"Promoting Health Care Workplace Excellence"

The Georgia Dialogue

Promoting Health Care Workplace Excellence— The Georgia Dialogue

A Summary of the Process and Findings of the Regional Invitational Forums on Workplace Excellence

Sponsored by the

Health Care Workforce Policy Advisory Committee
Georgia Department of Community Health

and the

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Georgia Nurses Association
Georgia Nursing Home Association
Georgia Pharmacy Association
Georgia Society of Allied Health Professionals

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" Executive Summary "

In recognition of the impact that workplace dynamics are reported to have on the growing problems with recruitment and retention of health care workers, the Health Care Workforce Policy Advisory Committee decided to implement a series of forums to discuss and document strategies for workplace excellence. The forums were developed and implemented with the support of five partner associations representing health care professionals and organizations. The sessions were designed to provide representatives of the Georgia health care workforce with an avenue to deliberate on factors affecting the workplace environment and a means to design a sustainable set of solutions and interventions to address recognized challenges.

Forum participation was by invitation only and representation consisted of health care executives, nursing staff and managers, pharmacists, and other allied health professionals from both hospitals and long-term care communities. More than 100 individuals participated. Forum content focused on an assessment tool and case study analysis to portray the operational challenges facing health care organizations. Group problem-solving discussions and presentations were structured to allow participants to equitably participate in the case review and to develop recommended solutions using both traditional and innovative practices.

The forum discussions provided many insightful thoughts and measures. The groups identified a common set of themes to identify and resolve challenges in the health care workplace:

- Participants identified communication as the number one factor affecting the workplace. Most believed that their organizations lack the mechanisms needed for clear and effective communication. The groups suggested thoughtful adjustments and accommodations that any organization could easily make to improve organizational communications—including information delivery and active listening strategies.
- Organizational goals must be well defined and sensitive to the many different values held by different stakeholder groups. In addition, ample opportunity must be given to staff at all levels to re-define and re-direct these goals in accordance with the changing needs of the organization and the community it serves.
- Employee participation and involvement are at the heart of many identified issues and solutions. Employees want and expect to be involved—and management should have this expectation of employees as well. They wish to be regarded as the group that helps craft the solutions to the problems, as oppose to being considered the problem. The extent of this involvement must run the gamut from goal setting and service delivery, to include crafting broad-based future visions for entire institutions as well as day-to-day bedside clinical planning.
- The performance of the organization determines its ability to hold a successful position in the market place and speaks to its ability to serve its community effectively. Great care should be taken to balance these two values. Although times may require that organizations take calculated steps toward innovation and growth, organizations should weigh rapid progress and change against the need to ensure that clinical professionals are able to retain their ability to provide the quality of care for which they strive.
- Organizations must aggressively pursue reward and recognition strategies that highlight individual and group success. Participants spoke with a perceptible sense of urgency about the need to develop and implement such programs, many of

which are simple and inexpensive in nature. These emotive tools are seen as potential immediate remedies to the workplace strain created by the exponential increase in workload and work intensity.

- Health care facilities and staff must find ways to build partnerships with each other and the communities they serve. Forum participants believed that health care organizations frequently overlook the need to work cooperatively with other providers and the community, an excellent partner and resource, in developing solutions to workforce problems.

The forum process and participants' assessments are presented in greater detail in this report. The lessons learned and the implications for future actions are also outlined. While the dialogue established at the forums was important, the more critical intent of these sessions was to facilitate real change in organizational behavior. Towards this end, forum participants were encouraged to consider and act on recommended strategies they saw to be of particular merit for their individual organizations. A cadre of professionals throughout the state, in every type of health care organization, committed to mutual respect and workplace excellence will be the only mechanism to promote a gradual, but real, improvement in these organizations' performance and the ability to attract and retain high quality health care professionals.

Forum participation was by invitation only and representation consisted of health care executives, nursing staff and managers, pharmacists, and other allied health professionals from both hospitals and long-term care communities.

" Introduction "

States and health care organizations across the nation are increasingly besieged by a workforce shortage much different and more complex than other any shortages experienced in the past. Georgia's current situation is no different and, if anything, it is worse than other places due to the state's incredible growth and unique demographics. In recent years, Georgia has become aware that short and long-term workforce shortages gravely threaten the system's ability to deliver health care.

To address the growing workforce shortages, Governor Roy Barnes and the General Assembly approved the formation of the Health Care Workforce Policy Advisory Committee during the 2001 legislative session. The Committee's primary responsibilities are to monitor and address issues related to the ongoing supply, demand, distribution, mix and quality of non-physician, health care professions licensed or regulated by the state and issues of recruitment, retention, and utilization of the workforce. To address its mission, the Committee has divided into four work groups:

- Educational Programming and Student Finance;
- Marketing and Recruitment;
- Data and Forecasting; and
- Workplace Environment and Enhanced Productivity.

The Workplace Environment and Enhanced Productivity subcommittee is charged with considering workplace conditions that impact the attractiveness of work in health care, promoting increased productivity of health care workers and recommending strategies that will positively affect the workplace environment and result in improved quality of care and stability and effectiveness of the workforce.

In considering the workplace environment, this subcommittee recognized challenges in the current health care climate and within the workplace that render the environment less than hospitable to long term retention and recruitment. The group acknowledged that many excellent ideas and quality programs already were being implemented by organizations throughout the state. The concept of holding a number of invitational forums across the state was conceived as a systematic means to begin publicly identifying and sharing these strategies of excellence to address work environment shortcomings. With the goal of facilitating the emergence of a welcoming and supportive work environment, four major goals were established for the forums:

- To serve as an avenue for sharing best practices and innovative ideas;
- To educate others on challenges and dynamics impacting staff and executive decision-making;
- To identify positive actions which improve workplace dynamics and environment; and
- To create an environment of shared learning and understanding.

Five state-level health care associations agreed to provide leadership in this effort, thus ensuring that the forums were properly constituted and that all possible issues were identified and addressed in the early planning stage. The sponsoring organizations were the Georgia Hospital Association; the Georgia Nurses Association; the Georgia Nursing Home Association; the Georgia Pharmacy Association; and the Georgia Society of Allied Health Professionals.

Through a series of planning meetings with representatives from these associations, specific forum guidelines and principles were established. These guidelines included:

- The forums would be held in a number of locations throughout Georgia, with regions established to center around major focal areas of the state.
- Forums would be by invitation only, with the invitees to be identified by the partner associations.
- Case study analysis would be used for discussion and learning.
- Participants should include individuals from the nursing home sector and the hospital sector.
- The invitee list should consist of a matrix of administrative staff and clinical staff. Those to be invited will come from one of the following positions: administrative *(chief executive, operating or financial officers, human resource professionals)*, nursing staff and managers, pharmacists, physical therapists, and other allied health professionals.
- The forum should last no more than two and one half hours with a working luncheon.
- No more than 48 individuals would be invited to each forum, to be situated at tables combining various positions in health care without allowing more than one person from an organization to be at a table.
- The forum would provide the following program schedule:

  - Introduction
  - Overview of Workplace Issues
  - Completion of the Assessment Tool
  - Lunch and Case Study Analysis
  - Group Presentation: Strategies for Workplace Excellence
  - Shared Learning and Identification of Next Steps

- The final report, to be submitted to the Health Care Workforce Policy Advisory Committee at its July 2002 meeting, should document the processes and findings of the forum effort and participants with the goal of encouraging replication of both the dialogue and the identified solution-oriented strategies. The report should be made publicly available for use by all partner organizations.

" The Search for Workplace Excellence "

The overall tone and dialogue of the forums held around the state spoke to this as a realistic, achievable endeavor. While some new and complex concepts were expressed at the forums, generally the ideas and strategies identified by participants were familiar and uncomplicated in design and implementation. If anything, they recall concepts, ideas and thoughts that everyone traditionally reads, hears and intuitively knows. In short, many suggestions focused on the use of *good, simple, common organizational sense.*

Conceptual Framework

High performing organizations have created environments that allow them to recruit and retain motivated and high performing employees. Generally, these kinds of organizations share a common set of characteristics. Typically, they demonstrate strong customer satisfaction, creating customers that tell others of their positive experiences. Employees in these types of organizations are satisfied, and rate themselves as fulfilled, enjoying their work, and helping to recruit new employees. As a result of these efforts, these organizations deliver services with fewer steps, often at lower costs, while showing superior quality based on outcomes.

Although there are various beliefs regarding core competencies that are intrinsic to organizational success, five dimensions were presented as the core values, which best typify the characteristics of a high performing organization.

- Customer satisfaction
- Employee satisfaction
- Organizational goals
- Organizational performance
- Reward, recognition and reinforcement

Forum participants, using an assessment tool developed by the forum planning team *(Appendix A)*, were asked to confidentially rate their organization's degree of congruence to these five core values. Participants were asked to be mindful of their responses on the assessment tool as they conducted their dialogue. At the end of the forum, each participant was also asked to chose one core value and to commit to work on that particular value upon return to the their organization.

Case Studies

The medium utilized for analysis and discussion were two case studies. *(Appendix B)*. Each case study portrayed operationally challenged organizations, typical of current health care systems. The case studies recognized that staff frustration with the work

environment problems is frequently a symptom of overarching financing, service delivery and workflow problems. However, the case studies called upon the teams to identify strategies to address systems issues, human resources development and participatory management. Each group of individuals was asked to analyze a case study and to provide their assessment and recommended solutions to the problems highlighted in their case study. The participants were encouraged to think of traditional solutions as well as innovative, best practice solutions.

Findings

The workplace is where strategies and innovation are developed and executed. It is also where problems and difficulties emerge which can paralyze the vision, mission, values, goals and objectives of an organization. Using the case studies, participants identified the following findings and recommendations:

Communication

Lack of quality communications was by far the number one concern expressed by the participants. They believed communication to be the most critical of all issues. From this issue stems low morale, lack of employee ownership and participation, lack of leadership stability, staff and management turnover, and loss of focus. Staff often expressed a sense of feeling "out of the loop", thereby hampering their ability to see their work and contributions within the bigger picture. This concern plays a critical role in lowering morale and in preventing buy-in to organizational operations. Not surprisingly, participants articulated that the presence of strong communication among the employees of an organization at all levels is the most pivotal catalyst for an organization's success. Open, two-way communications is deemed to herald the best of circumstances, to promote the advent and

presence of entrepreneurial talents, and to nurture the development of sustainable solutions for many of the organizations strategic concerns.

Well Defined and Refined Organizational Goals

Although some conformity exists in generally held principles regarding organizational goals, tensions are inevitable between various stakeholder groups within an organization, as goals are clarified and implemented. Much of these tensions reflect legitimate differences between staff at varying levels that are reflective of the training, duties and position of individuals. For this reason, participants stressed the need for organization management to ensure that the process for setting goals is accessible to a broad range of stakeholder groups and is receptive of the various, and sometimes competing, values within an organization. Clearly, it is important to set goals and prioritize them, however, everyone must remember that organizations cannot be "all things to all people". New goals can and must be developed that reflect and balance a broad set of values, skills and capacity within an organization.

Employee Participation and Involvement

The disparity in thoughts between administration and staff, created in part by mismatched communications and a consequent lack of ownership, sits at the apex of this particular concern. Administration representatives acknowledged the need to be more inclusive with staff throughout their organizations. Yet, information received during the forums indicated that this was not occurring effectively. Failure to effectively include broad organizational participation prevents effective design of and buy-in to proposed solutions. Clearly, some consensus exists regarding

efforts from administrators to establish methods to seek broad participation. However, whether real or perceived, participants acknowledged that some participation methods are hollow gestures. In short, when an organization asks, it is incumbent on that organization to also *act*. Surveys, dialogue sessions, quality circles, etc. must be real for participants to ensure real results for the organization. Organizations must develop more effective means of enabling true participation and involvement. Indeed, administrators and staff alike recognized the substantive value that employees at every level provide to identifying cost-effective and quality-driven patient care solutions.

Organizational Performance

There was an incredible desire among the participants to see their respective organizations become the best in what they do. This was true for all participants, regardless of their position within the organization. A critical component in achieving this goal is the stability of the workplace environment and the ability of that workplace to support the workers responsible for administering care. Increasingly, this stability is challenged as demand for health care services increases in response to the growing and aging population in Georgia. Organizations respond to this growing demand by adapting services and structures within their facilities.

Yet, a sense was often expressed that organizational efforts to grapple with this growing demand are compounding the problem, as many organizations often move too fast and expand too aggressively, thereby placing greater burdens on staff while preventing them from getting involved in other important areas of professional and organizational development. This fact poses risk regarding the quality of care and potentially serves as a distraction that will lead to unacceptable sacrifice in the overall quality of care and organizational performance.

Reward and Recognition

Effective rewards and recognition of staff for exceptional performance, achievement of outcomes beyond the norm, and performance above and beyond the normal range of their

professional duties were perceived to be an effective means to build morale within individual staff. However, most participants expressed a common belief that such programs were rare and were often mediocre when available. Compensation at a level that recognizes the value and professionalism of nursing and clinical staff is certainly important. However, money is rarely cited as the sole or even primary motivator for improving staff morale. Generally, recognition programs that rely solely on monetary rewards are costly and ultimately ineffective in improving satisfaction and retention.

According to many participants, one of the most important values for staff is "to be respected and valued." A few simple, well conceived methods that demonstrate how organizations value staff can do much to turn the current environmental malaise to a more supportive and rewarding workplace. Workers who feel welcomed and valued are more committed to the organization and its goals.

Partnership with the Community

Although the context of the forums was the internal workings of health care systems, considerable attention was given to relationships with other providers and the external community in which organizations function. Many participants expressed a belief that health care organizations have failed to adequately involve each other and the community-at-large in addressing the workforce shortages, workload and systems issues in ways to help alleviate the impact of these shortages. They expressed a perceived lack of will and subsequent initiatives to mobilize providers and community outside their organizational walls.

At minimum, mechanisms to communicate with an organization's customers must be in place. Though they are ultimately the end users of the services of the organization, communities are comprised of consumers, educators,

payers, policy makers, regulators, and ancillary service providers who are in a position to exert influence, positive or negative, on matters that may greatly impact an organization. Given the potential impact, more needs to be done within the health care sector to aggressively interface with partner providers and the community at large.

Recommendations

The forum process called upon participants to develop suggestions to address the identified findings in a manner that would promote workplace excellence. Participants identified numerous recommendations. A number of ideas reflect efforts currently employed by some organizations with great success, while others represent newer, more innovative solutions not implemented in Georgia. All were positive and should be able to find use in any of a number of facilities across the state. The recommendations were as follows:

Communication

- Design an avenue for communication among all stakeholders at all levels of the organization. This may be in the form of a town hall meeting, small group discussions or regular employee surveys with consistent follow up. Other recommended measures include breakfast or lunch with the boss, going on a fact finding mission, and developing a "story line" that is realistic and credible for the staff.

- Consistent and frequent communication among stakeholders to discuss organizational goals and performance, as well as accomplishments, concerns and action plans.

- Opportunity for administration and staff to listen and react without constraint.

- Over communicate! One can never communicate enough—in reality, most managers only really begin to scratch the surface for open dialogue and discourse.

- Though communication of all forms is highly encouraged, the visibility of management is an equally important strategy. Staff's ability to recognize and relate to the organization's leader allows for a greater sense of belonging and inclusion.

- Listen, talk and take action!

- Organizations should provide an anonymous and less threatening venue for the staff to express their thoughts and concerns.

- Leadership training should be provided with strong emphasis on listening skills.

Well Defined and Refined Organizational Goals

- Organizations should strive towards the achievement of a corporate culture focused both on mutual respect and shared accountability.

- Organizations should find ways to deal with the inherent conflicts between the goal of continued service expansion and the reality of limited resources.

- Planning of the organization's growth strategy, while meeting the needs of the community, must be considerate of the workforce shortage and the financial and professional burden it creates.

- Leaders and staff should revisit the organization's strategic plan and make adjustments and modifications so as to make it realistic.

- Organizations should focus equally on the ability to positively impact care as to increase revenues and reduce expenses.

- All parties must commit to creating a work environment that is appealing and comfortable at every level.

- By encouraging meaningful participation of all organizational members in the goal setting process, organizations will greatly improve processes and outcomes.

Participation and Employee Involvement

- Each department should have input into any decisions that affect that department. Moreover, organizations

should consider cross-departmental reviews and staff cross-training efforts– both to promote systems improvement and to address workforce shortages.

- A momentary delay in the development and implementation of programs and projects is a fair price to pay, so long as the staff and all stakeholders can feel rightful ownership of the process.

- Consider the talents and best practices in your organization and utilize them as a benchmark for the other units to emulate.

- Employees should feel a sense of control for their work, accomplishments and contributions. They must feel that their contribution is valuable to the success of the organization.

- Staff should recognize that along with heightened authority and participation comes accountability. As management involves staff in decision-making, it then becomes important for the staff to approach work and the organization with an enhanced sense of ownership and responsibility.

- Problem-solve with the staff and consider them as part of the solution.

Organizational Performance

- There should be a systematic approach to measuring and understanding what is being done in the organization. Process improvement measures must be readily accessible for use by everyone in addressing and resolving issues of consequence.

- A set of performance criteria and measurements should be used to insure strong organizational quality performance. Staff should understand the criteria and actively participate in the measurement process.

- Organize the workload for maximum efficiency. This can be accomplished through the development of hybrid programs where staff is cross-trained to perform a variety of different but related roles.

- Understand that the danger of inaction in any organization can be the primary cause for breakdown of staff and unit functioning.

- Ensure a balance between competing interests within an organization—one that equally values fiscal demands and quality of service

- Consider untried, innovative approaches as well as proven solutions to traditional and common problems.

Reward and Recognition

- Provide a comfortable environment in which to work, with ample space and a work area pleasing in appearance.

- Ensure the availability of a reward and recognition program that provides incentives through employee recognition for performance and excellence. Likewise, consider the development of a "spot incentive program" providing reward and incentives to staff working in areas where there is unexpected increase in workload and work intensity.

- Ensure that the rewards provided to selected individuals are of value to them.

- Give the staff the opportunity to provide leadership in recruitment and retention projects with support from administration.

Training is everything. The peach was once a bitter almond; cauliflower is nothing but cabbage with a college education.

Mark Twain

- Provide for flexibility in the development and implementation of recruitment and retention strategies. Efforts should include the hiring process, job transitions *(e.g., offering departing staff "on call status")* and ongoing staffing plans that include innovative and seasonal scheduling.

- Utilize the happiest and most content employees to promote the organizations programs.

- Ensure that any recognition program provides staff interaction with the organization's leadership. Participants expressed the desire for all venues of communication, be it a regularly structured meeting, a quarterly awards ceremony or simply a casual conversation.

- Ensure availability of training and mentorship programs for staff. Accommodate the changing demands of their role through continuous improvement in the educational offerings of the organization. The programs must be flexible and should provide for refinement of existing skills and acquisition of new ones. Any mentoring program should provide easy access to leadership and clinical mentors

- Value the service that people provide and they will feel constantly included in the organization's plans. As one forum participant noted, "Money is nice to have but what really matters is the recognition of the staff and letting them know they are valued."

- Health care facilities should ensure physician involvement in the respect for and recognition of the staff and in the development of solutions to the workforce shortage.

Partnership with the Community

- Organizations should reach out to the community to get it actively involved in the development and support of programs. Share the challenges confronting the organization and allow the community to participate in the development of the solutions.

- Collaborate with other health care providers, acute and non-acute, in crafting a seamless care delivery process for the patients from admission, transfer and discharge.

- Team up employees with the community to identify specific needs and opportunities.

- Work with colleges, universities, technical schools and other educational and training programs, as well as public and private agencies, to increase the workforce supply and to make available to recruits easy access to their programs.

- Develop a program that promotes the health care organization as part of the community's growth strategy.

- Take advantage of other health related resources that may serve organizations by decreasing overall demand for their services.

- Partner with businesses and employers to develop a collaborative program that can help grow the economy.

- Enhance financial support for programs and product offerings by exploring the availability of additional resources from the private and public sector.

We belong to the community. It is not the tailor alone who is the ninth part of a man; it is as much the preacher, and the merchant, and the farmer. Where is this division of labor to end? and what object does it finally serve? No doubt another may also think for me; but it is not therefore desirable that he should do so to the exclusion of my thinking for myself.

Henry David Thoreau

" Lessons Learned and Other Recommendations "

The regional invitational forums proved to be an excellent linkage of talents, organizations, professionals, and architects of change. Participants expressed appreciation for the opportunity to share in the dialogue. Ninety-nine percent *(99%)* of participants indicated a desire to replicate this kind of forum on a regular basis. *(See Appendix D for a summary of the participant evaluations.)* The members of the Health Care Workforce Policy Advisory Committee recognize and support the need for consistent and frequent approaches to maintain the open dialogue necessary to promote improvements in the workplace. Yet, neither the Committee nor the state should serve as the principle convening body for future forums. The best approach to achieving true change requires that individual health care organizations and the professional associations assume an increasing level of responsibility towards convening structured dialogues for their respective constituencies. The successes of this forum process should serve as a model to enlighten any interested association in implementing these forums in a workable fashion

To facilitate such replication, it is important to understand the challenges and successes involved with the implementation of the forums. As with any new endeavor, difficulties did surface in the implementation of these forums that should be considered in any future efforts.

While conventional wisdom would suggest that the critical workforce shortage would command an ardent call to action, reality proved otherwise. Despite the fact that most participants expressed strong positive opinions, the principle challenge throughout the forums involved getting invitees to commit and show up for the forums. The partner associations should play a strong role in this effort. While they were all responsive in providing lists of invitees, the greatest successes in response rates from invitees happened when association staff became directly involved in encouraging invitees to attend. Typically, the staff involved in this role were well established and known throughout the constituency served by their association.

The case study proved to be a useful method of stimulating dialogue. However, in the planning stages, identifying suitable, pre-developed case studies proved to be a surprisingly difficult task. Additionally, locating scenarios that could be assembled to produce an applicable case study was laborious and often those located were not well suited to the purposes of the forum. In the end, forum sponsors had to create hypothetical case studies using limited written material and case studies that were adapted to better reflect and simulate the work environment of today. Ultimately, this creation proved to be successful, as demonstrated by evaluation responses, however additional case studies may be required in future forums—to reflect the changes in the workplace or to provide greater diversity in forum discussions.

The apparent lack of quality case studies focusing on management practices and organizational development speaks volumes to the underlying problems of the work environment. In future dialogue efforts, care should be taken to find or develop new case studies that are reasonably accurate and believable renderings of the dynamic workplace that comprises the world of health care.

"Leadership should be born out of the understanding of the needs of those who would be affected by it."

Marian Anderson

The best approach to achieving true change requires that individual health care organizations and the professional associations assume an increasing level of responsibility towards convening structured dialogues for their respective constituencies. The successes of this forum process should serve as a model to enlighten any interested association in implementing these forums in a workable fashion.

Certain other issues will also continue to demand attention and, although these forums successfully overcame these challenges, will require great care. Perhaps the most important of these issues is providing a comfortable environment in which all present will actively participate. Great care was taken to promote an egalitarian environment in the forums and sponsors received overwhelmingly positive comments for this effort. Participants clearly valued the approach of organizing participants by varied professions and organizations at each table. The process allowed participants to identify themselves by name and organization; the use of professional titles was strongly discouraged. In addition, the forums used an "ice-breaker" exercise to have participants identify their favorite hobby or avocation. The exercise allowed participants to value the non-work related interests and skills of others. This process was also used to provide an unbiased vehicle for selecting the presenter for the group.

All of these strategies served to create a group environment that was conducive to easy conversation without the disadvantage of introducing power relationships inherent in knowing the title and position each participant held within their organization. Staff nurses, pharmacists and other allied health professionals sensed a "level playing field" and believed that their ideas, thoughts and suggestions carried equal value and weight. Further, administrators welcomed the candid nature of the deliberations and understood the values of the ideas and the suggested strategies.

Though there were challenges involved with creating the case studies used in the forums, the case study analysis and presentation did prove to be well suited as a medium for group discussion about the workplace environment. This element should be replicated in any future forums. However, care had to be taken to ensure that a small group of individuals did not dominate the conversation at the group tables that developed through these case studies. To facilitate this, association partners provided staff at each forum to serve as facilitators/moderators of the conversation. Generally, these individuals would not directly participate in the conversation beyond answering questions and helping it get started. Their role, however, would become critical if they perceived an imbalance in the dialogue, in which case they would work to identify other, less involved group members and encourage their input and move the conversation to other members throughout the table.

Perhaps the greatest benefit from these forums was the opportunity it provided to allow health care colleagues to share time and talk with each other. It was the consensus of the participants that the time they had invested in the forum was time well spent and that the information they gained, especially regarding the opinions and thoughts of those located elsewhere in the world of health care, would serve them well when they returned to their organization.

Care with logistical issues also contributed to the overall success of the forums:

- The participants appreciated the forum sessions stayed on schedule while acknowledging the optimum learning that transpired over the designated period.

- The assessment tool and tool kit were considered valuable resources. *(See Appendix C for the list of reference materials provided in the tool kit.)*

- The participants found the report on the problem-solving strategies and identification of the target areas work exceptionally helpful and beneficial.

- Although much of the group discussion centered on the case study, the participants welcomed the fact that the ideas and thoughts shared and discussed were not constrained by or limited to the case study.

- The timing, location and setting of the forums were well received.

Perhaps the greatest benefit from these forums was the opportunity it provided to allow health care colleagues to share time and talk with each other. It was the consensus of the participants that the time they had invested in the forum was time well spent and that the information they gained, especially regarding the opinions and thoughts of those located elsewhere in the world of health care, would serve them well when they returned to their organization. Every effort should be made to maintain this aspect of any future forums, as it is this dialogue, if maintained over an extended period of time, that will lead to successful changes in the workplace environment.

" Conclusion "

All of the great leaders have had one characteristic in common: it was the willingness to confront unequivocally the major anxiety of their people in their time. This, and not much else, is the essence of leadership.

John Kenneth Galbraith

The regional invitational forum process proved to be an excellent avenue to assemble key stakeholders in pursuit of strategies to make the workplace environment more conducive to effective, enjoyable work and long term retention. Collectively, administrators, clinical managers and front line staff can find the common threads to weave together their ideas and thoughts so as to build a shared vision for an organization. The chance to network was greatly appreciated by each organization and across professional groups. Through the dialogues that developed around the case studies, groups were able to assess a situation, discuss and argue possibilities, and agree on a common and optimal path for resolution.

While many of the assessments and recommendations outlined in this report are familiar and simple, they all reflect careful thought and were presented in a manner that is practical and feasible. More importantly, the materials presented were born out of an open, deliberate and respectful discussion by groups of individuals who often do not engage in this type of dialogue. During the forums, they worked hand in hand to craft and present unified thoughts on the best avenues to correct current work environment problems.

It is not clear, at this point, how the information gleaned will be regarded, managed and implemented. Successful implementation of change is more demanding than developing the concepts. However, it is obvious that needed change in the workplace environment cannot occur until the required dialogue ensues and a common vision is developed. This important first step did begin to take shape through the forums. And, the process has provided the participants and many stakeholders with a positive sense that health care systems and staff at every level can identify and embrace the principles necessary to cultivate and maintain workplace excellence.

The performing, learning, and transforming organization must find leaders of all types. They are not only to be found within the top levels of management. Rather, a leader may represent a combination of members throughout the organization and include those who merely desire change and improved processes and outcomes. Employees and, in some respects, the community at large have been long overlooked as the source of solutions, innovative strategies and, indeed, leadership. The health care workplace environment is where all the key players, administration and front line staff alike, perform to achieve competitive advantage and success in patient care and quality. Conversely, it is also in the workplace environment where adversity and potentially destructive incidents can occur. Leaders from every level in the organization must play critical roles and serve as catalysts of transformation and change. Health care must seize the moment and provide the infrastructure and the mechanisms for creating a harmonious and progressive work environment cemented in the traditional values of caring and concern.

Successful implementation of change is more demanding than developing the concepts. However, it is obvious that needed change in the workplace environment cannot occur until the required dialogue ensues and a common vision is developed. This important first step did begin to take shape through the forums.

The work environment will continue to be a pivotal force in making or breaking the human dynamics of any health care organization. In the years ahead, familiar benchmarks and guideposts will change as rapidly as the times, but the one constant will be the leader.

Hesselbein
The How-To-Be a Leader

Do not think purely of today's difficulties, but of the success that may come tomorrow. You have set yourselves a difficult task, but you will succeed if you persevere, and you will find joy in overcoming the obstacles. Remember, no effort that we make to attain something beautiful is ever lost.

Helen Keller

Special Note: This Assessment Tool was developed by Stephen R. Mayfield, of Dekalb Regional Healthcare System, and the staff of the Georgia Department of Community Health, Division of Health Planning. Any party may use it with appropriate reference provided.

High performing organizations have created environments that allow them to recruit and retain motivated and high-performing employees. Generally, these kinds of organizations share a common set of characteristics. Typically, they demonstrate strong customer satisfaction, creating customers that tell others of their positive experiences. Employees in these types of organizations are satisfied, rate themselves as fulfilled, enjoy their work, and help to recruit new employees. These organizations do a good job of communicating what is important—both internally and externally. As a result of these efforts, these organizations deliver services with fewer steps, often at lower costs, while showing superior quality based on outcome measures.

This assessment has been designed specifically for use at the Regional Invitational Forum on Workplace Excellence and it is solely for your personal use. It will not be shared unless you decide to do so. You will take this tool with you when the forum ends—hopefully, you will be able to use the ideas from the forum and the observations from this assessment to strengthen your organization and enhance your workplace.

The assessment tool is designed to be used by staff at any level in an organi-zation—from front line staff to the chief executive. For each statement in the sections below, please indicate to what extent you agree that your organization reflects the stated values or engages in the specified activities. Your responses should reflect your personal knowledge of the organization and its activities. Please do not respond from the perspective of what you think should be occurring in the organization—and you should feel free to check "don't know" if you are not sure about the applicability of any of the statements to your organization. *(Note: Please leave the "My Priority" Column blank at the time you initially complete the Assessment.)*

Section 1: Customer Satisfaction

The best-performing organizations know how their customers feel about the quality of services they provide and the manner in which they are delivered, and they communicate that information with their staff.

My Priority	Statements About Customer Satisfaction	Please Check One				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
	Our organization surveys our customers on a frequent basis or at the time they receive service, before they leave the facility.					
	Our organization uses a number of different strategies to encourage customer feedback, to collect customer comments and suggestions, and to quickly resolve customer complaints.					
	Our organization quickly and frequently shares customer satisfaction scores and feedback with staff at all levels in the organization.					
	Our organization shares positive customer feedback as well as customer concerns, recognizing staff for good performance as well as helping staff make improvement when necessary.					
	Our organization helps staff understand the important role they play in contributing to customer satisfaction.					

Section 2: Employee Satisfaction

The best-performing organizations know how their employees feel about the workplace. They understand and value employees' perceptions—about the availability of adequate resources to get the job done, about having the support needed to handle issues, and about the ability to resolve obstacles.

My Priority	Statements About Employee Satisfaction	Please Check One				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
	Our organization obtains frequent feedback from employees through surveys, meetings, suggestion boxes, and other mechanisms.					
	Our organization shares the results of employee feedback with employees.					
	Our organization uses employee feedback to identify concerns and resolve problems.					
	Our organization makes it clear to employees that their feedback and satisfaction is important and valued.					

Section 3. Organizational Goals

In top performing organizations, staff members at every level are able to articulate clearly the goals of the organization and staff members review the progress toward these organizational goals by routinely reviewing a few simple measures of success.

My Priority	Statements About Organizational Goals	Please Check One				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
	Our organization has a set of clearly defined and understandable goals and performance measures that monitor progress on these goals.					
	Our organization presents progress reports on performance measures and goal attainment to all staff and helps staff understand what these measures mean.					
	Our organization helps staff understand the importance of good internal customer service *(department to department)* in goal attainment and performance.					
	Our organization has methods in place to measure internal customer service and to ensure that all staff understand how their internal customers view their department or program.					

Section 4. Organizational Performance

The best performing organizations regularly measure their processes and clinical outcomes to ensure that the processes are efficient and effective, result in lower-than-average costs per episode of care, and produce better-than-average clinical outcomes *(length of stay, re-admissions, mortality, infection, etc.)*.

My Priority	*Statements About Organizational Performance*	*Please Check One*				
		Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*	*Don't Know*
	Our organization regularly compares *(or benchmarks)* our processes to those in similar organizations as a measure of performance.					
	Our organization identifies areas where it is not performing at the level of similar organizations and then identifies ways to improve clinical efficiency by reducing duplication and streamlining service processes.					
	Our organization regularly compares our costs for clinical services with those of similar organizations and shares that information with staff.					
	When our costs appear out of line with those of similar organizations, our organization engages staff at every level to identify ways to reduce costs without negatively impacting services.					
	Our organization regularly compares our clinical outcomes with those of similar organizations and shares that information with staff.					
	Our organization encourages participation from staff at every level to plan strategies to improve and/or maintain good clinical outcomes.					

Section 5. Recognition, Reward and Reinforcement

The best performing organizations have methods to regularly acknowledge the success and contributions of staff members.

My Priority	*Statements About Reward, Recognition and Reinforcement*	*Please Check One*				
		Strongly Agree	*Agree*	*Disagree*	*Strongly Disagree*	*Don't Know*
	Our organization has ways to measure the success and contributions of staff members and everyone is familiar with these methods.					
	Our organization gives public acknowledgement to employees for their successes and accomplishments.					
	Our organization has a system or systems in place for rewarding successful employee performance.					
	Our organization reinforces positive performance, promotes a sense of family for staff at every level, and makes staff feel good about their work and contributions.					

Section 6. Next Steps—This Section Should Not Be Completed Until the End of the Forum

From this assessment and our work today in the forum, I have determined that my organization could improve employee satisfaction and the organization's overall performance by doing the following:

_____

_____

I am going to work with my organization in hopes that we move forward with these next steps.

My Signature _____Date_____

Special Note: These case studies were developed by the staff of the Georgia Department of Community Health, Division of Health Planning, with assistance from Ninfa Saunders, RN. Any party may use them with appropriate reference provided.

Case Study #1

For the past 2-year period, the large emergency center had experienced high turnover in nursing management. The nurses who left were clinical managers/charge nurses, responsible for the day-to-day operations of the center. Each of three clinical managers was responsible for one of three 8-hour shifts. In the last 24 months, five managers resigned from the three positions. One position still remains vacant after four *(4)* months of recruitment.

In the past, applicants for the positions were plentiful. The attractive salary had served as the primary motivator for those pursuing advancement. As staff members observed the fast turnover of managers, other prospective applicants from within the ranks became skeptical about applying for these positions. Money was no longer a motivator. The general response among the staff nurses was "There's no amount of money to pay me to take that job!" Additional incentives, including specialty certification reimbursement, opportunity to attend management seminars, and flexible work hours, were also marketed to attract nurses to apply for this salaried position.

Soon, difficult behaviors were observed among the rotating charge nurses who ran the shifts in the absence of clinical managers—these individuals were the most likely to be promoted to the vacant supervisory positions. One rotating charge nurse stood out from the rest in that she was in charge of this shift each time she worked. She demonstrated behaviors that indicated her distaste for the role she was filling by default. Her behaviors showed lack of teamwork, verbalization of negative feelings about coming to work, and inability to make any decision without consulting the Unit Manager. It was suspected that these behaviors developed in this nurse and within the group of other charge nurses because each feared he or she would be promoted into the open position.

Concerning the events surrounding specific turnover issues of the five managers who left the positions, a close look at the demographics of this department is revealing. The median age of the clinical managers was 30. In this center, nurses over 30 who remained in staff positions were believed not to be interested in management positions. Internal hiring was another issue. Promoting from within had traditionally served as a positive motivator. Further, in this center, experience from hiring outside into management roles had proven hazardous because of increased orientation time, the lack of comparable centers within the area from which it recruits, and potential internal friction. Traditionally, higher success rates had occurred with internal promotions. When internal hiring was practiced, nurses in the early stages of professional development tended to be the applicants. In reviewing the professional age of the nurses who had most recently occupied these clinical leadership positions, it was found that four of the five had practiced nursing less than 3 years and senior management was concerned that limited seniority and maturity may have contributed to high turnover. Lack of good, stable clinical management also led to poor morale and increased turnover among front-line emergency staff nurses.

This particular emergency center had always been very clear on departmental goals and purposes. Mission statements include concepts such as acute management of life-threatening conditions, interim stabilization prior to transfer to inpatient care areas, and providing effective triage of patient conditions so as to meet the needs of each category of patients in a timely manner. Yet, in the most recent 2-year period the mission of the department was in conflict with the reality. The hospital was frequently on diversion, sometimes nearly 10 days per month. The situation was particularly problematic during flu season when many elderly patients presented for service through the emergency room. Nursing homes in the area relied on the emergency room to serve a large number of elderly patients with acute care needs. Staffing shortages in long-term care programs make it more difficult then normal to care for the very frail and sick.

Recent data indicated that more than 50% of the admissions to the hospital for inpatient care had come through the emergency center. There was lack of available staffed acute care beds, particularly critical care beds. The lack of staffed acute care beds was due in part to a limited number of nurses available to staff those units. Areas such as the post-anesthesia care unit and the emergency center sometimes were forced to hold transfer patients for up to 48 hours because of this dilemma. Nurses could not effectively provide access to care to potential emergency room patients because of the transfer delays.

Hospital management and the ER physicians are frustrated about the cost, quality and liability of inappropriate and burdensome emergency care. Front-line clinical staff feels overwhelmed and view the clinical management as crisis-driven and disorganized. Clinical management spend the majority of their day begging for inpatient beds and calling in additional staff and agency nurses to care for the intensive patients, with little time to actually plan for or manage anything.

- What are the most pressing organizational and staffing issues to be addressed? How might the hospital go about identify the root cause problems in this situation?
- Are there environmental pressures that may be driving or at least contributing to the emergency centers staffing problems? Is it possible to address external forces that may generate serious workplace problems?
- What steps could be taken to improve morale and staff relations? What are the dangers of inaction?
- Have you had a similar experience in an organization? What factors might lead to a successful turnaround? What measures might be used to determine "success" or improvement?

Special Note: These case studies were developed by the staff of the Georgia Department of Community Health, Division of Health Planning, with assistance from Ninfa Saunders, RN. Any party may use them with appropriate reference provided.

Case Study #2

Area Hospital is a 300-bed hospital with a 100-bed nursing home located in a regional urban area. The community has a four-year college and several large manufacturing industries—yielding a patient population that has varying levels of insurance coverage and health care sophistication. The hospital is a private, not-for-profit institution that offers a wide range of services and specialties to the community and surrounding areas. Outside the urban core, the area is primarily rural and agricultural. The Area Hospital is the primary provider of specialized care to the regional population. However, within close proximity across the state border are two significant medical centers—one operated by a state medical school and one operated by a national for-profit chain. Area hospital is associated with a PPO/HMO program and operates several primary care and/or rural health clinics that supply almost half of the patient population. The hospital has historically been financially sound, benefiting from the capable direction of a future-minded chief executive officer, and community and public support. It also has enjoyed the role of being one of the largest employers in the region.

In recent years, the region has been hit with the loss of several large employers and a drought that has severely impacted agribusiness. The number of unemployed and uninsured has skyrocketed. In the meantime, public and private insurance reimbursement has been capped or reduced. Two smaller community hospitals within 30 miles of Area Hospital have been forced to close due to long term financial loses. Area Hospital has attempted to respond to the many needs of its immediate customers and the surrounding communities by developing new outreach/prevention programs and satellite services models.

Area Hospital is viewed as a fast-paced, responsive organization that offers continual activity, growth opportunities, and professional challenges. In the past several years, the hospital has initiated new clinical programs such as open-heart surgery, trauma services, and inpatient rehabilitation. Other programs are in the developmental or formal planning stages. Although this process has resulted in growth and additional market opportunities, it has also been costly. The hospital has made excessive capital expenditures while patient revenues were declining. Last year, deductions from gross patient revenue were nearly 50%. This year, the hospital projects that it may actually have a negative margin—and be forced to rely on reserves to balance.

The dramatic changes have been draining for front line staff. The aggressive expansion—deemed as critical from a market share and long-term viability standpoint—has invited negative perspective or impact among long time employees, for activity is occurring at a constant, rapid pace that allows little time for processing and adjustment. The young and the elderly increasingly dominate the populations in communities served by Area Hospital. While the four year college provides a good education, advanced employment opportunities are not as readily available as they once were—so many young people are leaving to pursue career opportunities. The region has only two nursing schools and one PT program; most allied health, behavioral health and pharmacy professionals have to be recruited from schools that are more than 150 miles away. Nursing vacancy rates have topped 16% in the past year, and it has been virtually impossible to maintain sufficient pharmacy and allied health coverage for all of the new programs initiated by the hospital.

Staff at the nursing home, which has had trouble keeping sufficient register nurses to meet state staffing mandates, have a hard time understanding how the hospital could open a new inpatient rehabilitation program that is draining the staff even more. Physicians and nurses recognize the community benefit of trauma center designation but are unwilling or unable to shoulder the additional workload and emotional burden. As pharmacy, nursing and allied health vacancies persist, the hospital has spent a considerable sum to design and secure surgical expertise for the new open-heart program. The CEO and the Board of Trustees are struggling to understand why front line staff are not supportive of the organization's growth and efforts to secure their role in the market. The recent spike in the cost of malpractice insurance has forced the hospital management re-think whether funds are available to award staff any pay increases or bonuses.

- What organizational challenges are facing the hospital? What stability and morale problems are facing the staff?
- How should management and staff express their concerns to each other? Is there common ground?
- How does the hospital balance its need to be competitive and innovative with the financial and staffing challenges presented by such rapid change?
- What, if any, interventions should be undertaken immediately? Does the hospital incur increased risk by not responding to the financial and staffing problems?

Promoting Workplace Excellence–An Introductory Tool Kit

Listing of Reference Materials

1. *An Introduction to Process Improvement,* developed by Stephen R. Mayfield, April 2002.

2. Excerpts from the *American Hospital Association, In Our Hands: How Hospitals Can Build a Thriving Workforce,* April 2002. (www.aha.org/workforce/index.asp)

3. Excerpts from *Nursing's Agenda for the Future, A Call to Action,* April 2002. (www.nursingworld.org/naf/)

4. Overview of the *Malcolm Baldridge National Quality Program 2002, Health Care Criteria for Performance Excellence.*

5. *Improving the Workplace: Using the Malcom Baldridge Award Criteria for Hospitals and Healthcare Systems,* prepared by Janice McKenzie, Habersham County Medical Center.

6. Summary of the *American Health Care Association Quality Award Program.* (www.ahca.org/quality/)

7. Overview of *JCAHO Requirements for Measuring Staffing Effectiveness. Preliminary Indices for Behavioral Health Care and Ambulatory Health Care,* March 2002.

8. *The Magnet Nursing Services Recognition Program,* provided by Kim Sharkey, RN, MBA, CNAA, Saint Joseph's Hospital of Atlanta and Mindy Hartley, MSN, RN, St. Joseph's/Candler Health System *(Georgia's two magnet hospitals).* (nursingworld.org/ancc/magnet.htm)

9. *The Georgia Nurses Association/Georgia Nurses Foundation Awards Program.* (www.georgianurses.org)

10. Excerpts from the *Georgia Hospital Association, Health Care Workforce Resource Manual.* (www.gha.org)

11. Overview of *Workplace Strategies from Baptist Health Care,* Florida, one of the four health care companies named to *Fortune Magazine's 2002 List of "100 Best Companies to Work For."*

12. Excerpts from H*Works: *Hardwiring Retention Excellence,* 1999.

13. Case studies by H*Works: UPMC-St. Margaret; Clarian Health System.

Includes summary statistics and all written comments.

1. Please let us know if the tools and topics were helpful to you *(check one column per session):*

n = 115

Session/Topic	Very Helpful	Generally Helpful	Somewhat Helpful	Not Helpful At All	Not Applicable
Session Introduction and Assessment Tool	48%	46%	5%		
Case Study and Group Problem-Solving	56%	36%	7%		1%
Report on Problem-Solving Strategies and Identification of Target Areas for Work	53%	37%	10%		
Tool kit and Materials to Promote Workplace Excellence	58%	36%	5%		1%

2. Overall, I found the forum to be:

Very Helpful	Generally Helpful	Somewhat Helpful	Not Helpful At All	Not Applicable
58%	36%	10%		

3. I particularly enjoyed and/or benefited from:

- Meeting a variety of people from different levels within Health Care and the tea was really good!
- Working in groups and discussing workplaces issues amongst ourselves *(small tables, good number)*
- The different perspectives offered from the different settings; "titles"
- Case Study; Group Discussion
- Sharing in small group
- Small group discussions
- Case Study Analysis
- Suggestions for improving performance and organizations
- Case Study Interaction
- The group experience; Leadership by Ninfa Saunders
- The round table discussion; The presentation by Ninfa Saunders
- Group Discussion
- Assessment tool; Was very well done
- Relaxed atmosphere; Easy to understand
- Group discussion

- Group participation; Meeting people from all different Health Care walks
- Group summaries of Case studies
- Participants Interaction
- Networking at table; "Sharing"
- Teamwork and group problem-solving handouts
- Sharing ideas with people from different Health Care fields
- Different perspectives of the same problem. The need for balance and recognition of everyone's need for balance.
- Self assessment; Case Study
- Interaction with others
- Ideas to take back
- Hearing different view points and perspectives on the same case studies
- The tool kit/resources; Also meeting new people
- Creative job solving
- The group discussions that allowed and provided perceptions from a variety of staff; The different positions and years of experience

- Listening to others in the Health Care field
- Discussions with others in other fields about strategies
- Meeting with all members of different facets *(disciplines)* of industry
- Varied perspectives; I especially look forward to examining the tool kit
- Case Studies
- Networking
- Discussions regarding hospitals strategies for addressing current problems
- Interaction with other participants from other professions and organizations; very good ideas!
- Meeting the folks at my table
- Broad spectrum of people involved; Good input
- Group discussion
- Case Studies and camaraderie
- The diversity of the group
- Interaction with others
- Case Study
- Group work on problem-solving strategies with Case Studies

- Discussion with participants
- Networking and table group regarding interventions/solutions
- Opportunity for dialogue with people from various organizations who face common problems
- Day of week and time were good
- Group problem solving and facilitation
- Hearing other solutions and similar problems
- Interesting; almost reassuring that we are all experiencing the same issues; Sharing common goals by using Case-Studies
- Working on the Case Study
- All the different opinions and ideas
- Group comments and discussions
- Case presentations; table discussions with group
- Brainstorming with group related to communication (?) Health Care issues
- The assessment tool
- Other disciplines-same problems, but somewhat different perspective
- Meeting new people from different backgrounds and hearing we all have some of the same problems
- Information in handout
- To interact with other colleagues, to see their perspective on some of the common issues we all deal with everyday. To see how they attempt to solve problems. To focus on problems and solutions to make this.

- Interaction with my group
- The networking; discussions; ideas
- Case Studies; Sharing of ides within our group and in presentations. Very helpful and informative. Thought provoking
- Group discussion
- Group presentations
- Interactions with others
- The small group dialogue and sharing of ideas. The members of my group were varied and I learned a lot from them.
- The presentations of Case Studies reports
- Interaction from many disciplines
- The discussion of various issues with the Case Study was great. Representatives with different backgrounds discussed common problems, but the different solutions used in hospitals, nursing homes, etc.
- Dialogue with other Health Care workers.
- The group activity
- Being paired with other fields within healthcare
- Group reporting of team results; Having different level or knowledge perspective
- Sharing of ideas, especially things to improve upon
- Group
- Case Study and group problem-solving
- Group discussions

- Interaction with other Health Care Members
- Chance for Open Communication with other tables and disciplines
- Listening to group presentations on perspectives and ideas
- Listening
- The reports on problem-solving strategies
- Group discussion
- Case study; Discussing different ideas with other Health care professionals
- The group participants and summary of the case studies
- Small dialogues; Reports
- Sharing of best practices
- Small group discussions
- Shared Learning
- Table discussion; Case study discussions
- Report of the case study strategies
- Hearing from others
- Open discussion and dialogue
- The presentations
- Exchange of ideas; Interaction
- Group presentations
- Listening
- Case-Study discussion at tables; Many ways of reviewing a problem; Amazing how upper management looks at a problem-staffing was the one of the last issues addressed!

4. I thought we could have done without:

- It was all good; It would have been helpful if we all could have read both case studies
- More variety of Case Studies would have been helpful
- All of it was beneficial
- I thought this forum was very positive
- Well planned; Topic of value presented in a timely manner
- All that was necessary to make this forum such a success; has been done

- Completion of assessment tool
- All was appropriate
- Would like to have talked with more individuals, not at tables; longer time for more interaction
- I felt all sessions were beneficial
- Everything seemed appropriate
- Nothing noted
- Too much focus on the negatives
- Room was too cold
- Lunch was difficult to eat while working

- The brownies; too tempting.
- The introduction could have been more concise
- Nothing; Format was excellent. Time well spent. Thanks for ending on time.
- It could have been better to have a case mix study about a setting other than a hospital
- Dessert-just kidding!

5. I enjoyed and benefited from the opportunity to interact with people from other organizations and from different backgrounds.

   (check one): ❑ yes (100%)   ❑ no (0%)

6. It would be helpful to convene a forum or some type of gathering on workplace excellence on an annual basis.

   (check one): ❑ yes (99%)   ❑ no (1%)

7. Other comments and recommendations:

- Diet Sprite!
- Discussions on what works at your facility
- "Certificate of Attendance" at such volunteer forums
- Forum was very innovative and the interaction with other healthcare personnel really makes a difference
- Perhaps your synopsis could include the central concept of active listening, rather than the upper level of managements conception that mid level's to front lines require talking "to"
- Workforce issues of nurses in the trenches and solutions; multigenerational workforce
- As the facilitators stated, the primary issue is how to go about implementing the ideas. Where to begin. Is it reasonable to have ideas submitted to CEO's and board members of these forums with suggestions mode?
- I enjoyed it.
- Well organized; informative; good networking opportunity
- Well organized and on time!
- This is the beginning of making change. I love having administration, staff and ancillary staff together to make change come about. Each piece makes the puzzle clearer.
- Have an instructor discussion on some of the ideas of best practice so we can hear from real stories. It felt as if we didn't quite finish. T/U (?) with stats RE: Our Region
- Time well spent. Beneficial
- Very well done. Thank you.

- Having individuals at table from different areas helped with openness; Not competing with each other
- Need staff members from government regulations *(Surveyors)*/Policy Members
- Focus on obtaining multiple disciplines from same organizations
- Very Informative
- The participants were selected with a variety of backgrounds. This process helped bring different views of the work environment.
- Well Organized
- Include physicians in the forum
- Communicate back to the participants, organizations, associations; the results of this and other forums
- Would like to discuss in more detail; retention strategies
- It would be good to pick an actual problem *(with their permission)* of a facility and brainstorm with them to help solve this problem
- Thoroughly enjoyed this!
- Enjoyed!
- Would like to hear something new. We seem to all be doing the same things. Maybe some consultant could present new ideas, etc…
- Participant list distributed the end of the meeting
- Organized with facilitation
- I would like to have had more time to discuss ideas with others
- Tight use of time appreciated
- Thanks for the invitation. It was enjoyable and time well spent.
- Maybe more time

- I like the regional routine (?) of this
- Keep/Continue to gather information to help the Health Care worker to have a more conducive environment
- Excellent coordination; Program moved! No dead time. Respectful of participant's time! Good Case Studies, we all could relate to.
- Excellent idea but I hope one a state level, some of the strategies will be reviewed
- I enjoyed it, thanks.
- You ended right on time! That is great!
- Send reading materials and agenda before meeting
- Provide an opportunity for ideas generated by the group; that were not necessarily in response to *(directly)* to the case scenario.
- *(Less Broad)* Future Forums–Focus less on what problems are–but more specific practical solutions for BOTH short term and long them "industry solutions; RE: "Communication"–Who, What, When Where, How *(Develop System)* and learn effects of excellent communication now; Start a system of compiling statistics for 5-10 years out.
- Wish we had more time; Wish I'd had the tool kit prior to the forum; Visuals higher than speaker *(blocked)*, Microphone for each presenter *(reporter)*

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