

Next-Generation Healing Solutions: **A Code Lavender[®] Program**

Executive Summary

This solution-focused toolkit by the Experience Innovation Network, part of Vocera[®], outlines how Code Lavender[®] programs can be implemented to support the physical, emotional, and spiritual well-being of patients, families, and care team members.



Executive Summary

In today's healthcare ecosystem, the definition for exceptional care has expanded from only meeting quality and safety standards to creating a healing ecosystem that meets both the physical and emotional needs of patients, family members, physicians, nurses, and staff.

That's why more organizations are investing in programs such as Code Lavender response. A Code Lavender program is a formalized rapid response designed to support patients, families, physicians, nurses, and staff members in times of emotional distress. When a stressful event occurs, care team members, patients, or families may call upon a Code Lavender response team, typically comprised of pastoral care, wellness or integrative medicine, social work, palliative care, or other support services teams. The Code Lavender responders provide support that may include healing presence, comforting resources, emotional or spiritual counseling, and connection to additional support as needed.

Organizations investing in Code Lavender programs have seen positive results, including improved nurse and physician well-being, staff experience, patient-family experience, and quality/safety outcomes.

A Code Lavender program is a simple yet powerful way for organizations to invest in the well-being of care team members, patients, and families. Nevertheless, it requires a thoughtful approach to ensure appropriate communication, resources, and cultural shift to produce its intended effect. Having supported many organizations in implementing Code Lavender programs, the Experience Innovation Network created this toolkit to help you design, launch, and spread a Code Lavender program at your organization.

Supporting patient, family, and care team member emotional well-being through approaches such as Code Lavender programs is foundational to transforming healthcare and achieving the Quadruple Aim of improved outcomes, lower costs, a better patient-family experience, and restoring joy to healthcare.

What You'll Learn in This Toolkit

- How a Code Lavender program supports an optimal human experience
- How to co-design and implement an effective Code Lavender program at your organization
- Case examples from organizations with successful programs



In a perfect world, for every Code Blue called to resuscitate the heart and lungs there is a Code Lavender called directly after to resuscitate the mind, body, and spirit.

- M. Bridget Duffy, MD



Why Emotional Well-Being Matters

Impact of Emotional Well-Being on Care Team Members

The caring professions demand a lot of doctors, nurses, and other care team members. Healthcare professionals tap into their intellectual, emotional, and physical resources to deliver exceptional care to their patients. Continually giving to others without renewal leads to emotional exhaustion, depersonalization, and loss of self-efficacy.² Burnout symptoms among physicians are widespread and rising – in 2014, more than half of physicians in the United States reported at least one symptom of burnout.³ Fifty percent of nurses are emotionally exhausted, two in three have difficulty sleeping, and one in four are clinically depressed.⁴

Care team members who are unable to renew their personal emotional resources are likely to develop apathy, treat patients and family members inappropriately, become dissatisfied with their work, and suffer in both personal and professional relationships.⁵

By contrast, low levels of clinician stress and burnout have been linked to:

- **Reduced medical errors.** Surgeons with lower levels of emotional exhaustion report fewer major medical errors.⁶
- **Improved patient adherence.** Physician job satisfaction is directly correlated with medical treatment adherence for patients with major chronic diseases.⁷
- **Increased patient satisfaction.** The patients of physicians who consider themselves “very or extremely satisfied” with work show higher satisfaction scores. When nurses are dissatisfied or report burnout, their patients are more likely to report lower satisfaction levels.⁸
- **Reduced turnover.** Physicians experiencing lower levels of burnout are less than half as likely to change jobs than those experiencing higher levels of burnout.⁹
- **Lower medical liability.** Burnout has been linked to increased risk of lawsuits.¹⁰

Impact of Care Team Emotional Well-Being on Patients and Families

There are few studies examining whether patients and families received support for their emotional well-being in the course of receiving care and what the impact was. However, several studies link patient perception of provider empathy with improved patient satisfaction.^{11, 12} A *New England Journal of Medicine Catalyst* article notes most definitions of patient-centered care specify that “care focuses on physical comfort as well as emotional well-being.”¹³ And one recent study found that nurses in clinics where compassion practices were commonly used reported less emotional exhaustion and felt more energized than those in clinics without regular compassion practices. Patients in the former group of clinics reported more positive interactions with nurses, and of their care experience overall.¹⁴

Quick Start Guide

A Code Lavender program is a formalized rapid response designed to support patients, families, physicians, nurses, and staff members in times of emotional distress.

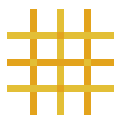
When a stressful event occurs, care team members, patients, or families may call upon a Code Lavender response team, typically comprised of pastoral care, wellness or integrative medicine, social work, palliative care, or other support services teams. The responders provide support that may include healing presence, comforting resources, emotional or spiritual counseling, and connection to additional resources as needed.

The following pages contain instructions and supporting materials to help you design, launch, and spread a Code Lavender program at your organization.



Align

- **Recruit Program Champions:** Engage an executive sponsor and a multidisciplinary team to co-design the Code Lavender program.
- **Inventory Existing Resources:** Discover and uncover resources that already exist to support the emotional well-being of care team members, patients, and families at your organization.



Co-Design

- **Enlist Your Program Responders:** Identify who will be on the Code Lavender responder team, and what their roles and responsibilities are.
- **Determine When To Deploy:** Decide in which situations and events someone can activate a Code Lavender response.
- **Map Your Workflow:** Create a process map to plan what happens when a Code Lavender response is called.



Test

- **Design Your Pilots:** Draw up a small pilot of the program, launch the pilot, and use observational research and survey tools to capture pre- and post-pilot data.
- **Define Your Metrics:** Choose process and outcomes metrics to measure, and determine the frequency and method of measurement.



Spread

- **Plan Your Rollout:** Assess the program pilot, determine your communication strategy, decide where and how to spread and scale the program, and refine your measurement approach.

Endnotes

1. Abrahams, R., Boehm, E., & Purdy, A. (2017). In Pursuit of Resilience, Well-Being, and Joy in Healthcare. Vocera Communications, Inc.
2. Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99-113.
3. Shanafelt, T. D., Hasan, O., Dyrbye, L. N., Sinsky, C., Satele, D., Sloan, J., & West, C. P. (2015, December). Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. In *Mayo Clinic Proceedings* (Vol. 90, No. 12, pp. 1600-1613). Elsevier.
4. Sexton, J. D., Pennebaker, J. W., Holzmueller, C. G., Wu, A. W., Berenholtz, S. M., Swoboda, S. M., ... & Sexton, J. B. (2009). Care for the caregiver: benefits of expressive writing for nurses in the United States. *Progress in Palliative Care*, 17(6), 307-312.
5. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15(2), 103-111.
6. Shanafelt, T. D., Balch, C. M., Bechamps, G., Russell, T., Dyrbye, L., Satele, D., ... & Freischlag, J. (2010). Burnout and medical errors among American surgeons. *Annals of Surgery*, 251(6), 995-1000.
7. DiMatteo, M. R., Sherbourne, C. D., Hays, R. D., Ordway, L., Kravitz, R. L., McGlynn, E. A., ... & Rogers, W. H. (1993). Physicians' characteristics influence patients' adherence to medical treatment: results from the Medical Outcomes Study. *Health Psychology*, 12(2), 93.
8. McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011). Nurses' widespread job dissatisfaction, burnout, and frustration with health benefits signal problems for patient care. *Health Affairs*, 30(2), 202-210.
9. Hamidi, M. S., Bohman, B., Sandborg, C., Smith-Coggins, R., de Vries, P., Albert, M., ...Trockel, M. T. (2017, October). The economic cost of physician turnover attributable to burnout. Paper presented at the First American Conference on Physician Health, California. Retrieved from <http://wellmd.stanford.edu/content/dam/sm/wellmd/documents/2017-ACPH-Hamidi.pdf>
10. Crane, M. (1998). Why burned-out doctors get sued more often. *Medical Economics*, 75(10), 210-2.
11. Gold Foundation. (2013, July 3). How does physician empathy affect patient outcomes? Retrieved from <http://www.gold-foundation.org/how-does-physician-empathy-affect-patient-outcomes/>;
12. Riess, H. (2015). The impact of clinical empathy on patients and clinicians: Understanding empathy's side effects. *AJOB Neuroscience*, 6(3), 51-53.
13. *NEJM Catalyst*. (2017, January 1). What is Patient-Centered Care? Retrieved from <https://catalyst.nejm.org/what-is-patient-centered-care/>
14. McClelland, L. E., Gabriel, A. S., & DePuccio, M. J. (2018). Compassion practices, nurse well-being, and ambulatory patient experience ratings. *Medical Care*, 56(1), 4-10.

About the Experience Innovation Network

The Experience Innovation Network, part of Vocera, works to restore the human connection to healthcare. We lead and accelerate the discovery, adoption, and execution of innovations that meet the quadruple aim of improving population health, elevating patient-centered care, and reducing costs while restoring joy to practice. Co-founded by Bridget Duffy, MD, the first chief experience officer in healthcare, this global community of industry pioneers works to transform the healthcare experience.

For more information, visit www.vocera.com/EIN and follow us on Twitter at [@EINHealth](https://twitter.com/EINHealth).

