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INNOVATION REPORT

Focus on the Quadruple Aim: Development of a Resiliency Center to Promote Faculty and Staff Wellness Initiatives

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Defining the Problem: A growing body of evidence highlights the need for wellness programs to support health care professionals. Although much of the existing literature centers on practicing physicians and physician trainees, there is growing awareness that these challenges are not unique to physicians and affect all members of the health care team. Traumatic and stressful events will always be a part of health care; how these events are addressed on a personal and team level is essential to the success of a health care system. A Resiliency Center was developed on the basis of the specific concerns and strengths of local stakeholders to support the well-being of employees at University of Utah Health.

Initial Approach: The initial approach to evaluating and supporting faculty wellness began concurrent with planning for the Resiliency Center in 2016. Stakeholders were brought together by leaders in Health Sciences to propose a Resiliency Center. Initial data gathering was performed with several survey tools, including the American Medical Association's Mini Z.

Planned Initiatives: The Resiliency Center, which is housed in the Office of Wellness and Integrative Health, is intended to serve as an overarching structure to help coordinate the faculty and staff wellness initiatives currently in existence and fill identified gaps. The four pillars of the Center are wellness initiatives, communication skills training, peer support, and an on-site Employee Assistance Program.

Next Steps: The current focus is on program development and outreach, with plans to measure the impact of the Center.

DEFINING THE PROBLEM

A growing body of evidence highlights the need for wellness programs to support health care professionals. It is estimated that the United States loses more than 400 physicians a year to suicide. Burnout among US physicians has been reported at 50% or higher, and satisfaction with work-life balance is at very low levels.[1] Although much of the existing literature centers on practicing physicians and physician trainees, there is growing awareness that these challenges are not unique to physicians and affect all members of the health care team. Burnout is associated with decreased patient satisfaction, increased medical errors, and higher health care costs.[2,3]

Attention has turned to understanding factors related to provider satisfaction, engagement, inclusion, and the creation of a culture of appreciation.[4] Negative risk factors include increasing requirements for documentation, increasing productivity pressure, work hours, perceived lack of appreciation, sense of loss of control and autonomy, poor sleep, and physical activity level. Some organizational strategies have already shown promise for promoting physician engagement and reducing burnout.[5–7] These include minimizing productivity-based compensation, allowing flexible or decreased work hours, and providing objective benchmarks for personal well-being. Research on successful interventions is in its infancy, however, and evidence for many interventions is still lacking. Calls for research have been put forward to fill these gaps.[8,9]

Less is known regarding burnout among nonphysician health care providers and staff. We believe the emotional effects of working in the health care environment are far-reaching among staff, but little has been studied for nonphysician employees. Our health system is focusing on improving the environment for all staff to optimize wellness and resiliency. Traumatic and stressful events will always be a part of health care; how we address these events on a personal and team level is essential to the success of our health care system. For this reason, we proposed a Resiliency Center, whose development we describe in this article. We prioritized the programs to be offered on the basis of the specific concerns and strengths of local stakeholders, as well as evidence-based interventions.

University of Utah Health (Salt Lake City) has undertaken a comprehensive approach to optimal well-being among its trainees, faculty, and staff. Because of increasing reported rates of burnout and the need to address them at a system level, our senior vice president for Health Sciences asked for a concerted effort to address the needs of faculty across health sciences. This effort began with the appointment of our inaugural chief wellness officer [R.M.] on August 1, 2014. Her qualifications for this new role included a PhD

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in exercise science and prior service as the dean of the College of Health.

An initial deep look at how we support trainee well-being in undergraduate and graduate medical education began in 2015. This effort was expanded to faculty of the School of Medicine in January 2016. In April 2016, as momentum built around wellness and burnout prevention, stakeholders were invited by the associate vice president for Faculty and Academic Affairs to propose a support system for faculty, which ultimately developed into the proposed Resiliency Center. Participating parties included the chief wellness officer and Undergraduate and Graduate Medical Education wellness advocates. Risk Management was also a driving force behind requests for improved resources for provider support; they had observed physicians who were not coping well with adverse events and litigation and who were reticent to seek care from mental health professionals. Other important participants included the associate vice president for Health Equity & Inclusion, an ombudsman, Human Resources director, and mental health and palliative care specialists.

The goal of our Resiliency Center is to support all University of Utah Health employees, including faculty, trainees, nursing, other health care professionals, and staff. The total number served potentially exceeds 15,000. Two co-directors [including E.M.], both long involved in provider-wellness efforts, and one associate director [M.C.], a clinical psychologist with a background in physician health, lead the Resiliency Center The Resiliency Center is housed in the Office of Wellness and Integrative Health, which also oversees programs and centers for patient wellness and the larger university community.

The Resiliency Center was created to bring together programs already in existence, build new resources, and create a crucible for new ideas. Our vision is "Faculty and staff passionate about and energized by work." And our mission is to support the Quadruple Aim of health care by promoting faculty and staff wellness through advocacy, collaboration, and innovative programing focused on individual and system resilience. The Triple Aim of optimizing health systems focuses on enhancing patient experience, improving population health, and reducing costs.[10] The Quadruple Aim, which was first proposed by Bodenheimer and Sinsky,[4] expands this to also improve the work life of health care providers.

We continue to meet with key stakeholders and leadership to promote the Center and conduct ongoing needs assessment as we expand our efforts. Representatives from the stakeholder groups involved in the Resiliency Center's development now serve as an Advisory Committee that meets monthly to help prioritize the Center's work and provide feedback.

INITIAL APPROACH

The initial approach to evaluating and supporting faculty wellness began concurrent with planning for the Resiliency Center in 2016. Initial data gathering of faculty well-being in the School of Medicine (SOM) was accomplished via the American Medical Association (AMA)—American College of Physicians Wellness Pilot. The AMA's validated Mini Z survey, which measures the emotional exhaustion domain of burnout, consists of 10 questions and 1 open-ended question.[11] The results cannot be directly compared to burnout surveys that also look at depersonalization and sense of personal accomplishment domains, so the tool may underestimate burnout as compared to the 25-item Maslach Burnout Inventory.[12] Additional questions geared to the needs of academic faculty were added to our survey—these addressed patient care load and practice (6 questions), level of clinical support (1 question), and clinical documentation (1 question). The survey was distributed to all SOM faculty (approximately 2,000) by the department chairs; the response rate was 35%. This assessment demonstrated emotional exhaustion among faculty at 30% (Table 1).

Within this survey of SOM faculty, we also included a needs assessment of perceived areas for improvement—faculty development, work flexibility, mentorship, on-site childcare, exercise facilities, active workstations, decreased

Table 1. School of Medicine Faculty 2016 Assessed by a Modified AMA Mini Z

	Primary Care (n = 178)	Specialty Care (n = 327)	Nonclinicians (n = 139)	AMA Joy Target
Overall satisfaction with job	3.97 ± 0.82	3.98 ± 0.90	4.07 ± 0.82	4.0
Symptoms of burnout	2.28 ± 0.92	2.30 ± 0.93	2.12 ± 0.88	1.0
Great deal of stress because of job	3.42 ± 0.97	3.62 ± 0.95	3.47 ± 0.97	1.0
Control over workload	2.85 ± 0.96	2.91 ± 0.97	3.23 ± 0.99	4.0
Work atmosphere	3.41 ± 0.83	3.46 ± 0.93	3.16 ± 0.96	1.0
Professional values well aligned with leaders	3.73 ± 0.90	3.65 ± 0.95	3.75 ± 0.99	4.0
Degree to which care team works efficiently together	3.74 ± 0.74	3.71 ± 0.88	NA	4.0
Amount of time spent on EMR at home	3.20 ± 1.36	2.98 ± 1.25	NA	1.0
Proficiency with EMR	3.71 ± 0.71	3.43 ± 0.86	NA	4.0
Time for documentation	2.39 ± 1.00	2.66 ± 1.02	NA	4.0

Mean ± standard deviation; all answers based on a 5-point Likert scale. Total N = 644 (54 participants did not identify a division). AMA, American Medical Association; EMR, electronic medical record.

Table 2. Wellness Champion Projects School of Medicine 2016–2017

Unit	Proposed Project	Targeted Area	Metric
Bioinformatics	Employee wellness program participation	Personal resilience; culture of wellness	Burnout survey data
Community Physicians	Clinic efficiency and flow; team utilization	Efficiency of practice	Burnout; EMR usage
Medical Library	Wellness game	Personal resilience; culture of wellness	Burnout; participation; sense of community
Physician Assistant Faculty	Leadership feedback survey	Efficiency of practice; culture of wellness	Burnout survey data
Family Medicine	Leadership feedback survey; clinic efficiency and flow	Efficiency of practice; culture of wellness	Burnout; EMR usage
Internal Medicine	Faculty development series	Culture of wellness	Burnout survey data
Obstetrics and Gynecology	Billing and coding education	Efficiency of practice	Burnout survey data
Ophthalmology	Grand Rounds wellness series; newsletter	Culture of wellness	Burnout survey data
Population Health	Treadmill desks; guided meditation	Personal resilience	Burnout survey data
Surgery	Inbox and team utilization; clinic efficiency and flow	Efficiency of practice	Burnout; EMR usage
Anesthesia	Peer support	Personal resilience; culture of wellness	Burnout survey data
Dermatology	Team utilization	Efficiency of practice	Burnout survey data
Neurobiology and Anatomy	Grant writing support; exercise space; faculty retreat	Efficiency of practice; culture of wellness	Burnout survey data
Psychiatry	Recruitment and retention of faculty	Culture of wellness	Burnout survey data
Pediatrics	Wellness hours (time set aside for wellness)	Personal resilience; culture of wellness	Burnout survey data
Pathology	Use of on-site wellness facilities	Personal resilience; culture of wellness	Burnout survey data
Orthopedics	EMR utilization	Efficiency of practice	Burnout; EMR usage
Neurology	Clinic efficiency and flow	Efficiency of practice	Burnout survey data
Physical Medicine and Rehabilitation	Quarterly faculty sessions to improve team cohesion	Personal resilience; culture of wellness	Burnout survey data

Targeted areas for projects have been classified based on the Stanford WellMD Professional Fulfillment Model (© Stanford Medicine 2016): Culture of Wellness, Efficiency of Practice, and Personal Resilience. EMR, electronic medical record.

provider work, assistance with grants or other academic work, and physical work environment. The needs assessment included 24 questions with a 1–5 ("minimally valuable" to "extremely valuable") Likert-type response format for possible interventions. Climate data were gathered separately from the Diversity Engagement Survey (Association of American Medical Colleges) disseminated by the Office of Health Equity and Inclusion and engagement survey data collected by Human Resources on a biennial basis.

These data, coupled with the institutional commitment to quality, were provided to the SOM departments to identify areas of strength and opportunity. In 2016–2017, each of the 23 departments (clinical and nonclinical) in the SOM selected wellness champions. Wellness champions, who, in most cases, volunteer their time, developed programs to meet identified departmental wellness priorities. They met quarterly with the Office of Wellness and Integrative Health to assist them in their project development and implementation. This collaboration will now be led and expanded by the Resiliency Center.

Wellness champions have approached the wellness of their groups from a number of perspectives (Table 2). Wellness projects have included, for example, use of active workstations, a game focused on increasing camaraderie, personal wellness activities, Grand Rounds series, faculty development, and mindfulness meditation. One project group has worked on billing and coding to improve salaries. Many groups have looked at reduction of clinic burden by evaluating clinic flow and efficiency, team utilization, and reduction of charting time. Still others have assessed clinic schedules to address work flexibility. Many of these projects interface with clinical operations and are supported by our value group.

To evaluate the wellness champions program, we plan to collect a validated single-item question for burnout, measures of satisfaction, sense of control over the work environment, patient satisfaction, workspace chaos, time for documentation, missed work, employee turnover, intent to leave, and net promoter score. Project-specific metrics include provider efficiency reports, time spent in inbox, time to chart closure, assessment of satisfaction with clinic flow, leadership feedback, and sense of alignment of leadership with faculty.

PLANNED PROGRAMS

The Resiliency Center is intended to serve as an overarching structure to help coordinate the faculty and staff wellness

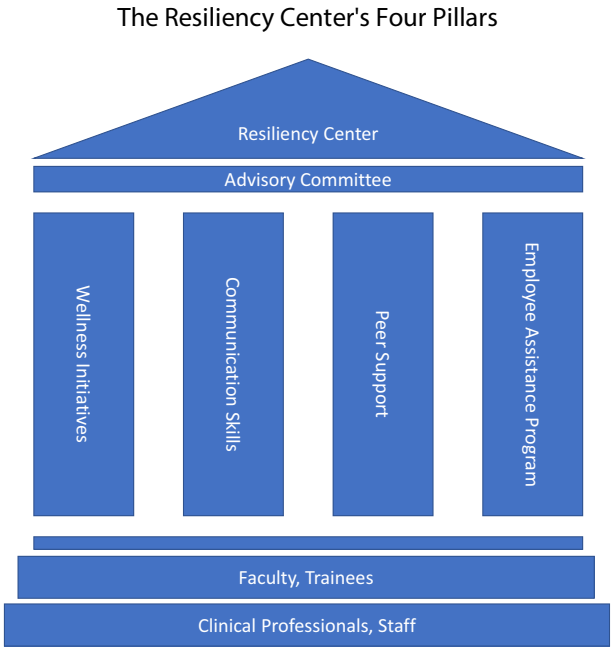

Figure 1: The four pillars of the Resiliency Center, as shown, are largely focused on programming.

initiatives currently in existence and fill identified gaps. It also aligns with preexisting Undergraduate Medical Education and Graduate Medical Education wellness efforts. While encouraging local innovation, the Center seeks to maximize impact and avoid duplication. Organizational level advocacy is also a mission of our Center. In partnership with the Office of Wellness and Integrative Health, the Center advocates for faculty and staff in the areas of child care, information technology, active transportation, and the provision of healthy food and beverages on campus. We now describe the four pillars of the Resiliency Center—wellness initiatives, communication skills, peer support, and the on-site Employee Assistance Program—which are largely focused on programming (Figure 1).

Wellness Initiatives

The first pillar, wellness initiatives, is meant to include advocacy at the system level as well as local action. We know that system-level changes are imperative for reducing the burden placed on individuals.[13] We plan to advocate for improved efficiency of practice broadly, as well as with individual projects. We are working to collaborate with the team led by our chief quality officer, as well as our chief value officers. Quality and value are important goals at our institution, with well-developed systems of improvement in place. It is now recognized that quality cannot be improved at the expense of provider wellness and that quality improvement efforts must include appropriate support for providers. We will collaborate with these leaders to ensure that employee wellness is considered as we move forward with quality and value improvement.

The wellness champions model that has been implemented in the SOM will be greatly expanded to include other faculty in the health sciences, staff, and other providers. It is currently being rolled out in 2018 to all health sciences schools and colleges, hospitals, and clinics. We hope that this effort will reach a broader range of staff. We have also sponsored a mindfulness-based stress reduction (MBSR) class that is open to faculty and staff. We are creating a menu of options from which units can choose programing such as group presentations on resilience, mindfulness, compassion, or pursuit of happiness; group facilitation to discuss the importance of wellness and local action; and self-care retreats.

Communication Skills

Communication skills are critical to providing high-quality care, and we think they are also critical to reducing provider burnout. The Resiliency Center will offer an intensive Communication Skills Program for health professionals as a means to enhance patient-provider communication, decrease burnout, and foster resilience.[14–16] We began offering this course in the fall of 2017.

This program will be modeled on the Utah Certificate of Palliative Education (UCoPE) course, a four-day palliative care workshop focused primarily on improving provider communication skills using practical and interactive didactic sessions and extensive simulation.[17] UCoPE staff will serve as the initial faculty for the Center's Communication Skills Program because of their expertise in teaching and facilitating communication training for health care professionals. The Resiliency Center communication courses will be designed to appeal to a broad range of clinicians.

The initial, continuing medical education (CME)–credit course for the Communication Skills Program is a day-long course of general communication skills. It consists of interactive didactic sessions followed by practice sessions using actors as simulated patients, so that learners can practice in a safe environment. The curriculum content addresses a variety of topics, as shown in Sidebar 1.

The initial target audience is clinicians with an emphasis on new faculty hires, advance practice clinicians, residents, and fellows. After initial implementation and feedback, the Communication Skills Program will be extended to other clinical staff and further developed to include additional topics. We are considering adding a course in 2018 that is more focused on conflict resolution.

Sidebar 1. Communication Skills Curriculum Topics

- Connecting with patients and responding to emotion
- Using active listening skills
- Delivering bad news and the language of condolence
- Conducting a family care conference
- Disclosing medical error
- Employing motivational interviewing techniques to facilitate patient change

Peer Support

Health care professionals may experience increased stress and feelings of shame following an unanticipated event or undesirable patient outcome.[18–21] There is growing literature supporting the benefits of a formal peer support program when adverse events occur.[22,23] Following the model developed and evaluated by Shapiro and colleagues,[24] the Resiliency Center will implement a Peer Support Program to provide increased institutional support for health care team members. This program will provide support during or subsequent to adverse clinical events and other stressful situations such as litigation. This model also has similarities to the structure described by Scott for "second victims,"[25] although we do not intend this as a preventive service or as an immediate response. We are working concurrently to facilitate a systemwide plan for crisis response, which can address group needs.

The primary goals of the Peer Support Program are to facilitate psychological recovery and prevent subsequent disengagement, burnout, or other negative psychological ramifications following an adverse event. The objectives of the Peer Support Program are to (1) ensure that support is available for scenarios in which psychological trauma is likely, such as instances of medical error, failure to rescue, first death experiences, unexpected patient demise, instances leading to permanent patient harm, and litigation (or potential for such litigation); (2) develop a training program, including resources, tools, and a support system for peer supporters; (3) provide consistent systemwide guidance and support to our providers related to managing psychologically difficult situations; and (4) provide a safe environment for faculty, staff, trainees, and students to help them remain a trusted and productive member of the health care team.

Peer supporters will be trained volunteers from within the University of Utah Health provider community who are willing to give confidential support and encouragement to members of the health care team. We plan to develop parallel systems for faculty and staff (led by the Resiliency Center) and residents (led by the Graduate Medical Education wellness program).

On-Site Employee Assistance Program

University of Utah Health currently partners with an offsite Employee Assistance Program (EAP) to provide counseling and mental health benefits. Health professionals, in particular physicians, tend to underutilize mental health support because of access issues, lack of time, concerns with confidentiality, and perceived stigma.[26,27] To address some of these issues, the Center will house an on-site EAP staff member to provide brief counseling services for faculty and staff, assess and refer individuals to long-term psychotherapy or psychiatry as needed, conduct seminars and workshops, and provide post-incident crisis assistance. Co-locating a member of the EAP staff in the Center is anticipated to have a positive effect on the utilization of preventive and crisis services through higher visibility and easier access for employees. The EAP will offer flexible hours, allotting time for morning, evening, and drop-in appointments. A marketing campaign informs employees about the EAP staff member's expertise in working with health professionals and the EAP's use of a separate medical record system to protect and ensure confidentiality.

CHALLENGES

The main challenge that has been overcome in the initial establishment of the Resiliency Center was a lack of resources, which has been overcome by the provision of initial funding by the leadership of our hospital, health sciences center, and physician group, who are supportive of our vision. Our experience and communications with other centers suggests that most hospital leaders are responsive to organized efforts to improve employee wellness and resiliency. A stepwise approach to evaluating a problem and proposing evidence-based solutions can be effective in garnering support.

As we have stated, we plan for the Resilience Center to coordinate wellness and resiliency efforts, many of which already exist throughout University of Utah Health—but not to replace these important programs. Achieving the maximum amount of collaboration while still allowing for unique culture and ownership of these services and initiatives may be challenging, but we intend to emphasize that the Resiliency Center is not intended to replace these important programs.

We realize that it will be challenging to address staff, as well as provider, issues as we move forward, given the groups' different needs and the fact that there is even less literature regarding wellness and interventions to reduce burnout among nonprovider health care workers.

Lack of time for providers and staff to use Resiliency Center services and programs may also present a major challenge, given busy schedules and the need not to infringe on personal or family time.

A final challenge may be overcoming cynicism. Many persons may be skeptical about the emerging topics of provider wellness and resiliency, or have different priorities.

WHAT'S NEXT

Program development and implementation as we have outlined above is ongoing. The four pillars will serve as a structure to support individual and department-based strategies. In the future, we plan to incorporate additional evidence-based interventions at the organizational level, such as leadership development, and we also plan to have more efforts that are inclusive of all of our staff, both clinical and nonclinical.

Measuring the impact of the programs is critical to sustaining enthusiasm for and establishing the value of the Resiliency Center. We will measure the impact of each initiative, as well as the formation of the Resiliency Center as

a whole. These metrics, some of which we have mentioned, encompass engagement and satisfaction with Center programs, as well as the impact on burnout, provider and system efficiency, employee turnover, and absenteeism. These data will also help to increase the efficacy of our efforts and provide information for other institutions that are interested in developing similar programs.

Conflicts of Interest. All authors report no conflicts of interest.

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