



DSI Work Solutions
Concepts that work. Solutions that last.

Work Solutions Insight

Your work injury management newsletter March 2007

A perspective on working with chronic illness by Rosalind Joffe

We would like to introduce you to Rosalind Joffe, a job coach for those with chronic illness. The following is an excerpt from her monthly eNewsletter. To subscribe to others please go to: www.cicoach.com

Susan works as a director in the Corporate Development Division of a large insurance organization. She has diabetes. When her daughter was born, she took 3 extra months of unpaid leave. Her supervisor, Mary told her at that time that it was fine and that it wouldn't be a problem.

Several months later, Mary promoted Susan to a role that required frequent travel and late meetings she expected Susan to be flattered and happy to get this assignment, especially since she'd just taken so much time off.

But Susan was angry. Why would Mary ask more of her given a new baby and her health? Susan felt that she had to prove that she could do it, so she agreed to the promotion.

In fact, Susan has found it very difficult to stay healthy. She's always tired and stressed. Travel and dinner meetings with clients make it difficult for her to eat well and exercise. Periodically, she gets sick and needs time off. Susan really wants to go back to her old job in the Finance Division. But she hesitates for two reasons. First, she thinks Mary would feel she's let her down after tolerating her absences, and she worries that Mary could block future career moves. Secondly, she doesn't want to lose her hard won position on the "fast track career ladder".

On the other hand, her relationship with Mary has become increasingly strained. Mary, trying to sound concerned, comments about Susan's bad health while continuing to pile on the work. Recently, when they discussed Susan's goals and deliverables, Mary told her that her work had been sliding for a long time and she was worried about her. Mary even asked her if she was being realistic about her health. Susan was furious that she would pry and stated that she's healthier than ever. The conversation ended with Susan taking on more than she had planned.

Both parties are trying to do what they think is best but they're traveling a slippery slope.

Here are some "tips" for Mary, the supervisor:

- 1. When an employee tells you that she has a health problem, let her know that you expect her to take care of her job and her health.** She can't do her job successfully if she can't manage her health. Encourage her to

tell you what she needs to do her job well and address the challenges together.

2. **Encourage the employee to be proactive.** From the outset, make it clear that it's her responsibility to figure out what she needs to do the job. Ask her to come back with some ideas. If she says it's under control, respect her boundaries.
3. **Focus on outcomes rather than causes.** If you see performance slipping, let her know that you expect her to fix it. Let her know your expectations and that you will give her the support she needs. Accommodations that allow a person to perform at a high level does not mean lowering the bar.

Here are some "tips" for Susan, the employee:

1. **Be honest with yourself about your performance.** Don't fall into the trap of thinking that you have to deliver more than others to prove that you can. Recognize that you do have to meet the standards. Keep your goals in line with the organization and recognize if you're falling short.
2. **Know what you need and be willing to ask for it.** Don't assume that your boss knows what you need because she knows that you have a chronic illness. When the situation no longer feels under control, figure out what accommodations would allow you to continue doing your job well.
3. **Be realistic about what you can do.** Don't wait for others to tell you that your performance has slipped or until you've lost the good will and support you need. If the nature of your job makes it difficult to maintain your health, think about your options. Can you afford to wait until your health might improve? Or, is it better to make a career move while it's still your choice? These are tough questions, but they must be asked.

In summary, everyone involved needs to set honest and realistic goals. Clear communication is needed for mutual respect and work continuance. The same standards that should be demanded throughout the workplace.

TAKE CONTROL OF WORK INJURIES:

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

Work injury professionals are often too busy managing work injury costs instead of putting in methods to control them. Companies have seen an astonishing increase in both workers' compensation medical costs and healthcare costs. The good news is that during the past 10 years the rate of injuries has decreased by an average of 2.8% per year. The bad news is the overall cost of injuries has increased by 6.4% per year. Insurance premiums had been increasing by an average of 4% per year up until lately when they many exceed a 10% annual increase.

To counteract those costs, it is necessary to proactively analyze and control. Companies who are successful at reducing their costs use methods that are rigorous, based on objective information and are improved by analyzing outcomes. Successful work injury prevention and management systems include the following characteristics:

1. **Analysis:** The first step is to identify and define the issues. This can be done by looking at the past work injury history of the company such as OSHA records, workers' compensation loss reports, and absentee records that will identify where the costs are. The second step is to identify the current processes that are used to manage work injuries and what prohibits them from operating at their optimum capability. Attention should focus on how returns to work decisions are made. Is the information objective or "gut feeling" or "estimate"? One area that drives hiring and stay at work/return to work decisions is how do we know if a person is capable of doing their job with the physical abilities they have? This can only be done when we

know what the physical requirements of the job are and what the worker's physical capabilities of performing the job safely (matching worker to work). This needs to be objective and defensible.

2. **New process development.** A plan needs to be developed by key stakeholders. Without input there cannot be ownership and without ownership there will not be support of the plan. A strategic planning meeting should consider all the aspects of the analysis and focus on changes in process that would provide a more effective outcome for each injured worker. This process should not only indicate what needs to be done but who will do it and when it will be completed. This adds measurable accountability to the new process..
3. **Protocols** – The solutions cannot become a part of the company's ongoing process until there are formal policies, procedures and business rules developed. Each step needs to be clearly explained, documented and supported by the key players so that it become a part of the company's culture and standard operation. This insures the methods will stay in place even with personnel turnover.
4. **Communication:** – Key players should communicate to make sure that the “new process” is being following and that decision-making information is available. There should be a flow from one professional to the next, all directed toward early and safe return to work.
5. **Outcome driven, continual monitoring** – Ongoing data analysis measures the effectiveness of the process. This will identify when there is a resolution to the issue and when there needs to be a modification of the solution. It will help identify and priorities other areas that need attention.

Both managers and workers can appreciate the benefits of a proactive, cohesive, consistent process that avoids “reaction” to problems and instead focuses on good outcomes that are fair to all parties.

There is no end to a successful process

HIGHLIGHTS FROM DSI NATIONAL CONFERENCE

The DSI Work Solutions held in Denver in Nov 06 provided some very interesting and well-received topics. Speakers were dynamic and the information targeted the future in determining fitness for duty in all phases. The conference was attended by medical professionals, physicians, therapists and nurses, as well as by employers which representatives from in house case managers to national safety directors to HR.

Chad Demulling: Corporate Safety and Risk Control Manager for Weather Shield Mfg. Chad reported the excellent outcomes from both the Job Function Matching process for return to work and also the effective ergonomic and post offer testing program for injury prevention. Because of the team work within the company as well as outside teams of Nancy Bellendorf, occupational therapist; Dennis Isernhagen DSI consultant, and the local medical teams, the national window and door manufacturer saw significant reductions in injuries, lost days and restricted days.

Dennis Isernhagen: DSI Work Solutions inc. highlighted the **process** that is necessary to effect change in work injury management and prevention. He and Debbie Reed PT of Advanced Rehabilitation discussed the experience in working with a national aluminum foundry to bring together the stakeholders within a company to improve an internal system for early return to work.

Jamie Cox MD: MD and Chief Medical Officer, Workers Compensation Board, Nova Scotia, Canada. Through strong commitment to changing the paradigm of workers compensation, Dr. Cox worked closely to implement guidelines with the medical and rehabilitation community in Nova Scotia. He presented the functional and return to work focus he facilitated as well as the excellent outcomes in savings within the system.

Susan Abeln MPH, ARM, PT: Strategic Health Alternatives, San Clemente CA.

Susan answered the important question of how to collect, analyze and measure work injury data to understand

where an industry is and what it has accomplished after implementing a new cost reduction program. Some of the data demonstrated in her talk was OSHA records, workers compensation indemnity costs, lost days, restricted days and relative graphing of case longevity. Using these points, she showed outcomes from a large health system in CA who put into place a Job Function Matching (JFM) program with positive results and an immediate return on investment of nearly 3:1.

Susan Isernhagen: DSI Work Solutions inc.

Employee Health Services and Risk Management in the large CA health system put into place the early return to work program with JFM. By analyzing job requirements and putting these in form of a work-specific tests, workers were returned to work much faster. Leaders were the Health System Risk Management, EHS management with the NP and therapist team, physicians, and supervisors with worker and CFO support. The health system already had effective transitional duty to minimize lost days, so the greatest savings were in the transitional duty budget (30% reduction in days) and a substantial savings on medical care. Once the worker was back to work, medical care diminished.

The next newsletter issue will feature the highlights from Andy Wood, Manager of Health Promotion and Ergonomics, General Mills; Russell Green MD Medical Director of Bailey Medical Center Occupational Medicine along with occupational rehab specialists Libby McCoy, Scott Ege, Ginnie Halling and Curt DeWeese.

**ANNOUNCING DSI NATIONAL CONFERENCE
FUNCTIONAL FITNESS FOR DUTY II
CHICAGO IL
OCTOBER 26-27**

Building on DSI's dynamic multidisciplinary conference of 06, Susan and Dennis Isernhagen announce that their national conference will present a continuation of the topics that sparked such positive response from its participants.

Again, the speakers and attendees will be a mix of
Medical professionals: physicians, therapists, nurses, exercise specialists
Employer professionals: Safety, Human Resources, Managers
Case Managers, insurers, regulators.

Topics highlighted:

- Newest outcomes from Early return to work/job matching
- Employer initiatives to cut lost and restricted days
- Preventing psychological work disability
- Aging workforce and maintenance of productivity and health
- Ergonomic interventions
- Onsite medical care
- Legal issues on functional testing
- An interactive fireside reception with speakers and participants

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A NEW ERGONOMIC “SIDEPACK” CAN REPLACE THE STRESSFUL BACKPACK

There is a new ergonomic carrying system designed by a physical therapist. It puts the loads on the sides of the wearer rather than on the back. It has the advantages of

- Normal balance rather than heavy loads on the back forcing a hunched posture
- The wearer can sit while wearing it, rather than needing to offload the backpack awkwardly in order to sit
- The sidepacks allow accessibility as opposed to a backpack which has to be offloaded to access the contents

For further information, find out about the BackTpack at www.backtpack.com

IS IT HEALTHIER TO WORK THAN BE OFF WORK?

Michael Erdil MD, FACOEM

Medical Director, Johnson Occupational Medicine Center, Enfield, CT;

Medical Director, Health Direct, Farmington, CT

Work disability associated with musculoskeletal disorders remains a significant, though potentially modifiable, cost burden for employers. In addition, long term work disability poses several potential risks for patients / employees, including both physical (e.g. increased cardiovascular and overall mortality, deconditioning) and emotional costs (social and economic stress, psychological disorders). Health care providers can play a key role in minimizing lost work time and secondary consequences of unemployment by understanding the reasons for work disability and contributing to early return to work and maintenance of productivity.

Providers must express willingness to listen to patients and hear their concerns while stressing recovery and continued function. Injured workers should be made aware of studies showing improved outcomes associated with early return to work. This is in line with position statements that support return to work from the American Medical Association, the American College of Occupational and Environmental Medicine, the American Academy of Orthopaedic Surgeons and the American Association of Orthopaedic Surgeons and the London Faculty of Occupational Medicine.

The healthcare provider's confidence in offering recommendations of return to work can affect outcomes of patients with low back pain, since at least once study demonstrated that patients of more confident providers often feel more satisfied with the information that they receive (Bush, Cherkin & Barlow 1993). In addition, the provision of a "low-key" treatment approach for patients with low back pain stressing patient education, mobilization and self directed care rather than bed rest and analgesics was observed to improve outcomes in another study (Von Korff, et al. 1994).

Prolonged work disability is associated with diminishing prospects of eventual return to work. Therefore, providers should focus on early return to work, functional abilities and ways to perform work tasks and activities rather than to recommend limiting physical function due to reported pain and fear or injury. Patients with upper extremity who returned to work had less symptom severity, greater improvement, and were able to maintain employment compared with those who did not (Pransky et al 1999). Notifying patients of a specific date for expected return to work date enhanced return to work for patients with low back pain in another study (Catchlove and Cohen 1982). Patients should be encouraged to complete their active rehabilitation, since individuals with chronic disabling pain who completed a functional restoration program and achieved return to work demonstrated a low probability of subsequent disabling spinal injury in another study (Garcy, et al. 1996).

One study of patients with low back pain who went back to regular duty despite limitations on functional assessment

had a better outcome than patients who followed recommendations from their physicians to perform modified duty in one study by Hall et al (1994), and some patients may choose attempted return to work at regular duty despite pain limitations.

Early return to work consistent with functional abilities rather than subjective pain complaints is in the best interest of both patients and employers. The role of the health care provider is to assist with the development of an effective treatment and return to work plan while listening to patient concerns, offering advice on coping and ability to perform required activities safely, while communicating effectively with all parties to achieve enhanced outcomes.

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