



## Jurisdictional Update Report

**Date:** September 2014

**To:** Compensation and Benefits Committee

**From:** Newfoundland and Labrador

**Committee Member:** Craig Noseworthy/Tom Mahoney

<b>Committee Mandate</b>	
	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.
<b>Goals</b>	
	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.

Objective	Activities	Target Date(s) /Status	Budget
<p><b>Improving Return to Work Outcomes/Reducing Durations</b> (Share work that is being done within your organization to support RTW , reduce duration etc )</p>			
<p><b>Claims Management Model (CMM)</b></p>	<p>A multiyear phased in initiative with a focus on claims management and client service. The CMM addresses duration factors that are within the Commissions Control and better positions the Commission to influence duration factors outside of its direct control.</p> <ul style="list-style-type: none"> <li>• 2014 <ul style="list-style-type: none"> <li>○ ESRTW functionality – Enhancements for reporting on line</li> <li>○ Entitlement</li> <li>○ Extended Services Unit</li> </ul> </li> <li>• See Attached <ul style="list-style-type: none"> <li>○ Claims Management poster <i>“Trek to the summit 2015”</i></li> </ul> </li> </ul>	<p>2015 End date</p> <p>Q2 – Q 4 2014</p>	
<p><b>Quality Assurance Team</b></p>	<p>Quality assurance is an integral part of the Claims Management system. The Quality Assurance Team will support Worker Services from a quality assurance point of view and will be a positive and proactive agent for improvement. The team will be responsible for analyzing, maintaining, reporting on the results of quality initiatives established by the departments and the organization. The objective of the team is to support client service and claims management delivery of strategic issues found in the 2014-1016 strategic plan.</p>	<p>Q 2 2014</p>	
<p><b>Entitlement Improvement Plan</b></p>	<p>In response to many challenges in the entitlement area, an improvement plan was developed. The plan will address: difficulty in providing a balanced customer service approach to all types of claims, maintain a balanced case load and will assist the evaluation of the potential need for further resources.</p> <p>The three main components:</p> <ol style="list-style-type: none"> <li>1. A transition into a specialized team approach: Health Care/Recurrences and Lost Time.</li> <li>2. A Triage function will review all claims referred to the team.</li> </ol>	<p>Q 3 – Q 4</p>	

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	<p>Claims that can have a decision completed immediately will be finalized by the triage person. The remainder will be sent to the team members. Staff will rotate through the triage function to ensure a well-rounded skill set is maintained.</p> <p>3. Expanded duties of the Client Service Assistant. This will reduce the administrative duties of the Adjudicators which will allow them to focus on the entitlement decisions.</p>		
<p><b>Service Delivery / Quality Initiatives</b>  <b>Share what is being done in your organization to improve Customer service delivery and to support Quality service/ decisions to stakeholder)</b></p> <p><b>Integrated Client Service Strategy</b></p> <p><b>Client Segmentation Study</b></p>	<p>The integrated client service strategy will redefine how we deliver programs and services in the future and will impact the organization at all operational levels. The integrated client service strategy will provide a strategic framework that will:</p> <ol style="list-style-type: none"> <li>1. Establish a more integrated, organization-wide “we are one” system approach to service delivery</li> <li>2. Align the cultural focus of the organization to a “client-first” culture that focuses first and foremost on the service needs of the injured workers and employers that it serves</li> <li>3. Integrate those programs and service efforts already underway to ensure that they continue with a collaborative, client-centric focus.</li> </ol> <p>See attached Appendix A – Integrated Client Service Strategy update Phase II.</p> <p>As a part of the Commission’s integrated client service strategy and to further enhance client service, the Commission underwent a client segmentation study. The data from the study will help the Commission gain a better understanding of our clients, how they want to</p>	<p>Q1-Q4 2014</p>	

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<p><b>Client Service Excellence Program</b></p>	<p>communicate with us and through what channels.</p> <p>Objectives of the study:</p> <ul style="list-style-type: none"> <li>• Better understand our clients, their needs and preferences</li> <li>• Implement enhanced services to respond to client service needs.</li> <li>• Achieve client service excellence and efficiencies</li> <li>• Maximize the efficiency and effectiveness of communications, considering communication needs, methods and preferences</li> <li>• Better align and allocate resources to meet client needs</li> <li>• Engage staff and clients to ensure superior client service</li> <li>• Determine key performance indicators used to measure client service satisfaction relevant to the client segment</li> <li>• Determine the level and type of electronic services and support/assistance clients within each segment would like to be provided.</li> </ul>	<p>Q1 – Q4 2014</p>	
	<p>The Client Service Excellence program is a comprehensive program consisting of 3 days of interactive learning. This program uses the Insights Discovery System and provides opportunities to develop skills and knowledge to serve clients and citizens more effectively. Participants learn strategies for delivering service that goes beyond the client expectations.</p> <p>The Insights Discovery system improves effectiveness by helping people:</p> <ul style="list-style-type: none"> <li>• Understand themselves and their deeper motivations, needs, and wants</li> <li>• Understand what each person brings to a relationship or to a team, and how to complement the strengths of others</li> <li>• Provide better support for one another in achieving personal, interpersonal, and organizational goals</li> <li>• Understand their customers and how to relate to them</li> </ul> <p>Every person is unique, bringing different styles, needs, motivations and expectations. In these differences are great strengths. The insights Journey of Discovery is one of understanding and appreciating these</p>	<p>Q1 –Q4 2014</p>	

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<p><b>Franklin Covey</b></p>	<p>differences. Understanding more about self, about others, and how to combine these strengths to achieve desired success.</p> <p>At the end of the 3 days, participants will be able to identify the elements of a quality service experience and demonstrate the application of service excellence techniques in the delivery of service to clients.</p> <p>Following the 3 day session, the management group will also participate in a 1 day session dedicated to how managers can support client service excellence at the Commission. The leadership component will be completed in Q4, 2014.</p> <p>This program is for all staff and by the end of 2014, the majority of staff will have been trained since the initiative began. One final training session will occur in Q1 2015 for any new staff or for staff that have missed the training.</p> <p>To help the Commission meet its strategic goals of excellent client service, Franklin Covey Canada Limited has been engaged to deliver its “4 Disciplines of Execution”(4DX) training to all of the Commission’s managers who supervise employees. The program will facilitate the internal development of tactics to deliver the highest level of client service. The four disciplines are:</p> <ol style="list-style-type: none"> <li>1. Focus on the wildly important goals to achieve what really matters</li> <li>2. Act on the lead measure – activities that produce results</li> <li>3. Keep a compelling scorecard to help motivate staff to win</li> <li>4. Create a cadence of accountability – each team engages in a simple weekly session that highlights successes, analyzes results and course corrects as necessary.</li> </ol> <p>The 4DX was implemented in thirteen forward facing client service teams in 2013 and expanded to all Commission Departments in 2014.</p> <p>A 4DX summit in June 2014 gave all 4DX teams an opportunity to present to Senior Management and provide first-hand accounts of the challenges and benefits of 4DX. The challenges the team encountered helped develop lessons learned for future expansion. In addition to</p>	<p>Q4 2014</p>	

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<p><b>Making a Claim for Occupational Disease</b></p>	<p>improvements in client service, some teams also reported added benefits of increased team work, improved processes and improved communication. The summit also gave senior management an opportunity for direct dialogue with the teams.</p> <p>The commission completed a review of the information materials regarding the claims process for occupational disease. As a result the “making a claim for occupational disease” fact sheet was developed for our web site with a user friendly print option. A brochure is being finalized as well.</p> <p>See attached – WHSCC – “making a claim for occupational disease”. This is also available on our web site at:  <a href="http://www.whscc.nl.ca/workers/od_claim.whscc">http://www.whscc.nl.ca/workers/od_claim.whscc</a></p>		

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<p><b>Human Resources / Training</b></p> <p><b>Share information on staff related issues including training , recruitment , management oversight etc )</b></p> <ul style="list-style-type: none"> <li><b>1. Staffing Issues</b></li> <li><b>2. New Initiatives</b></li> <li><b>3. Training</b></li> </ul> <p><b>Claims Management Model Training</b></p> <p><b>Decision Making training</b></p> <p><b>Safe Talk Training</b></p>	<p>Training related to the next technical release of the CMM on Entitlement, ESRTW and ESU functionality as well as any changes in business process related to the 2014 release.</p> <p>Develop a decision making and writing standards program for Compensation Services decision makers.</p> <p>½ Day training that will prepare staff to identify persons with thoughts of suicide and connect them to suicide first aid resources (case manager).</p>	<p>Q1 – Q4 2014</p> <p>Q1 – Q4 2014</p> <p>Q1 – Q4 2014</p>	

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<p><b>PREP (Physicians Resource Education Program)</b></p>	<p>Our full time Medical Consultant is the physician liaison to the Newfoundland and Labrador Medical Association which also has responsibility to the MUN Medical School. This has led to increased educational opportunities whereby he has been invited to provide lectures to the medical school students on select topics and provide information sessions on the WHSCC. For the past 4 years, he has provided lectures to first and second year family practice residents concerning the role of the family physician in the management of injured workers. This has been done in conjunction with case managers and early and safe return to work facilitators.</p> <p>Our consultant also lectures to the graduating class of the Masters of Public Health Program concerning worker's compensation systems in Canada. We also have several of these students, which included a physician and a couple of medical students, job shadow our consultant at the WHSCC. This provided another great opportunity to educate new and upcoming physicians on WHSCC and ESRTW. In the past, we have also had two family practice residents complete a rotation at the WHSCC.</p> <p>Over the past number of years, our consultant has provided in-services to physicians in their office concerning proper form completion and the physician's role in the early and safe return to work process. To date, 360 physicians and family practice residents have received this in-service.</p> <p>Our consultant regularly initiates contact with new physicians to the province and educates them on proper form completion and the physician's role as it relates to early and safe return to work. He is also working with the College of Physicians and Surgeons concerning the development of an orientation package for new immigrant physicians to the province. The college has also agreed to encourage these physicians to arrange a more detailed in-service with our consultant.</p> <p>Finally, the college website contains a section on physician practice material which our consultant has worked with them to include a section on WHSCC.</p>	<p>Q1 – Q 4 2014</p>	



Objective	Activities	Target Date(s) /Status	Budget
<p data-bbox="50 521 548 581"><b>Emerging Issues / Changes in Policy or Legislation</b></p> <p data-bbox="50 613 604 732"><b>Share information that is related to changes in legislation, policy and other significant changes within your organization.</b></p> <p data-bbox="50 768 310 800"><b>Statutory Review</b></p>	<p data-bbox="632 768 1629 911">A statutory review is required every five years under the NL Workplace health, Safety and Compensation Act. The review provides an opportunity for Newfoundlanders and Labradorians' to participate in reviewing the province's WHSCC.</p> <p data-bbox="632 951 1646 1198">The Statutory review "Working Together -- Safe, Accountable, Sustainable" is now available via : <a href="http://www.gov.nl.ca/lra/workingtogether">www.gov.nl.ca/lra/workingtogether</a> . Based on extensive consultation, the report has 42 recommendations, with an additional 90 recommendations related to a technical review of the Workplace Health, Safety and Compensation Act. The Government is in the process of reviewing and providing a response to the recommendations.</p>	<p data-bbox="1682 951 1864 984">Q1-Q4 2014</p>	

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<p><b>Shared information / opportunities</b></p> <p><b>Shared Information</b></p> <p><b>Additional Information / Items</b></p> <p><b>Indicators:</b></p> <p><b>Time to First Payment</b></p> <p><b>Intake to Decision</b></p> <p><b>Short term claim duration</b></p>	<p>NS</p> <ul style="list-style-type: none"> <li>• Conference call on decision making training</li> </ul> <p>NB</p> <ul style="list-style-type: none"> <li>• Conference call regarding our adjudication process</li> </ul> <p>The time to first payment measure is the average number of calendar days from receipt of appropriate reports to issue of payment.</p> <p>Year to Date(Q2 ) -17.65 days</p> <p>2014 – 22.97</p> <p>2012—17.51</p> <p>See Attached</p> <p>The Intake to decision measure is the average number of calendar days from receipt of a new lost time claims to issue of payment by an Intake Adjudicators.</p> <p>2014 – 10.17 days</p> <p>2013 – 8.05 days</p> <p>See Attached</p> <p>Short Term claims duration is defined as the number of days from which temporary earnings loss benefits are paid for injuries occurring in the</p>		

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	<p>same reference year.</p> <p>2013 – 38 days</p> <p>2012 – 39 days</p> <p>2011 – 39 days</p> <p>2010 – 40 days</p> <p>2009 – 39 days</p>		
<b>Best Practices in Health Care</b>	See Attached		
<b>Temporary Foreign Workers</b>	See Attached		
<b>Risk Factors on New Claims</b>	See Attached		

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