



Coalition pour la  
qualité de vie au travail et  
des soins de santé de qualité

[www.qwqhc.ca](http://www.qwqhc.ca)

---

*Le 5<sup>ème</sup> Sommet annuel de la Coalition pour la qualité de vie au travail et des soins de santé de qualité*

## ***Intégrer les perspectives :***

*des milieux de travail sains, des interventions saines, des populations saines*

---

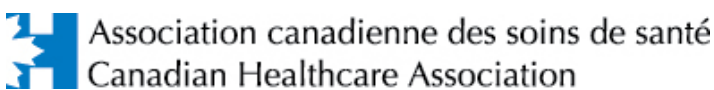
### ***Programme du Sommet***

***Les 2 et 3 mars 2011***

Delta Meadowvale Hotel  
Mississauga (Ontario)

[www.qwqhc.ca](http://www.qwqhc.ca)

**Le travail de la CQVT-SSQ est rendu possible par l'appui continu de nos 12 partenaires nationaux :**



La CQVT-SSQ remercie ses commanditaires, ses partenaires des médias et ses exposants de leur participation et de leur générosité.

*Commanditaires*



*Commanditaires individualisés*



*Partenaires des médias*



Longwoods.com



*Exposants*



## Salutations de la Coalition pour la qualité de vie au travail et des soins de santé de qualité (CQVT-SSQ)

Chers collègues,

Au nom de la **Coalition pour la qualité de vie au travail et des soins de santé de qualité (CQVT-SSQ)** et de nos 12 partenaires nationaux, nous avons le grand plaisir de vous souhaiter la bienvenue à notre cinquième Sommet annuel – « *Intégrer les perspectives : des milieux de travail sains, des interventions saines, des populations saines* ». C'est un grand privilège d'accueillir notre plus grand rassemblement de délégués et d'organismes de tout le Canada, partageant le même intérêt et le même engagement à l'égard des milieux de travail sains dans le secteur de la santé.

Il y a cinq ans, le premier Sommet de la CQVT-SSQ, organisé sur invitation, visait à consolider la stratégie d'action pancanadienne proposée par la Coalition pour rehausser la qualité de vie au travail dans le secteur de la santé au Canada. Depuis lors, le Sommet a pris son essor et attire désormais une vaste communauté d'intérêts, représentant une grande diversité de régions, de secteurs de la santé, de professions et de perspectives. Reflet du travail considérable qui se fait au Canada, le Sommet est devenu un rendez-vous de choix pour apprendre, pour établir des contacts et pour partager des expériences, des ressources et des idées sur l'amélioration des milieux de travail dans le secteur de la santé.

En cette cinquième année anniversaire, le Sommet reflète un ensemble exhaustif de thèmes de débat, allant de la santé et du bien-être des employés à la sécurité, à la culture organisationnelle, à l'engagement et à la prise en compte des collectivités petites, isolées et autochtones. Durant l'événement, les délégués auront l'occasion de réfléchir à l'interconnexion et à l'interdépendance d'une grande variété de facteurs et de perspectives nécessaires pour des approches axées sur des solutions en matière de création de milieux de travail plus sains, dans le but de rehausser la qualité et les résultats du système de santé.

La brochette impressionnante de conférenciers et d'exposants du Sommet nous promet certainement des débats animés et permettra aux délégués d'acquérir de nouvelles informations. Notre souhait est que vous retourniez chez vous déterminés à accélérer le grand travail que nous avons tous commencé.

Dans l'espoir que le Sommet sera un grand succès pour tous les participants, nous vous adressons une chaleureuse bienvenue.



Pamela C. Fralick  
Présidente, comité directeur de la CQVT-SSQ

Eva Szczerba  
Directrice générale, CQVT-SSQ



Coalition pour la  
qualité de vie au travail et  
des soins de santé de qualité

[www.qwqhc.ca](http://www.qwqhc.ca)

## Table des matières

Les partenaires de la CQVT-SSQ	2	Conférenciers d'honneur et conférenciers invités	13 - 14
Remerciements	3	Guide des sessions simultanées	15 - 21
Mot de bienvenue de la CQVT-SSQ	4	Session A	15
Remerciements	5	Session B	20
Plan d'étage	6 - 7	Session C	21
Le programme du Sommet	8 - 11	Exposition des initiatives	22 - 24
Guide de l'atelier d'après-Sommet	12	Exposants	25

## Remerciements

### Comité d'organisation :

Tara Connolly – La Coalition pour la qualité de vie au travail et des soins de santé de qualité

Annika Laale – La Coalition pour la qualité de vie au travail et des soins de santé de qualité

Eva Szczerba – La Coalition pour la qualité de vie au travail et des soins de santé de qualité

### Comité d'examen des abrégés :

Jeanne Besner – Alberta Health Services

Liliana Catapano – West Park Healthcare Centre

Bonnie Conrad – Capital Health

Mylène Dault – Le Centre hospitalier pour enfants de l'est de l'Ontario

Mitra Fouroutan – London Health Sciences Centre

Catherine Kidd – Vancouver Coastal Health

Pierrette Leonard – L'Institut Canadien pour la sécurité des patients

Gillian Nichol – The Michener Institute

Rose Peacock – Réseau de santé Horizon

Lucie Tremblay – Le Centre gériatrique Maimonides

Liz Wigfull – Agrément Canada

Susan Yungblut – L'Association médicale canadienne

***Ce Sommet a été rendu possible par une contribution financière de Santé Canada.***



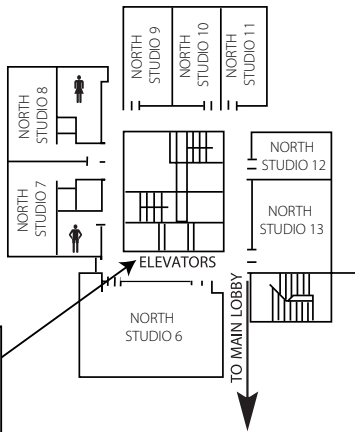
CANADIAN COLLEGE OF  
HEALTH LEADERS  
COLLÈGE CANADIEN DES  
LEADERS EN SANTÉ

#### MAINTIEN DE CERTIFICATION

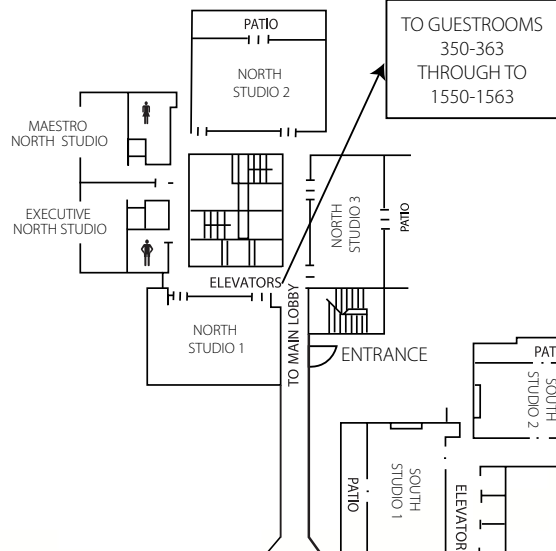
La participation à ce programme donne droit à 5 crédits de catégorie II (sommet) + 1.5 crédits de catégorie II (atelier d'après sommet) aux membres certifiés du Collège canadien des leaders en santé (CHE / Fellow) pour le maintien de leur certification.

# Main Floor Plan

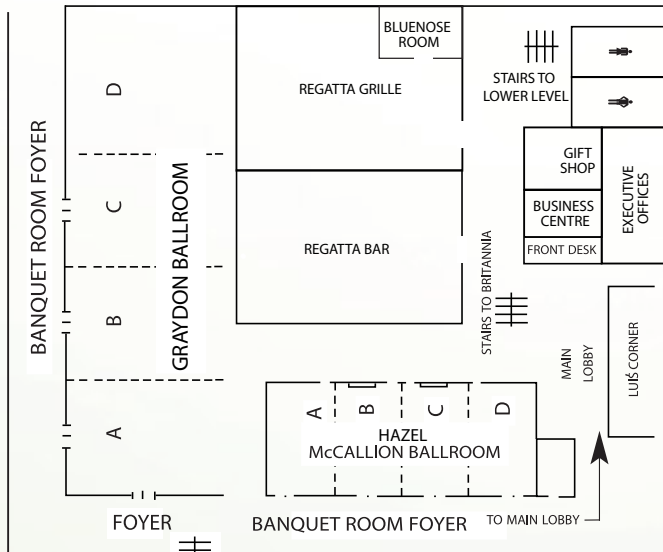
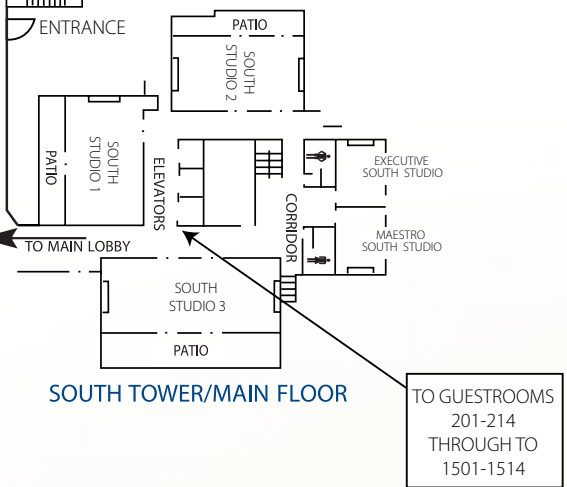
## NORTH TOWER/SECOND FLOOR



## NORTH TOWER/MAIN FLOOR

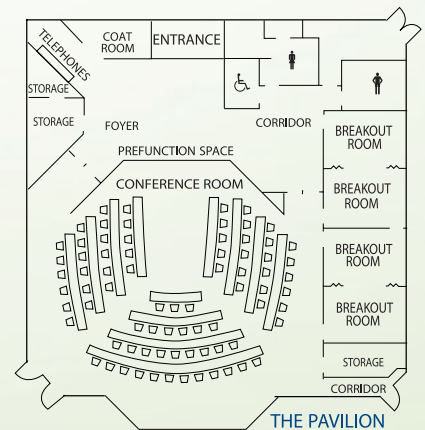


## SOUTH TOWER/MAIN FLOOR



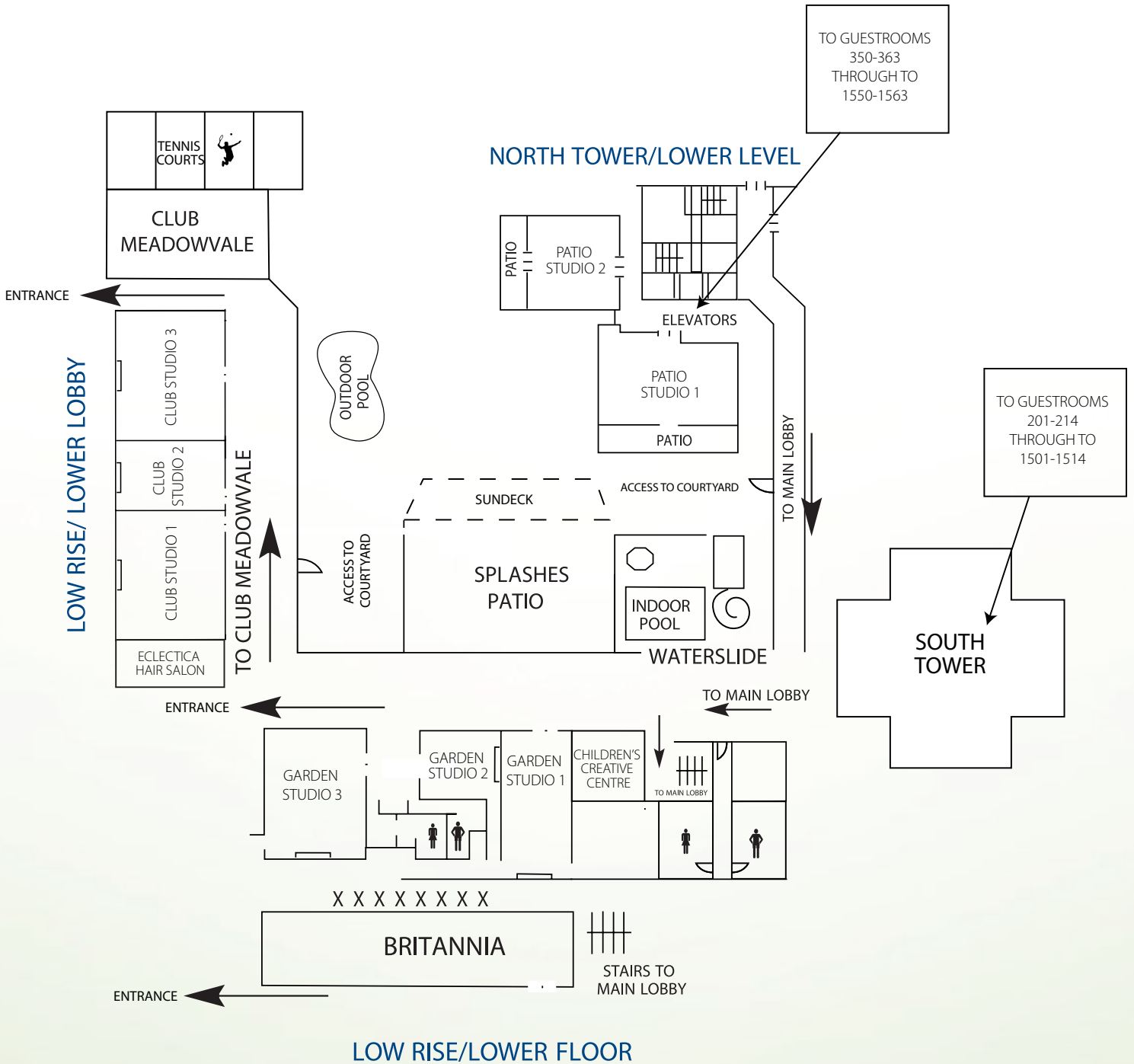
## LOW RISE/MAIN FLOOR

## MAIN ENTRANCE



## THE PAVILION

# Lower Floor Plan



# Programme du Sommet

Toutes les sessions simultanées sont indiquées dans la langue dans la quelle elles seront présentées.

## Mardi 1<sup>er</sup> mars 2011

19h00 – 21h00

### L'activité de réseautage pré-Sommet

Britannia

Dans le cadre du thème du Sommet de cette année, « *Intégrer les perspectives : des milieux de travail sains, des interventions saines, des populations saines* », nous avons le grand plaisir d'accueillir M<sup>me</sup> Nisha Varghese, directrice principale des Ressources humaines du Canadian Specialist Hospital de Dubaï, aux Émirats arabes unis. M<sup>me</sup> Varghese, déléguée au Sommet, a généreusement offert de donner un bref aperçu du système de santé de Dubaï et de partager son expérience et ses connaissances sur les milieux de travail de la région. Cette rencontre amicale et détendue sera pour vous une excellente occasion d'établir des contacts avec des collègues de tout le Canada et d'en apprendre un peu plus ce qui se fait à l'échelle internationale.

19h00 – 19h:30 Boissons et hors-d'œuvres  
19h30 – 10h15 Allocution  
20h15 – 21h00 Socialisation

## Mercredi 2 mars 2011

7h00 – 7h45

### Activité de mise en forme – *Commanditée par Innovative Fitness*

Britannia

L'activité de mise en forme de cette année comprend une séance de yoga avec les recommandations d'experts sur des exercices individuels. Venez découvrir leur approche innovatrice et individualisée de la santé et du bien-être dans l'organisation, et apprendre comment elle peut contribuer à vos efforts de création de milieux de travail plus sains.

7h30 – 8h30

Inscription et petit-déjeuner de réseautage

Foyer de salle de bal – Graydon

8h30 – 10h30

### Mot de bienvenue et remarques liminaires

**Pamela Fralick**, présidente, Comité directeur de la Coalition pour la qualité de vie au travail et des soins de santé de qualité, et présidente-directrice générale, Association canadienne des soins de santé, Ottawa (Ontario)

Salle de bal Graydon AB

### Inauguration traditionnelle

**Elder Gary Sault**, Chiefs of Ontario

### Des idées à l'action

**Rory Cohen**, fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)

### Allocution d'honneur

#### Sur une nouvelle route

**Hugh MacLeod**, président-directeur général, Institut canadien pour la sécurité des patients, Edmonton (Alberta)

### Partagez la joie !

**Karen Schmidt**, chef de l'équipe d'éducation sur la santé, Conseil tribal de File Hills Qu'Appelle, All Nations Healing Hospital, Fort Qu'Appelle (Saskatchewan)

10h30 – 11h00

Pause de réseautage / Exposition des initiatives

Salle de bal Graydon CD

Santé et mieux-être des employés SESSION 1	Sécurité et qualité de vie au travail SESSION 2	Faire les liens SESSION 3	Instaurer une culture de la santé SESSION 4	Qualité de vie au travail et qualité des soins de santé à travers le prisme des collectivités autochtones et isolées SESSION 5
South Studio 3	South Studio 1	South Studio 2	Britannia	North Studio 1
Kailo - A Unique Approach to Staff Wellness	Creating Healthy Work Environments: Patient Safety and Nurse Fatigue	The Home Care Environment: 'How Can We Do Everything We Need to Do?'	Diversity and Inclusion Initiatives at Eastern Health	The Impact of a Collaborative Care Model in a First Nation Health Organization
The Implementation of a Health Promoting Workplace in a University Hospital	Working Alone or in Isolation: A Safer Workplace for Community Based Health Care Professionals	Building a Governance Structure that Links Professional Practice, Quality of Worklife, and Patient Safety	Embracing Cultural Diversity in Health Care: Year 2 of a Workplace Integration Project in Nursing	Role Transition from Student to Professional: A Mentorship Program
Managing Psychological Risk in the Healthcare Work Environment	Providing Quality Patient Care through Reduction of Errors and Injuries by Reducing Fatigue	Patients and Families First: Partnering for Quality Innovation to Improve Patient-Centred Care	The Best of Nursing: Creating Opportunities for the Future of Interprofessional Collaboration	Development and Application of a Framework: Creating Healthy Workplace Environments for Nurses Working in First Nation Communities
Episodic Disabilities in the Workplace: Creating Healthy Workplace Environments	A Call Centre Approach to Preventing Occupationally Acquired Communicable Disease in Healthcare Workers	La vie au travail en relation avec l'humanisation et la qualité des soins	Using Institutional Ethnography to Explore the Meaning and Organization of Work, Health and Safety of Aging Workers in the Home Support Sector	Beyond Programs: Planning for the Development of First Nations Governance Issues and Considerations
Medical Leaves of Absence in Healthcare: How Monarca is Creating an Unprecedented Service	Effective Interdisciplinary Implementation of a Minimal Lift Program in a Rehabilitation Hospital	Account for Health: Solutions for a Healthy Workplace	Expect Respect: Going Beyond the Basics - Creating and Sustaining a Culture of Safety and Respect	Exploring the Key Attributes of a Quality First Nations Health System: Sharing a Vision of Excellence

12h30 – 13h45

Déjeuner et présentation – **Commanditée par Morneau Shepell Ltd.**Salle de bal  
Graydon AB**Tendances émergentes en santé au travail et méthodes novatrices pour l'améliorer****Karen Seward**, vice-présidente exécutive, Développement des affaires et marketing, Morneau Shepell Ltd., Toronto (Ontario)

13h45 – 15h15

Sessions simultanées B – Communications individuelles ou en équipe (90 minutes)

Voir la page 20

SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5
North Studio 1	South Studio 2	South Studio 3	Britannia	South Studio 1
VON Canada: Taking Action to Build an Engaged Workforce	Healthy Workplace Case Study: Homewood Making a Measurable Difference	Manager Support Team - Does Mentoring Front Line Leaders Make a Difference?	Building a Healthy Work Environment: Evidence, Measurement, Alignment and Partnership	Discovering Our Way: A Young Organization's Journey Towards Creating a Sustainable Healthy Workplace

15h15 – 15h30

Pause de réseautage / Exposition des initiatives

Salle de bal  
Graydon CD

15h30 – 16h30

**Séance plénière****Qu'est-ce que la qualité de vie au travail a à voir avec ça ?****Hugh MacLeod**, président-directeur général, Institut canadien pour la sécurité des patients, Edmonton (Alberta)**Richard McConnell**, vice-président, Gens et organisation, VON Canada, Ottawa (Ontario)**Wendy Nicklin**, présidente-directrice générale, Agrément Canada, Ottawa (Ontario)

Animatrice :

**Pamela Fralick**, présidente, Comité directeur de la Coalition pour la qualité de vie au travail et des soins de santé de qualité, et présidente-directrice générale, Association canadienne des soins de santé, Ottawa (Ontario)Salle de bal  
Graydon AB

16h30 – 16h45

**Des idées à l'action** : récapitulation**Rory Cohen**, fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)

16h45 – 18h00

Réception / Exposition des initiatives

Salle de bal  
Graydon CD

## Jeudi 3 mars 2011

7h00 – 7h45	<p>Activité de mise en forme – <b>Commanditée par Innovative Fitness</b></p> <p>L'activité de mise en forme de cette année comprend une séance de yoga avec les recommandations d'experts sur des exercices individuels. Venez découvrir leur approche innovatrice et individualisée de la santé et du bien-être dans l'organisation, et apprendre comment elle peut contribuer à vos efforts de création de milieux de travail plus sains.</p>	Britannia
7h30 – 8h20	<p>Session du petit-déjeuner</p> <p><b>We Have QWQHC Indicators – So What?</b></p> <p><b>Joy Stevens</b>, conseillère principale, People Services, Capital Health, Halifax (Nouvelle-Écosse)</p> <p>* Veuillez noter que cette session se déroulera en anglais.</p> <p>The QWQHC identified in its “Within our Grasp” report seven organizational quality of worklife (QWL) indicators. Are these reflective of current priorities? To see progress and results do we need to have agreed upon definitions and accountability? Are various indicator levels required to ensure accountability throughout the system?</p> <p>Experience using the QWQHC indicators and other measures within the context of a province-wide reporting initiative will be shared. System-wide and organizational perspectives on the usefulness of this approach will be touched on, as well as changes implemented for the second report card presented to the Organizational Health Committee, Health Association Nova Scotia and to help authority CEOs. The issue of where the accountability lies for acting on the findings will also be explored. Session participants will be invited to share their thoughts and experiences.</p>	South Studio 1
7h30 – 8h30	Petit-déjeuner de réseautage	Foyer de salle de bal – Graydon
8h30 – 9h45	<p><b>Remarques liminaires</b></p> <p><b>Eva Szczerba</b>, Directrice générale de la Coalition pour la qualité de vie au travail et des soins de santé de qualité, Ottawa (Ontario)</p> <p><b>Des idées à l'action</b></p> <p><b>Rory Cohen</b>, fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)</p> <p><b>Une démarche interne-externe de perfectionnement de carrière</b></p> <p><b>Kristen Cumming</b>, partenaire, Life-Role Development Group, Edmonton (Alberta)</p>	Salle de bal Graydon AB

9h45 – 10h00	Pause / Transition	Foyer de salle de bal – Graydon
10h00 – 11h30	<b>Sessions simultanées C – Communications individuelles ou en équipe (90 minutes)</b>	Voir la page 21

SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6
South Studio 1	North Studio 3	Britannia	South Studio 3	South Studio 2	North Studio 1
Using Crucial Conversations and LEAN to Engage Staff in Front Line Quality Improvement Projects in a Large Health Care Organization	Au-delà des soins : l'importance d'un milieu de vie et de travail sain	Across the Great Divide: Integrating the Worlds of Quality and Quality of Worklife in Health Organizations	A New Strategy for Sharing Healthy Workplace Survey Results: Collaboration, Integration and Partnerships	Checkins and Checklists: Getting the Most from Briefings and Huddles	Critical Care Mentoring Study: Testing a Program to Enhance Recruitment and Retention of Nurses

11h30 – 11h45	Pause / Transition	Foyer de salle de bal – Graydon
11h45 – 12h30	<b>Plénière de clôture : Des idées à l'action</b> <b>Rory Cohen</b> , fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)	Salle de bal Graydon AB
12h30 – 12h45	<b>Remarques de clôture</b> <b>Pamela Fralick</b> , présidente, Comité directeur de la Coalition pour la qualité de vie au travail et des soins de santé de qualité, et présidente-directrice générale, Association canadienne des soins de santé, Ottawa (Ontario)	
12h45 – 13h30	Déjeuner des participants aux ateliers	Foyer – South Studios
13h30 – 16h30	<b>Ateliers d'après-Sommet</b>	Voir la page 12

ATELIER 1	ATELIER 2	ATELIER 3
South Studio 1	South Studio 2	South Studio 3
People-Driven Productivity <b>Kristen Cumming</b> , partenaire, Life-Role Development Group, Edmonton (Alberta)	Integration in Action: Create a Step-by-Step Plan for Implementing your Summit Ideas <b>Rory Cohen</b> , fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)	Silence Kills: The Seven Crucial Conversations for Healthcare Professionals / Influencer – The Power To Change Anything <b>David Zinger</b> , instructeur et animateur principal, Shared Visions Inc., Winnipeg (Manitoba)

# Guide des ateliers d'après-Sommet

Toutes les sessions sont indiquées dans la langue dans laquelle elles seront présentées.

## Jeudi 3 mars 2011

13h30 – 16h30 Ateliers d'après-Sommet

### Atelier 1 **People-Driven Productivity**

**Kristen Cumming**, partenaire, Life-Role Development Group, Edmonton (Alberta)

This 3-hour workshop will introduce a model for organizational productivity that integrates healthy workplace practices with key performance outcomes. Participants can expect: an introduction to People-Driven Productivity; exploration of the myths and realities of productivity and engagement measures and issues in health care settings; to experience techniques that unleash and engage workforce productivity through strategic conversations; discussion around cross-functional engagement and productivity strategies in health care settings.

### Atelier 2 **Integration in Action : Create a Step-by-Step Plan for Implementing your Summit Ideas**

**Rory Cohen**, fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)

You are sure to be inspired by the top notch speakers and exhibitors at this year's summit, and will be brimming with ideas at the end of each session. What if all of those ideas were actually implemented? Think if the difference it would make to you, your team and the world. At this interactive, results oriented workshop, you will create a simple, fool-proof, sustainable, 30 day action plan to guarantee that at least one of your Big Summit Ideas becomes a reality.

### Atelier 3 **Silence Kills : The Seven Crucial Conversations for Healthcare Professionals Influencer – The Power To Change Anything**

**David Zinger**, instructeur et animateur principal, Shared Visions Inc., Winnipeg (Manitoba)

Part 1: Have you ever seen someone do something that put the patient or themselves at risk, and said nothing? Almost everyone has been there. In fact, if you're like most of us, you've likely seen this recently. You know you need to talk to a colleague about this, but you haven't stepped up to the conversation. Not really. You may have danced around the issue or sugarcoated your message. There's no need to be mean, right? Or maybe you relied on hints, sarcasm, or not-so-subtle humour - but the person missed the message completely. Or maybe he did get it and became defensive, so you backed off before the discussion spun out of control. Now when you think about re-entering the conversation, you break into a cold sweat... Every year, people die in hospitals because of medical mistakes. Often, well-intentioned professionals in healthcare organizations choose not to speak up when they're concerned with the behavior, decisions, or actions of a colleague. The study, *Silence Kills: The Seven Crucial Conversations for Healthcare*, conducted in conjunction with the American Association of Critical-Care Nurses, links people's ability to discuss emotionally and politically risky topics in a healthcare setting with key results such as: patient safety, quality of care, and nursing turnover. The study suggests that creating a culture where healthcare workers speak up before problems occur is a vital part of saving lives. In this interactive presentation based on the *Silence Kills* research, participants will learn practical, actionable skills for engaging more effectively in these emotionally and politically risky conversations. Engage with us and learn to step up to these seven crucial conversations and drastically transform your healthcare organization.

Part 2: The truth is we all need to be better influencers. Hardly a day passes that we don't try to influence ourselves or others to do something different. We do our best to motivate our team to demonstrate more concern for the deadlines. We struggle to deliver complete our projects on time and on budget. We attempt to lose weight or take charge of our tempers. We are continually working on ways to exert our influence, and we regularly fall short. In fact, in spite of the fact that we're routinely trying to help ourselves and others alter behaviour, few of us can articulate a model of what it takes to do so. It's time this changed. By drawing from the skills of many of the world's best change agents and combining them with five decades of social-science research, *Influencer – The Power To Change Anything* delivers a powerful and portable model for changing behaviours—a model that anyone can learn and apply. In this interactive healthcare focused presentation based on the New York Times best selling book *Influencer – The Power To Change Anything*, you will learn about the award-winning methodology that will help you: successfully plan and execute your most important change efforts, solve problems within your team, diagnose the causes behind failing initiatives, and influence changes across your organization with or without formal authority.

# Conférenciers d'honneur



## Rory Cohen

*fondatrice et présidente, Entelekey Inc., Wyncote (Pennsylvania)*

Rory Cohen, MPH, MA est une experte en psychologie du succès et un coach en mise en œuvre des idées. Elle a fondé Take 10, programme internationalement reconnu d'entraînement à la mise en œuvre des idées en procédant à petits pas ou, comme elle dit, « 10 minutes à la fois ». Réputée pour son dynamisme et sa personnalité chaleureuse, elle est parfaitement chez elle dans le domaine des « grandes idées ».

Auteure de « Take 10! How to Achieve Your "Someday" Dreams in 10 Minutes a Day » et collaboratrice régulière de Entrepreneur.com, Rory et son programme d'entraînement ont été présentés à la télévision, à la radio et dans des magazines, comme The View, CNN, NPR, PEOPLE, et ont fait la couverture de Entrepreneur Magazine et Starting Up Magazine, une publication allemande de pointe sur le monde de l'entrepreneuriat.

Ex-PDG d'une société de 32 millions de dollars du secteur de la santé, Rory sait comment on fait avancer les choses dans un environnement chargé et exigeant. Sa passion, qui est de voir des idées puissantes être mises en œuvre, émane de sa conviction profonde que, chaque fois que l'un d'entre nous agit sur une idée qui a du sens, toute la planète en bénéficie.

Experte en mise en œuvre des idées, Rory est coach en résidence du National Publicity Summit et du Quantum Leap Program, de l'expert en publicité et marketing Steve Harrison, deux programmes hautement sélectifs qui catapultent les entreprises par l'usage créatif de la publicité. Elle a l'honneur d'être membre du corps enseignant de niveau mondial de Teleseminar Secrets d'Alex Mandossian, un chef de file du marketing par Internet, qui apprend à des milliers d'entrepreneurs du monde entier à transformer un revenu annuel en un revenu mensuel au moyen de téléseminaires.



## Kristen Cumming

*partenaire, Life-Role Development Group, Edmonton (Alberta)*

Kristen Cumming est une praticienne du développement de carrière dont l'expérience englobe le secteur privé, l'enseignement secondaire et post-secondaire, ainsi que le secteur public, notamment le domaine de la santé.

Kristen est instructrice de session à l'Université de l'Alberta et au Collège de Red Deer, et est également engagée par des organisations comme conférencière et animatrice d'ateliers sur le développement de carrière, la gestion des ressources humaines et la productivité.



## Hugh B. MacLeod

*directeur général de l'Institut canadien pour la sécurité des patients, Edmonton (Alberta)*

Avant de se joindre à l'ICSP en février 2010, Hugh a occupé des postes supérieurs au Gouvernement de l'Ontario en tant que sous-ministre adjoint au Secrétariat du changement climatique et sous-ministre adjoint à la responsabilisation et au rendement des systèmes du ministère de la Santé et des Soins de longue durée du Gouvernement de l'Ontario. Pendant ses quatre années au Ministère, il a également été directeur exécutif de l'Équipe des résultats dans le domaine de la santé mise sur pied par le gouvernement. Cette équipe était responsable d'une stratégie provinciale sur les périodes d'attente pour les opérations chirurgicales, d'une stratégie provinciale sur les soins primaires et de la création de réseaux locaux d'intégration des services de santé.

Avant de venir en Ontario en 2003, Hugh a occupé plusieurs postes de cadre supérieur en Colombie-Britannique, y compris ceux de premier vice-président de Vancouver Coastal Health et de premier vice-président de la Health Employers Association de la Colombie-Britannique. Hugh a montré dans sa carrière qu'il était très attaché à l'amélioration de la productivité dans les systèmes. Il se passionne pour le développement du leadership et s'intéresse à la réflexion sur les systèmes et l'intégration, ainsi qu'aux cultures organisationnelles qui favorisent une performance élevée.

En plus de sa récente nomination à titre de professeur auxiliaire à la Griffith University Business School à Brisbane, en Australie, Hugh exerce également les fonctions suivantes : attaché supérieur de recherches à l'École de gestion Rotman de l'Université de Toronto (Canada); professeur auxiliaire à la Faculté de médecine de l'Université de la Colombie-Britannique, Vancouver, Colombie-Britannique (Canada); professeur agrégé à la Faculté des sciences sociales et appliquées de l'Université Royal Roads, Victoria, Colombie-Britannique (Canada).



## Wendy Nicklin

*R.N., B.N., M.Sc.(A), CHE, FACHE*

*présidente-directrice générale d'Agrément Canada, Ottawa (Ontario)*

Wendy Nicklin est présidente-directrice générale d'Agrément Canada. Madame Nicklin est entrée en fonction en octobre 2004. Avant d'occuper ce poste, elle était vice-présidente des soins infirmiers, des services paramédicaux, des programmes cliniques et de la sécurité des patients à l'Hôpital d'Ottawa.

Madame Nicklin possède plus de 30 ans d'expérience dans les soins de santé à titre d'infirmière prodiguant des soins aux patients et à leurs familles, d'infirmière clinicienne spécialisée dans le domaine des services médicaux d'urgence, de formatrice et de cadre supérieur. Elle a été visiteur pour le compte d'Agrément Canada avant d'occuper le poste de présidente-directrice générale, en plus d'être membre du conseil d'administration (de 1996 à 2002) et présidente de ce même conseil pendant deux ans. Sa participation à bon nombre de projets et de conseils d'administration provinciaux et nationaux, par exemple en tant que membre du Comité directeur national de la sécurité des patients puis comme membre fondateur de l'Institut canadien pour la sécurité des patients (ICSP), démontre son engagement envers l'amélioration de la qualité des soins de santé offerts à la population du Canada.

Madame Nicklin est membre des organismes nationaux suivants : l'Institut des administrateurs de sociétés et le Centre for Health System Design and Management (CHSDM), un projet mis sur pied par le Conference Board du Canada. Elle est également membre du conseil d'administration du Canadian Health Leadership Network (CHLNet). Son engagement à l'égard des autres organismes d'agrément se manifeste par sa participation active à l'International Society for Quality in Health Care en sa qualité de membre d'office du conseil, présidente du conseil du programme d'agrément international et membre du groupe de travail et de recherche de cette association.

Madame Nicklin détient un baccalauréat et une maîtrise de l'Université McGill, le titre de « certified health executive » (CHE) du Collège canadien des directeurs de santé (CCDSS) ainsi que le titre de membre du American College of Healthcare Executives (ACHE).

## Conférenciers invités



### **Richard McConnell**

*Vice-président, gens et organisation, Infirmières de l'Ordre de Victoria du Canada, Ottawa (Ontario)*

Richard McConnell est vice-président, gens et organisation, des Infirmières de l'ordre de Victoria du Canada. Avant de se joindre à VON, il avait passé cinq ans comme chef de file canadien chez ADI, un cabinet de consultance d'Atlanta spécialisé dans le déploiement du changement. Il a beaucoup travaillé dans les secteurs du transport et des services. Il a été vice-président, Éducation et amélioration de l'organisation, chez VIA Rail Canada, administrateur à l'institut d'apprentissage de Postes Canada, et assistant du président pour la Gestion de la qualité totale et l'excellence du service chez Marine Atlantic Inc. Pendant ses 25 ans de carrière, Richard s'est efforcé d'aider les organisations à créer des lieux de travail de qualité et à optimiser la contribution de ceux qui y travaillent.



### **Karen Schmidt**

*chef de l'équipe d'éducation sur la santé, Conseil tribal de File Hills Qu'Appelle, All Nations Healing Hospital, Fort Qu'Appelle (Saskatchewan)*

Karen a obtenu un baccalauréat en éducation dans le cadre du Saskatchewan Urban Native Teacher Education Program (SUNTEP) à l'Université de Regina, puis est devenue membre du corps enseignant du SUNTEP, pour lequel elle donne des cours sur l'enseignement trans-culturel à de futurs enseignants.

Depuis mars 2005, Karen a participé à diverses initiatives importantes avec les First Nations Health Services. L'une d'entre elles a débuté en 2007 lorsqu'elle a été invitée à participer au National First Nations Health Manager's Advisory Committee. Depuis l'achèvement du First Nations Health Manager's Competency Framework, elle siège comme membre fondatrice au conseil d'administration de la First Nations Health Managers National Association.

Karen continue de dispenser des programmes et services aux 11 Premières nations du Conseil tribal de File Hills Qu'Appelle.



### **Karen Seward**

*Vice-présidente exécutive, Développement des affaires et marketing, Morneau Shepell Ltd., Toronto (Ontario)*

Titulaire d'un baccalauréat dès arts de l'Université de Toronto, madame Seward a entamé sa carrière chez Forum Corporation. Ayant débuté chez Morneau Shepell Ltd. dans le rôle de vice-présidente, Marketing, madame Seward a été nommée en 2003 première vice-présidente, Développement des affaires et marketing. À ce titre, elle dirige la conception de solutions novatrices en santé et mieux-être et leur mise en œuvre dans certaines entreprises nord-américaines des plus avant-gardistes, ceci afin de gérer des problèmes critiques en milieu de travail.

Le magazine *Working Well* et Rogers Media ont récemment souligné son apport exceptionnel en la nommant au rang des personnalités 2007 du domaine des soins de la santé. Madame Seward est également membre des associations professionnelles suivantes : l'Association américaine du marketing, l'Association internationale des communicateurs d'affaires et le Conference Board du Canada. Conférencière recherchée, madame Seward a participé à de nombreux séminaires et conférences. Ses articles paraissent dans des publications telles que *Avantage Canada* et *Benefits & Pensions Monitor*, et elle est souvent invitée par les médias nationaux pour exprimer son point de vue sur la santé et la productivité au travail.



### **David Zinger**

*instructeur et animateur principal, Shared Visions Inc., Winnipeg (Manitoba)*

David Zinger est un instructeur de Winnipeg qui possède 20 années d'expérience dans les secteurs de l'enseignement et de l'entraînement. C'est un animateur exceptionnel dont les ateliers et présentations sont toujours stimulants, actuels, instructifs, concrets et empreints de bonne humeur.

Il se passionne pour l'engagement des employés, le leadership fondé sur la force, les conversations cruciales et l'influence. Les participants apprécient son utilisation d'histoires et son approche très terre-à-terre les invitant à mettre en pratique les compétences qu'ils acquièrent.

David adapte ses ateliers et présentations aux besoins particuliers de chaque client. Il a animé des ateliers et fait des présentations devant des groupes petits et grands pour des organisations des secteurs public et privé dans toute l'Amérique du Nord. Il dispense des cours sur la psychologie de l'enseignement et l'enseignement continu à l'Université du Manitoba depuis plus de 20 ans, et a aussi élaboré deux cours de certificat pouvant être dispensés à distance à des enseignants pour adultes pour un consortium d'universités de l'Ouest canadien.

# Guide des sessions simultanées

Toutes les sessions sont indiquées dans la langue dans laquelle elles seront présentées.

## Mercredi 2 mars 2011

11h00 – 12h30 Sessions simultanées A - Communications orales (15 minutes)

### SESSION 1 Santé et mieux-être des employés

#### A1.1 Kailo - A Unique Approach to Staff Wellness

Louisa Nedkov, Kailo Staff Wellness Co-ordinator, Halton Healthcare, Oakville (Ontario)

In 2005, Halton Healthcare Services launched an innovative staff wellness program called 'Kailo' (pronounced ky-lo). Based upon a concept that originated in the USA, Kailo embraces a 'holistic' approach to health and wellness. From the beginning, the response by hospital employees was very positive. This session will explore the development of this program, the services and programs that were created to meet the organization's goals, some of the challenges along the way and the methods used for measuring success.

#### A1.2 The Implementation of a Health Promoting Workplace in a University Hospital

Robert Bilterys, Professor, Université du Québec en Outaouais, Montréal (Quebec)

Nurses' poor working conditions, such as heavy workloads or mandatory overtime, influence nurses' retention and affect patient outcomes. In order to improve nurses' recruitment and retention, and to positively influence its organizational culture, its image and quality of care, a University Hospital Centre of Montreal has decided to adopt and implement the WHO concept of Health Promoting Hospital (HPH). Our objective is to present preliminary results of a study examining the process of implementation of the HPH concept in the nursing workplace of the University Hospital. The need for an integrated vision of HPH by strategic actors will be discussed.

Co-auteure : Nicole Dedobbeleer, Université de Montréal

#### A1.3 Managing Psychological Risk in the Healthcare Work Environment

Bob Acton, Partner and Consulting Psychologist, Gilbert Acton Ltd., Calgary (Alberta)

Recent changes to health and safety acts in Canada, Britain, and Australia require the employer to be responsible for not only the physical health but psychological health of the employee. This presentation describes a comprehensive strategy to assess and intervene with work groups who are experiencing conflict and are experiencing higher psychological risk. Specific reference will be made to interventions with healthcare leaders and their teams.

#### A1.4 Episodic Disabilities in the Workplace: Creating Healthy Workplace Environments

Martine Mangion, Manager, Episodic Disabilities Initiatives, Canadian Working Group on HIV and Rehabilitation, Toronto (Ontario)

As an increasing number of Canadians are living with episodic disabilities, many organizations are becoming familiar with the impacts of episodic disabilities on the workplace. However, many challenges continue to exist to support, effectively integrate and retain employees living with episodic disabilities in the workplace. Through this presentation, participants will gain an understanding of accommodation best practices to support employees living with episodic disabilities. It will also provide strategies on how to move towards greater organizational integration of employees with episodic disabilities.

Co-auteure : Melissa Popiel, Canadian Working Group on HIV and Rehabilitation

#### A1.5 Medical Leaves of Absence in Healthcare: How Monarca is Creating an Unprecedented Service

Mike Brown, Manager, Monarca, Monarca Case Management, Toronto (Ontario)

Managing employee absenteeism is a challenge in any sector, at any time. In Ontario healthcare the majority of employers are self-insured for short-term disability and are required to administer absences within the limited scope of the Hospitals of Ontario Disability Income Plan (HOODIP). Through collaboration and consultation with healthcare organizations, Monarca, a third-party, non-profit, short-term claims management service, was created as a pilot program in January 2010 to respond to the specific needs of Ontario healthcare. Monarca comprehensively supports both healthcare employees and their employers by integrating the foundational elements of health and safety and healthy work environments with the variegated facets of disability management.

## Session 2 Sécurité et qualité de vie au travail

### A2.1 Creating Healthy Work Environments: Patient Safety and Nurse Fatigue

Lisa Ashley, Nurse Consultant, Canadian Nurses Association, Ottawa (Ontario)

Providing safe, compassionate, competent and ethical care to patients within the health care system is a shared responsibility of health care professionals, health care organizations and governments. Nurse fatigue threatens patient safety, compromises nurses' health, and leads to moral distress, ineffective communication and inter-professional relationships as well as retention and recruitment challenges. This broad-based, collaborative, evidence-informed policy approach to nurse fatigue and patient safety supports an integrated health human resource strategy for safe patient care and advances the health profession in the public interest.

Co-auteure : Norma Freeman, Canadian Nurses Association

### A2.2 Working Alone or in Isolation: A Safer Workplace for Community Based Health Care Professionals

Sonya Stanford, Director, Occupational Health, Safety & Rehabilitation, Eastern Health, St. John's (Newfoundland)

The Newfoundland and Labrador Occupational Health and Safety legislation prescribes the right of workers to be informed of the hazards associated with working alone or in isolation. In addition the legislation advises employers of their responsibility to implement controls which eliminates or minimize these risks. Healthcare professionals providing community based services are exposed to some of the highest level and most diverse types of risks in relation to working alone. Eastern Health has undertaken the development of policies, processes and tools to minimize risks associated with working alone or in isolation.

Co-auteur : Carl Thomas, Eastern Health

### A2.3 Providing Quality Patient Care through Reduction of Errors and Injuries by Reducing Fatigue

Catherine Kidd, Executive Director, Disability Management & Safety, Integrated HR Services, PHC, PHSA, VCH, Vancouver (British Columbia)

In order to improve quality care and the quality of worklife for its' employees, a BC Health Authority has developed a policy and program to address worker's fatigue. This presentation will provide an overview of how an organization implemented the policy and program through engaging managers and staff with a focus on improving patient safety as well as staff safety. Fatigue has been mitigated by limiting the number of hours worked per day and per week, scheduling rest breaks throughout shifts, encouraging staff to nap during those shifts, and educating staff on ways to limit fatigue through healthy lifestyle behaviours.

### A2.4 A Call Centre Approach to Preventing Occupationally Acquired Communicable Disease in Healthcare Workers

Elayne Preston, Managing Consultant, Health & Wellness, Workplace Health, Fraser Health Authority, Surrey (British Columbia)

Healthcare workers are at risk of occupationally acquired communicable diseases, including, but not limited to: measles; mumps; rubella; varicella (chickenpox); pertussis; hepatitis B; tetanus; diphtheria; and tuberculosis. This presentation will detail our experience implementing a centralized occupational health nursing service using a telehealth call centre service to: collect health history information; follow up blood/body fluid exposures; and manage multiple communicable disease exposures at multiple sites. This novel approach has resulted in marked improvement in healthcare worker protection against communicable disease.

Co-auteure : Cathryn Smith, Fraser Health Authority

### A2.5 Effective Interdisciplinary Implementation of a Minimal Lift Program in a Rehabilitation Hospital

Nelia Cabral, Manager, Human Resources and Occupational Health & Safety, St. John's Rehab Hospital, Toronto (Ontario)

The purpose of this study was to determine the effect of an interdisciplinary minimal lift program (IMLP) in the reduction of work-related musculoskeletal injuries (MSKI) resulting from patient transfers/handling tasks in a rehabilitation hospital. The number and type of MSKI which occurred before the implementation of the IMLP (April 2004-March 2008) were compared with those after the implementation of the IMLP (Apr 2008-March 2010). We determined the relationship between the type of work-related injury, and the characteristics of the injured workers, day, time, and season of injury, days lost at work, and the type of lifting/transfer equipment used.

Co-auteurs : Siobhan Donaghy, St. John's Rehab Hospital; Maila Riddell, St. John's Rehab Hospital; Gabrielle Bochynek, St. John's Rehab Hospital; Manuel Gomez, St. John's Rehab Hospital; Fay Lim-Lambie, St. John's Rehab Hospital

## SESSION 3 Faire les liens

### A3.1 The Home Care Environment: 'How Can We Do Everything We Need to Do?'

Donna Goodridge, Associate Professor, College of Nursing, University of Saskatchewan, Saskatoon (Saskatchewan)

The objective of this exploratory study was to identify the challenges faced by staff in the home care environment in terms of workload management and the ability to address client needs. An interpretive descriptive approach was used to analyze transcripts of nineteen home care staff who participated in focus groups and individual interviews. Higher levels of client complexity and acuity demand new strategies to promote effective communication and collaboration between providers, although the lack of investment in technology and discontinuity of providers represent key challenges. Business as usual is no longer an option.

### A3.2 Building a Governance Structure that Links Professional Practice, Quality of Worklife, and Patient Safety

Rita DiBiase, Nurse Practitioner, Windsor Regional Hospital, Windsor (Ontario)

Windsor Regional Hospital has developed a governance structure that is designed to empower staff, decentralize decision-making, and improve patient safety and quality. The structure includes collaboration across all levels including Unit Councils, Clinical Education and the Nursing Quality Improvement Teams, and the Professional Nursing Advisory Committee, which includes representation from all Unit Councils. The WRH Governance Structure has provided front-line staff with a well defined process for voicing their concerns about quality of worklife, and also issues and opportunities that can be acted upon to improve the quality of care for our patients and their families.

### A3.3 Patients and Families First: Partnering for Quality Innovation to Improve Patient-Centred Care

Tracy Zambory, First Vice President, Saskatchewan Union of Nurses, Regina (Saskatchewan)

The purpose of the Patients and Families First Challenge is to encourage and support patients, members of the public, patient advocacy groups, and SUN members in developing and testing sustainable innovations that will improve the quality of patient-centred care. This Challenge addresses the need to give a voice to patients and empower frontline nurses to optimize quality care by inviting proposals from patients, members of the public, patient advocacy groups, and SUN members to develop their ideas for improving patient-centered care in Saskatchewan.

Co-auteur : Lawrence LeMoal, Saskatchewan Union of Nurses

### A3.4 La vie au travail en relation avec l'humanisation et la qualité des soins

Marie-Suzanne Lavallée, Director, Quality, Safety and Risk, CHU Sainte-Justine, Montréal (Québec)

Le propos de cette présentation est de vous décrire comment on peut intégrer trois dimensions du travail d'un centre de santé en un tout cohérent. Les trois dimensions considérées dans leurs inter relations sont l'humanisation des soins, la qualité de vie au travail et les normes d'agrément. Une présentation des gains d'efficacité et de la potentialisation des énergies sera démontrée par la déclinaison de chacune des dimensions soient l'humanisation des soins avec ses onze critères de désignation basés sur la philosophie Planetree, la qualité de vie au travail avec ses quatre mesures prioritaires selon la coalition et les normes d'agrément Canada avec ses critères concernant les ressources humaines.

Co-auteurs : Michel Lemay, CHU Sainte-Justine; Ghislaine Chabot, CHU Sainte-Justine; Bayard Isabelle, CHU Sainte-Justine

### A3.5 Account for Health: Solutions for a Healthy Workplace

Maria Morais, Carolyn Stephenson and Lynn l'Anson, Peel Public Health, Brampton (Ontario)

Peel Health offers a comprehensive approach to addressing workplace health by assisting businesses to identify their needs, develop a business case, obtain organizational commitment, implement key programs, evaluate results and exchange knowledge with other workplaces. Wellness cannot be gauged by measuring disability cases or how many benefits are offered. Our model integrates multiple aspects of personal health practices - such as lifestyle choices; the physical environment and occupational health & safety - such as relevant legislation and ergonomics; and the corporate culture - whether a supportive or toxic work environment. We provide practical solutions that engage employers and employees.

## **SESSION 4 Instaurer une culture de la santé**

### **A4.1 Diversity and Inclusion Initiatives at Eastern Health**

Josee Dumas, HR Strategist, Eastern Health, St. John's (Newfoundland)

In 2005, Eastern Health completed an acute care Cultural Sensitivity Study in the St. John's region. Based on the study recommendations, a Standing Committee on Diversity was formed to lead these changes. Since then, the Committee released a Diversity Framework and led a successful year-long Diversity Enhancement Project to raise awareness about cultural inclusion. Project accomplishments included delivery of educational sessions to employees; development of educational resources and diversity brochures; and a two-day workshop on cultural competence. Eastern Health is committed to continue raising awareness around diversity to better meet the needs of its increasingly diverse population.

Co-auteure : Amanda Hancock, Eastern Health

### **A4.2 Embracing Cultural Diversity in Health Care: Year 2 of a Workplace Integration Project in Nursing**

Verla Fortier, Senior Consultant, Nursing Recruitment and Retention, Hamilton Health Sciences, Hamilton (Ontario)

An academic health sciences centre's 3-year workplace integration project focuses on enhancing the cultural, communication and clinical competence of 60 Internationally Educated Nurse/English Second Language Nurses to improve their outcomes. Community and academic partners formed a comprehensive service network of clinical communication workplace integration tools and processes, which prepare participants as they transition to permanent employment. Now in Year 2, the project models inclusion and workplace diversity and provides insight into using community resources and in-house volunteers as supporters of project participants in the workplace. This presentation will examine project learning from the viewpoints of participants, volunteers, and clinical managers/educators.

Co-auteurs : Ruth Lee, Hamilton Health Sciences (HHS); Zubeida Ramji, Centre for Internationally Educated Nurses (CARE); Nancy Brown-Fellows, Mohawk College School of Continuing Education

### **A4.3 The Best of Nursing: Creating Opportunities for the Future of Interprofessional Collaboration**

Maria Tassone, Director, University Health Network, Toronto (Ontario)

The Best of Nursing project surfaced where the best of nursing exists in a large, urban academic teaching hospital across multiple contexts of practice, education, research and leadership. Through appreciative inquiry, 2000 nurses engaged in dialogue and storytelling about what it takes for the best of nursing to flourish now and in the future. Resonant themes related to the power of the presence of nurses in caring for patients; nurses connecting knowledge and care, and fostering an environment that enables nurses to be at their best were identified. The project illuminated how the best of nursing exists in relationships with one another, with patients and with interprofessional colleagues.

Co-auteurs : Debra Bournes, University Health Network; Cate Creede, The Potential Group; Petrina McGrath, University Health Network; Mary Jane McNally, University Health Network; Barbara Fitzgerald, University Health Network; Judith Hart, University Health Network; Claire Mallette, University Health Network; Mary Ferguson-Pare, University Health Network

### **A4.4 Using Institutional Ethnography to Explore the Meaning and Organization of Work, Health and Safety of Aging Workers in the Home Support Sector**

Sue Ann Mandville-Anstey, Faculty, Centre for Nursing Studies, St. John's (Newfoundland)

Human resource projections predict that Canada will need to double the number of formal home care workers to meet future demands. Using Institutional Ethnography, this research explored how the work lives of aging support workers are organized by exploring factors such as health and safety needs and practices, work environments, and policies and government systems regulating the employment of aging workers. A central aim of this study was to identify implications for program or policy change that may improve the working lives of these care providers and positively impact recruitment and retention of workers in this field.

### **A4.5 Expect Respect: Going Beyond the Basics - Creating and Sustaining a Culture of Safety and Respect**

Carole Moore, Vice President, Organizational Effectiveness, Markham Stouffville Hospital Corporation, Markham (Ontario)

The Expect Respect Program integrates our approach to violence prevention and disrespect in the workplace. By bringing people together, we have created a shared commitment to mutual respect and positive relationships, building a safer and healthier environment for our employees, physicians and volunteers and the people they serve. The program consists of a Bill of Rights and Responsibilities; Statement of Commitment; Patient/Visitor Information booklet; policies; violence prevention risk assessment; a flexible education program and a communication module. One of the key strengths is a tool kit to enable us to share with other organizations.

Co-auteurs : Diane Purdy, Markham Stouffville Hospital Corporation; Sandra Conway, Markham Stouffville Hospital Corporation; Anne Kennie, Markham Stouffville Hospital Corporation

## **SESSION 5 Qualité de vie au travail et qualité des soins de santé à travers le prisme des collectivités autochtones et isolées**

### **A5.1 The Impact of a Collaborative Care Model in a First Nation Health Organization**

Dinys Reed et Lorna Breitreuz, Director of Client Services, All Nations' Healing Hospital (ANHH), Fort Qu'Appelle (Saskatchewan)

The All Nations Healing Hospital (ANHH) in Fort Qu'Appelle, SK has evolved a service delivery model that brings together a collaborative multidisciplinary team of health professionals to provide holistic and integrated health care services. The model connects community based services, agencies, and outreach services to provide responsive and holistic care to First Nations communities, families and clients. Model tenets such as interdisciplinary teamwork and access to new technology have attributed to a high level of practitioner satisfaction and excellence in client care. Front line staff experience increased work life satisfaction, organizational commitment and increased enjoyment of their work.

### **A5.2 Role Transition from Student to Professional: A Mentorship Program**

Anna-Marie Allen, RN (MN Candidate), All Nations Healing Hospital (ANHH), Fort Qu'Appelle (Saskatchewan)

The mentorship program at the All Nations Healing Hospital (ANHH) was created with the fundamental intent to ease the role transition from student to professional for the newly graduated nurse. Preliminary findings from the pilot, involving the licensed practical nurse demographic, show that the new graduate exited the mentorship program with a high level of clinical skill development and a seamless integration into the acute care/emergency hospital environment. Benefits to the organization included team and relationship building among frontline nurses, sustainability of the nursing workforce and knowledge transfer from experienced to new graduate nurses.

### **A5.3 Development and Application of a Framework: Creating Healthy Workplace Environments for Nurses Working in First Nation Communities**

Fjola Hart-Wasekeesikaw, Home and Community Care (HCC), Winnipeg (Manitoba)

As result of workplace issues faced by Home and Community Care (HCC) nurses working in First Nations communities, a five category framework was created as an approach to address specific issues. The methodology included a literature review; key priorities issues identification session with members of the First Nation Partner HCC Committee; and coordinators' training session. After an overview of the literature and voices from the community, the Framework components: Categories, Outcomes, and Action will be introduced. Lastly, a First Nation community's utilization of the Framework to address specific issues will provide further insight into the relevancy of this approach.

### **A5.4 Beyond Programs: Planning for the Development of First Nations Governance Issues and Considerations**

Kim Scott, Principal, Kishk Anaquot Health Research, Vaughan (Ontario)

This document is intended to support First Nations in Ontario to think about how to strengthen, improve or create health governance structures (either regional boards or local health committees). It was prepared in the spirit of promoting greater First Nations' control and freedom to influence health outcomes. More specifically, the goals of this work were to: provide guidance for generating community engagement in health as well as developing local health governance structures (advisory committees or boards); summarize the types of boards along with their strengths and challenges for more regional or collective health governance; support communities in their desire to create health governance structures; and offer thoughts about building relationships building between First Nations as well as with other partners that may want to work with First Nations in regional health governance structures (either boards or committees). The potential to strengthen health governance structures becomes clear in this presentation along with the opportunities for creating stronger alliances with partners whether they are regional Canadian institutions or neighboring First Nations communities. Tools and strategies that exist to expand the ability of local or regionalized health governance structures to influence health delivery and outcomes are offered.

### **A5.5 Exploring the Key Attributes of a Quality First Nations Health System: Sharing a Vision of Excellence**

Kathryn Robson, Senior Program Officer - Quality Improvement Policy Unit (QIPU), First Nations and Inuit Health Branch, Health Canada, Ottawa (Ontario)

Quality is quickly becoming a pivotal element in most health systems around the world. There is much written on what quality looks like in hospital settings, large multi-disciplinary practices, and even rural communities. But what does a quality health system look like for First Nations' and Inuit communities? What are the priorities? The functions? How is culture recognised and represented? The First Nations Inuit Health Branch of Health Canada is developing a Quality Improvement Policy Framework. The Framework will provide a foundation for a shared culture around quality improvement and help articulate sustainable approaches to quality health services for First Nations and Inuit communities. This session will lay the foundation for future dialogue sessions where interested participants will have the opportunity to share their views on quality, discuss their existing QI initiatives, share their vision of what a quality work environment means to them and their communities and identify the mechanisms in place that facilitate or hinder QI work, within their health organizations.

## Mercredi 2 mars 2011

13h45 – 15h15 Sessions simultanées B - Communications individuelles ou en équipe (90 minutes)

### **B1 VON Canada: Taking Action to Build an Engaged Workforce**

Richard McConnell, Vice President, People and Organization, VON Canada, Ottawa (Ontario)

Effective staff engagement is a must for all organizations. In healthcare it is critical for client, patient, and staff safety and satisfaction. When employees are engaged, better patient outcomes ensue. VON Canada is Canada's largest, not-for-profit, charitable home and community care organization with 5,000 staff and 9,000 volunteers in a serving over 1,200 communities nationwide. In 2009, VON embarked on a talent management strategy that was framed by best practices designed to increase our ability to attract, engage and retain staff. We will share steps to building engagement along with our innovative web based management toolkit in this presentation.

Co-auteurs : Carol Sinclair, VON Canada

### **B2 Healthy Workplace Case Study: Homewood Making a Measurable Difference**

Marti Sharpe, Carol O'Brien and Joe Power, Homewood, Guelph (Ontario)

Homewood is widely regarded as one of the healthiest organizational cultures in Canada, receiving awards and recognition for their various achievements. Their healthy work environment started with a vision of a sustainable approach in key areas, including culture, management and workplace health practices. Homewood has created a matrix of healthy programs throughout its vast and complex operations, and a measurement system to gauge success. This comprehensive and collaborative session will provide practical strategies for building and measuring a healthy workplace on a number of dimensions. Presenters will discuss what you can do differently to create, manage, measure and sustain healthy living. They will share lessons learned from their experience.

Co-auteur : Edgardo Perez, Homewood

### **B3 Manager Support Team - Does Mentoring Front Line Leaders Make a Difference?**

Kerry Morrison, Manager, Vancouver Island Health Authority, Victoria (British Columbia)

The Vancouver Island Health Authority (VIHA) uses sick time, overtime, injury rates, and injury duration to monitor Work Life Indicators on a unit by unit basis. Units are supported through a loosely connected network of departments including Occupational Health and Safety, Human Resources, Learning and Development, Quality and Patient Safety, and Professional Practice. In 2010, the VIHA introduced a Manager Support Team to work with front line leaders to improve and sustain the work life indicators. The Support Team's integrated 1:1 mentoring approach is predicted to increase organizational cooperation, positively shift the work life metrics, and increase quality care.

Co-auteurs : Tracey Newlands, Vancouver Island Health Authority; Lesley Moss, Vancouver Island Health Authority

### **B4 Building a Healthy Work Environment: Evidence, Measurement, Alignment and Partnership**

Charlie Byer, Clinical Nurse Specialist, Patient Safety Perioperative Services, St. Michael's Hospital, Toronto (Ontario)

This concurrent session focuses on one organization's efforts, in partnership with the professional nursing association, in advancing the healthy work environment (HWE) agenda through the implementation and evaluation of 5 HWE and 13 clinical Best Practice Guidelines (BPGs). The initiative is a part of its Registered Nurses Association of Ontario (RNAO) Best Practice Spotlight Organization (BPSO) candidacy. Specific strategies on embedding evidence from the 5 RNAO HWE BPGs into tangible HWE strategies and interventions at the local and organizational level, design and implementation of an evaluation framework, and corporate alignment and partnership will be addressed.

Co-auteurs : Kaiyan Fu, St. Michael's Hospital; Ella Ferris, St. Michael's Hospital; Heather McConnell, Registered Nurses Association of Ontario, Karen Ellis-Scharfenberg, Registered Nurses Association of Ontario

### **B5 Discovering Our Way: A Young Organization's Journey Towards Creating a Sustainable Healthy Workplace**

Kathleen Paterson, Sr Manager, Learning and Organizational Development, Mississauga Halton Community Care Access Centre, Mississauga (Ontario)

At Mississauga Halton Community Care Access Centre, we are embarking on the next phase of our integration and maturity as a new organization. As part of the current Strategic Planning process, we have been able to reflect on our goals, processes, challenges and successes throughout our journey to-date. We have been amazed by the complexity of the challenges we faced and the resiliency and determination demonstrated by our Staff and Leadership during these times of transformative change. In this session, we will discuss our efforts to create a healthy work culture and work environment using comprehensive, inclusive, evidence-based initiatives.

Co-auteurs : Kathleen Paterson, MHCCAC; Laura Morley-Woollam, MHCCAC; Joel Borgida, MHCCAC

## Jeudi 3 mars 2011

10h00 – 11h30 Sessions simultanées C - Communications individuelles ou en équipe (90 minutes)

### **C1 Using Crucial Conversations and LEAN to Engage Staff in Front Line Quality Improvement Projects in a Large Health Care Organization**

Susan Morrow, Director of Quality, Health Sciences Centre, Winnipeg (Manitoba)

In 2008, Health Sciences Centre (Winnipeg) combined Crucial Conversations and LEAN training with the goal of engaging staff and managers in a grass roots effort to increase capacity on quality improvement initiatives. To date, over 150 staff have participated in the program. Since 2008, over 65 projects have been completed, and the program has demonstrated successes in staff/manager engagement and improvements in quality. This presentation will describe the context and thinking behind the course design, the details of the training content, the outcomes for HSC and clients, and the learning from the project to date.

Co-auteurs : David Zinger, Shared Visions Inc.; Jean-Francois Hivon, Shared Visions Inc.

### **C2 Au-delà des soins : l'importance d'un milieu de vie et de travail sain**

Lucie Tremblay, Director of Nursing and Clinical Services, Maimonides, Montréal (Québec)

Le centre gériatrique Maimonides a mis en place un milieu de vie de qualité, tant pour les clients que pour les personnes qui y oeuvrent. Des formations visant le transfert des valeurs dans la pratique ont eu lieu. La prise de décision est décentralisée et les équipes ont pris le leadership de développer des programmes novateurs. La qualité des soins et service est rehaussée. Conséquemment, la satisfaction et le sens au travail est renforcé. Dans cette veine, L'organisation a décidé d'implanter le modèle Planetree. Les résultats préliminaires démontrent une amélioration de la satisfaction tant des résidents, de leur famille que des intervenants.

Co-auteur : Tony Paccheco, Maimonides

### **C3 Across the Great Divide: Integrating the Worlds of Quality and Quality of Worklife in Health Organizations**

Gillian Nichol, Manager, Organization Effectiveness, The Michener Institute, Toronto (Ontario)

This session plans to draw together the Six Sigma engineers, the process gurus and the risk and evaluation experts in the world of Quality with the Quality of Worklife practitioners who work in the world of engagement, development and employee satisfaction. We'll discuss the roots, systems, policies and practices that divide us in our health organizations. Using a lens of 'building a culture of safety', we'll explore the organizational design, cultural, interprofessional, team and individual accountability practices that can 'work the hyphens' of these worlds, building and sustaining their common strengths toward common outcomes in healthcare.

### **C4 A New Strategy for Sharing Healthy Workplace Survey Results: Collaboration, Integration and Partnerships**

Stephanie Brundl, Consultant Learning and Organizational Effectiveness, Trillium Health Centre, Mississauga (Ontario)

Robust data continually demonstrates the link between healthy workplaces to healthy patients and healthy employees. Why not then present the data that is collected, tracked and analyzed by Human Resources, Employee Health Safety and Wellness, Quality and Patient Safety and Patient Relations in concert with the Healthy Workplace Results? What are the linkages? How do these metrics correlate? This year, Trillium undertook a process to find out and will share our discoveries in this presentation.

Co-auteurs : Suzanne Owens, Trillium Health Centre; Nancy Labelle, Trillium Health Centre; Kimberly Floyd, Trillium Health Centre

### **C5 Checkins and Checklists: Getting the Most from Briefings and Huddles**

Andrew Clarke, Executive Director, Physician Health Program of British Columbia, Vancouver (British Columbia)

Many health care organizations are implementing huddles and briefings in pursuing high levels of quality and reliability. But by focusing solely on completing checklists in these briefings, they are missing opportunities to enhance team member resilience, increase satisfaction, and prevent burnout. In this interactive, experiential workshop participants will learn evidence-based practices that support both safety for patients resilience for health care providers.

Co-auteure : Claire Sauve, Physician Health Program of British Columbia

### **C6 Critical Care Mentoring Study: Testing a Program to Enhance Recruitment and Retention of Nurses**

Debra Bournes, Director of Nursing - New Knowledge and Innovation, University Health Network, Toronto (Ontario)

There is strong evidence that participating in a mentoring program-either as a novice or experienced nurse-improves quality of work life for nurses. This mentoring study used a longitudinal, repeated measures, descriptive-comparative design and a qualitative descriptive design to evaluate a mentoring program for experienced critical care nurses and new graduate nurses. Twenty-three participants engaged in mentoring relationships with one another and participated in education and critical reflection regarding practice, leadership, and theory-guided mentoring during paid time. Findings demonstrate improvements in nurse satisfaction, sick time, overtime, retention, confidence, teamwork, relationships, and patient care.

Co-auteure : Carolyn Plummer, University Health Network

# Exposition des initiatives

Toutes les expositions sont indiquées dans la langue dans laquelle elles seront présentées.

## Expositions sur table

### **CHUS - Énergique : pour la présence au travail, la santé et le mieux-être des employés**

FOURNIER Nancy, Agente de gestion du personnel, Centre hospitalier universitaire de Sherbrooke, Sherbrooke (Québec)

En 2007, le Centre hospitalier universitaire de Sherbrooke (CHUS) a lancé le programme CHUS - Énergique. Le CHUS joint ainsi les rangs des entreprises qui adoptent des approches intégrées pour la présence au travail, la santé et le mieux-être des employés. Les employés ont le choix parmi une vingtaine d'activités physiques, psychologiques ou portant sur la nutrition offertes au travail (jour, soir, nuit, 3 fois/an). Le nombre de participants et d'activités offertes sont en hausse constante. Selon un sondage, 96,4 % des répondants estiment que CHUS - Énergique est important et 92,9 % affirment avoir ressenti des bienfaits sur leurs habitudes de vie.

Co-auteure : Sasha Cardinal, Centre hospitalier universitaire de Sherbrooke

### **Empowering Employees to Build Respectful Work Environments**

MARTIN Peter, Regional Manager, Education Services, Northern Health, Prince George (British Columbia)

In 2007, Northern Health evaluated staff perceptions of the effectiveness of the Respect in the Workplace Program. The program provides staff with options to address instances of discrimination, harassment, and disrespect. The research determined that staff considered informal methods of dispute resolution more effective than formal approaches. This led to policy and training measures that supported staff in taking a more active role in the resolution of disputes and improvements in their working relationships.

### **Advancing Knowledge Transfer through Practice Development: Shifting Workplace Cultures to Sustain Enhanced Care Quality**

PENNEY Jennifer, Clinical Education and Practice Development Specialist, West Park Healthcare Centre, Toronto (Ontario)

Our centre has embarked on a new journey towards practice excellence by adopting Practice Development (PD) as its strategy for knowledge transfer, the first healthcare facility to do so in Canada. The process is collaborative, participatory, and emancipatory with the intent of creating democratic cultures of high challenge and high support that enable all clinicians to do what they know is best for their patients through evidence-informed practice. Conference participants will learn about the inherent challenges of flattening hierarchies and dissolving power differentials that get in the way of evidence-informed healthcare practices.

Co-auteurs : Nadine Janes, West Park Healthcare Centre; Barbara Cowie, West Park Healthcare Centre; Shannon K. Burke, West Park Healthcare Centre; Bozena Owsianka, West Park Healthcare Centre

### **Roll Up Your Sleeve - Conducting Mass Immunization Clinics for Healthcare Workers**

PRESTON Elayne, Managing Consultant, Health & Wellness, Workplace Health, Fraser Health Authority, Surrey (British Columbia)

Healthcare workers are at risk of occupationally acquired communicable diseases, including, but not limited to: measles; mumps; rubella; varicella (chickenpox); pertussis; hepatitis B; tetanus; diphtheria; and tuberculosis. These infections can be transmitted to patients, residents, clients, colleagues and community contacts, particularly family members. Recent outbreaks of mumps, measles and pandemic influenza within our health authority highlighted our need to immunize large numbers of healthcare workers in a more efficient way. We will share our experience, tools and resources for implementing efficient and effective mass immunization clinics for healthcare workers. Let us show you how we immunized 4000 healthcare workers.

Co-auteure : Susan Hyatt, Fraser Health

### **Lateral Violence - What Should I Do?**

RIEHL Greg, Program Head Basic Critical Care Nursing, Saskatchewan Institute of Applied Arts and Science, Regina (Saskatchewan)

Lateral violence exists on a spectrum, from seemingly ordinary behaviour such as gossiping or criticism, to intimidation, racism and outright physical intimidation or harm. Lateral violence cannot thrive when employers become ethically and legally responsible. We do not accept bullying in our schools or other workplaces so why is it ok in healthcare? The concern is that this attitude is being taught or fostered at various levels and institutions where we have learned to oppress one another. Often, lateral violence is a mindset based on fear rather than respect.

## Présentations par affiches

### Overcapacity in Canada's Healthcare System

ASHLEY Lisa, Nurse Consultant, Canadian Nurses Association, Ottawa (Ontario)

Overcapacity protocols are short-term strategies that represent an interim practice to address the issue of overcrowding in healthcare organizations. They must not be accepted as standard business practice. They create challenges in the healthcare practice environment that affect the safety of patients and nurses and the integrity of nursing practice. Complex system issues are at the root of this overcrowding. Although longer-term system reforms are essential to improve capacity in Canada's healthcare system, nurses are developing strategies now.

Co-auteurs : Norma Freeman, Canadian Nurses Association

### Understanding the Patient's Perspective of Emotional Support in Order to Significantly Improve Overall Patient Satisfaction

BAINS Jatinder, Lead, Ambulatory Services, West Park Health Care Centre, Toronto (Ontario)

This presentation highlights the results of a research study that laid out important considerations for organizations and their staff to improve their patient satisfaction scores. The presentation addresses a dimension of patient satisfaction that appears to garner little attention in healthcare contexts and that staff indicate they have very little time to address: emotional support. Attendees will learn what patients expect from staff when it comes to feeling 'cared' for and how to deliver this support in a simple and genuine manner. Attendees will learn about techniques that may help make the delivery of emotional support an achievable and successful experience for themselves and their patients.

Co-auteur : Keith Adamson, Women's College Hospital

### A Workplace Wellness Journey in a Small Rural Setting - Renfrew Victoria Hospital (RVH)

CRANFIELD Pam, Director Of Dietary, Renfrew Victoria Hospital, Renfrew (Ontario)

The benefits of a healthy work environment are well documented: recruitment and retention of qualified staff; improved patient care; reduced costs to an organization; etc. Implementing a wellness program can be challenging in small rural environments where fiscal and human resources are limited. The Renfrew Victoria Hospital has successfully embarked and travelled along a Wellness Journey for over eight years. The purpose of this presentation will be to share the successes and challenges that we have faced as a small rural facility with an emphasis on our approach, an inventory of programs, the benefits accrued and the challenges faced.

Co-auteurs : Kelly Hebert, Renfrew Victoria Hospital

### A Strategic Approach to Creating a Healthy Work Environment

DOUGHERTY Melissa, Director, Queensway Carleton Hospital, Ottawa (Ontario)

Using current healthy work environment recommendations, Queensway Carleton Hospital (QCH) has been successful in integrating strategies within the organization to create a positive work environment for our staff and support our focus of being a community hospital of choice. QCH has been successful in developing initiatives that engage staff and recognize their contributions to the organization. This presentation will be beneficial for conference participants as it will demonstrate how our hospital has been successful in embedding healthy work environment strategies into our strategic planning and corporate operations, resulting in positive outcomes.

Co-auteurs : Maureen Taylor-Greenly, Queensway Carleton Hospital; Rona Hamilton, Queensway Carleton Hospital

### CareWorks

FISCHER Julie, Clinical Leader & Wellness Coordinator, Trillium Health Centre, Mississauga (Ontario)

Through dedication to our employees we foster an environment of discovery and create systems and processes that advance the delivery of care. Only through Learning and Innovation can we grow and improve, and in the process, create a better patient and family experience. CareWorks is an innovative Health Safety and Wellness program aimed at creating and sustaining a healthy work environment. One of Trillium Health Centre's Strategic themes is 'Outstanding People'. Trillium recognizes that our people are our most valued and trusted resource in providing quality patient centred care.

Co-auteurs : Janet Suchanek, Trillium Health Centre

### Staff Mix and Nursing Care Delivery Models: Do They Matter?

FREEMAN Norma, Nurse Consultant, Canadian Nurses Association, Ottawa (Ontario)

Staff mix, as a component of practice environments, is a complex process that impacts outcomes for clients, providers and organizations. Canadian Nurses Association led research, consultations and resource development in 2010 to accelerate the transfer of knowledge from research into practice across the continuum of care. When nursing knowledge is applied - whether at the point-of-care, planning for population health, or working towards healthy public policy - mortality drops, quality improves, and costs are contained. It is nurses' shared commitment to quality practice environments and evidence-based staff mix decision-making that is critical to meeting the health needs of Canadians.

Co-auteurs : Lisa Ashley, Canadian Nurses Association

### **Healthy Leaders for a Healthy Workplace**

HOLTON Judith, Assistant Professor, Mount Allison University, Sackville (New Brunswick)

Studies show that in times of crisis and change, leadership becomes critical to creating a climate for sustaining hope and optimism and fostering workplace environments that are both healthy and high performance. This session will present preliminary findings of a collaborative inquiry regarding both personal and professional leadership development needs of middle managers in a provincial health services authority. Data from focus groups and key informant interviews will be summarized and shared to elicit exchange of ideas that may further inform leadership development initiatives as the basis for an action learning agenda in subsequent phases of the project.

Co-auteurs : Gina Grandy, Mount Allison University

### **Wellness Wins!**

MacDONALD Louise, Staff Wellness Coordinator, Georgian Bay General Hospital, Midland (Ontario)

Recognition makes us all feel great. It is through our Hospital Wellness initiatives that we work together to promote and support healthy lifestyle choices for all of our staff while achieving balance in physical, mental, emotional, spiritual and social contexts at both work and outside the work environment. As member of the Simcoe County Workplace Wellness Network, the Georgian Bay General Hospital has been recognized as a recipient of Gold-level designation four years running in areas such as awareness raising, education/skill building activities, environmental supports and organizational wellness supports.

### **Promoting Healthy Living Among Nurses: A Pilot Study**

PURTZKI Marie, PhD Candidate, School of Nursing, University of Victoria, Victoria (British Columbia)

Nurses are a high-risk group for developing cardiovascular disease (CVD) linked to physical inactivity, unhealthy diet, smoking, and aging. Disease risk among nurses is compounded by increasing workloads, shift work, and insufficient workplace support. Nurses' health and work-related problems correlate with chronic conditions and disabilities, which impact negatively on absenteeism, workplace retention, health care and employer spending. This piloted ecologically-based physical activity and nutrition (PA/N) intervention study produced statistically significant main effects on anthropometric and physiological outcome measures, and pedometer steps. The emerging qualitative themes provided context to the quantitative data and the ecological assessment.

### **Using Your Quality of Work Life Survey to Make a Difference**

SIMAS Melissa, Manager, Human Resources, Windsor Regional Hospital, Windsor (Ontario)

Employee satisfaction at Windsor Regional Hospital hinges on productive, fulfilling relationships, which ultimately impacts patient satisfaction. Since 2004, our annual Quality of Work Life Survey (QOWL), has been used to measure employee satisfaction rates and implement changes based on feedback. Despite times of change and frozen wages we have continued to see positive results. The QOWL has proved to be an effective tool to identify improvement initiatives that drive employee and patient satisfaction.

### **Spring, Swing or Fling Into Fitness Challenge: A Workplace Wellness Initiative that Gets Results**

YOO Linda, Health Promotion Consultant, Centre for Addiction and Mental Health (CAMH), Toronto (Ontario)

Physical inactivity is a recognized risk factor for coronary artery disease. Increasing evidence shows that comprehensive healthy worksite programs, including exercise, are effective in modifying coronary risk factors and reducing absenteeism, accidents, healthcare costs, and days of rehabilitation. Since 2008, 106 staff from the Centre for Addiction and Mental Health (CAMH) participated in the annual Spring, Swing or Fling into Fitness Challenge event. After 1 month, there were significant improvements in physical health status and a trend towards improved mental health status. For workplaces with limited resources, CAMH's results show that even a short-term wellness program can produce health benefits.

# Exposants

**Agrément Canada**  
[www.accreditation.ca](http://www.accreditation.ca)

**La Fondation canadienne de la recherche sur les services de santé**  
[www.chsrf.ca](http://www.chsrf.ca)

**Creative Wellness Solutions**  
[www.wellnessolutions.ca](http://www.wellnessolutions.ca)

**The Health Professional**  
[www.thehealthprofessional.ca](http://www.thehealthprofessional.ca)

**Innovative Fitness**  
[www.innovativefitness.com/n/](http://www.innovativefitness.com/n/)

**M&M Sales and Consulting**  
[www.mandmsales.ca](http://www.mandmsales.ca)

**Monarca**  
[www.monarcacm.com](http://www.monarcacm.com)

**Morneau Shepell Ltd.**  
[www.morneaushepell.com](http://www.morneaushepell.com)

**NRC Picker**  
[www.nrcpicker.com](http://www.nrcpicker.com)

**Ramius**  
[www.ramius.net](http://www.ramius.net)

**Shared Visions**  
[www.sharedvisions.ca](http://www.sharedvisions.ca)