

Health and Safety in Action

Safe and Healthy Workplaces for BC's Health Care Workers

Provincial Workplace Health Call Centre - Initiative #2

Final Report

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Executive Summary

The Provincial Workplace Health Call Centre Initiative was one of four major health and safety initiatives which were part of a provincial program called Health and Safety In Action (HSIA). HSIA was facilitated by the Health Employers Association of BC (HEABC) through a project management office (PMO), in partnership with WorkSafeBC, Healthcare Benefit Trust (HBT), the BC health authorities and Providence Healthcare.

Funding for HSIA came from an acute care contribution surplus identified by WorkSafeBC. Senior healthcare executives and health authority board chairs agreed to invest these funds in health and safety initiatives in the health authorities. Funding for the HSIA project came from an acute care contribution surplus of \$37 million identified by WorkSafeBC and it was agreed by the health authority Board Chairs and CEOs to invest these funds in health and safety initiatives in the health authorities. The goal is to create safe and healthy workplaces and to achieve measurable value of \$50 million by 2015. In 2007, a robust and comprehensive incident, illness and exposure reporting call centre, known as the Workplace Health Call Centre (WHCC) was initiated by Fraser Health. The Vancouver Island Health Authority joined in 2010. Subsequent to this and supported by HSIA funding, it was decided that all BC Health Authorities would join the WHCC.

The WHCC provides the ability to effectively manage the entire incident and exposure reporting process which includes:

- Incident and exposure reporting;
- Incident investigation requirement notification via electronic notification;
- Consistent data collection into to the Incident Management Module (IMM) and Employee Health Module (EHM) of the WHITE data base;
- Providing electronically, the WorkSafeBC employer report known as a "Form 7".

The WHCC also centrally manages communicable disease exposures, outbreaks and employee baseline health status information in a central location. A centralized occupational health service delivered by Occupational Health Nurses provides the ability to effectively respond to outbreak or events such as a pandemic response. This capability has been demonstrated with the recent H1N1 and measles outbreaks.

Benefits based on current experience and anticipated outcomes from this initiative:

- Consistent and timely incident and illness reporting service to all health authority employees;
- Early response and referral to individual incidents;
- Complete and consistent information to support early treatment and return to work for employees;
- Improved and consistent reporting for across the province for all Health Authorities;
- Performance based to meet the WorkSafeBC 72 hour requirement for "Form 7" submission. This can be accomplished within 24 hours of the incident report being taken by a WHCC Agent;
- Implementation of Industry Recognized Practices (IRPs) for common data processes, incident data audit and definitions, consistent reporting on common tools, and comparative reporting of the entire enhanced disability management program across organizations;

- Share infrastructure, maintenance, upgrades and operational costs between the participating Health Authorities.

All Health Authorities successfully implemented the WHCC by September 26, 2012.

- **April 2010:** Vancouver Island Health Authority implements Incident and Exposure Reporting. Implemented Occupational Health Line August 1, 2012.
- **July 2011:** Provincial Health Services Authority
- **January 18, 2012:** British Columbia Emergency Health Services
- **April 12, 2012:** Providence Health Care
- **June 21, 2012:** Vancouver Coastal Health
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Telephony Implementation Date:

The new telephony system was projected to go live by July, 2012. The implementation of the telephony was delayed due to significant delays by HSSBC in finalizing the RFP selection process and contract negotiations. The RFP was finally awarded to Interactive Intelligence; however, the implementation was again repeatedly delayed due to a number of unanticipated technical issues originating from HSSBC and IBM. The telephony system implementation was successfully completed on April 25, 2013.

HSIA #2 has been successfully completed with the on boarding of all BC Health Authorities to the WHCC and the implementation of the new telephony system. The WHCC has implemented a sustainability framework in the form of provincial governance, staffing and funding model supported by the OSH Directors.

The updated White.net SR5 developed as a result of HSIA Initiative #1 is scheduled for go live June 17, 2013 and this will significantly enhance the efficiencies of the WHCC to service the needs of its customers into the future. Both the new telephony and WHITE systems provide enhanced and flexible reporting capabilities to measure determined outcomes and to evaluate the success of the WHCC.

HSIA Initiative #2 (WHCC) achieved all goals and objectives as described in the original project charter within budget. All on-boarding, despite being on a scale never before attempted was accomplished within forecasted timelines. The Participating Organizations within the WHCC have a model and system of incident reporting that is unique in North America and provides significant benefit to BC in effective and efficient incident reporting, standardized data collection and cost reduction.

The WHCC has provided duration reduction benefits sufficient to meet its ROI business case of an average of 2 days duration reduction.

The Participating Organizations should be encouraged to investigate other services that would benefit from this service delivery model.

Introduction

The Provincial Workplace Health Call Centre Initiative was one of four major health and safety initiatives which were part of a provincial program called Health and Safety In Action (HSIA). HSIA was facilitated by the Health Employers Association of BC (HEABC) through a project management office (PMO), in partnership with WorkSafeBC, Healthcare Benefit Trust (HBT), the BC health authorities and Providence Healthcare.

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The WorkSafeBC funding was to be targeted for system wide initiatives that would have the support of all key players and demonstrate positive changes within 12-18 months of implementation. The initiative activities included the development of industry best practices in four main areas; a provincial workplace health call centre, data collection and reporting, musculoskeletal injury prevention in residential care and violence prevention.

The intent of the HSIA projects was to lead to improvements in employee health and safety which will ultimately result in improvements in patient care and services. This provincial and central approach to worker incident, exposure reporting and communicable disease outbreak management is an opportunity to standardize reporting, to improve data collection and coding of incidents and to ensure that claims filing processes are as efficient as possible.

The HSIA project will lead to improvements in employee health and safety which will ultimately result in improvements in patient care and services – beneficial outcomes to all residents of BC.

Background

It was decided that every health authority in BC would benefit from a provincial incident, injury and exposure reporting service. A centralized service provides efficiencies, improved data quality, and supports safety, prevention and disability management interventions.

In 2007, a robust and comprehensive incident, illness and exposure reporting call centre, known as the Workplace Health Call Centre (WHCC) was initiated by Fraser Health. The Vancouver Island Health Authority joined in 2010. Subsequent to this and supported by HSIA funding, it was decided that all BC Health Authorities would join the WHCC.

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Benefits based on current experience and anticipated outcomes from this initiative:

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Objectives

The establishment of an efficient centralized provincial incident, injury and exposure reporting service that utilizes industry recognized best practices, based at FHA Central City offices will enable the following objectives:

- Identification, development and monitoring of Industry Recognized Practices for incident, exposure and baseline health assessment reporting; and data collection/reporting which includes:
 - Call volume, call time and contact management tracking;
 - Work flow management and metrics;
 - Measure against established standards for the purpose of improving quality and Service;
- Implementation of suitable technologies such as dedicated and expandable telecom/phone server system voice recording, data warehouse interface;
- Support WHCC expansion, infrastructure and technology improvements;
- Improvement of WHITE.net Incident Management Module;
- Reporting of incidents, illnesses and exposures in a common quantifiable manner, utilizing standard tools and definitions, employing electronic communication and reporting, and contributing to the provincial database, through;
- Assessment of existing Health Authority resources and processes;
- Include key Health Authority stakeholders in the change management process;
- Supply communication tools, templates and support;
- Provide for local participation in the evaluation of the process and service post Implementation;

- Enhance data collection and analysis capabilities as a result of systematic and standardized data collection;
- Provision of a prompt response/referral to the impacted employer's enhanced disability management programs (EDMP), through;
- Utilization of the WHITE database capability for incident notification to appropriate case load supports.

Scope and Deliverables:

Approach details and time lines are reflected in a detailed work plan. Assessment and implementation planning was to be developed based on the needs and complexity of the implementation for each health organization and will include:

- Review of the current recognized practices for incident, illness and exposure reporting and data collection for the WHCC
- Incident management module classification tagging
- Related charting standards and processes.
- Development of a detailed plan for transition to the WHCC, including budget for each participating HA.
- Planned sequence of implementation within budget and schedule.
- Evaluation and close out.

By the end of year two, the WHCC was to have an identified structure and process in place to be a sustainable system utilizing the high level quality service based on formula that provides services through a cost-recovery format based on transactions, size of organization and ongoing maintenance costs.

The Health Authorities identified to be involved in the WHCC include:

- Fraser Health
- Interior Health
- Northern Health
- Providence Health
- Provincial Health Services
- Vancouver Coastal
- Vancouver Island Health

Upon completion, the WHCC would include:

- 45 – 50 person call centre “work space”
- Manger, supervisor, OHN's, CCA's, technical and administration support.
- Training and equipping call centre staff for required job duties

Scope of WHCC work involves

- Call in process for staff incidents and exposures
- Entering incident/ exposure data into WHITE.Net
- Issuing accident investigation request to Manager/supervisor
- Data entry of completed accident investigation into WHITE.NET
- Issuing completed Accident investigation to Manager/Supervisor

- Completion and submission of Form 7 on behalf of employer
- Initiation of new hire health screening (health history review)
- Blood and body fluid exposure reporting/management/support and follow-up
- Communicable disease and outbreak management and support
- Post implementation evaluation (data, performance/ service delivery and gap analysis)

Out of Scope

- Activities that are “in scope” for other initiatives
- Projects (current or future) identified or not identified in this charter.
- Affiliates or other organizations not identified in this charter.
- Absence management activities
- Data management (EARL, CLEAR, WHITE.Net)
- WHITE.Net training (outside of call centre staff training.)
- Disability management activities
- Early disability management
- Return to work
- Stay at work
- Long term disability activities
- Patient Quality and Safety activities
- Learning Management System activities
- Safety activities (outside of incident reporting / accident investigation request)
- Hazard reporting
- PSLS
- Working alone
- Scheduling/absence management

WORK PLANNING

There was an initial work plan developed at the start of HSIA 2 which was included in the Project Charter – see attached. The deliverable of HSIA 2 was to onboard all BC Health Authorities to the WHCC and to implement a new telephony system to ensure the highest level of call centre technology as the initial infrastructure, telecom and technology services were not adequate for the proposed expanded WHCC service. It was determined that in order to achieve the desired deliverables, the appropriate infrastructure and technology services would be required to meet industry standards and practices.

Anticipated Timelines

While the Health Authority implementation dates were initially set in the Project Charter, they were amended during the course of the project with final implementation dates set as follows:

- July 2011: Provincial Health Services Authority
- January, 2012: British Columbia Emergency Health Services
- April 2012: Providence Health Care
- June 2012: Vancouver Coastal Health
- August, 2012: Vancouver Island Health Authority implements Occupational Health Nursing functionality.
- September 2012: Northern and Interior Health Authorities.

The new telephony system was projected to go live by July, 2012.

WHCC Actual Implementation Dates:

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Budget

HEABC - HSIA Initiative #2 - Workplace Health Call Centre Expenditures/Budget Forecast to May, 2013

	Budget	Change Request #1	Change Request #2	Final Budget
Initiative Manager	174,122		100,000	274,122
Project Team & Support	369,410			369,410
Change Mgmt./Implementation	137,040		(100,000)	41,000
Infrastructure Improvement	520,000	133,000		648,000
Training		67,000		67,000
				-
Total Initiative #2 - Provincial Call Centre	1,200,572	200,000	-	1,399,532

Final Outcome/Sustainment:

HSIA #2 has been successfully completed with the on boarding of all BC Health Authorities to the WHCC and the implementation of the new telephony system. The WHCC has implemented a sustainability framework in the form of provincial governance, staffing and funding model supported by the OSH Directors.

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The WHCC facilitated a seven-day reduction in claims duration at Fraser Health Authority (FHA) – the target at FHA and the other HAs was a two-day reduction. As FHA was the first to implement the Call Centre, evaluation results came available for FHA first. Other HAs are currently in their evaluation periods and early indications show an average claims duration reduction of two-days, although this is variable amongst the HAs. Early results are promising and in line with the target.

Initiative 2 (Call Centre):

Target:

- 2 day decrease in WSBC duration at Fraser Health in 2012
- 2 day decrease in most other HAs in 2013

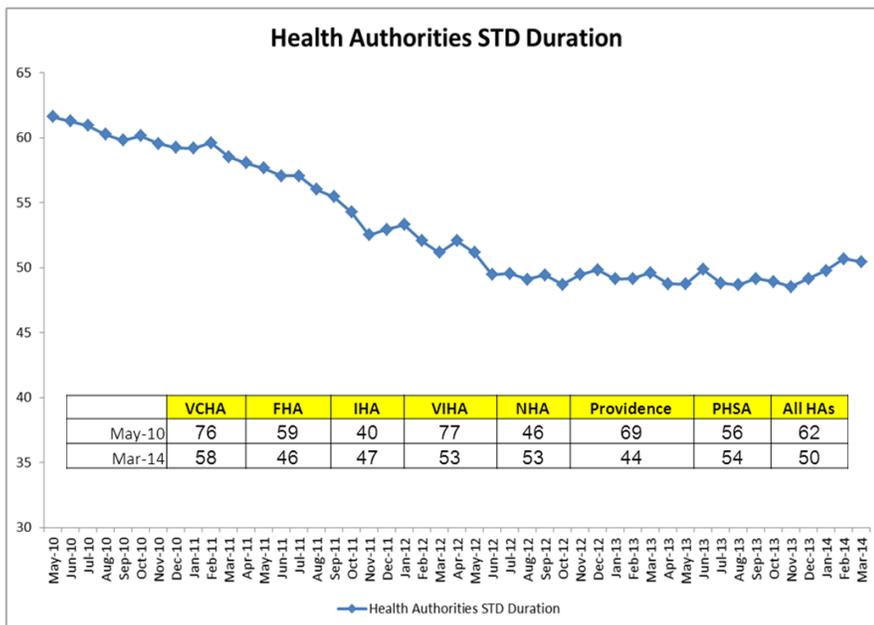
Results:

- 7 day decrease in WSBC duration at FHA
- 1.7 day to 2.0 day decrease at other HA's – these are early results given recent HA dates for on-boarding to Call Centre
- Performance is on track

The WHCC enables an incident to be reported quickly via telephone and simultaneous transcription into WHITE.net. An immediate electronic notification is sent to the work area manager enabling appropriate accident investigation to occur and corrective action to be initiated for workplace safety. The Centre is also able to respond promptly to the worker involved in the incident and initiate a response appropriate to the worker's need for referral to services, treatment and/or return to work.

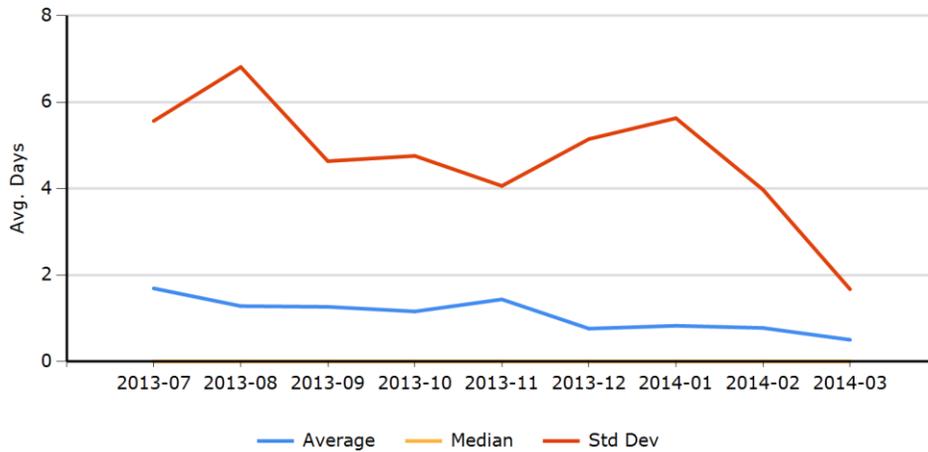
Prior to implementation of the Call Centre, HAs were taking up to 16 days to submit WSBC Form 7s. Those HAs utilizing the Call Centre now submit complete Form 7s within hours of the incident being reported. This leads to prompter WSBC claims responses, treatments and returns to work.

STD Duration of the health authorities has decreased by 12 days between 62 days in May 2010 and 50 days in March 2014.



The WHCC also enables effective management of communicable disease exposures and outbreaks. It captures employee baseline health status information and immunization records in a central location. This information serves the occupational health function with the ability to effectively respond to information needs during an outbreak or event, such as a pandemic response. This capability was demonstrated with the recent measles outbreaks.

Notification-To-Statement Descriptive Stats



Statement-To-Claim Submission Descriptive Stats

