

Update: WorkSafeNB Phase II - Management of Injured Workers' Claims
December 2021

| Paragraph Number | Recommendation | Original Target Implementation Date | 2021 Update | Status |
|------------------|---|-------------------------------------|---|--------------------|
| 3.36 | We recommend WorkSafeNB automate the claims management system to allow electronic submission and processing of claims documents, to reduce work and speed up intake and adjudication processes. | December 2021 | With the magnitude and financial cost of systems transformation required at WorkSafeNB, the implementation of a new, modern claims management system will begin in 2023/2024. | Not implemented |
| 3.40 | We recommend claims be sent directly to an adjudicator after initial intake team gathers personal information and accident details. | March 2019 | WorkSafeNB's transformed Intake and Adjudication function includes a claim assessment process to ensure first treatment has occurred and to direct the claim to the most competent team (adjudicator) based on the nature of injury and complexity of the claim. Please see 3.48 for more information. | Implemented |
| 3.41 | We recommend WorkSafeNB uses separate "Report of Accident" forms for the employer and employee. | March 2019 | The combined "Report of Accident" has been separated into two forms – <i>Employer Report of Injury or Illness</i> and <i>Application for Workers' Compensation Benefits</i> . The forms and processes have been improved to allow workers to identify what they are submitting the application for, allowing more expeditious decisions. | Implemented |
| 3.48 | We recommend WorkSafeNB focus on return to work during adjudication by identifying risks to return to work; prioritizing complex claims and initiating a plan to address barriers. | December 2019 | <p>WorkSafeNB transformed its Intake and Adjudication function. As of January 4, 2021, the department has moved to a four-team structure that purifies employee roles to focus on entitlement decisions (all financial transactions are transitioning to a centralized unit under the Chief Financial Officer) and aligns employee competencies with the complexity of the decisions required. There is a team dedicated to just complex claims. A claim assessment function was introduced to ensure first treatment has occurred and that claims are immediately assigned to the right team based on complexity, including a team focused on medical aid; and the ability to escalate claims to case management more quickly. The next phase includes the development of a queue system to further optimize efficient claim processing.</p> <p>In addition, WorkSafeNB is launching an early intervention team and disability management team in 2022. The roles of these units will be to explicitly focus on maintaining return to work success early in the claim, identifying return to work barriers, prioritizing complex claims and initiating a plan to address these barriers.</p> | Implemented 70% |

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| 3.49 | We recommend WorkSafeNB communicate a detailed case plan with return to work goals, proposed treatments, and forecast date for recovery. | December 2019 | This recommendation was implemented in advance of the December 2019 target. A detailed case plan is now developed, documented, and communicated to workers after the claim is accepted. It includes seven elements: anticipated RTW date (based on DDG), mechanism of injury, current treatment, RTW options, barriers, action completion dates, and contingency plans. In 2021, WorkSafeNB will continue to work toward consistent implementation and control. As part of the Division's transformation, a Quality Management Services function was created as of January 4, 2021 that will design and implement a quality assurance program to ensure consistent implementation of legislation, policies, and processes. | Implemented |
| 3.53 | We recommend WorkSafeNB develop a treatment plan right after a claim is accepted and enable the adjudicator to communicate it to the injured workers. | September 2019 | This recommendation was implemented on target in September 2019. New treatment plan standards require its development within five days of the claim being assigned to a case manager. WorkSafeNB continues to work toward consistent implementation within these standards for all claims. As the time to accept claims improves (decrease from 44.6 days in Jan 2020 to 15 days in Dec 2020), the treatment plan will also be delivered earlier in the claim. Based on competency required to develop and deliver a case plan and our focus on purifying roles, this function will continue with a case manager and not an adjudicator. | Implemented |
| 3.54 | We recommend WorkSafeNB use disability duration guidelines to provide a forecast of return to work and include it in the initial decision letter sent to injured workers. | June 2019 | The use of disability duration guidelines was integrated into the overall case management practice improvements rolled out September 2019 (this recommendation was targeted for implementation June 2019). The disability duration guidelines are used to plan return to work, set milestones in the treatment plan, communicate expectations to workers and employers, and to trigger further/different intervention. Earlier this year, WorkSafeNB piloted with our health care sector team a comprehensive web-based tool known as the ODG – independent evidence-based medical treatment guidelines and return-to-work guidelines for conditions commonly associated with the workplace - allowing return to work expectations to be communicated in the initial decision letter. | Implemented 30% |

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| 3.59 | We recommend WorkSafeNB require case managers discuss with injured workers their abilities, functional limitations and restrictions in determining the modified return to work plan. | April 2019 | Rehabilitation is planned and discussed with the worker, employer and service providers. Standard information must be documented, communicated, monitored and followed up on including anticipated return to work date, mechanism of injury (MOI), current treatment, return to work options, barriers, action/completion dates, and contingency plans. This recommendation was implemented in September 2019 with the case management practice improvements (target April 2019). New re-employment legislation that came into effect January 1, 2020 will also promote alignment of workplace parties toward stay at work during recovery and more aggressive return to work goals. As of January 4, 2021, case management has moved to an industry sector-based approach to enable case managers to develop more specific competencies and knowledge of the industry and employers they work with most often. This will allow the building of relationships with employers to foster a culture of early RTW/Stay at work at NB workplaces while also building an understanding of re-employment legislation and supporting accommodation and disability management. | Implemented |
| 3.60 | We recommend WorkSafeNB improve the adjudication decision making process by requiring adjudicators to document in the claim management system decision rationale with the key legislation and operational policy. | June 2019 | WorkSafeNB documents rationale with the key legislation and operational policy in letters to workers, which are captured in the claims management system. | Implemented |
| 3.63 | We recommend WorkSafeNB include a clear explanation of potential eligible benefits with the initial decision letter to injured workers. | March 2019 | WorkSafeNB completed this recommendation on target (March 2019) providing a comprehensive explanation of available benefits in all acceptance decision letters with links to additional resources on www.worksafenb.ca . | Implemented |
| 3.66 | We recommend WorkSafeNB develop specific competencies for the adjudication role and require all successful applicants to meet those competencies. | June 2020 | WorkSafeNB has achieved the intent of this recommendation through its transformation of the Intake & Adjudication function as noted under 3.48. To enable the four-team approach, required competencies were determined based on the complexity of decisions being made by each team and competent adjudicators were aligned to those teams. This approach allows adjudicators to progressively build their competencies and advance to more complex decision making. In addition, work continues on the development and implementation of a competency assessment tool. | Implemented 80% |

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| 3.75 | We recommend WorkSafeNB update its guidance to promote early referrals to the workers rehabilitation centre, to maximize return to work outcomes. | June 2020 | Changes had been made to case management practice to promote earlier referrals. However, the COVID-19 pandemic has completely upended program delivery at the rehabilitation centre – which was primarily in person for a defined number of weeks. As such, WorkSafeNB has been using this time to examine these programs and the service delivery model to ensure optimal return to work outcomes for injured workers while delivering value for money to employers. Early referrals to WRC will be addressed in 2022 with the new early intervention/identification unit of clients at high risk of work disability. | Not implemented |
| 3.81 | We recommend WorkSafeNB formalize the authority and role of the medical advisor and ensure both medical advisors and case managers understand their respective roles regarding medical opinions. | March 2019 | The authority and role of medical consultants and case managers has been formalized by policy in advance of the target of March 2019. WorkSafeNB continues to monitor and improve these processes. | Implemented |
| 3.82 | We recommend WorkSafeNB: require medical advisor opinions to be formally documented and be restricted to the specifics of the medical condition; and have templated, specific questions for case managers to ask medical advisors. | June 2019 | Changes targeted for June 2019 were achieved to ensure medical opinions are formally documented, restricted to evidence-based medicine, and questions are templated to assist adjudicators and case managers. WorkSafeNB continues to monitor and improve these processes. | Implemented |
| 3.84 | We recommend WorkSafeNB have a plan to: follow up with the injured worker in relation to treatment progress; closely monitor claims with modified return to work to ensure the modified work is suitable; and communicate with health care providers involved in relation to worker's progress. | December 2021 | Modified return to work claims are transferred to an industry sector-based case management team to enable active case management and support for staying at work during recovery. Standards have been implemented for rehabilitation/ treatment planning and subsequent monitoring to support stay at work during recovery. The new industry sector approach to case management also allows relationships to be built with employers to foster a culture of early RTW/Stay at work at NB workplaces while also building an understanding of re-employment legislation and supporting accommodation and disability management. | Implemented |
| 3.88 | We recommend WorkSafeNB develop expertise for complex and sensitive conditions among case managers by allocating specific types of injuries to certain case managers and offering professional development opportunities. | June 2019 | The Traumatic Psychological Injury (TPI) team was established April 2019, now part of Specialized Services. Furthermore, in 2022 WorkSafeNB will be introducing a new disability management team focused on complex clients and their unique support needs for successful recovery and return to work. | Implemented 60% |

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| | | | WorkSafeNB continues to assess emerging needs for specialized teams and learning. In 2020, a review identified care maps related to these injuries were outdated. In 2021, WorkSafeNB will undertake improvement work on a best practice care and RTW framework. | |
| 3.97 | We recommend WorkSafeNB: expand the duration and level of detail in case manager training; and enhance ongoing training for existing staff. | June 2020 | <p>A new case manager training module was implemented in late 2019. It is a five-week program focused on topics such as: legislation & policy, benefits (medical aid and loss of earnings), workbench skills, continuum of care, RTW (disability management), prevention of work disability, communicating with employers, workers and service providers (and standards), treatment planning, administrative justice principles, organization and claim tracking, and building caseload in a controlled and supported environment.</p> <p>Effective January 4, 2021, WorkSafeNB also formed a Quality Management Services department to focus on employees' learning and development lifecycle, including onboarding, technical training, and real time coaching. The case manager training module will be further evaluated and updated in 2021. Formal disability management education is also being recommended by claims management.</p> | Implemented |
| 3.98 | We recommend WorkSafeNB monitor claims managed and provide feedback to staff on an ongoing basis to ensure adherence to policy and consistency among regions. | April 2019 | The Quality Management Services function will also design and implement a quality assurance program to ensure consistent implementation of legislation, policies, and processes. In addition, the foundation of an organization-wide learning loop has been developed and will be implemented in the first quarter of 2021. | Implemented 25% |
| 3.101 | We recommend WorkSafeNB annually review long term disability clients with a potential for return to work (for example, a change in functional abilities or a change in the labour market availability) to determine if the claim is still suitable for long term disability. | June 2019 | The new process has been implemented and assesses the status of the compensable injury and employability at each annual review. | Implemented |
| 3.104 | We recommend WorkSafeNB propose to amend the legislation so that appeals go to the Issues Resolution Office of WorkSafeNB as a mandatory first step before an appellant can file an appeal with the Workers Compensation Appeals | December 2020 | Legislative amendments came into effect January 1, 2020, ahead of the December 2020 target. | Implemented |

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| | Tribunal. | | | |
| 3.107 | We recommend WorkSafeNB develop Key Performance Indicators which are relevant to the performance of its internal processes. | March 2019 | Key performance indicators relevant to performance of internal processes have been developed. As an example, Adjudication Team 1 makes decisions on claims where there is clear causation. The process indicator is cycle time of five days to decision. The 2021 target is to have 70% of these decisions within five days. This contributes to the corporate KPI of time to first payment, which supports Strategic Pillar 4 – Creating a workplace that delivers superior service. | Implemented |
| 3.109 | We recommend WorkSafeNB define targets for its Key Performance Indicators and clearly state these on performance reports. | March 2019 | See recommendation 3.107. | Implemented |
| 3.111 | We recommend WorkSafeNB link: key performance indicators to strategic goals; and improvement initiatives to the Key Performance Indicators identified. | March 2019 | See recommendation 3.107. KPIs related to the strategic goals were approved by the board of directors in November 2021. | Implemented 100% |
| 3.115 | We recommend WorkSafeNB reallocate administrative tasks, such as loss of earnings benefit calculations, from case managers to administrative staff. | | The first phase of changes occurred April 2019 in advance of the June 2019 target. Subsequent training occurred and administrative tasks related to benefit calculations have been reallocated to administrative employees. As at February 1, 2021, a new centre of excellence for financial transactions under the Chief Financial Officer was operationalized. All medical aid payments have been transitioned to this team. The next phase will transition all other payment types like loss of earnings calculations. | Implemented |
| 3.119 | We recommend WorkSafeNB build tools into the claims management system to free up staff from routine and repetitive tasks so they can focus on progress and treatments of injuries. Such tools would include enhanced data mining capabilities; system reminders to update client information; auto-complete forms; and automated medical claims processing. | December 2021 | This recommendation is linked to future claims management systems changes as noted in 3.36. It will be implemented after the December 2021 target. | Not implemented |
| 3.131 | When tendering the contract for medical services again in 2019, we recommend WorkSafeNB: ensure tender requirements are comprehensive to minimize the need for significant changes after the tender is issued; and follow procurement regulations and best practices to ensure transparency, fairness, and competitiveness of the bidding process. | December 2020 | This procurement has been completed in compliance with public procurement legislation and regulations. The procurement was structured using a master services framework agreement that provides ultimate flexibility to WorkSafeNB. The master services agreement allows | Implemented |

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| | | | WorkSafeNB to refresh the roster of service providers on a quarterly basis. It does not provide any minimum volume guarantees to any supplier. | |
| 3.133 | We recommend WorkSafeNB use a shorter initial term with an option to renew, when the contract for medical services is tendered in 2019. | December 2020 | No initial term was granted. WorkSafeNB has sole discretion to cancel the master services agreement at any time with 30 days notice. Other terms exist to cancel a contract with a vendor for cause. | Implemented |
| 3.135 | We recommend that WorkSafeNB include contract terms addressing intellectual property rights in future contracts for medical and rehabilitation services. | December 2019 | Contracts now have standard intellectual property rights clauses. | Implemented |
| 3.141 | We recommend WorkSafeNB use progress reports received from physiotherapy clinics to monitor injured workers during treatment. | December 2019 | Monitoring treatment, adjusting the plan and follow up are now formally documented in the treatment plan as part of the case management practice improvements implemented September 2019 ahead of the December 2019 target. | Implemented |