



Assessing the Effects of Experience Rating in Ontario:

Case Studies in Three Economic Sectors

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Institute for Work & Health
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Institute for Work & Health Study (IWH)
Assessing the Effects of Experience Rating in Ontario:
Case Study in Three Economic Sectors

Workplace Safety & Insurance Board Preface/Overview

The WSIB is committed to furthering the effectiveness of its experience rating programs to encourage a strong health and safety culture in Ontario's workplaces. This commitment is being realized through the WSIB's continued reviews and enhancements to the prevention financial incentive programs.

The WSIB supports numerous claims reporting and management initiatives as well as incentive, educational and training programs with the aim of preventing work related injury and illness. The New Experimental Experience Rating (NEER) is one such employer incentive program.

The WSIB, after discussions with representatives from the employer community and the injured worker community developed a "Case Study" approach to elicit information and perspectives from employers and workers impacted by the NEER Program.

It is the intent of the WSIB that this study be viewed within the context of a larger body of work examining the WSIB's financial incentive programs. On its own, it is of limited value in assisting the WSIB and its stakeholders in making decisions with regard to experience rating design, effectiveness and financial sustainability.

Changes made to financial incentive programs are done to ensure fairness and financial accountability. Continued analysis and time is required before any final conclusions about financial incentive programs can be drawn.

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Executive Summary

WSIB supports numerous claims reporting and management programs as well as incentive, educational and training programs with the aim of preventing work related injury and illness. The New Experimental Experience Rating Program (NEER) is one such employer incentive program that applies to organizations that pay more than \$25,000 in premiums and are in a non-construction rate group.¹ The NEER program has been in existence for over a decade².

The main aim of this study, *Assessing the Effects of Experience Rating in Ontario: Case Studies in Three Economic Sectors*, was to understand whether the NEER program is achieving its intended results by incenting positive workplace health and safety outcomes across three employment sectors – specifically: healthcare, transportation and manufacturing.

Our research indicates that NEER functions well, encourages prevention and contributes to positive workplace health and safety practices. Nearly three-quarters of all managers across all three sectors state that NEER is influencing them to develop safer workplaces. The ***large majority of employees stated that they are being encouraged to report accidents and incidents and are being offered suitable modified and early return to work if injured.***

Primary compliance motivators differ among employers depending on their success at implementing NEER. Surcharge firms are more likely to be financially motivated to comply. However, for those in rebate, genuine concern for employee well-being is the main motivator. Positive safety culture and high employee morale generally apply to rebate firms. Lower employee morale and lack of safety appreciation among all workplace parties tend to characterize surcharge firms.

NEER is a key lever in firms offering early return-to-work (RTW) and modified duties. However, one area of concern for NEER is that early return to work and modified duties are implemented too aggressively among a very small minority of employers (where employees are back to work too early causing re-injury). Finding early, safe and meaningful modified work for injured employees is important for a successful RTW program and a successful NEER program. Most of the firms surveyed understand that by having a good RTW program, employees undertake modified duties safely, which results in reduced lost time hours and costs while being sensitive to the employees' health needs.

Union status does not appear to be major differentiator. Unionized employees responded no differently from non-union employees on most questions.

¹ NEER provides financial incentives to improve health and safety in workplaces by issuing a rebate or adding a surcharge on an employer's annual premium. The expected claims costs, which reflect the rate group average for firms of comparable size and type, are compared to a firm's actual claims costs. If the actual claims costs are lower than expected costs, the firm receives a rebate. If actual claims costs are higher than expected, the firm is assessed a surcharge.

² Consequently, most managers we spoke to hold either a basic or comprehensive knowledge level of NEER. Few could not explain NEER.

Safety groups emerged as a major influencer across all sectors and firm sizes and provided a good environment in which competitors can freely share information. Safety group participants reported that they are eager to provide direction and assistance to firms who sincerely want to change but may not know how.

Joint Health and Safety Committees (JHSCs) are more effective (according to both managers and employees) in firms successfully navigating NEER.

Organizational structures and how health and safety is handled varies tremendously amongst respondents. NEER directly influences management, but not JHSCs which are often not linked into firms' financial picture. A disconnect exists between rebate / surcharge amounts and how it relates back to the JHSC. However, employee and management satisfaction with JHSC functioning was consistently higher among rebate firms, with satisfaction scores diminishing from rebate to surcharge firms.

The above conclusions were derived through analyzing the findings from 160 interviews with employees (union and non-union) and managers across 80 firms selected from three economic sectors. Firms were recruited from a sample frame provided by the WSIB that identified employers with a history of rebates or a history of surcharges under the NEER program. Employers were selected to represent small, medium and large firms. Within each economic sector, five pairs of rebate and surcharge firms were recruited from each of the three firm size categories. Overall, approximately 33% of firms approached by the study team agreed to participate in the study. Within the sampled workplaces, the management and employee co-chairs of the JHSC were recruited for the individual semi-structured interviews.

A qualitative software package (NVivo) enabled validation of the aforementioned conclusions with more rigour than otherwise possible. ***A major implication emerged from our analysis: although NEER is functioning well, and most respondents perceive their firms as leading injury prevention, the degree to which firms succeeded (as seen through NEER rebate versus surcharge status) varied.*** This led to the development of "personality segments". Firms were classified into five distinct personality types based on factors such as NEER status, success with early and safe RTW programs, new and innovative preventive measures, quality of safety culture and success of the JHSC. These factors are discussed in detail across the three studied sectors. These newly developed segments offer a way to characterize how firms approach policies, practices and motivators to manage workplace health and safety. In addition, they help us to better understand the impact of NEER in these areas.

For example, it became clear that for a firm to become a 'Leader' in workplace health and safety, successful NEER navigation through a strong early and safe RTW program is imperative, combined with a strong safety culture. In such firms, worker health and safety ranked as a priority. On the other hand, 'Survivor' firms are characterized by low employee morale, lack of safety appreciation by all parties and NEER surcharge status. Feelings of "survival" were more common in small firms where operations were described as "out of control" and managers and employees had "no time" to deal with safety issues.

In our analysis, firms classified as 'Talkers', 'Indifferents' and 'Survivors' need the most immediate attention from WSIB given their indifference towards health and safety. The unique features of each segment or 'personality' also suggest that change within these groups may require a customized approach for each segment.

Finally, candid feedback on suggested NEER improvements as well as positive feedback was provided. Suggested improvements include: simplifying formulas, making NEER statements available on-line in real time, and well as increasing the speed of claims processing. Positive feedback centered on the provision of high quality information from WSIB on NEER. Respondents feel that WSIB is very accessible and offers helpful regular training sessions on NEER, with adjudicators being generally perceived as knowledgeable and responsive.

1.0 Background and Objectives

In early 2005, the Workplace Safety & Insurance Board (WSIB) selected a case study design for assessing the effects of the NEER experience rating program³ in Ontario across three economic sectors. WSIB contracted with the Institute for Work & Health (IWH) for project management services. IWH sub-contracted the scheduling and conduct of interviews, the data analysis and report writing to IBM Business Consulting Services.

The objective of the study was to understand if the NEER program is achieving its desired results by influencing positive workplace policies and practices regarding health and safety. The study also focused on identifying indications of unintended or undesirable policies and practices that may be the consequence of the NEER program. The results of this research will be used to inform WSIB's future decisions within NEER, implement any necessary improvements and identify further areas for examination within or beyond the program.

The research team surveyed employees and employers in small, medium and large firms from three major economic sectors – transportation, healthcare and manufacturing. Firms and organizations recruited to participate in the study were selected from among those employers with a recent history of rebate or a recent history of surcharge under the NEER program. An equal number of surcharge firms and rebate firms were recruited to participate in the study.

Emphasis was placed on determining the extent of focus within firms on the prevention of injury and occupational illness and separately, the focus on disability management (the reduction of disability and disability costs following a work-related injury or illness). The recruitment of an equal number of firms and organizations with a history of surcharge and a history of rebate provided the opportunity to compare differences in the performance of these groups of firms under contrasting NEER experience rating conditions.

Semi-structured interviews explored four specific domains of organizational policies and practices:

- Respondents' recognition of the NEER program,
- Respondents' recognition of the costs of workplace injury and disability,
- Respondents' perceptions of their workplace's attention to worker health protection and injury prevention, and,
- Respondents' perceptions of their workplace's attention to the management of work-related disability.

³ NEER provides financial incentives to improve health and safety in workplaces by issuing a rebate or adding a surcharge on an employer's annual premium. The expected claims costs, which reflect the rate group average for firms of comparable size and type, are compared to a firm's actual claims costs. If the actual claims costs are lower than expected costs, the firm receives a rebate. If actual claims costs are higher than expected, the firm is assessed a surcharge.

1.1 Environmental Assessment

A snapshot of the Canadian economy was conducted to highlight macroeconomic factors⁴ that may explain outside influences on the three industry groups that we studied. In brief,

- For 2004 as a whole, real gross domestic product (GDP) rose 2.8%, while in the fourth quarter of 2004 real GDP grew by 1.7%. This followed a 2.9% increase in the third quarter.
- Stronger consumer spending and business investment in machinery and equipment was noted with strong final domestic demand leading the way.
- Due to the appreciation of the Canadian dollar vis-à-vis the U.S. dollar, an 8.4% increase in real imports was noted while real exports fell by 3.5%.
- The unemployment rate in January 2005 was 7.0%, the same as in December 2004.
- Interest rates in Canada remained stable with the overnight target rate remaining at 2.5% in March 2005 with the outlook for the Canadian economy and inflation remaining unchanged. The U.S. on the other hand, raised interest rates, which are now higher than in Canada.

The healthcare sector has been highly profiled on national and provincial agendas. With emphasis on tightening healthcare budgets and increased accountability, healthcare providers face greater service delivery expectations from consumers and the government. Some developments that were particularly noteworthy for this study included:

- In Ontario, the Ministry of Health and Long-Term Care invested \$60 million in purchasing patient lifting devices in hospitals and long-term care facilities. As part of this program, institutions receiving the lifts are encouraged to develop lift policies and provide health care workers with training on how to safely use the lifts.
- Many healthcare centres are adjusting to the effects of mergers and/or budget deficits.
- Awareness around prevention was heightened for both employers and healthcare employees because of the SARS epidemic.

The manufacturing sector is benefiting in Canada from a stable economy – but manufacturers across Ontario are still keeping a watchful eye on profitability and productivity. Output increased in January 2005. This rebound followed a poor fourth quarter in 2004 due to the dual impact of a rising Canadian dollar and high input costs. However, a combination of higher volumes of production and a bounce-back in industrial prices contributed to strong gains in 2005 as demand for machinery and equipment continued unabated. In certain industries like automobile manufacturing, firms have had to grapple with small profit margins and intense competition forcing employee layoffs.

⁴ Statistics Canada: <http://www.statcan.ca/>

The transportation sector in Ontario is highly regulated and suffering from a shortage of qualified drivers. The sector remains highly competitive and is affected by factors such as rising gas prices. With high demand for experienced qualified drivers, employee retention is a priority for many firms in this sector (with many firms offering incentives to attract the best drivers).

Another influencing factor across all sectors in Ontario is the Ministry of Labour's "High Risk Firms" initiative. In the spring of 2004, the Ontario government committed to the objective of reducing workplace injuries by 20% over a four year period through an increased number and frequency of inspections and partnerships with WSIB and the health and safety associations. The goal is that, by 2008, there will be 60,000 fewer workplace injuries per year. Inspectors will initially target 6,000 workplaces with the highest injury rates. Inspectors will visit these sites four times a year, focusing on workplace hazards that have high potential to reduce work injuries. Although these workplaces represent just two per cent of all firms insured by the WSIB, they account for 10% of all lost-time injuries and 21% of injury costs in Ontario.

2.0 Methodology and Scope

2.1 Sample Design

This study relied on a qualitative methodology that centered on semi-structured, in-depth interviews with employers and employees across Ontario. Staff members of the Institute for Work & Health provided project management services and were responsible for recruiting firms. Following recruitment, contact information for the participating firm was forwarded to IBM Business Consulting Services, who conducted the semi-structured interviews.

Firms were sampled for recruitment into the case study evaluation as follows:

- Workplaces were sampled from those with recurrent histories of experience rating surcharges or rebates,
- Workplaces were sampled to result in matched pairs, where a surcharge workplace and a rebate workplace were selected from the same economic sector and the sample workplace size category, and,
- Within sampled workplaces, the management and the employee co-chairs of the Joint Health and Safety Committee (JHSC) were recruited for individual semi-structured interviews. Most employee representatives on the JHSCs were volunteers within their own organizations, and not necessarily “picked” by management – hence they could voice candid opinions during the interviews.

In addition, case studies were included to understand differences among various sizes of firms:

- Small (50-99 employees),
- Medium (100-499 employees), and
- Large (500+ employees).

Firms from the following three economic sectors were included:

- Healthcare
- Transportation
- Manufacturing

Sample Frame:

- 14,000 workplaces are covered by the NEER program
- Sampled workplaces will be potentially exposed to a rebate or surcharge of at least \$20,000
- Approximately 2,800 workplaces will be assessed a surcharge rated by a performance index score greater than 1.5

- Approximately 3,500 workplaces will be provided a rebate rated by a performance index score less than 0.1

Recruitment:

WSIB staff provided a sample frame of 243 employers in the NEER program meeting the sampling criteria. With one exception, these employers were balanced across three economic sectors (manufacturing, healthcare and transportation). There were insufficient numbers of firms with more than 500 employees in the transportation sector to complete this strata in the sample frame. Institute for Work & Health (IWH) staff contacted firms in this sample frame, explained the objectives and methods of the study and invited firms to participate. Overall, 39% of the firms in the sample frame agreed to participate in the study and this recruitment rate was similar across economic sectors, rebate and surcharge status and firm size category. Contact information for firms agreeing to participate in the study were provided to IBM Business Consulting Services who conducted individual semi-structured interviews with the management and employee co-chairs of the JHSC in each workplace.

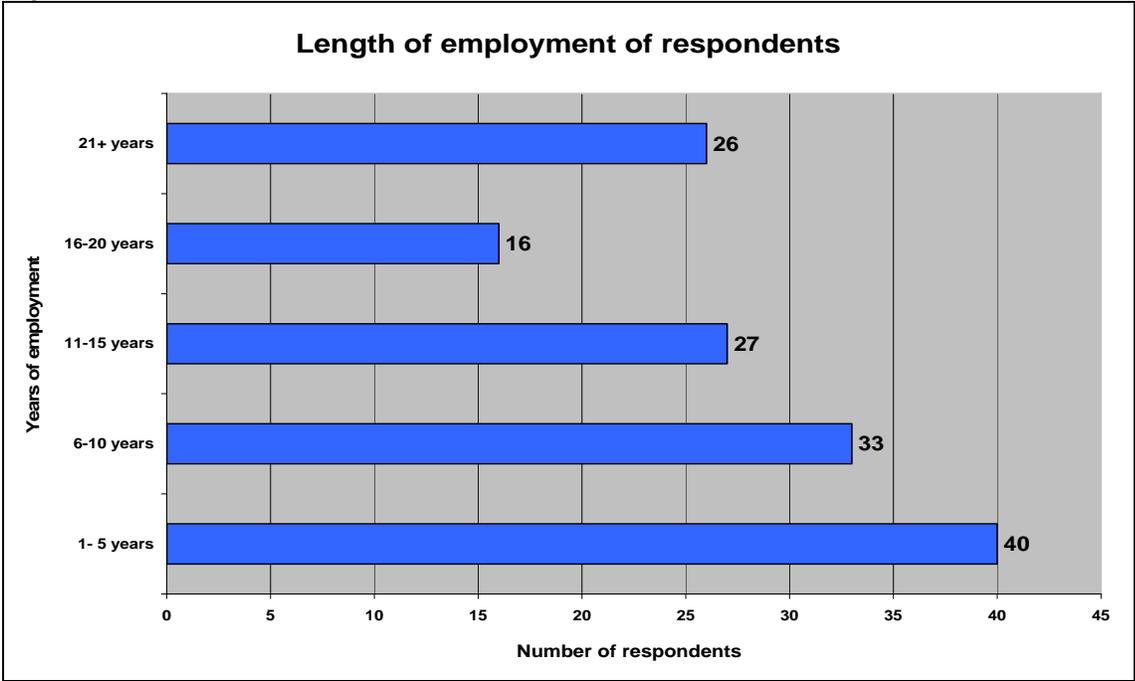
	Manufacturing	Healthcare	Transportation	Total
Recruitment Sample Target	90	90	90	270
Recruitment Sample (WSIB)	92	90	61	243
Participating Workplace Target	30	30	30	90
Recruited Workplaces (IWH)	36	33	27	96
Participating Workplaces (IBM)	29	29	22	80
Recruitment Rate	39%	36%	44%	39%
Participation Rate	80%	88%	81%	83%

Potential number of workplaces in sample frame		
	Surcharge (>1.5)	Rebate (< 0.1)
Manufacturing	772	2,122
Healthcare	213	449
Transportation	84	401

See Appendix A for General Sample Statistics.

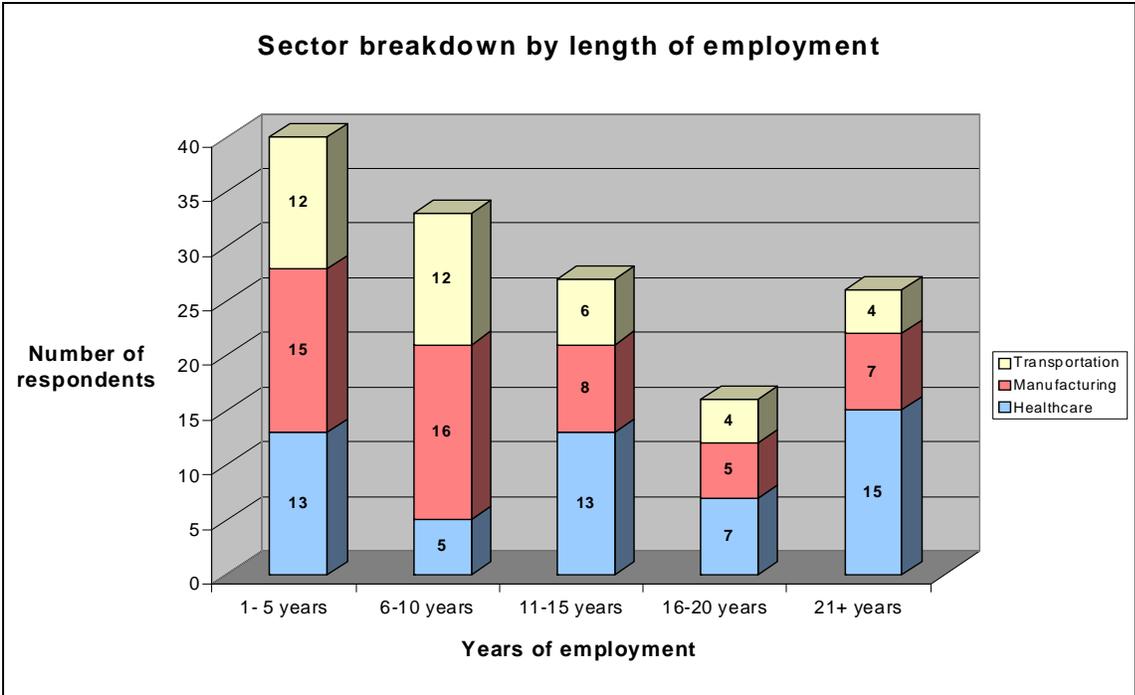
Length of employment: The first figure below shows the proportion of respondents interviewed by length of employment, followed by a second figure showing respondents' length of employment by sector. Healthcare sector employees have the most years of seniority among the sectors.

Figure 1



Length of employment by sector:

Figure 2



2.2 Scope and Timing

In all, 160 participants from 80 firms were interviewed in April and May 2005. Respondents included both managers and employees (union and non-union). In-depth interviews were conducted by IBM Business Consultants using a discussion guide which was customized to reflect employee and management depth of organizational knowledge and responsibility. See Appendix B for Discussion Guide.

One hundred and fifty eight interviews were conducted over the telephone while two were conducted in-person.⁵ Interviews were recorded and transcribed using professional transcription services. Key themes emerging from each session were noted immediately following the interview.

2.3 Coding and Analysis Software

The results of the generated transcripts were coded for use in a qualitative software package (NVivo and Merge for NVivo). NVivo combines subtle coding and textual data analysis to enable theory construction.

NVivo is used for qualitative analyses by many experts around the world. In particular, in large sets of qualitative semi-structured interviews, the software enables key themes and robust analysis to be identified from qualitative data which ordinarily would not be possible. Thus, it adds an element of sophistication to the conclusions that can be drawn from a large qualitative data set.

2.4 Process Overview

A formal project plan was developed and monitored by both IBM and IWH throughout the duration of the project.

Phase 1: Sample Definition and Recruitment

The purpose of this phase was to define the sample population which formed the basis of the recruitment. Three sectors - healthcare, manufacturing and transportation were targeted as outlined in section 2.1 above with specific criteria pertaining to NEER status. WSIB provided the sample frame based on the criteria described above and IWH recruited manager and employee participation in paired firms.

Phase 2: Scheduling of Interviews

Interviews were scheduled in a two-step format. Initial contact with the interviewees was made by IWH. Based on their availability, a representative from the Survey Centre at IBM Business Consulting Services scheduled interviews.

⁵ Interviews were conducted by respondent's preference (in terms of time of day and phone versus in-person). As well, one interview was conducted in Cantonese to accommodate the employees' language preference.

Phase 3: Interviews and Transcription

Interviews were performed by Senior Consultants at IBM Business Consulting Services over the telephone with options for in-person interviews being made available. Following a pre-test with some employers and employees, a semi-structured interview guide was developed. Interviews were scheduled at a date and time that was convenient to the respondent. Interviews were tape-recorded and transcribed using external transcribers.

To ensure firm and individual confidentiality, the decision to participate or not was voluntary and was kept strictly confidential. The names and exact locations of participants were not used at any stage following initial contact and interview. To ensure privacy, each participant was identified by a code name and names of individuals mentioned in the course of the interviews were removed from transcriptions. All data is kept on a secure computer accessed only by the research team. The completed interviews, field notes, and tape recordings are stored in a secure, locked cabinet. No information will be released or printed that would disclose any personal or workplace identity.

Phase 4: Coding and Data Analysis

Transcripts were “coded” using NVivo qualitative software. A coding framework was created based on the semi structured discussion guide. “Coding” is akin to filing papers by topic in a filing cabinet where specific areas of each respondent transcript were “coded” to corresponding created “nodes”. This allowed us to query specific questions that were posed for the purposes of data analysis. Coding enabled viewing all areas of a transcript pertinent to a specific issue. For example, it was possible to view the specific area of all transcripts related to a question such as “Are you encouraged or discouraged to report claims and why?”

For the analysis, we examined relationships between different questions that were posed in the discussion guide. For example, it became possible to determine how many firms in NEER rebate used outside consultants. Further, it became possible to analyze the aforementioned question by sector and size of firm.

Phase 5: Reporting

The key findings of the analysis are presented within this report. A comprehensive assessment of the impact of NEER is included.

IBM submitted a draft report to IWH for review and approval. The revised draft was presented to the WSIB.

Phase 6: Wrap-up

Following the submission of the report to IWH and in turn WSIB, some highlighted findings will be sent by IWH along with thank you letters to all study participants. All audiotapes will be destroyed; however, anonymized transcripts will be kept on file by IBM Business Consulting Services. All original electronic and hard copy data will be destroyed by IWH and IBM Business Consulting Services.

Study Limitations: Qualitative Nature of Results

It is important to emphasize that the findings contained in this report are qualitative and that any research significance is *directional* given the relatively small sample sizes. All findings are therefore intended to inform WSIB about overall trends and themes regarding NEER and workplace health and safety issues to provide direction and guidance. Findings cannot be relied upon as statistically representative.

While these results reflect the views of a large and important subset of WSIB's NEER firms, the results of this study are based upon a qualitative assessment. Some of the findings may be *indicative* of the wider NEER population, but they may not be *definitive* of all industry sectors in NEER.

On a related point, one of the important characteristics of qualitative research is that the majority view may not necessarily be the 'right' one or the one that will prevail in the future. Individual respondents, for example, may have opinions that are different from the majority but are potentially more insightful than the majority view. Where appropriate, these individual comments have been provided in this report.

As well, we only discovered three firms that we could classify as 'Survivors'. This could reflect either the real distribution in the population (that is, few Survivors exist), or more likely, demonstrate a participation bias. That is, Survivors may have been less likely to participate in the study, possibly either because they do not have time or because they do not want to come under scrutiny, as opposed to 'Adapters' and 'Leaders', who were very open to participating in the study. That being said, an equal number of surcharge and rebate firms participated in the study.

3.0 Detailed Findings

3.1 Spectrum of Workplaces: Personality Segments

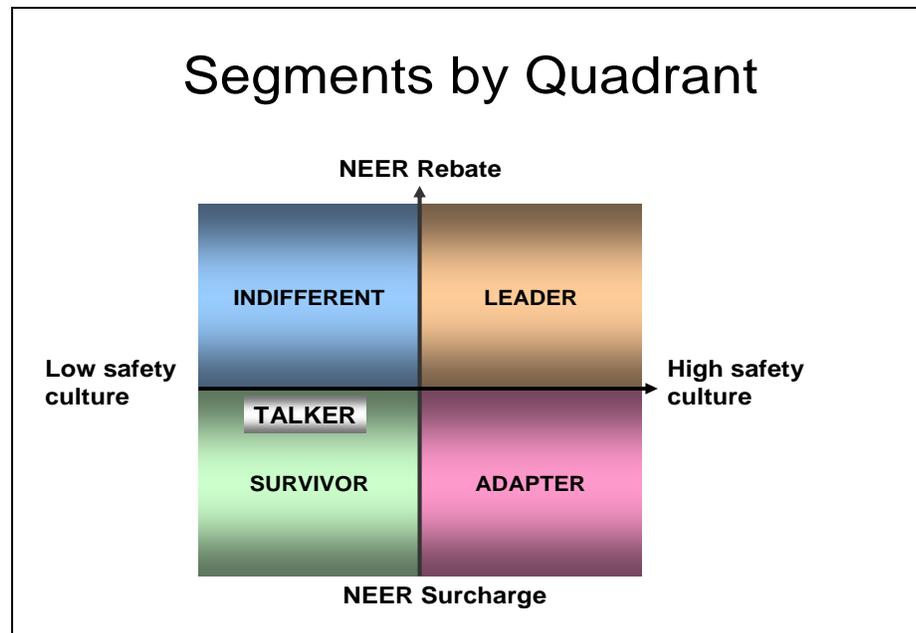
As the interviews were conducted across the range of workplaces in the sample, a number of patterns began to emerge. For example, in a cluster of enterprises (across the three economic sectors), there was strong consensus between employee and employer respondents that the workplace was performing strongly in the areas of injury prevention and disability management. The very large majority of firms in this cluster had a history of rebate status under the NEER program.

In contrast, there was also a cluster of firms in which both employee and employer representatives noted low morale in the organization and a perception of an uncertain commitment on the part of management to ensuring the well-being and safety of the workforce. Most firms in this cluster had a history of surcharge status under the NEER program.

According to our initial segmentation, the five personality segments are:

1. Leaders
2. Adapters
3. Talkers
4. Indifferents
5. Survivors

Figure 3



Leaders:

As in the first example, above, this cluster of enterprises displayed a strong consensus between employee and employer respondents that the workplace was performing strongly in the areas of injury prevention and disability management. The very large majority of firms in this cluster had a history of rebate status under the NEER program. This cluster was found in all economic sectors. Approximately 20% of the sample was grouped in this category.

Adapters:

Enterprises in this cluster are found in both rebate and surcharge groups. Respondents in these firms speak of the motivation that the economic incentives in the NEER program provide to improve prevention efforts and disability management efforts within the organization. Firms in this cluster generally have good industrial relations, with an agreement between employer and employee respondents that the organization is committed to improving workplace health and safety. Approximately 50% of the sample was grouped in this category.

Talkers:

Enterprises in this cluster are found in the surcharge group of this case study sample. As a characteristic of this cluster, employee morale was described as poor by both employee and employer respondents. While employer respondents were articulate concerning optimal organization policies and practices, there was sharp disagreement between management and employee respondents concerning the competency and commitment of the organization to the protection of worker health. Approximately 20% of the sample was grouped in this category.

Indifferents:

The relatively small proportion of firms in this category can be described as 'coasting' on occupational health and safety. Employer representatives are indifferent to the costs of preventable injury and disability, typically because the economic burden is relatively small, or because of a perception that other priorities have a greater claim on the attention of management. Employee respondents in Indifferent firms do not have confidence that management is committed to their well-being. Approximately 8% of the sample was grouped in this category.

Survivors:

A very small number of firms were designated 'Survivors'. These firms appeared to be struggling financially and appeared unable to devote time and resources to workplace health protection. Employee respondents in Survivor firms had low awareness of workplace health protection issues. Approximately 2% of the sample was grouped in this category.

See Appendix C for more 'personality' qualities.

The following table depicts key qualitative measures that were measured against the personality segments and provide a snapshot of the traits of the five personality segments:

KEY MEASURES	PERSONALITY SEGMENTS				
	LEADER	ADAPTER	TALKER	INDIFFERENT	SURVIVOR
Understanding of NEER	✓✓	✓			
NEER influence	✓✓	✓✓	✓		
NEER Surcharge		✓✓	✓	✓	✓✓
NEER Rebate	✓✓	✓		✓✓	
Safety Culture	✓✓	✓			
Org. Commitment - Prevention	✓✓	✓			✓
Employee morale re. safety	✓✓	✓			
Employee consensus with manager	✓✓	✓			
Employee disensus with manager			✓	✓	✓
RTW implementation success	✓✓	✓		✓	
Claims reporting encouraged	✓	✓		✓	✓
Claims reporting discouraged			✓		
On going communication - RTW	✓✓	✓	✓	✓	
Use of outside consultants	✓	✓			
Use of innovative approaches	✓✓	✓			
Motivation behind prevention - Regulatory			✓		✓
Motivation behind prevention - Financial		✓			
Motivation behind prevention - Employee well-being	✓✓	✓			
JHSC effectiveness and satisfaction	✓✓	✓			
Cost workplace injury – Major cost	✓	✓✓	✓✓	✓	✓
Part of Safety Groups	✓✓	✓	✓	✓	✓
Encourage inspection and audits	✓✓	✓			
Share knowledge	✓✓	✓			
Concerned about public image	✓✓	✓			
✓ = Present ✓✓ = Present more in frequency than other segments					

3.2 Sector Themes

Several general themes emerged from respondents within each sector:

Healthcare

- Ministry of Health and Long-Term Care grant program for patient lifts is presently a significant focusing factor on the health and safety of healthcare workers.
- More emphasis on prevention and increased awareness of healthcare worker health and safety issues have resulted from SARS and needlestick injuries.
- Common injury sources or concerns include: lifting (resulting in back pain), patient violence and an aging workforce.
- Employees exhibit organizational loyalty.
- High degree of unionization.
- High rate of participation in Safety Groups (i.e., Ontario Hospital Association).
- Modified work appears easier to implement in this setting than others (transportation and manufacturing) according to the respondents.
- Employees are generally encouraged to report injuries.
- High use of outside consultants for health and safety advice.
- Daily pressure comes from time-related issues, not financial. Staff are sensitive to funding constraints (i.e., layoffs result in increased pressure on remaining staff).
- Health and safety training is completed on paid time.

Transportation

- NEER financial and regulatory pressures are main motivators for compliance. Employees are encouraged to report injuries. It is difficult to hide injuries in this sector. Once hurt, a supervisor is required to retrain the employee and monitor task performance.
- Common injury sources or concerns include: lifting, slips, falls, twists.
- Highly regulated industry including mandatory training, licenses and certificates. Safe driving is rewarded by employers.
- Highly competitive industry with a shortage of labour (drivers). As a result, attention to safety is a motivator for drivers to choose and remain with a company, and for employers to emphasize employee well-being.
- Modified work is challenging to implement due to the nature of work (drivers, movers).
- Specialized consultants often used who assist in managing WSIB claims.

Manufacturing

- Productivity and profit margins were often cited as incentives for non-compliance. Nature of industry means premiums are high and surcharges deeply affect financials. However, respondents reported that the NEER rebate is small compared to premiums paid.
- Common injury sources or concerns include: repetitive strain, lifting, lost hands/fingers in machinery.
- More emphasis on ergonomics related to equipment and day-to-day operations. Machinery use and job specific training was highlighted as a result.
- High rate of participation in Safety Groups.
- Specialized consultants often used who assist in managing WSIB claims.

3.3 Understanding and Influence of the NEER Program

First, the general levels of understanding of NEER are discussed followed by the influence of NEER and whether it encourages the development of safer workplaces.

General levels of understanding

According to our study, over half of the managers we spoke with (58%) held a basic comprehension⁶ of NEER. That is, they could explain the fundamental concept of the program⁷ and felt they held a basic knowledge level. Managers with basic knowledge levels were evenly split among all three sectors (healthcare, manufacturing and transportation). The largest number of managers with basic comprehension fell in the 'Adapter' category (followed by 'Talkers', then 'Leaders').

Nearly another full third of managers (29%) had a comprehensive view of NEER, meaning they could explain the basic tenets of the program, as well as expand on rate categories, formulas and other details of the program. The largest number of managers with comprehensive knowledge levels came from healthcare, followed by manufacturing then transportation. As well, those with comprehensive knowledge levels fell most often in the 'Leader' and 'Adapter' categories, confirming that managers within these two sectors were actively trying to understand NEER in order to navigate the system successfully.

⁶ We only asked this question to employers, as we determined in the pre-test of the study that employees are generally not familiar with NEER.

⁷ Basic comprehension means that managers could articulate that the NEER program was about receiving rebates if firm performance (in terms of claims) was better overall than peers in the same category, while surcharges applied when firm performance was worse than others.

A minority (14%) of managers reported that they were not familiar enough with NEER to explain it. These managers were evenly split among the three sectors. Often, reasons cited for not having any or much knowledge of NEER was that the organization was larger and working under a 'silo' approach or that claims did not fall under the particular manager's responsibilities (outsourced or other manager).

Perceived relative degree of influence of NEER - Is NEER encouraging the development of safer workplaces?

According to our findings, NEER **is** influencing safer policies and practices – with nearly three-quarters of managers across all three sectors stating so (73%). Moreover, we received candid qualitative feedback from managers across all industries stating that if NEER did not exist that *“we would not be as focused on prevention and health and safety as we are now.”*

Those receiving rebates (Leaders and Indifferents) were slightly more apt to state that NEER was an influence, while those in surcharge (Adapters, Talkers and Survivors) were the least influenced by NEER – demonstrating that those in rebate have NEER in mind in developing and maintaining their safety records, while those in surcharge may not understand or choose not to acknowledge the linkage.

Those managers from smaller firms were slightly more apt to state that NEER influenced them, as opposed to medium and large sized firms.

3.4 Perceptions of the workplace's attention to injury prevention

This section examines perceptions of workplace attention to injury prevention. A discussion on how prevention is emphasized across organizations is first presented, followed by an examination of innovative methods used by organizations for injury prevention. Also undertaken is an analysis of motivations for workplace injury prevention and compliance is presented along with a look at the extent to which health and safety is a strategic priority.

Safety culture emerged as a dominant factor in this study and is presented in its relationship to firm personality segments. Finally, this section focuses on the functioning of the Joint Health and Safety Committee and the use of outside consultants across sectors.

Emphasis on prevention and examples

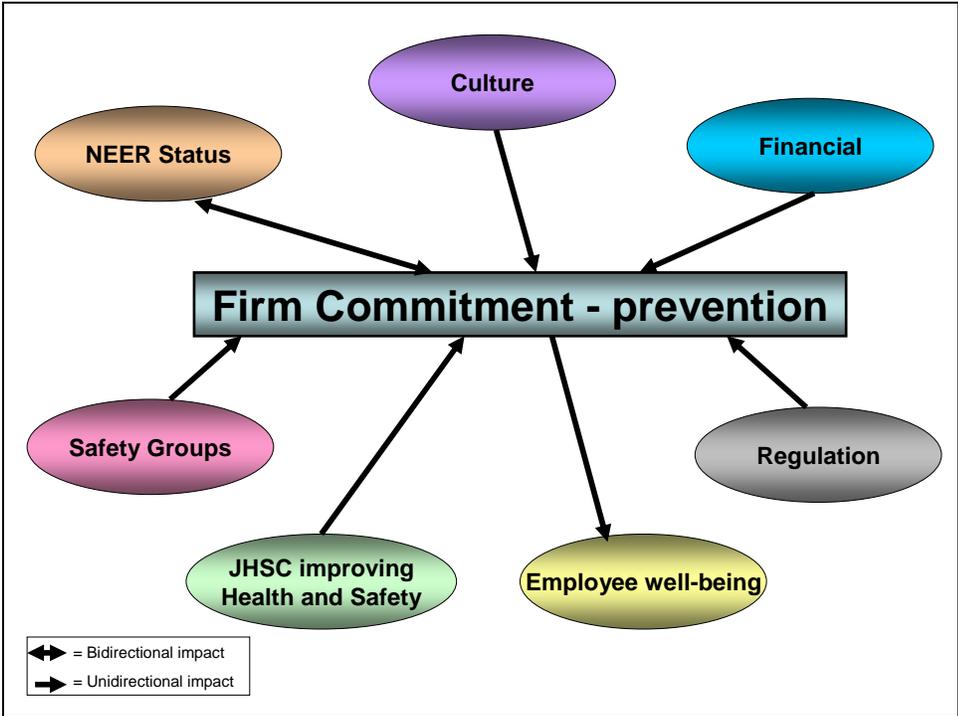
When given a choice to characterize their firm as focused on prevention, management of injuries or both – the large majority of managers and employees said prevention (62%), followed by both prevention and management (28%), followed by management alone (10%).

When asked why managers and employees perceived their firm was focused on any given area, the most frequent (unprompted) responses were employee well-being (33%), followed by financial (22%), followed by regulation (16%), Safety Groups (14%) and employee retention (3%).

When asked specifically about their commitment to prevention, the large majority of respondents felt they were strongly committed to prevention (84%). This finding was shared among all three sectors with the transportation sector in particular, reporting they were the most strongly committed to prevention (91%). All three sizes of firms were strongly committed with large organizations reporting they were the least strongly committed (76% for large versus 88% and 86% for medium and small firms respectively). There were no meaningful differences among surcharge or rebate firms (both reported being committed to prevention).

Figure 4 illustrates factors influencing firm commitment for prevention. For example, a culture of safety influences a firms commitment towards prevention, while in the case of NEER status, there is a bidirectional impact: NEER status can influence a firms commitment towards prevention, but also, how committed an organization is towards injury prevention has an impact on whether a firm has a NEER rebate or surcharge.

Figure 4



The top 10 examples of the areas of focus for new prevention approaches are noted in order. See Appendix D for specific examples of activities under each of these approaches.

1. Training
2. Lifts and Transfers
3. Ergonomics
4. Needlestick Programs
5. Fitness and General Well-Being
6. Equipment
7. Safety Group Participation
8. Communication Strategies
9. Procedures and Policies
10. Surveys and Audits

Innovative prevention measures

Respondents were also asked whether they felt they were doing anything innovative regarding health and safety. While responses were wide and varied, the list of “truly innovative”⁸ preventative measures can be narrowed down to the following:

Communications:

- Pre-shift safety talks every day
- Mandatory monthly videos and testing
- “Lunch and Learn” videos and testing
- Accidents and Incidents web page that can be viewed by all employees

Training:

- Environmental safety training (handling and disposing of chemicals)
- Driver Development Centre (simulators and training)

⁸ Measures were considered innovative if: the concept/idea was different or new from others in the study, and if the firm was considered successful in truly implementing these ideas by managers and employees (Adapter or Leader).

Programs/Policies:

- 'Raising the Bar program' – rewards for quality service coupled with safe working habits
- Incident Management System (IMS), accountability for health and safety measures and corrective actions - follows through with due diligence on whether capacity for incident to re-occur was corrected.
- "Back to Basics" - Employees surveyed every day regarding wearing correct protective equipment including hearing protection hard hats, safety boots. Employees are also trained on safety checklists and audited weekly.
- Safety Charter by which all employees and managers abide.

Games/Events:

- Safety Bingo that is played when there are no accidents/incidents and no workers off on disability.
- Safety Quizzes with awards for employees.
- Health and Safety Week with different topics and events every day.

Equipment/Services:

- On-site physiotherapist for early injury recognition and treatment.
- Retractable needles and scalpels.
- Lower kitchen sink levels for dishwashers for less strain and smaller garbage bags so employees could lift without strain.

Respondents' comments on innovative approaches to health and safety:

"We have a Driver Development Centre, which is just for the drivers to provide training. It has a CBT lab for training. It also has a full motion simulator and a regular simulator that provides training as well, such as a seven-second rule decision driving."

Manager: Transportation, Medium size, Surcharge

"They also have every June, we have the whole week is geared to occupational health and safety and we have, well last year they didn't but every other year they had a seminar on lifting so you don't have back strain, and a whole bunch of other, things like that. They will look at the incident reports over the year and pick something that tends to be, like one year we did needle sticks. Just because we for whatever reason tended to have a lot of needle sticks that year. The one year they got the laundry guys to keep everything that they found in the laundry and they made a big display of it which was kind of interesting."

Union Employee: Healthcare, Medium size, Rebate

"It was near misses. Basically, we looked at this and said, "People aren't reporting a near miss." So we had a couple of contests where we would draw out of the pot people who had filed near misses, a free dinner.... because a near miss is a good indicator if there's something wrong with the whole workflow process. And you'd rather have identified it before somebody dropped a 40 pound thing on his toe, or crushed his hand or something. That was the real intent."

Non-union Employee: Manufacturing, Medium size, Surcharge

"What we've done this year to be a little bit creative is we've created in-house videos. Talking about lockouts, we've done a video talking about lockouts utilizing our people as the actors, so they really bought into it, because now it's like, "I see myself on TV!" We're very... training I would say we spend, just with the members of the management and safety members our bargaining unit we spend about 540 or 800 hours on training programs, inspections and that kind of stuff."

Manager: Manufacturing, Large size, Rebate

Judging if new approaches work

When asked how they judge whether the new approaches to worker health and safety and prevention are working, respondents reported the following (in order of mention):

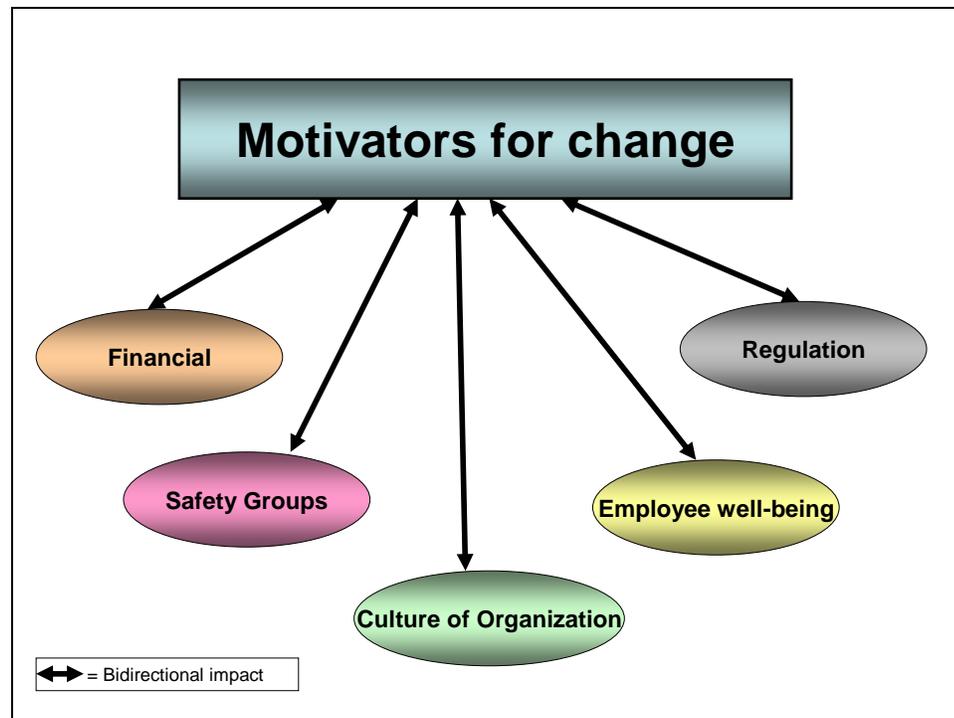
- Formally track injuries, incidents and near misses
- Employee behaviour has changed
- Accidents have decreased
- Employees perceive the approach is working
- Don't know

Half of respondents across all sectors described using some form of management information system in incident, injury and near miss tracking or recording. Hence, there is an opportunity to increase and encourage this type of more formal tracking for all firms.

Motivators for Prevention and Compliance

When employers and employees were asked their firm's prime motivation for adopting new approaches to health and safety (and not just their motivations to engage in prevention which were discussed previously), the most widely cited motivator was once again employee well-being, followed by financial considerations, regulation and Safety Groups. These are illustrated in Figure 5.

Figure 5



Surcharge firms were more likely to be motivated by financial considerations, followed by employee well-being, regulation and Safety Groups. Rebate firms were more apt to state they were primarily motivated by employee well-being, regulation financial considerations and Safety Groups. Thus, it appears that NEER is reaching one of its target segments (in this case, firms surcharge) in the right way, by imposing financial pressures on those who are most concerned by this (Adapters, Talkers and Survivors in surcharge).

Healthcare firms were most likely to be motivated by employee well-being followed by financial, regulation and Safety Groups. Manufacturing firms were equally motivated by financial and employee well-being, followed by regulation, and finally Safety Groups. Transportation was motivated by employee well-being, followed by financial and regulation.

As expected, Leaders were the most motivated about prevention or compliance because of employee well-being, followed by Adapters, then Indifferents, then Talkers (Survivors were not motivated by employee well-being). Survivors on the other hand, were most motivated by financial considerations, followed by Talkers, Adapters, Leaders and Indifferents.

Survivors were also the most motivated by regulation compared to other segments, followed by Talkers, then Indifferents, then Adapters, then Leaders.

Extent to which health and safety is a strategic priority (paper vs. practice)

One of the first trends that we began to notice with both managers and employees, was that some employers displayed more enthusiasm for prevention than others; that is, they could talk at length about prevention, discuss what measures were being carried out and why, and could also discuss areas of shortcomings or future plans easily. Their feedback matched that given by employees who confirmed that the firm really was concerned about prevention and works diligently to prevent accidents/incidents. Firms that were truly committed to prevention (both employers and employees) fell under the 'Leader' and 'Adapter' categories.

Other managers would state that prevention was important, but were unable to provide detail about what specific preventative measures were being undertaken or drop hints that prevention was important but that employees didn't listen and seemed to get hurt anyways (blaming the victim). Matching interviews with employees often raised feedback that management was not truly committed or did not care about employees and that preventative measures that had been spoken of by the manager were not being implemented according to the employees. These firms fell under the 'Talker' category.

Firms were classified as 'Indifferent' when respondents from firms who were in rebate were unenthusiastic about prevention or could not cite any examples of preventative measures they were implementing. In these firms, employees were in agreement that all was well at the firm, but that not much was being done out of lack of need (few accidents occurred).

Lastly, firms were classified as 'Survivors' when they clearly were weak on prevention because managers kept emphasizing they did not have the time or resources to worry about health and safety, even though they were in surcharge and accidents kept recurring in their firm. Employees were not necessarily highly critical of management, but demonstrated very low awareness of health and safety in general.

Safety Culture

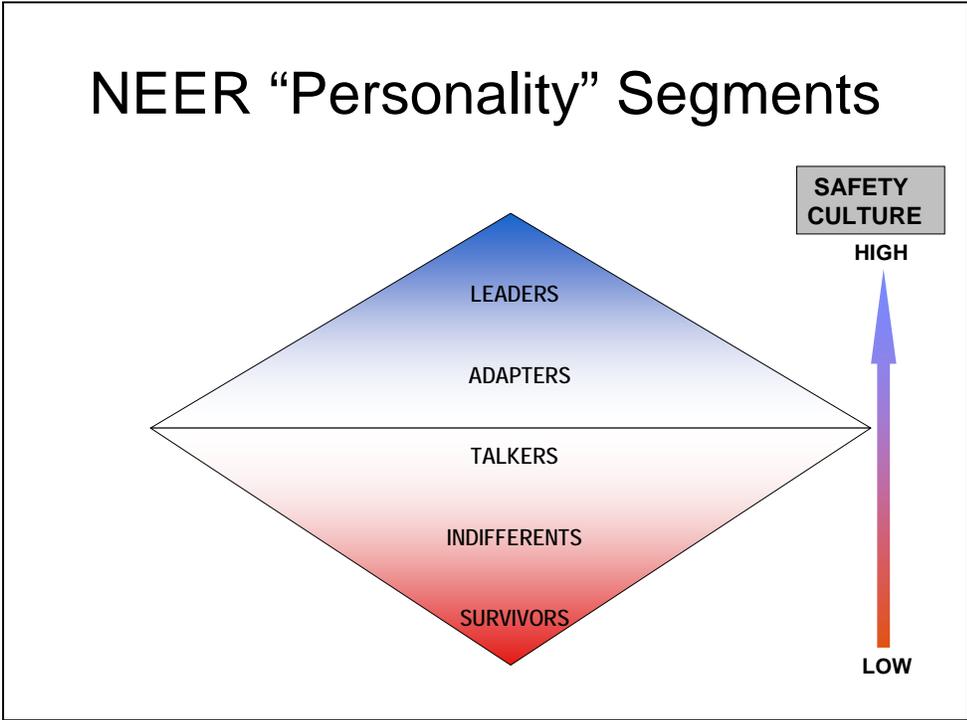
Over the course of interviewing, a noticeable point that emerged pertained to the quality of a firm's safety culture. Safety culture can be understood as the product of individual and group values, attitudes, perceptions, competencies, and patterns of behaviour that determine the commitment to, and the style and proficiency of, an organization's health and safety management. Organizations with a positive safety culture are characterised by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventative measure.

In general, 'Leaders' identified employee well-being as their primary motivator and were in NEER rebate. These firms excelled at prevention through innovative yet cost effective methods, as well as managed injuries appropriately when they occurred, through strong return-to-work programs that offered suitable modified work with a high degree of communication between managers and employees.

In our study, the following features characterize firms with a strong safety culture:

- Health and safety is an explicit strategic priority in these firms and ranks first and foremost ahead of productivity and quality. Firms with strong safety cultures are still able to thrive even in sectors that had low profit margins and intense competition (e.g. printing industry within the manufacturing sector).
- Safety cultures are reflected in corporate initiatives like "Safety charters" or "Employee handbooks" which became part and parcel of employees', supervisors' and managers' day-to-day work life and way of thinking.
- Genuine caring exists for employee well-being. For example, it was very important for these firms to ensure that employees were safe and reached their families safely at the end of their shifts. These firms also clearly recognized that a safe workplace has a general positive impact on workers and the work environment.
- Strong preventive measures are ingrained in both managers and employees. These firms are highly proactive when it comes to prevention and solving potential health and safety problems well before they arise.
- A strong and positive image of health and safety is important for these firms; these firms clearly "walk the talk" when it comes to health and safety.
- Safety is a joint responsibility that both employer and employee live and breathe and is implemented bi-directionally – top down from management to employee and vice-versa.
- A loyal employee and managerial workforce that consider workplace health and safety a "moral obligation" and consider colleagues as their "family" and look out for one another.
- Employees are looked upon as valuable resources that deserve to be safe at their workplace.
- Continuous improvement in health and safety is sought.
- Employees and managers alike are extremely keen to talk about health and safety and showcase their achievements.

Figure 6: NEER personality segments and their relationship to safety culture



Respondents on strong safety culture:

"It just comes from, it's better to have an ounce of prevention than to spend your time doing damage control after the fact. And we have that whole philosophy with everything we do, even just dealing with our customer. Let's solve the problem before it even becomes a problem."

Manager: Transportation, Small size, Rebate

"As I say the staff... most of us, a lot of us are here twenty-five years, and we wouldn't be here unless we had a management that cared about us as individuals, about injuries that could happen to us and things to prevent, so that we stay healthy."

Non-union employee: Healthcare, Small size, Rebate

"It ranks very highly, because you want all your employees in a healthy environment, in a healthy condition to do the tasks that we ask them to do... we put the health and safety first of everything."

Non-union employee: Transportation, Medium size, Surcharge

"That's a philosophy right from the president at the top down. I mean, it comes right from the top, it's our image, and it's the image that we want to portray."

Manager: Transportation, Small size, Rebate

On the other hand, a negative safety culture works to the detriment of the organization. These firms are generally indifferent towards health and safety and were more often than not in surcharge. The following features characterize respondent firms that had a weak safety culture:

- Discontent and low morale pervades at both the managerial and employee levels. There is considerable unease due to issues such as employee lay-offs, lack of buy-in, managers wearing too many hats and consequently being unable to focus on health and safety. Employees and managers in these firms demonstrated low morale and indifference to health and safety.
- Employer motives are suspect. Employees in these firms do not trust that their employer held their well-being as a priority and questioned motives behind actions relating to health and safety.
- Health and safety is a low priority. Health and safety ranks behind productivity and quality as firms (particularly in certain industries like auto manufacturing) struggled with profit margins and low demand for products.
- Informal policies regarding health and safety are the norm. These could be through word of mouth or unofficial meetings in contrast to formal, documented policies.

The following quotes are illustrative of negative work/safety culture:

“Because we’ve had some lay-offs here, and more lay-offs coming. That kind of stuff. I kind of wonder if sometimes we’re working in opposite directions, right? And yeah... morale? Personally, I don’t think it’s good. We’re in a cutthroat industry and it’s getting worse. I don’t see... We talk about the costs, but... They always want to... The programs, some of the senior managers have very narrow vision. It’s not always the worker’s problem. That’s the way I see it sometimes, is that they want to force everything back on the worker, where they’re all fraud... I don’t believe that. I know there’s some there, but it’s not a large percentage.”

Manager: Manufacturing, Large size, Surcharge

“Well, if you don’t make any money you are not going to have a company. Safety becomes second or third.”

Manager: Manufacturing, Large size, Surcharge

“Generally, it’s a very good company to work for. I mean I have no complaints, other than “compassion”. I find that there is absolutely no compassion here, on the part of anyone... except me, maybe! That is my biggest concern and my biggest complaint... and other people know this, and I’ve heard other people say the same thing... emotionally, there’s nothing there.”

Non-union employee: Manufacturing, Medium size, Surcharge

Use of outside consultants

Overall, the majority of respondent firms use outside consultants to assist with health and safety issues and would recommend their use to others and use their services again. Very few firms stated they used outside consultants but would *not* recommend them or use them again. Roughly a quarter of respondents stated they did not use outside consultants for assistance with health and safety, either because they had the capability in-house (Leaders), they felt it was too costly, or didn't feel the need to seek outside assistance.

The healthcare sector most frequently mentioned the use of outside consultants (68%) followed by manufacturing and transportation (both 58%). Surcharge companies tended to use outside consultants more than rebate companies (66% versus 57%), while large companies tended to use outside consultants the most (67%), followed by medium (61%) and small (58%) companies.

In terms of segments, Survivors used outside consultants the least (33%) as they were not looking for assistance. Of the other segments, Leaders stated they used outside consultants the least (56%) since they often rely on internal resources, while Talkers (66%), Indifferents (64%) and Adapters (63%) tended to use them slightly more.

The following table lists the examples mentioned regarding the use of outside consultants by sector:

Sector	Healthcare	Manufacturing	Transportation
Services sought	Training re. lifts Back injury prevention Stress management Wellness Needlestick prevention Dealing with violence Disability management and return-to-work	First Aid and CPR training Back injury prevention Training and orientation (e.g., forklift, spill cleans) Physical demands analysis Indoor air quality testing/ Industrial hygiene Disability management and return-to-work Accident investigation training Advice on legislation, difficult cases and appeals	First Aid and CPR training Defensive driving courses Forklift training Physical demands analysis Claims/disability management

Sector	Healthcare	Manufacturing	Transportation
Service Providers	<p>Safety Group</p> <p>WSIB – mediation around employee return to work</p> <p>Private risk assessment firms</p> <p>Health and Safety Association</p>	<p>Ergonomists</p> <p>Private health and safety / claims management consultants</p> <p>Health and Safety Association</p>	<p>Ergonomists</p> <p>Private medical / rehabilitation services</p> <p>Private disability insurance provider</p> <p>Health and Safety Association</p>

Respondents on using outside consultants:

“We had somebody off on long term disability for a long time and we really questioned it and the insurance company didn’t really get on top of it but we ended up going through our agent, we went through the higher up and it got nailed.”

Manager: Transportation, Medium size, Rebate

“It’s called [X] we had them come in.. He did a complete inspection and told us what, when, why, don’t, everything. He just ripped this place apart. It was excellent. Hazards and things like that, and the education, he’s been at our Safety, Wellness, Excellence Committee, and he’s been at our... We call it Happy School. They have this Service Excellence Program that they’ve got all... that everybody gets to attend and he’s been there too. We’ve had other people come in and... Our organization is not afraid to get outside help.”

Union Employee: Healthcare, Large size, Rebate

“She reviews all of our claims. If necessary, she fights and goes to the Court. That’s a corporate decision for all of our claims. So we spend money, a lot of it to hire her.”

Manager: Transportation, Small size, Rebate

Role and rating of Joint Health and Safety Committee

Overall, the large majority of employers and employees interviewed were members of the Joint Health and Safety Committee (JHSC) since they were recruited on that basis.⁹

JHSC meetings were predominantly held monthly by over half the respondents (53%), with less than a fifth of firms meeting once bi-monthly and very few committees meeting every three months. Membership of the JHSC was most often comprised of an equal mix of management and employees (46%) followed by a wide representation of management and employees (37%).

⁹ Only a small minority (less than 10%) were not members of the JHSC within their firm – we expanded the scope to non-JHSC members when there were either no candidates from the JHSC available to participate, the JHSC candidates refused to participate, or where a JHSC did not exist.

Of interest to note, relative to the other segment types, Leading firms consistently rated the JHSC as fair/good/excellent (i.e., satisfied) in all areas:

- Improving health and safety generally
- Obtaining necessary changes to improve health and safety in the organization
- Reducing potential health and safety hazards in the organization
- Improving management's and employee's health and safety knowledge

These satisfactory ratings were followed consistently across all areas by Adapters, then Talkers, then Indifferents. This finding indicates that JHSC performance may be related to firm performance within NEER.

Differences were apparent between managers, union employees and non-union employees concerning satisfaction with their JHSCs in all areas. Union employees were consistently not as satisfied with the JHSC compared to both managers and non-union employees across almost all rated categories. The only area where managers reported lower satisfaction than union employees was on improving health and safety in general. Another particular area of difference occurred in the rating of 'improving employees' health and safety knowledge' – union employees were significantly less satisfied than non-union employees and managers (53% vs. 81% vs. 74%).

In addition, surcharge firms consistently reported lower satisfaction with their JHSC across all areas than rebate firms, especially with regard to improving employees' health and safety knowledge. Managers from surcharge firms admitted that they needed to be more proactive and make improvements in terms of educating employees about health and safety, offering training programs, and increasing awareness of health and safety policies and procedures.

Surcharge Manager on the need to make improvements in h&s awareness:

“Right now I'd say we're only fair because I don't think we're doing enough. I would like to see more education. I'd like to see more involvement at the grassroots level. I think the managers are becoming aware. We've gone and educated the managers very strongly in the last year with regard to their ownership of health and safety in the organization. I think now we have to push it down even farther.”

Manager: Healthcare, Large size, Surcharge firm

In terms of industry sectors, there were no significant generalizations across all rated areas for any given sector, however in terms of individual rated areas (previous page); healthcare reported the lowest satisfaction ratings with the JHSC for improving health and safety in general and for improving employees' health and safety knowledge. Transportation reported the highest satisfaction with the JHSC at improving health and safety (compared to other sectors), while manufacturing was the most satisfied among all sectors at obtaining changes and improving employees' knowledge.

Finally, the only difference by firm size and their ratings of the JHSC, was that small firms were more apt to mention that they were satisfied with their JHSCs' ability to obtain changes needed to improve health and safety – most probably because in smaller firms, acting on JHSC recommendations was easier since senior management usually sat on the committee.

Many firms also mentioned the importance of training their JHSC members.

What was also touted in discussing the JHSC among many was the notion of equality and teamwork within the JHSC in addressing and resolving health and safety issues in the workplace.

On the value of active engagement and respect within and of the JHSC:

"Because we have everybody on the committee that's involved in any kind of preventative thing that's going to help the employees here. And we have a committee's that totally 100% devoted to the health and safety of the employees"

Non-union Employee: Manufacturing, Large size, Surcharge

"The people that we have on our Health and Safety Committee are very diligent and they listen to people. If they feel that something has to be done, they may not even wait to bring it up at a meeting. They may just come and say, "We need to do this," or, "This needs to be fixed," we look after it right away. It's better than people worrying about conditions."

Manager: Manufacturing, Small size, Rebate

"The one thing I think that our Joint Health and Safety Committee has going for it is... It's not management versus bargaining unit. All that's left at the door. It's the group of individuals who are looking at the safety of everybody who works there. So everybody goes in with this common ground. "That's the philosophy that both our senior management has embraced and our people have embraced. When everybody talks about safety, it's not, 'I'm management, and you're union.' Or, 'I'm the general manager and you're the certified member.'" It's about, "What do we need to do to address this issue? What do we need to do to address this hazard?" It's the one area, I think, where everybody's embraced it. It's not about me against you."

Manager: Manufacturing, Large size, Rebate

3.5 Perceptions of the workplace's attention to the management of work-related disability

An early and safe return to work following an injury or an illness is an employer-employee shared responsibility and goal. This shared responsibility enables greater productivity while minimizing health, human and economic impacts of work related injuries. Early and safe return to work, if conducted with care and commitment, can benefit all parties. Well-managed return to work can help the injured employee stay active and involved, and thus contribute to their quality of life. A successful return-to-work program also benefits the employer, who regains an active member of the workforce and reduces WSIB costs.

This section deals with a key area of our study – management of work related disability. Employee perceptions about their organizations' commitment to return-to-work (RTW) are first examined followed by RTW program coordination and communication. This is followed by a discussion of the RTW program in relation to NEER and its influence on policy/practice within organizations as well as the five personality segments. RTW challenges are also described.

Finally, this section looks at two other areas that are linked to RTW and workplace safety: perceptions of costs of workplace safety and workers' compensation premiums and the general handling of workers' compensation claims by organizations.

Main findings of management of work related disability

- A well-managed RTW¹⁰ program is one of the important critical success factors that make firms Leaders. These firms understand that by having a good RTW program, employees undertake appropriate modified duties, lost time hours are reduced, costs are curtailed and employee well-being is top of mind - all while maintaining productivity.
- Finding early, safe and meaningful modified work is important for a successful RTW program and successful NEER navigation. NEER rebates were the norm in firms that managed this successfully.
- Managers, union and non-union employees consistently perceived their organizations as having a strong commitment towards RTW.

Employee perception of commitment to RTW

Almost all organizations interviewed supported a RTW program, and in most cases it was a formal program. An informal RTW program was noted in very few organizations with no specific correlation in terms of size or sector. Most respondents stated that RTW was good for both employee and employer.

Most respondents felt that their organizations had a strong commitment to RTW. When employees (union and non-union) and managers were asked about their perceptions of their organizations' commitment to RTW, 75% felt that their organizations had a strong RTW program. A strong RTW program was also not predictive of firms being in NEER rebate or surcharge as firms in both NEER surcharge and rebate stated that they had a strong RTW commitment.

From a firm size standpoint, no differences in perception of organizations' commitment to RTW were noted across small, medium and large size firms. No sector specific differences were noted across healthcare, transportation and manufacturing.

General themes noted in organizations having a strong RTW commitment included:

- Offering modified work expeditiously
- Employee confidence that the employer will offer modified work if injured

¹⁰ Well-managed RTW refers to a program that emphasizes safe, expeditious and meaningful RTW with employee health and well-being a primary motivator.

- Strong program despite external factors such as physician shortage to examine injured worker resulting in more lost time than otherwise expected
- Flexibility within RTW programs
- Recognition of cost implications in not having workers back for modified programs
- Positive experiences of those who have been through modified work programs
- Maintenance of worker wages by offering modified return to work

As further support in favour of RTW programs, most managers and employees (union and non-union) felt that early and safe RTW was good for both employers and employees citing the following common reasons:

- Keeps injured worker's mind occupied versus dwelling on injury at home – emotional well-being maintained by returning to work for appropriate modified duties (even reduced hours) was regularly stated
- Opportunity to learn aspects of company to which one might not otherwise be exposed
- Helps employee transition back into work gradually
- Keeps employees up to date with work environment
- Financially better for employees to return to work versus receiving workers' compensation
- More affordable for employers to have employee at work than to pay for them to stay at home on disability.

On the benefit of a RTW program to management and employees:

"It is a good thing. Overlooking the economic returns to the company, I think from a personal point of view and I have been involved in as I say in personally encouraging people to come back, including an individual on my own staff, which is independent of your survey questions here . . . that it does give them a better sense of worth and myself who has been off for an operation like an appendix or something, it is good as a person to build up your strength on a modified program rather than suddenly be told, "we're cutting you off today and you have to go back to work tomorrow." Both from a psychological as well as a physical requirement, I think the modified work program is something that is very beneficial to the employee as well as the employer. Rather than leave the employee at home until the doctor says you are fully recovered, you can go back to your regular job. As anybody can tell you even after a 2-week holiday, going back to your regular job is hard enough."

Manager: Manufacturing, Small size, Rebate

In cases where respondents answered “depends” to employee perspective on RTW, common reasons included:

- Type and seriousness of injury
- Whether the person injured is really ready to return
- Ability to find meaningful modified work

In less than 5% of cases, respondents stated that they perceived their organizations’ commitment to early and safe RTW as “weak”. All but one of these respondent organizations were in surcharge.

Reasons for a weak RTW perception included:

- Lack of communication with employees when injured
- Lack of sufficient number of positions to support modified work
- Unionized environment making it difficult to bring people into other modified jobs

Views were generally balanced with employees talking favourably about RTW, provided attention was paid to the aforementioned points.

For example:

“Like I said, it all depends on the injury. If it's a head injury, the person needs a rest, then stay on the workers comp and take a rest. If it's a sprained ankle and the person wants to be at work, then yeah. Put him on a desk in dispatch or something. I think it's a good idea.”

Manager: Transportation Small size, Rebate

* * *

The following is a quote from a respondent who stated that they perceived their organization’s commitment to RTW as “**strong**”:

“So they do really well when it comes to that. They offer accommodative work right away. Usually if a person comes back with any type of documentation that says they can do something, we’ll offer them some.”

Union Employee: Healthcare, Large size, Surcharge

* * *

The following are quotes from respondents who stated that they perceived their organizations’ commitment to RTW as “**weak**”:

“Weak. Yeah. Because they let you come back when you feel good. They're not calling you up every day saying, "When are you coming back?"

Non-union Employee: Transportation, Small size, Surcharge

“It probably would be weak, because they don't have enough positions to accommodate everybody. That's the problem. They don't have enough light duty jobs.”

Non-union Employee: Manufacturing, Large size, Surcharge

In order to further examine differences between firms exhibiting strong and weak RTW commitment, employee perspectives were correlated to the five personality types identified during the course of this analysis (Leaders, Adapters, Talkers, Indifferents and Survivors). As hypothesized and expected, all but one Leader has a strong commitment towards RTW (97%). Clearly, Leaders went hand in hand with strong RTW, while the same could not be as clearly stated about Adapters (75%), Talkers (63%), Indifferents (50%) and Survivors. In the case of Survivors, all three respondents stated that they had a strong RTW. However, qualitative analysis of the responses seemed to indicate otherwise.

Communication with employee in RTW

On-going communication between management and injured employees was identified as part of the RTW process. On-going communication was integral to a strong organizational commitment to RTW. Leaders (more commonly than Adapters or Talkers) had on-going communication as part of their RTW programs.

Examples of on-going communication exhibited by Leaders in modified work programs included:

- Immediate contact with employee upon injury
- Contact with employee to ensure appropriate assessments and consultations with healthcare provider were arranged
- Regular contact between employer and employee to discuss progression of treatment
- Offer modified work that includes detailed explanations, handouts and functionabilities form
- Making employee feel more comfortable about work options and future roles
- Contact with employee to ensure s/he remains “in the loop” with regards to organizational activities
- Encouragement given to injured employee to recover

Leaders exemplified many of the above features as compared to Adapters and Talkers.

The following quotes exemplify ongoing communication with an injured employee as conducted by a Leader:

“After the initial injury and everybody's been okay, and they're in treatment and so on, we're in close contact with them. We still have a small company approach to things, even though we're a \$30M company and have employees across the country, we still have a pretty personal approach. We talk to them, keep in contact with them, send them copies of the newsletter, update how the physio appointments are going.”

Manager: Manufacturing, Large size, Rebate

“We stay in close contact with them to keep them in the loop with what's going on back at the workplace so that they're not missing out on things in that sense. And we talk to them about how's your treatment going and those sorts of things to encourage them to take an active approach in terms of getting better to get back to work.”

Manager: Transportation, Leader, Small size, Surcharge

Coordination of RTW

When asked whether RTW coordination was performed by one person or was shared among several people, those in healthcare and transportation were more apt to state that it was one person who coordinated RTW, while those in manufacturing reported more often that it was a shared duty. Overall,

- a) Most firms had designated individuals (either one person or more than one person) who coordinated the RTW program.
- b) Respondents (manager and employees) most often knew who was coordinating the RTW program

More than half the respondents stated that RTW coordination was performed by

- Managers
- Occupational Health and Safety Department
- Human Resources

Other responses regarding individual/s that coordinated the RTW program included:

- Director of Care
- Director of Nursing
- Supervisor
- Owner
- Nurse
- Health and Safety Officer / Coordinator
- Vice President / other corporate officer

No major differences between firm sizes and sectors were found in terms of one person coordinating RTW. However, *slight* differences were noted in that small firms are more likely to use more than one person to coordinate RTW versus medium and large firms.

NEER influence on RTW

A key finding is that NEER influences RTW policy in organizations more often than not (61% influences vs. 26% not).

In firms which were perceived as having a strong RTW program, 73% of managers stated that NEER influences policy, while 27% stated it does not.

Firms where NEER does influence policy, and employee perception of organizational commitment to RTW is strong, are just as likely to be in rebate as in surcharge. However, in most cases (90%) where NEER influences policy, there is a strong RTW firm commitment and a firm is in NEER rebate, Leaders and Adapters dominate. This finding indicates that NEER does have a positive influence on policies within organizations which in turn is reflected by strong perceptions of RTW as well as NEER rebate status.

Interestingly, in those firms where employees perceived the organization as having a strong RTW program but were in NEER surcharge, Adapters dominate. This finding suggests that Adapters, as their definition implies, are learning to adapt and realize the importance of NEER and thus have employees who feel they have a strong RTW commitment. They may still be in surcharge but will move into rebate and may become future Leaders by developing strong, well-managed RTW programs.

In approximately two thirds of interviews where NEER did not influence policy, respondents still perceived their organizations' commitment to RTW to be strong. Leaders and Adapters dominated this group. This is explained by the fact that Leaders have very strong safety programs and culture and do not view NEER as an influencer of policies. There are some very high performing Adapters that could arguably be classified as Leaders in this category as well. In all these cases, strong safety programs existed and NEER was not the primary motivator for safety policies.

In surcharge firms where NEER did not influence policy, yet where respondents perceived a strong commitment to RTW, Talkers and Survivors dominate. These are firms where NEER does not have any impact, where despite employees perceiving organizational commitment to RTW to be strong, firms are still in surcharge; they either "talk" versus take action (Talkers) or are simply struggling in many aspects (Survivors).

RTW Challenges

Generally, small, medium and large firms in all three sectors reported a strong organizational commitment to RTW. Yet on closer inspection, all three industries faced challenges with RTW programs. The challenges faced by firms are explored further since they impact areas integral to a strong RTW program (such as on-going communication with employee, RTW coordination, type of modified work, etc.).

In general, the key challenges that emerged included:

- Medical providers having incomplete information and communication about RTW programs
- Inability to find meaningful modified work
- Inability to provide modified work due to nature of job (e.g. truck driver)
- A small minority of firms bringing workers back too soon (causing re-injury).¹¹

Respondents on negative RTW experiences:

"We've had people gone off that have had hysterectomies and they're wanting them to come back in two weeks modified regardless of what you've gone through. Very, very high expectations. And people are demeaning, yet when you're doing and they're seeing there's a lot of heavy lifting and lugging and carrying on, and it's not something that you want to rush back into and rip an incision open. One girl had her bladder repair done and they made her come back at six weeks and by nine weeks she had ripped her bladder repair. There's a give and take. When you put this many years into the organization, they know you're going to come back, just let them heal."

Union employee: Healthcare, Medium size, Surcharge

"I had some surgery on an ankle. I was on crutches. My doctor didn't think this form was the right way of sending me home for a week, so I was here with my foot up for a week. I tell you, even when you're on Tylenol 3's, your foot's throbbing all day in an office. At that point, I would have liked to have been home for one week."

Non-union Employee: Manufacturing, Small size, Surcharge,

"I think a lot of companies are having people at work and they're not productive, just to reduce the costs and I think that's a big problem."

Non-union Employee: Manufacturing, Large size, Surcharge

"I think they feel that they're pressured to come back, and I don't think necessarily they realize that... you know, it's not like we want them to get re-injured, we just want them back because it's costing us money."

Manager: Manufacturing, Medium size, Surcharge

¹¹ Two or three employees across each industry stated that injured workers were brought back too early resulting in re-injury, so it represented a small minority view. Upon probing respondents regarding RTW programs, the majority of responses were positive. However, a challenge that organizations faced with RTW was the fine line dividing an ideal RTW program (which balanced employer and employee interests), and a RTW program that was more aggressive (too early a return-to-work leading to re-aggravation of an injury). This finding suggests that a small minority of organizations, in an effort to navigate through NEER, overaggressively use RTW programs with the aim of reducing lost time hours and thus reducing costs. It should be stressed that this was not the norm, but was nevertheless an important finding regarding challenges faced by RTW programs. This finding cannot be extrapolated to other industries.

The challenges by sector with supporting interviewee comments are discussed below:

Healthcare

In the healthcare sector, common RTW challenges faced by firms included:

- ***Managers reported that doctors are willing to give patients (employees) what they wanted and ignore RTW options for employer***

Healthcare providers sometimes did not either know enough about RTW options or favoured the employee, thus granting injured employees time off from work, where modified work could have been explored instead. In some managers' view (a small minority), injured employees took advantage of their injury by asking doctors to endorse time off instead of modified work.

Managers on injured-worker bias of health care providers:

“Doctors out there that are willing to write down whatever our employees tell them to write down.”

Manager: Healthcare, Large size, Rebate

“Having the doctor work in their favour instead of ours, and that’s really difficult. Some doctors won’t even consider the fact that we have a structured modified program in place, so...but they listen to the employee, whom they should, but sometimes it can be difficult getting some back.”

Manager: Healthcare, Small size, Surcharge

“We had to wait until the doctor gave her the okay to come to work. The doctor didn’t give her the okay until 11 months later. We offered, within eight weeks, modified duties. And with the doctor’s help she said no.”

Manager: Healthcare, Small size, Rebate

- ***Lack of buy-in due to lack of trust and unchallenging modified work***

On the whole, employees were positive toward modified work. However, employees sometimes questioned management’s motives for expeditious modified work. On other occasions, modified work provided was simply not challenging enough for an employee trained to do a certain job (e.g. nurse trained to care for patients doing a desk job instead).

On inappropriate or lack of modified work options:

“There is no light duty in maintenance. So in my personal opinion there is no [modified] duty in maintenance. There is no, I mean you’re working or you’re not working.”

Union employee: Healthcare, Large size, Surcharge

“A lot of the work is quite physical with the nursing staff. We’ve got dementia residents, resistant residents - then they’ve got a back injury or shoulder injury, it’s difficult for ...to find them suitable work depending on their restriction.”

Manager: Healthcare, Small size, Surcharge

“Sometimes it is modified to you, it’s just boring. You know, you’re limited as to what you can do and after so much of that, it’s boring. You know, you’ve got a, if you’re used to caring for residents for instance and all you can do is sit at the desk and do paperwork.”

Union employee: Healthcare, Medium size, Rebate

Manufacturing

In the manufacturing sector, some RTW challenges included:

- ***Not finding a modified job once an employee is injured***

Modified work was not always possible according to some employers and employees. In some cases, the nature of the industry made it difficult to find suitable modified work. For example, finding a modified job for a worker whose job was to operate a piece of equipment in the printing business was difficult:

On lack of availability of modified work:

“Our policy is that someone can come back, but problem is in the printing industry, it’s almost all either you’re an operator that you need both hands and arms and legs to run a piece of equipment. You can’t have one that’s somewhat injured because he wouldn’t be able to do the rest of it. And the rest of it is packing boxes or lifting which is bad for backs and so forth. We’ve had two people that I know [where] that’s worked out reasonably well, but most... I’d say ninety percent of them really don’t fit back in because they just simply can’t do the work until they’re really better.”

Manager: Manufacturing, Small size, Surcharge

“It probably would be weak, because they don’t have enough positions to accommodate everybody. That’s the problem. They don’t have enough light duty jobs.”

Union employee: Manufacturing, Large size, Surcharge

- **Union issues**

According to employees and managers, unionized workplaces sometimes made it difficult to place injured employees into alternate modified positions.

On challenges of a unionized environment:

“Another problem we have with the return-to-work program is, due to the fact that it’s a union shop there are a lot of times where you’ll have different positions, and if you have somebody to bring them back to put them in another position, it’s very hard to do, because we have a contract to go by here.”

Union employee: Manufacturing, Medium size, Surcharge

- **Nature of work – e.g. repetitive work made existing injury worse**

In some cases, the repetitive nature of certain type of work made it challenging to bring an injured employee back for modified duties.

On RTW challenges when dealing with repetitive strain injuries:

“But with this plant, a lot of time it’s repetitive work. A lot of it may be repetitive injuries, and if they have certain restrictions, we are unable to have a return-to-work immediately. Sometimes they have to be out until they’re well again to come back to work.”

Non-union employee: Manufacturing, Medium size, Surcharge

Transportation

In the transportation sector, common RTW challenges included:

- **Not enough modified jobs**

In the transportation industry, finding modified work was challenging, particularly when a large part of a company’s workforce is comprised of truck drivers (where they must get in and out of the truck, deal with heavy cargo and lifting of materials in warehouses).

On lack of availability of modified work:

"If you can't drive a truck, there's very few... We've got the garage and we've got the office. It's not a big office. There's about six people in the office. If you've got someone on modified duties, it's very difficult to find them a modified duty in a trucking company".

Manager: Transportation, Medium size, Surcharge

"It's very, very difficult to bring a driver in here and give him alternative employment that is not menial. I mean, I can say, "Okay, go sweep the loading dock," or, "Go clean the toilets," or something like that, but to put a driver in an office predicament where he's completely out of his depth... and in my office particularly all these files are personal and confidential. So I couldn't bring a driver in who's, say, got a broken leg and say, "Okay, sit there at this filing cabinet and reorganize those files." You can't put him in that position because, like I say, it's personal and confidential information in there. So what do you find an injured driver to do? It's very, very difficult. Even if I say, "Well, here's a new guy, you sit in the passenger seat and ride along with him and teach him to do this and do that." Well, if he falls out of that cab because he's already got an injured foot or a bad back, now I've doubled the trouble. So what do I do with an injured driver? Well, it's very, very difficult. So there's really nothing I can do with him except send him home and hope he gets better. Someone in-office, if it's a data input clerk or a telephone receptionist or something like that, yeah, you can bring those people back to work a lot sooner."

Manager: Transportation, Small size, Rebate

- **Union issues**

As in manufacturing, union issues in transportation sometimes posed challenges in finding a suitable modified work for union employees.

On challenges of a unionized environment:

"Unfortunately, when you have a collective agreement, we are sometimes... we have our hands tied. And so be it. That's kind of where we're at right now. I can't bump people. I can't put people in other jobs. The union will cry."

Manager: Transportation, Small size, Rebate

Costs of workplace injuries and workers' compensation premiums

Just over half of all managers¹² stated that workplace injuries and workers' compensation premiums are perceived to be a major source of cost for the organization. Those firms in surcharge were more apt to state that the costs were perceived as major compared to those in rebate (70% vs. 58% respectively). Among the three sectors interviewed, costs were more likely to be perceived as major by the healthcare sector more often than the transportation and manufacturing sectors. The two most common reasons included:

- Costs of premiums
- Importance of RTW program in keeping costs down (reduced lost time)

"The claims [are] quite a costly part of our health and safety programme and we try very hard to be proactive and reduce that cost."

Manager: Healthcare, Large size, Surcharge

Firms that reported low costs associated with injuries and relatively insignificant workers' compensation premiums attributed these to their low accident rates.

One third of respondents in all three sectors were unable to answer if workplace injuries and workers' compensation premiums are perceived to be a major source of cost for the organization. Common reasons included:

- Lack of familiarity with financial aspects
- Not having sufficient information on costs

Employees (union and non-union) were much less likely to not know the answer to the above cost question versus managers. This was mainly owing to costs being beyond the scope of their work duties. Managers who were unable to answer the cost question noted mainly that costs were managed by others in their organizations.

Relation of cost to personality types

Respondents who considered workplace injuries and workers' compensation premiums to be major sources of costs were mainly Talkers followed by Adapters followed by Leaders. This suggests that if organizations move from NEER surcharge to NEER rebate and evolve from Talkers to Adapters to Leaders, costs, while still being considered significant, start becoming less important as firms obtain rebates and reduce lost time injuries.

Respondents who considered workplace injuries and workers' compensation premiums to be minor sources of costs were mainly Leaders followed by Adapters.

¹² This question was asked for both employees and managers; but managers were often more able to answer the question than employees (80% of managers vs. 52% of employees could answer whether the costs were perceived to major or minor). Therefore, we have focussed on the manager findings in the cost section.

This is consistent with Leaders being the firms that had the fewest injuries due to sound workplace safety policies and practices and at the same time received NEER rebates. No Talkers considered costs to be minor.

Talkers perceived costs of workplace injuries and workers' compensation premiums to be major, yet did not seem to take the necessary actions to try and reduce costs via sound workplace safety practices and striving for NEER rebates.

Consistent with the above observation, firms that were in rebate and who considered workplace injuries and workers' compensation premiums to be major costs were mainly Leaders and Adapters. This was not surprising considering that most Leaders recognize the importance of workplace safety and thus have NEER rebates, but still recognize there is a high cost involved in achieving this. Leaders have successfully reduced injuries and time loss, whereas Adapters, while also recognizing the importance of health and safety, are beginning to implement measures to improve.

Organizations have taken various measures to address costs. These include:

- Focusing on preventive measures
- Implementing RTW programs
- Enrolling in Safety Groups
- Increasing education and awareness
- Using outside professionals (e.g. specialized consultants, ergonomists, physiotherapists)
- Updating equipment and technology with long term cost reduction in mind
- Empowering JHSC to be proactive
- Listening to and acting on employee suggestions
- Investigating claims intensively
- Seeking cost relief for pre-existing conditions

The following quote depicts measures taken by organizations to curb costs:

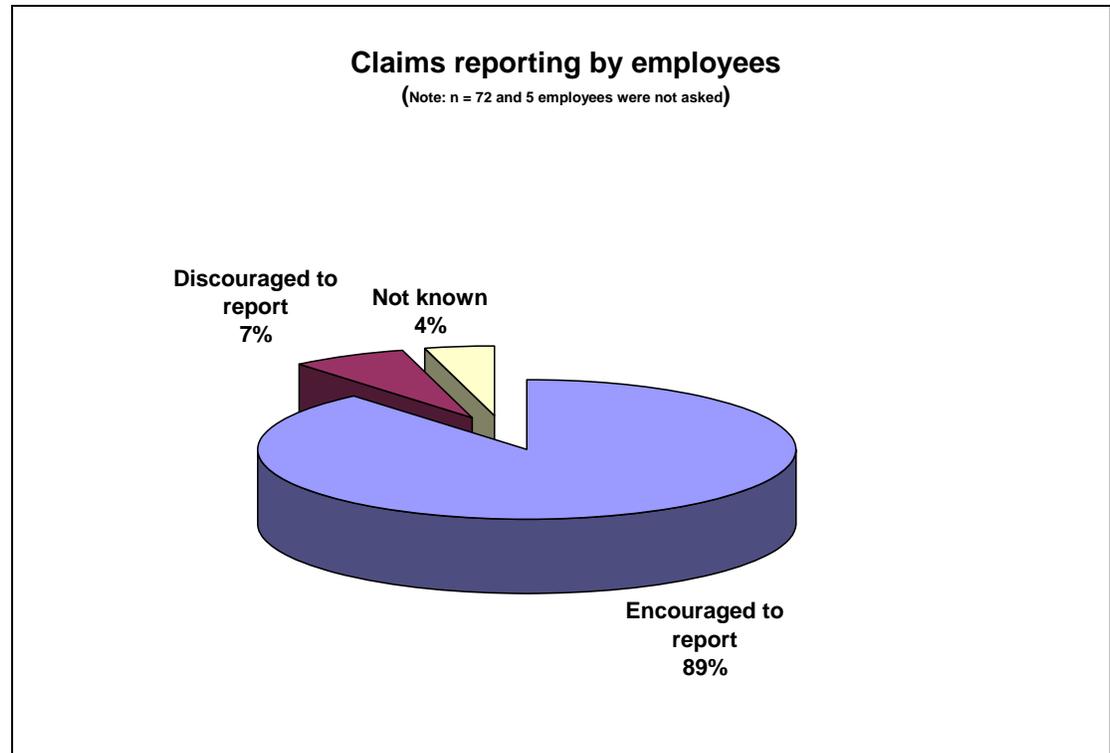
"I would say, a) is the preventative measures we're trying to put in place to prevent the injuries in the first place; and then, b) we try to prevent those costs in the first place by having an early and safe return-to-work for our employees"

Manager: Manufacturing, Medium size, Rebate

Claims

In general, both union and non-union employees reported they were overwhelmingly encouraged to report injuries and actively dissuaded from not reporting injuries.

Figure 7



All three sectors (and sizes) equally encouraged claims reporting. Firms classified as Leaders, always encouraged reporting of injuries. Common reasons for employees being encouraged to report injuries included:

- Employee safety
- Other people's safety
- Possible reagravation of injury which may require more time off
- Regulatory compliance – e.g. having necessary documentation in case of injured worker claim
- Helping prevent future accidents and injuries
- Health consciousness and safety culture
- Reporting “near misses” for future prevention strategies

On the importance of reporting injuries:

"We encourage them. Like I said, if somebody gets hurt, we want to know about it. We don't want to put the blame on a person. We want to find out how to prevent this from happening again"

Non-union employee: Manufacturing, Small size, Rebate

Incentives for non-reporting of claims

A few organizations mentioned giving employees rewards or incentives for no-lost time claims, which could discourage employees from reporting claims. Examples include: gift certificates, jackets or other minor financial rewards (though these mentions were infrequent). Employees noted, however, that minor incentives were seen as fun and educational but would not deter them from reporting an injury.

On incentives which might encourage non-reporting of injuries:

"Basically, we operate it around a system where for no infractions, zero infractions, a guy gets a certain amount of points, and at the end of the year, meaning Christmas, we usually... what we do is we reward a gift certificate worth a few hundred dollars to a local store in the area...Canadian Tire or something along that nature. And for every infraction safety infraction or violation, you're deducted a certain amount of points. That seems to be working quite well... gives the guys a little incentive to try and keep safety in the forefront."

Manager: Transportation, Small size, Surcharge

Discouraging claims

Approximately 6% of non-union and union employees felt they were discouraged to report a claim. Smaller and medium size firms in particular dominated those firms that discouraged reporting of injuries. There were no major differences by sector in discouraging reporting of injuries. ***There were no differences in NEER rebate/surcharge status in firms that discouraged reporting of injuries.***

Common reasons among the few firms that discouraged reporting of injuries include:

- Financial incentives such as bonuses where if an employee reports an injury, they may not get their allocated bonus
- Fear of manager and/or employer
- Feeling that managers simply don't care
- Too cumbersome a process for small injuries
- Not wanting to "rock the boat", or appear troublesome

The employees that did feel they were discouraged mainly mentioned subtle forms of discouragement (as per above examples) – and not overt, formal forms of discouragement (such as the threat of losing their job).

On victim-blaming:

"I've brought this up at committee meetings before. We are not supposed to feel that way, but we're made to feel to that way. They almost make you feel, like you did it on purpose."

Non-union employee: Manufacturing, Medium size, Surcharge

"There seems to be a mentality in the shop that you "don't rock the boat" and you don't want to bring up any problems that might arise, because there's such a... It's such a "buddy thing" that's in the shop, even amongst the foremen and their employees. Nobody wants to see or be seen as the "bad guy" that's reporting stuff. There's no guard on a grinder or something like that. Because if there's no guard on a grinder, we'll take it away. The grinder will be gone. So nobody wants to report that."

Manager: Transportation, Large size, Rebate

Organizations' handling of workers' compensation claims

Employees and managers reported that when workers' compensation claims were made, organizations in general most often supported the claims.

In terms of sectors, there were some differences: manufacturing and transportation more often supported claims (63% and 65% respectively) versus the healthcare sector (51%). In contrast, challenges to claims were seen least in the healthcare sector (6%) and most in the manufacturing sector (19%). In the healthcare sector, there were also many more "unknown" and "unassigned" responses compared to the manufacturing and transportation sectors.

In terms of segment type, Leaders tended to more often support claims (67%) versus Adapters, Talkers, Indifferents and Survivors (all approximately 50%).

Common reasons for supporting claims include:

- Company policy
- Trust in employee
- Evidence that injury or accident occurred on work premises

Common reasons for challenging claims:

- Past experience with fraudulent claims
- Workers perceived as "milking" the system, taking advantage of claims policies
- Pre-existing conditions

- Evidence or suspicion that injury occurred outside work
- Due diligence - in some of these firms, almost all claims are questioned in order to protect those whose claims were genuine
- Ability to provide modified work – in these cases, claims were challenged because modified work offered was seen as a viable alternative by the employer. Some Leaders in particular challenged claims for this reason

Respondents on claims being challenged or supported:

"I guess I would have to say we challenge most of them. On the basis that we have such a good modified work program, that we can accommodate pretty well anything. You know, without wanting to sound like just bunch of you know, muster and bluster, you know, we will get every single case very hard, we talk to supervisors, and we have a 4 prong approach with our modified work. We will try to modify the injured worker's immediate position. If we cannot do that, we will then try to modify or find them something modified within their department. If we can't do that, then we will try to find something within the facility. And barring that, in the worst case scenario, we have two other facilities that we can transfer them to, on a limited basis."

Manager: Manufacturing, Small size, Rebate

"I'm thinking, of the top of my head, I'm thinking [we support] nine out of ten. I think they genuinely look into it and try to help the employee and don't deny a claim if it's there."

Union employee: Healthcare, Large size, Rebate

"So we do challenge... And some of our managers know who these people are. And I know if I've heard the name twice, I know that they're what I call "Star Employees," and they're the troublemakers. It might be 1% or 2% of the population, but we're spending 80% of our time trying to work with these people. Yeah, we do challenge a few of them."

Manager: Healthcare, Large size, Surcharge

One employer (a Survivor) asked whether the WSIB could provide guidance on whether they could simply pay the employee to stay home instead of submitting the claim:

"Sure. Like if any employee...I know that if an employee gets hurt on the job, I believe like you have to report it to the WSIB but instead of opening a claim the employer could take charge in paying the employee, if you know the employee is not going to be off for that much long, that way it wouldn't affect your premiums. But I don't know like, just like...how to apply that, how far can the employer go and stuff like that. It's a little trick... you can reduce your premiums."

Manager: Healthcare, Small size, Surcharge

3.6 Suggested Improvements to NEER

Information Needs

Roughly two-thirds of the managers we spoke with (65%) feel they are getting enough information about NEER.¹³

The remaining third (35%) of managers who feel that WSIB could provide them with more information on NEER are evenly split among the three sectors. However, most Leaders felt they received enough information, while Adapters most frequently mentioned they would like more information – showing that they are actively trying to understand NEER in order to navigate the system successfully.

It is important to note that the managers who lacked information were split between those who needed basic information on NEER, and those who had a comprehensive knowledge of NEER and wanted even more detail. For example, some basic information needs include:

- Make the statements easier to read and understand
- Explain how WSIB arrives at numbers described

Some examples of more subtle information needs include:

- Provide performance indicators on how the firm is doing compared to others in the sector for benchmarking purposes
- Show how WSIB calculates/anticipates future costs
- Provide customized advice/suggestions on how to achieve rebates
- Provide information other than NEER numbers – provide leading examples of prevention, other articles, e.g. create a magazine to increase awareness.

Language and geographic barriers persist and should be taken into consideration. For example:

- Some healthcare managers in Northern Ontario would like information in French.
- Some managers and employees in manufacturing are operating entirely in Cantonese and could use information in their preferred language to increase awareness of both NEER and workplace safety in general.
- Some managers in Northern Ontario would like to attend NEER workshops but cannot afford the travel time and cost to attend the closest workshop (which is still a long distance away).

¹³ We did not ask employees *specific* questions on NEER improvements since managers are primarily responsible for the general and financial management of NEER; hence the responses reflect managers' opinions only.

General Areas for NEER improvement

When managers were asked how NEER could be improved, their responses fell into the following broad categories (in order of mention):

- More communication
- More education (more seminars, more awareness, more knowledge sharing)
- Simplify statements
- Reduce time to process claims
- Lower WSIB overhead costs that are affecting NEER costs
- Reduce time claims are considered 'active' (if employee is healed and back at work)

Some specific recommendations that emerged:

- Allow for more than one person per company to attend NEER seminars at any given session (to allow for travel together, etc.)
- Consider on-line training sessions for those learning from a distance (or those who need to do training on their own schedule)
- Give firms the option of dealing with WSIB by phone or email (do not hide behind email)
- Consider a NEER magazine or newsletter that contains interesting, easy to read articles on prevention/safety
- Increase timeliness of the statements (firms are receiving quarterly statements when next quarter is nearly over, so it is difficult to react to information in a timely fashion)
- Use the same adjudicator consistently for each firm to ensure strong relationship building
- Track the type and details of injuries being claimed by the firm so firm can improve (if repetitive strain – was it arm or leg?)
- Provide statements, forms and communications on-line for those who want it
- Encourage wider participation in Safety Groups and seminars
- Change NEER acronym to mean something else (not “new” anymore)
- Improve safety education and awareness for employees, not just employers
- Send regular information reminders/mail-outs; “these are the resources available to you from WSIB (videos, articles, etc.)”.

- Examine the re-entry program to ensure that the incentives are there for the employee to return to work
- Increase the adjudicators' industry knowledge (transportation)

Examples of suggestions for improvements to NEER:

"Changing the name... at least the name of NEER. Because there are two other programs out there. NEER means New Experience Rating... new! It's 20 years old. I know that's kind of silly, but make it mean something else then. Keep the acronym, but make it mean something."

Manager: Transportation, Small size, Rebate

"We haven't really been tracking the soft tissue injuries. That is what we recently been looking at trying to get from the workplace safety insurance board. That is one thing that I wish NEER did track was the type of injuries that go in. The way we track injuries and statistics is by using the NEER report that we get, the firm summary and the claim report. That tells us, for sure, who has lost time, who hasn't, how long it has taken somebody to come back to work, that type of thing but it doesn't tell us the type of injury. Because of the size of our organization each division does that in their own...at their own facility but getting that information is difficult because everybody has different ways of determining what a soft tissue injury, is it an arm, this is a hand, this is a back although they may all be repetitive strain, it is hard for us to track them. That is one thing we would like."

Non-union Employee: Manufacturing, Large size, Rebate

"In today's world, that's the fastest way of communication [email]. But no. Everything has to be done by mail [with WSIB]. That's stupid. "It's not in the policy with WSIB." Well, then they'd better come to terms with what's really going on. Because we need instantaneous information sometimes and it's not there. Complacency. I see that in that organization."

Manager: Manufacturing, Medium size, Rebate

NEER "Likes":

- Safety Groups
- Having the same adjudicator assigned to one firm
- Adjudicators respond quickly and seek answers to questions
- Having a WSIB case manager come to plant to address employees – puts face on WSIB
- Meeting with the adjudicator in person to introduce self (not needed on ongoing basis)
- Bigger rebates

Respondents on satisfaction with NEER and WSIB:

"I was satisfied with NEER right from the beginning. I might have been one of the ones that was. It's just that I can see that employers if they play the system, can win and I think that's a win/win for the employees too because it filters down."

Manager: Transportation, Large size, Surcharge

"Basically, the WSIB and the company in general, I've found them to be very proactive. Any kind of safety issue or preventative issue that we've come up with, I've never found any challenging problems at all. They're the kind of people who are more than open to talk about and implement matter right away."

Manager: Manufacturing, Small size, Rebate

"As I say, I guess Work Well maybe forced the issue. But we had a lot of ways that we did things. I guess what we learnt through Work Well is, if it's not documented, it doesn't happen. We had a lot of unwritten procedures that we did, and it just made us really focus and concentrate. We really revamped our whole health and safety policies and went from square... we went into the Work Well with a 300%, and we had six months... just the way it worked, I think, it was a year from the time that we'd had our first survey or whatever... interview, and we ended up with 94%. So we put a lot of effort, and [did] a phenomenal amount of work. I know it was very stressful at the time, but we did work really hard, and as a result I feel a lot better regarding our health and safety than I did before it happened. There was more attention and detail to it. Sometimes you don't realize it should be in the forefront, and people tend to say, "It's too much money. It's too much money." At the same time, the health and safety of the employees is of the utmost importance."

Manager: Healthcare, Medium size, Surcharge

"Actually... I think it was last year... it gave us more... I don't want to say "more of a refund", but depending on the accident, and depending on the "modified duties", it does... how can I explain it? They've changed it. They give us more of our money back... more of a refund... with regards to the rating factor being 87 percent, you get 100 percent of the difference, back. That started last year, January 1st, 2004. I believe that was a good change, because it does provide companies more motivation, to get a better health and safety program into place."

Manager: Transportation, Large size, Rebate

NEER “Dislikes”:

- WSIB overhead is too high
- WSIB's hours are limited – “they need to understand that we are a 24/7 operation, not 9-5 like they are.”
- “WSIB always favours the employee – never believes the employer.”
- Speed of service and accessibility

Respondents' dissatisfaction with services and delivery:

“Well, even their overhead. They put a 50% overhead on it. Well, 50% overhead? I wish we could get 50% overhead for providing services. And I don't believe there is a 50% overhead. I don't think that that cost is real. I think it's highly inflated, and if it's a projected one, okay, we have to accept that there are actuaries, and I'm not an actuary, so maybe that formula is right. I don't agree with it in our own employees. But that doesn't mean that... I can't give you specific reasons why it's wrong. But definitely the overhead, and the percentage that they allow to start with, of the premiums that you've paid. Where does that other 2/3 go to?”

Manager: Transportation, Medium size, Surcharge

“Speed of service would be extremely important and accessibility. And their follow-up. And it depends on who the adjudicator is, and it also depends on the Nurse Case Manager, and that kind of thing. Their sense of urgency of getting back to people and being available to take calls is just... You're leaving voicemail after voicemail and you don't get any response. Or they don't like to use... the current person we have doesn't like to use e-mail, which is ludicrous.”

Manager: Manufacturing, Medium size, Rebate

4.0 Conclusions

This study examined whether NEER is achieving its intended results by incenting positive workplace health and safety outcomes across three employment sectors – specifically: healthcare, transportation and manufacturing. The research conducted highlighted three major points:

- NEER is functioning as intended by achieving an impact on organizations by promoting workplace safety and prevention. NEER is also a lever that encourages safe and early return to work via modified duties.
- The adeptness of an organization to offer expeditious and meaningful modified work via an effective return-to-work program was an important tenet of successful NEER navigation and played in key role in an organization receiving a NEER rebate.
- Employees are actively encouraged to report claims. In most cases, there is very little difference in responses received by union and non-union employees.

As respondents in the three sectors were interviewed, it became clear that there were different levels of safety and prevention across organizations in each sector. This led the analysis towards a segmentation model where five major firm segments or personalities emerged: Leaders, Adapters, Talkers, Indifferents and Survivors.

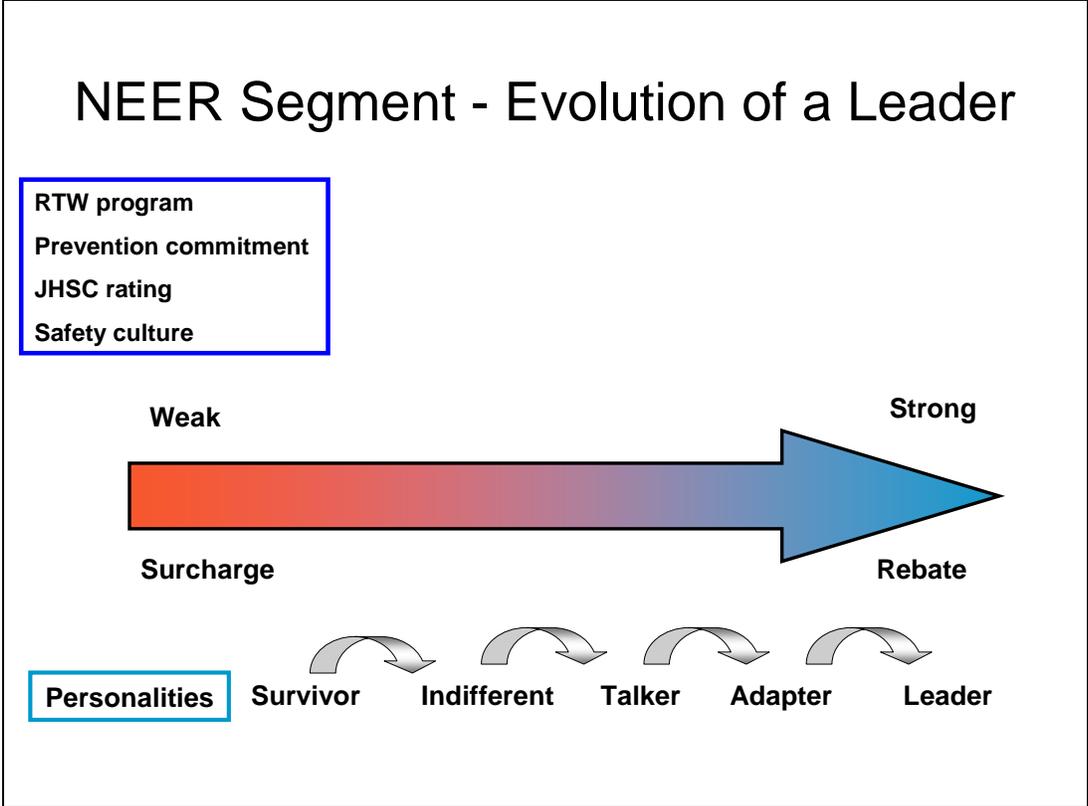
For example, it became clear that for a firm to become a Leader in workplace health and safety, several key factors were important. These included:

- A strong return-to-work program where it was not sufficient just to find modified duties, but where meaningful modified duties in the best interest of the well-being of the employee became important. A high level of regular management-employee communication regarding modified duties separated a Leader firm from other personality types.
- Leaders are more likely to be part of Safety Groups than other personality types. In cases where firms were not part of Safety Groups, they reported that this was because they had no real need for programs as they were well advanced compared to other firms in terms of having the needed programs to ensure workplace health and safety.
- Our analysis concluded that Leaders have a strong safety culture where employees and managers rank health and safety as a top priority. Morale was very high in these organizations. Employees and managers at Leader firms had distinctive features such as meaningful safety initiatives, consensus between managers and employees regarding health and safety policies and practices, a strong JHSC that was motivated to educate and improve employee and management health and safety knowledge.

At the extreme, NEER stops becoming a direct influence on Leaders as they have essentially reached a close to perfect level of safety performance via formal policies and a strong safety culture. However, this is also because these firms are in NEER rebate. If they were to slip in safety, undoubtedly, NEER would once again become a direct lever that would trigger changes and improvements to safety.

There are also some Adapters who are in rebate who can be arguably called Leaders. However on closer inspection, Leaders seem to be doing that “extra bit”; whether it is ongoing communication when an employee is injured, or having an extremely strong safety culture. A small group of Adapters in rebate can also be thought of as “soon to be Leaders”. In order for change to occur and to encourage firms to become Leaders, WSIB may consider a customized versus “one size fits all” approach to assisting firms with improving health and safety performance. For example, for firms to become Leaders in workplace health and safety, future strategies may need to be customized to each unique ‘personality’ type.

Figure 8



Other relevant conclusions that emerged from the analysis included:

- JHSC functioning varied across organizations with some committees focusing on safety (leaving finances to other departments) while others had a more general approach. JHSC effectiveness appears to be correlated to personality type (with Survivors being least effective and Leaders being most effective).
- Several suggestions for NEER improvements were provided including simplifying NEER statements, moving towards an on-line statement system and a request for more expeditious processing of claims. Nevertheless, overall, organizations revealed that if NEER was not present, it would remove the incentive for health and safety, particularly financial.
- In a very small number of cases, some return-to-work programs, in their quest to curb costs, are too aggressive resulting in re-injured employees.

In summary, the study concluded that NEER is performing well. In addition, the study further highlighted distinct personality segments and NEER's influence on each of the segments.

4.1 Further Research Questions

Further possible research and strategy development phases are encouraged given the detailed directional findings derived through this study. In particular, some questions emerged through this research:

- Are these findings applicable to all NEER sectors?
- What further detail can be added to each of the emerging personality segments (wants needs, etc.)?
- What specific strategies and tailored approaches apply to each of the differing personality segments in order to encourage them to navigate NEER more successfully? (Communications, training approaches, incentives, audits, etc.)

Appendix A: General Sample Statistics

Total interviews coded: 160

Firms sampled: 80

Employment Status:

- 83 managers
- 34 union employees
- 43 regular employees

Sector:

- 60 healthcare
- 57 manufacturing
- 43 transportation

Size:

- 57 small
- 57 medium
- 46 large

Segment Type:

- 34 Leader
- 79 Adapter
- 30 Talker
- 14 Indifferent
- 3 Survivor

NEER status:

- 80 rebate
- 80 surcharge

Safety Groups (managers only):

- 32 belong
- 30 do not belong

Appendix B: Discussion Guide

IWH/WSIB Experience Rating Case Study Discussion Guide

Introduction (1 minute)

Thank you for agreeing to participate in this interview. We appreciate your time and understand you are busy – so we will aim to get this interview completed in the next 30-45 minutes.

The information you provide today will be included in a summary report prepared by IBM and submitted to the Institute for Work and Health (IWH) and the Ontario Workplace Safety & Insurance Board (WSIB).

We want to emphasize that there are no right or wrong answers - we simply want to hear how your organization is dealing with the issues of workplace safety. However, your name(s) and the name of your organization will not appear anywhere in the report and we will ensure that none of the comments you make can be linked to you in the report.

We also want to emphasize that the information you provide will not be shared in any way with your employer/employees.

We will however be audio taping this phone call – this is because we are speaking to many organizations across Ontario, and we need to keep track of the comments so we can write an accurate report in the end. But the tapes remain with IBM, and are only used for report writing.

Do you have any questions before we begin?

Note to interviewers: 'M' refers to 'employer questions' and 'L' refers to 'employee' questions

1.0 Warm-up Questions

- | | | | |
|-----|--|---|---|
| 1.1 | Can you tell me about your role and responsibilities within your organization? | M | L |
| 1.2 | How long you have been with your organization? | M | L |
| 1.3 | (Employer only) In your own words, can your describe your understanding of the WSIB Experience Rating Program (NEER)? | M | |
| 1.4 | (Employer only) Can you describe your organization's recent experience rating history – have you been in surcharge or rebate for the past 3-5 years or so? | M | |

(Probe: circumstances behind status change)

2.0 General Health and Safety within Organization

2.1 What are the general health and safety programs, policies or procedures that you know about within your organization? M L

2.2 Where is your organization's emphasis regarding injuries or accidents – is it mostly on prevention or on managing the injuries or disabilities? Can you give me some examples? M L

(Probe: prevention can be training, education, equipment, techniques, and procedures. Management focuses on getting the employee back to work: communication, physio, OT, claims management, mental health, etc.)

2.3 What new approaches or changes to workplace health and safety has your organization recently tried? Why were these new approaches developed? M L

(Probe: increase in accidents? due to experience rating (surcharges?), premium cost management)

2.4 What new approaches are you thinking of (but have not yet implemented) and why? M L

(Probe: any new equipment, education, training seminars)
Intent: general knowledge and awareness

2.5 How do you know/judge whether these new approaches really work? M L

(Probe: Has it changed the way people do their jobs? Affected behaviours in any way?)

3.0 Worker Health Protection and Injury Prevention (10 minutes)

3.1 Could you describe your organization's overall approach to injury prevention and worker health and safety? M L

(Probe: information on management responsibility, role of the Joint Health and Safety Committee, education and training, loss management programs, occupational health and safety management systems).

3.2 Does your organization have an active Joint Health and Safety Committee? If so, how often do they meet and who comprises the membership? M L

3.3 Please rate your Joint Health and Safety Committee on the following: (poor, fair, good, v. good, excellent), and explain the rating you M L

give:

- a. Improving health and safety in the organization
- b. Reducing potential health and safety hazards in the organization
- c. Obtaining necessary changes to improve health and safety in the organization
(Probe: does the health and safety committee have the right people on it?)
- d. Improving employees' health and safety knowledge
(Probe on communication methods, education, training, etc?)
- e. Improving management's health and safety knowledge

3.4 Would you say most employees view your organization as having a strong/weak commitment (reverse order each time) to injury prevention and worker health and safety? Why? M L

3.5 Has your organization recently introduced any new or innovative approaches to injury prevention and worker health and safety? M L

(Probe on best practices; training and education, seminars, such as a full-time ergonomist, exercise/stress programs, counselling, etc.)

3.6 What motivated these changes? M L

(Probe here for recent accidents / injuries influencing changes, or costs.)

Also probe on motivations for change:

- 1. Regulatory pressure?
- 2. Financial motivation?
- 3. Sincere commitment for employee well-being?
- 4. Direction/incentive through working group (WSIB sponsored, OHA or other)

3.7 (Employee only) Are you encouraged or discouraged about reporting or claiming accidents or injuries? L
(Probe: Is there pressure within your organization not to report or claim work-related injuries? Is there an incentive system for no lost-time performance? Describe)

4.0 The management of work-related disability (10 minutes)

4.1 Describe your organization's policy and program that supports an employee's return-to-work following an injury or illness? M L
Elaborate – ask for details re: policy/program.

(Probe on early return to work, ongoing communication, etc.)

4.2 What is your perspective on early return to work (good or bad thing?) Would you say most employees view your organization as having a strong or a weak commitment to early return to work? Tell me why? M L

4.3 Who in your organization has responsibility for coordinating policies and practices concerning disability management and return-to-work? M L

(Probe for one or more persons, job titles and roles in company)

4.4 Does your organization ever use disability management consultants, or any other kind of outside professional regarding injury prevention or health and safety? What are your thoughts on these services? Would you recommend these consultants to others or use them again? M L

4.5 Would you say that your organization will most often support or most often challenge an employee's eligibility for a workers' compensation claim? Are there recurring situations where claims are challenged? M L

(Probe: approximate percentage breakdown of supporting claims)

5.0 Recognition of costs of workplace injury and disability (10 minutes)

5.1 Looking specifically at costs now, are workplace injuries and workers' compensation premiums perceived to be a major or a minor source of cost for your organization? Can you elaborate? M L

(Probe: Are health costs perceived as an important or unimportant cost component? Are they included as budget item? Anticipated?)

5.2 How has your organization dealt/addressed costs arising from workplace injuries and workers' compensation insurance? M L

(Probe: implemented formal programs or policies, hired outside consultants, implemented new technology, etc).

5.3 (Employer – rebate firms only) Or consequently, how does your organization use rebated compensation insurance premiums? M

6.0 Appraisal of Experience Rating (10 minutes)

6.1 (Employer only) Overall, how does WSIB's Experience Rating M

program (NEER) influence policies and practices within your organization? Has the experience rating influenced any other strategies, behaviours or initiatives in your organization that you have not already mentioned?

- | | | |
|-----|--|---|
| 6.2 | (Employer only) Do you receive adequate information about the Experience Rating program (NEER) from the WSIB? | M |
| 6.3 | (Employer only) How can Experience Rating program (NEER) it be improved? | M |
| 6.4 | (Employer only) Lastly, is there anything else you would like to add regarding the WSIB Experience Rating program before we end this interview? | M |
| 6.5 | (Employee only) Lastly, is there anything else you would like to add regarding health and safety or claims management regarding your organization or WSIB? | L |

APPENDIX C: Personality Qualities

Leaders

Firms that are financially sound are in NEER rebate and know what to do to get a rebate every year. These firms have made a concerted effort to understand NEER in order to successfully navigate it.

- Safety is part of firm culture – ingrained in both management and employees
- High employee awareness and management buy-in
- Employees are encouraged to report accidents
- Proactive and focused on prevention – go above and beyond
- Concerned and proud about public image
- Would like to share knowledge with others (in Safety Groups for example)
- Innovative in prevention - have new ideas and try new approaches
- Truly concerned about employee well-being and health and safety
- NEER used to influence in past, but many Leaders are beyond NEER as a motivator now
- Use outside consultants, but also rely on internal expertise more than others
- Very successful at implementing early RTW/modified duties
- Very open to inspection and audits
- Leaders are commonly part of a Safety Group
- Often feel they could improve even if they are performing well – more self-reflective than others
- Consensus between management and employees

Adapters

Firms that are making active changes and are on the road to recovery out of surcharge.

- NEER is influencing firm to change and adapt – trying to achieve more rebates
- NEER costs and premiums are perceived to be major – and financial component is a large motivator
- Adapters can be in either surcharge or rebate with more Adapters in surcharge status. They may still be in surcharge situation – have many programs/policies in place, but accidents still happening or culture/awareness not too high /staff changes – or can be in surcharge because they are encouraging reporting culture
- Adapters that are in rebate have taken positive steps and can arguably be called emerging Leaders as they move into NEER rebate status
- Use outside consultants extensively (especially for training)
- Encourage employees to report injuries
- Employees feel management listens and cares about their well-being
- Often part of Safety Groups
- Actively promote early RTW and modified duties – but may be having some trouble implementing it
- Consensus between management and employees

Talkers

Firms that talk the talk but don't walk the walk – have all the policies in place but cannot get out of surcharge, mainly due to lack of management commitment.

- They can talk “health and safety”, but are not implementing the resources/policies or achieving buy-in within their organization
- Usually in surcharge
- Employee morale is low
- Employees sometimes given “signals” to not bother reporting – management does not really care
- Often conflicting feedback between management (who say all is well) and employees who tell it like it is.

Indifferents

Firms that are in rebate only because accidents are very rare and not serious – do not seem to know or care about health and safety.

- Usually in rebate – few accidents occurring simply out of luck or type of business
- They are “coasting” regarding health and safety – not a big issue for them on the radar screen
- NEER is not influencing to change – either they are large firms where costs are not seen as important, or firms where they do not have time/resources to change behaviour
- Not part of Safety Groups
- Employees are encouraged to report but often do not feel that management really cares about their well-being
- If surcharges occur, it is simply “the cost of doing business”

Survivors

Firms that are focused on remaining financially viable. At these firms, health and safety a low priority even if it is costing them every year.

- Often in surcharge
- Do not have time or resources to deal with health and safety – focused more on productivity/profitability/corporate survival
- See accidents “part of doing business”
- Need a lot of direction from WSIB/others if they are going to change
- Often blame the victim instead of preventing accident in first place
- Very low employee awareness
- Low ability to implement early RTW or modified duties

Appendix D: Examples of Activities in New Prevention Approaches

1. Training:

- First aid/CPR
- WHIMS
- Forklift and proper lifting training (transportation and manufacturing)
- Dangerous goods (transportation)
- Supervisory competency training (healthcare)
- Annual refreshers (variety of safety topics)
- Videos on fatalities and prevention before worker can start duties
- New hire orientation (all sectors)
- Safe driving (transportation)
- Due diligence for managers (through Ministry of Labour – healthcare)
- Inspections training
- Needlestick prevention (healthcare)
- Back injury prevention (healthcare)
- Dealing with aggression and violence (healthcare)
- Crane operation
- Lockout procedure training
- Fall restraint and protection
- Job training procedure (trained in procedure then must sign off)
- Hazard analysis training
- Oxygen training
- Fire safety
- Infection control
- Propane handling
- Load handling

2. Lifts and transfers (healthcare)

3. Ergonomics:

- Ergonomic assessments
- Ergonomic committees
- Training

4. Needlestick programs (new equipment and training)

5. Fitness and general well-being:

- Stretching
- Nutrition
- Back care
- Stress management
- Pilates
- Swimming
- Walking
- Gym for employees
- Family and financial counseling (EAP)

6. Equipment:

- Eye wear
- Earplugs
- Dust masks
- Footwear
- High visibility clothing
- Weigh scales (healthcare)
- Respirators (painters)
- Eye wash
- Latex free gloves
- Mask fit testing (healthcare)
- Large flashing lights on trucks

7. Safety groups:

- Working on the mandatory elements

8. Communication:

- Safety posters
- Safety checklists
- Safety handbooks
- Monthly newsletters
- Monthly safety talks by Health and Safety Committee members
- Payroll stub attachments
- Health and safety magazines
- Videos

9. Procedures/Policies:

- Fire safety and drills
- Spill procedures
- Emergency nuclear, natural disasters and power emergency procedures
- Emergency codes
- Infection Control: Hand washing, Vaccinations (flu)
- Non smoking policies
- Injury repeater list

10. Surveys/Audits:

- Noise level surveys
- Work Well Program