



Representative Workforce

2013-2014 ANNUAL REPORT

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INTRODUCTION

Saskatoon Health Region is an integrated health agency providing a comprehensive range of services and program to various cities, towns, villages and First Nations communities within the Health Regions boundaries and is the largest employer in Saskatchewan.

Building a representative workforce in Saskatoon Health Region is a strategy designed in response to the need diverse workforce; one that is representative of the population it services. A diverse and culturally competent workforce will better serve all members of our community in a way that provides quality client-centred experiences to patients, clients, residents and families. Regionally, Saskatoon Health Region has formally committed to reaching a 10 percent staff component that self-identifies as First Nation, Métis and Inuit.

The 2011 Canadian Census reported 9.3 percent of the population within the boundaries of Saskatoon Health Region is identified as First Nations, Métis or Inuit.¹ This is significant as this percentage reflects the Aboriginal community served within the Region. However, in addition to these numbers are Aboriginal residents from around the province who are required to receive specialized treatment and services in SHR facilities. Population projections report that Saskatchewan can expect between 21 and 24 percent of Saskatchewan's total population to be First Nations, Métis or Inuit by 2031.²

Building diversity among our staff increases our ability to meet the needs of our diverse client base thereby enhancing the Saskatoon Health Region's patient-focused responsibility.

Saskatoon Health Region's representative workforce strategic action plan committed the Health Region to achieve the organizational goals of:

- Employing a ten-percent self-declared First Nations or Métis workforce;
- Reducing the Aboriginal turn-over rate to reflect that of the overall organizational turn-over rate;
- Enhancing cultural competency through training such as Cultivating Change and other

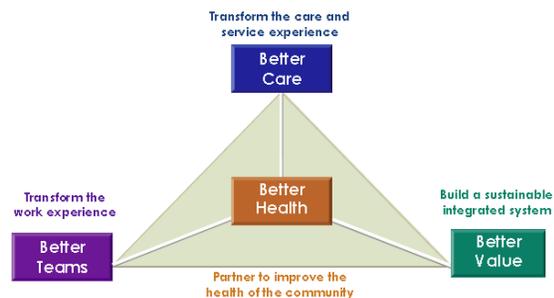
STRATEGIC DIRECTIONS

In alignment with the provincial and regional Hoshin Kanri (strategy deployment) for the health care system, the goals of the Representative Workforce Strategic Action plan supports achieving better care, better health, better teams and better value.

Better Health. Improve population health through health promotion, protection and disease prevention and collaborating with communities and different government organizations to close the health disparity gap.

¹ <http://www12.statcan.gc.ca/health-sante/82-228/details/page.cfm?Lang=E&Tab=1&Geo1=HR&Co=Saskatoon%20Regional%20Health%20Authority&Sear>

² <http://www.statcan.gc.ca/daily-quotidien/111207/d>



Better Care. In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improved health-care safety.

Better Teams. Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value. Achieve best value for money, improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

Aboriginal Health Strategy

In 2008, Saskatoon Health Region partnered with Kinistin Saulteaux Nation and Central Urban Métis Federation Inc. (CUMFI) to develop the *Strengthening the Circle* partnership. As a result of this, a comprehensive Aboriginal Health Strategy³ was developed and was comprised of a series of recommendations regarding health delivery services accessed by First Nations and Métis communities. After extensive community consultation, research and data analysis, the Aboriginal Health Strategy was formalized in May 2010 and presented to the Saskatoon Regional Health Authority Board of Directors.

Key strategy recommendations pertaining to a representative workforce include:

- Recruiting and retaining more Aboriginal employees at all levels throughout Saskatoon Health Region, including positions that ensure Aboriginal spiritual and cultural needs are respected;
- Increasing Aboriginal representation on boards and committees throughout Saskatoon Health Region;
- Developing an anti-racism strategy; and
- Exploring ways to align traditional healing methods within the current health-care system.

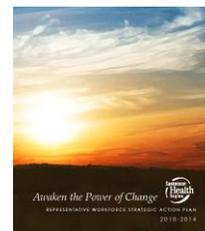
Moving the Aboriginal Health Strategy forward remains a priority for Saskatoon Health Region and key initiatives continue to gather momentum.

Representative Workforce Strategic Plan

Awaken the Power of Change is the 2010-2014 organizational Representative Workforce Strategic Action Plan. The plan identifies goals to address the percentage of self-declared Aboriginal employees, organizational cultural competency and employee turnover for self-declared staff.

In continuation from previous years the strategic areas of working towards building a representative workforce are:

- Cultural Competency
- Recruitment
- Retention
- Education and Learning
- Communication and partnerships



The over goals of the plan are:

³ Saskatoon Health Region. *Strengthening the Circle*, Aboriginal Health Strategy, 2010-2015.

- to improve health-care delivery to clients, patients, residents and their families by developing a culturally competent workforce;
- to improve socio-economic well-being and social determinants of health of the community by increasing the representation of Aboriginal employees in the Region; and
- to create a positive work experience for Saskatoon Health Region employees.

Among these, bringing Representative Workforce and First Nations and Métis Health Strategy teams together to achieve the most effective way of achieving the goals of the strategic action plan.

Representative Workforce Vision

To build a workforce that is representative of the community we serve, in order to provide quality client-centred experiences to patients, clients, residents and families within Saskatoon Health Region.

REPRESENTATIVE WORKFORCE

This past year, Saskatoon Health Region went through a re-organization with the departure of Bonnie Blakley, former Vice President of the People and Partnerships Portfolio. Senior Leadership Team representatives advised of impending operational changes and the eventual recruitment of the Vice President of a third Integrated Health Service portfolio that remained vacant from the 2012 re-organization.

General Functions

The Representative Workforce unit is accountable to providing facilitation and support specifically relating to First Nations and Métis employment, training and development, partnerships and other collaborative opportunities.

Participation on service teams continues to provide links to the Human Resources department and involvement in strategic planning and facilitation to meet organizational goals. This includes policy development, stakeholder engagement and supporting lean management.

Priorities for 2013-2014:

- Develop plan to integrate the Saskatoon Health Region Framework for Cultural Competency and Cultural Safety
- Continue to focus on First Nations and Métis Employment
- Facilitate renewal of *Awaken the Power of Change* Strategic Action Plan
- Provide support to First Nations and Métis Health Service as required

Organizational Measurements

Self-declaration

The Health Regions tracks the number of self-declared staff through their voluntary self-declaration form that is given to all new hires during the Welcome Onboard Week orientation to The Region. The self-declaration form asks employees to voluntarily self-declare whether they are a First Nations, Métis, Inuit, visible minority and/or have a disability. The implementation of Gateway Online, a provincial wide employment site also offers all health region employees to self-declare online.

As of April 2, 2014, there were 514 self-declared First Nations and Métis Health Region employees; this makes up 4.57 percent of the total health region staff component.

*Statistical updates of self-declared staffing data are found at the end of this report.

Employee Turn-over

Employee turn-over rates indicate the amount of employees who exit an organization within a specific time-frame in relation to the total employees who were employed at any time during that time frame.

For 2013-2014, the turn-over rate for self-declared staff was 8.4 percent

Organizational cultural competency

Cultivating an environment where patients, clients, families, residents, employees and volunteers work effectively in cross-cultural situations and where diversity is an asset requires cultural competency.

With the goal of enhancing cultural competency, the Health Region relies on the Intercultural Development Inventory® (IDI) to measure group and individual intercultural development. From 2011, the Intercultural Development Inventory baseline assessment continues to provide the organization with the empirical rationale for addressing intercultural development.

Cultural competency refers to a set of congruent behaviours, attitudes and policies that come together in a system, agency or profession that enables that system, agency or profession to achieve cultural diversity and to work effectively in cross-cultural situations.⁴

SUMMARY OF ACHIEVEMENTS

This report will incorporate the organizational Hoshin Kanri into existing Representative Workforce strategic actions. Based on what was identified in *Awaken the Power of Change*, a summary of Representative Workforce activities for 2013-2014 will comprise the bulk of this report.

Saskatoon Health Region Framework for Cultural Competency and Cultural Safety

BETTER CARE, BETTER TEAMS

There are seven interrelated domains that provide the foundation for measuring and reporting cultural competency in Saskatoon Health Region. These are:

1. **Leadership.** Leadership recognizes healthcare providers, clinical and organizational leaders, governance board and the community share responsibility for and play an essential role in the development and implementation of cultural competency activities, in setting policy and strategy and in monitoring organizational performance. Leadership must aspire to reflect the diversity of the community served.

2. **Integration into Management Systems and Operations.** Focusing on whether cultural competency is integrated throughout all management and operations activities of the organization is an essential component of supporting the delivery of culturally competent care.

⁴ Saskatoon Health Region. *Awaken the Power of Change*, Representative Workforce Strategic Action Plan, 2010 – 2014.

3. **Patient-Provider Communication.** Clear communication at all levels and at all times among clients, clinicians and support staff is essential for effective and culturally competent care.

4. **Care Delivery and Supporting Mechanisms.** From the first encounter to the last, care delivery structures and supporting mechanisms - the delivery of care, the physical environment where it is delivered and links to supportive services and providers - should support the provision of culturally competent care.

5. **Workforce Diversity and Training.** Ensuring workforce diversity and training is a way to provide more effective services for culturally diverse populations through proactive recruitment, retention and promotion strategies. Diversity at all levels of the organization is important. Training and development activities should include state-of-the-art content in cultural competency and should reflect organizational commitment to cultural competency.

6. **Community Engagement.** Active outreach and the exchange of information, as well as community inclusion and partnership in organizational decision making, help ensure the provision of culturally competent care.

7. **Data Collection, Public Accountability, and Quality Improvement.** Organizations use these methodologies to collect the data needed to assess their cultural competency, to assess whether they perform routine self-assessments, in this regard, and to assess whether they integrate cultural competency into their public accountability and quality improvement activities.

Representative Workforce and Cultural competency Policy

The regional Representative Workforce policy was dated 2007 and required renewal. A revised and more comprehensive regional policy received final approval through the Regional Policy Advisory Council in May 2013.

The new and now current regional policy more firmly establishes the Health Region's position towards a culturally competent and representative workforce. Based on strategic directions, demographic and population statistics and the needs of Saskatoon Health Region patients and families, building a representative workforce will increase the organization's First Nation and Métis employee component to 10 percent of its total workforce. Ideally, this means that all job classifications would see an increase in staff diversity.

Saskatoon Health Region Framework for Cultural Competency and Cultural Safety

Integrated within the Representative Workforce regional policy, the Saskatoon Health Region Framework for Cultural Competency and Cultural Safety provides a
This framework focuses on moving the Health Region to becoming more patient-first through cultural competency and cultural safety.

The role of cultural competency in health care acknowledges the diversity of the community. As the population continues to grow and diversify, the values, traditions and experiences of those being served will also diversify.

Intercultural Development Inventory

The Intercultural Development Inventory (IDI)[®] is a tool that measures individual and group intercultural competence based on experiences with cultural differences and similarities. The current version is a 50-item questionnaire and demographic and context questions. The IDI is the proprietary property of Mitchell Hammer, PhD, LLC.

Only individuals who have completed the required training may administer the assessment as licensed Qualified Administrators (QA) on behalf of the IDI, LLC. The QA adheres to licensing agreements and outlines the requirements for individual and groups who wish to complete the survey.

The IDI may be administered to an individual or to groups. Individual and group profiles are measured along the Intercultural Development Continuum (IDC). The IDC identifies five stages of intercultural development.

Movement across the Intercultural Development Continuum occurs throughout five primary developmental orientations:

- Denial
- Polarization
- Minimization
- Acceptance
- Adaptation

In continuation with addressing the 2011 organizational baseline assessment, Representative Workforce offered employee training workshops designed to address its intercultural development state.

Strategically targeting this phase of intercultural development ensures the health region uses training activities that addresses the challenges of focusing on cultural differences and similarities to ensure each are recognized and valued. Within the minimization orientation, because there is an over-emphasis on the importance and value of cultural similarities, less recognition is given to cultural differences.

Cultivating Change (Aboriginal Awareness) – Polarization

Cultivating change is the regional Aboriginal awareness training that all new hires are required to complete during the Welcome Onboard Week orientation. In addition, the Saskatchewan Cancer Agency held one additional session for their staff and one session was also held with for dietician intern students.

Cultivating Change gives participants baseline teachings on historical experiences impacting First Nations and Métis health status challenges. Policies such as the Indian Act, Residential School Systems and the amendments to Canadian law are touched on to provide perspective on how health determinants for First Nations and Métis people have been influenced by public administration.

In 2013-2014 there were a total of **876** Saskatoon Health Region new hires who participated in the Cultivating Change workshop during orientation.

	Participants by Union						Total
	Sessions	OOS	HSAS	SEIU	SUN	OTHER*	
April	2	9	4	63	36	1	113
May	2	6	5	25	14	0	50
June	2	7	6	47	11	0	71
July	2	1	5	39	4	0	49
August	3	9	3	37	11	13**	60

September	3	4	2	45	6	0	57
October	3	2	7	31	25	1	66
November	2	1	11	23	14	0	49
December	3	5	4	59	18	1	87
January	2	5	6	55	38	3	107
February	2	3	1	52	12	0	68
March	3	9	8	66	16	0	99
Totals	29	61	62	542	205	6	876

*Other - includes students, volunteers, and employees of non-certified sites, residents/interns, contract workers and any employees hired before April 2009.

**Session with dietician intern students

Cultural Self Awareness – Minimization

This is a largely a transitional stage of intercultural development between a mono-cultural mindset to a more complex, intercultural mind-set. This orientation most often highlights cultural commonality and universal values and principles and in doing so, may prohibit a deeper recognition and appreciation of cultural differences.

The Cultural Self-Awareness workshop requires participants to engage in reflective dialogue on culture, cultural sensitivity, and Canadian cultural norms within the contexts of privilege, racial equity and culture-general patterns. Using this baseline knowledge, Saskatoon Health Region employees can begin to understand the theoretical complexities underlying cultural competence challenges and issues.

The Representative Workforce unit delivered four Cultural Self-Awareness workshops to five health region groups:

- Patient and Family Advisory Group – General
- Patient and Family Advisory Group – General
- Step Into Health Careers – Program 8
- West Winds Primary Health
- General session for Saskatoon Health Region staff

Cultural Conversations – Acceptance

A series of informal lunch and learns to explore topics related to cultural values and experiences.

Cultural Conversations is to increase cross-cultural understanding in order to strengthen relationships between Health Region employees, patients, families and community partners. During the original series, suggestions by participants were to offer more of these events throughout the year. As the original focus was on First Nation and Métis culture, recognizing that the Saskatoon Health Region population and community is diverse, incorporating a cross-cultural focus was suitable.

This year's events were offered quarterly with additional sessions offered in March to recognize March Diversity Awareness Month. The added sessions provided contextual information regarding barriers and challenges of diversity and inclusion efforts.

Date	Speaker	Topic
June 2013	Donna Renneberg, Aboriginal Advisor	Experiences in the Residential School System and Racism
November 2013	Sheelah McLean, PhD., University of Saskatchewan	Inequalities and Health: the effects on our natural environment
January 2014	Sheelah McLean, PhD. and Marlene McKay, M.Ed.	Inequalities and Health
March 2014	Sultan Ali Sadat, Open Door Society	Dispelling myths about immigrant and refugees
March 2014	Val Bradfield, RN, Dr. Sadeq Rahimi, Dr. Hassan Vatanasprast	Providing Culturally Appropriate Health Care Services
March 2014	Dr. Qasir Fahim	Cultural Safety in Health Care

Community Engagement and Outreach

Due to the focus of this year's priorities, the Representative Workforce department scaled back the amount of community outreach activities it participated in. However, staff continued to participate in following outreach events that had a target audience largely First Nations and Métis:

- Inclusion Works '13 – May 2 to 4
- Saskatchewan Indian Institute of Technologies Information Day– September 12
- Dumont Technical Institute, student consultation – November
- Saskatchewan Institute of Applied Science and Technology, Adult Basic Education student consultation – February 13
- Princess Alexandra Career Fair – March 6
- Saskatoon Tribal Council Community Open House – March 13

Building partnerships is an essential component of the success of Representative Workforce. Partnerships were established by formal and informal agreements between Aboriginal owned and operated organizations and internal Saskatoon Health Region departments dedicated to build healthy First Nations and Métis communities.

Summary of Partnerships

Saskatoon Tribal Council

Gabriel Dumont Institute

Saskatchewan Indian Institute of Technologies

Aboriginal Human Resource Council

Métis Nation of Saskatchewan

Can-Sask. Career & Employment Services, Ministry of Economy

Food and Nutrition Services

Royal University Hospital Foundation

Spiritual and Cultural Care

Fishing Lake First Nation

Beardy's and Okemasis First Nation

Duck Lake and Beardy's Primary Health Care Team

In continuation of activities from previous years, the Representative Workforce unit participated in community engagement activities. Target audiences include high school and post-secondary students: unskilled and skilled workers; as well as under-employed and unemployed.

National Aboriginal Day

In celebration of the achievements and contributions of First Nations, Métis and Inuit people, the Health Region took part June 2012. First Nations and Métis cultural song and dance and the Cultural Conversations lunch and learns took place.

Scholarships

Representative Workforce continued with the three scholarship agreements awarded to Aboriginal students that are enrolled in or recently graduated from a program related to health careers.

- Gabriel Dumont Institute
- Saskatoon Tribal Council
- Saskatchewan Indian Institute of Technologies



**GABRIEL DUMONT INSTITUTE
TRAINING AND EMPLOYMENT INC.**



Communication

Every quarter, the Representative Workforce newsletter provides updates highlighting achievements, partnerships and other Health Region initiatives contributing to building a representative workforce.

First Nations and Métis Employment

BETTER TEAMS

Step into Health Careers

The annual Step into Health Careers pre-employment program facilitated through the Representative Workforce department aims to employ First Nations, Métis and other under-represented groups in the Health Region. The eighth installment/program ran from April 22 until May 29, 2013. Successful participants would then fill one of the following positions, depending on availability, Client Attendant, Food Services Worker, Laundry Services Worker or Unit Assistant. 19 participants entered the program and 17 successfully completed.

The program started with a three-week life-skills course that was based on Indigenous curriculum, perspectives and knowledge. Participants were challenged to seek, understand and apply positive life changing behaviours that would carry them into successful pathways, particularly with future employment. The curriculum focussed on Indigenous and settler experiences and relations. The life skills curriculum included the following models and topics:

- Self-esteem
- Goal setting
- Emotional Intelligence
- Communication
- Problem solving
- Relationships
- Wisdom

- Inter-personal and Intra-personal behaviors
- Indigenous cultural perspectives
- Lateral violence and colonization
- Conflict Resolution
- Reflection and observations
- Communication
- Intelligences
- Healthy eating
- Time management
- Indigenous Resurgence

After the life skills components other training included cultural self-awareness training, Workplace Assessment Violence Education (WAVE), CPR and First Aide, Mental Health First Aide training. The program finished with a one-week job shadow placement for participants.

Unfortunately, shortly after programming commence, Saskatoon Health Region implemented a rigorous, formal process for hiring new employees. Based on the financial status of the Health Region, it was a necessary adjustment in order to decrease costs related to overtime, sick time and workers compensation benefit usage. As a result, the Position Optimization process was implemented requiring management to submit request to a centralized committee for approval to fill vacancies. The end result was that only seven of the prepared STEP participants found employment with the Health Region.

Representative Workforce and Canada-Saskatchewan Employment and Career Services renewed their partnership and commitment to help foster employment into the Health Region for Aboriginal people. Saskatoon Health Region recognizes that without the continued financial support of Canada-Saskatchewan Employment and Career Services the Step into Health Careers program would not be possible.



Monthly Follow-up

Representative Workforce consultant provides monthly follow-up with participants for up to one year after the program. The intent is to ensure each employee has received adequate on-the-job training, supervisory direction and other information necessary for employment success

At the end of the 2012-2013 year, three individuals had transferred into a second position and/or another facility to better meet their employment needs. This allowed these individuals to work more and increase their seniority. Of the seven who gained employment, six are currently employed.

Exit Surveys

Employee perception of the workplace offers valuable insight and information that can be used to address work-related issues and practices. Representative Workforce offers and conducts exit interviews to self-declared First Nation and Métis staff that either voluntarily leave or were dismissed from employment with Saskatoon Health Region.

Voluntary online exit surveys are offered to former Saskatoon Health Region employees in order to gather data and guide initiatives aimed at reducing employee turn-over rate. However, the Representative Workforce unit has identified that addressing turn-over rate for employees who voluntarily self-declared as First Nations or Métis is a significant challenge and we offer phone or in person interviews to those who self-declare as First Nations and Métis to ensure a higher response rate to support targeted program planning.

Limitations:

- Quarterly lists are taken in a snap shot of time. If the information has not been submitted or entered in a timely manner terminated staff may not be identified until the year end. By that time they are not easily reached to be interviewed.
- We only ask the exiting employee for their reason for leaving and we do not compare their reasons with manager's explanation therefore, biases may be present in responses to interview questions.

Although collecting qualitative data does pose the mentioned limitations, the data does allow the opportunity for employees to provide feedback and to offer valuable insight to better understand how to retain First Nations and Métis employees in the future.

Forty-three self-declared First Nations and Métis staff left SHR employment between April 1, 2013 and March 31, 2014. We completed 14 interviews: giving a response rate of thirty-three percent for the whole year

The data indicates that we lose a lot of casual First Nation and Métis employees compared to permanent and full time First Nation and Métis and all employees. However, Saskatoon Health Region employs more First Nations and Métis staff in full-time and part-time positions. Comparatively, First Nations and Métis casual staff is greater than all Saskatoon Health Region staff.

Data indicates that we lose a high number of FN& M staff who were casually employed during their first and second years of employment. In 2013-2014, there were 14 out of 43 (33%) terminated within their first two years of employment. Presently there is no comparative region-wide data. However, based on preliminary analysis this trend appears to be common through out the region.

Quarterly samples of qualitative data are collected from former employees that have exited employment with Saskatoon Health Region. These include those who left voluntarily or were terminated from their position(s). These samples do not include those who transferred from one owned and operated facility to another.

Identified barriers to successful and meaningful employment were classified into the following categories:

- Organizational issues and internal processes
- Outside and/or physical pressures
- Access to and lack of manager support
- Discrimination related to race, disability, gender, age
- Low team morale/working relationship

Positive feedback:

"Good experience working with residents and other employees – Great experience to work for SHR"

"Did not have any negative experiences as it is in their nature to be positive"

"One of the best places I have worked"

"Enjoyed it! Enjoyed working with the people"

"Continued to work 5 years as casual past 65"

"Loved that kind of work (patient care)"

"Really enjoyed work – seeing different people every day and great staff"

"Enjoyed job and people. Even though I was a casual worker, I worked full time."

"Could have left for more pay, but stayed for other reasons"

"Miss going to work every day!"

The data assists Representative Workforce to plan and implement activities addressing problems affecting employee perception of the Health Region as a valuable place to work regarding recognition and benefits (pay, vacation, hours, etc.), barriers within departments, workplace environment as well as relationships with managers/supervisors, peers and other staff.

First Nations and Métis Health Service

BETTER CARE

First Nations and Métis Health

As a result of a 2013 re-organization, the First Nations and Métis Health portfolio, including Representative Workforce and the First Nations and Métis Health Service, was realigned into a new Integrated Health Service value stream under the direction of new Vice-President, Cory Miller.

First Nations and Métis Health Council

First Nations and Métis community leadership accepted the preliminary directions within the strategy and strongly recommended proceeding with plans to develop an Aboriginal Health Council.

The First Nations and Métis Health Council is an advisory body of First Nations and Métis community members and leaders. The council was involved in policy development consultation relating to the First Nations and Métis health. The council was heavily involved in the development of First Nations and Métis Health Service.

Northern Tour

Before launching the First Nations and Métis Health Service, members from First Nations and Métis Health participated in a Northern Tour to engage communities, members of other health regions and the leadership of Saskatoon Health Region.

During the tour, members of the tour team provided information and sought community member input regarding the First Nations and Métis Health Service. The goal of these engagement sessions was to bring together key community officials, members, health care

workers and service providers to better collaborate and provide services that would assist in reducing health disparities for First Nations and Métis people and communities

Communities visited during the tour were:

- *La Ronge*
- *Stony Rapids*
- *Ile-a-La-Crosse*
- *Buffalo Narrows*
- *La Loche*
- *Meadow Lake*
- *Prince Albert*

In addition, the team also met with Peter Ballantyne Cree Nation representatives.

First Nations and Métis Health Service

Supporting the establishment of First Nations and Métis Health Service remained a priority to ensure First Nations and Métis clients and families received access to navigator services to assist in their care. The service acts as an in-hospital clinical and traditional care representative, cultural support, coordinated service facilitation, patient advocate and liaison person involving the patient, their family and hospital staff. The First Nations and Métis Health Service staff use culturally respectful approaches to the individual patient and their unique circumstance. The staff also provide a unique perspective focusing on cultural competency and can offer problem solving support such as assisting other hospital staff in handling non-insured health benefit questions and issues by liaising with Health Canada, First Nations and Inuit Health Branch.

The First Nations and Métis Health Service officially launched in April 2013.

St. Paul's Client Chart Audit

First Nations and Métis Health Services took on a Masters of Public Health practicum student to undertake a research project auditing First Nations and Métis patient charts at St. Paul's hospital.

The primary purpose of this chart audit was to determine characteristics for First Nation and Métis patients accessing services through St. Paul's Hospital. Specifically, the chart audit investigated First Nation and Métis patients reason for admission, length of stay (LOS), whether they experienced a delay in discharge (DID), were admitted through the Emergency Department, if they had a primary care provider, and their primary residence within the province.⁵

Saskatoon Health Region intends to use the information that was gathered through this project towards quality improvement processes.

⁵ Haver, C.R.A., Cottrell-Lingenfelter, C., Colton, T., Eagle, G., Clarke, S., & Lafond, G. First Nation and Métis Health Service: St. Paul's Hospital Chart Audit Report. May, 2014.

Renewal of Representative Workforce Strategy

BETTER TEAMS, BETTER CARE

Representative Workforce marked its final year of the *Awaken the Power of Change* strategic action plan. Over the previous four years, the representative workforce strategic action plan committed the Health Region to achieve the organizational goals of:

- Employing a ten-percent self-declared First Nations or Métis workforce;
- Reducing the Aboriginal turn-over rate to reflect that of the overall organizational turn-over rate;
- Enhancing cultural competency through training such as *Cultivating Change* and other

The organization has established a commitment to provide resources to empower portfolios to start looking at the *gemba* of the day-to-day work. Representative Workforce began this task by:

- Enhancing partnerships that will contribute to building a representative workforce;
- Engaging First Nations and Métis communities;
- Providing Aboriginal awareness training through the *Cultivating Change* workshop and ensuring all new employees participate in *Cultivating Change*;
- Developing a cultural competency framework based on the learning and findings of the May 2011 Saskatoon Health Region Leader's Forum.

The four year *Awaken the Power of Change*, Representative Workforce Strategic Action Plan was due for renewal based on outstanding targets and other regional initiatives/strategies. The renewed strategy will commit the organization to an additional three-year action plan aimed at building a representative workforce in Saskatoon Health Region. The health region has worked diligently to establish strong partnerships that aid Saskatoon Health Region's commitment towards *healthiest people, healthiest communities, exceptional service*. To honor these relationships, it was imperative key stakeholders were given the opportunity to participate in a community consultation event to provide insight, feedback and generate new ideas on approaches that will continue to build a culturally competent and representative workforce in Saskatoon Health Region.

Representative Workforce Strategic Framework

The renewal of the strategy is built on the previous four-year Action Plan by enhancing with a cultural competency wrap. The strategic framework will move forward based on continuing with the responsibility creating a culturally competent and diverse organization by placing cultural competency as the centre of activities.

Challenges

Saskatoon Health Region continues to faces the challenge of employing a ten percent self-declared staff component.

While First Nations and Metis employee turn-over has made significant improvements compared with the overall staff organization, data obtained from exit surveys highlight the need to change components of the overall organizational culture and address systematic issues such as scheduling, casual work and hiring practices. Identified barriers to successful and meaningful employment were classified into the following categories:

- Organizational issues and internal processes
- Outside and/or physical pressures
- Access to and lack of manager support
- Discrimination related to race, disability, gender, age
- Low team morale/working relationship

While it is understandable that some organizational turnover is unavoidable, the concerns and challenges identified through employee exit surveys warrants the need for more attention given to addressing workplace culture.

Additionally, to reach the goal of employing a 10 percent representative workforce, there needs to be greater employee support programs, training, and human resource strategies to continue to move towards achieving the goals of the strategic action plan.

CONCLUSION

Representative Workforce success is measured on four criteria established in the Strategic Action Plan:

- Cultural competency indicators and measurements will be developed in consultation with external expertise. A baseline study will be conducted to measure behaviours and attitudes, policy changes will be made and tracking of job description changes will occur.
- The representation of voluntary self-identified Aboriginal employees will increase to a 10 per cent representation of the total number of all employees in Saskatoon Health Region owned and operated facilities, including St. Paul's Hospital.
- The voluntary turnover rate of Aboriginal employees will decrease from the 2009 organizational turn-over rate of 14.6 per cent.
- The number of employees participating in the Cultivating Change workshop through Welcome Onboard Week and additional workshops will be 1,000 employees per year. The return of completed evaluations forms will exceed 75 per cent. The number of participants attending additional educational opportunities will be increased, tracked and reported.

A representative workforce is inclusive of all staff and clients. By focusing on employment and patient care, representative workforce activities support a client and family-centred care environment and set the groundwork to establish a safe and supportive workplace.

The 2013-2014 year brought significant organizational changes with more lean management training and development practices being implemented across the health region. Further, Saskatoon Health Region strategic directions were translated to capture lean principles while

maintaining Health Region goals of better health, better care, better teams and better value. Representative Workforce aligns work with the Strategic Action Plan to contribute towards building better teams and establishing better care.

Representative Workforce continues to maintain focus on the organizational goals of *Awaken the Power of Change* with cultural competency as the primary focus.

The remainder of this annual report includes data that summarizes the representation of First Nations and Métis employee component.

Table 1: Historical Self-Declared Staff Data

Date Reported	Number of Aboriginal Employees	Number of Employees within SHR	Percentage of Staff that have Self-Declared as Aboriginal
As at March 29, 2008	339	12,117	2.80%
As at March 28, 2009	328	11,086	2.96%
As at March 27, 2010	377	10,946	3.44%
As at April 2, 2011	404	10,834	3.73%
As at March 31, 2012	454	11,045	4.11%
As at April 6, 2013	501	11,279	4.44%
As at April 5, 2014	514	11,255	4.57%
Does not include data from the 4 sites that did not sign the Partnership Agreement (Langham Senior's Home, Dalmeny Spruce Manor, St. Joseph's Home, Warman Mennonite Home)			
Data up to and including October 4, 2008 includes owned and operated and affiliate employees. Decision was made in March, 2009 to exclude affiliates with the exception of Sherbrooke and SPH, therefore data from March 28, 2009 includes staff at owned and operated sites within SHR (including Sherbrooke and St. Paul's Hospital). The report as at October 3, 2009 and forward includes staff at owned and operated sites and SPH only, including employees that may have an affiliate home job but are co-employed at an owned and operated site as well.			
Data from March 27, 2010 and forward (included April 6, 2013) included Owned and Operated and SPH only, does not include affiliates			

Table 2: Summary of SHR Staff

Affiliation	Number of Aboriginal Employees				Total Number of Staff within SHR (Owned & Operated Sites only)				Percentage of Staff that have Self-Declared as Aboriginal
	F/T	P/T	Casual	Total	F/T	P/T	Casual	Total	
HSAS	27	11	7	45	653	301	181	1135	3.96%
SEIU	129	112	84	325	2846	1927	1305	6078	5.35%
SUN	56	35	29	120	1564	1041	644	3249	3.69%
OOS	22	1	1	24	685	70	38	793	3.03%
Total SHR	234	159	121	514	5748	3339	2168	11255	4.57%

Table 3: Self-declared new hires and terminations by Union Affiliation

Affiliation	Number of Aboriginal Employees Hired between April 7, 2013 -April 5, 2014				Number of Aboriginal Employees who Terminated between April 7, 2013 -April 5, 2014			
	F/T	P/T	Casual	Total	F/T	P/T	Casual	Total
HSAS	3	0	0	3	1	1	3	5
SEIU	5	4	19	28	6	10	17	33
SUN	0	2	4	6	1	0	2	3
OOS	2	0	1	3	2	0	0	2
Total SHR	10	6	24	40	10	11	22	43
Data as at April 5, 2014								
Data includes all staff at owned and operated sites within SHR (including SPH).								

Table 3: Historical Turnover:

SASKATOON HEALTH REGION TURNOVER FOR SELF-IDENTIFIED EMPLOYEES OWNED AND OPERATED SITES			
TURNOVER			
FISCAL YEAR	SHR TURNOVER RATE	FN & M TURNOVER RATE	Rate Difference
2010-11	10.3	16.8	6.5
2011-12	10	15.4	5.4
2012-13	9.1	10.37	1.27
2013-14	8.5	8.4	-0.1
Data includes Retirements Based on Owned & Operated Sites Only			