Chapter 25
Heartland Regional Health Authority—Minimizing Employee Absenteeism

1.0 MAIN POINTS

In 2016-17, the Heartland Regional Health Authority had the 7th highest sick leave usage among regional health authorities, with an average of about 10.5 sick days per full-time equivalent. It has not met its annual sick leave targets from 2012 to 2017. Employee absenteeism due to sick leave affects the Authority's ability to deliver healthcare services in a cost-effective manner to Saskatchewan people.

For the year ended June 30, 2017, Heartland Regional Health Authority had effective processes to minimize employee absenteeism, other than the following areas. It needs to:

➢ Support managers to enable more timely management of employee attendance

➢ Analyze the significant causes of employee absenteeism and develop strategies to address them

➢ Report to the Board how it is addressing causes of employee absenteeism

2.0 INTRODUCTION

This chapter sets out the results of our audit of Heartland Regional Health Authority's processes to minimize absenteeism. Absenteeism includes unscheduled paid absences of employees from work (e.g., due to illness, family leave, disability, and injuries).

Each year, about three-quarters of the Authority's costs are for salaries and benefits. In 2016-17, Heartland spent almost $112 million including almost $84 million on salaries and benefits to deliver health care services to residents in central Saskatchewan.[1]

Managing absenteeism effectively contributes to quality service delivery to the public, minimizes costs, and supports the well-being of employees. Employee absenteeism directly affects delivery of health services.

The Authority is responsible for the planning, organization, delivery, and evaluation of health services it provides in the region.[2] As an employer, Heartland Regional Health Authority must, at a minimum, adhere to labour standards established under *The Saskatchewan Employment Act*. The Act sets standards for various types of employment leaves such as scheduled leaves like annual vacation leave; maternity, adoption, and parental leave; unanticipated medical leaves; and bereavement and compassion care leaves. The Authority must also adhere to the varying terms for employment leaves set out in three collective bargaining agreements with its unions (see **Figure 4**).

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[1] *Heartland Health Region's Annual Report 2016-2017*, p. 115 (Schedule of Expenses by Object). Heartland Regional Health Authority served communities around Macklin, Unity, Wilkie, Kerrobert, Kindersley, Eatonia, Eston, Biggar, Rosetown, Elrose, Dinsmore, Outlook, Lucky Lake, and Davidson.
[2] *The Regional Health Services Act*.

In 2016-17, the Authority and its affiliate, St. Joseph's Health Centre, employed 1,874 people in positions equating to 1,120 full-time equivalent positions (FTEs).[3] It has four employee groups—those not in a union (out-of-scope) and those belonging to one of three unions (i.e., Service Employees International Union West Canada [SEIU], Saskatchewan Union of Nurses [SUN], Health Sciences Association of Saskatchewan [HSAS]). Over 90% of its employees belong to a union. Almost 70% of its unionized staff belongs to SEIU. SEIU staff includes continuing care assistants, licensed practical nurses, cooks, housekeeping and maintenance staff, and laboratory and x-ray technicians.

2.1   Employee Absenteeism Costly

Like other health and public sector organizations (see **Figures 1** and **2**), the Heartland Regional Health Authority has higher-than-average employee absenteeism than the private sector. Sick leave accounts for the bulk of its employee absenteeism.

In 2016-17, Heartland Regional Health Authority had the 7th highest amount of sick leave per FTE of the 12 Saskatchewan regional health authorities with 84.29 hours per FTE (or about 10.5 days per FTE). Its sick leave was slightly higher than the Saskatchewan regional health authorities' 2016-17 average sick time of 83.52 hours per FTE (see **Figure 1**).

Figure 1—2016-17 Average Sick Time per Full Time Equivalent in Saskatchewan Regional Health Authorities
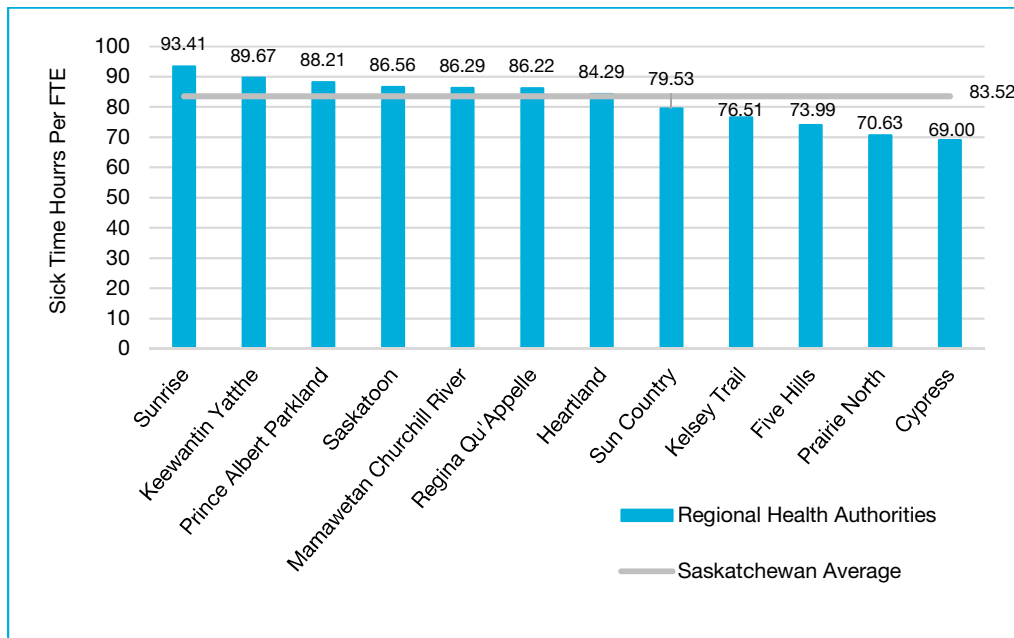
Source: Heartland RHA sick leave reports.

The health sector has higher than average medical leaves resulting from workplace injuries. Per the Saskatchewan Workers' Compensation Board, in 2016, the health authorities, hospitals, and care homes employer group had the most injuries.[4,5] Nurse aides, orderlies, and patient service associates was the highest occupation group in

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[3] *Heartland Health Region's Annual Report 2016-2017*, p. 41.
[4] www.wcbsask.com/wp-content/uploads/2013/10/2016-Annual-Report.pdf, p. 24. Saskatchewan Workers' Compensation Board reported 3,892 injuries at health authorities, hospitals, and care homes.
[5] Amounts include all claims reported and accepted in 2016, excluding self-insured.

Saskatchewan with injuries, and registered nurses was the fifth highest occupation with injuries in 2016.[6] For Heartland, these occupations are part of the SEIU and SUN employee groups respectively. In 2015-16, employees at the Authority had 73 injuries that resulted in employee time loss.[7]

Figure 2—Employee Absenteeism Higher in the Public Sector

Statistics Canada found that in 2016 the public sector lost 13.5 days per worker compared to the private sector, which lost 8.3 days per worker.[A] It reported Saskatchewan had the second highest absenteeism rate by province of 10.6 days per employee (2011: 11 days per employee).[B] In addition, it reported the health and social assistance sectors had the highest absenteeism rate at 14 days per employee in 2011.[C]

The Conference Board of Canada reports:

➢ Only 46% of employers admitted they conduct any kind of absenteeism tracking.[D]

➢ Employees who are recovering are sometimes medically able to work part time but are not doing so. This is a missed opportunity for employers to gain productivity in the short term. It also makes it difficult to maintain connections with employees who may be slow to return to work.[E]

➢ The longer an employee is away from work, the lower the probability that the absent employee will return to any form of employment.[F]

[A] http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=2790035 (31 March 2017).
[B] http://www5.statcan.gc.ca/cansim/a26?lang=eng&id=2790035 (31 March 2017). Data not available for 2017.
[C] www.statcan.gc.ca/pub/75-001-x/2012002/article/11650-eng.htm (31 March 2017). 2011 is most recent data available.
[D] Nicole Stewart, *Absenteeism Trends in Canadian Organizations – Missing in Action*, (2013), p. 1.
[E] Karla Thorpe and Louise Chenier, *Disability Management – Opportunities for Employer Action*, (2013), p. iii.
[F] Karla Thorpe and Louise Chenier, *Disability Management – Opportunities for Employer Action*, (2013), p.12.

In Saskatchewan, health care costs are rising each year. Excessive absenteeism significantly increases costs of delivering these programs and providing service.

Excessive absenteeism increases the direct cost of wages paid to absent workers, costs to replace workers (e.g., overtime pay for other employees and use of temporary staff), and administrative costs of managing absenteeism.

In 2016-17, the Authority spent 1.5% of its salaries and benefits (i.e., $1.3 million) on overtime.[8] It did not meet its 2016-17 overtime target of 24 hours per FTE with 44.20 hours of overtime per FTE. In addition, its actual overtime was higher than the 2016-17 Saskatchewan health sector provincial average of 39.86 overtime hours per FTE.[9]

In addition, excessive absenteeism increases indirect costs from worker fatigue or understaffing, safety risks (e.g., insufficient healthcare services provided to patients, inadequately trained employees filling in for absent workers, staff rushing to catch up after arriving as a replacement), reduced morale of workers who fill in or do extra work to cover absent workers, and reduced productivity and service quality.

Managing employee absenteeism costs is a key aspect to controlling the costs of delivering Saskatchewan healthcare and providing employees with a positive work environment.

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[6] www.wcbsask.com/wp-content/uploads/2013/10/2016-Annual-Report.pdf, p. 24. Saskatchewan Workers Compensation Board reported 1,135 injuries for nurse aides, orderlies, and patient service associates and 794 injuries for registered nurses in 2016.
[7] *Heartland Health Region's Annual Report 2015-16*, p. 56. Data not available for 2016-17.
[8] *Heartland Health Region's Annual Report 2016-17*, p. 64.
[9] Ibid., p. 63.

3.0   AUDIT CONCLUSION

We concluded that for the 12-month period ending June 30, 2017, Heartland Regional Health Authority had, other than the following, effective processes for minimizing employee absenteeism. Heartland Regional Health Authority needs to:

➢   **Better support managers to enable more timely attendance management**

➢   **Analyze the significant causes of employee absenteeism and develop strategies to address them**

➢   **Show how it is addressing employee absenteeism**

In January 2017, the Government of Saskatchewan announced that it plans to consolidate the 12 regional health authorities, including Heartland Regional Health Authority, into one Saskatchewan Health Authority by the fall of 2017. As a result, we have directed our recommendations to the Saskatchewan Health Authority. The Saskatchewan Health Authority will assume responsibility for minimizing employee absenteeism.

Figure 3—Audit Objective, Criteria, and Approach

Audit Objective: to assess the effectiveness of Heartland Regional Health Authority's processes, for the period of July 1, 2016 to June 30, 2017, to minimize employee absenteeism.

For the purposes of this audit, "absenteeism" includes unscheduled paid absences of employees from work. This includes absenteeism due to illness, family leave, pressing necessity, disability, and injuries.

The scope of this audit does not include absenteeism of employees due to scheduled leaves related to maternity leave, parental leave, education leave, jury duty, and union business provided under employer policy and/or governing collective agreements.

Audit Criteria:

Processes to:
1.   Set expectations for employee attendance
     1.1   Define roles and responsibilities (e.g., employee, supervisor, union)
     1.2   Communicate expectations and policies for employee attendance
     1.3   Train supervisors
2.   Implement strategies to support employee attendance
     2.1   Analyze absenteeism by employee (e.g., sickness and injury patterns)
     2.2   Use attendance management strategies that assist employees to stay at work (e.g., wellness, family assistance, return to work, disability prevention programs)
     2.3   Take timely action on absenteeism issues
3.   Monitor attendance management
     3.1   Assess attendance information to identify absenteeism causes
     3.2   Report key absenteeism performance information to senior management and the Board
     3.3   Adjust attendance management strategies, as necessary

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance* (including CSAE 3001*)*. To evaluate Heartland RHA's processes, we used the above criteria based on our related work, reviews of literature including reports of other auditors, and consultations with management. Heartland RHA's management agreed with the above criteria.

We examined Heartland RHA's policies and procedures, sick leave reports, and attendance support guidelines that relate to employee absenteeism. We also interviewed a sample of managers throughout the region.

4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Employment Terms for Leaves are Clear

Heartland Regional Health Authority has set clear terms and conditions for employee leaves for each of its four employee groups.

The Authority's policies set out hours of work, and the nature and extent of paid leave available and general processes to access these leaves for out-of-scope staff. In addition, collective bargaining agreements between the Authority and each union set out hours of work, and the nature and extent of paid leave available and general processes to access these leaves for unionized staff.

Up to a maximum number of hours each year, the Authority allows each employee group to have paid medical, family, and sick leave in addition to earned vacation leave. It allows each employee to accumulate unused annual sick leave up to a prescribed limit (see **Figure 4**). In addition, the Authority permits employees to ask for leave of absence without pay when they reach the maximums.

Figure 4—Hours of Leave by Employee Group in Collective Bargaining Agreements and Policies

Employee Group	Number of FTE Positions	% of Total Workforce	Annual Amount of Leave per FTE			Maximum Allowed in Sick Leave Bank [A] (days)
			Medical Leave (hours)	Family Leave (hours)	Sick Leave (hours)	
Service Employees International Union West Canada (SEIU)	770	69	16	45	120	160
Saskatchewan Union of Nurses (SUN)	188	17	16	40	144	190
Health Sciences Association of Saskatchewan (HSAS)	98	8	16	40	144	190
Out-of-Scope (OOS)	64	6	37.5		120	85
	1,120	**100**				

[A] Heartland allows unused annual sick leave to accumulate to a maximum number of days. For example, under the SUN agreement, sick leave accrues at a rate of 1.5 working days per month per FTE to a maximum of 190 days. Heartland deducts each employee's absences for sick leave from his/her accumulated sick leave amounts.
Source: *Heartland Health Region's Annual Report 2016-2017*, p. 41, and Heartland's collective agreements and policies for Out-of-Scope Terms and Conditions of Employment.

The hours of work and leave entitlements are not the same across employee groups. In addition, differences exist in the processes to obtain approval for leaves. Managers often supervise staff from more than one employee group. Differences in leave entitlements and processes between employee groups add complexity for managers managing employee absenteeism. See **Section 4.3** for further discussion.

4.2 Policies Outline Expectations for Managing Employee Absences

Heartland Regional Health Authority provides its employees and managers with clear expectations about employee attendance and managing leaves and employee absences.

The Authority is aware that its needs to improve the attendance of its employees. Since 2010, it has set clear expectations for supporting employee attendance at work.

Written policies (e.g., attendance support policy) and guidance (e.g., manager guide), available on its internal website, contain these expectations. It makes new staff and managers aware of attendance expectations through orientation programs and attendance management training. Managers are to reinforce them in their day-to-day management.

The Authority's attendance support policy (first developed in 2010) and progressive discipline policy (first developed in 2004) apply to all employee groups. Policies define both non-culpable (innocent) and culpable absenteeism and sets the Authority's expectations for handling employee absences.

The policies:

➢ Outline responsibilities of employees, out-of-scope managers who supervise staff (supervising managers), human resource staff, and the unions. In general, employees are responsible for their own attendance and are to report to work consistent with their employment contract (e.g., collective bargaining agreement). Employees experiencing persistent attendance problems are to work with their supervising manager to resolve attendance problems. In general, supervising managers are to ensure assigned staff fulfill their employment contract by regularly attending work. This includes reinforcing attendance standards with employees, identifying employees with excessive absences, and meeting with them to discuss and resolve issues regarding attendance.

➢ Indicate that the Authority will actively identify and flag for action an employee whose absenteeism exceeds the average sick hours or occurrences per full-time equivalent (FTE) for his/her peer group (excessive absenteeism).[10] To enable monitoring of sick leave by individual employee, the Authority calculates a peer group sick leave utilization rate. In addition, the Authority sets and monitors against senior leadership team-approved targets for sick leave each year.

➢ Expect, for non-culpable (innocent) absenteeism, the employee and supervising manager to identify the reasons for excessive absenteeism, and explore and take corrective steps. This process helps ensure employees understand what acceptable attendance standards are and receive periodic employer feedback to let them know how they are doing in relation to the attendance expectations. It makes employees aware of the consequences of not fulfilling their employment obligations if they have unacceptable attendance.

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[10] Peer group is based on the relevant bargaining unit for the employee (i.e., SEIU, SUN, HSAS, Out-of-Scope) and/or the specific department or job classification.

The policy outlines a three-phased attendance support approach that it expects employees and supervising managers to use to address employee absenteeism. A multi-phase approach recognizes that some absenteeism problems take time to correct. As shown in **Figure 5**, phases move from informal discussions between the employee and supervising manager to formalized steps involving the Authority's human resources staff and union representative (if applicable). The policy allows managers to use discretion when applying the three-phased approach; that is, managers decide whether an employee has corrected the identified problem, should repeat a phase, or should progress to the next phase.

➢ Expect, for culpable (blameworthy) absenteeism, supervising managers to use a progressive discipline process. Progressive discipline is a discipline system where the severity of the penalty increases each time an employee breaks the rules. In general, as shown in **Figure 6**, supervising managers are to warn employees about unacceptable behaviour and progressively formalize this warning for repeated unacceptable behaviour. Uncorrected unacceptable behaviour can result in dismissal.

➢ Expect supervising managers (and human resources if involved) to keep records of meetings and steps taken in managing employees with excessive absences.

Figure 5—Heartland Regional Health Authority's Attendance Support Approach to Address Absenteeism

> The attendance support approach includes the following three phases:
>
> ➢ Phase 1: initial consultation – face-to-face meetings between manager and employees who have high absenteeism. Managers are to record and retain the details of the meeting for future reference. The policy allows this phase to repeat more than once (usually at three to six months intervals).
>
> ➢ Phase 2: formal discussion – manager and employee hold discussions to build on the initial consultation meeting if an employee's absenteeism continues to be a concern. Managers are to record details of the formal discussion and forward them to the Manager of Labour Relations (i.e., member of human resource staff). The policy allows this phase to repeat more than once.
>
> ➢ Phase 3: written documentation – manager is to advise employee that the absenteeism concern now requires written documentation to the employee and may eventually lead to termination. Managers, after consulting with human resource staff, are to discuss and give employees and their union representative (in the case of unionized employees) a letter.

Source: Heartland Regional Health Authority's Attendance Support Policy.

Figure 6—Heartland Regional Health Authority's Progressive Discipline Process to Address Absenteeism

> The progressive discipline process can progress through the following four phases:
>
> ➢ Verbal warning – manager meets with the employee to discuss why employee's behaviour was unacceptable. The manager makes note of the discussion, retains a copy, and provides a copy to the employee.
>
> ➢ Written warning – written reprimand includes a description of the performance problem, the employee's explanation, desirable behaviour that is required, and a future review date of the employee's behaviour. Managers are to provide a letter to the employee and place a copy of it on the employee's personnel file.
>
> ➢ Suspension – involves the temporary removal of the employee for a definite period without pay. The content of the written letter is the same as the written warning, with the inclusion of beginning and terminating dates of the suspension.
>
> ➢ Termination with cause – manager gives the employee written documentation regarding his/her termination and the undesirable behaviour or action justifying the termination. These include situations where employee's past records of absenteeism are excessive, and, in all probability, the employee is incapable of regular attendance in the future.

Source: Heartland Regional Health Authority's Progressive Discipline Policy

The policies do not set out defined timeframes within which the employer and supervising manager must resolve the reason for continued absences. Rather, as previously noted, it gives supervising managers discretion as to whether they think the reason for employee absence is resolved or further or escalated action is needed.

4.3 Absenteeism Support Strategies Not Improving Attendance at Work

Managers are not applying attendance support policies as intended; employee attendance is not improving.

The following four factors suggest the attendance support program is not used as intended.

First, managers are not documenting their management of employees with excessive absenteeism as required. None of the managers we tested had documented records of absenteeism discussions between them and their employees that had excessive absenteeism as the policies required. Without proper records, managers cannot show if and how they were addressing the reasons for identified absences of employees with excessive absenteeism.

Second, very few employees progress beyond phase 1 of the attendance support approach and many employees have ongoing excessive sick leave. At the supervising managers' discretion, certain employees have remained in phase 1 of the program for an extended period.
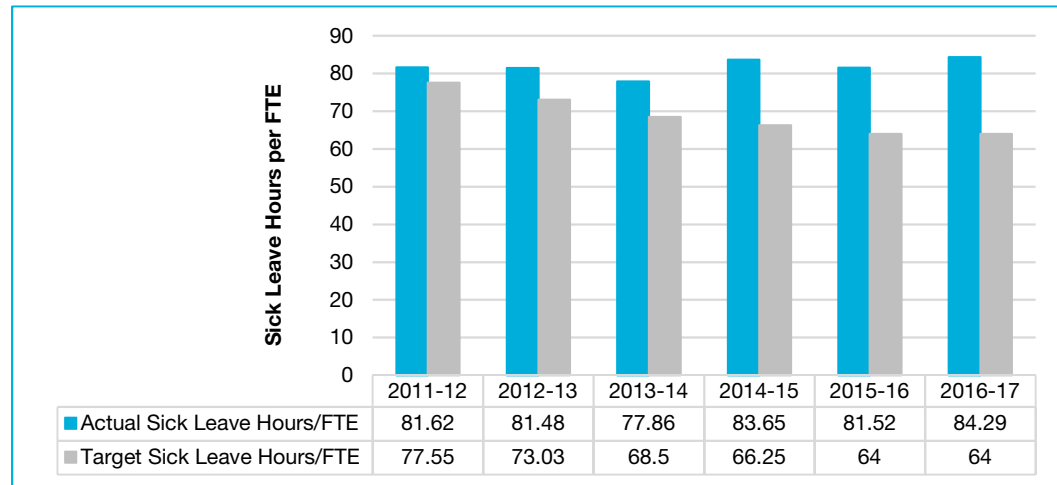
None of the 30 employees we tested with sick leave hours in excess of the Authority's 2016-17 sick leave target of 64 hours were in phase 2 or 3 of the attendance support program. From review of reports to senior management and the Board, we noted that only two employees were in phase 3 during 2016-17 even though 22% of the Authority's employees (i.e., 397 employees) have ongoing excessive sick leave (i.e., sick leave in excess of the region's sick leave target in at least two of the past three years). In the last five years, the Authority has not terminated any employees with non-culpable excessive absenteeism.

Third, the use of the employee and family assistance program is lower than the Authority expects. The Authority gives all staff access to an employee and family assistance program. The program can help employees address reasons for not coming to work (e.g., not handling stress). About 6.85% of all employees used this program in 2016-17—slightly below the expected annual use of 8%. The lower than expected use of this program during a period where absenteeism remains a concern suggests managers and employees may not be sufficiently aware or understand the employee and family assistance program or its benefits.

Fourth, the Authority's sick leave rate per FTE is not showing sustainable improvement. The Authority has not met its senior leadership team-approved sick leave target since 2011-12 (see **Figure 7**).

Figure 7—Comparison of Actual Average Sick Leave Hours per FTE to Target from 2011-12 to 2016-17

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
■Actual Sick Leave Hours/FTE	81.62	81.48	77.86	83.65	81.52	84.29
■Target Sick Leave Hours/FTE	77.55	73.03	68.5	66.25	64	64

Source: Heartland Health Region's Annual Reports 2011-12 to 2016-2017.

In the last six years, the Authority's actual sick time hours per FTE has ranged between a low of about 78 hours per FTE in 2013-14 (about 9.75 days per year) to a high of just over 84 hours per FTE in 2016-17 (about 10.5 days per year). The senior leadership team has gradually decreased its sick leave target over the last six years to 64 hours or about 8 sick leave days per year,[11] even though actual sick time has not decreased.

A lower annual target when actual sick leave is not decreasing results in a larger number of employees with sick leave above the senior leadership team-approved target which in turn increases the workload for supervising managers.

The Authority must further look for ways to improve employee attendance at work (e.g., share best practices among other integrated service areas, incorporate absenteeism management into performance appraisals).

Consider Better Leveraging of Human Resource Personnel

Supervising managers do not have the capacity to complete their day-to-day activities and provide timely support to employees with excessive absenteeism given the large number of employees with excessive absenteeism.

Many supervising managers responsible for promoting and supporting employee attendance, in addition to their other day-to-day duties, are out-of-scope employees. Out-of-scope positions make up about 6% of the Authority's workforce.

As previously noted, the Authority's attendance support program and progressive disciplinary process makes supervising managers primarily responsible for promoting and supporting staff attendance, and for managing individual employee absenteeism issues. Under the attendance support program in place during 2016-17, human resource personnel primarily took a co-ordinating and support role. Supervising managers can ask human resource personnel to help at any time, and are to involve them in later phases of the program.

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[11] The Government of Saskatchewan has a Ministry-wide initiative to reduce sick leave across ministries to 7 days of sick leave per FTE by 2018.

Managing employee attendance can be time consuming for managers. It takes time to review related reports, and to look into, discuss, and resolve excessive absenteeism issues with individual employees. As previously noted, the Authority has a large number of employees with excessive absenteeism. At March 2017, the average sick leave per FTE of almost 90% of its facilities (19 of 22 facilities) was in excess of the sick leave target of 64 hours (8 days per employee).

Managers we interviewed expressed concern about their workload given the large number of staff with excessive absenteeism, particularly those staff with mental health issues. We identified that about half of the Authority's 22 facilities have a single out-of-scope manager overseeing more than 80 employees. These employees could belong to any of the three unions or be other out-of-scope staff. As noted in **Section 4.1**, differences in hours of work and the extent and process for approving leaves makes managing staff attendance and leaves more complex.

Supervising managers receive both monthly and quarterly reports about sick leave.

➢ Each month, human resources personnel give managers sick leave reports that compare average actual sick time per FTE to date to prior year and to target by facility (e.g., Outlook and District Health Centre) and service (e.g., Home Care and Emergency Medical Services). The Authority has 22 facilities and services. The report highlights, in red, facilities or services that exceed the sick leave target.

➢ Each quarter, human resources personnel give managers reports that identify employees with higher than average sick leave to help managers initiate the progressive corrective process to address absenteeism issues. Human resources personnel require managers to give them the general cause of absence (e.g., chronic illness, single event illness, medical illness, disability) for each employee with excessive absences and the attendance management phase the employee is at presently. Managers are to consider specific employee circumstance (e.g., surgery) when looking into excessive absenteeism statistics, as some cases may not warrant attendance support.

In April 2017, the Authority started piloting a slightly different attendance support program with managers at two facilities with the highest amount of sick time per FTE—Rosetown and District Health Centre and Biggar and District Health Centre. The Authority's human resource staff is providing managers in these two facilities with more support throughout the pilot. They are more active in the day-to-day steps of the support program including advancing employees with continued high absences through the phases of its attendance support program. For example, in April 2017, human resource staff sent notification letters to employees with sick leave usage higher than the regional average.

At June 2017 (the end of the first quarter of the pilot), human resource staff advised us that they planned to have employees with continued sick time above the regional average go to the next phase of the attendance management process. The Authority expects their involvement to provide more timely action on individual employees with excessive absenteeism.

We noted that regional health authorities have a group of senior staff that discuss human resource issues and share practices. We found regional health authorities vary across the province as to who initiates initial absenteeism consultations with employees—some use human resource personnel and others use managers.

Involving human resource personnel differently is a way to reduce the workload for the managers. This may promote completion of absenteeism documentation to provide a basis for future decisions, and provide more timely absenteeism management particularly when a large number of individual staff has excessive absenteeism. The key is using an approach that improves employee attendance at work because employee absenteeism is expensive.

1. **We recommend that the Saskatchewan Health Authority reassess the role of human resources in promoting employee attendance to enable more timely resolution of issues causing employee absenteeism.**

Managers Need More Detailed Guidance and Better Support

While Heartland Regional Health Authority maintains a guide to help managers encourage employee attendance and manage absences, the guide does not provide sufficient detail to promote robust discussions between busy supervising managers and employees with excessive absenteeism or ease documenting those discussions.

In 2010, the Authority developed a manager's guide to help managers implement its attendance support policy. It sets out various attendance management strategies to assist employees to stay at work. These include:

➤ Employment accommodation – accommodating employees to stay at work while experiencing limitations and managing symptoms of an illness or injury

➤ Variable work hours/job sharing – allowing employees to reduce their hours of work

➤ Employee and family assistance program – a program designed to assist employees with personal problems affecting their job performance

➤ Corrective discipline

In addition, the guide includes high-level and general templates for use in documenting meetings with employees who have excessive absenteeism. The Authority expects managers to use these meetings to determine the cause of excessive absenteeism and to create an action plan with the employee to reduce absences.

The Authority does not monitor managers' compliance with the guide's documentation expectations.

Furthermore, neither the guide nor the templates provide managers with sufficient detail to prompt discussion of specific items with employees. For example, they do not suggest discussing specific attendance management strategies, such as action plans, or provide ready access to available employee and family assistance programs. In addition, the templates do not prompt managers to record these aspects of their discussions.

As part of the April 2017 pilot, the Authority started piloting a new manager's guide with managers at the two facilities with the highest amount of sick time per FTE. It based the pilot manager guide on a guide in use in the Prairie North Regional Health Authority. The pilot guide contains more detail than the guide the Authority is using at the rest of its facilities. For example, it includes detailed discussion points/forms. The additional detail

reminds managers to discuss key information at each attendance management phase (e.g., discuss employee accommodation options) and makes it easier for them to document those discussions and consultations and agreed-upon actions.

The Authority expects to run the pilot for a year (until March 31, 2018) and then evaluate whether it is making a difference in reducing employee sick time. This means other managers will not have the benefit of additional guidance until the summer or fall of 2018.

Properly setting, documenting, and monitoring attendance action plans to reduce absenteeism provides evidence that managers are applying appropriate attendance management strategies. Making standard detailed templates available promotes documented and consistent attendance management.

Without proper records, managers cannot show if and how they were addressing the reasons for identified absences of employees with excessive absenteeism. In addition, documentation provides the basis of justification for future actions, including suspensions and terminations (if warranted), and facilitates supervision.

Not actively monitoring increases the risk that the supervising managers have not worked with employees as expected, took appropriate and timely steps to resolve reasons for employee absences, and sufficiently promoted a culture of supporting employee attendance at work.

2. **We recommend that the Saskatchewan Health Authority implement standard detailed checklists to aid in conducting and documenting meetings with employees who have excessive absenteeism.**

3. **We recommend that the Saskatchewan Health Authority monitor that those responsible for employee attendance management document discussions and actions taken with employees who have excessive absenteeism.**

4.4   Causes for Absences Compiled but Not Analyzed

While the Authority identifies and tracks certain causes of absenteeism, it does little analysis to determine whether its existing strategies reduce sick leave.

The Authority does not use information supplied by managers on general causes for sick time to determine how employees could use less sick leave or to identify systemic issues or needs. For example, it does not identify groups of staff with habitual excessive absences that could move through support phases quicker or with chronic illness or injuries that could benefit from workplace accommodations (e.g., reduced hours or trained for a different position).

While senior management receive, each quarter, summarized reports about excessive sick leave using data provided from managers, reports do not attempt to link excessive sick leave hours to sick leave causes, or provide insight on how well existing strategies reduce excessive sick leave or suggest alternate actions or options.
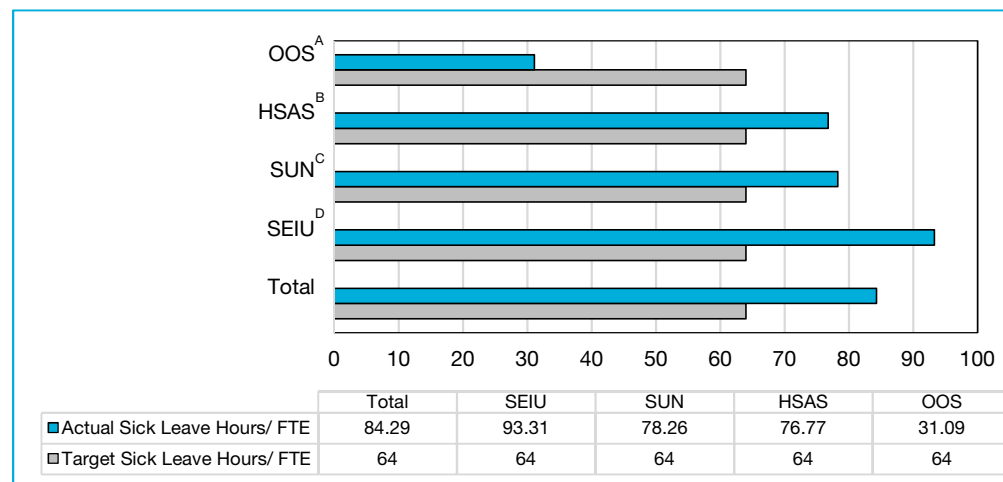
Managers indicated during our interviews that one of the causes of excess sick leave is poor mental health. In 2017, the Authority started to identify and track employees who

have sick time related to mental wellness issues in its quarterly reporting. Additional training may be required to assist managers in recognizing signs of mental health issues in employees.

In our review of monthly reports, we noted the March 2017 report showed that sick time per FTE had increased from the prior year in 50% of the 22 facilities/services and actual sick time per FTE was in excess of the senior leadership team-approved annual sick time target in almost 90% of the 22 facilities or services. The March 2017 report does not include reasons for the increases or why the Authority is not meeting its targets (see **Section 4.5** on **Better Reporting on Strategies to Address Absenteeism Needed**).

Reports show unionized employee groups have more sick time per FTE than the out-of-scope employee group. Unionized staff are the front-line workers and can be in occupations with more workplace injuries (e.g., nurses lifting or moving patients). Reports also show one union (SEIU) had the highest amount of sick leave usage per FTE at 93.31 hours in 2016-17 (see **Figure 8** for details). This union includes occupations (such as continuing care assistants [nurse aides], orderlies, and patient service associates) that Saskatchewan Workers' Compensation Board cites as being the highest occupations in Saskatchewan with injuries in 2016. Continuing care assistants, who are members of this union, account for almost 50% of the total sick time.

Figure 8–2016-17 Actual Average Sick Leave Hours per FTE Compared to Target by Employee Group

	Total	SEIU	SUN	HSAS	OOS
■ Actual Sick Leave Hours/ FTE	84.29	93.31	78.26	76.77	31.09
☐ Target Sick Leave Hours/ FTE	64	64	64	64	64

A OOS – Out-of-Scope (includes managers and executive directors).
B HSAS – Health Sciences Association of Saskatchewan (includes therapist and dietitians).
C SUN – Saskatchewan Union of Nurses (includes registered nurses).
D SEIU – Services Employees International Union West Canada (includes continuing care assistants).
Source: *Heartland Health Region's Annual Report 2016-2017*, p. 66.

According to the Authority's annual reports, the most common workplace injury to employees is strains to the back and/or shoulders. Often the recommended corrective action on incident reports is to have employees attend training on transferring, lifting, and repositioning. The Authority does not know how much sick time is attributable to back and shoulder injuries, or to workplace injuries in general. In addition, it does not know if its training on transferring, lifting, and repositioning is reducing these types of injuries.

We found the Authority had not yet considered using targeted initiatives to reduce employee absenteeism through union negotiations as used in some other jurisdictions.

For example, University Health Network[12] during union negotiations proposed providing employees with a wage increase if employees reduced their absenteeism levels by a certain percentage over the next year; their absenteeism fell by 40%. In addition, during negotiations, the Network and the union agreed to reclassify full-time employees who took a certain amount of sick time or leave without pay per year (more than 115 hours) as part-time employees.

Analyzing causes of absences would assist in the development of actions to reduce employee absenteeism. Without sufficient analysis on absenteeism causes, the Authority cannot develop targeted attendance management strategies to address the causes identified or know whether its existing programs are sufficient.

4. **We recommend that the Saskatchewan Health Authority analyze significant causes of its employees' absenteeism and implement targeted strategies to address them.**

4.5 Better Reporting on Strategies to Address Absenteeism Needed

Reports to the Board about employee absenteeism do not include reasons for not meeting annual senior leadership team-approved absenteeism targets or information about the success of its attendance supports.

The Authority's Board receives the same quarterly attendance management tracking reports as senior management. The reports outline, by facility/service, the number of employees in each phase of attendance management, the number of employees over the peer group sick time average, and the cause of absences (e.g., chronic illness, medical illness, disability, single event illness).

As noted in **Section 4.4**, more information and analysis is necessary to enable the Authority to provide its Board with periodic reports of its actions and progress on addressing the causes of employee absenteeism (e.g., annually). Such reporting would help the Board understand whether the Authority's actions and strategies effectively reduce employee absenteeism, and whether changes are necessary. As previously noted, salaries account for three-quarters of the Authority's spending, and employee absenteeism is costly. Addressing and reducing employee absenteeism can help control costs.

5. **We recommend that the Saskatchewan Health Authority give the Board periodic reports on the progress of attendance management strategies in reducing employee absenteeism and related costs.**

5.0 SELECTED REFERENCES

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[12] *Top Tactics to Reduce Absenteeism*, Benefits Canada. www.benefitscanada.com/benefits/disability-management/top-tactics-to-reduce-absenteeism-31299. (11 July 2017). The University Health Network is based in Toronto Canada and is comprised of four Greater Toronto Area Hospitals. For further detail see www.uhn.ca (18 September 2017).

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