# INVESTING IN WORKERS' HEALTH AND SAFETY TO SUPPORT THE DELIVERY OF HIGH-QUALITY RESIDENT CARE

## WHITE PAPER
### JUNE 2024

Continuing Care
Safety Association

# About CCSA

Established in 2005, the Continuing Care Safety Association (CCSA) is a not-for-profit organization that supports employees in long-term care (LTC) and senior supportive living (SSL) through:

✓ Health and Safety education and training

✓ Health and Safety consultation

✓ Health and Safety resources

✓ Certificate of Recognition (COR) audit supports and administration

✓ Advocacy on issues that impact Health and Safety

We are funded primarily through a levy administered by the Worker's Compensation Board (WCB) of Alberta. We help Alberta's Long Term Care (LTC; Industry code 82808) and Seniors' Supportive Living (SSL; Industry Code 82800) employers prevent illness and injury in the workforce.

**226** EMPLOYERS 82800 (SSL) **+** **149** EMPLOYERS 82808 (LTC) **=** **375** EMPLOYERS IN TOTAL

Because we represent so many service providers across the province - large and small, rural and urban, private and not-for-profit - CCSA is in a unique position to provide insight into industry trends and issues, and the impact of change within this growing, dynamic sector.

## Industry partners

Worker's Compensation Board - Alberta
Alberta Occupational Health and Safety

## Researcher/Author

Marjorie Balingit, RN (COHN-C)
Innovation and Planning Coordinator
Continuing Care Safety Association
June 2024

in www.linkedin.com/in/marjorie-balingit-rn-ohs

Continuing Care Safety Association

# Table of Contents

**Continuing Care Safety Association**

# Executive Summary



*Continuing care is a complex system that involves various roles and stakeholders who perform different interrelated tasks and processes. It is a high-risk, high-demand and high-stress industry experiencing constant change, with unique challenges.*

There is always a potential for serious harm occurring, both to the residents and the workers. However, considering the hazardous work environment, it is still the resident's health and safety that is regarded as the priority. This is evident in the language used in organizations' mission, vision, and values and the cultural norm and management practices of conventional health care organizations that invest in their systems, processes, equipment, and people. This has been the traditional focus of health care providers and has been embedded through education and reinforced throughout workplace training of staff whilst in their careers. Resources are primarily allocated to meet the needs of residents, often at the expense of the health and safety of workers and the quality of their work-life. These workplace conditions, together with current trends in continuing care risks and hazards, further exacerbate the staffing shortages and the high staff turnover that the industry experiences.

The COVID-19 pandemic made everyone aware that it is a VUCA (volatile, uncertain, complex, and ambiguous) environment and that continuing care, and healthcare in general, need to learn to adapt. Due to the complexity of operations, it is recommended to adopt high reliability organization (HRO) principles to create a framework for safe, reliable care. These frameworks are regarded as an innovative approach to create a culture of safety and effectively minimize errors that lead to resident harm. However, most organizations' safety culture improvement initiatives look at patient safety systems separately from occupational health and safety systems. Occupational health and safety, although a legal requirement under the Alberta legislation, has always been more about paper rather than practice. Incidents such as medication errors or those that involve resident's responsive behaviors are most often viewed in a resident-favored approach with the effect on the worker regarded in hindsight.

Continuing Care
Safety Association

Though both aspects contribute to the overall safety culture of the organization, resident safety most often takes precedence over worker safety. This leads to significant psychological health challenges as these incidents are seen as issues of compliance rather than an opportunity to learn and improve the system.

It is important to re-emphasize that the protection of workers is inherent to the delivery of safe, high-quality care. This white paper addresses the importance of integrating workers' health and safety and investing in transforming operational systems to cultivate a positive and highly reliable organizational culture to enhance the quality of services provided to residents in continuing care, home and community care.

It urges all stakeholders to develop initiatives that highly promotes and considers the importance of integrating workers' health, wellness and safety into the strategic and business plans of continuing care homes, as well as home and community living facilities and how it aligns with the resident's safety and the provision of quality and reliable care. By doing so, we can innovate and shift the focus towards important conversations, build essential connections, and create a plan to provide comprehensive funding that supports both worker and resident well-being, leading to better outcomes for all.

Continuing Care
Safety Association

# CURRENT CHALLENGES IN CONTINUING CARE

*The Canada long-term care sector continued to see losses in the number of direct care nurses. Approximately 2,500 fewer direct care nurses were employed in long-term care in 2022 compared with 2021, showing a 5.1% decline.*

## Alberta's Aging Population and Workforce Demands

The population of seniors in Alberta is increasing faster than other age groups. Between 2013 and 2023, seniors aged 65 and older increased from 12% to 16% of the province's population. By 2051, 1 in 5 Albertans will be a senior.[1] As a significant percentage of seniors have health-related issues and limitations, more than one-quarter live in a nursing care facility, long-term care facility or seniors' residence. This proportion increases with age and as more seniors are living to 85 and beyond, the number of individuals facing long-term health challenges is increasing. This will put more pressure on all levels of government to ensure adequate support, in areas such as housing, health care and home care, as well as community resources.[2]

As the number of seniors with health and care needs increase, the need for more workers in a variety of classifications, including those who work directly and in support of the continuing care sector, is highly anticipated. Alberta's population and its proportion of residents aged 65 and above, are predicted to increase over the next 20 years, contributing to demand for health care occupations. In 2021, there were about 247,100 Albertan's employed in the health care sector, 50,500 of which are working in nursing and residential care facilities.[3] Alberta's aging population, combined with ongoing workforce issues and high-stress environment, continue to put demands on the health care system further exacerbating staffing challenges.

In 2020 - 2021, there were declines in the number of registered nurses (RNs) and licensed practical nurses (LPNs) employed in direct care in long-term care and community health agencies, respectively.[4] In 2022, The Canada long-term care sector continued to see losses in the number of direct care nurses. Approximately 2,500 fewer direct care nurses were employed in long-term care in 2022 compared with 2021, showing a 5.1% decline.[5] According to the Canadian Association for Long-Term Care, "As of the final quarter of 2022, there are over 38,000 vacant positions across Canada in long-term care homes, more than double the vacancies in 2019."[6]

## Staff Shortages and High Turnover Rates

The decline in the number of direct care nurses and increase in vacancies in long term care reflects the burnout and high turnover happening in the industry. Concerns about adequate staffing and

ensuring that the continuing care staff can meet the health care needs of residents has been a long-standing issue in Alberta and across Canada. For decades, reports from audits, and studies have recommended repeatedly that the staffing levels and working conditions in continuing care need to improve.[7,8] Alberta's long-term care facility workers experience elevated levels of stress and burnout due to the demands and the expectation that it is all part of the job.

Other than working long hours, employees have limited resources, and manage the emotional weight of caring for the elderly, some of whom may be at the end of their lives. As more workers leave the seniors care sector, staffing issues become worse and this affects the care they provide to the residents. A report by Parkland Institute stated that "Inadequate staffing levels are strongly correlated to burnout among health-care workers, higher likelihood of workplace injury, and result in high rates of staff turnover – all of which impact the quality of care they can provide residents."[8]

*"Inadequate staffing levels are strongly correlated to burnout among health-care workers, higher likelihood of workplace injury, and result in high rates of staff turnover – all of which impact the quality of care they can provide residents."[8]*

**Continuing Care Safety Association**

## Psychological Health and Safety Hazards: An Emerging Priority

Other than the emotional burden, staffing shortages and conditions that lead to burnout, Alberta's continuing care workforce also faces challenges in caring for residents with dementia and responsive behaviors. As the population of Canadians 65 and older increase, so does the number of people living with Dementia. By 2043, it is expected that there will be an increase in the number of Albertans living with dementia to 225,000, almost 3.5% of the population.[9] According to Canadian Institute for Health Information's Report, the population in long-term care in Canada has changed rapidly over the years and has become the population with moderate to severe dementia and it has been challenging to provide care for residents in these types of facilities. Aside from severe cognitive impairment, 50% of residents in long term care had responsive behaviors, 31% had signs of depression and 82% required extensive assistance with their activities of daily living.[10] This translates to a higher incidence of responsive behaviors in these care settings.
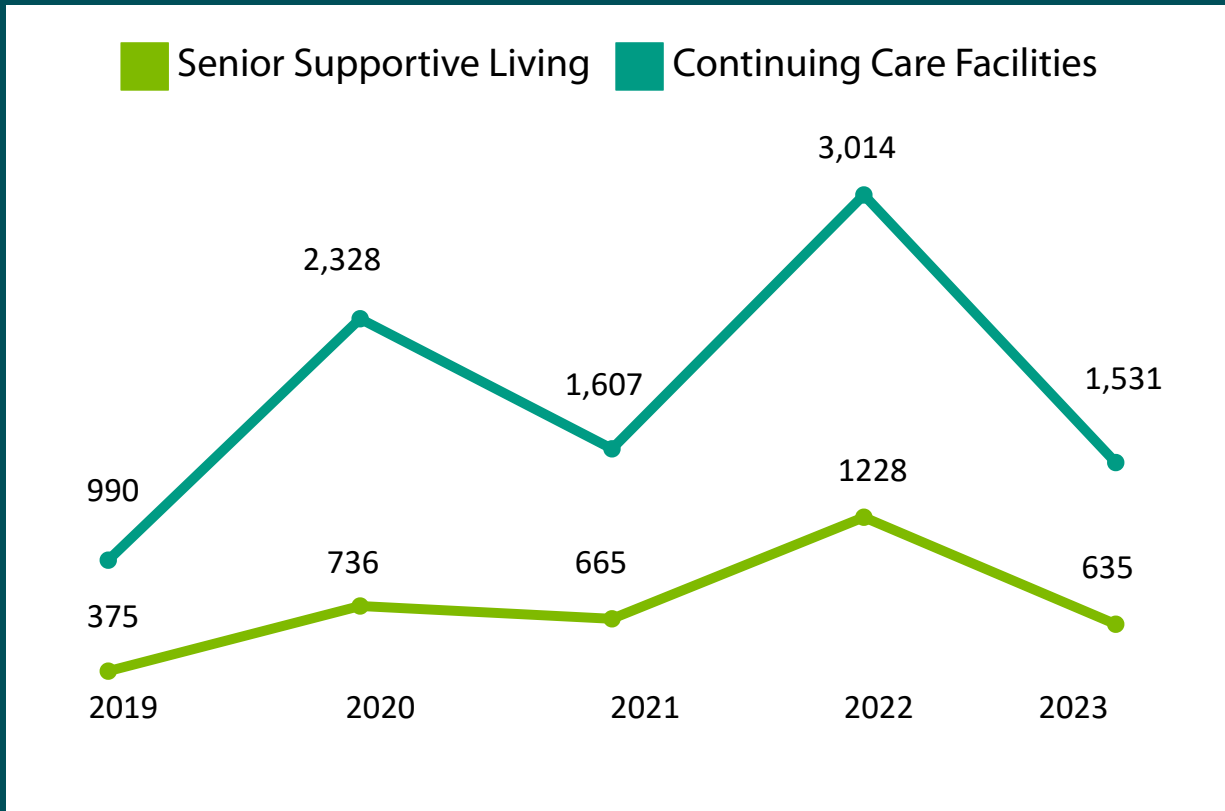
Responsive behaviors, also known as behavioural and psychological symptoms of dementia (BPSD), is estimated to affect up to 90% of all dementia subjects over the course of their illness, and is independently associated with poor outcomes, including distress among residents and caregivers.[11]

Over the years and significantly over the course of COVID-19 pandemic, workplace violence is constantly on the rise in the health industry due to rising workloads, demanding work pressures, excessive work stress, socio-economic uncertainty, and restraints.[12] According to WCB data, in 2022, nurse aides, orderlies and patient services associates was the occupation group with the most loss time claims accounting to 17% of the total violence and harassment claims. Consequently, costs related to WCB accepted mental health claims have increased by 230% in 2022 compared to 2017 in both home and community care and continuing care facilities.[13] Although violence and harassment affect all sectors and groups of workers, it is apparent that workplace violence in continuing care settings provides a significant risk and an occupational health issue of growing concern.

## 83% WORKPLACE VIOLENCE INCIDENTS INVOLVE A HEALTH CARE PATIENT/RESIDENT

*CCSA Workplace Violence in Alberta Continuing Care Sector: 2018 to 2022*

Continuing Care Safety Association

# Lost Time Claims



Legend: ■ Senior Supportive Living ■ Continuing Care Facilities

Continuing Care Facilities: 990 (2019), 2,328 (2020), 1,607 (2021), 3,014 (2022), 1,531 (2023)

Senior Supportive Living: 375 (2019), 736 (2020), 665 (2021), 1228 (2022), 635 (2023)

2019 2020 2021 2022 2023

(Source: WCB Alberta: 82800 and 82808 Industry Synopsis reports accessed June 11, 2024)

## High Injury Rates and Loss Time Claims

According to WCB Industry Data (2022), continuing care facilities had the 2nd highest lost time claims among Alberta industries at 15.10 claims per 100 person-years following the highest as expected from "high-injury" and physically demanding industries – Foundries, iron and steel works.[13] This data confirms that workers in the continuing care industry work in a high-hazard and high-stress environment that involves both physical and psychological risks.

Other than staff recruitment challenges, staff retention also contributes to the ongoing issue. The number of full-time equivalencies lost to work-related illness or injury is more than double the FTE loses in 2019. It is alarming that 11.2% of all Lost Time Claims in Alberta came from continuing care, even though it accounts for less than 1.8% of all full-time equivalent workers in the province.[14]

Continuing Care
Safety Association

# THE CASE TO PROTECT WORKERS' HEALTH AND SAFETY IN CONTINUING CARE

## Ethical and Legal Requirement

Protecting the health and safety of workers is not only an ethical imperative but also a legal requirement. Under the Alberta Occupational Health and Safety (OHS) Act, Regulation and Code, employers are mandated to provide safe working conditions. The Alberta OHS legislation establishes minimum standards for healthy and safe practices in Alberta workplaces. While a health and safety program is required for employers who regularly employ 20 or more workers under the OHS Act, it is only one component of an overall Occupational Health and Safety Management System (OHSMS) that employers in continuing care can establish.[15]

*Establishing an effective OHSMS in the workplace is one of the most effective ways of protecting an organization's most valuable asset: **The workers.***

An OHSMS is not a separate unit or department within the organization; it is a comprehensive and dynamic system that is embedded within the organizations business processes and should be an integral part of each department and operation. The scope and complexity of a system varies according to the type and nature of operations within the workplace.[16] The Institute for Work and Health reviewed several research studies to synthesize the best evidence available and showed consistently positive effects of having voluntary and mandatory OHSMS in workplaces. It showed OHSMS implementation in various workplaces improved worker participation, reduced rates of lost-time injury and led to increased productivity.[17]

Through the Government of Alberta and the Partnerships in Injury Reduction (PIR) Program, employers can promote health and safety through partnerships with WCB, safety associations, industry groups, educational institutions, and labour organizations by getting a Certificate of

Recognition (COR). The PIR program encourages employers to work collaboratively with government to build effective health and safety management systems. By improving health and safety, the social and financial costs of workplace injury and illness are reduced. The PIR Program awards Certificates of Recognition to employers that have developed OHSMS that meets established standards.[16] It aims to enhance workplace safety, reduce injuries, and improve overall health and safety outcomes. However, the program is voluntary. CCSA is the only certifying partner for the continuing care industry's COR Program.

*Out of the total 375 (226 SSL and 149 LTC) employer members of the CCSA, only 26% are COR Certified.[18] This presents a huge opportunity to engage more with the continuing care sector to improve current workforce challenges and create positive change towards a better workforce.*

**26%**

**CCSA members COR CERTIFIED**

## Safety Culture Directly Affects Resident Care

The COVID-19 Pandemic has amplified the different issues and challenges that has always been present in continuing care and healthcare in general.[19] The community became more aware of the reality of a VUCA (volatile, unknown, complex, and ambiguous) environment. It brought to light, the interdependent relationship between workers' safety and well-being and the quality of care they provide to the resident. Most of all, it emphasized that there is no resident safety without protecting worker safety. Several research has shown that when healthcare workers feel safe and healthy, they are more likely to be engaged, attentive, and capable of providing high-quality care. Conversely, unsafe working conditions can lead to burnout, errors, and compromised patient safety.[20,21,22]

A few years after the pandemic, there should now be a global recognition that health worker safety is patient safety and that they are correlated. A clear focus on ensuring safe working environments should lead to improved patient care and an engaged workforce. When the workplace culture and environment is not safe for the workers, it cannot be safe for patients. Continuing care workers cannot provide high-quality, safe, and reliable care to residents where there is uncertainty, and physical and psychological threats to their safety.[23]

*Continuing care workers cannot provide high-quality, safe, and reliable care to residents where there is uncertainty, and physical and psychological threats to their safety.*

However, most often the issue worsens as the workers and residents are adversely affected. Any incident that affects the resident negatively also amplifies the psychological effect it brings to the worker. In a study conducted by the Canadian Patient Safety Institute (CPSI) to address the psychological safety of healthcare workers, 32% of healthcare workers who indicated they have been involved in a serious patient safety incident (PSI) impacting one of their patients stated that the PSI caused them to "experience anxiety, depression or wondering if they were able to continue to do their job." [24] This shows how worker safety and patient safety are deeply interrelated. To improve the overall organizational safety culture, employers should recognize both aspects and integrate systems that supports both aspects.

## Financial Implications of Investing in Health and Safety

Workplace injuries and illnesses can lead to significant financial burdens, including direct costs such as medical expenses and workers' compensation, as well as indirect costs like lost productivity and increased

turnover. In 2022 (Jan to Dec), Continuing Care lost just over 43,783 workdays. That is the equivalent of losing 175 full-time staff for a year. In 2023, the Workers' Compensation Board – Alberta (WCB-Alberta) spent more than $12 million for more than 3,200 claims in continuing care facilities and supportive living/lodges. [25, 26]
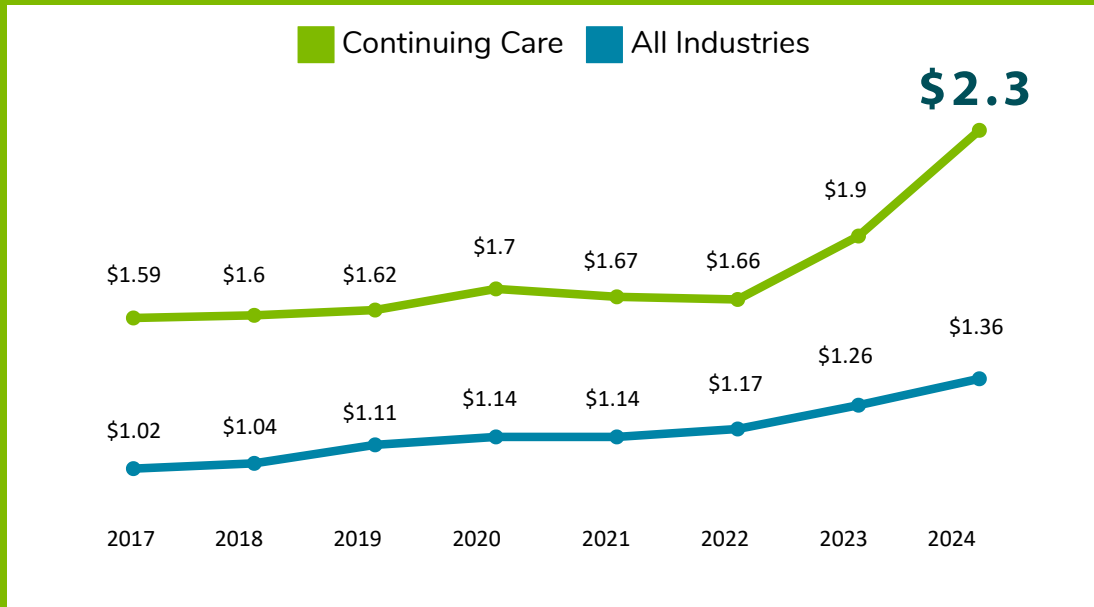
### Lost Full Time Equivalent
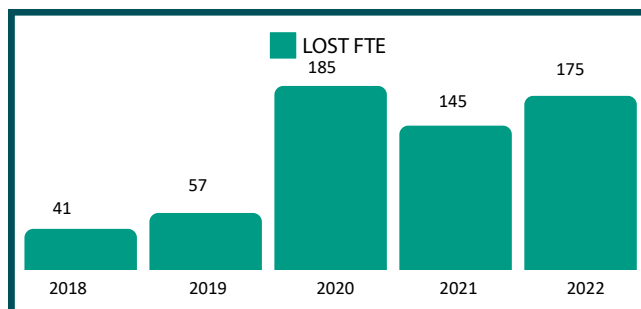


(Source: WCB Alberta: 82800 and 82808 Industry Synopsis reports accessed October 2023)

Employers pay premiums to fund workers' compensation insurance. As loss-time claims slowly increase over the years, the WCB premiums employers pay have been stable. However, with the COVID-19 Pandemic causing a spike in the cost of claims from 2020 to 2022, the 2023 premium rate in the continuing care sector increased by 14.46% from $1.6 to $1.9 per $100 of a worker's assessable earnings and has now increased by 21.05% to a rate of $2.3. [27]

# WCB Premium Rates



**Continuing Care**    **All Industries**

$2.3

$1.9

$1.59   $1.6   $1.62   $1.7   $1.67   $1.66

$1.36

$1.26

$1.02   $1.04   $1.11   $1.14   $1.14   $1.17

2017   2018   2019   2020   2021   2022   2023   2024

(Source: WCB Alberta: Premium Rate Trend)

CCSA anticipates that the industry will continue to see the impact of COVID-19 on WCB premium rates over the next 3 to 5 years. However, this increase could have been higher without the WCB employer rate subsidization and premium incentives from the PIR Program.[10]

WCB provides financial incentives to employers for accident prevention and disability management.[28] Employers who reduce their claim costs below predicted targets and achieve a COR can earn up to 20% off their industry rate. Employers who outperform the industry average can receive refunds ranging from 10% to a maximum of 20%.[29] In 2024, 130 CCSA employers obtained $2.83M in PIR refunds.

In 2023, CCSA performed a study comparing COR and Non-COR Holders in Continuing Care Member Sites in Aberta and COR Holders in combined LTC and

senior's supportive living/lodges. COR holders have consistently lower net premiums per worker than non-COR holders.[18] This indicates that participation in the COR program may lead to lower premium costs for employers and investing in the protection of workers and creating an active and positive organizational health and safety culture could lead to higher savings.

Though direct costs are easily measured, indirect costs are often harder to calculate and often can far exceed direct costs and carry an impact on quality of worker's personal lives.[30] According to the WSPS 2023 Health and Safety Leadership Survey, most organizations (97%) indicated that investing in health and safety has and always will make good business sense. It is one of the key initiatives to help attract and sustain employees and improve business success and sustainability.[31]

# A NEED FOR A HIGHLY RELIABLE ORGANIZATION (HRO) SAFETY CULTURE THAT INTEGRATES WORKER AND RESIDENT SAFETY

*High reliability is a state of continuous vigilance within an organization which requires behaviors, beliefs, norms, and effective safety practices.*[35] **This means creating an overall organizational health and safety culture, supported by an occupational health and safety management system that is directly integrated with the provision of safe and quality resident care.**

Given the increasingly complex and unpredictable nature of modern health care organizations, the need to reform current practices, beliefs and norms is imperative to provide a safe environment, both for the resident and the worker. Governments and stakeholder organizations must act now to support and protect the workforce so that we can provide safe and reliable care for our residents. As we have learned from the COVID -19 pandemic, and with the looming threat of another similar event, residents should not have to choose between no care or unsafe care.[32] As we currently navigate this VUCA environment, organizations should adopt a high-reliable organization safety culture that involves

both resident and worker safety as it effectively responds to change.[33] When the health systems are put under extreme pressures and challenges, and workers are asked to go above and beyond, the workforce and the residents should be equally protected and kept safe.

# HRO Principles in Continuing Care

**Sensitivity to operations.** Preserving constant awareness by leaders and staff of the state of the systems and processes that affect resident care and staff safety. This awareness is key to noting risks and preventing them.

**Reluctance to simplify.** Simple processes are good, but simplistic explanations for why things work or fail are risky. Avoiding overly simple explanations of failure (unqualified staff, inadequate training, communication failure, etc.) is essential in order to understand the true reasons residents and staff are at risk.

**Preoccupation with failure.** When near-misses occur, these are viewed as evidence of systems that should be improved to reduce potential harm to residents and staff. Rather than viewing near-misses as proof that the system has effective safeguards, they are viewed as symptomatic of areas in need of more attention.

**Deference to expertise.** If leaders and supervisors are not willing to listen and respond to the insights of staff who know how processes really work and the risks patients really face, you will not have a culture in which high reliability is possible.

**Resilience.** Leaders and staff need to be trained and prepared to know how to respond when system failures do occur.

Adapted from: Becoming a High Reliability Organization: Operational Advice for Hospital Leaders
AHRQ Publication No. 08-0022. April 2008

High reliability organizations are those that function in complex, high-risk environments for prolonged periods without experiencing major accidents or disastrous breakdowns. HRO principles were first developed in the military, nuclear powerplants and other high-risk industries where safety is designed into their processes and organizational culture.[34]

The idea of high reliability holds appeal in the continuing care industry, given the nature of its operations and the potential to affect the quality of care and services when errors arise.

These organizations place as high a priority on safety as they do on providing services and all employees are fully engaged in the process of detecting high-risk situations before an error occurs.[35] High reliability is a state of continuous vigilance within an organization which requires behaviours, beliefs, norms, and effective safety practices. This means creating an overall organizational health and safety culture, supported by an occupational health and safety management system that is directly integrated with the provision of safe and quality resident care.[34]

# A COMPELLING CASE FOR CHANGE AND TRANSFORMATION

## Continuing Care Transformation: The Missing Pieces That Support a Healthy Workforce

In 2021, the facility-based continuing care review was opened to engage the public and gather feedback from Albertans regarding the quality of care provided in continuing care. A report was released and among the recommendations was enhancing working conditions and improving mental health and wellness supports for staff.[36] Last year, the government invested about $1 billion over 3 years to begin transforming the continuing care system with the promise of improving the access to higher quality care and improve support to Albertans as they age. One of the four pillars that the Continuing Care Transformation will address is enhancing workforce capacity. This entails implementing a Health Workforce Strategy to address the immediate challenges facing the workforce.[37]

As strong and comprehensive as it may seem, there is an opportunity to strengthen existing initiatives with the same goals. Occupational Health and Safety has a strong incentive to participate.

There are domains where both areas of OHS and Continuing Care Services and Accommodation standards overlap, such as required training and providing a safe environment. Creating an integrated approach would enhance the improvement of the overall approach to resident and worker safety.

*Opportunities to Integrate OHS into the Delivery of Safe and High-Quality Care for Residents*

- *Psychological Health and Safety Standards*
- *Required Worker Safety Training in Standard 9.0*
- *Violence, Harassment and Responsive Behaviors*
- *Musculoskeletal Injury Prevention that reinforces the safety of the worker as the priority*
- *Incident Investigations and Root Cause Analysis Using HRO principles*
- *Safety Leadership Training as a required competency for Managers and Supervisors*

*Somehow, the overall system, reduced the definition of high-quality care to a robotic, emotionless, and paper-based compliance, devoid of the holistic and person-centered care the system aims for in the first place.*

## Opportunities to Consider Health and Safety in the Review of the Funding Model and Allocation of Resources

As the Continuing Care Transformation continues, it is important to review all facets directly affecting the necessary funding needed to support the quality-of-care services provided in this current climate. All contracted operators providing care for seniors in Alberta are receiving about the same amount of funding from the government. The current funding model in use is the Patient Care Based Funding (PCBF) model and has been used for more than 10 years. It determines how many hours of care each continuing care resident receives based on an assessment of their unmet needs.[39]

In 2020, The Christian Health Association of Alberta (CHAA) commissioned a year-long study and economic analysis of the use of PCBF in Alberta. It was found that the number of direct care hours being funded, that was set 10 years ago, does not give staff enough time with the current resident population. This conclusion has also been drawn by other research and publications within Canada and has been reflected in the facility based continuing care review.[40] It is important that stakeholders and government bodies review the necessary changes in the funding and care model needed to accommodate and reflect the real care hours that equate to high- quality care, as well as the allocation of adequate resources. There is an opportunity to reflect on how investing in health and safety staff and supports could also potentially improve the quality of care provided to residents.

It is interesting to note that despite the FBCC recommendation to increase guaranteed minimum direct-care hours, from the previous 1.9 hours to 4.56 hours per day, to meet the Health Standards Organization and CSA Group's recommendation of 4.1 hours, the Alberta government instead removed it from the recently enacted Continuing Care Act. Several organizations have released statements criticizing the lack of minimum care hours, stating that it is a reckless move.[41, 42,43,44,45]

Continuing Care
Safety Association

As the current model accounts for, providing high-quality care is not simply providing adequate physical support and medical services to the resident.[41] It is not merely the estimated amount of time that the health care aide, LPN or RN spends to complete the tasks that are in the care plan. High-quality care is not just allocating funds and paid time for assisting in repetitive activities of daily living, which has been reduced to menial entries on paper waiting to be checked-off. This practice is strongly encouraged by evaluations and audits that are based on compliance rather than outcomes. Somehow, the overall system, reduced the definition of high-quality care to a robotic, emotionless, and paper-based compliance, devoid of the holistic and person-centered care the system aims for in the first place. No wonder the very people at the heart of it all have lost their passion towards the services that entails the utmost compassion.

## Engaging with the Alberta Continuing Care Safety Association (CCSA)

Safety associations can help continuing care and home and community care employers develop a safe work environment not only for the worker but ultimately for the vulnerable seniors receiving care. Improved workplace safety in senior care facilities can result in fewer claims and help lower WCB premiums.

The CCSA represents the interests of employers and promotes workplace safety through education and other initiatives that are evidence-based, data-driven and responsive to the specific needs of the industry.

As the safety association specific to continuing care and home and community care, CCSA can provide a variety of support by helping organizations develop and implement an effective health and safety program, as well as coordinating audit services, which includes auditor training, to help assess occupational health and safety management systems in place. The CCSA also develops and delivers applicable health and safety training for industry members with more appropriate case scenarios.

The CCSA is funded directly by member contributions or through levies on employers' WCB premium rates. WCB collects the funds through a levy which is then distributed to the association through a grant paid in quarterly installments.

**IN 2023, CCSA received $1.49M from employers via WCB to support member programs, including COR. PIR refunds for CCSA members were $2.34M.**

Continuing Care
Safety Association

*There are plenty of opportunities to collaborate towards research, continuous learning, innovating, and investing in joint initiatives to support continuing care in Alberta.*

As all employers with the industry codes 82800 (Senior Supportive Living and Lodges) and 82808 (Long Term Care Facilities) are already indirectly investing in CCSA's initiatives through their WCB premiums, it is recommended that employers in the continuing care industry directly engage with the CCSA to take advantage of the available benefits to their organization.

There is also an opportunity for continuing care and home and community care member organizations to engage with the CCSA to participate in the Member Assistance Program (MAP). It is a data driven program that aims to assist low performing employers (paying high premiums or high lost time injuries based on WCB data) to identify critical health and safety program areas and support in creating strategies to strengthen their organizational health and safety culture.

## Opportunities to Collaborate and Break Down Silos

It is unfortunate that in the goal to provide high-quality care, there exists silos not only in the continuing care system but also within the organizational level.

Government-bodies, health services, union bodies, not-for-profit organizations, care and safety associations and other support groups have opportunities to collaborate towards the same goals. Some organizations have occupational health and safety departments work separately from human resources or patient quality with little integration with each outcome.

The CCSA has been working more with the Government of Alberta in OHS Prevention Initiatives geared towards the continuing care workforce, as well as forging connections to establish future collaborations for research and to find innovative ways to improve care and services for seniors. The CCSA has also established, together with the Alberta Continuing Care Association (ACCA) and the Alberta Seniors & Community Housing Association (ASCHA), an OHS Collaborative Forum as a platform for shared ideas and learning for members.

There is much more to learn, investigate and evaluate as we move towards continuous improvement and transformation to a safer and more reliable system.

Continuing Care Safety Association

# CONCLUSION



As the current transformation in continuing care is being implemented, and as changes to the overall system and framework are being introduced, it is the responsibility of all stakeholders to continuously evaluate and innovate towards a highly reliable community of care that is invested in what matters most: CARE FOR ALL. It has been an outdated thinking, especially in healthcare and continuing care, that patient (or resident) care should be the priority, at the expense of the worker. It should be reinforced and recognized that occupational health and safety should not be a separate entity in the overall goal of providing services to aging Albertans. As Alberta learns from the past mistakes of the COVID-19 pandemic, the continuing care industry must move away from a reactive state to a more innovative and forward-thinking mindset that supports the prevention of harm, promotion of health and the protection of workers and residents with the same level of priority, recognizing that we are all a part of the community.

**Continuing Care Safety Association**

📞 780-433-7890

✉️ ohs@ab-ccsa.ca

🌐 www.continuingcaresafety.ca

📍 225 Parsons Rd SW, Edmonton AB, T6X 0W6

*Take Care to Give Care*

# REFERENCES

1. Seniors, Community and Social Services (n.d.). Resources to help seniors age in their community. Government of Alberta. Retrieved June 15, 2024, from https://www.alberta.ca/seniors-resources

2. Statistics Canada (2022, April 27). Census in Brief A portrait of Canada's growing population aged 85 and older from the 2021 Census. Retrieved June 18, 2024, from https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-X2021004-eng.cfm.

3. Government of Canada (2023, February 1). Alberta Sector Profile: Health Care. Job Bank.gc.ca. Retrieved June 15, 2024, from https://www.alberta.ca/seniors-resources

4. Canadian Institute for Health Information. Overview: Impacts of COVID-19 on health care providers. Accessed June 18, 2024.

5. Canadian Institute for Health Information. The state of the health workforce in Canada, 2022. Accessed June 18, 2024.

6. Canadian Association for Long Term Care (2023, May 26). CALTC Health Human Resources Insight: The Unique Challenges of Staffing in Long-Term Care Homes. Retrieved June 17, 2024, from https://caltc.ca/2023/05/caltc-health-human-resources-insight-the-unique-challenges-of-staffing-in-long-term-care-homes/

7. Sran, G. (2021, February 19). New Continuing Care Legislation [Submission]. Alberta Union of Provincial Employees. https://www.aupe.org/sites/default/files/2021-03/AUPEContinuingCare_Submission.pdf

8. Graff-McRae, R. (2021). Time to Care: Staffing and Workloads in Alberta's Long-Term Care Facilities. Parkland Institute. ISBN: 978-1-894949-78-17.

9. Alzheimer's Society (n.d.). What We Do. Retrieved June 14, 2024, from https://alzheimer.ca/ab/en/about-us

10. Canadian Institute for Health Information. Dementia in long-term care. Accessed June 18, 2024.

11. Cerejeira, J., L. Lagarto, and E. Mukaetova-Ladinska, Behavioral and Psychological Symptoms of Dementia. Frontiers in Neurology, 2012. 3(73).

12. di Martino V. Workplace violence in the health sector, Country case studies Brazil, Bulgaria, Lebanon, Portugal, South Africa, Thailand, and an additional Australian study. Ginebra: Org. Int. Trabajo. 2002:3–42.

13. (2022). Workplace injury, illness and fatality statistics: Provincial summary 2022. JObs, Economy and Trade. Government of Alberta. ISBN 978-1-4601-5883-8 (pdf)

14. Continuing Care Safety Association. CCSA Annual Report 2023. https://continuingcaresafety.ca/wp-content/uploads/2023/12/2023-CCSA-Annual-Report.pdf

15. Alberta Occupational Health and Safety Act. Part 2, Section 13 (1). December 7, 2021.

16. Government of Alberta Jobs Economy and Trade (n.d.). Partnerships in Injury Reduction. Government of Alberta. https://www.alberta.ca/partnerships-injury-reduction

17. Robson LS, Clarke J, Cullen KL, Bielecky A, Severin C, Bigelow P, Irvin E, Culyer AJ, Mahood Q. Effectiveness of occupational health and safety management systems: a systematic review. Systematic Review. Toronto: Institute for Work & Health; 2005.

18. Continuing Care Safety Association. COR Study 2023. Analysis of Non-COVID Injury Rates and WCB Pricing Programs Among CCSA COR Holders and Non-COR Holders. July 18, 2023.

19. Camp, R.D. (2020). Leadership in the COVID-19 environment: Coping with uncertainty to support PSP mental health. Journal of Community Safety and Well-Being,5(2), 37-38. https://doi.org/10.35502/jcswb.140

20. Yassi A, Hancock T. Patient safety--worker safety: building a culture of safety to improve healthcare worker and patient well-being. Healthc Q. 2005;8 Spec No:32-8. doi: 10.12927/hcq..17659. PMID: 16334069.

21. Spence Laschinger HK, Leiter MP. The impact of nursing work environments on patient safety outcomes: the mediating role of burnout/engagement. J Nurs Adm. 2006 May;36(5):259-67. doi: 10.1097/00005110-200605000-00019. PMID: 16705307.

22. World Health Organization. (2020). Charter: health worker safety: a priority for patient safety. World Health Organization. https://iris.who.int/handle/10665/339287. License: CC BY-NC-SA 3.0 IGO

23. The Lancet. No patient safety without health worker safety. Lancet 2020; 396: 1541

24. Canadian patient Safety Institute. Creating a Safe Space: Strategies to Address the Psychological Safety of Healthcare Workers. 2020

25. Worker's Compensation Board Alberta. WCB Albertra Industry Synopsis Report. Senior Supportive Living/Lodges. Jun 8, 2024

26. Worker's Compensation Board Alberta. WCB Albertra Industry Synopsis Report. Continuing Care Facilities. Jun 8, 2024

27. Worker's Compensation Board Alberta (n.d.). Premium Rate Manual. All Rates. 2024. https://rm.wcb.ab.ca/WCB.RateManual.WebServer/AllRates

28. Worker's Compensation Board Alberta (n.d.). WCB Premium rate guide. https://www.wcb.ab.ca/assets/pdfs/employers/2022_premium_rates_guide.pdf

29. Worker's Compensation Board Alberta (n.d.). WCB Partnerships in Injury Reduction. Retrieved June 14, 2024, from https://www.wcb.ab.ca/insurance-and-premiums/lower-your-premiums/partnerships-in-injury-reduction-(pir).html

30. Worker's Compensation Board Nova Scotia (n.d.). The Cost of Workplace Injury. Work Safe For Life. Retrieved June 14, 2024, from https://www.worksafeforlife.ca/Portals/worksafeforlife/CareerColleges/WCBNS_Cost%20of%20Wplace%20Injury.pdf

31. Workplace Safety and Prevention Services. Health and Safety Leadership Survey: Safety Sustainability in a Time of Transformation. April 2023.

Continuing Care
Safety Association

32. WHO. Global Patient Safety Collaborative. 2020. http://www.who.int/ patientsafety/partnerships/GPS-collaborative/en/ (accessed Sept 9, 2020).

33. United States Department of Labor (n.d.). Organizational Safety Culture - Linking patient and worker safety. Occupational Safety and Health Administration. Retrieved June 14, 2024, from https://www.osha.gov/healthcare/safety-culture-full

34. The Joint Commission. Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation. Oakbrook Terrace, IL: The Joint Commission, Nov 2012. http://www.jointcommission.org/.

35. Institute of Medicine (US) Committee on the Work Environment for Nurses and Patient Safety; Page A, editor. Keeping Patients Safe: Transforming the Work Environment of Nurses. Washington (DC): National Academies Press (US); 2004. 7, Creating and Sustaining a Culture of Safety. Available from: https://www.ncbi.nlm.nih.gov/books/NBK216181/

36. MNP LPP. Improving quality of life for residents in facility-based continuing care: Alberta facility-based continuing care review recommendations : final report. Prepared for Government of Alberta; May 31, 2021. https://open.alberta.ca/dataset/f680d1a6-bee5-4862-8ea4-e78d98b7965d/resource/22092c9c-99bb-4fee-9929-7ce06e71bbd1/download/health-improving-quality-life-residents-facility-based-continuing-care-2021-04-30.pdf

37. Government of Alberta (n.d.). Continuing Care Transformation. Retrieved June 14, 2024, from https://www.alberta.ca/continuing-care-transformation

38. Workers Compensation Board of Alberta. Employer Fact Sheet: Safety Associations. April 3, 2024. https://www.wcb.ab.ca/assets/pdfs/employers/EFS_Safety_Associations.pdf

39. Sutherland JM, Repin N, Crump RT. The Alberta Health Services Patient Care Based Funding Model for Long Term Care: A Review and Analysis. Prepared for Alberta Health Services; 2013.

40. Christian Health Association of Alberta. Adapting PCBF to meet future needs. Retrieved June 14, 2024 from https://cha-ab.ca/advocacy/funding

41. ALBERTA UNION OF PROVINCIAL EMPLOYEES New Continuing Care Legislation. https://www.aupe.org/sites/default/files/2021-03/AUPEContinuingCare_Submission.pdf. Feb 19, 2021

42. Johnson, L. (2024, March 19). Alberta NDP demands UCP restore standard hours of care for continuing care residents. Edmonton Journal. https://edmontonjournal.com/news/politics/alberta-ndp-demands-ucp-restore-standard-hours-of-care-for-continuing-care-residents

43. Canadian Federation of Nurses Union (2024, March 22). Statement on new provincial continuing care regulations in Alberta. Retrieved June 15, 2024, from https://nursesunions.ca/statement-on-new-provincial-continuing-care-regulations-in-alberta/

44. Bellefontaine, M. (2024, March 19). Critics concerned over lack of minimum care hours in Alberta continuing care regulations. CBC News. https://www.cbc.ca/news/canada/edmonton/critics-concerned-over-lack-of-minimum-care-hours-in-alberta-continuing-care-regulations-1.7149193

Continuing Care
Safety Association

45. United Nurses of Alberta (2024, March 19). New regulations eliminate all nursing care requirements for residents of continuing care homes in Alberta, UNA warns. Retrieved June 15, 2024, from https://www.una.ca/1512/new-regulations-eliminate-all-nursing-care-requirements-for-residents-of-continuing-care-homes-in-alberta-una-warns#:~:text=The%20Continuing%20Care%20Act%20passed,UNA%20President%20Heather%20Smith%20explained.

46.Sikorski, J. Connecting Worker Safety to Patient Safety: A new Imperative for Healthcare Leaders. Ivey Business Journal: Issues Jan/Feb 2009.