

Objective 7: Continue to implement *Our People Strategy*.

Launched in 2016, *Our People Strategy* is one of AHS' foundational strategies that guides our efforts to enhance the experience of our people while sustaining safe, high-quality healthcare service delivery. 'Our People' refers to the employees, physicians, midwives and volunteers at AHS.

PERFORMANCE RESULTS SUMMARY



AHS Workforce Engagement

This measure monitors our workforce's average responses to the AHS Our People Survey, which uses a five-point rating scale. The rate shows our workforce's commitment to AHS, their work and their colleagues. The **higher the rate the better**, as it demonstrates that more employees feel positive about their work and workplace. The 2019-20 workforce engagement rate was 3.57. The next survey is expected to be completed in 2022-23.



Disabling Injuries in AHS Workforce

This measure monitors 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). The **lower the rate the better**, as it indicates fewer disabling injuries are occurring at work. As of Q1YTD, the disabling injury rate (3.77) improved by 14 per cent compared to the same period last year (4.40).

ACTIONS AND ACHIEVEMENTS

AHS remains focused on enhancing the experience of our people. We have taken many steps to support the physical, psychological and social well-being of our people.

- The AHS Respectful Workplaces and Prevention of Harassment and Violence policy suite supports a workplace that is safe and healthy. AHS continued to provide ongoing training on the respectful workplaces and behaviours continuum in the first half of 2021-22. As of Q2YTD, 66,810 employees had completed the required Level 1 policy course.
- The Employee Development Program pilot was launched in the first half of 2021-22. Fifty-four employees started the 12-week program that includes facilitated course work, eLearning, interactive activities and coaching. The program covers topics such as Living Our Values, Art of Accountability and Communicating Effectively.
- In September 2021, AHS announced a mandatory COVID-19 vaccine policy for all workers. Immunization against COVID-19 is the most effective means to reduce the spread of the virus, prevent outbreaks in AHS facilities, preserve

workforce capacity and protect anyone accessing AHS sites. An internal awareness campaign (Stick with the facts, stick together) was launched to address COVID-19 vaccine hesitancy among staff and healthcare partners.

Through our continued commitment to diversity, inclusion, cultural competency and sensitivity, AHS aims to create an environment that is fair, just and respectful of individuals and their similarities and differences. This includes building a workforce that is reflective of the diverse communities we serve, and improving our capabilities to provide safe care and services.

- AHS launched the Anti-Racism Position Statement on June 30, 2021 as part of the organization's continued efforts to combat racism and promote diversity and inclusion across the organization. This position statement will help bring a consistent and comprehensive approach to anti-racism activities across the organization.
- The Discrimination Investigation Training e-learning module highlights the unique considerations in a discrimination investigation such as recognizing unconscious bias, micro-

aggressions and the importance of language in articulating allegations. As of September 30, 2021, nearly all Human Resources business partners have completed the training.

- AHS continues to expand Workforce Resource Groups (WRG) which bring together members of our workforce who share a common identity or background. All WRGs include and welcome ally members.
 - In the first half of 2021-22, the Diversity and Racial Equality (DaRE) WRG – formerly the Ethnic Minorities WRG – led and collaborated on events for Black History Month, Jewish History Month, Asian History Month and Indigenous Peoples Month. So far this year, 79 sessions have reached 11,000 people.
 - A new WRG, Women in Infrastructure (Capital Management), was also created in 2021-22.
- In collaboration with the University of Alberta and Alberta’s regulated health professions and colleges, AHS is supporting the development and implementation of an Indigenous Health Continuing Professional Education (IHCPE) Program. The IHCPE Program is a collection of Indigenous health courses intended to improve anti-racism and cultural safety competencies of healthcare professionals.

AHS continues to develop and promote psychological safety and mental health and wellness supports to help build a resilient workforce that delivers safe and effective patient care.

- A survey was completed to assess priorities around psychological health and wellness supports among both leaders and employees. Results will be used to inform future work.
- Not Myself Today is an initiative offered by the Canadian Mental Health Association that works towards building greater employee awareness and understanding of mental health, reducing stigma and fostering safe and supportive cultures. Through team and individual activities and resources, staff are able to learn about and nurture their own mental health, and leaders are given the

tools to support their teams. AHS rolled out the program across the organization in September 2021.

- AHS continues to develop educational materials and courses that aim to increase the competence of healthcare providers interacting with AMH patients and families. For example, the Provincial Addiction Curricula and Experiential Skills (PACES) Learning Pathway advances learners through core competency development and skill training opportunities for practitioners who work with adult populations experiencing concurrent disorders. As of September 30, 2021, 218 online participants have completed the course.
- AHS Patient Relations staff have been working under difficult conditions managing the heightened anger and frustration from the public throughout the COVID-19 pandemic. Supports are in place to minimize the negative consequences of sustained stress. Some examples include team debriefs and ongoing education, and regular reminders of the resources available through various AHS programs and benefits.
- A community of practice (CoP) is a group of people who share a common concern or passion and learn how to make improvements through regular interactions. Earlier this year, AHS created the COVI'D Like to Chat CoP to support physician wellness throughout the pandemic. Bimonthly sessions have covered topics such as coping with grief and loss, restorative sleep, post-traumatic growth, and the Physician and Family Support Program. As of September 30, 2021, more than 400 physicians have become members.

Efforts to improve worker safety at AHS include targeted interventions that impact common causes of injuries in high-risk areas and enhanced programs and processes related to physical safety. AHS continues to take actions to reduce musculoskeletal injuries, especially those related to moving patients and workplace violence.

- In support of improved ergonomic well-being, several online resources were enhanced by creating clear connections with principles from AHS' It's Your Move and Move Safe programs. An

Office Ergonomics course was also developed and includes an Alternate Working Arrangement hazard identification assessment and control (HIAC) document to support improved risk management while working from home. As of September 30, 2021, more than 700 workers had completed the course.

- Staff in emergency departments and urgent care centres experience some of the highest rates of harassment and violence in the workplace. At the end of Q2 2021-22, harassment and violence prevention plans were in development for approximately 25 sites across the province. Implementation is expected to begin in Q4. Enhanced supports are also available to address increased incidences of COVID-19-related aggression.
- AHS employees are empowered to implement safe care strategies when working with patients who pose a risk of aggression or violence. In Q1, AHS launched the Violence Aggression Screening Tool (VAST) which gives healthcare teams a way to identify and address patient behavioural safety concerns. The tool is currently available through Connect Care for Wave 1-3 sites.

AHS remains committed to increasing Indigenous workforce representation and supports while reducing employment barriers. An Indigenous recruitment and retention engagement strategy is in the early stages of development. An analysis is underway to identify data collection and integration opportunities to support workforce self-identification. Progress on these initiatives has been slowed by the pandemic response.

AHS is using evidence-informed approaches to optimize staffing models across the organization while keeping patient care at the forefront of all staffing decisions. Progress has been significantly impacted by the COVID-19 response.



While AHS has low overtime rates compared to other health organizations, additional leading practices are being implemented, including tools and targets, to mitigate overtime risk. In alignment with AHS Performance Review recommendations, provincial guidelines are being used to ensure a consistent approach to approving and tracking

overtime across the organization. Implementation has been slowed by the COVID-19 pandemic; work is expected to resume in Q4.

- This year, AHS developed and validated the Nursing Workload Acuity Tool in Connect Care which will be used to inform real-time staffing decisions that are based on the intensity of care required by a given patient population. Progress has been impacted by the pandemic response.



Work continues on an enterprise-wide integrated staff scheduling system (WMS) that uses automation to improve efficiency and reduce errors associated with manual timekeeping. AHS launched a request for proposal (RFP) to select a new vendor. The selection process is expected to be completed in Q3. Standardized scheduling practices means all staff are scheduled in a fair and equitable way in compliance with collective agreements.

- AHS is in the process of transitioning scheduling activities into a provincial model called Provincial Staffing Services (PSS) which enables fair and equitable practices through standardization and automation. Expansion of PSS continued in the first half of 2021-22 with a focus on onboarding areas that are supporting the COVID-19 response. As of Q2YTD, 7,043 new users have been added to the environment for scheduling personnel.
- AHS began developing an integrated workforce planning and acquisition action plan that will support work already in progress and further address chronic and emerging workforce issues. There are four main areas of focus: nursing, allied health, rural workforce and non-union frontline leaders. A suite of indicators is being developed to monitor progress.
- Health Link is making improvements to their staffing model to ensure the right provider is providing the right care.
 - In the first half of 2021-22, Health Link completed the transition to a provincial staffing model which supports timely care by ensuring Albertans are helped by the next-available clinician, no matter where in the province they

are calling from. An evaluation of the impact on wait times is in progress.

- Following completion of a condensed training program that focused on pandemic-specific competencies, nurses were hired to support the COVID-19 response and AHS' capacity to respond to increased call volumes. This year, nurses began completing the rest of the Health Link training program which enables them to work to their full scope of practice. Two sessions were completed in Edmonton Zone, with additional sessions planned for Q3 and Q4.



In support of optimized organizational design, AHS is focusing on implementing initiatives to reduce duplication, maximize efficiencies and improve workflows between collaborative teams. In alignment with recommendations from the AHS Performance Review, AHS began planning for Phase 1 implementation of the AHS Management Review. This initiative aims to identify and assess structural outliers and anomalies within the organization by conducting a portfolio-by-portfolio assessment of management roles across the organization. Implementation timelines are still in development and are impacted by pandemic response demands.

DISABLING INJURIES IN AHS WORKFORCE

Measure Definition:

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

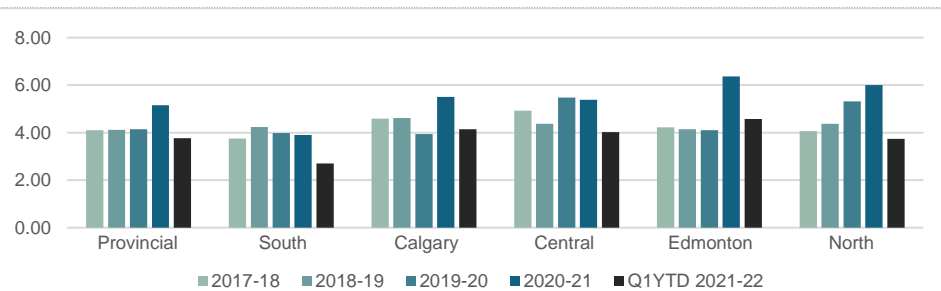
Why It's Important:

The disabling injury rate enables us to identify workplace health and safety programs that will provide AHS employees, volunteers and physicians with a safe and healthy work environment and keep them free from injury. The lower the rate the better, as it demonstrates fewer disabling injuries are occurring at work.

Performance Summary:

3.77
per 200,000
Provincial
Q1YTD 2021-22

Trend: ▲
(Compared to the same period last year)



Disabling Injury Rate - by AHS Portfolio

Level of Portfolio	Portfolio or Departments	2017-18	2018-19	2019-20	2020-21	Q1YTD 2020-21	Q1YTD 2021-22	Improvement Trend
Province	Provincial	4.11	4.12	4.14	5.15	4.40	3.77	↑
Zone	South Zone Clinical Operations	3.75	4.24	3.98	3.90	1.73	2.70	↓
	Calgary Zone Clinical Operations	4.59	4.62	3.94	5.50	5.29	4.15	↑
	Central Zone Clinical Operations	4.92	4.37	5.48	5.39	4.39	4.02	↑
	Edmonton Zone Clinical Operations	4.22	4.14	4.10	6.37	4.94	4.58	↑
	North Zone Clinical Operations	4.06	4.37	5.32	6.00	4.92	3.74	↑
Provincial Portfolios	Cancer Care Alberta	1.04	1.54	2.18	3.06	4.22	2.64	↑
	Capital Management	2.26	2.48	2.83	3.56	2.56	1.24	↑
	Clinical Workforce Strategy & Services (CWSS)	8.37	10.48	9.61	21.50	6.75	10.98	↓
	Community Engagement & Communications	0.00	0.00	0.87	0.00	0.00	0.00	⇒
	Contracting, Procurement & Supply Chain Management	3.98	4.59	3.89	3.72	1.96	3.54	↓
	Diagnostic Imaging	3.57	3.79	2.89	3.42	3.33	3.35	⇒
	Emergency Medical Services (EMS)	15.04	12.80	13.13	16.06	15.44	15.29	⇒
	Finance	0.56	0.38	0.77	0.00	0.00	0.72	↓
	Human Resources	0.45	0.32	0.38	0.00	0.00	0.00	⇒
	Information Technology	0.21	0.10	0.14	0.22	0.18	0.34	↓
	Internal Audit & Enterprise Risk Management	0.00	0.00	2.13	0.00	0.00	0.00	⇒
	Legal & Privacy	0.00	0.00	1.14	0.00	0.00	0.00	⇒
	Nutrition, Food, Linen & Environment	6.38	6.50	6.85	6.54	6.06	5.75	↑
	Office of CMO & Medical Affairs	0.88	0.81	0.79	1.31	0.95	0.63	↑
	Pharmacy Services	1.22	1.14	1.40	1.59	1.20	1.97	↓
	Protective Services	8.54	11.13	10.38	12.56	12.33	16.05	↓
	Provincial Clinical Excellence	0.58	0.72	0.36	0.68	0.19	0.82	↓
	Workforce Health & Safety	1.12	0.00	1.08	0.50	1.98	0.00	↑

Source: WCB Alberta and e-Manager Payroll Analytics (EPA). EPA 2017-21 YTD data as of June 2020. WCB data April-June 2020 as of September 2020. Data retrieval: October 18, 2021.

Notes:

- This measure is reported one quarter later to allow for more accurate reporting as injuries sustained within the quarter are often reported retroactively outside the quarter.
- Reporting of "0.00" is accurate and reflects these portfolios having no disabling injuries.