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Input:

Some Concerns

- Felt that claims are sometimes approved with insufficient investigation
- It seems that past patterns are not considered with repeat claims, such as nature and frequency of same type of injury
- Length of claims often seems too long – WCB does not seem to follow up adequately to work at getting leaves to end
- Some PCH's have not been successful with any appeals of WCB claims
- Frequent shuffling of adjudicators, often just as you get to know current one
- Concern that some sites may not be reporting correctly, which skews rates/comparisons (ie: just paying through Sick and not reporting)
- Premiums of 130% of costs seems too high
- Transparency of the system overall should be improved

Suggestions/Requests:

- In Long-Term Care, pressure to perform care quickly probably leads to shortcuts; therefore, need better training of importance of proper safeguards/procedures
- Can WCB provide monitors for training and assisting with back-to-work supervision?
- Dedicated Workplace Safety & Health coordinator helps with supervision/instruction in some facilities - promotion/education from WCB for this position would be helpful
- There is a WCB Employer Relations Group available since 2015, but most of us do not know of its existence. It is there to analyze policies, provide education sessions for employees and employers. It helped other PCH to fine-tune injury reporting and now fewer time-off injuries. All facilities should be informed of its existence and available services.
- Would be good to have Employer Advocate Office in cases where having difficulty with a case – can send someone with special skills to assist.
- A cap on maximum assessable earnings should be considered again.
- Does WCB have information or offer resources to help facilities develop Incentive Programs eg: rewards for 0 incidents/time-off for #X months?
- WCB should consider having general guidelines for specific injuries, such as specific # of days for certain injury after which it is required to go to case coordinator
- WCB should do analysis on Doctors/Walk-in Clinics who have the most claims. Concern that many doctors don't review thoroughly and just submit what patient requests. Also, how well do walk-in clinics really know the nature of the injury in relation to the job?