



Association of Workers' Compensation Boards of Canada
Association des commissions des accidents du travail du Canada

Jurisdictional Update Report

Date: (add Date here)

To: Compensation and Benefits Committee

From: NT & NU

Committee Member: Shara Haggett-Shupe

Committee Mandate	
	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	
	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>Repetitive Strain injuries</p>	<p>Require completion of repetitive strain injury questionnaires from the employer and worker as well as a copy of the job description. All claims with this type of injury are reviewed by the medical advisor. Confirm diagnosis usually with EMG testing, when appropriate.</p> <p>A challenge with these injuries can be in obtaining previous medical reports if required. (Many workers in the north have a transient work history and it is difficult to locate old medical providers and records.)</p>		
<p>Psychological Injuries</p>	<p>New procedure for Management of Psychiatric and psychological disorders just developed. Training for staff will start in August.</p> <p>Psychologist to review all psychological claims. Quarterly file reviews with Psychologist Medical Advisor, Case Manager, Manager</p> <p>Finding appropriate service providers, especially in the north can delay treatment for these workers and cause prolonged recoveries. We are finding that many workers have pre-existing psychological issues. We have had some success with change to another work site or different employment. We have not had much success in returning workers to their previous employment.</p>		

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<p>Quality Assurance</p>	<p>Securing treatment providers who are trained and available for specific recommended treatment modalities for PTSD has been difficult. We often see more generalized counselling and therapy being provided with little progress over extended periods.</p> <p>Random reviews are done monthly by the supervisor/manager for all positions.</p> <p>Reviews for case management are done at 6 weeks, 6 months and a random review monthly.</p> <p>Review forms have been developed per position for review. Staff have a month to respond.</p> <p>Claimants and employers can also express concerns regarding QA from their perspective through our feedback line.</p>		
<p>Return to Work</p>	<p>Process:</p> <ul style="list-style-type: none"> - Treating practitioners on first visit are required to complete Functional Abilities form and requested to provide a copy to worker. Functional abilities (FA) form and First medical report is faxed to the WSCC. - Employers expect FA form following appointment and work with worker to identify modified work. - Employers are supposed to provide return to work plan (modified work) to the WSCC – this does not always happen. - If no modified work available time loss claim 		

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	<ul style="list-style-type: none"> - Further healthcare treatment – recovery – new FA form – can employer now accommodate? - If Employer is larger and could potentially have modified work case manager/adjudicator and RTW specialist work with employer to help them identify suitable work. <p>WSSC Best Practices:</p> <ul style="list-style-type: none"> - Safe Advantage Management Practices Questionnaire - Assist Employers develop and implement RTW programs based on best practices - Using functional abilities form and focusing on abilities – Medical practitioners complete, Employers workers and WSSC use this to determine if work is available – continual focus on abilities – what can be done. <p>Successes/Challenges</p> <ul style="list-style-type: none"> - It can be a challenge receiving the functional abilities form and information, especially from health providers outside the jurisdictions. - Treatment is often outside the community and thus, RTW is delayed or put on hold for treatment (can't always be in conjunction with treatment). Going south for long period of treatment (intensive physio or work conditioning programs, etc) reinforces disability to both employer and worker. - Isolated communities with lack of treatment providers – fly for day to see physio – delayed recovery due to lack of access – injuries can get worse by not moving them – stiffness (reduced ROM), muscle atrophy, scar tissue buildup, etc. - Small employers and unskilled workforce can be a challenge due to reduced opportunities for modified or alternate work. - Communication with workers and employers focusing on what the worker can do and abilities as well as return to work has helped. 		

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