

Proposal for An Integrated, Collaborative Approach to illness, Injury and Reduced Work Capacity

EXECUTIVE SUMMARY

Overview

UBC is committed to building a healthy and respectful workplace and to providing accommodation opportunities that maximize the ability of all individuals to remain at work and to reintegrate in a safe and timely manner following illness or injury.

Accordingly, HR UBC Okanagan is proposing a best practice program for addressing illness, injury and reduced working capacity within an approach that directs resources towards the key players in the work relationship – the individual and their head/supervisor. The “Work Reintegration and Accommodation Program”, or WRAP, uses an integrated process managed by a Coordinator and takes into account the needs of the individual, the work environment, the operational needs of the unit, and legislated requirements. Through meetings facilitated by the program coordinator, the individual, their head/supervisor and all relevant resources work collaboratively to arrive at a balanced plan that supports early intervention and safe reintegration to the workplace.

Under this model, the head/supervisor reports absences electronically and if their unit member is absent from work for 5 days, consults with the WRAP Coordinator to determine the need for early intervention and further follow up. The information requested of physicians is focused on functional abilities as they relate to the demands of the position and on encouraging wellness through early reintegration and maintenance of connection to the workplace.

Rationale for New Approach

Organizational Impact: Surveys by Watson Wyatt indicate that the direct costs of disability average close to 6% of payroll costs. In addition to direct sick benefit costs, the indirect costs to the organization include the cost of reduced productivity, temporary workers, overtime pay as well costs in terms of morale as colleagues struggle to absorb the work of absent workers, training costs, service disruption, and client satisfaction.

The direct and indirect costs associated with illness –related absences at UBC in 2008 totalled \$21.8 million across the staff groups, excluding faculty absences (Annual Report Managing Absenteeism and Health Promotion at UBC, 2008).

Best Practice: Best practice in sick and disability management has been evolving from a strictly medical model where there is little communication between the affected individual and the organization to integrated approaches that involve the individual and their supervisor in identifying ways to accommodate functional limitations and facilitate early and safe return to work. While the doctor’s documentation is part of the process, the individual’s medical problem remains a private issue with the focus being on collaborative planning around identifying what job tasks the individual can and cannot do at various stages in their recovery. The focus is on abilities rather than on disabilities.

Impact to Individuals: Early intervention is key to successful recovery. Returning as rapidly as possible to a normal routine, including work, is viewed as integral to healing and overall well-being. “ The CMA recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an illness or injury” (CMA Policy Summary, March, 1997). Studies show that the longer workers view themselves as having reduced capabilities, the less likely it is they will ever resume their full activities. Research indicates that the potential for return to work is only 50% after a 6 month absence (National Leadership Roundtable on Employee Health, 1998).

Integrated processes use coordinators in facilitator roles to bring individuals together with their supervisors and other relevant parties as soon as feasible to map out a reintegration /accommodation plan. This creates a common understanding of the needs and possibilities from the perspective of both the individual and the work unit’s operations and fosters commitment in formulating actions that will assist the individual in returning to maximum functional levels.

Key WINS of the Proposed Approach

- Individuals are protected from premature return to work and risk of recurrence. At the same time, they are enabled to participate fully in their re-integration/accommodation plan and to focus on work readiness and abilities rather than illness and disability. They get the support they need to recover faster, remain connected and maintain self esteem and confidence as contributing members of their workplace.
- Heads and supervisors receive the information and support they need in assisting their team members to remain at work or to reintegrate safely while maintaining their relationship.
- The University demonstrates its commitment to a healthy and respectful workplace and reduces the effects of absence due to illness or injury.

Example of Public Sector Success

CIBC launched an integrated model of illness/injury management in 1995 with a reported reduction in costs by almost 30% in 1999. Most savings were due to a decline in the average number of days employees were absent. The average employee now returns to work after 23 days whereas previously, the bank would just have started investigating the situation on day 23 (Benefits Canada, April 1999).

Peer Group Practices

Our research of practices in 7 major Canadian Universities indicates that similar early intervention programs are being utilized with both faculty and staff groups with involvement by a Coordinator beginning as early as 3 days of absence and an upper end of 10 days. We have chosen 5 days with provision for earlier if there are concerns and we have ensured that the process is congruent with Policy 62 for faculty.

Please See Full Proposal for Process Flow sheet and Appendix C for Quick Program Graphic.