



Workforce Strategies

Presentation to
***‘Building and Educating Tomorrow’s
Workforce Symposium’***

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Overview

- **Demand for health care services continues to increase**
 - ongoing & new programs
 - growth plans
- **Workforce gap is significant**
 - supply/demand imbalance
- **Our strategy & plan to minimize gaps**
 - this is a priority
 - focusing on four areas



Setting the Context

- **Factors influencing service delivery:**
 - **population growth**
 - **aging population**
 - **tight labour market**
 - **education system capacity**
 - **workforce realities**



Health Care Workforce Demand

Community

- Wellness Programs
- Primary Care/Primary Health Care
- Chronic Disease Management
- Home Care/Community Based Care/Long Term Care
- Rural Initiatives

Facilities

- New Alberta Children's Hospital
- Sheldon M. Chumir Health Centre
- Richmond Road Diagnostic & Treatment Centre
- Rockyview General Hospital
- Peter Lougheed Centre
- Foothills Medical Centre
- South Health Campus



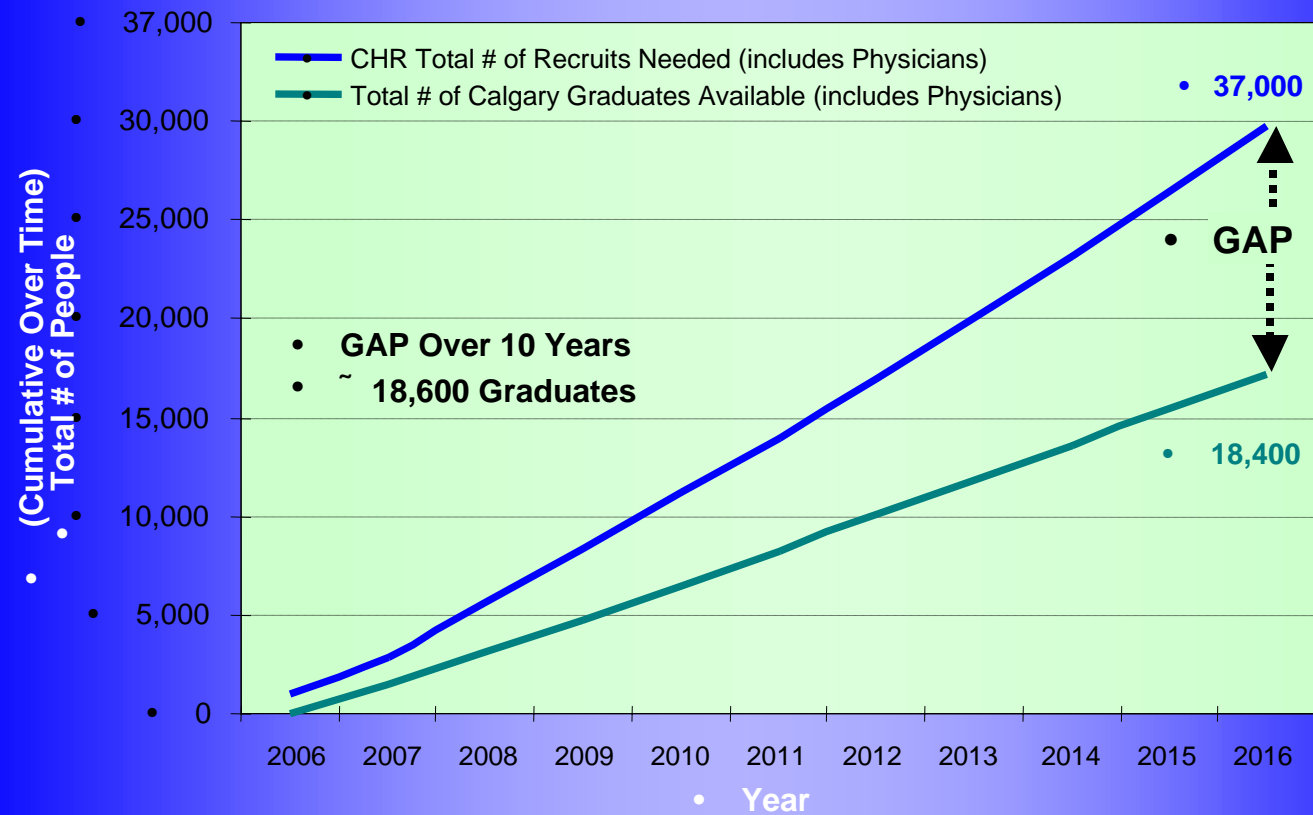
Health Care Workforce

Projections 2006 – 2016

- **Net New**
 - Additional people to meet growth
- **Replacement**
 - People required for vacant positions



- Recruits Needed and Graduates Available to Support
- CHR Service Capacity Requirements Over Next 10 Years





Current People Profile (August 31, 2006)

Employees	24,382	Average Age	40.49
FTEs	15,110	% under 50 yrs	77%
Full Time	32%	% female	86%
Part Time	34%	Unionized	91%
Temporary	6%		
Casual	25%		
Other	3%		



	Actual CHR Urban & Rural Employee Head Count
	August 31, 2006
Nursing (RN & RPN)	8,714
Practical Nursing (LPN)	835
Support Care (HCA's & OR Technicians)	1,263
Allied Health Care (All HSAA Employees)	4,246
General Support (All AUPE exclude LPN & Support Care)	6,486
Management/Exempt (All Management/Exempt employees Including Nurse Practitioners)	2,838
Total	24,382

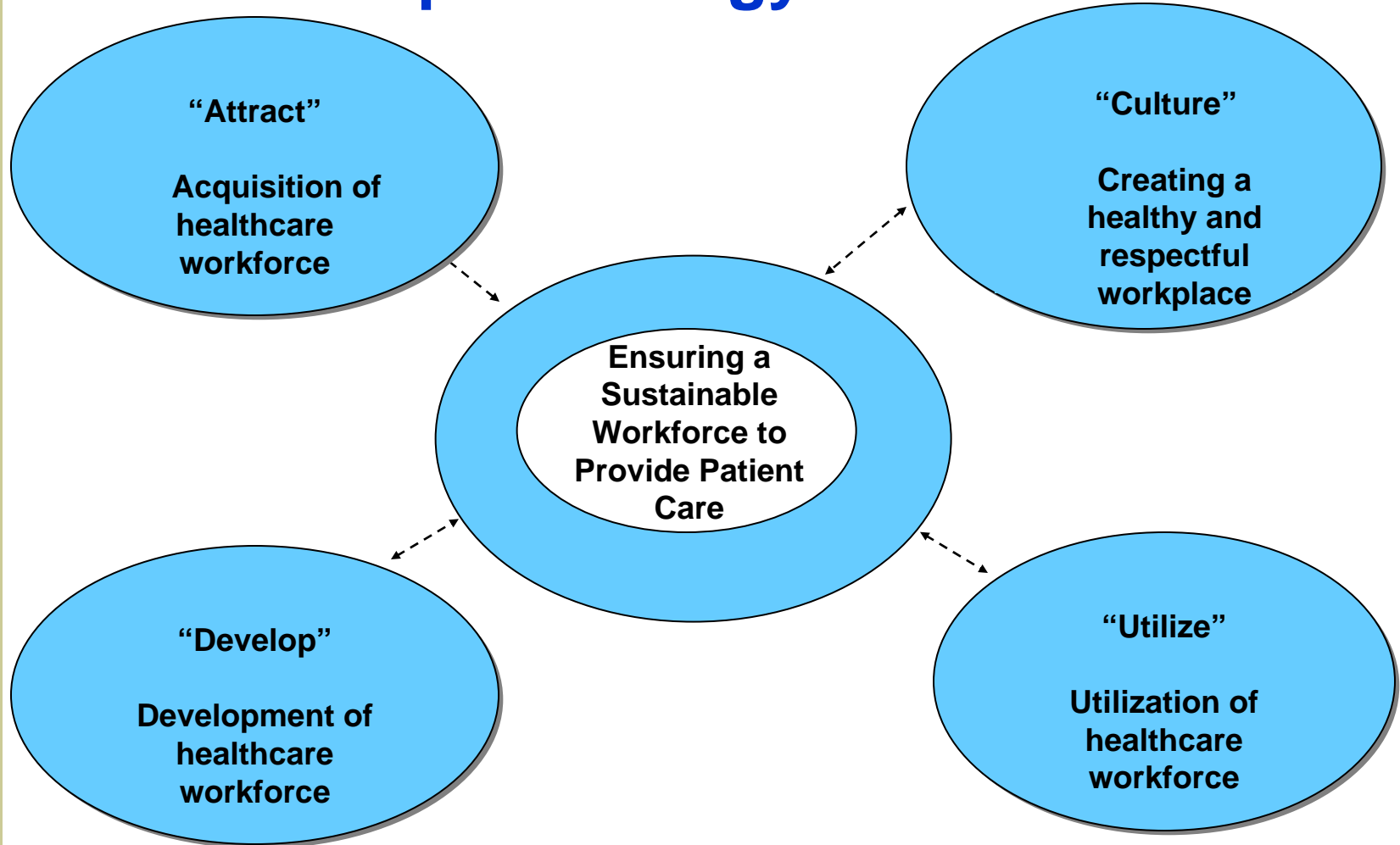
Growth and Replacement assumptions based on:

- **Net New: 4% Growth/year**
- **4% Vacancy/year**
- **61.40 average retirement age**

- Assumptions based on regional Growth Capacity
- Assumptions based on current staffing patterns and utilization
- Statistics do not include Contract Agencies staff



People Strategy Framework





Attract –Acquisition of HealthCare Workforce

- **Strong Partnerships with Educational Institutions to ensure a pipeline of supply. Accept thousands of students each year into clinical placements and in turn hire most of them.**
- **Attendance at targeted recruitment fairs across Canada. Assistance with relocation. Implementing *Referral Program*.**
- **Partnership with our educational colleagues in CHEA (Calgary Health educators Alliance)**
- **Careers the Next Generation Program and SCRUBS**
- **Partnering with groups in the Community ,(ie: Calgary Immigrant Aide Society and Calgary Centre for Newcomers)**
- ***Mature Workforce Strategy* to be implemented.**



Develop–Development of HealthCare Workforce

- **Focus on Leadership development strategy.**
- **Have increased offerings internally for all staff for professional and clinical development.**
- **Succession Management program successfully piloted and being rolled out within organization.**
- **Career Development program in place.**
- **Mentorship Program to be expanded.**
- **Advanced Nursing certification and training programs (i.e. AMNSP, ICU and OR program).**



Culture –Creating a Healthy and Respectful Workplace

- Implementing a new Recognition program across the organization.
- A number of wellness initiatives to address many aspects of employees work and personal life, (ie: *Family Care Program* to be implemented).
- Adopting the Just and Trusting Culture Program and policy.
- Safe Workplaces/Zero Tolerance/Staff Abuse Line
- Temperature Check
- Flexible Scheduling



Utilize –Utilization of HealthCare Workforce

- **Full scope of practice strategy.**
- **Piloting initiatives on units that are changing the mix of staff.**
- **CHEA initiatives looking at educating differently, utilizing technology, (ie: e-learning and simulation to enhance inter-professional learning).**
- **New facilities opening in the community will require a new way of delivering service i.e. Richmond Diagnostic & Treatment Centre and Sheldon Chumir Health Centre. (Bringing together acute care and community care).**



In Summary

- **There is a significant gap in what we have and what we need**
- **We have strategies and plans to minimize the gap**
- **We will be looking at creative & innovative solutions & ideas**
 - **attracting new people**
 - **retaining our current people**
 - **different models of care**
 - **new ways of educating**
- **There is no one answer – we must approach from multiple perspectives.**
- **We cannot do it all on our own, partnering with educational institutions, our unions and groups within our community will all be needed.**