

1 Introduction

The WCB has entered into a strategic partnership to collaborate and to evolve the Tier 2 and 3 programs and service to ensure best practice and improve outcomes for Nova Scotia's injured workers who require these services. Our goal is to create high quality, reliable, cost effective and consistent services, providing full provincial coverage.

The WCB and Service Provider share their passion and commitment to reduce the impact of workplace injury in Nova Scotia by supporting and enabling safe and timely return to work outcomes for workers and employers. Both partners demonstrate alignment of values and commitment to our performance objectives:

- Improve success in achieving return to work
- Reduce time loss resulting from workplace injury
- Improve worker and employer satisfaction
- Reduce health care costs contributing to financial sustainability of the system

The Service Provider is fully accountable for the performance of their clinics and will assure the delivery on their commitments to quality service, team work and outstanding outcomes. We aim to be the best in Canada.

2 Principles of Tier 2 Service Delivery

1. Since providers are working on behalf of the WCB to service our customers, providers are expected to align with the WCB's Service Principles including:
 - a) Act Respectfully: Treat people with dignity and sincerity
 - b) See the person first: Approach every situation with an open mind and patiently consider other perspectives.
 - c) Communicate with purpose: Achieve understanding through clarity in words and action
 - d) Find the best solution: Approach challenges with enthusiasm and creativity
 - e) Own my work: Stand by the service I provide and take pride in my work
 - f) Keep getting better: Take action by being proactive and innovative
2. Practitioners are expected to work collaboratively and cooperatively with the worker, employer, WCB case worker and other health care providers. It is particularly important that the workers treating physician is supportive of the treatment plan (when a physician is involved).
3. All issues or concerns related to each case are to be raised in a timely and constructive manner by either the provider or the case worker.
4. All parties will conduct their business in a fact balanced and impartial way with consideration for the fact that both the worker and the employer are the WCB's end customers. Providers should never appear to be 'taking sides'.
5. Workers are active participants. Do it 'with them, not to them'. Workers should understand the process they are going through, be fully engaged in their treatment planning; important that they fully understand the value of work but not feel rushed back to work.
6. Assuring that the WCB has all the appropriate and necessary information to make accurate adjudicative decisions. Including information that may not be documented but crucial to the injured worker's claim file.
7. All employees of the service provider will always portray the WCB in a positive light and raise concerns following standard processes. Negative or unflattering commentary to

workers and employers undermine all objectives and will not be tolerated. The same holds true for WCB employees in regards to the Service Provider.

8. The clinic must communicate with the worker regarding goals, expected MDA timeframes, date of RTW, the worker's responsibilities and role.
9. Be encouraging, supportive and communicate to the worker in a motivational manner.
10. Ensure the worker is understanding what is happening
11. Transitional work is a critical element of the Tier 2 program. Return to Work recommendations shall be based on functional duties consistent with the Worker's functional abilities for their normal work day. Reduced work hours or gradual progression of work hours should only be considered in cases where the employer is unable to accommodate the worker at transitional work for a full work day, as a result of the injury.
12. The RTW goal must be identified prior to the beginning of the program and based on the assessment results and recommendations.
13. Ensure Service provider develops RTW plans that are rooted in worker accountability for their own progress, recovery and return to work plan.
14. All Tier 2 team and partners are expected to provide service in keeping with the Board/SPICE/ACOEM principles and focus of safe and timely return to work addressing RTW barriers and empowering the worker for RTW success.
15. Psychosocial conditions that are not related and/or not exasperated by the compensable injury will not be covered under the Tier 2 program
16. The overarching guiding principles of the SPICE Model include:

'S' –simplicity.

This concept is that simple benign conditions, which are treated in a complicated fashion, can become complicated (and lead to chronicity). It is important to educate the patient in terms they can understand, and reassure them with respect to their recovery and eventual return to work. In addition to treatment, it is important to stress to the worker the benefits of maintaining and/or continuing with as many daily activities as possible which in turn will promote self-sufficiency. Assure the worker understands that hurt does not = harm.

'P' –proximity.

This is the need to keep the worker associated with the workplace. In addition to treatment and exercise prescription, it is also important to provide advice to the injured worker on overcoming activity intolerance, reducing fear of avoidance (i.e. kinesiophobia) and promote continued activity.

'I' –immediacy.

It is essential that acute injuries, be dealt with in a timely manner so as to prevent or reduce the possibility of the injury becoming chronic. It is also important to consider

changing the treatment plan if your treatment approach is not providing any significant degree of improvement. In other words, is continued treatment clinically indicated?

'C' –centrality.

All individuals involved with an injured worker, need to share a common philosophy and ultimate goal of returning the injured worker back to gainful employment as soon as possible.

'E' –expectancy.

This is a concept that individuals often fulfil the expectations placed upon them; this is 'expectation management'. Extensive, broad-based research from the ACOEM supports that managing expectations (by the health care professional) can impact outcomes by **over 50%**.

Expectations Regarding Managing Worker Compliance

Worker compliance is critical to a favourable rehabilitation outcome. In recognizing that client engagement and expectations are strongly linked to compliance, the Service Provider teams incorporate the concepts of the SPICE model in the following way to reduce likelihood of non-compliance:

S (simple)

- The Service Provider's physiotherapists explain injury/conditions to workers and their families, often referencing the MDGuidelines™, in clear, concise and easy to understand and non-threatening terms.
- the Service Provider's teams are collaborative and ensure that there is consistent and clear messaging to clients. This is achieved through interdisciplinary communication on an ongoing basis, both formally and informally.

P (proximity)

- The employer is contacted during the preparation for Tier 2 or 3 assessments, as well as at the beginning of the program. They are invited to participate in all case conferences and the team keeps close contact by phone (and/or e-mail) with the employer throughout the program
- Workers are encouraged to resume social and leisure activities he or she may have stopped since injury disrupted their abilities at work. The importance of normalized activity engagement, consistent with functional abilities is promoted throughout the program. This solidifies rapport with workers as often re-engagement in valued activities (including work) taps into intrinsic motivation and acknowledges for them that work is not the sole focus of rehabilitation.
- As part of the Service Provider's educational program offerings, the focus is on addressing fear of re-injury and activity avoidance through explaining pain mechanisms and applications of the biopsychosocial model. Workers receive information in group settings and individually by various team

members.

I (immediacy)

- Progress toward program outcomes is reviewed by the Tier team at least weekly, and goals can be adapted according to progress, to optimize client outcomes. If a worker is meeting with success ahead of established program timelines, the program duration will be shortened.

C (centrality)

- The Service Provider's teams endorse a core set of values focused on the worker role as part of healthy, balanced living; our teams work collaboratively with injured workers to overcome barriers to successfully and safely facilitate return to pre-injury, alternate or suitable work.

E (expectancy)

- Injured workers are engaged in a goal setting process utilized by our treatment teams. Goals are set around participation levels in their functional programs, workplace activities as well as engagement at home and in their community. Worker's progress around these goals are reviewed and documented on a weekly basis.
- Transitional duties are an inherent component of program and planning so that the client remains connected to work throughout the Tier 2/3 process. It is critical to successful outcomes for workers to maintain connectivity with their workplace and work routines, with the transitional duties progressing to safe, sustainable pre-injury work by program conclusion with claim resolution.
- The Service Provider' team promotes positivity, is focused on expectation management, and optimal, safe outcomes from the program inception. The Service Provider shares outcomes with injured workers by including in our program orientation manual and posting the clinic.
- Ongoing communication is a key to success in program outcomes. The Service Provider's confer regularly with caseworkers via phone, e-mail and in person, such that they reliably and promptly report when a worker is non-compliant with engagement or attendance in their program.

The issue of compliance is taken very seriously. The following steps will be taken by the Service Provider to ensure that injured workers are aligned with the Tier treatment protocols and/or their clinic policy:

- Injured workers are strongly encouraged to provide their best effort that is within their abilities and their limitations. From assessment to orientation to the program, information is shared with clients regarding program expectations and their progress against program goals.
- All workers are advised at the initial intake meeting of the requirement for them to demonstrate full effort and adherence to their scheduled sessions while in their program.

- On the worker's first day of program during the program orientation, compliance and attendance policies are reviewed verbally with client and the worker signs the clinic policy sheet which outlines all of the clinic policies. The worker also signs an additional policy sheet on compliance and attendance before the program commences.
- Violation of any of the clinic policies, attendance, or program compliance will result in verbal warning (with charted documentation) on the first occurrence, written warning outlining the policy violation on the second occurrence, and the third occurrence will lead to discharge from the program.
- WCB Case workers are advised of these warnings and discharge will not occur without case worker support of the plan.

