How Work Environment Metrics Can Improve Healthcare Performance

Presentation by Graham Lowe, Ph.D.
To the Health System Performance Research Network,
University of Toronto

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Presentation outline

1. Urgency
2. Definition
3. Ingredients
4. Performance
5. Framework
6. Metrics
7. Progress
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1. Urgency
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Future HR risks

Demographics

Capabilities

Engagement

Wellbeing

Human sustainability of healthcare organizations
Absenteeism, all occupations and health occupations, Canada

Average annual days lost per full-time worker

Canadian workforce  Health occupations

LTI Frequency in Ontario, by Sector

The healthcare sector has the fourth highest rate of lost-time injuries (LTI) in Ontario – higher even than the industrial, mining and construction sectors.

Source: Ontario Safety Association for Community & Healthcare, Annual Report
Self-reported work stress levels, healthcare occupations compared with all others, Canada

Q. “Would you say that most days were (not at all stressful, not very stressful, a bit stressful, quite a bit stressful, extremely stressful)?”

- RNs and nurse supervisors: 58.9%
- Other health professions: 46.3%
- Technical and related occupations in healthcare: 39.5%
- Assisting occupations in healthcare: 35.0%
- All other occupations: 30.5%

Source: Statistics Canada, Canadian Community Health Survey, custom tabulation.
Unhealthy working conditions

2005 National Survey of the Work and Health of Nurses:

- Factors affecting the health, job satisfaction, and retention of nurses:
  - Job strain, supervisory support, respect, job autonomy

2004 National Physician Survey:

- Physician supply and health care access are affected by working conditions:
  - Hours, workload, work-life conflict, stress, burnout, job dissatisfaction
The costs of inaction…and action

1. What is the cost burden of absenteeism, LTI, LTD, stress and burnout?

2. What are the expected benefits of reducing the gaps with the rest of the workforce by 50%?

3. What would it take to do this?
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You need to get at root causes

- Turnover, absenteeism, injuries, benefit costs, dissatisfaction

WORK ENVIRONMENT
A healthy healthcare workplace

…is “a work setting that takes a strategic and comprehensive approach to providing the physical, cultural, psychosocial and work/job design conditions that maximize health and well-being of health care providers, quality of patient outcomes and organizational performance.”

Quality Worklife – Quality Healthcare Collaborative
# Moving beyond wellness programs

## DIMENSION:

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Converging perspectives & evidence

- Healthy workplaces
- High performance workplaces
- Organizational culture
- Strategic human resource management
- Service profit chain
- Learning organizations

Wellbeing & Performance
Healthy work environment ingredients

**Key drivers of wellbeing and performance:**

1. Respectful relationships based on trust
2. 2-way communication
3. Contributions valued and recognition
4. Supportive supervisors & coworkers
5. Job autonomy
6. Role clarity and demands
7. Decision input
8. Challenging, interesting work
9. Growth and development opportunities
10. Adequate resources
11. Fair rewards and processes
12. Safe and health-promoting environment
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Example: Stress and performance

Magnet Hospital model

Hospital priorities and policies

Nurse work environment (resources, administrative support, relations with physicians)

RN:patient ratios
Skill mix

Process of care

NURSE OUTCOMES

PATIENT OUTCOMES

Safety culture

High quality work environments support safety, QWL and HR goals

WORK ENVIRONMENT
• Team work
• Fair processes
• Learning environment
• Supportive supervisor
• People leadership

SAFETY CULTURE
✓ Report
✓ Learn
✓ Act

HR GOALS
✓ Pride
✓ Commitment
✓ Job satisfaction
✓ Engagement

Source: G. Lowe, The role of healthcare work environments in shaping a safety culture. Healthcare Quarterly 11, (2) 2008
What matters to staff in the NHS

— The resources to deliver quality care for patients.
— The support I need to do a good job.
— A worthwhile job with the chance to develop.
— The opportunity to improve the way we work.

Results:

• provide quality care
• patient satisfaction
• advocacy of NHS

www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_085536
13 of the “100 Best Companies to Work For in America” are in healthcare!

Arkansas Children’s Hospital
Baptist Health South Florida
Children’s Healthcare of Atlanta
Indiana Regional Medical Center
King’s Daughters Medical Center
LifeBridge Health
Mayo Clinic
Meridian Health
Methodist Hospital System
OhioHealth
Scripps Health
Southern Ohio Medical Center
Winchester Hospital
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Common framework criteria

A common framework for measuring and reporting work environment metrics must meet these criteria:

1. Comprehensive: measure determinants and outcomes
2. Inclusive: apply to all healthcare workers and settings
3. Uses common tools
4. Government-sponsored
Existing frameworks

✓ RNAO Healthy Workplace Best Practice Guidelines
✓ Canadian Nurses Association QWL indicators
✓ Accreditation Canada Pulse Survey
✓ QWQHC indicators
✓ Magnet Hospital model
✓ AACN Healthy Work Environment Standards
✓ Health Promoting Hospital Healthy Workplace Standards
NHS approach

• Annual NHS Staff Survey administered in all Trusts
• Informed by *What Matters to Staff* study
• Department of Health sponsors
• University and private sector partners
• Care Quality Commission reports and monitors
• Measures core performance standards targets
• Survey results publicly available
• Trusts do action plans with board accountability
Need to align metrics

✓ Healthcare performance indicators have proliferated.
  — Result = ‘indicator-itis’.
  — e.g., there are 5 indicators of acute myocardial infarction readmission (AMIR) in Ontario

✓ Lack of alignment is inefficient and reduces potential for system-wide improvement.

✓ No jurisdiction includes HWE metrics in performance reporting.
  — Favourable conditions for HWE metrics alignment.
Benefits of using common metrics

1. Avoids duplication and confusion
2. Enables comparisons and benchmarking
3. Can identify effective management practices
4. Facilitates learning and diffusion of innovation
5. Supports HWE performance targets
6. Basis for recognition and awards
7. Inclusive approach raises the floor
Healthy Work Environment Model

CONTEXT DRIVERS INDIVIDUAL OUTCOMES

ORGANIZATIONAL OUTCOMES

Engaged employees and physicians with the capabilities and resources to deliver high-quality care and internal services

Care quality and patient safety

HR goals

Costs and productivity

Strategy

Leadership

Culture

Work environment factors

Job factors

Human resource supports

Employee and physician quality of work-life

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<td>Patient / client</td>
<td>• Multi-item scale score</td>
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<td>• Patient / client</td>
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<td>Safety culture</td>
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<td>• “I am able to deliver the patient care I aspire to.”</td>
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<td>HR goals</td>
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<td>• Annual rate of voluntary turnover excluding retirements</td>
<td>• High</td>
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<td>Collaboration</td>
<td>• “Does your team meet regularly and discuss its effectiveness and how it could be improved?”</td>
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<td>Costs and productivity</td>
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<td>Staff capabilities</td>
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<td>Skill utilization</td>
<td>• “I am able to make improvements happen in my area of work.”</td>
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<tr>
<td>Staff quality of work life</td>
<td>Job satisfaction</td>
<td>• “I would recommend my organization as a place to work.”</td>
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<td>Work-life balance</td>
<td>• “My employer is committed to helping staff balance their work and home life.”</td>
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<td>Work environment factors</td>
<td>Decision input</td>
<td>• “I am involved in deciding on changes that affect my work area.”</td>
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<td>Communication</td>
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<td>Respect</td>
<td>• “The people I work with treat me with respect.”</td>
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<td>Supportive supervisor</td>
<td>• “My immediate manager can be counted on to help me with a difficult task at work.”</td>
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<td>Supportive coworkers</td>
<td>• “I am [satisfied…dissatisfied] with the support I get from my work colleagues.”</td>
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<td>Healthy and safe environment</td>
<td>• Multi-item scale</td>
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<td>Feedback</td>
<td>• “I get clear feedback about how well I am doing in my job.”</td>
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<td>Fair processes</td>
<td>• “Does your employer act fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age?”</td>
<td>• Detailed</td>
<td>• Staff surveys</td>
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High-level indicators

• Patient/client satisfaction
• Retention
• Lost time injuries
• Engagement or job satisfaction
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HWE stakeholders

- F/T/P governance
- Provincial ministries
- Universities and quality agencies
- Professional associations & unions
- Boards
- Healthcare organization managers, employees & physicians
How to make progress

1. Champions
2. Key stakeholder input
3. Leverage and link with related initiatives
4. Revise quality models
5. Build into accountability agreements
6. Develop common measurement tools
7. Produce annual HWE report card
8. Integrate HWE metrics into other reporting systems
What is your role in developing and implementing HWE common metrics?
Questions & Comments
Watch for my new book in April:
www.creatinghealthyorganizations.ca

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