

---

# **HONG KONG HOSPITAL AUTHORITY CONFERENCE 2014**

## **BUILDING POSITIVE ATTENDANCE IN THE HEALTH CARE SECTOR**

Linda Betts &  
Associates

# LINDA'S BPA SPECIFIC BACKGROUND

## Health sector

- Alfred Health, Monash Health, Royal Women's Hospital, Peninsula Health, Royal Children's Hospital, Melbourne Health, St Vincent's
- Healthscope Vic & SA, Epworth Health, Regional Hospitals, Dental Health, Forensicare Vic
- Aged Care, Rehabilitation, AMES Victoria,

## Research

- Master by Research - Management
- Focused on cultural change in a hospital division (delivering reduction in absence) through improved staff engagement

## Projects

- Victorian Health Management Innovation Council – BPA Victorian Toolkit & Demonstration project
- Commonwealth Government pilot project in Victoria (VicHealth)

# OVERVIEW

- 1. Understanding the causal factors**
- 2. Analysing the data**
- 3. Designing an intervention**
- 4. Impact on Key Performance Indicators**



# BUILDING POSITIVE ATTENDANCE

*Positive Attendance Programs ideally take an organisational approach to support employees and managers in improving attendance and in minimising unscheduled absence from the workplace.*

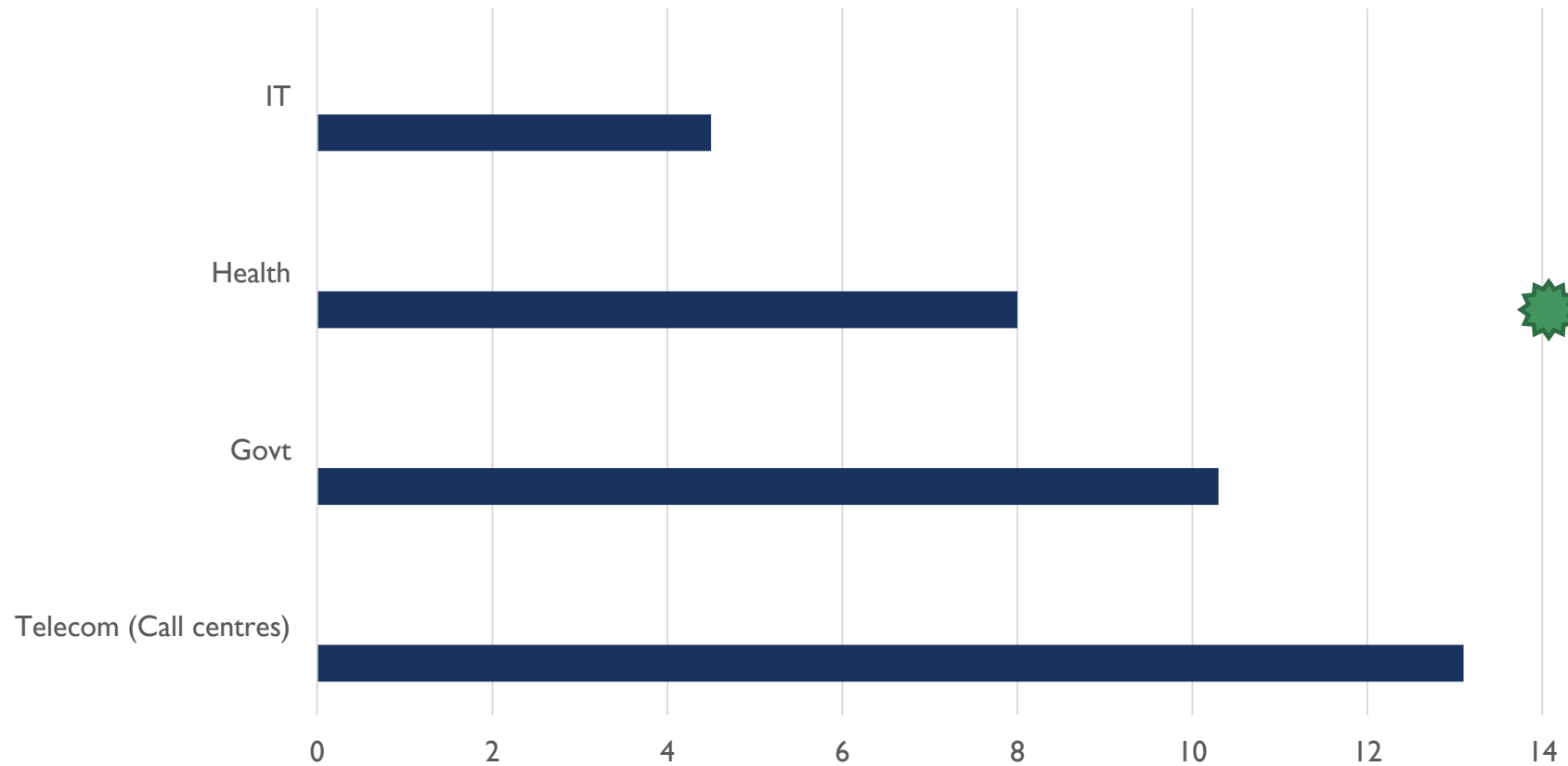
**Glass half full view** - “It’s great the organisation is doing something to improve things for staff”

**Glass half empty view** - “The organisation is just trying to save money”

**My view** - “Can’t it do both?”

# IS IT GERMS?

## Australian absenteeism by sector

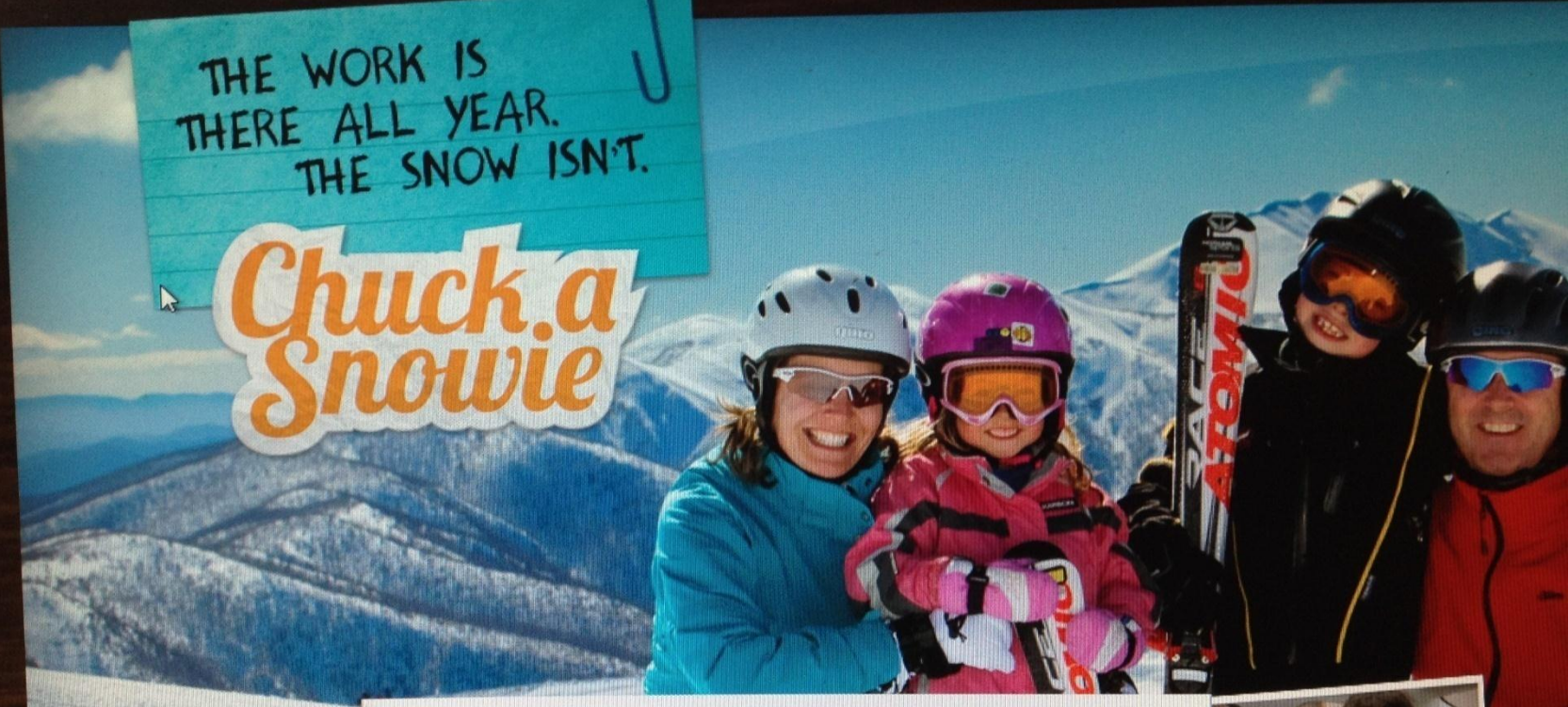


# THE CONTEXT OF ATTENDANCE & ABSENCE

- **Attendance & absence are influenced by numerous complex factors:**
  - Health & wellbeing (\*shift-work, gender, age,50%)
  - Level of control & autonomy at work
  - Personal values/work ethic
  - Organisational commitment
  - Job satisfaction & morale
  - Stress, job strain
  - Wider social culture

THE WORK IS  
THERE ALL YEAR.  
THE SNOW ISN'T.

# Chuck a Snowie



Let's face it. You already feel like every day is the same. Imagine how you'll feel come winter. So why not start planning your getaway now? With amazing deals on our lift passes, there's no excuse not to.



\$185

\$90

\$85



# ANALYSING THE DATA

## HOSPITAL CASE STUDIES



# Hospital Z Sick Leave 2012/13

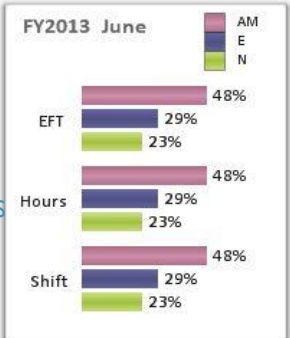
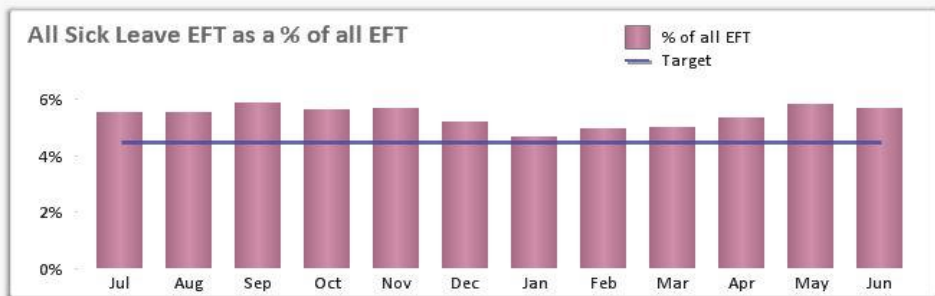
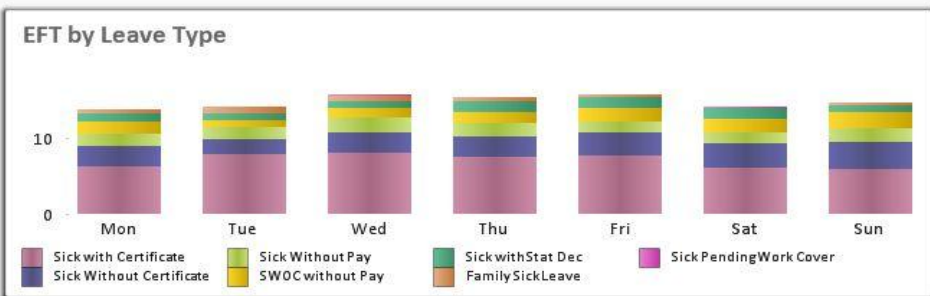
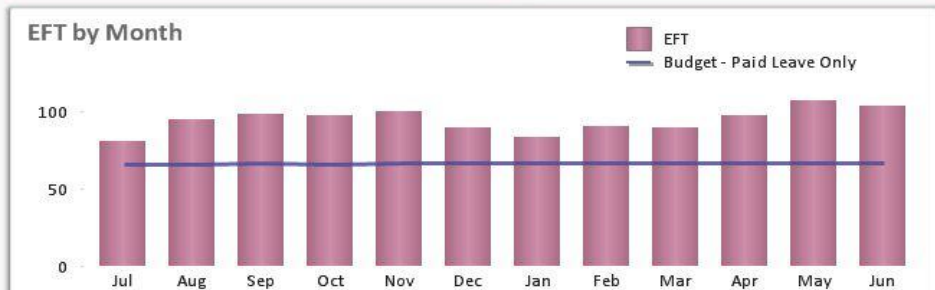
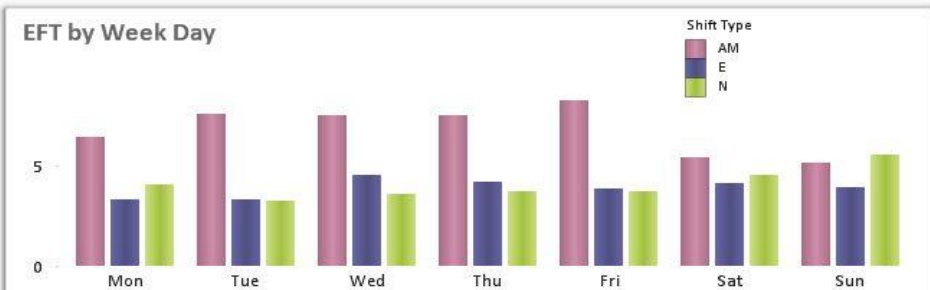
FY2013 June		Jun Actual	Jun Budget	Actual vs Budget	Month % of all EFT	YTD Actual	YTD Budget	Actual vs Budget	YTD % of all EFT
EFT	Unpaid Sick Leave	22.26	0.00	22.26	1.22%	23.57	0.05	23.52	1.35%
	Sick Leave	81.68	66.92	14.76	4.47%	70.74	66.59	4.15	4.06%
<b>Total</b>		<b>103.94</b>	<b>66.92</b>	<b>37.02</b>	<b>5.68%</b>	<b>94.32</b>	<b>66.64</b>	<b>27.67</b>	<b>5.41%</b>

**Filter**

- Labour Type:
- Fiscal Year: 2013
- Month: Jun
- Campus:
- Program:
- Cost Centre:
- Labour Category: Nursing
- Classification:

**Current Selections**

- Labour Category: Nursing
- Cost Centre: 43 of 642
- Qlikview Tab: Sick Leave
- Fiscal Year: 2013
- Month: Jun



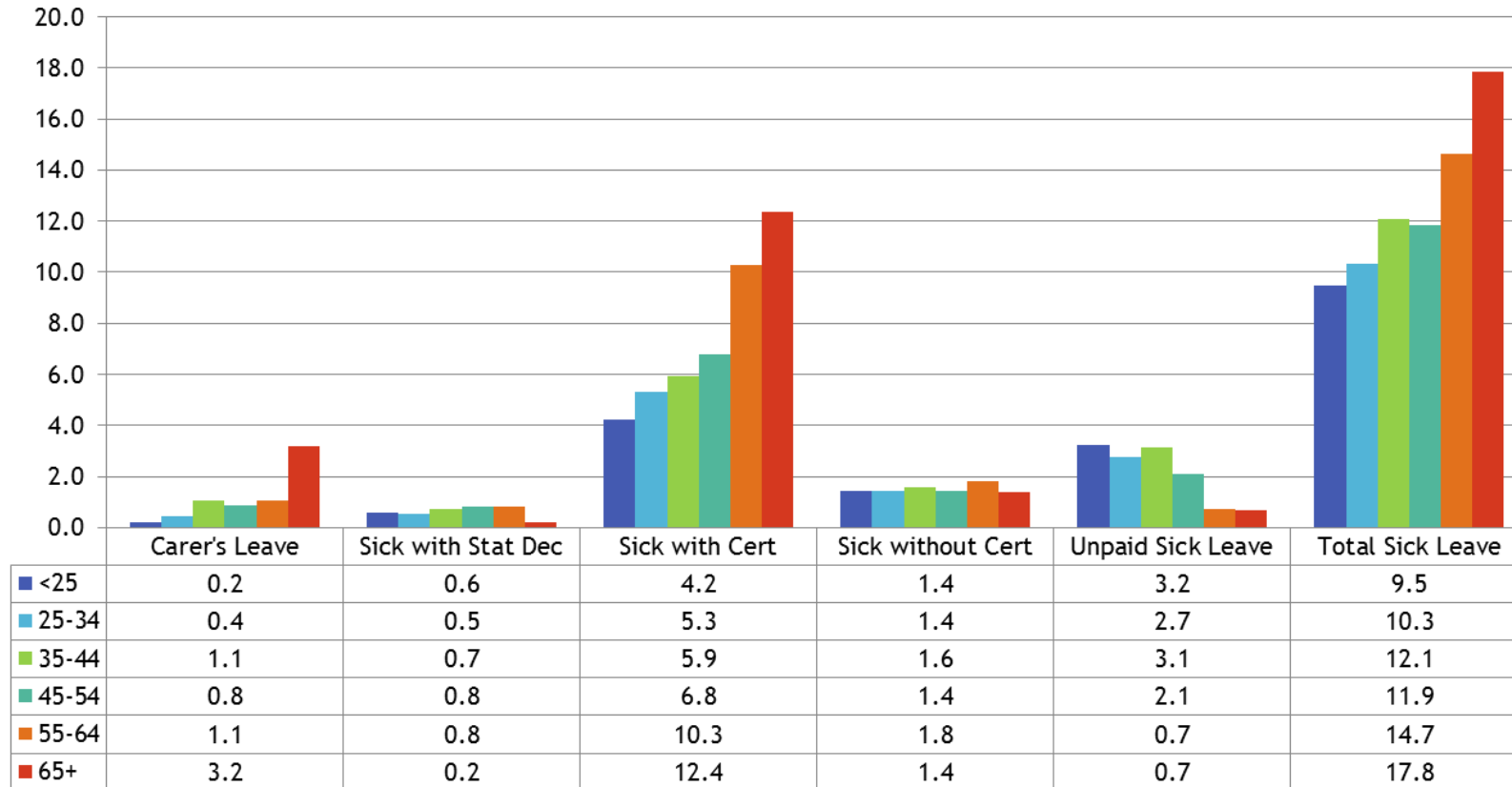
	Shift Type	Monthly Total	1/6	2/6	3/6	4/6	5/6	6/6	7/6	8/6	9/6	10/6
EFT	AM	103.94	53.06	59.97	85.53	71.15	76.58	92.04	81.55	64.28	54.34	45.35
	E	48.04	20.20	25.99	45.13	39.61	39.21	46.45	44.21	23.88	26.51	15.92
	N	27.34	17.73	13.49	22.11	13.95	17.63	24.28	15.39	20.13	17.83	8.95
		28.57	15.13	20.49	18.29	17.60	19.74	21.32	21.94	20.26	10.00	20.53
Hours	AM	16,927.75	403.25	455.75	650.00	540.75	582.00	699.50	619.75	488.50	413.00	345.00
	E	7,823.50	153.50	197.50	343.00	301.00	298.00	353.00	336.00	181.50	201.50	121.00
	N	4,452.00	134.75	102.50	168.00	106.00	134.00	184.50	117.00	153.00	135.50	68.00
		4,652.25	115.00	155.75	139.00	133.75	150.00	162.00	166.75	154.00	76.00	156.00
Shift	AM	1960	50	55	73	64	72	83	73	57	50	40
	E	940	21	25	39	37	39	43	41	23	25	16
	N	572	18	15	21	14	18	24	16	20	18	9
		448	11	15	13	13	15	16	16	14	7	15

## SICK LEAVE DATA TRENDS FOR 2012/13 (NURSING)\*

- 25% of all sick leave is unpaid. This is very high, compared to a benchmark average from 13 public health organisations in Victoria of 11% in 2011/12.
- Likewise, the rate of 1.35% for unpaid sick leave is high, compared to the same 2011/12 benchmark of 0.5%.
- Highest absence is on a Friday, then Wed & Thurs (usually Monday)
- Highest absence is on the AM shift (but wards may be night shift?)
- Saturday and Sunday nightshifts have the highest nightshift absences
- Sick Leave Without Certificate more likely to be used on a Sunday, Saturday (then Thursday and Monday)
- School holidays highest – September & May
- Last year the sick leave taken equated to 103 staff (EFT), around 17,000 hours and 1960 shifts.

# HOSPITAL X – CASE STUDY: TYPE OF SICK LEAVE BY AGE GROUP

Average Sick Leave Days Taken per Year

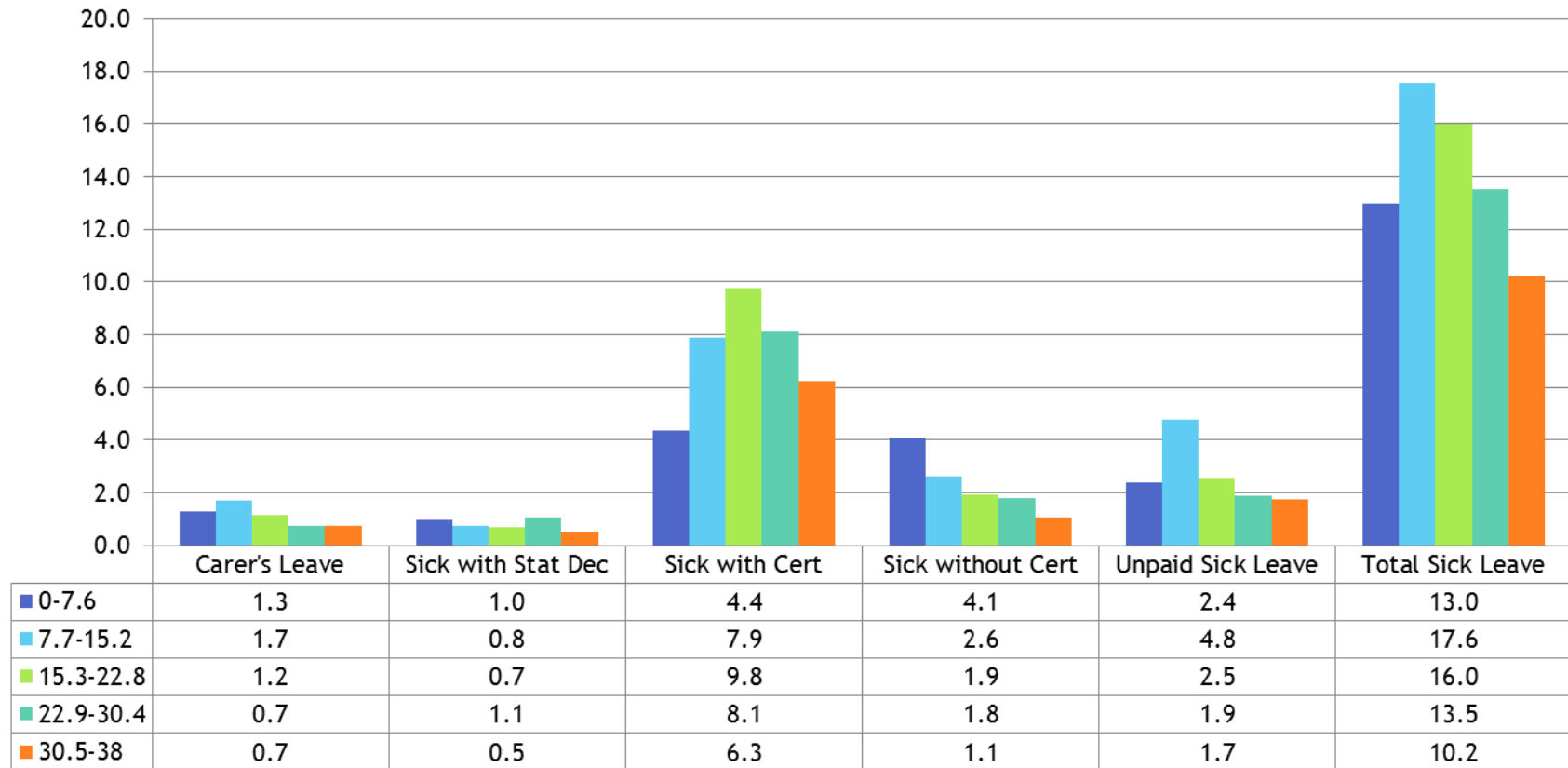


# AGE & SICK LEAVE TRENDS

- The older staff are the more sick leave they take. For example, staff aged over 65 take 87% more leave than staff aged under 25.
- Older staff especially take more carer's leave and sick with cert.
- The notable exception to this is unpaid sick leave, where the reverse is true. The younger staff are the more unpaid sick leave they take.

# HOSPITAL X – CASE STUDY: PART TIME & FULL TIME STAFF

## Average Sick Leave Days Taken per Year

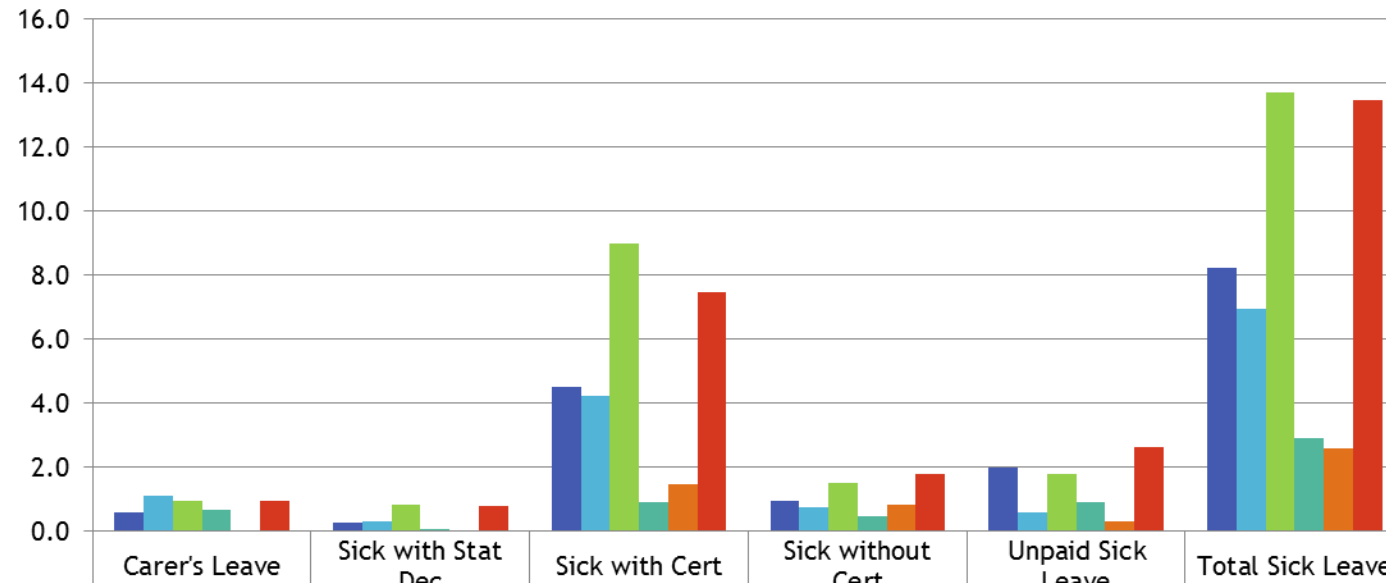


## HOURS AND EMPLOYMENT STATUS TRENDS

- Part-time staff take 16% more sick leave than full-time staff per FTE.
- The more hours per week staff work, the less sick leave they take per FTE, except maybe if they only work 1 day per week.
- Staff who work 2-3 days per week take the most sick leave per FTE.

# HOSPITAL X CASE STUDY: OCCUPATIONAL GROUP

## Average Sick Leave Days Taken per Year



Administration	0.6	0.3	4.5	0.9	2.0	8.2
Clinical Support	1.1	0.3	4.2	0.8	0.6	6.9
Facilities Management	0.9	0.8	9.0	1.5	1.8	13.7
Health and Allied	0.7	0.0	0.9	0.4	0.9	2.9
Medical	0.0	0.0	1.5	0.8	0.3	2.6
Nursing	0.9	0.8	7.5	1.8	2.6	13.5

# OCCUPATIONAL GROUP

- Facilities Management staff (e.g. food services, maintenance, patient services) take the most leave (13.7 days).
- Nursing/midwifery staff take the next highest amount of leave (13.5 days).
- Medical staff (2.6 days) and Health and Allied Professionals (2.9 days) take the least amount of leave.



# BENCHMARKING DATA

	Hospital X YTD	Hospital 2012/13	Victorian Public Health*
Sick Leave Rate			
Paid Sick Leave	4.2%	4.06%	4.0%
Total Sick Leave	6.18%	5.41%	4.5%

## Average Sick Leave Days per Year

Paid Sick Leave	10.92	10.55	10.4
Total Sick Leave	16	14	11.7

\* Benchmark data is 2011-12 data taken from 14 public hospitals (SSA report 2012)

Unpaid sick leave!



# DESIGNING AN INTERVENTION

## HOSPITAL CASE STUDIES

## CASE STUDY/EVIDENCE SUGGESTS:

### ■ **What's important to success:**

- Exec support, knowledge and strategy
- Have a BPA Taskforce made up of cross-section of managers & staff
- Focus Groups to identify qualitative data on causal factors, local practices, etc.
- Develop policy framework & manager guidelines
- Develop effective data & reporting systems
- Communication plan – raise awareness with all staff
- Establish KPI for each cost centre/department
- Train Managers & AUMs
- Establish (with HR support) BPA plans for all cost centres/departments
- Balance notification and return-to-work follow up with positive, culture building programs of reward & recognition and targeted strategies that address the causes– Grads/EN's, Older workers, Carers Leave, Sick Leave without pay

# WHAT DOES THE TRAINING DAY COVER?

Practical skill based training –  
focusing on what works in  
health

- By the end of the workshop participants will:
  - Gain an understanding of the factors which contribute to attendance patterns in the health sector and the impact of these factors at each hospital
  - Be able to identify attendance issues and patterns by interpreting BPA data reporting
  - Understand BPA policies and guidelines relating to leave and attendance and be able to confidently apply them
  - Develop a range of strategies and skills to address attendance in their work units

# ROLE OF SENIOR LEADERS

- Not viewed as a 'project'
- Requires sustained commitment
- Requires tackling underlying causal factors
- Active, supportive engagement

- **How best to be involved in training and beyond?**

# BPA – A CASE STUDY

## Melbourne Metropolitan Public Hospital - 12 month project

- Diverse, multi-disciplinary project team established
- Staff consultation to collect staff perceptions and opinions around workplace attendance and absence
  - 5 staff focus groups – 80 staff attended
  - All staff survey - 15% response rate
- 7 BPA workshops - 90 Managers trained
- Access to absenteeism data improved and all managers trained in self-serve access
- New BPA Policy implemented
- New BPA Manager Guidelines implemented
- All Managers offered ongoing coaching by HR after the training

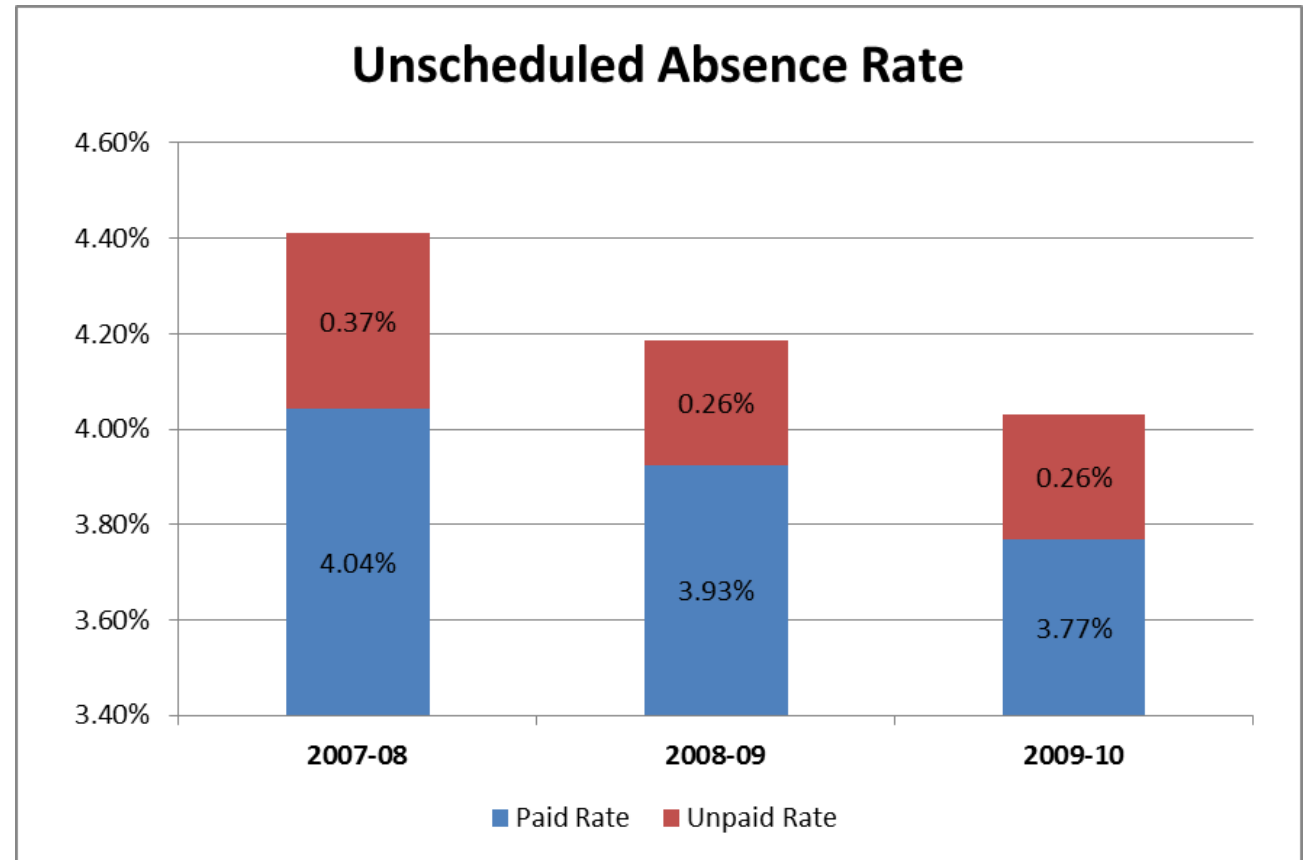


# IMPACT ON KPI

## HOSPITAL CASE STUDY

# BPA – A CASE STUDY: RESULTS HOSPITALY

- 6.8% reduction in paid sick leave over 2 years
- 28.8% reduction in unpaid sick leave over 2 years
- Estimated costs savings of more than \$300k





**THANK YOU!**

■ **Questions??**

