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Shaping the Future of Quality: Building on the Momentum

Report of Proceedings

Quality Worklife - Quality Healthcare Collaborative 3rd Annual Summit

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Table of Contents

Key Messages	1
Introduction	2
Presentation Digest	3
Plenary Presentation: The Future is Now.....	3
Town Hall.....	4
Concurrent Sessions.....	7
Adopting a Health and Safety Management System - A New Leadership Imperative to Establish a Culture of Safety for Clients, Employees, and the Public.....	7
Excellence in Older Worker Retention - The Seven Oaks General Hospital Story.....	8
Quality of Worklife in the Health Setting: The Role of Physician Engagement.....	9
Lunch Presentation.....	10
Canadian Health Leadership Network Presentation	10
Concurrent Sessions.....	11
Leading the Change... Activating Our Values!.....	11
A Holistic Approach to a Healthy Worklife... The Trillium Story.....	12
Changing the Face of VON	13
Day 2 Breakfast Workshop: Measuring for Success.....	14
Plenary Presentation: How to Strengthen the People-Performance Link in the Healthcare Quality Chain.....	15
Plenary Presentation: Healthy Workplaces: Listening Within and Beyond our Borders	16
Plenary Presentation: How Does An Institution Manage Quality During Profound Change? The MUHC Experience	18
Plenary Presentation: Building on the Momentum	20
Post-Summit Workshops.....	21
Preventing Workplace Violence hosted by Accreditation Canada	21
Civility, Respect and Engagement at Work (CREW): Laying a Foundation for Teamwork presen ted by Michael P. Leiter and Associates.....	23
Quality Deconstructed.....	24
Beyond the Summit: Next Steps.....	25

Key Messages

- Evidence shows a link between the health of the workplace and the quality of patient care. A fundamental way to improve healthcare is through healthier healthcare workplaces. The Quality Worklife-Quality Healthcare Collaborative (QWQHC) is a vehicle to support and facilitate collaborative work among organizations to disseminate evidence and put it into practice.
- The QWQHC's 3rd annual Summit provided a venue to showcase quality of worklife (QWL) stories by Canadian leaders who have taken steps to improve the health and safety of their healthcare workplaces. The Summit aimed to build on the quality improvement initiatives to date, to shape and engage a community of interest, and to share knowledge.
- QWL strategies, practices, and outcomes make individual links in an interconnected quality chain. Each link affects the other, and determines the overall strength of the chain.
- When considering worklife quality, common themes emerged in the stories presented at the Summit. Highlighting lessons learned, presenters urged participants to:
 - Incorporate quality workplace goals into the corporate strategy
 - Collaborate with others, both internally and externally
 - Invite all stakeholders to actively engage in their worklife
 - Communicate in a common language
 - Deal with change more effectively
 - Focus upon strong leadership and management; and
 - Measure and evaluate all initiatives
- Armed with lessons learned, participants of the Summit left with plans to initiate change in their own organizations. Articulating their plans, participants identified practical tools and ways to collaborate to achieve their goals.

Introduction

On March 3 and 4, 2009, the Quality Worklife-Quality Healthcare Collaborative (QWQHC) hosted the 3rd annual Summit “Shaping the Future of Quality: Building on the Momentum.” With over 175 delegates, the Summit aimed to build on quality improvement initiatives to date, to shape and engage a community of interest, and to share knowledge. Through plenary presentations, concurrent sessions, a town hall meeting, group discussions, and workshops, the two-day event focused on one goal: to improve the quality of the workplace in order to improve the quality of patient care.

The link between quality healthcare worklife and quality patient outcomes is well-documented. Opening the Summit, Pamela C. Fralick, Chair of the QWQHC, said, “The research supporting this notion is the cornerstone of the QWQHC and its partners’ belief that a fundamental way to better healthcare is through healthier healthcare workplaces.”

With representation spanning the country, the Summit’s presentations and workshops provided delegates with an inside look at a variety of QWL initiatives. Delegates were also provided with opportunities to share their own stories as well as learning from those of their colleagues.

Participants were urged to think of the Summit as a different kind of gathering. It was not just another meeting or networking opportunity. It was an opportunity to effect change, and to question, share, and build on the momentum.

Thus the Summit became a catalyst for action. After two days of sharing experiences about ways to make Canadian healthcare workplaces safer and healthier, participants left with useful ideas, tools, and strategies to take back to their own organizations.

The following report captures the essence of the discussions at the Summit. To refer to presentations and to hear audio clips, please go to www.qwqhc.ca.

Presentation Digest

One does not have to look far to find examples of compelling innovations, breakthroughs, and lessons learned in the quest to improve QWL for healthcare professionals. There have been important achievements in QWL among our peers. The Summit provided a venue to showcase several of these initiatives from Canadian leaders who have taken steps to ensure healthcare workplaces are healthy.

Recognizing the proven connection between QWL and quality healthcare, the leaders shared their strategies. Here are their stories.

Plenary Presentation: *The Future is Now*

Speaker:

• **Judith Shamian,**
President and Chief Executive Officer,
Victorian Order of Nurses

A strong proponent of evidence-informed decision-making, Judith Shamian believes there is ample evidence to support major healthy workplace initiatives. Rather than pursuing more studies, she urged Summit participants and organizations to move into action because the future is now.

Throughout her career, Shamian has reviewed countless research studies examining the links among the workplace, workers and patients. In a 2000 study of five countries that looked at the impact of prior reforms upon the health of nurses, the findings were striking. Nurses reported twice as much absenteeism when compared to 42 other professions. This, in addition to other compelling pressures and realities, highlighted the need for more research data and put a spotlight on the QWL agenda.

Since then, research has shown an undeniable co-dependence between the organization and the individual worker. A reduction of nurses means more staff overtime. This overtime leads to an increase of workplace injuries and absenteeism. When there are fewer nurses, the workload increases which again leads to injuries and a higher absenteeism rate. The resulting unhealthy workplaces, in turn, yield poor patient outcomes.

Even with the availability of compelling data, healthcare organizations still have a long way to go. According to research released by Statistics Canada, healthcare organizations have made no progress since 2000 to attract and retain nurses. In fact, said Shamian, we are doing worse. Before the recession of the 1990s, about 12,000 nurses entered the workforce every year. Now there are approximately 9,000 nursing graduates per year which will not satisfy the needs of a growing patient population. Additionally, absenteeism levels are worse than they were nine years ago.

Given the impact of the recession throughout the world, Shamian stressed the importance of learning from the mistakes of a similar recession in the 1990s. She urged Summit participants to resist letting history repeat itself and to be prepared for healthcare budget restructuring. Healthcare is not recession-proof and it is our obligation to worry about it, she said.

A new national study by Shamian, O'Brien-Pallas and Tomblin Murphy, examined the costs of staff turnover. The research showed that in the 41 participating acute care hospitals there is about a 20 per cent turnover rate representing an average cost of \$25,000 associated with nurse turnover. Shamian hopes these shocking numbers will lead to positive changes in policies. Without a doubt, unhealthy workplaces contribute to increased costs and negatively affect sustainability.

Though the data may seem discouraging, the good news is that much of the work in producing the evidence to support decisions has already been done. It is now time for leaders to learn from the research and take action. "You have a golden opportunity to go out after (this Summit) and do more of the wonderful work you do," said Shamian. "There's a lot in this country going on. Learn and benefit from (these stories) and keep pushing for it because it's the right thing for patients, Canadians and those who work in healthcare."

Town Hall

Moderator:

• **Mylène Dault,**
Director of Organizational Learning,
Canadian Health Services Research Foundation

Adults learn best when they are presented with real-life examples. The Summit's Town Hall showcased practical stories and lessons learned from a panel of three industry leaders with three different perspectives – system, district, and organization. To frame their presentations, panelists were asked to respond to three questions:

- What initiated the changes in your organizations to improve worklife?
 - How did you initiate and implement these changes?
 - What impact did the changes have?
-

Panelist:

• **Marilyn G. Field,**
Assistant Deputy Minister,
Executive Council, Public Service Secretariat, Government of Newfoundland and Labrador

In developing a corporate health human resources strategy for the Public Service Secretariat of the Government of Newfoundland and Labrador, Marilyn Field learned to use evidence and frame QWL issues in business terms. Attraction and retention is, in itself, a business. A return on investment for any strategy must be proven.

In order to attract new staff and retain valued employees, Field and her team compiled evidence to support their strategy. First they examined the psycho-social dimensions of the workplace such as issues of trust, communication, and workload. They also determined what was seen as valuable to their clients and other stakeholders. Field then looked at other data like absentee rates and demographics. In addition, qualitative data from focus groups and requirements from the province and health authorities were considered.

When developing the strategy, it was important to ensure the organization's requirements aligned with its priorities, values, and directions. Though challenges were identified, Field felt it was also important to build on current organizational strengths.

Service excellence became a key priority. To address it, Field and her team created a staff engagement model focusing on three main areas: work environment, QWL, and employment relationship. Not mutually exclusive, these areas tend to overlap and affect one another. That is, if staff were engaged it would enhance employee commitment and engagement, and consequently improve organizational performance. Field gave Summit participants concrete advice to consider when developing a human resources strategy to improve QWL:

- Base the strategy on evidence
- Engage employees
- Keep in mind that planning is top-down and bottom-up
- Do not underestimate resistance
- Communicate with all stakeholders and continue to communicate
- Look at best practices from other organizations

In terms of outcomes, Field experienced organizational buy-in and had programs aligned with, and committed to, organizational success. Employees should see organizational support, career development opportunities, renewed interest in leadership development, and better employment relationships. Employee engagement will lead to client satisfaction and quality service delivery.

Panelist:

• Elizabeth Smailes,

Director,

Mental Health and Organizational Development

at the Occupational Health and Safety Agency for Healthcare in British Columbia

Prompted by a report written by the Auditor General of British Columbia, Elizabeth Smailes and her team were asked to undertake the task of assessing the work environment for risks to staff's mental health and develop an action plan to mitigate the risks across healthcare organizations in British Columbia.

Through focus groups, Smailes talked to frontline workers and asked their opinions on their work environment. Senior executives were then interviewed and offered practical solutions aligned with their organizations' strategic directions. As a result, frontline workers identified 11 themes under three main areas: leadership; organizational environment; and immediate work environment. This data, paired with other relevant research, provided the backbone of initiating employee-led change. The goal was to empower employees to lead the change initiative under a leadership that provides support for the engagement.

With the aim to keep the process as simple as possible and experience immediate gains, Smailes outlined the steps used to engage staff:

1. Preplanning
2. Launch meeting
3. Involvement of staff
4. Initial decision meeting
5. Feasibility assessment
6. Final decision meeting
7. Implementation and evaluation
8. Transition and celebration

To date, there have been positive and clear impacts of this initiative including improved manager-staff relations; a greater understanding of barriers and facilitators of change; staff comfort in identifying solutions; employee investment and engagement; and a recognition of the importance of good leadership.

Panelist:

• **Joan Lesmond,**
Executive Director,
Saint Elizabeth Health Care Foundation;
Executive Director, Community Engagement, Saint Elizabeth Health Care

With a changing workforce, Joan Lesmond undertook a program to recognize talent and support employees to achieve change.

Saint Elizabeth Health Care (SEHC) has over 150,000 clients and delivers over 3.2 million service units annually. Not only do they provide health services, SEHC is also involved in research, charitable activities, thought leadership, education, and consultation. Though it has been in operation for 100 years, SEHC experienced new workforce challenges such as a decreased supply of staff; compensation pressure; organizational culture and mindset; leadership capabilities; and long-term loyalty issues. Given these factors, SEHC began to question how they would be able to continue to retain valued staff.

Lesmond said SEHC began to look at all aspects of a change initiation for improved worklife. Focusing on management practices, leadership talent development, and employee engagement, Lesmond stressed that each area is interrelated. They needed to be considered together and at all levels.

With the goal to boost morale, productivity, and retention, SEHC:

- Identified the top 30 leaders and provide them with additional training and insight
- Increased full-time positions and provided more work for first year nurses
- Minimized the number of staff for each supervisor
- Developed more communication tools such as a newsletter, an annual corporate road show, home office e-communication, intranet, recognition week
- Invested in staff education
- Increased technical training, professional development and recognition

This talent development framework takes a bottom-up approach: feedback and recommendations are sought first and then decisions are made from there. Through this approach employees have been empowered to use their talents to improve outcomes.

As a result of the changes at SEHC, Lesmond said there is a marked improvement of employee retention. Also, past employees are returning to SEHC and bringing back the new knowledge they have acquired elsewhere.

Lesmond urged participants to recognize talent at all levels and to foster good leadership. Healthcare organizations should be concerned with client care and patient outcomes. A chain is created between the aspects of worklife and outcomes. One weak link in the chain affects the entire organization.

Concurrent Sessions

Adopting a Health and Safety Management System - A New Leadership Imperative to Establish a Culture of Safety for Clients, Employees, and the Public

Speakers:

- **Anne-Marie Malek,**

President and Chief Executive Officer,
West Park Healthcare Centre (WPHC)

- **Joseline Sikorski,**

President and Chief Executive Officer,
Ontario Safety Association for Community and Healthcare (OSACH)

According to Joseline Sikorski, healthcare organizations fall behind others in ensuring there are internal controls to mitigate hazards. In fact, the healthcare sector is the fourth highest industry with time lost due to injury. Research supports the notion that if there is a high rate of injury there are likely poor safety practices, poor morale, and, consequently, a greater probability of patient error.

With this in mind, OSACH launched a 12-month pilot project to test its health and safety management system in six healthcare organizations in Ontario. Designed specifically for healthcare, the health and safety management system does not only look at individual variables but it also helps organizations to examine their complete processes. It is essentially a blueprint for building and advancing a culture of safety and health for patients, staff and the public. It focuses on a system of care that links organizational relationships to achieve safety solutions and quality outcomes. The health and safety management system assesses five pillars:

- Leadership and commitment
- Risk identification and analysis
- Risk management and control
- Evaluation and corrective action
- Strategic review and continual improvement

One of the health and safety management system pilot projects is at Toronto's West Park Healthcare Centre. President and CEO, Anne-Marie Malek, stressed the importance of reinforcing a culture of health and wellness at WPHC. By piloting the system, gaps were revealed in WPHC's existing health and safety approach, which in turn prompted the development of a more robust infrastructure to advance a culture of safety. The health and safety management system introduced changes at WPHC such as:

- Enhanced awareness of the leadership team of the benefits of a healthy and safe work environment for employees and patients
- Improved measurement systems, including workplace injury frequency and severity metrics
- Improved reporting of health and safety issues

This process also highlighted for WPHC the importance of leadership to drive culture changes within the organization.

Excellence in Older Worker Retention - The Seven Oaks General Hospital Story

Speakers:

- **Carol Deckert,**

Senior Director,

Wellness Institute, Seven Oaks General Hospital

- **Rose Dziadekwich,**

Project Manager,

Wellness Institute, Seven Oaks General Hospital

Over a decade ago, the Seven Oaks General Hospital (SOGH) in Winnipeg recognized challenges in their organization including: high vacancy rates, sick time, time loss claims, agency costs, and an aging workforce. These challenges had an impact on healthcare employees: less help to care for patients, an increase in double shifts, more reported sick leave, work-related injuries, and widespread job dissatisfaction.

To address these challenges, SOGH integrated the concept of a healthy organization into their business strategy as well as into their corporate values and mission. The result was decreased agency costs and increased health gains reported by staff. Since then, having received repeated local and national recognition as an exemplary employer and an employer of choice, SOGH is recognized as a leader in supporting employees to be healthy. SOGH also received “Best Employer for 50+ Canadians” (2005, 2006, and 2007).

Sharing their latest research project “Retention of Older Workers,” Deckert and Dziadekwich feel an older workforce presents unique challenges requiring unique solutions. Retaining workers requires an understanding of the push and pull of the occupation - what would push one to leave as well as what would pull him or her to stay. Keying in on the pull factors allows for the development and implementation of initiatives that will help organizations to proactively handle worker retention. Collecting the “voice of the staff” is an important component during the development of a worker retention initiative or during the process of a culture change within an organization. This voice will help target the essential elements required for a successful program implementation. For example, there may be opportunities for flexible retirement options, knowledge transfer strategies, and mentoring. Intergenerational relationships should be nurtured as there is a wealth of knowledge between generations. Knowledge transfer initiatives should be put in place prior to the retirement of the older generation. Additionally, worker retention initiatives affect everyone in the organization - not only older workers but also those who will eventually replace them.

In this session, Deckert and Dziadekwich also shared key components of the Older Worker Leave (OWL) Pilot Study to be launch at SOGH in spring 2009. Details can be found on Deckert and Dziadekwich’s presentation slides on the post-Summit page at www.qwqhc.ca.

Quality of Worklife in the Health Setting: The Role of Physician Engagement

Speaker:

• **Dr. Derek Puddester,**

Director,

Faculty Wellness Program, University of Ottawa

Despite Dr. Puddester's contention that Canadian physicians are promoting health and wellness physician health, he says there is still work to be done in physician health and engagement. Physicians must work on building interprofessional relations, workplace health, and awareness of the self as it relates to the care of suffering.

Though most physicians are generally healthy, they can experience unique challenges. For example, some experience what Puddester described as disruptive behaviour; that is, a consistent pattern of unprofessional, uncooperative, and contentious behaviour which creates a hostile working environment and interferes with the ability of others to deliver quality patient care. Also, there are cross-generational considerations as the workforce ages and new physicians emerge.

Recognizing the challenges in physician worklife quality, the University of Ottawa created the Wellness Program to offer support and healthcare to physicians. The Wellness Program provides education, prevention, intervention, resources, and research. With over 50 workshops a year, the program focuses on issues such as workplace health, stress and burnout, generational issues, disruptive behaviour, and professionalism.

Dr. Puddester asserts that physicians, as a group, resonate strongly with the concept of quality patient care. Therefore one of the best methods of promoting physician engagement with workplace health is to demonstrate the links between quality of worklife for health providers and quality of patient care. In addition to promoting the health of physicians by engaging professionals through their commitment to providing quality patient care, the Wellness Program is effective because it offers practical tools and services specifically for physicians, such as:

- "Code 99" - a service to connect people with a family physician comfortable in working with other physicians
- Advocacy services
- Library of resources on physician health
- Research on physician health education, mental health in physicians, generational differences, emotional intelligence, and health behaviours
- Promotion of healthy environments at leadership and departmental levels
- Monitoring of those recovering from substance abuse or other health problems

Lunch Presentation

Canadian Health Leadership Network Presentation

Speaker:

• **Ray Racette,**

President and Chief Executive Officer,
Canadian College of Health Service Executives

The Canadian health system, publicly funded and universal, continues to garner the support of the Canadian public. Given this and the system's many ongoing challenges, such as sustainability and increasing costs, it is also a system that requires renewal and change. Underpinning this transformation is a need for system-wide leadership.

Though there have been several well-known reports documenting the need for strong leadership across the health system, this issue has been largely neglected. Seen as a lower priority and a discretionary expense, management and leadership roles in the Canadian health system have experienced a lack of resources and supports.

Stemming from common needs and interests expressed by several national organizations, the Canadian Health Leadership Network (CHLNet) was formed in 2006 to address current and projected leadership shortages in healthcare and to attract a national profile to this priority. By sharing information and resources across the country, CHLNet aims to:

- Make available applied leadership development tools
- Create opportunities for dialogue
- Develop a research agenda focused on leadership development

For more information about CHLNet and its strides to develop leadership in healthcare, go to www.CHLNet.ca.

Concurrent Sessions

Leading the Change... Activating Our Values!

Speakers:

- **Donna Chalifoux,**

Employee Wellness Consultant, People Strategies,
Saskatoon Health Region

- **Shelly McFadden, Director,**

Worksafe and Employee Wellness, People Strategies,
Saskatoon Health Region

The Saskatoon Health Region (SHR) recognizes the importance of its values, mission, and vision. Through a recent organizational transformation process, SHR worked diligently to ensure those organizational cornerstones were part of its internal culture. SHR developed a three-pronged approach to support changes to their workplace: establishment of a team, development of a consultative process, and identification of key priorities.

First they formed a team of individuals from various backgrounds and areas to commit to the efforts. This built an organizational commitment from the beginning of the process. With the help of this team comprised of various stakeholders, a document which defined relationships and articulated a process for achieving a healthy workplace was produced. Through this process, key priorities unique to SHR were also identified. These priorities included:

- Stabilize workforce (education and peer recognition)
- Enhance relationship with key stakeholders (integrate and reinforce values/mission/vision)
- Create safe and effective workplaces

The systematic approach had a ripple effect throughout the health region. In fact, the exercise prompted the production of an inspiring, staff-produced video titled "The Renewal." Shown at SHR orientations for new employees, the video urges viewers to spread hope, renew values, and make a difference in the workplace.

Through this process, SHR learned some valuable lessons:

- Timing is everything. The timing of any organizational change is an important consideration
- Connect to the heart. Stories, team-building, and atmosphere can have an effect on workplace health
- Create "living" documents. Organizational strategies such as codes of conducts, values, and mission statements require regular review by all stakeholders and made useful in day-to-day activities
- Measure and evaluate all initiatives

A Holistic Approach to a Healthy Worklife... The Trillium Story

Speaker:

• **Mary C. Quinn,**
Consultant,

Organizational Development, Trillium Health Centre

Changing the culture of an organization to focus on the health and well-being of its employees needs to be a team effort, said Mary C. Quinn. Giving an overview and background of Trillium Health Centre's journey to healthy workplace excellence, Quinn emphasizes the importance of supporting cultural transformation in achieving a healthy workplace. It is essential that this be embedded in the fabric of an organization, rather than being a stand alone project says Quinn. Trillium's philosophy of care is patient-centred and caring for our patients requires caring for our people Quinn explains, as she reinforces the link between quality healthcare workplaces, employee health and well-being, and the delivery of quality patient care. Creating the right work environment is crucial, and this, in turn, will create the right approach to satisfying customers, which is key.

By taking a strategic approach for creating a healthy workplace, Trillium's strategy works because all stakeholders were actively engaged. Additionally, all units integrated healthy work practices. Trillium focused on using data and measurement to drive, and then evaluate organizational changes. Using surveys, focus groups, and self-assessment tools, Trillium established measurement indicators. These indicators provided the evidence base for change. According to Quinn, the keys to Trillium's success were:

- Collaboration
- Measurement and data
- Communication with team members
- Senior leadership buy-in

As a result of their strategic and team-based approach, Trillium now boasts high retention and low turnover rates, decreased sick leave, and extremely positive employee relations.

Changing the Face of VON

Speaker:

• **Richard McConnell,**

Vice President, People and Organization,
Victorian Order of Nurses

Though not everyone fears change per se, Richard McConnell, believes change can make staff uncomfortable. Like all other organizations, Victorian Order of Nurses (VON) has had to navigate change.

VON's long history has naturally led to autonomous branches across Canada, servicing their communities and their unique needs. This has led VON to focus on two bottom lines:

- Maintaining the viability of their organization
- Enhancing the quality of life in the communities they serve

In order to be successful, VON realized change management is about first deciding what you want, and then reinforcing it when you see it through a systematic, data- oriented process. There are three parts to a behavioural equation: the antecedent (causes the action), the behaviour itself, and the consequences. Organizations tend to focus on the antecedents, believing they create the right behaviours. In fact, the consequences should be the topic of focus as they are what cause behaviours. Engagement is what leads to success.

VON developed the FACE Performance process:

Focus - Each person sees his or her work as a process in support of a compelling single shared vision.

Alignment - Each person must see his/her individual contribution.

Competence - Each person must be given all the skills, support, and tools necessary for full participation.

Engagement - Every person must be able to leave the old and enter the new with a relative degree of comfort.

Within an organization, value is created on the front-line. The executives can believe in the vision and goals of the organization but it is crucial that the front-line believes it as well. "The bottom line," said McConnell, "is when people do good things, good things happen to them." This reinforcement of the individual behaviours that align each person with the organization's goals is key to building a strong and forward moving organization.

Day 2 Breakfast Workshop: Measuring for Success

Speaker:

• **Fatima Keshavjee-Johnson,**
Research and Product Development Specialist,
Quality Worklife-Quality Healthcare Collaborative

On the second day of the Summit, Fatima Keshavjee-Johnson led a short breakfast session to discuss participants' responses to a pre-session survey on organizational Quality of Worklife (QWL) measurement. Participants were asked what they were doing to measure QWL within their organizations; the barriers and successes as a result; and the major enablers to promoting measurement in an organizational context.

The goal was to create a community of interest around successful organizational QWL measurement, looking at enablers and context for measurement. The two questions that elicited discussion amongst delegates were: How did you build momentum? What created energy and investment around measurement at your organization?

Key findings include:

- Shared values and community must first exist in an organization around quality improvement (QI) and measurement, for successful measurement to occur and be sustained. Through such shared values the organizational environment is made more conducive to the development, collection, sharing, communication, and use of QWL measures
- Much work is already being done to measure and assess QWL. These measures must be packaged and communicated to enable information flow and integration into organizational-wide systems and plans
- Systems need to be in place to enable the quick collection, communication, monitoring, and use of QWL measurement data and information
- A lack of resources should precipitate more innovative ways of collecting, sharing, monitoring, and communicating QWL data and information throughout the organization
- QWL measurement needs to fit within organization-wide plans that include dedicated resources and integrated systems that measure change on a daily, weekly, and monthly basis
- All levels require support to develop competencies and leadership abilities enabling worklife measurement

These ideas are important to the QWQHC for future knowledge exchange and organizational development. Themes of collaboration and staying connected via the QWQHC were clear and participants were invited to take part in the QWQHC Worklife Measurement Project.

Plenary Presentation: How to Strengthen the People-Performance Link in the Healthcare Quality Chain

Speaker:

• **Graham Lowe,**
President, Graham Lowe Group Inc.

Acknowledging the known links between the different aspects of QWL and quality outcomes, Graham Lowe feels these links can be strengthened by examining and revitalizing the culture of one's organization.

Outlining the case for integrated thinking on quality, Lowe identified four key and intersecting components: collaborative, interprofessional, patient-centred care; commitment and satisfaction; workforce renewal; and quality and safety.

Further explaining quality as a strategic theme, Lowe described that quality issues include performance measures such as clinical outcomes; patient experiences; internal system and services; employee experiences; and work environments. All five aspects of quality must be considered because they are linked. Doing this, Lowe said, will create the basis of a quality workplace, high employee performance, and quality outcome; essentially having the right people with the right skills in the right setting providing quality healthcare services.

Quality outcomes, therefore, occur when value is created for all stakeholders, and this is achieved by building and aligning the following components which make up the healthcare quality chain: quality outcomes, inspired staff, quality workplaces, effective people practices; and values, vision and mission. Values, vision, and mission, Lowe stressed, are the base of the healthcare quality chain. They must be nurtured to achieve high levels of performance.

An organization's vision, values, and mission is part of their organizational culture and is a key part of the quality chain. Organizations with clearly codified cultures become better places to work, are more innovative, productive and profitable, and have stronger customer and employee ownership. Values define behaviours and those behaviours determine results. Culture, then, should become a part of business strategy, as it is the foundation of quality.

Lowe pointed to the 2009 Fortune "100 Best Workplaces" list as he acknowledges that 13 of them were healthcare workplaces. Highlighting three from the list: Methodist Hospital System; Mayo Clinic; and Northwest Community Hospital, Lowe further explored how each made it a priority to define quality, their mission, vision, and values, and how these are crucial components in defining the culture of an organization.

Lowe urged participants to follow the lead of Baptist Health Care and have a dialogue by asking three questions to all stakeholders:

- Why do we exist? (mission)
- What are we striving for? (vision)
- What guides our everyday behaviour? (values)

Increasingly, employers are recognizing that improving organizational culture and working conditions (instead of financial incentives) will address worklife issues. By putting the values of the organization into practice, the culture will be positively affected. This enables everyone in the organization to achieve the other strategic goals. Therefore, a goal of a quality workplace becomes the enabler to reach other strategic goals.

The way to shift the culture of an organization may not require a complete overhaul. Lowe said it can often involve a simple shift in organizational thinking and articulating this thinking through a pointed mission, vision, and strategic direction.

By making these links in the organization, there can be major strides in fostering a safe and healthy worklife to affect outcomes. High quality work environment supports safety, QWL, and human resources goals.

Lowe said there are concrete things we can all do to make and strengthen these links to become a healthcare workplace of choice.

- Put yourself and your colleagues at ease. As much as we like to use the language of transformation, we are engaged in a process of evolution. It can seem like a scary and unclear concept.
- Don't feel you have to change the culture. Revitalize and renew its existing culture.
- Use a values checklist (available in Lowe's presentation on the post-Summit page at www.qwqhc.ca).

In closing, Lowe recommended organizations to:

- Build on successes
- Strengthen performance links
- Communicate and educate
- Create shared responsibility

Plenary Presentation: Healthy Workplaces: Listening Within and Beyond our Borders

Speaker:

• **Dianne Parker-Taillon,**
Consultant,
Parker-Taillon and Associates

Dianne Parker-Taillon presented the findings of two Health Canada-funded projects that examined both Canadian and international healthy workplace initiatives.

1. Listening within our Borders: Healthy Workplace Initiative (HWI) Policy Synthesis Report

The report examining Canadian workplaces synthesizes the key findings from the funded HWI projects and identified gaps and policy issues with implications for future work.

As a result of the funded projects, Parker-Taillon identified the following key findings reported by the projects:

- Increased access to HWI resources. There was improved availability of data, leading approaches and assessment tools
- More awareness. Projects reported an increased awareness and discussion of the importance of healthy workplaces, use of resources and tools, and opportunities for education
- A broader approach and understanding of the contributors to QWL
- Increased staff involvement
- Increased commitment to action
- More communication across the organization

In terms of concrete outputs and results of the projects, Parker-Taillon outlined:

- Increased amount of resources, tools and materials
- Healthy workplace programs and educational materials
- Development of indicators, standards, and reporting mechanisms
- Organizational changes and developments such as staff-based councils
- Research such as retention and recruitment strategies

Given the limited duration of the projects, there was limited data on the project outcomes. However, some progress in sick time, patient safety and staff satisfaction was clearly apparent. Parker-Taillon added that the project successes had transferable learning that can be emulated by other organizations.

Key elements identified for healthy workplaces include: leadership, collaboration, engagement, communication, and evaluation. However, HWI must be considered a work in progress. Parker-Taillon noted that there still exists a gap in the research and what is known about the link between QWL and quality outcomes.

2. Listening Beyond our Borders: Healthy Workplace Initiatives International Review

In the international review, Parker-Taillon examined HWI experiences and policy directions targeted to countries with experiences most informative to Canada. Over 30 projects were reviewed in five countries: Australia, New Zealand, Great Britain, Scotland, and the United States.

Among the international projects, Parker-Taillon identified common areas of focus within the examined projects. Overall, there was a focus on healthy and safe workplace initiatives; health promotion; and productivity and effectiveness issues. Outcomes generally included policy or legislation changes; the development of best practice, standards, and tools; and an articulation of lessons learned.

Notably, the review identified several similarities and differences between Canada's projects and international initiatives.

Similarities include:

- Recognition of the impact of healthy workplaces on the healthcare system
- Government or sector commitment to action
- Evidence of sector collaboration
- Focus on frontline workers to bring about change
- Lessons learned

The differences are:

- Various areas of focus
- Various levels of policy and system support
- Use of standardized processes and tools specific to the region
- Role of research and evaluation
- Outputs and outcomes
- Project-specific lessons learned

The final report is expected to be completed and submitted to Health Canada later in 2009.

Plenary Presentation: How Does An Institution Manage Quality During Profound Change? The MUHC Experience

Speaker:

• **The Honourable Dr. Arthur T. Porter,**
Director General and Chief Executive Officer,
McGill University Health Centre (MUHC)

Dr. Porter acknowledged the challenges to supporting QWL are varied and more complex than simply putting in a few workplace fixes but he asserted that we are, and indeed, must be up to the challenge. Noting his personal preference for participatory management and the extent to which change has been and always will be a reality for the healthcare system, Dr. Porter contended “that for every challenge that change presents, there is at least one opportunity worth seizing.” In addition, Dr. Porter located the way a team views and handles the process of significant change is firmly rooted in the corporate culture that is instilled and supported by its leaders.

Dr. Porter’s address focused on the implications of profound change on healthcare institutions, framing his comments with the primary idea that “an institution experiencing profound change benefits from exponential opportunities.” Using the MUHC’s experience as an example, Dr. Porter spoke to some of the opportunities present in the change process.

Following a history of merging institutions, province-wide reorganization of healthcare delivery, shifting focus of energy and expertise, and finally, approval of a major redevelopment project, the MUHC found itself “in a state of profound change.” In the face of this change, there were challenges such as recruitment and retention of staff to the current aging facilities, supporting employee morale, developing a strategic plan that can be supported by existing resources, assigning resources to meet the vision when human resources are limited, and supporting the daily activities of the team through the continuous change. However, stated Dr. Porter, there are also great opportunities. He outlined some of the initiatives that have been supporting the MUHC to be leveraging the significant changes to improve the workplace, noting that improvement is not limited to only times of great change, but should be a continuous goal in a healthcare environment.

According to Dr. Porter, the redevelopment project at MUHC is not about the “shell” but rather the people. His belief that empowerment and rewards are a driving force of innovation and improvement has led the MUHC to take the following steps:

- Strengthen communications
- Rethink its vision, mission and values
- Overhaul the organizational structure
- Engage staff in different forums that would change processes
- Allocate resources for new ideas
- Make efforts to become an employer of choice

MUHC launched specific tools including:

- A twice-weekly newsletter
- Strategic meetings
- Weekly roundtables to drive decisions
- Staff empowerment to make decisions on their own
- A special “Innovations Bursary” fund to foster creative ideas
- A forum to encourage healthcare policy debates
- Weekly welcome day for new employees
- Performance reviews to evaluate teamwork, impact, quality of workplace, etc.
- Creation of the Transition Office to coordinate the transitions and changes involved in the redevelopment
- A recognition and awards program, such as the “On-The-Spot Awards” for immediate recognition
- Corporate partnerships

In his address, Dr. Porter detailed some of the substantial support mechanisms that have been put in place to ensure that the MUHC is not just managing this current change but is, in fact, effecting change and leveraging it to continuously improve the quality of care. These mechanisms fall under the following five axes of support:

- The harmonization of clinical and administrative practices;
- Creation of a shared change management model;
- The alignment of technological projects;
- The assurance of technical and logistical support for staff and services during the eventual move
- Evaluation.

MUHC also rewrote its values, mission, and vision statements to reflect its current and future goals. A strategic vision should not be static. "Healthcare has never, will never, nor should it ever stand still" stated Dr. Porter. Within the dynamic environment of the institution, Dr. Porter emphasized that "every job matters; every person contributes to quality healthcare."

Dr. Porter encouraged participants to engage in the discussions that shape our healthcare, with a spirit of embracing and leveraging change for the benefit of ourselves, our patients and their families. The opportunity is ours.

Plenary Presentation: Building on the Momentum

Speaker:

• **Eva Szczerba,**
Executive Director,
Quality Worklife-Quality Healthcare Collaborative

Eva Szczerba provided an overview of the Summit host organization's, the Quality Worklife-Quality Healthcare Collaborative (QWQHC), history, Action Strategy and planned priorities.

The QWQHC is a national coalition of health system leaders working together to create healthier workplaces and to ultimately improve patient care. The Collaborative has already seen some early successes in the four years since its inception. Its Action Strategy has been disseminated broadly to healthcare stakeholders, and its Healthy Healthcare Leadership Charter has been signed by over 45 systems and organizations. Additionally, provincial networks are using the QWQHC strategy as a framework for collaborative action while frontline organizations use the QWQHC strategy to assess, plan, and implement initiatives.

The years ahead hold great promise for QWQHC's vision. It will continue to strive to help organizations implement evidence-informed quality worklife practices, while also increasing the awareness, commitment, and engagement of leaders. The QWQHC will also continue to promote and support QWL measurement and reporting, and promote the sustainability and relevance of a collaborative action approach.

Though there are many innovative QWL practices across the country, the QWQHC acts as a vehicle to help healthcare organizations work together in a coordinated and purposeful way. In the coming months, the Collaborative will be making available various resources and looks forward to connecting with QWL champions across Canada with a view to sharing expertise and experiences that have positively contributed to the QWL in healthcare settings. Participants were also invited to review the Healthy Healthcare Leadership Charter with colleagues and leaders in their organizations and to consider joining others who have signed the Charter.

For more information about the QWQHC, please go to www.qwqhc.ca.

Post-Summit Workshops

Preventing Workplace Violence hosted by Accreditation Canada

Speaker:

• **Patricia Boucher,**

Vice President, Client and Consulting Services,
Ontario Safety Association for Community and Healthcare (OSACH)

Workplace violence is more common in health care settings than in any other occupational area except for security. Moreover, one-quarter of all incidents of workplace violence occur at health service organizations. Evidence also suggests that, even though under-reported, the level of workplace violence is increasing.

In response to this growing concern, Accreditation Canada extended an invitation to a number of its client organizations and external partners to present the tools and resources developed and/or used in their workplace.

Patricia Boucher helped set the context of the workshop by making a short presentation on what workplace violence encompasses. She spoke to the different types of workplace violence, the contributing factors and negative impacts, and provided a number of statistics that spoke for themselves.

The opening comments were followed by informal interviews and Q&A periods with five panelists. Among the topics discussed:

- Workplace Violence Prevention Program: A Practical Guide to Managing and Reducing Risk

Anita Harris, VP Clinical Affairs and founding member of the Workplace Violence Prevention Steering Committee at Hotel Dieu Grace Hospital, reflected on the tragic Dupont/Daniel event (November 2005) and provided an outline of their WVP program.

- Early Reporting Workplace Risk Process

Mary Louise Gifford, Employee Injury Prevention Consultant at the Royal Ottawa Health Care Group, spoke to the effectiveness of focus groups as part of a violence prevention program in a health care setting in identifying potential hazards associated with workplace violence, and developing strategies to mitigate these risks.

- Using Integrated Conflict Management Systems (ICMS) to Change Culture in Health Care Settings

Pam Forward, Registered Nurse and Accredited Family, Child Protection & Workplace Mediator, Coach, Trainer, introduced participants to the ICMS for conflict prevention, management, and resolution, an holistic approach that can help in changing an organization's culture to one where Respect is the predominant value/principle on which interactions are based.

- Preventing and Managing Violence in the Workplace: Healthy Work Environments Best Practice Guidelines

Irmajeau Bajnok, Director of International Affairs and Best Practice Guidelines Programs and **Valerie Rzepka**, Nursing Policy Analyst, both with the Registered Nurses' Association of Ontario, promoted the use of recently-released Best Practice Guidelines on Preventing and Managing Violence in the Workplace. These guidelines are meant to assist health care organizations in recognizing, preventing, and effectively intervening in violence in the workplace. The guidelines address the following themes: knowledge, competencies, and behaviours; educational requirements and strategies; organizational, operational and system policy requirements, implementation strategies and tools, and future research opportunities.

Heather Howley, Research and Products Specialist at Accreditation Canada, concluded the workshop by updating the participants on Accreditation Canada's initiative to address workplace violence prevention in its accreditation program.

A few areas that could be enhanced to promote a violence-free workplace were identified, including:

- Workplace violence prevention as a strategic goal
- Workplace violence prevention policy and program
- Risk mitigation by implementing appropriate environmental, administrative, work and safety practices
- Reporting actual and potential incidents of violence
- Immediate and organized response to threats of violence
- Core competencies in workplace violence prevention

Participants had an opportunity to share their concerns and generate ideas, making this a very informative and empowering workshop for all.

Civility, Respect and Engagement at Work (CREW): Laying a Foundation for Teamwork presented by Michael P. Leiter and Associates

Speakers:

- **Michael P. Leiter,**

President, Michael P. Leiter and Associates,
Director of the Centre for Organizational Research and Development

- **Lisa Speigel,**

Principal Consultant,
Michael P. Leiter and Associates

Many healthcare organizations face an internal crisis. Though it may not always be apparent to an outsider, disruptive behaviour among coworkers can have a destructive effect on the workplace. Rudeness, disrespect, and incivility have a proven detrimental influence on workers' commitment, satisfaction and engagement. As underscored several times throughout the Summit, these factors, in turn, affect the care of the patient.

Incivility in the workplace has concrete organizational impacts. For example, individuals with frequent co-worker incivility are 2.5 times more likely to seek other employment and 1.4 times more likely to miss a day of work. Supervisors also have a key role to foster incivility. Employees who experience frequent supervisor incivility are 4.4 times as likely to seek other employment.

In this presentation, Michael P. Leiter and Lisa Speigel outlined their CREW approach to improving workplace health. The CREW process is a systematic approach to evaluating and promoting civility in the healthcare workplace. It is anchored in the belief that incivility and disrespect are unnecessary demands in the workplace and they destroy an essential resource -- the employee.

The process involves a six-month organizational commitment involving these five steps with the CREW mentors:

1. Assessment of the current workplace environment
2. Articulation of commitment from the stakeholders involved
3. Customized training
4. Implementation of civility sessions and mentoring
5. Evaluation

The CREW process takes an evidence-based approach to promote civility and respect in the workplace. The approach first requires an organizational commitment to creating a healthy workplace. Through mentoring, regular dialogue with CREW leaders, knowledge-sharing, meetings, toolkits, additional resources, and evaluation, the CREW approach supports the organization throughout the process and is customized to fit the needs of each workplace.

Quality Deconstructed

As shown throughout the concurrent sessions, the link between a healthy and safe workplace and quality patient care has been well-documented. Evidence has consistently shown a strong correlation between the health of workers, the health of the workplace, and the health of patients. The links between quality thinking, practice, and outcomes make an interconnected chain.

The Summit revealed some interesting, revealing, and useful stories of initiatives from organizations across the country. Whether they were told in the concurrent sessions, town hall, or plenary presentations, these were threaded with similar themes:

1. Strategic thinking

Many speakers at the Summit recognized the need to embed the goal of QWL into their organization's strategy. Organizations must incorporate their quality goals into their mission, vision, and values statements.

Improving worklife quality and patient care then become part of the internal corporate culture and effect changes in behaviours.

2. Collaborative relationships

Creating a healthy workplace and improving patient care can only be accomplished when staff works collaboratively, whether in teams or with effective systems. Quality and healthy workplaces cannot be achieved in a vacuum.

3. Engagement

Engaged employees will naturally provide more service, better care, and innovative solutions. Healthcare organizations have the opportunity to see better results when staff are included before and throughout change initiatives. Conversely, many speakers stressed the importance of buy-in from senior leadership. Though a top-down approach is not always the ideal solution, having support from management was shown to improve uptake.

4. Communication and common language

In order to engage employees and managers, communication was seen as an important strategy. Constant communication and updates throughout any part of the process will ensure all members of the team feel involved and informed.

Not only is speaking the same language important, healthcare workplaces must also shift from negative to positive language. For example, instead of focusing on absenteeism, health human resources should measure work presence.

5. Change management

Though the term change management can be seen as a buzzword in a variety of industries, healthcare organizations in particular must learn how to better deal with change. Instead of change management, Dr. Porter suggested the term continuous worklife improvement. Changes to the workplace should not be seen as impediments to the work that needs to be done. Change can be an enabler of quality.

6. Leadership and management

There is no doubt a link between QWL and the quality of leadership in any given organization. Leaders and managers have an effect on the workplace and more emphasis must be placed on recruiting, training, and retaining effective leaders.

7. Evaluation and evidence

In the majority of the Summit's presentations, there was an underlying focus on the importance of making decisions informed by evidence. Evaluation can provide this evidence. By using such tools as surveys and focus groups, leaders can confidently make decisions based on data. This is not an isolated exercise, however. Evaluation is an ongoing activity, and should be used before, during, and after initiatives in order to give the full picture.

Beyond the Summit: Next Steps

The QWQHC's 3rd annual Summit, as Pamela Fralick stated in her opening remarks, was not just another meeting. Buoyed by the stories from healthcare organizations across the country, participants could not help but think about the culture of their own organizations.

Armed with lessons learned, they left with plans to initiate change. Articulating and sharing their plans, participants identified practical tools and strategies to help. "These tools weren't available before," said Graham Lowe. "It's a sign of progress."

Participants also focused on opportunities for collaboration to achieve common goals. Ideas ranged from collaborating on knowledge-sharing, practical web-based tools, networking, renewal of strategic goals, and internal collaboration.

The QWQHC looks forward to the next Summit to review and discuss participants' progress toward their goals of strengthening the quality chain by improving worklife and patient care.

For more information about QWQHC 3rd annual Summit "Shaping the Future of Quality: Building on the Momentum" and to download presentations and audio files, go to www.qwqhc.ca.