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Focusing in on Quality of Worklife
Measurement – Canadian Healthcare
Organizations Share Their Experiences

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Quality Worklife
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Introduction

The Quality Worklife Quality Healthcare Collaborative (QWQHC) is a coalition of 12 national health organizations working together to create healthier workplaces in healthcare with the aim of improving patient care. The Collaborative has initiated a national call to action for healthcare leaders to drive improvements in quality of worklife and quality healthcare through system-wide engagement, action, accountability, and knowledge exchange.

One of the QWQHC's primary objectives is to promote and support the use of quality of worklife (QWL) measurement. The Collaborative brings the importance of this to the forefront by encouraging organizations to engage in various measurement activities, including the identification and monitoring of QWL indicators, the use of employee survey methods and the evaluation of healthy workplace initiatives and practices. By so doing, organizations are positioned to better understand and address workplace-related issues, gauge their progress, introduce accountability measures and assess the effectiveness of their efforts and investments in this area.

In spring 2009, the QWQHC engaged healthcare organizations across Canada in a project aimed at gaining a better understanding of the use of indicators as part of worklife measurement activities. More specifically, we sought to identify the indicators that are most commonly collected; the tools that are used to collect measures; the perceived value of measurement in effecting change; and associated barriers and enablers. The results of this initiative can be found in the QWQHC report, "A Snapshot of Worklife Measurement in Canadian Healthcare Organizations: Indicator Survey Results".

About the Case Studies

With a view to continue to inspire action and support the efforts of organizations, the QWQHC builds on this work by presenting accounts of different organizations' experiences of QWL measurement in this series of case studies. The focus of this report is on *why* organizations are embarking on QWL performance measurement, *how* they are measuring and *what* they are doing with the results. The QWQHC was particularly interested in learning:

- i. The organization's goal regarding QWL performance measurement
- ii. The measurement activities undertaken in the past few years
- iii. The results of the measurement activities

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- iv. The actions taken based on the results
- v. The lessons learned from measuring QWL performance measures

The participating organizations were approached by the QWQHC, as they were known to be actively engaged in QWL measurement and several had been identified as leaders in this area. Information was obtained through a structured interview process with key informants identified by the respective organizations.

QWL-Related Performance Measurement

In the QWQHC's action strategy *Within Our Grasp*, we acknowledge the burden on health organizations for data collection. To support organizations, in addition to laying the groundwork for the adoption of system-wide indicators, the Collaborative identified seven QWL indicators. These indicators represent a common and foundational starting point, and organizations are encouraged to develop more robust and in-depth indicators to begin to better understand their own unique challenges and opportunities.


As reflected in the case studies that follow, organizations are striving to adopt QWL performance measurement, whether through indicator use, implementation of employee surveys or evaluation methods, in an effort to enhance organizational effectiveness. These activities and measures are critical internal management tools that inform decision making on an ongoing basis and are also useful for reflecting the achievements of an organization.

Although QWL measurement is a challenging area for many organizations, it has become evident that consistent monitoring and follow-up action, whether for purposes of quality improvement or accountability, are vital to sustain a healthy healthcare environment.

Lessons Learned

While each case study captures unique lessons learned, the following messages are those most commonly identified and emphasized:

- Constant, ongoing and clear communication to the management team and staff is a necessary component to enacting a measurement strategy that ensures buy-in throughout the whole organization



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- Consistent support from leaders and managers builds trust, demonstrates accountability and helps to ensure that measurement is seen as a priority
- Providing transparent data and acting on the results of the measurement activity are inherently necessary parts of the continuous improvement cycle
- Extra resources and support are needed for both management and staff to understand the survey process and the results
- Action (initiatives/programs/interventions) at the team level engages staff and makes an impact at the frontlines

These seven organizations had great success with QWL-related measurement, and also learned valuable lessons that will help them in future endeavours. It should be noted that the current, often unique contexts/conditions of each organization (including mission, organizational structure, and accountabilities) play a role in the activities and results presented here. That said, the information gathered for each case will surely prove useful to other health service organizations, as well as provide important insights into QWL-related measurement.

Case Study Organizations

The following organizations kindly shared their time and experiences:

- Capital District Health Authority, NS
- Fraser Health Authority, BC
- London Health Sciences Centre, ON
- Nor' West Co-op Community Health Centre, MB
- Saint Elizabeth Health Care, National
- Trillium Health Centre, ON
- Victorian Order of Nurses (VON) Canada, National

Capital District Health Authority

Nova Scotia

The Organization

Capital District Health Authority (Capital Health) is Nova Scotia's largest provider of health services, operating hospitals, health centres, and community-based programs throughout Halifax Regional Municipality and the western part of Hants County. In 2008-2009, Capital Health had 33,009 inpatient admissions and 870,953 outpatient care visits. Capital Health has 11,000 employees, physicians, students and volunteers providing care to 400,000 district residents, as well as specialist services to the rest of Nova Scotia and Atlantic Canada.

The Goal

Capital Health is one of a number of health service organizations across the country that has signed the QWQHC *Healthy Healthcare Leadership Charter*. In 2008, Capital Health embarked on a unique journey to transform the healthcare experience to create a world leading haven for people centered health, healing and learning. The name of their strategic direction is *Our Promise* and it represents a shared commitment to an intense cultural transformation within the Capital Health community. This strategic direction incorporates a number of priorities for 2009-2010, one of which is the "Transformational Leadership" strategy. A desired goal of this strategy is to achieve optimal levels of *joy, pride, trust and respect* in order to promote growth and transformation within the organizational culture and among individual employees.

The Activities

Aligning Employee Survey to Strategic Direction

Prior to the development of *Our Promise*, Capital Health has been measuring and monitoring employee quality of worklife and conducting employee surveys since its inception in 2002. In 2004, Capital Health obtained a research grant to support its employee Quality Worklife (QWL) survey efforts, in partnership with Saint Mary's University. The 2004 survey was repeated in 2006.

Use of results

Examples of concrete action being taken to address some of the survey findings include employee recognition activities, the development

Capital District Health Authority

Nova Scotia

of a respectful workplace strategy, and investment in leadership development.

Customized Survey

Capital Health transformed its approach to the employee survey in 2009 to align it with the organization's new strategic direction. Seventy-five percent of the survey questions relate to outcomes identified in *Our Promise*. In recognition that their approach to strategic planning was unique, Capital Health complemented their approach with a customized measurement tool thereby ensuring validity and alignment. They tested and validated 90% of the survey questions, including questions they created for joy and pride, as there were no existing validated measures for these constructs. The survey is used as a benchmark of progress toward the goals outlined in their strategic direction and is also a tool for discovering opportunities for improvement. There were 3,531 respondents (a 33% response rate), and the vast majority responded electronically.¹ Results from the survey were disseminated throughout the organization down to the team level.

Results

Survey findings resulted in three priority action areas:

1. Staff Recognition: Enhancing and creating more meaningful forms of staff recognition.
2. Survey follow-up: Conducting an appreciative inquiry process to understand the conditions of departments/teams that had strong survey results. Data gathered through this process will be communicated to the leadership team (VPs, Directors, Managers).
3. Drilling down: Exploring the meaning of specific indicators (i.e. survey results relating to trust in management).

Lessons Learned

Capital Health learned a lot about the organization through the performance measurement survey and associated activities: overall culture; subcultures; where change is embraced, and where it is

¹ Capital Health engaged a local firm to support the distribution of the electronic survey (paper optional)

Capital District Health Authority

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resisted. The lessons learned throughout the process were seen to be as meaningful and as relevant as the actual survey results.

Engagement with managers: The changes made in the 2009 survey (revised survey questions, reporting results at the team level, and using primarily electronic technology) changed the survey experience, particularly for management staff. Managers are now expected to communicate the results to their teams and work with them to develop strategies to enhance team members' quality of worklife. Capital Health achieved much stronger management-level engagement in 2009, an important step toward further improving local, team-based follow-up actions.

Resources and support needed to ensure success: The organization offers support for managers and their teams to help them understand employee survey results. Specifically, this includes Learning and Organization Development Consultants, Leadership Coaches, a Conflict Transformation Specialist, and a Diversity and Inclusion Coordinator.

Communication is critical: A communication strategy that engaged all staff through a variety of communication vehicles was critical to the success of the survey. The organization noted that ongoing communication is required, especially in an organization that has staff in geographically diverse locations. Survey champions visited many units and sites, an information video about healthy workplaces was developed and posted on the internal website, survey-related business cards were handed out to staff, and the leadership team was very engaged in communication activities.

Next Steps

As part of the organization's work to understand staff's perceived state of health, Capital Health will implement Accreditation Canada's Worklife Pulse Tool early in 2010. It is hoped that this tool will help to provide more insight into QWL within the organization.

The organization plans to administer their Capital Health employee survey again in 2011. This will expand the organization's experience with the survey tool and process, and will also enable internal benchmarking.



Fraser Health Authority

British Columbia

The Organization

Fraser Health Authority is an integrated health region that provides a wide range of health care services to more than 1.5 million people living in communities stretching from Burnaby, to White Rock, to Hope British Columbia (35% of the province's population). In 2008-2009, Fraser Health Authority had approximately 120,000 inpatient admissions and 1,800,000 outpatient visits. The health authority has more than 23,000 employees, 5,000 volunteers, and 2,300 physicians.

The Goal

Fraser Health Authority, a *Healthy Healthcare Leadership Charter* signatory, wished to investigate and address the perceived health needs of employees. Workplace Health staff (including occupational health, employee and family assistance, critical incident/stress management, safety and prevention, and disabilities management) knew that an estimated 1 in 5 Canadians suffers from a serious mental health issue such as depression or anxiety. A report by Healthcare Benefit Trust, a provider of employee benefits and services in British Columbia, indicated that 35% of eligible employees on long-term disability had depression as a primary or secondary condition. Based on this information, Fraser Health Authority's goal is to implement employee programs meant to positively impact employee mental health and the workplace and begin to measure/evaluate this intervention.

The Activities

Mental Health Assessment Tool

Fraser Health selected the Feeling Better Now® program, a Canadian medically-based website designed to assist physicians and patients in the early diagnosis, treatment, and ongoing management of mental health disorders using medical best practices. This is both a preventative educational tool and an early intervention program. The program allows individuals to complete an online questionnaire which is processed by a web-based software program that generates follow-up maps. Individuals can take these maps to their family physicians to assist in diagnosis and help guide treatment and follow-up.

Fraser Health Authority

British Columbia

Based on a steering committee's recommendation, a Feeling Better Now® pilot program was established for unionized staff at the acute care hospitals in Abbotsford and Mission from October 2006 to October 2007. Participation in the pilot from both sites was 37% and 47% of those staff were found to be at diagnostic risk for a mental health disorder. The program was introduced at the Surrey site in 2008, at which point it was also opened to non-union (management) staff. In summer 2009, the program was extended to Chilliwack, Hope, and Agassiz.

Once the program has been in place for a full year, the organization will be able to assess and monitor any changes to program utilization rates, perceived productivity levels, number of staff at diagnostic risk for mental disorders, and self-reported days absent in the past four months attributable to mental illness.

Results to date

Currently, Feeling Better Now® has been widely accessed by staff. In the first year, 1,241 staff members used the tool. In the second year, 1,452 staff took part (that is, 21% of unionized employees). In addition, there were nearly 200 repeat users who completed the self-assessment, obtained follow-up maps that may be discussed with their family physicians, and then returned to the program to help determine next steps. Based on these strong numbers, the organization hopes to extend the program to all Fraser Health staff by late 2010.

Other QWL Measurement Activities

At the same time, the organization is involved in other quality of worklife measurement activities, including the Gallup Q12 employee engagement survey (2006 to present) as well as an Employee Health Survey in 2009 (from Healthcare Benefit Trust). The response rate for the 2009 Employee Health Survey was 20.4% overall.

Use of Results

Fall 2009 results will inform subsequent workplace programs and initiatives (e.g. health coaching) aimed at improving the health of the workplace and the health of employees.



**Fraser Health
Authority**

British Columbia

Lessons Learned

Building trust in the measurement process: The organization discovered that trust is an important factor when it comes to staff surveys. Staff needs to understand and believe in the purpose of the measurement activities, otherwise, participation will be negatively impacted. Trust is earned, and enhanced, in an environment of honesty and fairness.

Constant and consistent communication: The organization learned that ongoing and clear communication impacts the outcome of measurement efforts. A variety of communication vehicles and reiterating messages are required to reach as many employees, physicians, and volunteers across the organization as possible. (Note: given the heavy workloads and proliferation of e-mail, people often tend to delete messages before even reading them.)

Next Steps

As noted above, there is a desire to extend Feeling Better Now® throughout the entire health authority. This will require significant resources and coordination, but is expected to be a helpful tool to address under-diagnosis and under-treatment of mental health conditions of staff throughout the region. Fraser Health plans to continue to attend to employees' mental health needs, which will no doubt be of benefit to staff.

Recent budget cuts may affect the future use of Gallup 12 at Fraser Health Authority. Budget reductions that result in loss of services and staff have people wondering about the value of resource-intensive staff surveys and measurement activities. Nevertheless, the organization plans to continue to utilize the annual Employee Health Survey.

Efforts will be made to estimate actual return on investment for both the measurement activities and the resulting workplace health initiatives using established healthy workplace indicators. This is a challenge that should be met in order to establish the importance and success of these activities.

Nor' West Co-op Community Health Centre

Manitoba

The Organization

Nor' West Co-op Community Health Centre (Nor' West Co-op CHC) has provided a wide range of health-related services including medical care, counseling, education and community outreach to the Inkster community (population approximately 32,000) of Northwest Winnipeg since 1972. Nor' West Co-op CHC is an agency funded by the Winnipeg Regional Health Authority (WRHA), and has a number of integrated partners to deliver community health services, e.g. primary care, reproductive health, foot care, Aboriginal health, health promotion/dietetics, community development, family violence.

The Goal

Nor' West's core values demonstrate their commitment to excellence, integrity, diversity, respect, innovation, and empowerment. Over the last ten years, enhancing quality of worklife has been one of the Centre's strategic goals. Accordingly, the Centre evaluates staff perceptions of worklife, and takes steps to make improvements. In addition, Nor' West Co-op CHC participates in joint committees with the WRHA: the Inkster Team for ethics; Inkster Quality, Workplace Safety and Health; Social Wellness; and Staff Professional Development (among others).

The Activities

Staff Worklife Survey

For a few years now, Nor' West Co-op CHC has administered a staff worklife survey every two years¹. All of the nearly 50 staff members are targeted for survey completion. The survey tool was developed by the Centre, and response rates have been consistently satisfactory (nearly 50 percent).

Agreements of Excellence

Staff also participates in what is known as Agreements of Excellence with their WHRA partners. In this one-day workshop participants rate various worklife-related items to identify areas for priority attention.

¹ Traditionally, the survey was distributed in hard copy format, however, the change to electronic format has recently been made.

Nor' West Co-op Community Health Centre

Manitoba

The workshop includes follow-up discussion and activity/intervention planning based on the results of the scoring.

Use of Results

Founded on the results of the Staff Worklife Survey and Agreements of Excellence workshop, a number of staff worklife initiatives have been carried out. The most recent include the development of the Inkster Ethics Team and strategy to promote ethics awareness among staff; the Inkster Job Shadowing process for all staff from three partner organizations; and the Professional Development Team that identifies and supports professional development needs of staff, including the promotion of evidence-based practice, cross-training, and knowledge transfer.

Human Resources/Communication Survey

Approximately every two years, Nor' West Co-op CHC also administers a staff survey focused on the human resources and communication needs of staff. This measurement tool is particularly valuable given the Centre's focus on interdisciplinary collaboration, open door policies, staff engagement, and front-line staff involvement on interdisciplinary committees.

Use of Results

Recent Staff Worklife Survey results have led to the implementation or continuation of a number of initiatives such as: job shadowing; a Working Alone policy; the continued Joint Staff Wellness Team which is responsible for a minimum of four joint staff wellness events per year; staff access to the WRHA library services and information sessions; and the purchase of a new server and 10 additional computers to meet staff information technology access needs.

Lessons Learned

Engage staff through learning opportunities: QWL measurement efforts are enhanced by proactively preparing and enabling staff to become involved in the measurement activities. This involvement and collaboration also helps to develop trust and respect among staff. At Nor' West Co-op CHC, staff are properly prepared to engage in the measurement activities through participating in on-site training such as the WRHA Quality Modules workshops and Towards Evidence Informed Practice (TEIP) workshops. This training helps to increase staff

**Nor' West
Co-op Community
Health Centre**

Manitoba

awareness and understanding of measurement, and underlines the importance of follow-up actions to address priority areas.

One of the unique ways that Nor' West Co-op CHC has sought to engage staff to partake in measurement activities is through participation in the formal team evaluation of Nor' West Co-op CHC and WRHA collaboration. Staff receive orientation from a WRHA contracted researcher on the topics of interviewing and the appreciative inquiry process, and then carry out guided interviews with one another. As a result, staff were actively involved in the evaluation, and also developed stronger relationships and trust with their peers.

Expertise required: When carrying out worklife performance measurement, access to a research and evaluation resource person is strongly suggested. While Nor' West Co-op CHC does not have this in-house expertise, it has spent some of its limited resources on contracts with research and evaluation specialists. The Centre also suggests linking with universities or other research institutions to obtain similar services on an as-needed basis.

Next Steps

Nor' West Co-op CHC will continue its worklife measurement activities using its own measurement tool as well as the Accreditation Canada Worklife Pulse Tool. They also search out new and innovative ways to engage staff in measurement and quality improvement, and will soon attempt relevant benchmarking initiatives.



Saint Elizabeth Health Care

National

The Organization

Saint Elizabeth Health Care (SEHC) is a community-based health organization that has provided care to people in their homes and communities since 1908. Their main services are home care, consulting, and education, which are provided by approximately 4,000 staff in locations mostly across Ontario, with some branches in other parts of Canada. SEHC delivers approximately 3.8 million health care visits annually.

The Goal

With a vision to *honour the human face of health care*, one of SEHC's key goals is to "create an amazing work environment for staff." Based on a Healthy Workplace Plan, a number of measurement initiatives have been put in place to assess the impact of the work environment on staff. Results are regularly analyzed and targeted plans and programs have been implemented.

The Activities

Hewitt Study on Employee Engagement

In 2003 SEHC took part in the Hewitt *Best Employers in Canada* study which served as a good starting point in SEHC's QWL measurement journey. The results provided important insights into staff perceptions about how the organization was supporting staff health and well-being. These results led to discussions about what the organization does for staff, how to do it better, and how to fully engage its people.

Results

To move ahead in a coordinated and strategic manner, SEHC established a formal Healthy Workplace Advisory Committee comprising all levels of staff. This committee advises the organization on health and wellness, including measurement. The committee has formalized terms of reference, meets regularly, and is sponsored by the Senior Vice-President for Corporate Development.

Health and Wellness Survey

To build on this experience, SEHC developed and implemented its own Health and Wellness Survey for staff in early 2009. The organization

Saint Elizabeth Health Care

National

chose to develop its own survey tool, tailored to its unique work environment, to address a variety of job categories and professions, and to manage costs. The 13-question survey covered healthy practices, the physical work environment, and the social environment. A sample of organization staff completed the survey (front-line staff from four sites including nursing, supportive care, rehabilitation, and clerical/administrative). Given this deliberate and focused approach, a response rate of 87% was attained.

Results

Results indicated that staff were interested in nutrition, physical fitness, stress management and easily accessible educational opportunities (preferably through the Intranet).

These results led to a number of new worklife initiatives, including:

- Provision of health-related information and resource links on the staff website
- Corporate membership rates at a local fitness centre
- Worklife topics in the quarterly staff newsletter
- Redesign of staff orientation and on-boarding
- Annual performance appraisals facilitated through an online tool

Other QWL Measurement Activities

SEHC makes the connection to Work-Related Injury Rate / Lost-Time Data and Hand Hygiene Compliance as QWL measurement activities. Work-related injury rates and lost-time data are closely monitored, analyzed, and reports to the Board are generated. Based on the data collected to date, a number of initiatives have been launched including:

- Musculoskeletal Disorder Awareness Program
- Office Ergonomic Assessment Program
- Safe Driving Educational Program
- Lift and Transfers Skill Training
- Safe Supervisor Training Program

Results have been positive with a decrease in lost-time injury rate from 6.15 in 2007 to 4.81 in 2009. This has resulted in a decrease in the organization's WSIB New Experimental Experience Rating, which impacts rebates on premiums for organizations that maintain good health and safety records.



**Saint Elizabeth Health
Care**

National

SEHC was also an early adopter of the *Safer Healthcare Now!* campaign to improve client safety through learning, sharing, and implementing interventions that are known to reduce avoidable adverse events.

Lessons Learned

Structured beginning: Participation in the aforementioned Hewitt study, a well-developed, external staff survey, provided a structured beginning to formal QWL-related measurement. This corporate initiative laid the groundwork for SEHC's commitment to measurement, and contributed to building the organization's culture of wellness. SEHC now plans to carry out internal tracking and benchmarking initiatives across regions. The next staff survey is scheduled for 2010.

Local-level dissemination: Measurement results at the local level are very valuable. While organization-wide results can yield important information, site-specific results have a direct impact on community-based staff, and provide the seed for local-level change and growth.

Incentives work: Employee participation in measurement activities has increased through the use of incentives. SEHC regularly offers random prizes and awards to participating staff.

Next Steps

SEHC plans to continue targeted QWL-related measurement. Health and Wellness results enable the organization to identify areas for improvement so that work-life initiatives can be carried out to provide the best possible work environment for staff.

Trillium Health Centre

Ontario

The Organization

Trillium Health Centre is one of Canada's largest academically-affiliated tertiary care hospitals with highly specialized regional programs in advanced cardiac, vascular, stroke, neurosciences, orthopaedic, and sexual assault/domestic violence services. The two-site community hospital serves over one million residents in Mississauga, West Toronto, and the surrounding region. In 2008-2009, there were a total of 31,358 inpatient admissions, 228,601 outpatient visits, and 77,737 Emergency Department visits. The organization employs over 4,000 staff, and has 748 physicians and 1,100 volunteers.

The Goal

As part of Trillium's healthy workplace journey, the organization strives to engage its workforce to the greatest extent possible. Annual staff surveys are used as a key measurement tool and are carried out with a goal to determine both strengths and opportunities for improvement as they relate to quality of worklife in general, and, more specifically, to employee engagement. Physicians and volunteers are normally surveyed every two years. Trillium is among the growing number of health service organizations that have signed the *QWQHC Healthy Healthcare Leadership Charter*.

The Activities

Employee Feedback Survey

Trillium has surveyed its staff on an annual basis using an Employee Feedback Survey designed and distributed by Metrics@Work Inc. for the past six years to gather, analyze, report, and interpret information needed to build a productive and engaged workforce.

Metrics@Work provides both organization-wide and unit/department-level results, which helps to identify strengths and opportunities for improvement for teams, departments, or groups of service providers. The survey measures the impact of Trillium's healthy workplace journey across six indices: employee relationships, job quality, resource adequacy, leadership quality, safe and supportive work environment, nursing environment, and allied health environment.



**Trillium Health
Centre**

Ontario

Use of Results: Teams

Results from the 2008 staff survey enabled Trillium to identify differences across teams and instigated further investigation to understand what was leading to the differences. The organization believes that change happens at the unit level and that each team needs to be part of its own solutions. Teams were supported to develop their own specific, targeted programs and activities to address their unique needs. Working at the local level proved to be successful as the staff 2009 survey results increased across five of the six indices. Trillium recognizes that all units/departments require customized supports for employee engagement, and that these should not be implemented in one area at the expense of another.

Use of Results: Managers, Directors, and Senior Executives

When looking at survey results for particular employee groups, Trillium Health Centre found that the three management groups, the Senior Executives, the Directors and Managers/Team Leaders, each had a significant decline in overall (grand average) survey results between 2006 and 2008. Specifically, Directors fell from 83% to 73%, Senior Executives fell from 89% to 81%, and Managers/Team Leaders fell from 80% to 74%. These findings indicated that these three groups needed to be engaged more effectively, and closer attention needed to be paid to factors that satisfy and motivate these employees including “leadership quality” and “resource adequacy”. High needs areas were prioritized, and as a result of specific initiatives and targeted action, results for all three groups improved substantially in 2009. It was noted that the organization needed to ensure its focus on *leaders as people*, and put people and relationships first.

Lessons Learned

Annual measurement useful for noticing trends: Trillium affirms the value of annual measurement (e.g. staff surveys) to observe changes more accurately and so that trends can be identified over time.¹ Organization-wide and local-level results can provide important insights into areas that require attention and improvement.

¹ Staff complete paper- or web-based surveys (the latter more popular than paper for the first time in 2009)

Trillium Health Centre

Ontario

OD support helpful: While Organizational Development consultants guide and coach Managers and Directors, the actual work and activities to engage and support staff are carried out by Managers and Directors. Over time, and with the assistance of Organizational Development, managers have become proficient in using the data to make QWL-related improvements at the unit/department level.

Tied to pay-for-performance: Accountability rests with the managers, and measurement is part of their “reward for performance” compensation package. The organization seeks managers and leaders who are QWL-aware, engaged, and accountable. Managers and leaders own their measurement results, and must share and report on these results, and ultimately take follow-up action at their local/unit level.

Measurement enables engagement: The organization cites many benefits tied to QWL-related performance measurement, and notes that the ultimate benefits are connected back to the concept of highly engaged employees. The organization believes that employees who care about their work and the organization can positively impact productivity and patient outcomes. Measurement and effective follow-up action contribute to employee engagement at Trillium Health Centre.

Next Steps

Trillium is grounded in its measurement activities and plans to continue to conduct annual staff surveys. In regards to measurement and the healthy workplace journey, the organization notes that it needs to remain true to what works to ensure stakeholder engagement, and taking the right action, e.g. specific initiatives at the local level.

The organization will also use Accreditation Canada’s Worklife Pulse Tool as part of the accreditation process. Moreover, the National Research Corporation (NRC) Picker survey will be implemented in 2010, and continued thereafter.



Victorian Order of Nurses (VON) Canada

National

The Organization

VON Canada is the nation's largest, not-for-profit, charitable home and community care organization. In 2008-2009, VON made more than 13,000 monthly visits clients needing nursing care. Programs include home health care services, caregiver supports, personal support/ homemaking/home support, children's services, health promotion/ education services, mental health services, and palliative care services, among others. VON has approximately 5,000 staff and 10,000 volunteers in a network of sites serving over 1,200 communities in all ten provinces.

The Goal

VON Canada, a QWQHC *Healthy Healthcare Leadership Charter* signatory, sought to build on its successful, worklife-related employee survey experience in order to continue to meet the employee engagement needs of staff across the country. VON believes that employee engagement is important to staff satisfaction and retention. The organization is also committed to healthy workplaces and healthy employees, taking into particular consideration the unique circumstances and challenges presented in the community setting (e.g. working in people's homes). This commitment is rooted in the organization's strategic goal to be a high-performing organization that values its staff and volunteers. VON's performance measurement goal was to better understand employees' concerns and satisfaction with worklife.

The Activities

Employee Worklife Survey

VON Canada effectively used its own employee worklife survey for a number of years, the last being in 2006 with a 40% response rate¹. This measurement tool provided useful data and information, which was then validated through staff focus groups.

¹ Paper based survey was used.

Victorian Order of Nurses (VON) Canada

National

Results

These sources of information provided a solid foundation upon which VON developed a QWL action plan and initiated a number of employee and workplace programs, including a new leadership model and a reshaped role for nurse managers. The organization continued to focus on operations and on employee and workplace programs in 2007-2008.

Centre for Talent Retention Survey


To build on the success of this measurement experience, and to enhance its focus on employee engagement, VON strengthened its staff survey by working with the Centre for Talent Retention (CTR), an operating division of The Centre for Talent Solutions based in Denver, Colorado. The CTR has a great deal of knowledge and expertise on how to attract, engage, build, leverage, and retain employees. VON implemented the on-line CTR survey in mid-2009.

Results

The findings of the survey will be shared at the following levels: organization-wide, site-specific, function-specific, and manager-specific. Once the measurement results are in, VON plans to validate these with focus groups, and then work on priorities for action. CTR will also work with the VON leadership team to identify four to six key focus areas to further drive staff engagement. Strategies to address these areas will be identified right down to the action level. These will then be translated into face-to-face training sessions for managers.

Staff Worklife Pulse Survey

VON is also implementing “employee temperature checks” to gauge staff perceptions of workplace health and staff health every second month, as of January 2010. An online survey tool (SurveyMonkey) will be used to distribute the survey, which will ask targeted questions to selected staff groups. Managers will also have access to a CTR-hosted, VON-managed website to see their site’s results, and to obtain advice on how to leverage change. VON plans to provide specific training opportunities to managers, based on the areas that require priority attention. VON acknowledges the important partnership with its 200-250 managers across the country, to help build organizational capacity through enhancing leadership and manager capability that will ultimately improve the business and better serve clients.



**Victorian Order of
Nurses (VON) Canada**

National

VON's on-going measurement activities are particularly important at present in anticipation of large-scale information technology changes. While ultimately benefiting employees, such major transformation can also bring about stress and frustration. Recognizing this, VON is committed to staff involvement, open dialogue, and ongoing performance measurement to support its staff through the transition.


Lessons Learned

Taking action is key: VON knows that unless it is prepared to take action, there is little point in carrying out QWL-related measurement activities. Measurement without concrete follow-up would be a waste of time and resources, and therefore unacceptable. As a not-for-profit, charitable organization, resources are restricted and follow-up actions need to be carefully planned and budgeted.

Creative resourcing: VON has found ways to address staff needs with its limited resources. An important part of the creative use of resources is keeping staff “plugged in” to the decision-making process. Staff appreciate ongoing communication, and understand that they work in a health service sector where resources are limited and, issues need to be prioritized.

Comprehensive measurement strategy: VON believes that employee surveys should not be the sole source for data gathering about employee engagement. If a survey is the only means to gather staff perceptions, then staff may use this vehicle for mostly negative responses, since this is their only outlet. Employee surveys should be treated as one source of data, within a larger data-gathering process. In VON's case, staff focus groups provide a second useful source of data, and also serve as a feedback loop between leaders and staff.

Communication helps to encourage buy-in: The organization used a variety of strategies to promote this survey to its vastly-distributed staff, and had a response rate of approximately 50% (that is, nearly 2,500 staff). Survey champions at each site are largely responsible for this success. They led launch parties, hosted open houses to orient staff to electronic questionnaires, sent voicemails, signed e-mails, and included letters in pay stubs. Through these efforts, the staff saw the CTR survey as ‘their survey’, as the tagline illustrated: *Speaking up for our Future: Every Voice Counts.*



**Victorian Order of
Nurses (VON) Canada**

National

Next Steps

As VON deepens its understanding and experience with QWL-related measurement, it knows it must also focus on the needs of managers and supervisors to effectively support staff. Attention is therefore being paid, and investments are being made, to teach managers to manage effectively, so as to enhance employee engagement throughout the organization. VON views enhancing management talent as an important next step to better quality of worklife.

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The Organization

London Health Sciences Centre (LHSC) is one of the country's largest acute care teaching hospitals. In 2008-2009, there were 44,979 patient admissions, 692,242 ambulatory visits (excluding Emergency), and 146,903 Emergency Department visits. There are approximately 9000 staff, 728 physicians, and 755 volunteers.

The Goal

In June 2009, LHSC joined other health care organizations across Canada and signed the Quality Worklife-Quality Healthcare Collaborative *Healthy Healthcare Leadership Charter*. Mr. Cliff Nordal, LHSC President and CEO said, "Signing the charter is a public statement of our commitment to making improvements to our workplace and to the culture of the hospital." Caring and compassion guide the work at LHSC, and they are guided by the organizational values of respect, trust and collaboration.

Activities

Employee Culture Survey

In mid-2007, LHSC carried out a culture survey called "Have Your Say!" (developed by McKinsey and Company). Over 3,200 staff and physicians responded, and the results highlighted both strengths and areas for improvement. Concerns and issues related to staff morale, staff and patient safety, environmental responsibility, and workplace health (including worklife balance). Respondents also indicated that the hospital's future should be defined by a clear set of values that guide decisions and actions. Performance goals, measuring achievements, and enhanced accountability were also identified as priorities.

Use of Results

In response to the survey results, "Healthy Workplace" was prioritized as one of the four strategic directions in the hospital's 2008-2011 strategic plan. In addition, the hospital's senior leadership team established the Healthy Organization Team (HOT) in January 2008. This team developed a healthy organization framework that is based on best practices to create a healthy workplace in healthcare organizations. The team summarized its work in the "Healthy Organization Team Report" which listed recommended actions, including priorities, timelines, and

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accountabilities to foster a healthy organization. In September 2008, senior leadership endorsed this report.

Signing the *Healthy Healthcare Leadership Charter* was the first recommendation in the 2008 HOT report. The HOT also recommended that LHSC assess, monitor, and report on the standard quality of worklife (QWL) indicators identified by the QWQHC¹. The organization already collected data on these indicators; however, the data had not been widely tracked or interpreted. Moreover, the indicators had not been identified as QWL indicators, but rather, were known as Human Resources (e.g. training and professional development, turnover rate) or Finance indicators (e.g. overtime or sick time).

QWL Indicators

Reframing or “rebranding” the indicators as QWL indicators put the spotlight on the people within the organization, and their needs as people on the job. Part of the rebranding strategy was to influence staff and leaders’ perceptions of healthy organizations and the benefits associated with these. It also helped leaders reframe the way they think about QWL, and consider different approaches to addressing QWL issues. For example, by identifying high levels of sick time as a worklife issue, rather than simply confronting individual staff about sick time rates, unit or department leaders can proactively explore how to enhance QWL. This approach not only improves indicator results, but also enhances the QWL of staff.

LHSC is continuing its efforts to collect and use QWL-related data, and to demonstrate how this data is part of the bigger performance measurement framework within the organization.

The organization is working to ensure that its leaders are aware of QWL indicators, are engaged in their monitoring and follow-up, and are accountable for results. Directors and managers will be expected to report on QWL indicators, and discuss and address these on a quarterly basis with their leaders. A communication plan has been developed, and includes specific messages for leaders and other stakeholders. Educating leaders about the importance of a healthy organization is central to this effort. A number of activities are planned for Healthy Workplace Month in October; this is another opportunity to raise awareness of the healthy workplace-related changes in the hospital.

¹ QWQHC organization-level indicators: turnover rate; vacancy rate; training and professional development; overtime; absenteeism; workers compensation lost time; provider satisfaction.



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Lessons Learned

Leaders act as Champions: LHSC learned that successful QWL measurement needs a senior leader as champion to raise awareness and give performance measurement the profile it deserves. The Healthy Organization Team leader at LHSC reports indirectly to the President and CEO, which signals to staff that a healthy organization is a priority. This reporting structure also allows quicker decision making and follow-up action.

Simple and transparent data: Managers and leaders need to be provided with QWL data that is clear, easy to use, and transparent. This helps to engage them in the reporting and improvement process, and facilitates the connection to accountability.

Next Steps

The organization is dedicated to ongoing measurement of the QWQHC recommended indicators. LHSC will soon receive a revised snapshot of the perceptions of staff about worklife when it implements the Accreditation Canada Worklife Pulse Tool as part of its accreditation activities in late 2010. Survey results will be examined by a multi-disciplinary team to identify priority issues, plan activities, and suggest targets. There are also plans to complete a more comprehensive staff survey in 2011 with National Research Corporation (NRC) Picker Canada. There will be concentrated efforts to provide QWL data to leaders at both the organizational and unit levels, and follow-up actions are expected.