

# MassGeneral Hospital for Children

## Background

Massachusetts General Hospital (MGH) serves the Boston area, as well as patients throughout New England and the world. The largest teaching hospital of Harvard Medical School, MGH is consistently ranked among the top hospitals in the United States by *U.S. News & World Report*. MassGeneral Hospital for Children provides a full spectrum of care – from primary care to a broad range of specialty and subspecialty pediatric services – for newborns, children, and adolescents from New England and around the world. The children’s hospital has a 44-bed inpatient ward and more than 300 staff.

Dr. Lindsay Carter is a pediatric hospitalist and Inpatient Director for Quality and Safety at MassGeneral Hospital for Children. In 2018 and 2019, she attended the Institute for Healthcare Improvement (IHI) annual National Forum in Orlando, Florida, where she learned about the importance of joy in work. The children’s hospital has always prided itself on providing patient- and family-centered care; after attending the Forums, Carter realized that it is also crucial to focus on staff well-being. “You can’t give what you don’t have,” she said. When her hospital heard about the IHI Joy in Work Results-Oriented Learning Network, they were eager to join.

### IHI Joy in Work Results-Oriented Learning Network

The IHI Joy in Work Results-Oriented Learning Network is a collaborative of pioneer institutions committed to supporting workforce well-being and improving overall quality of care for staff and patients. IHI strives for a future free of health inequities. Our bold vision is that everyone has the best care and health possible. Realizing this vision requires a focus on attending to the joy of the health care workforce. The Joy in Work Results-Oriented Learning Network allows us to combat burnout at pace and at scale; provide improvement methods and tools for testing our way to solutions; create a learning system across organizations; and disseminate results and lessons learned. Learn more at [ihi.org/JoyResults](https://ihi.org/JoyResults).

## Approach

The team involved in the IHI network consisted of nine members, including Carter, the vice chair of the department, a speech language pathologist, a pediatric pharmacist, and an administrator from the quality and safety team. “We tried to pull from every role group that could have been represented,” said Carter. It was also key to strategically choose team members based on their particular skills and personality; they are “very approachable people,” she noted.

To get started, the team had a lot of “What matters to you?” conversations with the staff. They tried a variety of formats, including small groups and written questionnaires. But the team found that the most fruitful approach was spontaneous, one-to-one conversations – when a team member stopped a colleague in the hallway and asked, “Can we chat for a few minutes?” They found that staff tended to be more forthcoming in these informal dialogues without the pressure of a larger audience. In addition, Carter notes, because the staff is so dedicated and so busy, “to set aside dedicated time was not going to work. We either didn’t get responses or they would cancel.”

The conversations followed a general set of questions: Why do you work here? What makes a good day? What gets in the way of a good day? What are your biggest barriers to being able to provide care? Some common themes emerged from these conversations. A good day, for example, was “when we all felt like we were on the same team. When we’re communicating well and all working toward the same goal. When we have what we need to do our work.”



An example of a conversation-starting activity to promote joy in work.

## Encountering Challenges and Pivoting

Around the time that the IHI network started, the COVID-19 pandemic hit. Carter's pediatric unit was told to convert to an adult unit on an emergency basis. This crisis, of course, changed their priorities.

Before the pandemic, the team was determined to address big, underlying systems issues. They told themselves, "Don't just throw pizza parties." But in the midst of the pandemic, "the joy wasn't as apparent," Carter said. "We needed to sort of be screaming joy for a while. 'Hey guys, we can have fun here. We're going to try to make you laugh and smile.'"

The team started to call themselves the "joy fuelers." They held a "Joy Day" in October 2020. They dressed up as the character Joy from the Pixar film *Inside Out*. They had a coffee cart with donuts (individually wrapped for infection prevention); staff from music therapy gave singing performances. Other projects included redesigning the morning discharge huddle, spearheading a newsletter to staff, and displaying "joy communication boards" on which the team could share information and staff could provide feedback and note their needs.



Members of MassGeneral Hospital for Children "JoyFuelers," dressed up as the character Joy from the movie, *Inside Out*.

## Building Up to a Bigger Project

In a sense, all of that early work was setting the stage for a more ambitious project: wards redesign. “We got to a place where everyone was saying that we need big changes,” Carter noted. They said, “Let’s put it all on the table and redesign the wards in a way that is joyful.”

Wards redesign is a five-year project, coordinated by Carter and a project specialist from the hospital’s process improvement group. The team has leadership buy-in and four project leads. The four projects, each with ten point-of-care staff members, focus on a different area: bedside rounds, morning huddle, communication, and “teaming.”

As one example of changes they are making, the communication group has procured the Volt 1 app for all physicians, a two-way messaging app that they can download on their personal phones. The impetus for this change was the frustration that resulted from paging. “You’d get a page, you’d call back, they weren’t there,” said Carter. Now, paging will be reserved for high-acuity situations. The new app system, which is about to go live, is expected to make communication much more efficient.

This major redesign project could not have happened without all of the work leading up to it to get people on board. “People are engaged in a way that they weren’t before,” Carter remarked.

## Lessons Learned

Carter noted that one big lesson is that “there’s no one way to communicate with your staff. You have to do it in a variety of ways and see what sticks.” This means trying email, in-person conversations, boards, and so on. Different methods will reach different people.

It also means not only trying different formats, but also being sensitive to the different needs and priorities of your various interlocutors. “Trying to get my leaders above me engaged, I need to think about what matters to them to do their job. Rather than stamping my foot and saying this matters, I needed to make it matter to them.”

Another key lesson is that “change takes time.” Carter observed, “Some people who get on board want the change tomorrow. It will take multiple changes to find the one that works. And you need to stay positive about that journey.”

The team also found participation in the IHI network extremely helpful. “It allowed us to stay on target because we had to have something to present,” said Carter. Seeing the accomplishments of the other teams also allowed them “not to be discouraged, but to be inspired.” There was a remarkable sense of camaraderie among the groups in the network. “I feel like I could contact any one of them, going forward.”

Without the network, “I think we would have given up a long time ago,” Carter said. “It’s an external support that just makes a huge difference.”