STANTON TERRITORIAL HEALTH AUTHORITY

OPERATIONAL REVIEW
Final Report

November 7, 2002

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SECTION I – BACKGROUND

1. PROJECT OBJECTIVES

The Minister of Health and Social Services of the GNWT initiated an operational review of the Stanton Territorial Health Authority (STHA). The specific objectives were to:

- assess strengths and weaknesses in the overall management of the Stanton Territorial Health Authority and make recommendations for any improvement;
- assess strengths and weaknesses of the current Human Resource function;
- review, identify and assess the factors contributing to staff turnover;
- assess the general state of staff morale and make recommendations to address deficiencies; and
- assess compliance with the use of "Delegated Authority" by the Stanton Territorial Health Authority.

The operational review was focused on the above objectives and was not intended to be a review of clinical quality and/or effectiveness.

2. APPROACH

The general approach to the assignment included the following key steps:

- **Clarify Project Objectives and Deliverables:** An initial meeting was held with the project Steering Committee to clarify project objectives, ensure that project deliverables were clearly understood and finalize the work plan.
- **Documentation Review:** The consultants reviewed relevant documents, operational audits and previous studies. Efforts were made to avoid unnecessary duplication of work already completed by previous studies or consulting engagements.
- **Interview program:** The consultants interviewed over 100 individuals comprised of current with staff, former staff, board members and other key stakeholders.
- **Staff Survey:** The consultants conducted a web-based employee satisfaction survey to assess the overall satisfaction. 117 staff and physicians participated in the survey.
- **Steering Committee Review of Draft Report:** The report, including the recommendations, was reviewed by the Steering Committee to ensure that the key areas of the operational review were appropriately addressed.

- **Final Report:** The report was finalized and presented to the Minister of Health and Social Services. The operational review is divided into three major components – Overall Management, Human Resources and Delegated Authority. The report is organized into sections that describe the approach, principal findings and recommendations.

SECTION II – OVERALL MANAGEMENT REVIEW

1. OBJECTIVES

The review of the management strengths and weaknesses of the Stanton Territorial Health Authority explored the following key areas:

- Board/Executive relations;
- Planning and operational performance;
- Initial assessment of nursing resource utilization;
- Human resource management (portions of this item will be specifically addressed within the Human Resource Review component);
- Fiscal management (portions of this item will be specifically addressed within the Delegated Authority Review component); and
- Public/external relations.

2. APPROACH

2.1 Task 1 – Document Review

Specific documents that were reviewed by the Consultant included recent accreditation reports, business plans, senior management performance reviews, the financial plan, Board minutes, reports, previous reviews, government documents, and other documents that provided insights into the overall operation of the Stanton Territorial Health Authority.

2.2 Task 2 – Interviews

A series of semi-structured interviews were conducted with key stakeholders including Board members, senior management, senior clinical leaders and other designated external stakeholders. Over 20 indepth interviews were conducted (see Appendix A – Interview List).

2.3 Task 3 – Principal Findings

The results of the document review, interviews and relevant staff survey information were presented as principal findings.

2.4 Task 4 – Recommendations

The *Overall Management* recommendations were consolidated with the recommendations from the other components in Section V – Recommendations.

3. PRINCIPAL FINDINGS

The principal findings are organized and presented through a series of evaluative questions. The principal findings are based on the data collected through the interview process, information from the staff survey and documentation review.

3.1 Are the key responsibilities of the STHA Board clearly defined, and is there a common and shared understanding of these responsibilities among Board members and executive staff?

The roles and responsibilities of the STHA are outlined by the Hospital Insurance and Health and Social Services Administration Act, the Contribution Agreement, Ministerial Directives and STHA Trustee manual. This combination of documents outlines the Board responsibilities and the relationship between the Board and the CEO.

The findings from interviews and documentation review indicate that in spite of the direction provided by the above documents there continues to be a lack of common understanding and/or acceptance on the part of all the STHA Board members and executive of their respective responsibilities. Efforts were made by the STHA Board to resolve this issue in their meeting of January 31, 2002. Whether these efforts will bear fruit remains to be seen. Most of the Board policies in the Trustee Manual have not been reviewed since 1999. These policies should be reviewed to ensure that they are still relevant or applicable given the Board's current direction and are not a source of ongoing confusion. It is not clear if the Board has reached a full consensus around its roles and responsibilities.

The Board has established two Board committees in the last six months: Finance and Planning and Policies. The Board should be commended for taking this initiative. These committees have the potential to significantly improve the Board's capacity to fulfill its responsibilities.

The Department of Health and Social Services has prepared an Accountability Framework Draft (September 25, 2002) and NWT Model of Trustee Leadership (Draft September 30, 2002), which provides a comprehensive outline of the roles, responsibilities and reporting requirements not only for Health Boards and their CEOs but also for the Department, Minister and Legislative assembly. This framework, if adopted by the Minister, would provide a significant amount of clarity around roles and responsibilities of the key participants.

3.2 Is the service mandate of the STHA clearly described and the resource implications identified and approved by the Board and GNWT?

The SRHB Business Plan 2001-2004 describes one of the five goals as "To provide clinical programs consistent with a community and regional referral centre". The STHA Operational Plan 2002-2003 further defines this goal into an objective as "provide and enhance primary, secondary, and tertiary care inpatient and outpatient services to NWT and Nunavut residents". This objective is further defined by the target outcome "become a referral centre for NWT requiring inpatient care: primary – 100%, secondary – 80% and tertiary – 50%".

This important role statement and its subsequent ramifications are not understood nor approved by the Board and GNWT. There are significant resource and service implications associated with this goal, objective and target outcome. These resource and service implications need to be quantified in a meaningful manner by management before the Board can make an informed decision concerning this strategic direction and its implications.

3.3 Is the Board provided with appropriate and timely reports including: risk assessments, issue analysis and recommendations?

A majority of Board members interviewed clearly indicated a high degree of dissatisfaction with the lack of and overall quality of risk assessment, issue analysis and recommendations submitted by the Executive. A review of Board materials over the last two years reveals that a substantial quantity of information is presented to the Board but the issue analysis is not focused on critical issues, lacks a thorough review of options and appears to be void of comprehensive recommendations (e.g., program pressures submission (2002-2003), recruitment approach (2002-2003) and impact analysis of ICU closure).

3.4 Does the STHA have appropriate and effective business systems in place to govern and manage in a dynamic and challenging environment?

3.4.1 Strategic, Business and Operational Planning

A Business Plan has not been developed by the Executive and/or approved by the Board for the fiscal year 2001-2002. The STHA has developed a Strategic Plan for 2001-2004 (draft April 18, 2001), a Business Plan (June 14, 2002) and an Operational Plan 2002-2003. These plans were not yet approved by the Board as at October 2002, six months into the fiscal year. These plans appear to be aligned with the strategic goals of the Department of Health and Social Services and contain the key basic plan elements; however, the following weaknesses are evident:

- The core programs are not quantified in sufficient detail to enable effective monitoring and/or reporting of service variances (e.g., What are the expected number of surgeries, by type?).

- The environmental scan is not translated into specific and quantifiable issues for risk management purposes and strategy development (e.g., What are the risks associated with 16 vacant nursing positions? What specific strategies are in place to address this critical service issue? What are the service implications if the strategies fail?).

- Service goals are identified but the targets and performance measures are insufficient to effectively monitor outcomes (e.g., What are the service and financial impacts of the ICU closure?).

- Strategies to address specific issues are identified but the financial and service implications are not identified (e.g., How can a master facility plan be developed without knowing the service mandate and projecting that service mandate into the future?);

- The relationship between financial allocations and service delivery is not clearly described; and

- There is little evidence of long-range planning (i.e., processes do not appear to be in place to anticipate and respond to long-term issues or trends).

In general, the Strategic, Business and Operational Plans do not align service responsibilities and strategies with financial resource allocation decisions. The impacts of major trends are not assessed in sufficient detail to allow for appropriate risk assessment and development of mitigating strategies. Many of these deficiencies were identified by the Board at the June 26, 2002 meeting.

3.4.2 Financial Planning and Reporting

Financial reporting has improved over the past 12 months with significant enhancements in variance reporting. The establishment of the Board Finance Committee is a positive step toward improving financial accountability.

Specific issues that remain and need to be addressed include:

- The operating budget, program pressures and forced growth submissions need to be better coordinated and synchronized with the business and financial planning cycles of the Board and GNWT. Currently the Board is placed in a position of having to make ad hoc and reactive decisions.

  The Board has established a Planning and Policies Committee in the past six months. This issue has been identified and the necessary steps are being taken to address this issue for 2003-04.

- The presentation and reporting of financial information needs to be further enhanced. The Board Finance Committee is performing a valuable role by improving the Board's

confidence in the financial information it receives. The Board has established a Controller position to improve the timeliness of financial reports (Cuff, Operational Audit 3.1). This should allow the Board to focus its efforts on more strategic issues.

- The Financial Plan needs to reflect the current and projected resource requirements of the service plan, human resource plan and capital plan if financial risks are to be appropriately identified.

- STHA has a major service contract with Nunavut; it is unclear whether the full costs associated with providing this service are recovered. GNWT has a contract with Capital Health in Edmonton for specialized services; this contract has significant implications for the current and future service mandate of the STHA and should be assessed with this issue in mind. A cost-benefit analysis should be conducted of these major contracts to ensure full cost recovery and service alignment (Some key questions would include: Is value for money being received? Are the appropriate services being provided? Could those services be more appropriately provided at STHA? At what cost?)

3.4.3 Human Resource Planning

Recruitment and retention of staff is identified as a critical issue in the SRHB Business Plan 2001-2004, SRHB Business Plan 2002-2003 and the Operational Plan 2002-2003. The staff shortage has resulted in significant service disruption (e.g., surgical/pediatric ward amalgamation, ICU closure and the potential disruption to continuous operating room services) over the past two years. These professional staff and physician shortages present a significant threat to the abilities of the STHA to deliver mandated services. Failure to successfully address this issue could seriously impair the delivery of specialized health services to the entire NWT population.

A significant number of Human Resource initiatives have been implemented. However, these activities do not appear to be coordinated and/or evaluated in a meaningful manner. The Operational Plan 2002-2003 indicates that a recruitment plan is due September 2002. There is no evidence of such a plan at the time of this review.

Most of the medical specialties are staffed by one or two physicians. Relying on one physician in core areas like psychiatry and general surgery represents a high service risk to the organization and is unsustainable for a long period of time.

The NWT Physicians' Association has developed a Physician Resource Plan. It is unclear what involvement other key stakeholders had in the development of this plan and it is also unclear how the plan relates to the service mandate of STHA, the City of Yellowknife, other communities and NWT. The responsibility for physician resources management is shared amongst the STHA (specialists), YHSS (general practitioners) and DOHSS. The lack of clearly defined roles and responsibilities, defined service population for each physician group and the

separation of accountability creates a barrier to the strategic planning, and development and management of this important resource.

The Department of Health and Social Services has prepared a general, comprehensive recruitment and retention strategy. Adoption of this strategy would be a significant asset to the STHA. STHA needs to develop and immediately implement its own internal recruitment and retention strategy, and align it with the broader GNWT strategy.

3.4.4 Capital Planning

The current STHA's capital planning process including equipment, buildings and land consists of a two year projection of equipment needs based on clinical input and management recommendations. These recommendations do not include a comprehensive assessment of existing equipment in terms of its expected life cycle and replacement cost. The absence of such an analysis exposes the STHA to service and financial risks due to unexpected equipment failure. The STHA does not have a facility master plan or a long-term land use plan. The absence of such plans exposes the STHA to future development risks associated with decisions being made by other agencies. For example, the City of Yellowknife is reported to be in process of selling land adjacent to the existing STHA site. This land may be needed for the future expansion of health services but without a plan it is difficult for the Board and other agencies to make informed decisions. The consultants understand that a master development planning process has been initiated to rectify this situation; however, it is difficult to understand how such a plan can be developed without identifying beforehand the STHA's future role and service mandate.

3.5 Does the STHA have an organizational structure that facilitates the effective delivery of health services?

The Employee Services function currently reports to the Director of Operations. Given the importance of this function and important human resource issues facing the STHA, its placement within the organizational structure needs to be reassessed. Specific details regarding this function are reported in Section III – Human Resource Review.

The planning function currently reports to the Director of Operations. Given the previous observations regarding the weaknesses of the planning process and the apparent lack of integration of strategic, financial, human and capital planning, serious consideration should be given to moving this function so that, it reports directly to the CEO.

The recent establishment of four Clinical Nurse specialists positions in the core areas of Medicine, Surgery, Obstetrics and Gynecology are positive additions to the patent care division. These positions should enhance the overall quality of patient care and will provide the support required by a relatively inexperienced nursing staff. The establishment of a Nurse Educator

position should improve the training experience within the Authority and relieve the front line nursing staff and nurse managers from the education coordination responsibilities. The STHA does not have a formalized structure or mechanism to coordinate and manage nursing education. Serious consideration should be given to establishing a formal structure where nursing education issues are addressed on a regular basis.

The Board's recent approval of a Controller position that will focus on financial reporting and allow the CFO to address broader financial issues is a very positive step toward improving the fiscal management and planning processes of the STHA.

3.6 Does the STHA have the required nursing human resources to fulfill its mission and mandate?

The full Nursing Report is attached in Appendix B. A summary of the principal findings are as follows:

- The Stanton Territorial Health Authority is expected to provide a variety of services to fulfill their role as the territorial care center. They have a capacity for 100 inpatient beds and 30 day care spaces to accommodate the different services. There are also a number of outpatient services provided within the community in Yellowknife and at outpost clinics throughout the territory. Although the STHA supports a very large geographical area the population they support is relatively small. One of the major challenges for the STHA is to maintain competency within the resources when the activity is low but be prepared for activity peaks and for the sporadic high acuity patient care events.

- The list of services that Stanton plans to maintain is expansive and extends from critical care specialties to extended care for the long term care needs. Activity for all the services has remained relatively constant for the past ten years with only very slight increases showing for the past two years for medicine, ICU and pediatric inpatients. Activity data especially for the inpatient units and emergency services does not represent the level of acuity of the patients being served.

- The management team for the patient care division has had tremendous turnover for the past several years. Currently there are new people in many of the positions including the Director position. The new managers at the front line are frequently hired without management experience and there is no formal training mechanisms to ensure these new people can develop effectively to be competent team players.

- Vacancies in the nursing positions have increased over the past few years due to difficulties recruiting experienced nurses into the positions. The current vacancy rate appears to be approximately 14% of the permanent nursing positions and many of these

vacancies are for the specialty service areas where nurses require special training. Recruitment efforts to date have not been successful at improving the adequacy of the nursing workforce however there is work underway to develop and implement more satisfactory recruitment and retention strategies.

- There was concern expressed regarding the adequacy of the staffing resources related to the work performed at Stanton. There has been a staffing analysis conducted by an external consultant a few years ago to assess the staffing levels at that time however the results of that analysis were not reported. A staffing level analysis would be an asset once there is some stability in the nursing and management positions and, more critically, once there is activity data that represents the acuity of the patients.

- Resources for training nurses have not met demand over the recent past especially in this environment where there is a lack of experienced nurses seeking employment with the STHA. Options to having permanent resources available on site for training have been explored and these options are important to pursue especially for the immediate training needs of the specialty services staff. Training deficiencies have caused a number of service interruptions at Stanton not to mention that well trained staff is a confident work force who stay on the job.

3.7 Does the STHA have an effective communications plan and strategies?

The STHA has established communication policies which define spokesperson responsibilities for the Board and the Executive. Public interest stories and non- controversial issues appear to be effectively addressed in the media. A majority of Board members interviewed found this part of the communication process satisfactory. The consultants found evidence of positive human interest stories reported in the media. The CEO has recently started quarterly staff forums which are also well received.

The STHA does not appear to have an approved comprehensive communication strategy to address external or internal communications:

- There appears to be no formal mechanisms to monitor external stakeholder satisfaction and or relationships even though 50% of STHA's patents are referred from other authorities. Informal and ad hoc meetings are the primary vehicle for monitoring these relationships;

- There appears to be no standardized communications approach to controversial issues like the ward amalgamation and ICU closure. External and internal communication strategies are not sufficiently proactive to allow the organization's message to be effectively delivered and heard. The organization seems to be constantly finding itself in

a reactive, defensive position. The quantity and quality of communication between the STHA and the DHSS around controversial issues could be significantly improved; and

- The staff survey indicates that internal communications could be significantly improved. The communication from senior management is viewed as inconsistent, irregular and lacking follow through. Specific details regarding staff communications are included in the Human Resource Review section.

The absence of an approved, comprehensive communications plan is detrimental to fulfilling the mission and mandate of the STHA and positively profiling the health authority with the public and government.

3.8 Are the mission and values of the STHA clearly understood and practiced by all staff? Does the STHA's leadership provide strategic direction, seek and act on employee suggestions, explain reasons for decisions and promote and collaborate in a cohesive team manner?

The employee satisfaction survey results which are reported in detail in **Section III – Human Resources Review** provide insight into the overall effectiveness of the STHA by asking questions related to important operational elements. Two elements that provide insight into the overall effectiveness of the management of the STHA include: Corporate Focus and Leadership Effectiveness. The survey results and comments for these two elements are as follows:

CORPORATE FOCUS						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Understanding of the STHA mission and values	**88.8%**	100.0%	78.8%	90.9%	90.0%	100.0%
Extent to which corporate values are demonstrated by people within the STHA	**74.1%**	100.0%	75.8%	51.5%	83.3%	87.5%
The way that STHA's Management Team acts according to these values	**50.0%**	91.7%	60.6%	27.3%	43.3%	62.5%
Extent to which STHA's leaders nurture a commitment to a common vision and shared values	**47.0%**	91.7%	52.9%	30.3%	40.0%	50.0%

The results indicate that there is a clear understanding of the mission and values of STHA by all staff and physicians. The percentage of staff who are satisfied with the way the management team acts and nurtures the STHA mission and values drops to 50%. The difference between managements' perceptions and those of the staff is startling and suggests that the staff do not

share the management's perceptions on how well it is doing when it comes to acting upon and nurturing these values.

LEADERSHIP EFFECTIVENESS						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Extent to which STHA's leaders provide strategic leadership and direction	**39.3%**	83.3%	54.8%	18.2%	27.6%	42.9%
Extent to which STHA's leaders seek suggestions and opinions of employees	**32.1%**	75.0%	35.5%	15.2%	31.0%	28.6%
Extent to which STHA's leaders act on suggestions and opinions of employees	**25.0%**	75.0%	38.7%	9.1%	10.3%	14.3%
Extent to which STHA's leaders explain reasons for decisions to employees	**29.5%**	75.0%	38.7%	12.1%	24.1%	14.3%
Extent to which STHA's leaders promote collaboration and remove obstacles to teamwork across the organization	**33.0%**	83.3%	48.4%	12.1%	20.7%	28.6%
Extent to which STHA's leaders treat others with respect and dignity	**53.6%**	91.7%	58.1%	33.3%	58.6%	42.9%
Extent to which STHA's leaders work together as a cohesive team	**39.3%**	75.0%	54.8%	18.2%	34.5%	28.6%
Extent to which STHA's leaders apply HR policies and procedures fairly	**44.6%**	91.7%	51.6%	30.3%	34.5%	42.9%

The results demonstrate that less than 50% of the non-management staff is satisfied or highly satisfied with the leadership effectiveness of the STHA Leaders as described by these eight questions. The divergence of views between Management and that of other staff is significant and suggests that there is an apparent disconnect between management and staff.

The above results point to significant issues related to ensuring that the STHA's mission and values are followed on a day to day basis. The results also suggest a lack of confidence by the staff in the overall effectiveness of their leadership.

The comments attached to this section strongly suggests that "Leaders" within the context of this section refers to senior management.

4. RECOMMENDATIONS

The recommendations presented for the Minister's consideration are based on the consultants' assessment of what needs to be accomplished to address the weaknesses found in the overall management of the STHA. The review did not attempt to assess the clinical care at STHA. The

following recommendations are applicable irrespective of the chosen board model "governance" or "management".

1. **The Minister should approve the proposed Accountability Framework (draft, September 25, 2002) and Model of Trustee Leadership (draft, September 30, 2002) as soon as possible. If this is not possible, the STHA should adopt this framework as an interim measure until an Accountability Framework is confirmed.**

   - **The STHA should plan and hold an education session to ensure a common and shared understanding of the roles and responsibilities of the Board and Executive.**

   - **The STHA should review and amend Board policies and to ensure alignment with the accountability framework.**

   Comment:

   A clearly defined set of roles and responsibilities for each of key partners (Minister, Department, Health Authorities and their Executive) is essential to establishing effective and supportive working relationships. Clear expectations that are relevant and measurable will improve the performance of the health system and the STHA.

2. **The Minister should initiate a process to define the service mandates and plans of the various Health Boards with specific emphasis on the service mandate of the STHA, as it is the primary referral centre for the NWT. If this is not possible in the near future, the STHA should initiate immediately an internal strategic planning process. This process would include the following:**

   - **Define and quantify the core health services to be provided from a primary, secondary and tertiary care perspective based on current and projected needs.**

   - **The service plan should identify: goals strategic priorities, results to be achieved, major strategies, and performance measures for the health system.**

   - **Define and quantify the human, financial and capital resource requirements to fulfill the defined service mandate and address the strategic priorities.**

   Comment:

   A strategic plan which clearly defines the service mandate and plan for the STHA will provide the necessary framework for the organization to proactively and effectively

address the many challenges of a demanding and dynamic environment. The organization resources and energy will be focused on what is important. Developing the plan with an inclusive process, which includes input from key internal and external stakeholders, can be a powerful vehicle for uniting the organization and increasing the organization's credibility with government and the public.

3. **The STHA should discuss, confirm and implement, immediately, the planning proposal developed by Board's Planning and Priorities Committee.**

Comment:

A planning process that includes all the major components such as, human resources, financial, capital and communications will allow the STHA to make effective short and long-term decisions. The risks associated with ad hoc decision-making will be significantly reduced. The probability of a positive government response to STHA's initiatives and resource requirements will be enhanced by synchronizing STHA and government planning cycles.

4. **The STHA Board should assess the capacity and ability of the current Executive to develop and establish the required business planning systems and provide the necessary strategic leadership. These business systems would include the necessary structures, mechanisms and processes to effectively and proactively manage in this dynamic and challenging environment. If the STHA Board determines that this capacity exists, the Board should direct the Executive to develop and deliver a business systems development plan with the associated resource requirements within three months.**

Comment:

These business planning system are essential to the short and long-term viability of the organization; they must be put in place without delay and by whatever means necessary to accomplish the task. The staff satisfaction survey results clearly indicate a strong concern regarding the provision of strategic leadership.

5. **The STHA should direct that future Financial Plans incorporate current and projected resource requirements based on the identifiable and anticipated human, service and capital needs.**

Comment:

Financial decisions need to be based on a comprehensive view of the organization's priorities. Financial projections will help avoid ad hoc and inconsistent decisions making.

Identifying financial risks in advance will facilitate the development of mitigating strategies that have appropriate government, board, executive and clinical input.

6. **The STHA should direct the Executive to perform a thorough cost-benefit analysis of its major contract with Nunavut. The GNWT should conduct a similar analysis of its contract with Capital Health with input from the STHA.**

Comment:

These contracts have significant implications for the service mandate and financial viability of the STHA. The Nunavut contract represents a significant source of revenue and provides clinical volume which helps support a critical mass of specialty services. A through analysis would help create a better understanding of service and financial implications and risks associated with this contract. The Capital Health contract reduces potential clinical volume which may affect the cost-effectiveness of some specialty services and the sustainability of a critical mass of specialists for core services. Both contracts need to be assessed in terms of their overall costs and benefits.

7. **The STHA should direct the Executive to prepare a comprehensive recruitment and retention strategy with associated accountabilities, timelines, financial implications and deliverables within Three months.**

Comment:

Acquiring and maintaining a full complement of staff with the appropriate mix of skill and experience is fundamental to addressing the problems faced by the STHA. Many of the issues identified through the staff survey and interviews are symptoms caused by not appropriately addressing the staffing issue. A comprehensive recruitment and retention plan that is adequately resourced is an essential vehicle to achieve this objective. Specific details for this initiative are outlined in the Human Resource recommendations.

8. **The Minister should approve the Recruitment and Retention Plan developed by the Department of Health and Social Services.**

Comment:

The Department's plan contains many positive initiatives which are essential to the STHA achieving its staffing objectives. A Territorial response provides the foundation for a long-term and coordinated approach to human resources planning.

9. A Physician Resource Plan needs to be developed with input from all the key stakeholders and needs to be aligned with the health service mandates and plans of the STHA, City of Yellowknife, other communities and GNWT.

Comments:

Appropriate physician resources with the right mix of skill and experience are essential to meeting the health service needs and mandates of the population and service organizations. The plan needs to address immediate, short issues like solo specialists, as well as longer term issues like succession planning. Clearly defined roles and responsibilities for each key stakeholder including the NWT Physicians Association, DOHSS, STHA, YHSS and GNWT will help facilitate this planning process.

10. The STHA should direct the Executive to develop a comprehensive communication plan and communications function with adequate capacity. This communications plan should be conducted and aligned with the communication plan of the DHSS.

Comment:

A communications plan that contains specific strategies, assigned accountabilities, timelines and resources is required to support the mandate of the STHA. The plan should address the following areas:

- Informing and engaging staff;
- Responding to the media;
- Providing information and appropriate responses to public and customer concerns;
- Managing controversial issues;
- Portraying the organization in a positive light; and
- Monitoring relationships with key external stakeholders.

11. Conduct an intensive management development program for all the managers in the Patient Care division. This will be a long term initiative but the rewards should begin early in the process and continue throughout the program.

Comments:

- Provide the program on-site.

- Mandatory attendance by all managers.

- Focus needs to be on developing the necessary skills to manage patient care services in the current environment but also a strong team building component is imperative.

- The program must be geared to the STHA experience.

12. Develop and implement an aggressive recruitment and retention strategy for nursing positions.

Comments:

- Target the current vacancies and relief staff but also develop supernumerary positions for the specialty areas so that staff turnover and temporary leaves do not create crises and service disruptions. Supernumerary positions can replace permanent float positions as a means of maintaining adequate properly trained staffing levels.

- Ensure training needs can be met for the new staff and retention strategies include development and education of current nurses.

- Recruitment needs to be an international approach.

13. Implement strategies that assure appropriate training for the nursing resources currently working at Stanton.

Comments:

- Prioritize the current training needs based on maintaining at risk services.

- Use the SIAST (Saskatchewan agency that contracts specialty nursing education) program to provide the immediate training needs and to perhaps assist in developing the new educator staff that have been hired for the STHA.

- Develop a comprehensive orientation program for all new staff and a unit specific orientation that provides the necessary skills to do their job and identifies the training needs for each new staff.

14. Have a staffing analysis conducted for the purpose of determining appropriate staffing levels for all services at Stanton once there is stability in the management and frontline nurse positions and there is adequate acuity data to use for the analysis.

Comments:

- The classification of Emergency visits that has recently been implemented is adequate to support a staff analysis and it is not necessary to proceed to the formal triage classification to achieve levels for this department.

- Explore the option of re-implementing the Nursing Information Staffing System (NISS) system for nursing workload measurement which should provide the means of assessing staffing levels for the inpatient units.

SECTION III – HUMAN RESOURCES REVIEW

1. OBJECTIVES

The Human Resource Services review component of the Operational Review focused on two interrelated activities:

- Assessing the current satisfaction of employees with the delivery of Human Resource services, particularly as they relate to employee recruitment, retention and work satisfaction; and

- Assessing the extent to which the apparent causes of employee work satisfaction and turnover are within the control of the STHA.

2. APPROACH

The specific task elements included:

- Consolidating our understanding of the Employee Services department's general staffing and associated roles and responsibilities.

- Face-to-face interviews with a cross-section of STHA employees, particularly those who had a desire to present information.

- A broadly available web-based survey questionnaire – "*Human Resource Services Staff Satisfaction Questionnaire*" to provide all STHA employees with the opportunity to provide their input. The questionnaire was also available in hard-copy for those who requested it in that format.

- Direct contact interview with a sample of former employees who left the STHA within the past 18 months.

- A high-level document review to provide additional context for the other research findings.

The specifics of each task element are outlined in the following sections.

2.1 Task 1 – Face-to-Face Interviews/Meetings

The initial work plan had anticipated between 15 and 20 face-to-face interviews with a cross-section of staff and managers from the STHA. Employee interest dictated expanding the

interview component of the initial research to a much larger number. STHA Employee Services and the Union Executive assisted in scheduling over 50 employees for a face-to-face meeting with the consultants, individually and in small groups, specifically to discuss employee satisfaction and Human Resource related issues. We attempted to accommodate all employees who specifically requested an opportunity to present their thoughts. The employees represented the following STHA areas/functions:

- Administration (Excluded)
- Emergency
- Health Records/Registration
- Human Resources
- Laboratory (Main and Microbiology)
- Management
- Medicine
- Mental Health
- Obstetrics
- Operating Room
- Pediatrics
- Psychiatry
- Pharmacy
- Rehabilitation Services
- Radiology
- Surgery

The mix of employees interviewed included those with just over one month of employment to those with over twenty years employment.

The consultants also spoke with:

- Sharilyn Alexander – Director, Human Resources with GNWT Health and Social Services; and,
- Sylvia Haener – Director, Labour Relations & Compensation with GNWT Finance Management Board Secretariat.

In addition to the face-to-face meetings, we received written submissions and support documentation from employees.

2.2 Task 2 – Former Employee Interviews

A total of 65 employees were identified as having left the employment of the STHA within the last 18 months. Of these, with a particular focus on the high turnover areas of management and nursing, 20 employees were contacted. Each was interviewed over the telephone, using a standardized guide that requested information about their:

- Role(s)/department(s) at the STHA;
- Date and location of hire;
- The attraction of STHA at the time of hire;
- Real experience versus their expectations;

- Actions or considerations leading to their decision to leave STHA; and,
- Thoughts on what (if anything) could have been done to enable them to stay with the STHA.

2.3 Task 3 – Employee Satisfaction Survey

A web-based survey was developed to enable broad input relative to employee satisfaction with a number of STHA operational elements, particularly those that would have a direct effect on employee morale and work satisfaction. The main topic areas included:

- Corporate Focus
- Leadership Effectiveness
- Job Satisfaction and Morale
- Communication
- Human Resource Service Delivery
- Human Resource Planning
- Recruitment and Selection
- Introduction and Orientation
- Work Planning, Coaching and Evaluation
- Training and Development
- Internal Equity (Job Evaluation)
- Competitive Compensation
- Health, Safety and Security

Additional "text box" space was provided after each section for supporting/clarifying comments; and, specific text response questions were asked relative to elements of particular satisfaction, critical morale issues and recommended action.

The survey provided a four-point scale: *Highly Dissatisfied, Dissatisfied, Satisfied* and *Highly Satisfied*.

All employees of the STHA were eligible to participate in the survey. To enable survey security and integrity, high level data sorting and participant anonymity, randomly assigned User Names and Passwords were made available to employees. The survey process involved connecting to the Internet, signing on to the survey location, entering the assigned (unique) User Name and Password, completing the survey, and electronically submitting the survey. For those without Internet access or who preferred a manual response, hard-copy surveys were available upon request. Hard copy responses were faxed or sent by courier to the consultants for input; a User Name and Password were still required to allow the consultants to enter the survey responses in the data file.

Overall 117 individuals responded to the survey. Of these 105 were completed electronically and twelve were manually. When the User Name/Password pick-up sheets were reviewed, there were approximately 15 individuals who were interviewed and picked up survey access codes so there was minimal duplication.

Survey responses were analyzed in aggregate, and by the following sub-groups:

- Management (Mgmt.);
- Nursing;
- Allied Health Professionals (AHP);
- Administration and Support; and
- Physicians (Phys.).

Consideration was given to analyzing "casual" as a separate chart, but the response numbers did not warrant separate sections. Casual employee responses are combined with the other responses in each category.

2.4 Task 4 – Document Review

To provide a broader context to the interview and survey findings, we conducted a general review of relevant documentation including:

- Human Resource manuals for the STHA as well as the GNWT;
- The current Collective Agreement;
- Specific, documented Human Resource initiatives and plans; and,
- Relevant statistics for recruitment, turnover, grievances and related HR performance indicators.

An overview of the Employee Services unit and other research findings are provided in the next sections.

3. PRINCIPAL FINDINGS

3.1 Current Employee Services Organization

The principle findings reflect the issues, concerns and perceptions of employees expressed through the interview and survey processes.

The mandate of the Employee Services function (reference: Employee Services Manager Job Description) within the STHA is:

"to provide human resources, education and occupational health & safety services for Stanton Territorial Health Authority in accordance with GNWT Acts, Policies, Regulations, Collective Agreements and Handbooks, as well as Board policies, priorities and direction to ensure that all human resource needs are fulfilled".

The Employee Services function, through the Manager, provides consultative services in a diverse array of human resource and related services to all members of the Senior Management Team, middle managers, Health Board staff, and others directly associated with the STHA.

The current Employee Services organization, reporting to the Director of Operations, includes six people, half being in term or casual positions. The staff in the Department are relatively new to their roles, with the Manager having just under two years tenure and others typically about one year.

The described roles of the staff within the Employee Services area are as follows:

Manager, Employee Services (indeterminate) the role focuses on managing the following activities and functions:	• Staff & workload in the department • The provision of recruitment services • The provision of labour relations services to the STHA and management • The provision of compensation and job evaluation services • The provision of Human Resource consulting services to the SRHB, management & outside agencies • The provision of Human Resource Planning activities • The provision of staff training, education and orientation • Major projects and programs, as assigned.
Human Resource Officer (HRO) – 2 (1 indeterminate, 1 term and 1 casual) includes direct services delivery in the following areas:	• Labour relations • Employee relations • Benefits and compensation administration • Request for information • Recruitment and selection • Human resource planning and development • Disability case management • Job evaluation • Peoplesoft data entry
Human Resource Assistant – 1 (indeterminate) includes direct service delivery in the following areas:	• Reception and administration • Recruitment advertisements/website • ID/Security cards • Filing • Report compilation (various) • Supplies inventory • Organization charts • Recruitment packages • Long service awards • Other assigned duties (competition file coordination, ad posting, interview scheduling, regret letters, etc.)
Human Resource Intern (Term)	• Similar duties as Human Resource Assistant I

- There is evidence of operational planning within the Employee Services group (e.g., January 25, 2002 Employee Services Planning Meeting minutes), and there are regular activity reports dating from December 2001 through September 2002. There are training plan outlines for key staff to enhance their breadth of skills within the function. Our sense is that the training is a lower priority than the immediate pressures of recruiting and benefits administration.

- In practice, with the critical demands on recruitment and employee benefits, the Manager focuses attention on "managing" the department, Labour Relations issues and recruitment. The Human Resource Officers each have a primary focus (nurse recruitment, benefits, and other recruitment), as well as whatever time can be dedicated to other duties. The Human Resource Assistant and Intern focus on departmental administration and support for the other activities. There is a general consensus that the area is understaffed.

- A significant impediment to the Employee Services Department's ability in fulfilling its total mandate currently is the backlog of benefits (about 100 files) and superannuation files (about 150 files) which must be cleared. We understand that the Department of Health and Social Services' Human Resources Department have recently provided assistance, and that this assistance will continue for periods of time through December.

- Notwithstanding its stated mandate and scope, the function has not been a direct participant in some significant initiatives that have a direct effect on the "human resources" within the Authority and the delivery of effective Human Resource services (e.g., the implementation of Peoplesoft).

- The Employee Service function receives support and functional guidance from both the Department of Health and Social Services and the Finance Management Board Secretariat.

- Concerns were expressed relative to accessibility of Employee Services staff, the time required to get things done (or get a response), inconsistency of responses, Employee Services leadership, the approach of Employee Services staff, the level of general STHA understanding exhibited by Employee Services staff, and file security.

- Two additional concerns expressed by staff are that the Employee Services staff are not visible within the organization, and their actions are governed (constrained) by the broader GNWT human resources policies and practices which may not meets the needs of the STHA.

- There is some recognition that the Employee Services' staff members are new to the organization, the department is under-staffed and the service demands are significant.

Some suggest positive effort, approachability, competence and responsiveness from the Employee Services Staff. Overall, management is typically satisfied with the level of Human Resource services; but dissatisfied with the level of staffing in the function. However, the level of employee/staff satisfaction with Human Resource service delivery is relatively low, as indicated by the following survey statistics**. Note: in this and following sections, the aggregate response is shown first, with the segregated responses to each question following. Only the level of satisfaction is noted, the remainder were dissatisfied or highly dissatisfied.**

CURRENT EMPLOYEE SERVICES ORGANIZATION						
	Percentage of Responsibilities Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Overall understanding of the HR role within STHA	**57.3%**	100.0%	60.0%	37.5%	58.6%	57.1%
Overall delivery of HR services within STHA	**28.2%**	66.7%	33.3%	21.9%	10.3%	42.9%
Appropriateness of HR policies and procedures	**35.5%**	66.7%	43.3%	21.9%	34.5%	14.3%
Communication of current HR policies and procedures	**30.9%**	66.7%	43.3%	9.4%	24.1%	42.9%
Current understanding, acceptance and support of current HR policies by STHA management	**35.5%**	75.0%	33.3%	18.8%	37.9%	42.9%
Consistency of STHA HR policies, one policy to another	**37.3%**	75.0%	36.7%	21.9%	41.4%	28.6%
Consistency of application of HR policies and procedures across STHA	**35.5%**	91.7%	36.7%	18.8%	31.0%	28.6%
Effectiveness of the HR leaders within STHA	**33.6%**	83.3%	43.3%	12.5%	24.1%	42.9%
Number of HR resources (staff) within STHA	**23.6%**	16.7%	26.7%	25.0%	17.2%	42.9%
Accessibility of HR staff within STHA	**42.7%**	66.7%	46.7%	31.3%	41.4%	42.9%

- We understand that a study has been commissioned to review the staffing requirements and mix for the STHA Employee Services Department, with a report due by December 2002. The mandate of this research focuses on "the current Human Resource staffing and workload, and a comparison with other health authorities and the GNWT". We have attempted not to duplicate too much of this initiative in our review of employee satisfaction with Human Resource service delivery.

The principal research findings relative to Employee Satisfaction, Morale and Human Resource Processes are summarized in the following sections.

3.2 Employee Work Satisfaction and Morale

- Although not uniformly so across the individual departments, the general morale within the STHA is low and, according to some staff is deteriorating. Departmental morale varies among units, and all seem to be aware of and affected by the low morale areas. Individual employee morale is highly variable among the staff. In general, employees "take great pride in their work, despite the current issues", respect and enjoy working with their colleagues and express a strong working relationship among colleagues within work groups --- staff "pulls together as a team". The general sense is that employees enjoy their work, but are frustrated by the staff shortages, heavy workloads, concerns over leadership and the belief that they are not appreciated. Comments like, "I am soooooo tired" and "staff is exhausted" typify the essence of many nurse responses. Morale does seem to be higher for those working outside the STHA.

- The level of employee/staff satisfaction work satisfaction and morale is relatively low, as indicated by the following survey statistics**.**

EMPLOYEE WORK SATISFACTION AND MORALE						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
General work experience and morale	**54.4%**	91.7%	64.5%	30.3%	55.2%	57.1%
Extent to which their job is satisfying their work needs	**70.5%**	91.7%	74.2%	54.5%	75.9%	71.4%
Extent to which they are able to balance family, personal and STHA work life	**68.8%**	75.0%	83.9%	66.7%	58.6%	42.9%
General state of employee morale within the STHA (none indicated highly satisfied)	**19.6%**	58.3%	16.1%	12.1%	17.2%	14.3%

The key drivers of morale appear to be both external and internal to the STHA; some issues are shown as both external and internal because they are not seen as mutually exclusive.

<u>External Drivers</u>

- Staff reported that media coverage and negative publicity around recruitment and retention problems, and other issues at the STHA is diminishing the public's trust in the health services of the STHA, and eroding morale within the organization.

- Staff reported that the high cost of food, utilities and travel (exacerbated by the fact that "family" tends to be far away), and the current shortage of affordable housing puts inordinate demands on new hires, particularly those on a single income. It erodes the buying power of all employees. In addition, it changes the historical perception that

coming north was a way to "make money"; now there is no financial advantage and higher costs are a clear impediment. This is a concern to the extent that the NWTRNA's "*Nurse Recruitment and Retention Survey 2002*" suggests that the "adventure of northern living" is the key attraction to nursing in the NWT for STHA nurses.

- Perceived inequities among other professional units within the GNWT, specifically the Teachers (NWTTA) who are believed to have travel and accommodation subsidies and other benefits not available to health care workers. Our understanding is that teachers who are GNWT public servants do not have additional benefits but this does not change the perception of some STHA staff.

- Because everyone is a member of the same bargaining unit this may be considered an internal issue. However, it is not internal to the Authority. There is a belief that the factors and application of the general GNWT job evaluation system do not adequately recognize the health care positions (particularly those without significant financial responsibility). The system is perceived as being designed for the general job population of the GNWT, creating an inequity for health care jobs.

- The broader GNWT hiring process is seen as an impediment to rapid response practices required in the "heated" health care environment.

Internal Drivers

- The principal internal driver is insufficient staff due to existing vacancies. There is insufficient data to make a definitive conclusion about the adequacy of the established and approved staffing complement. This exacerbates many of the other internal issues, especially overtime, scheduling, and potential "burn-out". It also constrains employees' ability to participate in professional development activities or access vacation and other leave time.

- The other significant internal driver of low morale is the perception that management does not view staff as valuable human contributors, but rather tools to get the job done; "they don't listen". The leadership approach is perceived to be reactionary, rather than in accordance with an overall plan.

- Trust and communication between staff and senior management has been identified as weak. The current issues are not new; they have been brought forward before. Reviews, issues, and recommendations have been put forward, with limited action by senior management and limited feedback to staff. The approach taken to planning for and communicating significant organizational changes (e.g., the closure of the ICU and the closure and subsequent re-opening of the Surgery unit) are perceived as being inconsistent with the Territorial mandate of the STHA, as well as creating uncertainty and contributing to negative morale.

- The staff perceived a "fixation" on the bottom line, without due regard for "human" resource utilization.

- The workload and high turnover of Unit Managers over the years (e.g., the OR has had 9-10 managers in about as many years) has resulted in the lack of a consistent leadership presence and inconsistent support (training, mentoring, work assistance, etc.) for staff. Unit Managers are seen as "being removed from the day-to-day happenings on the unit", with little time to deal with staff concerns, or to respond to requests in a timely manner. This is consistent with other concerns expressed about the lack of experienced leadership generally within the organization (e.g., four Directors of Nursing in about six years). Lack of managerial experience and understanding of the work areas are concerns.

- The time required for the search and selection process is too long. Good candidates, in a very high demand market, are lost when the STHA/GNWT cannot respond as efficiently as other competing employers.

- Some of the hiring practices within the STHA are perceived to be inequitable. Experienced internal STHA candidates are losing competitions to less experienced people from the South or new graduates, creating confusion as to how the selection process actually works. We did hear some comments about specific candidates being intentionally rated in such a way as to preclude them from a competition.

- There appears to be mixed feelings about the Affirmative Action thrust of the GNWT; some are concerned that individuals with equivalent qualifications are being treated differently through the qualitative assessments in the recruitment process. As well, the Affirmative Action Program is perceived by some as preventing the hiring of good candidates, as well as encouraging the hiring of under-experienced/qualified staff; thus, putting additional training and mentoring demands on already overworked staff.

- The staff reported that the recruitment and retention bonus for some nursing staff (it did not include Term, Casual and other nurses), and the exclusion of other allied health professionals, put a damper on general morale. Even though the awards have been discontinued, the process was not perceived as being equitable and led to concerns about the perceived value of other employees in the STHA, especially considering the short supply of other nurses and allied health professionals. This is a legacy issue, but one that is still seen as a divisive force among staff. The perception is that the longer-term, indeterminate staff members are the least valued.

- The reliance on casual staff, the float pool and term positions to staff positions results in reduced coverage availability and flexibility.

- Staffing issues and the elimination or reduction of some positions, such as the Patient Care Coordinator role (evenings/nights), has increased the amount of time nurses spend on non-nursing duties. This has exacerbated the time issues associated with a full patient care workload in a short staff situation, and contributes to frustration, job dissatisfaction and low morale.

- There is limited coordination of activities and initiatives within the STHA, resulting in crisis management and quick fixes, rather than a comprehensive plan that recognizes the interdependence of activities and resources.

- Job evaluations under the general GNWT job evaluation system are not perceived by staff to recognize the intricacies and unique requirements of health care professionals. Accountability is seen as a function of financial responsibility, without due regard to the "human life" implications of health care professionals. Also, the system does not take into account the differences among the various nursing disciplines. We understand that this issue is being brought forward for examination by the Job Evaluation Committee.

- Compensation levels appear on the surface to be "competitive", according to an "*August 2002 Salary Comparison for General Duty Nurses in Hospitals*" done by the Finance Management Board Secretariat. However, the staff believes that, when related to the cost of living and considered within the context of the other factors within the STHA organization, compensation levels are not sufficient to be a positive influence on attraction and retention. The NWTRNA's "*Nurse Recruitment and Retention Survey 2002*" indicates that salary is the fourth most important element of attraction and second most important element for retention of STHA nurses in the NWT. Notwithstanding the fact that the GNWT makes compensation comparisons using the "*The Relocator Assessor*" program to account for differences in cost of living, the perception is that compensation levels are not competitive when the "real" cost of living is taken into consideration. Longer service employees actually describe a reduction in buying power.

- Employees who have community travel responsibilities are faced with considerable follow-up and catch-up activities when they return. There are insufficient resources to enable someone to be away, even on business, without creating a backlog of work on their return.

- Accessibility to and the approach of the Employee Services group members are a concern among some staff; "the department does not seem to be acting on behalf of the staff". Some cited examples suggesting that staff have difficulties accessing the Employee Services resources, phone calls are not being returned in a timely manner, files are being misplaced, and requests for specific action/information are not being responded to in a timely or polite (service oriented) manner. In addition, concerns were raised about inconsistent or incorrect information from the department, and inequities

around how staff are treated (e.g., preferences to some people and over others). While there were some concerns expressed about specific Employee Services staff, most were process and access related.

Employee perceptions and satisfaction levels with a number of key Human Resource processes are presented next. Many are similar to and augment the broader morale drivers, presented in this section.

3.3 Human Resource Processes

The broader Human Resource culture of the STHA is a function of the modeled behaviour of its leaders.

Through the interview and survey processes, employee opinion was sought regarding satisfaction with a number of Human Resource processes. The following findings reflect the perceptions and beliefs of a sizable sample of STHA employees, and provide a proxy for the broader STHA employee population. The principal Human Resources Service areas considered were:

- Human Resource Planning, to ensure the right employees are available with the appropriate skills and competencies to meet current, emerging and anticipated operational requirements.

- Recruitment and Selection, to locate, recruit and hire employees in accordance with the Human Resource Plan and/or immediate operational requirements.

- Introduction and Orientation, to enable a smooth transition of new employees into their new work situation, as well as to enable current STHA employees to transition effectively into new roles.

- Work Planning, Coaching and Performance Appraisal, to enable employees to understand the work requirements, get timely and constructive feedback on performance, and receive advice relative to redirecting and/or reinforcing behaviours and performance; and, to summarize coaching and work performance evaluations in a periodic and systematic manner.

- Training and Development, to enable employees to consolidate and/or increase their knowledge base and work related competencies, and respond to performance improvement opportunities identified through the work planning, coaching and appraisal processes.

- Compensation Administration, to ensure internally equitable (job evaluation and compensation administration) and externally competitive (ideally reflecting a policy relationship to a defined relevant market) compensation to reward contribution and enable work satisfaction and retention.

- Health Safety and Security, to ensure a safe and secure work environment for all employees within the STHA system.

In addition, perceptions of the organization's *on-call and overtime practices*, *communication processes* and *team behaviours* were gathered.

The principal findings for each of the key processes are summarized in the following sections. Because the processes are interrelated, there is some duplication to ensure important points are not missed.

3.3.1 Human Resource Planning

- Formal Human Resource Planning (HRP) is not done on a consistent basis. Rather, it appears reactive to specific operational demands, and is often described as "crisis management" and "putting out fires". There is no identifiable or consistent leadership support for human resource planning. Additionally, there is limited training and support for managers relative to HRP processes and approaches.

- There is no uniform mechanism to keep potential candidates "in the pipeline" or to maintain an active/potential candidate register. Rather, historically, the posting is initiated when the vacancy occurs. We understand that recent initiatives are designed to enable better candidate identification and tracking for potential, as well as current vacancies.

- Turnover and work availability management is similarly seen as being ineffective. There is no consistent mechanism for anticipating or preventing turnover. Additional comments about turnover are included in the summary of interviews with former employees, later in this report.

- While there is a variety of leave provisions (e.g., vacations and statutory holidays, mandatory leave, sick time, maternity leave, education leave, etc.), the challenge for staffing and scheduling is to ensure that these are taken into account in the staff plans. Current staff shortages and scheduling frustrations suggest that they are not adequately considered.

- The perception is that, because of the significant active recruiting and other backlogs in Employee Services, they have had no time to project future needs or fulfill their Human Resource Planning mandate.

- The level of employee/staff satisfaction with Human Resource Planning processes is low, as indicated by the following survey statistics**.**

HUMAN RESOURCE PLANNING						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Effectiveness of identifying staffing requirements in the near term (< a year)	**25.5%**	66.7%	40.0%	6.3%	17.2%	14.3%
Effectiveness of identifying staffing requirements in the longer term	**23.6%**	50.0%	30.0%	12.5%	20.7%	14.3%
Effectiveness of developing internal resources to fill future positions	**24.5%**	50.0%	40.0%	15.6%	13.8%	0.0%
Level of turnover within the STHA	**10.9%**	33.3%	16.7%	0.0%	10.3%	0.0%
Effectiveness of the STHA in identifying the reasons for unplanned turnover	**16.4%**	66.7%	23.3%	0.0%	6.9%	14.3%
Effectiveness of the STHA in developing and implementing plans to reduce turnover	**10.9%**	50.0%	16.7%	0.0%	3.4%	0.0%
Effectiveness of STHA's HR planning in support of maximizing employment of northern workers	**39.1%**	75.0%	53.3%	12.5%	37.9%	42.9%
Effectiveness of STHA's HR planning in support of the overall affirmative action policies of the GNWT	**55.5%**	83.3%	60.0%	40.6%	55.2%	57.1%
Training and support provided to managers to enable effective planning	**38.2%**	58.3%	50.0%	28.1%	31.0%	28.6%

3.3.2 Recruitment and Selection

- There is a perception that being governed by the broader GNWT recruitment processes is an impediment to rapid, effective and timely recruitment of staff. The GNWT hiring process does not work well for health care workers that are in high demand and short supply. Following the "rules" protracts the recruitment process and does not enable the organization to keep potential candidates active in the pipeline, or provide alternative work pending preferred work availability. There appears to be limited flexibility and too many "rules" that must be followed to minimize the possibility of an appeal, which seems to be an overriding concern. Prescribed time requirements have been an impediment and have resulted in the loss of potential candidates/employees. Reference was made

to the process taking from about eight weeks to over three months from initial contact to active recruitment. The recently introduced six-month postings and omnibus interview approach is designed to alleviate some of these issues. The real value of the GNWT Recruitment and Retention office is questioned by some individuals.

- Incidents described suggest that even former/current employees must go through the full interview process to be a candidate; or, a returning employee has to be interviewed prior to going back to a previous job of the same or similar scope. This is not only frustrating and time consuming, but also seen as demeaning to the candidate.

- Other incidents (nurse recruitment was specifically referenced) suggested that potential candidates were told that the STHA "would see what could be done" once they were in Yellowknife. This is an impediment for potentially qualified candidates who are resident in southern Canada.

- Statements made suggested that the Recruitment and Retention Office (GNWT) indicated that they "do not hire new grads" and "experience is required". Inquiries and resumes from potential candidates are not being pursued or dealt with in a timely manner. Even with the broadly communicated needs, the perception exists that it is difficult to get a job at the STHA.

- STHA will pay for candidates to come up for one year (or shorter) term positions, even though there are a number of long time casual employees, working what some describe as full-time hours, who are unable to get permanent positions. A regular employee is given up to ten days accommodation when they come to Yellowknife, while casuals are housed for up two weeks (or more). Plus, casual employees receive a return air ticket, while regular employees only receive one-way transportation upon completion of their term. This is perceived by staff as inequitable, and by Employee Services as a necessary approach to ensuring staff coverage for short-term coverage.

- There is some concern about the limited amount of training available to enable managers to contribute more effectively to the recruitment and selection process, and to make better hiring decisions. It is unknown whether is concern is real or perceived.

- There are concerns that the STHA/GNWT are not being appropriately proactive in recognizing the challenges of recruiting healthcare professionals in a very competitive market. The impediments of distance from family, high cost of living and access to professional development are not being adequately addressed.

- Concerns were expressed regarding the equity of internal promotion practices (i.e., internal recruitment and selection) at the STHA. Where line staff used to have the opportunity for "acting" leadership assignments, now it is more likely that another

manager will be assigned the expanded oversight responsibility. As well, the criteria for career development and promotion are not clear; this ties directly to the inconsistent performance planning, coaching and appraisal processes noted later in this document.

- The Affirmative Action policies are viewed by some as facilitating the recruitment/selection of lesser qualified individuals, exacerbating the training and mentoring issues.

- The Employee Services team is constrained by space, as well as by the volume of requests and other (e.g., benefits, superannuation, etc.) tasks. While recruitment is a critical action item, it is not the sole responsibility. Other activities must be performed. Long hours at work have not addressed the issue.

- The level of employee/staff satisfaction with Recruitment and Selection processes and practices is low, as indicated by the following survey statistics**.**

RECRUITMENT AND SELECTION						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Effectiveness of STHA in attracting qualified candidates	**27.8%**	90.9%	40.0%	6.3%	17.2%	16.7%
Clarity of recruiting and selection criteria and specifications (i.e., job postings)	**61.1%**	100.0%	73.3%	46.9%	55.2%	33.3%
Approach taken to advertising opportunities internally (i.e., job postings within the STHA)	**75.0%**	100.0%	80.0%	62.5%	82.8%	33.3%
Approach taken to advertising the opportunities externally	**46.3%**	90.9%	70.0%	18.8%	41.4%	16.7%
Effectiveness of the STHA in attracting and recruiting Northern Workers	**40.7%**	90.9%	46.7%	18.8%	41.4%	33.3%
Training given to Northern Workers to qualify them for STHA employment	**47.2%**	90.9%	50.0%	28.1%	48.3%	50.0%
Interview approach to select new employees	**52.8%**	81.8%	66.7%	25.0%	58.6%	50.0%
Quality of employees selected	**64.8%**	90.9%	66.7%	53.1%	65.5%	66.7%
Management's involvement in the selection process	**63.0%**	100.0%	63.3%	53.1%	58.6%	66.7%
Training available to support effective interviewing and selection decisions	**46.3%**	81.8%	53.3%	28.1%	41.4%	66.7%

- Other issues that have a significant impact on recruitment and selection within the STHA include low morale, non-monetary compensation, high cost of living, and other issues that are noted in separate sections of this report.

3.3.3 Introduction and Orientation

- Department specific introduction and orientation activities appear to be in place, and they tend to be the responsibility of current staff members who have a full workload. Consequently orientation tends to be brief and inconsistent. The phrase "a little superficial" was used to describe the overall approach. Some indicated "no orientation" or "no such thing here". Staff comments suggest that those doing the orientation and initial mentoring are professional and as effective as possible, given the time and staffing constraints. Orientation is viewed by many as not being timely, with incidents of "months" between hiring and orientation being cited.

- Orientation of current employees to new situations is often not done. Orientation to specialty areas is not consistently done/effective.

- Orientation outlines are available and appear to cover the essential elements. Specifics that were cited as deficient were the STHA tour, introduction to colleagues, outdated guidelines and "real" access to policy manuals. The challenge is having the time in the work schedule to orient new employees effectively.

- Incidents described the initial paperwork for new hires and transfers as being slow to proceed and orientation for July hires was in some instances not occurring until September.

- The level of employee/staff satisfaction with the Introduction and Orientation programs and processes is relatively low, as indicated by the following survey statistics**.**

INTRODUCTION AND ORIENTATION						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Approach taken to introduce and orient NEW employees to the STHA	**62.0%**	90.9%	56.7%	46.9%	75.9%	50.0%
Approach taken to introduce and orient NEW employees to their NEW jobs and work area	**57.4%**	90.9%	53.3%	37.5%	65.5%	83.3%
Approach taken to introduce and orient EXISTING STHA employees to new jobs or new job requirements	**48.1%**	81.8%	43.3%	25.0%	65.5%	50.0%

3.3.4 Work Planning, Coaching and Evaluation

- Work planning tends to focus on immediate and short-term operating requirements, with limited evidence of longer-term planning.

- Coaching is viewed as being sufficient to support immediate on-the-job requirements, often in response to a specific issue or question. There is some evidence of formal mentoring within the nursing disciplines; however, its effectiveness is limited because of time constraints resulting from workload and staff shortages. Incidents suggest that senior nurses who have mentoring responsibility may also have student nurse "preceptor" responsibility on the same shift.

- While there is a performance appraisal worksheet (the "*Performance Contribution and Planning Guide*") it tends to deal more with values, relationships and attitudes than actual work performance. It is not seen as an effective tool for general performance or "clinical" performance. Formal performance appraisals are subject to the area manager's/supervisor's approach, and is not viewed as a regular aspect of employee development, using the Guide or otherwise. Numerous comments suggest that performance is not monitored on a regular or formal basis.

  Staff reported that they have not had regular annual performance appraisals. It should be noted that performance appraisals for staff reporting to the CEO have not been completed for the past year.

- There is some concern that the scope of supervision for some managers precludes a comprehensive work planning, coaching and evaluation approach. Also, many of the supervisors are seen as too new to their role and work unit to be able to provide meaningful and credible feedback.

- As a projection of the performance management approach, concerns were expressed that senior management is not dealing with complaints or issues about staff performance or competencies. This is anecdotal and, given the sensitivity of the issues, we did not delve into the specifics. However, there is a fairly general perception of reluctance to deal directly with performance issues in a timely manner.

- The level of employee/staff satisfaction with the organization's Work Planning, Coaching and Evaluation processes is relatively low, as indicated by the following survey statistics**.**

WORK PLANNING, COACHING AND EVALUATION						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Approach taken to explain and plan work requirements	**56.6%**	100.0%	69.0%	38.7%	48.3%	50.0%
Approach taken to monitor work on an ongoing basis	**44.3%**	81.8%	65.5%	22.6%	34.5%	33.3%
Approach taken to coaching and mentoring to enable and enhance performance	**50.0%**	81.8%	48.3%	48.4%	37.9%	66.7%
Approach taken for annual performance reviews	**33.0%**	54.5%	34.5%	29.0%	24.1%	50.0%
Frequency and timing of annual performance reviews	**34.9%**	54.5%	31.0%	32.3%	27.6%	66.7%
Extent to which performance appraisals are helpful in improving performance	**36.8%**	54.5%	44.8%	35.5%	24.1%	33.3%
Understanding of the performance measures used to evaluate their performance	**49.1%**	72.7%	55.2%	51.6%	34.5%	33.3%
Performance links to their career progress	**54.7%**	63.6%	58.6%	58.1%	44.8%	50.0%
Training and support provided to assist with performance planning, coaching and evaluation	**32.1%**	54.5%	31.0%	29.0%	27.6%	33.3%
Overall skill level of supervisors relative to performance planning and coaching	**34.0%**	63.6%	41.4%	32.3%	13.8%	50.0%
Extent to which performance planning and coaching is done WITH staff rather than TO staff	**39.6%**	63.6%	41.4%	32.3%	34.5%	50.0%
Extent to which management addresses performance issues in a timely manner	**31.1%**	72.7%	41.4%	9.7%	24.1%	50.0%

3.3.5 Training and Development

- The Employee Development Assistance Program that allocates funds for employee education and training is viewed as a positive addition to the total compensation package. Also, there are in-service opportunities provided. The challenges, however, are described as:

  - finding the time to allocate to training, given the staff shortages;
  - availability of staff to "backfill" when others are training (major issue);

- the actual costs of training outside of Yellowknife far exceeds the individual allocations; and,

- the inequities that result when funds are pooled to support a single or sub-group of employees creates a reluctance to use the funds, and divisions among staff groups when "only a few select individuals can get training support".

➢ There is considerable interest in increasing the availability of educational courses and training and development opportunities for staff. Support and opportunities for professional development were cited as key drivers to increasing job satisfaction for nurses. This is consistent with the findings of the NWTRNA *"Nurse Recruitment and Retention Survey 2000*". However, the challenge is having the appropriate resources to back-fill a position while the employee is away. The perception is that opportunities are missed due to shortage of staff. Some employees indicated that they had to take vacation days to get the time to take or teach training courses.

➢ The ACHIEVE (Zenger-Miller) management training and development program and similar in-house programs for supervisors are seen to have value. Their utilization is a function of individual managers and resource/time availability. The programs are "encouraged", but are not mandatory. There is limited "prescribed" leadership training and development.

➢ On-the-job training and development activities have also been curtailed in some areas because, where a current employee used to be given an "acting" assignment, another manager is brought in to oversee the group. Development opportunities are not as available as they were in the past. There is a suggestion, however, that "e" training opportunities are available, if staff has the time and interest to pursue this.

➢ For those accessing outside training, there is no consistent requirement or expectation that they will share their learning (intellectual capital) within STHA on their return.

➢ Concerns were expressed about having to go through the formal interview and recruitment process to change locations within the STHA, rather than treating such moves as developmental and in support of professional growth. This causes frustration and reduced morale.

➢ We understand that the "Clinical Education Coordinator" role has recently been filled within the STHA, after a lengthy vacancy, to enable better training and education processes. Similarly, a Nurse Educator role has been filled to coordinate new nurse education and training within the STHA. Both positions are viewed as positive initiatives although neither has been in existence long enough to assess their effectiveness.

- One issue cited relative to career development is the perception that getting into "management" is not attractive. Also, there is a perception that "speaking up" is an impediment to promotion and career growth.

TRAINING AND DEVELOPMENT						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Availability of on-the-job training or development opportunities within the STHA	**43.4%**	90.9%	43.3%	20.0%	48.3%	50.0%
Availability of external training and educational opportunities for STHA employees	**40.6%**	72.7%	43.3%	16.7%	48.3%	50.0%
Processes within STHA to enable fair and equitable access to training and development opportunities	**43.4%**	81.8%	40.0%	26.7%	44.8%	66.7%
Extent to which they are provided with career growth opportunities	**44.3%**	63.6%	50.0%	26.7%	48.3%	50.0%
Ability to advance within the STHA system	**47.2%**	81.8%	43.3%	46.7%	37.9%	50.0%

3.3.6 Compensation Administration

Satisfaction with compensation tends to be a function of internal equity and external competitiveness. Each is discussed in a separate section, following.

a) Internal Equity

- The principal internal equity issue expressed was that the job evaluation approach used by the STHA/GNWT does not adequately acknowledge the nature of the work and accountability associated with the healthcare profession. It is seen as more appropriate for the general GNWT management and bureaucracy; but, placing value on general knowledge, business problem solving and magnitude of financial accountability without due reference to human wellness/life knowledge, problem solving and accountability associated with many health care jobs. There is some concern that the evaluations are done outside the STHA, without adequate health care representation on the Committee. There is some perception that the ranking of jobs is pre-determined and that the evaluations are done to support the prescribed outcome.

- The criteria and credentials prescribed for job evaluation are not consistently applied in the selection process, resulting in incumbents who are not fully qualified to do the "whole" job; and, are overpaid for the job that they do.

- There is some localized concern that there are no classification distinctions among the various nursing specialties/disciplines. The system projects the view that "a nurse is a nurse is a nurse" and creates perceptions of internal inequity. There are also perceived inequities among the "evaluated" value of some jobs versus the value of others. Overall, it seems as though the process is neither well understood, nor seen as credible.

- The differential application of signing bonuses (ended March 2002) was a significant dissatisfier for the non-RN and non-nursing professional employees. The perception created is of a two-tier employee structure, with non-Registered Nurses being less valued, notwithstanding the belief that recruitment and retention of non-nurses was also a significant issue. The living costs and recruitment issues were the same for all employees; the question asked was, "why should they not receive the same premiums?"

- There is a concern that casual staff may receive living and travel allowances that are not available to regular staff. Perceived benefits attached to term positions offered to nurses from outside the system create perceptions of inequities relative to employees in indeterminate positions. Some term contracts are believed to include meal and accommodation allowances, providing nurses in these positions with greater benefits and compensation than those provided to current staff.

- The level of employee/staff satisfaction with the Internal Equity provisions and processes is relatively low, as indicated by the following survey statistics**.**

INTERNAL EQUITY						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Approach taken to evaluate jobs within the STHA	**32.1%**	63.6%	23.3%	36.7%	24.1%	33.3%
Quality and currency of job information/ descriptions with the STHA	**52.8%**	90.9%	53.3%	43.3%	48.3%	50.0%
Effectiveness of STHA in recognizing and rewarding the differences among jobs (classification, NOT performance)	**32.1%**	45.5%	30.0%	30.0%	27.6%	50.0%
Current understanding, acceptance and support of STHA's current job evaluation approach	**37.7%**	54.5%	40.0%	30.0%	34.5%	50.0%
Personal understanding of the processes in place to express concerns about their current job evaluation	**46.2%**	90.9%	46.7%	33.3%	44.8%	33.3%

b) Competitive Compensation

There is extreme dissatisfaction with the current compensation arrangements. Specific issues and concerns expressed were as follows:

- While financial rewards are not cited as the primary driver for employee satisfaction, external competitiveness is important and is cited as a major issue. There is some agreement that, while the face value of the compensation package is generally competitive with most (but not all) provinces and slightly behind the other Territories, the actual buying power of the income is viewed as being substantially less in Yellowknife. The "*August 2002 Salary Comparison for General Duty Nurses in Hospitals; FMBS*" report indicates that "Yellowknife is losing its competitive edge with respect to its neighbouring jurisdictions, but remains competitive with those provinces further to the East". Eastern Canada is a prime recruiting target for the NWT.

- In addition to this being a shift from previous conditions where money was a key element in the decision to come north, as part of the "northern adventure", there is now no financial incentive to come north within health care. The perception is that this is the only Territory without signing bonuses and other recruitment and retention incentives. A formal compensation review was outside the mandate of this study, so we did not verify the perceptions of general external competitiveness and the relationship to cost of living.

- Compensation "comparability" and "competitiveness" is not seen as taking into account the unique financial pressures of northern living, including:

  - the high cost and "extreme" shortage of housing;
  - the high cost of utilities, groceries and other consumables; and
  - the distance from extended family for many employees, particularly those with children. This is particularly an issue when Eastern Canada is a principal recruitment focus.

- There is concern that compensation is negotiated and dictated by individuals/groups outside the STHA, and outside of health care; issues cited include "collective agreement, generalized policies and a fixed budget".

- In some classifications, the starting salary is quite competitive, but the range is narrow, with the upper end of the range being less competitive. This is documented in the "*August 2002 Salary Comparison for General Duty Nurses in Hospitals; FMBS*". This is a dissatisfier for the longer service employees in whom the STHA has made an investment of time and resources, and on whom the organization relies for knowledge, continuity and leadership.

- The level of employee/staff satisfaction with the STHA's competitive position in the market is extremely low, as indicated by the following survey statistics**.**

EXTERNAL COMPETITIVENESS						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Current approach to ensuring market competitiveness for jobs within STHA	**12.3%**	9.1%	26.7%	10.0%	3.4%	0.0%
Current understanding, acceptance and support of STHA's current approach to external competitiveness	**11.3%**	27.3%	13.3%	13.3%	3.4%	0.0%
Current mix of base salary, benefits, pension and variable pay (bonuses) in total compensation	**11.3%**	18.2%	20.0%	3.3%	3.4%	33.3%
Ability of the STHA to react effectively to market pressures for specific skill sets	**6.6%**	18.2%	13.3%	0.0%	3.4%	0.0%
Actual level of salaries paid by STHA, relative to the market	**12.3%**	18.2%	20.0%	6.7%	10.3%	0.0%
Actual level of total cash compensation, relative to market; 50.0% indicate that they are highly "dissatisfied"	**8.5%**	27.3%	13.3%	3.3%	3.4%	0.0%

3.3.7 Health, Safety and Security

- There is an Occupational Health and Safety Nurse, a Health and Safety Committee, as well as other related committees (e.g., Infectious Disease, etc.), which appear to be effective in general terms. The principal safety and health issue is the potential for employee "burnout". Excessive on-call and overtime are cited as a critical issue in some areas.

- Some concern is expressed about the lack of control over smoking in a supposed smoke-free environment. Some suggest that the Occupational Health Nurse could be more visible and accessible within the organization.

- There is a perception that staff security is lacking. The current Security Guards are focused on building, rather than staff security. We understand that there is a pending initiative to enhance the security provisions to include security of the person as well as the premises. Additionally, those required to travel to communities feel less secure in public accommodation, than in the Nursing Station or similar lodgings.

- The level of employee/staff satisfaction with Health, Safety and Security provisions is relatively high, with the notable exception of the nurses. The personal staff security issue is also reflected in the responses.

HEALTH, SAFETY AND SECURITY						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Employee health and safety provisions within the STHA	**81.1%**	100.0%	90.0%	50.0%	96.6%	83.3%
Operation and effectiveness of the Health & Safety Committee (HSC) within the STHA	**80.2%**	100.0%	93.3%	50.0%	93.1%	66.7%
Extent to which STHA leaders promote work place health and safety	**76.4%**	100.0%	93.3%	43.3%	89.7%	50.0%
STHA work place security provisions	**56.6%**	63.6%	73.3%	20.0%	72.4%	66.7%
Feelings of personal security while working on their regular shifts	**71.7%**	90.9%	80.0%	30.0%	96.6%	83.3%
Extent to which STHA leaders are open to hearing and acting upon employee or HSC suggestions	**58.5%**	100.0%	73.3%	20.0%	72.4%	33.3%

3.3.8 Communication and Team Processes

- The most prevalent concern expressed by staff is that “management” does not actually listen. Issues have been brought forward, but no visible action was taken. The trust relationship with management is weak.

- There are expressed concerns about the role of and communication from the Board of Trustees: communicating to the media before staff; not supporting the STHA organization; inconsistent messages, etc.

- Generally, the top-down approach is seen as “secretive”, rather than “communicative”. Previous employee “forums” and similar communication vehicles were seen, as having value.

- Intra-workgroup communications and team behaviours receive relatively high marks. There is an apparent camaraderie and willingness to function as a “team” with a common purpose of patient care.

- There are some tensions with inter-workgroup communications, but these are attributed to management actions that are not well communicated and set up misunderstandings among departments/workgroups.

- The turnover in supervision in some areas (e.g., Operating Room has had about nine supervisors in as many years and the Surgical unit has had four different managers in five years), creates a challenge for developing cohesive staff-management relationships and true team dynamics.

- The level of employee/staff satisfaction with Communication and Team Processes is mixed, as indicated by the following survey statistics**.**

COMMUNICATION AND TEAM PROCESSES						
	Percentage of Respondents Indicating Either Satisfied or Highly Satisfied					
	Aggregate	**Mgmt.**	**Admin./ Support**	**Nurses**	**AHP**	**Phys.**
Extent to which there is two-way communication within STHA	**44.5%**	83.3%	66.7%	18.8%	37.9%	28.6%
Openness of communication in their work area	**80.0%**	100.0%	80.0%	62.5%	89.7%	85.7%
Openness of communication in their department	**73.6%**	100.0%	80.0%	59.4%	69.0%	85.7%
Openness of communication within STHA generally	**39.1%**	83.3%	56.7%	18.8%	31.0%	14.3%
Ability to contribute opinions or recommendations about their tasks	**70.9%**	91.7%	80.0%	53.1%	69.0%	85.7%
Information provided about their work	**67.3%**	83.3%	73.3%	53.1%	69.0%	71.4%
Extent to which they are kept informed about issues affecting their work area	**55.5%**	75.0%	70.0%	43.8%	55.2%	14.3%
Extent to which they are kept informed about issues affecting their department	**51.8%**	75.0%	66.7%	37.5%	44.8%	42.9%
Extent to which they are kept informed about issues affecting STHA	**43.6%**	83.3%	63.3%	18.8%	37.9%	28.6%
Extent to which they are kept informed about how STHA fits within the overall health career framework	**38.2%**	75.0%	60.0%	12.5%	31.0%	28.6%

3.3.9 On-Call and Overtime

- High level statistics suggest that annualized overtime for 2002–2003 will exceed 2001–2002 levels by about 33% for nursing overall and 14% for allied health professions. The only nursing area that does not project an increase is Obstetrics; this area was almost double any other area in 2001–2002, so last year may have been an anomaly.

- When Registered Nurses are segregated, their annualized overtime is projected to increase by about 28%, while the CNA overtime is projected to increase by about 88%.

Given the smaller population of CNAs, the overall increase is projected to be in the order of 33%.

- The perception is that overtime and the need for "emergency" on-call and consequent overtime, is excessive in some areas (e.g., the Operating Room).

- Both the overtime comparison with last year and the percentage of overtime relative to regular worked hours reflect increases year over year. This is illustrated in the following table:

NURSING OVERTIME								
	2001-2002 Hours			2002/03* OT Hours	Annualized**			Percent*** difference Year-to-Year
	OT Hours	Regular Hours	%		OT Hours	Regular Hours	%	
Medicine	1,113	17,782	6.3%	996	2,113	18,748	11.3%	89.83%
Surgery	753	12,344	6.1%	430	940	12,317	7.6%	24.90%
Float Pool	542	101.5	534.0%	275	601	135	446.8%	10.97%
Obstetrics	3,116	15,610	29.9%	1,270	2,778	17,303	16.1%	89.14%
Operating Rm	1,773	14,609	12.1%	1,689	3,694	15,245	24.2%	08.35%
Pediatrics	1,539	15,685	9.8%	822	1,798	13,909	12.9%	16.82%
Psychiatry	945	15,634	6.0%	477	1,043	15,190	6.9%	10.40%
Extended Care	602	16,921	3.6%	329	720	16,594	4.3%	19.53%
Emergency	1,803	16,182	11.1%	1,157	2,531	19,194	13.2%	40.35%
TOTAL:	**12,186**	**124,878**	**9.8%**	**7,415**	**16,218**	**128,635**	**12.6%**	**33.08%**

*Overtime Hours April 1 through September 14, 2002

**Annualized 2002/03 Overtime Hours

***Percentage of Annualized 2002/03 Overtime Hours Relative to 2001/02 Overtime Hours

- The Authority's policy of hiring call staff on an "as needed basis" out of the south to cover on-call services is viewed as inequitable and not seen as effective in the long-term.

- The "on-call" per diem is not considered competitive. Some staff have suggested that they would be more willing to volunteer for extra shifts if the per diem was increased. Extra rewards, however, do not reduce the issues of staff shortages and concerns about burnout.

- Staff who are willing to pick up extra shifts are discouraged from filling gaps in the schedule in advance. However, these same shifts are being left empty until the last minute when nurses are being called in to fill these gaps. Known gaps in the work schedule are not filled in advance even though some staff are willing to fill these shifts.

3.3.10 Grievances and Absenteeism

- Issues with Human Resource processes and morale have not translated into an inordinate number of grievances or a dramatic increase in absenteeism over last year. Information provided to the consultants, and noted below, indicates that there were only eight grievances in the past three years.

  - 2000–2001 ⇒ 4 new grievances; settled
  - 2001–2002 ⇒ 1 (vacation); withdrawn.
    ⇒ 1 (lay-off); stopped at Level 1.
  - 2002–2003 ⇒ 1 (discipline letter); pending.
    ⇒ 1 from 2000 (job evaluation); outstanding.

- Nursing absenteeism for 2002-2003 is estimated at 93% of 2001–2002 experience and is the equivalent to over seven FTE.

- Allied health professions' absenteeism for 2002-2003 is estimated at 99% of 2001–2002 experience and is the equivalent to over six FTE.

3.3.11 Former Employee Feedback

Initially, over 65 employees were identified as having left the employment of the STHA in the past 18 months. From this list, a number have been rehired (more than 12), retired (2), or died (2). Also, some employees listed were on term contracts so departure was pre-planned. An accurate count was not practical, given the dynamic of the recruitment process. In addition, there is no consistent exit interview or follow-up process, so further details on reasons for leaving are not available for the total group.

Telephone interviews were conducted with a cross section of 20* former employees who had left the employment of the STHA within the past 12-18 months. They included:

- Registered Nurses (13)**;
- Management (3);
- Administration/Support Staff (3); and
- Allied health professionals (1)

*Of the total sample, 6 former employees were residents of Yellowknife and 14 were from across Canada.

** 2 RNs were residents of Yellowknife and 11 were from across Canada.

We note that spousal relocation (13), and new job opportunities (10) were the primary reasons for interviewees to seek employment at the STHA. Specifically, RNs who were not residents of Yellowknife cited spousal relocation as the attractor to the STHA.

The key messages derived from the interviews with former employees are generally consistent with the findings of the previous section. Of those contacted, the primary reasons* for leaving were:

- Job dissatisfaction (5);
- To be closer to family (4);
- Could not afford to stay (4);
- Other job elsewhere (3);
- Other personal reasons (3);
- Transfer within the GNWT (2);
- Spousal relocation (1);
- Burn-out (2); and
- Others (3).

*Some indicated multiple reasons.

In addition to specific reasons, the general themes of the discussions were:

- **Satisfaction with STHA Experience:**

  - Many interviewees were satisfied to highly satisfied with their work experience at the STHA. For those indicating a positive experience, the tight-knit, team-oriented atmosphere, supportive co-workers and the opportunities for staff to increase their knowledge and experience in other units or positions were identified as being key contributors to their satisfaction.

  - Of the former employees who identified high levels of job dissatisfaction and/or burnout with their experiences at the STHA, two were RN's, two were managers and four were in administration/support roles (all but two were residents of Yellowknife). Factors identified as contributing to the low levels of satisfaction were:

    – increase in inexperienced staff;
    – lack of management support;
    – inconsistent and unequal treatment by the Employee Services department;
    – lack of respect from senior management and employees services; and
    – poor treatment from other staff or co-workers.

➢ **Morale:**

Overall morale within the STHA was described as fluctuating throughout the years and has generally been considered "medium" by interviewees. However, all interviewees indicated that morale has been deteriorating in the past 12-18 months, with some suggesting that morale has hit an "all time low" in the past three months. A combination of factors were identified as contributing to the current climate of dissatisfaction. These are:

- loss of benefits (e.g., VTA, northern allowance) with changes to the GNWT/UNW contract;
- a lack of planning in light of the national shortage of health care workers;
- poor communication and processes around the closure of the surgery and ICU units;
- lack of adequate leadership support;
- RN "only" retention supplement;
- high rate of manager turnover; and
- increases in inexperienced staff.

➢ **Staff Turnover:**

Staff turnover is considered to be partially within the control of the STHA.

- The factors that were not considered to be within the control of the STHA, but more within the control of the GNWT were cited as:

  – the increased cost of living;
  – housing shortages; and
  – the elimination of benefits within the STHA.

All have increased the desire for people to look elsewhere. In addition, increased competitiveness for health care workers in "the south" has created new opportunities for employees to move closer to family.

- The factors considered by interviewees to be within control of the STHA included the:

  – perception that staff are not valued, respected, listened to or supported by management; and
  – Employee Services department's lack of a positive "services" approach.

In addition, lack of planning for staffing shortages and the inexperience of some management, administrative/support and nursing staff further contributed to dissatisfaction and ultimately, turnover.

➢ **Employee Retention:**

Overall, interviewees acknowledged that they may have continued their employment with the STHA if the right "incentives" were in place.

- Former nurses cited the need for the STHA to recognize that most nurses come from elsewhere and that this factor weighs heavily in their decision to stay or go. Specific incentives identified included the following:
  - Financial incentives, such as reinstating benefits and creating compensation packages that are truly competitive, as opposed to comparable with the "south";
  - Ongoing educational opportunities for employees; and
  - Accommodation or accommodation assistance for single people.
- Non-monetary, job satisfiers that were generally expressed included:
  - Respect and support from management and the Employee Services department;
  - Consistent, experienced middle-management leadership;
  - Timely, open communication to all employees from senior management;
  - Inclusion of staff in decision-making processes;
  - Coordination and planning of the staffing process;
  - Recognition and valuing of all staff; and
  - Supporting long-term and new employees.

3.4 STHA's Key Strengths

The focus of the research was to identify issues and opportunities for improvement. However, during the course of the study, key strengths of the STHA were also identified. These included the following:

➢ The people (direct work colleagues) who are fairly consistently described as being open and dedicated to patient care, with a willingness to "go the extra mile" to accommodate other weaknesses in the system.

➢ The professionalism and dedication of staff are major strengths. This, however, has been described as a "two-edged sword". There is an expressed concern about

continuing in the current manner of doing whatever is necessary to deliver high quality service because, the perception is, "if the work gets done, then no one cares what we had to do to do it". Continuing in this manner will not drive the necessary changes to the system.

- The small STHA environment can provide considerable development opportunities, if there were the resources available to allow employees to take advantage of them.

- Collegiality and positive relationships among co-workers within work units are generally high.

- The close working relationship between the Physicians and the other staff is generally viewed as a positive feature of the STHA work environment. However, the high turnover and the regular introduction of new physicians, managers and staff into the STHA organization causes stress and strain on relationships and impedes the development of strong, long-term relationships.

The majority of people with whom we spoke enjoy the community and the northern experience. These are all important, foundation elements on which to build for a successful future.

Next, we present recommendations that should be considered immediately or as part of the STHA's short-term planning process.

4. RECOMMENDATIONS

1. Confirm the mandate and roles the Employee Services function within the STHA organization.

Comments:

Notwithstanding the need to maintain a consistent approach to human resource management within the GNWT, the primary mandate of the Employee Services function should be (as already stated) to provide human resource and related services to enable the effective operation of the organization.

In addition to gaining understanding, acceptance and support for Employee Services within the STHA leadership team, this implies a strong service orientation for the Employee Services practitioners. While ensuring compliance with the overall GNWT policies, procedures and requirements dictated under the Collective Agreement with the UNW will remain fundamental to the mandate, the approach should be founded in "customer service" within the STHA organization.

The implications of this recommendation are as follows:

- Clear communication of the role, mandate and service delivery expectations of the function will be required to facilitate their role as service providers rather than "rule police". This requires understanding, acceptance and active support from the Senior Leadership Team to enable the creation and maintenance of a service culture within the STHA.

- Clarification of the responsibility matrix (accountability framework) of human resource service providers for the STHA will be required. This includes clarification and/or confirmation of the interdependencies among the key stakeholders, including the Finance Management Board Secretariat, Health and Social Services, and the STHB.

- Sufficient Employee Services staff must be in place and operating effectively to allow time to develop and maintain service relationships within the organization, as well as provide the mandated services.

- Comprehensive orientation to a service approach for the current staff should occur. While this may not be a major shift from the current skill sets, it will be required to establish a common operating approach that will ensure seamless delivery of service, regardless of the staff contact.

2. Reposition the Employee Services function to give it a higher profile within the STHA organization.

Comments:

Assuming that the current Employee Services' mandate is confirmed or strengthened, and given the strategic importance of the human resources issues currently affecting the STHA, it is important that Employee Services becomes a significant element on the organization's strategic agenda. The Employee Services leader should report directly to the Chief Executive Officer, with direct access and input to the STHA strategic planning process and significant initiatives that are likely to affect the "human" agenda within the organization. We understand that this organizational positioning was previously the case.

Development and implementation of this recommendation will require clarification and confirmation of the role and mandate of the STHA Employee Services leader and the relevant contact positions with the Department of Health and Social Services and the Finance Management Board Secretariat.

Clarification of the overall accountability framework for human resource management within the STHA (Senior Management, Middle and other Management, Employee Services and staff) will also be important.

3. Develop a formal Employee Services operating plan.

Comments:

As part of the STHA's overall strategic and operating plan, and as an extension of the updated mandate and role statements, develop an Employee Services department plan that outlines, at a minimum:

- The departmental mandate and priorities;
- Critical outcome expectations and performance criteria;
- Interdependencies with other departments and/or organizations;
- Resource requirements to fulfill the mandate, including access to measurement/ performance information;
- Training and professional development requirements, and associated success criteria, for Employee Services staff.

Part of the Employee Services Operating Plan should include a commitment to greater visibility for the Employee Services Manager and staff within the STHA organization. This could include such activities as general “walk-abouts”, attendance at staff meetings within work units, mini in-service seminars on selected Human Resource topics and/or general HR Forums as part of a broader communication strategy. In some respects, the initiative will include formalizing and augmenting plans and processes that are already in evidence in the Department.

4. Confirm the skill and service mix appropriate to deliver the approved Employee Services mandate.

Comments:

The current staffing includes Human Resource Officers assigned to Benefits (1) and Staffing (2). One of the Human Resource Officers is in a casual position and another is in a term position. As we understand it, the preferred ratio of Benefits Officers to employees served in the GNWT is one Benefits Officer for every 250 employees. Although the STHA has no actual Benefits Officers, it does have an HRO serving this function; this is approximately half the preferred complement.

Therefore, we recommend confirming the most appropriate skill sets and service mix for the Employee Services team, given the approved Employee Services' mandate. This should include the following:

- Either adding one additional, "indeterminate" Human Resource Officer with broadly-based skills to the Employee Services team and assigning specific responsibilities among the Officers for leadership of benefits, recruitment and general human resources (leadership means oversight responsibility and primary focus, rather than total dedication); or, adding a full time, "indeterminate" Benefits Officer to focus specifically on the benefits and related functions, and having recruitment and general human resources leadership assigned to the other Human Resource Officers.

- Confirming a formal Nurse Recruiter role within the STHA, and possibly one for other allied health professions, with dedicated responsibility to address the technical/professional aspects of the search process, in an effort to expedite the recruitment process. (We understand that this type of approach is currently being piloted for Nursing.)

- In order to move forward, it will be necessary to remove the time commitments that are associated with the superannuation and benefits file backlog. We understand that staff resources are currently being assigned from the Department of Health and Social Services to assist in clearing the current backlog. The additional support started in October and will be available periodically until at least December. We recommend that these resources be assigned until the current backlog is cleared.

5. Develop a formal Human Resources Staffing Plan as part of the overall STHA strategic and operational plans.

Comments:

Projected vacancies and staffing requirements are required to enable effective and efficient recruitment and internal development actions. These projections/plans must take into consideration the various leave provisions, staff development initiatives and opportunities, and other elements inherent to the STHA work experience that may affect an employee's actual availability for work. An initial Human Resource Staffing Plan can take a straightforward "supply – demand" approach that considers the following four key questions:

1. *What are the human resources needs of the STHA (demand)?*

   - How many people, with what attitudes, skills and competencies are needed to accomplish the organization's strategic agenda and meet the immediate, short-term and longer-term operating requirements?

   - Consideration of all drivers of time availability must be included (e.g., mandatory leave, vacation, education and development, internal movements such as transfers and promotions, alternative work schedules [job-sharing, part-time, etc.]), etc.

   - Retirements, promotions, transfers and other internal movement of staff and management will also affect demand.

   - "Demand" should take into consideration the various staffing models that may be considered as a consequence of this and other studies undertaken in recent years.

2. *What human resources does the STHA currently have (supply)?*

   - What quantity, depth, breadth and variety of skill-sets and competencies are currently in place, and what is their availability (immediate and longer-term) to meet the organization's requirements?

   - Consideration should be given to actions/initiatives to reduce turnover and thereby add to the "supply" and reduce "demand".

3. *What is the difference between demand and supply (variance/gap)?*

   - What is the size and nature of the gap between what the organization needs and what it has? This variance is the "gap" that must be filled.

4. *What is the organization going to do about it (filling the gap)?*

   - What development plans, role assignments, coaching/counseling, performance/skill enhancement and recruiting will be done to reduce the gap between needs and current availability?

   - The actions taken will also have implications for the job evaluation, compensation administration, orientation and other processes that are tied to new hires and internal staff movement.

It is important to note that most models or frameworks for human resource staffing and successor planning are remarkably similar, and that the GNWT and STHA do have some of the elements in place. There is evidence of preliminary work relative to a succession planning approach and human resource planning documents in the Employee Services documentation. There is no specific evidence that the process has been implemented.

The key to successful human resource planning will lie in the following:

- A fundamentally sound and straightforward process framework, consistent with organizational planning and human resource principles and practices.
- Senior Leadership's understanding, acceptance and active support (ownership) for the process.
- Effective "management" of the process to ensure its continuing contribution to the broader plans of the organization.
- Data gathering and reporting mechanisms to bring forward the required decision support information relative to requirements, supply conditions and options to increase the supply relative to the business requirements. We understand that the Department of Health and Social Services and the Finance Management Board Secretariat have many of the research and planning support tools available now.
- Employee confidence in the *integrity* of the process, which implies effective communication and consistency of application.

The ultimate success criterion will be the process' demonstrated usefulness in fulfilling the staffing needs of STHA.

6. Develop and implement a comprehensive recruitment strategy, considering the inclusion of an array of specific elements outlined in this section.

Comments:

To meet the current staffing needs and those identified in the recommended Human Resource Plan, an aggressive and comprehensive recruitment strategy will be required. The strategy should be developed collaboratively among STHA Employee Services and management, and representatives from the Department of Health and Social Services and Finance Management Board Secretariat.

Detailed, Comprehensive Recruitment Strategy

- The initial step in the recruitment strategy should be the creation of a recruitment team for the STHA, responsible for making recruitment decisions and meeting recruitment targets. The team's initial activity should be to review and consolidate their understanding of the current recruitment process "requirements". The overriding initiative in the strategy will be to continue with the currently successful recruitment activities and develop a more comprehensive recruitment strategy that considers the following elements:

  - Marketing;
  - Internal recruitment/mobility;
  - Repatriation;
  - International recruitment;
  - Incentives;
  - Partnering;
  - Reduced recruitment timeframe;
  - A "greeting/welcoming" program;
  - Orientation; and
  - Communication.

Marketing

- Create an identity for the STHA to:

  - Sell the lifestyle, the territory and the STHA, not just the jobs; and,
  - Enable other community organizations and agencies to promote the various advantages of northern living.

- Confirm, consolidate and/or enhance the current marketing materials. Specifically, create materials that can compete with other health authorities.

- Continue current practices that have proven successful (e.g., advertising, job fairs, etc.). This will require identifying appropriate criteria and systematically measuring the effectiveness of these practices.

Internal Recruitment/Mobility

- Confirm and consolidate the current approach for identifying the applicants interested in internal movement. Reinforce the requirement for internal candidates to apply early for the open (6 month) competitions --- before the competition is about to close --- so requests can be better accommodated and

downstream vacancies can be identified early and considered in the “supply” - “demand” equation.

- Expedite internal movement for candidates who have been previously qualified through earlier (recent) recruitment actions)

Repatriation

- Contact previous employees and, for those who qualify, offer positions to those interested in returning. This will have greater success once the morale and work satisfaction issues have been addressed and are seen to be improving.

- Consider an STHA “ambassador” program that identifies former employees in other regions of Canada to promote the north and STHA. These “ambassadors” would be provided with marketing/promotional materials, as well as (possibly) a stipend for successful recruits. Specific retention criteria would have to be identified if a stipend is offered.

International Recruitment

- Coordinate “bulk” recruitment advertising with other Territorial recruitment initiatives.

- Focus on all occupational shortages, not just nurses.

- Consider candidate identification initiatives in New Zealand, Australia and Eastern Europe, and/or other geographic areas that may be brought forward as the strategy is formalized.

Incentives

- Consideration should be given to incentives in the form of jointly funded (e.g., STHA and DHSS) bursaries and scholarships for senior students in all occupational shortage groups, in the north and in southern schools.

- There are number of current program initiatives outlined as retention strategies that could also be packaged as part of the marketing and promotional materials that would be used in the recruitment process.

Partnering

- Continue the partnership that has been developed with Aurora College.
- Create positive working relationships with other community organizations and agencies such as the Chamber of Commerce, Service Clubs and private companies that have a stake in the success and effectiveness of the Territorial health care services. Partner participation in assisting to find spousal employment, child care and other services would reduce some of the impediments to current recruitment.

Reduced Recruitment Timeframe

- In collaboration with the DHSS and the UNW, develop an abbreviated recruitment process to enable rapid response to high potential candidates. We understand that some action has been taken in this direction; this should be formalized and communicated.
- Set timeframe criteria and monitor recruitment actions accordingly.
- Consider less onerous appeal provisions to alleviate the delays resulting from appeals, as well as the general fear of appeals that causes strict adherence to current guidelines.

Greeting/Welcoming Program

- Create a welcoming program to meet and welcome all new employees to the STHA.
- Provide a community and STHA/clinic tour for the new employee and his/her family.
- Partner with existing organizations such as service clubs, churches and similar "community" organizations to help integrate new employees and their families into the community.

Orientation

The final step in the recruitment process is introducing the new employee to the organization. To this end:

- Review the current, overall orientation materials and schedules and ensure that they align with the marketing and promotional materials, and with a potential

influx of new employee arrival. Even if they are offered weekly, with a minimum class size of one, orientation should be timely and consistent.

- Ensure that departmental orientation materials align with the overall orientation materials, marketing and promotional materials, and the current operating practices within the area. Ensure that departmental orientation is timely and consistent.

- Confirm the departmental mentoring program not only to enable a smooth transition into the new job (including current employees in a new role), but also to consolidate relationships within the work areas.

Communication

Develop a formal recruitment communication plan, either as a separate entity or as a distinct component of the overall communication strategy.

Keep the organization informed about the progress and successes of the recruitment activities, as well as the challenges and impediments.

Allow for and provide direct feedback on employee input; acknowledge successes that are the result on employee input.

Consider periodic follow-up questionnaires to assess the level of satisfaction with the recruitment processes, as well as the level of general work satisfaction of new employees.

7. Develop and implement a cost-effective and equitable retention strategy that includes:

- **a review of the effectiveness of existing retention and attraction strategies and investments; and,**

- **the development of success criteria and measures to monitor and evaluate new initiatives.**

Comments:

- Current documentation suggests that a number of initiatives have been considered and/or are already in place. These include investments in the following:

- Northern Nurse Diploma Program and other Aurora College programs;
- Nurse market supplements that created serious equity concerns among both recipients and non-recipients;
- Nurse mentor program, which included the creation of a number of Nurse Educator/Mentor positions;
- Introduction to the Nurse Practitioner Program;
- Primary Health Care Nurse Practitioner Program;
- Nurse exchange programs;
- Education Leave Programs;
- Nurse Relief Pool;
- Employee Development Program;
- Student Support Programs and Loan/Service Agreements; and
- Employee day care.

➢ It is not clear that these are well understood or effective. These initiatives should be examined to assess their effectiveness in retention and attraction; this implies definition of success criteria and measures for each investment made.

➢ Given the comprehensive nature of the recommendations included with this report, many of the retention strategies have been covered. However, the highlights are:

- Enhanced strategic leadership and direction as a platform for the overall sense of purpose and contribution for employees.

- Enhanced communication, internally and externally.

- Enhanced recruitment approach that alleviates the issues of inflexibility and enables rapid response in the heated health care market. This includes the ability to have candidates “in the pipeline” to accommodate HRP requirements as well as immediate/emergent situations.

- Enhanced staffing to alleviate the scheduling issues and employee “burn out”. This includes the appropriate staffing mix to meet the operational needs of the organization.

- Enhanced understanding of the job evaluation and internal equity approach, and (potentially) greater equity among the various “bundles of work” in the context of the STHA and health care in general.

- Enhanced understanding of the compensation approaches and the competitive position of STHA within the health care environment.

- Enhanced training and development opportunities for all employees: technical/clinical, leadership and administrative.

- Greater employee recognition and appreciation for their contributions. This includes financial (e.g. long service, specialty training, etc.) and non-financial (participation, communication, "celebration", etc.) recognition.

➢ Overall, the broader employment benefits (i.e., the benefits accrued as a result of STHA employment) should be packaged and communicated to all employees to enable a better understanding and enhanced return on the investment.

8. Provide and support enhanced training, development and educational opportunities.

Comments:

Typically, training and development strategies are a component of, or direct spin-off from, the broader Human Resource Plan. The key aspects of this initiative should incorporate much of what is currently available, but with a stronger commitment to participation. Alleviating the staffing issues should enable better access to training.

The training agenda should include an array of options, consistent with the roles and strategic priorities of the STHA:

➢ Some opportunities should be open and available to all employees regardless for area or location within the STHA. This would include general human resource or other topics that would enable better understanding of the STHA work experience. Topics such as communications, team processes, dealing with challenging situations, as well as specific topics (e.g., job evaluation, compensation administration, internal systems and procedures, etc.) should be considered.

➢ Specific, technical training should focus on particular job elements. Topics may be administrative or clinical/technical. Eligibility would be for those with a "business" need for the upgrading, consolidation or new skills. This is consistent with the NWTRNA's "*Nurse Recruitment and Retention Survey 2002*" findings that position skill development as a high priority for nurse attraction and retention.

- Front line leadership development should focus on specific line leadership skills such as communication, planning, scheduling, budgets/finance, coaching and evaluating (giving feedback). This would be available to potential as well as new supervisors. Typically, this type of training is augmented by practical opportunities in acting leadership roles.

- Middle and executive leadership development should consider similar topics to those in the front-line programs, but with a more strategic focus. The key elements would be planning, deploying and coordinating resources relative to the strategic and operating agendas, and the budget. Leadership communications are an important element, as are Board and Government relations.

Priority should be given to clinical and leadership development opportunities.

The current multiple media approaches should be confirmed and expanded; that is, such as in-service; "e" training; distance learning; external courses; as well as, on-the-job development opportunities.

9. Confirm and communicate the compensation philosophy and approach for STHA.

Comments:

While much of the compensation philosophy and approach applicable to the STHA is prescribed by the collective agreement and the broader GNWT compensation management approach, it has not been effectively translated and communicated within the STHA. Based on the research findings, it is not well understood. There appear to be misunderstandings and concerns about the:

- actual STHA package relative to the general market (e.g., salary, incentives, perquisites, etc.) and other GNWT workers (e.g., NWTTA);

- internal equity among jobs and how current job evaluation system accommodates the unique requirement of health care and related professionals;

- market competitiveness of compensation and the policy framework within which it works (e.g., how is cost of living addressed? What is deemed "competitive"?, etc.);

- nature of the "market" (what organizations are considered the "market"? how is the data gathered and analyzed? etc.); and,

- various perquisites that can be considered to enhance recruitment and retention, and their equitable application.

Two of the critical elements in the compensation philosophy and approach should be to:

- Validate the application of the current job evaluation methodology as an effective tool for valuing health care “professional work”, ensure that the job description(s) represent the full scope of practice and ensure that good job content knowledge is applied to the evaluation; and

- Confirm the STHA’s compensation market and competitive position within that market, as well as the approach to market research.

We recommend that STHA Employee Services and Leadership Team, and representatives from the Department of Health & Social Services and Finance Management Board Secretariat collaboratively develop this package, and that it be communicated by the STHA Employee Services and executive leaders, with support from the other groups, to all STHA employees.

SECTION IV – DELEGATED AUTHORITY REVIEW

1. BACKGROUND

One of the objectives of the operational review is to assess compliance with the use of "Delegated Authority" by the Stanton Territorial Health Authority (STHA), which includes:

- reviewing current policies;
- reviewing systems in place to ensure compliance;
- identifying instances where there is non-compliance; and
- making recommendations to improve overall compliance.

Specific tasks included:

- reviewing the "Delegated Authority" provisions; and
- reviewing reports regarding directives from the current provisions; and
- making recommendations on system changes that can be effectively implemented to ensure compliance.

2. APPROACH

2.1 Task 1 – Interviews

Seven administrative staff with the Government of Northwest Territories (GNWT) and three administrative staff with the Stanton Territorial Health Authority (STHA) were interviewed to identify issues involving compliance with delegated authority.

2.2 Task 2 – Document Review

The interviews were supplemented by a review of the documents that are listed below.

- Collective Agreement between the Union of Northern Workers and the Minister Responsible for the Public Service that expires on March 31, 2005.

- Contribution Agreement between GNWT and Stanton Regional Health Board effective from April 1, 1998.

- Consultant Reports:

- "Its Time To Act", A Report on the Health and Social Services System of the Northwest Territories by George B. Cuff and Associates Ltd., Management Consultants, June 2001; and

- Operational Review by KPMG Consulting, May 13, 1996.

➢ Stanton Regional Health Board:

- Strategic Action Planning Document, 1998-2000, 1999 Update;
- Strategic Planning Session, September 24 / 25, 2002;
- Trustee Manual 2002;
- Draft 2001-2004 Business Plan;
- Audited Financial Statements, March 31, 2002;
- Proposed Budget, 2002-03; and
- Policy on Delegation of Signing Authorities, September 17, 2001.

➢ Government of the Northwest Territories:

- Hospital Insurance and Health and Social Services Administration Act;
- Public Service Act;
- Financial Administration Act;
- Stanton Territorial Health Authority Order, June 6, 2002;
- Human Resource Manual; and
- Framework for Nurse Compensation including the Canadian Human Rights Act, Labour Relations and Compensation, Finance Management Board Secretariat, 2002.

3. PRINCIPAL FINDINGS

3.1 Public Service Act

3.1.1 Delegated Authority

The Minister responsible for the Public Service Act has the power to manage and direct the public service as Chairman of the Finance Management Board Secretariat. This may include authorizing an employee or prescribed individual (like the Chief Executive Officer of the Stanton Territorial Health Authority) as Deputy Head to exercise and perform the powers, functions and duties of the Minister under the Act, on such terms and conditions as directed by the Minister.

➢ The Chairman can delegate all authority except the handling of appeals for suspension, reduction of pay or demotion. Authority is normally delegated through a memorandum of

agreement with the Deputy Head[1]. A Deputy Head may delegate authority under his or her jurisdiction to exercise any of the powers or perform any of the duties or functions of a Deputy Head under the Public Service Act.

The Chief Executive Officer (CEO) of the Stanton Territorial Health Authority does not appear to be directly accountable to the Minister or Chairman of the Finance Management Board Secretariat for his responsibilities as Deputy Head, since the CEO is an employee of the STHA rather than the public service.

- Letters have been sent to the CEO by the Secretary of the Board about certain decisions that did not comply with the provisions of the collective agreement between GNWT and the Union of Northern Workers. The decisions involved the provision of removal benefits and housing for ineligible staff, and the payment of housing allowances and market supplements that could effectively change the terms and conditions of employment for the public service. These letters appear to be the only consequence of non-compliant decisions by the CEO.

3.2 Health Insurance and Health and Social Services Administration Act

3.2.1 Board of Management

The powers and duties of the Board of Management include the management, control and operation of designated health or social services facilities to the extent qualified by regulations, orders or directives.

It appears that "management, control and operation" excludes governance, under the Health Insurance and Health and Social Services Administration Act, given that most staff members at the STHA are employees of GNWT and that Deputy Head authority has been delegated to the CEO rather than the Board of STHA. On the other hand, previous Boards appear to have adopted a variation of the Carver model of governance, which seems inconsistent with the concept of a Board of Management. There are however several references to "governing" in the section of the Act where a Public Administrator can be appointed to manage the affairs of a health facility, if in the Minister's opinion:

- the continuing provision of care is being jeopardized;
- the members of the "governing" body have resigned;
- the safety of patients is jeopardized;
- the "governing" body has not assumed responsibility for the provision of care;
- the facility appears to be in financial difficulty;

[1] *GNWT Human Resource Manual, Approval Authorities*

- serious problems exist in relation to the "governing" body and the management of the facility; or
- it is in the public interest that a Public Administrator be appointed to manage the affairs of the facility.[2]

Overall governance appears to be the responsibility of the Minister under the Contribution Agreement that includes core services to be provided, as well as the strategic direction and priorities for GNWT health and social services. The Minister is also involved in the development of a human resource plan that is consistent with the strategic goals of the Department and the Board, and also sets and evaluates compliance with territorial requirements for service delivery.[3]

The objective of the Board as indicated in the bylaws of STHA is "to provide leadership, advocacy and services to assist the organization in effectively delivering a comprehensive range of health services to the people of the Northwest Territories".

3.3 Financial Administration Act

3.3.1 STHA Transactions

The STHA transactions examined by the Auditor for the fiscal year ended March 31, 2002 are considered to be within the statutory powers of the Board.

The final paragraph of the Auditor's Report for the Stanton Regional Health Board for the fiscal year ended March 31, 2002 states that:

"We further report in accordance with the Financial Administration Act of the Northwest Territories, in our opinion, that proper books and records of account have been kept by the Health Board, the financial statements are in agreement therewith and the transactions that have come under our examination have, in all material respects, been within the statutory powers of the Board."

3.3.2 Operating Deficit

The total accumulated operating fund deficit of the STHA is $4.45 million as of March 31, 2002.

The operating fund surplus was $916,000, which reduced the accumulated deficit from general operations to $850,000 and also reduced the total accumulated deficit including unfunded liabilities to $4.45 million. We understand since that time that an agreement has been reached whereby GNWT will fund 60% and STHA will fund 40% of the accumulated deficit

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[2] *Clause 17, HI&HSS Administration Act*

[3] *Section 2, I, b), c), d) and (e) of the Contribution Agreement, April 18th, 1998*

The Financial Administration Act seems to be silent about operating deficits, but does indicate that "no person shall incur an expenditure that causes the amount of the item set out in the Estimates on which the appropriation is based to be exceeded"[4]. On the other hand, the Contribution Agreement provides that "surplus funds and deficits will be carried over from one year to the next year in accordance with the Department's Surplus and Deficit Retention Policies."[5] The Agreement also refers to Section 46 of the Financial Administration Act, which states:

"It is a condition of every contract made by or on behalf of the Government requiring an expenditure that an expenditure pursuant to the contract will be incurred only if there is a sufficient uncommitted balance in the appropriated item for the fiscal year in which the expenditure is required under the contract."[6]

Part 9 of the Act covers public agencies like STHA which "is ultimately accountable, through the appropriate Minister, to the Legislative Assembly for the conduct of its affairs."[7]

3.3.3 Corporate Plan

The STHA corporate plan for the period 2002-2005 has not been submitted to the Minister for approval.

The contents of the corporate plan must include a statement of:

- the object or purposes for which the corporation is established;
- the objectives of the corporation for the period to which the plan relates and for each year in that period;
- the strategy the corporation intends to employ to achieve its objectives;
- the expected performance of the corporation for the year in which the plan is required to be submitted as compared to its objectives for that year as set out in the last approved plan; and
- an evaluation of the efficiency, economy and effectiveness of the corporation.[8]

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[4] *Part III, Clause 32 of Financial Administration Act*
[5] *Part IV, Clause 7 of Contribution Agreement, April 1, 1998*
[6] *Part IX, Clause 24 of Contribution Agreement, April 1, 1998*
[7] *Part IX, Clause 77 of Financial Administration Act*
[8] *Part IX, Clause 91 of Financial Administration Act*

3.3.4 Budget

The draft STHA Business Plan for 2001-2004 (dated April 18th, 2001) that was provided to the consultants includes:

- vision, mission and value statements;
- governance, management and partnership structures;
- core services;
- environmental scan and key issues;
- goals of the Board;
- outcomes, measures and targets;
- strategies of the Board;
- financial resources allocation summary; and
- human resources allocation summary.

This plan did not include an evaluation of the efficiency, economy and effectiveness of STHA.

The proposed 2002-03 budget for STHA projects an operating surplus of $383,200 which, if realized, would mean surpluses for two consecutive years.

This budget does not include funding to increase services or contingency funds for unexpected expenses. Vacant positions that have been removed from the budget include:

- One Medical Officer for 0.5 year;
- Two Internists for 1 and 0.3 years;
- One Orthopedic Surgeon for 0.25 year;
- One Medical Service Worker for 0.25 year;
- One Clinical Educator for 0.5 year;
- One Audiologist for 0.25 year; and
- Eight Registered Nurses for 0.5 year.

3.4 Board of Management

3.4.1 Bylaws

The bylaws of STHA have not been updated since June 22, 1998. The bylaws should be reviewed and updated annually.

3.4.2 Strategic Directions

Only three of the 22 strategic directions of the Department of Health and Social Services are addressed in the outcomes, measures and targets section of the draft STHA Business Plan for

2001-2004. One of the key roles of the Board of Management as defined in the Contribution Agreement is to "provide services that are consistent with the strategic direction of the Department, core services, the appropriate standards and the needs of its residents as reflected in the Board's business plan." [9]

The three directions referenced in the outcomes, measures and targets section of the draft plan are improving the:

- quality of care by creating a stable, northern workforce;
- continuum of programs and services by removing gaps and duplication, increasing integration and improving coordination of services; and
- quality and effectiveness of programs and services through increased partnerships among service providers and improved monitoring and quality assurance activities.

Six other directions that seem relevant but have not been addressed include:

- supporting greater emphasis on promotion and prevention through policies that balance treatment services with promotion and prevention services;
- preventing illness and disease in infants and children through greater emphasis on health promotion, disease prevention and early intervention programs;
- promoting healthy lifestyle choice in youth and young adults through health promotion programs;
- modifying adult lifestyle choices through programs aimed at reducing the risk of health problems;
- improving adult health and well-being by improving detection and treatment services; and
- improving the quality of life for seniors by providing health and social services closer to home.

3.4.3 Performance Expectations

There are no defined performance expectations or outcomes to hold STHA and other authorities accountable for their contributions to the strategic directions of the Department of Health and Social Services. There is no linkage or alignment of strategic directions and delivery systems to increase the probability of achieving expected outcomes.

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[9] *Section 2, II), a) of the Contribution Agreement, April 18th, 1998*

There are no defined performance expectations or outcomes to hold the STHA accountable for the core services that are described in the Contribution Agreement. The authorities and standards for the core services are listed in the Contribution Agreement without any indication of performance expectations.

3.4.4 Core Services

Little emphasis is placed on the core services of health promotion, health protection/preventive services, continuing care and developmental and support services that are to be provided by STHA under the Contribution Agreement. Most of the services provided by STHA fall within the realm of emergency, acute and diagnostic and rehabilitation services. Some preventive services are provided by the Medical Officer of Health and through enforcement of the Public Health Act. These services do not appear to be evaluated relative to the standards described in the Contribution Agreement.

3.4.5 Policies

The STHA Wide Policy and Procedure Manual has very few human resource and finance policies, and no purchasing or material management policies or procedures. The human resource policy in the Manual is limited to the release of personal information about Authority employees, although the sections on Occupational Health and Safety might be regarded as human resource policy or procedure. Finance policy and procedures are limited to the delegation of signing authority and taxi vouchers.

3.5 Employee Services

3.5.1 Backlog of Work

There is a backlog of work in the STHA Employee Services Department that involves casual staff, superannuation and benefit files. The consultants have been advised that the Department is trying to:

- clear up outstanding casual staff “end dates” and determine their eligibility for benefits;
- clear up 150 superannuation files that go back to 1998, which involves checking the integrity of documents and determining whether all documentation has been provided;
- check 100 benefit files to ensure that staff are receiving the proper benefits;

- review 40 casual staff files where there has been no break in employment since 1998; and
- check the integrity of the information in the staff establishment report.

The Employee Services Department advises that they do not have the staff and systems to function effectively.

3.5.2 Software

The STHA Employee Services Department advises of significant difficulties making corrections and lack of information on the use of the government-wide Peoplesoft software. The software is provided, administered and supported by or through GNWT, and is the primary structure of the human resources management information system at the STHA. The consultants understand that the difficulties reported by the Employee Services staff with the use of the software include:

- corrections to the information system that can not be made quickly because GNWT controls the correction mode and access to the system. New staff at the STHA can not be placed on the system without a position number, and changes in classifications can not be effected at the Authority;
- training on the use of the software is not provided as needed;
- the lack of information on how to generate reports that can be produced by the system; and
- the system is not designed for a 365 day, 24 hour, 7 day week operation like the STHA.

The consultants are advised by the FMBS that steps have been taken to address these issues and there appears to be some misunderstanding about what is or is not available to assist STHA. The FMBS also advises that version 8.3 will address the issue related to shift schedules.

3.5.3 Administration

A number of administrative practices, that may reflect the operational needs or culture of the Stanton Territorial Health Authority, seem to be inconsistent with the provisions of the collective agreement with the Union of Northern Workers, on the basis of information provided by the STHA Employee Services Department.

Some examples of these practices are described below.

- *Housing:* some locum staff stayed in housing beyond the ten day limit this past summer.

- *Hours of work:* the standard hours for staff who work 37.5 hours per week are 08:30 – 17:00 from Monday through Friday. The hours for staff in the Operating Room are 07:30 – 15:30, and 08:00 – 16:00 for staff in Employee Services. Staff is not scheduled to work beyond 12 hours per day or the maximum of 4 consecutive shifts, but could work longer if there is overtime.

- *Daily shifts:* the shifts are not scheduled beyond 16 hours, but staff could work longer if there is overtime.

- *Consecutive shift days:* staff members in Diagnostic and Therapeutic Services who request to work more than the maximum of seven consecutive days must submit a shift schedule change form which is signed off by the supervisor or manager. In Biomedical Services, there are instances where a staff member on duty travel to communities outside Yellowknife can exceed the maximum of seven consecutive days.

- *Consecutive days of rest:* there is sometimes less than 2 consecutive days of rest in Patient Care Services when there is overtime. In Clinic Services, there is only one day of rest when staff members work on Saturdays which usually happens once monthly. There are situations in Biomedical Services where staff can conduct travel clinicals for up to two weeks which happens twice yearly at most.

- *Overtime:* generally authorized in advance if the need is known beforehand, however overtime occurs without prior approval because of sick leave, the lack of casual staff or work demands in areas such as the Operating Room. Overtime is offered to all term and "indeterminate" staff first and then to casuals, to qualified staff who can perform the task, to staff on a list established two months in advance, or is evenly distributed, depending on the service area.

- *Casual staff:* about 40 of these staff have been working since 1998 with no break in employment, which is a breach of the collective agreement. A report is being prepared by the Employee Services Department to outline the impact of past practice for consideration by senior staff.

- *Leaves:* 33 staff members have been granted leave in excess of what has been earned, for example:

    - 23 sick leaves including one leave that exceeds the allowable 15-day advance of credits;

- 6 special leaves including one leave that exceeds the allowable 6-day advance of credits; and

- 4 vacation leaves.

Interestingly, the number of new grievances has declined from 18 in 1997/98 to two in 2001/02, on the basis of information provided by the Employee Services Department. None of these grievances have gone to arbitration.

3.6 Insurance

3.6.1 Liability Insurance

The liability insurance certificate provided by the STHA insurance broker does not specifically include GNWT and employees as additional named insureds or indicate blanket contractual and cross liability coverage, as required in Schedule D of the Contribution Agreement.

Part 3 of the Schedule specifies that the comprehensive general liability and aircraft liability policies "…shall name the GNWT as additional insured with respect to the terms of this Agreement and shall extend to cover the employees of the insureds hereunder." Blanket contractual and cross liability coverage is specified in Part 1 of the Schedule.

The professional and general liability coverage does not apply to any loss, cost or expense arising out of:

- the alleged, actual, threatened or proposed act of sexual harassment, sexual misconduct, sexual molestation, physical abuse or mental abuse of any person; or

- the transmission of disease arising out of any act described in the preceding sentence.

3.6.2 Property Values

The statement of property values as of September 30, 2002 provided by the STHA insurance broker indicates the building value of about $59.2 million for the property described as the "Stanton Regional Health Board" (presumably the STHA), but does not specify any value for equipment or contents as required in Schedule D of the Contribution Agreement.

Part 1 of the Schedule specifies that "all risk property insurance covering the buildings, equipment, contents and similar property of the facilities owned, leased, held in trust or operated by the Board, on a new replacement cost basis." It is not known whether the property values for insurance purposes are based on recent appraisals of replacement costs.

3.6.3 Certificates

The certificates of insurance provided by the STHA insurance broker do not indicate whether GNWT is to be given notice prior to any material changes or cancellations of the insurance policies as required in Schedule D of the Contribution Agreement. Part 2 of the Schedule specifies that "all policies shall provide that thirty (30) days written notice be given to the GNWT prior to any material changes or cancellations of any such policies."

3.7 Financial Reporting

Quarterly financial reports are prepared by the STHA Finance Department for the Board that show budget and actual revenues, expenditures and variances, as well as year-end projections of actual expenditures, for the five areas of operations, patient care, medical, executive and undistributed. Explanations for the variances are also provided.

The report shows a positive variance of $58,300 for the first quarter ended June 30, 2002 and a projected negative variance of $41,000 at year-end. The Finance Department advises that there are currently no "draw downs" on the STHA bank line of credit.

Quarterly financial reports are prepared by the STHA Finance Department for Managers that show budget and actual revenues, salaries, benefits and supplies, as well as variances and year-end projections of actual expenditures. The consultants were advised that the Finance Department is attempting to provide Managers with monthly electronic financial reports; however, it is not possible to "drill down" for more detail because of the limitations of the current financial software. The Finance Department would like to upgrade this software, which may also help alleviate the demands on what the Department regards as an understaffed function.

The Finance Department uses the ORMED financial/material management software, which is separate and independent from the system used by GNWT. The consultants have been advised that this software integrates accounts receivable, accounts payable, inventories and the general ledger, and has a payroll and human resources module. The Finance Department has proposed that the software be upgraded from the fairly old DOS version to a new Windows version to better meet the frequent, detailed financial information needs of STHA Managers, Executive and Board.

4. RECOMMENDATIONS

1. The GNWT should consider realigning the accountability framework with respect to the Delegated Authority provisions of the Public Service Act to ensure direct lines of accountability among the GNWT, Minister, STHA and its CEO.

Comment:

A proposed solution is beyond the scope of this review; however, the current situation creates confusion around roles and responsibilities.

For example, the CEO, who is currently the Deputy Head, is not a member of the public service, and it is therefore very difficult for the Minister or Chairman of the Finance Management Board Secretariat to hold the CEO accountable for decisions under the collective agreement. The only consequence of non-compliant decisions by the CEO appears to be letters from the Secretary of the Finance Management Board Secretariat. Deputy Head is defined under the collective agreement as "the Deputy Minister of a department, the Chief Executive Officer or President of a board or agency, or a person duly appointed as a Deputy Head."

The Chair is appointed by the Minister under the Hospital Insurance and Health and Social Services Administration Act, and the Board is responsible for the management, control and operation of the designated health facilities. Part 9 of the Financial Administration Act indicates that the Board is "ultimately accountable, through the appropriate Minister, to the Legislative Assembly for the conduct of its affairs."

2. References to "governance" and "management" need to be clarified in the Health Insurance and Health and Social Services Administration Act.

Comment:

Currently, the role of the Boards is limited to the management, control and operation of designated health facilities to the extent qualified by regulations, orders or directives by the Minister. Clause 17 of the Act, which provides for the appointment of a Public Administrator under certain circumstances to manage a health facility, is one example of references to a "governing" body. Any decision to delegate governance to local health and other authorities should be considered from a broader philosophical and system perspective.

3. Modify the provisions of the Financial Administration Act and the STHA Contribution Agreement, because of the requirement under the Act that "an expenditure shall not exceed the Estimates on which the appropriation is based" (i.e., no over-expenditures or deficit) which seems inconsistent with the carry forward under the Agreement of deficits and surpluses from one year to the next in accordance with certain policies.

Comment:

It appears that the earlier operating deficits of the STHA were outside the statutory powers of the Board; however, this has been mitigated by the recognition of deficits and surpluses under the Contribution Agreement.

4. **Ensure that the STHA corporate plans are reviewed by the Board and submitted to the Minister for approval as required under clause 91 of the Financial Administration Act.**

Comment:

The plans for the periods 2001-2004 and 2002-2005 have not been submitted to the Minister.

5. **Update the bylaws of STHA annually.**

Comment:

The bylaws were last updated in June 1998.

6. **Review the core services provided by the Board to ensure that they are consistent with the relevant strategic directions of Health and Social Services. Review the adequacy of the core services of health promotion, health protection/ preventive services, continuing care, and developmental and support services that are to be provided by STHA under the Contribution Agreement, because of the seemingly limited emphasis that has been placed on these services.**

Comment:

Nine of the 22 strategic directions seem relevant to health care; however, only three have been addressed in the draft STHA Business Plan for 2001-2004. The Board is required under the Contribution Agreement to provide services that are consistent with the strategic direction of Health and Social Services.

7. Define meaningful performance expectations or outcomes for each relevant strategic direction of the DHSS and for the core services that are described in the Contribution Agreement.

Comment:

Clear expectations or outcomes are needed to better align strategic directions, core services and delivery systems.

8. Review the current Board policies on results, CEO constraints, Board-CEO relationships and Board operations to ensure that they are consistent with the power of the Board to manage, control and operate designated health care facilities and also enable the CEO to administer the facilities on a daily basis.

Comment:

Include key human resource, finance and purchasing/material management policies and procedures in the STHA Wide Policy and Procedure Manual.

The current governance model is inconsistent with the legislated mandate of the Board to manage, control and operate designated health care facilities.

Very few administrative policies are included in the Manual. Some examples of key policies include:

- Human Resources:
  - Staff recruitment and retention;
  - Promotions and transfers;
  - Succession planning;
  - Training and development;
  - Staff recognition;
  - Classification and compensation; and
  - Conflict of interest.

- Finance:
  - Financial reporting principles;
  - Investments;
  - Inventories;
  - Revenue recognition;
  - Capitalization of costs; and
  - Amortization/depreciation.

- Purchasing/Materials Management:
  - Quotations;
  - Requests for proposals;
  - Tenders;
  - Inventory costing;
  - Commitments; and
  - Vendors.

9. Engage temporary administrative assistance for the Employee Services Department to "catch up" on a backlog of work involving casual staff, superannuation and benefit files.

Comment:

Temporary full-time assistance should be provided for a period up to six months pending completion of the staffing review of Employee Services that was apparently initiated earlier.

10. Identify and resolve the ongoing issues related to the use of the GNWT Peoplesoft software.

Comment:

The current reliance on GNWT Peoplesoft software and associated controls is frustrating the operating efficiency and effectiveness of Employee Services. Identify the issues and establish small working groups to address and remedy the situation.

11. Determine and recommend changes that should be made to the collective agreement with the Union of Northern Workers to better reflect the operating needs and practices of the Stanton Territorial Health Authority, and to reduce the likelihood of future non-compliance with the agreement.

Comment:

Some clarifications or changes in the agreement appear necessary. For example,

- Some staff:
  - work outside the hours of work that are currently specified in the agreement;

- exceed the maximum hours per shift because of unscheduled or unexpected overtime; or

- have less than two consecutive days of rest because of overtime or working on Saturdays;

➢ Changes in the specified masterwork schedule may increase the likelihood of its acceptance by staff; and

➢ Some flexibility in approving leaves beyond the normally allowable limits may help reduce the potential for non-compliance with the agreement.

12. Comply with the insurance requirements of the Contribution Agreement with GNWT by including:

➢ **GNWT and employees as additional named insureds under the comprehensive general liability insurance policy;**

➢ **blanket contractual and cross liability coverage if not included as part of the liability insurance coverage;**

➢ **equipment and contents at the Stanton Territorial Health Authority in the statement of property values for all risk property insurance coverage; and**

➢ **30 days written notice to be given to GNWT prior to any material changes or cancellations of insurance policies.**

Comment:

The insurance certificates provided by the STHA insurance broker do not indicate compliance with the preceding requirements in the Contribution Agreement.

13. Determine whether the payroll and human resources module of an upgraded windows version of the ORMED financial/material management software system (or other comparable system) will meet the information and human resource management needs of Employee Services.

14. Upgrade the ORMED system as soon as possible to better meet the detailed monthly financial reporting needs of the STHA Managers.

Comment:

These changes could enable more effective management of limited STHA resources.

SECTION V – GOING FORWARD

The current situation at the STHA is serious and is not sustainable in the medium or long-term. Immediate action needs to taken to address the identified areas of weakness. The report contains principal findings and specific recommendations for each major component: Overall Management, Human Resources and Delegated Authority. In some cases, the major components contain common/similar recommendations e.g. develop and implement a recruitment and retention strategy. These recommendations are reported separately rather than being combined because they were derived by applying different criteria: best practice, compliance standards and staff survey data. Common recommendations represent areas of convergence and should be viewed as high priority action items.

A focused, planned and coordinated approach, which directly involves the key stakeholders, will be required to ensure a successful outcome. A joint action plan could be used as a vehicle to ensure coordination of the various stakeholder initiatives while allowing the key stakeholders including the GNWT, the Minister of Health and Social Services, DHSS, STHA to act decisively in those areas of prime responsibility. The action planning process needs to build a sense of ownership and commitment for specific recommendations among the stakeholders. Key stakeholders need to recognize that while some recommendations can be addressed in the short-term with immediate results; others can be initiated now but will not produce demonstrable results for several months.

The key elements of the action plan should include:

- A sense of urgency and commitment;
- Clearly defined accountabilities for each recommendation and associated tasks;
- Aggressive but achievable timelines;
- Desired results need to be stated in realistic and measurable terms; and
- Timely and transparent updates to the staff, physicians, public and other stakeholders.

The STHA has many existing strengths, especially its people and their commitment and desire, to make a more effective contribution to the overall health of the NWT population. Effective leadership has successfully guided other health authorities in Canada through similar situations. These health authorities are now highly successful and respected health care organizations. The STHA can be equally as successful with similar resolve and effort.

APPENDIX A

INTERVIEW LIST

INTERVIEW LIST

Operational Review Interviews

- Board Members 7
- Executive/Senior Management 4
- Medical Staff (active) 6
- Others – union representatives; managers, former staff, etc. 8

Human Resources Review Interviews

- Administration/Support Services – human resources; plant; administration; registration 6
- Nursing – operating room; pediatrics; emergency; survey; obstetrics; medicine; psychiatry 34
- Management 3
- Physicians 1
- Allied Health – laboratory; pharmacy; D/I; rehabilitation services 6
- Exit Interviews:
  - Nurses 13
  - Managers 3
  - Administration/Support Staff 3
  - Allied Health 1

Delegated Authority Review Interviews

- Government of the Northwest Territories – Health and Social Services; Municipal and Community Affairs; Finance Management Board Secretariat; Corporate Review and Transition Planning 7
- Administrative Staff 3

APPENDIX B

NURSING REVIEW

STANTON REGIONAL HEALTH AUTHORITY NURSING REVIEW

INTRODUCTION

As part of the Stanton Territorial Health Authority comprehensive operational review the utilization of nursing resources was assessed to determine the ability to fulfill their mission and mandate with the current nursing resources. The review focused on their ability to maintain a competent nursing work force to provide the services required to support patient care for the region served by the STHA in Yellowknife.

Data collected for the nursing review included a number of documents and data elements that provided a picture of the current services provided at Stanton and which outlined the resources being utilized to provide the variety of services as well as the issues related to resourcing the services. Discussion with the Director of Patient Care Services and with one of the consultants involved in staff interviews for the human resources review helped clarify and validate some of the information reviewed.

It was clear from the initial assessment that the key issue for the STHA's Patient Care Services division is instability within the management team and in the frontline nursing work force. Management struggles with the need to provide a wide range of services on an ongoing basis for low volumes of activity yet having to be prepared to meet high activity and acuity needs on a more sporadic basis. This report identifies the factors contributing to the issues at Stanton and includes some recommendations to improve the situation and stabilize the work environment. Once stability is achieved and data collection is enhanced then a thorough staffing analysis should be undertaken.

METHODOLOGY/LIMITATIONS

Information collected to support the review of the utilization of nursing resources at the Stanton Territorial Health Authority included a number of components that describe the workforce and services available at the STHA. The following were the key pieces of information reviewed:

- Nursing Division organizational charts.
- Service profiles for each of the patient care departments/units.
- Staffing information including the budgeted staff FTEs and the master rotations for each of the care units as well as the vacant nursing positions.
- Patient activity data showing historical data and future targets for all services.
- Patient Care Services goals and objectives for the years 2000 to 2003.
- Overtime and absenteeism hours and costs for the division for the 2001/02 fiscal period.

Telephone discussion occurred with the Director of Patient Care Services to review the above information and to examine her perception of the issues that currently exist for each of the

patient care areas and for the management team as they endeavor to maintain adequate resources to provide a variety of services to meet the needs of the territorial region they serve.

Communication also occurred with one of the consultants involved in the Human Resources review at STHA to receive information on the general state of nursing morale and satisfaction with the current work environment at the STHA. This consultant interviewed a number of managers and front line staff and shared the key themes arising from these interviews relative to the nursing workforce.

A site visit did not occur to initiate this portion of the review which potentially limits the all-inclusiveness of the information studied and perhaps the completeness of the review process.

Another limiting factor for this review was the type of activity and acuity data that was available to assess the level of patient care required for each of the services. Patient days and visits are the only data available to measure workload currently. For Emergency there are only visits documented with no classification of these visits available for this review. A thorough assessment of the nursing staff requirements for meeting the service mandate can be achieved when activity data describes the acuity of the work being performed.

FINDINGS

The Stanton Territorial Health Authority is expected to provide a variety of services to fulfill their role as the territorial care center. They have a capacity for 100 inpatient beds and 30 day care spaces to accommodate the different services. There are also a number of outpatient services provided within the community in Yellowknife and at outpost clinics throughout the territory. Although the STHA supports a very large geographical area the population they support is relatively small. One of the major challenges for the STHA is to maintain competency within the resources when the activity is low but be prepared for activity peaks and for the sporadic high acuity patient care events.

The list of services that Stanton plans to maintain is expansive and extends from critical care specialties to extended care for the long term care needs. Activity for all the services has remained relatively constant for the past ten years with only very slight increases showing for the past two years for medicine, ICU and pediatric inpatients. Activity data especially for the inpatient units and emergency services does not represent the level of acuity of the patients being served.

The management team for the patient care division has had tremendous turnover for the past several years. Currently there are new people in many of the positions including the Director position. The new managers at the front line are frequently hired without management experience and there is no formal training mechanisms to ensure these new people can develop effectively to be competent team players.

Vacancies in the nursing positions have increased over the past few years due to difficulties recruiting experienced nurses into the positions. The current vacancy rate appears to be approximately 14% of the permanent nursing positions and many of these vacancies are for the specialty service areas where nurses require special training. Recruitment efforts to date have not been successful at improving the adequacy of the nursing workforce however there is work underway to develop and implement more satisfactory recruitment and retention strategies.

There was concern expressed regarding the adequacy of the staffing resources related to the work performed at Stanton. There has been a staffing analysis conducted by an external consultant a few years ago to assess the staffing levels at that time however the results of that analysis were not reported. A staffing level analysis would be an asset once there is some stability in the nursing and management positions and, more critically, once there is activity data that represents the acuity of the patients.

Resources for training nurses have not met demand over the recent past especially in this environment where there is a lack of experienced nurses seeking employment with the STHA. Options to having permanent resources available on site for training have been explored and these options are important to pursue especially for the immediate training needs of the specialty services staff. Training deficiencies have caused a number of service interruptions at Stanton not to mention that well trained staff are a confident work force who stay on the job.

The following outlines the services that were studied with brief descriptions of there profile and issues that currently exist within the services.

1. Mental Health Services:

- The manager has been here for some time but is currently also managing the surgical and maternal/child services in an acting position.
- Inpatients are cared for on a 10 bed inpatient unit for short stay patients (short stay is defined as approximately 10 days or less).
- An outpatient Mental Health Clinic operates daily Monday to Friday.
- They have a full time psychiatrist now to support the mental health work whereas they previously had a visiting psychiatrist attend once a week.
- The staffing positions are filled and there are available casual staff to support this program so the functioning of this service has improved.

2. Surgical Services:

- The manager position was vacant. There were failed attempts to recruit an experienced manager so they have recently promoted a staff member, with no management experience, to fulfill this role.

- The service consists of an Operating Room (OR) and Post Anesthetic Recovery Room (PARR) which function as a combined unit, a 14 bed inpatient unit and a surgery day care unit.

- The OR/PARR operates 2 surgical theatres where they perform approximately 2300 surgical cases annually.

- They experience high numbers of cancellations but have no availability of short notice patients to fill in the unused booking times.

- Experienced OR/PARR nurses are extremely difficult to recruit therefore there are ongoing training needs to keep the nurses competent especially when they are required to take call for the after hours emergency OR cases.

- There are nurses assigned to be on call for evenings, nights and weekends for the urgent after hour cases.

- The surgical theatres are closed for 6 weeks annually during peak holiday seasons.

- They have good anesthesia coverage to cover the theatres and after hours activity.

- They have a funded permanent charge position but there has been difficulty keeping this position filled. There has been high turnover in management and charge roles in this program.

- Conflict between the staff in the OR is detrimental to the work environment.

- Inpatient unit has had unusually low occupancy for the past 2 years because of extended OR closures during these periods.

- There are 2 staff vacancies out of 11 positions apparent on the payroll form.

- The Day surgery unit has 10 stretchers and operates Monday to Friday providing pre- and post-operative care for day surgery patients and the staff also perform the preadmission clinic functions for the surgical patients.

3. Medicine:

- A new manager who was the educator for the program is now responsible for the medicine unit, extended care unit, ICU and respiratory services.
- The Medicine unit is a 20 bed unit that operates at a 80% occupancy.
- There appears to be 1 vacancy out of 13 nursing positions based on the payroll budget document.
- They experience difficulty accessing beds for their long term care patients in spite of having an extended care unit on site and another facility in Yellowknife for long term care.
- The Extended care unit has 11 beds and patients who are admitted to this unit must meet admission criteria.

4. ICU/Special Care Unit:

- The Special Care Unit is currently closed due to the high vacancy rate for specially trained RNs.
- This is a 4 bed unit in close proximity to the medicine unit.
- Care is provided for critically ill patients who may be ventilated and to coronary care patients requiring continuous monitoring.
- They experience an extremely low patient census in this unit where they show a 37% occupancy of the 4 beds for the 2001–2002 fiscal year.
- The goal is to have the unit reopened with adequate staffing by January 2003.

5. Ambulatory Services:

- The manager of Ambulatory Services has been in this position for some time and she is responsible for Emergency, Medical Day Care, Dialysis and the Float Pool.
- Emergency visits have been stable for the past several years at approximately 18,000 visits.
- Visits to emergency have not been classified according to severity/workload in the past but they are starting to code the visits using the discharge diagnosis to code the nursing workload classifications.

- There is no formal triage process in emergency but this is identified as a goal for the future for this department.

- The ICU trained staff who have remained with the organization are currently augmenting the resources in emergency while the ICU is closed.

- A significant number of the emergency visits are reported to be patients who are not able to access an appointment at the physicians offices however because there is no coding done this number is not quantifiable.

- Because of the number of potentially violent patients who attend the emergency department, the plan is to implement night security in the unit.

- A Float Pool consists of 13 permanent float positions that make up 12 FTEs of RN staff (4 of these positions are currently vacant).

- A goal is to have 2 separate float pools, one for critical care and the other to support the non-critical care areas and in fact they have recently converted relief dollars to 6.0 FTEs of relief positions for the medical and surgical areas.

- The permanent float pools are seen to be essential because of the difficulty maintaining or attracting adequate numbers of casual staff for relief.

- An issue identified for the floats is the difficulty of adequately monitoring their activity and productivity when there are no supervisory staff on site in the off hours.

- The Day Medical Unit operates Monday to Friday and provides mostly endoscopy and chemotherapy services.

6. Maternal Child Services:

- A new manager with experience in obstetrics and management has been recruited and is expected to arrive in the near future; meanwhile the mental health manager is acting as manager of this area.

- Services include obstetrics (Labor & Delivery, Postpartum, and Nursery) and pediatrics.

- Obstetrics activity has been consistently about 600 deliveries per year for the past several years.

- The physical space for the obstetrics work is ample however retaining properly trained nurses is an ongoing challenge.

- The payroll document shows 1 vacancy out of 15 nurse positions but the Director of Patient Services identifies recent new vacancies that are increasing the strain for maintaining this service effectively.

- An increase in the amount of higher risk activity was also identified by the Director and this increase relates to other staff vacancies in the communities who are responsible for prenatal care in the outlying regions.

- They have recently implemented a clinical leader position for the obstetrics area and this person will be responsible for being in charge of the unit and for staff training.

- Obstetrics has separate areas for labor and delivery, postpartum and nursery but they plan to ensure the training of staff includes all areas of expertise required to work in any of the areas.

7. Pediatrics:

- A large unit for Pediatrics is made up of 26 beds that are occupied 59% of the time.

- The patient activity on this unit fluctuates seasonally with activity peaks occurring during winter and low activity experienced around holidays and summer seasons.

- During peak season of RSV activity they experience very high occupancies and increased acuity of the work but there are other times when the occupancy and acuity are very low.

- During low activity seasons the pediatric and surgery patients are combined on the pediatric unit because the low activity coincides with OR closure times. The staff do not appreciate this consolidation and express concern for the patient care when the units are combined.

- A goal is to train the pediatric nurses with neonatal resuscitation skills so they can assist on obstetrics when needed.

- There appears to be 2 vacancies in the 14 positions on pediatrics.

KEY ISSUES

1. The Patient Services Management team has had frequent turnover for several years and is currently made up of new people in most of the positions. Many of the new managers are inexperienced in the management role. The team is still not complete so that one manager continues to function with an expanded role.

2. There are a number of service delivery and operational issues documented that need to be addressed, and in spite of the instability within management many initiatives are being planned and/or implemented without giving much attention to prioritization of the initiatives.

3. Front line nursing staff turnover is not being successfully managed with the current recruitment strategies. The current vacancy rate of approximately 14% is creating service disruptions especially in the specialty areas.

4. Staff orientation and training has been inadequate and continues to be inadequate especially as it becomes necessary to recruit inexperienced nurses to the vacant positions.

5. Activity at the STHA has been relatively constant for several years based on numbers of patients treated. Activity data collected is basic and does not describe the acuity of the work being performed and therefore is inadequate to use in making staffing level decisions.

6. Low volume specialty services are extremely difficult to manage and come at a high cost per case. At STHA the ICU and Obstetrics services require highly skilled staff to care for small numbers of patients on a 24 hour basis.

7. There are a number of goals and objectives identified for each service within the patient care division and although they are all important initiatives there has not been a plan developed that prioritizes these activities.

8. As the recruitment focus increases there needs to be equal concern placed on the strategies for retaining staff. A key strategy for nursing staff retention is ongoing development and education that adequately meets the needs for them to be able to perform confidently in their position.

SUMMARY OF RECOMMENDATIONS

SUMMARY OF RECOMMENDATIONS

OVERALL MANAGEMENT REVIEW

1. The Minister should approve the proposed Accountability Framework (draft, September 25, 2002) and Model of Trustee Leadership (draft, September 30, 2002) as soon as possible. If this is not possible, the STHA should adopt this framework as an interim measure until an Accountability Framework is confirmed.

   - The STHA should plan and hold an education session to ensure a common and shared understanding of the roles and responsibilities of the Board and Executive.

   - The STHA should review and amend Board policies and to ensure alignment with the accountability framework.

2. The Minister should initiate a process to define the service mandates and plans of the various Health Boards with specific emphasis on the service mandate of the STHA, as it is the primary referral centre for the NWT. If this is not possible in the near future, the STHA should initiate immediately an internal strategic planning process. This process would include the following:

   - Define and quantify the core health services to be provided from a primary, secondary and tertiary care perspective based on current and projected needs.

   - The service plan should identify: goals strategic priorities, results to be achieved, major strategies, and performance measures for the health system.

   - Define and quantify the human, financial and capital resource requirements to fulfill the defined service mandate and address the strategic priorities.

3. The STHA should discuss, confirm and implement, immediately, the planning proposal developed by Board's Planning and Priorities Committee.

4. The STHA Board should assess the capacity and ability of the current Executive to develop and establish the required business planning systems and provide the necessary strategic leadership. These business systems would include the necessary structures, mechanisms and processes to effectively and proactively manage in this dynamic and challenging environment. If the STHA determines that this capacity exists, the STHA should direct the Executive to develop and deliver a business systems development plan with the associated resource requirements within three months.

5. The STHA should direct that future Financial Plans incorporate current and projected resource requirements based on the identifiable and anticipated human, service and capital needs.

6. The STHA should direct the Executive to perform a thorough cost-benefit analysis of its major contract with Nunavut. The GNWT should conduct a similar analysis of its contract with Capital Health with input from the STHA.

7. The STHA should direct the Executive to prepare a comprehensive recruitment and retention strategy with associated accountabilities, timelines, financial implications and deliverables within three months.

8. The Minister should approve the Recruitment and Retention Plan developed by the Department of Health and Social Services.

9. A Physician Resource Plan needs to be developed with input from all the key stakeholders and needs to be aligned with the health service mandates and plans of the STHA, City of Yellowknife, other communities and GNWT.

10. The STHA should direct the Executive to develop a comprehensive communication plan and communications function with adequate capacity. This communications plan should be conducted and aligned with the communication plan of the DHSS.

11. Conduct an intensive management development program for all the managers in the Patient Care division. This will be a long term initiative but the rewards should begin early in the process and continue throughout the program.

12. Develop and implement an aggressive recruitment and retention strategy for nursing positions.

13. Implement strategies that assure appropriate training for the nursing resources currently working at Stanton.

14. Have a staffing analysis conducted for the purpose of determining appropriate staffing levels for all services at Stanton once there is stability in the management and frontline nurse positions and there is adequate acuity data to use for the analysis.

HUMAN RESOURCES REVIEW

1. Confirm the mandate and roles the Employee Services function within the STHA organization.

2. Reposition the Employee Services function to give it a higher profile within the STHA organization.

3. Develop a formal Employee Services operating plan.

4. Confirm the skill and service mix appropriate to deliver the approved Employee Services mandate.

5. Develop a formal Human Resources Staffing Plan as part of the overall STHA strategic and operational plans.

6. Develop and implement a comprehensive recruitment strategy, considering the inclusion of an array of specific elements outlined in this section.

7. Develop and implement a cost-effective and equitable retention strategy that includes:

   - a review of the effectiveness of existing retention and attraction strategies and investments; and,

   - the development of success criteria and measures to monitor and evaluate new initiatives.

8. Provide and support enhanced training, development and educational opportunities.

9. Confirm and communicate the compensation philosophy and approach for STHA.

DELEGATE AUTHORITY REVIEW

1. The GNWT should consider realigning the accountability framework with respect to the Delegated Authority provisions of the Public Service Act to ensure direct lines of accountability among the GNWT, Minister, STHA and its CEO.

2. References to "governance" and "management" need to be clarified in the Health Insurance and Health and Social Services Administration Act.

3. Modify the provisions of the Financial Administration Act and the STHA Contribution Agreement, because of the requirement under the Act that "an expenditure shall not exceed the Estimates on which the appropriation is based" (i.e., no over-expenditures or deficit) which seems inconsistent with the carry forward under the Agreement of deficits and surpluses from one year to the next in accordance with certain policies.

4. Ensure that the STHA corporate plans are reviewed by the Board and submitted to the Minister for approval as required under clause 91 of the Financial Administration Act.

5. Update the bylaws of STHA annually.

6. Review the core services provided by the Board to ensure that they are consistent with the relevant strategic directions of Health and Social Services. Review the adequacy of the core services of health promotion, health protection/ preventive services, continuing care, and developmental and support services that are to be provided by STHA under the Contribution Agreement, because of the seemingly limited emphasis that has been placed on these services.

7. Define meaningful performance expectations or outcomes for each relevant strategic direction of the DHSS and for the core services that are described in the Contribution Agreement.

8. Review the current Board policies on results, CEO constraints, Board-CEO relationships and Board operations to ensure that they are consistent with the power of the Board to manage, control and operate designated health care facilities and also enable the CEO to administer the facilities on a daily basis.

9. Engage temporary administrative assistance for the Employee Services Department to "catch up" on a backlog of work involving casual staff, superannuation and benefit files.

10. Identify and resolve the ongoing issues related to the use of the GNWT Peoplesoft software.

11. Determine and recommend changes that should be made to the collective agreement with the Union of Northern Workers to better reflect the operating needs and practices of the Stanton Territorial Health Authority, and to reduce the likelihood of future non-compliance with the agreement.

12. Comply with the insurance requirements of the Contribution Agreement with GNWT by including:

- GNWT and employees as additional named insureds under the comprehensive general liability insurance policy;
- blanket contractual and cross liability coverage if not included as part of the liability insurance coverage;
- equipment and contents at the Stanton Territorial Health Authority in the statement of property values for all risk property insurance coverage; and
- 30 days written notice to be given to GNWT prior to any material changes or cancellations of insurance policies.

13. Determine whether the payroll and human resources module of an upgraded windows version of the ORMED financial/material management software system (or other comparable system) will meet the information and human resource management needs of Employee Services.

14. Upgrade the ORMED system as soon as possible to better meet the detailed monthly financial reporting needs of the STHA Managers.