



quality worklife
quality healthcare
collaborative

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

Integrating Perspectives:

Healthy Work Environments, Healthy Outcomes, Healthy People

Preliminary Summit Program

March 2-3, 2011

Delta Meadowvale Hotel
Mississauga, Ontario

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[Post-Summit Workshop Guide](#)

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Preliminary Program

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



CANADIAN COLLEGE OF
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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.

Wednesday, March 2, 2011

7:00am – 7:45am	Wellness Activity – <i>Sponsored by Innovative Fitness</i> 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.
7:30am – 8:30am	Registration / Networking Breakfast
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 Ideas Into Action Rory Cohen , Founder and President, Entelekey Inc., Wyncote, Pennsylvania Opening Keynotes Hugh MacLeod , CEO, Canadian Patient Safety Institute, Ottawa, Ontario 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
10:30am – 11:00am	Networking Break / Initiatives Showcase and Exhibits

11:00am – 12:30pm

Concurrent Sessions A – Oral Presentations (15 minutes)

[Click to view the Concurrent Sessions Guide - A](#)

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
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 Sobeco, Inc.**

Lunch Speaker – **Karen Seward**, Executive Vice President, Business Development and Marketing, Morneau Sobeco Inc., Toronto, Ontario

1:45pm – 3:15pm

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

[Click to view the Concurrent Sessions Guide - B](#)

SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5
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

3:30pm – 4:30pm

Plenary Session

What does Quality of Worklife have to do with it?

Hugh MacLeod, CEO, Canadian Patient Safety Institute, Ottawa, Ontario

Wendy Nicklin, President and CEO, Accreditation Canada, 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

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.

7:30am – 8:30am Networking Breakfast

8:30am – 9:45am **Opening Remarks and Plenary Session**

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

This 1-hour session will look at career development within health care settings and explore the key opportunities to engage in career conversations, strategies to support career transitions within health care settings, and examine the possible rewards in terms of healthy work environments, healthy outcomes, and healthy people.

9:45am – 10:00am Break / Transition Time

10:00am – 11:30am **Concurrent Sessions C – Individual/Team Presentations (90 minutes)**

[Click to view Concurrent Sessions Guide – C](#)

SESSION 1	SESSION 2	SESSION 3	SESSION 4	SESSION 5	SESSION 6
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

11:45am – 12:30pm **Closing Plenary**

Ideas Into Action

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

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

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

[Click to view Workshop Guide](#)

WORKSHOP 1	WORKSHOP 2	WORKSHOP 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



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Integrating Perspectives: Healthy Work Environments, Healthy Outcomes, Healthy People

March 2-3, 2011 / Delta Meadowvale Hotel, Mississauga, Ontario

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Registration Fees & Deadlines

Early Bird (until December 15, 2010)	\$385 (inclusive of taxes)
Regular Rate	\$435 (inclusive of taxes)
Workshops (Summit participants)	\$95 (inclusive of taxes)
Workshops (Non-Summit participants)	\$175 (inclusive of taxes)

Register online at: www.eplyevents.com/qwqhc2011

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To book hotel accommodations with the Delta Meadowvale Hotel, participants can call the hotel directly at:

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When booking by phone, please quote the group code: **QWQHC 2011** or **GUQWQHC0311**.

You may also book online at:
www.deltameadowvale.com/guqwqhc0311

Deadline to book hotel rooms is **Friday, February 4, 2011** in order to qualify for the group rate of \$139.00.

For any questions regarding the registration process, please contact the Summit Secretariat at:

Sally Cleford, President/Event Manager

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Cancellations of registration on or before December 15, 2010 will be refunded, less a \$50 cancellation fee.

Any cancellations after December 15, 2010 will be non-refundable. Individuals who have opted to pay by cheque and who cancel their registration will subsequently receive an invoice. You may transfer your registration to another person at anytime without penalty provided you inform Face 2 Face Events Management by email at tara@f2fe.com.

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Concurrent Sessions Guide

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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 interactive 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

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

Raymond Langlois, Workplace Health Consultant, 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

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. New graduate nurses from all nursing demographics (Registered Nurse, Licensed Practical Nurse, Registered Psychiatric Nurse) are welcomed into this inclusive mentorship program. New graduates are hired supernumerary and work side by side with a mentor for the first four months of their employment. A pilot mentorship program was launched in the spring of 2010 with a new graduate licensed practical nurse and mentor from the same demographic. Evaluation meetings occurred at the end of each month for the duration of the four month period. Preliminary findings 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 grad nurses. Initial findings of this pilot will be confirmed as the program continues within the organization. The transfer of knowledge, critical thinking, and nursing skill to new graduates occurs as a result of effective mentorship and supports the continuity of high quality nursing care. The mentorship program was born of the collaborative effort of numerous stakeholders, and is supported by all key stakeholders as crucial to healthy work environments and excellence in patient care.

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. Quality Improvement Policy Unit, Health Canada

Lori Keith, Quality Improvement Policy Unit, First Nations 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

1:30pm – 3:00pm

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

Edgardo Perez, CEO and President, 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-Authors: Marti Sharpe, Homewood; Joe Power, 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

This listing is subject to change. Please visit our website for updates to the program and other Summit materials at www.qwqhc.ca/summit-2011.aspx.

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

Table Exhibits

First Nations Home and Community Care Quality Resource Kit

CHETTY Shubie, Senior Nurse Consultant, First Nations and Inuit Home and Community Care, Ottawa, Ontario

The Quality Resource Kit is comprised of a set of handbooks that detail an approach to Strengthening and Improving Home and Community Care. It is intended for use by communities / tribal councils, Regional and National First Nations and federal funded programs and services. This practical resource assists communities to: evaluate and improve their services; reduce risk for clients, families and program personnel; link their specific set of indicators with regional health indicators; and prepare to undertake accreditation. The quality improvement process encourages collaboration and supports capacity-building and respect of cultural and traditional ways of healing.

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.

Enabling Workplace Health Through Participatory Ergonomics: A Role for Occupational Therapy

STREET Sue, Occupational Therapist/Private Practice Consultant, Dalhousie University / OT Private Practice, Halifax, Nova Scotia

Occupational therapists offer unique expertise to the ergonomics field. As companies strive to maintain healthy workforces and decrease healthcare costs, occupational therapists have become involved with the development and implementation of workplace health promotion and injury prevention education. Participatory ergonomics is one worker-centred approach through which these programs have evolved.

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.

Post-Summit Workshop Guide

This guide is subject to change. Please visit our website for updates to the program and other Summit materials at www.qwqhc.ca/summit-2011.aspx.

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; Influence changes across your organization with or without formal authority.