**Redesigning to Better Manage
Absence and Disability**

Enhanced Disability Management Programs:
A Case Study in Healthcare Using Robust Absence Data as a Foundation

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# Agenda

- About Fraser Health - Dave
- Summary of the Problem
- Summary of the Solution Elements
- Results
- Details of the Solution Elements - Tyler
  - StaffRelay – EARL / EAN Brief Solution Overview
  - Real Time Absence Data – The Foundation
  - Using Data to Support Decisions
  - Early Intervention and Analytics

# About Fraser Health

- We serve more than 1.6 million people – over 30% of British Columbia's population.
  - Approximately 38,100 First Nations people, associated with 32 bands
  - Diverse multicultural population
- $3.3 billion annual operating budget (2014/15)
  - 12 acute care hospitals
  - Outpatient care and surgery centre
  - 7,760 residential care beds
  - Mental health care, public health, home and community care

- **22,000 staff**
- **2,500 physicians**
- **6,500 volunteers**

# Summary of the Problem

- No awareness of rapidly escalating costs.

- Lack of detailed absence information.

- No integrated approach to disability management.

- Inability to quickly and efficiently analyze the data in real time for the disability management processes.

- This unfortunately led to delays in reporting and inability to affect an early intervention for sustained stay at work (SAW) and return to work (RTW) initiatives.

# Summary of the Solution

- After extensive LEAN/Six Sigma review and process redesign, including union participation, the organization implemented a comprehensive electronic employee health record, and an Enhanced Disability Management Program (EDMP).

- As well as an automated attendance reporting solution, referred to as the Employee Absence Reporting Line (EARL). The EARL solution acted as the means to identify on a daily basis, workers not reporting for duty, enabling an objective early intervention and attendance management program.

# Excerpt from EARL 2014 Annual Report

**It was 5 years ago, on January 20 2010, the EARL system took its first absence call.  Since that day, FH employees have logged at total of 626,400 calls.**

- EARL logged a total of 149,935 calls, an increase of 6.4% from 2013.

- Shifts/FTE ratio increased to 10.94 from 10.69 in 2013.

- Average calls per day is 411.

- Monday remains the highest volume of calls .

- Casuals absences account for 17.27% of the calls.  Casual absences are not tracked in the  payroll report as casuals are not coded sick time.  If a department has a high casual absence percentage, **it may a contributing factor to their overtime replacement costs with the short notice**.

- 2,095 employees were identified through EARL who met the Enhanced Disability Management Program criteria and were contacted by a Workplace Health representative.

# FH RTW % for Occupational Injuries
## 86% <12 weeks
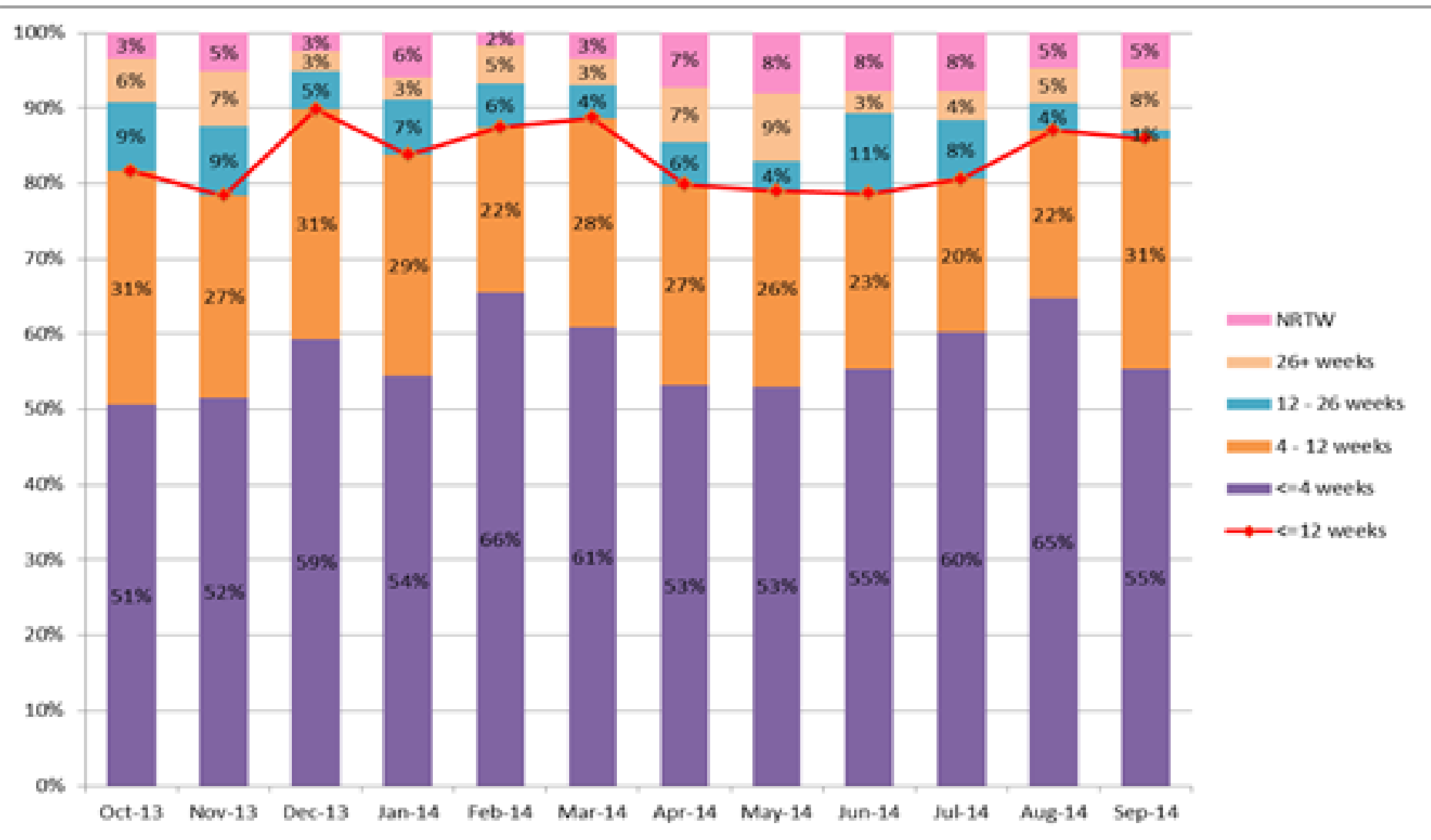
# FH Duration for Occupational Injuries (days/claim)
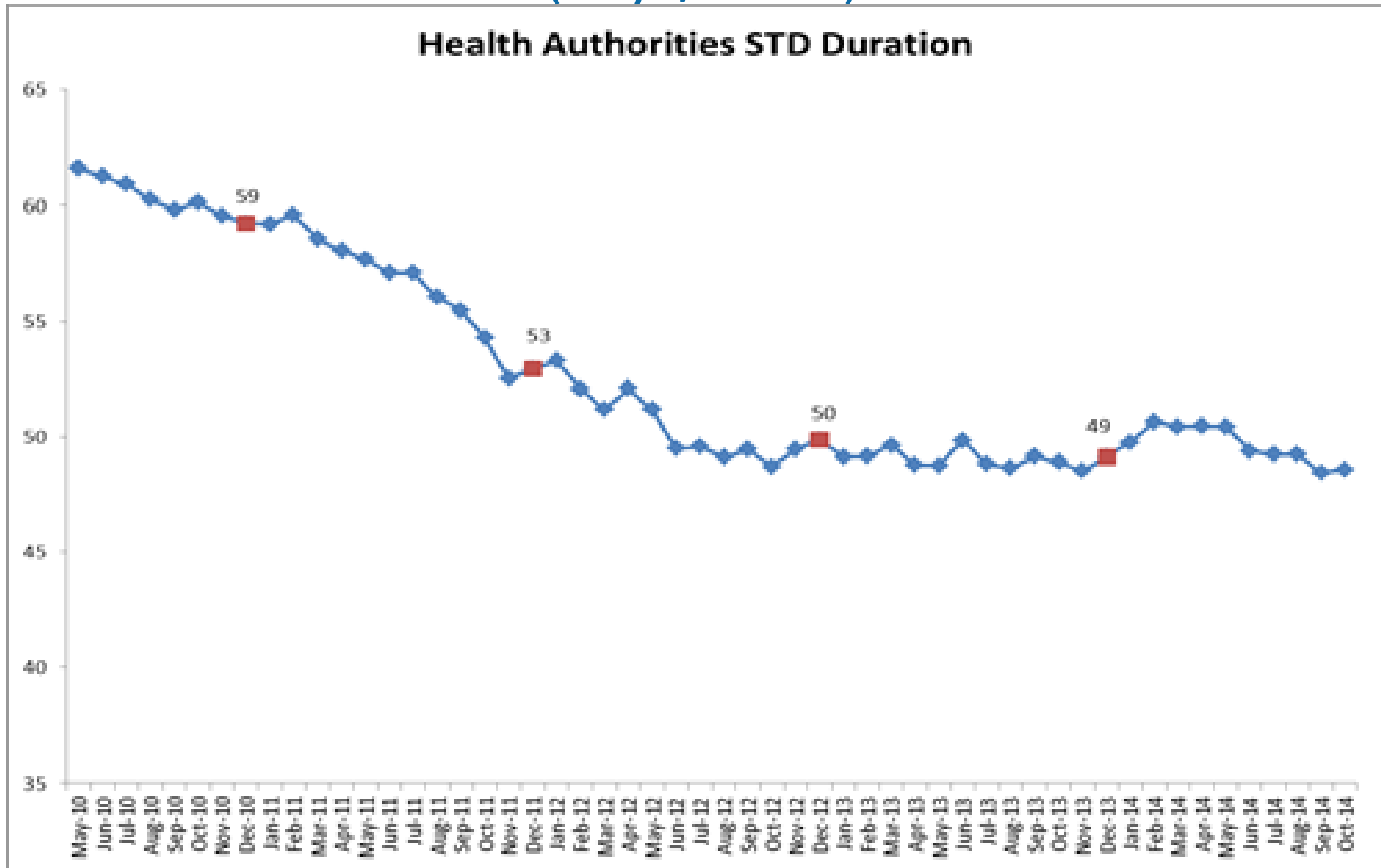
# Enhanced Disability Management Program – Using EARL

- Average non-occupational cases started per month is 290.

- EARL system accounts for 60% of all referrals, followed by Manager referrals at 12% and Attendance Management at 10%.

- Over the past year, the average time from Notification to 1$^{st}$ Attempted Contact is 5 days, with Notification to Actual Contact at an average of 7 days.

- Notification to Case Start (referral to DM Consultant) is averaging at 8 days.

- Utilization of reverse calling employees through the EARL system was used for the Measles outbreak and Influenza vaccination campaign messaging.

- EARL indicator reports are now available for management to review. These reports provide a comprehensive analysis of system usage and employee information.

# Enhanced Disability Management Program – Using EARL



**Files by Referral Source**
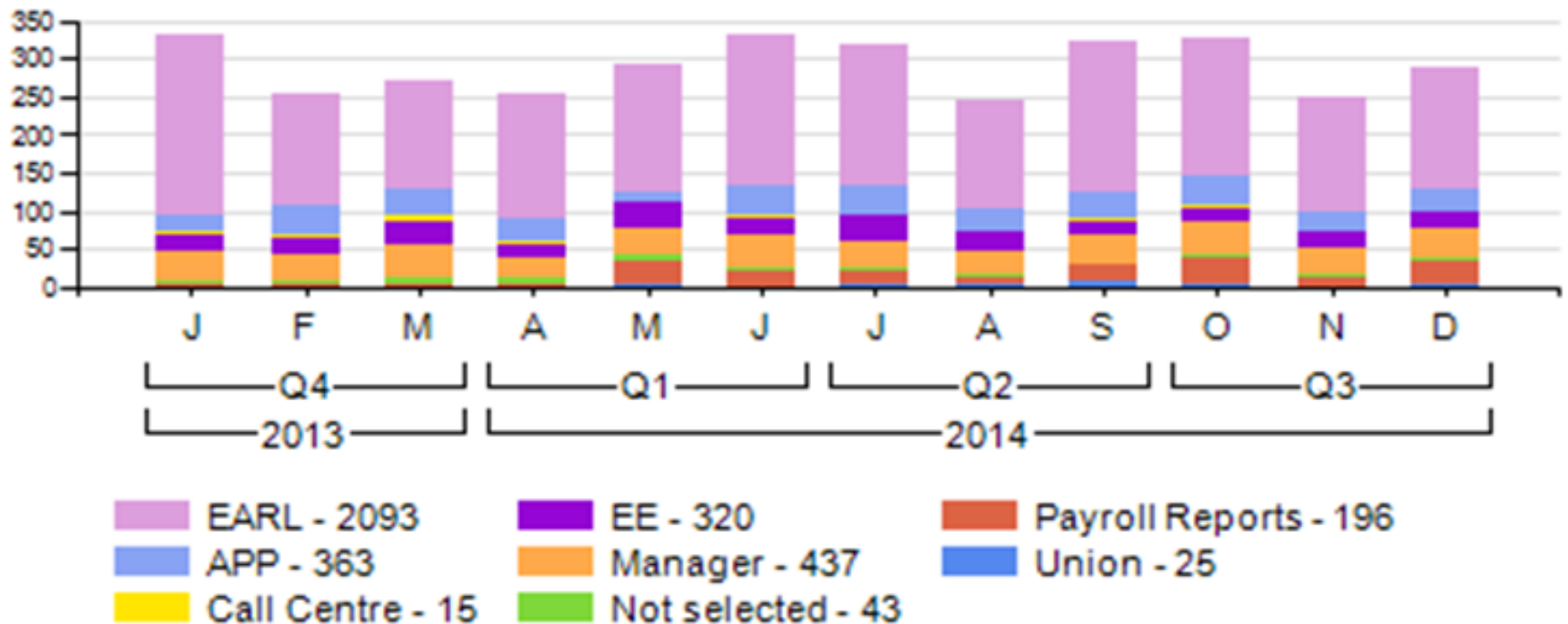
# Medical Leaves > 5 days 2013 Outcomes

| Outcome Breakdown | Number of Cases | % Total |
|---|---|---|
| • RTW Own Job | 1,594 | 86% |
| • RTW Own Job – Modified | 20 | 1% |
| • RTW Alternate Job | 16 | 1% |
| • Other Leave | 41 | 2% |
| • Retirement/ERIB | 20 | 1% |
| • Terminated EE | 12 | 1% |
| • Deceased | 4 | <1% |

- Total cases started in 2013 = 2,324, closed to date = 1,855 (80%).
- Disability Management services triaged over 3,500 absence notifications in 2013.
- Over 2,300 (66%) became cases where DM services were provided to employees to assist in their recovery to remain at work or return to work.
- First Contact made by DM Staff = 4.91 Days average.

# Using EARL – Attendance Management

**Highest 10 Call Dates**
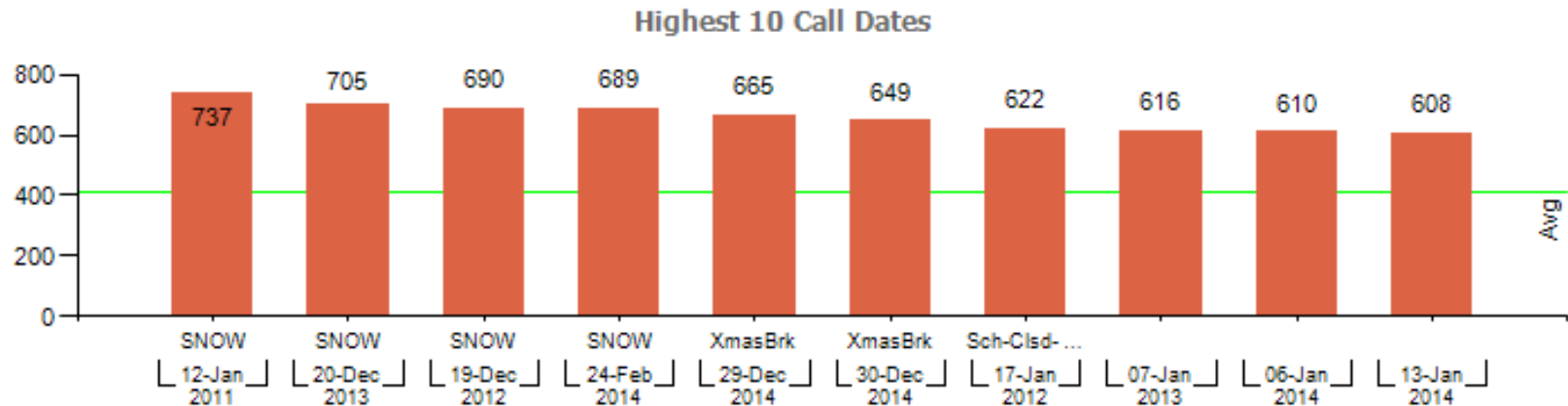


- ID/Forecast high sick utilization days:
  - Stanley Cup – Hockey Playoffs!
  - Olympics
  - Day after Halloween
  - School Closure Days
- Allows for Mitigation across Organization

# Long Term Disability Claims Mgmt

## Active LTD Claims by Pool (2007-2014)

Pre-97 claims moved into healthcare pools with offsetting asset at December 31, 2009

|        | 31-Dec-07 | 31-Dec-08 | 31-Dec-09 | 31-Dec-10 | 31-Dec-11 | 31-Dec-12 | 31-Dec-1? | 30-Sep-14 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Fraser | 845       | 975       | 1,189     | 1,143     | 1,145     | 1,144     | 1,193     | 1,189     |

**Same # of Open Claims over 5 years  = Process Improvement
Approximately 250 new claims/year opened**

# FH LTD Claims Experience

| Claims Experience Gains/ (Loss) | 2012/13 | 2013/14 | 2014/15 est. |
|---|---|---|---|
| Fraser Health | $8.5m | $15.8m | $6.7m |

# FH LTD Claims Incidence Rate/ 1,000 Covered Lives
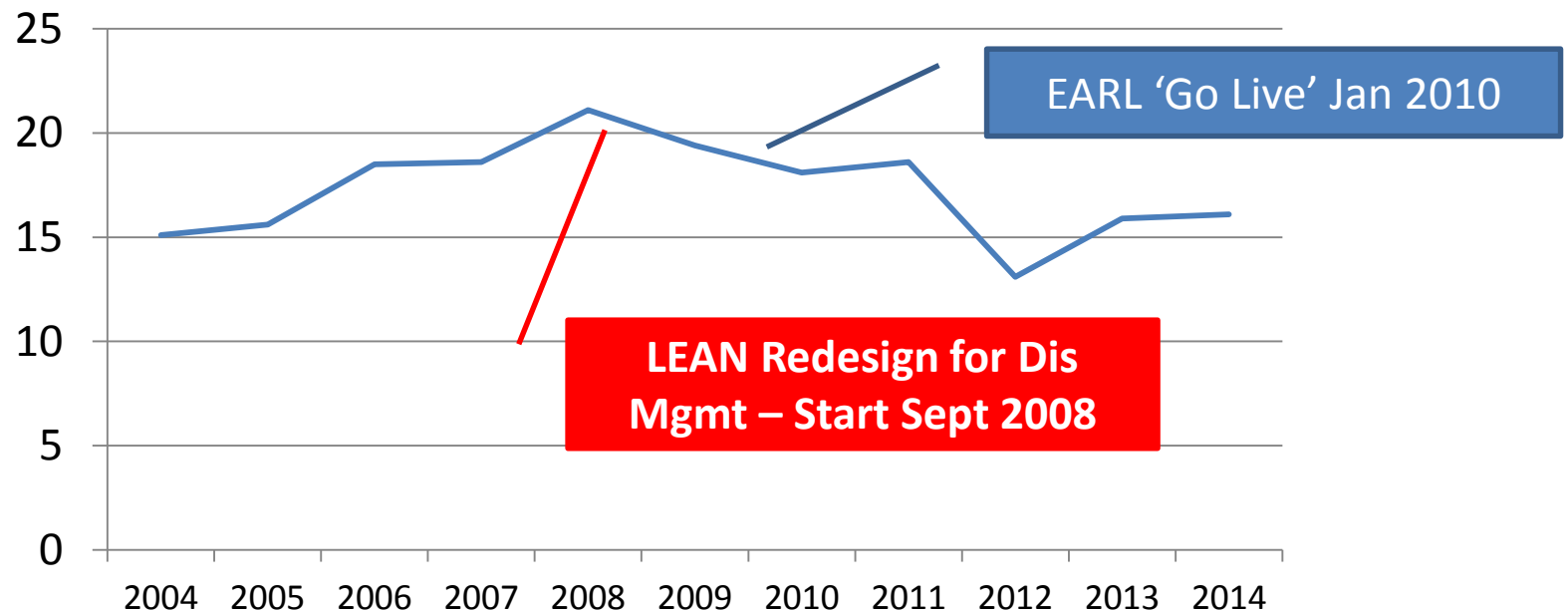


EARL 'Go Live' Jan 2010

**LEAN Redesign for Dis Mgmt – Start Sept 2008**
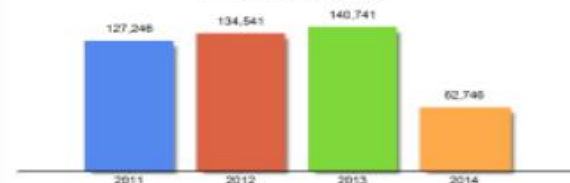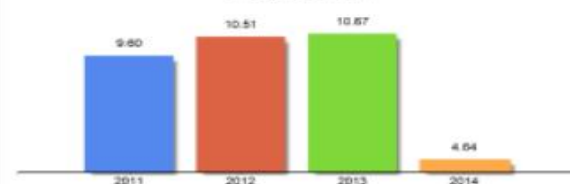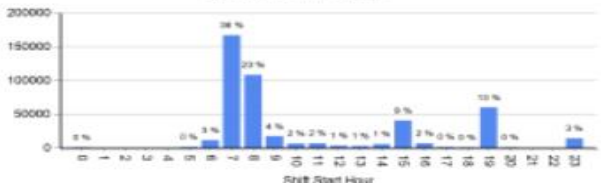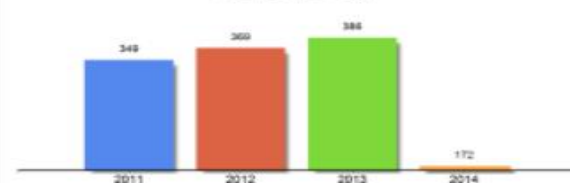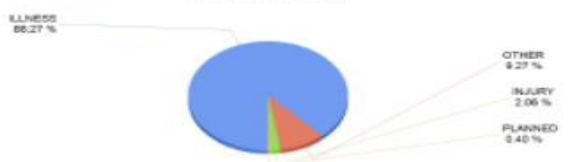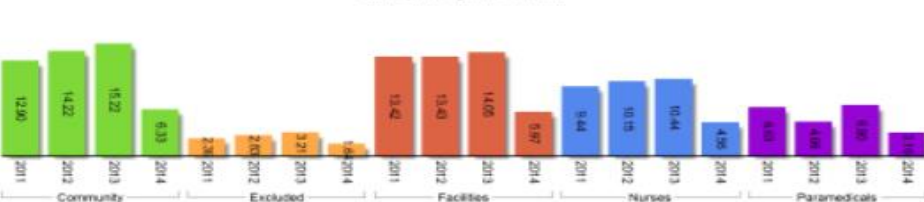
# Real Time Absence Data
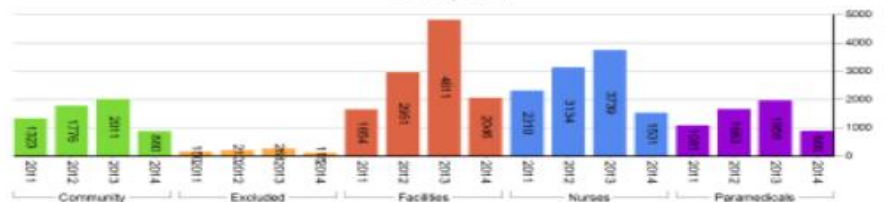
# Real Time Absence Data

## EMPLOYEE SUMMARY 20-Aug-2014

### DISABILITY MANAGEMENT CASE INVOLVEMENT

| WHITE Files Case Status | DM Rcrd | CATEGORY | DIS STATUS | NOTIFICATION DATE | 1ST MISSED | REFERRAL SOURCE | IF TRIAGED ONLY RTW DATE | ACTUAL OUTCOME | OUTCOME DATE | DM RESPONSIBLE | EMAIL | PHONE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DM Active | 42175 | Non_Occ - Enroll in Program | Off Work | 13-May-2014 | 06-May-2014 | EE | | | | Steve Nasu | Steve.Nasu@fraserhealth.ca | 604-949-7760 |
| Triage Closed | 39647 | Non_Occ - Ineligible | | 05-Nov-2013 | | EE | | | | Shannon Atkins | | |
| DM Closed | 38469 | Non_Occ - Enroll in Program | Off Work | 23-Jul-2013 | 17-Jun-2013 | Payroll Reports | | Own Job | 23-Sep-2013 | Shannon Atkins | | |
| DM Closed | 31016 | WSClaim - Enroll in Program | Off Work | 09-Aug-2011 | | | | Own Job | 12-Aug-2011 | Rita Hayre | | |
| Total | | 4 | | | | | | | | | | |

### PAYROLL DATA

**B1_Nurse Direct Patient Care - level 1 Full Time - NBER - LEAVE 75 HRS/PP**
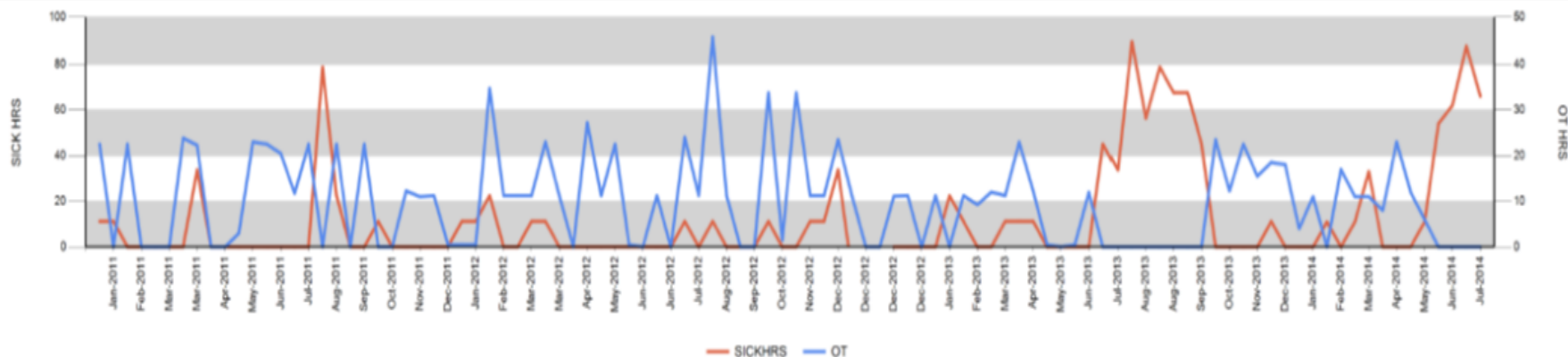


| TCDate | | SCK/PRD HRS | PRD&VAC HRS | OT HRS | OT | PD SICK HRS | UNPD SICK | TOTAL SICK |
|---|---|---|---|---|---|---|---|---|
| Total | | 18.21% | 5468.55 | 1008.32 | | 506.36 | 673.39 | |
| 2011 | 🔴 | 9.05% | 1714.45 | 274.83 | | 168.75 | 11.25 | |
| 2012 | 🟢 | 4.69% | 1742.10 | 416.99 | | 101.25 | 0.00 | |
| 2013 | 🔴 | 37.04% | 1305.00 | 213.50 | | 163.36 | 399.14 | |
| 2014 | 🔴 | 41.48% | 707.00 | 103.00 | | 73.00 | 263.00 | |

# Summary of Results

- After several years of use, the results are astounding, these two systems combined produced a return on investment of $28 million in decreased Long Term Disability (LTD) assessments and related disability costs.

- This was a 40% reduction over the period prior to implementation.

# About StaffRelay

- EARL / EAN – White Label Real Time Absence Tracking Solution

- We support more than 130,000 workers every day, highly scalable

  - Track all types of absences, completely customizable, cost effective

    - FMLA, WC, Non-Occ, Casual/Incidental, Culpable/Non-Culpable etc.

  - Register absence via IVR call, mobile/smart phone application, or desktop web browser – or call centre

  - Absence information delivered in real time via text/email and dashboard

- Customers throughout North America

  - Industry agnostic

  - Can be used anywhere absences occur that should be tracked to **control costs**, **manage absenteeism** and **initiate early intervention**

  - Highly focused on real time data, dashboarding and analytics

  - Integrates with all major HRIS/ERPs and EHSs

    - Oralce, Peoplesoft, Kronos, SAP, Medgate etc.

# Real Time Absence Data

- Robust absence data is the foundation of many integrated absence/disability management solutions.

- '**One cannot manage what one cannot measure**'

- These data help organizations to identify current state, set goals, then work towards managing the lost productivity, high replacement worker costs that are associated with absenteeism.

- *Health benefits cannot be ignored.*

# Real Time Absence Data

- **Day One** or **Day Zero** concept reporting.

- "When performance is measured performance improves. When performance is measured and **reported** the rate of improvement accelerates."
  Thomas Monson

- *Performance* is measured with data.

- Data are the framework to both measure and evaluate absence/disability management solutions.

# Absence Data

- Knowing what we know, then why do 80% of large organizations in the United States not track absences? Marsh, Mercer, Kroll, G Carpenter, and Oliver Wyman, 'Survey on the Total Financial Impact of Employee Absences', 2010.

- Represents significant opportunity for cost recovery, improved management and a myriad of other benefits...

# Real Time Absence Data

- In order to effectively manage absenteeism and disability:
  - Accurate, valid and timely data are required in order to make better, more informed and on occasion, defensible decisions.
  - The **power of data** must be harnessed effectively.
    - Must be presented and consumed appropriately.

- In addition to cost control associated with good management, linkage with early intervention initiatives provides added value.

# Employee Absence Notification and Disability Management Integration

| | | | | | |
|---|---|---|---|---|---|
| **Employee work status** | At work | Incidental absences | Sick leave | Short-term disability leave | Long-term disability leave |
| **Type of intervention** | Prevention | | Early intervention | Recovery | |
| **Employee health status** | Healthy | Possible health risks | Illness/injury | Serious or chronic conditions | |
| **Employer focus** | Health promotion | Health risk management | Injury/disease management | Disability management | |
| **Examples of employer programs** | • Life habits assessment <br>• Information sessions <br>• Work/life balance programs <br>• Physical activity promotion | • Health risk assessment <br>• Behavioural change promotion <br>• Stress management <br>• Physical fitness programs | • Programs aimed at specific illnesses <br>• Targeted education programs <br>• Medication adherence programs <br>• Care guides <br>• Preventative accommodations | • Management of individual employee claims <br>• Specialized care <br>• Chronic or episodic illness management <br>• Rehabilitation <br>• Transitional job options <br>• Accommodations | |
| **Return-to-work strategies** | n.a. | Proactive absence management | Stay-at-work program | Early return-to-work program | |

# Real Time Absence Data

- Follow the data footsteps...
  - Codified, fielded data, along with free-form text reports can be provided as part of an integrated system
  - Codified, fielded data are used to provide framework for absence / disability management solution as data transform to value add

**DATA**

**INFORMATION**

**KNOWLEDGE**

**INSIGHT**

**ACTION**

Process

Are there implications for action if data are inaccurate/ invalid?

**Robust Absence / Disability Management Tracking and Reporting Solution**
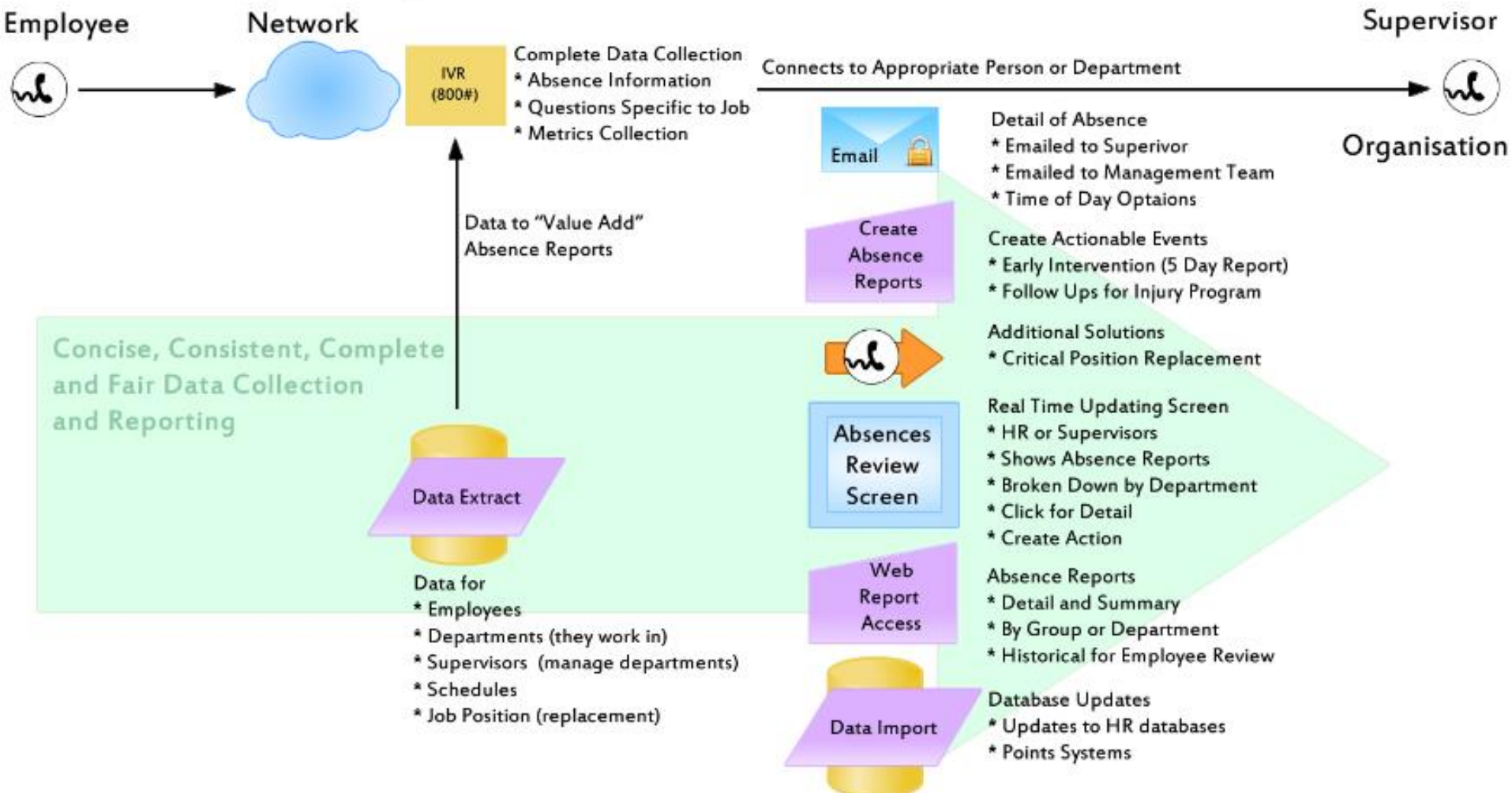
# General Rule of Thumb…



Garbage In = Garbage Out

# Absence Reporting Without Automation

Employee     Network                                Supervisor

Dials Supervisor / HR / Gatehouse

Verbal Communication

# Absence Reporting With EAN

Employee       Network                                   Supervisor

**IVR (800#)**

**Complete Data Collection**
* Absence Information
* Questions Specific to Job
* Metrics Collection

**Connects to Appropriate Person or Department**

Organisation

Data to "Value Add"
Absence Reports

**Email**

**Detail of Absence**
* Emailed to Superivor
* Emailed to Management Team
* Time of Day Optaions

**Create Absence Reports**

**Create Actionable Events**
* Early Intervention (5 Day Report)
* Follow Ups for Injury Program

**Additional Solutions**
* Critical Position Replacement

Concise, Consistent, Complete
and Fair Data Collection
and Reporting

**Absences Review Screen**

**Real Time Updating Screen**
* HR or Supervisors
* Shows Absence Reports
* Broken Down by Department
* Click for Detail
* Create Action

**Data Extract**

**Web Report Access**

**Absence Reports**
* Detail and Summary
* By Group or Department
* Historical for Employee Review

Data for
* Employees
* Departments (they work in)
* Supervisors  (manage departments)
* Schedules
* Job Position (replacement)

**Data Import**

**Database Updates**
* Updates to HR databases
* Points Systems

# Critical Success Factors

- Support at all organizational levels and from stakeholders, (e.g. unions)

- High utilization rates (e.g. no outside captures)

- Collect meaningful and accurate data

- Use the data (e.g. do not just collect it!)

- Integration with other systems/processes
  - Also yields decreased duplication of effort

# Using Data as the Foundation

- Track and report
  - Direct costs, replacement workers, overtime
  - Identify candidates for early intervention
  - Occ/Non-Occ
    - Workers' Comp
    - FMLA
    - Casual/Incidental Absenteeism
    - Culpable/Non-Culpable Absenteeism
    - Planned/Unplanned

# Analytics

- The analysis and interpretation of the results/outcomes consists partly of using the following for the purpose of supporting actions:
  - Dashboards (great for real time analysis)
  - 'Canned' reports, run on demand
  - Ad-hoc reports, based upon further questions
- **Expertise and knowledge in how to interpret and decipher the information, and linking to action is required for success.**

# Absence Data Summary

- The true value add for tracking and reporting to more effectively manage absenteeism and disability in the workplace is not the system or process itself, but how the data are interpreted, analyzed and used as the foundation for an absence/disability management solution.

# Thank You!

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