



# Putting the Health Back in Health Care: The OHA Healthy Hospital Initiative

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# The OHA Healthy Hospital Initiative

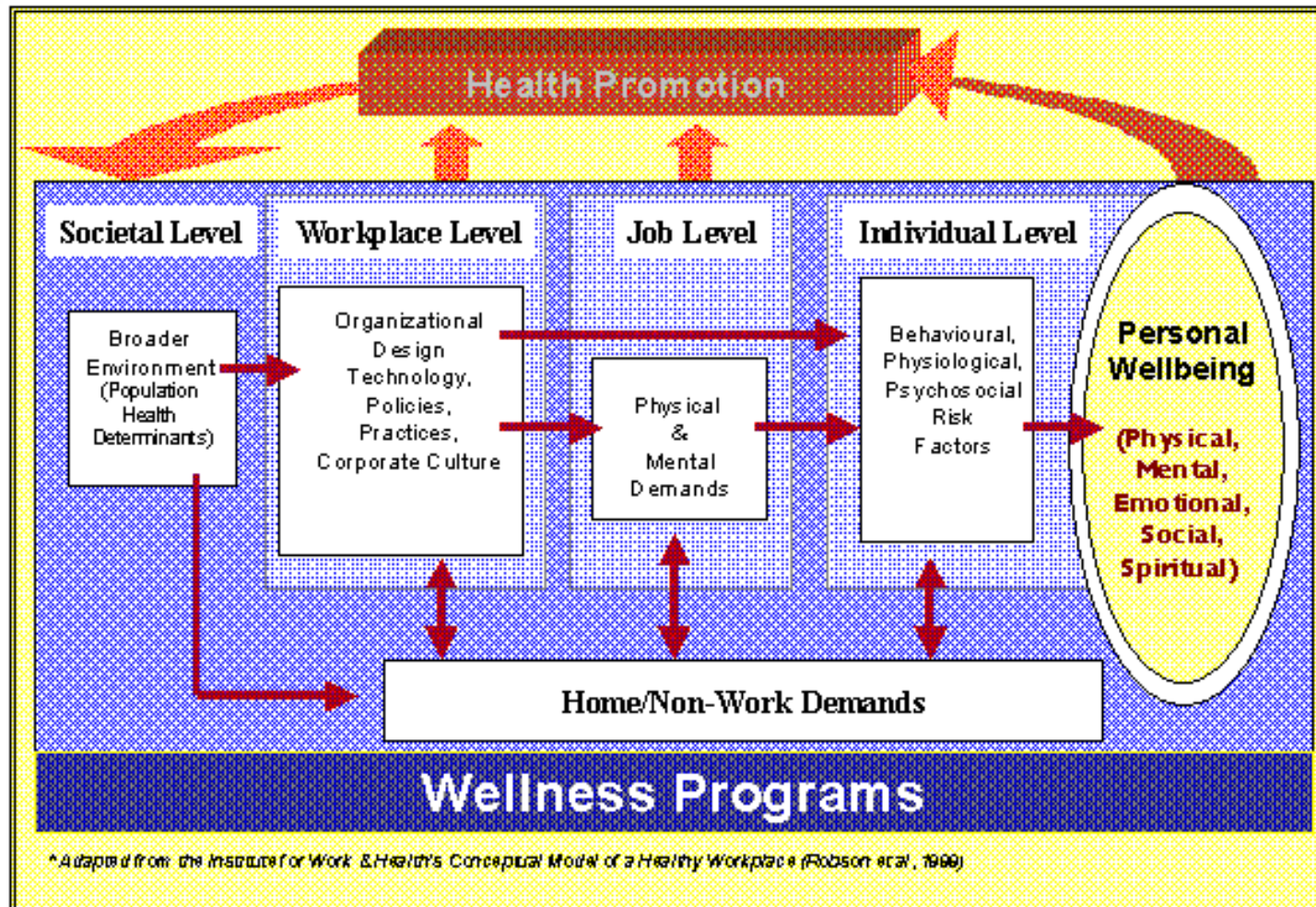


## Our Goals

*Improve the health and well being of health care workers so that they can be models of healthy individuals and so that our hospitals can become models of healthy workplaces*

*Improve the health of all Ontarians by increasing the influence that hospitals can have on the workplace environments in their communities and in their interactions with patients and families*

# OHA Healthy Hospital Model



# The Drivers Behind the Healthy Hospital Initiative



- Interest in Investing into Healthy Workplace
- Required Support
- Standardized Survey (Province Wide)
- Drive Wellness Initiatives and Allow Benchmarking
- Optimize Productivity and Attendance at Work

# Three Main Areas the HHES Addresses...



## Measures....

Employee satisfaction with several quality of work life indicators



Organizational Health

Employee health risk behaviours and indicators



Employee Health and Well Being

Interest and readiness to participate in Workplace Health Promotion programs and activities



Employee Feedback

# Employee Health and Well Being



- Practice Solutions Health Risk Appraisal (a subsidiary of Canadian Medical Association)
- Overview of health risks and health risk 'readiness to change' scores
- Calculation of 'health zones' based on certain criteria, including personal attributes, lifestyle, stress, medical history, etc. (HIGH, MEDIUM, LOW)
- Stage of change for BMI, Physical Activity, Healthy Eating, Smoking, Stress

# Organizational Health



- Derived from Brock University's Employee Feedback System (EFS)
- Satisfaction with 31 quality of work life indicators
- Measure of importance of workplace indicators to quality of work life
- Averages, frequencies, importance gap, group comparisons (work category, program, location)

# Who Uses the HHES©



- Originally piloted with 19 health care organizations
- Benchmarking Database holds the data of 32 health care organizations ( approx. 17,000 Employees)
- Number of other organizations interested at this time from across Canada
- Assesses all work categories within the organization
- Can be customized

# Key Predictors of Outcomes: Conclusions



- Several key Quality of Work Life indicators account for a large proportion of the variance in Organizational “Health” outcomes
- Leadership, relationships, culture of respect appear to be key predictors of several outcomes
- Recognition and reward, involvement in decision making, communication appear to be pivotal
- Majority of key predictors are also low scoring and large gaps across respondent group
- A much smaller amount of variance in Employee Health is accounted for by Quality of Work Life indicators – Work life balance and Support/Relationship type indicators appear to be related

# Key Indices: Conceptual Relationships with Organizational and Personal Health Outcomes



## Employment Relationship Summary Score (ERSS)

Trust, Commitment, Communication, & Influence *[similar to Lowe & Schellenberg (2001) CPRN Study # W-5 – [www.cprn.ca](http://www.cprn.ca)]*

## Healthy & Safe/Supportive Work Environment (HSWE)

W-L Balance, Healthy Org., Feel Safe at Work, Coworker-Cohesion *[similar to Lowe & Schellenberg (2001) CPRN Study # W-5 – [www.cprn.ca](http://www.cprn.ca)]*

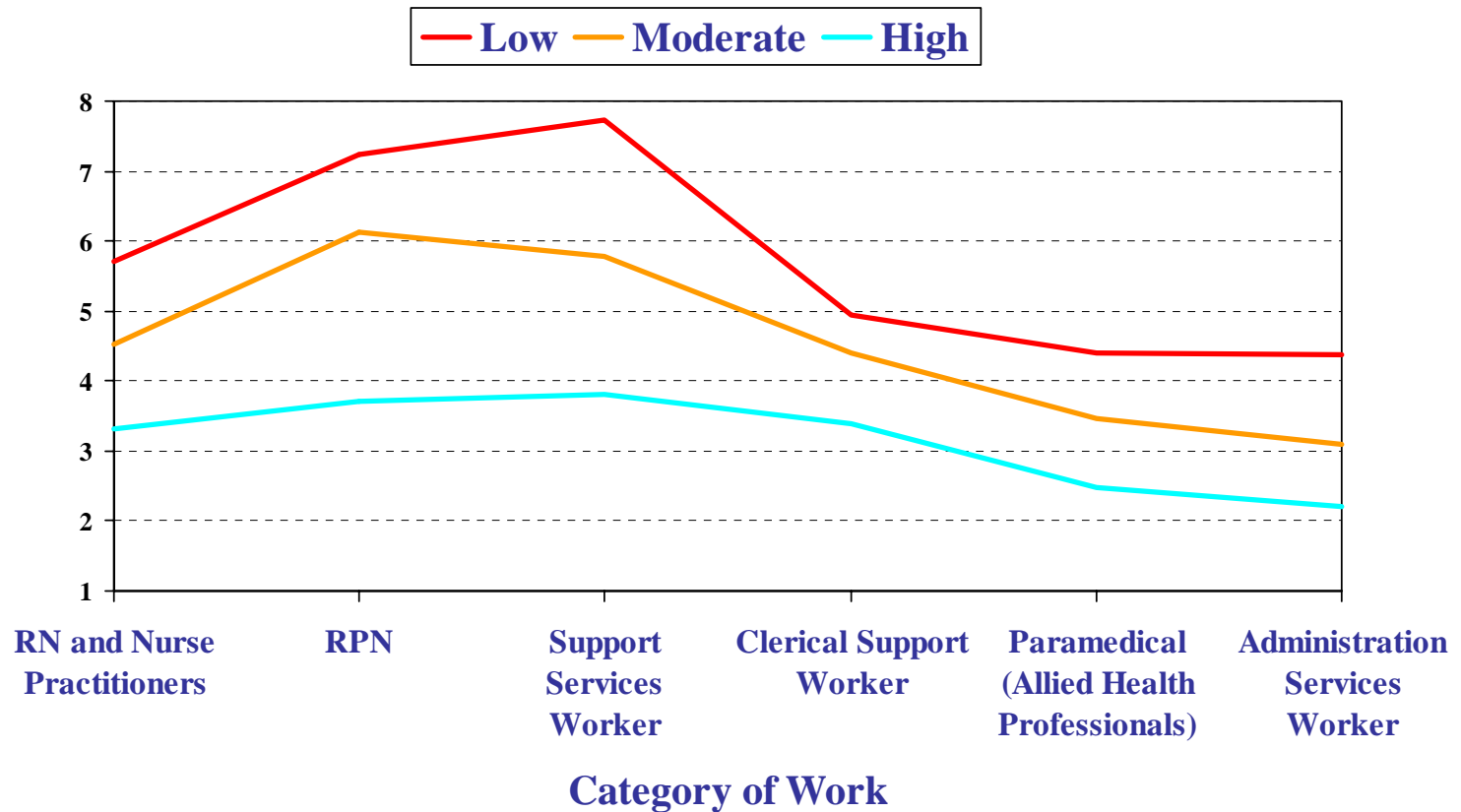
## Stress Satisfaction Offset Score (SSOS)

Effort/Reward + Demand/Control *[Karasek & Theorell, 1990; Lowe & Schellenberg, 2001, Shain (2000)]*

# Sick Days Last Year by Work Categories by Healthy and Supportive Work Environment (HSWE)



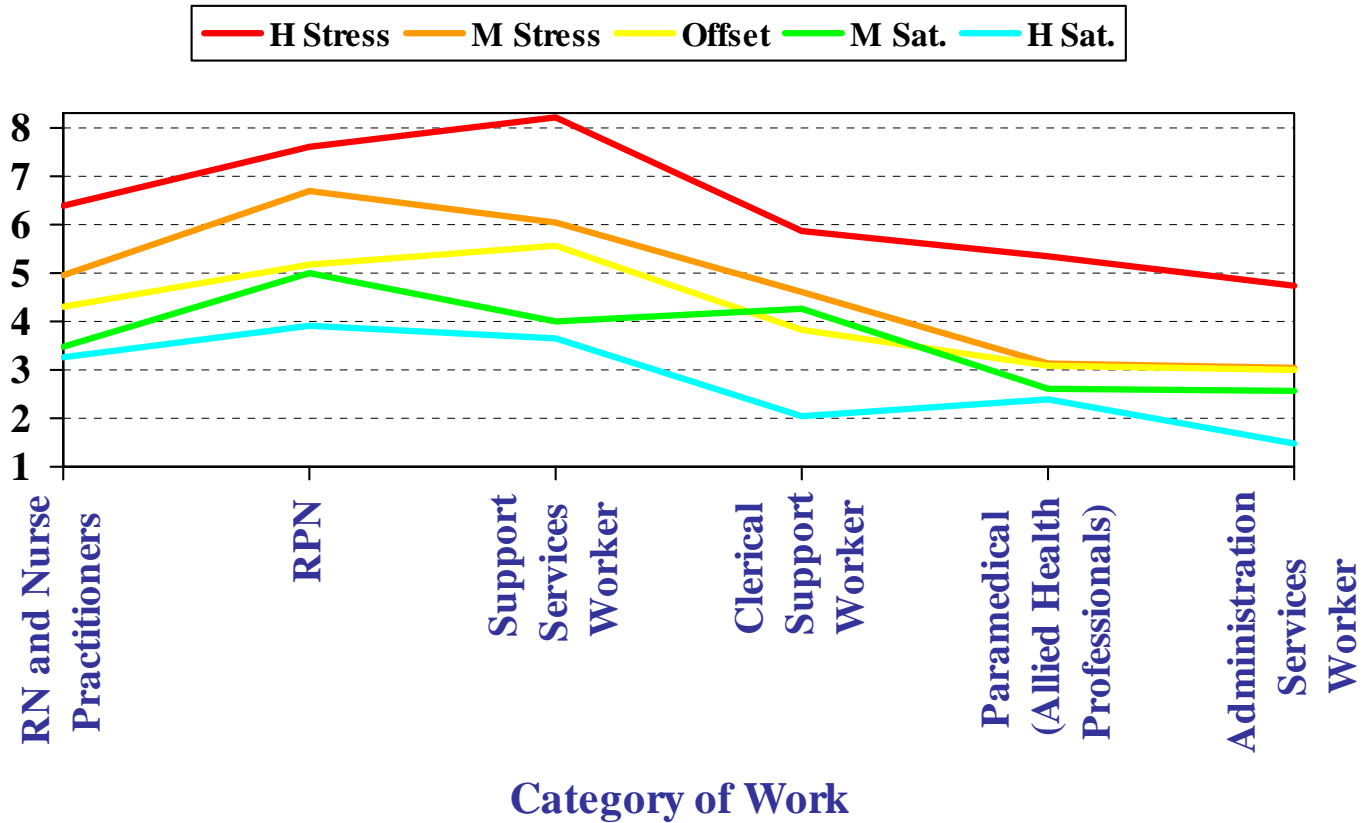
Sick Days Last Year  
(0 to 40)



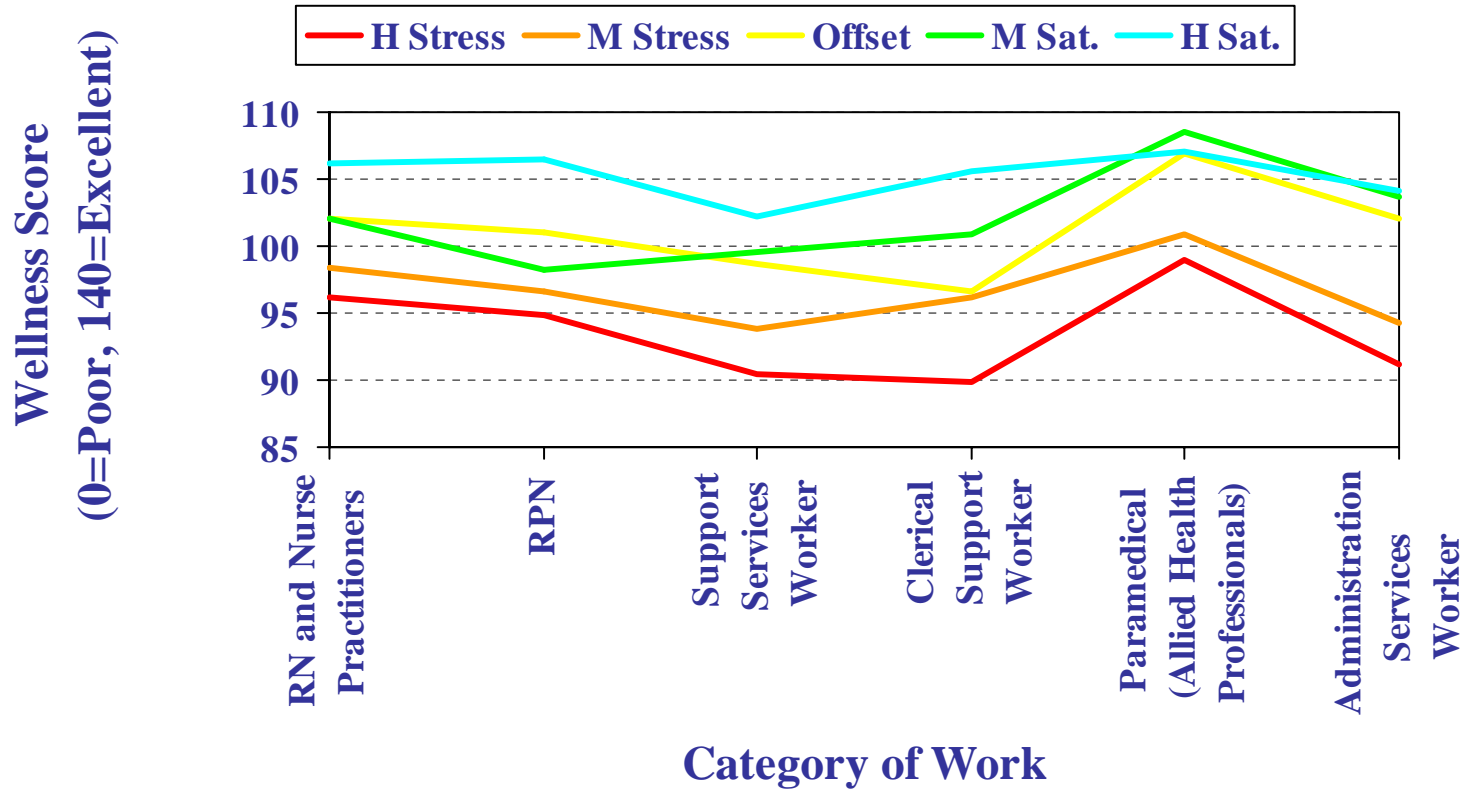
# Sick Days Last Year by Work Categories by Stress Satisfaction Offset Score (SSOS)



Sick Days Last Year  
(0 to 40)



# Health Risk Score (HRS) by Work Categories by Stress Satisfaction Offset Score (SSOS)



# What We Found in Employee Health



- Significant proportion of respondents at high/medium risk for experiencing future health problems related to their current health behaviours and conditions – similar to population averages
- Health status appears fairly constant across settings, programs, job type
- Key issues: physical activity, weight, stress - larger proportion of respondents already trying to make changes/improvements in these areas (high readiness to change)
- Significant proportion (35%) of respondents ‘very interested’ in participating in health promotion initiatives at work
- However, respondents rank ‘supportive work environment’ and ‘physical work environment’ as the most important areas that their organizations should work to improve

# What we Found in Organizational Health



- ERSS, HSWE, &SSOS are:
  - Consistently, Robustly, Significantly, and Observably related in predicted manner to a large number of Work and Personal Outcomes (i.e. sick days, intention to remain, feeling blue or depressed, organizational satisfaction, job satisfaction)
- The Results Support the need, within healthcare settings, for:
  - The Creation of Positive Employment Relationships (Employee with Organization, Supervisor, Coworkers)
  - The Creation of Safe & Supportive Work Environments
  - Increasing Satisfiers to Offset inherent Work Stressors

# Healthy Hospital Employee Survey

## Key Organizational Level Priorities



Largest Gap between Score & Level of Importance	Top Predictors of Org. Satisfaction	Top Predictors of Job Satisfaction	Top Predictors of Intentions to Remain	Top Predictors of Healthy Workplace
Communication	Organizational Trust	Job Control	Respect	Organizational Trust
Organizational Trust	Strategic Leadership	Fairness	Career Development	Physical Work Environment
Amount of work	Respect	Interaction with Co-workers	Job Clarity	Quality Improvement
Involvement in Decision Making	Job Control	Career Development	Job impacts on personal life	Physical Safety
Recognition & Reward	Quality Improvement Practices	Satisfaction with Supervisor	Quality Improvement Practices	Job impacts on personal life

# Where did we go?



1. Identification and sharing of healthy hospital best practices (within the Pilot Group)
2. Action planning, implementation and measurement of key priority programs
3. Rolled-out Healthy Hospital Initiative to other hospitals for wider knowledge-transfer opportunities

# Identification and sharing of healthy hospital best practices



- Regular Teleconferences for best practice discussions in order to share best practices re: Healthy Workplace Idea – “Wellness Wednesdays” –Monthly Basis - Voluntary
- On-line Wellness Idea Bank (the “WIB”) to store best practice ideas
- OHMS Consulting on an as needed basis

# Where are we Now? OHA Healthy Hospital Initiative Deliverables to Date:



- Successful HHES© Delivery to other organizations post-pilot. 40 organizations are now part of the OHA's HHES© Benchmarking Database (25% increase from 2005)
- Continue with successful partnership with Brock University's WHRL
- OHA Healthy Hospital Innovators Award created in partnership with the National Quality Institute created in 2004 - Program has continued successfully into 2006
- CCHSA-OHA Pulse Pilot Project Delivered – providing organizations with a snapshot of where they stand with regards to quality of worklife indicators.

# Where are we Now? OHA Healthy Hospital Initiative Deliverables to Date:



- Annual Healthy Hospital Innovative Practices Symposium (4<sup>th</sup> Annual Hosted on September 29, 2006)
- Monthly “Wellness Wednesday” Teleconferences Series to discuss best practices using HHES© indicators
- Level II Performance Excellence Program Working Group (18 Orgs)
- Wellness Idea Bank ([www.oha.com/wellness](http://www.oha.com/wellness))
- Email distribution list for dissemination of ideas
- Conferences/workshops
- Consulting as needed