



Trends in the incidence and cost of workers' compensation claims in the Ontario and British Columbia long-term Care sectors, 1998-2007

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Introduction

In Ontario, there are approximately 60,000 health care workers in 600 licensed facilities providing long-term residential care to approximately 75,000 elderly residents.

Workers in this sector are exposed to high biomechanical demands arising from care-giving tasks.

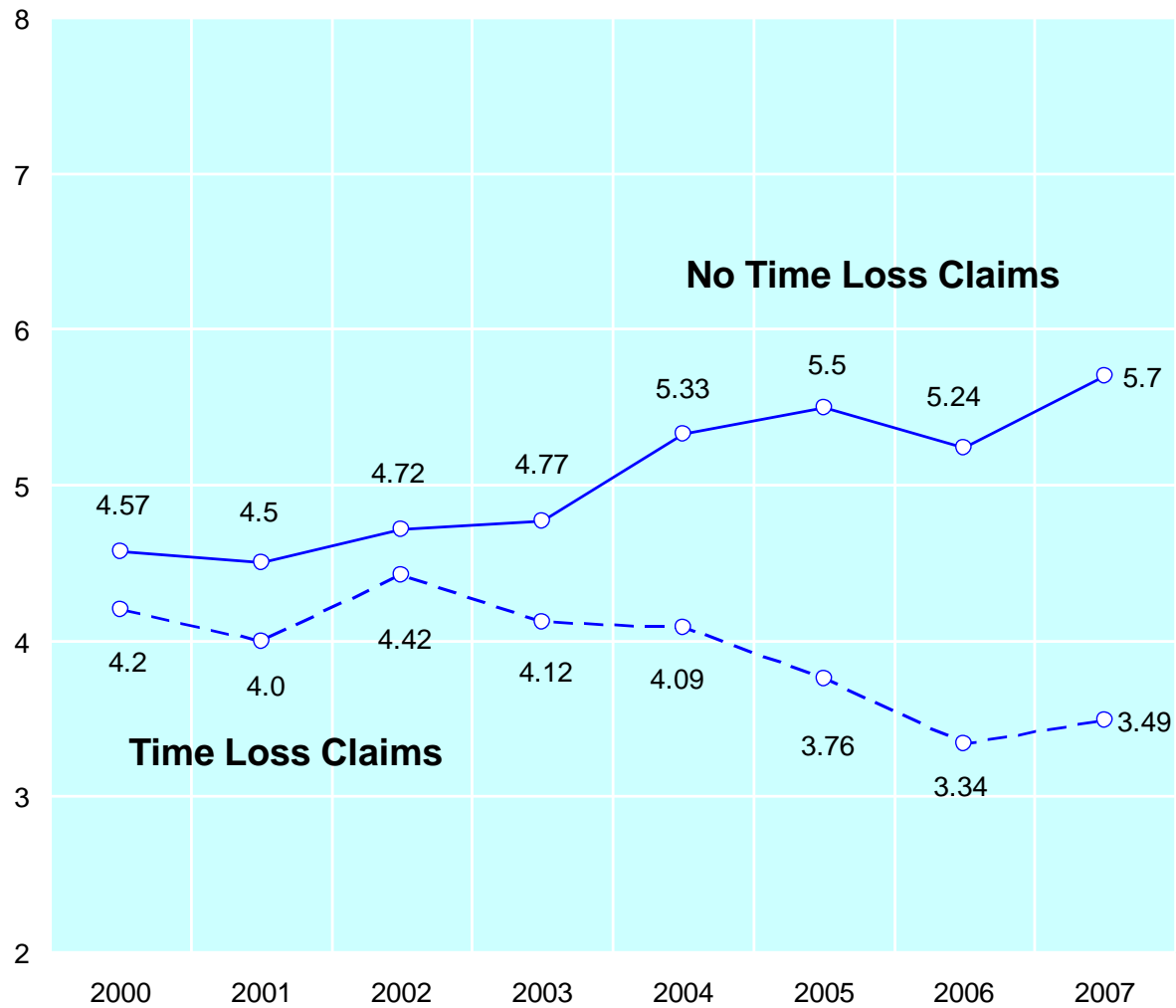
The annual rate of compensation claims in this sector is in the range of 16 per 100 full-time equivalent workers. Approximately one third of these claims result in lost-work days.

Over the period 2000-2006, many long-term care facilities have adopted disability management practices that encourage modified work arrangements.

Time Loss and No Time Loss Compensation Claim Rate

Long Term Care Facilities, Ontario 2000-2007

Rate per 100 FTE





Summary of Presentation

Review of Phase 1 Study

Cross-sectional survey of disability management practices in 33 long-term care facilities in Ontario

- Hypotheses, methods and results

Description of Phase 2 Study

Cross-sectional survey of disability management practices in 50 long-term care facilities in Ontario and 50 facilities in British Columbia, linked to ten year histories of workers' compensation claims, 1998-2007

- Methods



Hypotheses

- 1) facilities that have adopted modified duty practices will have a higher ratio of no time-loss claims to time-loss claims
- 2) facilities that have adopted modified duty practices will have a lower rate of total disability days per 100 FTE
- 3) newer facilities (established since 2000) will be more likely to adopt modified duty practices than older facilities
- 4) facilities that have adopted modified duty practices will incur lower disability compensation expenditures per 100 FTE



Methods

Longitudinal observational study of a representative sample of 32 long-term care facilities

Two cycles of data collection, separated by approximately 12 months over the period 2005-2006

Records for facilities participating in primary data collection were linked to administrative records of workers' compensation claims

Measures were obtained for facility characteristics, compensation claim incidence and days of disability



Results (1)

A total of 28,700 days of disability attributed to work-related conditions were experienced by 3,270 full-time equivalent staff in 2005 (28,000 days in 2006).

Average total disability days were 922 per 100 full-time equivalent staff in 2005 and 889 per 100 full-time equivalent staff in 2006.

Disability compensation expenditures, measured as wage replacement benefits received by disabled workers, were estimated to be \$72,300 per 100 full-time equivalent staff in 2005 and \$64,600 per 100 full-time equivalent staff in 2006.

On average, approximately 60% of all disability days were managed by modified duty arrangements



Results (2)

Across facilities in this sample, there was wide variation in incidence of disability episodes and in the frequency of disability days per 100 FTE. Within facilities, there was a strong correlation of the rate of disability episodes and the frequency of disability days over the two consecutive years of observation.

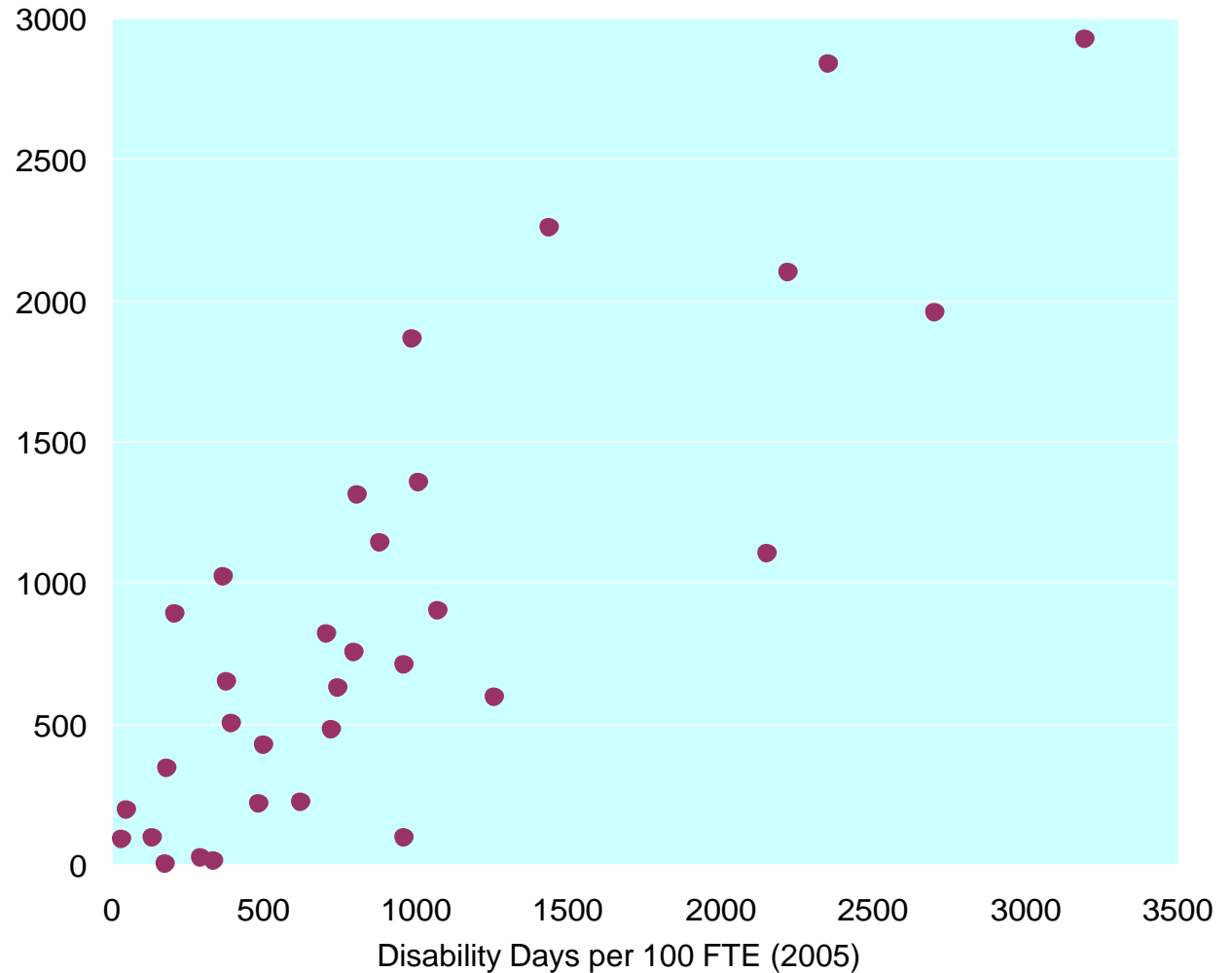


Disability days per 100 FTE,

33 long-term care
facilities
Ontario, 2005 vs 2006

$r: 0.82, p < 0.001$

Disability Days per 100 FTE (2006)





Results (3)

The first hypothesis of this study proposed that facilities that have adopted modified duty practices will have a higher ratio of no time-loss claims to time-loss claims.

We found mixed evidence for this hypothesis. There was no relationship observed in 2005 between the proportion of disability days managed by modified duty arrangements and the facility-level ratio of no time-loss claims to time-loss claims. However, in 2006, there was a positive relationship between these two measures, confirming the hypothesis.

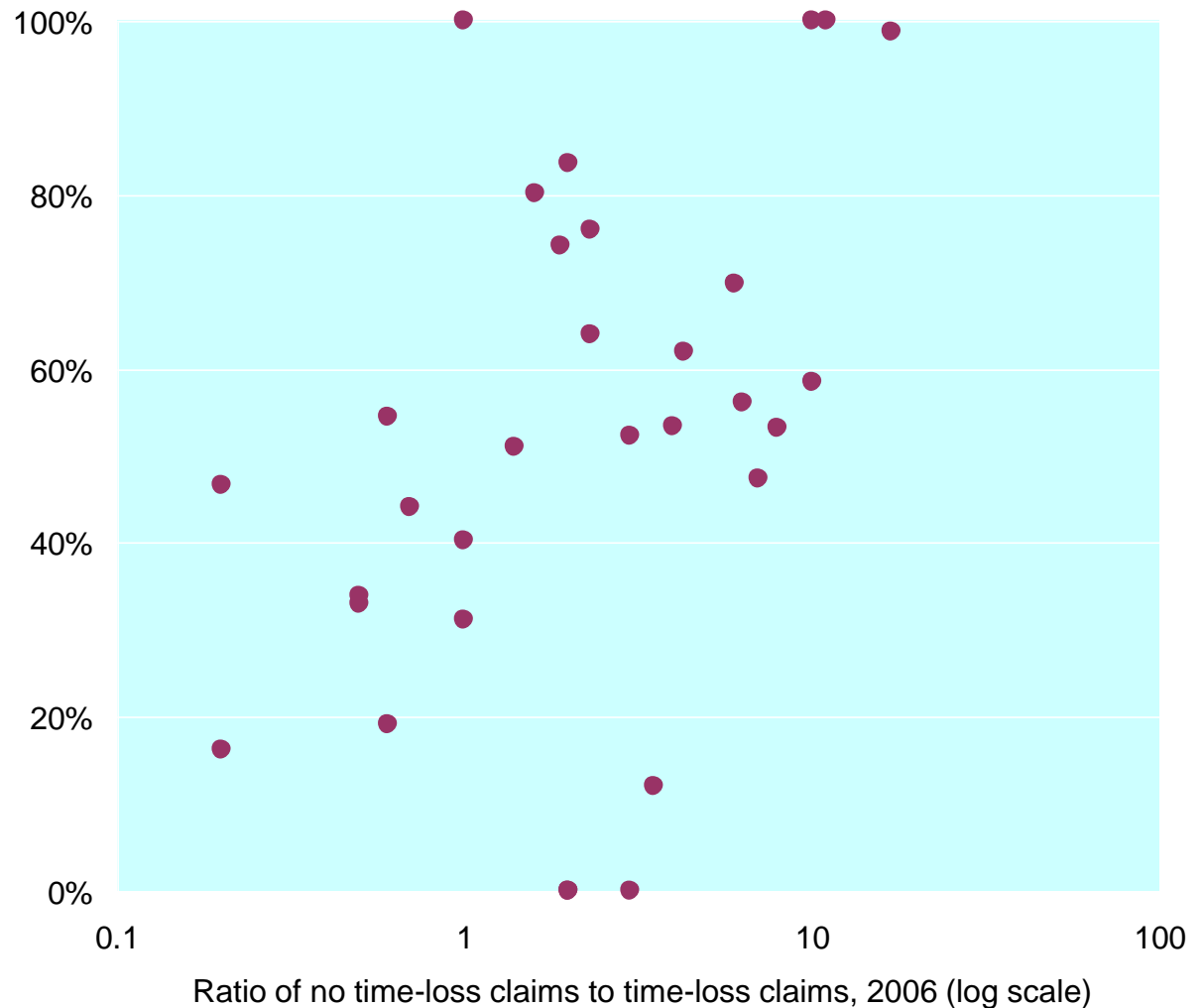


Proportion of total disability days managed by modified duty and Ratio of no time-loss to time-loss claims

33 long-term care facilities, Ontario, 2006

$r: 0.49, p < .001$

Proportion of total disability days managed by modified duty, 2006





Results (4)

The second hypothesis of this study proposed that facilities that have adopted modified duty practices will have a lower rate of total disability days per 100 FTE.

Again, we found mixed evidence for this hypothesis. In 2005, there was a negative relationship, as hypothesized, between the proportion of disability days managed by modified duty arrangements and the rate of total disability days per 100 FTE. However, no association was observed between these two measures in 2006.

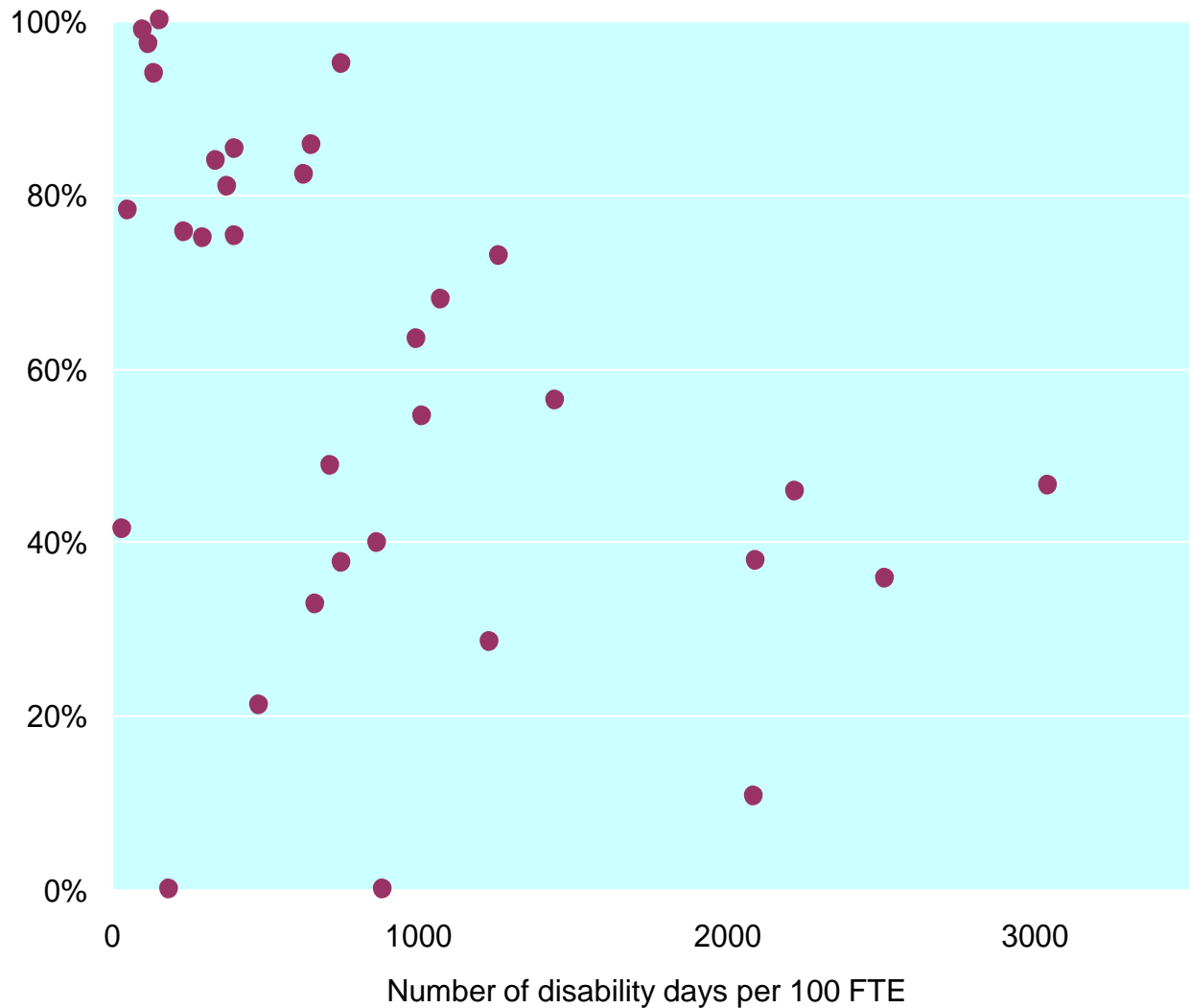


**Days of modified duty
as a proportion of total
days of disability
and number of
disability days
per 100 FTE**

33 long-term care
facilities, Ontario, 2005

$r: -0.38, p < .05$

Days of modified duty as a proportion of total days of disability





Results (5)

The third hypothesis, proposing that newer facilities would be more likely to have adopted modified duty practices, was not confirmed. Active use of modified duty practices was not related to the age of the facility, the size of the facility or the proprietary status of the facility.



Results (6)

The fourth hypothesis proposed that facilities that have adopted modified duty practices will incur lower disability compensation expenditures per 100 FTE. We found mixed evidence for this hypothesis.

The proportion of total disability days managed by modified duty arrangements, as reported by facilities, was not correlated with disability compensation expenditures per 100 FTE in 2005 or in 2006.

However, a measure of modified duty arrangements reported by a sample of caregivers in each facility was positively correlated with disability compensation expenditures in 2005 (r: **0.45**) and 2006 (r: **0.22**)



Summary: Phase 1

Across facilities, there were very large differences in the incidence of disability episodes and the frequency of disability days per 100 FTE.

Given the similar working conditions across long-term care facilities, this variation points to the potential influence of workplace policies and practices in shaping work-related health outcomes.

Approximately 60% of all disability days were managed by modified duty arrangements. There was some evidence that modified duty was associated with a lower burden of disability.

We found mixed evidence that modified duty practices were associated with lower disability compensation expenditures.



Phase 2 Study

Incidence and cost of workers' compensation claims Ontario and British Columbia long-term care sectors

There are more than 60,000 full-time equivalent workers in the long-term care sector in Ontario, more than 14,000 FTEs in British Columbia

Study is focused on policies, programs and practices related to the prevention of work-related injury and, separately, the management of work disability over the period 1998-2007.

Focus in a single sector to ensure comparability of job characteristics, occupational exposures and workplace organization

Funding from WorkSafeBC, 2008-2010.



Study Objectives: Phase 2

- a) assess evidence that the effectiveness of primary prevention of work-related injury has differed in the long-term care sector in British Columbia compared to Ontario.**

Compare the patterns of lost-time and no-lost-time compensation claim reporting in the long-term care sectors in British Columbia and Ontario over the period 1998-2007 and compare the nature of injury and source of injury for workers receiving lost-time compensation benefits.
- b) assess evidence that the effectiveness of secondary prevention of work-related injury has differed in the long-term care sector in British Columbia compared to Ontario.**

Compare workers' compensation expenditures, the duration of disability episodes, wage replacement benefits and health care expenditures
- c) describe disability management practices in a representative sample of long-term care facilities in British Columbia and Ontario in 2008**



Methods: Phase 2 Study

Analysis of lost-time and no-lost time claims for long-term care facilities in Ontario (N=600) and British Columbia (N=200) for the ten year period 1998-2007

Survey of disability management practices in a sample of 50 facilities in Ontario and 50 facilities in British Columbia

Comprehensive inventory of key changes to legislation, policy and programs in each province over the ten year observation period.



Inventory of Legislation, Policy, Programs (1)

The inventory was compiled through a review of academic literature, legislation, gray literature and Statistics Canada data and reports.

The review identified a number of key similarities between BC and Ontario:

- Staffing Ratio – Both provinces significantly below the Canadian average
- Staffing Qualifications / Regulations
- Resident Handling Guidelines / Ergonomic Requirements
- Experience Rating (only minor differences)
- Formal policies around early and safe return to work / modified duties



Inventory of Legislation, Policy, Programs (2)

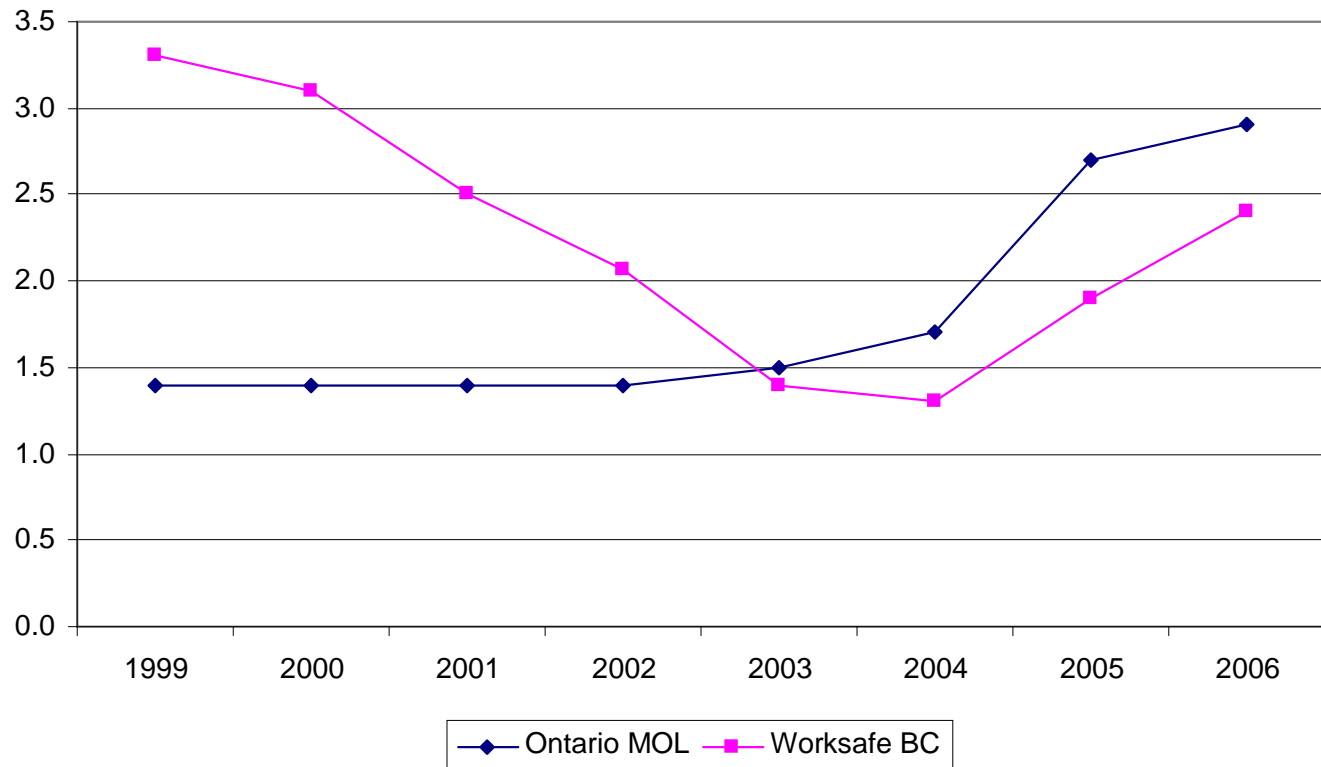
The review identified a number of key differences between BC and Ontario:

- Funding Ratio – BC’s Unappropriated Balance vs. Ontario’s Unfunded Liability
- Regionalization - Increased consolidated governance of LTC in BC
- Proprietorship - Greater share of provincially owned facilities in BC
- Union Density – BC’s density significantly higher in 1998; virtual parity by 2007.
- Contracting Out - BC allows for the contracting out of PSWs (Bill 29)
- Implementation of Patient Lifts - BC’s emphasis on acute care
- Inspection, Enforcement, and Compliance Activity - Significant shift in BC’s focus from enforcement to education



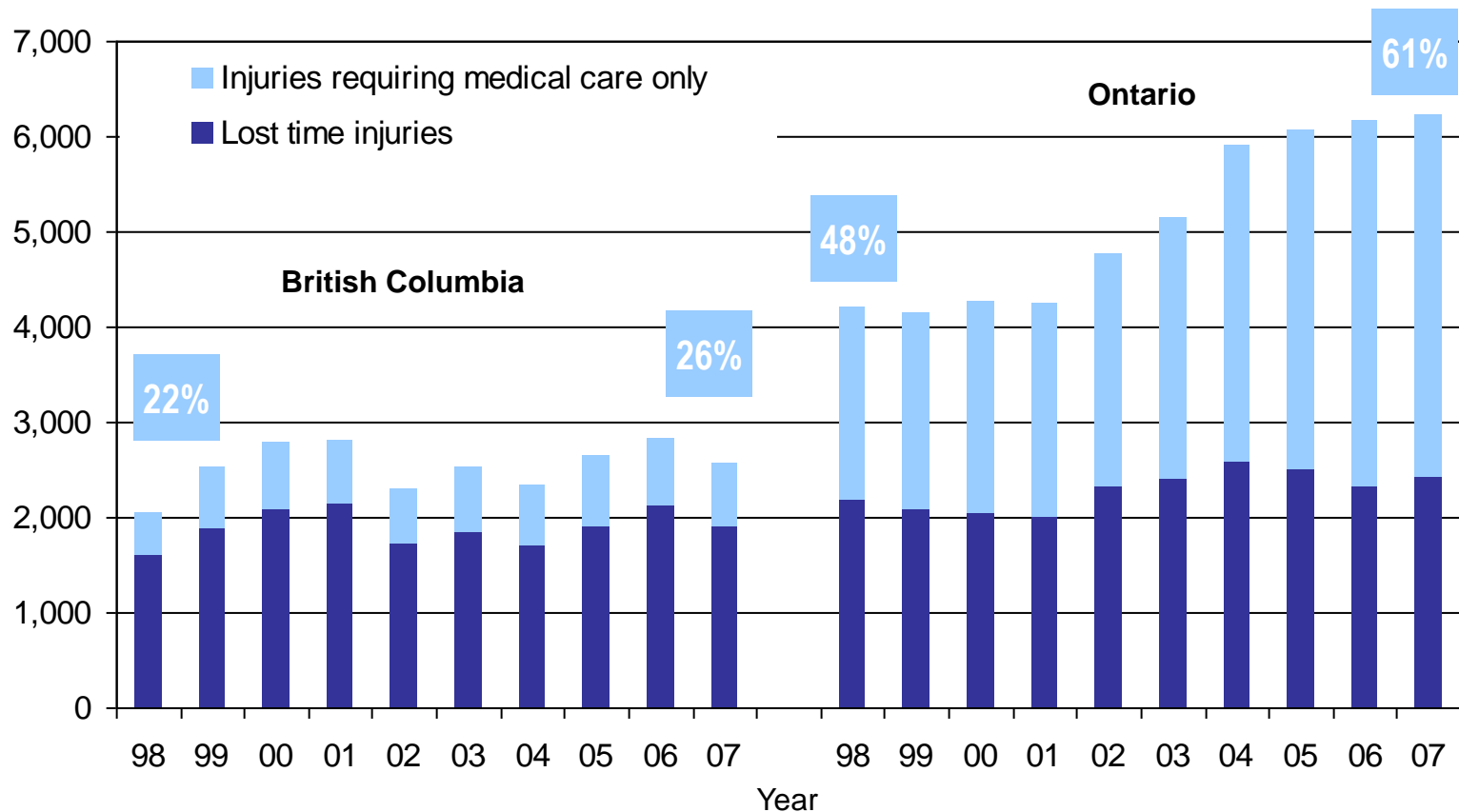
Inspection and Enforcement Ontario and British Columbia, 1998-2007

Worksafe BC and Ontario MOL - Orders / 100 workers (SLID)



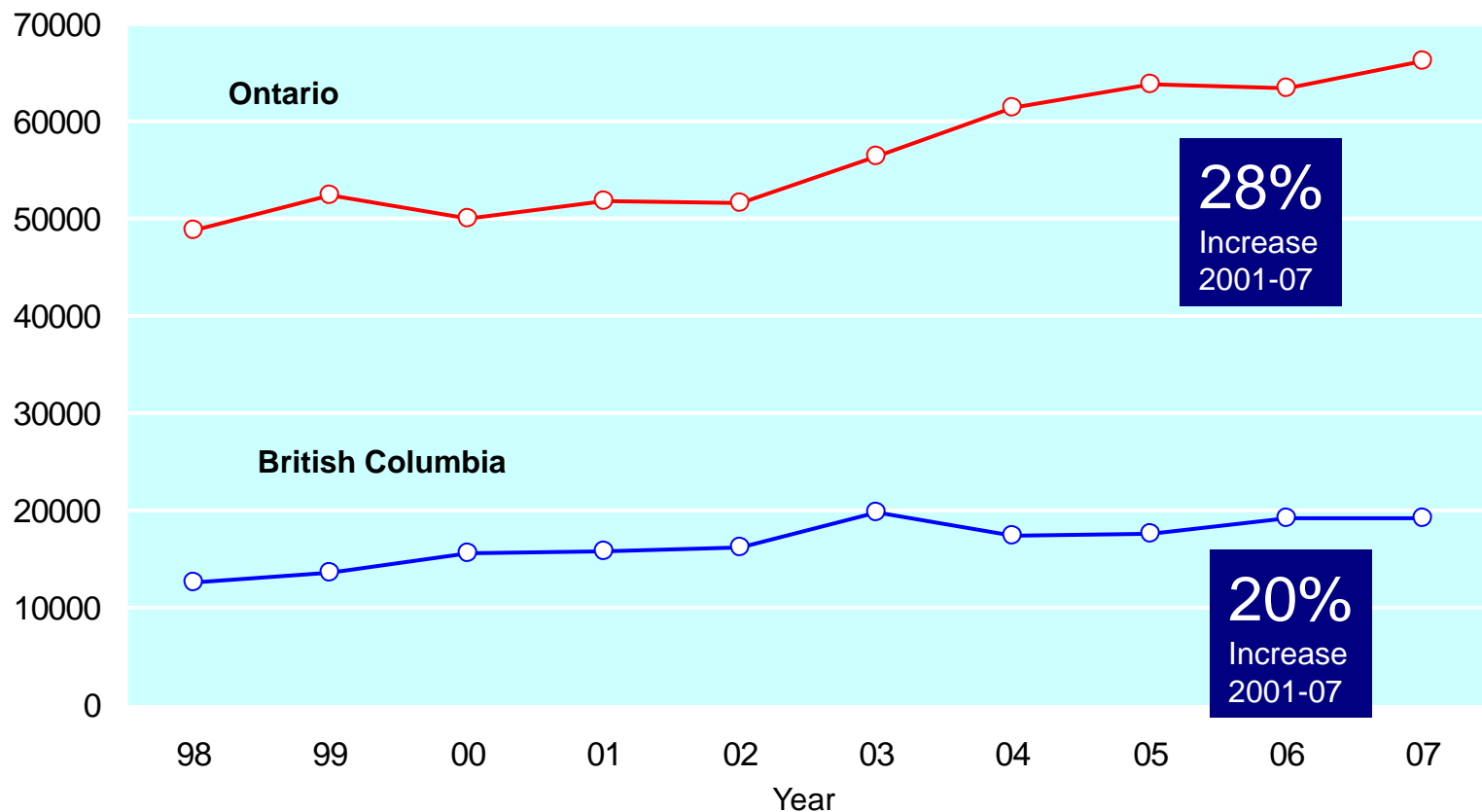


Count of claim frequency, by lost-time and no lost-time status Long-term care sectors, British Columbia and Ontario, 1998-2007



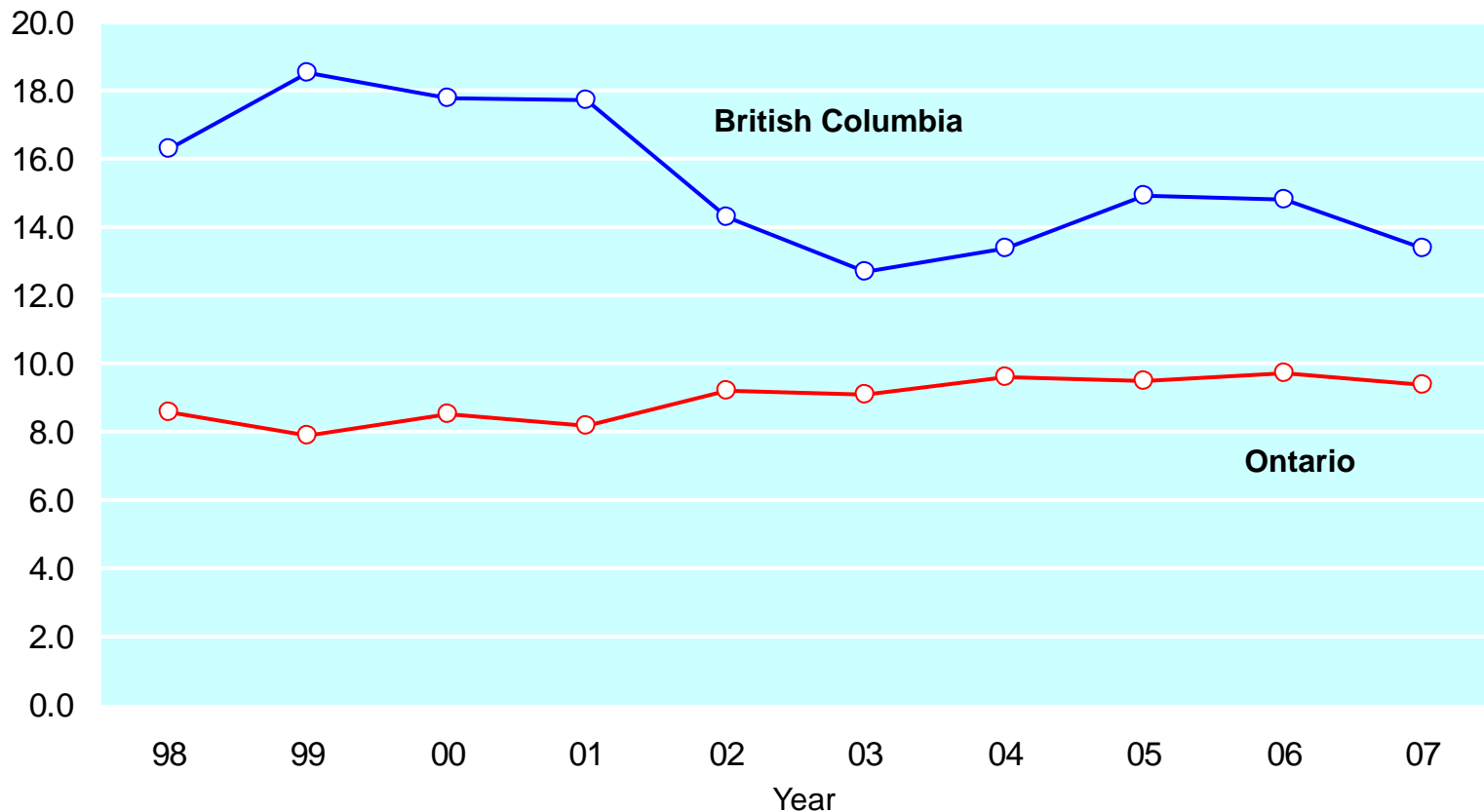


Employment trend, (full-time equivalents) Long-term care sectors, British Columbia and Ontario, 1998-2007



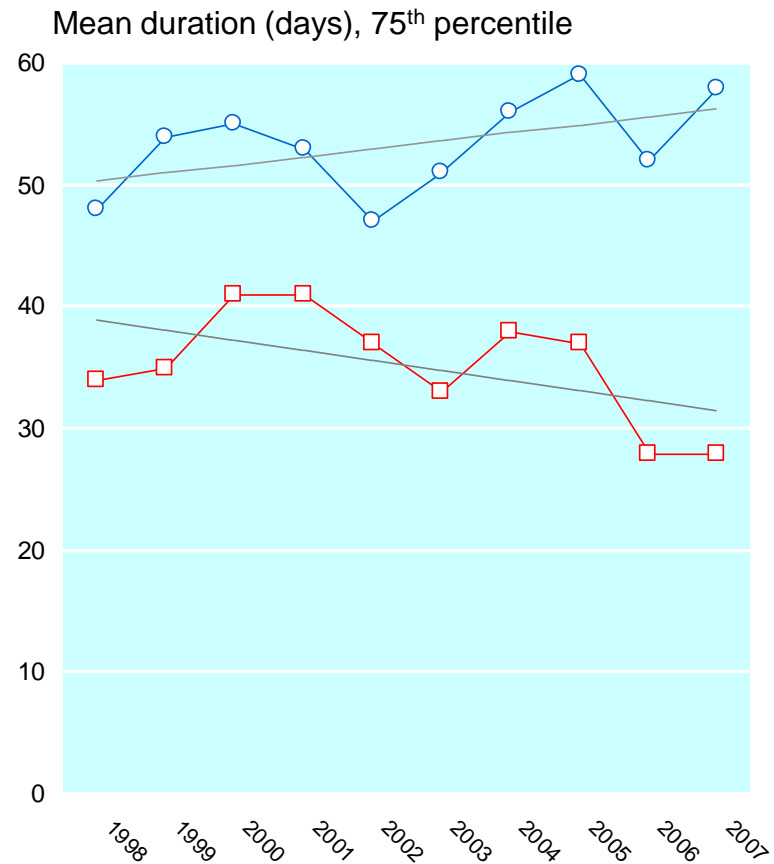
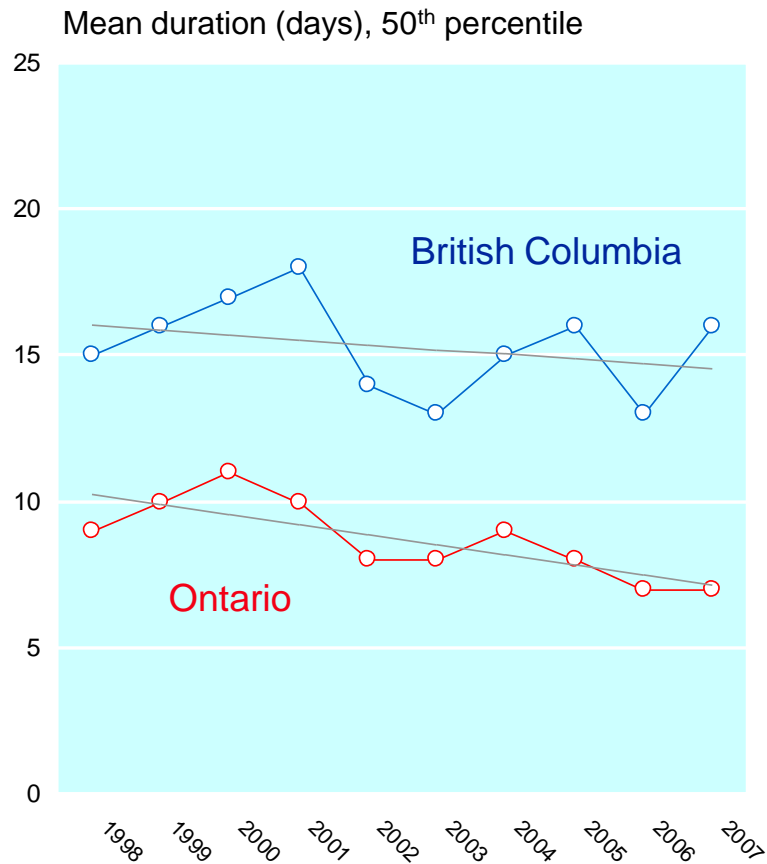


Rate of work related injury (lost-time and no lost-time combined) per 100 full-time equivalents Long-term care sectors, British Columbia and Ontario, 1998-2007





Duration of disability, work-related injuries Long-term Care, Ontario and British Columbia, 1998-2007





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