



# INFORMATION REPORT

<b>TO:</b>	Chair & Members Audit, Finance and Administration Committee
<b>COMMITTEE DATE:</b>	March 26, 2018
<b>SUBJECT/REPORT NO:</b>	Employee Attendance Report 2017 (HUR18009) (City Wide)
<b>WARD(S) AFFECTED:</b>	City Wide
<b>PREPARED BY:</b>	Rob Burwash 905-546-2424 Ext. 2655 David Lindeman 905-546-2424 Ext. 5657
<b>SUBMITTED BY:</b>	Lora Fontana Executive Director Human Resources & Organizational Development
<b>SIGNATURE:</b>	

## Council Direction:

Human Resources staff reports employee attendance performance measures to Audit Finance and Administration Committee on an annual and semi-annual basis. This report presents sick absence data covering from January to December 2017 with comparison to 2014 through 2017.

## Information:

This report includes the short-term disability (STD), Work Accommodation and Long-Term Disability (LTD) data for the entire City, excluding Police and Library. The report also provides an update on the steps taken to support employees in improving their attendance.

## Executive Summary:

This report provides an overall summary of the City's employee attendance performance measures and program.

## Short Term Disabilities (STD) 2016 to 2017

- Short term disabilities are broken down for the purposes of this report into two categories; 1) those governed by Income Protection Plans (most of the organization) and, 2) those governed by a Sick Bank Plan (Fire).

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**Trends for STD – Group 1 - Income Protection Plans**

- Overall, lost paid sick days per eligible employee increased slightly to 12.1 days (84.9 hours) in 2017 from 11.9 days (83.0 hours) in 2016.
- Average Incidental sick absences increased to 4.0 days (28.0 hours) from 3.9 days (27.2 hours) per employee.
- Thirty-one percent (31%) of all employees had no incidental sick absences in 2017.
- Average Significant sick absences increased slightly in 2017 to 6.8 days (47.8 hours) from 6.6 days (45.9 hours) in 2016.
- Eighty-five percent (85%) of all employees had no significant sick absences in 2017 (slightly higher than 2016).
- Average modified sick time per employee decreased in 2017 to 3.6 hours from 4.3 in 2016.

**STD –Sick Leave Plan Fire Services**

- Overall, average hours lost for sick absences per eligible employee decreased to 118.6 hours in 2017 from 121.7 hours in 2016.
- Average Incidental sick absence increased slightly to 55.0 hours per employee in 2017 from 54.8 hours in 2016.
- Average Significant sick absences decreased to 62.5 hours per employee in 2017 from 66.8 hours in 2016.

**Long-term Disabilities (LTD)**

- New LTD claims increased to 76 in 2017 from 70 in 2016.
- Active cases at year end, total days lost to LTD claims and the total costs all increased in 2017 compared to the previous year.
- When compared to changes in the overall size of the eligible workforce, the rate of LTD claims per 1,000 employees increased in 2017 to 16.29 from 15.11 in 2016.

**Return to Work Services Performance Measures (see Appendix B to Report HUR18009)**

- The team closed 550 cases for employees needing assistance in returning to work after an injury or illness in 2017, down from 633 in 2016. This includes both occupational and non-occupational cases.
- Return to Work Services (RTWS) assisted in returning 457 employees to their full-time hours in 2017.

- The number of employees waiting for permanent, suitable accommodated work remained low in 2017 (N=13), same as 2016. This success in finding permanent work is the result of the efforts of the RTWS team and others in Human Resources in working with all stakeholders, including management and union representatives, to find suitable employment for these employees with significant permanent injuries or illnesses.

**Background:**

The City of Hamilton proactively manages occupational illnesses and injuries through programs and policies that: control employee absences; identify employees whose attendance needs improving; support employees in improving attendance; and prevent illness and injury amongst our employees.

**Definitions:**

Short-term Disabilities (STD) include absences of less than 1 day up to 130 days. STD has been further categorized into either Incidental or Significant sick absences. The majority of full-time employees are covered by an Income Protection Plan that provides benefits during a sick absence.

- Incidental sick absences are those that are less than 6 days in the Income Protection Plan and are managed primarily by an employee's supervisor. These absences are primarily due to common ailments like colds, infections, respiratory illnesses, gastrointestinal illnesses, viruses, or minor injuries, and do not require a sick claim form. These sick absences continued as the primary focus for front-line management in 2017.
- Significant sick absences are those that are 6 days or more, up to 130 days in the Income Protection Plan, require a medical claim form(s) and are additionally managed by Return to Work Services staff in Human Resources. These absences are caused by more serious medical conditions, including cancers, fractures, traumatic injuries, mental illness, cardiovascular conditions, nervous disorders, as well as surgeries.
- Modified sick absences are for those employees who are involved in graduated return to work programs and are paid for partial sick days. An increase in modified sick time reflects greater participation in return to work and therefore less unproductive costs.
- Chronic Sick Absence: Either a chronic condition (disease) of long duration and generally slow progression or a long-term condition which has fluctuating periods of poor health and deterioration or relapse while the person generally maintains a level of functionality. These are self-identified by employees and tracked as part of the Attendance Support Program.

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**Table 1: Employee Short-term Sick Absences 2014 to 2017 – Breakdown for Employees with Income Protection Plans**

	<b>Significant Sick Absence</b>	<b>Modified Sick Absence</b>	<b>Incidental Sick Absence</b>	<b>Chronic Sick Absence</b>	<b>Total (All categories)</b>
<b>2017</b>					
<b>Headcount</b>	4,665	4,665	4,665	4,665	<b>4,665</b>
<b>Lost Sick Calc. Days* Per Eligible Employee</b>	6.8	0.5	4.0	0.8	<b>12.1</b>
<b>Lost Sick Hours Per Eligible Employee</b>	47.8	3.6	28.0	5.5	<b>84.9</b>
<b>% Of Staff That Take Zero Sick Time</b>	84.8 %	94.5 %	31.2 %	96.7 %	<b>26.2 %</b>
<b>Paid Sick Calc. Days* Per Eligible Employee</b>	6.7	0.5	3.6	0.6	<b>11.5</b>
<b>Paid Sick Hours Per Eligible Employee</b>	47.2	3.6	25.0	4.4	<b>80.3</b>
<b>Lost Productivity Cost Paid</b>	\$6,820,988	\$496,909	\$4,176,274	\$571,336	<b>\$12,065,506</b>
<b>2016</b>					
<b>Headcount</b>	4,632	4,632	4,632	4,632	<b>4,632</b>
<b>Lost Sick Calc. Days* Per Eligible Employee</b>	6.6	0.6	3.9	0.8	<b>11.9</b>
<b>Lost Sick Hours Per Eligible Employee</b>	45.9	4.3	27.2	5.9	<b>83.2</b>
<b>% Of Staff That Take Zero Sick Time</b>	84.1 %	94.3 %	32.0 %	96.8 %	<b>26.1 %</b>
<b>Paid Sick Calc. Days* Per Eligible Employee</b>	6.5	0.6	3.5	0.7	<b>11.3</b>
<b>Paid Sick Hours Per Eligible Employee</b>	45.4	4.3	24.3	5.1	<b>79.0</b>

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<b>Lost Productivity Cost Paid</b>	\$6,351,413	\$532,194	\$3,917,691	\$653,178	<b>\$11,454,476</b>
<b>2015</b>					
<b>Headcount</b>	4,502	4,502	4,502	4,502	<b>4,502</b>
<b>Lost Sick Calc. Days* Per Eligible Employee</b>	6.6	0.5	3.9	0.6	<b>11.6</b>
<b>Lost Sick Hours Per Eligible Employee</b>	45.9	3.6	27.3	4.4	<b>81.3</b>
<b>% Of Staff That Take Zero Sick Time</b>	83.8 %	94.3 %	33.1 %	97.8 %	<b>27.2 %</b>
<b>Paid Sick Calc. Days* Per Eligible Employee</b>	6.5	0.5	3.5	0.5	<b>11.0</b>
<b>Paid Sick Hours Per Eligible Employee</b>	45.4	3.6	24.4	3.8	<b>77.3</b>
<b>Lost Productivity Cost Paid</b>	\$6,062,574	\$467,620	\$3,778,857	\$447,561	<b>\$10,756,612</b>
<b>2014</b>					
<b>Headcount</b>	4,400	4,400	4,400	4,400	<b>4,400</b>
<b>Lost Sick Calc. Days* Per Eligible Employee</b>	6.6	0.5	3.8	0.1	<b>10.9</b>
<b>Lost Sick Hours Per Eligible Employee</b>	46.0	3.6	26.3	0.5	<b>76.5</b>
<b>% Of Staff That Take Zero Sick Time</b>	85.0 %	95.1 %	32.5 %	99.4 %	<b>28.1 %</b>
<b>Paid Sick Calc. Days* Per Eligible Employee</b>	6.5	0.5	3.4	0.1	<b>10.5</b>
<b>Paid Sick Hours Per Eligible Employee</b>	45.5	3.6	23.9	0.4	<b>73.4</b>
<b>Lost Productivity Cost Paid</b>	\$5,782,616	\$415,880	\$3,542,634	\$41,269	<b>\$9,782,399</b>

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For the above table: \* represents a standard calculated 7 hour day. Incidental sick absences are single absences of less than 6 days. Significant sick absences are single absences of 6 to 130 days. Lost Productivity Cost Paid represents the value of sick benefits paid to employees while off and not contributing to the work of their team.

The table above indicates:

- Overall, lost paid sick days per eligible employee increased slightly to 12.1 days (84.9 hours) in 2017 from 11.9 days (83.0 hours) in 2016.
- Average Incidental sick absences increased to 4.0 days (28.0 hours) from 3.9 days (27.2 hours) per employee.
- Thirty-one percent (31%) of employees had no incidental sick absences in 2017.
- Average Significant sick absences increased slightly in 2017 to 6.8 days (47.8 hours) from 6.6 days (45.9 hours) in 2016.
- Eighty-five percent (85%) of employees had no significant sick absences in 2017 (slightly higher than 2016).
- Average modified sick time per employee decreased in 2017 to 3.6 hours from 4.3 in 2016.

### **Human Resources Initiatives to Assist Employees to Improve Attendance**

- Workplace mental health and wellbeing was a main area of focus in 2017. In addition to having a workplace mental health strategy and policy, the following programs were also initiated:
  - Trained internal staff delivered “The Working Mind” program to non-first responders
  - Partnership initiative with Homewood Health to focus our Employee and Family Assistance Program and employee mental health and wellbeing
- People leaders continued to meet with employees who were identified as having attendance issues through the Attendance Support Program to develop plans to improve individual attendance.

### **Plans for 2018**

- Continue offering “The Working Mind” training program to staff
- Launch a revised Attendance Management Program, including a comprehensive communication strategy and training program for all people leaders
- Provide recommendations to Senior Leadership Team to align our programs with the national Psychological Safety Standard under the auspices of the multi-stakeholder Workplace Mental Health Action Committee
- Continue offering chronic pain management workshops to staff
- Provide group staff sessions on accessing our health resources

**Table 2: Employee Sick Absences, 2014 to 2017 – STD Breakdown for Employees with Sick Bank in Fire Services**

	<b>Significant Sick Absence</b>	<b>Modified Sick Absence</b>	<b>Incidental Sick Absence</b>	<b>Chronic Sick Absence</b>	<b>Total (All Categories)</b>
<b>2017</b>					
<b>Headcount</b>	532	532	532	532	<b>532</b>
<b>Lost Sick Hours Per Eligible Employee</b>	62.5	1.1	55.0	n/a	<b>118.6</b>
<b>% Of Staff That Take Zero Sick Time</b>	64.1 %	99.3 %	19.8 %	100.0 %	<b>15.6 %</b>
<b>Paid Sick Hours Per Eligible Employee</b>	61.6	0.7	54.8	n/a	<b>117.1</b>
<b>Lost Productivity Cost Paid</b>	\$1,561,929	\$18,671	\$1,341,660	n/a	<b>\$2,922,260</b>
<b>2016</b>					
<b>Headcount</b>	547	547	547	547	<b>547</b>
<b>Lost Sick Hours Per Eligible Employee</b>	66.8	0.1	54.8	n/a	<b>121.7</b>
<b>% Of Staff That Take Zero Sick Time</b>	62.5 %	99.6 %	17.3 %	100.0 %	<b>12.2 %</b>
<b>Paid Sick Hours Per Eligible Employee</b>	64.2	0.1	54.4	n/a	<b>118.7</b>
<b>Lost Productivity Cost Paid</b>	\$1,698,560	\$3,604	\$1,366,182	n/a	<b>\$3,068,346</b>
<b>2015</b>					
<b>Headcount</b>	539	539	539	539	<b>539</b>
<b>Lost Sick Hours Per Eligible Employee</b>	59.3	0.1	45.1	n/a	<b>104.5</b>
<b>% Of Staff That Take Zero Sick Time</b>	65.9 %	99.6 %	22.3 %	100.0 %	<b>16.7 %</b>
<b>Paid Sick Hours Per Eligible Employee</b>	55.5	0.1	44.9	n/a	<b>100.5</b>
<b>Lost Productivity Cost Paid</b>	\$1,414,227	\$2,452	\$1,112,110	n/a	<b>\$2,528,788</b>
<b>2014</b>					
<b>Headcount</b>	546	546	546	546	<b>546</b>
<b>Lost Sick Hours Per Eligible Employee</b>	60.1	0.1	44.3	n/a	<b>104.5</b>
<b>% Of Staff That Take Zero Sick Time</b>	66.4 %	99.8 %	23.6 %	100.0 %	<b>18.8 %</b>
<b>Paid Sick Hours Per Eligible Employee</b>	55.7	0.1	44.0	n/a	<b>99.7</b>
<b>Lost Productivity Cost Paid</b>	\$1,403,396	\$2,239	\$1,076,273	n/a	<b>\$2,481,907</b>

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\*Incidental sick absences are single absences of 24 hours or less, i.e. one shift or less.  
\*Significant sick absences are single absences of more than 24 hours, i.e. more than one shift.  
Lost Productivity Cost Paid represents the value of sick benefits paid to employees while off and not contributing to the work of their team

The above table indicates for Fire employees with sick bank:

- Overall, average hours lost for sick absences per eligible employee decreased to 118.6 hours in 2017 from 121.7 hours in 2016.
- Average Incidental sick absence increased slightly to 55.0 hours per employee in 2017 from 54.8 hours in 2016.
- Average Significant sick absences decreased to 62.5 hours per employee in 2017 from 66.8 hours in 2016.
- It should be noted that given the 24-hour shift schedule there are times that staff may become ill while at work, resulting in a sick absence being recorded as a partial shift in hours. The majority of the time when staff incur a sick absence it is for a minimum one shift or 24-hour period.

### **Human Resources Initiatives to Assist Employees to Improve Attendance**

A dedicated Return to Work Specialist with full responsibility for analyzing and managing absenteeism solely within the Fire Department has been piloted since the Fall of 2017. The above results show the positive impact of that role and further improvements in absenteeism are expected. The pilot is expected to be funded by the Fire Department for 18 months.

### **Long-term Disability (LTD)**

These are sick absences that extend beyond 130 days and are managed by a third party.

**Table 4: Long-term Disability (LTD) Claims 2014 to 2017**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>LTD new claims</b>	63	77	70	76
<b>LTD Days for employees</b>	21,805	23,902	29,699	32,112
<b>LTD Active Cases at end of year</b>	123	148	169	181
<b>Incident rate for new claims per 1000 employees</b>	14.31	17.10	15.11	15.96
<b>Costs</b>	\$3,154,668	\$3,686,325	\$4,339,386	\$5,117,317

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The above table indicates that the number of new LTD claims increased in 2017 and active claims at year-end also increased. The incident rate, based on eligible employee population, increased in 2017 over 2016 but was lower than 2015. The total days lost and corresponding costs also increased.

Over the last three years, top diagnosis categories for new LTD claims were:

- Mental health issues (34% of all claims)
- Musculoskeletal disorders (29%)
- Cancers (11%)
- Non-occupational accidents (8%)
- Cardiovascular disease (4%)

Mental health claims tend to be longer in duration. Our workplace risk reduction initiatives and our benefits provider's focus on treatment and progression management are jointly aligned to improve our employees' overall mental health and well-being.

Average age of claimants over the past three years was 50.1 years; average age with mental health disorders was 48.2 years; and at the higher end, the average age for cardiovascular disorders was 52.9 years.

## **Human Resources Initiatives – Occupational Health**

### **1. Occupational Health Nurse and Program**

The Occupational Health Nurse (OHN) in Human Resources is responsible for developing and maintaining a comprehensive occupational health program including employee health surveillance protocols, coordinating access to medical testing, and coordinating critical incident response.

### **2. Coordination of Critical Incident Peer Support (CIPS) Program**

The OHN coordinates deployment of the City's Critical Incident Peer Support (CIPS) Team. In 2016, there were 5 team activations for group support and 34 activations for peer support.

In addition to providing support to colleagues and peers, the team has had opportunities to attend a variety of training to benefit both their role at the City as well as the CIPS team, including the following:

- 2 members recertified as Non-Violent Crisis Intervention instructors
- 4 members trained in Individual Crisis Intervention
- 7 members completed Incident Management System (IMS) training
- 14 members attended "When Grief Comes to the Workplace" workshop

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- 1 member trained in Mental Health First Aid
- 3 members trained in “The Working Mind”
- 6 members attended the Joint Health and Safety Committee Recognition Event

### **3. Non-violence Crisis Intervention**

- The OHN coordinated the delivery of the training to 107 frontline employees at 7 sessions.

### **4. Employee Immunization**

- The City of Hamilton provides employee influenza immunization. The OHN in Human Resources coordinates and delivers the annual workplace influenza clinics for all City of Hamilton employees. In 2017, 1,017 vaccinations were delivered through 25 clinics at various city locations

### **5. Additional Activities**

- 2 sessions provided on infection control for Animal Services employees
- Coordinated the delivery of “The Working Mind” program through the Mental Health Commission of Canada
- 2 sessions delivered on sharps handling and needle-stick response for Forestry employees
- Facilitated a session of chronic pain management workshop

### **Appendices and Schedules Attached**

Appendix A to Report HUR18009 - Departmental Short-term Disability Absences  
Appendix B to Report HUR18009 - Workplace Accommodation Activity