ENHANCED DISABILITY MANAGEMENT PROGRAM (EDMP)

POLICIES & PROCEDURES

between

FACILITIES BARGAINING ASSOCIATION

and

HEABC

Health Employers
Association of BC

This Policy and Procedures document was developed by the Enhanced Disability Management Working Group (EDMWG) and provides a framework for the Enhanced Disability Management Program (EDMP). The flow chart provides a visual representation of the processes that are set out in this framework.

Enhanced Disability Management Program (EDMP) Policies & Procedures

The box numbers refer to EDMP Flow Chart in Figure 1.

Box 1: Participation by Regular Employees

All regular employees shall be referred to the program if they are:

- Off with a work-related illness/injury. The referral will be made on the first day of illness/injury.
- Off due to a non-work related illness/injury. The referral will be made after an absence of 5 consecutive shifts.

Participation in this program is required for these regular employees unless there is a bona fide reason to decline.

Participation by Casual Employees and Regular Employees who continue to work and self-refer

Participation in this program is voluntary for all casual employees and all regular employees who continue to work and self-refer.

Services provided to casual employees and regular employees who self-refer and continue to work are considered on a case by case basis and are at the discretion of the Employer.

All casual employees and regular employees who self-refer and continue to work and who participate in a Case Management Plan where services are being provided are required to participate unless there is a bona fide reason to decline.

Box 2: Program Intake

Referrals can come from a variety of sources including a central call-in system, the employee, the union, the manager, WCB, the HBT/underwriter or LTD carrier.

Box 3: Triage

The Disability Management Professional (DMP) will call the employee to ascertain the barriers to a return to work. Barriers include, but are not limited to:

- Medical: e.g. illness/injury.
- Personal: e.g. distressing life event.
- Workplace: e.g. lack of safety equipment; interpersonal relations.
- Vocational: e.g. lack of training and education for alternative duties/position.

The DMP, in consultation with the employee, determines if an employee is:

- A candidate for immediate enrollment in the program.
- Not an immediate candidate for the program in which case the employee's candidacy will be reviewed every thirty (30) calendar days to determine suitability at a future date.
- Unable to participate in the program or not a candidate for the program due to the nature of their illness/injury.
- Refusing to participate in the program.

An employee engaged in treatment or rehabilitation who has a normal expected recovery and who requires no services from the program will be monitored and reviewed.

If a labour relations issue impedes a successful return to work, the DMP will meet with the employee and the union representative to investigate and determine next steps.

Box 4: Triage Reports

The DMP will provide a timely triage report to the appropriate union representative. The triage report will contain information as determined by the Provincial Steering Committee (PSC).

Box 5: Case Management Plan

The DMP will develop a holistic Case Management Plan (CMP) for all employees participating in the program that includes milestones and expected outcomes in coordination with any other agencies involved.

The CMP may include medical intervention, transitional work (TW), graduated return to work (GRTW), workplace modifications, vocational rehabilitation, and/or retraining.

The CMP will be based on an assessment of factors such as prognosis, capabilities and limitations, skill and education, cost effectiveness, and likelihood of a return to work in an employee's own job with or without modifications or another job with or without modifications.

The CMP will be developed to facilitate a timely and safe return to work. A plan will be developed that returns the employee utilizing the following options:

- Returning to own job.
- Returning to own job with modifications.
- Returning to alternate job without modifications or with modifications.
- Returning to alternate job with retraining, without modifications or with modifications.
- Finding other alternative work that could accommodate the employee.
- Exercising seniority.

Employees who work for more than one employer will have one CMP. If the disability is due to a work-related illness/injury, enrollment will be with the employer in which the illness/injury occurred. If the disability is due to a non-work related illness/injury, the employee will be enrolled with the employer that will provide the earliest opportunity for the employee's return to work.

Box 5.1a: Case Management Plan - Straight Forward

In the case of a straight forward CMP, the union representative will be notified of the need for a GRTW and may waive participation in any meeting or discussion with the employee to develop and explain the GRTW. The union representative will be copied on the final plan which will include employee contact information.

A Straight Forward CMP is one that:

- Anticipates a return to work to previously held position that may or may not include a GRTW.
- Has a GRTW duration of less than 6 weeks.
- Has clearance from the appropriate medical professional.
- Has no change in the employee's FTE.
- Has not identified any workplace or HR/LR issues that would impede a return to work.
- Has not had concerns raised by the employee requiring intervention by a union representative when the GRTW is determined, and
- Has been signed-off by the employee.

Employees who are unable to return to their previously held position upon completion of the GRTW shall have a complex CMP developed.

Box 5.1b: Case Management Plan – Complex

In the case of a complex CMP, the union representative, the employee and the DMP will meet to develop and/or revise the complex CMP.

A Complex Case Management Plan is one that does not meet the straight forward definition and may include one or more of the following elements:

- Has a GRTW duration of more than 6 weeks.
- Requires a temporary accommodation/transitional work for an illness/injury with a lengthy recovery time.
- Has identified a need for vocational training.
- Has a component of workplace and/or HR/LR issues.

- Has issues related to a claim for LTD, ICBC or Workers Compensation Board (WCB) benefits.
- Involves a report to a professional association.
- Requires a permanent accommodation.

In the event that more than one medical professional is involved in treatment, the CMP will document what is required for clearance prior to a return to work.

Box 6: Monitor and Review

The DMP will maintain regular contact with an employee enrolled in the program to offer support.

Frequency of contact will depend, in part, on the likelihood of a return to work and the nature of their illness/injury but will not be more frequent than every thirty (30) calendar days unless otherwise agreed to by the employee.

Box 7: Non-participation/Unable to contact

If an employee refuses to participate in the program or the DMP is unable to contact an employee, the DMP will notify the union representative who will contact the employee to explain the program, its requirements and encourage participation.

The result of the contact may be an agreement with the employee that they will actively participate, or an agreement with the DMP and the employee that the appropriate approach is monitor and review.

If the union representative is not able to contact the employee or if the employee continues to refuse to participate, the employer will send a letter to the employee explaining the program, providing the name of their union representative, advising the employee that participation in the program is required unless they have a bona fide reason not to participate, and confirming that failure to participate in the program will result in the matter being referred to the HR/LR processes.

The consequence of non-participation is referral to the HR/LR processes and subject to the grievance and arbitration procedure set out in the Provincial Collective Agreement (PCA).

Box 8: Case Management Review Meetings*

The DMP and the union representative will review all cases at least once every thirty (30) calendar days or as necessary to determine next steps including whether status has changed from monitor and review to active participation prior to a return to work.

The DMP will submit a report to the union representative three (3) business days prior to the thirty (30) calendar day review.

After ninety (90) calendar days of absence, the DMP will meet with the employee who is medically able to meet and their union representative to review their medical status, explain

the EDMP and LTD application process. If a meeting is not possible, the LTD application package will be sent to the employee if required.

In addition to the thirty (30) calendar day reviews, an employee who has reached seventeen (17) months from date of disability will be reviewed to assess status of the CMP. A meeting will take place that includes the employee, union representative, the DMP, and HBT/Underwriter, LTD carrier or WCB if applicable unless there is a formal agreement not to meet.

* Meetings may occur through such means as teleconference, video-conference or face to face.

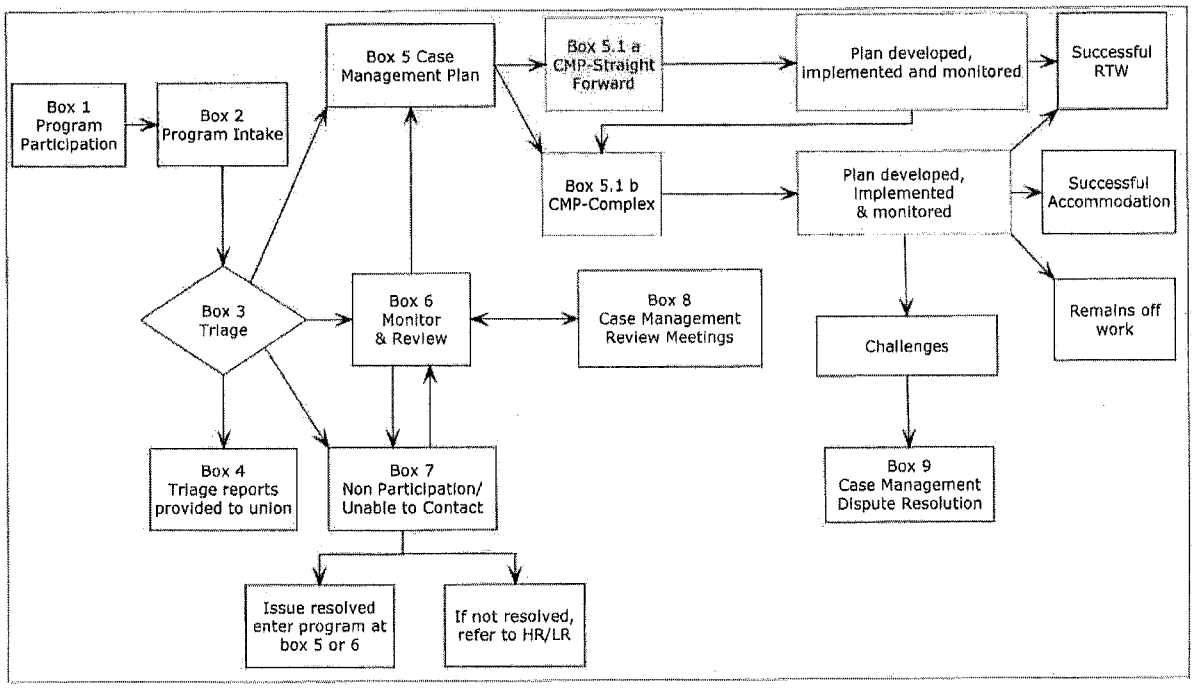
Box 9: Case Management Plan - Dispute Resolution

If an employee or union representative disputes the CMP, the union representative and the DMP will attempt to resolve the dispute.

If the dispute is resolved, the employee enters the program at Box 5 or 6. If there is no resolution, the dispute will be referred in accordance with the agreed to case management dispute resolution process.

If the employee refuses to participate in the program, the matter will be referred to HR/LR processes.

Figure 1: EDMP Flow Chart



Roles and Functions

Provincial Steering Committee (PSC)

The Provincial Steering Committee will include OHS Executive Director representation from each Health Authority and appropriate OHS representation from each Union group participating.

Governance

- Be the governing body of the program and guide its administration.
- Adopt policies and procedures, as recommended by the Provincial Working Group.
- Discuss and attempt to resolve case management disputes and refer unresolved matters in accordance with the newly established dispute resolution process.
- Establish a Dispute Resolution Panel as part of the newly established dispute resolution process.

Administration

- Approve changes to the program as required.

Evaluation

- Ensure that program reports and evaluations are completed as required.

Provincial Working Group (PWG)

The Provincial Working Group will include Disability Management Managers and EDMP leadership representation from the participating union.

The Provincial Working Group will:

- Oversee the operation of the EDMP.
- Develop policies and procedures as appropriate and refer to the PSC for approval.
- Standardize reporting documents and forms
- Oversee the development of educational programs and communication strategies.
- Develop recommendations for the allocation of savings for improved disability management.
- Implement approved changes to the program as required.
- Develop a framework, including key metrics and timelines for the evaluation of the program.
- Resolve issues encountered in the day to day operation of the program. Unresolved issues will be referred to the PSC.
- Promote the program to employees, unions and employers.
- Receive and analyze quarterly data reports to evaluate the effectiveness of the local program and its impact on sick leave, WCB and LTD claims and report findings to the PSC.
- The Provincial Working Group's approach to decision-making and dispute resolution will be consistent with the principles of the program.

Health Authority Working Group:

Health Authority Working groups will include the union representatives and an equal number of employer representatives from the Disability Management program. This group will meet at

least every 45 days to review day to day operational activities and issues, specific only to the local Health Authority, that may impact EDMP.

- Resolve issues encountered in the day to day operation of the program, specific only to the local Health Authority. Unresolved issues will be referred to the PWG.
- Resolve disputes that arise for specific case files.
- Promote the program to employees, unions and employers.
- Receive and analyze quarterly data reports to evaluate the effectiveness of the local program and its impact on sick leave, WCB and LTD claims and report findings to the PSC.

Manager/Supervisor

- Provides ongoing support and encouragement to employees participating in EDMP.
- Encourages stay at work and early return to work programs.
- Supervises work performance and advises the DMP if employee is having difficulty.
- Encourages coworker participation/acceptance.
- Participates in the CMP process as necessary to understand the barriers to return to work and provide options for return to work, job modification and accommodation.

Disability Management Professional (DMP)

- Contacts employees who are referred or self-refer to the program.
- Initiates discussion on the employee's illness/injury status. If illness/injury is work related, provides appropriate information with regards to reporting and WCB process.
- Ensures that the program package is sent out and receives the authorization and necessary medical (i.e., medical questionnaire).
- Gathers information necessary to determine whether an active CMP or monitoring is appropriate.
- Supports the employee throughout their participation in the program.
- Provides information on community services available if appropriate.
- Provides information on alternative sources of funds if the employee has no sick time (e.g. Employment Insurance) and information related to Health and Welfare Benefits.
- Evaluates capabilities/limitations of employee and identifies GRTW/transitional work assignments based on medical assessment.
- Consults with the manager/supervisor as needed.
- Determines, in consultation with the employee, which services will be provided to facilitate a return to work, transitional work and/or an accommodation.
- Ensures the database for tracking program referrals is maintained and shares the information with the appropriate union representative at least every thirty (30) calendar days and three (3) business days prior to the thirty (30) calendar day review meeting.
- Contacts the union representative if the employee cannot be contacted or refuses to participate in the program.
- Communicates with attending medical professionals as appropriate.
- Notifies the union representative of the need for a GRTW. Determines, in consultation with the employee and the manager or designate and union representative, an appropriate

GRTW if the case meets the definition of "Straight Forward" and copies the GRTW, as well as employee contact information, to the appropriate union representative prior to the first day of work.

- Works with the employee and their union representative to develop a holistic CMP if the case meets the definition of "Complex".
- Coordinates with the employee, union representative and any third party stakeholders (WCB, physician, HBT/underwriter, LTD carrier, ICBC, etc.) in the development of CMPs where appropriate.
- Coordinates workplace modifications where required.
- Informs HR and union representative if workplace or HR/LR issues are identified as barriers to a GRTW. Consent of the employee is required unless there is a bona fide reason not to obtain the employee's consent.
- Reviews new referrals, open cases and recently closed cases at least every thirty (30) calendar days with the union representative.
- Meets with the employee and union representative at ninety (90) calendar days from first day off work if possible to discuss the employee's health status, to review the application for LTD and CPP, the use of paid banks and the Health & Welfare Benefit package on either an unpaid LOA or LTD claim.
- Monitors employees enrolled in the program and contacts employees upon completion of their plans.
- Collects and maintains all documents in individual case files.
- Maintains strict confidentiality consistent with the policies of the EDMP.
- Collects and provides information and data to the Working Group as required.
- Promotes the program and provides education.
- May be required to participate in case management dispute resolution process.

Human Resources

- Provides labour relations expertise and knowledge of collective agreements.
- Assists with identifying suitable alternate work placements.
- Advises on the application of human rights legislation (duty to accommodate).

EDMP Union Representative

- Promote the Enhanced Disability Management Program to FBA members
- Maintain confidentiality of all employee information
- Support individuals' self-referral to the program
- Answer inquiries and provide support for employees in or referred to the program
- Review weekly triage reports of members brought into the program
- Follow-up with employees who cannot be contacted by the Disability Management Professional (DMP) at the Health Authority, who have not returned the program package within required timeframe, or those employees who refuse to provide sufficient information to the DMP
- Follow-up with employees who have declined to participate in EDMP and provide them with information and guidance including the potential consequences of non-participation

- Review all new referrals and all open and recently closed cases with the DMP at least every thirty (30) calendar days
- Familiarize co-workers with the terms and conditions of the Graduated Return-to-Work (GRTW) plan and encourage their support
- Communicate with the DMP and employees who have been off work or in transitional work after ninety (90) calendar days from first day off work to discuss the employee's health status, to review the application for Long Term Disability (LTD) and Canadian Pension Plan (CPP) Disability benefits, the use of paid banks, and the Health & Welfare Benefit package on either an unpaid LOA or LTD claim
- Participate in meetings with employees who have reached seventeen (17) months from the date of disability
- Review with the employee and the DMP the development of a Case Management Plan (CMP) for cases that meet the definition of "Complex"
- If deemed necessary review with the employee and the DMP the development of a CMP for cases that meet the definition of "Straight Forward"
- Review all return to work plans
- Encourage and promote the identification of either temporary or permanent positions suitable for the accommodation of bargaining unit employees
- Receive monthly CMP reports and following the annual evaluation receive quarterly program reports
- Assist in promoting and identifying best practices under the Program to continue to improve employees' ability to return to – and remain actively at – work
- Resolve disputes through the EDMP dispute resolution process
- Ensure the rights of all employees under the Collective Agreement for the FBA are maintained and refer labour relations matters to labour relations stewards and Union Representatives as necessary

Employee

- Participates in the program unless there is a bona fide reason to decline.
- Communicates with the DMP and/or union representative and provides information sufficient to enable the DMP, in consultation with the employee, to develop a CMP.
- Completes all required forms and returns completed program package within 14 days.
- Participates in the agreed upon CMP.
- Attends meetings as required by the program.
- Reports to the DMP if they encounter challenges to completing the Return to Work program or if their medical condition changes.

Third Party Provider

- In the event the employer uses a third party to provide EDMP services, the employer will ensure that the necessary service level standards are in place.
- The EDMP will be administered in a manner consistent with the PCA and the policies and procedures developed by the PSC.

- The employer will ensure that the third party fulfills its role in a manner consistent with the EDMP.

Evaluation Framework

Purpose

The EDMP will be effective if, in part, it:

- Operates in an efficient manner.
- Decreases the number and duration of absences due to illness/injury.
- Increases the number of sustainable return to work outcomes for injured and ill employees.
- Reduces costs.
- Is understood and respected by all parties.

Regular evaluations and reports are required to monitor the program's effectiveness and to ensure that the program operates transparently.

Evaluation Guidelines

- The PSC will develop an evaluation framework that includes methodology, metrics, format and frequency of evaluations and reports. The reports should show results for the period, year to date and year over year.
- The evaluation must use both qualitative and quantitative measures.
- The evaluation must capture outcomes based on the impact of the program on employees and employers.
- The evaluation will compare metrics pre- and post- implementation of the program. The first evaluation will be completed for the period ending one year from date of implementation.
- The measurements required must be captured or be able to be captured by existing data collection processes (WHITE.net, HBT/underwriter, LTD carrier, etc.). The PSC must ensure that there is a system in place to test the quality of the data being collected.
- An external organization, acceptable to both HEABC and the Association, may be engaged to conduct the evaluation. Results of the evaluation shall be provided to HEABC, employers and the Association.

Production of Reports

- Employers will be responsible for producing the periodic reports as directed by the PSC. These reports will be provided to HEABC, the designated union representatives, the Working Groups and to the PSC.

Signatures of the Parties

Signed on behalf of Health Employers Association of BC

Signed on behalf of Facilities Bargaining Association

Signed on behalf of Fraser Health Authority

Signed on behalf of Interior Health Authority

Signed on behalf of Provincial Health Services Authority

Signed on behalf of Northern Health Authority

Signed on behalf of Vancouver Coastal Health Authority

Signed on behalf of Vancouver Island Health Authority

Signed on behalf of Providence Health Care

Dated this____ day of_____, 2014.