

Healthy provider, healthy system

A discussion about the link between quality care, the patient experience and health care provider well-being was one of the best attended breakout sessions at the Health Quality Transformation (HQT) conference in October.

HQT is the annual meeting of Health Quality Ontario and the largest conference on health care quality in Canada.

Coincidentally, a month earlier in Boston, the biennial International Physician Health Conference sponsored conjointly by the Canadian, American and British Medical Association's focused on essentially the same topic from the purely physician perspective in a conference titled 'Bringing Joy to Medicine'.

These two events, coupled with important new research, has focused more attention on the critical link between the well-being of health care systems as a whole, the experience of patients in those systems and the health and well-being of the health care professionals providing care.

The Institute for Healthcare Improvement (IHI), which developed the "Triple Aim" model of quality health care, sees provider health and well-being as an enabler of this model – hence references to the "Quadruple Aim."

The Triple Aim model was introduced in 2010 and refers to simultaneous attempts to improve the patient experience of care and population health, and reduce per capita spending on health care. As noted by Dr. Chris Hayes, chief medical information officer at St. Joseph's Healthcare in Hamilton who co-moderated the HQT session, the Triple Aim is now the dominant model for health system performance globally.

"This is a lofty goal to achieve and it is going to require everybody," he said, noting that achieving the Triple Aim will be impossible to achieve without health care provider participation and contributions.

In its own framework for providing health quality known as [Quality Matters](#), Health Quality Ontario talks of the importance of creating environments where both health care providers and caregivers can thrive to promote positive patient experiences.

"We're starting to really pay attention to environments within which people can do the best work they possibly can," said other session co-moderator, Jennie Pickard, Director of Strategic Partnerships for Health Quality Ontario.

Why and how all health care providers need to work in a positive environment and maintain their own well-being was the focus of the break-out session.

Hayes referenced a systematic review of 46 studies published in July, 2016 showing a significant correlation between either physician well-being or burnout and patient safety outcomes.

"Poor wellbeing and moderate to high levels of burnout are associated, in the majority of studies reviewed, with poor patient safety outcomes such as medical errors, however the lack of prospective studies reduces the ability to determine causality," the researchers concluded.

Workshop findings from the IHI conference in the US and other local workshops show few health care providers derive satisfaction from their work on a regular basis.

“I’m not going to argue that every single day should be the best day in health care,” said Hayes, but he said providers should feel they have had a good day at least once a week.

Hayes discussed variables that contribute to provider well-being and a positive work environment such as connecting with patients, working as a team and being perceived to make a difference.

As for barriers, providers in both Canada and the US identified competing priorities, documentation, unhelpful technology, lack of leadership, poor teamwork and lack of appreciation for work done.

The breakout session heard panel members from Ontario discuss how they had improved workplace satisfaction in a number of settings.

Research also suggests better functioning health care organizations and institutions and a higher-quality system are essential for promoting improved well-being in the workplace.

As presenters Barbara Balik and Kristine White noted at a recent IHI workshop on the Quadruple Aim, this involves more than just having feel-good one-time events such as pizza parties for employees. It means having a culture and infrastructure in which leadership and team-building are essential parts of encouraging the type of patient-provider interactions which bring us joy in our work.

“It’s not just a nice thing to do, it’s an imperative,” Hayes said.