

## The Impact of COVID-19 WC Claims Prevention in Healthcare:

# Where Do We Go from Here?

October 2021

*Contributing authors: Jack Aspen, CSP, ARM, Vice President, Risk Control Services; Monica Manske, Senior Strategic Consultant, Risk Control Services; Stacy McIntyre, CSPHA, Risk Control Specialist, Risk Control Services; Brent T. Morgan, ARM, LNHA, CSPHA, Risk Control Services*

As many of us watched New York City's Times Square infamous "ball drop" on December 31, 2019, we rang in the new decade of endless possibilities, high hopes, dreams, goals, ambitions and new beginnings. The list was endless. We were excited for what was to come.

However, what was to come, no one expected. By mid-March of 2020 we were facing an unknown enemy—COVID-19. Some of the most powerful countries in the world were shutting down, mandating stay-at-home orders, closing businesses and schools and companies were going to a remote/virtual work environment. It was nothing like we'd ever experienced before. Despite all the closings, "essential workers" were fighting the pandemic head on. Healthcare was on the front lines, an industry already struggling with staff shortages and ever-changing regulations.

Along the way we have continued to manage issues such as COVID-19 variants and workers discerning to return to the workforce. Ultimately, we look forward to the end of a pandemic that has lasted longer than expected.

The following information has been designed to assist you, our healthcare client, in addressing workers' compensation challenges during the ongoing COVID-19 pandemic. The information was created by the PMA Risk Control Healthcare Team, who continually shares their learnings from COVID-19, evolving loss trends and best-practice strategies for more effective safety protocols and programs.

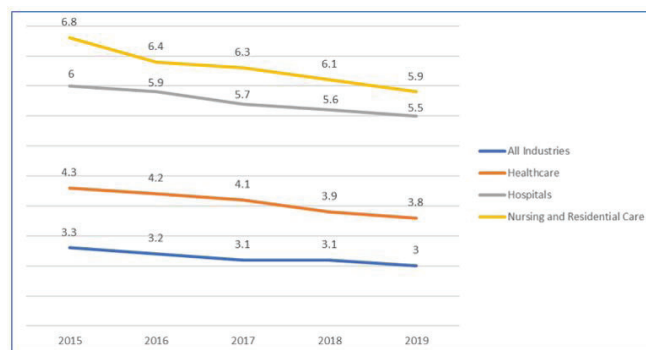
### Historical WC Trends in Healthcare

From 2015 through 2019, the Bureau of Labor Statistics (BLS) reported an 11.6% improvement in incidence rates of non-fatal occupational injuries and illness in the healthcare industry. This is better than the 9% improvement for all industries during the same time period. Within healthcare, nursing and rehabilitation care reported the highest incident rates from 2015 through 2019 and experienced a 13.2% improvement in incident rates over that same time period. Similar year-over-year improvement was reported by BLS in days away from work cases.

Each year, PMA Risk Control Services

conducts a study of our healthcare clients' workers' compensation claims (*State of the Healthcare Services Industry*). Our 2020 study examined four consecutive years of data, revealing that about 42% of our healthcare clients' workers' compensation claims involve a strain, 26% are slip and fall related, and 11% involve workers being struck. These three loss areas accounted for over 88% of incurred losses, with claims frequency declining during the four years examined for the study. Some of the common risk factors contributing to these trends include:

- Patient and resident handling
- Materials on walking surfaces
- Tripping hazards
- Behavioral incidents involving patient or resident combative interactions
- Manual handling of objects



Bureau of Labor Statistics, Incidence rates of nonfatal occupational injuries and illnesses by industry and case types, 2019

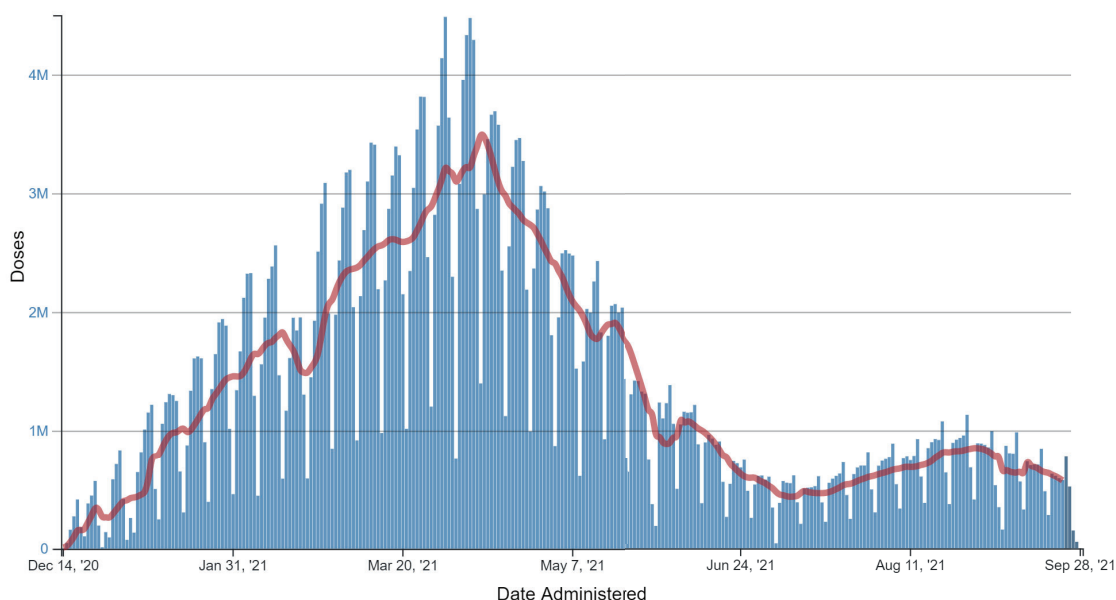
- Posture and movement

Some of the non-occupational factors include how leadership and policies can influence safe work practices, tenure with an emphasis on workers employed less than one year, and employee health.

## Trends in COVID Claims & Vaccination Rates

The future remains unknown in terms of the additional cycles of COVID-related claims. As of this writing, the United States is reacting to increases in reported cases that is leading to renewed attention on masking, social distancing and vaccinations. Early trends in people seeking the vaccination appeared to have slowed since April. It is suggested that we all continue to exercise care in promoting safe work practices that will help to prevent the spread of the virus that causes COVID-related illnesses.

Daily Count of Total Doses Administered and Reported to CDC by Date Administered, United States





## The Rearview Mirror: Learning from the First Wave of COVID-19

Healthcare employees faced a heightened challenge of uncontrolled exposures in the workplace from January to April 2020. Much of the exposures in the beginning of the pandemic manifested due to a limited amount of knowledge about the disease, including the following areas:

- transmission, variability, and volatility of COVID-19;
- potential life-threatening prognoses that exposure to the virus could bring;
- which members of the workforce and general populations would be most adversely impacted; and
- standardized precautions needed to prevent its further spread.

Reduced availability of personal protective equipment (PPE) for frontline health workers at the pandemic's outset in the U.S. also may have contributed to uncontrolled exposure.

What contributed to the reduction in historical loss areas from January to April 2020? We observed some changes in hospital and nursing home facilities, due to the pandemic, that may have led to the reduction:

1. Many patients/residents were isolated for most of the day to their rooms – including mealtimes, reducing the number of transfers by direct caretakers; specifically, manual transfers. Our prior studies revealed that manual transfers accounted for up to 95% of all patient & resident strain claims.

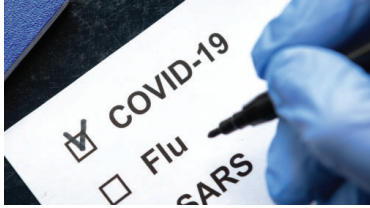
2. A portion of slip-and-fall claims occur during patient and resident transfers. Fewer transfers during the pandemic likely contributed to fewer slip-and-fall-claims.
3. Slip-and-fall related injuries were also likely impacted by fewer visitors and congestion in hallways.
4. Heightened personal safety awareness
5. Postponement of elective medical procedures. Some healthcare workers were operating remotely or were furloughed, with fewer workers exposed to hazards.

Reduced availability of personal protective equipment (PPE) for frontline healthcare workers at the pandemic's outset in the U.S. also may have contributed to uncontrolled exposure.

The recent rise in strain and slip-and-fall claims may be attributed to returning to more usual levels of activity in healthcare facilities.

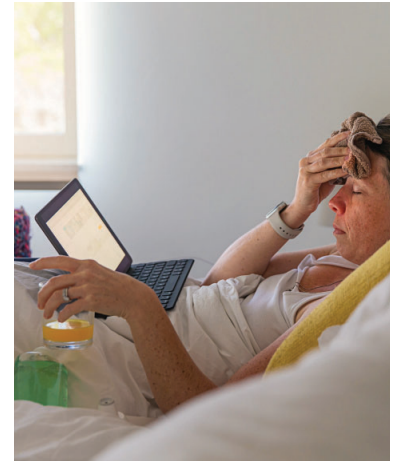
- An increase in healthcare services lead to an increase in the number of employees, patients and residents in hospitals and nursing homes
- More patient and resident transfers due to isolation requirements being lifted.
- More visitors being allowed into facilities.

# COVID-19 Comorbidity Risk Factors & Employee Mental Health



**Comorbidity Risk Factors:** Among COVID-19 Claims with comorbidity risk factors, 75% involved claimants with two to four risk factors. Obesity ranks as the leading frequency risk factor (62% of claims) followed by hypertension and diabetes.

**Employee Mental Health:** Many factors can impact the emotional, psychological and social well-being of healthcare workers' well-being in normal times. During the pandemic, healthcare workers are facing new challenges, including the heightened attention on wearing PPE, the complexity of delivering care to patients during a pandemic, and the stress of managing daily activities outside of the workplace (e.g., virtual school and taking care of elderly parents). These added challenges of the pandemic underscore the need for additional focus on employee mental health.



## The First Step in Reducing Claims: The Risk Assessment Process

Measures to control frequency and severity will be discussed in the following pages. However, the first step is to establish and follow a carefully designed risk assessment process that balances objective and subjective analyses including:

- Studying historical loss trends and focusing on leading loss areas such as strains and falls
- Addressing regulatory compliance
- Evaluating infectious disease programs
- Examining employment practices
- Reviewing safety programs and crisis response policies
- Identifying and controlling physical hazards
- Assuring policy and procedures are complete, current, and communicated to all employees
- Considering the impact of employee health on workers' compensation
- Providing financial support for prevention
- Striving to create a strong organizational safety culture
- Assuring leadership values safety and loss mitigation efforts







## Moving Forward: Best-Practice Guidance

In the process of understanding COVID-19, healthcare organizations learned that additional precautionary measures were required. Given this environment, we examined how the healthcare industry should continue placing worker safety and health as a top priority together with patient safety.

PMA Companies Risk Control reached out to our healthcare clients to better understand and lend support during this difficult time. We had discussions with providers about the additional strategies and precautionary measures being implemented, aside from CDC guidelines and standard universal precautions. Additional strategies to improve employee safety, health and well-being during the pandemic have included:

- Setting up negative airflow rooms
- Updating “best practice” guidelines for patient handling
- Establishing practical guidelines for moving patients and residents that protect them without over-isolation.
- Developing visitor policies based on the facility’s risk level, including maximizing outdoor visits when possible
- Setting clear guidelines for non-employee access to facilities
- Designating areas to don PPE along with a separate exit area to remove and discard.
- Using PPE comprehensively (both for COVID-19 and non-COVID-19) for respiratory exposures.
- 24/7 onsite COVID-19 testing
- Engaging in ongoing pre-planning to prepare for increased positive cases
- Designating wings for COVID-19 patients and/or residents
- Setting up COVID-19 hub sites to eliminate intermingling
- Eliminating communal meals to reduce co-mingling, and mask protocol for patients, residents/visitors
- Developing a call tree to enable residents to check on each other within independent and assisted living environments.
- Revising sanitation policies and procedures
- Shifting to tele-medicine and tele-rehab for non-emergency and routine care
- Providing wearable health devices
- Re-evaluating supply needs
- Becoming more proactive with care management for early intervention
- Improving transparency with the workforce
- Building stronger relationships with community partners and public health
- Continuing to engage employees and acknowledge their concerns about prevention
- Supporting staff as the pandemic persists and establishing career trajectory and training to build an internal workforce pipeline
- Encouraging the use of organization-provided EAP programs
- Ramping up recruitment departments
- Utilizing online application and interviewing processes

- Improving moral support by revising buddy systems within the orientation process
- Providing additional PTO (some up to 80 hours of COVID-19 time off)
- Implementing relaxed attendance policies
- Providing take-home family meals for staff at reduced cost

Healthcare organizations need to continue working on controlling frequent workers' compensation loss areas (strains, slips and falls, and struck by) along with exposures to SARS-CoV-2. It's important to study your organization's unique operations and customize your best practices for prevention accordingly.

### On-the-Job Support for Healthcare Workers

The following are some ways that healthcare organizations can provide on-the-job support for workers and potentially reduce the stress and risks associated with COVID-19:

1. Influence employee morale by demonstrating appreciation for and being supportive of employees' efforts and sacrifices.
2. Provide awareness and resources to promote physical health, emphasizing proper nutrition and maintaining a healthy weight.
3. Target efforts to help workers manage hypertension, including education on nutrition, exercise, and managing stress.
4. Identify and isolate dedicated places for frontline staff to rest, decompress and recover. Consider implementing walking or other exercise programs.
5. Focus efforts on not overworking staff.
6. Make leadership highly visible and active in developing policies, procedures, programs and interventions that support employee wellness.

7. Make therapy, psychiatric and other professional consultation services available in the form of hotlines, crisis support, in-house therapy services, support groups or telepsychiatry (virtual counseling).
8. Identify and address some of the common unhealthy coping mechanisms of stress and anxiety, such as increased alcohol, tobacco and drug use, and provide related services addressing these health and wellness needs.



### Off-Duty Priorities

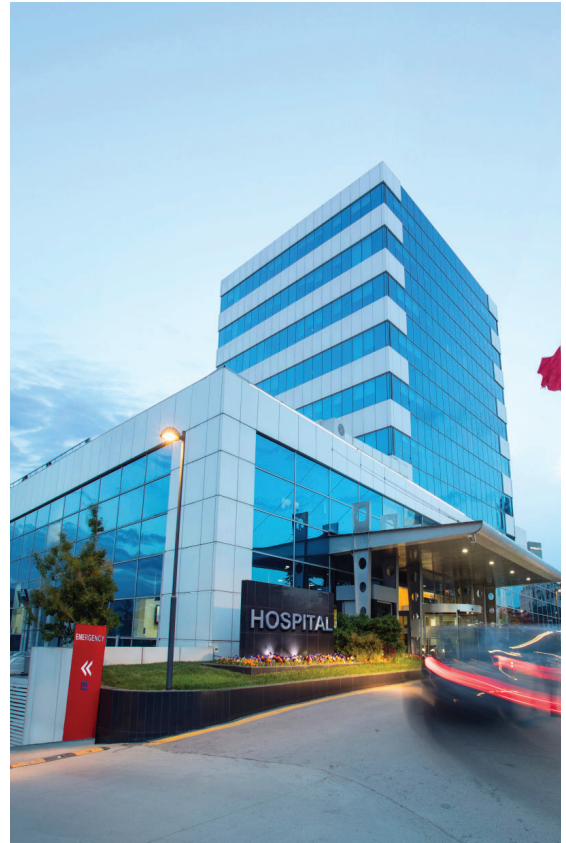
Encourage employees to prioritize taking care of themselves and their families so that they can focus on caring for patients while at work. Suggested practices for stress management while off-duty include:

1. Refraining from conversations, news or social media related to COVID-19 – time away is good.
2. Using available time to exercise, spend time with family and/or enjoy some hobbies (e.g., cooking, creating crafts, reading, etc.).
3. Eating healthy foods, getting plenty of sleep and avoiding excessive alcohol or drug use.
4. Maintaining a normal routine and, if necessary, seeking professional help.

## Healthcare Institutions: Leading the Way in Safety

Healthcare institutions are inherently complex organizations that operate like their own cities. COVID-19 has disrupted not only their facilities, but also the communities they support. Challenges facing healthcare organizations during the pandemic include canceled or delayed appointments and surgeries, the need to maintain adequate staffing levels, managing volume with new social distancing efforts and implementing solutions for supply-chain shortages.

Many organizations have adapted, swiftly addressing their challenges with new “pathways.” These approaches are designed to improve their culture of safety with multi-disciplinary teams who look at their organizations holistically and view the continuity of operations under a different lens. Some have reduced key loss drivers such as claims related to fall events, patient/resident handling and workplace violence, speaking volumes to their ability to raise the bar of safety in an evolving environment.



Below are strategies that PMA clients have incorporated to protect their employees:

### **Organizational Strategies:**

- Creating COVID-19 crisis teams
- Increasing safety rounds
- Increasing leader-to-employee communication
- Modifying time and attendance/leave programs

### **Patient-Resident Admissions:**

- Popup tents for triage
- Designated isolation departments and staff for COVID-19 positive patients
- Long-term Care: Isolation units for all incoming residents to quarantine for two weeks before transitioning to short- or long-term room assignment

### **Enhanced Social Distancing:**

- Regular meetings, vendor visits, etc. performed virtually, or in-person with a participant limit
- Signage, floor markings and directional arrows to limit person-to-person contact
- Staggering break/lunch periods; limited use of break rooms
- Increasing the number of time clocks
- Contactless temperature screenings
- Two-person per elevator limit

### Onboarding Process:

- Virtual candidate application and interview process
- New employee onboarding moved to small groups or virtual classroom
- Safe patient/resident handling education and competency moved from classroom/stations to within department

### Housekeeping & Decontamination

- Limited number of entryways in and out of facilities
- Laminating doors
- Ultraviolet light room decontamination
- Use of new technologies for room cleaning
- Modifying how to best use supplies such as gloves, gowns, masks for patients/residents/employees and strategies to address shortages

### Employee Health & Wellness:

- Moving to remote work environments where feasible
- Telemedicine for employee health services
- Psychiatric services and chaplain availability for employees
- Peer-to-peer partners
- Online instruction where possible

### Food & Nutrition Services:

- Dining areas have moved to take out, closed or limited seating to 1 to 2 people per table.
- Converting dining space to temporary, small grocery centers, providing an opportunity for staff to shop for their families
- “Meals on the go” that provide the opportunity for staff to purchase a meal to feed a family of 4 when their shift ends
- Prepackaged food options



*Have a question about your risk control program? Reach out to us at [heretohelp@pmagroup.com](mailto:heretohelp@pmagroup.com).*

**PMA COMPANIES (PMA)** is a trusted leader and recognized expert in commercial risk management insurance solutions and services. PMA specializes in Workers' Compensation, Commercial Auto, General Liability, Commercial Package & Umbrella coverages as well as offering Claims Administration and Risk Management services. PMA Companies is part of Old Republic International, a Fortune 500 company (NYSE: ORI). [ORGIG.COM](http://ORGIG.COM)