

Hospital Report 2005: Acute Care

System Integration & Change Technical Summary

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Overview

Hospital Report 2005: Acute Care includes System Integration and Change indicators in addition to the more traditional areas of performance assessment. System Integration and Change indicators assess efforts made by Ontario hospitals to improve linkages with other providers of care, to invest in better information for decision-making, and to support human resources. This section of the *Acute Care Technical Summary* presents additional details of the methodology and results not provided in the *Hospital Report 2005: Acute Care Executive Summary*.

Unlike the other three quadrants, there are few accepted standard measures in the areas captured by the System Integration and Change indicators. While some hospitals collect measures of employee skills and training, few measures of human capital and organizational learning are available through existing administrative databases. Available measures are also often unusable because variations in data coding create difficulties in comparing performance across organizations. Thus, the indicators used in the System Integration and Change quadrant of *Hospital Report 2005: Acute Care* were derived from data from three survey instruments, (i) the Corporate System Integration and Change survey, (ii) the Acute Care System Integration and Change survey, and (iii) the Healthy Work Environment section of the Complex Continuing Care Services and Rehabilitation Services System Integration and Change survey.

For each System Integration and Change indicator, this *Acute Care Technical Summary* provides a detailed description of the calculations used to arrive at indicator values and performance categories for participating hospitals. In addition, data on the distribution of scores for each indicator are provided for the province as a whole, as well as for teaching, community, and small hospital groups individually.

Methodology

The following sections describe the methodology used to identify indicators for *Hospital Report 2005: Acute Care*, including the modification of the survey instruments, addition of new questions, the data collection process, a description of how each indicator was constructed, and the process used to determine the 3-scale performance categories in *Hospital Report 2005: Acute Care*.

Redevelopment of the Corporate and Acute Care System Integration and Change Surveys

Indicators designed to measure change and integration must themselves evolve with changing times and reflect emerging innovations and practices. As such, a challenge in developing and selecting indicators for the 2005 Report was the need to balance consistency (so that performance can be measured over time) with a staged and necessary evolution process that ensures the quadrant remains meaningful over time.

In developing the survey for this year's report, current literature was reviewed and consultations were held with clinicians and managers to revise and update the indicators and identify potential new indicators. Draft questionnaires including new questions accompanied by a document summarizing the revisions made and areas needing further clarification, were then distributed to the Advisory Panel to elicit feedback on the clarity and face and content validity of the questions developed. Feedback obtained during a meeting of the Advisory Panel was then incorporated into the final draft of the questionnaires.

As in 2003, the Acute Care 2004 survey was divided into two separate survey instruments, Corporate and Acute Care. In addition to questions that were added and removed during the redevelopment process, minor changes were also made to existing question items in both survey instruments. For example, in the 2003 surveys, many questions made reference to practices performed "in the last fiscal year", whereas in the 2004 surveys, this item changed to "currently" to provide more timely data. Some other changes include questions related to internal governance that were added to the Corporate survey, and a new utilization management question was added to the Acute survey.

Describing the 2005 Hospital Report: Corporate and Acute Care System Integration and Change Survey

In total, both the Corporate and Acute Care surveys contained the following four sections:

- Management of Human Resources
- Investments in Intellectual and Information Resources
- Use and Dissemination of Information for Decision-Making
- Internal and External Integration of Care

These four sections encompass 60 questions (35 in the Corporate survey and 25 in the Acute survey).

Describing the Survey Process

The surveys were sent to 123 acute care hospitals in Ontario in January 2004. The hospitals included those who were participating in the hospital-specific portion of *Hospital Report 2005: Acute Care*, as well as those only participating in the province-wide analysis (called system-wide hospitals). System-wide hospitals were sent surveys so that the researchers could obtain a picture of system integration and change activity for the province as a whole.

The survey was sent to hospital presidents or chief executive officers. However, given the length of the survey and its division into discrete sections, the research team requested that the most appropriate person in the organization complete each section. This helped to reduce the burden on any one individual and, more importantly, helped to ensure that each section was completed by the person in the organization with the most knowledge of that area.

Hospitals were given approximately six weeks to complete the survey. Two weeks after the initial distribution of surveys, follow-up telephone calls were made to hospitals that had not returned the surveys. Reminder notices were sent two weeks after the follow-up calls to hospitals that had not yet responded. A total of 108 organizations returned surveys for a response rate of 88%. All of the hospitals participating in the hospital-specific portion of *Hospital Report 2005: Acute Care* completed and returned a survey and 40% of system-wide hospitals also completed surveys (compared to 57% in *Hospital Report '03*). Fifteen hospitals did not return surveys. Responses, by hospital type, are presented below.

Table 1.1: Surveys Returned

	Surveys Returned		Surveys Not Returned		Total
	Hospitals Participating in Hospital-Specific Results	System-wide Hospitals	Hospitals Participating in Hospital-Specific Results	System-wide Hospitals	
Teaching	12 *	1	0	0	13
Community	64	2	0	2	68
Small	22	7	0	13	42
All Hospitals	98	10	0	15	123

*The Ottawa Heart Institute has been included in The Ottawa Hospital Corporation

Data Quality

The six indicators for this quadrant were based on hospital survey data that are inevitably subject to a "social desirability bias". That is, consciously or unconsciously, respondents may answer questions in a way that puts their organization in the best possible light. To counteract this bias, an effort was made to construct survey questions that focused on specific behaviours rather than attitudes. Despite this focus, opportunities remained for varying interpretations, and some degree of interpretation may still be reflected in answers to many of the questions.

CIHI performed data entry and data quality checks to ensure that the data received were accurate and reflective of the circumstances in hospitals. A template identical to the survey was developed in a secured database. Data from each survey were entered by two separate people, and then the two entries were compared. If there were discrepancies, the original paper survey was assessed and the dataset was corrected. If a hospital responded in a "check all that apply" style but the question indicated, "check only one answer", the highest value was recorded. All questions with missing data were flagged for follow-up. Phone calls to inquire about missing information on questions used in indicator calculations were made to the appropriate section's contact person. Sections of the survey were faxed to the contact person if a significant number of questions were left blank. Deadlines, approximately two weeks in length, were emphasized in order to receive the

information within an appropriate timeframe. Two programmers developed SAS code for the indicator calculations independently of each other and the values attained were identical. Outliers were identified and phone calls were made to hospitals when necessary. Random manual checks on hospitals with indicator scores that were high or low outliers were done by examining the original surveys.

Developing the Indicators

Once the surveys were received by all hospitals and the data entry was completed, the process of reviewing the questions to be used in the System Integration and Change indicator calculations for *Hospital Report 2005: Acute Care* began. Response distributions were calculated for each question in the Corporate and Acute Care survey. Questions that had more than 10% of missing answers and/or elicited a number of queries from respondents about instruction for completion were considered for exclusion in the construction of indicators, as these were indicative of potential problems with interpretation. Additionally, questions where there was little variation in the responses between hospitals were also considered for exclusion because it may indicate the item is no longer innovative as the practice has been adopted by most hospitals. Advisory Panel participants provided guidance on indicator composition and the relative importance of the indicator components. Preliminary recommendations for including/excluding each question and question items in the proposed indicators were distributed to the Advisory Panel for feedback and discussion. These preliminary recommendations were based on the distributions and quality of responses and individual hospital feedback. At the Advisory Panel meeting, survey questions were discussed and group consensus sought regarding which questions and question items should be included in each indicator and how they would be scored.

In addition, the Advisory Panel provided advice on questionnaire item weights to be used in aggregating the items into indicators. A visual analogue scale, using visual representation of the questions making up a given indicator, was employed to elicit a weight for each of the questions. For each indicator, Advisory Panel members were provided with the proposed scoring methodology and the associated general principles for each question making up the indicator. A separate form was provided that included a pre-measured line on which Advisory Panel members were asked to draw a vertical line to represent the importance of each question. The final weight assigned to each question making up and indicator was calculated using the mean of the weights suggested by each of the Advisory Panel members.

For the overall distributions and the distributions by peer group (teaching, community and small hospitals) for the 2004 Corporate, Acute Care survey items used in the calculation of the six System Integration and Change indicators, please refer to the end of the *Technical Summary*.

The six System Integration and Change indicators used in *Hospital Report 2005 Acute Care* are:

1. Use of Clinical Information Technology

2. Use of Data for Decision-Making
3. Use of Standardized Protocols
4. Community Involvement and Coordination of Care
5. Management and Support of Human Resources
6. Healthy Work Environment*

*the Healthy Work Environment Indicator is based on data collected from Healthy Work Environment section of the Complex Continuing Care Services and Rehabilitation Services System Integration and Change survey. The distribution of responses to survey items used in this indicator are provided at the end of this Technical Report. For more information about this survey please refer to the Technical Notes for Complex Continuing Care and Rehabilitation

Comparability of Indicator Results

Due to the redevelopment of the Corporate and Acute SIC surveys, most of the questions that comprise this year's indicators have changed from 2003, although there are several questions that have remained the same. The scoring and weighting of the questions have also changed after input from the Advisory Group. Therefore, the indicators are not directly comparable to the results of *Hospital Report 2003: Acute Care*.

Scoring of the Indicator

A detailed description of the questions used in *Hospital Report 2005: Acute Care* and points allocated in the construction of each of the six indicators is provided below. To calculate the indicator score, each question must be multiplied by the specified weighting. For example:

Hospital A received 18 points for Question X out of a possible total of 25 points. To calculate the contribution of this question to the indicator score, divide hospital A's score (18) by the total possible points (25) and multiple by the specified weighting for Question X (23%). Therefore, hospital A received 16.56% of the total indicator score for Question X.

The weights for each question are provided in tables at the end of each indicator (see below). The weighted scores are summed for each question to get the overall score for that component of the indicator. For example:

Component Score =

$$\left\{ \left(\frac{HospitalQuestionScore}{MaximumQuestionScore} \times QuestionWeight \right) + \left(\frac{HospitalQuestionScore}{MaximumQuestionScore} \times QuestionWeight \right) + \dots \right\}$$

The overall Indicator scores are then calculated by summing the scores for each component. When a question is not applicable to a hospital, the question is removed from the denominator for that component. However, it is possible for an entire component to be not applicable to some hospitals (e.g. Question 42 for *Indicator 2: Use of Data for Decision-Making*). When this happens the overall Indicator score is calculated by re-weighting the sum of the remaining component scores out of 100. For Example:

Hospital B did not have a score for the Clinical Data Dissemination and Benchmarking Component (Acute Survey Question 42) of Indicator 2: Use of Data for Decision-Making. Therefore, Hospital B's scores for the five components of this indicator were as follows:

Clinical Data Dissemination and Benchmarking: NA out of a maximum of 16

Safety and Utilization Management: 18 out of a maximum score of 25

Staff Information-Based Roles: 15 out of a maximum score of 20

Dissemination of Information: 10 out of a maximum score of 19

Benchmarking of Information: 16 out of a maximum score of 20

The overall score for Hospital B would then be:

$$[(18 + 15 + 10 + 16) / (100 - 16)] * 100$$

Indicator 1: Use of Clinical Information Technology

The Clinical Information Technology indicator was constructed to reflect the degree to which clinical information is available electronically to care providers inside and outside of the organization. It is based on one question from Section 1 and two questions from Section 2 of the Corporate Survey, and three questions from Section 2 of the Acute Care survey.

Component 1: Use of Information Technology (53%)

Corporate, Question 6: This question inquired about the existence of staff roles currently within the organization. For the role of Telehealth/Videocare Coordinator, hospitals were given 1 point if they indicated that the role was under development and 2 points if the role was permanent in the organization. For some organizations, the permanence of this staff role may have been attempted or reviewed and found to be not applicable. Therefore, in order to avoid penalizing those organizations where this role was not applicable after being reviewed, this question was removed from the component. This question was out of a total of 2 points.

Corporate, Question 21: Organizations were asked to indicate the extent to which electronic records and data were currently being used as a primary source of information in the organization. For eight of the items (patient visit registration information (ADT) systems, diagnostic imaging reports, electronic medical images, diagnostic laboratory results, patient-based pharmacy/drug profiles, nursing clinical documentation, physician clinical documentation, and clinical documentation by other health professionals), respondents indicated whether records were: all paper (0), electronic as the primary source and used in the Acute Care program area (1), electronic as the primary source and used in Acute Care and remote access is possible (1.5). The number in brackets represents the number of points given for each response. The total point allocation for this question was 12 points.

Corporate, Question 22: Thirteen functions were listed in this question but only the first eleven functions were used in the calculation. Organizations were asked to indicate whether patient-care staff were currently able to perform each of the eleven functions on-line in real time in Acute Care. Specifically, organizations were

asked whether each of the functions: could not be performed on-line in real-time by patient-care staff in Acute Care (0), or could be performed on-line in real time by patient-care staff in Acute Care (1). The number in brackets represents the number of points given for each response. The total point allocation for this question was 11 points.

Component 2: Access to Information Technology (47%)

Acute Care, Question 38: Organizations were asked to indicate the extent to which their clinical workstations currently had access to a number of different applications. For the five items, respondents indicated the percent of clinical workstations that had each application: None (0), Few or < 25% (1), Some or 25-75% (2), and Most or > 75% (3). The number in brackets represents the number of points given for each response. The total point allocation for this question was 15 points.

Acute Care, Question 39: Organizations were asked to indicate the extent to which physicians, nurses, other regulated health professionals, and unregulated patient care staff currently had a hospital-supplied internal email address, on-site access to corporate intranet, on-line access to real time monitoring data, and on-line access to medical images. For each of the four items, respondents indicated the percent of physicians, nurses other regulated health professionals and unregulated patient care staff had these items: None (0), Few or < 25% (1), Some or 25-75% (2), and Most or > 75% (3). The number in brackets represents the number of points given for each response. The total point allocation for this question was 42 points.

Acute Care, Question 41: Organizations were asked to indicate the total number of desktop computers or workstations that were available for full-time equivalents between April 1, 2002 and March 31, 2003. An index was developed by first dividing the total number of desktop computers or workstations by total full-time hospital employees (the number of full-time employees was determined from the headcount for each staff group, except physicians, provided in Question 5). This value was then divided by the maximum index value from *Hospital Reports 2002: Acute Care* (1.69). This maximum value was 20% greater than the highest value attained in 2002 by a hospital once the outliers were removed. Twenty percent was chosen so that hospitals could improve their values over time while the denominator stayed constant so that this question could be compared in future years. This does not alter a hospital's performance allocation as performance allocations are relative to other hospitals.

Table 1.2: Use of Clinical Information Technology Indicator Summary

Question	Total Possible Points	Weighting
Component 1: Use of Information Technology (53%)		
Corporate Survey Question 6	2 (max)	10%
Corporate Survey Question 21	12	23%
Corporate Survey Question 22	11	20%
Component 2: Access to Information Technology (47%)		
Acute Survey Question 38	15	16%
Acute Survey Question 39	42	15%
Acute Survey Question 41	1.69	16%
Total Score		100%

Indicator 2: Use of Data for Decision-Making

This indicator was constructed to reflect the extent to which an organization is disseminating and utilizing both administrative and clinical data. It is based on 10 questions from several sections of both the Corporate and Acute surveys.

Component 1: Clinical Data Dissemination and Benchmarking (16%)

Acute Care, Question 42: Fifteen clinical measures were listed in this question and organizations indicated whether they were currently collecting data in each of these areas and, if so, how widely data was collected and the degree to which the data was shared and benchmarked. If the organization was collecting data, they indicated whether they engaged in the following behaviours: sharing with a senior medical/staff group responsible for quality of care issues (1), comparing internally across specialties and/or to past performance less than once per quarter OR at least once per quarter (2), comparing externally with other organizations (2). For each of the clinical measures for which data was being collected, there were 5 possible points: one for sharing data with a senior medical / staff group, 2 for comparing internally, and 2 for comparing externally. It is possible that some of these measures do not apply to all hospitals. For example, three of the measures relate to surgical procedures. Hospitals could indicate if they had less than 50 surgical cases. To avoid penalizing hospitals that had fewer than 50 surgical cases, responses for three measures (unplanned return to OR, unplanned injury or unplanned repair of organ during surgery, percent surgery/procedures completed on scheduled day of procedure) were not included in the calculation of their indicator score. If a hospital indicated that their organization did not have an ICU/CCU, responses to unplanned transfer to ICU/CCU were not included in the calculation. Therefore, this question was calculated as a mean score out of 5 for the 15 clinical measures. If organizations had less than 50 surgical cases AND did not have an ICU/CCU, this component was removed from the indicator.

Component 2: Safety and Utilization Management (25%)

Acute Care, Question 51: This question asked organizations to indicate which strategies, if any, were currently being employed for identifying and managing adverse events. Hospitals received one point for each of the nine strategies that they indicated were used in the organization. The total point allocation for this question is nine.

Acute Care, Question 58: This question asked organizations to indicate which utilization management strategies, if any, were currently being employed in the hospital. Hospitals received one point for each of the seven strategies that they indicated were used in the organization. The total point allocation for this question is seven.

Component 3: Staff Information-Based Roles (20%)

Corporate, Question 6: This question inquired about the existence of staff roles currently in the organization. For four roles (Utilization Review Analyst, Quality and Risk Management Analyst, Decision Support Role, and Infection Control Practitioner), hospitals were given 1 point if they indicated that the role was under development and 2 points if the role was permanent in the organization. For some organizations, a specific staff role may have been reviewed and determined to be not applicable. Therefore, in order to avoid penalizing those organizations where that role was not applicable after reviewing, the denominator of this question was adjusted to include only those staff roles that were applicable. The maximum point allocation for this question was 8 points.

Corporate, Question 18: This question asked whether the organization currently invests in continuing education activities for staff. There were five staff groups listed but only physicians, nurses, and other regulated health professionals were used in the calculation of this indicator. For six items (Quality Improvement, Clinical Management, Research Activities/Skills, Identifying and Managing Adverse Events, Infection Control, and Utilization Management Programs) respondents were asked to indicate the percent of staff who participated in these programs/activities: None (0), Few or < 25% (1), some or 25-75% (2) and most or > 75% (3). The number in brackets represents the number of points given for each response. The total point allocation for this question was 54 points.

Component 4: Dissemination of Information (19%)

Corporate, Question 25 and 26: Both questions asked how organizations disseminated employee satisfaction results. Question 25 asked which strategies were currently in use to disseminate employee satisfaction results among different groups in the organization. For each staff group, one point was given for having indicated that an internal written report is circulated about key highlights, and three points were given for indicating either a verbal presentation and discussion of results OR reviewing results beyond the initial verbal presentation. The total point allocation for question 25 was 32 points.

In question 26, organizations were given points for using additional strategies to disseminate employee feedback by indicating that a hospital website (1), bulletin board (1) and newsletter/electronic mail (1) were also used. The number in brackets represents the number of points given for each response. The total point allocation for question 26 is 3 points. The combined total point allocation for question 25 and 26 was 35 points.

Acute Care, Question 45: This question asked how changes made as a result of patient satisfaction findings were disseminated amongst different groups in the organization. For all staff groups, organizations received one point if an internal written report is circulated, and three points if they indicated that they use a verbal presentation and discussion of results OR that results were reviewed beyond the initial verbal presentation. The total point allocation for this question is 32 points.

Component 5: Benchmarking of Information (20%)

Corporate, Question 27: This question asked organizations if they currently participated in comparing their staff satisfaction data with that of other organizations. Organizations received two points if they answered: Yes, we compare with one other organization, or Yes, we compare with two or more organizations. The total point allocation for this question was 2 points.

Acute Care, Question 47: This question asked if organizations were currently engaged in external benchmarking practices where they compared physician and employee satisfaction data across two or more organizations. For this question, one point was awarded for responding affirmatively to external benchmarking for any of the five staff groups. The total point allocation for this question is 5 points.

Table 1.3: Use of Data for Decision-Making Indicator Summary

Question	Total Possible Points	Weighting
Component 1: Clinical Data Dissemination and Benchmarking (16%)		
Acute Survey Question 42	Mean score out of 5	16%
Component 2: Safety and Utilization Management (25%)		
Acute Survey Question 51	9	14%
Acute Survey Question 58	7	11%
Component 3: Staff Information-Based Roles (20%)		
Corporate Survey Question 6	8 (max)	9%
Corporate Survey Question 18	54	11%
Component 4: Dissemination of Information (19%)		
Corporate Survey Question 25 and 26	35	10%
Acute Survey Question 45	32	9%

Question	Total Possible Points	Weighting
Component 5: Benchmarking of Information (20%)		
Corporate Question 27	2	9%
Acute Question 47	5	11%
Total Score		100%

Indicator 3: Use of Standardized Protocols

The Standardized Protocols indicator was constructed to reflect the degree to which organizations are developing and using standardized protocols in a broad range of relatively common conditions and procedures. The Standardized Protocol indicator is based on two questions from Section 3 of the Acute Care survey.

Component 1: Development of Standardized Protocols (50%)

Acute Care, Question 48: Organizations were asked to indicate the extent to which standardized protocols (e.g. pre-printed orders, clinical practice guidelines, care pathways) were currently developed and in use for eight conditions (asthma, stroke, AMI, pneumonia, gastrointestinal bleed, gastroenteritis, diabetes, and heart failure) and five procedures (caesarean section, prostatectomy, cholecystectomy, hysterectomy, and carpal tunnel release surgery). For each area except carpal tunnel release surgery, respondents were given points if: a standardized protocol is being developed and will be implemented in the next 6 months (1); few patients (<25%) were being cared for using the protocol (2), some patients (25-50%) were being cared for using the standardized protocol (3), or most patients (>75%) were being cared for using the standardized protocol (4). Since certain hospitals do not provide obstetrical services, and because very small hospitals may not see any patients with the conditions identified, not all these 12 areas (7 conditions and 5 procedures) necessarily apply to every hospital. CIHI discharge abstract database (DAD) data from 2002/2003 were used to identify hospitals with fewer than 12 cases in any of these 12 areas. For those low-volume hospitals, a score was not calculated for the applicable condition or procedure. Organizations had to have valid scores for at least 2 out of the 12 conditions and procedures to be given an overall score. The maximum point allocation for this question was 48, however, it is possible for hospitals to have different denominators.

Table 1.4: Case Selection for the Development and Use of Standardized Protocols Indicator

Medical Patient Group	ICD-10 Codes Used to Select Cases	CCI Codes Used to Select Cases
Asthma	J45	
Stroke	I61, I64, I630, I631, I632, I633, I634, I635, I638, I639, I672, I674, I676, I677, I678, I679	
Acute myocardial infarction	I21, I22	

Medical Patient Group	ICD-10 Codes Used to Select Cases	CCI Codes Used to Select Cases
Diabetes	E10, E11, E13, E14	
Caesarean section		5MD60, Z3801, Z3831, Z3861, Z3863, Z3865, Z3867, Z3869
Pneumonia	J12, J13, J14, J15, J16, J18	
Prostatectomy		1QT59, 1QT87
Cholecystectomy		1OD89
Hysterectomy		1RM87, 1RM89, 1RM91
Gastrointestinal bleed	K920, K921, K922, K250, K252, K254, K256, K260, K262, K264, K266, K270, K272, K274, K276, K280, K282, K284, K286	
Heart Failure	I260, I279, I500, I501, I509	
Gastroenteritis	K52	

Component 2: Development Involvement with Other Organizations (50%)

Acute Care, Question 50: If organizations indicated in Acute, Question 48 that a standardized protocol was currently developed for a given clinical area AND at least a “few” patients were cared for using the protocol, organizations were asked to indicate if the standardized protocols included aspects of care and/or was developed in conjunction with other health care organizations external to the hospital. Appropriate health care organizations are indicated in table 1.5. The total point allocation for this question was 42 points. It is possible for a hospital to have a smaller denominator for this question. The maximum value for a specific clinical area was removed from the denominator if there were fewer than 12 cases for the procedure or condition at the hospital.

Table 1.5: Clinical Areas and Appropriate Health Care Organizations

Clinical Area	Appropriate Health Care Organizations					
	Other Acute Care Hospitals	Primary Care Providers	CCAC	Complex Continuing Care Hospitals	Long-Term Care Facilities	Rehab Facilities
Stroke			NA			
Pneumonia			NA			
Diabetes			NA			
Heart Failure			NA			
Gastrointestinal Bleed			NA		NA	
Gastroenteritis			NA	NA		
Asthma			NA		NA	
AMI			NA		NA	

Clinical Area	Appropriate Health Care Organizations					
	Other Acute Care Hospitals	Primary Care Providers	CCAC	Complex Continuing Care Hospitals	Long-Term Care Facilities	Rehab Facilities
Caesarean Section			NA	NA		
Prostatectomy			NA			
Cholecystectomy			NA			
Hysterectomy			NA			

Table 1.6: Development and Use of Standardized Protocols Indicator Summary

Question	Possible Points	Weighting
Component 1: Development of Standardized Protocols (50%)		
Acute Survey Question 48	Maximum of 4 points for each clinical area with at least 12 cases (Maximum = 48)	50%
Stroke	4 (if ≥ 12 cases)	
Pneumonia	4 (if ≥ 12 cases)	
Diabetes	4 (if ≥ 12 cases)	
Heart Failure	4 (if ≥ 12 cases)	
Gastrointestinal Bleed	4 (if ≥ 12 cases)	
Gastroenteritis	4 (if ≥ 12 cases)	
Asthma	4 (if ≥ 12 cases)	
AMI	4 (if ≥ 12 cases)	
Caesarean Section	4 (if ≥ 12 cases)	
Prostatectomy	4 (if ≥ 12 cases)	
Cholecystectomy	4 (if ≥ 12 cases)	
Hysterectomy	4 (if ≥ 12 cases)	
Component 2: Development Involvement with Other Organizations (50%)		
Acute Survey Question 50	Maximum = 42	50%
Stroke	5 (if ≥ 12 cases)	
Pneumonia	5 (if ≥ 12 cases)	
Diabetes	5 (if ≥ 12 cases)	
Heart Failure	5 (if ≥ 12 cases)	
Gastrointestinal Bleed	4 (if ≥ 12 cases)	
Gastroenteritis	4 (if ≥ 12 cases)	
Asthma	3 (if ≥ 12 cases)	
AMI	3 (if ≥ 12 cases)	
Caesarean Section	2 (if ≥ 12 cases)	
Prostatectomy	2 (if ≥ 12 cases)	
Cholecystectomy	2 (if ≥ 12 cases)	
Hysterectomy	2 (if ≥ 12 cases)	

Indicator 4: Community Involvement and Coordination of Care

The Community Involvement and Coordination of Care indicator was constructed to reflect the degree of coordination of an organization, both internally and externally (with other care providers and the community). This question is made from four questions of the Corporate survey, and three questions of the Acute survey.

Component 1: Communication and Coordination with the Community (57%)

Corporate, Question 32: This question asked organizations if they currently have community advisory groups. Hospitals received one point for indicating in Part A that they did have community advisory groups, and a second point for indicating in Part B that the CAG's existed at the program level. The total point allocation for this question was 2 points.

Corporate, Question 35: Three corporate strategies were listed in this question and organizations indicated whether they currently participated in any of them with specific health care organizations. Hospitals were given 1 point for participating in any strategy with any of the external groups. The total point allocation for this question was 24 points.

Acute Care, Question 50: If organizations indicated in Acute, Question 48 that a standardized protocol was currently developed for a given clinical area AND at least a "few" patients were cared for using the protocol, organizations were asked to indicate if the standardized protocols included aspects of care and/or was developed in conjunction with other health care organizations external to the hospital. Appropriate health care organizations are indicated in table 1.5 (see *Indicator 3: Use of Standardized Protocols*). The total point allocation for this question was 42 points. It is possible for a hospital to have a smaller denominator for this question. The maximum value for a specific clinical area was removed from the denominator if there were fewer than 12 cases for the procedure or condition at the hospital. As with Question 48, organizations had to have valid scores for at least 2 out of the 12 conditions and procedures to be given an overall score.

Acute Care, Question 60: This question inquires about nine specific corporate strategies that organizations participate in with other health care organizations. Hospitals were given two points for each corporate strategy undertaken with Other acute care hospitals, CCACs, and LTC facilities. For each corporate strategy with community-based service agencies, mental health facilities, cancer centres, Public health departments, Primary care providers, and Rehabilitation facilities, hospitals were awarded one point. The total point allocation for this question was 108 points.

Component 2: Coordination within the Hospital (43%)

Corporate, Question 6: This question inquired about the existence of staff roles currently within the organization. For six roles (Patient Flow Coordinator, Patient Advocate/Ombudsperson, Volunteer Coordinator, Case Manager, Social Worker, and Designated Staff who addresses equity issues), hospitals were given 1 point if they

indicated that the role was under development and 2 points if the role was permanent in the organization. For some organizations, a specific staff role may have been reviewed and found to be not applicable. Therefore, in order to avoid penalizing those organizations where that role was not applicable after reviewing, the denominator of this question was adjusted to include only those staff roles that were applicable. The maximum point allocation for this question was 12 points.

Corporate, Question 31: Three internal governance practices were listed in this question and organizations indicated the percent of the non-managerial staff that were currently involved in these practices. For each staff group, hospitals were given one point if a few (<25%) participated in any strategy, two points if some (25-75%) participated, and 3 points if most (>75%) participated. The total point allocation for this question was 36 points.

Acute Care, Question 48: Organizations were asked to indicate the extent to which standardized protocols (e.g. pre-printed orders, clinical practice guidelines, care pathways) were currently developed and in use for eight conditions (asthma, stroke, AMI, pneumonia, gastrointestinal bleed, gastroenteritis, diabetes, and heart failure) and five procedures (caesarean section, prostatectomy, cholecystectomy, hysterectomy, and carpal tunnel release surgery). For each area except carpal tunnel release surgery, respondents were given points if: a standardized protocol is being developed and will be implemented in the next 6 months (1); few patients (<25%) were being cared for using the protocol (2), some patients (25-50%) were being cared for using the standardized protocol (3), or most patients (>75%) were being cared for using the standardized protocol (4). Because certain hospitals do not provide obstetrical services, and because very small hospitals may not see any patients with the conditions identified, not all these 12 areas (7 conditions and 5 procedures) necessarily apply to every hospital. CIHI discharge abstract database (DAD) data from 2002/2003 were used to identify hospitals with fewer than 12 cases in any of these 12 areas. For those low-volume hospitals, a score was not calculated for the applicable condition or procedure. Organizations had to have valid scores for at least 2 out of the 12 conditions and procedures to be given an overall score. The maximum point allocation for this question is 48, however, it is possible for hospitals to have different denominators.

Table 1.7: Community Involvement and Coordination of Care Indicator Summary

Question	Possible Points	Weighting
Component 1: Communication and Coordination with the Community (57%)		
Corporate Survey Question 32	2	11%
Corporate Survey Question 35	24	13%
Acute Survey Question 50	42 (max)	17%
Acute Survey Question 60	108	16%
Component 2: Coordination within the Hospital (43%)		
Corporate Survey Question 6	12 (maximum)	15%
Corporate Survey Question 31	36	10%

Question	Possible Points	Weighting
Acute Survey Question 48	48 (Max)	18%
Total Score		100%

Indicator 5: Management and Support of Human Resources

The way in which a hospital implements innovative training programs and employee practices may help describe a hospital’s reaction to its changing environment. The Management and Support of Human Resources indicator measures the degree to which hospitals are supporting their staff through the maintenance or development of staff roles in specialized functions, the provision of staff training and education, and implementing recruitment and retention strategies. The following 16 questions (15 from the Corporate survey and 1 from the Acute survey) were used to calculate this indicator:

Component 1: Support Processes (43%)

Corporate, Question 4: Organizations were asked to indicate which of the following 5 strategies were currently in place to deal with nursing shortages: utilization of overtime hours (1), decreased replacement for absenteeism since the previous fiscal year (1), agency nurses (1), increased use of casual or part-time nurses since the previous fiscal year (1), float pools (1). Hospitals were then asked to indicate who is currently responsible for replacing and finding nursing staff when shortages are present on a day-to-day basis. Hospitals received 1 point each for indicating Nurse Managers and/or the Team/ Professional Practice Leader as being responsible for replacing nursing staff. The total point allocation for this question was 7. (Note: hospitals indicating no nursing shortages received 7/7 for this question).

Corporate, Question 7: Hospitals were asked to indicate which mechanisms, if any, were currently in place to serve the requirements of patients with special communication needs. Six mechanisms were listed, and hospitals were awarded 1 point for each of the six mechanisms that were answered in the affirmative. The total point allocation for this question was 6 points. This question was removed from the component for hospital’s that indicated less than 10% of their patients require special communication needs.

Corporate, Question 8: Question 8 asked whether the organization conducted and tracked performance evaluations, how frequently the organization conducted performance evaluations, and the percent of each staff group or the percent of the total staff who had undergone a performance evaluation in the last year. For all staff groups except physician, hospitals received 2 points if formal performance evaluations were completed yearly, and 1 point if they were conducted every 2 years. The total point allocation for this part of the question was 8 and was weighted out of 3.0%. The percent of staff (excluding physicians) that had undergone performance evaluations was weighted out of 4.0%.

Corporate, Question 9: Organizations were asked to indicate whether they currently had seven processes as part of their formal orientation program for newly hired staff; however, points were given only for two of the seven processes: education in clinical skills and knowledge in a classroom setting, as well as education in clinical skills and knowledge in a clinical setting. The total point allocation for this question was 6 points.

Corporate, Questions 12 and 13: In question 12, organizations were asked to indicate which structures were currently in place to deal with clinical/medical ethical dilemmas that may arise with respect to patient care. Hospitals were awarded one point for each of the three structures that were indicated as being in place. In question 13, hospitals were awarded one point for each of the 5 staff groups that were indicated as having access to in-house training provided by an ethicist. The total point allocation for this question was 8 points.

Corporate, Question 30: This question asked if organizations currently had formal succession plans for various groups within the organization. One point was assigned for responding affirmatively to having a formal succession plan for each of the five groups. The total point allocation for this question was 5 points.

Acute Care, Question 36: Hospitals were asked to indicate the number of volunteer hours (student and non-student) that were contributed between April 1, 2002 and March 31, 2003. In order to make the responses from the hospitals comparable, the number of hours was divided by the hospital's number of total days, which includes acute days, ALC days, and same day-surgery cases. For the purposes of developing this index, one same day-surgery case is equivalent to one same day-surgery day. This value was then divided by the maximum index value from *Hospital Reports 2002: Acute Care* (3.07). The maximum index value was 20% greater than the highest value attained in 2002 by a hospital once the outliers were removed. Twenty percent was chosen so that hospitals could improve their values over time while the denominator stayed constant so that this question could be compared in future years. This does not alter a hospital's performance allocation as performance allocations are relative to other hospitals.

Component 2: Work Environment (12%)

Corporate, Question 11B: For nurses, other regulated health professionals, unregulated patient-care staff, and other hospital staff, hospitals were asked to indicate the number of formal disputes, grievances, or complaints filed between April 1, 2002 and March 31, 2003. The number of formal disputes, grievances, or complaints filed was used in the calculation of the indicator. In order to make the responses from the hospitals comparable, the values were divided by the total number of nurses, other regulated health professionals, unregulated patient-care staff, and other hospital staff (from Corporate Question 5 in the Acute Care survey). An index of the number of formal disputes, grievances, or complaints per non-managerial employees was developed by dividing the total number of formal disputes, grievances, or complaints by the total number of non-managerial full-time staff. This value was then divided by the maximum index value from *Hospital*

Report 2002: Acute Care (0.33). The maximum value was 20% greater than the highest value attained in 2002 by a hospital once the outliers were removed. Twenty percent was chosen so that hospitals could improve their values over time while the denominator stayed constant so that this question could be compared in future years. This does not alter a hospital's performance allocation as performance allocations are relative to other hospitals.

Corporate, Question 15: Organizations were asked to indicate the total number of WSIB claims between April 1, 2002 and March 31, 2003. An index of the number of WSIB claims per non-managerial employees was developed by dividing the total number of WSIB lost-time claims by the total number of non-managerial full-time staff (the number of non-managerial full-time staff was determined from the headcount provided in Question five). This value was then divided by the maximum index value from *Hospital Report 2002: Acute Care* (0.22). This maximum value was 20% greater than the highest value attained by a hospital in 2002, once the outliers were removed. Twenty percent was chosen so that hospitals could improve their values over time while the denominator stayed constant so that this question could be compared in future years. This does not alter a hospital's performance allocation as performance allocations are relative to other hospitals.

Component 3: Staff Supportive Roles (20%)

Corporate, Question 6: This question inquired about the existence of staff roles currently in the organization. For six roles (Staff responsible for physician recruitment, Acute Care Specialty Nurse Practitioner, Clinical Nurse Specialist, Nurse Educator, Hospitalist, and Pathology assistant), hospitals were given 1 point if they indicated that the role was under development and 2 points if the role was permanent in the organization. For some organizations, a specific staff role may have been reviewed and found to be not applicable. Therefore, in order to avoid penalizing those organizations where that role was not applicable after reviewing, the denominator of this question was adjusted to include only those staff roles that were applicable. The maximum point allocation for this question was 12 points.

Corporate, Question 17: Organizations were asked to indicate whether they provided any of nine types of continuing education or professional development support to nurses, other regulated health professionals, and unregulated patient care staff. Hospitals were given 1 point for each of the three staff groups in the Acute Care that were indicated as having the following six items available to them: reimbursement of continuing education course, reimbursement of advanced education, bursaries/scholarships, paid time off to take courses, unpaid time off to take courses, and flexible scheduling. The total point allocation for this question was 18 points.

Corporate, Question 18: This question asked whether an organization currently invests in continuing education activities for staff. There were five staff groups listed but only nurses and other regulated health professionals were used in the calculation of this indicator. For nine items (team building, conflict management, ethical issues, domestic violence and/or abuse, cultural diversity, violence in the

workplace, availability of community services for patients, leadership development, and communication skills programs), respondents were asked to indicate the percent of staff who participated in these programs/activities: None (0), Few or < 25% (1), some or 25-75% (2) and most or > 75% (3). The number in brackets represents the number of points given for each response. The total point allocation for this question was 54 points.

Component 4: Recruitment and Retention (25%)

Corporate, Question 1: Question 1 lists seventeen recruitment and retention strategies for nurses, other regulated health professionals, unregulated patient-care staff, and other hospital staff. Organizations received 1 point for each employee group for whom the recruitment and retention strategy currently existed. The following 4 recruitment strategies were excluded from the calculation in question 1: Hospital website that offers information about employment at the hospital, Availability/use of Employee assistance programs, Recognition programs for excellence or accomplishments, and Opportunities for advanced education supported by the hospital and/or hospital foundation. The total point allocation for this question was 52 points.

Corporate, Question 2A: This question asked hospitals to indicate whether they currently had a forum that included recruitment/retention activities and quality of worklife activities as part of its mandate. Hospitals received one point for indicating the presence of a forum that includes recruitment and retention strategies, and one point for the presence of a forum that includes quality of work activities. For each activity for which a hospital indicated there was a forum, hospitals received one point for each of the five staff groups that were included in the representation. The total point allocation for this question was 12.

Corporate, Question 3: Hospitals were asked to indicate whether they currently tracked staff turnover rates. Hospitals received one point for responding affirmatively, and one point for each of the five staff groups that were indicated as having their separations tracked by the organization. The maximum point allocation for this question was 6.

Table 1.8: Management and Support of Human Resources Indicator Summary

Question	Possible Points	Weighting
Component 1: Support Processes (43%)		
Corporate Survey Question 4	7	8%
Corporate Survey Question 7	6	4%
Corporate Survey Question 8	12	7%
Corporate Survey Question 9	6	6%
Corporate Survey Question 12 and 13	8	8%
Corporate Survey Question 30	5	5%
Acute Survey Question 36	3.07	5%

Question	Possible Points	Weighting
Component 2: Work Environment (12%)		
Corporate Survey Question 11B	0.33	5%
Corporate Survey Question 15	0.22	7%
Component 3: Staff Supportive Roles (20%)		
Corporate Survey Question 6	12 (max)	7%
Corporate Survey Question 17	18	6%
Corporate Survey Question 18	54	7%
Component 4: Recruitment and Retention (25%)		
Corporate Survey Question 1	52	10%
Corporate Survey Question 2A	12	7%
Corporate Survey Question 3	6	8%
Total Score		100%

Indicator 6: Healthy Work Environment

The Healthy Work Environment Indicator was designed to measure the extent to which hospitals have mechanisms in place to support and promote a healthy work environment and thereby contribute to employee’s physical, social, mental, and emotional well-being. The following 6 questions from the Healthy Work Environment section of the Complex Continuing Care Services and Rehabilitation Services System Integration and Change survey were used to calculate this indicator:

Component 1: Healthy Workplace Plan/Policy (30%)

CCC & Rehabilitation, Question 1: Organizations were asked about their workplace policy/plan. Three points were given to organizations that had a policy/plan that extended beyond policies mandated by health and safety legislation. Two points were given to organizations whose workplace policy/plan was based on an employee needs assessment. Organizations were also asked about the components included in their workplace policy/plan. 2 points were given to organizations that indicated financial and human resources were specifically allocated to health workplace initiatives, 1 point was given for each of the remaining four components.

Component 2: Accountability (10%)

CCC & Rehabilitation, Question 2: This question asked if accountability and responsibility for healthy workplace initiatives were formally assigned within the organization. Organizations were given 3 points if accountability and responsibility were formally assigned. Additionally, 1 point was given if senior management was accountable and responsible and 2 points were given if accountability and responsibility were shared broadly throughout the organization.

Component 3: Assessment, Accountability, and Improvement (20%)

CCC & Rehabilitation, Question 3: Organizations were asked if there are processes in place to assess, analyze, and improve the organization’s approach to healthy workplace issues. Three points were given if such processes were in place. Organizations were then asked whether twelve specific components were included in the assessment, analysis, and improvement process. One point was given for each of the twelve strategies with the following exceptions: (i) 2 points were given for an ongoing assessment process to evaluate changes in employee needs, attitudes, and preferences with regards to healthy workplace issues, and (ii) 2 points were given for using a standardized Employee survey on healthy workplace issues.

Component 4: Key Dimensions (40%)

CCC & Rehabilitation, Question 4: Organizations were asked about the formal processes in place to support a healthy and safe work environment. One point was given for having each of the 6 processes listed.

CCC & Rehabilitation, Question 5: Organizations were asked about the processes in place to support a positive psychosocial environment. One point was given for each of the 12 processes listed with the following exceptions: (i) 2 points were given for having processes in place to encourage participation of front-line employees in decision-making and overall control of their jobs, (ii) 2 points were given for having processes in place to help employees balance home and work responsibilities, and (iii) 2 points were given for having processes in place to limit overtime hours.

CCC & Rehabilitation, Question 6: Organizations were asked about the healthy lifestyle program(s) offered at their organization. Three points were given for having a healthy lifestyle program. One point was given for each of the four components of a healthy lifestyle program listed in question 6b. Three more points were given to organizations which developed healthy lifestyle programs based on an employee needs assessment. Finally, the full 10 points was given to organizations which did not develop a healthy lifestyle program based on feedback from an employee needs assessment.

Table 1.9: Healthy Work Environment Indicator Summary

Question	Possible Points	Weighting
Component 1: Healthy Workplace Plan/Policy (30%)		
CCC & Rehabilitation Question 1	11	30%
Component 2: Accountability (10%)		
CCC & Rehabilitation Question 2	6	10%
Component 3: Assessment, Analysis, and Improvement (20%)		
CCC & Rehabilitation Question 3	17	20%

Question	Possible Points	Weighting
Component 4: Key Dimensions (40%)		
CCC & Rehabilitation Question 4	6	6%
CCC & Rehabilitation Question 5	15	24%
CCC & Rehabilitation Question 6	10	10%
Total Score		100%

Verification

Unlike 2003, hospitals were not sent preliminary values for the survey questions that were used in the calculations of the System Integration and Change indicators. This is because there were phone calls made and faxes sent after the surveys were received, where hospitals were given ample time to respond to any data quality issues or missing answers that were detected. Changes to the dataset were only made in cases where missing information was identified or where there were issues with indicator calculations.

Methods Used to Determine Relative Performance in Hospital Report 2005: Acute Care

Ranges

Unlike last year's report, a hospital's actual numeric score (not a numeric range that includes that hospital's numeric score) is presented in *Hospital Report 2005: Acute Care*.

Performance Allocations

As in last year's report, a three-point scale was used to designate performance allocations as "above average", "average" or "below average". This section describes the method for determining relative performance between organizations.

Determining relative performance among hospitals for the six indicators derived from the Hospital Report 2004 Corporate and Acute Care System Integration and Change Surveys were based on two peer groups: teaching/community hospitals and small hospitals. Peer group reporting was adopted because small hospitals face different challenges in carrying out many of the activities reported in the system integration and change areas. In addition, not all of these indicators apply equally to small hospitals and teaching/community hospitals. For example, it might be less meaningful for a small hospital to conduct a formal patient or employee satisfaction survey when they only have 200 discharges annually or 80 full-time staff. Small hospitals were defined as those hospitals funded using the JPPC Small Hospital Funding Formula. Please refer to www.jppc.org for more information.

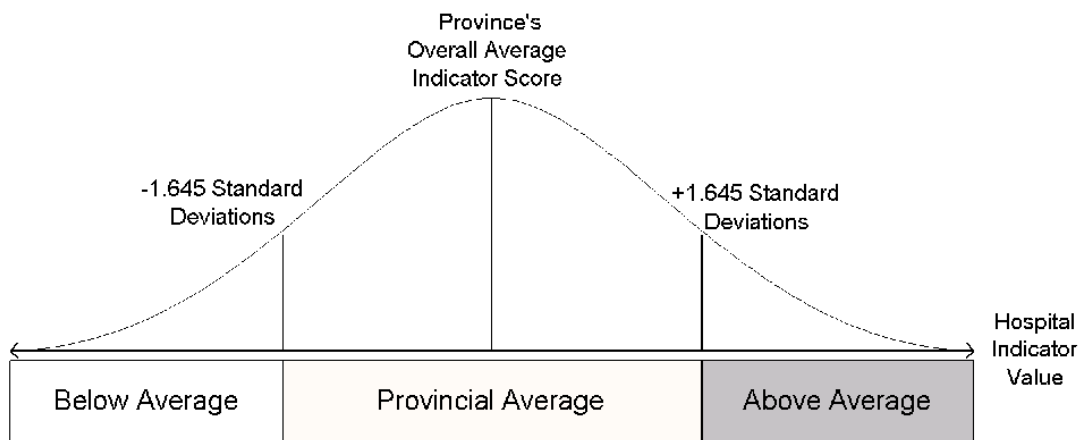
Scores for each indicator were stratified into peer groups and these distributions were tested for normality using the Shapiro-Wilk test, Kolmogorov-Smirnov test, and the Lang and Secic test. These statistical strategies provide tests for the null hypothesis that the input data values are a random sample from a normal distribution. In other words, they assess the discrepancy between the empirical distribution of observed values and the estimated hypothesized normal distribution estimated by the sample mean and standard deviation. Where applicable, the Shapiro-Wilk test was applied, as it is a compromise between the more stringent Kolmogorov-Smirnov test and the more liberal Lang-Secic test.

If the indicator did not follow a normal distribution, the indicator was transformed using the square, square root, and logarithmic functions. The same normality test was performed on these transformed standard deviations and means. When more than one of the transformations resulted in a normal distribution, the transformation used to allocate performance ratings was the transformation that produced the lowest Wald's Test value (a test of skewness and kurtosis).

For *Hospital Report 2005: Acute Care*, unlike last year, only indicator scores for hospital-specific hospitals were included in the calculation of the mean and standard deviation for each indicator. Therefore, 98 hospitals (76 teaching/community hospitals and 22 small hospitals) were used to determine the performance levels.

Hospitals were allocated into three categories: "below average", "average", and "above average", determined by the position of the hospital's indicator value relative to the mean indicator value of its peer group. These values were reviewed to ensure meaningful differences among hospitals in the three categories. Figure 1.9 describes the method of assigning performance allocations for all hospitals relative to the distribution.

Figure 1.10: How Performance was Allocated



The criteria used to determine relative performance in each peer group is described below.

Teaching/Community Hospitals

Three of the Hospital Report Acute Care SIC survey indicator distributions were considered to be normal. The distributions for Use of Standardized Protocols, Management and Support of Human Resources, however, were not normally distributed, therefore, they were then transformed using the square root function, and the square function, respectively. The distribution of the Healthy Workplace indicator was also not normally distributed, however none of the transformations provided a 'more' normal distribution of the scores. Therefore the scores were not transformed before performance allocation was determined.

Small Hospitals

For small hospitals, all of the Hospital Report Acute Care SIC survey indicator distributions were considered to be normal, no transformations were needed.

Table 1.11 shows the actual scores that correspond to 1.645 standard deviations from the mean, or scores that approximate these specifications when using different transformations¹. Hospitals with scores above or below these cut points were respectively identified as hospitals with above or below average levels of performance. The following tables show the cut points for the teaching/community and small hospital peer groups reported in *Hospital Report 2005: Acute Care*.

Table 1.11: Indicator Values Differentiating the Three Performance Categories in Hospital Report 2003: Acute Care for Teaching & Community Hospitals

Indicator	Below Average Performance Cut Off	Above Average Performance Cut Off	Total Possible Score
Teaching & Community Peer Group			
Use of Clinical Information Technology	29.13	76.43	100.00
Use of Data for Decision-Making	43.58	88.77	100.00
Use of Standardized Protocols	10.04	57.69	100.00
Community Involvement and Coordination of Care	25.00	64.35	100.00
Management and Support of Human Resources	42.03	74.41	100.00
Healthy Workplace Environment	30.10	101.86*	100.00
Small Hospital Peer Group			
Use of Clinical Information	9.47	55.09	100.00

¹ It should also be noted that the performance allocation means for the indicators that were transformed represent the mean of the transformed scores, displayed on the normal scale.

Indicator	Below Average Performance Cut Off	Above Average Performance Cut Off	Total Possible Score
Technology			
Use of Data for Decision-Making	26.92	75.47	100.00
Use of Standardized Protocols	5.69	43.75	100.00
Community Involvement and Coordination of Care	12.45	47.58	100.00
Management and Support of Human Resources	26.25	65.34	100.00
Healthy Workplace Environment	18.98	73.64	100.00

*There was a high degree of variability in the scores, therefore the upper cut-off value was greater than 100.

It is important to consider the meaning and value of these cut points. The absence of any hard data about what a “good” score is on any of these indicators means that the results need to be interpreted somewhat cautiously.

However, the methodology used for identifying these cut points (which subsequently mark an organization as having average, or above, or below average performance in each of these areas) is reasonable, scientifically sound, and conservative. Because the range of scores that capture “average” performance on these indicators is quite large, hospitals with scores close to the upper or lower cut points can gain an increased understanding of their performance levels upon receipt of their hospitals’ results. From a performance improvement standpoint, a teaching/community hospital achieving a score of 30 on the Use of Clinical Information Technology indicator, while identified as having “average” level of performance, falls very close to the “somewhat below average” cut point. Moreover, 30 points on the Use of Clinical Information Technology indicator means that the teaching/community hospital has almost no clinical information accessible electronically throughout the hospital. Clearly there is opportunity for considering improvement in this area for such a hospital.

System-Level Findings

This section provides provincial findings for the six indicators of System Integration and Change. In addition, the data are presented for teaching, community, and small hospitals separately.

Some Statistics Provided for Hospital Comparisons with Provincial Results

For each of the six System Integration and Change indicators several statistics are displayed: the valid N (number of hospitals that received a score for this indicator), the mean, and the standard deviation. In addition, the minimum score and maximum score received for each indicator are displayed along with three percentile rankings:

the 25th, 50th (median), and 75th. Just as the median is the value above and below which 50% of cases fall, percentiles provide the same information for different percentages of cases. For example the value in the 25th percentile is the value that 25% of hospitals scored at or below (and the value above which 75% of hospitals scored).

The statistics in each indicator table are displayed for all 108 hospitals that returned a survey, and they are also displayed for teaching, community, and small hospital groups. Combined, these statistics provide important measures of central tendency as well as detailed information about the dispersion of scores for each indicator.

Peer Group Differences

As previously stated, In *Hospital Report 2005: Acute Care*, teaching and community hospitals were included in the same peer group for performance allocations. In this section of the technical summary, we have separated out teaching and community hospitals in order to provide hospitals with more detailed data at the hospital group level. However, in reporting data at this level, it is important to clarify that data are provided for these different groups so that hospitals can situate themselves relative to their peers, not to facilitate comparisons between these two different groups.

Table 1.12: Use of Clinical Information Technology Indicator

	All Hospitals	Teaching	Community	Small
Valid N	108	13	66	29
Mean	46.62	58.17	51.40	30.54
Std Deviation	16.96	11.24	14.49	13.18
Minimum	4.39	43.00	20.03	4.39
25th Percentile	34.24	47.08	40.38	24.95
Median	47.09	62.72	49.51	29.20
75th Percentile	60.12	65.68	62.06	35.73
Maximum	82.09	75.91	82.09	71.80

Table 1.13: Use of Data for Decision-Making Indicator

	All Hospitals	Teaching	Community	Small
Valid N	108	13	66	29
Mean	60.71	70.21	64.91	46.87
Std Deviation	16.84	17.60	13.09	16.49
Minimum	11.14	39.01	36.80	11.14
25th Percentile	50.50	57.15	56.59	37.93
Median	60.20	61.32	64.65	50.08
75th Percentile	71.91	84.09	76.01	56.35
Maximum	96.81	96.81	94.30	92.42

Table 1.14: Use of Standardized Protocols Indicator

	All Hospitals	Teaching	Community	Small
Valid N	104	13	66	25
Mean	28.55	34.37	29.60	22.76
Std Deviation	14.67	13.51	15.07	12.68
Minimum	0.00	13.69	6.25	0.00
25 th Percentile	17.59	21.21	18.15	15.63
Median	27.87	36.90	27.99	21.64
75 th Percentile	37.13	43.86	36.47	30.21
Maximum	78.57	54.02	78.57	44.80

Table 1.15: Community Involvement and Coordination of Care Indicator

	All Hospitals	Teaching	Community	Small
Valid N	108	13	66	29
Mean	39.55	50.69	42.85	27.02
Std Deviation	14.36	14.35	11.50	12.11
Minimum	3.82	28.76	16.40	3.82
25 th Percentile	30.67	39.70	35.39	17.11
Median	39.39	53.49	43.31	28.04
75 th Percentile	49.02	60.82	49.88	34.40
Maximum	77.47	77.47	67.39	46.78

Table 1.15: Management and Support of Human Resources Indicator

	All Hospitals	Teaching	Community	Small
Valid N	108	13	66	29
Mean	55.16	66.57	57.79	44.05
Std Deviation	12.58	7.23	10.08	11.92
Minimum	18.19	56.58	23.46	18.19
25 th Percentile	47.62	60.25	52.93	37.32
Median	56.27	66.32	58.03	42.54
75 th Percentile	64.33	72.05	64.54	52.08
Maximum	82.30	78.68	82.30	69.04

Table 1.17: Healthy Work Environment Indicator

	All Hospitals	Teaching	Community	Small
Valid N	99	12	63	24
Mean	61.45	67.91	66.07	46.10
Std Deviation	22.16	22.16	21.79	15.85
Minimum	22.20	29.20	26.21	22.20
25 th Percentile	44.52	52.58	49.07	32.05
Median	57.92	69.41	60.87	46.44
75 th Percentile	82.94	86.01	87.16	56.62
Maximum	100.00	100.00	99.00	86.20

Table 1.18: Average Indicator Scores by LHIN

LHIN Name	Use of Clinical Information Technology	Use of Data for Decision-Making	Use of Standardized Protocols	Community Involvement and Coordination of Care	Management and Support of Human Resources	Healthy Work Environment Indicator
ERIE ST. CLAIR	61.28	58.07	32.79	48.99	65.48	59.52
SOUTH WEST	46.57	62.10	30.29	37.41	56.93	56.62
WATERLOO WELLINGTON	47.72	62.27	33.74	41.55	58.60	73.25
HAMILTON NIAGARA HALDIMAND BRANT (HNHB)	44.31	67.71	27.84	42.49	56.15	85.24
CENTRAL WEST	68.04	65.60	51.86	59.47	65.96	67.46
MISSISSAUGA HALTON	66.17	83.13	38.14	54.24	69.18	78.94
TORONTO CENTRAL	59.13	77.76	32.46	50.27	68.91	72.32
CENTRAL	46.60	66.96	27.49	44.69	58.59	49.88
CENTRAL EAST	44.22	66.83	26.94	40.56	55.97	71.96
SOUTH EAST	52.66	70.62	44.63	50.05	58.53	64.46
CHAMPLAIN	35.43	57.22	23.11	36.03	53.31	47.67
NORTH SIMCOE MUSKOKA	44.95	56.03	25.80	31.85	51.71	59.04
NORTH-EAST	41.40	43.81	20.27	30.12	41.71	53.80
NORTH-WEST	45.82	48.50	20.47	29.78	44.74	55.43

Summary and Next Steps

The changing hospital environment has created numerous challenges for Ontario hospitals. Hospital restructuring and the formation of networks and alliances have changed the organization of the hospital system. Hospitals have sought to improve the integration of acute care services with community-based care. Yet, new technologies and growing demands for service continue to strain existing resources. The six indicators of System Integration and Change provide a performance profile reflecting efforts by acute care inpatient hospitals in Ontario to meet these challenges. These six indicators capture three broad but key areas:

- Access to and use of information to improve services
- Levels of hospital integration with community services to enable patients to receive coordinated care before and following their hospital experiences
- Employee practices and professional development for a more productive health care team in a changing environment

Overall, hospitals have made some improvements in the different indicators, however, there is room for improved performance on the System Integration and Change indicators. For four of the six *2005 Hospital Report: Acute Care System Integration and Change* indicators, mean indicator scores fell just around or below half of the achievable score. Teaching and community hospitals often achieve similar scores on these indicators. However, small hospitals typically score lower than teaching and community hospitals. Although there is a lot of room for improvement, findings also suggest that some hospitals are excelling in these areas by engaging in a variety of integration and information seeking activities.

System Integration and Change Advisory Panel Membership for Hospital Report 2004: Acute Care

Rheta Fanizza	The Scarborough Hospital
Keary Fulton-Wallace	Huron Perth Hospitals Partnership
Dr. Arthur Slutsky	St. Michael's Hospital
Dr. Lynn Nagle	Mount Sinai Hospital
Debbie Selkirk	Chatham-Kent Healthcare Alliance
Cathy Szabo	CCAC-Etobicoke
Nicole Haley	Hornepayne Community Hospital
Peter Munt	Kingston General Hospital
Mr. Allan Katz	Deep River and District Hospital
Ms. Anwyl Shewchuk	Red Lake Margaret Cocheneur Memorial
Mr. Gary Freedman	William Osler Health Centre
Ken McGeorge	Red Lake, Ontario
Reta Sproule	Hanover and District Hospital
Polly Stevens	The Hospital for Sick Children
Dr. James Worthington	The Ottawa Hospital (Civic Campus)

CORPORATE SURVEY DISTRIBUTIONS

1. CORPORATE SURVEY DISTRIBUTIONS: ALL HOSPITALS

Corporate - Section 1: Management of Human Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Recruitment and Retention

- Which of the following recruitment/retention incentives or strategies are currently implemented for the following groups at your organization?

1.8 Our hospital does not engage in any recruitment/retention strategies for the following staff groups (*skip to question 2a*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
RECRUITMENT STRATEGIES				
Staff referral bonuses	12.8	11.9	3.7	4.6
Relocation assistance	49.5	65.1	19.3	48.6
Parking/transportation subsidies	24.8	25.7	22.9	27.5
Signing bonuses	5.5	14.7	2.8	9.2
Use of recruitment agencies	15.6	28.4	3.7	33.0
Representation at job fairs	74.3	73.4	33.0	38.5
A hospital website that offers information about employment opportunities at the hospital				
RETENTION STRATEGIES				
Availability/use of employee assistance programs				
Recognition programs such as special awards for excellence or accomplishments				
General cost of living increases	69.7	72.5	66.1	75.2
Opportunities for advanced education supported by the hospital and/or hospital foundation				
Daycare program	11.0	11.0	11.9	11.0
Eldercare program	5.5	5.5	5.5	5.5
Staff lounge on each unit	65.1	49.5	41.3	35.8
Wellness program	51.4	51.4	48.6	51.4
Allowance for personal leave (e.g.,	67.0	66.1	59.6	63.3

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Time off for family)				
Mentorship program	62.4	33.0	10.1	19.3

2a) In Part A, does your organization currently have a forum (e.g. a mechanism that has structured routine activities but does not necessarily involve a formalized committee) that includes the following activities as part of its mandate? If yes, please indicate the scope of representation in Part B.

	Check one box Part A	Check all that apply Part B
	Presence of such a forum	Representation
Recruitment & Retention	Yes = 78.0 No = 21.1 Missing = 0.9	60.6 Physicians 67.0 Nurses (RNs, RPNs) 56.0 Other regulated health professionals on staff 31.2 Unregulated patient care staff 47.7 Other hospital staff
Quality of Work Life	Yes = 74.3 No = 22.9 Missing = 2.8	37.6 Physicians 73.4 Nurses (RNs, RPNs) 67.0 Other regulated health professionals on staff 55.1 Unregulated patient care staff 64.2 Other hospital staff

3a) Does your hospital currently track turnover rates (voluntary and involuntary separations) for any staff?

Missing = 0.0 Yes = 84.4 No = 15.6 (skip to question 4a)

3b) If you responded yes in question 3a), please indicate for which staff groups your organization tracked these separations in Column A and in Column B, please indicate the total number of separations in the last fiscal year by FTE and/or headcount.

	Column A Check all that apply		Column B Total number of separations in the last fiscal year by:		
			FTE [†]	AND/OR	Headcount
Separation	39.5	Physicians			
	77.1	Nurses (RNs, RPNs)			
	74.3	Other regulated health professionals on staff			
	66.1	Unregulated patient care staff			
	68.1	Other hospital staff			

Human Resources Planning

4a) What strategies does your organization currently have in place to deal with nursing (RNs, RPNs) shortages?

- 30.3 None, we do not have nursing shortages (*skip to question 5*)
- 5.5 We have no strategies in place to deal with nursing shortages (*skip to question 5*)

Part A Check all that apply	Part B If checked in Part A, please provide # Hours in the past fiscal year
58.7 Utilization of overtime hours	
20.2 Agency nurses	
11.0 Decreased replacement for absenteeism since the 01/02 fiscal year	
27.5 Increased use of casual or part-time nurses since the 01/02 fiscal year	
38.5 Float pools 22.9 Centralized 22.9 Unit-based	NA

4b) Who is currently responsible for replacing and finding nursing staff when shortages are present on a day-to-day basis (*check all that apply*)?

- 73.4 Nurse managers
- 41.3 Team/Professional Practice Leader
- Front line nurses
- Secretary/Administrative assistant/Unit clerk
- Central staffing unit

5. Please provide the number of physicians and staff currently in your organization.

	Current total number of FTE's in each of the following groups	Current total number by headcount in each of the following groups	
Management staff		Range = 2.0 - 714.0 Median = 33.5	N = 104 Missing = 5
Physicians		Range = 0.0 - 1200.0 Median = 56.0	N = 89 Missing = 20
Nurses (RNs, RPNs)		Range = 16.0 - 3450.0 Median = 287.0	N = 109 Missing = 0
Other regulated health professionals on staff		Range = 5.0 - 4702.0 Median = 95.0	N = 107 Missing = 2
Unregulated patient care staff		Range = 0.0 - 2273.0 Median = 48.0	N = 91 Missing = 18
Other hospital staff		Range = 4.0 - 3975.0 Median = 196.0	N = 105 Missing = 4

Staff Roles

7. Which of the following staff roles currently exist in your organization? For each program area, please circle the appropriate option using the following legend.

Legend	Options
0	This staff role does not exist
1	This role was reviewed and determined to be Not Applicable
2	The role is under development
3	This is a permanent role

Circle <u>one</u> response for each item in the applicable column(s)							
	Acute Care					Emergency Department	Mental Health
	Missing	0	1	2	3		
ADVANCED NURSING ROLES							
Acute Care / Specialty Nurse Practitioner	1.8	55.1	0.0	7.3	35.8		
Clinical Nurse Specialist	0.9	54.1	0.9	1.8	42.2		
Nurse educator	0.0	20.2	0.0	6.4	73.4		
CARE COORDINATION							
Clinical Specialist from a rehabilitation therapy profession							
Hospitalist	2.8	53.2	1.8	9.2	33.0		
Unit pharmacist							
Pathology assistant	5.5	60.6	1.8	4.6	27.5		
Designated staff responsible for professional practice issues							
Designated staff who addresses equity issues (e.g. gender, religion, language) relevant to patients and families	0.9	48.6	3.7	2.8	44.0		
Infection Control Practitioner	0.0	3.7	0.0	0.9	95.4		
Discharge planner							
Patient advocate/ ombudsperson	0.9	50.5	3.7	1.8	43.1		
Social worker	0.9	28.4	1.8	2.8	66.1		
Case manager	2.8	59.6	1.8	0.9	34.9		
Patient Flow Coordinator	0.9	52.3	2.8	3.7	40.4		
ADMINISTRATION AND SUPPORT							
Staff responsible for physician recruitment	1.8	27.5	1.8	1.8	67.0		
Volunteer coordinator	0.9	12.8	0.0	1.8	84.4		
Decision support role	0.0	34.9	0.0	7.3	57.8		
Telehealth/videocare coordinator	0.9	41.3	0.9	8.3	48.6		

Circle <u>one</u> response for each item in the applicable column(s)							
Acute Care						Emergency Department	Mental Health
QUALITY AND RISK							
Utilization review analyst	0.9	22.9	0.9	3.7	71.6		
Quality and/or risk management analyst	0.0	22.0	0.0	3.7	74.3		

7. What mechanisms, if any, does your organization currently have in place to serve the requirements of patients with special communication needs (e.g. patients with communication disorders, such as speech, language, and hearing problems, and/or patients who are not fluent in the language spoken by the majority of the hospital staff, etc.)?

37.6 Less than 10% of our patients require special communications needs (*skip to question 8*).

OR

Check all that apply

- 38.5 Language Interpreter(s) employed or contracted by the hospital
- 55.1 Hospital database that identifies languages spoken by hospital staff or volunteers
- 32.5 Pre-admission information printed in multiple languages
- 40.4 Sign language interpreters
- 53.2 Speech pathologist employed or contracted by the hospital
- 32.1 Teletype (TTY) phone service

Support Processes for Staff

8. Please indicate whether your organization currently does the following:

Groups	Conduct formal performance evaluations for this group:	Track formal performance evaluations for this group:	Frequency of formal performance evaluations: (Check <u>one</u> box)	% of each group who had undergone a performance evaluation in the last fiscal year	Total % of staff, excluding physicians, who had undergone performance evaluation in the last fiscal year
Physicians					
Nurses (RNs, RPNs)			5.5 Missing 29.4 Yearly or more frequently 47.7 Every 2 years 17.4 Less frequently than 2 years	Range = 2-100.0 N = 72 Median = 45.0 Missing = 37	Range = 0-100.0 N = 86 Median = 40.0 Missing = 23
Other regulated health professionals on staff			7.3 Missing 29.4 Yearly or more frequently 45.9 Every 2 years 17.4 Less frequently than 2 years	Range = 0-100.0 N = 71 Median = 45.0 Missing = 38	
Unregulated patient care staff			12.8 Missing 27.5 Yearly or more frequently 44.0 Every 2 years 15.6 Less frequently than 2 years	Range = 0-100.0 N = 63 Median = 41.7 Missing = 46	

Groups	Conduct formal performance evaluations for this group:	Track formal performance evaluations for this group:	Frequency of formal performance evaluations: (Check <u>one</u> box)	% of each group who had undergone a performance evaluation in the last fiscal year	Total % of staff, excluding physicians, who had undergone performance evaluation in the last fiscal year
Other hospital staff			6.4 Missing 31.2 Yearly or more frequently 47.7 Every 2 years 14.7 Less frequently than 2 years	Range = 0.0 – 100.0 N = 73 Median = 45.0 Missing = 36	

9. Which of the following processes are currently part of your organization’s formal orientation program for newly hired hospital staff?

Our organization does not have a formal orientation program (*skip to question 10*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Overview of corporation information (strategies, vision, mission, etc.)				
Introduction to senior management				
Introduction to the unit				
Education in clinical skills and knowledge in a classroom setting	77.1	56.0	39.5	NA
Education in clinical skills and knowledge in a clinical setting	89.9	81.7	50.5	NA
Mentorship program				
Occupational Health & Safety policy (includes infection control policies)				

11b) Please provide the number of formal written disputes, grievances, or complaints filed in the last fiscal year by your organization for the following groups:

0.9 Our organization does not collect this information

OR

6.4 Our organization collects the TOTAL number of disputes, grievances, or complaints filed in the last fiscal year (If this box is checked, please provide the total number in the space provided. If your organization collects these numbers by staff group, please provide the numbers in the table below)

Range = 26.0 – 111.0 N = 6 Median = 65.0

	The number of formal written disputes, grievances, or complaints was not collected for this group	Number of formal written disputes, grievances, or complaints filed in the last fiscal year
Nurses (RNs, RPNs)	1.8	Range = 0- 154.0 Median = 8.0 N = 95 Missing = 14
Other regulated health professionals on staff	4.6	Range = 0- 105.0 Median = 1.0 N = 84 Missing = 25
Unregulated patient care staff	6.4	Range = 0- 345.0 Median = 2.0 N = 73 Missing = 36
Other hospital staff	2.8	Range = 0- 358.0 Median = 5.0 N = 84 Missing = 25

Ethics

12. Which of the following structures are currently in place to deal with clinical/medical ethical dilemmas that may arise with respect to patient care in your organization?

12.8 We do not have structures to deal with clinical/medical ethical dilemmas (*skip to question 13*).

OR

Check all that apply

77.1 Ethics consultation team assembled on a case-by-case basis using internal resources

28.4 Ethics consultation contracted out to external experts

22.9 Clinical ethics service staffed by clinical ethicist(s) with advanced training

13. What is the current level of training regarding clinical/medical ethics provided to the following groups of professionals within your organization?

	Check all that apply	
	Access to written materials regarding ethics	Access to in-house training* provided by an ethicist
Physicians		43.1
Nurses (RNs, RPNs)		45.0
Other regulated health professionals on staff		45.0
Unregulated patient care staff		33.9
Other hospital staff		35.8

* Please note that training may include ethics rounds.

Staff Safety

15. Please indicate the total number of Workplace Safety and Insurance Board (WSIB) lost-time claims in your organization in the last fiscal year:

Range = 0 – 691.0, N = 107, Median = 10.0, Missing = 2

Corporate - Section 2: Investments in Intellectual and Information Resources

Please indicate which program areas are present at your organization.

	Acute Care	Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Resources for Professional Development and Learning

17. Using the legend, please indicate for the applicable program area, which of the following groups, if any, does your organization currently provide the following types of continuing education or professional development support.

Legend	Options
0	Nurses (RNs, RPNs)
1	Other regulated health professionals on staff
2	Unregulated patient care staff

	Circle all that apply in the applicable column(s)				
	Acute Care			Emergency Department	Mental Health
	0	1	2		
Reimbursement of continuing education courses	94.5	88.1	62.4		
Reimbursement of advanced education (e.g. degree)	60.6	52.3	34.9		
Bursaries/scholarships	45.9	34.9	21.1		
Paid time off to take courses	79.8	78.9	46.8		
Unpaid time off to take courses	93.6	84.4	69.7		
Flexible scheduling to take courses	91.7	86.2	65.1		
Financial reward upon completion of an educational program					
On-site courses provided by hospital staff					
On-site courses provided by external organizations or experts					

18. Please indicate the extent to which your organization currently invests in staff and physician attendance at the following continuing education activities (e.g. attendance at formal in-service

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programs, courses and off site conferences). For each group listed below, circle the appropriate number that reflects the percent who participated in formal in-service programs, courses and off-site conferences supported by your organization using the following legend as a reference.

Legend	Options
0	This activity of focus is not offered to this group
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

	Circle <u>one</u> response for each box				
	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Team building	M = 5.5 0 = 43.1 1 = 35.8 2 = 13.8 3 = 1.8	M = 3.7 0 = 11.0 1 = 36.7 2 = 41.3 3 = 7.3	M = 2.8 0 = 15.6 1 = 38.5 2 = 34.9 3 = 8.3		
Conflict management	M = 7.3 0 = 45.9 1 = 35.8 2 = 9.2 3 = 1.8	M = 4.6 0 = 13.8 1 = 35.8 2 = 35.8 3 = 10.1	M = 3.7 0 = 19.3 1 = 36.7 2 = 32.1 3 = 8.3		
Ethical issues	M = 4.6 0 = 22.9 1 = 44.0 2 = 18.4 3 = 10.1	M = 2.8 0 = 12.8 1 = 42.2 2 = 29.4 3 = 12.8	M = 1.8 0 = 18.4 1 = 43.1 2 = 23.9 3 = 12.8		
Quality improvement	M = 5.5 0 = 14.7 1 = 38.5 2 = 28.4 3 = 12.8	M = 3.7 0 = 3.7 1 = 34.9 2 = 37.6 3 = 20.2	M = 2.8 0 = 4.6 1 = 33.9 2 = 40.4 3 = 18.4		
Domestic violence and/or abuse	M = 4.6 0 = 44.0 1 = 37.6 2 = 9.2 3 = 4.6	M = 2.8 0 = 19.3 1 = 42.2 2 = 23.9 3 = 11.9	M = 2.8 0 = 34.9 1 = 21.1 2 = 10.1 3 = 8.3		
Cultural diversity	M = 5.5 0 = 58.7 1 = 25.7 2 = 7.3 3 = 2.8	M = 1.8 0 = 46.8 1 = 30.3 2 = 13.8 3 = 7.3	M = 1.8 0 = 52.3 1 = 27.5 2 = 12.8 3 = 5.5		
Violence in the workplace	M = 5.5 0 = 46.8 1 = 28.4 2 = 11.9 3 = 7.3	M = 3.7 0 = 9.2 1 = 30.3 2 = 30.3 3 = 26.6	M = 2.8 0 = 15.6 1 = 35.8 2 = 22.0 3 = 23.9		

Availability of community services for patients	M = 5.5 0 = 24.8 1 = 37.6 2 = 25.7 3 = 6.4	M = 2.8 0 = 12.8 1 = 33.9 2 = 33.9 3 = 16.5	M = 4.6 0 = 18.4 1 = 35.8 2 = 31.2 3 = 10.1		
Clinical management	M = 4.6 0 = 16.5 1 = 25.7 2 = 28.4 3 = 24.8	M = 2.8 0 = 11.0 1 = 16.5 2 = 35.8 3 = 33.9	M = 1.8 0 = 14.7 1 = 21.1 2 = 32.1 3 = 30.3		
Leadership development	M = 11.0 0 = 28.4 1 = 49.5 2 = 11.0 3 = 0.0	M = 2.8 0 = 11.9 1 = 47.7 2 = 32.1 3 = 5.5	M = 1.8 0 = 16.5 1 = 51.4 2 = 24.8 3 = 5.5		
Research activities/skills	M = 7.3 0 = 45.0 1 = 28.4 2 = 12.8 3 = 6.4	M = 3.7 0 = 15.8 1 = 44.0 2 = 12.8 3 = 3.7	M = 2.8 0 = 39.5 1 = 43.1 2 = 11.0 3 = 3.7		
Communication skills	M = 7.3 0 = 38.5 1 = 40.4 2 = 11.9 3 = 1.8	M = 2.8 0 = 11.0 1 = 32.1 2 = 39.5 3 = 14.7	M = 2.8 0 = 17.4 1 = 30.3 2 = 36.7 3 = 12.8		
Identifying and managing adverse events	M = 6.4 0 = 23.9 1 = 29.4 2 = 29.4 3 = 11.0	M = 2.8 0 = 13.8 1 = 31.2 2 = 29.4 3 = 22.9	M = 2.2 0 = 17.4 1 = 34.9 2 = 26.6 3 = 18.4		
Infection Control	M = 2.8 0 = 8.3 1 = 22.9 2 = 25.7 3 = 40.4	M = 1.8 0 = 0.9 1 = 8.3 2 = 20.2 3 = 68.8	M = 0.9 0 = 1.8 1 = 11.9 2 = 23.9 3 = 61.5		
Utilization management	M = 7.3 0 = 18.4 1 = 31.2 2 = 29.4 3 = 13.8	M = 3.7 0 = 14.7 1 = 45.9 2 = 24.8 3 = 11.0	M = 3.7 0 = 23.9 1 = 38.5 2 = 22.9 3 = 11.0		

Use of Information Technology

21. In each of the following clinical areas, please indicate the extent to which electronic records and data are currently being used in your organization as a primary source* of information.

Legend	Options
0	No electronic records/data as the primary source of information (all paper records)
1	Electronic records/data as the primary source are used in this program area
2	Electronic records/data as the primary source are used in this program area AND remote access is possible

	Circle <u>one</u> response for each item in the applicable column(s)				Emergency Department	Mental Health
	Acute Care					
	Missing	0	1	2		
Patient visit registration information (e.g. ADT system)	0.0	2.8	40.4	56.9		
Diagnostic imaging reports (e.g. textual reports)	0.0	15.6	29.4	55.0		
Electronic medical images (e.g. CT scans, x-rays)	0.0	47.7	15.6	36.7		
Diagnostic laboratory results	0.0	16.5	31.2	52.3		
Patient-based pharmacy/drug profiles	0.0	40.4	31.2	28.4		
Standardized protocols						
Physician order entry system						
Nursing clinical documentation	0.0	67.0	13.8	19.3		
Physician clinical documentation	0.0	78.0	10.1	11.9		
Clinical documentation by other health professionals	0.0	73.4	8.3	18.4		

* **Primary source** refers to situations where electronic records were the sole information source OR situations where, both in the case of a data conflict between electronic and paper sources, the electronic source is deemed to be correct (e.g. it is the master documentation source as defined by hospital policy) AND in the majority of cases when hospital staff and physicians with hospital privileges access this type of information, they do so using the electronic record.

22. Currently, which of the following functions could patient-care staff at your organization perform “on-line” in your organization?

Please note that the question specifically refers to access to these functions by patient-care staff while in the clinical area (e.g. on the “floor”). To answer in the affirmative, the relevant function must be implemented on computers located in the clinical areas(s), patient-care staff must be trained in its use and have received relevant access codes (e.g. passwords), and at least one patient-care staff member must have used this function.

Legend	Options
0	Could not be performed “on-line” by patient-care staff in this program area
1	Performed “on-line” by patient care staff in this program area

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Program	Circle <u>one</u> response for each item in the applicable column(s)			Emergency Department	Mental Health
	Acute Care				
	Missing	0	1		
Accessing archived medical records	2.8	69.7	27.5		
Accessing clinical data from previous visits of a patient (e.g. obtain test or assessment data from previous visits)	0.9	33.9	65.1		
Recording workload data	0.9	23.9	75.2		
Recording nursing workload data	0.9	20.2	78.9		
Ordering diagnostic tests or imaging	0.9	45.0	54.1		
Ordering supplies (pharmacy or other)	0.9	58.7	40.4		
Making referrals to care providers, internal to the organization	0.0	56.0	44.0		
Making referrals to care providers, external to the organization	0.0	93.6	6.4		
Accessing literature search databases (e.g. MEDLINE, etc.)	0.0	15.6	84.4		
Accessing other library resources and/or education materials	0.0	18.4	81.7		
Accessing hospital policies and procedures	0.0	33.9	66.1		
Giving/receiving consultation by videocare (secure network for providers on/off site)					
Accessing clinical decision support tools					

Corporate - Section 3: Use and Dissemination of Information for Decision-Making

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.9 Yes = 99.1		
No	0.0		

25. We are interested in knowing how your organization disseminates information about the changes made as a result of staff satisfaction findings. For the following groups, please indicate which of the dissemination strategies are currently being used.

Group	Data not shared with this group	Check all that apply		
		Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum)	Results reviewed beyond the initial verbal presentation for a specific initiative
The board or board committees (including committee/task force looking at utilization)	3.7	79.8	43.1	43.1
Senior management team	0.9	85.3	25.7	66.1
Physicians	6.4	65.1	38.5	36.7
Nurses (RNs, RPNs)	1.8	79.8	35.8	54.1
Managers at the program/ department level	0.9	85.3	33.0	55.1
Other regulated health professionals on staff	2.8	74.3	38.5	48.6
Unregulated patient care staff	2.8	67.9	36.7	40.4
Other hospital staff	2.8	73.4	43.1	43.1

26. Please indicate which of the following additional strategies are currently used to disseminate staff feedback results within your organization?

11.0 No additional strategies were used (*skip to question 27*)

	Check all that apply
Results posted on hospital website	33.9
Results posted on bulletin board	64.2
Results posted in newsletter/electronic mail	78.0

27. Does your organization currently compare your staff satisfaction data with that of other organizations?

		Check <u>one</u> box for each row		
Service	Missing	No, we do not compare our staff satisfaction data	Yes, we compare with one other organization	Yes, we compare with two or more organizations
Acute Care	0.9	63.3	0.9	34.9
Emergency Department				
Mental Health				

Corporate - Section 4: Internal and External Integration of Care

30. Please indicate whether your organization currently has formal succession plans for the following groups.

25.7 There were no formal succession plans in place (*skip to question 31*)

OR

Check all that apply:

35.8 Senior Management (Vice President and above)

70.6 Board of Directors' Chair

49.5 Chairs of standing committees of the board

40.4 Senior Medical Leadership (e.g. Chief of Staff, Vice President of Medical Affairs)

19.3 Senior Nursing Leadership (e.g. Chief Nursing Officer, Vice President of Nursing)

31. Please indicate the percent of non-managerial staff (e.g. front-line physicians and staff) currently involved in internal organizational governance practices in your organization. Staff involvement includes formalized two-way communication.

Legend	Options
0	This practice was not offered to non-managerial staff
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

Circle one response for each column

	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Involvement in strategic planning process at the corporate level	M = 0.9 0 = 4.6 1 = 45.9 2 = 24.8 3 = 23.9	M = 1.8 0 = 11.9 1 = 43.1 2 = 30.3 3 = 12.8	M = 2.8 0 = 12.8 1 = 45.0 2 = 27.5 3 = 11.9	M = 10.1 0 = 26.6 1 = 37.6 2 = 17.4 3 = 8.3
Involvement in the internal governance of the hospital. For example practice/policy committees and/or clinical governance.	M = 1.8 0 = 3.7 1 = 39.5 2 = 37.6 3 = 17.4	M = 1.8 0 = 5.5 1 = 46.8 2 = 37.6 3 = 8.3	M = 1.8 0 = 7.3 1 = 50.5 2 = 33.9 3 = 6.4	M = 10.1 0 = 24.8 1 = 47.7 2 = 12.8 3 = 4.6
Involvement in the development of corporate indicators performance	M = 1.8 0 = 11.9 1 = 54.1 2 = 25.7 3 = 6.4	M = 0.9 0 = 16.5 1 = 52.3 2 = 25.7 3 = 4.6	M = 1.8 0 = 18.4 1 = 51.4 2 = 22.9 3 = 5.5	M = 10.1 0 = 34.9 1 = 36.7 2 = 12.8 3 = 5.5

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32a) Does your organization currently have community advisory groups? *(check one response)*

- 0.0 Missing
- 21.1 No *(skip to question 33)*
- 78.9 Yes

32b) If you indicated yes in 32a), please indicate the level at which they exist? *(check all that apply)*

- Corporate level
- 63.3 Program level

35. Which of the following corporate strategies does your organization currently participate in with the following external groups?

3.7 None, we are not engaged in joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply							
	We were not engaged in this joint initiative with any group	Other acute care hospitals	Complex continuing care hospitals	CCACs	LTC facilities	Public health dept.	Community-based service agencies	Mental Health facilities	Rehab facilities
Joint-fundraising campaigns	48.6	27.5	11.9	4.6	12.8	2.8	19.3	8.3	7.3
Cross-board representation	38.5	24.8	9.2	20.2	14.7	7.3	22.9	10.1	5.5
Joint executive committee meetings	18.4	67.0	18.4	35.8	19.3	9.2	11.0	18.4	9.2

2. CORPORATE SURVEY DISTRIBUTIONS: COMMUNITY HOSPITALS

Corporate - Section 1: Management of Human Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Recruitment and Retention

1. Which of the following recruitment/retention incentives or strategies are currently implemented for the following groups at your organization?

0.0 Our hospital does not engage in any recruitment/retention strategies for the following staff groups (*skip to question 2a*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
RECRUITMENT STRATEGIES				
Staff referral bonuses	19.7	19.7	6.1	7.6
Relocation assistance	53.0	75.8	19.7	57.6
Parking/transportation subsidies	25.8	27.3	22.7	28.8
Signing bonuses	9.1	24.2	4.6	15.2
Use of recruitment agencies	13.6	28.8	1.5	36.4
Representation at job fairs	86.4	87.9	40.9	50.0
A hospital website that offers information about employment opportunities at the hospital				
RETENTION STRATEGIES				
Availability/use of employee assistance programs				
Recognition programs such as special awards for excellence or accomplishments				
General cost of living increases	75.8	78.8	72.7	84.9
Opportunities for advanced education supported by the hospital and/or hospital foundation				
Daycare program	10.6	10.6	12.1	10.6
Eldercare program	6.1	6.1	6.1	6.1
Staff lounge on each unit	68.2	57.6	45.5	37.9
Wellness program	54.6	54.6	50.0	54.6
Allowance for personal leave (e.g. Time off for family)	71.2	71.2	66.7	71.2
Mentorship program	71.2	36.4	12.1	24.2

2a) In Part A, does your organization currently have a forum (e.g. a mechanism that has structured routine activities but does not necessarily involve a formalized committee) that includes the following activities as part of its mandate? If yes, please indicate the scope of representation in Part B.

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	Check one box Part A	Check all that apply Part B
	Presence of such a forum	Representation
Recruitment & Retention	Yes = 83.3 No = 15.2 Missing = 1.5	65.2 Physicians 74.2 Nurses (RNs, RPNs) 66.7 Other regulated health professionals on staff 39.4 Unregulated patient care staff 57.6 Other hospital staff
Quality of Work Life	Yes = 78.8 No = 16. Missing = 4.6	45.5 Physicians 78.8 Nurses (RNs, RPNs) 78.8 Other regulated health professionals on staff 65.2 Unregulated patient care staff 74.2 Other hospital staff

3a) Does your hospital currently track turnover rates (voluntary and involuntary separations) for any staff?
 Missing = 0.0 92.4 = Yes 7.6 = No (skip to question 4a)

3b) If you responded yes in question 3a), please indicate for which staff groups your organization tracked these separations in Column A and in Column B, please indicate the total number of separations in the last fiscal year by FTE and/or headcount.

	Column A Check all that apply		Column B Total number of separations in the last fiscal year by:		
	FTE	AND/OR	Headcount		
Separation	40.9 Physicians 83.3 Nurses (RNs, RPNs) 77.3 Other regulated health professionals on staff 71.2 Unregulated patient care staff 72.7 Other hospital staff				

Human Resources Planning

4a) What strategies does your organization currently have in place to deal with nursing (RNs, RPNs) shortages?

25.8 None, we do not have nursing shortages (skip to question 5)
 1.5 We have no strategies in place to deal with nursing shortages (skip to question 5)

Part A Check all that apply	Part B If checked in Part A, please provide # Hours in the past fiscal year
66.7 Utilization of overtime hours	
21.2 Agency nurses	
15.2 Decreased replacement for absenteeism since the 01/02 fiscal year	
27.3 Increased use of casual or part-time nurses since the 01/02 fiscal year	
48.5 Float pools 28.8 Centralized 28.8 Unit-based	NA

4b) Who is currently responsible for replacing and finding nursing staff when shortages are present on a day-to-day basis (check all that apply)?

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- 77.3 Nurse managers
- 39.4 Team/Professional Practice Leader
- Front line nurses
- Secretary/Administrative assistant/Unit clerk
- Central staffing unit

5. Please provide the number of physicians and staff currently in your organization.

	Current total number of FTE's in each of the following groups	Current total number by headcount in each of the following groups
Management staff		Range = 8.0 - 197.0 N = 62 Median = 42.5 Missing = 4
Physicians		Range = 1.0 - 711.0 N = 52 Median = 104.0 Missing = 14
Nurses (RNs, RPNs)		Range = 30.0 - 2087.0 N = 66 Median = 465.0 Missing = 0
Other regulated health professionals on staff		Range = 17.0 - 758.0 N = 65 Median = 146.0 Missing = 1
Unregulated patient care staff		Range = 0.0 - 957.0 N = 55 Median = 84.0 Missing = 11
Other hospital staff		Range = 20.0 - 1225.0 N = 65 Median = 280.0 Missing = 1

Staff Roles

6. Which of the following staff roles currently exist in your organization? For each program area, please circle the appropriate option using the following legend.

Legend	Options
0	This staff role does not exist
1	This role was reviewed and determined to be Not Applicable
2	The role is under development
3	This is a permanent role

Circle <u>one</u> response for each item in the applicable column(s)							
	Acute Care					Emergency Department	Mental Health
Advanced Nursing Roles	Missing	0	1	2	3		
Acute Care / Specialty Nurse Practitioner	1.5	54.6	0.0	4.6	39.4		
Clinical Nurse Specialist	1.5	50.0	1.5	3.0	43.9		
Nurse educator	0.0	10.6	0.0	4.6	84.9		
Care Coordination							
Clinical Specialist from a rehabilitation therapy profession							
Hospitalist	1.5	39.4	3.0	12.1	43.9		
Unit pharmacist							
Pathology assistant	4.6	54.6	3.0	6.1	31.8		

	Circle <u>one</u> response for each item in the applicable column(s)							
	Acute Care					Emergency Department	Mental Health	
Designated staff responsible for professional practice issues								
Designated staff who addresses equity issues (e.g. gender, religion, language) relevant to patients and families	0.0	42.4	4.6	3.0	50.0			
Infection Control Practitioner	0.0	0.0	0.0	1.5	98.5			
Discharge planner								
Patient advocate/ombudsperson	0.0	47.0	6.1	3.0	43.9			
Social worker	0.0	18.2	3.0	3.0	75.8			
Case manager	0.0	57.6	3.0	1.5	37.9			
Patient Flow Coordinator	0.0	42.4	4.6	4.6	48.5			
Administration and Support								
Staff responsible for physician recruitment	0.0	18.2	3.0	3.0	75.8			
Volunteer coordinator	0.0	6.1	0.0	1.5	92.4			
Decision support role	0.0	22.7	0.0	12.1	65.2			
Telehealth/videocare coordinator	0.0	47.0	1.5	6.1	45.5			
Quality and Risk								
Utilization review analyst	0.0	12.1	0.0	1.5	86.4			
Quality and/or risk management analyst	0.0	18.2	0.0	1.5	80.3			

7. What mechanisms, if any, does your organization currently have in place to serve the requirements of patients with special communication needs (e.g. patients with communication disorders, such as speech, language, and hearing problems, and/or patients who are not fluent in the language spoken by the majority of the hospital staff, etc.)?

30.3 Less than 10% of our patients require special communications needs (*skip to question 8*).

OR

Check all that apply

- 40.9 Language Interpreter(s) employed or contracted by the hospital
- 66.7 Hospital database that identifies languages spoken by hospital staff or volunteers
- 21.2 Pre-admission information printed in multiple languages
- 43.9 Sign language interpreters
- 63.4 Speech pathologist employed or contracted by the hospital
- 73.9 Teletype (TTY) phone service

Support Processes for Staff

8. Please indicate whether your organization currently does the following:

Groups	Conduct formal performance evaluations for this group:	Track formal performance evaluations for this group:	Frequency of formal performance evaluations: (Check <u>one</u> box)	% of each group who had undergone a performance evaluation in the last fiscal year	Total % of staff, excluding physicians, who had undergone performance evaluation in the last fiscal year
Physicians					
Nurses (RNs, RPNs)			4.6 Missing 30.3 Yearly or more frequently 48.5 Every 2 years 16.7 Less frequently than 2 years	Range = 2-100.0 N = 42 Median = 41.0 Missing = 24	Range = 0-100.0 N = 52 Median = 39.0 Missing = 14
Other regulated health professionals on staff			6.1 Missing 30.3 Yearly or more frequently 47.0 Every 2 years 16.7 Less frequently than 2 years	Range = 0-100.0 N = 41 Median = 40.0 Missing = 25	
Unregulated patient care staff			9.1 Missing 28.8 Yearly or more frequently 45.5 Every 2 years 16.7 Less frequently than 2 years	Range = 0-100.0 N = 37 Median = 41.7 Missing = 29	
Other hospital staff			4.6 Missing 33.3 Yearly or more frequently 50.0 Every 2 years 12.1 Less frequently than 2 years	Range = 1.0 – 100.0 N = 42 Median = 39.5 Missing = 24	

9. Which of the following processes are currently part of your organization’s formal orientation program for newly hired hospital staff?

Our organization does not have a formal orientation program (*skip to question 10*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Overview of corporation information (strategies, vision, mission, etc.)				
Introduction to senior management				
Introduction to the unit				
Education in clinical skills and knowledge in a classroom setting	81.8	62.1	42.4	NA
Education in clinical skills and knowledge in a clinical setting	90.9	86.4	54.6	NA
Mentorship program				
Occupational Health & Safety policy (includes infection control policies)				

11b) Please provide the number of formal written disputes, grievances, or complaints filed in the last fiscal year by your organization for the following groups:

0.0 Our organization does not collect this information

OR

9.1 Our organization collects the TOTAL number of disputes, grievances, or complaints filed in the last fiscal year (If this box is checked, please provide the total number in the space provided. If your organization collects these numbers by staff group, please provide the numbers in the table below)

Range = 26.0 – 111.0 N=6 Median = 65.0

	The number of formal written disputes, grievances, or complaints was not collected for this group	Number of formal written disputes, grievances, or complaints filed in the last fiscal year
Nurses (RNs, RPNs)	1.5	Range = 0-154.0 N = 58 Median = 13.0 Missing = 8
Other regulated health professionals on staff	3.0	Range = 0- 105.0 N = 52 Median = 2.0 Missing = 14
Unregulated patient care staff	4.6	Range = 0- 83.0 N = 48 Median = 2.0 Missing = 18
Other hospital staff	1.5	Range = 0- 226.0 N = 55 Median = 8.0 Missing = 11

Ethics

12. Which of the following structures are currently in place to deal with clinical/medical ethical dilemmas that may arise with respect to patient care in your organization?

10.6 We do not have structures to deal with clinical/medical ethical dilemmas (*skip to question 13*).

OR

Check all that apply

78.8 Ethics consultation team assembled on a case-by-case basis using internal resources

30.3 Ethics consultation contracted out to external experts

19.7 Clinical ethics service staffed by clinical ethicist(s) with advanced training

13. What is the current level of training regarding clinical/medical ethics provided to the following groups of professionals within your organization?

	Check all that apply	
	Access to written materials regarding ethics	Access to in-house training* provided by an ethicist
Physicians		43.9
Nurses (RNs, RPNs)		47.0
Other regulated health professionals on staff		47.0
Unregulated patient care staff		36.4
Other hospital staff		37.9

* Please note that training may include ethics rounds.

Staff Safety

15. Please indicate the total number of Workplace Safety and Insurance Board (WSIB) lost-time claims in your organization in the last fiscal year:

Range = 0 – 201.0, N = 65, Median = 23.0, Missing = 1

Corporate - Section 2: Investments in Intellectual and Information Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Resources for Professional Development and Learning

17. Using the legend, please indicate for the applicable program area, which of the following groups, if any, does your organization currently provide the following types of continuing education or professional development support.

Legend	Options
0	Nurses (RNs, RPNs)
1	Other regulated health professionals on staff
2	Unregulated patient care staff

Circle all that apply in the applicable column(s)					
	Acute Care			Emergency Department	Mental Health
	0	1	2		
Reimbursement of continuing education courses	93.9	90.9	71.2		
Reimbursement of advanced education (e.g. degree)	68.2	62.1	45.5		
Bursaries/scholarships	48.5	39.4	25.8		
Paid time off to take courses	83.3	84.9	54.6		
Unpaid time off to take courses	93.9	90.9	80.3		
Flexible scheduling to take courses	93.9	93.9	75.8		
Financial reward upon completion of an educational program					
On-site courses provided by hospital staff					
On-site courses provided by external organizations or experts					

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18. Please indicate the extent to which your organization currently invests in staff and physician attendance at the following continuing education activities (e.g. attendance at formal in-service programs, courses and off site conferences). For each group listed below, circle the appropriate number that reflects the percent who participated in formal in-service programs, courses and off-site conferences supported by your organization using the following legend as a reference.

Legend	Options
0	This activity of focus is not offered to this group
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

	Circle <u>one</u> response for each box				
	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Team building	M= 3.0 0= 37.9 1= 39.4 2= 16.7 3= 3.0	M= 1.5 0= 6.1 1= 37.9 2= 50.0 3= 4.6	M= 1.5 0= 7.6 1= 43.9 2= 40.9 3= 6.1		
Conflict management	M= 4.6 0= 43.9 1= 39.4 2= 10.6 3= 1.5	M= 3.0 0= 12.1 1= 36.4 2= 40.9 3= 7.6	M= 3.0 0= 16.7 1= 37.9 2= 34.9 3= 7.6		
Ethical issues	M= 1.5 0= 18.2 1= 51.5 2= 21.2 3= 7.6	M= 0.0 0= 7.6 1= 45.5 2= 36.4 3= 10.6	M= 0.0 0= 10.6 1= 50.0 2= 30.3 3= 9.0		
Quality improvement	M= 3.0 0= 10.6 1= 43.9 2= 28.8 3= 13.6	M= 1.5 0= 1.5 1= 39.4 2= 37.9 3= 19.7	M= 1.5 0= 1.5 1= 36.4 2= 42.4 3= 18.2		
Domestic violence and/or abuse	M= 1.5 0= 43.9 1= 42.4 2= 9.1 3= 3.0	M= 0.0 0= 13.6 1= 53.0 2= 25.8 3= 7.6	M= 1.5 0= 34.9 1= 40.9 2= 16.7 3= 6.1		
Cultural diversity	M= 3.1 0= 57.6 1= 28.8 2= 7.6 3= 3.0	M= 1.5 0= 36.4 1= 37.9 2= 18.2 3= 6.1	M= 1.5 0= 43.9 1= 34.9 2= 15.2 3= 4.6		
Violence in the workplace	M= 3.0 0= 50.0 1= 27.3 2= 12.1 3= 7.6	M= 1.5 0= 10.6 1= 34.9 2= 30.3 3= 22.7	M= 1.5 0= 15.2 1= 37.9 2= 24.2 3= 21.2		

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Availability of community services for patients	M=3.0 0=25.8 1=39.4 2=25.8 3=6.1	M=0.0 0=12.1 1=39.4 2=31.8 3=16.7	M=4.6 0=19.7 1=39.4 2=28.8 3=7.6		
Clinical management	M=1.5 0=7.6 1=31.8 2=27.3 3=31.8	M=0.0 0=6.1 1=24.2 2=30.3 3=39.4	M=0.0 0=9.1 1=25.8 2=30.3 3=34.9		
Leadership development	M=9.1 0=18.2 1=62.1 2=10.6 3=0.0	M=0.0 0=9.1 1=57.6 2=27.3 3=6.1	M=0.0 0=10.6 1=57.6 2=27.3 3=4.6		
Research activities/skills	M=6.1 0=39.4 1=31.8 2=18.2 3=4.6	M=1.5 0=24.2 1=56.1 2=13.6 3=4.6	M=1.5 0=30.3 1=51.5 2=13.6 3=3.0		
Communication skills	M=4.6 0=33.3 1=47.0 2=13.6 3=1.5	M=1.5 0=6.1 1=30.3 2=48.5 3=13.6	M=1.5 0=12.1 1=27.3 2=47.0 3=12.1		
Identifying and managing adverse events	M=4.6 0=18.2 1=36.4 2=27.3 3=13.6	M=0.0 0=9.1 1=37.9 2=33.3 3=19.7	M=1.5 0=12.1 1=39.4 2=27.3 3=19.7		
Infection Control	M=0.0 0=3.0 1=25.8 2=28.8 3=42.4	M=0.0 0=0.0 1=7.6 2=22.7 3=69.7	M=0.0 0=0.0 1=12.1 2=25.8 3=62.1		
Utilization management	M=4.6 0=13.6 1=36.4 2=27.3 3=18.2	M=1.5 0=10.6 1=50.0 2=25.8 3=12.1	M=3.0 0=21.2 1=39.4 2=22.7 3=13.64		

Use of Information Technology

21. In each of the following clinical areas, please indicate the extent to which electronic records and data are currently being used in your organization as a primary source* of information.

Legend	Options
0	No electronic records/data as the primary source of information (all paper records)
1	Electronic records/data as the primary source are used in this program area
2	Electronic records/data as the primary source are used in this program area AND remote access is possible

	Circle one response for each item in the applicable column(s)				Emergency Department	Mental Health
	Acute Care					
	Missing	0	1	2		
Patient visit registration information (e.g. ADT system)	0.0	0.0	27.3	72.7		

	Circle one response for each item in the applicable column(s)				Emergency Department	Mental Health
	Acute Care					
Diagnostic imaging reports (e.g. textual reports)	0.0	9.1	19.7	71.2		
Electronic medical images (e.g. CT scans, x-rays)	0.0	42.4	12.1	45.5		
Diagnostic laboratory results	0.0	15.2	24.2	60.6		
Patient-based pharmacy/drug profiles	0.0	30.3	31.8	37.9		
Standardized protocols						
Physician order entry system						
Nursing clinical documentation	0.0	62.1	7.6	30.3		
Physician clinical documentation	0.0	72.7	9.1	18.2		
Clinical documentation by other health professionals	0.0	62.1	9.1	28.8		

* Primary source refers to situations where electronic records were the sole information source OR situations where, both in the case of a data conflict between electronic and paper sources, the electronic source is deemed to be correct (e.g. it is the master documentation source as defined by hospital policy) AND in the majority of cases when hospital staff and physicians with hospital privileges access this type of information, they do so using the electronic record.

22. Currently, which of the following functions could patient-care staff at your organization perform “on-line” in your organization?

Please note that the question specifically refers to access to these functions by patient-care staff while in the clinical area (e.g. on the “floor”). To answer in the affirmative, the relevant function must be implemented on computers located in the clinical areas(s), patient-care staff must be trained in its use and have received relevant access codes (e.g. passwords), and at least one patient-care staff member must have used this function.

Legend	Options
0	Could not be performed “on-line” by patient-care staff in this program area
1	Performed “on-line” by patient care staff in this program area

Program	Circle one response for each item in the applicable column(s)			Emergency Department	Mental Health
	Acute Care				
	Missing	0	1		
Accessing archived medical records	0.0	63.6	36.4		
Accessing clinical data from previous visits of a patient (e.g. obtain test or assessment data from previous visits)	0.0	22.7	77.3		
Recording workload data	0.0	15.2	84.9		
Recording nursing workload data	0.0	10.6	89.4		
Ordering diagnostic tests or imaging	0.0	33.3	66.7		

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Program	Circle <u>one</u> response for each item in the applicable column(s)			Emergency Department	Mental Health
	Acute Care				
Ordering supplies (pharmacy or other)	0.0	48.5	51.5		
Making referrals to care providers, internal to the organization	0.0	43.9	56.1		
Making referrals to care providers, external to the organization	0.0	92.4	7.6		
Accessing literature search databases (e.g. MEDLINE, etc.)	0.0	12.1	87.9		
Accessing other library resources and/or education materials	0.0	15.2	84.5		
Accessing hospital policies and procedures	0.0	25.8	74.2		
Giving/receiving consultation by videocare (secure network for providers on/off site)					
Accessing clinical decision support tools					

Corporate - Section 3: Use and Dissemination of Information for Decision-Making

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

25. We are interested in knowing how your organization disseminates information about the changes made as a result of staff satisfaction findings. For the following groups, please indicate which of the dissemination strategies are currently being used.

Group	Data not shared with this group	Check all that apply		
		Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum)	Results reviewed beyond the initial verbal presentation for OR a specific initiative
The board or board committees (including committee/task force looking at utilization)	1.5	86.4	39.4	47.0
Senior management team	1.5	89.4	24.2	68.2
Physicians	7.6	68.2	34.9	40.9
Nurses (RNs, RPNs)	3.0	84.9	33.3	57.6
Managers at the program/ department level	1.5	87.9	31.8	56.1
Other regulated health professionals on staff	3.0	78.8	37.9	51.5
Unregulated patient care staff	3.0	74.2	42.4	42.4
Other hospital staff	3.0	77.3	42.4	47.0

26. Please indicate which of the following additional strategies are currently used to disseminate staff feedback results within your organization?

6.1 No additional strategies were used (*skip to question 27*)

	Check all that apply
Results posted on hospital website	39.4
Results posted on bulletin board	68.2
Results posted in newsletter/electronic mail	81.8

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27. Does your organization currently compare your staff satisfaction data with that of other organizations?

		Check <u>one</u> box for each row		
Service	Missing	No, we do not compare our staff satisfaction data	Yes, we compare with one other organization	Yes, we compare with two or more organizations
Acute Care	1.5	59.1	0.0	39.4
Emergency Department				
Mental Health				

Corporate - Section 4: Internal and External Integration of Care

30. Please indicate whether your organization currently has formal succession plans for the following groups.

22.7 There were no formal succession plans in place (*skip to question 31*)

OR

Check all that apply:

36.4 Senior Management (Vice President and above)

74.2 Board of Directors' Chair

53.0 Chairs of standing committees of the board

36.4 Senior Medical Leadership (e.g. Chief of Staff, Vice President of Medical Affairs)

18.2 Senior Nursing Leadership (e.g. Chief Nursing Officer, Vice President of Nursing)

31. Please indicate the percent of non-managerial staff (e.g. front-line physicians and staff) currently involved in internal organizational governance practices in your organization. Staff involvement includes formalized two-way communication.

Legend	Options
0	This practice was not offered to non-managerial staff
1	Few (<25%)
2	Some (25-74%)
3	Most (75 + %)

Circle <u>one</u> response for each column				
	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Involvement in strategic planning process at the corporate level	M=0.0 0=3.0 1=48.5 2=27.3 3=21.2	M=3.0 0=7.6 1=45.5 2=28.8 3=15.2	M=3.0 0=9.1 1=45.5 2=27.3 3=15.2	M=9.1 0=19.7 1=45.5 2=16.7 3=9.1
Involvement in the internal governance of the hospital. For example practice/policy committees and/or clinical governance.	M=0.0 0=3.0 1=45.5 2=39.4 3=12.1	M=3.0 0=1.5 1=57.6 2=31.8 3=6.1	M=3.0 0=3.0 1=56.1 2=31.8 3=6.1	M=9.1 0=19.7 1=57.6 2=9.1 3=4.6
Involvement in the development of corporate indicators performance	M=0.0 0=4.6 1=65.2 2=24.2 3=6.1	M=1.5 0=10.6 1=60.6 2=22.7 3=4.6	M=3.0 0=10.6 1=60.6 2=19.7 3=6.1	M=9.1 0=25.8 1=50.0 2=10.6 3=4.6

32a) Does your organization currently have community advisory groups? (*check one response*)

Missing = 0.0

15.2 No (*skip to question 33*)

84.9 Yes

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32b) If you indicated yes in 32a), please indicate the level at which they exist? (*check all that apply*)

Corporate level
71.2 Program level

35. Which of the following corporate strategies does your organization currently participate in with the following external groups?

3.0 None, we are not engaged in joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply							
	We were not engaged in this joint initiative with any group	Other acute care hospitals	Complex continuing care hospitals	CCACs	LTC facilities	Public health dept.	Community-based service agencies	Mental Health facilities	Rehab facilities
Joint-fundraising campaigns	45.5	28.8	12.1	7.6	12.1	3.0	21.2	6.1	6.1
Cross-board representation	37.9	21.2	6.1	19.7	15.2	7.6	22.7	6.1	4.6
Joint executive committee meetings	21.2	65.2	15.2	37.9	19.7	13.6	13.6	19.7	10.6

3. CORPORATE SURVEY DISTRIBUTIONS: SMALL HOSPITALS

Corporate - Section 1: Management of Human Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Recruitment and Retention

1. Which of the following recruitment/retention incentives or strategies are currently implemented for the following groups at your organization?

6.9 Our hospital does not engage in any recruitment/retention strategies for the following staff groups (*skip to question 2a*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
RECRUITMENT STRATEGIES				
Staff referral bonuses	0.0	0.0	0.0	0.0
Relocation assistance	27.6	34.5	10.3	20.7
Parking/transportation subsidies	13.8	13.8	13.8	13.8
Signing bonuses	0.0	0.0	0.0	0.0
Use of recruitment agencies	10.3	24.1	3.5	13.8
Representation at job fairs	34.5	34.5	3.5	6.9
A hospital website that offers information about employment opportunities at the hospital				
RETENTION STRATEGIES				
Availability/use of employee assistance programs				
Recognition programs such as special awards for excellence or accomplishments				
General cost of living increases	44.8	48.3	41.4	44.8
Opportunities for advanced education supported by the hospital and/or hospital foundation				
Daycare program	0.0	0.0	0.0	0.0
Eldercare program	0.0	0.0	0.0	0.0
Staff lounge on each unit	55.2	27.6	27.6	27.6
Wellness program	37.9	37.9	37.9	37.9
Allowance for personal leave (e.g. Time off for family)	51.7	51.7	41.4	48.3
Mentorship program	31.0	17.2	0.0	3.5

Hospital Report 2005: Acute Care

2a) In Part A, does your organization currently have a forum (e.g. a mechanism that has structured routine activities but does not necessarily involve a formalized committee) that includes the following activities as part of its mandate? If yes, please indicate the scope of representation in Part B.

	Check one box Part A	Check all that apply Part B
	Presence of such a forum	Representation
Recruitment & Retention	Yes = 62.1 No = 37.9 Missing = 0.0	51.7 Physicians 41.4 Nurses (RNs, RPNs) 27.6 Other regulated health professionals on staff 17.2 Unregulated patient care staff 24.1 Other hospital staff
Quality of Work Life	Yes = 55.2 No = 44.8 Missing = 0.0	20.7 Physicians 51.7 Nurses (RNs, RPNs) 41.4 Other regulated health professionals on staff 41.4 Unregulated patient care staff 48.3 Other hospital staff

3a) Does your hospital currently track turnover rates (voluntary and involuntary separations) for any staff?

Missing = 0.0 62.1 = Yes 37.9 = No (skip to

question 4a)

3b) If you responded yes in question 3a), please indicate for which staff groups your organization tracked these separations in Column A and in Column B, please indicate the total number of separations in the last fiscal year by FTE^T and/or headcount.

	Column A Check all that apply		Column B Total number of separations in the last fiscal year by:	
			FTE ^T	AND/OR Headcount
Separation	27.6	Physicians		
	58.6	Nurses (RNs, RPNs)		
	58.6	Other regulated health professionals on staff		
	44.8	Unregulated patient care staff		
	51.7	Other hospital staff		

Human Resources Planning

4a) What strategies does your organization currently have in place to deal with nursing (RNs, RPNs) shortages?

48.3 None, we do not have nursing shortages (skip to question 5)

17.2 We have no strategies in place to deal with nursing shortages (skip to question 5)

Part A Check all that apply	Part B If checked in Part A, please provide # Hours in the past fiscal year
27.6 Utilization of overtime hours	
0.0 Agency nurses	
6.9 Decreased replacement for absenteeism since the 01/02 fiscal year	
13.8 Increased use of casual or part-time nurses since the 01/02 fiscal year	
3.5 Float pools 3.5 Centralized 0.0 Unit-based	NA

4b) Who is currently responsible for replacing and finding nursing staff when shortages are present on a day-to-day basis (check all that apply)?

- 51.7 Nurse managers
- 27.6 Team/Professional Practice Leader
- Front line nurses
- Secretary/Administrative assistant/Unit clerk
- Central staffing unit

5. Please provide the number of physicians and staff currently in your organization.

	Current total number of FTE's in each of the following groups	Current total number by headcount in each of the following groups
Management staff		Range = 2.0 - 34.0 N = 28 Median = 10.0 Missing = 1
Physicians		Range = 0.0 - 82.0 N = 25 Median = 10.0 Missing = 4
Nurses (RNs, RPNs)		Range = 16.0 - 140.0 N = 29 Median = 61.0 Missing = 0
Other regulated health professionals on staff		Range = 5.0 - 65.0 N = 28 Median = 16.5 Missing = 1
Unregulated patient care staff		Range = 0.0 - 48.0 N = 24 Median = 9.0 Missing = 5
Other hospital staff		Range = 4.0 - 111.0 N = 28 Median = 54.5 Missing = 1

Staff Roles

6. Which of the following staff roles currently exist in your organization? For each program area, please circle the appropriate option using the following legend.

Legend	Options
0	This staff role does not exist
1	This role was reviewed and determined to be Not Applicable
2	The role is under development
3	This is a permanent role

Circle <u>one</u> response for each item in the applicable column(s)							
	Acute Care					Emergency Department	Mental Health
Advanced Nursing Roles	Missing	0	1	2	3		
Acute Care / Specialty Nurse Practitioner	0.0	79.3	0.0	17.2	3.5		
Clinical Nurse Specialist	0.0	89.7	0.0	0.0	10.3		
Nurse educator	0.0	51.7	0.0	13.8	34.5		
Care Coordination							
Clinical Specialist from a rehabilitation therapy profession							
Hospitalist	0.0	93.1	0.0	0.0	6.9		
Unit pharmacist							
Pathology assistant	0.0	96.6	0.0	0.0	3.5		

	Circle <u>one</u> response for each item in the applicable column(s)							
	Acute Care					Emergency Department	Mental Health	
Designated staff responsible for professional practice issues								
Designated staff who addresses equity issues (e.g. gender, religion, language) relevant to patients and families	0.0	79.3	3.5	3.5	13.8			
Infection Control Practitioner	0.0	13.8	0.0	0.0	86.2			
Discharge planner								
Patient advocate/ombudsperson	0.0	82.8	0.0	0.0	17.2			
Social worker	3.5	65.5	0.0	3.5	27.6			
Case manager	0.0	75.9	0.0	0.0	24.1			
Patient Flow Coordinator	0.0	86.2	0.0	0.0	13.8			
Administration and Support								
Staff responsible for physician recruitment	0.0	51.7	0.0	0.0	48.3			
Volunteer coordinator	3.5	34.5	0.0	3.5	58.6			
Decision support role	0.0	79.3	0.0	0.0	20.7			
Telehealth/videocare coordinator	0.0	37.9	0.0	10.3	51.7			
Quality and Risk								
Utilization review analyst	0.0	55.2	3.5	10.3	31.0			
Quality and/or risk management analyst	0.0	41.4	0.0	10.3	48.3			

7. What mechanisms, if any, does your organization currently have in place to serve the requirements of patients with special communication needs (e.g. patients with communication disorders, such as speech, language, and hearing problems, and/or patients who are not fluent in the language spoken by the majority of the hospital staff, etc.)?

69.0 Less than 10% of our patients require special communications needs (*skip to question 8*).

OR

Check all that apply

- 6.9 Language Interpreter(s) employed or contracted by the hospital
- 24.1 Hospital database that identifies languages spoken by hospital staff or volunteers
- 0.0 Pre-admission information printed in multiple languages
- 13.8 Sign language interpreters
- 10.3 Speech pathologist employed or contracted by the hospital
- 6.9 Teletype (TTY) phone service

Support Processes for Staff

8. Please indicate whether your organization currently does the following:

Groups	Conduct formal performance evaluations for this group:	Track formal performance evaluations for this group:	Frequency of formal performance evaluations: (Check <u>one</u> box)	% of each group who had undergone a performance evaluation in the last fiscal year	Total % of staff, excluding physicians, who had undergone performance evaluation in the last fiscal year
Physicians					
Nurses (RNs, RPNs)			3.5 Missing 27.6 Yearly or more frequently 48.3 Every 2 years 20.7 Less frequently than 2 years	Range = 6-100.0 N = 22 Median = 54.5 Missing = 7	Range = 15 -100.0 N = 25 Median = 50.0 Missing = 4
Other regulated health professionals on staff			3.5 Missing 27.6 Yearly or more frequently 44.8 Every 2 years 24.1 Less frequently than 2 years	Range = 0-100.0 N = 22 Median = 50.0 Missing = 7	
Unregulated patient care staff			17.2 Missing 27.6 Yearly or more frequently 37.9 Every 2 years 17.2 Less frequently than 2 years	Range = 5-100.0 N = 19 Median = 50.0 Missing = 10	
Other hospital staff ^T			6.9 Missing 24.1 Yearly or more frequently 48.3 Every 2 years 20.7 Less frequently than 2 years	Range = 0.0 – 100.0 N = 22 Median = 50.0 Missing = 7	

9. Which of the following processes are currently part of your organization’s formal orientation program for newly hired hospital staff?

Our organization does not have a formal orientation program (*skip to question 10*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Overview of corporation information (strategies, vision, mission, etc.)				
Introduction to senior management				
Introduction to the unit				
Education in clinical skills and knowledge in a classroom setting	55.2	34.5	24.1	NA
Education in clinical skills and knowledge in a clinical setting	82.8	62.1	41.4	NA
Mentorship program				
Occupational Health & Safety policy (includes infection control policies)				

11b) Please provide the number of formal written disputes, grievances, or complaints filed in the last fiscal year by your organization for the following groups:

3.5 Our organization does not collect this information

OR

3.5 Our organization collects the TOTAL number of disputes, grievances, or complaints filed in the last fiscal year (If this box is checked, please provide the total number in the space provided. If your organization collects these numbers by staff group, please provide the numbers in the table below)

Range = NA N=0 Median = NA

	The number of formal written disputes, grievances, or complaints was not collected for this group	Number of formal written disputes, grievances, or complaints filed in the last fiscal year
Nurses (RNs, RPNs)	3.5	Range = 0-18.0 N = 24 Median = 2.0 Missing = 5
Other regulated health professionals on staff	6.9	Range = 0- 3.0 N = 20 Median = 0.0 Missing = 9
Unregulated patient care staff	6.9	Range = 0- 29.0 N = 15 Median = 0.0 Missing = 14
Other hospital staff	3.5	Range = 0- 6.0 N = 20 Median = 1.0 Missing = 9

Ethics

12. Which of the following structures are currently in place to deal with clinical/medical ethical dilemmas that may arise with respect to patient care in your organization?

24.1 We do not have structures to deal with clinical/medical ethical dilemmas (*skip to question 13*).

OR

Check all that apply

69.0 Ethics consultation team assembled on a case-by-case basis using internal resources

20.7 Ethics consultation contracted out to external experts

3.5 Clinical ethics service staffed by clinical ethicist(s) with advanced training

13. What is the current level of training regarding clinical/medical ethics provided to the following groups of professionals within your organization?

	Check all that apply	
	Access to written materials regarding ethics	Access to in-house training* provided by an ethicist
Physicians		20.7
Nurses (RNs, RPNs)		20.7
Other regulated health professionals on staff		20.7
Unregulated patient care staff		10.3
Other hospital staff		13.8

* Please note that training may include ethics rounds.

Staff Safety

15. Please indicate the total number of Workplace Safety and Insurance Board (WSIB) lost-time claims in your organization in the last fiscal year:

Range = 0 – 12.0, N = 28, Median = 2.0, Missing = 1

Corporate - Section 2: Investments in Intellectual and Information Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Resources for Professional Development and Learning

17. Using the legend, please indicate for the applicable program area, which of the following groups, if any, does your organization currently provide the following types of continuing education or professional development support.

Legend	Options
0	Nurses (RNs, RPNs)
1	Other regulated health professionals on staff
2	Unregulated patient care staff

Circle all that apply in the applicable column(s)					
	Acute Care			Emergency Department	Mental Health
	0	1	2		
Reimbursement of continuing education courses	96.6	82.8	41.4		
Reimbursement of advanced education (e.g. degree)	34.5	20.7	6.9		
Bursaries/scholarships	20.7	13.8	6.9		
Paid time off to take courses	72.4	65.5	31.0		
Unpaid time off to take courses	93.1	69.0	48.3		
Flexible scheduling to take courses	89.7	72.4	44.8		
Financial reward upon completion of an educational program					
On-site courses provided by hospital staff					
On-site courses provided by external organizations or experts					

18. Please indicate the extent to which your organization currently invests in staff and physician attendance at the following continuing education activities (e.g. attendance at formal in-service programs, courses and off site conferences). For each group listed below, circle the appropriate number that reflects the percent who participated in formal in-service programs, courses and off-site conferences supported by your organization using the following legend as a reference.

Legend	Options
0	This activity of focus is not offered to this group
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

	Circle <u>one</u> response for each box				
	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Team building	M = 3.5 0 = 69.0 1 = 24.1 2 = 3.5 3 = 0.0	M = 0.0 0 = 24.1 1 = 37.9 2 = 27.6 3 = 10.3	M = 0.0 0 = 37.9 1 = 31.0 2 = 20.7 3 = 10.3		
Conflict management	M = 3.5 0 = 65.5 1 = 20.7 2 = 6.9 3 = 3.5	M = 0.0 0 = 20.7 1 = 41.4 2 = 24.1 3 = 13.8	M = 0.0 0 = 31.0 1 = 34.5 2 = 27.6 3 = 6.9		
Ethical issues	M = 3.5 0 = 41.4 1 = 27.6 2 = 17.2 3 = 10.3	M = 0.0 0 = 27.6 1 = 48.3 2 = 10.3 3 = 13.8	M = 0.0 0 = 41.4 1 = 37.9 2 = 6.9 3 = 13.8		
Quality improvement	M = 3.5 0 = 31.0 1 = 20.7 2 = 34.5 3 = 10.3	M = 0.0 0 = 10.3 1 = 27.6 2 = 41.4 3 = 20.7	M = 0.0 0 = 13.8 1 = 31.0 2 = 34.5 3 = 20.7		
Domestic violence and/or abuse	M = 3.5 0 = 51.7 1 = 31.0 2 = 3.5 3 = 10.3	M = 0.0 0 = 24.1 1 = 27.6 2 = 24.1 3 = 24.1	M = 0.0 0 = 34.5 1 = 24.1 2 = 27.6 3 = 13.8		
Cultural diversity	M = 3.5 0 = 79.3 1 = 13.8 2 = 3.5 3 = 0.0	M = 0.0 0 = 86.2 1 = 6.9 2 = 3.5 3 = 3.5	M = 0.0 0 = 89.7 1 = 3.5 2 = 6.9 3 = 0.0		
Violence in the workplace	M = 3.5 0 = 51.7 1 = 27.6 2 = 10.3 3 = 6.9	M = 0.0 0 = 6.9 1 = 24.1 2 = 31.0 3 = 37.9	M = 0.0 0 = 17.2 1 = 31.0 2 = 20.7 3 = 31.0		

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Availability of community services for patients	M=3.5 0=24.1 1=34.5 2=31.0 3=6.9	M=0.0 0=17.2 1=24.1 2=41.4 3=17.2	M=0.0 0=24.1 1=27.6 2=37.9 3=10.3		
Clinical management	M=3.5 0=37.9 1=13.8 2=37.9 3=6.8	M=0.0 0=27.6 1=6.9 2=44.8 3=20.7	M=0.0 0=34.5 1=13.8 2=34.5 3=17.2		
Leadership development	M=6.9 0=58.6 1=31.0 2=3.5 3=0.0	M=0.0 0=24.1 1=41.4 2=31.0 3=3.5	M=0.0 0=37.9 1=41.4 2=17.2 3=3.5		
Research activities/skills	M=3.5 0=75.9 1=20.7 2=0.0 3=0.0	M=0.0 0=75.9 1=24.1 2=0.0 3=0.0	M=0.0 0=75.9 1=20.7 2=3.5 3=0.0		
Communication skills	M=3.5 0=62.1 1=24.1 2=6.9 3=3.5	M=0.0 0=24.1 1=37.9 2=27.6 3=10.3	M=0.0 0=34.5 1=34.5 2=20.7 3=10.3		
Identifying and managing adverse events	M=3.5 0=44.8 1=17.2 2=31.0 3=3.5	M=0.0 0=31.0 1=20.7 2=17.2 3=31.0	M=0.0 0=37.9 1=20.7 2=27.6 3=13.8		
Infection Control	M=3.5 0=20.7 1=17.2 2=27.6 3=31.0	M=0.0 0=3.5 1=10.3 2=13.8 3=72.4	M=0.0 0=6.9 1=10.3 2=17.2 3=65.5		
Utilization management	M=3.5 0=34.5 1=27.6 2=27.6 3=6.9	M=0.0 0=27.6 1=37.9 2=24.1 3=10.3	M=0.0 0=37.9 1=31.0 2=24.1 3=6.9		

Use of Information Technology

21. In each of the following clinical areas, please indicate the extent to which electronic records and data are currently being used in your organization as a primary source* of information.

Legend	Options
0	No electronic records/data as the primary source of information (all paper records)
1	Electronic records/data as the primary source are used in this program area
2	Electronic records/data as the primary source are used in this program area AND remote access is possible

	Circle <u>one</u> response for each item in the applicable column(s)				Emergency Department	Mental Health
	Acute Care					
	Missing	0	1	2		
Patient visit registration information (e.g. ADT system)	0.0	10.3	62.1	27.6		
Diagnostic imaging reports (e.g. textual reports)	0.0	37.9	44.8	17.2		
Electronic medical images (e.g. CT scans, x-rays)	0.0	72.4	17.2	10.3		
Diagnostic laboratory results	0.0	27.6	41.4	31.0		
Patient-based pharmacy/drug profiles	0.0	58.6	31.0	10.3		
Standardized protocols						
Physician order entry system						
Nursing clinical documentation	0.0	75.9	24.1	0.0		
Physician clinical documentation	0.0	96.6	3.5	0.0		
Clinical documentation by other health professionals	0.0	93.1	6.9	0.0		

* Primary source refers to situations where electronic records were the sole information source OR situations where, both in the case of a data conflict between electronic and paper sources, the electronic source is deemed to be correct (e.g. it is the master documentation source as defined by hospital policy) AND in the majority of cases when hospital staff and physicians with hospital privileges access this type of information, they do so using the electronic record.

22. Currently, which of the following functions could patient-care staff at your organization perform “on-line” in your organization?

Please note that the question specifically refers to access to these functions by patient-care staff while in the clinical area (e.g. on the “floor”). To answer in the affirmative, the relevant function must be implemented on computers located in the clinical areas(s), patient-care staff must be trained in its use and have received relevant access codes (e.g. passwords), and at least one patient-care staff member must have used this function.

Legend	Options
0	Could not be performed “on-line” by patient-care staff in this program area
1	Performed “on-line” by patient care staff in this program area

Hospital Report 2005: Acute Care

Program	Circle one response for each item in the applicable column(s)			Emergency Department	Mental Health
	Acute Care				
	Missing	0	1		
Accessing archived medical records	6.9	89.7	3.5		
Accessing clinical data from previous visits of a patient (e.g. obtain test or assessment data from previous visits)	3.5	65.5	31.0		
Recording workload data	3.5	51.7	44.8		
Recording nursing workload data	3.5	44.8	51.7		
Ordering diagnostic tests or imaging	3.5	75.9	20.7		
Ordering supplies (pharmacy or other)	0.0	86.2	13.8		
Making referrals to care providers, internal to the organization	0.0	79.3	20.7		
Making referrals to care providers, external to the organization	0.0	96.6	3.5		
Accessing literature search databases (e.g. MEDLINE, etc.)	0.0	31.0	69.0		
Accessing other library resources and/or education materials	0.0	31.0	69.0		
Accessing hospital policies and procedures	0.0	65.5	34.5		
Giving/receiving consultation by videocare (secure network for providers on/off site)					
Accessing clinical decision support tools					

Corporate - Section 3: Use and Dissemination of Information for Decision-Making

Please indicate which program areas are present at your organization.

	Acute Care	Emergency Department Care	Mental Health Care
Yes	Missing = 3.5 Yes = 96.6		
No	0.0		

25. We are interested in knowing how your organization disseminates information about the changes made as a result of staff satisfaction findings. For the following groups, please indicate which of the dissemination strategies are currently being used.

Group	Data not shared with this group	Check all that apply		
		Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum)	Results reviewed beyond the initial verbal presentation for <u>OR</u> a specific initiative
The board or board committees (including committee/task force looking at utilization)	10.3	62.1	58.6	24.1
Senior management team	0.0	72.4	37.9	51.7
Physicians	6.9	48.3	55.2	13.8
Nurses (RNs, RPNs)	0.0	65.5	55.2	34.5
Managers at the program/department level	0.0	75.9	41.4	48.3
Other regulated health professionals on staff	3.5	62.1	51.7	31.0
Unregulated patient care staff	3.5	48.3	34.5	24.1
Other hospital staff	3.5	62.1	55.2	27.6

26. Please indicate which of the following additional strategies are currently used to disseminate staff feedback results within your organization?

24.1 No additional strategies were used (*skip to question 27*)

	Check all that apply
Results posted on hospital website	10.3
Results posted on bulletin board	65.5
Results posted in newsletter/electronic mail	62.1

27. Does your organization currently compare your staff satisfaction data with that of other organizations?

Service	Missing	Check <u>one</u> box for each row		
		No, we do not compare our staff satisfaction data	Yes, we compare with one other organization	Yes, we compare with two or more organizations
Acute Care	0.0	75.9	3.5	20.7
Emergency Department				
Mental Health				

Corporate - Section 4: Internal and External Integration of Care

30. Please indicate whether your organization currently has formal succession plans for the following groups.

44.8 There were no formal succession plans in place (*skip to question 31*)

OR

Check all that apply:

24.1 Senior Management (Vice President and above)

51.7 Board of Directors' Chair

24.1 Chairs of standing committees of the board

31.0 Senior Medical Leadership (e.g. Chief of Staff, Vice President of Medical Affairs)

10.3 Senior Nursing Leadership (e.g. Chief Nursing Officer, Vice President of Nursing)

31. Please indicate the percent of non-managerial staff (e.g. front-line physicians and staff) currently involved in internal organizational governance practices in your organization. Staff involvement includes formalized two-way communication.

Legend	Options
0	This practice was not offered to non-managerial staff
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

Circle one response for each column

	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Involvement in strategic planning process at the corporate level	M=0.0 0=10.3 1=34.5 2=24.1 3=31.0	M=0.0 0=17.2 1=37.9 2=34.5 3=10.3	M=3.5 0=17.2 1=44.8 2=27.6 3=6.9	M=13.8 0=34.5 1=24.1 2=20.7 3=6.9
Involvement in the internal governance of the hospital. For example practice/policy committees and/or clinical governance.	M=3.5 0=6.9 1=24.1 2=34.5 3=31.0	M=0.0 0=13.8 1=27.6 2=41.4 3=17.2	M=0.0 0=17.2 1=34.5 2=37.9 3=10.3	M=13.8 0=31.0 1=27.6 2=24.1 3=3.5
Involvement in the development of corporate indicators performance	M=3.5 0=27.6 1=31.0 2=31.0 3=6.9	M=0.0 0=31.0 1=31.0 2=31.0 3=6.9	M=0.0 0=37.9 1=27.6 2=27.6 3=6.9	M=13.8 0=48.3 1=13.8 2=17.2 3=6.9

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32a) Does your organization currently have community advisory groups? (check one response)

Missing = 0.0

41.4 No (skip to question 33)

58.6 Yes

32b) If you indicated yes in 32a), please indicate the level at which they exist? (check all that apply)

Corporate level

37.9 Program level

35. Which of the following corporate strategies does your organization currently participate in with the following external groups?

6.9 None, we are not engaged in joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply							
	We were not engaged in this joint initiative with any group	Other acute care hospitals	Complex continuing care hospitals	CCACs	LTC facilities	Public health dept.	Community-based service agencies	Mental Health facilities	Rehab facilities
Joint-fundraising campaigns	58.6	20.7	0.0	0.0	10.3	3.5	13.8	3.5	3.5
Cross-board representation	51.7	17.2	0.0	13.8	3.5	0.0	13.8	3.5	0.0
Joint executive committee meetings	10.3	69.0	17.2	41.4	17.2	0.0	6.9	10.3	3.5

4. CORPORATE SURVEY DISTRIBUTIONS: TEACHING HOSPITALS

Corporate - Section 1: Management of Human Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes= 100.0		
No	0.0		

Recruitment and Retention

1. Which of the following recruitment/retention incentives or strategies are currently implemented for the following groups at your organization?

0.0 Our hospital does not engage in any recruitment/retention strategies for the following staff groups (*skip to question 2a*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
RECRUITMENT STRATEGIES				
Staff referral bonuses	7.1	0.0	0.0	0.0
Relocation assistance	78.6	78.6	35.7	64.3
Parking/transportation subsidies	42.9	42.9	42.9	50.0
Signing bonuses	0.0	0.0	0.0	0.0
Use of recruitment agencies	35.7	35.7	14.3	57.1
Representation at job fairs	100.0	85.7	57.1	50.0
A hospital website that offers information about employment opportunities at the hospital				
RETENTION STRATEGIES				
Availability/use of employee assistance programs				
Recognition programs such as special awards for excellence or accomplishments				
General cost of living increases	92.9	92.9	85.7	92.9
Opportunities for advanced education supported by the hospital and/or hospital foundation				
Daycare program	35.7	35.7	35.7	35.7
Eldercare program	14.3	14.3	14.3	14.3
Staff lounge on each unit	71.4	57.1	50.0	42.9
Wellness program	64.3	64.3	64.3	64.3
Allowance for personal leave (e.g. Time off for family)	78.6	71.4	64.3	57.1
Mentorship program	85.7	50.0	21.4	28.6

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2a) In Part A, does your organization currently have a forum (e.g. a mechanism that has structured routine activities but does not necessarily involve a formalized committee) that includes the following activities as part of its mandate? If yes, please indicate the scope of representation in Part B.

	Check one box Part A	Check all that apply Part B
	Presence of such a forum	Representation
Recruitment & Retention	Yes = 85.7 No = 14.3 Missing = 0.0	57.1 Physicians 85.7 Nurses (RNs, RPNs) 64.3 Other regulated health professionals on staff 21.4 Unregulated patient care staff 50.0 Other hospital staff
Quality of Work Life	Yes = 92.9 No = 7.1 Missing = 0.0	35.7 Physicians 92.9 Nurses (RNs, RPNs) 64.3 Other regulated health professionals on staff 35.7 Unregulated patient care staff 50.0 Other hospital staff

3a) Does your hospital currently track turnover rates (voluntary and involuntary separations) for any staff?

Missing = 0.0 92.9 = Yes 7.1 = No (skip to question 4a)

3b) If you responded yes in question 3a), please indicate for which staff groups your organization tracked these separations in Column A and in Column B, please indicate the total number of separations in the last fiscal year by FTE and/or headcount.

	Column A Check all that apply		Column B Total number of separations in the last fiscal year by:		
			FTE	AND/OR	Headcount
Separation	57.1	Physicians			
	85.7	Nurses (RNs, RPNs)			
	92.9	Other regulated health professionals on staff			
	85.7	Unregulated patient care staff			
	85.7	Other hospital staff			

Human Resources Planning

4a) What strategies does your organization currently have in place to deal with nursing (RNs, RPNs) shortages?

14.3 None, we do not have nursing shortages (*skip to question 5*)

0.0 We have no strategies in place to deal with nursing shortages (*skip to question 5*)

Part A Check all that apply	Part B If checked in Part A, please provide # Hours in the past fiscal year
85.7 Utilization of overtime hours	
57.1 Agency nurses	
0.0 Decreased replacement for absenteeism since the 01/02 fiscal year	
57.1 Increased use of casual or part-time nurses since the 01/02 fiscal year	
64.3 Float pools 35.7 Centralized 42.9 Unit-based	NA

4b) Who is currently responsible for replacing and finding nursing staff when shortages are present on a day-to-day basis (*check all that apply*)?

100.0 Nurse managers

78.6 Team/Professional Practice Leader

Front line nurses

Secretary/Administrative assistant/Unit clerk

Central staffing unit

5. Please provide the number of physicians and staff currently in your organization.

	Current total number of FTE's in each of the following groups	Current total number by headcount in each of the following groups	
Management staff		Range = 25.0 - 714.0 Median = 176.5	N = 14 Missing = 0
Physicians		Range = 3.0 - 1200.0 Median = 412.0	N = 12 Missing = 2
Nurses (RNs, RPNs)		Range = 212.0 - 3450.0 Median = 1488.0	N = 14 Missing = 0
Other regulated health professionals on staff		Range = 106.0 - 4702.0 Median = 671.0	N = 14 Missing = 0
Unregulated patient care staff		Range = 102.0 - 2273.0 Median = 450.5	N = 12 Missing = 2
Other hospital staff		Range = 415.0 - 3975.0 Median = 1387.0	N = 12 Missing = 2

Staff Roles

6. Which of the following staff roles currently exist in your organization? For each program area, please circle the appropriate option using the following legend.

Legend	Options
0	This staff role does not exist
1	This role was reviewed and determined to be Not Applicable
2	The role is under development
3	This is a permanent role

Circle <u>one</u> response for each item in the applicable column(s)							Emergency Department	Mental Health
	Acute Care							
	Missing	0	1	2	3			
Advanced Nursing Roles								
Acute Care / Specialty Nurse Practitioner	7.1	7.1	0.0	0.0	85.7			
Clinical Nurse Specialist	0.0	0.0	0.0	0.0	100.0			
Nurse educator	0.0	0.0	0.0	0.0	100.0			
Care Coordination								
Clinical Specialist from a rehabilitation therapy profession								
Hospitalist	14.3	35.7	0.0	14.3	35.7			
Unit pharmacist								
Pathology assistant	21.4	14.3	0.0	7.1	57.1			
Designated staff responsible for professional practice issues								
Designated staff who addresses equity issues (e.g. gender, religion, language) relevant to patients and families	7.1	14.3	0.0	0.0	78.6			
Infection Control Practitioner	0.0	0.0	0.0	0.0	100.0			
Discharge planner								
Patient advocate/ombudsperson	7.1	0.0	0.0	0.0	92.9			
Social worker	0.0	0.0	0.0	0.0	100.0			
Case manager	21.4	35.7	0.0	0.0	42.9			
Patient Flow Coordinator	7.1	28.6	0.0	0.0	57.1			
Administration and Support								
Staff responsible for physician recruitment	14.3	21.4	0.0	0.0	64.3			
Volunteer coordinator	0.0	0.0	0.0	0.0	100.0			
Decision support role	0.0	0.0	0.0	0.0	100.0			
Telehealth/videocare coordinator	7.1	21.4	0.0	14.3	57.1			
Quality and Risk								
Utilization review analyst	7.1	7.1	0.0	0.0	85.7			
Quality and/or risk management analyst	0.0	0.0	0.0	0.0	100.0			

7. What mechanisms, if any, does your organization currently have in place to serve the requirements of patients with special communication needs (e.g. patients with communication disorders, such as speech, language, and hearing problems, and/or patients who are not fluent in the language spoken by the majority of the hospital staff, etc.)?

7.1 Less than 10% of our patients require special communications needs (skip to question 8).

OR

Check all that apply

- 92.9 Language Interpreter(s) employed or contracted by the hospital
- 64.3 Hospital database that identifies languages spoken by hospital staff or volunteers
- 85.7 Pre-admission information printed in multiple languages
- 78.6 Sign language interpreters
- 92.9 Speech pathologist employed or contracted by the hospital
- 57.1 Teletype (TTY) phone service

Support Processes for Staff

8. Please indicate whether your organization currently does the following:

Groups	Conduct formal performance evaluations for this group:	Track formal performance evaluations for this group:	Frequency of formal performance evaluations: (Check <u>one</u> box)	% of each group who had undergone a performance evaluation in the last fiscal year	Total % of staff, excluding physicians, who had undergone
Physicians					
Nurses (RNs, RPNs)			14.3 Missing 28.6 Yearly or more frequently 42.9 Every 2 years 14.3 Less frequently than 2 years	Range = 8 -75.0 N = 8 Median = 28.7 Missing = 6	Range = 8 - 75.0 N = 9 Median = 30.0 Missing = 5
Other regulated health professionals on staff			21.4 Missing 28.6 Yearly or more frequently 42.9 Every 2 years 7.1 Less frequently than 2 years	Range = 8-100.0 N = 8 Median = 37.5 Missing = 6	
Unregulated patient care staff			21.4 Missing 21.4 Yearly or more frequently 50.0 Every 2 years 7.1 Less frequently than 2 years	Range = 8-100.0 N = 7 Median = 25.1 Missing = 7	
Other hospital staff			14.3 Missing 35.7 Yearly or more frequently 35.7 Every 2 years 14.3 Less frequently than 2 years	Range = 8.0 - 100.0 N = 9 Median = 45.0 Missing = 5	

9. Which of the following processes are currently part of your organization's formal orientation program for newly hired hospital staff?

Our organization does not have a formal orientation program (*skip to question 10*).

	Check all that apply			
	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Overview of corporation information (strategies, vision, mission, etc.)				
Introduction to senior management				
Introduction to the unit				
Education in clinical skills and knowledge in a classroom setting	100.0	71.4	57.1	NA
Education in clinical skills and knowledge in a clinical setting	100.0	100.0	50.0	NA
Mentorship program				
Occupational Health & Safety policy (includes infection control policies)				

11b) Please provide the number of formal written disputes, grievances, or complaints filed in the last fiscal year by your organization for the following groups:

0.0 Our organization does not collect this information

OR

0.0 Our organization collects the TOTAL number of disputes, grievances, or complaints filed in the last fiscal year (If this box is checked, please provide the total number in the space provided. If your organization collects these numbers by staff group, please provide the numbers in the table below)

Range = NA N=0 Median = NA

	The number of formal written disputes, grievances, or complaints was not collected for this group	Number of formal written disputes, grievances, or complaints filed in the last fiscal year
Nurses (RNs, RPNs)	0.0	Range = 1-107.0 N = 13 Median = 18.0 Missing = 1
Other regulated health professionals on staff	7.1	Range = 0- 104.0 N = 12 Median = 9.0 Missing = 2
Unregulated patient care staff	14.3	Range = 0- 345.0 N = 10 Median = 9.5 Missing = 4
Other hospital staff	7.1	Range = 8- 358.0 N = 9 Median = 46.0 Missing = 5

Ethics

12. Which of the following structures are currently in place to deal with clinical/medical ethical dilemmas that may arise with respect to patient care in your organization?

0.0 We do not have structures to deal with clinical/medical ethical dilemmas (*skip to question 13*).

OR

Check all that apply

- 85.7 Ethics consultation team assembled on a case-by-case basis using internal resources
- 35.7 Ethics consultation contracted out to external experts
- 78.6 Clinical ethics service staffed by clinical ethicist(s) with advanced training

13. What is the current level of training regarding clinical/medical ethics provided to the following groups of professionals within your organization?

	Check all that apply	
	Access to written materials regarding ethics	Access to in-house training* provided by an ethicist
Physicians		85.7
Nurses (RNs, RPNs)		85.7
Other regulated health professionals on staff		85.7
Unregulated patient care staff		71.4
Other hospital staff		71.4

* Please note that training may include ethics rounds.

Staff Safety

15. Please indicate the total number of Workplace Safety and Insurance Board (WSIB) lost-time claims in your organization in the last fiscal year:

Range = 6 – 691.0, N = 14, Median = 77.0, Missing = 0

Corporate - Section 2: Investments in Intellectual and Information Resources

Please indicate which program areas are present at your organization.

Acute Care		Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

Resources for Professional Development and Learning

17. Using the legend, please indicate for the applicable program area, which of the following groups, if any, does your organization currently provide the following types of continuing education or professional development support.

Legend	Options
0	Nurses (RNs, RPNs)
1	Other regulated health professionals on staff
2	Unregulated patient care staff

Circle all that apply in the applicable column(s)					
	Acute Care			Emergency Department	Mental Health
	0	1	2		
Reimbursement of continuing education courses	92.9	85.7	64.3		
Reimbursement of advanced education (e.g. degree)	78.6	71.4	42.9		
Bursaries/scholarships	85.7	57.1	28.6		
Paid time off to take courses	78.6	78.6	42.9		
Unpaid time off to take courses	92.9	85.7	64.3		
Flexible scheduling to take courses	85.7	78.6	57.1		
Financial reward upon completion of an educational program					
On-site courses provided by hospital staff					
On-site courses provided by external organizations or experts					

18. Please indicate the extent to which your organization currently invests in staff and physician attendance at the following continuing education activities (e.g. attendance at formal in-service programs, courses and off site conferences). For each group listed below, circle the appropriate number that reflects the percent who participated in formal in-service programs, courses and off-site conferences supported by your organization using the following legend as a reference.

Legend	Options
0	This activity of focus is not offered to this group
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

	Circle <u>one</u> response for each box				
	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff	Other hospital staff
Team building	M = 21.4 0 = 14.3 1 = 42.9 2 = 21.4 3 = 0.0	M = 21.4 0 = 7.1 1 = 28.6 2 = 28.6 3 = 14.3	M = 14.3 0 = 7.1 1 = 28.6 2 = 35.7 3 = 14.3		
Conflict management	M = 28.6 0 = 14.3 1 = 50.0 2 = 7.1 3 = 0.0	M = 21.4 0 = 7.1 1 = 21.4 2 = 35.7 3 = 14.3	M = 14.3 0 = 7.1 1 = 35.7 2 = 28.6 3 = 14.3		
Ethical issues	M = 21.4 0 = 7.1 1 = 42.9 2 = 7.1 3 = 21.4	M = 21.4 0 = 7.1 1 = 14.3 2 = 35.7 3 = 21.4	M = 14.3 0 = 7.1 1 = 21.4 2 = 28.6 3 = 28.6		
Quality improvement	M = 21.4 0 = 0.0 1 = 50.0 2 = 14.3 3 = 14.3	M = 21.4 0 = 0.0 1 = 28.6 2 = 28.6 3 = 21.4	M = 14.3 0 = 0.0 1 = 28.6 2 = 42.9 3 = 14.3		
Domestic violence and/or abuse	M = 21.4 0 = 28.6 1 = 28.6 2 = 21.4 3 = 0.0	M = 21.4 0 = 35.7 1 = 21.4 2 = 14.3 3 = 7.1	M = 14.3 0 = 35.7 1 = 21.4 2 = 21.4 3 = 7.1		
Cultural diversity	M = 21.4 0 = 21.4 1 = 35.7 2 = 14.3 3 = 7.1	M = 7.1 0 = 14.3 1 = 42.9 2 = 14.3 3 = 21.4	M = 7.1 0 = 14.3 1 = 42.9 2 = 14.3 3 = 21.4		
Violence in the workplace	M = 21.4 0 = 21.4 1 = 35.7 2 = 14.3 3 = 7.1	M = 21.4 0 = 7.1 1 = 21.4 2 = 28.6 3 = 21.4	M = 14.3 0 = 14.3 1 = 35.7 2 = 14.3 3 = 21.4		

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Availability of community services for patients	M=21.4 0=21.4 1=35.7 2=14.3 3=7.1	M=21.4 0=7.1 1=28.6 2=28.6 3=14.3	M=14.3 0=0.0 1=35.7 2=28.6 3=21.4		
Clinical management	M=21.4 0=14.3 1=21.4 2=14.3 3=28.6	M=21.4 0=0.0 1=0.0 2=42.9 3=35.7	M=14.3 0=0.0 1=14.3 2=35.7 3=35.7		
Leadership development	M=28.6 0=14.3 1=28.6 2=28.6 3=0.0	M=21.4 0=0.0 1=14.3 2=57.1 3=7.1	M=14.3 0=0.0 1=42.9 2=28.6 3=14.3		
Research activities/skills	M=21.4 0=7.1 1=28.6 2=14.3 3=28.6	M=21.4 0=7.1 1=28.6 2=35.7 3=7.1	M=14.3 0=7.1 1=50.0 2=14.3 3=14.3		
Communication skills	M=28.6 0=14.3 1=42.9 2=14.3 3=0.0	M=14.3 0=7.1 1=28.6 2=21.4 3=28.6	M=14.3 0=7.1 1=35.7 2=21.4 3=21.4		
Identifying and managing adverse events	M=21.4 0=7.1 1=21.4 2=35.7 3=14.3	M=21.4 0=0.0 1=21.4 2=35.7 3=21.4	M=14.3 0=0.0 1=42.9 2=21.4 3=21.4		
Infection Control	M=14.3 0=7.1 1=21.4 2=7.1 3=50.0	M=14.3 0=0.0 1=7.1 2=21.4 3=57.1	M=7.1 0=0.0 1=14.3 2=28.6 3=50.0		
Utilization management	M=28.6 0=7.1 1=14.3 2=42.9 3=7.1	M=21.4 0=7.1 1=42.9 2=21.4 3=7.1	M=14.3 0=7.1 1=50.0 2=21.4 3=7.1		

Use of Information Technology

21. In each of the following clinical areas, please indicate the extent to which electronic records and data are currently being used in your organization as a primary source* of information.

Legend	Options
0	No electronic records/data as the primary source of information (all paper records)
1	Electronic records/data as the primary source are used in this program area
2	Electronic records/data as the primary source are used in this program area AND remote access is possible

	Circle one response for each item in the applicable column(s)				Emergency Department	Mental Health
	Acute Care					
	Missing	0	1	2		
Patient visit registration information (e.g. ADT system)	0.0	0.0	57.1	42.9		
Diagnostic imaging reports (e.g. textual reports)	0.0	0.0	42.9	57.1		
Electronic medical images (e.g. CT scans, x-rays)	0.0	21.4	28.6	50.0		
Diagnostic laboratory results	0.0	0.0	42.9	57.1		
Patient-based pharmacy/drug profiles	0.0	50.0	28.6	21.4		
Standardized protocols						
Physician order entry system						
Nursing clinical documentation	0.0	71.4	21.4	7.1		
Physician clinical documentation	0.0	64.3	28.6	7.1		
Clinical documentation by other health professionals	0.0	85.7	7.1	7.1		

* Primary source refers to situations where electronic records were the sole information source OR situations where, both in the case of a data conflict between electronic and paper sources, the electronic source is deemed to be correct (e.g. it is the master documentation source as defined by hospital policy) AND in the majority of cases when hospital staff and physicians with hospital privileges access this type of information, they do so using the electronic record.

22. Currently, which of the following functions could patient-care staff at your organization perform “on-line” in your organization?

Please note that the question specifically refers to access to these functions by patient-care staff while in the clinical area (e.g. on the “floor”). To answer in the affirmative, the relevant function must be implemented on computers located in the clinical areas(s), patient-care staff must be trained in its use and have received relevant access codes (e.g. passwords), and at least one patient-care staff member must have used this function.

Legend	Options
0	Could not be performed “on-line” by patient-care staff in this program area
1	Performed “on-line” by patient care staff in this program area

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Program	Circle one response for each item in the applicable column(s)			Emergency Department	Mental Health
	Acute Care				
	Missing	0	1		
Accessing archived medical records	7.1	57.1	35.7		
Accessing clinical data from previous visits of a patient (e.g. obtain test or assessment data from previous visits)	0.0	21.4	78.6		
Recording workload data	0.0	7.1	92.9		
Recording nursing workload data	0.0	14.3	85.7		
Ordering diagnostic tests or imaging	0.0	35.7	64.3		
Ordering supplies (pharmacy or other)	7.1	50.0	42.9		
Making referrals to care providers, internal to the organization	0.0	64.3	35.7		
Making referrals to care providers, external to the organization	0.0	92.9	7.1		
Accessing literature search databases (e.g. MEDLINE, etc.)	0.0	0.0	100.0		
Accessing other library resources and/or education materials	0.0	7.1	92.9		
Accessing hospital policies and procedures	0.0	7.1	92.9		
Giving/receiving consultation by videocare (secure network for providers on/off site)					
Accessing clinical decision support tools					

Corporate - Section 3: Use and Dissemination of Information for Decision-Making

Please indicate which program areas are present at your organization.

	Acute Care	Emergency Department Care	Mental Health Care
Yes	Missing = 0.0 Yes = 100.0		
No	0.0		

25. We are interested in knowing how your organization disseminates information about the changes made as a result of staff satisfaction findings. For the following groups, please indicate which of the dissemination strategies are currently being used.

Group	Data not shared with this group	Check all that apply		
		Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum)	Results reviewed beyond the initial verbal presentation for OR a specific initiative
The board or board committees (including committee/task force looking at utilization)	0.0	85.7	28.6	64.3
Senior management team	0.0	92.9	7.1	85.7
Physicians	0.0	85.7	21.4	64.3
Nurses (RNs, RPNs)	0.0	85.7	7.1	78.6
Managers at the program/ department level	0.0	92.9	21.4	64.3
Other regulated health professionals on staff	0.0	78.6	14.3	71.4
Unregulated patient care staff	0.0	78.6	14.3	64.3
Other hospital staff	0.0	78.6	21.4	57.1

26. Please indicate which of the following additional strategies are currently used to disseminate staff feedback results within your organization?

7.1 No additional strategies were used (skip to question 27)

	Check all that apply
Results posted on hospital website	57.1
Results posted on bulletin board	42.9
Results posted in newsletter/electronic mail	92.9

27. Does your organization currently compare your staff satisfaction data with that of other organizations?

Service	Missing	Check one box for each row		
		No, we do not compare our staff satisfaction data	Yes, we compare with one other organization	Yes, we compare with two or more organizations
Acute Care	0.0	57.1	0.0	42.9
Emergency Department				
Mental Health				

Corporate - Section 4: Internal and External Integration of Care

30. Please indicate whether your organization currently has formal succession plans for the following groups.

0.0 There were no formal succession plans in place (*skip to question 31*)

OR

Check all that apply:

57.1 Senior Management (Vice President and above)

92.9 Board of Directors' Chair

85.7 Chairs of standing committees of the board

78.6 Senior Medical Leadership (e.g. Chief of Staff, Vice President of Medical Affairs)

42.9 Senior Nursing Leadership (e.g. Chief Nursing Officer, Vice President of Nursing)

31. Please indicate the percent of non-managerial staff (e.g. front-line physicians and staff) currently involved in internal organizational governance practices in your organization. Staff involvement includes formalized two-way communication.

Legend	Options
0	This practice was not offered to non-managerial staff
1	Few (< 25%)
2	Some (25-74%)
3	Most (75 + %)

Circle <u>one</u> response for each column				
	Physicians	Nursing Staff (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Involvement in strategic planning process at the corporate level	M = 7.1 0 = 0.0 1 = 57.1 2 = 14.3 3 = 21.4	M = 0.0 0 = 21.4 1 = 42.9 2 = 28.6 3 = 7.1	M = 0.0 0 = 21.4 1 = 42.9 2 = 28.6 3 = 7.1	M = 7.1 0 = 42.9 1 = 28.6 2 = 14.3 3 = 7.1
Involvement in the internal governance of the hospital. For example practice/policy committees and/or clinical governance.	M = 7.1 0 = 0.0 1 = 42.9 2 = 35.7 3 = 14.3	M = 0.0 0 = 7.1 1 = 35.7 2 = 57.1 3 = 0.0	M = 0.0 0 = 7.1 1 = 57.1 2 = 35.7 3 = 0.0	M = 7.1 0 = 35.7 1 = 42.9 2 = 7.1 3 = 7.1
Involvement in the development of corporate indicators performance	M = 7.1 0 = 14.3 1 = 50.0 2 = 21.4 3 = 7.1	M = 0.0 0 = 14.3 1 = 57.1 2 = 28.6 3 = 0.0	M = 0.0 0 = 14.3 1 = 57.1 2 = 28.6 3 = 0.0	M = 7.1 0 = 50.0 1 = 21.4 2 = 14.3 3 = 7.1

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32a) Does your organization currently have community advisory groups? (check one response)

Missing = 0.0

7.1 No (skip to question 33)

92.9 Yes

32b) If you indicated yes in 32a), please indicate the level at which they exist? (check all that apply)

Corporate level

78.6 Program level

35. Which of the following corporate strategies does your organization currently participate in with the following external groups?

0.0 None, we are not engaged in joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply							
	We were not engaged in this joint initiative with any group	Other acute care hospitals	Complex continuing care hospitals	CCACs	LTC facilities	Public health dept.	Community-based service agencies	Mental Health facilities	Rehab facilities
Joint-fundraising campaigns	42.9	35.7	35.7	0.0	21.4	0.0	21.4	28.6	21.4
Cross-board representation	14.3	57.1	42.9	35.7	35.7	21.4	42.9	42.9	21.4
Joint executive committee meetings	21.4	71.4	35.7	14.3	21.4	7.1	7.1	28.6	14.3

5. ACUTE CARE SYSTEM INTEGRATION AND CHANGE DISTRIBUTIONS: ALL HOSPITALS

Acute Care - Section 1: Management of Human Resources

Planning

36. Please provide the following information about volunteers at your organization in the last fiscal year.

TOTAL NUMBER of volunteer hours in the last fiscal year	
Non-student	
Number = 106	Median = 20226.0,
Range = 18 to 149,676	Missing = 3
Student	
Number = 93	Median = 1594.0
Range = 0 to 58,198	Missing = 16

Acute Care - Section 2: Investments in Intellectual and Information Resources

Investments in Information Technology

38. What percent of your organization's clinical workstations currently:

8.3 Our organization does not have clinical workstations in place (*skip to question 39*).

	Check <u>one</u> box for each row				
	Missing	None	Few (<25%)	Some (25-75%)	Most (75% +)
Have <u>access</u> to a clinical repository that can store clinical images	9.2	31.2	25.7	10.1	23.9
Have <u>access</u> to physician order entry applications	8.3	61.5	2.8	3.7	23.9
Have <u>access</u> to nursing note entry applications	8.3	49.5	14.7	2.8	24.8
Have <u>access</u> to results reporting applications	8.3	8.3	8.3	7.3	67.9
Have <u>access</u> to decision support applications	8.3	29.4	27.5	13.8	21.1

39. What percent of physicians and patient-care staff in your organization currently have the following?

Legend	Options
0	None (0%)
1	Few (<25%)
2	Some (25-74%)
3	Most (75% +)

	Circle <u>one</u> response for each box			
	Physicians	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Hospital supplied email address	Missing = 0.9 0 = 12.8 1 = 24.8 2 = 23.9 3 = 37.6	Missing = 0.0 0 = 4.6 1 = 23.9 2 = 25.7 3 = 45.9	Missing = 0.0 0 = 1.8 1 = 9.2 2 = 24.8 3 = 64.2	Missing = 7.3 0 = 14.7 1 = 19.3 2 = 22.0 3 = 36.7
On-site access to corporate intranet	Missing = 3.7 0 = 21.1 1 = 4.6 2 = 11.0 3 = 59.6	Missing = 0.9 0 = 20.2 1 = 6.4 2 = 3.7 3 = 68.8	Missing = 0.0 0 = 19.3 1 = 2.8 2 = 7.3 3 = 70.6	Missing = 9.2 0 = 22.0 1 = 6.4 2 = 8.3 3 = 54.1
On-line access to real time monitoring data (e.g. EKG)	Missing = 1.8 0 = 51.4 1 = 26.6 2 = 7.3 3 = 21.8	Missing = 1.8 0 = 50.5 1 = 25.7 2 = 10.1 3 = 11.9	Missing = 2.8 0 = 58.7 1 = 24.8 2 = 5.5 3 = 8.3	NA
On-line access to medical images (e.g. x-rays, CT scans)	Missing = 0.0 0 = 41.3 1 = 20.2 2 = 12.8 3 = 25.7	Missing = 0.9 0 = 56.0 1 = 15.6 2 = 10.1 3 = 17.4	Missing = 2.8 0 = 55.1 1 = 16.5 2 = 11.0 3 = 14.7	

41. Please indicate the total number of desktop computers or workstations that were currently available for full time equivalents (FTEs) in the last fiscal year.

Number = 109, Median = 250.0, Range = 4 to 5,500, Missing = 0

Acute Care - Section 3: Use and Dissemination of Information for Decision-Making

Use and Dissemination of Clinical Data

42. For each of the following clinical measures, please indicate the extent to which these data are currently collected and shared/used in your organization.

16.5 Check this box if you anticipate fewer than 50 major surgical cases in the 03/04 fiscal year in your organization and leave those clinical measures related to surgical procedures blank.

16.5 Check this box if your organization does not currently have an ICU/CCU and leave those clinical measures related to ICU/CCU blank.

Clinical Measure	Check all that apply				
	A These data are not collected	B These data are collected and shared with a senior medical staff group/ group responsible for quality of care issues	C These data are collected and compared internally across specialties and/or to past performance..... Less than <u>OR</u> once per quarter	D These data are collected and compared externally with other organizations At least once per quarter	
CLINICAL OUTCOMES DATA					
Unplanned return to the OR	19.3	56.0	11.9	39.5	15.6
Hospital-acquired infection or sepsis	1.8	88.1	11.0	69.7	48.6
Adverse drug reaction	7.3	83.5	11.9	51.4	16.5
Unplanned injury or unplanned repair of organ during surgery	14.7	62.4	15.6	35.8	11.0
Unplanned transfer to ICU/CCU	34.9	43.1	7.3	29.4	7.3
In-hospital mortality	2.8	87.2	6.4	70.6	33.0
Hospital-acquired injury (e.g. falls)	0.0	87.2	9.2	77.1	37.6
In-hospital complication rates beyond those measured in <i>Hospital Report: Acute Care</i>	27.5	63.3	19.3	39.5	26.6
Waiting time to gain access to inpatient bed	27.5	64.2	4.6	56.0	30.3
Infection rates	5.5	86.2	3.7	78.9	42.2
Length of stay	0.0	88.1	6.4	79.8	79.8
APPROPRIATENESS OF CARE DATA					
Unplanned readmission to the same hospital	11.9	79.8	10.1	65.1	43.1
Measures of appropriateness from other sources other than CIHI data (e.g. surveys or other instruments)	23.9	67.9	23.9	39.5	54.1
Percent of day-surgery patients	5.5	79.8	11.9	68.8	57.8
Percent surgery/procedures completed on scheduled day of procedure	22.0	51.4	6.4	48.6	21.1

45. We are interested in knowing how your organization disseminates information about the changes made as a result of patient satisfaction findings obtained from patients via a formal quantitative survey (as indicated by checking 2004 NRC/Picker instrument or other formal (quantitative) survey in question 43). For the following groups, please indicate which of the dissemination strategies below were currently used.

		Check all that apply Presentation of Results		
Group	Data not shared with this group	Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum)	Results reviewed beyond the initial verbal presentation <u>OR</u> for a specific initiative
The board or board committees (including committee/task force looking at utilization)	1.8	79.8	39.5	52.3
Senior management team	0.9	79.8	25.7	67.9
Physicians	2.8	73.4	31.2	52.3
Nurses (RNs, RPNs)	0.9	71.6	28.4	59.6
Managers at the program/department level	0.0	80.7	22.9	68.8
Other regulated health professionals on staff	0.0	71.6	31.2	54.1
Unregulated patient care staff	5.5	64.2	29.4	41.3
Other hospital staff	2.8	71.6	33.9	43.1

Use and Dissemination of Staff Satisfaction

47. Please indicate for which of the following types of physician and hospital staff satisfaction data, your organization currently engages in external benchmarking practices where you compared the satisfaction data across 2 or more external organizations:

56.0 We do not engage in external benchmarking practices for any of the following staff and physician satisfaction data (*skip to question 48*)

OR

Check all that apply:

- 19.3 Physician satisfaction
- 44.0 Nurse (RNs, RPNs) satisfaction
- 37.6 Other regulated health professionals on staff satisfaction
- 32.1 Unregulated patient care staff satisfaction
- 35.8 Other hospital staff satisfaction

Use of Standardized Protocols

48. For each of the following clinical areas, please indicate the extent to which standardized protocols (e.g. clinical practice guidelines, care pathways, etc.) are currently developed and used in your organization.

	Check <u>one</u> box for each row						
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (<25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Stroke	1.8	2.8	18.4	22.9	8.3	12.8	33.0
Pneumonia	0.9	2.8	26.6	16.5	10.1	17.4	25.7
Diabetes	2.8	2.8	33.0	8.3	2.8	16.5	33.9
Heart Failure	0.9	2.8	48.6	19.3	4.6	12.8	11.0
Gastrointestinal Bleed	0.9	3.7	78.9	5.5	2.8	4.6	3.7
Gastroenteritis	0.9	2.8	75.2	6.4	1.8	4.6	8.3
Asthma	0.9	1.8	44.0	11.9	8.3	11.9	21.1
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	0.0	1.8	5.5	5.5	2.8	13.8	70.6
Caesarean Section	0.9	22.9	11.9	5.5	2.8	3.7	52.3
Prostatectomy	0.9	37.6	30.3	2.8	1.8	6.4	20.2
Cholecystectomy	1.8	16.5	39.5	4.6	2.8	6.4	28.4
Hysterectomy	0.0	22.9	31.2	3.7	0.9	11.9	29.4

50. For the clinical areas where, in question 48, you indicated that a standardized protocol (e.g. clinical practice guidelines, care pathways etc.) is currently developed, please indicate if the standardized protocol included aspects of care provided by the following applicable (those not blocked out) organizations outside the hospital AND/OR was developed in conjunction with one of the following groups*.

	Check all that apply						
	None (only our organization)	Other acute care hospitals	Primary care providers	CCAC	Complex Continuing Care hospitals	Long-term care (LTC) facilities	Rehab facilities
Stroke	0.9	33.0	30.3		17.4	11.3	25.7
Pneumonia	15.6	19.3	22.0		4.6	5.5	3.7
Diabetes	12.8	22.0	29.4		2.8	1.8	1.8
Heart Failure	10.1	9.2	13.8		1.8	0.9	0.0
Gastrointestinal Bleed	7.3	3.7	1.8		0.0	NA	0.0
Gastroenteritis	7.3	3.7	5.5		NA	0.0	0.0
Asthma	18.4	14.7	15.6		NA		0.0
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	23.9	41.3	47.3				8.3

	None (only our organization)	Check all that apply				
		Other acute care hospitals	Primary care providers	CCAC	Complex Continuing Care hospitals	Long-term care (LTC) facilities
Caesarean Section	18.4	22.0	26.6		NA	
Prostatectomy	10.1	7.3	7.3			
Cholecystectomy	22.0	6.4	12.8			
Hysterectomy	22.9	9.2	13.8			

* To answer in the affirmative, representatives of the other group must have sat on the committee that developed the protocol and/or the other group also formally adopted the protocol and is using it.

Improving Safety

51. Which of the following formal strategies does your organization currently have in place for identifying and managing adverse events? (*check all that apply*)

- 100.0 Incident reporting system
- 82.6 Clinical committee to review incidents
- 79.8 Education training on reporting incidents
- 11.9 Computerized physician order entry system
- 47.7 Unit-dose dispensing
- 83.5 Multidisciplinary review of incidents
- 44.0 Disclosure policy
- 42.2 Educational training on root cause analysis
- 80.7 Audits
- Other (please specify):

58. Depending on a hospital's size, geographic location and resources, hospitals may engage in different Utilization Management strategies activities. Please indicate which of the following strategies your organization is currently engaged in:

4.6 Our organization is not engaged in any of the following strategies (*skip to question 59*).

OR

Check *all that apply*:

- 81.7 Establishment of a measurement framework for utilization management indicators
- 64.2 Impact analysis and follow-up for new physicians
- 60.6 Use of concurrent utilization tools to determine appropriateness of acute admissions and continued days of stay
- 84.4 Linkages with the Finance department for decision-making regarding utilization activities
- 86.2 Linkages with Clinical department for decision-making regarding utilization activities
- 58.7 Diagnostic utilization review of laboratory, pharmacy, and medical imaging physician ordering practices
- 58.7 Use of physician peer review to assist in bed management

External Networks

60. Which of the following corporate strategies does your organization currently participate in with the following external groups?

2.8 Our hospital does not engage in any corporate joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply								
	We are not engaged in this joint initiative with any group	Other acute care hospitals	CCAC	Community based service agencies	Mental health facilities	LTC facilities	Cancer Centres	Public health dept.	Primary care providers	Rehab facilities
CARE COORDINATION										
Developing standardized protocols that span patient care in the hospital and the community	8.3	73.4	77.1	51.4	45.9	50.5	40.4	45.0	38.5	38.5
Developing standardized process for admission and discharge	13.8	56.9	65.1	33.9	37.6	55.1	22.9	18.4	30.3	38.5
EVALUATION AND PLANNING										
Looking at utilization management issues in the hospital	10.1	74.3	71.6	31.2	47.7	49.5	23.9	20.2	35.8	33.9
Evaluating clinical outcomes	19.3	65.1	44.0	21.1	30.3	20.2	25.7	22.0	25.7	23.9
Representation (e.g. formal members) on a hospital standing committee on patient care and/or discharge planning	8.3	56.0	77.1	46.8	45.9	39.5	26.6	40.4	37.6	24.8

EDUCATION AND TRAINING										
Planning and carrying out education sessions for partner staff and hospital staff	5.5	81.7	71.6	56.9	49.5	64.2	33.0	40.4	47.7	31.2
Cross-training hospital and partner staff	23.9	46.8	40.4	27.5	23.9	23.9	15.6	11.0	17.4	14.7
Communication and Information Sharing										
Enhanced communication through shared technology	6.4	78.9	49.5	23.9	31.2	23.9	35.8	11.9	40.4	25.7
Improve data collection and data sharing capabilities	5.5	75.2	55.1	27.5	33.9	33.9	38.5	30.3	32.1	27.5

6. ACUTE CARE SYSTEM INTEGRATION AND CHANGE DISTRIBUTIONS: COMMUNITY HOSPITALS

Acute Care - Section 1: Management of Human Resources

Planning

36. Please provide the following information about volunteers at your organization in the last fiscal year.

TOTAL NUMBER of volunteer hours in the last fiscal year	
Non-student	
Number = 64	Median = 33,157.5
Range = 775 to 149,676	Missing = 2
Student	
Number = 55	Median = 2,185.0
Range = 0 to 28,398.0	Missing = 11

Acute Care - Section 2: Investments in Intellectual and Information Resources

Investments in Information Technology

38. What percent of your organization's clinical workstations currently:

1.5 Our organization does not have clinical workstations in place (*skip to question 39*).

	Check one box for each row				
	Missing	None	Few (<25%)	Some (25-75%)	Most (75% +)
Have access to a clinical repository that can store clinical images	3.0	24.2	34.9	13.6	24.2
Have access to physician order entry applications	1.5	63.6	3.0	3.0	28.8
Have access to nursing note entry applications	1.5	47.0	15.2	1.5	34.9
Have access to results reporting applications	1.5	6.1	6.1	9.1	77.3
Have access to decision support applications	1.5	25.8	30.3	19.7	22.7

39. What percent of physicians and patient-care staff in your organization currently have the following?

Legend	Options
0	None (0%)
1	Few (<25%)
2	Some (25-74%)
3	Most (75% +)

	Circle one response for each box			
	Physicians	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Hospital supplied email address	Missing = 1.5 0 = 3.0 1 = 34.9 2 = 27.3 3 = 33.3	Missing = 0.0 0 = 0.0 1 = 18.2 2 = 28.8 3 = 53.0	Missing = 0.0 0 = 0.0 1 = 6.0 2 = 30.3 3 = 63.6	Missing = 6.1 0 = 4.6 1 = 21.2 2 = 22.7 3 = 45.5
On-site access to corporate intranet	Missing = 4.6 0 = 15.2 1 = 6.1 2 = 10.6 3 = 63.6	Missing = 1.5 0 = 16.7 1 = 4.6 2 = 4.6 3 = 72.7	Missing = 0.0 0 = 16.7 1 = 3.0 2 = 6.1 3 = 74.2	Missing = 9.1 0 = 16.7 1 = 4.6 2 = 10.6 3 = 59.1
On-line access to real time monitoring data (e.g. EKG)	Missing = 3.0 0 = 47.0 1 = 31.8 2 = 9.1 3 = 9.1	Missing = 3.0 0 = 47.0 1 = 28.8 2 = 12.1 3 = 9.1	Missing = 3.0 0 = 57.6 1 = 27.3 2 = 6.1 3 = 6.1	NA
On-line access to medical images (e.g. x-rays, CT scans)	Missing = 0.0 0 = 27.3 1 = 25.8 2 = 19.7 3 = 27.3	Missing = 1.5 0 = 48.5 1 = 16.7 2 = 13.6 3 = 19.7	Missing = 4.6 0 = 43.9 1 = 19.7 2 = 16.7 3 = 15.2	

41. Please indicate the total number of desktop computers or workstations that were currently available for full time equivalents (FTEs) in the last fiscal year.

Number = 66, Median = 412.5, Range = 8 to 3,000, Missing = 0

Acute Care - Section 3: Use and Dissemination of Information for Decision-Making

Use and Dissemination of Clinical Data

42. For each of the following clinical measures, please indicate the extent to which these data are currently collected and shared/used in your organization.

Check this box if you anticipate fewer than 50 major surgical cases in the 03/04 fiscal year in your organization and leave those clinical measures related to surgical procedures blank.

Check this box if your organization does not currently have an ICU/CCU and leave those clinical measures related to ICU/CCU blank.

Clinical Measure	Check all that apply				
	A These data are not collected	B These data are collected and shared with a senior medical staff group/ group responsible for quality of care issues	C These data are collected and compared internally across specialties and/or to past performance..... Less than once per quarter <u>OR</u> At least once per quarter	D These data are collected and compared externally with other organizations	
CLINICAL OUTCOMES DATA					
Unplanned return to the OR	18.2	71.2	18.2	48.5	22.7
Hospital-acquired infection or sepsis	3.0	86.4	13.6	71.2	57.6
Adverse drug reaction	4.6	83.3	9.1	56.1	19.7
Unplanned injury or unplanned repair of organ during surgery	13.6	80.3	19.7	42.4	15.2
Unplanned transfer to ICU/CCU	42.4	53.0	10.6	30.3	9.1
In-hospital mortality	0.0	90.9	3.0	81.8	36.4
Hospital-acquired injury (e.g. falls)	0.0	87.9	9.1	78.8	47.0
In-hospital complication rates beyond those measured in <i>Hospital Report: Acute Care</i>	18.2	71.2	22.7	45.5	27.3
Waiting time to gain access to inpatient bed	16.7	75.8	4.6	68.2	36.4
Infection rates	6.1	84.9	1.5	81.8	48.5
Length of stay	0.0	90.9	4.6	81.8	86.4
APPROPRIATENESS OF CARE DATA					
Unplanned readmission to the same hospital	4.6	87.9	21.1	69.7	48.5
Measures of appropriateness from other sources other than CIHI data (e.g. surveys or other instruments)	18.2	72.7	30.3	37.9	53.0
Percent of day-surgery patients	0.0	89.4	12.1	77.3	71.2
Percent surgery/procedures completed on scheduled day of procedure	21.2	63.6	10.6	57.6	27.3

45. We are interested in knowing how your organization disseminates information about the changes made as a result of patient satisfaction findings obtained from patients via a formal quantitative survey (as indicated by checking 2004 NRC/Picker instrument or other formal (quantitative) survey in question 43). For the following groups, please indicate which of the dissemination strategies below were currently used.

		Check all that apply Presentation of Results		
Group	Data not shared with this group	Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum) or Verbal presentation beyond the initial verbal presentation for a specific initiative	Results reviewed beyond the initial verbal presentation for a specific initiative
The board or board committees (including committee/task force looking at utilization)	1.5	81.8	42.4	54.6
Senior management team	0.0	83.3	22.7	74.2
Physicians	1.5	77.3	34.9	51.5
Nurses (RNs, RPNs)	1.5	72.7	31.8	56.1
Managers at the program/department level	0.0	89.4	25.8	71.2
Other regulated health professionals on staff	0.0	75.8	34.9	53.0
Unregulated patient care staff	3.0	71.2	31.8	47.0
Other hospital staff	1.5	75.8	37.9	45.5

Use and Dissemination of Staff Satisfaction

47. Please indicate for which of the following types of physician and hospital staff satisfaction data, your organization currently engages in external benchmarking practices where you compared the satisfaction data across 2 or more external organizations:

54.6 We do not engage in external benchmarking practices for any of the following staff and physician satisfaction data (*skip to question 48*)

OR

Check all that apply:

- 15.2 Physician satisfaction
- 45.5 Nurse (RNs, RPNs) satisfaction
- 36.4 Other regulated health professionals on staff satisfaction
- 33.3 Unregulated patient care staff satisfaction
- 36.4 Other hospital staff satisfaction

Use of Standardized Protocols

48. For each of the following clinical areas, please indicate the extent to which standardized protocols (e.g. clinical practice guidelines, care pathways, etc.) are currently developed and used in your organization.

		Check <u>one</u> box for each row					
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (<25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Stroke	1.5	0.0	13.6	28.8	9.1	15.2	31.8
Pneumonia	0.0	0.0	21.2	15.2	15.2	22.7	25.8
Diabetes	0.0	1.5	30.3	12.1	4.6	21.2	30.3

Check <u>one</u> box for each row							
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (<25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Heart Failure	0.0	0.0	47.0	18.2	7.6	15.2	12.1
Gastrointestinal Bleed	0.0	0.0	81.8	6.1	3.0	4.6	4.6
Gastroenteritis	0.0	0.0	78.8	4.6	3.0	6.1	7.6
Asthma	0.0	0.0	43.9	12.1	10.6	15.2	18.2
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	0.0	0.0	6.1	7.6	0.0	15.2	71.2
Caesarean Section	0.0	6.1	13.6	9.1	3.0	3.0	65.2
Prostatectomy	0.0	19.7	39.4	4.6	3.0	7.6	25.8
Cholecystectomy	1.5	0.0	50.0	6.1	3.0	4.6	34.9
Hysterectomy	0.0	6.1	40.9	6.1	1.5	9.1	36.4

50. For the clinical areas where, in question 48, you indicated that a standardized protocol (e.g. clinical practice guidelines, care pathways etc.) is currently developed, please indicate if the standardized protocol included aspects of care provided by the following applicable (those not blocked out) organizations outside the hospital AND/OR was developed in conjunction with one of the following groups*.

	Check all that apply						
	None (only our organization)	Other acute care hospitals	Primary care providers	CCAC	Complex Continuing Care hospitals	Long-term care (LTC) facilities	Rehab facilities
Stroke	1.5	33.3	34.9		19.7	12.1	30.3
Pneumonia	18.2	19.7	30.3		6.1	6.1	4.6
Diabetes	13.6	22.7	30.3		3.0	0.0	1.5
Heart Failure	9.1	12.1	19.7		3.3	1.5	0.0
Gastrointestinal Bleed	7.6	4.6	3.0		0.0	NA	0.0
Gastroenteritis	7.6	3.0	9.1		NA	0.0	0.0
Asthma	18.2	13.6	19.7		NA		0.0
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	18.2	36.4	51.5				10.6
Caesarean Section	19.7	22.7	37.9		NA		
Prostatectomy	12.1	9.1	9.1				
Cholecystectomy	21.2	9.1	18.2				
Hysterectomy	25.8	7.6	16.7				

* To answer in the affirmative, representatives of the other group must have sat on the committee that developed the protocol and/or the other group also formally adopted the protocol and is using it.

Improving Safety

51. Which of the following formal strategies does your organization currently have in place for identifying and managing adverse events? (*check all that apply*)

- 100.0 Incident reporting system
- 83.3 Clinical committee to review incidents
- 84.9 Education training on reporting incidents
- 7.6 Computerized physician order entry system
- 51.5 Unit-dose dispensing
- 90.9 Multidisciplinary review of incidents
- 43.9 Disclosure policy
- 45.5 Educational training on root cause analysis
- 81.8 Audits
- Other (please specify):

58. Depending on a hospital's size, geographic location and resources, hospitals may engage in different Utilization Management strategies activities. Please indicate which of the following strategies your organization is currently engaged in:

0.0 Our organization is not engaged in any of the following strategies (*skip to question 59*).

OR

Check all that apply:

- 90.9 Establishment of a measurement framework for utilization management indicators
- 74.2 Impact analysis and follow-up for new physicians
- 66.7 Use of concurrent utilization tools to determine appropriateness of acute admissions and continued days of stay
- 95.5 Linkages with the Finance department for decision-making regarding utilization activities
- 69.7 Linkages with Clinical department for decision-making regarding utilization activities
- 69.7 Diagnostic utilization review of laboratory, pharmacy, and medical imaging physician ordering practices
- 77.3 Use of physician peer review to assist in bed management

External Networks

60. Which of the following corporate strategies does your organization currently participate in with the following external groups?

0.0 Our hospital does not engage in any corporate joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply								
	We are not engaged in this joint initiative with any group	Other acute care hospitals	CCAC	Community based service agencies	Mental health facilities	LTC facilities	Cancer Centres	Public health dept.	Primary care providers	Rehab facilities
CARE COORDINATION										
Developing standardized protocols that span patient care in the hospital and the community	1.5	78.8	87.9	60.6	50.0	51.5	39.4	51.5	50.0	45.5
Developing standardized process for admission and discharge	4.6	69.7	75.8	40.9	42.4	62.1	25.8	21.2	37.9	48.5
EVALUATION AND PLANNING										
	3.0	80.3	87.9	40.9	56.1	56.1	27.3	27.3	50.0	43.9
Evaluating clinical outcomes	10.6	74.2	51.5	28.8	34.9	22.7	33.3	28.8	31.8	28.8
Representation (e.g. formal members) on a hospital standing committee on patient care and/or discharge planning	1.5	57.6	87.9	56.1	54.6	50.0	28.8	54.6	51.5	28.8
EDUCATION AND TRAINING										
	6.1	80.3	77.3	63.6	51.5	68.2	31.8	43.9	50.0	37.9
Cross-training hospital and partner staff	21.2	43.9	43.9	28.8	24.2	24.2	15.2	15.2	16.7	16.7
COMMUNICATION AND INFORMATION SHARING										
Enhanced communication through shared technology	3.0	80.3	62.1	25.8	34.9	22.7	40.9	15.2	50.0	30.3
Improve data collection and data sharing capabilities	3.0	77.3	66.7	31.8	34.9	33.3	39.4	39.4	39.4	27.3

7. ACUTE CARE SYSTEM INTEGRATION AND CHANGE SURVEY DISTRIBUTION: SMALL HOSPITALS

Acute Care - Section 1: Management of Human Resources

Planning

36. Please provide the following information about volunteers at your organization in the last fiscal year.

TOTAL NUMBER of volunteer hours in the last fiscal year	
Non-student	
Number = 29	Median = 5,960.0,
Range = 18 to 23,618	Missing = 0
Student	
Number = 26,	Median = 242.5
Range = 0 to 4,800	Missing = 3

Acute Care - Section 2: Investments in Intellectual and Information Resources

Investments in Information Technology

38. What percent of your organization's clinical workstations currently:

27.6 Our organization does not have clinical workstations in place (*skip to question 39*).

	Check one box for each row				
	Missing	None	Few (<25%)	Some (25-75%)	Most (75%+)
Have <u>access</u> to a clinical repository that can store clinical images	27.6	58.6	3.5	6.9	3.5
Have <u>access</u> to physician order entry applications	27.6	58.6	3.5	3.5	6.9
Have <u>access</u> to nursing note entry applications	27.6	55.2	6.9	3.5	6.9
Have <u>access</u> to results reporting applications	27.6	17.2	17.2	6.9	31.0
Have <u>access</u> to decision support applications	27.6	48.3	13.8	0.0	10.3

39. What percent of physicians and patient-care staff in your organization currently have the following?

Legend	Options
0	None (0%)
1	Few (<25%)
2	Some (25-74%)
3	Most (75%+)

	Circle one response for each box			
	Physicians	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Hospital supplied email address	Missing = 0.0 0 = 41.4 1 = 13.8 2 = 20.7 3 = 24.1	Missing = 0.0 0 = 17.2 1 = 41.4 2 = 13.8 3 = 27.6	Missing = 0.0 0 = 6.9 1 = 20.7 2 = 20.7 3 = 51.7	Missing = 10.3 0 = 41.4 1 = 17.2 2 = 10.3 3 = 20.7
On-site access to corporate intranet	Missing = 3.5 0 = 41.4 1 = 3.5 2 = 13.8 3 = 37.9	Missing = 0.0 0 = 34.5 1 = 13.8 2 = 3.5 3 = 48.3	Missing = 0.0 0 = 31.0 1 = 3.5 2 = 13.8 3 = 51.7	Missing = 6.9 0 = 44.8 1 = 10.3 2 = 3.5 3 = 34.5
On-line access to real time monitoring data (e.g. EKG)	Missing = 0.0 0 = 86.2 1 = 3.5 2 = 0.0 3 = 10.3	Missing = 0.0 0 = 82.8 1 = 3.5 2 = 3.5 3 = 10.3	Missing = 3.5 0 = 86.2 1 = 3.5 2 = 0.0 3 = 6.9	NA
On-line access to medical images (e.g. x-rays, CT scans)	Missing = 0.0 0 = 89.7 1 = 3.5 2 = 0.0 3 = 6.9	Missing = 0.0 0 = 89.7 1 = 6.9 2 = 3.5 3 = 0.0	Missing = 0.0 0 = 96.6 1 = 3.5 2 = 0.0 3 = 0.0	

41. Please indicate the total number of desktop computers or workstations that were currently available for full time equivalents (FTEs) in the last fiscal year.

Number = 29, Median = 39.0, Range = 4 to 115, Missing = 0

Acute Care - Section 3: Use and Dissemination of Information for Decision-Making

Use and Dissemination of Clinical Data

42. For each of the following clinical measures, please indicate the extent to which these data are currently collected and shared/used in your organization.

Check this box if you anticipate fewer than 50 major surgical cases in the 03/04 fiscal year in your organization and leave those clinical measures related to surgical procedures blank.

Check this box if your organization does not currently have an ICU/CCU and leave those clinical measures related to ICU/CCU blank.

Clinical Measure	Check all that apply				
	A These data are not collected	B These data are collected and shared with a senior medical staff group/ group responsible for quality of care issues	C These data are collected and compared internally across specialties and/or to past performance..... Less than once per quarter <u>OR</u> At least once per quarter	D These data are collected and compared externally with other organizations	
CLINICAL OUTCOMES DATA					
Unplanned return to the OR	27.6	10.3	0.0	6.9	0.0
Hospital-acquired infection or sepsis	0.0	86.2	6.9	58.6	20.7
Adverse drug reaction	17.2	75.9	13.8	31.0	3.5
Unplanned injury or unplanned repair of organ during surgery	24.1	10.3	0.0	6.9	0.0
Unplanned transfer to ICU/CCU	31.0	3.5	0.0	3.5	0.0
In-hospital mortality	10.3	75.9	17.2	34.5	13.8
Hospital-acquired injury (e.g. falls)	0.0	79.3	10.3	65.5	13.8
In-hospital complication rates beyond those measured in <i>Hospital Report: Acute Care</i>	62.1	27.6	13.8	10.3	6.9
Waiting time to gain access to inpatient bed	62.1	24.1	3.5	17.2	3.5
Infection rates	6.9	82.8	6.9	65.5	20.7
Length of stay	0.0	75.9	13.8	65.5	62.1
APPROPRIATENESS OF CARE DATA					
Unplanned readmission to the same hospital	34.5	51.7	3.5	44.8	20.7
Measures of appropriateness from other sources other than CIHI data (e.g. surveys or other instruments)	48.3	41.4	13.8	24.1	24.1
Percent of day-surgery patients	20.7	51.7	17.2	37.9	20.7
Percent surgery/procedures completed on scheduled day of procedure	27.6	13.8	0.0	13.8	3.5

45. We are interested in knowing how your organization disseminates information about the changes made as a result of patient satisfaction findings obtained from patients via a formal quantitative survey (as indicated by checking 2004 NRC/Picker instrument or other formal (quantitative) survey in question 43). For the following groups, please indicate which of the dissemination strategies below were currently used.

		Check all that apply Presentation of Results		
Group	Data not shared with this group	Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum) <u>OR</u> Verbal presentation beyond the initial verbal presentation for a specific initiative	Results reviewed beyond the initial verbal presentation for a specific initiative
The board or board committees (including committee/task force looking at utilization)	3.5	69.0	41.4	34.5
Senior management team	3.5	65.5	34.5	48.3
Physicians	6.9	58.6	27.6	41.4
Nurses (RNs, RPNs)	0.0	65.5	31.0	51.7
Managers at the program/ department level	0.0	58.6	24.1	51.7
Other regulated health professionals on staff	0.0	55.2	31.0	41.4
Unregulated patient care staff	13.8	41.4	27.6	20.7
Other hospital staff	6.9	58.6	34.5	31.0

Use and Dissemination of Staff Satisfaction

47. Please indicate for which of the following types of physician and hospital staff satisfaction data, your organization currently engages in external benchmarking practices where you compared the satisfaction data across 2 or more external organizations:

65.5 We do not engage in external benchmarking practices for any of the following staff and physician satisfaction data (*skip to question 48*)

OR

Check all that apply:

- 20.7 Physician satisfaction
- 34.5 Nurse (RNs, RPNs) satisfaction
- 31.0 Other regulated health professionals on staff satisfaction
- 24.1 Unregulated patient care staff satisfaction
- 27.6 Other hospital staff satisfaction

Use of Standardized Protocols

48. For each of the following clinical areas, please indicate the extent to which standardized protocols (e.g. clinical practice guidelines, care pathways, etc.) are currently developed and used in your organization.

		Check <u>one</u> box for each row					
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (< 25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Stroke	0.0	3.5	34.5	17.2	6.9	13.8	24.1
Pneumonia	0.0	3.5	44.8	20.7	0.0	13.8	17.2
Diabetes	3.4	0.0	48.3	0.0	0.0	13.8	34.5

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Check <u>one</u> box for each row							
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (<25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Heart Failure	0.0	3.5	65.5	20.7	0.0	3.5	6.9
Gastrointestinal Bleed	0.0	3.5	86.2	6.9	3.5	0.0	0.0
Gastroenteritis	0.0	3.5	82.8	6.9	0.0	0.0	6.9
Asthma	0.0	3.5	62.1	10.3	0.0	6.9	17.2
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	0.0	0.0	6.9	3.5	3.5	13.8	72.4
Caesarean Section	0.0	58.6	13.8	0.0	0.0	0.0	27.6
Prostatectomy	0.0	82.8	17.2	0.0	0.0	0.0	0.0
Cholecystectomy	0.0	55.2	24.1	3.5	0.0	3.4	13.8
Hysterectomy	0.0	58.6	20.7	0.0	0.0	6.9	13.8

50. For the clinical areas where, in question 48, you indicated that a standardized protocol (e.g. clinical practice guidelines, care pathways etc.) is currently developed, please indicate if the standardized protocol included aspects of care provided by the following applicable (those not blocked out) organizations outside the hospital AND/OR was developed in conjunction with one of the following groups*.

Check all that apply							
	None (only our organization)	Other acute care hospitals	Primary care providers	CCAC	Complex Continuing Care hospitals	Long-term care (LTC) facilities	Rehab facilities
Stroke	0.0	24.1	17.2		6.9	6.9	10.3
Pneumonia	10.3	17.2	6.9		0.0	3.5	0.0
Diabetes	6.9	24.1	24.1		3.5	6.9	3.5
Heart Failure	6.9	3.5	0.0		0.0	0.0	0.0
Gastrointestinal Bleed	0.0	3.5	0.0		0.0	NA	0.0
Gastroenteritis	3.5	3.5	0.0		NA	0.0	0.0
Asthma	13.8	10.3	0.0		NA		0.0
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	31.0	51.7	24.1				0.0
Caesarean Section	13.8	13.8	3.5		NA		
Prostatectomy	0.0	0.0	0.0				
Cholecystectomy	13.8	0.0	3.5				
Hysterectomy	13.8	6.9	3.5				

* To answer in the affirmative, representatives of the other group must have sat on the committee that developed the protocol and/or the other group also formally adopted the protocol and is using it.

Improving Safety

51. Which of the following formal strategies does your organization currently have in place for identifying and managing adverse events? (*check all that apply*)

- 100.0 Incident reporting system
- 79.3 Clinical committee to review incidents
- 69.0 Education training on reporting incidents
- 10.3 Computerized physician order entry system
- 24.1 Unit-dose dispensing
- 65.5 Multidisciplinary review of incidents
- 27.6 Disclosure policy
- 38.0 Educational training on root cause analysis
- 79.3 Audits
- Other (please specify):

58. Depending on a hospital's size, geographic location and resources, hospitals may engage in different Utilization Management strategies activities. Please indicate which of the following strategies your organization is currently engaged in:

- 17.2 Our organization is not engaged in any of the following strategies (*skip to question 59*).

OR

Check all that apply:

- 55.2 Establishment of a measurement framework for utilization management indicators
- 31.0 Impact analysis and follow-up for new physicians
- 48.3 Use of concurrent utilization tools to determine appropriateness of acute admissions and continued days of stay
- 55.2 Linkages with the Finance department for decision-making regarding utilization activities
- 58.6 Linkages with Clinical department for decision-making regarding utilization activities
- 41.4 Diagnostic utilization review of laboratory, pharmacy, and medical imaging physician ordering practices
- 20.7 Use of physician peer review to assist in bed management

External Networks

60. Which of the following corporate strategies does your organization currently participate in with the following external groups?

- 10.3 Our hospital does not engage in any corporate joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply								
	We are not engaged in this joint initiative with any group	Other acute care hospitals	CCAC	Community based service agencies	Mental health facilities	LTC facilities	Cancer Centres	Public health dept.	Primary care providers	Rehab facilities
CARE COORDINATION										
Developing standardized protocols that span patient care in the hospital and the community	27.6	55.2	48.3	24.1	27.6	41.4	27.6	24.1	10.3	13.8
Developing standardized process for admission and discharge	34.5	27.6	37.9	10.3	17.2	34.5	10.3	6.9	10.3	10.3
EVALUATION AND PLANNING										
Looking at utilization management issues in the hospital	31.0	48.3	41.4	13.8	17.2	31.0	6.9	6.9	10.3	6.9
Evaluating clinical outcomes	48.3	34.5	27.6	0.0	10.3	10.3	6.9	6.9	13.8	6.9
Representation (e.g. formal members) on a hospital standing committee on patient care and/or discharge planning	24.1	51.7	51.7	17.2	24.1	17.2	17.2	13.8	6.9	10.3

EDUCATION AND TRAINING										
Planning and carrying out education sessions for partner staff and hospital staff	6.9	79.3	51.7	41.4	37.9	51.7	24.1	34.5	34.5	13.8
Cross-training hospital and partner staff	34.5	44.8	27.6	20.7	17.2	17.2	10.3	3.5	10.3	6.9
Communication and Information Sharing										
Enhanced communication through shared technology	17.2	69.0	17.2	13.8	10.3	13.8	13.8	6.9	13.8	10.3
Improve data collection and data sharing capabilities	13.8	58.6	27.6	10.3	13.8	24.1	17.2	10.3	13.8	10.3

8. SYSTEM INTEGRATION AND CHANGE SURVEY DISTRIBUTIONS: TEACHING HOSPITALS

Acute Care - Section 1: Management of Human Resources

Planning

36. Please provide the following information about volunteers at your organization in the last fiscal year.

TOTAL NUMBER of volunteer hours in the last fiscal year	
Non-student	
Number = 13	Median = 419,05.0
Range = 11,000 to 111,834	Missing = 1
Student	
Number = 12	Median = 16,806.5
Range = 4,459 to 58,198	Missing = 2

Acute Care - Section 2: Investments in Intellectual and Information Resources

Investments in Information Technology

38. What percent of your organization's clinical workstations currently:

0.0 Our organization does not have clinical workstations in place (*skip to question 39*).

	Check <u>one</u> box for each row				
	Missing	None	Few (<25%)	Some (25-75%)	Most (75% +)
Have <u>access</u> to a clinical repository that can store clinical images	0.0	7.1	28.6	0.0	64.3
Have <u>access</u> to physician order entry applications	0.0	57.1	0.0	7.1	35.7
Have <u>access</u> to nursing note entry applications	0.0	50.0	28.6	7.1	14.3
Have <u>access</u> to results reporting applications	0.0	0.0	0.0	0.0	100.0
Have <u>access</u> to decision support applications	0.0	7.14	42.9	14.3	35.7

39. What percent of physicians and patient-care staff in your organization currently have the following?

Legend	Options
0	None (0%)
1	Few (<25%)
2	Some (25-74%)
3	Most (75% +)

	Circle <u>one</u> response for each box			
	Physicians	Nurses (RNs, RPNs)	Other regulated health professionals on staff	Unregulated patient care staff
Hospital supplied email address	Missing = 0.0 0 = 0.0 1 = 0.0 2 = 14.3 3 = 85.7	Missing = 0.0 0 = 0.0 1 = 14.3 2 = 35.7 3 = 50.0	Missing = 0.0 0 = 0.0 1 = 0.0 2 = 7.1 3 = 92.9	Missing = 7.1 0 = 7.1 1 = 14.3 2 = 42.9 3 = 28.6
On-site access to corporate intranet	Missing = 0.0 0 = 7.1 1 = 0.0 2 = 7.1 3 = 85.7	Missing = 0.0 0 = 7.1 1 = 0.0 2 = 0.0 3 = 92.9	Missing = 0.0 0 = 7.1 1 = 0.0 2 = 0.0 3 = 92.9	Missing = 14.3 0 = 0.0 1 = 7.1 2 = 7.1 3 = 71.4
On-line access to real time monitoring data (e.g. EKG)	Missing = 0.0 0 = 0.0 1 = 50.0 2 = 14.3 3 = 35.7	Missing = 0.0 0 = 0.0 1 = 57.1 2 = 14.3 3 = 28.6	Missing = 0.0 0 = 7.1 1 = 57.1 2 = 14.3 3 = 21.4	NA
On-line access to medical images (e.g. x-rays, CT scans)	Missing = 0.0 0 = 7.1 1 = 28.6 2 = 7.1 3 = 57.1	Missing = 0.0 0 = 21.4 1 = 28.6 2 = 7.1 3 = 42.9	Missing = 0.0 0 = 21.4 1 = 28.6 2 = 7.1 3 = 42.9	

41. Please indicate the total number of desktop computers or workstations that were currently available for full time equivalents (FTEs) in the last fiscal year.

Number = 14, Median = 2,550.0, Range = 450 to 5,500, Missing = 0

Acute Care - Section 3: Use and Dissemination of Information for Decision-Making

Use and Dissemination of Clinical Data

42. For each of the following clinical measures, please indicate the extent to which these data are currently collected and shared/used in your organization.

7.1 Check this box if you anticipate fewer than 50 major surgical cases in the 03/04 fiscal year in your organization and leave those clinical measures related to surgical procedures blank.

7.1 Check this box if your organization does not currently have an ICU/CCU and leave those clinical measures related to ICU/CCU blank.

Clinical Measure	Check all that apply				
	A These data are not collected	B These data are collected and shared with a senior medical staff group/ group responsible for quality of care issues	C These data are collected and compared internally across specialties and/or to past performance..... Less <u>OR</u> At least than once per quarter	D These data are collected and compared externally with other organizations	
CLINICAL OUTCOMES DATA					
Unplanned return to the OR	7.1	78.6	7.1	64.3	14.3
Hospital-acquired infection or sepsis	0.0	100.0	7.1	85.7	64.3
Adverse drug reaction	0.0	100.0	21.4	71.4	28.6
Unplanned injury or unplanned repair of organ during surgery	0.0	85.7	28.6	64.3	14.3
Unplanned transfer to ICU/CCU	7.1	78.6	7.1	78.6	14.3
In-hospital mortality	0.0	92.9	0.0	92.9	57.1
Hospital-acquired injury (e.g. falls)	0.0	100.0	7.1	92.9	42.9
In-hospital complication rates beyond those measured in <i>Hospital Report: Acute Care</i>	0.0	100.0	14.3	71.4	64.3
Waiting time to gain access to inpatient bed	7.1	92.9	7.1	78.8	57.1
Infection rates	0.0	100.0	7.1	92.9	57.1
Length of stay	0.0	100.0	0.0	100.0	85.7
APPROPRIATENESS OF CARE DATA					
Unplanned readmission to the same hospital	0.0	100.0	14.3	85.7	64.3
Measures of appropriateness from other sources other than CIHI data (e.g. surveys or other instruments)	0.0	100.0	14.3	78.6	57.1
Percent of day-surgery patients	0.0	92.9	0.0	92.9	71.4
Percent surgery/procedures completed on scheduled day of procedure	14.3	71.4	0.0	78.6	28.6

45. We are interested in knowing how your organization disseminates information about the changes made as a result of patient satisfaction findings obtained from patients via a formal quantitative survey (as indicated by checking 2004 NRC/Picker instrument or other formal (quantitative) survey in question 43). For the following groups, please indicate which of the dissemination strategies below were currently used.

Group	Data not shared with this group	Check all that apply Presentation of Results		
		Internal written report is circulated about key highlights	Verbal presentation and discussion of results (e.g. in an open forum)	Results reviewed beyond the initial verbal presentation <u>OR</u> for a specific initiative
The board or board committees (including committee/task force looking at utilization)	0.0	92.9	21.4	78.6
Senior management team	0.0	92.9	21.4	78.6
Physicians	0.0	85.7	21.4	78.6
Nurses (RNs, RPNs)	0.0	78.6	7.1	92.9
Managers at the program/department level	0.0	85.7	7.1	92.9
Other regulated health professionals on staff	0.0	85.7	14.3	85.7
Unregulated patient care staff	0.0	78.6	21.4	57.1
Other hospital staff	0.0	78.6	14.3	57.1

Use and Dissemination of Staff Satisfaction

47. Please indicate for which of the following types of physician and hospital staff satisfaction data, your organization currently engages in external benchmarking practices where you compared the satisfaction data across 2 or more external organizations:

42.9 We do not engage in external benchmarking practices for any of the following staff and physician satisfaction data (*skip to question 48*)

OR

Check all that apply:

- 35.7 Physician satisfaction
- 57.1 Nurse (RNs, RPNs) satisfaction
- 57.1 Other regulated health professionals on staff satisfaction
- 42.9 Unregulated patient care staff satisfaction
- 50.0 Other hospital staff satisfaction

Use of Standardized Protocols

48. For each of the following clinical areas, please indicate the extent to which standardized protocols (e.g. clinical practice guidelines, care pathways, etc.) are currently developed and used in your organization.

	Check <u>one</u> box for each row						
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (<25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Stroke	7.1	14.3	7.1	7.1	7.1	0.0	57.1
Pneumonia	7.1	14.3	14.3	14.3	7.1	0.0	42.9

Check <u>one</u> box for each row							
	Missing	Service is not offered at our organization	Service is offered but no standardized protocol exists for this population	A standardized protocol is being developed and will be implemented in the next 6 months.	A standardized protocol is developed and ...		
					Few (<25%) patients are cared for using the standardized protocol	Some (25%-75%) patients are cared for using the standardized protocol	Most (75%+) patients are cared for using the standardized protocol
Diabetes	14.3	14.3	14.3	7.1	0.0	0.0	50.0
Heart Failure	7.1	14.3	21.4	21.4	0.0	21.4	14.3
Gastrointestinal Bleed	7.1	21.4	50.0	0.0	0.0	14.3	7.1
Gastroenteritis	7.1	14.3	42.9	14.3	0.0	7.1	14.3
Asthma	7.1	7.1	7.1	12.3	14.3	7.1	42.9
Carpal Tunnel Release Surgery							
Acute Myocardial Infarction	0.0	14.3	0.0	0.0	14.3	7.1	64.3
Caesarean Section	7.1	28.6	0.0	0.0	7.1	14.3	42.9
Prostatectomy	7.1	28.6	14.3	0.0	0.0	14.3	35.7
Cholecystectomy	7.1	14.3	21.4	0.0	7.1	21.4	28.6
Hysterectomy	0.0	28.6	7.1	0.0	0.0	35.7	28.6

50. For the clinical areas where, in question 48, you indicated that a standardized protocol (e.g. clinical practice guidelines, care pathways etc.) is currently developed, please indicate if the standardized protocol included aspects of care provided by the following applicable (those not blocked out) organizations outside the hospital AND/OR was developed in conjunction with one of the following groups*.

Check all that apply							
	None (only our organization)	Other acute care hospitals	Primary care providers	CCAC	Complex Continuing Care hospitals	Long-term care (LTC) facilities	Rehab facilities
Stroke	0.0	50.0	35.7		28.6	21.4	35.7
Pneumonia	14.3	21.4	14.3		7.1	7.1	7.1
Diabetes	21.4	14.3	35.7		0.0	0.0	0.0
Heart Failure	21.4	7.1	14.3		0.0	0.0	0.0
Gastrointestinal Bleed	21.4	0.0	0.0		0.0	NA	0.0
Gastroenteritis	14.3	7.1	0.0		NA	0.0	0.0
Asthma	28.6	28.6	28.6				0.0
Carpal Tunnel Release Surgery					NA		
Acute Myocardial Infarction	35.7	42.9	28.6				14.3
Caesarean Section	21.4	35.7	21.4				
Prostatectomy	21.4	14.3	14.3		NA		
Cholecystectomy	42.9	7.1	7.1				

		Check all that apply					
	None (only our organization)	Other acute care hospitals	Primary care providers	CCAC	Complex Continuing Care hospitals	Long-term care (LTC) facilities	Rehab facilities
Hysterectomy	28.6	21.4	21.4				

* To answer in the affirmative, representatives of the other group must have sat on the committee that developed the protocol and/or the other group also formally adopted the protocol and is using it.

Improving Safety

51. Which of the following formal strategies does your organization currently have in place for identifying and managing adverse events? (*check all that apply*)

- 100.0 Incident reporting system
- 85.7 Clinical committee to review incidents
- 78.6 Education training on reporting incidents
- 35.7 Computerized physician order entry system
- 78.6 Unit-dose dispensing
- 85.7 Multidisciplinary review of incidents
- 78.6 Disclosure policy
- 35.7 Educational training on root cause analysis
- 78.6 Audits
- Other (please specify):

58. Depending on a hospital's size, geographic location and resources, hospitals may engage in different Utilization Management strategies activities. Please indicate which of the following strategies your organization is currently engaged in:

0.0 Our organization is not engaged in any of the following strategies (*skip to question 59*).

OR

Check *all that apply*:

- 92.9 Establishment of a measurement framework for utilization management indicators
- 85.7 Impact analysis and follow-up for new physicians
- 57.1 Use of concurrent utilization tools to determine appropriateness of acute admissions and continued days of stay
- 92.9 Linkages with the Finance department for decision-making regarding utilization activities
- 100.0 Linkages with Clinical department for decision-making regarding utilization activities
- 42.9 Diagnostic utilization review of laboratory, pharmacy, and medical imaging physician ordering practices
- 50.0 Use of physician peer review to assist in bed management

External Networks

60. Which of the following corporate strategies does your organization currently participate in with the following external groups?

0.0 Our hospital does not engage in any corporate joint initiatives with any of the following external groups (if checked, please skip the rest of this question).

		Check all that apply								
	We are not engaged in this joint initiative with any group	Other acute care hospitals	CCAC	Community based service agencies	Mental health facilities	LTC facilities	Cancer Centres	Public health dept.	Primary care providers	Rehab facilities
CARE COORDINATION										
Developing standardized protocols that span patient care in the hospital and the community	0.0	85.7	85.7	64.3	64.3	64.3	71.4	57.1	42.9	57.1
Developing standardized process for admission and discharge	14.3	57.1	71.4	50.0	57.1	64.3	35.7	28.6	35.7	50.0
EVALUATION AND PLANNING										
Looking at utilization management issues in the hospital	0.0	100.0	57.1	21.4	71.4	57.1	42.9	14.3	21.4	42.9
Evaluating clinical outcomes	0.0	85.7	42.9	28.6	50.0	28.6	28.6	21.4	21.4	35.7
Representation (e.g. formal members) on a hospital standing committee on patient care and/or discharge planning	7.1	57.1	78.6	64.3	50.0	35.7	35.7	28.6	35.7	35.7

EDUCATION AND TRAINING										
Planning and carrying out education sessions for partner staff and hospital staff	0.0	92.9	85.7	57.1	64.3	71.4	57.1	35.7	64.3	35.7
Cross-training hospital and partner staff	14.3	64.3	50.0	35.7	35.7	35.7	28.6	7.14	35.7	21.4
Communication and Information Sharing										
Enhanced communication through shared technology	0.0	92.9	57.1	35.7	57.1	50.0	57.1	7.1	50.0	35.7
Improve data collection and data sharing capabilities	0.0	100.0	57.1	42.9	71.4	57.1	78.6	28.6	35.7	64.3

A healthy workplace is designed to contribute to employees’ physical, social, mental, and emotional well-being, regardless of their present level of health. Several mechanisms supporting and promoting a healthy work environment include a healthy workplace policy/plan, a healthy and safe physical environment, a positive psychosocial environment, and an environment promoting healthy lifestyles.

Healthy Workplace Policy/Plan

A healthy workplace policy or plan is a formal, written document that provides the context for consistent direction in all parts of the organization regarding employee health and well-being.

1 a. Does your organization have a healthy workplace policy/plan that extends beyond policies mandated by health and safety legislation?

- 61.6 No (proceed to Question 2)
- 38.4 Yes

b. An employee needs assessment is a formal process used to evaluate employee needs, attitudes, and preferences with regards to healthy workplace issues (e.g. employee survey). Was your healthy workplace policy/plan based on an employee needs assessment?

- 68.7 No
- 31.3 Yes

c. Which of the following components does your healthy workplace policy/plan include (check all that apply)?

- 34.3 Policy/plan is linked with the organization's overall operational strategies/objectives
- 26.3 An implementation strategy
- 34.3 Financial and human resources are specifically allocated to healthy workplace initiatives
- 33.3 Communication strategies
- 25.3 Goals regarding employee well-being with mechanisms to assess achievement of goals
- Other (specify): _____
- None of the above

Accountability and Responsibility

2 a. Are accountability and responsibility for healthy workplace initiatives formally assigned within the organization?

- 25.3 No (proceed to Question 3a)
- 74.8 Yes

b. Within the organization, what group is accountable and responsible for healthy workplace initiatives (check all that apply)?

- 40.4 Senior management
- 55.6 Accountability and responsibility are shared broadly throughout the organization (e.g., through a Healthy Workplace Committee with a mandate that extends beyond that of the Health and Safety Committee)
- Other (specify): _____

Assessment, Analysis, and Improvement

3 a. Are processes in place to assess, analyze, and improve your organization's approach to healthy workplace issues?

- 8.1 No (proceed to Question 4)
- 91.9 Yes

b. Which of the following components are included in your assessment, analysis, and improvement processes (check all that apply)?

- 48.5 An ongoing assessment process to evaluate changes in employee needs, attitudes, and preferences with regards to healthy workplace issues
- 90.9 Analysis of rates of absenteeism
- 74.8 Strategies to address causes of absenteeism
- 74.8 Analysis of turnover rates
- 53.5 Strategies to address causes of turnover
- 90.9 Analysis of accident rates
- 82.8 Strategies to address causes of accidents
- 67.7 Analysis of length of time before injured or ill employees return to work

56.6 Outcomes from rehabilitation and reintegration of employees back into the workforce after illness or injury (e.g., employee satisfaction with rehabilitation/reintegration process, achievement of goals outlined in return to work plan)

77.8 Strategies to improve return to work procedures

61.6 Benchmarking against other peer organizations

62.6 Employee surveys on healthy workplace issues including any of the following:

26.3 Ontario Hospital Association's "Healthy Hospital Employee Survey (HHES)"

3.0 Institute for Work and Health's "Healthy Workplace Scorecard Survey"

15.2 NRC Picker Canada Group's "Improving Your Workplace" (employees) and/or "Improving Your Practice Environment" (physicians)

23.2 Other standardized employee survey (specify): _____

Non-standardized employee survey (specify): _____

Other (specify): _____

None of the above

Key Dimensions

A healthy work environment includes three dimensions that are interdependent and reinforce one another including: a healthy and safe *physical environment*, a positive *psychosocial environment*, and an environment that promotes *healthy lifestyles*.

Healthy and Safe Physical Environment

4. In your organization, which of the following formal processes are in place to support a healthy and safe physical environment (check all that apply)?

91.9 Guidelines, policies, and procedures designed to support and reinforce healthy ergonomics in the workplace (e.g., computer workstation analysis and design, routine training and retraining in safe lifts and transfers)

100.0 Guidelines, policies, and procedures to prevent and manage exposure of employees to infectious diseases (e.g., SARS control programs)

99.0 Guidelines, policies, and procedures to prevent and manage needle-stick injuries

93.9 Guidelines, policies, and procedures to prevent and deal with physical, sexual, or verbal abuse/harassment of employees from any or all of the following groups (check all that apply):

83.8 Patients (e.g., patients with mental illness who exhibit violent behaviours)

80.8 Visitors (e.g., visitors with mental illness who exhibit violent behaviours)

90.9 Other employees (including ...and coworkers)

Other (specify): _____

Other (specify): _____

None of the above

Positive Psychosocial Environment

5. A positive psychosocial environment is particularly important for employee health and well-being. Which of the following processes are in place to promote a positive psychosocial environment (check all that apply)?

- 90.9 Process in place for job definition and clarification of work roles
- 89.9 Process in place to ensure that orientation programs (including individual training sessions) are developed with input from employees
- 86.9 Process in place to encourage participation of front-line employees in decision-making and overall control of their jobs (e.g., through committees that allow front-line employees to provide input regarding job tasks)
- 81.8 Process in place to help employees balance home and work responsibilities (e.g., flexible hours, support for child/elder care, job sharing arrangements)
- 58.6 Process in place to limit overtime hours
- 86.9 Process in place to ensure reasonable levels of contact between first-line managers and staff
- 55.6 Process in place to recognize diversity (e.g., religious diversity, ethnic diversity, sexual orientation)
- 81.8 Process in place to recognize excellence and accomplishments (e.g., special awards)
- 77.8 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff such as porters to assist with transfers) that are sensitive to the needs of older workers (over 55 years of age) and allows them to participate as fully as possible in the workplace
- 90.9 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., assistive devices), and human resources (e.g., support staff) that are sensitive to the needs of workers with disabilities and allows them to participate as fully as possible in the workplace
- 97.0 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following physical illness or injury (e.g., back injury, heart surgery) and allows them to participate as fully as possible in the workplace
- 87.9 Process in place to provide work opportunities (e.g., modified work) and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following mental illness (e.g., depression), and allows them to participate as fully as possible in the workplace
- Other (specify): _____
- None of the above

Environment promoting healthy lifestyle

Healthy lifestyle programs extend beyond standard employee assistance programs and are designed to support staff (including part-time and contract staff) in their efforts to adopt healthy lifestyle choices or behaviours. These programs may be offered on or off-site. If programs are offered off-site, they are subsidized by your organization (e.g., subsidized gym memberships). Examples of healthy lifestyle programs are programs that are designed to encourage physical activity, good nutrition, stress management, smoking cessation, and balancing home and work responsibilities.

6 a. Are one or more healthy lifestyle programs offered by your organization?

- 27.3 No (proceed to Question 6 c)
- 72.7 Yes (proceed to Question 6 b)

b. Does your organization's healthy lifestyle program(s) include any or all of the following components (check all that apply)?

- 56.6 A formal approach to education and skill development that extends beyond simply providing written information (e.g., workshops, one-on-one education sessions with health professionals)
- 22.2 Assessment of behaviour change among employees due to use of healthy lifestyle programs (e.g., monitoring of physical activity, food diaries, etc.)
- 43.4 Monitoring/evaluation of utilization of program(s)
- 29.3 Long term planning, including allocation of financial resources
- Other (Specify): _____
- None of the above

c. Were program(s) developed (or lack thereof) based on an employee needs assessment?

- 39.4 No
- 60.6 Yes

A healthy workplace is designed to contribute to employees' physical, social, mental, and emotional well-being, regardless of their present level of health. Several mechanisms supporting and promoting a healthy work environment include a healthy workplace policy/plan, a healthy and safe physical environment, a positive psychosocial environment, and an environment promoting healthy lifestyles.

Healthy Workplace Policy/Plan

A healthy workplace policy or plan is a formal, written document that provides the context for consistent direction in all parts of the organization regarding employee health and well-being.

1 a. Does your organization have a healthy workplace policy/plan that extends beyond policies mandated by health and safety legislation?

- 55.6 No (proceed to Question 2)
- 44.4 Yes

b. An employee needs assessment is a formal process used to evaluate employee needs, attitudes, and preferences with regards to healthy workplace issues (e.g. employee survey). Was your healthy workplace policy/plan based on an employee needs assessment?

- 58.7 No
- 41.3 Yes

c. Which of the following components does your healthy workplace policy/plan include (check all that apply)?

- 44.4 Policy/plan is linked with the organization's overall operational strategies/objectives
- 36.5 An implementation strategy
- 41.3 Financial and human resources are specifically allocated to healthy workplace initiatives
- 41.3 Communication strategies
- 33.3 Goals regarding employee well-being with mechanisms to assess achievement of goals
- Other (specify): _____
- None of the above

Accountability and Responsibility

2 a. Are accountability and responsibility for healthy workplace initiatives formally assigned within the organization?

- 17.5 No (proceed to Question 3a)
- 82.5 Yes

b. Within the organization, what group is accountable and responsible for healthy workplace initiatives (check all that apply)?

- 46.0 Senior management
- 60.3 Accountability and responsibility are shared broadly throughout the organization (e.g., through a Healthy Workplace Committee with a mandate that extends beyond that of the Health and Safety Committee)
- Other (specify): _____

Assessment, Analysis, and Improvement

3 a. Are processes in place to assess, analyze, and improve your organization's approach to healthy workplace issues?

- 3.2 No (proceed to Question 4)
- 96.8 Yes

b. Which of the following components are included in your assessment, analysis, and improvement processes (check all that apply)?

- 50.8 An ongoing assessment process to evaluate changes in employee needs, attitudes, and preferences with regards to healthy workplace issues
- 96.8 Analysis of rates of absenteeism
- 81.0 Strategies to address causes of absenteeism
- 82.5 Analysis of turnover rates
- 61.9 Strategies to address causes of turnover
- 96.8 Analysis of accident rates
- 90.5 Strategies to address causes of accidents
- 74.6 Analysis of length of time before injured or ill employees return to work

57.1 Outcomes from rehabilitation and reintegration of employees back into the workforce after illness or injury (e.g., employee satisfaction with rehabilitation/reintegration process, achievement of goals outlined in return to work plan)

84.1 Strategies to improve return to work procedures

73.0 Benchmarking against other peer organizations

65.1 Employee surveys on healthy workplace issues including any of the following:

30.2 Ontario Hospital Association's "Healthy Hospital Employee Survey (HHES)"

4.8 Institute for Work and Health's "Healthy Workplace Scorecard Survey"

12.7 NRC Picker Canada Group's "Improving Your Workplace" (employees) and/or "Improving Your Practice Environment" (physicians)

23.8 Other standardized employee survey (specify): _____

Non-standardized employee survey (specify): _____

Other (specify): _____

None of the above

Key Dimensions

A healthy work environment includes three dimensions that are interdependent and reinforce one another including: a healthy and safe *physical environment*, a positive *psychosocial environment*, and an environment that promotes *healthy lifestyles*.

Healthy and Safe Physical Environment

4. In your organization, which of the following formal processes are in place to support a healthy and safe physical environment (check all that apply)?

93.7 Guidelines, policies, and procedures designed to support and reinforce healthy ergonomics in the workplace (e.g., computer workstation analysis and design, routine training and retraining in safe lifts and transfers)

100.0 Guidelines, policies, and procedures to prevent and manage exposure of employees to infectious diseases (e.g., SARS control programs)

100.0 Guidelines, policies, and procedures to prevent and manage needle-stick injuries

96.8 Guidelines, policies, and procedures to prevent and deal with physical, sexual, or verbal abuse/harassment of employees from any or all of the following groups (check all that apply):

82.5 Patients (e.g., patients with mental illness who exhibit violent behaviours)

79.4 Visitors (e.g., visitors with mental illness who exhibit violent behaviours)

95.2 Other employees (including ...and coworkers)

Other (specify): _____

Other (specify): _____

None of the above

Positive Psychosocial Environment

5. A positive psychosocial environment is particularly important for employee health and well-being. Which of the following processes are in place to promote a positive psychosocial environment (check all that apply)?

- 90.5 Process in place for job definition and clarification of work roles
- 88.9 Process in place to ensure that orientation programs (including individual training sessions) are developed with input from employees
- 88.9 Process in place to encourage participation of front-line employees in decision-making and overall control of their jobs (e.g., through committees that allow front-line employees to provide input regarding job tasks)
- 84.1 Process in place to help employees balance home and work responsibilities (e.g., flexible hours, support for child/elder care, job sharing arrangements)
- 58.7 Process in place to limit overtime hours
- 88.9 Process in place to ensure reasonable levels of contact between first-line managers and staff
- 54.0 Process in place to recognize diversity (e.g., religious diversity, ethnic diversity, sexual orientation)
- 79.4 Process in place to recognize excellence and accomplishments (e.g., special awards)
- 82.5 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff such as porters to assist with transfers) that are sensitive to the needs of older workers (over 55 years of age) and allows them to participate as fully as possible in the workplace
- 95.2 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., assistive devices), and human resources (e.g., support staff) that are sensitive to the needs of workers with disabilities and allows them to participate as fully as possible in the workplace
- 98.4 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following physical illness or injury (e.g., back injury, heart surgery) and allows them to participate as fully as possible in the workplace
- 93.7 Process in place to provide work opportunities (e.g., modified work) and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following mental illness (e.g., depression), and allows them to participate as fully as possible in the workplace
- Other (specify): _____
- None of the above

Environment promoting healthy lifestyle

Healthy lifestyle programs extend beyond standard employee assistance programs and are designed to support staff (including part-time and contract staff) in their efforts to adopt healthy lifestyle choices or behaviours. These programs may be offered on or off-site. If programs are offered off-site, they are subsidized by your organization (e.g., subsidized gym memberships). Examples of healthy lifestyle programs are programs that are designed to encourage physical activity, good nutrition, stress management, smoking cessation, and balancing home and work responsibilities.

6 a. Are one or more healthy lifestyle programs offered by your organization?

- 25.4 No (proceed to Question 6 c)
- 74.6 Yes (proceed to Question 6 b)

b. Does your organization's healthy lifestyle program(s) include any or all of the following components (check all that apply)?

58.7 A formal approach to education and skill development that extends beyond simply providing written information (e.g., workshops, one-on-one education sessions with health professionals)

22.2 Assessment of behaviour change among employees due to use of healthy lifestyle programs (e.g., monitoring of physical activity, food diaries, etc.)

46.0 Monitoring/evaluation of utilization of program(s)

31.8 Long term planning, including allocation of financial resources

Other (Specify): _____

None of the above

c. Were program(s) developed (or lack thereof) based on an employee needs assessment?

38.1 No

61.9 Yes

A healthy workplace is designed to contribute to employees' physical, social, mental, and emotional well-being, regardless of their present level of health. Several mechanisms supporting and promoting a healthy work environment include a healthy workplace policy/plan, a healthy and safe physical environment, a positive psychosocial environment, and an environment promoting healthy lifestyles.

Healthy Workplace Policy/Plan

A healthy workplace policy or plan is a formal, written document that provides the context for consistent direction in all parts of the organization regarding employee health and well-being.

1 a. Does your organization have a healthy workplace policy/plan that extends beyond policies mandated by health and safety legislation?

79.2 No (proceed to Question 2)

20.8 Yes

b. An employee needs assessment is a formal process used to evaluate employee needs, attitudes, and preferences with regards to healthy workplace issues (e.g. employee survey). Was your healthy workplace policy/plan based on an employee needs assessment?

95.8 No

4.2 Yes

c. Which of the following components does your healthy workplace policy/plan include (check all that apply)?

4.2 Policy/plan is linked with the organization's overall operational strategies/objectives

0.0 An implementation strategy

12.5 Financial and human resources are specifically allocated to healthy workplace initiatives

12.5 Communication strategies

4.2 Goals regarding employee well-being with mechanisms to assess achievement of goals

Other (specify): _____

None of the above

Accountability and Responsibility

2 a. Are accountability and responsibility for healthy workplace initiatives formally assigned within the organization?

45.8 No (proceed to Question 3a)

54.2 Yes

b. Within the organization, what group is accountable and responsible for healthy workplace initiatives (check all that apply)?

20.8 Senior management

37.5 Accountability and responsibility are shared broadly throughout the organization (e.g., through a Healthy Workplace Committee with a mandate that extends beyond that of the Health and Safety Committee)

Other (specify): _____

Assessment, Analysis, and Improvement

3 a. Are processes in place to assess, analyze, and improve your organization's approach to healthy workplace issues?

20.8 No (proceed to Question 4)

79.2 Yes

b. Which of the following components are included in your assessment, analysis, and improvement processes (check all that apply)?

41.7 An ongoing assessment process to evaluate changes in employee needs, attitudes, and preferences with regards to healthy workplace issues

79.2 Analysis of rates of absenteeism

58.3 Strategies to address causes of absenteeism

54.2 Analysis of turnover rates

37.5 Strategies to address causes of turnover

75.0 Analysis of accident rates

66.7 Strategies to address causes of accidents

45.8 Analysis of length of time before injured or ill employees return to work

50.0 Outcomes from rehabilitation and reintegration of employees back into the workforce after illness or injury (e.g., employee satisfaction with rehabilitation/reintegration process, achievement of goals outlined in return to work plan)

62.5 Strategies to improve return to work procedures

25.0 Benchmarking against other peer organizations

41.7 Employee surveys on healthy workplace issues including any of the following:

20.8 Ontario Hospital Association's "Healthy Hospital Employee Survey (HHES)"

0.0 Institute for Work and Health's "Healthy Workplace Scorecard Survey"

4.2 NRC Picker Canada Group's "Improving Your Workplace" (employees) and/or "Improving Your Practice Environment" (physicians)

8.3 Other standardized employee survey (specify): _____

Non-standardized employee survey (specify): _____

Other (specify): _____

None of the above

Key Dimensions

A healthy work environment includes three dimensions that are interdependent and reinforce one another including: a healthy and safe *physical environment*, a positive *psychosocial environment*, and an environment that promotes *healthy lifestyles*.

Healthy and Safe Physical Environment

4. In your organization, which of the following formal processes are in place to support a healthy and safe physical environment (check all that apply)?

83.3 Guidelines, policies, and procedures designed to support and reinforce healthy ergonomics in the workplace (e.g., computer workstation analysis and design, routine training and retraining in safe lifts and transfers)

100.0 Guidelines, policies, and procedures to prevent and manage exposure of employees to infectious diseases (e.g., SARS control programs)

100.0 Guidelines, policies, and procedures to prevent and manage needle-stick injuries

83.3 Guidelines, policies, and procedures to prevent and deal with physical, sexual, or verbal abuse/harassment of employees from any or all of the following groups (check all that apply):

83.3 Patients (e.g., patients with mental illness who exhibit violent behaviours)

75.0 Visitors (e.g., visitors with mental illness who exhibit violent behaviours)

75.0 Other employees (including ...and coworkers)

Other (specify): _____

Other (specify): _____

None of the above

Positive Psychosocial Environment

5. A positive psychosocial environment is particularly important for employee health and well-being. Which of the following processes are in place to promote a positive psychosocial environment (check all that apply)?

- 91.7 Process in place for job definition and clarification of work roles
- 87.5 Process in place to ensure that orientation programs (including individual training sessions) are developed with input from employees
- 83.3 Process in place to encourage participation of front-line employees in decision-making and overall control of their jobs (e.g., through committees that allow front-line employees to provide input regarding job tasks)
- 70.8 Process in place to help employees balance home and work responsibilities (e.g., flexible hours, support for child/elder care, job sharing arrangements)
- 54.2 Process in place to limit overtime hours
- 83.3 Process in place to ensure reasonable levels of contact between first-line managers and staff
- 41.7 Process in place to recognize diversity (e.g., religious diversity, ethnic diversity, sexual orientation)
- 79.2 Process in place to recognize excellence and accomplishments (e.g., special awards)
- 54.2 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff such as porters to assist with transfers) that are sensitive to the needs of older workers (over 55 years of age) and allows them to participate as fully as possible in the workplace
- 75.0 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., assistive devices), and human resources (e.g., support staff) that are sensitive to the needs of workers with disabilities and allows them to participate as fully as possible in the workplace
- 91.7 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following physical illness or injury (e.g., back injury, heart surgery) and allows them to participate as fully as possible in the workplace
- 70.8 Process in place to provide work opportunities (e.g., modified work) and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following mental illness (e.g., depression), and allows them to participate as fully as possible in the workplace
- Other (specify): _____
- None of the above

Environment promoting healthy lifestyle

Healthy lifestyle programs extend beyond standard employee assistance programs and are designed to support staff (including part-time and contract staff) in their efforts to adopt healthy lifestyle choices or behaviours. These programs may be offered on or off-site. If programs are offered off-site, they are subsidized by your organization (e.g., subsidized gym memberships). Examples of healthy lifestyle programs are programs that are designed to encourage physical activity, good nutrition, stress management, smoking cessation, and balancing home and work responsibilities.

6 a. Are one or more healthy lifestyle programs offered by your organization?

- 41.7 No (proceed to Question 6 c)
- 58.3 Yes (proceed to Question 6 b)

b. Does your organization's healthy lifestyle program(s) include any or all of the following components (check all that apply)?

45.8 A formal approach to education and skill development that extends beyond simply providing written information (e.g., workshops, one-on-one education sessions with health professionals)

25.0 Assessment of behaviour change among employees due to use of healthy lifestyle programs (e.g., monitoring of physical activity, food diaries, etc.)

33.3 Monitoring/evaluation of utilization of program(s)

12.5 Long term planning, including allocation of financial resources

Other (Specify): _____

None of the above

c. Were program(s) developed (or lack thereof) based on an employee needs assessment?

50.0 No

50.0 Yes

A healthy workplace is designed to contribute to employees' physical, social, mental, and emotional well-being, regardless of their present level of health. Several mechanisms supporting and promoting a healthy work environment include a healthy workplace policy/plan, a healthy and safe physical environment, a positive psychosocial environment, and an environment promoting healthy lifestyles.

Healthy Workplace Policy/Plan

A healthy workplace policy or plan is a formal, written document that provides the context for consistent direction in all parts of the organization regarding employee health and well-being.

1 a. Does your organization have a healthy workplace policy/plan that extends beyond policies mandated by health and safety legislation?

58.3 No (proceed to Question 2)

41.7 Yes

b. An employee needs assessment is a formal process used to evaluate employee needs, attitudes, and preferences with regards to healthy workplace issues (e.g. employee survey). Was your healthy workplace policy/plan based on an employee needs assessment?

66.7 No

33.3 Yes

c. Which of the following components does your healthy workplace policy/plan include (check all that apply)?

41.7 Policy/plan is linked with the organization's overall operational strategies/objectives

- 25.0 An implementation strategy
- 41.7 Financial and human resources are specifically allocated to healthy workplace initiatives
- 33.3 Communication strategies
- 25.0 Goals regarding employee well-being with mechanisms to assess achievement of goals
- Other (specify): _____
- None of the above

Accountability and Responsibility

2 a. Are accountability and responsibility for healthy workplace initiatives formally assigned within the organization?

- 25.0 No (proceed to Question 3a)
- 75.0 Yes

b. Within the organization, what group is accountable and responsible for healthy workplace initiatives (check all that apply)?

- 50.0 Senior management
- 66.7 Accountability and responsibility are shared broadly throughout the _____ organization (e.g., through a Healthy Workplace Committee with a mandate that extends beyond that of the Health and Safety Committee)
- Other (specify): _____

Assessment, Analysis, and Improvement

3 a. Are processes in place to assess, analyze, and improve your organization's approach to healthy workplace issues?

- 8.3 No (proceed to Question 4)
- 91.7 Yes

b. Which of the following components are included in your assessment, analysis, and improvement processes (check all that apply)?

- 50.0 An ongoing assessment process to evaluate changes in employee needs, attitudes, and preferences with regards to healthy workplace issues
- 83.3 Analysis of rates of absenteeism
- 75.0 Strategies to address causes of absenteeism
- 75.0 Analysis of turnover rates
- 41.7 Strategies to address causes of turnover
- 91.7 Analysis of accident rates
- 75.0 Strategies to address causes of accidents
- 75.0 Analysis of length of time before injured or ill employees return to work
- 66.7 Outcomes from rehabilitation and reintegration of employees back into the _____ workforce after illness or injury (e.g., employee satisfaction with rehabilitation/reintegration process, achievement of goals outlined in return to work plan)
- 75.0 Strategies to improve return to work procedures

- 75.0 Benchmarking against other peer organizations
- 91.7 Employee surveys on healthy workplace issues including any of the following:
 - 16.7 Ontario Hospital Association's "Healthy Hospital Employee Survey (HHES)"
 - 0.0 Institute for Work and Health's "Healthy Workplace Scorecard Survey"
 - 50.0 NRC Picker Canada Group's "Improving Your Workplace" (employees) and/or "Improving Your Practice Environment" (physicians)
 - 50.0 Other standardized employee survey (specify): _____
- Non-standardized employee survey (specify): _____
- Other (specify): _____
- None of the above

Key Dimensions

A healthy work environment includes three dimensions that are interdependent and reinforce one another including: a healthy and safe *physical environment*, a positive *psychosocial environment*, and an environment that promotes *healthy lifestyles*.

Healthy and Safe Physical Environment

4. In your organization, which of the following formal processes are in place to support a healthy and safe physical environment (check all that apply)?

- 100.0 Guidelines, policies, and procedures designed to support and reinforce healthy ergonomics in the workplace (e.g., computer workstation analysis and design, routine training and retraining in safe lifts and transfers)
- 100.0 Guidelines, policies, and procedures to prevent and manage exposure of employees to infectious diseases (e.g., SARS control programs)
- 91.7 Guidelines, policies, and procedures to prevent and manage needle-stick injuries
- 100.0 Guidelines, policies, and procedures to prevent and deal with physical, sexual, or verbal abuse/harassment of employees from any or all of the following groups (check all that apply):
 - 91.7 Patients (e.g., patients with mental illness who exhibit violent behaviours)
 - 100.0 Visitors (e.g., visitors with mental illness who exhibit violent behaviours)
 - 100.0 Other employees (including ...and coworkers)
- Other (specify): _____
- Other (specify): _____
- None of the above

Positive Psychosocial Environment

5. A positive psychosocial environment is particularly important for employee health and well-being. Which of the following processes are in place to promote a positive psychosocial environment (check all that apply)?

- 91.7 Process in place for job definition and clarification of work roles

- 100.0 Process in place to ensure that orientation programs (including individual training sessions) are developed with input from employees
 - 83.3 Process in place to encourage participation of front-line employees in decision-making and overall control of their jobs (e.g., through committees that allow front-line employees to provide input regarding job tasks)
 - 91.7 Process in place to help employees balance home and work responsibilities (e.g., flexible hours, support for child/elder care, job sharing arrangements)
 - 66.7 Process in place to limit overtime hours
 - 83.3 Process in place to ensure reasonable levels of contact between first-line managers and staff
 - 91.7 Process in place to recognize diversity (e.g., religious diversity, ethnic diversity, sexual orientation)
 - 100.0 Process in place to recognize excellence and accomplishments (e.g., special awards)
 - 100.0 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff such as porters to assist with transfers) that are sensitive to the needs of older workers (over 55 years of age) and allows them to participate as fully as possible in the workplace
 - 100.0 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., assistive devices), and human resources (e.g., support staff) that are sensitive to the needs of workers with disabilities and allows them to participate as fully as possible in the workplace
 - 100.0 Process in place to provide work opportunities (e.g., modified work), equipment (e.g., lifts), and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following physical illness or injury (e.g., back injury, heart surgery) and allows them to participate as fully as possible in the workplace
 - 91.7 Process in place to provide work opportunities (e.g., modified work) and human resources (e.g., support staff) that are sensitive to the needs of employees returning to work following mental illness (e.g., depression), and allows them to participate as fully as possible in the workplace
- Other (specify): _____
- None of the above

Environment promoting healthy lifestyle

Healthy lifestyle programs extend beyond standard employee assistance programs and are designed to support staff (including part-time and contract staff) in their efforts to adopt healthy lifestyle choices or behaviours. These programs may be offered on or off-site. If programs are offered off-site, they are subsidized by your organization (e.g., subsidized gym memberships). Examples of healthy lifestyle programs are programs that are designed to encourage physical activity, good nutrition, stress management, smoking cessation, and balancing home and work responsibilities.

6 a. Are one or more healthy lifestyle programs offered by your organization?

- 8.3 No (proceed to Question 6 c)
- 91.7 Yes (proceed to Question 6 b)

b. Does your organization's healthy lifestyle program(s) include any or all of the following components (check all that apply)?

- 66.7 A formal approach to education and skill development that extends beyond simply providing written information (e.g., workshops, one-on-one education sessions with health professionals)

16.7 Assessment of behaviour change among employees due to use of healthy lifestyle programs (e.g., monitoring of physical activity, food diaries, etc.)

50.0 Monitoring/evaluation of utilization of program(s)

50.0 Long term planning, including allocation of financial resources

Other (Specify): _____

None of the above

c. Were program(s) developed (or lack thereof) based on an employee needs assessment?

25.0 No

75.0 Yes