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EDITORIAL

TRANSFORMATION: BOTTOM UP, TOP DOWN OR BOTH?

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Each June the IJWPC volume has a theme such as the relationship between whole person care and healing, family medicine, or technology. This June I planned on featuring Transformation of the Health Care System. Too ambitious? Perhaps. Nonetheless, the WellMD program, initiated in 2016 at Stanford Health Care, attempts to do just that (see: http://wellmd.stanford.edu/center1.html). Funded by the Dean of the School of Medicine and integrated into affiliated hospitals, WellMD addresses personal resilience and is comprehensive enough to include a "culture of wellness." It acknowledges that the organizational work environment needs to breathe oxygen into the health care system and its staff to support efficiency of practice, or respiratory failure may result. Seen in the figure are the interrelationships between the main foci of WellMD:

The authors who contributed to this volume are interested in how mindfulness and/or compassion can promote wellness (one aspect of personal resilience). Drs. De'Bell and Clark took a top-down viewpoint (i.e. leadership) whereas Dr. Lachance et al. were interested in training physicians themselves. Dr. Weininger's book on "Heartwork", reviewed by Dr. Hutchinson, also takes a bottom-up approach. Dr. Gonsalves et al. summarized breakthroughs and barriers to integrating mindfulness curriculum at one medical school (University of Ottawa, Canada). They describe how leaders took a top-down path to reach the bottom. Montagne, a medical student at McGill University, shared how two forms of mindfulness training enables her to maintain connection with her peers and patients without feeling overwhelmed. Finally, Dr. D'Arro, a dentist, provides a bird's eye view (via videos) of what mindful medical practice looks like in an ordinary office setting.

Is mindfulness required for transformation? For the person, it can play an important role. For health care systems? Apparently, more is needed. For example, at University of Utah Health (UUH) a comprehensive approach to optimal well-being among its trainees, faculty and staff has been undertaken. The UUH Resiliency Center was established in 2017 as an overarching structure to support synergy and collaboration among the many existing faculty/staff wellness initiatives. It coordinates closely with Graduate Medical Education wellness efforts. The 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. Programs geared at individuals include mindfulness, communication skills, crisis intervention, and peer-to-peer support. "Burden reduction" targets EMR use, team-based patient care, building collegiality, optimal scheduling, and creating ways to give constructive feedback to leaders. Programs are implemented in numerous ways including a ground-up Wellness Champion model. All programs examine relevant metrics (e.g. burnout, satisfaction) to measure impact on an annual basis.

Organizational transformation is more likely to be adopted when it is evidence-based. I was struck when Dr. Entwistle, the President and CEO of Stanford Health Care, (a speaker at the CENTILE Plenary session in Washington, D.C. Oct, 2017) stated that when they calculated the cost of losing physicians to burnout and attrition it made economic sense to hire a full time Associate Dean and Chief Wellness Officer to oversee the entire wellness program for their staff.

As for evidence, the following Abstract (CENTILE 2017)[1] is a good example: "Transforming Patient Quality and Safety Measures through Mindfulness in Motion for Health Care Professionals (HCPs): A Comparison of Cardiac Units".

[1] Paper presented at CENTILE October 2017 by M Klatt, B Steinberg, S Moffatt-Bruce, A- M Duchemin, October 23, 2017, Washington, D.C.

Background

Patient quality and safety outcomes are affected by the ability of the healthcare professionals (HCPs) to provide optimal care; stress and burnout can hinder this ability. For instance, nurses' burnout has been associated with higher rate of patients' infections. Critical care nurses report high rates of stress and burnout due to organizational factors such as workload demands, limited resources, in addition to individual experiences with direct and secondary traumatic stress, and values conflicts; these concerns are mirrored in inter-professional HCP team members.

Summary of Work

We compared safety events and inter-professional HCP stress and burnout levels between two cardiac care units with similar patient acuity, providing Mindfulness in Motion (MIM) to one unit (n=8), while other unit (n=20) served as control. This novel approach targeted perceived stress and burnout among inter-professional HCPs via MIM incorporated in the work schedule with administrative and management support to improve patient safety.

Summary of Results

By intervention end, subscale depersonalization scores (Maslach Burnout Inventory) decreased by 57% (p= 0.01) for MIM participants, while controls increased 106% compared to baseline. Stress (Perceived Stress Scale) also significantly decreased in the intervention group to 80% of baseline (p= 0.04) while control's stress increased to 107% compared to baseline. Based on literature reports of average safety event cost estimates/per event, intervention unit baseline (previous year) safety events cost was $506,786, which decreased to $394,019, while control unit estimate went from baseline of $155,019 to $86,768.

Conclusions

Research, tying patient safety events with HCP mindfulness training (intended to decrease inter-professional HCP burnout and perceived stress) is possible. This feasibility study indicates that mindfulness programming for HCPs may reduce patient safety events within hospital units. Future studies need to examine the year prior, during, and after the mindfulness training on the unit to accurately assess mindfulness training effect on unit safety events.

I propose that both bottom-up and top-down initiatives are essential to resuscitate exhausted and/or burned-out workers in the health care arena. Only when doctors, nurses, and allied health care professionals are provided with a healthy work environment, one that enables them to find meaning in their practice, connect

deeply with their patients, and relate well with their colleagues, can competent, compassionate care be provided, day-in and day-out, across decades of service to patients.■