



ANNUAL REPORT 2016

FAIR PRACTICES COMMISSION



An independent office working
to ensure fair practices at the
Workplace Safety and Insurance
Board of Ontario

Également disponible
en français

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FROM THE COMMISSIONER

I am honored to be delivering my first message as the commissioner. The workplace safety and insurance system is large, complex, and even for the experienced, can be difficult to navigate.

I'm grateful for the trust placed in me to lead the Commission and its dedicated staff to help bring about fairness for injured workers, employers, and service providers in their dealings with the WSIB.

Having been with the Commission since its inception in 2003, I have done the work of the Commission from all vantage points, from first point of contact to resolution. I served as acting commissioner from August 19, 2016 until December 14, 2016, when I was appointed commissioner by the WSIB Board of Directors.

In my nearly 30 years of experience with WSIB issues, every day brings something new. It is both challenging and rewarding for all of us at the Commission to continue to contribute to a culture of fairness.

The work of the Commission provides an avenue for those who feel that the WSIB has treated them unfairly. Unfortunately, many people are still unaware of the Commission's work and how we can help them. We are committed to changing that through increased outreach, and we encourage people to contact us if they have a fairness concern. We deal both with individual concerns and broader or systemic concerns that can affect many people in the WSIB system.

The culture of fairness continues to develop because complainants step forward, the Commission does its job, and in most cases, WSIB staff respond quickly and help to resolve problems. Other cases can take longer and are tougher to resolve.

The year 2017, my first full year as commissioner, will be another year of commitment to fairness in WSIB matters. I am very fortunate to have such a strong team of staff who are passionate about the work they do.

Every success here demonstrates that fairness is essential and attainable. And we achieve it through diligence, accountability, and integrity.

— Anna Martins, Commissioner

“The work of the Commission provides an avenue for those who feel that the WSIB has treated them unfairly.”

Anna Martins,
Commissioner



AN INDEPENDENT OFFICE

The Fair Practices Commission is an independent office working to promote and ensure fair practices at the Workplace Safety and Insurance Board (WSIB) of Ontario. As the organizational ombudsman for the WSIB, we

- listen to the concerns raised by injured workers, employers, and service providers
- resolve fairness issues quickly
- identify recurring fair practice issues and report them to the WSIB with recommendations for improvements.

Three main principles guide our work:

Impartiality

The Commission does not take sides in complaints. We advocate for fair processes.

Confidentiality

All inquiries are confidential unless we receive specific consent to discuss or disclose information.

Independence

The Commission serves injured workers, employers and service providers and works independently in the interests of fairness. The Commission reports directly to the board of directors, the governing body of the WSIB.

**“Thank
you for all
your help.
Without you,
I don’t think
we would
have been
successful.”**

Worker’s
representative

THE VALUE OF THE COMMISSION'S WORK

Building relationships

The Commission listens to the people who contact us and gives them options for resolving problems. The Commission assists the WSIB staff in understanding the concerns and frustrations of the people it serves. Experience shows that this type of informal facilitation helps build better relationships and provides everyone with better tools for tackling future problems.

Resolving conflict

The Commission's independence from the WSIB provides an opportunity for a fresh look at a concern and a creative outcome. The Commission's intervention at an early stage may help prevent future unfairness and the expense and time of formal appeals.

Preventing problems

The Commission can prevent problems through our capacity to track complaints and identify recurring themes and patterns. The Commission identifies the WSIB's best practices and recommends changes to prevent similar problems.

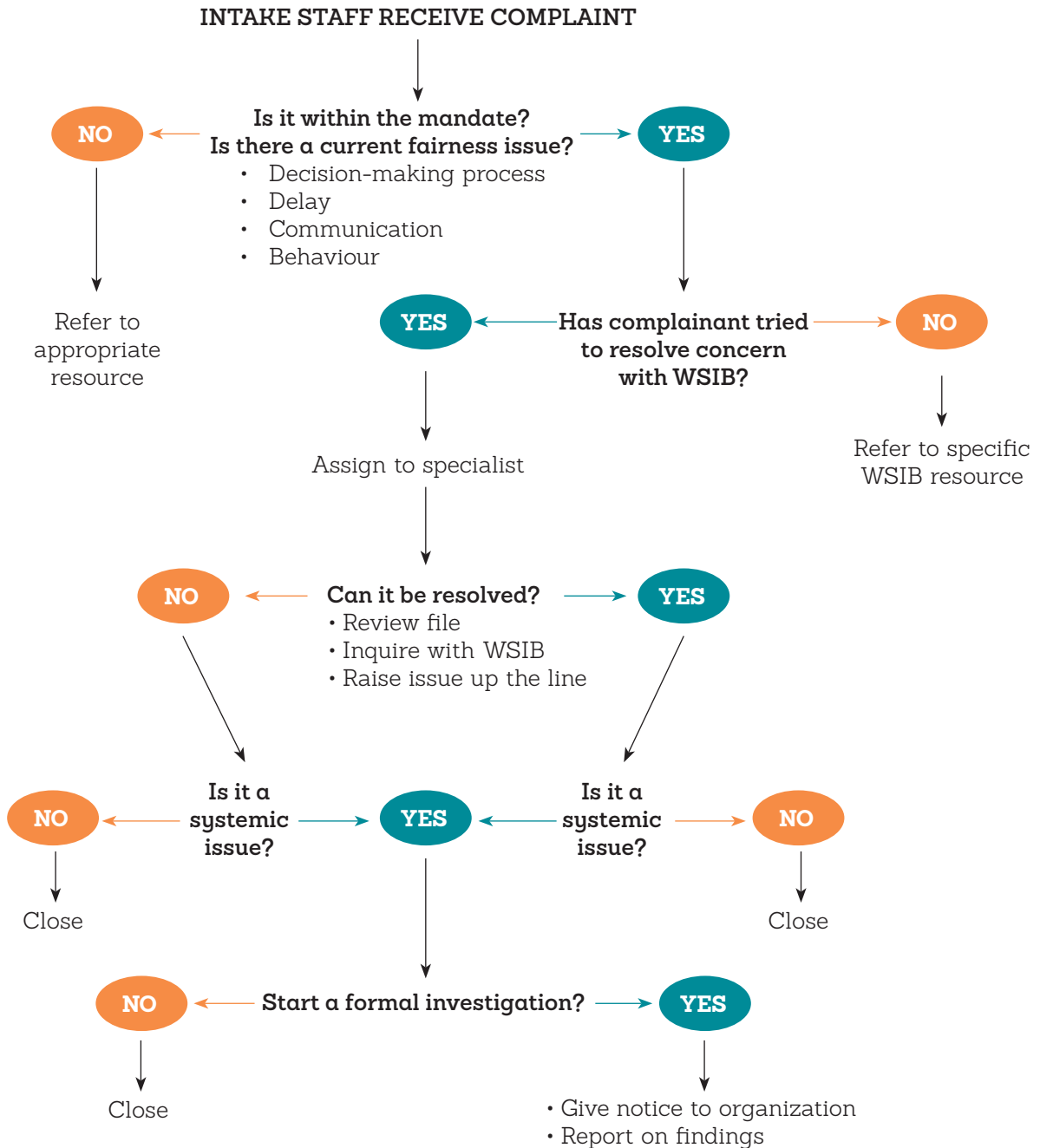
Acting as an agent of change

By helping the WSIB understand how to resolve conflict and build better relationships, the Commission fosters a culture in which the WSIB adapts and responds to the needs of the people it serves.

**"I want to
thank you
and your or-
ganization
for stand-
ing up for
what's fair."**

Worker

THE COMPLAINT PROCESS



THE RESOLUTION PROCESS

When the Fair Practices Commission receives complaints or inquiries, we respond according to what is appropriate to the circumstances of each individual.

We encourage everyone first to discuss their issue with the WSIB staff person most directly responsible and, if that does not resolve it, raise it with the manager.

If the concern is unresolved, the Commission determines whether there is a current fairness issue. The Commission may consider the following questions in deciding if the issue is about the fairness of the process:

- Is there an issue of timeliness?
- Is there a communication issue?
- Does the person need more information to understand WSIB processes and policies?
- Did the person have a chance to make a case to the decision-maker?
- Did the WSIB consider all the relevant information?
- Did the WSIB explain clearly the reasons for the decision?
- Is the decision consistent with WSIB law and policy?
- If the WSIB did make a mistake, did they acknowledge it and correct it?
- Did the WSIB respond fairly and respectfully if someone felt poorly treated?

If the Commission determines that a fairness issue is not involved, we explain this.

If there appears to be a fairness issue, the Commission contacts WSIB management to get their perspective and to discuss steps to resolve the issue. If the issue remains unaddressed, the Commission approaches senior management to discuss options for resolution.

We call the person with the results.

FAIRNESS CATEGORIES

1 Decision-Making Process

Did the person affected by the decision or action know it would happen?

Did the person have input or an opportunity to correct or respond to information? Was information overlooked? Is there a policy or guideline related to the matter? If so, was it applied in a manner consistent with how it was applied in similar matters?

2 Delay

Was there an unreasonable delay in taking action or in making a decision? Was the affected party informed of the delay and the reasons for it? Were letters answered or calls returned in a timely fashion?

3 Communication

Was the decision or action communicated clearly? Were reasons provided to those affected? Did staff explain what the decision was based on? Were next steps or options explained?

4 Behaviour

Was the staff unbiased and objective when reviewing information? Was the staff courteous and professional? Were mistakes acknowledged and apologies offered?

When we receive a complaint about behaviour, we first advise the person to raise it with the manager. Then, if needed, we speak to the manager.



RESOLVED CASES

INDIVIDUAL CONCERNS

Urgent treatment for worker with PTSD, retroactive LOE benefits paid

He was a transit maintenance worker who had to deal with the aftermath of suicides and attempted suicides.

The worker suffered severe post-traumatic stress disorder (PTSD). Yet, he was not receiving psychiatric treatment and was in extreme mental distress.

The WSIB had offered the worker psychiatric treatment but he didn't want to see the practitioner the WSIB offered. Months went by with no treatment and no follow-up by the WSIB. The WSIB did not respond to the worker representative's correspondence and benefit-related queries.

The Commission contacted a WSIB manager about the lack of response and the worker's urgent need for treatment. The manager reviewed the file and agreed the worker needed immediate treatment. The WSIB arranged, through the worker's representative, for the worker to see the health practitioner with whom he was most comfortable.

The manager also informed the Commission that the worker hadn't received loss of earnings (LOE) benefits to which he was entitled. As a result, the worker was paid several years of retroactive benefits.

**"I so
appreciate
your
involvement."**

Worker

Delay in receiving NEL decision

Workers who sustain a permanent impairment because of a work-related injury or illness are eligible for a non-economic loss (NEL) benefit. An assessment is first conducted to determine the degree of permanent impairment.

In this case, the worker had been assessed and her level of impairment was determined. However, 18 months later she complained to the Commission that she was still waiting for her NEL decision.

The Commission's review revealed that although the worker's representative had followed up with the WSIB several times, no one at the WSIB referred the worker's claim to the Permanent Impairment (PI) program for a decision on the NEL benefit.

In contact with a WSIB manager, the Commission addressed the delay issue and key documents on file. The manager facilitated a review, action plan, and referral to the PI program for an expedited decision.

Within a few weeks, the worker was allowed a 25 percent PI, resulting in a NEL benefit payment retroactive to the completion of the assessment.

WSIB had employer's bank account frozen without notice

While attempting to do online banking, this employer received online messages from his bank to call customer support. Once he called, he was shocked to learn that, by court order, the WSIB had frozen his company's account to collect money owed to the WSIB. The Sheriff's office had already initiated garnishment.

The employer told the Commission the court order was unfair, and complained about the lack of notice. He also complained of frustrating dealings with multiple WSIB representatives.

The WSIB's collections department told the Commission that due to human error, the required notification didn't go out to the employer before the court order was issued.

Following further inquiries by the Commission, a director advised that the WSIB would waive penalty charges and interest on the account from the time of garnishment. A letter of apology was sent to the employer. In addition, in order to improve communication, the WSIB assigned the employer's account to a dedicated account services representative.

"I was feeling stone-walled and I started wondering if I should get a lawyer. I'm glad I found you instead."

Worker

Benefits unfairly terminated, restored

The WSIB terminated a worker's loss of earnings (LOE) benefits because the worker couldn't provide additional Canada Revenue Agency information to the WSIB. In fact, the WSIB had already received the necessary information.

The legal clinic representing the worker told this to the WSIB several times in writing. Unsuccessful, the clinic turned to the Commission. Contacted by the Commission, a WSIB manager reviewed the file and found that, as the clinic had written many times, the worker had already provided all required information about earnings and business expenses.

Following the Commission's inquiries, the WSIB reinstated the worker's benefits: he was paid retroactively for the two-year period during which he had not received benefits.

Older Worker Option (OWO) agreement revoked

This worker contacted the Commission through a language interpreter. He had signed an Older Worker Option (OWO) agreement in 2014. He said the WSIB had initially offered him two options for work transition (WT) training programs, but the WT specialist withdrew those options. The worker was concerned that he didn't understand the terms when he signed. He told the Commission that he had spoken with WSIB staff many times about his concerns, but was told the OWO would stand. According to WSIB policy, OWO agreements are irrevocable.

The Commission made inquiries with the WSIB assistant director who reviewed the file and determined the worker had not been given enough time to consider the OWO. Workers have 30 days to consider an OWO. Language barriers compounded the problem and the assistant director agreed that the worker had likely not understood the consequences of signing the OWO.

Because of the Commission's inquiries and the WSIB's review, the WSIB revoked the OWO and offered the worker a WT program. The worker accepted the offer and his full loss of earnings benefits were reinstated.

WSIB's job choice not suitable for injured worker

The complainant was a truck driver whose work injuries meant she could no longer drive trucks. Since her employer had no suitable work available, the WSIB engaged the worker in work transition (WT) services.

The worker's injuries to her shoulders, upper arms, and neck led to restrictions on lifting, pushing and pulling. The WSIB decided that a suitable occupation (SO) for the injured worker would be to work as a cashier, despite the worker's concern that work as a cashier would require mobility that was limited due to her injuries.

The worker contacted the Commission, which in turn spoke with a WSIB manager.

Because of the Commission's inquiries, the manager reviewed the WT plan and agreed that it was not suited to the worker's post-injury restrictions. The WSIB involved the worker in exploring options for a different SO and other WT services.

**“I am thrilled
... about
how much
the FPC
went to bat
for this poor
man.”**

**Worker's
representative**

Benefits reinstated after medical consultation

A young worker was suffering from post-concussion syndrome following a workplace injury. The WSIB suspended his benefits, saying the worker wasn't progressing in treatments.

The worker's representative raised concerns with the Commission. The Commission's review revealed that the WSIB assessments had been completed eight months earlier. In addition, during that time, the worker had received more diagnoses, and suffered ongoing physical symptoms. The modified work restrictions in the WSIB file were therefore out of date and not consistent with the worker's condition.

The Commission spoke to a WSIB manager, and then to an assistant director, questioning whether the WSIB had considered the new medical information when making its decision. This prompted the WSIB to ask a medical consultant to review the new information. The review showed that treatments were, in fact, helping the worker. The WSIB then decided to reinstate the worker's benefits retroactively. The worker continued with treatment.

Benefits slashed due to computer error

This worker received a cheque for only 10 percent of the usual amount of his loss of earnings benefits. When he reached his case manager, he learned the computer had moved the decimal point to the wrong place. He was told that the replacement cheque would have to be processed manually.

Days went by, the worker was out of funds, and his hydro payment bounced. The worker tried contacting his case manager again but without success. Almost one week later, he contacted a manager who advised that the request for a replacement cheque was with a payment specialist. When it was ready, it would be mailed to him. Direct deposit was not an option, he was told.

The worker contacted the Commission which contacted the manager. Since this was the WSIB's administrative error, the Commission asked if the WSIB would consider issuing a manual cheque to the worker's regional WSIB office on a priority basis.

Within a few hours of the Commission's inquiry, the cheque was in the regional office for the worker to pick up.



Worker won appeal, but WSIB refused to reimburse him for medication costs

A worker was successful with his appeal at the Appeals Branch, allowing him retroactive entitlement for a psycho-traumatic disability. He submitted receipts to the WSIB for medications previously paid for, in part by his spouse's insurance plan, assuming the WSIB would now cover his portion of the costs.

The WSIB returned the receipts and said that it does not reimburse for drug deductibles and medication paid through co-payment under private insurance plans.

The worker's representative contacted the Commission with concerns about the WSIB's decision-making process. Following the Commission's inquiries, the WSIB issued an apology to the worker and agreed to reimburse him for his medication costs. The worker re-submitted his receipts for out-of-pocket medication expenses, and was reimbursed a few weeks later.

"You guys do great work and I really appreciate it."

Worker

Worker's Loss of Earnings (LOE) benefits incorrectly calculated

This worker believed the WSIB's calculation of his LOE benefits was incorrect. He said he understood the formula used to calculate his earnings and knew how much he was to receive in wage loss benefits. But, the WSIB cheques often fell short of what he was supposed to receive.

The worker raised his concerns with the WSIB and asked that a manager review the numbers. In response, the case manager told the worker that a payment manager reviewed the calculations and "confirmed he was paid correctly". The worker could appeal the decision, but there would be no further review. No one at the WSIB offered him an explanation for the discrepancy.

The worker held to his position and contacted the Commission. Based on Commission inquiries, the manager agreed to meet with the worker and case manager. After that meeting, the worker received a five-page breakdown of his wage loss and a cheque for the amount the WSIB owed him.

WSIB promoted employer e-services that excluded major bank

The WSIB wants employers to make online payments for premiums, but when its letter promoting e-services went out to this employer, one of Canada's major banks was left out.

The employer tried to find out why her bank was not listed as a payor to her WSIB account, but had trouble getting a clear answer.

The bank told her the WSIB had to request that it be added as a payee. She asked the WSIB why this hadn't been done and was offered the choice to pay by credit card, which would increase her costs. She asked to be connected with someone more senior. A week after she emailed the director of finance, an account analyst contacted her to say that details about the lack of agreement with her bank were confidential and could not be revealed to her.

The employer contacted the Commission, which made a series of inquiries to the WSIB. The Commission helped to facilitate discussions between the bank and the WSIB, and the bank was soon added to the WSIB's list of payors.

Claim file re-opened and outstanding information collected

The employer told the WSIB that the injured worker had fallen from a ladder on his first day on the job. The worker hadn't yet been paid, and the company wasn't registered with the WSIB, according to the employer.

The Commission's review revealed that the WSIB had information on file confirming the employer was registered. Also, the worker had told the WSIB that he had worked for more than two years for the employer and was, in fact, paid by direct deposit.

Although this case came to the Commission only in 2016, the WSIB had closed the worker's claim file in 2013. The WSIB had written to the worker and advised it would close his file after the worker and his previous representative failed to attend or acknowledge a meeting to discuss outstanding information.

In 2016, a community legal clinic contacted the Commission arguing that the WSIB should not have closed the file. The clinic said that the WSIB had most of the information it needed, and that the worker spoke little English, was extremely vulnerable, and had been poorly represented at the time by another representative.

Following inquiries by the Commission, the worker's claim file was reactivated. An assistant director told the Commission he was not satisfied with how the WSIB had handled the claim, and he referred it



back to a claims investigator to collect outstanding information so that a proper entitlement decision could be made.

Worker's appeal allowed at WSIAT, but WSIB didn't pay LOE benefits

The worker was allowed initial entitlement for a work-related low back injury, according to a Workplace Safety and Insurance Appeals Tribunal (WSIAT) decision. The WSIB, however, did not pay the worker loss of earnings (LOE) benefits.

Although the worker returned to modified work, the employer subsequently fired her. The WSIB case manager decided the modified work was suitable and the firing had nothing to do with the injury.

The Commission's review suggested otherwise. Information in the WSIAT decision and the WSIB file indicated that the worker wasn't fired because of job performance. The Commission sought clarification on the WSIB's decision-making process and the worker's re-employment rights with the employer.

Because of the Commission's inquiries, the WSIB gathered further information, reviewed the claim, and found that the worker's termination was, in fact, related to her work injury.

As a result, LOE benefits were paid to the worker.

WSIB decision overturned for recurring mental stress

He was a train operator. Several years ago, he saw a person jump to their death on the tracks. The following year, he had to respond to a narrowly-averted suicide.

After both incidents, the WSIB allowed the worker's claims for traumatic mental stress. The worker returned to work both times, after medical treatment.

The worker witnessed another suicide attempt. He was off work for three weeks, having suffered a relapse in symptoms. The WSIB, however, didn't consider the third incident to be compensable.

The worker's representative objected, saying the WSIB hadn't properly applied its recurrence policy or considered the medical evidence. According to the case manager, there hadn't been a new incident, and there was no medical continuity between the latest incident and the earlier two.

The worker's representative argued that the WSIB recurrence policy does not require a new significant traumatic incident. He also noted

"It's nice to be talking to a watchdog organization that believes things can be made better."

Worker's representative

that the treating physician's medical reports documented significant deterioration due to the third incident.

The Commission contacted a WSIB manager, who reiterated the case manager's reasons for turning down the claim. The Commission then spoke with an assistant director. That's when the claim went back for further review.

After the review, the WSIB recognized that the third incident caused a recurrence of work-related mental health problems that began after the first incident. The WSIB determined that clinical compatibility had, in fact, been established between the events and that the worker's condition deteriorated following the third event.

The WSIB overturned its decision and the worker was allowed entitlement to benefits including medical treatment for the recurrence.

Mistakes in REC assessment lead to new assessment and treatment

The worker went to a WSIB Regional Evaluation Centre (REC) to have a work-related neck condition assessed. Results of the assessment were surprising to the worker. The assessment report referred to a test she hadn't done and that did not relate to her neck problems. Moreover, the worker complained to the Commission that the assessor didn't listen to the concerns she had raised about her neck.

The Commission contacted a WSIB manager about the incorrect information on file. The WSIB contacted the REC, which recognized the error of citing a report that didn't relate to the worker. The REC apologized and said the inaccurate information would be removed, but the recommendations made in the assessment report would stand.

In response to the worker's concerns, however, the WSIB offered the worker a new REC assessment, extension of physiotherapy treatment, and an additional cortisone injection for pain.



BEYOND THE INDIVIDUAL

Most of the Commission's cases involve an individual worker, employer, or service provider, but sometimes a flaw or unfairness is system-wide and can affect many people. Fixing one systemic issue can prevent many other problems.

Injured workers unclear on how to file complaints against RECs and specialty clinics

Several workers complained to the Commission about the service they received at WSIB Regional Evaluation Centres (RECs) and specialty clinics contracted by the WSIB.

The Commission's inquiries revealed that there was no clear and consistent process for the workers to raise their concerns. In fact, answers to the Commission's questions varied depending on who at the WSIB was asked. It was unclear whether the WSIB was responsible for initiating the complaint on the worker's behalf or whether the worker was left to file a formal complaint to the clinic or hospital in question. It was also not clear who was responsible for communicating the outcome of the complaint.

In response to the Commission's inquiries, the WSIB reported that the complaint process is included in all service contracts with the RECs and specialty clinics. The Commission maintained that even if that were the case, workers were unaware of the process, as were many WSIB staff. The Commission continued to raise its concerns with the WSIB.

Eventually, it was agreed that a clear and transparent process was required. The WSIB advised the Commission that it intended to post an explanatory document on its website, and the Commission's input was considered.

That document appeared on the WSIB website in January 2017.

Better communication of WSIB policy changes

An organization serving employers complained to the Commission about the difficulty in knowing whether and how WSIB policies have changed. The organization said it was not reasonable to have to do word-by-word comparisons of old and new policy documents. Furthermore, no stakeholder had the resources to do this type of document analysis.

The organization raised the lack of transparency with senior staff at the WSIB and suggested a "red line system", similar to "track changes" in a word processing program, to display policy changes clearly. The

organization then contacted the Commission saying no action was taken by the WSIB in this regard.

The Commission made several inquiries with the WSIB. In response, the WSIB advised that it will ensure that all future policy changes are clearly identified on the WSIB website.

The Commission was advised that documents featuring tracked changes will be posted for at least one year. Major changes will likely remain for longer. If changes can't be easily distinguished by track changes, such as streamlining or merging of policies, the WSIB will explain changes with detailed notes.

Workers seek clarity on Loss of Earnings calculations

Multiple workers said they couldn't understand how the WSIB calculated their loss of earnings (LOE) benefits. They couldn't get answers from the WSIB. In one instance, the case manager simply copied the payment specialist's memo and offered no explanation.

In another instance, a case manager told the worker to file an appeal if he didn't agree with the calculation. Following inquiries by the Commission, the case manager wrote a detailed benefit calculation letter to the worker. Still unclear, the worker was offered a meeting with the WSIB manager.

In response to further inquiries by the Commission, an executive director acknowledged that the WSIB could be doing a better job with correspondence and advised that there are plans in place for improvement.

The executive director also confirmed that it's the job of the case manager, not the payment specialist, to explain payment calculations. In complicated cases, it is the responsibility of the case manager's manager. In extremely complicated cases, managers for both the case manager and the payment specialist are to contact the worker together. WSIB staff were reminded of proper protocol.

"Besides (you), I haven't had anyone in my court. I can't thank (you) enough."

Worker

Systemic concern revisited – chronic pain disability

In 2014, the Commission advanced a systemic concern about how the WSIB handles chronic pain disability (CPD) claims. Several workers and representatives complained to the Commission that the WSIB refused to provide decisions on CPD without a medical diagnosis.

At the time the Commission raised the issue, senior management at the WSIB confirmed that they would issue clear instructions to staff on the process. However, in 2016, the Commission received similar complaints.

The Commission's review and inquiries revealed that, once again, some WSIB staff were telling workers that a diagnosis was required before a decision on CPD could be made. The Commission spoke with an executive director, who confirmed that there had been no change in the way such claims are to be adjudicated. A decision can still, in fact, be made without a medical diagnosis.

The WSIB has reminded its staff that they are required to use the information in the claim file to decide whether to allow the claim.



UPDATES FOR EMPLOYERS

Process clarified for Premium Remittance Forms

As reported in the Commission's 2015 Annual Report, employers were caught off guard when some banks stopped submitting premium remittance forms (PRFs) to the WSIB. Neither the banks nor the WSIB explained this to employers, and the WSIB charged some employers non-reporting fees.

The Commission suggested that the WSIB revise the PRF to clarify employers' reporting obligations and caution employers against relying on banks to confirm the premium payments.

In 2016, the WSIB advised the Commission of changes to the PRF and the related instruction sheet, "Completing your Payment Remittance Form". Employers are now clearly informed that if they pay online or at a bank, they must still report the payment through e-Premium or send the bottom portion of the PRF to the WSIB before the due date.

Improved communication on Employer Departure Premiums

After receiving employer complaints about the process for opting out of WSIB coverage, the Commission recommended in 2015 that the WSIB create better resources for staff who deal directly with employers. As reported in the Commission's 2015 Annual Report, staff started working from a new resource document, "Understanding Departure Premiums".

Most employers in Ontario are required by law to pay WSIB premiums. Others may opt in, but must pay "departure premiums" if they later opt out. Employers found that process difficult and unclear.

To improve communications, in 2016 the WSIB expanded the employer section of "Insurance Coverage for by-application employers" from one line to several paragraphs. The document now includes a detailed explanation of departure premiums and the right to appeal departure premium charges.

OUTREACH AND EDUCATION

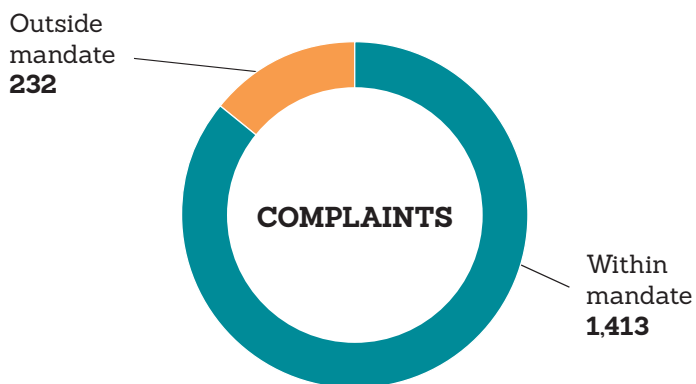
- Fairness education sessions for seven groups of newly-hired WSIB eligibility adjudicators
- Presentation to staff for constituency offices of Ontario MPPs
- Presentation to a group of service providers
- Teleconference with the Fairness Working Group, which represents fair practices offices of workers' compensation boards across Canada
- Attendance at annual general meeting of the Forum of Canadian Ombudsman (FCO)
- Attendance at two Ontario Bar Association workshops on workers' compensation issues, PTSD claims, and return to work plans
- Information table at Migrant Worker Health Conference sponsored by the Occupational Health Clinics for Ontario Workers (OHCOW)
- Attendance at Schedule 2 Employers Group conference
- Attendance at annual conference of the Society of Ontario Adjudicators and Regulators (SOAR)

FINANCIALS

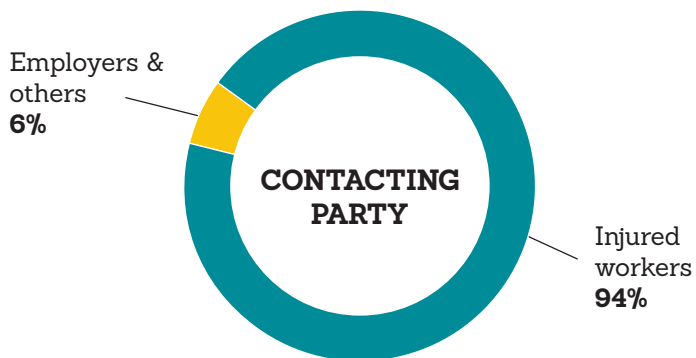
The Fair Practices Commission budget, approved by the WSIB board of directors, was \$1.15 million for the fiscal year ending December 31, 2016.

COMPLAINTS BY THE NUMBERS

Complaints to the Commission in 2016

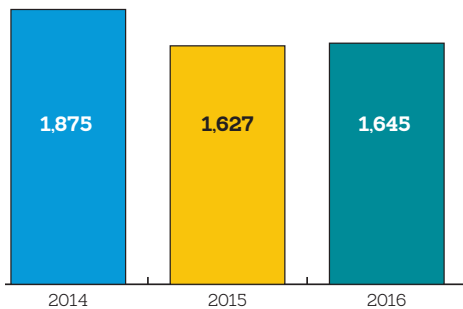


Who contacted the Commission in 2016



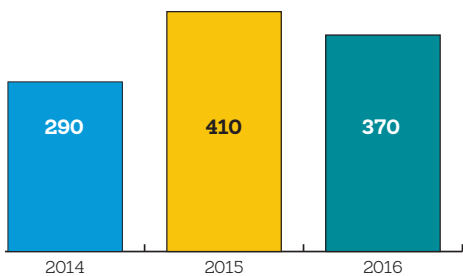
Three-Year Summary

ISSUES OPENED



The Commission received 1645 issues in 2016, compared with 1627 in 2015.

INQUIRES MADE BY SPECIALISTS

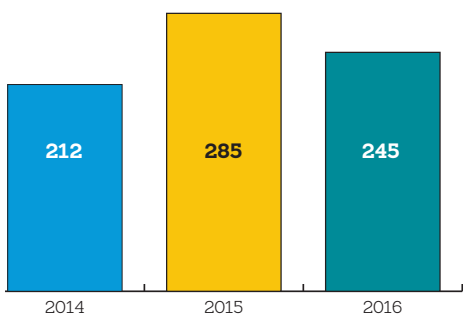


Specialists conduct an inquiry where we identify a potential fairness concern and the person has been unsuccessful in resolving the concern directly with the WSIB. Most of those issues were about delay (141) and decision-making process (143).

“I’ve never had so many answers in a day . . . and I have been trying for over a year and a half to get some answers.”

Worker

ISSUES WSIB HAD TO ADDRESS



The number of fairness issues that required action by the WSIB decreased in 2016. Most of those issues were about delay (95) and decision-making process (91). The WSIB took quick action once the Commission became involved. The Commission resolved most complaints within four days.

“You put my
claim on the
pathway
to end the
deadlock.”

Worker

Top 10 ranking of complaints by subject

2016	Subject	2015
1	Benefits	1
2	Health Care	2
3	Appeals Process	4
4	Work Transition	3
5	Employer Assessment Issues	7
6	Non-economic Loss	5
7	Return to Work	6
8	Psychotraumatic Disability	13
9	Permanent Disability	8
10	Expenses	9

Issues by fairness category

Fairness Category	2016	2015	2014
Decision-Making Process	34%	27%	26%
Delay	29%	32%	27%
Communication	19%	19%	18%
Behaviour	4%	5%	6%
Non-Mandate	14%	17%	23%

THE MISSION of the Fair Practices Commission is to facilitate fair, equitable and timely resolutions to individual complaints brought by workers, employers and service providers and to identify and recommend system-wide improvements to Workplace Safety and Insurance Board (WSIB) services. In carrying out its mission, the Commission will contribute to the WSIB's goals of achieving greater openness, better relationships and improved services.



An independent office working
to ensure fair practices at the
Workplace Safety and Insurance
Board of Ontario

123 Front St. W. Toronto, ON, M5J 2M2

Phone 416.603.3010 or 1.866.258.4383

Web fairpractices.on.ca

