

NASHH

National Alliance for Safety
and Health in Healthcare

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Supporting safety in
long-term and home
care in Canada

Contact us today



Who

- [SafeCare BC](#)
- [Alberta Continuing Care Safety Association](#)
- [Saskatchewan Association for Safe Workplaces in Health](#)
- [Public Services Health & Safety Association](#)
- [New Brunswick Continuing Care Safety Association](#)
- [AWARE-NS \(Nova Scotia Health and Community Services Safety Association\)](#)
- [Joint Association for the Health and Safety of the Social Affairs Sector Work \(Quebec\)](#)

What

- support provincial efforts to reduce and eliminate workplace injuries
- create a national strategy for workplace safety best practices
- common focus on long-term care and home care.
- common mission to improve the culture of workplace safety within their respective jurisdictions.




Why

- Aging population,
- Rising rates of dementia,
- Chronic shortages of healthcare workers with high rates of preventable injuries contributing to this shortage of care givers.




Why

What Causes Injuries?




The number one cause of injuries is **Resident Handling**



Injuries caused by **Aggression** continue to grow in frequency

Aging Workforce

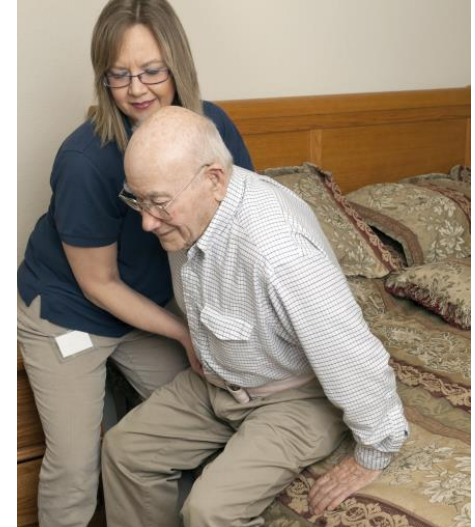


Up to **59%** of injured workers are over the age of 45

Who Gets Hurt?



Up to **80%** of injured workers are Nurse Aides



Why

What Injuries Are Most Common?

Up to **47%** of injuries are **Overexertion**



The **Back** is the most commonly injured body part - up to **45%** of all injuries.

What Does It Cost?



Workplace injuries results in **Thousands** of workdays lost and costs the continuing care sector **Millions** of dollars every year - up to **6.2%** of the sector's payroll in some provinces.



Why (2014-15 Data)

Province	Payroll	Workdays Lost	# of Time Loss Claims	Claims Costs
BC	\$948 million	69,177	1,802	\$14.7 million
AB	\$952 million	6,915	626	\$3.5 million
SK	\$2.2 billion	70,622	1,646	\$27 million *
MB	\$360 million	17,606	479	\$2.4 million **
ONT	\$2.8 billion	245,456***	1,747	\$22.7 million****
QC	N/A	187,751	3,280	\$22.6 million*****
NB	\$21 million	4,813	286	\$1.3 million
NS	\$177 million	48,625	551	\$2.2 million
TOTAL	\$7.5 billion+	650,000+	10,417	\$96.9 million+

*SK data includes costs on all claims

** MB data includes only selected long-term care facilities.

*** ONT Data- the year-to-date number of equivalent full working days lost authorized for all claims regardless of accident date, having temporary benefits charged against a firm which are captured at the firm CU level and rolled up at any level within the class hierarchy for given calendar year.

**** ONT data includes both time-loss and health care-only claims.

***** QC data includes long-term care facilities only.

How

- Collaborate with key stakeholders to better protect healthcare workers, improve the quality of elder care, and help offset rising healthcare costs associated with our aging society.
- With a national strategy, and the support of our stakeholders, we can focus new funding where it will have the biggest impact and significantly improve care for seniors across Canada. We owe it to future generations, and those in care now—your mother or father, a grandparent, or perhaps a friend.



Work to date

- Collaboration with Canadian Association for Long Term Care (CALTC)
 - Joint Conference meeting
 - Joint letter to Federal Minister of Health
- Engagement with Accreditation Canada
- Outreach to National Associations
- Resource sharing
- Awareness

How AWCBC can help?

- Acknowledgement and support of NASHH as healthcare safety experts (as with last years letter to Accreditation Canada)
- Updates and consultation from NASHH to AWCBC on Healthcare issues of National significance (including emerging trends)
- Support making healthcare safety a higher priority:
 - National Workplace Injury Prevention Campaign
 - Healthcare injury prevention a regular agenda item for the AWCBC prevention committee
- Common data sets to measure injury prevention in healthcare sub sectors (Hospital, Long Term Care, Community Care)
- Advocate for funding for safety initiatives at a federal level based on emerging national trends
- Collaborate on disability management and return to work strategies that are unique for healthcare