

The Power to Act

A report on the continuing work
of the Quality Worklife–Quality
Healthcare Collaborative



quality worklife
quality healthcare
collaborative

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At a Glance

Healthy work environments lead to better outcomes for patients and clients, for healthcare organizations and for the health system as a whole.



A pan-Canadian collaborative

The *Quality Worklife–Quality Healthcare Collaborative* is a coalition of 12 national healthcare organizations working together to create healthier workplaces for healthcare workers. The collaborative is funded by its partners and *Health Canada*.

QWQHC defines a healthy healthcare workplace as

a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximize the health and well-being of healthcare providers, the quality of patient outcomes and organizational performance. (Adapted from the *Registered Nurses Association of Ontario*.)

Access quality of worklife data

In compiling this report, QWQHC accessed healthcare-related data from *Statistics Canada* and other sources. For more information about the data, and to access our library of healthcare publications, case studies and other resources, please visit www.qwqhc.ca

The QWQHC partners


Accreditation Canada
Academy of Canadian Executive Nurses (ACEN)
Association of Canadian Academic Healthcare Organizations (ACAHO)
Canadian College of Health Leaders (CCHL)
Canadian Federation of Nurses Unions (CFNU)
Canadian Healthcare Association (CHA)
Canadian Health Services Research Foundation (CHSRF)
Canadian Medical Association (CMA)
Canadian Nurses Association (CNA)
Canadian Patient Safety Institute (CPSI)
Health Action Lobby (HEAL)
Victorian Order of Nurses (VON)

We act as a national voice

QWQHC enhances knowledge transfer and disseminates strategies known to improve quality of worklife in healthcare settings. Given our pan-Canadian mandate, our role is to facilitate change, with activities focused on network development, knowledge exchange and, ultimately, building system-wide capacity at a local level.



The Charter Commitment



Our **Healthy Healthcare Leadership Charter** provides healthcare organizations with five principles for improving the quality of workers' lives.

In 2007, *QWQHC* released the seminal document **Within Our Grasp: A Healthy Workplace Action Strategy for Success and Sustainability in Canada's Healthcare System**. The intent was to provide organizations and system leaders with ideas to improve the health of healthcare workplaces. The document has been broadly disseminated and frequently referenced across the country.

A key element of **Within Our Grasp** is the **Healthy Healthcare Leadership Charter**. By signing the charter, healthcare

organizations signal their commitment to improving quality of worklife for Canada's healthcare workers according to five core principles:

1. Make quality of worklife a strategic priority.
2. Assess, monitor and report on quality of worklife indicators.
3. Identify one or more action strategies to implement and evaluate.
4. Identify and build knowledge on leading practices related to healthy workplaces.
5. Exchange knowledge and network with other health leaders on healthy workplace practices.

To date, nearly 50 healthcare organizations—representing hundreds of individual work sites—have signed our charter. Some have used it as a starting point for making progress on quality of worklife issues. Others have used it as a tool to complement a quality of worklife journey well underway.

Our Charter Signatories

- Aberdeen Health and Community Services, ON
- Academy of Canadian Executive Nurses (ACEN)
- Accreditation Canada
- British Columbia Health Authorities, including:
 - Fraser Health
 - Interior Health
 - Northern Health
 - Provincial Health Services Authority
 - Vancouver Coastal Health
 - Vancouver Island Health Authority
- Adult Residential Centre/Regional Rehabilitation Centre Association of Nova Scotia
- Canadian Association of Social Workers (CASW)
- Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA)
- Canadian Federation of Nurses Unions (CFNU)
- Canadian Health Services Research Foundation (CHSRF)
- Canadian Healthcare Association (CHA)
- Canadian Medical Association (CMA)
- Canadian Nurses Association (CNA)
- Canadian Patient Safety Institute (CPSI)
- Canadian Physiotherapy Association (CPA)
- Government of Northwest Territories, including:
 - Department of Health and Social Services
- Health Action Lobby (HEAL)
- Health Association Nova Scotia
- Health Association Nova Scotia Continuing Care Council
- Horizon Health Network, NB
- London Health Sciences Centre, ON
- Markham Stouffville Hospital, ON
- Mississauga Halton CCAC, ON
- Northwood Care Incorporated, NS
- Nova Scotia District Health Authorities (DHAs), including:
 - Annapolis Valley Health Authority
 - Cape Breton District Health Authority
 - Capital District Health Authority
 - Colchester East Hants Health Authority
 - Cumberland Health Authority
 - Guysborough Antigonish Strait Health Authority
 - IWK Health Centre
 - Pictou County Health Authority
 - South West Health Authority
 - South Shore Health Authority
- Nova Scotia Hearing and Speech Centres
- North Simcoe Muskoka Community Care Access Centre, ON
- Rehabilitation Centre for Children, MB
- Saskatchewan Registered Nurses' Association
- Seaview Manor, NS
- Trillium Health Centre, ON
- University Health Network, ON
- VON Canada
- West Park Healthcare Centre, ON

We define **'the power to act'** as the ability to effect meaningful change on any issue related to quality of worklife in healthcare. We are proud to highlight the work that five Canadian healthcare organizations have accomplished at significantly improving quality of worklife.

The Power to Act

Healthcare work is vital and rewarding. At the same time, it is fraught with stress and complexity. A considerable body of literature has shown that healthcare workers are more challenged in their work lives than other workers across society in many respects.

QWQHC came together to change that. In 2005, with assistance from *Health Canada*, our partners formed this collaborative to propel an ambitious agenda of change in the quality of worklife arena. Since then, we have built a pan-Canadian network and evidence-informed body of knowledge on a range of issues that affect healthcare workers' lives on the job: the need for

strategic leadership and integrated management and human resources systems, the link between quality of worklife and performance management systems, and the importance of exchanging knowledge.

We define 'the power to act' as the ability to effect meaningful change on any issue related to quality of worklife in healthcare. We are proud to highlight the work that five Canadian healthcare organizations—also signatories of our **Healthy Healthcare Leadership Charter**—have accomplished at significantly improving quality of worklife.

Every single person working in a healthcare setting is a vital contributor to a healthy and safe work environment.



The Desire for Change

Healthcare organizations are recognizing that profound change is needed to ensure workers spend less time off due to illness or injury.

For most industries, the trend since 2006 has been toward workers taking less time off work for illness or injury. Meanwhile, the healthcare and social services industries are trending in the opposite direction; injuries that result in time off have increased five percent. Closely related is the fact that many workers who are ill or injured do not get back to work as swiftly as they could. While this reality obviously harms healthcare organizations, which must do without workers, it also harms the workers themselves. Extended time off makes it more difficult to re-enter a job. Skills and confidence decrease, workers suffer psychologically and emotionally, and they often become estranged from their working teams. Workers who get back to work more quickly generally get better more quickly.

When work is the best medicine

The Vancouver Coastal Health Authority, QWQHC charter signatory

In 2006, all health authorities in British Columbia signed QWQHC's *Healthy Healthcare Leadership Charter*, a key element of *Within Our Grasp*. One priority action of *Within Our Grasp* is for healthcare organizations to adopt an integrated disability prevention and management system.

Enter the *Vancouver Coastal Health Authority*, a large entity with 7,000 nurses, 2,500 physicians and 5,000 volunteers, and operating on a \$2.8 billion annual budget. Following the health authority's adoption of QWQHC's charter principles—and in the midst of a wide range of other catalysts for change—it undertook a comprehensive redesign of how it manages disability issues.

At the crux was a shift from a third-party disability management system to an in-house system that engages directly with an employee within his or her first week off work. The new system does a better job of supporting workers on disability—rapidly getting them treatment, and offering a better continuum of service.

Among other positive outcomes, in-house disability management has led to a 50 percent reduction of time lost prior to an employee's graduated return to work, a 23 percent reduction for average days lost and a 25 percent reduction in the long-term disability rate. The *Vancouver Coastal Health Authority* has learned that high-quality disability management—such as helping workers contribute to their workplace as they recover—improves morale and speeds recovery. In essence, workers seem to get healthier faster when they are engaged with their jobs throughout illness and injury.

“Being at work should be part of an employee's rehabilitation program.”

—Catherine Kidd, *Vancouver Coastal Health Authority*

Preventing disability

Preventing disability is critical to any agenda to improve quality of worklife. Important developments at the provincial level include new research being undertaken by British Columbia's *Injury Research and Prevention Unit*, and the *Fraser Health Authority's* implementation of a workplace health call centre on injury reporting. BC has also passed regulations for occupational health and safety, while Saskatchewan has an occupational health and safety strategy as part of its accountability agreements with health authorities. Alberta's *Workplace Health and Safety Employee Wellness Unit* oversees a workplace injury prevention program, and Manitoba, through the *Provincial Health Workplace and Injury Reduction Committee*, engages major stakeholders on broad planning issues related to workplace safety and health for the health sector.

The Need for Civility

When organizations cultivate respect in the workplace, better worker health follows close behind.



Studies show that disrespect and violence can create a work environment that is physically, psychological and emotionally harmful. This, in turn, increases absenteeism and staff turnover, and decreases productivity and quality of care in healthcare environments. Alternatively, workplaces that encourage respect and supportive relationships among workers have the power to improve civility within working units and across organizations. Supportive workplaces also tend to increase workers' levels of engagement with their jobs. The result is better workplace health for all.

respect and prevent violence at work. An electronic tracking and reporting system has been beneficial for timely reporting and has enabled the organization deal more swiftly with issues of violence and disrespect.

“Our vision was to create and sustain a culture that embraces and fosters respect, resulting in a healthier workplace, reduced costs and safe patient care.”

—Carole Moore, Markham Stouffville Hospital

Greater rights and responsibilities lead to better health

Markham Stouffville Hospital, QWQHC charter signatory

Markham Stouffville Hospital wanted to move beyond regulatory compliance with **Bill 168**—an act to amend the **Occupational Health and Safety Act** with respect to violence and harassment in the workplace—and respond to a current health and safety crisis in the healthcare workplace. The **Expect Respect** Program, the impetus for which is embedded in the hospital's strategic plan, has found rapid success in creating an organizational culture that fosters respect in the workplace. **Expect Respect** is designed to build a safer and healthier environment for staff, physicians, volunteers and patients.

Markham Stouffville Hospital built upon, integrated and expanded existing educational programs and policies to create one overarching program encompassing all aspects of violence prevention and respect. The hospital measures the program's success by monitoring patient complaints related to disrespect and violence, incidents of employee violence and accidents, staff satisfaction, and absenteeism related to violence and disrespect.

Since **Expect Respect** began in 2010, it has spurred activities that promote respect in the workplace, including a Bill of Rights and Responsibilities, a Statement of Commitment, a patient/visitor information booklet and a wide range of integrated policies, communication tools and assessment tools that help promote

Improving safety and morale

Legislation that protects workers is a key element of progress toward safer, more respectful workplaces. Some provinces have required healthcare institutions to adopt occupational health and safety strategies, and significant provincial regulations have come into effect recently such as Ontario's **Bill 168**, which sets out requirements of employers with respect to violence and harassment in the workplace. More than that, some healthcare institutions have responded by moving their workplace safety regimes well beyond the safety and injury prevention rules prescribed by law. Many provinces are looking at implementing evidence informed programs throughout healthcare organizations that address respect in the workplace.



The Call for Leadership

A strong leader can reduce absenteeism and staff turnover by embracing overall wellness as a strategic priority.

Employee shortages and issues of absenteeism go hand in hand. A *Canadian Nurses Association* report on eliminating nurse shortages showed that if Canada could decrease absenteeism among nurses by 50 percent over three years, the result would equal adding 7,000 full-time registered nurses to the workforce. One way to decrease absenteeism is to create a workplace in which wellness is a foundational principle. As obvious as this may sound, it is no simple accomplishment. Improving employees' engagement, health and overall well being requires sustained leadership over time and a program 'champion'.

from 52 percent to 17 percent over 10 years and Workers' Compensation claims have dropped substantially.

Seaview Manor is a fully accredited organization that is often used as a role model. In 2009, it received the **Canada Awards for Excellence Gold Trophy** in the healthy workplace category.

“Staff must know that leadership will support them in their efforts.”

—Cathy Power, *Seaview Manor*

Focusing on the big picture

Seaview Manor, QWQHC charter signatory

Seaview Manor, in Cape Breton, Nova Scotia is a relatively small healthcare operation with a progressive attitude. For well over a decade, the 140-staff continuing care institution has been a strong leader in the quality of worklife community. From the Board down through the organization's CEO and management, *Seaview* provides employees with a nearly optimal work environment as well as helping them balance life at work with busy lives at home.

Seaview has a predominantly female staff, many of them single mothers who care for aging parents. In the late 1990s—before most healthcare organizations were considering worklife balance—*Seaview Manor* noticed that the quality of worklife for staff was not as high as it could be. Management took action to raise the standard.

By the early 2000s, *Seaview* had begun to address three facets of worklife: the physical environment at work including occupational health and safety, health and lifestyle practices, and workplace culture and environment. Activities included organizing a number of health fairs with the goal of providing education and self-help opportunities to staff, and partnering with local agencies to enhance staff's level of health and fitness. Importantly, *Seaview's* CEO recognized that she, the board, the management team and workers could collectively create a healthy and successful workplace strategy.

The CEO was right. Surveys show 96 percent satisfaction among staff, with staff feeling highly valued. Many staff now have 20 to 30 plus years of service. Smoking rates have dropped

Bold strategies for success

Any step toward improving quality of worklife is positive, but it takes a coordinated strategy to bring about comprehensive change. Alberta and Saskatchewan are showing leadership in their strategic approach to alleviating workplace health and safety issues. *Alberta Health Services (AHS)* has made workplace health and safety a strategic focus through its *Workplace Health and Safety Employee Wellness Unit*. The unit oversees three workplace injury prevention programs: musculoskeletal injury prevention for equipment purchasing and training on safe patient handling; a safe needle program; and a health and safety management system and accountability framework that is tracking workplace indicators. *Saskatchewan Health* has made healthy work environments a strategic direction for the province, as outlined in its 2010–2011 Health Plan's strategy “to work together to create safe, supportive and quality workplaces.” Meanwhile, all regions in Saskatchewan must have an occupational health and safety strategy as part of their accountability agreements with the province.

The Benefit of Partnerships

Increasingly, large healthcare organizations are using a partnership approach to coalesce the needs and opinions of employers, unions and governments around common goals.



Health organizations are finding that long-standing quality of worklife challenges can be addressed through good communication and committed partnerships. By bringing together parties with disparate—even antagonistic—views, organizations can find solutions agreeable to all sides. One pervasive challenge is job satisfaction among nurses. Surveys have found significantly higher job dissatisfaction for nurses (12%) compared to that of all employed women and men (8%). For our healthcare system to function optimally, and bring about the best possible outcomes for patients, Canadian healthcare organizations need to increase their rates of nursing recruitment and retention. One way to do that is to ensure nurses are healthier and happier on the job.

In all cases, the projects have taken place at work and involved solid partnerships among employers, unions, governments and other healthcare stakeholders. By bringing all parties to the table in a spirit of openness and cooperation, the *Canadian Federation of Nurses Unions* has addressed some pernicious challenges in nursing recruitment and retention.

The *Canadian Federation of Nurses Unions* is already seeing changes in the language of collective agreements across the country with the focus shifting to mentorship and continuing education. Meanwhile, the federation has spread the word about the project at more than 50 conferences and workshops.

Uniting parties toward common goals

The Canadian Federation of Nurses Unions, QWQHC charter signatory

In a series of projects to improve employee recruitment and retention, the *Canadian Federation of Nurses Unions* is showing that innovative thinking, targeted research and solid partnerships can lead to measurable improvements in working conditions for nurses. The project, called **Research to Action: Applied Workplace Solutions for Nurses**, comprises 10 pilots from across the country. The pilots are funded with \$4.6 million from *Health Canada* and additional funding and in-kind support from unions, government and employers.

Some projects have adjusted staffing ratios to improve patient care. Others have introduced new systems to support nursing graduates in their new jobs. Still others have provided nurses with opportunities to engage in ongoing professional development.

Specific outcomes have been as diverse as the projects. New Brunswick nurses developed a web-based orientation program and video that is being used for the whole healthcare team. Nunavut's project has enabled the territory to increase opportunities for professional development through mentorship and on-site training, meeting the unique needs of its remote communities. Manitoba's pilot enhanced the orientation for nurses new to long-term care.

“The preliminary evaluation of the project is promising...Think about the impact if more organizations implemented these workplace practices.”


—Linda Silas, *Canadian Federation of Nurses Unions*

Essential funding for essential progress

The best intentions, the best-designed programs—and the strongest partnerships—can succeed only if they receive sufficient financial support. Some provinces have increased their annual funding in recent years for quality workplace initiatives that involve specific projects. Saskatchewan has undertaken two important initiatives that could affect work environments over the longer term: **Lean**, a work culture that eliminates wasteful or non-productive activities is expected to improve the system's productivity and patient satisfaction. **Releasing Time to Care**, which is based on work from the United Kingdom on acute care nursing wards, uses a patient-centred approach to improving the quality of care. In 2009, Ontario's *Ministry of Health* identified two **healthy workplace environment (HWE)** champions who publicly promote to other leaders the benefits of adopting HWE. The Ministry also established an HWE grant program that funds projects to support workplace violence prevention, worker safety, respect in the workplace, and HWE leadership development.



The Power of Information



Accurate metrics can provide valuable information to support specific quality of worklife goals. Used correctly, good metrics enable healthcare managers to do their best work.

Excellent management is a critical component of any healthcare system. At the same time, healthcare managers are among the most challenged in the industry. Within an increasingly busy system, many have upwards of 120 direct reports, which can present interpersonal, logistical and corporate challenges on a grand scale. One strategy for easing managers' worklives is to support their ability to use metrics with ease. As managers learn to recognize pertinent data, and understand with confidence how to interpret key statistics, their efforts to improve the worklives of their staff become increasingly effective.

The mentoring effect

The Vancouver Island Health Authority, QWQHC charter signatory

When the *Vancouver Island Health Authority* committed to improving worklife indicators across all employee groups, it introduced a mentoring program for managers that virtually ensured success.

The health authority represents 138 facilities that employ 17,000 workers, 1,700 physicians and 3,600 volunteers. Its managers, supervisors and coordinators are responsible for improving and sustaining worklife indicators such as sick time, overtime, injury rates and duration of injuries. Senior management at the health authority predicted that an in-house mentoring program would increase cooperation across the organization, positively shift the health authority's worklife metrics and increase the quality of care across the board. It created the Management Support Team to work one-on-one as mentors with the health authority's front-line leaders.

Mentoring begins with a personal interview in which the mentor discovers how the manager's team ticks—the initiatives they have implemented and what the team needs to increase its health and engagement with work. With the mentor, each manager develops an action plan through which he or she learns to read and interpret key statistics, to use systems and programs to monitor worklife appropriately, and to understand legislation that relates to occupational health and safety. There is a clear focus on using valuable data only.

While better use of metrics is an important goal, the health authority is also convinced that real change comes about with improved relationships between staff and managers. Although the program is young, managers have reported a number of improvements in worklife: open-door policies, clear outlines for staff about what is expected, frequent check-in and performance reviews and better two-way communication.

“Every piece of data that gets to a manager must have a purpose. If there is none, then it is just noise.”

—Kerry Morrison, *Vancouver Island Health Authority*

Improving indicators

Asking healthcare managers to improve quality of worklife without reliable information on worklife indicators is like asking them to manage with their eyes closed. Increasingly, provinces are working to add to value to the indicators available to managers. British Columbia now requires health authorities to track worklife indicators, and Prince Edward Island's planning framework includes measures on healthy work environments. Ontario's healthy work environment strategy aims to incorporate healthy work environment indicators into existing accreditation programs, accountability agreements and data collection mechanisms. Moreover, Ontario's **The Excellent Care for All Act** requires healthcare organizations to carry out employee surveys that assess their satisfaction with the work experience and solicit views about the quality of care provided within the organization. Meanwhile, across Nova Scotia, district health authorities are coming together to collect worklife indicators, adding significantly to a critical body of knowledge.

One strategy for easing managers' worklives is to support their ability to use metrics with ease. As managers learn to recognize pertinent data, and understand with confidence how to interpret key statistics, their efforts to improve the worklives of their staff become increasingly effective.

A Firm Foundation, a Clear Way Forward



As I look back over QWQHC's five years of hard work building a national quality of worklife strategy and helping unite a community that supports it, I am genuinely proud of our success. I am equally proud of the tremendous progress that healthcare systems and organizations across the country have made since 2005 improving the lives of their workers.

Only when our workers are in good health, free of injury and satisfied in their worklives can they deliver the quality of healthcare Canadians expect and deserve. Healthcare data have shown time and again a solid relationship between worker health and quality of care. And as more health organizations adopt our priorities and principles for improving the quality of healthcare workplaces, their actions make a valuable contribution to an already impressive body of data.

Committed to our mandate

QWQHC has accomplished a great deal over a brief mandate. Put simply, we have laid a solid foundation across Canada for transferring knowledge about quality of worklife issues and for future collaboration.

Certainly, our greatest achievement has been to build an evidence-informed, pan-Canadian action strategy called **Within Our Grasp: A Health Workplace Action Strategy for Success and Sustainability in Canada's Healthcare System**. Our **Healthy Healthcare Charter**, which has gained nearly 50 signatories and become a beacon for QWL issues among healthcare organizations of all sizes, is contained within that document. We have disseminated **Within Our Grasp** broadly, providing organization and system leaders with actionable strategies for improving the quality of healthcare workplaces.

Our annual Summit has become a unique venue where healthcare professionals trade stories, share ideas and come away eager to improve healthcare workplaces across Canada. The energy at our Summit meetings is palpable. As we tackle themes such as collaboration, employee engagement and workplace culture, our workshops ignite ideas that lead to practical, concrete benefits for healthcare workers: less stress, fewer injuries, higher job satisfaction, to name a few. The benefits, in turn,

At its core, QWQHC's work is about acknowledging that, for Canadians to receive excellent healthcare, we must treat our healthcare workers with respect and consideration in their work environments.

lead to measurable outcomes for the system, including less absenteeism, and lower staff turnover. As a result, Canadians enjoy better care at the institutions they have rightly come to respect and trust. Everyone wins.

Our organization has spoken at key healthcare conferences across the country, undertaken extensive networking exercises to build community among healthcare organizations, and developed a large body of case studies, environmental scans and reports that elucidate the issues and challenges that organizations face as they evolve their workplace cultures to promote better worklife. We have sat at decision-making tables in federal and provincial healthcare arenas, educating legislators and policy makers about the link between quality of worklife, and patient and system outcomes.

In short, we have established ourselves as Canada's national leader on quality of worklife issues. The question that remains is: where do we go from here?

A future rich with promise

The time has come for QWQHC to move beyond strategy into tactics, guidelines and action on quality of worklife issues. Today, QWQHC is a trusted thought leader in the national arena. We look forward with great anticipation to a renewed mandate that includes an advocacy role and tangible support for organizations that wish to improve quality of worklife. Such a mandate will enable us to make significant progress at the organizational level, affecting system outcomes such as patient care, the quality of client service, and operational efficiency and effectiveness.

With a renewed mandate, we will build capacity across the healthcare system by developing and promoting the skills, abilities, processes, resources and tactics that organizations can use to identify quality of worklife issues and then improve the quality of daily worklife within their organizations.

We envision a role in which we educate our stakeholders so that they accept and understand the essential elements of a quality of worklife agenda and how those elements function as part of the healthcare continuum. We look to a future in which we

collaborate more directly with healthcare organizations, helping them embrace comprehensive quality of worklife strategies, and establish guidelines and tactics for deploying those strategies. We see the potential for a system in which we identify and recognize such organizations; they deserve to be celebrated for their vision and good work and, as Canada's leaders on quality of worklife issues, we are best qualified and positioned to carry out the work.

Our ongoing mission is possible largely because of the commitment of our 12 partners, support from *Health Canada*, and the dedication of a healthcare community that is increasingly cognizant of quality of worklife issues. I want not only to thank our partners and charter signatories for their hard work and profound commitment to improving worklife, but also invite them to move forward shoulder-to-shoulder with us as we work to create tangible advances in the years to come.



Pamela Fralick

Chair, Quality Worklife–Quality Healthcare Collaborative

