



ALBERTA HEALTH SERVICES WORKFORCE ENGAGEMENT PLAN

September 29, 2010

Whether you are an employee, physician or volunteer, it's important to Alberta Health Services that you be engaged in the work you do and in our organization. Engagement means you feel supported by the organization to do your best every day, and that you do your best to support the organization. You speak and are heard – and you listen too. You work collaboratively towards a common purpose and feel rewarded for doing so. You are both logically and emotionally connected to your work and to the organization, resulting in high levels of performance.

Our ability to deliver safe and high quality healthcare to all patients and users requires a fully engaged workforce, including employees, physicians and volunteers. Our vision of being the best performing publicly funded health care system in Canada requires AHS to be a leader in workplace engagement. *Engagement* is one of four AHS core organizational values and workforce engagement must be an integral part of our organizational culture. Meaningful workplace engagement can only occur in an environment of mutual **respect** amongst all members of the workforce (staff, physicians and volunteers) and in turn, respect is facilitated by that meaningful engagement.

Results from the workplace engagement survey conducted in January 2010 stimulated prompt action by Executive. This included requirements for senior leaders to develop and implement workplace engagement strategies and the creation of an AHS Workforce Engagement Working Group, which began meeting in June 2010 to develop this AHS Workforce Engagement Plan. The Workforce Engagement Plan incorporates data from the TalentMap Workforce Engagement Survey, TalentMap focus groups, VP/SVP action plans, feedback from Alberta Clinicians Council, the September Senior Leadership Meeting and from employees, physicians and volunteers through conversations, email and from 'live-chats'.

Employees, physicians and volunteers choose health services to care for others, and in doing so, make a positive difference to the communities we serve. Ensuring the AHS workforce is engaged in the mission, purpose and values of the organization, our end result will be excellent patient/client care. AHS defines workforce engagement as "the extent to which employees, physicians and volunteers logically and emotionally connect to their work and to the organization resulting in high levels of performance. ***'Workforce engagement' should not be seen as a special project but will be the way AHS goes about its ordinary everyday work. We need to transform our culture so that it is continuously reflective and challenge beliefs and assumptions with an aim of constant improvement. In line with AHS' espoused values, leaders at every level of the organization (front-line, senior leaders) should build trust, and consult and engage with staff, physicians and volunteers as a routine way of working. All decisions must consider the impact on and input of staff and physicians and volunteers as appropriate.*** This approach is to be built into our change management processes, and when it comes to any decision, managers must ask themselves whether

they have engaged adequately on this issue before proceeding to implementation. The default question about engagement is not whether we should engage our workforce but **how** to do so effectively.

This Workforce Engagement Plan has been developed by the Workforce Engagement Working Group to identify organization-wide engagement strategies to be implemented or commenced in the next 12 months. These engagement strategies align with AHS's Strategic Direction, and reflect current policies and values. These five strategies provide a balanced approach to engagement and are equally valued across the organization.

Strategy	Actions
<p>We will facilitate open, two-way communication and trust within AHS consistent with our values of respect transparency and engagement by:</p>	<ul style="list-style-type: none"> • Creating an environment where managers are the primary source of information for staff but recognizing the need for multiple channels of communication. • Having departments/business units collaboratively develop effective communication mechanisms for dissemination of information and exchange of views within their teams. • Senior Leadership and Executive Directors/Directors and Managers increasing focus on face to face contact with their teams. • Managers having a plan documented with their supervisors about regular open engagement forums where they provide brief updates, provide progress reports on issues raised from previous forums and get feedback from staff. • Building on lessons from current and existing leadership networks/committees/structures (local, zone and provincial such as Facility Leadership Councils), and create future networks/committees/structures to enhance communication up, down and across the organization. • Developing a mechanism for staff to ask questions and seek timely answers. These answers will be developed by and shared with all relevant stakeholders. • Developing a communication process for every major announcement to ensure that staff, physicians and volunteers hear a consistent message delivered by their local leaders and have the opportunity to provide feedback. • Developing an internal communications strategies toolkit for leaders and teams (e.g. how to conduct an effective huddle or staff meeting or how to write an effective blog or newsletter).

	<ul style="list-style-type: none"> • Ensuring communications are clear and concise, highlighting the purpose of the communication, who it is intended for, key messages and expected action.
<p>We will encourage local autonomy and decision making by:</p>	<ul style="list-style-type: none"> • Clearly defining responsibility/accountability and authority for decision making and who should be consulted and informed as part of decision making. • Promoting a just, trusting and collaborative culture by recognizing that learning occurs from mistakes, positive outcomes, successes and experiences. • Consulting staff, physicians and volunteers, and engaging staff as a routine way of working. All decisions should consider the impact on and input of staff, physicians and volunteers as appropriate. • Allocating budgets and decision making authority as far down the organization as possible. • Recognizing and managing the tension between local autonomy and provincial standardization and direction.
<p>We will develop and support our people to achieve excellence in providing health services by:</p>	<ul style="list-style-type: none"> • Developing a robust learning and development strategy that: For all staff, physicians and volunteers... <ul style="list-style-type: none"> • Facilitates the development of a positive learning culture throughout the organization; • Reinvests in professional development funding; • Provides a clear, standardized process to address professional and personal development needs; • Creates a culture of leaders, not only based on position but by action; • Conducts performance appraisals that includes discussions about professional development and the creation of an agreed learning plan; • Provides an opportunity for mentorship and coaching including peer mentoring; • Recognizes and encourages practices that promote work/life balance; • Enables staff and physicians to access learning opportunities outside the province when appropriate; • Involves partnerships with, and recognition from, external educational institutions and professional bodies; • Provides equitable access across the province.

	<p>For teams...</p> <ul style="list-style-type: none"> • Includes actions to develop high-performing teams including equipping people with the skills and resources to work effectively in an environment of geographically dispersed leadership; • Identifies and adopts good practice in team development activities including clarity of goals and roles and share the knowledge, learning and successes across the organization; • Finalizes development of AHS policies. <p>For leaders and emerging leaders...</p> <ul style="list-style-type: none"> • Finalizes the development of AHS Leadership competencies and a plan to address these; • Identifies the gap between current and desired AHS leadership competencies. • Delivers leadership development opportunities aimed at the top five identified learning priorities; • Develops and implements a process so that staff and physicians can provide systematic feedback on performance on those managing them; • Provides leaders and emerging leaders with tools and resources to support their ongoing development needs.
<p>We will realize our vision to be the best performing publicly funded health system in Canada by:</p>	<ul style="list-style-type: none"> • Having all leaders consult employees, physicians and volunteers about interpreting the vision, how it makes sense within their team, and how they can contribute to achieving the vision. • Following an internal engagement consultation, develop communication strategies for internal and external communications about the AHS vision. • Providing excellence in patient/client care, we will engage our employees, physicians and volunteers in the ownership and delivery of the AHS vision. • Build pride and trust in AHS by demonstrating progress towards the vision of being the best performing publicly funded health system in Canada.

<p>We will promote a culture of appreciation so that everybody's contributions are recognized and appreciated by:</p>	<ul style="list-style-type: none"> • Developing and implementing new AHS appreciation programs for staff, physicians and volunteers. Such programs to include: <ul style="list-style-type: none"> • Reinstating recognition for long service and retirement (including retroactive provisions); • Recognizing innovation; • Enabling local as well as provincial activities. • Providing opportunities for team celebration and recognition.
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Next steps:

- The CEO will present a biannual report and relevant engagement metrics (every 6 months starting December 2010) on engagement actions taken. These will be reviewed by this Workforce Engagement Working Group.
- The Workforce Engagement Survey will be repeated every 2 years with the next survey in late 2011 or early 2012.
- This Workforce Engagement Plan will inform the work to be done on the project under TIP #4 – Enabling Our People to Achieve Excellence in Providing Health Services.
- Based on finalized workforce engagement strategies, all SVPs and VPs should review and revise their 2010/2011 action plans incorporating the strategic directions in this plan.

The members of the Workforce Engagement Working Group are:

Dr. Stephen Duckett (Chair) – President and CEO of Alberta Health Services.

Anne Fraser – Sr. Organizational Development Consultant and Workforce Engagement Project Lead, Calgary.

Brenda Farwell – Volunteer Coordinator, Red Deer Regional Hospital, Red Deer.

Crystal Klassen – Speech and Language Pathologist, Camrose Area.

Darren Sandbeck – EMS Operations Director for Calgary and Central zones, Calgary.

Dorothy Ward – Laboratory Director, South Zone, Medicine Hat.

Dr. Francois Belanger – Medical Director, Calgary Zone.

Kara Rinsky – Working Lead, Housekeeping, Leduc General Hospital.

Leah Prestayko, Director, Organizational Culture and Engagement, Communications, Edmonton.

Leanne Reeb – Frontline Manager at the Glenrose Rehabilitation Hospital, Edmonton.

Lindsay Stark – Operations Manager for Leduc, Beaumont, Thorsby and Devon Public Health Centres, Edmonton.

Dr. Rollie Nichol – VP & Associate Chief Medical Officer.

Sabra McLain – Workplace Health and Safety Advisor, North Zone, Grande Prairie.

Soraya Haynes – Coordinator for the Department of Psychosocial Oncology, Calgary.

Vanessa Nogareda – RN at the Medical Specialty Clinic at Red Deer Regional Hospital, Red Deer.