



AHS Report on Performance

Q3 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.

Trend Legend:

Target achieved

Improvement

Stable: ≤3% deterioration between compared quarters

Area requires additional focus



Disabling Injury Rate: Q3YTD 2017-18



Provincial



2017-18 Target

Disabling Injury Rate by AHS Portfolio

Level of Portfolio	Portfolios or Departments	FY 2015-16	FY 2016-17	Q3YTD 2016-17	Q3YTD 2017-18	Trend	2017-18 Target
Province	Provincial	3.57	3.85	3.64	3.73		3.5
Zone	South Zone Clinical Operations	3.54	3.50	3.25	3.26		3.5
	Calgary Zone Clinical Operations	3.54	3.86	3.68	4.01		3.5
	Central Zone Clinical Operations	4.00	4.14	4.18	4.95		3.5
	Edmonton Zone Clinical Operations	3.59	3.83	3.56	3.72		3.5
	North Zone Clinical Operations	4.33	3.78	2.93	3.49		3.5
Provincial Portfolios	Cancer Control	1.71	1.43	1.26	0.68		3.5
	Capital Management	2.37	3.77	3.28	3.25		3.5
	Collaborative Practice, Nursing & Health Profession	4.93	4.23	5.81	7.13		3.5
	Community Engagement and Communications	0.00	0.00	0.00	0.00		3.5
	Contracting, Procurement & Supply Management	2.70	3.74	4.11	2.89		3.5
	Diagnostic Imaging	1.81	2.90	2.63	3.79		3.5
	Emergency Medical Services	12.92	15.09	15.53	14.13		3.5
	Finance	0.16	0.33	0.44	0.67		3.5
	Health Information Management	1.29	2.19	1.90	1.36		3.5
	Information Technology (IT)	0.25	0.16	0.22	0.21		3.5
	Internal Audit and Enterprise Risk Management	0.00	0.00	0.00	0.00		3.5
	Laboratory Services	1.31	1.55	1.10	1.68		3.5
	Linen & Environmental Services	7.62	8.00	7.67	6.36		3.5
	Nutrition Food Services	5.91	5.38	4.86	5.15		3.5
	People, Legal, and Privacy	0.74	0.50	0.27	0.38		3.5
	Pharmacy Services	1.09	1.69	1.73	1.10		3.5
	Population Public & Indigenous Health	1.29	1.13	0.95	0.54		3.5
	Research, Innovation and Analytics	0.27	0.26	0.00	0.48		3.5

Understanding Our Results

Provincially Disabling Injury Rate remain stable when compared to last year but several zones rose above target in this quarter, largely due to an increase in occupational related exposures in a more severe influenza (flu) season. Efforts to improve our DIR include targeting interventions to common causes of injuries in high risk areas, and enhancing programs and processes related to physical safety, such as violence, patient handling, and manual material handling.

Analyses conducted by AHS Workplace Health & Safety (WHS) determined that higher rates within the Collaborative Practice, Nursing & Health Profession were due to the way paid hours are attributed within the casual workforce. WHS nonetheless continues to support the portfolio in addressing these injuries.

Within Diagnostic Imaging a significant increase in disabling injuries in Q3 was found to be musculoskeletal injuries resulting from patient handling and falls. At this point WHS is investigating and monitoring the data.

Injuries within Nutrition & Food Services are due to manual material handling.

Source: WCB Alberta and e-Manager Payroll Analytics (EPA), 2017-18 September YTD data as of December 31, 2017; Data retrieval date: February 1, 2018
Notes:

- 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.
- Q3 results are reported year-to-date to align with AHS People, Legal and Privacy reporting to the AHS Human Resources Committee of the Board.

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 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 Q3 year-to-date (YTD) 2017-18 DIR of 3.73 increased from previous year's Q3 YTD rate of 3.64. The rate is below target but remains stable.

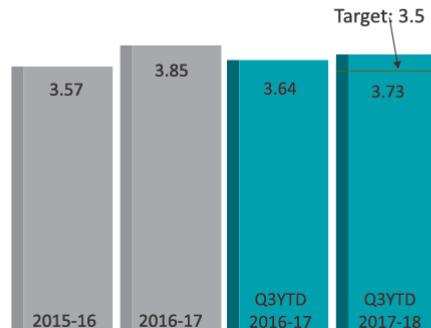
Patient handling, manual material handling and other ergonomic factors are the leading causes of injury for AHS employees.

Disabling Injury Rate rose above target in this quarter, largely due to an increase in occupational related exposures in a more severe influenza (flu) season.

Effective injury prevention plans will be required for areas showing deterioration. This will be closely monitored on an ongoing basis.

Disabling Injury Rate

Quarterly Comparison: ▲ Stable: ≤3% deterioration



Source: AHS Workplace Health and Safety

WHAT WE ARE DOING

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

Emergency Medical Services (EMS) has committed to equipping all ambulances with power cots and load systems to reduce the frequency of front-line crews having to physically lift patients in and out of ambulances. Training is 80% complete. As of February 1, 2018, the installation of the Stryker power system in all ambulances in Edmonton was completed. On target to complete all installation by March 31, 2018.

Efforts have been focused on those areas which experience the highest rates of injury over an extended period of time. Workplace Health and Safety (WHS) supports operational areas 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 Communicable Disease Assessment (CDA) policy was implemented for new AHS employees on April 1, 2017 to ensure employees are assessed for their risk of communicable disease. As of December 31, 2017, there has been good uptake and compliance (90%).

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

EMS is working to address stigma surrounding mental illness and establish resiliency among their employees and leaders with the **Road to Mental Readiness (R2MR)** program. As of December 31, 2017, 91% (2,717) EMS leaders, paramedics, dispatchers, and professional support staff have completed the R2MR training.

AHS is enhancing training and supports for front-line staff and first responders at highest risk of exposure to hazardous substances, including illicit opioids. A new online course, **Opioids: Illicit Fentanyl Awareness**, was made available in December to help employees recognize fentanyl and other illicit opioids, assess risk of exposure and response, as well as determine appropriate personal protective equipment.

AHS continues to review safety protocols and guidelines to ensure staff can do their jobs in the safest possible way. A hazard assessment tool specific to opioids and clear procedures to assess and dispose of unknown substances is under development. WHS is on track to have the new resources available early in 2018.

Leadership, culture, and competency are key variables determining safety outcomes in an organization. All new leaders are required to complete **Leading Health and Safety in the Workplace: Fundamentals** training. This is a key deliverable under Our People Strategy. At the end of Q3 2017-18, 14% of AHS leaders had completed the course, a 3% increase from Q2 2017-18.

As a part of their governance and oversight role, the Occupational Health & Safety department of the Government of Alberta performs proactive strategic inspections of AHS worksites. These visits support operations with important learnings and identify how improvements can be made together. This program runs September to June and sixty sites across AHS are participating. In Q3, there were 11 strategic inspections and the identified learnings for improvement including hazard identification, assessment and control, training in safe client handling programs, fall protection, waste handling and violence.