



Report to the San Francisco Workers' Compensation Council Meeting

May 5, 2025

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- Accomplishments & Initiatives
- Temporary Transitional Work Program Report
- Workplace Violence and Assault Report
- Data and Insights

Accomplishments and Initiatives

- **Using current TTWA and TWP data to engage departments and physicians:**
 - Working with departments to better support them in their temporary return-to work efforts
 - WC Coordinator meeting scheduled 6/5/25 to provide departments opportunity to discuss RTW citywide
 - Meeting with MPN providers who continually refuse or delay in providing modified duty restrictions
- **Increased focus on workplace assaults:**
 - With DHR's Health and Safety Division, developing Safety and Security Plan, addressing root causes for workplace assaults and ways to make city employees feel safer
 - Beginning analysis of Workplace Violence Prevention Plan (WVPP) impact
 - As part of SEIU Labor Management Committee, discussing and resolving challenges of assaults using data



Accomplishments & Initiatives

- **Technology Improvements**
 - Completed major claims system upgrade 3/28/25
 - Project with Claim System partner for better data hosting and replication underway
 - Work with Claim System and Medicare reporting partners on required Medicare reporting
- **Catastrophic Illness Program**
 - Finalizing updates to Cat III application, policy and processes for communication citywide
- **Medical Provider Network**
 - Added 14 providers to our MPN since 7/1/24; of which 12 were mental health providers
 - Ongoing discussions with MPN providers with performance issues on return-to-work, reporting and failure to address treatment outcomes
 - Pilot program with additional telehealth psych provider underway to support 3 departments with high counts of mental health and assault claims
- **Required State Reporting completed**
 - MPN Re-approval submitted to the state 3/7/25
 - 2024 Annual Report of Inventory submitted to state 3/11/25
 - 2024 Annual ADR Program reports submitted to state 3/24/25
- **ADR Program**
 - Working with POA and Local 798 on second opinion Actuarial Analysis
 - Continued work with Fire and Police Behavioral Health Units on mutual understanding of challenges of mental health claims and streamline of WC processes



Settlement Successes

- 197 claims resolved, contributing to reduced caseloads and long-term cost containment.
 - 69 full Compromise & Release (C&R) settlements
 - 20 C&R settlements with open medical
 - 99 Stipulated Awards
 - 8 dismissals
 - 1 “Take Nothing” — indicative of strong defense strategy

Program Initiatives & Collaboration

- LightSpeed Program is a rapid response initiative focused on strengthening internal processes for immediate claim notification. By improving communication and responsiveness between field operations, supervisors, and the Intercare team, this initiative supports faster claim activation, reduced lag time, and better outcomes for injured employees.
- Monthly case strategy meetings with pain management provider, supporting timely treatment and return-to-work planning.
- Roundtable discussions with psyche provider focused on the management of psychological claims and return-to-work planning in light or full duty.
- Early Intervention Nurse Case Management Program, helping to reduce treatment delays, TTD duration and improve outcomes.
- Bi-annual in-person meetings with Intercare team meetings to provide trainings, align on SFMTA updates/goals, best practices and emerging trends.
- Quarterly claim reviews to monitor aging claims and identify closure opportunities.
- Monthly Review on 30-day old claims with the Early Intervention Nurse, Intercare supervisor, examiner and WCM SFMTA.



- **Strategic Priorities- Intercare as a partner to achieve the below:**
 - 24-Month-Old Claim Focus targeting long-duration claims for closure and cost control.
 - Monthly Indemnity Closures - setting goals to close indemnity claims on a consistent basis.
 - Ongoing collaboration with providers to drive resolution and results.
 - Commitment to taking care of SFMTA employees.
 - Enhanced focus on directing and managing TTD payments to reduce unnecessary disability exposure.
- **Current Challenges- Despite the progress, several persistent challenges remain they are:**
 - **Return-to-Work and TD Duration**
 - Delays in return-to-work and prolonged Temporary Disability (TD) periods are impacting claim durations and costs
 - **Transitional Work Program**
 - Continue to grow and enhance the program with placing injured workers into light duty assignments
 - **Aging Claims**
 - Claims over 24 months old require continued strategic attention to avoid extended liability, cost and escalating reserves
 - **Assaults and Psychological Claims**
 - Assualts and psyche-related cases present complex, resource-intensive challenges and often require prolonged TD, treatment and litigation management.

Temporary Transitional Work Program Report

TTWA Findings: FY25 Q1-Q3

906 Claims with Reported Work Status Tracking



92% Reported Eligible for Modified Duty

8% Claims Ineligible



71% Accommodated by Employer

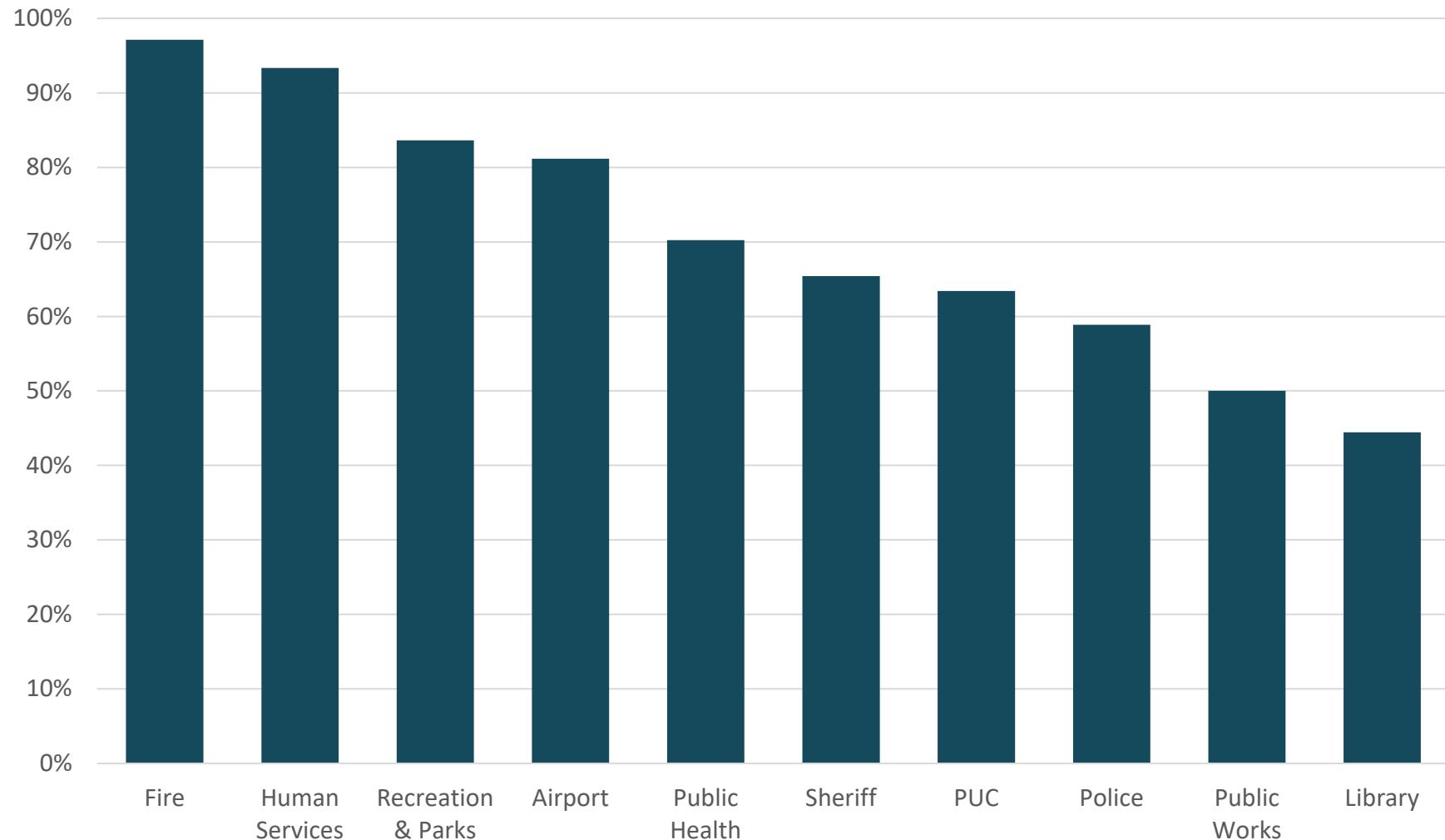
29% Not Accommodated

- 32 Lost Days per claim (average)
- 90 Lost Days per claim (average)

Key Findings:

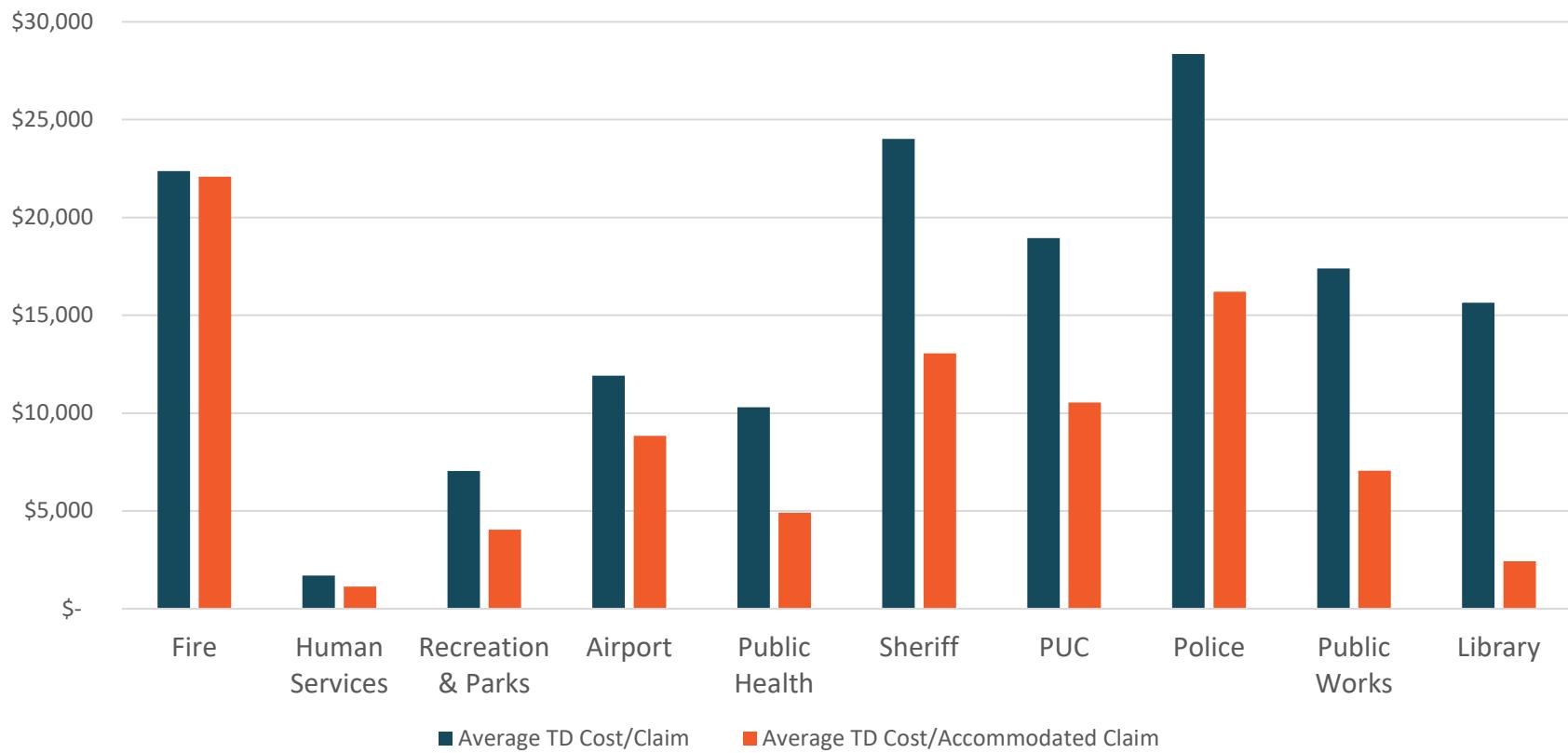
- City incurs an average of 58 additional lost days per claim where modified duty was not accommodated by the department
- Average of approximately \$20,225 per claim in additional lost time benefits paid when not accommodated

Percentage of TTWA Accommodation Provided by the Top 10 Departments



Temporary Disability (TD) Average Cost vs. Accommodated

Top 10 Departments



Notes:

Top 10 departments providing TTWA accommodation were based on claim count with TTWA event end date between 7/1/2024 and 3/31/2025.



- **Objective:**
 - Increase accommodation rates, decrease lost days, and reduce additional lost-time costs by improving modified duty placements
- **Expected Outcome:**
 - Accommodation rates >80%
 - Reduced average lost days per claim
 - Estimated savings of ~\$20,000 per non-accommodated claim



TTWA Action Plan

Action Plan in development includes, but not limited to:

1. Increased Departmental Engagement
2. Expanded Light Duty Assignment Pool
3. Technology Enhancements
4. Physician Collaboration and Education
5. Metrics and Reporting



Light Duty Program – FY25 Overview

- 139 injured workers (IWs) are currently eligible for light duty placement
- 44 IWs (32%) on average, are actively accommodated in light duty assignments
- 18 IWs (13%) have fully exhausted their Transitional Work Program (TWP)
- \$3.2 million estimated FY25 annual savings due to the light duty program
- \$400,000 estimated TWP annual savings doing on-site inventory management

Current Challenges

- **Transit Operator Restrictions:** Difficulty placing operators who are medically restricted from interacting with the public or other SFMTA employees
- **Provider Collaboration:** Actively engaging with psychology/psychiatry providers to explore potential for limited public interaction, with the goal of gradually transitioning IWs back to full duties
- **Skills Gap:** Many operators lack the computer skills required for available light duty assignments, creating a barrier to placement

Workplace Violence and Assault Report



WVPP Update

- All City worksites required to have Workplace Violence Prevention Plan (WVPP) effective 7/1/24.
- Legislation passed required reporting of violent incidents for all departments, except those covered in prior legislation (POL, FIR, SHF, DPH hosp).
- Report of violence: from virtual and in-person threats, to verbal or physical assaults. Definitions include whether by a stranger, client, co-worker or domestic relationship (Type I-IV).
- FY25 year to date for 20 departments reported:
 - 322 incidents Total: 188 verbal, 124 physical, 10 Social media



Quarter 3 WVPP Snapshot

Dept	Dept Name	25-Jan	25-Feb	25-Mar	# of Events	Type 1 Stranger	Type 2 Client	Type 3 Coworker	Verbal	Physical
ADM	Administrator	1		1	2	2			1	1
AIR	Airport		2		2	2				2
ASR	Assessor / Recorder			1	1		1			1
DHR	Human Resources	1		1	2	2			1	1
DPH	Public Health (non-hosp)	4	3	5	12	4	8		4	9
DPW	Public Works	3	2	3	8	5	1	2	6	2
HOM	Homelessness		1		1		1		1	
MTA	Municipal Transportation Agency	32	24	20	76	20	60	3	46	29
PDR	Public Defender	1	1	1	3		2	1	1	2
PUC	Public Utilities Commission			1	1			1	1	
REC	Recreation and Park	3		4	7	4	2	1	2	5
TOTALS	11 Depts	45	33	37	115	39	75	8	64	51
percentile					100%				56%	44%
Dept	Dept Name	25-Jan	25-Feb	25-Mar	# of Events	Type 1 Stranger	Type 2 Client	Type 3 Coworker	Verbal	Physical



Quarter 1-3 WVPP Summary

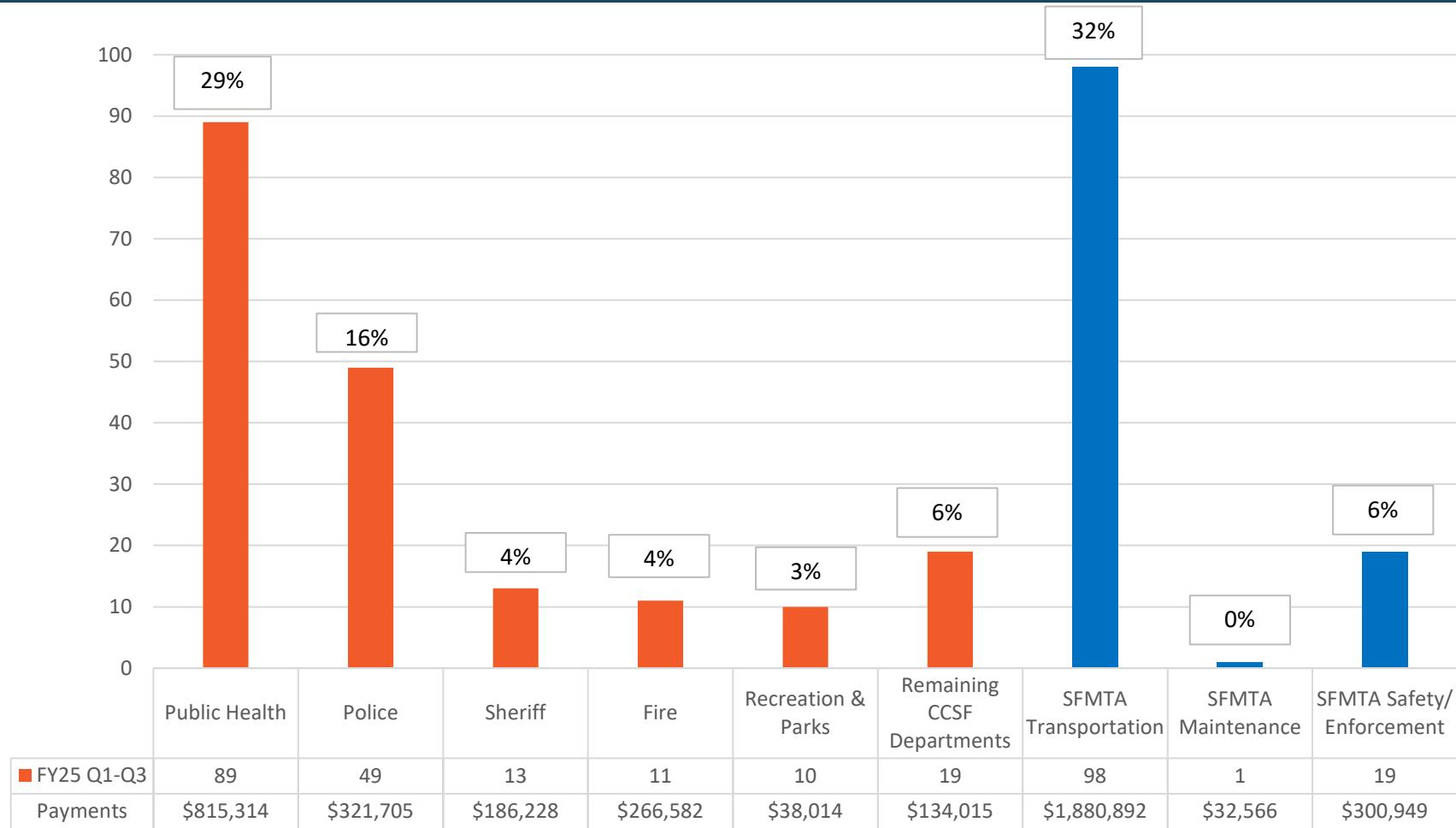
Quarters	# of Events	Type 1 Stranger	Type 2 Client	Type 3 Coworker	Verbal	Physical
Q1	109	13	81	12	70	28
Q2	98	14	76	9	54	45
Q3	115	39	75	8	64	51
Totals: Number	322	66	232	29	188	124
Percent		20%	72%	9%	58%*	38%*



FY25 WVPP Data vs Assault Data

- We encourage employees to report all Violent Incidents.
- Not all WVPP incidents become WC assault claim.
- Q1-3 MTA 254 violent incidents verbal and or physical, of these so far 119 (47%) have become assault claim.
- Reviewing same timeline Q1-3 2025: 309 assaults claims to WVPP totals 322. Though same time-line, WC Assault data not exactly apples to apples to WVPP data: WVPP data lacks events from POL, SHF, DPH hospitals, and not all warrant WC.
- FY25 Q1-3 assault claim total \$3,976,265.
- FY24 full year cost in \$7,850,331.

Top Departments with the Most Assault Claims Added in FY25 Q1-Q3



Notes:

1. Top Departments' assault claim count based on the latest reporting fiscal year.
2. Payment data as of 4/17/2025.
3. Percentages on top of bars calculated from CCSF + SFMTA.



Safety and Security Plan

Safety and security plan development underway – will include but not limited to:

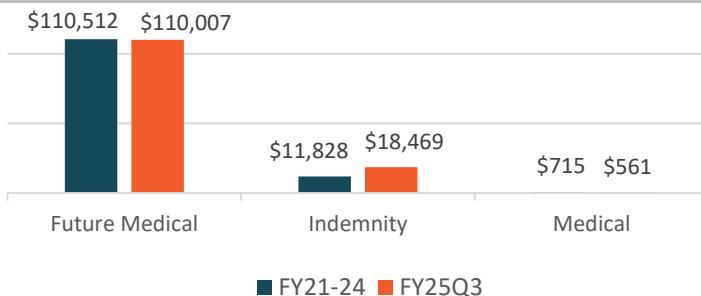
- Assault Prevention with focus on:
 - Personal safety for employees
 - Improving environmental conditions
- Support after an event:
 - Faster reporting with Nurse advice
 - Faster access to medical care
 - Streamlining of WC processes
 - Improved mental health support

Data and Insights

FY25 Q3 Performance Quick Facts

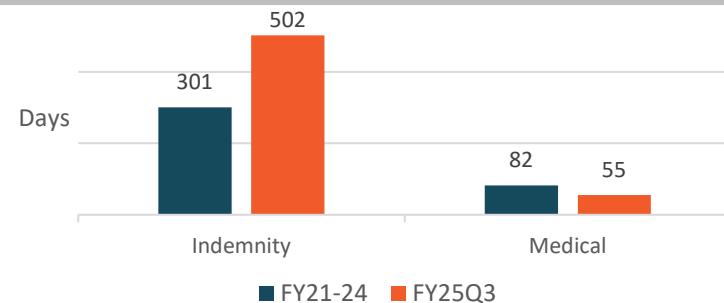
Claim Cost

Average Cost of Claims Closed in Period



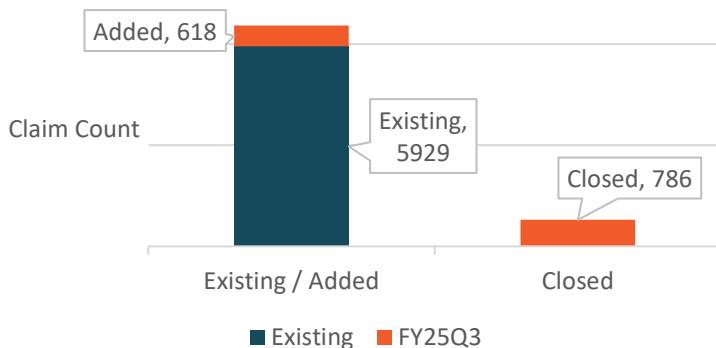
Duration

Average Days Open of Claims Closed in Period



Claim Volume

Added/Existing/Closed Claims in Period



Closing Ratio

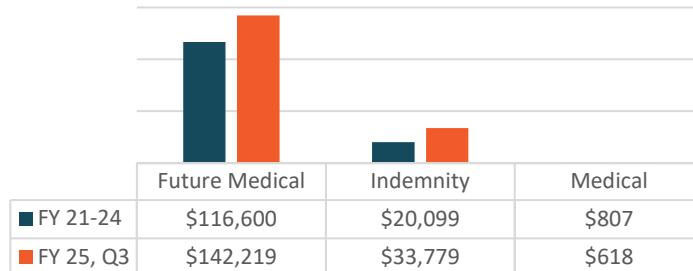
Closed Claims to Added Claims in Period

103%



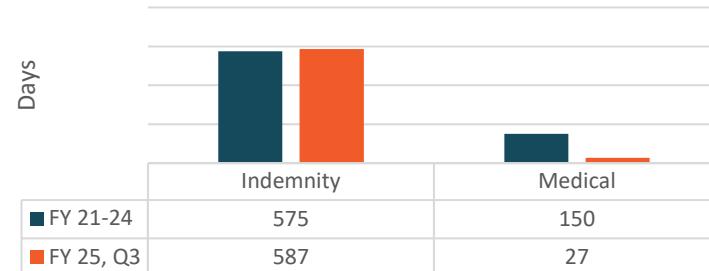
Claim Cost

Average Cost of Claims Closed in Period



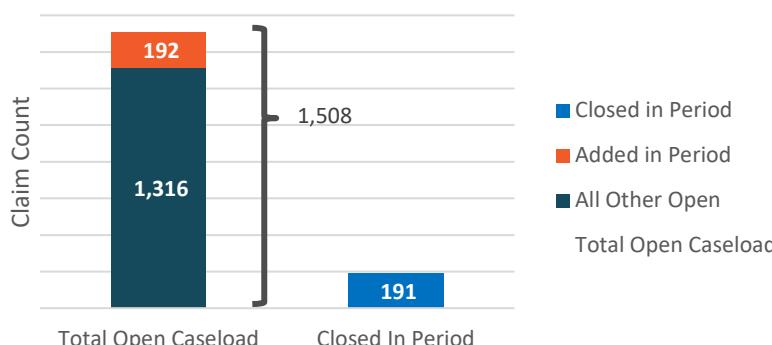
Duration

Average Days Open of Claims Closed in Period



Claim Activity in Period

Added/Total Open/Closed Claims in Period



Closing Ratio

Closed Claims to Added Claims in Period

99%

Notes: Benchmarks look at activity in the same period of the prior fiscal year. Fiscal health metric includes claim expenditures only and is based on the revised budget, excluding any carry forward and excludes TPA fees. Claim volume, cost and duration excludes first aid, disability retirement and future medical claims.

Thank you!



San Francisco Workers' Compensation Council

Our next meeting will be held on
August 4, 2025

Appendix



Appendix 1: Claim Cause Group Definitions

Claim Cause Group	Definition	Type(s) of Injury
Abrasion	Injuries sustained as a result of rubbing against a rough surface/wall	Skin
Bodily Motion	Injuries sustained due to physical motion, such as bending, lifting, reaching, pulling/pulling, twisting/turning, etc.	Primarily orthopedic injuries.
Caught In, Under, Between	Injuries that have occurred due to being pinned by, under or between objects, furniture, or equipment. This includes injuries occurring as a result of a cave-in.	Orthopedic injuries, lacerations, crush injuries.
Cumulative Trauma	Use for repetitive stress injuries due to repeated exposure over time.	Single or multiple body parts used in repeated exposure over a period of time – e.g. Carpal Tunnel, prolonged standing, psyche stress.
Explosion	Used for injuries sustained as a result of an explosion.	Orthopedic, burns, internal, catastrophic injuries, etc.
Exposure	Used for various internal injuries, such as repeated exposure to carcinogens, stressful work situation, or hard physical work leading to a negative bodily reaction. This can also include reactions to poisonous or toxic substances.	Cancer, heart trouble, internal injuries or exposure to poison oak, MRSA, or heat stroke. Also may include foreign substance into eyes or body, or bloodborne pathogen exposure.
Fall, Slip or Trip	Injuries sustained from a slip and fall, or trips and slips. This includes falls from elevation, from stairs, ladders, onto walkways, etc.	Single or multiple body parts, resulting in sprains, strains, contusions, lacerations, fractures, etc.
Ingestion	Injury sustained due to ingesting harmful substance.	Internal/exposure.



Appendix 1: Claim Cause Group Definitions, Cont.

Claim Cause Group	Definition	Type(s) of Injury
Misc	Miscellaneous injury not covered in other areas or rarely filed	Misc
Personal Injury/Illness	Injury that is non-occupational in nature, but aggravated or exacerbated by work.	Personal injury of a orthopedic or internal nature.
Physical Assault	Injuries sustained due to physical altercations (being struck or striking person or people).	Single or multiple body parts involved. Results in lacerations, sprains, strains, fractures, abrasions, even internal injuries.
Stress	Injuries sustained due to work related stress.	Primarily psychological/psychiatric injuries, including any resulting physical symptoms.
Struck By/Against	Injuries when objects are thrown at employees, when an employee is hit by a random moving machine part or object; or collides with an object such as a door or piece of furniture.	Orthopedic or head injuries
Suffocated	Injuries sustained due to suffocation, such as during a fire.	Respiratory injuries, smoke inhalation. May overlap with Exposure.
Vehicle Accident	Injuries sustained due to a vehicle, including vehicle/pedestrian accident or incident. This may be car or truck, motorcycle, bicycle, scooter, etc.	Orthopedic, single or multiple body parts, head, internal
Vibration	Injuries sustained due to vibration or seismic event, such as an earthquake.	Orthopedic, internal, head, etc.



Appendix 2: Claim Cause Definitions

Claim Cause Group	Claim Cause	When Used
Abrasion	ABRASION/RUBBED	<i>Injuries sustained as a result of rubbing against a rough surface/wall</i>
Bodily Motion	BENDING/STOOPING	<i>Bending down to tie shoes, etc.</i>
Bodily Motion	LIFTING	<i>Injuries from lifting weights, desks, tables, equipment, etc.</i>
Bodily Motion	PUSHING/PULLING	<i>Pushing or pulling of furniture, equipment or patients.</i>
Bodily Motion	REACHING	<i>Reaching for equipment resulting in hyperextension of extremities, etc.</i>
Bodily Motion	RUNNING/WALKING	<i>Injuries while running (during exercise or running after suspects), stepping off a curb the wrong way, injuries while walking.</i>
Bodily Motion	THROWING/WIELDING	<i>Injury sustained during baton-use exercise or other use of equipment in a throwing or maneuvering type motion.</i>
Bodily Motion	TWISTING/TURNING	<i>Injuries resulting from exiting vehicle, maneuvering in small spaces, etc.</i>
Caught In, Under, Between	CAUGHT IN, UNDER, BETWEEN	<i>Injuries as a result of being pinned under, or between objects, furniture, or equipment.</i>
Caught In, Under, Between	CAVE IN	<i>Injuries sustained due to being crushed by collapsing debris, such as in a tunnel or collapsing building in a fire.</i>
Cumulative Trauma	CONTINUOUS TRAUMA	<i>For repetitive stress injury due to repeated exposure over time.</i>
Cumulative Trauma	REPEATED MOTION	<i>Repetitive stress injury due to continued motion (typing, etc.). May be used interchangeably with CONTINUOUS TRAUMA</i>
Cumulative Trauma	REPEATED TRAUMA	<i>same as CONTINUOUS TRAUMA</i>
Explosion	EXPLOSION	<i>Injuries when bombs are set off during demonstrations and protest or fireworks during celebrations. Also may be a gas/fire explosion.</i>



Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	When Used
Exposure	ADVERSE REACTION	<i>Dizziness/Fatigue/Headaches due to heat exposure, intense exercise, dehydration, etc. Also could be an allergic reaction or exposure to poisonous substance.</i>
Exposure	BODILY REACTION	<i>The body's reaction to repeated exposures to carcinogens, stressful work situations, hard physical work. This could also be an allergic reaction to a poisonous substance or toxic substance.</i>
Exposure	CONTACT INFECTIOUS AGENT	<i>Needle Sticks, Exposure to blood borne pathogens (blood, saliva, urine, etc.)</i>
Exposure	CONTACT WITH CHEMICALS	<i>Exposure to Toxin, chemicals</i>
Exposure	CONTACT WITH ELECTRICITY	<i>Electrocution</i>
Exposure	CONTACT WITH EXTREME TEMPERATURE	<i>Injuries sustained during firefighting or working in extreme heat.</i>
Exposure	Contact with Radiation	
Exposure	DERMAL	<i>Dermatitis due to contact with poison oak, poison ivy, etc.</i>
Exposure	FOREIGN SUBSTANCE	<i>Object/s getting into the eyes</i>
Exposure	INHALATION	<i>Injuries from smoke inhalation during firefighting, or inhaling chemical vapors.</i>
Exposure	PANDEMIC	<i>COVID-19</i>
Exposure	SPLASHED	<i>Refers to when liquid splashes onto eyes or body. Overlaps with CONTACT INFECTIOUS AGENT.</i>
Fall, Slip or Trip	FALL FROM CHAIR	<i>Sitting and falling off chair. Chair might have slid from underneath claimant.</i>
Fall, Slip or Trip	FALL FROM ELEVATION	<i>Fall from a height, such as from a roof.</i>
Fall, Slip or Trip	FALL FROM LADDER	<i>Injuries while falling off ladder.</i>



Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	<i>When Used</i>
Fall, Slip or Trip	FALL FROM STAIRS	<i>Injuries resulting from falling down stairs or steps.</i>
Fall, Slip or Trip	FALL FROM VEHICLE	<i>Injuries due to an officer falling off a police motorcycle or bicycle.</i>
Fall, Slip or Trip	FALL ONTO AGAINST OBJECTS	<i>Filed if someone fell onto a certain object or machine, or against an object or machine such as gurneys and side tables</i>
Fall, Slip or Trip	FALL SAME LEVEL	<i>Slip and Fall due to wet floor, slippery floor. Also used for an employee falling onto the ground (similar to Slip/Trip)</i>
Fall, Slip or Trip	FALL SCAFFOLD/WALKWAY	<i>Fall from scaffolding/walkway</i>
Fall, Slip or Trip	SLIP / TRIP	<i>Slipping on wet surface or tripping over object on the floor.</i>
Ingestion	INGESTION	<i>Sustained due to drinking/eating harmful substance such as chemicals</i>
Misc	EVENT TYPE (NEC)	
Misc	FAULTY EQUIPMENT	<i>Injuries from defective chairs, tables and other equipment</i>
Misc	FAULTY ROADWAY MTA	<i>Injury sustained due to road/street defect such as sinkhole or large pothole. Track/Track issues</i>
Misc	UNASSIGNED	
Personal Injury/Illness	PERSONAL INJURY/ILLNESS	<i>Injury or illness of a nonindustrial nature but filed as EE was at work (or aggravated by work).</i>
Physical Assault	ASSAULT, PHYSICAL	<i>Used for physical assaults by the public, by patients/detainees, or between employees in a Workplace Violence setting</i>
Stress	ASSAULT, MENTAL/VERBAL	<i>Altercation between co-workers, with the public, patients, etc. Overlaps with STRESS, RELATIONAL CONFLICT</i>



Appendix 2: Claim Cause Definitions, Cont.

Claim Cause Group	Claim Cause	<i>When Used</i>
Stress	RELATIONAL CONFLICT	<i>Stress as a result of interpersonal conflicts at work (with Supervisor and/or co-workers)</i>
Stress	STRESS MTA	<i>MTA uses this for all stress claims</i>
Struck By/Against	COLLISION	<i>Running into another person at the office, striking a body part (e.g., nose) against another object, Hallway and door collisions</i>
Struck By/Against	STRUCK BY FALLING OBJECT	<i>Injuries resulting from fighting fires or being hit by an object.</i>
Struck By/Against	STRUCK BY MOVING OBJECT	<i>Injuries when objects are thrown at employees. May overlap with PHYSICAL ASSAULT. Also if EE is hit by a random moving machine part or object.</i>
Suffocated	SUFFOCATED	<i>Fighting fires</i>
Vehicle Accident	VEHICLE ACCIDENT	<i>Motor Vehicle Accidents (City Vehicles, motorcycles), rear-enders, collision with other vehicles</i>
Vehicle Accident	VEHICLE OVERTURNED	<i>Use VEHICLE ACCIDENT</i>
Vehicle Accident	VEHICLE RAN OFF ROADWAY	<i>Use VEHICLE ACCIDENT</i>
Vehicle Accident	VEHICLE SUDDEN START/STOP	<i>Use VEHICLE ACCIDENT</i>
Vibration	VIBRATION	<i>Earthquake</i>