

Workers' Compensation Commission Releases New Psychological Pain Assessment & Treatment Protocols



Newly developed psychological pain assessment and treatment protocols went into effect February 15, 2016. They provide guidance to medical professionals with psychological assessment tools and treatment options for injured workers who fail to improve as expected, present with or maintain atypical levels of pain for the injury type, or demonstrate signs of treatment noncompliance. The Trust welcomes these protocols and has scheduled an Educational Program to be held at the Trust's Training Center on May 19th with a select group of network providers to review the purpose and practical application of these protocols. The Chairman of the Workers' Compensation Commission and several nationally

recognized speakers on pain management and psychological counseling will be headlining this program.

New Loss Control Consultant Donna Santamaria, MS

The Trust is pleased to introduce Donna Santamaria. Donna has over 30 experience as a safety and health professional in a variety of industries including healthcare, manufacturing and municipalities. She has



a Bachelor of Science Degree in Industrial Technology with a specialization in Occupational Safety & Health and a Master of Science Degree in Occupational Safety and Health Management from the University of New Haven.

Welcome Donna!

Return to Work Specialist Stays the Course

Assisting our members, injured workers and providers getting injured workers back to work as soon as possible continues to be the big push at the Trust and we are happy to report that we are starting to see the fruits of our labor. Through the coordinated efforts of our Claims team spearheaded by our Return To Work Specialist, Robb Wright, 2015 saw great results in improving overall return to work rates.

117 claims when accomodation was
initially refused

62 returned back to work after RTW specialist
became involved with case

That's A 53% success rate !!

WC Case Law

The Scenario: A medical secretary claimed to have injured her back at work when standing up from a chair after preparing charts. She reported the injury to her supervisor the next day. She began treating for her injury with the description of injury differing in the various medical provider notes. The treating physician and the insurance medical examiner both supported the claimants back symptoms being related to the work incident. The insurance company maintained the denial and during the Formal Hearing the claimant testified that her back pain was the same as she had previously experienced 3 years prior. What did the Commissioner decide?

The Ruling: The Commissioner found that due to the inconsistency in the description of injury contained in the medical records and the claimant not providing the prior history of back pain and medical treatment the claim was found not to be compensable. The Connecticut Review Board affirmed the Commissioners ruling noting that while medical opinions regarding causation are indisputably necessary to establish a prima fascia claim, they are not binding if the Commissioner has not been persuaded that the basis for such causation opinions is sound.

Claim Updates for Members and Brokers

Over the past year, the Trust has made a number of security changes to further protect sensitive information shared outside of the Trust. This change has resulted in some report viewing limitations of injured workers' file notes and reports previously available to those members and brokers who have online access. In an ongoing effort to improve claim status communication among all our stakeholders, while ensuring certain privacy concerns are protected, the Trust has implemented a new claim file note called "UPDATE" which will be accessible to those members and brokers who are registered for online access.

The new claim file note provides a brief and timely update that either describes an actionable event by the claims adjuster in effectively managing the claim, or provides updated information concerning the injured worker's medical and/or work status. Claim adjusters have been instructed when to provide a claim file "UPDATE" note and claim managers are monitoring frequency and content of claim update file notes as part of the Trust's overall claims management quality assurance program. We encourage all members and brokers to review claim "UPDATE" online first to see if it answers your question prior to contacting our claims adjusters for additional information.

Board Re-Appoints Linda Worden as Director

The Trust is pleased to announce the re-appointment of Linda G. Worden to the Board of Directors. Linda has served previously on the board representing a member who is no longer with the Trust. She now returns to the Board as a member representative for MARC Community Resources, Ltd., a Trust member since 2012.

Linda has extensive knowledge in the elder care and visiting nurse arena and is a great asset to the Trust. We look forward to her return and the benefit of her expertise.



Trust Staff Comes Together For Five Families in Need

This past December, Trust staff put on their Santa hats and took part in New Reach's Adopt-A-Family program. New Reach has been a member of the Trust since 2010 and offers support and stability to families going through difficult times. They offer emergency shelter, housing, family stabilization and assistance with basic needs to families across Connecticut.

The Trust was able to provide Christmas gifts for five families this year who otherwise may not have had any presents to open on Christmas morning. Each family was given one household gift for the family and individual gifts to the children ranging in age from infancy through young adult. Gift cards were also purchased for New Reach to use and distribute to families as needed for food and necessities throughout the year. New Reach has been a lifeline for these families. We were happy to be able to help.





Mobile Apps & Incentive Programs Ways to Improve Employee Health

Staying fit and healthy and losing weight are the two most popular New Year's resolutions. How do you help your employees achieve their goals when they may not work on-site? Mobile apps and incentive programs are an ideal way to encourage health and fitness of your workforce.

Mobile apps are ideal assistants for health, fitness and weight-loss resolutions because they are always with us and can remain personal. PC Magazine has identified the 25 best fitness apps for 2016, many which are free. These apps will appeal to almost any type of fitness program; from music streaming, quick and effective workouts, tracking steps, calorie intake and logging exercise. Go to www.pcmag.com for more information.

Want to further incentivize your employees? Combine the personal use of smart apps with rewards. Invest in incentives. These can be small tokens for participation, for reaching personal goals or for team activities. The incentives do not have to cost a lot of money, just the offer to reward employees in a positive manner will go a very long way in participation.

Don't forget to be mindful of your employee's mental health. Unmanaged stress has been linked heart disease, high blood pressure and sleep trouble. At the workplace it can lead to inefficiency, job dissatisfaction, and

absences. Consider offering an employee assistance program and encourage employees to take simple steps to reduce stress like taking some short breaks during the day to go for a walk or just get outside for a breath of fresh air.

Studies have shown that wellness programs are linked to greater productivity, less absenteeism, a reduction of long-term health care costs and reducing costs associated with worker injuries. Even if your organization does not have the resources to implement a complete wellness program, there are low cost ideas that you can consider to show your employees you value their health.



OSHA NEWS How DART Rate Affects your Organization

What can prompt an OSHA inspection? A high DART Rate could put your organization on OSHA's radar. It can be used to target facilities with higher than average rates. The **DART** rate represents **D**ays **A**way, **R**estrictions and **T**ransfers. It is computed from the OSHA 300 log; the number of cases with lost time, restricted duty or job transfer multiplied by 200,000 divided by the total number of employee hours worked for the calendar year. This provides OSHA with the number of injuries and illnesses per 100 full-time employees.

If you do not know what your DART Rate is, there is still time. For several years, the Workers' Compensation Trust has provided information to our members to

enable you to compare your frequency and severity rates of employee injuries and illnesses to other like organizations in the state and to participating members of the Trust. The information is confidential. If you have not yet participated in the survey, contact losscontrol@wctrust.com.

Fines Increasing

OSHA fines are set: willful and repeat violations will be increasing from \$70,000 to about \$127,000 and serious violations increasing from about \$7,000 to \$12,700. The adjustment will occur before August 1, 2016. OSHA is now allowed to adjust its penalty level based on inflation.

Trust Recognizes Longstanding Members

Diane Ritucci, President & Chief Executive Officer hit the pavement, once again, to visit and recognize some of our members who have been with the Trust for over twenty years. Below she presents members with a plaque of appreciation to commemorate the occasion. It is our pleasure to partner with you all these years!



Sound Community Services
Gino DeMaio, Executive Director
of Administration & Operations



Gilead Community Services
Ed Sokaitis, Human
Resources Director & Dan
Osbourne, Executive Director



New Foundations
Donna Buck, Fiscal Affairs, Sandi
Vincenzo, Executive Director &
Mike Carlson, Freadette Carlson
Agency



ARC of Greater New Haven
Noreen Piscitelli and Ashley
Dennis



Community Options
James Kelly, President



Tri-County ARC
Sheila Cordock, Executive
Director & Lynn Wolf,
Human Resource Manager



Watertown Convalescence
Vanessa F. Vincitorio,
Administrator



Wellmore, Inc.
Gary Steck,
Executive Director

Serving Those Who Serve Others

Last month, the Trust started a new volunteer venture with the Connecticut Food Bank. The Food Bank recently moved its distribution center to Wallingford and as new neighbors, we have been given the opportunity to lend a helping hand volunteering.

On February 8th, a group of 15 staff members packaged up 2,647 pounds of produce to ready them for distribution to the mobile pantry sites. We are thrilled to be able to help out a great organization.

It was a rewarding experience for all who participated and will become a regular monthly event!



**CONNECTICUT
FOOD BANK**
AMERICA
**together
we can
solve
hunger.™**

The Legal Corner

Attorney John Letizia, Managing Partner

Letizia, Ambrose & Falls, P.C., New Haven

Healthcare Employers Face New Workplace Violence Reporting Obligations

Certain Connecticut health care employers are now subject to a new annual workplace violence reporting obligation. Effective October 1, 2015, health care employers with 1) at least 50 full-time or part-time employees; and 2) programs licensed by the Department of Public Health (“DPH”), must report to DPH annually the number of intentional workplace violence incidents occurring on the employer’s premises during the preceding calendar year and the specific area or department of the employer’s premises where such incidents occurred. The first report was due to be filed with DPH by January 1, 2016. This important change in a health care employer’s external workplace violence reporting obligation was implemented as part of Public Act 15-91, which addressed hospital reporting of nurse staffing levels. The Public Act did not make any other changes to Connecticut’s existing health care workplace violence protection laws.

Employer Workplace Violence Obligations

A. Policies, Procedures, Training Programs

Since 2011, Connecticut health care employers, including home health care agencies (not companion agencies), mental health agencies, physician practices, homemaker-home health aide agencies, residential care homes, outpatient clinics, hospitals and others have been required to protect their employees from workplace violence by, among other things:

1. Establishing a workplace safety committee;
2. Developing and implementing a workplace violence prevention and response plan, including policies and training programs to prevent and respond to workplace violence; and
3. Maintaining detailed records regarding incidents of workplace violence on the employer’s premises.

B. Patient Care Obligations vs. Protecting the Clinician

To the extent practicable, the 2011 legislation required covered employers to adjust a health care employee’s

patient assignment when requested by the employee and where the employer knows that the patient has intentionally physically abused or threatened the employee. The statute provides that abusive or threatening behavior by a patient that is a direct manifestation of the patient’s condition or disability is not considered to be “intentional” and, presumably, does not constitute an incident of workplace violence for purposes of this statute.

C. Documenting and Reporting Incidents of Workplace Violence

Now, covered health care employers must report annually to DPH the number of workplace violence incidents occurring on the employer’s premises and the specific area or department where they occurred. It is important to note that:

1. At this point, there is no specific form for the report.
2. As noted above, only “intentional” incidents of workplace violence need to be reported to DPH. However, when in doubt, report it, especially if you notified the police and/or CMS or DSS.
3. For homecare agencies, DPH takes the informal position at this time that the patient’s residence is not considered to be the “employer’s premises” for purposes of this reporting obligation.
4. This reporting obligation does not replace the other reporting obligations that a health care employer may have in these circumstances, such as to OSHA or other regulatory agencies.

If you have questions regarding workplace violence laws, please do not hesitate to contact Attorney John M. Letizia at letizia@laflegal.com or (203) 787-7000 x 35.

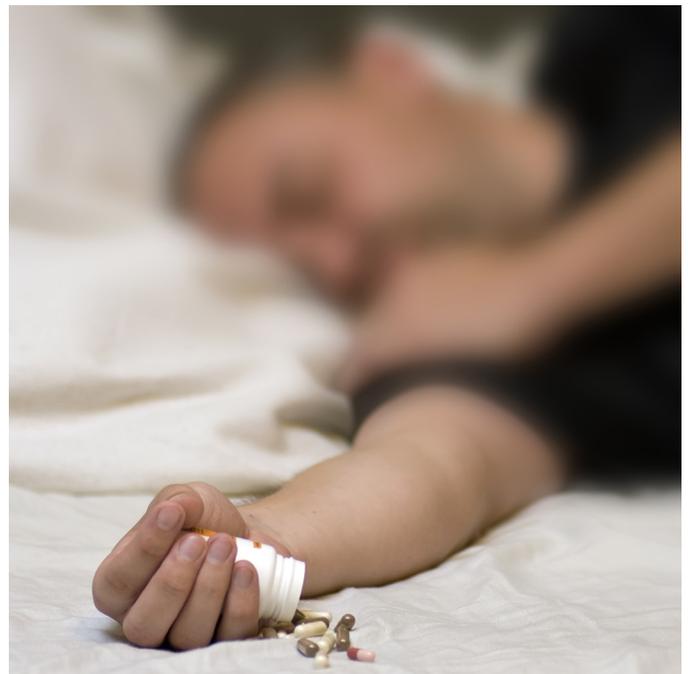
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More on Prescription Opioid Abuse in the United States

A recent article in the New England Journal of Medicine by Dr. Wilson Compton and colleagues highlights the grave consequences of prescription opioid abuse in the United States. According to the article, a total of 10.3 million individuals reported nonmedical use of prescription opioids in 2014. Over a roughly ten-year period, emergency department visits involving abuse of prescription opioids have increased 150%, admissions to substance abuse treatment programs for treatment of opioid addiction have quadrupled, and deaths from prescription opioid overdose nearly quadrupled. Nationally, according to the U.S. Centers for Disease Control and Prevention, a total of 18,893 overdose-related deaths occurred in 2014, up from 16,235 in 2013.

Alongside the increases in prescription opioid abuse, there have been alarming increases in heroin usage and heroin-related mortality. Nationally, 914,000 people reported heroin use in 2014, a nearly 150% increase from 2007. Mortality from heroin overdose is now five times what it was in 2000, and reported associations between prescription opioid abuse and heroin use have been reported by several investigators. One article showed that heroin users are nearly 3 times as likely to report abuse of prescription opioids as those who do not use heroin. Another showed that incidence of heroin use among those who report prior nonmedical use of prescription opioids was 19 times as high as the incidence among persons who reported no previous nonmedical use of opioids. While progression to heroin use among those abusing prescription opioids remains relatively rare, the strong associations seen by a number of investigators between the two forms of abuse are worrisome.

In response to these trends, a number of interventions have been instituted in recent years. Educating healthcare professionals and the general public about appropriate prescribing principles is an important component of currently targeted public health efforts to reduce opioid abuse. In addition, the imposition of prescription drug monitoring programs, such as the one in Connecticut, and the design and formulation of drugs that reduce potential for abuse are key elements. While there are some indications that such programs have begun to impact prescribing practices, time will tell whether they effectively reduce the substantial morbidity and mortality suffered by Americans from opioid abuse.



Important Reminder to All Members

Immediately notify the Trust of any certified or hand delivered correspondence related to an injured worker.



Upcoming Educational Programs

The following programs are designed to assist members in gaining knowledge of issues that surround and support the reduction of work related injuries and create a safe and healthy workplace. To register, or obtain detailed information, go to www.wctrust.com. Most courses offer Continuing Education Units (CEUs). Your attendance is encouraged.

OSHA Standards for Healthcare (Part 1 of 4): Fire Prevention, Emergency Egress & Emergency Preparedness

Thursday, March 24	9:00 AM - 11:30 AM or 1:00 PM - 3:30 PM	Members: FREE	Value: PRICELESS
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Sexual Harassment Prevention Training for Supervisors

Thursday, April 7	9:00 AM - 11:00 AM	Members: \$FREE	Value: \$100
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Therapeutic Sensitivity: A Mindset

Wednesday, April 13	9:00 AM - 12:00 PM	Members: FREE	Value: \$100
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Supervisory Training (Part 1 of 4): Conflict Resolution

Thursday, April 21	9:00 AM - 12:00 PM	Members: \$50	Value: \$100
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Managing your Return to Work Program

Wednesday, May 11	9:30 AM - 11:30 AM	Members: FREE	Value: \$100
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OSHA Standards for Healthcare (Part 2 of 4): Respiratory Protection and Personal Protective Equipment

Wednesday, May 18	9:00 AM - 11:30 AM or 1:00 PM - 3:30 PM	Members: FREE	Value: PRICELESS
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ADA/FMLA: An Advanced Program for Employers

Thursday, June 2	9:00 AM - 3:30 PM	Members: FREE	Value: \$100
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