Healthy and Safe Healthcare Workplace Indicators Project

Final Report

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Executive Summary

Reducing workplace injuries in Ontario's health and community care sector is the mandate of the Public Service Health & Safety Association (PSHSA). Serving over 9500 clients in the public services sector, PSHSA has partnered with the Health Human Resources Strategy Division, HealthForceOntario of the Ministry of Health and Long-Term Care (MOHLTC), on a number of successful projects to achieve workplace injury reduction. Most recently, HealthForceOntario funded PSHSA to recommend a set of core, consensus-based healthy and safe workplace indicators for Ontario's health care organizations that could be integrated into accountability agreements and utilized to support reporting on quality as legislated by the ministry's Excellent Care for All Act. This report provides an overview of the project's process, the current environment, and the consultation findings. It summarizes how PSHSA arrived at the recommended, consensus-based core indicators for Healthy and Safe Workplaces in Ontario.

The Indicator Project was initiated in October 2012 and completed within six months. It was guided by five principles and an Indicator Steering Committee and included:

- *A Jurisdictional Scan and Literature Review*
- *Key Informant Interviews with Ontario Healthcare Leaders and International Experts*
- *A Web-based Consultation Survey*
- *A Consensus Conference*

Four criteria were established to inform the selection of proposed indicators and there was early consensus that the Quality Worklife Quality Healthcare (QWQHC) framework was highly relevant and, with some modification, had great potential to measure health and safety elements in health care workplaces. In addition to a modified version of the seven QWQHC indicators, two other indicators were included for consultation. A total of nine indicators were put forth in a consultation document and on-line survey; each indicator was accompanied by a rationale and possible measure.

1. *Turnover*
2. *Vacancy*
3. *Training & Professional Development*
4. *Overtime*
5. *Absenteeism*
6. *Workers Compensation Lost Time*
7. *Manager/Supervisor Training*
8. *Risk Assessment*
9. *Employee Engagement Climate*

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Close to 700 individuals participated in the on-line survey with representation from across all seven healthcare sectors, all Local Health Integration Networks (LHINs), and a variety of roles ranging from front-line workers to Senior Leaders.

There was overwhelming support for the proposed indicators; stakeholders viewed the nine proposed indicators as relevant, realistic and implement-able.

The Consensus Conference provided an additional opportunity to engage healthcare stakeholders in discussions on areas where the consultation findings suggested additional conversation was required to achieve consensus. Over 35 healthcare leaders attended the session representing acute care, home care, community care, long-term care, primary care, Local Health Integration Networks (LHINs) and public health sectors. As well, representatives from health care unions, nursing associations, accrediting bodies, Ministry of Labour and MOHLTC were in attendance.

PSHSA is recommending seven evidence-informed, consensus-based indicators for measuring healthy and safe workplaces across Ontario's healthcare organizations. Factors for implementation have also been put forth for government's consideration.

Five indicators are accompanied by definitions and ready for implementation:

- *Turnover*
- *Absenteeism*
- *Workers Compensation Composite*
- *Manager/Supervisor Training*
- *Training & Professional Development*

Two additional indicators have tremendous support but will require additional development to reach consensus on an accepted measure:

- *Risk Assessment*
- *Employee Engagement Climate*

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1. INTRODUCTION

1.1 Background

Reducing workplace injuries in Ontario's health and community care sector is the mandate of the Public Service Health & Safety Association (PSHSA). Serving over 9500 clients in the public services sector, PSHSA has partnered with HealthForceOntario on a number of successful projects to achieve workplace injury reduction.

Although injury rates in the health care sector have fallen in recent years, the health and community care sector continues to experience the 4th highest rate of workplace injuries and illnesses in Ontario. The key to changing this trend is the development of a culture of healthy and safe workplaces across Ontario's health care system. While PSHSA continues to develop and deliver programs and products to positively impact culture, there is still more that can be done to raise awareness amongst health care organizations about worker health and safety, and hold health care organizations accountable for their performance.

It is well known that a healthy work environment is critical to the wellbeing of every healthcare provider and the health care system. It is essential for the overall satisfaction of healthcare professionals, for successful recruitment and retention, and for quality of patient / client care. In fact, there is a growing body of evidence that clearly links employee safety to quality patient care outcomes (Canadian Patient Safety Institute 2012; Laschinger et al., 1999; Hession-Laband et al. 2011; Yassi, Gilbert & Cvitkovich, 2005; Laschinger 2006; and Rathert & May 2007)

There are many indicator frameworks now available and some are specifically designed to focus on the quality of work life (QWL). However, there are no QWL indicators consistently used to capture information and assess the performance of publicly funded health care organizations in Ontario, or in other Canadian jurisdictions. The Ministry of Health and Long-Term Care's (MOHLTC's) Healthy Work Environment (HWE) strategy promotes positive work environments for health care workers across the system to keep them safe from violence and injury, and work practices that keep workers healthy and safe on the job. While a range of HWE indicators are used across Ontario's health care system to collect data on staff and patient satisfaction and safety, definitions vary from organization to organization, and there is no agreement on which indicators and definitions to use, rendering comparison and accurate measurement difficult.

The Framework for Public Reporting on Healthy Work Environments in Ontario Healthcare Settings report, published by the Ontario Health Quality Council in August 2009, lists recommendations for the development and reporting of common HWE indicators and provides significant evidence-informed and anecdotal support for the use of common HWE indicators to enable system-wide performance improvement. The Excellent Care for All Act (ECFAA) which became effective June 2010 requires that health care organizations publicly report on their plans to improve the quality of health care they

deliver. Common HWE indicators can support the development of Quality Improvement Plans (QIPs) and other reporting required under the Act. The development of HWE indicators would provide a measurement tool for health care organizations that strengthens reporting on quality and improves comparison and analysis across organizations.

1.2 Project Overview

The Ministry of Health and Long-Term Care (MOHLTC) and HealthForceOntario funded the Public Services Health and Safety Association (PSHSA) to recommend a set of core, consensus-based healthy and safe workplace indicators for Ontario's health care organizations. Once established, the MOHLTC indicated that the core indicators can be integrated into accountability agreements and utilized to support reporting on quality as legislated by the MOHLTC's Excellent Care for All Act.
The Indicator Project was initiated in October 2012 and guided by five principles:

- *Leverage and build on existing work – capitalizing and building on the work that has already been done in Ontario and in other jurisdictions*
- *Evidence Informed – focusing energies on finding and reporting on indicators that were backed by evidence and where possible, have demonstrated validity and reliability*
- *Consensus Driven – working with experts and system stakeholders to create a development process that would build-in consensus-based decision-making involving key stakeholders*
- *Implementable – ensuring the indicators captured value-added information and could be implemented within a desirable timeframe with minimal administrative burden and costs*
- *Build Strategic Alliances – taking the opportunity to build strategic alliances with organizations and individuals to help inform the development process and make a difference in achieving healthy, safe workplaces*

The Indicator Project was completed in a six month timeframe and included the following key activities:

Indicator Steering Committee: A Committee was established and met several times over the project's timeframe to provide advice and support the synthesis of literature and jurisdictional findings and stakeholder feedback. The Indicator Steering Committee (Attachment A) was instrumental in proposing select indicators for consultation.

Jurisdictional and Literature Review: The current environment was documented via a select jurisdictional scan and literature review focusing on healthy and safe workplace indicator frameworks and indicators.

Advice from International Experts: Members of the Indicator Steering Committee identified several international experts that could supplement the jurisdictional and literature review and provide commentary and feedback regarding the evidence and ease of implementation for a short-list of possible indicators.

Stakeholder Engagement: Stakeholders were involved in the project via three methods:

- Key Informant Interviews where sector/provider association leaders gave advice on how best to engage their sector / members and what their sector /members would want from an implementation feasibility perspective.

- On-Line Consultation where a web-based Consultation Document and survey was widely circulated to seek input via on-line submissions and comments. The results served to influence the content and proceedings of the Consensus Conference.

- Consensus Conference where key sector, association and union leaders attended a facilitated session aimed at reviewing the stakeholder consultation survey findings and reaching consensus on core indicators.

1.3 Report Content

This report is designed to provide an overview of the project's process, the current environment, and the consultation findings. It is not intended to document all the information gathered during the project nor does it duplicate details provided in other project documents posted on PSHSA's www.healthyworkenvironments.ca website. It is written as a summary report to describe how PSHSA arrived at the recommended, consensus-based core indicators for Healthy and Safe Healthcare Workplaces in Ontario.

2. THE ENVIRONMENT

2.1 Literature Review

Annotated Bibliography on PSHSA Website

PSHSA conducted a focused literature search that included PubMed, ScienceDirect, Scholars Portal, and Google Scholar databases to find relevant and current articles looking specifically at validated health and safety indicators in the healthcare sector. Additional articles were included in the annotated bibliography based on recommendations from the Steering Committee members and other experts involved in this project. The article inclusion criteria were limited to published studies from developed countries dated between 2002 and 2012. Twenty nine papers addressing leading and lagging indicators in healthcare and non-healthcare organizations were located.

- A *lagging indicator* is defined as a measure taken after events that measures outcomes and occurrences
- A *leading indicator* is a condition, event or measure that precedes an undesirable event and has some value in predicting the arrival of the event. It is often associated with proactive activities. (Flin et.al., 2000; Hopkins, 2007)

In brief, the available research on healthy and safe healthcare workplace metrics focuses mainly on Quality of Work Life (QWL) indicators with minimal current and relevant research on leading and lagging indicators in this sector. There is no clear picture on which leading/lagging indicators should be collected and/or their relevance to assess & predict future safety performance (Lowe, 2010; Lowe,2012). Most indicators put forth are based on a review of the literature and selected using a collaborative, consensus-based approach. In Ontario, the only known scientific work on indicators has been conducted by the Institute for Work and Health (IWH). The Organizational Performance Metric (OPM) study and the Ontario Leading Indicators Project, formerly known as the 5000 Firms Study, both conducted by the IWH, have indicators as their focus.

2.2 Jurisdictional Scan

Jurisdictional Scan Reports on PSHSA Website

PSHSA commissioned the Institute for Work and Health (IWH) to conduct and report on a jurisdictional scan that included Canada and select international jurisdictions; United Kingdom, Australia and the USA Veterans Health Administration. The results of both jurisdictional scans are posted on PSHSA's www.healthyworkenvironments.ca website.

In the Canadian scan, a chronology of Canadian initiatives that defined, measured and benchmarked the attributes of healthy and safe workplaces in the Canadian health care system is presented in Attachment B. The timeline begins with the work of the National Quality Institute (NQI), which

published a framework for workplace commitment to employee health and wellness; a framework that influenced subsequent efforts in the Canadian health care system. It is worthy to note that the majority of frameworks acknowledged the value of a distinction between leading and lagging indicators of healthy and safe organizational performance. In addition, most of the frameworks express a distinction between organizational practices that are based in human resource policies, and organizational practices that arise out of occupational health and safety policies.

In the international scan, an overview of the approaches to benchmarking measures of health, wellbeing and safety is presented for three jurisdictions. The United Kingdom's Annual National Staff Survey is highlighted; it is a mandatory survey by organizations funded by the National Health Services. In Australia, the endorsement of the National Safety and Quality Health Service Standards and the National Indicators (Safety and Quality) is highlighted. In addition, the USA Veteran's Health Administration (VHA) monitors more than 50 indicators on the quality of patient care and only one of these measures directly pertains to the benchmarking of health, wellbeing and safety of VHA staff (workers' compensation lost time case rate).

2.3 International Key Informants

Four international indicator experts were interviewed: two from the United States, and one each from Switzerland and Ireland (Attachment C). The individuals interviewed all had a strong interest in the project and acknowledged the importance of this unique work. In addition to providing specific advice on proposed indicators, they collectively spoke of:

- The critical need to draw the link between employee health, safety and wellness and quality of care
- The challenge in addressing under-reporting and vulnerable populations
- The distinction between working conditions and employment/social factors of the workplace
- Linking risk assessment to risk management to identify if and how hazards are addressed
- The value of core indicators that can be used to capture the same information across organizations

2.4 Advice from Stakeholders

PSHSA recognized the need for a solid understanding of how best to engage health care leaders and stakeholders in the project and to initially determine their expectations for supporting the proposed indicators. For this reason, a number of community and healthcare sector provider association leaders were interviewed to seek additional information and advice. These leaders acknowledged the importance of the project and were willing to encourage their members to participate in the consultation process. In addition to proposing indicators and elaborating on indicators already in use in their sector/organization, their advice, summarized below, was clear and helped to guide the consultation survey and process:

- Surveys are prolific in healthcare; the response burden should be kept to a minimum

- Do not duplicate information captured via other mechanisms (e.g. accreditation, existing service accountability agreements, etc.)
- Indicators that are not currently being captured by a sector or organization or not captured in a proposed manner will likely be met with resistance
- Include evidence, definitions and measurements to enable understanding of proposed indicator
- Be sensitive to the differences across healthcare sectors and organizations in selecting indicators; it may not be possible to find indicators that are relevant to all sectors
- Use 'rock-solid' indicators and be clear about the relationship of the indicator to healthy and safe workplaces
- Consider the cost and feasibility of implementation; organizations are not looking to incur additional costs or increase the number of indicators that they track
- Potential use of indicators in performance agreements should be clarified
- Benchmarking indicator results will be challenging given size, geographic and sector differences

2.5 Synthesis & Indicator Selection

The Indicator Steering Committee reflected on the project's guiding principles, reviewed the findings from the literature review, jurisdictional scan and considered the advice from International Experts and Ontario health care stakeholders. The Committee also identified four criteria by which proposed indicators would be selected:

- The indicator leverages and builds on existing work
- The indicator has evidence to support its connection to key outcomes and is directly relevant to the project
- The indicator is applicable to all healthcare organizations and believed to be practical and feasible for implementation
- The indicator captures information that can be directly influenced by the healthcare organization

There was consensus that the Quality Worklife Quality Healthcare framework was highly relevant and, with some modification, had great potential to measure health and safety elements in health care workplaces. The *Quality Worklife Quality Healthcare Collaborative (QWQHC)* was a coalition of twelve national healthcare organizations working together to create healthier workplaces and ultimately improve patient/client and system outcomes. The Collaborative identified seven worklife indicators that all health organizations could use regularly to gauge and improve their workplace practices and environments. These indicators are believed to be relevant, practical, feasible, and applicable to all health organizations, and have evidence to support their connection to key outcomes. The QWQHC worklife indicators included: 1) turnover rate; 2) vacancy rate; 3) overtime; 4) absenteeism; 5) workers' compensation lost time; 6) training and professional development; and 7) health provider satisfaction.

The Indicator Steering Committee revisited each of the seven QWQHC worklife indicators, making modifications where appropriate, particularly in relation to health provider satisfaction, changing its

label to Employee Engagement Climate and introducing specific concepts to be captured within the composite indicator. The Committee also added two other indicators: risk assessment and manager / supervisor training.

3. STAKEHOLDER CONSULTATION

3.1 Proposed Indicators for Consultation

Nine indicators and proposed measures (including options for measures where applicable) were put forth for consultation and were accompanied by a Stakeholder Consultation Paper that outlined the rationale and possible measurement for each proposed indicator.

Consultation Paper on PSHSA Website

1. Turnover Indicator

A high turnover is indicative of workplace health, safety and culture.

***Numerator**: Number of employees who have permanently left the organization in the fiscal year separated by reason: A. Resignations (No special incentives); B. Lay-offs (No recall expected); C. Special workforce reductions; D. Dismissal for cause; and E. Retirement (No special incentives)*

***Denominator:** Average level of employment observed in the fiscal year (Using Stats Canada, Workplace Employer Survey (WES))*

2. Vacancy Indicator

Vacancy rates impact staffing ratios, which in turn can negatively impact staffing workload and potentially contribute to both adverse events and employee illness and injury.

***Option A:** Number of positions sitting vacant longer than 6 months/Total Number of budgeted positions*

***Option B:** Total number of Vacant positions as of today ÷ Total number of positions as of today x 100. This method measures the organization's vacancy rates resulting from employee turnover and can be used to calculate the vacancy rate for one position, a class code, a division or the entire organization*

3. Training & Professional Development Opportunity Indicator

Training and professional development opportunities demonstrate that the employer values employee growth and is willing to invest in professional development – affecting employee health and wellbeing and the quality of their worklife.

***Option A:** Average training hours per employee*

***Option B:** Average training hours per FTE*

***Option C:** % of employees participating in 'inservice' training sessions and/or off-site education and training programs annually*

4. Overtime Indicator

Working overtime can result in workload issues, predispose employees to more errors and adverse events, and compromise client care. Fatigue is a major contributing factor to errors and workforce accidents.

Paid Overtime rate = Total number of OT hours / Total hours paid.

5. Absenteeism Indicator

Absenteeism has a detrimental social cost to the employee and can amplify the burden placed on workers trying to work with staffing shortages. It is a significant concern as healthcare workers are absent from work as a result of injury or illness more than another type of worker in Canada.

*Percentage sick hours = Sick Leave Hours for all eligible employee groups / Regular paid hours for all eligible employee groups *100*

6. Workers' Compensation Lost Time Composite Indicator

The Workers' Compensation Lost Time Rate directly reflects employee health and safety in the workplace.

Composite index measure (which would be extracted from WSIB database):
a. Average lost time claims accepted per 100 FTEs (200,000 hours) annually (frequency)
b. Average number of days lost per 100 FTEs (200,000 hours) annually (severity)
c. Number of lost time claims accepted per 100 FTEs (200,000 hours) annually (frequency)
d. Number of healthcare (NLT) claims accepted per 100 FTEs (200,000 hours) annually (frequency)
e. Number of days lost per 100 FTEs (200,000 hours) annually (severity)

7. Manager / Supervisor Training Indicator

Supervisors and managers are in a unique position and play a key role in ensuring the health, safety and wellness of employees.

***Numerator:** # of managers/supervisors trained in due diligence and in their roles and responsibilities under the Occupational Health and Safety Act **Denominator:** total # of managers/supervisors*

8. Risk Assessment Indicator

A risk assessment can reflect the organization's commitment to identifying site specific hazards and assessing risks for their workers and in the workplace.

*There are many risk assessment tools and models available and there is **no** intent to direct the use of a specific tool or model. It is proposed that organizations report annually on the completion of an organizational risk assessment that captures five safety as well as occupational health hazard elements:*

- *Biological health hazards*
- *Chemical health hazards*
- *Physical health hazards (e.g. noise, temperature extremes, radiation, laser, etc.)*
- *Musculoskeletal disorders*
- *Psychological & psychosocial health hazards (e.g. chronic overwork, fatigue, shiftwork, traumatic events, workplace violence, etc.)*

9. Employee Engagement Climate Indicator

An employee engagement climate survey provides insight into employee health and safety as well as the quality of their worklife.

Proposed questions to include in an Annual Employee Survey:

1. *I feel that I can trust this organization.*
2. *My organization considers employee safety and health at least as important as patient safety in the way work is done.*
3. *Formal safety audits at regular intervals are a normal part of our business.*
4. *Everyone has the tools and/or equipment they need to complete their work safely.*
5. *Employees are involved in decisions that affect their health and safety.*
6. *Everyone at this organization values ongoing safety improvement.*
7. *There is clear and effective communication for workers and supervisors to do their jobs properly.*
8. *Workers and supervisors have the information they need to work safely.*
9. *There is an effective joint health and safety committee in place, where applicable.*

3.2 Consultation Survey & Respondents

A web-based survey was used to solicit stakeholder feedback on nine proposed indicators. Each of the nine proposed indicators was accompanied by four statements pertaining to relevance; ability to implement; measurement; and support for use in performance agreements. The respondent was to indicate whether they strongly disagreed, disagreed, agreed or strongly agreed to each statement; a 'no comment' was also possible.

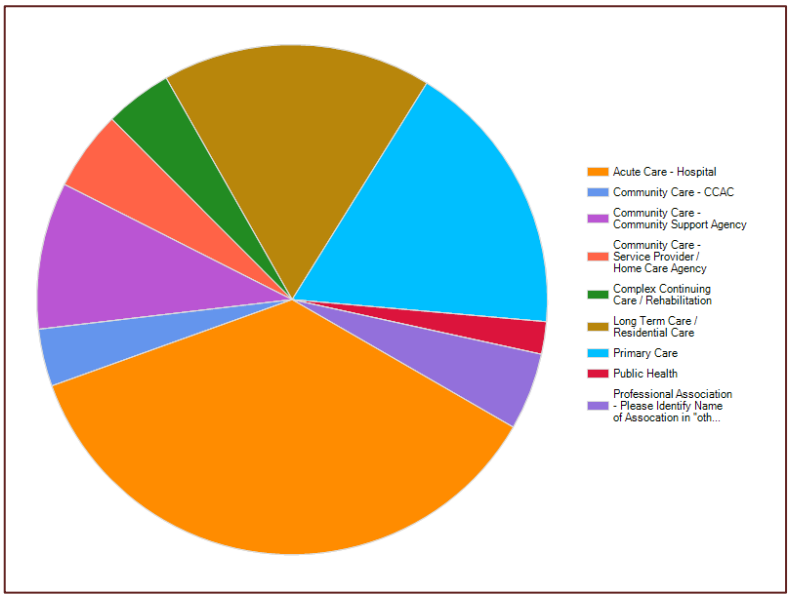
Consultation Survey & Summary Report on PSHSA Website

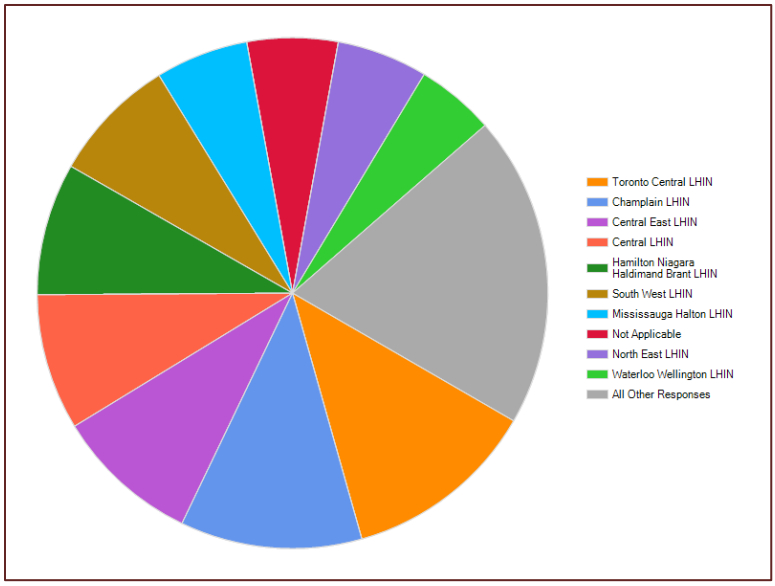
The survey was open for three weeks from January 18 to February 8, 2013 and was designed to be completed within 15-20 minutes. It was widely disseminated via PSHSA's stakeholder contacts and through the provider associations; several reminder emails were sent out during the three week timeframe. Only highlights are presented in this report.

693 individuals opened the consultation survey; 441 completed it (64%)

There was representation from across all healthcare sectors

- 36% from Hospitals; about 1/3 were clinicians/front line workers)
- 18% from Primary Care (about ¾ were front-line workers/clinicians)
- 17% from Long-Term Care and Residential Homes (almost all were Senior Leaders)
- All other sectors were < 10% each

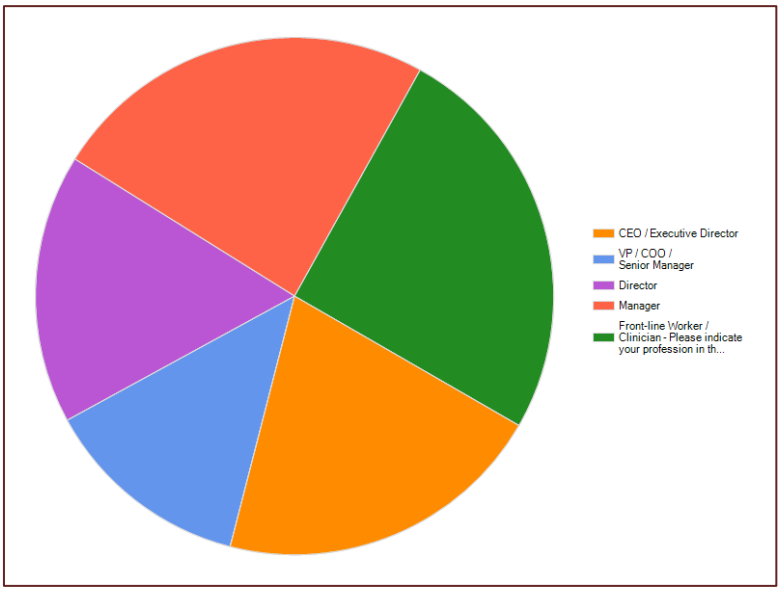




There were respondents from across all LHINs (noted on the graph by LHIN name; additional five LHINs are captured in the 'all other responses' category); most sectors had respondents from across the province.

There were respondents from across a variety of roles

- 49% Front-line Managers / Workers / Clinicians
- 33% Senior Leaders
- 17% Directors



3.3 Feedback on Proposed Indicators

Stakeholders viewed the indicators as relevant, realistic and implement-able. While their overall support dropped when asked about use in future accountability agreements, in all but one instance (vacancy) two-thirds or more of the stakeholders continued to indicate their support for the indicator.

There was overwhelming support for the proposed indicators

Comments relating to ***lack of support*** were generally due to one or more of the following concerns:

- The stakeholder did not see a clear link between the indicator and a healthy / safe workplace for employees
- The indicator was not tracked or not relevant to their organization/sector (e.g. overtime not allowed in some organizations)
- There were costs associated with implementation not factored into current budgets
- There was uncertainty about the proposed measurement (e.g. different from current practice, vague definition, not easy to capture, frequency or method of data collection, etc.)
- There was redundancy in select indicators (i.e. turnover and vacancy) and concern about duplicating indicators captured elsewhere (e.g. accreditation surveys)
- There were factors perceived beyond the control of the employer with some indicators which raised concerns about its use in performance agreements (vacancy, turnover, etc.)

Turnover	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	81%
This indicator can be reasonably implemented in my sector / organization	84%
The measurement option(s) for this indicator are realistic	74%
I could support the use of this indicator in future accountability agreements	67%

Vacancy	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	71%
This indicator can be reasonably implemented in my sector / organization	79%
The measurement option(s) for this indicator are realistic	72%
I could support the use of this indicator in future accountability agreements	58%

Training and Professional Development	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	92%
This indicator can be reasonably implemented in my sector / organization	85%
The measurement option(s) for this indicator are realistic	83%
I could support the use of this indicator in future accountability agreements	77%

Overtime	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	81%
This indicator can be reasonably implemented in my sector / organization	76%
The measurement option(s) for this indicator are realistic	75%
I could support the use of this indicator in future accountability agreements	64%

Absenteeism	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	93%
This indicator can be reasonably implemented in my sector / organization	86%
The measurement option(s) for this indicator are realistic	85%
I could support the use of this indicator in future accountability agreements	73%

Workers Compensation Lost Time Rate Composite	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	85%
This indicator can be reasonably implemented in my sector / organization	76%
The measurement option(s) for this indicator are realistic	74%
I could support the use of this indicator in future accountability agreements	67%

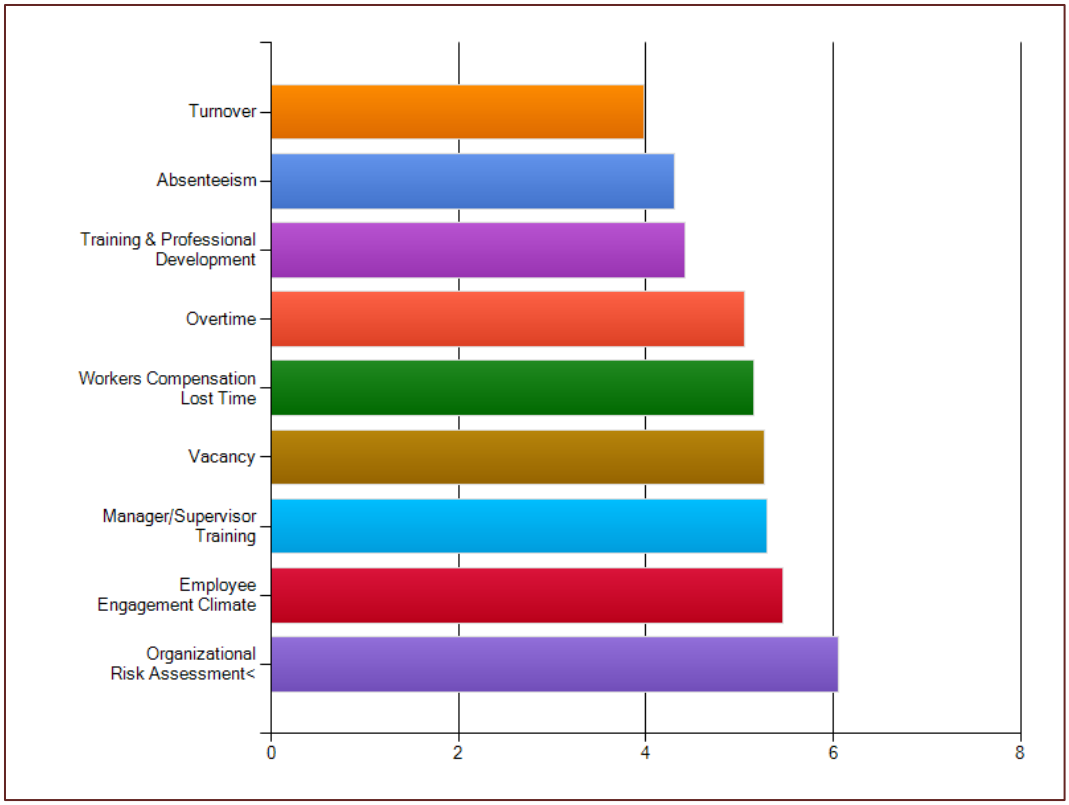
Manager / Supervisor Training	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	89%
This indicator can be reasonably implemented in my sector / organization	84%
The measurement option(s) for this indicator are realistic	85%
I could support the use of this indicator in future accountability agreements	76%

Risk Assessment	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	90%
This indicator can be reasonably implemented in my sector / organization	72%
The measurement option(s) for this indicator are realistic	74%
I could support the use of this indicator in future accountability agreements	68%

Employee Engagement Climate	*% Agree or Strongly Agree*
This is a relevant employee health and safety indicator	94%
This indicator can be reasonably implemented in my sector / organization	86%
The measurement option(s) for this indicator are realistic	88%
I could support the use of this indicator in future accountability agreements	77%

3.4 Additional Feedback

Respondents were also asked to rank the proposed indicators in order where 1 was the MOST feasible to implement and 9 was the LEAST feasible; the results are noted below.



Further, almost all respondents provided additional comments or questions. Comments were primarily in the following areas:

- They wanted clarification as to 'how' and 'when' the indicators would be used in performance agreements
- They expressed concerns about benchmarking indicators across sectors and/or organizations
- They noted that contractors and self-employed physicians were not included as employees
- They articulated differences (size, employment models, funding, automation, WSIB exempt, etc.) that had an impact on the selection and implementation of indicators
- They noted that the emphasis was on physical health
- They offered additional indicators and measures for consideration

The Indicator Steering Committee and Project Team considered the consultation findings and comments in planning the Consensus Conference.

4. CONSENSUS CONFERENCE

4.1 Overview

The overall goal of the Conference was to engage healthcare leaders and stakeholders in reaching consensus on 4-6 indicators that would be recommended to the MOHLTC, HealthForceOntario.

Specific objectives of the session included:

1. To provide the context in which the Indicator Project was initiated and government's plans for the future
2. To achieve a shared understanding of the jurisdictional scan, literature review and key informant findings
3. To outline how indicators were selected for consultation and added for discussion at the Conference
4. To hear how stakeholders responded to proposed indicators
5. To focus dialogue where additional conversation is needed to achieve consensus
6. To reach consensus on 4-6 healthy and safe workplace indicators.

Over 35 healthcare leaders attended the session (Attachment D) held in Toronto on March 1, 2013 and participated in the dialogue. Participants attended representing acute care, home care, community care, long-term care, primary care, Local Health Integration Networks (LHINs) and public health settings. As well, representatives from health care unions, nursing associations, accrediting bodies, Ministry of Labour and MOHLTC were in attendance.

4.2 Focused Dialogue

The Conference discussions focused on distinct areas where the consultation suggested additional conversation was required to achieve consensus. Participants were assigned to mixed groups; a guide and specific questions were used to facilitate their discussion in three areas. The discussion areas and key questions are highlighted below.

Discussion #1 – Lagging & Vacancy Indicators
Workers Compensation Lost Time, Turnover, Overtime, Absenteeism, and Vacancy Indicators

For each of these indicators, discussion focused on specific areas of concern expressed during the consultation

- Workers Compensation Lost Time Composite Indicator: include WSIB exempt organizations? How best to calculate the denominator?
- Vacancy Indicators: continue to include alongside Turnover?
- Turnover Indicator: include 'retirements' in the numerator measurement?
- Overtime: continue to include as proposed?

- Absenteeism: acceptance of clarified definitions?

Discussion #2 Training Indicators
Training and Professional Development Opportunities & Manager / Supervisor Training Indicators

For these two indicators, discussion focused on their scope and measurement:

- Training and Professional Development Opportunity Indicator: acceptance of newly proposed definition and measurement?
- Manager/ Supervisor Training Indicator: continue to include if Ministry of Labour introduces new regulations – if yes, what is the scope of the indicator?

Discussion #3 Leading Indicators
Risk Assessment and Employee Engagement Climate Indicators

These two indicators were well supported in the consultation survey and by international experts; however, there were many comments about the breadth and depth of the indicators and the ability to consistently measure and report on them across sectors and organizations given existing practices, as well as the diversity in agency size and extent of their automation. The discussion focused on future possibilities rather than attempting to prematurely seek consensus when more dialogue was clearly needed before decision making was possible.

- Risk Assessment Indicator: desired focus, frequency, hazard inclusions, methodology, scope, and governance involvement?
- Employee Engagement Climate Indicator: desired measure, core questions/concepts, going beyond employees to include contractors, frequency, methodology, performance targets?

4.3 Achieving Consensus

'Clicker' technology was employed throughout the Conference day to 'vote' on responses to specific questions and determine the extent to which consensus was being achieved. Where needed, additional information was solicited from participants until 80% acceptance was achieved in response to individual questions. By the end of the Conference, stakeholder consensus had been achieved in the following areas:

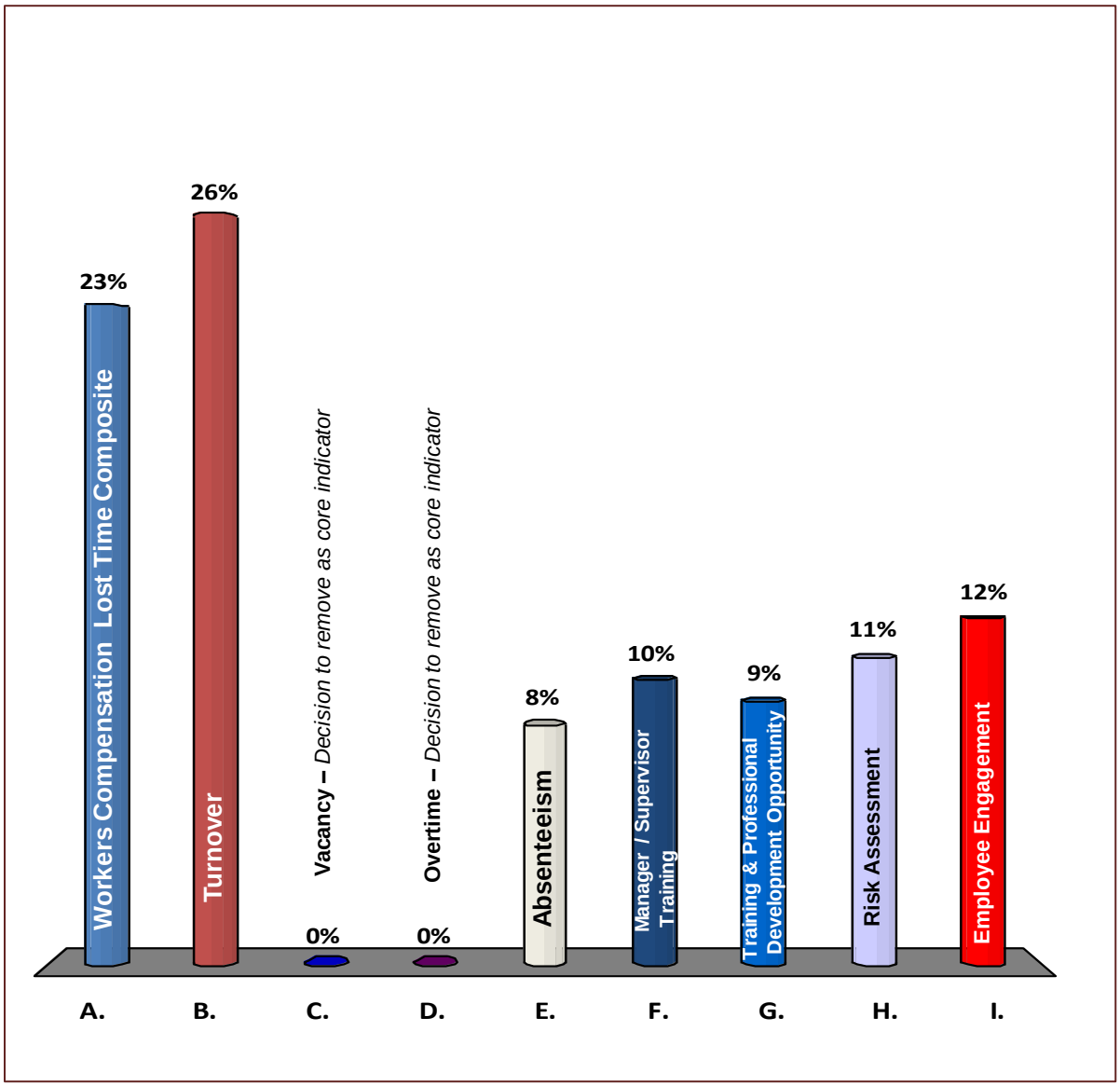
Seven Core Indicators Endorsed

- Workers Compensation Lost Time – keep as proposed; solid indicator
- Turnover – keep and include modified measurement
- Vacancy – remove due to overlap with turnover & factors beyond employer's control
- Overtime – remove due to overlap with absenteeism, sector policy variations & use in cost containment strategies
- Absenteeism – keep and include alternative / proposed definitions
- Manager/Supervisor Training – keep as proposed; it goes beyond possible regulation

- Training & Professional Development Opportunity – keep with revised measurement
- Risk Assessment – support future development; ideas proposed for consideration
- Employee Engagement Climate – support future development; ideas proposed for consideration

Worthy of note is the indicators that participants selected as the top 4 indicators that should be introduced first.

Which 4 indicators would you recommend introducing first?



5. RECOMMENDATIONS

5.1 Core Indicators

PSHSA is recommending the following seven evidence-informed, consensus-based indicators for measuring healthy and safe workplaces across Ontario's healthcare organizations. Five indicators are accompanied by definitions/measures and two of the leading indicators (Risk Assessment and Employee Engagement Climate) include key considerations, but require additional development work.

Lagging Indicators	
Turnover	***Numerator**: Number of employees who permanently left the organization in the fiscal year separated by reason including Resignations (No special incentives); Lay-offs (No recall expected); Special workforce reductions; Dismissal for cause; Other Terminations; and Retirement (no special incentives)* ***Denominator:** Average number of employees during the fiscal year* ***Turnover Rate =** # employees who permanently left the organization in the fiscal year / average # of employees during fiscal year * 100*
Absenteeism	***Percentage sick hours =** Sick Leave Hours for all eligible employee groups / Regular paid hours for all eligible employee groups *100* • *Eligible employee groups are employees eligible for sick time benefits (e.g. not casual or contract staff)* • *Sick leave hours includes paid time for sick leave (i.e. absence due to medical leave, not other reasons such as family emergency) up until 15 weeks (75 days)* • *Regular paid hours are the hours regularly worked by the employee group*
Workers Compensation Composite	*Composite index measure (which would be extracted from WSIB database):* *a. Average lost time claims accepted per 100 FTEs (200,000 hours) annually (frequency)* *b. Average number of days lost per 100 FTEs (200,000 hours) annually (severity)* *c. Number of lost time claims accepted per 100 FTEs (200,000 hours) annually (frequency)* *d. Number of healthcare no lost time (NLT) claims accepted per 100 FTEs (200,000 hours) annually (frequency)* *e. Number of days lost per 100 FTEs (200,000 hours) annually (severity)*

Training Indicators	
Training & Professional Development Opportunity	*A training and professional development opportunity would meet the following criteria:* • *The employee is paid and relieved of their regular work duties to attend / participate* • *It requires at least one hour of paid time to participate / attend* • *It is officially endorsed or sponsored and tracked by the employer* • *It can include on-site and off-site, in-person and on-line opportunities* • *It can include mandatory training and training involved in an employee's orientation process* ***Participation rate =*** *Total number of paid training and professional opportunity hours / Total number of eligible employees participating in training & professional opportunity hours * 100*
Manager/ Supervisor Training	***Numerator:*** *# of managers/supervisors trained in due diligence and in their roles and responsibilities under the Occupational Health and Safety Act* ***Denominator:*** *total # of managers/supervisors*

Leading Indicators	
Risk Assessment	*While details were not articulated, there was consensus reached in a number of areas that can help guide its ongoing development. The indicator should:* • *Be more than a compliance (yes/no) indicator* • *Follow a process that includes hazard identification, risk assessment, and risk control* • *Include annual reporting (although the scope of what should be reported annually was not defined; might include an annual update of risk mitigation action plan)* • *Address the high risk areas such as top injury, illness, or psychological health risks for each sector* • *Outline an acceptable methodology (without being prescriptive); for example, use of CSA standards* • *Encompass the notion that the governing board is aware of / engaged in reporting on the indicator*

Employee Engagement Climate	*There was strong support for the development of this indicator and there was consensus reached in a number of areas. The indicator should:* • *Be designed as a composite indicator* • *Require a core set of questions / concepts for inclusion (and consider the possibility of a creating a listing of vendors / tools that meet identified criteria)* • *Not go beyond employees to include contractors (but may want to consider inclusion of physicians)* • *Be reported every two years* • *Outline the methodology to be used – for example, sample size, desired response rate, on-line or other acceptable methods, etc.; time of year to administer the survey should not be specified*

5.2 Implementation Considerations

Stakeholders spoke of some of the factors that should be taken into account in implementing these healthy and safe workplace indicators. Some of the comments are from the consultation survey; others are from the Consensus Conference:

- **Timing:** stage implementation so as to enable organizations and sectors sufficient time to test and implement the recommended indicators; start with sectors that have automated systems in place and indicators that are already being addressed by the majority of health care organizations – Turnover and Workers' Compensation Lost Time Composite.

- **Development Work:** continue to engage stakeholders in the development of the leading indicators – risk assessment and employee engagement climate. While there was much support for these two indicators, additional time is needed to reach consensus on the concepts and/or dimensions for inclusion in each one and to reach agreement on the composite measure for possible inclusion in future accountability agreements. Given the work-to-date and the excitement expressed by stakeholders, it is anticipated that these indicators can be developed over six months and implemented shortly thereafter.

- **Sector / Organizational Readiness:** provide pro-active communication and engagement about how and when government plans to introduce the indicators into performance agreements.

- **Support:** consider implementation support for agencies that are not yet formally collecting the data; support can take many forms – additional resources / finances; how-to education & guides; etc.

- **Benchmarking:** carefully consider the implications of benchmarking agencies / sectors on these indicators as there is much anticipated angst and variation expected.

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ATTACHMENT A

Members of Indicator Steering Committee

Ian Arnold – Workforce Chair, Mental Health Commission of Canada

Melissa Barton – Director of Occupational Health, Wellness & Safety, Mount Sinai Hospital, Toronto ON

Andrea Baumann – Associate VP of Global Health, McMaster University, Hamilton ON

Patti Boucher – VP Prevention Services, PSHSA, Toronto ON

Ray Copes – Director, Public Health Ontario

Thomas Hayes – Director, Human Resources, Ottawa Hospital, Ottawa ON

Linn Holness – Chief of the Department of Occupational and Environmental Health, St Michael's, Toronto ON

Steve Horvath – President/CEO, Canadian Centre for Occupational Health and Safety, Toronto ON

Melissa Kittmer – Manager Data and Performance Metrics Prevention Office, Ontario Ministry of Labour, Toronto ON

Olena Kubrak – PSHSA, Project Research Co-Lead, Toronto ON

Neil McDermott – PSHSA, Project Research Co-Lead, Toronto ON

Cam Mustard – President, Institute for Work and Health, Toronto ON

Kathryn Nichol – Director of Nursing, New Knowledge and Innovation, University Health Network, Toronto ON

ATTACHMENT B

Chronology of Relevant Initiatives	
1998	***Canadian Healthy Workplace Criteria (****National Quality Institute)*
2004	***Healthy workplaces for British Columbia's Health Care Workers (****Auditor General of British Columbia)*
2005	***Quality of working life indicators in Canadian health care organizations: a tool for healthy, health care workplaces (****Institute for Work & Health)*
2007	***A healthy workplace action strategy for success and sustainability in Canada's healthcare system (****Canadian Council on Health Services Accreditation)*
2009	***OHA Absence Survey (****Ontario Hospital Association)*
2010	***Working together to prevent violence in health care (****Accreditation Canada)*
2010	***A framework for public reporting on healthy work environments in Ontario healthcare settings (****Ontario Health Quality Council - Health Quality Ontario)*

ATTACHMENT C

International Experts Interviewed

Robyn R. Gershon, DPHProfessor, Division of Preventive Medicine and Public Health, University of California, San Francisco

Susan Wilburn, Technical Officer, Occupational and Environmental Health Department of Public Health and Environment, World Health Organization, Geneva, Switzerland

Dr Julietta Rodriguez-Guzman, Regional Office for the Americas (AMRO) Pan American Health Organization (PAHO); Washington DC, USA

Róisín Boland, Chief Executive Officer, International Society for Quality in Health Care Joyce House, Ireland

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ATTACHMENT D

Consensus Conference Attendees

Stakeholder representatives attended from the following organizations:

- Accreditation Canada
- Association of Local Public Health Agencies (ALPHA)
- Central West LHIN (representing all LHINs)
- City of Hamilton Public Health
- Erie St. Clair Community Care Access Centre
- Hamilton Health Sciences
- Health Sciences North
- Kipling Acres Long-Term Care Home
- Norfolk General Hospital
- Ontario Association of Community Care Access Centres (OACCAC)
- Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)
- Ontario Community Support Association (OCSA)
- Ontario Hospital Association (OHA)
- Ontario Long-Term Care Association (OLTCA)
- Ontario Nurses' Association (ONA)
- Ontario Public Service Employees Union (OPSEU)
- Registered Nurses' Association of Ontario (RNAO)
- South Riverdale Community Health Centre
- Sandy Hill Community Health Centre
- St. Clair West Services for Seniors
- Ministry of Health and Long-Term Care
- University Health Network
- We Care Health Services
- *Project Steering Committee Representatives (See Attachment A for list)*

ATTACHMENT E

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