

August 3, 2021

Virtual

### Joy in Work: Why This Matters Today

2021 Singapore Healthcare Management Conference

Maureen Bisognano President Emerita and Senior Fellow

# A Story about Rob



# **Our Leadership Challenges**

- Aging, and the increasing burden of chronic disease
- New roles and multigenerational workforces
- Rapid expansion of technology
- Research output at unprecedented levels and speed
- Increasing patient expectations for engagement
- Challenges to dramatically improve safety and flow
- Designing a learning system to decrease variation

# New Challenges for this Time

- Physical, psychological and emotional toll of COVID
- Need new leadership models to care for the carers
- New challenges for staff at every site and in every role
- Need for a new model to lead in these uncertain times
- Tempo, touches and teamwork

# Nurse Turnover

#### European estimates

- Of 23,000 nurses working in 10 countries
  - 33% intend to change jobs in the next year
  - 9% intend to leave their profession
    - This varied from 5-17% across the 10 countries
- Nurses across 12 countries
  - Over 20% were dissatisfied with their jobs
  - Between 19% and 49% intend to leave their jobs

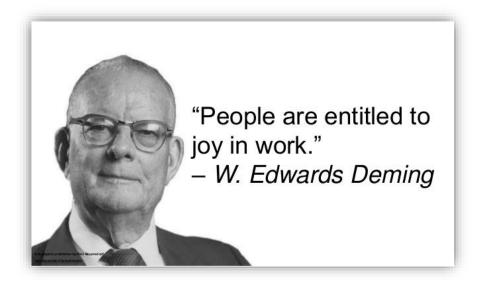
#### US estimates

- Turnover costs for a hospital system of 5,000 employers was between \$17 and \$29 million per year
- The cost of nurse turnover falls between 0.75 and 2 times their annual salary
- Annualized turnover rate for registered nurses is reported at 56%

# **Nursing Shortages**

- Bureau of Labor Statistics projects that 1.09 million additional nurses will be needed by 2024
  - 440,000 will be from new positions
  - 650,000 will be replacements for nurses who retire or leave the field
- Southern and Western states will be hit the hardest
  - Florida, Georgia, Texas, and California faces growing populations with fewer nurses entering the workforce
- State Spotlight: Utah
  - By 2020, 50% of the nursing workforce will be eligible to retire
  - About 1,000 vacancies across the state for RNs on any given day

# Why Joy in Work?



"Management's overall aim should be to create a system in which everybody may take joy in [their] work."

- Dr. W. Edwards Deming

•"I am treated with respect and dignity by everyone I encounter, every day."

•"I am given the tools and knowledge to do my work so that it adds meaning to my life."

• "Someone notices."



### Joy is more than absence of burnout...



We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence (i.e. sense that life is comprehensible, manageable, and meaningful) and ability to function in the face of changes in themselves and their relationships with their environment.

— Aaron Antonovsky —

AZQUOTES

# IHI Framework for Joy in Work

Outcome:

↑ Patient experience
 ↑ Organizational performance
 ↓ Staff burnout

**4.** Use improvement science to test approaches to improving joy in your organization

**3**. Commit to making *Joy in Work* a shared responsibility at all levels

**2.** Identify unique impediments to *Joy in Work* in the local context

1. Ask staff "what matters to you?"

Source: Perlo J, Balik B, Swensen S, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2017. <u>http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx</u>

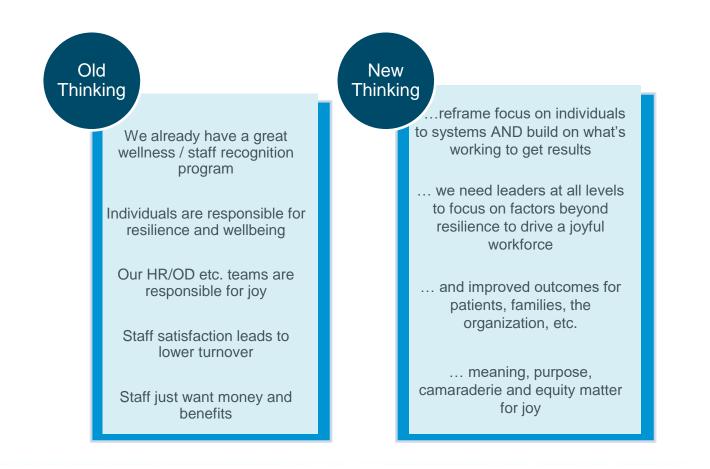
#### **IHI Framework for Joy in Work**



Source: Perlo J, Balik B, Swensen S, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2017. <u>http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx</u>

#### New Mental Models Needed

Reshape Improvement Efforts and the Culture



Τ

### Welcome to IHI

#### Vision

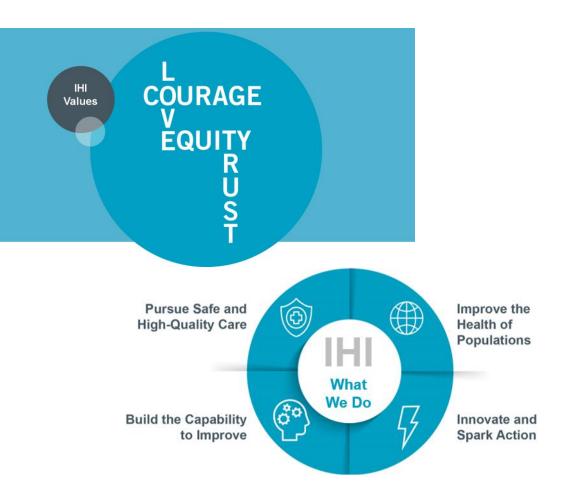
Everyone has the best care and health possible

#### Mission

Improve health and health care worldwide

#### Joy in Work

Harnessing the power of improvement science, IHI ignites action to connect today's health care workforce to the values of health care in a way that brings greater joy and sense of purpose.



# Leading for Joy

- Tempo, touches and teamwork
  - Staff meetings and patient/staff stories
  - "One Good Thing"
  - Updates and notes
  - Grrrrrr list
  - Pre-hiring and boomerang hires
  - Open offices and the candy bowl
  - Compassion and WMTY?

## A Way to Measure Joy



# Joy in Work

Institute for Healthcare Improvement



#### November 2016 In This Issue: Giving Thanks

alk to the Forum Found on Foot: Enter Your Signs / McCutcheon Adams' Lucky 13 of Thanks - Add a leaf!

newsletter suggestions to <u>wellness@ihi.org</u>

#### by participating in Harvard University's Blood Drive on Monday, November 21, 2016, at The Charles Hotel. Get details. Adult Well-Being Assessment

Harvard University Blood Drive

One way you can give this holiday season is

The 100 Million Healthier Lives team created a wellness check for adults. <u>Take the assessment</u>

Take a Vacation to Boost Your Productivity

A recent HBR article shared that 55% of Americans let vacation days go to waste (658 million unused days). Remember, this is paid time off — by not taking your allotted days, you're essentially volunteering your time.

# lk to the Forum: Found on Foot Challenge

# IHI Framework for Joy in Work

Outcome:

↑ Patient experience
 ↑ Organizational performance
 ↓ Staff burnout

**4.** Use improvement science to test approaches to improving joy in your organization

**3**. Commit to making *Joy in Work* a shared responsibility at all levels

**2.** Identify unique impediments to *Joy in Work* in the local context

1. Ask staff "what matters to you?"

Source: Perlo J, Balik B, Swensen S, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2017. <u>http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx</u>

### Royal Free London: Royal Free, Barnet, Chase Farm Hospital







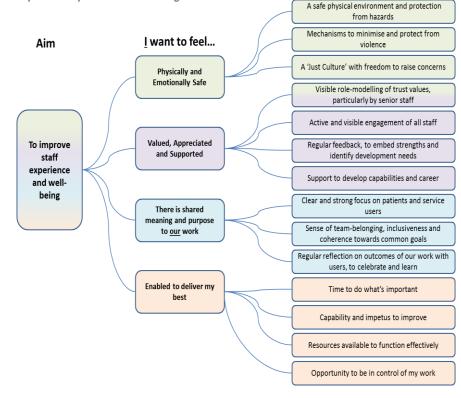






## Joy in Work Collaboration

#### Royal Free Joy-in-Work Driver Diagram











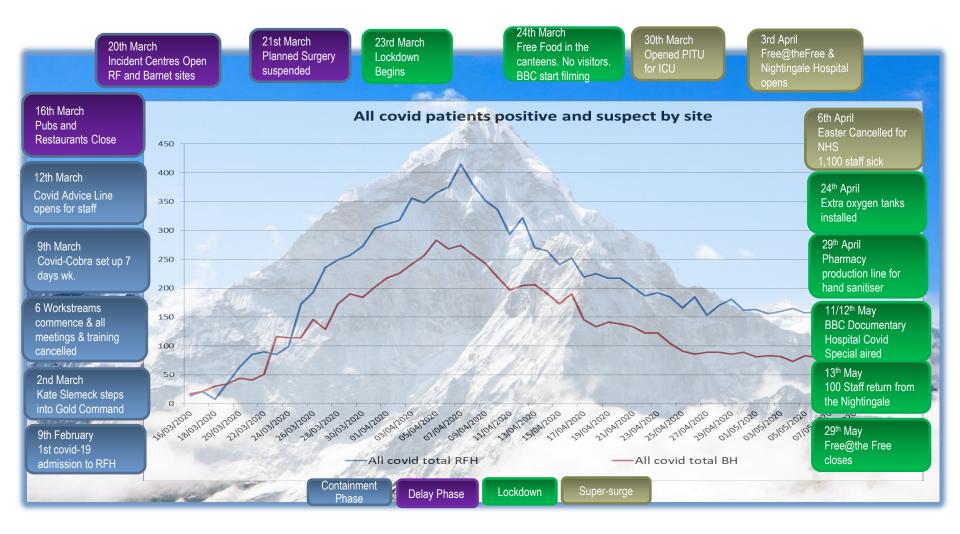


what matters to you?

### What matters to you



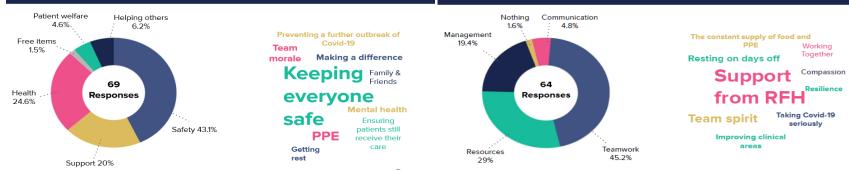
Ϊ



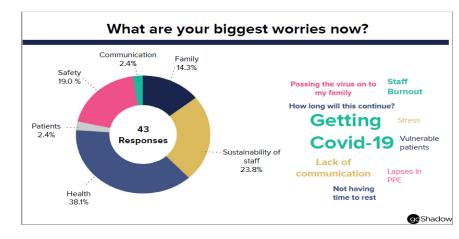
## **JiW Wheel - Areas of Focus**



- Physical and
   Psychological safety
- Meaning and Purpose
- Autonomy and Control
- Camaraderie and Teamwork

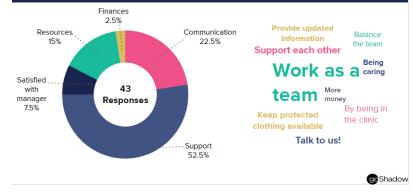


н



What matters to you right now?

How can your line manager/colleagues/exec team best support you?



#### What is working well right now?

# Physical and Psychological Safe

#### **Communicate the Facts**

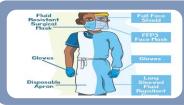
• By the experts

• Keep it up to date



#### Provide Different Types of Support

- Meet different needs
- Staff feel valued and cared for
- Ask what matters to them



Safety as a priority for staff as well as patients

Protect staff and their families Not just those in the building





Project Wingman is a group of current and former aircrew from all corners of aviation, United by our profession and dedicated to serving our NHS staff now and in the future. We provide space to unwind, decompress and de-stress before, during and after hospital shifts, in support of staff wellbeing.



Source: https://www.projectwingman.co.uk/



### **Camaraderie and Teamwork**





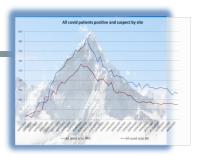


# Early: What Matters to you Survey





## Meaning and Purpose



#### Common Goal, Common Enemy, Common priority

Great patient need

Culture of testing improvement ideas

Promote self care and keep saying 'thank you'

ī

## **Autonomy and Control**



### Given freedom and trust

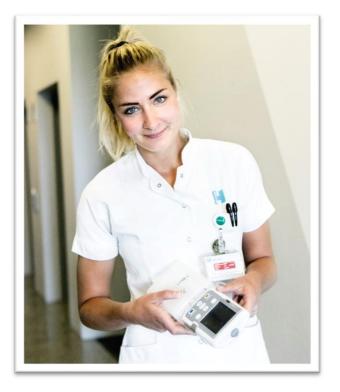
### 'Breaking the Rules'

Flattening of hierarchy

Being more imaginative

ĭ

## **The Backpack Nurse**



Katrine Seier Fridthjof, RN Region H, Rigshospitalet, Denmark

# Chemotherapy at Home

- A new service allows patients to have high intensive chemotherapy treatment at home without any staff being physically present
- Possible due to a portable digital pump carried in a sleek backpack codesigned by patients, clinicians, and the Copenhagen Design School

# **Benefits to Home Chemotherapy**

#### Patients can:

- Spend more time with their families
- Enjoy their own home meals
- Keep up with physical training
- Enjoy usual pastime routines

#### Avoid risks of acquiring hospital acquired infections (HAIs)

	Rigshospitalet Making the Case	Denmark Ability to Grow	International Ability to Scale
Th • •	e Concept: Chemo high intensive chemotherapy treatment at home. Prophylactic antibiotics treatment at home. Complete redesign of work flow.	<ul> <li>Pull effect from other DK Clinics:</li> <li>The five other DK Haematology Clinics at Herlev, Odense, Roskilde, Aalborg and Aarhus are implementing the concept during 2016.</li> </ul>	<ul> <li>Moving onwards:</li> <li>Working with Copenhagen Healthtech Cluster (Greater Copenhagen) to make the concept available internationally.</li> <li>First foreign leads are in the book.</li> <li>The concept was awarded a European Public Sector Best Practioner Award 2015 by The European Institute of Public Administration (European Union).</li> </ul>
De • •	sign Principles: Designed and tested with patients. Identifying key touch points in the process from a patient's perspective. Feedback from patients and staff ensures that the concept is safe to use. Trained staff available by phone 24/7.	<ul> <li>Adapting the concept:         <ul> <li>Program management by Rigshospitalet and local project management – both with in depth knowledge of all relevant clinical issues.</li> <li>Rigshospitalet provides the framework + textbooks and then invite clinics to finalise details relevant to local requirements.</li> </ul> </li> </ul>	
Im •	pact: Shortening stays in bed wards from 30 to 10 days. During first year implementation a net saving of 550 bed days.	<ul> <li>Implementing:         <ul> <li>A minimalistic and disciplined approach to drive the new concept towards shared patient/clinic value.</li> <li>Create impact to patient quality and costs a lot faster than before.</li> </ul> </li> </ul>	

Source: Rigshospitalet, Denmark

# **COVID Changes All**

Innovate

Spread

Exnovate

Compassion

# Innovation-Spread-Exnovation

#### **Innovation**

Where are care models and processes broken?

Where do we need new thinking?

Innovation labs, design processes

Harvesting

#### <u>Spread</u>

Where do we see variation in performance?

How can we reliably spread to ensure that we can provide the best care to every patient, where they are?

Transparent data

Curiosity

Spread Model

#### **Exnovation**

How do we stop what doesn't work anymore?

How will we eliminate wasteful practices and processes?

It takes courage!

#### EXNOVATE TO INNOVATE





#### VIRTUAL WORKING FREES UP......

Office space, travel, staff time, reduces Co2 omissions, reduces DNA's, save patients time, reduces issues of childcare/time out of work





#### TECHNOLOGY HELP US TO.....

Improve contact with families, reduce interruptions on ward, reduce paper (NIECR), promote self-care (InHealth), empower parents, access info (QR codes), access training, remote triage (dermatology), support tissue viability team





#### PREDICTIVE DATA LETS US.....

Model medicines for critical care, palliative care & respiratory, O2 usage, fluids, identify the appropriate form of respiratory support (Airvo, CPAP), PPE usage

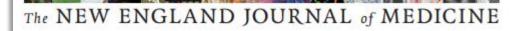




#### NEW MODELS OF SERVICES WHICH ARE WORKING WELL.....

Hospital at Day, EMSU (inc. direct access for GPs), Gynae assessment unit, Radiology hot reporting, reduction in duplication of tests, improved triage (supporting discharge from waiting list), EQiP, on-line rehab (cardiac), insulin shots in pregnancy, digital corporate welcome, removal of cash counting

"There is no power for change greater than a community discovering what it cares abou (Meg Wheatley, Leadership & the New Science)



### Perspe

#### Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

any health care organizations are searching for ways to engage employees and protect against burnout, and involvement in meaningful work has been reported to serve both func-

tions. According to Bailey and my colleagues and I had reason Madden, it is easy to damage employees' sense of meaningfulness

to believe that there might be some documentation tasks that

of the beholder. Everything that we might now call stupid was thought to be a good idea at some point."

We thought we would probably receive nominations in three categories: documentation that was never meant to occur and would require little consideration to elimStatus of "Getting Rid of Stupid Stuff" Requests from Nurses and Physicians.\*

Status	Nurses	Physicians
	no. of	requests (%)
Completed	68 (46.6)	19 (45.2)
Not possible	18 (12.3)	8 (19.0)
In progress	27 (18.5)	2 (4.8)
Assigned to work groups or not yet started	33 (22.6)	13 (31.0)

\* Does not include 31 suggestions from other disciplines or related to issues other than improvements to electronic health records.



# Path to Job Advancement

- "Buy, not build" is not working anymore
- Employers must invest in their current workers
  - Upskilling
  - Reskilling
  - Retraining
  - New-skilling

- Technical skills
- Creativity
- Interpersonal skills
- Adaptability
- Capacity to continue learning

# Path to Job Advancement

- JPMorgan is rolling out a "Skills Passport", a platform for its 250,000 employees
  - Take assessments to measure current skills
  - View career options and a curated list of activities and training they can take
- Tenaris SA developed a "corporate university" for its 23,500 employees
  - Puts responsibility on the shoulders of workers to determine the skills they will need and urges them to use the online learning platform to retrain themselves



# **COVID Changes All**

Innovate

Spread

Exnovate

Compassion

## Kendra

From "What's the matter?" to "What matters to you?"



## **Understanding What Matters**



E

Nome é mila Fernanda-Lorenz gosto guando:	EU N GOSTO 920 FACO EVAME DE SANGRE OU TROCAM O ACESSO
MEDICOS E ENFERMEIROS	EU NEOSTO RODI DIZEN Q A R.M. EA
A DENASCHENTO, ISTO	EXAMES CHAPOS E DOLORIDOS, MAS NO
being segura fosto suflubo: ha familia e pessoas	FUNDO SÃO OS + FRICEIS
AMO MUITO FICAM AQUI MGD, ISTO ME DA ALGELA ELHOZA O MEUTZATAMIENTO OSTO QUANDO	DEIXAM DE SOZRIE
Rofissionals da Saulle the sobre FE	LIDAGE PARA COMU > NICAL ALGO.

	Distant of the
	AN PACIENTE
A	TISTA NA
ANDUR I F	SCOCIA, EN-
550 670	Scouth , or
220 2010	ONTEON UMA
632	DEMA DE
Ent	APPHIS FORMAL
1	N PERIODO DE
EA (SE	NERNA GAO +
SOL IN	ITERAJII GAT
-rou hi	3 OFAZILLOM
EID	FREENCASO
500	certification -
no w	COMPANY COLO
23	In Profissioning
+ ,0	102 FIDEST
	SSE METOBO
(E	ANTA UMA FO-
)6	ASTER UMA TO
100. 12	HA WE PAPELY
220 621	APIS, AJU-
PER E	110
SiBi-	DANSO NO
	WATCHPICTON .
OMU- 1	PETE E
	O SEUTRABAUM
	Userne







### Norway

#### **HVA ER VIKTIG FOR DEG DAGEN**

SPIRA KULTURHUS - TIRSDAG 6.JUNI



#### PROGRAM

- VELKOMMEN
- Brukererfaringer Hva er viktig for meg
- 12:15 Om ny forskrift om ledelse og kvalitetsforbedring v/Anne Grethe Skjellanger, Helsedirektoratet
- 13:15 Pause
- 13:30 Hva er viktig for deg? Gode pasientforløp v/Anders Vege, Folkehelseinstituttet
- 14:30 Erfaringsutveksling og vel hjem
- Åpent hus: Markering av "Hva er viktig for 14:45 deg" dagen

#### 6.JUNI - SPIRA

viktig

for deg?

Foredragsholdere fra Helsedirektoratet & Folkehelseinsituttet

#### /A ER VIKTIG FOR DEG DAGEN - VELKOMMEN!

HVA ER VIKTIG ...FOR DEG?

> Ta et hjerte i boksen og skriv ned hva som er viktig for deg. Heng hjertet på juletreet.



**Flekkefjord** kommune

NORDLANDSSYKEHUSET NORDLÁNDA SKIPPIJVIESSO • 2

Hva kan vi gjøre for deg som pasient i dag?

Vi i Nordlandssykehuset ønsker å vite hva som er det aller viktigste for deg og dine pårørende i møte med oss.

Vi er takknemlig hvis du kan ta et hjerte og skrive noen ord til oss om hva som betyr mest for at du skal ha en god opplevelse i Nordlandssykehuset i dag.

Kampanjen avsluttes over nyttår

## Brazil

## Scotland









Italy



## Denmark





# Kindness bundle

- Opening and closing interactions with patients in a structured way
- Warm personal introduction
  - "What would you like me to call you?"
- Shared decision making
  - "What matters to you?"
  - *"What about today? What would make today a good day?"*
- Warm close-out
  - "Is there anything we can do to make you more comfortable?"



# **Basic Acts of Kindness**

- Deep listening
  - "What's the matter?" → "What matters to you?"
- Empathy
  - Anticipatory kindness based on patient's situation and stressors
- Generous acts
  - Can offer a renewing buffer to emotional fatigue and stress
- Timely care
  - Institutional commitment to being on time
- Gentle honesty
  - Guide patients to intrinsic hope
- Support for family caregivers
  - Prepare, empower, and assist a patient's family

# Asking Staff WMTY



We ASKED What Matters to You?, You SAID, & WE LISTENED **They Said They Said** We did We did **They Said** We did ebotomy re: any patient behavio ensure all staff are saf work between RNs and PCAs ing expectation of daily bathing at NN Can not Complete ould improve. Some staff use p eting and to be discussed at PCA meeting on Ju ACTION <sup>at this</sup> time and atient beds COMPLETED In PROGRESS here is why uld like to i d with the con kland Pride, Arc of staffing hole tside of the hospital. ckland, Rockland Clean Up). Open to t suggestions and rec D wants to pursue Magnet status, have uni order set updated. ED & Inp. ssing initiating unit-based councils and will k towards preparing for future Magnet status. **CACISM** IS A UBLIC HE CRISIS

Montefiore DIVERSI





Sources: Inside Edition and Shriner's Hospital for Children



Learning & Action Network (launches Aug 2021)

ihi.org/joy

joyinwork@ihi.org

R

#### Thank you!

Maureen Bisognano President Emerita and Senior Fellow Institute for Healthcare Improvement 53 State Street, 19<sup>th</sup> Floor Boston, MA 02109 mbisognano@ihi.org