

This measure is defined as the number of AHS workers injured seriously to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers). Our disabling injury rate enables us to identify Workplace Health & Safety (WHS) programs that provide AHS employees, volunteers and physicians with a safe and healthy work environment and keep them free from injury. The lower the rate, the fewer disabling injuries are occurring at work.

**Trend Legend:**

Target achieved

Improvement

Stable: ≤3% deterioration between compared quarters

Area requires additional focus



### Disabling Injury Rate: Q2YTD 2017-18



Provincial



2017-18 Target

### Disabling Injury Rate by AHS Portfolio

Level of Portfolio	Portfolios or Departments	FY 2015-16	FY 2016-17	Q2YTD 2016-17	Q2YTD 2017-18	Trend	2017-18 Target
<b>Provincial</b>	<b>Provincial</b>	<b>3.57</b>	<b>3.85</b>	<b>3.19</b>	<b>3.28</b>	★	<b>3.5</b>
<b>Zone</b>	South Zone Clinical Operations	3.54	3.50	2.85	2.57	★	3.5
	Calgary Zone Clinical Operations	3.54	3.86	3.06	3.41	★	3.5
	Central Zone Clinical Operations	4.00	4.14	3.74	4.15	●	3.5
	Edmonton Zone Clinical Operations	3.59	3.83	3.09	3.45	★	3.5
	North Zone Clinical Operations	4.33	3.78	2.60	3.31	★	3.5
<b>Provincial Portfolios</b>	Cancer Control	1.71	1.43	1.01	1.00	★	3.5
	Capital Management	2.37	3.77	3.38	2.35	★	3.5
	Collaborative Practice, Nursing & Health Profession	4.93	4.23	4.50	6.99	●	3.5
	Community Engagement and Communications	0.00	0.00	0.00	0.00	★	3.5
	Contracting, Procurement & Supply Management	2.70	3.74	3.05	3.03	★	3.5
	Diagnostic Imaging	1.81	2.90	2.77	3.43	★	3.5
	Emergency Medical Services	12.92	15.09	14.32	12.77	■	3.5
	Finance	0.16	0.33	0.33	1.00	★	3.5
	Health Information Management	1.29	2.19	1.82	0.82	★	3.5
	Information Technology (IT)	0.25	0.16	0.11	0.21	★	3.5
	Internal Audit and Enterprise Risk Management	0.00	0.00	0.00	0.00	★	3.5
	Laboratory Services	1.31	1.55	1.14	1.41	★	3.5
	Linen & Environmental Services	7.62	8.00	6.92	5.51	■	3.5
	Nutrition & Food Services	5.91	5.38	4.22	4.61	●	3.5
	People, Legal, and Privacy	0.74	0.50	0.20	0.19	★	3.5
	Pharmacy Services	1.09	1.69	1.01	0.77	★	3.5
	Population, Public & Indigenous Health	1.29	1.13	0.82	0.61	★	3.5
	Research, Innovation and Analytics	0.27	0.26	0.00	0.71	★	3.5

### Understanding Our Results

Efforts to improve our DIR include targeting interventions to common causes of injuries in high risk areas, and enhancing programs and processes related to physical safety, such as violence, patient handling, and manual material handling.

Analyses conducted by AHS Workplace Health & Safety (WHS) determined that higher rates within the Collaborative Practice, Nursing & Health Profession were due to the way paid hours are attributed within the casual workforce. WHS nonetheless continues to support the portfolio in addressing these injuries.

Injuries within Nutrition & Food Services are due to manual material handling, while within the Central Zone, they are primarily musculoskeletal in nature related to the repositioning of patients.

Over the next three years, AHS efforts will be focused on those areas which experience the highest rates of injury over an extended period of time.

Source: WCB Alberta and e-Manager Payroll Analytics (EPA), 2017-18 September YTD data as of October 23, 2017

Notes:  
 - Community Engagement & Communications and Internal Audit & Enterprise Risk Management reporting of "0.00" is accurate and reflects these two portfolios having very safe and healthy work environments.  
 - Q2 results are reported year-to-date to align with AHS People, Legal and Privacy reporting to the AHS HR Committee of the Board.

**Objective 10: Reduce disabling injuries in our workforce.**

**WHY THIS IS IMPORTANT**

Safe, healthy workers contribute to improving patient care and safety. AHS is committed to providing a healthy and safe work environment for all. The AHS health and safety strategy includes four areas of focus: physical safety, psychological safety, healthy and resilient employees and safety culture. Through knowledgeable and actively engaged staff, physicians and volunteers, we will reduce injuries across our organization.

**AHS PERFORMANCE MEASURE**

**Disabling Injury Rate (DIR)** is defined as the number of AHS workers injured seriously enough to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers).

**UNDERSTANDING THE MEASURE**

Our disabling injury rate indicates the extent to which AHS experiences injury in the workplace. This enables us to identify health and safety programs that actively engage our people in creating a safe, healthy and inclusive workplace.

The lower the rate, the fewer disabling injuries are occurring at work.

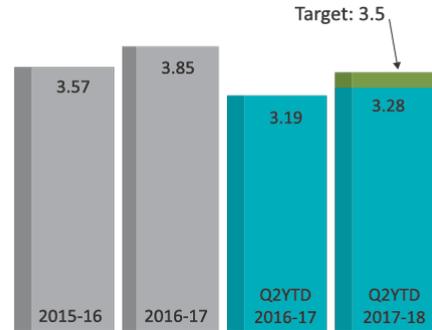
**HOW WE ARE DOING**

In Q2, the disabling injury rate for the province deteriorated slightly from the same period last year, but is still meeting target.

Patient handling, manual material handling and other ergonomic factors are the leading causes of injury for AHS employees.

Effective injury prevention plans will be required for areas showing deterioration. This will be closely monitored on an ongoing basis.

**Disabling Injury Rate**  
Quarterly Comparison: ★ Target achieved



Source: AHS Workplace Health and Safety

**WHAT WE ARE DOING**

Efforts to improve our DIR include targeting interventions to common causes of injuries in high risk areas, and enhancing programs and processes related to physical safety, such as violence, patient handling, and manual material handling. For example, Emergency Medical Services (EMS) has committed to equipping all ambulances with power cots and load systems. Installation will commence in the fall and work is expected to be complete by spring 2018. EMS also continues to trial other equipment to reduce the manual load on EMS staff.

Over the next three years, efforts will be focused on those areas which experience the highest rates of injury over an extended period of time. WHS supports operational areas to ensure staff are appropriately trained on *It's Your Move* and *Move Safe* ergonomic programs, which aims to prevent lifting and handling injuries.

Workplace Health and Safety will continue to provide leaders with ongoing support to monitor and improve the health and safety of our workforce. This will be closely monitored on an ongoing basis.

The Communicable Disease Assessment (CDA) policy was implemented for new AHS employees on April 1, 2017 to ensure employees are assessed for their risk of communicable disease. As of September 30, 2017, there has been good uptake and compliance (87.6%). This is up 4.7% from 2017-18 Q1. WHS will continue to monitor the compliance rate with the CDA policy.

AHS is committed to providing psychological safety with an increased focus on aggression and violence in the workplace. Examples to note in Q2:

- The number of workplace violence incidents reported on *MySafetyNet* in Q2 was 512. Of all violent incidents in Q2, 99% are patient to worker and 10% resulted in a lost time injury at the time of reporting. AHS expects to see a continuing rise due to efforts to reduce the under-reporting of violent events.

**MySafetyNet** is an online provincial health and safety system where staff can report work related incidents, hazards, and illness/injury; access immunization records; and connect for help when ill or injured outside of work.

- EMS staff participated in *Non-Violent Crisis Intervention* training.
- A new brochure was created to support employees who have experienced patient aggression and violence. A post-incident checklist for managers is also available. These resources aim to protect the physical and psychological safety of staff while balancing respect for patient and family dignity and autonomy. Printed copies have been distributed across the province.

Leadership, culture, and competency are key variables determining safety outcomes in an organization. All new leaders are required to complete *Leading Health and Safety in the Workplace: Fundamentals* training. This is a key deliverable under Our People Strategy. At the end of 2017-18 Q2, 10.7% of all AHS leaders had completed the course. A 2.4% increase from 2017-18 Q1.