>Dentists</td>
<td>50%</td>
<td>European Journal of Oral Science</td>
<td>2007</td>
</tr>
</tbody>
</table>

National Data on Compassion in Healthcare

- 58% of physicians feel that the healthcare system delivers compassionate care
- 53% of patients believe they receive compassionate care

Lown, Health Affairs September 2011
**Burnout & Patient Safety: A Literature Review**

- **Burnout:**
  - 25 Studies Reviewed
  - 84.3% studies found negative impact on patient safety

- **Wellbeing:**
  - 26 Studies Reviewed


**Polling Question #1**
Press-Ganey Survey:
Was I Shown Compassion?

<table>
<thead>
<tr>
<th>Clinical Sites</th>
<th>% Top Box (Lowest-Highest %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td>58.0% (49-75%)</td>
</tr>
<tr>
<td>Inpatient</td>
<td>71.0% (61-85%)</td>
</tr>
<tr>
<td>Medical Group*</td>
<td>76.0% (68-81%)</td>
</tr>
<tr>
<td>Home Health</td>
<td>79.0% (73-89%)</td>
</tr>
</tbody>
</table>

*was the staff sensitive to my needs?  Nov16-Jan17 Discharges/visits
Compassion and Rating of Quality

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating (%)</th>
<th>Compassion ≥5</th>
<th>Compassion &lt;5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td>92.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>89.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Group</td>
<td>93.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td>94.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Compassion and Rating of Quality (9/10)
Step 1: Creating a Climate for Change:

- Creating a resonant burning platform
- Sharing data that engages/supports
- Socializing key principles that focus
- Inviting authentic sharing of suffering

Grounding Principles of Compassion

- Compassion is innate. It is ready to be unleashed and needs cultivation, encouragement and attention
- Recognition and acknowledgement of our own suffering (“self compassion”) is crucial to being able to give compassion to others
- Compassion exists in the authentic connection between people. It is multidirectional and exists in every interaction, every day between every person (not just provider and patient)
- Compassionate interactions are rejuvenating, not draining
Grounding Principles of Compassion

- Compassion is created by the combined actions of everyone within Providence. It cannot be owned, defined, or directed from any single perspective.
- Compassion energizes us toward success with all of our strategies (Building Healthier Communities, High Reliability, Safety, Innovation or Quadruple Aim).
- Compassion must be expected, encouraged and enabled by leadership and its ongoing creation must be the work of all the People of Providence.

Step 1: Creating a Climate for Change:

- Creating a resonant burning platform
- Sharing data that engages/supports
- Socializing key principles that focus
- Inviting authentic sharing of suffering
Sharing of Suffering

- Validated the suffering of caregivers
  - Silent Suffering of Leadership Reflection
  - Experiential Suffering Exercise
- Created strong connection among suffering-burnout-wellbeing-compassion

Step 2: Engaging and Enabling:
- Gather Caregivers’ Voices
- Engaging leaders
- System Wide Measurement
- Developing Compassion Infusions
Caregiver’s Voices: Reflection and Stories

Step 2: Engaging and Enabling:

- Gather Caregivers’ Voices
- Engaging Leaders
- System Wide Measurement
- Developing Compassion Infusions
Compassionate Leadership: Developing Over Time

Inform - Engage - Transform - Lead

Developing Compassionate Leadership

- Leadership Development
- Nursing Academy Leadership Curriculum
- Mindful Leadership
Bottom Up And Top Down Approach

- Individuals and Teams
  - Made visible their suffering
  - Empowered local innovation
- Leaders
  - Recognized them as individuals
  - Highlighted courage and vulnerability
  - Encouraged to “not fix”

Step 2: Engaging and Enabling:

- Gather Caregivers’ Voices
- Engaging leaders
- System Wide Measurement
- Developing Compassion Infusions
Measurement of Burnout and Compassion:

What we measure is important, but even more important is **WHY?**

- Judgment vs Support
- Organizational vs Individual
- Engagement vs Caring

**PSJH Measurements of Compassion**

- **Patient (Press Ganey)**
  - “I am shown compassion”
  - “Are sensitive to my needs” (medical group)

- **Caregiver (Willis Tower Watson)**
  - 3 burnout questions
  - 3 compassion questions

- **Provider (Press Ganey)**
  - “My work gives me a feeling of satisfaction”
Providence Caregiver Burnout Rate

<table>
<thead>
<tr>
<th>Role</th>
<th>Burnout Rate</th>
<th>Overall Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive</td>
<td>32%</td>
<td>54%</td>
</tr>
<tr>
<td>Educator</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Supervisor</td>
<td>43%</td>
<td>43%</td>
</tr>
<tr>
<td>Clerical/Admin</td>
<td>45%</td>
<td>44%</td>
</tr>
<tr>
<td>Overall</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td>Clinical Aide</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>RN</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>EVS</td>
<td>54%</td>
<td>54%</td>
</tr>
<tr>
<td>Technologist</td>
<td>57%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Data Source 2016 Employee Engagement Survey Oct, 2016

Burnout Predicts Engagement

<table>
<thead>
<tr>
<th>Engagement Type</th>
<th>Not Burned Out</th>
<th>Overall</th>
<th>Burned Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Sustainably Engaged</td>
<td>26%</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Unsupported</td>
<td>8%</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Detached</td>
<td>4%</td>
<td>15%</td>
<td>27%</td>
</tr>
<tr>
<td>Disengaged</td>
<td>4%</td>
<td>12%</td>
<td>37%</td>
</tr>
</tbody>
</table>
Burnout and Giving Compassion: A Powerful Synergy

- Highly Sustainably Engaged: 63% Not Burned Out + Able to Give Compassion, 2% Burned Out + Not Able to Give Compassion
- Disengaged: 70% Not Burned Out + Able to Give Compassion, 3% Burned Out + Not Able to Give Compassion
- Unsure if Staying: 39% Not Burned Out + Able to Give Compassion, 5% Burned Out + Not Able to Give Compassion
- Intend to Leave: 13% Not Burned Out + Able to Give Compassion, 1% Burned Out + Not Able to Give Compassion

Step 2: Engaging and Enabling:
- Gather Caregivers’ Voices
- Engaging leaders
- System Wide Measurement
- Developing Compassion Infusions
Developing Compassion Infusions

Standardize
- Compassion Curriculum
- Medical Group (Interdisciplinary)

Innovate
- Empowering Compassion Activities
- Hospital

Co-design
- Unit Resiliency Practices
- Intensive Care (Nurse Focused)

Resilience Based Framework

- Connection
- Reflection
- Protection

Rosenberg & Hawkins 2016
Step 3: Implementing and Sustaining

- Integrating Compassion
- Diffusing Compassion

Polling Question #2
Integrating Compassion

Ownership vs Partnership

Developing Partnerships

- Work streams
- Departments
- Organizational strategic initiatives

Integration With Partners

High Reliability
- Compassion in Safety Huddles

Mission
- Participate in Formation

Patient Experience
- Compassionate Nurse Leader Rounding

Quality
- Compassionate Care Bundle

Human Resources
- Health Care Incentive

Clinical
- Nursing and Physician Groups
Integrating Compassion

- Integrating Compassion
- Diffusing Compassion

Compassion Networking Calls
Compassion Website

Compassion - Resilience & Burnout

In the Spotlight

*"Through compassionate service we exist. Helping to make our world a more just, loving, and peaceful place for all."*

Sisters of Providence, Rogers & Regan, 2009

Lessons Learned

• Compassion and culture belong to everyone
• Be humble and catalyze the energy
• Take the long view, despite the urgency
• Measurement energizes
• Provide framework/menus but allow co-design
• Don’t need to have the all the answers
• At each step, things will unfold unpredictably
To Contact Us:

PHS.CompassionProgram@providence.org

Compassion Team:

Becca Hawkins, MSN, ANP  
Director, Compassionate Care  
Phone: 541.310.0092  
Rebecca.Hawkins@providence.org

Mark Rosenberg, MD, FACP  
Director, Compassionate Care  
Phone: 503.215.6089  
Mark.Rosenberg@providence.org

Krista Nelson, MSW, LCSW, OSW-C  
Program Manager, Connecting Conversations  
Phone: 503.215.3204  
Krista.Nelson@providence.org

Laura Daniel, MPM, PMP, CRM  
Manager, Compassionate Care Program  
Phone: 425.525.3217  
Laura.Daniel@providence.org

Questions

Beth Lown, MD  
Medical Director  
The Schwartz Center for Compassionate Healthcare

Andrea Greenberg  
Communications and Partnerships Associate  
The Schwartz Center for Compassionate Healthcare

Becca Hawkins MSN ANP & Mark Rosenberg MD FACP  
Directors, Compassionate Care  
Providence St. Joseph Heath
Thank you for participating!

Please complete the webinar survey!

Visit theschwartzcenter.org for more details or to register for a future session. Look for our webinar email invitations and share them with your friends!
Thank you for participating in today’s session.

Please take a moment to complete the electronic survey upon exiting today’s program.