## Organizational Assessment for Igniting Joy in Work and Creating Safety

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| This self-assessment tool, focused on five of the nine components of the IHI Joy in Work Framework, will help you evaluate your organization’s culture as it relates to joy and safety. All components of the Framework (which you can find in the white paper, *IHI Framework for Improving Joy in Work)* are important, but these five components are most closely aligned with a strong safety culture. Simply put, without robust strategies in the five components below (physical safety, psychological safety, meaning and purpose, choice and autonomy, and teamwork and camaraderie), your organization will struggle to find joy in work and create safe systems. Within each of the five components below, consider your organization and assess where you are in your journey toward igniting joy and creating safety. Circle one box (Level 1, Level 2, Level 3, or Level 4) next to each element. Then, after circling a Level for each element, write down related strengths, opportunities for improvement, and potential next steps.  |
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| **Physical Safety*** Freedom from harm during daily work
* Team members feel safe in their work sites and spaces
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|  | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Employee Harm Data** | Team member harm data is collected, but few know of its existence. Organizational aims to decrease employee physical harms are absent. | Team member harm data is reviewed by some leaders, mainly the occupational health department. | Data on physical team harm is collected, tracked over time, analyzed, and reported to leaders. Clear aims exist to reduce employee physical harm rates compared to best known industry rates. Measures show progress in reducing harm. | Data on physical team harm is collected, tracked over time, analyzed, compared to best known industry rates, and reported quarterly as an improvement measure to the board. Harm reduction matches best known industry rates. |
| **Assistive Devices** | Few assistive devices, e.g. lifting, are available to reduce harm. | Limited assistive devices are available; limited use by team. | Assistive equipment available in 50% of clinical areas with an emphasis on areas with highest harm rates. | Systems, assistive equipment, and policies and practices that address workplace injuries are used reliably throughout the organization.Physical plant redesigns integrate assistive devices into facilities. |
| **Harm Reduction Training** | No harm reduction strategies are in place. | Team members participate in educational programs on how to avoid physical injuries in the workplace; emphasis is on safe lifting. | Acute care team members receive rigorous training on prevention of ALL physical injuries, including assault prevention in the workplace. | Team members in all settings – acute care, clinics, home health, SNFs – receive training on physical injuries and assault prevention with actions plans in all areas. |
| **Workforce Violence** | Workforce violence not acknowledged. | Violence against team member is acknowledged in some areas, e.g. ED, mental health unit; each unit addresses it themselves. | Violence against team members is acknowledged in all areas with protocols for action in place and consistently used. | Violence against team members is acknowledged in all areas with significant reduction achieved and sustained. |
| **Things my organization is doing well:****Opportunities for improvement:****Next steps:** |

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| **Psychological Safety*** Freedom from emotional harm during daily work
* Belief that no one will be humiliated or punished for speaking up
* Willingness to report errors and an understanding of how they allow for organizational learning and improvement
* Principles of Just Culture used by all leaders
* Clear communication and feedback to those team members escalating concerns
* Support services available to staff involved in patient harms
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|  | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Just Culture** | Culture of blame is prevalent. | Leaders have been trained in Just Culture concepts, but the concepts are rarely applied. No Just Culture algorithm in use. | All leaders and team members have been trained in the concepts of Just Culture and algorithm use. Approximately 50% of leaders use Just Culture principles consistently. | A Just Culture is used reliably by 100% of leaders at all levels of the organization, including human resources. The organization examines system issues when a harm or near miss occurs.  |
| **Safety Culture Surveys** | Safety culture surveys are not done regularly. | Safety culture surveys are administered annually with low participation rates; little is done with the data. | Safety culture surveys administered annually with steadily increasing participation rates; results at 50th percentile participation; aims in place to achieve 90th percentile; action plans are in place to address findings. | Staff recognize the role of the culture of safety through achievement of 90th percentile participation. Organization commitment to culture change seen through harvesting and spreading effective practices in improving the culture of safety.  |
| **Safety Reporting Systems** | Team members receive training on the importance of entering near misses or patient harms into the safety reporting system. | Data demonstrate that team members are only using the reporting system to report obvious harms; additional harms learned through rumors/unofficial channels. | Organization has steady increase in number of the safety reporting system for near misses and harms. Data is used as a measure of psychological safety and commitment to safety.  | Culture supports sustained frequent reporting of medical errors and safety events; team members feel free to express relevant thoughts and feelings or speak up about unsafe conditions as evidenced in culture survey. |
| **Disrespect** | Disrespectful communication to team members is not measured or addressed. | A no-tolerance policy is written to address bullying, but not reliably implemented in all sites; response varies by positions of power. | Organization has a standard process in place for reporting bullying and disruptive behavior and is handled with a clear protocol 50% of the time.  | Disrespect is considered a harm at the organization, consistently addressed, and is rarely seen. |
| **Peer Support Programs** | No support services exist for team members involved in patient harms. | Some sites have informal structures in place to support team members during an adverse event or patient harm. | System to support teams in time of emotional need in early stages of development and utilization. | Formal support peer program in place that is highly utilized.  |
| **Things my organization is doing well:****Opportunities for improvement:****Next steps:** |
| **Meaning and Purpose** * Daily work is connected to what called individuals to practice
* Leaders at all level communicate line of sight between team members’ work and the organizational mission
* Team members can articulate how their work contributes to the organizational priorities
* Patient partnerships and feedback are critical to improving all processes in the organization
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| **Level 1** | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Team member linkage with mission** | Team members successfully perform their duties, but cannot articulate the overall mission and strategic priorities of the organization.  | Team members can articulate the mission of the organization and at least one key strategic priority for patient care.  | Team members respond in the 50th percentile with ‘strongly agree’ to the following statements:I have a good understanding of how my job contributes to achieving mission, vision, and strategic plan.I personally contribute to our success.Team members participate in critical analysis of the mission and goals, and contribute to vision setting with leaders. | Team members in the 80th percentile with ‘strongly agree’ with following statements:I have a good understanding of how my job contributes to achieving mission, vision, and strategic plan.I personally contribute to our success.Team members participate in critical analysis of the mission and goals, and contribute to vision setting with leaders.  |
| **Patient Experience** | Patient experience and team engagement data are collected annually; data is not widely distributed or used for improvement. | Patient experience and team engagement data are examined monthly within some sites and is being using as opportunities to improve. | Patient experience and team engagement data are used in all areas of the organization, shared publicly, and effectively mined for improvement. | Patient experience and team engagement data are used as critical feedback to feed daily improvement with measurable results. |
| **Leaders connection to team members** | Leaders are remote from the work. They assume they know what happens in daily work. | Leaders strive to regularly round, but are inconsistent due to competing demands. | Leaders have daily presence with team members, clearly link the mission to daily work in their communication, and articulate that mission during their rounding.  | All team members can clearly communicate the direct connections between the organization’s goals and their work.  |
| **Patient Family Advisors** | No patient/family advisors. | Patient/family advisors involved in a few activities. | Patient/family advisors are growing in number; a small PFAC is formed. | “Nothing about me without me”: Patient/family advisors are members of a majority of improvement teams, orientation, and board meetings to share their expertise. |
| **Things my organization is doing well:****Opportunities for improvement:****Next steps:** |
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| **Choice and Autonomy** * Environment supports choice autonomy and flexibility in work
* Participative management is expected of all leaders
* Team members are part of designing systems that affect their work processes
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|  | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Teaming** | Team engagement data are collected annually, but not widely distributed or used for improvement. Productivity is the primary data point for leaders. | Surveys that assess teamwork are clear in their intention; next steps and associated action items, with a clear timeline, are also clear. Conversations occasionally held to understand survey results from team view.Productivity is part of the measures for teaming, but not the sole focus. | Skilled conversations between leaders and team members are routinely held to understand “What Matters” to team members in daily work.Evidence of collecting staff ideas for improvement; frequent, open sharing about collected ideas and how the ideas will be used by the team to improve daily work. Engagement data shows steadily improving performance; turnover and burnout measures are in 50th percentile or higher. Productivity is used as an indicator of systems effectiveness and efficiency. | “We’re in this together” – leaders and team members routinely identify and improve on small, troubling issues — also known as ‘pebbles in shoes’. Issues are addressed with full transparency. Team members expected role is to do the daily work and improve the work.Team engagement data shows top performance; turnover and burnout measures are in lowest quartile.Measures focus on total value of care not individual productivity measures. |
| **System Design and Quality Improvement**  | Systems and processes are redesigned without team members involvement. | Team members are asked for their input into redesign efforts, but the new process is defined by leaders or a senior QI team.  | Teams are trained in improvement basics, but the work is led and managed by the quality improvement department. | Teams are trained and skilled in improvement, and lead the improvement work supported by site and quality improvement leaders to achieve fast results in all work sites. No changes in work systems that affect team members without team involvement. |
| **Team member Feedback** | Team member feedback is elicited via engagement surveys annually. Nothing comes of the surveys. | Team members have opportunities to voice what matters to them, in public (e.g. at meetings and on feedback boards) and anonymously. About half of the time, the organization posts the concerns and makes efforts to improve the area of concern. | The whole organization is responsive to team member feedback about and is transparent about what is being improved and what cannot be improved.  | Team members report (through surveys or other measures) the level of choices that brings them joy in work and the organization acts.  |
| **Things my organization is doing well:****Opportunities for improvement:****Next steps:** |
| **Teamwork and Camaraderie** * All are trained in team skills
* A multidisciplinary team approach to patient care is encouraged and celebrated
* Bullying is not tolerated in the workplace
* A sense of community is actively built by leaders
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|  | **Level 1** | **Level 2** | **Level 3** | **Level 4** |
| **Teamwork** | Teamwork is a core value of the organization, but no training is provided to develop team skills. | Team members are trained in Team STEPPSs or equivalent in some areas. Leaders have one-way communication with team members. | Team members are trained in Team STEPPSs or equivalent in all areas.Teamwork outcomes are part of team engagement measures.Human resources assess teamwork as a necessary skill in the hiring process.  | Teamwork is measured across teams with results at top percentile and celebrated through stories across the organization. |
| **Multidisciplinary Teams** | Silos are the main way team members function. | Multidisciplinary approach to care is encouraged; few systems in place to achieve this approach.  | Local teamwork culture is assessed and skills reinforced. Simulation may be used to develop team skills. | Multidisciplinary team approaches are built into evidence-based protocols and EMR systems. |
| **Safety Culture** | Safety culture survey results point to big teamwork gaps across the organization.  | Safety culture survey results show improving levels of trust across teams.  | Safety culture survey results are above 50th percentile. | Safety culture survey results are in upper (80th and above) percentile levels.  |
| **Patients as Partners** | Do ‘to’ patients/families; partnership behavior absent. | Limited, fearful view of patients/families as partners by team members; tend to do ‘for’ patients/families. | Beginning to view patients/families as partners. Numerous examples of working ‘with’ patients/families in improvement activities. | “Nothing about me without me”: Patient/family advisors are members of majority improvement teams, orientation, board meetings to share their expertise. |
| **Things my organization is doing well:****Opportunities for improvement:****Next steps:** |