

EXECUTIVE SUMMARY OF FINDINGS

For

ALBERTA HEALTH SERVICES WCB CLAIMS AUDIT

Completed: September, 2011

BACKGROUND

Alberta Health Services (AHS) has responsibilities under the *Workers' Compensation Act* when a work-related injury or illness occurs. Section 33(1)(b)(i) requires an employer to report an accident or allegation of an accident to the WCB within 72 hours (3 consecutive calendar days) of acquiring knowledge of an accident that disables or is likely to disable a worker for more than the day of the accident.

In reporting accidents, AHS must provide all information the WCB requires and provide it in the form prescribed by the WCB for that purpose. (*Workers' Compensation Act* Section 33(1)(d) & *Workers' Compensation Regulation* Section 10(1) & (2)).

Meeting these responsibilities ensures compliance with legislation and, together with an effective return to work program, enables AHS to minimize the human and financial costs of work-related accidents.

WCB Claims Audit reviewed 2010 and Q1/2011 reporting timelines and return to work program effectiveness for all 57 AHS WCB accounts. Based on review findings, 19 accounts were selected for in-depth examination including analysis of reporting times and interviews with key personnel to understand reporting processes and return to work practices.

FINDINGS

Accident Reporting

Reporting performance (based on timeline from date of accident to date employer's report received):

2010:

1,473 disabling claims	46% reported within 72 hours
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To end of Q3/2011:

1,091 disabling claims	44% reported within 72 hours
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In each of the 19 reports, specific site reporting delays were identified. In order for AHS to review their reporting processes, make the necessary changes and implement, we have summarized as follows:

- The injured worker delays reporting an accident:
 - wait until the next shift or until the injury worsens or results in time loss
 - believe reporting an accident will be perceived negatively
- The injured worker goes for treatment without reporting the injury – no time loss injuries
- The injured worker reports through improper reporting channels – instead of the appropriate Call Centre, Reporting Line, Manager/Supervisor
- The injured worker calls in “sick” – not asked if reason for absence is related to a work injury/activity/exposure
- Personnel responsible to report to WCB do not receive or have immediate access to all information needed to complete the Employers Report of Injury within 72 hours – results in delays and incomplete reporting, particularly missing earnings/shift schedules
- Weekends and key personnel absence delaying the reporting process
- Some personnel responsible for reporting to WCB and/or their back-up positions lack knowledge of reporting timeline requirements or reporting procedures/responsibilities

A summary of strategies to improve AHS' reporting performance:

1. Develop a universal reporting process for work-related injury/illness/exposure incidents – a “one call” system similar to the designated call in telephone numbers in Calgary and Edmonton areas.
2. Educate and continually remind staff of the importance to immediately report all work-related injuries/illnesses/exposures and of the appropriate reporting channel.
3. Use WCB's electronic reporting – users who submit the Employer's Report of Injury electronically have access to the Employer/Worker copy of the Physician's First and Progress Reports, providing fitness information to aid in timely disability management decisions.
4. Give personnel responsible for reporting to WCB direct access to required information or ensure their requests for that information are given priority response.
5. Ensure key personnel in the reporting process and back-up positions are aware of reporting timelines and responsibilities.
6. Educate “call in line” staff to confirm with workers that call in “sick”, that the reason for absence is not related to a work injury/activity/exposure.
7. Develop a quality assurance process to review accidents that are reported to the WCB beyond the 72 hour timeline in order to address causative factors.
8. Revise the reporting process for infectious disease claims to ensure an Employer's Report of Injury is submitted to the WCB within 72 hours of the date the claim becomes reportable.

Managing Return to Work

The WCB supports return to work programs that help injured workers return to work while recovering and provide opportunity to contribute to the workplace. Managing return to work, including use of modified work alternatives, is a key element in a successful program. Statistical review and audit findings indicate lost opportunities for effective use of modified work.

Modified work use indicator (ratio of disabling injuries with return to modified work):

2010:

1,473 disabling claims	815 modified work claims	Ratio 55%
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To end of Q3/2011:

1,091 disabling claims	467 modified work claims	Ratio 43%
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In each of the 19 reports, specific site return to work processes were identified and recommendations provided. The following is a summary of factors leading to missed opportunities for effective return to work:

- Confusion over who is responsible to initiate/coordinate return to work – OHN/WHS Advisor/ Ability Advisor/Manager/Supervisor
- Timely access to fitness for work information – delays create/extend time loss
- Lack of predetermined modified work duties/tasks – hinders immediate return to modified work
- Lack of budget allocation to support provision of modified work and/or “extra staff” to cover restricted duties
- Lack of prioritizing return to work coordination within OHN duties

Recommendations for AHS to implement in regards to your return to work responsibilities:

1. Ensure the budget process supports the provision of modified work.
2. Clearly identify which position is responsible to initiate/coordinate return to work and prioritize that responsibility within their work duties. Provide the training required to ensure the position is able to effectively liaise with injured workers, healthcare professionals and WCB to plan, implement and monitor the return to work.
3. Inform injured workers of the expectation to immediately return medical reporting to the return to work coordinator the same day they receive treatment or call to advise of fitness for work.
4. Use Occupational Injury Services (OIS) Clinics for non-emergent medical treatment following a work injury. OIS Clinics provide a Work Readiness Report which outlines an injured worker's ability to perform modified work. This enables an injured worker to return to modified duties (if appropriate) immediately following the injury. More information on OIS is available at: http://www.wcb.ab.ca/employers/partner_ois.asp.
5. Identify modified work tasks/duties in each facility/department and at least one sedentary task that is always available for modified work duties.
6. Provide the name and contact number for the injured worker's Manager on the Employer's Report of Injury. The Case Manager could then contact the Manager directly to arrange modified work rather than relay information through the OHN. This would expedite the return to work process and reduce time loss form work.
7. Maintain an inventory of physical demand analyses (PDA's) for all jobs, beginning with high-risk positions. Having these available for use in an information package going to injured workers provides factual information for treating professionals to determine fitness for work. Consider posting standard PDAs on the AHS intranet sight: Insight.albertahealthservices.ca, where all AHS members can access and use them

NEXT STEPS

We recognize that AHS is a large corporation with numerous sites throughout Alberta and to review all recommendations and implement them will take time.

In order for AHS to make an immediate impact on managing return to work and reducing time loss costs, AHS should focus their efforts on addressing modified work potential on all claims. The objective is to return workers that are fit for modified duties to suitable modified work on their next scheduled shift following the date of accident.

We reviewed claim data on accidents occurring between January 1 and October 14, 2011 for all 57 AHS accounts. As of October 14, there are 354 open time loss claims. Modified duties have not been performed on 121 (34%) of those claims. 78% of the 121 involve workers classified as "patient care" (i.e. RNs, Nurse aids, Orderlies, Diagnosticians, Social Services, etc.). 21% are classified as "admin/support" workers (i.e. Kitchen attendants, Caretakers, Laundry, etc.). See Appendix A for details.

WCB Claims Audit Prepared for
Alberta Health Services

We reviewed 21 of the 121 claims with over 60 temporary total disability (TTD) days and all have detailed action plans in place. We propose the best opportunity for AHS to make timely return to work/modified work decisions that will assist in reducing time loss costs and days would be to review the remaining 100 time loss claims for immediate return to modified work opportunities.

An updated list of open time loss claims with no return to work will be provided.

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Appendix A

AHS 2011 Claim Synopsis as at October 14, 2011

(For accidents occurring between Jan 1 & Oct 14, 2011)

All Claims

Claim Type	# Claims	Total Costs
All	2,662	\$7,172,880

Time Loss Claims

Claim Type	# Claims	TTD Costs	TTD Days
Open Time Loss	354	\$1,559,059	12,173
Open Time Loss (no RTW)	121	\$607,632	4,653

Occupation breakdown of the 121 open time loss claims (no RTW)

Occupation Type	# Claims	TTD Costs	TTD Days
Patient Care	94 (78%)	\$472,577 (78%)	3,069 (66%)
Admin/Support	25 (21%)	\$127,721 (21%)	1,531 (33%)
Not Classified	2 (2%)	\$7,334 (1%)	53 (1%)

TTD days breakdown of the 121 open time loss claims (no RTW)

TTD Days	# Claims
0 - 30	78 (64%)
31 - 60	22 (18%)
61+	21 (17%)