Section 4

Update on the implementation of recommendations from:

In Sickness and in Health:
Healthy Workplaces for British Columbia's Health Care Workers

June 2004

October 2008

May 1, 2008 722749

Mr. Morris Sydor, CA
Assistant Auditor General
Office of the Auditor General of British Columbia
8 Bastion Square
Victoria BC V9V 1X4

Dear Mr. Sydor:

Thank you for this opportunity to provide a second follow-up on outstanding recommendations from the Report entitled ***"In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers".***

I am pleased to provide a coordinated response to your March 12, 2008, letter of request on behalf of the Presidents and Chief Executive Officers for the Vancouver Island Health Authority, Fraser Health Authority, Vancouver Coastal Health Authority, Interior Health Authority, Northern Health Authority and the Provincial Service Health Authority.

The response is a collaborated effort between all the health authorities working to achieve best practices in promoting healthy workplaces for B.C. health care workers. Detailed updates can be found in the attached "Summary of Status of Implementation by Recommendation" and in the "Progress on Implementing the Recommendations".

The Ministry continues to work with the health authorities to ensure all recommendations are fully implemented. I appreciate the Auditor General's recognition of the importance and continuing interest in seeing that progress continues to be made in improving workplace health.

Sincerely,

Original signed by

Gordon Macatee
Deputy Minister

Attachments

Ministry of Health Office of the Deputy Minister 5-3, 1515 Blanshard Street
Victoria BC V8W 3C8

pc: Honourable George Abbott, Minister of Health

Lynda Cranston, President and Chief Executive Officer
Provincial Service Health Authority

Howard Waldner, President and Chief Executive Officer
Vancouver Island Health Authority

Nigel Murray, President and Chief Executive Officer
Fraser Health Authority

Ida Goodreau, President and Chief Executive Officer
Vancouver Coastal Health Authority

Cathy Ulrich, President and Chief Executive Officer
Northern Health Authority

Murray Ramsden, President and Chief Executive Officer
Interior Health Authority

Summary of Status of Implementation by Recommendation
In Sickness and in Health: Healthy Workplace for British Columbia's HealthCare Workers

	Implementation Status					
Auditor General's Recommendations	**Fully**	**Substantially**	**Partially**	**Alternative ction**	**No Action**	**Supporting Documentation or Comments**
Enhancing Leadership — Ensure that the health of the work environment is included into the performance appraisal of all senior and frontline managers.						
Interior Health	√					People Plan alignment of commitments and 2008 objectives agreed Fall 2007.
Northern Health	√					Imbedded in core competencies of performance management. Following the plan previously stated (2007) and on track with deadlines.
Provincial Health Services Authority	√					See supporting documentation.
Demonstrate in word and action that employee health and well-being are important to organizational success.						
Northern Health	√					Provincial wide development Health & Wellness Charter, enhanced Employee Family Assistance Program (EFAP), Wellness Committees. On going Health and Safety updates to Board and Executive Committees. Chief Operating Officers reporting at Board meeting on injury outcomes for their areas.
Develop costing information for the initiative in their human resource and occupational health and wellness plans in order to understand their return on investment.						
Northern Health		√				Built Evaluation systems: HSCIS reports, White Database Reports, Encon Reports, WCB/OHSAH – research completed.
Ensure in conjunction with partner agencies, that all initiatives are well coordinated to maximize both the funds and effort being directed to creating a healthy work environment.						
Northern Health	√					Integrated process with HBT on early Return to Work. Worksafe BC funding to promote employee Health & Safety Wellness. Health Canada to promote employee Health & Safety.

Summary of Status of Implementation by Recommendation
In Sickness and in Health: Healthy Workplace for British Columbia's HealthCare Workers

	Implementation Status					
Auditor General's Recommendations	Fully	Substantially	Partially	Alternative ction	No Action	Supporting Documentation or Comments
Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.						
Vancouver Island Health Authority	√					See supporting documentation.
Provincial Health Services Authority	√					See supporting documentation.
Promoting a Healthy Environment						
Ensure that their actions are consistent with their communications to staff.						
Northern Health		√				Performance Management.
Review the extent of managers' control and ensure that it is not beyond a limit to be effective.						
Interior Health		√				Focus groups with managers on their roles and responsibilities have been undertaken at the direction of the CEO. Awaiting report May 2008.
Northern Health		√				Currently reviewing organizational design.
Vancouver Coastal Health Authority		√				Decreasing the span of leadership for manager's cannot be accomplished by increasing the number of managers given the current fiscal constraints. VCH has focussed on increasing front line supervision of employees (clinical resource nurses) who are available to staff to assist with problem solving and decision making, and introducing business support assistants to managers so that transactional work (scheduling, payroll) can be completed by the assistant rather than the manager, thus providing opportunity for the manager to respond to front line staff issues in a more timely manner. Note: April 2008: The evaluation of this strategy is not complete, but early indications are that this strategy has significantly improved the productivity, effectiveness and the satisfaction of managers with their workloads.

Summary of Status of Implementation by Recommendation
In Sickness and in Health: Healthy Workplace for British Columbia's HealthCare Workers

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Auditor General's Recommendations	**Fully**	**Substantially**	**Partially**	**Alternative ction**	**No Action**	**Supporting Documentation or Comments**
Fraser Health Authority		√				See supporting documentation
Vancouver Island Health Authority		√				See supporting documentation.
Provincial Health Services Authority	√					See supporting documentation.
Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.						
Interior Health			√			Two pilot seminars were held for managers within the past year to increase awareness of staff mental health issues and to provide education on early recognition. An action pan is currently being developed to replicate this learning in other sites across Interior Health in the coming year. The addition of Lifehub (web access for mental health assistance) as part of the overall Employee and Family Assistance Program for all staff has been very well received. In addition, Interior Health is involved with our EFAP partner, Interlock, in a research project on depression that supports staff through telephone counselling. Within HR, restructuring occurring in WHS. New position of Wellness Coordinator, once filled, will take lead on additional mental health initiatives for staff.
Northern Health	√					Respect in the Workplace Training. Conflict Resolution Training. Employee Family Assistance Program. Additional intervention request follow up.
Fraser Health Authority		√				See supporting documentation.
Vancouver Island Health Authority			√			See supporting documentation.
Provincial Health Services Authority	√					See supporting documentation.

Summary of Status of Implementation by Recommendation
In Sickness and in Health: Healthy Workplace for British Columbia's HealthCare Workers

	Implementation Status					
Auditor General's Recommendations	**Fully**	**Substantially**	**Partially**	**Alternative ction**	**No Action**	**Supporting Documentation or Comments**
Consider ways to promote a healthy lifestyle among their employees						
Interior Health		√				Contracts with our vending machine companies have been altered to include healthy food and beverage choices. Local healthy lifestyle initiatives are being supported at the local levels e.g. walking clubs, onsite massage therapy, organized golf schedules, pot luck lunch events, corporate fitness accounts etc. The annual influenza campaign promotes health for staff and their patients. In 2008, a major focus will be on tobacco reduction strategies. Wellness Coordinator will take lead in broadening health promotion programs across IH where there is local support. Ongoing initiatives continue to be developed as opportunities present themselves.
Fraser Health Authority		√				See supporting documentation
Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as a part of their responsibilities.						
Vancouver Island Health Authority		√				See supporting documentation

Summary of Status of Implementation by Recommendation
In Sickness and in Health: Healthy Workplace for British Columbia's HealthCare Workers

	Implementation Status					
Auditor General's Recommendations	**Fully**	**Substantially**	**Partially**	**Alternative ction**	**No Action**	**Supporting Documentation or Comments**
Assess the work environment for risk of violence to staff safety and security and develop an action plan to mitigate the risk						
Interior Health			√			A Violence Prevention Coordinator has been hired in spring 2007. A comprehensive program is currently under development including risk assessment tools, policy and procedure development and an education program beginning with staff in high risk areas. This will be rolled out across several of our high risk units in acute care this year. A parallel strategy is being developed for residential care sites. Significant work has been done since last report; Violence Prevention program substantially developed, training program pilot currently being provided & evaluated. Once pilot sites are completed a more global rollout across IH will occur, over the next 2 years.
Northern Health	√					108 Northern Health Sites – 85% risk assessments are complete with completion date target for March 2008. Risk Mitigation plans developed (such as new security system implemented at Prince George Regional Hospital)
Provincial Health Services Authority		√				See supporting documentation
Monitoring and Reporting on the Work Environment						
Implement a human resource information system that will provide data needed for developing a comprehensive picture of employee and workplace health						
Vancouver Island Health Authority	√			√		See supporting documentation
Provincial Health Services Authority		√				See supporting documentation

Summary of Status of Implementation by Recommendation
In Sickness and in Health: Healthy Workplace for British Columbia's HealthCare Workers

	Implementation Status					
Auditor General's Recommendations	Fully	Substantially	Partially	Alternative ction	No Action	Supporting Documentation or Comments
Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs.						
Interior Health	√					Issues associated with work environment are built into the Terms of Reference of the HR Committee of the Board. Quarterly and annual Chart of Business Indicators, including HR, is in process of finalization and implementation.
Fraser Health Authority	√					See supporting documentation
Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis						
Interior Health	√					Chief Human resources Officer participates regularly @ Health Human Resources Strategy Council on the identification, monitoring and reporting of provincially-agreed indicators. Quarterly Human Resources report on IH-agreed indicators is distributed to IH Executive and Management for follow-up and action
Northern Health	√					Per GLE

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	Implementation Status					
Auditor General's Recommendations	**Fully**	**Substantially**	**Partially**	**Alternative ction**	**No Action**	**Supporting Documentation or Comments**
Vancouver Coastal Health Authority	√					Performance measures reported to the Ministry of Health include: paid sick hours as a percent of productive hours; Nurse overtime hours as a percent of productive hours; Allied Health overtime hours as a percent of productive hours; difficult to fill nurse vacancies as a percent of Registered Nurse employees; difficult to fill Allied Health Professional vacancies as a percent of Allied Health Professional employees; Musculoskeletal Injuries per 100 FTE's; new long term disability claims per year; and percent of staff who receive the flu vaccine. These same indicators are reported through Open Board meetings and are available on the VCH website for the public to review.
Fraser Health Authority	√					See supporting documentation
Vancouver Island Health Authority	√					See supporting documentation
Provincial Health Services Authority	√					See supporting documentation

Supporting Documentation and comments as noted from Summary Table

PROGRESS ON IMPLEMENTING THE RECOMMENDATIONS ON
In Sickness and in Health: Healthy Workplaces for British Columbia's Health Care Workers
As at March 2008

Fraser Health Authority:

Recommendation: Review the extent of managers' control and ensure that it is not beyond a limit to be effective.
Implementation Status: *Substanially*

- Conducted a preliminary review of literature regarding effective span of control, including identification of span of control issues and optimal span of control factors.
- Established base-line data regarding current span of control in various nursing areas and other clinical manager portfolios.
- Developed discussion paper confirming necessary preconditions for successfully addressing issues related to span of control of health services managers, the scope of engagement for this initiative, current management infrastructure requirements and appropriate interventions, targeted investments and monitoring outcomes.
- Engaged senior leader stakeholders in discussions to determine executive sponsorship, effective implementation methodology, best-fit pilot sites and established a steering committee to guide implementation of action plan.
- Determined relevant metrics to measure outcomes, identified key risks and project resource requirements.

Recommendation: Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks
Implementation Status: *Substantially*

Two health risk assessment tools were piloted within Fraser Health. The @alive® pilot program was a confidential on-line health risk assessment tool supported by one-on-one nurse coaching. The FeelingBetterNow© tool was an anonymous, web-based mental health assessment system that address the full continuum of mental health care.

The pilots began in October 2006 and ran until October 2007. Over 2300 staff was offered the chance to participate and there was over a 20% response rate. The program has received funding to continue as an ongoing basis in the pilot sites and will be expanded to an additional 7,000 staff in 2008.

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Page 1

@live® and FeelingBetterNow© provides member organizations with usable metrics to guide workplace health planning to prevent escalating long term disability [LTD] and extended health claims [EHC] costs.

Fraser Health is participating in a CHSRF Funded Grant entitled: Developing Healthy Workplace Environments within BC Healthcare.

"Within British Columbia there is a lack of information about the work stressors that have the greatest negative impact on the mental health of healthcare workers from which a business case can be developed for improving the workplace. Furthermore, no program exists that innovatively improves the work environment of healthcare workers at the unit and organizational level."

To address this gap, this study will test a model for initiating the development towards healthy workplaces through the implementation and evaluation of unit and organizational level preventative programs in the Fraser, Interior, and Vancouver Coastal Health Authorities.

This study has five objectives. They are:

1. to determine prevalence of mental health problems among BC HCWs;
2. to determine the level and nature of exposure to work stress by HCWs in British Columbia and the stressors [i.e. work-home balance stressors, work-related stress, organizational culture, etc.] that are negatively impacting HCWs mental health and retention;
3. to identify current preventative programs and services available within the health authorities that address risk factors, as well as facilitators and barriers to program implementation;
4. to identify, pilot, and evaluate interventions in each health authority that will address high priority mental health risk factors at the unit and organizational level as evidenced by the qualitative and questionnaire data from participants, and;
5. examine factors that impact the implementation and sustainability of healthy workplace initiatives.

Research collaborative: include FHA, IHA, NHA, PHSA, OHSAH, SFU, UBC, UNBC and VCHA.

Recommendation: Consider ways to promote a healthy lifestyle among their employees
Implementation Status: *Substantially*

- During 2006 and 2007, Fraser Health's Health Promotion and Prevention partnered with Workplace Health to launch a three-month healthy living pilot project with

employees in the Abbotsford/Mission area. This pilot project yielded a participation rate of approximately 25% of employees registered for the challenge. *"The Fraser Health Challenge pilot demonstrated how an action-oriented, participant-led health promotion program that is based on simple and clear messaging and layers of support [through senior administration, ambassadors, champions and the project team] can yield impressive participation, behavioural, satisfaction and perception outcomes."* [FH in motion Challenge Pilot Evaluation, 2007].

Fraser Health participated in the Act Now Challenge from February 1st to March 31st. Healthy Living activities at work sites included healthy potlucks, stair challenges, fit-break days, tobacco free days and more. Every Fraser Health site had some type of activity, including the virtual step challenge across British Columbia.

Ongoing partnership between Fraser Health's Health Promotion and Prevention and Workplace Health has generated an action plan for 2008/09 that includes quarterly campaigns at a site level with the following goals:

1. To educate employees on strategies to integrate healthy living into their daily lives.
    - Provide materials and information to encourage eating well, exercising and living tobacco-free.
    - Expose employees to a variety of presentations and activities focused on healthy living options.
2. To increase consumption of fruits and vegetables.
    - Provide a menu of activities that encourage employees to increase their fruit and vegetable intake.
    - Highlight options available to incorporate local food options.
3. To increase the frequency of daily physical activity.
    - Provide a team activity challenge to encourage the increase in daily physical activity.
    - Highlight local options that employees can access to support an increase in physical activity levels.
4. Decrease tobacco exposure
    - Provide current, evidence-based cessation options for staff.
    - Highlight materials and information designed to assist sites to become tobacco free.

5. Aid in the recruitment and retention of employees.

    - Incorporate challenge information into recruitment materials to promote FH as a "Healthy Living Employer."

Recommendation: Have senior management work with their board members to determine what employee health and work environment indicators are important to collect and report on a regular basis, and how to evaluate if current policies, programs and resources are meeting employee and workplace needs
Implementation Status: *Fully*

In 2006, Workplace Health published the first annual "Healthy Workplace Profile" reports for Fraser Health leadership using data from the 2005 calendar year. This current report, using data from the 2007 calendar year, represents the on-going effort to provide Fraser Health leadership with data to facilitate evidence-based decision-making to improve the health of our workers and workplaces.

Fraser Health's project within this national Health Canada initiative is to develop a multi-factorial model of indicators that reflect the health of our organization and our employees. Reports have been prepared for each member of the Executive Team and Regional Director profiling the performance of the portfolios for which they are directly responsible. Reports exist for the 2005 and 2006 calendar years.

PerformanceLink – performance expectations and action plans for healthy workplace interventions are built into Fraser Health's PerformanceLink [Performance Management System].

Fraser Health has a business goal to reduce short term disability occupational injury claims duration to align with Provincial averages. WorkSafe BC [WSBC] has made reduction of STD duration a core strategic business objective for 2007. In 2007, Fraser Health and WSBC collaborated on a project using the LEAN Six sigma methodology to improve injury outcomes within a select area of Fraser Health by the end of 2007. Outcomes included: reducing injury recovery time through enhanced services for the worker; decreasing staffing pressures and costs by implementing light duties and modified work; reducing claim costs and complexity by developing a coordinated claims management system; and improving worker education and advocacy.

Project achieved a 9 day reduction in average duration for the sub-set of claims and geographic area within the select area.

Findings and best practices are now being shared and implemented provincially.

Recommendation: Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis
Implementation Status: *Fully*

The Fraser Health Board receives as part of its reporting, quarterly reports on the following Key Performance Indicators that are related to Healthy Workplaces:

- Frequency of WorkSafe BC claims [rate]
- Duration of WorkSafe BC claims [days lost average per claim]
- Sick Time Utilization [rate]
- Flu immunization [% rate]

On annual basis, the Board receives a report outlining trends by portfolio of the following:

- Frequency of WorkSafe BC claims [rate]
- Duration of WorkSafe BC claims [days lost average per claim]
- Sick Time Utilization [rate]
- LTD Claims per Productive Hours [rate]
- LTD Hours as a % of Productive Hours
- Overtime
- Costs of LTD, WSBC and Sick time claims

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 5

Vancouver Island Health Authority:

1. Has your organization undertaken specific follow up action in response to the 2007 Follow up Report of the Auditor General?

__X_ yes ___ no

Please report on your actions and activities that specifically respond to each recommendation made in the Auditor's report (complete the attached Appendix A):

2. Based on the OAG findings, are there other supporting initiatives or approaches that support the priorities identified by the Auditor: providing leadership, promoting a healthy work environment, monitoring and reporting etc.

In June of this year, VIHA's HR Strategic Plan (the People Plan) was approved by the Executive Management Committee (EMC) and endorsed by the Board. The Plan notes that the most significant risk to VIHA achieving its organizational goals and objectives is its ability to retain and recruit adequate numbers of health care professionals and support staff.

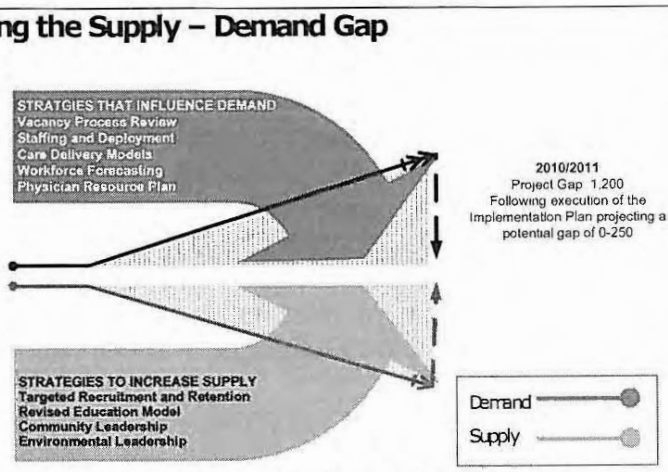
The People Plan stresses that if the organization relies on traditional or "status quo" workforce supply strategies, VIHA and its service delivery partners will find themselves in a potential shortfall – what we have termed "the GAP" – of up to 1200 health care professionals and support staff by the year 2010/11. While this gap is of significant concern, it is compounded by the fact that these shortfalls are more pronounced within certain programs, occupational groups and geographic locations.

Given the significance of this risk, the Board asked that a detailed implementation plan be prepared, setting out how the organization intends to address this pressing issue. Based on input from the People Plan Steering Committee, including a review of best practices, this Plan describes nine core projects that are complementary in nature and collectively, are designed to "close the GAP" including:

- Innovative Recruitment and Retention Strategies
- Re-engineered Staff Scheduling systems and Processes
- Redesigned Care Delivery Models
- Workforce Planning, Utilization and Forecasting
- Re-engineered vacancy management business processes.
- Commitments to continuous learning
- Community and Environmental Leadership
- Worklife Support Strategies.

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 6

Although the Implementation Plan focuses on these core projects, this is not intended to be an exhaustive list of the activities required to close the supply/demand gap. A broad spectrum of additional strategies currently in place, or under development, will also contribute to achieving our stated goals.



Similarly, as we update the Plan, the consultation process will be expanded to include a greater number of employees, physicians and other stakeholders. Further, a regular report, website and other forms of communication to the organization will be developed to both heighten the awareness of our response to the workforce challenges, report out on our progress, and to solicit further input into future planning in this regard.

3. Do you undertake any formal monitoring or surveying of your staff with regard to workplace wellness/morale/engagement etc?

Our People Plan also recognizes the strategic value of engagement. Engaging or securing commitment from staff has become a key focus for employers, and as such, has been integrated into our performance-monitoring framework. Historically, employers have tended to focus on staff satisfaction as one of the indicators for organizational performance. However, research (Watson Wyatt, 2005, Gallup, 2003) has shown that unlike satisfaction, staff engagement (the degree to which employees are emotionally and intellectually committed to, and involved in their work) is a powerful predictor of work behaviour and overall performance. The degree to which staff is engaged can be linked to improved levels of staff/patient satisfaction and increased productivity. Towers Perrin (Global Workforce Study, May, 2006) conducted a study with over 80,000 employees worldwide and their data underscored another key learning---while there are a variety of elements involved in both retaining and engaging employees there is a significant link between staff engagement and retention.
The Towers Perrin Study also showed that there isn't a single solution for increasing employee engagement.

However, the study points to the fact there is a core set of workplace factors that employers should focus upon:

- Visible Senior Leader Involvement
- An emphasis on Learning, Skills Enhancement & Career Development
- Effective Frontline Management & Supervision
- Customized Rewards & Recognition Strategies

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 7

- Organization's Reputation

Many of our strategies and the nine core projects touch on one or more of these factors. However, the Executive is of the view that more work should be undertaken to increase employee engagement. Specific strategies will be implemented to influence each of the above noted factors.

For example a President's Council, which involves the President meeting on a regularly scheduled basis with groups of staff to receive feedback on issues important to them. The first of these focus groups will be scheduled in January 2008.

The Celebration of Excellence Program will be expanded to include a new category that will acknowledge and honour individuals or teams for their Community Service.

A formal employee suggestion program will be implemented to solicit employee suggestions for improvement opportunities.

Of note, staff engagement on the new RJH patient care centre is well underway including gathering 'content expert' feedback through a variety of formats and means including: open houses, walkabouts, suggestion boxes, staff meetings, practice committees and interviews. This project has adopted, as a core objective, the concept of a "Magnet Hospital" to assist with attraction and retention.

Finally, we will continue to use best practice survey instruments to assess and measure engagement. Using the Gallup Q12 survey tool in 2006, we surveyed a broad cross-section of staff across programs and geography. A resurvey of these workgroups has just completed and, at the same time, we have brought forward a recommendation to our Board of Directors concerning the go-forward instrument of choice based on a best practices review conducted in and early 2008.

Vancouver Island Health Authority

Recommendation: Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans

Implementation Status: *Fully*

VIHA has introduced several processes designed to gather data and report on indicators of employee health and work environment conditions including:

1. Gallup engagement survey (Q-12).
2. Continued roll-out of the WHITE database – (see #5 below).
3. On-line Management Reporting via our web-based **IDEAS** management information system. Managers across VIHA have access to statistical information through **IDEAS**, which is an on-line decision support tool which integrates clinical and administrative data. Each manager has a personalized Balanced Scorecard containing indicators relevant

to the program in which they work, and their scope of responsibility. The system allows managers to 'drill down' into the data to facilitate further analysis.

4. Patient Safety rounds – Executive rounds with individual departments and staff includes "worklife" as a dimension of quality and safety.

These systems help to inform both individual department performance (and thus front line performance in this regard), but also HR Planning. As such, responsibility for Workplace Health and Wellness is now found in the performance plans of all management staff.

Similarly, VIHA's five-year strategic Human Resources Plan (People Plan) is informed by and evaluated against, among other things, healthy workplace indicators. While the People Plan Implementation Plan largely focuses on the achievement of assigned FTE values to close the projected supply/demand GAP, it should be noted that the assigned values are predicated on realizing improvements in a number of measurable outcomes. VIHA continuously monitors and tracks health care data and other information to assess how well the organization is meeting its goals and objectives. Performance measures are used to monitor performance throughout the health authority with respect to the achievement of these goals and objectives.

To this end, the Plan will initiate multiple concurrent, complementary and interdependent activities that will each impact several performance measures. As such, the Plan sets out a number of core performance measures and targets, including employee health indicators, which we will continue to monitor and report against throughout the execution of the Plan.

As the Plan unfolds, these activities and initiatives may generate unique key performance indicators (KPI's) that will be incorporated into the monitoring and reporting of the individual projects. Similarly, it is anticipated that these core performance measures and targets will be reviewed/adjusted annually and new measures may emerge and be incorporated into the broader People Plan monitoring process.

Recommendation: Review the extent of managers' control and ensure that it is not beyond a limit to be effective
Implementation Status: *Substantially*

To meet the changing and increasing demand for health care, VIHA is implementing a broad range of changes including:

- New care delivery models;
- Improved access and patient flow;
- New clinical and diagnostic technologies;
- New and updated facilities; and,
- Optimizing scope of practice.

To realize the quality of care and productivity improvements such transformations promise require significant organizational design support from the HR Portfolio to implement staffing models that take into consideration:

- Organizational structure;
- Staff mix (full-time/part-time);
- Staff configurations;

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Page 9

- Shift design and non-traditional staff rotations; and,
- Best practices in work team design.

Organizational design strategies will significantly influence the organization's ability to attract and retain key talents and must address historic issues such as span of control to create a professional practice environment that has coaching, mentoring, and professional development as key characteristics. To this end, the Ministry of Health, the Health Authorities and the Nurses' unions agreed to dedicate some resources to addressing the span of responsibility issues. In 2007/08, VIHA introduced 16 such positions, including clinical education and clinical coordination support – all in the central and northern parts of the health authority that have been historically resource-challenged in this regard. More positions are being added in 2008/09 with the input of management and union representatives.

At the same time, as part of the People Plan, VIHA has embarked on a three-year project to is redesign its care delivery models using a technique called Functional Analysis. The initiative is designed to replace current care delivery and staffing models (including leadership models) with new, innovative and sustainable approaches involving job and service model redesign and accountability frameworks.

Recommendation: Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks
Implementation Status: *Partially*

People Plan Implementation Plan has set out a number of complementary goals and work-life support strategies designed to support the well-being of our staff by adopting programs that improve the work environment and the overall work experience. In this regard, VIHA is in the early stages of creating a partnership with our Mental Health and Addictions Services and the Health Care Benefit Trust to address employee mental health. As part of an environment scan in 2007 in this regard, VIHA has identified that the work at the Provincial Health Services Association (PHSA) may serve as a suitable framework to begin to address employee mental health issues. Further scoping of this framework, including a resource plan, will be developed for 2008/09.

Recommendation: Ensure that their appointees to the Joint Occupational Health and Safety Committees attend meetings regularly and recognize occupational health and safety as a part of their responsibilities
Implementation Status: *Substantially*

The following describes how VIHA supports our 51 Joint Occupational Health & Safety (JOH&S) Committees and how the Wellness & Safety department, on behalf of the organization, promotes the effectiveness of these committees within the intent and spirit of our policy and legal/regulatory framework.

a. The requirement to have JOH&S Committees, and the roles/responsibilities for committee members are laid out in the *Workers' Compensation Act*. VIHA also has a formal Prevention & Health Promotion Program that details the organization's expectations for committees.

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 10

b. The VIHA Wellness and Safety Department liaises with each Committee on a regular basis. In all cases, the committees are provided with monthly updates regarding statistics and other health & safety issues. In some cases, especially with the larger hospitals and/or the committees asking for assistance, a Safety Advisor and/or MSIP Advisor attends the monthly meetings to provide expert guidance and/or facilitation.

- As an example, the Occupational Hygienist and a member of the MSIP/PEARS Team attends the Victoria General Hospital and the Royal Jubilee Hospital JOH&S Committee Meetings on a regular basis to answer questions and to provide training/education in specific areas of expertise. As well, these health & safety experts liaise with the committees' management/union co-chairs on a regular basis to answer questions and provide assistance.

c. Each member on the committees is granted a minimum of 8 hours of training (as per the *Workers' Compensation Act*). This amount of training is provided in addition to any education/training mentioned above and is in addition to any education/training provided by a committee member's union.

- Training programs were developed, in cooperation with the Occupational Health and Safety Agency for Healthcare in BC. In April & November of 2007, courses were delivered in Victoria, Duncan, Nanaimo, Parksville, Campbell River and Port Hardy; another round of courses will be provided again starting in June of 2008.
- As part of that training, members are provided with a number of health & safety topics. This includes the basic requirements for JOH&S Committees (as outlined in the *Act*). Every member that attends this training is aware of their role/responsibility on the committees to ensure that these bodies are functional.

d. The W&S Department has conducted audits on JOH&S Committee performance. The last audit was conducted in 2007 and focused on the basic elements of a Committee (e.g. number of meetings held annually, the attendance at those meetings, etc.).

- As part of the audit, W&S also reviewed each committee's meeting minutes to review the topics that were discussed. It should be noted that committees are required to take meeting minutes at each of their monthly meetings.

e. VIHA's Wellness and Safety Department has formed a joint committee with WorkSafeBC (formerly, the "Workers' Compensation Board"). In this working group, members from both VIHA's W&S Department and WSBC's Prevention Division have been meeting since 2006 at regular intervals to review/address the efficiency and effectiveness of JOHS committees. The committee, co-chaired by a VIHA Wellness & Safety Representative and a WorkSafeBC Hygiene Officer (Bill McCaugherty), met with JOH&S Committees throughout VIHA. One of the objectives was to identify concerns of Committee members. A survey was conducted, identifying education and training needs and determining other JOH&S Committee concerns.

- The working group presented the results of the status survey to the four focus sites as well as to management groups at two of the four sites.

f. As part of the findings described in "e" above, the working group has developed a template for the JOH&S Committees' Terms of Reference, as well as for meeting agendas.

It is felt that by having these two documents standardized island-wide, that this will assist in individuals understanding their roles/responsibilities.

Recommendation: Implement a human resource information system that will provide data needed for developing a comprehensive picture of employee and workplace health.
Implementation Status: *Fully and Alternative Action*

VIHA continues pursue the replacement of its decommissioning legacy HR information systems. An RFP to replace these systems was issued in late 2006 but placed in abeyance with the introduction of the Health Authority Shared Services Organization (SSO). The SSO's goals will be to create extra value to the health system through increased efficiency, standardization, and stronger buying power; to enhance quality through the delivery of customer-focused services; and improve alignment and integration across the health authorities. The non-clinical services under consideration are common products procurement, warehousing and logistics, **payroll/transactional human resources,** and information technology (including data centre, desktop and contact centre/help desk). John Johnston, Vice-President of Human Resources with VIHA will be the executive lead on the provincial Payroll/Transactional HR business case review process.

In the interim, VIHA has continued to implement the OHSAH WHITE database. WHITE stands for Workplace Health Indicator and Tracking and Evaluation.

The WHITE Database is a web-based system that helps incident tracking and case management. Four of BC's six health authorities, including VIHA, are now using the system to centralize information that can be used to reduce and/or eliminate workplace injuries, provide prompt clinical and workplace interventions to reduce disability and time loss, and evaluate the effectiveness of health and safety programs. The system links all information entered into the Database. For a healthcare organization, this could mean determining, for example, that a specific education session has a major impact on reducing back injuries, or that introducing safer needles has reduced the total cost of needlestick injuries. Similarly, the Database can be used to identify immunized and non-immunized workers during an infectious disease outbreak such as influenza. The Database has five modules. Their key functionalities are:

Incident Investigation Module

- Recording of incident/injury details.
- Recording of the Investigator's Report (including identification of action items and corrective action timescales/completion)
- An electronic body map for the identification of injured/affected body parts

Case Management Module

- Electronic submission of WorkSafeBC Form 7
- Electronic retrieval of WorkSafeBC Claims Costs
- Recording/tracking of short term and long term disabilities

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Page 12

- Modified Return to Work Planning/Management for time loss claims as well as short and long term disabilities

- Recording of immunization and vaccination against infectious diseases
- Recording/tracking of needlestick and BBF exposure information (EPINet)
- Recording of worker allergies and sensitivities
- Recording/tracking of chemical, heat and radiation exposures

Health and Safety Module

- Recording of facemask fit test results
- Training and education records
- Recording of audiometric test results

Prevention and Early Active Return-to-work Safely (PEARS) Module

- Tracking of MSI prevention strategies
- Healthcare worker assessments - clinical charting (i.e. SOAP notes)
- Workplace and equipment assessments
- Ergonomic assessments and workplace accommodation
- Interventions (including work programs and education)
- Reporting and follow up features for enhanced case management

Data Security/Confidentiality

The WHITE Database captures information about occupational health and safety concerns and personal information at each health authority using WHITE. The information that is collected is used for health promotion, case management, research and evaluation; for the purposes of improving the health of the local and, because of the provincial roll-up, British Columbia's healthcare workforce. The WHITE Database has many layers of security to ensure that information is only available to authorized persons. This is achieved through personal non-transferable login and passwords that determine the information to be displayed to each user (Occupational Health Professionals) of the system. This is in addition to health authority network security.

Data is used for research and analysis purposes by each health authority and OHSAH. Information collected and used by OHSAH is based upon the anonymity of individual healthcare workers. This is achieved by removing or encrypting personal information before it is analyzed.

Recommendation: Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis..
Implementation Status: *Fully*

VIHA actively participates in a number of inter-Health Authority forums where these metrics are being discussed and developed. The work is being lead by the Health Human Resource Strategy Council (Vice-President's of Human Resources) with the detailed work (indicator

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Page 13

development/data mapping) being done by the provincial HR Data Committee. VIHA is actively involved in these discussions given its extensive experience reporting on a series of employee health indicators. Attached is the most current report to our Board of Directors on the current suite of health human resource indicators monitored at VIHA. These reports are publicly available and summarized on our internet web site (Accountability section).

GHR Nov 2007 Perf Rpt.pdf

Attached in hard copy form for review

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Page 14

VANCOUVER ISLAND health authority

Performance Report
Introduction – November 2007

The Vancouver Island Health Authority has a strong commitment to monitoring, reporting and improving its performance. Each publication of the Performance Report focuses on select performance measures that together, provide a balanced assessment of our performance and progress in meeting our goals. This set of measures is not static nor is it inclusive of all the indicators monitored by VIHA. Rather, these indicators are the most relevant and informative with respect to our goals and the 2007/2008 Government Letter of Expectations (GLE) and the 2007/2008 Health System Performance Framework (PF).

Indicators added as a result of this ongoing assessment of indicators are:

A7	Screening Mammography – Rate of Participation
B3	Percent of VIHA Children Entering Kindergarten "Ready to Learn"
G5	Status Indian Mortality Rate
G7	Status Indian Youth Suicide Rate
G8	Status Indian Infant Mortality Rate
G9	Status Indian Diabetes Prevalence
K9	Surgical Wait Time – Hip Fracture Repair
K10	% CABG Surgeries Waiting Longer than 6 Weeks
N6	Satisfaction – Outpatient Cancer Care

VIHA Performance Scorecard

The Performance Report includes a VIHA scorecard as well as specific scorecards for Board Committees. Committee specific scorecards show shaded in yellow the indicators the Committee is responsible for monitoring and the other indicators lightly faded. This provides each Committee with the entire VIHA Performance Scorecard but focuses on indicators of particular interest to each Committee. The allocation of the indicators to the various Board Committees as not been reviewed and confirmed by the Board for the November 2007 report.

Indicator Pages

The indicator pages summarize the analysis for each performance measure, are sorted by responsible Committee and are located behind each Committee's Performance Scorecard.

Targets

VIHA has strived to establish realistic short-term annual targets for all indicators. In setting our targets, we have looked to many references including the 2007/2008 Government Letter of Expectations, the 2007/2008 Health System Performance Framework and the 2006/2007 Performance Agreement. Some indicators VIHA monitors internally and are not exactly the same indicator as in the government agreements. This is in large part to the timing of the measures. VIHA strives to monitor performance using both leading and lagging indicators. Many of the measures in the government documents cannot be measured until well after the end of the year.

Changes in Performance

The Performance Scorecard(s) highlights the trend of individual indicators, based on actual performance relative to previous performance and to targets. The trend arrows are literal interpretations of the trend. Improving and stable trends are noted for 76% of the indicators. VIHA continues to do well in the domains of health promotion, appropriateness, safety and overall patient satisfaction. We continue to have challenges with our special populations, specific areas of access / wait times and worklife. The following areas continue to be a challenge:

Committee of the Whole

- All of the Special Population Measures

Health Quality Committee

- Immunization Rates for Children at 24 Months of Age
- Screening Mammography – Rate of Participation
- % Community Based Clients Admitted to Residential Care within 30 Days
- Occupancy rate Level 2 and 3 Perinatal Beds
- Surgical Wait Time – Cataracts
- % Cases Admitted from Emergency within 10 Hours
- % of CABG Surgeries Waiting Longer than Six Weeks
- % of Cancer Deaths Occurring outside hospital
- Selected Hospital Infection Rates
- Food Satisfaction - Residential

Governance & Human Resources Committee

- Overtime Rate
- Staff Influenza Immunization Rates – Acute and LTC
- Difficult to Fill Rate

Finance and Audit Committee

- Working Capital Ratio
- Facility Condition Index
- Equipment Depreciation Index

Performance Monitoring Descriptors

VIHA goals are guiding the ongoing re-development of the performance monitoring descriptors. The descriptors define what needs to be measured to ensure that VIHA goals are being met. We continue to develop methodologies to collect a range of appropriate metrics on all these descriptors.

Goal 1 Improved health and wellness of VIHA residents

Prevention & Protection
Prevention and protection activities focus on reducing incidence of disease, injury and disability.

Promotion
Health promotion activities are targeted to support residents of VIHA in making positive lifestyle choices, which can reduce the burden of disease and promote wellness.

Special Populations
Health promotion, prevention and protection activities for VIHA's population priorities are focused where there is a clear need and an ability to influence health.

Goal 2 Quality, client-centered care and service

Access
Reasonable access to necessary services provided within our own communities and across a continuum of care is key to the provision of client-centered care.

Wait Times
The provision of services at the most appropriate time and timely diagnosis and treatment are vital to clients and health professionals. The reduction of wait times and waitlists is a priority.

Appropriate
The utilization of services and outcomes of care are considered appropriate when services meet the needs of the community and are proven to produce health benefits.

Safety
Health care is complex and inherently involves risk. By studying error and creating a safety culture, we can improve practice, reduce errors and improve patient safety.

Satisfaction
Client and patient satisfaction with the care provided in our health system is integral to the quality of the health care experience. Measuring satisfaction highlights successes as well as concerns.

Goal 3 A sustainable, affordable public health system

Worklife
Recruiting, supporting and retaining healthy and competent staff and physicians are necessary activities to achieve our goals.

Sustainability
An affordable and sustainable health system is dependent on the effective planning and use of financial resources, the workforce, innovation, and emerging technology.

VANCOUVER ISLAND health authority

GOVERNANCE & HUMAN RESOURCES COMMITTEE
PERFORMANCE SCORECARD November 2007

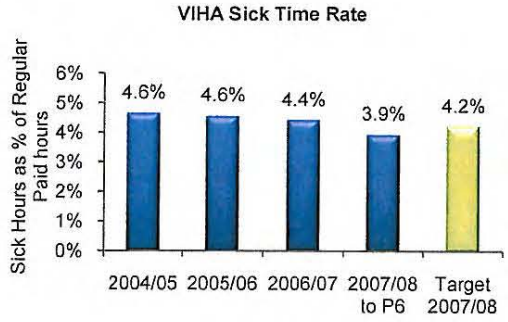
GLE	PF	CTTEE	WEB	REF	PERFORMANCE MEASURES	DATA DATE	LIGHT	TREND	TARGET	ACTUAL
GOAL 1: IMPROVED HEALTH AND WELLNESS OF VIHA RESIDENTS										
PREVENTION / PROTECTION										
	=	HQC	*	A1	Immunization Rate for Children at 24 Months of Age	March 2007	▲	⇧	76.7%	74.1%
	=	HQC	*	A2	Residential Care Influenza Immunization Rate	March 2007	■	⇧	90.0%	92.7%
=	=	HQC		A7	Screening Mammography - Rate of Participation	August 2007	▲	⇨	>55%	52%
HEALTH PROMOTION										
	=	CoW		B1	Tobacco Use Rates Ages 15 and Over	March 2007	■	⇨	18.1%	19.0%
	≈	CoW		B3	Percent of VIHA Children Entering Kindergarten "Ready to Learn"	June 2007	■	Set baseline		70.4%
	=	CoW		B6	Rate of Newly Reported HIV Infections	December 2006	■	⇧	8.3	7
SPECIAL POPULATIONS										
		CoW		G4	Status Indian Potential Years of Life Lost for External Causes	December 2005	●	⇩	<40.3	42.3
≈	≈	CoW		G5	Status Indian Mortality Rate	December 2005	●	⇩	<79.8	82.5
≈	≈	CoW		G7	Status Indian Youth Suicide Rate	December 2005	■	⇧	<6.6	5.7
≈	≈	CoW		G8	Status Indian Infant Mortality Rate	December 2005	●	⇩	<11.6	11.9
≈	≈	CoW		G9	Status Indian Diabetes Prevalence	December 2006	■	⇨	<6.5	6.6
GOAL 2: QUALITY, CLIENT-CENTERED CARE AND SERVICE										
ACCESS										
		CoW	*	J1	Health Services Self-Sufficiency	March 2007	■	⇨	95.0%	95.3%
	≈	HQC		J3	Alternate Level of Care Population Based Rate	March 2007	■	⇧	decrease	68.8
=	=	HQC		J6	Assisted Living, Supportive Living and Residential Spaces	September 2007	■	⇧	1259	1259
	=	HQC		J7	Riverview Replacement Units	October 2007	●	⇩	85	0
	=	HQC	*	J8	% of Community Based Clients Admitted to Residential Care within 30 Days	July 2007	●	⇩	58.5%	35.7%
		HQC		J9	Average Length of Stay Variance	March 2007	■	⇧	5.11	4.87
	≈	HQC		J10	Occupancy Rate Level 2 and 3 Perinatal Beds	September 2007	▲	⇧	decrease	NRGH 65% VGH 82%
=	=	HQC		J11	Mental Health Housing with Supports	September 2007	■	establish baseline		24
WAIT TIMES										
		HQC	*	K2	CT Wait Time	September 2007	■	⇧	7 weeks	5.3 weeks
		HQC	*	K3	MRI Wait Time	September 2007	■	⇧	12 weeks	10.5 weeks
=	=	HQC	*	K4	Surgical Wait Time - Total Hip Replacement	September 2007	■	⇧	<=41%	29%
=	=	HQC	*	K5	Surgical Wait Time - Total Knee Replacement	September 2007	■	⇧	<=54%	41%
=	=	HQC	*	K6	Surgical Wait Time - Cataracts	September 2007	▲	⇩	<=24%	26%
=	=	HQC		K8	% of Cases Admitted from Emergency Within 10 Hours	September 2007	▲	⇩	80%	70.9%
=	=	HQC		K9	Surgical Wait Time - Hip Fracture Repair	March 2007	■	⇨	95%	95%
=	=	HQC		K10	% of CABG Surgeries Waiting Longer than Six Weeks	September 2007	▲	⇩	17%	56%
APPROPRIATE										
	≈	HQC		L3	Ambulatory Care Sensitive Conditions Rate	March 2007	■	⇧	394	358
		HQC	*	L4	Readmission Rates	March 2007	■	⇧	<5.6%	5.2%
=	=	HQC		L6	Mental Health 30 Day Follow-up Rate	March 2007	■	⇧	80%	80.6%
	=	HQC		L8	Percent of Cancer Deaths Occurring outside Hospital	March 2007	▲	⇩	54.9%	50.1%
	=	HQC		L9	Percent of Non-cancer Natural Deaths Occurring outside Hospital	March 2007	■	⇧	50.0%	52.6%
	=	HQC		L10	Hospital Standardized Mortality Ratio	March 2007	■	⇨	<100	81.0
SAFETY										
		HQC		M1	Selected Hospital Infections Rates	September 2007	▲	⇩	5.8	12.4
		HQC		M2	In-Hospital Hip Fracture Rate	March 2007	■	⇨	1.2	1.2
		HQC	*	M3	Housekeeping Quality Audits	September 2007	■	⇨	85%	90.5%
		HQC	*	M4	Food Safety Audits	May 2007	■	⇧	80%	92%
SATISFACTION										
		HQC	*	N1	Food Satisfaction - Residential Care	September 2007	●	⇧	90%	79%
≈	≈	HQC	*	N3	Satisfaction - Emergency Services	September 2003	■	NA	85.8%	87.7%
		HQC		N6	Satisfaction - Outpatient Cancer Care	May 2006	■	NA	96.4%	97.1%
GOAL 3: A SUSTAINABLE, AFFORDABLE PUBLIC HEALTH SYSTEM										
WORKLIFE										
≈	≈	G&HR	*	U1	Sick Time Rate	September 2007	■	⇧	4.2%	3.9%
≈	≈	G&HR	*	U2	Overtime Rate	September 2007	▲	⇩	2.8%	3.0%
		G&HR	*	U3	Staff Injury Rate (time loss only)	September 2007	■	⇧	11.0	9.7
		G&HR		U4	Days Paid per Injury Claim	May 2007	■	⇧	25.0	24.1
		G&HR		U5	Long Term Disability Rate (own occupation only)	October 2007	■	⇧	2.5%	2.3%
	=	G&HR		U6A	Staff Influenza Immunization Rate - Acute Facilities	February 2007	▲	⇧	47.9%	45.3%
	=	G&HR		U6L	Staff Influenza Immunization Rate - LTC Facilities	February 2007	●	⇩	67.4%	62.4%
≈	≈	G&HR		U7	Difficult to Fill Rate	September 2007	■	⇩	1.10%	0.83%
SUSTAINABILITY										
	=	FAC	*	V3	Year End Surplus/(Deficit)	September 2007	■	⇨	$0	$0
	=	FAC		V4	Working Capital Ratio	September 2007	▲	⇩	0.8 - 1.0	.78
		FAC		V5	Facility Condition Index	August 2007	▲	⇩	0.132	.124 to .155
		FAC		V6	Return on Investments	October 2007	■	⇨	4.37%	4.46%
		FAC		V7	Equipment Depreciation Index	August 2007	■	⇧	See Indicator Page	
		FAC		V8	Revenue Generation	September 2007	■	⇨	$128M	$135M

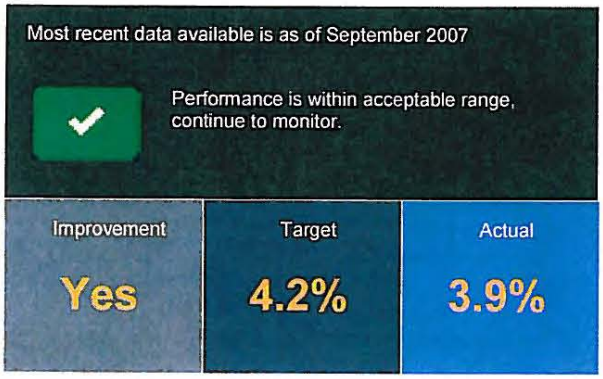
Trend	Light	GLE/Performance Framework
⇧ trend is improving	■ Green: Performance is within an acceptable range, continue to monitor	= measures exactly the same
⇨ trend is stable	▲ Yellow: Performance outside acceptable range, monitor and take action as appropriate	≈ measures vary slightly
⇩ trend is worsening	● Red: Performance significantly outside acceptable range, take action and monitor progress	

Section 4

Sick Time Rate

VANCOUVER ISLAND health authority





Data Source: VIHA Payroll Systems

WHAT IS BEING MEASURED?

The sick time rate is calculated as the number of hours paid for sick leave as a percent of total regular paid hours.

WHY IS THIS OF INTEREST?

The sick time rate is an indicator of the health and capacity of the workforce (including employee morale and engagement). It also provides an early warning indicator for potential Long Term Disability claims. Any reduction in the sick time rate infers avoidance of sick relief costs.

WHAT IS THE TARGET?

Sick time is a 2007/08 Government Letter of Expectations item. Because of the differences in data reporting times between the Ministry of Health and VIHA, the data used here is VIHA's internal measure, which is more current. The internal target for 2007/08 is 4.2% which is designed to achieve the target in the Government Letter of Expectations.

HOW ARE WE DOING?

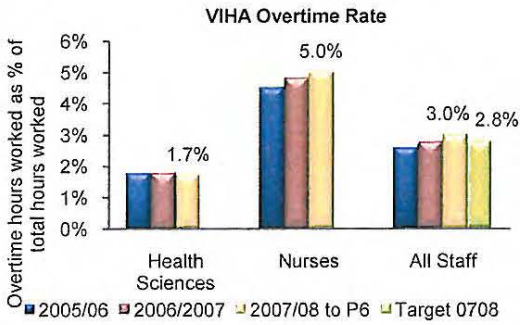
As at Period 6, the sick time rate is 3.9% which is less than the 2007/08 target. From April 2007 to September 2007 the sick time rate was 3.9%, or 9.8 days annually per employee. The year to date rate compares favourably to previous years.

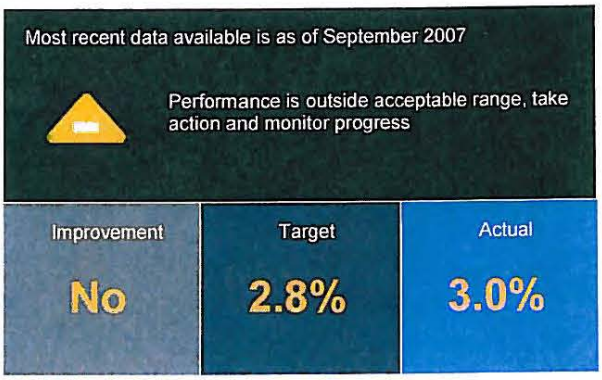
Communicable disease exposure claims are now accepted by WorkSafeBC which has resulted in a decrease to the number of hours paid for sick leave.

WHAT ACTIONS ARE WE TAKING?

- The education component of the Absence Management Program has had a complete rollout to the organization. A project team has been created to support the administration of the absence management program.
- Last year's handwashing campaign reminded staff that their hand-washing vigilance will protect them and their patients from illness.
- A health promotion brochure, "Wellness is within Reach" has been produced.
- The People Plan implementation will introduce supports that are meaningful to our staff's well-being and will improve the work environment and overall work experience. Supports may include daycare/elder care; wellness strategies, and alternative work arrangements.

Overtime Rate





Data Source: VIHA Payroll systems (extracted October 2007)

WHAT IS BEING MEASURED?

The overtime rate is calculated as the overtime hours worked as a percent of the total hours worked.

WHY IS THIS OF INTEREST?

The frequency that VIHA staff work beyond regular hours is linked to the physical and mental well-being of employees and their ability to provide high quality care.

A moderate amount of overtime is inevitable due to patient acuity, times when staff members are absent at short notice, or an unexpected increase in workload. Excessive amounts of overtime, however, can impact quality of care and contribute to staff illness, injury, poor morale and increased cost.

WHAT IS THE TARGET?

Overtime is a 2007/08 Government Letter of Expectations item. Because of the differences in data reporting times between the Ministry of Health and VIHA, the data used here is VIHA's internal measure, which is more current.

The internal target for 2007/08 is 2.8%, based on the prior year's experience and taking into account an environment where workload fluctuates (planned and unplanned), availability of casual workers is limited, and job vacancies continue to exist. This challenge is part of a national and international trend of shortages in certain specialties in health care.

HOW ARE WE DOING?

The 2007/08 overtime rate to September is 3.0% which does not meet the internal target of 2.8%.

Reasons for overtime continue to be workload (36%) (planned and unplanned), sick relief (16%) and job vacancies and turnover (10%). In addition, overcensus conditions often result in unscheduled workload increases that necessitate the use of overtime.

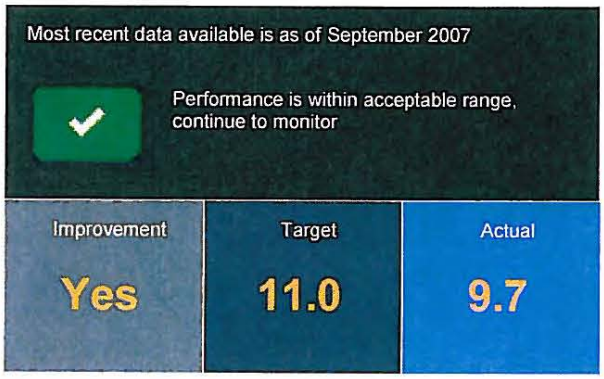
Overtime rates remain highest for registered nurses.

WHAT ACTIONS ARE WE TAKING?

VIHA has a variety of strategies in place and initiatives underway aimed at reducing overtime rates:

- Continuing efforts to improve patient flow should reduce the need for additional staffing at overtime rates;
- Planning for and construction of new residential care capacity;
- Developing appropriate care delivery models and staff mix strategies that will result in the most effective and efficient use of resources;
- Undertaking a project to re-engineer the staff scheduling model;
- Assigning a team to assist with responsive shift scheduling for nurses;
- Implementing the People Plan will ensure VIHA is able to attract new staff, retain existing staff, and develop and optimize our existing workforce.

Staff Injury Rate (time loss only)



Data Source: VIHA Claims Management and Payroll systems

WHAT IS BEING MEASURED?

The staff injury rate is a measure of the frequency of work related incidents that result in staff having to take time off work. The measure is calculated as the number of these incidents per 100 full time staff equivalents. The staff injury rate excludes claims for health care treatment only.

WHY IS THIS OF INTEREST?

This indicator provides information regarding the safety of the work environment such as adherence to safe work practices and availability of appropriate equipment. Injuries have an impact on employee morale, staff retention and the cost of providing service.

WHAT IS THE TARGET?

The target established by VIHA for 2007/08 is 11 incidents per 100 full time staff equivalents. This target factors in the increasing number of incidents attributed to occupational diseases, such as Noro-virus exposure which WorkSafeBC began accepting in 2006.

HOW ARE WE DOING?

The staff injury rate as at period 6 in 2007/08 is 9.7 which meets the target of 11. Communicable disease exposure accounts for 8% of time loss incidents thus far in 2007/08. 71% of timeloss incidents are musculo-skeletal in nature.

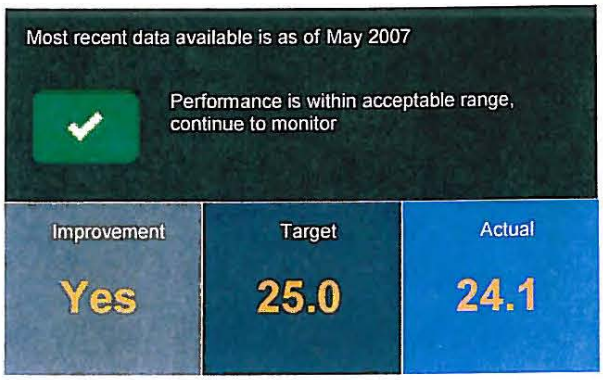
WHAT ACTIONS ARE WE TAKING?

VIHA has implemented a number of measures to reduce workplace injuries:

- Creation of a team to support targetted units with high injury rates via focused interventions by prevention and wellness staff.
- A handwashing campaign which has reduced the number of WorkSafeBC claims for communicable disease exposure from 111 last year to 44 this year.
- Enhancement of Violence Prevention Strategy and Initiatives including: regional violence prevention committee; Workplace Violence Prevention Program and Policy; violence prevention signage; social awareness initiatives; violence risk assessments and training to establish Code White teams at 10 VIHA sites.
- Increased investment in repositioning sheets and overhead ceiling lifts to reduce musculoskeletal injuries.
- Conversion to safety sharps and safety medical devices.
- Piloting a new blood and body fluid exposure control program beginning in 2008.
- Training of Joint Occupational Health and Safety committee members in accident investigation and safety monitoring.
- Increasing WorkSafeBC officer inspections at 11 sites.
- Conducting injury risk analysis in select departments and implementing controls for injury reduction.

Days Paid per Injury Claim

VANCOUVER ISLAND health authority



Data Source: WorkSafeBC (preliminary results for 2007)

WHAT IS BEING MEASURED?

The days paid per injury claim is calculated as the number of days paid by WorkSafeBC (WSBC) within the calendar year of injury, divided by the number of claims by year of injury. This is a lagging measure of severity which can only be accurately measured after the end of the calendar year.

WHY IS THIS OF INTEREST?

The severity of the incident and the efforts to return the employee to productive employment have a direct impact on the duration of a claim.

The longer the duration of a WSBC claim, the more likely that it will convert to a long term disability case making it more difficult to successfully manage.

Staff injuries which result in paid time off from work as approved by WorkSafeBC are unexpected absences, usually requiring replacement staff which impacts on overtime and on continuity of service.

WHAT IS THE TARGET?

The target is 25 days per claim which is a reduction of 5.2 days per claim from 30.2 in 2005.

HOW ARE WE DOING?

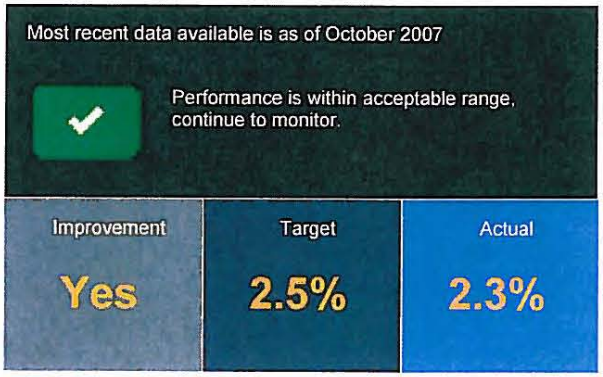
The trend continues to improve. The preliminary average for 2007 is 24.1 which meets the target. This improvement in claims duration will eventually contribute to reduced WSBC premiums and fewer conversions to long term disability.
If communicable disease claims (which are approximately 3 days in duration) are excluded, the average days paid per injury claim is higher.

WHAT ACTIONS ARE WE TAKING?

In addition to the Actions discussed in Staff Injury Rate (U3), these initiatives are being undertaken to reduce claim duration:

- Initiating joint working groups between Wellness & Safety and WSBC to improve timelines and processes for return to work planning;
- Promoting Prevention and Early Active Return-to-Work Safely (PEARS) programs to staff with musculoskeletal symptoms;
- Instituting the Peer Champion Program to improve safe patient lifting techniques used by staff. Champions are encouraged to support co-workers and provide instruction/coaching to those who require assistance;
- Producing a DVD on overhead lifts to educate front line staff;
- Focusing on transitional work opportunities and creative return to work solutions, through the Ability Management Team;
- Increasing communication to Joint Occupational Health & Safety committees about claims process and return to work (RTW) opportunities to increase awareness of services and uptake of RTW.

Long Term Disability Rate (own occupation only)



Data Source: VIHA Payroll and Wellness and Safety Systems

WHAT IS BEING MEASURED?

The Long Term Disability (LTD) rate measures the number of employees disabled from performing their own job and receiving LTD benefits, expressed as a percent of the employees with regular positions. For context only, the LTD rate for employees disabled from performing any occupation is shown.

WHY IS THIS OF INTEREST?

This measure is an indicator of the health and well-being of the workforce. As the rate increases, costs rise and staff capacity is reduced. LTD claims are a result of illness or injury and are usually not work related. VIHA can effectively influence the LTD rate where an employee can return to work in some capacity which is possible if the claim in still in the own occupation category. The any occupation rate is important because it reflects the number of conversions from disabled own occupation to the more complex any occupation category, where return to work is less likely.

WHAT IS THE TARGET?

The target for the LTD rate is 2.5% which is a 16% decrease from the September 2006 baseline.

HOW ARE WE DOING?

The rate at October 2007 is 2.3% which meets the target. This is due to VIHA's stronger organizational focus on LTD, proactive intervention strategies and partnership agreement with Healthcare Benefit Trust (HBT).

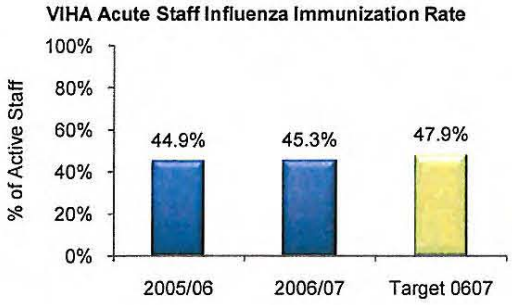
36 employees in the own occupation category returned to work between April and September. 54 staff are on rehab employment. 57% of all employees on LTD are also receiving Canada Pension Plan benefits which indicates they are unlikely to return to work at any point for any employer.

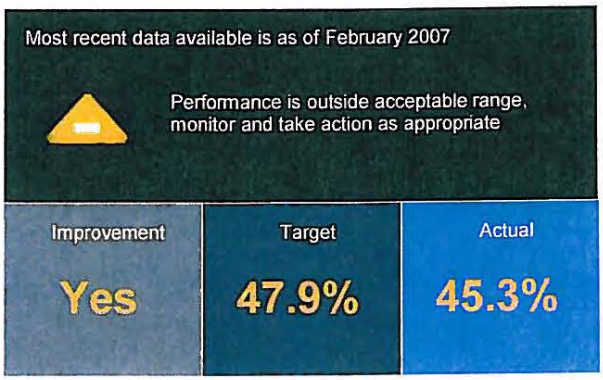
WHAT ACTIONS ARE WE TAKING?

The primary focus of managing LTD remains on the own occupation category. Management actions include:

- The Early Intervention Program pilot with HBT has been expanded to include all VIHA employees. The IHS project team identifies employees early in their absence and provides referral to EIP who offer medical case management to enable employees to return to work sooner and safer;
- The list of employees receiving LTD benefits are reviewed annually to identify people suitable for early retirement options;
- The IHS project team is reviewing all active LTD claims to identify transitional work opportunities and rehab employment;
- Workplace health and prevention efforts are focused on reducing musculoskeletal injury, one of main contributors to LTD.

Staff Influenza Immunization Rate - Acute Facilities





Data Source: British Columbia Centre for Disease Control (includes St. Joseph's)

WHAT IS BEING MEASURED?

The staff influenza immunization rate is an annual indicator that represents the number of staff immunized as a percent of the total number of staff working at acute care sites. It includes staff at "contracted" sites but excludes private facilities. Within VIHA, a record of immunization must be in Wellness & Safety's WHITE database to be included.

WHY IS THIS OF INTEREST?

Vaccination is an effective means to reduce transmission and prevent influenza infection. Immunization against influenza contributes to the health and well-being of employees and their family members and, most importantly, reduces the risk of transmission to clients and residents.

WHAT IS THE TARGET?

The 2006/07 Performance Agreement with the Ministry of Health set the target at 47.9% for acute care.

The 2007/08 Health System Performance Framework states a long term target of 60% but no timeframe has been stipulated to achieve this. For 2007/08, VIHA established an internal immunization rate target of 48.3%.

HOW ARE WE DOING?

In 2006/07 the rate was 45.3% which did not meet the target but was an improvement over the previous year. No other health authority in BC met the target for acute care in 2006/07.

The 2007/08 Flu campaign began on October 29 2007 so this year's results are not yet available.

WHAT ACTIONS ARE WE TAKING?

Staff can receive influenza immunizations either at a series of general clinics organized by Employee Health Nurses (EHNs) or directly from unit based nurses. The "nurse champion" program is a VIHA initiative aimed at further increasing awareness of the value and importance of staff getting their influenza immunization. In 2007/08, the number of Nurse Champions increased to 128 from 90 in 2006/07.

For 2007/08 VIHA has added a more comprehensive education and social marketing component to the campaign, including a "Manager's Toolkit" that outlines a variety of strategies to improve vaccine uptake.

Unit and program specific participation rates were reported to management during the campaign for the first time last year and will be enhanced this year.

VIHA Performance Report **Published November 2007**

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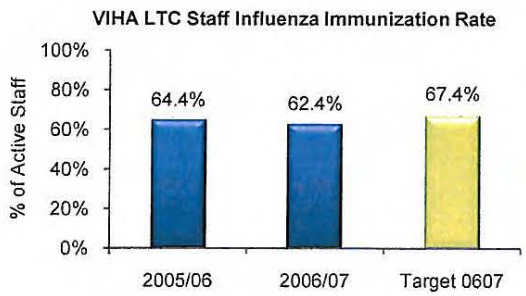
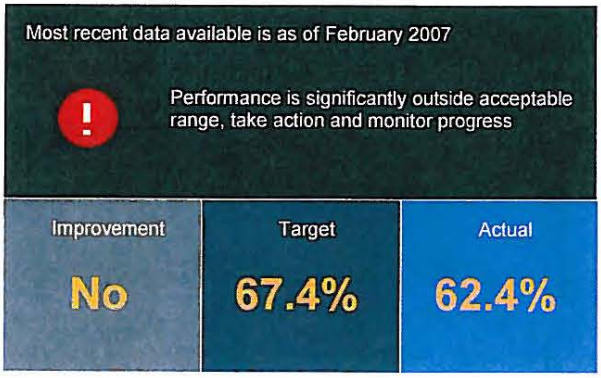
Section 4

Staff Influenza Immunization Rate - LTC Facilities





Data Source: British Columbia Centre for Disease Control (includes St. Joseph's and contracted residential care facilities)

WHAT IS BEING MEASURED?

The staff influenza immunization rate is an annual indicator that represents the number of staff immunized as a percent of the total number of staff working at residential care facilities. It includes staff at "contracted" sites but excludes private facilities. Within VIHA, a record of immunization must be in Wellness & Safety's WHITE database to be included.

WHY IS THIS OF INTEREST?

Vaccination is an effective means to reduce transmission and prevent influenza infection. Immunization against influenza contributes to the health and well-being of employees and their family members and, most importantly, reduces the risk of transmission to clients and residents.

WHAT IS THE TARGET?

The 2006/07 Performance Agreement with the Ministry of Health set the target at 67.4% of long term care staff.

The 2007/08 Health System Performance Framework states a long term target of 80% but no timeframe has been stipulated to achieve this. For 2007/08, VIHA established an internal immunization rate target of 65.4%.

HOW ARE WE DOING?

In 2006/07 the rate was 62.4% which did not meet the target. Only one health authority in BC met the target for long term care in 2006/07.

The 2007/08 Flu campaign began on October 29 2007 so this year's results are not yet available.

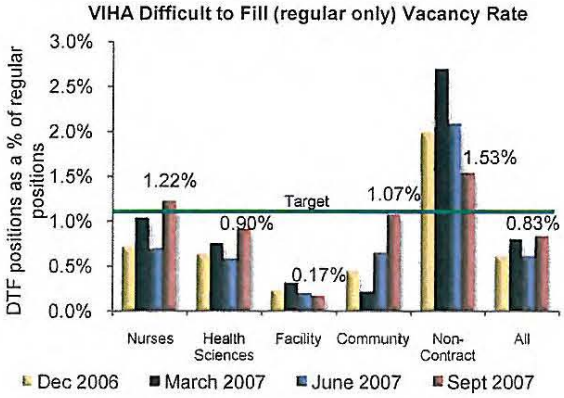
WHAT ACTIONS ARE WE TAKING?

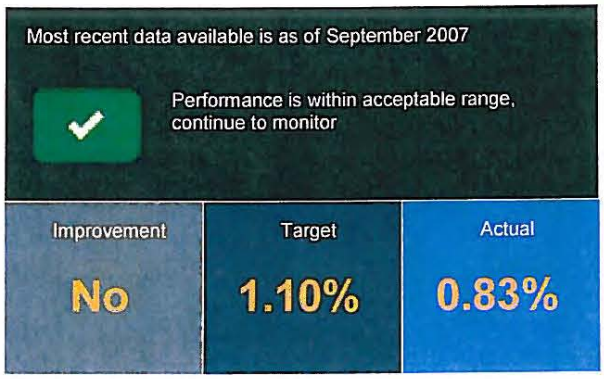
Staff can receive influenza immunizations either at a series of general clinics organized by Employee Health Nurses (EHNs) or directly from unit based nurses. The "nurse champion" program is a VIHA initiative aimed at further increasing awareness of the value and importance of staff getting their influenza immunization. In 2007/08, the number of Nurse Champions increased to 128 from 90 in 2006/07.

For 2007/08 VIHA has added a more comprehensive education and social marketing component to the campaign, including a "Manager's Toolkit" that outlines a variety of strategies to improve vaccine uptake.

Unit and program specific participation rates were reported to management during the campaign for the first time last year and will be enhanced this year.

Difficult to Fill Rate





Data Source. VIHA Employment Services and Payroll Systems

WHAT IS BEING MEASURED?

The difficult to fill (DTF) rate is the number of regular positions measured at the end of each quarter that remain unfilled for three or more consecutive months as a percent of total regular positions.

Previous reporting included temporary DTF vacancies and expressed the rate in full time equivalent staff. Historical values have also been restated to more closely align with the measure on the Government Letter of Expectations.

WHY IS THIS OF INTEREST?

VIHA's ability to meet the needs of our clients depends on availability of human resources. Positions that remain unfilled for an extended period of time cause additional staffing challenges such as increased use of overtime or working with less than the full complement of staff. This impacts on service delivery, morale and budget.

WHAT IS THE TARGET?

In the current labour market, there will continue to be difficult to fill positions. In many cases, DTF vacancies are not unique to VIHA as similar situations exist across Canada and internationally. In addition, there are some positions that will be difficult to fill due to reasons other than short supply, such as competition with the private sector; cost of accommodation on Vancouver Island; and professional regulatory requirements that are unique to each province. Given this environment, VIHA is striving to keep the DTF rate under 1.1%.

The long term target in the 2007/08 Government Letter of Expectations is 2% or less for Nurses and for Allied Health Professionals.

HOW ARE WE DOING?

The DTF rate is 0.83% as of September 30 2007 which meets the target. In total there were 89 DTF positions: 60% of these are regular full time positions; 53% are in Victoria; and 52% are newly created positions in VIHA.

The DTF rate is largely attributable to vacancies in nursing specialties, some paramedical positions such as pharmacy, and a growing number of non-contract vacancies.

WHAT ACTIONS ARE WE TAKING?

The following actions are underway:

- Continuation of the New Grad Transition Program (NGTP) which in 2007 resulted in the hiring of 212 new nursing graduates (87% of the 2007 Vancouver Island classes). Of the 2006 new grads hired, 98% were still working for VIHA after one year and of the 2005 new grads hired, 93% were still working for VIHA after two years.
- Ongoing recruitment initiatives, including journal and web advertising and attendance at Canadian job fairs; as well as targeted recruitment strategies.
- Continuing undergraduate nursing program.
- Partnering with Vancouver Island post-secondary institutions to target specific labor market needs.
- Ongoing nursing specialty training program offerings.
- Converting temporary positions to regular positions where appropriate.

Provincial Health Services Authority

Recommendation: Ensure that the health of the work environment is included in the performance appraisal of all senior and front line managers.
Implementation Status: *Fully*

In 2006 the PHSA included as a necessary competency of all non-contract leaders a requirement to demonstrate commitment to improving *wellness* and *quality and safety* in the workplace. Managers are reviewed annually against these competencies:

1. ***Wellness in the Workplace:*** Improving wellness in the workplace by supporting initiatives for employees that will enhance their working environment. Measures to determine the impact of sickness and absenteeism on their agency/portfolio are undertaken and have demonstrated actions that have been taken to improve overall wellness.

2. ***Quality & Safety:*** Demonstrates commitment to improving the quality of safety for the patients using the services. Regularly reports to the Quality and Access Committee of the Board and demonstrates corrective action to address issues.

Recommendation: *Put in place appropriate mechanisms to gather data on employee health indicators and work environment conditions. The health authorities should then incorporate the information into their human resource plans.*
Implementation Status: *Fully*

HR Metrics & Reporting
Commencing January 2007, the Human Resources Technology Solutions department began producing monthly metrics in the following areas: WCB Lost Time Accidents, WCB Day Paid for Active Claims, STIIP and Long Term Disability, Overtime and the Employee Family Assistance Program. Turnover statistics are produced on a monthly basis and analyzed based on reasons for termination and monthly grievance statistics are also produced and reviewed across PHSA agencies. Bi-weekly and monthly reports of employee short term sick leave are forwarded directly to the responsible manager. Similar data is produced on a quarterly basis for the Executive Leadership Council, semi-annual and annual Board reports.

Employee Surveys
Three key surveys were conducted in 2007: Patient Safety Culture Survey (see below), Employee Health Survey (see below) and the Employee Engagement Survey.

3. *Employee Health Survey* – In collaboration with Healthcare Benefit Trust (HBT), PHSA developed and launched an Employee Health Survey across PHSA agencies in June 2007.

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 15

The survey was designed to collect valuable information on the physical and mental health needs of PHSA employees and to provide baseline data to help shape future employee health promotion initiatives, including the PHSA mental health and addiction strategy.

4. ***The Patient Safety Culture Survey*** - Intended to measure ten dimensions of culture pertaining to patient safety and four overall patient safety outcomes. A Patient Safety Culture represents "the way we do things around here" with respect to providing optimal patient care without harm. Safety culture surveys are used to measure organizational attitudes, behaviors, processes and decisions that can lead to patient harm in healthcare organization. Ten Dimensions of Culture:

   1. Supervisor/manager expectations & actions promoting patient safety
   2. Organizational learning – continuous improvement for patient safety
   3. Teamwork within units
   4. Communication openness
   5. Feedback & communications about error
   6. Non-punitive response to error
   7. Staffing
   8. Hospital management support for patient safety
   9. Teamwork across hospital units
   10. Hospital handoffs & transitions

The Survey on Patient Safety Culture was conducted under the direction of PHSA's Board to ensure that all PHSA agencies involved in purchasing, providing, studying, or regulating health care services are working together and toward a common goal of improving quality care.

Recommendation: Review the extent of managers' control and ensure that it is not beyond a limit to be effective.
Implementation Status: *Fully*

Span of Control
A review of the current span of control of the existing front line nursing leaders was conducted following bargaining in 2006. As a result, PHSA was allocated funding to introduce an additional 14 front-line operational, educational and clinical leadership positions across our agencies.

The span of control of front line leaders varies across the organizations but is currently approximately 35:1 at Children's and higher at BC Women's (50:1) and the BC Cancer Agency (60:1). While these spans of control might be reasonable in other settings and with experienced staff, the numbers of novice nurses and other clinicians, the complexity of the practice environments associated with academic teaching facilities, and the complexity of treatment processes and high intensity/acuity levels of patients – all serve to reduce the ability of the leader to manage these spans of control. These 14 front-line leadership roles are foundational to the creation and retention of a professional nursing workforce and to the delivery of safe, reliable health care services. The PHSA will monitor the impact of these roles on several process and outcome variables:

> Turnover; satisfaction of nurses with leadership support; overtime; numbers of outstanding performance reviews; numbers of Professional Responsibility Forms and Incident reports related to staffing levels and lack of leadership support; feedback from the nursing leadership group with regard to job satisfaction and workload; and ability to recruit and retain nurses in leadership positions.

imPROVE
After months of work by executive and leaders from across PHSA and all of its agencies, we commenced rollout (fall 2007) of **imPROVE** – PHSA's program to focus on patients and empower staff.

Just as it is front-line staff and physicians who see and experience the problems and inefficiencies within the system, it is these same individuals who hold the solutions. Empowering people within the system today with the time, skills, knowledge and support to examine and redesign their own work will create a high-quality and sustainable system for tomorrow. This is what **imPROVE** is about.

Over the last few months, executives and leaders from across PHSA and its agencies have investigated how we can adapt the principles of lean thinking to foster a culture of innovation and sustainability throughout our organization.

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 17

We have decided to pursue this approach in order to:

- Improve patient safety and quality and, ultimately, outcomes and patient satisfaction.
- Empower staff, including physicians, to redesign their work environment, enabling them to better deal with continually increasing demands and HR shortages.
- Create more effective and efficient processes so as to build a sustainable system of care.
- Develop a culture of continuous improvement that aligns all of our agencies and services and is a means to achieving our vision of *'Province-wide solutions. Better health.'*

Within the name **imPROVE** is an acronym which represents PHSA's values:

P - Patients first
R - Results matter
O - Open to possibilities
V – Best Value
E – 'Excelling' through knowledge

Our goal in implementing imPROVE is to make a fundamental shift towards being more effective, efficient and quality focused in everything we do. This degree of transformational change requires unwavering commitment and leadership as well as new types of training, support and relationships.

Across PHSA, we recognize that engaging our people – creating an environment where you can do your best every day, you can voice your ideas, you feel respected and you know the work you do makes a difference – is fundamental for creating a healthy and productive work environment. While imPROVE will enable engagement by putting problem solving into the hands of those who do the work, other initiatives to strengthen engagement overall will also help us build the type of organization we're striving to be – one where engagement matters.

Recommendation: Assess the work environment for risks to staffs' mental health and develop an action plan to mitigate the risks.
Implementation Status: *Fully*

Leadership Charter
On October 12, 2006 the Chief Executive Officers of all Health Authorities signed a Healthy Workplace Leadership Charter intended to support the continuous improvement of a healthy workplace and employee health and well being. The charter was founded on the principle that optimal health, safety and wellness are closely linked to delivering high quality and patient centered care. The five guiding principle are: Leadership Commitment and Active Involvement, People Focused, Comprehensive Approach, Accountability and Stewardship. PHSA electronically communicated this charter to all employees in January 2007, and we continue to

promote the charter at all Employee Wellness and Safety educational workshops, road shows and on our portal.

Workplace Wellness and Active Living Program
In April of 2005, the PHSA Executive approved the creation of a Prevention Promotion and Protection (PPP) Workplace Wellness and Active Living project to address the physical and mental health of PHSA employees, demonstrate healthy behaviors to the public and patients, and to profile PHSA as a leader in influencing population health. This project was aligned with the Auditor General for BC's recommendation that all the Health Authorities develop and implement employee wellness programs. In the fall of 2006, *Life Works Health Systems* was contracted to complete a needs assessment, inventory of existing wellness programs, facilities & capabilities of the PHSA agencies, and also to recommend a workplace wellness pilot program for PHSA. Currently, this program consists of initiatives like onsite fitness classes, onsite shiatsu massage, health fairs, a Health Promotion Resource Centre on the PHSA portal, Health Promotion Bulletin Board, pedometer challenges, etc, and was presented to the Healthcare Benefit Trust and other Health Authorities at a conference in 2007.

The Health Promotion Resource Centre on the portal includes a calendar of events, information about on-site fitness programs, important links (to gym and recreation centres, disease and nutritional information, men, women and children's health) healthy living information and monthly recipes and tips.

Project Goals:
- To maintain and improve the physical and mental health of PHSA employees
- To reduce the cost of absenteeism, staff turnover and contain the costs of benefit programs
- For physically and mentally resilient employees to be attracted to and retained by our organization
- For our employees to demonstrate healthy behaviors to the public and our patients
- For PHSA to show its leadership by positively influencing population health starting with its own Employees

Workplace Mental Health Working Group
The PHSA has taken a leadership role in implementing activities associated with Depression in the Workplace. Activities included in our Mental Health and Addictions plan are: an Employee Health Survey, the development of the Anti-Depressant Skills at Work manual (disseminated both internally and externally to the business community), and an on-line depression screening tool FeelingBetterNow© launched in collaboration with Healthcare Benefit Trust. We commenced the development of a manager/leader training tool to address depression in the workplace entitled *Mental Illness First Aid (MIFA): Responding with Respect*. This training has been jointly created with the Canadian Mental Health Association and facilitated sessions will begin mid 2008. These initiatives have been shared with all Health Authorities through the Occupational Health and Safety Directors' meetings.

- ***Employee Health Survey*** – In collaboration with Healthcare Benefit Trust (HBT), PHSA developed and launched an Employee Health Survey across PHSA

agencies in June 2007. The survey was designed to collect valuable information on the physical and mental health needs of PHSA employees and to provide baseline data to help shape future employee health promotion initiatives, including the PHSA mental health and addiction strategy.

- ***FeelingBetterNow.com (Mensante)*** – PHSA partnered with Healthcare Benefit Trust to launch FeelingBetterNow®, an interactive, confidential, web-based self assessment tool that helps employees determine if they are at high risk for a number of common mental health disorders. This mental health tool is available to PHSA employees on a pilot basis until April 30, 2008.

- ***Anti-Depressant Skills Workbook: Dealing with Mood Problems in the Workplace*** – This workbook was developed by BCMHAS, in partnership with the Centre for Applied Mental Health and Addiction Research (CARMHA) at SFU. It is a self-care manual intended for staff who may be experiencing depression or low mood. Employees can use the workbook to identify whether they are experiencing depression or depressed mood, and apply practical strategies to reduce the effects on work satisfaction and performance.

Recommendation: Asses the work environment for risks of violence to staff safety and security and develop an action plan to mitigate the risk
Implementation Status: *Substantially*

We recognize there is a risk to our staff's safety and security from violence in the workplace which includes but is not limited to: violence from patients, visitors, and other staff – and we acknowledge that this varies widely across our agencies. We have formed a PHSA Violence Prevention Committee which is developing an action plan for this year to include:

- approved policy and program
- identify history of risk assessments at all PHSA sites in order to prioritize needs
- prioritize risk assessments to be conducted and recommend to JOHS committees for implementation
- review and evaluate risk assessments, controls implemented, current controls, develop training and education plan recommendations, including determining what is 'effective and appropriate' training based on evidence based best practice.

Recommendation: Implement a human resource information system that will provide data needed for developing a comprehensive picture of employee and workplace health
Implementation Status: *Substantially*

WHITE
PHSA is planning to implement WHITE (Workplace Health Incident Tracking and Evaluation System) as the management information system to support Employee Wellness and Safety functions through the PHSA. Some of the functions of WHITE include, but are not limited to: incident reporting, incident investigation, WCB claims, check points for steps in managing WCB and incident reports, and management decision making and prevention.

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 20

In January 2007 we hired a Project Manager for WHITE who has been collaborating extensively with the Occupational Health and Safety Agency for Healthcare and our internal IMIT resources. To date, business requirements for this project have been identified and systems interfaces, configurations, test plans and scripts are underway. Communication to the Agencies and Joint Occupational Health and Safety committees regarding the new Incident form has been completed. Extensive training has taken place with the Users of the new system and we anticipate implementation no later than June 2008.

Recommendation: Determine in conjunction with the Ministry of Health, what indicators of employee and workplace health should be reported publicly on a regular basis.
Implementation Status: *Fully*

In February, PHSA completed our 2007/08 Influenza Immunization Report for the BC Centre for Disease Control (BCCDC) and the Ministry of Health. The BCCDC publicly reports results on all Health Authorities.

The PHSA Attendance Promotion Program includes a requirement to reduce sick time by 10% for December 31, 2008.

In addition, monthly statistics are produced and analyzed by Employee Wellness and Safety to report, monitor and reduce WCB, short term and LTD claims. These statistics are reported to individual agency management, Human Resources and the Executive Leaders Committee.

Additional initiatives supporting the priorities identified by the Auditor: Providing Leadership, Promoting a Healthy Work Environment, Monitoring & Reporting, etc.

Employee Recognition
An Employee Recognition Toolkit was created for managers and posted on the PHSA portal in the fall of 2007. Employee recognition is an effective and important way of showing appreciation to employees who contribute by sharing knowledge, thoughtfulness, consideration, teamwork and helpfulness. By acknowledging the every day contributions of employees we hope to build a culture of appreciation, foster individual pride in the workplace and reinforce the PHSA Workforce Strategy. We believe that formal and informal recognition programs and events are fundamental to retaining employees and reducing turnover.

imPROVE Employee Wellness and Safety Workforce Strategy
The key initiatives listed below have been incorporated into the 2007/2008 imPROVE Employee Wellness and Safety's (Health Promotion and Injury Prevention) workforce strategy.

- Implement an Early Intervention program across all bargaining units
- 10% sick time reduction by 2008
- Lost time incidents reduction by 10%

B:\Health HR Planning\ADM\DM Assignments\OAG HA response\backup to OAG HA summary (2).doc
Page 21

- Reduce Long Term Disability claims by 10%
- In collaboration with OHSAH, implement White Database in early 2008
- Promote and expand upon the Workplace Wellness & Active Living Initiative
- BBF/Exposure Control Plan (safety engineered needle conversion, safety sharps)
- Influenza Immunization Campaign – meet MOH target of 60%
- PHSA Workplace Mental Health and Addiction Strategy (implementation of Mental Health Plan)

These initiatives all contribute to our objective of maintaining and improving employees' capacity to serve their patients and clients, to provide a physically and mentally safe work environment and to promote employee health and a healthy workplace. Our strategy in Employee Wellness and Safety is to develop and implement policies and procedures to prevent and reduce employee illness and injury at the workplace, to promote and support employee physical and mental wellness and to tightly control, monitor and reduce LTD, WCB and sick time rates.

Engagement Matters!
In addition to the Patient Safety Culture Survey completed in early 2007 and the Employee Health Survey (as above), PHSA conducted an Employee Engagement Survey (contracted through Gallup) in the fall of 2007. Results have recently been received by all Managers and action planning activities will take place early 2008.

The objectives for our engagement initiative are to cultivate an environment where staff thrive and perform to their best every day, establish a baseline for engagement and implement actions to improve engagement levels. As our organization responds to increasing demands and evolving expectations, investments must be made in creating and maintaining a healthy and productive work environment.

Leaders have received results for their work areas along with training on how to properly analyze the data. This information is on the portal "Action Planning: Leader's Facilitation Guide and Tools" and workshops are also being offered. Leaders have been asked to begin facilitating workgroups in the development of action plans, based on their results. The action planning phase of Engagement Matters is vital because it allows teams to openly discuss opportunities to create a more positive working environment, and identify activities that teams can work on together to make changes that will improve engagement. The PHSA will resurvey in approximately 18 months.

In order to address the morale issue, we believe that now, more than ever, working together as a cohesive team is critical to meeting the challenges and delivering safe, effective care. That's why Employee and Organizational Development (a division of Human Resources) is launching a new series of courses that will enhance individual and team effectiveness. In addition to helping employees address day-to-day challenges, these workshops will provide skills that can help both clinical and non-clinical employees support strategic initiatives like imPROVE and employee engagement. These workshops can be taken individually, or if one successfully completes the foundation workshop and three of the five electives, he or she will receive a certificate of completion for the series. A separate series of manager's only courses is currently being developed. Current course offerings on teamwork and collaboration include:

- *Foundations of Teamwork and Collaboration* - This course presents the basics on how to work well together, reduce wasted time, lessen conflict, and influence interactions in a positive way.
- *Electives Adapting to Change* - This course develops the confidence and skills needed to face change and welcome it as an opportunity to grow and learn. Building Trust In this workshop you will learn about your role in building or limiting trust, and examine hands-on, proven techniques to build trust within your sphere of influence.
- *Communicating with Others* - This interactive skill practice course will help you understand the impact of effective interaction skills and teach you to recognize and overcome communication barriers and interact effectively with others.
- *Personal Empowerment* - This workshop seeks to change the mind-set that empowerment is something that is given. It helps employees see that they can and should look for improvement opportunities
- *Handling Conflict* - This workshop discusses how to manage conflict by dealing with differing ideas, interests or perceptions and provides hands-on tools that you can use everyday.