

NorthShore University HealthSystem

Background

NorthShore University HealthSystem is an integrated health care delivery system serving patients throughout the Chicago, Illinois, metropolitan area. NorthShore encompasses six hospitals – Evanston, Glenbrook, Highland Park, Skokie, Swedish, and Northwest Community – as well as NorthShore Medical Group, which comprises more than 70 office locations and 1,000 primary care and specialty care physicians.

Dr. Kimberly Schaefer, an internal medicine physician at a NorthShore Medical Group site in Highland Park, Chicago, was seeking a way to boost engagement, communication, and a sense of unity in her office. When she and her colleagues learned about the Institute for Healthcare Improvement (IHI) Joy in Work Results-Oriented Learning Network, it seemed like a perfect fit.

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.

Approach

Soon after joining the IHI network, the NorthShore team determined that primary care was a promising place to focus these efforts. Schaefer, known as an engaged and effective leader, was invited to participate. The team settled on an aim statement and identified huddles as a meaningful way to reach its goals.

Schaefer and her team instituted a weekly huddle for their office. Every Wednesday at 12:15 PM, the office staff – administrators, front desk staff, medical assistants, nurses, physicians – convene for 15 to 25 minutes. In a relatively informal manner, they discuss concerns, celebrate successes, and identify opportunities for improvement. They also chat and get to know each other. The overall message is, Schaefer said, “Everybody’s input matters.”

Schaefer and the office manager co-lead the huddles. Because the project started during the COVID-19 pandemic, they were compelled to hold the huddles virtually. Typically, about 20 people attend.

Through a number of tests and PDSA cycles, Schaefer refined the huddle agenda to the following:

- Start off with any birthdays, big anniversaries, and/or shoutouts from patients.
- The medical group and then the office provide updates.
- Have “pebbles in your shoe” discussions – sharing issues and problems that can be addressed.
- Display an inspirational thought or a comic to end the huddle.

Overcoming Challenges and Finding Solutions

The huddles have enabled the team to solve problems – including the problems that were preventing team members from attending the huddles.

“The first challenge was just getting people to come, and put their job down and attend – have the meeting be part of their job,” said Schaefer. She sought to instill the notion that “this is what we do on Wednesdays at 12:15 PM.” Initially, during the huddles, Schaefer and her colleagues noticed that one nurse was frequently getting up to leave. They soon realized that this nurse was leaving to administer immunizations. To ensure that the nurses could attend the huddles without interruption, the team decided to close down the immunization schedule from 12:15 PM to 12:45 PM.

Over time, it became clear that certain team members, such as a few front desk staff, were resistant to attending the weekly huddles, or perhaps felt obligated to stay at their station. Schaefer tried to engage them by extending direct invitations such as, “Hey, why don’t you come and join us?” She also introduced an “employee spotlight,” asking a different team member to share a family photo or a recipe at each huddle. For the most part, these efforts were successful in engaging the more hesitant team members. Still, there were a handful who remained uninterested and consistently declined to attend huddles. One important learning was knowing when not to push. “In some instances it’s best to let them be their best selves,” Schaefer noted.

Improvements Emerging from the Huddles

Despite some initial challenges related to implementing huddles, the discussions at huddles yielded several helpful improvements. One involved the order set for two-part immunizations, such as the shingles vaccine: typically, nurses had to chase down physicians for the second order. After discussing this issue in a huddle, the team decided to adjust the process so that

physicians could enter the second order at the same time as the first. This simple change saved the nurses a substantial amount of time.

Another common challenge was tracking down team members when they were needed. Sometimes, for example, it took a long time for the front desk staff to reach one of the nurses. At one of the huddles, an idea emerged. Through the electronic medical record, it is possible to send an instant message (IM) to anyone in the office or the entire clinical team at once, through a platform called SecureChat. Schaefer said the improvement was, “Just send a SecureChat to the group. Whoever’s there and available can respond to you.” The nurses agreed to pay attention to their SecureChat messages, and the new process has significantly improved the efficiency of communication within the office.

Outcomes

Since instituting the weekly huddles, Schaefer noted that there has been a clear improvement in joy in work. She administers a monthly survey with multiple questions to assess the effectiveness of huddles, including whether staff feel valued and that they’re working together as a team. Tracking the monthly survey scores over time shows a marked improvement since the huddles began.

The table below shows the positive change in survey scores between baseline in September 2020 and June 2021. (Scoring scale: 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree nor Disagree, 2 = Disagree, 1 = Strongly Disagree.)

Survey Scores	United in Purpose	Sense of Collaboration	Valued Team Member	Huddles Are Effective for Communication	Well Informed: Office	Well Informed: Medical Group	Voice and Opinions Are Valued	Supported and Inspired	Overall Average Score
September 2020 (baseline)	4.1	3.8	3.8	4.0	3.9	4.1	3.8	3.9	3.9
June 2021	4.7	4.3	4.7	4.6	4.4	4.2	4.4	4.7	4.3
Change	+ 0.6	+ 0.5	+ 0.9	+ 0.6	+ 0.5	+ 0.1	+ 0.6	+ 0.8	+ 0.4

Schaefer has also received encouraging informal feedback. There has been a noticeable improvement in “the vibes in the office,” she said. Team members have stopped her in the hallway to express their appreciation. One nurse moved to another site to avoid a brutal commute. But, Schaefer recalls, “Before her 30-day separation time was over, she was back, despite the hour drive. She said she missed the camaraderie in the office.”

She has also observed an increase in the number of people stopping to talk for other reasons, which she sees as a positive development. Schaefer attributes this increase to a greater sense that people can speak up to say, “‘Hey, this has been bugging me,’ knowing their idea can be heard.”

Next Steps

Now that the pilot project has been a success, NorthShore Medical Group is planning to roll out weekly huddles more broadly across primary care. They’ve already started in a couple of other groups and intend to expand huddles to more than 30 groups in their organization.

“Our organization is infamous for loving pilot programs,” said Lindsay Fazio, PhD, Director of Behavioral Science at NorthShore. “This has been a perfect example using that mechanism. [Dr. Schaefer’s] huddles are concise and brief, but really effective. Other clinics can adapt the same components without it being overwhelming or intimidating.”