13.0 SERVICE

13.0 INTRODUCTION

With over 600 occurrences, issues related to Service Delivery by the WCB generated more response than any other issue on the matrix. These responses were not confined to a few sections of the stakeholder community, but were concerns across the spectrum.

This paper will discuss the issue of Service under the following sub-issues:

- appropriateness and quality of service;
- employer services;
- claims management and sharing of information among divisions;
- information management;
- centralized versus local delivery of service;
- files never closed.

13.1 APPROPRIATENESS AND QUALITY OF SERVICE

13.1.1. Over-all Response
According to the matrix, the sub-issue, Appropriateness and Quality of Service generated nearly 300 responses. Of these, 35% were rated as low in intensity; 35% were rate as medium; and 30% were rated high. Of the 16 stakeholder groups, 14 responded to the issue of Service. Of these, 73% of the stakeholders were either injured workers, unions, or union associations. Within this group of stakeholders, 66% were injured workers, while the remainder was evenly split between unions and union associations. With very few exceptions, all responses were negative.

13.1.2. Discussion
As noted above, appropriateness and quality of service accounted for nearly 300 of the 651 responses. To facilitate discussion of these responses, this sub-issue has been divided into the following themes.

- sensitivity
- timeliness
- treatment by WCB personnel
- user friendliness in dealing with WCB
- manipulation and intimidation
- accessibility
- adversarial approach
- inefficiency
- delays
Theme: Sensitivity
Those who comment on this issue believe that the WCB personnel lack sensitivity in dealing with claimants. Many responses provide anecdotal evidence of insensitivity. It appears that there is an expectation that WCB personnel will not only make the necessary administrative decisions related to claims but will also provide emotional support for those experiencing severe trauma from their injuries. Other examples of insensitivity are personal, confidential information being given to employers by adjudicators; undue length of time in investigating sensitive claims; and arrogant off-handedness by vocational rehabilitation personnel.

When asked what the factors were in the reports of insensitivity by WCB personnel, one presenter said it was a “combination of things, lack of training, inappropriate people in positions of sensitivity, and overwork.” (CON-007).

In an effort to deal with difficult and sensitive claims, the WCB has a special Sensitive Claims Division. However, this division was not isolated from criticism. Of the submissions that dealt with insensitivity to claimants two mentioned the Sensitive Claims Division. One of them outlined the treatment involving a rape case (INJ-081), while the other submission discussed the attempt to have the Sensitive Claims Division affect a constitutional remedy from the widows’ pension provision (GEN-045). It is difficult to judge claimants’ general attitudes toward the Sensitive Claims Division, since these were the only two “hits” pertaining to it.

Theme: Timeliness
The issue of timeliness is one on which all submitters agree. Regardless of the stakeholder group, there is no one who believes that the WCB carries out its business in a timely manner; that is, without delay.

Both worker- and employer-oriented groups state that the decision-making process is too long. In addition, they believe that it is unfair of the WCB to impose time lines on claimants and employers when it does not have to abide by reasonable time lines. It is noted that even an internal ombudsman would not be to expedite matters because this person would still be an employee of the WCB and, even if the office of the ombudsman is impartial, it would be overworked.

Another point raised in the submissions is the inordinate amount of time it takes to receive copies of files. The consensus appears to be that the WCB’s antiquated filing system is at fault.

Injured workers are concerned that medical treatment is not approved or started quickly enough. These delays are particularly obvious when a physician orders a full range of diagnostic tests (x-rays, MRIs, CT scans, etc.). In addition to the medical complications such delays can cause, the injured worker is also subject to additional emotional and psychological stress while awaiting treatment.

Members of the medical community are also very critical of the delays encountered in dealing with the WCB. Examples of frustrations include late payments by the WCB and complications
that arise when the WCB sends claimants to therapists and then later disallows the claim, and fails to inform the therapist before treatment gets underway.

Theme: Treatment
The theme of Treatment as it relates to Service fell into two categories: Medical Treatment and Treatment by WCB Personnel.

Medical Treatment
There is concern by those in the forest industry that medical treatment is not available in a prompt manner. The issues centre around adequacy of response to medical emergencies; that is, the numbers of transport vehicles available and the qualifications of first-aid attendants. This is because the size and activity of the operation determines the level of qualification required in a first-aid attendant. In some cases, the first-aid attendant is not full-time, but doubles as regular employee. The concern is that serious injuries can occur in even small operations.

Another major concern, especially by the medical profession, injured workers, and unions is the issue of WCB personnel overruling or ignoring diagnoses by specialists considered to be more qualified than WCB personnel. Furthermore, there is no accountability on the part of WCB personnel for such decisions.

Treatment by WCB Personnel
This issue is similar to the one on Sensitivity. It differs, however, in that the discussions of sensitivity pertained to a systemic problem, while the treatment by personnel pertains to claimants interaction with individuals. The number of occurrences which mentioned treatment by individuals was greater than the number referring to systemic insensitivity. They ranged from all stakeholders and were, in general, higher in intensity.

Many submissions accused the WCB of not being user-friendly. These allegations ranged from unreturned phone calls, difficulty in reaching adjudicators, impersonal telephone systems, rude and impatient personnel, and lack of response to letters, faxes, and emails. One comment seemed to sum up the attitude of those who criticized the WCB personnel (“The system must become more user-friendly”). It is difficult to separate the systemic insensitivity from the treatment by WCB personnel, since the sum of individual experiences defines the system.

The lack of helpfulness by WCB personnel in solving problems is cited as an example of why the system is not seen to be user friendly.

The inability to contact WCB employees is cited by many as a source of frustration. Many injured workers, employers, unions, and the general public comment on the fact that WCB personnel do not return phone calls.

Another frequently-heard comment was that complaints against WCB personnel generally fall on deaf ears.
Adjudicators and medical advisors were cited for inadequate or improper treatment of injured workers. One claimant describes himself as an example of disrespectful treatment by WCB personnel and a humiliating examination by a WCB medical advisor. (INJ-159). Others voiced the same sentiment. During one claimant’s humiliating medical exam, the WCB doctor suggested that claimant meet her adjudicator. The adjudicator refused to meet because she “didn’t want a personal contact to affect her treatment of my file.” (INJ-210). Several claimants related examples of insensitive comments, and unfriendly attitudes. These ranged from being told to go to welfare if they can’t wait for compensation; being accused of lying; being told to stop faking injury and return to work; and being accused of using personal, family problems as an excuse for claiming compensation.

In addition to injured workers, many members of the medical profession outside the WCB experienced what can be described as frustrating, inefficient, and bureaucratic treatment. They cited such things as late payment of fees, lack of communication about claimants, and claims denied without notifying doctors before treatment began.

The animosity by stakeholders toward WCB personnel because of maltreatment produced some extreme recommendations. One of these accused some WCB of being envious of claimants who were awarded pensions. The resulting recommendation was that pension determination should be taken away from the WCB and placed in the court system (INJ-547).

**Theme: Manipulation And Intimidation**

Those who mention manipulation and intimidation in their submissions have three main areas of concern: the handling of claims information by WCB personnel; WCB’s dealings with claimants and other stakeholders and WCB managers dealings with their own employees.

**Handling of Claims Information**

Many of the responses from injured workers and injured worker associations allege manipulation of documents in a claimant’s file. This manipulation takes many forms. In some cases, the contention is that medical reports are changed or falsified in order to justify overruling a specialist. In others, it is in the form of misinterpreting or editorializing reports of claimant interviews. In yet other cases, claimants contend that important reports or relevant information is simply missing from their file.

One of the often cited issues is that of picking and choosing from medical reports. It is alleged that adjudicators go through medical data and highlight what they feel is appropriate. These highlighted excerpts then make up the adjudicator’s submission.

Many claimants who believed the WCB was manipulating and falsifying information have attempted to follow through with complaints. Most, however, are frustrated because the only avenue to which they could appeal was the WCB itself.

Several injured workers relate stories about intimidation by WCB personnel. These range from refusal to return phone calls; having secretaries claim that adjudicators were out of the office, when the claimant could clearly see him in the back; being threatened with slowing down the
appeal if the claimant did not quit writing letters; and being threatened with loss of benefits if the claimant “caused trouble.”

Other submissions criticize the “team approach” to claims management. Several felt that there was a sense of ganging up on claimants. The team approach, they felt, does not work when an injured worker with a minimal amount of education and lack of communication skills is pitted against a group that may not have his or her best interest as the main focus.

Workers who are “whistle-blowers” or who do not accept WCB rulings without appeals feel especially intimidated by Board personnel. Worker advocacy groups believe that the WCB and employers work in concert to have claims denied, appeals stalled, or compensation reduced or terminated. Examples of threats against “trouble-makers” have been cited earlier in this paper. It is suggested that the WCB is aware of employer threats to workers who refuse unsafe work. In addition, a union submission alleges that employers and the WCB use even more sinister tactics to have claims denied. For example, it is believed that employers have made false claims regarding an employee’s injury with the result that the claimant is accused of fraud. Accusations of fraud are especially intimidating for injured workers in part because they are ill-prepared for them.

In addition to adjudicators, medical advisors are other WCB personnel who are criticized for intimidation tactics. Many claimants believe that WCB medical advisors are in a position of conflict of interest because they are in the employ of the WCB. It is also pointed out that many of them are retired general practitioners who no longer hold credentials to practice medicine in BC. Being unable to practice on their own plus being employees of the WCB makes them vulnerable when the WCB wishes to dispute a qualified physician’s or specialist's diagnosis.

**Theme: Accessibility**

Since the front-line contact with the WCB is usually the adjudicators, they come in for the most criticism when stakeholders address the issue of accessibility. While most people focus on the inadequate service on the part of adjudicators, some look at the reasons for the inaccessibility. It is believed that adjudicators are generally overworked because there are not enough of them. It is also pointed out that lack of adjudicators and rehabilitation services in local communities adds to the frustration of inaccessible WCB personnel (this will be discussed further in the section on “Local Communities”).

The most common complaint is not being able to contact an adjudicator or other personnel. The complaints generally focus on the issues on unreturned phone calls, automated answering systems, unreturned voice mail calls, and being caught in an electronic loop of “phone by numbers.” This inability to contact the WCB is seen to have other spin-off effects—files are not accessible; information of decisions are not accessible; and service, in general, is not available in a prompt manner.

Inaccessibility is also related to the fact that WCB offices work the same hours as many claimants. This makes it difficult to contact an adjudicator except by taking time off work. It is even more difficult when claimants work long hours. Availing oneself of WCB services such as
adjudication, vocation rehabilitation, or examinations by medical advisors, usually means time off work and travelling expenses.

The inaccessibility of services for smaller, remote communities poses a hardship and frustration for the stakeholders living in these areas.

Other, less obvious, areas of inaccessibility are cited. For example, those confined to their homes, who speak a foreign language, or are hearing impaired have difficulty when it comes to presenting a case to the adjudicator or an appeal body.

The comments about accessibility or inaccessibility tend to separate into whether the claimant had a short-term or a long-term injury. The sentiment of many submitters was that the WCB does a good job in servicing short-term claims, but does not do a good job on long-term ones.

Theme: Adversarial
In this case, “Adversarial” refers to the attitude between the WCB and stakeholders; it does not refer to the “Adversarial versus the Inquiry Model” of gathering information. The latter issue is dealt with in the Royal Commission paper on Adjudication.

Most of the concerns in this area are about the accusatory, adversarial atmosphere experienced when dealing with the WCB. Without exception, stakeholders believe this atmosphere as destructive to the process of claims management. It is also said that the adversarial atmosphere stimulates long-term dependence of claimants on the system. Many injured workers who have been subject to this adversarial approach become angry and defeated.

As stated, most submissions point to the counter-productive nature of the adversarial atmosphere. Injured workers state they can not get helpful contact or information about options available from an adjudicator who is hostile. They believe that under a more co-operative approach, adjudicators would inform an injured worker of all the options available and what can be expected in the process. This approach would be more consistent with the WCB’s original mandate to support Occupational Health & Safety and to be an advocate for injured workers.

The physical presence of high-tech security at WCB offices leads some to conclude that the WCB has set up such an adversarial situation and has antagonized so many people, that the staff fears for its safety.

Theme: Inefficiency
The issue of inefficiency is interwoven with all the issues described earlier in this paper. For example, in the issue of medical services, both injured workers and the medical profession point to the duplication of medical testing and examination as an inefficient waste of funds. The earlier allusions to adjudicators and other personnel who misfile, misplace, or delay the processing of reports are seen not only as negligent but also as inefficient. Many submissions, from across the entire stakeholder spectrum, cite the lack of electronic filing and a frustrating,
inaccessible communication system as major examples of the inefficiency in the WCB’s service delivery.

In addition, the appeals system is cited—exclusively by employer groups—as being multi-leveled, confrontational, and inefficient. These stakeholders suggest a single entry-single exit, one-level appeal system that would be cooperative, inquiry-based, and efficient. Worker groups, in general, dismiss this argument. They state that a one-level appeal system would deny workers the extra levels of redress that are now available.

**Theme: Delays**

In searching the database on the issue of delays, the areas examined proved to be mainly those discussed in all the topics thus far. These include delays in process, unreturned communications, delays in decision making, appeals, etc. In providing service, the most constant criticism is around the issue of delay. There are, however, some areas in addition to the ones already discussed.

It was pointed out that delays in compensation payments (in some cases, up to six weeks) can cause financial hardship and premature return to work. This, in turn, can aggravate an injury that has not yet been allowed to heal. Delays in approving urgent medical procedure is also cited as a cause of serious consequences.

The area of appeals and the delay in the system is also part of this section. Delays are sometimes attributed to the number of levels in the system or alternatively to the backlogs in the system caused by bad decisions.

13.1.3. **Recommendations**

**Theme: Sensitivity**

In general, those who made recommendations regarding sensitivity focused on the need for better trained personnel in dealing with sensitive cases. There were also recommendations aimed at improving the way in which claimants are treated by WCB personnel.

**Sample Recommendations**
- WCB employees should be required to treat the workers with feeling, sensitivity, and caring.
- WCB personnel should be more sensitive to injured workers, making information more accessible, providing services more promptly, and not victimizing the injured and disabled.

**Theme: Timeliness**

Without exception, the recommendations centred around what submitters consider unreasonable delays in all aspects of the WCB’s operation.

**Sample Recommendations**
- Put a time limit of three months on the decision-making process.
- Require WCB personnel to return phone calls in a timely manner.
• Payments by the WCB to therapists and rehab facilities should be made in a reasonable and timely manner.

Theme: Treatment By WCB Personnel
Those who made recommendations regarding medical treatment concentrated on the delays encountered and WCB personnel overruling or ignoring the assessments of specialists. Those who commented on the treatment by WCB personnel centred the recommendations around the lack of interpersonal skills, the off-hand manner of dealing with claimants, and unacceptable level of communication with WCB personnel.

Sample Recommendations
• There should not be unreasonable or calculated delays in processing medical reports.
• The WCB must provide the forest industry workers with prompt and adequate medical treatment.
• A newly-injured worker must be given a full range of diagnostic tests, including x-rays, MRIs, CT scans, etc., that will pinpoint the extent of injuries.
• The system must become more user-friendly.
• Require WCB personnel to return phone calls in a timely manner and publish the extension numbers of adjudicators.
• Policing of WCB personnel should not be done by other WCB personnel.
• WCB personnel should be trained to deal with claimants as people first, not claim numbers. Get rid of the adversarial approach to claimants.

Theme: User Friendliness
The recommendations tended to reflect the feeling that the WCB was a large, impersonal, and impenetrable fortress staffed by uncaring personnel.

Sample Recommendations
• Publish the extension numbers of adjudicators.
• Require all WCB personnel to answer voice mail in the morning and before the end of the day.
• Train all WCB personnel in interpersonal skills and sensitivity training.
• Adjudicators should treat claimants as people, not as numbers.

Theme: Manipulation and Intimidation
In general, the largest area of recommendations concerning intimidation and manipulation involved the treatment of injured workers by WCB personnel. Other areas included the manipulation of information and of WCB personnel by the WCB.

Sample Recommendations
• Adjudicators should be trained to treat clients in a manner that is not intimidating.
• Adjudicators should not be allowed to manipulate claimants into inappropriate treatment or vocational rehabilitation areas by threatening to discontinue benefits.
• WCB should not manipulate their own personnel, such as medical advisors and voc rehab people, just because there is a trend toward stereotyping all injuries [proportionate adjudication].
• Non-medical, WCB personnel should not be allowed to pick and choose from medical reports in order to highlight their own submissions regarding claims.

Theme: Accessibility
The recommendations regarding accessibility tended to be in three main areas: the difficulty in contacting WCB personnel, and the lack of services in smaller centres, and the difficulty in finding out about appeal decisions.

Sample Recommendations
• All appeal decisions should be reported and accessible to stakeholders upon request.
• Claimant files should be electronically accessible to staff during a claimant phone call.
• Board personnel should be more customer-oriented and accessible. WCB staff should commit to excellence in customer service, and deal politely and quickly with requests for information.
• Quality rehab services should be more accessible in the northern part of BC.
• The WCB must be more accessible and user-friendly.

Theme: Adversarial Approach
Without exception, those who made recommendations regarding the adversarial approach by the WCB urged the Royal Commission to recommend a more helpful, co-operative, and advocacy approach to claimants and other stakeholders.

Sample Recommendations
• The WCB should develop a co-operative model, rather than an adversarial attitude, when dealing with injured workers.
• Remove the adversarial attitude on the part of the WCB personnel when dealing with disputed claims.
• Policies should be adopted to diminish the adversarial attitude between the injured worker and the Board.

Theme: Inefficiency
Other recommendations that would be covered in this section are already stated in the previous recommendation sections.
• Create a one-level, single-entry/single-exit appeal system instead of the three-level system presently in place.
• Dismiss all WCB doctors and medical advisors.

Theme: Delays
Many recommendations were made designed to eliminate delays in the delivery of service. These ranged from improving the communication system; streamlining the appeal division; allowing doctors to prescribe tests without authorization from the WCB; setting time limits for
decisions; hiring more adjudicators, and producing information, such as files, in a timely manner.

Sample Recommendations
- The WCB should take steps to streamline the appeals system.
- Concentrate on making good decisions to eliminate backlogs at the appeal level.
- Do not delay compensation payments.

13.1.4. Quotes

Theme: Sensitivity
- “I’ve had more success dealing with a defiant seven-year-old with his fingers stuffed in his ears than I have in getting the WCB to listen.” (INJ-149)
- “We cannot afford to fight them, but we cannot afford not to.” (INJ-149)
- “My dismay and disgust at the ignorance and insensitivity by the WCB is extremely hard to convey, but for the sake of my family, I have tried to temper my personal rage at what I consider heartless treatment.” (INJ-151)
- “Treat claimants and appellants with dignity and not like they were in a court of law accused of a crime.” (GEN-014)

Theme: Timeliness
- “The WCB should consider acting more like a private insurance company that does not take so long and provides benefits to those who deserve them.” (source?)
- “A claimant’s appeal process is no place for the employer to have his fines and/or premiums reduced resulting in inadequate service to the claimant.” (source?)

Theme: Treatment By WCB Personnel
- “The mental and emotional harassment by WCB personnel of injured workers must be stopped forthwith.” (INJ-347)
- “The “command and control” culture must be replaced by a focus on education and consultation.” (UNA-008)
- “There are parts of the Board that are excellent, very cooperative, but there are other parts that are like a cancer and must be fixed.” (MEP-011)
- “WCB is a closed system, which makes workers mistrustful.” (CON-008)
- “How does an adjudicator or voc rehab consultant get the OK to disagree with a neurologist’s assessment?” (INJ-103)

Quotes
- “I have had more success in dealing with a seven-year-old with his fingers stuffed in his ears than I have in getting the WCB to listen.” (INJ-127)

Theme: Manipulation and Intimidation
- “I have gone through the whole process and I feel totally manipulated and abused.” (INJ-486)
• “The hardship and humiliation endured by injured workers and their families because of lengthy investigations, videos, interrogations by investigators, intimidation, and checks into private family history are unacceptable and must be stopped.” (UNA-017)
• “The WCB answers to no one and writes its own rules and laws. It has become a complex, twisted, powerful force ruling the workforce by intimidation, threats, verbal abuse, and outright lies.” (GEN-122)

Theme: Accessibility
• “The WCB should be required to deal with customer as they have since the appointment of the Royal Commission.” (MEP-003)
• “Adjudicators are not accessible when they don’t live in the community.” (UNI-089)
• “The WCB needs to adopt a win-win approach as opposed to the WCB winning the employee losing.” (MEP-011)

Theme: Adversarial Approach
• “The adversarial relationship often becomes much like an addict and a pusher.” (CON-001)
• “The adversarial situation between the WCB and injured workers is destructive to the process.” (INJ-133)
• “Why does an organization that is supposed to be there for the benefit of injured workers and is supposed to be non-adversarial, require high-tech security far beyond what most businesses require? Remove it so clients can at least think they are in the presence of caring people rather than being processed for a spell in prison.” (IJA-008)
• “Why is the WCB allowed to use an adversarial, injured-worker claim system when poorly-educated workers are no match for the cunning and deceitful professionals at the WCB?” (INJ-040)

Theme: Inefficiency
• “Our current WCB system is overwhelming, bureaucratic, ineffective, and inefficient.” (IEM-135)

Theme: Delays
• “By constantly refusing to give patients the medical help that their doctors have recommended the WCB forces these workers to fight them through arbitration.” (INJ-542)
• “When a medical specialist states that a patient will need a minimum of six months of therapy, the patient should not be forced into losing half of that therapy due to unnecessary delays.” (INJ-542)
• “WCB should finalize decisions relating to a claim much more efficiently (e.g. one case, which took a year to settle, should have been closed within a few months). The long delay invites employees to misuse the system and costs the employer a lot of money and time.” (IEM-145)
13.2 EMPLOYER SERVICES

13.2.1. Over-all Response
Not surprising, of the 110 responses, over half came from employer groups. Of these responses, approximately one-half were rated as high in intensity. Less than one-third of the responses came from worker groups (including advocates), with one-fifth of these responses rated as high in intensity.

13.2.2. Discussion
The employer service sub-issue was divided into several themes important to the respondents. These were
- assessments, classification and rate setting,
- penalties,
- appeals.

Theme: Classification, Assessments, and Rate Setting
The employers who responded to the issue of assessment are clear about how assessments should be determined. They believe they should be based on claims cost. Employers, in general, state that the assessment system does not accurately reflect the experience of all businesses in the same classification. For example, if a business in a classification fails to implement an effective safety programme because of the cost, that business knows that the assessment rate can be increased by no more than 33.3% of last year’s rate, regardless of how much the accident rate has increased. A business that continually has high claims costs and increased assessments, impacts the rates of all businesses in the category. Those who have very high claims cost would rather continuing to pay the 33.3% increase in rates than spend the money on an effective safety program.

On the other end of the scale are small businesses, who felt the assessments were too high and did not reflect the nature of the business. Submissions from home-based businesses who have only the owner as the sole employee are placed in classifications that do not fit. The criticism is that there are not enough subclasses to accommodate small businesses. For example, businesses who offer services are classified as Manufacturing, and are assessed as such.

From the point of view of worker groups, the assessment for employers should be based on the actual number of accidents per man-hours worked and not on not claims costs. They argue that the companies who can afford to hire consultants to “manage claims” and can have claims discouraged, denied, or appealed can show a lower claims cost that does not reflect the actual accident rate.

Unions also see employer assessments being ineffective because the rate can be manipulated by keeping claims cost down. This can be accomplished, not through lower accident rates, but through management of claims. At present, there is no list of violations that require automatic penalty assessments.
Theme: Penalties
The issue of penalties generated opposite points of view between employers on the one hand and workers and unions on the other. Employers believe that the WCB is relying too heavily on penalties to enforce Occupational Health & Safety regulations. This, they contend, is counterproductive. Many employers state that they will not ask the WCB for information or assistance, because those requests usually result in violation orders being written. It is felt that a more consultative, educational approach would result in better safety programmes and a more cooperative atmosphere between employers and the WCB.

Workers and unions, on the other hand, believe that the WCB getting away from its mandate of enforcing Occupational Health & Safety regulations. In general, they state that the fines and penalties imposed for non-compliance insufficient to promote enforcement.

Theme: Appeals
As pointed out earlier in this paper, the main concern regarding appeals is delay. Both worker groups and employer groups describe the appeals system as cumbersome, inefficient, and bureaucratic. The suggested solutions range from decreasing the number of levels of appeal to keeping the present three-level system, but work on the logjam of pending appeals. Workers, in general, experience intimidation by the process, while employers believe they are not given enough information to contest appeals.

Other issues in this section, such as enforcement and incentives, are discussed elsewhere in the paper.

13.2.3. Recommendations
• The WCB should maintain a list of violations requiring automatic penalties. This list should include: over exposure of workers to hazardous environments; repeated non-cooperation with the Occupational Health & Safety Committee; lock out violations; and any act of discrimination against a worker due to reporting an unsafe work condition. (UNI-021).

13.2.4. Quotes
• “If someone set out to intentionally create the most awkward, inefficient, and bureaucracy-laden system in the world, it would probable resemble the WCB.” (CON-018).

13.3 CLAIMS MANAGEMENT

13.3.1. Over-all Response
The largest group of respondents to this sub-issue were injured workers. Of the nearly 100 responses, 65% came from injured workers. It was clear that the term “claims management” had two distinct definitions. Almost 75% of the responses were rated as medium in intensity, while the remainder were split between ratings of low and high intensity.

13.3.2. Discussion
“Claims Management” is discussed as both a positive aspect and a negative one, depending on the definition. On the positive side, claims management as defined as having one contact
responsible for a claim is lauded by both workers and employers. Until recently, a single claim was handled by several people. Each WCB employee or department was responsible for handling specific aspects of a claim. Once a file was passed along, the recipient became the person responsible for the claim. This made it exceedingly difficult for a claimant or an employer to find out the status of a claim. The WCB instituted a claims management system in the Prince George area. Under this system, a single manager is designated as the point of contact for a claim. Regardless of the number of people involved in processing the claim, the claim manager is responsible for keeping track of the progress and status of that claim. Without exception, those who commented on this issue urged the WCB to expand this pilot programme to all centres.

Claims management is also defined by some as the management of claims by “hired guns.” In this context claims management is seen by workers as negative. Workers perceive that in this case the only objective of claims management is to keep the number of claims and, therefore, claims costs down.

13.3.3. Recommendations
Those who discussed claims management from an negative definition urged the WCB to assess employers on the actual accident rate, not claims costs. Under the definition of a single point of contact, everyone was in agreement—adopt the policy system-wide.

13.3.4. Quotes

13.4 INFORMATION MANAGEMENT

13.4.1. Over-all Response
According to the matrix, the number of responses and the intensity ratings were identical for employers and injured workers. However, the issue, according to the database, indicated that it was the injured workers who were most concerned. The numbers for the independent employers appear to be a typo.

13.4.2. Discussion
As discussed in an earlier section, information management is criticized heavily by workers. Criticism ranges from difficulty in getting complete information about a claimant’s file to the mishandling of information. Many workers allege that information in their files is false, forged, misrepresented, missing, or irrelevant. Most consider the lack of a comprehensive electronic filing system to be a fault.

13.5 CENTRALIZED VERSUS LOCAL DELIVERY OF SERVICE

13.5.1. Over-all Response
Approximately 50 responses were noted in the area of centralized versus local services. Roughly one-half of the responses were rated as medium in intensity, while one-fifth were rated as high in intensity. Again, the responses were spread across the range of stakeholders, with most of them coming from injured workers.
13.5.2. Discussion
Most of the responses came from injured workers. In addition many other groups also responded. These groups included employers, the medical profession, municipal governments, and unions. Like those from injured workers, these submissions were unanimous in urging the WCB to establish satellite services in more locations. The lack of services in northern communities and the difficulties with travelling are cited as reasons for expanding satellite service centres.

Stakeholders in more remote communities perceive themselves as “poor cousins” when it comes to the accessibility of WCB rehabilitation and medical services. It is pointed out by many injured workers that having to travel to Richmond for vocational rehabilitation while being isolated from family and community is detrimental to the recovery from injury. In addition, other submissions, particularly from unions and union associations supported the concept of establishing Occupational Health & Safety clinics throughout BC.

The most discussed issue in the area of local services is that of travel. In many northern communities, road travel in the winter is impossible. Also, some do not have adequate phone service. In addition to these difficulties, there are usually no medical facilities beyond the very basic. Injured workers are required to travel long distance for such services as CAT scans. Many areas have no airstrip or public transportation. Local communities, according to several submitters, do not get adequate service by virtue of their remoteness. An injured worker association contends that there are examples of brain/head injuries being ruled out simply because of the expense involved in testing at a larger centre (IJA-004).

Other respondents point to the inefficiency and added expense of seeing a doctor of the adjudicator’s choosing rather than their own family doctor. In some cases, doing so requires the claimant to travel several hundred miles.

13.5.3. Recommendations
All of the recommendations from respondents were unanimous in urging the WCB to establish facilities in smaller communities.

Sample Recommendations
• All rehab services should be done in the local communities and contracted through local GPs.
• The WCB should arrange services so that claimants do not have to travel any more than 100 miles for full rehab and medical treatment.

13.5.4. Quotes
• “If the WCB already agrees that rehab and medical treatment is better dealt with locally, why do we still have the rehab and medical centre in Richmond?” (IJA-008)
• “Board doesn’t seem interested in hiring people for remote communities.” (IEM-027)
13.6 FILES NEVER CLOSED

13.6.1. Over-all Response
There were very few responses to this issue. Again, there appears to be a typo in the matrix. According to the data, it was the employers who were most concerned.

13.6.2. Discussion
Employers believe it is unfair that a claimant can reopen a claim 10 to 20 years later and hold the employer responsible for any costs involved. According to those who mentioned it, the employer’s responsibility for an injured workers claim should have a reasonable expiry date.

OVERALL SUMMARY

Service delivery was an important issue for all stakeholders. It was clear from the responses that the WCB is not seen to be doing a very good job in this area. The attitude of WCB personnel was seen as off-hand and cavalier.

The generally negative criticism came from all stakeholders. The criticism was directed at all aspects of the WCB. Most, however, was directed at WCB personnel. This appears to be the result of individual contacts with adjudicators. Because of the experiences of many submitters, there tended to be a generalization about the entire system. The section on the Appropriateness and Quality of Service (Service1) defined most of the criticism. Of the 561 occurrences, over 300 came from this section. The other sections--2 through 6--tended to support the submissions in section 1.

The over-all impression one receives from examining these responses is that the WCB is a large, impersonal, and unsympathetic organization that does not do a good job in delivering service.