



**Central Health External Review 2018**  
**Action Plan**  
*Updated – September 27, 2018*

# ACTION PLAN

## Central Health External Review and Recommendations

### Introduction

On May 17, 2018 the Honourable John Haggie, Minister of Health and Community Services, released the Central Regional Health Authority external review report. It included 32 recommendations to address governance, leadership, clinical management, relationships, succession planning, and community engagement.

An implementation steering committee was created to oversee implementation of the report's recommendations. Committee membership includes representatives from Central Health's Board of Trustees, Memorial University's Faculty of Medicine, and the Department of Health and Community Services, with external review lead Dr. Vaughan acting as an advisor.

The committee met to review the recommendations, assess the status of each recommendation, and develop an action plan to move the recommendations forward.

Directly responding to the external review recommendations, the action plan has three goals:

1. Support Central Health in cultivating and fostering a culture that lives its values of compassion, accountability, respect, equity, and safety.
2. Enable the continued development and implementation of a person- and family-centred care approach, regional programs and services, collaborative practice, and respectful workplaces.
3. Serve as the basis for regular reporting to the Department of Health and Community Services, and the public.

### NOTE

In developing the Action Plan, you will note that there are several activities listed for each of the recommendations that are aimed to address the intent of the recommendations. Where there was a need to have additional information regarding the intent of the recommendation, Dr. Vaughan was consulted and the interpretation of the intent of the recommendation is contained in this action plan.

**The action items listed have associated timelines that reflect when an action has commenced and should not be read as when an action is to be completed.** A legend is developed to align with the status of the actions: Green -

actions that are completed, Blue - actions that are in progress, and Black - actions that are yet to be completed. Worthy to note, some of the actions in the action plan are newly developed initiatives/strategies, while others originated before the external review. For instance, some of the actions include initiatives Central Health began before the external review (e.g. organizational culture of civility and respect, programmatic approach to clinical services across the RHA, Primary Health Care collaborative care, new Central Health website implementation of recommendations from security review, etc.). Many of these actions are listed as ongoing while other actions listed are commencing based upon the timeline identified in the plan.

Leads have been identified throughout the action plan, which are individuals throughout the organization that are accountable for the overall leadership of the actions identified below and the reporting back to the committee on the status of the action.

It should also be noted that the Central Health External report completed by Dr. Vaughan does not have recommendations listed in a sequential number and their recommendations reflect the sections of the report where recommendations are noted. For instance, there is no recommendations in section 1, 2 or 8 of the report. To be consistent with the recommendations of the external review, the numbering aligns with the recommendation numbering as identified in the report.

## GOVERNANCE

### 3.0

**Government should incentivize collaboration between the municipalities of Grand Falls-Windsor and Gander.**

#### Interpretation

Dr. Vaughan clarified that this recommendation should be focused on developing robust Primary Health Care (PHC) Networks in Gander and GF-W. These networks would have a full team of health care professional (physicians, social workers, nurses, dietitians, etc.) that are focused on the needs of the community. He further explained that money to support the Primary Health Care Network will help make this happen. The need to move away from institutional focus and to focus on the need of the population was identified.

#### Actions

- Establish Community Advisory Committees (CACs) in Gander and Grand Falls Windsor. (summer/fall 2018)
- Engage with HCS senior leadership to ensure alignment between CH PHC plans/initiatives and provincial vision for PHC. (fall 2018)
- Engage with Shalloway Primary Health Care Network to identify alignments and opportunities. (fall 2018/winter 2019)
- Involve Gander and Grand Falls-Windsor in next environmental scan (community health needs assessment) as part of next strategic planning process. (winter 2019)
- Review all PHC initiatives, and identify ways to involve stakeholders (e.g. municipalities, CACs, Memorial University Faculty of Medicine, etc.). (ongoing)

#### Lead

VP Patient Services and Chief Nursing Office

### 3.1

**The Board should focus its role on oversight of management – healthy tension is desirable.**

Note: Actions under this recommendation should be reviewed with actions under recommendation 3.6.

#### Actions

- Introduce new CEO report to the board format. (spring 2018)
- Review current Board orientation binder and sessions. (summer/fall 2018)

- Explore provincial orientation for new Boards and Trustees. (fall 2018)
- Develop tools for Board Trustees (e.g. client relations referral cards, speaking points, etc.). (winter 2019)
- Re-administer the Accreditation Canada Governance Standards and self-assessment governance functioning tool and develop and action plan. (winter 2019)
- Board chair to lead discussion with trustees about roles and characteristics of a governance board. (winter 2019)
  - Following discussion, develop survey for consensus on trustee roles and responsibilities. (winter/spring 2019)
- Develop educational needs survey for board members. (winter/spring 2019)

**Lead**  
CEO

**3.2**  
**The Board develop a communication strategy a) internally for staff and physicians, and b) externally with communities to increase transparency of the Board decision-making process.**

Note: Actions under this recommendation should be reviewed with actions under recommendation 3.1 and 3.4.

**Actions**

- Update RHA communications plans to include consideration of the role of the Board in significant communication initiatives (e.g. service/program changes, crisis communications, etc.). (ongoing)
- Include significant board decisions in internal and external communications plans. (ongoing)
- Discuss development of Stakeholder Relations Committee of the Board.

**Lead**  
Director of Communications

**3.3**  
**Medical Staff Bylaws changes are required to remove CEO as final authority for approval of credentialing and privileging of physicians. The responsibility for credentialing and privileging of physicians should be a Board responsibility based on the recommendations of the RHA Credentials Committee.**

**Actions**

- Contract with legal counsel to draft proposed changes to current medical staff by-laws to remove the CEO as final authority for approval of credentials. (summer/fall 2018)

**Lead**

VP Medical Services

**3.4**

**Amend Board Bylaws to open meetings to the public beyond the annual meeting. In camera meetings should be confined to matters pertaining to finance, legal and human resource issues only.**

**Actions**

- Consult with legal re: public disclosure of agendas, minutes, reports, etc. (summer/fall 2018)
- Governance committee of the board to review current Board bylaws. (fall 2018)
- Develop new agenda format for board meetings. (fall 2018)
- First open board meeting to be held before December 31, 2018.

**Lead**

Director of Communications  
Governance Committee of the Board

**3.5**

**The Board should devote at least one meeting annually to risk assessment and risk mitigation.**

**Actions**

- Update the board on current risk management and mitigation policies and practices in place at the RHA as outlined in the Central Health Risk Management Plan 2018-2020. (fall 2018)
- Review compliance statement provided by the CEO to the Board and increase reporting from once a year to quarterly. (fall 2018/winter 2019)
- Ensure that risk mitigation initiatives are reported quarterly to the Board through the organization’s new balanced scorecard. (winter 2019)

**Lead**

VP Finance and Infrastructure

**3.6****The Board invest in governance training such as the Institute of Corporate Directors program.**

Note: Actions under this recommendation should be reviewed with actions under recommendation 3.1.

**Actions**

- Review orientation binder and education sessions provided to the Board in 2016-2017. (fall 2018)
- Explore Institute of Corporate Directors (ICD) corporate membership. (fall 2018)
- Board members to enroll in Directors Education Program session offered by the ICD – *Overseeing Strategy: A Framework for Boards of Directors*. (fall 2018)
- Partner with the DHCS to deliver Board education on the *RHA Act* and the Board's role in patient safety. (fall 2018)
- Develop education needs assessment survey. (winter 2019)
- Work with other RHA's to develop provincial approach to board orientation. (winter 2019)

**Lead**  
CEO

**3.7****The Board hold management accountable for measurable improvement in organizational culture civility and respect.****Actions**

- Promote and support Excellence Canada's Guarding Minds sessions and survey. (ongoing. Next survey: winter 2019)
- Continue to promote and support *Trust Your Canary* civility and respect sessions. (ongoing)
- Continue to support and advance the LEADS Framework. (ongoing)
- Continue with development of balanced scorecard, and include cultural indicators (e.g. numbers of harassment claims, exit interviews etc.). (ongoing)
- Identify best practices for tools and indicators of culture. (fall 2018)
- Identify best practices for tools and indicators of culture to support implementation of the Wellness Plan. (fall 2018)
- Participate in new provincial (all RHAs) AON employee engagement survey. (Expected survey fall 2019/winter 2020)

**Lead**

VP Human Resources

**LEADERSHIP****4.1**

All physician leaders should complete the Physician Manager Institute (PMI) leadership program. While physicians gain tremendous knowledge in medical school to become skilled physicians, management leadership skills are often learned on the job which is not the best way to address issues of increasing complexity especially HR issues and conflict resolution.

**Actions**

- Provide input to the Steering Committee on the development of the Advanced Physician Management and Leadership program. (fall 2018)
- Support physicians to participate in the Gardiner Institute Physician Management and Leadership Program. (fall 2018)
- Include requirement to complete physician leadership education in all physician leader job descriptions. (fall 2018/winter 2019)
- Support physicians to participate in the *Crucial Conversations* sessions. (fall 2018/winter 2019)

**Lead**

VP Medical Services

**4.2**

All hiring should be posted and completed through Human Resources. Hiring should be based on defined competencies (knowledge, skills, management experience). There is nothing more destructive to morale than the perception that a position has been awarded on anything other than merit.

**Actions**

- Direction to Human Resources reaffirmed that all job competitions, with the exceptions of management realignments and union-approved postings (e.g. less than 13 weeks, etc.), must be posted. (summer 2018)



- Any exceptions to the postings of job competitions must have prior written approval by Senior Leadership. (summer 2018)

**Lead**

VP Human Resources

**4.3**

**There should be a full-time Vice President of Medicine for the RHA. The recruitment process should be open, transparent and free of perception of bias.**

**Actions**

- Contract with a physician advisor to assist with the implementation of recommendations focused on medical staff and medical staff by-laws. (summer 2018)
- Discuss posting for full-time Vice President, Medical Services once a permanent CEO is hired.

**Lead**

CEO

**4.4**

**Human Resource leadership should make a concerted effort to be visible, get out of their offices and talk to and listen to staff where staff works on a daily basis.**

**Actions**

- Review current departmental structure and approach to HR operations. (fall 2018/winter 2019)
- Explore regional business partners approach. (fall 2018/winter 2019)
- Schedule and promote regular HR business partner visits to all Central Health facilities. (fall 2018/winter 2019)

**Lead**

VP Human Resources

**4.5**

**Develop a Central Health medical co-leadership model with the assistance of Memorial University Medical School and the Newfoundland and Labrador Medical Association (NLMA).**

Interpretation: This recommendation is interpreted to be a clinical co-leadership model.

Note: Actions under this recommendation should be reviewed with actions under recommendations 5.6.

### Actions

- Consult with Memorial University, RHA's and other stakeholders to explore approaches in clinical co-leadership. (fall 2018)
- Request Newfoundland and Labrador Centre for Applied Health Research to conduct a CHRSP review of clinical leadership models. (fall 2018)
- Survey current Central Health administrative directors and physician leaders to identify what works and what changes need to be considered to advance a regional approach to the provision of clinical services. (winter 2019)
- Develop consensus on roles, responsibilities, and accountabilities for physicians, administrative directors, and clinicians in a co-leadership model. (winter/spring 2019)

### Lead

VP Medical Services

VP Patient Services and Chief Nursing Officer

## CLINICAL MANAGEMENT

### 5.0

**Implement a primary health care collaborative care (family physician, midwifery and obstetrical support) model of obstetrical care regionally building on the successful primary care model at CNRHC.**

### Actions

- Continue to recruit for obstetrician for JPMRHC. (ongoing)
- With the goal of having obstetricians, family physicians, and midwives work collaboratively in a PHC model of care:
  - continue to work with the midwifery consultant. (ongoing)
  - identify resources (e.g. first assists) required to support C-sections. (summer/fall 2018)

- work with family physicians in Gander area to identify individuals interested in providing primary care obstetrical services and labour and delivery support at JPMRHC. (fall 2018)
- support and facilitate process for family physicians interested in providing primary care obstetrical services. (fall 2018/winter 2019)

**Lead**

VP Medical Services  
VP Patient Services and Chief Nursing Officer

**5.1**

**Engage Memorial University expertise to undertake a qualitative and quantitative evaluation of the Ottawa Model of Care focused on communication, patient safety and outcomes. \***

**Actions**

- Central Health and NLCHI completed evaluation work in this area. (fall 2018)
- Review models of nursing care. (summer/fall 2018)
- Meet with the facilitators, educators, and union about proposed change in the nursing model of care. (fall 2018)
- Update job descriptions based upon a revised nursing model of care. (fall 2018/winter 2019)
- Identify realignments/reassignments to support a revised nursing model of care.(fall 2018/winter 2019)
- Provide education on realignments and reassignments for staff. (fall 2018/winter 2019)
- Review existing composition of nursing leadership councils. (fall 2018/winter 2019)
- Implement the revised nursing model of care, and follow the PDSA process with a focus to improve communication and patient outcomes. (fall 2018/winter 2019)

**Lead**

VP Patient Services and Chief Nursing Officer

**5.2**

**Seek assistance from Memorial University Medical School to develop a Peer Support Network for Central Health physicians.**

Note: Actions under this recommendation should be reviewed with actions under recommendation 3.6.

\* Evaluation work (quantitative and qualitative) on this recommendation completed by Central Health and NLCHI.

**Actions**

- Identify physicians to avail of physician peer coaching training to be offered by Memorial University’s Faculty of Medicine. (fall 2018)
- Solicit input from physicians regarding the resources they require to be clinically supported in their practices. (winter 2019)
- Develop and implement a revised and robust orientation program for physicians. (winter 2019)
- Building on the work of MUN, NLMA, Shalloway Family Practice Network, and the College of Physicians and Surgeons of NL, begin development and approach to support physicians in their workplaces. (winter/spring 2019)

**Lead**

VP Medical Services

**5.3**

**Work with Memorial University Medical School and the Newfoundland & Labrador Medical Association to offer courses in Professionalism and Ethics for medical staff as part of a Continuing Medical Education curriculum.**

**Actions**

- Meet with Memorial University Faculty of Medicine professionalism working group to better understand initiatives/actions being explored to address areas of professionalism and ethics. (fall 2018)
- Complete *Trust Your Canary* sessions on civility and respect with physician leaders. (ongoing)
- Encourage physician leaders to establish *Trust your Canary* sessions with physicians in their work areas. (fall 2018/winter 2019)
- Initiate discussion with other RHA’s and interested stakeholders to advocate for the College of Physicians and Surgeons Newfoundland and Labrador that professionalism ethics and education be considered as an ongoing requirement for licensure. (winter 2019)
- Encourage physicians to participate in educational offerings on professionalism and ethics. (winter 2019)

**Lead**

VP Medical Services

**5.4**

**Review the clinical management reporting structure to clarify accountability and reduce span of control.**

**Actions**

- Survey managers with respect to committee membership and burden of committees. (summer 2018)
- Survey managers with respect to span of control and factors influencing their ability to carry out their management accountabilities. (fall 2018)
- Clarify role delineations for managers with both operational and program responsibilities. (fall 2018)
- Identify core accountabilities for all managers. (fall 2018/winter 2019)
- Review current reporting structures based upon direct and indirect reports and adjust where possible. Where adjustments are not possible, recommendations to address identified issues to be considered in the 2019-2020 budget process. (winter 2019)

**Lead**

VP Patient Services and CNO  
VP Human Resources

**5.5**

**Combine Medical Advisory Committee into one Regional Medical Advisory Committee (RMAC) Minutes should have Consent Agendas (matters related to pre-reading and approval) and businesses focused on Action Items not verbatim discussions.**

**Actions**

- Review the current membership and accountabilities, as defined in the current medical staff bylaws of the Regional MAC to determine if adjustments are required. (fall 2018)
- Revise agenda and approach to regional MAC committee meetings, based upon committee accountabilities. (fall 2018)
- Following consultation with physicians, update medical staff bylaws to reflect changes with respect to medical staff structure. (winter/spring 2019)

**Lead**

VP Medical Services

**5.6**

**Central Health work with the Department of Health and Community Services to evolve a programmatic approach to clinical services across the RHA.**

Note: Actions under this recommendation should also be reviewed with the work of recommendation 4.5 re: co-leadership.

### Actions

- Work collaboratively with DHCS and other RHAs on the evolution of a Provincial Models of Clinical Services. (ongoing)
- Develop a plan to implement regional clinical chiefs for all clinical programs offered at Central Health. (winter 2019)

### Lead

VP Patient Services and Chief Nursing Officer  
VP Medical Services

## 5.7

**Central Health in consultation with the DHCS should develop an evidenced based decision making tool for implementing change in clinical services**

### Actions

- Review and modify Central Health's decision-making tool to include consideration of change management strategy. (fall 2018/winter 2019)
- Review literature on change management, and formally adopt a change management strategy. (fall 2018)
- Educate all leaders on the formal change management strategy, process, and procedures. (winter/spring 2019)

### Lead

VP Finance and Infrastructure

## RELATIONSHIPS

### 6.0

**A clinical management on-call system is needed to support point of care staff after-hours and on weekends.**

**Actions**

- Develop guidelines for staff with respect to routing of issues to clinical on-call managers and administration on-call managers. (summer 2018)
- Initiate clinical on call. (fall 2018)

**Lead**

VP Patient Service and CNO

**6.1**

**Locate senior management offices equally between CNRHC and JPMRHC facilities.**

**Interpretation**

Dr. Vaughan clarified that this recommendation does not refer to the number of senior management members in Gander and GF-W.

**Actions**

- Identify space within the region to relocate the offices of the CEO and VP Medical Services from Corporate Office. (ongoing)
- Once appropriate space has been identified within the region, relocate CEO and VP Medical Services offices.

**Lead**

VP Finance and Infrastructure

**6.2**

**The senior leadership team including CEO, individually and regularly as a routine party of their daily activities walk through facilities engaging staff, listening to staff and clinicians and develop action items to incorporate into senior leadership agendas for discussion, action and follow up.**

**Actions**

- Establish staff meetings/forums on a regular basis at all levels in the organization. (fall 2018/winter 2019)

- Review and revise, as appropriate, the leadership rounds process currently implemented in acute care to include a feedback loop to staff. Issues identified and not resolved to be placed on the agenda for action by SL team. (fall 2018/winter 2019)
- Extend the leadership rounds process to all sectors of the organization. (fall 2018/winter 2019)
- Revise management job descriptions to include accountability for leadership rounds and patient safety leadership rounds. (winter 2019)

**Lead**  
CEO

## SUCCESSION PLANNING

### 7.0

**Central Health should develop and implement an evidence-based, data-driven long-term health human resources strategy for all health professions.**

#### **Actions**

- Continue the work on the comprehensive succession plan, as part of the overall Human Resources Plan. (ongoing)
- Engage with other RHAs for succession planning lessons learned and successes. (fall 2018)
- Review areas/programs where vacancies exist and are difficult to recruit, and develop a plan in conjunction with the program management team. (fall 2018/winter 2019)
- Investigate the use of an external resource to assist with the development of a plan. (winter/spring 2019)

#### **Lead**

VP Human Resources

### 7.1

**Central Health should promote and support the success of “grow your own” recruiting and retention as one of its primary recruiting and retention strategies.**

#### **Actions**



- Adopt a policy direction to engage with educational institutions (high school and post-secondary) to educate students on opportunities for employment in the health field and in Central Health. (fall 2018)
- Work with educational institutions to provide clinical placements for students. (ongoing)
- Managers, including physician leaders, to make personal contact with students to address issues that may arise during clinical placements and identify appropriate potential job opportunities within the region. (ongoing)
- Human Resources group to meet with DHCS Workforce Planning Division to review provincial bursary and recruitment incentive programs. (fall 2018)
- Develop an inventory of bursaries/sponsorship opportunities available provincially, and make this information available to staff and the general public. (winter 2019)

**Lead**

VP Human Resources

**7.2**

**Human Resource leadership should develop and implement a plan to be more visible to staff.**

**Note:**

Action under this recommendation should be reviewed with actions under recommendation 4.4.

**Actions**

- Continue regular Labor Management and Professional Practice meetings. (ongoing)
- Explore resources required for a regional model of HR Business Partners. (fall 2018/winter 2019)
- Meet with Directors and Managers to identify how to most effectively increase visibility of HR team. (fall 2018)

**Lead**

VP Human Resources

## COMMUNITY ENGAGEMENT

### 9.0

**Develop an RHA Patient Navigator position to assist patients and families chart their way through the healthcare system.**

#### Actions

- Review literature on types and roles for patient navigators. (fall 2018)
- Solicit input from Central Health patient advisor group and CACs for ideas with respect to the role of a patient navigator. (fall 2018)
- Review the nature and type of patient complaints received by Central Health to determine, and along with the literature review, determine the type/focus of navigation position to be considered. (fall 2018)
- Develop a job description, and identify the cost of implementing a patient navigator position. (winter 2019)

#### Lead

Director, Corporate Improvement

### 9.1

**Engage towns of Grand Falls-Windsor and Gander in joint planning session for health services including the articulation of plans for access to collaborative community-based care.**

Note: Actions under this recommendation should also be reviewed with the work of recommendation 3.0 re: collaboration between the municipalities.

#### Actions

- Reach out to Municipalities Newfoundland and Labrador to participate in events (e.g. sponsor networking session at AGM or offer keynote speaker at conferences). (fall 2018/winter 2019)
- Reach out to Town of Gander and Town of Grand Falls-Windsor to have quarterly meetings. (winter 2019)
- Host community stakeholder sessions in GF-W and Gander during environment scan process. (winter/spring 2019)
- Create a time-limited email account and a mailing address to solicit public input. (winter/spring 2019)

<p><b>Lead</b> VP Patient Services and Chief Nursing Officer</p>
<p><b>9.2</b> <b>Strengthen Community Advisory Committee relationship with the Board by having the Chair of each CAC attend the Board Meeting to report on current issues.</b></p>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• CACs co-chaired by a member of the Board of Trustees. (completed)</li> <li>• CACs submit minutes of meetings to be included in the Board package, with Board members speaking to issues at Board meetings. (completed)</li> <li>• CACs come together once a year to share their activities with other CACs. (completed)</li> </ul> <p><b>Lead</b> VP Patient Services and Chief Nursing Officer</p>
<p><b>9.3</b> <b>Engage the Community Advisory Committees in the development of a recruitment and retention strategy for healthcare professionals</b></p>
<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Review the terms of reference for CACs, and incorporate additional objectives of working with Central Health to assist in recruitment and orientation efforts where appropriate. (fall 2018)</li> <li>• Work with CAC members to formalize an information package for potential recruits that can be shared during the recruitment process. (winter 2019)</li> <li>• Provide information to CACs regarding contact information for potential recruits (e.g. where to access/inquire about job vacancies, etc.). (winter 2019)</li> <li>• Members of CACs to identify community activities to welcome health care professionals to communities. (winter/spring 2019)</li> </ul> <p><b>Lead</b> Director of Communications</p>

**9.4**

**Update Central Health website to a more user-friendly resources for accessing resources.**

**Actions**

- Redevelop website. (ongoing)

**Lead**

Director of Communications

## OTHER ISSUES

**10.0**

**Paramedics responsible for security in Emergency Departments and Hospitals. Paramedics are not trained in security measures. The reviewer raised this with Board members and staff during the review.**

**Actions**

- Eastern Health to review and identify recommendations, with respect to enhancing security and emergency management services within Central Health. (spring 2018)
- Identify funding options for the provision on-site security services at both regional referral centers. (summer 2018)
- Finalize contract to provide on-site protection services. (summer 2018)
- Realign an existing management position to include responsibility for regional protection services. (summer 2018)
- Communicate the duties and responsibilities of onsite security to employees, physicians, volunteers, and the public. (summer 2018)
- Manager of Security, Emergency Management Systems and Business Continuity hired. (fall 2018)

**Lead**

VP Human Resources

**10.1**

**Paramedics required to be stationed at “The Junction” have no bathroom facilities.**

**Actions**

- Review statistics regarding placement of ambulances at “the junction” and reason for relocation. (summer 2018)
- Review staffing complement of paramedics for hospital-based ambulance service in Baie Verte and Springdale. (summer 2018)
- Identify options to mitigate relocations to “the junction”. (ongoing)

**Lead**

VP Patient Services and Chief Nursing Officer

**10.2**

**Infection Prevention and Control reports to management without senior authority to require clinical attention.**

**Actions**

- Meet with Infection Prevention and Control staff to identify areas of concern with the current organizational reporting structure. (summer/fall 2018)
- Following discussion with IPC staff, confirm and or realign reporting structure. (fall 2018)

**Lead**

VP Patient Services and Chief Nursing Officer

**10.3**

**The reviewer heard many longstanding individual Human Resources complaints symptomatic of the culture deficit noted in the review.**

**Actions**

- Separate the EFAP function from the Respectful Workplace Program. (summer/fall 2018)
- Continue to offer the Working Minds training for managers and employees. (ongoing)
- Assign program responsibility for psychological health and safety to one individual within the Employee Wellness portfolio. (fall 2018)
- Review the current Respectful Workplace, Harassment, and Bullying policy to align, where possible, with the Government of Newfoundland and Labrador Workplace harassment policy. (fall 2018)

- Participate in education sessions offered by DHCS to increase workplace harassment investigators. (fall 2018) clarify
- Encourage the practice of beginning all meetings with a patient/family/employee story/experience that espouses Central Health values. (fall 2018)
- Incorporate values-based approach into the interview process for new employees. (fall 2018/winter2019)
- Develop a plan/strategy to promote and celebrate Central Health values. (winter 2019)
- Include cultural sensitivity and diversity awareness training as part of cultivating and supporting a safe and respectful workplace. (fall-spring 2019)
- Design and deliver a workshop for managers on accountability. (winter/spring 2019)

**Lead**

VP Human Resources

## Glossary – Acronyms

AON employee engagement survey - A survey based on the *AON Engagement Model*; a model of the business impact of engagement, employee engagement itself and the factors of the work experience that lead to higher engagement. In addition to measuring employee engagement, it also measures 16 work-experience dimensions: Career & Development, Collaboration, Customer Focus, Decision-making, Diversity & Inclusion, Empowerment/ Autonomy, Enabling Infrastructure, Employee Value Proposition (EVP), Manager, Mission/Values, Performance Management, Rewards & Recognition, Senior Leadership, Talent & Staffing, Work Tasks and Work/Life Balance.

CACs - Community Advisory Committees.

CH - Central Health.

CHRSP - The Contextualized Health Research Synthesis Program of Memorial University of Newfoundland and Labrador. Working in partnership with the provincial healthcare system to identify questions of urgent importance, CHRSP synthesizes existing research evidence and contextualizes findings to support evidence-based decisions in the Newfoundland and Labrador healthcare system.

CME - Continuing Medical Education.

DHCS - Department of Health and Community Services.

EFAP - Employee and Family Assistance Program.

Excellence Canada's Guarding Minds - A resource (survey and summary reports) to help assess, protect and promote psychological health and safety in their workplaces.

Gardiner Institute - An association within the Faculty of Business Administration, Memorial University, that delivers current and relevant professional development programs that advance the business and leadership knowledge and/or skills of organizations and existing or aspiring supervisors, managers, executives and entrepreneurs.

ICD - Institute of Corporate Directors.

LEADS Framework - A leadership capabilities framework representing an innovative and integrated investment in the future of health leadership in Canada. It provides a comprehensive approach to leadership development for the Canadian health sector, including leadership within the whole-system, within the health organizations, and within individual leaders.

MUN - Memorial University of Newfoundland and Labrador.

NLCHI - The Newfoundland and Labrador Centre for Health Information.

NLMA - Newfoundland and Labrador Medical Association.

PDSA process - *Plan-Do-Study-Act* (PDSA) is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

PHC - Primary Health Care.

Regional MAC - Central Health Medical Advisory Committee.

RHA - Regional Health Authority.

Trust Your Canary - A guide/training for leaders with goal to cultivate a respectful and productive workplace environment, author: Sharone Bar-David.