

*Contemplating HHR Research OR
10 Things I wish I had known...*

Health**Force**Ontario

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Caveats

- I am not a researcher
- I am not a northerner
- I am not an educator
- I am not a long standing civil servant
- This is about research but it extends to other areas
- Mixed audience = opportunities to blackberry
- This is not a speech about success or work underway

1) There is data.....

- ICES
- CIHI
- MOHLTC
- National Physician Survey
- OHA Survey
- Associations and regulatory colleges (CNO)
- OPHRDC
- NP Model

...SO DON'T RE-INVENT THE WHEEL

2) Policy Makers Care (do you?)

3) Know your political agenda:

Emergency Department

- Wait times
- Aging at home strategy
- ALC strategy
- Rural Hospital funding
- Fast Growth funding

Family Health Care for All

- 25 new NP led clinics
- 50 new FHT
- 100 new medical spots
- Mental Health and Addiction
- Chronic Diseases starting with DM
- Integrated Cancer Screening

4) Know your system context:

- LHIN
- Stewardship Role for MOHLTC
- Financial constraint

A System in Evolution/Revolution

First Curve – Current System

- The system is designed to meet the needs of the provider →
- System is fragmented and patients fend for themselves →
- Sickness focused; episodic/individual →
- Designed to facilitate freedom, independence and autonomy for individuals →

Second Curve - Emerging System

- The system is designed to be customer-driven while incorporating the needs of all care-givers
- System is seamless and patients are supported as they move through it
- Health Status and outcomes focused; systemic & population based
- Designed to facilitate the best combination of independent and interdependent professionals

A System in Evolution/Revolution

First Curve – Current System

- Designed to encourage political behavior/power games
- Health is seen as a jurisdictional issue only and there is no co-ordination
- The system is designed to be complicated
- Despite increasingly massive investments productivity is declining and there are significant inefficiencies

→

Second Curve - Emerging System

- Designed to produce collaborative behavior and team work
- The national nature of the health care system and especially HHR is recognized and capitalized upon
- The system's complexities and self-organizing potential is realized in a natural complex adaptive system
- Resources are freed for innovation and quality improvement. People and resources are leveraged and productivity improves

5) Know your Health Human Resources Context...

People will:

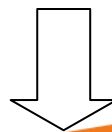
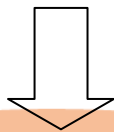
- be more numerous and older
- be more culturally diverse
- have more chronic than acute diseases
- be increasingly involved, informed consumers
- seek complementary and alternative care
- focus on wellness and disease prevention

Health services will:

- be increasingly based in the community setting
- be delivered by interprofessional teams
- focus on health promotion and disease prevention
- make greater use of new technology including tele-medicine and diagnostic imaging

Health service providers will:

- be older and seeking career transition and retirement
- continue to come from a range of other nations
- want more balance and flexibility in their careers
- work in a mobile, international and opportunity-laden market
- demand healthy and stimulating workplaces
- need new educational models to deal with a rapidly evolving base of knowledge and technology



.... **New expectations, capacities and roles are demanded of our workforce**

HHR in Evolution/Revolution

Defensive Individual Behaviour

- Command & Control
- Low Trust
- High Blame
- Alienation
- Undertone of threats and fears
- Anxiety
- Guardedness
- Hyperrivalry
- Withholding
- Denial
- Hostile Arguments
- Risk Avoidance
- Cheating
- Political Games
- Greed
- Attitude of entitlement
- Deadness
- Cynicism
- Sarcasm
- Tend to hide mistakes
- Work experienced as painful
- Dependence on external motivation
- Self-serving leaders
- Character Assassination

Collaborative Individual Behaviour

- Highly participative
- High Trust
- Dialogue
- Excitement
- Honesty
- Friendship
- Laughter
- Mutual Support
- Sincerity
- Optimism
- Cooperation
- Friendly Competition
- Shared Vision
- Flexibility
- Risk Taking
- Tend to learn from mistakes
- Face difficult truths
- Broad perspective
- Open to feedback
- Sense of contribution
- Work experienced as pleasurable
- Internal motivation
- Sense of purpose
- Ethical behavior
- Inspirational leadership
- Authentic community



Adapted from R. Cooper & A. Sawaf – Executive EQ

6)The North Matters...and there are research advantages

7) Get support...this ain't easy

- Mentors
- Networks
- Blogs/listserves
- Resources
- Grants, CME funding, innovation funds, career scientists

8)HHR Questions

- Team based care
- New roles and scopes
- Impact of different educational models: pre and post licensure
- Evaluation of rural initiatives



9) Don't chase holy grails OR the enemy of good is....

- FTE formula
- The perfect model
- The complete dataset

10) You don't have to choose...but start with research

- Mike Schull
- Ray Pong
- Linda O'Brien Pallace
- Gail Thomlin Murphy
- Brian Hutchinson
- Linda Rabenek.....



Thank You
Health**Force**Ontario