

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: Q2YTD 2018-19





Provincial

2018-19 Target

Level of					Q2YTD	Q2YTD		2018-19
Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	2017-18	2018-19	Trend	Target
Province	Provincial	3.57	3.85	4.11	3.67	3.59	\Rightarrow	3.40
Zone	South Zone Clinical Operations	3.57	3.50	3.75	3.39	3.45	\Rightarrow	3.40
	Calgary Zone Clinical Operations	3.56	3.88	4.57	3.72	3.97	Û	3.40
	Central Zone Clinical Operations	3.88	4.12	4.91	4.62	3.78	⇧	3.40
	Edmonton Zone Clinical Operations	3.48	3.73	4.10	3.70	3.79	\Rightarrow	3.40
	North Zone Clinical Operations	4.35	3.75	4.10	3.75	3.84	\Rightarrow	3.40
Provincial Portfolios	Cancer Control	1.68	1.47	1.04	0.85	1.00	$\stackrel{\wedge}{\sim}$	3.40
	Capital Management	2.15	2.74	2.24	2.24	2.10	\Rightarrow	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	3.46	2.73	\Rightarrow	3.40
	Diagnostic Imaging Services	1.85	2.86	3.57	3.82	4.14	Û	3.40
	Emergency Medical Services	12.94	15.09	15.01	14.16	10.19	⇧	3.40
	Finance	0.16	0.33	0.50	1.00	0.34	$\stackrel{\wedge}{\sim}$	3.40
	Health Information Management	1.25	2.19	1.80	1.02	1.23	*	3.40
	Health Professions & Practice	7.47	6.58	7.76	7.76	7.65	\Rightarrow	3.40
	Information Technology (IT)	0.26	0.17	0.21	0.21	0.20	$\stackrel{\wedge}{\sim}$	3.40
	Internal Audit and Enterprise Risk Management	0.00	0.00	0.00	0.00	0.00	\Rightarrow	3.40
	Laboratory Services	1.26	1.63	2.22	2.01	2.36	$\stackrel{\wedge}{\Longrightarrow}$	3.40
	Nutrition Food, Linen & Environmental Services	6.95	6.89	6.35	6.04	6.06	\Rightarrow	3.40
	People, Legal, and Privacy	1.51	2.89	2.84	1.78	2.13	\Rightarrow	3.40
	Pharmacy Services	1.05	1.69	1.22	0.88	1.19	$\stackrel{\wedge}{\Rightarrow}$	3.40
	Population Public & Indigenous Health	1.31	1.13	0.82	0.82	0.61	\Rightarrow	3.40
	System Innovations and Programs	0.27	0.25	0.48	0.71	0.46	\Rightarrow	3.40

Trend Legend:

☆Target Achieved

ûImprovement

⇒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 January 17,2019; Data retrieval January 17, 2019 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.
- Starting Q2 2018-19, the Nutrition, Food, Linen & Environmental Services departments have been merged into one department.

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.

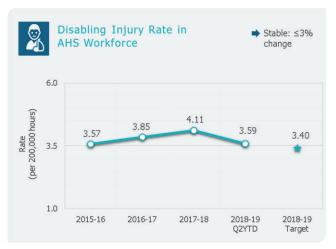
HOW WE ARE DOING

Q2 saw notable improvements in psychological disabling injuries and workplace violence incidents. While there is improvement over last quarter, if previous year trending is consistent, the DIR will rise by year-end and continue to exceed AHS' target of 3.40.

The top 5 causes of injuries reported to the Workers Compensation Board (WCB) include: patient handling, manual material handling, ergonomic risk factors, slips and falls, and physical workplace violence.

The highest increase in disabling injuries is attributed to communicable disease exposure, most of which were caused by a measles outbreak in Q2.

The Emergency Medical Services (EMS) portfolio has seen the largest improvement in DIR. Ergonomic-related injuries also decreased and is likely attributable to the power cot and power loading systems.



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.

Focused resources will be added to advance Prevention of Violence Program deliverables, particularly in rural areas. Workplace Health and Safety (WHS) and Protective Services collaborate 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.

A Communicable Disease Assessments (CDA) project for new staff concluded in Q3 and is achieving an average submission rate of 95.2%. Before the projects launch the submission rate was approximately 30%.