

IAVGO Community Legal Clinic  
1500-55 University Avenue  
Toronto, Ontario  
M5J 2H7  
Attn: Maryth Yachnin  
[m\\_yachnin@lao.on.ca](mailto:m_yachnin@lao.on.ca)

Gary Newhouse, Lawyer  
1415 Bathurst St. Suite 103  
Toronto Ontario  
M5R 3H8  
[gnewhouse@sympatico.ca](mailto:gnewhouse@sympatico.ca)

Injured Workers' Consultants  
Community Legal Clinic  
411-815 Danforth Avenue  
Toronto, Ontario  
M4J 1L2  
Attn: David Newberry  
[newberryd@lao.on.ca](mailto:newberryd@lao.on.ca)

---

## VIA EMAIL

December 21, 2016

Mr. Thomas Teahen  
President & CEO  
Workplace Safety and Insurance Board  
200 Front Street West  
Toronto, ON M5V 3J1

Dear Mr. Teahen,

**Re: Return to work tracking**

We are writing because, despite its repeated claims of success, the WSIB has failed to explain how it measures and tracks return to work. We believe stakeholders deserve a candid account of what the WSIB actually knows and does not know about workers' return to work outcomes. We are writing to you for that answer.

The WSIB continues to rely on its return to work statistics without any evidence that these statistics measure actual return to work outcomes. In a recent interview on The Agenda with Steve Paikin, you stated that the WSIB tracks actual return to work of injured workers and that the WSIB knows how many injured workers with lost-time claims are actually working at full wages in their pre-accident jobs 12 months post-injury.

However, to the best of our knowledge, the WSIB doesn't track actual return to work outcomes. It doesn't do surveys of workers to see if they are successfully back

at work after 12 months. It doesn't do studies of long-term outcomes or even outcomes after one year. Its "tracking" appears to consist of generating statistics based on how it codes claims when they are closed. These statistics likely reflect merely that the WSIB decided the worker could be back at work, whether or not they are at work. If we are correct, the WSIB should not be stating that it tracks actual return to work.

But even if the closing codes track return to work, which we don't believe to be the case for reasons described below, the WSIB doesn't track whether workers injured on the job are able to stay at work after closure of their claims. Claim closure often happens very quickly after a workplace injury. It is well established that workers with disabilities face significant ongoing discrimination and other barriers to return work.<sup>1</sup> And yet, the WSIB doesn't track if, after claim closure, workers are able to remain at work. It doesn't know whether workers are subsequently fired, laid off or driven out of their jobs by intolerable treatment or failure to accommodate their disabilities. It doesn't track if the psychological fall-out of workplace injury forced them to stop working.

The WSIB also makes no efforts to track the return to work outcomes of the vast majority of workers: those who have allowed no-lost-time claims. Because of the WSIB's "Better at Work" approach to claims, workers injured on the job are pressured to return to work immediately after injury, often before they are ready and before their doctors think they are ready. Many of these so-called no-lost-time workers, after being forced back to work, are unable to sustain employment because of their workplace injuries. These workers end up on EI, private insurance or welfare. Not including these workers in the WSIB's much touted return to work statistics paves over the overwhelming majority of claimants in the system, many of whom are not working because of their injuries.

### **"92% return to work at 12 months"**

The WSIB has been claiming this success and similar outcomes since approximately 2011.<sup>2</sup> In many of its public statements, the WSIB states that 92% of workers injured on the job are actually working at full wages at 12 months post-injury.

---

<sup>1</sup> Bonnie Kirsh, Tesha Slack & Carole King, "The Nature and Impact of Stigma Towards Injured Workers" (2012), 22 *Journal of Occupational Rehabilitation* 143 at 150.

<sup>2</sup> See, e.g., RTW at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-Time Claims) - 89.7%; *Measuring Results Q1 2012*, p. 17; "in 2011 91% of all injured workers with lost time injuries were back to work within 12 months of their injury, resulting in less time on benefits.; 2011 Annual Report, p. 13; "91.2% of Schedule 1 injured workers were able to return to work at no wage loss within 12 months of their injury, compared to 89.7% in Q1 2012"; *Measuring Results, Q1 2013*, p. 3; RTW at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-Time Claims) - 91%; *WSIB Measuring Results, Q1 2016*, p. 8; "RTW at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-Time Claims) - 93.1%"; *WSIB Measuring Results, Q3 2015*, p. 21; "95.1 per cent of workers returning to their pre-injury work without wage loss within the first year of their injury/illness."; *WSIB Measuring Results, Q3 2015*.

We have been unable to get a clear explanation from the WSIB about how the WSIB generates its alleged 92% return to work rate.

In 2014, upon review of the WSIB's Measuring Results report which stated that 91.2% of workers were back at work with full wages at 12 months post injury, IAVGO sent a Freedom of Information request to the WSIB asking "if the WSIB tracks whether workers are actually working without a wage loss at 12 months post-injury, versus tracking only whether loss of earnings benefits continue at 12 months post-injury". We also asked the WSIB to provide us its methodology of tracking actual return to work including a detailed description of how numbers are gathered and recorded, copies of blank surveys conducted with workers and employers about return to work, etc.

In response to our question about tracking actual return to work versus tracking cessation of benefits, the WSIB stated, "The WSIB measures the percentage of workers still receiving loss of earnings benefits at 12 months". The WSIB provided a document titled "Measurement Overview: Return to Work with No Wage Loss within 12 Months of Injury." The document states that historically, the WSIB "has used the off-benefit rate as a proxy for success in helping injured workers return to work and recover". It states that, since 2011, the WSIB developed a measure "based on the final claim resolution codes that are applied to the claim at closure." See attached.

The WSIB told us, as we suspected, that it does not conduct any surveys of workers to determine their work status at 12 months. Rather, the WSIB determines return to work at full wages at 12 months based on how it codes the case when closing it.

In light of this information, we think the WSIB's statistics and claims that it tracks actual return to work outcomes are misleading. The WSIB is likely coding workers as "RTW" at closure if in the WSIB's view they could be back at work, even if they are not back at work. See attached "Considerations for Case Closure Protocols", an internal 2013 WSIB document disclosed to Injured Workers' Consultants through a recent Freedom of Information request. It states that case managers should code a case "No PI, RTW, No LOE" at closure if "Worker has achieved return to work (RTW) **or is fit to RTW** – pre-injury or accommodated – and no loss of earnings (LOE) is being paid." If the WSIB's coding reflects as "RTW" workers deemed "fit to RTW", the WSIB is not tracking the reality of return to work. It is tracking only "deemed" (i.e. fictional) return to work.

As it has acknowledged, the WSIB does not contact workers at 12 months post injury to determine if they remain employed at full wages. Without doing this, it should not be claiming that it knows how many workers are actually back to work at full wages at 12 months. At best, the WSIB might be tracking that workers returned to work for any period of time at all prior to case closure, even if these workers have subsequently had to stop working, were laid off or were fired

because of their injuries. The WSIB's representations of its success in return to work at 12 months are therefore not accurate and should stop.<sup>3</sup>

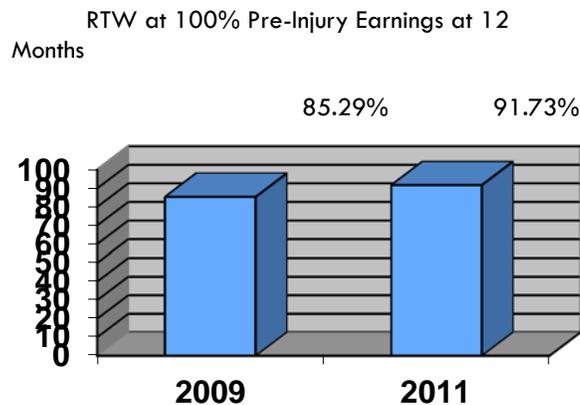
### Return to work following Work Transition

We also have concerns about WSIB's transparency about how it tracks the return to work outcomes of workers who need Work Transition services.

Since it changed its return to work programs in or around 2010, the WSIB has claimed credit for an incredible improvement in return to work from an employed rate of some 40% or so to an employed rate of 70-80%.<sup>4</sup> But, this alleged improvement is merely a function of changing how return to work is characterized. In its reporting about its remarkable "success" rate, the WSIB does not highlight a crucial difference between the former Labour Market Re-Entry and the current Work Reintegration: that the former only occurs after the return to work has broken down, while the later encompasses all lost time claims where Work Reintegration services are used, whether to assist in the return to the accident employer or in

---

<sup>3</sup> It would be very surprising if the WSIB's numbers track actual return to work at full wages at 12 months because it would mean the WSIB was able to accomplish an incredible return to work improvement in only two years. In 2012, the WSIB provided the following chart to the Standing Committee on Government Agencies about its return to work tracking:



The WSIB has said that prior to 2011 its so-called "return to work" statistics actually only tracked whether workers remained on loss of earnings benefits at 12 months. So, in 2009, the number above reflected only that 15% were still on benefits at 12 months and thus not at work. Certainly, other workers were not back at work and were not receiving WSIB benefits. If the WSIB tracked actual return to work in 2011 and subsequently, it means that its 2011 statistic is an entirely different measure than the 2009 one. It is difficult to imagine the WSIB reduced the rate of unemployment at 12 months from [15%+the number of workers not on benefits but unemployed] to 8% in two years.

<sup>4</sup> "Of the workers who completed their Work Transition plans in 2014, over 80 per cent were successful in finding employment, an improvement from 70 per cent in 2013 and 36 per cent in 2009; Measuring Results, Q3 2015, p. 24."

See also the chart the WSIB provided the Standing Committee on Government Agencies in 2012, in which it claims success for an employed rate that jumped from 36% to 74%.

retraining. It is misleading to compare the employment rate directly as between the two systems.

Further, the WSIB does not appear to track actual return to work post-Work Transition. In a recent Freedom of Information request attempting to determine how migrant agricultural workers are treated in workers' compensation versus non-migrant agricultural workers, IAVGO asked that the WSIB provide a break down of "the number of allowed lost-time claims in which WSIB has determined a worker's post-injury earnings on the basis of the worker's SEB/SO, rather than their actual earnings" for both migrant and non-migrant agricultural workers.

On September 30, 2016, the WSIB advised in writing, "The WSIB does not capture information in our systems that would indicate if actual or determined earnings were used in decision making. The only way to provide you with this information would be to review individual claim files."

In light of this information, it appears likely that the WSIB does not have reliable information about whether workers are actually working as opposed to whether they are "deemed" able to work. Again, if this is the case, the WSIB should publically clarify what it knows and what it does not know about workers' success in return to gainful employment.

Yours truly,



Gary Newhouse

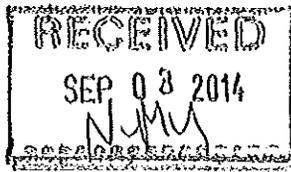


Maryth Yachnin



David Newberry

cc. Minister of Labour



**wsib**  
**cspaat**  
ONTARIO

Workplace Safety  
& Insurance Board

Commission de la sécurité  
professionnelle et de l'assurance  
contre les accidents du travail

VIA REGULAR MAIL

Head Office:  
200 Front Street West  
Privacy Office, 21<sup>st</sup> Floor  
Toronto, Ontario  
Canada M5V 3J1

Siège social :  
200, rue Front Ouest  
Bureau de la protection de la vie privée,  
21<sup>ème</sup> étage  
Toronto, Ontario M5V 3J1

August 28, 2014

Industrial Accident Victims Group of Ontario  
489 College Street, Suite 203  
Toronto, ON M6G 1A5

Ashleigh Burnet,  
FOI Access Specialist, Privacy Office  
☎ (416) 344-4771 ✉ (416) 344-5560  
TTY/ATS : 1-800-387-0050  
1-800-387-0750 (ext. 4771)  
www.wsib.on.ca

Attention: Maryth Yachnin

Dear Ms. Yachnin:

**RE: FIPPA Access Request #14-043**

---

I am responding to the access request of August 6, 2014 under the *Freedom of Information and Protection of Privacy Act* (FIPPA) for explanations surrounding the WSIB's quarterly Measuring Results reports, specifically:

- 1) An explanation of the WSIB's methodology (detailed description of how numbers are gathered and recorded, copies of blank surveys conducted with workers and employers about return to work, etc.) for generating the statistics listed under the "Return to Work (RTW) at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-time Claims)" heading in its Measuring Results reports;
- 2) Whether the WSIB tracks if workers are actually working without a wage loss at 12 months post-injury versus tracking only whether loss of earnings benefits continues at 12 months post-injury; and
- 3) An explanation about why the statistics on "RTW at 100% Pre-Injury Earnings at 12 Months" are different in charts at page 9 versus page 17 of the report. One cites a Q1 2014 rate of 91.2% (page 9) while the other cites a Q2 2014 rate of 94.4% (page 17).

As outlined in section 10 of FIPPA, requestors have a right of access to a record or part of a record in the custody or under the control of an institution. Although my rôle under the Act is to provide requestors with copies of records, in the spirit of the legislation, the WSIB has done its best to respond to your request.

**Statistical Methodology:**

While the WSIB does not have a record that responds directly to this item, I am enclosing a "Measurement Overview" that was prepared earlier this year. This two-page document provides information about the background and monthly and quarterly measurements for the "Return to Work with No Wage Loss within 12 Months of Injury" group you are interested in. Moreover, I have been informed there are no surveys used specifically to generate this measure.

**Tracking of Injured Workers:**

The WSIB measures the percentage of workers still receiving loss of earnings benefits at 12 months; this (duration measure) is already included in the Measuring Results report at page 9.

**Differing Charts:**

The statistics on the "RTW at 100% Pre-Injury Earnings at 12 Months (Allowed Lost-time Claims)" charts at page 9 and page 17 of the Measuring Results Q1 2014 Report are different because the former is a measure of Schedule 1 employers (page 9) and the second is a measure of Schedule 2 employers (page 17). Pages 7 and 16 of the report mark where the respective Schedule 1 and 2 sections begin. For your information, below I am including an explanation of these two employer groups.

Schedule 1:

Schedule 1 employers are those for which the WSIB is liable to pay benefit compensation for workers' claims. Schedule 1 employers are required by legislation to pay premiums to the WSIB and are protected by a system of collective liability.

Schedule 2:

Schedule 2 employers are employers that self-insure the provisions of benefits under the WSIA. Schedule 2 employers are liable to pay all benefit compensation and administration costs for the workers' claims.

I am responsible for the decision. Under section 50(2) of FIPPA, you may ask for a review of this decision within thirty days of receiving this letter by writing to: Registrar, Information and Privacy Commissioner/Ontario, 2 Bloor Street East, Suite 1400, Toronto, ON M4W 1A8.

If you decide to request a review of this decision, please provide the Commissioner's office with a copy of this decision letter and your request. You should be aware that there is a \$25.00 appeal fee that should be in the form of either a cheque or a money order made payable to the Minister of Finance. Any questions about the appeal or the fee should be directed to the Information and Privacy Commissioner at (416) 326-3333.

Please feel free to contact me if you have any further questions.

Yours truly,



Ashleigh Burnet

*Enclosure*

## Measurement Overview

### Return to Work with No Wage Loss within 12 Months of Injury

#### Background

Ensuring that injured workers recover and are able to return to work (RTW) is a critical objective of the WSIB's Strategic Plan. The Workplace Safety and Insurance Act calls for the WSIB to facilitate the RTW and recovery of injured and ill workers in a financially responsible and accountable manner. Historically, the WSIB has used the off-benefit rate as a proxy for success in helping injured workers return to work and recover.

In 2011, we developed a new measure to determine what percentage of injured workers returned to work at their pre-injury earnings within 12 months of injury. While various outside factors can influence the WSIB's success at returning injured workers to work (e.g. the availability of suitable employment) the purpose of this measure was to determine the WSIB's success at helping injured workers recover financially to the position they were at pre-injury.

The measurement of RTW at 12 months consists of three components which ensures that WSIB fully understands RTW.

- Monthly and quarterly measurement to ensure that we are closely tracking our ability to return injured workers to work at pre-injury wages
- Quarterly audited validation of RTW cases to ensure the accuracy and reliability.
- Focus on further refinement of the capture of RTW information as we implement new front end systems.

#### Monthly and Quarterly Measurement

This measure was developed based on the final claim resolution codes that are applied to the claim at closure. In the majority of cases, the claims are clearly coded, showing whether the injured worker had returned to work at 100% of pre-injury earnings. However, due to system and process limitations, 18% of claims were closed with an unspecified resolution code, meaning it was not possible to determine the outcome of the case without a detailed examination of the file.

To get the most accurate percentage of how many workers actually returned to work without a wage loss an audit was conducted on a random subset of the unspecified coded claims. Of these claims, it was found that 89.7% of them had returned to work, but did not have a resolution code. This audit finding was used when developing the RTW metric to provide the most accurate percentage possible of the number of workers who were back at work at full wages within one year. This can be presented as a simple formula:

$$\frac{(\# \text{ of closed Lost Time Injuries (LTIs) coded as RTW}) + (\# \text{ of closed LTIs with unspecified resolution code} \times 89.7\%)}{\text{total \# of LTI's}}$$

Based on this methodology the annual result for RTW at 100% pre-injury earnings was 92% in 2012. The quarterly breakdown for 2012 is listed below.

Q1 2012	Q2 2012	Q3 2012	Q4 2012	2012 full Year
91%	91%	92%	92%	92%

### Quarterly Audited Validation

To further validate the results the WSIB, with the assistance of the Chief Statistician, developed an auditing process to validate the percentage of workers who return to work within 12 months at no wage loss.

Within this methodology the Senior Statistician identified a statistically significant sample size for review, and the prescribed number of claims were randomly selected for auditing by Program Evaluation Specialists in the Service Delivery Quality Services department

A custom database was designed to collect the relevant claim information from WSIB's front line systems. The sample of claims was imported into the database and reviewers accessed claims via a user interface. The database was customized to prompt reviewers to conduct validation phone calls to workers where required. Only cases that were confirmed to have returned to work either through a notation in the claim file or through phone calls were identified as RTW. A 5% sample of these claims was also reviewed independently by a staff member from the Corporate Business Information and Analytics division to ensure process quality.

The results for 2012 audit were as follows:

Q1 2012	Q2 2012	Q3 2012	Q4 2012	2012 full Year
93.1%	92.6%	90.2%	90.6%	91.6%

Overall the audit was 95% confident that the 2012 percentage was between 90.5% and 92.7%.

### Further Refinement

The WSIB believes that the current methodology provides an accurate picture of the percentage of claims with a loss time injury that return to work within 12 months with no wage loss. The results are further validated based on the process developed by the Chief Statistician. However, we continue to work to improve the process.

The WSIB is currently working on implementing a new claims management system. The new system will have built in features that ensure that all claims are adequately coded throughout the claim life-cycle. We anticipate that this new system will allow the WSIB to further improve both the management and measurement of RTW.

**Title:** Considerations for Case Closure Protocols Cases with No PI Resulting from the Workplace Injury Illness

**Roles:** Case Manager (CM), Nurse Consultant (NC), Non-Economic Loss Clinical Specialist (NCS), Objection Intake Team (OIT)

### Approach to Handling No PI Cases

This document outlines the approach to take in cases when Service Delivery (SD) and NEL have collaboratively agreed there is no permanent impairment (PI) resulting from the workplace injury/illness.

The approach outlined in this document should also be followed in long duration cases where the CM has determined on his/her own there is no PI resulting from the workplace injury/illness prior to any NEL referral (e.g. cases where WSIB was on the path towards recognizing a PI).

The actions to be taken once it has been determined there is no PI depend on the status of claim activity at that time:

Worker has achieved return to work (RTW) or is fit to RTW – pre-injury or accommodated - and no loss of earnings benefit (LOE) is being paid

#### How to Implement Case Closure – No PI, RTW, No LOE

Worker has achieved RTW or is fit to RTW with accommodation or worker has completed work transition (WT) plan and partial LOE is being paid

#### How to Implement Case Closure – No PI, RTW or Complete WT, Partial LOE

Worker is active in medical rehabilitation or early and safe RTW program and full LOE is being paid

#### How to Implement Case Closure – No PI, Medical Rehabilitation or ESRTW, Full LOE

Worker is active in WT services and full LOE is being paid

#### How to Implement Case Closure – No PI, Active WTS, Full LOE

Worker deemed unemployable and full LOE is being paid

#### How to Implement Case Closure – No PI, Unemployable, Full LOE

### Objections/Reconsiderations/Appeals

For cases where the worker was receiving LOE at the time of the No PI decision, upon receipt of the Intent to Object Form (ITO), the CM will send the Referral for Access (Issue in Dispute) Form to the Access Department with a priority reason "Y" so that expedited file access and an Appeals Readiness Form (ARF) can be provided to the worker. The CM should also indicate "No PI decision" in the referral note.

Upon receipt of objections or requests for reconsideration of the No PI decision, the CM will assess the information submitted to determine next steps. If new medical information has been provided, the CM will contact the NCS and case conference the issue and new medical submission. The NCS will review it and reconsider the No PI decision. In cases where the No PI decision is being reversed, the NCS will place a new decision on file outlining the work related PI and notify the CM of the results of the reconsideration on a priority so that appropriate benefits and services can be restored.

If no new information has been submitted with the objection, the OIT CM will proceed with the appeals process.

Upon receipt of the ARF, if new medical information is provided that was not previously reviewed by the NCS, the CM should case conference the issue and new medical submission with the NCS as part of the reconsideration process.

Considerations of No PI decisions should be done collaboratively between the CM and NCS and there should be agreement in cases where the prior decision is being changed. Requests for reconsideration should be completed within 2 weeks of receipt.

Upon completion of the reconsideration process, if the No PI decision is confirmed, the CM is accountable for notifying OIT who will then complete the Appeals Branch Referral Memo and complete referral of the issues in dispute to the Appeals Branch along with secondary access.

### Standard Forms and Letters

Letter format D2I  
Memo format D2I

### Policy and Legislation

(11-01-05) Determining Permanent Impairment  
(18-05-03) Determining the Degree of Permanent Impairment

### Considerations

Considerations for Determining Maximum Medical Recovery  
Considerations for Determining Permanent Impairment

### Process

How to Process an Appeal  
How to Process Work Transition Appeals – Non-Expedited  
How to Process Work Transition Appeals - Expedited  
How to Process Combined Appeals – Claims and Work Transition Issues  
How to Process an Appeal in Pre-1990 Cases

### Reference

Information About Indicators of PI and NEL Rating Requirements

### Lists

Contact List for Permanent Impairment Branch (Non-Economic Loss)  
Contact List for Objection Intake Teams (OITs)

## Title: Information About Case Closure Activities for Short Term Case Managers

Roles: Short Term Case Manager (STCM)

---

### Close Activities

This process manages the closure of the claim in terms of return to work, recovery and entitlement (benefit administration) and flows out of review and monitoring or making decisions (such as non-cooperation, fitness for pre-injury work, no permanent impairment and post-accident change), or when the case is transferred to Long Term.

Closure can occur at different times for the various components that are being managed. As RTW and recovery goals are being met, the STCM makes any necessary adjustment to benefits, makes decisions regarding MMR, and must communicate the closure (and transfer if applicable) to all parties. The outcome achieved for each of the components is also documented in the case file.

### Final Case Manager Reviews

When the case is closed the STCM puts a memo to file indicating in the title that this is the final review (i.e. Final Review - Close Case).

Generally, cases will not be managed in short term beyond six months from the date of injury, at which time the case is transferred to long term. In this situation, the STCM must ensure the transfer criteria are met and the rationale for the transfer is outlined on the Review and Monitor memo.

The file must be current (any decisions / interventions that can be made based on the available information must be completed) and outstanding issues are identified in the action plan. Information regarding long term rate calculation, treatment, medication, secondary entitlement issues, return to work services, next steps to make an MMR/PI determination, must also be identified. Additionally, the STCM ensures that the accepted restrictions are clearly outlined in the record.

For additional information regarding transfer of cases, please see [Information About Transfer of a Claim from Short Term to Long Term](#) and [How to Transfer from Short Term to Long Term](#).

### Managing Toward Outcomes

There are many participants in the case management process all with differing needs, roles and responsibilities: the injured or ill worker and his or her family, co-workers, the employer, supervisors, the worker's health care provider, union representatives, employer representatives and the WSIB.

All parties need to work toward the common goal of recovery and RTW for the worker. The WSIB's role is to engage the workplace parties and providers to ensure that it is servicing, and/or collaborating with them appropriately and effectively. Throughout the process, the WSIB is accountable for ensuring that the worker and employer are provided with what they need to navigate the process including:

- Integrated, proactive service
- Assistance and guidance
- Information and education

### RTW

The RTW goal could include either return to the worker's pre-injury occupation, pre-injury occupation accommodated or an alternate position. It could also be aligned with the completion of a RTW plan. Once the worker has RTW, LOE benefits must be adjusted based on [Section 43](#) of the *Workplace Safety and Insurance Act* (WSIA).

If the worker is no longer experiencing a wage loss, the LOE benefits cease. The STCM must continue to monitor the case, and involve interventionists as necessary, if there are ongoing issues.

In some cases, the worker may withdraw from the workforce or may become non-cooperative. These cases result in case closure even though the goals have not been achieved. LOE benefits must also be adjusted appropriately.

#### Recovery

The recovery goal is aligned to the date of expected full recovery. In the event a worker does not achieve full recovery, the STCM must determine the date of MMR. If a permanent impairment is accepted a referral is made to the Permanent Impairment Program for a Non-Economic Loss (NEL) review. Completion of the MMRS screen with the MMR date is required to make the referral.

#### Closure Activities Consistent to all Cases

The following closure activities should be applied to all cases:

- Communication with WPP about closure is guided by the complexity of the case and should take place at the time of closure
- A personalized letter beginning with "further to our conversation" or "as we discussed" is sent to the WPP within 24 hours of the discussion
- Written correspondence is required for all cases – in cases where there is an issue in dispute at the closure a more formal decision letter is required. In all other cases a closure of CM services letter is required.
- For SAW cases, use the "Write a SAW Letter" template available on D2I
- LOE is adjusted where applicable and on the date the decision is made
- STCM to close case on the date the decision is made on CAT, WBS, MMRS where required (i.e. RTW codes) and ensure no outstanding CREVs

Note: Requests for additional entitlement i.e. recurrence, new area of injury, Psych/CPD, second accident etc., must be addressed prior to closure.

#### Standard Forms and Letters

Review and Monitor Action Memo (D2I)

TRANSL Letter (System 35 )

Write a SAW Letter (D2I)

#### Policy & Legislation

Workplace Safety and Insurance Act, 1997, as amended, section 43

(18-05-03) Determining the Degree of Permanent Impairment

#### Considerations

Considerations for Case Closure Protocols Cases with No PI Resulting from the Workplace Injury Illness

#### Process

How to Implement Case Closure – No PI, Active WTS, Full LOE

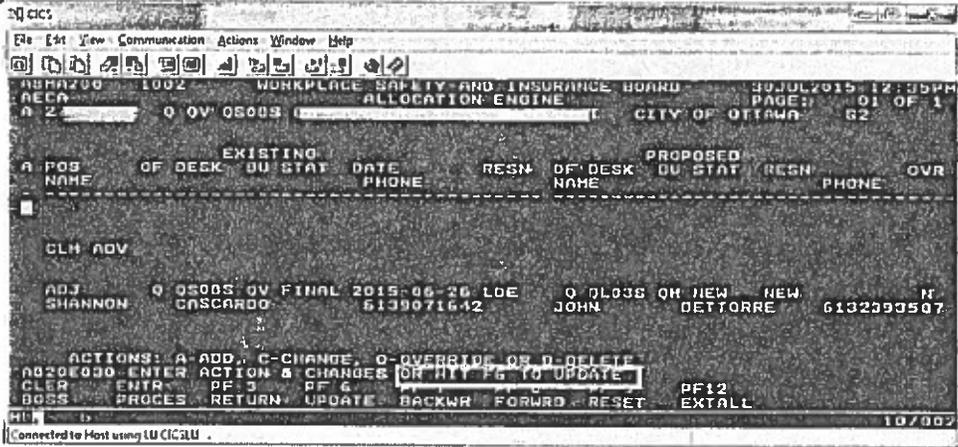
How to Implement Case Closure – No PI, Medical Rehabilitation or ESRTW, Full LOE

How to Implement Case Closure – No PI, RTW or Complete WT, Partial LOE

How to Implement Case Closure – No PI, RTW, No LOE

How to Implement Case Closure – No PI, Unemployable, Full LOE

How to Transfer from Short Term to Long Term

Step	Role	Activities
		 <p>Press PF6 again to confirm that the file is allocated to a LTCM.</p>
3	STCM	Call the LTCM (same day), to advise / discuss why the case is being transferred. Contact the WPP and explain the reason for the transfer, the contact information and role of the LTCM and respond to any questions from the WPP.
4	LTCM	Within three business days of receiving the case: Contact with the WPP and confirm and document the case plan in a CAP Send the <u>Case Transfer Introduction Letter (TRANSL letter on System 35)</u>

**Standard Forms and Letters**

TRANSL Letter ( system 35 letter)

Review and Monitor Action Memo on D2I

Case Assessment Plan (CAP Memo on D2I)

**Considerations**

Considerations for Transfer of a Case (General)

**Reference**

Information About Transfer of a Claim from Short Term to Long Term)

my

RECU/RECEIVED  
06-10-2016  
N-RW



Workplace Safety & Insurance Board

Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail

Head Office:  
200 Front Street West  
Privacy Office, 21<sup>st</sup> Floor  
Toronto, Ontario  
Canada M5V 3J1

Siège social :  
200, rue Front Ouest  
Bureau de la protection de la vie privée,  
21<sup>ème</sup> étage  
Toronto, Ontario M5V 3J1

VIA REGULAR MAIL

September 30, 2016

Industrial Accident Victims Group of Ontario  
55 University Avenue, Suite 1500  
Toronto, ON M5J 2H7

Attention: Maryth Yachnin

Ashleigh Burnet,  
FOI Access Specialist, Privacy Office  
☎ (416) 344-4771 ☎ (416) 344-5560  
Email / Courriel: ashleigh\_burnet@wsib.on.ca  
TTY/ATS : 1-800-387-0050  
1-800-387-0750 (ext. 4771)  
www.wsib.on.ca

Dear Ms. Yachnin:

RE: FIPPA Access Request #16-055  
IPC Appeal PA16-376

Thank you for taking the time on September 19, 2016 to discuss the above-noted appeal currently before the Office of the Information and Privacy Commissioner/Ontario (IPC).

**Amended Request:**

During our teleconference with Mr. Brian Bisson, Mediator, you agreed to amend your request to exclude certain items set out in your clarified request of March 21, 2016 (attached). These amendments, as proposed in my June 1, 2016 letter, are as follows:

1. Run the permanent impairment data at the current date for all claim segments rather than matching it against the Measuring Results metrics (10 hour reduction)
2. Run "duration" and "days lost" data at the current date (6 hour reduction)
3. Remove Items 22 and 23, as the WSIB is unsure whether the data can be provided (26 hour reduction)
4. Move the development of in-list for claim segments (agriculture, SAWP, etc.) up front and run the remaining measures off of those lists for the remaining measures (8 hour reduction)
5. Remove Items 32, 34, 36, and 38 for live-in caregivers, as the WSIB does not believe these would likely provide accurate results, given that many accounts for live-in caregivers give the general address of either the accountant or another business (12 hour reduction)
6. Remove Items 31, 33, and 35 and instead receive the classification unit report for CU9741-099 (3 hour reduction)

Of the original time estimate, these changes reduce the overall fee by 65 hours.

**Item 3 (Above) – Availability of Data:**

Additionally, I have been informed it is not possible to provide you the data outlined in Items 22 and 23 of your request:

22. In each calendar year since 2004, the number of allowed lost time claims in which WSIB has determined a worker's SEB/SO, rather than their actual earnings, where the worker's industry

was agriculture

23. In each calendar year since 2004, the number of allowed lost time claims in which the WSIB has determined a worker's post injury earnings on the basis of the worker's SEB/SO, rather than their actual earnings, where
- a. The worker's industry was agriculture; and
  - b. The worker's address was either:
    - i. The address of the consulate or liaison officer of a SAWP sending country
    - ii. An address in one of the SAWP sending countries

The WSIB does not capture information in our systems that would indicate if actual or determined earnings were used in decision making. The only way to provide you with this information would be to review individual claim files.

**Fee for Request:**

The cost to provide you the agreed to data is approximately \$2,760.00 and is outlined as follows:

Search/Preparation (92 hours @\$30.00/hr):.....	\$2,760.00
Photocopies:.....	\$TBD
Postage: .....	\$0
<b>Total:</b> .....	<b>\$2,760.00<sup>1</sup></b>

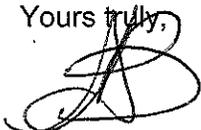
When the fee is over \$100.00 to fulfill an access request, an institution may choose not to initially do all of the work necessary to respond and decide to issue an interim access decision, including a fee estimate. The institution may also require the requestor to pay a 50% deposit before taking any further steps. Therefore, please send me a cheque made payable to the WSIB in the amount of **\$1,380.00**.

I am responsible for the decision and fee estimate. You may ask for a review of this fee estimate within thirty days of receiving this letter by writing to: Registrar, Information and Privacy Commissioner/Ontario, 2 Bloor Street East, Suite 1400, Toronto, ON M4W 1A8.

If you decide to request a review of this fee estimate, please provide the Commissioner's office with a copy of this letter and your request. In addition, you must send an appeal fee of \$25.00 to the Commissioner's office. Please include the fee with your letter of appeal; appeal fees should be in the form of either a cheque or money order, payable to the Minister of Finance.

Please feel free to contact me if you have any questions or would like to discuss this further.

Yours truly,



Ashleigh Burnet

cc. Brian Bisson, Mediator, Office of the Information and Privacy Commissioner/Ontario

<sup>1</sup> This cost may increase/decrease depending on the actual work effort required to complete each item of your request