

# Early & Safe Return to Work and Workplace Accommodation: A Workplace Model

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**Building Relationships  
Removing Barriers**

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Welcome

# Learning Objectives

- ❖ You will be orientated to an effective Workplace Model for managing Early and Safe Return to Work and Workplace Accommodation.
- ❖ You will be orientated to “best practice” processes, resources and tools for implementing an Early and Safe Return to Work and Workplace Accommodation Program.
- ❖ You will have a better understanding on how this approach could be considered a “cultural change” initiative in historically “combative” workplace environments.
- ❖ You will have a different orientation on how to meet “due diligence” obligations under the Human Rights Code, the Workplace Safety and Insurance Act, the Occupational Health and Safety Act and the collective agreement
- ❖ You will have a better understanding of the importance of engaging bargaining agent representatives in the design, development and implementation of an Early and Safe Return to Work and Workplace Accommodation Program.

# Introduction

- ❖ Since April of 2007, a Multi Site Public Sector Organization and their Union have worked collaboratively in the development of a Workplace Health and Productivity Service Delivery Model.
- ❖ This program has been developed to facilitate the Early and Safe Return to Work and Workplace Accommodation for ill, injured or disabled Employees.

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# Drivers for a Program

**Employer Perspective**

**Union Perspective**

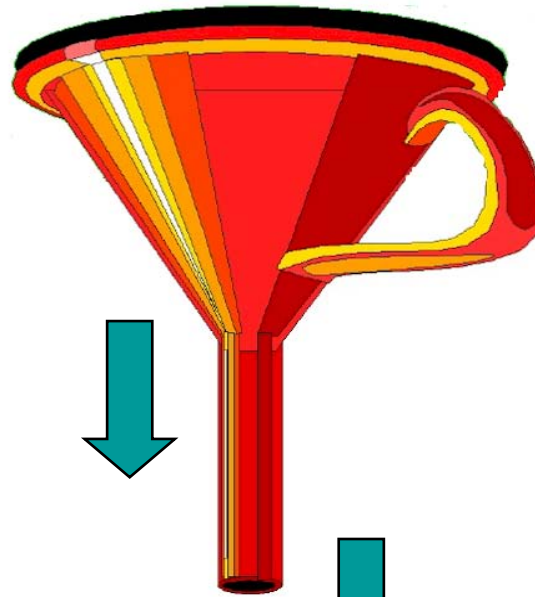
# Drivers: Employer Perspective

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- ❖ A need to create an accommodation process that was fair, equitable, and defensible.
- ❖ A need to develop cost avoidance and cost containment strategies.
- ❖ A need to develop a “user friendly” toolkit for managers to better manage the return to work and accommodation process.
- ❖ A need to manage accommodations more effectively by building a better working relationship with the union.
- ❖ A need to incorporate and streamline all of the existing programs and devise a process for consistency and ease of use.

**Human Rights**  
**Short Term Sickness**  
**Attendance Support Program**  
**Memorandums of Understanding**  
**Collective Agreement**

**W.S.I.B.**  
**L.T.I.P.**  
**Occupational Health & Safety**  
**Illness Management Program**  
**Employee Assistance Program**



# Drivers: Union Perspective

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- ❖ A need to protect the health and safety of all bargaining unit members in the workplace.
- ❖ A need to minimize the impact of accommodations on other bargaining unit members in the workplace.
- ❖ A need to proactively ensure that members rights are being protected when requesting an accommodation.
- ❖ A need to reduce the resource impact of unnecessary grievances.
- ❖ A need to more effectively serve the membership by building a better working relationship with the employer.

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# The Approach

# Diagnostic Stage

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- ❖ Primary Stakeholder Briefing Meetings
  - ▣ The Employer
  - ▣ The Union
  - ▣ The Ontario Ministry of Labour

# Diagnostic Stage: Inaugural Meeting April 2007

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## ❖ Outcomes

- ❑ Workplace Health and Productivity Project Team was established.
- ❑ H&PP would participate in the Ontario Ministry of Labour's "Interest Based Problem Solving Training".
- ❑ Goals and Objectives Framework was established.
- ❑ Agreement that an "independent review" of existing processes etc be completed.
- ❑ "Cautiously Optimistic".

# Health and Productivity Project Team: Primary Members

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- ❖ Central Union LR Committee – Co-Lead
- ❖ Corporate Employer LR Committee – Co-Lead
- ❖ Work Location Management Member
- ❖ Work Location Local Union President
- ❖ Union LR Committee Member
- ❖ Operational Management Representative – Supervisor Level
- ❖ Provincial Union Representative
- ❖ Human Resources Representative

# Health and Productivity Project Team: Secondary Members

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- ❖ Employer Labour Relations - Representative
- ❖ Employer HR Policy - Representative
- ❖ Union Corporate OH&S Specialist

# Health and Productivity Project Team: Strategic Partners

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- ❖ Ontario Ministry of Labour: Dispute Resolution Services
- ❖ Employer Corporate Human Resources Division
- ❖ Scott & Associates Inc.

# Diagnostic Stage: The Review Process

- ❖ Process, programs, policies examination:
  - i.e.           ➔ HR Policies
  - ➔ Collective Agreement
  - ➔ Legislation
  
- ❖ Stakeholder Interviews:
  - ▣ All levels of Management at each work location.
  - ▣ Dedicated Managers responsible for Accommodation and Return to Work processes
  - ▣ Local LM and OH&S Committee Members (Union and Management)
  - ▣ Central LM and OH&S Committee Members (Union and Management)
  - ▣ Subject Matter Experts (HR and Corporate Union)
  - ▣ End Users

# Diagnostic Stage: The Review Process

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- ❖ Claims data review and analysis to determine trends, costs, and rates of disability
- ❖ Benchmarking
- ❖ Report Preparation

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# External Benchmarking

# Benchmarking Comparators

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- ❖ Universal Models i.e. International Labour Organization; National Institute for Disability Management and Research; and the Health Canada Corporate Health Model
- ❖ Broader Public Sector i.e. OPSEU; CUPE
- ❖ Other Jurisdictions i.e. British Columbia and Alberta
- ❖ Private Sector i.e. Steelworkers; CAW; Foresters

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## What We Heard: Recommendations for Change

# Drivers of Disability

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- ❖ Increased number of “stress” and other psychological claims
- ❖ The current “shift” system (12 hour shifts)
- ❖ Work-related Conflict
- ❖ Aging Workforce
- ❖ Fitness Levels
- ❖ Changing Culture

# Drivers of Disability (cont'd)

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- ❖ Rights-orientated/rights mentality
- ❖ Unpredictability and potential inherent dangers of certain components of the job
- ❖ Performance issues
- ❖ Change in job requirements and demands i.e. different population (hard to serve)
- ❖ Delay or no access to Medical Assessment or Treatment
- ❖ Recruitment and Training of new employees

# What We Heard

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- ❖ Policy Issues
- ❖ Employer Obligations
- ❖ Physician Issues
- ❖ Resource Issues
- ❖ Training Issues

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# Implementation Stage

# Implementation Stage: Examination of the Report Results

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- ❖ Using “best practice” research in combination with the results of the “Interest Based Problem Solving” Training developed a Workplace Health and Productivity Model.
- ❖ Established a Project Plan identifying deliverables and timeframes.
- ❖ Developed a communication plan.
- ❖ Established working Sub-Committees
  - ▣ Governance
  - ▣ Tools and Templates
  - ▣ Training and Development

# Implementation Stage: Governance Sub-Committee

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- ❖ Developed “Terms of Reference” Framework.
- ❖ Developed “Final State” Goals, Objectives and Program Principles.
- ❖ Workplace Health and Productivity Program Model.
- ❖ Defined Roles and Responsibilities for:
  - ▣ Members of the Workplace H&PP Committee
  - ▣ Employee requiring accommodation
  - ▣ Employee’s Manager/Supervisor
  - ▣ Local Union
  - ▣ Internal Resources i.e. Human Resources etc
  - ▣ All Employees

# Terms of Reference Framework

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- ❖ Pilot project for 6 months at a work place.
- ❖ Covers employees represented by Union.
- ❖ Parties recognize importance of confidentiality.
- ❖ Project will incorporate best practices.
- ❖ Identifies workplace committee, process map and roles and responsibilities for the project.
- ❖ Identifies training and orientation for the pilot.
- ❖ Confirms that work on the project is a duty assignment and compensation will be as per the Collective Agreement.

# Terms of Reference Framework (cont'd)

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- ❖ While the employer has ultimate decision-making responsibility, H&PP is a collaborative consensus approach.
- ❖ H&PP process disputes to be referred to project leads.
- ❖ Staff at the pilot site will be given progress updates.
- ❖ Nothing in the H&PP precludes staff from exercising their rights under the Collective Agreement.
- ❖ Terms of reference only apply for the 6 month pilot.
- ❖ Parties will meet at least 1 month before end of pilot to decide further action.

# Workplace Health and Productivity Program Goals

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- ❖ Incorporate and streamline all of the existing HR programs related to Early and Safe Return to Work and Workplace Accommodation.
- ❖ Develop direct and indirect cost avoidance and cost containment strategies for managing Early and Safe Return to Work and Workplace Accommodation.
- ❖ By using a collaborative, interest based approach, create and implement an accommodation process that is fair, equitable and defensible.
- ❖ Affect cultural change in how the workplace parties manage the Early and Safe Return to Work and Workplace Accommodation Process for ill, injured or disabled Employees.

# Workplace Health and Productivity Program Objectives

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- ❖ Meet Legislative, Contractual and HR Policy compliance.
- ❖ Ensure that the Early and Safe Return to Work and Workplace Accommodation process is streamlined.
- ❖ Provide continuing communication and education.
- ❖ Identify internal and external resources in support of the Early and Safe Return to Work and Workplace Accommodation Process.
- ❖ Identify, establish, apply and incorporate “best practices” into the Early and Safe Return to Work and Workplace Accommodation process.

# Guiding Principles for Early and Safe Return to Work and Workplace Accommodation Plans

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1. A fair and equitable approach will be used in developing and implementing individual ESRTW/WA plans.
2. This process will be dynamic and adaptive.
3. Must meet the Human Rights Criteria for Accommodating Employees
  - ▣ Pre-disability Position
  - ▣ Pre-disability position with modifications
  - ▣ Comparable position
  - ▣ Comparable position with modifications
  - ▣ Reassignment for health reasons within the organization

# Guiding Principles for Early and Safe Return to Work and Workplace Accommodation Plans (cont'd)

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4. Utilize an interest based decision-making approach
5. Employee may choose to have representation at any stage of the plan development and implementation process.
6. Ensure Confidentiality at all stages of the process.
7. Collaborative based (employer/union/employee).
8. Occupational Health and Safety must not be waived.

# Workplace Model: Primary Members

## Workplace Committee

- **Subject Matter Advisors**
  1. **Employer Representative**
  2. **Union Representative**
- **Employee's Manager**
- **Employee**
- **Union Steward**

# Workplace Model: Secondary Members

## Internal Resources

1. Human Resources Consultants
2. Union Regional Staff Representative
3. Corporate HR Resources i.e. Policy Advisors, Employee Relations etc.
4. Union Corporate Resources i.e. Job Security Officers, OH&S Officers etc.

# Workplace Model: Secondary Members

## External Resources

- Medical/Clinical Professionals i.e. Treating Physicians, Medical Specialists, Occupational Physicians etc
- Para-Medical Professionals i.e. Chiropractors, Physiotherapists, Psychologists, etc.
- Ergonomics' Specialist
- Workplace Safety and Insurance Resources/Specialists
- Insurance Carrier Resources/Specialists
- Employee Assistance Program Resources/Specialists
- Ministry of Labour Resources/Specialists
- Ontario Human Rights Commission/Specialists
- Others as Required

## Roles and Responsibilities: Primary Members

- ❖ Employee
- ❖ Workplace Health and Productivity Committee Members, Union and Management Subject Matter Advisors
- ❖ Employee Manager and/or Supervisor
- ❖ Union Local Steward

# Implementation Stage: Tools and Templates

## Sub-Committee

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- ❖ **Developed a Seven Steps process for managing the Early and Safe Return to Work and Workplace Accommodation Process.**
  - ▣ Step One: Identify the need for ESRTW/WA.
  - ▣ Step Two: Obtain and assess the information you need to proceed.
  - ▣ Step Three: Subject Matter Advisors meet to discuss the case.
  - ▣ Step Four: Hold the ESRTW/WA meeting to create the Plan.
  - ▣ Step Five: Implement the ESRTW/WA Plan.
  - ▣ Step Six: Subject Matter Advisors meet to review the case.
  - ▣ Step Seven: Monitor/Follow-up/Review and Close File

# Implementation Stage: Tools and Templates Sub-Committee

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- ❖ **Developed “Seven Forms” for the Early and Safe Return to Work and Workplace Accommodation Process.**
  - ▣ Individual ESRTW/WA Union Representation Document.
  - ▣ Individual Fitness for Work Document.
  - ▣ Individual ESRTW/WA Plan Template.
  - ▣ Individual ESRTW/WA Case Notes Document.
  - ▣ Best Practice Accommodation Tracking Data Base.
  - ▣ ESRTW/WA Case Tracking Data Base.
  - ▣ Grievance Tracking Data Base.

# Implementation Stage:

## Training and Development Sub-Committee

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- ❖ **Developed a Workplace Health and Productivity Program Training Matrix Co-Developed and Co-Facilitated**
  - ▣ Self Directed Pre- Learning (1 Day).
  - ▣ Workplace Health and Productivity Program Legislative Framework and H&PP Orientation Training (1 /2 Day).
  - ▣ Interest Based Problem Solving Training (1.5 Days).
  - ▣ Workplace Health and Productivity Workplace Committee Training (2 Days).
  - ▣ Workplace Health and Productivity Program Employee Orientation (1 hour).
  - ▣ Vendor Orientation.

# Workplace Health and Productivity Program: Key Training Components

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- ❖ **Why** we need a Workplace Health and Productivity Program?
  - ▣ Module One: “Self Directed Learning” Assignment
  - ▣ Module Three: “Legislative Framework”
- ❖ **What** is the Workplace Health and Productivity Program?
  - ▣ Module Two: H&PP Orientation to Worksite Managers and Union Stewards
- ❖ What is **Our Approach**?
  - ▣ Module Four and Five: Ministry of Labour “Interest Based Problem Solving”
- ❖ **How** does the Workplace Health and Productivity Program work?
  - ▣ Module Six – Twelve: Workplace Health and Productivity Committee Training

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# Evaluative Process

# Evaluative Process

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- ❖ 30 – 60 – 90 Day Review for the “inaugural” work locations.
- ❖ 45 – 90 – 180 Day Review for further “on boarding” work locations.
- ❖ Pilot 6 month review
- ❖ Peer Review – Program Audit
- ❖ Peer Review – Case Review Audit
- ❖ “End User” Satisfaction Survey
- ❖ Case Management Tracking System Audit Annual Report – Results Based
- ❖ Grievance Tracking System Annual Report – Results Based

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# Lessons Learned

Union Perspective

Management Perspective

Consultant Perspective

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# Next Steps

Where do we go from here?

# Next Steps: Work in Progress

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- ❖ Workplace H&PP Review 2009
- ❖ Further H&PP “on boarding” of the other work locations in 2009
- ❖ Development of an “over arching labour/management agreement
- ❖ Implementation of a “Community of Practice” Model

# Next Steps: Community of Practice

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- ❖ Elements of a Community of Practice Model
  - ▣ Governance
  - ▣ Evaluative Process Management
  - ▣ Continuous Quality Improvement and Knowledge Management

# Community of Practice: Governance

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- ❖ Structure
- ❖ Roles and Responsibility
- ❖ Terms of Reference
- ❖ Dispute Mechanism
- ❖ Accountability Framework
- ❖ Meetings

# Community of Practice: Evaluative Process Management

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- ❖ Peer Review Program Audit
- ❖ Peer Review Case Audit
- ❖ End User “Satisfaction” Survey
- ❖ Case Management Tracking System Audit Report
- ❖ Peer Review “Best Practices” Tracking System Audit
- ❖ Grievance Tracking System Audit Report

# Community of Practice: Continuous Quality Improvement and Knowledge Management

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- ❖ Tools and Template Review and Management
- ❖ Process Review and Management
- ❖ Legislative Review and Due Diligence Compliance
- ❖ Vendor Management Review Process
- ❖ Internal and External Benchmarking
- ❖ Resource Development and Management
- ❖ Trends Analysis and Best Practice Tracking
- ❖ Continuous Learning and Development Planning

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# Questions

THANK YOU