



Breakthrough Change in OHS: Case Study Series

SOCIAL SERVICES AGENCY

Contact with consultant convinces HR manager to tackle safety as part of organizational excellence

Occupational health and safety was simply not on the radar of a social services agency—until its eyes were opened to the fact that improving OHS outcomes dovetailed with its pursuit of excellence, setting the agency on its admirable path of ‘breakthrough change.’

By the beginning of the year 2000, Group Home Agency’s* transition was well on its way—from the newly unionized 30-employee operation it was in the early 1980s to the sophisticated 240-employee, \$12-million-a-year operation it became by 2010.

The organization, which provides services through group homes and various community services for youth and adults, had a well-regarded management team that valued excellence. Labour relations were good. Turnover was low.

SUPPORTIVE INTERNAL CONTEXT

And Stan*, who was hired internally in 1994 to take on the new role of human resources (HR) manager, had spent the last five years developing and implementing a wide range of HR-related policies.

There was, however, a hole: occupational health and safety (OHS).

This case study illustrates how one firm turned around a poor occupational health and safety record. The embedded arrows point to parts of the firm’s story that illustrate a model of ‘breakthrough change.’ This model was developed as part of a research project conducted by the Institute for Work & Health. The model is described inside. The research project is described on the back page.

*Pseudonyms are used to protect participants’ confidentiality.

Although not ignored, health and safety at Group Home Agency was simply not on the radar as a priority. Injuries related to client lifting and handling, client aggression, and slips, trips and falls were high, with a peak of 16 claims per 100 full-time equivalent employees (FTEs) in 2000. The joint health and safety committee (JHSC) was considered “dry” and “boring,” and no one wanted to sit on it. OHS management and hazard control were minimal, reactive; safety training was ad hoc.

Association consultant a “catalyst” for change

All that changed with the timely arrival of Colin, a consultant with the Health Care Health & Safety Association (HCHSA), now part of the Public Services Health & Safety Association (PSHSA). Though his initial offers to help the agency were at first declined, Colin finally got his foot in the door in the fall of 2000. He developed a strong working relationship with Stan that proved to be the catalyst for ‘breakthrough change.’

Colin brought new, workable ideas to Group Home Agency, and he prodded the organization to think about a lot of issues. The relationship between Colin and the firm was said to be “the biggest and most important driving force over the years” when it came to improving OHS.

Colin opened the organization’s eyes in two important ways. He helped it see that Group Home Agency’s OHS program was subpar and that injuries were draining

ORGANIZATIONAL MOTIVATION

scarce dollars away from client services. His counsel convinced

Stan and Colleen, the unionized worker-co-chair of the JHSC, that workplace injuries could be managed and prevented. They realized improving OHS outcomes should be part of Group Home Agency’s pursuit of excellence.

Colin also provided Group Home Agency with the know-how needed to improve its OHS program. Over the next seven years, Colin delivered many consulting services as Stan embarked on an intense period of assessing needs, developing policies and practices, and conducting training in the OHS arena.

NEW OHS KNOWLEDGE

OHS changes disseminated through organization

With this new knowledge about why and how to make OHS improvements, and a developing enthusiasm for

OHS, Stan used his strong administrative and people skills to drive the process of OHS change at Group Home Agency. With quiet persistence, a knack for writing policy and his skills as a communicator, Stan worked closely with the JHSC, especially Colleen.

KNOWLEDGE TRANSFORMATION LEADER

Together, they engaged the unionized, front-line supervisors, who were pivotal to bringing the health and safety message to those who reported to them. Front-line supervisors were asked to comment on a draft policy and its implementation, to sit on committees responsible for developing new practices and to take leadership roles in ongoing OHS train-the-trainer programs.

POSITIVE SOCIAL DYNAMICS

Stan, Colleen and others also introduced a host of changes. Among other things, they included the following.

INTEGRATED OHS KNOWLEDGE

- New policies, procedures and practices were developed and implemented regarding OHS management, risk controls and return to work.
- OHS roles and responsibilities were incorporated into job descriptions and performance reviews.
- OHS representatives at each of the 13 program sites were made responsible for monthly property safety inspections, helping to distribute OHS responsibility even further throughout the organization.
- OHS was kept on the agenda of senior management meetings and monthly supervisor meetings, at which policies and problems were discussed regularly.
- Ongoing staff training was established in a number of areas, including use of mechanical lifts and violence prevention.
- Contract property maintenance workers hired on an as-needed basis were replaced with full-time maintenance workers who could respond more quickly to repair requests, including those involving safety risks.
- A new protocol was introduced to assess clients individually for the MSD risks they posed during handling and the controls needed to mitigate this risk.
- Work accommodation following injury was supported by scheduling additional staff on shifts.

The breakthrough change process: How it works

Although the details differ, companies that go from being not-so-good to very good OHS performers tend to follow a similar path, as shown in the model below. The change occurs in three phases: initiation, transformation and outcome.

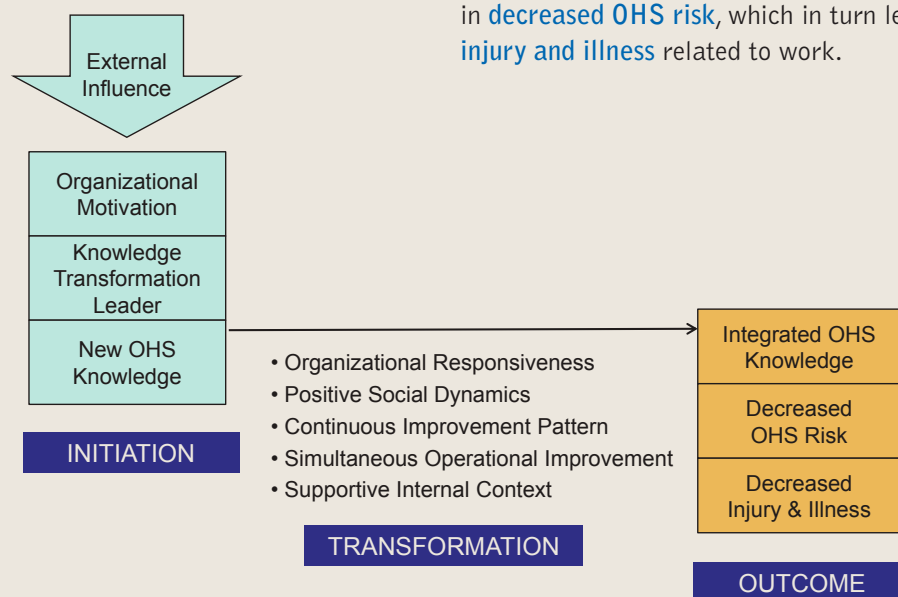
Initiation: Breakthrough change begins with some kind of **external influence** acting on the organization, ranging from a Ministry of Labour order to a demand from a key buyer for improved OHS. Whatever the source, this influence brings three things into play within the company: **organizational motivation** to do better at OHS, an influx of **new OHS knowledge** previously unknown to the organization (e.g. from a health and safety consultant or through the hiring of a new OHS specialist) and the integration of that new knowledge into policy and practice through the work of a **knowledge transformation leader**. This leader—the OHS coordinator, human resources manager, owner or some other person inside the workplace—tends to be a ‘people person’ who is persistent, competent, trusted and organized.

Transformation: The organization’s OHS performance starts to improve because of five key elements. (1) The organization responds to OHS concerns (**organizational responsiveness**) and the workforce takes note, resulting in its increased participation in health and safety.

(2) An energy develops within the workplace (**positive social dynamics**) involving management-worker collaboration, worker empowerment and individual passion for health and safety. This energy may be especially evident in a reinvigorated joint health and safety committee.

(3) The workplace develops a **continuous improvement pattern**, in which improvements in OHS continue despite what has already been achieved. (4) At the same time, the organization makes improvements in areas other than OHS that also lower risk (**simultaneous operational improvement**)—e.g. engaging in lean, quality and organizational excellence initiatives. (5) Finally, there is a positive working environment (**supportive internal context**) characterized by good management-worker relations, low turnover, good communications and a supportive senior management team that allows both time and money to be spent on OHS initiatives.

Outcome: The organization reaps the rewards of its change efforts. What was once new OHS knowledge becomes **integrated OHS knowledge**. New OHS policies and procedures are in place. OHS training is ongoing. Both managers and front-line staff engage in new OHS practices, such as communicating regularly about OHS, and identifying, assessing and controlling hazards. And people at all levels of the organization are held responsible and accountable for health and safety. This results in **decreased OHS risk**, which in turn leads to **decreased injury and illness** related to work.



These OHS initiatives fit in well with another undertaking of Group Home Agency going on at the same time:

SIMULTANEOUS OPERATIONAL IMPROVEMENT

seeking third-party accreditation as a means of ensuring service excellence.

The organization became accredited for the first time in 2007 and again three years later. One of the organizational dimensions carefully assessed by the

CONTINUOUS IMPROVEMENT PATTERN

accreditation process was client and employee health

and safety, including emergency preparedness. Accreditation reinforced Group Home Agency's ongoing efforts in OHS because it required performance monitoring and a continuous improvement approach to risk management.

JHSC reinvigorated, accident rates drop

By the years 2008 to 2010, annual claims rates had dropped dramatically at Group Home Agency—to about four per 100 FTEs from about 10 in the early 2000s. Instead of paying experience rating surcharges, the agency was receiving premium rebates of \$5,000 to \$8,000.

DECREASED INJURY, ILLNESS

What's more, the management of OHS was well established. Controls for routine, non-routine and emerging risks were being developed proactively and maintained. Mechanical lifts were always used; one-person lifts, once the norm, were a thing of the past. Properties and vehicles were inspected regularly, and repair requests were responded to quickly. Client aggression was mitigated by less physical means. Emergency drills were frequent. Return to work following injury was timely.

DECREASED OHS RISK

The once "boring" and "dry" joint health and safety committee had become an effective vehicle for making improvement.

POSITIVE SOCIAL DYNAMICS

And it had become popular, having developed the "right energy" needed to sustain its work. Workers wanted to be on it.

In short, 'breakthrough change' at Group Home Agency resulted in an organization where health and safety was a prevalent part of the workplace culture—at all levels.

About the breakthrough change study

Past research has identified the characteristics of firms that perform poorly or well with respect to work-related injury and illness prevention, but it hasn't shown what it takes to go from one to the other. This study, led by Dr. Lynda Robson, a scientist at the Institute for Work & Health (www.iwh.on.ca), aimed to help fill that gap.

Robson and her team defined 'breakthrough change' (BTC) as large, intentional, firm-level improvement in the prevention of injury or illness. To find BTC firms, the team used records from Ontario's Workplace Safety and Insurance Board (WSIB) to identify organizations that, in just 10 years, went from being among the 50 per cent in their sector with the highest claims rates to among the 20 per cent in their sector with the lowest claims rates. The improvements had to be sustained for at least three years and not result from restructuring, claims management or by chance.

Health and safety consultants from Workplace Safety & Prevention Services (www.wsps.ca) and Public Services Health & Safety Association (www.pshsa.ca) then approached the BTC firms and, ultimately, four agreed to take part as case studies. For each case study, the research team interviewed 10 people in various roles, as well as collected additional information such as WSIB claims records, Ministry of Labour enforcement records, joint health and safety committee minutes and other OHS-related documents.



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481 University Avenue, Suite 800
Toronto, Ontario M5G 2E9

T 416 927 2027
F 416 927 4167
W www.iwh.on.ca