

## Chapter 31

# Workers' Compensation Board—Co-ordinating Injured Workers' Return to Work

### 1.0 MAIN POINTS

This chapter describes the results of our audit of the Workers' Compensation Board's (WCB) processes to effectively co-ordinate workers' return to work. WCB works with the injured worker, employer, and health care professionals to get the worker back to suitable, productive employment. Return-to-work plans are an essential component of WCB's return-to-work program. They are a tool for WCB to help injured workers return to employment in a timely and safe manner.

For the 12-month period ended August 31, 2016, WCB had, other than the following, effective processes to effectively co-ordinate workers' return to work. WCB needs to:

- › Consistently record its communications with injured workers, employers, and health care professionals; actively seek requested reports from them; and enhance its educational activities for them to increase submission of properly completed reports
- › Verify the completeness and currency of return-to-work plans, obtain agreement from injured workers and employers with those plans, and address impediments to timely recovery
- › Track and analyze key information about the quality and timeliness of its return-to-work program

### 2.0 INTRODUCTION

By law, WCB has the duty to consult and co-operate with injured workers in the development of rehabilitation plans intended to return them to positions of independence in suitable, productive employment.<sup>1</sup>

### 2.1 WCB's Return-to-Work Program

WCB delivers workplace insurance to Saskatchewan employers and benefits to Saskatchewan workers when they are hurt at work.<sup>2</sup> It has a return-to-work program as *The Workers' Compensation Act, 2013* (Act) expects. The Act recognizes injured workers, employers, health care professionals, and WCB must work together in the return-to-work program. It assigns responsibilities to each. For example, the Act requires:

- › Injured workers to promptly report workplace injuries to their employer and WCB [s. 44(1)(a)], and take reasonable action to lessen earning loss resulting from an injury (s. 51). It expects them to co-operate with WCB in rehabilitation plans to

<sup>1</sup> Section 19(1) of *The Workers' Compensation Act, 2013*.

<sup>2</sup> [www.wcbsask.com/about-wcb/](http://www.wcbsask.com/about-wcb/) (2 October 2016).



support their return to work. Unionized injured workers may seek assistance from their union representatives.

- › Employers to co-operate with WCB and the injured worker to achieve the early and safe return of the injured worker to his or her employment (s.53). Employers have a duty to accommodate injured workers by providing alternative duties compatible with any restrictions or limitations they may have.<sup>3</sup>
- › Health care professionals (e.g., medical doctors, physiotherapists) to provide information, advice, and assistance necessary to facilitate the return of injured workers to work (s.55).

When employees are injured at work (injured workers), WCB either reimburses certain costs and wages lost or provides wage-loss benefits.

WCB refers to claims resulting from reported workplace injuries not resulting in any time lost by the injured worker as no-time-loss claims. For no-time-loss claims, WCB reimburses injured workers for travel costs to attend treatments and appointments, and either the injured worker or employer for wage loss resulting from the worker missing work to attend medical treatments or appointments.

WCB refers to claims resulting from reported workplace injuries where the injured workers cannot work as time-loss claims.<sup>4</sup> For time-loss claims, WCB provides injured workers with wage-loss benefits and reimbursement costs. As shown in **Figure 1**, over the last three years, the number of WCB's time-loss claims has decreased by about 17%, and the average duration of time loss has increased by 4.06 days. Saskatchewan's duration of time-loss claims is similar to the Canadian average duration of time-loss claims.<sup>5</sup>

As shown in **Figure 1**, WCB has two time-loss claim related targets. For the last five years, WCB has achieved its target of 95% of workers sustaining a time-loss injury returning to work. For the last two years, WCB has not achieved its target of 35.5 days in average duration of time loss in days.

**Figure 1 – Key Time-Loss Claim Statistics from 2011 to 2015**

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2015 Target
Number of claims reported	39,689	39,343	37,731	35,836	32,577	Not applicable
Number of time-loss claims accepted	11,516	10,774	10,116	9,715	8,417	
Number of no-time-loss claims accepted	21,378	22,607	20,996	18,441	17,137	
Number of fatality claims accepted	22	43	23	24	17	
Total number of claims accepted	32,916	33,424	31,135	28,180	25,571	

<sup>3</sup> As specified under *The Saskatchewan Human Rights Code* [sections 9 and 16(1)], and *The Saskatchewan Employment Act* (sections 2-40 and 2-41).

<sup>4</sup> After the day of injury, if a worker is off work for their next regularly scheduled shift, this is called a time-loss claim. Taken from [www.wcbask.com/employers/managing-your-workers-injury/](http://www.wcbask.com/employers/managing-your-workers-injury/) (2 October 2016).

<sup>5</sup> Association of Workers Compensation Boards of Canada: [www.awcbc.org/?page\\_id=9759](http://www.awcbc.org/?page_id=9759) (28 September 2016).

	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 Actual	2015 Target
Average duration of time loss in days	34.44	38.89	34.88	37.01	38.92	35.5
Percentage of workers sustaining a time-loss injury returned to work	95%	97%	98%	97%	96%	95%

Source: Saskatchewan Workers' Compensation Board 2011-15 Stakeholders Reports.

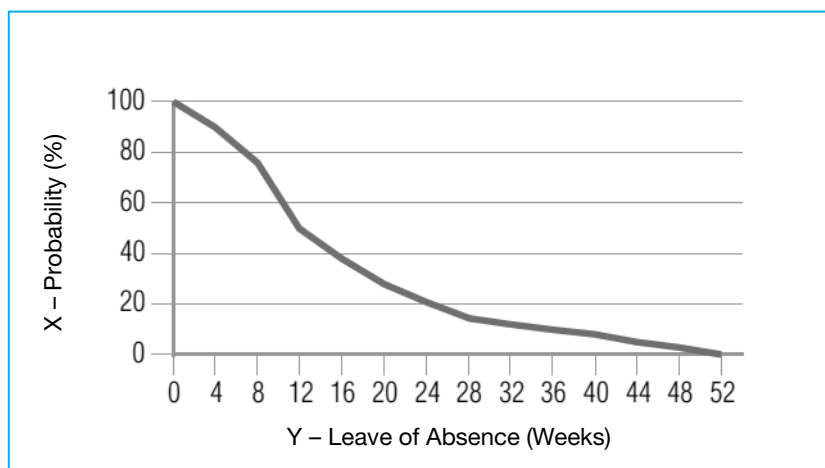
WCB has a goal to return all injured workers back to work—that is have injured workers return to their same job, to a modified or new job at the same employer, to a similar job at a different workplace, or to a different job at a different workplace.

## 2.2 Co-ordination Key to Effective Return-to-Work Programs

Injured workers who return to work soon after their injury usually recover faster. This reduces the physical and emotional impact for the injured worker and other employees. Employers also benefit from less workplace disruption and costs related to lost employee time.

According to the Treasury Board of Canada Secretariat's *Managing for Wellness*, 75% of injured workers return to work following an absence of 12 weeks or less while only 20% of injured workers return to work after a one-year absence. As shown in **Figure 2**, the Conference Board of Canada reports that the probability of an employee returning to work after a 52-week absence is low.

**Figure 2—Probability of Employees Returning to Work After a Health-Related Leave of Absence**



Source: The Conference Board of Canada, *Creating an Effective Workplace Disability Management Program*, (2013).

Having a return-to-work program contributes to timely recovery of injured workers and effective management of claims. Effective return-to-work programs assist injured workers in returning to work as soon as it is medically safe to do so. Returning to work may include returning to previous employment, alternative employment, or retraining for a new occupation.



Recovery and return-to-work plans (RRP) for seriously injured workers are a key component of an effective return-to-work program. RRP help partners discuss and set expectations of each party to support a safe and as soon as possible return to work. Partners include the injured workers, employers, health care professionals (e.g., medical practitioners, physiotherapists, vocational rehabilitation therapists), and the insurer.

RRPs are most successful when they are established shortly after injury, and actively involve the injured worker, the employer, the health care professional, and the insurer in their preparation.<sup>6</sup> In addition, RRP are most successful when each of these parties agree with the RRP and take an active role in its implementation.<sup>7</sup> Not doing so may delay the injured workers' return to the workforce as a productive employee. Time lost as a result of injury affects the injured workers, their employers, and are a cost to society.<sup>8</sup>

### 3.0 AUDIT OBJECTIVE, SCOPE, CRITERIA, AND CONCLUSION

The objective of this audit was to assess the effectiveness of Workers' Compensation Board's processes, for the 12-month period ended August 31, 2016, to co-ordinate workers' return to work.

For the purpose of this audit, we refer to the recovery and return-to-work plan as RRP; the employer return-to-work plan as the employer portion of the RRP; and the health care professional return-to-work plan as the health care professional portion of the RRP.

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook – Assurance*. To evaluate the WCB's processes, we used criteria based on our related work, reviews of literature including reports of other auditors, and consultations with management. WCB agreed with the criteria (see **Figure 3**).

We examined WCB's guidance, policies, procedures, and reports that relate to injured workers' return to work. We assessed WCB's processes to effectively co-ordinate workers' return to work. We tested a sample of 30 injured workers' claims files of which 20 had a RRP. For the remaining 10 claims files, we determined whether they required a RRP. We preserve the confidentiality of claims information.

<sup>6</sup> Institute for Work & Health, *Seven 'Principles' for Successful Return to Work*, (2007). [www.iwh.on.ca/system/files/documents/seven\\_principles\\_rtw\\_2014\\_0.pdf](http://www.iwh.on.ca/system/files/documents/seven_principles_rtw_2014_0.pdf) (4 October 2016).

<sup>7</sup> Institute for Work & Health, *Red Flags Green Lights: A Guide to Identifying and Solving Return-to-Work Problems*, (2009). [www.iwh.on.ca/system/files/documents/seven\\_principles\\_rtw\\_2014\\_0.pdf](http://www.iwh.on.ca/system/files/documents/seven_principles_rtw_2014_0.pdf) (4 October 2016).

<sup>8</sup> International Association of Industrial Accident Boards and Commissions, *Return to work: A foundational approach to return to function*, (2016). [www.iaiaabc.org/Document.asp?MODE=VIEW&DocID=4665](http://www.iaiaabc.org/Document.asp?MODE=VIEW&DocID=4665) (4 October 2016).

**Figure 3—Audit Criteria**

Processes to:

- 1. Engage partners in the return-to-work program**
  - 1.1 Identify key partners to participate (e.g., injured workers, employers, medical practitioners)
  - 1.2 Communicate and educate partners on responsibilities (e.g., duty to accommodate, legal privacy obligations)
- 2. Support implementation of timely recovery and return-to-work plans**
  - 2.1 Provide appropriate direction and tools to partners and staff (e.g., education, templates, policies, procedures, target timelines)
  - 2.2 Facilitate development of recovery and return-to-work plans (e.g., collaborate with partners, set timelines)
  - 2.3 Obtain agreement from partners on recovery and return-to-work plans
  - 2.4 Actively manage implementation of recovery and return-to-work plans (e.g., manage injured worker and employer expectations)
- 3. Monitor and report on results achieved**
  - 3.1 Collect information on achievement of return-to-work plans (e.g., successful return-to-work in identified timelines)
  - 3.2 Analyze whether desired outcomes are being achieved (e.g., average duration of absence from work)
  - 3.3 Adjust processes as necessary
  - 3.4 Communicate results

**We concluded that for the 12-month period from September 1, 2015 to August 31, 2016, the Saskatchewan Workers' Compensation Board had, other than the following, effective processes to effectively co-ordinate workers return to work. Saskatchewan Workers' Compensation Board needs to:**

- › **Consistently record its communications with injured workers, employers, and health care professionals; and actively obtain requested return-to-work reports**
- › **Verify the completeness and currency of return-to-work plans, address impediments to timely recovery, and confirm the agreement of injured workers and related employers with the plans**
- › **Educate injured workers, employers, and health care professionals to increase their submissions of properly completed injury and progress reports for the return-to-work program**
- › **Track and analyze key information about the quality and timeliness of its return-to-work program**

## 4.0 KEY FINDINGS AND RECOMMENDATIONS

In this section, we set out the criteria (expectations) in italics and our key findings along with related recommendations.

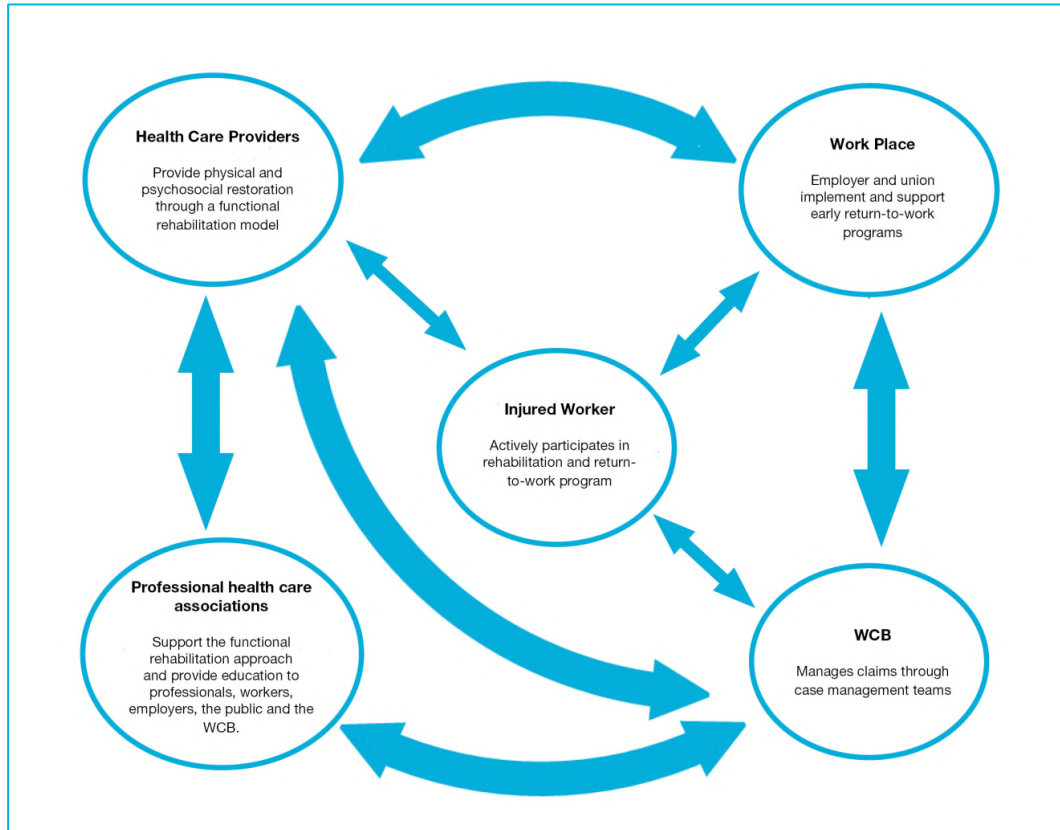
### 4.1 Key Partners Offered Guidance on Return-to-Work Responsibilities

*We expected WCB would identify the partners (e.g., injured worker, employer, and health care professionals) in the return-to-work program. We expected WCB would communicate and educate partners so they understand their roles and responsibilities in*

the return-to-work process. We expected that WCB would facilitate the return-to-work process, through providing partners with appropriate guidance (e.g., education, templates, policies, procedures, and timelines).

As noted in **Section 2.1**, the Act sets out the responsibilities of injured workers, employers, health care professionals, and WCB (partners) when a workplace injury occurs, or an injured worker returns to the workforce. **Figure 4** outlines the partners' roles in key aspects of WCB's recovery and return-to-work process.

**Figure 4—Recovery and Return-to-Work Process**



Source: Saskatchewan Workers' Compensation Board, *A Support Package for Chiropractors & Physiotherapists Treating Injured Workers*.

WCB reinforces responsibilities of each of its partners primarily through information on its website.<sup>9</sup> In addition, it offers free voluntary training and education programs, informational brochures, and standardized forms or templates. Each of these communications set out what each partner is to do and when, along with information (e.g., standard forms) each partner is to submit to WCB, to enable the preparation of a complete RRP for an injured worker.

For example, WCB provides:

- › Injured workers with information, on its website, about actions workers must take after a workplace injury, their rights, and an overview of the WCB claim process. It gives them access to forms for reporting an initial injury and progress on their

<sup>9</sup> [www.wcbsask.com](http://www.wcbsask.com) (7 October 2016).

recovery. Each year, WCB offers them free voluntary seminars on various topics (e.g., *Ergonomics: Why do workers get injured*).

- » Employers with details, on its website, about their responsibilities after a workplace injury occurs (e.g., to initiate and lead the return-to-work planning).<sup>10</sup> WCB gives employers access to forms for completing RRP, and reporting an initial injury and progress on their injured workers' recovery. WCB's Injury Prevention Unit offers voluntary classes in injury prevention, and the return-to-work process. WCB encourages employers to ask its Injury Prevention Unit for an assessment of their internal return-to-work process.
- » Health care professionals (i.e., health care providers, professional health care associations) with details, on its website, about their assessment and reporting responsibilities related to injured workers in their care (e.g., the process to be accredited to provide WCB with services, reports on initial injury, and necessary information about the injured worker's progress). It gives them access to forms and templates to help them complete an RRP, and report an initial injury and progress on an injured worker's recovery. It offers free voluntary training on various topics (e.g., psychosocial factors for disability). WCB also provides more focused training for chiropractors and physiotherapists, as they are more frequently involved in the RRP of injured workers.

WCB has assigned responsibility for co-ordinating claims for injured workers with an expected return-to-work duration of less than two weeks to its Claims Entitlement Services Unit. WCB does not require a documented RRP for these claims.

WCB has assigned responsibility for managing its return-to-work program to its Case Management Unit. This includes the responsibility for co-ordinating time-loss claims where the injured workers will likely miss more than two weeks of work and no-time-loss claims that have complications or carry a long-term prognosis. It expects documented RRP for these claims.

The Case Management Unit is comprised of about 60 full-time equivalent staff. Most case managers within this Unit have more than five years of experience in this Unit, and manage an average caseload of 60 claims. At March 31, 2016, individual case managers had a low of 47 claims, and high of 99 claims.

To support this Unit, WCB has policies and procedures, and in-house training with a supporting training manual on matters specific to its return-to-work process. For example, the manual outlines how to complete standard forms (e.g., a claims summary and a RRP). It has established guidelines for when to refer an injured worker for a secondary assessment.

In addition, the Case Management Unit has developed its own expectations for its role in managing injured workers' RRP. For example, it expects its staff to contact injured workers and employers within specific timeframes, and to complete key plans within specified timeframes (e.g., a RRP within 20 working days of the Unit's receipt of a claim).

<sup>10</sup> WCB Legislation: [www.worksafesask.ca/wp-content/uploads/2016/05/3-Legislation-RTW-1.2.pdf](http://www.worksafesask.ca/wp-content/uploads/2016/05/3-Legislation-RTW-1.2.pdf) (28 September 2016).



Furthermore, WCB has designed its IT case management system (called Eclipse) to help staff co-ordinate claims. Eclipse indexes various documents related to each claim (e.g., initial injury reports, claim summary, and health care professional invoices). In addition, it captures basic information (e.g., injured worker's contact information, employer, WCB staff assigned to claim) and key dates (e.g., dates on which WCB contacts injured workers, completes claim summaries and opens and closes claim files) related to claims requiring RRP. Eclipse can aggregate and summarize only the basic information it captures.

WCB does not track to what extent each of its partners accesses its website and forms, or participates in its voluntary training and educational programs. As noted in **Section 4.2**, our testing of claims files found employers and health care professionals do not always submit to WCB the information it expects to receive, and WCB does not do enough to make sure it obtains all information within a reasonable timeframe. See **Recommendations 2 and 3**.

## 4.2 More Support for Preparing and Implementing Recovery and Return-to-Work Plans Needed

### 4.2.1 Active Pursuit of Missing Initial Injury Reports Needed

*So that WCB gathers sufficient information to prepare an RRP, we expected WCB to initiate timely contact and maintain regular contact with partners.*

When a worker is injured in the workplace, WCB expects the injured worker, his/her employer, and related health care professionals to submit to it an initial injury report. The initial injury report includes:

- › The injury (type, nature)
- › Date of the injury
- › Cause of the injury
- › Whether the injured worker lost time from work
- › Recommended time off work
- › Recommended treatment plan

WCB's Claims Entitlement Services Unit determines which claims to refer to the Case Management Unit. For claims referred to this Unit, WCB requires the Case Management Unit to develop a claim summary within five working days of its receipt of the claim from the Claims Entitlement Services Unit.

The claim summary summarizes the background of the claim (e.g., chronology of the injured worker's claim). WCB has a claim summary template to guide its development.



In developing the claim summary, WCB expects the Case Management Unit to contact the injured worker and their employer within 10 business days of the Unit's receipt of a claim. The purpose of this discussion, in addition to reminding these partners of their responsibilities, is to inform them of the following. The Unit is responsible for co-ordinating the claim; WCB is committed to the safe and timely recovery of the injured worker; and a RRP must be prepared within 20 working days of the Unit's receipt of the claim.

In 25% of 20 claim files we tested, WCB did not document if, and when it contacted the injured worker and employer. The Unit could not show us if or when it contacted injured workers and employers for these claims.

In addition, for the 20 claims files we tested:

- › 20% of the injured workers did not provide an initial injury report
- › 5% of employers did not provide an initial injury report
- › 10% of health care professionals did not fully complete the initial injury report
- › In each of the files with missing initial injury reports as noted above, the Unit did not document if and when it followed up to try to obtain the requested reports

Without documentation of contact, we could not determine whether the Case Management Unit consistently contacted injured workers and employers within the 10 business days or when it failed to receive the requested initial injury reports. In addition, because the Unit did not record this information for all claims, these dates are not consistently captured in WCB's claims management system.

Management had previously identified these concerns through its internal assessments of claims. It had found that the number of initial injury reports received from employers within its target of five days was less than 50%.

Initial injury reports include key information to enable the completion of the claim summaries and RRP. Without early communication with the injured worker and employer, WCB is unable to co-ordinate the development of an accurate and timely claim summary and creation of a RRP.

Not completing the RRP promptly after the injury increases the risk of delays in identifying and taking necessary steps to return injured workers to work as soon as practical and safely.

- 1. We recommend that, for claims requiring recovery and return-to-work plans, Saskatchewan Workers' Compensation Board consistently record its communications with injured workers, employers, and health care professionals.**



- 2. We recommend that, for claims requiring recovery and return-to-work plans, Saskatchewan Workers' Compensation Board actively obtain requested reports (e.g., injury and recovery progress reports) from injured workers, employers, and health care professionals.**

## 4.2.2 Return-to-Work Plans Not Always Complete or Done

*We expected documented RRP's would include:*

- › *Injured worker's objective (e.g., return to same job or to a modified or new job at the same employer, to a similar job at a different workplace, or to a different job at a different workplace)*
- › *Assessment of injured worker's abilities, functional limitations and restrictions*
- › *Action required to meet injured worker's objectives (e.g., employer agrees to provide accommodations, modified duties or a graduated return)*
- › *Planned action to mitigate identified barriers (e.g., special equipment, required training)*
- › *The target return-to-work date, agreed upon work schedule, and deadlines for measuring injured worker's progress*
- › *Any absences for medical check-ups that are required to meet the return-to-work plan's implementation*
- › *Signature of the injured worker and employer, providing agreement on the return-to-work plan*

WCB's return-to-work program requires partners to work together to develop a RRP for an injured worker. WCB, as the co-ordinator of the return-to-work program, is to collect and track information from partners; this information facilitates the completion of a RRP.

WCB expects employers to initiate and lead the return-to-work planning for its injured workers. WCB provides a RRP template to guide the development of a RRP. The RRP outlines planned steps designed to return an injured worker to work safely and as soon as possible.

WCB's template RRP outlines key information it expects each partner to provide (e.g., medical diagnosis, work limitations, employer's ability to accommodate return-to-work, expected return-to-work date).

We found the RRP template was designed to collect the key information expected. We also found WCB does not require the injured worker or the employer to agree, in writing, to the RRP. Obtaining written confirmation of the RRP would ensure the injured worker and employer have a common understanding of the return-to-work plan and to help early identification of any barriers that may impact the worker's return-to-work.

The Case Management Unit is to use the employer portion of the RRP to create the claim summary mentioned in **Section 4.1**. Then, the Unit is to use the claim summary to complete the development of the RRP.

In 23% of the 30 claims files we tested, the Unit did not complete a RRP, but should have. Each of these claim files either had time-loss claims longer than two weeks in duration or were no-time-loss claims with longer-term complications.

In 35% of 20 claims files we tested, the Unit did not complete claim summaries within five working days from its receipt of the claim, or at all. For all claim files we tested with a claims summary, the Unit used the template to develop the claim summary.

For 20 claims files we tested, all files set out medical treatment recommendations obtained from the health care professionals (i.e., physiotherapist, chiropractors, and secondary assessment teams).<sup>11</sup>

With respect to the RRP in the 20 claims files we tested:

- All files did not clearly document the worker's objective (e.g., return to same job at same employer) but we could determine the objective if the file included a RRP.

We noted WCB's case management system does not capture the worker's objective as basic information.

- In 35% of them, the RRP's were not completed within 20 working days of the Unit's receipt of the claim (e.g., they were completed 22 to 43 working days after its receipt), or, not created at all.
- In 90% of them, the RRP was not prepared using WCB's standard form. Not using the standard form increases the risk of the RRP not including complete information to assist in the worker's recovery and return to work.
- In 70% of them, the RRP was incomplete, (e.g., no target return-to-work date documented or no employer accommodations<sup>12</sup> documented).
- In 15% of them, WCB did not set out the workers' target return-to-work date or return-to-work schedule. Failing to outline a target return-to-work date or set an achievable return-to-work schedule makes it difficult for the partners to develop a RRP. In addition, target dates and schedules facilitate a common understanding of the plan amongst parties, and agreement with planned steps and timing of these steps.

We noted WCB's case management system does not capture the target return-to-work date as basic information.

<sup>11</sup> If the injured worker's recovery does not proceed as expected, the worker is referred to an assessment team—a multidisciplinary team. The assessment team confirms the initial diagnosis or recommends further diagnostic services (e.g., referral to a specialist). Also, the assessment team identifies the appropriate treatment plans (e.g., level of treatment for the worker (primary, secondary or tertiary), a timeline for return-to-work planning, and whether, in their view, the worker has pathology to preclude their return to the pre-injury job on a permanent basis. Taken from [www.wcbsask.com/care-providers/treatment-assessment/](http://www.wcbsask.com/care-providers/treatment-assessment/) (22 September 2016).

<sup>12</sup> Accommodations in an employment context mean adapting workplaces, working conditions, job duties or assignments to address any barriers.



- › In 95% of them, the employer did not prepare the RRP as WCB expected.
  - In 95% of them, the employer did not provide the employer portion of the RRP (e.g., is the employer capable of providing modified duties)
  - In 20% of them, the employer did not complete the job information worksheet even though WCB expects employers, working with their injured worker, to do so. This worksheet sets out the worker's duties and forms part of the employer's portion of the RRP (e.g., modification of duties, accommodations)

WCB does not require the Case Management Unit to update the claim summary after its initial preparation.

Because the case management system does not capture key RRP information (such as the worker's objective or target return-to-work date), the Unit does not have easily accessible information on the status of each injured worker's RRP and progress in recovery. Rather, Unit staff must review individual reports and documents contained in a claim file to determine the status of the completion of an injured worker's RRP, and the injured worker's objective, and recovery status.

Maintenance of a summary document such as a claims summary for each claim throughout the return-to-work process would assist the Unit's ability to effectively co-ordinate the claim. It would also help them identify incomplete or missing RRP.

Incomplete or missing RRP increase the risk of WCB not knowing if injured workers receive appropriate support (e.g., WCB staff may not know they need to arrange for alternate health care appointments thereby delaying rehabilitation and return to work).

**3. We recommend that, for claims requiring recovery and return-to-work plans, Saskatchewan Workers' Compensation Board verify the completeness and currency of those plans and the agreement of injured worker and related employer with the plan.**

### 4.2.3 Progress Reports on Injured Workers' Recovery Not Consistently Received

*We expected WCB would actively co-ordinate the injured workers' RRP, by working with the partners. It would ensure a clear RRP plan was established and kept up-to-date.*

The Act requires WCB to verify an injured worker completes his/her treatment plan, and is physically and mentally capable of returning to the workforce [s. 19(1)(d)].

WCB expects injured workers, employers, and health care professionals to periodically report to WCB on the recovery progress of injured workers. It expects these reports throughout the recovery process (e.g., injured workers are to report every 28 days). It also expects RRP be updated to reflect any changes to the plan.

WCB relies on information in these reports to determine whether workers are progressing as the RRP expected, and when not, to determine what actions are needed, and of whom.

For 20 claims we tested:

- › In 100% of them, WCB sent written reminders to injured workers to submit recovery progress reports; however, for 35% of them, the reminder sent was not timely (i.e., sent later than every 28 days after the Case Management Unit received the claim)
- › In 40% of them, injured workers did not submit recovery progress reports; for these claims, the Unit did not document if, and when it followed up to try to obtain the requested reports from the worker
- › In 30% of them, employers did not respond to WCB's request for a progress report; for these claims, the Unit did not document if, and when it followed up to try to obtain the requested reports from the employer
- › In 65% of them, the assigned health care professional did not complete the report on an injured workers' progress or provide sufficient information on the injured worker's progress (e.g., no information on anticipated return-to-work date, no return-to-work treatment plan); for these claims, the Unit did not document if and when it followed up to try and obtain the missing information from the health care professional

Without complete and timely information, WCB does not know if injured workers are making adequate progress, or whether their RRP remains appropriate. This increases the risk of injured workers not achieving successful treatment and returning to work as soon as practical. See **Recommendations 2** and **3**.

#### 4.2.4 Referral to Secondary Assessments Later than Expected

*We expected WCB would actively manage issues impeding the injured workers' progress.*

WCB gives health care professionals written guidance on the target average duration of common work-related injuries (e.g., a certain type of injury should heal in a specified timeframe) to help them identify delays in progress. WCB has a policy to conduct a secondary assessment of an injured worker where his/her recovery is not progressing as anticipated.

WCB uses a secondary assessment to confirm the initial diagnosis, recommend further diagnostic services (e.g., referral to a specialist), or revisions to treatment plans. In addition, a secondary assessment may determine whether the worker can return to the pre-injury job on a permanent basis. In these situations, WCB refers the injured worker to its Vocational Rehabilitation Unit. This Unit can provide injured workers with training and guidance to help them find new employment.

For 67% of nine claims files we tested where the injured worker had a secondary assessment, the injured worker was sent for a secondary assessment later than the target average duration for the related injury (e.g., sent for assessment 182 days after injury for an injury with target average duration of 49 days). These files did not contain evidence that the Case Management Unit compared the health care professionals



recommended time off from work to WCB's target average duration; the files did not contain reasons for delayed referrals to secondary assessment.

Timely use of secondary assessments helps address delays in recovery of injured workers within a reasonable timeframe. Longer durations of recovery have adverse physical and emotional impacts on injured workers, and their families.

As noted in **Section 2.1**, in 2015, WCB did not achieve its target average duration of time loss in days (actual of 38.92 days as compared to its target of 35.5 days). Delaying use of secondary assessments may delay identification of necessary changes in treatment plans and the recovery of injured workers. This in turn may contribute to longer durations of time loss. Longer durations of time loss impacts both injured workers and employers.

Without an effective process for WCB to identify when to send injured workers for a secondary assessment, injured workers may not be receiving the treatment they need in a timely manner.

**4. We recommend that, for claims with recovery and return-to-work plans, Saskatchewan Workers' Compensation Board identify and address impediments to timely recovery of injured workers within a reasonable timeframe.**

#### **4.2.5 Partners Need Further Education on Their Responsibilities**

To effectively plan for and co-ordinate the return of injured workers to work, WCB relies on the co-operation of each of its partners. It also relies on them to provide requested information with a reasonable timeframe.

As noted in **Section 4.1**, WCB makes information on the responsibilities of each partner readily available on its website, and makes training available to interested partners. Even though it makes good and clear information available, the results of tests of claim files show WCB often does not receive requested information from its partners and, where it does receive requested information, at times, it is not complete.

As noted in **Section 2.2**, the longer an injured worker is away from work, the lower the probability of the worker returning to work. Saskatchewan employers have a vested interest in working co-operatively with their workers, as an employer's premium rate is directly impacted by the duration of the employer's injury claims and injured worker's time lost.

If partners do not understand the importance of submitting information to WCB, they may not engage in the return-to-work process.

5. We recommend that Saskatchewan Workers' Compensation Board educate injured workers, employers, and health care professionals to increase their submission of properly completed injury and progress reports for the return-to-work program.

### 4.3 WCB Needs to Better Monitor the Success of the Return-to-Work Program

*We expected WCB to set performance targets to assess the success of its return-to-work program. We also expected WCB would collect and track key information about its return-to-work program. It would analyze and report on the success of its return-to-work program and key adjustments necessary to improve the program.*

While WCB monitors claims, it does not specifically monitor the success of its return-to-work program.

As noted in **Section 2.1**, WCB has two targets related to time-loss claims—not exceeding an average duration of 35.5 days on all time-loss claims, and 95% of workers sustaining a time-loss injury returning to work.<sup>13</sup> It makes these public (e.g., in the *2015-2017 Strategic and Operational Plan*, the *2015 Annual Report*, and the *2015 Stakeholder Report*).

These targets cover all time-loss claims (those requiring a return-to-work plan and those that do not). WCB does not know the percentage of time-loss claims that require a return-to-work plan.

WCB uses Eclipse, its case management system, to track information related to these targets. In addition, it tracks other information on injured workers recovery and return-to-work activities.

Each day and each month, WCB senior management receives information to help it manage operational workflow including claims that the Case Management Unit handles. For example,

- › Daily reports show each claim referred to the Case Management Unit during that week, the day on which the Unit received the claim, and the number of claims the Unit has outstanding and closed during the year.
- › Monthly reports show actual results for each of its targets related to time-loss claims, information on case manager caseloads, and administrative cost per time-loss claim. This helps it assess the overall efficiency on an aggregate of time-loss claims.

WCB routinely analyzes trends and differences between actual results and its targets. Each quarter, the Board receives reports that compare actual results against targets, along with reasons for differences.

<sup>13</sup> WCB defines return to work as an injured worker that is no longer receiving benefits from WCB. To calculate average duration of time loss in days, it divides the total days lost paid for in the year by the total number of time-loss claims.



WCB identifies issues through its continuous review of workloads, regular meetings with staff, and internal quality control processes.<sup>14</sup> In addition, in 2015 as part of a continuous improvement process, WCB discussed issues and potential improvements with all staff. It communicates changes in processes and procedures through meetings with staff, revised policies and procedures, or revised expectations to partners.

Periodically, WCB compares its operations to other Canadian workers compensation boards or commissions and reports the results publicly (e.g., in its *2015 Stakeholders Report*). Comparisons include the administrative cost per time-loss claim, average calendar days from injury to first payment issued, and average calendar days from registration of claim to first payment issued.

In addition, WCB contributes information to the Association of Workers Compensation Boards of Canada. The Association publishes additional statistics on the operations of all Canadian workers compensation boards or commissions across the country. These statistics include the percentage of workers who are no longer receiving wage-loss benefits at particular period in time (e.g., after 30 days).

WCB does not track detailed information about its quality or timeliness of its return-to-work program (e.g., percentage of injured workers achieving target return-to-work date, percentage of workers completing RRP). As a result, WCB does not know, on a program basis, whether RRP plans are effective and making a difference in the recovery and the pace of recovery of injured workers.

We found that other Canadian jurisdictions have different measures for evaluating the timeliness and quality of the return-to-work process. We also noted research suggests the use of certain performance measures. These include: the percentage of injured workers' return to work within a specified period (e.g., 26 weeks from injury date); outcomes achieved by plans (e.g., whether target return-to-work date was met, and plan was followed); the average time until return to work by program type (e.g., regular work, temporary accommodation, or permanent accommodation); recurrence of injury rate; and the percentage of injured workers' return to work by outcome type (i.e., workers' objective).

In 2015, the duration of WCB's time-loss claims was higher than its target. Not tracking and analyzing key information about the quality and timeliness of its return-to-work program increases the risk of WCB not identifying opportunities to use this program to reduce the duration of time-loss claims. It also increases the risk of the program not cost-effectively contributing to the recovery of injured workers.

**6. We recommend that Saskatchewan Workers' Compensation Board track and analyze key information about the quality and timeliness of its return-to-work program.**

Management acknowledged its current measures do not provide an adequate picture of its return-to-work program. It noted WCB was reconsidering its performance measures.

<sup>14</sup> WCB conducts a continuous quality assurance process looking for adherence to policy and procedures. WCB conducts this work at a supervisory level and by the Injury Prevention Unit. This Unit is independent of operations. WCB uses the results for staff coaching and process improvements.



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