Who Cares About the Care Givers?

From “Make The Clinician Burnout Epidemic A National Priority,” by Andrew Shin, Tejal Gandhi, and Shoshana Herzig, a Health Affairs Blog, 4/21/16:

“Despite the promise of delivery system reform, especially following passage of the Affordable Care Act (ACA), the risk of burnout among physicians (and other health care professionals) represents a significant threat to system-wide achievement of Triple Aim goals: better patient experience of care, improved population health, and lower costs.”

“In the rush to implement various initiatives, including additional reporting requirements and adoption of new technology such as electronic health records (EHR), and coupled with increasing pressure to increase throughput and reduce costs, most physicians are being asked to provide high-quality, compassionate care with less time and resources to effectively engage patients.”

“This ‘work compression,’ wherein clinicians have to do the same amount of work in less time, occurs on a backdrop of steadily increasing medical complexity in the forms of multimorbidity and increased prevalence of chronic disease and often physically and psychologically challenging work environments. In response, over half (54 percent) of surveyed physicians in the U.S. now reported at least one symptom of burnout in 2014—a 9 percent increase from three years prior.”

“The response from the physician community has been passionate and pervasive in the pages of both academic medical journals and in lay media. Yet, despite the growing chorus of concern over the burnout epidemic, some still characterize this problem simply as clinicians unwilling to adapt to the priorities of quality improvement and lowering costs. Such characterizations not only implicitly underestimate the increasing stress placed upon practicing physicians, but they compound the problem by adding castigation and motivational misattribution to the equation.”

“In reality, physicians are caught in a quagmire between the demands of the health care system and their deeply held desire for a meaningful relationship with their patients based on compassion, trust, and mutual respect. The stark dichotomy between the kind of care clinicians want to provide and what they are able to provide, is leading to burnout. Consequently, the inability to deliver on the promise of patient-centered care has become the breeding ground for disillusionment with the health care system and their professional calling.”

Clinician Wellbeing Drives the Triple Aim—In a seminal 2014 Annals of Family Medicine article, Tom Bodenheimer and Christine Sinsky noted the threat that clinician burnout poses for achieving the Triple Aim of enhancing patient experience, improving population

“Don’t go around saying the world owes you a living. The world owes you nothing. It was here first.” – Mark Twain
health, and reducing costs, all of which have been demonstrated to be impacted by clinician wellbeing. In characterizing the triple aim as a ‘compass to optimize health system performance,’ the authors noted that a fourth aim, improving the work life of health care providers, was necessary to achieve successful system transformation.”

“At its core, the recommendation to expand the triple aim to the ‘Quadruple Aim’ recognized that wellbeing is not simply an issue for clinicians; the consequences of burnout extend to patients in measurable ways. For example, physicians experiencing burnout are more prone to diagnostic and patient safety errors and less likely to engage patients and colleagues alike.”

“Similarly, burnout has been demonstrated to be negatively associated with empathy. Accordingly, and not surprisingly, physicians and nurses suffering from burnout find it more difficult to deliver compassionate care. Compassion is a universal expression of human connection and caring in response to distress and suffering and underlies the very purpose of medicine. In short, if we are to expect caregivers to engage patients (and each other) characterized by effective communication, mutual trust and respect, and adequate emotional support, then it is essential that we begin supporting the wellbeing of the people charged with delivering care.”

“Burnout of our health care workforce also has broad implications for our health care system as a whole. Lost productivity for physicians, nurses, and other members of the health care team contribute to additional costs, and associated attrition leads to loss of continuity across the care team and care settings. In one recent study in a long-term care setting, nurses who felt supported by a compassionate, collaborative culture had significantly fewer missed days of work, higher patient satisfaction, and fewer of their patients had trips to the emergency department, as compared with colleagues that did not experience the same level of organizational support.”

**Combatting Burnout On Every Level**—“We believe that finding ways to reduce and consolidate public reporting requirements will be a key component of the solutions to address burnout. In a recent study published in Health Affairs, Lawrence Casalino and colleagues were able to quantify the burden on physician practices in four common specialties, finding they spent an average of 785 hours per physician and more than $15.4 billion dealing with the reporting of quality measures. Physician practices now face a multitude of non-direct care tasks such as: understanding quality measure requirements, recording and reporting measures in new information systems, and understanding performance reports from payers and provider systems alike.”

Addressing the other contributors to physician burnout, including the pressure to manage increasingly medically complex patients in less time for less money with better outcomes, will be more difficult, and will require larger system modifications. Potential remedies at the disposal of a hospital, much less an individual primary care practice, are lacking. Payment models that value patient counseling and care coordination/team-based approaches to care as much as procedures and traditionally measured relative value units, will help, as will nurse practitioners and physician assistants as part of the realization of the medical home.”

“At the organizational level, leadership is instrumental in creating a culture that sustains resilience and supports employee wellbeing. In the end, however, a comprehensive strategy to address burnout at the individual, organizational, and system levels will ultimately require a national movement led by stakeholders across the public and private sectors.”
Physician Shortage Will Hit Seniors Hardest

From the News Release “New Research Confirms Looming Physician Shortage” from the Association of American Medical Colleges (AAMC), 4/5/16:

“Under every combination of scenarios modeled, the United States will face a shortage of physicians over the next decade, according to a physician workforce report released today by the AAMC. The projections show a shortage ranging between 61,700 and 94,700, with a significant shortage showing among many surgical specialties.”

“The study is an update to a 2015 report prepared on behalf of the AAMC and reflects feedback from the health care research community, as well as the most recent workforce data.”

“‘These updated projections confirm that the physician shortage is real, it’s significant, and the nation must begin to train more doctors now if patients are going to be able to receive the care they need when they need it in the near future,’ said AAMC President and CEO Darrell G. Kirch, MD.”

“The report aggregates the shortages in four broad categories: primary care, medical specialties, surgical specialties, and other specialties. By 2025, the study estimates a shortfall of between 14,900 and 35,600 primary care physicians. Non-primary care specialties are expected to experience a shortfall of between 37,400 and 60,300 physicians.”

“These findings are largely consistent with the 2015 report. In particular, the supply of surgical specialists is expected to decline, just as demand for physicians is growing. The study also finds that the numbers of new primary care physicians and other medical specialists are not keeping pace with the health care demands of a growing and aging population.”

“As the U.S. population ages, so too does the physician workforce, with one-third of physicians now over the age of 55, noted Kirch. ‘More physicians retiring over the next decade also will create challenges for patients who need access to health care,’ said Kirch.”

“For the first time, the 2016 report includes a special analysis of the needs of underserved populations. These data show that if underserved patients had barriers to utilization removed, the United States would need up to 96,000 doctors today to meet patient needs.”

“To help alleviate the shortage, the AAMC supports a multipronged solution, which includes innovations in care delivery, better use of technology, and increased federal support for an additional 3,000 new residency positions a year over the next five years.”

“Medical schools have done their part to increase the overall number of physicians by expanding their class sizes, and now Congress must approve a modest increase in federal support for new doctor training if the United States is to increase its overall number of physicians. After graduating from medical school, all new MDs must complete a residency to be able to care for patients independently.”

“‘We believe this is a measured approach to deal with a problem that has the potential to affect every American. It strikes a balance between our nation’s budget constraints and what medical schools and teaching hospitals believe is our responsibility to meet the needs of patients,’ said Kirch. ‘Because it can take up to 10 years to train a doctor, our nation needs to act now.’”

24th Annual $2,500 Monato Essay Prize
A $2,500 Prize for the Best Rural Health Paper by a University of Wisconsin student or recent graduate. Write on a rural health topic for a class and submit by June 1st. Submission info available at www.RWHC.com
RWHC 2016 Kristi Hund Award Winners

Tim Size, RWHC Executive Director, along with Cella Janisch-Hartline, RWHC Nursing Leadership Senior Manager, recently announced the recipients of the 2016 Kristi Hund Awards in recognition of their contribution to the high quality nursing practice provided in hospitals serving rural communities.

The Awards were established by Kristi Hund’s peers to honor her extraordinary career as the CNO at Stoughton Hospital.

The Awards recognize nurses in community hospital settings who are well educated, well rounded at clinical practice, and have the ability to respond to a variety of age groups, diagnoses, and patient emergencies. This award is public recognition that excellence in nursing practice is a valuable asset to rural communities.

Carl Lash from Black River Memorial Hospital, in Black River Falls, WI, received the 2016 Kristi Hund Award for Excellence in Nursing Leadership. Scott Blackledge from Stoughton Hospital in Stoughton, WI, received the 2016 Kristi Hund Award for Nurse Excellence.

From Carl’s nomination... Mr. Lash is the Emergency Department (ED) Nurse Director at Black River Memorial hospital. He has been the ED director for 9 ½ years of his greater than 23 years of tenure at the hospital. As a leader, Carl has been instrumental in implementing the electronic health record conversion, a paramedic program, iPad use for in time patient satisfaction data collection, a tele-stroke program, quarterly multi-disciplinary staff meetings, daily huddles and a community collaboration effort to enhance healthcare delivery. This is just a few major accomplishments mentioned in his nomination criteria.

Mr. Lash’s professional influence is extensive and pervasive. His outstanding leadership is recognized and respected by his peers who commented, “Carl is always willing to help, demonstrates a positive attitude and provides a calming factor in the ED when chaos is present. He acts with integrity and provides fair and unbiased feedback.” Carl also chooses to work weekends and holidays which is above and beyond his required professional duties, so that his staff has an opportunity to spend valuable time with their families. Congratulations, Carl!

From Scott’s nomination... “Mr. Blackledge has honorably served patients in the emergency room at Stoughton Hospital for over 17 years. During this time, his dedication to teamwork, role versatility, life-long learning and clinical knowledge have exceeded the clinical standards set forth by the nursing profession. Over his tenure he has been a leader, role model, teacher, preceptor, patient advocate, and a care-coordinator to name a few of his contributions.

“The dynamic influence of Mr. Blackledge is undeniable in his ability to role model excellence as a professional nurse. Moreover, his positive attitude, caring demeanor, honesty, patience, dependability and promotion of teamwork create a positive working culture. His calm approach to difficult situations allows his peers to approach him without hesitation. According to his colleagues, “he is a pleasure and a treasure to work with.” Congratulations, Scott!

Each RWHC member is encouraged to nominate one nurse to compete for this annual award. More info is available at: http://ow.ly/aW520v6EI
Rural Baby Boomers Increasingly Need CARE

From “Making Communities and Future Professionals More Dementia Friendly” by Diane Farsetta in CARE Connections, from the Center for Aging Research and Education at the University of Wisconsin School of Nursing, Winter, 2016:

“‘I had never considered working with older adults because I thought it would be sad and depressing, but now I have completely changed my mind.’”

“That was the impact on one University of Wisconsin–Madison undergraduate of volunteering with the Music and Memory Program, as part of her independent study with the School of Nursing’s Center for Aging Research and Education (CARE).”

“Music and Memory provides people experiencing memory loss with personalized playlists of music from their young adulthood. The approach, movingly portrayed in the documentary ‘Alive Inside,’ has been shown to improve mood and reduce anxiety and agitation. See a brief report at http://ow.ly/4mZjJp. In Wisconsin, 250 nursing homes have been certified in Music and Memory, and state and tribal leaders are promoting the program’s use in other settings.”

“Yet Music and Memory is just one way in which CARE is connecting future professionals with dementia-friendly community efforts. Over the past two years, CARE has worked with a dozen organizations and agencies, to help students understand the importance of community supports to people living with dementia and their caregivers. Encouraging a future social worker to pursue a career in aging is simply icing on the cake.”

“In 2014 and early 2015, CARE involved nursing, social work, and human development and family studies students with the Watertown Dementia Awareness Coalition. The students helped plan and conduct outreach for two April 2015 town hall meetings in Watertown. (The School of Nursing previously reported on these efforts at http://ow.ly/4mZIoD.)

“The town halls generated new outreach ideas, leading students to design postcards for displays in doctors’ offices and other public spaces that residents can use to connect with the Watertown Dementia Awareness Coalition.”

“During the fall 2015 semester, CARE recruited additional nursing, social work, biology and psychology students, for independent study paired with community-based learning. These students volunteered with Music and Memory Programs at Madison-area nursing homes, as they learned about dementia and person-centered care through readings and group discussions.”

“By providing students with an opportunity to learn and volunteer across disciplines, CARE hopes to prepare them to provide care and services as a member of an interprofessional team. Team-based care is especially important for older adults and others with complex health and social needs, including many people living with dementia.”

“While the initiative is new and evolving, pre/post survey results suggest that the community-based learning approach has improved students’ knowledge of dementia as well as their social comfort with people living with dementia.”

CARE Connections: http://ow.ly/4mZpbi

Fatal Crash 3 Times More Likely for Rural

Rural accounts for 19 percent of the U.S. population but 54 percent of all traffic fatalities in 2013. Source: WWW.nhtsa.gov

From “Driving deserves your undivided attention” at http://www.zeroinwisconsin.gov:

“Despite laws to prevent distracted driving, too many motorists still talk and text on cell phones while behind the wheel. They eat a meal. They rummage for things on the seats, floor, dashboard or other compartments. They even stare intently in the rearview mirror.
to comb their hair or apply make-up. Because they’re not paying attention to traffic conditions and road hazards, distracted drivers drastically increase their risks of causing a crash or failing to avoid one.”

“While texting and driving is a leading cause of distraction behind the wheel, distracted driving is any activity that takes a person’s attention away from the primary task of driving.”

“There are three main types of distraction:

- **Manual**—taking your hands off the wheel
- **Visual**—taking your eyes off the road
- **Cognitive**—taking your mind off driving”

“Many distractions involve all three types of distraction, but all it takes is one. The typical distraction requires the driver to take their attention off driving for less than 5 seconds. If a driver is going 55 miles per hour and gets distracted for less than 5 seconds, they’ve traveled the length of an entire football field (that’s over 100 yards) without paying attention!”

“Distracted driving is dangerous to novice and expert drivers alike. 1 in 4 accidents involve distracted driving. Driving is a privilege, and it’s important to not get distracted in order to help keep you, your passengers, and others on the road safe. Follow these few tips and help us achieve zero deaths on Wisconsin roads:

**Commit to driving safely** and distraction-free, no matter what

**Turn off your phone**, or download an app to prevent incoming and outgoing messages, calls, and notifications while driving; some even send an auto-response back to let people know you’re on the road

**Speak up as a passenger** if you witness distracted driving

**Pull over safely** if you need to address any distraction while driving

**Plan ahead**: eat, groom, primp, and organize before OR after your drive to avoid any unforeseen distraction

**Get your loved ones on board**: hold each other accountable for keeping your focus on driving whenever you’re behind the wheel

Additional information regarding the risks associated with distracted driving is at: [www.Distraction.gov](http://www.Distraction.gov)

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**Peds Hospitals Need to Improve Rural Links**

From “Characteristics of Rural Children Admitted to Pediatric Hospitals” by Alon Peltz et al in Pediatrics, April, 2016:

**Background**—“Delivering high-quality care to children living in rural areas can be challenging. Compared with nonrural children, rural children often experience worse health outcomes. We assessed characteristics and hospitalizations of rural children admitted to US children’s hospitals in 2012.”

**Conclusions**—“Rural children hospitalized at children’s hospitals have high rates of medical complexity and often reside in low-income and medically underserved areas. Compared with nonrural children, rural children experience more expensive hospitalizations and more frequent readmissions.”

**Discussion**—The majority of hospitalized rural children in the current study resided in neighborhoods with high levels of poverty. It is well known that financial challenges of patients and families contribute to suboptimal health and health care outcomes. For rural families in low-income neighborhoods caring
for a recently hospitalized child with chronic illness could lead to additional financial stress, especially if higher out-of-pocket health care expenses are incurred. Furthermore, some of these areas may not have access to local social work or care management services for help. As a result, rural children from economically challenged families may experience difficulties adhering to a discharge care plan, especially a plan that is associated with copayments for medications, equipment, and follow-up visits.”

“Children’s hospitals may find the information from the current study useful as they strive to (1) better integrate with their surrounding local and regional care areas and (2) ameliorate disparities in health and quality of care between rural and nonrural children, especially those with complex medical needs.”

Leadership Insights: “Introverted Leaders”

The Leadership Insights series is by Jo Anne Preston, RWHC Workforce & Organizational Development Senior Manager. Back issues at www.RWHC.com.

“ Myth: Extraverts make better leaders. Truth: Both strong and weak leaders can be found in any personality style. An even bigger, and often misunderstood truth: personality traits are not the same as skill.”

“You might be introverted if you:

- Tend to prefer thinking things through before speaking vs. thinking out loud
- Find that situations with lots of stimuli tend to drain your energy
- Generally are more energized working alone or with a very small group than in an open team setting

“No one is ‘pure’ when it comes to personality style and we are all a complex array of traits. Though it’s not static like our blood type, when it comes to navigating the energy dynamic of our internal and external world, most people lean in one direction more than another.”

“Stereotypes of extraverted leaders as charismatic and ‘verbal stand outs’ can sometimes make it tough for introverts to get noticed for leadership opportunities. It’s a little bit like extraverted kids in the classroom who raise their hand with their whole body, drawing all the attention, leaving the more deliberate and internally focused introverted students unnoticed.”

“When it comes to being a leader, being authentically you is a strength, notes Susan Cain, author of Quiet - the Power of Introverts in a World that Can’t Stop Talking. Being ‘authentically you’ starts with spending some time reflecting on who you are, and personality exploration is a fun and useful way to be ‘positively self-centered.’ If you are an introvert…”

“Don’t assume you won’t be a great public speaker! Strongly introverted Susan Cain’s Ted talk with 14 million views is just one example of evidence to the contrary—http://ow.ly/zhwY300uYYE. Effective speaking takes practice, and anyone who wants to excel must do the drills. As an extraverted speaker, most of my best ideas I have learned from Cella Janisch Hartline, RWHC Nursing Leadership Senior Manager, who is an extreme introvert AND gifted speaker and educator. She is powerfully engaging, impacting learners like a force of nature, proof that introversion is not the same as talent. It is also not the same as being shy. Introversion is about how you re-energize. After teaching all day she seeks time alone, and understanding personality differences helps me to not take that personally—a huge benefit in our working relationship!”

“Be conscious of your facial expressions. A very common experience among introverts is that people often ask them, “Are you mad at me? The introverted thinking face can look a lot like irritation or anger. Be aware that you may feel very approachable, but it doesn’t work if others don’t experience you as such. Isn’t some of this on the other person’s part to assume good intent? Yes. And. We are still accountable for the message we are sending out.”
“Be mindful of the toll that ‘people-ing’ takes on you. A ‘best use’ for personality tools is understanding your own wiring so that you can meet your needs. We all need to know what kind of fuel our engine takes to recharge, and then it’s up to us to go after it. Manage your energy by:

- Allowing—and valuing as productive—the thinking time you need before beginning something new
- Asking for agendas and written material to review prior to meetings
- Seeking out some opportunities to work alone
- Asking others for time to think about or process their questions before responding”

Reveal your thinking. Help others understand your personality and what makes you tick. People want to know what you think, and in a vacuum of information, rumors will fill in the gaps. One daily habit to develop is to ask yourself, ‘Who might benefit from knowing what is on my mind?’”

“Skeptical of personality instruments? They can still help if you are open to asking, ‘What can I learn from personality awareness to make me a better leader?’ With an open mind, these tools (and there are many) can help individuals and teams appreciate, rather than fight against, diverse approaches to work and life.”

Contact Jo Anne Preston for individual or group coaching at jpreston@RWHC.com or 608-644-3261. For Info re the RWHC Leadership Series go to www.RWHC.com/Services.aspx or contact Carrie Ballweg at cballweg@RWHC.com or 608-643-2343.

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