***How to Train Supervisors to Be Workers’ Comp Advocates***

**Introduction: (5 minutes)**

* Welcome to WC Mastery training
  + How to Train Supervisors to Become WC Advocates
    - Ripple effect, impact lives of children of your injured workers
    - By the way, save a boatload of money in WC costs
    - High Value, Easy to Implement, Massive Results
* Introduce 3 Major Points –
  + Why Supervisor’s Are Important
  + Supervisor Best Practices - What to Do When EE is Injured
  + Supervisor Training Agenda

**Main Point #1: Why Supervisor’s Are Important – (20 minutes)**

* Give example scenarios: Plastics manufacturer – Envision you come to me
  + Supervisor A vs Supervisor B
    - A: complains that will have to fill out form, questions injury
    - B: meets with empathy, ‘sorry to hear that’, ‘how are you feeling, are you Ok? Let’s get you some medical treatment then we’ll talk about how we can accommodate the injury
  + Based on response:
    - How likely is your injury to get worse?
    - How likely are you to hire an attorney?
    - How likely are you to seek revenge?
* **Major Takeaway: Key to Success - Support from Senior Management is Required to Be Successful with Supervisor Training**
  + “Make Employees Feel Better” is Rarely Motivating Factor
    - Need data and ROI to get management on-board
  + **Opportunity to Improve:** 
    - *RIMS Benchmark survey: 1,396 employers surveyed*
    - 40.6% offer consistent supervisor training
    - Nearly 60% do not
* *Impact of Communication on outcomes and return-to-work.*
  + Liberty Mutual Research Institute for Safety - 2012
  + Results: - Positive vs. Negative Response
    - **Average claim costs $6,619 to $3,913 – 40%**
    - **Average duration 33.5 days to 14.1 days – 58%**
  + Key negative responses that drive outcomes:
    - Not supportive
    - Blame
    - Anger
    - Question
    - Encourage not file
* *Employee Perspectives on Role of Supervisors to Prevent Workplace Disability After Injuries*
  + Interviewed 30 employees from 4 companies, 305 statements
    - Questions on role of supervisor to prevent disability & helping workers’ resume work after work injury.
    - 11 themes - Top 5, 68% of responses
  + Accommodation (23%)
    - Accommodating work injury, “flexible”
    - Negative: light duty boring & repetitive
  + Communication (12%)
    - Being approachable “open door policy”
    - Let me discuss the problem
    - Negative on too little or too much discussion of injury
  + Responsiveness (12%)
    - Responded quickly to injury
    - Immediately sent to clinic
    - Praise for efforts to escort to clinic
    - Negative on “brushed me off”; “ignored complaints”
  + Concern for Employee Welfare (12%)
    - Promoting health & safety
    - Encouraging early reporting of pain and discomfort
    - Negative is opposite
  + Empathy / Support (9%)
    - Words such as “supportive”, “positive” “concerned” “caring” “understanding”
    - Supervisor made me feel like the company cared
    - Negative was blame, uncaring, punitive
  + Conclusions:
    - Workers expect supervisor support
    - Most don’t get it:
      * “many workers experience hostility or indifference”
      * Evidence show negative from productivity or attention
  + Maya Angelou Quotes. *I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.*
    - Teach
      * supporting communication skills
      * active and empathetic listening
      * collaborative problem solving for RTW
    - Case managers, adjusters can’t substitute supervisor involvement
    - Maintain contact with workers
* *Nationwide survey*
  + - 250 workers
      * Cited “responsiveness of supervisor” as major determinate in their decision to return to work.
* *Disability Management Training for Supervisors: a Pilot Intervention*
* 108 supervisors representing 7 employers representing 2,200 employees
* 1, 1.5 hr training
  + 1 year later
    - **82.4% responded improved confidence and greater awareness** of their role in recovery
    - Supervisors responded: most important factors with employees
      * Ask how the employee is feeling
      * Express support and respect for the employee
      * Respond to employee’s ideas for solving the problem
  + **Take-Away: One simple 1.5 hour supervisor training can have a major impact. This is a must for all employers.**
* *1980 American Biltrite Company*
  + 400 workers
  + Sensitivity training for supervisors
    - Early reporting of injuries
    - Positive acceptance and empathy
    - Providing modified work
    - **50% reduction in lost-time claims; 10 fold reduction in costs**
* *Controlled case study of supervisor training to optimize response to injury in the food processing industry*
  + 11 supervisors in group A,
  + 12 supervisors in group B – delayed control – 7 months
  + 2 - 2 hour trainings of supervisors 4-7 days apart; no more than 8 supervisors per workshop
  + Taught Communication skills and ergonomic accommodation for workers
* Setting up workshop
  + **Notice from senior management regarding support for program, rational, and business relevance.**
* **Group A had 47% reduction in new workers’ comp claims**
* **Group A showed improvement in Indemnity costs far exceeding control**
* *Geriatric Hospital Study*
* **60% reduction in lost time back injuries after intervention:**
  + - * Proper lifting techniques
      * Administration changes:
        + Immediate contact with IW
        + 10 day follow up call
        + Monitoring of long term claims
        + Supervisor contact before RTW
        + Improved documentation

**Main Point #2: Supervisor Role & Best Practices – What to Do When EE is Injured – (15 minutes)**

* Conflicting role of supervisor
  + Can act in friendship role, need to convey what’s in best interest of employee and company
* Roles & Responsibilities: *Chapter 5 Ultimate Guide*
  + 1) Demonstrate Care
    - Demonstrate empathy and support.
      * “I’m sorry you got hurt”
      * Ask how the employee is feeling.
      * Listen and problem solve.
        + *Example: Responding when your child is hurt*
    - Private room
  + 2) Set expectations
    - EE brochure:
      * How will I get paid?
      * How will I receive medical treatment?
      * Will I be able to work?
    - Interpret company policy
  + 3) Facilitate Medical Treatment
    - Injury Triage
    - Transport to provider, stay with employee
  + 4) Document & investigate injury
    - Pay 100% of legitimate claims, 0% of illegitimate claims
    - Not determining causation or medical treatment
    - Complete reports of injury
  + 5) Consistent Communication
    - First day phone call
    - Weekly meetings
      * Monitor progress, demonstrate care
  + 6) Provide Modified Work

**Main Point #3: Supervisor Training Agenda – (15 minutes)**

* Training Format:
  + Classroom In Person
  + Live Online
  + Recorded Online
    - Smaller groups more interactive; want training interactive
  + Set expectations, ask questions, encourage feedback & participation.
* **Will not be effective w/o management support**
  + Create learning objectives
  + Connect outcome with supervisor behavior
  + Understand role, expectation, and injury response how-to
  + Supportive communication skills
    - Avoid blame, anger, questioning injury
  + Learn methods for creating modified job positions
* **Supervisor Training Agenda**
* **Why is this important**
  + ***Impact on Supervisor’s wallet***
  + Impact on company
  + Impact on division performance
  + Variance in claim outcomes
    - Injury duration outcomes data

Sample Injury Duration Table for ‘Partial Rotator Cuff Tear’ (per MDGuidelines)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Work** | **Minimum** | **Optimum** | **Maximum** |
| Sedentary | 0 | 3 | 4 |
| Light | 0 | 3 | 4 |
| Medium | 8 | 21 | 42 |
| Heavy | 21 | 42 | 85 |
| Very Heavy | 21 | 42 | 85 |

*Reality of Claim Outcomes*

Both ODG and MDGuidelines have databases of millions of claims and compile information to display the reality of the claim outcomes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time to Return to Work** | **5%** | **Median** | **95%** | **No Work** |
| Partial Rotator Cuff Tear | 18 | 96 | 373 | 17% never returned to work |

*data provided by MDGuidelines*

* + Cost of injuries
    - Reference studies
    - Sales to pay for accidents
    - Emotion - Impact of one claim
* **Properly responding to injuries**
  + Demonstrate Care
  + Set expectations
  + Facilitate Medical Treatment (injury triage)
  + Document & investigate injury
  + Consistent Communication
  + Provide Modified Work
  + First day phone call
    - How are you?
    - We are sorry you got injured, what can we do to help?
    - How is medical? Do you know how getting prescriptions?
    - We want you back to work and will work together to accommodate injury
* **Facilitating Return to Work** 
  + Interactive process
  + Uncover company policy roadblocks
  + Progressive
  + Creative transitional duty
  + ACOEM – Stay at Work / RTW Framework
    - Step 1: Assess the injured employee’s work capacity, or ability to work.
      * What part of your job can you do today?
      * Can you think of something we should be doing to draw on your skills?
    - Step 2: Compare employee’s job demands with their ability to work
    - Step 3: Create action steps to return the employee to work within restrictions
  + Sequence of Accommodation:
    - Original position:
    - Original position with modifications.
    - Transitional duty in a different job, or different division.
    - Transitional duty at an off-site alternative position.
* **Ongoing Communication**
  + Communication training:
    - Evaluating communication: mind wandering?
    - Understand listening levels:
      * Ignoring.
      * Pretending to listen.
      * Selective listening.
      * Active listening.
      * Empathetic listening.
    - Understanding does not mean agreement
    - Properly timing a response
      * Speaking too soon or not soon enough can destroy any chance of communicating effectively.
  + Weekly meetings: general theme, we care about you and want you back to work
    - How are you?
    - How is medical?
    - What types of activity are you able to do?
    - What part of your job can you do? (return to work is a condition of employment)
    - Next medical appointment?
* **Role play situations**
  + Role Play best practices:
    - Is “practice,” not perfection.
    - Training leader should go first.
    - Focus on one specific moment at a time.
    - Similar to improv training.
    - Ask observers to make notes about the interaction:
    - What did the supervisor do well?
    - How do you think the employee would be feeling?
    - What would you say differently? How would that impact the outcome?