Wearable devices can prevent accidents

Wearable devices such as vests and belt clips, among others, are attracting investments from insurers who believe such safety devices can prevent workplace accidents. Some insurers even see a role for wearable devices in returning injured employees to work.

AIG, one of the largest insurers in the country, stirred a lot of interest recently when it announced its “strategic investment” in New York-based Human Condition Safety. The company is among the startups piloting sensor technology which can alert workers to impending hazards and accidents.

Insurance broker Marsh uses the following example: Consider two electricians working on construction projects. Both wrongly assume the power to the circuits they’re working on has been shut down. One taps in and suffers severe burns. Across town, in a similar situation, another worker is about to do the same when a sensor in his vest lights up and emits a high-pitched warning, alerting him the power is still on and thus allowing him to work without incident.

Sensors can be life-saving in another common scenario: if a worker wanders into the path of a forklift, sensors can warn both the wayward employee and the forklift driver. Sensors can also capture body movements and identify bad habits – such as improper lifting techniques – and help employers develop best practices to reduce injury rates, improve productivity, and promote safety.

Crane Worldwide Logistics tested one such product to measure the number of high-risk lifts performed per day – an average of 140 – and identify the riskiest time of day, which turned out to be before lunch and an hour before the end of a shift. “With additional training and real-time feedback, the Houston-based transportation and logistics services provider saw an 84% reduction in the number of high-risk lifts performed per shift,” according to Business Insurance.

“It just makes a lot of sense,” says Haytham Elhawary, CEO of Kinetic, a New York-based company that created a wearable safety device for industrial workers. “Right now the data insurance companies have is mostly after the fact – it’s once a claim has happened, once an injury has happened. (A wearable safety device) gives you data about risk, before an injury has happened. The next logical step is to gather this type of data,” he told the publication.

Some observers foresee that employers who adopt state-of-the-art devices may be

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able to secure better pricing from insurers or obtain coverage on better terms. **Business Insurance** adds one model familiar to many consumers and insurers is the way Allstate Insurance Co. promotes its Drivewise device, which drivers plug into their vehicles and earn rewards for safe driving behaviors such as avoiding high speeds and hard stops.

Aflac recently announced the launch of its newest product, Group Hospital Indemnity. Designed to provide flexible coverage for both routine medical care as well as catastrophic illnesses and accidents, this product will help employees pay out-of-pocket costs that major medical was never intended to cover.

A key feature of the new product is the ability to customize coverage with three plan levels and multiple optional benefit categories. With this flexibility, each employer can offer a plan designed to best complement their major medical plan and pay cash benefits to employees to help them cover out-of-pocket expenses on a case-by-case basis. Other enhancements such as no pre-existing condition limitations, no termination age, first-child coverage included, simplified surgical benefits, and a two-year rate guarantee are now standard product benefits. Plus, employers can build HSA-compatible plans, if desired.

In addition to Hospital Confinement, Admission and Intensive Care benefits, the base hospitalization plan will include an intermediate intensive care step-down unit benefit, which is payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury or sickness.

The Aflac Group Hospital Indemnity plan also will give employers the option to include the following:

- **Building Benefit** – This rider automatically increases the benefit amount of some of the base hospitalization plan benefits at each anniversary for five years, with no change in premium or additional underwriting. This feature was developed as a way to reward customers for their long-term commitment to the company.

- **Treatment Benefits** – Treatments covered under this benefit include outpatient doctor’s visits, telemedicine services, diagnostic exams, emergency room visits, prescription drugs, and rehabilitation facility care associated with a covered accidental injury or sickness.

- **Surgery and Anesthesia Benefits** – This benefit is payable for each day that, due to a covered accidental injury or sickness, an insured has an inpatient surgical procedure while hospitalized or an outpatient surgical procedure performed by a doctor in a doctor’s office or urgent care facility.

- **Health Screening Benefit** – Payable once per year, this benefit when included covers health screenings performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations, such as blood tests for triglycerides or certain types of cancer, vision tests, chest X-rays and immunizations.

For more information on the services available through PHTS/Aflac, please contact Adam Allen, executive vice president & chief operating officer at PHTS, at aallen@phts.com.

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**Prophet joins PHTS as client services representative**

**P**HTS welcomes Sylvia Prophett, who joined the company on Monday, March 21 in the position of client services representative. Ms. Prophett has more than 14 years’ experience in customer relationships, administrative procedures, follow-up, and document verification within the insurance industry.

As client services representative, she will be working with PHTS strategic ally Aon on the servicing of all property & casualty (P&C) clients, coordinating all coverage-related matters and renewals for members of the PHLIP liability program and Palmetto Hospital Trust, and coordinating all corporate insurance needs for the three organizations.

“We think there’s a big future in wearables,” says Adam Bellin, director of business development at Human Condition Safety. “Most safety-related data going forward will be real-time and mobile, provisioned through wearable sensors. And for the most progressive companies, we predict that real-time, onsite data will be critical to success,” he told Marsh.
Training: A healthcare security program imperative

By Ken Bukowski, VP, Healthcare, AlliedBarton Security Services

Training is well established as an essential part of a quality healthcare security program. But to be effective, training must be ongoing, relevant, tracked. Hospital administrators and those managing the contract security relationship often have security officer training questions. How much training is necessary? What if a security officer already has experience?

The importance of multi-faceted training for healthcare security officers cannot be overstated. Even if a security officer who is new to a facility has previous security experience, or perhaps worked in a similar field, such as law enforcement, training is still critical. Every facility is different and security officers must receive the appropriate training. There are three primary categories of training in healthcare security:

1) **Basic Security Officer Training** – All security officers must have training in standard security procedures such as patrolling, report writing, and access control systems. Additionally, security officers must receive training appropriate to their type of duties. For example, a security officer who serves in an ambassador capacity should receive enhanced customer service training.

2) **Industry-specific Training** – Security officers assigned to healthcare facilities or campuses must also be trained in state and federal regulations and standards, HIPAA, and infection control.

3) **Facility-specific Training** – Finally, even if security officers are up-to-date on the first two categories, they must also be trained in procedures specific to their location. One hospital’s codes and procedures, specifically those related to highly sensitive departments such as labor and delivery, might be vastly different from another hospital’s. Security officers working at a site with an emergency department must have EMTALA training. Access control, visitation policies, and safety cultures also vary by facility.

With variations among facilities or even health systems, and state regulations, as well as evolving industry best practices, it is clear that ongoing training is critical. A quality security officer services provider monitors and tracks training compliance and implements new training as procedures or regulations change. This is essential to the security team’s ability to create and maintain a safe and secure environment for staff, patients and visitors.

Mark your calendars for upcoming PHTS educational programs

On May 11, 2016 from 10:00-11:30 a.m., PHTS will host a Healthcare Huddles Webinar to facilitate captive collaboration to share member practices, expert communication advice, and content considerations. This PHLIP liability program members-only webinar will enable participants to enhance communication and use of meaningful huddle information within their organizations and to recognize how effective communication can improve patient safety. Serving as faculty will be Thea Coleman, MSN, RN, director, SC Safe Care at the South Carolina Hospital Association, and John A. Miller, Jr., LFACHE, president emeritus at the AnMed Health System.

The PHT Worker Safety Symposium is scheduled for May 12 & 13, 2016 at the Mills House in Charleston, SC. When comparing the new Federal OSHA compliance directive for healthcare to PHT data, trends, and current risk management initiatives, we found some commonalities in areas where we could assist members in enhancing and updating their current programs. Our goal is to discuss each of the five specific hazards detailed in the OSHA inspection memo and provide meaningful takeaways for Palmetto Hospital Trust members. Lodging and group meals will be provided at no cost to attendees. Each PHT member will be contacted directly regarding this invitation-only event, designed to enhance your overall worker safety program.

The PHT Claims Coordinator Workshop & Awards Luncheon will be held June 24, 2016, and a PHLIP Member Hot Topics Workshop has been scheduled for August 3, 2016. Look for more details on both of these programs in the coming month.

To register or for more information on any PHTS educational offerings, visit www.phts.com or contact Janine Wall, ARM, AIS, GBA, director of marketing at PHTS, at jwall@phts.com.
AlliedBarton Security Services hired more than 5,000 military veterans and reservists in 2015 as part of a commitment to hiring 25,000 veterans and reservists in five years. The company has hired more than 17,500 veterans and reservists since commencing this challenge in 2013.

Bill Whitmore, AlliedBarton chairman and CEO, says “Military personnel are very well-suited to the security industry and we – and our clients – value their training, dedication and leadership skills. This is an important component of our recruiting strategy, and our commitment to providing high quality, well-trained security teams to help our clients maintain safe and secure environments.”

AlliedBarton was named a 2016 Military Friendly Employer by G.I. Jobs magazine. Hire Our HeroesSM, AlliedBarton’s military hiring program, is critical to the security leader’s recruiting strategy. To reach military hiring goals, AlliedBarton works closely with military assistance groups such as the Employer Support of the Guard and Reserve, Wounded Warrior Project, Coalition to Salute America’s Heroes, the National Guard and others.

Carpenter promoted to Executive Vice President & Chief Financial Officer

R. Blake Carpenter, CPA, AIAF, CGMA, was recently promoted to executive vice president & chief financial officer, and is responsible for the financial operations of PHT Services, Ltd., Palmetto Hospital Trust, and Palmetto Healthcare Liability Insurance Program and its wholly-owned subsidiaries. Mr. Carpenter establishes and monitors procedures necessary to ensure that the records of all financial transactions are properly maintained, regulatory financial reports are filed in a timely manner, and the financial condition of the company is secure. He is also responsible for the underwriting activities of Palmetto Hospital Trust and the PHLIP liability program, and is involved in strategic planning, communications with the board, and various corporate relationships.

Mr. Carpenter earned his B.S. in Business Administration from the University of South Carolina and has more than 20 years’ experience in finance and accounting. He is also licensed as a certified public accountant (CPA) in the state of South Carolina and holds the Associate in Insurance Accounting and Finance (AIAF) and Chartered Global Management Accountant (CGMA) professional designations.

R. Blake Carpenter, CPA, AIAF, CGMA

Around PHTS

Sonya Dawkins, senior vice president, claims & risk management, attained 19 years of service on March 31.
Wendy Stephenson, vice president, risk management, attained 11 years of service on March 28.
Amy Uldrick, risk management consultant, attained two years of service on March 3.

DATEBOOK

April 6 & 7  9th Annual Transforming Health Symposium (SCHA) ++  Columbia, SC
April 7 & 8  The 2016 Credentialing Resource Center Symposium (HCPro)**  Orlando, FL
April 17-20  Estes Park Institute Conference (EPI) +/-  Chicago, IL
May 3  “Fundamentals of Medical Staff Leadership for the Professional Practice Evaluation/ Peer Review Committee” (audioconference 1:00-2:00 p.m.) (HortySpringer)+
May 11  “Healthcare Huddles” (webinar 10:00-11:30 a.m. EST) (PHLIP Liability Program Members Only)*
May 12 & 13  PHT Worker Safety Symposium (Invitation Only) (PHT Members Only)*  Charleston, SC

++ To register or for more information, contact Rosemary Thompson at SCHA at 803.744.3545 or at rthompson@scha.org
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