

Employee Absence Reporting Line (EARL)

Update as of March 18, 2014

Northern Health;

At Northern Health we are at 43.9 % complete which includes 21 out of 27 sites (Of approximately 4207 employees, this reaches 42.1 % of employees). Prince George, the last site to be implemented is 40.9% of our total population to implement EARL. Approximately 5 900 calls have been received to date. Sites completed are: Vanderhoof, Burns Lake, Granisle, Southside, Fort St. James, Fraser Lake, Mackenzie, Kitimat, Quesnel, McBride, Valemount, Smithers, Houston, Hazelton, Terrace, Stikine, Atlin, Prince Rupert, and Haida Gwaii. Implementation and data gathering has begun in the North East region which includes Fort Nelson, Fort St. John, Dawson Creek, Hudson Hope, Tumbler Ridge and Chetwynd. The anticipated completion date is April 24, 2014. To date, data input and validation has been completed manually. An application has been developed and is being prepared for deployment. This will minimise WHS involvement by enabling managers to view existing call routing data and make changes if needed.

Interior Health;

At Interior Health implementation of EARL at the pilot site (South Okanagan General Hospital, McKinney Place and Oliver Health Center) is complete. Approximately 150 calls have been received to date. An application has been developed and is being used by managers to view existing call routing data to make changes if needed. Support and training for managers will be provided throughout implementation. Orientation is occurring for new staff to lead the implementation at Interior Health. The new Analyst is reviewing our implementation schedule and communication material and will move forward by April 1, 2014. The goal is to have EARL live throughout all of Interior Health by December 31, 2014.

Work is almost complete in creating reports, including the line usage compliancy and five + days absent within a 30 day period from Engenic. Reports will be developed internally by Interior and Northern Health, and Engenic's reports will be used as a quality check. Promotional material has been created for both sites including:

- A Wallet card for each employee
- A Fridge Magnet for each employee
- Posters for each department site
- Digital Brochure emailed to each manager and employee
- EARL Application Manuals distributed to all managers
- An introductory video to EARL for employees

A designated EARL intranet page for each Health Authority

VIHA;

Implementation completed May 6, 2013 – recently added the Scheduling data. A handful of survey comments....

PHC;

Implementation completed March 2014

PHSA;

Implementation completed 2012

FEEDBACK;

- Couldn't have a better system with EARL. Well Done.
- Was introduced to EARL through Manager. Poster in office and magnet for home. Have no problems with system.
- This is a good system. Once all employees get the hang of it this should work out well.
- The emails reporting staff absent has been helpful.
- Staff were extremely helpful to problem solve and assist with setting up the decision tree when timelines were tight.
- The implementation was very rushed in Vanderhoof (NH pilot site). Through our Plan-Do-Study-Act (PDSA) process NH adjusted the implementation schedule for next sites.
- There needs to be a way to confirm that EARL received your call. It could say ..."your message has been delivered"...or something. NH/IH have implemented the caller receives email of the absence notification. A sample message is included in the communications going out to staff during implementation.
- Survey results show 89% of respondents are "very Satisfied, Satisfied or Neutral"

Projected Expenses	
HA Leads	\$ 120,000.00
IH/ NH	\$ 60,000.00
PHSA	\$ 20,000.00
PHC	\$ 20,000.00
VIHA	\$ 20,000.00
Call System Implementation/ Vendor Contract	\$ 390,963.28
IH	\$ 65,973.95
NH	\$ 65,973.95
PHSA	\$ 67,067.48
PHC	\$ 65,973.95
VIHA	\$ 65,973.95
VCH	\$ 30,000.00
FH	\$ 30,000.00
Site Implementation & Travel Expenses	\$ 82,276.25
Miscellaneous expenses	\$ 5,268.33
Travel and other	\$ 70,169.39
Total	\$ 589,820.27

Budget Summary to Current Date

	(a) 2012/13 Budget	(b) Expenses by Period					(c) Expenses (as of this report; Jan – March 2014)	(d) Surplus/Deficit (d) = (a) – (c)	(e) Comments
		Apr - Jun 2012	Jul - Sep 2012	Oct - Dec 2012	Jan - Feb 2013	Mar – Dec 2013			
Planned	589,820		95,974	419,164	3,374	71,308	114,692	0	
Actual	589,820		95,974	379,164			114,682	0	

Budget through to Project Completion

Expense	Planned Budget Amount	Adjusted Budget Amount	Estimated Spend Date	Funding Source	Comments
	\$589,820	\$589,820	Spend by Dec 31, 2013. COMPLETE	HEABC	Snapshot below

Results;

The expected provincial LTD gains from this initiative was \$1,800,000 annually.

Projections at Dec 31/13 are;

April 1, 2013 to March 31, 2014 – Most recent estimate (\$000'000s)

	FHA	VCHA	VIHA	IHA	NHA	PHSA	PHCS
Claims Experience Gains/(Losses)	\$0.4	\$8.1	(\$3.5)	\$5.9	\$1.1	(\$0.6)	(\$0.9)

Total: \$10,500,000

It is difficult to determine the actual gains EARL has brought to the Health Authorities. However, it is clear that collectively all of the initiatives have had a positive impact.