

Renfrew County Health Care Labour Market Forum Results

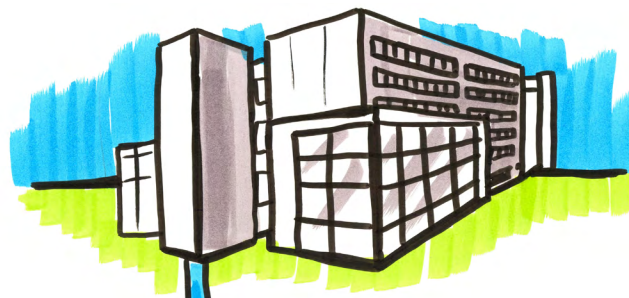


November 2018
Consultation, Survey
and Forum Findings



TABLE OF CONTENTS

2	- Algonquin College
4	- Overview
5	- Survey Results
9	- Group Facilitation by Erik Lockhart
10	- Graphic Recording
13	- Health Care Forum Results
18	- Media



ALGONQUIN COLLEGE WORKFORCE CREATION FORUMS

Background: In the fall of 2017, Algonquin College's Pembroke Campus hosted a forum to address a critical labour market shortage in Renfrew County's manufacturing sector. The forum brought together more than 50 people connected to the manufacturing sector as well as education, economic development and labour market planning specialists. The facilitated session produced several excellent ideas to help alleviate the workforce shortages and also provided some excellent base line information that detailed the extent of the issue and some of the barriers that needed to be overcome to address this issues identified. Based on the success of this event, Algonquin College expanded this initiative to the Health Care sector. This full day session was facilitated by Erik Lockart of Queens University, a highly respected facilitator who also led the manufacturing forum.

The Need: In January of 2019, Algonquin College held an intake for the Personal Support Worker program at Bonnechere Manor in Renfrew. This program is being offered at the long-term care facility as a means of helping the Manor secure more personal support workers. In recent years, the Manor and several other health care providers in Renfrew County have identified that it has become increasingly difficult to secure PSW's and they are

now concerned about their future workforce. This is particularly problematic in this sector because of an aging population. The recently released national census data for Renfrew County indicates the average age in the region is now 45 years old and that the fastest growing segment of the population is over 65 years of age. This trends means there will be greater pressure on the health care and social services sector moving forward, requiring a robust workforce to manage the needs of the elderly.

The Plan: Algonquin College held a full-day session for the Health Care Sector on November 23, 2018 in Pembroke. Employers within the health care, were invited to attend these sessions. A key note speaker, David Coletto made a presentation on becoming an employer of choice to millennials. Information gathered from surveys completed by employers in advance of the forum set the context for the day by better explaining the pressure points that are being felt by the sector in securing a workforce. The facilitator then used a series of questions to bring together ideas/recommendations from the group to develop a strategy to address these challenges. The group will now work at prioritizing these recommendations, providing a blueprint for community collaboration.

The Goals: There are 5 primary goals of these Workforce Creation Forums. They are:

- **GATHER** baseline labour market information from the sector to identify the challenges that are being faced by health care in Renfrew County.
- **SURVEY** - Bring together representatives from each sector in a full-day forum to create more awareness of the challenges being faced by each labour market group.
- **OPEN UP DIALOGUE** within each sector as a means of building collaboration and a strategy to address workforce challenges.
- **PRIORITIZE** the recommendations that are made during the facilitated sessions into a final report that can be shared with all attendees.
- **TAKE ACTION** as a community to create more workforce opportunities within the affected sectors.



Overview

Renfrew County Health Care Forum

Clarion Hotel, Pembroke ON | November 23rd, 2018 from 9:00 am - 3:30 pm

Purpose: To develop a community strategy to address workforce challenges in order to grow and strengthen the Health Care sector.

Agenda

- 9:00** — Opening Remarks - Jamie Bramburger with Algonquin College
- 9:15** — Keynote Address by David Coletto - Being an Employer of Choice for Millennials
- 10:15** — Refreshment Break
- 10:30** — Survey results - Matt LeMay with the Labour Market Group
- 10:40** — Facilitated Discussion - Erik Lockhart of Queens University
- 12:00** — Lunch
- 12:45** — Discussion Continues with Erik Lockhart
- 2:00** — Break
- 2:15** — Create a Community Action Plan with Erik Lockhart
- 3:00** — Summary and Closing Remarks

Outcomes

1. David Coletto from Abacus Data delivered an informative and entertaining keynote address where he provided tips on creating a workplace better suited to millennials.
2. The attendees assessed the current state of regional health care and the workforce by identifying assets and gaps.
3. Erik Lockhart, of Queen's University, had the group establish a baseline vision of success five years in the future.
4. The group then brainstormed over 60 potential strategies and actions using "The Decision Centre" - an electronic meeting system.
5. All ideas were ranked and prioritized into short and long term goals. The group agreed upon five priorities for the next two years and six quick wins for 2019 were identified.
6. Participants expressed their interest in being involved in the key priority areas.

Survey Results

A pre-forum consultation/survey was conducted with Health Care employers across Renfrew and Lanark County. 22 representatives participated in the survey which were conducted online. Following are the results of the survey.

Q1: Is your organization currently having difficulty hiring health care workers?

81% - YES 19% - NO

Q2: If yes, what positions are you having difficulty hiring?

- RN (Emergency, Acute Mental Health)
- RPN
- PSW
- Acute Mental Health Physiotherapist
- Health Records Technicians
- Medical Radiation Technologist
- Echocardiographer
- Emergency Department Registered Nurses
- Housekeeping Aides
- Food Services Workers with Cooks Papers
- Physicians
- Paramedical
- Rehab Assistants
- MSW Bilingual workers
- Med Lab technologist

Q3: Please rate the difficulty your organization is experiencing in filling positions.

10% - AVERAGE | 75% - DIFFICULT | 15% - VERY DIFFICULT

Q4: Compared to five years ago, is your organization having more or less difficulty hiring new employees?

6% - NO CHANGE | 94% - MORE DIFFICULT

Q5: Has your organization increased its pay bands or offered any other forms of additional compensation to attract employees?

58% - YES 42% - NO

Q6: If yes, what has been done?

- Annual wage increase
- RN's started at higher step
- Completed under union contract Incentive bonuses offered
- Increased wages and benefits
- Assumed the 4 dollars the LHIN took away

Q7: Is your organization paying more overtime than it was a year ago as a result of having difficulty filling work shifts?

74% - YES 26% - NO

Q8: Has your organization advertised jobs in the past year?

100% - YES

Q9: If yes, what mediums were used?

- | | |
|----------------------------------|-------------------------|
| • Company Website | • Word of Mouth |
| • Indeed | • Recruitment Agencies |
| • Local Employment Centre | • Professional Journals |
| • Mass emails to Alumni programs | • OV Jobs |
| • Local Paper | • LinkedIn/Facebook |

Survey Results Continued

Q10: Does your organization have a succession plan to replace retiring workers?

58% - YES 42% - NO

Q11: Has your organization held a strategic planning session focused on workforce challenges?

53% - YES 47% - NO

Q12: If yes, how recently was this done?

50% - Within 2 years ago

50% - Within 6 months ago

Q13: Has your organization partnered with any other organization to address workforce needs?

68% - YES 32% - NO

Q14: If so, what type of partnership has been put in place?

- Explored opportunities of "staff sharing" between homes.
- Alliance with Almonte General Hospital
- Contract to staffing agency
- Other hospitals
- Education development and partner with DND
- Algonquin College - to offer PSW program onsite @ LTCH
- Shared positions and contracts
- HR utilization specialist
- We work with partners for filling positions such as Coders
- For Francophone recruitment we have an inter-agency committee (FCS, Community Living, Columbus House, Women's Shelter, ACFO, Le Reseaux
- We partner with Colleges/Universities and try to support all placement requests.
- Formed the MCCH and are looking at opportunities to combine roles in order to retain talent
- Another agency will service our clients where we have been unable to recruit

Q15: Are you currently short staffed or unable to replace short notice call-ins?

75% - YES 25% - NO

Q16: What does your organization feel is the greatest challenge in filling vacant positions?

1. Lack of qualified applicants? - **40%**
2. Too much competition for employees? - **20%**
3. Employees don't want to work shift work? - **5%**
4. Other - **35%**
 - Positions are contracts...Unable to offer full time permanent.
 - Employee not wanting to work
 - There are many issues - living close to urban centers where there are full time positions, HCW may not want shift work, lack of people applying
 - Combination of the number of qualified applicants with existing staff members not showing up for their scheduled shifts (sick call ins)
 - Lack of qualified applicants, too much competition and employees don't want to work shift work
 - Off hours responsibilities in small, rural hospital
 - All of the above!!



Group Facilitation by Erik Lockhart

The Forum session was conducted using an electronic meeting system (EMS), an innovative facilitation process developed from research at the Queen's School of Business. The Queen's EMS, called "the Decision Centre", combines expert facilitation with a state of the art group decision support system to enable groups to rapidly accelerate idea generation and consensus building. This facility consists of a network of laptops accessing software designed to support idea generation, idea consolidation, idea evaluation and planning. The tool supports, but does not replace, verbal interaction; typically 25% of interaction takes place on the computers. Feedback from groups who have used the Executive Decision Centre process includes: meeting times can be cut in half; participation goes way up; better idea generation and alternative evaluation; a more structured process; and automatic documentation of deliberations.

Over 500 organizations around North America use the Centre for meetings such as: strategic planning, visioning, annual planning, focus groups, team building, budgeting, program review, project planning, risk assessment, job profiling, 360 degree feedback, alternative evaluation, new product development and a variety of other meeting types.

In the session, participants were asked, for example, "What are the steps "we" (industry, Renfrew County, education, others) need to take to ensure a solid workforce, and to grow and strengthen the Health Care sector? Participants typed in ideas on the laptops all of which appeared on a public screen at the front of the room. These ideas were then discussed and categorized into common themes. The group was then asked "if we could only address five of these in the next year, which ones are most critical?" Individuals selected his/her top 5 and the overall results were then displayed to the group and further discussed.



**For more information on this process, please contact:
Erik Lockhart
lockhare@queensu.ca
613 533-6681**

Community Partners



Graphic Recording of the Forum



What is Graphic Recording? Is it a process that involves capturing people's ideas and expressions in words, images and color as they are being spoken in the moment towards a common goal.



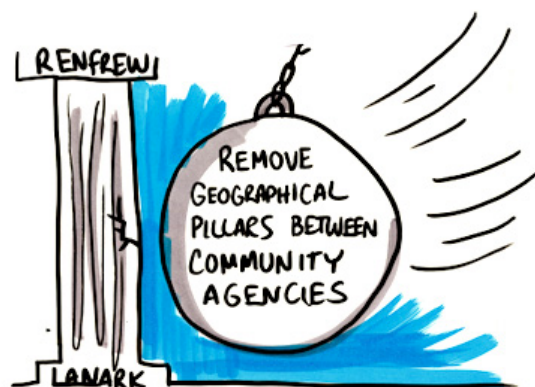
Health Care Forum Results

*Note: Comments have not been edited to ensure authenticity of dialogue.

What will success look like?

Defining success: Imagine it is 2027. We have been successful. If we were to achieve all that we wanted to in the next 10 years what would be in place? What have we achieved? Where are the six most compelling elements?

- Made a career in health care more attractive: e.g. job sharing, flex employment opportunities, schedules, \$ incentives (pensions, RRSPs, bonuses)
- Young people understand Health Care career options: Those entering post-secondary training fully understand what positions are available and we are able to have a clear "story" or "vision" for health care jobs that clearly communicates how we are "changing the world"
- More funding to allow increased staffing levels/ meet staffing needs.
- Workforce stabilization: influx matches out-flux.
- Highly engaged workforce. Quality patient care.
- Local college training for all of the needed positions: Not having to go out of town for that education. Offering more programs Online, and offering practical experience with placement opportunities.



Next steps and long term priorities

- Establish a working group: to continue our conversation
- College programs: Offering more specialty training closer to home (ex. Operating room training, ER, MRT, etc.)
- Better marketing of career pathways: what is health care and where are the opportunities
- Connect with high schools to promote co-op placement with healthcare providers
- Remove geographical "pillars" between agencies –
- Bridging programs for PSW's within local healthcare employers (Duplication of Bonnechere Algonquin)

Assets: what do we have going for us with regards to the health care sector and our workforce?

Note: these are not ranked. It was decided that these items fall into three categories.

1) Regional / geographic amenities

- As a region there is a selling feature to moving to our counties (i.e. lower home prices, safe communities, natural resources)
- Good work-life balance
- Recreational activities and programs for families, low cost of housing for families.
- Institutional access to jobs
- Access to post-secondary training in our community
- Close to urban center (Ottawa)
- Large industries (military and CNL) bring skilled workers (spouses, kids, etc)
- Great Healthcare system.
- Francophone community
- Community is engaged - willing to mobilize efforts to solve labour market issues
- Communication in small communities is an asset (more direct access to service and more accurate information - personalized services)

2) Health care sector/career assets/strengths/appealing things

- Very active home care sector
- We share staff and collaborate
- Good working relationships with other healthcare sectors
- Profession that makes a difference - meaningful jobs
- Work hard to get rid of silos
- Electronic health record accessible

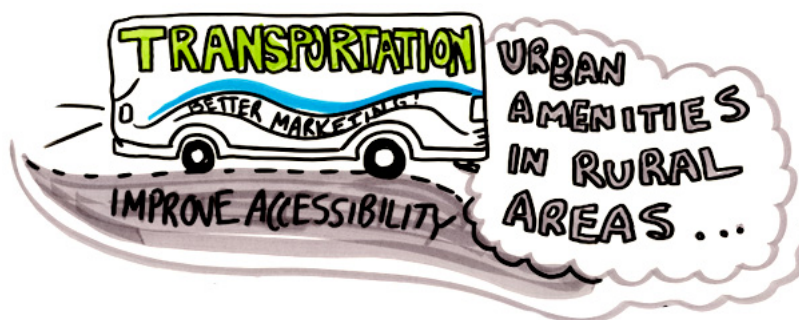
3) Agency/institution-specific assets/strengths

- Monthly incentive employee program
- Staff appreciation activities
- Monthly paid staff meetings to share information
- Low Turnover rate
- Provide benefits to staff who can maintain 20 hrs/week
- Provide personal device for work/personal use
- Lots of opportunity for growth within careers (personal development, training)
- Provide in-house training
- Employee education assistance
- Allow choice in shifts i.e. can make permanent switch to rotation
- Self schedule

Gaps & Barriers: what is missing, what are our liabilities, where are the problems?

What are the top FIVE health care challenges in our region?

- Lack of funds and supporting legislation, along with challenges of hiring within a unionized environment do not support work/life balance initiatives and fulfilling the needs of workers, particularly millennials.
- Lack of full-time/guaranteed hours positions (rather than piecemeal shifts), county size/travel is not attractive to applicants nor is it incentive to remain working. (Retention)
- Job fulfillment and working conditions - with a reduced client/resident load, workers can provide quality care they feel good about.
- Youth out migration without a strategy to attract youth (back) to the area results in a reduced population/workforce.
- Community attractiveness. Livability of the area would improve with transportation, broadband, technology and shopping to name a few.



Priorities

What are the steps “we” (industry, Renfrew County, education, others) need to take to ensure a solid workforce, and to grow and strengthen the Health Care sector? The group brainstormed ideas in small teams. Then each team selected its top 3 ideas to share with the plenary. Finally, pairs of individuals were asked to identify “if we could only address FIVE of the priorities in the next two years...”

TOP TWO - PLENARY - medium to long term strategies to address health care workforce challenges

- College programs - Offering more specialty training closer to home (ex. Operating room training, emergency room, MRT, HRT, Home Support program, etc.)
- Collaboration with colleges/universities to understand the realities of what we expect (ensure new grads are able/have the skills to work)
- Better marketing of career pathways - what is healthcare - what are the opportunities (can be too broad or overwhelming for youth making career decisions). ..and the promotion of healthcare i.e. community
- Improve Accessibility To & Awareness of Health Professions: (Early marketing and exposure to healthcare fields as career options i.e. go into high schools to talk about healthcare; health care providers/leaders; Marketing the community/potential match the needs in the labour market)
- Transitions support between careers to improve understanding (i.e. PSW to RPN to RN)

Vote - If we could just focus on six of these...

- College programs - Offering more specialty training closer to home (ex. operating room training, emergency room, MRT, HRT, Home Support program, etc.)
- Better marketing of career pathways - what is health care - what are the opportunities (can be too broad or overwhelming for youth making career decisions). ..and the promotion of healthcare i.e. community
- Connect with high schools to promote co-op placement with healthcare providers
- Remove geographical "pillars" between community agencies - improve efficiencies and allow staff to work within a close geographic area. This would also enhance staff experience. More collaboration between agencies with regards to client care and also providing a good work experience. Possible sharing of same staff member with two separate organizations that will work together to schedule for this employee to meet the needs of both organizations and the clients served.
- Bridging programs for psw's within local healthcare employers (Duplication of Bonnechere Algonquin program). With obligation to work for employer for 6 months to 1 year. * Also applies for RPN to RN
- Educate unions and work together to change organizational cultures - allow employers to improve flexibility. Require diverse union representation (generation-ally, FT, PT, Casual) so that variable needs are captured in contracts. Also: Union reps often have greater (provincial) agendas that are not reflective of our rural geography, and staff demographics - Work more collaboratively with unions - appreciate each others challenges.



Health Care Forum Results

Quick Wins

Top Quick Wins from each table (similar merged) Easy, low hanging fruit for implementation in 12 months.

- Establish a working group - Regular meetings of health care providers to share workforce shortages & challenges, ensure follow through of ideas, and discuss best practices.
- Options to off-load non-care related tasks from direct care staff (bedmaking, portering etc.)
- Develop Partnerships: Partnering between Colleges/Universities and Health Care Providers - provide realistic job/work experiences; longer placements and consistency of clinical exposure and experience; build in situ training opportunities to build retention into professions (i.e. retention of PSWs in profession long term after graduation) 2. Job/workforce sharing between agencies/ organizations - matching of like organizations/skills/needs between workforce centers; increase FT employment opportunities 4. Community Partnerships with non-traditional sector partners to support educational development/placements (i.e. senior housing paired with student housing; billeting in housing in community to build integration into community)

Expressions of Interest

How would you like to stay involved?

Working Group

1. Christine Wilson - Sweatergang Companions
2. Elaine Drabik - Arnprior Regional Health
3. Michelle Robertson-Deep River & District Hospital
4. Would like to stay involved. Patsy St. Denis and Sarah Gardiner Bayshore Home Care Solutions
sgardiner@bayshore.ca, phepburn@bayshore.ca
5. Carol Beattie
6. Brittany Pearsoll & Janna DesRoches - PRH
7. Lindsay Richards - Champlain Local Health Integration Network (Human Resources)
8. Shelley Sheedy, County of Renfrew LTCHs
9. Julia Boudreau - RVH
10. Representing Lanark County and north Leeds, it would be great to be aware of the issues in Renfrew County and see where we might partners or collaborate to develop plans and solutions for common issues in healthcare. Thanks Stacie Lloyd
11. Tammy Schwantz Access Healthcare Services Inc tammys@access-healthcare.com
12. Sharon Maye (Carefor) Working group and stay involved as needed
13. Tami Sandrelli (Caressant Care) for whatever is needed



Interested in our video The Digital Executive Summary Video?

Please follow this link to view:

<https://youtu.be/MKohf2IT9RQ>



The Labour Market Group of Renfrew & Lanark

Pembroke, ON K8A 5L8

(613) 735-4308 ext.2898

renfrewlanark@gmail.com

www.renfrewlanark.com

The Labour Market Group of Renfrew & Lanark is funded by

