WELLNESS INSTITUTE AT SEVEN OAKS GENERAL HOSPITAL[1]

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This case study summarizes the development of the Wellness Institute at the Seven Oaks General Hospital. Part of the Institute's mandate is to provide health and safety services to organizations outside of the hospital. The history of the Wellness Institute is provided along with a summary of its external outreach initiatives. The focus of the case is on the challenges faced by the Director of Rehabilitation Services in developing a strong market for the Institute's programs and services in the general community. Experiences from three clients are summarized to provide ideas for the market development initiatives.

Lisa Habner, Director of Rehabilitation Services at Seven Oaks General Hospital (SOGH) knows the Wellness Institute (WI) is highly regarded, both by the local community and throughout North America. A number of advances have been made with the development of health and safety awareness programs in the hospital, but much more needs to be done. Providing support programs and services to the hospital is part of WI's mandate, but a second major part is to provide services to organizations in the community. She has just come back from a meeting with Carolyn Steiner, Chief Operating Officer of Seven Oaks General Hospital. Both Lisa and Carolyn know improvements in the operations and performances of the WI are dependent on further development of programs and services to external organizations. Lisa must develop a plan for external marketing over the next month, and present it to the Executive management Committee. She is convinced that the programs and services are beneficial to both employees and the organizations they represent. The challenge is how to expand WI's market reach, i.e. expand WI's programs and services in the general community.

Context

In the 1960s the northern part of Winnipeg (frequently termed the North End) was without a hospital. (A fuller summary of the development of the Hospital may be found in the accompanying case, "Seven Oaks General Hospital".) In the late 60s and early 70s a city councilor, Olga Fuga, and a number of activists, Joe Zuken, Abe Yanfosky and Saul Miller, began lobbying the city and Manitoba's provincial governments for a hospital to be located in the North End of the city. In 1981 the dream was realized with the completion of Seven Oaks General Hospital (SOGH), an innovatively designed acute patient care facility. Currently SOGH operates as a 275 bed hospital and offers a wide range of services including programs and services in medicine, surgery, ambulatory care, rehab/geriatrics, critical care, mental health, asthma care, spiritual care, hearing, and dental. SOGH was selected as one of the Maclean's List of Canada's Top 100 Employers in 2004 and 2005, and was also named one of the Best Employers for 50 Plus Canadians in 2005. SOGH employs over 1300 staff in various roles within the organization. The organization structure of the hospital is presented

[1] This case has been prepared under contract with Minerva Canada. The authors would like to thank all of the interviewees who will remain anonymous in order to protect their identity and the identity of the organizations referred to in this case.

in Exhibit A. The hospital is organized into five divisions, managed by five Chiefs. They are the Chief Medical Officer, Chief Nursing Officer, Chief Finance Officer, Chief Human Resource Officer and the Chief Operating Officer. The various functions that fall under each Chief are represented in the chart. The WI is part of the Chief Operating Officer's responsibilities.

The Development of the Wellness Institute

From the beginning, wellness was a strong emphasis at SOGH. The act of Incorporation in 1970, specifically spells out the focus of the hospital's strategy, "(to) promote the general health of the community". The "community" was defined as the employees, patients and residents in the surrounding geographic area. Shortly after the hospital began operations, a small fitness centre, the Joseph Zuken Fitness Centre, opened and was operated by the City of Winnipeg Recreation Department. Staff and patients used the facility and it began to play a role in rehabilitation programming for the hospital's patients. Seven Oaks staff soon realized the need for a more comprehensive medical fitness centre that focused on both the needs of the staff and non-patient residents in the broader community. The current mission, vision and values statements include a value on "wellness" which states that SOGH is "committed to promoting the principles of illness prevention and healthy living in our community". Furthermore, the overall vision of SOGH is to "to be recognized as a leader among community health centres for our approach to holistic care, healing and wellness".

In order to better satisfy the overall vision and community-oriented values a planning team conducted a community needs assessment and reviewed facilities in other communities, particularly in the U.S. where medical fitness centres were more common. Of the community residents surveyed, one-half responded that they would definitely or probably use the WI. Eighty percent of the local businesses indicated they would support their employees' participation in a health and wellness centre. Services for women and rehabilitation ranked highest in order of importance. The WI also benefited from the experience of a "work hardening" program developed at the hospital to rehabilitate injured workers and prepare them for reentry into the workforce. The WI was born out of the rehabilitation experience and survey assessment process. The WI opened its doors in 1996 as the first medical fitness centre owned and operated by a hospital in Canada. Over $11 million in funds were raised by the community to build the facility. In addition, allocations were made from the Ancillary Funds of the SOGH Board. The WI operates as a self-supporting non-profit department of SOGH and provides numerous programs to staff, patients and community members. A summary of the organizational structure of the WI may be found in Exhibit B.

The WI adopted as a mission statement, "To provide the community with services that promote health, prevent illness and disability, and restore wellness". Goals were established to support that mission including:

- Promote personal responsibility for health
- Offer programs that enable a broad spectrum of the community to learn how to maintain health throughout life
- Develop health promotion programs in cooperation with other health care providers
- Determine the health needs of the community through public consultations and ongoing assessments
- Conduct research and evaluation to ensure effective and socially responsible services
- Maintain financial self-sufficiency.

Care was taken in the design of the facility to convey a healthy environment and connection to the community. Materials used to build the facility were environmentally and health friendly; paths were developed to connect the grounds to the surrounding community; and the building was planned to be accessible to people with a number of mobility constraints and considerations. The programs were targeted to help healthy people stay well, encourage changes in health/lifestyle practices for those who exhibit risk factors for accidents/injuries or disease, and to serve as a rehabilitation source/facility for those who had been injured

or were recovering from disease. The original programs offered included counseling services, educational sessions, fitness/recreation, cardiac rehabilitation and programs for injured workers.

Carolyn manages the WI. Her title, Chief Operating Officer, and position as part of the Executive management team exemplifies the strong role that wellness plays in the hospital's strategic plan and operations, and the importance of the WI to the overall mission of the hospital. In addition to the direction and management of the WI, Carolyn is responsible for corporate planning for the hospital, the pharmacy, cardio/ respiratory, organizational development, and general governance structures within the hospital.

While the early WI programs were developed for SOGH they quickly expanded their external role, directed to community members, both individuals and organizations. Early plans for company programs included job-site evaluation and action plans, education in injury prevention, wellness screenings and seminars, work hardening programs, healthy back classes functional capacity testing, first injury care and case management. WI programs were organized and offered in three primary areas to employers, workers and insurers (A fuller list of services is summarized in Exhibit C). These areas include:

1. Rehabilitation: Injury treatment, prevention and return to work programs
2. Occupational medicine
3. Workplace wellness programs and services

Taking each of these in turn, the rehabilitation programs began with an initiative within SOGH, called the Injured Workers Program (IWP). This program, begun in the early 1990s and was offered to hospital employees. It focused on work injury management and was jointly operated by the SOGH and the Workers Compensation Board of Manitoba. The program was designed to reduce employee injuries in the hospital, help speed recovery and shorten the time employees were away from work when injured. It has been very successful and has reduced the frequency of certain types of injuries, the total time lost due to these injuries, individual injury recovery times, the pain and suffering due to injuries and workers compensation premiums; and has led to increases in staff morale, productivity, and positive feelings about the workplace. This program continues to be managed jointly by the WI and the occupational health nurse at SOGH. The rehabilitation program provided the WI with an opportunity to expand and offer their rehabilitation services to the broader community.

The occupational medicine programs developed out of the professional expertise available in the hospital to treat various patient injuries, accidents and illnesses. Occupational health professionals design and administer pre-placement physical examinations, periodic physical examinations for executives and other staff, return to work physical examinations and functional capacity evaluations. These examinations are tailored to the specific requirements and resources of a given organization.

The third WI service was adopted by SOGH in 2001. The Workplace Wellness program was initially designed as a pilot project that, if successful, could be expanded to other groups within the hospital, and used as an accident and illness prevention system offered to other organizations. A team of six employees and six managers managed the Workplace Wellness program. Health Risk Appraisals (HRAs) were administered to WI staff in the Spring, 2001. An outcome of the HRAs was the development of Personal Wellness Plans for interested employees. Included in the plans were health profiles, comparison profiles of employee fitness levels, and suggestions for making healthier lifestyle choices (Lamontagne, 2002). The Wellness pilot programs were adapted from the WELCOA model, developed in the U.S.

The current staff complement of the WI includes a wide variety of professionals (see Exhibit D) to support the service offerings. These staff members are organized in several departments and service units including: Rehabilitation Department, Cardiac Rehabilitation Department, Fitness Programs and Services, Chief Operating Officer, Membership and Operations, Children's Programs and Community Services. Lisa

knows that there is staff capacity to provide more services and is interested in extending their programs and services in the community to better reflect WI's mandate.

Current Situation

Lisa is confident the WI is offering a wide range of programs that could be of great benefit or various organizations. A large number of organizations (13 insurance agencies, 15 governmental agencies/Crown corporations and 25 private businesses) have contracted for the programs/services offered by WI but there was so much more to be done. A significant opportunity and need exists to provide continuous contracts and services to the organization clients. The growth in this market would provide stability, fuller utilization, and possibly growth of the WI staff complement, as well as, more effectively address community needs for health, wellness and rehabilitation services and programs.

Lisa began to think about three organizations currently under contract and the current capacity of the WI. She had held discussions with representatives from each of the organizations in the last week to assess the effectiveness of the WI programs and services, and to get ideas about how to move forward with WI activities. Could the experiences with these organizations point the way to an effective marketing strategy?

Organization A

Organization A is a government agency. The management group wanted to reinvest their worker's compensation savings into services that would lead to further reductions in accidents and injuries. With the collaboration of the WI an injury prevention workshop was developed. The focus of the training included spine/posture issues, movement, and exercise and nutrition, and was split between lecture and onsite analysis of particular tasks and body mechanics. Reductions in injuries were compared between divisions where the program was implemented and those without the program. There was a 60-80% reduction in injuries within divisions where training occurred. Those without training experienced either no reduction and, in some cases increases (up to 150%) in injuries during the study period. Departmental staff in areas where the program had been implemented indicated "soft" benefits such as increased safety awareness, strong demand for additional workshops, more dialogue on current job difficulties, and more emphasis on increased activity in sedentary jobs.

Funding for the program covered training materials and the instructor costs. Departmental staff costs, such as extra salary plus replacements were out of the departmental budgets. A number of barriers to further expansion of the injury prevention program were identified by the government agency managers responsible for the program. They included management resistance to the program implementation, unstable funding, lack of perceived value of the program in some units, difficulties in securing staff training dollars, and a perceived focus on solutions rather than the root causes of the health and safety problems.

Overall the health and safety and human resource managers felt there needed to be more integration between health and safety and wellness initiatives. A clearer articulation of organizational goals in these areas could help identify programs and services that are needed from WI. Lisa had received feedback from the agency that the service delivery was excellent and accessible. The management of the agency also reported they felt that the impartiality of the WI was viewed positively in the agency. The managers would like to make a case for expanded involvement with WI but feel they need a clearer cost-benefit analysis of program and service offerings. These managers think that more stable funding would be dependent upon clearer financial returns to the agency.

Organization B

Organization B is a utility that began its relationship with the WI about a year and a half ago. David Turner, the Training Coordinator, and Becky Myers, a physiotherapist approached the WI to aid them in

reducing their high injury rates. These injuries are most prevalent in their younger and new hires for power electricians' positions. The WI performed a Functional Capacities Evaluation (FCE) to determine the nature of the tasks and the abilities needed to perform them. This FCE occurred on-site and the major components of the job were identified and tasks were developed to replicate those components in a simulated environment. In all 7 critical components of the power electrician position were identified. From the FCE a Functional Abilities Test (FCT) was devised to use in the hiring process to screen applicants. Applicants also had to undergo a pre-employment fitness test. Since the pilot project began just over a year ago the company does not yet have clear objective results.

One of the early obstacles encountered by the utility is expansion of the test to existing employees. The union argues that the test should not be used to discriminate against existing employees who are already performing in the position. However, the test has been offered to existing employees who volunteer to take it and the number of people taking the test has increased over the last year. Early indicators are that there are fewer injuries with the new hire group and that the time off after an injury/accident has been reduced. Both David and Becky expect more positive benefits over time and shared with Lisa a number of soft benefits that have resulted from the program.

The union was an early and proactive participant in the development and implementation of the program. Due to the positive experience of working with the union on the FCE initiative David has seen a change in the manner in which the company deals with health and safety issues. For example, the union has been a promoter of initiatives to develop new tests for additional positions. Becky mentioned a number of barriers they encountered when they first initiated the FCT, including emotional stability. There has been opposition to the administration of psychological tests to gauge emotional stability of the employees in the power electrician positions. Since power electricians work with electricity in dangerous situations, the employees needs to be emotionally fit. The challenge is to demonstrate that emotional fitness is job related. Human rights issues were raised when they attempted to apply the test to existing employees. In addition to the issues raised about the psychological tests, there is fear that older employees may not be able to pass some of the physical demands of the tests, but their long experience is argued by the union to compensate for the physical fitness criteria.

When discussing with Lisa the need to expand the tests Becky brought up the concern that a lot of time was needed to develop a test for a single job. To develop the FCT many trial runs were performed, considerable time was spent in preliminary meetings, input was sought from many parties, and considerable time was spent with the WI staff. Would the utility be able to continue to support the individualized FCE for each job? For the power electrician position it was clear that due to the high injury rates management needed to take some action to select employees who would be less likely to get injured or involved in an accident. Could they make the same case for other less hazardous positions? Both Becky and David indicated to Lisa that it was important to have an independent assessor, a neutral third party to develop and administer the FCTs. These questions pose market development challenges to Lisa, are the developmental costs of the programs impeding potential clients from securing WI's services?

Organization C

Lisa's thoughts went to the third organization, Organization C, a manufacturing firm. WI's involvement was significantly different than the involvement with the other two organizations. Dylan Baker, the Safety, Health and Environment Coordinator, approached WI in an effort to manage their disability claims process. Prior to October 2004, employees, after an accident or injury, would seek the advice of their personal physician to determine their readiness to work in their normally assigned position or in an alternate arrangement. The accident/injury claims process led to a number of inconsistent results and there was concern that some employees might be abusing the disability leave conditions. There was also concern that many physicians would not be trained to evaluate the factors pertinent to performing a given role in the organization.

Early in 2004, the WI was contacted as a potential medical facility that could perform fitness testing on all of the disability cases. A contract was developed with WI to perform an FCE on all disability claims where there was a dispute about the employee's fitness to perform assigned job duties. Due to the success and resolution of the disputed cases the early initiation of the FCE process has been expanded to all cases where a person has been injured at work (or off work). The individual is sent as soon as possible for a FCE at the WI. The major benefit of the FCE is the independent assessment of the individual's physical and psychiatric readiness to perform a job, and their ability to perform an early assessment of injury cases. Research on disability management has demonstrated that early assessment and aggressive management of those cases reduces time off. Dylan was also able to work with the WI to develop a checklist form that provides clear feedback on each case. The accident and injury statistics that Dylan receives substantiate a strong positive benefit of the new FCE process (Table 1).

Table 1
Injury and Claims Experience at Organization C

Statistic	2003	2004	2005	2006
Loss Time injury in days	195	104	73	42
Severity*	2138	999	947	545
Worker's Compensation Direct Cost	$786,291	$689,961	$574,061	$404,934

*Based on Workers Compensation Board criteria on rating the severity of accidents and injuries.

In his conversation with Lisa, Dylan recalled the early days of the program when employee resistance was very high. Many employees felt that the company mandated process violated their rights to have their own physician review their case. Today, he noted that employee attitudes have drastically changed. They now come in immediately after an accident (or call from home) to initiate the FCE and treatment process. With this positive experience Dylan would like to expand their health and safety initiatives into other areas, such as general employee wellness. However at this point wellness and safety and health are still considered independent of one another. Lisa inquired about why they involved the WI in the claims management initiative. Dylan responded they needed a facility large enough to be able to perform evaluations on an 'as needed' and timely basis. They needed expert advice early in the disability management process and they wanted a systematic and consistent review process. The form they developed was working well and had the potential for them to analyze cases by position more carefully to take more aggressive action in preventing accidents and injuries. The data could identify if certain types of injuries were related to types of positions or employees in their organization.

Lisa reflected on the experiences WI had with these different organizations, a training program that led to decreased accidents, a FCT that was developed and used to hire employees more "fit" to perform dangerous work and the development of a disability management program that included initial assessment and aggressive treatment of 'on' and 'off' work injuries. The results indicated effective results in all cases, both for employee health and financially for the firms. Furthermore, the management of these organizations is satisfied with the work conducted by WI.

She felt some of the challenges were related to effectively marketing their programs and services but there seemed to be more at stake. Perhaps due to the Canadian health care system, employers do not see as much direct responsibility for employee health as they do in a system where health care costs are more directly born by the employer and the cost of their health insurance plans. Perhaps managers are not accustomed to thinking that the health and safety of employees is everyone's responsibility, not just the responsibility of more

specialized units and personnel. Maybe managers are not fully aware of how health and safety can impact the financial performance of a firm in a similar manner as increased sales or improved service. She wondered whether the many awards that had been given to SOGH and the WI could be used to generate opportunities for the WI. She felt that the opportunity for the WI to work with and benefit firms was largely untapped.

In her mind the three organizations present different types of challenges for the market development strategy. Organization A demonstrates an intra-organizational issue. How does one spread a successful program beyond the initiating unit and overcome some of the natural organizational and attitudinal barriers to that program expansion. Organization B illustrates the challenges of adapting a service that requires extensive developmental costs to areas where the return might not be as great. It is seen as imperative to address the health and safety issues of electrical workers whose lives are at risk. The company can easily justify the developmental costs, but what about the cost/return of less life threatening positions? Lisa sees the need for lower cost FCTs for application to jobs perceived to be lower risk positions. Finally, Organization C presents another challenge, how to take the success experienced in one organization and market it to others? With these experiences in mind Lisa's head was swimming with questions that needed to be answered in her report and proposal to Carolyn and the management team.

- How should they go about generating and developing a stronger market for their programs and services?
- How should they go about defining what firms should be included in their market?
- Who should be involved in developing the plan?
- What additional data did they need to develop a plan?
- What needs to be included in the plan?
- Should they focus on specific areas of expertise or continue to offer the broad range of programs and services?
- What resources, financial and human were needed to develop and put the plan into action?
- How should they determine the additional work that could by handled by the current staff complement? What is the current unused capacity?
- What would the staffing and facilities implications of additional contracts?

Lisa knew she needed the answer to these and other questions as she moved forward with a proposal. She was convinced that there was an opportunity to develop WI and was looking forward to this challenge.

References

Lamontagne, F. *Seven Oaks General Hospital.* (2002). A case study published by the Canadian Labour and Business Centre. May be found at www.clbc.ca.

Positively Healthy, Fall, 2005. A publication of Seven Oaks General Hospital and the Wellness Institute.

Positively Healthy, Winter, 2006. A publication of Seven Oaks General Hospital and the Wellness Institute.

Positively Healthy, Winter, 2005. A publication of Seven Oaks General Hospital and the Wellness Institute.

Exhibit A: Seven Oaks General Hospital Organization Structure (September, 2005)

SEVEN OAKS
General Hospital

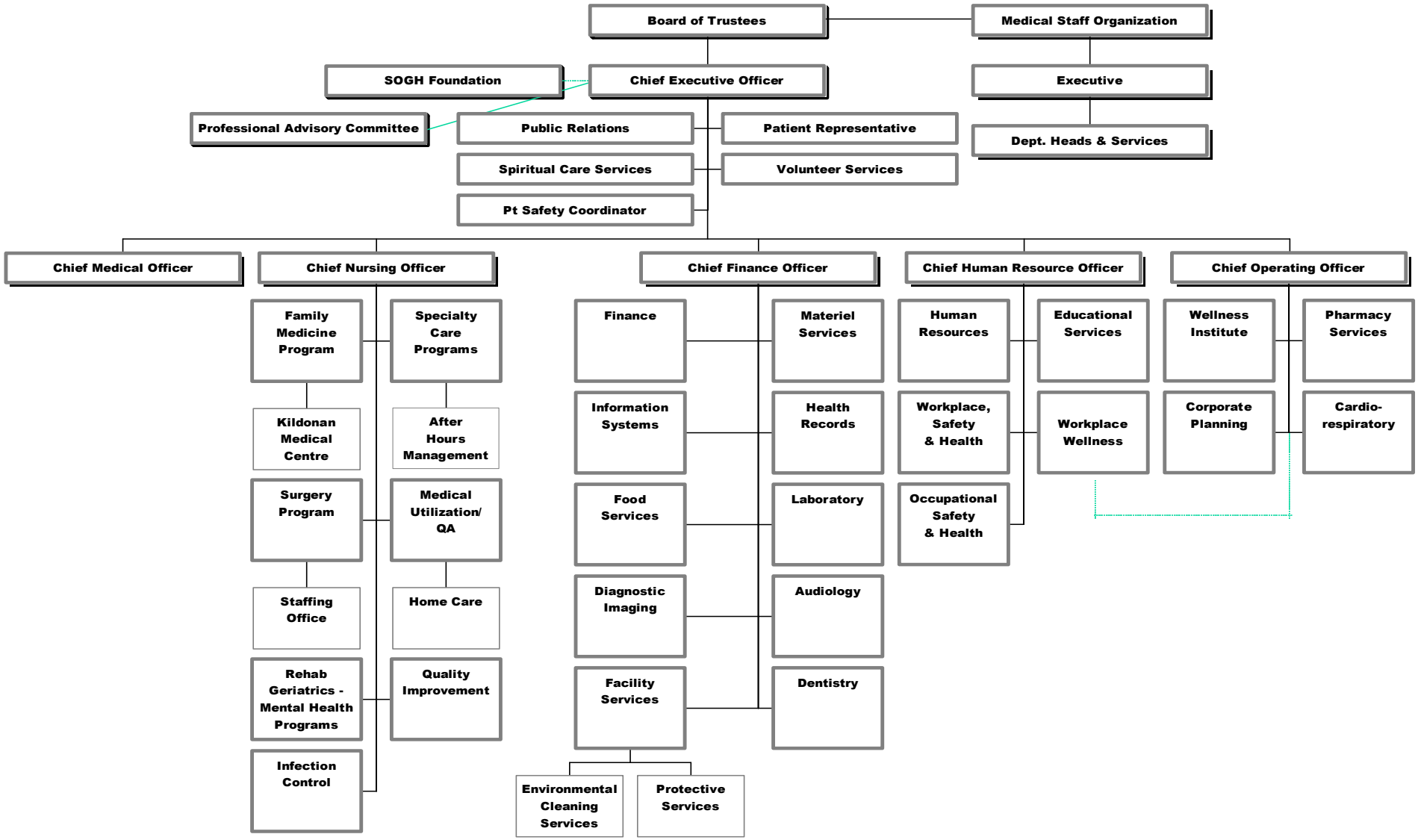

Exhibit B: Organization Chart of the Wellness Institute (April1, 2007)

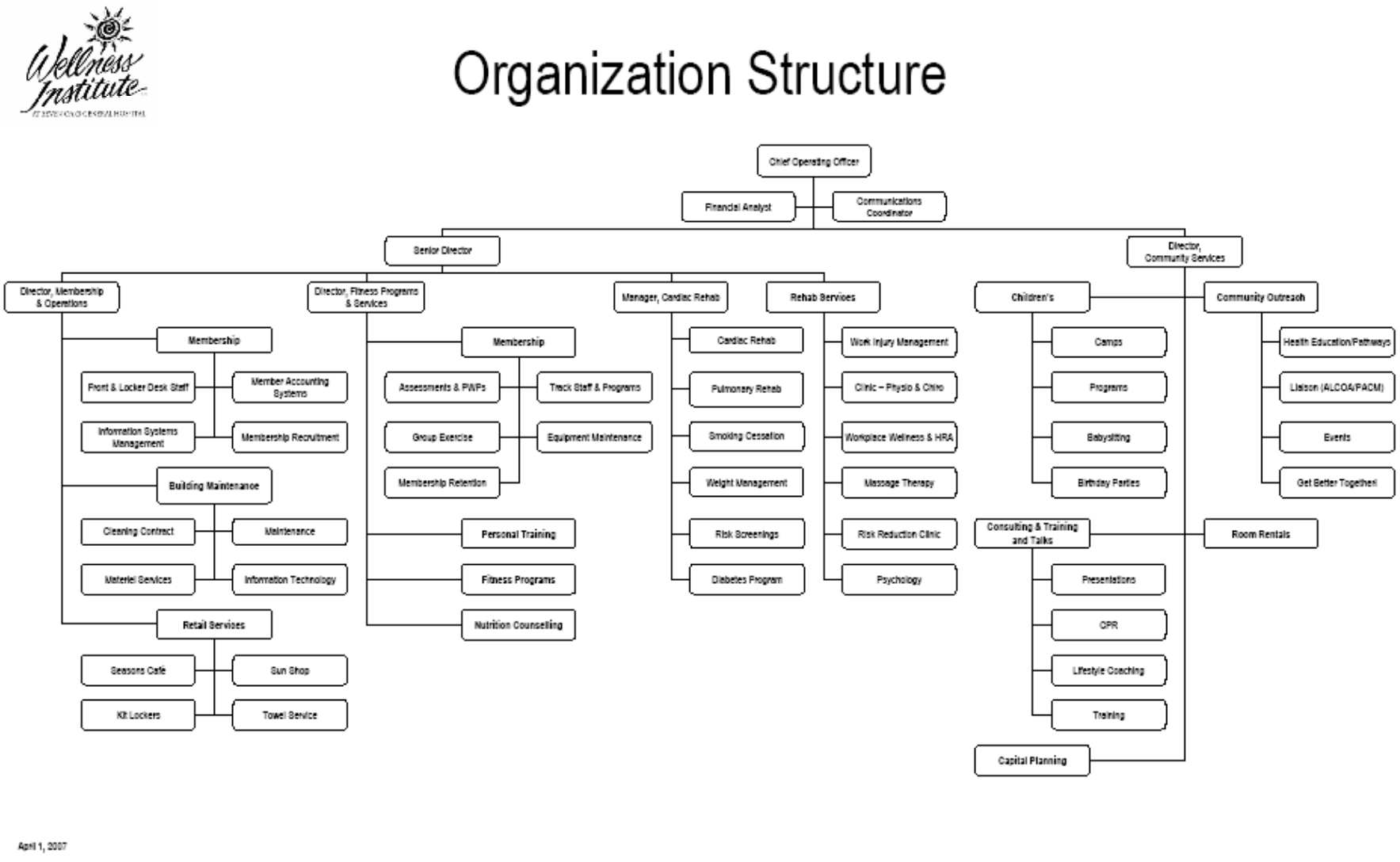

Exhibit C: List of services offered by the Wellness Institute
(These services have been developed from commercially available materials and by on-site staff)

Rehabilitation (Injury treatment, prevention and return to work programs)

Worksite analysis (job site analysis)
Return to Work Programs
Ergonomics
Job Demands Analysis
Injury Prevention Classes
Acute Injury Treatment
Work-Site Management & Consultation Services
Work Hardening Program
Reconditioning Program
Mental Health: Return-to-Work

Occupational Medicine

Pre-placement Physical Examination
Executive Physical Examination
Return to Work Physical Examinations
Disability and Independent Medical Evaluations
Functional Capacity Evaluations
Audiometry
Pulmonary Function Testing
Drug and Alcohol Testing

Workplace Wellness Programs & Services

Health Risk Appraisal
Workplace Wellness Consultation
Health Education Seminars
Smoking Cessation
Weight Management
Massage Therapy
Personalized Exercise Programming
CPR Training
Nutrition Education
Conference Centre
Fitness Centre Design and Consultation
    a. Facility Design
    b. Management
Program Development

Exhibit D. Wellness Institute Organizational Staff Complement

Department/Service Area	Number of Staff	Job Title
Chief Operating Officer	1	Senior Director
	2	Researchers
	2	Physicians
	1	Financial Analyst
	1	Communications Coordinator
Membership and Operations	1	Director of Membership and Operations
	24	Front Desk/Locker Desk Staff
	1	Supervisor
	1	Finance Assistant
	1	Data Entry Clerk
Rehabilitation Department	1	Senior Director
	5	Physiotherapists
	2	Occupational Therapists
	1	Chiropractor
	1	Registered Kinesiologist
	4	Massage Therapists
	2	Psychologists
	2	Workplace Wellness Coordinators
	1	Rehab Assistant
	1	Operations Assistant
	1	Finance Assistant
	2	Front Desk Admin staff
	3	Physicians
Cardiac Rehabilitation Department	1	Manager of Cardiac Rehabilitation
	2	Nurses
	1	Physiotherapist
	1	Behavioral Counsellor
	1	Front Desk Admin Staff
	1	Data Entry Clerk
Fitness Program and Services	1	Director of Fitness Programs and Services
	1	Group Fitness Coordinator
	30	Fitness Instructors
	25	Phys Ed/ Kinesiology
	1	Dietitian
	1	Admin Staff
Children's Programs	13	Kids Corner Staff
Community Services	1	Director of Community Services
	1	Social Worker
	1	Coordinators