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Department of Employee Relations

October 21, 2010

To the Honorable Members of the Public Safety Committee Milwaukee Common Council City of Milwaukee

Dear Committee Members;

Chapter 340-23 of the Milwaukee Code of Ordinances requires the Department of Employee Relations (DER) to prepare a report analyzing employee injuries and severity rates and make recommendations to reduce such rates and keep expenditures from the worker's compensation fund to the minimum.

The 2009 report of occupational injuries in the City of Milwaukee includes the following information:

- Background information relative to the Risk Management Model implemented in 2009,
- 2009 Injury Data and Risk Management Indicators,
- General Overview of Components of Safety Plans and 2010/2011 Goals,
- 2010 January to June Injury data and trends.
- Conclusions and Recommendations

RISK MANAGEMENT MODEL BACKGROUND INFORMATION

In an effort to stem increasing worker's compensation costs resulting from workplace injuries, in 2009 DER and the Budget and Management Division (BMD) worked with city departments to implement a Risk Management Model (RMM). This model has helped mitigate the disconnect between departmental safety practices and worker compensation expenditures funded in a special purpose account in DER's budget.

The RMM uses prevention strategies that require shared responsibility at every level of the organization including accountability for safety and injury reduction within each department. The RMM builds an accountability structure for safety and injury prevention, targets injuries before they occur, and minimizes work loss following an injury.

In conjunction with the RMM, departments have developed comprehensive safety plans that document safety goals and objectives, identify job specific safety rules, regulations, and training, monitor and analyze injury data, document the progress of targeted safety efforts.

A key component of the RMM, is to provide supervisory and safety personnel data and reports documenting the nature, frequency, and severity of injury claims along with associated financial data. Departments are then required to analyze how injuries are occurring, investigate workplace accidents, evaluate current safety

practices, determine effectiveness, and establish benchmarks for improvements while working to minimize job hazards and prevent injuries from occurring.

Since the inception of the RMM, the Department of Public Works, the Milwaukee Police Department, and the Milwaukee Fire Department have placed greater emphasis on the following:

- Establishing data analysis protocols that allow increased understanding of how and when injuries occur;
- Strengthening the role of managers and supervisors in investigating accidents, preventing reoccurrences, and identifying hazards in the workplace before accidents occur; and
- Implementing or expanding return to work options for injured workers.

In 2009 overall workers compensation expenditures were \$2.1M less than actual 2008 expenditures. The following chart illustrates how expenditures in this special purpose account declined for the first time during the last seven years.



The 2011 proposed budget for the Worker's Compensation account totals approximately \$13.2 million, a decrease of 11.1% from the 2010 budget. Worker's Compensation expenditures for 2010 are projected to be lower than anticipated and remaining funds will be carried over into 2011 along with a \$650,000 increase to cover estimated expenditures of \$13.9 million.

2009 INJURY DATA AND RISK MANAGEMENT INDICATORS

DER and DOA track a number of citywide indicators pertaining to worker's compensation claims and injuries including the number of claims filed each year (volume and frequency), the number of recordable cases (severity of the claims), the incidence rate (the rate at which accidents occur), the number of lost workdays (productivity measure) as well as injury hours and pay. From 2008 to 2009, the city experienced significant decreases in all of these indicators as presented below.

	2005	2006	2007	2008	2009
City Wide Data					
Claims	3,043	3,097	2,806	2,689	2,345
Recordable Cases	1,171	1,140	1,221	1,073	927
Incidence Rate	16.87	17.75	18.31	16.01	14.22
Lost Workdays	24,456	21,279	19,488	24,817	15,441
Injury Hours	230,442	196,331	202,824	216,295	152,471
Injury Pay	\$4,046,831	\$3,576,848	\$3,680,257	\$4,029,686	\$3,014,263
MFD					
Claims	856	973	725	627	566
Recordable Cases	360	346	364	294	270
Incidence Rate	28.36	29.36	29.83	24.55	22.49
Lost Workdays	9,178	8,821	4,684	10,136	3,625
Injury Hours	97,308	98,590	92,937	107,094	72,401
Injury Pay	\$1,628,876	\$1,721,210	\$1,646,649	\$1,923,497	\$1,417,731
MPD					
Claims	877	920	891	865	775
Recordable Cases	316	300	280	251	244
Incidence Rate	13.51	13.55	12	10.69	10.78
Lost Workdays	5,106	4,017	2,316	3,441	3,885
Injury Hours	50,190	34,250	26,073	35,116	32,240
Injury Pay	\$1,064,451	\$764,500	\$586,322	\$822,229	\$768,734
DPW All Divisions					
Claims	1163	1069	1043	1075	887
Recordable Cases	444	443	509	474	374
Incidence Rate	23.84	25.74	28.74	26.01	21.25
Lost Workdays	9,393	8,032	11,852	10,341	7,567
Injury Hours	78,056	61,191	76,407	66,358	47,007
Injury Pay	\$1,273,565	\$1,058,975	\$1,325,868	\$1,158,695	\$810,380

An analysis of WC indicators for calendar year 2009 reveals a second straight year of City wide reductions: injury claims (12.8%), recordable cases (13.6%), incidence rate (11.2%), lost workdays (37.8%), injury hours (30%), and injury pay (25%). Department specific data also shows significant improvements as summarized below:

DEPARTMENT OF PUBLIC WORKS

In 2009 claims decreased from 1075 to 887 for a 17.5% decrease and recordable cases decreased from 474 to 374 for a 21% decrease. Injury hours and lost work days also decreased by at least 25%.

The number of claims filed by Operations Driver Workers decreased by 46% from 202 in 2008 to 109 in 2009.

Lifting injuries decreased significantly in the following titles: Urban Forestry Specialist (36%), Electrical Mechanic (88%), Operations Driver Worker (47%).

There was a dramatic decrease in the number of claims resulting from slips, trips, and falls on snow and ice from 153 in 2008 to 21 in 2009.

A total of 129 injured employees participated in Transitional Duty Program in 2009 for a total of 16,632 hours.

MILWAUKEE FIRE DEPARTMENT

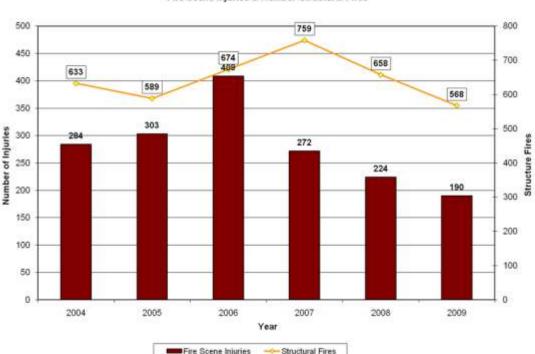
The MFD experienced a 9% reduction in claims, an 8% reduction in recordable cases, a 64% reduction in lost workdays and 32.4% reduction in injury hours.

A total of 82 individuals participated in MFD's Return to Work Program with approximately 70 of them from the Firefighter, HEO, and Lieutenant classifications. A total of 17,215 return to work hours have been documented since the program was implemented early in 2009. A significant reduction in lost workdays for 2009 (34% when compared to 2008) can be attributed to the implementation of this Program.

Injury data collected and analyzed by the department revealed that injuries in emergent environment in 2009 represented 65% of claim and injuries in non-emergent environment represented 34% of claims.

There was a 14% decrease in injuries in emergent environment: fire suppression, EMS calls, non-fire emergencies, and responding to fires. There was an 11% decrease in injuries involving fire-ground activities, a 13% decrease in injuries involving EMS activities, and a 17% decrease in injuries performing other on duty or maintenance activities.

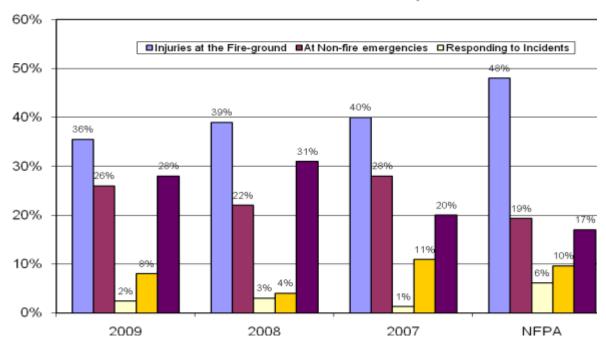
Data reported to the National Fire Protection Agency for 2009 revealed a 15% decrease in fire scene injuries as illustrated below. The data also reports a 13.6% decrease in the number of structure fires.



Milwaukee Fire Dept Fire Scene Injuries & Number Structural Fires

The following chart illustrates how MFD injuries by type of duty compare to national data as reported by the National Fire Protection Agency (NFPA).

Milwaukee Fire Dept



A more detailed review of the Fire Department data reported to the NFPA for 2009 and 2008 reveals: $\sqrt{15\%}$ decrease in fire scene injuries from 224 to 190,

√a 31% decrease in injuries related to responding to and returning from incidents from 19 to 13,

√ a 17% decrease in other on duty/maintenance injuries from 181 to 149,

√ an 8.5% increase in injuries stemming from non-fire emergencies from 128 to 139, and

√ a 72% increase in training related injuries from 25 to 43.

MILWAUKEE POLICE DEPARTMENT

The MPD experienced a 10.4% reduction in claims and a 2.7% reduction in recordable cases. The reduction in injury hours was 8.1% and the reduction in injury pay was 6.5%.

Patrol claims comprised 74% of all MPD claims. Foot pursuits and controlling/arresting subjects accounted for between 37% -45% of those patrol related injuries (2006 – 37%, 2007 – 42%, 2008 – 38% and 2009 – 45%). Yet compared to the number of arrests per year, foot pursuit and controlling/arresting subject injuries occur in fewer than 1% of arrests.

Injuries stemming from investigation activities comprised 10% of claims, injuries stemming from booking prisoners comprised 4% of claims, and vehicle accidents comprised 7% of claims.

There was a 36% reduction in injuries involving booking/transporting prisoners and injuries to recruit officers dropped from 25 in 2008 to 8 in 2009 (however this coincided with a smaller number of recruit classes during 2009).

The average number of individuals assigned to the Differential Police Response Unit was between 55 and 60. The DPRU is staffed only with limited duty law enforcement personnel during Day and Early Shifts at Districts 1 - 7, which approximates to about 8 per District.

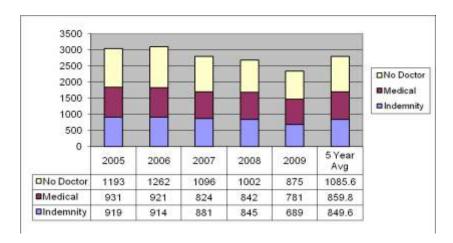
OTHER INDICATORS

The following table further examines all claims received by the Worker's Compensation Division using the following categories:

No Doctor: Claims involving no medical treatment and no lost time.

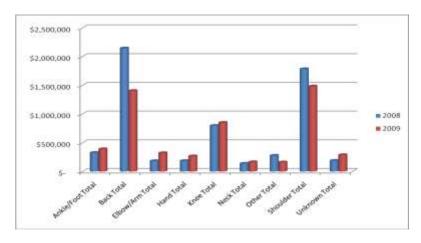
Medical: Claims involving 3 days or less of lost time.

Indemnity: Claims involving 4 days or more of lost time.



Overall the most significant reduction was experienced in indemnity claims with a decrease of 18%. No doctor claims decreased by 12.6% and medical claims decreased by 7.2%. A comparison of the 2009 figures to 2005 reveals more dramatic reductions: 16% in medical claims and 25% in indemnity claims.

One of the most significant areas of improvement was identified by analyzing medical charges of over \$5,000 and classifying them by body part. The 2008 and 2009 comparison revealed a 20% reduction in back injuries resulting in 34% reduction in associated medical expenditures and an 11% reduction in shoulder injuries resulting in a 17% reduction in associated medical expenditures.



GENERAL OVERVIEW OF COMPONENTS OF SAFETY PLANS AND 2010/2011 GOALS

In 2009, DPW, MFD and MPD were directed to develop Safety Plans. The Plans included developing and implementing a department specific Safety Policy, identifying and documenting mandatory safety programs, analyzing injury data for 3 years (2005-2007), identifying injury classification structures and codes to better organize and analyze the data, and identifying safety goals and objectives and intervention initiatives aimed at addressing injury areas in need of improvement.

In May of 2010, these departments were asked to update their Safety Plans, including the following:

- A complete final reporting on progress or delays in reaching the specific Safety Goals and Objectives identified and outlined in 2009 plans.
- A complete analysis of 2009 injury data using the type of duty/classification structures that were established in 2009; and
- The development of 2010 Safety Plan goals, action steps, and outcomes/measures.

Safety Plans will be presented to the Public Safety Committee independent of this report. Some of the most significant goals and objectives identified by the departments are summarized below.

Department of Public Works

- 1. Assess the reason for the increase in claims in the City Laborer classification. In 2009 a total of 73 claims were filed by City Laborers with the majority of the claims occurring in the Streets and Bridges Division.
- 2. Continue to reduce the number of claims by an additional 10%. For 2010 / 2011 DPW is going to focus on Infrastructure Repair Workers / Crew Leaders injury claims.
- 3. Expand and grow the Transitional Duty Program by 10%. To allow more employees to participate in the Transitional Duty Program by expanding the type and number of Transitional Duty Jobs that are currently available.
- 4. Examine new innovations and safety training for high injury classifications. DPW will use the DER injury data to examine the most costly injuries & determine if new equipment or training should be provided. Specifically they will look at new equipment and revise training to address the following types of injuries: entering or exiting a vehicle; injuries involving a cart; Slip, Trips & Falls; Slip, Trips & Falls on Snow & Ice, and injuries involving shoveling or digging.
- 5. In 2010/2011 DPW will revamp the Injury Review Committee. They will try to implement a workable committee format that encourages frank dialogue among employees and managers about injuries and prevention strategies All employees that will be placed in a transitional duty job will be interviewed. DPW believes that more information will be shared through this process than meeting with the injured individual, management and the union officials. This will also allow for employees to be interviewed closer to the date of injury.

Milwaukee Fire Department

- 1. Modify the injury reporting and hazard identification system. This includes the following components: developing and implementing an electronic injury reporting system, reducing the number of reports submitted without viable control measures, formalizing case management processes to ensure hazards are addressed, and disseminating hazard information to all members.
- 2. Re-assess training strategies and protocols to address the reason for the increase (72%) in training injuries in 2009
- 3. Develop and implement a wellness program for members including annual physicals and a fitness program.

- 4. Update the Infectious Disease Prevention Policy and formalize the annual training program. Provide sound and easily accessible resources of disease description, epidemiology, and preventive measures.
- 5. Reduce recordable injuries in both the emergent and non-emergent environment by 8%.
- 6. Re-vamp accident investigation protocol and documentation to reflect tools and strategies learned in accident investigation training completed in the fall of 2010.

Milwaukee Police Department

- 1. Provide specialized training for Command Staff and Bureau Supervisors on the use of the MPD Safety Plan, the *PE-27A Performance Evaluation Report Management/Executive Level, PM-12E Injury Classification Form, PDD-63E Report of Hazardous Workplace Conditions Form*, and related SOP's to ensure compliance of mandatory requirements by members.
- 2. Provide specialized training for all members on vehicle operations, ergonomics and communicable diseases to address 2009 injury claims data.
- 3. Monitor the collection of vehicle accidents and injuries.
- 4. Schedule Quarterly Injury Review Committee Meetings to review all data collected and determine which areas require continuing education and training.
- 5. Provide specialized accident investigation training to supervisors responsible for the completion of injury claims. This process will assist to ensure proper reporting and identify and correct injury hazards

2010 JANUARY TO JUNE INJURY DATA AND TRENDS

A review of the first six month of injury data in 2010 reveals the following:

• Medical and Indemnity Claims

Overall medical and indemnity claims are down by 13% when compared to 2009 and 24% when compared to 2005. Both DPW and MPD have experience decreases of 15% and 25% respectively. However, medical and indemnity claims are up slightly in the Milwaukee Fire Department by 5.5%. It is believed that such increase is attributable to a total 29 claims resulting from two large fires in January and June of 2010.

Injury Hours

Overall injury hours are down by approximately 3% when compared to 2009 and 24% when compared to 2005. Both DPW and MPD have experienced decreases of 9.7% and 12.8% respectively. However, injury hours in the Fire Department are up approximately 2.7% when compared to 2009.

• <u>Injury Pay</u>

Overall injury pay is down by approximately 3% when compared to 2009 and 14% when compared to 2005. Both DPW and MPD have experienced decreases of 6.5% and 14% respectively. However, injury pay in the Fire Department is up slightly by 2.1%.

Lost Workdays

Overall lost workdays in the City are down by 24% when compared to 2009. Both DPW and MPD have experienced decreases of 44% and 34% respectively while the MFD has experience a 13.7% increase.

CONCLUSION AND RECOMMENDATIONS

In 2010 and 2011, departments will continue to work on implementing and monitoring the goals and initiatives outlined in their updated 2010 Safety Plans. DER/DOA will focus on ensuring that systems are implemented to track progress and gauge effectiveness of safety initiatives at the operating department level. Specifically we will review the following:

What efficiencies or changes have been implemented as a result of injury review processes?

How is data documented under new accident investigation protocols being used to improve safety?

Has the implementation or RTW in MFD or the expansion of the TDP in DPW expedited injured workers' return to work?

Are training programs identified and implemented having a significant impact in injury reduction?

We will also identify and track additional performance measures to better analyze data. For example:

- # of injuries/100 fte's
- Avoidance of lost time = no lost time injuries/all injuries
- Duration of Lost Time = % of lost time injuries exceeding X calendar days
- Recurrence=% of return to works ending with a return to disability within 90 days

Finally, in 2011, DER will pilot a medical consultant referral program for workers compensation claims with complicated medical issues. This will allow us the opportunity to identify ways to control costs. The City's medical consultant will assist in identifying early and appropriate care for potentially catastrophic injuries/claims through working with the treating doctors to establish treatment plans, work restrictions, the need for certain surgeries, the use of certain prescription drugs and the detection of possible fraudulent claims.

Respectfully submitted,

Maria Monteagudo Maria Monteagudo Employee Relations Director

CC: DOA Budget, DPW, MPD, MFD