

An Evidence-Based Evaluation & Discussion Tool for Ontario Hospital JHSCs

Kathryn Nichol, Linn Holness, Irena Kudla, Lynda Robson, Chun-Yip Hon, Helen Kelly, Stephanie Spielmann, Jonas Eriksson

Why is this study important?

Investigations related to the 2003 SARS outbreak raised concerns regarding the function and effectiveness of hospital Joint Health and Safety Committees (JHSCs). Most Ontario workplaces with more than 20 employees are legally required to have a JHSC.

What was the goal of the study?

To create and pilot test an evidence-driven assessment tool that JHSCs, employers and policy-makers can use to evaluate various JHSC functions and characteristics, and help improve JHSC effectiveness.

What did we do?

Based on the Safety Element Method and input from experts, we developed a 20-item self-assessment tool. The assessment tool was pilot tested in two stages in one urban, multi-site academic hospital.

In the first stage of testing, seven JHSC members participated in “think-aloud” cognitive interviews to provide feedback on the validity, readability and their comprehension of the tool’s content. Based on their feedback, we revised the tool.

In the second stage, five JHSCs (42 members) tested the tool individually and as a committee. Members of the research team silently observed JHSCs’ work through the tool to assess their committee effectiveness, and compared individual scores and committee scores. JHSC members completed usability surveys before and after working through the tool as a group.

The research team then further revised the tool. The final assessment tool consisted of 21 items, 10 sections and was eight double-sided pages in length.

What did we learn?

All five participating committees completed the assessment tool in less than one hour (between 32-45 minutes) and were able to come to consensus on 95% of items. All committees agreed on their top three priorities for improvement going forward with the most common priorities being education/training, communication and developing annual strategies to raise JHSC visibility and profile.

Overall, the tool had very high usability ratings. The average score across all 12 items on our usability scale was greater than four on a five-point scale. There was no significant difference between usability scores before and after JHSCs used the assessment tool as a group.

For some items in the assessment tool, there was a significant difference between results recorded before the group discussion, and afterwards. Engaging in discussion and working through issues as a group appeared to influence how individual members interpreted or viewed certain issues and caused them to adjust their post-meeting ratings. Given that changes in scores were significant only for certain questions, it also shows that the tool can guide committees in identifying areas of improvement.

What’s next?

This tool will be useful in formative evaluations of JHSC functioning. The tool could be used regularly (i.e. annually) by JHSCs to ensure improvement objectives are met, new priorities are established and to sustain an effective JHSC. Although this study was focused on the health care system, the tool could have broad application across all Canadian workplaces. Further research testing the tool in sectors beyond healthcare would be of value.