



# MANAGING A WORKPLACE INJURY

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# Learning Objectives

1. Have a basic understanding of an effective Workers Compensation Program
2. Describe the value of a “Patient First” mindset
3. Explain the importance of “Trust” in the Work Comp Management process
4. Articulate the benefits of effective injury triage
5. Identify the essential components of a Return-to-Work Program

# 25 Years of WC has taught me

1. Be humble - It's not about me, it's about caring for others.
2. Develop a culture of honor - Treat every injured team member like they are your own family member.
3. Serve others with passion - Some people want to be hard to help, but consistent love and truth wins the day!
4. Perseverance - If you don't quit, you win.

# Not Planning to Care is Bad for Business?

- 32 % of ALL Lost Time Injuries never return to the workforce.
- 50 % of employees who remain off work for more than 6 months never return to the workforce.
- Whether Self-Insured or First Dollar coverage- the financial cost is significant without an Injury Management Plan to Return To Work (RTW)

# RECORDABLE INJURIES: THE HIDDEN COSTS

## CATEGORY 1 \$

Medical and allied health costs	.....
Wages for injured worker	.....
Occupational rehabilitation	.....
Increased insurance premiums	.....

## DIRECT COSTS

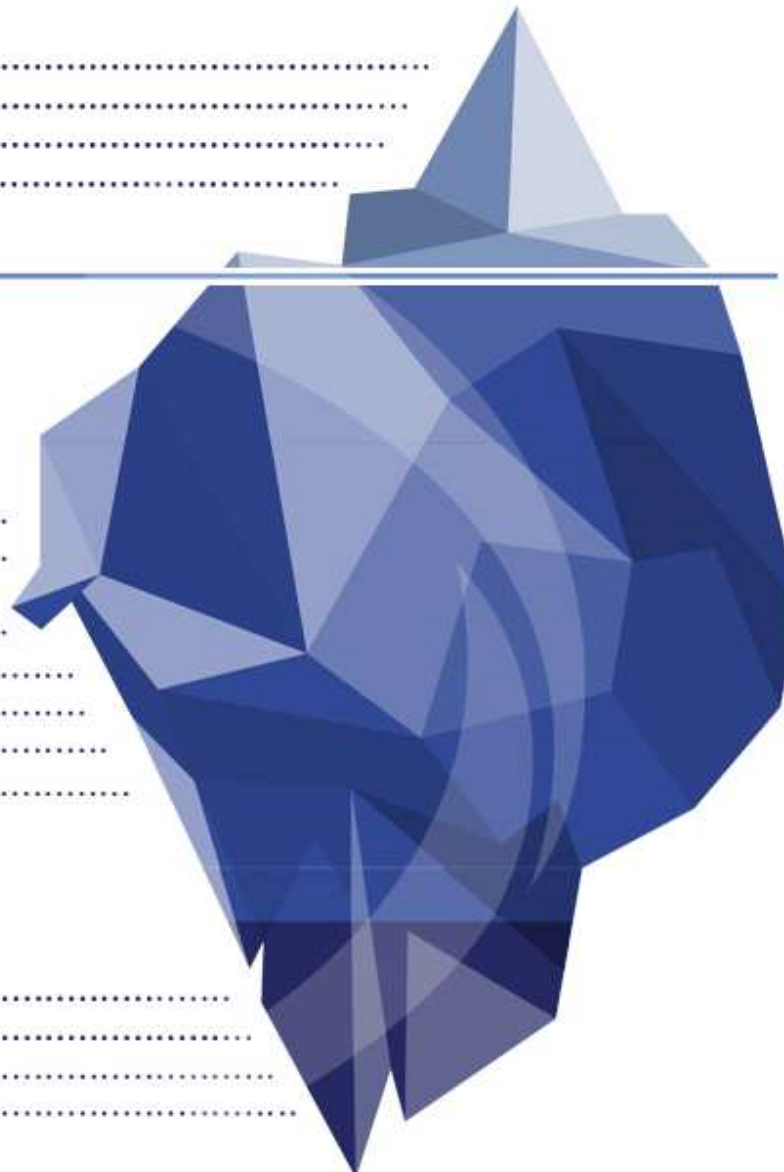
## INDIRECT COSTS

## CATEGORY 2 \$\$

Increased paperwork	.....
Investigation costs	.....
Personal and team bonuses	...
Project delays	.....
Loss of production	.....
Industrial relations issues	.....
Overtime and over-employment	.....
Training & retraining costs	.....

## CATEGORY 3 \$\$\$

Risk to current contract	.....
Reputation damage	.....
Legal fees & fines	.....
Risk to future bids	.....



# Work Comp is about People

- Don't get lulled to sleep by WC statistics and cost.
- If you take care of the people, the rest will fall in line.





# Patient First Mindset:



- Establish **Trust** - Act in the best interests of the injured worker, do the right by them.
- **Reliability** – Be consistent, honest, & dependable?
- Being **Relational** – Be empathetic, put Care into Action, look for needs.
- Put the “**Patient First**” - Provide the best level of care regardless of cost?

# 6 Preplanning Tips for Success

What can be done prior to injury?

1. Know your Workers' Compensation Insurance Carrier benefits (preferred network list),
2. Research Occupational/Urgent Care, Hospital Trauma Level 1-4,
3. Develop relationships w/Specialists in your area (Orthopedic & Plastic Surgeon),



# 6 Preplanning Tips for Success

What can be done prior to injury?

4. Work with Occupational Physician
  - a. Tetanus, Fit for Duty exams, Physical Demand Assessments,
5. Contract Onsite care – EMT, Paramedic or Nurse Triage,
6. Develop consistent Return to Work Program.

# After an Incident: WC Claims Management

1. Injury Reporting Process
2. Seek Triage/Medical Care
3. Accident Investigation
4. Communication – Clear communication with injured worker and strategic Safety  
Communication with all team members
5. Obtain Early Return to Work

# Timely Incident Reporting



1. Do you require Team Members & their supervisors to timely report ALL incidents?
  - a. Yes, we strictly enforce this policy
  - b. Yes, we want people to report incidents
  - c. No, we only report injuries involving medical treatment
  - d. No, we only report catastrophic incidents

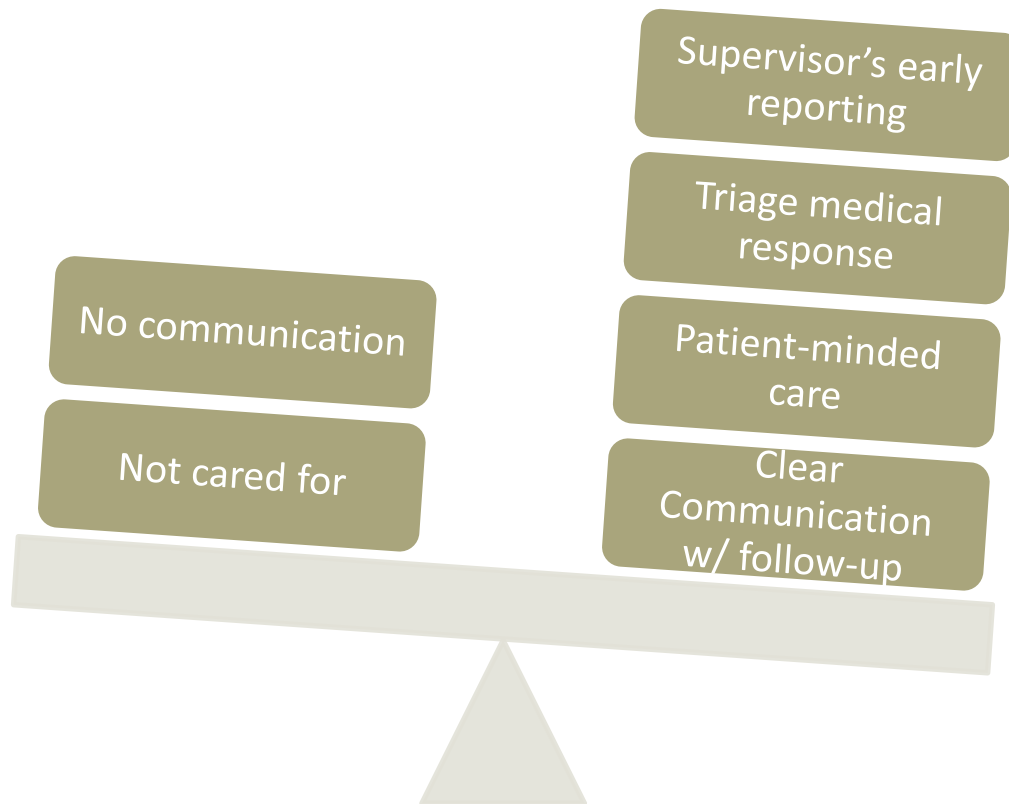
# Timely Incident Reporting



# Timely Incident Reporting

Distrust

Trust





# Triage/Medical Care



# Triage/Medical Care

2. Do you currently use Injury Triage for work related injuries/illnesses (ex. Telehealth, on-site nurse, or medic response)?
  - a. Yes, we use it and love it
  - b. Yes, we use it
  - c. No, we don't see the benefit
  - d. No, I have never heard of it





# Why Triage

According to the Wellness Council of America,

- 70% of all Dr.'s office visits are unnecessary
- 66% of all ER visits are non-emergencies
- ½ of all triage callers are likely to opt for self-care rather than their original plan (visit to ER, Urgent Care, or MD office)

# The Goal of Injury Triage

- Assess the Injured Worker's (IW) condition and determine the best course of action
- Provide the IW with the proper level of care
- Improve treatment time
- On-site treatment, if appropriate
- Make recommendations if higher level of care is needed
- Avoid over-treatment (90% of calls remain first aid-only)

# Triage Options - In-house or Response

- EMT, Paramedic, or Qualified Nurse (Occ Med/ER experience)
  - Many of these services are “First-Aid Only”
- Employees appreciate and trust a licensed professional
- Today medics/nurses are using mobile technology to:
  - Diagnose injuries,
  - Identify proper treatment plan,
  - Locate clinic, hospitals, trauma centers with appropriate level of care.

# On-site Injury Care

- Employer rep First Aid/CPR trained?
  - Do you have a fully stocked FA kit with non-expired items? What about alternative OTC wound care (ex. Antimicrobial wound gel w/silver, Zip Stitch, tourniquet, etc.)
- Response medics bring their own kit or preplaced at each location?
- NOTE: Report Incident and care provided to Insurance Carrier (ex. First-aid only)

# Incident Investigation

- Preserve important facts
- Take more pictures than necessary
- Preserve witness statements
- Accident reconstruction is helpful for determining cause and for future company-wide safety communications
- Get the FROI right



# Clear Communication with Injured Worker

Build trust through Care-in-Action

- Be proactive by providing IW access to experts (Nurse, Orthopedic, Specialist)
- Communicate with family, as appropriate
- Establish point of contact with medical providers
- Visit employee regularly (ER/clinic & follow-up)



# What would you choose?

- Don't let the enemy creep in
  - Desperation, despair, hopelessness, loneliness, feelings of “no one cares”



VS





# Trust Earned vs Trust Lost

## A Tale of 2 Claims

- Both Shoulder Injuries:
- Similar Rotator Cuff Surgical Repair
- Same Surgeon
- Same Treatment Path

	Claimant Trust Lost	Claimant Trust Earned
Indemnity	\$113,319	\$3,848
Expense	\$41,662	\$16,165
Medical	\$87,684	\$35,690
<b>Total Incurred</b>	<b>\$242,665</b>	<b>\$55,703</b>

# Not just another Claim

- Facial laceration Case Study
  - Immediate call to Board Certified Plastic Surgeon who was willing to meet employee in ER
    - Higher cost on the front end
    - Long term savings –
      - Shop wide employee trust
      - Higher employee moral
      - Did not pay twice (Plastic Surgeon to fix ER butcher job)

# Not just another Claim

- Facial laceration Case Study
  - Long term savings (cont.) –
    - No visible scarring =
      - No disfigurement claim  
No impairment assessed,  
No emotional/psychological claim.
- Positive outcome - Built Trust that we cared about his face not just a stitch

# Our Best Practice

- The minimum is not enough, walk the extra mile to care for IW
- Transport all stable IW's to home office
  - Use the best Ortho surgeon
  - Accommodate all light duty options including sedentary only work. Get the IW back to work immediately.
  - Secure comfortable accommodations
  - Meet physical needs, buy groceries, visit regularly, rent recliner chairs, etc.
  - Provide reliable transportation (prefer our own people)

# Return-to-Work Options

Modified/Light Duty

vs

Full Duty Release

# Question? Return-to-Work

3. Do you use a formal Return-to-Work Program for getting injured workers back to work quickly?
  - a. Yes, we are aggressive getting people back to work
  - b. Yes, when it is easy for us to accommodate the restrictions
  - c. No, we wait until the worker is completely released to return to work
  - d. No, I have never heard of a Return-to-Work Program

# Workplace Injury Management Return to Work (RTW)

It is the process of getting an injured worker back to work as soon as they are able.

- Early RTW can reduce:
  - - lost productivity,
  - - poor morale,
  - - the possible loss of a valued worker
  - - replacement cost
  - - loss of customers



# Early RTW

- Promotes faster healing
  - Improved blood flow through movement accelerates healing and reduces recovery time.
  - Active recovery
  - Couch time is NOT healing time.

# Your Case Management Team

## **Claims Adjuster –**

- A strong Claim Adjuster is vital
  - Can not be a pushover and always plays the heavy role.
- Continually explain all of your legal options and how best to keep the claim moving towards resolution (progress meetings).
- Does not let a claim sit in the closet and collect dust – These are the most expensive

# Your Case Management Team

## **Nurse Case Manager**

- Patient first minded –
- Assisting Dr. with understanding mechanism of injury
- Always looking to keep the claim moving towards RTW and full release
- Using pictures and video with Physical Demand Assessment (PT Job Description) to help Dr. understand what you are offering for RTW

# In Conclusion

The success of our Program is built on:

- Trust,
- Care in Action, &
- Patient First



# Questions?

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