



OHA Provincial Health Human Resources Work Plan 2011-2013

Context

The *OHA Provincial Health Human Resources Work Plan 2011-2013* sets out the direction that the Ontario Hospital Association (OHA) will take over the next two years to help Ontario health care organizations achieve the best people and organizational environments for optimum patient care outcomes. The three goals contained in the *Work Plan 2011-2013* guide the OHA's vision for an accessible, sustainable, and high-performing health care system in Ontario with the right number and mix of health care providers.

This two-year Work Plan is aligned and integrated with the OHA Corporate Strategic Plan for 2010-2013, given that "*Optimizing Health Human Resources*" is one of the four key strategic directions for the OHA.

The Work Plan was developed based on input from the OHA Strategic Human Resources (HR) Provincial Leadership Council, seven regional consultation meetings with members and stakeholders, four provincial teleconferences, and a validation survey. It was developed in light of a series of trends that have a major impact on the delivery of health care in Ontario. These include:

- A recent economic recession resulting in a drop in government revenues and large government deficits projected until 2017-18;
- Rising health care costs, accounting for a growing share of total government spending (now at approximately 46 cents of every program dollar);
- Introduction of the *Excellent Care for All Act, 2010* - a major milestone in the Ontario government's health system quality agenda and part of a broader strategy of quality, continuous improvement, and evidence-based health care;¹

- Introduction of the *Public Sector Compensation Restraint to Protect Public Services Act, 2010* that effectively freezes compensation of non-unionized employees in the broader public sector excluding municipalities (including hospitals) from March 24, 2010 to April 1, 2012;
- Introduction of the *Compensation Restraint Policy* that attempts to restrain compensation in the broader public sector excluding municipalities for the unionized employees; and
- An aging population and workforce as the first wave of baby boomers turn 65 in 2011.

The next several years are going to be extremely challenging as Ontario's health care system undergoes unprecedented change. The focus on quality, continuous improvement, sustainability, transparency, accountability, and integration will be front and centre and will have an immense impact on health HR.

Organizations will be required to look to the deployment of health sector resources more efficiently and effectively.

¹ Adalsteinn Brown, Susan Fitzpatrick, and Tai Huynh, MOHLTC, *Excellent Care for All: Strengthening the Focus on Quality, Value and Evidence-based Care in Ontario*, Presented May 3, 2010 http://www.longwoods.com/blog/wp-content/uploads/2010/05/excellent_presentation_20100503.pdf (21 August 2010).

Our Goal: Maximize Human Resources Effectiveness and Efficiency through Partnership

1. We Will: Advance the system-wide sharing and integration of health HR service delivery across the system.

Deliverables:

- Host an online HR collaboration tool for use by members. The tool will facilitate communication and exchange of information between members and allow them to:
 - Share resources;
 - Learn from one another;
 - Post documents, tools, templates, etc.;
 - Discuss policies and procedures;
 - Exchange information in timely manner; and
 - Receive peer feedback.
- Conduct research that explores opportunities for efficiencies through the integration of employee benefit programs.

2. We Will: Facilitate the development and dissemination of leading-practice HR strategies and tools that will enhance the quality of HR management within the province.

Deliverables:

- Develop and implement an annual vetting process to identify new and existing leading HR practices, tools, and strategies. Focus areas include:
 - HR policies and procedures;
 - Workforce planning;
 - Recruitment and retention; and
 - Leadership/Management development.
- Share summaries of leading practices through conferences, webcasts, and the online OHA health HR collaboration tool.

3. We Will: Promote alignment and collaboration on leadership development and succession planning efforts for key leadership roles.

Deliverables:

- Explore feasibility of promoting the development of leaders across the health care system by facilitating cross-organization leadership exchanges and development opportunities for emerging and current health care leaders.
- Develop common tools and leading practices for succession planning.

Our Goal: Advance the Adoption of Leading Human Resources Practices

- 4. We Will:** Support the development of leadership capacity within the health services sector in order to ensure an adequate supply of current and future leaders with the required competencies for success.

Deliverables:

- Develop and offer leadership development programs (i.e., competency based) for supervisors and managers.
- Partner with a university business school to develop and offer leadership development for potential senior leaders.

- 5. We Will:** Advance the measurement, benchmarking, analysis, and application of human capital data across the system enabling organizations to determine priorities for improvement, investment, and conduct strategic HR and workforce planning.

Deliverables:

- Explore opportunities for streamlining data processes and requirements for OHA HR surveys including the *Labour Market Survey (LMS)*.
- Enhance the *OHA LMS* and the OHA-PwC HR Benchmarking Program to improve the analytical capacity of members related to human capital.
 - Expand membership throughout the health care system in Ontario;
 - Improve definitions and metrics;
 - Develop guides to clarify targets for indicators and interpret survey results;
 - Create and distribute provincial summary reports of results; and
 - Use results to inform priorities for the OHA related to health HR.
- Share strategies and practices from organizations with leading results identified in the annual OHA-PwC HR Benchmarking program and other OHA surveys.
- Conduct a pilot research study with a group of members to examine the causal relationships of human capital factors and outcomes such as employee commitment/engagement, absenteeism, turnover, and patient satisfaction, patient safety, and quality. The study results will:
 - Enable organizations to demonstrate the value of HR programs and the return on investments in HR; and
 - Inform individual and system-wide human resources/labour relations (HR/LR) processes and programs.
- Examine existing workforce planning tools and processes used by healthcare providers, LHINs, professional associations, government, and others.

Our Goal: Innovate for a Sustainable Future

6. **We Will:** Assess and develop recommendations to enhance the collective bargaining process.

Deliverables:

- Conduct a review of the OHA collective bargaining processes to ensure the interests of the participants are being met.

7. **We Will:** Advance and influence HR/LR policy in Ontario.

Deliverables:

- Keep the government abreast, through internal OHA advocacy, of current and arising health HR/LR challenges and opportunities including:
 - Amendments to the *Hospital Labour Disputes Arbitration Act, 1990* (HLDAA);
 - Mobility of staff resources within the system;
 - Position the OHA as the principal bargaining agent for health care providers in Ontario;
 - Ensure healthcare careers are seen as viable and worthy professions; and
 - The nature and degree of transformational change required to meet the healthcare needs of the future.
- Conduct a “think-tank” process to engage with health HR leaders to determine critical HR/LR obstacles and opportunities impacting the efficient, sustainable, integrated, and quality delivery of patient care throughout the health care system in Ontario that are to be addressed by government.
- Using OHA advocacy efforts, develop HR/LR strategies and/or policy options developed from the “think-tank” and communicate them to government decision makers through appropriate mechanisms.

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