

Submission to WSIB Operational Review

The Home Care Perspective

July 2019



Introduction

Home Care Ontario recognizes and applauds the government's efforts to ensure that the Workplace Safety and Insurance Board (WSIB) operates workplace insurance management effectively, efficiently and sustainably. Home Care Ontario appreciates the opportunity to provide comment and offers suggestions to improve the WSIB operation from the unique aspect of the home care system. Home Care Ontario would be pleased to support and collaborate with the WSIB in the development of new and improved policies and practices related to the home care sector.

The Impact of Health Transformation on the WSIB

As Ontario's health care system transforms in relation to the provision of care in the home, it is critical to support workers and employers in this growing and necessary part of the health care system. The home is a unique workplace: Home care is provided in people's homes and apartments, in retirement settings, shelters and in many other places where the person receiving care may reside. The growing trend in Ontario, and internationally, will be that the demographic need for home care will increase exponentially because of patient preference and also because of rising health care costs.¹

For the most part, the delivery of home care is provided in the unregulated home environment and relies on worker mobility, 24/7 availability and constantly changing shift work. In this regard, home care is distinctly different from the institutional workplace with which WSIB is thoroughly

At the current time, Home Care Ontario members do not believe that the WSIB decisions reflect a basic understanding of the home as a place of work.²

conversant. In contrast, WSIB decisions regarding home care show little, or no, understanding of the realities or demands of this unique care delivery setting. The concept of

the "home as a workplace" has dramatically evolved over the past 20 years. It is therefore critical not to apply institutional parameters to work that is provided in the home. It is clear that special attention needs to be paid to the policies and practices affecting workplace insurance issues in this emerging and fast-growing sector. (Appendix A)

For the purposes of this response, it is critical to note that Home Care Ontario members are required to provide evidence of WSIB coverage in order to be approved as a member of the Association.

¹ https://www.conferenceboard.ca/temp/07298e9d-dd0b-4f71-a690-9587744ea829/7374_Future%20Care%20Canadian%20Seniors_RPT.pdf

² <https://www.homecareontario.ca/docs/default-source/ohca-submissions/wsib-rate-framework-reform---home-care-ontario-submission-oct-2015-final.pdf?sfvrsn=6>

Executive Overview

The Home Care Ontario submission focusses on two areas: Administration and Efficiency.

This report does not comment on Financial Oversight of the WSIB.

Recommendations

- WSIB should become ISO 9001:2015 Certified
- Reinstate a dedicated Case Manager assigned to all claims
- Investigate the initiation of a Third-Party Accident Claim process if a home owner is negligent in the maintenance of property causing accident or injury to a home care worker
- Allow employers to retain third party administrators, at a premium discount
- Allow employers to expand the scope of modified work practices
- Improve WSIB Appeals Efficiency
- Improve Account and Claim Information Systems

Administration

To support the WSIB to modernize its approach and understanding of home care as a new and growing part of the health care system, it would be of benefit to the Board itself to hold the organization accountable to a more robust, rigorous management structure and process such as ISO 9001:2015.

- ISO is an internationally-recognized robust management structure and process, which includes ISO 9001:2015 quality audit;
- An audited ISO-rated process would assist the Board in determining and administering its policy-making decision role in a transformational time in the health care system.

Efficiency

- **Reinstate a dedicated Case Manager assigned to all claims**

Discussion: The current model of service delivery provides inferior service and inflates employer costs.³

In the past, employers worked closely with dedicated decision makers and support staff at the Board. From an employer perspective, there was an ability to have long term meaningful discussions about case management of both short and longer term files. Case managers and

³ <https://www.iwh.on.ca/impact-case-studies/ontario-wsib-rolls-out-new-service-delivery-model>

account managers acted together as strategic business partners to assist Home Care Ontario members to:

- a) assist injured workers through their recovery process and eventual return to work;
- b) support employers to understand their obligations and find innovative ways to improve worker safety and accommodation efforts.

This working relationship should be reinstated to support the system to better manage all claims processes.

- **Investigate the initiation of a Third-Party Accident Claim process if a home owner is negligent in the maintenance of property causing accident or injury to a home care worker.**

Discussion: The Home Care sector has limited ability to mitigate third party costs due to fault or negligence. The sector is equally limited in the ability to maintain a safe working environment for home care staff.

Home Care Ontario recommends that the WSIB consider the benefits of a third party process, similar to the auto industry's approach for the transfer of accident costs, (e.g. Third-Party Motor Vehicle Accident Claim Costs (15-01-06)). This investigation could yield important information about the Board's options in a changing work environment.

WCB Alberta is actively implementing this policy.

- **Allow employers to retain third party administrators, at a premium discount ⁴**

Discussion: From a cost efficiency perspective, WSIB should consider allowing employers to retain 3rd party claims decision-makers. These decision-makers would utilize WSIB Policy and support self-adjudication at the employers' direct cost. Employers would be responsible for hiring the adjudicator and be required to adhere to WSIB policies for decision-making and appeals adjudication. The model would be similar to STD and LTD claims management. A 3rd party decision maker would allow employers and workers the opportunity to develop a long-term rapport with a less-expensive decision-maker.

- **Allow employers to expand the scope of modified work practices**

Discussion: Make amendments to the policy for mobile work forces of where, and when, employees can complete modified work. In many circumstances, injured home care employees work far from the nearest office, and it is not feasible for them to travel to the nearest office to

⁴ <https://www.ontario.ca/laws/statute/97w16#BK236>

complete modified work. WSIB does not typically allow modified work in the home environment apart from some initial phases of injury.

If employers can offer suitable modified work for these staff members for a longer period in the home environment, there will be a better likelihood of ensuring a more efficient return to work process. If not allowed, staff will continue to accrue lost time and fail to complete work activities which will significantly delay recovery. This will have a negative impact on outcomes for the worker, the employer, and the WSIB.

- **Improve WSIB Appeals Efficiency**

Discussion: The current WSIB appeals system in Ontario takes significant time and is very onerous to the resources of both sides. Improving the overall efficiency/turnaround time for appeals would benefit the system from the perspective of both workers and employers. Accelerating turnaround time for decisions would also ensure the overall quality of the appeals process.

- **Improve Account and Claim Information Systems**

Discussion: Providing up to date account and claims information, through on-line access to an analytics reporting system would be extremely beneficial to employers. This would ensure up-to-date performance metrics and claims information. This improvement would also allow organizations to more easily make changes to prevention systems, focusing limited resources based on trending data, and increase the efficiency of report submissions, requests and data retention.

Up-to -date access to account and claim information systems has been instituted in British Columbia which has greatly improved efficiency from the perspective of employers.

Conclusion

Home care is an emerging and critical part of the Ontario health care system. The WSIB must modernize its approach and practices in order to address the unique health human resource issues that are inherent in the management of this important and necessary workforce. Home Care Ontario would be pleased to work with WSIB to assist in the development of consistent policies and practices affecting the home care workforce.

Home Care Ontario deeply appreciates the opportunity to provide these comments for consideration to the Board in their on-going efforts to create an effective, efficient and sustainable and progressive Workplace Safety and Insurance Board for the people of Ontario.

ABOUT Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario*[™], is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, respiratory therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

Appendix A

What is Home Care?

Home care is defined as an “array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver”. Services within home care include nursing, personal support/homemaker, therapy (including physiotherapy, occupational therapy, speech language pathology, social work, nutrition/dietetics), medical supplies and equipment in the home. Home care services are intensely personal and provided at a time when individuals are most vulnerable.

Unique to home care service delivery is that it is provided in the patient’s home, and family and/or friends provide the majority of care. As guests in the patient’s home, the Service Provider Organization (SPO) staff manages the delicate balance of creating a safe working environment, while providing safe care for patients and respecting their individual rights within their own homes. SPO staff demonstrates flexibility, autonomy and excellent problem solving skills in working effectively in an unregulated environment that is controlled by others and that was not designed as a place for health care service provision. While supplies and equipment can be brought into the home and families will typically do their best to accommodate the requirements for care, the reality is that the home setting has limitations as a place of safe care.

Delivering Safe Care at Home

Innovation and creativity are crucial in-home care where the ‘work environment’ is indeed someone’s home. When delivering home care, all providers understand that the control is, to a much greater extent, on the client’s terms. Each new client environment poses potentially new and different challenges for the home care provider and can create an element of unpredictability for staff. In order to address occupational health and safety issues, it is imperative that the context of care be well understood.

Visits

Whether privately or publicly funded, home care services are paid on a per unit (typically per hour) basis. Not surprisingly, demand for service is greatest at the start and end of the day, necessitating a large ‘casual’ pool of staff and split shifts. In the government program, there is increasing emphasis on “time for tasks” with the expectation that some services will be completed within 15-30 minutes. Staff must be adept at conducting assessments, completing tasks and problem solving quickly.

Travel

Travel between clients is typical. Staff are therefore impacted by severe weather conditions, whether walking, using public transportation or driving their own vehicle.

Redeployment of staff

Clients have the right to change the time of their services and request a different staff to provide their care. Demands in the home may result in frequent changes in order to accommodate the

client and family. The staff must ensure that the client will be ready for service every day as there is generally no opportunity to return to provide service later. In fact, the public system penalizes SPOs who attempt a visit when the client is not home.

SPOs manage new admissions and discharges daily. The timing of services, needs and location of clients does not always align with the availability and positioning of staff with the requisite expertise. Reassignment is complicated by a factor of distance not found in other health care settings.

Down time cannot be leveraged in the same way that it can in an institution. It is sometimes too far to expect staff to travel in order to complete administrative type tasks.

The home setting

“Peoples’ homes, both apartments and houses, are rarely suited to the provision of safe healthcare. Homes of the chronically ill are often run down. They become cluttered, dirty and poorly maintained environments. Icy walkways, pets, halls blocked by wheelchairs and walkers, and cramped spaces with little room for treatment-related equipment are common safety hazards” for home care staff. Additionally, staff may have to address issues such as removal of safety hazards such as scatter rugs; smoking in the home; safe care and management of equipment; and the need for access to proper hand washing stations, approved cleaning products and receptacles for waste, including sharps.

As guests, workers, in the patient’s home, SPO staff defer to the person’s direction on all matters – ranging from basic household maintenance to timing of service and the people (and sometimes animals!) that are present. Staff considers each person’s values and preferences in delivering care. SPOs carefully recruit, educate and support their staff emphasizing a strong customer service orientation.

Working alone

Working alone can provide staff with a sense of autonomy found nowhere else within health care and yet staff may be exposed to unwelcoming environments.

A judgment call

Notwithstanding the support provided to staff, there are challenges to delivering care and maintaining the integrity of the home. Mitigating risk is a judgment call by the funder, SPOs and their staff.

In extreme situations, SPOs can withdraw service if compliance to expectations is not achieved. However, a key metric by which SPOs are measured is their ability to achieve the client’s goals and objectives. And, more importantly, SPOs and their staffs are highly motivated to find the solutions that balance the health care agenda with the person’s way of life.