



Voice-of-the-Customer Initiative

WCD's Employer Survey

A summary

Workers' Compensation Division

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Highlights

Of the employers randomly selected to participate in the survey, 60 percent were covered by SAIF, 32 percent by private insurers, and 8 percent were self-insured.

The greatest number of employers were in manufacturing (24 percent), followed by services (22 percent), construction (16 percent), and retail trade (13 percent).

Eighty-two percent of the employers in the survey had fewer than 100 employees.

Nearly 50 percent of the surveys were completed by human resource/personnel managers or accountants/bookkeepers.

Eighty-five percent of employers go to their workers' compensation insurance company or agent for information.

Identified as areas of high importance and low satisfaction with information received were workers' compensation law and rule changes, return to work, time-loss disability, employee responsibilities, and claim disputes.

Employers rated information on WCD services/assistance as high in importance but low in satisfaction.

Employers are satisfied with the information they receive regarding premium rate computation and the Workers' Benefit Fund.

The Employer-at-Injury Program was the most widely used service, followed by the services of insurer loss-control consultants, the Preferred Worker Program, and training workshops.

Services employers expressed that they were not receiving, but would like to have, included training, education or written material on light-duty work, time-loss disabilities, basic workers' compensation laws, law and rule workshops, and a summary sheet of services provided by WCD.

Newsletters were identified by 74 percent of the employers as the preferred way to receive information.

Overall, 82 percent of the employers responded that they were satisfied with their experience with the workers' compensation system. Employers' overall experience with their workers' compensation insurer was satisfying 88 percent of the time.

Only 75 percent of the employers responding to the survey had an opinion about their satisfaction with their overall experience with WCD. Of these, 94 percent were satisfied.

Introduction

The Oregon Workers' Compensation Division began working on an initiative called Voice of the Customer in December of 2001. Its goals are to identify our customers' and stakeholders' priorities as they relate to workers' compensation information and services, to develop a sustainable process to measure the levels of satisfaction with our services, and to develop processes and materials for continuous input. The initiative is expected to be completed, with all processes in place, by the end of 2003.

As part of this initiative, WCD conducted surveys of WCD's primary stakeholders — employers and injured workers — in 2002. WCD developed the surveys with the help of two employer focus groups and two injured-worker focus groups. Their help was instrumental in determining topic areas for the surveys.

In August, WCD surveyed 1,068 Oregon employers to find out their priorities for information and services, how they prefer to receive information, what information and services are needed that are not currently provided, and their level of satisfaction with WCD. Over 54 percent responded within the first two weeks. Some employer associations helped get the word out and supported WCD's survey efforts. The division greatly appreciates their support. (See Appendix for survey methodology and a copy of the survey.)

Survey Results

Of the employers randomly selected to participate in the survey, 60 percent were covered by SAIF, 32 percent by private insurers, and 8 percent were self-insured. The greatest number of employers were in manufacturing (24 percent), followed by services (22 percent), construction (16 percent) and retail trade (13 percent). Ninety-six percent of the employers were in the private sector. The remainder were in local government. Eighty-two percent of the employers who responded to the survey had fewer than 100 employees.

Table 1
Employers by insurer type

<i>Insurer type</i>	<i>Number of employers</i>	<i>Percent</i>
Private	167	32
SAIF	319	60
Self-insured	42	8
<i>Total</i>	528	100

Table 2
Employers by industry groupings

<i>Industry group</i>	<i>Number of employers</i>	<i>Percent</i>
Agriculture	26	5
Mining	1	
Construction	83	16
Manufacturing	127	24
Transportation	33	6
Wholesale trade	38	7
Retail trade	69	13
Finance, insurance and real estate	11	2
Services	116	22
Local government	24	5
<i>Total</i>	528	100

**Table 3
Employer Size and Ownership**

<i>Number of employees</i>	<i>Ownership category</i>		<i>Total no. of employers</i>	<i>Percent</i>
	<i>Local govt.</i>	<i>Private</i>		
0-10	4	185	189	36
11-99	20	221	241	46
100-249	8	49	57	11
250-499	7	17	24	5
500-999	3	10	13	2
1000+	1	3	4	1
Total	43	485	528	100

Note: Due to rounding, percentage may not sum to 100%.

Nearly 50 percent of those who filled out the survey were human resource/ personnel managers or accountants/bookkeepers. Another 13 percent were safety/risk managers, and 11 percent were owners or co-owners. Eighty-five percent of respondents rated their level of knowledge about the Oregon workers' compensation system between mid-range (3) and "very knowledgeable"(1), leaving 15 percent reporting "little knowledge" (5).

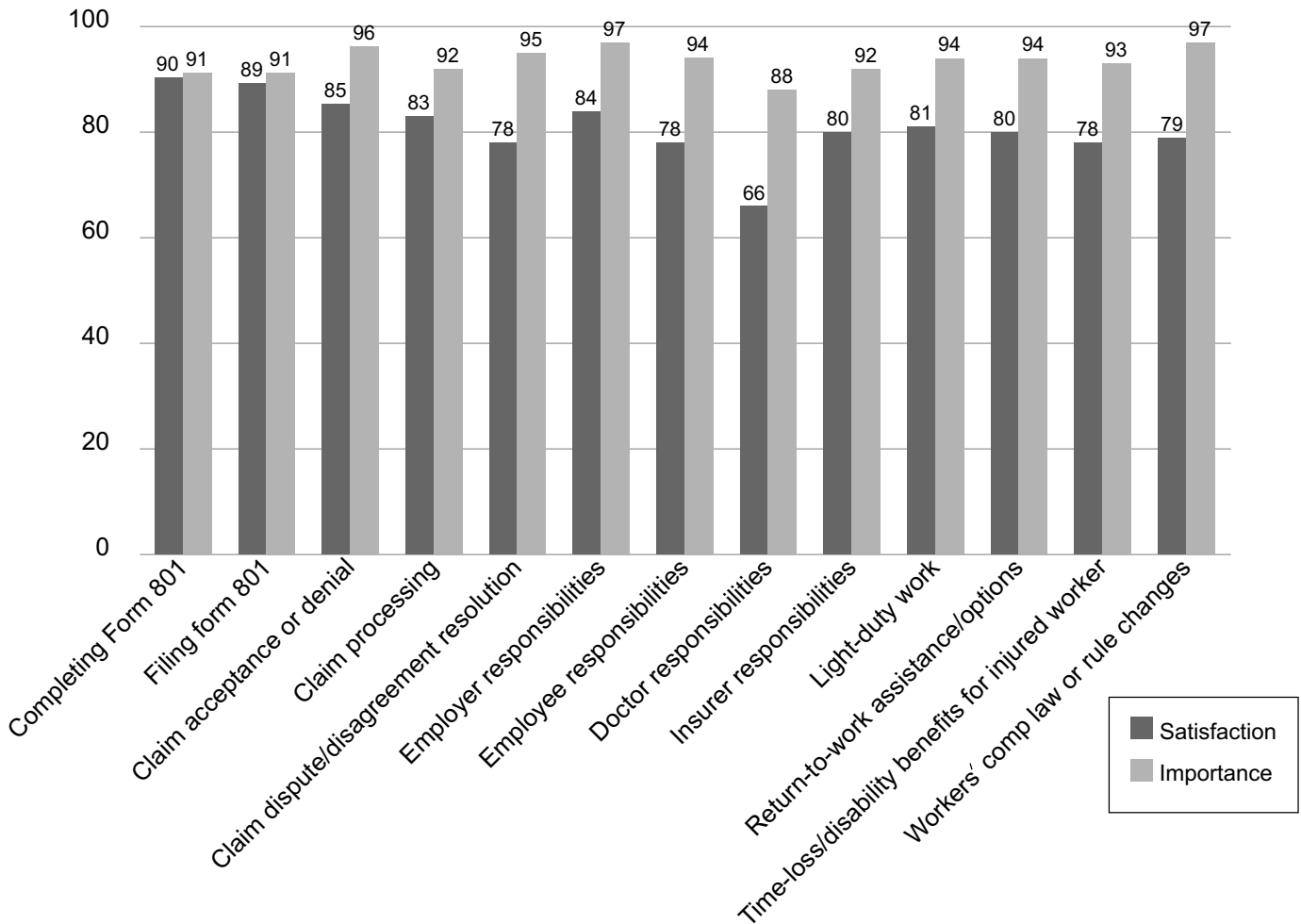
Information about the workers' compensation system is available from a variety of sources. Eighty-five percent of the employers responded that they get their workers' compensation information from their insurance company. Fifty percent got information from WCD and 36 percent through training seminars. Other top choices included Internet/Web sites (30 percent), employer associations (24 percent), and lawyers (22 percent).

**Table 4
Sources for workers' compensation information**

<i>Source of information</i>	<i>Number of responses</i>	<i>Percent</i>
WC insurance company or agent	448	85
WCD	263	50
Training seminars	192	36
Internet or Web sites	157	30
Employer association	125	24
Lawyer	114	22
Medical provider	45	9
Other employers	47	9
Other	44	8
Private consultant	42	8
Small Business Ombudsman	5	1
Unknown	6	1

WCD provides a variety of types of information to help employers understand and navigate the workers' compensation system. Employers were asked to rate their satisfaction with, and the importance of, information received in 13 areas of workers' compensation.

Figure 1
Satisfaction with, and importance of, information received



When these results were graphed, five areas of information were high in importance and low in satisfaction and indicated possible opportunities for improvement. These five areas of information are workers' compensation law and rule changes, return to work, time-loss disability, employees' responsibilities, and claim disputes.

The survey also measured satisfaction with, and importance of, information about available services or assistance. The matrix on the next page shows these results. Information on "what WCD can do for you" rated very high in importance but low in satisfaction. There appears to be a need for WCD to increase employer awareness of available services and assistance.

Figure 2
Satisfaction with, and importance of, information about services

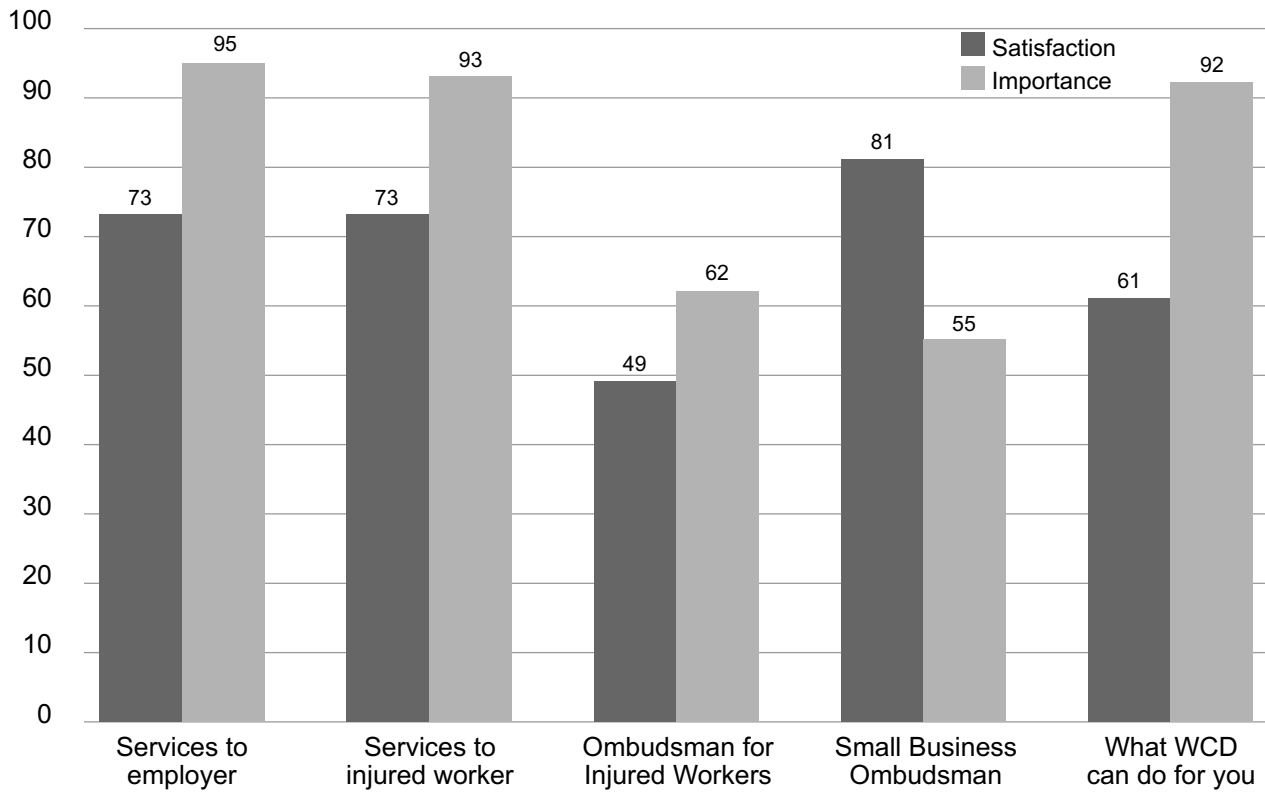
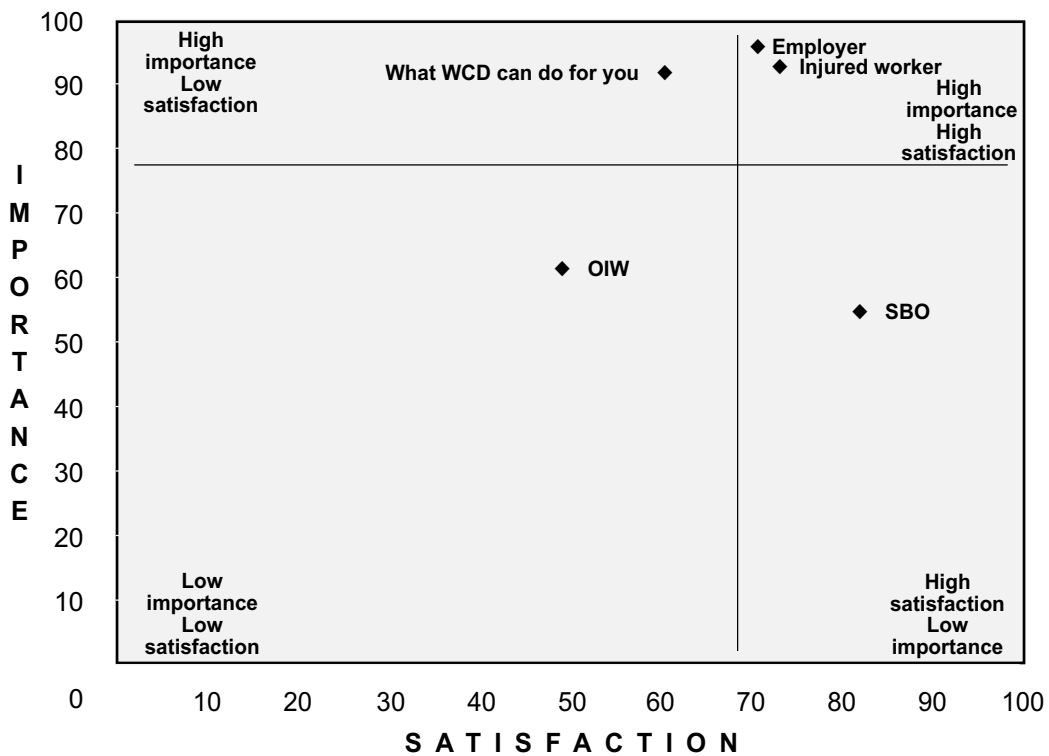


Figure 3
Matrix of satisfaction with, and importance of, information about services or assistance



Importance and satisfaction were also measured on the need for information about premium assessment and computation, the Workers' Benefit Fund assessment, and the services funded by the assessments. Survey data revealed that employers rate information on the premium rate and computation high in importance and are highly satisfied with the information available. Information about the Workers' Benefit Fund also rated high in satisfaction, while information about how the fund is used rated low in satisfaction but was also low in importance to employers.

Employers were asked to identify the services or assistance they have used. Nearly 50 percent have used the Employer-at-Injury Program. Thirty-eight percent use their insurer loss-control consultant and 38 percent also use the Preferred Worker Program. Training workshops (36 percent), Internet/Web sites (33 percent), and toll-free phone numbers (30 percent) also ranked high in use by employers. While 38 percent indicated that they used the Preferred Worker Program, only 2 percent use this program's on-line Job Match. This service is new and employers may not be aware of its existence. It is also interesting to note that 33 percent of employers who responded use the Internet/Web sites, but only 10 percent use the e-mail notification/Web board. Overall, 15 percent reported that they used none of the services, which may point out the need for increased outreach in multiple areas.

Of the services used, employers identified which were the most helpful. Not surprisingly, the top five most helpful services were the same top five services used by employers. Other services identified by employers included their workers' compensation insurers, associations such as Associated General Contractors (AGC), the Oregon Self-Insurer Association (OSIA), Oregon OSHA, and the OR-OSHA AV Library and Resource Center.

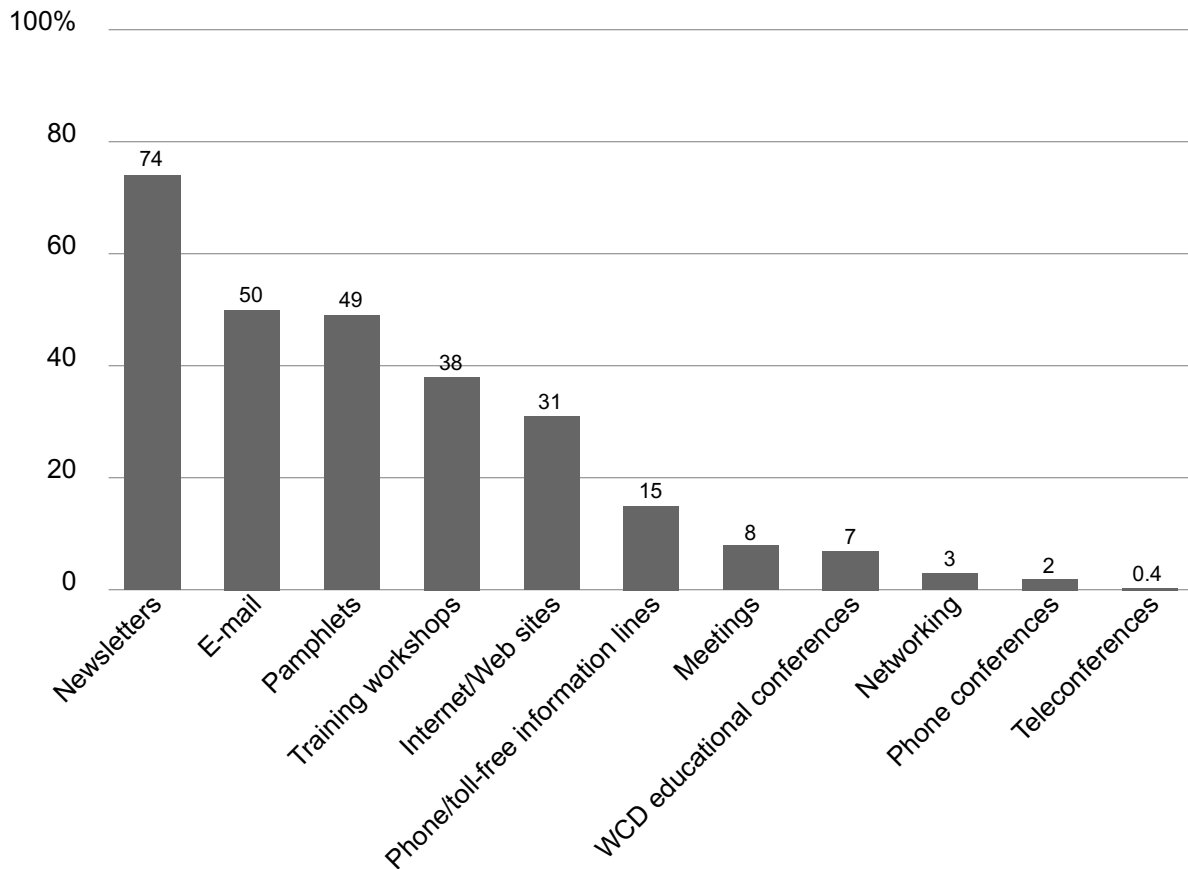
Table 5
Service or assistance used by employers

<i>Service or assistance</i>	<i>Number who used this service or assistance</i>	<i>Percent</i>
Employer-at-Injury Program	247	49
Insurer loss-control consultant	192	38
Preferred Worker Program	189	38
Training workshops	179	36
Internet/Web sites	164	33
Toll-free phone numbers	153	30
Worksite modification	113	22
Legal assistance	106	21
Employer/Doctor/Insurer fraud or abuse investigation	91	18
Private consultant	63	13
WCD benefit consultants	31	6
WCD annual Educational Conference	21	4
Ombudsman for Injured Workers	16	3
Preferred Worker Program's on-line Job Match	9	2
Small Business Ombudsman for Workers' Compensation	5	1
None	73	14

Employers were asked to identify services or information that they need but are not receiving. While they provided a wide variety of suggestions, the greatest number of suggestions were for various types of training, education, or written material. Some of the areas identified for additional training included light-duty work, time-loss disabilities, basic workers' compensation laws in Oregon, a summary sheet of services, annual law and rule training workshops, and more training workshops in general.

Seventy-four percent of employers identified newsletters as the preferred method for receiving information. E-mail ranked second (50 percent) followed by pamphlets/manuals (49 percent), training workshops (38 percent), and Internet/Web sites (31 percent). The least-preferred methods for receiving information included teleconferencing, phone conferences, and networking.

Figure 4
How employers prefer to receive information



Employers were asked to rate their interest in receiving additional training on workers' compensation issues. Thirty-seven percent were very interested and 48 percent were somewhat interested. The remaining 15 percent were either uninterested or undecided.

When asked what they would be interested in learning more about, employers ranked keeping workers' compensation costs down (66 percent), employer responsibilities (58 percent), law and rule changes (57 percent), and services available to employers (53 percent) as their top choices. Other suggestions provided by employers included information on non-complying employers, the hearing-request process, completing the OSHA log of occupational injuries and illnesses, and how to treat fraud cases.

When rating their overall satisfaction with workers' compensation system experience, 82 percent indicated they were satisfied or very satisfied. Employers' overall experience with their workers' compensation insurer was satisfying 88 percent of the time. Twenty-five percent of the employers had no opinion regarding their overall experience with WCD. Of the 75 percent that had an opinion, 94 percent were satisfied.

In answer to the question “what would you change about the workers’ compensation system,” a wide variety of suggestions were provided. The most frequently offered suggestions included increased awareness and investigations of fraud and abuse; reduction in paperwork, particularly the multiple-page 801; issues relating to light duty; changes to the method for calculating time loss; and issues related to claim-processing time. Employers were also asked to identify the one thing WCD could assist them with. Again, the answers were numerous and widely varied. Fraud and abuse assistance, return-to-work programs and incentives, claims management, and reducing costs were some of the major categories. Training and education, particularly relating to forms; law and rule updates; workers’ compensation basics; and general updated information were also suggested.

Conclusion

This employer survey was well-received by employers, who provided valuable information for WCD to consider as it works to improve information, processes, and services. As input from customers and data from performance measures are received, WCD’s next step is to determine where and how to direct resources to make positive changes for our customers and for the workers’ compensation system.

Appendix

Methodology

Two focus groups were held to provide input into drafting the survey. One group of six employers met with WCD March 5, 2002, in Portland. The second group of seven employers met March 8 in Salem. The employers shared their experiences and issues around workers' compensation, both coverage issues and claims processing/management issues. From their input, the survey was developed. The same employers were used to test the survey and answer additional questions to help improve the survey's design.

After making changes to the survey based on the test, criteria for a sample group of employers were developed. A random sample of 1,068 employers who had two or more accepted disabling claims with a date of injury between 1-1-00 and 12-31-01 and a principal place of business in Oregon were selected. Employee-leasing companies were included in the survey. Client employers were excluded because the leasing company is considered the employer. Local government was included, but state government was excluded. Among the reasons to exclude state government was in how it differs from typical employers. The State of Oregon is considered one employer and has no control as to who carries their workers' compensation insurance. The Department of Administrative Services is the main overseer of risk and claims management for state agencies.

The number of survey responses needed for a statistically valid survey was 356. This was the number needed to adequately represent all of the employers meeting the selection criteria, at a 95 percent confidence level with a margin of error of plus or minus five percent. To ensure that at least 356 responses were received, the survey was mailed to three times the number of employers needed, resulting in a total of 1,068 surveys mailed.

The first mailing was sent August 15, 2002. Respondents could reply by Internet or by mail. Only 4 percent chose to respond electronically. Response was high, with 45 percent received by August 23, 2002. The final response rate was 54 percent, much higher than anticipated.



Employer Survey

Thank you for filling out this survey. Your answers will help us improve our information and services to employers.

You may fill out this survey in writing, or you can fill it out electronically by going on the Internet at www.oregonwcd.org/employersurvey.html. It is important to use the ID number listed on the cover letter you received. Your personal information will be kept confidential. Answers to the survey will be summarized for reporting purposes.

If you have any questions about this survey, please contact Kara Null at (503) 947-7523 or send e-mail to kara.r.null@state.or.us. Please complete the survey by August 30, 2002.

1. **What is the ID number from the survey cover letter you received in the mail?** _____

2. **What is your position in your company/organization?** (Check the **one** that best fits.)

<input type="checkbox"/> Owner/Co-owner	<input type="checkbox"/> President/CEO/CFO	<input type="checkbox"/> Mid-level manager/line supervisor
<input type="checkbox"/> Safety/risk manager	<input type="checkbox"/> Executive assistant/office specialist	<input type="checkbox"/> Personnel specialist
<input type="checkbox"/> Human resources/personnel manager	<input type="checkbox"/> Plant manager/operations manager	<input type="checkbox"/> Accountant/bookkeeper

3. **Please rate your knowledge of the Oregon workers' compensation system:**
 Very knowledgeable..... Little knowledge

1	2	3	4	5
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4. **Where does your company/organization get information about workers' compensation?** (Check all that apply.)

<input type="checkbox"/> Central Business Registry	<input type="checkbox"/> Other employers	<input type="checkbox"/> Workers' compensation insurance company/agent
<input type="checkbox"/> Employer association	<input type="checkbox"/> Private consultant	<input type="checkbox"/> Other
<input type="checkbox"/> Internet/Web sites	<input type="checkbox"/> Small Business Ombudsman	<input type="checkbox"/> Unknown
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Training seminars	
<input type="checkbox"/> Medical provider	<input type="checkbox"/> Workers' Compensation Division	

The Workers' Compensation Division (WCD) produces a variety of information to help employers understand and navigate the workers' compensation system.

5. Please rate the following. (Check **one** for each item.)
How important is it for you to have information on:

	Very important	Important	Unimportant	Very unimportant	No opinion
a. Completing Form 801 (Report of Injury or Illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Filing Form 801	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Claim acceptance or denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Claim processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Claim dispute/disagreement resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Employer responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employee responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Doctor responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Workers' comp. insurer responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Light-duty work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Return-to-work assistance & options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Time loss/disability benefits for injured workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Workers' compensation law or rule changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please rate the following. (Check one for each item.)

How satisfied are you with information you receive on:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Didn't receive
a. Completing Form 801 (Report of Injury or Illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Filing Form 801	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Claim acceptance or denial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Claim processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Claim dispute/disagreement resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Employer responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Employee responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Doctor responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Workers' comp. insurer responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Light-duty work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Return-to-work assistance & options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Time loss/disability benefits for injured workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Workers' compensation law or rule changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please rate the following. (Check **one** for each item.)

How important is it for you to have information on:

	Very important	Important	Unimportant	Very unimportant	No opinion
a. Services available to employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Services available to injured workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Services of the Ombudsman for Injured Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What the Workers' Compensation Division (WCD) can do for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please rate the following. (Check **one** for each item.)

How satisfied are you with information you receive on:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Didn't receive
a. Services available to employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Services available to injured workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Services of the Ombudsman for Injured Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Services of the Small Business Ombudsman for Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What the Workers' Compensation Division (WCD) can do for you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rate the following. (Check **one** for each item.)

How important is it to have information on:

	Very important	Important	Unimportant	Very unimportant	No opinion
a. Premium assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Premium computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Workers' Benefit Fund assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What assessment money pays for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please rate the following. (Check one for each item.)

How satisfied are you with the information you receive on:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Didn't receive
a. Premium assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Premium computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Workers' Benefit Fund assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What assessment money pays for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. **What workers' compensation services/assistance have you used?** (Check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> E-mail notification/WebBoard | <input type="checkbox"/> Private consultant |
| <input type="checkbox"/> Employer-at-Injury Program (an early return-to-work program with monetary incentives) | <input type="checkbox"/> Small Business Ombudsman for Workers' Compensation |
| <input type="checkbox"/> Employer/Doctor/Insurer fraud or abuse investigation | <input type="checkbox"/> Toll-free phone numbers |
| <input type="checkbox"/> Insurer loss-control consultant | <input type="checkbox"/> Training workshops |
| <input type="checkbox"/> Internet/Web sites | <input type="checkbox"/> WCD annual educational conference |
| <input type="checkbox"/> Legal assistance | <input type="checkbox"/> WCD benefit consultants |
| <input type="checkbox"/> Ombudsman for Injured Workers | <input type="checkbox"/> Worksite modification for returning injured workers to work |
| <input type="checkbox"/> Preferred Worker Program (a return-to-work program) | <input type="checkbox"/> None |
| <input type="checkbox"/> Preferred Worker Program's on-line job match | |

12. **Of the services you used, which were most helpful?** (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> E-mail notification/WebBoard | <input type="checkbox"/> Private consultant |
| <input type="checkbox"/> Employer-at-Injury Program | <input type="checkbox"/> Small Business Ombudsman |
| <input type="checkbox"/> Employer/Doctor/Insurer fraud or abuse investigation | <input type="checkbox"/> Toll-free phone numbers |
| <input type="checkbox"/> Insurer loss-control consultant | <input type="checkbox"/> Training workshops |
| <input type="checkbox"/> Internet/Web sites | <input type="checkbox"/> WCD annual educational conference |
| <input type="checkbox"/> Legal assistance | <input type="checkbox"/> WCD benefit consultants |
| <input type="checkbox"/> Ombudsman for Injured Workers | <input type="checkbox"/> Worksite modification for returning injured workers to work |
| <input type="checkbox"/> Preferred Worker Program | <input type="checkbox"/> None |
| <input type="checkbox"/> Preferred Worker Program's on-line job match | |

13. **Please list any other services you've used:** _____

14. **What services or information do you need but aren't currently getting?** _____

15. **Please check the 3 ways you most prefer to receive information.** (Check up to 3 only.)

- | | | |
|---|--|---|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Newsletters | <input type="checkbox"/> Teleconferencing |
| <input type="checkbox"/> Internet/Web sites | <input type="checkbox"/> Pamphlets/manuals | <input type="checkbox"/> Training workshops |
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Phone/toll-free information lines | <input type="checkbox"/> WCD educational conference |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Phone conferences | |

16. **How interested are you in receiving additional training on workers' compensation issues?** (Check *one*.)

- Very interested Somewhat interested Uninterested Undecided

17. Which of the following would you be interested in learning more about? (Check all that apply.)

- Administrative rule process
- Employer responsibilities
- Filling out the 801 form (Report of injury or illness)
- Fraud and system abuse investigations
- How to be part of advisory committees
- Keeping workers' comp costs down
- Law and rule changes
- Light duty requirements
- Overview of the workers' comp system
- Preferred Worker Program
- Services available to employers
- Return-to-work programs
- WCD regulatory activities
- WCD's role and purpose
- Workers' compensation assessments
- Workers' comp insurance coverage
- Workers' Compensation Management/Labor Advisory Committee (MLAC)
- None

18. What other information would you be interested in? _____

19. Please rate your overall satisfaction

with the following: (Check *one* for each item.)

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	No opinion
a. Your experience with the workers' comp system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your experience with your workers' comp insurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your experience with the Workers' Compensation Division (WCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Based on your experience, what would you change about the workers' compensation process?

21. If WCD could only assist employers with one thing, what would you want it to be?

22. Do you have any additional comments about your experience with workers' compensation?

Thank you for completing this survey. Please place it in the postage-paid envelope and mail it by August 30, 2002. For questions, contact Kara Null at (503) 947-7523.

Department of Consumer & Business Services

Oregon Workers' Compensation Division

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