



Breakthrough Change in OHS: Case Study Series

GROCERY STORE

Owner's dedication and consultant's expertise
help turn around health and safety performance

A large retailer was paying little attention to workplace health and safety until its owner became anxious about the safety of the young people he employed, spurring him to spend time and money on OHS and leading to an impressive tale of 'breakthrough change.'

In the early 2000s, John*, the franchise owner of Grocery Store*, was becoming uneasy about the store's health and safety program. It wasn't the store's workers' compensation claims rates that caught his attention, although in the early 2000s the annual rate was averaging 11 claims per 100 full-time equivalent (FTE) workers.

Injuries among the unionized workforce of 200 full- and, largely, part-time employees ran the gamut—from lifting-related strains to cuts from box cutters and knives, from repetitive strain injuries related to cashier work to slips and falls while stocking shelves or walking on wet surfaces.

The operations of the joint health and safety committee (JHSC) were not particularly worrying the owner either,

even though the committee was later described as operating in a state of "blindness" and "not doing the right things." A number of Ministry of Labour site visits and

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.

subsequent orders certainly caught his attention, but it wasn't the main source of his anxiety.

No, John was feeling uneasy because recent accidents in the industry were becoming more serious. He was also hearing from other grocery store owners about the Workplace Safety and Insurance Board (WSIB) Workwell audits they had undergone, and he knew his own store's chances of passing were very slim.

The real trigger occurred when John heard about a young, 19-year-old worker at a friend's grocery store who sustained a serious leg injury on the job. That

EXTERNAL INFLUENCE

was when the light went on for John, who

ORGANIZATIONAL MOTIVATION

was all too aware that he, too, employed many young people, in-

cluding his son. And so began Grocery Store's process of 'breakthrough change.'

Owner willing to invest in safety improvements

John took action. Although he initially tried to implement an OHS program on his own, it soon became evident he needed help. In 2003, on the advice of an industry col-

NEW OHS KNOWLEDGE

league, John hired Laurie, an external health and safety consultant.

He allocated a healthy budget to pay for her services and the programs to be implemented—investing about \$10,000 over the first few years, or approximately \$40 per employee. This, in his opinion, was a nominal fee compared to what he potentially stood to lose.

John also invested the needed hours during this initial stage. His time was spent working on developing policies,

KNOWLEDGE TRANSFORMATION LEADER

procedures and documents with Laurie, as well as training staff and rejuvenating the JHSC.

Together, John and Laurie were able to steer Grocery Store in a safer direction, getting the OHS program up and running in ways John had previously been unable to

INTEGRATED OHS KNOWLEDGE

do on his own. New OHS initiatives included, among others:

- creating a store health and safety manual and forms;

- providing the JHSC with accurate and current information on legislation and regulations specific to the retail sector;
- providing additional training to JHSC members on hazards and OHS basics;
- introducing a mandatory New Worker Training Program with an increased focus on OHS, which was particularly targeted at young workers;
- conducting job analyses, which subsequently led to the introduction of best-practice risk controls for identified high-risk job tasks such as scanning, lifting and shelving products;
- making licenses and other requirements mandatory for equipment operation within the store; and
- investing in safety equipment such as a new garbage compactor with lock-out features, an automated choking system at the loading dock, freezers that prevent lock-ins, special stands to be used for stocking shelves, and safety box cutters.

The new programs, resources and equipment allowed a new way of work to emerge. With

DECREASED OHS RISK

supervisors' support and, indeed, urging, employees started taking more time when necessary to do job tasks, showing more regard for safety while remaining productive. The JHSC became more knowledgeable and proactive, and was better able

ORGANIZATIONAL RESPONSIVENESS

to address employee concerns

and take care of hazardous situations "right away."

Preventive maintenance checks, management inspections and JHSC inspections were conducted regularly. Employee input was encouraged, further improving Grocery Store's already-good labour relations. John and his supervising managers walked around the store daily, talking up health and safety and creating a helpful presence.

SUPPORTIVE INTERNAL CONTEXT

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.

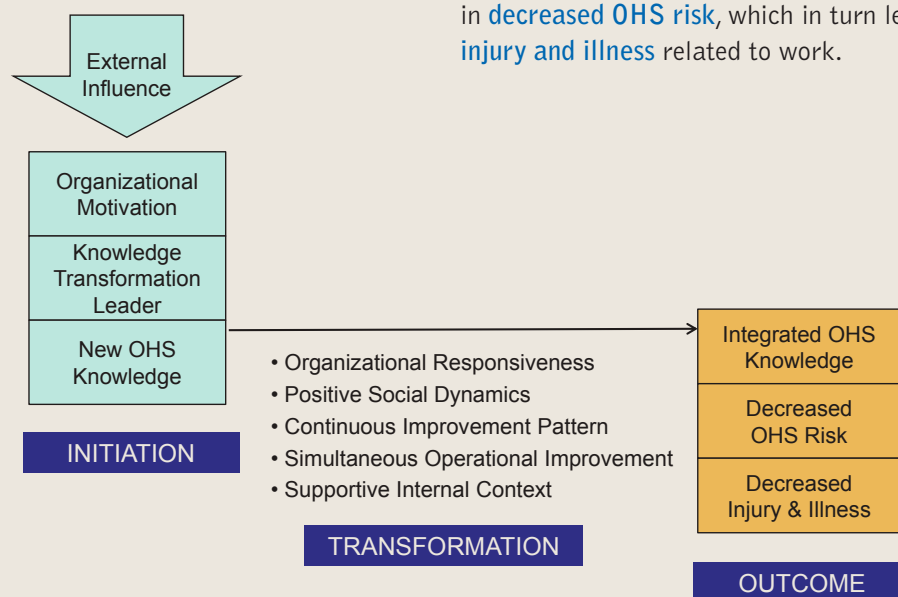
Initiation: Breakthrough change begins with some kind of **external influence** acting on the organization, ranging from a Ministry of Labour order to a demand from a key buyer for improved OHS. Whatever the source, this influence brings three things into play within the company: **organizational motivation** 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.



Passing on the OHS torch

By the late 2000s, John was able to play a less hands-on role in health and safety. He passed on the OHS torch to Iris, a former cashier turned administrative assistant who had taken a college course in OHS. John designated her as Grocery Store's de facto OHS coordinator.

Together, Iris and a now-confident JHSC managed most of the OHS program details. Laurie continued to support the store, but in a smaller capacity.

Laurie's visits became less frequent. She began meeting with the JHSC quarterly instead of monthly, or when she had information updates (such as legislative changes) or other important news worth sharing. She also continued

CONTINUOUS IMPROVEMENT PATTERN

to monitor the program by conducting annual assessments of the store's safety program and policies.

As a result of these efforts, Grocery Store experienced a steady decline in claims rates throughout the 2000s.

By the end of the decade, its annual average claims rate stood at three

DECREASED INJURY, ILLNESS

claims per 100 FTEs. As well, by 2006, the store was no longer in a surcharge position with respect to experience rating and, instead, began receiving rebates on its workers' compensation premiums.

Through an owner's dedication to safety, expert help, a well-documented safety program and an increase in safety knowledge among employees and JHSC members, an organization once destined to fail a provincial safety audit was confident in its new abilities to carry out work safely. It had found the ingredients needed for its recipe for success.

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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