



# WRHA Occupational and Environmental Safety & Health

# Quality Improvement and Reporting Plan

#### December 2009

The following plan and tools will form the base of all reporting by the WRHA Integrated Occupational and Environmental Safety & Health (OESH) programs regionally and site specific.

## A) WRHA Board Strategic Goal

## Due December 31st each year

High level report for the following goal specific to the Occupational and Environmental Safety & Health program.

Produced by the Director of Occupational and Environmental Safety & Health.

### Goal 4.2. Working with our Staff

We will provide a safer and healthier work environment so that the number of claims and lost time will be comparable or less than similar organizations.

Possible areas that <u>may be included</u> and <u>performance measures</u> are outlined below.

| Actions / Initiative  | Associated Performance Measures and Actual/Expected Outcomes  |  |  |
|---|---|--|--|
| In meeting the organizational priority of Workplace Safety & Well Being, the WRHA OESH program provides a variety of initiatives within four programs areas to promote and protect the safety of workers and that facilitate their return to work following injury / illness and minimize the impact of injury illness on the organization. | The report will include high level reporting of program and stats with accompanying interpretation and plan of action   |  |  |
| <ul> <li>Occupational Health</li> <li>Annual provision of Influenza Vaccine.</li> <li>N95 Respirator Fit Testing program ongoing.</li> <li>Blood and Body Fluid Exposures review.</li> </ul>  | <ul> <li>Graph showing influenza vaccine statistics.</li> <li>Number of high risk individual identified and number fit tested.</li> <li>Implement prevention plans / SWP and control strategies to reduce number of exposures.</li> </ul> |  |  |

|   | <ul> <li>Report on stats by causation.</li> </ul>   |  |  |
|---|---|--|--|
| <ul> <li>MSIP</li> <li>Implementation of Safe Patient Handling and Movement Program.</li> <li>Implementation of Manual Material Handling.</li> <li>Implementation of office ergonomics</li> </ul> | <ul> <li>Number of MSI injuries.</li> </ul>   |  |  |
| Safety  We will implement safety programs to ensure compliance with Federal and Provincial Legislation.   | <ul> <li># of improvement orders issued</li> <li># of improvement orders closed</li> </ul>  |  |  |
| <ul> <li>Workplace Injury Reporting</li> </ul>  | <ul> <li>Total INM reported</li> <li>Total I NM that resulted in lost time</li> <li>Percent calculation</li> </ul>  |  |  |
|   | ■ Top 3 Direct Causes   |  |  |
|   | <ul> <li>Average costs per claim</li> </ul>   |  |  |
|   | ■ WCB Rate per \$100.00 of payroll  |  |  |
| Case Management ■ Provide a safe, efficient and timely return to work for all injured or ill employees.   | <ul> <li>Case Manager Case Load</li> <li># off on WCB, HEBP, LT Sick leave</li> <li># on RTW</li> <li># successfully returned to full regular work</li> <li># permanent accommodations</li> <li>WCB Rate per \$100 payroll</li> </ul> |  |  |

## B) Human Resources Quality Improvement Plan

Currently consist of four priority areas:

- 1) Aboriginal Human Resources
- 2) Human Resource Planning
- 3) Organization and Staff Development
- 4) Occupational and Environmental Safety and Health

Due: Annually March 31 for the upcoming fiscal year April 1- March 31

Completed by Director of OESH

Annually specific and measurable quality improvement objectives will be identified in each program area that are consistent with the WRHA Board Strategic Goal 4.2

## **Example:**

| Quality<br>Issue      | Objectives   | Actions   | Risk Rating | Performance<br>Measures  |
|-----------------------|--|---|-------------|--|
| MSIP                  |  |   |             |  |
| High Number<br>of MSI | - Improve safe patient handling and manual material handling | - Implement safe patient handling and movement standards in all sites | Н           | <ul><li>Percent of sites with program implemented</li><li>Reporting of Number of MSI</li></ul> |
|                       | processes  | - Develop manual material handling                                    | M           |  |
|                       | - Reduce<br>number of<br>MSI                                 | guidelines  |             |  |

### C) Balance Scorecard

Reporting on quality plan performance measures.

Due: twice yearly

1) January 15<sup>th</sup> – for the period April 1<sup>st</sup> – September 30<sup>th</sup> of the prior year.

2) June 15<sup>th</sup> - reporting on quality plan performance measures for the period October 1<sup>st</sup> to March 31<sup>st</sup> of the prior year.

Report completed by the Director of Occupational and Environmental Safety & Health.

## Human Resources Portfolio Quarterly Report

These reports are based on the following time frames:

- January 1<sup>st</sup> March 31<sup>st</sup>
- April 1<sup>st</sup> June 30<sup>th</sup>
- July 1<sup>st</sup> -September 30<sup>th</sup>
- October 1<sup>st</sup> –December 31<sup>st</sup>

This report includes three sections:

- Part 1) Statistical Indicators
- Part 2) Functional Activity
- Part 3) High priority Issues for the next quarter

These reports will be completed by each site and:

- submitted to the site HR and Management Team
- submitted to the Director of Occupational and Environmental Safety & Health
  who will merge these reports to a generalized regional program report that will
  be submitted to WRHA HR for the WRHA senior management quarterly HR
  report.

### See attached reporting form

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### **HR Benchmarking Survey**

The HR benchmarking survey is an annual national survey conducted by the HR Benchmarking Network of Ontario. There are 23 HR indicators to trend and benchmark against 100 plus healthcare and non healthcare organizations across Canada.

The WRHA and Rural RHA's have participated since 2001.

The annual report form is received the 1<sup>st</sup> week of April and it is due to be completed by June 15<sup>th</sup>. A report is released in September of the same year.

Each Occupational and Environmental Safety & Health site should be collecting the benchmarking indicators for submission to their site HR manager and site reports:

## Indicator #11: New Long Term Disability Claims Indicator

#### Formula:

# New Incurred Long Term Disability Claims **Divided By** # Average Participating Employee-Count

### Reporting Period for Data:

Start Date of Survey Reporting Period to End Date of Survey Reporting Period

### Formula Specifications:

Employees usually go on LTD after having exhausted their entitlements under the organization's "self- insured" sick plan and any government Employment Insurance (E.I.) entitlements. Long Term Disability (LTD) then, refers specifically to that portion of an organization's "sick plan" occurring (1) <u>after</u> the above entitlements are exhausted and (2) which is insured by an insurance carrier. As the indicator suggests, only **new** claims incurred during the survey period should be counted in the numerator. Of the new claims group, only **approved** claims should be reported.

The average eligible employee-count refers to an average of the number of employees who are eligible to receive LTD benefits at the **start** of the survey period and at the **end** of the survey period. **NOTE**: This figure refers to employees **eligible** to receive LTD benefits (should they qualify according to Plan rules), not those who actually receive LTD benefits through some illness or injury.

 Do not count accommodations that began outside the reporting period even if they are still occurring within the reporting period.

## Indicator #19: Workers Compensation (WC) Lost Time Incident Rate

#### Formula:

# WC Lost Time Incidents Divided By # Average WC-Eligible Employee-Count

#### Reporting Period for Data:

Start Date of Survey Reporting Period to End Date of Survey Reporting Period

#### Formula Specifications:

A Lost Time Incident is one that is reported as such to the WCB on the requisite form and is subsequently approved by the provincial Workers Compensation authority. A recurrence of an incident that originally occurred in an earlier reporting period should be counted again as an incident in the current reporting period.

**Exception:** Incidents that are reported, but for which no actual time is lost (i.e. medical consultation but no lost time), should NOT be counted. Situations where work time is lost due to a pregnant employee being removed from their job due to potential exposure to a harmful situation should not be counted (as no specific incident actually occurred).

WC-Eligible Employee-count refers to those employees who are <u>eligible</u> to receive WC benefits should they be injured in the workplace. In most jurisdictions, this means ALL employees, but in some jurisdictions, it may be that some employees are not eligible to receive WC-benefits.

 Do not count accommodations that began outside the reporting period even if they are still occurring within the reporting period.

## Indicator #20: Workers Compensation (WC) Lost Work Hours Rate

#### Formula:

#WC Lost Work Hours **Divided By** # Average WC-Eligible Employee-Count

#### **Reporting Period for Data:**

Start Date of Survey Reporting Period to End Date of Survey Reporting Period

#### Formula Specifications:

This indicator measures the work hours lost for all the lost time incidents recorded in the **Lost Time Incident Rate** indicator. Situations where work hours are lost due to a pregnant employee being removed from their job due to potential exposure to a harmful situation should not be counted (as no specific incident actually occurred). If an employee returns to work on a modified work program (after being off on a Workers Compensation leave) and works reduced hours, any hours NOT WORKED, should also be counted as Lost Work Hours.

For example, an employee with a regular schedule of 35 hours per week comes back for two weeks and works only 21 hours per week. An additional 28 hours should be added to the total (35-21=14x2 weeks = 28 hours).

WC-Eligible Employee-count, as with Indicator #19, refers to those employees who are <u>eligible</u> to receive WC benefits should they be injured in the workplace. In most jurisdictions, this means ALL employees, but in some jurisdictions, it may be that some employees are not eligible to receive WC-benefits.

• Don't count accommodations that began outside the reporting period even if they are still occurring within the reporting period.

### Indicator #21: "Modified Work" Accommodation Rate

#### Formula:

# "Modified Work" Accommodations Divided By # Average Employee-Count

#### Reporting Period for Date:

Start Date of Survey Reporting Period to End Date of Survey Reporting Period

#### Formula Specifications:

A "Modified Work" Accommodation is counted when an employee is placed in a job which has been modified in some way (reduced hours, modified duties etc.) to accommodate the employee's illness/injury or recovery period. This applies to both temporary and permanent accommodations, and applies to each attempt that is made in the reporting period on behalf of an employee. "Modified Work" accommodations for employees who have subsequently left the organization (e.g. terminated, or have gone back on sick leave, or on E.I., LTD, or WCB etc.) should still be counted (for the fact that they did, technically, return to work, if only temporarily.) An accommodation can result

from an employee being returned to work or if the employee was placed in the modified assignment to avoid going off work in the first place.

• Do not count accommodations that began outside the reporting period even if they are still occurring within the reporting period.