

Reducing injuries to care staff—a follow-up

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Our follow-up of recommendations to reduce injuries

In 2003, 7.2% of Saskatchewan’s health sector workers had injuries that resulted in time away from work (up from 5.7% in 1999¹). Back and shoulder injuries are common. Employers are legally responsible for workplace safety. Individual workers also must do their part to keep themselves, their co-workers, and their patients safe.

In 2002, we assessed whether the two largest regional health authorities adequately used best practices to reduce work-related back and shoulder injuries to care staff. The best practices are set out in Figure 2 at the end of this section of Chapter 2. We reported the objective, findings, and recommendations for that audit in our 2003 Report – Volume 1, Chapter 2, pp. 29-48.

The Standing Committee on Public Accounts concurred with our recommendations on June 29, 2004. This follow-up is part of our ongoing monitoring to determine what action management takes to address our recommendations. Acting on these recommendations will help build a base for a culture of safety in the health sector.

To do our follow-up, we reviewed annual reports, performance plans, and a wide range of material provided by two RHAs, the Department of Health, and the Department of Labour. We also interviewed key staff at the Regina Qu’Appelle Regional Health Authority and the Saskatoon Regional Health Authority to verify our understanding of action taken up to October 30, 2004.

We organized this follow-up report in line with our recommendations. Each section below starts with the recommendation in italics. We summarize our findings at the end of this follow-up report.

Recommend board commitment to reduce injuries

We recommend that boards commit to workplace safety as a priority. Specifically, we recommend that the boards set specific, short-term targets, allocate resources, receive regular reports, and hold senior managers accountable to reduce injuries.

¹ Saskatchewan Workers’ Compensation Board. (2003). *Report to Stakeholders*, p. 16.

Set specific targets to reduce work-related injuries to care staff in the short-term

We recommended short-term targets because the law requires employers to provide a safe workplace and methods that reduce injuries are well known. Short-term targets should be achievable in less than three years or by 2006. We expected targets both for RHAs and high-risk units.

The Saskatoon Regional Health Authority set a target to reduce workplace injuries by 10%. The target is to be achieved after the RHA fully implements its transfer-lift-reposition program; no date has been set. The RHA also set specific targets for its highest risk facility.

The Regina Qu'Appelle Regional Health Authority has set no targets to reduce workplace injuries. A committee of the board will discuss a possible target in mid November 2004.

The Department of Health did not set a target to reduce workplace injuries in the health sector. However, in September 2004, the Department gave RHA board chairpersons comparable information about injuries that result in time away from work. This information should help RHAs to set achievable short-term targets to reduce injuries in the workplace.

The Department of Labour and the Workers' Compensation Board (WCB) through WorkSafe Saskatchewan initiatives target a 20% reduction in time-loss injuries by 2008 in health and other sectors. Labour also has a specific plan of actions it will take to help achieve the target. We commend this leadership.

Allocate resources to achieve the targets

We expected the boards of RHAs to allocate resources to reduce workplace injuries. For example, the boards could allocate resources to mechanical aids such as patient-lifts and to staffing patterns known to help reduce injuries.

The Department of Health set aside \$6 million in 2004-05 for capital equipment related to safety for staff and patients. The boards of both Saskatoon and Regina Qu'Appelle allocated some resources for

equipment to reduce injuries. Both also allocate resources to educate staff about safety in the workplace.

Both RHAs now budget for a few full-time relief positions to maintain baseline staffing in spite of illness or other absences. Both RHAs now have information systems that will enable further research into staffing patterns. Saskatoon also employs a full-time labour costs project manager to lead initiatives that will reduce labour-related costs such as workplace injuries.

Resource allocation should be aligned with priority targets. Until the boards set specific, time-limited targets, it is difficult for managers to know what resources should be allocated.

Receive frequent reports about injury rates and actions to reduce injuries

The boards of these two large RHAs do not receive regular reports about injuries. The Saskatoon board received no routine reports about injuries during April 2003 to October 2004. Five months after year-end, the Regina Qu'Appelle board received a report about injuries in 2003-04. That report shows injuries requiring medical attention are up by 24% and time-loss injury claims are up by 10.5%. This important information should have reached the board in time to allow a rapid and comprehensive response.

Further, there are still no regular reports to the most senior managers about injury rates (e.g., vice-president, chief executive officer). Since mid 2003, Saskatoon provides good summary reports to all department and general managers quarterly. Regina Qu'Appelle provides a detailed report of injuries by department and by each site in Regina, with no analysis or summary, to department managers. Executive Directors can request these detailed monthly reports. Up to November 2004, neither RHA provided regular reports about injuries to their most senior managers.

Both RHAs worked with the Department of Health to develop key indicators. One key indicator will be the frequency of time-loss injury claims. The RHAs plan to report the key indicators to senior managers, boards, and the Department. Timely reports of these indicators could help

RHAs to monitor risks related to injuries. Saskatoon plans to begin giving quarterly reports to senior managers and the board in December 2004.

Hold senior managers accountable to reduce injuries

Both RHAs have systems to hold managers accountable to the extent possible without specific targets. Regina Qu'Appelle has one safety-related item in the checklist that it uses to review the performance of out-of-scope managers. Managers must show competence with regard to "safety measures."

Saskatoon has a manager's accountability agreement that refers to safety. In addition, the RHA's performance-review system for out-of-scope managers integrates safety in three ways. The RHA evaluates managers on leadership in creating safe working conditions, fiscal prudence with respect to sick leave and workers' compensation payments, and sound human resource management including timely resolution of safety issues and reduced injuries.

Recommend staffing to reduce injuries

We recommend that regional health authorities analyze the unit staffing patterns that are associated with high and low injury rates, and implement the lessons learned.

Both RHAs have taken steps to help them assess the impact of staffing patterns on injuries. Regina Qu'Appelle's Attendance Support Program helps it to manage workload and overtime issues. The RHA's incident report form helps identify whether incidents relate to staffing shortages, staff mix, etc.

Saskatoon was experimenting with various staffing practices at the time of our 2002 audit. Now the RHA is participating, along with Calgary and Edmonton, in a major research project. The project will correlate a number of nursing practice variables including workload levels and workers' compensation claims.

Recommend active occupational health committees to reduce injuries

We recommend that the occupational health committees of regional health authorities monitor injury trends quarterly, analyze causes, and make written recommendations to senior managers and their board to fix unresolved causes of injuries.

The Department of Labour assists occupational health committees in their work. Labour told us they are increasing their inspections in the health sector by at least 50%. Labour will base the frequency and intensity of inspections on injury rates. Labour is also promoting the collection of injury data in facilities and units with high injury levels.

Monitor injury trends at least quarterly

Since early 2003, the committees of the Saskatoon RHA monitor injury trends and identify areas for focus. Every three months, the committees receive summary analysis of injuries, their causes, and actions taken, in addition to the committee's inspection reports. Committee members contact managers to help resolve concerns.

Regina Qu'Appelle's committees receive a monthly list of all injuries by location. The RHA does not yet provide regular, summary analysis or comparative reports to occupational health committees.

Analyze the causes of injuries in areas with high injury rates

Saskatoon identified Parkridge as a facility with high injury rates. The RHA set targets for each unit in the facility and provides managers with monthly reports showing number of injuries compared to the target and prior injuries by month. The reports provide an immediate alert to managers and the committee if the number of injuries begins to rise. In combination with other reports summarizing the common causes of injuries by unit, managers have useful information for focused injury prevention.

Regina Qu'Appelle has not identified specific high-risk units. We saw no evidence that committees in the RHA analyzed or gave more attention to units with higher rates of workplace injuries.

We note that in both RHAs, managers and the committees receive reports on the *number* of injuries. We continue to recommend that committees also monitor areas with a high injury *rate* to ensure their focus is on the correct areas.

Make written recommendations to senior management and their board to fix unresolved causes of injuries.

As yet, neither RHA routinely reports unresolved causes of injuries to senior managers and the board. The committees in these large RHAs do not submit regular written reports to the most senior managers or the board. Such reports could highlight serious causes of injury that are not resolved (e.g., lack of electric beds or ceiling tracks, combined staff shortage and failure to use lift equipment). The most senior managers and the boards need this information to support decisions.

The Occupational Health and Safety Regulations require that when time-loss injuries result in medical aid or are due to moving patients, employers must allow committees to review such injuries and make recommendations to avoid similar injuries. At present, the committees recommend changes to unit supervisors, not to senior managers. The committees in Saskatoon occasionally write to a senior vice-president about unresolved issues that should be addressed.

The committees do not yet analyze causes of injuries from an oversight perspective. An overview of causes of injuries would help the committees recommend to senior managers actions that would reduce injuries by addressing fundamental causes. The Occupational Health and Safety Regulations require employers to act on recommendations from occupational health committees or provide written reasons for not doing so.

Summary

Figure 1 below sets out a summary of areas where managers took action and where they did not. A “yes” in Figure 1 means that managers have taken reasonable action at this time, 18 months after the recommendations became public.

We recognize that it takes longer to fully resolve some of these challenges. We will continue to follow up these recommendations at intervals.

Figure 1—Action on recommendations up to October 30, 2004

Recommendations (March 2003)	Saskatoon	Regina Qu'Appelle
1. Boards commit to workplace safety as a priority		
- set specific targets to reduce injuries in the short-term (for regions and high risk areas)	Yes	No
- allocate resources to achieve targets	Yes	Partial
- receive frequent reports about injury rates and action to reduce injuries	No	No
- hold senior managers accountable	Yes	Partial
2. Regions analyze staffing patterns associated with high and low injury rates and implement lessons learned	Partial	Partial
3. Occupational Health Committees		
- monitor trends quarterly	Yes	No
- analyze causes of injuries in areas with high injury rates	Yes	No
- make written recommendations to senior management and the board to fix unresolved causes of injury	Partial	No

Figure 2 sets out the original audit criteria for the consideration of health sector managers and those responsible to govern them.

Figure 2—Best practices

<p>To demonstrate adequate use of best practices to reduce the prevalence of work-related back and shoulder injuries to care staff, health authorities should:</p> <ul style="list-style-type: none"> ◆ Provide a work environment that fosters safety and health <ul style="list-style-type: none"> – provide a written program of procedures for moving patients, – provide mechanical aids to reduce the risk of injury, – provide staffing patterns that support injury reduction, and – redesign hazardous tasks and work-areas. ◆ Educate care staff to reduce risk of injury <ul style="list-style-type: none"> – inform staff of risks and signs and symptoms of injury, – teach staff to eliminate hazards or avoid unnecessary risk, and – promote actions that minimize risk of back and shoulder injury. ◆ Show commitment to reduce the prevalence of injuries <ul style="list-style-type: none"> – emphasize safety and injury prevention in the workplace, – support injured care staff for a safe/early return to work, – monitor compliance with established policies, and – monitor agency-wide trends of hazards/incidents/injuries.
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