

2018 Aon Health Care Workers Compensation Barometer

Participant Survey
Please Complete and Submit Form (Upper Right Corner)
Due Date: **May 18, 2018**



I. CONTACT INFORMATION

ORGANIZATION: _____

CONTACT NAME: _____ CONTACT TITLE: _____

CONTACT E-MAIL ADDRESS: _____

II. INSURANCE BUYING AND CLAIMS HANDLING

1. What is your current per occurrence deductible or retention (select one that most applies)?

WC: _____ EPL: _____

2. Specific to EPL:

a. Do you have a separate EPL retention applicable to mass (greater than 5 claimants), class action, or physician claims?

Yes No Not Sure

b. Do you have full indemnity coverage for Wage and Hour?

Yes No Not Sure

c. Does your EPL insurance coverage cover defense costs for Wage and Hour?

Yes: only defense costs, no indemnity Yes: both indemnity and defense costs
 No Not Sure

3. Which department administers:

WC: _____ ? EPL: _____ ?

4. Do you or your TPA use any of the following in claims handling services? (Check all that apply)

- Pharmaceutical oversight
- Legal bill review
- Nursing Hotline before any treatment is sought
- Return to work vendor
- Not Sure

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III. SAFE PATIENT HANDLING

1. Do you use the American Nursing Association (ANA) Safe Patient Handling Standards?
 We follow all ANA standards We partially follow ANA standards
 We do not follow ANA standards Not Sure
2. Approximately, how many Certified Safe Handling Professionals does your organization have? _____
 - a. What organization are most of your staff certified under?
 ASPHP Hospital Certified Other (Please list): _____
 - b. Do you require SPHM certification for your SPHM coordinator, committee members, or peer leaders (Champions/Super-Users)?
 Yes No Not Sure
3. Are you using a bedside mobility assessment tool (BMAT) to assess patient mobility in your system?
 Yes No Not Sure
4. Are your patients consistently turned every two hours when ordered?
 All of the time Most of the time Some of the time None of the time Not Sure
5. Approximately what percentage of patients need lifting assistance with repositioning in bed, toileting, or walking? _____
6. Who makes the decisions on the purchase of patient handling equipment? (Check all that apply)
 Clinical Supply Chain/Purchasing Safety Not Sure

IV. AGING WORKFORCE

1. Do you perform any "Workforce assessment"? i.e., identifying the demographics of current workforce and assessing any current or projected gaps.
 Yes No Not Sure
 - a. If applicable, below check all that you complete within your workforce assessment:
 Complete muscle wellness interventions
 Ergonomic assessments geared towards aging workers
 Assess population health and correlate to safety
 Calibrate assessment tools with age modifiers
 None of the Above
 Not Sure

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2.
 - a. Do you have a career program that helps facilitate a transition of aging workers to a different work setting?
 Yes No Not Sure
 - b. Do you use any sort of team building approaches such as peer mentoring/job shadowing to help develop younger workers?
 Yes No Not Sure
3. Has HR implemented any policies or practices to retain aging workers?
 Yes No Not Sure
 - a. If applicable, below check which policies or practices your HR department implements:
 Retirement planning
 Financial wellness
 Transitional retirement (i.e. work part-time then transition to full retirement)
 Preceptor programs
 Work hardening
 Age specific wellness programs
4. Are your safety and health evaluation tools and training programs calibrated for aging worker evidence?
 Yes No Not Sure

V. SECURITY AND WORKPLACE VIOLENCE

1. Has your organization experienced workplace violence incident in the last three years?
 Yes No Not Sure
2. Does your organization have a formal, comprehensive Workplace Violence Prevention Policy?
 Yes No Not Sure
3. Does your security plan incorporate any of the following? (Check all that apply)
 Armed guards Scanning system for weapons Response plan for an active shooter None
4. Does your organization use Broset Violence Checklist to screen patient's risk for aggression?
 Yes No Not Sure

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VI. EMPLOYMENT PRACTICES LIABILITY

1. Do you have employment arbitration agreements with class action waivers?

Yes No Not Sure

2. Do you have internal counsel?

Yes No Not Sure

3. What are your top two law firms for EPLI work?

a. _____

b. _____

VI. GENERAL

1. Which area do you see the greatest area of opportunity for improvement?

Return to Work

Clinical Risk Management

WC and Employment Overlap

Data Trending/Analysis/Claims Coding

Legal

Integrating Safety & Claim Management Objectives

Medical Management

Training

Pharmacy Management

Patient Handling

Loss Prevention/Ergonomics

Workplace Violence

2. Do you provided workers compensation medical care on-site to your employees?

Yes, it is required

Yes, it is optional

No

Not Sure

3. How effective is your employee health clinic/department at managing employee injuries?

Excellent

Average

Poor

Not Sure/Don't use internal clinic

SUBMISSION INSTRUCTIONS

Click [Submit Form] button in the upper right corner.

Fill in your e-mail and name and hit "Send." Select your e-mail application preference. If you select "Desktop Email Application," it will automatically send the form and you will see it in your Sent folder.

If there are any submission issues, you may save the file and manually send to WC.Barometer@aon.