

Summary of Stakeholder Input into WCB Strategic Plan 2016-2020

December 2014

INTRODUCTION

The WCB is developing a new *Strategic Plan 2016-2020* and as part of the process, we asked stakeholders to share their thoughts on the WCB's priorities for the next five years.

Over the past several months, stakeholders were invited to participate in small group discussions or to send submissions via the website or in writing. About 50 stakeholders also participated in a Strategic Plan Summit in late November where workers, employers, injured workers, safety associations, safety experts, partner agencies and others discussed the future direction of the WCB.

Overall, hundreds of Nova Scotians representing organizations and individuals across the province participated in this process. (Please refer to Appendix B for a list of organizations and individuals who shared their feedback.) This paper provides a high-level summary of the input we have received. For ease of reading and consumption, the input is categorized into the major themes that have emerged. More detailed comments are provided in Appendix A.

The WCB Board of Directors sets the strategic direction for the organization. The Board is comprised of an equal number of worker and employer representatives along with a deputy chair and chair. The Board will consider the feedback from this consultation process as they finalize and approve the strategic plan.

As you will see when you read the summary, many common themes were expressed but stakeholders also hold a number of conflicting points of view. This is not surprising given that achieving the appropriate balance between the interests of workers and employers is a foundational principle of workers' compensation in Canada. This balance is achieved through compromise.

Also, when developing a strategic plan, making choices about where to focus resources is required. Stakeholders identified many areas where the WCB needs to modernize and improve. The challenge will be to determine where to focus the time, resources and funds we have available to achieve the greatest positive impact on our strategic goals. Undoubtedly this means we are not likely to do everything that has been identified over the next five years.

This paper is intended only to share a summary of the feedback we have heard now that the input phase of the consultation process is complete. Stakeholders will be invited to review a draft strategic plan in 2015 to validate that we have interpreted

the feedback appropriately. These are important steps on the path to completing the strategic plan.

OVERVIEW OF WHAT WE HEARD

Strategic Direction/Themes

The WCB's current five-year plan was adopted in 2010. This strategy established six themes to help achieve a new culture of workplace safety and return to work – the WCB's top priorities. The success of these goals has been driven by the WCB building public confidence, making service improvements and working together with workers, employers and our partners. All of these efforts contribute to the financial sustainability of the workplace safety and insurance system.



During the consultation process, some discussions included a focus on the WCB's strategic themes and whether they remain relevant going forward. Overall, there was agreement that the themes remain appropriate but some tweaks to the wording were proposed. For example, some stakeholders suggested words like "partnerships", "relationships" or "collaboration" would have more meaning than "working with others". Others suggested that themes such as "working together" and "public confidence" could be combined. Others suggested "workplace health and safety" would be better wording than "injury prevention". Some participants thought it would be appropriate to focus more on "stay at work" rather than "return to work".

There was also discussion about whether financial sustainability is actually a strategic theme or the outcome of injury prevention and return to work efforts. In the end, there seemed to be a common view that as long as the WCB has an unfunded

liability, it is important to keep financial sustainability top-of-mind and keeping this theme is appropriate.

Injury Prevention

In March 2013, Nova Scotia embraced the *Workplace Safety Strategy 2013-2017* which is the culmination of many months of discussion amongst hundreds of workers, employers, safety associations, educators, partner agencies and others who are determined to make Nova Scotia the safest place to work in Canada. Work to implement this strategy is underway.

Without exception, stakeholder submissions in this strategic planning process addressed the WCB's role in workplace safety. Generally, there was acknowledgement that the *Workplace Safety Strategy 2013-2017* is working well and support for the WCB's collaboration with the NS Department of Labour and Advanced Education to continue to implement the commitments both organizations have made to advance the strategy. Stakeholders cited efficiencies and coordination among the benefits of this enhanced collaboration between the two organizations.

The period of the *WCB Strategic Plan 2016-2020* extends beyond the completion date of the Workplace Safety Strategy and stakeholders offered many suggestions on 'what comes next' in terms of opportunities to enhance Nova Scotia's workplace safety culture. In particular, stakeholders identified emerging issues of mental health and aging as being important considerations both in terms of future injury prevention and return to work strategies.

Some stakeholders suggested that going forward, the approach to developing one common provincial strategy that involves all stakeholders both in the creation and implementation would also be appropriate to address challenges with return to work. This collaboration could include the WCB, Departments of Labour and Advanced Education, Health and Wellness, DoctorsNS, Mental Health Association, and the provincial health authority among others.

Return to Work

There has been good progress in helping injured workers make a safe return to productive work. The WCB has been supporting workplaces in their efforts to build effective return to work programs and practices to help injured workers return to work in a safe and timely manner. However, the topic that generated the most discussion during the consultation process is the WCB's return to work program.

As part of the recent Internal Appeals Review, the WCB has introduced Professional Practice Coaches to support case workers and help with their continued professional development. We also developed more proactive approaches to resolving appeals, making the process more transparent and expediting the appeal process where possible. Along with these changes, we are working to improve our decision making skills and introducing plain language to make claim decisions easier to read and understand. As these changes take hold, they will improve the overall service experience for injured workers and employers. All of these initiatives are at the initial stages and effort will need to continue into the early years of the *Strategic Plan 2016-2020* to fully realize the benefits of these changes.

There was an acknowledgment that return to work can be much more challenging today due to the complexity of the lives of Nova Scotians, many of whom experience poor eating habits leading to obesity, high rates of hypertension and stress and other mental health issues all at a time when our population is aging. In today's environment, the physical workplace injury often is not the barrier to return to work. Feedback indicates that the WCB needs to continue to examine a number of aspects of return to work including caseworker competencies, their role in return to work processes and developing a consistent service experience for workers and employers.

While stakeholders endorsed many aspects of the return to work program (i.e. Direct Access to Physiotherapy) they want to ensure the WCB's approaches continue to evolve to reflect best practice and emerging issues such as an aging population and increased mental health issues experienced in the community.

Closer alignment with service providers, such as family physicians, and partner agencies such as the Workers' Advisers Program was also suggested to ensure that everyone involved in a worker's claim has the same goal of safe and timely return to work.

Technology

Some of the most direct feedback we heard was centered on technology. Workers, employers and service providers identified significant opportunities to leverage technology to enhance the WCB's service. Resoundingly stakeholders feel the WCB is not meeting expectations with its current systems, many of which are paper-based and antiquated compared to other organizations such as private insurers, banks, other government agencies and service providers who offer online portals, secure e-mail and other channels to make it easy to deal with them.

Stakeholders indicated WCB systems and processes are out-of-date and burdensome for workers, employers and service providers. The universal cry of “get rid of your fax machines” was heard loud and clear.

Technological advances will allow the WCB to have greater agility and responsiveness and ensure we provide an environment where we maximize the time our employees spend doing value-added work. Stakeholders, particularly employers, cautioned that while technological improvements are certainly needed, changes of this nature can be costly and complex and the WCB should make investments in technology over several years and be sure to prioritize initiatives to focus on areas that will have the greatest impacts on long-term goals.

Legislative Change

Throughout the consultation process, we heard a number of suggestions that would require changes to the *Workers’ Compensation Act* in order to implement.

The Nova Scotia Legislature is responsible to make amendments to provincial legislation. While the WCB has no authority to make changes to legislation or regulation, we will share this feedback with the Department of Labour and Advanced Education so they are aware of the stakeholder perspectives that have been shared with us.

General Comments

The vast majority of the comments we heard fall into one of the categories as described above. However, we also heard a number of individual or ‘one of’ comments that are also important to reflect. These are included in Appendix B and for the most part, they are focused on the WCB’s consultation process. We will certainly keep this feedback in mind when planning future consultations.

NEXT STEPS

Informed by the feedback we have heard during the input phase of this consultation process, the next step is to consider this feedback and begin to identify initiatives that will help achieve the WCB’s strategic goals. As indicated in the Introduction to this paper, this will require the WCB Board of Directors to make choices about how to most effectively allocate the WCB’s resources over the next five years.

A draft strategic plan will be developed over the next few months. Once the draft plan is complete, there will be an opportunity for a stakeholder review before the

plan is finalized. More details on this aspect of the consultation process will be provided in the coming months.

APPENDIX A

The following are highlights of stakeholder comments heard during consultation on *the WCB Strategic Plan 2016-2020*. For ease of reading, we have grouped the comments into the themes that emerged from the consultation process. This is not intended to be an exhaustive account of all stakeholder feedback but rather a high-level summary of perspectives that were shared.

STRATEGIC DIRECTION/THEMES

- The six strategic themes are still relevant going into 2016 -2020. However, in each of the themes, there is no commitment to the employer community. The employer community needs to be found in every theme.
- If you have a theme that deals with employer confidence or public confidence, I encourage the WCB to commit to a permanent Office of the Employer Advisor (OEA). Without this, it could send a signal that there is a lack of commitment to the employer community.
- Strategic direction makes sense and matches our approach.
- Like the focus on both prevention and return to work. The recent focus on prevention over the past number of years has been successful.
- Agree with sustainability.
- The wording should focus on “health and safety” not just injury prevention.
- Continued focus for the WCB needs to be injury prevention and return to work. The #1 theme needs to be the prevention of the initial injury.
- General agreement with WCB’s focus on injury prevention and return to work but feel “workers’ compensation” is the primary focus for the WCB as detailed in the *Workers’ Compensation Act*.
- Generally supportive of direction/goals/principles and strategy.
- The theme of increasing focus on prevention and on becoming more proactive is a good focal point. Similarly, the focus on changing the underlying workplace safety culture, no longer simply accepting that injury is just part of one’s job, is an important focus. I often hear injured workers talk about their perceptions that workplace injuries are common, or almost expected in some circumstances. However, I also hear injured workers talking about how they think their workplaces could be made safer. Unfortunately, occasionally injured workers report feeling afraid of repercussions for raising safety issues with their employers. In order for employees to help improve the safety culture of their workplaces, they need to feel free to raise safety issues with their employers.

- The WCB is on the right path by focusing on reducing workplace injuries and facilitating a timely return to work. Preventing injuries before they happen is in everyone's best interest. Similarly, returning to productive activity, including work, (provided that the worker is physically and psychologically able to do so), is in the interests of the worker's psychological well-being over the long-term.
- It is impossible to argue that this is not 'on the right path'. If not this, then what? That said, these are extremely broad statements so it would be hard to argue with them. Everybody believes in workplace safety as they should. Just as a matter of interest, though, it says 'WCB's primary focus is.....' and then proceeds to list TWO different focuses/foci. A primary focus usually means just one thing
- To increase public confidence the WCB should amend its new *Strategic Plan* by expanding its "injury prevention" theme to include the added goal of preventing secondary injury (physical or psychological) to injured workers during the compensation system processes. Since this secondary "injury prevention" goal is linked to the wider social responsibility to protect the overall health of individuals, and is not strictly tied to the WCB's financial goals, I recommend that the WCB partner with the Nova Scotia Department of Health, the Nova Scotia Human Rights Commission and the Dis-Abled Employees Health Network for the purpose of addressing this known risk to the health of disabled employees.
- Public confidence is important. Building suggests it is low. Feels routine and not strategic.
- Need a theme to speak to financial sustainability.
- Financial sustainability is a long-term goal. The other themes are the "how".
- Not sure if financial sustainability is always an outcome. There are other things the WCB can do.
- Should not be financial sustainability at all cost. There is a human element.
- Long-term claimants and independent living is a missing theme. Need to profile long-term benefit clients and their focus in the strategic themes.
- Return to work assumes workers have left the workplace. Need to maintain the connection at work. Where is the "stay at work" emphasis?
- Is it "working together" versus "working with others"?
- Financial sustainability – outcomes vs means to an end – prefer it being outcome of the others versus a theme in-and-of itself.

- Modernize the language of the themes to make them more encompassing i.e., Working with others/confidence = Community matters; People matters = workers, employers, employees; Service matters = service improvements, etc.
- The emphasis needs to shift from preventing workplace injuries from occurring in the first place, and not just on reducing them. Reducing injuries implies that we will accept they will continue to occur, when we want to see a concerted effort to prevent them from happening at all. That should certainly be the overall goal and vision for a new WCB strategy. It is not enough that we strive to make Nova Scotia the safest place to work in Canada. That goal could be achieved and we still might have a high level of workplace injuries.
- “What does building confidence really mean?”
- Working with others is key....”youth” need to be a focus.
- More recognition of employer safety efforts (simple and easy recognition, less formal process than the “Mainstay” awards).
- Injury prevention is fundamental going forward: tailor education to specific sector challenges; injury prevention should take a multi-dimensional approach; focus on the special needs of the aging workforce; target to most claims.
- Working with others means partnering and engaging to strengthen impact.
- Good working relationships and partnership is critical.
- Leadership needs to be articulated in some way.
- “Building confidence” may not be necessary. Working on other themes successfully would bring confidence to the system.
- Financial sustainability needs to be a key theme. It is linked to the economy. Too much reliance on market. Pressures on “where does money come from”. Is there opportunity to increase the amortization period of the unfunded liability to 30-50 years and decrease employer rates now? Policy changes will continue to impact financial sustainability.
- Overall vision: stop injury altogether. All strategic themes work together to achieve this goal.
- Injury prevention and return to work are correct themes but stakeholders do have different objectives and must work together better.
- Language is needed that demonstrates how the strategic themes all tie together.
- Language is needed around partnering – articulate engaging and strengthening and the impact of partnerships.

- Injury prevention is fundamental going forward. Need to review language to include education and awareness.
- Injury prevention and return to work are priorities. Progress is being made. The connectivity of all the themes is critical. Building confidence, Working with Others and making service improvements are really enablers. Financial sustainability continues to be important.
- Cost is a byproduct of injury management and prevention.
- Working with others needs to be bigger, stronger in the visual, as it is fundamental. Relationships are the most important thing. (This is starting to change but not yet built into the culture – i.e. “not living it”).
- Injury Prevention versus creating safe workplaces, environments, attitudes. Injury Prevention is role-based while the latter is culture-based.
- Return to work versus stay at work. It should be stay at work. We don’t want to have people return to work, we want to keep them at work.
- Working together versus working with others, building relationships is the focus.
- Building confidence is needed on the compensation/claims side but is not needed on the prevention focus.

INJURY PREVENTION

- Moving to achieve the overall goal and vision will require doing more to assist injured workers to return to work. Having 96% of injured workers being able to return to their pre-injury employment following a workplace injury is commendable, but we have had among the highest workplace injury and fatalities rates in the country. So much more is needed to prevent workplace injuries, especially fatalities.
- Overall the WCB is doing well on this and the fact that Injury prevention is one of two main goals/priorities is a really good thing.
- Need an Experience Rating system that is more proactive than reactive. WCB should be determining if employers are in compliance with regulations prior to setting rates and if they are not complying this should be reflected in the assessment rate, (i.e. OH&S, joint health and safety committee requirements, posting of minutes, etc.). Too many employers do not have the proper health and safety committees in place.
- The concept of being more proactive vs reactive was part of the focus at the Dalhousie Law School’s recent *Innis Christie Symposium* and that there is a business case for being more proactive. The Internal Responsibility System will not be affective if it is not policed accordingly.

- Access to prevention tools and services for small employers in particular is convoluted. Small employers who may never have had a workers' compensation claim may want help but the pathway to help is not clear. There should be clarity and direct access to services for small employers.
- How are employers engaged in the WCB/Dept of Labour working groups focused on the Workplace Safety Strategy implementation? There is no engagement of employers.
- The 200% experience has to come out. Small to medium business guy is the one who gets hurt. Big employers would have to have a "Westray" in order to get to 200% worse.
- Of all employers on the surcharge list, 99% are small employers. Big employers are getting Mainstay Awards. Employers feel the same. 5% of employers are driving 70% of the costs.
- 200% (surcharge) is rewarding "bad" employers and targeting small employers.
- Employers feel the "we/they" between the WCB and Department of Labour. Should be part of the strategy for the WCB to come together more with the Department. Implementation of the Workplace Safety Strategy is lacking.
- Employers who operate in other provinces such as NB and NFLD are considered much safer than in Nova Scotia. Here they are on the surcharge list. This is because the WCB in NS does not deal with personal issues on a claim.
- Employees are the key to safer workplaces. As long as employees don't have to co-pay for workers' compensation then safety will be a problem. We need to find a way to get employees more involved. Employers have some responsibility for this but not all. Employee engagement should be a focus.
- There is too much focus on compliance; we need to focus on culture and compliance will look after itself.
- Nova Scotia's economy is contributing to unsafe workplaces because all of the good people are leaving to work out west. We are left with the rest. A lot of people beyond a reasonable working age are still working.
- Employers need to see a return on their investments in safety. If there has been a 30% reduction in injuries where does this show up in the assessment rate? How to eliminate the unfunded liability is a conversation that we've been having for a long time. Some medium-sized employers are now paying close to a dollar-for-a-dollar which isn't right.
- It is a prevention opportunity for the WCB to have discussions with the employee – you have violated the policy /procedures. Don't do it again. The WCB is 'no fault' insurance so going down that road is fruitless. It, therefore, becomes an employment contract issue that you can work out with the employee.

- Part of the strategy is to reduce injury. We are doing this for our people but there are others who aren't doing the right thing. What is in the strategy to help with that? Will there be some focus on these types of employers?
- Needs to be some discovery for effective understanding and to help the employee? What role should the WCB have in this? When WCB makes the initial contact with the employee, you need to do a root cause analysis (how did the injury occur, do you like your boss/work? How can we prevent this from happening?). WCB could share the information with employers as a prevention tool. The employee may also feel more protected with such a system.
- The WCB should look at a campaign on how to educate employees on how to stay safe at work. Could use TV ads, social media like Twitter, etc. to get the message out.
- Seems as if it's not just about safety but wellness – looking at how to keep employees well. Needs to be culturally accepted and may be something employers can do. Wellness is prevention and so very much related to workers' compensation.
- How much of the 30% reduction in injuries is due to claim suppression/under-reporting? Similar to Ontario, the WCB needs to know where injuries are happening. Too many accidents are being under reported/suppressed. Experience rating provides an incentive to not report injuries.
- Mainstay Award winners are not appropriate. How is it possible for an organization to win when they have 100's of injuries every year? The money for this program could be better spent on injured workers.
- 800 employers are responsible for 70% of injuries. WCB is not targeting those employers. Appears there is a lobby from that group. Employers and WCB staff are buddy-buddy; relationship is too close. Model is not working. Need to try something different.
- Financial incentives don't work.
- WCB needs to do more to ensure safer workplaces.
- It's good to inspect after an accident but the Department of Labour needs to have more monthly inspections. In unionized workplaces, contact the JOSH Committees. Not sure there are enough inspections happening and education in advance of accidents.
- Zero in on safety committees. This is key.
- Every supervisor on a job should be educated on safety. Sometimes they are more interested in costs than safety.
- Our workforce has changed and is now more balanced in terms of gender and age however, the work has not changed. We are focused on preventing injuries but it is

slipping. Would like to work with the WCB to understand the areas of opportunity for a high yield, high gain prevention focus. We have been trying to do everything and need to change our approach to become more successful at preventing injuries.

- Preventing injuries and supporting the shrinking number of workers would be very helpful.
- There is a tension between the safety of our staff and the rights of our clients. How do you mediate those tensions?
- A lot of the WCB structure is built for the private sector. For companies who are paying a surcharge, they are able to make investments in safety and receive those funds back. As we are publicly funded, we are not able to pay first unless funding is increased. Is there another way around this?
- The health system in Nova Scotia is going through significant change over the next five years. Healthy workplaces will be a huge focus. Meaningful and visual partnerships around healthy workplaces will be helpful.
- Soteria helped to survey staff – some people feel they don't have the time to ask for help, use equipment, etc. More education and leadership is needed to ensure people will continue to take steps to be safe in the "heat of the moment".
- Missing – peer leadership – front line leadership program.
- Data would be helpful.
- Prevention focus should be less punitive and more positive.
- Incentives for self-insured employers would be helpful.
- Like the current TV commercials – very effective.
- For many health care organizations the issues around claims is due to insufficient equipment to help prevent / reduce injuries.
- The Safe Lift and Transfer Program is good.
- Support through the Relationship Manager and Workplace Consultant to help identify where the claims are coming from and identifying the costs was helpful and needs to continue.
- WCB can help build the business case for equipment and identify the impact that it can have on "preventing" injuries and "reducing" costs. This helps provide support for more capital funding.
- We need to create a culture of safety including learning from each other and leveraging those learnings to affect positive change.

- Concerns around violence in the workplace from patients.
- WCB should continue to support AWARE NS. Great source of on-line information and ability to provide information.
- The *What Matters Most* advertising campaign was very powerful and the WCB should redirect more funding and resources on these types of messages.
- WCB needs to shift to an understanding that safety is everyone's responsibility and we need to reinforce that the worker has an expectation in the return to work process.
- Workplace Safety Strategy is working well.
- Immigration – translation, do they understand safety rules? Increase in foreign workers in some industries.
- Need to look at the quality and standardization of training across the province. How do we develop a framework for that? What would be the WCB's role?
- Managers and employees are starting to understand the ripple effect of an injury on both the worker and the employer.
- Prevention is on the right track. Would like to do more promotion programs with WCB. Can WCB use materials provided by others to promote prevention in different sectors?
- Is there an opportunity for safety associations to collaborate more?
- There is an opportunity to promote behavioral-based coaching for front-line managers. This should happen before discipline.
- Safety messages while driving would be important. In the US, safety messages are everywhere for drivers to see. Texting and driving is an issue.
- Need support to get traction on some programs. Strategic partnerships, new approaches are needed.
- WCB should provide materials for monthly safety topics that we could use.
- Safety Certified – every company should have it. That should be legislated. Have to do it to get a driver's license. Good to have a third set of eyes to look at your safety programs.
- Endorse WCB advertising. Need to constantly keep safety as a reminder.
- Enforcement in the province is weak. Best model is in NB where Department of Labour and WorkSafeNB are one organization. We should look at that here. In NB they may shut you down but then they will help you fix what was wrong. They do both.
- Smaller number of inspectors on the federal side is unfortunate.

- Need to have more people on the ground with both WCB and Department of Labour working collaboratively on prevention.
- OHS Officers can help advance safety programs.
- A punitive approach is not always what's needed. How do we get employees to want to work safely? That is when it will really work so people do it without being told. Need to do more in that area (not enforcement). Have to appeal at a number of levels. Need to train managers/supervisors to do this.
- We aren't seeing many Administrative Penalties in the trucking sector.
- WCB should promote safety associations more; WCB doesn't need to do training.
- Can an industry only use Safety Certified companies? In addition to Transportation and Infrastructure Renewal, can Department of Natural Resources insist that to work on Crown land you have to be Safety Certified?
- Labour shortage is one of the biggest challenges to not embed a requirement for Safety Certified in contracts.
- What if WCB had a rewards program for supervisors and front-line employees? Supervisor is encouraged to find something right rather than something wrong. Could the WCB develop the program and then allow the company to implement? For example, WCB provides the templates for the program and then the employer provides the gifts/monetary awards.
- Appeal to people on a personal level rather than from a system level. Need to demonstrate that you care. If employees don't think anyone cares then it isn't important.
- Practice Incentive Rebate Program has helped to change culture. Coming to an end in 2014. What happens next? Will this program continue?
- Some employees won't listen but some employers won't either. Need different approaches for each.
- Cultural change will help to address issues with underground economy.
- WCB can promote mentorship program to help promote best practices amongst employers. Maybe other companies could be mentors and share what they know. Adults want to experience things and see how others are doing it. Small employers would not likely do it on their own. Safety is not competitive so we should all be willing to share information.
- SafeWork Manitoba, WorkSafe BC – they have good programs. Can we implement those here? The tools NS has are good, but need to continue to add to them. For example, could WCB provide employers with industry standards so we can access them but not have to pay for them?

- Like to see support from WCB to help get at CEO's. Is there a forum or some way to engage them in safety? What can we do to pull them in?
- WCB promotes Surcharged Employers. Do you promote Safety Certified Employers too?
- Showcase what employers who have received a rebate are doing with the money to enhance safety in the workplace.
- Like what is happening in fishing. Seeing positive changes in the industry.
- Over next five years should we focus on ship building? Health care is also a concern. WCB has resources to lead this change. Prevention could make a difference here. Oil/Gas/Offshore – if these industries come we should be ready with prevention.
- Need presidents of unions and executives to go out in the field together so they can demonstrate they are working together on safety. IBEW is a leader in safety. Set the example for small/medium businesses. We need to work more with unions. Safety is something we can all agree on.
- JOSH training – there should be a central group that provides all the training to ensure consistency. Most important thing to do is to train JOSH Committees to work well.
- As health care reorganizes itself, there could be an opportunity to raise workplace safety's profile. Maybe set targets so everyone understands what the reductions look like.
- The cost of injury in health care can't continue to rise. Need to engage in health care. The challenges are somewhat different from private sector.
- The distraction of the acute care amalgamation could cause us to slack off in our injury prevention efforts. Can't let that happen.
- Focus on long-term care. How do we have public accountability for worker safety, not just patient safety? Soteria is good but small.
- A personal care worker needs to be safe as they do their job. Should be able to tackle acute care and easily cut injuries. Home care may be more challenging. Accountability has to be built in. Who is called on the mat if any injury happens?
- Safety associations are a good thing but are they having the impact that was intended? With one or two exceptions, they don't seem to be having an impact.
- How do we get at small business?
- Root cause of injuries in long-term care is not enough staff.

- What is the follow-up to ensure a person does not get re-injured in the same workplace? Are we doing enough? Challenges with modified duties in some industries/employers.
- Form 6/7 needs to include some information on corrective approach to prompt the employer to think about it. There may be other approaches too.
- Mental health issues. Is WCB prepared with mental health prevention strategy? Does WCB have a role in this emerging issue?
- Social marketing is good.
- WCB should do more social marketing and the messaging should be modified from caring about safety to believing in health and safety. A subtle change is suggested.
- There should be more accountability for safety associations that are funded by the WCB. The auditing process for core quality assurance is not being substantially followed up on by WCB.
- Since the WCB is proposing to put even more future emphasis on preventing workplace injuries via changing workplace safety behaviour, we recommend that you consider using an approach that is grounded in empirical research and well-established principles of applied psychology. There are also important methodological principles to follow, such as defining goals in terms of measurable behaviour, and controlled testing of strategies before applying them generally.
- Although the WCB is proposing to try to get the public to “care” more about workplace safety, of course there is more to workplace safety behaviour than can be addressed by, for example, an advertising campaign focused on trying to get people to “care” more about it, no matter how emotionally evocative the ads may be. There are examples of agencies successfully using an explicitly scientifically-based approach. You may wish to consider the approach used by the Behavioural Insights Team established by the British government to significantly improve e.g. organ donation, or tax payment behaviour.
- From a behavioural perspective, providing rewards/reinforcement for good safety practices ought to be an effective means of changing safety-related behaviour in workplaces. For example, making a good safety record a requirement to participate in business and supply chains and expanding WCB rebates (beyond construction and trucking sectors) for those with good safety records. The Mainstay Awards are another means of reinforcing good safety-related behaviour. However, these awards seem to be fairly low profile. Perhaps some effort could be put into increasing the profile of these awards.
- Focus on the positives rather than just the negatives where workplace safety is concerned. It is always a good idea to focus on the positive and reinforce the behaviour you do want to increase, rather than exclusively punishing the behaviour you want to

extinguish. Rather than just measuring failure (e.g. injuries, lives and time lost), it is also a good idea to measure successes (e.g. absences or low rates of injuries and time saved due to timely rehabilitation and return to work.)

- Focusing on safe patient lift, transfer and repositioning in the healthcare sector also seems very important. Nurses and continuing care assistants frequently sustain injuries as a result of improper patient lifting. Sometimes these injured workers have taken short-cuts, for example, they have lifted patients alone, rather than waiting for another staff member or a mechanical lift. Taking the extra time needed to lift properly is worthwhile if it helps avoid injury. Sadly, workers often do not appreciate this until after they, or someone they know, has been injured in this fashion. Embedding safety training into public school and post-secondary training is a good way to cement this awareness in the consciousness of healthcare workers from the outset.
- Creating social media content related to workplace safety, and improving website content as well as marketing efforts, are also good ways to increase workers' awareness of and access to information about workplace safety, particularly in our digital age. Young workers spend a great deal of time engaged with social media and online, so social media advertisements and website content is an effective way of communicating safety messages, particularly to younger workers. Also, the new television advertisements seem to be quite good.
- Provide an incentive for employees to stay safe on the job. Employees should know there is some level of responsibility on them as well. 100% of premiums are borne by the employer. Naturally, this provides little incentive to employees (besides the obvious, which is staying healthy) to act safely on the job. If employees made even a *modest* contribution to WCB insurance (as they do with their personal/health/home/auto insurances), there would be an added incentive for them to be more vigilant on the job.
- Need to continue with the Workplace Safety Strategy.
- Makes sense for the WCB to partner with the Department of Labour. Cultural change of this size will take time and more resources. Strategy has a broader reach with a bigger impact.
- The Workplace Safety Strategy is more about others and less about the WCB. Should the WCB explore other issues with similar big strategies (fishing, health care)? If the WCB worked with doctors, employers and other service providers in this manner there are gains that could be made.
- As Health and Safety Consultant Ian Arnold and other leading thinkers are suggesting, this new focus means a culture and paradigm shift for OHS and WCB. We need a different way of thinking and a new set of indicators to measure overall progress. This means using "leading" or "upstream" indicators to predict health and safety performance, rather than "lagging" or "downstream" indicators which look at health and safety performance "after the fact".

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- More needs to be done in the area of 'prevention' so that fewer workers are killed or injured in the workplace. A separate body for "primary prevention" (efforts made to prevent an injury from ever happening) ought to be set up outside the WCB insurance business. Prevention within WCB seems to be overshadowed by the insurance claims part of the operation.
 - The Internal Responsibility System needs to be strengthened as witnessed by the high number of lost time injuries and deaths every year. Should mean mandatory risk and hazard assessment.
 - Control is required where there is known or elevated risk of injury or illness (drowning, electrical contact, fall from heights, confined space, trenching, patient/client handling, back injury, MSI, etc.) The 'precautionary principle' is required when dealing with hazards that by nature are unseen, obscure or difficult to properly assess (e.g. exposures to biological agents, exposure to industrial toxins, invisible hazards such as radiation and electricity, exposure to other hazards that are difficult to quantify or qualify, etc.) The 'precautionary principle' basically states that if there is uncertainty about the nature or degree of the hazard or the effectiveness of control measures, then the default position ought to be not to proceed with the work until more definitive information is ascertained. When in doubt err to the side of caution!
 - For OHS training, there should be standards for the quality control of the content, standards for the quality control of the provider, and an overseeing body to ensure that both sets of standards are achieved. In other words, where training is required by the *Act* or regulations, only accredited material delivered by accredited providers should be allowed.
 - In 2012, the first-ever national and Nova Scotian mental health and addictions strategies were released, while in 2013, the first-ever national standard for psychological health and safety in the workplace was released. Both strategies included workplace mental health initiatives. One out of every four to five employees is affected by mental health problems every year and mental health problems and illnesses cost the Canadian economy at least \$50 billion a year. The costs of not addressing mental health issues in the workplace are significant, especially for short and long-term disability claims. No new WCB Strategic Plan or Workplace Safety Strategy can be complete without including initiatives to increase mental health awareness and stopping stigma, as outlined in the new national and provincial mental health and addictions strategies and in the national standard.
 - There must be strong leadership on OHS at both the political and organizational level. The provincial government and the WCB must do more to demonstrate leadership in OHS. This can be demonstrated internally by government by leading by example and externally by being visible on the issue and enacting

good legislation on a timely basis. There are some organizations that have strong leadership in OHS and demonstrate a good culture every day, but most organizations do not care or simply do not know what good OHS behaviour and culture looks like.

- Neither the existing WCB Strategic Plan nor the new Workplace Safety Strategy is very well-known in workplaces across the province. Much more outreach, education and training are needed. At the same time, we see the proposed new WCB Strategic Plan and the new Workplace Safety Strategy as being complementary. They should not be treated as separate and distinct documents. They are both crucial to achieving significant progress in addressing OHS in this province.
- Key stakeholders MUST work together (key to successful strategy)
- The small % of employers costing the system (not taking safety seriously) need to be dealt with.
- More promotion of general awareness around safety
- Employers (individual) feel they need to be more engaged in the initiatives under Workplace Safety Strategy pillar work.
- Mental Health is missing.
- Bullying in the workplace is missing.
- More alignment with Labour and WCB. The strategic plans of the Department of Labour and WCB should be working together as well as the safety strategy.
- The working relationship between OHS and WCB has improved.
- Joint safety strategy – agreed that we should have a common strategy.
- Consultative process is critical. It shows WCB and Department of Labour not solely responsible for safety in Nova Scotia.
- Next priorities for Workplace Safety Strategy is to identify and respond to current and emerging trends.
- Partnerships continue to be an important aspect of the workplace safety strategy. It needs to build on partnership. Continue to facilitate the front line voices being heard.
- Share the cost of the outcomes.
- Department of Labour and WCB cannot be solely responsible for safety in Nova Scotia.
- Where are other stakeholders i.e. Department of Health and Wellness?

- Stakeholders need to “sign-on” to the strategy. How do we continue to endorse directed communication? How do we create an opportunity to share what you are doing? We need to continue to work together and cross promote work.
- Good to have a common workplace safety strategy but it should be at a workplace level – individual employers haven’t found their place in it. Associations could help to find the way for employers to engage; there is knowledge of the strategy, but not of their role in it. The leadership theme in the strategy is where the opportunity lies for this.
- Partners are starting to work together (WCB/LAE/Associations).
- Safety – once it becomes a social value, it becomes a greater value in the workplaces.
- Need more concerted effort and need the right levers (funding models – particularly in healthcare).
- Healthcare and Government
 - There are labour standards, employee relations issues that are manifesting in workers compensation issues. It is beyond health and safety and the system is about to move into turmoil.
 - WCB needs to think about what is going on in industry. Relationship management is great – claims management requires attention.
- Have employers/union associations/etc. sign off on the Workplace Safety Strategy. Get logos to say they endorse the strategy and what they are doing to advance it.
- Does the name WCB really fit? Need to rebrand the message around safety.
- There should be health care and government safety action plan. Bring people together in the industry to understand what the problems are and then with the people who can start to make change – like the Fishing Action Plan.

RETURN TO WORK

- There needs to be better integration with the family doctor as the family doctor plays a pivotal role in the success of return to work. However, they are not being engaged in the process and they are unaware of what the “workers” job duties are so this causes miscommunication.
- The return to work concept is solid, but WCB needs to do a better job of educating people around the process.
- The WCB should be reaching out to the Office of the Worker Counsellor (OWC) more when dealing with a difficult claim. The OWC can help educate workers on the benefits of return to work and modified/transitional duties. OWC has workshops on this and why return to work programs fail. They advocate to unions that they should be negotiating good jointly developed return to work programs as part of their collective agreements.

- System partners say they are working towards the same goals but they are not. Injured Workers Groups, OWC and the Workers' Advisers Program (WAP) all should be working towards safer workplaces. The goal for all agencies should be return to work.
- The reasons for long claim durations are cultural and the perception that WCB is the "golden ticket".
- Disability management is key. If you don't work well with the WCB, you likely have a problem. You only do disability case management if you know about it. Again, small businesses may not be aware.
- There are challenges with family doctors particularly in rural areas. The message about return to work is still not getting through. Caseworkers can be part of the problem too (durations) because they say their caseload is so large.
- Tier 2/3 providers don't work on evenings and weekends so employers are forced into lost time because the worker is forced to seek treatment during the day.
- WCB is trying to manage too many personal (not work-related) issues. The experience in NB and Ontario is not the same. In Ontario, if a worker's recovery time exceeds the recommended duration in the Disability Advisor, the claim ends because it is perceived that the issues are personal.
- Appeal system is the biggest part of the problem. There is a disconnect between the Workers' Compensation Appeals Tribunal (WCAT) and WCB. WCAT does not have disability management experience and yet they are dictating to WCB how to do it.
- WCB needs to beef up the number of Medical Advisors and opinions.
- The Specialized Adjudication Unit collects vast amounts of information and some of it is related to workplace safety but caseworkers won't release it. The employer continues on with the same behaviour leading to more claims. If the WCB's focus is injury prevention then the caseworker should have to share with the employer the information they have. The WCB is overly cautious about confidentiality and that is impeding workplace safety. Employers end up filing an appeal to find out what kind of respirator employees should be wearing.
- The WCB should promote more use of private services such as the MRI clinic.
- Difficult claims often have a labour relations component. Often case managers and service providers protect the worker from the employer. Sometimes discipline is the rationale for the injury. Caseworkers assume the employer has done something wrong while the worker is taken at their word. Duration continues because there is no trust of the employer. Caseworkers should be neutral in their opinions of workers and employers.

- Reaching caseworkers is a problem. Received a call back after 9 days. This is not acceptable.
- The WCB should assume the workforce understands disability case management process particularly if the worker has several claims. Workers are sophisticated and so money goes out the door to them and once you pay it, you can't get it back. The WCB shouldn't pay claims too quickly on initial entitlement.
- Permanent Medical Impairment (PMI) decisions are not in keeping with reality. One phone call to the employer could fix this.
- Employers are not feeling the changes from the Internal Appeals process yet.
- Employers like the help the WCB provides. Caseworkers should be free to go to more workplaces.
- Nova Scotians need to be healthier and the system needs to stop paying for personal health choices. We are not creating safer workplaces when the WCB includes personal health issues. These should not be compensable. Workplace safety is not reflected in the statistics because of the inclusion of so many personal issues. If we stripped out the personal issues from the statistics, then we would discover that Nova Scotia workplaces are really much safer.
- There is a medical problem because physicians catastrophize everything. The solution is to apportion Temporary Earnings Replacement Benefits. . S. 10 is completely misused for recognition of a claim. It is supposed to be used to determine apportionment.
- Not sure the WCB has the right people who can dig into these complex claims and find out why their duration goes beyond the Disability Advisor.
- There is not much education for small/med businesses on employer rights and what employers should expect from the claim process. More communications would be helpful. Small/medium sized employers are not even sure what they should be doing.
- Need to train caseworkers to be leaders in conversations and not note takers. Relationship Managers often go to meetings and say nothing. They could be educators. Empower staff and there would be a lot more education happening.
- You are on the right path. You work hard to prevent injuries and promote safe and timely return to work. The WCB has dedicated teams to support these two goals. But there is one frustration. People in our return to work teams keep changing and changing too much. We need a dedicated team to stay and work on our issues. Especially when you have long-term injuries, you call and keep getting voice mail.
- I have a great relationship with two case workers. It is so simple and easy. We have been working together for over 2 years. We can have frank conversations. Don't have to worry about political correctness.

- I have a great relationship with case workers. However, at certain times of the year there is no contact; vacations and Christmas have a big impact. It is hard to make progress and keep things on track. WCB employees are off and there is no one covering them. The people doing the first level claims are off and those at the 2nd level dealing with serious cases are off too. There doesn't seem to be good planning in this aspect. There must be someone to take over case work when others are on vacation and answer phone calls. Our frustration level goes up. Service delivery is important.
- Before I had a great team. Now I have somewhat of a good team. The changeover hurts us; they don't understand our business.
- I have a difficulty with return to work. The WCB pays other organizations from the Accident Fund who are going in a contrary direction. From a strategic direction, return to work is correct but if you are funding/fuelling partners that are going in a contrary direction, how will you achieve this?
- If return to work is a pivotal theme - what the province needs and what business needs - you will have to address the issue of diverging goals. At a high level, you have got a big problem in the system - you don't all have the same goals.
- The focus should not be on 'return to work' but 'stay at work'. There are doctors wanting to give more time off when the employee wants to go back to work.
- One of the biggest frustrations is the ease of having a claim recognized. Even though the employer provides information to the contrary, it's what the doctors say. I know a consultant that says "WCB is now licensed to print money". Adjudicators don't look at past claim history so you have multiple claims. The employer is at a loss to deal with it. Someone drives over a pothole, the driver gets injured and no one else. How is that?
- From a strategic level, is there any vision to include the employer in the process? For example, drivers get lots of driver training but drivers love to fall off of trucks. When you fill out the accident form there is nothing that asks whether the employee had training or followed instructions or the proper steps. Did you help contribute to your injury?
- There is research that shows where there are multiple claims, prolonged recovery is connected with higher rates of anxiety and depression.
- I agree with return to work and have been doing so for 10 years. The most frustrating thing is the aggravation bucket. It is something we really need to work hard at. Adjudication must become stronger.
- If we are going to go from return to work to stay at work, we need stronger partnerships with the WCB. We need to work together on the basis of an "accept and assist" model. To keep the employee connected to the workplace, we must work together on a more collaborative and less territorial model.

- An employee prefers to go on WCB rather than short-term disability especially if he is assessed to have a Permanent Medical Impairment.
- Regarding recurrences or over period of time claims, it is just hideous when they come to you. I feel I am going to lose if I contest it. The employees have WAP to help them. They quote case law because they have legal advice. We are paying for them to have advice to fight us. Employers need legal advice as well so they don't have to hire a lawyer.
- The cases always keep bringing up additional information, bringing new evidence sometimes for over five years. Where is the end? I am thankful for the Office of the Employer Adviser but we are not allowed to have them represent us. I don't agree with this.
- Another important thing we need to focus on strategy-wise is looking at the employee's total job and life. A person may be doing sanding on the job for X amount of hours and then goes home and does another sanding job. The employee gets injured because he has too many hours using vibrating tools; because he is overloading himself. It is not on account of his day job. This affects experience rating.
- Employers ensure employees follow best practices on the job but employees don't follow these practices when they do the same work on their personal time. But, if they have an injury that could be linked to that type of work, it is "assumed" to be work related – the efforts the employer made to prevent injuries is not considered during the claim adjudication.
- It goes back to the education piece and helping the employee know they are also accountable for some of this. Home-time work impacting day-time work, is this compensable? If the workplace does not present a risk for a repetitive strain, why are they getting compensated? Need to do a better job adjudicating these claims. Employers are held accountable but not the same for employees. Need to find a way to do this.
- Many WCB staff don't come to meetings in an organized way. Need to educate case workers on what the actual contract is. They are supposed to be the ones chairing the meetings; the first line of contact. Need to look at strategies to resolve some of this stuff.
- The physiotherapy contract was supposed to bring down durations but this hasn't happened. WCB needs to identify the cause of extended claim durations and how to bring it down. It is not clear that the terms and conditions of the contract are working.
- Socioeconomic factors can get someone an Extended Earnings Replacement Benefit (EERB). It should not be that the economy drives EERBs. An EERB has become the replacement for employment. A consistent benefit in the face of inconsistent employment is a big incentive for an EERB.

- The problem is with the return to work model. Up front, things are biological but no one does an early assessment of the psychosocial things. So the worker goes through the Tiers for 3 months leading to long-term claims. Need to have an assessment from day 1. Need to bring forward Tier 3 assessments and do them earlier to catch long-term claims and change their course.
- There are clear risk factors. A low Orebro score does not mean a person has no bio-psychosocial issues. Anything over 100 should trigger a psych assessment. However, employers no longer get the Orebro score so they can't see red flags. On the form, employers should also have an opportunity to include workplace factors.
- Would be nice if the employer can recommend additional treatment e.g., move to Tier 2 rather than stay on Tier 1 longer. We are the ones paying for it so we should have a right to do this.
- Two people can have the same injury but disablement is experienced by one and not the other. It's about the person.
- No one educates the doctors on how to fill out the forms and the forms don't tell us what are the amber flags. Doctors measure impairment not disability, unless someone is trained to do so. Most GPs don't know this. There is a lack of clarity of information for everyone. The Form 8/10 needs to direct docs to give a proper diagnosis.
- As a spin-off of this, case management and adjudication are complex. They rely too heavily on medical docs. Case workers are frozen unless the docs tell them what to do. The doc says it's work-related and so the employee cannot go to work.
- If someone can make it from home to the doc's office, they can do sedentary work. You can sit at work and lie down just as you will do at home. The employer can accommodate with a cot. The new technology companies have a room where you can lie down. Contrary to what some physiotherapists say, this is not abnormal at all. We should look at what is 'best practice'? What is the WCB's role in this? This information could be shared amongst employers.
- The aging workforce will complicate return to work. Many people in their 50s suffering from hearing loss or sore knees may not be due to work but old age. Such claims are not questioned. Need to look at the aging workforce and its implications.
- When one of my reps got a letter saying that a worker has a \$25,000 PMI, I disagreed with the award and appealed it because I thought the decision was erroneously adjudicated. I got an expert opinion and was able to get back some money off of my experience rating. But the worker was able to keep the \$25,000. What type of business does that? Many others seeing this will line up to get their \$25,000. It creates a 'snow ball' effect.

- The general mindset is that a PMI is a medical issue, so employers have no input. But the WCB could get better adjudication with the employer's input. Should not be after the fact. The policy says an employer should be consulted. This does not happen. Also need to have consistency in the examination; to correlate information from all sources and to take time to do the PMI.
- The process is very adversarial if you appeal a decision. Employees have a bad taste in their mouth against their employer. This encourages them to get re-injured to get money.
- There has been a considerable increase in claim recognition appeals due to OEA. Historic compromise is being pushed to its limits. Contrary to whole scheme. OEA funded by the WCB to fight workers and that is wrong.
- Tracking needs to be improved (% people who RTW at pre-injury earnings, injuries in physiotherapy, appeals overturned at recognition, etc.). How can WCB make statements that things are improving if there is no tracking?
- WCB has tunnel vision in case management. Have to look at the whole person and not just each injury on its own.
- Direct access to physiotherapy has gone in a direction that was never intended. Form E is not validation or accepted as medical evidence. One clinic even adds a disclaimer to their form.
- No worker should be back to work unless the accident has been reported/investigated and the treating physician agrees and remedial action has been taken. Worker is going back the same day and WCB hasn't even received the injury report. How can it be deemed to be safe for the worker to return to the place they were injured?
- Agree with the philosophy of return to work but we diverge on how it is implemented.
- Plain language decisions are a good idea but make sure to keep the summary box in case a worker has difficulty reading the whole decision.
- There is great opportunity as healthcare organizations are restructured. We have an aspiration "Thinking and acting as one, as a system". WCB should connect with this to be part of the Healthy Workplace Discussions and plan.
- What are the opportunities to look at health employers as a whole? For example, 811 is a private employer. How do we partner with this organization for return to work, perhaps on an interim basis? How does WCB bring partners together?
- A return to work mentorship program would be helpful.
- There has been a lot of positive work with the Relationship Manager providing strategies around transitional duties and return to work.

- Need better partnerships with stakeholders in facilitating return to work (access to physiotherapy, information on occupational medicine with family physicians).
- Additional support required to help educate direct supervisors (front line) around return to work/ stay at work.
- Office of the Worker Counsellor/Workers' Advisers Program/Caseworkers – we have an expensive system; appeals in particular.
- Endorse early return to work although it is sometimes difficult to convince people that return to work is better than receiving workers' compensation benefits. Trucking employers are able to accommodate but it has to be meaningful work.
- Have seen instances where WCB caseworker has supported early return to work even if the physiotherapist wanted more treatments. WCB considered what it is generally acceptable for type of injury and helped to move return to work forward. WCB is the authority (or neutral 3rd party) in this regard and that is good.
- The relationship with WCB has changed our approach to return to work. It is a culture change for both managers and workers.
- Expedited physiotherapy program is a positive. Some improvement needed with physiotherapists – they have a lot more control. Perception that this program may be a make-work program for physiotherapists. Communication from WCB is excellent but physiotherapists are not the same. Not always receiving great support from physiotherapists for return to work.
- Other workers who are not injured question why the other guy is on modified duties and this can be a challenge.
- GP's role is taken out and that is good but need more control over physiotherapists.
- Often hear negative stories about return to work but don't hear many positive ones. Be comforting to hear that people are satisfied with WCB service. Anecdotally, what you hear is negative. Could profile positive stories more.
- How do we change that culture on return to work to create a groundswell of acceptance?
- Expedited treatment is positive.
- Physiotherapy program a success.
- We have had great success working with WCB. Education seminars are good. Make sure the case management teams are available to the workplace – that's a good thing.
- Need to consider how to improve the service experience for people who are receiving compensation. A worker should be able to expect the same level of service from anyone at the WCB. Consistency in experience is important.

- Better access to health care will help with return to work. A difficult piece of this is psychological issues. The WCB has put “pieces” in place such as Tier 2, Tier 3 but more services may be needed.
- We need to change the Nova Scotia culture with regards to return to work. It should be an expectation that returning to work is a good thing rather than waiting to get a pension. There is some fear associated with returning to work and addressing these fears could help.
- Caseworkers should have/use more flexibility when considering options to help a worker return to work. They also need to demonstrate more compassion and think about the “person” and not the “claim”. Some caseworkers know how to do this but your experience should not be defined by which caseworker you are assigned to.
- Larger employers have more resources to assist with return to work. Smaller employers like nursing homes do not have the resources to manage return to work and prevention. Smaller employers need more help.
- It is easier for skilled workers to return to work but what about non-skilled workers? The challenges for them are greater.
- There are occasionally cases where workers have been ready to return to work from a physical/functional perspective, but not from a mental health perspective due to mental health issues (e.g. depression, anxiety, Post-traumatic Stress Disorder (PTSD)) secondary to their workplace accident or injury. Workers should make a timely return to work, but this should be when they have achieved appropriate levels of both physical and psychological recovery.
- For the most part, the WCB seems to be responsive to the mental health needs of injured workers. In many cases, injured workers are referred for psychological services shortly after their workplace accident or injury. However, there occasionally have been cases where injured workers are referred for psychological services much later and have been experiencing mental health issues (e.g. depression, anxiety) for some time. Early intervention is key. Allowing these secondary mental health issues to linger untreated for an extended period of time can render them more difficult to treat and they may then become barriers to a timely and successful return to work. Improvements to psychological screening could be a consideration here.
- A lot of work needs to be done to create a consistent experience for the injured worker. Some case workers are highly capable while others are not.
- Finalize negotiations with Doctors NS. The contract was up for renewal in 2013 & we are fast approaching 2015. This is an unacceptable situation. The physicians of this province are the best allies WCB have in this goal of a more sustainable strategic plan. The physician resource budget has a huge payback for injured workers/WCB & that seems to have been lost in the negotiations.

- It is imperative that injured workers are handled via a team approach, in particular those with yellow or red flags in their early stages of recovery. That team now exists & includes the case worker, employer, physiotherapist, OT, vocational rehabilitation specialist, physician, EPS services... to name a few. Unfortunately these members work in their individual silos and not as an interdisciplinary team. Who is in control? There is no mechanism for dealing with differences of opinion on specifics such as diagnosis, management, follow-up, etc.
- A provincial return to work strategy is needed that includes general awareness around the message “work is healthy”, absenteeism including health and awareness of broader health factors. Requires partnerships with health care providers, employers, general public.
- This ties in with the work with doctors who will be focused on how Nova Scotians think about health, fitness and work. This cultural change needs to happen.
- Recent changes to Employment Insurance are part of the cultural change.
- The WCB can create the conditions to start having this conversation. It starts with the education of children on the benefits of eating well, exercising, etc.
- Bullying in the workplace when someone is in a return to work program also needs to be looked at.
- Concern about the impact of the aging workforce not only with respect to return to work but with the impact on other costs (e.g., complex surgeries are very expensive as well as costs for nursing home care) and linking these costs to an injury.
- Society’s views about stress are shifting and there are many implications. How the WCB manages complex claims is a part of this.
- Claims are more complex now. Does the WCB have the right programs / resources in place to support this? The world is changing - programs need to continue to evolve to respond.
- There is an opportunity to think differently about return to employability versus return to employment.
- What about migrant workers and the management of their claims? Need to start considering this as Nova Scotia’s labour force is changing.
- Under a no-fault system, there needs to be a change at the top-level of the WCB. You appear to advocate for employers. Employers don’t go out of business due to workers’ compensation but workers are living in poverty. That is not reasonable in a no-fault system.

- Some workers want to do their own home maintenance but they are scared to do it because of who may be watching. Exercise is good for you but you are scared to do it because you may be under surveillance (not by WCB).
- Reduce litigation on appeals. Medical costs are crazy and everyone is trying to get new medical to win.
- “Who will win?” attitude prevails. The system should be about fairness.
- At Internal Appeals the majority of cases are time consuming. Don’t see enough change at this step. Needs to be examined to determine whether this is a duplication of (caseworker) service. WCAT goes by the same rules but they overturn decisions. Not seeing the value of internal appeals.

TECHNOLOGY

- Why does WCB pay more for medical services than MSI? This does not make sense. Technology could help here if additional paperwork is the issue.
- The WCB needs to get with technology. Nova Scotia is way behind other provinces with regards to technology and is not aligned with how business operates. Particularly with regards to e-mail. No one uses faxes anymore, or those who do receive faxes via e-mail.
- Employers want access to e-file. We can share information with Manulife but not with the WCB.
- On the technology side, there is a bit of a gap. Need a more interactive version of MyAccount – a unified portal for case workers, employers, docs and service providers.
- WCB is the only people I send faxes to. You could send information via SharePoint or encrypted email. The streams of paper I get are just phenomenal.
- WCB is running stuff on a legacy system that needs to be upgraded. But you don’t want your rates to go up and they don’t have the money to do it. But they all have iPhones and iPads. They are logging into something. If I don’t adapt my business to existing technology, I lose customers. WCB needs to adapt too.
- Could you ask employees/workers for permission to send information by email? There will be huge cost savings. There are too many filters to communication by email.
- Not only on the case worker side but even on the assessments side – you get too much paper information which is hugely wasteful. I can go to My Account to see where I am with the bill. You don’t need to send me a paper bill telling me I owe 4 cents.
- Payments- can they be deposited electronically into the worker’s account?
- You can use WorkSafe Apps (e.g., Workplace Sam) to give safety information.

- Can you use Smart phones? Can you create a WCB App for self-management, virtual linkages, peer support? How can technology help to engage workers who are out of the workforce? How can technology support these workers?
- Technology could be helpful to employers as well. WCB App to provide information about WCB.
- Is there technology that will help to link the family physician, the employer, the worker? Is there a tool to help provide linkages?
- Technology....need to invest in this.
- Need to find better ways to provide interaction between WCB and the stakeholders in the system, (Employers, injured workers, health care providers, etc.)
- Forms like 8/10's and others should be able to be sent electronically.
- This is an area where WCB needs to significantly upgrade.
- Need to reduce the contact time with the WCB. It is often too difficult to reach someone, too many phone calls to get the information you need and answer your questions. Need easy access to information....technology could help with this.
- Could Department of Labour piggy-back on any WCB technology initiatives? Should OEA/OWC be tied into WCB systems as well? For example, could all of the legal teams at WCB, WAP, LAE, WCAT use the same system? It is all expensive.
- Is business technology a theme or is it an enabler?
- There is a lot that can be done with technology. Access to information sooner will help.
- More timely information will lead to better outcomes - take away the administrative burden. The WCB needs better external connectivity.
- Use technology for predictive services and better integration.
- Need better relationships with family doctors, including early engagement in the claim and the ability to easily share medical information electronically.
- From a strategic point, this should be brought in but there is never any engagement of the employee. There is a bit of disconnect with the employee. This impacts my rates. The employer is viewed as a bad employer. There needs to be some accountability on the part of the worker.
- The partnership model between insurer and employer is spot on. However, when an employer raises a contrary point he is often treated as an adversary. The employer should be viewed as a partner. Neither is being serviced – employer and employee. Need to have trust and clear expectations.

FINANCIAL

- Because government contributed to the unfunded liability by keeping rates artificially low in the past for political reasons, they should have some responsibility for helping get this cleaned up.
- Should 3rd party claims where the injury is caused (fault) by a 3rd party be charged to the general Accident Fund and the experience rating of the employer? All costs for injury prevention come from the general Accident Fund, and is that appropriate? Where is government's role in this?
- Some insurance companies have a pool to smooth assessment rates. WCB does not have this.
- Millions are not being collected every year that could address the unfunded liability.
- The unfunded liability is not the fault of workers. The government and WCB allowed this to happen. Administration at the time did not take responsibility. The Board of Directors and government came up with the new *Act* which is all at the expense of the worker. S. 115 and 116 put in place to never allow this to happen again. How is it possible that the amount of the unfunded liability has grown since Dorsey? Investment returns or benefits like chronic pain should not be added to the unfunded liability. This should all be paid for through increased assessment rates.
- There should be a minimum assessment rate as long as there is an unfunded liability. There should not be merits for employers as long as the unfunded liability exists.
- The surcharge program is only hurting small employers. Formula is wrong. Good performers pay the base rate and poor performers pay more.
- WCB administrative costs are not going down. This is a problem.
- As WCB gets closer to full funding should there be a legislative agenda ready in anticipation of that? Engage stakeholders in that process.
- 71% funded is good progress.
- The WCB is currently 71.4% funded. This is not acceptable and there is a need to achieve sustainability as soon as possible. I can see areas of financial inefficiencies which perhaps cannot be seen at the level of the Board of Directors. More communication with physicians with respect to this subject needs to be had. To my knowledge no physicians have ever been asked for an opinion on any suggestions for improving financial efficiencies.
- Has the WCB defined what full funding means? Is it 80%? 100?

LEGISLATIVE CHANGE

- WCB needs to lobby for universal coverage as this is a significant benefit to workers. The Board should make a “joint” presentation to Government on this issue. From a workplace safety standard, the WCB should be providing coverage to all workers in Nova Scotia. This is the right thing to do, both for optics as well as revenue.
- We want to identify a good case to support suing an employer for a workplace accident in order to demonstrate the impact of not having WCB coverage.
- Connected to universal coverage is the need to eliminate the 3-worker rule, and ensuring all workers are covered under WCB.
- Coverage needs to be expanded to include other types of workplace stress. Also, connected to the universal coverage issue, there are many industries where stress is a significant issue but the workers are not covered under WCB.
- General agreement with WCB’s focus on injury prevention and return to work although noted the focus of the legislation is not injury prevention. When employers read the legislation, they don’t understand the WCB’s focus is injury prevention.
- Changes to s. 63 of the *Occupational Health and Safety Act* and corresponding section of the *Workers’ Compensation Act*/policy that only requires fatalities and serious injuries to be reported will be pursued. Want to have something in place like in Ontario that requires all injuries to be reported.
- In 2002 employers/workers/injured workers came together and agreed that there would be no enhancement to benefits or rates. Dorsey said indexing needs to be addressed but still nothing.
- As part of the Workplace Safety and Insurance System (WSIS) there was an agreement to not enhance benefits or lower rates. If we’re not going to live by the WSIS Statement of Principles and Objectives then WSIS is not working. Government provided s. 35 benefits and addressed widows. We will be advocating for further benefit enhancements. Why wait?
- The WCB is not in compliance with the *Act* in terms of experience rating.
- Benefits shouldn’t end at age 65 especially if the worker was injured at an early age because they haven’t had an opportunity to contribute to a pension plan. Another Supplementary Benefits Program for people beyond age 65 is needed. These kinds of long-term benefits would be an incentive to the employer to prevent injuries. Now, after three years, the employer has no more obligations.
- WCB benefits need to be indexed at 100%.

- Pensions need to continue after age 65. Conditions get worse after that. Now workers have reduced benefits at a time when they have more difficulty cutting grass, shoveling snow and generally need to pay for these services.
- After age 65 a worker only has Canada Pension Plan Disability and Old Age Security. WCB Extended Earnings Replacement Benefits stop at age 65 and this is a problem. Rather than cash out, give the worker the option of keeping their annuity going as a monthly amount. Or cash out part of it and leave part of it for a monthly payment.
- There should be support for home maintenance services. Personal care is covered but not home care. This was covered under the old *Act* but then was changed.
- Premiums for employers are a “good deal”. We need to ensure benefits for workers are fair as well.
- Full coverage (universal) should be in place. WCB should make sales pitches to expand coverage to those who are not covered. System was designed to have all workers covered.
- WCB needs to be prepared for changes to Old Age Security that come into effect in 2023 so WCB understands impacts and implications.
- Changes to legislation are good but not everyone follows the law. It isn't all about legislation.
- Why not consider a 3-day wait period mirroring NB? After all we cannot really afford the current status.
- The definition of "accident" under Section 2 (a) in the *Workers' Compensation Act* needs to be amended by deleting the phrase: "but does not include stress other than an acute reaction to a traumatic event". This exception is discriminatory as it prevents workers suffering chronic workplace mental illness (as a result of the workplace) from fair treatment under the workers' compensation system. No other illness or group of workers (i.e. those suffering mental health illness) are so denied this benefit.
- Universal coverage is not required in Nova Scotia. The approach by WCB ought to be that all workplaces under provincial jurisdiction be automatically included in the WCB system (and be mandatory) unless they have a compelling reason to request an exemption. In other words the 'default position' is that everyone is in unless they are granted an exemption to be out. (Every other province in Canada takes an approach similar to this.) This would eliminate excluded employers or sectors (e.g. universities, medical offices, dental offices, etc.).
- Universality needs to be 'all inclusive' to eliminate the 3 person rule. Presently, operations with less than 3 employees are exempt from WCB and this leaves out a large number of workers who work for small business or sole proprietors. The

system would be better served if all workers were included in the system. This would reduce the impact of workplace injuries and illnesses on the public healthcare system (both cost and delays).

- Finalizing and proclaiming a number of outstanding regulations such as the Joint Occupational Health and Safety Committee Training Regulations is very important. The new [Workplace Safety] Strategy is only talking about "proposing" regulations that will make training mandatory for the JOHS Committee members and Safety Representatives. Department inspections have frequently indicated that a poor level of functioning of JOHSC due in large measure to lack of training.
- Workers have the right to be fully compensated if they are injured or become ill due to their work, they should be returned to meaningful employment. The help they receive should be provided in a manner that respects their individual capacity and treats them with dignity and respect.
- Pension benefits should be provided to workers with permanent impairments arising from work-related injuries and conditions. These benefits should recognize and adequately compensate workers for their losses.
- If a worker dies due to a work-related illness or injury, dependent family members should receive compensation.
- Wage loss benefits should recognize all earnings lost due to work injury and illness. Benefits should be adjusted to inflation. There should be no waiting period for benefits.
- Should WCB be advocate for legislative change?

GENERAL COMMENTS

- Overall satisfied with the process, although prefer the ability to provide feedback electronically rather than a "big" stakeholder meeting. I have a concern about the process of the initial draft and final approval if there are significant changes made to the draft. There should be some further review prior to final approval in that case.
- Would the consultation process be better served if the process was similar to "law amendments", where concerned parties could come and present their concerns in an open forum?
- Is this the right time to review the classification system? It has been in place for a very long time.
- In this process, we want some evidence that you are listening. We came to the Workplace Safety Strategy consultation with a package of information about experience rating and can't see our input anywhere. We were ignored. Consultation approach

seems to be lip service. At least acknowledge perspectives that were shared so people know they were heard.

- WCB is being swayed by big business. WCB is not neutral and that is the perception.
- Question the effectiveness of the Workplace Safety and Insurance System (WSIS). Not all partners (safety associations, injured workers associations, OEA/OWC/WAP etc.) are aligned. How do we get at that? Should all be working toward shared outcomes? How is everyone accountable? Not clear; we all explain WSIS in different ways. Not sure it is driving outcomes.
- Does the WCB and Department of Labour have a process gap in how they work together? Hearing loss issue is a good example.
- Should there be alignment in WCB policy/ and the Department of Labour regulatory agendas?
- The WCB has an enhanced relationship and better communications with employers and that is much better.
- Face-to-face and overall communication with WCB is much better; WCB has had most success in engagement; WCB is proactive and listening. This is positive.

APPENDIX B

The following organizations and individuals provided submissions to inform the creation of the *WCB Strategic Plan 2016-202*. We thank all stakeholders for taking time to provide such thoughtful input and look forward to their continued participation in this process as the strategic plan is completed.

- Annapolis Valley District Health Authority
- Association of Psychologists of Nova Scotia
- AWARE+NS
- Canadian Federation of Independent Business
- Cape Breton Injured Workers Association
- Careforce
- CN Centre for Occupational Health and Safety at St. Mary's University
- Construction Association of Nova Scotia
- Construction Safety Association of Nova Scotia
- Dis-Abled Employee Health Network
- Doctors Nova Scotia
- Dr. Alban Comeau
- Fisheries Safety Association of Nova Scotia
- Health Association of Nova Scotia
- LE Cruickshanks Sheet Metal
- MacGregors Industrial Group
- Municipal Group of Companies
- Nova Scotia Automobile Dealers Safety Association
- Nova Scotia Department of Education and Early Childhood Development
- Nova Scotia Department of Health and Wellness
- Nova Scotia Department of Labour and Advanced Education
- Nova Scotia Federation of Agriculture
- Nova Scotia Federation of Labour
- Nova Scotia Government and General Employees Union (NSGEU)
- Nova Scotia Healthcare Sector Council
- Nova Scotia Home Builders Association
- Nova Scotia Physiotherapy Association
- Nova Scotia Road Builders Association
- Nova Scotia Trucking Safety Association

- Occupational Health and Safety Advisory Council
- Office of the Employer Advisor
- Office of the Worker Counsellor
- Pictou County Injured Workers Association
- Public Works Government Services Canada
- Retail Gasoline Dealers Association
- Scotsburn Dairy Group
- Workers' Advisers Program
- Workers' Compensation Appeals Tribunal