

DIVISION OF WORKERS' COMPENSATION 2022 ANNUAL REPORT

Division Mission

To ensure prompt,
accurate benefit
payments and
appropriate and
timely services to
injured workers to
facilitate their
gainful
re-employment at
a reasonable cost
to employers.



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November 22, 2002

The Honorable Jeb Bush, Governor of Florida
The Honorable James King, President of the Senate
The Honorable Johnnie Byrd, Jr., Speaker of the House

Dear Governor, Mr. President, and Mr. Speaker:

I consider it a great privilege and opportunity to serve Commissioner Gallagher and the citizens of Florida as the Director of the Division of Workers' Compensation. Section 440.59 of the Florida Statutes requires the division to prepare an annual report detailing the administration of Chapter 440, an accounting of the Workers' Compensation Administration Trust Fund, and a description of the causes of accidents leading to injuries. In addition to these requirements, this annual report offers a glimpse of our vision in administering Florida's workers' compensation system and focuses on what we plan to accomplish during the next 12-18 months.

The Division of Workers' Compensation transferred from the Department of Labor and Employment Security to the Department of Insurance on July 1, 2002. Due to exceptional planning and the professionalism demonstrated by the Department of Insurance and Division of Workers' Compensation staff, the transition went smoothly and transparently with no significant disruption in service to our external and internal customers.

We have set a high standard of excellence that has permeated through the division, and we are committed to administering the Workers' Compensation Law in a manner that is fair and equitable to all system participants. Every critical practice and rule is being examined to ensure that division processes are consistent with requirements in the law. I personally thank all the division associates who are actively embracing these positive changes. We could not have implemented the improvements already made and those to be made without the valuable and enthusiastic cooperation of these skilled and knowledgeable individuals.

Although improvements are occurring in many areas, the division has identified several key areas that are vital to a more self-executing workers' compensation system. They are employer compliance functions, efforts to prevent and resolve disputes in attempt to reduce litigation, and data collection efforts.

The major goal of our employer compliance efforts is to ensure that all employers who are required to purchase insurance, under the law, do so. We believe employers that are following the law should not be subsidizing those that are not. The effort to identify employers out of compliance is being enhanced by using, in addition to our staff of compliance investigators, investigators from the Fire Marshall's Office and the Bureau of Workers' Compensation Fraud. We are in the process of examining and developing additional investigative methods that will allow investigators to better detect potential instances of premium fraud in addition to identifying employers without coverage.

The initial Early Intervention Program data show that speaking to and educating injured workers shortly after a workplace injury potentially reduces the likelihood that a Petition for Benefits, the initial step in litigation, will be filed. We will continue to recruit insurers to become partners in our Early Intervention Program. We will offer assistance to insurance carriers to investigate and resolve Petitions for Benefits before a hearing is scheduled, and provide assistance to Judges of Compensation claims to resolve medical disputes without the necessity of holding hearings.

The division is on course to efficiently collect more accurate data with a focus on collection of data that meet business needs and statutory requirements, especially in the medical area. Efficiency and accuracy will improve as we expand the mandatory requirement for electronic submission of data from coverage data to claims data over the next couple of years. The division has established an Office of Data Quality and Collection to ensure all data are being submitted and that data are reported accurately. A team has been charged with the responsibility of examining all claims data now being collected and to make recommendations, based on business needs, of data elements that can be eliminated and, possibly, the addition of new data elements. The division will enhance the amount and nature of our data accessible through our web site. This will benefit all stakeholders who are interested in using the data for research and business purposes.

Taking the lead from Commissioner Gallagher, all Division of Workers' Compensation staff have an open door policy. All parties in the workers' compensation system are welcome to contact Assistant Director Dan Sumner or me to provide their perspectives and suggestions. Such input is invaluable to ensure that division decision-making takes the interest of all parties into account.

In summary, the Division of Workers' Compensation is well on its way to becoming the best division within state government. Beginning with this annual report, we will provide you with our goals and expectations as well as the statutorily mandated contents. Future reports will contain updates and accomplishments and meaningful data that can be used to analyze Florida's workers' compensation system.

If you have any feedback for future editions of the annual report or input about the workers' compensation system, please feel free to contact me.

Sincerely,

Tanner Holloman
Director

Division Goals • Bureau of Compliance

The Bureau of Compliance ensures employers comply with the Workers' Compensation Law and requires all insurance carriers licensed to write workers' compensation insurance in Florida to comply with established statutes and rules governing the submission of workers' compensation insurance policy information.

The Florida Legislature has declared that failure of an employer to comply with the workers' compensation coverage requirements outlined in Florida Statute Chapter 440 poses an immediate danger to public health, safety and welfare. In response, it has tasked the bureau with ensuring that liable employers obtain insurance coverage to secure workers' compensation benefits for their employees. The bureau conducts investigations to ensure employer compliance. The bureau's Enforcement Section consists of investigators assigned to twelve local offices statewide. In the past, the bureau has primarily directed enforcement efforts toward construction-related businesses due to the fact that workers in these industries have a greater potential for injuries.

However, during the past year, the market for workers' compensation insurance has been dramatically contracting. Carriers are issuing fewer policies, and have been non-renewing the policies of some large professional employer organizations (PEOs). PEOs enter into agreements with businesses to hire their employees and "lease" them back to the businesses as "leased employees." While some client companies that enter into agreements with PEOs are also engaged in construction-related businesses, a large number of high-risk non-construction client companies (such as restaurants) also are associated with PEOs.

The goal for this coming year is to increase enforcement efforts with non-construction-related businesses and PEOs. The goal is to maintain or exceed the current annual standard of investigations conducted (22,764), and to concentrate at least 33% of these investigations on large non-construction employers and PEOs. The bureau will develop and design a procedure to identify large non-construction employers who employ more than 20 workers and are suspected of violating the Workers' Compensation Law and to develop a means of tracking these investigations in order to measure our success.

The bureau hopes to continue to meet and/or exceed the current enforcement Long Range Program Planning standards as follows:

- Number of Investigations Conducted --- 22,764
- Number of New Employees Covered --- 13,164

The 2002 Florida Legislature enacted changes to Chapter 440, F.S., that enable the bureau to develop and implement rules to ensure that enforcement penalties assessed are at least what the employer would have paid for workers' compensation insurance during the period of non-compliance. The bureau is developing several rules to better define the way employer penalties are imposed and to more accurately determine what the employer "would have paid" for insurance. The bureau's Investigative Procedural Manual and Construction Exemption Procedures Manual will be reviewed and revised to ensure that they outline the changes required as a result of the recent

law changes, and they reflect policy and procedure changes relative to the enforcement and exemption efforts. The bureau will organize a team of investigators and supervisors to review and recommend changes to both manuals.

There are currently over 130,000 active exemption holders in the State of Florida. The bureau is responsible for issuing exemptions, for processing exemption renewals, and for providing information to exemption holders regarding policy and law changes that affect exemptions. The bureau continues to adapt to recent legislative changes concerning the issuance and scope of exemptions provided to sole proprietors, partners and corporate officers, and has developed rules and procedures to train investigative staff on how to determine non-compliance on commercial construction job sites valued at \$250,000 or greater.

During fiscal year 2001-2002, the Compliance Bureau caused 2,731 employers who were illegally without insurance coverage for their employees to come into compliance. As a result, 13,281 new employees were protected with workers' compensation insurance. The bureau also caused an additional \$20,730,449 in estimated workers' compensation insurance premiums to be added to the overall workers' compensation insurance premium level.

The bureau continues to seek ways to foster greater compliance by employers before they are found in violation of the statutes through increased contact with employer groups.

Bureau of Monitoring and Audit

The mission of the Bureau of Monitoring and Audit is to ensure timely and accurate benefits and services to injured workers and timely payments for medical services. This mission is accomplished through monitoring and auditing insurer performance, educating insurers regarding best practices, and issuing penalties against employers and insurers for poor practices.

The 2002 Florida Legislature made several significant changes to the Workers' Compensation Law that affect the administration of the self-insurance program, which went into effect on October 1, 2002. Several major responsibilities were transferred from the division to the Florida Self-Insurer Guaranty Association (FSIGA), and the division was authorized to contract with FSIGA to perform several others. Fiscal year 2002/2003 will see a smooth transition of procedures to review financial stability of self-insured employers to the Florida Self-Insurer Guaranty Association (FSIGA) while the division maintains the final decision-making authority regarding appropriate regulatory actions to take, based on recommendations from FSIGA.

The Legislature also amended the Workers' Compensation Law to require the division to monitor carrier performance relative to compliance with the Insurance Code as well as the Workers' Compensation Law. Monitoring will be done by conducting market conduct reviews and investigations and will be guided by sections 624.3161 and 624.317, F.S. The changes to the statute will make the current monitoring process more efficient and effective. Monitoring under the market conduct statute will allow the division to target poor-performing carriers and to impose more meaningful penalties and sanctions. The bureau will also be able to pass the costs associated with an audit directly to the carrier being audited. This transition will require coordination with several areas within the Department of Insurance and possibly extensive changes to existing rules. The transition will be complete and rules in place by June 30, 2003.

In 2002, the bureau developed a process, known as System Data Review (SDR) Process, to measure carrier performance on several key indicators in order to better target poor performing carriers for audit. The SDR process currently focuses on three areas: timeliness of filing the DWC-1 (First Report of Injury or Illness), timeliness of the first indemnity payment, and timeliness of filing the DWC-13 (Claim Cost Report). Carriers are ranked based on the results of the SDR. The audit plan is developed based primarily on the rankings (the higher the ranking, the less likely the carrier will be selected.) The bureau's goal is to add additional indicators to the SDR by June 30, 2003, including but not limited to: timeliness of paying and filing medical bills, denial rates, and customer complaints. Adding the additional indicators to the SDR will provide a more complete picture of carrier performance, thereby improving the selection process. This will involve coordination within the Department of Insurance and may involve the Agency for Healthcare Administration (AHCA) and the Division of Administrative Hearings in the Department of Management Services (DOAH) as well.

Office of Data Quality and Collection

The mission of the Office of Data Quality and Collection is to collect workers' compensation data in a quality and efficient manner in order to provide timely and reliable information to all stakeholder partners within the workers' compensation system. Emerging technology, along with electronic data interchange technology (EDI), will play a major role in accomplishing this objective.

Electronic Data Interchange (EDI)

One of the strategies that will be utilized by the Office of Data Quality and Collection to advance the collection of quality information about Florida's workers' compensation system is the widespread use of electronic data interchange. EDI provides an environment for information exchange in standardized formats from computer to computer, virtually free of manual processing and intervention, thereby yielding increased accuracy and availability of data. Additionally, for insurers that have statutory responsibility for data reporting requirements in multiple jurisdictions, this technology currently permits the use of nationally standardized formats for reporting purposes. Florida's Division of Workers' Compensation is a part of the on-going national development effort.

Today, approximately 33% of two claims forms (DWC-1 and DWC-13) are electronically submitted to the division on a voluntary basis. Pursuant to section 440.593, F.S., the division will promulgate rules that will require the electronic submission of its various claims forms. However, the division proposes to implement EDI for claims filings using a controlled, phased approach, beginning with the requirement for insurers to electronically submit the DWC-1, First Report of Injury or Illness, and eventually the DWC-13, Claim Cost Report, and DWC-4, Notice of Action/Change. By early 2004, the division expects to achieve full implementation of electronically submitted First Report of Injury or Illness data.

Medical Data Management

Florida legislators also amended Chapter 440 of the Florida Statutes to reassign responsibilities for medical data collected to the Department of Insurance. Section 440.13(4)(b), F. S., mandates the filing of any medical report or bill requested by the Department of Insurance (DOI) or the Agency for Health Care Administration (AHCA) pursuant to rules adopted by DOI in consultation with AHCA.

Section 440.13(12)(d), F. S., assigns responsibility to the Division of Workers' Compensation within the Department of Insurance for providing health care data to the Three-Member Panel for use in establishing medical reimbursement levels. Implementation of these statutory mandates has entailed the creation of a new functional section, the Medical Data Management Section (MDMS), within the newly organized Office of Data Quality and Collection of the Division of Workers' Compensation.

The MDMS faces the immediate challenge of assuming an ongoing function in which more than three million medical claims are received, assessed, stored, analyzed, and reported on each year.

While handling this extensive workflow, the MDMS will develop and implement specific ways to enhance the collection and quality of medical data and to increase operational efficiency. Key items on the MDMS agenda include the following:

- Revise and promulgate the medical billing rule (FAC 4L-7.602) to mandate electronic reporting of all medical claims.
- Include in the revised billing rule specific provisions for penalizing carriers who do not comply with medical reporting requirements.
- Identify deficiencies in medical data quality through rigorous examination and quantitative analysis of all current data.
- Develop baseline measures and measurement updating procedures for monitoring data quality and operational productivity.
- Develop and implement specific strategies to improve data quality for each identified area of deficiency in current data.
- Assess the needs of data submitters to ensure maximum effectiveness for the feedback and educational efforts of the MDMS.
- Review current automation to identify needed process improvements; develop and implement these improvements.
- Produce a comprehensive MDMS procedure manual.

Other major programmatic issues that will be addressed during fiscal year 2002 –2003 will be the development and subsequent promulgation of administrative rules to allow penalties for late/non Proof of Coverage EDI filings. Overall, re-engineering of major business processes within the Office of Data Quality and Collection will be undertaken in order to assess technological opportunities that will directly result in efficiency and improved customer service.

Employee Assistance and Ombudsman Office

The mission of the Employee Assistance and Ombudsman Office (EAO) is to prevent and reduce costs of litigation for all who participate in or are affected by the workers' compensation system through development of public awareness and fostering the provision of timely benefits and services. From January 1, 1994, through June 30, 2002, the EAO informal dispute resolution process, begun with the submission of a Request for Assistance (RFA), was a mandatory step before a workers' compensation case could be litigated. During the 2002 legislative session, with the passage of Senate Bill 108, this process became voluntary.

The RFA process was intended to allow a thirty-day window for investigation and resolution of disputed issues on behalf of the requester. This process was reactive, waiting for a dispute to arise before taking action, and did not prevent litigation as was intended.

Beginning in 1999, the EAO shifted its focus from the reactive RFA process to a proactive strategy, initiating the Early Intervention Program (EIP) pilot. The focus of this pilot project was to seek out the injured employee immediately following the filing of the First Report of Injury or Illness (DWC-1), advise them of services available through the EAO, educate the employee of his/her rights and responsibilities under the Workers' Compensation Law, and attempt to resolve any workers' compensation issues without costly litigation.

Senate Bill 108 amends section 440.191(1)(b) and (c), F.S., to allow the EAO, upon receiving a notice of injury or death, to initiate contact with the injured employee or employee's representative to discuss rights and responsibilities of the employee under this chapter and services available through the Employee Assistance and Ombudsman Office. The Workers' Compensation Law now empowers EAO to be a resource to injured employees and to take the steps necessary to disseminate information. In an effort to increase the number of DWC-1 forms received by the division within days of an injury, the EAO will increase the number of faxed First Reports of Injury or Illness to the EAO from partners by (1) encouraging the continued participation of current EIP partners; (2) monitoring submissions to ensure continuous and timely submissions by current partners; and (3) increasing the number of EIP partners through outreach services to perspective partners.

We will measure the quality of the services provided within our Early Intervention Program through follow-up surveys sent to injured workers. Survey responses can be tracked to evaluate satisfaction based on the mode of initial contact: telephone conversation, telephone message, or letter. Analysis of survey results will allow continuous quality assurance for the Early Intervention Program to guide future program improvements.

Since the RFA is no longer mandatory, insurers have reported to the division that they are receiving more Petitions for Benefits. Senate Bill 108 amends section 440.191(2)(a), F.S., so that EAO may review a Petition for Benefits filed under section 440.192, F.S., and may facilitate an agreement between the employee and employer or carrier. Section 440.25(4)(i), F.S., states that medical claims of \$5,000 or less shall be resolved through the expedited dispute resolution process.

The EAO has proposed a pilot plan to review and investigate Petitions for Benefits, focusing on medical petitions for \$5,000 or less and any other issue that is due and owed. Additionally, the Judges of Compensation Claims may identify and refer issues on petitions for emergency hearings to

the EAO for review and investigation. The EAO will investigate, document the findings, and provide a letter of resolution/findings to all interested parties in an attempt to expedite the provision of benefits to the injured employee.

The EAO will monitor the success of the insurer pilot plan by analyzing the data from the integrated system and determining if the issues were adjudicated by the Judge of Compensation Claims. If the pilot is successful in preventing further litigation activity for a significant number of cases, the program will be extended to additional insurers through outreach services.

One aspect of the self-executing nature of the Workers' Compensation Law is that insurers pay appropriate medical bills timely. If health care providers do not receive timely payment, they may opt out of providing medical care to injured workers. Statutory changes made during the 2002 legislative session have transferred the responsibility for handling non-payment of medical bills from the Agency for Health Care Administration to the Department of Insurance/EAO. These medical bills are submitted by health care providers and medical facilities for investigation and resolution of payment. The EAO will investigate for resolution of the payment of these bills and document the results in the integrated system database. The data collected can then be used to monitor the practices of insurance carriers for referral for possible penalties or audits.

Assessments and Funding

The Division of Workers' Compensation manages two trust funds: the Workers' Compensation Administration Trust Fund (WCATF) and the Special Disability Trust Fund (SDTF). Both funds are supported by annual assessments applied to workers' compensation insurance premiums, actual or estimated. For insurance companies, self-insurance funds, the Workers' Compensation Joint Underwriting Association, and assessable mutual insurance companies, assessments are based on actual premiums; for self-insured employers, assessments are calculated on the premium for comparable coverage for commercial insurers.

The Workers' Compensation Administration Trust Fund (WCATF)

Prior to the implementation of statutory changes passed by the 2000 Florida Legislature, the Division of Workers' Compensation, in accordance with section 440.51, F.S., determined the funding level for the WCATF for a fiscal year based upon administrative expenses for the previous fiscal year. Assessments were calculated by prorating these total expenses among insurance companies, self-insurance funds, assessable mutuals, the Workers' Compensation Joint Underwriting Association, and self-insurers. The assessment was a percentage of net premiums collected or net premiums calculated for self-insurers, not to exceed 4%.

Since January 1, 2001, assessment rate changes occur in January, rather than at the beginning of the fiscal year, and the rate is limited to 2.75%. The calendar-year rate is set by July 1 each year and is based on the anticipated expenses of administering the workers' compensation statute during the following calendar year. Table 1 shows the assessment rates and revenues collected for the WCATF, by fiscal year, since 1986.

Even though the assessment rate has been declining, the amount of revenue generated by assessments has increased steadily since 1999. The increase is due to a clarified definition of "net premium" used to calculate assessments. Beginning January 1, 2001, all large-deductible policies assessments must be paid based on the deductible amount as well as the non-deductible amount. The expanded premium base resulting from the greater equity of assessments has resulted in an increase in revenues for three straight years. Revenues increased almost 23%, from over \$119 million in fiscal year 2001 to almost \$147 million in fiscal year 2002 while the assessment rate has declined 6.9%. Due, in part, to the increased revenues collected in fiscal year 2002, the assessment rate will decline further to 1.75% on January 1, 2003.

Revenues derived from the Workers' Compensation Trust Fund assessments cover expenses for the Division of Workers' Compensation (administrative costs as well as payment of Permanent Total Supplemental Benefits), the Office of the Judges of Compensation Claims, portions of the Agency for Health Care Administration, the Bureau of Workers' Compensation Fraud and the Department of Education. Figure 1 and 2 illustrate the breakout of revenue sources and disbursements for fiscal year 2002.

Table 1

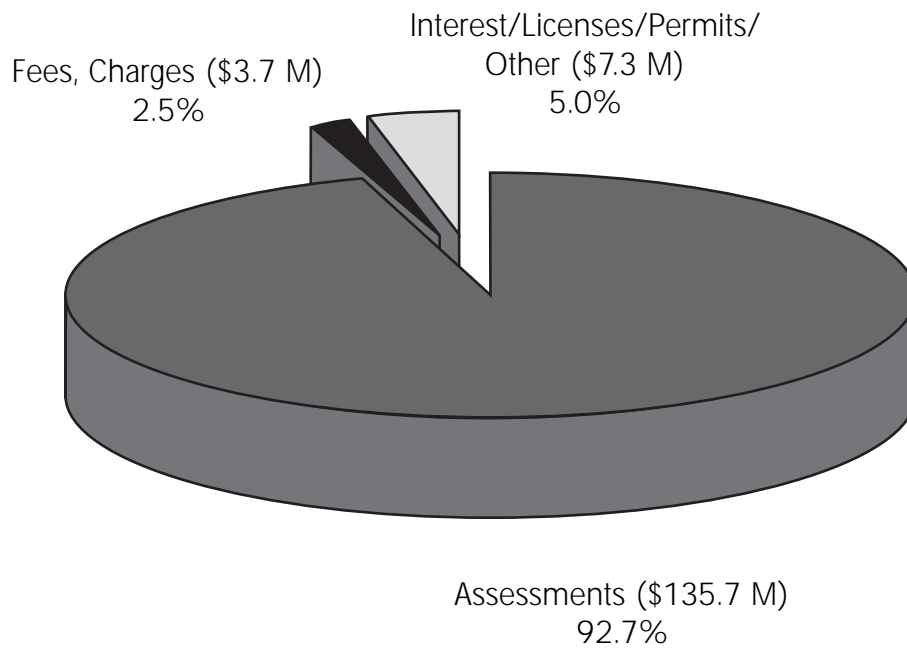
**Workers' Compensation
Administration Trust Fund
Assessment Rates and Total Revenues**

(Fiscal Years 1986-2002)		
Fiscal Year	Assessment Rate	Revenues
1986	2.40%	\$34,631,889
1987	2.00%	\$34,918,694
1988	1.40%	\$35,867,800
1989	1.40%	\$37,322,264
1990	1.40%	\$43,556,000
1991	1.60%	\$55,000,000
1992	1.50%	\$53,000,000
1993	1.40%	\$51,000,000
1994	1.66%	\$62,017,600
1995	3.22%	\$93,436,220
1996	3.15%	\$98,710,066
1997	2.50%	\$90,165,687
1998	2.40%	\$92,485,615
1999	2.75%	\$82,953,596
2000	3.48%	\$103,738,676
2001	3.74%/2.75%*	\$119,419,182
2002	2.75%/2.56%*	\$146,752,416

*July-December, 2001: 2.75% – January - June, 2002: 2.56%

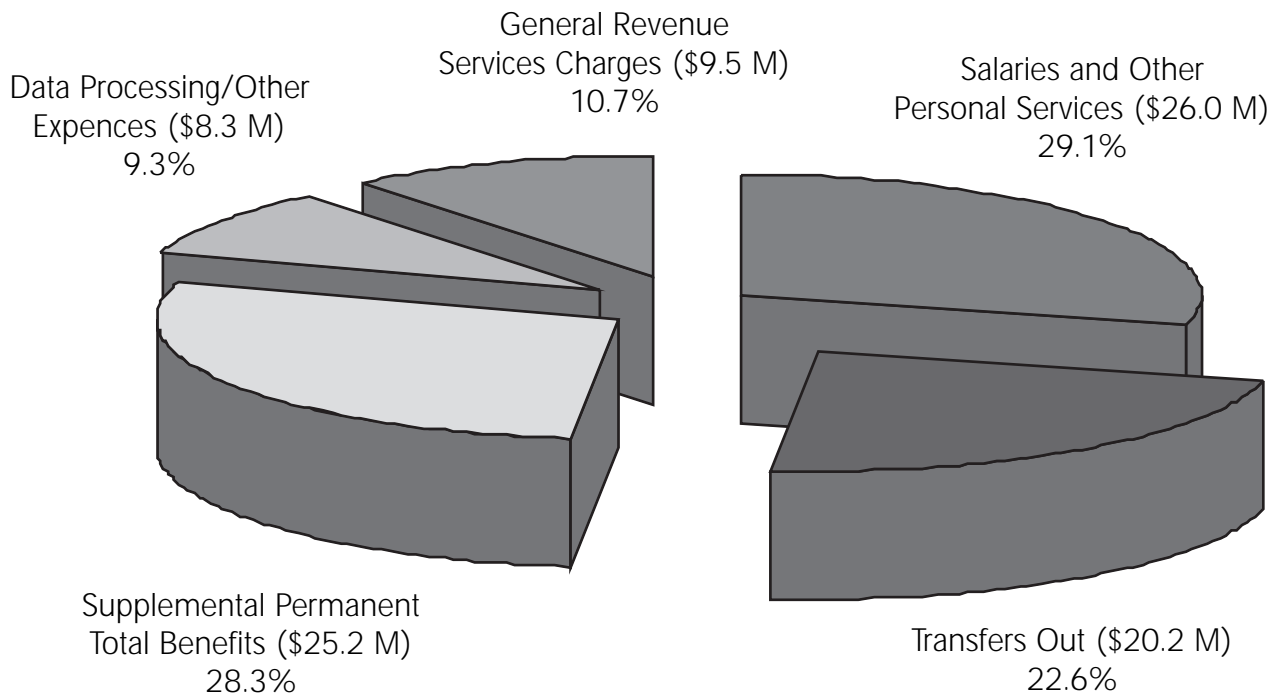
Source: Division of Workers' Compensation

Figure 1 WCATF Revenues



* Percentages exceed 100 due to rounding
Source: Division of Workers' Compensation
As of July 1, 2002

Figure 2 WCATF Disbursements



Source: Division of Workers' Compensation
As of July 1, 2002

The Special Disability Trust Fund (SDTF)

Annual assessments for the SDTF are used primarily to provide reimbursement to self-insurers and insurers for costs generated whenever a covered worker with a previous impairment sustains a subsequent work-related injury, while a small portion of the assessments funds administrative operations required to make the reimbursements. Having been prospectively abolished by the Legislature, the SDTF does not accept new claims for injuries sustained after December 31, 1997.

The annual assessment calculation is defined in section 440.49, F.S., and is based on the disbursements from the fund over the past four years and the balance remaining. Legislation has capped the SDTF assessment rate at 4.52%.

The assessment rates and revenues for the SDTF since 1986 are listed in Table 2. Note that total revenues for fiscal year 2002 rose by over eight million dollars (5%), the third consecutive annual increase, despite the unchanged assessment rate. The increase in revenue can be attributed to the clarification of the definition of net premium in 2000. Breakouts of fund revenues and disbursements during fiscal year 2002 are displayed in figures 3 and 4. More than nine out of every ten dollars from the SDTF (91.6%) reimbursed carriers and self-insurers for payments issued to injured workers for subsequent workers' compensation injuries. Disbursements exceeded revenues by more than four million dollars. The difference, however, was managed from the balance from the previous fiscal year.

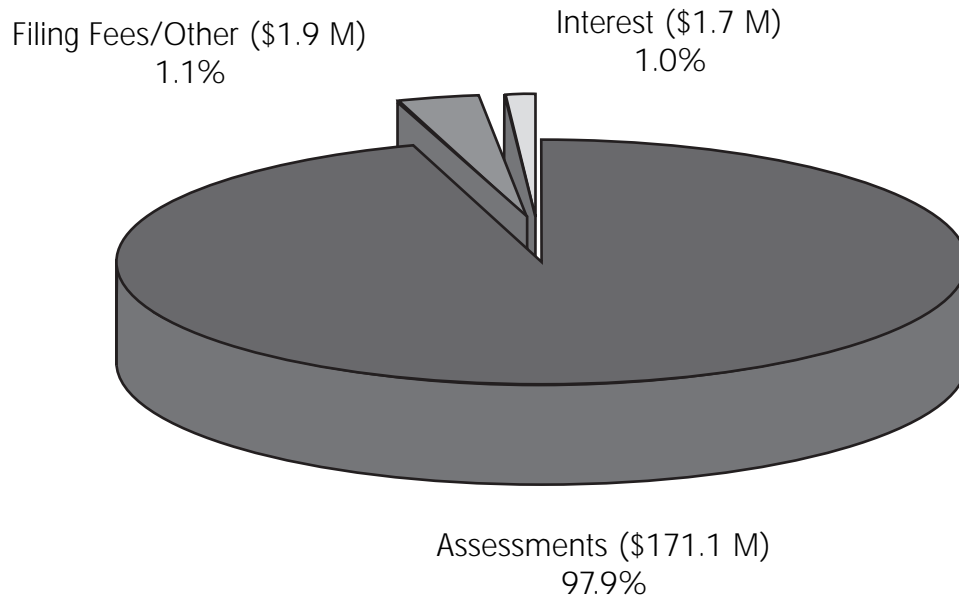
Table 2

**Special Disability Trust Fund
Assessment Rates and Total Revenues**

(Fiscal Years 1986-2002)		
Fiscal Year	Assessment Rate	Revenues
1986	2.15%	\$31,185,050
1987	2.15%	\$35,564,193
1988	1.30%	\$32,347,672
1989	1.20%	\$32,167,773
1990	2.00%	\$48,403,436
1991	2.00%	\$76,663,778
1992	2.14%	\$70,708,906
1993	2.72%	\$95,946,973
1994	3.36%	\$115,380,449
1995	4.52%	\$166,827,717
1996	4.52%	\$172,868,903
1997	4.52%	\$139,176,056
1998	4.52%	\$140,898,077
1999	4.52%	\$132,339,956
2000	4.52%	\$138,006,002
2001	4.52%	\$166,434,403
2002	4.52%	\$174,885,932

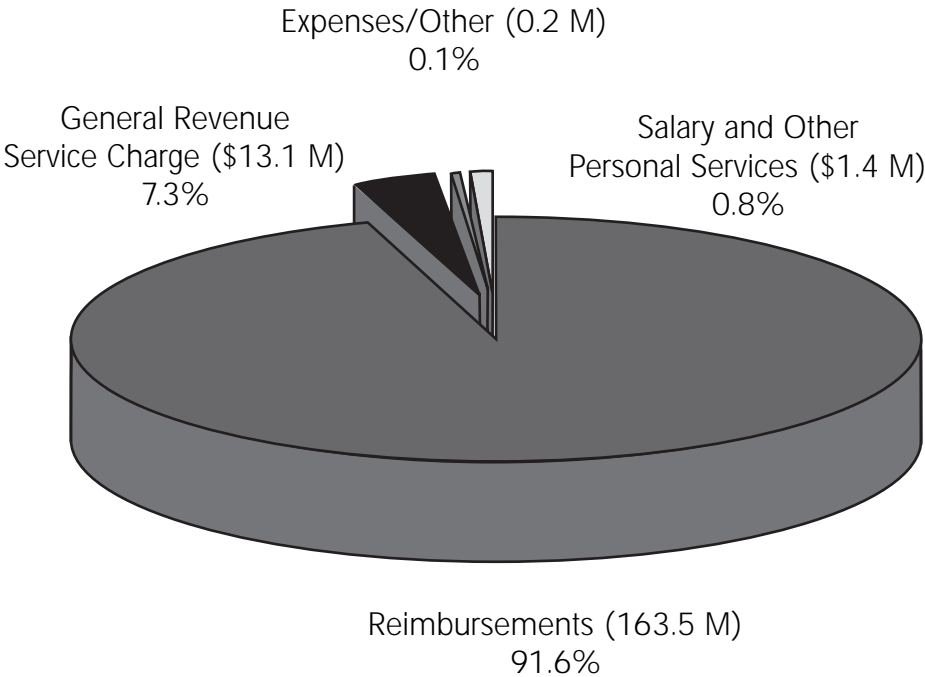
Source: Division of Workers' Compensation

Figure 3 SDTF Revenues



Source: Division of Workers' Compensation
As of July 1, 2002

Figure 4 SDTF Disbursements



Source: Division of Workers' Compensation
As of July 1, 2002

**DIVISION
OF
WORKERS'
COMPENSATION
2002
ANNUAL
REPORT**

**Frequency of
Lost Time Claims
and
Causes/Nature
of Injury**

Figure 5
Total Lost-Time Cases by Injury Year
(1992-2001)

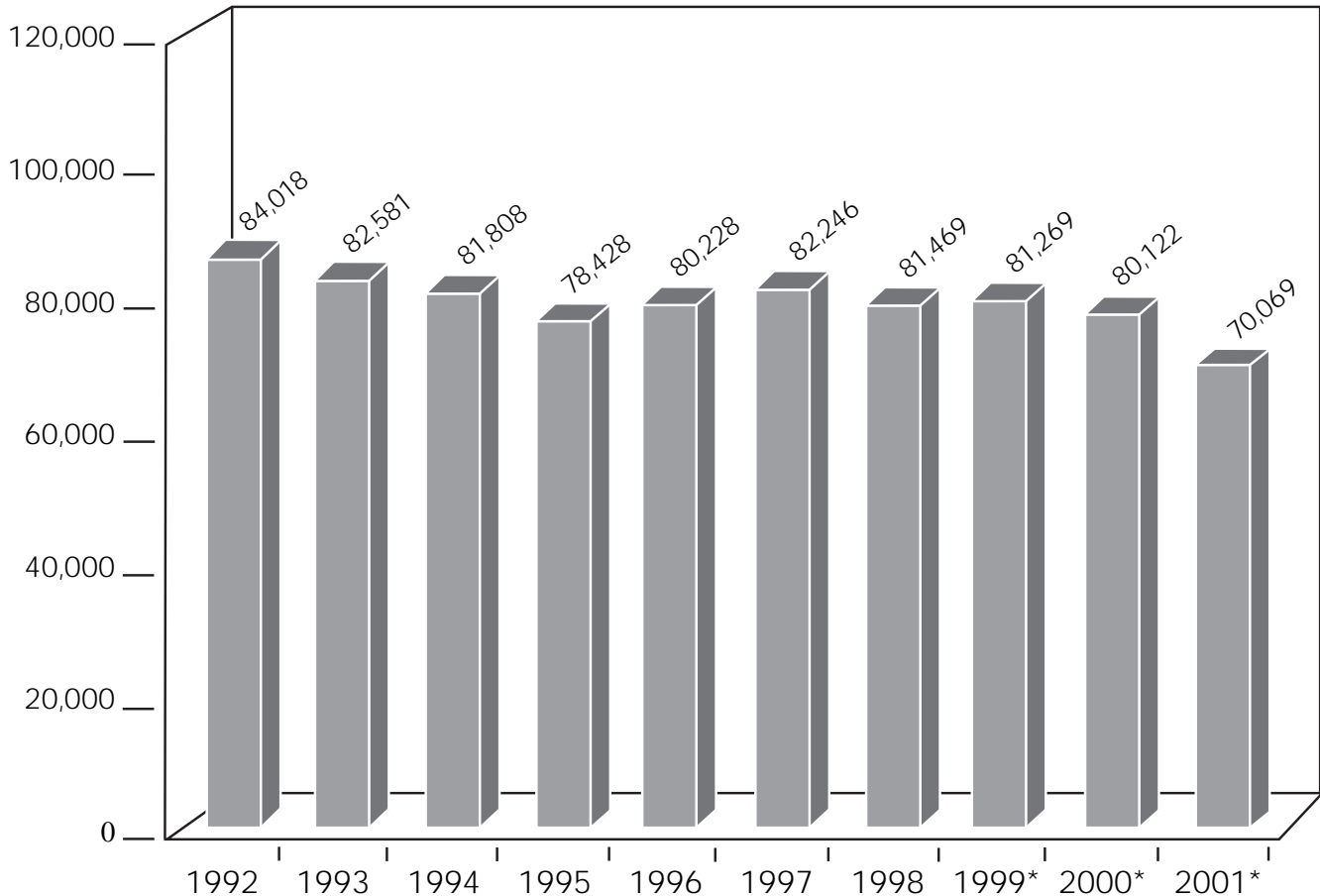


Figure 5 shows the frequency of lost-time injuries. It appears that the decline in the frequency of lost-time claims has leveled-off. The 1999-2001 injury data are too premature to determine if the leveling-off will continue or if the frequency is increasing or decreasing. However, the number of injuries reported in 1999 already exceeds the 1998 amount.

*Preliminary reporting
 Source: Division of Workers' Compensation
 As of July 1, 2001

Table 3
Lost-Time Cases by Cause of Injury
and Injury Year (1992-2001)

Cause of Injury	1992		1993		1994		1995		1996	
	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total
Burn/Scald-Heat/Cold Exp.	1,273	1.5%	1,869	2.3%	1,711	2.1%	1,764	2.2%	1,635	2.1%
Caught in or Between	2,489	3.0%	2,249	2.7%	2,319	2.8%	2,426	3.1%	2,302	2.9%
Cut, Puncture, Scrape	312	0.4%	3,366	4.1%	3,683	4.5%	4,067	5.1%	3,982	5.0%
Fall or Slip Injury	18,394	22.1%	21,196	25.7%	20,726	25.4%	20,268	25.6%	20,475	25.8%
Motor Vehicle	3,319	4.0%	3,730	4.5%	4,070	5.0%	4,176	5.3%	4,124	5.2%
Strain or Sprain	34,721	41.7%	30,540	37.0%	30,192	37.0%	29,143	36.8%	30,036	37.8%
Striking Against/Stepping On	5,273	6.3%	3,617	4.4%	3,134	3.8%	2,957	3.7%	2,840	3.6%
Struck or Injured By	9,856	11.8%	8,875	10.8%	8,620	10.6%	8,256	10.4%	8,687	10.9%
Rubbed or Abraded By	3	0.0%	1	0.0%	5	0.0%	12	0.0%	31	0.0%
Miscellaneous Causes	7,569	9.1%	7,033	8.5%	7,174	8.8%	6,076	7.7%	5,399	6.8%
Missing Data	809		105		174		282		717	
Total	84,018	100.0%	82,581	100.0%	81,808	100.0%	79,427	100.0%	80,228	100.0%

Cause of Injury	1997		1998		1999*		2000*		2001*		1992-2001	
	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total
Burn/Scald-Heat/Cold Exp.	1,627	2.0%	1,533	2.0%	1,417	1.9%	1,364	1.9%	1,089	1.8%	15,282	2.0%
Caught in or Between	2,272	2.8%	2,323	3.0%	2,460	3.2%	2,814	4.0%	2,292	3.8%	23,946	3.1%
Cut, Puncture, Scrape	4,108	5.1%	4,005	5.1%	3,865	5.1%	3,611	5.1%	3,126	5.1%	34,125	4.4%
Fall or Slip Injury	21,096	26.1%	20,353	26.1%	19,841	26.2%	18,152	25.6%	16,007	26.3%	196,508	25.5%
Motor Vehicle	4,033	5.0%	3,883	5.0%	3,498	4.6%	3,280	4.6%	2,780	4.6%	36,893	4.8%
Strain or Sprain	30,553	37.9%	28,453	36.5%	27,340	36.1%	25,604	36.2%	22,092	36.3%	288,674	37.4%
Striking Against/Stepping On	2,666	3.3%	2,473	3.2%	2,213	2.9%	2,087	2.9%	1,839	3.0%	29,099	3.8%
Struck or Injured By	8,844	11.0%	9,077	11.6%	8,825	11.6%	7,825	11.1%	6,925	11.4%	85,790	11.1%
Rubbed or Abraded By	81	0.1%	191	0.2%	206	0.3%	325	0.5%	179	0.3%	1,034	0.1%
Miscellaneous Causes	5,437	6.7%	5,663	7.3%	6,088	8.0%	5,707	8.1%	4,528	7.4%	60,674	7.9%
Missing Data	1,529		3,315		5,716		9,353		9,212		31,212	
Total	82,246	100.0%	81,269	100.0%	81,469	100.0%	80,122	100.0%	70,069	100.0%	803,237	100.0%

Strains or sprains and falls or slips continue to account for over 60% of injury causes.

*Preliminary reporting
Source: Division of Workers' Compensation
As of July 1, 2001

Table 4
Lost-Time Cases by Nature of Injury
Year (1992-2001)

Nature of Injury	1992		1993		1994		1995		1996	
	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total
Amputation	482	0.6%	458	0.6%	471	0.6%	359	0.5%	356	0.4%
Burn	1,309	1.6%	1,309	1.6%	1,218	1.5%	1,191	1.5%	1,126	1.4%
Concussion	189	0.2%	218	0.3%	199	0.2%	178	0.2%	173	0.2%
Contusion	5,866	7.0%	11,295	13.7%	9,785	12.0%	8,772	11.1%	9,443	11.9%
Crushing	704	0.8%	604	0.7%	606	0.7%	637	0.8%	622	0.8%
Dislocation	581	0.7%	543	0.7%	477	0.6%	536	0.7%	541	0.7%
Electric Shock	130	0.2%	152	0.2%	137	0.2%	175	0.2%	162	0.2%
Fracture	5,876	7.1%	6,011	7.3%	5,870	7.2%	5,978	7.6%	5,871	7.4%
Hearing Loss, Traumatic	55	0.1%	22	0.0%	25	0.0%	15	0.0%	20	0.0%
Heat Prostration	23	0.0%	34	0.0%	22	0.0%	38	0.0%	19	0.0%
Hernia	1,639	2.0%	1,654	2.0%	1,550	1.9%	1,605	2.0%	1,452	1.8%
Infection	290	0.3%	242	0.3%	253	0.3%	266	0.3%	204	0.3%
Laceration	5,064	6.1%	4,900	5.9%	4,807	5.9%	4,832	6.1%	4,869	6.1%
Myocardial Infarction	73	0.1%	95	0.1%	96	0.1%	116	0.1%	125	0.2%
Puncture	892	1.1%	1,050	1.3%	1,006	1.2%	1,017	1.3%	937	1.2%
Sprain/Strain	30,661	36.8%	41,664	50.5%	39,317	48.2%	37,044	46.8%	35,918	45.2%
Vision Loss	16	0.0%	61	0.1%	32	0.0%	20	0.0%	15	0.0%
Other Leading Injuries**	27,639	33.2%	9,911	12.0%	13,840	17.0%	14,395	18.2%	15,646	19.7%
Occupational Diseases	1,570	1.9%	1,805	2.2%	1,738	2.1%	1,772	2.2%	1,746	2.2%
All Other Injuries	158	0.2%	440	0.5%	172	0.2%	165	0.2%	188	0.2%
Multiple Injuries	5	0.0%	8	0.0%	12	0.0%	26	0.0%	73	0.1%
Missing Data	796		105		175		290		722	
Total	84,018	100.0%	82,581	100.0%	81,808	100.0%	79,427	100.0%	80,228	100.0%

Table 4
Lost-Time Cases by Nature of Injury
Year (1992-2001) cont'd

Nature of Injury	1997		1998		1999*		2000*		2001*		1992-2001	
	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total
Amputation	400	0.5%	334	0.4%	350	0.5%	317	0.4%	297	0.5%	3,824	0.5%
Burn	1,165	1.4%	1,059	1.4%	1,075	1.4%	985	1.4%	809	1.3%	11,246	1.5%
Concussion	168	0.2%	174	0.2%	173	0.2%	174	0.2%	133	0.2%	1,779	0.2%
Contusion	9,518	11.8%	8,849	11.4%	8,348	11.0%	7,911	11.2%	6,901	11.3%	86,688	11.2%
Crushing	683	0.8%	623	0.8%	632	0.8%	630	0.9%	527	0.9%	6,268	0.8%
Dislocation	511	0.6%	536	0.7%	540	0.7%	526	0.7%	400	0.7%	5,191	0.7%
Electric Shock	168	0.2%	150	0.2%	130	0.2%	122	0.2%	105	0.2%	1,431	0.2%
Fracture	5,635	7.0%	5,562	7.1%	5,520	7.3%	5,329	7.5%	4,738	7.8%	56,390	7.3%
Hearing Loss, Traumatic	34	0.0%	47	0.1%	38	0.1%	30	0.0%	25	0.0%	311	0.0%
Heat Prostration	28	0.0%	43	0.1%	22	0.0%	21	0.0%	13	0.0%	263	0.0%
Hernia	1,357	1.7%	1,224	1.6%	1,207	1.6%	1,124	1.6%	953	1.6%	13,765	1.8%
Infection	178	0.2%	178	0.2%	195	0.3%	177	0.3%	129	0.2%	2,112	0.3%
Laceration	5,029	6.2%	5,172	6.6%	5,065	6.7%	4,685	6.6%	4,075	6.7%	48,498	6.3%
Myocardial Infarction	89	0.1%	76	0.1%	54	0.1%	48	0.1%	40	0.1%	812	0.1%
Puncture	923	1.1%	811	1.0%	885	1.2%	734	1.0%	648	1.1%	8,903	1.2%
Sprain/Strain	34,795	43.1%	33,119	42.5%	32,367	42.7%	30,200	42.7%	25,831	42.4%	340,916	44.2%
Vision Loss	13	0.0%	5	0.0%	10	0.0%	11	0.0%	7	0.0%	190	0.0%
Other Leading Injuries**	17,766	22.0%	17,253	22.1%	15,967	21.1%	14,123	20.0%	12,384	20.3%	158,924	20.6%
Occupational Diseases	1,655	2.1%	1,554	2.0%	1,429	1.9%	1,366	1.9%	914	1.5%	15,549	2.0%
All Other Injuries	229	0.3%	207	0.3%	230	0.3%	310	0.4%	347	0.6%	2,446	0.3%
Multiple Injuries	371	0.5%	975	1.3%	1,514	2.0%	1,952	2.8%	1,583	2.6%	6,519	0.8%
Missing Data	1,531		3,318		5,718		9,347		9,210		31,212	
Total	82,246	100.0%	81,269	100.0%	81,469	100.0%	80,122	100.0%	70,069	100.0%	803,237	100.0%

Sprains/strains is the leading nature of injury accounting for approximately 44% of the total for injury years 1992 through 2001.

*Preliminary reporting

**Includes angina pectoris, asphyxiation, foreign body, freezing, inflammation, rupture, severance, and vascular loss.

Source: Division of Worker's Compensation

As of July 1, 2002

Table 5
Lost-Time Cases by Injured Body Part
and Injury Year (1992-2001)

Injury Location	1992		1993		1994		1995		1996	
	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total
Head	2,514	3.0%	2,429	2.9%	2,532	3.1%	2,638	3.3%	2,579	3.2%
Neck	419	0.5%	1,201	1.5%	1,271	1.6%	1,117	1.4%	1,149	1.4%
Upper Extremities	17,777	21.5%	18,840	22.8%	19,557	24.0%	19,766	25.0%	20,502	25.8%
Trunk	4,444	5.4%	5,710	6.9%	5,354	6.6%	5,348	6.8%	5,482	6.9%
Lower Extremities	18,843	22.8%	18,539	22.5%	18,373	22.5%	17,891	22.6%	18,376	23.1%
Back Injury	21,636	26.1%	19,614	23.8%	18,894	23.1%	17,780	22.5%	17,231	21.7%
Multiple Body Parts	17,172	20.7%	16,143	19.6%	15,656	19.2%	14,608	18.5%	14,197	17.9%
Missing Data	1,213		105		171		279		712	
Total	84,018	100.0%	82,581	100.0%	81,808	100.0%	79,427	100.0%	80,228	100.0%

Injury Location	1997		1998		1999*		2000*		2001*		1992-2001	
	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total	# of Cases	% of Total
Head	2,692	3.3%	2,632	3.4%	2,552	3.4%	2,373	3.4%	2,132	3.5%	25,073	3.2%
Neck	1,107	1.4%	1,082	1.4%	1,091	1.4%	1,007	1.4%	872	1.4%	10,316	1.3%
Upper Extremities	21,238	26.3%	20,758	26.6%	20,499	27.1%	19,653	27.8%	16,906	27.8%	195,496	25.3%
Trunk	5,680	7.0%	5,653	7.3%	5,424	7.2%	4,876	6.9%	4,104	6.7%	52,075	6.7%
Lower Extremities	19,029	23.6%	18,821	24.1%	18,570	24.5%	17,454	24.7%	15,231	25.0%	181,127	23.5%
Back Injury	16,766	20.8%	15,547	19.9%	14,751	19.5%	13,509	19.1%	11,431	18.8%	167,159	21.7%
Multiple Body Parts	14,207	17.6%	13,464	17.3%	12,869	17.0%	11,900	16.8%	10,187	16.7%	140,403	18.2%
Missing Data	1,527		3,312		5,713		9,350		9,206		31,588	
Total	82,246	100.0%	81,269	100.0%	81,469	100.0%	80,122	100.0%	70,069	100.0%	803,237	100.0%

Table 5 shows that, for injury years 1992-2001, 70% of lost-time injuries occur to the upper extremities, lower extremities, and to the back.

*Preliminary reporting
Source: Division of Workers' Compensation integrated database
As of July 1, 2002

Division of Workers' Compensation Contacts

Tanner Holloman, Director
HollomanT@doi.state.fl.us
Dan Sumner, Assistant Director
SumnerD@doi.state.fl.us
Andrew Sabolic, WC Policy Coordinator
AndrewS@doi.state.fl.us
2012 Capital Circle, S. E.
Hartman Building, Suite 303
Tallahassee, Florida 32399-4220
850-488-2514 SC278-2514

David Hershel
Office of Legal Services
Hartman Building, Suite 307
850-488-9370
HershelD@doi.state.fl.us

Bobbi Markiewicz
Office of Research Services
Hartman Building, Suite 306
850-488-5838
MarkiewiczB@doi.state.fl.us

Don Davis
Office of Data Quality and Collection
Hartman Building, Suite 207
850-488-3030
DavisD2@doi.state.fl.us

Lee Pease
Bureau of Compliance
Hartman Building, Suite 100
850-488-2333
PeaseL@doi.state.fl.us

Sam Brooks
Bureau of Operations and Support
Hartman Building, Suite 107
850-488-4896
BrooksS@doi.state.fl.us

Pat Johnson
Bureau of Employee Assistance
Hartman Building, Suite 301
850-488-5201
JohnsonP@doi.state.fl.us

Gus Delaney
Bureau of Monitoring and Audit
Hartman Building, Suite 200
850-488-2031
DelaneyJ@doi.state.fl.us

