



Alberta Health Services

Strategic Plan for Workplace Health and Safety

December 2010

A. INTRODUCTION

In Canada, approximately 25.8 million people are employed in full- or part-time work and the average full-time worker spends approximately one third of their adult life on the job¹. Thus, the workplace is a highly influential yet often underestimated determinant of an individual's health status. In fact, many determinants of personal health and safety – working conditions, income, social status, education, personal health practices, social support networks and physical and cultural supports – are directly related to occupation and interconnect within the workplace setting².

The Canadian health and social services sector employs one out of every ten workers in our country but unfortunately, 'health sector employees are absent from work as a result of illness or disability more than any other worker in Canada'³. The *Alberta Health Services (AHS) Strategic Plan for Workplace Health and Safety* (WHS) therefore aims to optimize the safety, health, productivity and well-being of all AHS employees by generating both the conditions and the motivation needed to positively influence a wide range of health determinants. This document outlines the three strategic components that form the foundation of the Workplace Health and Safety five year plan: culture, the workplace health and safety management system and resources.

There is a growing body of evidence outlining how workplace health and safety conditions are directly associated with the quality of patient care. A comprehensive and collaborative system-wide approach to promoting a climate of health and safety within occupational and organizational factors is the best way to improve the healthcare work environment – and thereby patient safety⁴. Developing a holistic approach to employee and organizational health, well-being and productivity will strengthen the connection between a safe, engaged workforce and safe, high quality patient care.

According to Government of Alberta statistics⁵, the health industry has one of the lowest performing safety records across all employment markets in Canada. In 2009, the lost-time claim rate for the health services industries in Alberta was 3.14 per 100 person-years worked yet the average rate for all sectors in the province was only 1.69 per 100 person-years worked. In that same year, the duration rate for healthcare was 53 days lost per 100 person-years worked compared to the provincial average of only 40 days lost. Furthermore, the health system disabling injury rate was 3.84 per 100 person-years worked whereas the cross sector average was only 3.09. Finally, long term care services experienced the highest lost-time claim and disabling injury rates at 4.88 and 6.45 per 100 person-years worked respectively. In light of these discouraging statistics, AHS leadership has been asked to establish and aim for a substantial organizational goal: zero injuries.

¹ Statistics Canada (2005). Labour Force Survey. <http://www40.statcan.ca/l01/cst01/labor07a.htm>. Accessed 14 July 2010.

² Public Health Agency of Canada. (2001). *Determinants of Health*. <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>. Accessed 14 July 2010.

³ Quality Workplace Quality Healthcare Collaborative. (2007). *Within Our Grasp: A Healthy Workplace Action Strategy for Success and Sustainability in Canada's Healthcare System*. <http://www.qwqhc.ca/docs/2007QWQHCVWithinOurGrasp.pdf> (p. 5) Accessed 14 July 2010.

⁴ Yassi, A., & Hancock, T. (2005) Patient- worker safety: Building a culture of safety to improve healthcare worker and patient well-being. *Healthcare Quarterly*, 8, 32-38.

⁵ Government of Alberta. (2010). Occupational Injuries & Diseases in Alberta: Lost-Time Claims, Disabling Injury Claims & Claim Rates. Health Services Industries 2005 to 2009. <http://www.employment.alberta.ca/document/WHS/WHS-PUB-oid-health.pdf> Accessed 26 November 2010.

B. ALBERTA HEALTH SERVICES STRATEGIC PLAN FOR WORKPLACE HEALTH AND SAFETY

According to the Conference Board of Canada:

Organizations that provide a healthy workplace are also more attractive to prospective employees. Top talent is looking for 'employers of choice' and the majority of employers that fall into this category put an emphasis on building healthy work environments⁶.

The *Alberta Health Services Strategic Direction 2009 – 2012* acknowledges that one of today's most complex health care challenges is the ability to attract, retain and support a resilient workforce who can continue to deliver quality health care into the future. Thus, becoming a 'Workplace of Choice' is one of the organization's eight key Areas of Focus⁷. A fundamental action within this area is to create a work environment that promotes safety and wellness in order to reduce risks of physical or psychological injury and to improve staff and physician job satisfaction.

The *Alberta Health Services 2010 Strategic Plan for Workplace Health and Safety* establishes 'Workplace of Choice' as the most relevant Area of Focus for the people-centric disciplines in health, safety, ability management and wellness. The nature of WHS' core business undoubtedly carries the most direct and positive impact on employees and workplace environments. WHS is committed to leading a comprehensive systems approach that promotes a climate of health and safety across AHS by addressing critical workplace factors such as physical and psychological hazards. Thus, implementing a *Workplace Health and Safety Strategic Plan* is an essential means to help guide the creation of a culture that recognizes people as its most valuable resource. However, it is equally important to note how the contributions of WHS also extend beyond people and places to support other organizational priorities (see Appendix 1).

The three components of the *Alberta Health Services 2010 Strategic Plan for Workplace Health and Safety* focus on culture, systems and resources. In this context, culture is defined as the underlying belief systems about workplace health and safety that are largely determined by group norms. The culture is the product of individual and group values, attitudes, perceptions and patterns of behaviour that demonstrate the organizational commitment to workplace health and safety. The Workplace Health and Safety Management System outlines the organizational structure, responsibilities, practices, procedures, processes, resources and behaviours needed to implement the AHS Workplace Health and Safety Policy and associated objectives and targets. It is also designed to support the organization's health and safety information management requirements to minimize health and safety risks and to monitor and report health and safety impacts from all aspects of the business. Finally, the enabling resources and structure are intended to align WHS professionals across the organization so they can enhance service and facilitate further development of health, safety and wellness competence among leaders.

The following sections provide more detail on each individual component of the strategic plan.

C. COMPONENT ONE: CULTURE AND CLIMATE - THE WHO HEALTHY WORKPLACE MODEL

In 2010, the World Health Organization (WHO) designed a global *Healthy Workplace Framework and Model* to help companies interpret and apply the overabundance of information on how to optimize workplace health, safety and wellness. WHO's aim is to provide:

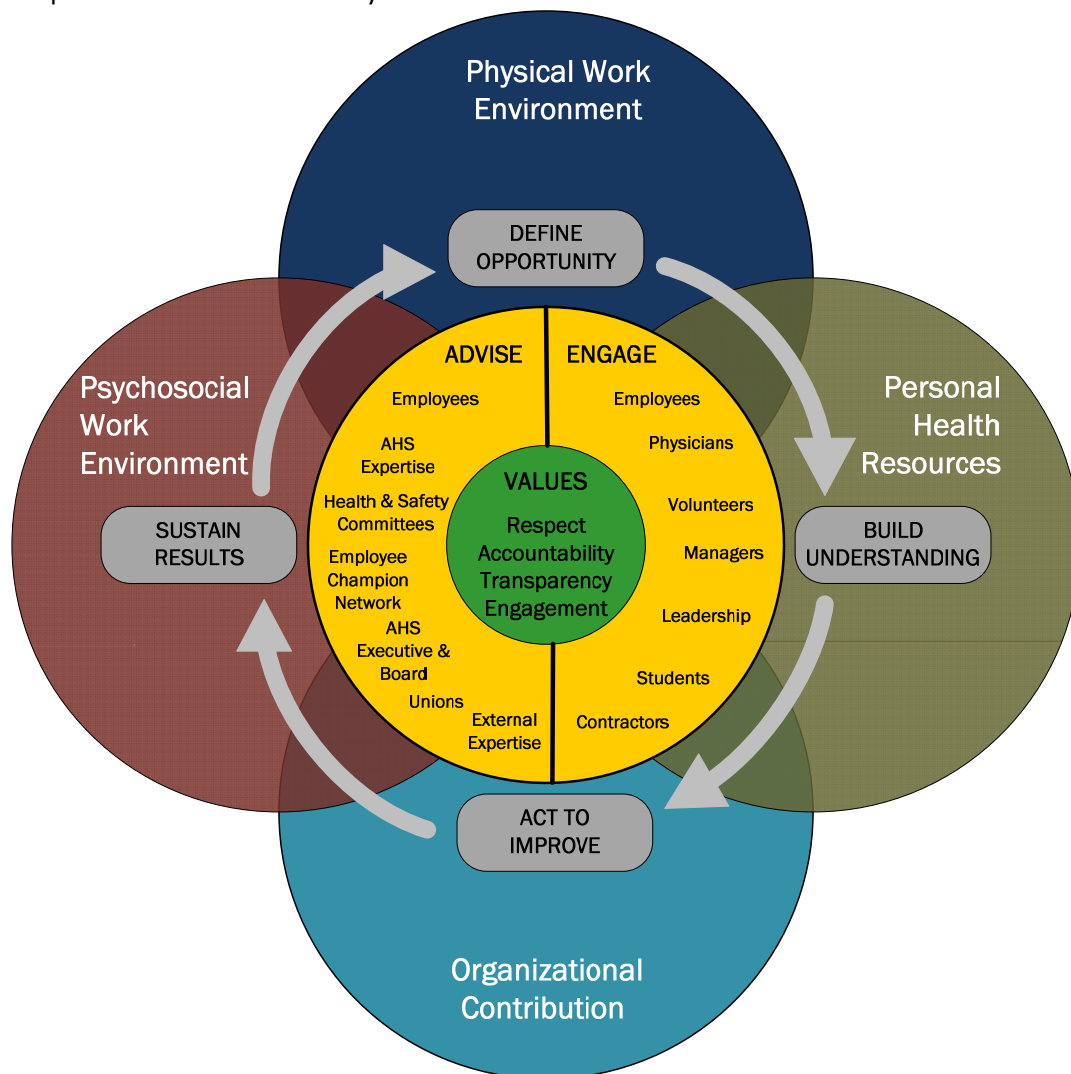
⁶ Conference Board of Canada. (2010). *Beyond Benefits: Creating a Culture of Health and Wellness in Canadian Organizations*. (p. 2).

⁷ Alberta Health Services. (2009). *Alberta Health Services Strategic Direction 2009 – 2012: Defining Our Focus/Measuring Our Progress*. <http://www.albertahealthservices.ca/org/ahs-org-strategic-direction.pdf> Accessed 10 July 2010.

a flexible, evidence-based framework for healthy workplaces that can be applied by employers and workers in collaboration, regardless of the sector or size of the enterprise, the degree of development of the country, or the regulatory or cultural background in the country⁸.

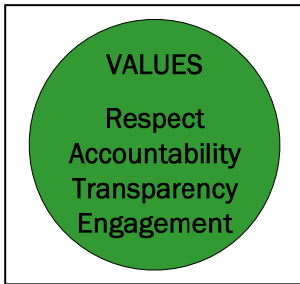
Due to the WHO’s rigorous examination of global approaches, scientific research and evidence-informed practices, AHS has chosen to draw on the major concepts of this framework to support the conceptualization of the workplace health and safety culture and the implementation of the *Strategic Plan for Workplace Health and Safety*. Both the model and the framework lend themselves well to an AHS-specific interpretation and can be adapted to develop a holistic approach to employee and workplace health, safety, productivity and well-being. Within this “cultural framework”, WHS professionals can implement the Workplace Health and Safety Management System.

The Healthy Workplace Model depicts a visual conceptualization of the relationship between all the core elements of the *Strategic Plan for Workplace Health and Safety* that are required to ensure success and sustainability: values, foundational spheres of well-being, engagement of key stakeholders, continual improvement processes and the health system.



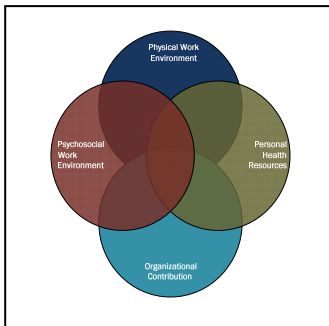
⁸ Burton, J./World Health Organization.(2010). *WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices*. http://www.who.int/topics/mental_health/en/ Accessed 10 July 2010.

C-1 Values



AHS has established four core values to drive and sustain all activities of the organization: respect, accountability, transparency and engagement⁹. The *Strategic Plan for Workplace Health and Safety* has therefore adopted these values to direct the design, implementation and evaluation of all associated programs, services and initiatives.

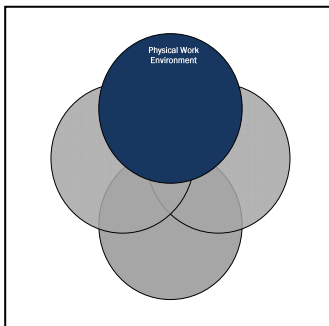
C-2 Foundational Spheres of Safety and Well-being



To achieve and maintain a safe and healthy work environment, it is essential to address the diverse and complex issues that impact the well-being of employees in the healthcare workplace. The *WHO Healthy Workplace Framework and Model* categorizes these issues into the following four major spheres:

1. the physical work environment
2. the psychosocial work environment
3. personal health resources
4. organizational contribution

The elements within each of these four areas outline the substance required for the development of meaningful health, safety, ability and wellness workplace initiatives, programs and services. In practice, each of these spheres will often influence, intersect or overlap with one or more of the remaining spheres depending on variables such as context, occupational role and work site. AHS will prioritize the focus within each of these spheres based on regular needs assessments, data collection, measurement and evaluation processes all in consultation with employees and other key stakeholders.



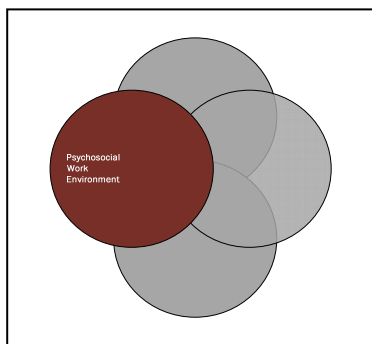
Physical Work Environment

The physical work environment consists of those elements in the workplace which directly impact the human senses and the physical or mental safety and well-being of an employee. Many hazards in the physical surroundings pose an immediate threat of bodily or emotional injury while other environmental conditions influence worker health more gradually over time. This arena is traditionally the purview of occupational health and safety or health policy and legislation, yet it also includes broader conditions such as workplace opportunities to improve or maintain fitness levels, try new leisure activities or develop meaningful social connection.

⁹ Alberta Health Services. (2009). *Alberta Health Services Strategic Direction 2009 – 2012: Defining Our Focus/Measuring Our Progress*. <http://www.albertahealthservices.ca/org/ahs-org-strategic-direction.pdf> Accessed 10 July 2010.

Key categories and examples of workplace health, safety and wellness issues in the physical environment include:

- | | | | |
|----------------|-------------------------------------------------|-------------------------------|-------------------------------------------------------------------------|
| 1. chemical: | solvents; tobacco smoke | 2. mechanical: | machine hazards; usage of tools |
| 3. biological: | communicable diseases; poor hygiene practices | 4. transportation: | inclement weather; poor vehicle maintenance |
| 5. physical: | noise; heat | 6. energy: | electrical |
| 7. ergonomic: | heavy lifting; repetitive action | 8. built environment: | access to safe exercise and leisure opportunities; outdoor eating areas |
| 9. technology: | unsafe use of mobile equipment and technologies | 10. fitness, leisure, social: | social eating areas; fitness classes; group events |



Psychosocial Work Environment

The psychosocial environment encompasses those aspects of both the workplace and the work itself which impact an employee’s psychological and social functioning. Such issues are typically simplified to ‘workplace stress’ and for good reason: stress is consistently cited as the leading health risk driving the implementation of wellness initiatives in most areas of the world¹⁰. However, psychosocial matters also involve the broader and complex issues of organizational culture, social connectedness, job design, role clarity, workload, recognition, fairness, creative expression and finally, a sense of

purpose and meaningful contribution through work. Thus, the physical, emotional and spiritual safety and well-being of an employee is significantly influenced by the overall attitudes, values, beliefs and practices that are demonstrated on a daily basis within the organization.

Within the growing body of workplace research, there is substantial evidence to support the psychosocial impact of work on the physical and emotional well-being of employees. In particular, the notion of psychological safety is gaining significant ground in Canada as a means to prevent mental injury. A psychologically safe workplace is ‘one that allows no significant harm to employee mental health in negligent, reckless or intentional ways’ through the purposeful behaviours, comments or omissions of employers or colleagues¹¹. Mental injury is defined as the subsequent impairment to psychological health that results from such acts and frequently ‘leads to a chronic inability to function as usual at work or at home’¹². Current estimates of the cost of mental injury to Canadian employers range from \$8 billion to \$11 billion per year due to lost productivity, absenteeism, presenteeism, short-term disability, long-term disability, retraining and legal expenses¹³.

¹⁰ Buck Consultants. (2009). *Working Well: A Global Survey of Health Promotion and Workplace Wellness Strategies*. <http://www.worldatwork.org/waw/adimLink?id=36309> Accessed 10 July 2010.

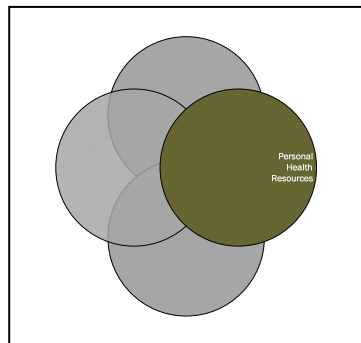
¹¹ Shain, M. (2009). Psychological Safety at Work: Emergence of a Corporate and Social Agenda in Canada. *International Journal of Mental Health Promotion*, 11(3); 43.

¹² Shain, M. (2009). Psychological Safety at Work: Emergence of a Corporate and Social Agenda in Canada. *International Journal of Mental Health Promotion*, 11(3); 43..

¹³ Shain, M. (2009). Psychological Safety at Work: Legal Trends and the Implications. *Benefits and Pensions Monitor*. August; 30

Key categories and examples of workplace health, safety and wellness issues in the psychosocial environment include:

11. organizational culture and policy:	support for work-life balance; workplace violence	12. shift work:	fatigue; poor access to healthy food on work site
13. mental health issues:	stigma; lack of workplace awareness	14. mental injury:	Bullying; harassment; burn-out from unrealistic expectations
15. management style:	high demand, low reward, low control	16. job organization:	time pressure; isolation; poor job clarity or design

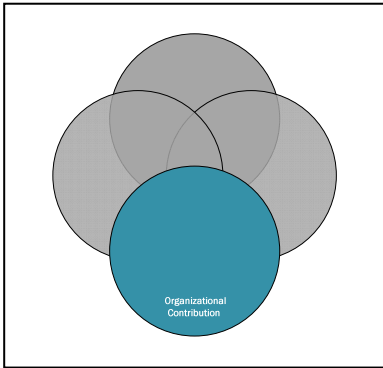


Personal Health Resources

The numerous work settings within AHS hold considerable potential to become supportive environments that motivate and enable employees to improve their own well-being through positive shifts in personal lifestyle practices and choices. The conventional corporate wellness agenda focuses on nutrition, exercise and stress management, but other unique programs and creative partnerships could generate additional opportunities that inspire workers to pursue new avenues towards recovery of well-being and healing of mind, body and spirit.

Key categories and examples of personal health resources in the workplace include:

17. workplace wellness programming:	fitness classes; nutrition counselling; personal training	18. health resources:	access to information (online, call centre, print, in person)
19. health services:	immunization clinics; health coaching	20. health policy:	smoke free policy; healthy food policy
21. counselling services:	employee & family assistance program; smoking cessation; alcohol and drugs	22. health programming:	Blood and body fluid program; immunization standards; fatigue management
23. wellness resources:	access to meditation, guided imagery, yoga, qi gong; employee & family assistance program	24. financial incentives:	discounted membership costs for fitness, leisure or social clubs/activities
25. creativity programming:	music; arts; technology; storytelling; writing	26. social programming:	walking groups; group outings



Organizational Contribution

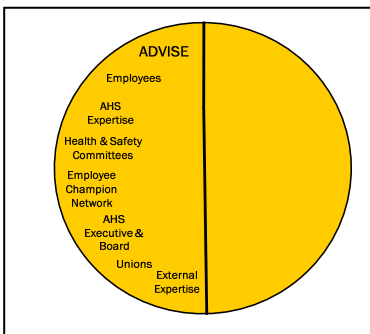
The *Alberta Health Services 2009 – 2012 Strategic Direction* identifies ‘Healthier Communities’ as one of the organization’s strategic priorities. Because AHS operates within and across hundreds of locations throughout Alberta, there is significant opportunity to exchange and promote emerging health and wellness information that inspires and supports well-being in the broader community. The *AHS Strategic Plan for Workplace Health and Safety* therefore aims to support AHS’s recommendation to ‘facilitate people to understand choices and take responsibility for their own health’¹⁴. AHS has an opportunity to establish a mentorship presence since its expertise,

activities and resources can help improve the health, safety and well-being of workers, their families and their broader social and physical communities. Conversely, the activities, knowledge and resources located within the communities themselves can positively influence the approach to workplace well-being within the health system.

Key categories and examples of community engagement and organizational contribution to optimize broader well-being across the province include:

- | | | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------|
| 27. advocate for healthy public policy: | lead the way with internal policy (e.g. cell phone policy, smoke free policy, health food policy) | 28. encourage and support volunteer work: | approve reasonable time for participation in meaningful volunteering |
| 29. encourage, support and model healthier forms of transport to work: | bike-to-work program; commuter challenge | 30. collaborate with external partners to share expertise: | health and/or safety coalitions |

C-3 Advise & Engage: Workplace Health & Safety Engagement Framework

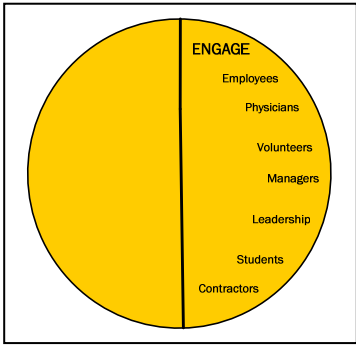


Advise

AHS wishes to seek the input of key stakeholders who can help identify the relevant and meaningful workplace health, safety and wellness priorities for the organization. It is essential to leverage both internal and external expertise in order to capture the innovative ideas, creative direction and multi-level support needed to sustain evolving and emerging employee health and wellness initiatives. Stakeholder groups range from employees, physicians and volunteers to unions and executives. Of particular importance is the involvement of frontline staff and senior management since the health,

safety and wellness agenda cannot be realized without the ownership of workers and the endorsement of leadership.

¹⁴ Alberta Health Services. (2009). *Alberta Health Services Strategic Direction 2009 – 2012: Defining Our Focus/Measuring Our Progress*. <http://www.albertahealthservices.ca/org/ahs-org-strategic-direction.pdf> (p. 7). Accessed 10 July 2010.



Engage

The AHS *Strategic Plan for Workplace Health and Safety* will lead to the development and growth of initiatives whose primary goal is to optimize employees’ ability to thrive in their roles. However, workers must *actively* participate in these opportunities in order to improve and protect their well-being. Hence, AHS is committed to engaging internal audiences whenever possible to ensure strategic objectives remain relevant, effective and meaningful to the workforce. Key stakeholders range from frontline employees to managers to contractors. All groups will play a pivotal role in helping to

identify, plan and improve the ways in which the organization can better mitigate workplace risks. Everyone plays a central role in creating a culture which protects and enhances health, safety and well-being.

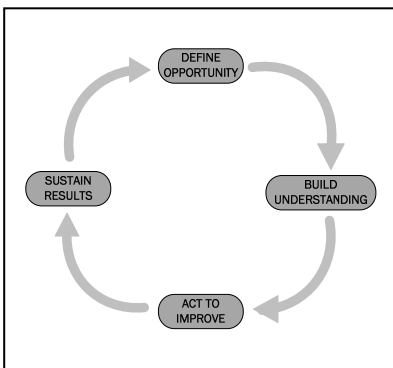


WHS Engagement Framework

Wherever possible, the specific audiences impacted by a health, safety or wellness initiative will have the opportunity to participate in the strategic cycle, from planning and implementation to promotion and evaluation.

However, it is essential to approach such complex collaboration in a deliberate and thoughtful manner. Therefore, the *WHS Engagement Framework* (see Appendix 2) will provide structure and direction to the entire health, safety and wellness engagement process. Besides supporting one of AHS’s four core values, this framework also guides and strengthens the communication, supportive learning and relationship building required amongst stakeholders to help optimize active participation in workplace health, safety and wellness across the organization.

C-4 Alberta Health Services Improvement Way



The way in which AHS develops, improves and maintains healthy workplace initiatives is as important as the content or focus of those initiatives. Thus, it is critical to follow a continual improvement process system that can ensure the strategy’s sustainability, progression and relevance. The Alberta Health Services Improvement Way (AIW) is a flexible, enterprise-wide method that guides all AHS teams, individuals and initiatives to focus their efforts and resolve issues more efficiently and more consistently. AIW offers a simple, cyclic process to help outline the continuous design, implementation, evaluation and modification of all programs, services and activities within the health, safety and wellness agenda. The four key steps of the model incorporate the tenets of PDSA, LEAN, Six Sigma and AIM and are described

as: 1) define opportunity, 2) build understanding, 3) act to improve and 4) sustain results¹⁵. AIW also outlines the necessity to manage change and share learning throughout the process and offers tools and techniques to identify and pursue the appropriate improvement path: quick wins, streamline processes, analytical problem resolution or design effort.

¹⁵ Alberta Health Services. (2010). *AHS Improvement Way (AIW)*. <http://insite.albertahealthservices.ca/aiw.asp> Accessed 21 November 2010.

AHS Strategic Plan for Workplace Health and Safety

The workplace health and safety objectives related to culture and climate for 2010 – 2012 are:

Objectives ("We Will" Statements)	Description	KPI's	Timing
Define organizational workplace health and safety priorities	<ol style="list-style-type: none"> 1. Establish a "zero injury" expectation across the organization. 2. Establish meaningful leading and lagging performance indicators. 3. Set realistic reduction targets for workplace injury and illness incidents and non-occupational disability and sick time. 	<ul style="list-style-type: none"> • Establish organizational WHS performance metrics. • Develop Executive Committee Endorsed WHS Strategy. • Benchmark historical performance and establish Executive Committee approved performance targets for 2010/2011. 	<p>Nov 2009 – Complete</p> <p>Dec 2009 – Complete</p> <p>Feb 2010 - Complete</p>
Integrate WHS into the core business processes of AHS	<ol style="list-style-type: none"> 1. Incorporate our commitment to WHS into operational policies, practices and procedures. 	<ul style="list-style-type: none"> • Establish WHS Executive Steering Committee in place for monitoring the organizations performance, adherence to plan and compliance to applicable legislation. 	<p>Oct 2010 – Complete</p>
Engage stakeholders 1. employees 2. physicians 3. volunteers	<ol style="list-style-type: none"> 1. Establish a Stakeholder WHS Engagement and Communication Program. 2. Conduct regular surveys/focus groups to understand stakeholder perceptions and needs. 3. Create a WHS communications "theme" that ensures a consistent look and feel for WHS communications material. 4. Communicate WHS metrics to stakeholders. 	<ul style="list-style-type: none"> • Conduct benchmark WHS stakeholder perception survey. • Establish a Stakeholder WHS Engagement and Communication Program. 	<p>May 2010 - Complete</p> <p>Sep 2010 - Complete</p>
Enable Leadership	<ol style="list-style-type: none"> 1. CEO to establish and demonstrate a "Tone from the Top" consistent with the organization's "Zero Injury" expectation. 2. Include WHS metrics in senior leadership's performance reviews. 3. Empower line managers to define and action WHS improvement plans specific to their operations. 4. Ensure the "health & safety leadership competencies" of all Leaders. 	<ul style="list-style-type: none"> • Establish WHS metrics in senior leadership performance reviews. • Establish a Leaders' WHS Certification and Mentoring Program. • Define WHS Leadership Competencies. 	<p>Mar 2010- complete</p> <p>Mar 2012</p> <p>Jun 2010 - complete</p>

D. COMPONENT TWO: WORKPLACE HEALTH AND SAFETY MANAGEMENT SYSTEM (WHSMS)

As noted in the preceding sections, AHS recognizes that workers' health, safety and well-being are fundamental to the provision of safe and high quality health services. The organization is therefore committed to providing an environment free from harm by creating and sustaining a strong safety culture. To increase health and safety awareness and define health and safety objectives, AHS requires a systematic approach and structure. The WHSMS Standard satisfies this requirement for AHS as it is based upon implementation of the Canadian Standards Association (CSA) Standard Z1000-06. The WHSMS establishes both employee and leadership expectations and drives the organization's accountabilities related to workplace health and safety.

D-1 Workplace Health and Safety Policy

The foundation for the AHS WHSMS is an organizational policy that states "AHS is committed to providing a safe and healthy work environment and managing its operations in a manner that protects the health and safety of employees, physicians, volunteers, patients, residents, clients, the public and contractors". The policy, approved in May 2010, goes on to list the organization's beliefs and commitments related to health, safety and well-being:

Beliefs

1. The health, safety and wellbeing of our workers are fundamental to the provision of safe and quality health services.
2. All workers have the responsibility for their own and their co-workers health and safety.
3. All incidents are preventable.

Commitments

4. To do no harm.
5. To empower our workers to control and mitigate workplace risks to help ensure healthy and safe work environments.
6. To ensure that our workers have the training and resources needed to be healthy and to work safely.
7. To align the WHSMS to the highest standards of CSA Z1000 and improve the system on a continual basis.
8. To meet or exceed the requirements of all applicable legislation and recognized industry practice.
9. To work collaboratively with all internal and external stakeholders.

D-2 Workplace Health and Safety Management System (WHSMS) Standard

AHS has established and will implement and maintain a documented WHSMS¹⁶ in accordance with the requirements of CSA Z1000. The elements of Standard Z1000-06 will be integrated into all core business processes over time to ensure continual improvement at all levels of the organization (as noted in Section C-3). The WHSMS Standard (see Appendix 4) specifies requirements for all of AHS and is intended to address workplace health and safety aspects of the organization.

¹⁶ Alberta Health Services. (2010). Workplace Health & Safety Management System Standard. <http://insite.albertahealthservices.ca/Files/hr-whs-whsms-standard.pdf> Accessed 15 August 2010.

The main elements of the Standard are listed below. The complete document is available to all AHS leaders and staff through the internal web.

1. Commitment, leadership, and participation
 2. Management commitment and leadership
 3. Worker participation
 4. Workplace Health and Safety Policy
5. Planning
 6. Review
 7. Legal and other requirements
 8. Hazard and risk identification and assessment
 9. Workplace Health and Safety objectives and targets
10. Implementation
 11. Hazard and risk control measures
 12. Emergency preparedness and response
 13. Competence and training
 14. Communication and awareness
 15. Procurement and contracting
 16. Management of change
 17. Documentation
18. Evaluation and corrective action
 19. General
 20. Monitoring and measurement
 21. Incident investigation and analysis
 22. Internal audits
 23. Preventive and corrective action
24. Management review and continual improvement

AHS Strategic Plan for Workplace Health and Safety

The workplace health and safety objectives related to the WHSMS for 2010 – 2012 are:

Objectives ("We Will" Statements)	Description	KPI's	Timing
Implement a CSA compliant WHS Management System	<ol style="list-style-type: none"> 1. Amalgamate, and enhance as required, existing OHS Programs into a new unified corporate WHS Management System. 2. Evaluate all outcomes and data and use them to inform the development of evidence based interventions. 3. Replace legacy health and safety software solutions with one integrated system. 	<ul style="list-style-type: none"> • Implement new integrated WHS software solution. • Implement a CSA Z1000-06 compliant WHS Management System. 	<p>Mar 2012</p> <p>Mar 2012</p>
Foster frontline buy-in and ownership for workplace health and safety	<ul style="list-style-type: none"> • Implement an Internal Responsibility System for WHS that explicitly defines the accountabilities for all levels of management and staff. • Establish an advisory structure to provide input on the development, implementation and maintenance of WHS policy, standards, practices and procedures. 	<ul style="list-style-type: none"> • Implement an Internal Responsibility System for WHS. • Establish an advisory structure to provide input on the development, implementation and maintenance of WHS policy, standards, practices and procedures . 	<p>Jan 2011</p> <p>Completed Oct 2010</p>

E. COMPONENT THREE: ENABLING RESOURCES AND STRUCTURE

E-1 WHS Structure

Workplace health, safety, ability and wellness professionals are a resource to the organization who provide guidance in the prevention of injury, incidents and events that harm people, property or the environment. In addition, it is the role of WHS professionals to develop the system supports that enable health workers to optimize their health, wellness and productivity within the work setting.

WHS established a provincial structure in January 2010 (refer to <http://insite.albertahealthservices.ca/WHS.asp> for the most recent WHS organizational chart). As outlined in the table below, the structure is comprised of two arms: WHS Provincial (Corporate) Programs and WHS Zone Services. The role of the Corporate Teams is to lead the development of programs, practice codes, guidelines and processes while the role of the five WHS Service Teams is to operationalize and implement programs, codes and guidelines consistently across the organization once they are developed.

WHS Corporate Teams	WHS Service Teams
<ul style="list-style-type: none">• Ability Management• Occupational Safety• Health and Wellness• Organization and Employee Awareness	<ul style="list-style-type: none">• North Zone• Edmonton Zone• Central Zone• Calgary Zone• South Zone

The core business of each Corporate team is briefly described below:

Ability Management

The AHS Ability Management Team believes ‘employee abilities are more important than their disabilities’. The appropriate application of those abilities in the workplace contributes to both individual and organizational goals and helps optimize employees’ overall well-being. The ability management program espouses an integrated approach of multidisciplinary teams to help ensure AHS employees remain engaged and connected to the work place in order to facilitate a safe and timely return to productive work. There are four main components to the program:

1. occupational injury/illness or WCB processes
2. non-occupational illness/injury or short term/long term disability processes
3. attendance management processes
4. return to work processes/duty to accommodate

Occupational Safety

The Corporate Occupational Safety Team provides support to AHS and WHS Services through an integrated approach in the development, monitoring, evaluation and continual improvement of the Workplace Health and Safety Management System¹⁷ (WHSMS). The team will initiate the development of Programs, Processes, Codes of Practice and Safe Work Practices through consultation of key stakeholders to meet the requirements set by the CSA Z1000-06 standard for Occupational Health and Safety Management and will also ensure

¹⁷ Alberta Health Services. (2010). Workplace Health & Safety Management System Standard. <http://insite.albertahealthservices.ca/Files/hr-whs-whsms-standard.pdf> Accessed 15 August 2010.

compliance with applicable legislation and standards. The Corporate Occupational Safety team provides specialized consultation and advice in the areas of Hygiene, Ergonomics, Safe Client Handling, Training and Occupational Health and Safety.

Health & Wellness

The Corporate Health & Wellness Team aims to create a healthy workplace that protects, promotes and supports the physical, mental, spiritual and social well-being of all AHS employees. The Team provides leadership in the development, implementation and evaluation of provincial programs, policies and services which improve or protect worker health and well-being. Health and wellness initiatives focus on employees' complex and interconnected needs within the physical, psychosocial and personal environments of the workplace such as occupational health risks, mental health promotion and access to wellness programming. The Corporate Health & Wellness Team's core business activities are explained in more detail in the *Alberta Health Services Workplace Health & Wellness Action Plan*¹⁸.

WHS Organization & Employee Awareness

WHS has appointed an Organizational Engagement and Awareness (OEA) Team to drive the evolution of an AHS workplace health, safety and wellness culture through stakeholder engagement involving communication, collaboration, supportive learning and relationship building strategies. To achieve this goal, the team has developed the *WHS Stakeholder Engagement Framework* (see Appendix 2) to provide structure and direction to the entire health, safety and wellness engagement process. The OEA Team aims to raise organizational awareness of workplace health and safety in general, but also strives to familiarize employees and leadership with the crucial role of current and emerging WHS services. Both of these goals are achieved through the development of tools, resources and processes that support WHS Stakeholders in engagement activities organization-wide.

E-2 WHS Integration

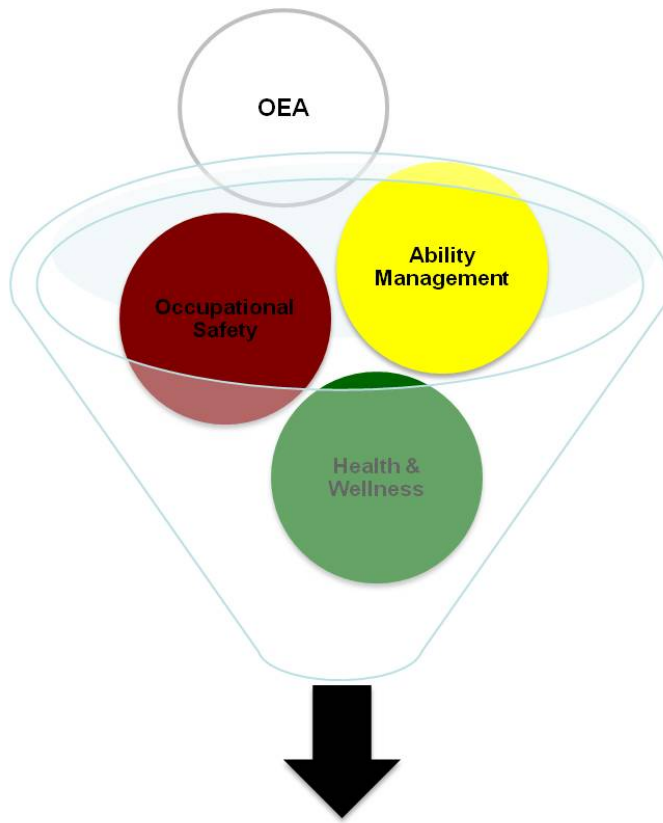
All WHS teams not only collaborate within and across the provincial and zone service contexts, but also with relevant AHS and external stakeholders in order to:

- Empower workers to control and mitigate workplace risks
- Optimize workers' well-being and their ability to perform their roles
- Ensure all workers have the training and resources to work safely
- Meet or exceed applicable legislation
- Strengthen the organization's commitment to a culture of health, safety and wellness

The work of each WHS team is mutually influential and the collaboration and integration of the diverse professional groups are essential to providing the organization with comprehensive and integrated WHS services. The following diagram depicts WHS' vision around the integration of all its core components to create a unified team that provides comprehensive and seamless services to the organization:

¹⁸ Alberta Health Services. (2010). Workplace Health & Wellness Action Plan.

<http://insite.albertahealthservices.ca/Files/hr-whs-news-action-plan-2010-12.pdf> Accessed 10 October 2010.



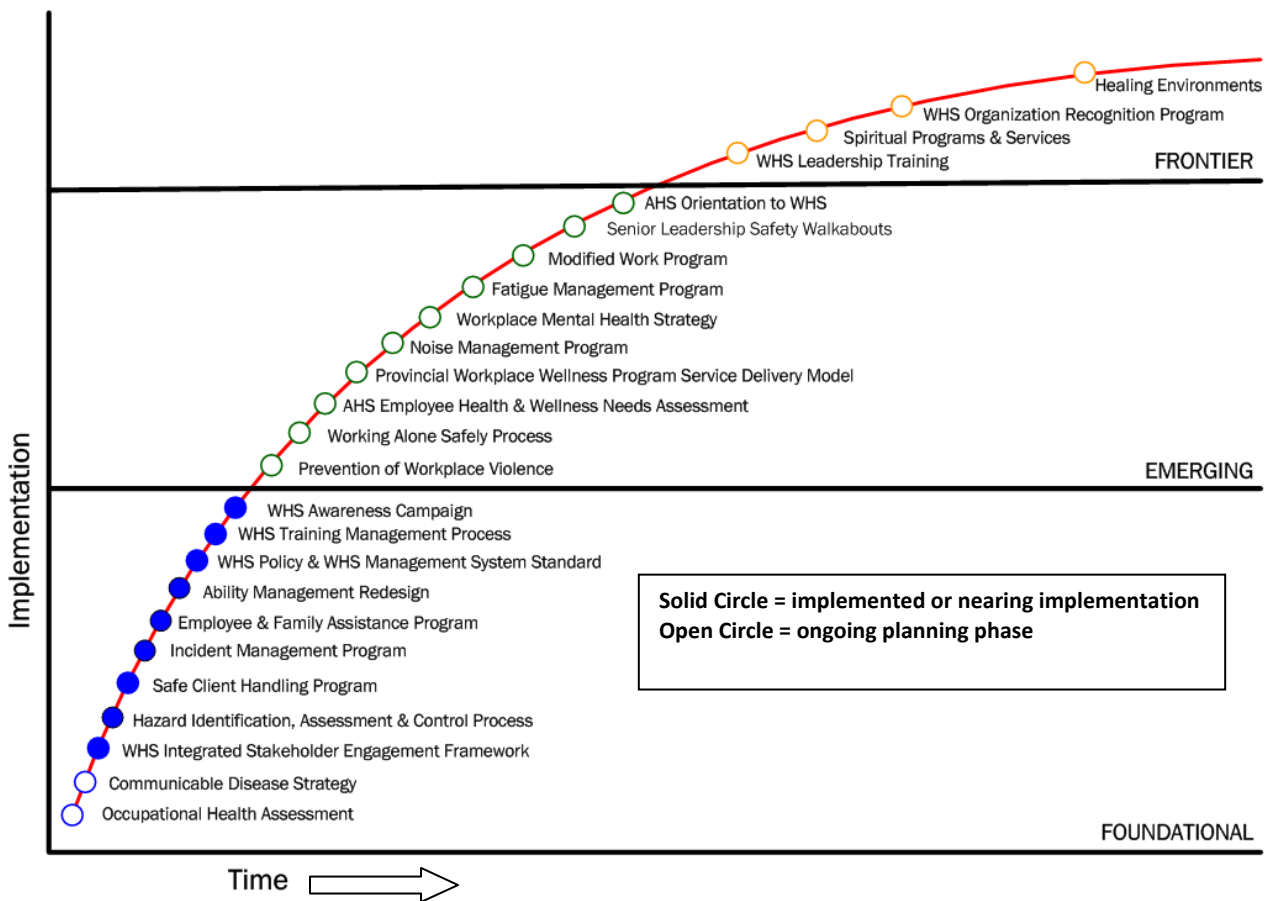
AHS Strategic Plan for Workplace Health and Safety

The workplace health and safety objectives related to enabling resources and structure for 2010 – 2012 are:

Objectives ("We Will" Statements)	Description	KPI's	Timing
Establish and maintain a new WHS organizational structure	Develop and align WHS professionals in the organization to enhance service and facilitate further development of workplace health and safety competence among leaders.	<ul style="list-style-type: none"> Transition the current Regional OHS Teams to a new Corporate Structure consistent with AHS direction. 	Completed
Ensure that WHS professional expertise is provided to the organization		<ul style="list-style-type: none"> Define WHS Role Descriptions. Implement Professional Development Process for all WHS personnel. Implement a WHS succession plan. 	Dec 2009 – Complete Completed Oct 2010 Sept 2011
Ensure the provision of WHS professionals to the organization		<ul style="list-style-type: none"> Transition the current Regional OHS Teams to a new Corporate Structure consistent with AHS direction. 	Completed

F. WORKPLACE HEALTH AND SAFETY TRAJECTORY OF INITIATIVES 2009 - 2014

The *AHS Strategic Plan for Workplace Health & Safety* will initially be operationalized by the design and implementation of several foundational health, safety, ability and wellness initiatives to help meet the more urgent needs of the new organization. However, work is simultaneously underway to determine the best timing and approach to realize emerging and frontier projects. Note that in both the “emerging” and “frontier” areas, developmental initiatives may have been in place in former entities; however, the diagram below is intended to depict AHS’ projected trajectory for the implementation of provincial priorities over the next several years.



APPENDIX 1: Impact of Workplace Health & Safety on AHS Areas of Focus

Area	Focus	WHS Partnership Initiative	Key Partners	Organizational Impact (2012)
1.0 Improving Population Health				
1.1	Burden of Disease	<ul style="list-style-type: none"> Develop and implement the AHS Health & Wellness Action Plan Implement comprehensive health promotion strategies for health care workers in AHS 	Rural, Public and Community Health (RPCH)	<ul style="list-style-type: none"> Improved self reported health status for HCWs
1.2	Healthy Communities	<ul style="list-style-type: none"> Strengthen prevention and response to health risks for health care workers in AHS Adopt Section 1.2 for our own AHS population 	Rural, Public and Community Health	<ul style="list-style-type: none"> Targets achieved in identified priority areas: e.g. immunization rates
2.0 Responding to Consumers and Communities				
2.1	Patient Experience	<ul style="list-style-type: none"> Incorporate patient experience metrics into all health care worker safety initiatives Establish links between patient experience and worker safety systems 	Quality and Service Improvement (QSI)	<ul style="list-style-type: none"> Better understanding of the impact of the shared health care environment on the experience of workers, patients and families
3.0 Learning and Improving				
3.1	Learning from Mistakes	<ul style="list-style-type: none"> Integrate workplace incident system into adverse event monitoring and develop processes to support organization-wide learning 	QSI - Patient Safety	<ul style="list-style-type: none"> Integrated incident response and management for AHS
3.2	Infection Prevention and Control	<ul style="list-style-type: none"> Optimize infection prevention control policies and practices across the province to enhance health care worker and patient care and safety. Share best practices across the organization 	IPC / RPCH	<ul style="list-style-type: none"> Provincial AHS Communicable Disease Strategy
4.0 Improving Access				
4.3	Addiction and Mental Health	<ul style="list-style-type: none"> Reduce the harm associated with addictions by strengthening the policies and supports available to health care workers in AHS 	Addiction and Mental Health / Unions	<ul style="list-style-type: none"> Better understanding of the effects of addictions in the workplace Appropriate addictions policies and supports in place

5.0 Decreasing Wait Times				
5.0	All Portfolios	<ul style="list-style-type: none"> Strengthen policies, processes and programs in early intervention, claims management and returns to work so that absenteeism and injuries are reduced 	All portfolios Unions	<ul style="list-style-type: none"> Healthier workforce available and fit for work on a more consistent basis
6.0 Fit for the future				
6.1	Balance Workforce Skills with Need	<ul style="list-style-type: none"> Develop a learning and development program in workplace health and safety for AHS front line leaders Work with Alberta Employment and Immigration (AEI), Alberta Health and Wellness (AHW) and educational institutions to integrate health and safety knowledge and skills into the curricula of health care worker programs 	HR All Portfolios AEI / AHW	<ul style="list-style-type: none"> All AHS leaders possess the knowledge and skills to address their accountabilities for health and safety in the workplace
6.3	Research Commitment	<ul style="list-style-type: none"> Lead a focused health research agenda in workplace health, safety and wellness; for example, linking worker health and safety to improved patient outcomes 	Strategy and Performance	<ul style="list-style-type: none"> Better understanding of the links between worker and patient safety
6.4	Open to Innovation	<ul style="list-style-type: none"> Seek global innovation and implement best practices in workplace health, safety and wellness Establish WHS Management System as a component of decision support technology 	IT	<ul style="list-style-type: none"> Enhanced workplace health, safety and wellness culture and practices
7.0 Living within our Means				
7.1	Adherence to Budget	<ul style="list-style-type: none"> Reduce overall costs of loss to AHS (conservatively estimated at \$15 M annually) via provincial restructuring, implementation of a CSA compliant WHS Management System and service reengineering 	All Portfolios	<ul style="list-style-type: none"> Reduced overall costs of loss to the organization
7.2	Eliminating Waste and Duplication			
8.0 Workplace of Choice		Reference AHS Strategy for Workplace Health & Safety		

APPENDIX 2: Workplace Health & Safety Stakeholder Engagement Framework

Goal	To optimize and sustain active commitment to a culture of workplace health, safety and wellness.						
Stakeholders	Employees	Managers/ Supervisors	WHS Team	Joint Health & Safety Committees	Executive / AHS Board		
		Physicians	Volunteers	Unions	External Stakeholders		
Strategies	CORE STRATEGIES 				COMPLEMENTARY STRATEGIES		
	Inform	Consult	Collaborate	Empower	Promote	Connect	Acknowledge / Appreciate
	To provide relevant and timely information to assist stake-holders in understanding WHS programs, issues, solutions and/or progress.	To obtain feedback and ensure input is incorporated to the maximum extent possible.	To partner with stakeholders in decision-making, and development of alternatives and solutions.	To build ownership and support informed decision-making in WHS.	To influence target audiences to accept, reject or modify behaviours in support of healthy and safe work practices through the use of social marketing.	To create opportunities for sharing and learning between stakeholder groups.	To celebrate WHS practice innovation and achievement on an individual and team level.
Promise	We will provide timely, accurate and easily understood information that is highly accessible. We will respond to questions for clarification.	We will consult and obtain feedback ensuring input is incorporated to the maximum extent possible. We will advise how consultations affected decisions and outcomes.	We will partner with stakeholders in a process that result in joint recommendations. We will advise how collaboration affected decision-making.	Where legislation /authority permit we will delegate decision-making. We will support informed decision-making by providing training, tools and resources.	We will create meaningful messaging /promotions through the engagement of our target audience.	We will tap into the knowledge and experiences of our stakeholders and foster learning from each other.	We will acknowledge and show appreciation for individual and team behaviours and successes that promote health, safety and wellness in the workplace.