

Strategic Renewal Qualitative Data Analysis Report

The purpose of the 2012 Strategic Renewal: Qualitative Data Analysis Report is to provide a summary of information gathered during 12 interactive sessions and 1 survey designed to gain the perspectives of employees. The master dataset includes 327 entries (with some missing data) and the report was generated by looking at over 100 randomly selected responses to each of 15 items. The report was created by two members of the OD&T team who had no prior involvement in the 2012 strategic renewal project using NVivo 8.0 (see Appendix for methods notes).

Transforming the Person-centered Health Care Experience means...

Putting People First Excellence in Care and Service

What do these statements mean to you?

1. The Best Possible Patient Care

Evidence based, quality, safe, patient-centred, appropriate care.

Sample Comments

- To me this statement means that as an organization every decision we make should be focused around our patient first.
- Caring for the whole person means engaging their families and friends to understand and share in the care experience.
- Safe APPROPRIATE care is provided with patients and families having enough information to understand all of the implications (burden, quality of life, long-term impacts) of the care/treatments/procedures they are being offered/advised to receive. Patients and families are active participants in CHOOSING the care they receive.
- Treating people as human and people first not a disease process.
- The care and customer service for our patients/families is our priority; our care is excellent and evidence informed.
- Providing state of the art care - second to none in a timely and respectful fashion. Listening to our clients.
- Evidence based, best practice care and services offered to people; delivered by knowledgeable, caring clinicians/healthcare professionals and hospital staff.

2. Access to Services

People have access to the services they need, when they need them, where they need them.

Sample Comments

- Improving timely, accurate delivery of service and try, as much as possible, to consolidate hosp visits, Specialist appts w/ other services required and eliminating multiple check ins.
- Improving timely, accurate delivery of service and try, as much as possible, to consolidate hosp visits, Specialist appts w/ other services required and eliminating multiple check ins.

3. Patients as Priority

Focus on the needs of patients and families, putting these needs ahead of our own personal needs, ahead of politics, ahead of our 'business.'

Sample Comments

- With every decision in mind, we think of the patient / person and their best interest be top priority.
- That we are in the business first and foremost of caring for people--not manufacturing products or selling something. Our focus is making sure that this is done to the best of our ability.
- Patient care is our first priority.
- Our patients/clients/families are the most important person on their team

What do these statements mean to you (continued)?

4. Population Needs as Priority

Understand the needs of the communities we serve and placing a priority on these needs.

Sample Comments

- We are able to successfully manage the public's expectation of what their care will look like.
- Having enough Dr's in small communities especially Hantsport, you have to remember not everyone has transportation

5. Power and Equality

Patients are involved in decision making.

Sample Comments

- All individuals are equal and the priority is the people - Patients, employees and employers. Striving for excellent care and service to the public.
- It means treating everyone with respect, dignity, and courtesy and paying especial attention to the needs of vulnerable patients who cannot articulate or represent their own needs well

6. Staff are also are Priority

A respectful, healthy work environment founded in professional relationships

Sample Comments

- Everyone feels valued – patients & staff.
- When making decisions and changes we need to think of our patients/clients and the staff who are looking after these patients. All employees are a valuable resource to our patients from the cleaner to the nurse and all support services keeping staff satisfied.
- To me it means it looks good on paper but in reality CDHA does not put people first. There is lots of excellent care given by front line staff and it is not supported by CDHA. There are many barriers created by CDHA and services that are needed are being eliminated.
- We are a teaching institution and sometimes in order to facilitate learning the patient and their needs slip from the center of the focus of care. We need to guard against this happening.

What do these statements mean to you (continued)?

7. Challenge

Questioning whether or not the statement represents the right strategy, and reflections on how the intention represented by the statement is misaligned actions and behavior.

Sample Comments

- It doesn't really have a lot of substance. It could mean anything.
- Nothing if there is no measurable substance. Publish the statistics - compare the QE2 experience to equivalent health authorities across Canada. Patient surveys regarding their experiences; surgical and medical outcomes; feelings of the various levels of staff regarding their experience as people in the corridors.
- I believe I understand the intention, but when you use the term person centered, and talk about putting people first it is unclear what people you are referring to. Could be patients, could include families or not, and could certainly include employees, which I don't think are the focus. The word person is the broadest term you could choose to use and in no way really clarifies what I believe your intention may be - to centre care on the people you serve - and that includes patients and also the families/friends who support them. Family members are significantly affected by serious illness of loved ones and also carry the burden of care for their loved ones at home and in the community. They are a significant and undervalued resource and supporting them in their care giving role is an important part of providing better care in the community in a cost effective and realistic way. The language you are using does not clarify or capture the patient or the family centered aspect of care.
- Currently, this is not happening and we need a more focused strategy.

What would make them more meaningful?

1. Empower People

Share power, inspire and reward staff and patients

Sample Comments

- That we have a robust system of rewards and consequences that holds everyone accountable for being deeply compassionate, humane, skilled, and engaged in relating to patients, families and coworkers.
- Considering the patient as part of the whole of the organization. Don't ignore other required aspects of the patient visit - ensure complete documentation, communication with all other areas, etc.
- Patients are co-planning and co-leading every step of the way. Transparency.
- Citizen engagement in the decision making process.

2. Make it Real

Align action and results with these statements.

Sample Comments

- Actually putting people first. Actually providing excellent care and service. Instead of just saying it.
- Shorter waiting lists - operations performed all year - not slow down and have people wait 3 months to have surgery done.
- Listening to our clients, validating concerns, being champions of change.
- Keep repeating the message and making it the very first statement in all of our work. Always ask the question, how will this impact the patient?
- If you were to visit a bathroom (tub/shower) on a QEII unit, like where stroke patients are treated, and then go immediately to the Mayflower Unit at the NS and look at that bathroom you would be shocked. Suppose someone is sick on the toilet and the s

3. Go Beyond the Individual

Practices that raise the collective consciousness.

Sample Comments

- Having a patient/client/community/citizen story at the centre of all our work. Challenging the norm and thinking about how we may get in the way of ourselves and adapt programming and services

What would make them more meaningful (continued)?

4. More Resources, Better Services

Give providers and patients the time, tools, training, funding and other resources they need. Provide services when and where patients need.

Sample Comments

- More training. Unfortunately Capital health refuses to send our staff on courses because they would have to pay us if we happen to be on our day off.
- Resources to meet patient and family needs. Resources to support staff that put a lot of blood, sweat and tears into a system with decreasing resources. In some ways, we appear to be getting worse. We focus on what we don't have and it's not helping patients.
- Traumatic brain damage and children teenagers – why do we not have a child rehab?
- The needs of the client/patient/community more at the centre of planning, ie mental health, the disabled, persons living in poverty or crisis are able to see mental health nurse, doctor as needed, plus periodic home follow-up visits, networking information

5. Challenge

What services...?

Sample Comments

- Excellence in care and service... how about prevent illness – is this service (be explicit)?

Where should Capital Health focus its attention to achieve this strategy in the next three years?

1. Navigate the System

Help staff and citizens better find their way around to more effectively use the resources we have.

Sample Comments

- For many people, Capital Health is a giant mystery. Until you or a family member have experience with any piece of it, it's intimidating. Where do you go? How do you find out? What to expect? Maybe more information on line or available by telephone that says for example, where to go for which test, what can you do as a walk-in, what do you need an appointment for, what needs a referral...

2. Emerging Practices and Access to Services

Support community based practices and new models. Ensure that services are accessible more fairly especially for mental health.

Sample Comments

- Home follow-up care (especially when pts d/c'd so quickly) to prevent readmission.
- Faster assessments, decrease surgery waitlist time, improve mental health services
- Have open door policy at Mental Health Out Patients that anyone in need of mental health debriefing/refocusing can call and make their own appointments to see a mental health nurse or doctor as waiting any amount of time when in crisis is a disaster waiting to happen.
- Need to deliver care outside of the hospital buildings

3. Improve the System

Develop the organizational, improve processes, and communicate.

Sample Comments

- Acknowledge excellence in a concrete way. Spend less time finding fault, and more time finding excellence. Don't wait for patients to do it for you via Angels in Action or through the Patient Reps. Provide managers with the time they need to get to know their staff, and the work they do.
- Change name of Divisions or Programs to make more sense to people: We are in the process of requesting name change for Division of Gastroenterology to Division of Digestive Care and Endoscopy
- Hand Hygiene, hospital acquired infections are the 4th leading cause of death in Canada. AND THEY ARE PREVENTABLE>>>>HELLLOOOOOO WASH YOUR HANDS!!!!Get patients to stand up and say wash your hands before you touch me.
- Less focus on cost-cutting and bureaucracy within budgetary silos
- Patient/Employee Communication
- Patient flow and efficiency must be top priorities in all areas. If this is improved, it will provide a more positive patient/family experience, reduce wait times and produce savings.

Where should Capital Health focus its attention to achieve this strategy in the next three years (continued)?

4. Partnerships and Collaboration

Intentionally advance collaboration and partnerships with citizens, patients, family practitioners, and others.

Sample Comments

- Patient/family as health partner in decision-making.
- It is also about ensuring that we respect and value each others area of work. Each area fits into the bigger puzzle and solutions must be multi-pronged. It is important to recognize the different vantages that each person brings given their point on the care continuum and how that can influence actions.
- It's all about citizen engagement. We need to ask our patients what they want and we need to educate our staff that it's okay to listen to our patients.

5. Population Health and Healing

Work beyond the hospital to lessen the need for health care services.

Sample Comments

- Prevention. Treating underlying root causes instead of the usual response you get from doctors which is to treat your symptoms. For example, I went to the doctor and said, My back hurts . She prescribed me Celebrex. Instead of taking it I went to a Physiotherapist and got effective treatment for what was causing my back pain. With daily exercises I have no back pain and need no pain medication. How simple was that? Why is that sort of treatment not covered? I had to pay out of my own pocket?
- Combat obesity (encourage physical fitness; support life style changes for patients and staff). Provide on site exercise programs, nutrition counselling,
- A focus on pressure ulcer prevention and health promotion. With the increasing amount of diabetes,cardiovascular insufficiencies wound management costs will soar. Lets educate the public from a wound management perspective the importance of walking for ulcer prevention. Promote physical fitness among staff of Capital Health again we lead by example.

6. Challenge

Clearly articulate the priorities.

Sample Comments

- What is the goal of your strategy? Cutting budget spending? You are doing fine. Improving general health in Nova Scotia? That will take at least one whole generation gone before we see improved health in our population (after the extinction of 'baby boomers'). You cannot do that in 3 years. Improve delivery of services? Get more staff where there are not enough. Streamline on which services to maintain and which services to off-load to other (private?) clinics. If you cannot afford to do it all, don't do it all.

Innovating Health & Learning means...

**Academic Excellence- Period.
Learning all the time, in everything we do.
Daring to do different things, and to do things differently.**

What do these statements mean to you?

1. Learning and Teaching

Every day, everywhere and in every way; failing and learning.

Sample Comments

- It means to make every moment possible a teachable one. To challenge the status quo and try new ideas and ways of doing business.
- It means the doctors are constantly learning and using their knowledge to treat each person differently based on their needs. Not only academic excellence benefits from learning from every opportunity. There is no such thing as a mistake, there are learning opportunities. The real mistake is when we fail to learn from the opportunity and continue to have the same opportunity over and over again. We need to motivate, encourage, inspire and support our leaders to dare to do different things and to do things differently and to not be afraid of the union.
- You promote lifelong learning and strive to ensure people are educated and are willing to go the extra mile
- Learning is about welcoming new information and challenging the status quo, but also about being patient with ourselves as we try to do this.
- Academic evidence and research is critical to our work....but we also need to learn from each other. Learn from people's lived experience. Praxis is when theory meets practice. This is where it's at.
- that we support areas to be innovative, to explore new ways of practice, that we support risk taking behaviour in the parameters of safety and evaluation - that we stop criticising people if they try something new and it doesn't work. That we find ways to support more education, that there be an accountability for all staff and physicians to practice to their full scope and areas of specific skills that are required as a core competency of their practice. that there is an expectation that everyone will be in a reflective practice and is responsible to continue their own learning

2. Doing the Best

Professional providers, world leading care.

Sample Comments

- being the best you can be - best practices - evidence based research
- Evaluating is important to make sure we are attaining excellence and share those results; make changes if we are not meeting goals
- Providing the best health care available by qualified and well trained staff

What do these statements mean to you (continued)?

3. Risk Change Improve

Dare to follow the passion, transcend the status quo.

Sample Comments

- Experimentation and being open to new ideas – leaping. Shifting conversations from “what is not working well” to “what is possible”.
- If you know something is best practice DO IT! ask for forgiveness later. I have fed grapes to a patient that was dying even though she had an NPO order on her chart. It was her wish and I did it because that is what she wanted. Seek out opportunity even if it isn't your patient. Read articles on your night shift accessing the CDHA library Advocate for your patient
- Not doing things because 'that's the way we've always done things here'. Using evidence and best-practice to guide health services we provide.
- Change is the law of life and innovation is the tool needed to survive the change.

4. Challenge

Questioning whether or not the statement represents the right strategy, and reflections on how the intention represented by the statement is misaligned actions and behavior.

Sample Comments

- Confusing. Academic excellence implies a value for research and education and yet that is not how most patient care areas are run. They are quite separate. As a health care provider, I snag whatever educational opportunity I can but there is much less available than 10-15 years ago.
- It is too long winded (for one thing) and while book learning is very important...life experience is JUST as IMPORTANT. Not everything that happens comes from a book.
- the first sentence has no real meaning. What does academic excellence mean to the average person? The second and third sentences are both clever and accessible, and in line with our a different today, a better tomorrow tag line.

What would make them more meaningful?

1. Provide more resources for learning and development

Demonstrate that this is a priority through appropriate funding and protecting time. Take advantage of technology.

Sample Comments

- Employer incentives / support for staff to belong to their professional associations. Focus on continuing professional development for staff (allowance support via time/ money / coverage as needed).
- Allow staff time to work on projects to enhance patient care. On the frontline currently, there is no time for this so projects initiated by management only.
- Create opportunities for staff education through scholarships and bursaries to allow staff to attend training that is not always available to all through cost sharing. Continuing education credits for grand rounds, rehab updates, etc.
- Encourage education and making education more accessible. Use of more web conferencings so one could watch and participate from home

2. Include and Engage

Think beyond academic or formal learning, or professional development to include and engage people.

Sample Comments

- Deep and far reaching citizen engagement, partly formalized with other organizations and partly a simply openness to difference and willingness to learn.
- Having the freedom and respect of your co-workers to do so... when they don't exactly share the same vision and creativity.
- If families were trained on how to record and present histories, in a way that is helpful to hospitals. Some kind of file.
- Be more inclusive of learning in other ways than academic- we learn from community from our diverse members- there are more than one way to do things as we have diverse patients.

3. Make it Real

Align action and results with these statements.

Sample Comments

- Committing to academic pursuits at an institutional level; which at this point receives occasional lip service with no follow-through. Most staff do not have the time, mentoring or institutional/managerial/financial support to even think about questions let alone try to answer them.
- Be explicit about what it takes in terms of investment and risk.
- Again, actual direction on how to do things differently. What things? How different? Where do I get the innovative ideas? What is the benchmark? Whose permission do I need to incorporate an innovative idea? How are these different things monitored and evaluated? How do they become a routine part of patient care?
- Having structures and processes in place that allow for frontline staff to ask questions and provide feedback on processes that directly impact the work they do.
- Walking the walk. Always speaking from a point of learning and exchanging ideas and knowledge.

What would make them more meaningful (continued)?

4. Challenge

Need to improve the phrasing and clarify the academic mandate.

Sample Comments

- Remove the first part of the sentence: Academic Excellence - Period. The Period, part leaves no room for compromise to add (as I mentioned) life experience...things that don't happen from a book. We are a huge organization with a DIVERSE population coming into our clinics and hospitals with concerns and ailments that don't always follow a book protocol.
- I would take out the academic excellence part. It could exclude all CDHA workers. The idea is to foster creative thinking. We have a learning environment where every situation is seen as an opportunity to learn and grow.
- I don't like "dare" (negative connotation), how about "courage" (1 other person agrees)
- Where is evidence? Doing things differently, informed by evidence.
- Academic excellence is not something DHW understands – witness DHW's Physician Resource Plan! Again, relationship between CDHA/Dal and larger context needs to be pointed up and CDHA/Dal needs to challenge more provocative.
- I know this won't be popular but Academic excellence speaks to a specific constituency not to all. I don't like the period after academic excellence. Learning all the time in everything we do is awfully broad.
- Get rid of the period. Makes it sound very sarcastic.

Where should Capital Health focus its attention to achieve this strategy in the next three years?

1. Accountability

Clarify roles and responsibilities of jobs and people holding those jobs. Reward goal attainment and address unaccountable behaviour.

Sample Comments

- Leadership - accountability and development. We have invested a lot of time, money and effort into My Leadership and yet nothing changes. No one is holding the leaders accountable. Managers still manage as they always have keeping us where we've always been. If we want to transform this organization, we have to start doing something different starting with holding leaders accountable and implementing consequences if not meeting the expectation. Just do it!
- Framework to evaluate what we currently do and why we do things the way we do. Programs can use the framework (a set of 3-4 q's as example) to evaluate practices. Will need performance excellence support for programs developing new ways of doing things/change support.
- Accountability in everything we do - no more this is someone else's job .

2. Treat the Root Cause

Focus on the *why* and *how*, not just the *what*.

Sample Comments

- Identifying UNDERLYING root causes and treating them instead of treating the symptoms. Right now the cart is before the horse. They are not trying to figure out why or how.
- We need to ask communities where they enjoy going to have fun and bring innovation and health and learning opportunities there.

3. Exchange Ideas: Teach and Learn

Create opportunities to advance the wealth of staff and patient knowledge available today.

Sample Comments

- Educate staff, all staff on issues. Example: Someone with a mental illness may not be understood and may not get the treatment they require/deserve.
- Talk to front line staff. Lots of experienced staff have been wanting to do innovative things for years but cannot. Also the new younger staff have learned many things in their courses. Make room at the table for the people who can bring you the evidence of what is truly needed and what is truly happening. Support them to attend - they cannot go because there is no one to do the work if they go to meetings.
- Focus a lot more energy on getting good quality feedback from the patients and families you serve. Their lived experience holds a wealth of knowledge - they can tell you what is working and what is not. This is critical information to have and use as you work toward innovation and quality improvement.
- Should pick one hospital ward and do a creative arts exploration with residents.

Where should Capital Health focus its attention to achieve this strategy in the next three years (continued)?

4. Investment and Technology

Invest in staff, patients, and citizens. Take advantage of technology.

Sample Comments

- Support teams to have an innovation stream, an accountability stream and reflective practice stream - identify key educational and learning initiatives
- computerized documentation: online lab results with the rest of the province would be very helpful
- Invest in web based technologies for learning for all.
- -work with Staff to improve their ability to critically evaluate what they are doing and to introduce and evaluate changes- we need a lot more opportunities to share what we have learned through internal quality improvement- innovate across the full spectrum of care (i.e. including primary care, public health, and population health), not just in the secondary and tertiary care settings.
- Personal electronic medical records that are available to family physicians when the patient visits. Ensure all are informed of what tests/when have been taken, results, etc.
- Provide physicians with time, resources, and funding to do research. That's the only way to move forward, and compete with the world.
- Better integration of the academic piece with clinical, particularly in the non-MD disciplines (Rehab, etc) FUNDING for staff to attend education - we will never be world leading without having mechanisms for staff to share and receive education beyond our district. There is widespread discrepancies of which departments financially support staff from their budgets and those that follow the rules and do not. This is simply not fair .Better shared accountabilities with our closest partner, Dalhousie. There needs to be more two way learning with this partner.

5. A Clear Plan

Specific suggestion of a way forward.

Sample Comments

- Establishing a plan for ongoing professional development that is meaningful and appropriate. It doesn't have to be attending courses far away (although this is sometimes the most appropriate method) but it needs to be part of the culture of the organization. Staff have to see it as a priority that is supported by management in a meaningful/practical way, not just through words.

Transformational Leadership means...

**Everyone is expected to be a leader, and we lead together.
We lead change with passion and purpose.**

What do these statements mean to you?

1. Accountable and Responsible

We and I are accountable and responsible for our own actions and for organizational results.

Sample Comments

- That everyone here at CDHA is accountable for their actions and that the changes that are coming will be done with passion and purpose to make it easier for the staff that will be let go.
- I am accountable for my actions. I have a responsibility to lead change and be involved. I am accountable for treating people with respect and using proper communication skills.
- I must take responsibility to show up everyday and contribute in a positive way, this needs to be true for everyone.
- It means we are all responsible.
- We all take responsibility for the results

2. We are ALL Leaders

A sense of efficacy and pride.

Sample Comments

- To show up my best "self" to any given moment or situation. Be authentic, curious and a leader in my own life.
- We all have a role in change and leading
- Every person is important to the overall goals. Every person leads. If we believe that you value us, we will lead with passion and purpose.
- Stepping into areas where I don't have confidence (if I think I can contribute to patient care).
- Motivation to do the best job and be a role model for staff.
- Transparency and communication! Entire team needs to be involved in the process.
- It means staff is expected to think outside the box, to engage with other team members and comm'y resources to collaborate/explore different options. Determine what's working and what's not for each patient and what possible options can be made available
- That everyone does the best possible job for the patient and takes pride in their work. Everyone always looking for ways to improve service which build capacity in staffing.
- As a team (care providers, patients, families, funders, etc), we collaborate together to strengthen the system to the best it can be, including making the difficult decisions.
- that whether you are the CEO or the support service worker, we all have a role to play in leading the organization
- Leadership is everyone's responsibility.

What do these statements mean to you (continued)?

3. Challenge

We are not there yet, some of us would like some help, and some aren't sure that everyone can be or should be a leader.

Sample Comments

- Everyone - including those who think they already lead - needs to step up to the plate and start leading. We say one thing to new hires at orientation and then they see something completely different in action on the unit once they get there as there is no transfer to the job. We permit the same old same old to continue unchallenged as that's the way we've always done things. Ahhhh!! Until those in so called power are held accountable to change themselves, nothing ever will.
- Everyone has their own special thing to give but people don't think they are leaders, but we all have input
- I have difficulty with this statement. I am trying to be the best health care provider I can, but this statement implies that I have more responsibilities and liabilities beyond what I ever dreamed. It implies that I carry as much burden as people paid much more than me yet I don't have the power or flexibility that management does. That is stressful and unfair.
- **Passion is tricky – some people's passion is not within their role here (needs focus), Needs to be framed.**
- Money speaks volumes over passion and purpose. ENOUGH OF THE GROUP HUG, TOUCHY FEELY APPROACH. THIS DOESN'T WORK, I ALREADY HAVE A MOTHER, THANKS.
- Honestly, it sounds very different from the reality I work in. I don't see a lot of leading together. Health Services Managers and Directors are often dangling in the breeze, expected to take on more and more and more responsibilities with less. Do we lead with passion and purpose? It seems that staffing and budget cuts and managing public perception are more compelling than passion and purpose. You lose me when you say everyone is expected to be a leader. In fact, in my more cynical moments, it sounds like we're trying to make sure everyone gets a favor at the birthday party. Why does everyone have to be a leader? Isn't it valuable and meaningful to have really excellent followers, too? I agree that everyone is responsible for achieving our milestones and that everyone contributes to Our Promise, but everyone does not have to be a leader to do this. What they do have to be is committed to the vision and inspired to do their part in realizing it. I fear we are diluting the meaning of leadership when we expect everyone to be a leader.
- **Far too "politically correct". From a business perspective, we already have too many "leaders" and not enough "worker bees".**
- **This is a nice 'Hallmark card' statement. But without 'authority', one cannot lead those who don't want to listen and follow. I have been 'put to my place' more than once by other managers and co-workers. I will not be embarrassed in public anymore with your 'Everyone is expected to be a leader' empty statement.**
- Absolutely nothing. I haven't seen passion here for a very, very long time - most say just a paycheck. Less staff - more work. Expectations re workload can be very unreasonable.
- Sorry not everyone is a leader- rather we like it or not some are here coasting to retirement and are not interest in new and different. Not everyone has passion - this term is over used right now. the statement means to be a team - every team has leaders , informal leaders and doers - what is wrong with that.
- It would be wonderful if it were so....but really..not everyone has the interest, the energy needed to fulfill this job description.
- **Use a different word for leadership--are we all champions for good health care services and programs? We also lead with more than passion- there's knowledge as well and commitment**

What would make them more meaningful?

1. Develop

Advance front-line and formal leaders leadership capabilities.

Sample Comments

- Seeing more training for front line staff
- Have a better internal talent management program that helps frontline staff train and prepare to be better leaders / move into management someday.
- Continue to support Mindful leadership learning....there is still a significant need for all employees to understand effective leadership...and how we lead together. We have just scratched the surface with this
- For all CDHA employees participate in Leadership sessions. Be very inclusive of everyone that works at CDHA and how each person contributes to a patient experience

2. Engage

Ask staff throughout the organization to provide input and act on our ideas.

Sample Comments

- Ask front line staff for suggestions on how systems and processes can be improved and how money can be saved. Consider the suggestions in a meaningful manner.
- Leaders continuing to be involved in practice rather than moving increasingly in managerial circles.
- Hierarchy being more open to others ideas
- Even VPs / Directors listen and show respect.
- Having the ideas of common folk recognized as valuable and encourage them
- We are all in this and it will take all of us to transform

3. Make it Real

Demonstrate leaderful behavior.

Sample Comments

- Say what we do.
- If we could see people providing more leadership
- If we actually did it. The option to opt out is still very much alive within the organization.
- Show me some examples of people not in formal leadership positions leading, make it impactful by showing the regular staff leading the way.
- Lead by example. Lead by positive influence. Set a good example and be a good role model.
- To make this more meaningful- actually do something! In 30 years there has been little change.
- Passion often gets squashed by negative work cultures, coping with the sick calls and endless processes that make it hard to carry through ideas
- Good leadership and financial commitment

What would make them more meaningful (continued)?

4. Organizational Structure & Empowerment

Enhance structural empowerment

Sample Comments

- If CDHA functioned in a bottom up model instead of top down. Often it feels CDHA invites front line staff into conversations after decisions are made to make them feel a part but do not actually listen to or follow through on recommendations
- If everyone is expected to be a leader, they should be heard as opposed to just ordered to change.
- If people really practiced this. The focus by management is on the \$\$\$\$ and not the people who work here. Span of control too large for majority of management, in particular in the Nursing Departments.
-

5. Followership

If we all lead, it may get a bit chaotic and tense.

Sample Comments

- We need followers too.
- Less Flag-waving 19th century slogan based visions. Lets face it this is not organic and bottom up. You are trying to lead us into being leaders.
- everyone should understand who is leader in a group and what is expected to do leadership and problem solving should be clearly defined. While doctor leads, the nurse and paramedics should be helpful rather than obstructing

Where should Capital Health focus its attention to achieve this strategy in the next three years?

1. Accountability

Clearly define accountabilities and responsibilities.

Sample Comments

- Accountable leadership. Fair and equitable expectations/salary amongst leaders. Fair and equitable support to all staff whether in Acute care or at community level.
- clarity in role expectations, accountabilities, restructuring the work environment to enable people to lead enact the accountability framework- end the culture of opting out continue to build on the success of my leadership and develop education/support
- Accountable leadership frameworks where we understand what the accountabilities of different levels of leadership is. TRANSPARENT decision making processes, good communication pathways that are open and non threatening. Accountability to lead at all levels
- Transfer some areas of decision making back to front line staff. Stop treating front line staff as worker bees and demonstrate a trust in their professionalism and responsibility. If there are areas that are not up to the challenge - work with them out.

2. Engage in Strategy

Link the day-to-day activities to the strategy to make meaning of our work.

Sample Comments

- support interdisciplinary teams to start making changes in their way of doing business, i.e. let the front line actually show their leadership (to some extent, this requires let to let go)- stop letting special interest groups veto meaningful change
- I think there are levels of management that still do not understand the strategic vision of the organization and therefore front line staff doesn't understand the vision. Without everyone on board, we can't move forward.
- Engage the staff in decisions and let staff be involves in change. Allow the staff to be creative and innovative

Where should Capital Health focus its attention to achieve this strategy in the next three years (continued)?

3. Leadership Development

Provide space and time to grow as leaders.

Sample Comments

- Take care of/Foster life-long leadership in CH- practice what My leadership promoted at all 'levels' of formal and informal leadership. Formal leaders in our present climate appear to be overwhelmed, discouraged and have seen many symptoms of burnout an
- Continue to educate informal and formal leadership with the My Leadership training, but it need to filter to the frontline care providers as they are unaware of these programs.
- again.... provide meaningful education to allow staff to actually be able to do the things these words mean - education that builds communication, coping and compassion skills
- getting clear that leaders transform followers to become leaders.

4. Challenge

Distinguish among people: who are the leaders of what.

Sample Comments

- For those who are not leaders and have no passion and purpose with their staff, it is time for them to go.
- Rewarding obedience. Then everyone might finally wash their hands.
- I have a ton of ideas but to be honest, I am not sure that our opinions are really welcome. I believe that senior managers already know where they want to focus their attention and they aren't really interested in what actually needs to happen.
- Stop wasting money on all of these consultants. You have excellent staff that have the same answers and have been doing this stuff for years. Stop promoting change for the sake of change. Do it meaningfully for the patient, and their family.
- Making it practical. Move away from transformational to something more doable today.
- transform followers to become leaders.

Sustainability means...

Working together within our means for improved health now and into the future.

Transforming the system to ensure It is there when and where needed.

What do these statements mean to you?

1. Implement Strategic Change

Big picture thinking - challenging assumptions about what we currently do and shifting toward what we ought to be doing.

Sample Comments

- A complete overhaul in how we deliver the system
- Need for long-term planning. Need to think differently.
- We need to clarify what services need to be delivered in-hospital and supporting the services that are best delivered in the community
- We need to clarify and determine what business we ought to be in and what we need to change to make the most of our existing resources of time, talent and money
- Setting realistic priorities and goals, and being prepared to follow through on them....seeking feedback as to effectiveness, and being prepared to alter course mid-stream if the goals are not met.
- Making a plan toward the making of better healthcare and moving toward that goal.

2. Value for Money

Advance fiscal accountability throughout the system.

Sample Comments

- Beginning conscious of the cost of the health care we are providing. Identifying areas of savings and or potential investment that could lead to savings. Creating a culture where it is all our responsibilities, instead of a us and them culture.
- Responsible resource management
- Spending money health care money more wisely, really listen to the people
- When we have an excess of subspecialists for the operating or clinic time available they can be drafted immediately into areas of need - such as psychiatry.
- Utilizing every dollar that comes into the health care system in the best way; cut out unnecessary expenditures, get the best 'bang for the buck'! Let's look at all monies that come into/spent by the organization.
- Working within the budget, prioritising care for the patients/clients. Making sure that the money is spent wisely and appropriately so that there will be money to always continue on with the best health care possible.
- Consider large program changes to save \$, not a % from all area's-some areas
- We need to reduce inappropriate investigations and interventions.
- The first sentence means everyone taking a look at where the money is going and asking, It this nessasary? Can it wait? what could be done in place of? The second question speaks of on going health care improvements.
- Being conscious of appropriateness of services we provide...eg does the 95 year old really need a 4X bypass with lengthy ICU stay post...and then becomes ALC because they can't return to their home.

What do these statements mean to you (continued)?

3. Population Health and Healing

Decrease the need for healing services.

Sample Comments

- Focusing our energies on prevention, health promotion, determinants of health. Reducing health disparities, relieving barriers for people to get healthy and/or stay healthy.
- Yes the when is now! Our society has pattered around long enough, there are issues that need to be addressed, people need help, help that reaches into their soul, their pychi and draws them into healthier ways of living and being

4. Challenge

What does this statement really mean? Tension between financial constraint and the other themes.

Sample Comments

- Finding ways to cut back on services that make the whole system more affordable in the long-run. Finding ways to do things efficiently. Unfortunately this sounds like two opposite directions. Better care for less money.
- I don't fully understand this statement. I realize there are fiscal restraints and we have to work within a budget. It's not that the system is not there, it's more that it's not working properly - especially for the poor who cannot afford private insurance.
- We are restricted financially from delivering excellent care to all.
- Too much jargon.....Why not say to improve health...what does now and in the future add???
- Limiting our impact on the environment.
- This is it – there is no other option – keep it!
- this is just a false reassurance that translates in my mind as: we are making budget cuts now and not providing more services, so that we can continue to do so in the future .
- Not strong enough. Needs to be more expressive and more explicit.
- Stop privatizing. They'll be nothing affordable left.Stop wasting money on numerous changes and consultant after consultant.
- living within our means, I think there are too many potentially conflicting concepts in this statement.

What would make them more meaningful?

1. Tough Decisions

Clarify decision making processes. Reassess end of life and appropriate care decisions.

Sample Comments

- Acknowledgement that there may be reasonable limits on availability or location of services within the system.
- focus on health outcomes not just processes
- Explicit rationale for decision making.
- Stop spending money saving people when there are few to little resources to sustain them in the community. Life has to have quality too!
- An ethical framework to guide our sustainability plan.
- Sustainability means that we need to do upstream work. Can we say that?

2. Spend More and Other Miscellaneous

Variety of ideas to spend money, improve performance within CH and beyond.

Sample Comments

- Cutting back on waste. Get with the times on helping the environment!
- Invest in education and technology in the vast knowledge of Capital Health's staff, at all levels.
- Your patients and families are a huge resource that you are not tapping into. They are experts in their own right. If you provide patients and families with better information and education about their illness, it's treatment, the recovery process, and ho
- Better pay increases for all staff not just nursing staff, do something to improve staff morale which will have a better impact on patient care
- Now no Palliative care team outside of metro HRM- rural area patients deserve the same services
- Having planned education sessions for clients before they leave the hospital, having more,planned recreation and meaningful employment in place may help move forward with their lives. It has the potential to help prevent relapses and keep people out of the hospital
- Facilitate opportunities for creative thinking and planning. Increase advocacy (and results) for increased community resources to enable sustainability.
- Join Capital Heath with IWK, one health system with less administrative staff and duplicated resources. We physician who work with adults can not have any access to electronic records from the IWK when a pt. turns 18 or 19 and needs to f/u by us.

What would make them more meaningful (continued)?

3. Challenge

Clarify the statement. And sustain... really?

Sample Comments

- I am not sure! Sorry
- We need to not just sustain ourselves, but grow!! There needs to be more emphasis on growth and development not just sustaining what we have.
- simplify this- if it is about fiscal sustainability then just say it- I do think it needs to embrace sustainability of the workforce
- Who works together? Improved health for whom – our citizens, different geographic areas? The population we see care in or all of CDHA?
- But this then is contradictory to being able to transform the system. Transformation comes from within the individual, not from the organization itself. Resources are not given where they are needed, such as funding for education.
- If I actually thought my ideas were being heard.
- I like this statement.
- “Means” is more than just money.
- Clarify “it is there”. What does this mean? Going to where people live and work?

Where should Capital Health focus its attention to achieve this strategy in the next three years?

1. Turn off the Lights

Literally, turn off the lights. Figuratively, stop wasting money.

Sample Comments

- More promotion about basic ways everyone can cut down e.g. turning off lights when you leave your office, turning heat down, being more careful about using paper, etc.
- Cost effectiveness; comparison to other Canadian centres. Renegotiate the Interprovincial Agreements. Tell us what things cost.
- Environmental recycling practices. Efficiency in research. Strengthening of our diversity initiatives for population un-wellness reduction and staff mental health preservation.
- I will leave the broader spectrum to the finance people, as individual pockets of employees, if we all did our best to be more aware of trimming where we can in our own corners a significant difference would be made.
- Less duplication. More electronic access to health records, tests, etc. Work together - less territorial attitude.
- Purchasing initiatives. Review guidelines -- maybe a lower threshold needs Manager/Director/VP approval, justify purchases w/o making too bureaucratic. Monitor supplies (medical and otherwise) and reduce waste, personal use. Stop investing in decrepit buildings.
- Off load pointless excess. If you can allow do three operations a week, why have 20 surgeons standing around.

2. Invest in Process Improvement and Technology

Review and improve care and business processes, advance use of technology.

Sample Comments

- Flow and efficiency reviews in all areas...will result in savings.
- There should be more focus on breaking down the silos between units/departments/areas and allowing more flow. I believe this will lead to better continuity of care.
- Electronic systems to improve the flow of information and reduce the number of staff required. These can be global (electronic patient records) or can be smaller and more specific to departments. An example: The Laboratory Information System (LIS).

3. Early Intervention & Community Focus

Establish more community presence for the sake of addressing symptoms earlier in disease trajectories.

Sample Comments

- Again early intervention and correct treatment of underlying causes will save millions in the long run. An ounce of prevention is worth a pound of cure.
- Sustainability will come from corporations and investors in the community who are interested in seeing positive change in people's lives and an end to the ignorance, violence caused by abuses, addictions and ignorant, This is an investment in the soul of the community
- Health promotion and ensuring resources are available in the community to meet needs that don't need to occur in a hospital.
- Actually working toward health of the community and not disease specific.

Where should Capital Health focus its attention to achieve this strategy in the next three years (continued)?

4. Tough Decisions about Appropriate Care

An ethical obligation to consider the population needs when making decisions about when and where to provide care to individuals.

Sample Comments

- Create a process where we can have conversations about informed decision making, DHW and CH have not been prepared to have difficult conversations about what level of health care we can provide, where is the evidence in improving health outcomes?
- Appropriateness of service provided (not 'everything for everybody'). Will need to support physicians, staff, and patients that this is the new standard for informed consent.
- Decrease unnecessary tests, consults, office visits, surgeries etc.

Citizen and Stakeholder Engagement & Accountability means...

Nothing about you without you.

Deeply listening to understand and work with patients and the public to achieve optimal levels of wellness.

What do these statements mean to you?

1. Listen and Act

Listen to patients, families, citizens and one another. Act on what's said.

Sample Comments

- The public and patients' feedback will be sought and considered to inform service change.
- It means that capital health staff need to listen to the patients and to front line staff and learn from them
- Really Listen
- Should include an aspect of listening to staff who do not have direct patient contact. They need to feel heard.
- It means I should be listened to as well as citizens about what care they want AND how they want it delivered.
- Patient drive what we do and decisions we make
- Being heard. As a staff person, I don't expect my ideas are always the best but even being given the chance to speak up has been appreciated. I would say the same for our patients and the public. Some people can have fabulous ideas and just need the support.

2. Patients as Collaborative Team Members

Patients and families are the Number 1 Member of the collaborative care team.

Sample Comments

- Patient as an active member of the team. Helping to define the team.
- It means that I will ultimately be in charge of my own care.
- Take charge of your health and tell us what you need
- that the patient is involved in every aspect of care and will be kept informed and partner in decision making
- True partnership with patients and families – listen and hear what they have to say with respect.

3. Population Health

Taking the lead in changing citizen's attitudes toward health and wellness.

Sample Comments

- Providing care that keeps patients with chronic disease out of hospital and prevents acute deterioration.
- Investment in upstream wellness - health promotion.

What do these statements mean to you (continued)?

4. Public Dialogue

Clear, transparent, open communication influencing care and program policy

Sample Comments

- Open, frank, accessible communication with key stakeholders – patients, families, staff and hospital leadership.
- Tactically, we need to build more time into our planning and decision-making as engaging appropriately takes time.
- Ensuring that we include community and citizens in our decision making that we truly value their input

5. Challenge

Not so sure about what this statement means and unsure about the balance between this and fiscal constraints.

Sample Comments

- I don't understand the first statement, or the second statement. I understand the sentiment but not the phrase.
- We are in the business of health promotion and not healing?
- This is a cornerstone of person centred care. I think there may be key words missing in the statement such as (working)together , healthcare relationship and/or partnership , shared responsibility . This stream is for me, the overriding one that applies to all.
- I am not sure what it means. Improving communication between patients and health care providers as previously mentioned. Transparency. I am repeating myself.
- how are we doing that with the current fiscal reality again a lot of garbage

What would make them more meaningful?

1. Love it!

Wouldn't change a word!

Sample Comments

- I have no changes to this statement.
- I like these statements.

2. Make it Real

Involve marginalized groups, allow citizens and families to influence system changes and .

Sample Comments

- Some kind of followup after a mental health visit to emerg would show that someone actually cares. Many do not want to return because they feel let down when they are discharged without treatment or plans.
- Listen to what is actually being said not just asking about what you want to hear.
- CH has the theory but does not practice it – make management accountable to the model by setting a minimum standard- the values need to inform the process- stop setting unrealistic timelines to involve people/community
- We need to ensure all communities (even the silent) are included in our engagement strategies. I have been disappointed in this so far.
- The opportunity for front line staff to hear feedback and to feel that they have somewhere to go with feedback they receive.
- DO what they are asking for...
- Following up with examples of how we really listened and incorporated feedback into decision making for quality improvements.

3. Help people get around the system

People can't change what they don't know about.

Sample Comments

- Patients & families need to play active role and can't do that without an understanding of the system & own role in wellness.

What would make them more meaningful (continued)?

4. Challenge

Improve the phrasing, reestablish pride.

Sample Comments

- Work with patients, families and communities! Would improve statement- reflects social determinants better (1 other person agrees)
- There is a risk that we'll see the first statement as being about "us", within the walls of Capital Health. We need to keep our eyes "out there".
- If staff, physicians, learners and volunteers were explicitly rather than implicitly mentioned feedback.
- Nothing about you without you is a total cliché, and means almost nothing (It's like have a nice day!). Likewise deeply listening. How about: we involve patients and the public in planning everything we do.
- Having a focus on the who this applies to. Who should deeply listen? If we don't say who it is, then there is always the ability to say it's not me . Perhaps it needs to say We at Capital Health, commit to deeply listening and hearing to understand
- Reword this. This doesn't make sense. Deeply listening does nothing unless we understand what we are listening to and being prepared to act on it.
- I used to be proud to work for CDHA. I am no longer proud to work here and I end up apologizing to patients, colleagues, other agencies and families on an almost daily basis because of what CDHA has created.
- I automatically go to patients/families – how do we include staff.
- Optimal levels of wellness needs to be simplified for the average person
- More clearness re patient engagement

Where should Capital Health focus its attention to achieve this strategy in the next three years?

1. Appropriate Care & Increasing Demand

Lead public dialogue with the aim of better defining appropriate care and managing expectations given the increased demand.

Sample Comments

- Support clinicians, ethicists, lawyers, and spiritual leaders in leading health utilization appropriateness research/education.
- advancing people's understanding of what to expect from the health care systems for the next 20 years (managing customer expectations so people expect to be in the driver's seat when they are involved with the system)

2. Community Presence

Increase presence in community settings.

Sample Comments

- Community infrastructures that will support our most vulnerable citizens
- Focusing on serving people more efficiently and effectively - new models of care - collaboration, community settings, etc.

3. It's an Inside Job

Improve our operations and our engagement skills.

Sample Comments

- Physicians need to become engaged in dollars expended -- physicians that work in and outside of the hospitals/clinics, don't appear to connect to the overall dollars expended.
- Accountability- how are we spending the dollars. We need to treat this organization as a business. That means having the right people in the right positions doing the right things
- Speak more to staff about plans for change. Organization has changed a lot over the past few years. We are suffering from change fatigue. Also a lot of changes seem to be for the sake of change and not real improvements in patient care
- Front line staff education and support to allow them 'time and well-being' to deeply listen, understand and work with patients and public..
- We know we need to do this, and why aren't we doing it? Is education a piece of the puzzle? I don't know. We have a lot of communications resources in CH focussed on the community versus internal communication strategies.
- educate all staff on listening with an open mind and why this matters
- everything needs to be linked back to Accreditation and the employee survey - there is lack of organizational trust (inside and out) - we can build trust by listening and making sure people know what will happen to their info - needs to be true citizen engagement.

Where should Capital Health focus its attention to achieve this strategy in the next three years (continued)?

4. Partner with Patients and Citizens

Advance existing and create new partnerships and meaningful relationships for the purpose of sharing responsibility in decisions that affect us all.

Sample Comments

- Develop ways for person/patient/public to provide feedback and participate in our transition; validate feedback received with references to the received feedback and recommendations as future direction/path is chosen
- Meaningful, sustainable integration of citizen and stakeholder feedback, ensuring there is an established feedback loop to avoid disenfranchising those we are deeply listening to.
- Demonstrating that CH has been listening to citizens, patients, communities and community health boards.
- Ensure that all planning activities include patients and the public- work with community agencies to partner in service delivery- think long and hard about how our activities relate to wellness and quality of life for individual patients and for communities.
- Seek support provincially, nationally? Engage First Nations Leaders, for example. Look at our provincial population of cultures/sexual orientation/religious beliefs/age/illness/gender identity/income etc and make sure you have an appropriate representation.

5. Empower Patient Decision Making

Further develop mechanisms that support patient choice.

Sample Comments

- We need to instill the sense that the patient is the expert in their wishes and desires.

6. Challenge

Some skepticism about being heard.

Sample Comments

- Don't really know. It wouldn't matter what our opinions are anyway. The management will do as they please whenever they please.

Appendix

Data used in the above results were gathered in May, June, and July 2012 from:

- Two director level co-leadership workshops
- Ten drop-in sessions held in various locations across Capital District
- On on-line survey (172 participants)

For more information about data gathering, contact Susan Loveless.

The analysis of themes was contained within question within each strategic stream. There are 5 strategic streams and data gathering presented 3 questions exploring the strategic stream and draft essence statements (1. What do these statements mean to you; 2. What would make them more meaningful; and, 3. Where should Capital Health focus its attention to achieve this strategy in the next three years?

Although no formal analyses were conducted across questions or strategic themes, OD&T coders offer the following general impressions of these data:

- The vast majority of responses appear to be positive with a sprinkle of skeptical and cynical responses. Participants more frequently expressed passion and optimism than fear and disinterest.
- There is a great deal of consistency in interpretations of the essence statements and some divergent understanding especially as they relate to the transforming patient-centred care stream.
- The utility of the majority of the responses to Question 2 seems limited as many participants appear to have focused their responses on actions that could be taken to advance the strategy rather than an opportunity to enhance the strategic statements.
- The responses to Question 3 are remarkable divergent and may present a challenge to narrowing the focus to three areas.

The master dataset includes 327 entries and there is hundreds of missing data points. The majority of missing data to the drop-in session data. Drop-in sessions did not present Question 3.

Analysis was completed in two steps. First, coders skimmed through all responses, identified and labeled 5-7 themes in a bottom-up synthesis. Second, coders analyzed one hundred randomly selected responses and categorized these statements or parts of statements into the aforementioned themes, adding to the themes as necessary. If saturation was not reached, an additional 50 responses were analyzed. During both steps, coders checked with one another when statements presented a particular challenge and coded statements only after reaching consensus on the meaning of the particular response.

The two coders, Andy Dansie and Diane LeBlanc did not participate in the 2012 Strategic Planning Renewal Project and were not part of any sessions where data gathering took place (though one of the two did complete the survey). The coders took appropriate steps to reduce the likelihood that the validity of the analyses was affected by personal beliefs and biases.