



New York State
**PUBLIC EMPLOYEES
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Governor Andrew Cuomo
Executive Chamber
State Capitol
Albany, NY 12224

Dear Governor:

The Department of Civil Service recently issued its Fourth Annual Workers' Compensation Report for New York State Government Employees. This important report described work-related injuries for state employees and the associated workers' compensation costs for fiscal year 2010-11. Again this year, the injury rate and the costs increased; the human and fiscal tolls are not sustainable.

You regularly assert that your administration places a premium on eliminating waste and increasing efficiency in state operations. The state budget for FY 2010/11 included \$202 million in payments to the New York State Insurance Fund (NYSIF) for new and continuing workers' compensation cases and related costs. According to peer reviewed research studies, indirect costs such as replacement workers, retraining, overtime, and administration of benefits are typically 3 to 5 times the direct costs. Thus, even a small reduction in work-related injuries has the potential of saving tens of millions of dollars for the state.

There is an urgent need to address this issue, both to protect the well being of the state workforce and to eliminate waste and inefficiency.

Key findings in the report include:

1. Direct compensation and medical costs are now \$49,225,740, an increase of 2.7% from the prior year. This is a 28.3% increase from 2007-08, the first year that this report was generated.
2. The overall number of reported incidents and lost-time cases were virtually unchanged from the prior year, but result in slightly elevated rates because the workforce has been reduced.
3. The number of lost days was 274,064. Assuming an FTE is 250 workdays, this represents 1,096 FTEs lost. Again, the human and fiscal costs are enormous.

The report illustrates that the risk faced by workers varies by agency and job title, but four agencies which collectively employ 47% of the covered employees account for 73% of the incidents, 79% of the lost-time incidents, and 78% of the costs. Their combined incidence rate is 15.8%, 3.0 times higher than the rate for all other agencies. Their lost time (LT) rate is 4.9%, which is 4.3 times higher than the LT rate for all other agencies.

1. Office of Children and Family Services had the highest incidence rate at 20.7 cases per 100 employees. This is 41.6% higher than the 2007-08 rate. The combined compensation and medical costs were \$3,178,469, an increase of 101.8% over that time period.
2. Office for People with Developmental Disabilities had 17.2 cases per 100 employees. The combined compensation and medical costs were \$11,950,532.
3. Office of Mental Health had 17.0 cases per 100 employees, with combined costs of \$8,378,580. This represents a 55.4% increase since 2007-08.
4. The Department of Corrections and Community Supervision had 13.6 cases per 100 employees. The total costs were \$14,734,898.

Conclusion and Recommendations

The injuries and costs described in this report have a direct impact on the quality of services provided by the agencies, and they represent waste that must be eliminated, to the extent possible. The human impact on injured workers and their families, co-workers and clients is irrefutable. Public health studies predict that, on average, every dollar spent on prevention results in at least a three-to five fold saving in direct and indirect costs.

Following prior years' reports, PEF has recommended the following: *Establish a workgroup of representatives of the affected unions, GOER, and agencies together with the State Insurance Fund and Civil Service Department to develop detailed analyses of the nature and causes of the injuries, and feasible prevention measures.* Similarly, for the past two years, the Civil Service report has recommended the establishment of a Workers' Compensation Taskforce, for the purpose of "identify(ing) process improvements and best practices in managing workers' compensation accidents."

PEF supports this recommendation, but with a pair of key modifications. The first priority of the Taskforce should be *prevention* of incidents, not *managing* compensation claims after they have occurred. The Taskforce should include union representatives. The state employee unions have health and safety professionals on staff and also have rich experience working with the effected agencies in identifying and controlling job hazards as well as direct knowledge of problems experienced by injured employees in the administration of their claims and factors that interfere

with their recovery and return to work. State agency staff with Health and Safety experience should also be included on the Taskforce. With these modifications, the Taskforce is more likely to be successful in developing a range of recommendations to prevent workplace injuries throughout state service, with an emphasis on the high-risk agencies, facilities, and job titles identified in the Civil Service Report. Additionally, it can develop recommendations to improve the management of workers' compensation claims by the state agencies and in cooperation with the NYSIF and WCB.

In addition, PEF offers the following recommendations which should assist in the efforts to cut waste and make the workplace safer:

1. Provide high-risk agencies with professional health and safety staff to assist in the development and implementation of effective prevention programs.
2. In OMH, OPWDD, and OCFS client/patient assaults against staff are a leading cause of injury. An initiative to address this type of violence prevention and injury reduction initiatives should be developed. Preventive programs can be piloted that focus on clinical, staffing, client programming, policy, and environmental changes. Additional staff training should also be considered.
3. Invest in safe patient handling programs for the nursing homes, hospitals, OPWDD, and DOCCS Regional Medical Units to reduce injury-related costs. Patient transferring is a leading cause of injuries at these sites. Many peer reviewed studies have demonstrated that properly implemented programs can significantly reduce back injuries to caregivers as well as prevent patient injury.
4. A leading category of injury is slips, trips, and falls. A specific evaluation should be conducted to identify causes and solutions in the affected agencies.
5. Make use of existing negotiated Health & Safety Committees and funding to address these problems to the extent possible.

I look forward to working with you on this important problem, as well as many others.

Sincerely,



Kenneth Brynien
President

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