Issue #4 **June 08**

HealthForceOntario Newsletter

A report to Ontario's healthcare leaders.

Message from Joshua

Welcome to another edition of the HealthForceOntario newsletter. This edition is focused on safe and healthy work environments (HWEs).

Much of the traditional Health Human Resource (HHR) discussions focus on increasing supply, challenges in distribution (by sector, geography, etc.) and financial compensation. Now emerging in the literature is a greater emphasis on retention. There are many thousands of future professionals in training (and there have been numerous recent expansions) but there are far more already in practice. A critical component of a retention strategy for these providers is ensuring safe and healthy work environments. Nationally this recognition has been captured in the Quality Worklife Quality Healthcare Collaborative.

For a sector committed to health and well being the levels of stress, burnout, and physical injury of health workers is far too high:

- 88% of health care workers report insomnia, headaches, depression, weight changes, and panic attacks related to work stress;
- 28% of Ontario nurses report that they were physically assaulted at work over the past 12 months by a patient;
- 46% of Canadian physicians report that they are in advanced stages of burnout; and,
- the average number of days of work lost due to illness or disability is at least 1.5 times greater for workers in health care than the average for all workers.

There is mounting evidence, perhaps not surprisingly, that these illness and injury rates are correlated with worker retention and job satisfaction. For example, a 2007 study from the International Council of Nurses found that 41% of hospital nurses were dissatisfied with their jobs and 22% planned to leave them in less than one year.

Our health care providers tell us that they want to keep working in Ontario. Many of those who were considering retirement want to continue delivering quality care and making meaningful contributions to patients' lives. The end of mandatory retirement presents us with an opportunity to find innovative ways to accommodate our senior workers' so that we can benefit from their years of experience. To capitalize on these desires we need to support them through HWEs.

Healthier work environments will not only have a positive impact on the retention and attraction of health care workers. Patients benefit too. The work of researcher Graham Lowe and others shows us that healthy work environments can also improve patient outcomes and quality of care. The 2004 Canadian Adverse Events Study, for example, suggested that the greatest gains in patient safety will come from modifying the work environment of healthcare professionals, creating better defences against adverse events and mitigating their effects when they do happen.

Many feel that HWEs are "soft" and subjective parts of an HHR strategy, but I feel we can identify and monitor key indicators including: absenteeism, overtime and lost-time injuries.

Like any major change initiative, leadership is critical for success. Your leadership is essential for sending the message that unhealthy work environments are unacceptable. Leaders at all levels, from the units on the floor to the executive suite, are needed to make a difference.

We will continue working in partnership with innovators from across the system to drive our vision. I look forward to your support and welcome any and all communication.

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Ontario

We're doing it. Developing a safety culture in healthcare.

John Amodeo, Director, Health Sector Labour Market Policy Branch, HealthForceOntario, Health Human Resources Strategy talks about making healthy work environments a reality.

What role does the Healthy Work Environments initiative play in the broader HealthForceOntario strategy?

One of the goals of HealthForceOntario is for Ontario to become the 'employer-of-choice' in health care. By ensuring that our work environments are safe and healthy, and that workers have the support required to be able to concentrate on their patients, we can make the case for working in Ontario even more appealing.

How do you define a "healthy work environment"?

We use the national *Quality Worklife Quality Health Care Collaborative* (QWQHC) definition. A healthy work environment is a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, social, and job design conditions that maximize the health and well-being of health providers, the quality of patient outcomes, and organizational performance.

When we talk with people about HWEs we use the conceptual model of HWEs that was developed by the Registered Nurses' Association of Ontario and adopted by the QWQHC. The circle diagram illustrates how the various components—policy, structural, social, cultural, professional, occupational and the rest—all impact each other and affect what happens in the workplace.

Creating a healthy work environment is a large, complex task. Where do you start? How do you prioritize?

We start by grounding our objectives in the available literature. Then we look at national and international healthy work environments initiatives, their strengths and their appropriateness in the Ontario context. We listen to stakeholders and practitioners to hear what's most important to them, we talk to leaders in the field to find out what resources and best practices are available, and then we pull together our partnerships and take action.

What are the main components of the Healthy Work Environments initiative?

Our approach is both system and local.

At the system level, we are working to integrate healthy work environments into organizations' accountability agreements and into the broader health care accreditation process. Where it can be effective, we are also using a regulatory approach. So far, we have mandated the use of safety engineered, hollow-bore needles.

Our pilot projects are an example of the local approach. Each project engages partners with expertise in resource development and dissemination to foster healthy work environments. We have also developed new partnerships that focus on health care worker safety and violence prevention. Many of many of these projects are described in this newsletter.

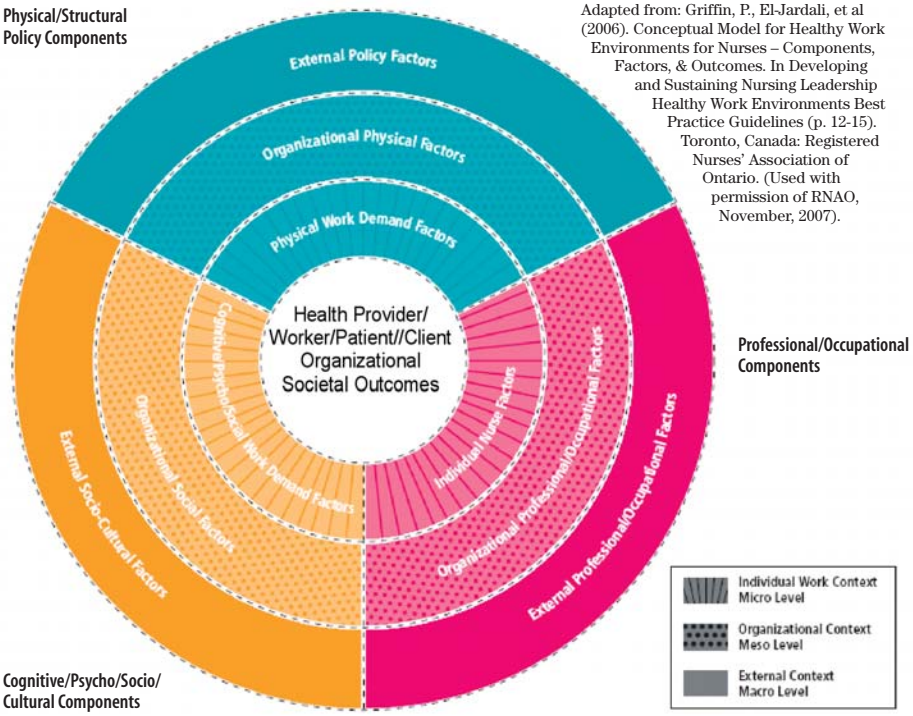
Finally, we are publicizing the importance of healthy work environments through venues like conferences and the HealthForceOntario website. We are also looking to recognize leaders in HWEs across the province, so that they can receive credit for their good work, and encourage others to build on their innovations.

In all cases, we realized that we didn't need to reinvent the wheel, but that we could make tremendous progress by supporting partners whose work was already underway, and who needed some additional support to expand the reach of their programs or adapt them for wider use.

What would you say are your big successes to-date?

Thanks to the support of our partners, we've had successes across the spectrum. Three come to mind. The needle safety regulation, which we developed by working in close partnership with the Ministry of Labour (MOL), was a big success. Expanding the Occupational Health and Safety Management System developed by the Ontario Safety Association for Community and Healthcare

Conceptual Model for Healthy Work Environments for Health Care Providers/Workers
Components, Factors, and Outcomes



Adapted from: Griffin, P., El-Jardali, et al (2006). Conceptual Model for Healthy Work Environments for Nurses – Components, Factors, & Outcomes. In Developing and Sustaining Nursing Leadership Healthy Work Environments Best Practice Guidelines (p. 12-15). Toronto, Canada: Registered Nurses' Association of Ontario. (Used with permission of RNAO, November, 2007).

(OSACH) has also been a big success. Third would be the educational programs and resources we've developed to reduce workplace violence. We've produced a video and we've been offering training sessions, conferences and videoconferences across the province in partnership with OSACH.

How does the Healthy Work Environments initiative link to other areas of the Ministry of Health and Long-Term Care?

The Healthy Work Environments initiative supports the Ministry's commitment to improving patient outcomes and promoting collaborative patient-centered care. Research shows that working conditions in the health care sector affect patient outcomes, including safety, satisfaction, morbidity, mortality and rates of medical errors. The 2004 Canadian Adverse Events Study, for example, suggested that the greatest gains in patient safety will come from modifying the work environment of healthcare professionals, creating better defences against adverse events and mitigating their effects when they do happen.

This link between healthy work environments and the safety of health care workers and patients provides sound rationale for the Healthy Work Environments initiative.

What's coming up in the next six months or year that people should be aware of?

We are very excited about our partnership with Accreditation Canada. They will be looking to introduce strategies relating to violence prevention in the workplace into their Qmentum program on health care accreditation. Building a violence prevention standard into the accreditation process would create a systemic incentive for all health care organizations to implement a best practice in violence prevention in order to reach the highest level of accreditation. We feel this will go a long way towards addressing the need to develop a safety culture in health care.

New contract promotes healthy work environments

The new contract agreement between the Ontario Nurses' Association (ONA) and the Ontario Hospital Association (OHA) contains a number of commitments that foster healthy work environments.

The contract was ratified by the two parties with 96 percent of Ontario's nurses voting in favour of the agreement. The new deal will cover the province's 50,000 registered nurses and allied health personnel working in 133 participating provincial hospitals starting April 1, 2008.

In addition to increases in salaries and benefits, the settlement includes provisions to:

- address violence in the workplace, including physician behaviour
- adopt a proactive approach to workplace safety, meaning that when faced with occupational health & safety decisions, the hospital will not await full scientific or absolute certainty before taking reasonable action that reduces risk and protects nurses.
- allow for the inclusion of wellness initiatives in local negotiations
- allow for the inclusion of sharps injury prevention in local negotiations.

Each ONA bargaining unit will work with local management to operationalize these commitments for their hospitals.

This agreement represents a significant step forward in the drive to make healthy work environments more pervasive within the culture of health care organizations across Ontario.

Fast facts

33% of female nurses are classified as having high "job strain".

Source: Statistics Canada

260,760 people were injured while working in Ontario during 2006.

Source: WSIB

The lost-time injury rate in Ontario is declining steadily, from 2.6 per 100 in 1999 to 1.9 in 2006.

Source: Statistics Canada

The health care and community sector has the fifth highest lost-time injury frequency among the province's industry sectors.

Source: OSACH 2006

The health care and community sector accounts for 37.5% of all lost-time injuries related to violence in Ontario.

Source: OSACH 2006

One musculoskeletal injury represents an average of nearly 32 lost work days and costs the Ontario economy nearly $60,000.

Source: WSIB

From 1996-2004, musculoskeletal injuries cost employers an estimated $12.2 billion in direct and indirect costs.

Source: WSIB

Holistic works for workplace wellness

Caring for ourselves as well as we care for our patients

It's a disturbing fact that the average number of days of work lost due to illness or disability is at least 1.5 times greater for workers in health care than in other sectors. That fact and others like it have fuelled a search for employee wellness programs which meet the unique needs of health care workers. For Oakville-Trafalgar Memorial Hospital administrators, Anna Rizzotto and Bonnie Harrow, that search led to Kailo.

Kailo (pronounced "ky–lo") began more than 10 years ago as a workplace wellness initiative at Mercy Medical Centre in North Iowa. Since then, it has received international recognition as one of the most progressive health promotion efforts in the United States. Awards include a 'best practice' designation by the Joint Commission for Accreditation of Healthcare Organizations and a Platinum Well Workplace Award by the Wellness Councils of America. The American Hospital Association also highlighted Kailo as one of the most innovative workplace practices in the U.S. health care industry.

Inspired by an Indo-European word meaning to be "whole," "uninjured," Kailo is an integrated set of workplace programs and services. They were developed in a hospital environment and designed specifically to help staff survive and even thrive amidst the unique challenges, stresses and strains of working in a high pressure 24/7 health care environment.

Kailo takes a holistic approach with a focus on measuring real-world results. Among the program's 10 objectives are to:

- create awareness of health as a function of well-being
- build trust and improve relationships among employees
- educate employees on health topics with an emphasis on psychosocial issues.

It was the holistic approach to employee wellness that Oakville-Trafalgar Memorial Hospital administrators Anna Rizzotto and Bonnie Harrow found intriguing. "Kailo focuses less on the traditional goals of reducing biomedical risk factors for illness, and more on bolstering physical, psychological, and spiritual factors for health," said Anna. "Its motto, 'Caring for ourselves as well as we care for our patients', recognizes that, as caregivers, we have to take time to look after ourselves so we can reach out to others."

Halton Healthcare Services (HHS), the parent organization of the Oakville-Trafalgar Memorial Hospital, implemented Kailo at the hospital in 2005 as a two-year pilot project. The project, initially funded by Health Canada's Healthy Workplace Initiative, has been expanded under HealthForceOntario's Healthy Work Environments initiative.

Since Kailo's launch, more than 1,600 staff, physicians and volunteers have enjoyed activities that include yoga, tai chi, other relaxation sessions, as well as Lunch and Learns featuring motivational speakers.

In 2006, program coordinators introduced 'Kailo-for-One'—a one-on-one counselling program designed to help employees cope with stress, anxiety and relationship problems. The program is so popular, it has a waiting list. "Kailo-for-One was such an important resource for me when my mom had cancer" said one participant. "Here I got to speak with the Kailo-for-One counsellor where otherwise I would have taken time off work."

A survey of Kailo participants a year after introducing the program showed that 68 percent of the respondents felt that Kailo had positively impacted their learning, their home life and their overall health and well-being.

Overall staff satisfaction at HHS also improved by almost three per cent (from 61 per cent in 2004 to 63.8 per cent in 2006) despite significant staff changes due to the amalgamation of three hospitals. And while the Ontario Hospital Association's average number of staff sick days in 2006 was 10.31 days, HHS's average dropped by nearly a full day, from their original 10.85 to 9.94 days.

Although these improvements can't be attributed directly to the Kailo program, Bonnie describes the statistics as a "'happy coincidence" and sums up the benefits of the Kailo program in this way: "Helping our people achieve a healthy work-life balance by providing a better work environment is key to empowering them to reach new heights."

The HealthForceOntario Healthy Work Environments initiative is looking to help more healthcare employees reach their potential. Over the next year, Kailo will be introduced to another 1600+ employees at the Georgetown Hospital, Queensway Hospital, and the Post-Inn Village long-term care facility through a HealthForceOntario Healthy Work Environments pilot project.

To learn more about the Kailo program, visit www.kailo.org.

Working to reduce preventable injuries

New needle safety regulation comes into effect this September

The Alliance for Sharps Safety and Needlestick Prevention estimates that 33,000 Ontario health care workers receive needle-stick injuries each year. The possibility of exposure to blood borne pathogens like HIV and hepatitis put these injured workers at risk and can cause psychological distress. But thanks to a new regulation, far fewer Ontario workers will suffer from needle-stick injuries in the future.

On September 1, every hospital in Ontario will be required to use safety engineered needles or needle-less systems. The change comes as a result of a new regulation under the *Occupational Health and Safety Act*. The government plans to extend the requirement to long-term care homes, psychiatric facilities, laboratories and specimen collection centres in 2009, and to other health care workplaces (home care, doctors' offices, ambulances, etc.) in 2010, after consulting with stakeholders.

Staff in the Health Human Resources Strategy Division worked closely with the Ministry of Labour to shape the regulatory changes to Ontario's *Occupational Health and Safety Act*. To support adoption of the new needles, the HealthForceOntario Healthy Work Environment's initiative sponsored 14 half-day educational sessions across the province. The ministries' leadership did not go unrecognized by stakeholders.

"This is a major advancement in workplace safety," said Joseline Sikorski, President and Chief Executive Officer of the Ontario Safety Association for Community and Healthcare. "Providing our caregivers with safe equipment and safe work environments is essential in linking a culture of safety with quality care."

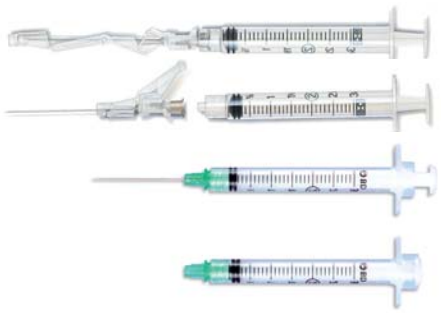
Needle-stick injuries fall by 80% at TEGH

Toronto East General Hospital (TEGH) instituted a needle safety program following an injury audit. The results were impressive. Their first-year goal was a 20% needle-stick injury reduction. Actual injuries fell by 80%, from 41 reported injuries in 2003, to eight in 2004. Injuries during blood collection procedures in 2004 were completely eliminated.

"Toronto East General Hospital is proud to have been the first hospital in Ontario to fully implement all available safety engineered devices," notes Rob Devitt, President and CEO. "While safety engineered devices are more expensive than the alternatives, the personal and organizational stress and expense associated with needlestick injuries makes the investment in prevention well worthwhile."

A safety education program for staff at TEGH included clear demonstrations that the new technology would not be more complex or time-consuming than traditional devices.

Once nurses realized that working with safety engineered needles was fast, easy and did not interfere with the quality of patient care they became enthusiastic proponents of the new needles.



Safety Engineered Needles. Source: Ontario Nurses Association.

"Studies show that these kinds of engineering controls can reduce injuries, but they are much more effective when accompanied by education programs that are integrated with a broader safety culture," said Provincial Chief Nursing Officer Vanessa Burkoski.

Bringing everyone to the table who's involved in risk management

OSACH drives cultural change through new occupational health and safety management system

Ontario's experience managing the SARS emergency identified an opportunity to create a system that could be used by any health organization to help improve patient, public and worker safety. To meet this need, OSACH—the Ontario Safety Association for Community and Healthcare—developed its Occupational Health and Safety Management System (OHSMS).

Now, with support of the HealthForceOntario Healthy Work Environments initiative, OSACH is piloting the innovative system in six health care organizations across the province: Hospital for Sick Children, Ottawa Hospital, North Bay General Hospital, West Park Health Centre, Norfolk General Hospital and Post-Inn Village long-term care facility.

"We've been really, really pleased with the tremendous levels of CEO commitment and support this has been receiving," said OSACH President and CEO Joseline Sikorski.

"There's a considerable amount of work involved but these people understand the systemic relationships between risk mitigation and building a culture of safety within their organization."

The OHSMS offers leaders in the health, community, and long-term care sectors a tool that provides a clear, step-by-step approach to improving organizational safety and wellness.

The OHSMS begins with a self-assessment that guides leadership through a gap analysis of their workplace health and safety system practices. This analysis identifies what needs to be done, helps prioritize the initiatives and forms the basis for the development of a tactical implementation plan.

> "It's a holistic approach that looks at all levels of risk, digging right down through root cause analysis," said Sikorski. "It means bringing everyone to the table who is involved in risk management. It is a system approach that quite often means a shift in management thinking and the organization's committee structure."

Initially, organizations receive five days of training in the system from an OSACH consultant. Over the course of the next year, the consultant continues to support the organization as it moves through the self-assessment process and goal-setting to the development of its action plan.

During 2008/09, the program will be expanded to12 hospitals, long-term care facilities and home care organizations. Evaluations of the OSACH pilots will be used to refine the OHSMS.

Benefits of an Occupational Health and Safety Management System

- ✔ Fewer injuries and illnesses
- ✔ Reduced staff replacement costs: hiring, training
- ✔ Reduced healthcare insurance costs
- ✔ Lower penalties/fines
- ✔ Enhanced reputation in the industry
- ✔ Improved employee satisfaction, recruitment and retention

Research shows that promoting healthier workplaces motivates health workers, enhances morale, reduces absenteeism, reduces personnel and welfare problems, leads to better outcomes and increased overall efficiency and improves organizational performance, competitiveness and public image.

Healthcare Papers Vol. 7, page 9, special edition 2007.

Star Trek-style communicators improve ER safety

Busy Toronto hospital pilots hands-free communications technology

Violence or the threat of violence is a far-too-common reality in health care settings. But, thanks to the new wireless communications system now being rolled-out at one busy Toronto hospital, front-line staff can instantly contact security at the first sign of trouble.

With the support of the HealthForceOntario Healthy Work Environments initiative, Toronto East General Hospital (TEGH), is piloting new, multi-purpose communications devices that will make nurses and other health professionals safer and more secure at work.

Orthopaedic Technician Oleg Bagrin uses a Vocera badge in the Emergency Department of the Toronto East General Hospital

Resembling the once-futuristic communicators worn by Captain Kirk and his crew, the Vocera badges are lightweight devices, slightly larger than a typical pager that can be easily clipped to a pocket or worn on a lanyard. They are voice-activated and hands-free, which means the user can initiate a two-way voice communication without having to remember or key in a telephone number.

The technology runs on a wireless LAN and also supports both multi-point conference calling and text messaging. This gives staff an easy way to, for example, check on lab results or reach doctors or other colleagues instantly, wherever they are in the hospital.

"Staff are very excited about this new technology and are anxious to get their hands on the devices," said the TEGH's Denny Petkovski who, along with Mary Shanahan from the IT department, is managing the project. "They see it as reducing the amount of time they waste playing telephone tag as well as giving them a greater sense of security, particularly if they're working in isolation or in the ER."

TEGH is a large urban community teaching hospital that has served the residents of southeast Toronto for nearly 80 years. Annually, the hospital provides care for 20,000 inpatients, has over 60,000 emergency visits, 225,000 outpatient visits and delivers nearly 3,500 babies.

In this busy setting, wireless technology provided an ideal platform on which to build a safer, less stressful work environment. One initial hurdle was the hospital's aging infrastructure. Upgrading the communications switches to voice-compatible technology and installing receivers across the hospital was a necessary first step.

TEGH is phasing in the wireless system over the next year, starting with the areas of highest potential benefit.

First up is the emergency department and one complex continuing care unit, plus all the related clinical and hospital support departments. Why those areas? The emergency room has the highest number of violence-related incidents. It is also an area where improved communication and patient flow could have immediate and multiple impacts. The in-patient area was included to test the technology in an environment with significantly different demands and restrictions.

The initial roll-out involves 350 devices. That number is expected to triple once all clinical areas become completely operational and connected to the network.

Just as cell phones and BlackBerrys have changed how the world does business, mobile wireless communications devices like the ones now being rolled-out at TEGH have the potential to transform the health care workplace.

Taking the measure of violence prevention strategies

Could new accreditation metrics lead to safer workplaces?

Growing concern about violence in health care workplaces has raised awareness that organizations need new tools to improve their violence prevention strategies.

Accreditation Canada, in partnership with the HealthForceOntario Healthy Work Environments initiative, is looking into how accreditation could help address the problem.

"This partnership is a natural one for Accreditation Canada since our program is all about quality and safety in health care," said Accreditation Canada President and CEO Wendy Nicklin. "It gives us an opportunity to look more closely at the evidence related to violence prevention strategies, identify potential quality improvement mechanisms and assess which aspects of this very broad issue to tackle first."

Organizational cultures are shaped in part by what gets measured, what the organization is held accountable for and what tools are available to help them achieve their goals. Building credible and useful violence prevention metrics into the accreditation process would create a systemic incentive for all health care organizations to implement a best practice in violence prevention so they achieve the highest level of accreditation.

The initiative builds on the work of the pan-Canadian Quality Worklife Quality Health Care Collaborative. It could lead to enhancements in program standards, organizational practices and performance measures among the nearly 900 organizations across Canada and internationally that participate in Accreditation Canada programs.

It's been said that changing institutional culture is like changing the direction of an ocean liner: it doesn't happen quickly and success is measured in degrees. This project could provide new tools to help Ontario's health care leaders measure improvements in reducing violence in the workplace and take a more systemic approach to creating healthier workplace environments.

Effective teams mean better patient care

RNAO-U of Ottawa collaboration focused on making a real-world difference to patients and their healthcare teams

Patient care is becoming more complex and health care teams are growing larger and more diverse. Within this often chaotic setting, tensions among team members can threaten staff and patient health.

Dysfunctional team relationships can produce stress, illness and absenteeism among staff. Ineffective team relationships can also lead to miscommunications that risk patients' safety.

It's a widespread issue, and it can be a tough one to deal with. What's needed are effective intervention strategies and best practices that can help health care organizations nurture and sustain healthier and more effective work relationships. That's the objective of the newly-launched Inter-professional Collegiality Project, led by Irmajean Bajnok, Director of International Affairs and Best Practice Guidelines Programs at the Registered Nurses' Association of Ontario (RNAO) and Dr. Derek Puddester, Director of the Faculty Wellness Program at the University of Ottawa's Faculty of Medicine.

The project is a collaboration that involves a range of health care stakeholders including the RNAO, the Ontario Medical Association, pharmacists, social workers, psychologists and others.

A project advisory group has identified promising strategies and best practices that will be piloted at selected health care facilities across Ontario. The implementation teams which will be selected from different organizations in five LHIN pilot sites are being brought together this spring for a roundtable session with the advisory group and experts in creating effective inter-professional teams. The project is expected to be completed by the spring, 2009.

Irmajean Bajnok

"Everyone has to have a sense of ownership for the solutions to improving inter-professional relationships. What's really exciting is that this is going to be an on-the-ground program—not just talk—that actually makes a difference in how teams work collaboratively."

Dr. Derek Puddester

"I think this project reflects where the health care system is today in terms of its evolution. We all understand that effective teams mean better patient care and, with this project, we're all committed to facing some tough issues, taking off the rose-coloured glasses and finding better ways of working together as teams."

"When a hospital is made safer and healthier for the people who work there, it also becomes a better facility for the people who are being treated or who are recovering there. The health and safety of patients and healthcare personnel are two sides of the same coin."

Bernadette Stringer, RN, PhD, Assistant Professor of Epidemiology and Biostatistics, Department of Medicine and Dentistry, University of Western Ontario. Testimony before the Campbell Commission. November 2003.

HealthForceOntario

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HealthForceOntario is the province's strategy to ensure that Ontarians have access to the right number and mix of qualified healthcare providers, now and in the future.

The **HealthForceOntario** strategy is:

- Identifying and addressing Ontario's health human resource needs.
- Engaging partners in education and healthcare to develop skilled, knowledgeable providers and create the healthcare delivery teams that will make the most of their abilities.
- Introducing new and expanded roles to increase the number of providers working in healthcare and build on the skills of those already in the system.
- Making Ontario the employer-of-choice for all health care providers.

The Ministries of Health and Long-Term Care and Training, Colleges and Universities are delivering on the **HealthForceOntario** strategy in partnership with the province's health care consumers and providers.

For more information about HealthForceOntario Healthy Work Environment initiatives, please email: healthyworkenvironments@healthforceontario.ca

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