

AHS Report on Performance

Q3 2019-20

DISABLING INJURIES IN AHS WORKFORCE

DEFINITION: The number of AHS workers requiring modified work or time loss from work per 200,000 paid hours (approximately 100 full time equivalent workers).

WHY THIS IS IMPORTANT: 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 2019-20



2019-20 Actual

2019-20 Target

Level of Portfolio	Portfolio or Departments	2015-16	2016-17	2017-18	2018-19	Q2YTD 2018-19	Q2YTD 2019-20	Trend	2019-20 Target
Province	Provincial	3.57	3.85	4.11	4.12	3.65	4.17	↓	3.30
Zone	South Zone Clinical Operations	3.57	3.50	3.75	4.23	3.51	4.48	↓	3.30
	Calgary Zone Clinical Operations	3.56	3.88	4.57	4.63	4.10	4.34	↓	3.30
	Central Zone Clinical Operations	3.88	4.12	4.91	4.37	3.74	6.12	↓	3.30
	Edmonton Zone Clinical Operations	3.48	3.73	4.11	4.11	3.92	3.74	↑	3.30
	North Zone Clinical Operations	4.35	3.75	4.08	4.40	3.90	4.71	↓	3.30
Provincial Portfolios	CancerControl Alberta	1.68	1.47	1.04	1.54	1.00	2.83	☆	3.30
	Capital Management	2.15	2.74	2.24	2.47	1.77	2.74	☆	3.30
	Chief Information Officer	0.26	0.17	0.21	0.10	0.20	0.09	☆	3.30
	Community Engagement & Communications	0.00	0.00	0.00	0.00	0.00	1.72	☆	3.30
	Contracting, Procurement & Supply Chain Management	2.61	3.85	3.24	4.59	3.15	3.08	☆	3.30
	Diagnostic Imaging Services	1.85	2.86	3.57	3.79	4.25	3.67	↑	3.30
	Emergency Medical Services (EMS)	12.94	15.09	15.02	12.80	10.26	13.08	↓	3.30
	Finance	0.16	0.33	0.56	0.38	0.37	0.78	☆	3.30
	Health Professions & Practice	7.47	6.58	7.73	7.12	7.65	5.34	↑	3.30
	HR, Legal & Privacy,WHS	n/a	n/a	0.50	0.34	0.00	0.74	☆	3.30
	Internal Audit & Enterprise Risk Management	0.00	0.00	0.00	0.00	0.00	4.17	↓	3.30
	Nutrition, Food, Linen & Environment	6.95	6.89	6.35	6.50	6.06	6.18	⇒	3.30
	Office of CMO & Medical Affairs	0.70	1.18	0.88	0.81	0.75	0.90	☆	3.30
	Pharmacy Services	1.05	1.69	1.22	1.14	1.19	1.27	☆	3.30
	Protective Services	n/a	n/a	8.54	11.13	7.76	11.54	↓	3.30
System Innovations and Programs	0.27	0.25	0.47	0.57	0.69	0.22	☆	3.30	

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 2017-20 YTD data as of Dec, 2019. WCB data April-Sept 2019 as of Dec, 2019. Data retrieval Jan 20, 2020.

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 no disabling injuries.
 - Starting Q2 2019-20, Protective Services is reported separately from the rest of the People portfolio (HR, Legal & Privacy, WHS).
 - Accurate mapping of historical data is not possible as a number of functional centres have been disabled in March 2019. As a result, some employees were not mapped to any portfolio for historical data up to 2016/17.

Improve the Experience and Safety of our People

Objective 10: Reducing 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.

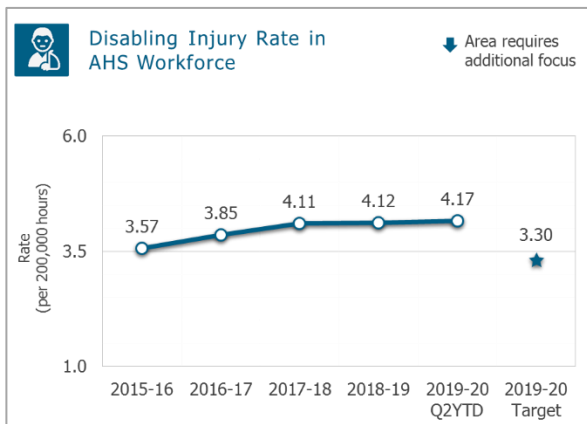
AHS PERFORMANCE MEASURE

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, as it indicates fewer disabling injuries are occurring at work.

HOW WE ARE DOING



Source: AHS Workplace Health and Safety
 Note: This measure is reported a quarter later due to case follow-up after the reporting quarter.

AHS' Disabling Injury Rate, while deteriorating overall, is experiencing a slower rate of increase over time. The target was not achieved in Q2. (This is a lag measure where data is reported a quarter later.) The top five causes of injuries reported to the Workers Compensation Board are client handling, manual material handling, ergonomic risk factors, physical workplace violence, and psychological violence. AHS continues to promote safety programs and supports a healthy reporting culture which partially accounts for the increase in reported injuries.

AHS continues to invest in culturally-based initiatives that take time to impact metrics but foster more sustainable change: safety training for all leaders; focused implementation of the OHS Act; enhancing collaboration with internal operational teams and patient quality and safety; and enhancing relationships with external stakeholders such as unions and Alberta Labour.

WHAT WE ARE DOING

The AHS Our People Strategy action plan addresses priority factors influencing workforce safety at AHS. Efforts to improve injury rates include targeted interventions to impact common causes of injuries in high-risk areas and enhancing programs and processes related to physical safety (e.g., patient and material handling).

- The AHS **Workplace Violence Strategy** is supported by a policy suite that enhances awareness of the rights, responsibilities, and supports for workers who are at risk of, experience, or otherwise become aware of workplace harassment or violence. In Q3, more than 100 stakeholders participated in a Prevention of Harassment and Violence Learning Program design session to develop content and design elements.
- AHS supports a **safe physical environment** for all staff, physicians, and volunteers.
 - The availability and use of client lifts is a key element in reducing client handling injuries. Based on assessment of need, more than 500 mounted and mobile patient lifts will be installed across the province this fiscal year. As of Q3YTD, 90% of the installations are complete.
 - Protective Services are now involved in the Violence/Aggression Alerts program in Calgary Zone. The program provides visual or electronic cues to inform workers about patients that pose a risk of violence so they are better equipped to maintain the safety of themselves and their patients. Other zones are working towards integrating Protective Services into their practices.
 - Security Watch is a service that provides close visual monitoring of patients who have displayed violent behaviour towards staff or other patients. In Q3, North Zone completed a program analysis and will be expanding services in High Level and Slave Lake.
- AHS promotes **psychological safety** in the workplace.
 - Numerous conflict support resources are available to all AHS leaders and staff and continue to grow to meet the needs of the organization.
 - Depression Care and Trauma Care programs are available for AHS employees through Homewood Health, AHS' new Employee/Family Assistance Program (EFAP) provider.

- Further strengthening of AHS' **Safety Culture** is expected to occur through improvements made as a result of changes to the *Workers Compensation Board Act* and the *Occupational Health and Safety Act*. AHS' Joint Workplace Health and Safety Committees continue to transition to align with the new acts, including membership updates, new committees, and enhanced member training.
 - All new leaders are required to complete Leading Health and Safety in the Workplace: Fundamentals training which equips them with the knowledge they need to create safe, healthy, and inclusive workplaces. As of Q3YTD, 69% of AHS leaders have completed the course.
 - A more robust Dangerous Work Refusal Program was implemented in Q3. A key change is that dangerous work now includes harassment and violence which aligns with AHS' other initiatives and organizational values.
 - The number of injuries related to verbal workplace violence in Q2YTD (74) increased significantly compared to the same period last year (15). (This is a lag measure where data is reported a quarter later.) This may reflect the impact of the implementation of the Prevention of Violence and Harassment policy suite and ongoing efforts to build awareness of the importance of reporting these injuries.
 - The number of psychological injuries in Q2YTD increased by 42% compared to the same period last year. (This is a lag measure where data is reported a quarter later.) This increase is likely linked to increased efforts to promote mental health and wellness within the organization after being historically underreported and continued efforts to promote a culture where accepting violent behaviour is not part of the job.