

VITALITY ATLAS

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OSHA Enforcing New Severe Injury Reporting Rule

Employers expected to focus on root-cause analysis, hazard abatement and prevention

By Karen O'Hara

“ Before 2015, employers only had to report to OSHA work-related fatalities or incidents where three or more workers were hospitalized. But the worksites reporting a fatality often had previous serious injuries and amputations that we had never known about. These were red flags that there were serious hazards in this workplace that needed to be prevented. **”**

—Dr. David Michaels, Assistant Secretary of Labor, Occupational Safety and Health

The Occupational Safety and Health Administration (OSHA) has “changed the way we do business,” which means employers have to adapt, too.

At least, that’s how Dr. David Michaels views the impact of the new severe injury reporting rule now being enforced by the agency he heads.

[the Government](#) requires covered employers to report **all** work-related in-patient hospitalizations, amputations and losses of an eye to OSHA within 24 hours of learning of them. Employers were previously required to report in-patient hospitalizations involving three or more employees. Work-related fatalities must be reported within eight hours.

“Hospitalizations and amputations are sentinel events, indicating that serious hazards are likely



Effective Jan. 1, 2015, [29 CFR Subpart 1904.39, Reporting Fatality, Injury and Illness Information to](#)

to be present at a workplace and that an intervention is warranted to protect the other workers at the establishment,” Michaels said when the rule was first introduced.



Dr. David Michaels, Assistant Secretary of Labor

OSHA initiated inspections for about 34 percent of the 5,400 reports it received during the first six months following implementation of the new rule, but it engaged every reporting employer, Michaels said during a [speech](#) he gave June 18 at a National Advisory Committee on Occupational Safety and Health meeting.

“We are working with employers in new and different ways,” he explained. “For those employers that we are not inspecting, we expect them to conduct an investigation and let us know what changes they will make to prevent further injuries. Employers blame too many injuries on ‘careless workers’ when we know the real cause of most incidents in which a worker is hurt is the presence of an unabated hazard.”

Given these developments, employers are being advised by attorneys and occupational health and safety professionals to:

- Plan in advance for a possible OSHA investigation.
- Evaluate and make any necessary adjustments in how they conduct root-cause analyses.
- Review/update their hazard response and prevention plans.

“Investigating a worksite incident—a fatality, injury, illness or close call—provides employers and workers the opportunity to identify hazards in their operations and shortcomings in their safety and health programs,” Michaels said. “Incident investigations that focus on identifying and correcting root causes, not on finding fault or blame, also improve workplace morale and increase productivity by demonstrating an employer’s commitment to a safe and healthful workplace.

“By establishing a relationship with all employers who report severe injuries, and by encouraging them to investigate the incidents in which the worker was hurt,

I believe we will make a huge difference.”

Who is Covered?

All employers covered by the Occupational Safety and Health Act, including those who are exempt from maintaining injury and illness records, are required to comply or face potential citations and fines. In the [25 states and two U.S. territories](#) that have their own occupational health and safety programs, employers are advised to check with local jurisdictions on the status of enforcement.

Targeting Sentinel Events

Despite annual downward national trends in fatality and injury/illness incidents rates, the quest to keep American workers healthy, safe and on the job continues.

Officials said the severe injury reporting requirements will allow OSHA to reach employers it hasn’t contacted in the past or “didn’t even know existed.”

In 2013, the most recent year from which data are available, 4,585 fatalities were reported, or 3.3 fatal injuries per 100,000 full-

What Makes an Incident OSHA-Recordable?

The Occupational Safety and Health Administration’s definition of work-related injuries, illnesses and fatalities are those in which an event or exposure in the work environment either caused or contributed to the condition. If an event or exposure in the work environment significantly aggravated a pre-existing injury or illness, it is considered work-related.

Visit [OSHA’s recordkeeping page](#) for recordable work-related injury and first-aid reporting parameters.

time equivalent workers. Slightly more than 3 million non-fatal workplace injuries and illnesses were reported by private industry employers in 2013, for an incidence rate of 3.3 cases per 100 FTEs, according to estimates from the Survey of Occupational Injuries and Illnesses conducted by the U.S. Bureau of Labor Statistics.

While there clearly are impacts, it is difficult to draw firm conclusions about severe injury reporting volumes in comparison to prior years.

“The severe injuries that are now being individually reported would historically just be placed in the 300 log and OSHA would never know about them unless they visited a worksite for an inspection,” said Valerie Butera, an attorney in the Washington, D.C., office of Epstein Becker Green, where she focuses on workplace safety and health issues.



Valerie Butera

When reporting an injury or illness, covered employers must use OSHA's Log of *Work-Related Injuries and Illnesses* (Form 300) to classify and note the extent and

severity of the case. Cases must be recorded within seven days of receiving information that a recordable injury or illness has occurred. An annual summary (Form 300A) must be posted in a visible location at the workplace. Related records must be updated if information changes and retained for at least five years.

“As OSHA anticipated, compliance with the revised reporting rule has focused the agency's attention on industries and hazards that it had not focused on before,” Butera said. For example, OSHA recently issued a [fact sheet](#) on preventing cuts and amputations when using food slicers and meat grinders. It also recently announced a [renewed focus on injuries in hospitals and nursing homes](#).

Reporting Fatalities and Severe Injuries

As prescribed by OSHA, reporting is accomplished by:

1. Calling the agency's confidential toll-free number (1-800-321-OSHA)
2. Calling the nearest federal OSHA area office during business hours. After-hours reports are not accepted.
3. Submitting an electronic form. This option is in development and will be offered via [OSHA's online reporting portal](#).

Reporting parties must provide:

- Company name
- Location of the work-related incident
- Time of the work-related incident
- Type of reportable event

- Number of employees who suffered the event
- Names of the employees who suffered the event
- Name of a company contact and his or her phone number
- Brief description of the work-related incident

The following do not have to be reported:

- Injuries resulting from a motor vehicle accident on a public street or highway; however, employers must report the event if it happened in a construction work zone.
- An event on a commercial or public transportation system (airplane, subway, bus, ferry, street car, light rail, train).
- When an employer learns about a fatality more than 30 days after it occurred or a hospitalization, amputation or loss of an eye more than 24 hours after learning about it.

Definitions

The following are defined in Subpart 1904.39:

Hospitalization is a formal admission to the in-patient service of a hospital or clinic for care or treatment. Employers do not have to report an in-patient hospitalization if it was for diagnostic testing or observation only. Employers are not required to report an in-patient hospitalization due to a heart attack that may have resulted from a work-related incident.

An **amputation** is the traumatic loss of a limb or other external



The new rule retains the exemption for any employer with less than 11 employees, regardless of their industry classification, from the requirement to routinely keep records.

Investigating the Root Cause

The National Safety Council and OSHA have jointly developed a guidance document for employers on [How to Conduct an Incident Investigation](#). It features nine key steps:

1. Call or gather people necessary to conduct the investigation and obtain an investigation kit.
2. Secure and preserve the area where the injury occurred.
3. Identify and gather witnesses.
4. Interview the involved worker.
5. Interview all the witnesses.
6. Document the scene of the injury through photos and/or videos.
7. Complete the investigation report, including determination of what caused the incident and proposed corrective actions.
8. Use results to improve the injury and illness prevention program to better identify and control hazards.
9. Ensure follow-up on corrective actions.

From a legal perspective, Butera said it is unclear whether statements made in an investigative report resulting from a root-cause analysis “will be used as admissions by OSHA in the event of an enforcement action. Accordingly, now more than ever, it is vital for employers to understand how to conduct an effective root-cause analysis and

body part, including part of a finger or toe. Amputations include a limb or appendage that has been severed, either completely or partially; fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; and amputated body parts that are reattached. Amputations do not include avulsions (tearing away of attached or anchored tissue) and enucleations (surgical removal of an eye or other organ while leaving surrounding tissues intact).

With regard to amputations, when a health care professional’s diagnosis is available, OSHA directs employers to “rely on that diagnosis.” If there is no available diagnosis, employers are advised to rely on definitions and examples included in the regulatory text of section 1904.39. Examples of injuries that do not need to be reported include degloving (skin torn from tissue) and scalpings; fingernail, toenail, eyelid and tooth avulsions; and severed ears.

Loss of an eye is defined as physical removal of the eye, including enucleation and evisceration (removal of internal eye contents). The regulation does not cover loss of sight without physical removal of the eye. However, a case involving loss of sight is reportable within 24 hours of in-patient hospitalization.

Another New Provision

As part of the rule change, [OSHA has updated its list of industries](#) with relatively low injury and illness rates that are partially exempt from a requirement to routinely keep related records. It also has updated its list of business establishments newly required to keep records. These lists were formerly based on the Standard Industrial Classification (SIC) system and injury and illness data from the Bureau of Labor Statistics (BLS) from 1996-1998. They are now based on the North American Industry Classification System and 2007-2009 BLS injury and illness data.

produce an investigative report that will help them prevent similar incidents in the future.”

She recommends obtaining a variety of perspectives during an investigation, including those of the injured employee, his or her supervisor, co-workers and managers.

A root-cause report should be factual and avoid conjecture.

As part of a root-cause analysis, experts recommend following a line of inquiry that explores possible contributing factors such as the presence of toxic substances; equipment or tool defects; job procedures and processes such as lockout/tagout; the overall work environment (e.g., lighting, air quality, floor surface, climate); training practices; and the use of personal protective gear. It’s also important to understand how factors such as fatigue or the use of illicit or prescription drugs can contribute to accidents and injuries.

“Employers should be wary of merely blaming the victim and should instead investigate the incident thoroughly, interviewing the injured employee and all witnesses and assuring them that they will not be retaliated against for speaking truthfully about the incident,” Butera advises. “By asking enough ‘Whys?’ the root cause of the incident will eventually be revealed.”

During a recent webinar on OSHA reporting, Melissa Bailey, an attorney with the national

employment law firm Ogletree, Deakins, Nash, Smoak & Stewart, suggested preparing in advance for a possible OSHA site inspection by teaching staff how to “put your facility in the best light possible and minimize your liability.”

Mark Sullivan, a senior consultant at Aon Risk Solutions, said employers who are the most well prepared for an OSHA investigation have a strong safety and health management program in place with the following components:

- Senior management leadership
- Employee involvement
- Sound planning and careful execution of initiatives
- Documentation of hazards and corrective actions
- Consistent use of a performance evaluation system

“These are the types of things good actors are already doing,” said Sullivan, who cited [ANSI/AIHA/ASSE Z10](#) (a standard for occupational health and safety management systems), British Assessment Bureau [OHSAS 18001 certification](#) and other leading industry models.

“Practically speaking, the more urgent thing to understand is how to correctly report injury and illness data. Seek legal counsel in advance and during inspections, in addition to advice from a safety professional. At some point you may need to defend yourself.”



Host Employer Usually Responsible for Reporting Temporary Worker Injury

In an educational bulletin, OSHA explains that a staffing agency and host employer share a certain degree of responsibility for conditions of employment and legal compliance. However, only one party should record a temporary worker’s injury or illness; it usually is the host employer.

The employer considered responsible for recording work-related illnesses or injuries:

- supervises a temporary worker on a day-to-day basis
- controls conditions presenting potential hazards
- directs the worker’s activities around, and exposure to, those hazards

Day-to-day supervision is defined as when “the employer supervises the details, means and methods and processes by which the work is to be accomplished.” Staffing agencies have a duty to stay in frequent contact with temporary employees and the host employer to ensure that injuries and illnesses are accurately recorded and hazardous conditions in the workplace are identified, OSHA says in the bulletin, distributed through the agency’s [Temporary Worker Initiative](#).

Changing Safety Messaging in Response to Human Nature

Employers with good safety records often express frustration about being stuck in a place somewhere short of stellar.

When companies reach a plateau after using approaches such as near-miss reporting, root-cause analysis, behavior-based reward systems, classroom training and simulations, they look for new ways to get to the next level.

Joseph L. White, a solutions architect and senior safety consultant with DuPont Sustainable Solutions, says they want to know: “How can we say this differently and more effectively? How can we move people so they feel more emotionally engaged in safety?”

White is intrigued by the notion of human feelings and emotions as a defining factor for workplace safety, security and operational excellence. To get to the next level, he tells employers their safety messages need to resonate on an emotional level so workers will remember and incorporate them into their subconscious decision-making process.



Joseph L. White

“I’ve been in safety for 25 years. During that time we’ve done all we can to dispel the importance of feelings and emotions,” White said. “But when people make decisions it’s usually based on past experiences and their feelings associated with those experiences. This process occurs automatically and intuitively. When we decide to take chances involving elevated and unnecessary levels of risk, it’s because we anticipate some benefit that outweighs any perceived cost or consequence.”

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—Joseph L. White,
DuPont Sustainable Solutions

Take something as simple as standing on a chair or desk rather than fetching a ladder to change a light bulb. The perceived gain based on prior knowledge—saving time and reducing effort—outweighs the potential cost (falling and getting hurt). The sinking of the Titanic is a classic example of perceived gain (fame and fortune upon an early arrival in New York) influencing decision-making with fatal consequences.

Risk or Opportunity?

White, whose work is rooted in psychology, helps employers become more persuasive in their occupational health and safety messaging by shedding light on human nature. During a recent online presentation, *It’s Not What You Think: How Feelings Impact Decision Making and At-Risk Behavior*, he focused on three key concepts:

- People routinely take chances with good intentions.
- Decision-making is predominantly a subconscious process.
- Most decisions have an emotional basis.

According to White, a primary driver of at-risk behavior is lack of appreciation of consequences, or thinking: “It won’t happen to me.” This attitude leads to a tendency to overestimate rewards and underestimate risks. For example, some people overestimate risk associated with terrorism and underestimate risk associated with diabetes. A significant percentage of Americans feel uneasy about boarding a commercial aircraft but have little or no concern about driving, even though the likelihood of a car accident is far greater than a plane crash.

Based on their life experience, a worker may give more weight to potential loss than potential gain, be primarily motivated by expediency, or have a tendency to act first and ask later for forgiveness.

Far too often, White says, people stick with the status quo or exercise a “default option” when faced with a health- or safety-related decision: “That’s why we don’t get preventive health screens or contact someone engaging in at-risk behavior. We are internally wired to resist change.”

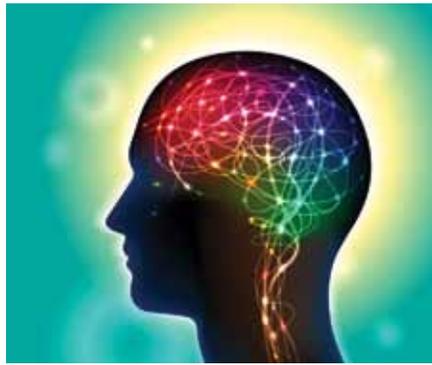
Heuristics at Work

White says most people are conscious of only a small fraction of the information they take in and the decisions they make on a daily basis. Conscious processing of information and deliberation is typically reserved for decisions of perceived higher value.

Generally speaking, people unconsciously use patterns and biases to make sense of the constant barrage of information they must process. In turn, these patterns and biases influence their perceptions and decisions. White says employers who understand this process—heuristics or learning through experience or trial and error—and the mental short cuts people use to interpret and respond to information in real time have an advantage over those who do not.

“We tend to place higher value on things we remember readily... that’s why marketers repeat certain names, faces and jingles,” White said. “Representative heuristics suggest past experience influences future decisions. Many incidents occur because of something that has happened before.”

In other words, decisions that may seem irrational to an observer make sense to the person who makes them.



“Our challenge as occupational health and safety practitioners is to impose perception and direct social dialogue to change the way people feel, to initiate a shift in perspective rooted in experience and learning,” White said. “This involves recognizing that people experience risk with feeling and emotion.”

Effective Persuasion

While changing human nature sounds like an insurmountable task, occupational health and safety professionals can have a positive influence on employee decision-making in the moment, White said, by using communication techniques that “reach the heart and not just the head.”

White recommends incorporating this concept in safety initiatives by associating them with “something that can be achieved, not something to be avoided.” Another key element is allowing employees to express emotions and feelings about their experiences. For example, co-workers are much more likely to listen and remember a safety story told by a power utility worker who is nearly electrocuted than an instructor in a technical training course.

“Anecdotes or story telling are most powerful when they come from a grassroots, peer-to-peer level,” he said. “I encourage employers to allow these stories to be told, collect them and pass them along.”

In addition, he noted, “while data are important, they should never be used as the primary tool to appeal to feelings and emotions. Images, videos and personal experiences are far more effective at changing perceptions. Remember, a picture is worth 1,000 words.”

Raising the safety performance bar requires vertical and horizontal leadership as well as peer-to-peer engagement. On an aircraft, for example, all crew members in the air and on the ground work collaboratively regardless of their position or authority to ensure a safe flight.

The goal is continuous improvement without diminishing a company’s commitment to zero injuries.

“Recognizing how we are wired and the means by which we can make snap decisions in real time under real circumstance is an important first step,” White said. “Conscious, deliberate effort to improve the quality of decision making and lower personal exposure to behavioral risk is a journey, not a destination that can be reached overnight.”

Related Reading

1. *Blink: The Power of Thinking Without Thinking* by Malcolm Gladwell
2. *The Power of Habit* by Charles Duhigg
3. *Thinking, Fast and Slow* by Daniel Kahneman

Clinical Conversations

QUANTIFYING THE VALUE OF NURSE CASE MANAGEMENT

A recent study found nurse case management improves outcomes and reduces medical and total-loss costs in some types of cases.



In the study, [The N Factor: How Nurses Add Value to Workers' Compensation Claims](#), Helmsman Management Services, a Liberty Mutual subsidiary, analyzed medical billing and other data from 42,000 claims in four categories:

- **Diagnostics and medical treatment:** sample data points include opioid use, surgery, hospitalization and chronic health conditions
- **Injury-related characteristics:** body parts involved, claim age, initial treatment, primary diagnosis

- **Patient characteristics:** employment status, weight, gender, age, prior injury
- **Claimant behavioral characteristics:** employer-employee relationship, return-to-work expectations, pain level, complications, daily living function, motivation

For the study, the 42,000 claims were culled into a subset of 4,000 homogeneous claims, half of them with nurse case management involvement. Researchers found the nurse-managed cases:

- Reduced overall costs by 26 percent
- Were resolved 15 percent more quickly
- Decreased medical and total-loss dollar costs by double-digit percentages
- Had more timely return-to-work rates, contributing to significant cost savings, increased productivity and better morale

“Nurses record information such as the claimant’s expectations, experience with injuries, and attitudes toward work and rehabilitation, all of which play a better role in outcomes,” it says in the study. “Nurses’ talents, skills and resourcefulness drive benefits in terms of faster return to work at a lower total cost.”

Understanding the factors that make nurse case management worthwhile for all parties makes a difference, the study shows. For example, when an injured employee with no comorbid conditions has a positive relationship with his or her employer and receives appropriate evidence-based medical treatment from the outset, the outcome is likely to be favorable without the added cost of case management interventions.

Ergonomic Principles Contribute to Positive Business Climate

The application of ergonomic principles can create a “positive climate” by reducing physical and mental strain, lowering work-related injury and illness risk, and improving work quality

and efficiency, according to researchers at Colorado State University and the Colorado School of Public Health.

For the study, ergonomics is defined as adapting work tasks to individuals' physical and mental capabilities. Researchers conducted an ergonomics climate assessment in two phases over a two-year period with input from employees at a large manufacturing facility.

They found that when the company placed an equally strong emphasis on productivity and employee well-being, employees reported having less work-related musculoskeletal pain. However, when workers perceived a stronger emphasis placed on either performance or well-being, they reported greater levels of work-related musculoskeletal pain—regardless of which concept was felt to be more important.

“Our study demonstrates that traditional arguments against workplace health and safety policies and practices just aren't true,” said Krista Hoffmeister, study co-author, CSU alumna and research analyst with Sentis. “While employee safety and well-being are often seen as an obstacle to increases in productivity, this study demonstrates the importance of aligning these values for a maximum result.”

Citation: [Ergonomics Climate Assessment: A measure of operational performance and employee well-being](#); *Applied Ergonomics*, Vol. 50, Pages 160-169, September 2015.



More Workers Testing Positive for Illicit Drugs

The percentage of American workers testing positive for illicit drugs such as marijuana, cocaine and methamphetamine has increased for the second consecutive year in the general U.S. workforce, according to results from more than 10 million tests. The findings suggest the potential reversal of a 10-year decline in illicit drug use.

In its annual [Drug Testing Index for 2014](#), Quest Diagnostics, a leading provider of diagnostic information services, reports the positivity rate for approximately 6.6 million urine drug tests in the general U.S. workforce increased 9.3 percent, from 4.3 percent in 2013 to 4.7 percent in 2014. The overall positivity rate for oral fluid and hair drug tests, representing approximately 1.1 million tests, also increased between 2013 and 2014 in the general U.S. workforce.

“American workers are increasingly testing positive for workforce drug use across almost all categories and drug test specimen types. In the past, we have noted increases in prescription drug positivity rates, but now it seems illicit drug use may be on the rise,” said Dr. Barry Sample, director, science and technology, Quest Diagnostics Employer Solutions. “These findings are especially concerning because they suggest that the recent focus on illicit marijuana use may be too narrow and that other dangerous drugs are potentially making a comeback.”

“The increases in illicit drug positivity in employment drug testing should get employers and policymakers to take notice of the serious risks these drugs create for productivity, health and safety,” said Robert DuPont, M.D., former director of the National Institute on Drug Abuse. “Many of these substances are clearly associated with impaired physical and cognitive functions.”

TIPS FOR PREVENTING & TREATING SHOULDER CONDITIONS

You may not think much about your shoulders—until they start to ache or you lose range of motion.

Signs and Symptoms

The shoulder is comprised of bones, muscles, tendons and ligaments.



The likelihood of pain, loss of strength and diminished range of motion increases with age. Repetitive tasks such as reaching, pushing and pulling, and using hand tools may also affect shoulder function over time.

Commonly occurring conditions include:

- Dislocation or separation
- Tendinitis and bursitis
- Rotator cuff tear
- Frozen shoulder
- Fracture
- Arthritis (osteoarthritis and rheumatoid)

WorkCare's occupational clinicians recommend consulting with a physician after an accident or injury and when:

- the shoulder appears deformed
- the shoulder joint doesn't activate or you are unable to move your arm away from your body
- there is redness, sudden swelling or/intense pain
- the area surrounding the joint feels tender and warm

Clinicians advise adults to seek immediate medical attention if shoulder pain is accompanied by heart attack indicators or when pain travels along nerves to the shoulder.

Diagnosis and Treatment

Shoulder conditions typically are diagnosed based on medical history, physical examination and, as warranted, diagnostic tests such as x-rays or magnetic resonance imaging (MRI). Initial treatment often involves a simple combination of rest, ice, compression (wrap or bandage) and elevation above heart level (RICE). Over-the-counter nonsteroidal anti-inflammatory medications (NSAIDs) are often taken to help reduce swelling and relieve pain.

Gentle exercises, ultrasound or electrical stimulation may be recommended. Depending on response to treatment, corticosteroid injections or surgery may be performed in some cases.

Prevention Measures



To help prevent shoulder complaints:

1. Warm up well. Stretch before and after work and other physical activity.
2. Exercise routinely to strengthen wrist, arm, shoulder, neck and back muscles.
3. Maintain good posture—straight and relaxed.
4. Wear required personal protective equipment on the job and as recommended for environmental conditions and certain sports.
5. When reaching or working at heights, use scaffolding, a ladder or step stool; never stand on unsteady objects.
6. Always wear your seat belt when in a motor vehicle.
7. Use proper lifting techniques and devices.
8. Avoid attempting to catch falling objects.
9. Don't take shortcuts or rush when walking on slick/uneven surfaces.
10. Take micro-breaks, stretch and alternate hands when performing repetitive activities at work or at home (such as gardening or painting).

Resources:

1. [National Institute of Arthritis and Musculoskeletal and Skin Diseases \(NIAMS\)](#)
2. [American Academy of Orthopedic Surgeons](#)

WORKERS' COMP UPDATE

States Get NIOSH Funding for Surveillance



The National Institute for Occupational Safety and Health

(NIOSH) has awarded \$400,000 in funding for cooperative agreements with California and Massachusetts for workers' compensation surveillance over a three-year period.

The California Department of Industrial Relations, California Department of Public Health and Massachusetts Department of Public Health will compile, analyze and disseminate workers' compensation data to promote the prevention of occupational injuries, illnesses, fatalities and hazard exposures within the states and across the nation.

[The application deadline for the next round of funding is Aug. 31, 2015.](#)

Why Do Some Workers Get Back Surgery and Others Not?

A new Workers' Compensation Research Institute study analyzes



data from work-related back injury claims in 13 states to explain wide variations in surgery rates.

The authors followed medical treatment for one year from date of injury and examined factors associated with having or not having back surgery.

They found some influencing factors are within the control of workers' compensation policymakers, while others result from the dynamics and practices of the larger health care system. The 13 states studied are California, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Michigan, North Carolina, Oklahoma, Pennsylvania, Tennessee and Texas.

Citation: [Why Surgery Rates Vary](#); Christine A. Yee, Steve Pizer, Olesya Fomenko, June 2015; WC-15-24.

2014 Was a Good Year for Insurers

Overall, 2014 was a good year for the workers' compensation insurance line of business, according to a newly released *State of the Line* report from the National Council on Compensation Insurance. Kathy Antonello, the council's chief actuary, reports:

- the workers' compensation line posted its first underwriting gain since 2006
- workers' compensation lost-time claim frequency continued a long-term decline, partially offsetting an observed modest increase in claim severity

However, construction and manufacturing employment totals remained well below pre-recession levels, restraining higher premium growth rates. This is significant because

construction and manufacturing accounted for about 40 percent of the industry's pre-recession premium volume, she reported.

Citation: [2015 State of the Line – Analysis of Workers' Compensation Results](#), National Council on Compensation Insurance, June 2015.

World Trade Center Settlement Agreement



Federal Judge Alvin Hellerstein approved a \$54 million settlement

agreement for 82 workers who claimed building owners and contractors failed to provide respiratory protection equipment to prevent them from inhaling toxic dust during clean-up following the 9/11 collapse of the World Trade Center complex in New York City. The settlement covers members of Laborers International Union of North America Local 78, which represents asbestos, lead and hazardous waste handlers. Claims included respiratory and digestive diseases, psychological injuries and cancer.

New York to Measure Carrier/TPA Effectiveness

The New York Workers' Compensation Board announced an initiative to measure the effectiveness of carriers and third party administrators (TPAs) with respect to timely filing of first reports of injury and handling of workers' compensation claim denials. Industry observers said penalties are eventually expected to be imposed on carriers/TPAs for poor performance.

SUMMER

Time to Think About Work-Life Balance



PBS *NewsHour* recently featured a summer series on work-life balance, suggesting a renewed drive among Americans to maintain their work ethic and be more well-rounded individuals.

Compared to other countries, the *NewsHour* reports the U.S. “ranks abysmally low on work-life balance,” according to surveys conducted by the the international [Organisation for Economic Cooperation and Development](#). The OECD promotes policies to improve economic and social well-being.

The OECD produces the [Better Life Index](#), an interactive web-based tool that allows users to create their own index and make well-being comparisons in 11 categories. In addition to work-life balance, the categories are housing, income, job, community, education, environment, civic engagement, life satisfaction and safety. The OECD’s membership is comprised of 34 countries and a number of key partners.

Among all respondents, health ranks first as the most important quality of life factor, followed closely by life satisfaction and education. Safety is ranked as the fourth most important factor. In the U.S., life satisfaction ranks

first, followed by health and education. Safety ranks sixth. Civic engagement is ranked as the least important quality-of-life factor globally and in the U.S.

Compared to other countries, the U.S. ranks:

- below average (29th) for work-life balance
- first for housing and income/wealth
- in the middle range for all other categories, from 19th for both environmental quality and education/skills and 9th for jobs and earnings.

A Global Issue

The OECD says the U.S. doesn’t have a corner on the market of concern about work-life balance.

“Finding a suitable balance between work and daily living is a challenge that all workers face,” it reports. “Families are particularly affected. The ability to successfully combine work, family commitments and personal life is important for the well-being of all members in a household. Governments can help to address the issue by encouraging supportive and flexible working practices, making it easier for parents to strike a better balance between work and home life.”

The percentage of male employees working very long hours across OECD countries is 17 percent, compared with 7 percent for women. Time devoted to leisure is roughly the same for men and women across OECD countries studied.

“Evidence suggests that long work hours may impair personal health, jeopardize safety and increase stress.”

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