



Nominee Information:

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Nominee's Name: Mr. Glen Rose

Nominee's Title: Manager, Disability Management

Nominee's Organization: Island Health

Nominee's Project / Group Name (If Applicable): WorkSafeBC Duration Reduction: Collaboration to Decrease Length of Time Loss Clai

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Nominator Information:

Nominator's Name: Ms. Kim Kerrone

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Workplace Health Innovation:

1) Provide a brief synopsis/overview of the project.

Vancouver Island Health Authority (VIHA) had the highest average duration of WorkSafeBC (WSBC) time loss claims of all BC Health Authorities as we entered this decade. Extensive and sustained efforts on process improvement and collaboration with WSBC realized throughout this project have turned this around significantly and VIHA's average WSBC duration as at end of 2013 is one of the top three health authorities. As of May 2010 VIHA's average duration of claim was an all time high of 78 days, above all other provincial health authorities and significantly over the provincial average performance. This statistic is a difficult one for a large employer to influence in the short term as it is a five year rolling average calculation which, when applied to a large data set of claims, does not fluctuate widely month by month. Through 2011 these issues were explored, building on a previous year's claim audit review. In 2011 VIHA initiated a full Lean design review of all of its Disability Management claims and case management processes. It was determined that a full focus of Lean methodology in combination sustained a fulsome collaboration between VIHA Disability Management and WSBC claims staff was required to affect change. The full Lean design-based review of all of its disability management process work at the beginning of 2011, including internal processes as well as processes and relationships with external partners and agencies, including WSBC and the long term disability carriers. A comprehensive depiction of the then 'current' state of process and operation was developed, and through extensive collaboration and discussion both within VIHA Disability Management and WSBC management and claims teams members, a defined 'future state' was developed which incorporated mutually agreed-upon principles of workflow and interactive collaboration, and continuous improvement plan was developed to ensure attainment of the future state. In this same timeframe, WSBC's Vancouver Island claims office paid similar commitment to reducing any areas of duplication, gaps and areas of improvement that would influence duration reduction. Over this period, from early 2011 until the end of 2013, the sustained collaborative effort of WSBC and VIHA resulted in a 36% decrease in average WSBC claim duration – from 78 days to 49 days - moving VIHA from last in the province to the top 3 HA's in this measure. This means that employees injured at work are now being returned to work 36% faster than they were two years ago. Often, they are being returned immediately after their injury, before even a pending claim decision is processed by WSBC. This is a complete turnabout from the realities of



just a couple of years before, due to the sustained focus of this project.

2) Provide a brief description of the project team.

The success of the project was due to the engagement, work and involvement of the entire VIHA Disability Management and Vancouver Island WSBC Case Management teams, who worked together with a leadership team which included: Occupational Health and Safety (OH&S) • Glen Rose: Manager, Disability Management OH&S (VIHA project lead) • Julie Longo: Team Leader, Disability Claims Management, OHS • Lori Zintel: Team Leader, Disability Case Management, OH&S WorkSafeBC (WSBC) • Andrea Bazuik, Client Services Manager, WSBC Victoria Office (WSBC project lead) • Bonnie Spry – Client Services Manager - Return to Work Services - Vancouver Island Greg Shea, formerly of Westmark Consulting LLC, provided Lean design guidance and facilitation for the initial term of the project to assist with Lean methodology expertise and large group facilitation for a lengthy suite of focused multi-day value stream mapping and Kaizen events. The project had director-level executive sponsorship from both VIHA (Lesley Moss, Exec Director OH&S) and WSBC (Jim McCaskill, Regional Director, Vancouver Island).

3) What is the overall goal of the project? What problem is being solved or what need is being addressed?

The overall goal of the project was to improve average WSBC claim duration and return injured employees to work sooner. The way to do it was to take a complete look at all processes, structures and working relationships, evaluate their efficacy, make required changes, and to develop and promote a shared vision and priority for the work. Senge (2006) discussed the concept of "shared vision" and stated that it is vital for effective organizations to have, and added, "a vision is truly shared when you and I have a similar picture and are committed to one another having it, not just to each of us, individually, having it" (pp. 191-192). A shared vision was the focus in this work, across the VIHA team, the WSBC team, and between the two agencies. A fundamental component and driving force in this project was a systemic review and Lean design approach to eliminating any areas of inefficiency at the day to day working level and in the process of return to work overall between WSBC and VIHA case management. This ranged from everything to the minutiae of forms and email send/receive processes and document management to restructuring of work teams and optimizing the effective working relationships and interaction of WSBC/VIHA claims staff. There is a push across the joint healthcare-union relationship to promote more disability management best practices. Since April of 2011 an Enhanced Disability Management Program (EDMP) has been collectively bargained among British Columbia Health Authorities and its large union bargaining associations. EDMP purpose is to "facilitate an employee-centred, pro-active, appropriate and customized disability management program for employees with occupational and non-occupational illness/injury" (Health Employers Association of BC, 2011, p. 1). A formal set of policies, roles and processes exist for EDMP and a fundamental focus of this language is on promoting early and safe return to work for employees. The EDMP program itself is also a key driving force behind the thinking and the project work, as everything from process steps to VIHA disability management staffing model changes and day to day interaction expectations were informed by the emerging realities of the EDMP program. A transformative focus beyond the process issues was in the influencing of claims management, employee and union thinking around the very early stages post injury. Given the sheer size and complexities of both VIHA and WSBC, high caseload volumes and the complexities of processes and steps which are required for an injured worker to go through in the WSBC claims/absence and return to work process, traditional patterns had shown that sometimes this 'big complex system' reality resulted in a passive approach to return to work. For example an injured worker could be passively case managed and parties on both sides would, in essence, be looking for a green light from an employee's doctor to initiate return to work conversations. There was a mutual realization in this project's discovery phase that these conversations about return to work should be more actively imbedded into our mutual process at the initial phase of the claim (immediately post injury) because of risk of negative impact on duration, and employees away from the workplace longer. VIHA and WSBC leaders consistently encouraged a new way of thinking and acting for these cases, so that conversations about return to work began on the day of injury, at the first interaction with the employee. Standards of practice and best practice scripts were developed for staff to ensure consistency of approach in these pivotal conversations with injured workers and their managers. It was also realized that front line leaders (the managers of the injured workers) do not always have the resources, background, availability to craft a flexible and creative plan for someone to stay at work when injured, the disability management program collaborated with WSBC, program managers and unions to develop standard 'modified duty check lists' which serve as proactively available menus of light duties which are available for most of the common job streams at VIHA (with customization possible as required). This 'ready and available' approach to the scenario turned around the thinking on early return to work from passive to active. Injured employees are



now being addressed immediately and not (as could have been the case traditionally) strictly from a claims processing perspective THEN return to work. It is now a claims processing AND return to work focus. This project required full review of claims-related process at VIHA and WSBC, joint planning, problem solving, and partnership in the identification and implementation of steps which would positively affect a reduction in average claim duration.

4) Describe how the project demonstrates excellence and innovation and offers a significant improvement in practice, process or structure to the organization. Please provide specific examples.

Considering that more traditional models of large employers with injury claims underwritten by large outside insurers such as WSBC would often have only very limited relationship on a regular basis and would engage with one another primarily late in the game, when claims were older and the employee was eventually ready to return to work, this project has shown innovation and improvement through proactive approach. This thorough project began with a full review of all claims on the books for VIHA with an eye to quality and to measure the duration of claims in segments (those claims 1-40 days, 40-85 days, 85-120 days, 120-250 days, and those 250 days+). It was evidenced from this study that there were a higher proportion of aged claims than desired and the reality about older claims is that they are usually complex due to either permutation of medical severity (e.g. especially hard to rehab shoulder issues), work-life issues, workplace issues, co-morbidity of condition (e.g. coexisting mental health) and similar factors. WSBC and VIHA made focused efforts to identify strategies to zero in on shared understanding of barriers to return to work for each of these cases, and regularly communicated on next steps. In addition, WSBC initiated a special 250 day+ task force team (comprised of manager, physician, nurse advisor staff) whose sole focus was to independently review all relevant cases from a quality improvement and priority action perspective. Excellence for disability management is focus on the safe and early return work as early as possible, with effective collaborative efforts among the network of insurers, rehab providers, employee, union, and disability case managers. In order to ensure effective collaboration and communication, to minimize risk of any duplicated efforts, to allow for effective-in the moment problem solving and case escalation to management, and to ensure all necessary next steps were clarified for the claims management teams, VIHA and WSBC implemented a set regular weekly meeting to discuss all aged claims. Teams from both VIHA and WSBC meet weekly to ensure all possible up to date status discussions are brought forward for open and clear discussion of the barriers to return to work. These collaborative sessions are facilitated by a leader from VIHA and from WSBC and includes claims administrators, disability management consultants, return to work coordinators, ergonomic consultants, return to work nurse specialists and case managers. The sessions are outcome-focused, all aiming for discussion of sharing the work towards clarifying barriers to return to work and developing focused plans to eliminating each barrier as soon as possible. This work requires sustained focused, energy, attention and a continued commitment to a shared vision across agencies, with the outcome of early return to work at the centre of focus. The case collaboration sessions are focused not just on older claims; they include all active claims and even pending claims yet to have been adjudicated by WSBC. This is a total turnaround from traditional approaches of case discussions, which had been focused on who's ready for return to work, or more superficial updates on case status without the shared commitment on priority action steps to follow through.

5) Explain how the project team demonstrates leadership and vision in championing collaboration, and how the project inspires others to effect positive change. Please provide specific examples.

Each agency (VIHA and WSBC) not only has collaborated in in-tandem sessions to bring about results but also, independently within the organizations, have made this body of work a priority. The partnership itself has been made a priority by each organization, and it has been made clear at each organization that, without the partnership, the results simply do not follow. In addition, each agency has implemented shared standards of interaction, to the very level of detail which includes response time expectations for calls to one another in regular communication. WSBC and VIHA each have implemented processes which ensure that all claims/case management staff have duration reduction and earlier return to work of injured workers listed as priority performance goals. Leaders of each agency regularly review escalated and problem cases with their staff and the leaders of each organization regularly meet to discuss any issues which might be surfacing that could in any way impact the opposite effect on duration than is being sought. This includes everything from reviewing and problem-solving specific claim cases that have been escalated, to things as operational as ensuring each organization is clear on one another's vacation coverage staff planning (a recognition that the effort, focus and attention to this work is an every day, year round joint effort of priority. There simply is commitment and follow through to work at all levels.



6) Describe how the project demonstrates best practices and has the potential to add value across the industry. Please provide specific examples.

The longer a disabled employee remains off work, the less chance they have of benefiting from the social, physical, psychological, economic and rehabilitative benefits of being in the workplace in an accommodated arrangement. As probability of return to work success reduces as a function of time, early intervention is preferred (Crook, 1994, p. 109). The success in reducing VIHA's WSBC claim duration has garnered attention both internally at VIHA and at outside agencies. Within VIHA, the positive outputs of the project have been publicly celebrated at an organization-wide forum including all of its executive and leaders, which serves to inspire sustained quality and improvement in the area within all area of VIHA leadership outside of OH&S. Across peer provincial health authorities, the reductions achieved at VIHA have been noticed and we have been asked to share our approaches by other Health Authorities. As well, VIHA was approached unsolicited by a major BC university as the reduction has been so notable in the public domain, and VIHA has shared its process improvement, structural alignment ideas and collaborative approach with this institution. This exemplifies not only intra-industry potential to add value but also inter-industry potential.

7) Demonstrate how the project has successfully achieved its goals by providing evidence of significant and measurable results. Please provide specific examples.

It is estimated by WSBC that for every 10 day drop in average claim duration for an organization the size of VIHA, \$1 million is cost avoided in claims cost that would otherwise be paid out. VIHA and WSBC have collaborated to influence a reduction of 29 days (from 78 to 49) which equates to approximately \$2.9 million of cost avoidance, which is money that can be spent instead on direct patient care. The project results in multivariate success: millions of dollars of financial return (in the form of cost avoidance), engagement of staff in the workplace by returning them to work sooner, and more effective overall operations and relations between VIHA and WSBC claims management processes – which in turn allows for the health authority to turn a deepened attention to other areas of disability management (long term disability, duty to accommodate, for e.g.) as system that is more efficient overall for the healthcare employees of VIHA. References: Crook, J. (1994). The probability of recovery and return to work from work disability as a function of time. Quality of Life Research. s97. Health Employers Association of BC. (2011, April). Memorandum of Understanding, Enhanced Disability Management Program. Vancouver, BC, Canada. Senge, P. (2006). The fifth discipline: The art & practice of the learning organization. New York: Currency/Doubleday.