

Excellent Care For All.

Employee and Service Provider Surveys for 2012/13: Guidance for Implementation

Everyone involved in providing health care in Ontario has a role to play in ensuring the quality of the system. Improved quality of care and hospital performance is strongly influenced by the satisfaction of those working within the healthcare organization. By collecting information on the satisfaction of employees and other persons working for or providing services within the organization and by soliciting views about the quality of care provided by the organization, hospital administrators and senior leadership can better identify and understand possible 'root causes' of issues and enable the development of targeted initiatives to address these.

Although there is variation across the province with respect to hospital's experience with employee/other service provider surveying including frequency of surveying, tools used, processes in place, etc., this guidance document is intended to be used by hospitals at different stages of surveying and familiarity with the surveying process.

Surveying is about more than just an exercise in compliance – it is an opportunity to gain insight into staff, employees and other's attitudes and opinions about the quality of care provided by the health care organization and overall satisfaction levels. When conducted well, employee/other service provider surveys can be a catalyst for change and can lead to enhanced communication and partnerships in the hospital. This in turn contributes to a positive work culture, improved quality of care and higher patient satisfaction – helping to move the quality agenda further and drive excellent care for all in Ontario.

It is for these reasons that hospitals are encouraged to participate in a shared improvement process when it comes to surveying. Exchanging of best practices and sharing of processes – from tool selection, to engaging staff, and to acting on survey data – is highly recommended and a message that is included in this guidance document. Toward the end of this guidance, examples of hospitals have been showcased who have experience with surveying their employees/service providers and physicians.

This document should not be relied on as legal advice and hospitals should consult with their legal, governance and other relevant advisors as appropriate.

Recommendations for Implementation:

A) Planning the survey

To help ensure employee, service provider and physician buy-in and make the most of the survey results, a planning process should take place before survey implementation. It is important to make the following considerations in the planning process:

1. **Think about the larger process:** Rather than focus solely on the survey itself, hospitals should strive to take a holistic view of employee/other service provider experience. Understanding the employee's and physician's experience with their organization is important as it offers insight into whether he/she feels pride in the organization, is willing to recommend the organization as an employer, feels committed to remaining at the organization, feels inspired by the organization, and is willing to go above and beyond his/her formal role requirements. The survey itself is an important focus point of the quality improvement journey and provides data to drive the quality improvement (QI) process and improve patient quality of care, but surveys should not be considered standalone events – they are part of the larger QI and employee/other service provider engagement process.

Hospitals recognize that that standardization leads to improved performance and better patient care. Hospitals are encouraged to look for opportunities both within their own organization and linking with other similar hospitals where they can introduce common approaches to surveying.

2. **Senior leadership support:** Strong senior leadership is vital to ensuring success in employee and physician surveys. For employees/service providers, the survey initiative should be driven by the CEO of the hospital as well as the executive team, as this will help build the support for administering and acting on survey results.

For physicians of the hospital, the Medical Advisory Committee (MAC) and other senior physician and clinical leaders should be engaged in the surveying process. The support of the Committee is essential to driving compliance with this legislative component.

3. **Steering Committee:** Conducting employee/other service provider surveys is a complex organizational intervention and as such the process should be managed in a systematic way. The effective use of a cross-sectional steering committee to assist in the design of the process, administration and action planning is a key element of the survey process. In addition to HR, executive, and clinical representation, the steering committee should also consider including representation from bargaining groups.
4. **Communicating results:** It is important for the executive team to agree upon how results will be communicated and used before the survey process is initiated. A tailored communication strategy should be developed to ensure that there is consistent communication across the various groups within the organization. More specifically, the strategy should be designed to promote awareness of the survey with specific reference to the reasons for conducting the survey, the role of the survey in the organization's leadership and management processes, and how results of the survey will be used.

When communicating survey results to physicians within the hospital, it is advisable that the MAC along with senior physician leadership be involved in this process from the outset to ensure that results are communicated to physicians with the goal of improving patient care.

5. **Focus on achieving a high response rate:** While response rates can vary considerably, a 60 per cent response rate is a common target for employee/other service provider surveys (with a slightly lower target expected for physician surveys). Achieving a response rate of over 60 per cent requires success on many fronts, including a strong communication plan as discussed above, a smooth internal distribution process, a mix of web and paper survey administration, use of “survey champions” to promote the process locally, supports for participants whose first language is not English or French, and allowing time to complete the surveys during work time. Using multiple communication methods (such as posters, flyers, e-bulletins, in-house communication vehicles, management memos and on-going employee briefings) can also help increase response rates. In addition, many organizations use “minor value” incentives to heighten interest and participation in the process (e.g., prize draws for individual participants, team prizes for high participate rates, etc.).

B) Conducting the survey

Once the planning process is complete, it is time to select survey participants and clearly articulate sampling methods.

1. **Participants:** At minimum, all full-time permanent and part-time employees who are providing services within their organization and active physicians should be core participants in employee/other service provider surveys. This includes employees who provided clinical and non-clinical services and can include healthcare professionals (nurses, physiotherapists, etc.), administrative staff, food services and housekeeping staff. There are certainly others who directly impact the workplace environment and the quality of care provided, and therefore should be considered as eligible participants. These can include contract employees, dentists, midwives and physician assistants, students and volunteers. All of these should be considered as key influencers and potentially eligible to participate in the survey process at the discretion of the individual hospital.

When surveying physicians, it is recommended that surveys be conducted through the Chief of Staff of Medical Affairs office. Engaging Human Resources and Communications support may also be helpful in improving the survey response rate and hence should be considered when conducting the survey. The invitation letter should be signed by the Board Chair, as well as the Chief of Staff, Chief of Medical Affairs, and/or the executive responsible for medical leadership in the hospital.

2. **Sampling methods:** Rather than include a random sample of the hospital’s employee/other service provider population, it is recommended that all participants be given the opportunity to complete the survey. This ensures a fair and equitable approach to surveying, and enables those invited to participate the opportunity to voice their opinions and concerns.

3. **Survey provider:** While potentially reducing cost, the use of an in-house survey tool increases the likelihood of greater variability of the survey content and process, and raises concerns with confidentiality. Where possible, an external survey provider is recommended.

The survey tool used for employees/service providers and physicians may differ depending on the needs of these two distinct participant groups. For instance, the length of the survey is an important consideration when deciding which tool is most appropriate to use especially when considering competing demands on physician time.

C) Acting on survey data

Once survey data has been collected, a number of factors should be considered to make the most of the results.

1. **Education and support:** Organizations should educate their leadership on the importance of, and the factors influencing, employee health, well-being and engagement. Support should also be provided (e.g., training, tools, and guidance) to managers/staff in acting on survey results. It is important that survey results are understandable and that the analysis provided is accompanied by concrete steps for action.

The MAC and other senior physician and clinical leadership should provide a platform for disseminating survey results to physicians of the hospital. Any actions that are recommended from the surveys that may directly impact physicians should involve these members as well as hospital executives to ensure they are appropriate and feasible.

2. **Focus:** Focus on a limited number of relevant priorities for action. Ensuring that action planning is taking place throughout an organization is often a large and daunting task for those who are responsible for managing the employee/other service provider survey process. Instead, organizations should prioritize and focus their work so that results are achievable and meaningful.
3. **Communicate:** It is important that organizations communicate survey results, follow-through plans and progress. For example, in addition to “local” feedback meetings where managers and employees/service providers review results for their area, employees/service providers could also be provided with an initial summary of the organization’s overall findings and ongoing updates detailing progress in addressing key survey issues.

Because communication channels for physicians may differ from those of employees/service providers of the hospital, consideration could be given to how results from employee/other service provider surveys are shared with physicians. For instance the Chief of Staff could disseminate the results with the broader physician group.

4. **Track and compare:** The ability to track results over time and compare performance, challenges, and solutions across organizations is key to acting on survey data. After several years of conducting employee/other service provider surveys, hospitals will be able to track

their performance internally and review and analyze the impact of change initiatives. Similarly, it will be important to compare key concepts of healthy work environment across organizations to encourage shared learning and performance improvement.

Examples of Hospital surveying processes and practices

In this section of the guidance we feature examples from two hospitals that have experience with employee/other service provider surveying in an effort to showcase the variety in surveying processes and to encourage a shared improvement approach. Hospital examples include a rural, northern facility as well as a large, urban centre.

Espanola Regional Hospital and Health Centre (ERHHC)

The ERHHC is a 79-bed health campus serving a population of about 14,000 that serves a broad, rural catchment area that spans the Town of Espanola and Townships of Nairn & Hyman, Sables-Spanish Rivers and Baldwin.

The ERHHC has adopted an innovative approach to surveying their staff through the use of an on-line training system with software that distributes archives, manages, tracks, and administers training modules and packages. In addition to managing staff training, the Medworxx software system can be manipulated to enable the establishment of an on-line patient and staff surveying system whereby the ERHHC can design and edit survey questions and effectively distribute the survey to employees and staff. The system also enables analysis of the data based on survey submissions, tracks completion rates and sends notifications and reminders to complete the survey.

Despite the system's ability to track progress of employee surveying among hospital staff, there are a number of strategies that the ERHHC utilizes to encourage staff engagement with the surveying process:

- Incentivizing staff to participate in the surveying process develops a culture of friendly competition among peers and hospital departments and is felt to have a positive impact on survey completion rates. Weekly prizes, a 'barometer' that tracks each department's progress toward 100% completion, and other 'nudges' that help build enthusiasm among the hospital staff are utilized. Building a culture of friendly competition, although may be easier for smaller as opposed to larger hospitals, is felt to have a positive influence on the surveying engagement process.
- Engagement of managers in the survey development process is essential to ensuring a strong response rate. They communicate with their staff about the surveying process and encourage participation.

- While still under development, content specific to physician engagement and experience will be included in the surveys to ensure specialized needs of the physicians are addressed. For instance, physicians who in addition to practising in the community also practice in the hospital on a part-time basis may benefit from specific satisfaction and quality of care questions that may differ from other hospital physicians.
- A plan for follow-up and action on survey results is important to ensuring engagement in future surveying processes. To that end, ERHHC plans to establish an Organizational Improvement Team, a staff-led team comprised of staff from the hospital departments and union representatives, to analyze survey results to determine high priority areas which require organizational attention and follow-up.

St. Michael's Hospital

St. Michael's Hospital serves a large population in an urban setting, with a total of approximately 4,400 full-time and part-time staff and 700 physicians and midwives. The Hospital has experience with conducting 'satisfaction' surveys of their staff on a regular (every four years) basis with a shift this year to focus specifically to an 'engagement' survey. *NRC Picker* has been the survey vendor used in the past to manage the distribution and collection of survey data. In 2006, St. Michael's had a participation rate of 65% for all staff and 48% for physicians. This year with a move to engagement, they have changed vendors and are using *Metrics@Work*.

The surveying process at St. Michael's Hospital is well-developed. A Steering Committee comprised of senior management, leaders of both clinical and non-clinical staff and physicians provides operational direction for the development of the survey and its implementation. A team of Ambassadors, staff members recommended by managers as already engaged and involved individuals in the organization, serve to generate survey awareness in their respective areas of the organization. The Ambassadors as well as all managers in the organization are equipped with survey toolkits that contain power point presentations templates for team meetings, frequently asked questions and answers, and other related resources to encourage survey completion among colleagues.

85% of the surveys are distributed electronically directly from the survey vendor via email. Hard copy paper surveys are distributed to those individuals that do not have a work email address or have an inactive account. Even still, electronic codes are also provided on paper versions of the surveys, enabling staff to complete the survey at home or use kiosks set up in the hospital.

Key facilitators of St. Michael's survey process include:

- Buy-in from senior leadership: The survey is introduced to senior leaders and key committees well in advance of the launch date

- Survey road show: A survey overview is presented at staff meetings of larger and medium sized teams. The overview focuses on the purpose and process of the survey, highlighting such areas as confidentiality, survey contests, outcomes of past surveys and post survey action planning.
- Official survey launch date and kick-off: Branded materials with survey facts and reminders are distributed to generate awareness and enthusiasm for the survey
- Regular feedback to unit managers: Throughout the survey period, managers are provided with the participation rate for their team. This enables friendly competition among teams and allows the manager to encourage their staff to achieve a higher participation rate.
- Survey length: St. Michael's objective is to keep the survey, short, straightforward and meaningful, targeting a completion time of no more than 10 minutes.
- Confidentiality: Communicating the confidentiality of the survey process is critical in encouraging participation.
- Demonstrated commitment to positive change: Staff and physicians need to be made aware as to how the feedback provided on their surveys results in positive hospital-level change

There are four phases of survey follow-up that the Hospital is committed to:

1. Broad communication of survey findings – this is led by Senior Management and the Leadership & Organizational Development team.
2. Discussing survey results – this process is led by unit managers and clinical chiefs at the team level with their staff/physicians. Customized reports are generated for each clinical and administrative area of the hospital that has at least 5 survey respondents.
3. Facilitating action planning – at both the corporate and unit/team levels, survey results are used to develop meaningful and measurable deliverables for change.
4. Monitoring progress – A scheduled follow-up process is critical to ensuring that all parties are held accountable to the deliverables they have committed to.