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MANAGING STAFF INJURY CLAIMS

Rick Braschler, Kanakuk Kamps, Inc.

As the director of risk management for one of the largest sports and wilderness camping groups of its kind, I am privileged to be involved in some of the most exciting and exhilarating activities available. My love for sports and outdoor adventure are coupled with my career choice in managing the risks associated with activities such as backpacking, canoeing, white water rafting, ropes and challenge courses, ziplines, extreme sports, kayaking, wakeboarding/tubing, sailing, mountain biking, rappelling, waterslides, barn swings, and a host of other adventure programming.

As one can imagine, these types of activities can certainly pose varying degrees of hazards. Regardless of inherent risk or simple negligence, one thing is certain, staff engaged in rigorous sports and wilderness activities are going to get injured, and it is our responsibility as employers to respond to this injury in accordance with state statutory laws. For the sake of this article, we will concentrate on key elements of the staff claims process which may prove beneficial to your organization in staff retention, premium savings, and reduction in litigation.

In looking at staff injuries for any organization, it is imperative to understand the three basic tracks that make up a staff injury claim. I refer to these as tracks due to the fact that while an injury results from one basic event, the claims process launches three different processes all traveling simultaneously down a track toward a common end. These tracks are represented as the Staff Management Track (SMT), Reporting Scheme Track (RST), and the Claims Administration Track (CAT). Let's take a closer look at each track identifying key players and processes. Never send a staff person home to receive medical care on their own without first notifying your claims administrator. The minute they get hurt, the clock is ticking on your financial obligation.

The Staff Management Track (SMT) has the longest duration starting before the injury occurred, lasting throughout the claims process, and extending beyond the conclusion. Thus, the supervisors involved along the SMT will be engaged with the injured staff throughout the process with varying touch points depending on which stage the claim has advanced. Key components of the SMT for supervisors are the staff orientation and training, staff work supervision, incident reporting and investigation, and staff "return to work" supervision.

Staff orientation and training are critical in that they should outline the expectations of the staff person thus clearly defining the organization's level of risk tolerance. By establishing risk tolerance, your organization is communicating to the staff what is, and is not, acceptable in their behavior or actions while in a work process. Effective training will enable your staff person to understand and thus follow your expectations rather than create their own model in which to follow.

Staff supervision is paramount not only under normal work circumstances, but even more so during a staff return to work scenario. In the case of a return to work situation, staff should be closely supervised to ensure they are keeping within the restriction of their return to work order. For example, should a staff person return with a lifting restriction, it is essential that they not push this limit or further, more damaging, injuries may result. As such, your organization will be responsible for this re-injured area, and thus increase your return to work time frames, as well as your financial responsibility.

Staff injury reporting and investigation is a key component as it will likely be utilized by all parties who have a stake in the claim. For instance, medical services, insurance claims personnel, internal risk analysis, attorneys, and internal claims management processes are all dependent on accurate and timely reporting and investigation. The absence of accurate and timely reporting generally results in delayed responses and costly assumptions made by these processes.

The Reporting Scheme Track (RST) is traveled by various individuals along the claim cycle and depends strongly on your corporate structure. As stated before, the initial supervisor generally completes the onsite Accident Report (AR) and immediate investigation. This report is critical in many ways: (1) It is used to complete further reports to state agencies, (2) it is used to determine the approval of Workers' Compensation benefit plans, and (3) it is used to determine employee misconduct or failure to utilize safety equipment.

The RST should be well developed in your organization so as to identify who does the reporting, what reports are needed, when the reports are to be filed, who receives the reports, and of course, where they go. The timeliness of a well executed RST is crucial as hours and days represent unnecessary financial losses due to delays in reporting. For

example, a staff person is released with restrictions from the doctor on Tuesday at 10:00 a.m., and returns home. The employer does not receive the doctor's report until Friday afternoon. Therefore, the employer was unable to manage the claim under their 'return to work' provision, thus engaging the work comp wage reimbursement benefit (TTD), thus causing the claim to increase unnecessarily. Ultimately, these delays in reporting, and the subsequent failure of employers to respond appropriately, will create an unsatisfactory staff injury claim program for your organization. A good RST will connect the proper people with the proper forms, outlining the time frames in which each process is to be executed. Failure to execute is costly and detrimental to the program.

The last track is defined as the Claims Administration Track, or CAT. Once the incident occurs, and the accident report is submitted, the CAT now becomes the switchboard of all activities surrounding the claims process. Initially, The CAT receives the accident report and forwards to the insurance carrier or Third Party Administrator (TPA), as well as directing the employee's medical care and follow up. Careful attention should be given to understanding the role of insurance adjusters, medical professionals, and your employer's claims administration process. Likewise, states vary on the degree of control an employer has to directing and authorizing the medical care for staff injuries. It is wise to identify your organization's degree of control so as to enable for better management of staff work activities and medical care.

The CAT should be in constant contact with the supervisor, the medical care team, and the insurance adjuster. These contacts should always be time sensitive based on doctor visits, rehab schedules, return to work projections, and light duty options. In the absence of an effective CAT, the claim will likely evolve on its own without employer direction, thus running a very expensive and time consuming course.

Filing a claim with your insurance carrier, and telling your staff person to call you when they're ready to come back to work, is not an effective way to manage staff claims. Furthermore, three to four years of this style of claims administration will likely develop into an excessive Work Comp Experience Modifier (EMod), result in a distressed staff claims program, and ultimately cause the organization a financial hardship. In order to maintain a well balanced staff injury claims management process, careful examination of these three tracks will have a lasting benefit to your organization.

Rick Braschler serves as full time director of risk management for the following organizations: Kanakuk Kamps, Kanakuk Ministries, CircuiTree Solutions, and Men at the Cross. Rick is the owner and senior consultant for Braschler Consulting Services, providing specialized consulting for camps, conference centers, and outdoor adventure programs.

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