

AHS Report on Performance FY 2017-18

DISABLING INJURIES IN AHS WORKFORCE

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.

Disabling Injury Rate: FY 2017-18



Disabling Injury Rate by AHS Portfolio

Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	Trend	2017-18 Target
Province	Provincial	3.57	3.85	3.88	⇒	3.5
Zone	South Zone Clinical Operations	3.54	3.50	3.65	⇩	3.5
	Calgary Zone Clinical Operations	3.54	3.89	4.24	⇩	3.5
	Central Zone Clinical Operations	4.00	4.18	4.73	⇩	3.5
	Edmonton Zone Clinical Operations	3.49	3.73	3.90	⇩	3.5
	North Zone Clinical Operations	4.34	3.75	3.84	⇒	3.5
Provincial Portfolios	Cancer Control	1.67	1.47	1.04	☆	3.5
	Capital Management	2.13	2.65	2.08	☆	3.5
	Collaborative Practice, Nursing & Health Profession	7.24	6.64	7.23	⇩	3.5
	Community Engagement and Communications	0.00	0.00	0.00	☆	3.5
	Contracting, Procurement & Supply Management	2.70	3.85	3.02	☆	3.5
	Diagnostic Imaging	1.86	2.89	3.16	☆	3.5
	Emergency Medical Services	12.91	15.09	14.23	⇧	3.5
	Finance	0.16	0.33	0.50	☆	3.5
	Health Information Management	1.29	2.19	1.64	☆	3.5
	Information Technology (IT)	0.25	0.16	0.21	☆	3.5
	Internal Audit and Enterprise Risk Management	0.00	0.00	0.00	☆	3.5
	Laboratory Services	1.26	1.63	2.12	☆	3.5
	Linen & Environmental Services	7.64	8.02	6.72	⇧	3.5
	Nutrition Food Services	5.81	5.29	5.13	⇧	3.5
	People, Legal, and Privacy	1.50	2.88	2.83	☆	3.5
	Pharmacy Services	1.09	1.69	1.05	☆	3.5
	Population Public & Indigenous Health	1.29	1.13	0.82	☆	3.5
Research, Innovation and Analytics	0.26	0.25	0.48	☆	3.5	

Trend Legend: ☆Target Achieved ⇧Improvement ⇨Stable: ≤3% relative change compared to the same period last year ⇩Area requires additional focus

Source: WCB Alberta and e-Manager Payroll Analytics (EPA), 2017-18 March YTD data is as of March 31, 2018; Data retrieval date: April 16, 2018

Notes:

- AHS 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.

Reducing disabling injuries in our workforce.

AHS strives to provide a healthy and safe work environment with a focus on physical safety, psychological safety, healthy and resilient employees and safety culture.

All new leaders are required to complete Leading Health and Safety in the Workplace: Fundamentals training. This course supports Our People Strategy, equipping leaders with the knowledge to create safe, healthy and inclusive workplaces. As of March 31, 2018, 22 per cent of AHS leaders have completed the course.

MEASURING OUR PROGRESS

DISABLING INJURY RATE (DIR) is 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). This rate indicates the extent to which AHS experiences injury in the workplace and enables us to identify health and safety programs that engage our people in creating a safe, healthy and inclusive workplace. The lower the rate, the fewer disabling injuries are occurring at work.



Source: AHS Workplace Health and Safety

DIR remains stable when compared to last year but several zones deteriorated largely due to an increase in occupational related exposures in a more severe influenza (flu) season.

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

- ❖ Power cots and load systems were installed in all ambulances to reduce the frequency of front-line crews having to physically lift patients.
- ❖ AHS supports operational areas to ensure staff are appropriately trained on It's Your Move and Move Safe ergonomic programs, which aim to prevent lifting and handling injuries.
- ❖ The Communicable Disease Assessment policy was implemented for new AHS employees on April 1, 2017, to ensure employees are assessed for their risk of communicable disease. Uptake and compliance has been positive.

AHS is also committed to providing psychological safety with an increased focus on aggression and violence in the workplace.

- ❖ There were over 3,400 workplace violent incidents reported in 2017-18 (56 per cent increase from 2016-17). Of all violent incidents, 97 per cent were patient-to-worker and 7 per cent resulted in a lost time injury at the time of reporting. AHS expects to see a continuing rise in reported incidents of violence due to increased efforts to ensure incidents are reported.
- ❖ A psychological safety toolkit and resources are available to help leaders work with their teams to feel safe. AHS piloted communication tools across 16 units in September 2017 for teams that care for patients who pose a higher risk of aggression or violence.
- ❖ Road to Mental Readiness (R2MR) was developed by the Mental Health Commission of Canada, the Canadian Armed Forces, and the Calgary Police Service. R2MR addresses the stigma related to mental illness and establishes resiliency among employees and leaders. In 2017-18, 97 per cent of EMS staff completed R2MR training.
- ❖ Opioids: Illicit Fentanyl Awareness is a new online course that was made available to staff in December 2017 to help employees recognize fentanyl and other illicit opioids and assess risk of exposure and response, as well as determine appropriate personal protective equipment.