

Trust to Initiate Injured Worker touch point Program



Too often today, employees who are struggling to cope with a work-related injury lack the necessary information and understanding required to advocate for themselves in hope of achieving the best possible outcome. We repeatedly see injured workers quickly agreeing to a complex surgical intervention, such as lumbar fusion without truly weighing the risks and benefits of the procedure. They may fail to recognize its potential negative impact on their overall health, or on their livelihood and financial independence as a result of a long term absence from work. Time and time again, we see that if the injured worker lacks the forethought, understanding, or energy to make the right things happen with their health and employment status, they often join the ranks of the permanently unemployed due to disability.

The Trust is working to provide information and support to injured workers with the goal of keeping them on the job. A series of **Injured Worker Informational Fact Sheets** are currently being created by the Trust with information gathered from a host of credible and verifiable resources on a myriad of topics affecting injured workers today. These fact sheets will address issues such as: 1) the risks and benefits of certain surgical procedures that have historically demonstrated poor outcomes, 2) the risks associated with extended use of potentially addictive pain medications, 3) the reality and unintended consequences of long-term absences from work and the risk of becoming permanently unemployable in today's job market.

Our nurse case management team will send these fact sheets to injured workers, accompanied by an encouraging personal letter. The letter will highlight resources available to the injured worker to help them through the maze and confusion often associated with being out of work and injured. The tone of each letter will express the willingness of the Trust to help them with a spirit of care, compassion and partnership.

The goal of this new program is to assure that the injured worker understands options and has the best information available to make medical decisions. Moreover, it will encourage early return to work in order to continue gainful employment during the period of recovery and beyond.

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Trust Partners with Qualidigm

Six Nursing Homes Participating in TeamSTEPPS Pilot Program



Recently the Trust was approached by Qualidigm, a Medicare Quality Improvement Organization for the State of CT, to work with them on a pilot program focused on improving overall safety and communication at long term care facilities. The program is called TeamSTEPPS, which stands for Team Strategies to Enhance Performance and Patient Safety. Six Trust members have elected to participate in this pilot.

TeamSTEPPS is an evidence based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. The program includes a training curriculum to successfully integrate teamwork principles into the health care system along with a comprehensive set of ready-to-use materials for each participant. This year long program was formally kicked off in December with a three day train-the-trainer seminar conducted at the Trust for the numerous designated “trainers” at each of the six facilities.

TeamSTEPPS has proven in prior studies that patients are safer in healthcare systems where teamwork principles are implemented and practiced. This is extremely important as communication failures are the leading cause of preventable patient deaths. Some of the anticipated safety/cost benefits of this program include 1) improved teamwork and communication; 2) improved medication reconciliation; 3) reduction in malpractice incidents; 4) reduction in litigation; 5) reduction in insurance premiums; 6) reduced rate of adverse drug events; 7) reduced rate of staff turnover; 8) increase in employee satisfaction, and 9) reduction in employee injuries.



The Trust remains steadfast in its commitment to assist our members however we can in controlling losses and keeping insurance costs affordable. We believe TeamSTEPPS can provide the framework that supports the mission as well.

Workers' Compensation Commission Assessment Increase

The administrative expenses of the Connecticut Workers' Compensation Commission (WCC) are financed by annual assessments paid by companies writing workers' compensation insurance and by self-insured employers in Connecticut. The fees go into the Workers' Compensation Administration Fund and are used for the costs of running the commission.

Effective January 1, 2014, the fee increased from 1.2% to 1.7%. This fee is included in the premium paid by members.

Raised Bill No. 61

Members should be aware of a Raised Bill before the Labor and Public Employees Committee entitled “An Act Concerning Workers' Compensation and Liability for Hospital Services.”

This bill proposes new language to clarify the payment of hospital bills by payors and serves to unravel the Schoolcraft decision made in the Norwich district that is currently under appeal in the Appellate Court.

The Trust is in support of the bill in its present form. We will keep you posted as the legislative season progresses.

A Weak Culture of Worker Safety in Healthcare Has OSHA's Attention

In March 2013, OSHA sent letters to 9,413 workplaces experiencing high rates of DART* injuries and illnesses. Recipients had recorded DART case rates higher than their respective sector averages for 2011. Employers were told to develop better safety and health plans, to seek expert advice if needed and that they would be targeted for inspection. Of the 9,413 letters, 1,218 went to healthcare, and of these, 97.5% (1,187) went to nursing and residential care facilities.



A weak culture of worker safety in healthcare has OSHA's attention. Beginning in 2012, targeted inspections, and regional and national emphasis programs aimed potentially thousands of additional inspections at nursing, residential and ambulatory care facilities with hospitals not far behind.

So how do employers establish a safety culture in the workplace? A safety culture is not a policy, program or procedure, nor is it distinct from the prevailing organizational culture. A safety culture is a reflection of

the extent to which people take responsibility for their own safety and that of coworkers, patients, residents and clients as well as their willingness to adopt behaviors that further improve safety and reduce risks.

To implement a safety culture takes time and requires continuous attention and maintenance to remain effective. An effective safety culture will reduce your worker injuries and illnesses, improve staff morale and retention, and help initiate process changes that increase the quality of patient care while improving operational efficiencies and lowering costs.

In CT, seventy-four health care and social assistance agencies received these letters. The Trust stands ready to support our entire membership in the creation and maintenance of a safe organization. Our pilot program, TeamSTEPPS, is a move in that direction for nursing homes, but certainly, if other members are willing to accept the assistance, we are there to provide it.

*The DART Rate is used by OSHA to identify workplaces with high occupational injury and illnesses. The DART Rate represents the number of cases with days away from work, transfer or restrictions per 100 full time employees. It is calculated by taking the (number of cases with days away from work, transfer or restrictions X 200,000) divided by the total employee hours worked.

Assisting Members By Calculating DART Rates

For several years, the Trust has gathered data and provided the information to our members on an annual basis. Information is provided on the DART, Incidence, and Severity Rates based on information provided by our members using their OSHA 300 log and payroll information.

Look for our email announcement on the collection of data for the 2013 calendar year. For those members that choose to participate, confidential rates and comparison data will be provided. The information gathered is classified into four groups using the National American Industry Classification System (NAICS); Ambulatory Health Care Services, Nursing and Residential Services, Social Assistance and Hospitals. Once the DART, Incidence and Severity rates are calculated, each member receives a letter with their own results with a comparison to the CT DOL rates and other Trust members with similar operations.





Winter Wellness: Safe Snow Removal

Snow removal is another one of those unavoidable winter household chores. Every year tens of thousands of people are treated in hospitals emergency rooms for injuries that happened while removing snow, either manually or with a snowblower. Common injuries include sprains, strains, and even heart attacks from shoveling snow manually while snowblower injuries can include such injuries as lacerations and finger amputations.



Be sure to train your employees on proper and safe snow removal. Due to inclement weather, the Trust has seen the number of injuries associated with snow removal increase this year. Some of our members have even made the decision to outsource this task and have one emergency contact on call to do the shoveling. If the choice is made to have employees do the snow removal, training and education is the key to decreasing the physical risk involved with this labor intensive task.

Remind employees to take steps to protect their backs while shoveling by:

- choosing plastic over metal shovels, as plastic works just as well but is much lighter
- making sure that hands are at least 12 inches apart to increase leverage and reduce body strain
- pushing when possible instead of lifting
- wearing proper footwear with good tread
- bending at the knees and lifting with legs, not the back
- not twisting the body when snow is tossed from the shovel
- taking smaller amounts of snow on the shovel
- taking frequent breaks and doing gentle back stretches from time to time
- most importantly, if chest pain, shortness of breath or other signs of distress are experienced, stop and seek emergency care.

If your employees are using snowblowers, make sure that they:

- Read the instruction manual prior to initial use.
- Are familiar with the specific safety hazards and unfamiliar features.
- Inspect the path that is to be cleared and move any objects out of the way.
- Never remove or disable safety features such as guards, shields, or deflectors.
- Keep their face, hands, feet and clothing away from concealed, moving or rotating parts
- Never clear the discharge chute with the engine running or with their hands
- Shut the engine off and remove the key if the snowblower will be unattended
- Do not fill the fuel tank while the engine is hot or running.

Trust Staff Organizes Veteran's Donation Pickup

In honor of Veterans' Day, Monday November 11th, 2013, the Trust took part in the "Pick-Up Please" program. This program benefits America's veterans by offering pick-up service for donations of clothing, shoes, accessories, jewelry, houseware and glassware & electronics. The service is conducted through the Vietnam Veterans of America, a charity that gives aid to all of America's veterans, not just those of a particular age group or war. The Trust would like to thank Bonnie Smolskis, Nurse Case Manager, for all her hard work in organizing and making this event so successful . . . Great Job Bonnie!!



Mobile Wellness: Making Technology Work for Your Organization

The proliferation of smart phones into the marketplace and our everyday lives has been rapid. Today there are more than 325 million mobile phone subscribers in the US and over 50% of those individuals have smart phones. From 2011 to 2012, smart phone usage grew by 81%.

A recent study by Pew Research found 31% of smart phones users looked up health information on their smart phone, up from 17% just two years ago. Another study by the Pew Internet & American Life Project revealed that 19% of smart phones have at least one mobile health application downloaded. This leads to the belief that consumer mobile devices are being accepted as a form of health communication.

There are thousands of applications available to help people lose weight and stay healthy, many for free or a small fee. This allows the user to save money, workout in the comfort of their own homes and at their convenience. In addition, there are Diet & Nutrition apps, food apps and apps which help with mind/body and stress reduction.



Mobilhealthnews.com just released the top twenty-seven mobile applications related to wellness. www.cio.com website lists ten applications, mostly free that promote wellness including Pedometer Free, Fitness Buddy, Calorie Counters, Meal Snap, WebMD, Pill Reminders and My Medical. Weight Watchers as well as many other similar organizations have applications to assist with weight reduction.

If you want to promote wellness in your organization, maybe the use of mobile apps will influence your employees to stay healthy. If your organization provides a smart phone for business, think about implementing a wellness program via mobile apps.

Spreading Cheer at the Holidays for Those in Need

Secret Santas for The Children's Center of Hamden

In December, the Trust was called upon to help make a difference in the lives of kids who need a little extra help at the holidays. Trust staff became Secret Santas for a number of youth living at the Children's Center of Hamden. Gifts included a few necessities such as shirts, pants and shoes for each child as well as a couple of "fun items" to really make it a special holiday for kids who don't have their own Santa.



Shown here with gifts for the Children's Center are Brian Downs, Vice President of Quality & Provider Relations and Claims Adjusters Laura Gagnon and Diane Leduc.

Donation to Children's Community Programs

In lieu of sending Holiday cards this past holiday season, the Trust instead, used that money to make a donation to one of our members. We couldn't think of a better way to say Happy Holidays than to support the Children's Community Programs of Connecticut (CCPC).

The CCPC serves approximately 600 children in several community programs including Therapeutic Foster Care, Support Teams for Educational Progress, One-on-One Mentoring, Young Leaders, Nurturing Family Networks and 3 Alternative Education Programs: Blake Street Academy, Pathways & Stars. They have also been serving the parents of these families to encourage positive parent behaviors that promote strong social, emotional, cognitive and healthy physical child development.

They are paving the way for the future of our youth!

The Legal Corner

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Final Rule on Companion Exemption

On September 17, 2013, the Department of Labor's Wage and Hour Division ("DOL") announced a final rule eliminating the Fair Labor Standards Act's minimum wage and overtime exemption for home care workers employed by home care agencies and other companies. The new regulations, which go into effect on January 1, 2015, also significantly narrow the exemption for home care workers employed directly by the individuals or families receiving home care services. Agencies and other third party employers of home care workers must be aware of the new requirements of the regulations and consider whether there are steps to be taken to avoid the significant financial burdens associated with the elimination of the exemption. Major changes in the final rule include:

Elimination of Exemption for Third Party Employers:

Third party employers of home care workers, such as home care agencies, are no longer exempt from paying minimum wage and overtime to employees who provide companionship services or live-in domestic services, even when the employee is jointly employed by the individuals, families or households using the services. However, individuals, families and households may still claim the applicable exemptions.

Definition of Companionship Services is Narrowed and Clarified:

"Companionship services" means the provision of fellowship and protection for an elderly person or person with an illness, injury or disability who requires assistance in caring for himself or herself. Under the final rule **Fellowship** means to engage the person in social, physical and mental activities; **Protection** means to be present with persons in their homes or to accompany persons outside of the home to monitor the person's safety and well-being. **Household work** is now limited to tasks that benefit the elderly person or the person with an illness, injury or disability. **Medically related services** are not companionship services and will result in a loss of the exemptions.

Provision of Care: Companionship services include the provision of "care" attendant to and in conjunction with the provision of fellowship and protection and must not exceed 20% of the total hours worked per person and per work week. **Care** includes include assistance with daily living, such as dressing, grooming, feeding and bathing and assistance with tasks that enable people to

live independently at home, such as meal preparation, driving, light housework and assistance with physical taking of medication. The minimum wage and overtime exemptions are not applicable when employees spend more than 20% of their work week performing care.

Live -In Domestic Service Employees Must be Paid

Minimum Wage: Live-in domestic service workers who reside in the employer's home permanently or for an extended period of time and are employed by the individual, family or household are exempt from overtime pay, but must be paid at least federal minimum wage for all hours worked. **Live-in employees who are solely or jointly employed by a third party, such as an agency, must be paid at least federal minimum wage and for all overtime hours worked.** Employers must maintain accurate records of hours worked, or may require employees to record hours worked and submit records to employers.

Employers May Agree to Exclude Time. Employers may enter into agreements with live-in domestic service employees to exclude certain time from compensable hours worked, such as sleep time, meal time and other periods of time when the employee is free from work duties. However, if periods of free time are interrupted by work duties, the interruptions must be counted as hours worked.

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The Medical Corner

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'Tis the Season for Slips, Trips & Falls

As I write this, we have just experienced two winter storms, temperatures are in the single digits, and the sidewalks are treacherously adorned with ice and snow. 'Tis the season of slips, trips and falls.

rapidly as possible, and workplaces should be vigilant for the constant hazard of water being tracked inside from snow and ice.



Such mishaps account for a substantial proportion of injuries to American workers every year. In fact, more than 20% of all injuries to U.S. workers involving days away from work are due to slips, trips and falls (STF). In healthcare, the rates are even higher. A recent study reported that the incidence of lost workday injuries from STF exceeds the national rate for all other private industries combined by 75%. The same study found in a population of hospital workers that those employed in food services, transport/emergency medical service, and housekeeping were at highest risk, while the highest actual tally of injuries occurred among those employed in nursing professions, and among office administrative staff. Needless to say, the workers' compensation costs associated with STF are substantial.

Much of this seems like commonsense, but maintaining on a daily basis a workplace free or nearly free of recognized STF hazards requires a high degree of diligence. The good news is that such diligence can pay off.

What's to be done? Numerous interventions can help. Slip-resistant shoes, maintenance of slip resistant floor surfaces, and strategic placement of mats may reduce injuries. Floor wax can also improve the frictional properties of floors, making slips less likely. Irregularities of surfaces both inside and out should be repaired promptly. Immediate cleaning of spillage and debris reduces hazard, as does maintenance of clear stairs and walkways. Maintaining adequate lighting, and assuring presence of handrails where needed also helps. In the winter, snow and ice need to be cleared as

A 10-year study carried out in three hospitals with a total cohort of nearly 17,000 workers showed that implementation of a comprehensive STF prevention program reduced the number of STF-related workers' compensation claims by 58%. Employers should begin by assessing areas of hazard in and around their buildings, assessing which specific jobs have the highest STF injury rates, educating employees about STF prevention, and putting interventions in place.



What Do You Think?

Does the Workers' Compensation Commission have jurisdiction over a claim for benefits if a Notice of Claim (Form 30C) was not filed within the statutory one year period?

Answer

There are four exceptions to the one year statutory notice requirement. The first three are if the claimant was provided medical care, indemnity benefits, or requests a hearing within that one year. The last is if the claimant can meet the totality of circumstances standard.

Under this standard the Commissioner must determine whether the totality of the circumstances placed the employer on notice that the claimant was pursuing a claim under the Workers Compensation Act. The mere fact that a First Report of Injury was completed or a denial was filed on a claim within that one year does not necessarily satisfy the requisite standard for a notice of claim. This is an issue of fact for the Commissioner to determine.

