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Compensation & Benefits Committee - AWCBC Jurisdictional Update Report

Committee Member: Shelly Dauphinee	From: WorkSafeNB	Date: May 6, 2019
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Mandate	<i>Defines expectations / responsibilities. Facilitates better focus on objectives and activities by which the committee operates.</i>
The AWCBC Compensation & Benefits Committee works collaboratively to share experiences, identify and improve claim-related outcomes and identify and action opportunities around operational, research and policy development initiatives.	

Goals	<i>Based on your mandate, set realistic and specific goals. What is the long-range aim? What do you hope to achieve?</i>
1. To share jurisdictional experiences and knowledge.	
2. To put before the committee, emerging issues that are deemed high priority, for consideration of planning	
3. To identify, plan, and carry out specific projects for the benefit of the committee members and their respective jurisdictions.	
4. To be available to other AWCBC / national committees to provide input and or partner with when requested.	
5. To provide feedback to AWCBC Executive when required or requested.	

Return to Work Outcomes

Objectives <i>Improving Return to Work Outcomes/Reducing Durations (Share work that is being done within your organization to support RTW, reduce duration etc)</i> <ol style="list-style-type: none"> 1. Organizational Changes to support RTW 2. New Initiatives 3. Best Practices 4. Outcomes 	Activities	Target Date(s) / Status	Budget
Vocational Rehabilitation <ul style="list-style-type: none"> • Job Development – What services do you provide to ensure workers find employment? 	<p><u>Workforce Re-entry Program (WFR)</u></p> <p>The Workforce Re-entry Program (former Vocational Rehabilitation) was launched with the Shared Services Model on April 8, 2019. The current structure of the WFR program drives the principle of ensuring <i>the right client is in the right team at the right time</i>. A worker is eligible for this program should they be unable to return to work with the accident employer due to a work restriction. Through this program, the worker will be assisted to return to a suitable occupation they can perform, considering their physical abilities and employment qualifications. The current structure of WFR enables:</p> <ul style="list-style-type: none"> • The Vocational Rehabilitation Specialist to be the primary claim owner responsible for claim decisions including planning focused on pursuing alternate suitable employment. • Alignment of similar clients to one team with continuous improvement in the process of re-integrating the worker back to the workforce. <p>Through a process of exploring the worker’s vocation profile, analyzing transferable skills, identifying suitable occupations and researching Labour Market Information (LMI), suitable employment options are determined. If a worker has the employment requirements, skills and physical demands to transition to new employment, a vocational plan could consist of a maximum of 13 weeks of supported job search.</p> <p>If skills development is required to be capable of suitable employment, a vocational plan may include skills development in the form of:</p>	All	

- Job exposure or job shadowing
- Training on the job for new skills development
- Academic upgrading such as a GED or computer literacy upgrading
- Formal skills training

In the final stages of the vocational plan, the worker is eligible for up to 13 weeks of assisted job search to explore and secure employment if available.

Job Development - What services do you provide to ensure workers find employment?

Prior to and during the supported job search phase, workers are offered individualized services of an external job search consultant. The job search consultant will begin with resume building, review job searching techniques as well as search for potential employment for the worker. The consultant will also contact potential employers based on the workers qualifications, skills and interests. In preparation for an interview, interview coaching and practice is offered to the worker.

Do you have a job bank of positions that are available to injured workers?

At this time, we do not maintain a current list of jobs available to workers.

What incentives do you provide employers to hire injured workers?

If On the Job Training (OJT) is required, WorkSafeNB may continue to pay the worker at no cost to the employer. If additional skill development is required, funding for that training may be provided. As well, if extended OJT is required, we will assist with transitioning to provincial or federal wage subsidy programs, if available. Furthermore, ergonomic assessments, assistive devices or specific technology to support the transition to the workplace is offered as appropriate.

Beginning in March 2019, a project was initiated to examine and improve the method of **Identifying Suitable Occupations and Estimating Capable Earnings**. The project is focused on the problem that our current process is leading to increasing numbers of LTD's with 383 LTD's created in 2018, increasing costs to our system. Our current policy extends the definition of suitable employment beyond the requirements of

	<p>the WC Act including employment that reasonably exists in the current labour market creating further challenges to identifying suitable occupations for workers. The project is also exploring other improvement ideas to ensure we have a more reasonable means to identifying suitable employment with an implementation of June 26, 2019.</p>		
<p>Medical Cannabis</p> <ul style="list-style-type: none"> Ongoing discussions 	<p>Medicinal Cannabis - WorkSafeNB</p> <hr/> <p>After extensive consultation with stakeholders and the medical community, WorkSafeNB approved Policy 25-015 - Medical Aid – Cannabis (Marijuana) for Medical Purposes on April 4, 2018. In doing so, WorkSafeNB became the first workers' compensation board in Canada to approve a specialized framework for medical cannabis.</p> <p>Information for health care professionals</p> <p>WorkSafeNB generally does not generally approve medical cannabis as medical aid. However, it may be approved to treat a compensable injury or disease in the following situations:</p> <ul style="list-style-type: none"> Symptoms encountered in palliative/end of life care setting; Nausea and vomiting while receiving chemotherapy as part of treatment for cancer; Loss of appetite due to treatments for cancer or AIDS; Spasm and spasticity due to central nervous system injury; and Chronic neuropathic pain. <p>Medicinal cannabis may also be considered for harm reduction when the injured worker's dosage of opioids is over the maximum daily limit recommended in WorkSafeNB's Policy 25-012 Medical Aid – Opioids.</p> <p>We plan to review claims outside the limits of this policy under the medical aid policy, requiring provision of evidence from the prescriber of additional benefit and safety. We have developed a fact sheet with high level key points from the policy.</p>	<p>All</p>	

As a health care professional, here are 5 things you need to know about our new medicinal cannabis policy



1 WorkSafeNB generally doesn't approve medical cannabis as medical aid. However, it may be approved to treat a compensable injury or disease in the following situations:

- Symptoms encountered in palliative/end of life care setting;
- Nausea and vomiting while receiving chemotherapy as part of treatment for cancer;
- Loss of appetite due to treatments for cancer or AIDS;
- Spasm and spasticity due to central nervous system injury; and
- Chronic neuropathic pain.

Medicinal cannabis may also be considered for harm reduction when the injured worker's dosage of opioids is over the maximum daily limit recommended in WorkSafeNB's Policy 25-012 Medical Aid – Opioids.

2 As tetrahydrocannabinol (THC) is the cannabis component that causes impairment, authorization must be for cannabidiol (CBD) rich medicinal cannabis, with the maximum THC content being less than 1%.

3 The daily dosage should start at the lowest possible quantity to improve or maintain function, with the maximum daily dosage limited to three grams or less.

4 To be approved, medicinal cannabis must be administered through a non-smoking related route.

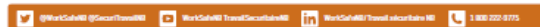


5 In some instances prescribers must provide evidence of having followed the management recommendations from the College of Family Physicians of Canada (CFPC) and Canadian Pain Society (CPS), including evidence of failure for separate 12-week trials for tier 1 and tier 2 medications. This can be demonstrated by completing the Canadian Consortium for Investigation of Cannabinoids Checklist for the Medical Assessment of the Patient Asking about Medical Cannabis (or equivalent), along with a baseline SF36 (or similar) functional assessment form.

Read the full policy: [Medical Aid – Cannabis \(Marijuana\) for Medical Purposes](#)
Read the [Stakeholder consultation summary report](#)

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Resources:

- Cannabis Review Booklet – Primary Care Provider (Family Physician/Nurse Practitioner)
- Cannabis Review Booklet – Authorizing (Prescribing) Physician
- Monitoring Form for Continued Use of Medicinal Cannabis
- Policy – Medical Aid – Cannabis (Marijuana) for Medical Purposes
- Consultation Summary Results
- 5 things you need to know about our new medicinal cannabis policy

Dr. Paul Atkinson MB, BCh, BAO, MA, FRCPC; Chief Medical Officer / Médecin-chef; WorkSafeNB / Travail sécuritaire NB; April 2019

<p>Opioids</p> <ul style="list-style-type: none"> Strategies used by jurisdictions to reduce opioid use 	<h2 style="text-align: center;">Opioids - WorkSafeNB</h2> <hr/> <p>As part of our commitment to supporting workers while they recover from workplace injuries, WorkSafeNB has recently changed the way we manage opioids.</p> <p>Opioids are a class of synthetic narcotic medications usually prescribed for treating pain associated with injury, disease or surgery. While opioids have therapeutic purposes, there are serious risks associated with their use including addiction, overdose and death.</p> <p>With that in mind, Policy 25-012 Medical Aid – Opioids was reviewed as part of its 60-month review cycle, and included extensive consultation with members of New Brunswick's medical community and the general public. As a result, we have updated the policy to align with provincial and national guidelines, reducing the maximum covered dose to 50 morphine milligram equivalents (MME) for 2 weeks, with any further coverage requiring medical review and limited to 90MME.</p> <p>We have developed a fact sheet for opioid prescribers with a high-level summary of the changes, and an opioid conversion table for your convenience.</p>	<p>All</p>	
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Our opioid policy has changed - Update for prescribers

We have updated our policy to align with provincial and national guidelines and hope you will support us as we implement these improvements for our patients in New Brunswick. Having listened to feedback from the medical community, the following changes align with College of Physicians and Surgeons of New Brunswick (CPSNB) and Canadian Medical Association (CMA) guidelines.

For new prescriptions...

- 1 We will fund maximum doses (initially 50 mg morphine equivalents [MME] per day) and limit the initial automatic approval to two weeks.
- 2 Further approval will be monitored for functional improvement and dosing limited to 90 MME per day.
- 3 We require used and unused fentanyl patches to be returned to the prescribing dispensary.

For previous prescriptions...

- 4 The new dosing and timelines will not be applied retrospectively, however physicians prescribing outside these guidelines will be offered support for harm reduction measures moving forward.

Opioid Analgesic Conversion Table

50 MME/Day	90 MME/Day
50 mg of morphine	90 mg of morphine
33 mg of oxycodone (~ 2 tablets of oxycodone SR 15 mg)	60 mg of oxycodone (~ 2 tablets of oxycodone SR 30)
330 mg of codeine (~ 11 tablets of codeine 30 mg)	600 mg of codeine (~ 20 tablets of codeine 30 mg)
1 fentanyl transdermal patch of 12 mcg/hr	1 fentanyl transdermal patch of 25 mcg/hr
10 mg hydromorphone (~ 10 tablets of hydromorphone 1 mg)	18 mg hydromorphone (~ 9 tablets of hydromorphone 2 mg)



More information

WorkSafeNB - Policy 25-012 Medical Aid - Opioids
 CPSNB - Guidelines for prescribing opioids
 CMA - Opioid therapy and chronic non-cancer pain
 CMA - Management of opioid use disorders: a national clinical practice guideline

Questions about the new policy?
 You can reach us at 1 877 647-0777.

We provide an opioid prescribing booklet to ensure best practice and monitoring for injured workers who are receiving opioids.

Our CMO, Dr Paul Atkinson, sits as a member of the New Brunswick Opioid Prescribing Task Force, which is exploring best practice in the area of opioid prescribing and monitoring, with plans to make recommendations to the province in the near future.

Overall, we continue to see decreased levels of opioid approvals.

	<p>Resources:</p> <p>Policy: https://www.worksafenb.ca/media/1141/25-012.pdf</p> <p>Opioid booklet: https://www.worksafenb.ca/docs/Opioid_Review_Doc_e.pdf</p> <p>Dr. Paul Atkinson MB, BCh, BAO, MA, FRCPC; Chief Medical Officer / Médecin-chef; WorkSafeNB / Travail sécuritaire NB; April 2019</p>		
<p>Hearing Loss</p>	<p>The increasing number of occupational hearing loss claims and rising costs continue to negatively impact WorkSafeNB financial position. In March 2019, WorkSafeNB launched a continuous improvement project to:</p> <ol style="list-style-type: none"> 1. Implement policy changes related to hearing loss; 2. Address a backlog in hearing loss claims (1450 claims); and 3. Establish a new “to be” process to prevent future backlog. <p><u>Policy Changes</u></p> <p>The most significant policy change is related to the date of accident. It is now the earlier of the last exposure to hazardous noise in the workplace or an audiogram showing noise induced hearing loss. This also impacted WorkSafeNB’s ability to apply the one year time period to make an application for compensation.</p> <p><u>Backlog</u></p> <ul style="list-style-type: none"> • Since March 1st, 1400 claims have been decided. • Of these claims, there is about a 5% accept rate, which is significantly lower than before policy changes were made. • Limited claims starting to come through Issues Resolution Office, but positive results so far. • Claims are also starting to be appealed to the WCAT, with none scheduled to date. • Average of 12 new claims per day. <p><u>Process Changes</u></p> <p>Process improvements continue to make. The next step is to establish a control plan to minimize the risk of backlog reoccurring.</p>		
<p>Health Industry Initiatives</p> <ul style="list-style-type: none"> • All jurisdictions to provide an update 	<p>WorkSafeNB is engaging with the Horizon Health to improve the Return To Work process.</p>	<p>All</p>	

<p>on initiatives to manage the challenges in the Health Care Industry</p>	<p>WorkSafeNB has a Direct Referral Program which is a program that accelerates access to approved physiotherapy providers for assessment and treatment of workplace-related soft tissue injuries, before the claim has been officially accepted as a claim. The Physiotherapist completes an assessment, provides return to work recommendations and ongoing treatment, as needed.</p> <p>Although participation in this program is not mandatory by injured workers, most injured workers participate.</p>		
<p>Fall Meeting</p>	<ul style="list-style-type: none"> • Discussion of host province and topics to include in the Fall 2019 meeting 	<p>All</p>	

Service Delivery/Quality Initiatives

<p>Objectives <i>Service Delivery/Quality Initiatives</i></p> <p><i>Share what is being done in your organization to improve Customer service delivery and to support Quality service/decisions to stakeholders.</i></p> <ol style="list-style-type: none"> 1. New Initiatives 2. Best Practices 3. Outcomes 	<p>Activities</p>	<p>Target Date(s) / Status</p>	<p>Budget</p>
<p>What is being done to improve customer service.</p> <ul style="list-style-type: none"> • New initiatives • Best practices • Outcomes 	<p>Changes in Client Service Model</p> <ul style="list-style-type: none"> • <u>Shared Services:</u> WorkSafeNB has transitioned from a regional services model to a shared services model – including changes to how it segments and distributes claims, and how it plans for capacity/volumes. Separation of Process Owner Roles vs Resource Owner Roles • <u>Team-Based Approach:</u> WorkSafeNB created a series of virtual, geographically diverse teams to handle a mix of general and specialized claim types in accordance with volume forecasts. • <u>Realignment:</u> WorkSafeNB has realigned its claims management division, creating verticals aligned with the various phases of a claim (ex: intake/adjudication, rehabilitation, claims management, workforce 	<p>All</p>	

	<p>re-entry, etc.).</p> <ul style="list-style-type: none"> • <u>Process Development</u>: WorkSafeNB has expanded its efforts to articulate and manage process. This process has been supported by a growing process improvement discipline, which advocates the governing principle of the client being our #1 asset and requiring all processes to be derived from the client's needs. Process aligned to four key ownership areas. • <u>Daily Management</u> • <u>Clear Accountabilities for Learning and Development</u> <p>Auditor General Inspired Initiatives</p> <ul style="list-style-type: none"> • <u>Communication of Benefits Available</u>: Including a clear explanation of potential eligible benefits with the initial decision letter. • <u>Treatment Plan</u>: Develop a plan for each claim regarding early return to work and treatment of workplace injury (including monitoring and follow-up) • <u>Role of the Medical Advisor</u>: Developing standardized questions for staff to ask of Medical Advisors. Medical Advisor opinions to be documented and restricted to the specifics of the medical condition(s). • <u>Enhanced Training for Staff</u>: Expand the duration, level of detail, and frequency (ongoing) in training for case management staff. <p>Other Important Strategic Initiatives</p> <ul style="list-style-type: none"> • Process to launch/operationalize new Policy • Process for incomplete/unclear doctor's notes • Review of OT resources dedicated to simple claims 		
Customer/Client Service Training	<p>WSNB has undergone a major restructuring this past year as we in-barque on the shared services model and as we align functionality the core operational needs of our organization Our RTW focus and our overall client service needs our major drivers of how we will move WSNB forward.</p> <p>Mental Health training provided by the mental Health Commission of Canada continues to be part of the support offered across the organization. The goal is to provide training and self-awareness to our staff that Mental health is indeed relevant in our workplaces, it is a reality and we must support not only our employees but give our staff the tools</p>	All	

	<p>to identify mental health issues that our clients are dealing with.</p> <p>Information session provided to frontline staff on how to use the MOBILE Crisis Responses services unit. The training focused on tools/support they have at hand when a client has identified signs of mental distress/self-harm. Staff is directed to contacts the 1-800 number and provide relevant information pertaining to the situation and concerns at hand. The mobile crisis response team then dispatches a member of their staff to meet with client and provide support needed.</p> <p>Decision making training- Our Internal Resolution Dept. conducted session around the province to align with best practice as it pertains to decision making framework use of letter writing skills that focus on clarity and the use of plain language that our clients can understand.</p> <p>Part of the reorganization the Department of Communication now has staff designated as client service Specialists aligned to mitigate client complaints and bring quick resolutions. Part of the mandate we have aligned that all complaints from our MLA are known directed to one point of contact adding efficiencies to the complaint process.</p>		
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Human Resources/Training			
Objectives <i>Human Resources/Training</i> <i>Share information on staff related issues including training, recruitment, management oversight etc..</i> 1. Staffing Issues 2. New Initiatives 3. Training	Activities	Target Date(s) / Status	Budget
Internal Training <ul style="list-style-type: none"> Internal Training – Jurisdictions to review and provide the committee with information around inter jurisdictional training opportunities. 	Continuous Improvement (Lean/Six Sigma Training) <ul style="list-style-type: none"> WorkSafeNB is undergoing a service transformation – which relies on understanding how to continuously improve process. Over the past 12 months: <ul style="list-style-type: none"> <u>Introduction to Performance Excellence</u>: More than 80 staff members across the organization have completed introductory 	All	

i.e: staff attending training sessions offered by other jurisdictions, train the trainer opportunities, etc.	continuous improvement training. (1 day) <u>Lean Six Sigma Green Belts:</u> WorkSafeNB has certified 12 green belts, 1 black belt, and have 23 green belts currently in training and leading projects for certification.		
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Emerging issues/Changes in Policy or Legislation

Objectives <i>Emerging Issues/Changes in policy or Legislation</i> 1. Share information that is related to changes in legislation, policy and other significant changes within your organization	Activities	Target Date(s) / Status	Budget
Medical Marijuana <ul style="list-style-type: none"> anything legislative or policy related to be updated here 	Following a WCAT appeals decision, the limits of 3g dried cannabis per day and <1% THC cannot be applied by policy, and will be assessed under medical aid principles, requiring additional evidence of benefit and lack of harm using GRADE methodology.	All	
Any changes in policy	<p>General Approach to Policy Development</p> <ul style="list-style-type: none"> WorkSafeNB is in the process of developing policies which include less operational content. <p>Legislative Changes: Bill 2</p> <ul style="list-style-type: none"> <u>Phase-out Waiting Period:</u> WorkSafeNB's Three-Day Waiting Period will be phased out progressively over the next three years, with an elimination of waiting period in 2021. <u>Resorting Policy Deference to WorkSafeNB's Board:</u> In 2014, New Brunswick's Workers Compensation Appeals Tribunal was given the legal authority to strike down WorkSafeNB Policy. However this was amended to restore the authority to the Board and change the standard of review to patently unreasonable. <u>Definitions of Aggravation and Exacerbation:</u> Aggravation linked to a permanent clinical effect on an injury, exacerbation linked to a 	All	

	<p>temporary clinical effect on an injury.</p> <ul style="list-style-type: none"> • <u>Clarification when Diminishing and/or Suspending Payments:</u> Specifically when workers do not attend or participate in treatment and/ or when a worker’s behavior impedes rehabilitation. • <u>Ceasing Benefits:</u> Introduction of ceasing benefits if/when a personal intervening condition or other circumstance not related to the injury by accident becomes the dominant cause of workers’ inability to return to work or participate in rehabilitation. • <u>Resultant Changes to Policies:</u> <ul style="list-style-type: none"> ○ 21-101: Pre-Existing Conditions ○ 21-210: Determining Average Earnings ○ 21-211: Waiting Period ○ 21-214: Determining Continued Eligibility for LOE Benefit <p>Court of Appeal Decisions</p> <ul style="list-style-type: none"> • <u>St. Onge Decision:</u> This case provided guidance to the evidence needed to rebut the presumption found in section 7(2) of the WC Act. The Court of Appeal agreed with the WCAT that the evidence WorkSafeNB used to rebut the presumption clause was equivocal evidence and therefore failed in demonstrating that the presumption had been rebutted. The Court of Appeal stated that while the evidence may have raised suspicions as to the cause of the injury, “the fact is that no medical report or expert testimony advanced a definitive non-work-related cause for that injury.” • <u>Perry Decision:</u> In NB, the disablement of mental stress or a disablement caused by mental stress is only compensable when it is an acute reaction to a traumatic event, arising out of and in the course of the employment. This decision confirms that the test of whether there was a traumatic event is satisfied when the claimant has been diagnosed with PTSD. The NB Court of Appeal found that a PTSD diagnosis presupposed exposure to a traumatic event and in adjudicating a claim, the only question to be determined is whether the traumatic event was work-related. <p>Other New or Modified Claims-Related Policies</p> <ul style="list-style-type: none"> • <u>Violence and Harassment:</u> Regulatory changes to the OHS Act came into effect on April 1, 2019. All workplaces are now required to 		
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	<p>conduct a risk assessment and, based on certain criteria, may also be required to develop codes of practice for violence and harassment.</p> <ul style="list-style-type: none"> • <u>Occupational Hearing Loss</u>: In September 2018 WorkSafeNB's Board approved changes to Policy 21-112 Occupational Hearing Loss with the intention of ensuring that hearing loss claims are within the scope of the Workers' Compensation Act. • <u>Medical Aid – Opioids</u>: In September, the Board also approved significant changes to Policy 25-012 Medical Aid – Opioids that align with recent amendments to the New Brunswick College of Physician's prescribing guidelines, including: <ul style="list-style-type: none"> ○ Reducing the initial pre-authorization of the prescription to two weeks; ○ Limiting dosages to a 50 mg morphine equivalent per day; <p>Avoiding simultaneous prescriptions of opioids with benzodiazepines and other sedating medications; and stricter monitoring.</p>		
Any changes in legislation		All	
Any changes that will impact the organization		All	

Other Topics/issues happening in the jurisdiction that would be of interest nationally

Objectives	Activities	Target Date(s) / Status	Budget
Committee Structure <ul style="list-style-type: none"> • Format • Structure • Chair/Co Chair succession plans • Terms of reference • Orientation guide 	<p>We will do a quick review of the TOR and selection of a co-chair</p> <p>NB would like to discuss:</p> <ol style="list-style-type: none"> 1) Multidisciplinary Assessment Providers (experience, and do others use out of province or out of country providers and in what circumstances?) 	Wade	

KPI's

Objectives: <i>reporting KPI outcomes</i>	Activities	Target Date(s) / Status	Budget
<ul style="list-style-type: none"> Time to initial payment Short term duration Long term duration RTW outcomes 			
Time to Initial Payment	<p>Days from Workplace Injury to Claim Registration</p> <ul style="list-style-type: none"> 2017: 10.9 Days 2018: 12.2 Days 2019 YTD: 11.3 Days <p>Days from Claim Registration to First Payment</p> <ul style="list-style-type: none"> 2017: 39.1 Days 2018: 40.7 Days 2019 YTD: 45.3 Days 	All	
Overall Duration	<p>Average days for "Closed" Claims</p> <ul style="list-style-type: none"> 2017: 106.7 Days 2018: 118.5 Days 2019 YTD: 141.2 Days <p>Average days for "Open" Claims</p> <ul style="list-style-type: none"> 2017: 283.8 Days 2018: 292.2 Days 2019 YTD: 288.5 Days 		
Short term duration	<p>% of Workers Returned to Work Within 26 Weeks</p> <ul style="list-style-type: none"> 2017: N/A 2018: 72.5% 2019 YTD: N/A 	All	
Long term duration	<p>% of Workers Returned to Work Within 104 Weeks</p> <ul style="list-style-type: none"> 2017: 93% 2018: 91.6% 2019 YTD: N/A 	All	

Return to work outcomes		All	
Any other KPI's that would be of interest	<p>Client Satisfaction Index:</p> <ul style="list-style-type: none"> • 2014:68.5% • 2018:71.5% <p><u>Claim Registration</u> WorkSafeNB has recently established a new metric: Claim registration to first payment, similar to several other jurisdictions. In NB, a claim is created using a multitude of documents such as an application for compensation, a medical report, x-rays, audiograms, invoices, etc., whether or not a worker has indicated they wish to file a claim. These new “claims” are then assigned and missing information actively collected. Many never become an actual compensation claim. Through our emphasis on Lean Six Sigma and process improvement, WorkSafeNB has been exploring ways to eliminate waste and increase the timeliness of decisions. Legislated requirements for making an application for compensation are being reviewed and discussions have begun about what should reasonably become a registered claim to then be pursued.</p>	All	

Technological Updates

Objectives: <i>What is new/upcoming in the jurisdiction that will be of national interest.</i>	Activities	Target Date(s) / Status	Budget
<ul style="list-style-type: none"> • Share information 			
<p>Case Management Systems</p> <ul style="list-style-type: none"> ○ Learning from the case management models Lessons learned Pros and cons 	<p>Shared Service Model and Functional Alignment</p> <p>WorkSafeNB has transitioned from managing and delivering services in a regional based model, to a shared services model.</p> <p>WorkSafeNB has created a series of case management teams with the intention to handle a mix of general and focused claim types. These case</p>	All	

Dashboards	<p>management teams now have the opportunity to focus on claims that have a RTW priority with the accident employer. All LTD claims and claims requiring Work Force Re-entry services are now each managed by a respective team.</p> <p>Daily Management and Plan-Do-Check-Act (PDCA) Cycles</p> <ul style="list-style-type: none"> • WSNB has adopted a discipline of daily management for claims and claims-related support activities. • WSNB's daily management efforts are enhanced by PDCA meetings. These are a series of daily, weekly, or monthly meetings which enable staff to provide input on process constraints and improvement ideas. These constraints are tracked and help inform project selection (choice) process at the executive level 		
Update on online services for clients and service providers	<p>My Services</p> <p>MyServices is a website application launched in August 2017 that lets workers, employers and service providers access claim or account information conveniently and securely.</p> <ul style="list-style-type: none"> • For workers, it means they can email us, learn about services and benefits quickly and easily, and see claim status, payment dates and more – all in a protected online environment. <p>For employers, it means they can file assessment form, view current employer balances, and communicate securely, access cost of claim statements and more.</p>		
Other Technological initiatives	WorkSafeNB is currently building is organizational capacity to support movement to a new claims management system.	All	