

Trust Intelligence

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\$550,000 Premium Return Approved for 2011!

In the spirit of the season, we at the Trust would like to wish you a happy holiday season! That's right, we have good news for Trust members once again; news we are sure will be welcomed by all during these difficult economic times. We're delighted to announce that at the November Board of Director's meeting, a premium return of \$550,000 was approved for qualifying members making a total of \$20,550,000 returned to members as the Trust enters its 31 years in business!

The entire Trust staff has worked diligently throughout the year and those efforts have paid off once again by allowing us to return this hard earned money back to those who can use it the most... our members! We view our role as a partnership with each member, working closely with them to control one of their largest business expenses. We are keenly aware of how financially trying these times have been for so many members, making it all the more gratifying for us to be able to provide members with a stable, competitively priced workers compensation market that has delivered millions in premium returns as well.

Diane Ritucci, President and CEO of the Trust stated "The 2011 premium return of \$550,000 is certainly welcome news to our members. We're extremely pleased to be able to authorize this premium return in light of the difficult challenges facing the workers' compensation market in recent years. Our commitment

to provide our members with unsurpassed claims and loss control services has once again yielded results that are far better than industry averages. We take great pride in serving the employees of so many wonderful businesses that are serving others in so many ways."

The premium return program rewards active members based on a combination of each individual member's longevity with the Trust, loss ratio and proportionate share of premium. Each qualifying member will receive their check in the 30 day period preceding the renewal date of their policy in 2012. Each member that qualifies for a premium return will receive a letter by January 1, 2012 informing them of their premium return amount and when they can expect to receive their checks. Also, each broker will receive a letter informing him/her of their accounts that qualify for a premium return and the amount of each return.



The staff of the Trust would like to wish you a safe, happy and healthy holiday season!

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Winter Wellness

Linked to Workers' Compensation Success

Studies have shown that there is a direct correlation between wellness and workers' compensation. Healthier people are healthier workers. Healthier workers have fewer job related injuries therefore, fewer claims.

In 2012, the Trust will be launching a Wellness Campaign to assist our members with maintaining a healthier workforce to lower WC costs and claims. We'd like to begin by sharing some Tips For Winter Wellness that we hope you choose to share with your employees.

1. Go for a walk even if it is really cold...your body must work overtime and you may burn up to 50% more calories than you would on the same walk in the summer!
2. If you find it hard to motivate yourself to exercise in the winter...just think of the spring and how much harder it is to get back into shape.
3. Be aware that there is a greater tendency for tendonitis and stress fractures in the spring, if you don't exercise in the winter.



4. Instead of picking up a cup of hot chocolate to keep warm, try an herbal beverage.
5. Feel like sitting on the couch with a DVD and snacks? Reach for a protein bar or a packet of soy nuts instead of high energy, high fat snacks.
6. Aches and pains, specifically back pain, can worsen in the winter. One reason might be that lower levels of sunlight reduce our vitamin-D levels. Insufficient vitamin D can make surfaces on the spine soft and spongy, which irritates nerves in the tissues
7. Wash your hands twice as often as you think you need to.

The Trust Calls Wallingford Home, For Good

The Trust is very proud to announce that in the Spring of 2012, we will be moving to our new and permanent home in Wallingford. The Trust bought an existing building at 47 Barnes Industrial Road South, just a mere hop away from our current location on North Main Street Extension. With this purchase, we see many good things to come in the future. The building is larger, allowing for staff growth and expanded training facilities for more focused and specialized member educational sessions.

On September 7, 2011, Wallingford Mayor, William W. Dickinson, Jr., held a "Welcome to Wallingford Meeting" to officially welcome the Trust as a property owner in town.

Pictured l to r: Joseph Milke, Chairman of the Board of Directors, WC Trust; Cindy Semrau, Vice President, Quinnipiac Chamber of Commerce; Mayor William Dickinson, Jr.; Diane Ritucci, President & CEO; Don Roe, Wallingford Economic Development Coordinator; George Adair, Director of Wallingford Public Utilities; Joe Mirra, Vice Chairman of the Wallingford Economic Development Commission.



Dr. William Druckemiller Retires Receives Distinguished Physician Award

After thirty five years of dedicated service to his patients and to the workers' compensation industry, Dr. William Druckemiller, prominent neurosurgeon in the Greater Hartford area, announced his retirement from private practice this past September.

Dr. Druckemiller has been very active in the workers' compensation industry and was always known to those in the industry to be fair and equitable when evaluating and treating workers' compensation patients. In addition, he was a key contributor to the Workers' Compensation Commission's Clinical Protocols for handling back and cervical injuries when they were first published back in 1995. Recently, he was asked by the Chairman of the Workers' Compensation Commission once again to assist in updating and revising the protocols which are anticipated to be released in early 2012.

In recognition for all his efforts to the workers' compensation industry, Diane Ritucci, President & CEO of the Trust recently honored Dr. Druckemiller



with an Outstanding Provider Recognition plaque. Everyone here at the Trust wishes Dr. Druckemiller health and happiness in all of his future endeavors.

IRS Teaming Up with CT Department of Labor

In prior Trust newsletters we have mentioned that the Connecticut Department of Labor (DOL) is getting much tougher on employers who misclassify workers as "independent contractors" or as "non-employees" in order to avoid paying workers' compensation insurance, unemployment insurance, federal taxes, minimum wage and/or overtime. Now things are going to get even more difficult. The State recently announced that the DOL is signing agreements to share information with several other states and the IRS in order to get more

aggressive in identifying businesses that participate in these practices.

Those convicted could face significant fines and penalties from both the State and the IRS. The Connecticut DOL collected close to \$4 million in back wages on behalf of nearly 6,500 workers in 2010. Considerable resources have been committed to this program in the upcoming year with approximately 300 additional investigators being added to investigate complaints of wage theft.



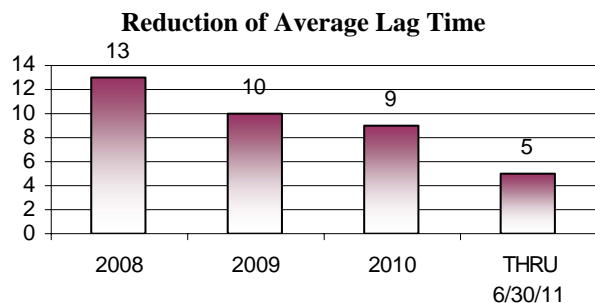
Trust Staff Wears Denim Raises Money for Susan G. Komen

On October 28, Trust staff exchanged cash for the opportunity to wear jeans to work in support of the Susan G. Komen for the Cure Foundation, the worlds largest grassroots network of breast cancer survivors working together to save lives and support science to find a cure for breast cancer. We had over 25 people participate and raised \$250 in cash for this outstanding foundation.

Time is Money: Lag Time Reporting

While the statistics are as varied as the sources, there is one common theme: delays in reporting Workers' Compensation injuries increases claim costs. Some studies indicate that a week's delay in reporting the injury to the carrier can increase the cost by 10%; claims filed a month or more after an injury cost 48% more to settle than those reported in the first week. Other studies have shown that claims that are reported more than 24 hours from occurrence are 33% more costly. Studies also support conventional wisdom, the longer the reporting period, the higher the probability of litigation leading to higher costs. The National Council on Compensation Insurance (NCCI) study found that litigated claims cost 40% more than non-litigated claims.

The timeliness of reporting injuries is a key benchmark/metric in managing workers' compensation costs. **Lag Time** is the period of time between the date that the claim occurs and the date that the claim is reported to the carrier (or you can use the Trust). Our goal at the Trust is to have all claims reported within 24 hours of occurrence. To this end, Loss Control undertook an initiative in 2010 to educate members with information on their specific lag time and develop solutions for improvement. While our goal of 1 day has not yet been met, the results have been promising.



Timely reporting of claims not only keeps costs down but also allows the Trust and your organization to establish a relationship with the injured worker early in the process to assure them the claim is being handled properly vs. wondering if they should contact an attorney to “help” represent their interests.

Timely reporting ensures injured workers receive their benefits quickly and accurately, enabling them to get back to work sooner and minimizing legal and medical costs.

The Trust has several resources to assist our members. The Report Center located on www.wctrust.com includes a lag time report: lag time can be tracked via individual claims by lost time and medical cases, or by yearly average. Our loss control staff can provide education to your supervisors and managers on the importance of prompt claim reporting and their role in the process. Additional initiatives to improve your organization's lag time include:

- Report all incidents including Record Only claims
- Clarify and include in new hire and annual employee training the reporting requirements
- Designate and assign responsibility to a person responsible for reporting all claims; ensure a back up is available
- Train supervisors on Accident Investigation which includes same day reporting of claims
- Establish lag time goals, track results and hold manager's responsible to achieve these goals.

The Trust has several ways that our members can report claims; onsite via the website: www.wctrust.com; email: 1streports@wctrust.com and by telephone: (800) 506-2655.

NLRA Posters Available



Effective **January 31, 2012**, the National Labor Relations Board (NLRB) has made it mandatory for employers in the private sector subject to the National Labor Relations Act (NLRA) to post the new version of the “Notice of Employee Rights” to make employees aware of their rights under the law.

NCCI Connecticut State Advisory Forum

On October 7th, Workers Compensation professionals from across the state gathered in Hartford for the 2011 NCCI CT State Advisory Forum. This year's report cited continuing difficulties facing the workers compensation industry and included a 'deteriorating' market forecast for CT and the rest of the country.

In 2010 NCCI defined the state of the workers compensation industry as 'precarious' based on uncertainty of the market. The past year has seen continued deterioration due to poor underwriting results, declining premiums, and an increase in claim frequency.

Based on the experience, trend, benefits, etc. NCCI has filed for an average +4.5% increase in the CT loss costs and an average +2.9% increase in the assigned risk rates. The filing has not been approved as of the date of this publication.

On a positive note for Trust members, US Bureau of Labor Statistics (BLS) data presented by NCCI show that Educational and Health Services is a growth industry for CT and the country.

Staff Changes

We are pleased to announce the following staff have joined the Trust:



Carlton Smith joined the Trust as a Senior Claims Adjuster on August 22nd. He comes to us from ACE USA Insurance with eleven years experience in the Workers' Compensation claim industry. He currently holds licenses in several states. Carlton graduated from the University of Connecticut with a Bachelors of Arts degree in History.



Susan Stannard joined the Trust as Payment Processor on May 23rd. She comes to us with ten years of experience in the health insurance claims industry. Sue previously worked at Anthem BC/BS of Connecticut and maintains a thorough knowledge of HIPPA guidelines and billing procedures. She is a graduate of Branford Hall Career Institute.



What do you think?

Was the Claim found Compensable?

The claimant alleged a fellow employee jumped on her while sitting on a couch in the group home. The claimant described the incident as being "body slammed" with the fellow employee's body hitting her right upper neck area forcing her into the seatback. She claimed she had immediate pain in her arm; however she continued to work and did not report the incident until 8 days later.

The fellow employee testified that she did sit on the couch with the claimant and admitted that half of her buttock cheek was on one of the claimant's legs and the other buttock cheek was on the couch. She also testified that she did not recall coming into contact with any other part of the claimant's body. In addition, she testified that the claimant continued to work and did not complain of any injury or appear to be in pain.

Answer to Case from September's Issue

Thanks for the many responses. The commissioner denied the claimants request for payment of the 50% permanent partial disability rating for the abdominal wall. The Appellate Court concluded that although the commissioner has the discretion to award benefits for an injury to an unscheduled body part, the commissioner is not obligated to accept the rating.

Common Occupational Injuries:

Tears of the Rotator Cuff



Rotator cuff tears are one of the most common occupational injuries among workers who carry out repetitive lifting or overhead activities. The rotator cuff is a set of four muscles which wrap around the shoulder joint, connecting the bone of the upper arm (humerus)

to the shoulder blade (scapula). It stabilizes the shoulder joint, holding the arm in the shoulder socket, and helps to lift and rotate the arm. The uppermost muscle of the rotator cuff, known as the supraspinatus, is most frequently injured. Tears may be either complete or partial, and may be caused by either acute injury, such as a fall onto the shoulder or a sudden lifting motion of the arm, or by chronic overuse, such as with individuals who carry out frequent overhead lifting or other repetitive actions. As we age, rotator cuff tears become more common, due to compromised ability for damage to be repaired, and the frequent development of bone spurs (sharp or rough areas on the bone surface) adjacent to the supraspinatus which may rub against it and weaken it.

Common symptoms of rotator cuff tears are pain or weakness when lifting or lowering the arm, pain at rest or at night when lying on the affected shoulder, and crepitus, a crackling sensation when moving the shoulder. Physicians will generally check range of shoulder motion, presence of pain with palpation of the shoulder, and evaluate strength. Often, a shoulder MRI will be obtained when symptoms and physical exam finding are consistent with a tear. The MRI reveals the position and size of the tear, and can often indicate whether the tear is new or old.

Non-surgical treatment of rotator cuff tears includes rest, the avoidance of activities which worsen the pain, strengthening exercises and physical therapy. Non-steroidal anti-inflammatory agents, or in cases where pain is severe, an injection of steroid into the joint, can help to reduce pain and inflammation. Depending on the nature of the tear, and the level of anticipated activity, surgical repair may be recommended. Repairs are carried out with an open procedure or with use of an arthroscope, depending on the severity of the tear and the surrounding anatomy.

Rehabilitation following surgery may require several months, beginning with rest and immobilization, followed by physical therapy, and gradual resumption of work activities. Prognosis is generally good, though in unusual cases complications may include infection, nerve injury, or re-tear of the tendon.

The Legal Corner

New Law: Public Act 175-11

Workplace Violence Protection and Response in Healthcare Settings

On October 1, 2011, new standards came into effect that require health care employers with 50 or more full or part-time employees to create workplace safety committees to help prevent violence in health care settings. The purpose behind this Act, to engender workplace safety, represents a common goal for employers and employees. Nonetheless, when the bill was introduced, testimony illustrates that the bill was largely supported by employees but opposed by healthcare employers.

Definitions - For the purposes of this Act, "health care employer" includes any institution, as defined in section 19a-490 of the Connecticut General Statutes, with 50 or more full or part-time employees. This includes facilities for the care or treatment of mentally ill persons or persons with substance abuse issues; residential facilities for persons with intellectual disability and community health centers.

"Health care employee" is broadly defined to include any individual directly or indirectly employed by, or serving as a volunteer for, a health care employer, who (A) is involved in direct patient care, or (B) has direct contact with the patient or the patient's family when (i) collecting or processing information needed for patient forms and record documentation, or (ii) escorting or directing the patient or the patient's family on the premises of the health care employer.

Key Requirements for Safety Committee: - To comply with Public Act 11-175, covered employers must have established a workplace safety committee by October 1, 2011 to carry out the requirements of this new law. This committee must include "representatives from the administration; physician, nursing and other direct patient care staff; security personnel; and any other staff deemed appropriate by the health care

Public Act 175-11

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The Legal Corner
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employer.” The committee must be comprised of no more than 50% management. Further, the committee will select a chairperson from among its membership.

Once the committee has been created, it is required to meet not less than quarterly and must make available meeting minutes and other records from its proceedings to all employees.

The Act itself does not address the relationship between a healthcare employer’s existing workplace safety committee and the new committee required by the Act, except to state that a hospital may use an existing safety committee to meet this obligation provided that the committee meets the 50% non-management membership requirements

It is the committee’s responsibility to perform a “risk assessment” annually beginning on October 1, 2011, and thereafter develop (by January 1, each year) a written workplace violence prevention and response plan. The Act specifically states that this may be an existing policy if the employer, after performing the assessment, in consultation with the committee, determines the existing policies and procedures are sufficient.

Controversial Requirement: Changing the Employee’s Responsibilities

- As objected to by employers during testimony on the Act, to the extent practicable, covered employers are required to adjust an employee’s assignment to a patient when requested by the employee and where the employer knows that the patient has intentionally physically abused or threatened the employee. If it is determined that an adjustment to a health care employee’s patient care assignment is not practicable, the employee may request that the employer have a second health care employee present when treating that patient.

Employers targeted this requirement as most problematic because it easily could be abused if a particular caregiver does like a patient or does not want to work with a patient he or she labels as difficult.

External Reporting - Covered employers must enact a policy and procedure enabling them to report workplace incidents to the Connecticut Department of Public Health (DPH) if such reports are requested by the DPH. In addition, covered employers must report incidents of workplace violence to local law enforcement no later than 24 hours from the occurrence, where violence constitutes an assault or

related offense under the criminal statutes, with the possible exception in the case of a patient with a disability. The employer must maintain records which detail incidents of workplace violence and include the specific area or department of the employer’s premises where the incident occurred.

Enforcement - The law allows the Commissioner of the Connecticut Department of Labor to develop regulations. Although nothing mandates that the DOL draft regulations imminently, those regulations may intensify the requirements under this Act and further identify how the DOL or DPH will process complaints.

Please be aware that the Occupational Safety and Health Administration (OSHA) requires employers to protect their employees in various ways, including from violence in the workplace, and those existing requirements promulgated by OSHA may include certain obligations similar to those arising under this Act, particularly should there be an incident of violence.

A covered-employer should carry out its obligations under this Act regardless of the enforcement mechanisms in place and the present uncertainty as to this new committee.

Please contact Attorney John M. Letizia at Letizia@laflegal.com or Attorney Jessa Yanni-Lazarus at Yanni@laflegal.com if you have any questions, would like more information or a copy of the Act.

WELCOME NEW MEMBERS




CT Clinical Services, Inc.
Elm Hill Manor
HomeLife Companions and Homemakers, LLC
Hopesprings Solutions, LLC
New England Adolescent Treatment Center
Norah’s Place
Orthopaedic & Neurosurgery Specialists, PC
Quality Visiting Nurses, LLC
Shoreline Home Healthcare, LLC
The Open Hearth Association, Inc.

WELCOME BACK RETURNING MEMBERS

Canterbury Retirement Community Association
Filosa for Nursing & Rehab
Hancock Hall

2012 Educational Calendar is Now Available

The following education programs have been scheduled for 2012. These programs are designed to assist our members in gaining knowledge of issues that surround and support the reduction of work related injuries and associated claims. More detailed information is posted on our website at www.wctrust.com. **Many courses now offer contact hours (CEUs) for Nursing Home Administrators.** Your attendance is encouraged. To register for any of the programs listed below, please go online at www.wctrust.com or contact Jennifer Garnett at garnett@wctrust.com or (203) 678-0123.

OSHA INJURY AND ILLNESS RECORDKEEPING AND INSPECTION PROCESS			
JANUARY 12	9:00 AM – 1:00 PM	MEMBERS: FREE	VALUE: \$50
ACCIDENT INVESTIGATION: SOLVING THE RIGHT PROBLEM			
JANUARY 26	9:00 AM – 1:00 PM	MEMBERS: FREE	VALUE: \$50
	WELLNESS PROGRAMS HELP PREVENT EMPLOYEE INJURIES		
FEBRUARY 08	9:00 AM – 12:00 PM	MEMBERS: FREE	VALUE: \$50
MEMBERS' ORIENTATION TO THE TRUST			
FEBRUARY 24	9:00 AM – 11:30 AM	MEMBERS: FREE	
	SUPERVISORY SKILLS TRAINING SERIES: # 1 INTERVIEWING SKILLS		
MARCH 01	9:00 AM – 12:00 PM	MEMBERS: \$35	VALUE: \$125
	OSHA BLOODBORNE PATHOGENS AND PUBLIC HEALTH CONCERNS		
MARCH 13	9:00 AM – 12:00 PM	MEMBERS: FREE	VALUE: \$50
NATIONAL SAFETY COUNCIL DEFENSIVE DRIVING 4-HOUR COURSE			
MARCH 27	8:30 AM – 1:00 PM	MEMBERS: \$40	NON MEMBERS: \$60



The Intelligent Insurance Solution

866 North Main Street Extension
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