

quality worklife
quality healthcare
collaborative



**Healthy Healthcare
Leadership Forum
Summary Report**

**Toronto, Ontario
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Healthy Healthcare Leadership Forum – Summary Report

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Key Messages

- The Healthy Healthcare Leadership Charter has the potential to leverage advocacy efforts as well as support Quality of Worklife (QWL) initiatives in health services organizations across the country.
- The Healthy Healthcare Leadership Charter should be enhanced to further support the work of signatory organizations and increase both their accountability and commitment to the QWL agenda.
- A network dedicated to the issue of QWL is a valuable resource.
- The collaboration to improve QWL in healthcare must include all the voices/roles of the healthcare system, from the frontline to the systems level, in the design and implementation of this work. Shared ownership is a key component to the success of QWL improvement.
- Managers in healthcare play a pivotal role in the success of QWL initiatives in their setting and must be engaged and supported in implementing the strategic QWL goals of their organizations.
- Strategic QWL initiatives must be: i) informed by the experience and perceptions of frontline staff; ii) tailored to individual settings; iii) implemented in a timely way.
- Strategic QWL planning and the resulting initiatives must be clearly communicated and widely disseminated to facilitate full staff awareness and engagement.
- The dissemination of a strong and easily imparted argument outlining the “value for money” of QWL initiatives and the “return on investment” provided by QWL improvement would prove useful to the advocacy efforts of all QWL champions.
- While strategic planning and measurement of results are important to achieving sustainability in Canada’s healthcare system, establishing and resourcing infrastructure to support QWL initiatives is also crucial.
- Innovation is important and it often stems from what is already in place. The QWQHC can facilitate the growth of a wider network of champions, support further implementation and measurement of QWL initiatives, encourage effective use of metrics, and provide access to tools and information on QWL in healthcare.

Executive Summary

The Quality Worklife – Quality Healthcare Collaborative (QWQHC) is a coalition of twelve national health organizations working together to create healthier workplaces in order to improve patient care. Since its inception in 2005, the QWQHC has, with input from leading Quality of Worklife (QWL) experts and stakeholders, developed and disseminated its evidence-informed Action Strategy* to improve health system delivery and patient outcomes. The four key components of the Action Strategy are: i) making QWL a strategic priority; ii) measuring QWL; iii) implementing and evaluating strategies to improve QWL; iv) building knowledge exchange and actively connecting formal (research) and informal (frontline experience) knowledge.

To support broad engagement through a call to action, the QWQHC has developed and promoted the Healthy Healthcare Leadership Charter (“the Charter”). The Charter is intended to support the continual improvement of the health of all Canadian healthcare workplaces: it defines a healthy health care workplace as “A work setting that takes a strategic and comprehensive approach to providing the physical, cultural psychosocial and work/job design conditions that maximizes the health and wellbeing of health providers, quality of patient/client outcomes and organizational and system performance” (Within Our Grasp, p. 11). The Healthy Healthcare Leadership Charter reflects the key components of the QWQHC Action Strategy and provides healthcare leaders with a way to demonstrate their shared commitment to take concrete steps to improve Quality of Worklife in healthcare as well as make positive changes in their respective settings.

On March 27, 2009, The QWQHC hosted the Healthy Healthcare Leadership Forum in Toronto. The Forum engaged 44 representatives from Charter signatory organizations to provide feedback and reflections on the

uptake and use of the Charter to date, as well as identify QWQHC activities that would have significant impact in supporting QWL champions in their work.

The Forum was designed and facilitated based on information provided by the participants through a pre-Forum survey. The foundational data collected through the survey was expanded upon through facilitated discussion and the utilization of real time audience response technology. This stimulated a rich discussion on the successes and challenges faced by the signatory organizations in their ongoing efforts to improve QWL in healthcare. The impact and accessibility of the Charter were considered, as was the potential to leverage the Charter to promote the work of QWL champions across the country. The participants provided the QWQHC with valuable information and ideas to begin the process of enriching the Charter and enhancing the supports attached to it for signatories. In addition, participants highlighted a number of activities related to implementation, measurement, engagement and collaboration in which the QWQHC could engage in order to support the work of QWL champions.

The following key points arose from the discussions:

- Work to increase QWL in healthcare settings has been underway across the country and momentum continues to build. To avoid duplicating efforts or re-inventing existing effective practices, there must be a strong knowledge exchange mechanism in place through which QWL champions can share their work with peers and access a variety of resources, all in an effort to continue to innovate. Events such as the Forum are seen as highly valuable opportunities to learn from and network with fellow health care professionals, and as important vehicles that have the capacity to invigorate and re-energize the work of QWL champions.

* A document outlining the Action Strategy in its entirety can be found online at <http://www.qwqhc.ca/documents/2007-QWQHC-Within-Our-Grasp.pdf>



- The Charter has the potential to support and enhance organizations' endeavors to increase QWL. Further work can be done to heighten the Charter's capacity to promote and increase engagement and accountability across the country.
- Multilevel buy-in and support of QWL initiatives are crucial to creating healthier healthcare settings. Two more key components are: i) looking at QWL through the lens of frontline staff; ii) recognizing the impact managers have on staff engagement and the success of QWL initiatives.
- Appropriate infrastructure for QWL initiatives is required to sustain long-term commitment and impact.
- The QWQHC can support the work of QWL champions by: i) providing web-based access to QWL tools, information resources and expertise; ii) facilitating the work towards a standard reporting structure and encouraging organizations to measure QWL by working closely with accrediting bodies; iii) providing a template for organizations that maps out the implementation of QWL improvement strategies; iv) providing an evidence-based picture of what an organization that has improved its QWL looks like; v) building a strong network and communication strategy that facilitates collaboration within individual organizations and throughout the healthcare system.

Introduction

Evidence shows that our most valuable healthcare system assets, our people, are struggling in their work environment. This is substantiated by high burnout rates, safety concerns, and toxic work environments, to name a few. The Quality Worklife-Quality Healthcare Collaborative (QWQHC) has been working to promote healthier workplaces in order to support the delivery of high quality of care. Comprised of twelve national health organizations, the Collaborative's work has been rooted in the shared belief that "a fundamental way to better healthcare is through healthier healthcare workplaces and it is unacceptable to work in, receive care in, govern, manage and fund unhealthy healthcare workplaces" (*Within Our Grasp, 2007*). In 2007, the QWQHC developed and disseminated *Within Our Grasp: A Healthy Workplace Action Strategy for Success and Sustainability in Canada's Healthcare System*. This pan-Canadian action strategy is comprised of four elements, namely: knowledge exchange, performance indicators, priority action and engagement. The latter is supported by the Healthy Healthcare Leadership Charter (the Charter), a tool introduced by the Collaborative to support leaders in signaling their commitment to QWL in healthcare.

On March 27, 2009 representatives from organizations signatory to the Charter met at the Metropolitan Hotel in Toronto. The objectives of this forum were to:

- strengthen knowledge exchange, including the sharing of innovative practices and accessing of resources;
- enable discussion of the key challenges, successes and enablers in implementing QWL initiatives;
- assess the impact of the Healthy Healthcare Leadership Charter to date;
- explore and identify approaches and initiatives for the QWQHC to undertake that are responsive to the priorities and needs of its audiences and stakeholders, and that focus on high impact activities; and
- build the potential for pan-Canadian networking within a community of peers.

A pre-Forum survey was used to engage participants on various issues including: priorities and challenges in improving QWL in their setting, familiarity with the QWQHC action strategy, use of the Charter, and their participation in evaluation and knowledge exchange. This information created a foundation for fostering discussions and sharing experiences at the March meeting.

In order to facilitate its support of the work of QWL Champions across the country, the QWQHC also sought feedback and validation concerning some proposed future activities reflecting the Collaborative's four main objectives. Feedback was gathered through a combination of facilitated plenary discussion, focused table work and audience response technology.

Networking to Drive Innovation

The importance of the group of signatory representatives is three fold: i) they share a common interest in improving QWL in healthcare workplaces and have taken a step to signal that commitment by signing the Charter; ii) their collective work in improving QWL, past, present and future, is a source of focused energy and knowledge that can be applied to moving the QWL agenda forward; and iii) they have a defined group of interested and engaged individuals who collectively represent a valuable resource in terms of experience, support, mentorship, and innovation. In recognition of this, participants of this Forum were asked to introduce themselves and to identify one way in which they considered themselves a good resource for other champions. A list of the participants and the resource their responses is included in this report under Appendix B.

The diversity of positions and portfolios across the variety of organizations represented by the Forum participants provided for a rich discussion and a depth of perspectives. The collective knowledge and experience of the participants represented a powerful resource. Although there are many individuals across the country championing the improvement of QWL, they are often



working in isolated silos, sometimes even within their own organizations. This isolation compromises the spread of their important work. In environments that are fraught with many important issues competing for attention and resources, having an easily accessible network of individuals working on QWL issues is a great asset. The group of Charter signatory representatives presents just such a network; this network has the potential to drive further innovation in QWL practices as more organizations begin to connect with one another and build on each other's work.

Summary of Pre-Forum Survey Results

Participants provided substantial information in a pre-Forum survey that served both as a foundation for the facilitated discussion of the day and a snapshot of what is happening across Charter signatory organizations.

QWL as a Strategic Priority

Out of 34 respondents, 85% indicated that QWL is an explicit strategic priority. This came as no surprise to participants as they indicated the importance of having QWL embedded into their organizations' strategic priorities. When asked what had made the most significant impact on helping make QWL a strategic priority in an organization, 54% of the participants responded that including QWL in the organization's strategic planning activities and establishing goals and measurable targets had the most impact. One of the participants noted the importance of taking this a step further, by evolving the strategic plan to be reflected in business planning to ensure supportive infrastructure and decision-making.

The importance of having commitment from the senior levels of leadership to move outside of organizations and push the importance of healthy work environments at the systems level, through Ministries, was also noted as a means of elevating the issue to the broader political level.

Through this discussion, it was highlighted that QWL is multifaceted and encompasses a wide variety of considerations and activities. One participant spoke to the need of asking front-line staff what QWL means to them, rather than defining it for them. Participants

clearly stated that all the voices/roles of the system need to be included in the collaboration toward improving QWL, from front-line to systems level.

The QWQHC Action Strategy

The pre-Forum survey results showed that 70% of the participants had a good to excellent level of familiarity with the QWQHC Action Strategy and 68% had used it as one source, among others, to support their work in QWL. In the discussion stemming from this information, it became clear that participants use a variety of sources to guide and support their QWL work, including past initiatives and strategies emanating from their own organizations. One important message was the need to acknowledge the work that has come before the development of any given strategy. Another point made by a participant was that organizations should not focus on the "mechanical" components of a QWL action strategy at the expense of a more global vision of how to care for one's staff so that they can be healthy and in turn care for others in the highest quality. Some participants felt that one reason the QWQHC Action Strategy was useful is that it is presented in a language that resonates across disciplines and sectors, while being customized to healthcare.

The Healthy Healthcare Leadership Charter ("The Charter")

75% of the respondents noted that the Charter could be further utilized to support QWL activities. Participants were asked to speak to positive uses of the Charter, both potential and in-practice. Many participants commented that the Charter could be very useful either as a complement to other QWL initiatives, as an anchor around which to plan initiatives, or as a vehicle through which to roll-out QWL initiatives in a setting. The Charter could serve as a way of framing initiatives or as a type of exclamation point following the implementation of QWL initiatives in individual organizations.

It was noted that signing the Charter, as an act in of itself, was not enough. Turnover in leadership, and the lack of a comprehensive dissemination plan about the Charter and its connection to other QWL initiatives were seen as obstacles to uptake and usefulness of the Charter in some settings. The absence of a clear Charter knowledge dissemination plan poses a barrier

to front-line staff's awareness of the Charter, and in one participant's view, presents the possibility of potentially confusing individuals about the purpose of the Charter and its relevance to their work.

One participant highlighted the timing of the introduction of the Charter to staff as an important consideration. Certain elements of QWL discussions, plans, and/or initiatives were seen as needing to be "pulled together" or put in place before presenting the Charter. A follow up discussion of this point can be found in the "Exploring the Charter" section on page 11.

From the discussion, it became clear that there was a need for additional follow-up or support around the use of the Charter, regardless of whether it was as a kick-off to planned initiatives or as a complement to the initiatives already in place. Some signatory organizations that had already implemented many of the activities under the Action Strategies of *Within Our Grasp* still experienced a challenge in connecting the Charter with those activities.

One participant commented that the Charter signing was a great way to "get the ball rolling" but that many of the activities in the Action Strategy were resource/ money intensive and were a challenge to put into place and sustain. The Charter could be used as a strategic document to align people in an organization around QWL initiatives, however without follow-up and support of the action steps to follow (be they the Action Strategy or another implementation process, such as NQI) the implementation and trickle down to front-line staff becomes a challenge.

One organization used the Charter as a kick-off to get the commitments and then brought it to the front-line staff as a way to start sharing information about the QWL work that would be taking place in their setting.

Another challenge to disseminating information about the Charter within an organization is the perception that QWL work "belongs" to a particular department such as Occupational Health and Safety or Human Resources. This in turn leads to the work residing within one department, rather than being aligned throughout a whole organization, promoting a particular purpose/ set of beliefs/core of activities.

Overall, participants highlighted the need for a more enhanced process around signing the Charter. An enhanced process would support signatory organizations in implementing the Charter in their setting and integrating it with their other QWL initiatives. Participants also saw the potential for the Charter to become a symbol of a critical mass of organizations that prioritize and champion the issue of QWL throughout the healthcare system.

Knowledge Exchange

Almost three quarters of pre-Forum survey respondents indicated that their organization had identified and built knowledge on leading practices related to healthy workplaces. A significant number, 85%, said that their organization exchanges knowledge and networks with other health leaders on healthy workplace practices. Just over half of the group of signatory representatives at the Forum cited a formal network of peers whom they meet regularly as the most effective way they exchange knowledge with other health leaders. Attending conferences and using the Internet were seen by the group as the most useful method to exchange information with other healthcare leaders.

Use of Evaluation in QWL

In the pre-Forum survey, 85% of the respondents indicated that they had one or more QWL priority action strategies that were going to be implemented and evaluated. The Collaborative strives to encourage the evaluation of practices in order to continue building the foundation of evidence that: i) supports the argument for the positive impacts of increasing the QWL of healthcare providers and ii) makes the link between healthy healthcare providers and high quality healthcare provision. To establish the type of evaluation signatory organizations were currently engaged in or considering for use, the group was asked "What does evaluation look like?" Evaluation was described in terms of the use of tools such as surveys and the tracking of indicators to generate information upon which to act.

One participant mentioned the use of an employee engagement survey (Gallup) had been extremely successful. The results had informed the reshaping of



the organization's vision, mission, and values. In building their Respect in the Workplace initiative, it was crucial to be able to determine how levels of respect are shifting in the setting in order to identify the areas to focus energy and provide support.

Another participant suggested that a survey more closely linked to the elements of the QWQHC Action Strategy/Priority Actions would be useful. It was noted that there are many surveys available, and that the QWQHC could support organizations in their decision making by providing a template for rationalizing what survey, among the many, would be best suited to drill down to information that could comprehensively inform QWL initiatives and provide the best value for money invested.

A participant pointed out that evaluation can mean different things to different people and that "what you measure needs to be considered as much as how you measure it." In addition, the comparison of measures was seen by some as valuable, while others felt that measuring as an individual organization to ensure that you are moving forward on your own goals as they relate to standards was an efficient and effective use of measurement.

The collection of indicator data was reflected upon by a number of the participants. While comparison on a pan-Canadian scale was of interest, issues on collecting indicators brought up include: the different provincial requirements surrounding the collection of indicator data, the capacity of systems to collect data and the challenge of achieving satisfactory common operational definitions. It was noted that in the province of Ontario, various indicators are built into accountability agreements, and thus were taken quite seriously by senior leadership of organizations. This was perceived as potentially helpful in advancing QWL across organizations.

Some participants put forward the possibility that the QWQHC support QWL efforts by providing national benchmarks on QWL. National benchmarking was seen by some of the participants as a useful way to capture the attention of senior executives and to provide data to support arguments for more resources to be put into QWL initiatives. One participant suggested that a move toward national benchmarks would need to be senior leadership based.

The significant challenge of developing indicators, defining them operationally, getting everyone on the same page with the same view and aligning the systems to collect the data in a consistent way was noted. It was also pointed out that organizations need to reflect about how they use the information they collect and must then follow through with resulting actions that all staff can see.

In a final comment, one participant stressed the point that there are many activities that healthcare organizations are already mandated to perform that also contribute to improved QWL. She suggested leveraging such activities as a means to attain 'buy-in' from staff and mitigate some of the costs associated with improving QWL. She pointed to the positive impact improving patient flow can have on the QWL of healthcare providers.

It was also suggested that linking improved QWL for healthcare providers to activities and outcomes that benefit patients and clients serves to counteract the guilt and stigma (particularly among older generation staff) that can sometimes be associated with expectations of higher QWL for healthcare providers.

Priorities and Challenges

The Forum participants were presented with the information they provided about their QWL priorities and the challenges they are facing. Information obtained prior to the Forum on QWL priorities and challenges was synthesized into broader themes and presented to the group.

The Priorities

The priorities of the participants were clustered as follows: Strategic Foundations, Engagement and Collaboration, and Wellness.

Strategic Foundations

The participants stressed that commitment to QWL work was needed not only from senior leadership, but from all levels of the organization. The formalization of goals, objectives and plans was seen as needing the support of the senior levels in order to promote the buy-in from the middle management level. The

managers, in turn, are seen to have a critical role in how the QWL goals of the organization are communicated and rolled-out to the front-line staff. Finally, front-line staff must inform the strategic QWL goals from their perspective and through their own experience and that of their peers. It was noted that a disconnect often exists between the perception of senior leadership and the perception of managers and front-line staff of QWL in the organization. The Forum participants highlighted that organizations must be mindful of this potential gap in order to assure a steady progress on QWL issues.

Some organizations noted that they were now focused on establishing capacity and internal infrastructure to support and sustain their QWL work. The sharing of expertise, experience and ideas in the form of structured knowledge exchange mechanisms and opportunities was seen as very important, both internally within an organization and linking to outside sources as well. The notion of embedding QWL into the strategic plan of an organization so that it permeates the culture was also seen as a priority by many.

Engagement and Collaboration

Collaboration was seen as important not only within organizations, but also between organizations, regions and provinces. While some initiatives such as Respect in the Workplace were seen by Forum participants as needing to span across an organization, other initiatives like increasing physician engagement or supporting middle management were brought into focus in order to increase the sustainability of QWL initiatives.

On the point of physician engagement, one participant spoke to the need of keeping the communication lines open between physicians and the organizations they work within, as well as strongly linking QWL for healthcare providers to positive outcomes for patients/clients. Indeed, it is important to create a discussion about QWL that has meaningful entry points for all individuals working in healthcare settings.

Several of the participants highlighted the important link healthcare organizations have with their surrounding communities and noted the tremendous opportunity staff has to positively impact population health by modeling healthy living. She suggested linking this opportunity for staff to act as “ambassadors of health” with their participation in QWL initiatives targeted at enhancing

staff engagement. From a recruitment perspective, drawing from a healthy pool of candidates in the surrounding community makes sense for organizations looking to sustain the health of the workforce and work environment.

From the continued discussion the following priority emerged: linking safety and quality with the QWL of healthcare providers. An example provided was the challenge of achieving QWL for shift workers, in particular women, whose work brings on a high level of fatigue. The safety implications of fatigue in care-giving are significant. Safety is a powerful argument for increasing QWL for care providers. It was noted that increased QWL benefits can be reaped by addressing some of the core issues in healthcare, and that QWL need not be seen as a stand alone issue.

It was noted that having QWL as part of the organization's strategic foundation is important, but that this alone would not bring about change. Organizations need to also budget for the ‘doing’ or implementation of QWL initiatives. For example, upon uncovering staff needs through survey processes, organizations need to budget for the action that is to be taken to address the given situation.

Related to this last point, one participant highlighted the importance for organizations to not only determine what QWL improvements can be made, but to follow through with the required QWL initiatives. “Find out what is necessary, plan strategically, do what you say you are going to do, communicate clearly that you have done what you said you would do and show how staff benefits from it”. This becomes crucial in a busy environment where staff can miss the fact that certain initiatives have been put into place or that the loop was closed on particular discussions or ideas.

The participant referred to her own experience working across a health authority. In an effort to engage staff in a broad QWL initiative, a marketing plan was established, including the creation of an icon representing any work or information related to the initiative. This alerted staff to the source of the information/initiative and linked its purpose to an overall strategy within the organization. A budget was allocated to enable selected staff to support the QWL work by speaking directly to people, providing information about the initiatives and seeking informal feedback from staff



in order to fine-tune the planning or implementation of QWL initiatives.

In addition to budgeting for and promoting QWL initiatives, one participant alluded to engagement as a full organizational effort. He suggested the need to first identify “who we want to be” as an organization and then to develop expectations and competencies that reflect that “identity” in the everyday practices and activities of an organization. In this way, an organization defines a certain set of expectations that support an increased QWL and, in turn, those expectations are supported by defined behaviours and competencies that are reinforced, promoted and facilitated by the managers, thus becoming embedded in the daily practice and identity of the organization.

Wellness

Wellness was seen as an important block in the overall foundation of QWL work. The health of staff’s body, mind, and spirit as seen through the physical, emotional and mental health lenses was a shared priority for the Forum participants. For many, attending to the wellness of staff meant paying attention to the ‘person’ staff bring to work each day.

The impact of personal wellness on the daily functioning of an organization was highlighted. The issues of safety, quality, and financial impact of sick time on an organization were just a few ways that the importance of staff wellbeing was highlighted. Again, the notion of consulting staff on their individual needs and interpretations of “wellbeing” was noted. Participants shared some of the practices they had put in place to support wellness and spoke to achieving a balance of inviting or encouraging staff to engage with wellness programming versus facilitating that participation by strategic activities such as “showing up on the floor”.

The Challenges

The Challenges to QWL work, as communicated by the pre-Forum survey responses, were captured in the following categories: Time, People, and Communication.

Time

In some cases, organizations had QWL initiatives put into place, but indicated that staff did not have

the time to attend related events. The participants at the Forum engaged in a discussion reflecting on this challenge. One participant cautioned defining time, or the lack thereof, as a challenge, suggesting that we organize our time according to what we are prioritizing. Given that people find time to do what they value, the true challenge is “How do we make this valuable”. In essence, QWL initiatives shouldn’t act to “pull” people out of what they are already doing, but rather, act as a bridge to what they already inherently value. In follow-up to the content, another participant stated that what is “valued” is largely influenced by the top down and must be communicated through management “walking the talk”.

The idea that small amounts of time can be effective and have a high impact on QWL was brought forward by some participants. They cited examples of wellness initiatives that were brought to the floor and provided in 20 minute time slots, or education modules that were prepared in 15 minute segments allowing staff to flex their learning times and establish a pace that did not encroach upon or exclude them from their other priorities.

One challenge mentioned related to time being closely linked with the culture of an organization, as well as to the generational differences in workers. The idea of “taking” time is often framed in the dynamic of pitting workers against the patient or client they are caring for. There can be feelings of guilt linked to taking time to engage in QWL building initiatives when it is not sufficiently linked to the interest of the patient/ client.

People

Just not having enough people to cover the work in healthcare settings was one of the challenges expressed under this category. This led to reflections by participants on some of the issues stemming from a paucity of human resources, such as staff exhaustion, scheduling challenges, and gaps in inter-professional teams. Achieving a high QWL was seen by participants as an important element in addressing an organization’s recruitment and retention requirements. Participants highlighted the need to continue promoting the business case for increasing QWL, including the argument that the positive impact on recruitment and retention provides value for money.

The need for staff time or a specific staff position to be dedicated to facilitating and coordinating the QWL work within an organization was put forth as a way of combating the often-applied patchwork quilt approach and of assuring consistent progress.

The challenge of reaching out to an entire organization when QWL issues and work are perceived to belong only to Human Resources was highlighted. The pivotal role Human Resources can have in supporting QWL in an organization was acknowledged, but the group felt that the impact of the work was reduced without involvement of other departments such as Quality, Occupational Health and Safety, etc. Inter-collaboration was seen as necessary for achieving best results in getting a full picture of QWL issues across an organization and to get comprehensive and coordinated action to address it.

Support for managers was highlighted as a crucial element to successfully implementing and promoting the uptake of QWL initiatives within organizations. The role of managers is pivotal as they are the people with whom frontline staff interact daily and who can impart messages through word or action about the QWL priorities and values of the organization. Forum participants noted the significant number of responsibilities and competing priorities juggled by managers, as well as the powerful influence they have on a staff's work environment. Getting a full understanding of the needs of managers and building on their strengths to facilitate the implementation of QWL initiatives is an important element that can't be overlooked. It was noted that the Canadian Nurses Association is in the process of creating a tool kit with middle managers in mind.

On a final note related to this challenge area, one participant pointed out the importance of all staff feeling ownership of the organization's work, having pride in what they do and linking this to the outcomes for the patient/client. She provided the example of cleanliness in one setting. When all the workers, including those whose job description was most closely linked to cleaning and facility upkeep, were aware of the direct impact the quality of their work had on reducing the infection rates, they became empowered by appreciating the value and importance of their work for everyone in the facility. The importance of supporting all staff

in linking their work to that of the full team in the healthcare setting is extremely important.

Communication

Communication was cited in the pre-Forum survey as a continuing challenge for organizations. The need for effective and consistent communication at the organization and systems level was highlighted by respondents however the discussion focused primarily on the organizational level. Respondents felt that the quality of communication within an organization had a significant impact on the success of QWL initiatives and priorities. However, the quality of communication within the organization was itself impacted by a variety of issues including geography, level of internal support mechanisms, and staff communication skills.

For organizations responsible for a large region or catchment area, ensuring staff have the opportunity to communicate with and learn from each other was experienced as a challenge. Finding meeting times and spaces that are accessible to staff working shifts and travelling extended distances presents difficulties in logistics and in supporting staff's full engagement with organizational information and decision-making.

The development of mechanisms that support efficient dissemination of information was seen as a crucial element to sustaining the engagement of staff with QWL initiatives. Consistent messaging about QWL initiatives throughout the organization was noted as important. In addition, supporting knowledge-exchange within an organization was seen as challenging by some of the respondents. It was felt that access to models of successful infrastructure and initiatives that support knowledge-exchange would be of great benefit to organizations.

Interpersonal communication skills, including listening were noted as having a significant contribution to the health of an organization. Supporting all staff in an organization to acquire and build healthy communication skills was seen as necessary and advantageous. Having access to tools and resources that facilitate healthy communication among staff was noted as a priority for building collaboration. Some participants suggested that physicians working within healthcare organizations as sole practitioners rather than employees present a



unique aspect to consider when addressing organization wide improvement in communication. Several survey respondents noted they had been engaging in work that seeks to more fully include physicians in the efforts to increase QWL across their organization.

Exploring the Charter

It was noted that the Forum presented an opportunity to acknowledge and celebrate the work of signatory organizations and to harness their creativity and experience. In an effort to design a new framework supporting the Healthy Healthcare Leadership Charter, participants were asked to provide feedback on the uses of the Charter, the perceived impact of the Charter and its potential uses. This session of the Forum was designed to encourage initial discussions that would serve as a compass to guide the next steps in strengthening the Charter.

A resounding 97% of participants felt the Charter should continue to be promoted as an effective engagement tool and 72% of the participants indicated that the QWQHC should further invest in the Charter and a framework around it. While 70% of the participants agreed that the Charter contains the right elements to drive QWL improvements, only 24% of them agreed that adequate guidance documents and resources are available to help their organizations implement the Charter effectively. Participants clearly stated the Charter was a worthwhile engagement tool and the QWQHC could enhance the Charter's impact for organizations by strengthening its framework and providing signatories some supports.

Some of the supports discussed by the participants included the provision by the QWQHC of resources and materials that provide information to promote the Charter in signatory organizations. Participants suggested the Collaborative could provide an outline of the desired outcomes and potential benefits of becoming a Charter signatory that organizations can use to engage staff and increase awareness of the Charter and its connection to the interests of the organization, staff and patients.

Additionally, information related to the uptake of the Charter across the country and access to the network of other Signatories could be facilitated by the QWQHC.

One participant pointed out that the lack of guidance surrounding the use of the Charter, made it just "another piece of paper" that one could simply put a signature to. This then highlighted the question: what would provide the incentive for an organization to sign the Charter when they already engage in the work outlined by the document? She suggested that the networking potential was indeed quite useful. This is an area that could be much further developed to generate interest and engagement with the Charter.

An additional challenge identified with the Charter resided in the wording and expectations of the document. Some individuals suggested that the specific wording of the document might pose a barrier to signing by organizations that felt they needed to be completely aligned or compliant with the wording. It was mentioned that the metrics, as defined by the Charter, do not resonate with all organizations, particularly those that don't have the systems to support the specific measures.

It was pointed out that the QWQHC could benefit from developing its identity recognition through a branding exercise which would in turn support signatory organizations in their efforts to increase awareness about the Charter and the work of the QWQHC. Additionally a roll-out support package with easy to understand explanations about the QWQHC and the purpose of the Charter would help signatories build awareness about the Collaborative and the Charter in their organization.

The need to highlight the connections the QWQHC has with its National Partners was highlighted. Some participants felt that one of the National Partners, Accreditation Canada, was a natural connection to leverage in terms of linking the QWL component to many of the activities identified in the Accreditation Canada standards and required practices. In addition, it was stated that there was a need to use the far-reaching networks of the National Partners to promote the Charter increase awareness and further build the network of signatories.

Not all participants perceived the Charter as having a high impact in their organization. For some, the impact was in fact minimal. It was pointed out that currently, the Healthy Healthcare Leadership Charter is too easy to sign without demonstrating any action, and that

it essentially lacked an accountability framework. It was suggested that the QWQHC work to strengthen the connection between signing the Charter and the actions that can follow from it. This led to the question: “How do we attach a commitment and continue to make it accessible?” One possibility, put forward by the Forum participants, was for the QWQHC to design a particular QWL activity that is flexible enough for many organizations to incorporate into their own QWL plans and attach the implementation of that activity as an expectation of signing the Charter. The group felt that one small, implementable step that can be taken with the signing of the Charter would enhance the accountability of signatory organizations in moving the pan-Canadian QWL agenda forward.

One participant noted that what worked well for her organization was to sign the Charter just as they were initiating some QWL initiatives. Aligning the act of signing the Charter with other noticeable QWL activities in the organization can give the signing of the Charter more relevance for staff. When organizations link the signing of the Charter with an action they are already ready to implement, they can pair the signing of the Charter with the energy of positive action, thus infusing it with relevance for the staff. This can increase the Charter’s potential for acting as an anchor for future initiatives or its potential to be a symbol of the organization’s concrete commitment to increasing QWL.

A few Signatories suggested that the QWQHC should provide some form of recognition for those who have signed the Charter. This has the potential to strengthen the connection of Signatories to the work of the QWQHC and can bring attention to the network of champions engaging in work across the country. In addition, it communicates the valuing of the work of the Signatories by the QWQHC (i.e. by their peers in the collaborative effort to increase QWL.)

Overall, the Forum participants communicated that the Charter is a worthwhile tool that needs to be bolstered in terms of the process and tools surrounding it. Additionally, its capacity to be leveraged at multiple levels (including the systems level) needs to be further strengthened by increasing awareness and increasing the number of QWL champions who become signatories. As mentioned above, the impact of the Charter is not consistent across organizations. The Collaborative must recognize that the Charter is one of many different tools

for engagement that organizations may choose and therefore it is important that the call to action provided by the Charter does not dismiss the excellent work that already occurs in organizations. Given the Charter can be used by organizations at any point in their journey to improve the QWL of their setting, the Charter remains a flexible engagement tool that can act as a catalyst for change, provide an anchor or dissemination vehicle for a growing repertoire of initiatives or complement on-going well established QWL initiatives. The participants noted that a revitalized Charter should be strategically disseminated to build a substantial network of QWL champions, thus increasing its capacity as a political lever. A revitalized Charter can provide a doorway into a growing network of engaged organizations looking to have impact on QWL in healthcare.

The participants used the audience response keypads to provide quick responses to some further questions regarding the Healthy Healthcare Leadership Charter that could serve to inform a working group to develop a substantial supporting framework that could take the Charter further. The questions and results can be found in Appendix C.

Shaping your Collaborative: From Strategy To Action

Participants were placed in working groups focusing on one of the QWQHC’s four stated objectives. Participants were asked to generate activities related to each objective that would have high-impact in supporting the work of QWL champions across the country.

The QWQHC’s four objectives are:

- To increase the capacity of health service delivery organizations to implement evidence-informed QWL practices.
- To increase awareness, commitment and engagement of leaders within publicly funded health organizations and federal/provincial/territorial governments concerning healthier workplace in healthcare
- To support and promote systematic and consistent means of measuring and reporting on QWL in healthcare across the country



- To promote on-going sustainability and relevance of a collaborative action approach to improve QWL in healthcare.

The expanded outline of these objectives provided to the participants can be found in Appendix D.

The discussion at each table generated a number of general ideas. Each group was asked to generate a list of five priority activities under their assigned objective that would have a high-impact in supporting the work of QWL champions. The following is a scribed-as-discussed account of the ideas the participants at each of the discussion groups.

Objective 1 To increase the capacity of health service delivery organizations to implement evidence-informed QWL practices.

Further development of the QWQHC website to provide an electronic meeting place for QWL champions would increase capacity across the system. It could be a place to check out leading practices, learn from each other, and find relevant resources. Benchmarks could be shared for organizations to compare with their own practices.

Building capacity is also linked to the opportunity the extensive networks of the QWQHC partners have to disseminate information and resources. The challenge is in imparting to organizations the importance and need for improved QWL and assisting them not only to infuse it into the mission, vision, and values but to move it beyond words on a wall. The Collaborative is encouraged to link-up with and leverage the extensive networks of Accreditation Canada in order to provide relevant information and access to best QWL practices to a wide variety of healthcare organizations. In addition, other accrediting bodies, professional associations and organizations have important channels through which QWL tools and information can be disseminated.

A fundamental way to increase capacity is to provide QWL champions with tools and resources to support their work. For example, there is a need for management tools that work in the healthcare environment. The current approach of management in healthcare is out of date. With regards to resources,

there could be coaching teams comprised of inter-professional experts that will assess an organization provide it with an example/standard of healthy workplace and coach the organization on how to achieve that goal. An example of this is NQI. It provided a road map on how to get there. In this process benchmarking occurs once everything is achieved in Level 1 and then there is a place to celebrate and move towards the next goal.

A fundamental aspect to QWL is respect and healthy relationship building in the workplace. Tools for responsible conflict resolution and initiatives that support organizations to create a climate of healthy communication and inter-professional collaboration are necessary.

An aspect that is missing in the Within Our Grasp Document is the outreach to students and new graduates of healthcare professions. Increased capacity can also be gained by mentorship of QWL leaders at all levels of organizations.

There is a need for the QWQHC branding and messaging to be clear about who we are, our mission, and what we do. It is important that uptake be supported in all areas of the country and this could be achieved by having provincial and territorial ambassadors for QWL.

Top five high-impact activities identified by the workgroup:

1. Electronic meeting place, website, electronic newsletter
2. Benchmarking
 - compare “like” facilities
 - sharing data

Coaching teams
Conflict resolution
Tools (teachable moments)
3. Linking with students, link with Accreditation Canada, network
4. Branding
5. Provincial ambassador

Objective 2 To increase awareness, commitment and engagement of leaders within publicly funded health organizations and federal/provincial/territorial governments relative to healthier workplace in healthcare

To make the Charter a more vibrant and useful document, signatory organizations need to be provided specific tools to educate their staff about the purpose and use of the Charter and how the Charter connects to staff's everyday experience. This is necessary to increase staff engagement with the Charter and other QWL initiatives in a setting. Ideally, the initiatives can be linked to the Charter in a deliberate and well communicated way.

Senior healthcare leaders know about healthy workplaces, the key is to engage them and build on the commitment to take action that improves the QWL in their organization. The Charter could have an increased accountability framework that moves beyond it's symbolic nature and propels commitment through action. In this way, the actions can be evaluated and staff can be show that the QWL initiatives are actually having an impact.

The branding of the QWQHC, including a name change is an important element in increasing awareness of the Collaborative's work and impacting engagement of healthcare providers across the country. Senior leadership and staff in healthcare settings need to know who the QWQHC is and understand it's unique position as a QWL champion at the pan-Canadian level.

Increasing engagement is about getting back to basics: communicating to staff, encouraging healthy communication among staff, valuing all the people in an organization. There is sometimes a huge disconnect between what top leadership is occurring in worklife and what managers and front-line workers think is happening.

The following are the five high-impact activities identified by the group to be engaged in by the QWQHC:

1. Facilitate roundtables that speak to CEO's of health care organizations with common QWL goals across the country. This would provide connectivity, build a strong network and provide

the opportunity to provide recognition of QWL work by the QWQHC, peers or by profiling through the CCHSE designation.

2. Set up a template/tool for organizations that includes: how to set up infrastructure, how to cost-effectively identify and determine the elements a healthy workplace and how to organize the initiatives into a manageable action plan. In addition there would be a toolkit to match the actions identified in the QWQHC Action Strategy and template that outlines a process in prioritizing the actions to fit an organization's strategic planning and directions.
3. Develop educational promotional and communication tools, Knowledge Exchange and self-assessment tools to promote the importance of QWL, the QWQHC and a collaborative approach in organizations.
4. Support organization to make further connections about the importance of QWL and their commitment to it within the setting and senior leadership. Provide information and tools that assist in holding a mirror up to management and assessing intent of commitment to what is actually occurring at front-line – maybe a checklist that helps measure what is occurring against the intended practice. Make it evidence-based, so organizations can know if they are making a difference. Focus on leading practices.
5. Provide a clear picture to QWL champions of what success can look like – include specific supports for the manager in this.

Objective 3 To support and promote systematic and consistent means of measuring and reporting on QWL in healthcare across the country

One way to get organizations measuring to improve QWL is to link into the Accreditation Canada process. This would assure that accredited organizations are accountable for implementing QWL practices consistently.

Measurement needs to occur at all levels of the organization and there needs to be follow through from the information the data reveals. People in an



organization need to know the purpose for gathering information and that it makes a difference.

It gets tiring to be gathering information for a variety of sources and not seeing the outcome of that information. It would be beneficial to move towards a single reporting system.

Consistent definitions of indicators are necessary for a national comparison of organizations. Comparison can support accountability and inform directions of organizations.

Some organizations question the need to have a national comparison. If the organization is fulfilling the standards set out by the accrediting body and is measuring consistently to gauge it's improvement in a variety of strategically identified areas, then what is the benefit of comparing to other organizations that have contexts that make the comparison less valid. It seems in an organization's best interest to better itself based on its own measurement while staying current with the leading QWL practices and issues in the healthcare system.

Organizations need to learn how to effectively use the information they are already collecting to improve QWL. They need to act on the information collected and demonstrate to staff that the data has informed a positive activity that promotes a healthy change in worklife.

1. Link to accreditation
2. Ensure it reaches front line (stratify measurement)
3. Create a process that recognizes different stages of progress
4. Develop consistent definitions
5. Ensure single entry reporting
6. Create a method for sharing measurement processes.

Objective 4 Promote ongoing sustainability and relevance of a collaborative action approach to improve QWL in health care

There is a need for a standard national QWL survey. Incorporate QWL into other aspects of organizational practices such as patient safety. The survey does not have to be perfect, just comprehensive enough to drill down to useful information. It is ineffective to have to use three different surveys in order to get a complete picture. NQI is too expensive. For those who are following the NQI process, it would be helpful if they would accept any survey tool for their levels.

The development of a single survey tool that addresses QWL in healthcare could be advanced by the QWQHC, who would get input from it's partners and from the signatory organizations. It could work to get the National Partners and other organizations to accept a standard and consistent set of tools and surveys.

The QWQHC could do a broad environmental scan of tools used and how organizations are using the information gleaned from them (i.e. IHI/Gallup/Picher)

Find out what people are measuring and why, including the reporting requirements. This type of project could be started with the Charter Signatories. Comparability can drive and motivate Executive groups and increase buy-in.

Signatory organizations can benefit from the QWQHC facilitating the sharing of success stories and how challenges have been overcome to increase the QWL in settings. Keeping QWL champions up to date with regular e-mail prompts and facilitating a space for QWL champions to exchange knowledge and connect, would be very helpful. This could come in the form of blog spots, wiki's message boards, etc. In return, Charter signatory associations and organizations need to contact the QWQHC with their updates and events so that the information can be disseminated. An overall communication plan that is simple and clear (without too many of the acronyms and technical language) is crucial to engaging people at all levels of the system.

1. Environmental Scan
 - Framework
 - Tools
 - Indicators
2. Benchmarking
 - Consistent indicators
3. Consistent QWL survey tool developed in Collaboration with partners and accrediting bodies and third parties (e.g. Medical Association/Patient Safety Councils)
4. Sharing success stories/overcoming challenges
5. Communication Strategy (plain language)

Two general ideas that came out of the full group discussion following the table work include: i) people appreciated having a road map or template of activities to follow to improve QWL and the NQI process was cited as an example of providing a clear guide of activities an organization can follow, achieve, celebrate and move forward; ii) the notion of mentorship, consultation, coaching or some sort of consistent support was seen as a way to help organizations achieve their QWL goals in a more timely and purposeful fashion.

After the four break-out groups presented their prioritized lists of high-impact activities, these were inputted into the audience response system, so Forum participants could further prioritize and provide feedback on the list of activities. The results of the prioritization exercise are shown in the tables below.

Implementing evidence-informed practices

Tools (coaching teams, conflict resolution, benchmarking to compare like organizations and share data)	34%
E-Stuff (electronic meeting place; website; e-newsletter; word in progress updates)	31%
Networking/ Linking (peers, students, Accreditation Canada)	9%
Branding	20%
Provincial Ambassador	6%

Awareness, commitment, and engagement

Templates for organizations (i.e. Action Plan: From Charter Into Action)	32%
Third Party Role (compare what leadership thinks QWL is with what staff thinks)	27%
Evidence-based picture of what success looks like	24%
Educational/ Promotional Tools	8%
QWQHC led leadership roundtables/ forums	8%

Advancing QWL measurement

Link to Accreditation Canada	43%
A standard reporting Structure (consistent definitions)	26%
A method for sharing information (one-stop shop)	14%
Develop a Recognition Award	11%
Stratify measurement	3%
Single entry reporting “place”	3%

Sustaining pan-Canadian collaborative action

Communications strategy	33%
Collaboration with accreditation bodies	25%
Sharing success stories	17%
Consistent survey tool	11%
Benchmarking	11%
Environmental Scan	3%



Conclusion

The Healthy Healthcare Leadership Forum brought together 44 Quality of Worklife champions who were engaged, enthusiastic and highly committed to improving QWL in their respective organizations and beyond. This group of knowledgeable individuals connected for a full day of discussion and it is hoped that they will find in each other a network of shared interest that can support them in their endeavors to positively impact the QWL of healthcare. The day fostered a rich discussion that informed the participants and will inform the ongoing work of the QWQHC.

As we heard from the participants, innovation is important but it must be supported by linking QWL initiatives to the good work already in place. Building on the momentum already occurring, the QWQHC can continue to facilitate a growing network of champions, further support the implementation and measurement of QWL initiatives, encourage the effective use of metrics, and provide access to tools and information on QWL in healthcare. The QWQHC has a unique opportunity through its knowledge exchange activities and its network of signatory organizations to provide QWL champions across the country access to QWL expertise in the form of academic and experiential front-line knowledge.

Appendices

Appendix A



Healthy Healthcare Leadership Forum

March 27, 2007

The Collaborative is now charting a course that will enable it to further support and facilitate the implementation of its Action Strategy and other QWL initiatives in healthcare workplaces. We are pleased you are joining us, as one of our Charter Signatories, for this highly interactive event! This is our opportunity to engage in dialogue, and to contribute to the shaping of a Pan-Canadian collaborative approach that will broaden the dissemination and uptake of successful and evidence-informed QWL initiatives across jurisdictions.

Forum Agenda

8:00 - 8:45	Informal Networking Breakfast
8:45 - 9:30	Welcome, Who's in the Room, QWQHC Update
9:30 -10:30	QWL in Your Organization -Review of Survey Results
10:30 -10:45	Break
10:45 -12:00	QWL in Your Organization -Priorities and Challenges
12:00 – 1:00	Lunch
1:00 – 1:45	Exploring the Charter
1:45 – 2:30	Identifying and Defining High-Impact Activities : In Groups
2: 30 – 2:45	Break
2:45 – 3:30	Identifying and Defining High-Impact Activities : Reporting Back
3:30 – 3:45	Evaluation
3:45 – 4:00	Closing Remarks and Next Steps

Healthy Healthcare Leadership Forum • March 27, 2007. Toronto Metropolitan Hotel
Quality-Worklife Quality Healthcare Collaborative www.qwqhc.ca

Healthy Healthcare Leadership Forum

March 27, 2007
Toronto Metropolitan Hotel

Participating Organizations

Academy of Canadian Executive Nurses
Annapolis Valley District Health Authority
Canadian Association of Social Workers
Canadian Association of Speech-Language Pathologists and Audiologists
Canadian Nurses Association
Capital District Health Authority
Colchester East Hants Health Authority
Cumberland Health Authority
Guysborough Antigonish Strait Health Authority
IWK Health Centre
Kings Regional Rehabilitation Centre
Markham Stouffville Hospital
Northern Health Authority
Pictou County Health Authority
Regional Health Authority B
Rehabilitation Centre for Children
Richmond Villa
Saskatchewan Registered Nurses' Association
South Shore Health
University Health Network
Vancouver Coastal Health
Vancouver Island Health Authority
VON Canada
West Park Healthcare Centre

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Quality-Worklife Quality Healthcare Collaborative www.qwqhc.ca



Appendix B

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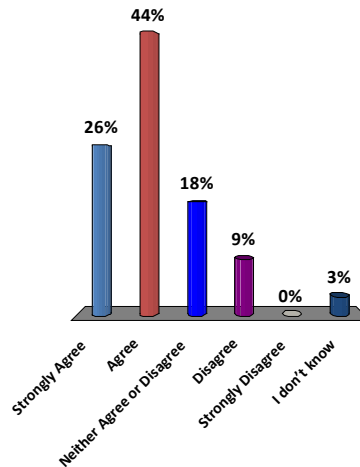
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Appendix C

Charter Evaluation

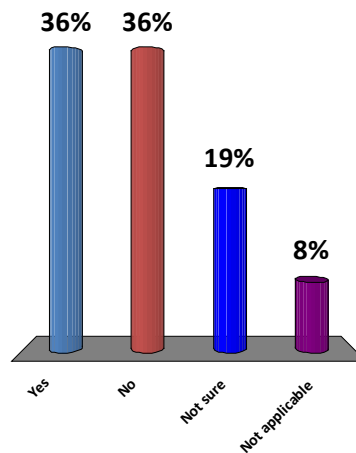
The Charter contains the right elements to drive QWL improvements.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



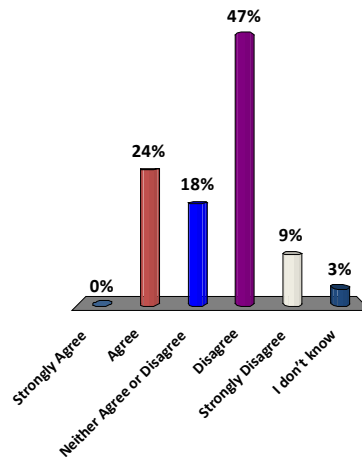
After signing the Charter, my organization leveraged the Charter to improve its quality of worklife activities.

1. Yes
2. No
3. Not sure
4. Not applicable



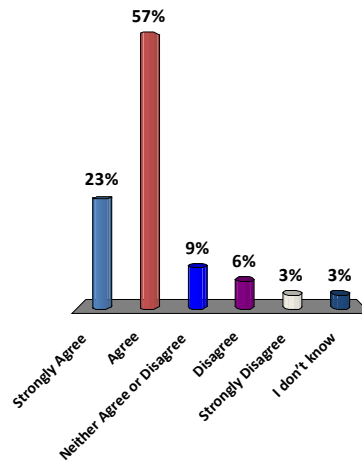
Adequate guidance documents and resources are available to help my organization implement the Charter effectively.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



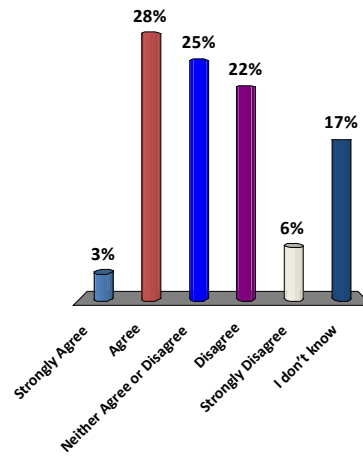
There have been quality of worklife improvements in my organization since we signed the Charter.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



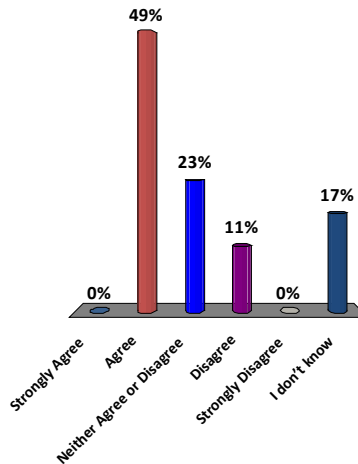
Some of these quality of worklife improvements have come as a direct result of the Charter.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



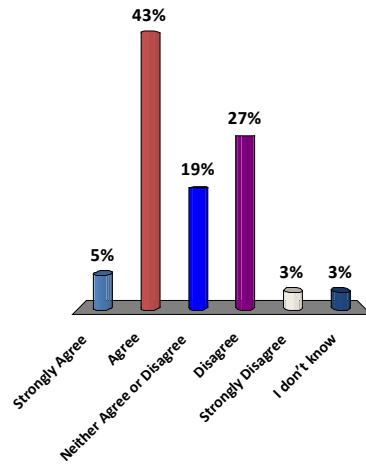
Some of these improvements have come as an indirect result of the Charter's guidance.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



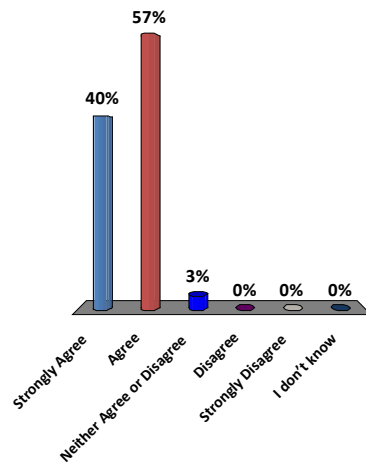
The Charter has played an important role in bringing awareness to the importance of quality of worklife within my organization.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



The Charter should continue to be promoted as an effective engagement tool.

1. Strongly Agree
2. Agree
3. Neither Agree or Disagree
4. Disagree
5. Strongly Disagree
6. I don't know



Appendix D

QWQHC Objectives

Shaping Your Collaborative: From Strategy to Action



- Increased Capacity
- Supporting Implementation
- Driver of Change : Facilitation & Dissemination
- Primary Audience : Workplaces
- Collaboration vs. Collaborative

The overall **goal** of the QWQHC is to drive improvements in quality worklife and quality healthcare through building system-wide sustainable engagement, action, accountability and knowledge exchange.

Shaping Your Collaborative: **Objective 1**



- To increase the capacity of health service delivery organizations to implement evidence-informed QWL practices.
 - Provide access to innovative and leading QWL practices
 - Provide access to information, resources and tools
 - Disseminate key research findings
 - Support knowledge exchange



Shaping Your Collaborative: **Objective 2**



- To increase awareness, commitment and engagement of leaders within publicly funded health organizations and federal/provincial/territorial governments relative to healthier workplaces in healthcare.
 - Develop a Charter implementation framework
 - Pursue opportunities to highlight the QWQHC’s action strategy and the issue of QWL
 - Develop tools to support engagement activities

Shaping Your Collaborative: **Objective 3**



- To support systematic and consistent means of measuring and reporting on QWL in healthcare across the country.
 - Inform the advancement of QWL accreditation standards and measurement
 - Develop resources to support monitoring and use of QWL indicators by healthcare organizations
 - Engage key provincial bodies involved in system measurement
 - Support organizations in the evaluation of QWL programs and initiatives



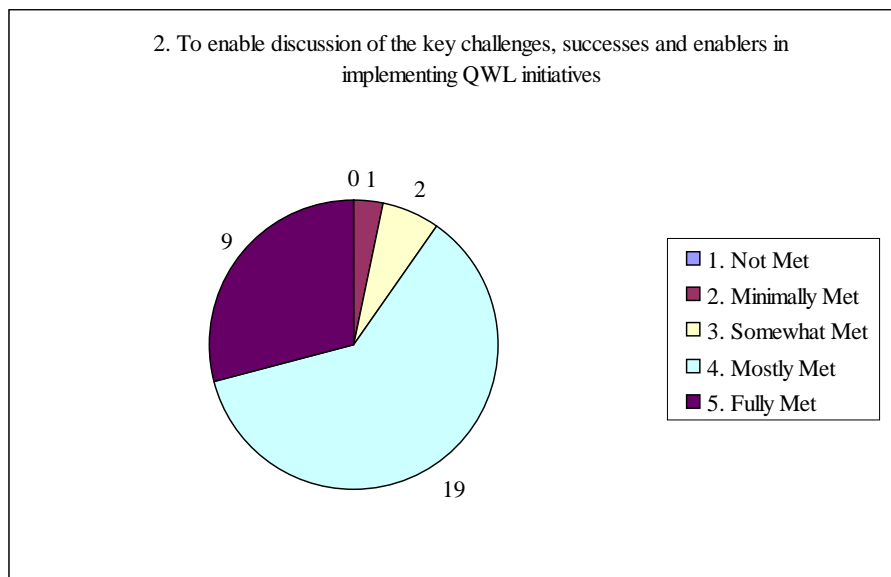
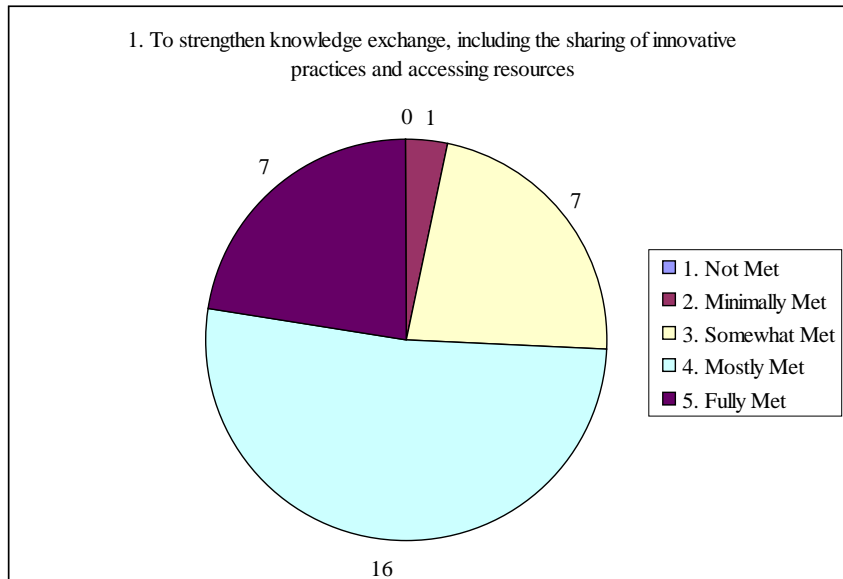
- To promote on-going sustainability and relevance of a collaborative action approach to improve QWL in healthcare.
 - Facilitate and support a sustainable network of stakeholders interested in continued collaboration around QWL
 - Leverage Charter to sustain interest, commitment and engagement in the QWQHC action strategy
 - Assess impact and continued relevance of the QWQHC's approach and Action Strategy



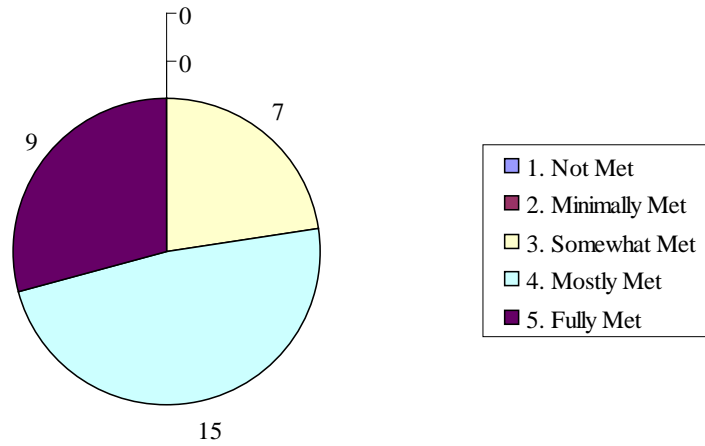
Appendix E

Forum Evaluation

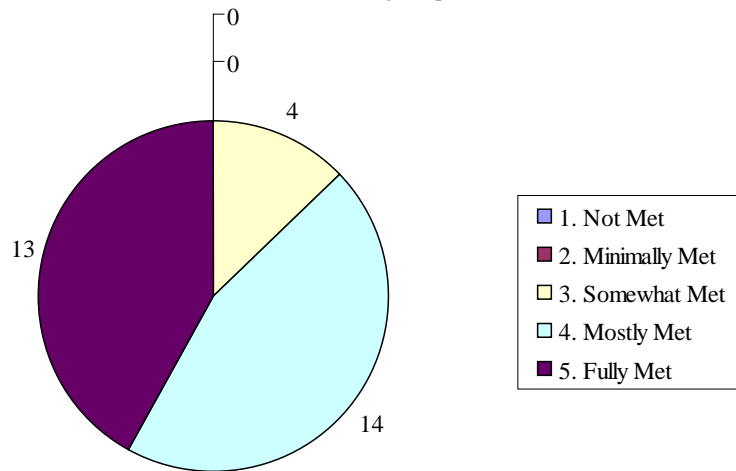
An evaluation of the Forum event was distributed to the participants who were asked to provide feedback on the degree to which the objectives set out for the Forum were met. The following tables reflect the responses of 31 participants:



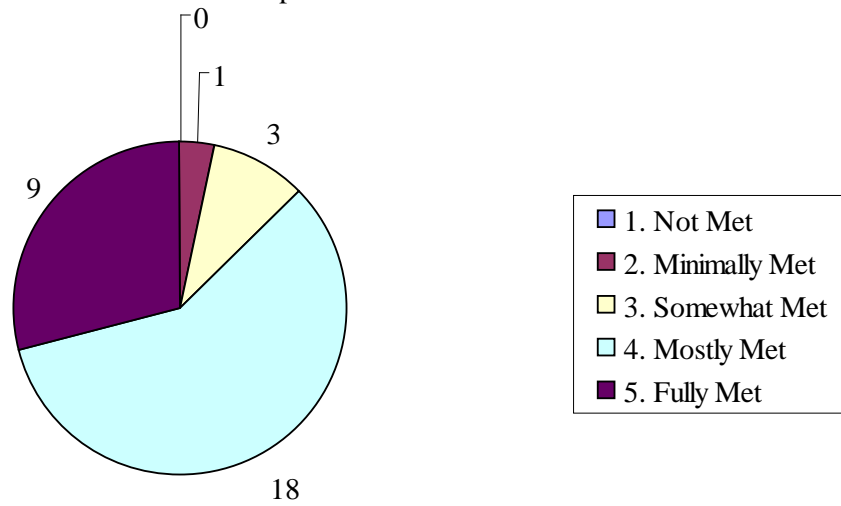
3. To assess the impact of the Healthy Healthcare Leadership Charter to date



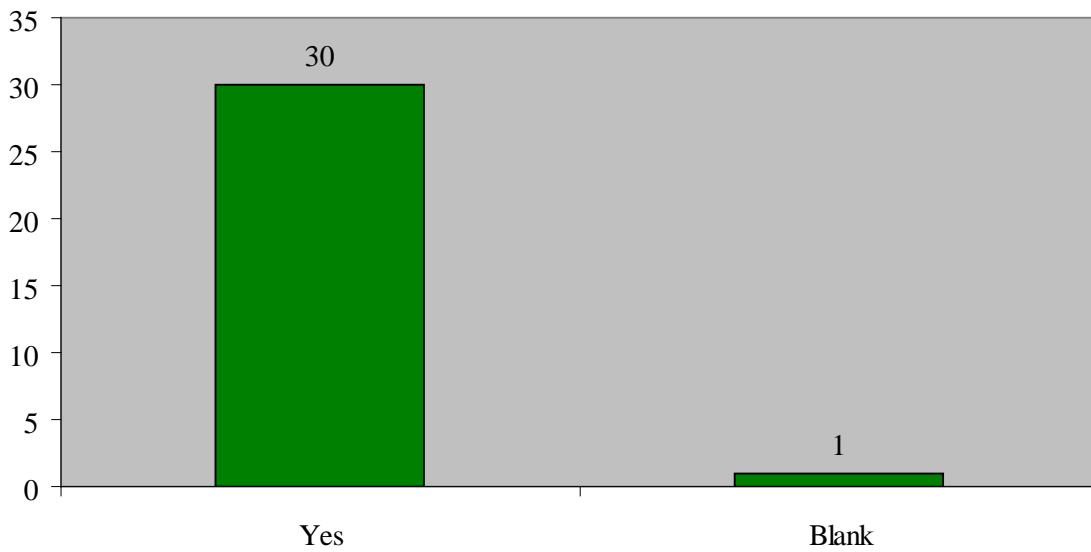
4. To explore and identify approaches and initiatives for the QWQHC to undertake that are responsive to the priorities and needs of its audiences and stakeholders, and that focus on high-impact activities



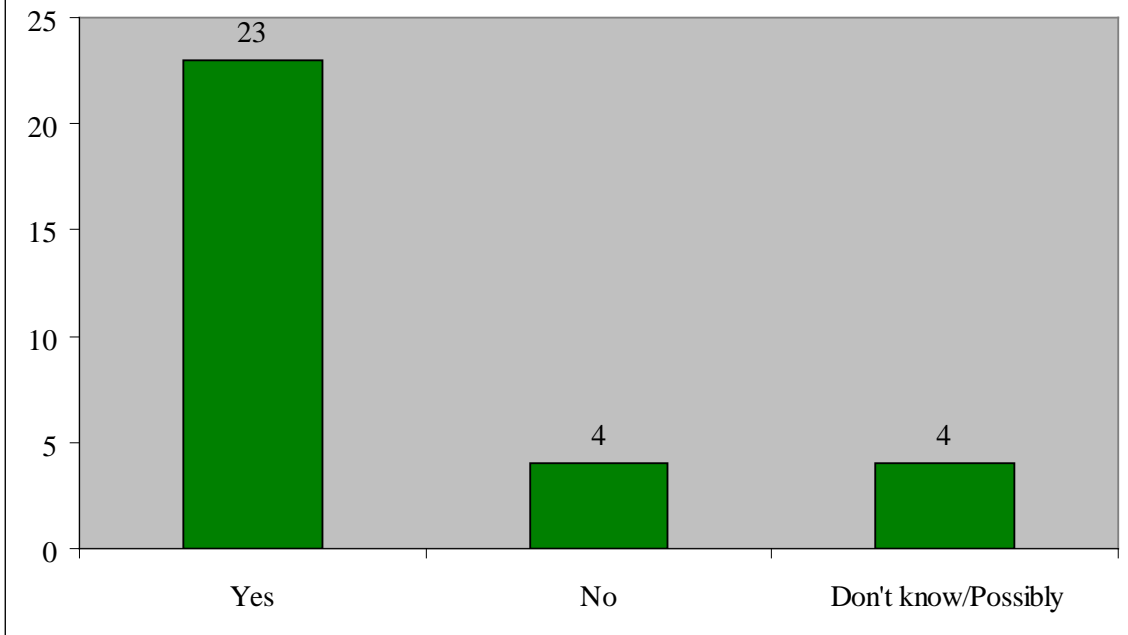
5. To build the potential for pan-Canadian networking within a community of peers



Feel this would be a valuable event for your organization to attend?



Do you think your organization would support you financially to attend such an event?



Qualitative Feedback from Forum Participants

The following key points emerged from the qualitative content of the completed evaluations:

- Many participants cited the networking the Forum provided as being highly valuable. Participants felt it was useful to get the chance to see the issues from a broad perspective and to learn from other representatives of signatory organizations.
- The format of the day, including the facilitation and the use of the audience response technology was noted as being highly effective in supporting the participants to make it through an ambitious agenda while still maintaining a notably high level of interest and energy. Some of the participants also noted the quality of the group discussion and interactions.
- Some of the evaluations noted that the day had provided inspiration for taking some next steps in the further implementation of QWL initiatives in specific settings.

The verbal feedback offered by some of the participants at the end of the day, mirror the comments emerging from the formal written evaluation. Several participants mentioned they felt invigorated in their QWL efforts and were bringing a renewed energy and enthusiasm to the work they already had planned in their organization to improve QWL. A few delegates mentioned they planned to use the work at the Forum to catalyze some of the work they would be doing to improve QWL in the near future. Other participants commented that they were excited to see the future initiatives of the QWQHC.

Some of the constructive criticisms offered by participants were that the use of multiple acronyms had been a bit confusing to follow during the discussions and that the content of the day, being highly specific to organizations, would be important to consider through the lens of other entities such as governments, associations, etc.

