

## **Best Practices for Injury Prevention and Return to Work: An Integrated Approach**

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### **Introduction**

In this, or any other, business climate, safety professionals are seeking any opportunity to reduce costs and add value to their employer’s business. All agree that injury/illness prevention is the preferred methodology. However, injury and illness must be dealt with effectively and efficiently when they occur. In both prevention and post-injury/illness treatment, it is critical to bring all resources to bear. Hence, there is an advantage in utilizing integrated disability management.

Even anecdotal experience is compelling: At one employer, an integrated approach resulted in annual savings of \$1.5 million; at another, overall savings of up to 80% in workers’ compensation costs were realized over a five-year period. Working the issues from both sides—pre- and post- and in an integrated fashion—has the potential for tremendous benefit and savings to any organization.

As with any process or effort, employers want to put the best team in place to ensure success. How do we define the competencies required or know the persons chosen have the right skill sets to maximize the team’s efforts? In the world of SHE we have our benchmarks of competence; CSP, CIH, OHST, STS, etc. The benchmark for partners in disability management is the Certified Disability Management Specialist (CDMS) credential. Through rigorous competency evaluations of the domains within the practice of disability management by the Certification of Disability Management Specialists Commission, persons achieving the CDMS have proven competencies to drive, lead, and ensure success of the integrated disability management team.

The following discussion explains the concepts and gives concrete examples of the results that can be achieved by an integrated team of highly qualified and competent persons.

### Workplace Programs: Best Practices in Design and Evaluation

In order to achieve a healthier, safer work environment, employers today are focusing on ways to reduce costs associated with work disruptions and absenteeism and to maintain productivity. A best practice for achieving these outcomes is to take an integrated approach, promoting greater collaboration and cost effectiveness among various workplace programs and initiatives that span safety, health and wellness, and disability management.

The process begins with identifying problems and risks that are prevalent in the workplace. Once risks are identified, employers assess their existing programs to see how offerings can be integrated, which may lead to greater efficiency and cost savings. A determination of how effectively programs address the specific needs of employees will identify whether programmatic gaps exist that need to be filled. As part of the evaluation process, key questions must be developed and posed by a multidisciplinary team dedicated to workplace programs. These questions include:

- How effective are programs in identifying accountability and responsibility? Who is responsible for carrying out important tasks?
- Is consistent and accurate information provided about the operational aspects of programs to all involved parties, including managers, supervisors, employees, labor representatives, physicians, claims managers and adjusters, and other service providers?
- How do programs positively influence and reward safe behavior in the workplace and facilitate successful return to work?
- Are quality and meaningful data obtained to design or enhance programs that meet the specific needs of the organization?
- How do various departments (safety, risk management, occupational health, safety, disability management, and human resources) deal with workplace issues and to what degree do they collaborate?
- What other dynamics and influences in the organization, such as the average age of the employee population, multicultural workforce, language barriers, ergonomic challenges, and so forth, potentially influence the effectiveness of workplace programs?
- Is a multidisciplinary approach to workplace programs supported by top management and communicated to department managers, line supervisors, and employees?

### Taking a Multidisciplinary Approach to Workplace Programs

Although many companies may say they promote collaboration within their workplace programs, analyses of how various departments function may reveal a different picture. Too often workplace interventions are handled by different departments according to the benefits involved, such as workers' compensation, short-term disability, Family & Medical Leave Act (FMLA), and so forth, without much inter-departmental communication or cooperation. As a result, when employees are off work due to illnesses or injuries, the focus may be on how the claim is processed, not on the health of the employee or the opportunity to prevent future injuries. Furthermore, best practices that are utilized in one area may not be shared with other departments.

Shifting the emphasis from the claim to the individual supports employers' efforts to identify, track, and address root causes that may impact an employee's ability to return to work and stay at work, as well as the effectiveness of workplace programs and interventions. This requires a partnership among various departments within the company, as well as vendors and third-party providers of disability, absence management, wellness and prevention, and other services.

The degree of collaboration involved goes beyond roundtable discussions. Close working relationships must be established at the jobsite. Departments must orient to risks and problems that exist across the workplace, rather than focusing on their own specific areas of expertise. Furthermore, by acknowledging the value that all parties bring, multidisciplinary teams create a cohesive approach to injury and prevention that has the potential to reduce occupational and non-occupational incidents, promote return to work, and improve productivity.

Greater collaboration can improve the effectiveness of return-to-work (RTW) programs. RTW is a proven strategy to ease the transition back to the workplace when employees have medical restrictions that impede their ability to return to their regular jobs, allowing them to resume working, even in a limited capacity, more quickly and safely. With an integrated disability management approach, RTW assistance is offered to employees with both occupational and non-occupational illnesses and injuries, often through modified duties or temporary assignments elsewhere in the company.

Another essential component is manager and supervisor training to affirm the importance of RTW programs. Without their buy-in, frontline managers may, whether intentionally or inadvertently, undermine the RTW process. For example, concerns about the impact on the productivity of a team or department could keep the manager from accepting a RTW placement for an employee who is not operating at "100 percent." Encouragement and recognition of supervisors and employees who participate in RTW can improve the overall performance and acceptance of the program.

Employee participation is also key to the effectiveness of other workplace programs that meaningfully contribute to productivity. Disability management practices, safety interventions, wellness and prevention programs, EAP, and ergonomic practices all need a willing employee. Employees need to understand that these services will benefit them by promoting their health, wellness, and safety, both at work and at home. At the same time, the employer, particularly top management, should recognize that these programs benefit the company by creating and supporting a healthier workforce that is absent less frequently and more productive on the job.

#### The Business Case and the Human Side

Effective workplace programs and intervention are a win-win for the employee and the employer. When both parties recognize this synergy, there is greater participation by employees and support from top management. Thus, the multidisciplinary team must support both the business case and the human side.

Consider the example of a long-time employee who injured his back at home. While the employee was off work for four weeks, which was covered by short-term disability, he received medical treatment and physical therapy. During that time, the claim administrator, on behalf of the employer, retained a certified disability management specialist to work with the employee. The certified disability management specialist invited the employee to participate in the RTW program, as long as he was released for duty by his treating physician. However, the employee also voiced concerns about re-injury and safety for himself and his co-workers.

To address the employee's concerns, the certified disability management specialist visited the worksite to observe how work was performed on the production line. The certified disability management specialist observed a pattern of repetitive movement of lifting parts weighing about 20 pounds each off the floor, and then putting them on a waist-high platform. The solution was to place the parts on a rolling cart, which enabled the injured employee to transfer them more easily to the platform. This low-cost and relatively simple solution not only allowed the employee to return to work, it was also identified as a safety measure that could potentially reduce the risk of injury for other employees. As a result, the solution was implemented throughout the department and in other areas of the company as well.

This example shows the importance of identifying the human side of workplace interventions, as well as making the business case. The human side in this instance was allowing the employee to return to work, while addressing his concerns about safety and the potential for re-injury. The business case was made in quantifiable ways: the amount of disability benefits received was reduced, the employee was productive and earned his salary, and the employer avoided the cost of paying overtime to other workers or of hiring a replacement worker.

Companies have traditionally emphasized the "business case" for workplace programs, such as to show a positive return on investment (ROI). The business case remains important: capturing the measurable benefits from particular programs such as decreasing costs, reduced utilization of benefits, improved productivity, and deliverables including enhanced customer service and adherence to production schedules and other deadlines. The human side, however, acknowledges that employees are the "customers" whose participation and satisfaction are what make a program successful. The human side addresses such things as identifying needs of the employees and determining if and how those needs can be accommodated. Within a multidisciplinary team, it may fall to the disability manager to act as a liaison between the employee and the employer, to see how the individual's goals can be aligned with the company's objectives. This does not mean *carte blanche* for the employee. Rather, the objective is a workable solution that addresses legitimate concerns for health and safety, while also targeting the employer's desire for cost-effective solutions that promote productivity.

There will be times, however, when the employee and the employer are not aligned. The employer wants to bring a person back to his or her regular job; however, the employee is seeking a job modification that is not medically necessary. Unless there is an objective medical reason for a particular modification, the employee's desire alone cannot make it part of the RTW program. In many cases, the employee who is returning to work after an illness or injury will be aligned with the employer. Returning to the workplace and reengaging with colleagues are powerful motivators for many employees, just as capturing the experience of a valued employee is the goal of many employers.

Acknowledging both the business case and the human side will become even more important in the future, given the aging of the workforce. As older workers stay on the job past retirement age for a variety of reasons, including economic need and social interaction, employers will need to respond with a variety of programs and interventions to promote health, wellness, safety, and prevention, as well as return-to-work when injuries or illnesses occur.

#### Identifying Risks and Root Causes with Data Mining

One of the challenges in evaluating the effectiveness of workplace programs is admitting when something is not working or has failed to achieve its desired outcomes. The objective is not to assign blame, but to identify ways to make programs more effective in order to reduce liability

and costs. The process begins with a global assessment of programs, which may be undertaken internally or externally by outside consultants. The purpose of the evaluation is to identify strengths, weakness, effectiveness, and needs of programs.

Employers that utilize “off-the-shelf” interventions from third-party providers may find that offerings and initiatives are not targeted to their particular employee population. This may include programs that are too broad, or ones that do not put enough emphasis on specific risks present in the employee population, such as a high degree of back injuries or a need for health and wellness programs to address other critical health issues, such as obesity, diabetes, and tobacco utilization, and so forth.

Promoting a culture of health and safety requires that employers understand the root causes behind unscheduled absences, whether due to occupational or non-occupational reasons, personal problems, medical issues covered by FMLA, or other issues. A best practice is to use data mining of unscheduled absences covered by workers’ compensation or disability, group health claims, safety data, and medically related absence information to uncover common causes and trends. This information can be analyzed by vendors and other third parties in order to preserve employee confidentiality. Based on data analyses, employers can identify the most commonly occurring events and the most frequent diagnoses in terms of duration and lost days.

As trends emerge, the needs of a specific employee population can be determined: for example, a group with an average age of 45 and a significant percentage of people over the age of 50, with a high incidence of musculoskeletal injuries. With this information, existing programs can be leveraged and greater coordination encouraged to address the needs of the whole person.

Examining employee absence data often reveals patterns that point to risks as well as opportunities to mitigate them. For example, the data might show that individuals who have multiple incidental absences of two days or more over a six-week period are far more likely to have a disability claim than other workers. By discovering this red flag, employers can respond sooner with a variety of strategies to assist employees with chronic conditions. As these strategies become integrated, the message of health, wellness, safety, and prevention spreads across the organization.

Insights can be gleaned from analyses of tasks that are routinely performed by employees, revealing such risk factors as repetitive motions, prolonged periods of standing or sitting, physical stress, and so forth. The next step is to identify measures that are effective in decreasing the likelihood of injuries and illnesses, whether at work or at home. Many employers have found that a holistic approach is helpful to encourage healthier and safer behaviors that promote injury prevention. One example is “stretch and flex,” which in a physically demanding environment encourages employees to stretch before work, after lunch, and at the end of their shifts. Employee education emphasizes the importance of these same behaviors at home, given the prevalence of injuries that occur outside the workplace. Other holistic factors that can reduce liabilities and costs include safety at home, diet, exercise, and promotion of healthy behaviors (such as wearing seatbelts and smoking cessation) for both the employee and his/her dependents.

Another risk factor is the link between occupational and non-occupational illnesses and injuries; for example, a back strain that occurred at home can make an employee more susceptible for a workplace injury. The opposite is also true. An employee who is injured on the job and cannot work for several weeks may be at higher risk for other health issues, including depression, which can increase costs associated with not only the workers’ compensation claim, but group health and short-term disability claims in the future. Overall, the objective is not to just address

the employee at work, but the entire individual with the understanding that improvements in employee health and wellness can have a significant, positive impact on all benefits and leave programs, including workers' compensation, short-term and long-term disability, and group health.

## **Conclusion**

Promoting health, wellness, safety, injury prevention, and RTW can reap positive outcomes across the spectrum. In order for this to occur, however, programs must be evaluated for effectiveness, particularly as they relate to issues facing a specific employee population. Communication at all junctures is essential: among members of a multidisciplinary workforce team, top management and frontline supervisors, and within the employee population. The message needs to be broadcast that workplace programs have the potential to improve employees' lives, while also achieving the company's objectives of productivity, cost-effectiveness, and efficiency.

With these goals in mind, the design, implementation, and evaluation of integrated workplace programs can be accomplished. At the same time, establishing metrics, gathering data, and measuring outcomes must be part of the process. Outcomes from decreases in the costs and duration of unscheduled absences to employee participation and satisfaction must be tracked. Using metrics, companies can see what is most effective, what needs to be modified or added, and how they compare with their peers through data benchmarking.

Taking an integrated approach promotes a culture of health, safety, and prevention. Employers realize improved productivity, while employees receive the tools and interventions they need to adopt healthier behaviors at work and at home.