

Workers' Compensation Claims for Occupational Tuberculosis in South African Health Care Workers: A Survey of Process and Outcomes

Dr N. van de Water
Supervisor: Emeritus Prof. Rodney Ehrlich

SASOM 24 November 2018

Background

The background features a white space on the left and a complex, abstract geometric pattern on the right. The pattern is composed of overlapping, semi-transparent triangles and polygons in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are layered, creating a sense of depth and movement. The overall composition is clean and modern.

Occupational TB in HCWs

- Occupational TB remains the **most prevalent occupational disease** amongst HCWs in South Africa.
- With the emergence of **drug resistant strains**, the associated **increased risk of contracting these strains** and the associated health risks, compensation for medical expenses, incapacity leave and permanent disablement are important benefits for HCWs.
- Health care workers (HCWs) are **twice as likely to develop drug sensitive TB** and **five and seven times more likely to develop multi-drug resistant (MDR) and extremely-drug resistant (XDR) TB respectively**, compared with the general population.
- The process of compensation of workers has previously been shown to be inefficient and wrought with many flaws.
- No studies were found examining the experiences of those applying for compensation for occupational diseases in SA.

Compensation Benefits

	Allowance as per COID Act	Explanation of Benefit
Temporary Disablement (“Occupational” leave)	75% of normal wage whilst convalescing and not at work*	Whilst ordinary sick leave is generally paid in full, a capped number of days are available, after which unpaid leave would have to be taken. The COID Act benefit allows for longer rehabilitation or recuperation periods away from work, as well as preservation of sick leave days available.**
Payment of Medical Expenses	Payment of reasonable medical expenses where out of pocket expenses occur*	Employees are entitled to consult either a state medical practitioner at no cost for TB diagnosis and treatment, or a private medical practitioner where they will initially be liable for costs incurred, including for medication (either personally or through medical aid schemes). Invoices can be submitted to the WCG:H for reimbursement. Whilst cost may be covered by medical aid schemes, limits on specific categories of medical service may apply, reducing the employee’s cover for other medical services in that calendar year.
Compensation for Permanent Disability	Compensation based on level of disability assessed*	A case is finalised with an examination and lung function 12 months after the completion of treatment or where the physician feels no further improvement is possible. An impairment percentage is given to the case by the Compensation Fund based on lung function, medical report and radiological examinations where necessary. Compensation is paid as per percentage disablement assessed. ^{13***}

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COLD Process of Claim Submission

Responsible
Person

Description of Event

Relevant Paperwork/Forms

Employee

A **worker**, or someone on his behalf, must report a disease, in writing, to the employer as soon as possible after a doctor's diagnosis.*

Workers must get the **W.Cl.1** form from their employer and take it to the doctor when they go for a visit. After the doctor has filled in the medical report form, workers must take it back to their employer. Workers must take any other forms the doctor gives them to their employer.

Employer

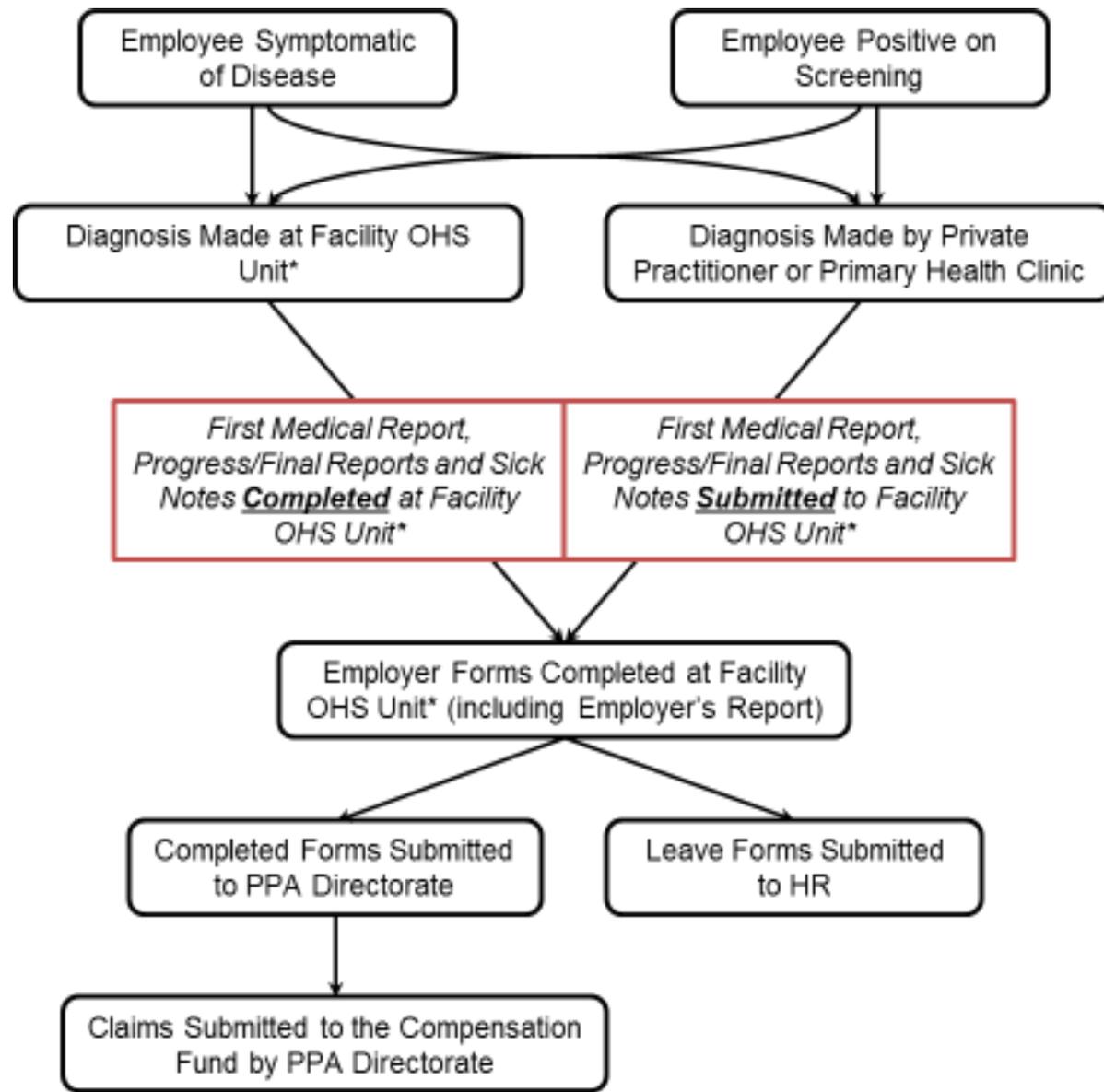
Employers must fill in the required forms and submit them to the Compensation Commissioner within 14 days.

- Employer's Report of an Occ. Disease (**W.Cl.1**)
- First Medical Report for an Occ. Disease (**W.Cl.22**)**
- Claim for Compensation for an Occ. Disease (**W.Cl.14**)
- Progress Medical Reports (**W.Cl.22**)**
- Final Medical Report of an Occ. Disease (**W.Cl.26**)**

Compensation
Fund

Once the Commissioner receives the forms, a claim will be registered and the decision to accept liability or not will be made.

- A claim number is generated
- The Compensation Commissioner adjudicates the claim
- A decision is provided to the employer and employee



* Facility OHS units are only available in larger hospitals and where not available, the alternative route for diagnosis is used and employer forms are completed by the employee's relevant HR office.

Methods

Aim:

- The study aimed to investigate **the processes of reporting cases of occupational TB via WCG:H to the DoL for compensation purposes** as laid out in the COID Act. During this investigation the researcher will assess the **outcomes of cases** of occupational TB captured on the electronic database of held by WCG:H People Practices and Administration Directorate “COID Office” and **the limitations, barriers and where possible enablers in the progression of these compensation cases.**

Objectives:

1. To measure *efficiency* of the compensation process
 2. To measure the *acceptability* of the compensation process of health care workers with occupational TB.
 3. To determine the barriers to *accessibility* of the compensation system.
- ▶ In addition, a fourth objective, not specifically to do with compensation, was added.
4. To determine the effect of a HCWs diagnosis of TB on their work.

Study Design:

- A case series with retrospective description was carried out on a sample of cases reported to the WCG:H “COID” Office
- The province has recorded an average of fewer than 30 cases per annum across the province since 2003, believed to be an undercount.

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Approximately 20 000 clinical staff

WHO TB report 2018: 567 per 100 000

Expected cases in WCG:H staff: 113 Per annum

Population and sampling:

- Simple random sampling was done on a subset of the population of cases of occupational TB recorded on a database held by the WCG:H “COID Office”
- The subset included cases dated between 1st January 2003 and 31st December 2016
- The study aimed to interview at least 100 HCWs - 300 cases were sampled
- 51 Interviews were completed

GOVERNMENT NOTICE

DEPARTMENT OF LABOUR

No. 552

30 April 2004

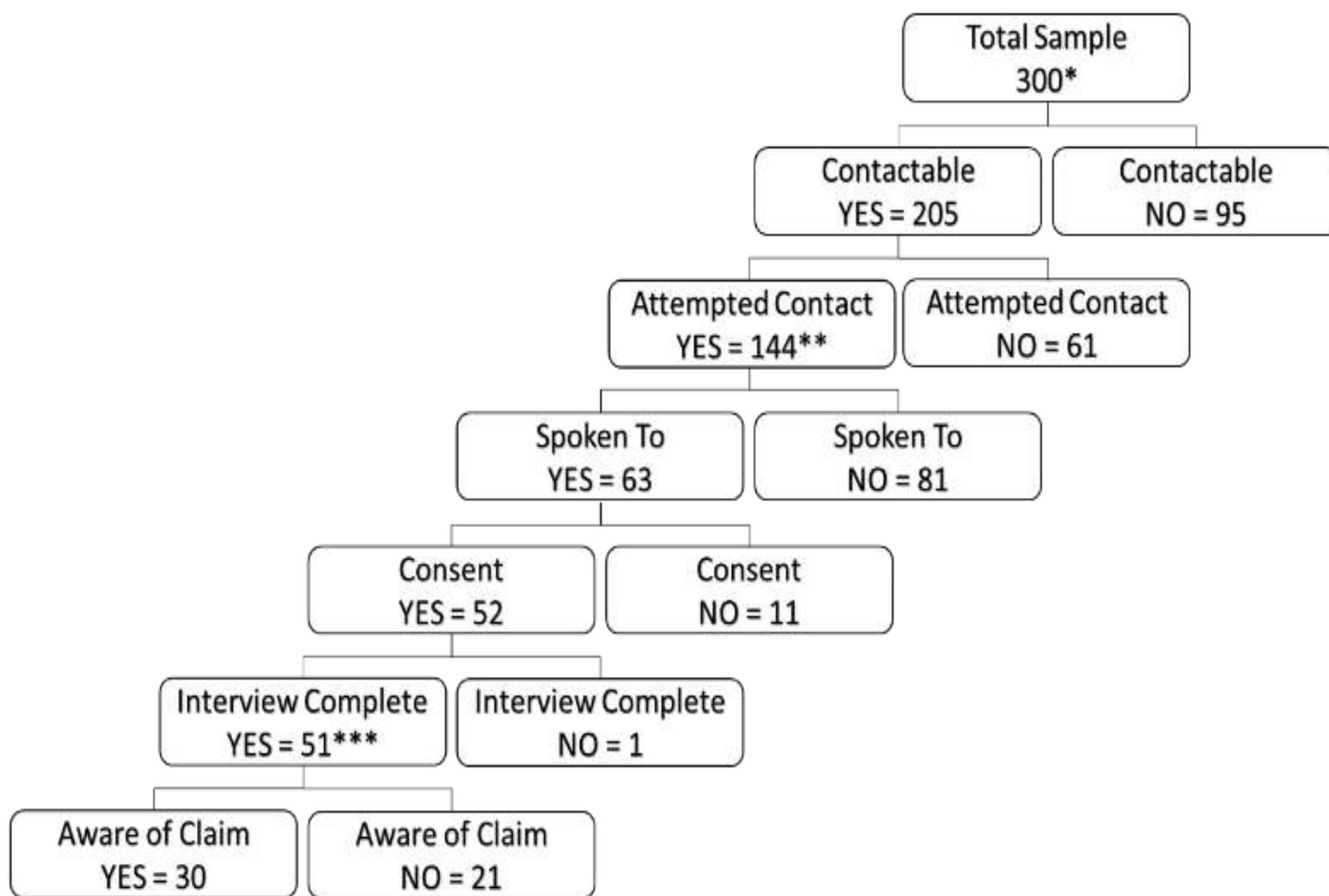
SCHEDULE 3 UNDER THE COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 AS AMENDED

(ACT NUMBER 130 OF 1993)

In terms of section 69 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993) I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, on the recommendation of the Director-General, after consultation with the Compensation Board and after publishing the Government Gazette No. 25700 dated 07 November 2003, hereby amend Schedule 3.

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* Main Sample

** Number of HCWs within main sample with contact details available and attempted contact by interviewers

*** Interview Sample

Data Collection - Step 1

- The data collection followed a two-step process:
 1. General information on and **claim status** of the main sample were obtained from three sources: (a) the information available on the “COID Office” database, (b) records from the WCG:H Human Resources (HR) office and (c) the Department of Labour (DoL) web portal for requesting the status of compensation claims.

“COID Office” database

Persal Number	Name	Institution	Region	Type Of Injury	Injury Date	Claimno	Motoracc	Identity Number	Days Off	Created By	Created Date
	Michael	Mapongwana CHC	CD:METRO DISTRICT HEALTH SERVICES	TB	04-Jun-97	0	-		0	Cel Upload	03-Apr-14
	Tygerberg & Dental Hospital		TYGERBERG HOSPITAL	TB	14-Jul-98	0	NO		30	Cel Upload	03-Apr-14
	Tygerberg & Dental Hospital		TYGERBERG HOSPITAL	TB	17-Nov-98	98 P0517	NO		49	Cel Upload	03-Apr-14
	Paarl Hospital		CHIEF DIRECTORATE: GENERAL SPECIALIST & EMS	TB	24-Nov-98	98/PO580	Yes		32	LESTON	03-Apr-14
	Lentegeur Hospital		CHIEF DIRECTORATE: GENERAL SPECIALIST & EMS	TB	14-Jan-99	99/P0051	-		22	Cel Upload	03-Apr-14

Department of Labour (DoL) web portal



Data Collection - Step 2

2. The interviewed sample were contacted telephonically and completed an interviewer administered questionnaire.
 - ▶ The questionnaire consisted of three main sections examining
 - ▶ (a) the **experience of benefits** available for people getting an occupational disease
 - ▶ (b) the **experience of the process of reporting a case** of an occupational disease to the Compensation Fund
 - ▶ (c) the **experience of the process of having developed occupational TB** as a HCW. The questionnaire contained both close and open-ended (qualitative) questions.

QUESTIONS

RESPONSES

300

Section 1 of 8



Occupational TB Compensation in HCWs

Personal Information - To be completed by Nick only.

Email address *

Valid email address

This form is collecting email addresses. [Change settings](#)

PID

Short-answer text

PERSAL number

Short-answer text

Statistical Analysis

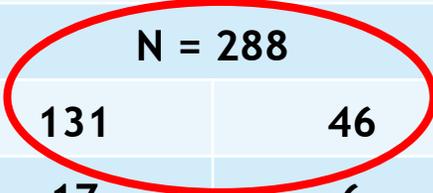
- Narrative data for all open-ended questions were initially examined as a body of answers by two members of the research team.
- The analysis was done manually (without software), and themes placed under two main headings:
 - ▶ (a) HCW's experience of reporting their occupational TB
 - ▶ (b) their experience of having TB and its resultant effect on their working lives.
- The researchers then compared analyses and together compiled one set of themes.

Results

	Sample not Interviewed		Sample Interviewed		Total	
	n = 249		n = 51		N = 300	
Variable	n	%	n	%	N	%
Gender	n = 237		n = 50		N = 300	
Male	55	23	12	24	67	23
Female	182	77	38	76	220	77
Mean Age at Diagnosis (yrs)	39	30 - 47	36	32 - 45	39	30 - 48
Job Category	n = 209		n = 51		N = 260	
Allied Health Professionals	16	8	5	10	21	8
Medical Doctors	25	12	7	14	32	12
Support Staff	60	29	12	24	72	28
Nurses	108	52	27	53	135	52
Claim Status ^b	n = 238		n = 50		N = 288	
No Record Found	103	43	28	56	131	46
Open	12	5	5	10	17	6
Registered not Adjudicated	47	20	5	10	52	18
Claim Repudiated	4	2	0	0	4	1
Claim Accepted	72	30	12	24	84	29

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Nearly half of the 300 cases from the provincial database had no record found on claim status check on the Compensation Fund website (*n* = 131, 46%).



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Claim Resolution Time

- For claims without resolution with either acceptance or repudiation, the median waiting period for from date of submission to 31 Dec 2017 was 5.8 years (IQR 3.2 - 9.2). 51 of the 144 cases for which contact attempt was made, gave consent (35% consent rate). Just under one third ($n = 15$, 31%) of the interviewees did not access occupational leave for their TB.

Variable	Yes N (%)	No N (%)
Compensation received (N = 51)		
Incapacity Leave		
Did you take sick leave?	48 (94)	3 (6)
How long was your leave? (n = 48)	4 weeks (2 - 8 weeks)	
Did you receive full earnings while on leave? (n = 49)	47 (96)	2 (4)
Medical Expenses		
Did you incur cost related to your TB?	39 (75)	12 (24)
Did you pay for this on your own? (n = 39)	28 (72)	11 (28)
Did you submit these bill for reimbursement? (n = 38)	15 (39)	23 (61)
Were you reimbursed? (n = 15)	0 (0)	15 (100)
Permanent Incapacity		
Were you advised to have a final examination?	28 (55)	23 (45)
Did you have any examination after treatment?	41 (80)	10 (20)
Do you have any continuing health problems? (n = 50)	21 (42)	29 (58)
Did you receive any compensation payment? (n = 50)	1 (2)	49 (98)

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Three quarters ($n = 39$; 75%) of employees incurred medical costs either personally or by their personal medical aid in relation to their diagnosis and treatment of TB. 21 (42%) of the participants reported ongoing medical problems and one reported being compensated for this.



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Variable	Yes N (%)	No N (%)
Experience of reporting occupational TB (n = 38)		
Did you receive any communication from the province regarding your claim?	3 (8)	35 (92)
Are you aware of whether your case was actually submitted to the compensation commissioner?	9 (24)	29 (76)
Did you feel victimised in any way by having your case reported for COLD purposes?	8 (21)	30 (79)
Experience of having TB as a HCW and its effect on their workplace (n = 51)		
Did you feel victimised in any way by having been diagnosed with TB as an HCW?	23 (45)	28 (55)
Was your work affected by your diagnosis of TB?	18 (35)	33 (65)
Are you in the same facility you were in at diagnosis?	37 (73)	14 (27)

Open-ended Questions

- HCWs' experience of contracting TB was marked by the experiences of stigma, surprise in contracting TB and financial stress as a result of their diagnosis.
- In addition, the experience of reporting their cases for compensation purposes was marred by poor administration and communication from all parties involved in the process.

Experience of reporting occupational TB:

- “I didn’t hear anything”
 - ▶ Participants in general felt that **the communication around the compensation process was very poor.**
- “I knew that they were useless”
 - ▶ Most participants expressed **negative sentiments toward the compensation system.**
- “No special place for staff”
 - ▶ Participants felt that **there should be a designated place for staff to report** their cases.

“I didn’t hear anything”

“I did not hear anything from the province. HR is after all human resource... they should have informed me, they just made me sign the forms.” - Male Porter

“being told about any type of illness is a shock” (Male Medical Specialist

“I knew that they were useless”

“I did not even know that my case was submitted. I knew that they were useless, so I just left everything.”
Female Nurse

Laborious - horrible. Forms back and forth. Not pleasant experience. -
Female Medical Officer

“No special place for staff”

“Small hospitals don't have that - (we) must go to casualty and then nobody follows up.” - Female Nurse

“... made me feel like criminal. Interrogate(d) me...” - Female Nurse

Experience of having TB as a HCW and its effect on their working life:

- “It’s all my fault”
 - ▶ Participants had **various negative emotions** as a result of acquiring TB as a HCW.
- “Never expected to have TB”
 - ▶ Participants’ **surprise that they had contracted TB** was a prominent emerging theme.
- “Sick as a dog”
 - ▶ Participants reported **struggling to perform their duties as usual** due to effects of the TB and side effects of the medication

“It’s all my fault”

- “It’s all my fault” - Female Nurse
- “I was embarrassed and ashamed” - Female Emergency Worker
- “I felt like I was being punished” - Female Radiographer
- “My people (children/family) looked at me differently ...at home I was scared that the children would touch me” - Male Porter
- “But it was like when I was diagnosed people distanced themselves from me” - Female Nurse
- “They would say: Oohh, pass that one, because he has TB now” - Male Emergency Worker

“Never expected to have TB”

“I wondered where I got TB” - Female
Operational Manager

“I am still wondering how I picked it
up especially being so cautious” -
Female Radiographer

“Sick as a dog”

“I did not feel my normal self” -
Female Radiographer

“The TB treatment made me sick as a
dog, huge side effects for the first 2
months - Male Medical Specialist

Conclusion

- The workers' compensation system has again been found to have many deficiencies. In particular, HCWs are not receiving compensation benefits rightfully due to them.
- In this study only one of the 51 participants received all the compensation benefits they were entitled to given their particular claim circumstances.
- The consequences of HCWs contracting TB were described as mostly being negative. In these negative experiences remedies to the system can be sought.

UN Political Declaration on the Fight against Tuberculosis

- ▶ **“Commit to....implementing primary prevention in high-risk occupations by reducing silica dust exposures in mining, construction and other dusty workplaces, and worker tuberculosis surveillance and infection prevention and control in healthcare settings.”**

Recommendations

- WCG:H should pressure the Compensation Fund to improve their administrative processes and in turn their turnaround time for a claim.
- Reform in communication, record keeping and timeously checking of claim status and payment of relevant compensation are required from the provincial level.

Recommendations

- Dedicated occupational health services were recommended by participants as these were expected to improve the service to potential claimants, as well as provide a source of information about the diagnosis and compensation aspects.
- Reasons for claims not being captured and displayed on the compensation authority's web portal were not elicited in this study. Future research should be directed at the processes within the compensation authority and at ways to remedy these.