



## How work environment metrics can improve health-care performance

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Metrics matter. Government policy-makers and organizational leaders use a wide range of performance indicators to make health-care funding and program decisions. Performance metrics help track population health status, outcomes and quality of care. Metric-driven improvements include reduced wait times for common procedures, such as hip replacements.

The biggest gap in the evolving performance measurement system lies in the work environment. Up until this year, no province has required health-

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care organizations to collect information and report on and take action on the quality of their work environments. Ontario has taken a bold step in this direction, with its 2010 *Excellent Care for All Act*. As of this month, the act requires each hospital in the province to take into account survey results

from employees, other service providers and physicians in the development of its quality improvement plan.

Unhealthy work environments create significant costs for health-care organizations. These costs are visible in rates of absenteeism, lost-time injuries, long-term disability, turnover, and overtime and agency utilization — data that every hospital in the country collects. Job stress and dissatisfaction among nurses are also at acute levels. Solutions can be found by addressing workload, pace and scheduling issues, which are often measured in staff surveys.

Having robust work environment metrics in all these areas can inform organizational changes that will simultaneously benefit patients, care providers and taxpayers. For these changes to happen, health-care leaders must understand that there is a virtuous circle of quality: enhanced

quality of care depends on the positive work experiences of care providers, which, in turn, contribute to enhanced care. This comprehensive approach to quality will help reduce the huge costs associated with unhealthy and unsafe workplaces.

The challenge is to reach agreement on a short list of common indicators that can be tracked, reported on and used to hold organizational leaders accountable for work environment improvements. All managers, care providers and non-clinical employees must be part of this conversation. The ultimate goal would be the creation of an annual national report card on the quality of work environments, which would enable benchmarking across jurisdictions and like organizations. Having a set of common metrics would offer ongoing opportunities for decision-makers to learn from the leaders. These metrics would also exert system-wide pressure to raise the bar on a range of issues — particularly management practices, job design, decision-making and organizational culture — that define work environments.

The most readily available work environment indicators are absenteeism, lost-time injuries, overtime and job satisfaction. The first three indicators are widely available at the organizational level and would simply need standard definitions that allow for comparisons among data from different sources. Job satisfaction — the fourth indicator proposed — is a topic covered in most care provider surveys, and it is entirely feasible that health-care organizations could reach agreement on a standard measure for it. Together, these four metrics could provide a foundation on which to build a more comprehensive reporting system.

Initially, participation would be voluntary. National organizations such as the Canadian Institute for Health Information and Accreditation Canada could lend their expertise in collecting and reporting health-care performance indicators. Hospitals already recognized for cultivating great workplaces could be among the first to adopt the reporting system. And surely the overwhelming evidence that working conditions affect health-system sustainability would convince other organizations to join a national initiative to measure, report on and improve the work environment. ■