

Code Lavender[®] toolkit



This solution-focused toolkit outlines the importance of Code Lavender programs and how they can be implemented to support the physical, emotional and spiritual wellbeing of patients, families and care team members.

Heart of Safety
Coalition

Inspiring transformation for care team safety and wellbeing

Dedicated to **Earl Bakken**

One of the most important mentors of my career is Earl Bakken, an inventor and a leader in transforming healthcare to a model that cares for people as whole human beings: body, mind and spirit. In his paper, “Project 2010 – A Vision of Health Care in the Twenty-First Century,” Earl, a lifelong proponent of improving the patient experience, formulated what he believed an ideal hospital should be in the year 2010. He envisioned a future for healthcare that blended together traditional medicine and spirituality to create a true healing environment. He was the visionary and supporter behind the building of the North Hawaii Community Hospital (NHCH), which embodied his healing principles.

One of those principles was Patient Lavender. The NHCH team launched this program to provide healing intention and prayer to those in need at NHCH. Earl asked me if I could export that program to other hospitals around the world. We did just that, but we called it a Code Lavender program and designed it as a rapid response system to resuscitate the emotional, spiritual and physical needs for patients and families. It represented a powerful shift away from a model where patients’ emotional and spiritual wellbeing were too often overlooked. It was so powerful that soon staff members were requesting access to the same kind of support for the emotional and spiritual trauma they face every day in the course of delivering care.

As we work to spread Code Lavender programs and other human-centered practices across the country and across the globe, we continue to be inspired by Earl’s vision and by his passion for fixing healthcare. We dedicate this toolkit to Earl in gratitude for his leadership and humanity.

~ **M. Bridget Duffy, MD**

founding partner of CEO Coalition, now Heart of Safety Coalition

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**. 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 wellbeing, 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 wellbeing 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. This toolkit was created to help healthcare organizations design, launch and spread Code Lavender programs.

Supporting patient, family and care team member emotional wellbeing 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
- Resources and 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

Contents

| | |
|--|-----------|
| Introduction | 1 |
| Humanizing healthcare with Code Lavender response | 1 |
| The impact of Code Lavender programs | 3 |
| Why emotional wellbeing matters | 5 |
| Code Lavender program toolkit | 6 |
| Quick start guide | 7 |
|  Align | 8 |
| Recruit program champions | 9 |
| Inventory existing resources | 10 |
|  Co-design | 12 |
| Enlist your program responders | 13 |
| Code Lavender responder worksheet | 14 |
| Determine when to deploy | 15 |
| Map your workflow | 16 |
| Sample Code Lavender response workflow | 17 |
| Code Lavender response tracking worksheet | 18 |
|  Test | 20 |
| Design your pilot | 21 |
| Define your metrics | 22 |
| Sample wellbeing pulse survey | 24 |
| Sample Code Lavender follow-up survey | 25 |
|  Spread | 26 |
| Plan your rollout | 27 |
| Sample communication plan | 28 |
| Anticipating challenges | 30 |

Humanizing healthcare with **Code Lavender[®] response**

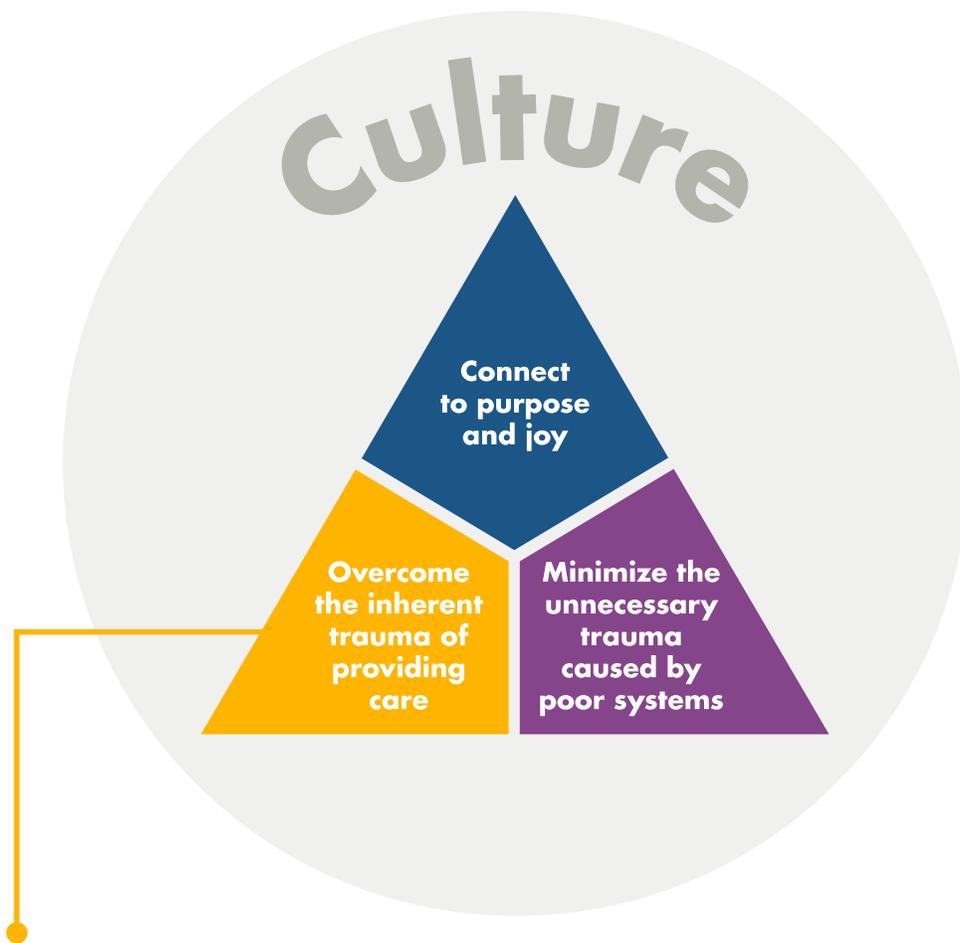
Today's healthcare organizations do more than provide great medical care. They work to create an optimal human experience that promotes healing. We define the optimal human experience as:

Respectful, empathetic interactions that connect people to purpose, build trust and ease suffering for all involved in healthcare — patients, families and team members.

To deliver on this promise, healthcare leaders recognize that they have to care for the patients and families they serve and also invest in the wellbeing of care team members, including physicians, nurses, therapists, technologists, food services, environmental services and other support staff. In fact, in a study by the Experience Innovation Network, 97% of healthcare executive respondents said improving caregiver wellbeing is either very or extremely important to organizational success.¹

The Heart of Safety Coalition recommends a comprehensive strategy to reduce care team burnout and build a culture of resilience, wellbeing and joy. Successful organizations are investing in a culture that helps care team members:

- Overcome the inherent trauma of providing care by acknowledging challenges and renewing emotional resources.
- Minimize the unnecessary trauma caused by poor systems by investing in leadership and designing for efficiency, efficacy and empathy.
- Connect to purpose and joy by building recognition and storytelling into cultural norms to reinforce meaning in work.



A Code Lavender program is a formalized rapid response designed to support patients, families, physicians, nurses and staff members in times of emotional distress. Much like a Code Blue is designed to provide a coordinated care response when a patient’s heart needs immediate resuscitation, a Code Lavender response supports people who have suffered an emotional trauma and need a chance to regroup, recover and find support and connection before continuing with work or on their healing journey.

A Code Lavender program is a simple but effective strategy to help care team members overcome the inherent trauma of providing care. A Code Lavender response can mitigate the impact of an acute stress episode so that acute stress does not accumulate into chronic stress. The program can also extend to patients and families, making this a versatile resource to help care teams go beyond physical healing to support the emotional wellbeing of all involved in healthcare.

The impact of Code Lavender programs

Code Lavender programs look different at every organization, depending on the level of need, level of commitment, scope of implementation and resources applied. The impact often begins with the earliest conversations between leaders and care team members even before the program is formally implemented. At one hospital, after a town hall meeting to discuss the need, scope and specifics of a potential Code Lavender program, a nurse approached organizers and said, “Thank you for talking about our emotional wellbeing, I’ve worked here for 30 years and this is the first time any leader has acknowledged how hard the work of caring can be.”

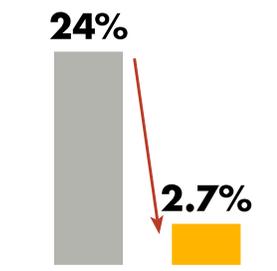
While many organizations formally measure the impact of Code Lavender programs (recommended), others do not. Prior to producing this toolkit, we sent out a survey to leaders who championed a Code Lavender program on their unit, in their department or across their organizations. We received responses from 19 leaders with active Code Lavender programs. While the number of leaders who formally track outcomes was small, the results were almost universally positive:

| | Physician wellbeing n = 4 | Nurse wellbeing n = 4 | Staff experience n = 4 | Patient-family experience n = 4 | Quality/safety n = 4 | Cost n = 4 |
|----------|---|---|---|--|---|---|
| Positive |  |  |  |  |  | |
| Neutral | | | | |  |  |
| Negative | | | | | | |

One children's hospital implemented a six-month Code Lavender response pilot in its ICU. They saw significant improvements in the degree to which staff felt supported during stressful events, as well as in levels of employee loyalty, as measured by Net Promoter Score.

Staff support:

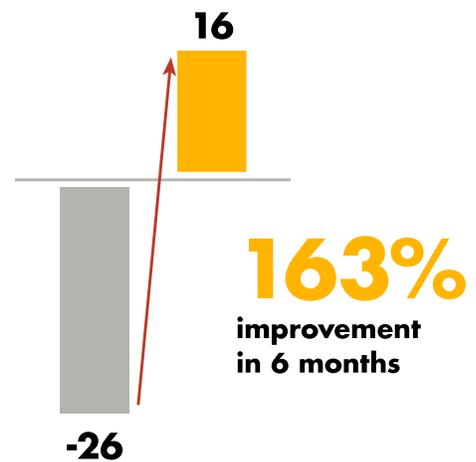
During stressful times, I do not feel supported.



■ Pilot start ■ Month 6

Employee engagement:

Willingness to recommend as a place to work Net Promoter Score



“ The [Code Lavender program] has changed the energy on the unit in a huge way. Our manager is more compassionate during stressful times, and we recognize each other's burdens better than we did before. ”

~ ICU team member

Why emotional wellbeing matters

Impact of emotional wellbeing 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 the 2024, Medscape Physician Burnout and Depression Report 49% of physicians reported being burned out and 20% reported being depressed.³ A study published by JAMA Network, revealed that burnout was the reason 26% of 7,887 nurses left healthcare from 2018 to 2021.⁴

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 wellbeing on patients and families

There are few studies examining whether patients and families received support for their emotional wellbeing 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 wellbeing.”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

Code Lavender **program toolkit**

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.

Here are brief instructions to help you design, launch and spread a Code Lavender program at your organization. If you want a copy of the Code Lavender toolkit with detailed use cases of the program implemented at other hospitals and health systems, please email heartofsafetycoalition@stryker.com.



Align

- **Recruit program champions:** Engage an executive sponsor and a multidisciplinary team to co-design the Code Lavender program.
- **Inventory existing resources:** Discover and consider resources that already exist to support the emotional wellbeing 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.



Align



Recruit program champions

To get started, identify champions at your organization to help co-design the program and secure broader support. These champions will design the Code Lavender program, advocate for resources, reduce the stigma associated with asking for emotional support and encourage colleagues to use the program. This initial team should be multidisciplinary and include an executive sponsor, physician leader, nurse leader and a patient or family member. Think about recruiting champions from diverse backgrounds and viewpoints to create a program that is culturally sensitive and provides appropriate resources at appropriate times. Having different perspectives involved in design helps ensure that the program will meet the needs of all participants. That said, we have seen programs started by one physician or one frontline nurse, so if you aren't able to recruit all of the champions immediately, don't let that stand in the way of getting started.

Things to consider when identifying champions:

- Are there leaders at the organization who have voiced interest in supporting the emotional wellbeing of care team members?
- Are there people at your organization who have shared a personal story of burnout, exhaustion or trauma who might be engaged in designing solutions?
- Who has influence at your organization? Who has the ability to energize colleagues and create enthusiasm around new initiatives?
- How can you introduce the program goals to each champion in a way that taps into their priorities and what matters most to them?

| Program champions | |
|---------------------------------|--|
| Role | Responsibilities |
| Executive Sponsor | <ul style="list-style-type: none"> • Vocally and visibly champions the work • Ensures that all leaders have an understanding of their roles • Communicates updates and fosters engagement across the organization • Acts as the key interface with the executive team • Provides resolution to urgent issues when escalated |
| Physician Champion | <ul style="list-style-type: none"> • Vocally and visibly champions the work • Identifies other physician leaders to engage in utilizing the Code Lavender program • Communicates project updates throughout the organization |
| Nurse/Clinical Champion | <ul style="list-style-type: none"> • Vocally and visibly champions the work • Identifies other nurse/clinical leaders to engage in utilizing the Code Lavender program • Communicates project updates throughout the organization |
| Program Champion | <ul style="list-style-type: none"> • Ensures continuity and follow-through with all stakeholders • Supports coordination and scheduling of in-person events and calls • Manages the implementation process and tracks measurable results • Communicates project updates |
| Patient or Family Member | <ul style="list-style-type: none"> • Provides patient and/or family member perspective |



Inventory existing resources

Many organizations have existing resources in place to support staff and physicians, and these will be valuable in successfully setting up a Code Lavender program. It is important to start this journey by connecting with your potential allies and getting them excited about working together on this initiative. We often find that these groups are working in silos. A Code Lavender program provides a platform for connection and sharing of ideas across these groups.

As a first step, identify these resources in your organization, get together to discuss the Code Lavender program and explore how you might be able to partner together. Engaging allies early in this journey can help to ensure your Code Lavender program incorporates resources without being duplicative and reflects your organization's unique culture.

Use the worksheet on the next page to identify existing support groups in your organization and plan for these discussions. In addition, you may want to consult subject matter experts on an as-needed basis. Some common partners are listed below.

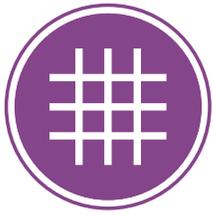
Subject matter experts

- Legal
- Risk
- Patient experience provider and staff experience
- Finance
- Marketing
- Food and Nutrition Services
- Human Resources



Sample support inventory worksheet

| Group | Who do they support? | Description of support | What would excite them about a Code Lavender program? | What concerns might they have about a Code Lavender program? If so, how would you plan to address them? |
|-----------------------------------|---------------------------|--|---|--|
| Palliative Care | Patients, families | End of life, pain management | Naturally invested in emotional wellbeing of patients, families and care team members. | Adding additional responsibilities to a team already stretched thin. Phased rollout with clear tracking to ensure appropriate resourcing. |
| Chaplaincy/ Spiritual Care | Staff, patients, families | Spiritual, emotional support | Naturally invested in emotional wellbeing; chance to formalize a process for care teams and bring visibility to work they already do. | Not enough sustainable resources or committed allies. Phased rollout with clear tracking to ensure appropriate resourcing. |
| Critical Incident Response Team | Staff and physicians | Immediate debrief and emotional support of care team after a critical incident | Softens the approach with broader array of services that are not solely clinical; expands the team. | Questions about efficacy of non-clinical interventions. Pilot and rollout with clear wellbeing metrics. |
| Employee Assistance Program | Staff | Ongoing support of staff through 1:1 counseling and sometimes critical incident debriefing | Broader array of resources; larger team. Recognizes different approaches for different people. | Concerns about people accessing the services — is showing up a good use of time? Include in co-design, tap into expertise to coach and train responders. |
| Medical Staff Wellbeing Committee | Medical staff | Professional/peer mentoring and opening doors to work-life balance tools | Investment in holistic needs of individuals and groups. | No long-term follow-up plan and support is needed beyond the acute episode. Include in figuring out how a Code Lavender program fits into the organization's overarching support plan. |
| Integrative Medicine | Staff, patients, families | Holistic interventions that focus on the whole person (mind, body, spirit) | Chance to integrate their silo of work into a formal program recognized as a need by hospital administration. | The program won't last and there is limited commitment to the whole-person component of caregivers. Ensure they see executive support. |



Co-design



Enlist your program responders

Code Lavender program responders are staff members with the skills, training and capacity to provide support to physicians, nurses, staff, patients and families in times of need. Responders are often from the following departments: Palliative Care, Social Work, Spiritual or Pastoral Care, Food and Nutrition Services, Human Experience, Holistic and Integrative Services, Pet Therapy, Music Therapy, Volunteers and other support teams.

There are many ways to structure this team, and each organization does it differently depending on culture and available resources. Be sure to include input from frontline team members and any allies that may be impacted. Often, a Code Lavender program can be designed to incorporate existing resources and team members in a way that doesn't add to their workload but rather shifts their work into a more formal Code Lavender response structure. When recruiting people to the team it will be important to consider budget (is there approval for additional, dedicated staff?) and existing workload (are there other tasks that will no longer be necessary and can free up people's time to become responders?). Most organizations are able to design the program and conduct a pilot with existing staff and a modest budget for supplies. As the program grows beyond the pilot phase, the design team can evaluate the need for additional headcount.

When recruiting responders, it is helpful to think about the type of support your Code Lavender program will provide.

Code Lavender responders provide support at many levels and in many formats.

Examples include:

- **Individual support:** Provide discreet but clearly accessible and communicated resources for care team members, patients or families to receive one-on-one support to handle distressing situations.
- **Care team support:** If desired and possible, create an opportunity for a safe, immediate debriefing after high-stress events.
- **Rounding and follow-up:** Round routinely and following key events to check in on the wellbeing of members of the team.
- **Quality reviews and debriefing:** Leverage existing event debriefings (e.g., those intended to establish root cause) to check in on how members of the team are recovering from incidents.
- **Relief staff:** Work with unit, clinic or department champions to facilitate relief for team members, patients or families involved in a high-stress event.
- **Comfort:** Offer tea, water, food and comfort for individuals and teams experiencing stressful or difficult situations.
- **Acknowledgment and visual cues:** As appropriate, create a visual cue that a Code Lavender response has been called to communicate to team members the need for support.



Code Lavender responder worksheet

Use this worksheet to determine who will be your Code Lavender program responders, if they are primary or secondary responders and what their responsibilities are. Primary responders connect with the care team members or individuals activating the Code Lavender response to determine what resources to deploy and in what timeframe. Primary responders triage the initial incident and, when necessary, contact secondary program responders to provide additional support.

| Program responder worksheet | | |
|---------------------------------|---------------------------------|------------------|
| Role | Primary or secondary responder? | Responsibilities |
| Executive Champion | | |
| Physician Champion | | |
| Nurse Champion | | |
| Program Champion | | |
| Experience Lead | | |
| On-call administrator | | |
| Child Life Services | | |
| Clinical Psychology | | |
| Critical Incident Response Team | | |
| Emergency Preparedness | | |
| Food and Nutrition Services | | |
| Integrative Medicine | | |
| Office of Patient Experience | | |
| Palliative Care | | |
| Pastoral Care | | |
| Social Work | | |
| [Other] | | |
| [Other] | | |



Determine when to deploy

The design team will establish when a Code Lavender response can be called. Here are several events where we recommend offering a Code Lavender response:

- The death of a patient (always)
- Major trauma or code
- A stressful dilemma in patient care
- When a mistake has been made
- After difficult encounters with a patient or family member
- After difficult encounters among care team members
- Ad-hoc as needed during times of high stress or emotional distress, either on the unit or individual level
- When community events or natural disasters are affecting the care team, their loved ones or patients and families
- A patient receives a difficult diagnosis, experiences a complication during childbirth or a family member loses a loved one

Easing, not adding to, the burden

When a Code Lavender response is requested, the unit, care team or individuals may already be under stress. They may have responsibilities they can't step away from, concerns they need to address immediately, or other considerations that affect when and how they need the Code Lavender responders to arrive. The responders should coordinate with unit leaders or care team members to find an appropriate time to deploy, ask who should be involved and decide how widespread the Code Lavender response should be. It's critical that a Code Lavender response aligns appropriately and does not add additional stress to an individual or unit but rather respects their workflow, supports their needs and connects to purpose. It's also important to be mindful of anniversaries that mark local and national emergencies, tragedies and violent events that impact the safety and wellbeing of the community and team members.



Map your workflow

In order to design a successful Code Lavender program, teams will need to determine what happens when a need is identified and the level of response that will be initiated. Sometimes an immediate response may not be supportive to the care team or individual. Instead, an “open door” of the Code Lavender Unit Champion, department manager or palliative care representative may be more appropriate and comforting. For example, if the incident is ongoing or a Code Lavender response would disrupt the care team’s existing workflow, the responders should not be immediately deployed. In the event that an immediate response is supportive and aligned with the care team’s needs, the Code Lavender responders should be deployed immediately and arrive on the unit or department to offer support.

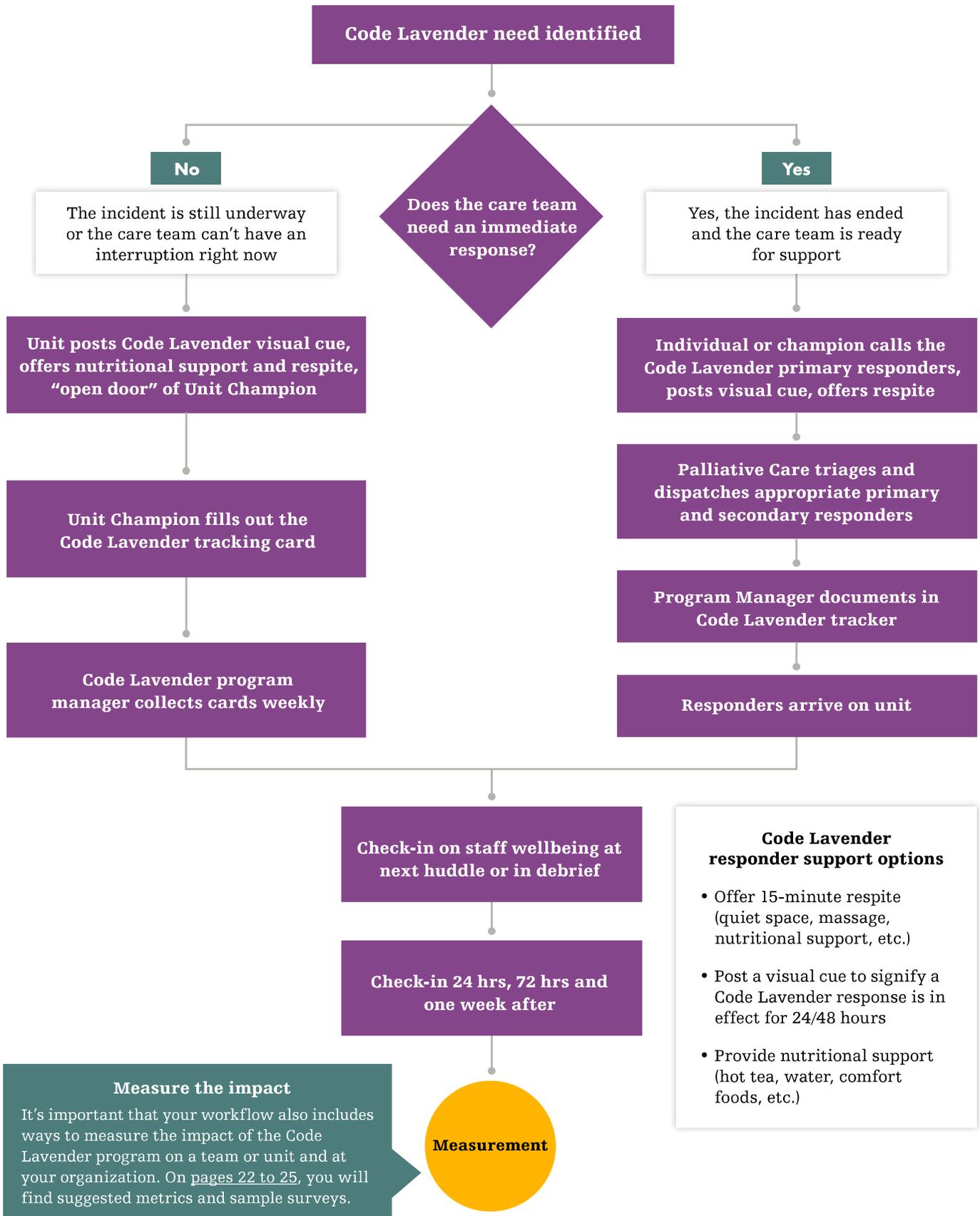
On the next page, you’ll find a sample workflow to help you get started.

“ Our experience has been that healthcare employees are reluctant to ask for help. We now realize that we have to work harder to change the culture in our organization to help our staff feel comfortable accepting support during difficult times. ”

~ Code Lavender
survey respondent



Sample Code Lavender response workflow





Code Lavender response tracking worksheet

Tracking Code Lavender responses is a critical part of designing the program. Confidentially documenting this information will help you budget for the program, tailor ongoing education and ensure the right support infrastructure is in place to support team members holistically.

Unit or department leader completes Code Lavender card.

| Sample communication plan Please use this card to capture unit- or department-initiated Code Lavender responses that are not called into the formal Code Lavender number. To call a Code Lavender response dial (insert number). | | | |
|---|--|---|--|
| Unit or department | | | |
| Date/time | | | |
| Reason | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Patient death <input type="checkbox"/> Code <input type="checkbox"/> Trauma <input type="checkbox"/> Patient care stress </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Mistake <input type="checkbox"/> Patient/family conflict <input type="checkbox"/> Team conflict <input type="checkbox"/> Other </td> </tr> </table> | <input type="checkbox"/> Patient death <input type="checkbox"/> Code <input type="checkbox"/> Trauma <input type="checkbox"/> Patient care stress | <input type="checkbox"/> Mistake <input type="checkbox"/> Patient/family conflict <input type="checkbox"/> Team conflict <input type="checkbox"/> Other |
| <input type="checkbox"/> Patient death <input type="checkbox"/> Code <input type="checkbox"/> Trauma <input type="checkbox"/> Patient care stress | <input type="checkbox"/> Mistake <input type="checkbox"/> Patient/family conflict <input type="checkbox"/> Team conflict <input type="checkbox"/> Other | | |
| Situation description | | | |
| Who was involved | | | |
| Code Lavender actions taken | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <input type="checkbox"/> Nutritional support <input type="checkbox"/> Staff/physician break <input type="checkbox"/> Staff relieved for the day <input type="checkbox"/> Debrief </td> <td style="width: 40%; border: none;"> <input type="checkbox"/> Other (please describe): </td> </tr> </table> | <input type="checkbox"/> Nutritional support <input type="checkbox"/> Staff/physician break <input type="checkbox"/> Staff relieved for the day <input type="checkbox"/> Debrief | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Nutritional support <input type="checkbox"/> Staff/physician break <input type="checkbox"/> Staff relieved for the day <input type="checkbox"/> Debrief | <input type="checkbox"/> Other (please describe): | | |
| Card completed by | | | |



Code Lavender program manager picks up Code Lavender cards weekly and records them in Code Lavender program tracker.

| Code Lavender program tracker | | | | |
|--------------------------------------|----------|----------|----------|----------|
| Activation number | 1 | 2 | 3 | 4 |
| Date | | | | |
| Time | | | | |
| Unit or department | | | | |
| Reason | | | | |
| Caller name (optional) | | | | |
| Assigned owner | | | | |
| Call recipient | | | | |
| Who was involved | | | | |
| Situation description | | | | |
| Response description | | | | |
| Response cost | | | | |
| Additional resources required | | | | |
| Length of response (minutes) | | | | |
| 24/72/1 week rounding | | | | |
| Net Promoter Score | | | | |



Test



Design your pilot

Many organizations choose to pilot a Code Lavender program in multiple units or departments prior to rolling out the program to the entire organization. Since Code Lavender activations do not happen frequently, especially at the start of the program, we recommend choosing multiple units or departments to support pilot data collection and synthesis. If piloting the program is the right next step for your organization, look for a unit or clinic with motivated staff, engaged physicians and a clear unit or department champion. Using the Plan-Do-Study-Act (PDSA) methodology will guide your team through rapid improvement cycles so you can implement a Code Lavender program, gather feedback, tweak as necessary and deploy an enhanced version before rolling out on a larger scale.

PDSA template

- Plan** – What is your objective and how will you achieve it?
- Do** – Follow the plan
- Study** – What did you learn?
- Act** – What will you do with the knowledge you learned?

Plan: Describe the objectives and activities

| List the tasks needed to set up this test of change | Who? | When? | Where? |
|---|------|-------|--------|
| | | | |

| Predict what will happen when the test is carried out | Measures to determine if prediction succeeds |
|---|--|
| | |

Do: Describe what happened when you ran the test

Study: Describe the measured results and how they compared to the predictions

Act: Describe what modifications to the plan will be made for the next cycle, based on what you learned



Define your metrics

To determine the effectiveness of your Code Lavender program, adjust program components to support the changing needs of stakeholders and align resources appropriately; it is important to track metrics across a variety of domains. Ideally, program measures should include process measures, impact measures and stories from team members and/or patients. The metrics below have all been used by organizations implementing Code Lavender programs.

Process measures (How are we using our resources?)

| Metric | What it tells us | How to capture |
|--|---|--|
| No. of Code Lavender responses | How well is the program utilized? Is use trending up or down? Which units/ departments use it most? | Tracked by Code Lavender program manager and/or follow-up report by Code Lavender responders |
| Reason for Code Lavender call | What kinds of events require support? Could we prevent any of these events? | Tracked by Code Lavender program manager and/or follow-up report by Code Lavender responders |
| Cost of food and other supplies | What resources are we using? Are we budgeting appropriately? | Tracked by Code Lavender program manager and/or follow-up report by Code Lavender responders |

Short-term impact measures (Is it working? What can we do better?)

Note: These metrics should be measured consistently during the pilot phase and then can move to a 6 to 12 month cadence for ongoing program management.

| Metric | What it tells us | How to capture |
|-----------------------------|---|--|
| Immediate impression | Does the program support people as intended? | Follow-up survey: Did the Code Lavender response meet your needs? (see page 25) |
| Net Promoter Score | Does the program meet an important need? | Follow-up survey: How likely are you to recommend the Code Lavender program? |
| Burnout/wellbeing | Does the program affect team member wellbeing? | Pulse survey, Wellbeing Index, Maslach Burnout Inventory (see pages 24 and 25) |
| Staff support | Does the program give team members a sense that the organization supports them? | Follow-up survey: On a 0 to 5 scale, how much do you feel supported during times of high stress? |
| Staff loyalty | Does the program affect team members' loyalty to the organization? | Follow-up survey: On a 0 to 10 scale, how likely are you to recommend [organization] as a place to work? |



Long-term impact measures (How is it changing our culture and advancing our organizational aims?)

| Metric | What it tells us | How to capture |
|--|---|--|
| Safety culture | Does the program improve safety culture? | Culture of safety survey |
| Quality metrics | Does the program improve safety behaviors? | Tracked by quality/safety department, chief nursing officer and/or chief medical officer |
| Patient experience | Does the program improve patient experience? | HCAHPS, patient surveys, real-time feedback (observations, interviews, focus groups) |
| Staff loyalty and effectiveness | Does the program contribute to making us a preferred place to work? | Absenteeism rates, turnover rates, referral patterns, physician/staff engagement surveys, etc. |



Sample wellbeing pulse survey

Wellbeing pulse survey

The wellbeing pulse survey is designed to take a quick read on physician and staff wellbeing at the team level. It's short, easy for team members to take and easy for leaders to analyze. Because it combines quantitative and qualitative information, it gives leaders both a way to track trends and the insights to understand what lies behind them. The wellbeing pulse survey combines best practice questions from leading organizational engagement surveys. It can be administered to all team members before a Code Lavender program is implemented to get a sense of the team's overall wellbeing. This survey can be repeated quarterly or annually to measure the program's potential impact as part of a broader wellbeing strategy.

Introduction: As an organization, we are committed to creating a work environment that fosters resilience, wellbeing and joy for all of our team members. Your voice and perspective are incredibly important so we can understand how we are doing and how we can improve. To get a broad perspective, we have created a very brief survey designed to gauge how you feel about the work you do, how well you're supported by the organization and what we can do to improve. We encourage you to please share your candid feedback so that we can make this organization the ideal place to come to work! Thank you in advance for sharing your insights and perspectives. All responses to this survey will remain anonymous.

1. How likely are you to recommend your [unit, clinic, department] as a place to work?

(0 – not at all likely to 10 – extremely likely)

Not at all likely

Extremely likely

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

What would it take for you to rate us a 10, or maintain your rating of 10?

2. Please indicate how strongly you agree or disagree with each of the following statements:

| | Strongly disagree | Disagree | Agree | Strongly agree |
|--|-------------------|----------|-------|----------------|
| I feel closely connected to the mission and purpose of my organization. | | | | |
| Leaders always communicate changes or programs shaping the organization. | | | | |
| I never feel burned out by my work. | | | | |
| I believe my teammates have my back. | | | | |
| I always receive recognition and gratitude for the work I do. | | | | |

3. How would you describe the wellbeing of your team? Please explain.

4. What are the top two immediate actions [organization] could take to improve the physician, nurse and staff experience?



Sample Code Lavender follow-up survey

Code Lavender follow-up survey

The Code Lavender follow-up survey is designed to measure the near-term impact of a Code Lavender intervention. It should be distributed a week or so after the event for the purpose of improving the program. During pilot stage, the survey should be fielded after every intervention. Over time, you can use it intermittently. Note: It's important not to survey during or immediately after the Code Lavender response as this may add additional stress to the care team or patients and families and detract from the supportive intent.

Introduction: Your team recently experienced a Code Lavender intervention. This survey is to help us understand how we can better support you and your team in times of acute stress. All responses to this survey will remain anonymous.

1. Did the Code Lavender response meet your needs? Why or why not? Share your story.

2. How likely are you to recommend the Code Lavender program?

(0 – not at all likely to 10 – extremely likely)

Not at all likely

Extremely likely

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|

3. How could we improve the Code Lavender program?

4. During times of high stress, I feel supported:

| Never | Rarely | Sometimes | Usually | Always |
|-------|--------|-----------|---------|--------|
| | | | | |

5. How likely are you to recommend [organization] as a place to work?

(0 – not at all likely to 10 – extremely likely)

Not at all likely

Extremely likely

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|----|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|----|



Spread



Plan your rollout

After testing and improving the Code Lavender program during the pilot phase, the next step is to plan if and how you are going to roll out the Code Lavender program to the entire organization. The process outlined below includes recommendations for a rollout strategy that is consistent with your organization's culture and includes care team members, patients and families in co-design for each new area of the health system where the program will be launched. Along the way, it is critical to communicate frequently to create program awareness.

Step 1: Socialize the pilot

It's critical to communicate to staff and create awareness that the pilot is going on (see "Sample communication plan" on [page 29](#)). This will start to generate interest across the organization, paving the way for a successful rollout. The buzz that you create during the pilot phase can help identify a path for broader rollout: care team members from other departments who express interest can be designated as champions for their respective areas. A robust communication plan ensures that team members across the organization feel ownership of the program and have an opportunity to make their voices heard instead of feeling like this is a top-down initiative.

Step 2: Assess the pilot

With your core design team, answer the following questions to evaluate the results of your pilot and improve the approach before broader rollout. These questions will also help your design team anticipate challenges before they come up.

- What did you learn from the pilot phase?
- What worked? What didn't?
- What challenges and obstacles did you encounter?
- What data did you collect during the pilot phase that demonstrate the impact of the program?
- What patient and care team stories have you gathered that demonstrate the impact of the program?
- How did you win over stakeholders who were not bought in originally?

Step 3: Decide where to roll out

We recommend a phased rollout approach starting with units, departments or clinics that are likely to be the most receptive and who may have asked about it when they saw the pilot occurring. When deciding where to roll out, it is important to designate a champion in that area and work with care team members to ensure they feel ownership of the program. As the program spreads through the organization, more and more care team members will want to participate. At the same time, ongoing communication about the program will generate interest and awareness.

After a certain number of areas have successfully implemented the Code Lavender program, there are two ways to move forward. The first is to continue scaling slowly,

unit by unit. The second is to communicate that the Code Lavender program is available organization-wide and is an option for any team member, patient or family member. Many organizations utilize a combination of both strategies, and your approach will depend on your culture and resources. One consideration to keep in mind: as the program spreads, care team members and patients and families might want to activate a Code Lavender response, even if they aren't in an area where the program has been rolled out. It will be important to plan ahead for this scenario and to figure out how to respond.

Step 4: Refine Your measurement approach

Finally, you'll need to refine your ongoing measurement approach. During the pilot phase, you were conducting wellbeing and follow-up surveys every few weeks or after each Code Lavender response. After the program is fully implemented, you'll want to decide which metrics you're tracking, how often you're tracking them and how you're going to collect them. For more information, see "Define your metrics" on [pages 22 and 23](#).



Sample communication plan

Communicating the Code Lavender program to your organization should be an aligned effort with help from different voices to reach the appropriate audiences. Below is a sample communication plan to help you think about messaging the Code Lavender program throughout your organization. Your communication plan will depend on the unique ways your organization shares information and collaborates on new initiatives.

Tips:

- Tailor your message to each audience — what will interest executive leadership about this program will be different than what matters most to frontline staff
- Humanize the need — tell stories from your own organization
- Demonstrate urgency — in combination with storytelling, use data and statistics to demonstrate the urgency in creating a program like this
- Anticipate obstacles — highlight how the program will build on existing resources and help to ease the burden on the care team (see "Anticipating challenges" on [page 30](#))



Sample communication plan

| Audience | Message | Messenger | Method/timeframe |
|--|--|---|---|
| Executive Leadership | Why Code Lavender response | Executive sponsor | Initial program overview, monthly updates (ongoing) |
| “Existing Resource” Leads (e.g., Palliative Care, EAP) | Share metrics for the Code Lavender program | Project manager and/or allied champion | Initial program overview |
| Nursing Executive Committee | Understanding the Code Lavender program | Nurse champion | Meeting |
| Physician Chiefs Meeting and/or Medical Executive Committee | Understanding the Code Lavender program | Physician champion | Meeting, email |
| Pilot Unit/ Department Leadership | Why Code Lavender response | Executive sponsor, project manager | Huddle, unit rounding |
| All Staff | Why Code Lavender response, pilot announcement | Chief executive officer | Email, town halls |
| Unit Staff and Physicians | Training announcement | Unit-based leaders | Meeting, email, posters |
| All Staff | Share pilot results, rollout plan | Executive sponsor, pilot Unit Champions | Email, town halls, intranet/newsletter |
| Broader Community | Impact story or data from pilot | Frontline voice | Board meeting, newsletter, podcast, website (ongoing) |
| All Nursing Units and ancillary Departments | Rollout plan | Project manager (nurse champion joins strategic meetings) | Huddle, unit rounding, posters (ongoing) |
| Patients and Families | Understanding the Code Lavender program | Executive sponsor, project manager | PFAC, town halls, posters, website |



Anticipating challenges

Changing organizational culture can take a long time. Although there are obstacles associated with rolling out any new initiative, Code Lavender programs can face greater challenges due to the sensitive nature of supporting emotional wellbeing. It may take longer than expected for teams and individuals to feel comfortable asking for help and initiating a Code Lavender response.

A few of the most common obstacles for implementing a Code Lavender program are listed below, along with advice for moving forward.

| Challenge | Advice |
|--|---|
| Perceived as duplicative of existing resources (e.g., “We already have an employee assistance program”) | <ul style="list-style-type: none">• If you don’t engage existing resources from the beginning they can become adversaries instead of allies. Take the time before you launch the program to win over the leaders of complementary services. Acknowledge the great work already being done at your organization and help them see the added, distinct benefit of a Code Lavender program. The most effective Code Lavender programs build on what’s already working and bring together existing resources so they are better known and better utilized. |
| Concerns around ROI | <ul style="list-style-type: none">• Track Code Lavender responses and measure team member wellbeing and patient experience over time. Qualitative feedback is a useful indicator of value as well. (See “Define your metrics” on pages 22 and 23). |
| Low utilization of the program | <ul style="list-style-type: none">• There is often a stigma around asking for help in healthcare. Having respected leaders call Code Lavender responses and lead by example will pave the way for others to feel comfortable.• Another reason for low utilization could be lack of awareness. Make sure you are communicating with the entire organization about the program on an ongoing basis.• Ensure the champions you’ve selected are engaged and actively socializing the program with their colleagues (see “Program champions” on page 9). |
| Overutilization of the program | <ul style="list-style-type: none">• In our experience, care team members do not overuse or abuse Code Lavender resources. If anything the opposite has been the issue: getting over the stigma in healthcare that it is not okay to ask for help when experiencing times of high stress. Early in implementation it is critical that team members feel encouraged to use the program.• Similar to care team members, in our experience, patients and families do not overuse or abuse Code Lavender resources. Patients and family members may be unaware of their own emotional needs and focused solely on physical healing. |
| Code Lavender responders feeling stretched too thin | <ul style="list-style-type: none">• Plan ahead of time to manage scenarios where multiple stakeholders need support so that everyone gets the attention and resources they need.• Track program utilization, cost and impact to ensure appropriate resourcing. |
| Concerns about confidentiality | <ul style="list-style-type: none">• Set explicit expectations for the Code Lavender response team around confidentiality. |
| Lack of leadership support or leadership turnover | <ul style="list-style-type: none">• Although leadership support helps enormously, we have seen Code Lavender programs succeed without it. If this is the case, communicating positive feedback and measuring impact rigorously can help get leadership on board. |

“

The future of caring lies at the intersection of humanity and technology.

We can't afford to keep building systems that force care team members to check their souls at the door and glue their eyes to a computer. We need solutions such as Code Lavender programs that support emotional healing for patients, families, physicians, nurses and staff.

These programs can have a deep and immediate impact on team members — sometimes the simple act of acknowledging that the work of healing takes its toll can start to change a culture. Only when we measure the human impact of all system decisions will we truly create a healing ecosystem that centers on the optimal human experience.

”

~ **M. Bridget Duffy, MD**

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), pp. 99-113.
3. Medscape Physician Burnout & Depression Report 2024: <https://www.medscape.com/slideshow/2024-lifestyle-burnout-6016865>.
4. *JAMA Netw Open*. 2024;7(4):e244121. doi:10.1001/jamanetworkopen.2024.4121.
5. Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: recent research and its implications for psychiatry. *World Psychiatry*, 15(2), pp. 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), pp. 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), p. 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), pp. 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), pp. 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), pp. 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), pp. 4-10.
15. Boehm, E. & Purdy, A. (2016). Human Experience at the Forefront: Elevating Resilience, Well-being, and Joy in Healthcare. Vocera Communications, Inc.

About the **Heart of Safety Coalition**

The Heart of Safety Coalition places care team member safety at the heart of healthcare. This national community of industry leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing principles of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition. Learn more at www.HeartofSafetyCoalition.com.