



Vancouver Island Health Authority (VIHA)
People Plan

INFRASTRUCTURE PLAN
UPDATE 2009/10

August 2009

Executive Summary

Our workforce and the population we serve are both aging, which means that just as health care needs of Vancouver Island residents are increasing, our workforce will be retiring in greater numbers than ever before. Finding and keeping the right people is the most critical challenge facing the Vancouver Island Health Authority (VIHA).

At the same time experts are predicting an international labor shortage on the horizon, attributed to many factors: worldwide declining birth rates, retiring baby boomers, and increased educational requirements for all jobs. Traditional human resource strategies have focused on increasing the supply or the number of providers through initiatives such as increasing the number of training seats and targeted recruitment. The current labor challenges coupled with an aging population have taken us to a place where such strategies will not be enough. We recognize the need to fundamentally change the way we plan and deliver services into the future.

This document provides the strategic direction for the Health Authority's number one priority – our people. It addresses how the right people will be placed where and when they need to be, and how to optimize the use of our existing skilled and experienced workforce. Three core transformational strategies, which are expected to significantly change the way we plan and deliver services into the future have been identified: redesigning our care delivery model to focus health care team members on their area of expertise, making the Health Authority a safe and healthy place to work, and implementing better workforce planning tools. Foundational strategies will continue, including: improving recruitment and retention, and supporting continuous learning for employees include continuing to work with Ministries of Health and Education as well as post secondary institutions.

Table of Contents

Executive Summary	i
Introduction	1
Update/Progress.....	3
VIHA's Workforce	5
Environmental/Risk Assessment.....	8
Strategic Direction	13
Implementation/ Action Plan	20
Resource Requirements	20
Conclusion.....	20
References.....	21
Appendix A: Status Update of Progress Implementing the People Plan.....	22
Appendix B: Workforce Performance Indicators.....	27
Appendix C: Strategic Direction 2009 - 2012.....	28
Appendix D: Implementation Plan for Year One - 2009/10.....	29

Introduction

“The confluence of a bulging aged population and a shrinking supply of youth is unlike anything that has happened since the dying centuries of the Roman Empire”

Peter Drucker, Author and Business Management Theorist

There is an international labor shortage on the horizon, which is predicted to be particularly acute in health care. Globally, we are moving from a “buyer’s labor market” where there are more good employees than good jobs to a “seller’s market” where there are more good jobs than employees (Duxbury 2008). Experts are attributing this to a convergence of factors: declining birth rates; retiring baby boomers in greater numbers than their children can replace them; a younger generation entering the workforce with very different values, attitudes and expectations; and increased educational requirements for all jobs.

This potentially shrinking workforce will be combined with an aging population, one of the most significant challenges we face now, and will continue to face for at least the next twenty years. We currently have a relatively old population and as the baby boomers age they will put pressure on every facet of our health system, both from their sheer numbers as well as their high expectations and demands. We anticipate the population over the age of 75 to more than double over the next 25 years.

VIHA currently employs or contracts with approximately 17,000 health care professionals, technicians and support staff, and 1,640 physicians. The average age of our workforce is 45, which is about 16% higher than the national average. Within VIHA, if current trends continue, we are projecting a gap of approximately 1,900 health care workers by 2015.

Traditional human resource strategies have focused on increasing the supply or the number of providers through initiatives such as increasing the number of training seats and targeted recruitment. The current labor challenges coupled with an aging population have taken us to a place where such strategies will not be enough. We need to fundamentally change the way we plan and deliver services into the future.

This document provides the strategic direction for the Health Authority’s number one priority – our people and supports the Health Authority’s Five-Year Strategic Plan. It addresses how we will have the right people where and when they need to be, and optimizes the use of our existing skilled and experienced workforce. The following are transformational strategies, as they are expected to significantly change the way we plan and deliver services into the future, and foundational strategies, as they help us maintain a strong workforce.

Transformational Strategies

Care Delivery Model Redesign - Bringing evidence together with our existing expertise will allow us to transform both the provider and patient experience in a very positive way. From a provider perspective, we will change the care delivery model in a way that better meets the needs of the patient/client population, makes full use of staff skills, and allows more time for direct care, assessment and teaching. This will improve the quality of patient care, resulting in better patient outcomes and shorter stays in hospital.

Staff Safety and Injury Prevention - We are a core service provider and we cannot be successful if our employees are not well and able to work. Unfortunately, our statistics around injury and disability of our staff do not demonstrate this. About one in ten workers in VIHA will experience an injury that results in a loss of work time and most of them will stay off for about 60 days. About one in twenty will experience long term disability and will stay off for over three years. As we plan forward we recognize that we need to focus inward on our own staff to ensure that we are doing all we can to support them to stay healthy and safe. We are committed to establishing a strong culture of safety, where staff put their health first and look out for themselves and each other.

Planning Based on Health Needs and Care Delivery - We are planning for our future care providers based on population health need and anticipated future changes of our health system. Building on these forecasted future services, we are predicting the future staff needs to support them. This modeling will incorporate innovative ways to deliver services, the type of providers required to make best use of their skills (i.e., maximize scope of practice), and projected improvements in provider health.

Foundational Strategies

Strategic Recruitment and Retention - We recognize the need to understand generational differences in order to attract and retain good employees. Our success is reliant on attracting and retaining talented people and we know that the factors that attract employees to a job are not necessarily the factors that will keep them. Pay and benefits are often the attraction and factors like work-life balance, career development and performance management are what will keep them (Duxbury 2008).

Continuous Learning - We will promote a continuous learning culture and meet the needs of our staff by delivering integrated, relevant learning opportunities that will increase their job satisfaction and improve performance. We will strive to become a leader, directly or through appropriate partnerships, in creating continuous learning resources by following industry 'best practices', and employing innovative techniques in the use of technologies to meet the learning goals of the organization.

Update/Progress

The first People Plan was developed in 2006 and has since progressively evolved. Over the past year, significant foundational work has occurred on the People Plan. A full status report on the strategies is available in Appendix A and a brief summary is outlined below:

Innovative Targeted Recruitment and Retention Strategies

We have been working on developing focused recruitment strategies targeted to specific occupations and geographies and more general retention strategies, such as alternative work arrangements and improving employee recognition. We continue to align strategies to our workforce projections and improved understanding of how to attract and retain the new generation of workers.

Re-engineer Staff scheduling Models and Practices

Roll-out of centralized scheduling is expected to be complete in July 2009. It is anticipated that this new system will significantly improve the way we schedule staff for the benefit of both patients and staff. Under the new system, there are four regional centres responsible for staffing of specific regions. They are located in Campbell River, Nanaimo and two in Victoria. Benefits of the new system: consistent staffing practices throughout the Health Authority, more predictable staffing levels, and fewer staff being called in on their days off and working overtime.

Care Delivery Model Redesign (CDMR)

The CDMR strategy is well underway. The foundational work, which involved a team of people observing all staff and patients on ten acute and residential care units for one to two full weeks, is now complete. Planning is underway to implement a new care delivery model that better meets the needs of the patient/client population, makes full use of staff skills, and allows more time for direct care, assessment and teaching.

Implement Workforce Planning, Utilization and Forecasting for Staff

A forecasting model has been developed which incorporates both the traditional elements such as demographics, retirements, recruitment and attrition rates as well as future population and service need. Work is underway to:

- Build the capacity to incorporate other adjustments including changes in the care delivery model and improvements in provider injury and disability rates; and
- Simulate various future states.

Demonstrate a Commitment to Continuous Learning

Foundational work has been completed for enhancing continuous learning, including a review of all education in the Health Authority and an expansion of the mentor program. Work is underway to address succession and career planning, which will be complete this year following the extension of 360-degree reviews¹ to the executive directors and directors.

Introduce a Wide Range of Innovative Employee Work Life Support Strategies

Work has progressed and remains on time and on budget for four initiatives: reducing musculoskeletal injuries (MSI), managing aggressive behaviour (violence prevention), reducing workplace injury duration, and promoting an enhanced focus on workplace safety, health, and wellness.

VIHA has been working with WorkSafe BC and First Aid and Survival Technologies (FAST) on a Wellness and Safety Culture Review. Recommendations focused on leadership, employee engagement, and risk control processes. As a result, VIHA senior executive has made health and safety one of the organization's top priorities for 2009/10.

Significant progress has been made in raising awareness of the People Plan and its projects throughout VIHA. Since the Fall of 2008, a proactive communications strategy has been implemented. This strategy includes the establishment of an intranet website and online News Update; the development of a Touchstone Team² as an ongoing focus group that provides feedback to guide the People Plan; and the introduction of streaming video as a communications medium.

In addition to these specific strategies, two significant planning activities occurred over the course of the past year. In December 2008, a VIHA Leadership planning session was held. Dr. Linda Duxbury, a world-renowned expert on Health and Human Resources and work-life balance from Carleton University, spoke about the global labour shortage and generational dynamics. At that time, Health Human Resource Planning was confirmed as the number one priority and risk for VIHA as an organization. Specific issues to be addressed included: the care delivery model redesign (CDMR), workplace safety, intergenerational issues and manager span of control (having a reasonable workload to be able to leave work at a reasonable time - work life balance).

¹ Feedback is provided by subordinates, peers, and supervisors. It also includes a self-assessment.

² This team provides ongoing feedback to guide the People Plan, mostly via email. It evolved from People Plan focus groups and the realization that staff members bring different - and extremely valuable - perspectives to People Planning.

A follow-up session was held in April 2009 with an aim to focus the organization on key priorities that would enable systemic transformational change. During that session, four system-wide initiatives were confirmed as the focus for the next 12 to 24 months, including

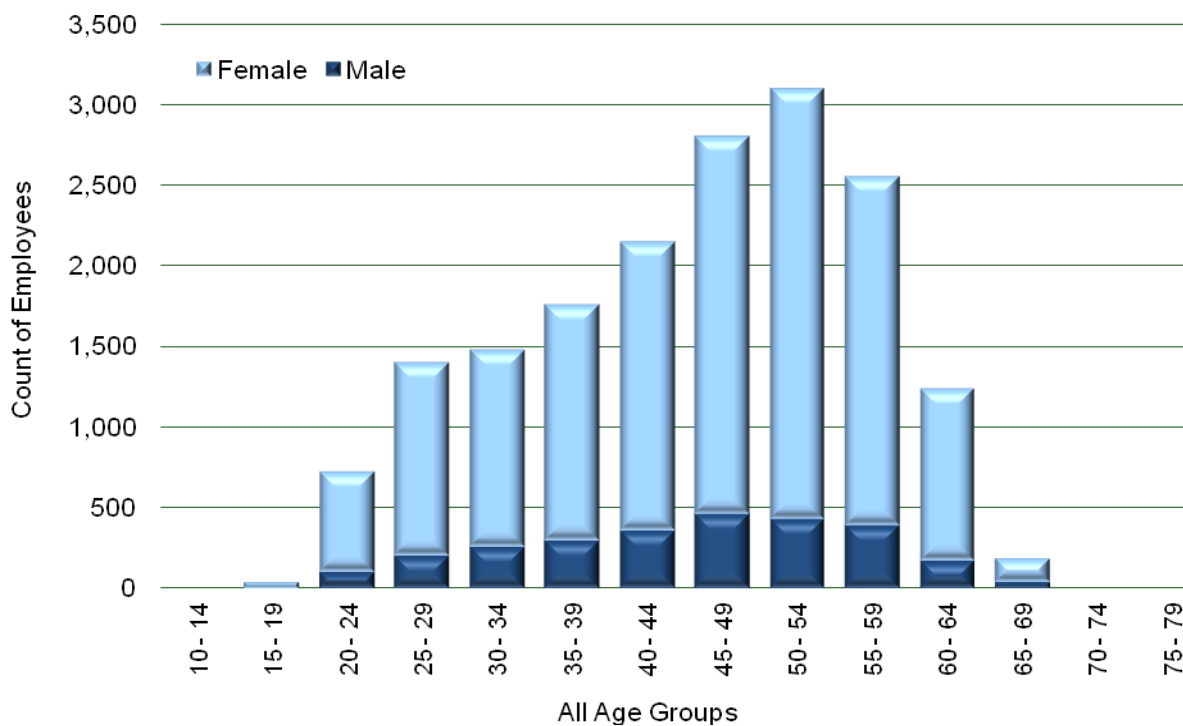
- Infection prevention and control;
- Preventing and reducing alternate level of care to improve flow;
- Care delivery model redesign; and
- Personal safety.

VIHA’s Workforce

Current State

Right now, there are over 17,000 employees working across VIHA in full time, part time and casual status. The age and gender profile of our workforce is shown in Figure 1. The average age is 45 years, which is about 16% higher than the national average. Overall, forty percent are between the ages of 50 and 59. However, age and gender profiles vary considerably by individual programs and occupations. Retention and recruitment strategies will be targeted, so programs with older staff may have more recruitment efforts while programs with a broader range of ages may have more retention strategies, recognizing the current internal talent pool.

Figure 1: All VIHA Employees by Age Group and Gender (March 31, 2009)



Source: IDEAS

Demographics by Program

- In general, Residential Care, Home and Community Care, Child/Youth and Family, and General Support Services have a larger proportion of employees in the retirement zone of ages 55 and older.
- In most of the acute care areas (e.g., Surgery, Heart Health, Emergency/Trauma Care, and Medicine) there appears to be a much broader range of age groups.

Demographics by Occupation

- Registered nurses and most allied health professional occupations have a broad demographic mix.
- Nursing assistants, non-contract staff, psychologists and lab technologists have a greater proportion of staff within the retirement zone.

Demographics by Region

- The largest number of staff in a single age group is 50-54 years old throughout the Health Authority. There is variation among geographic areas with respect to the proportion of the workforce under age 25. In general, the South Island has a slightly younger workforce than Central and North Island.

Employee Health

- VIHA, like other health care organizations, experiences significant lost time due to illness, injury, and other internal factors. About one in ten workers in VIHA will experience an injury that results in a loss of work time and most of them will stay off for about 60 days. About one in twenty will experience long term disability and will stay off for over three years.
- In general, health care employees in British Columbia claim more extended health care benefits than employees in other industries do. Antidepressants continue to be the most commonly prescribed medication, with 17% of health care employees in BC having at least one prescription for an antidepressant, a rate substantially greater than other industries (10%). More detail on workforce performance indicators is included in Appendix B.

Future State

The projected need for future services based on demographics and anticipated changes in how we deliver services is included in the VIHA Strategic Plan. We have forecasted the future staff needs based on these forecasted future services. This modeling will incorporate innovative ways

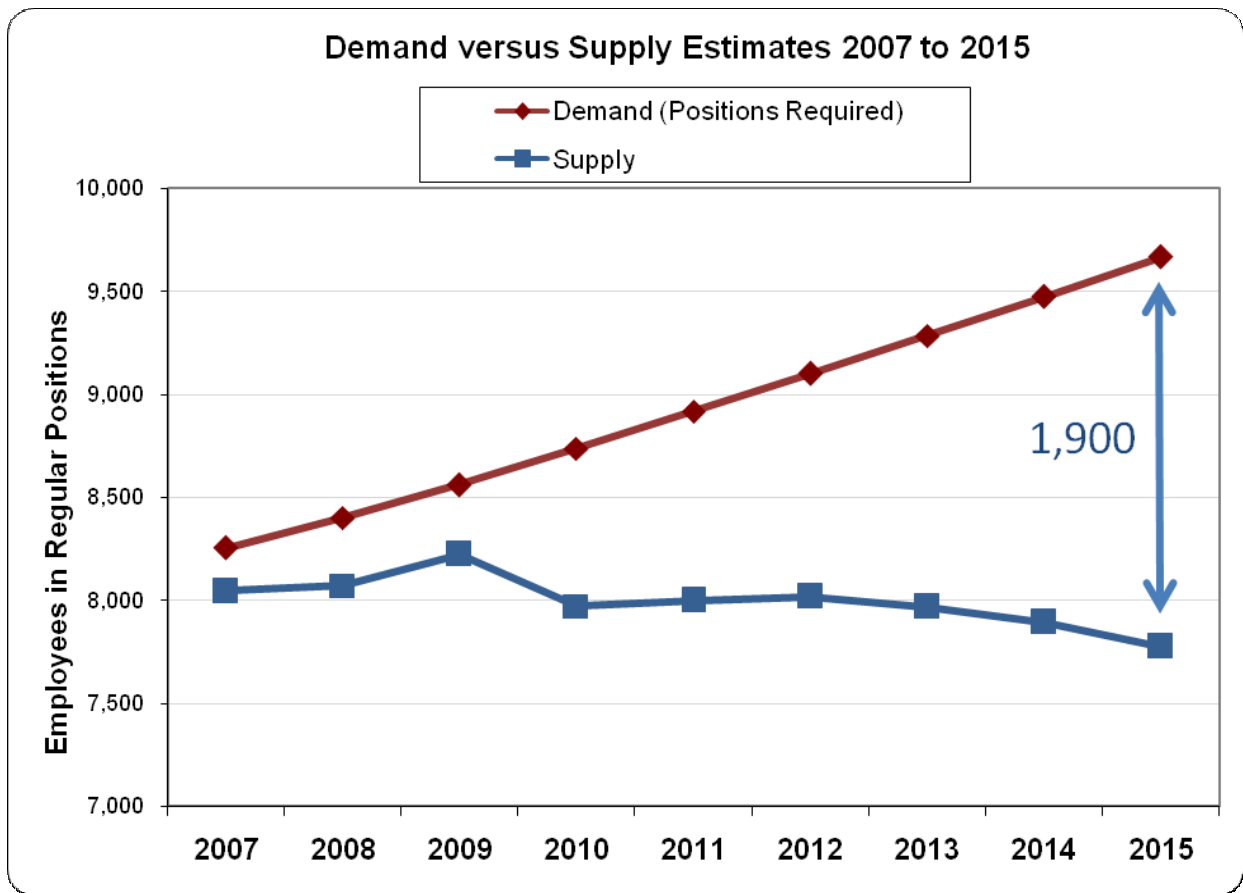
to deliver these services, the type of providers required to make best use of their skills (i.e., maximize scope of practice) and projected improvements in provider health.

We are forecasting a shortage of approximately 1,900 staff by 2015 if we do nothing different with our care delivery models and current staff health (see Figure 2 on next page). However, we believe we can significantly reduce this gap by introducing new care delivery models which make best use of the skills of all care providers and reducing staff injury and disability rates. With respect to occupations, nurses represent the largest proportion of the overall shortage at over 700 employees. The top three occupations currently projected with the largest staffing gaps are:

- Nurse - Direct Patient Care/Community Health (~716 employees)
- Community Health Worker/Nursing Assistant I (~250 employees)
- Laboratory Technologist (~82 employees)

From a program perspective, home and community care, mental health and addiction services, and laboratory medicine are projected to be impacted by the greatest employee shortages.

Figure 2: Supply versus Demand Estimates for Regular Employees 2007 – 2015 (All Programs, All Occupations)



Supply: Defined as the headcount of employees in regular full-time or part-time positions.
 Demand: Defined as the count of full-time and part-time positions needed to be filled at a growth rate of 2.05%.
 Data Source: VIHA Workforce Planning Model Version 13

Environmental/Risk Assessment

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

There is an international labor shortage on the horizon, which is predicted to be particularly acute in health care. Globally, we are moving from a “buyer’s labor market” where there are more good employees than good jobs to a “seller’s market” where there are more good jobs than employees (Duxbury 2008). Experts are attributing this to a convergence of factors, including:

- **Birth rates** have been declining throughout the world for the past 25 years. Since 1986, the fertility rate in British Columbia has decreased by 13% and is expected to decline another 3.5% by 2015. The Canadian workforce is currently growing at about half the rate it did 25 years ago and is predicted to continue this slow down in coming decades. Families are not having enough children to replace their parents in the workplace (Ontario 2006:5).
- **Baby boomers** (those born between 1947 and 1961), who make up about 60% of our workforce, are beginning to retire. In the workforce, baby boomers tend to be very hard workers and are prepared to work long hours. As they retire, there are not only fewer of the younger workers to replace them, they come with very different values, attitudes and expectations. These younger age cohorts value having more work-life balance and will likely not want to sustain the existing work ethic of the baby boomers.
- **Advanced training and education requirements** are needed in jobs now more than ever before. Young potential employees are staying in school longer before entering the workforce and older workers are going back to school as a result of job requirements.

Combined with a potential shrinking workforce, an older population is one of the most significant challenges we face now, and will continue to face for at least the next twenty years. We anticipate our population over the age of 75 to more than double over the next 25 years. In contrast, the VIHA population overall will increase by only 27 per cent. We currently have a relatively old population and as the baby boomers age they will put pressure on every facet of our health system, both from their sheer numbers as well as their high expectations and demands.

Our ability to attract and retain staff is also challenged by having poor work environments. Our staff work in workspaces that vary with respect to functionality and age. Some are better than others however many are riddled with clutter as there is no proper space for storage. They are also faced with working in a system that is continually pressured and have to deal with hospitals that are over capacity every minute of every day.

A high level summary of strengths, weaknesses, opportunities and threats (SWOT) is included in Table 1 on the next page.

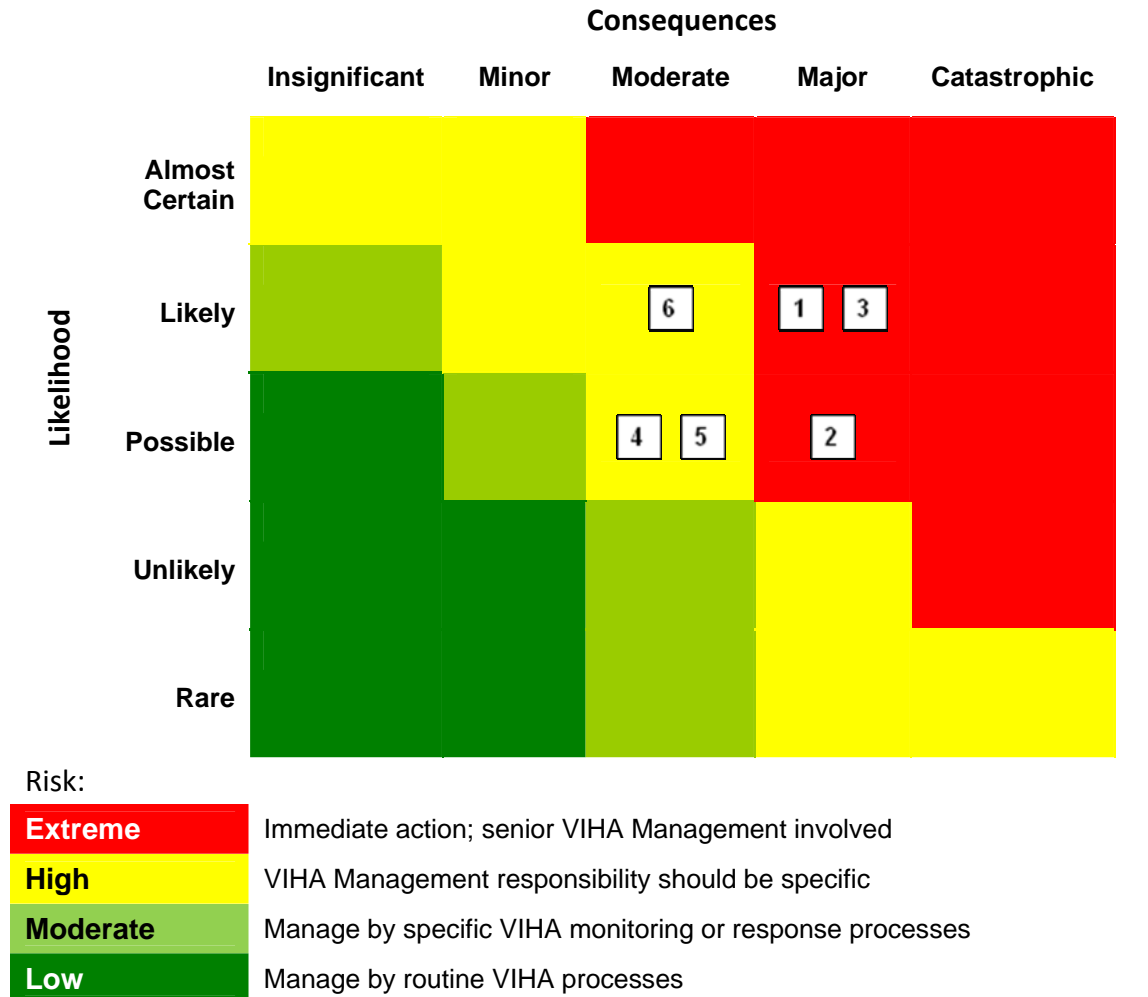
Table 1: Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

STRENGTHS		WEAKNESSES	
<i>Internal</i>	<ul style="list-style-type: none"> ▪ Clear strategic direction ▪ Organizational commitment to people as number one risk and priority at VIHA ▪ Dedicated and caring staff ▪ Scope of services across the continuum ▪ Positive relationships with academic facilities and programs ▪ Population-based workforce forecasting ▪ New staffing office ▪ New software system for applicant tracking 	<ul style="list-style-type: none"> ▪ Poor working environment ▪ Aging workforce ▪ Antiquated information systems ▪ Ineffective change management practices ▪ Lack of standardized processes and systems ▪ Workload and staffing shortages ▪ Collective Agreement challenges ▪ Absence of culture of safety ▪ Traditional models of care delivery ▪ Financial implications/pressures ▪ Service disruption due to staffing limitations ▪ Increased physical and mental health issues in the workforce ▪ Inter-generational workforce differences 	
	OPPORTUNITIES	THREATS	
<i>External</i>	<ul style="list-style-type: none"> ▪ Technological innovation ▪ Inter-professional support for full scopes of practice and optimizing team work ▪ Relationships with post-secondary health institutions and Ministries of Health and Education ▪ Attractive location to work ▪ Economic downturn ▪ Staff lay-offs in other provinces 	<ul style="list-style-type: none"> ▪ Global labor shortage and competition for health professionals ▪ Aging population demands on health care ▪ Cost of living in the South Island ▪ Economic downturn ▪ New technologies requiring new skills and knowledge ▪ Legislative changes 	
	<i>Leverage</i>	<i>Mitigate</i>	

Risk Assessment

There are six primary risks to achieving the goals of the People Plan. For each risk (see Figure 3), we assessed the likelihood and consequences, assigned a risk rating, and identified mitigation strategies.

Figure 3: Risk Matrix



Legend:

- | | |
|--------------------------------------------------------------------------|--------------------------------------------|
| 1 Ability to Recruit for Specific Occupation, Locations, Programs | 2 Organization & Financial Capacity |
| 3 Ability to retain our talent pool | 4 Third Party Providers |
| 5 Collective Agreements | 6 Access to Data and Systems |

1 Ability to Recruit for Specific Occupations, Locations, and Programs

Risk: Difficulty in recruiting the right people for specific occupations, geographic locations, and programs

Mitigation: Further development of targeted recruitment strategies for specific occupations, geographic locations, and programs based on Care Delivery Redesign principles and processes, consideration of population health needs, and workforce planning analytics.

2 Organizational and Financial Capacity

Risk: VIHA's Five-Year Strategic Plan is supported by multiple program and infrastructure plans, each with a major change agenda and financial demands. As the capacity for concurrent change is limited, and there is competition for financial resources, the Plan's strategies, goals and objectives will need to be thoughtfully resourced and timed.

Mitigation: We have begun to take a system-wide approach to managing workforce challenges. We will continue to enhance this effort, and have also focused on a finite, manageable number of strategies that will yield the highest return on dollars invested.

3 Ability to Retain Talent Pool

Risk: Difficulty in retaining our current talent pool.

Mitigation: We will continue to develop targeted retention strategies focused on intergenerational differences, strategies to reduce workplace injury, strategies to address continuous learning, and to explore new models of care delivery

4 Third Party Providers

Risk: The supply forecast we describe in this Infrastructure Plan does not include people employed by third party providers, however, VIHA retains a fiduciary responsibility for the delivery of care and meeting population health care needs.

Mitigation: We have put a governance model in place that goes beyond contract administration and vendor management to include community partners, affiliates and private sector contract service providers in overall workforce forecasting, planning, and recruitment and retention strategies.

5 Collective Agreements

Risk: Collective agreement provisions are not responsive to a market where there is a decreasing supply of skilled workers. Many of our current collective agreement provisions, which will remain unchanged for two years, impede a nimble response to staffing needs.

Mitigation: At the local level we will maintain positive relationships and enter into local agreements that provide greater flexibility. In addition we will work with our accredited bargaining agent, the Health Employers Association of BC, to prepare proposals for the next round of bargaining that will address these concerns.

6 Access to Systems & Data

Risk: VIHA is currently using two aging legacy data systems, which results in a lack of accurate and timely data, and impacts the organization's ability to inform planning and forecasting decisions. We also rely on duplicate paper-based systems, which cause delays in a number of human resource processes such as hiring and placement of employees.

Mitigation: The development of common business systems will help strengthen the overall infrastructure of VIHA and will also improve our ability to achieve strategic goals, business objectives, and operational efficiency targets. Advanced human resources systems and tools will be enabled by VIHA's Information Management/Information Technology (IMIT) department. Tools such as interdisciplinary assessments and documentation in the Electronic Health Record and new care team communication capabilities are planned.

Strategic Direction

“Little of today’s technology is proprietary. Technology is easily obtained and replicated and only levels the playing field. An organization’s valued human assets cannot be copied.”

Bill Gates, Microsoft

We recognize the need to fundamentally change the way we plan and deliver services into the future. The key strategies of the People Plan are shown in Figure 4 below in the context of the Strategic Plan and are described in more detail in the narrative following. These strategies have been identified as transformational, which are expected to significantly change the way we plan and deliver services into the future, and foundational. The transformational strategies include: redesigning our care delivery model, making the Health Authority a safe and healthy place to work, and implementing better workforce planning tools. Our foundational strategies include improving recruitment and retention, and supporting continuous learning. More detail on the strategies, key actions, and anticipated outcomes is included in Appendix C.

Figure 4: People Plan Strategies in the Context of the Strategic Plan



Care Delivery Model Redesign (CDMR)

To continue to evolve and achieve the appropriate mix of health staff using service delivery models that makes full use of their skills (role, scope and function).

Care Delivery Model Redesign is VIHA's new team approach to improving patient care and the working environment by effective use of staff and resources. Recognizing the need to fundamentally change the way we deliver services, this strategy has taken a very different approach than anything we have done in the past. It has involved a team of people observing all staff and patients on ten acute and residential care units for one to two full weeks. The patient data has also been validated with extensive analyses of administrative data. This qualitative and quantitative data has provided significant insight into both the patient/client population we serve as well as how we provide care. This in-depth analysis has also been replicated in three other health authorities in British Columbia and very similar results are being found.



We now have significant evidence that supports the intuitive knowledge of many health care leaders and also provides many new insights. The initial ten units in VIHA where this work has occurred resulted in specific improvements for those units as well as system-based best practices which will be implemented throughout the Health Authority.

The key learning about our patients in acute care is that their care requirements are generally very similar, regardless of the reason (diagnosis) they are admitted. They are generally elderly and they require support on a daily basis related to how well they can function and activities of daily living (bathing, dressing, toileting). This creates a higher demand on staff time and subsequently growing issues related to workload. From a staff perspective we have learned that they are not working to their full scope. Staff are spending a significant amount of time searching for necessary items such as medications and linens, and performing administrative functions.

Bringing this evidence together with our existing expertise allows us to transform both the provider and patient experience in a very positive way. From a provider perspective, we will change the care delivery model in a way that better meets the needs of the patient/client population, makes full use of staff skills, allowing more time for direct care, assessment, and teaching. This will then improve the quality of patient care, which results in both better patient outcomes and shorter stays in hospital. Over the next several years these analyses will enable us to:

- optimize the use of scarce people and resources;
- match the right mix of health care providers to patients' needs in a way that allows each team member to contribute their specific knowledge and skills;

- enhance inter-professional team work;
- increase productivity of staff by addressing system inefficiencies such as cluttered hallways and searching for equipment, supplies, and medications; and
- significantly impact our potential future staff shortages.

Staff Safety and Injury Prevention

To build and maintain a sustainable workforce in a safe, healthy work environment.



We are a core service provider and we cannot be successful if our staff are not well and able to work. Unfortunately, our staff injury and disability statistics do not demonstrate this. About one in ten workers in VIHA will experience an injury that results in a loss of work time and most of them will stay off for about 60 days. About one in twenty will experience long term disability and will stay off for over three years.

This is likely partially attributable to changing demographics of our patient population, resulting in:

- staff providing significant physical support on a daily basis (bathing, dressing, toileting). We have not fully responded to this demographic shift and are not always staffed or equipped in such a way to support this population; and
- significant pressure on the system which is running over capacity with about 15% of the hospital beds occupied by patients who no longer require acute care. Once a frail elderly patient is admitted to hospital, it is often very difficult to get them functioning at a level where they can return to their home.

As we plan forward we recognize that we need to focus inward on our own staff to ensure that we are doing all we can to support them to stay safe and healthy. Much of the work associated with workplace health and safety is quite basic and has not received the same attention or priority as other more visible areas like a new building or high tech equipment. We recognize the need to focus on the basics and began with four key initiatives piloted on ten nursing units, jointly identified as high risk areas through WorkSafe BC and VIHA:

- **Staff Safety Campaign** - one in ten VIHA staff are off work because of an injury. We are committed to establishing a strong culture of safety, where staff put their health first and look out for themselves and each other. We will work with the Joint Health and Safety Committee to significantly improve attitudes towards health and wellness.
- **Musculoskeletal Injury Prevention** - the impact of these injuries can range from a dull aching pain that will go away with rest to an inability to perform daily tasks. We are

committed to preventing this type of injury among our staff and are working to increase the use of overhead lifts and providing additional training to unit staff.

- **Violence Prevention** - aggression-related incidents represent a small percentage of injury claims, but have a significant impact. VIHA is supporting staff members through violence prevention training and development of an in-house Violence Prevention Curriculum.
- **Stay at Work/Return to Work** - the longer an injured staff member is off of work, the harder it is for them to return. We are working to facilitate remaining at work (if possible) by offering lighter duties in place of regular workload as well as returning to work as soon as possible in whatever capacity is manageable.

Planning Based on Health Needs and Care Delivery

To continue to plan for the optimal number, mix, and distribution of staff based on forecasted future services, service delivery models, and population health needs.



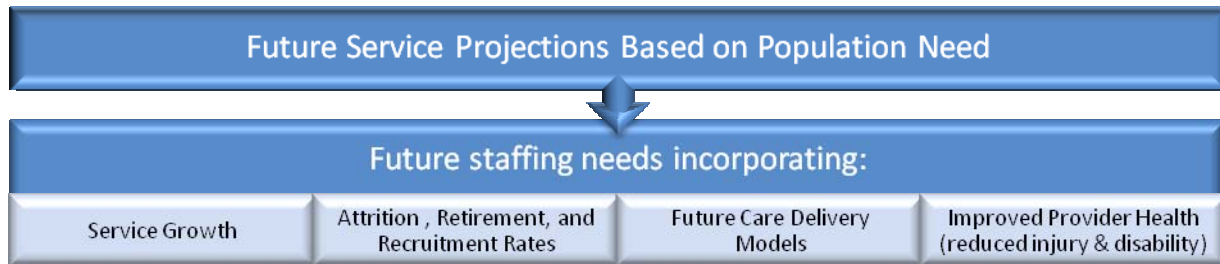
We are planning for our future providers based on population health need and our plan for the future health system. In the VIHA Strategic Plan we have included the projected need for future services based on demographic data, health needs, and anticipated changes in how we deliver services. We have projected service capacity in areas where data is available, such as hospital care, complex care, assisted living and home support. Building on these forecasted future services we are now forecasting the future staff needs. This modeling will incorporate innovative ways to deliver these services, the type of providers required to make best use of their skills (i.e. maximize scope of practice) and projected improvements in provider health.

This differs significantly from the traditional approach to health human resource planning in Canada, which has been based more on past utilization trends, incorporating how and by whom services are currently delivered. Recognizing past limitations we are developing a forecasting model which incorporates both the traditional elements such as demographics, retirements, recruitment, and attrition rates as well as future population and service need, changes in care delivery model, and improvements in provider injury and disability rates.

The model is dynamic and will allow us to simulate various future states and be more responsive. We are forecasting a shortage of approximately 1,900 staff by 2015 if we do nothing different with respect to care delivery models and current staff health. However, we believe we can significantly reduce this gap by introducing new care delivery models which make best use of the skills of all care providers and reducing staff injury and disability rates. The intent is to simulate the impact of various strategies on closing the forecasted staffing gap. The main elements of the model include:

- Age and gender, attrition and retirement rates by geography and occupation;

- Future services (acute care and home and community care) are forecasted based on population, demographics and anticipated changes in service delivery to 2015 and 2020;
- Future care delivery models to achieve the appropriate mix of health staff which make full use of their skills (role, scope, and function); and
- Future health of staff (allows for modeling improvements to injury rates, duration, disability etc).



Strategic Recruitment and Retention

To enhance retention and recruitment of staff through targeted attention, new tools, and flexible work arrangements.

Our Recruitment and Retention Strategy aims to ensure we have the supply of needed health professionals and revitalize the current and future health care workforce. Factors that we know are important as we plan forward include:

- Work-life balance is expected and will become an integral part of our culture;
- Reward and recognition will be customized in a way that differentiates staff and rewards talent in the organization;
- Performance management will be more responsive and linked to recognition and reward;
- Collaborating with the Physician Services Plan;
- Respect for diversity in the workforce; and
- A culture that recognizes people, allows work life balance, slows down the pace, has a worthwhile mission and a positive image, is a friendly workplace, provides an opportunity to learn and grow, and is engaging work.



VIHA, with its union partners, is already committed to certain flexible work arrangements as established in current collective agreements. We are looking at the potential for expanding and enhancing this type of arrangement. In particular, we are looking at ways to support many VIHA staff nearing the traditional retirement age, but are healthy and active and would like to keep working. We have received several recommendations for recognizing and rewarding staff that

have made extra efforts - some to overcome challenges and others who simply go above and beyond the call of duty throughout their careers. Currently, we are evaluating the different options and will develop specific proposals for employee recognition in Spring 2009.

We are also exploring how we can build capacity to support recruitment and retention of Aboriginal health care professionals. A review of the challenges and obstacles was completed and recommendations for improvement identified. VIHA recognizes that this cannot be achieved in isolation and will collaborate with other Aboriginal organizations, universities/colleges, schools, unions, and the government in developing an Aboriginal specific framework/plan for creating a sustainable and representative workforce.

Continuous Learning

To promote mentorship and leadership, and succession and career planning.

We will promote a continuous learning culture and meet the needs of our staff by delivering integrated, relevant learning opportunities that will increase their job satisfaction and improve performance. A key enabler to retention is supporting the learning and growth needs of our staff. Our continuous learning framework reflects formal training or education in non-work settings, and informal learning in the work setting, with a new emphasis on providing performance support. This framework informs our current strategy which comprises three initiatives:

- **Mentorship** - Building on the New Grad Mentorship Program, we will develop new mentorship programs at other staff levels.
- **Leadership Succession and Career Planning** - Following its new leadership orientation and training, we are in the design stage of establishing a succession and career-planning program. Among the long-term goals for the program are supporting the growth and development of people able to be VIHA's future leadership.
- **Education Plan** - We have recently undertaken a "Review of Education People, Processes and Technology", and our education task force will make recommendations for next steps, based on these findings.

We will also work with the Ministries of Health Services and Education as well as post secondary partners to ensure the appropriate supply of staff has the skills and competencies to provide safe, high quality care, and are able to respond to changing health care system and population health needs. Specifically, we will develop the following with our post secondary partners:

- A strategy for continuing education to support proposed changes to care delivery;

- Educational standards for “assistive personnel”, who can respond better to high needs for activities of daily living, and consider an accelerated in-house program; and
- Educational programs for targeted professionals that include specific components related to supervising and managing the care provided by inter-professional teams, such as a case management approach.

Implementation/Action Plan

Appendix D provides a high level overview of the Implementation Plan for the five strategies we will be focusing on over the 2009/10 year.

Resource Requirements

Across Canada and around the world it is a reality that fiscal resources will not be able to satisfy all needs, demands, and expectations for health services. Health care management is about balancing priorities with resources and achieving VIHA's People Plan depends on available fiscal resources for both operating and capital requirements. Given the current fiscal environment, we will explore all resource opportunities available to us.

Conclusion

In the People Plan, we have described initiatives designed to address the People challenge on a number of fronts: developing innovative, targeted recruitment and retention strategies; redesigning our models of care; improving our workforce planning and forecasting; developing a culture of health and safety; and a renewed commitment to continuous learning and education.

Only if we have the right people in the right places, can we ensure that our health care system is effective, patient-centered, and sustainable into the future. Success will require an organizational focus on recruiting and retaining all care providers in all regions of the Health Authority. We must ensure that our most vital resources – our people – are valued and supported, and that we create the kind of workplace people want.

References

- Canadian Health Services Research Foundation, *Health Human Resources Modelling: Challenging the Past, Creating the Future*, 2007.
- Canadian Public Policy, Vol. XXXIII, Supplement, *Human Resources Planning and the Production of Health: A Needs-Based Analytical Framework*, 2007.
- Duxbury, Linda, *The Future is Now: Realities of the 21st Century Workplace*, 2008.
- Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources, *A Framework for Collaborative Pan-Canadian Health Human Resources Planning*, September 2005 (Revised March 2007).
- The Learning Café and Centrepoint Career Management, *Engaging the Generations – Creating an Ageless Workplace*, 2005.

Appendix A: Status Update of Progress Implementing the People Plan

Significant progress has been made over the past year towards completion of key strategies of the People Plan. The status of each strategy is provided below.

Strategy #1: Introduce Innovative Targeted Recruitment and Retention Strategies

Three of six initiatives under this strategy have been completed or are substantially complete:

- Alternative Work arrangements
- Improving Employee Recognition
- Focused Recruitment Strategies

Explore Alternatives for Child Care/Elder Care was deferred to a later date in 2009. The following table highlights the status of activities for each initiative.

Initiative	Status of Activities
Alternative Work Arrangements	<ul style="list-style-type: none"> • Completed planning phase. • Completed literature reviews and interviews with selected focus groups. • Implementation plan in progress.
Improving Employee Recognition	<ul style="list-style-type: none"> • Developed an Employee Recognition Handbook for Leaders and a Leaders Communications Tool. • Implement consultant recommendations.
Focused Recruitment Strategies	<ul style="list-style-type: none"> • Completed formal technical report on Aboriginal Recruitment. • Development of implementation plan for Aboriginal Recruitment. • Held a career fair targeting high school students, March 2009. Excellent response including many community members. • Enhanced advertising efforts through professional journals and occupation-specific internet sites for targeted VIHA programs, including Heart Health, Post Anaesthetic Recovery (PAR), Medicine, and Residential Care. • Completed a branded recruitment campaign for physicians. • Registered for Family Medicine Forum taking place in Calgary October 2009.
Employee Referral	<ul style="list-style-type: none"> • Implemented program in February 2009. • Evaluation scheduled for August 2009.
Applicant Tracking System (ATS)	<ul style="list-style-type: none"> • Implementation of HR Smart software has progressed through design, review, and software modifications. • Completed task identification and project planning for the definition, design, development and implementation of HR Smart.

Strategy #2: Re-Engineer Staff Scheduling Models and Practices

The Scheduling Transformation and Redesign (STAR) initiative progressed through the planning phase and into the implementation phase. The following actions were completed:

- Completed leadership team recruitment;
- Completed realignment of scheduling staff into four service centers; one in Campbell River, one in Nanaimo, and two in Victoria;
- Completed a technology planning report;
- Completed extensive change management sessions for managers and schedulers;
- Held information sessions at three hospital sites;
- Completed and published on the intranet an education video, e-learning module and quick reference guide for managers;
- Administered a pre-implementation satisfaction survey; and
- Completed first planned groups of VIHA programs into a centralized scheduling system.

Strategy #3: Care Delivery Models Redesign (CDMR)

Policy Directive

- In order to achieve optimization of scope, role and function of the various interdisciplinary team members, new staffing models and systems to support different ways of working together to meet the patient care needs are required. The new staffing models require a policy directive and support from the executive in order to be implemented.
- The policy directive describes the system changes that are required. It also describes the framework for new staffing models for the medical and surgical programs, and community hospital medical/surgical units. It is accompanied by a change management and communication plan.
- The first phase of the new plan includes engaging the leadership of the medical, surgical and community hospital teams in developing implementation plans.

Engagement of the Province and Other Health Authorities

- The Ministry of Health Services has provided funds to extend the Function Analysis studies to medical and surgical units in other health authorities.
- Studies have been conducted on four units at Fraser and Interior Health Authorities.
- Studies will be conducted at the Northern Health Authority in May.
- Discussions have also been had with senior representatives of the BCNU provincially and within VIHA related to the next steps in implementing CDMR.

Engagement of Post-Secondary Education Providers

- An information and planning session was held May 4, 2009 with the deans and faculty of the post secondary institutions on Vancouver Island to describe the findings to date and education requirements for the various health care providers.

International Research Opportunities

- The University of Victoria hosted an international research symposium in April 2009. Several distinguished international researchers extended their visit to learn more about CDMR and to provide advice about next steps related to developing a robust CDMR research agenda.

Strategy #4: Implement Workforce Planning, Utilization, and Forecasting for Staff

A four-component approach to strategic workforce planning was presented in November 2008, beginning with workforce analysis, followed by workforce forecasting, evaluation, strategy development and action planning. Since then, three products necessary to support workforce planning have been designed and developed. These three products include:

- A Human Resources Reference Database containing employment facts for persons employed by VIHA between 2006 and 2009;
- A reporting tool that enables the analysis and presentation of employee statistics (e.g.: counts and changes in employment status, attrition rates, occupation groups); and
- A workforce forecasting model capable of generating historical profiles and future forecasts for all employees by occupation group, program, and geographic region (North, Centre, South Vancouver Island) to 2015.

The workforce forecasting model incorporates employee age details, historical attrition patterns, and a “demand growth factor” (currently seeded at 2.05%, although adjustable) projected out to 2015.

Strategy #5: Demonstrate a Commitment to Continuous Learning

Two of the three initiatives under strategy #5 - Demonstrate a Commitment to Continuing Learning, have been completed.

Education Review

- Progressed through the development of a draft plan for continuous learning in VIHA including a framework for educator development.
- Completed a business case for the implementation of a learning technology based upon a trial of the learning technology focusing on Nursing orientation and business policies and procedures.
- Developed a comprehensive Education Infrastructure Plan with proposed work plan and timelines.

Mentor Program Expansion

- Completed the following activities:
 - Mentor “champions” identified within several VIHA programs;
 - Held mentor champion training sessions in Nanaimo and Victoria;
 - Completed a sustainability plan; and
 - Mentorship is now a core business function of Professional Practice.

Succession and Career Planning

- In implementation phase. Completing 360-degree assessments of all of the Executive Staff by June 2009.
- Extend 360-degree reviews to include executive directors and directors in 2009.

Strategy #6: Introduce a Wide Range of Innovative Employee Work Life Support Strategies

Completed the initial work in all four of the initiatives chartered under strategy #6 - Introduce a Wide Range of Innovative Employee since the last status report.

Reduce Musculoskeletal Injuries (MSI)

- Targeted 10 high-risk areas to focus on safe patient handling and the prevention of slips, trips, and falls.
- Identified MSI coaches and provided training and education in safe patient handling techniques, safe work procedures and material handling. Wellness and Safety also introduced an organization-wide awareness program to address risk factors associated with slips, trips and falls.

Management of Aggressive Behaviour (Violence Prevention)

- Developed and delivered training sessions to north, centre and south island staff.
- Train the trainer workshops educated 78 VIHA staff who will be responsible for delivering education to other staff.

Reduction of Workplace Injury Duration

- Developed a “Next-Day Return to Work” process guide for managers that includes alternate duty lists for ten selected VIHA nursing units, communication materials, and a facilitation guide.
- Completed a review and analysis of the claims management process resulting in a reduced average duration to process WSBC claims by twelve days.

Promoting an Enhanced Focus on Workplace Safety, Health, and Wellness

- Completed an evaluation of the VIHA culture with respect to personal safety and safety awareness.
- Prioritized recommendations from cultural review and implementation plans are underway.
- Monitoring results of implementation plans is part of the mandate of new senior Staff / personal safety committee.

Appendix B: Workforce Performance Indicators

Performance Indicator	Actual	Target	Status
Overtime: overtime hours worked as a percentage of total hours worked.	3.4%	3.2 %	●
Sick time: total hours paid for sick time as a percentage of total regular hours paid.	4.4%	4.4 %	●
Staff Injury Rate: number of FTE's per 100 FTE's.	11.1	10	●
Days per Injury Claimed: # of days paid by WorksSafe BC within the calendar year of injury.	40.1 days	33.5 days	●
Long Term Disability Rate: # of employees disabled from performing their own job and receiving LTD benefits as a percent of employees with regular positions.	2.1 %	2.0 %	●
Staff Influenza Immunization Rate: # of staff immunized as a percent of total staff.	40.4 %	46.8 %	●
Difficult to Fill Rate: # of regular positions at the end of each quarter that remain unfilled for three or more consecutive months as a percent of total regular positions.	0.57 %	1.1 %	●
Staff turnover: # of staff in regular positions who terminated in that year as a percent of regular staff who were employed.	11.3 %	Baseline not yet established	

Source: VIHA Performance Report, May 2009

Appendix C: Strategic Direction 2009 - 2012

Strategic Priority	A Leading Organization with a Healthy Workplace, Safe, Healthy and Engaged Workforce and Continuous Learning					
2009/10 Objective	System – Wide Initiative	Strategies/Actions	Anticipated Outcome	Timelines		
				09/10	10/11	11/12
Continue to implement the People Plan and engage the workforce in creating a leading organization	Care Delivery Model Redesign		Improved quality of care, staff productivity, retention and recruitment. Improved assessment, care planning and discharge planning on unit.			
	Personal Safety		Reduction in staff injuries and LTD thereby, increasing productivity, efficiency and staff availability.			
		Re-engineer Staff Scheduling Models and Practices	Reduce reliance on overtime and relief staff for short and long term vacancies and improve ability to respond to resource needs across VIHA.			
		Implement Workforce Planning, utilization and forecasting models	Increased ability to predict future needs and develop specific, targeted staffing strategies proactively. Help reduce shortages and dependence on overtime and relief staffing.			
		Introduce innovative practices and targeted recruitment and retention strategies	Improve recruitment within targeted areas and reduce staff losses through better retention strategies.			
		Demonstrate a Commitment to Continuous Learning	Improve overall recruitment and retention through engaging and energizing our current workforce, attracting new recruits and improving the health and safety of patients and the community.			

Appendix D: Implementation Plan for Year One - 2009/10

Strategic Priority	A Leading Organization with a Healthy Workplace, Safe, Healthy and Engaged Workforce and Continuous Learning					
2009/10 Objective	System – Wide Initiative	Strategies/Actions (09/10)	Additional Resources Required	Timeline	Process Measures	
Continue to implement the People Plan and engage the workforce in creating a leading organization	Care Delivery Model Redesign	Implement new interdisciplinary staffing models in Medicine, Surgery and Community Hospitals	Yes	Oct-March 2010	Staffing models completed	
		Conduct assessment and care planning using Lean principles and the Electronic Health Record <ul style="list-style-type: none"> • Pilot at CRDH • Plan for Patient Care Centre 		March 2010	Pilot underway at CRDGH and PCC plan developed	
		Expand functional assessment to MHAS and specialty units		March 2010	EHR Prerequisites in place (South Island), assessments documentation initiated	
		Develop and implement performance support tools		January 2010	Tools developed and implemented	
		Establish post-implementation evaluation plan of new staffing models		March 2010	Evaluation completed	
		Continue CRDH demonstration site		Ongoing		
		Personal Safety	Continue to sustain 4 initiatives on 10 piloted areas		Ongoing	Conduct Managers' evaluation
			Expand initiatives to additional sixteen areas (see attached list)		June 2009	Meet with selected units to launch 4 projects
	Implement training for Musculoskeletal Injury Program (MSIP)			June 2009	Train two MSIP Coaches per unit	
	Implement Training for Violence Prevention			June 2009	80% staff trained on selected units	
	Expand stay at /return to work program			June 2009	Keep at work or return to work 30 FTE's	

Strategic Priority	A Leading Organization with a Healthy Workplace, Safe, Healthy and Engaged Workforce and Continuous Learning				
2009/10 Objective	System – Wide Initiative	Strategies/Actions (09/10)	Additional Resources Required	Timeline	Process Measures
		Create Culture of Safety:			
		<ul style="list-style-type: none"> Implement top 5 First Aid Survival Technologies (FAST) recommendations 		June 2009	Implement top 5 recommendations from FAST
		<ul style="list-style-type: none"> Continue to enhance Joint Occupational Health and Safety Committees 		April 2009	Create VIHA-wide Workplace Health Safety Committee
		<ul style="list-style-type: none"> All Managers to attend “Boot Camp” training 		October 2009	100 VIHA Managers to attend Safety Boot Camp
		<ul style="list-style-type: none"> Initiate formal communication and marketing campaign for Safety 		August 2009	Campaign initiated
		Establish targets for each program for reduced injury rates, absenteeism, & number of days lost for time-loss injury		August 2009	Targets established
		Re-engineer Staff Scheduling Models and Practices	Yes	December 2009	STAR Implementation completed
		Implement Workforce Planning, utilization and forecasting models	Yes		Models incorporated in program planning
		Introduce innovative practices and targeted recruitment and retention strategies	Yes		
		Demonstrate a Commitment to Continuous Learning	Yes		