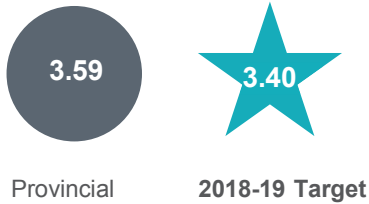


This measure is defined as the number of AHS workers injured seriously to require modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers). Our disabling injury rate enables us to identify Workplace Health & Safety (WHS) programs that provide AHS employees, 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: Q1YTD 2018-19



Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	Q1YTD 2017-18	Q1YTD 2018-19	Trend	2018-19 Target
Province	Provincial	3.57	3.85	4.11	3.88	3.59	↑	3.40
Zone	South Zone Clinical Operations	3.57	3.50	3.75	3.02	3.65	↓	3.40
	Calgary Zone Clinical Operations	3.56	3.88	4.57	4.05	4.08	↔	3.40
	Central Zone Clinical Operations	3.88	4.12	4.91	5.10	3.34	☆	3.40
	Edmonton Zone Clinical Operations	3.48	3.73	4.10	4.09	3.56	↑	3.40
	North Zone Clinical Operations	4.35	3.75	4.10	3.46	4.05	↓	3.40
Provincial Portfolios	Cancer Control	1.68	1.47	1.04	1.02	1.01	☆	3.40
	Capital Management	2.15	2.74	2.24	1.80	1.56	☆	3.40
	Collaborative Practice, Nursing & Health Profession	7.47	6.58	7.76	8.43	6.44	↑	3.40
	Community Engagement and Communications	0.00	0.00	0.00	0.00	0.00	☆	3.40
	Contracting, Procurement & Supply Management	2.61	3.85	3.24	3.95	2.53	☆	3.40
	Diagnostic Imaging	1.85	2.86	3.57	3.74	3.96	↓	3.40
	Emergency Medical Services	12.94	15.09	15.01	14.99	11.48	↑	3.40
	Finance	0.16	0.33	0.50	0.66	0.00	☆	3.40
	Health Information Management	1.25	2.19	1.80	1.43	1.23	☆	3.40
	Information Technology (IT)	0.26	0.17	0.21	0.00	0.20	☆	3.40
	Internal Audit and Enterprise Risk Management	0.00	0.00	0.00	0.00	0.00	☆	3.40
	Laboratory Services	1.26	1.63	2.22	1.42	2.40	☆	3.40
	Linen & Environmental Services	7.70	8.02	6.93	7.29	7.46	↔	3.40
	Nutrition Food Services	5.92	5.30	5.52	5.10	4.31	↑	3.40
	People, Legal, and Privacy	1.51	2.89	2.84	1.91	2.62	☆	3.40
	Pharmacy Services	1.05	1.69	1.22	0.67	1.32	☆	3.40
	Population Public & Indigenous Health	1.31	1.13	0.82	0.81	0.41	☆	3.40
System Innovations and Programs	0.27	0.25	0.48	1.43	0.00	☆	3.40	

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). EPA 2017-19 YTD data as of June, 2018. WCB data April-June, 2018 as of October 16, 2018. Data retrieval October 25, 2018

Notes:

- This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.
- Reporting of "0.00" is accurate and reflects these portfolios having very safe and healthy work environments.
- Quarterly results are reported year-to-date to align with AHS People, Legal and Privacy reporting to the AHS Human Resources Committee of the Board.
- Starting from this report, Protective Services resides in the People, Legal and Privacy portfolio. In previous quarterly reports, it was reported under Capital Management.

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. AHS' strategy for health and safety 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 the effectiveness of health and safety programs that actively engage our people in creating a safe, healthy and inclusive workplace.

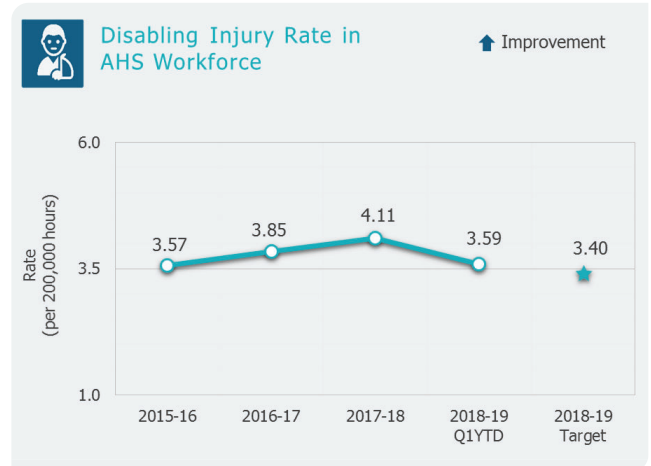
The lower the rate, the better the performance, as it indicates fewer disabling injuries occurring at work.

HOW WE ARE DOING

The 2018-19 Q1YTD DIR rate of 3.59 is lower than the previous year's Q1YTD DIR rate of 3.88 but is still above the AHS target (3.40). While there were 57 fewer disabling injuries caused by patient handling and manual material handling compared to the same period last year, ergonomic risk factors continue to be an issue.

For Q1 2018-19, the highest increases in disabling injuries were a result of assault/violence/harassment and slips, trips and falls. This quarter also saw an increase in exposure to traumatic events resulting in psychological injuries.

All leaders are required to complete *Leading Health and Safety in the Workplace: Fundamentals Training* to support their ability to take action when facing workplace health and safety risks. As of Q2, 2018 38% of leaders have completed the course.



Source: AHS Workplace Health and Safety

Note: This measure is reported one quarter later as data continues to accumulate as individual employee cases are closed.

WHAT WE ARE DOING

AHS is focusing on areas with the highest rates of injury over an extended period of time. Operational areas are supported to ensure staff are appropriately trained on *It's Your Move* and *Move Safe* ergonomic programs, which aims to prevent lifting and handling injuries. The procurement of additional patient lifts is underway.

The number of reported incidents of violence continues to rise. There were 1,176 reported incidents in 2018-19 Q1 year-to-date compared to 702 last year. Reported incidents of violence continue to rise as efforts for promotion of reporting violent events and union raised concerns may be driving an increase in this area.

Focused resources will be added to advance Prevention of Violence Program deliverables, particularly in rural areas. WHS and Protective Services work together to support worksites in establishing legislated local harassment and violence prevention plans.

Further strengthening of the AHS Safety Culture should occur through the improvements AHS is making in respect to the Workers' Compensation Board and Occupational Health and Safety Act changes. Implementation of changes continues with a focus on accommodation requirements, joint worksite health and safety committees and prevention of violence and harassment.