

## Improving the care of injured workers

**W**orkSafeBC is committed to providing quality medical care and rehabilitation to injured workers. Health care quality improvement represents a revolutionary shift in medical thinking for all clinicians, and WorkSafeBC strives to participate in that discussion and process.

Much of the evolution of health care improvement occurred during our own practice careers. The original prophet in the wilderness was Ernest Codman, the eventual co-founder of the American College of Surgeons, and the first to propose that physicians systematically monitor the outcomes of treatments in order to provide “the best possible application of recorded knowledge to each case.”<sup>1</sup>

Codman’s ideas lay dormant while the field of clinical epidemiology was advanced from a mathematical exercise to a tool available to the practising clinician. Canadians contributed to this effort through the work of David Sackett and others. Evidence-based medicine is now accepted as “the integration of the best research evidence with clinical expertise and patient values.”<sup>2</sup> Principles of outcome measurement and critical appraisal are part of the basic training of medical students.

Finally, this concept was taken to

a system level by health care management researchers at the Institute of Healthcare Improvement, Institute of Medicine, and others.

### WorkSafeBC’s commitment

The WorkSafeBC Medical Department aims to meet the goals of the Institute of Medicine and is committed to high quality care of injured workers that is:

- Safe—avoiding injuries to patients from the care that is intended to help them.
- Effective—providing services based on scientific knowledge to those who could benefit, and refraining from providing services to those not likely to benefit; avoiding underuse and overuse respectively.
- Patient-centred—providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
- Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care.
- Efficient—avoiding waste of equipment, supplies, ideas, and energy.
- Equitable—providing care that does not vary in quality no matter what the gender, ethnicity, geographic location, or socioeconomic status of the patient.

Research Secretariat funds research initiatives that provide input into worker health.

- Health technology assessment—WorkSafeBC’s Evidence-based Practice Group (EBPG) reviews new treatments and technologies and works with other health technology and occupational epidemiology researchers around the world, particularly the Canadian Cochrane Centre.
- Physician knowledge updates—WorkSafeBC Clinical Services provides physicians opportunities to hone their skills and stay current with developments in disability medicine through local events and the annual Physician Education Conference.
- Integrated computerized records—We believe the exchange of clinical information and best practice tool kits across offices and hospitals is central to quality improvement. The latest BCMA/MSC agreement should facilitate movement toward electronic health records both in the community and within WorkSafeBC.

We welcome innovative suggestions from all physicians and are committed to supporting our community physicians in meeting the challenges of providing quality care to injured workers in these challenging times.

—Don Krawciw, MD,  
Dip Sports Med, CIME  
WorkSafeBC, Victoria

### Mark your calendar

Saturday, 21 October 2006  
in Victoria, B.C.

**“Pearls by the Sea”  
7th Annual WorkSafeBC  
Physician Education  
Conference**

Optional job visit to Coast  
Guard Icebreaker

### Getting better all the time

Today, at WorkSafeBC, we offer:

- Reduced wait times—Prompt care of injured workers is provided via an expedited specialist consultation process and at several rehabilitation facilities across BC.
- Evidence-based guidelines—The WorkSafeBC/BCMA Liaison Committee works to identify opportunities to improve effective care.
- Health research—WorkSafeBC’s

### References

1. Donabedian A. The end results of health care: Ernest Codman’s contribution to quality assessment and beyond. *Millbank Quarterly* 1989;67:233-256.
2. Sackett D, Strauss S, Richardson WS, et al. *Evidence-based Medicine*. New York: Churchill Livingstone; 2000:1.