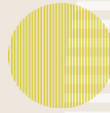


PROSPECTUS



Creating Joy in Work:

A Global Results-Oriented Learning Network to
Combat Burnout and Increase Joy in the Health
Care Workforce

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Partner with Us

Join the Institute for Healthcare Improvement (IHI) and pioneering health systems from around the world in an intensive 18-month results-oriented learning network to increase the joy of your workforce. We are looking for a group of high-performing health care organizations committed to making joy in work a strategic priority. Participating teams will work together to test, learn from, and contextualize evidence-backed, high-leverage changes to increase joy at scale.

The Burning Platform

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 2018 study found that 42% of physicians are experiencing burnout.¹ Thirty-three percent of new registered nurses (RNs) seek another job within a year, according to another 2013 report.² Turnover is on the rise, and morale is down. Replacing a physician can cost an organization between \$500,000 and \$1 million when you consider the cost of recruitment, training, and lost revenue during that time.³ Replacing an RN costs an organization on average \$37,700 to \$58,400.⁴ Burnout affects all aspects of the pursuit of better health and health care. It leads to lower levels of staff engagement, which correlate with poorer patient experience, decreased productivity, and an increased risk of workplace accidents. While these all significantly affect the financial vitality of an organization, the negative influence on patient care is even more worrying. Decreased staff engagement is linked with lower-quality and less safe patient care and burnout limits providers' empathy — a crucial component of effective and person-centered care.

IHI published a white paper in 2015 with a framework to address and attend to joy in work.⁵ Since then, we have engaged in rigorous testing with partners to validate the framework and determine how to sequence and prioritize this critical work. Activities included site visits and coaching with partners, massively successful virtual programs where teams can share and learn from one another, discussions with IHI's global network of Strategic Partners and Leadership Alliance members, collaborations with burnout researchers and thought leaders to evolve our thinking with the rapidly growing burning platform, and an expert meeting to build out high-leverage changes within the framework.

We believe that health care organizations can test, learn, and implement at scale strategies to drive meaningful and measurable progress to improve the joy of their workforce. To accelerate progress, IHI proposes to launch an 18-month intensive results-oriented learning network in collaboration with 12-15 health care organizations committed to attending to joy in work. IHI has a long track record of convening like-minded organizations globally in such innovative collaboratives, including those designed to spur rapid identification, testing, and spread of new approaches to challenging problems such as reducing readmissions, improving patient safety, testing the Triple Aim, and Pursuing Equity.

IHI will commit to providing the necessary infrastructure for this results-oriented learning network, which is modeled after its traditional breakthrough series-type collaborative. The infrastructure includes convening platforms (such as in-person workshops and site visits), a virtual platform for continuous learning and improvement, dedicated coaching, technical assistance, and a robust real-time evaluation and feedback mechanism for a vibrant learning network. We will rapidly document and disseminate learnings.

We seek health care organizations committed to making joy in work a strategic priority to join us in these efforts. The following will be paramount to ensure progress and achieving results: executive leadership participation in key activities; dedicated staff time to work at pace; commitment to data collection and analysis; and transparently sharing data and experiences with other members of the network.

IHI's strives for a future free of health inequities and has a bold vision that everyone has the best care and health possible. Achieving this vision requires a focus on attending to the joy of the health care workforce. The Creating Joy in Work results-oriented learning network will allow us to combat burnout at pace and at scale, provide improvement methods and tools for testing and learning our way to solutions, create a learning system across organizations, and disseminate results, challenges, and learning. *We hope you'll join us.*

Our Strategy

Components to Support Systemic Change and Ongoing Improvement

Increasing joy of the health care workforce requires an approach focused on action and learning. Our current theory of change consolidates research, promising practices, and case studies into these components:

1. *Make creating joy in work a strategic organizational priority.* Executive leadership must signal commitment to prioritizing workforce joy, to set a tone and frame that increasing staff satisfaction and retention is critical to the mission and vision of the organization.
2. *Develop structure and processes to support this work.* To increase joy in work, dedicated resources must be allocated including financial resources in the organizational budget, a governance structure that oversees and manages the work across the organization, and time for teams to participate in the initiative and test improvements in the action periods. Attention to data systems and collection that allow for the understanding of gaps are critical.
3. *Deploy specific strategies to address the factors that contribute to workforce joy.* The results-oriented learning network builds off the critical components outlined in the IHI Framework for Improving Joy in Work, with specific high-leverage factors senior leaders, core managers, and point of care staff can prioritize. The initiative aims to test and adapt tactical, tangible changes at all levels by leveraging quality improvement tools and methods.

Our Approach

Participating teams will closely partner with IHI improvement experts and faculty in the learning network. The IHI team will provide structure, strategic guidance, improvement coaching and support, capability building, and systematic tracking, documentation, and reflection on the teams' testing. Activities will be delivered in-person and virtually. IHI will:

- Build a learning community in which all participating organizations are committed to actively testing changes, sharing what does and does not work, tracking their progress, adapting ideas, joining subgroups based on specific high-leverage areas, and building relationships.
- Bring leading subject matter experts in joy in work, including individuals who have tested and demonstrated promising results, to deliver practical direction on applying improvement methods to joy.
- Provide each organization with a coach to support ongoing testing and application.

- Engage in optional site visits over the course of the initiative for ongoing intensive coaching, collecting key learning, and provide contextualized support.
- Develop an information infrastructure to support data-driven testing and learning from all participating sites.
- Develop the communication system among participating teams that supports rapid learning, connections, and relationship building.
- Convene a leadership steering committee to provide guidance and support.
- Design and implement a messaging and dissemination plan to publicly highlight the learning and successes of the participating organizations.
- Use evaluation techniques to continue to improve the delivery of IHI's support and advance theories of change.

The structure of the 18-month, Creating Joy in Work results-oriented learning network is as follows:

In-Person Workshops. IHI will host four workshops in locations yet to be determined, depending on the geographic dispersion of participating organizations. These two-day live sessions will focus on building relationships with participating organizations, advancing our learning and application of improvement methods and tools, learning about the tactical, tangible steps to test and apply high-leverage changes, sharing your organization's evolving progress, and receiving feedback from faculty and peers.

Intensive Virtual Action Periods. The months between workshops are designed to be a period of intensive action, testing, and refinement. Each team will work with a faculty member and coach for contextualized coaching to support, learn from, and refine tests of change; regularly review the data; and address challenges and successes. In addition, all participating organizations will join monthly calls to facilitate shared learning across the network and to learn from case studies of successful approaches to improving workforce joy. Senior sponsors from each organization will join quarterly leadership calls to understand progress and share challenges and opportunities in championing this work. Optional site visits will be conducted during the action periods.

The results-oriented learning network structure will be responsive to the participating organizations and will adapt over time to meet evolving needs. For example, we may develop subgroups to support targeted learning such as for measurement, implementation strategies, or leadership support.

Partner Participation

Who Should Participate

Health care organizations of any size may join this results-oriented learning network. Participating organizations will already have a high level of quality improvement (QI) capability as evidenced by measurable results from previous initiatives and demonstrable commitment or activity on workforce joy to date. Organizations will be expected to complete a readiness assessment around their improvement infrastructure and leadership capability and submit a statement of interest with clear aims and expected outcomes with this engagement, prior to joining. A short list of organizations will be considered for participation.

Expectations of Participating Teams

The following are requested from organizations interested in joining the Creating Joy in Work results-oriented learning network:

- A written letter of support from senior leadership;
- Completion of a readiness assessment around improvement infrastructure and leadership capability;
- Identification of a participating team with at least three individuals with dedicated time and resources – one senior leader for participation in a steering committee, one core leader or unit-level manager, and one point of care clinician;
- At least 2 of the 3 participants attend all results-oriented learning network meetings and activities over an 18-month period, including regular team coaching calls, monthly virtual all team calls, and four live workshops;
- Monthly data submission on changes tested, learning, process data, and outcomes data (and willingness to have ad-hoc evaluation discussions with an IHI team member);
- Willingness to share learning, challenges, and data transparently; and
- Openness to contribute thought leadership or coach other teams in future phases of work that may be developed based on the results of this initiative.

Funding

IHI's Board of Directors has generously contributed to advance this highly strategic initiative, and we are also exploring supportive funding from philanthropic organizations similarly committed to this work, both of which will supplement the support requested of each participating health system.

Participating health systems will be asked to contribute funding to support the cost of this 18-month results-oriented learning network – we anticipate the cost per system to be approximately 45,000 USD. We believe that sites should invest some of their own resources to reaffirm the strategic commitment to this work and to build the conditions for sustainability after the conclusion of the network. Our aim is to invite participation from the very best sites and work with them on a model for resourcing the work that reflects their own situation while also contributing to the cost of running the network. We invite sites to consider costs associated with dedicating internal resources to this effort and supporting their travel to the in-person elements of the network.

Contact

Ready to get started or want to learn more? Contact Christopher Joshi, Project Coordinator, at cjoshi@ihi.org.

Faculty

The list below identifies potential team members. Additional expert faculty who are current quality leaders in their organizations, have expertise in joy in work, and a track record of supporting the growth of other leaders will be identified in due course. IHI will make every effort to ensure that the personnel identified in this document are available for the project; however, if they are not available for the timeframes required, suitable alternates will be selected. The team will be supported by an Improvement Advisor, Project Manager, and Project Coordinator.

Results-Oriented Learning Network Faculty:

Derek Feeley, President and CEO, Institute for Healthcare Improvement (IHI), previously served as IHI's Executive Vice President from 2013 to 2015, during which time he had executive-level responsibility for driving IHI's strategy to improve health and health care worldwide. Prior to joining IHI in 2013, Mr. Feeley served as Director General for Health and Social Care in the Scottish Government and Chief Executive of the National Health Service (NHS) in Scotland. In that role he was the principal advisor to the Scottish Government on health and health care policy and on public service improvement. He also provided leadership to NHS Scotland's 140,000 staff in their delivery of high-quality health and health care. In 2013, Mr. Feeley was made a Companion of the Order of the Bath by Her Majesty, Queen Elizabeth II, in recognition of his services to health and health care.

Jessica Perlo, MPH, directs the Institute for Healthcare Improvement's (IHI) Open School, a global, virtual, interprofessional community that provides individuals and teams with skills they need to transform health and health care. She also leads IHI's Joy in Work Portfolio, which aims to reverse the worrying trend of burnout in health care and support leaders at all levels in creating a positive work environment that fosters equity, camaraderie, meaning, choice, and a shared commitment to deliver high-quality care. Jessica teaches and coaches around the globe, building individual and organizational capability for improvement and joy, and has authored several publications on these topics.

For more than 10 years, Jessica has worked to design and implement health system improvement efforts, including roles at Finger Lakes Health Systems Agency, Brigham & Women's Hospital, and Partners Healthcare. She is a member of the National Academy of Medicine Action Collaborative on Clinician Wellbeing and Resilience, trained in community organizing from the Harvard Kennedy School of Government, and is an IHI-certified Improvement Advisor.

Kush B. Badshah, Director, Institute for Healthcare Improvement (IHI), leads several results-oriented initiatives and strategic partnerships focused on health system transformation, attending to the joy of the health care workforce, and achieving better population health outcomes. He works with IHI's North America regional team to develop and operationalize strategic priorities in service of the organization's mission. Based in Boston, Kush enjoys remaining connected to his community and serves on the Board of Directors for a local not-for-profit organization focused on the bridge between physical and mental health of young girls. Prior to joining IHI, Mr. Badshah managed quality improvement initiatives at a network of primary care clinics in Washington State, focusing on the patient's journey throughout the care continuum, and worked with a community hospital in the West Indies to increase access to care. He is a graduate of Lehigh University in Pennsylvania.

Mark Linzer, MD, MACP, is the M. Thomas Stillman Endowed Chair and Vice-Chief for Education, Mentorship and Scholarship in the Department of Medicine at HCMC, and Professor of Medicine at the University of Minnesota. He is Board Certified by the ABIM. Dr. Linzer has had teaching positions at Albert Einstein College of Medicine, Duke University, Tufts University, and the University of Wisconsin. In addition to leadership positions at Duke and Wisconsin, he is a highly involved clinician, teacher, and researcher. He has received teaching awards from students and residents at Duke University and the University of Wisconsin and was co-founder and President of the Association of Chiefs in General Internal Medicine (ACGIM). He has scholarly interests in the area of physician worklife. Dr. Linzer runs the Office of Professional Worklife at HCMC, which is responsible for the work lives and wellness of 700 HCMC physicians and advanced practice providers.

Dr. Linzer received his undergraduate degree from Oberlin College and his MD degree from Johns Hopkins School of Medicine. He then completed his residency in Internal Medicine in the Social Medicine Residency Program at Montefiore Medical Center, Bronx, NY.

Elizabeth Goelz, MD, is the Associate Director for the Institute for Professional Worklife at Hennepin Healthcare and an Assistant Professor of Medicine at the University of Minnesota. She is Board Certified by the ABIM. Dr. Goelz leads grant funded research in provider burnout and wellness and is involved in moving research on these subjects forward on a national level. Through her work in the Office of Professional Worklife at Hennepin Healthcare, Dr. Goelz helps oversee the work lives of the more than 700 medical providers. With over five years of leadership in wellness, she participates in the measurement and analysis of provider work life indicators, provides direct support to providers, and meets with system leaders and Chiefs to implement strategies to reduce provider burnout and improve satisfaction. She is an invited speaker locally and nationally and leads workshops both within her home organization and externally on wellness interventions and measurement.

Dr. Goelz earned her medical degree from the University of Minnesota and completed her residency in Internal Medicine at Hennepin County Medical Center in Minneapolis, MN. Her clinical time is divided between being an internist at both Hennepin Healthcare and Healthcare for the Homeless, as well as teaching medical students and resident physicians through her appointment as an Assistant Professor of Medicine at the University of Minnesota Medical School.

Barbara Balik, RN, EdD, is Co-Founder of Aefina Partners, an organization committed to health care transformation through thriving partnerships among health care leaders, physicians, team members, patients, and families. She is Senior Faculty at the Institute for Healthcare Improvement and a former member of the National Patient Safety Foundation Board of Advisors, and she serves on the faculty for Arizona State University's Executive Fellowship in Innovation Health Leadership. Using a human-centered co-design approach, she works with health care leaders to generate flourishing cultures and exceptional outcomes by integrating patient and family experience, quality, safety, and joy in work. Her recent activities with leaders include developing skills and systems for patient and family partnerships in physician practices; strengthening cultures to enhance joy in work while improving safety and reducing burnout; developing physician leadership; improving systems to provide reliable transitions in care; and making infrastructure design for population health more effective.

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