

Promoting the "R" in RVU - Relationship Valued Unit: Enhancing Health Care Provider Engagement and Promoting a Healthy and Well Clinical and Learning Environment



Central Theme

Trusting relationships between patients and the health care team, health care team and leadership, and among the health care team members are foundational to promoting psychological safety, engagement and commitment, and mitigating burnout and loneliness thus promoting the Quadruple Aim

Goals

- Promote Relationship Oriented Programs addressing all domains of well-being
- Involve all stakeholders and the Clinical Learning Environment to include Leadership of UME & GME, Hospital leadership of the Clinical Health Care Team
- Develop and create the learning environment through Education, Empowerment and Engagement, Interventions, Evaluation, and Innovations

Key Participants

- Physicians: academic, clinical, residents, fellows
- Medical students, nurses, PA students
- Allied health: PA's and NP's
- Inter-professional team
- C Suite leadership
- GME and UME leadership
- Medical staff leadership
- Community physicians

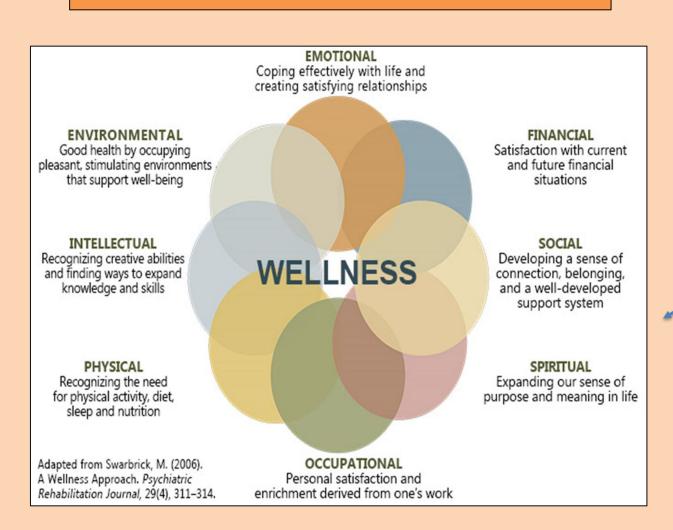
Primary Needs

- Understanding and promoting physician and trainee engagement and well-being
- Providing resources for physicians and trainees that help them promote their own well-being
- Discovering and developing personal and organizational approaches to prevent and address physician and trainee distress
- Striving to create an workplace culture that is energy replenishing
- Promote Relationship Orientated Programs

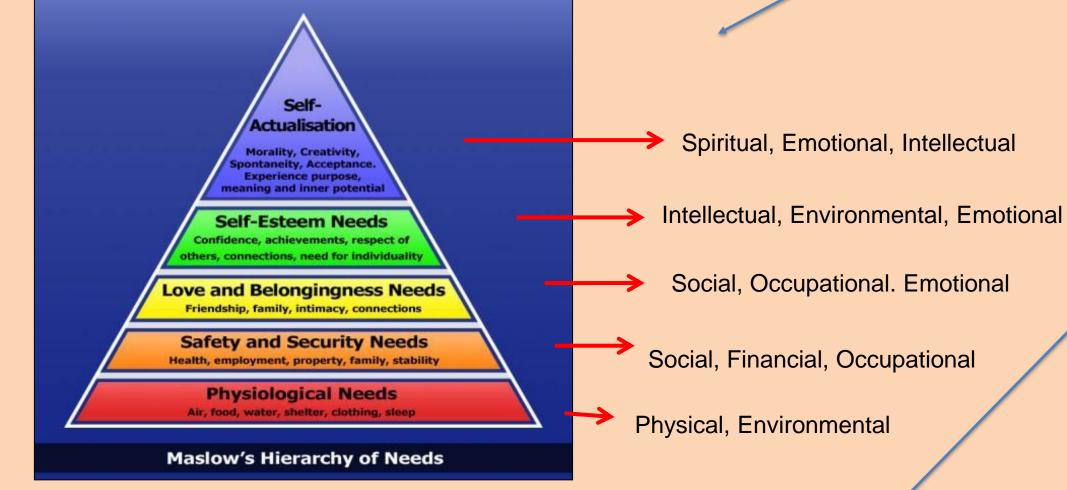
Model

Maslow's hierarchy is a rubric for resilience and wellness focused on the development of healthy individuals and organizations.

We will focus on cultivating relationships and a sense of belonging among individuals by recognizing challenges of medical care in an open forum, as well as individual self-actualization



Dimensions of Wellness



RVI tionship

Relationship Valued Unit

Joy and Engagement

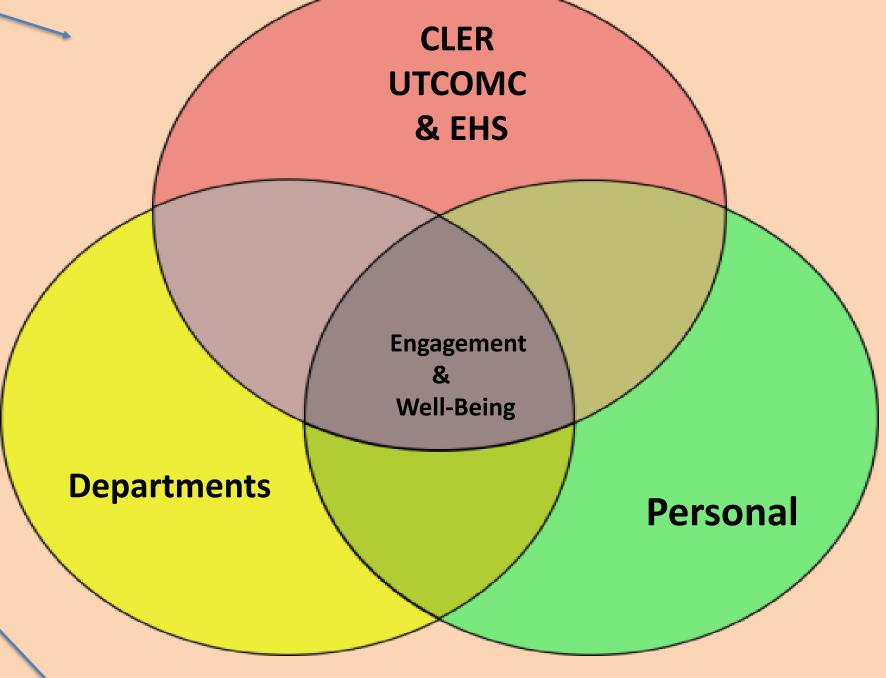
Connection of Passion to Purpose

Self To Create
a Culture of Well-Being

Educate
Engage & Empower

Partnership Between System and

Engage & Empower
Evaluate
Intervene
Innovate



Alignment of Mission and Vision

The Financial Imperative: • Replacing a physician who retires or leaves early can cost between \$500,000 and \$1M.

• For every 1-point increase in physician burnout, there is a 43% increase in the likelihood a physician will reduce clinical effort in following 24 months.

The Educational Imperative:

1. Poor wellbeing can begin as early as medical school and continue through residency and practice.

Physician burnout can affect all specialties, but perhaps is worst in the "front line" areas of medicine.

STRATEGIC PLAN STRATEGIC PLAN ACCOUNTABILITY. NURTURING CHARGE STRATEGIC PLAN Improve quality, safety & service WISSION We compassionately care for people. VISION Erlanger is a nationally-accialmed health system anchored by a leading academic medical center. As such we will deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattano aga region. Enhance associate & physician engagement Improve access & drive service line growth

The Quality Imperative:

- Physician burnout can lead to:
 a. Increased patient harm and medical errors
- b. Reduced patient satisfactionc. Reduced patient access tocare

The Regulatory Imperative:

- As of 2017, the ACGME requires all program sites to address wellbeing more directly and comprehensively.
- Institute for Healthcare
 Improvement guides for pursuing
 the Quadruple Aim, which
 includes attaining joy in the
 workplace.

Institutional/Organizational Level

(Clinical and Learning Environment, UTCOMC & EHS)

- UTCOMC & EHS partnership and Well-being Memo and policy
 Vick off Conference by National and Local Loadership
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 Needs assessments with longitudinal survey every other year
- Created a dedicated webpage
- Created Well-Being Task Force with regular interactive meetings
- Created Resident Advisory Committee with regular interactive meetings
- Created LifeBridge Program to address mental and behavioral well-being
- Aligned well-being metrics with EHS strategic plan
 Addressed Organizational Security issues
- Lean methodology approach to address uniform communication
- Working with CIMO to address EHR related issues
- Committed Financial support for Well-Being Activities
- Incorporated well-being questions in annual program evaluations
 Meeting with each Department to discuss Well- Being Survey Questions
- Created Well-Being Resource Flyer for domains for well-being and shared interdepartmental resources
- Created safe spaces to engage and encourage voice and agency egs regular Town Halls, social events
- Standing Agenda Item at all GMEC
- Promoting educational Value, recognize excellence in teaching
- Research, presentations and publications
- Financial Stability WebEx Series

Department Level

- Engage and empower department leadership to address and innovate regarding specific department issues
- Provide resources and financial support for each department
- Departmental details available on website

Individual Level

(Personal)

- Ensuring availability of adequate food and water, parking, call spaces to all learners while at work
- Dedicated and scheduled Education:
- -Sleep Alertness & Fatigue Education in Residency
- -Food as Medicine: What the evidence suggests about the most common diet trends Nutrition Physiological needs
- -Financial literacy and planning
- -Narrative Medicine and Refection
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 -Discounted and onsite gym resources
- Launched the self-assessment tool, Mayo Clinic Well-Being Index, provided to our faculty, residents and fellows and staff
- Information of campus and community well-being resources