




Hamilton

INFORMATION REPORT

TO:	Chair & Members Audit, Finance and Administration Committee
COMMITTEE DATE:	March 23, 2023
SUBJECT/REPORT NO:	Annual Employee Attendance Report 2022 (HUR23005) (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Yakov Sluchenkov 905-546-2424 Ext. 2655 Heather McNicol 905-546-2424 Ext. 2635
SUBMITTED BY:	Lora Fontana Executive Director Human Resources
SIGNATURE:	

Council Direction:

On an annual basis, Human Resources staff report employee attendance performance measures to the Audit Finance and Administration Committee. This report provides an overview of illness and non-occupational injury data for the period of January to December 2022, with relevant comparisons from 2018 through 2022. Also included in this report is an overview of COVID-19-related absence data.

Information:

Included in this report is Short-Term Disability (STD), Work Accommodation and Long-Term Disability (LTD) data for the entire City, excluding Police and Library. In addition, the report provides a summary of Work Accommodation outcomes demonstrating the support provided to assist employees in staying at work or returning to work following an illness or non-occupational injury.

Due to the ongoing impact of the COVID-19 pandemic, this report also includes an analysis of COVID-19-related absences for full-time, and part-time staff. Also provided is a summary of Human Resources measures implemented to manage absences and support employees during the COVID-19 pandemic.

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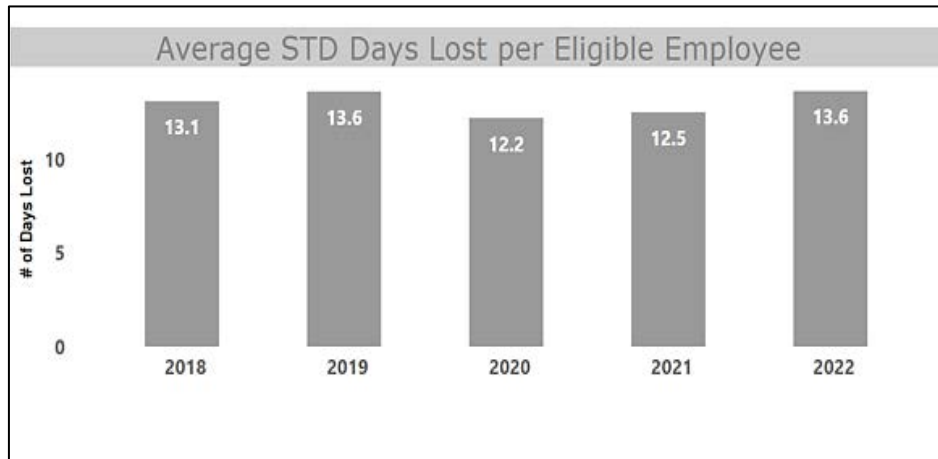
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Executive Summary:

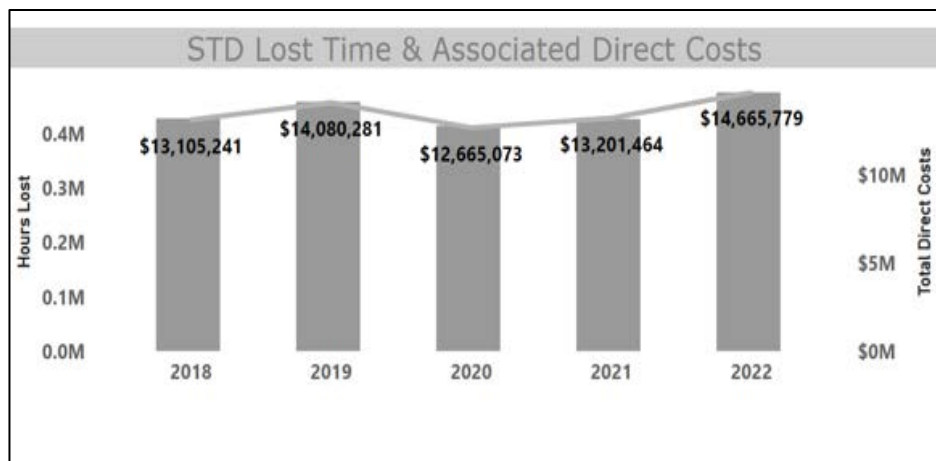
The following information summarizes key metrics used by the City in reporting absence-related data, including time lost due to STD and LTD, and Work Accommodation statistics, as well as the impact of COVID-19 on attendance. Further detailed in this report are the approaches taken to support employees in the return to work and accommodation process.

Graph 1: Average STD Days Lost per Eligible Employee



The average number of STD days lost per eligible employee in 2022 was 13.6 days which matches levels seen in 2019, prior to the COVID-19 pandemic. This data excludes absences related to COVID-19, which are addressed later in the report (Graphs 5 & 6).

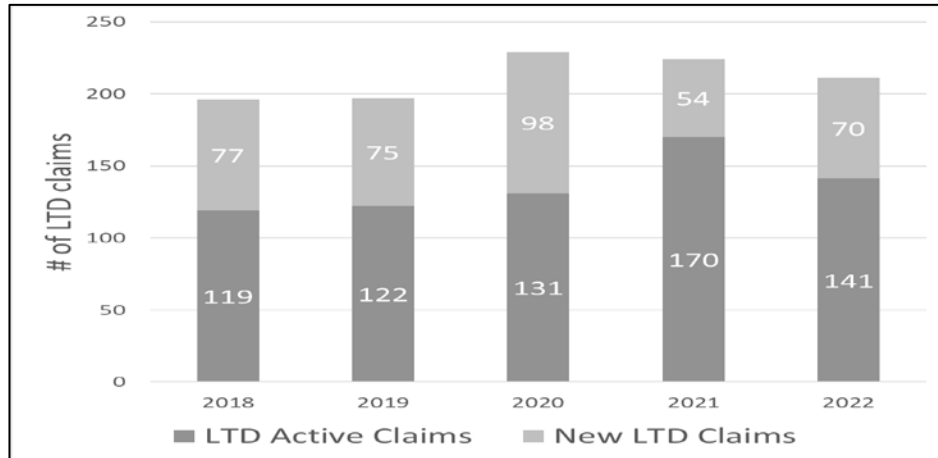
Graph 2 – STD Lost Time & Associated Direct Costs



The total direct cost of STD absences in 2022, excluding COVID-19 related absences, was \$14,665,779.

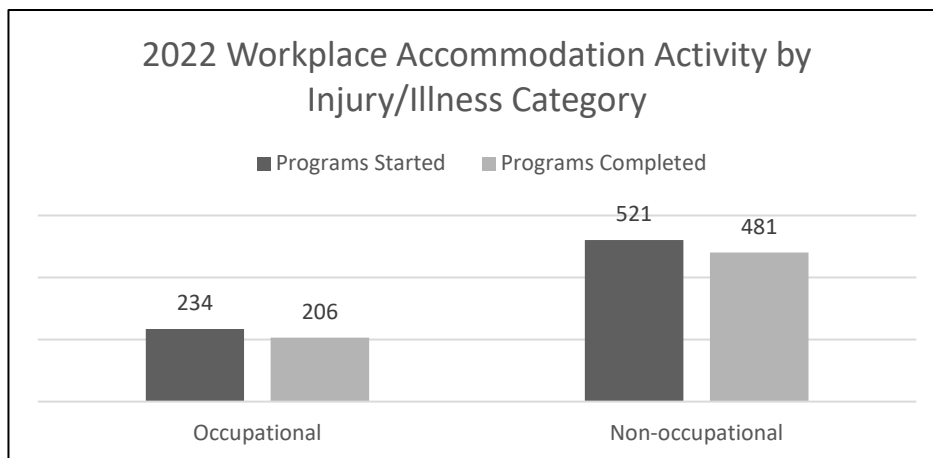
The total direct cost of STD absences increased by 11.1% from \$13,201,464 in 2021 to \$14,665,799 in 2022. The cost increase is due to the rise in average lost days per employee in 2022 and increases in employee wages during the same period.

Graph 3: LTD Active Claims and New Claims Received by Year



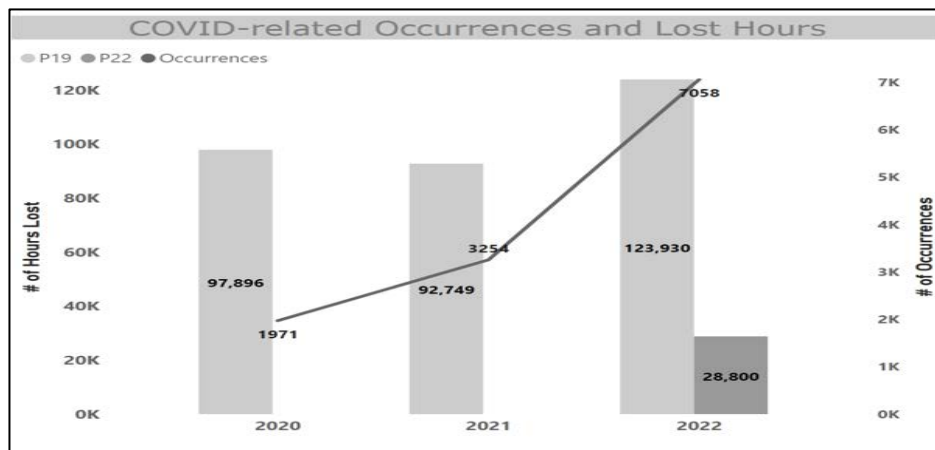
As Graph 3 illustrates, 70 new LTD claims were received by Manulife in 2022, which represents an increase of 16 claims over 2021. However, when looking at the overall trend, there is a decrease in the total number of active and new claims managed by Manulife in 2022 compared to the total number in 2020, and 2021.

Graph 4: Workplace Accommodation Activity



The Return to Work Services team (RTW Services) in Human Resources received a total of 755 requests for accommodation by employees needing assistance in staying at work or returning to work representing an 8.5% increase compared to the 696 cases managed in 2021. This data includes both occupational and non-occupational accommodation cases.

**Graph 5: Paid COVID-19-related Occurrences and Lost Hours
(Full-time/Part-time Employees)**

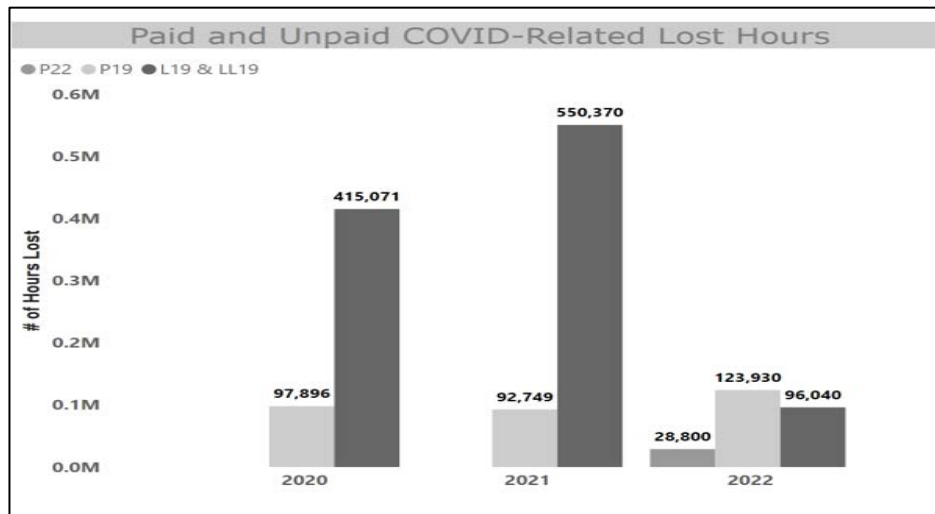


In 2022, there were 7058 absence occurrences classified as P19 (see page 6 for definition); an increase of 116.9% over 2021. In addition, paid lost hours coded as P19 increased to 123,930; an increase of 33.6% over 2021. The increase in P19 classified absence occurrences and lost hours was due to the arrival of the Omicron variant in November 2021, which led to a significant increase in COVID-19 absences managed by Human Resources in 2022.

In August 2022, the City ended the P19 absence coding and implemented P22, a new COVID-19 paid leave provision which provided all City staff with a maximum of three paid days for absences related to COVID-19. This change represented a capping of the amount of paid time employees could claim related to COVID-19 before commencing income replacement benefits, if eligible.

The P22 provision was also created to provide equivalent entitlement as the three Infectious Disease Emergency Leave days extended to March 31, 2023 under the Employment Standards Act by the Provincial Government. In 2022, between the period of August 1 to December 31, 2022, employees incurred 28,800 lost hours due to P22 COVID-19-related absences.

Graph 6: Paid and Unpaid COVID-19-related Lost Hours (Full-time/Part-time Staff)



In 2022, City employees incurred a total of 248,770 lost hours for both paid and non-paid COVID-19-related absences. The lost hours for COVID-19-related absences for full-time and part-time employees are categorized as follows:

- 123,930 hours lost due to paid absences related to COVID-19 (P19 Coding)
- 28,800 hours lost due to paid absences related to COVID-9 (P22 Coding)
- 96,040 hours lost due to non-paid absences related to COVID-19 (L&LL19 Coding)

The combined cost of P19 and P22 paid absences related to COVID-19 in 2022 was \$5,793,129 for full-time and part-time employees.

Background

The City of Hamilton proactively manages absences caused by illnesses and non-occupational injuries through programs, policies and collective agreement provisions that: control employee absences; identify employees whose attendance needs improving; support employees in improving attendance; and by identifying stay at work and early and safe return to work opportunities through a robust accommodation process.

Definitions

Income Protection Plan (IPP) - Provides eligible employees with an income if they cannot perform their normal duties due to illness or non-occupational injury during both the STD and LTD period.

Eligible Employee - A full-time employee who meets the conditions of their collective agreement or employment contract eligibility for payment through the IPP as a result of illness or non-occupational injury.

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STD Absences – absences arising from illness or non-occupational injury of less than 1 day up to 130 days which do not include COVID-19-related absences.

COVID-19 Absence Codes – In response to COVID-19 new absence types were identified, and codes created to manage and track COVID-19 absences.

- P19 – **Paid leave** due to the following COVID-19-related absence types:
 - COVID-19 - Positive
 - COVID-19 - Isolation recommended by Public Health
 - COVID-19 - Isolation pending COVID-19 testing results
 - COVID-19 - Employee Immunocompromised
 - COVID-19 - Employee age 70 years or older
 - COVID-19 - Temporary operational closure (Facilities or Programs) resulting in paid leave of absence for staff

- P22 – **Paid leave** (maximum three days) due to the following COVID-19 related absence types:
 - Under medical investigation, supervision or treatment for COVID-19
 - Have contracted COVID-19 or have mental health reasons related to COVID-19
 - Left work to get a COVID-19 vaccination
 - Experiencing a side effect from the COVID-19 vaccination
 - In quarantine or isolation related to COVID-19
 - Providing care or support to specific individuals related to COVID-19

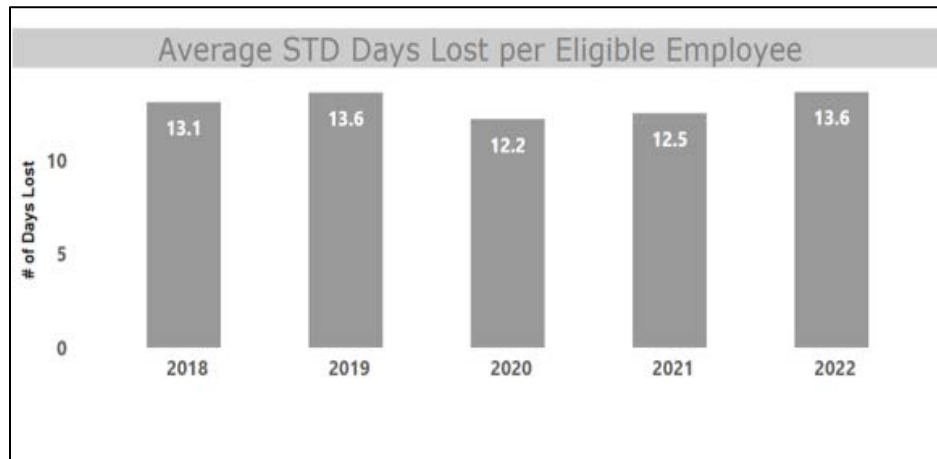
- COVID-19 - **Non-paid** leave codes:
 - L19 – Unpaid leave of absence less than 30 days
 - LL19 – Unpaid leave of absence greater than 30 days

LTD Absences – illnesses or non-occupational injuries that extend beyond a 6-month qualifying period (i.e. 130 days), when an employee continues to be totally disabled beyond their STD absence. LTD absences are currently managed by a third-party (Manulife).

Lost Days - Standardized as a 7-hour shift

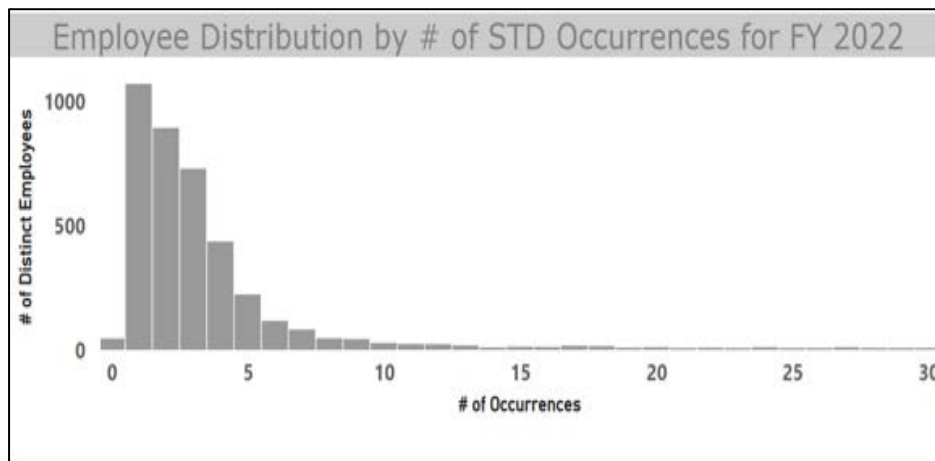
1.0 Short-Term Disability Absence Summary (excluding Police & Library)

Graph 7: Average STD Days Lost per Eligible Employee



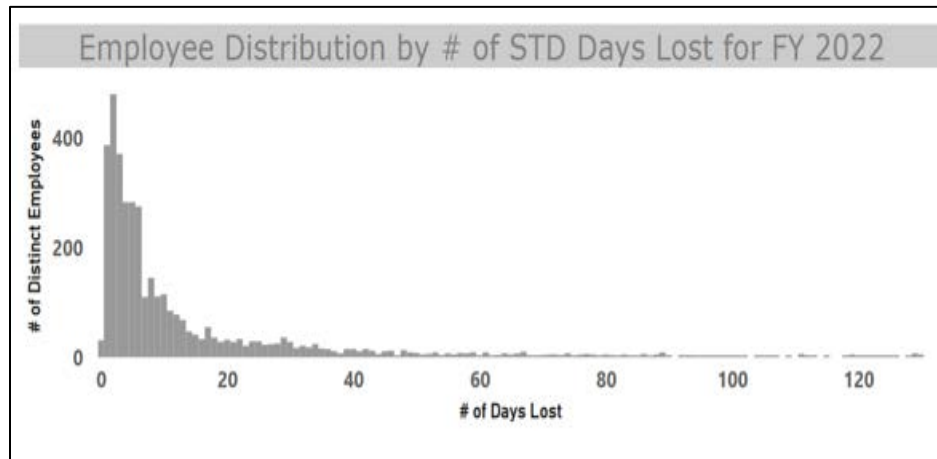
The average number of STD days lost per eligible employee in 2022 was 13.6 days which matches levels seen in 2019, prior to the COVID-19 pandemic. This data excludes absences related to COVID-19.

Graph 8: Employee Distribution by Number of STD Occurrences for 2022



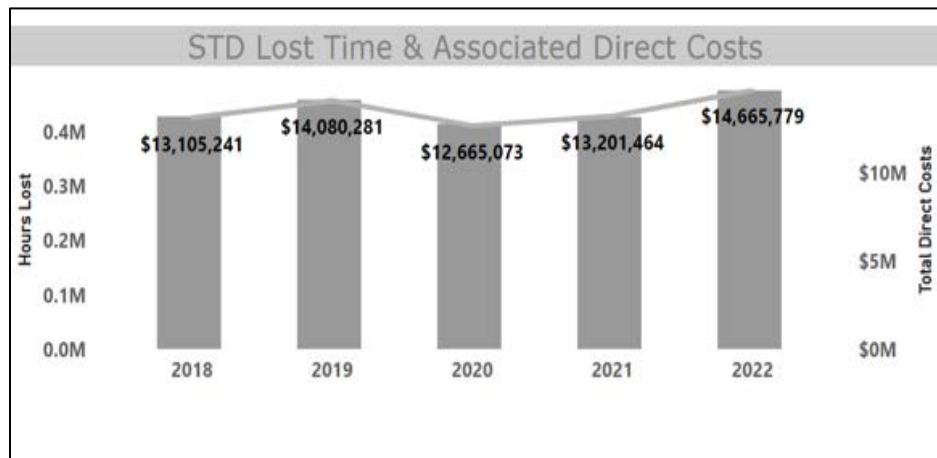
As illustrated above in Graph 8, most employees incurred three or fewer absence occurrences in 2022. This trend is likely explained by collective agreement provisions that incorporate a reduction in compensation on the fourth and subsequent occurrences in a calendar year.

Graph 9: Employee Distribution by Number of STD Days Lost for 2022



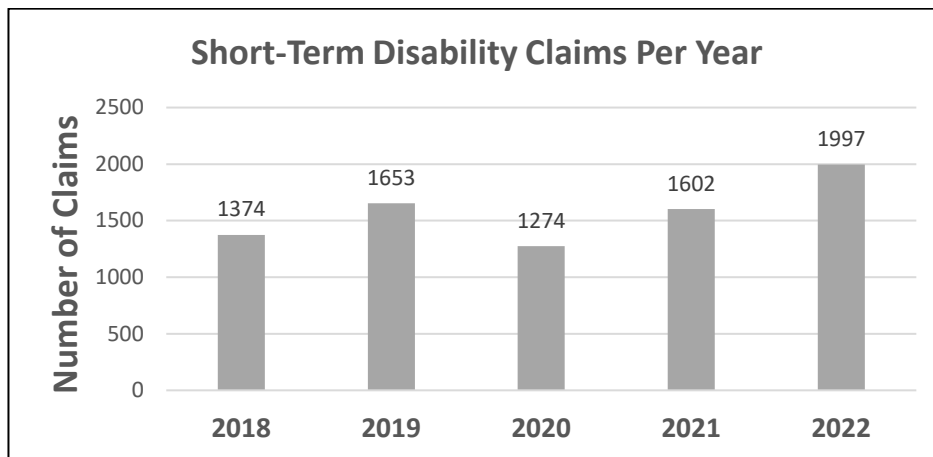
Graph 9 illustrates that most STD absences are between one to seven days in duration. This outcome is expected, in part, due to the influence of two factors: the requirement to provide a doctor’s note on the fourth day of absence and the requirement to provide a completed STD claim form on the sixth or eighth day of absence, as per collective agreement requirements.

Graph 10: STD Lost Time & Associated Direct Costs



As Graph 10 illustrates, the total direct cost of STD absences increased by 11.1% from \$13,201,464 in 2021 to \$14,665,779 in 2022. This increase is attributed to the increase in employee wages (as a result of progression through wage grids and cost of living increases) and due to the increased number of average lost days per employee in 2022. The above data is presented as hours lost instead of days lost to account for variable shift lengths by employee groups.

Graph 11: Short-Term Disability Claims Per Year



Graph 11: Employees whose absences are greater than six or eight working days, based upon their collective agreement provisions, are required to file a claim form with RTW Services in order to substantiate their absence/and provide accommodation information. RTW Services managed 1997 STD claims in 2022. This is an increase of 24.7% over cases received in 2021.

2.0 Long-Term Disability (LTD)

LTD absences are illness or non-occupational injuries that extend beyond 130 days and are managed by a third-party (Manulife).

Table 1: Long-Term Disability Claims Data 2018 to 2022

	2018	2019	2020	2021	2022
New LTD Claims	77	75	98	54	70
LTD Active Claims at the end of Q4 by Year	196	197	229	224	211
Incident rate for new claims per 1000 employees	13.93	14.70	20.63	11.47	14.87
LTD Costs (monthly benefit payments, ASO fees, legal fees, vacation payouts and severances)	\$6,561,209	\$7,203,994	\$8,381,638	\$7,944,549	\$8,778,436

Table 1 shows 70 new LTD claims were received by Manulife in 2022, representing an increase of 16 claims or 29.6% when compared to 2021, which is trending above 2021 but

below 2020 volumes. Claim resolutions for 2022 were the highest in the 3-year reporting period of 2020 to 2022 (84 claims resolved) with 51.2% resulting in a claim closure due to a return to work.

The incident rate for new claims increased from 11.47 in 2021 to 14.87 per 1000 insured employees in 2022. The increase in incident rate could be attributed to the overall increase in absences during the Short-Term Disability period leading to more claims filed with Manulife.

Table 2: LTD Most Frequent Claim Types 2020-2022

Claim Type	2020			2021			2022		
	MH	MSK	CAN	MH	MSK	CAN	MH	MSK	CAN
City of Hamilton	36%	27%	13%	40%	24%	13%	40%	23%	14%
Industry Comparator	39%	27%	11%	38%	27%	11%	42%	26%	10%
MH = Mental Health			MSK = Musculoskeletal			CAN = Cancer			
*Claim type for new claims received in year									

Mental health continues to be the most frequent diagnostic category representing 40% of all claims received by Manulife in 2022. This percentage is slightly below the industry comparison group at 42%.

3.0 Workplace Accommodation

Table 3: Overview of Work Accommodation Activity 2018 to 2022

	2018	2019	2020	2021	2022
Return to Work Full Duties Own Position	457	495	459	498	606
Permanent Accommodation Own Position	2	3	7	1	3
Permanent Accommodation New Position	10	6	3	3	14
Accommodation No Longer Available/Not Suitable	8	10	16	6	9
Recurrence/Employee is Totally Disabled	32	43	42	59	63
Other – e.g. retired, maternity leave, resigned	25	31	22	37	56
Total Cases Closed	534	588	549	601	751

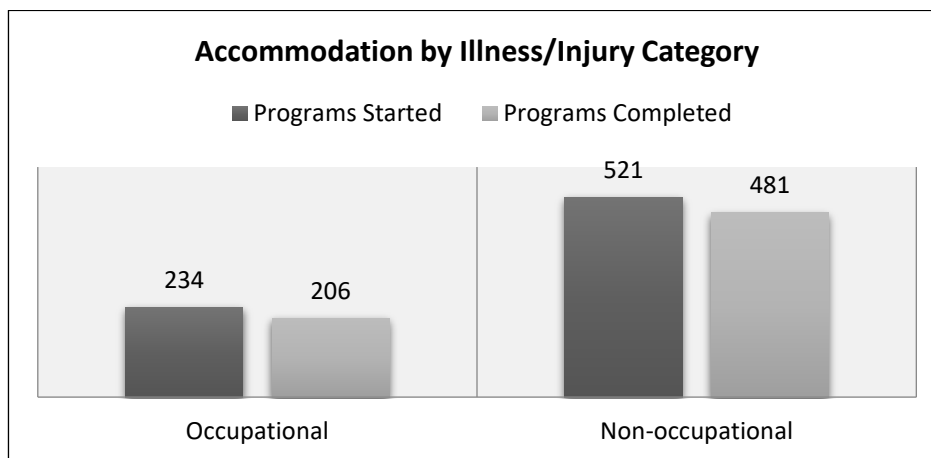
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RTW Services assisted 606 employees in successfully returning to full-time hours and regular duties through the accommodation process in 2022. When adjusted to remove those employees who classify as totally disabled, and those who retired or resigned their employment, this represents a 96% success rate in finding suitable accommodations for eligible employees.

Graph 12: Workplace Accommodation Activity for 2022



In 2022, the RTW Services team received 755 new requests for accommodation by employees requiring assistance in returning to work or staying at work, which is an increase of 8.5% from 696 cases in 2021. The accommodation data includes both occupational and non-occupational cases.

Table 4: Waiting Permanent Accommodation Placement at End of Q4 2018 to 2022

	2018	2019	2020	2021	2022
Awaiting Permanent Accommodation	17	9	14	20	15

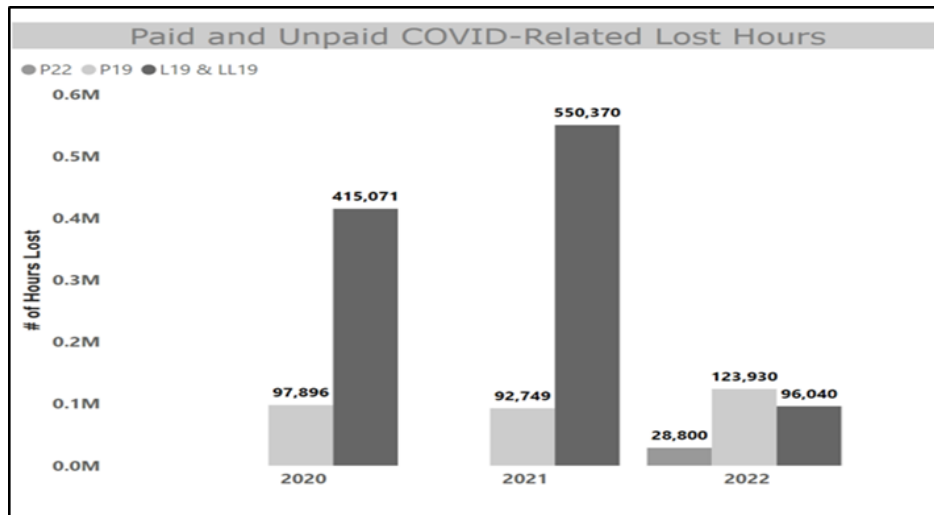
The number of employees waiting for permanent, suitable accommodated work remained low at the end of Q4 2022 (N=15). The success in finding permanent accommodations is the result of Human Resources working with all stakeholders, including management and union representatives, to find suitable employment for employees with permanent injuries or illnesses.

4.0 COVID-19 Absence Summary for City of Hamilton (excluding Police and Library)

COVID-19 Absences

In 2022, City employees incurred 248,468 lost hours due to paid and non-paid COVID-19 absences. The total lost hours incurred in 2022 is a significant reduction when compared to the total number of lost hours in 2021 (64.1% reduction). However, when breaking down the hours further, the reduction is seen only in non-paid lost hours. The reduction in non-paid lost hours is likely due to less operational closures of City facilities due pandemic restrictions and fewer requests for unpaid leaves by employees to accommodate school closures which occurred in 2020 and 2021.

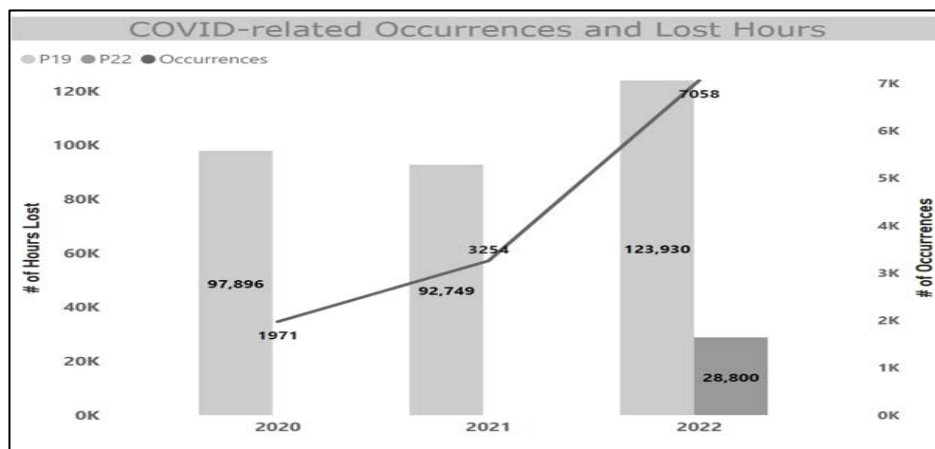
**Graph 13: Paid and Unpaid COVID-19-Related Lost Hours
(Full-time/Part-time Status)**



The lost hours for COVID-19 absences are categorized as follows:

- 123,930 hours lost due to paid absences related to COVID-19 (P19 Coding)
- 28,800 hours lost due to paid absences related to COVID-9 (P22 Coding)
- 96,040 hours lost due to non-paid absences related to COVID-19 (L&LL19 Coding)

**Graph 14: Paid COVID-19-related Occurrences and Lost Hours
(Full-time/Part-time Status)**



Graph 14 shows the number of P19 classified paid COVID-19 occurrences increased by approximately 65% in 2022. This trend is attributed to arrival of the Omicron variant in November 2021, which led to a significant increase in COVID-19 absences managed by Human Resources during 2022. The new Omicron variant was more transmissible and led to wide-spread community infections.

4.0 Initiatives to Manage and Support Employee Attendance related to COVID-19

Health, Safety & Wellness Initiatives

Human Resource’s Occupational Health Nurse, working closely with other Health, Safety and Wellness and RTW Services staff, continued to play an integral role in managing COVID-19 absences in 2022. The combined supports across Human Resources were necessary to manage the steadily increasing volume of absences incurred over the course of the pandemic.

Table 5: Breakdown of COVID-19 Cases Managed by Human Resources

Case Type	2021 - Total Number of Cases	2022 - Total Number of Cases
Positive Results	419	2038*
Negative Results	2388	1556
Isolation	468	1824
Symptomatic/III Household Member	453	1014

Case Type	2021 - Total Number of Cases	2022 - Total Number of Cases
Surveillance Testing	12447	203
Paramedic Administered PCR Testing for Fire/EMS/LTC/PH Staff	1680	1314
Vaccine Verification Records Entered	7918	4561
Rapid Testing Results	6606	14467

* Confirmed positive via PCR for Long-Term Care and Paramedics only, self-reported positive rapid tests for all other staff

Using active screening (via the COVID-19 Self-Assessment Screening Tool), COVID-19 cases were diverted to resources that assisted in preventing potentially infectious individuals from attending at work. Furthermore, Human Resources staff were able to advise employees when they were able to return to work from illness or isolation (based upon best practice, Public Health guidelines, and direction from the province).

Human Resources COVID-19-Related Strategies

The Occupational Health Nurse and the Health, Safety and Wellness team (in addition to other Human Resources staff), implemented a variety of strategies to reduce the transmission of the COVID-19 virus in the workplace. For brevity, they are presented in bulleted form:

COVID-19 Policy/Procedures/Reporting:

- Created and/or reviewed policies and procedures related to COVID-19 including the application of the COVID-19 Mandatory Vaccine Verification Policy
 - To date, approximately 8141 employees have provided proof of being fully vaccinated, representing approximately 95% of the active employee population
- COVID-19 Rapid Antigen Testing program for staff who did not disclose full vaccination implemented in October 2021 and continued through to August 12, 2022
 - Through the Rapid Antigen Testing Program 14467 Rapid Test results were submitted, each of which was reviewed by staff
- Continued to update workplace COVID-19 Health Self-Assessment Tool questions (both electronic and hard copy) in accordance with Ministry and Public Health guidelines, and provided direction and guidance to employees in navigating the screening tool

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- Monitored and reviewed Provincial legislation and documents regarding managing COVID-19 in the workplace and implemented required measures and best practice recommendations.

Departmental Leadership Support:

- Provided education and support for staff with anxiety related to COVID-19
- Provided guidance and one-on-one coaching regarding Personal Protective Equipment (PPE) provisions with staff who have concerns over level of PPE provided, especially given the return to office planning in 2022
- Responded to management questions specific to COVID-19 control measures in their workplace operations
- Answered questions from union leaders, management and staff related to COVID-19 concerns and workplace protocols
- Provided recommendations or guidance to RTW Services regarding accommodation of immunocompromised staff
- Provided direction on the attendance coding of COVID-19 related absences

General Employee Support:

- Answered inquiries regarding COVID-19 symptoms, ill family members, exposures to COVID-19 and advised next steps based on the City's Screening Tool
 - A total of 6427 individual employee inquiries to Occupational Health were answered
- Followed up with employees who failed the City's Screening tool to ensure they followed the correct process
 - 5930 contacts were initiated with employees who failed the screening tool in 2022
- Provided clearance for employees to return to work after COVID-19 testing or completing their required isolation period
- Followed up with employees to ensure a timely return to work when their absence was longer than anticipated
- Provided education on Public Health requirements to staff
- Provided resources to manage anxiety related to COVID-19 concerns
- Updated supervisors and managers with respect to confidentiality of personal health information

First Responders/Long-term Care COVID-19 Testing:

- Collaborated with external Consulting Physician and Paramedics to expedite COVID-19 testing for First Responders and Long-term Care employees
- Arranged for COVID-19 testing for these groups to be conducted by community Paramedics and reviewed results
- Contacted employees with test results and advised on next steps to return to work

Medical Surveillance During Outbreaks in Long-Term Care:

- Based on Ontario directives, Lodges staff and anyone entering the facility required testing
- Arranged for PCR testing of Long-Term Care Staff
- Reviewed and recorded test results for Lodges employees
- Notified Lodges staff of positive results and next steps

RTW Services Absence Management Initiatives – COVID-19:

RTW Services worked in partnership with Health, Safety and Wellness and other Human Resources stakeholders to support employees with COVID-19 related absences in addition to the normal activities undertaken by the department. The following additional steps were taken to support departments and employees manage COVID-19 absences and accommodation requests:

- Identified and placed full-time employees on a paid leave (P19/P22) so that Income Protection Plan (IPP) non-paid days were not incurred
- Provided paid leave (P19/P22) for part-time employees who would not otherwise qualify for IPP benefits for COVID-19-related absences
- Explored accommodations for employees with underlying medical conditions
- Engaged Occupational Consulting Physicians to provide expert advice on return to work and accommodation requirements related to COVID-19
- Provided employees with EFAP resources to address COVID-19 related concerns

APPENDICES AND SCHEDULES ATTACHED

Appendix “A” to Report HUR23005 – Absence Summary by Departments