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The Quality Worklife-Quality Healthcare Collaborative's 5th Annual Summit

Integrating Perspectives:

Healthy Work Environments, Healthy Outcomes, Healthy People

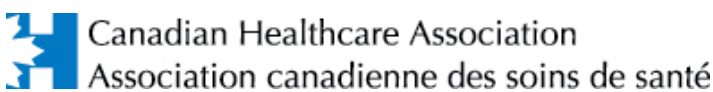
Summit Program

March 2-3, 2011

Delta Meadowvale Hotel
Mississauga, Ontario

www.qwqhc.ca

The work of the QWQHC has been made possible through the continued support from our 12 National Partners:



The QWQHC wishes to thank our sponsors, directed sponsors, media partners and exhibitors for their participation and generous support.

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Greetings from the Quality Worklife-Quality Healthcare Collaborative!

Dear colleagues,

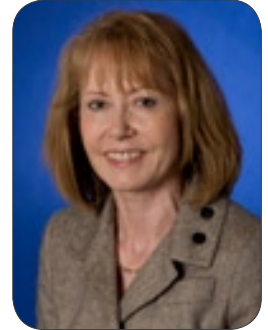
On behalf of the **Quality Worklife-Quality Healthcare Collaborative (QWQHC)**, and our twelve National Partners, it is a great pleasure to welcome you to our 5th annual Summit – “*Integrating Perspectives: Healthy Work Environments, Healthy Outcomes, Healthy People*”. It is truly a privilege to host our largest gathering yet of individuals and organizations from across Canada sharing both an interest in, and a commitment to making our healthcare workplaces healthier.

Five years ago, the QWQHC Summit began as an invitational event aimed at solidifying the Collaborative’s proposed Pan-Canadian action strategy to improve the quality of worklife in Canadian healthcare workplaces. Building on this important foundational work, the event has grown in scope and size, and now draws in a broad community of interest, representing diverse regions, health sectors, professions and perspectives. A testament to the tremendous work taking place across Canada, the Summit has become a premier venue for learning, for networking and for exchanging experiences, resources and ideas on improving healthcare workplaces.

In this 5th anniversary year, the Summit reflects a comprehensive continuum of program themes, from employee health and wellness, to safety, organizational culture, engagement and considerations for small, remote and Aboriginal communities. Throughout the event, delegates will have the opportunity to reflect on the interconnectedness and interdependence of a wide variety of factors and perspectives required for solution-focused approaches to creating healthier work environments, which in turn will improve quality of worklife and health system outcomes.

The impressive roster of speakers and showcase exhibitors will most certainly stimulate great discussion and equip delegates with new information. We hope you return home inspired to accelerate the great work we have all begun!

We wish you a highly successful Summit and extend our warm welcome to all.



Pamela C. Fralick
Chair, QWQHC Steering Committee

Eva Szczerba
Executive Director, QWQHC



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Acknowledgements

Planning & Coordinating Committee:

Tara Connolly – Quality Worklife-Quality Healthcare Collaborative

Annika Laale – Quality Worklife-Quality Healthcare Collaborative

Eva Szczerba – Quality Worklife-Quality Healthcare Collaborative

Abstract Review Committee:

Jeanne Besner – Alberta Health Services

Liliana Catapano – West Park Healthcare Centre

Bonnie Conrad – Capital Health

Mylène Dault – Children’s Hospital of Eastern Ontario

Mitra Fouroutan – London Health Sciences Centre

Catherine Kidd – Vancouver Coastal Health

Pierrette Leonard – Canadian Patient Safety Institute

Gillian Nichol – The Michener Institute

Rose Peacock – Horizon Health Network

Lucie Tremblay – Maimonides Geriatric Centre

Liz Wigfull – Accreditation Canada

Susan Yungblut – Canadian Medical Association

This Summit has been made possible through a financial contribution from Health Canada.



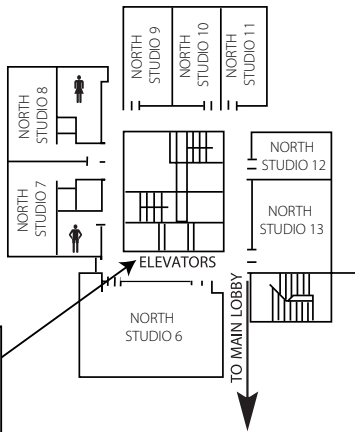
CANADIAN COLLEGE OF
HEALTH LEADERS
COLLÈGE CANADIEN DES
LEADERS EN SANTÉ

MAINTENANCE OF CERTIFICATION

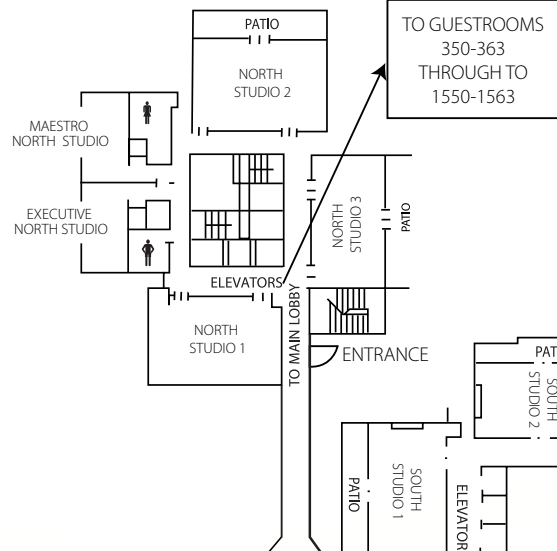
Attendance at this program entitles certified Canadian College of Health Leaders members (CHE / Fellow) to 5 Category II credits (summit) + 1.5 Category II credits (Post-Summit) toward their maintenance of certification requirement.

Main Floor Plan

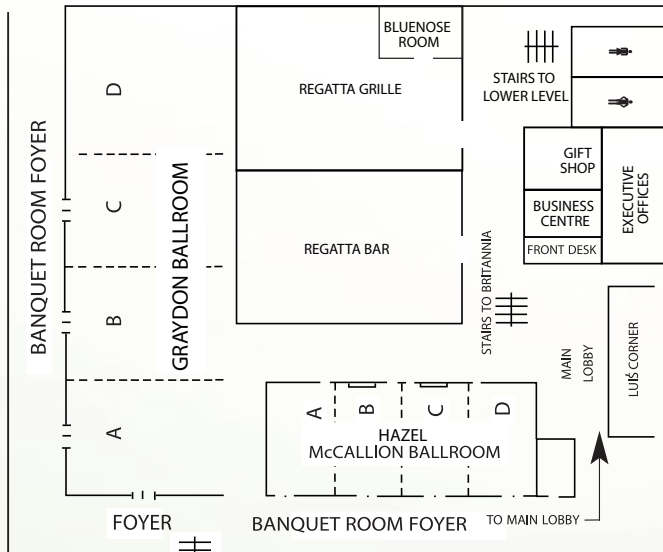
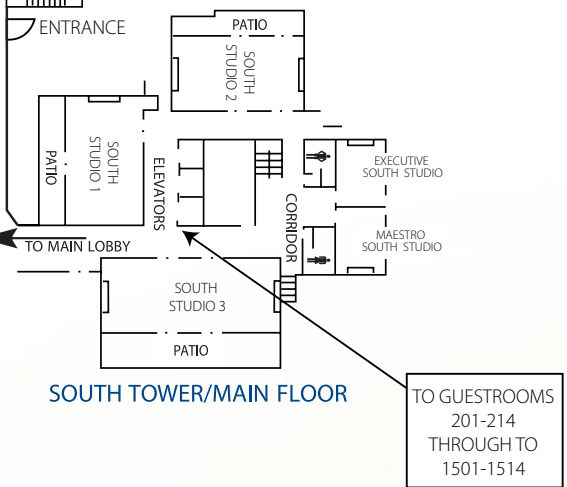
NORTH TOWER/SECOND FLOOR



NORTH TOWER/MAIN FLOOR

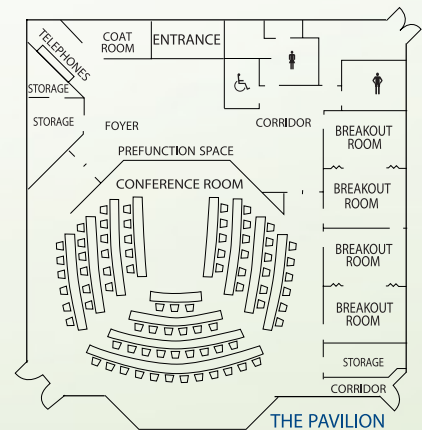


SOUTH TOWER/MAIN FLOOR



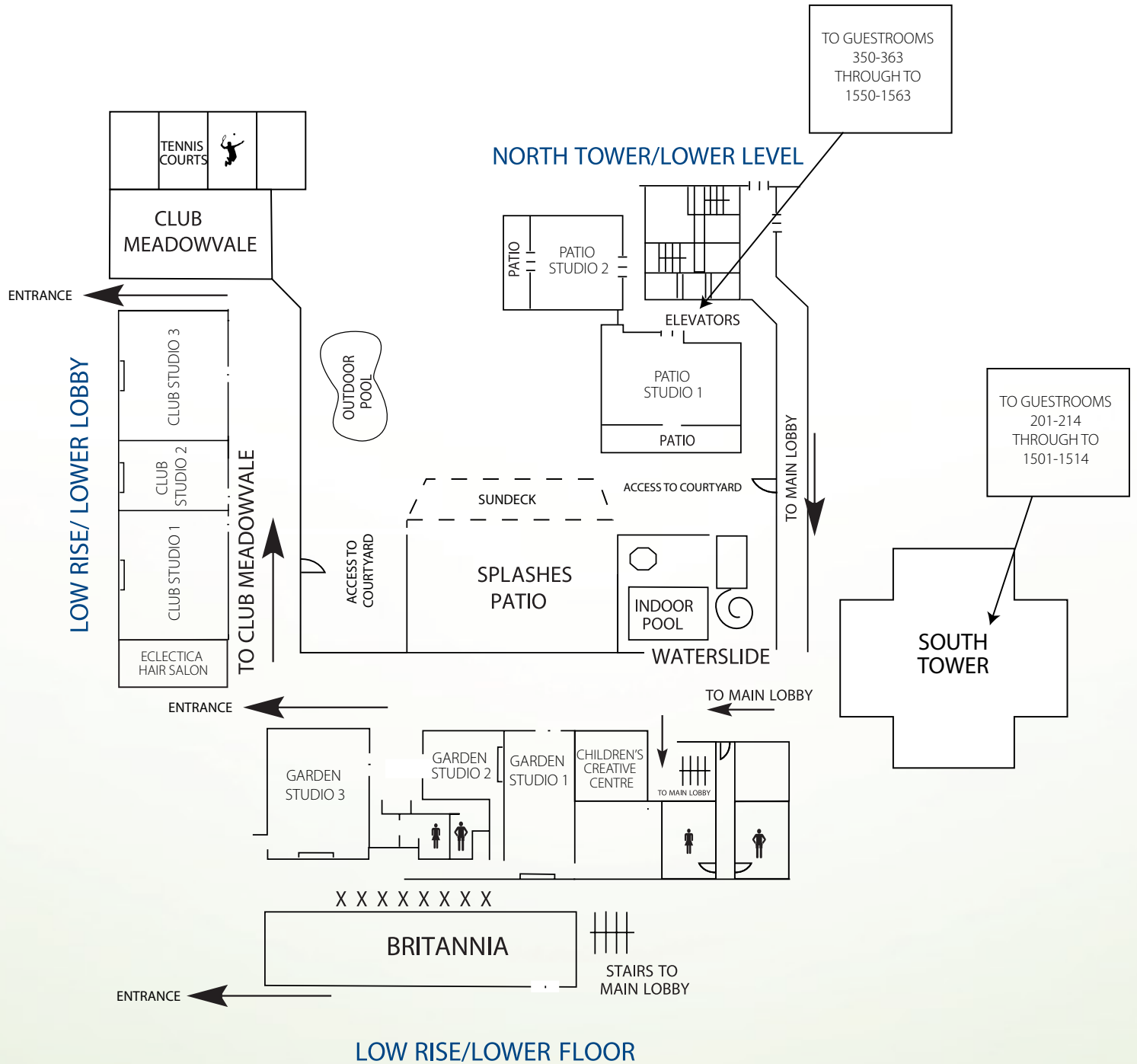
LOW RISE/MAIN FLOOR

MAIN ENTRANCE



THE PAVILION

Lower Floor Plan



Summit Program

All concurrent sessions are listed in the language that they will be presented in.

Tuesday, March 1, 2011

7:00pm – 9:00pm	Pre-Summit Networking Event In light of this year's Summit theme, " <i>Integrating Perspectives: Healthy Work Environments, Healthy Outcomes, Healthy People</i> ", we are delighted to welcome Ms. Nisha Varghese, Senior Human Resources Supervisor at the Canadian Specialist Hospital in Dubai, United Arab Emirates. Ms. Varghese, a Summit delegate, has kindly offered to provide a brief overview of healthcare in Dubai and share her experiences and insights into work environments within the region. This relaxed and casual event will be a great occasion to network with colleagues from across Canada and an opportunity to learn from an international perspective. 7:00pm – 7:30pm Refreshments and appetizers 7:30pm – 8:15pm Presentation 8:15pm – 9:00pm Mix and mingle	Britannia
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Wednesday, March 2, 2011

7:00am – 7:45am	Wellness Activity – Sponsored by Innovative Fitness This year's wellness activity includes a yoga session along with an opportunity to hear from experts in personal fitness training. Learn about their innovative customized approach to corporate health and wellness and how this can support your efforts in creating healthier workplaces.	Britannia
7:30am – 8:30am	Registration / Networking Breakfast	Foyer – Graydon Ballrooms
8:30am – 10:30am	Welcome and Opening Remarks Pamela Fralick , Chair, Quality Worklife-Quality Healthcare Collaborative Steering Committee; President and CEO, Canadian Healthcare Association, Ottawa, Ontario Traditional Opening Elder Gary Sault , Chiefs of Ontario Ideas Into Action Rory Cohen , Founder and President, Entelekey Inc., Wyncote, Pennsylvania Opening Keynotes Walking Down A New Road Hugh MacLeod , CEO, Canadian Patient Safety Institute, Edmonton, Alberta Capturing the Joy! Karen Schmidt , Health Education Team Lead, File Hills Qu'Appelle Tribal Council at the All Nations Healing Hospital, Fort Qu'Appelle, Saskatchewan	Graydon Ballroom AB
10:30am – 11:00am	Networking Break / Initiatives Showcase and Exhibits	Graydon Ballroom CD

Employee Health and Wellness SESSION 1	Safety and Quality of Worklife SESSION 2	Making the Links SESSION 3	Building Healthy Culture SESSION 4	Quality of Worklife and Quality Healthcare through the Lens of Aboriginal and Remote Communities 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

12:30pm – 1:45pm

Lunch and Presentation – *Sponsored by Morneau Shepell Ltd.*

Graydon

Emerging trends in workplace health and innovative ways for employers to improve it

Ballroom AB

Karen Seward, Executive Vice President, Business Development and Marketing, Morneau Shepell Ltd., Toronto, Ontario

1:45pm – 3:15pm

Concurrent Sessions B – Individual/Team Presentations (90 minutes)

See 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

3:15pm – 3:30pm

Networking Break / Initiatives Showcase and Exhibits

Graydon

Ballroom CD

3:30pm – 4:30pm

Plenary Session

Graydon

What does Quality of Worklife have to do with it?

Ballroom AB

Hugh MacLeod, CEO, Canadian Patient Safety Institute, Edmonton, Alberta
Richard McConnell, Vice-President, People and Organization, VON Canada, Ottawa, Ontario
Wendy Nicklin, President and CEO, Accreditation Canada, Ottawa, Ontario

Moderator:

Pamela Fralick, Chair, Quality Worklife-Quality Healthcare Collaborative Steering Committee; President and CEO, Canadian Healthcare Association, Ottawa, Ontario

4:30pm – 4:45pm

Ideas Into Action Wrap-up**Rory Cohen**, Founder and President, Entelekey Inc., Wyncote, Pennsylvania

4:45pm – 6:00pm

Networking Reception / Initiatives Showcase and Exhibits

Graydon

Ballroom CD

Thursday, March 3, 2011

7:00am – 7:45am	Wellness Activity – Sponsored by Innovative Fitness This year’s wellness activity includes a yoga session along with an opportunity to learn from experts in personal fitness training. Learn about their innovative customized approach to corporate health and wellness and how this can support your efforts in creating healthier workplaces.	Britannia
7:30am – 8:20am	Breakfast Session We Have QWQHC Indicators – So What? Joy Stevens , Senior Advisor, People Services, Capital Health, Halifax, Nova Scotia 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? 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.	South Studio 1
7:30am – 8:30am	Networking Breakfast	Foyer – Graydon Ballrooms
8:30am – 9:45am	Opening Remarks Eva Szczerba , Executive Director, Quality Worklife-Quality Healthcare Collaborative, Ottawa, Ontario Ideas Into Action Rory Cohen , Founder and President, Entelekey Inc., Wyncote, Pennsylvania An Inside-out Approach to Career Development Kristen Cumming , Associate, Life-Role Development Group, Edmonton, Alberta	Graydon Ballroom AB
9:45am – 10:00am	Break / Transition Time	Foyer – Graydon Ballrooms

10:00am – 11:30am

Concurrent Sessions C – Individual/Team Presentations (90 minutes)

See 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

11:30am – 11:45am

Break / Transition Time

Foyer – Graydon Ballrooms

11:45am – 12:30pm

Closing Plenary

Ideas Into Action

Rory Cohen, Founder and President, Entelekey Inc., Wyncote, Pennsylvania

Graydon Ballroom AB

12:30pm – 12:45pm

Closing Remarks

Pamela Fralick, Chair, Quality Worklife-Quality Healthcare Collaborative Steering Committee; President and CEO, Canadian Healthcare Association, Ottawa, Ontario

12:45pm – 1:30pm

Workshop Participant Luncheon

Foyer – South Studios

1:30pm – 4:30pm

Post-Summit Workshops

See page 12

WORKSHOP 1	WORKSHOP 2	WORKSHOP 3
South Studio 1	South Studio 2	South Studio 3
People-Driven Productivity Kristen Cumming , Associate, Life-Role Development Group, Edmonton, Alberta	Integration in Action: Create a Step-by-Step Plan for Implementing your Summit Ideas Rory Cohen , Founder and President, Entelekey Inc., Wyncote, Pennsylvania	Silence Kills: The Seven Crucial Conversations for Healthcare Professionals / Influencer – The Power To Change Anything David Zinger , Senior Trainer and Facilitator, Shared Visions Inc., Winnipeg, Manitoba

Post-Summit Workshop Guide

All workshops are listed in the language that they will be presented in.

Thursday, March 3, 2011

1:30pm – 4:30pm **Post-Summit Workshops**

Workshop #1 **People-Driven Productivity**

Kristen Cumming, Associate, 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; and discussion around cross-functional engagement and productivity strategies in health care settings.

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

Rory Cohen, Founder and President, 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.

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

David Zinger, Senior Trainer and Facilitator, 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.

Plenary Speakers



Rory Cohen

*Founder and President, Entelekey Inc.,
Wyncote, Pennsylvania*

Rory Cohen, MPH, MA is an expert in the psychology of success and an Idea Implementation Coach. She is the founder of Take 10, an internationally acclaimed coaching program on how implement Big Ideas in small steps, or as she likes to say, “10 minutes at a time.”

Known for her dynamism and big personality, she is right at home in the arena of “Big Ideas.”

The author of Take 10! How to Achieve Your “Someday” Dreams in 10 Minutes a Day and a regular writer on implementation for Entrepreneur.com, Rory and her coaching program have been featured on television, radio, and in magazines, including The View, CNN, NPR, PEOPLE, and on the covers of both Entrepreneur Magazine and Starting Up Magazine a leading entrepreneurial business publication in Germany.

As the former CEO of a \$32 million health care company, Rory knows what it takes to make things happen in a busy, demanding environment. She has a passion for seeing powerful ideas get implemented, stemming from a core belief that when ever any one of us moves forward on an idea that has meaning, the whole planet benefits.

As an expert on idea implementation, Rory serves as a faculty coach for publicity and marketing expert Steve Harrison’s National Publicity Summit and Quantum Leap Program, two highly selective programs that catapult businesses through the creative use of publicity. She is honored to be a member of the world class faculty for leading internet marketer Alex Mandossian’s Teleseminar Secrets, which teaches thousands of entrepreneurs all over the world how to turn yearly income into monthly income through teleseminars.



Kristen Cumming

*Associate, Life-Role Development Group,
Edmonton, Alberta*

Kristen Cumming is a career development practitioner with experience spanning the private sector, secondary and post secondary education as well as the public sector with a special interest in health care. Kristen is a sessional instructor with the University of Alberta and

Red Deer College and contracts to organizations as a speaker and facilitator focused on career development, human resources management and productivity.



Hugh B. MacLeod

*CEO, Canadian Patient Safety Institute,
Edmonton, Alberta*

Prior to joining CPSI in February 2010, Hugh held senior positions with the Government of Ontario as Associate Deputy Minister Climate Change Secretariat and Assistant Deputy Minister System Accountability and Performance for the Ontario Ministry of Health and Long Term Care. During his four years with the Ministry he also was the Executive Lead of the Premiers Health Results Team responsible for a provincial surgical wait time strategy, a provincial primary care strategy and the creation of Local Health Integration networks.

Prior to coming to Ontario in 2003, Hugh held a number of senior executive positions in the province of British Columbia, including Senior Vice President of Vancouver Coastal Health and Senior Vice President of the Health Employers Association of British Columbia. Hugh has a work record that demonstrates commitment to systems productivity improvement. He has a passion for leadership development and his interest lie in the areas of system/integrative thinking, sustainability and organizational cultures that create high performance.

In addition to his recent appointment as Adjunct Professor – Griffith University Business School, Brisbane Australia, Hugh’s professional activities include; Senior Fellow – University of Toronto (Canada), Rotman School of Management; Adjunct Professor - University of British Columbia, Vancouver BC (Canada), Faculty of Medicine; Associate Faculty - Royal Roads University, Victoria BC, (Canada) - Faculty of Social and Applied Science.



Wendy Nicklin

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

*President and CEO, Accreditation Canada,
Ottawa, Ontario*

Wendy Nicklin is the President and Chief Executive Officer of Accreditation Canada, appointed in 2004. Prior to this appointment, Wendy was the Vice President Nursing, Allied Health, Clinical Programs and Patient Safety at The Ottawa Hospital.

Wendy has over 30 years experience in health care as a nurse providing direct care to patients and their families, as a clinical nurse specialist in emergency, educator and senior executive. She was a surveyor with Accreditation Canada until her appointment as CEO and was a member of the Board from 1996-2002 including a 2 year term as Board Chair. Wendy’s commitment to improving the quality of health care for Canadians is further demonstrated through her participation on a number of provincial and national initiatives and boards such as being a member of the National Steering Committee for Patient Safety and subsequently a founding member of the Canadian Patient Safety Institute Board. Additional national involvement includes being a member of: the Institute of Corporate Directors (ICD); the Canadian Health Leadership Network (CHLNet) Board; the Centre for Health System Design and Management (CHSDM) network with the Conference board of Canada.

Her commitment extends internally as noted by her active involvement with the International Society for Quality in Health Care – as an ex-officio member of the Board, Chair of the International Accreditation Program Council, and member of the Research Working Group.

Wendy obtained her Baccalaureate and Master’s Degrees from McGill University. She is a certified health executive (CHE) with the Canadian College of Health Service Executives (CCHSE) and is a Fellow (FACHE) of the American College of Healthcare Executives.

Invited Speakers



Richard McConnell

*Vice President, People and Organization,
Victorian Order of Nurses, Ottawa (Ontario)*

Richard McConnell is Vice President, People and Organization for VON Canada. Prior to joining VON, Richard spent five years as Canadian Lead for ADI; an Atlanta based consulting firm specializing in the deployment of change.

He has worked extensively in the transportation and service sectors. He served as Vice President, Education and Organization Enhancement at VIA Rail Canada, was a Director in Canada Post's Learning Institute, and was Assistant to the President for Total Quality Management and Service Excellence at Marine Atlantic Inc. Richard has devoted a twenty five year career to helping organizations build quality work places and optimizing the contributions of the people who work in them.



Karen Schmidt

*Health Education Team Lead, File Hills
Qu'Appelle Tribal Council at the All Nations
Healing Hospital, Fort Qu'Appelle, Saskatchewan*

Karen obtained a Bachelor of Education through the Saskatchewan Urban Native Teacher Education Program (SUNTEP) at the University of Regina and went on to become a faculty

member at SUNTEP, teaching Cross Cultural Education courses to pre-service teachers.

Since March 2005 with First Nations Health Services, Karen has participated in a variety of major initiatives. One major initiative began in 2007, where Karen was invited to participate on the National First Nations Health Manager's Advisory Committee. Following the completion of the First Nations Health Manager's Competency Framework, she now sits as a founding board member for the First Nations Health Managers National Association.

Karen continues to provide programs and services for the 11 First Nations of the File Hills Qu'Appelle Tribal Council.



Karen Seward

*Executive Vice President, Business Development
and Marketing, Morneau Shepell Ltd.,
Toronto, Ontario*

Karen holds a BA from University of Toronto, and prior to joining Morneau Shepell Ltd. she worked for Forum Corporation. She began with Morneau Shepell Ltd. as Vice President Marketing and was named Senior Vice President of Business Development and Marketing in 2003. Karen leads the development of innovative health and wellness solutions that address clients' critical business issues, and implements these strategies in some of North America's most progressive organizations.

Karen was recently recognized for her outstanding work in this area, and named a Who's Who In Workplace Health by *Working Well Magazine* and Rogers Media. Karen is also a member of the American Marketing Association, the International Association of Business Communicators and the Conference Board of Canada. Karen has been a featured speaker at numerous conferences and seminars, has published articles in periodicals including *Benefits Canada* and *Benefits & Pensions Monitor*, and is often featured in the national media to speak on workplace health and productivity issues.



David Zinger

*Senior Trainer/Facilitator, Shared Visions Inc.,
Winnipeg, Manitoba*

David Zinger is a Winnipeg-based presenter with twenty-five years experience in education and training. He is an exceptional presenter whose workshops and presentations are inspirational, current, informative, entertaining, and practical.

He is passionate about employee engagement, strength based leadership, Crucial Conversations and Influence. Participants appreciate David's use of stories and his down-to-earth approach that invites participants to take action on the skills they learn.

David customizes the delivery of workshops and presentations to meet the specific needs of each client. He has delivered workshops and presentations to both large and small audiences in public and private sector organizations across North America. He has instructed courses in Education Psychology and Continuing Education at the University of Manitoba for over 20 years, and has also developed two distant delivery certificate courses to teach adult educators for a consortium of Western Canadian Universities.

Concurrent Sessions Guide

All concurrent sessions are listed in the language that they will be presented in.

Wednesday, March 2, 2011

11:00am – 12:30pm Concurrent Sessions A – Oral Presentations (15 minutes)

SESSION 1 Employee Health and Wellness

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-Author: 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-Author: 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 Safety and Quality of Worklife

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-Author: 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-Author: Carl Thomas, Eastern Health

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

Anne Harvey, Vice President, Human Resources, Vancouver Coastal Health, 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-Author: 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-Authors: 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 Making the Links

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-Author: 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-Authors: 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 Building Healthy Culture

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-Author: 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-Authors: 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-Authors: 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-Authors: Diane Purdy, Markham Stouffville Hospital Corporation; Sandra Conway, Markham Stouffville Hospital Corporation; Anne Kennie, Markham Stouffville Hospital Corporation

SESSION 5 Quality of Worklife and Quality Healthcare through the Lens of Aboriginal and Remote Communities

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

Dinys Reed and 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.

Wednesday, March 2, 2011

1:45pm – 3:15pm

Concurrent Sessions B – Individual/Team Presentations (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-Author: 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-Author: 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-Authors: 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-Authors: 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-Authors: Laura Morley-Woollam, MHCCAC; Joel Borgida, MHCCAC

Thursday, March 3, 2011

10:00am – 11:30am

Concurrent Sessions C – Individual/Team Presentations (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-Authors: 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-Author: 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-Authors: 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-Author: 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-Author: Carolyn Plummer, University Health Network

Initiatives Showcase and Exhibits

All exhibitors and posters are listed in the language that they will be presented in.

Table Exhibits

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-Author: 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-Authors: 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-Author: 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.

Poster Presentations

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-Author: 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-Author: 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-Author: 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-Authors: 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-Author: 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-Author: 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-Author: 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.

Exhibitors

Accreditation Canada
www.accreditation.ca

Canadian Health Services Research Foundation
www.chsrf.ca

Creative Wellness Solutions
www.wellnessolutions.ca

The Health Professional
www.thehealthprofessional.ca

Innovative Fitness
www.innovativefitness.com/n/

M&M Sales and Consulting
www.mandmsales.ca

Monarca
www.monarcacm.com

Morneau Shepell Ltd.
www.morneaushepell.com

NRC Picker
www.nrcpicker.com

Ramius
www.ramius.net

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www.sharedvisions.ca