TAHOE FOREST HOSPITAL DISTRICT

2021-11-29 Board Quality Committee Meeting

Monday, November 29, 2021 at 12:00 p.m.

Pursuant to Assembly Bill 361, the Board Quality Committee meeting for November 29, 2021 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: https://tfhd.zoom.us/j/88989058281

If you prefer to use your phone, you may call in using the numbers: (346) 248 7799 or (301) 715 8592, Meeting ID: 889 8905 8281

TAHOE FOREST HOSPITAL DISTRICT

Meeting Book - 2021-11-29 Board Quality Committee Meeting

TAHOE FOREST HOSPITAL DISTRICT

QUALITY COMMITTEE
AGENDA

Monday, November 29, 2021 at 12:00 p.m.

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Meeting ID: 889 8905 8281

Public comment will also be accepted by email to mrochefort@tfhd.com. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three-minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. CALL TO ORDER

2. ROLL CALL
Michael McGarry, Chair; Alyce Wong, RN, Board Member

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4. INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. APPROVAL OF MINUTES OF: 08/17/2021 ..... **ATTACHMENT**

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Safety First

6.2. Patient & Family Centered Care

6.2.1. Patient & Family Advisory Council (PFAC) Update .....ATTACHMENT
An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

6.3. Patient Safety

6.3.1. BETA HEART Program Progress Report.....ATTACHMENT

Quality Committee will receive a progress report regarding the BETA Healthcare Group Culture of Safety program.

6.4. Governance of Quality Assessment (GQA) Tool .....ATTACHMENT

Quality Committee will receive an update on the following core process: *Board evaluates approach to integration and continuity of care for behavioral health patients.*
Framework for Effective Board Governance of Health System Quality (2018). Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. Boston, Massachusetts: Institute for Healthcare Improvement.

6.5. TFHD Care Compare Quality Metrics……ATTACHMENT

Quality Committee will receive an overview of the Care Compare Quality metrics and plans for improvement.

6.6. Board Quality Education

6.6.1. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017**.....ATTACHMENT**

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE

The next committee date and time will be confirmed.

9. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

TAHOE FOREST HOSPITAL DISTRICT

QUALITY COMMITTEE
DRAFT MINUTES

Tuesday, August 17, 2021 at 12:00 p.m.

Pursuant to Executive Order N-08-21, issued by Governor Newsom, the Board Quality Committee meeting for August 17, 2021 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Committee Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 12:02 p.m.

2. ROLL CALL

Board: Michael McGarry, Chair; Alyce Wong, RN, Board Member

Staff in attendance: Harry Weis, President and Chief Executive Officer; Crystal Betts, Chief Financial Officer; Karen Baffone, Chief Nursing Officer; Jan Iida, Director of Emergency & Patient Care Services; Janet Van Gelder, Director of Quality; Dr. Peter Taylor, Medical Director of Quality; Lorna Tirman, Patient Experience Specialist; Martina Rochefort, Clerk of the Board

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES OF: 05/13/2021

Director Wong moved to approve the Board Quality Committee minutes of May 13, 2021, seconded by Director McGarry.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Safety First

Janet Van Gelder, Director of Quality, shared all visitors and vendors will be screened for proof of vaccination or negative COVID test results.

6.2. Patient & Family Centered Care

6.2.1. Patient & Family Advisory Council (PFAC) Update

Lorna Tirman, Patient Experience Specialist, provided an update on the activities of the Patient and Family Advisory Council (PFAC).

PFAC had one member resign and did not meet in July or August.

The SHIP grant supports a HCAPHS question or domain. Tahoe Forest Hospital received $11,800 towards

the project.

6.3. Patient Safety

6.3.1. BETA HEART Program Progress Report

Lorna Tirman, Patient Experience Specialist, reviewed the BETA HEART program progress report.

The SCOR survey was completed by all staff in March 2021. Over 43 departmental debriefs have been completed to date with each Department identifying their top two (2) improvement priorities to focus on for the year.

A highlight of the Peer Support program is the "Sunshine Cart" that is brought around to various departments. The program will be highlighted soon in Moonshine Ink.

6.3.2. BETA OB & ED Quest for Zero

Jan Iida, Director of Emergency & Patient Care Services, provided education on the BETA Obstetrics (OB) & Emergency Department (ED) Quest for Zero Harm patient safety initiatives.

BETA's Quest for Zero Harm program in OB helps reduce risk and exposure in the department. In a 60-day period, physicians and nurses go through extensive training to meet tier 2 requirements. Participation in the program provided $61,000 savings in insurance premiums.

Last year was the first year the ED met Tier 2 requirements, which requires physician involvement. Both TFH and IVCH received Tier 2 status. Participation in the program provided $5,000 savings in insurance premiums. The hospital was able to choose an area of focus and chose sepsis bundle compliance.

6.4. Governance of Quality Assessment (GQA) Tool

Framework for Effective Board Governance of Health System Quality (2018). Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. Boston, Massachusetts: Institute for Healthcare Improvement.

No updates were discussed. This will remain on the agenda as a standing item.

6.5. TFHD Care Compare Quality Metrics

Quality Committee received an overview of the Care Compare Quality metrics and plans for improvement.

The following five measures are used to calculate the Care Compare score: mortality, safety, readmission, patient experience and timely & effective care. The reporting period changes every 6 months on a rolling basis. Claims data used for the current report is from 2016-2019.

Tahoe Forest Hospital has a 5-star score for HCAHPS patient experience.

Director McGarry asked if low score is a true reflection of quality improvement that is needed or if there is an underlying bias with the data. The volumes are small for Tahoe Forest Hospital. Only 18 out of 45 measures are reported which does impact the overall score. It helps our organization identify areas for improvement. TFH scores well in the individual metrics.

6.6. Board Quality Education

6.6.1. Centers for Medicare & Medicaid Services. *Overall hospital quality star rating* (2021)
Discussion as noted in agenda item 6.5.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

No discussion was held.

8. NEXT MEETING DATE

The next committee date and time will be confirmed.

9. ADJOURN

Meeting adjourned at 1:07 p.m.

Patient and Family Advisory Council (PFAC) Summary Report

February 2021 to November 2021

Submitted by: Lorna Tirman, RN, MHA, PhD, CPXP

Patient Experience Specialist

- Some members have shown an interest in serving in other areas of the hospital in addition to the monthly PFAC meetings. Kevin Ward volunteers in the Quality Department tracking our service recovery toolkits. Kevin Ward also serves on our Board Quality Committee, which meets quarterly. Pati Johnson serves as a volunteer on our Cancer Committee. Alan Kern participates on our Medical Staff Quality committee.

- Meetings focus on improving processes and behaviors to continue to provide the Perfect Care Experience to our community and visitors.

- Plan for 2021 is to continue to review patient feedback and comments from patient experience surveys, help improve quality, safety, and patient experiences. Goals to help educate community on mental health services expand support for community both during and post COVID. Continue to educate community on COVID vaccination, safety, as well as, access to health care services, and making sure TFHD meeting the needs of our community and its growth.

- We agreed to continue to invite Department leaders to PFAC meetings to illicit input where needed and to improve processes or strategies in that specific area.

- At some of our meetings, an example of a patient complaint will be shared, to illicit input on how to best perform service recovery, and improve the process so the complaint will not happen again to another patient.

- February: Eileen Knudsen, Natasha Lukasiewich, and Karen Grow gave an update on current mental health resources at TFHD as well as in the community. PFAC giving updates to create a one-page flyer as soon as we have all the resources and information we need to promote these important services.

- March: Reviewed discharge folders for Inpatient and OB, that are being paid for by a State Grant, to improve communication to our patients upon discharge from our inpatient units.

- April: Svieta Schopp gave an update on Covid, Covid variants, vaccines and answered questions. Jim Sturtevant gave a summary of his presentation “Humor in Medicine”.

- May: A presentation by Wendy Buchanan and Maria Martin about all the community wellness programs and goals and initiatives of our population health program.

- June: Updates on ongoing vaccinations and boosters and Covid in our area, request for updates on increased needs of the community for specialists, urgent care, and access to primary care providers.

- September: We had a discussion on what topics PFAC would like to see in the next year. They all agreed to have an update on culture of safety survey, provider burnout initiatives, and support from the health system. New volunteer coordinator to introduce herself and update group on volunteers, needs and other information. Mental health updates to be scheduled. Plan to bring patient experience feedback and obtain input on how to improve our lowest scoring areas. Access center and financial customer service leaders to speak and answer questions about access and help with payment and bills, insurance etc. Updates on specialists, primary care providers, and urgent care. We discussed the need for increased security and helping our patients and staff feel safe throughout the healthcare system.

- October: Sam Smith presented on the provider Well-Being Committee and what the healthcare system is doing to help with provider burnout. Becca Scott, the new volunteer coordinator, introduced herself and provided a summary of volunteer activities. She received feedback from the group on how to recruit more volunteers and how to measure engagement and volunteer satisfaction via an annual survey. PFAC offered to help finalize a survey if Becca drafts one. Maria Martin from the wellness neighborhood asked for feedback on a community postcard and flyer to educate community about wellness programs using a QR code. The entire group loved the idea and scanned the QR during the meeting to access programs, which was a huge success.

- November: Crystal Jefferson gave an update on our Patient Financial Customer Service team and reviewed the most common billing complaints. PFAC recommended TFHD find ways to inform all of the community about this great and helpful program. Harry Weis gave updates on hospital leadership changes, and strategic plans to increase access, space, parking etc. in the future.

- The Tahoe Forest Hospital Patient and Family Advisory Council meets every month, 9 months in the year. We do not meet July, August, or December.

- We had one member resign due to moving out of the area. We thank Parminder Hawkesworth for her community service and input to our PFAC. We still have 11 active members.

- Next PFAC Meeting is January 18, 2021.

Current members:

Name of PFAC Volunteer	**Start Date**
1. Doug Wright	2/04/2015
2. Anne Liston	3/09/2016
3. Mary K. Jones	5/17/2017
4. Dr. Jay Shaw	8/11/2017
5. Pati Johnson	3/22/2018
6. Helen Shadowens	5/24/2018
7. Kevin Ward	9/20/2018
8. Sandy Horn	9/05/2019
9. Violet Nakayama	10/31/2019
10. Alan Kern	2/20/2020
11. Kathee Hansen	4/01/2021

Beta HEART Progress Report for Year 2021

(October 2021)

Beginning in 2020, Beta Healthcare Group changed their annual Incentive process to be "Annual", meaning that each year the five (5) domains have to be re-validated each year to be eligible for the incentive credit. General updates for 2021:

- Beta Heart Validation Survey completed May 11, 2021 with validation in all 5 domains and a total cost savings of $108, 652.00

Domain	History of Incentive Credits (2% annually)	Readiness for next Validation	Goal	Comments
Culture of Safety: A process for measuring safety culture and staff engagement (Lead: Lorna Tirman, Patient Experience Specialist & Beta Heart Lead)	Validated 2019: $13,101 2020: $19,829 2021:$21,730.40	100%	Goal= Greater than 85% Response rate Actual Response Rate = 90%	SCOR survey for 2021 complete. Departmental de-briefs May to September 2021. Board report June 2021. To date 50 debriefs have taken place with action plans being developed by leaders to place on their Quality dashboards and share with their staff. Next Culture of Safety survey scheduled February 2022.
Rapid Event Response and analysis: A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles (Lead: Theresa Crowe, Risk Manager)	Validated 2020: $19,829 2021:$21,730.40	100%	Reinforce education related to timely event reporting and implementation of corrective action items.	TFHD incorporates the transparent and timely reporting of safety events to ensure rapid change in providing safer patient care. All investigations utilize "just culture" and high reliability principles and encourage accountability. This domain was reviewed at the Beta Workshop I in February 2021 and we had 21 employees/providers participated in the virtual learning. TFHD was a presenter and shared our response and analysis process.
Communication and transparency: A commitment to honest and transparent communication with patients and family members after an adverse event (Lead: Theresa Crowe, Risk Manager)	Validated 2020: $19,829 2021: $21,730.40	100%	Reinforce Beta HEART principles through targeted education at meetings, emails, Pacesetter, weekly Safety First etc.	Disclosure checklist recently updated and refined as we update process and leaders trained to respond to events. This domain was reviewed at Beta Workshop II on April 22-23, 2021 and 9 employees/providers participated in the virtual learning. An Intermediate Communication skill development session was May 19-20, 2021 and 20 employees attended virtually.
Care for the Caregiver: An organizational program that ensures support for caregivers involved in an adverse event (Lead: Stephen Hicks, Peer Support Lead)	Validated 2020: $19,829 2021: $21,730.40	100%	Proactive support to peers, not just after adverse events	Ongoing training and monthly peer support meetings. Virtual peer support training provided by Beta staff in June 2021, with 18 peer supporters in attendance.
Early Resolution: A process for early resolution when harm is deemed the result of inappropriate care or medical error (Lead: Theresa Crowe, Risk Manager)	Validated 2020: $19,829 2021: $21,730.40	100%	"Pacesetter Article" and "Safety Firsts" to enforce the principles of the 5 Domains	Early Resolution is the final domain and is only achieved by successfully completing all 4 prior domains. TFHD utilizes the BETA Heart Dashboard to monitor the effectiveness of meeting these goals. Beta Workshop III on October 1, 2021 and 12 employees attended virtually.

Institute for Healthcare Improvement

WHITE PAPER

Framework for Effective Board Governance of Health System Quality

Content provided by:

Lucian Leape Institute, an initiative of the Institute for Healthcare Improvement, guiding the global patient safety community.

AN IHI RESOURCE

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Acknowledgments:

The authors are grateful to the IHI Lucian Leape Institute members, whose leadership identified the need for support for trustees and health system leaders in governance of quality. We also thank the experts interviewed for this work and the in-depth contributions of the expert group that developed and revised the framework and assessment tool, including Kathryn C. Peisert, Managing Editor, The Governance Institute. This work was created through collaboration with many leading health care and governance organizations, including the American Hospital Association, The Governance Institute, and the American College of Healthcare Executives. Finally, the authors thank Jane Roessner and Val Weber of IHI for their thoughtful editorial review of this white paper and the IHI thought leaders who, over the years, have advanced board commitment to quality.

The Lucian Leape Institute is an initiative of IHI. This paper was generously funded by an unrestricted educational grant from Medtronic, Inaugural Funder of the IHI Lucian Leape Institute. Medtronic had no control or influence over the selection of experts, the content, or the views expressed in this paper.

Contents

Executive Summary

The Institute of Medicine (IOM) reports *To Err Is Human* and *Crossing the Quality Chasm* prompted health care leaders to address the patient safety crisis and advance the systems, teamwork, and improvement science needed to deliver safer care to patients.[1,2] Following the IOM reports, research on health care governance practices identified a correlation between health system board prioritization of quality oversight and higher performance on key quality indicators.[3,4,5,6,7] Quality oversight by a board has been shown to correlate with patient outcomes on key quality metrics, and boards that prioritize quality support a leadership commitment to quality and the incentives and oversight to achieve the quality care that patients deserve.

Two main evolutions have made governing quality more complex for trustees and the health system leaders who support them:

- The definition of "quality" has evolved and expanded over the last decade, from a singular focus on safety to an expanded focus on all six dimensions of quality as identified in the *Crossing the Quality Chasm* report.
- The expansion of health systems beyond hospital walls and the addition of population health oversight have created complexity both in terms of *what* to govern to support high-quality care and *how* to oversee quality outside of the traditional hospital setting and across the health care continuum.

Many health system leaders have worked to ensure that their trustees are sufficiently prepared to oversee quality, but the two factors noted above have increased the need for board education and the time commitment for trustees and the health system senior leaders who support them. Therefore, there is a need for a clear, actionable framework for better governance of quality across all dimensions, including identification of the core processes and necessary activities for effective governance of quality.

Ultimately, the most valuable resource of a board is time — both in terms of how much time they allocate and how they use it — to engage in oversight of the various areas of governance. To help health system leaders and boards use their governance time most effectively, this white paper includes three components:

- **Framework for Governance of Health System Quality:** A clear, actionable framework for oversight of all the dimensions of quality;
- **Governance of Quality Assessment:** A tool for trustees and health system leaders to evaluate and score current quality oversight processes and assess progress in improving board quality oversight over time; and
- **Three Support Guides:** Three central knowledge area support guides for governance of quality (Core Quality Knowledge, Core Improvement System Knowledge, and Board Culture and Commitment to Quality), which health system leaders and governance educators can use to advance their education for trustees.

The framework, assessment tool, and support guides aim to reduce variation in and clarify trustee responsibilities for quality oversight, and also serve as practical tools for trustees and the health system leaders who support them to govern quality in a way that will deliver better care to patients and communities.

Background

Research on health care governance practices has identified a correlation between health system board prioritization of quality oversight and higher performance on key quality indicators.[8,9,10,11,12] However, guidance and practices for board oversight of the dimensions of quality beyond safety are highly variable across health systems. Health system leaders and trustees are looking for greater depth and clarity on what they should do to fulfill their oversight of quality. Governance of quality is a long-overlooked and underutilized lever to deliver better care across all the dimensions of quality.

What to Govern as Quality: Expanding from Safety to STEEEP

The IOM report *Crossing the Quality Chasm* established six aims for improvement, a framework for health care quality in the US: care that is safe, timely, effective, efficient, equitable, and patient centered (STEEEP).[13] Safety is an essential component of quality, and health leaders have become more consistent in the governance of the elements of safety (though many health systems still do not dedicate enough time to quality or are quick to push it to the bottom of the agenda).

Yet governance of the other STEEEP dimensions of quality beyond safety is significantly more variable, providing an opportunity for greater clarity and calibration across the health care organizations and leaders that guide governance of quality. Health system leaders and trustees struggle with whether to govern a narrow definition of quality, driven by metrics defined by the Centers for Medicare & Medicaid Services (CMS) or national oversight organizations, versus governing quality's broader dimensions as put forth in the IOM STEEEP framework.

What to Govern as Quality: Expansion and Complexity of Health Systems

Health care leaders now look beyond the hospital walls to the entire system of care and to social and community factors that impact health outcomes. Thus, health system quality has expanded to include improving the health of communities and reducing the cost of health care and the financial burden facing patients. As health care is increasingly delivered in a range of settings beyond the hospital, from outpatient clinics to the home, leaders and trustees are challenged to define and govern quality in these settings.

The nationwide shift in US health care from standalone and community hospitals to larger, integrated care delivery systems has further increased the knowledge required for trustees to fulfill their fiduciary responsibility of governing quality. Finally, by tying revenue to quality performance, many payment models now add executive financial incentives to governance of quality. Health leaders have struggled to frame governance of quality in the context of the expansion and complexity of both single institutions and health systems.

Call to Action

In the 2017 report, *Leading a Culture of Safety: A Blueprint for Success,* board development and engagement was highlighted as one of the "six leadership domains that require CEO focus and dedication to develop and sustain a culture of safety."[14] According to the report, "The board is responsible for making sure the correct oversight is in place, that quality and safety data are

systematically reviewed, and that safety receives appropriate attention as a standing agenda item at all meetings."

Building on this report, the Institute for Healthcare Improvement (IHI) Lucian Leape Institute identified a need for greater understanding of the current state of governance of quality, education on quality for health system trustees, along with the potential need for guidance and tools to support governance oversight of quality. The IHI Lucian Leape Institute understood the importance of developing this forward-thinking and cutting-edge content collaboratively with leading governance organizations and making it available as a public good for all health systems to access and incorporate in a way that would be most helpful to them.

Assessment of Current Governance Practices and Education

To evaluate the current state of board governance of quality, IHI employed its 90-day innovation process.[15] This work included the following:

- **A landscape scan** to understand the current state of governance education offerings and challenges in quality, drawing on national and state trustee education programs. This scan included more than 50 interviews with governance experts, health system leaders, and trustees; and a review of available trustee guides and assessments for governance of quality.
- **A scan of existing peer-reviewed research** on board quality governance practices and the link between board practices and quality outcomes for health systems.
- **An expert meeting** (see Appendix B) attended by health care and governance experts. The meeting provided critical insights and guidance for the work, including the development of a framework for effective governance of health system quality. This group of thought leaders included representatives from the American Hospital Association (AHA), the American College of Healthcare Executives (ACHE), The Governance Institute, leading state hospital associations, health system CEOs and trustees, and national governance and health care quality experts.

Research and Landscape Scan Highlights

(Note: An in-depth assessment of the current state of board governance of quality and trustee education in support of quality is available in the companion document to this white paper, *Research Summary: Effective Board Governance of Health System Quality*.[16])

The IHI Lucian Leape Institute's research scan, evaluation of governance education in quality, and expert interviews indicated that most trustee education on governance of quality focuses primarily on safety, meaning that such education often does not prepare trustees for governing the other dimensions of quality as defined by the STEEEP framework and the IHI Triple Aim,[17] which also considers population health and health care cost. In the boardroom, quality is often a lower priority than financial oversight. Epstein and Jha found that "quality performance was on the agenda at every board meeting in 63 percent of US hospitals, and financial performance was always on the agenda in 93 percent of hospitals."[18]

Our interviews indicated that the financial and cultural implications of poor quality of care are not often formally considered, noting a difference between putting quality on a board meeting agenda and having a dedicated discussion about quality. Many trustees, while motivated to ensure high-quality care, lack a clear understanding of the necessary activities for effective quality oversight

(the "what" and "how" of their governance work); IHI's research identified the need for more direction on the core processes for governance of quality.[19] Some trustees noted that they were at the mercy of the quality data and information presented to them by their organization's leadership team; they lacked ways of confirming that their quality work was aligned with work at other leading health care organizations and industry best practice.

Health care leaders observed that the many guides and assessments they referenced often had varying recommendations for core governance activities on quality, especially for dimensions of quality beyond safety. We analyzed the available board guides or tools for board members and hospital leaders to evaluate their quality governance activities. The review of existing assessments from national and state governance support organizations identified that many focus on board prioritization of quality in terms of time spent and trustee "commitment" to governance based on a trustee self-assessment. Many assessments offer specific recommendations for key processes to oversee safety, such as reviewing serious events and key safety metrics in a dashboard. However, most assessments offer more variable guidance on the core processes to govern the STEEEP dimensions of quality beyond safety, quality outside of the hospital setting, and overall health in the communities the health systems serve.

With so many assessments and guidance recommending different processes and activities, it is not surprising that those who support trustees struggle to clearly define the core work of board quality oversight. Trustees and health care leaders alike identified a need for a simple framework that sets forth the activities that boards need to perform in their oversight of quality and for calibration across governance support organizations to support a simple, consistent framework.

Barriers to Governance of Quality

The IHI research team sought to understand and identify ways to address the many barriers to governance of quality identified in interviews and the published literature. The most common barrier identified was trustees' available time to contribute to a volunteer board. Often, health care leaders and trustees identified that expectations for trustee engagement on quality issues are not presented with the same clarity and priority as financial and philanthropic expectations for governance. Many interviewees noted that trustees are less confident in the governance of quality because of its clinical nature, which, in many cases, necessitates learning new terminology and absorbing concepts unfamiliar to trustees without a clinical background.

Many trustees and health care leaders we interviewed identified the CEO as the "gatekeeper" for the board, stewarding access to external resources and guidelines related to the board's role in health care quality, often not wanting to overwhelm or burden the trustees, given the demands on their time. However, even when the trustees and health care leaders interviewed indicated that they did have dedicated time and commitment to quality, they were not clear as to whether the specific set of processes or activities they currently had in place were the best ones for effective governance of quality.

Based on insights from IHI's research, landscape scan of current guidance on quality oversight, and extensive interviews, a new framework for governance of quality was created through a collaborative effort of thought leaders and health system leaders to provide clarity, support, and reduced variation in what boards should consider for their oversight of quality. The framework identifies the foundational knowledge of core quality concepts and the need to understand the systems for quality control and improvement used in health systems. The framework also recognizes that board culture and commitment to quality are essential.

A new Governance of Quality Assessment identifies the core processes of board governance of quality, providing a tool for boards and health system leaders to calibrate the governance oversight work plan. When these core processes are approached consistently, organizations can advance governance of quality that, based on previously cited studies, will support the health system's performance on quality.

Current State of Board Work and Education in Health System Quality

- **Governance of quality is primarily focused on safety.**

  Board education in quality is available but inconsistently accessed by trustees; education focuses primarily on safety, with variable exposure to other dimensions of quality.

- **Governance of quality is hospital-centric, with limited focus on population or community health.**

  Most board education emphasizes in-hospital quality; it does not guide boards in oversight of care in other health system settings or in the health of the community.

- **Core processes for governance of quality core are variable.**

  Board quality educational support offerings tend to emphasize general engagement in the form of time, structure, and leadership commitment to quality governance; they focus less on the specific activities (especially beyond safety) and core processes trustees need to employ to oversee quality.

- **A clear, consistent framework for governance of health system quality is needed.**

  Utilizing a consistent framework and assessment tool for key board-specific processes for quality oversight will help improve governance of health system quality and deliver on patient and community expectations for quality care.

- **A call to action to raise expectations and improve support for board governance of health system quality is needed.**

  A multifaceted approach is needed to break through the barriers to trustee oversight of quality, including a greater call to action, clearer set of core processes with an assessment of that work, and raised expectations for time to govern quality.

Framework for Governance of Health System Quality

Achieving better quality care in health systems requires a complex and multifaceted partnership among health care providers, payers, patients, and caregivers. The IHI Lucian Leape Institute's research scan, evaluation of governance education in quality, and expert interviews made it clear that board members, and those who support them, desire a clear and consistent framework to guide core quality knowledge, expectations, and activities to better govern quality. To help make progress in this area, the IHI Lucian Leape Institute convened leading governance organizations, health industry thought leaders, and trustees (see Appendix B) to collaboratively develop a new comprehensive framework and assessment tool for governance of quality.

The framework and assessment tool are designed with the following considerations:

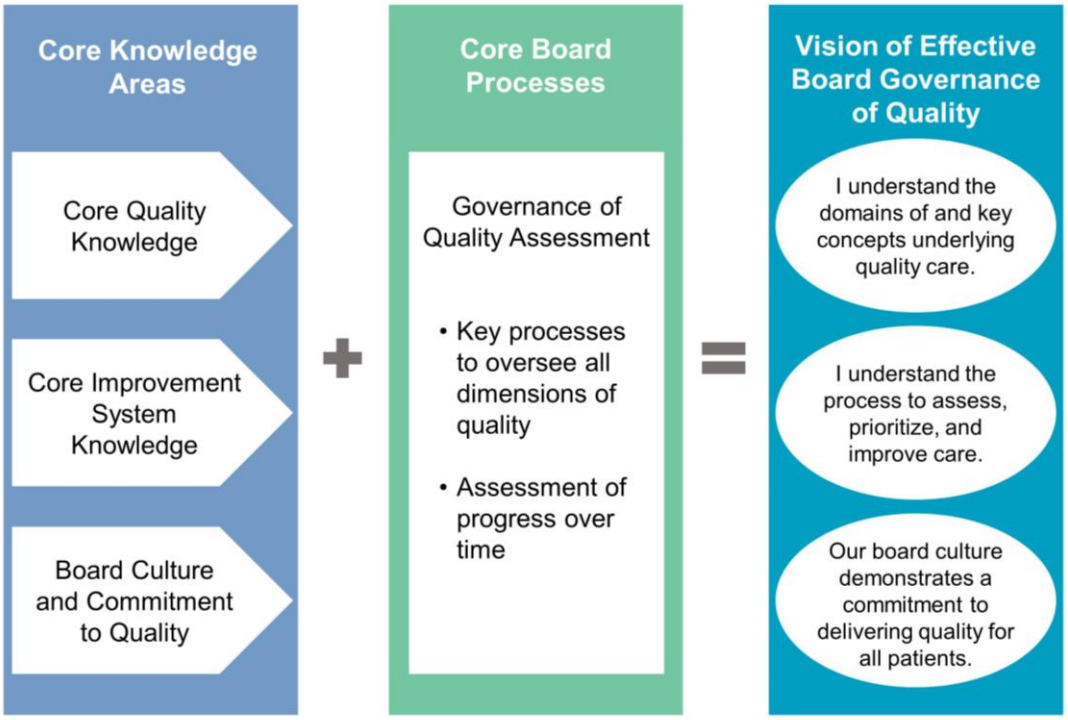
- **Simplify concepts:** Use simple, trustee-friendly language that defines actionable processes and activities for trustees and those who support them to oversee quality.
- **Incorporate all six STEEEP dimensions of quality:** Understand quality as care that is safe, timely, effective, efficient, equitable, and patient centered (STEEEP), as defined by the Institute of Medicine.
- **Include community health and value:** Ensure that population health and health care value are critical elements of quality oversight.
- **Govern quality in and out of the hospital setting:** Advance quality governance throughout the health system, not solely in the hospital setting.
- **Advance organizational improvement knowledge:** Support trustees in understanding the ways to evaluate, prioritize, and improve performance on dimensions of quality.
- **Identify the key attributes of a governance culture of quality:** Describe the elements of a board culture and commitment to high-quality, patient-centered, equitable care.

IHI worked with the expert group to establish an aspirational vision for trustees: With the ideal education in and knowledge of quality concepts, every trustee will be able to respond to three statements in the affirmative (see Figure 1).

Figure 1. Vision of Effective Board Governance of Health System Quality

Having established the vision, the expert group proceeded to define the core knowledge and core processes necessary to realize this vision, resulting in the development of a Framework for Governance of Health System Quality (see Figure 2).

Figure 2. Framework for Governance of Health System Quality



At the heart of the framework [CENTER] is the Governance of Quality Assessment (GQA), which outlines the key processes and activities that, if well performed, enable trustees to achieve the vision of effective board governance of quality [RIGHT]. The GQA serves as both a **roadmap of the key processes the board should undertake** to oversee all dimensions of quality, and an **assessment of how well the board is doing** with respect to those processes.

The expert group also identified three core knowledge areas [LEFT] that support the effective execution of the core processes and activities outlined in the GQA: Core Quality Knowledge, Core Improvement System Knowledge, and Board Culture and Commitment to Quality. The expert group's suggestions for core knowledge are assembled into three support guides (see Appendix A).

Together, the GQA and the three support guides aim to reduce variation in current governance recommendations and practices and to establish a comprehensive framework for the core knowledge and key activities for fiduciary governance of quality. Health system leadership and governance educators can use these tools to calibrate and advance their educational materials for trustees and develop ongoing education.

Patient-Centered Depiction of Quality

The expert group supported the use of a patient-centered framework, like the one introduced at Nationwide Children's Hospital in Ohio,[20] to display the core components of quality and drive home the direct impact they have on care. There is a compelling case for conveying this information to the board using a patient lens, as trustees may find the patient perspective on quality more motivating and actionable than the STEEEP terminology.

This reframed model also bundles some elements of STEEEP together in a way that represents the patient journey and avoids some of the health care terminology that can be off-putting to trustees. For example, the STEEEP dimensions of timely and efficient care are combined into "Help Me Navigate My Care." The STEEEP dimensions of equitable and patient-centered care are aggregated into "Treat Me with Respect." Figure 3 presents a visual representation of the core components of quality from the patient's perspective, with the patient at the center of the delivery system.

Figure 3. Core Components of Quality from the Patient's Perspective

*IOM STEEEP dimensions of quality: Safe, Timely, Effective, Efficient, Equitable, and Patient centered

The new framework and assessment tool will reveal areas for quality improvement to many CEOs and board members. It will take time for board members and health system leaders to incorporate those additional elements of quality into their agendas and work plans, but the changes will help to better align their quality oversight with patient expectations and the evolution, expansion, and complexity of health care delivery. Maintaining the status quo with regard to quality governance will not best serve patients or health systems, which face increasing complexity of patient-, population-, and community-based care in the coming years.

Governance of Quality Assessment: A Roadmap for Board Oversight of Health System Quality

The Governance of Quality Assessment (GQA) serves as both a **roadmap of the key processes the board should undertake** to oversee all dimensions of quality, and an **assessment of how well the board is doing** with respect to those processes. The GQA employs a set of concrete recommendations for 30 core processes of quality oversight organized into six categories, and provides a high-level assessment of board culture, structure, and commitment. The resulting GQA scores (for each core process, each category, and overall total) provide a roadmap for health care leaders and trustees to identify what to do in their work plan — and to assess their progress over time.

Most current board assessments primarily cover elements of safety, patient satisfaction, and/or board culture related to quality oversight. Most assessments do not identify the specific processes for quality oversight beyond safety and do not equally address all the dimensions of quality, including population health and care provided outside of the hospital. Variation across assessments may create confusion among trustees about what really is optimal in the oversight of quality.

The GQA aims to ensure that health system board quality oversight extends beyond the hospital to include the entire continuum of care. While many trustees understand concepts and frameworks like STEEEP and the IHI Triple Aim, they often have difficulty translating those concepts into specific activities they must perform. The GQA is specific, actionable, and tracks the processes that enable excellent quality governance. The GQA is designed for trustees and those who support them; it is written in straightforward, actionable, and trustee-centered language.

GQA Core Processes and Scoring

The Governance of Quality Assessment provides a snapshot of a total of 30 core processes organized into six categories that a board with fiduciary oversight needs to perform to properly oversee quality. The 30 core processes were developed by the expert group based on their expert opinions combined with insights gathered from more than 50 additional interviews of governance experts and health executives in the research and assessment phase of this work.

As referenced in the companion research summary to this white paper,[21] there are limited evidence-based recommendations on core processes for governance of quality beyond a few structural recommendations such as time spent, use of a dashboard, and having a dedicated quality committee. The GQA puts forth a set of core processes for governance of quality that were collaboratively developed, evaluated, and ranked at the expert meeting.

The GQA should be utilized by health systems and results tracked over time to validate the assessment's effectiveness. Certainly, there are additional quality oversight actions a board could undertake (and many already do) beyond those identified in the GQA. However, the expert group and interviewees identified the core processes in the GQA as a starting point for calibration and improvement. With a commitment to learning and improvement, and in recognition of the dynamic nature of health care, the GQA should also be revised as appropriate to incorporate the insights from new research in the boardroom.

The GQA includes a scoring system (0, 1, or 2) for trustees and health system leaders to assess the current level of performance for the 30 core processes, the six categories, and overall. Scores are totaled so that trustees and health care leaders can establish baseline scores (for each process, category, and overall) and then track their progress over time.

Bringing the GQA to the Boardroom

Health system CEOs should complete the GQA annually with their board chair and quality committee chair(s) and/or quality committee to establish a baseline for assessing their current state of oversight of quality; to identify opportunities for improvement; and to track their GQA scores over time as a measure of improving board quality oversight. It is also useful to have the senior leaders who interface with the board complete the GQA to understand and assess their role with respect to trustee oversight of quality.

Once the respondents have completed the GQA, senior leaders and trustees may choose to focus on the lowest-scoring areas to identify improvement strategies. Within larger health systems, the GQA is a useful tool to evaluate the work of multiple quality committees and create a system-wide work plan and strategies for board oversight of quality. We recommend that boards complete the GQA annually to monitor their performance and progress.

The GQA can also be used to guide discussions about which activities should be conducted at which level of governance in the case of complex systems (e.g., which processes are or should be covered in local boards, the system quality committee, and/or the overall health system board). In addition, the assessment can be used as a tool for discussion in setting agenda items for the board or quality committees.

Finally, governance educators might also use the assessment to help design their educational sessions for board members, targeting educational content to the areas where the clients need more support or education.

The expert group also recommended that the assessment tool be utilized for future research to compare how systems are performing relative to each other, collecting data longitudinally to identify which elements of the GQA are most correlated with various components of quality performance and other metrics of culture and management known to be associated with excellence.

Governance of Quality Assessment (GQA) Tool

This assessment tool was developed to support trustees and senior leaders of health systems in their oversight of quality of care by defining the core processes, culture, and commitment for excellence in oversight of quality. A guiding principle in the development of this assessment was for the board to view their role in quality oversight comprehensively in terms of the Institute of Medicine STEEEP dimensions (care that is safe, timely, effective, efficient, equitable, and patient centered) and the IHI Triple Aim.

The Governance of Quality Assessment (GQA) tool should be used to evaluate the current level of performance for 30 core processes in six categories, to identify areas of oversight of quality that need greater attention or improvement, and to track progress over time.

Instructions

The Governance of Quality Assessment organizes the health system board's quality oversight role into six categories that include a total of 30 core processes a board with fiduciary oversight should perform to effectively oversee quality.

Health system CEOs should complete the GQA annually with their board chair and quality committee chair(s) and/or quality committee.

For each item in the assessment, the person completing the assessment should indicate a score of 0, 1, or 2. Scores are then totaled for each category and overall.

Score	Description
0	**No activity:** The process is not currently performed by the board, or I am unaware of our work in or commitment to this area.
1	**Infrequent practice:** The board currently does some work in this area, but not extensively, routinely, or frequently.
2	**Board priority:** The board currently does this process well — regularly and with thought and depth.

Governance of Quality Assessment Tool (continued)

Category 1: Prioritize Quality: Board Quality Culture and Commitment		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board establishes quality as a priority on the main board agenda (e.g., equivalent time spent on quality and finance), and time spent on quality reflects board commitment.		Executive committee/governing board that spends a minimum of 20% to 25% of meeting time on quality Agenda that reflects board oversight of and commitment to quality
2. Health system senior leaders provide initial and ongoing in-depth education on quality and improvement systems to all trustees and quality committee members, and clearly articulate board fiduciary responsibility for quality oversight and leadership.		Board that understands the definition of quality, key concepts, and the system of improvement used within the organization
3. Board receives materials on quality before board meetings that are appropriately summarized and in a level of detail for the board to understand the concepts and engage as thought partners.		Board that is prepared for quality oversight and engaged in key areas for discussion
4. Board reviews the annual quality and safety plan, reviews performance on quality metrics, and sets improvement aims.		Board that takes responsibility for quality and performance on quality
5. Board ties leadership performance incentives to performance on key quality dimensions.		Board that establishes compensation incentives for senior leaders linked to prioritizing safe, high-quality care
6. Board conducts rounds at the point of care or visits the health system and community to hear stories directly from patients and caregivers to incorporate the diverse perspectives of the populations served.		Board that sets the tone throughout the organization for a culture of teamwork, respect, and transparency and demonstrates an in-person, frontline, board-level commitment to quality
7. Board asks questions about gaps, trends, and priority issues related to quality and is actively engaged in discussions about quality.		Board that engages in generative discussion about quality improvement work and resource allocation
Category 1 Total Score: (14 possible)		

Governance of Quality Assessment Tool (continued)

Category 2: Keep Me Safe: Safe Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board regularly tracks and discusses performance over time on key safety metrics (including both in-hospital safety and safety in other settings of care).		Board that reviews management performance on key safety metrics and holds management accountable for areas where performance needs to be improved
2. Board annually reviews management's summary of the financial impact of poor quality on payments and liability costs.		Board that understands the financial costs of poor safety performance
3. Board evaluates management's summary of incident reporting trends and timeliness to ensure transparency to identify and address safety issues.		Board that holds management accountable to support staff in sharing safety concerns to create a safe environment of care for patients and staff
4. Board reviews Serious Safety Events (including workforce safety) in a timely manner, ensuring that leadership has a learning system to share the root cause findings, learning, and improvements.		Board that holds management accountable for a timely response to harm events and learning from harm
5. Board reviews management summary of their culture of safety survey or teamwork/safety climate survey to evaluate variations and understand management's improvement strategies for improving psychological safety, teamwork, and workforce engagement.		Board that holds management accountable for building and supporting a culture of psychological safety that values willingness to speak up as essential to patient care and a collaborative workplace
6. Board reviews required regulatory compliance survey results and recommendations for improvement.		Board that performs its required national (e.g., CMS, Joint Commission, organ donation) and state regulatory compliance oversight
Category 2 Total Score: (12 possible)		

Governance of Quality Assessment Tool (continued)

Category 3: Provide Me with the Right Care: Effective Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board ensures that the clinician credentialing process addresses concerns about behavior, performance, or volume and is calibrated across the health system.		Board that understands its fiduciary responsibility of credentialing oversight to ensure the talent and culture to deliver effective patient care
2. Board reviews trends and drivers of effective and appropriate care as defined for the different areas of the system's care.		Board that holds leadership accountable to ensure that the system does not underuse, overuse, or misuse care
3. Board evaluates senior leaders' summary of metrics to ensure physician and staff ability to care for patients (e.g., physician and staff engagement, complaint trends, staff turnover, burnout metrics, violence).		Board that holds senior leaders accountable for the link between staff engagement and wellness with the ability to provide effective patient care
4. Board establishes a measure of health care affordability and tracks this measure, in addition to patient medical debt, over time.		Board that understands that cost is a barrier for patients, and that health systems are accountable to the community to ensure affordable care
Category 3 Total Score: (8 possible)		

Governance of Quality Assessment Tool (continued)

Category 4: Treat Me with Respect: Equitable and Patient-Centered Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board has patient representation, patient stories, and/or interaction with patient and family councils, and engagement with community advocates at every board and quality committee meeting.		Board that connects its quality oversight role with direct patient experiences to build understanding of issues and connection to patients
2. Board reviews patient-reported complaints and trends in patient experience and loyalty that indicate areas where respectful patient care is not meeting system standards.		Board that reviews senior leadership's approach to evaluating, prioritizing, and responding to patient concerns and values a patient's willingness to recommend future care
3. Board evaluates and ensures diversity and inclusion at all levels of the organization, including the board, senior leadership, staff, providers, and vendors that support the health system.		Board that supports and advances building a diverse and culturally respectful team to serve patients
4. Board reviews the health system's approach to disclosure following occurrences of harm to patients and understands the healing, learning, and financial and reputational benefit of transparency after harm occurs.		Board that understands the link between transparency with patients after harm occurs and a culture of learning and improvement in the health system
5. Board ensures that all patient populations, especially the most vulnerable, are provided effective care by evaluating variations in care outcomes for key conditions or service lines based on race, gender, ethnicity, language, socioeconomic status/payer type, and age.		Board that holds senior leaders accountable for health equity (making sure all patients receive the same quality of care) and prioritizes closing the gaps in outcomes that are identified as disparities in care
Category 4 Total Score: (10 possible)		

Governance of Quality Assessment Tool (continued)

Category 5: Help Me Navigate My Care: Timely and Efficient Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board reviews metrics related to access to care at all points in the system (e.g., hospital, clinics, behavioral health, nursing home, home care, dental) and ensures that access is equitable and timely for all patients.		Board that oversees senior leadership's strategy to improve care access (e.g., time and ability to get an appointment, wait time for test results, delays) for all patients
2. Board reviews senior leadership's strategy for and measurement of patient flow, timeliness, and transitions of care, and evaluates leadership's improvement priorities.		Board that evaluates the complexity of care navigation for patients and monitors senior leadership's work to integrate care, reduce barriers, and coordinate care (e.g., delays, patient flow issues) to support patients
3. Board evaluates senior leadership's strategy for digital integration and security of patient clinical information and its accessibility and portability to support patient care.		Board that holds senior leaders accountable for a strategy to support patients' digital access, security, and portability of clinical information
Category 5 Total Score: (6 possible)		

Governance of Quality Assessment Tool (continued)

Category 6: Help Me Stay Well: Community and Population Health and Wellness		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board reviews community health needs assessment and senior leadership's plans for community and population health improvement.		Board that oversees the development of a community health needs assessment and has identified which population health metrics are most relevant to track for its patients (e.g., asthma, diabetes, stroke, cancer screening, flu vaccine, dental, prenatal, opioid overuse, obesity, depression screening) Board holds senior leaders accountable for reaching goals established to improve key community health issues
2. Board reviews performance in risk-based contracts for population health.		Board that evaluates performance on risk-based contracts for populations and strategies for improvement
3. Board evaluates approach to integration and continuity of care for behavioral health patients.		Board that holds senior leaders accountable for integrating care and tracking care coordination data to support screening, access, and follow-up
4. Board reviews leadership's plans to address social determinants of health, including any plans for integration with social and community services.		Board that understands the essential nature of wraparound services to support the wellness of certain patient populations and oversees the strategic integration with those service providers
5. Board evaluates the health system's strategy for supporting patients with medically and socially complex needs and with advance care planning.		Board that ensures senior leaders evaluate high-utilization groups and key drivers to help those users navigate and manage their care
Category 6 Total Score: (10 possible)		

Total Score for This Assessment: **(sum of total scores for Categories 1 through 6)**	
Total Possible Score:	**60**

Interpreting the Overall Governance of Quality Assessment Score

Total Score	Board Performance Level
40 to 60	Advanced board commitment to quality
25 to 40	Standard board commitment to quality
25 or Fewer	Developing board commitment to quality

Using GQA Results to Plan Next Steps

After completing the Governance of Quality Assessment, the CEO, board chair, and board quality chair(s) should review the results and use them as the basis for planning next steps.

- **Review the spectrum of GQA scores:** Are the results similar across your board and committees? Compare the variation of scores across your board, quality committee(s), and senior leaders. If there is high variation in scores, it may be an opportunity to consider clarifying expectations and the work plan for quality oversight.
- **Aggregate GQA scores to identify areas for improvement:** Aggregating the GQA scores (overall and for each category) establishes a baseline score to evaluate the current areas of oversight and identify opportunities to better oversee the dimensions of quality that have lower scores. Could the board agenda or work plan be adjusted to make time to address other quality items (i.e., those with low GQA scores)?
- **Set a target GQA score for next year:** Set a target and a plan for improving the GQA score annually. Focus on the elements of the GQA where you have the greatest gap or that are of the most strategic importance to your organization.

We recommend that boards and leadership teams also evaluate time spent discussing quality and trustee confidence in their knowledge of basic quality concepts in tandem with the GQA.

- **Evaluate time allocation to quality:** Track how much time the board spends each meeting discussing quality. Does the time commitment indicate that quality has equal priority in time and attention with finance? Is quality just an item on the agenda without discussion?
- **Use the GQA to identify board education opportunities:** Review both the initial education and the ongoing education of board members on quality. What topics in the framework and GQA are not covered? Do you provide trustees with supplementary reading, useful articles, and educational opportunities in the areas identified in the GQA?

Conclusion

Excellence in quality must be supported from the bedside to the boardroom; patients deserve nothing less. Health system boards are deeply committed to the patients and communities they serve; however, trustees often require support in order to best understand and fulfill their fiduciary responsibility and commitment to the patients and communities they serve. Trustee knowledge of quality and improvement concepts is essential to their governance role. To be effective, trustees must also pair this knowledge with an effective board culture and a clear set of activities that support oversight of quality.

The framework, assessment tool, and support guides presented in this white paper were created through collaboration with leaders in health care and governance. The immediate goal of these resources is to reduce variation in board oversight of quality and to provide an improved roadmap for health system trustees. The ultimate goal is to ensure that oversight of quality of care for all patients is supported by more effective board education in quality concepts, clarity of core processes for trustee governance of quality, and a deeper board commitment to quality.

Appendix A: Support Guides

The expert group identified three core knowledge areas for effective governance of quality: first, a familiarity with all dimensions of quality; second, an understanding of how improvement occurs in systems; and third, an appreciation of the importance of demonstrating a commitment to quality through the board culture.

Appendix A includes support guides for these three core knowledge areas:

Support Guide: Core Quality Knowledge

The medical terms, health care oversight organizations and processes, and clinical concepts that arise in quality work are often unfamiliar to board members without a medical background, unlike other areas of oversight such as finance. Initial and ongoing education in quality concepts is essential to providing trustees with the necessary context and knowledge for thoughtful engagement.

This support guide is designed to guide hospital leaders and trustee educators in taking the guesswork out of the core quality concepts that are needed to prepare trustees for governance of quality across *all* dimensions and *all* care settings.

The expert group recommended providing governance education to trustees via a simple, patient-centered framework, just as the Governance of Quality Assessment consolidates and clarifies core board processes for governance of quality from the STEEEP dimensions of quality into a patient-centered framework. See Figure 3 (above), which presents the patient at the center of governance quality work, a visual that the expert group found compelling.

All new trustees, not just quality committee members, need to receive a thorough introduction to quality. To oversee quality, board members need fluency in many concepts, which should be introduced in a layered manner (similar to building a scaffold) to avoid overwhelming trustees. An overarching framework that shows how all these elements are necessary for patient care helps connect the dots and build commitment.

Table 1 presents the foundational concepts for board oversight of quality recommended by the expert group, organized by the STEEEP dimensions of quality (care that is safe, timely, effective, efficient, equitable, and patient centered) represented through a patient lens.

Table 1. Foundational Concepts for Board Core Quality Knowledge

Quality Concept	Key Questions	Suggested Educational Concepts
Basic Quality Overview	• What is quality in health care? • What are the benefits of quality? • What are the costs of poor quality? • Who oversees the elements of quality in our organization?	• Brief overview of quality in health care • STEEEP dimensions of quality presented through a patient lens • IHI Triple Aim • Benefits of quality • "Cost" of poor quality: Financial, patients, staff • Quality strategy, quality management • Overview of risk-/value-based care • Structures for quality reporting, assessment, and improvement • Structure for CEO/leadership evaluation
Keep Me Safe *Safe*	• What is safety? • What is a culture of safety? • What are surveys of patient safety culture? • What is "harm"? • What are the types of harm? • How do you decide if an adverse outcome is preventable harm? • How do we learn about harm in a timely manner? • What is our response to harm (i.e., what actions do we take when harm occurs)? • What are the financial and reputational costs of harm? • How do we reduce, learn from, and prevent harm? • How do we track harm in our system and in the industry?	• Preventable harm vs. adverse outcome • Just Culture and culture of safety • Science of error prevention and high reliability • Classification of the types of harm • Knowing about harm: Incident reporting, claims, grievances • Response to harm: Root cause analysis/adverse event review, patient apology and disclosure, legal, learning systems • Costs of harm: Claims/lawsuits, penalties, ratings, reputational, human emotional impact • Harm terminology: HAC, SSI, falls, ADE, employee safety, etc. • Regulatory oversight of safety

Quality Concept	Key Questions	Suggested Educational Concepts
Provide Me with the Right Care *Effective*	• How do we ensure that our health system properly diagnoses and cares for patients to the best evidence-based standards in medicine? • How does leadership oversee whether approaches to care vary within our system? • How do we identify the areas where care is not to our standards? • How do we identify the areas where care is meeting or exceeding our standards? • How do we attract and retain talent to care for patients?	• Evidence-based medicine • Overview of staff and physician recruitment, credentials/privileges, training, retention (burnout, turnover, violence) • Overview of standard of care concept and issues/processes that lead to variation • Trends in care utilization and clinical outcomes • Key care outcomes to be evaluated through an equity lens: race, ethnicity, gender, language, and socioeconomic status
Treat Me with Respect *Equitable and Patient centered*	• How do we evaluate patients' satisfaction and feedback? • What is "equitable care" and how do we evaluate it? • Do some patient groups have worse outcomes? Why? • What is our staff diversity and how may it impact patient care? • How do we ensure that patients are partners in their care? • How do we reduce cost of care? • How do we track medical debt for patient groups?	• Patient satisfaction and patient grievances (e.g., HCAHPS[22]) • Patient-centered care • Care affordability, debt burden • Social determinants of health • Pricing and affordability of care bundles • Total costs of care for conditions • Medical debt concerns/trends • Value-based payment models
Help Me Navigate My Care *Timely and Efficient*	• What do care navigation and care access mean? • What issues result from waiting for care or disconnected care (care that is not timely or efficient)? • Which populations have more complex care needs? What do we do to help them navigate care? • What is the role of a portable medical record and health IT in supporting care navigation?	• Care access, efficiency, and drivers of care navigation • Define "continuum of care" • Focus on key areas that are "roadblocks" in care navigation and their drivers • Define electronic health record, health IT, and the systems to support and secure patient information and patient access

Quality Concept	Key Questions	Suggested Educational Concepts
Help Me Stay Well *Community and Population Health and Wellness*	• What is the difference between population and patient health? • How do we segment patient populations to evaluate population health outcomes? • What unique strategies do/can we deploy to care for and engage areas or populations with worse health outcomes? • How are we compensated (or not) for population health and wellness?	• Define population health vs. patient health[23] • Explain the community health needs assessment (CHNA) • Interpret population health, prevention, and wellness metrics • Define social determinants of health • Explain fee-based vs. risk-based contracts

This support guide can be used as a starting point for hospital leaders and educators to create their system's board education plan, to ensure the concepts are imparted across the dimensions of health care quality to trustees. Health systems will vary in terms of which concepts need to be introduced to all trustees versus only to those who serve on the quality committee. That said, absorbing all these concepts at once would be overwhelming, so teaching the concepts in smaller segments over time is essential, as is reinforcing the concepts with additional learning opportunities and available resources, particularly as new members join the board.

It is also worthwhile to consider different formats for teaching these concepts to various audiences such as a half-day retreat, a full-day education session, or in-depth hour-long programs offered throughout the year. Finally, consider how the concepts should be introduced to new trustees and reinforced for experienced trustees to support a common knowledge base.

Just as most trustees join a board with a conversation about what they can contribute in time, treasure, and talent to support the organization, perhaps there can also be a "learn" expectation to identify the need for continuous growth and learning, even as a trustee, to advance a culture of improvement and quality excellence.

Support Guide: Core Improvement System Knowledge

A 2016 IHI White Paper, *Sustaining Improvement*, identified the drivers of quality control and quality improvement in high-performing organizations and highlighted that boards play an essential role in creating a culture of quality care and quality improvement.[24] Quality knowledge for trustees must include a deep understanding of and comfort with how health system leaders will identify, assess, and improve the elements of care delivery.

Organizations might take many approaches to improvement — from Total Quality Management, to Lean, to high reliability, to the Model for Improvement. Trustees need to understand their health system's improvement methodology and ensure that the health system has the people, processes, and infrastructure to support its improvement efforts.

Trustees might ask health system leaders the following discussion questions to gain an understanding of the organization's improvement system:

- What is the organization's system of improvement, in terms of both evaluating performance and prioritizing areas for improvement?
- How were major quality improvement efforts selected in the last two years? What criteria were used and evaluated to measure their impact?
- How does quality improvement cover the entire health system versus in-hospital improvement only?
- What analytic methods do leaders use to gather insight from the entire system to inform improvement initiatives? What are the gaps in the information and analytics?
- Recognizing that quality improvement is most sustainable when frontline staff members are engaged, how do senior leaders ensure that frontline staff lead quality improvement work, are actively providing ideas for improvement, and are willing and encouraged to speak up?

Health care leaders may educate board members on their organization's improvement system in many ways. For example:

- Virginia Mason Health System board members travel to Japan to learn about the Toyota Production System and Lean principles that Virginia Mason also employs.[25]
- The pediatric improvement network called Solutions for Patient Safety dedicates significant effort to board education on their high-reliability method of improvement and the board's role in understanding the core knowledge of safety and analyzing performance.[26]
- The board at St. Mary's General Hospital in Kitchener, Ontario, "sought out new knowledge about Lean through board education sessions, recruited new members with expertise in Lean and sent more than half of the board to external site visits to observe a high-performing Lean healthcare organization."[27]

Boards must understand how health system leaders perform the functions of quality planning, quality control, and quality improvement throughout the organization — and how that quality work is prioritized and resources are allocated. A 2015 article describes the process that Johns Hopkins Medicine undertook to ensure that the health system could map accountability for quality improvement throughout the organization, from the point of care to the board quality committee.[28] Similarly, in an article for The Governance Institute's *BoardRoom Press*, leaders from Main Line

Health shared their effort to delineate the flow and tasks of the oversight of quality from the boardroom to the frontline operations.[29] While the Johns Hopkins and Main Line Health approaches are unique to their systems, the essential idea they advanced is that a board and leadership should define the components of quality improvement work in their system and identify the accountability for those components throughout the system.

In addition to understanding accountability for quality throughout a health system, it is also essential for trustees to develop analytical skills to review data and engage meaningfully with leadership in generative dialogue about trends in the data. As part of their quality oversight role, health system boards need to understand the organization's key metrics and periodically review areas of performance that are outside of or below established expectations.

Also, educational training for trustees should teach them how to review data over time and request that data be benchmarked against other leading organizations to help them evaluate improvement opportunities. In IHI's interviews, some trustees noted that the way data are presented often impacts their ability to gain insights to oversee and engage leaders in discussions on quality performance and progress of quality improvement efforts.

In her work with health system trustees, Maureen Bisognano, IHI President Emerita and Senior Fellow, challenges boards that they should be able to answer four analytic questions pertaining to quality:[30]

1. Do you know how good you are as an organization?
2. Do you know where your variation exists?
3. Do you know where you stand relative to the best?
4. Do you know your rate of improvement over time?

A board that understands management's system of improvement and is analytically capable of tracking performance will be able to confidently answer those four questions. The board plays a critical role in holding health system leaders accountable for improvement results and should be a thought partner in the system's quality improvement efforts. Understanding the system of improvement and the ways in which an organization identifies and prioritizes areas for improvement is an essential function of quality governance.

Support Guide: Board Culture and Commitment to Quality

A board that understands quality concepts and the organization's system of improvement may still be unable to fulfill its commitment to safe, high-quality, and equitable patient care if it does not also have a culture of commitment to quality and a structure that ensures that the quality functions are effectively carried out. Essential elements of board culture and commitment to quality are incorporated in the Governance of Quality Assessment in recognition that a board that governs quality must not only know the key processes to oversee quality, but also oversee them in a way that demonstrates a cultural commitment to quality.

Many individuals and organizations have contributed thought leadership on building a culture for governance of quality in health care, including leading governance experts (such as Jim Conway, James Reinertsen, Larry Prybil, and James Orlikoff), The Governance Institute, the American Hospital Association, and a few leading state hospital associations. With guidance from the expert group, this support guide focuses on elements of governance culture, structure, and commitment that are unique to supporting trustee oversight of and engagement in quality.

The expert group identified five high-level attributes of board culture and commitment to quality, as described below.

Set Expectations and Prioritize Quality

Quality needs to be a priority for all board members, not completely delegated to the quality committee(s), even if the quality committee is doing more of the oversight. Quality is demonstrated as a board priority in many ways, including dedicating time to engage in discussion about quality issues on board meeting agendas, and linking some component of executive compensation to performance on quality metrics.

For example, before a trustee joins the Virginia Mason Health System board, they are sent a compact (that is then reviewed annually) to reinforce core expectations of trustees, which includes quality oversight.[31] Stephen Muething, Co-Director, James M. Anderson Center for Health System Excellence, Cincinnati Children's Hospital Medical Center, notes that Cincinnati Children's initially assigns all new board members to serve on the quality committee for their first year on the board, indicating that quality is so essential to their operations that every board member must develop core knowledge in quality.

Still, for too many boards, quality is not central to trustee education and not allocated sufficient time for learning and generative discussion.

Build Knowledge Competency and Define Oversight Responsibility of Quality

Knowledge and a clear work plan form a foundation for confident and thoughtful engagement in quality. Once trustees have been educated and are confident in their understanding of the core concepts, health system leaders need to work with trustees to define which issues the quality committee(s) will manage and which issues will be discussed by the entire board. This delineation of activities needs to be clearly articulated in the annual work plan for each group and will vary based on the size, scope, and structure of each organization.

Create a Culture of Inquiry

Board oversight of quality is not intended to micromanage the work of senior leaders, but to engage in thoughtful inquiry to ensure that organizational performance aligns with the expectations established by both leaders and trustees. For example, Henry Ford Health System has an annual quality retreat for its board quality committee and the quality committees of its hospitals and business lines. The trustees and health system leaders use this retreat as a time to dive deep on education, evaluate performance in depth, and have small group discussions to evaluate both quality and governance practices.[32]

Diversity also adds to the culture of inquiry by bringing differing perspectives and community representation to the quality discussions. The size of board and committee meetings can prohibit in-depth dialogue; building in time for small group interactions can help support a culture of inquiry.

Be Visible in Supporting Quality

Boards can support health system leaders in their efforts to improve quality in many ways, including conducting rounds, visiting the point of care, and thanking frontline staff for their contributions to improving care quality and safety. Health system leaders can provide guidance on the best ways for trustees to be visible in supporting quality in the organization.

Focus on the Patient

The board can also support quality work by including time on the agenda to hear patient stories, which personalizes the data. For example, board chair Mike Williams described how "Children's National Medical Center in Washington, DC, has strengthened board engagement with their frontline clinical teams to focus on safety, quality, and outcomes of clinical care. Their 'board to bedside' sessions discuss important topics of care and then move to the bedside to experience how changes are being implemented and gather experiences of patients."[33]

The elements of this support guide are reinforced in the Board Quality Culture and Commitment section (Category 1) of the Governance of Quality Assessment (GQA). Boards that carry out the core processes of governance of quality without a deeper culture and commitment to quality will be more likely to have a "check the box" mentality that the expert group identified as less likely to demonstrate leadership and commitment to advancing quality within the health system in a way that patients deserve.

Appendix B: IHI Lucian Leape Institute Expert Meeting Attendees

Advancing Trustee Engagement and Education in Quality, Safety, and Equity

July 12, 2018

- Paul Anderson, Trustee, University of Chicago Medical Center
- Evan Benjamin, MD, MS, FACP, Chief Medical Officer, Ariadne Labs; Harvard School of Public Health; Harvard Medical School; IHI Faculty
- Jay Bhatt, DO, Senior Vice President and Chief Medical Officer, American Hospital Association; President, Health Research & Educational Trust
- Lee Carter, Member, Board of Trustees, Former Board Chair, Cincinnati Children's Hospital Medical Center
- Jim Conway, MS, Trustee, Winchester Hospital, Lahey Health System
- Tania Daniels, PT, MBA, Vice President, Quality and Patient Safety, Minnesota Hospital Association
- James A. Diegel, FACHE, Chief Executive Officer, Howard University Hospital
- James Eppel, Executive Vice President and Chief Administrative Officer, HealthPartners
- Karen Frush, MD, CPPS, Chief Quality Officer, Stanford Health Care
- Tejal K. Gandhi, MD, MPH, CPPS, Chief Clinical and Safety Officer, Institute for Healthcare Improvement; President, IHI Lucian Leape Institute (Meeting Co-Chair)
- Michael Gutzeit, MD, Chief Medical Officer, Children's Hospital of Wisconsin
- Gerald B. Hickson, MD, Senior Vice President for Quality, Safety, and Risk Prevention, Vanderbilt Health System; Joseph C. Ross Chair for Medical Education and Administration, Vanderbilt University Medical School; Board Member, Institute for Healthcare Improvement
- Brent James, MD, MStat, Member, National Academy of Medicine; Senior Fellow and Board Member, Institute for Healthcare Improvement
- Maulik Joshi, DrPH, Chief Operating Officer, Executive Vice President, Integrated Care, Anne Arundel Medical Center
- Gary S. Kaplan, MD, FACMPE, Chairman and CEO, Virginia Mason Health System; Chair, IHI Lucian Leape Institute; Board Member, Institute for Healthcare Improvement
- John J. Lynch III, FACHE, President and CEO, Main Line Health
- Kedar Mate, MD, Chief Innovation and Education Officer, Institute for Healthcare Improvement
- Patricia McGaffigan, RN, MS, CPPS, Vice President, Safety Programs, Institute for Healthcare Improvement; President, Certification Board for Professionals in Patient Safety, IHI
- Ruth Mickelsen, JD, MPH, Board Chair, HealthPartners

- Stephen E. Muething, MD, Chief Quality Officer, Co-Director, James M. Anderson Center for Health System Excellence, Cincinnati Children's Hospital Medical Center
- Lawrence Prybil, PhD, LFACHE, Community Professor, College of Public Health, University of Kentucky
- Michael Pugh, MPH, President, MDP Associates; Faculty, Institute for Healthcare Improvement
- Shahab Saeed, PE, Adjunct Professor of Management, Gore School of Business, Westminster College; Former Trustee, Intermountain Healthcare
- Carolyn F. Scanlan, Board Member, Penn Medicine Lancaster General Health
- Michelle B. Schreiber, MD, former Senior Vice President and Chief Quality Officer, Henry Ford Health System
- Andrew Shin, JD, MPH, Chief Operating Officer, Health Research & Educational Trust
- Debra Stock, Vice President, Trustee Services, American Hospital Association
- Charles D. Stokes, MHA, FACHE, President and CEO, Memorial Hermann Health System; Immediate Past Chair, American College of Healthcare Executives
- Beth Daley Ullem, MBA, Lead Author and Faculty, IHI; President, Quality and Patient Safety First; Trustee, Solutions for Patient Safety and Catalysis; Former Trustee, Thedacare and Children's Hospital of Wisconsin; Advisory Board, Medstar Institute for Quality and Safety
- Sam R. Watson, MSA, MT(ASCP), CPPS, Senior Vice President, Patient Safety and Quality, and Executive Director, MHA Keystone Center for Patient Safety and Quality, Michigan Health & Hospital Association; Board Member, Institute for Healthcare Improvement
- John W. Whittington, MD, Senior Fellow, Institute for Healthcare Improvement
- Kevin B. Weiss, MD, MPH, Senior Vice President, Institutional Accreditation, Accreditation Council for Graduate Medical Education
- David M. Williams, PhD, Senior Lead, Improvement Science and Methods, Institute for Healthcare Improvement
- Isis Zambrana, Associate Vice President, Chief Quality Officer, Jackson Health System

Appendix C: Members of the IHI Lucian Leape Institute

- Gary S. Kaplan, MD, FACMPE, Chairman and CEO, Virginia Mason Health System; Chair, IHI Lucian Leape Institute; Board Member, Institute for Healthcare Improvement
- Tejal K. Gandhi, MD, MPH, CPPS, Chief Clinical and Safety Officer, Institute for Healthcare Improvement; President, IHI Lucian Leape Institute
- Donald M. Berwick, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement
- Joanne Disch, PhD, RN, FAAN, Professor ad Honorem, University of Minnesota School of Nursing
- Susan Edgman-Levitan, PA, Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital
- Gregg S. Meyer, MD, MSc, CPPS, Chief Clinical Officer, Partners HealthCare
- David Michaels, PhD, MPH, Professor, Department of Environmental and Occupational Health, Milken Institute School of Public Health, George Washington University
- Julianne M. Morath, RN, MS, President and CEO, Hospital Quality Institute of California
- Susan Sheridan, MIM, MBA, DHL, Director of Patient Engagement, Society to Improve Diagnosis in Medicine
- Charles Vincent, PhD, MPhil, Professor of Psychology, University of Oxford; Emeritus Professor of Clinical Safety Research, Imperial College, London
- Robert M. Wachter, MD, Professor and Chair, Department of Medicine, Holly Smith Distinguished Professor in Science and Medicine, Marc and Lynne Benioff Endowed Chair, University of California, San Francisco

Emeritus Members

- Carolyn M. Clancy, MD, Assistant Deputy Under Secretary for Health for Quality, Safety and Value, Veterans Health Administration, US Department of Veterans Affairs
- Amy C. Edmondson, PhD, AM, Novartis Professor of Leadership and Management, Harvard Business School
- Lucian L. Leape, MD, Adjunct Professor of Health Policy, Harvard School of Public Health
- Paul O'Neill, 72nd Secretary of the US Treasury

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[32] Interview with Michelle Schreiber, MD, former Senior Vice President and Chief Quality Officer, Henry Ford Health System, on January 25, 2018.

[33] Interview with Michael Williams, MBA, Board Chair, Children's National Medical Center, on February 8, 2018.

TFHD Care Compare Quality Metrics

April 2021

Define	Measure
Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA)	COMP-HIP-KNEE is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating
Hospital-Level 30-Day All-Cause Risk- Standardized Readmission Rate (RSRR) Following Elective Total Hip Arthroplasty (THA)/Total Knee Arthroplasty (TKA)	READM-30-Hip-Knee is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating
Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	OP-35 ED is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating Report.
Clostridium Difficile (C.difficile)	HAI-6 is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating Report.
HWR Hospital-Wide All-Cause Unplanned Readmission	READM-30-HOSP-WIDE is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating Report.

Define	Measure
Admit Decision Time to ED Departure Time for Admitted Patients	ED-2b is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating Report.
Abdomen CT Use of Contrast Material	OP-10 is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating Report.
Admissions for Patients Receiving Outpatient Chemotherapy	OP-35 ADM is the metric identifier with CMS. This metric was identified on the April 2021 Star Rating Report.

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WHITE PAPER

IHI Framework for Improving Joy in Work

AN IHI RESOURCE

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Contents

Foreword

Okay, I admit it. "Joy in work" sounds flaky. That was the reaction a friend of mine had when I suggested a couple of years ago that she add that to the strategic goals she was exploring with her team on a day-long management retreat. She did try, and her report back to me was this: "They hated it. They said, 'Get real! That's not possible.'"

Sad to say, I suspect that may still be the response of all too many workgroups and leaders, both inside and outside health care. "Hunkering down," "getting through the day," "riding out the storm" — these are much more familiar attitudes in inevitably stressed work environments, as truly good people try hard to cope with systems that don't serve them well, facing demands they can, at best, barely meet. The closest most organizations come to "joy" is "TGIF" parties — "Thank goodness it's Friday. I made it through another week."

It has long seemed a paradox to me that such depletion of joy in work can pervade as noble and meaningful an enterprise as health care. What we in the healing professions and its support roles get to do every day touches the highest aspirations of a compassionate civilization. We have chosen a calling that invites people who are worried and suffering to share their stories and allow us to help. If any work ought to give spiritual satisfaction to the workers, this is it. "Joy," not "burnout," ought to rule the day.

In our work in health care, joy is not just humane; it's instrumental. As my colleague Maureen Bisognano has reminded us, "You cannot give what you do not have." The gifts of hope, confidence, and safety that health care should offer patients and families can only come from a workforce that feels hopeful, confident, and safe. Joy in work is an essential resource for the enterprise of healing.

Good news! Joy is possible. We know it is possible, not only from intuition, but also from science. This IHI White Paper summarizes a surprisingly large literature on theory and evidence about factors, such as management behaviors, system designs, communication patterns, operating values, and technical supports, that seem associated with better or worse morale, burnout, and satisfaction in work. It also cites a growing number of health care organizations that are innovating in pursuit of joy in work, and often getting significant, measurable results. (One of those organizations is IHI, itself, whose local projects are worth studying.)

Since joy in work is a consequence of systems, quality improvement methods and tools have a role in its pursuit. That is to say: organizations and leaders that want to improve joy can do so using the same methods of aim setting, tests of change, and measurement that they use in the more familiar terrain of clinical and operational process improvement.

So, listen up! "Joy in work" is not flaky, I promise you. Improving joy in work is possible, important, and effective in pursuit of the Triple Aim. This IHI White Paper will help you get started. And you might well find that the joy it helps uncover is, in large part, your own.

Donald M. Berwick, MD
President Emeritus and Senior Fellow
Institute for Healthcare Improvement

Executive Summary

With increasing demands on time, resources, and energy, in addition to poorly designed systems of daily work, it's not surprising health care professionals are experiencing burnout at increasingly higher rates, with staff turnover rates also on the rise. Yet, joy in work is more than just the absence of burnout or an issue of individual wellness; it is a system property. It is generated (or not) by the system and occurs (or not) organization-wide. Joy in work — or lack thereof — not only impacts individual staff engagement and satisfaction, but also patient experience, quality of care, patient safety, and organizational performance.

This white paper is intended to serve as a guide for health care organizations to engage in a participative process where leaders ask colleagues at all levels of the organization, "What matters to you?" — enabling them to better understand the barriers to joy in work, and co-create meaningful, high-leverage strategies to address these issues.

The white paper describes the following:

- The importance of joy in work (the "why");
- Four steps leaders can take to improve joy in work (the "how");
- The IHI Framework for Improving Joy in Work: nine critical components of a system for ensuring a joyful, engaged workforce (the "what");
- Key change ideas for improving joy in work, along with examples from organizations that helped test them; and
- Measurement and assessment tools for gauging efforts to improve joy in work.

Introduction

If burnout in health care were described in clinical or public health terms, it might well be called an epidemic. The numbers are alarming. A 2015 study found over 50 percent of physicians report symptoms of burnout.[1] Thirty-three percent of new registered nurses seek another job within a year, according to another 2013 report.[2] Turnover is up, and morale is down.

Burnout affects all aspects of the pursuit of better health and health care. It leads to lower levels of staff engagement, which correlate with lower customer (patient) experience, lower productivity, and an increased risk of workplace accidents. These all significantly affect the financial vitality of an organization. The impact on patient care is even more worrying. Lower levels of staff engagement are linked with lower-quality patient care, including safety, and burnout limits providers' empathy — a crucial component of effective and person-centered care.

So, what can leaders do to counteract this epidemic? The Institute for Healthcare Improvement (IHI) believes an important part of the solution is to focus on restoring joy to the health care workforce. With this in mind, IHI developed four steps leaders can take to improve joy in work (the "how"); and the IHI Framework for Improving Joy in Work — critical components of a system for ensuring a joyful, engaged workforce (the "what"). Together, they serve as a guide for health care organizations, teams, and individuals to improve joy in work of all colleagues.

To inform this work, IHI led three 90-day Innovation Projects on Joy in Work in 2015–2016, with the goal of designing and testing a framework for health systems to improve joy in work. The Innovation Projects comprised scans of the current published literature on engagement, satisfaction, and burnout; more than 30 expert interviews based on the literature scan, including interviews with patients and exemplar organizations both within and outside of health care; site visits; and, finally, learning from 11 health and health care systems working to improve joy in work as they participated in a two-month prototype program testing steps, refining the framework, and identifying ideas for improvement.

In addition to presenting the four steps and the framework, this white paper describes specific changes to test, discusses practical issues in measuring joy in work, presents examples from organizations involved in testing and implementation, and includes self-assessment tools for health care organizations looking to understand their current state.

Why Use the Term "Joy in Work"?

Why "joy in work"? And why now? Some may think focusing on joy in health care — a physically, intellectually, and emotionally demanding profession — is a distant goal. But focusing on joy is important for three fundamental reasons.

First, focusing on joy, as opposed to focusing only on burnout or low levels of staff engagement, accords with an approach applied to solving many intractable problems in heath and health care. It's tempting to analyze a problem by only paying attention to deficits or gaps. But to get to solutions, it is essential to identify, understand, and leverage all the assets that can be brought to bear, and joy is one of health care's greatest assets. Health care is one of the few professions that regularly provides the opportunity for its workforce to profoundly improve lives. Caring and healing should be naturally joyful activities. The compassion and dedication of health care staff are key assets that, if nurtured and not impeded, can lead to joy as well as to effective and empathetic care. This assets-based approach to improvement enables people to look at issues from different perspectives, which often leads to designing more innovative solutions.

The sociologist Aaron Antonovksy taught us to think of health as more than merely the absence of disease. Health is about coherence, he said — a sense that life is comprehensible, manageable, and meaningful.[3] Following Antonovsky's lead, the second reason to focus on joy in work is because joy is about more than the absence of burnout. Joy, like Antonovsky's conception of health, is about connections to meaning and purpose. By focusing on joy through this lens, health care leaders can reduce burnout while simultaneously building the resilience health care workers rely on each day. Again, the goal is to design innovative solutions by looking at issues from a different perspective.

The third reason for focusing on joy takes us back to W. Edwards Deming. His 14 Points for Management, first presented in his book *Out of the Crisis*, address joy, but use different terms. Consider, for example, Point 11, "Remove barriers that rob the hourly worker of his right to pride of workmanship," and Point 12, "Remove barriers that rob people in management and in engineering of their right to pride of workmanship." For Deming, "pride of workmanship" and "joy" were highly related, if not interchangeable.[4] Later in life, Deming increasingly emphasized the importance of joy in work. In his final lectures, he routinely stated that "Management's overall aim should be to create a system in which everybody may take joy in [their] work." Ensuring joy is a crucial component of the "psychology of change," one of the cornerstones of Deming's scientific approach to improvement. In addition to being a core part of his theory of improvement, joy in work, to Deming, was also a fundamental right. It is up to leaders, he argued, to ensure that workers can enjoy that right.

Fairness and Equity as Contributors to Joy in Work

Individuals who experience unfairness and inequity at work, or even outside of work, feel disempowered and will likely disengage, regardless of the basis for the inequity. Links have been made between race and ethnicity and wellbeing, showing various racial and ethnic groups experiencing less joy in work. The National Health Service in England went about measuring this within their environment and found significant disparities between the experience of white employees and that of black, minority, and ethnic employees. They went further to show that the sites with the highest rates of discrimination against minorities had the lowest patient experience scores. Besides indicating toxic environments for individuals and teams, addressing racism and inequity in the workplace becomes a quality-of-care imperative.[5]

Focusing on equity can also lead to improving joy in work. For example, Henry Ford Health System's emphasis on health care equity has been a driver of employee engagement. They administered a Gallup Employee Engagement survey and found that employees involved in health care equity work were seven times more engaged than other employees. The IHI White Paper, *Achieving Health Equity: A Guide for Health Care Organizations*, offers a framework for health care organizations to improve health equity for their staff and the communities they serve.[6]

Regardless of the approach taken, health care organizations need the full engagement of all staff members in the mission. If individuals disengage, group output becomes less diverse, opinions are marginalized, decisions and performance suffer, and consequently, patients suffer.[7] When everyone is engaged in an equitable and diverse environment, they feel as though they can listen to what matters to patients and colleagues; comfortably ask questions, request help, or challenge what's happening; and use teamwork to successfully solve challenges. All of these contribute to a positive work experience and enable the entire team to experience joy in work.

The Case for Improving Joy in Work

Perhaps the best case for improving joy is that it incorporates the most essential aspects of positive daily work life. A focus on joy is a step toward creating safe, humane places for people to find meaning and purpose in their work.

There is also a strong business case for improving joy in work. Recognizing that joy does not yet have a single validated measure, which we'll discuss more in the measurement section, the business case draws on outcomes of the work environment, including engagement, satisfaction, patient experience, burnout, and turnover rates.

Engagement is an imprecise but often-used proxy measure for joy. An engaged workforce is one that holds a positive attitude toward the organization and its values, and is foundational to creating high-performing organizations.[8] When researchers studied human capital management drivers, they found that traditional Human Resources metrics (e.g., average time to fill open positions and total hours of training provided) do not predict organizational performance. Rather, a score of human capital drivers including employee engagement, among other factors, was more relevant.[9] A UK study also demonstrated the relationship of performance and profitability with employee engagement.[10] These and other studies confirm the intuitive: improving engagement contributes to improved performance.[11] It enables greater professional productivity with lower turnover rates. Joy in work, in turn, improves patient experience, outcomes, and safety, resulting in substantially lower costs.[12]

Many have documented this correlation between greater employee satisfaction and safer, more efficient patient care.[13] There is ample evidence that management practices to produce a joyful, engaged workforce are associated with fewer medical errors and better patient experience;[14] less waste; higher employee productivity;[15] and more discretionary effort on the part of staff and reduced turnover, leading to better financial performance.[16]

Studies have also shown a link between job dissatisfaction and plans for leaving a job. By considering employee turnover as a factor that's associated with joy in work, it is possible to make an explicit financial case as well. One study showed that lost revenue for replacing one full-time equivalent (FTE) physician is $990,034, plus recruitment costs of $61,200 and annual start-up costs of $211,063. That means replacing one departing physician and on-boarding a new physician will cost the organization more than $1 million ($1,262,297).[17] Finally, measuring joy and sharing the measurement results externally helps attract and retain top performers to an organization.[18]

Four Steps for Leaders

As IHI engaged with partners in thinking about how to restore, foster, and nurture joy in the health care workforce, it became evident that leaders often find it challenging to see a way to move from the current state to "joy in work." Here are four steps leaders can take to find a path forward.

Figure 1. Four Steps for Leaders

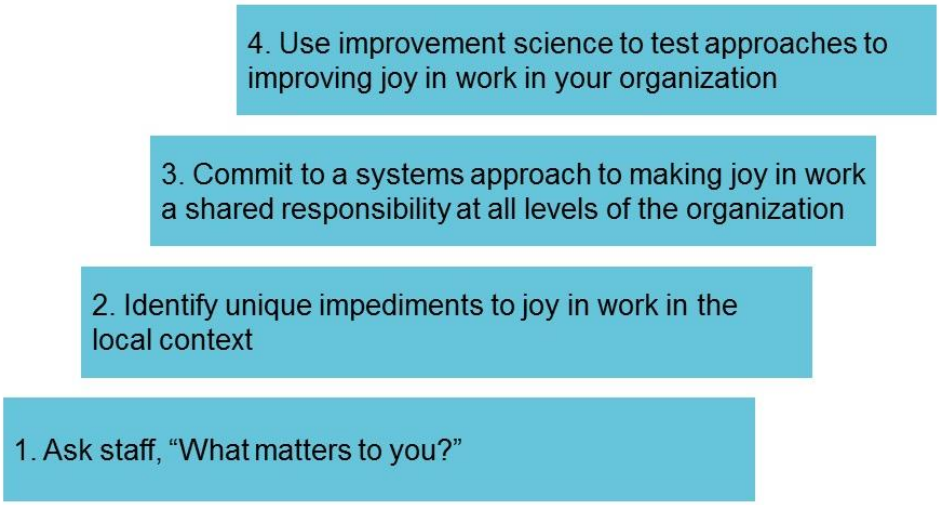


Figure 1 depicts the steps as stairs, to illustrate that each step serves as the foundation for the steps that follow. First, leaders engage colleagues to identify what matters to them in their work (Step 1). Next, leaders identify the processes, issues, or circumstances that are impediments to what matters — the "pebbles in their shoes" that get in the way of meeting professional, social, and psychological needs (Step 2).[19] Then, in partnership, multidisciplinary teams come together and share responsibility for removing these impediments (focusing on nine critical components), and for improving and sustaining joy (Step 3). Leaders and staff use improvement science together to accelerate improvement and create a more joyful and productive place to work (Step 4).

The four steps do not ignore the larger organizational issues, or "boulders," that exist, such as the impact of electronic health record functionality on clinicians' daily work, or workload and staffing issues. Rather, the steps empower local teams to identify and address impediments they can

change, while larger system-wide issues that affect joy in work are also being prioritized and addressed by senior leaders. This process converts the conversation from "If only they would…" to "What can we do today?" It helps everyone see the organization as "us" and not "them."

Creating joy and engagement in the workplace is a key role of effective leaders. IHI's High-Impact Leadership Framework describes leaders' actions that make them effective, from being an authentic presence at the front line to staying focused on mission and what matters, and identifies attention to joy in work as a major component of the leadership role.[20] These leadership actions also give meaning to work, promote camaraderie, and are essential to improving joy. Similarly, everything we know about improving safety in health care relies on ensuring a fair and just culture, effective teams, and daily improvement — those things that also contribute to joy in work.[21] Safety, effective leadership, and a joyful workforce are inextricably linked.

Get Ready

Before launching into Step 1, three "Get Ready" actions will establish a foundation for success. To embark on the steps without making these preparations risks derailing well-intentioned plans.

- **Prepare for the "What matters to you?" conversations:** These are rich, learning conversations — not intended to communicate information, but rather to listen and learn. Leaders are often ill equipped to have effective conversations with colleagues, and many put off these important dialogues because of two primary concerns: 1) What if colleagues ask for things I can't do? and 2) How am I going to fix all the things they identify? Leaders rightly fear an avalanche of issues falling on them that they are unable to address effectively. Leaders and colleagues should recognize this is a different approach than the usual "I tell you what isn't working and you fix it" approach. See Appendix A for a guide to conducting effective "What matters to you?" conversations and resolving issues that arise from such conversations. The guide helps leaders get started quickly and learn as they go.
- **Ensure leader capacity at all levels of the organization:** Leaders at the local level (e.g., program, department, or clinic) — referred to as "core leaders" in this paper — are tasked with guiding the work to improve joy in work in their respective areas. These leaders need the capacity (i.e., time to do the work and improvement science skills) and skill to facilitate the "What matters?" conversations, and to act on the issues that surface. Identifying impediments and then not acting on them intensifies rather than diminishes cynicism. For example, one organization testing these steps asked staff about impediments, but was unable to act at that time. A year later, when leaders returned to colleagues to ask about "What matters?" they were met with frustration — staff were hesitant to participate further because nothing had happened after their previous input. During prototype testing, sites found that they could begin tests of change on some local impediments almost immediately, especially if they broke these down into smaller segments. Sites that made progress on reaching their aims designated skilled and committed core leaders who facilitated improvement immediately, rather than waiting for an external resource team.
- **Designate a senior leader champion:** Optimally, joy in work is an organization-wide strategy, led by senior leaders and involving colleagues and leaders at all levels. Core leaders need to have at least one senior leader as a champion when issues arise that go beyond the scope of their local leadership. The champion also takes on the "boulders" that are too big for a local unit, and begins to address them in the larger organization.

Step 1. Ask staff, "What matters to you?"

This step is about asking the right questions and really listening to the answers to identify what contributes to — or detracts from — joy in work for staff (see Appendix A for a "What Matters to You?" Conversation Guide).[22] For many years, IHI has been promoting the transformative provocation to ask patients, "What matters to you?" in addition to "What's the matter?"[23] Health care leaders need to ask the health care workforce the same question. Only by understanding what truly matters to staff will senior management be able to identify and remove barriers to joy.

During the IHI prototype testing, some sites found it helpful to start with identifying a senior leader champion who commits to making joy in work a shared responsibility at all levels (Step 3). Highlighting senior leader support enabled staff to feel more comfortable bringing up issues and being honest about what matters to them. At these sites, teams needed assurance that change was an option before they were willing to share. Whether or not a champion is identified at the outset, leaders can support the process and show a genuine interest in the wellbeing of individuals and teams by regularly engaging colleagues in discussions to identify the unique local and organizational opportunities to improve joy in work.[24]

Discovering what matters relies heavily on trusting relationships and assumes that leaders know how to listen. This is not always the case. Strong leaders use effective listening and communication skills to involve others, build consensus, and influence decisions. Teams have found success with using communication boards, surveys, regular staff meetings or more informal meetings to engage, inform, and listen. Identifying what matters need not take a lot of time. However, what works in one setting may not work in another. It's up to leaders to find the method that works best for their colleagues and fits into the daily or weekly workflow.

By beginning with asking "What matters?" leaders engage in a form of appreciative inquiry that taps into strengths or bright spots, or what's already working in the organization, that offer energy for change. Conversation questions may include:

- What makes for a good day for you?
- What makes you proud to work here?
- When we are at our best, what does that look like?

This then sets the context for asking what gets in the way of a good day or what makes for a bad day.

When leaders and team members are frank about what makes for a bad day, whether it is an overload of patients in a clinic or an inability to act on patients' wishes for care, leaders and colleagues share the problems and ultimately the solutions. This creates a sense of "we are in this together." While leaders may not take immediate action on all issues, the conversation establishes a place to start to make the work environment and patient care better. Through this process, leaders can begin to identify assets and bright spots on which to build, as well as defects in the system that might be improved. By cultivating leaders' ability to work collaboratively, facilitate change, build relationships, and employ a participative management style, the organization will be in a better position to tackle complex challenges.[25]

During the Innovation Projects, IHI interviewed a few organizations outside of health care that have done this well. Howard Behar, former president of Starbucks Coffee Company, shared that listening and ensuring people feel heard has been the cornerstone of their work. "Leaders can't always do something to improve the problem, but they can listen and try," Behar said. "The tension

goes away as soon as people feel like their feedback is valued." One way Starbucks did this was through "Mission Review" cards. Every employee was given a postcard-sized card and encouraged to report any decision that did not, in their opinion, support the company's mission statement to a "Mission Review" team. Employees received a response from leadership within two weeks.

Step 2. Identify unique impediments to joy in work in the local context

Steps 1 and 2 usually happen in the same conversation and continue over time. Having conversations about what really matters to each person builds the trust needed to identify frustrations they experience during the work day. Everyone must feel like their ideas, opinions, and comments will be listened to before they can be open and honest.

Just as answers to the question, "What matters to you?" will vary depending on the individual, the system-level impediments to joy in work will also vary depending on the organization, department, program, clinic, or team. Responses to this question, in combination with other real-time data collection and surveys (explained in the measurement section), enable leaders to build a comprehensive understanding of what contributes to joy in work in the organization, as well as what doesn't.

In Step 2, identifying unique local impediments to joy in work is how leaders can begin to address the psychological needs of humans. By building on the "What matters?" conversations, leaders work with colleagues to identify impediments that exist in daily work — the "pebbles in their shoes" — and then set priorities and address them together. This offers everyone a chance to give input on which impediments to address, build camaraderie by working together to remove impediments, and practice equity in respecting all voices.

IHI's work with the organizations involved in prototype testing offers the following examples of identifying local impediments:

- The University of Michigan Cardiac Intensive Care Unit aimed to engage members of their community in a discussion around joy in work, discover what matters to their team, and identify two to three areas in which to test small changes. To do this, they asked staff about what matters to them and what gets in the way of experiencing joy in work. They then asked small groups of nursing staff, cardiology fellows, and "scribes" to use check marks to indicate "echoed" comments to identify top priorities. This process provided everyone a chance to see the issues identified and to weigh in on what to tackle first.
- Many organizations involved in the prototype testing created regular huddles, workgroups, or team meetings as forums for members to share "bright spots" and identify impediments to joy in work. Huddles were used to ask colleagues to share what a good day at work looks like for them; what makes for a bad day; and what they appreciate or are grateful for. One site described this as a pause for a "joyful moment."
- All organizations had some mechanism for making the identified impediments visible, such as a "What Matters to You?" or other type of communication board. For example, many sites posted sticky notes that resulted from conversations in meetings or huddles on a display in a team area, with an opportunity to contribute additional impediments or improvement ideas to the list. Making the impediments and associated ideas for improvement visible adds to the collective sense that "we are in this together."

One area that prototype sites identified as a challenge in Step 2 is how to respectfully handle the negative team members — those who complain, but don't participate in identifying solutions. Most leaders were pleased to discover that by initiating the "What matters?" conversation with colleagues first, spending time truly listening — rather than defending or saying why something will not work, clarifying what they heard, and adding the impediments identified to the suggestions list or notes — led to positive engagement. Emphasizing a focus on what staff can do together to address the impediments using improvement science methods and tools was vital for these teams. This led to previously negative members joining in as they developed hope that irritants in daily life would be addressed.

Step 3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization

Making a workplace joyful is the job of leaders. Nevertheless, everyone from senior executive leaders to clinical and administrative staff has a role to play. From creating effective systems to building teams to bolstering one's own resilience and supporting a positive culture, each person contributes. According to most sites engaged in the IHI prototype testing, it is critical for leaders at all levels to dedicate time, attention, skill development, and necessary resources to improving joy in work. Leaders from the American Association of Critical Care Nurses shared that it is vital to have a constant champion dedicated to joy in work to ensure momentum and sustainability.

Improving joy in work is directly linked to the skills of leaders at all levels. Organizations cannot just delegate responsibility for joy in work to the Human Resources department; it is everyone's job. In Step 3, it is most important to note that although there is a shared responsibility, not everyone does everything. The IHI Framework for Improving Joy in Work (see Figure 2) shows nine core components that contribute to a happy, healthy, productive workforce. (Each of these components is discussed in detail later in the paper.) In addition, the three outer rings of the framework show who is responsible for these components: senior leaders are responsible for all nine components; managers and core leaders are responsible for five components; and individuals, for three components. The responsibilities depicted in Figure 2 are meant to help leaders assess and plan for ongoing development of behaviors and systems at all levels to improve and sustain joy in work.

Certain barriers to joy need to be addressed before others and it's critical to recognize some basic psychological preconditions for joy in work. With Maslow's hierarchy of needs in mind, we identified that five fundamental human needs must be met to improve joy in work.[26] These five needs play a central role in the IHI Framework for Improving Joy in Work (see Figure 2): physical and psychological safety; meaning and purpose; choice and autonomy; camaraderie and teamwork; and fairness and equity. The first four fundamental needs are discussed in more detail below. Fairness and equity were previously addressed at the beginning of the paper and contribute to each of the core components. While all five of these human needs will not be resolved before addressing local impediments to joy in work, actions and a commitment to addressing all five will ensure lasting results.

Figure 2. IHI Framework for Improving Joy in Work

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

There are many ways to take a systems approach to improving joy in work. The aim is to make the change process rewarding and effective. Using principles of improvement science, organizations can determine if the changes they test are leading to improvement; if they are effective in different programs, departments, and clinics; and if they are sustainable. In IHI's prototype initiative, teams used the Model for Improvement[27] or another improvement method that was standard in their organization. In all cases, the teams set an aim for their work, decided on measures that would tell them if they were making progress, and selected components of the Framework for Improving Joy in Work as areas in which to test changes.

For example, one IHI prototype initiative team's inpatient unit had the aim to improve staff engagement scores by 50 percent overall. By noting concerns in several units regarding safety and poorly coordinated care, and reviewing the components in the Framework for Improving Joy in Work, the team decided to focus on improving teamwork as a good way to raise staff engagement. Daily huddles had been successful in critical care areas, so the manager and some of the staff decided to test change-of-shift huddles as a standard practice on the inpatient unit as a way to improve teamwork and engagement. The team's tests of changes included the following:

- Aim: Increase staff engagement scores on the inpatient unit by 50 percent by December.
- Measures:
    - Percent of shifts for which all teams had a daily huddle
    - Percent of staff that report they feel like a productive member of a team

- Changes: The changes included finding a time that worked for daily huddles for each shift, building a standard agenda that could be completed in 10 minutes, and specifying who on the unit could lead the huddles.
- Testing Changes: At this site, the team ran multiple tests on one unit the first week:
  1. Have one 15-minute huddle, with one team on the day shift, focusing on all patients.

     In response to what the team learned from this first test, the staff on the unit ran multiple subsequent tests:

     - Change the huddle agenda to focus only on high-risk patients.
     - The charge nurse runs the huddle.
     - Have the huddle immediately after bedside report.
     - Huddle at a different time for the evening shift.

     By tracking the percent of shifts with a huddle and percent of staff that report feeling like a productive member of the team, the leaders had a sense of whether or not daily huddles were contributing to improved teamwork and engagement. The team changed the measure from focusing on "feeling like a productive member of a team" to percent of staff responding "Agree" or "Strongly Agree" to the statement, "I have the tools and resources I need to do my job."
  2. Once this first team had a process that worked for both the day and evening shifts, the charge nurse established tests for the three other teams on the unit. Each team created their own tests to refine the daily huddle for their needs, including the timing that would allow staff to cover all patients. By the end of four months, 90 percent of teams on the unit were conducting daily huddles. The evening shift was an outlier, so the teams decided to keep working on shift huddles over time. Engagement scores rose by 30 percent as a result.
  3. At this point, the leaders were ready to spread daily shift huddles to other units. Each unit had its own structures and routines, so the shift huddles had to be adapted in each unit location, again using a methodology to test changes and measure the results. Leaders also noted that feeling a part of a team and having the tools needed to do the work were not sufficient for raising engagement by 50 percent, and so began working on other changes related to the framework components for camaraderie and daily improvement.

This example highlights key elements of improvement science:

- Make sure the aim is clear and numerical (how much, by when).
- Start small and use data to refine successive tests.
- Make sure the change idea works before getting more people involved or spreading the change. With confidence that the change works, then try it in many different situations.
- Track results of every test, using process measures first and then ultimately outcome measures; share results openly and help team members understand and use the data.
- Improvement is participative and involves everyone, from senior leaders who set the organization's strategic aim and support improvement, to core leaders who drive improvement every day, to the individuals who identify problems, seek and test solutions, and track the results.

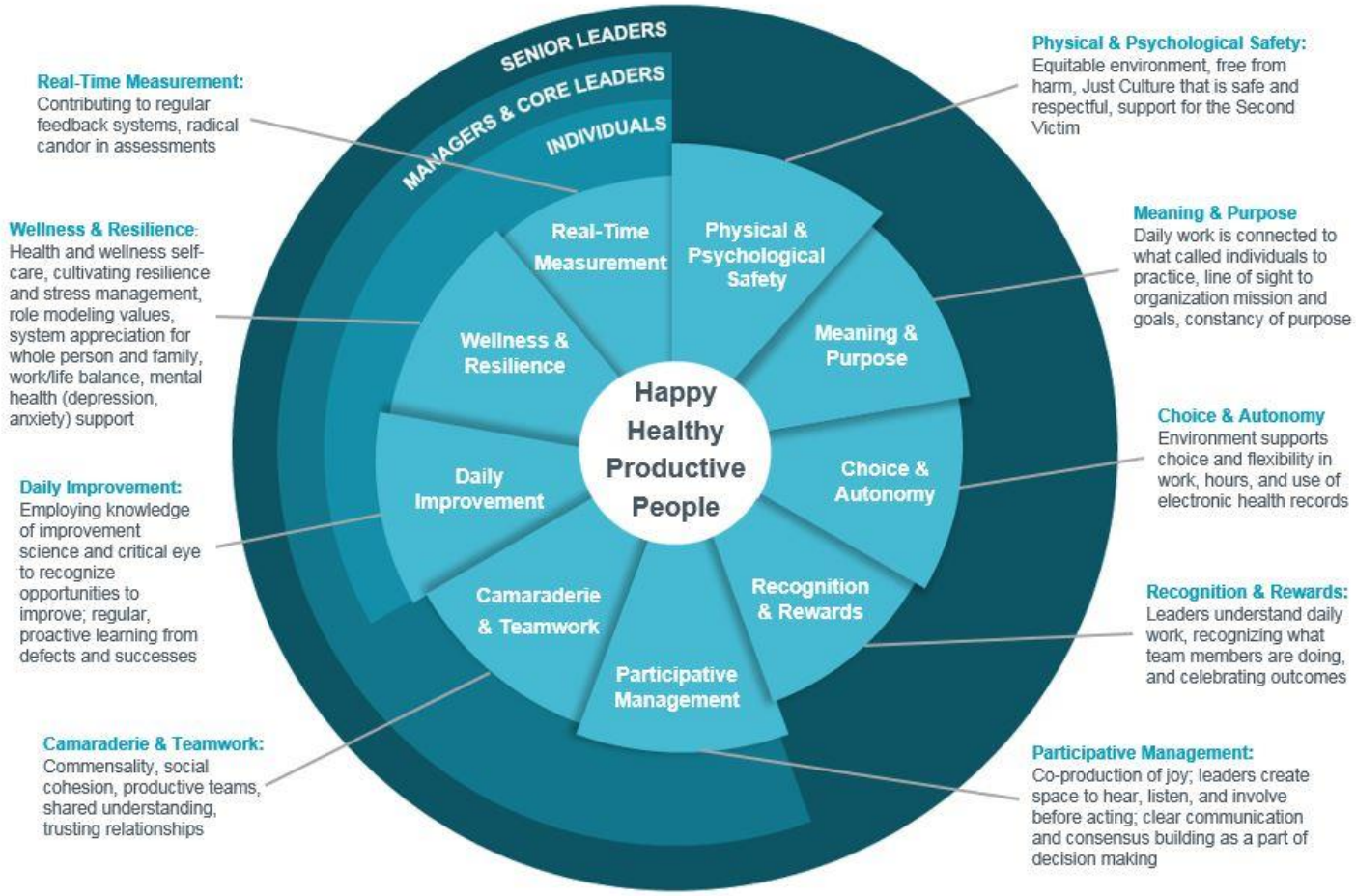
Appendix B provides examples of suggested changes for organizations to test for each of the nine critical components of the Framework for Improving Joy in Work. Of the nine components, prototype organizations frequently cited camaraderie and teamwork as the most critical to their progress in the initial stages of their work. The following are a few highlights from the IHI prototype testing that can serve as a model for Step 4.

- The University of Virginia School of Nursing team found that using concepts from the IHI Framework for Improving Joy in Work was more effective than the standard committee-driven process. In previous surveys, employees identified a strong desire for time off, unencumbered by the expectation of responding to email. With a small group of staff, the team tested a small change: stop sending email to staff during their time off. The benefits were immediately evident, so they expanded the change to all School of Nursing employees with great success. In a follow-up survey after the change was implemented, 80 percent of respondents reported improvement in respect for their personal time off. Building on this success, the team is using the IHI framework to address other longstanding problems that affect staff joy in work.
- The Mount Auburn Hospital team used small tests of change to restructure their approach to engaging colleagues in efforts to improve joy in work and address issues identified by staff. They focused on re-establishing trust among staff to ensure them that concerns they raised would be addressed. Following each "What matters?" conversation, local core leaders posted the issues identified during these discussions on a board where they were visible to all staff. Then, as each concern was addressed with small tests of change, core leaders documented what was being done along with the resolution, including issues that had to be escalated to a higher level of leadership. Making small, visible changes on local issues, and being transparent about the work, alleviated staff concerns that their voices weren't being heard and made the work environment more positive.

IHI Framework for Improving Joy in Work

While the four steps (see Figure 1) are designed to provide leaders with a pathway for "how to get from here to there," the IHI Framework for Improving Joy in Work (Figure 3) shows the critical components of a system for ensuring a joyful, engaged workforce.

Figure 3. IHI Framework for Improving Joy in Work



As mentioned, four of the nine critical components for improving joy in work — physical and psychological safety, meaning and purpose, choice and autonomy, and camaraderie and teamwork — are fundamental human needs that require the greatest attention, perhaps *first*. For this reason, these four components, particularly physical and psychological safety, are elaborated on in more detail than the other components in this section. Fairness and equity, discussed earlier as the fifth fundamental human need, contributes to achieving success in all critical components.

Physical and Psychological Safety

- Physical Safety – People feel free from physical harm during daily work.

- Psychological Safety – People feel secure and capable of changing;[28] there are respectful interactions among all; people feel able to question, seek feedback, admit mistakes, and propose ideas; and the organization provides full support for the staff involved in an adverse event (often referred to as the second victim).[29]

We define "physical safety" as feeling free from physical harm at work. Health care workers, particularly nurses, have very high rates of acute and chronic musculoskeletal injuries, high exposures to blood-borne pathogens and other infections, and across the US there are increased incidences of violence in health care settings.[30] Care facilities may be located in settings that pose risks (e.g., having to walk to dark parking lots or working in communities with potential safety issues). To be fully present at work, colleagues need to feel that adequate precautions have been taken to protect them.

We define "psychological safety" as people feeling secure and capable of changing; they are free to focus on collective goals and problem prevention rather than on self-protection; and they believe that no one will be humiliated or punished for speaking up. They know that staff will not be punished for human errors in unsafe systems, consistent with a just culture. Psychological safety is a team characteristic rather than an attribute of individuals. It is a climate in which people feel free to express relevant thoughts and feelings or speak up about unsafe conditions without retribution.

Psychological safety is founded on respectful interactions by everyone, and disrespectful behavior is rapidly and consistently addressed. People feel confident that others will respond positively when they ask a question, seek feedback, admit a mistake, or propose an idea. Consistent with exemplar safety environments, psychological safety fosters a climate in which raising a dissenting view is expected and respected, error reporting is welcomed, and people are willing to offer ideas, questions, and concerns.[31] This allows for productive discussion and early detection of problems.

It's imperative to put a focus on equity when addressing psychological safety. Every member of the team must feel respected and comfortable speaking up — not just some. A shared sense of psychological safety is a critical input to an effective learning system that leaders must develop.

Leaders build psychological safety through the following actions:

- Be accessible and approachable;
- Acknowledge the limits of current knowledge, frame the work accurately as complex, and show humility and fallibility;
- Invite participation;
- View failures as learning opportunities;
- Use direct, clear language;
- Set boundaries about what is acceptable behavior and hold others accountable for boundary violation;[32] and
- Develop and sustain a just culture.[33]

Meaning and Purpose

Do people find meaning in their work? Do they feel connected to a purpose that is larger than themselves in service to the community? Do they feel that the work they do makes a difference? Daily work is connected to what calls individuals to the health care profession. There is a line of

sight for each person from daily work to the mission and goals of the organization, and constancy of purpose is evident in the words and actions of leaders.

Outside of the health care industry, organizations like Menlo Innovations and Hospitality Quotient put an emphasis on the customer — those served by the organization's work. Other organizations, such as Barry–Wehmiller, take a more iterative approach to living their mission, behavior, and values with a recurring mission review. Within the health care industry, finding meaning and purpose may be easier as these are inherent in saving lives and keeping patients healthy and happy. Leaders who frequently talk about the purpose of collective work and encourage conversations about the individual and collective purpose in the organization tap into the meaning that each person brings to their work.

Choice and Autonomy

The environment supports choice and flexibility in daily lives and work. Do people feel like they have some choice in how they execute their daily responsibilities? Do they have voice in the way things are done in daily work? Are they a part of decisions on processes, changes, and improvements that affect them? Do they have information to make informed contributions to choices in their work? Do team members have the performance improvement skills and support to improve daily work?

Participative management and shared governance are two longstanding approaches that offer choice. For example, Starbucks teaches that leaders and managers should listen to staff and include them in solutions. Zappos call center employees do not work from a script and are encouraged to use their imagination to work with customers. Not needing to ask permission enables these sales representatives to succeed.[34] Empowered support staff members at Bellin Health can request the resources they need without having to go through leaders. In other health care settings, this means staff are empowered to make improvements and suggest innovations to the use of the electronic health record (EHR) to reduce the administrative burden and tasks which unnecessarily question physician or clinician judgment. This is frequently identified as a "boulder" in experiencing joy in work. From these examples, we learn that colleagues need the freedom and trust to make choices in their daily lives and careers, while following clearly identified necessary rules and guidelines.

Recognition and Rewards

Effective leaders understand daily work, regularly provide meaningful recognition of colleagues' contribution to purpose, and celebrate outcomes. Some of the most meaningful rewards are rarely monetary.[35,36] Organizations that are more successful in their efforts to improve joy in work begin to move away from traditional approaches that often have limited effectiveness. For example, while important for building camaraderie, parties and social gatherings alone are not sufficient to bring joy in work. It is the recognition, camaraderie, and celebration of team accomplishments that are validating, not the party itself.

Participative Management

Joy in work entails leaders creating space to listen, understand, and involve colleagues in providing input into decisions as an essential step in co-creation and participative management. Decision making involves clear communication and consensus building.

Participative leaders do three things:

- Engage before acting: They involve others in the beginning stages of an initiative to explain why the work is needed and gain commitment before implementing changes.
- Inform: They keep individuals informed of future changes that may impact them.
- Listen: They encourage colleagues to share, and listen to individuals at all levels in the organization. They consistently listen to everyone — not only when things are going well.

Camaraderie and Teamwork

Social cohesion is generated through productive teams, shared understanding, and trusting relationships. Do people feel like they have mutual support and companionship? Do they feel that they are a part of a team, working together toward something meaningful? Do they have a friend or someone who cares about them at work whom they can regularly ask for advice? Do they trust the organization's leadership? Do leaders regularly practice transparent communication? Do team members regularly express appreciation for each other's work?

Daily Improvement

The organization uses improvement science to identify, test, and implement improvements to the system or processes. Teams and the wider organization undertake regular proactive learning from defects and successes. Improvement in processes is part of daily practice.

Wellness and Resilience

The organization demonstrates that it values health and wellness of all employees. This goes beyond workplace safety to cultivating personal resilience (i.e., the ability to bounce back quickly from setbacks) and stress management; utilizing practices to amplify feelings of gratitude; understanding and appreciation for work/life balance and the whole person and their family; and providing mental health (depression and anxiety) support. Taking care of oneself is part of a larger systems approach to joy in work, not a standalone solution.[37]

Real-Time Measurement

Measurement systems enable regular feedback about system performance to facilitate improvement. Daily, weekly, or monthly feedback is the norm to ensure effective data for ongoing improvement.

Responsibilities by Role

There is a strong relationship between the qualities of leadership at all levels and engagement and performance. When researchers studied nursing staff experience, the variable contributing the most to retention was management style.[38] Other studies evaluating burnout and leadership quality of supervisors showed that positive leadership qualities of physician supervisors influence the wellbeing and engagement of individual physicians.[24]

This is not to say that leaders are solely responsible for improving joy in work. Everyone in the organization has an essential part to play. Yet, leaders do have an important role in modeling the expected behaviors and in creating a culture that supports improving joy in work. For this reason, the change ideas that prototype organizations tested (see Appendix B) were guided by leadership behaviors set forth in the IHI High-Impact Leadership Framework.[39] It is also important to note the concordance between these critical components for a healthy, happy, and productive workforce

and the Framework for Safe, Reliable, and Effective Care, which also focuses on many of these elements as well as the prominent role of leadership.[40]

Senior Leaders

Senior leaders are accountable for developing a culture that encourages and fosters trust, improvement, and joy in work. They ensure that improving joy in work is a responsibility at all levels of the organization, beginning with healthy, effective teams and systems.

While senior leaders ultimately bear the responsibility for each of the nine components (Figure 3), some components are most under their locus of control. After ensuring physical and psychological safety, they then set the vision and model the way for the transformation that joy in work requires. Senior leaders are responsible for articulating the organization's purpose, providing a clear line of sight from the work of each person to the mission of the organization, and ensuring meaning and purpose in work. They also ensure fair, equitable systems that embody the fundamental human needs that drive joy in work. By understanding daily work, leaders can recognize the context in which colleagues work, ensure the effectiveness of systems, and identify opportunities to make improvements and celebrate outcomes.

Managers and Core Leaders (leaders at the program, department, and clinic level)

Primary responsibilities of core leaders are utilizing participative management; developing camaraderie and teamwork; leading and encouraging daily improvement, including real-time measurement; and promoting wellness and resiliency through attention to daily practices.

Core leaders have the pivotal role of improving joy in work every day at the point of service. They work with their teams through the process of identifying what matters, addressing impediments through performance improvement in daily work, analyzing what is and is not working well, developing strategies, co-creating solutions with team members, advancing system-wide issues to senior executive champions, and working across departments or sites for joint solutions. This practice of participative management combined with collaborative process improvement makes it possible to meet fundamental human needs.[41] As impediments are addressed, staff engagement improves and burnout recedes. Participative management results in greater individual and team productivity, while process improvement increases efficiency.[42]

One key to the manager's role is balancing the benefit and burden of improvement. Research by Chris Hayes at St. Joseph's Health Care in Hamilton, Ontario, shows that improvement efforts, however well-meaning, can raise the workload and stress on the staff.[43] For example, installing health information technology has been reported as a cause of burnout, despite its value for safety and efficiency, because the workload in using it falls heavily on busy people, increasing their fatigue and stress. Wise managers select the improvements with high perceived value that ultimately lower the workload when they can. During any improvement effort, they monitor the staff for stress and take steps to lessen and smooth the additional work.

Individuals

Everyone plays an important role in nurturing joy in the workplace by committing to doing their best, having respectful interactions, identifying opportunities to improve, being part of the solution, speaking up, and cultivating their own wellness and resilience. Each team member has a responsibility to be a good colleague, in addition to role modeling the core values of transparency, civility, and respect.

Measuring Joy in Work

How can one measure "joy"? At present, there is no single validated measure of joy in work. Until there is, leaders need to draw on other indicators that are known to contribute to, or signal trouble for, joy in work.

Measuring joy in work calls for both system-level and local-level measures:

- Two or three system-level measures (such as satisfaction, engagement, burnout, turnover, retention, employee wellbeing, workplace injuries, or absenteeism) that can be reviewed at least annually to identify areas for improvement and to track progress over time; and
- Local-level measures or assessments that occur more frequently that local leaders can use for improvement on a daily or weekly basis. Daily or weekly assessments of joy in work are initiated and tracked by the staff themselves, along with the core leader of the unit, clinic, or department. The timing of these local assessments matters. Assessments can occur after an event, such as an adverse event; after an interval, such as a day or a week; or at random.[44]

It's particularly helpful if data can be stratified by unit, department, discipline, and other demographic factors such as race and ethnicity. By drilling down into different units or groups of staff, organizations can identify areas in which to focus their improvement efforts first. More frequent and tailored data collection, and transparent sharing of results with each work unit and its leaders, allows for more real-time improvement and a better way to track the impact of changes over time.

Appendix C includes examples of existing measurement and assessment tools for improving joy in work that organizations may adopt or adapt. In IHI prototype testing, no single measurement system was used across sites. The most practical approach is to leverage existing measurement data (e.g., satisfaction, engagement, burnout, turnover, retention, absenteeism) and measure more frequently over time, if possible. Certain measures will be better indicators of the effectiveness of changes that are tested, and certain tools will work better at some organizations than at others based on a variety of factors (e.g., the type of work in which colleagues are regularly engaged, the capacity of individuals to dedicate time to filling out an assessment). Rather than starting from scratch, many organizations choose to incorporate a few questions from other assessments into their existing assessment tool.

Regardless of what is measured, leaders need to track data regularly, make the results transparent, and address issues that are identified as a priority. It's important for joy in work to be a key organizational metric, on the same level as other organizational priorities and measures. This sends an important message to staff about the culture and values of the organization. Measuring joy in work can also help secure an organizational sense of "we're in this together for our mission" when such measurement is used to demonstrate the link between joy in work and the patient experience, and to its impact on costs (e.g., staff turnover, recruitment and retention).[45]

Conclusion

Improving joy in work is an underused and high-leverage opportunity for creating environments where people find meaning and purpose while improving patient experience, outcomes, and safety, as well as organizational effectiveness and productivity. The leadership and management practices designed to improve joy in work are some of the most high-leverage changes an organization can undertake since a focus on joy in work simultaneously impacts so many goals embedded within the Triple Aim.

Health care is in the beginning stages of recognizing the strategic significance of improving joy in work. The four steps for leaders and the IHI Framework for Improving Joy in Work provide an approach for organizations to begin that important journey. The opportunities to learn together how to build cultures that thrive through nurturing joy in daily work are immense. Let us begin and learn together.

Appendix A: "What Matters to You?" Conversation Guide

This resource is intended to help leaders guide conversations with colleagues about "What matters to you?" — Step 1 of the Four Steps for Leaders (see Figure 1). The content is derived from the "Listen to Understand" material.[46]

Purpose

To increase joy in work, senior and core leaders engage in effective, meaningful conversations with colleagues to understand:

- What matters to you in daily work?
- How to build on assets: What helps make a good day? When we are at our best, what does that look like?
- What gets in the way of a good day?

Principles

- Ask the question, listen to the first response, and then allow for deeper reflection about initial comments. Be comfortable with silence; practice curiosity and inquiry to listen — not just to hear, but also to understand.
- You do not have to fix everything now — the intention of the conversation is listening to understand what matters, then working together using improvement science tools to address the things that get in the way of what matters.
- Ensure that this work is done *with* colleagues and team members — not *to* or *for* them.

Step 1. Ask staff, "What matters to you?" — The purpose of the conversation		
Do	**Don't**	**Steps to Try**
• Consider asking a colleague who is a skilled facilitator to co-lead the conversations in team meetings • Talk about the *purpose* of the conversation — why you are interested in what matters to staff • Share a story about what matters to you and what makes a good day for you	• Assume you know what others are thinking or experiencing • Promise to fix everything • Do this as a one-time activity • Talk to just those who are positive and avoid the negative voices	• Purpose = Be able to articulate *why* you are talking about joy in work • Talk about your commitment to working together to make daily life better for everyone • Emphasize that this is about ongoing improvement, not a one-time or quick fix • Use brief huddles in the work area to have conversations with as many people as possible; this builds inclusiveness

Step 1. Ask staff, "What matters to you?" — Build on assets and "bright spots"		
Do	**Don't**	**Steps to Try**
Ask staff members to share: • Why I decided to work in health care • What makes me proud to work here • What matters to me in my work is… • What is the most meaningful or best part of my work • I know I make a difference when… • When we are at our best, it looks and feels like… • What makes a good day is…	• Assume all team members will understand what you're talking about immediately; they are often not used to being asked "What matters?" • Assume all will feel safe talking initially • Assume all have the same view • Mandate participation — instead, welcome and invite • Speak for others	• Choose one question to get started, then listen and invite others to comment • Ask follow-up questions to clarify statements • Point out when bright spots are similar; identify the themes you hear • Capture what you are hearing so it is visible (e.g., on a whiteboard) and post the feedback in a location that's visible to all staff
Step 2. Identify unique impediments to joy in work — The "pebbles in their shoes"		
Do	**Don't**	**Steps to Try**
Ask members to share: • What gets in the way of what matters (the "pebbles in their shoes") is… • What gets in the way of a good day is… • What frustrates me in my day is…	• Stay with general or broad comments ("never," "always," etc.) • Allow a single person to do all the talking • Assume people know you have heard them • Feel you need to immediately solve every issue identified • Think you need to do this all yourself	• Choose one question to get started, then listen and invite others to comment • To move from broad comments ("always," "never"), ask team members to be more specific, to identify some ideas you might test as a starting point: ◦ "Help me understand what that looks like?" ◦ "What happened yesterday that would be an example of that?" ◦ Link to assets/bright spots: "What from our bright spots list would help us?" • When one person is primarily talking, thank them for their comments and suggest, "Let's hear from others on the team…" • Acknowledge what you're hearing (e.g., "The thing that frustrates you is… did I get that right?") • Capture what you are hearing so it is visible (e.g., on a whiteboard) and post the feedback in a location that's visible to all staff • Use brainstorming tools to generate ideas for overcoming impediments

Step 3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization — Co-design next steps		
Do	**Don't**	**Steps to Try**
• List what the team identifies as bright spots and impediments • Ask, "What should we tackle first?" • Ask that all individuals participate in the local improvement work • Be specific about improvement (e.g., "We will develop our skills in improving this process starting tomorrow") • Take immediate action with team members and ensure ongoing communication and follow-through • Ensure that patient and family advisors are part of care system changes	• Judge, accept, or deny ideas • Take it all on yourself • Ask, then do nothing • Allow large gaps of time to occur between the initial conversation and follow-up conversations	• Engage others and support creative thinking through the sharing of ideas • Use a short list of criteria to choose where to start — the issue…: ◦ Is something we can do in our area right away, beginning small tests of change within 24 hours ◦ Is an improvement that is a quick win ◦ Is meaningful to several team members ◦ Is one that team members are willing to test • You or team members provide brief daily updates to the team • Patient and family advisors can be a source of energy for the team and reinforce why it's important for team members to act on changes that impact what matters
Step 4. Use improvement science to test approaches to improving joy in work in your organization		
Do	**Don't**	**Steps to Try**
• Build on the previous three steps • Leaders role-model using improvement science (e.g., Model for Improvement; Lean) — improving *with* staff — as the organization strives to improve systems • Celebrate lessons learned — when a test fails, say "look what we learned from this" and keep testing • Begin to link the changes for joy in work to other improvements (e.g., how one improvement helps increase safety or efficiency) • View improvement as part of daily work, something that is an essential part of each person's role • Put systems in place to monitor changes, to ensure they are sustained or to signal a need for further improvement • Use change ideas from Appendix B to challenge the team to continue to aim high • Celebrate small wins	• Try to "fix it" by yourself as a leader • Try changes that are too big or too complex, or try to change everything at the same time • Assume you know the solution • View this work as a project • Assume that changes will be sustained • Move on to the "next thing" • Fail to develop a short-term and long-term measurement strategy	• Develop a clear aim — have individuals co-create the aim (achieve what, by when) so everyone knows the target/goal you are working toward • Ask for volunteers, especially those who have a passion for change, to help with improvement • Go small to go fast — use rapid, short PDSA cycles to test ideas (e.g., test one small change this afternoon, in one location); if you can't make progress quickly, try breaking the improvement into smaller parts • Build capacity — teach improvement science to team members as you do tests of change • Ensure patients and families are part of the improvement • Measure results — a combination of fast, short-term feedback and long-term feedback that includes process measures first, then outcome measures; share results; keep testing

• Experiment — understand which changes you test have the most impact and then expand on these		• Measure ongoing results to ensure sustained results • Ask “What’s next?” and “What can we do even better?” • Provide regular recognition for the changes implemented and sustained over time • Remind team members of the progress made

Appendix B: Change Ideas for Improving Joy in Work

Organizations participating in the IHI prototype testing to improve joy in work used and adapted some of the change ideas described below. The change ideas are organized by the nine critical components of the IHI Framework for Improving Joy in Work (see Figure 3).

While the change ideas apply to all colleagues, leaders have accountability to model the way while also expecting others to demonstrate behavior consistent with their position and skills. As mentioned in the paper, this framework draws key concepts from and accords with IHI's High-Impact Leadership Framework and the Framework for Safe, Reliable and Effective Care, since joy, leadership, and high levels of performance are inextricably linked.[47,48] All three improve together, and conversely all three will decline together.

IHI Framework Component	Change Ideas to Test	Illustrative Examples
Physical and Psychological Safety	• Dedicate leader time, attention, skill development, and necessary resources to improving joy in work • Leaders role-model the behaviors that create and nurture psychological safety: ◦ Be accessible, visible, and approachable to develop relationships with team members ◦ Acknowledge the limits of current knowledge ◦ Show fallibility and humility — do not have all the answers ◦ Invite participation ◦ View failures as learning opportunities ◦ Use direct, clear language ◦ Set boundaries about what is acceptable behavior and hold others accountable for boundary violation ◦ Show respect for all staff, regardless of their role • Create a just and fair culture ◦ Hold health care professionals accountable, but do not punish for human mistakes ◦ Establish policies and practices used by everyone to address harm and safety concerns ◦ Role-model and encourage staff to speak up if there is an issue that concerns them ◦ Offer one-on-one, group, and peer support for second victims of adverse events, particularly events involving harm ◦ Provide regular training and competency training to ensure skills and develop trust to achieve the desired culture	Chief of the Australian Army, Lieutenant General David Morrison, has said: "The standard you walk past is the standard you accept."[49] For example, if a leader walks past people speaking disrespectfully to each other and says nothing, it sends a message that the behavior is acceptable. Identifying and modeling behaviors also helps staff know what to expect. Leaders at Hospital Quality Institute regularly visit point-of-care staff to talk about what's important to them with respect to safety, and to thank people for being open about safety risks and problems. Brigham and Women's Hospital invests in supporting its Center for Professionalism and Peer Support. The Center serves many functions, one of which is as a confidential resource for any employee to raise concerns regarding unprofessional behavior by a physician. A study of the most effective teams and group culture conducted by Google showed teams that had empathy for each other, listened to all members of the group, and took turns talking had more shared knowledge and performed more efficiently as a team.[50] Beth Israel Deaconess Medical Center and Kaiser Permanente regularly track and address work days lost to injury and share this data with the leadership team and staff (via a newsletter and their website). The organizations keep a running tally of issues that are addressed (updated monthly).

IHI Framework Component	Change Ideas to Test	Illustrative Examples

	• Address professionalism or disrespectful behavior concerns through established mechanisms to hear and address complaints
	  ◦ Hold professionalism education, including workshops to address disruptive behavior, conflict management, giving feedback, and teamwork
	• Ensure that fairness is a value acted on every day
	  ◦ Establish equitable systems for core organizational practices or equity topics (e.g., salary, skilled supervisors)
	  ◦ Improve group culture by encouraging equality in distribution of conversational turn-taking and social sensitivity (perceiving, understanding, and responding to others' points of view)
	  ◦ Address implicit and explicit bias in the organization
	• Attend to physical safety
	  ◦ Ensure that systems, assistive equipment, policies, and practices that address workplace injuries are in use at all times, especially related to physical risks such as lifting, ambulation of patients
	  ◦ Use escorts, buddy systems, and other types of support in high-risk areas (mental health, emergency department, community outreach) as needed	

Meaning and Purpose	• Provide clear messages about organizational purpose and a line of sight, through clear and frequent guidance about the organization's mission and vision, to connect team members to the meaning and purpose of their work
	  ◦ Highlight the importance of work in relation to existing goals
	  ◦ Make the line of sight to purpose a daily discussion
	  ◦ Leaders at all levels communicate the direct connections between the organization's goals and everyone's work (e.g., when infection rates decline, each local leader can point to the work of staff on their unit that contributed — medical, nursing, environmental services, and other staff)
	• Focus on who is being served by the work and put a human face behind every statistic
	  ◦ Remind staff of the "why" and find new ways to reinforce it every day
		Starbucks helps staff document the key elements of the desired culture in the organization through a Mission Review program. Staff are encouraged to speak up if they feel like the organization is not living up to the mission or values. This is escalated up the corporate structure through managers. Staff are also given a culture book that is written, shared, and reinforced by each employee.
		
		Bringing in veterans to talk about their experiences in health care helped the staff at Veterans Health Administration connect their daily tasks back to the work.
		
		Conducting purposeful leadership rounds to engage team members in conversations about how they find meaning and purpose in their work is a highly successful practice.

IHI Framework Component	Change Ideas to Test	Illustrative Examples
	◦ Use staff meetings or huddles as a time when staff can talk about why the work is important to them, and what makes for a good day ◦ Engage patient advisors in sharing their stories to reconnect staff to their personal purpose, or incorporate patients as team members to regularly link actions to mission • Enlist staff participation in vision setting and critical analysis of the organization's mission and goals	
Choice and Autonomy	• Design systems where staff team members can make choices they see fit, whenever possible ◦ Make selections on products and services they use ◦ Use flexible work arrangements ◦ Ensure transparency of information so that colleagues can make choices based on current information • Make sure that staff have opportunities to voice what matters to them, in public (e.g., at meetings and on feedback boards) and anonymously • Enable colleagues to identify impediments in daily work through regular discussions and analysis, and engage them in making improvements to eliminate the impediments • Teach team members how to do the work and then how to make improvements when they come across challenges • Develop systems so everyone knows how they are performing relative to goals and what to do to improve	Many programs, departments, and clinics have a process by which staff list things that waste their time. The core leader helps identify which items are high priority and supports a pair of staff members as they work to remove the wasteful practice. The staff own and address the problems together. "Breaking the rules" is a concept in which leaders ask their staff, "If you could break or change any rule in service of better care, what would it be?" IHI Leadership Alliance members found asking this question enabled their organizations to identify areas where they might take direct action to reduce onerous administrative waste, in addition to eliminating habits and rules that appear to be harming care without commensurate benefit.[51] Atlassian, an Australian software company, gives their developers one full day every quarter to do whatever they want. The only requirement is that they share their results at the end of those 24 hours. These days of autonomy have resulted in software fixes that never would have existed otherwise.[52] Job sharing and staff-managed work assignments are well-tested ways to ensure clinicians have a choice about what they do and how they do it. At Bellin Health, teams redesigned the office visit to ensure that each team member was involved and working to the top of their degree in the patient interaction. Baylor Scott & White Health has worked to restore autonomy to individual clinics through leadership training for medical directors of individual clinics, and by supporting staff through electronic medical record changes. The lessons learned from the deployment of Epic in Central Texas were used to implement training and workflow in North Texas, focusing on staff efficiency and team care.

IHI Framework Component	Change Ideas to Test	Illustrative Examples
Recognition and Rewards	• Regularly recognize actions that reflect the mission, and celebrate accomplishments or contributions consistent with the organizational purpose • Develop an understanding of the daily work lives of team members, including shadowing team members on a regular basis to experience the work through their eyes • Provide meaningful celebrations and rewards frequently, emphasizing improvement, camaraderie, and teamwork • Use financial incentives and promotions in a fair and transparent way, recognizing that these rarely improve performance but are important to individuals	Starbucks employees carry cards to give to co-workers whenever they witness a good deed or an action that reflects the mission. Veterans Health Administration and other organizations offer workload credits to staff for participating in initiatives outside of their job description that can be redeemed for perks and use of services.
Participative Management	• Systems are in place to cultivate capable and talented core leaders, specifically equipping them with skills in building trusting relationships, participative management, team building, and improvement methods and tools • Be visible and connected; ensure executive and core leaders regularly do purposeful rounds in all sites • Use "What matters to you?" conversations (Step 1) to ensure all colleagues have a voice in how to improve joy in work (this can be done through one-on-one conversations, huddles, or group brainstorming sessions) and include colleagues in co-designing goals, strategies, and actions appropriate for the site or program • Use consensus decision making • Employ shared decision making such as an interdisciplinary shared governance model • Aim to eradicate non-value-adding work using participative management and performance improvement skills • Demonstrate real interest in team members' career success, resiliency, and personal wellness (see Leadership Dimensions Assessment Tool in Appendix C)	Seton Healthcare noted internal data showed that structured Leader Rounding by executives with managers and staff had a strong positive impact on engagement. IHI Leadership Alliance member organizations report that their executives spend time reconnecting to the work itself, for example, through clinical days or spending time greeting patients. These activities showed others that senior leaders valued their work and made leaders feel connected to the challenges at the point of care. Executives at Barry–Wehmiller teach listening to their leaders. They offer a training course, which includes storytelling, to help managers value listening to understand.

Camaraderie and Teamwork	• Create clear links between the camaraderie of team-based process improvement and joy in work
	• Attend to the relationships and camaraderie within the team/unit
	  ◦ Take responsibility for respectful interactions and expect them of others
	  ◦ Invite participation on all topics
		At IHI, each new employee is paired with an existing employee for their first three months at the organization to help acclimate them to the culture and processes, and to meet other staff.
		
		Menlo Innovations builds familiarity and connections among staff by assigning teams of two. Every week, the teams switch, encouraging knowledge sharing and capacity building, and ensuring that everyone

IHI Framework Component	Change Ideas to Test	Illustrative Examples
	◦ Organize social events for staff and families ◦ Pair employees and switch pairs frequently to transfer knowledge, build capacity, and familiarize team members with each other and working styles ◦ Encourage commensality (sharing a table) — those who spend time together over food (sharing a table) create a rapport that leads to better teamwork • Build and support teamwork ◦ Assess responsibilities of each discipline and cross-match with licensure limits and skill sets to maximize performance ◦ Redesign workflows that are clear, standardized where it makes sense, and waste free to ensure everyone is working effectively and at the highest level of their training ◦ Role-model and train staff in professional and communication skills ◦ Create courses, rounds, trainings, groups, programs, and time for interdisciplinary interaction ◦ Hold retreats to have important conversations, highlight linkages between departments, focus on problems, and begin talking about solutions ◦ Use team-building exercises to build trust and familiarity	has a chance to work together before they work in projects that need larger teams. When possible, make it easy for small groups of staff to take breaks and meals together. Agree on a charity that the unit or clinic would like to support together. Hospital Quality Institute builds teamwork between departments by holding mini-courses with an interdisciplinary group of staff. Leaders also go on rounds with staff to understand experiences at the point of care.
Daily Improvement	• Ensure all leaders have the required skills to lead improvement in daily work, are skilled in the identification and elimination of waste, and can coach teams to participate in improvement activity • Construct a feedback loop system; keep a running list of "pebbles in their shoes" with the status of each (e.g., escalated in the organization, improvement in progress) • Implement changes in real time, if possible; use a fast-paced approach to testing changes to show progress quickly • Use visual tracking of successes and failures of interventions • Use structured methods to reduce work inefficiencies (e.g., "waste walks" are a structured approach to identifying waste) • Ask all team members to: ◦ Commit to improving performance and work processes daily ◦ Speak up — with ideas, concerns, questions; help colleagues to do the same	A common list of actions for daily improvement includes: • Standardize what makes sense • Everyone at every level of the organization knows what they are supposed to do and knows how to get help if they need it • Visual management practices — key measures are tracked and visible to all • Standard use of problem-solving tools • Protocols for escalating problems to the right level • Intentional integration — consideration of the impact of improvements across the organization

IHI Framework Component	Change Ideas to Test	Illustrative Examples
Wellness and Resilience	• Encourage wellness and resiliency in staff so each team member has the tools to better handle stress and turn to healthy coping mechanisms ◦ Leaders should role-model individual wellness and resiliency by attending to their own wellness and resilience ◦ Use mobile apps and other tools to promote healthy habits ◦ Encourage colleagues to be leaders in adopting positive attitudes about work, as well as identifying opportunities to improve and be part of the solution ◦ Employ mindfulness techniques ◦ Three Good Things activity: Encourage team members to reflect on three good things every day • Support staff through personal and organization-wide changes • Make resources such as Employee Assistance Programs, wellness apps, and resources visible and accessible • Ensure core leaders have competency in change facilitation to decrease stress during planned work-related changes • Reinforce individual responsibility by embodying core values of respect, civility, transparency, and personal responsibility for wellness	At Mayo Clinic, core and senior leaders have incorporated the Healthy Habits into daily practice and they encourage colleagues to also use them: • Physical activity • Forgiveness • Portion sizes • Preventive health care testing • Adequate sleep • Try something new • Strength and flexibility • Laugh • Family and friends • Address addictive behaviors • Quiet your mind • Gratitude Dartmouth Health Connect (Iora Health Primary Care Practice) fosters a community of health by having staff and patients engage in farmer's market outings and five-minute meditation in the mornings. Departments within the Veterans Health Administration encourage staff to use a free mobile app (Provider Resiliency) to track personal burnout and wellness, as well as to provide tips or information on how to improve levels of both.
Real-Time Measurement	• Create measurement systems that track and display real-time data and ongoing improvement • Look for existing data in engagement surveys, safety culture surveys, turnover rates, vacancy rates, lost workday injury rates, or burnout scores to be able to track engagement and burnout regularly • Make staff concerns and what matters to them visible and transparent, including posters/whiteboards inviting input on what matters • Foster regular and open discussions about what is working and what is not, including regular huddles, workgroups, and team meetings to share bright spots and what a good day looks like	IHI uses pulse surveys, administered monthly, to track engagement and satisfaction. The results are reported to the entire staff each month, and staff are engaged in how to address specific concerns. Baylor Scott & White Health survey of primary care physicians asks about their five-year plan as a burnout marker. The Veterans Health Administration created an app to track resilience in real time through employees' smartphones.

Appendix C: Assessment Tools for Improving Joy in Work

As health care organizations begin working to improve joy in work, self-assessment tools help guide their efforts and measure progress — identifying specific opportunities for improvement, and determining if the changes they're testing are leading to improvement. The assessment tools described below are intended to help organizations evaluate current levels of joy in work and assess the impact of their improvement efforts related to the components of the IHI Framework for Improving Joy in Work described in this paper.

System-Level Measures

Most health care organizations use standard, proprietary staff satisfaction or engagement surveys. Many vendors exist, including online approaches with templates just for health care. Below are other measurement approaches that our experts and prototype teams have found useful.

Net Promoter Score[53]

The Net Promoter Score (NPS) was originally devised by *Harvard Business Review* in 2003 to indicate customer engagement. It is adaptable, however, to measure internal team members' engagement.

To determine the internal NPS, ask individuals, "On a scale of 0 to 10, how likely are you to recommend this company as a place to work?" A score of 0 (zero) suggests that they would warn people away from applying and a score of 10 suggests that they would tell everyone they know to apply immediately. Scores of 0 to 6 indicate detractors, 7 and 8 passives, and 9 and 10 promoters (though some include 8 in this last group as well). Once responses have been gathered, calculate the internal NPS = (# of promoters – # of detractors) / total # of respondents.

When to use this tool: If your organization is looking for one overall measure of joy in work, this may be a good measure to track as it provides a sense of how colleagues view the organization.

Mayo Clinic Leadership Dimensions Assessment[24]

The Mayo Clinic has recognized that leadership skill is closely associated with burnout. In surveys that assess the relationship between supervisor leadership qualities and burnout, researchers found that composite leadership scores strongly correlate with the burnout and satisfaction scores of individuals. Tracking leadership capability at the point of service enables senior leaders to identify best practices for spread and to intervene when a leader is struggling.

During prototype testing of the IHI Framework for Improving Joy in Work, IHI created a short assessment tool that highlighted the most important dimensions of leadership (adapted from the Mayo Clinic assessment):

My Leader	1 – low 5 – high	What it looks like when it happens:
Holds career development conversations with me		
Inspires me to do my best		
Empowers me to do my job		
Is interested in my opinion		
Encourages employees to suggest ideas for improvement		
Treats me with respect and dignity		
Provides helpful feedback and coaching on my performance		
Recognizes me for a job well done		
Keeps me informed about changes taking place in our organization		
Encourages me to develop my talents and skills		
I would recommend working for this leader		
Overall, how satisfied are you with this leader?		

When to use this tool: The Leadership Dimensions Assessment can be administered to individuals or to groups. Individual data highlights areas where multiple supervisors or areas of leadership need additional training or improvement. Completing this assessment with a group facilitates conversations about bright spots and areas for improvement.

Safety Attitudes Questionnaire[54]

The Safety Attitudes Questionnaire was developed by Bryan Sexton, Eric Thomas, and Bob Helmreich for organizations to assess their safety culture. This survey elicits health care provider attitudes using six factors: teamwork climate, job satisfaction, management, safety climate, working conditions, and stress recognition. The survey has been validated for use in critical care, operating rooms, pharmacy, ambulatory clinics, labor and delivery, and general inpatient settings.

When to use this tool: Use this survey to assess safety culture, identify areas for improvement, and highlight strengths across the organization. The survey can be used to establish baseline data on the existing culture of an organization, to compare culture internally between specialties, or to compare clinical performance between organizations.

AHRQ Patient Safety Culture Surveys[55]

The Agency for Healthcare Research and Quality (AHRQ) sponsored the development of patient safety culture surveys, customized by specialization — hospital, medical office, nursing home, community pharmacy, and ambulatory surgery.

When to use this tool: These surveys are used to assess the current safety culture within an organization, raise awareness of patient safety issues, identify areas for improvement, highlight strengths, and provide the ability to view the data over time. This data can be used for internal

comparisons between specialties or areas of the organization, or external comparison across organizations and the health care industry.

Maslach Burnout Inventory[56]

The Maslach Burnout Inventory, developed by Christina Maslach and Susan Jackson, has been widely recognized and used to gauge burnout. This tool addresses three scales: emotional exhaustion, depersonalization, and personal accomplishment.

When to use this tool: The Maslach Burnout Inventory measures respondents' relationship to work; it is typically used to assess a group of staff members in an organization, rather than as an individual diagnostic instrument. The group scores can be correlated with other demographic information and used as baseline data to determine the impact of an intervention.

Mini Z Burnout Survey[57]

The Mini Z Burnout Survey, developed by AMA StepsForward, is used to determine stress levels in the health care workplace and how they compare with others in the field. The short, 10-item survey measures burnout and the health care practice environment.

When to use this tool: The survey is intended to be distributed annually and completed individually by all providers within a practice. The data can be used as a baseline measure and as a gauge of overall staff wellness over time.

Nine-Item Survey to Measure Physician Engagement in Addressing Health Care Disparities[58]

This survey was developed by Matt Wynia and colleagues at the American Medical Association. Although the tool was designed for clinicians, Henry Ford Health System modified it with permission to use for all staff. Because equity and fairness are central to a joyful workplace, assessing engagement levels can guide efforts for improvement.

When to use this tool: The nine-item survey is used to measure engagement (physician or staff) in addressing health disparities.

Hackman and Oldham Job Characteristics Model to Job Satisfaction[59]

The Job Characteristics Model proposed a set of important job qualities, a set of psychological mediators that linked these job characteristics to outcomes, and a set of valued personal and work outcomes. Meaningful work was an important psychological state that mediates between the job characteristics of skill variety, task identity, and task significance and the outcomes of internal (intrinsic) work motivation, work performance, satisfaction with work, and absenteeism and turnover.

When to use this tool: This tool is best used with efforts seeking to improve meaning and purpose in work (e.g., efforts focused on job enrichment and improving the essential nature of the work performed).

Local-Level Measures

Daily Visual Measure

To measure joy in work in real time, IHI created a visual measure — a glass jar placed by the elevator into which staff drop one marble each day: a blue marble for a good day, where the individual made progress (☺), or a tan marble for a day without progress (☹). A designated staff member counts the number of blue and tan marbles each morning and tracks the total count. A quick glance at the jar enables staff to gauge the daily mood of the organization. Leaders also use this data to assess levels of joy in work over time.

When to use this tool: Real-time measurement can be used to engage staff in the daily assessment of joy in work. The data generated by even simple visual measurement tools — like the marble jar, or a whiteboard with two columns (one with a smiling face ☺, one with a frowning face ☹) on which staff indicate their "joy in work" for that day by putting a checkmark in the appropriate column — can help leaders quickly gauge the current environment on a daily basis.

Three Daily Questions

Derived from the work Paul O'Neill accomplished while leading Alcoa to be one of the safest organizations in the world, these questions have been adopted by the Lucian Leape Institute.[2] To find joy and meaning in their daily work, each person in the workforce must be able to answer affirmatively to three questions each day:

- Am I treated with dignity and respect by everyone?
- Do I have what I need so I can make a contribution that gives meaning to my life?
- Am I recognized and thanked for what I do?

When to use this tool: Core leaders can use these questions as a basis for conversation in daily huddles or team meetings. Rather than being a measurement tool per se, the three questions can serve as an assessment tool by asking team members, "What would it look like if we could answer 'yes' for each question?"

Pulse Survey

Pulse surveys are a fast and frequent survey system, designed purposefully to avoid complex questions and give quick insight into the health of a company.

At IHI, pulse surveys are short (10 questions or fewer) questionnaires on a 5-point Likert scale ("Strongly Agree" to "Strongly Disagree") that are distributed monthly or quarterly (as opposed to annually). They provide the organization with frequent data to assess overall staff engagement and to see whether the efforts to improve joy in work are making a difference. The use of short, more frequent surveys allows for regular data collection without overwhelming staff or causing survey burnout.

IHI includes a set of core questions in every survey, with additional questions focused on a different topic each time the survey is sent out.

IHI Pulse Survey Core Questions (included in every survey):

- Overall, IHI is an excellent place to work.
- I believe IHI is going in the right direction.
- My immediate supervisor cares about the work that I do.
- I feel comfortable bringing up problems and tough issues.
- I feel that people at IHI respect and take into consideration all views expressed.

Example Topic-Specific Questions (included in one survey at a time):

January:

- I am confident about my future at IHI.
- My job makes me feel like I am part of something meaningful.
- I am satisfied with my work/life balance.

March:

- My current role enables me to build my professional skills.
- I feel like I have at least one person in a managerial/supervisory role at IHI who looks out for my professional development.

May:

- My immediate supervisor cares about me as a person.
- I have a friend at work.
- My colleagues at IHI regularly apply the IHI values in their day-to-day interactions.
- I am confident that I can participate effectively in efforts to improve IHI processes.

September:

- The IHI Executive Team cares about the work that I do.
- I feel well-informed about important decisions.
- I feel recognized for my contribution.

November:

- My pay is fair for the work that I do.
- My benefits package is good compared to others in the industry.

When to use this tool: The pulse survey can be used as part of your organization's internal efforts to improve joy in work, regularly check in with staff members, and identify areas that need improvement. This is a good type of assessment to start with if your organization does not regularly assess staff engagement, satisfaction, and joy in work.

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