HEABC
HEALTH EMPLOYERS ASSOCIATION OF BC

Health & Safety in Action – Phase 1

Overview of the Project, Governance/Management Structure, and Final Status Report
June 27, 2014

1. Overview of the Project and Governance/Management Structure

In 2010, WorkSafeBC (WSBC) identified an acute care contribution surplus of $37 million. It was agreed by WSBC and the British Columbia Health Authority (HA) board chairs, Chief Executive Officers (CEOs) and Chief Financial Officers (CFOs) that the surplus would be used to invest in provincial health and safety and disability management (DM) programs through establishing the *Health & Safety in Action* (HSIA) Project.

A strong need was recognized for improving health industry workplace health and safety. The HA portion of the industry, which is the focus of the Project, employs 60 per cent of the total workforce, and had an injury rate in the key classifications of long-term care and community health support services higher than most classifications in other industries. This resulted in a significant number of non-productive days lost and a high claims cost. In 2010, the WSBC rate for health employers was forecast to double over the next five years absent meaningful intervention.

Other major British Columbia industries, such as forestry and construction, were known to have established Industry Recognized Practices (IRPs) that all sector employers adopted and worked collaboratively to improve. However, despite major investments with individual employers by WSBC, government, HAs and other employers, the health industry had not developed IRPs; the priorities for the investment varied by employer thus making IRP development more difficult.

In order to fund the development of IRPs and the necessary infrastructure, the Health Employers Association of British Columbia (HEABC) applied to WSBC on behalf of BC HAs and the Healthcare Benefit Trust (HBT) to access the acute care contribution surplus in order to invest in provincial health and safety and DM programs.

On November 9, 2010, the WSBC Board of Directors passed a resolution approving funding for Project initiatives for a total of up to $37 million over five years. In Phase 1, $11.75 million was approved for the first initiatives. Future years' funding would be subject to Board approval and based on written agreements between WSBC and HEABC.

On March 21, 2011, an agreement between WSBC and HEABC was reached setting out the terms of the Project. Under the Agreement, HEABC would receive the funds and act as coordinator of the Project for the HAs.

The purpose of the Project is to:

- Identify province-wide health and safety and DM strategies for health care that reduce short-term disability (STD) and long-term disability (LTD) costs;
- Expand leading practices to become provincial DM programs;
- Develop consistent, innovative and sustainable health and safety programs aimed at creating a culture of safety and accountability in the health system that drive efficiency and quality client care;
- Improve infrastructure to enable a robust provincial database, timely and consistent reporting, excellent analysis and support occupational health and safety (OH&S) programs;
- Reach agreement on province-wide terminology and standards to support accurate data collection; and,
- Implement and evaluate provincial initiatives that leverage the best health organization programs, services and expertise.

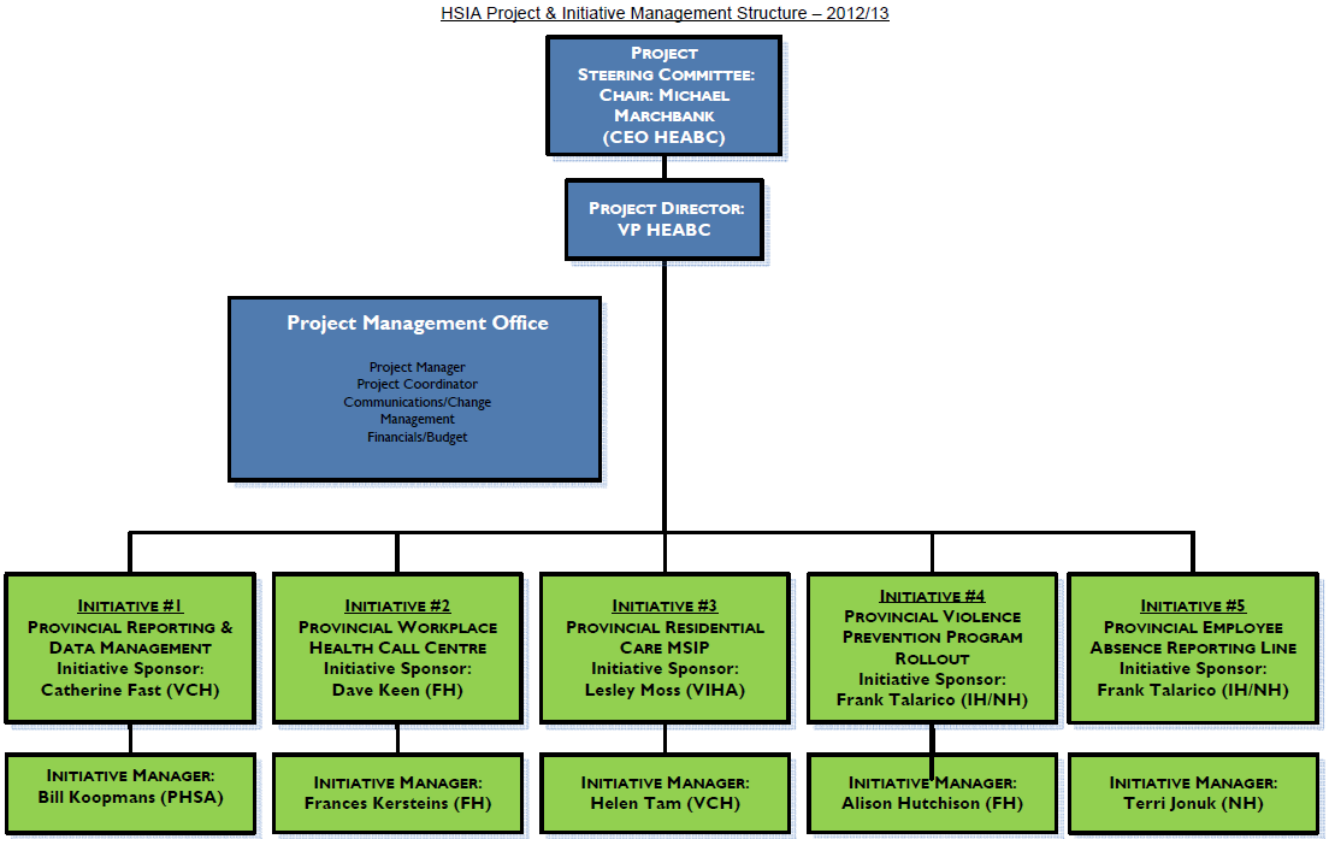
The measurable project goal is to generate at least $50 million in value/savings by December 31, 2015. The measurable value will be achieved through reduced or avoided claims costs for both HBT and WSBC. An important aspect of the project is to identify sustainment requirements and to develop ongoing operational/sustainment plans post December 31, 2015.

To oversee the work of the Project, HEABC formed a Steering Committee (SC), which its President & CEO chairs and which all participating health organizations are members. Participants include Presidents/CEOs, Chief Operating Officers, CFOs and VPs responsible for human resources and OH&S portfolios, as well as Executives from the HBT, WSBC and HEABC.

A Project Management Office was also formed to guide planning, financial management, metrics development and initiative project management.

A schematic of the project and initiative management structure that was in place in 2012/13 follows.

Project & Initiative Management Structure – 2012/13
Health & Safety in Action



2. Status Report

Below is a summary status report on the Phase 1 initiatives of the HSIA Project. All initiatives with the exception of Initiative #5, Absence Notification, are now complete. Initiative #5 is substantially complete and needs no further funding. Phase 1 initiatives in total came in just under budget, with the excess funds returned to WorkSafeBC in March, 2014.

Overall

Overall evaluation criteria were based on the measurement methodology approved by the SC and endorsed by the HA CFO Council. Initiative outcomes to date show that HSIA is contributing to lower LTD and WSBC costs from 2011 to 2013 than were previously anticipated; however, it is recognized that due to non-HSIA initiatives and an increased profile on health and safety issues, the overall savings achieved are not entirely attributable to HSIA initiatives. That said, it is possible to identify where improvements have been the direct result of HSIA initiatives. These are identified below.

The overall aim of HSIA is to decrease claims costs by $50 million over a five year period from an investment of $37 million. At the outset of the project, the expected fully reserved claim costs for 2011-2015 were $1.080 billion, combining LTD ($890,000,000) and WSBC ($190,000,000) claims.

In early 2011, the average LTD costs from 2011-2013 was expected to be $177.7 million annually. The actual LTD costs from 2011-2013 were $143.3 million, on average over the period. In total, long-term disability costs have been $102.8 million less than anticipated in the three year period where data is available.

In early 2011, the average WorkSafeBC costs from 2011 and 2012 was expected to be $37.9 million annually. The actual WorkSafeBC costs from 2011-2012 was $37.7 million, on average for that period. In total, WorkSafeBC costs were $0.4 million lower than expected for the two year period where data is available.

Additionally, according to WorkSafeBC, the average claim duration for all health authorities decreased from an average of 62 days per claim in May of 2010 to 49 days per claim in Dec. 2013. WorkSafeBC also reports that the Acute Care average benefit cost rate (the cost per $100 of payroll for short and long term disability, vocational rehab, medical cost and survivor benefits) decreased from $1.08 in 2011 to $0.92 in 2013. It is also worth noting that the most recent WorkSafeBC information on claim costs and claim duration suggest that the above positive trends are eroding.

Combining LTD and WSBC, total costs have been $103.2 million lower than anticipated at the outset of HSIA measurement period. The reduction of $103.2 million represents approximately 17 percent of baseline costs.

Individual Initiatives *(see attachments for the final reports on each Initiative)*

In addition to an overall review of LTD and WSBC costs, the individual initiatives were measured based on outcome metrics specific to each initiative. These initiatives are also on track to deliver outcomes in line with expectations.

As Phase 1 initiatives are now largely implemented and in the process of being evaluated, focus has shifted to considering initiatives for Phase 2. The next SC meeting will focus on Phase 2 funding proposals. The current HSIA contract between HEABC and WSBC ends on December 31, 2013.

Initiative #1 – Provincial Reporting & Data Management
This initiative set out to establish a common database and a standard user format for OH&S data across all HAs. WHITE.net was utilized for this purpose. A common database enables standard organizational and provincial reporting based on universal methods of calculation and metrics, and supports assessment of OH&S programs and their continuous improvement.

Status and Evaluation:
This initiative is complete. BC's HAs now have a data platform and reporting system that may be used to monitor statistics, trends and drive injury rate reduction. The database is integral to and supports other HSIA initiatives. Initiative #1 was an enabling initiative intended to provide the necessary infrastructure for informed decision-making – in and of itself, it was not expected to harvest WSBC and LTD cost savings. The reliable system-wide data provided through Initiative #1 will support future strategic investments to identify areas of greatest risk and opportunity and the ability to accurately assess the impact of pilot programs and projects.

Initiative #2 – Provincial Workplace Health Call Centre (WHCC)
This initiative set out to establish a centralized provincial incident, injury and exposure reporting service for the HAs and Providence Health Care (PHC) in all areas of their operations (including acute, residential and community care). A possible future vision for the Call Centre is to serve other health organizations such as affiliate long-term care providers and other contracted service providers.

Status and Evaluation:
This initiative is complete. The Call Centre became operational province-wide as of September 26, 2013. The Call Centre uses standardized processes for incident reporting and data collection utilizing WHITE.net. HSIA provided infrastructure funding for advanced telephony systems and upgrades to provincial data capability, voice recording and server capacity at the Kamloops Data Centre.

Early results indicate that the WHCC facilitated a seven-day reduction in claims duration at Fraser Health Authority (FHA) – the target at FHA and the other HAs was a two-day reduction. As FHA was the first to implement the Call Centre, evaluation results came available for FHA first. Other HAs are currently in their evaluation periods and early indications show an average claims duration reduction of two-days, although this is variable amongst the HAs. Early results are promising and in line with the target.

Initiative 2 (Call Centre):

- **Target**:
  - 2 day decrease in WSBC duration at Fraser Health in 2012
  - 2 day decrease in most other HAs in 2013
- **Results**:
  - 7 day decrease in WSBC duration at FHA
  - 1.7 day to 2.0 day decrease at other HA's – these are early results given recent HA dates for on-boarding to Call Centre
  - Performance is on track

The WHCC enables an incident to be reported quickly via telephone and simultaneous transcription into WHITE.net. An immediate electronic notification is sent to the work area manager enabling appropriate accident investigation to occur and corrective action to be initiated for workplace safety. The Centre is also able to respond promptly to the worker involved in the incident and initiate a response appropriate to the worker's need for referral to services, treatment and/or return to work.

Prior to implementation of the Call Centre, HAs were taking up to 16 days to submit WSBC Form 7s. Those HAs utilizing the Call Centre now submit complete Form 7s within hours of the incident being reported. This leads to prompter WSBC claims responses, treatments and returns to work.

The WHCC also enables effective management of communicable disease exposures and outbreaks. It captures employee baseline health status information and immunization records in a central location. This information serves the occupational health function with the ability to effectively respond to information needs during an outbreak or event, such as a pandemic response. This capability was demonstrated with the recent measles outbreaks.

Initiative #3 – Provincial Residential Care Musculoskeletal Injury (MSI) Prevention

The aim of this initiative was to develop provincial standards in safe resident handling delivered through a comprehensive pilot program at 18 residential care facilities in BC. The pilot focused on preventing over-exertion injuries to reduce the frequency and severity of MSIs while injecting capital for safe patient handling equipment. The standards cover 10 areas and are intended to inform MSI prevention

decision-making and management processes. Residential care facilities across the province are to review these standards and implement relevant policies and practices in their organizations.

Status and Evaluation:
This initiative is complete. The goal of Initiative #3 was to decrease MSI injury rates and duration of MSI time loss claims at the pilot sites by 20 per cent. Initial results appear promising as the number of claims and claims costs are roughly in line with the target. Sustainability is expected to be seen by the expansion of the provincial MSIP program beyond the pilot sites as HAs are leveraging pilot outcomes.

Initiative 3 (Musculoskeletal Injury Prevention Project):

- **Target:**
  - 20 per cent decrease in musculoskeletal (MSI) injury rate (pilot sites)
  - 20 per cent decrease in duration of MSI time loss claims (pilot sites)
- **Results:**
  - 30 per cent decrease in musculoskeletal (MSI) injury rate (pilot sites)
  - 39 per cent decrease in cost of MSI time loss claims (pilot sites)
  - Initial results are on track

Initiative #4 – Provincial Violence Prevention Program Rollout
This initiative set out to conduct an assessment and gap analysis of health care violence prevention programs and to implement and evaluate a new provincial violence prevention curriculum at 17 pilot sites across all HAs and PHC. The pilot was operational from May 2011 to July 2012.

Status and Evaluation:
This initiative is complete. Following the implementation and evaluation at the pilot sites, recommendations were made to enhance the curriculum and expand the program across the health sector. Initial evaluations indicate that the program is achieving close to a 40 per cent decrease in claims costs for violence in the post-project period, as targeted.

Initiative 4 (Violence Prevention):

- **Target:**
  - 40 per cent decrease in claims costs for violence claims as compared to non-pilot sites (in post project period)
- **Results:**
  - 37 per cent decrease in claims costs for violence claims compared to non-pilot sites (in post project period)
  - Initial results are on track

Initiative #5 – Absence Notification

The Absence Notification system is a telephonic absence reporting system that permits employees to place a single call to report their absence, including general reasons for the absence. The system provides notification to the employee's manager or designate for payroll and staffing purposes and, when appropriate, to a DM professional for immediate follow up. The system provides timely and accurate data that will assist HAs in meeting the collective agreement requirements of the Early Intervention Program and the Enhanced Disability Management Program, both of which aim to reduce the number of employees who need to access sick leave and LTD by providing early, effective treatment of illness and non-work related injury.

The Absence Notification system was already in effect prior to HSIA at Vancouver Coastal Health (starting in 2008) and FHA (starting in 2010). The aim of the initiative is to bring the remaining HAs (Interior Health, Northern Health, Provincial Health Services Authority and Vancouver Island Health Authority) and PHC on board by the end of 2014.

Status and Evaluation:

This initiative is almost complete. Evaluation will commence once all HAs are onboard.