



2017-10-16

The Honourable Christina Gray

Minister of Labour

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Edmonton, AB

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WCB Review

Thank you for the opportunity to respond to the Workers' Compensation Board (WCB) Review. The Continuing Care Safety Association (CCSA) commends the Minister in undertaking this important and much needed review.

It is important first to provide some context on the CCSA and the continuing care sector, particularly around the emerging pressures in this sector and the CCSA's role in nurturing a positive health and safety system within the continuing care sector.

The Continuing Care Safety Association:

The Continuing Care Safety Association was established in 2005 with the overall objective of providing industry specific health and safety training to the Alberta continuing care sector. Through these efforts, the CCSA enables employers to save on WCB premiums, reduce injury costs, increase efficiency and improve the overall long-term well-being of employees. The CCSA works in partnership with Alberta Labour and the WCB to manage Certificate of Recognition (COR) and Partners in Injury Reduction (PIR) programs for the continuing care and supportive living industries in Alberta. As a result of these partnerships the CCSA has contributed toward a reduction in WCB rates overall for the industry relative to that experienced in other provinces.

The mandate of the Continuing Care Safety Association is primarily focused on prevention and education, so the feedback provided herein focuses on those recommendations relating to that mandate. Overall, we support the need to drive a culture change throughout the system and to ensure that program directions and processes are grounded in evidence. This approach recognizes the importance of a compensation system that is informed. We also support a direction where the over-arching policy and regulatory framework within which the WCB



operates is set by government. Nonetheless, it is important to maintain impartiality in WCB operations.

We also appreciate the desire to ensure system sustainability, however, sustainability needs to be considered in the broader context of ensuring appropriate investment in education and training.

The CCSA's programs are funded primarily through an industry levy administered by the WCB. In years prior to 2016, CCSA programs were supplemented by grants provided by Alberta Labour (e.g. CCSA Injury Reduction Program), but those grants have now been eliminated. The reduction in these grants have had the impact of reducing the overall staff complement available for education and training programs, as well as research. CCSA has conducted research on the link between resident behavior and injury rates. Education and training play an important role in ensuring long-term system sustainability through prevention and development of a culture that supports and creates safer environments. Within that context it is important to ensure that education and training investment is sustained and in alignment with need and to mitigate risk.

The Continuing Care Sector:

Growing Demand: The continuing care sector, with over 40,000 staff, is a significant 'safety' sector that will continue to experience growing demand and a need for responsive education and training programs. Enhancing overall health and safety of staff within the sector requires an ongoing, targeted and sustained approach. Emerging pressures on the sector present many challenges. Although Alberta has the youngest population in Canada with approximately 505,000 seniors (12 percent of its population), the population of seniors is expected to double to over 1 million by 2031. There are currently 24,000 continuing care spaces (long-term care and supportive living) in Alberta and the demand for spaces is expected to grow significantly over the next two decades in response to an aging population, Albertans living longer, smaller family size and reduced support from families.

The expectations of families and residents also present many challenges to ensure consistency in health and safety systems. Far from being a homogenous system, the continuing care sector provides a full spectrum of services from long-term care through varying levels of supportive living. Aging in place will add to this complexity. Decentralized and variable delivery models present greater challenges to achieve economies of scale, but also present a challenge for education and training and ensuring consistent quality assurance and risk mitigation.



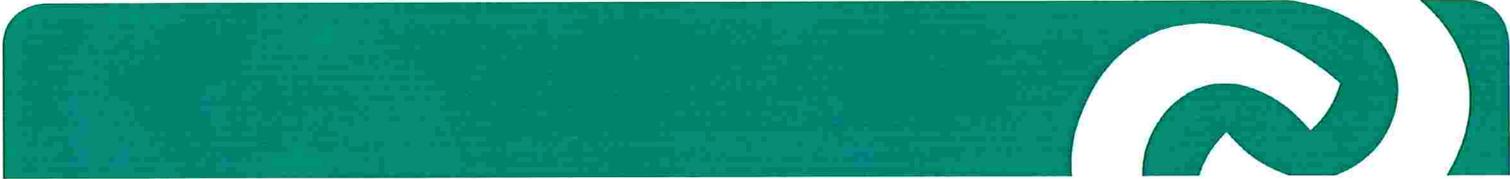
Cost Containment: One of the key objectives of the CCSA is to ensure that resources are utilized effectively and efficiently to contain cost pressures. Clearly, given the demand within the continuing care sector, it is important to target education and training programs based on informed analysis, and also, to engage in partnerships to achieve the necessary cultural engagement in safety.

Complexity of Continuing Care Safety and Risk: We can expect more challenging environments for both residents and staff. Albertans are living longer and as a result the complexity and nature of illnesses experienced by residents is increasing. For example, the incidence of Alzheimer's or dementia exists in 59 percent of all long-term care residents. The growing incidence of these chronic conditions, along with mental illness, and higher incidences of multiple chronic conditions, will require responsive approaches to safety of staff and residents, along with appropriate training strategies. Staff is experiencing much greater exposure to violence in the workplace than in the past.

According to a report published by Statistics Canada, 34% of nurses working in hospitals or long-term care facilities reported physical assault from a resident over a one-year period and 47% reported emotional abuse during that same timeframe. The report also noted that the clinical area of practice made a difference in the reported incidents, with those working in long-term care and geriatrics reporting the highest at 50%. Evidence suggests that the risk to health care workers experiencing violent, aggressive or harassing behaviour is nine times greater than any other industry. The CCSA has also conducted important research showing the relationship between residents with complex needs, injury rates and delivery models.

Dynamic and Diverse Staff Environment: The continuing care sector is diverse and very dynamic with turnover levels that present challenges for education and training relating to safety. The staffing complement, comprised of over 80% female, is aging and experiencing challenges to attraction and retention. The challenges for recruitment and retention are even greater in rural and remote areas of the province, with a growing need and cost to provide accessible education and training. Continuing care providers need to rely on human resources drawn from outside Alberta and Canada, creating challenges to ensure that all employees are using consistent best practices to maximize staff safety and mitigate risk. Within a dynamic and diverse sector it is important that investment in education and training efforts be sustained and that programs evolve to meet changing needs.

Another limiting factor is the challenge for employers in creating full-time employment for a large percentage of the workforce; there are significant scheduling challenges as well as



restrictions, often meaning that many staff hold down two or three jobs to enable full-time employment. As high as 75% of the workforce within many continuing care providers are part-time, but piece together full-time work through multiple employers.

The recent Health Quality Council report on continuing care would attest to the growing demands on the sector and that resource constraints are having an impact on outcomes and service levels, for example, wait times to find a continuing care space. Fewer staff coupled with growing complexity and age of resident leads to staff undertaking greater risk and physical exertion and incurring injury.

A further complicating factor to the risk and safety environment is the fact that families are also present within the environment, either as volunteers, caregivers, or present while care is being provided. This contribution is valued, but also means that safety of volunteers and family members must also be considered.

Systems Based Approach:

Any strategy to renewing the occupational health and safety system and role of the WCB needs to reflect a systems-based approach that is responsive to employee safety and differing risks depending upon the industry. Although there may be a tendency to focus on those industries with higher risk of death or catastrophic consequence (e.g. pressure vessels in the oil and gas industry), it is also important to focus on those industries with less obvious or visible injury and illness. Although the bulk of injuries often have less profile within the continuing care sector, efforts to reduce the economic cost of illness and injury within the sector is critical.

Balanced Approach: As indicated in the diagram that follows, achieving positive and long-term results within the occupational health and safety system requires a balanced approach that includes:

- an accountable and outcomes-focused system established through clear standards and governance;
- responsive education and training focused on prevention;
- claims management; and
- compliance.

The CCSA has maintained a fairly narrow focus on safety related matters, and has not opened up 'Pandora's Box' regarding occupational health and safety. Outbreaks, new diseases, infections, public emergencies, will continue to be a growing concern without any resources or

infrastructure to adequately respond to the emerging risks with appropriate education and training.

Generally, while significant effort may go into establishing standards within any one sector, if those standards are not well understood or communicated and/or there are insufficient education and training programs, then the standards are unlikely to be attained. Similarly, if there are well-developed standards in place, but limited consequences associated with non-compliance, there is less incentive to participate in, and likely to be less than optimal participation in education and training programs.

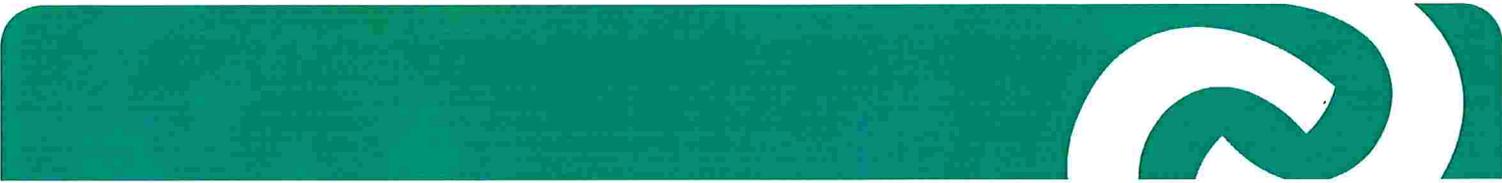


Continuous Improvement

System outcomes can best be achieved through a balanced and collaborative approach that relies upon the coordinated efforts of: Alberta Occupational Health and Safety, as the regulator and standard setter and compliance monitor; the safety associations and their greater emphasis on industry-specific education, training and awareness programs; and the WCB with a responsive and objective approach to claims management.

Quality Information and Sharing of Information: For each of these partners to do their jobs, there needs to be better sharing of information and better use of diagnostic tools with which to





identify gaps and risks. Standards need to be informed by information just as education and training programs need to be informed by quality information.

Separation of Responsibilities and Clear Accountabilities: System success requires clearly understood roles and accountabilities. There is also a need to ensure an objective approach and high integrity system which the public, employees and employers perceive as being safe, fair and equitable. This means that there need to be certain checks and balances within the system.

While there may be some consideration to consolidating and centralizing all standard setting, training, education, and compliance activity under one roof under OHS, we don't believe this would lead to better outcomes and, in fact, is more likely to create distortions within the safety system owing to inadequate checks and balances. To put things simply, it would be easier for employers to view the system as being unfair if the same entity setting the standards shows up to deliver the education and help build a quality management system, subsequently shows up to audit the employer, and then later issues administrative penalties or other measures aimed at enforcing compliance.

The Continuing Care Safety Association supports a system in which there are clearly understood roles and accountabilities as well as a separation of responsibilities to ensure objectivity and differentiation of purpose. A balanced approach to occupational health and safety reflects a system in which there is adequate and sustained investment in education and training programs.

We would like to provide some further comment on some of the specific recommendations.



Response to Specific Recommendations

Recommendation 20: *WCB undertake initiatives to raise levels of knowledge and awareness in Alberta's medical community about the workers' compensation system, its purpose, its major components and its processes.*

While this recommendation speaks specifically to enhancing knowledge within the medical community regarding the workers' compensation system processes and components, there is also a need to ensure that the medical community is knowledgeable of the larger picture of injuries, prevention, and costs associated with injuries and illnesses. We need to work toward an open and transparent system in which employers and the medical community have a far better understanding of the causes of injury and how to prevent injury. The Continuing Care Safety Association, with its focus on education and prevention, could be leveraged to provide such a function within the Continuing Care system, as are other safety associations within their respective sectors.

In addition to initiatives to raise awareness of the WCB system, process and purpose, the medical community should be responsible to some degree for claims management. WCB, the worker and the employer all have shared responsibility when returning an employee to work; the medical community should also share some of that responsibility, especially considering that WCB, the worker and the employer are required to follow the medical direction given. Extended modified duties and very vague restrictions is often a barrier faced when returning an employee to work, extending the duration of the claim.

Better communication between Millard Health and the medical community. Treating Medical teams at Millard Health and the attending medical community practitioner should have similar levels of functioning throughout the workers' return to work. Any discrepancies should be addressed immediately.

Recommendation 23: *WCB implement a new policy that establishes a more collaborative approach which also enforces the obligation to return an injured worker to work.*

We have some significant concerns with recommendation 23, which would enshrine this obligation in the Workers' Compensation Act, when provision already exists in the Human Rights Act. This creates the potential for conflict. Additionally, if injured workers have a greater degree of protection in their return to work and subsequent guaranteed employment then it is a concern for our members, particularly how to address performance and other non-injury related matters. We would contend that the mandate of the WCB is to return an employee to employability not employment, as this would result in unintended consequences within the system.



Recommendation 27: WCB examine the use of predominant cause and its impact to ensure it does not create an unreasonable threshold for eligibility.

We have some significant concerns with respect to using the material contribution cause, which includes psychological injury as contributing factors versus the predominant cause which limits the scope of responsibility. The current provision based on predominant cause is an appropriate and rational approach. Mental health issues are often by their very nature longitudinal and based upon many factors outside the workplace, in the home, and begin to manifest themselves early on in life. They may become evident later on in the workplace. However, while mental health is an important issue, the cost of mental health should not be borne by employers alone.

Recommendation 41: WCB Board commission an independent study on the process that should be used by the WCB to establish employer rates fairly.

Recommendation 45: End the current practice of distributing “surplus” money from the Accident Fund to employers. Establish a new policy for the use of excess Accident Fund monies (i.e., when the Accident Fund exceeds its target range) which respects the unique purpose of these monies.

We appreciate the recognition and importance of ensuring a sustainable compensation system, including one in which employer rates are fairly determined and informed by evidence. This should be open and transparent and clear in methodology. There is a need to ensure that safety associations are included and also have an understanding of this. Safety associations need to be able to communicate and build that understanding among employers, as well as to tailor targeted education and training programs based upon where there are gaps and injuries, as well where there are inadequate health and safety systems. A sustainable system should also recognize the importance of prevention and education and the role that responsive education and training programs play in reducing injury over the longer term.

With respect to recommendation 45, we would recommend that consideration be given to investing the surplus funding toward initiatives aimed at enhancing knowledge and awareness of injury and prevention through training and education programs. CCSA has been involved in projects designed to add to or enhance safety training in the continuing care sector – many of which were funded by project grants from Alberta Labour. In about 2016 those grants were reduced or eliminated. Any monies available now to support these kinds of projects can vary significantly from year to year.

A suggestion may be to enhance the knowledge of the medical community in relation to the life of a claim by providing education such as webinars, seminars, etc. making these funds available



may attract more medical professionals to take part in the promotion and better understanding of reducing injuries in the workplace

Recommendation 58: *Safety associations funded through WCB-collected levies should receive their grant installments from WCB only after satisfying oversight requirements established and delivered by OHS.*

Recommendation 59: *OHS and WCB jointly establish a working group featuring representation from employers, workers, the WCB and OHS, to examine issues and make improvements to the collection and use of data related to workplace injuries and illnesses.*

Recommendation 60: *Amend the Workers' Compensation Act as required to give the WCB authority to collect information relevant to the prevention of workplace injuries and illnesses and to disclose such information to OHS.*

Recommendations 58, 59 and 60 are included in the section Supporting Prevention of Illnesses and Injury. We support the overall direction and need to enhance prevention of illnesses and injury. A balanced safety system that is sustainable over the longer term needs to reflect a system that includes sustained and strategic investment in education, training and prevention. We welcome the opportunity to have those strategic discussions with OHS to ensure that investment in education and training programs are aligned with need and to ensure that there is sustained investment.

With respect to recommendations 58 and 59, we would also suggest that safety associations be included in the working group discussions. The safety associations play an important role in prevention through responsive and relevant industry based education and training programs. The effectiveness of these education and training programs rests on quality information respecting workplace injuries and illnesses.

Once again, we appreciated the opportunity to provide feedback on this important review and look forward to being involved in any future discussions.

Sincerely,



Bruce McDonald
Executive Director,
Continuing Care Safety Association

Cc: Jeff Parr, Deputy Minister
Blair Phillips, Chair CCSA

