

Government of Alberta

Health and Wellness

Physician Overall Engagement (Percentage Favourable)

Full data definition sign-off completed.

Name of Measure	 Staff and Physician Engagement: Overall engagement score: percent favorable Physicians/practitioners 	
Name of Measure (short)	Physician/practitioner overall engagement (%)	
Definition	Percentage of AHS physicians/practitioners favorably engaged at AHS.	
Domain	Health System Sustainability. Health Workforce. Workplace of Choice.	
Type of Measure	Output Measure: improved physician/practitioner engagement resulting from processes implemented.	
Business Context	AHS 2010 – 2015 Health Plan: Improving Health for All Albertans. AHS 2011-2015 Health Plan. Alberta Health Services (AHS) Workforce Engagement Plan. September 29, 2010.	
Rationale	The engagement of Alberta Health Services' workforce, including volunteers, is critical to our success as an organization and our ability to deliver safe and quality health services to Albertans.	
Notes for Interpretation	The more responses received, the more valid the measure would be rather than representative. Responses are provided at a point in time and may be influenced by external factors.	
Organizational Strategy	A Workforce Engagement Steering Committee was convened, with broad organizational representation to create an AHS Workforce Engagement Plan – approved September 29, 2010. The plan defines five shorter term engagement strategies and actions as outlined below.	
	a. We will facilitate open two way communication and trust within AHS consistent with our values of respect, transparency and engagement by: creating an AHS Medical Affairs Communications Framework and Toolkits, providing clear, consistent and bidirectional processes for physicians/practitioners to engage with their questions and concerns, and supporting the provincial and local medical leadership structures to collect, track and act on feedback from physicians/practitioners	
	b. We will encourage local autonomy and decision making by: validating the organizational assumption that the dyad leadership model at the Zone level will support local decision-making and by monitoring the effectiveness of this model; creating explicit roles and expectations of medical leaders to enable medical leaders to represent the local physician community effectively; clarify how medical staff can participate in the decision making process, encouraging grassroots participation and therefore local autonomy.	

system in Canada by: creating a strategy to optimize physician/practitioner participation (including a survey of how physicians/practitioners want to be involved), modeling a program of continuous improvement for physician/practitioner engagement, and defining how effective medical leadership drive the overall

We will realize our vision to be the best performing publicly funded health

c. We will develop and support our people to achieve excellence in providing health services by: finalizing the medical leadership core competencies and expectations, providing a standard orientation for AHS Medical Staff, and facilitating the delivery of professional development programs for medical leaders and AHS

enterprise-wide success of AHS.

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and therefore local autonomy.

Medical Staff.



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Organizational Strategy (Continued)	 We will promote a culture of appreciation so that everybody's contributions are recognized and appreciated by: establishing a corporate strategy and plan for physician/practitioner recognition and reward, including long service awards. 		
	The AHS Workforce Engagement Plan strategies are in progress. In addition to the strategies outlines in the AHS Workforce Engagement Plan, other key activities are happening across the organization:		
	 a. The portfolio of the Chief Medical Officer has developed a variety of strategies to contribute to the meaningful engagement of physicians, practitioners and other clinicians in the operational and planning activities of AHS. b. AHS Strategic Plan for Workforce Health & Safety published December 2010 c. Workforce Engagement performance goals incorporated in all Senior Leader Performance Agreements. d. Plan for biannual Workforce Engagement Survey e. AHS Leadership Development Framework 2011 f. AHS Realignment – establishment of AHS Zones and Dyad Structure 		
Benchmark Comparisons	Benchmarks available and reported by TalentMap.		
Cited References:	Alberta Health Services. Alberta Health Services Workforce Engagement Plan. September 29, 2010. Available at http://www.albertahealthservices.ca/PDFs/ahs-org-workforce-engmt-plan.pdf Alberta Health Services. 2010-2015 Health Plan. Improving Health for All Albertans. Available at http://www.albertahealthservices.ca/Publications/ahs-pub-2010-2015-health-plan.pdf Alberta Health Services. 2011-2015 Health Plan. April 2011. Available at http://www.albertahealthservices.ca/3238.asp		

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Technical Specifications	3		
Metric	Percentage.		
Preferred Display Forma	99%		
Numerator	The total number of respondents who answered 6 engagement questions as "Agree" or "Strongly Agree".		
Inclusion Criteria Numerator	Any valid answer to the question.		
Exclusion Criteri Numerator	None.		
Data Source(s) for Numerator	Responses to survey.		
Refresh Rate of Numerator	When survey is conducted. Every 2 years.		
Denominator	Total # of responses (less not applicable).		
Inclusion Criteria Denominator	a for Valid responses to the questions.		
Exclusion Criteri Denominator	Those respondents who answered not applicable to the questions.		
Data Source(s) for Denominator	AHS Workforce Engagement Survey.		
Refresh Rate of Denominator	When survey is conducted. Every 2 years.		
Technical Notes			
Calculation	Total # of "Agree" and "Strongly Agree" responses divided by total # of answers (less not applicable)		
Relationship to Other Indicators	This measure is related to the measure of staff engagement.		
Level of Reporting	Provincial, zone, site, other.		
Frequency of Reporting	Annually		
Limitations	Validity: This measure is a mathematical calculation based on the number of responses. The response rate to the initial survey was extremely low (21%). The ability of employees to respond and the number of those responding may affect the measure or could itself be considered a measure of engagement. Timeliness: This measure is a result of a survey of AHS employees. The initial survey was completed in January 2010. The next survey is scheduled for Jan/Feb 2012. The ability to report on this measure will be restricted by the frequency of the survey. Reliability: A change in the manner the survey is conducted, and the questions included in the survey may affect comparability between periods.		

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Physician Overall Engagement (Percentage Favourable) (continued)

Document Version History

Version	Version Date	Summary of Changes
1.0	May 18, 2010	Final version for initial use.
1.1	May 31, 2010	Complete definition.
	June 5, 2010	Review, edit, add key contact and document history.
	June 30, 2010	Add approval statement.
1.2	January 4, 2011	Align title and name, business context, update contact information and add signoff page.
1.3	January 5, 2011	Add AHW Contact.
1.4	January 20, 2011	Revise contact information.
2.0	February 2, 2011	Version ready for signoff.
2.1	May 6, 2011	Revise organizational strategy and limitations.
2.2	August 9, 2011	Add signoff page with names.
2.3	September 12, 2011	Revised Name and type of Measure and the Organizational Strategy.
2.4	September 28, 2011	Revised Business Context, Cited References, Metric, AHW Contact Information, and AHW signoff page.
2.5	September 28, 2011	Clean up formatting and add AHW logo.
3.0	October 4, 2011	Version ready for signoff.
3.1	December 8, 2011	Full data definition sign-off completed.

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