Human Resources Plan

2013

Together with our community and guided by our values, we provide quality, patient-centred health care.

√ Respect
√ Teamwork
√ Accountability
√ Compassion
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INTRODUCTION

Guelph General Hospital
The Guelph General Hospital (GGH) is a community-based hospital providing a full range of services to the residents of Guelph and Wellington County. There are approximately 187,000 people throughout Guelph and Wellington County representing two (2) percent of Ontario’s population. GGH is the only acute care provider for the city of Guelph, which has a population of approximately 120,000.

The hospital occupies one (1) location and consists of one hundred and sixty-five (165) acute care beds. The hospital’s workforce is made up of the following staff groups:

<table>
<thead>
<tr>
<th>Staff Groups</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUPE Service</td>
<td>391</td>
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<tr>
<td>CUPE Clerical</td>
<td>100</td>
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<tr>
<td>Non-Union</td>
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<td>1,281</td>
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</table>

There are more than two hundred (200) volunteers. Volunteers are active in a variety of patient care and support service areas and organize fundraising activities.

There are approximately two hundred and seventy-five (275) professional staff with privileges. GGH is governed by a volunteer Board of Commissioners.

Human Resources Plan
This document represents GGH’s Human Resource Plan (HRP). It should be noted, GGH’s vision, mission, values and strategic goals, as referred to below, provide the foundation for the HRP.

The HRP is a living document that anticipates and responds to our current and future human resource needs. It is an inclusive document, developed by and communicated to a number of stakeholders that include: hospital employees, physicians, volunteers, union representatives and community partners. It is a document that identifies and links key components or elements for human resource planning.

GGH Vision
We will achieve excellence in everything we do.

GGH Mission
Together with our community and guided by our values, we will provide quality, patient-centred healthcare.

GGH Values
• Compassion  • Accountability  • Respect  • Teamwork
GGH Strategic Goals

1. Quality Improvement and Patient Safety:
   Increased access to acute care services, enhanced patient safety and the achievement of evidence-based standards for improving the delivery of efficient, quality care

2. Our Team:
   A respectful, healthy, learning workplace of choice for exceptional people.

3. Partnerships and Integration:
   Integration and partnerships with other health service providers.

4. Resource Management:
   A sound financial position now and in the future.

5. Long Range Planning:
   Long range planning to support the evolving role of an acute care hospital.

HEALTHLY HOSPITAL HUMAN RESOURCES QUALITY TEAM

Encouraging balance in the workplace is an important strategy for GGH to embrace. “Well” employees are productive employees. However, all of us are responsible for our own wellness. GGH recognizes the value of wellness programs and prescribes to a balanced lifestyle.

In 2005, 2009 and 2012, GGH participated in “Healthy Hospital Employee Surveys”. The 2005 survey was created in partnership between the Ontario Hospital Association (OHA) and the Workplace Health Research Unit at Brock University. The 2009 and 2012 surveys were extensions of the 2005 survey. Metrics @ Work Inc., an independent human resource management research and consulting company that emerged from Brock University’s Workplace Health Research Unit assisted in conducting the 2009 and 2012 surveys. The surveys allowed GGH to collect and analyze healthy hospital survey data, compare 2005, 2009 and 2012 survey data results and benchmark against other participant healthcare providers.

To communicate and promote participation in the 2005 GGH Healthy Hospital Employee Survey, a hospital steering committee was formed. Following the survey, the steering committee evolved into a standing committee referred to as the “Healthy Hospital Advisory Committee”. Also during 2005, GGH developed and began to implement an all-encompassing quality framework. The quality framework included a non-clinical Human Resource Quality Team. In early 2006, the Healthy Hospital Advisory Committee and the Human Resource Quality Team merged. The merger created a new committee referred to as the “Healthy Hospital Human Resources Quality Team (HHHRQT). The committee became an active member of GGH’s quality framework. One (1) of the functions of the committee was to promote a strategic approach to the development and sustainability of a healthy workplace. The committee also communicated and promoted participation in the 2009 and 2012 surveys. Through the committee’s ongoing work, a number of programs and activities have been developed and implemented to provide employees with social, physical, psychological, spiritual and environmental enhancements. In addition, the HHHRQT monitors the HRP.
Canada has begun to slide in the “Top 10” of countries in terms of percentage GDP contributions towards health care. Of note, between 2000 and 2007, Canada had slipped from 6th to 8th position internationally. Since 2007, however, Canada has regained some ground, and is now back at number 6 after overtaking Belgium and Iceland.

**Health Expenditures by Use of Funds**

Source: CIHI National Health Expenditure Database, 2011
Within Canada, hospitals account for approximately 29% of the federal health care budget. Physicians and other professionals account for approximately 25% of the federal health care budget.

Not surprisingly, Ontario health expenditures in 2010 followed approximately the same distributive patterns as federal health spending. Once again, 26.2% of Ontario’s health care funds being diverted to Hospitals.

**Provincial Health Expenditures**
It appears that, despite Ontario’s standing as the highest populated province, only five provinces—British Columbia, Newfoundland, Saskatchewan, Alberta and Northwest Territories—spends a smaller proportion of its provincial GDP on health care.

**Local Health Integration Network (LHIN) Partners Human Resources Plans**
As our LHIN (Waterloo Wellington, LHIN 3) continues to evolve, the hospital is committed to sharing our HRP with our LHIN partners. Numerous discussions have taken place and continue to take place with not only our LHIN partners but also with our surrounding LHIN healthcare providers. Examples include regular communication and meetings with our LHIN 3 partners and Region 4 hospital human resources meetings (LHIN 3 and 4).

**HEALTHY HOSPITAL EMPLOYEE SURVEY**

**Healthy Hospital Employee Survey 2005**
A Healthy Hospital Committee was formed to promote the survey and oversee the survey process.

**Survey Period and Focus**
- April 25 to May 6, 2005
- Organizational health (thirty-two (32) work related factors rated by staff for importance and satisfaction) and individual health and well-being of staff
- Comparable database consisting of twenty-four (24) other Ontario hospitals benchmarked against
- Internal comparisons were broken down into seven (7) working groups (i.e. Registered Nurses, Registered Practical Nurses, Management…). In addition, the internal comparisons were broken down into twenty-five (25) departments.

**Response Rate**
- The response rate for the survey reached 63% versus the average response rate of 45% reached by the other Ontario hospital participants.

**Key Organizational Strengths**
As to comparisons with the other hospital participants, GGH’s results were generally similar. However, GGH posted notably higher results in the following four (4) organizational health factors,
- Satisfied with career development opportunities
- Satisfied with training opportunities
- Satisfied with supervision
- Satisfied with physical work environment

Organizationally, GGH had a number of key strengths with three (3) areas scoring above 70%,
- Being clear about what is expected of me (79.5%)
- Satisfied with interaction with co-workers (78.9%)
- Personal life not stressful on job (73.8%)
Key Organizational Opportunities for Improvement
GGH posted lower results in comparison with the other hospitals in four (4) organizational health factors,
- Intention to remain
- Protection from harassment
- Would not leave organization for equivalent job
- Satisfaction with cooperation between units

With respect to individual health and wellbeing, GGH results were again generally similar in comparison to other hospital participants.

As to individual health and well-being within GGH, the following highlights were identified,
- 23% GGH staff at high risk for lack of physical activity (29.5% other hospital participants)
- 10% GGH staff at high risk for poor quality of diet (17.1% other hospital participants)
- 28% GGH staff scored in the high risk category for experiencing future health problems (comparable to other hospital participants)

Gaps
In terms of internal comparisons with respect to organizational health factors, the following were identified,
Most important factors for staff,
- Being treated with respect
- Being treated fairly
- Satisfied with communications
- Having resources and supplies
- Trust of supervisor

Four (4) top gaps (A gap identified as the difference between most important factors for staff versus staff satisfaction),
- Communication (39% gap)
- Adequate time to do the job (37% gap)
- Trust in organization (33% gap)
- Recognition and reward for group/team (33% gap)

Gaps identified as positive,
- Feeling loyal to the organization (9% gap)
- Personal life not stressful on job (3% gap)

Open Ended Questions
Over sixty (60) pages of comments were made. The Senior Management Team reviewed and read the comments. The comments were then categorized into the following three (3) major themes,
- Leadership
- Quality of Work-Life
- Personal health and well being
Roll Out Plan
August, 2005
- Brock University presented the survey results to the hospitals’ management committee and the Healthy Hospital Committee.
- General Express (a hospital newsletter) included an article indicating survey results had been received and would be made available in September. The article also made general comment as to the results.

September, 2005
- Presentation of the organization’s survey results were conducted hospital-wide to all staff. If requested by a department, the organization’s survey results were presented within the requesting department
- Vice Presidents met with each of their respective Directors to discuss the Director’s specific department survey results. Directors then shared department survey results with the staff in their departments and planned appropriate follow-up actions
- Survey results were made available on the GGH Intranet
- The Healthy Hospital Committee began to analyze and review in detail the organizational survey results, identify areas for improvement, recommend initiatives, oversaw the implementation of initiatives and monitored results

October, 2005
- Survey results were presented to the hospitals’ Board of Commissioners
- The Healthy Hospital Committee implemented an ongoing list of Quality of Work Life Initiatives. (The list was updated as each healthy hospital initiative was implemented. The list was constantly circulated throughout the hospital and made available on the hospital’s GGH Intranet)
- Healthy hospital initiatives became a standing item at Management Committee and Town hall meetings

As previously indicated, in 2006 the Healthy Hospital Committee and the Human Resource Quality Committee merged to become the “Healthy Hospital Human Resource Quality Team” (HHHRQT). The Healthy Hospital Human Resources Quality Team became an active member of the Hospitals’ Quality Framework.

Healthy Hospital Employee Survey 2009

Survey Period and Focus
- November 16th to December 4th, 2009
- The survey asked questions about GGH, job satisfaction, violence in the workplace, respectful workplace behaviours and suggestions as to programs to establish a healthier workplace
- Comparable database consisting of thirty (30) other Ontario hospitals were benchmarked against
- Internal comparisons were broken down into seven (7) working groups (i.e. Registered Nurses, Registered Practical Nurses, Management…). In addition, the internal comparisons were broken down into twenty-two (22) departments
Response Rate
- The response rate for the survey reached 34.8% versus the average response rate of 45% reached by the other Ontario hospital participants.

Key Organizational Strengths
As to comparisons with the other hospital participants, GGH posted notably higher results in the following four (4) organizational health factors,
- Pay satisfaction
- Training satisfaction
- Satisfaction with Senior Management Team
- Continuous improvement

Organizationally, GGH had a number of key strengths with two (2) areas scoring above 75%,
- Co-worker cohesion
- Job satisfaction

GGH showed an observable improvement (more than 5.0% improvement) from the 2005 survey in the following areas,
- Overall, I am satisfied with the way Departments cooperate
- Overall, I am satisfied with my physical work environment
- Overall, I am satisfied with my Supervisor
- Overall, I am satisfied with the continuous improvement practices at GGH
- Overall, I am satisfied with communications at GGH
- Overall, I am satisfied with the way teamwork is recognized and rewarded at GGH
- Overall, I have control over my job activities
- I have enough time to do my job adequately
- Overall, I am satisfied with my level of involvement in decision-making processes at GGH
- Overall, I am satisfied with GGH
- I feel that I can trust GGH
- I feel that I am treated with respect in GGH
- Overall, I am satisfied with my current work
- Overall, I feel I am personally involved in GGH
- I would not leave GGH if an equivalent job opportunity became available elsewhere

Key Organizational Opportunities for Improvement
GGH posted lower results in comparison with the other hospitals in one (1) organizational health factors,
- Performance management

GGH posted low results (below 50%) on the following scale areas,
- Individual recognition and reward
- Workload
- Team recognition and reward

Gaps
Seven (7) top gaps (A gap identified as the difference between most important factors for staff versus staff satisfaction) were identified,
Workload
- Impact of job on personal life
- Team recognition and reward
- Employee involvement
- Resources and supplies
- Employment relationships
- Performance management

Open Ended Questions
Over sixty (70) pages of comments were made. All of the hospitals’ Senior Management Team reviewed and read the comments. The comments were then categorized into nine (9) major themes,
1. Bullying/harassment incidents are not reported by staff for a number of reasons
2. The vast majority of physical violence incidents are initiated by patients
3. Staff report heavy workloads and concerns about working short
4. Individuals and groups are not given enough recognition
5. There is a need to emphasize the expectation/value of respectful behaviour and communication between all staff
6. Communication could be improved
7. Staff should be treated fairly and held accountable for their performance
8. Increase the physical space for work and storage
9. Senior Management Team should increase their visibility, availability, interactions/communications (e.g. explaining rationale for operational decisions)

Roll Out Plan
Senior Management Team received full report including all comments (full commentary report)

Week of February 8th
- Each VP provided with pertinent information with respect to each department within VP’s portfolio
- Presentation from Metrics@Work to Management Committee, HHHRQT and Unions on February 10th
  - Information shared included the seven (7) work categories, clean commentary report and common themes summarized from the clean commentary report
  - It was explained how department specific information would be shared and that the full commentary report was shared only with the Senior Management Team
  - Respective VPs shared any full commentary report comments with specific Senior Director/Director
  - The full report including the clean commentary report was made available hospital-wide on the GGH Intranet

Week of February 15th
- VPs shared department specific information with their respective Senior Directors/Directors
- VPs shared any full commentary report comments with specific Senior Directors/Directors
Week of February 22\textsuperscript{nd}
- Full report and clean commentary report shared hospital-wide.
- Staff informed that department specific information was provided to Senior Management Team who in turn shared department information with respective Senior Directors/Directors who in turn shared department information with staff
- Staff informed that the full commentary report was shared only with Senior Management Team and respective Senior Director/Director

Week of March 1\textsuperscript{st}
- Directors prepared to share department specific information with their respective staff
- The appropriate VP or President and CEO attended the department specific meetings with their Director

March/April
- Presentation of survey results shared with the Board of Commissioners
- Information shared included the seven (7) work categories and common themes summarized from the commentary report

**Healthy Hospital Employee Survey 2012**

A subcommittee of the HHHRQT was formed and led the survey’s construction and planning process.

**Survey Period and Focus**
- May 22\textsuperscript{nd} to June 8\textsuperscript{th}, 2012
- The survey asked questions about GGH related to job satisfaction, inter-professional collaboration, behaviours in the workplace
- Ideas were solicited as to what programs would help establish a healthier workplace
- Comparable database consisting of thirty (30) other Ontario hospitals to be benchmarked against
- Internal comparisons were broken down into seven (7) working groups (i.e. Management and Supervision, Professional Practice and Allied Health Professionals, Administration and Support Services and Nurses…). In addition, the internal comparisons were broken down into thirty three (33) departments

**Response Rate**
- The Response rate for the survey reached 74.6% versus the average response rate of 45% reached by the other Ontario hospital participants.

**Roll Out Plan**

*Week of July 16\textsuperscript{th}*
- Senior Management Team received the full report including the Commentary Report (which was later themed by SMT)

*July 31\textsuperscript{st}*
- Presentation from Metrics@Work to Leadership Roundtable, HHHRQT, Healthy Hospital Survey Steering Committee
Hospital Wide results were shared

First two weeks of August
- Directors received an invitation from their respective Vice President to meet and review their department survey results
- At the meetings, Directors received a hard and soft copy of their department specific results
- At the Vice Presidents discretion, Vice Presidents shared any Commentary Report comments with specific Senior Directors/Directors

Month of August
- Directors worked with their Vice President, steering committee partner, and/or OD to begin planning for department results roll out
- Directors had their roll out plan shared with their respective VP by August 31st

September 4th
- Full report and Commentary Report themes were shared hospital-wide to all staff beginning with a general lunch and learn session
- Staff were informed that department specific information was provided to SMT and respective Senior Director/Director who in turn would share department information with Staff
- Staff were informed the Commentary Report was shared only with SMT and themed

Month of September
- Hospital Wide results were shared by various communication vehicles

Week of September 10th on...
- Templates were provided, to be used by all Directors, for the following communication tools: team email, department poster, presentation of results agenda, presentation tips and power point presentation
- Directors shared department specific information with their respective staff
- The appropriate Vice President or President and CEO attended the beginning of the department meetings with their Director

September 10th to October 15th
- Department choose two or more priority areas to concentrate upon

By October 15th
- Directors submitted an action plan to their respective Vice President

October and Ongoing
- Action plan was implemented and tracked
Volunteer Services Department Mission Statement
Guelph General Hospital Volunteer Services Department is committed to the development, implementation and maintenance of quality volunteer programs that support and assist patients, families and visitors of Guelph General Hospital. The Volunteer Services Department works to ensure that the necessary resources and systems are in place to respond to the needs, recognition and satisfaction of its two hundred (200) volunteers.

Key services provided by Volunteer Services:
- Recruitment, selection, training, placement, evaluation and recording keeping of all volunteers throughout the hospital in over twenty (20) areas of the hospital (retail, administration and patient care).
- Ongoing support and recognition of volunteers.
- Education and awareness of volunteer programs in the hospital.
- Research, development and implementation of new volunteer programs that support and assist patients/families/visitors.
- Support for the Volunteer Association Board of Directors, the Courtyard Boutique and the ER Kiosk.

Volunteer Management Cycle
The Volunteer Services Department follows the Volunteer Management Cycle, as referenced by Volunteer Canada. The Volunteer Management Cycle is reproduced below.

Planning
Position descriptions are available for all volunteer roles. The descriptions are reviewed yearly and updated when there is a major change in duties. A volunteer request form is available for any department wishing to implement a new volunteer program.

Recruitment
Volunteers are recruited by way of the following initiatives:
- GGH website
- ICAN volunteer website
- Volunteer Centre of Guelph-Wellington
- Word of mouth
The process to volunteer includes:

- Volunteer application form
- Confidentiality Agreement
- Two (2) reference forms
- Criminal Record Check, including Vulnerable Sector Search
- Pre-Placement Health Immunization Form
- Interview
- General Orientation
- Position specific training

Orientation and Training
Orientation is mandatory for all new volunteers. Orientation includes:

- Mission/Vision/Values of Guelph
- General
- Confidentiality Agreement
- Health and Safety
- Overview of Volunteer Services
- Respectful Workplace Policy
- Overview of Volunteer Association
- Emergency Response Codes
- Role of volunteers
- WHMIS and MSDS information

Patient Care and Retail volunteers shadow an existing volunteer for a minimum of one (1) shift. Emergency Department volunteers receive additional training by a staff person. Administrative volunteers are trained by the staff person they are working most closely with.

Supervision and Evaluation
Volunteers are mailed feedback questionnaires six (6) months into their volunteer commitment. The questionnaire provides feedback of the program and their experiences. Informal exit interviews are conducted (phone or email) when a volunteer leaves the program.

Volunteers are informed of the designated staff person they are to go to with any questions about their role in the department.

Recognition/Retention
Formal appreciation events are held every April and December. Informal appreciation:

- Thank you cards at end of service
- Birthday cards, sympathy cards, congratulations cards
- Free parking
- Free beverage each shift
- Ten (10) % discount in boutique
- Twenty five (25) years of service recognition
- Life member awards
- Access to library
- Access to all hospital training, workshop opportunities
Areas with volunteers:

Retail
- ER Kiosk
- Courtyard Boutique

Patient Care
- Ambulatory Care
- CT Scan
- Day Surgery
- Diagnostic Imaging (MRI, Ultrasound, Mammography, X-ray)
- Emergency Department
- Medical Unit
- Perioperative
- Spiritual Care Visiting

Administrative/Office Duties
- Administration
- Bariatric Clinic
- Board Member
- Employee Health
- Foundation
- Learning Centre
- Organizational Development
- Patient Education
- Smoking Cessation
- Volunteer Services

Memberships
Membership at each level provides the opportunity to network, follow trends, share resources and attend workshops and conferences.

Local Volunteer Centre of Guelph Wellington
Provincial Professional Association of Volunteer Administrators
National Volunteer Canada

Communication
Communication to volunteers by way of:
- Messages posted on the Volunteer Works sign in system
- Designated section of bulletin board in sign in room for hospital and volunteer updates (i.e.: town hall minutes, upcoming events)
- Anonymous suggestion box
- General Express hospital newsletter
- The Volunteer Connection volunteer newsletter – Five (5) times/year
- Monthly retail newsletters
VOLUNTEER ASSOCIATION

The Association has a history of at least one hundred and fifteen (115) years and is constantly expanding. The majority of the money that the association raises is through the Courtyard Boutique and ER kiosk with a manager employed and paid by the Volunteer Association. Proceeds go back to the hospital to purchase patient equipment. Over the years volunteers have raised well over $1.2 million for the hospital.

Volunteer Association Mission Statement
Guelph General Hospital Volunteers are dedicated to patient centred care by providing non-medical support and services for patients, staff, and visitors in a positive environment.

We will ensure all of our activities and interactions are done with a spirit of compassion, cooperation, teamwork and respect.

Volunteer Association Vision Statement
We will be recognized as people helping people, making a difference to those around us.

The Volunteer Association key services
• Afghans for chemotherapy, palliative, dialysis, and sexual assault and domestic violence patients
• Angel pins for chemotherapy patients during their final treatment
• Decorated trees in all patient areas during the holiday season
• Free beverages/muffins for bereaved families upon request of staff

HUMAN RESOURCES VISION

In order to provide direction toward a broad and inspirational Human Resources image GGH is aiming to achieve, a Human Resources vision was created. This vision is intended to compliment GGH’s vision, mission, values and strategic directions and when combined, all these statements together provide the foundation for the HRP. The Human Resources vision is:

“A Healthy Hospital where Exceptional People provide Quality Service.”

A Healthy Hospital is:
• A productive, safe environment where everyone is encouraged to realize their full potential
• A place where people communicate effectively, trust each other, work well together, recognize and celebrate all contributions made
• Supportive of the need for professional and personal (work/life) balance

Exceptional People are:
• Qualified, motivated and dedicated to GGH’s Vision, Mission, Values
• Compassionate, respectful, and accountable to themselves and others
• Given opportunities to enhance their education, learn and advance their skills
Quality Service is:
- Work that meets or exceeds expectations and required standards

**HUMAN RESOURCES FRAMEWORK**

Originating from an Ontario Hospital Association’s human resources framework initiative, GGH redefined the framework and created a flexible and fluid framework capable of reacting to changes within the external and or internal environments that affect GGH. GGH’s framework follows:

**Framework**

<table>
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<th>Priority Initiative</th>
<th>Static/ Stable State</th>
<th>Priority Initiative</th>
<th>Static/ Stable State</th>
<th>Priority Initiative</th>
<th>Static/ Stable State</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Performance HR Practices</td>
<td>Priority Initiative</td>
<td>Mandate/Core HR Practices</td>
<td>Priority Initiative</td>
<td>Transformational HR Practices</td>
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Internal / External Environment Pressures

An HR practice may be categorized as being, a mandated/core practice, a high performance practice or a transformational practice. The internal and external environment pressures influence a given HR practice. Depending upon the internal / external environmental pressures, an HR practice is considered to be in a static/stable state or a priority initiative.

**Mandated/Core HR Practices:** The mandated/core HR practices represent the hospital’s employment-related legislative responsibilities and core HR practices.

**High Performance HR Practices:** The high performance HR practices represent practices that go beyond those mandated by law and core HR practices (some components include: HR information management and technology, creating a learning environment, creating a healthier and safer work environment, reward and recognition, workforce planning, improving employee relations, recruitment and retention practices and incentives).
**Transformational HR Practices:** The transformational HR practices represent a flexible organization, workforce and culture enabling change and transition (some components include: effective change management, solid project management methodology, principles and practices, continuous improvement, inspiring leadership, strategy renewal process that is transparent, participatory, engaging and collaborative, organizational development, design and effectiveness, robust measurement and evaluation of interventions).

**COMPONENTS OF THE HUMAN RESOURCES PLAN**

With direction provided by the Human Resources vision, GGH developed and assigned components to each of the three (3) practices of the Human Resources framework. The components developed and assigned to each of the three (3) practices are summarized below. It should be noted that within the framework, given changes within the internal and or external environment, each of the three (3) practices may be deemed a priority initiative or considered static/stable.

**Mandated/ Core HR Practices**
GGH complies with all employment - related legislated statutes and regulations. Hospital leaders and staff remain current through attendance at conferences, newsletters, publications, membership within a variety of professional organizations and participation on various external committees. In addition, regular interactions with committees internal to GGH (i.e. Joint health and Safety Committee, Labour Management Committees, Leadership Roundtable) including guest speakers, provide opportunities to inform and discuss changes to employment legislation. The following is a summary of GGH's current mandated/core HR practices:

**Collective Agreements**
To ensure staff receives competitive terms and conditions of employment, GGH actively participates in the central collective agreement bargaining process for ONA, OPSEU and the CUPE service union. However, in order to retain a competitive job posting article within the CUPE clerical collective agreement, GGH has historically not participated in the central process for the clerical collective agreement. With the exception of the job posting article, the terms and conditions of the CUPE central collective agreement have been historically agreed to be applicable to the CUPE clerical collective agreement.

**Policies and Procedures**
GGH's policies and procedures are accessible on the GGH Intranet. There are separate policy and procedure sections for: Employee Health Services, Human Resources, Organizational Development and Volunteers. The Human Resources Section of policies and procedures are further separated to those policies and procedures applicable to all staff and those specific to non union staff.

**Healthcare of Ontario Pension Plan (HOOPP)**
GGH and staff are members of HOOPP. Staff members contribute 6.9% of annualized earnings up to the year’s maximum pensionable earnings (YMPE) and 9.2% above YMPE. During the same period, for every dollar contributed by a staff member, GGH contributed $1.26.
**Hospital of Ontario Disability Income Plan (HOODIP)**

This represents an income replacement plan to protect full time staff from the consequences of absenteeism due to non-occupational illness or injury. HOODIP is comprised of two (2) parts, a short-term disability benefit and a long-term disability benefit. For full-time union employees, the short-term disability benefit covers the first fifteen (15) weeks of total disability, administered and paid in full by the hospital. Sick pay from the sixteenth (16) to the thirtieth (30) week of disability is provided for by employment insurance illness benefits administered by the federal government. Part-time union staff are not eligible to participate in HOODIP. Instead, part-time union staff are paid a percent in lieu intended to compensate for ineligibility. For non-union full-time and part-time employees who work eighteen and three-quarter (18.75) hours or greater short term disability benefits cover the first thirty (30) weeks of total disability. For all staff eligible for HOODIP, following the first thirty (30) weeks of total disability the long-term disability benefits come into effect.

**Joint Health and Safety Committee**

The committee meets on a regular basis. With respect to health and safety legislation, the committee is well informed and focuses on injury prevention. A number of committee members are Certified Health and Safety members. There are various active committees related to the Joint Health and Safety Committee (please refer to the Hospital GGH Intranet “Hospital Committee Directory”).

**Temporary Transitional Work and Permanent Accommodation**

Temporary transitional work and permanent accommodation policies and procedures have been established. Within GGH’s Support Attendance Program, there are specific sections dedicated to the “Temporary Transitional Work” and “Permanent Accommodation” programs. In addition, GGH collective agreements contain language related to temporary transitional work and permanent accommodation.

**Security and Safety**

Security guards are a contracted service available 24/7. As a result of parking lot safety audits, lighting upgrades to hospital parking lots have been completed. All trees and shrubs are trimmed to six (6) feet. A number of designated areas have been secured with the use of staff card access badges. In addition, visible security cameras have been installed at various locations throughout the hospital. A video surveillance policy has been developed. Emergency phones, with direct access to switchboard, have been installed at the staff entrance and in a tunnel that connects the hospital to an independent support services building. Panic buttons have been made available in the Emergency Department, CT Scan, Sexual Assault Domestic Violence and Paediatrics. A security escort is available upon request for night shift and early morning staff. Breakaway lanyards are available for all staff and volunteers.

**Orientation**

Monthly general orientation sessions are held for newly hired. In addition, newly hired nurses receive a nursing specific orientation. Each department is responsible to conduct their own department specific orientation.
High Performance HR Practices

As referenced below, GGH has a number of human resources components that would be considered as moving beyond the mandated or core practices referred to above.

Human Resources Policies and Procedures

The following policies and procedures are available on the hospital’s GGH Intranet and are highlighted as moving beyond the mandated or core practices:

- Chemical Dependency Program (Policy)
- Dress Code (Policy)
- Respectful Workplace Environment (Policy and Process)
- Reporting of Improper/Unethical Behaviours or Activities (Whistleblowing) (Policy and Process)
- Professional Staff Behavioural Expectation (Process)
- Respectful Workplace and Violence Prevention Framework (Policy and Process)

Part -Time / Retirement Benefits Plans

Part-time staff not eligible to participate in hospital benefit plans and retired staff, may voluntarily join benefit plans endorsed by GGH and administered by the Health Care Providers Group.

Education Assistance Fund

Staff with six (6) months of service may receive funding assistance for work related career and professional development opportunities including workshops, conferences, seminars, advanced standing designations or university/college programs. Details of the program are outlined on the GGH Intranet. In May of 2006, the Faculty of Management University of Guelph formally recognized GGH’s education assistance program. GGH was presented by the University of Guelph with the “Workplace Education Award”.

Recognition Breakfast

Annually, a breakfast is held with staff who over the past year achieved a diploma or certificate. The staff member, the CEO and individual to whom the staff member reports to are invited to attend a breakfast where the staff member’s achievement is recognized.

Professional Development Programs and Sessions

A number of in-house programs and sessions are offered to staff by the Organizational Development Department. The programs and sessions may be led by GGH staff and/or outside providers (i.e. Crucial Conversations, Non-Violent Crisis Intervention, Customer Service etc.)

Lunch and Learns

Sessions are offered to staff on a number of topics that include, wellness initiatives, ethics, and clinical education (topics have included, health wise choices, yoga, financial planning, challenges of parenting, burnout, prostate cancer, breast cancer awareness). The sessions may be led by GGH staff and/or outside providers.
Learning Centre/Library
A centrally located learning centre is open by ID card access 24/7. The centre is staffed by a part-time Library and Information Specialist. Web tools, books, journals, literature reviews and training and research assistance is available to all staff, students and volunteers in support of patient care, educational, administrative and research activities. The learning centre acquires catalogues and provides access to resources relevant to allied health, medicine and nursing.

Student Placement
There are a number of student placement contracts involving numerous colleges and universities (i.e. Conestoga College, Fanshaw College, Humber College, Georgian College, Mohawk College, McMaster University, Queens University, Guelph University etc.). On a yearly basis, approximately one hundred (100) to one hundred and fifty (150) students complete placements at GGH.

Medical Clerks and Residents Teaching Program
Commencing in 2008, in partnership with McMaster University, GGH has been a designated hospital based site for rotations by McMaster University Medical Clerks and Residents.

Recruitment Process
GGH is committed to recruiting practices that ensure the selection of the best candidate. Bargaining unit employee selection criteria is in accordance with their respective collective agreement. Non-Union selection criteria and the hiring process for new staff is outlined in a specific policy; “Non-Union Recruitment and Selection of Permanent and Temporary Positions”. Wherever possible, GGH endeavours to provide opportunities of promotion or lateral transfer to internal candidates. All positions are internally posted and externally posted on GGH’s Internet web site and Workopolis. Given a specific circumstance, alternate methods of recruitment (i.e. print) may be used. In follow up to a recommendation contained in the previous HRP, GGH has re-designed the employment section of the hospitals’ internet web-site. In addition, as a tool to recruit for leadership and designated positions, GGH utilizes 16PF, a self-report assessment instrument that measures sixteen (16) normal adult personality dimensions.

Ministry of Health and Long - Term Care Nursing Initiatives
GGH has and continues to make application to participate in and seek funding for all available nursing initiatives (i.e. new nursing graduate programs, senior nurse programs).

Support Attendance Program
GGH has established and continues to refine an extensive all-encompassing program that includes, a philosophy, policy statement, objectives, definitions, wellness in the workplace, costs of absenteeism, roles and responsibilities, temporary transitional work, permanent accommodation, blameworthy absenteeism, innocent absenteeism, attendance reporting and tools. The overall goal of the program is to promote and support regular attendance and manage absenteeism through consistent and positive intervention strategies. The program is available to all staff on the GGH Intranet.
Health and Safety Policies and Procedures
The following are to be highlighted as moving beyond the mandated or core practices:

- Smart Moves: A specific program on the assessment and control of risk factors associated with handling, lifting, transferring and transporting of patients and objects throughout the hospital.
- Influenza Immunization Vaccine Program: A program inclusive to staff, volunteers, students and contract workers. As of 2006 participatory incentives were offered to staff (i.e. coffee, muffins, grand prize draw for trip vouchers)
- Ergonomics: A specific policy creating awareness and promoting ergonomic safety within the workplace.
- Respiratory – Fit Testing: A program inclusive to staff, volunteers, students and contract workers. The program includes fit testing, health screening, surveillance, training and education
- Scent Reduction: A specific program to educate and communicate to staff, patients, visitors and volunteers of sensitivity of individuals to scented items. Through product evaluation and communication the objective is to reduce and ultimately eliminate scented items.
- Work Related Incident Reporting: A formal process where all work related injuries and or exposures are reported within twenty-four (24) hours and given the circumstances appropriate action taken.
- Workplace Inspections: A specific policy outlining the importance of workplace inspections and follow up.
- Safety and Health Hazard Reporting: A formal process to provide staff with the ability to report hazardous conditions and given the circumstances appropriate action taken.
- Latex: A specific policy to educate and manage staff with a latex allergy. The hospital is committed to tender purchases for non-latex products.
- Blood and Body Fluid Exposure: A specific procedure to manage exposures to blood borne pathogens that includes a blood and bodily fluid exposure kit.
- Prevention of Sharps Injury/ Handling and Disposal: A specific policy aimed to prevent staff injury or illness involving sharps and given the circumstances appropriate action taken.
- Safety Footwear: Within guidelines, each department has been given the accountability to establish safety footwear applicable to the department’s specific environment and working conditions.

Febrile Respiratory Illness Screening
Screening is in place for staff, patients and volunteers. Alcohol hand wash station areas are strategically located throughout the hospital to reduce the transmission of infectious disease.

Material Safety Data Sheets and WHIMIS
Material Safety Data Sheets have been placed on-line on GGH’s internet (powered by Wellnet Solutions). Annual WHIMIS testing is required by all staff and is made available on-line.
**Employee and Family Assistance Program (EFAP)**

GGH offers staff and the dependents of staff an EFAP program provided by Homewood Human Solutions. The services offered include: Counselling in person, telephonic or through e-counselling for individual and personal problems,

- family and relationship issues
- addictions
- stress
- anxiety
- workplace issues
- Lifestyle and Specialty Counselling,
- childcare and parenting
- elder and family care
- financial advisory
- legal advisory
- Health Smart Coaching,
- nutritional counselling
- 12 weeks to wellness
- Smoking cessation

In addition, there are online resources (e.g. E-learning, health /wellness risk assessment) and crisis management services.

**Communication**

The following tools have been created to enhance communication within the hospital:

- General Express: An internal monthly newsletter widely circulated throughout the hospital in hard copy and is available on the GGH Intranet.
- Town Hall Meetings: Monthly and if required additional meetings are scheduled for staff to be updated and ask hospital related questions. The chair of the meeting is GGH’s President and Chief Executive Officer. When schedules permit, members of the Senior Management also attend.
- Email/ Meditech: Information may be dispersed in letter and memo form to staff on GGH’s internal computer systems. All staff have access to the systems. Unions have been provided with access on the systems to communicate with their respective membership.
- Regular department meetings are held and minutes posted within each respective department.
- Bulletin boards are available at different locations throughout the hospital.
- Leadership Roundtable: Monthly and if required additional meetings are scheduled for GGH leadership (Senior Management Team, Senior Directors and Directors). The chair of the meeting is GGH’s President and Chief Executive Officer. Formal presentations, education and information sharing make up agenda items.
- Dedicated Communications Specialist: GGH employs a dedicated Communications Specialist for internal and external communication initiatives.
- Healthy Hospital Internet page: Contains information/ links to corporate gym rates, Healthy Hospital Surveys, a frequently updated list of healthy hospital/ quality of work life initiatives, external internet wellness links, “What’s On Your Mind”, Quality
Recognition, Respectful Workplace and Violence Prevention Framework and Walk this way.

- What’s On Your Mind: Is an electronic version of an anonymous suggestion/comment box. Staff are encouraged to anonymously submit comments, questions or concerns affecting GGH staff. Responses are made as soon as reasonably possible. The questions and concerns along with the respective responses are posted on the Healthy Hospital Website and posted on a bulletin board outside of Employee Health Services.

- Quality Forums: Staff are invited to attend monthly quality initiative presentations. The quality initiatives presented are those that have taken place within GGH.

- In order to provide senior leadership with consistency, the Vice president of Human Resources and Support Services is a member of a number of committees that include: Administration Committee of the Board, Senior Management Team, Healthy Hospital Human Resources Quality team, Joint Health and Safety Committee.

Social Committee
Volunteers from existing staff make up the Social Committee. The committee is provided by GGH with a modest budget. The committee organizes yearly events that include dances, staff recognition BBQ, golf day and a pumpkin - carving contest. In addition, the committee has organized a variety of other events including, a ski day, valentine chocolate/flower sale, casino night, Easter chocolates, Canada Wonderland's trip, and discounted Galaxy Cinema tickets.

Multi-Faith Chapel
A multi-faith chapel is located on the fifth (5th) floor of the hospital. The chapel includes a calm and quiet area to reflex and relax, is always open and may be used by staff. The Director of Spiritual and Religious Care is available for any support required by staff.

Recognition of a Death (Staff, Volunteer, Professional Staff)
Upon receiving notice of the death of an active staff member, volunteer or member of the Professional Staff, the hospital makes a donation based on the wishes of family, a member of the Senior Management Team attends the funeral, a book of condolences is set up in the chapel for signing, a notice board is placed in the lobby, the flag is lowered to half mast, a notice is placed on the computer system and a notice is placed on the reader board outside the hospital. Activities above and beyond what is listed above are at the discretion of the department of the deceased and the family's wishes. Trauma counselling is made available to staff through GGH’s EFAP.

Hospital - Sponsored Staff Appreciation Events
GGH sponsors a number of annual staff appreciation events that include, a staff BBQ, Christmas breakfast served by the Senior Management Team, and a staff service recognition dinner. In addition, ad hoc events are held which have included, free coffee and muffins served by the Senior Management Team and lunch bags given to staff, volunteers and physicians and themed appreciation lunches for staff.
Service Recognition Dinner
In the fall of each year GGH arranges a sit-down dinner and gift certificate for staff who have achieved five (5), ten (10), fifteen (15) etc. years of hospital service (It should be noted that as of 2006, physicians were included as staff invitees). Active staff, including volunteers, who have achieved twenty-five years or more of hospital service, have a standing invitation to the dinner.

Healthy Hospital Budget
GGH commits a yearly budget towards healthy hospital initiatives.

Healthy Hospital / Quality of Work Life Initiatives List
In response to the results of the 2005, 2009 and 2012 Healthy Hospital Surveys, a number of initiatives were initiated. The initiatives are documented and frequently updated. The list is available on the GGH Intranet.

Performance Development
Informal feedback is encouraged and formal feedback is required to be completed. Both informal and formal feedback is viewed as tools to develop staff. Performance appraisals and 360-degree assessments are used as formal feedback learning tools to provide individualized feedback with the aim of developing career performance and learning goals. A Performance Development Policy has been developed that includes the formal tools. One of the formal tools available to staff is the Peer Feedback Form. It should be noted that the Peer Feedback Form includes an additional section specific to nurses. This section may be used by a nurse to satisfy College of Nurses of Ontario standards of practice for self-reflection. Regular informal feedback is encouraged as a tool to be used by hospital leadership for continuous development of staff. Formal feedback is to be completed at the near completion of a new hire staff member’s probationary period then as a minimum requirement, every other year. However, at the discretion of the leader responsible to complete formal feedback and in circumstances where a need arises, formal feedback may occur on a more frequent basis. Formal and informal feedback is viewed as retention, coaching and/or mentoring tool.

Patient/Visitor Behaviours
A “Staff Management of Patient/Visitor Abusive, Aggressive, Violent, Behaviours” policy has been developed to support and assist staff when confronted with difficult situations involving patients and/or visitors. A “Code of Conduct for Safe and Respectful Visiting” has been developed and posted in the appropriate areas of the hospital. In addition, a “Philosophy of Care Pamphlet” has been developed to hand out to patients.

Improper/Unethical Behaviours or Activities
A “Reporting of Improper/Unethical Behaviours or Activities (Whistleblowing)” policy has been created. The policy seeks to create a culture that supports and promotes hospital values and behaviours. Staff, Board members and affiliated individuals are encouraged to report in good faith suspected improper behaviours or activities while being protected from threats or acts of retaliation.
Responding to Threats in the Workplace
A “Responding to threats of staff to staff violence in the workplace” policy has been implemented to provide guidance in the event of escalated threats of violence to staff in the workplace. The source of threat may either be internal, from another staff member, or external such as a former employee or a member of the public.

Celebrating our Success Window Display
A window display in the hospital's main lobby and entrance has been dedicated to acknowledge and celebrate hospital successes (e.g. Healthy Hospital Innovator Award).

Hospital - Sponsored Programs
GGH sponsors a number of programs for staff. Sponsored programs include, discounted fitness memberships, a Canada Savings Bond purchase program and a house/auto insurance program.

First 90 Days
In 2011, GGH adopted “The First 90 Days” program as part of its official on boarding process for new employees. This program is designed to support new employees and reassure them that they have made the best choice to work with us, by implementing a review meeting with their Director at the thirty (30) and ninety (90) day marks of their employment. These brief and informal meetings are guided by structured questions and are meant to explore with the new employee how they are doing in their new role, address any concerns and capture any observations they may have from a “fresh perspective”. Research has shown that most employees make a decision about whether they will stay with an employee within the first ninety (90) days; this ensures a positive and proactive approach to new employees and is seen as both a recruitment and retention tool.

Crucial Conversations
In 2010, GGH introduced Crucial Conversations Training for its entire leadership team with a goal to creating a culture where people learned the skills required to successfully hold “crucial conversations”, conversations where there might be differing opinions and strong emotions and the stakes are high. GGH certified its own trainer. This enables GGH to offer this training in house. Each participant receives a certificate for completion of the program. The training is mandatory for all leadership. The opportunity has also been made available to all staff. Training is offered regularly through-out the calendar year in order to support our goal of creating a culture where people have the skills to communicate effectively with one another and create a safe environment for dialogue which has been shown to contribute to a healthy workplace and patient satisfaction.

Non Violent Crisis Intervention
This one (1) day training is available to all staff and focuses on communication skills and common sense approaches to safety in dealing with potentially aggressive persons. This course is facilitated jointly by Organizational Development and a training company with expertise in the area of violence prevention in the workplace. The training addresses such issues as principles for dealing with potentially violent people, effective communication, understanding root causes of conflict, the impact and influence of attitude, rights in the
workplace, proactive violence prevention and physical skills: stances, balance and movement.

Respectful Workplace and Violence Prevention Framework
The framework refers to and lists a number of policies, procedures, processes and tools that GGH actively provides as a pathway toward a safe and respectful work environment.

Mental Health Awareness Committee
The Mental Health Awareness Committee, a sub-committee of the HHHRQT was formed in 2012 to promote the awareness of mental health issues and resources in the workplace.

Walk this Way
Is an internal job shadowing program to provide staff with opportunities to have a realistic view of someone else’s role at GGH. The goal is to promote mutual understanding, respect and teamwork between staff and across departmental lines.

Quality Recognition Programs
In 2009 a subcommittee of the HHHRQT documented some of the options available to staff, volunteers and students to recognize quality service in a Hospital Wide Quality Recognition Process. Recognition suggestions include a meaningful, timely “Thank-you”, WOW Cards (putting your thanks in writing) and Recognition Awards. Award categories include Outstanding Service, Exceptional Acts of Kindness, Outstanding Innovation, Excellence in Leadership and Excellence in Sharing Learning. Award nominations route to the President and Chief Executive Officer, thru Senior Team and down the supervisory chain of command giving everyone and opportunity to read them and make a note of thanks for the recipient.

Healthy Workplace Month
Each year GGH participates in Healthy Workplace Month which is sponsored by the Canadian Centre for Occupational Health and Safety and focuses on the theme of creating work-life balance. A number of educational and health initiatives are introduced to staff that include; speakers on health matters, communication workshops, sponsor events such as unit stretch breaks and chair massages. There are also opportunities for staff to hear about community organizations.. Healthy Hospital Month is an avenue to recognize staff for the excellent care they provide patients and families and remind them of the importance of caring for themselves while they do so. Since first offering it in 2009, it has become a widely anticipated event and many staff volunteer their time to ensure it is a success.

Learn at Work Week
Each year GGH participates in Learn at Work Week which is sponsored by the Canadian Society for Training and Development. Learn at Work Week is a weeklong celebration held in September to promote the importance of workplace learning and to celebrate the learning organization. Each year Organizational Development plans a series of events in order to and promote the importance of workplace learning, including lunch and learns, guest speakers and staff training events.
Leadership Development Program
In 2008, GGH introduced the Leadership Development Program. This program represents an annual investment in the Hospital’s formal and informal leaders, by investing 12 development hours per fiscal year per leader. The program focuses on the continued education and development of GGH leaders. By bringing in skilled facilitators and experts, the Leadership Development Program helps to build common language and understanding among GGH leaders and provides leaders with an opportunity to explore their individual strengths, their strategies for leading and their opportunities for growth. The program is designed annually and is based on an assessment of the learning needs in the organization. This is accomplished by seeking feedback from participants through surveys and discussions. Senior Leadership is also consulted to ensure there is alignment with the strategic goals and priorities. In addition, all formal leaders are required to take a core training program, “Crucial Conversations”. The Crucial Conversation Model is considered essential learning for those in leadership positions or those who aspire to be in a formal leadership role. Finally, dedicated funds for all leaders and staff are available for ongoing education and development including workshops, conferences, seminars, advanced standing designations or university/college programs.

Policies and Procedures
GGH’s policies and procedures are accessible on the GGH Intranet. There are separate policy and procedure sections for: Employee Health Services, Human Resources, Organizational Development and Volunteers. The Human Resources Section of policies and procedures are further separated to those policies and procedures applicable to all staff and those specific to non-union staff.

Fitness (GGH Gym/Corporate Membership Rates)
Staff have full access to an on-site fitness room located near the staff entrance beside the main female and male locker rooms. In addition, corporate membership rates have been arranged at local fitness centres to encourage staff to incorporate wellness into their workday. A variety of wellness lunch and learns are promoted.

Balcony Bistro
The Balcony Bistro is operated by Marek Hospitality, GGH’s partner in retail food services. Marek Hospitality manages the Tim Horton’s kiosk located in the Bistro, on site vending, in house catering and the café operations on the Balcony Bistro. Marek’s mandate is to offer a variety of quality foods made from fresh and local ingredients with a keen focus on health wise options. Marek has continued GGH’s relationship with “Eat Smart” Ontario, having consistently been awarded the “Eat Smart” award. Some of the initiatives Marek have implemented include; a commitment to having at least three Health wise items available every day, 100% home-made menus (from entrees, soups, stews, to salads and even desserts), a focus on using fresh local products where possible (both proteins and produce) and constantly changing menus that are seasonal and multicultural.

Smoke Free
In September of 2010, GGH became a smoke free facility. The promotion of a smoke free facility was intended to promote a healthy lifestyle and provide a healthy work environment for staff, patients and visitors.
Designated Outdoors Areas
There is a staff patio complete with chairs and tables. In addition, there are areas for bicycles and an area with picnic tables for staff, patients and visitors.

Transformational Human Resources Practices
The following represent transformational practices present at GGH:

Organizational Development Department
In addition to monies allocated to departments for staff education, the Organizational Development Department receives a dedicated portion of GGH’s operating budget. The Department’s focus is to increase GGH’s long-term health and performance by working in collaboration with clinical and non-clinical staff to improve teamwork and group effectiveness, encourage individual and group growth and manage process change.

Quality Framework
A Quality Framework has been established at GGH. The framework provides the foundation to promote and maintain a culture of quality and continuous improvement in which staff have opportunity to be represented and participate. The framework provides a linkage from the designated quality teams through the organization up to and including the Board of Commissioners. One of the quality teams is the HHHRQT. This team focuses on creating a healthy hospital environment for patients and staff by using the results of the Healthy Hospital Survey to oversee, develop and implement healthy hospital and quality of work life initiatives. The team has also taken on the responsibility and accountability to formalize and move forward GGH’s HRP. As outlined within the terms of reference of the team, membership is representative of all staff.

Participation on External Committees
In order to share knowledge, collaborate and seek further knowledge, staff are encouraged to participate and join the membership of external committees and working groups (i.e. Regional Human Resources Committee, Central Negotiations Committees, Expert Employee Group Advisory Panel, Human Resources Professional Association of Ontario, Wellington-Waterloo-Dufferin Health Library Network).

Healthy Hospital Innovator Award
In the fall of 2006, GGH was awarded the Healthy Hospital Innovator Award. The award recognizes OHA member organizations for their commitment to implementing a comprehensive and strategic approach to the development and sustainability of a healthy workplace.

Healthy Workplace Initiative Practices Guide
GGH submitted and was successful in being included in the OHA’s Healthy Workplace Practice Guide. The guide is an OHA publication that lists successful healthy hospital initiatives to be shared with other hospitals. GGH’s submissions included: What’s On Your Mind, Respectful Workplace Environment, Educational Assistance Program and Corporate Gym Rates.
Top Employer for 2013
In November 2012, GGH was named one of three Waterloo Area “Top Employers” for 2013. The award, presented by Mediacorp, selected large and small employers that offer innovative programs to both retain and recruit their employees.

Employers were evaluated by the editors of Canada’s Top 100 Employers project using eight criteria: (1) Physical Workplace; (2) Work Atmosphere & Social; (3) Health, Financial & Family Benefits; (4) Vacation & Time Off; (5) Employee Communications; (6) Performance Management; (7) Training & Skills Development; and (8) Community Involvement. Employers are compared to other organizations in order to determine which offers the most progressive and forward-thinking programs.

Feedback Management Tool
A feedback management tool has been developed to track and follow up on patient concerns. In addition, the tool also tracks patient compliments.

Indicators, Trending and Surveys
In order to provide context and assist in the development and continuous improvement of Human Resources Planning and the HRP, internal human resources and health and safety quarterly indicators along with the trending of those indicators have been created. Furthermore, GGH participates in various HR Benchmarking Surveys. This allows opportunity to compare GGH’s indicators and trends with other hospitals.

An executive support tool, referred to as Budman, allows GGH leadership to view and generate monthly reports that include, paid sick costs, overtime costs, average days sick per employee and incidents of absence by duration. Beginning with a GGH overview, the tool has the capability to drill down to a department and employee level.

On a quarterly and annual basis, GGH receives indicators and trending from our EFAP provider. These indicators break down the categories of EFAP services accessed within the hospital. Also, the EFAP provider on a quarterly basis sends a break down of the categories of EFAP services accessed by other hospitals compared to GGH. This allows the hospital to benchmark against other hospitals to identify potential areas of concern (e.g. At one time the indicators showed a high percentage of staff using EFAP services for parenting teens. The hospital in turn offered a workshop on parenting challenges).

On a monthly basis, extended health, dental, long-term disability, group life, accidental disability and dismemberment data is tracked and trended. Any significant changes are immediately followed up. On an annual basis, GGH receives a detailed report of benefit costs and usage. This information provides direction as to work place health issues and ultimately healthy hospital initiatives. In addition, GGH is a participant in a coordinated benefits services healthcare group whose purpose is to maximize staff resources, purchasing power, develop and share best practices relative to employee benefit plans. Benefit plan indicators and trending are shared within this group.
In order to ensure that GGH is competitive with respect to compensation and benefits, on an annual basis, GGH participates in the OHA’s Executive and Management Surveys.

At the Administration and Facilities Committee of the Board meetings of March, June and September, human resource, health and safety, attendance and benefit plan indicators are reviewed. Compensation and benefit updates and current issues related to compensation and benefits are discussed on an as needed basis. Healthy hospital staff survey results are shared directly with the Board of Directors.

The Board of Director’s has oversight of the development and progress of the HRP. To that end, the Vice President of Human Resources and Support Services, on an annual basis, reports through the Administration and Facilities Committee of the Board to the Board of Directors:

1) The progress and status of the recommendations contained within the HRP.

2) Any follow up action related to the human resources, health and safety, attendance and benefit plan indicators reviewed by the Administration and Facilities Committee of the Board.

3) A summary of the leadership development programs offered staff and the number of staff along with job titles of staff who participated in said programs.

A sample of internal indicators and trending is included as Appendix A.

**HRP RECOMMENDATIONS**

1) The Human Resources Plan be reviewed and updated by the Healthy Hospital Human Resources Quality Team.

2) Healthy hospital surveys will continue to be conducted. The Healthy Hospital Human Resources Quality Team will co-ordinate the survey.

3) Utilizing the data from the healthy hospital surveys, the Healthy Hospital Human Resources Quality Team will continue to focus upon and move forward healthy hospital initiatives.
EMPLOYEE HEALTH SERVICES

Indicators, Progress & Programs

Q4 2011
Incidents Reported to Employee Health Services:

Incidents are categorized 3 different ways:

**First Aid Incidents:**
Incidents in which the staff member has received First Aid, but did not seek medical attention from a Health Care Professional. Employee does not need medical attention or is able to get basic first aid through Employee Health.

**Health Care Claims:**
Incidents in which the staff member received medical attention from a Health Care Professional which is reported to WSIB.

**Lost Time Claims:**
Incidents in which the staff member requires time off work and is unable to be accommodated with modified work which is reported to WSIB.
Total Incidents & Breakdown of Type of Incident
(First Aid, WSIB Health Care Claim, WSIB Lost Time Claim)

Number of Incidents

Year | First Aid | WSIB Health Care Claim | WSIB Lost Time Claim | Total Incidents
--- | --- | --- | --- | ---
2006 | 125 | 28 | 14 | 165
2007 | 132 | 42 | 12 | 188
2008 | 133 | 36 | 5 | 183
2009 | 140 | 30 | 16 | 187
2010 | 124 | 52 | 10 | 188
2011 | 100 | 55 | 10 | 165
WSIB Lost Time Claims & Days Lost

- 2006: 70
- 2007: 32
- 2008: 16
- 2009: 45
- 2010: 20.5
- 2011: 20.5

Number of Claims / Days Lost

- BSIB Lost Time Claims
- Days Lost
CAUSE OF INCIDENTS

The cause of an incident is the main contributing factor. What happened/what was the injury that caused the staff member to fill out an incident report form.

At Guelph General Hospital we have five main causes of Incidents:

- Musculoskeletal (MSD) – related to patient handling
- Patient Action
- Musculoskeletal (MSD) – related to non-patient handling
- Falls, Slips & Trips
- Needlestick – Contaminated with Blood and/or Bodily Fluid
Incidents
Information & Recommendations

Musculoskeletal Disorders (MSD)
(Patient Handling & Non-Patient Handling)

As GGH is seeing more ‘over sized’ patients, a ‘Bariatric Patient Policy’ is under development which will provide guidelines for the care for oversized patients to ensure safety for both the patient and GGH staff.

In addition Directors may want to consider:

• Further investigation on how to prevent incidents related to movement & repositioning of oversized patients.

• Continued promotion of Smart Moves training with Staff, to provide staff with the knowledge and awareness of how to use the assistive equipment available.

• Utilizing EHS, physiotherapists and/or our Occupational Therapist to assist with problem solving safe and effective ways to move and reposition patients.

• Reminders to staff to slow down and check weight of items by slightly lifting prior to completing a full lift of items.
Needle stick Contaminated with Blood and/or Bodily Fluid

Continue to use Safety Engineered Medical Sharps (SEMS) wherever possible.

When SEMS is not available, be sure to use an alternative safety device, such as a “sharps away cup”.

Reminders to staff regarding proper sharp handling. For example, sharps should not be passed from one person to another but rather set on a tray and then picked up by the other.

Patient Action

Continue to promote staff participation in Non-Violent Crisis Intervention Training.

Continue to promote interdisciplinary communication around the identification of potentially aggressive patients.

Slips / Trips / Falls

Continue to remind staff to be aware of their surroundings and to take the time to assess their surroundings.
ABSENCES >5 days & Return to Work

There are 2 ways that an employee can Return to Work (RTW)
- **Regular duties & hours**
- **Accommodation** (2 types of accommodation)
  - **Modified work**: Work Hardening, progression of job tasks and hours
    - *Example:* employee works 4 hours for a week and then increases to 6 hours the next week
  - **Temporary Accommodation**: No progression of job function or hours
    - *Example:* pregnant employee can only work 6 hours and lift <5kg for remainder of pregnancy, there will be no change in restrictions.

Data will change quarterly as staff return to work from an absence. Graphs shown indicate how many / percentage of staff still currently off work in order to help assess how statistics may change in future.
Absences and staff Return to work
Information & Recommendations

• Continue to offer modified work to all staff; PT or FT.

• The goal of modified work plans is to return staff to work earlier and safely. Modified work until 100% recovery will help to prevent reoccurrences of absences.

• Offer modified work at the earliest opportunity and at every contact by the Director or Supervisor. Staff tend not to think about modified work until it is offered to them. A standard offer of modified work is made with each Medical Absence Form (MAF).

• Since Q3-2010 – the standard modified work offer letters go with the MAF to physicians have been improved based on feedback from various stakeholders. EHS will continue to monitor to see if this improves communication with physicians around restrictions. EHS is happy to work with Directors to develop a personalized offer of modified work with specific tasks that EHS and Directors feel an employee could do.

• There is a need to continue monitoring when an MAF are received, or more importantly when they have not been received. If employees are not connecting or following up as required, early contact by their Director to remind them of their responsibilities and the need to stay in touch with both their Director regarding their absence, and with EHS to ensure there is an MAF and a proper treatment plan is critical. This is the best opportunity for Director’s to follow up with employees that are not following up as needed. When an employee feels accountable for their absence, they are less likely to “just stay off”.

Length of absence prior to staff RTW (all types of RTW)
(based on first day of absence)

What does this mean?
A large portion of staff who are experiencing an absence are returning within 1-5 weeks. In 2011 an increased number of staff were off into the 11-15 & 16-29 week ranges (including those still off work).
How Staff RTW by percentage
(based on date absence started)

Fiscal Quarter

<table>
<thead>
<tr>
<th>Year</th>
<th>% RTW Regular</th>
<th>% RTW Modified</th>
<th>% Currently off</th>
</tr>
</thead>
<tbody>
<tr>
<td>F'2010</td>
<td>66%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>F'2011</td>
<td>58%</td>
<td>28%</td>
<td>13%</td>
</tr>
</tbody>
</table>
What does this mean?
The majority of staff are returning back to work to their regular job duties and hours from an absence.
Average Length of Absence
(based on first day of absence)

What does this mean?
Average length of time continues to be 7 weeks over the past 2 fiscal years.
Modified Work

There are 3 types of accommodation a staff member can have:

- **Modified Work – Work Related**
  - Number of modified work cases is based on the amount of WSIB claims and employees need for modified work.

- **Modified Work – Non Occupational**
  - Number of cases varies, and is used to assist staff from avoiding being off work due to illness or injury.

- **Temporary Accommodation:**
  - No progression of job function or hours
    - *Example*: pregnant employee can only work 6 hours and lift <5kg for remainder of pregnancy, there will be no change in restrictions.

*Data will change quarterly as staff return to work from an absence. Graphs shown indicate how many / percentage of staff still currently off work in order to help assess how statistics may change in future.*
MODIFIED WORK

Comparison of modified cases following an absence vs. those who did not experience an absence.
**Temporary Accommodation**

*How do I read this graph?*

**Blue Line**
shows the overall number of staff who have been on Temporary Accommodation

**Red Bar**
shows out of all Accommodations (Blue Line), how many experienced an absence prior to the need of accommodation vs. no absence.

**Green Bar**
shows out of all Accommodations (Blue Line), how many had no absence prior to the need of accommodation

**Orange Line**
shows how many of the overall number of staff who had an accommodation (Blue Line), are still currently on temporary accommodation.
TESTING & TRAINNING
Testing & Training of staff
Information & Recommendations

Smart Moves Training

Smart Moves Training is available every-other month as a part of Nursing orientation. Staff attendance at training has consistently been low, with little to no staff being retrained.

GGH has been currently flagged by the Public Safety and Health Services Association for its high rates of MSD injuries and is participating in its “Road to Zero” Campaign to reduce our MSD injuries. A small task group will be developed to review our current Smart Moves Policy and injury prevention program and work on gaps identified.

Recommendations:

Current review of Smart Moves training process include having departmental training within the department to assist with staff not being able to “leave the floor” for training. Directors can request smart moves training in the unit through EHS. Directors are encouraged to “blitz” smart moves training for their staff and in particular encourage staff to attend Smart Moves training.

An eLearning module was developed by EHS staff and launched Hospital Wide March 1st, 2012. This module will assist staff, specifically nursing staff in reviewing the assistive equipment available, & ergonomic reminders. We encourage that all clinical staff complete this module.
N95 Respirator (mask) Fit Testing

Compliance with mask fit testing continues to be an ongoing challenge. In the last Q3 and Q4-2011 additional mask fit dates and times, including evenings were offered and there has been a slight improvement in

**Recommendations:** Directors and/or supervisors to remind staff that they must have their mask fit testing up-to-date.

WHMIS Training & Testing

New GGH specific WHMIS training and tested was developed and launched Hospital wide on December 6th 2011. Feedback from the new program has been positive from staff and directors stating that they like that it is specific to GGH, and that it reviews how to access an MSDS through a video, and that Code Brown is reviewed.

**Recommendations:** Continued reminders from Directors & supervisors that staff must access and complete their WHMIS Training annually. Because of the six month gap in on-line training last year, most staff need to complete their annual WHMIS training now.

Influenza Immunization Program

In 2011, the had three weeks of targeted flu clinics, but did not extend the provision of flu shots to staff after the clinics as in previous years. Staff who came to EHS after the flu clinics were directed to community clinics and reminded to provide EHS with documentation of their flu shot if they received it externally. By our numbers, there was no drastic short fall in those immunized, and little to no complaints have been received about shots not being available following clinic hours.
N95 Respirator (Mask) Fit Testing
% of Compliance

Number of staff tested per year
2007: 466
2008: 508
2009: 612
2010: 382
2011: 517

% of staff compliance

2007 / 2008: 90%
2008 / 2009: 97%
2009 / 2010: 80%
2010 / 2011: 73%

(based on staff being due every 2 years)
WHMIS TRAINING
(Staff Compliance %)

<table>
<thead>
<tr>
<th>Year</th>
<th>% of staff completed Training</th>
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<td>2007</td>
<td>61%</td>
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<td>2008</td>
<td>47%</td>
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<td>2009</td>
<td>59%</td>
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<tr>
<td>2010</td>
<td>59%</td>
</tr>
<tr>
<td>2011</td>
<td>37%</td>
</tr>
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</table>

Number of staff trained per year:
- 2007: 616
- 2008: 380
- 2009: 696
- 2010: 773
- 2011: 228
Appendix A

Staff Influenza Immunization

Number of staff Immunized per year
2007: 685
2008: 641
2009: 261 (Regular)
     852 (H1N1)
2010: 750
2011: 703
Human Resources Recruitment Activity 2011/12

**New Hires**

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<tr>
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<th>Q3</th>
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<tr>
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**Terminations**

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**Postings**

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**Turnover Rate**

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**Average Employee Count**

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<th>Q4</th>
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**Advertising Expense**

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### Human Resources Recruitment Activity: January 01 - March 31, 2012 (Q4)

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<th>Job Postings</th>
<th>Terminations</th>
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<td>Total</td>
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**Total New Hires**: 3, 6, 15

**Total Postings**: 25

**Total Terminations**: 25