

CSS WorkSafeBC Pilot Project

an Innovation and Sustainability Roundtable Initiative



INTERIM PILOT PROJECT REPORT



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June 2016
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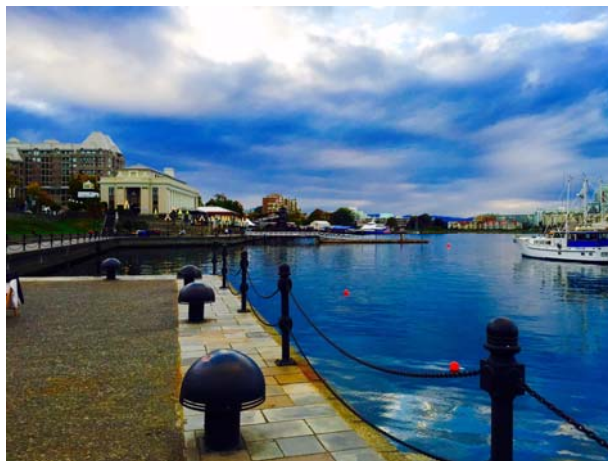
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ACKNOWLEDGMENTS

Participating Pilot Employers

*Abbotsford Community Services,
 AiMHi Prince George Association for Community Living,
 AXIS Family Resources Ltd,
 Bethesda Christian Association,
 Community Integration Services Society,
 Community Living Society,
 Creston and District Society for Community Living,
 Inclusion Powell River Society,
 J. Garnons Williams Ltd.,
 Milieu Family Services Inc.,
 Nanaimo Association for Community Living,
 North Okanagan Youth & Family Services Society,
 Okanagan Boys & Girls Clubs,
 Options Community Services,
 PosAbilities Association of British Columbia,
 Richmond Society for Community Living,
 Sea to Sky Community Services Society,
 Semiahmoo House Society,
 Spectrum Society for Community Living,
 Starbright Children's Development Centre,
 Sunshine Coast Community Services Society,
 The Immigrant Services Society of BC,
 The John Howard Society Lower Mainland of BC,
 Touchstone Family Association,
 Vancouver Aboriginal Child & Family Services,
 Victoria Cool Aid Society*



Community Social Services Union Bargaining Association

*BC Government and Service Employees' Union, Canadian Union of Public Employees, Hospital Employees' Union,
 Health Sciences Association of BC, United Steelworkers of America,
 United Food and Commercial Workers International Union, Construction and Specialized Workers' Union,
 Christian Labour Association of Canada, BC Nurses' Union, Service Employees' International Union*

Partners

*Community Social Services Employers' Association of BC (CSSEA),
 Federation of Community Social Services of BC (FED),
 WorkSafeBC*

EXECUTIVE SUMMARY

This document is an Interim Report which captures year one, of the two-year Community Social Services WorkSafeBC Pilot Project for the Community Social Services (CSS) Sector. The Pilot is a partnership Initiative with the Community Social Services Employers' Association of BC (CSSEA), the Federation of Community Social Services of BC (FED), WorkSafeBC and the BC Provincial Innovation & Sustainability Round Table.

BACKGROUND

The Community Social Services Sector contributes approximately 10 million dollars per year to WorkSafeBC in Assessment (insurance) premiums. The CSS Sector has historically experienced a high number of injuries, and a high number of time loss claims which are comparable to the Health Care Sector. Over the past three consecutive years WorkSafeBC rates have been increasing on average of 20% in most of the Classification Units in the social services sector, which has increasingly created financial pressure for employers, and has become unsustainable in the long term. As a result the *Community Social Services WorkSafeBC Pilot Project* was launched in April 2015 to specifically address the challenges for the community social services sector in reducing the length and costs directly associated with work place injury claims.

VISION

The Pilot's vision is to reduce the number of workplace injuries, and overall claim duration and the associated financial and human costs of workplace incidents by cultivating safe and healthy workplaces in collaboration with community social services sector, stakeholders including unions.

PILOT PROJECT PURPOSE

The purpose of the Pilot is to work in partnership with Community Social Services Employers' Association of BC, Federation for Community Social Services of BC, and WorkSafeBC directly to achieve the following:

- To improve Injury Prevention and Return to Work performance within the Community Social Services Sector in the following Classification Units, Counselling or Social Services (766007), Life and Job Skills Training (766010), Long-Term Care (766011), Residential Social Services Facility (766017), and Short-Term Care (766019)
- To reduce WorkSafeBC claims costs, slow the growth in WorkSafeBC base rates and reduce or eliminate premium surcharges by controlling the net costs of managing Occupational Health and Safety (OSH) and Disability Management (DM) business for employers
- To review opportunities to improve access to the WorkSafeBC Certificate Of Recognition and other Programs for employers in the social services sector

PILOT PROJECT STREAMS

There are three streams:

1. **Best Practices - Occupational Safety And Health, And Disability Management:**
To develop a comprehensive Occupational Safety & Health, and Disability Management program based on best practices gleaned by the Pilot through analyzing WorkSafeBC experience ratings of CSS Sector employers to develop improved outcomes.
2. **Classification Units Review:**
A review of six (6) of the most common classification units (CU) and rate making structure of Community Social Services (CSS) Sector was done to determine possible cost savings, including differential analysis of union & non-union settings, and to explore the possibility of community social services employers forming a majority in one or more CU.
3. **Review of Accreditation and the WorkSafeBC COR Program:**
A comparison analysis between CSS Sector Accreditation processes such as Commission on Accreditation for Rehabilitation Facilities (CARF) and Council On Accreditation (COA) with respect to WorkSafeBC COR Program to determine if there is equivalency with WORKSAFEBC requirements.

BEST PRACTICES - OCCUPATIONAL SAFETY AND HEALTH, AND DISABILITY MANAGEMENT

In year one the Pilot has engaged in the following activities:

- Pilot Project Operational & High Level Strategic Plans developed and implemented.
- Detailed analysis was completed of WorkSafeBC experience ratings of CSS Sector employers to develop improved outcomes. The three most common injury types identified were: Acts of Violence/Force, Overexertion & Falls.
- In the selection process to determine employers to participate in the Pilot, the primary data focused on three key indicators: injury rate, injury time loss and CU experience rating were applied to identify employers that were performing well (good), and those who were not (poor). Along with this the following were also considered among employers: region, size of employer, division (type of services, General, Community Living, and Aboriginal), union or non-union workplaces, and membership affiliation with CSSEA/FCSSBC/independent agencies.
- One of the objectives was to engage a diverse group of twenty volunteer employers, however due to the overwhelming response twenty-six employers participated.
- Twenty-Six employers (13 with positive experience ratings and 13 in a surcharge situation) were selected, interviewed and face to face meetings were conducted at the worksite throughout the province. Detailed cost drivers were identified for each agency including an in-depth analysis of the types of claims, the cost of the types of claims, identifying historical injuries, and assessing overall employee injury time loss.
- A Best Practices – Occupational Safety & Health, and Disability Management Survey was conducted with participating employers, a 92% response rate was captured by the Pilot. (See Appendix)
- Reviewed disability management program practices of participating employers resulting in the development of a best practices document. (See Appendix)
- On January 2016, one-on-one work with 13 employers of the Pilot commenced ahead of schedule including discussions on a strategy to implement of Best Practices across the sector.
- Action plans with the 13 pilot employers were developed in conjunction with employers based on their individual challenges and opportunities.
- Individual meetings with the three (3) Benefit Providers were conducted to ensure consistency in claims management administration with the 13 employers engaged with the DM part of the Pilot.
- Pilot Project provided regular updates and presentations to the CSS WorkSafeBC Check-In Committee, BC Government Innovation and Sustainability Roundtable, Vancouver Island HR Group (non-profits), the BC CEO Network and Community Social Services Bargaining Association of Unions (UBA).
- All twenty-six agencies (26) remain actively involved with the project and the level of interest and engagement in the sector remains high.

RESOURCE DEVELOPMENT

In early 2016, several education/information webinar sessions took place with employers. The purpose of the meetings was to collaborate for two reasons, firstly, to identify relevant topics for education/information sessions for pilot employers & the CSS Sector to best address how to improve injury prevention and return to work practices, and secondly to support employers by building on their existing OSH, DM & RTW policies and practices.

During various meetings and discussions with participating employers, project participants identified the unique characteristics of the Community Social Services Sector that differentiated them from the Health Sector. The CSS Sector has requested information, materials and education on Acts of Violence and Overexertion injuries to be developed specifically for Community Social Services, which WorkSafeBC will develop with the Pilot in the second year.

The Pilot will engage in training and education on Disability Management and Return to Work Best Practices, along with the creation of a CSS Sector Disability Management System document. The Pilot will continue to foster positive dialogues in building partnerships with the CSS Sector and WorkSafeBC.



LOOKING AHEAD

In year two, the Pilot plans to engage on the following activities:

- Implementing Best Practices and Lessons Learned to the CSS Sector.
- Developing a cohesive CSS Sector Disability Management System document for employers to use as a template to compliment and potentially enhance their existing DM and RTW practices.
- Collaborate with WorkSafeBC to develop CSS Sector-specific prevention information & resources on Acts of Violence-Force and Overexertion injuries based on direct feedback from the twenty-six employers gathered from the Survey and Working Group Webinar/Meetings.
- To develop in conjunction with WorkSafeBC Disability Management and Return To Work education/information materials and to offer workshops to the CSS Sector.
- To provide mechanisms and resources to support CSS Sector Join Occupational Safety and Health Committees,
- Work closely with CSS Sector to optimize WorkSafeBC Employer Portal & Resources.
- Outline options for the long term sustainability of the learnings from the pilot project and how to continue with the dissemination of Best Practices throughout the community social services sector.
- Implementation of individual action plan elements for participating employers.

CLASSIFICATION UNITS REVIEW

An overview of the current Classification Units (CU) determined that several social service agencies were registered in incorrect CU(s). This may have happened by accident and or in error either by the employer or assigned by WorkSafeBC personnel, however, this may also be a result of the evolution of community social services providing more complex services and programs.

The Pilot examined the following WorkSafeBC, Health Care and Social Services Sector Classification Units:

- Counselling or Social Services (766007)
- Life and Job Skills Training (766010)
- Long-Term Care (766011)
- Residential Social Services Facility (766017)
- Short-Term Care (766019)

The Classification Unit migration component of the Pilot was intended as a cost saving and or a cost neutral exercise to ensure social service agencies are registered in the correct WorkSafeBC Classification Unit(s), and to attempt the CSS Sector to form a majority presence in a single or more Classification Unit(s).

The intent of the process was to facilitate the migration of employers in the Long Term Care (LTC) CU (#766011) to the Residential Social Services Facility (RSSF) CU (#766017). The reason for the migration became less clear because as of 2016 the gap closed significantly for CU Rates issued for LTC (\$2.42) and RSSF (\$2.39).

Because the cornerstone of this initiative requires the migration to be cost neutral or a cost saving, the decision was made to suspend the work until the 2017 when the preliminary rates for LTC & RSSF are posted in September 2016. Employers are interested in being placed in the correct CU and CSSEA remains keen on anticipating social services agencies forming a majority in one or more CUs.

REVIEW OF ACCREDITATION AND WORKSAFEBC COR PROGRAM

Currently, less than 8% of the community social services sector is participating in WorkSafeBC Certificate of Recognition (COR) Program. The low enrollment is a result of the absence of resources and an unclear route for employers to access the WorkSafeBC COR Program.

WorkSafeBC conducted an analysis of the community social services Accreditation standards [Council on Accreditation (COA) and Commission on Accreditation of Rehabilitation Facilities (CARF)] and the WorkSafeBC Certificate of Recognition (COR) Program to look for alignment. Along with the review WorkSafeBC examined how to potentially build on the excellent work done by both accrediting processes and if there was an opportunity to possibly eliminate duplication to expedite the Certificate Of Recognition Program for the community social services sector.

Accreditation serves the CSS Sector in providing a general benchmark by create industry standards, whereas WorkSafeBC COR strictly centers on health & safety quality control measures which require employers to successfully pass all 8 Elements in order to receive certification which also require yearly audits.

At the conclusion of the review, WorkSafeBC deemed CARF and COA are not equivalent to WORKSAFEBC COR Program criteria and the gap is too great to be addressed during the life of the Pilot. WorkSafeBC COR will continue the dialogue with CARF and COA in other forums outside the scope of the Project.

PILOT PROJECT SUMMARY

PILOT PROJECT DELIVERABLES - YEAR ONE

- ✓ An overview and comprehensive data analysis of the current classification units (CU) of Pilot Employers engaged in the Project. **COMPLETED**
- ✓ A review of the Commission on Accreditation for Rehabilitation Facilities (CARF), and the Council On Accreditation (COA) standards within the social services subsector was investigated to determine if there is equivalency with WorkSafeBC Certificate of Recognition (COR) Program to identify opportunities and to prevent duplication. WorkSafeBC has determined CARF & COA Accreditation standards and the WorkSafeBC COR Program are not equivalent. **COMPLETED**
- ✓ The review and development of a Best Practices on Occupational Health & Safety, Disability Management and Return To Work practices for CSS Sector. **COMPLETED**
- ✓ Project Interim Report: May/June 2016 **COMPLETED**
- ✓ Identify opportunities, best practices and obstacles to implement a sector approach to positively impact injury management / RTW programs. **ON TRACK**
- ✓ A review of the placement of certain employers within the correct WorkSafeBC Classification Unit (cost neutral/savings), and work toward CSS Sector forming a majority Classification Unit. **ON TRACK**



PILOT NEXT STEPS - YEAR TWO

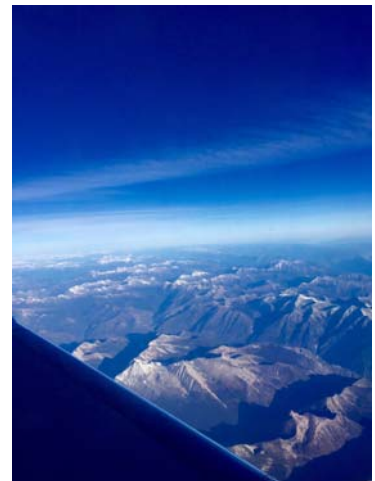
The Pilot will continue in year two to build on the work which has been accomplished by cultivating partnerships with all stakeholders, and to implement findings and learnings from year one.

- **DEVELOPMENT OF BEST PRACTICES TOOLKIT & RESOURCES**
Disseminate and implement Learnings and Best Practices to the CSS Sector.
- **OCCUPATIONAL SAFETY AND HEALTH, DISABILITY MANAGEMENT AND RETURN TO WORK**
Continue in year two to support 13 employers that are experiencing high injury and experience rates with respect to practices concerning Disability Management & Return To Work. Also to work closely to improve overall Disability Management by crafting policy, process, and to work collaboratively with all parties.
- **CSS SECTOR RESOURCE DEVELOPMENT**
Develop prevention resources/materials with WorkSafeBC on Acts of Violence and Overexertion for the community social services sector, and to coordinate training and education with WorkSafeBC to the CSS Sector in year two. Explore opportunities with the CSS Sector on how to optimize access to WorkSafeBC resources for CSS Sector, and to foster a forum to collaborate CSS Sector and WorkSafeBC on injury prevention initiatives.
- **WORKSAFEBC CERTIFICATE OF RECOGNIZATION PROGRAM**
As WorkSafeBC has determined that the WorkSafeBC COR Program & Accreditation bodies (CARF & COA) are not equivalent, the Pilot Project will examine prospects to develop strategies to improve access to the WorkSafeBC COR Program for the CSS Sector. The Pilot will explore the best vehicle to support CSS Sector to access the WorkSafeBC COR Program.
- **CLASSIFICATION UNIT MIGRATION & RATE MAKING**
Revisit Long Term Care (CU #766011) and Residential Social Service Facility (CU #766017) rates in late-2016, to examine opportunities to complete the migration without additional costs to CSS Employers. This process will also support employers to ensure they are registered in the correct CU, and to address any questions raised by the CSS Sector on this area.

Community Social Service Employer's Association of BC, Federation of Community Social Services of BC, and CSS Sector to continue to pursue agencies to form a majority in the Residential Social Service Facility (CU #766017) provided it is cost neutral or saving gained in the migration.

INTERIM RECOMMENDATIONS

- Explore the feasibility of a Community Social Services Sector Health & Safety Information HUB and or Training/Education Association on injury prevention, return to work practices and disability management resources which is up to date, accessible and remain available to the sector on an ongoing basis.
- Pilot continue to work with CSS Sector to ensure Agencies are registered in the correct Classification Unit(s) with WorkSafeBC.
- Increase the level of access of CSS Sector to WorkSafeBC Resources, Programs and Services including the WorkSafeBC Certificate Of Recognition Program to facilitate Agencies to actively participate in the certification process.
- To ensure future sustainability of the Pilot Project beyond the two-year scope by building on gains, work accomplished and partnerships established with all stakeholders.



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APPENDIX

Best Practices Occupational Safety & Health and Disability Management Summary Report

“We feel that people who are happy with their relationships and duties at work are more likely to be concerned about their own health and safety (and the health and safety of others) and more likely to return to work sooner.”

SURVEY PARTICIPANT

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SURVEY SUMMARY REPORT

The purpose of the Survey was to develop a better understanding of the current challenges facing the social services sector regarding disability management and return to work practices by engaging directly with all 26 pilot employers.

From September 1, 2015 to December 31, 2015, 26 surveys were distributed to 26 employers (respondents) participating in the Pilot Project. Of the 26 surveys distributed, 24 surveys were completed and returned translating a healthy 92% return rate.

It is important to note the twenty-six employer participants were separated into two groups:

- The first group of employers (13) were in poor standing/performing with high WorkSafeBC Assessment rate(s) coupled with high experience injury rates (Classification Units), and high injury employee loss time duration claims.
- The second group of employers (13) were in good standing/performing with low WorkSafeBC Assessment rate(s) and low experience injury rates (CU's), and low injury employee time loss duration claims.

To address this, two Surveys (attached at end of report) were constructed in a qualitative manner for two purposes; firstly, for the Pilot to identify from struggling agencies their specific challenges on Disability Management and Return to Work practices, and secondly for the Pilot to learn from agencies that were performing very well to catalog what their best practices were which lead them to successful Disability Management and Return to Work practices/programs.

The Pilot examined the following WorkSafeBC, Health Care and Social Services Sector five Classification Units: Counselling or Social Services (766007), Life and Job Skills Training (766010), Long-Term Care (766011), Residential Social Services Facility (766017), and Short-Term Care (766019).

Demographic breakdown of survey participants:

Pilot Employer Project Demographic Summary		
Employers	Accreditation	Membership
26 (100%)	22 - CARF (84%)	23 - CSSEA (88%)
Size	2 - COA (8%)	8 - CSSEA & FCSSBC (31%)
9 - Medium (35%)	2 - Other (8%)	3 - CSSEA Associate (12%)
17 - Large (65%)	Workforce	Regions
Sector	11 - BCGEU (42%)	1 - Kootenays (4%)
12 - Community Living (46%)	9 - CUPE (34%)	2 - North BC (8%)
13 - General Services (50%)	1 - HEU (4%)	3 -Thompson Okanagan (12%)
1 - Aboriginal Services (4%)	1 - HSA (4%)	5 - Vancouver Island (20%)
	1 - CLAC (4%)	15 - Lower Mainland (56%)
	1 - CSWU (4%)	
	2 – Non Union (8%)	

Please note the statistical/quantitative aspect of the Pilot Project was completed earlier on during the overview gap analysis (Injury Rate, Experience Classification Unit Rates, and Injury Loss Days) selection phase of the 26 employers.

The information gathered from this survey will serve as the Best Practices Document for the Social Services Sector.

The Pilot would like to express that all participating employers on the survey provided valuable information and insight on Best Practices which have been captured in this Report.

The Pilot acknowledges and appreciates all the participants in the survey.

SURVEY SUMMARY FINDINGS

Below in point form are summarized notes cataloged from 24 employers (respondents) that responded to the Survey.

SURVEY OBSERVATIONS

- Overall agencies surveyed possess a standard Health and Safety structure, and have successfully implemented employee injury reporting policy/procedure within their organizations.
- Accreditation has provided an important framework for organization to follow on Health & Safety practices.
- Acts of Violence or Force (by clients-individuals-participants served by agency) in the workplace are increasing primarily in two areas: the number of claims being filed and the length in duration of these claims. To address this growing challenge, agencies have embarked on immediate intervention measures by providing debriefing supports to employees after a traumatic event.
- Majority of agencies are not utilizing the WorkSafeBC Employer Portal & Resources to its full potential.
- Most agencies use a 3rd Party Benefits Provider to administrator DM & RTW claims for injured employees.
- Agencies are re-examining their Health & Safety Policies and Procedures on an annual basis.
- Based on the 92% Survey response rate, 95% of respondents indicated that Unions are not an impediment in the DM or RTW Process.

LEARNINGS

- A leading indicator in cultivating successful Health & Safety Culture is a positive and proactive leadership approach on Safety in the workplace by everyone (from front line staff to the executive director level).
- A holistic approach in the development of Disability Management Systems and Return to Work/Stay at Work Policies & Practices was observed by the Pilot.
- Open consistent communication & transparency on Health & Safety regarding Disability Management and Return To Work Practices with the Employee, Supervisor, Managers, Directors, Executive Director, and Health & Safety Stakeholders was commonly noted.
- Ongoing and up to date Health & Safety Training/Education provided by agencies played an important role in creating healthy and safe workplaces.
 - Prevention education/information on Acts of Violence and Overexertion injuries was requested by employers/respondents to meet the challenging and complex needs of individual being served by the community social service providers.
- Active and engaged Joint Occupational Safety & Health Committees (JOSH) in agencies have supported effective DM, and RTW practices/programs.
- A collaborative approach to Health & Safety with all stakeholders was a vital indicator with respect to fruitful DM & RTW programs and practices.
- Immediate intervention on RTW by employers/respondents, and for them to re-examine the entire experience on a case by case basis helped to improve the overall process. This approach helped in the development of improved DM and RTW practices which has led to successful re-integrating of injured workers back to work sooner.
- Half of the employers/respondents to the survey utilize WorkSafeBC Employer Portal to check on claims status of injured workers.
- Health & Safety Training & Education specific for the Community Social Services Sector was requested by respondents.
- Respondents to the Survey that possessed a robust social wellness program played an important role in developing healthy (mental & physical) culture.

CHALLENGES & EMERGING ISSUES

- Community social service sector demographics on an aging workforce.
- Mental Health Claims are increasing both in the number of claims filed and the costs associated with them.
- “Employee Burn Out” is a common term utilized where employees hold more than one occupation with multiple employers in the CSS Sector.
- Lack of communication in the case management of injury claims between: Injured Worker, Employer, Benefit Provider, WorkSafeBC, and Union.
- Agencies have limited resources and expertise at their availability particularly for medium and small employers (less than 5 Million Payroll).
- More Health & Safety Training & Education tailored to the Community Social Services Sector is needed.

SURVEY CONCLUSION

The Pilot will be engaged on the following activities in year two:

- Implementing Best Practices and Lessons Learned to the CSS Sector.
- Developing a cohesive CSS Sector Disability Management System (DM) document for employers to use as a template to complement their existing DM practices.
- Collaborate with WorkSafeBC to develop CSS Sector-specific prevention information & resources on Acts of Violence-Force & Overexertion injuries based on direct feedback from the twenty-six employers gathered from the Survey and Working Group Meetings.
- To develop with WorkSafeBC Disability Management & Return To Work education/information materials and offer workshops to the CSS Sector.
- To provide mechanisms and resources to help support JOSH Committees at the Agency level
- Continue to collaborate with pilot employers (26) and the CSS Sector in identifying DM and RTW challenges.
- Support pilot employers (26) and the CSS Sector to access and optimize WorkSafeBC Employer Portal & Resources.
- To continue to foster healthy partnerships with all stakeholders the Pilot has developed.
- Outline options for the long term sustainability of the learnings from the pilot project and how to continue with the dissemination of Best Practices throughout the social services sector.

SURVEY SUPPLEMENT INFORMATION

SAMPLE OF SURVEYS

In the analysis of the Surveys the follow process was developed for this report. Because two Surveys were constructed for two groups of employers in poor standing/performing and the other in good standing/performing, a colour scheme or key was developed to delineate the responses for categorization purposes.

KEY (Survey Participant Response Colour Scheme)

BLUE – COMMON QUESTIONS BETWEEN BOTH SURVEYS

ORANGE – QUESTIONS & RESPONSES FORM POOR PERFORMERS

GREEN – QUESTIONS & RESPONSES FROM BEST PERFORMERS

SURVEY QUESTIONS - EMPLOYER A

1. What are your Health & Safety practices pertaining to injured workers?
 - a. Agency Policy/Procedure?
 - b. Do Staff follow a proper reporting protocol when they are injured?
 - c. What is your current Return to Work (RTW) Practice?
2. When an employee is injured and off of work who in your agency manages the RTW process?
3. What do you feel is the most difficult challenge in communicating with an injured employee off of work?
4. What would make the biggest difference to improving their health/ safety performance?
5. What are you currently doing to prevent injuries in the workplace?
6. If you could improve your injury prevention process what would it be?
7. Where would you like to be in respect to injury prevention and RTW practices in your agency?
8. Is the union supportive or an impediment in the RTW process?
9. What does a successful Disability Management Program and or Return to Work Process look like to you?
10. What do you feel are the emerging challenges/issues facing employers who are managing injuries in the workplace?
11. Please feel free to share any additional comments.

SURVEY QUESTIONS - EMPLOYER B

1. What are your Health & Safety practices pertaining to injured workers?
 - a. Agency Policy/Procedure?
 - b. Do Staff follow a proper reporting protocol when they are injured?
 - c. What is your current Return to Work (RTW) Practice?
2. What do you believe you have done to create a successful Health & Safety culture & Disability Management & Return to Work (RTW) Program in your agency?
3. What types of resources and practices do you feel have helped your Health & Safety Program?
4. What advice would you share with employers that are struggling with their Disability Management & RTW Program/Process?
5. Is the union supportive or an impediment in the RTW process?
6. What does a successful Disability Management Program and or Return to Work Process look like to you?
7. What do you feel are the emerging challenges/issues facing employers who are managing injuries in the workplace?
8. Please feel free to share any additional comments.

PILOT LEGEND KEY**DEFINITIONS**

Region	LM - Lower Mainland, VI - Vancouver Island, TO - Thompson Okanagan, N - Northern BC, K - Kootenays
WCB #	Employer ID # with WorkSafeBC
WorkSafeBC	Health Care & Social Services Sector 7660
Classification Units (CU)	766007 (Counselling or Social Services) 766010 (Life and Job Skills Training) 766011 (Long Term Care) 766017 (Residential Social Services Facility) 766019 (Short Term Care) 766014 (Physio-Therapists / Occupational Therapists) 764013 (Daycare, Playschool)
Injury Rate Data	Overall Rate average for CU 's (766007, 766010, 766017, 766019) from 2009 to 2014
Experience Rate	Employer percentage standing for 2014 in comparison to Industry CU average.
Assessed Payroll	Employer total wage payroll for CU.
Accident Types	Overexertion, Acts of Violence/Force, Falls, Struck
Number of Claims	Total Number of Claims from 2009 to 2014.
Accreditation	CARF (Commission on Accreditation of Rehabilitation Facilities) COA (Council On Accreditation)
Membership	CSSEA, FCSSBC, CSSEA & FCSSBC, None
Size	Small: \$0 to \$999,999 Employee Payroll Medium: \$1,000,000 to \$4,999,999 Employee Payroll Large: \$5,000,000 +
Sector	Community Living, General Services, Aboriginal
Employer Data Timeline	WorkSafeBC Data captured January 1, 2010 to May 31, 2015