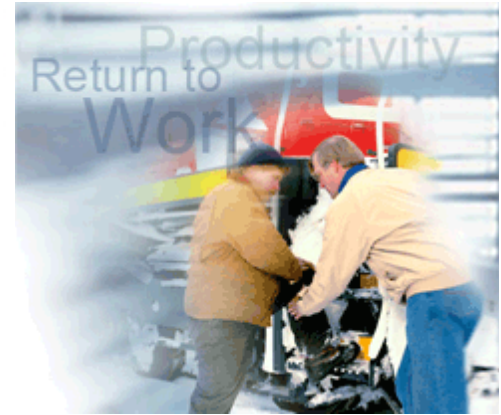




**DSI Work Solutions**  
*Concepts that work. Solutions that last.*



## Work Solutions Insight

Your work injury management newsletter April 2008

Archived: [October 2007](#)  
[March 2007](#)  
[September 2006](#)  
[June 2006](#)

### THE INJURY LIFE-CYCLE

Excerpts from the DSI National Conference presentation by Manny Kiesser, Cast Health Manager, Disneyland Resort, Anaheim CA

Mr Kiesser, speaking from an employer viewpoint, analyzed the issues regarding a less-than-effective approach to solving work injury problems. He presented a road map for creating a safe and healthful workplace.

His main points:

#### Recognizing the foundation of health or injury

- A job is designed before anyone is hired into it. That design has inherent hazards that could lead to injury
- People have inherent capabilities and limitations *AND* these limitations can be assessed and modified in the hiring and training processes. Failure to achieve a “**right fit**” between worker and the work can lead to injury
- Working safe is, at its core, simply maintaining the “right fit” between the worker and the work
- Injuries happen when there is a “wrong fit” between the worker and work, or because of design hazards or deviations from design conditions

#### Initial treatment and Return to Work

- The initial response to work injury sets the pace for final outcomes. The three keys are **conscious, proactive and informed** decision making to maintain at work or begin early return to work
- Once there is lost time, it leads to lack of case coordination, contested claims and possible disability. A life is changed forever

#### Mistakes made...and which can be changed

- Costs rise when work injury is run by many specialists, has seen prolonged loss of the “regular work” and has contested claims
- Failure to prevent injury or provide early return to the original job creates an expensive bad result instead of an inexpensive good result

#### Learning Points for the employer and all parties

- The cheapest injury is the one that doesn't happen
- Managing the injury life cycle involves three main tasks: **Prevent, respond and recover**
- Provide subject matter experts to support front-line leaders
- Coordination among roles can be as important as the roles themselves

The injury prevention and management process is like a roadmap: It:

- Is a guide, not the journey
- Has lots of blank spaces
- Does not have all the details

.....and you still have to ask the locals for directions!!

## **IMPROVING RETURN TO WORK PROCESSES: TWO EXPERT POINTS OF VIEW**

**From the DSI Work Solutions national conference, Chicago IL Oct 2007**

Two leadoff speakers at the DSI Chicago conference addressed how return to work can be viewed and improved within industry. A leading Liberty Mutual researcher and a corporate medical director made strong points had have mutual application.

### **WILLIAM SHAW PhD, LIBERTY MUTUAL**

**Subtopic: Why Supervisors and Workers have difficulties in creating a positive return to work situation:**

McClellan, Pransky et al, J Occup Rehabil 2001;11:33-41

**Supervisors believe** their job duties regarding injured workers have this ranking:

1. Complete injury report (90%)
2. Assess validity of claim (65%)
3. Protect company (53%)
4. Communicate with worker (41%)
5. Include worker (30%)

Significant challenges

- Encouraging early reporting
- Documentation without blame
- Unhelpful physician restrictions
- Co-worker support
- Job performance issues

**Employee primary concerns** about RTW (percentage of responses equals 100%)

1. 51% coping with pain and medical problem
2. 16% resuming heavy physical tasks
3. 6% resuming other job demands eg. Speed, quality, role
4. 27% obtaining help if needed

Dr Shaw indicated that understanding how different stakeholders view return to work helps us design more effective methods and training.

### **Comment: Sue Isernhagen, DSI Work Solutions**

Supervisors do not mention early return to work as a major goal although the workers are thinking about it. With administrative tasks, protecting the company, and handling unhelpful medical information (restrictions), there is a lack of recognition of 4 basic needs expressed by the worker.

Supervisor training can help, but information is also needed. Neither the supervisor nor the worker has objective information on what the worker can do and how return to work can be productive. This information on which job tasks are able to be done safely may help allay blame, increase co-worker support, create worker confidence and allow productive work matches to be done.

### **BRUCE SHERMAN MD, MEDICAL DIRECTOR GLOBAL SERVICES, GOODYEAR TIRE AND RUBBER CO.**

**Subtopic: Improving Return to Work (RTW)**

Impeding effective return to work within industry are legacy beliefs:

1. Provider: They can go back to work once they are *fully recovered*
2. Employee/patient: I don't want to risk worsening the injury
3. Employee/patient: I am going to have to work beyond my restrictions
4. Supervisor: We don't have transitional duty jobs
5. Management: each plant can decide how they want to handle RTW

Triggers to Evolve RTW strategy

- High workers compensation costs
- Disability pension application increases
- Focus on increased production capacity

Evolving RTW strategy

- When managed properly, RTW can benefit all involved
- Shift mindsets to optimize productivity
- An objective process is essential and will facilitate consensus
- Provide a consistent methodology that is understood and accepted by all involved
- Incorporate into existing on-site services

#### Key outcome objectives

1. Develop standardized approach to RTW
2. Incorporate RTW as integral part of medical treatment strategy
3. Primary goal is RTW to existing job, with modifications
4. Alternative positions, only if necessary
5. Make work meaningful

#### The specifics

- Based on job-specific physical demands: systematic physical requirements analysis at task level: sign off by employees and supervisor
- Job specific physical testing = functional match: focused on current work and body part restrictions
- Provides objective measure of ability to work
- Ongoing evaluation: facilitates advancement of physical duties
- Serial measurements maintain focus on RTW
- Feedback for provider relative to treatment efficacy

#### Summary: Lessons learned

1. Communicate, Communicate, Communicate
2. Engage stakeholders during implementation process
3. Be clear as to how each will benefit from RTW change
4. Open discussions enhance acceptance

## DECREASING WORK INJURY AND COSTS

By Dennis D. Isernhagen PT, President DSI Work Solutions inc

It is exciting to see an increasing interest by employers and healthcare professionals in finding more effective ways to prevent and manage work injuries. With high costs of healthcare, an aging workforce and needless disability, the traditional work injury management model is not working well. Because of the complexity of this issue, no one discipline can provide a total solution. In addition, the uniqueness of each company because of their location, history, culture and resources make it impossible to implement a generic process that will meet the needs of all parties concerned.

Preventing and managing work related injuries requires a “process” that involves all disciplines and workers. It is a “team” event that requires the expertise of individuals focused on the same goals. Each player needs to be aware of and respect the abilities of the other players. Goal setting involves the input and buy-in of all players. At the core of the process is the ability to match the worker to the work to insure safety and capability. For example, the financial and production managers’ goals are productivity, but they often don’t realize that lost and light duty time removes productive people. Medical professionals have the goal of making a person well again but don’t realize that return to work should be a primary goal also. The safety team may have a goal of reducing OSHA recordables, but they don’t realize that workers who are afraid to report injuries often go on to have far greater severity of their problem. Thus, managers, human resources, health services, production, safety, workers’ compensation and disability managers meet to meld their needs into one productive goal of **reducing injuries and their costs**.

After the goal is agreed upon, these steps are used to implement a successful program

- Analyze current processes, injuries and losses. Document specifics to use as benchmarks. Identify what each stakeholder needs in order to function better.
- Develop a team plan listing the goal, what needs to be done, who needs to do it and the timeframe. Create a “to do” list for each of the stakeholders.
- Implement and work the plan.
- Continually review progress against the plan. Make changes when and where needed. A successful “process” is continually changing and evolving to meet the current needs.

In addition to creating outcomes from the goals set, there are other important byproducts. Workers will appreciate the attention to their safety, health, and capability. This brings productivity and loyalty. Managers will find better

coordination and cooperation among themselves and the workers. Production will be improved. The injury reduction and improved return to work processes will form a base of economic strength for competitive advantage in the world economy which benefits both the company and the workers.

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## **ESTIMATING THE COSTS OF OCCUPATIONAL INJURIES AND ILLNESSES: the impact on a company's profitability**

**By Scott Ege, PT MS, Ege WorkSmart Solutions PC**

It's no secret that occupational injuries and illnesses continue to have an impact on the bottom line financial performance for employers. The results of this impact are often either positive or negative, depending on the employer's safety performance. We also know that the "tall pole" related to the most common occupational injuries and illnesses are related to musculoskeletal disorders (MSDs). According to the Bureau of Labor and Statistics, employers spend an estimated \$13 – 20 billion per year on MSD-related conditions. This cost consists of both direct and indirect costs.

Common solutions to addressing the "MSD dilemma" include job function matching strategies, ergonomics, early intervention, or even case management. Regardless of what solution(s) an employer implements, the ultimate result must demonstrate some level of positive performance.

OSHA recently released an e-tool to assist consultants and/or employers in estimating the "total" costs of occupational injuries and illnesses and the impact on a company's profitability. This interactive program is called "\$afety Pays". It can be accessed via the web at [OSHA Small Business Assistance > Safety Pays Program](#). This system uses a company's profit margin, the AVERAGE costs of an injury or illness, and an indirect cost multiplier to project the amount of sales a company would need to generate in order to cover those costs. Businesses can use this information to predict the direct and indirect impact of injuries and illnesses and the estimated sales needed to compensate for these losses.

According to the website, the "[Safety Pays](#)" program will:

- Offer choices from a set of Lost Work Day injuries and illnesses based on either workers compensation costs or type(s) of injuries
- Prompt users for data points to do the actual analysis
- Allow users to input the actual loss figures or workers' compensation costs
- Generate a report of the costs and the sales needed to cover those costs

While the tool isn't perfect, it is of great assistance in dealing the dollars and cents of work-related injuries. Users can browse through the "Background" tab to become more familiar with the development of the \$afety Pays program. Other similar e-tools can be found at the following websites:

- [How To Compute Your Firm's Incidence Rate for Safety Management](#)
- [Injury & Illness Incidence Rate Calculator and Comparison Tool](#)
- [Liberty Mutual - Incidence Calculator](#)
- [Wausau Incidence Calculator](#)