

Reducing workplace injuries

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Main points

Since our 2003 audit, this is our third follow-up to assess the progress of two regional health authorities in addressing our recommendations to reduce injuries to health care staff. We found that while Saskatoon Regional Health Authority has addressed most of our recommendations, Regina Qu'Appelle Regional Health Authority has important work to do to prevent injuries to health care workers. In Regina Qu'Appelle, senior managers are still not held accountable for reducing injuries in the workplace.

Through their commitment and directions, Boards set the tone for safety in the workplace. In these two large regional health authorities, the Boards are not getting sufficient information about workplace injuries from senior management. Also, occupational health committees do not provide written recommendations to senior management and their Boards to fix unresolved causes of injuries. Analysis of the causes of workplace injuries is improving.

The frequency of injuries is slowly being reduced. However, in 2007-08, more than 7% of health care workers were injured at work. This injury rate adds further risks to the long-term supply of health care workers. In addition, some injured workers have long-term pain and disability.

The Ministry of Health has an oversight role in reducing workplace injuries throughout the health sector. We recommend the Ministry of Health set a provincial, long-term target for reducing injuries in health sector workplaces. Such targets often help to determine priorities when allocating resources.

Introduction

Workplace safety is the shared responsibility of all workers, managers, and governing boards. With health care workers in short supply, governing boards should be particularly vigilant to prevent injuries to the people they employ. The Government should be a leader in protecting its workers' health.

In Saskatchewan, many health care workers are injured at work. The Ministry of Health's annual reports show regional health authorities, on average, had injury rates of 7.62 in 2003-04 and 7.12 in 2007-08 for every 100 workers. As measured by the number of paid days off work due to injury, the average severity of injuries increased from 438.11 days in 2003-04 to 451.26 days in 2007-08 for every 100 workers.¹

In our 2003 Report – Volume 1 (pages 30-47), our audit concluded that the Regina Qu'Appelle and the Saskatoon Regional Health Authorities (Authorities) did not adequately use best practices to reduce injuries to care staff. We recommended these Authorities take steps to reduce work-related injuries. The recommendations appear in italics throughout this report. The Standing Committee on Public Accounts agreed with our recommendations in June 2004.

This chapter describes the results of our third follow-up of progress Authorities made in addressing our recommendations. Exhibit 1 summarizes actions up to September 30, 2008 by the province's two largest regional health authorities to address the recommendations we made in 2003.

¹ Definitions: Rate = Rate of lost-time injury claims accepted by WCB per 100 full-time-equivalent workers. Severity = WCB paid days away from work (beyond the day of injury) per 100 full-time-equivalent workers.

Exhibit 1—Status of recommendations up to September 30, 2008

| Recommendations – 2003 Report – Volume 1, Ch.2 | Saskatoon | Regina Qu'Appelle |
|--|-----------|-------------------|
| 1. Board commits to workplace safety as a priority | | |
| a) <i>set specific targets</i> | Yes | No |
| b) <i>allocate resources to achieve the targets</i> | Yes | Partial |
| c) <i>receive frequent reports about injury rates and actions to reduce injuries</i> | Partial | Partial |
| d) <i>hold senior managers accountable to reduce injury rates</i> | Yes | No |
| 2. Staffing patterns | | |
| a) <i>analyze the unit staffing patterns that are associated with high and low injury rates</i> | Yes | Partial |
| b) <i>implement the lessons learned</i> | Yes | No |
| 3. Occupational health committees | | |
| a) <i>monitor injury trends at least quarterly</i> | Yes | Yes |
| b) <i>analyze the causes of injuries in areas with high injury rates at every meeting</i> | Partial | Partial |
| c) <i>make written recommendations to senior management and their board to fix unresolved causes of injuries</i> | No | No |

Reducing injuries is difficult. Allocating resources for a safe environment and safety training will help. Most important is the commitment of all to a culture of safety. Changing the workplace culture takes time and requires strong board commitment supported by senior management leadership.

Board commitment to reduce injuries

We recommend that Boards of the Regina Qu'Appelle and Saskatoon Regional Health Authorities commit to workplace safety as a priority and:

- ◆ *set specific targets to reduce work-related injuries to care staff in the short term*
- ◆ *allocate resources to achieve the targets*
- ◆ *receive frequent reports about injury rates and actions to reduce injuries*
- ◆ *hold senior managers accountable to reduce injury rates*

The Saskatoon Regional Health Authority (Saskatoon) has addressed this recommendation except for reporting to the Board about actions to

reduce injuries. The Regina Qu'Appelle Regional Health Authority (Regina Qu'Appelle) has much more work to do.

Saskatoon's Board includes an injury reduction objective and target in its strategic plan. It aims to reduce injuries annually by 10% below the prior year's results. The Board of Regina Qu'Appelle had not approved an injury reduction target for 2008-09 as of September 30, 2008.

Both Authorities received resources from the Ministry of Health for safety initiatives including the purchase of equipment to lift patients safely. Saskatoon received \$2.75 million and Regina Qu'Appelle received \$2.27 million for 2007-08. Both Authorities had a process to direct these resources to the work units with the highest injury rates (e.g., committee structure, criteria to allocate resources). Saskatoon also directed surplus operational resources to safety training, equipment, and safety consultants.

In 2008, the Boards of both Authorities had access to quarterly "dashboard" reports produced by the Ministry of Health that include the regional rate for lost-time injuries. During 2006 to 2008, neither Board routinely received information explaining actions not yet taken and the estimated cost to do so, compared to the cost of high injury rates.

To hold senior managers accountable, Saskatoon expected managers to take action on eight specific items related to staff safety. Reducing injury rates is one of the items set out in its accountability agreement with out-of-scope managers. When workers report an injury, Saskatoon expected unit supervisors to take action within 24 hours to prevent similar injuries. Regina Qu'Appelle required managers to have a "regard" for safety, (i.e., to consider safety).²

We continue to recommend the Board of Regina Qu'Appelle Regional Health Authority commit to workplace safety as a priority and set specific targets to reduce work-related injuries to care staff in the short-term, allocate resources to achieve the targets, receive frequent reports about injury rates and related actions, and hold senior managers accountable to reduce injuries.

² Regina Qu'Appelle performance management system for out-of-scope employees.

We continue to recommend the Board of Saskatoon Regional Health Authority receive frequent reports about injury rates and actions to reduce injuries.

Staffing to reduce injuries

We recommend the Regina Qu'Appelle and Saskatoon Regional Health Authorities analyze the unit staffing patterns that are associated with high and low injury rates and implement the lessons learned.

Saskatoon has fully addressed this recommendation; Regina Qu'Appelle needs to do more work.

Management told us that being short-staffed is the norm for both Authorities due to a national shortage of care staff. We looked for evidence that these two large Authorities analyzed factors related to staffing and implemented solutions to reduce injuries to care staff.

Training staff to work safely is a critical factor that influences the number and severity of workplace injuries. Both Authorities conducted safety training for staff. Saskatoon actively monitored attendance and by March 2009 plans to ensure that, in spite of staff shortages, every new staff member attends safety training within the first two weeks of employment. As of September 2008, Regina Qu'Appelle's occupational health nurses outline safety practices as part of their interview with new employees when they are first hired.

Provincial laws require employers to educate on-site supervisors about safe work practices including the prevention of workplace injuries.³ During 2006 to 2008, both Authorities trained supervisors to take action to reduce injuries. Saskatoon trained 1,930 supervisors and Regina Qu'Appelle trained 463 supervisors about their role in safety. As of September 30, 2008, this was about 60% and 35 % respectively of the supervisors requiring safety training in these Authorities.

In Saskatoon, one safety strategy was to create a culture that urged staff to work safely regardless of the number of staff available. Managers and committees in Saskatoon discussed staffing factors related to injuries and

³ Saskatchewan Occupational Health and Safety Regulations, section 469.1

took action. For example, when the Authority identified that work units with high injury rates often had high manager turnover and gaps in supervision, it expanded advice on safety in the guidebook for new managers. In Regina Qu'Appelle, the Chief Executive Officer visited several work units to help build a safety culture.

Many injuries happen to staff that have weak muscles because of prior injuries. Both Authorities used return-to-work programs to help injured workers get back to work safely and as quickly as possible. As of September 2008, Saskatoon had seven return-to-work consultants to help supervisors assign work that injured staff can do safely. Regina Qu'Appelle had three return-to-work consultants. Both Authorities assigned a similar number of other specialized staff to help reduce injuries (e.g., safety consultants, occupational health nurses).

Saskatoon continued to take part in national surveys and conducted its own research about staffing issues related to safety. In 2008, the Authority conducted a survey to explore factors related to injuries and the need for ceiling lifts, including staffing levels, time of day, staff age and experience, and the number of hours staff spend daily to reposition or transfer patients with and without mechanical aids. Regina Qu'Appelle had not researched staffing factors related to safety.

We continue to recommend the Regina Qu'Appelle Regional Health Authority analyze the unit staffing patterns that are associated with high and low injury rates and implement the lessons learned.

Active occupational health committees

We recommend the occupational health committees of the Regina Qu'Appelle and Saskatoon Regional Health Authorities:

- ◆ *monitor injury trends at least quarterly*
- ◆ *analyze the causes of injuries in areas with high injury rates at every meeting*
- ◆ *make written recommendations to senior management and their board to fix unresolved causes of injuries*

Both Saskatoon and Regina Qu'Appelle have addressed this recommendation except that their occupational health committees did not

make written recommendations to senior management and their Boards to fix unresolved causes of injuries.

Both Authorities had processes to monitor injury trends quarterly. In both Authorities, occupational health committees in each facility received quarterly reports about injuries. Minutes showed the committees reviewed the reports. A committee member or safety consultant routinely discussed injury trends with supervisors on units with high injury rates.

Both Authorities had processes to identify common causes of injuries in areas with high injury rates. Saskatoon's occupational health committees received quarterly injury reports that did not identify causes of injuries. Instead, the Authority annually summarized common causes of injuries by work unit without showing trends. In Regina-Qu'Appelle, occupational health committees received detailed reports stating the probable root cause for each injury. Regina Qu'Appelle did not analyze the most common causes of injuries or trends (e.g., by work unit or facility).

Both Authorities had regional occupational health committees to oversee safety and follow up on serious problems. During 2006-08, these regional committees did not make written reports to senior management and their Boards recommending how to fix unresolved causes of injuries. Occupational health committees should make formal reports at least annually to their senior management and boards. Such reports should highlight the most serious unresolved safety issues, work units where the risk of injury is the highest, actions taken, and actions recommended.

We continue to recommend the occupational health committees of the Saskatoon and the Regina Qu'Appelle Regional Health Authorities fully analyze the causes of injuries and make written recommendations to senior management and their Boards to fix unresolved causes of injuries.

Steps toward more rapid progress

Other large health authorities in Canada also are working to reduce injuries to health workers. For 2006, Edmonton's Capital Health Region reported a rate of 3.21 lost-time injury claims for every 100 workers

(target 2.66)⁴ and Vancouver’s Coastal Health Authority reported 6.7 lost-time injury claims for every 100 workers (target 5.0).⁵ During 2006-07, the Regina Qu’Appelle and Saskatoon Regional Health Authorities reported 8.05 and 8.25 lost-time injury claims for every 100 workers.

Exhibits 2 and 3 show progress since 2004 in reducing injuries to health care workers in Saskatchewan regional health authorities. Progress in reducing the rate of injuries is generally steady but slow. Progress in reducing the severity of injuries is more challenging.

Exhibit 2—Rate of lost-time injuries in large health authorities ranked by frequency of injuries in 2007-08⁵

| | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|------------------------|---------|---------|---------|---------|
| RHA | Rate | Rate | Rate | Rate |
| Prince Albert Parkland | 11.38 | 10.57 | 8.58 | 9.02 |
| Sunrise | 8.32 | 8.65 | 7.93 | 8.10 |
| Regina Qu’Appelle | 9.75 | 9.10 | 8.05 | 7.67 |
| Saskatoon | 9.88 | 8.61 | 8.25 | 7.13 |
| Average Sask. RHAs | 8.94 | 8.07 | 7.67 | 7.12 |

Source: RHA’s Annual Reports (2004-05 rates as corrected in 2006-07)

Exhibit 3—Severity of lost-time injuries in large health authorities ranked by severity of injuries in 2007-08⁶

| | 2004-05 | 2005-06 | 2006-07 | 2007-08 |
|------------------------|---------|---------|---------|---------|
| RHA | Days | Days | Days | Days |
| Sunrise | 508.43 | 594.27 | 766.40 | 677.35 |
| Regina Qu’Appelle | 518.71 | 618.66 | 655.51 | 644.34 |
| Prince Albert Parkland | 516.54 | 588.63 | 383.54 | 411.24 |
| Saskatoon | 381.89 | 361.07 | 321.62 | 346.19 |
| Average Sask. RHAs | 345.86 | 447.10 | 468.45 | 451.26 |

Source: RHA’s Annual Reports (2004-05 rates as corrected in 2006-07).

⁴ Capital Health Region 2006-07 Annual Report, Edmonton, Alberta (p.40 - for calendar year 2006).

⁵ Vancouver Coastal Health Authority, Worksafe and Wellness Regional Director.

⁶ Definitions: Rate = Rate of lost-time injury claims accepted by WCB per 100 full-time-equivalent workers. Severity = WCB paid days away from work (beyond the day of injury) per 100 full-time-equivalent workers.

Reducing injury rates is possible. However, it is not an easy task. Governing boards and management need to focus on achieving and sustaining lower injury rates in regional health authorities and other health agencies. Failure to achieve fewer injuries will increase long-term health-workforce shortages as many injured workers seek positions with fewer physical risks.

Three government agencies have important roles with respect to workplace injuries in the health sector. The ministry responsible for labour sets and enforces occupational safety regulations. In 2004, the ministry responsible for labour set a target to reduce injuries by 20% in all workplaces by 2008. The Workers Compensation Board (WCB) pays injured workers while they are unable to work. It also fines employers with high injury rates and rewards employers who reduce injuries to workers. The WCB set a target to reduce workplace injuries to 3.5 injuries for every 100 workers by 2010.

The Government should be a leader in the protection of its workers' safety. The Ministry of Health has an oversight role in reducing injuries to those employed in the health sector. It has working groups and strategies to help reduce injuries to health care workers. The Ministry decides what resources regional health authorities need to reduce injuries to workers. Targets help agencies decide the level of resources required.

1. We recommend the Ministry of Health set long-term, provincial targets to reduce the rate and severity of health-sector workplace injuries.

The Ministry of Health, all regional health authorities, and senior management in all parts of the health sector may wish to consider the best practices set out in Exhibit 4. These practices will help to create a culture of safety.

We urge all board members to ask questions about the injury rate in the health care agencies they oversee. Board members can monitor whether management has adequate resources to take action to reduce injuries.

We will continue to monitor progress in reducing injuries to health care workers.

Exhibit 4—Best practices to reduce injuries to health care workers

To demonstrate adequate use of best practices to reduce the prevalence of work-related back and shoulder injuries to care staff, health regions should:

1. Provide a work environment that fosters safety and health
 - 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
 - redesign hazardous tasks and work-areas
2. Educate care staff to reduce risk of injury
 - inform staff of risks and signs and symptoms of injury
 - teach staff to eliminate hazards or avoid unnecessary risk
 - promote actions that minimize risk of back and shoulder injury
3. Show commitment to reduce the prevalence of injuries
 - emphasize safety and injury prevention in the workplace
 - support injured care staff for a safe, early return to work
 - monitor compliance with established policies
 - monitor agency-wide trends of hazards, incidents, and injuries

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