2018 Rate Consultations

Long Term Care and Community Health Support Services (Home Care)

Nov 16, 2017
Today’s agenda

1. How we set insurance rates
2. Your 2017 preliminary rates - Long Term Care and Home Care
3. Industry Profile
4. Resources
5. Employer Health and Safety Planning Tool Kit
WorkSafeBC

Who we are
We are WorkSafeBC.
We value service, integrity, accountability, partnership, and innovation.

Why we exist
We're dedicated to promoting safe and healthy workplaces across BC.
- We partner with workers and employers to save lives and prevent injury, disease, and disability.
- We provide compensation and support injured workers in their recovery, rehabilitation, and safe return to work.
- We run a sustainable no-fault insurance system.

Where we're going
Our vision is British Columbians free from workplace injury, disease, and death.
Quick facts (2016)

Prevention
- Occupational health and safety regulator and inspectorate
- 500,000+ workplaces
- ~ 42,000 inspections
- ~ 32,000 safety orders
- ~ 350 penalties

Claims
- 149,500 workplace injuries reported
- Income replacement benefits
- Clinical, return to work, and emotional support
- Long term pensions
- Exempt from the Canada Health Act

Insurance
- Sole insurer of workers’ compensation in British Columbia
- Employer funded
- 231,000+ registered employers
- ~ 2.3 million workers covered
- Premium rates set annually
- Annual premiums approx. $1.5 billion
2016 results and 2018 rates

- Overall injury rates remain at historical low levels (2.21)
- Improved (and better than planned) RTW at 82.7%
- Lower Injury Rate and improved Return to Work outcomes led to better than planned claims cost performance ($310M better than budget)
- Investment portfolio outperformed WorkSafeBC’s return requirements (5.1% vs 4.5%) for the year
- Change in target funding level to 130% of liabilities
- Results in a preliminary average base rate decrease of 6.2 percentage points from 1.65% in 2017 to 1.55% in 2018
Employers can assist in reducing their claim costs and insurance rates by reducing workplace injuries and implementing good disability prevention programs.

*2018 rates are preliminary
Looking forward

The financial environment

• Several straight years of investment return outperformance – it can’t continue
• Are further improvements in IR and RTW achievable?
• Capital reserves – reduced requirements mean we’re now where we need to be
• Rate stability is a key objective. Potential future upwards rate pressure is being mitigated in the 2018 rates, similar to pressure for rate increases being mitigated for 2015 and 2016. Buffer for changes in costs in future years.
• Average base rate is now .12% lower than the cost rate (1.55% vs 1.67%). An increased “discount” in the rates from .10% (1.75% v 1.65%) in 2017.
Overview of rates: Long Term Care and Home Care
Classification and rate setting

• Similar classification units are placed together into industry groups.
• Industry groups with similar costs are then placed into rate groups.
• When industry groups start having higher or lower costs, they’re moved to more appropriate rate groups.
# Industry at a glance

## Community Health Support Services

<table>
<thead>
<tr>
<th>Classification Unit:</th>
<th>766006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sector:</td>
<td>Service Sector</td>
</tr>
<tr>
<td>Sub-sector:</td>
<td>Health Care and Social Services</td>
</tr>
</tbody>
</table>

### Services

Here are some examples of services that firms in this classification unit provide:

- Family crisis support
- Home support
- In-home nursing care
- In-home personal care
- In-home post-surgery care
- Long-term care relief staffing
- Mobile foot care
- Nursing labour supply
- Personal assistance
- Public health inspections
- Home management support
- Hospital relief staffing
- In-home occupational therapy
- In-home physical therapy
- In-home rehabilitation therapy
- Medication administration
- Nursing assistant care
- Nursing registry
- Public health awareness programs

### General information

Firms in this classification unit provide services that range from managing a clients household (e.g. cooking and cleaning), providing assistance with activities of daily living and personal care, to providing nursing to the client in his or her home. Clients may be elderly, physically or developmentally-challenged and may be eligible for government funding to pay for the services within a prescribed care plan.
Industry at a glance

<table>
<thead>
<tr>
<th>Long-Term Care</th>
<th>Sector: Service Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classification Unit: 766011</td>
<td>Sub-sector: Health Care and Social Services</td>
</tr>
</tbody>
</table>

**Description**
This classification unit covers firms that operate medical facilities providing residential care services to individuals that have complex and extended health care needs.

**Facility**
Here are some examples of facilities covered by this classification unit:

- Continuing care facility
- Extended care facility
- Home for physically challenged
- Home share facility
- Multilevel care facility
- Convalescent home
- Group home
- Home for the developmentally challenged
- Long term care facility
- Nursing home

**When to contact us**
Firms in this classification unit may also occasionally engage in other business activities. However, if they have a significant presence in any of the following industries, it may make sense for them to be assigned to another classification unit.

1) health care facilities that provide personal care or intermediate care on a short term basis (see CU 766001);
2) alcohol or drug treatment centres (see CU 766002); or
3) retirement homes or seniors' homes (see CU 766018).
Industry details

Both industries form their own independent rate groups

<table>
<thead>
<tr>
<th>CU #</th>
<th># of firms in CU</th>
<th>Payroll (in $B)</th>
<th>5-yr claim count (2012-16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>766006</td>
<td>503</td>
<td>1.21</td>
<td>4,657</td>
</tr>
<tr>
<td>766011</td>
<td>352</td>
<td>1.63</td>
<td>14,837</td>
</tr>
</tbody>
</table>

Larger operations appear to have significantly lower claim costs.
<table>
<thead>
<tr>
<th>CU #</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost Rate</td>
<td>Base Rate</td>
<td>Cost Rate</td>
</tr>
<tr>
<td>Long Term Care</td>
<td>766011</td>
<td>3.13</td>
<td>2.42</td>
</tr>
<tr>
<td>Home Care</td>
<td>766006</td>
<td>1.42</td>
<td>1.09</td>
</tr>
</tbody>
</table>

The 2 CU’s continue on a trend of a Cost Rate higher than Base Rate.
The Impact of Safety and RTW Performance on Costs
What is driving your rate?

Premium rate drivers are:

Claim costs include these payments:

- Health care
- Short term disability
- Vocational rehabilitation
- Long term disability
- Survivor benefits
Experience rating: rewarding safety

For example: A $1 million employer with average performance in an industry with a base rate of 2.00 percent would pay $20,000, but could pay as little as $10,000 or as much as $40,000 depending on their safety record over time.
The impact of your performance

How much will it cost?

Average industry base rate: 1.70%
Highest experience rating: 100%
Lowest experience rating: -50%

Normalized to a $5 Million payroll
Direct & indirect costs of injuries

• Direct costs:
  • Insurance premiums
  • Claims administration expenses
  • Investigations
  • Potential loss of initiatives, etc.

• The full cost of workplace injuries includes:
  • Loss of skilled staff
  • Impact on productivity
  • Damage to property and equipment
  • Training costs
  • Replacement wages
  • Effect on corporate reputation
  • Impact on staff morale and retention
Two things you can do:

1. Prevent injuries
2. Provide early, safe, durable return to work
Industry Profile
Injury rate – All B.C.

*Injury rates for 2016 and February 2017 are estimates.

<table>
<thead>
<tr>
<th>All B.C.</th>
<th>- 42%</th>
</tr>
</thead>
</table>

Injury Rate
% Change (2000-Feb 17)

*Injury rates for 2016 and February 2017 are estimates.*
### Community Health Support Services Industry Profile

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time loss claims</strong></td>
<td>745</td>
<td>917</td>
<td>933</td>
<td>969</td>
<td>1055</td>
</tr>
<tr>
<td><strong>Person Years</strong></td>
<td>17,699</td>
<td>21,614</td>
<td>21,944</td>
<td>22,280</td>
<td>23,662</td>
</tr>
<tr>
<td><strong>Injury Rate</strong></td>
<td>4.2</td>
<td>4.2</td>
<td>4.3</td>
<td>4.3</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>6 month Duration</strong></td>
<td>33</td>
<td>31</td>
<td>35</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td><strong>Claims Costs Paid</strong></td>
<td>$6.1</td>
<td>$6.7</td>
<td>$6.8</td>
<td>$7.1</td>
<td>$7.6</td>
</tr>
<tr>
<td><strong>Assessable Payroll</strong></td>
<td>$743</td>
<td>$929</td>
<td>$960</td>
<td>$997</td>
<td>$1,060</td>
</tr>
</tbody>
</table>

**Note:**
- Claims Costs Paid include both paid and assessable payrolls.
## Long Term Care Industry Profile

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time loss claims</strong></td>
<td>2,935</td>
<td>2,912</td>
<td>2,927</td>
<td>2,926</td>
<td>2,833</td>
</tr>
<tr>
<td><strong>Person Years</strong></td>
<td>30,390</td>
<td>31,598</td>
<td>31,323</td>
<td>32,911</td>
<td>33,444</td>
</tr>
<tr>
<td><strong>Injury Rate</strong></td>
<td>9.7</td>
<td>9.2</td>
<td>9.3</td>
<td>8.9</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>6 month Duration</strong></td>
<td>35</td>
<td>37</td>
<td>33</td>
<td>35</td>
<td>38</td>
</tr>
<tr>
<td><strong>Claims Costs Paid</strong></td>
<td>$24.5</td>
<td>$23.3</td>
<td>$22.9</td>
<td>$21.9</td>
<td>$22.8</td>
</tr>
<tr>
<td><strong>Assessable Payroll</strong></td>
<td>$1,304</td>
<td>$1,379</td>
<td>$1,389</td>
<td>$1,500</td>
<td>$1,529</td>
</tr>
</tbody>
</table>
Injury Rates 2012-2016

- LTC: 9.7, 9.2, 9.3, 8.9, 8.5
- Home Care: 4.2, 4.2, 4.3, 4.3, 4.5
- All BC: 2.3, 2.3, 2.3, 2.2, 2.2
## 2016 Injury Rates Comparisons

<table>
<thead>
<tr>
<th>Industry</th>
<th>IR CU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Long Term Care</strong></td>
<td><strong>8.5</strong></td>
</tr>
<tr>
<td>Community Health Support Services</td>
<td>4.5</td>
</tr>
<tr>
<td>Residential Social Services</td>
<td>5.0</td>
</tr>
<tr>
<td>All BC</td>
<td>2.2</td>
</tr>
<tr>
<td>Construction</td>
<td>4.1</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>2.9</td>
</tr>
<tr>
<td>Forestry</td>
<td>4.9</td>
</tr>
<tr>
<td>Oil and Gas</td>
<td>1.1</td>
</tr>
</tbody>
</table>
### Incident analysis

**Who’s getting injured (LTC and HC combined)?**

<table>
<thead>
<tr>
<th>Occupation</th>
<th># of claims</th>
<th>% of claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse aides, orderlies and patient service associates</td>
<td>12,343</td>
<td>63.3%</td>
</tr>
<tr>
<td>Licensed practical nurses</td>
<td>1,756</td>
<td>9.0%</td>
</tr>
<tr>
<td>Registered nurses and registered psychiatric nurses</td>
<td>1,012</td>
<td>5.2%</td>
</tr>
<tr>
<td>Social and community service workers</td>
<td>779</td>
<td>4.0%</td>
</tr>
<tr>
<td>Home support workers, housekeepers and related occupations</td>
<td>756</td>
<td>3.9%</td>
</tr>
<tr>
<td>Food counter attendants, kitchen helpers and related support occupations</td>
<td>670</td>
<td>3.4%</td>
</tr>
<tr>
<td>Light duty cleaners</td>
<td>562</td>
<td>2.9%</td>
</tr>
<tr>
<td>Cooks</td>
<td>320</td>
<td>1.6%</td>
</tr>
<tr>
<td>Other</td>
<td>1293</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,491</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

% STD/LTD/Fatal claims, 2012–2016 profile
Incident analysis

How are workers getting injured (LTC and HC combined)?

In LTC and HC classification unit

<table>
<thead>
<tr>
<th>Claims</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overexertion</td>
<td>45%</td>
</tr>
<tr>
<td>Acts of Violence, Force</td>
<td>13%</td>
</tr>
<tr>
<td>Fall on same level</td>
<td>12%</td>
</tr>
<tr>
<td>Exposure to Toxic Substances</td>
<td>6%</td>
</tr>
<tr>
<td>Other Bodily Motion</td>
<td>5%</td>
</tr>
<tr>
<td>Struck By/struck against</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Overexertion</td>
<td>43%</td>
</tr>
<tr>
<td>Acts of Violence, Force</td>
<td>18%</td>
</tr>
<tr>
<td>Fall on same level</td>
<td>15%</td>
</tr>
<tr>
<td>Other Bodily Motion</td>
<td>5%</td>
</tr>
<tr>
<td>Struck By/struck against</td>
<td>5%</td>
</tr>
<tr>
<td>Fall from elevation</td>
<td>3%</td>
</tr>
</tbody>
</table>

Overexertion and violence are the most common injuries. They’re also the source of the greatest costs and days lost from work for your classification unit.
Incident analysis

How do injuries occur in your industry (LTC and HC combined)?

- People: 37%
- Vehicles: 12%
- Workins Surfaces: 9%
- Body Motion: 5%
- Parasitic, Infection: 4%
- Boxes, Containers: 4%
- Furniture, Fixtures: 12%
- Other: 17%

%STD/LTD/Fatal claims, 2012–2016 profile
Preventing Injuries

Resources for employers
YOUR Health and Safety Association

825 MEMBERS
EMPLOY 29,000 EMPLOYEES

480
7,300

345
21,700
OUR COLLECTIVE OBJECTIVE

LOWER COSTS: human and financial

- Number and severity of injuries
- Time off work
- Staffing Shortages

HIGHER QUALITY OF CARE

- Culture of safety
- Consistency of care
- Job satisfaction
Training & Education

- Violence Prevention
- Dementia Care
- Gentle Persuasive Approach
- Health & Safety Committee
- LPN Leadership
- Health & Safety Management Systems
- Audit Tool
- Safe Resident Handling
- Peer Resource Network
What can you do to prevent injuries?

- Senior leadership commitment and support
- Proactively engage all employees in creating a safer workplace
- Effective joint health & safety committees
- Supervisors and managers understand their responsibilities
- Ensure hazard identification and risk assessment are conducted at each work site prior to beginning work
- Effectively train and supervise your workers
  - Ensure workers are made aware of all known or reasonably foreseeable health or safety hazards
  - Ensure personal protective equipment is well maintained and used by the workers
- Report and review near misses
- Conduct your own safety survey
Get help from your health and safety association

- 12 health and safety associations in B.C.
- Funded from your premiums
- If you pay a levy, you are a member
Be Care Aware Campaign

Promote a culture of safety in your workplace and challenge your colleagues to Be Care Aware.

Click here for tools and resources on creating a safe and healthy workplace.

Click here to view upcoming workshops and courses.

Introducing SafeCare BC for Home Care Workers.

Home Care
Get help from worksafebc.com
Online resources

- eNews
- ebooks
- Occupational health and safety regulations (online and app)
- Slide shows
- Social media
Online resources

- Bookstore
- Occupational health and safety videos
- Occupational health and safety publications
Employers’ Advisers – Free seminars

The Employers’ Advisers Office (EAO) conducts seminars on occupational health and safety issues, claims management (including reviews and appeals), and assessments (Insurance). Advisers may also be available for public speaking engagements on these topics. To browse seminars, select a category below or view all seminars.

**Seminar Categories**

**Introductory**
For employers who are new to the workers’ compensation system or who need a refresher. The focus of these seminars will be on providing introductory information for employers in the workers compensation system.

**Occupational Health & Safety**
These seminars will provide an overview of the legislative and regulatory requirements for Occupational Health and Safety.

**Claims Management**
These seminars will assist employers on managing workers’ compensation claims, the return to work process, reviews, and appeals.

**Topical/Informational**
Information sessions geared towards a specific topic or subject matter. These sessions will generally be offered as a result of new legislation, regulations, policy or practice directive.
2. Provide early, safe, durable return to work
Duration – All B.C.

<table>
<thead>
<tr>
<th>Days per claim</th>
<th>Duration</th>
<th>% Change (Mar 11-Mar 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 2011</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>Jun 2011</td>
<td>60.1</td>
<td></td>
</tr>
<tr>
<td>Sep 2011</td>
<td>60.6</td>
<td></td>
</tr>
<tr>
<td>Dec 2011</td>
<td>61.2</td>
<td></td>
</tr>
<tr>
<td>Mar 2012</td>
<td>60.0</td>
<td></td>
</tr>
<tr>
<td>Jun 2012</td>
<td>58.8</td>
<td>- 8%</td>
</tr>
<tr>
<td>Sep 2012</td>
<td>57.8</td>
<td></td>
</tr>
<tr>
<td>Dec 2012</td>
<td>57.2</td>
<td></td>
</tr>
<tr>
<td>Mar 2013</td>
<td>55.4</td>
<td></td>
</tr>
<tr>
<td>Jun 2013</td>
<td>54.7</td>
<td></td>
</tr>
<tr>
<td>Sep 2013</td>
<td>54.3</td>
<td></td>
</tr>
<tr>
<td>Dec 2013</td>
<td>53.9</td>
<td></td>
</tr>
<tr>
<td>Mar 2014</td>
<td>54.1</td>
<td></td>
</tr>
<tr>
<td>Jun 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 2015</td>
<td></td>
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<tr>
<td>Jun 2015</td>
<td></td>
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<td>Sep 2015</td>
<td></td>
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<td>Dec 2015</td>
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<td>Mar 2016</td>
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<td>Jun 2016</td>
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<tr>
<td>Sep 2016</td>
<td></td>
<td></td>
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<tr>
<td>Dec 2016</td>
<td></td>
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<tr>
<td>Mar 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Long Term Care and Home Care Return to Work (RTW) 2016

<table>
<thead>
<tr>
<th></th>
<th>LTC &amp; HC</th>
<th></th>
<th>All of BC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>RTW &lt;=4 wks</td>
<td>1937</td>
<td>48%</td>
<td>28,859</td>
<td>52%</td>
</tr>
<tr>
<td>RTW &lt;=26 wks</td>
<td>3467</td>
<td>86%</td>
<td>45,062</td>
<td>82%</td>
</tr>
<tr>
<td>RTW 26 + wks</td>
<td>229</td>
<td>6%</td>
<td>4,218</td>
<td>8%</td>
</tr>
<tr>
<td>6 month Duration</td>
<td>37 days</td>
<td></td>
<td>35 days</td>
<td></td>
</tr>
</tbody>
</table>
Recover at work leading practices

Key guiding principles and elements

1. Senior leadership commitment
2. Early intervention and prevention
3. Accommodation and offers of modified work
4. A focus on function
5. Supervisor and co-worker support
6. Early and ongoing contact with worker
7. Participatory approach and worker centered
8. Collaboration with stakeholders
9. Bio-psycho-social approach
10. Evidence based and measurable with continuous improvement
Recover at work leading practices
Know your data
Online information and resources
Online tools: Know your safety performance

**Industry Safety Information Centre**

- See your industry’s injury prevention activities and claims related information
- Gauge how well you’re doing and where you can improve

**Employer Safety Planning Toolkit**

- Accessible to employers with 5 claims or more per calendar year
- Access your company’s data to see the injuries and claims that drive your costs
- Determine how improving your performance will impact injury rates, claim costs, and assessment rates
Employer Health & Safety Planning Tool Kit

Where could you focus your health and safety plan?

The Employer Health and Safety Planning Tool Kit helps you to understand your performance and your industry’s risks.
Employer Health & Safety Planning Tool Kit

How the Tool Kit supports your planning process

1. How is your organization doing?
   - See how your injury costs impact your insurance rate
   - See how you compare to your peers
   - View your inspection history

2. Discover what you can do to improve
   - See which injuries are driving your costs
   - Forecast the impact of reducing your top injuries
   - Learn what regulations and risks are most cited in your industry
   - See your return-to-work trends

3. Develop and implement your health and safety action plan
   - Given your analysis, what are your goals and top priorities?
   - Are there quick wins to reduce injuries or costs?
   - Estimate your potential return on investment
   - Get charts to assist in presentations and reports

4. Evaluate your plan
   - Monitor progress
   - Adjust as needed
Employer Health & Safety Planning Tool Kit

ABC Incorporated

Employer Health and Safety Planning Tool Kit
Analyze your injuries and risks, compare performance to your peers, identify trends, and plan your health and safety initiatives

Quick Stats
- Time-loss claims (2016): 18
- Serious injury claims (2016): 3
- Total work days lost (2016): 682
- Most frequent accident type: Overexertion

Financial Summary
- Cost of claims (2016): $135,000
- Experience rating (2016): 37.5% surcharge
- Maximum potential savings (2016): $127,000
- Most costly accident type: Caught in

How you compare to your peers
- Experience rating
- Injury rate
- % serious injury
- Duration

View employer report
Experience Rating versus Assessable Payroll

Experience Rating vs. Assessable Payroll for DEMO EMPLOYER (#0000)

For more information on this rate group, [click here](#).
Questions