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Disability management in the workplace employer handbook

Pamela Ann Major

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DISABILITY MANAGEMENT IN THE WORKPLACE

EMPLOYER HANDBOOK

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Education:
Career and Technical Education

by
Pamela Ann Major
December 2004
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Approved by:

Joseph Scarcella, Ph.D., First Reader

Ronald K. Pendleton, Ph.D., Second Reader

Date: 10/4/04
ABSTRACT

The purpose of this project was to develop an employer handbook aimed at assisting employers in managing workplace injuries. Workers' compensation is one of the costs of doing business in the United States. Employers can significantly reduce their workers' compensation expenditures, and thus their overall cost by employing disability management procedures. Managing workers' compensation from a cost-control perspective involves a multitude of areas, including training, education, safety, and communication. However, the major influencing long-term savings is speeding up an injured employee's return to work and the avoidance of hidden costs.
ACKNOWLEDGMENTS

I want to acknowledge the helpful staff and faculty at CSUSB for taking the extra time to work with me in the development of this project. I want to especially thank professor Joseph Scarcella, Ph.D., and professor Ronald Pendelton, Ph.D. I also wish to thank Timothy Thelander who's assistance was invaluable. I also wish to thank my classmates who took the time to read my project and offer input.
DEDICATION

This project was dedicated to my mother, Margaret Scott who taught me to reach for my dreams. She has been my greatest example. This project was also dedicated to my family who was behind be all the way and never complained about the extra time away from home. It was also dedicated to each and every individual who has sustained a workplace injury.
# TABLE OF CONTENTS

ABSTRACT .................................................................................. iii

ACKNOWLEDGMENTS ............................................................... iv

CHAPTER ONE: BACKGROUND

Introduction .............................................................................. 1
Purpose of the Project .............................................................. 1
Context of the Problem ............................................................ 2
Significance of the Study .......................................................... 4
Assumptions ............................................................................. 8
Limitations and Delimitations .................................................. 9
  Limitations ........................................................................... 9
  Delimitations ....................................................................... 10
Definition of Terms ................................................................. 10
Organization of the Thesis ....................................................... 14

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction .............................................................................. 16
Socioeconomic Costs of Work Place Injuries ......................... 17
Maintaining the Connection ..................................................... 20
Focus on Disability Management Services ............................ 21
Disability Management and the Small to Medium Size Employer
  ............................................................................................. 24
Factors That Contribute to Rising Workers’ Compensation Costs
  ............................................................................................. 25
Direct and Indirect Costs ......................................................... 26
Barriers and Obstacles ............................................................. 28
Implementation of an Effective Return-to Work Program .......................... 31
Developing Accommodating Work Environments .......................... 32
Managerial Support ........................................... 36
Impact of Aging Work Force ........................................... 40
Perceptual Issues Impacting Disability Management ........................................... 42
Disability Management Practices ........................................... 46
Management of Medical Services ........................................... 48
Job Descriptions and Essential Job Functions ........................................... 50
Participation of Injured Employees ........................................... 50
Impact of Aging Work Force ........................................... 51
Implementation of Return-to Work Programs ........................................... 52
Summary ........................................... 54

CHAPTER THREE: METHODOLOGY

Introduction ........................................... 55
Population Served ........................................... 56
Handbook Development ........................................... 58
Handbook Resources and Content Validation ........................................... 58
Handbook Design ........................................... 59
Summary ........................................... 60

CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

Introduction ........................................... 62
Conclusions ........................................... 62
Recommendations ........................................... 65
CHAPTER ONE

BACKGROUND

Introduction

The contents of Chapter One presents an overview of the project. The contexts of the problem are discussed followed by the purpose, significance of the project, and assumptions. Next, the limitations and delimitations that apply to the project are reviewed. Finally, definitions of terms are presented.

Purpose of the Project

The purpose of the project was to develop an employer handbook to assist them in developing a return-to-work program for industrially injured workers. The focus was aimed at helping employers to manage and reduce their workers' compensation costs and associated medical costs. The goal was to afford employers the opportunity to retain industrially injured workers through the establishment of a return-to-work program. The handbook was developed as a proactive strategy for use by employers to assist them in reducing their workers' compensation losses and production downtime, as well as improve overall production efficiency.
According to Galvin (1995), most employers lack the sophistication to coordinate human resource policies that facilitate return-to-work and they need a method in place to combat rising workers compensation costs and associated medical costs.

Context of the Problem

Lost time injuries are the most expensive injuries, with costs increasing every day that an injured employee is unable to perform his or her job (Roberts, 2003). The issue of workplace injuries and associated disability and rising costs of workers' compensation costs is a major issue facing California's economic base. In a personal conversation with Costigan rising workers' compensation costs have been accused of depleting employers' of financial assets and have been identified as a major factor causing employers to relocate out of state.

It is imperative that employers focus on cost containment and return-to-work activities in the workers' compensation arena in order to reduce the accelerating costs of workplace injuries (Galvin, 1995). According to Fitzpatrick and King (2001), workers compensation costs continue to deplete employers' financial resources.
Further, it was estimated that 5.9 million workers sustained a workplace injury in 1998; of those 5.9 million workers sustaining an injury, 2.8 million resulted in lost time (BLS, 1999).

According to disability management experts employers spend approximately ten percent of payroll on direct and indirect costs resulting from employee disability (Johnson & Strosal, 1988). Robinson (2003) reported that employers in the United States spent approximately $260 billion on disability expenses alone in the year 2002.

In a newspaper article appearing in the Los Angeles Times May 1, 2003 (Garamendi) warned that unless there are major reforms in the current system of health care delivery to industrially injured workers the current system faces total collapse. Having an established consistently applied early return-to-work program provides employers with the means to significantly reduce workers' compensation costs, control lost time and reduces the potential impact of the injury on the employer's business (Victor, 1989). There is a need for employers to develop a written policy regarding work injuries and return-to-work. A written policy provides readily available information that is helpful in
communicating with employees, human resource personnel, health care providers and management teams (Habeck, Leavy, Hunt, Chan, & Welch 1991). Having a written handbook serves as a quick and effective reference guide and ensures that everyone has the same information and helps ensure consistent application of the program.

Significance of the Study

The significance of the project was to reduce the cost of workplace injuries through the implementation of a disability management program. Workplace injuries and associated disability and rising costs of workers’ compensation costs is a major issue facing California’s economic base.

According to Fitzpatrick and King (2001), workers’ compensation costs will continue to deplete employers’ financial assets. Fitzpatrick and King also reported that the costs of workplace injuries and accidents in the United States were in excess of $80 billion in 1996. It is estimated that 5.9 million workers were injured in 1998; of those 5.9 million incidents, 2.8 million resulted in lost time. According to the Bureau of Labor Statistics (2001), 6.7 in every 100 workers suffer a
work-related injury or illness every year. It is estimated that employers spend ten percent of payroll on direct and indirect costs resulting from employee disability (Johnson & Strosal, 1988).

A recent study by the National Council on Compensation Insurance (2002) showed that workers’ compensation patients received more medical services than patients with similar medical conditions in a group health plan. In a personal conversation with Costigan (personal communication, April 3, 2003) rising workers’ compensation costs have been accused of depleting employers’ of financial assets and have been identified as a major factor causing employers to relocate out of state.

In personal conversation with Wood medical spending in workers’ compensation has been rising faster than in any other health care system.

Robinson (2003) estimated that employers in the United States spent approximately $260 billion on disability expenses alone in the year 2002. It is estimated that workers’ compensation costs will continue to climb approximately three percent annually, with no relief in sight. The biggest waste is in the areas
uncontrolled direct and indirect costs. It is estimated that employers are currently spending 2.6 percent in payroll for their workers’ compensation coverage, with some employers paying out as much as ten percent of payroll and others paying even more (Robinson, 2003).

It is imperative that employers focus on cost containment and return-to-work activities in the workers compensation arena in order to reduce the accelerating costs of workplace injuries (Galvin, 1995). Most of us between the ages of 22 and 65 spend approximately 40 to 50 percent of our waking ours at work (Leigh, Markowitz, Fahs, & Landrigan, 2000). Every year millions of individuals sustain a work place injury but very little effort has been made to reduce the cost related to these injuries and the resulting disability (Leigh, Markowitz, Fahs, & Landrigan, 2000). These injuries have a major impact on our economy and economic resources expended as a result of work place injuries is at an all time high (Leigh, Markowitz, Fahs, & Landrigan, 2000).

Research suggest that employers need a significant resource to assist them in developing proactive strategies to assist them in managing the costs associated with work place injuries. Employers need to be
made aware of the strategies available to them and they need to be provided with the skills, tools and resources to deal with the issue of rising workers’ compensation costs. One way of reducing cost is through the development of return-to-work programs (Yates, 2003). However, before such a program can be implemented the employer must establish a written policy. This handbook design serves as a proactive guide aimed at helping employers to design and implement such a program.

This project can serve as a proactive guide aimed at helping employers to design and implement such a program. This project can serve as a basis for assisting employers in identifying direct and indirect costs that impact workplace disabilities. It can help too identify problems that develop between the employer and injured worker that impact return-to-work. It can also serve to open lines of communications between the employer and the injured employee.
Assumptions

The following assumptions were made regarding the project:

1. Employers wish to establish an effective return-to-work program but lack the resources and or skills to do so.
2. A return-to-work program is a proactive strategy aimed at controlling medical cost and reducing accelerating workers' compensation costs.
3. In order to implement an effective return-to-work program there must be a written policy in place that clearly reinforces the employer's commitment to the program and ensures that everyone has the same information and helps to create consistent application of the program.
4. In considering the management of disability in the workplace, it is assumed that the knowledge and skill of an experienced worker is invaluable to the organization and to pay such a person to remain at home because of a work
injury is contrary to profitable and effective business practices.

5. Disability management will increase the efficiency and therefore the profitability of any work organization.

6. The benefits of disability management include all persons, given the fact that a disability can happen to anyone at anytime.

Limitations and Delimitations

During the development of the project, a number of limitations and delimitations were noted. These limitations and delimitations are presented in the next section.

Limitations

The following limitations apply to the project:

1. The scope of this project was limited to industrially injured workers in San Bernardino County.

2. The scope of this project was limited to employers in San Bernardino County.

3. Resources will need to be updated as legislation changes.
4. Disability management practices will be limited based on state and federal legislation.

Delimitations

1. The project is appropriate to industrially injured workers nationally.

2. The project is appropriate to employers nationally. It is applicable to employers in the public and private sectors, to small businesses as well as international corporations.

3. Continued research to expand available return-to-work resources available to organizations as legislation changes.

4. Resource guide for effective return-to-work management is an effective tool for locating information regardless of the changes in legislation.

Definition of Terms

The following terms are defined as they apply to the project.

Work Disability - Represents the loss of earning capacity or the actual loss of earnings (Welch, 1989).
Reasonable Accommodation - A logical adaptation, addition, or change to an individual’s work environment, work responsibility, or work schedule to allow that individual to perform (or perform better) the essential job duties or functions of his or her job (Welch, 1989).

Disability Management - A workplace prevention and remediation strategy that seeks to prevent disability from happening, or in the alternative, to intervene early following the onset of disability, using coordinated, cost-conscious, quality rehabilitation services that reflects an organizational commitment to continued employment of those individuals experiencing functional limitations. It means utilizing services, people, and materials to maximize the impact and cost of disability to employers and employees; and encourage return to work for employees with disabilities (Galvin, 1989).

Job Analysis - A document that is used to determine what jobs are and to define their limits; that is, where job activities begin and end. It involves a systematic study of the worker in terms of a: (a)
what the worker does in relation to people, data, and things, (b) the methodologies and techniques employed to perform work requirements; (c) the machine, tools, equipment, and work aids used; (d) the materials, products, subject matter, or services which result from the work activities; and (e) the traits required of the worker to perform the job (United States Department of Labor, 2003).

Job Modification - Modification or adjustment of a job application process that allows a qualified applicant with a disability to be considered for the position; (2) modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enables qualified applicants with disabilities to perform the essential functions of that position; or (3) modifications or adjustments that enable a covered entity’s employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities (United States Department of Labor, 2003).
Ergonomics - The science of designing tools and jobs to accommodate human capabilities (Microsoft, 2003)

Normal Workplace - A therapeutic environment of choice both in terms of rehabilitation (e.g. job accommodation, worksite modification, transitional work), and prevention activities [e.g. teaching safe work practices, ergonomic changes to prevent injury] (Shrey & Lacerte, 1995).

Return-To-Work Program - A proactive work strategy designed to return injured employees to work as soon as medically possible following an injury aimed at helping employers to reduce workers' compensation costs, control lost time and create a culture in which employees expect to return to the workplace as soon as medically feasible (Habeck, 1991).

Medical Cost Containment - Programs and strategies designed to minimize costs by ensuring appropriateness, medical necessity and relatedness of treatment and procedures (Habeck, 1991).

Cost Drivers - Conditions and circumstances that, directly or indirectly, impact negatively on costs. Such factors may include but are not limited to health care costs, non-integration of benefits,
aging workforce, lack of return to work focus, workplace culture, personality of the injured worker, psychosocial factors and the environment (Habeck & Hunt, 1999).

Organization of the Thesis

The thesis portion of the project was divided into four chapters. Chapter One provided an introduction to the context of the problem, purpose of the project, significance of the project, limitations and delimitations and definitions of terms.

Disability is an everyday occurrence that can happen at any given time. One moment an employee is a valued member of a work team and then he or she sustains a workplace injury and suddenly a formerly productive employee who is familiar with the organization and has essential skills and knowledge of its operations is now paid to sit at home and do nothing. He or she is seen as a disabled individual with no ability to make a contribution to the workplace (Galvan, 1995). They are paid to set at home and vegetate and twenty years or more of experience has been allowed to walk out of the door. Were it not for that person's disability, we would do
almost anything to retain him or her. It is time for employers to sit up and take notice of the fact that simply because an employee has developed a disability does not make their investment in that person any less.
Chapter Two consists of a discussion of the relevant literature. While researching the subject of return-to-work programs, the need for a handbook to assist employers in coping with the problem became quite evident.

The goal of this project was to focus on early intervention and to provide guidelines for implementation of a return-to-work program geared towards helping employers to accommodate and retain their injured employees when disability occurs.

Implementation of an effective-return-to-work program means that the employer must understand that the workplace disability is an environmental phenomenon, as opposed to a medical condition, Akabas, Gates & Galvin (1992). Implementation of a return-to-work program means using coordinated, cost-conscious, quality rehabilitation and medical services that reflects an organization's commitment to continued employment of those workers.
experiencing functional limitations (Akabas et al., 1992).

The goal was to produce a win-win situation that meets the reciprocal economic and humanistic needs of the true stakeholders in the disability process, primarily, employers and employees (Habeck & Hunt, 1999). Common interests that can be met through the implementation of a return-to-work program include preventing and reducing the risk of work place injury and illness, maintaining productivity, better management of human resources and health care services, improved financial security, avoidance of adversarial relationships, and meeting the requirements of disability legislation (Habeck & Hunt, 1999).

Socioeconomic Costs of Work Place Injuries

Based on research conducted by Shrey (1996), lost time injuries are the most expensive injuries, increasing every day that an injured employee is unable to work. If an injured worker is out of work for longer than six months there is only a 50% chance of that worker returning to the work force (Galvin, 1995).
Most of us between the ages of 22 and 65 spend approximately 40 to 50 percent of our waking ours at work (Leigh, Markowitz, Fahs, & Landrigan, 2000). Every year millions of individuals sustain a work place injury but very little effort has been made to reduce the cost related to these injuries and the resulting disability (Leigh et al., 2000). These injuries have a major impact on our economy and economic resources expended as a result of work place injuries is at an all time high (Leigh et al., 2000).

In a personal conversation with Wood medical spending in workers' compensation has been rising faster than in any other health care system. A recent study by the National Council on Compensation Insurance (2002) showed that workers' compensation patients received more medical services than patients with similar medical conditions in a group health plan.

The Washington Business Group on Health (WBGH), 2003 is a major advocate for the implementation of return-to-work programs and disability management. WBGH maintains that the primary means of controlling the costs of health care, workers' compensation, and disability benefits is through disability management. The earlier a
chronically ill, injured or disabled worker recovers and returns to a productive work role, the greater the benefit to the employee, the employer, and the insurer. The employer has a choice: they can choose to underwrite disability management in order to reduce the ultimate financial outlay and elect not to return employees to work or bear the financial responsibility for ongoing costs related to supporting injured and disabled employees.

Robinson (2003) estimated that employers in the United States spent approximately $260 billion on disability expenses alone in the year 2002. It is estimated that workers' compensation costs will continue to climb approximately three percent annually, with no relief in sight. The biggest waste is in the areas uncontrolled direct and indirect costs. It is estimated that employers are currently spending 2.6 percent in payroll for their workers' compensation coverage, with some employers paying out as much as ten percent of payroll and others paying even more.
Maintaining the Connection

Based on a review of the literature it is extremely important for injured workers to continue to perceive themselves as valued employees- that they remain connected to the workplace (Fitzpatrick & King, 2001). When employees are injured, management’s communication efforts can have a significant impact on the future course of the claim (Resources for Rehabilitation, 1991). Many employees have a very limited knowledge if any of workers’ compensation functions. For example, they may not unaware of the fact, that their medical care is fully paid for (Galvin, 1999). If a supervisor fails to call an employee who is laid-up at home to explain the system and express concern, the employee may linger anxiously on the couch, falling victim to the trial lawyer ads on daytime television (Kramer & Briffault, 1991). Once the employee obtains an attorney, he or she is more apt to remain off work longer and drive up the cost is his or her work claim. It is vitally important to set return-to-work goals immediately after the onset of disability in order to ensure a successful return-to-work outcome (Kramer & Briffault, 1991). Immediate response to a worker’s rehabilitation needs prevents the worker from feeling
powerless or not responsible for their recovery (Kramer & Briffault, 1991). According to Galvin (1995) delaying rehabilitation jeopardizes its effectiveness. Galvin (1995) concluded that when disability intervention, management and rehabilitation services are delayed or nonexistent, an employee’s condition becomes increasingly severe; the worker begins to accept the “sick role,” and disability benefits become an attractive alternative to return to work.

Focus on Disability Management Services

Typically most disability management practices on the part of employers are primarily reactive, more often than not, employers engage in disability management practices that are reactive versus proactive (Makin, 1985). They tend to utilize rehabilitation practices primarily to reduce the accelerating costs impact of work-limiting impairment among employees with industrial injuries (Shrey, 1995). Rehabilitation practices and services include but are not limited to medical case management, vocational rehabilitation evaluation and assessment, personal adjustment and vocational counseling. According to Shrey, (1995), disability
management practices are clearly reactive strategies and employers need to utilize proactive strategies as opposed to reactive strategies in order to improve employee retention and reduce the cost of industrial injuries. Hursh (1995) cites emerging medical conditions (e.g. repetitive trauma injuries), and changing employee demographics (aging workers and increasing crosscultural participation) as factors that are going to force employers to employ proactive rehabilitation strategies versus reactive strategies.

Typically, according to Hursh (1995) the cost of doing business in past years involved paying many people to stay at home and collect workers' compensation benefits, short-term, long-term, and retirement disability benefits. As stated by Hursh (1995) the cost of public and private-paid disability benefits have escalated, businesses have come to realize that to compete and grow they must develop better strategies for keeping their employees on the job. Hursh (1995) states that organizations must begin to develop and integrate health and disability management programs with an eye toward health promotion, disease prevention, and reducing disability-related lost time. Business must face the fact
that there is not a person to waste when it comes to managing their human resources (Hursh 1995).

Baril (2003) states that before a return-to-work program can be implemented the socio-demographic characteristics of workers', characteristics of injuries and characteristics of the employer must be carefully studied.

In recent years, significant public attention has been directed towards the problem of work and disability. One of the most visible manifestations of this concern is the passage in 1990 of the Americans with Disabilities Act (ADA), which represents a major increase in federal regulation of the problem of disability as it relates to the work environment. The ADA also brought a message to employers that disability has at much to do with the attitudes of employers and other workers and the design of workplaces as it does with the functional limitations of industrially injured workers. Indeed, many workers with a physical or emotional impairment would not be work-disabled given appropriate workplace accommodations.

Based on statistics from the Equal Opportunity Commission the employment rate for people with disabilities is approximately 60 to 70% despite a booming
economy and miniscule unemployment among the majority of
the nation's working population. Clearly, this is a huge
and potentially productive labor pool, that that be
tapped into, in times of times of a dwindling work force
and could assist employers in meeting their workforce
needs.

Disability Management and the Small to
Medium Size Employer

According to Drury (1991), rising disability costs
will force many employers to leave the state or will
force them out of business thereby reducing availability
of employment options not only to the industrially
injured worker but to the non industrially injured
population as well.

Drury (1991) reported that it is extremely important
to assist the small to medium in developing
return-to-work programs due to the fact that they don't
have the financial resources and expertise of the larger
firms. Drury (1991) reported that small business owners
are less likely to have memberships in health-oriented
organizations that disseminate innovative ideas regarding
return-to-work programs.
According to Drury (1991) it is extremely important to assist the small to medium size employer to establish return-to-work programs due to the fact that businesses with fewer that 500 workers employ half of the general work force.

Factors That Contribute to Rising Workers’ Compensation Costs

Habeck (1997) identified the following factors that contributed to rising workers’ compensation costs; failure to establish and maintain personal contact with the injured employee, failure to make the employee feel respected and valued, failure to develop the injured employee’s trust and development of a negative attitude on the part of the employer following a workplace injury.

Habeck (1997) also identified failure of employers to share information about workers’ compensation benefits as a major contributing factor in escalating workers’ compensation cost. Habeck reported that many injured workers felt that their employers deliberately hid information from them. Many employees believed that their employers were not providing them with good medical care and that medical providers were not listening to their complaints.
Habeck (1997), reported findings that suggested that employees felt that the employer had no knowledge of the level and quality of medical care provided nor did the employer express an interest in the care received. Consequently, they sought care on their own and very often the care received was inappropriate or went on indefinitely.

Direct and Indirect Costs

According to the National Council on Compensation Insurance (2002), fraud is an indirect cost in work injuries and impacts employers, injured workers and the general public. The National Council on Compensation Insurance (2002) estimated that during 1999 approximately 599 million in medical benefits and approximately $972 million was spent in workers' compensation benefits. It is estimated that 5 percent to 20 percent of worker's compensation benefits paid are fraudulent in nature.

Indirect costs include lost time of the injured employee(s), costs of hiring, recruiting, and training a new employee to fill in for the injured employee, reduced unit productivity, supervisory time related to injury and lost man-hours, work spoilage, property damage, loss of
fringe benefits, loss of home production, investigative costs related to litigation, loss of earning power, loss of efficiency, loss of orders, overhead costs, payment of benefits to the injured employee, damage to company morale, administration of workers’ compensation claims.

Direct costs are those expenses paid out directly from the employer’s operating expenses. Typical direct cost include; medical expenses for hospital, physicians and drugs, as well as health insurance administration costs, claim expenses, payments for lost time, rehabilitation services, increased insurance premiums, bonds and other insurance costs and fees paid to the Workers’ Compensation Commission.

Direct and indirect costs of absenteeism range from 12-18 percent of payroll. It is estimated that the indirect costs of workers’ compensation is three times greater than direct costs (Robinson, 2003).

According to Robinson (2003), only about ten percent of employers are aware of the direct and indirect costs of workers’ compensation injuries and even fewer still effectively deal with them.

Robinson (2003) estimated that employers in the United States spent approximately $260 billion on
disability expenses alone in the year 2002. It is estimated that workers' compensation costs will continue to climb approximately three percent annually, with no relief in sight. The biggest waste is uncontrolled direct and indirect costs. It is estimated that employers are currently paying an average of 2.6 percent in payroll for their workers' compensation coverage, with some employers paying out as much as ten percent of payroll and others paying even more.

Research studies clearly indicated that the cost of workers' compensation benefits have increased dramatically over the past two decades but not because of any major increase in the number of claims filed. Beginning in the early 1990s, workers' compensation costs more than tripled due to the explosive growth of health care costs. It is anticipated that workers' compensation cost will increase by one billion in 2003 and more than three billion by 2006 (Robinson, 2003).

Barriers and Obstacles

Given the fact that a healthy and productive workforce is the goal of any organization, it is still an elusive goal (Abakas et al, 1992). We know the path to
it, and some employers have begun to travel the path, but the walkers are few and far between, as disability management specialist it becomes our job to determine why (Abakas et al., 1992).

Disability management requires a leap of faith and a commitment to compliance on the part of all parties. In order for disability management to be effective it requires the belief on the part of the organization that it will pay dividends in the long run by achieving a more productive workforce (Akabas et al., 1992). It requires sustained commitment and action on the part of the organization. Employers must possess the foresight to focus on long-term goals and provide continuous support to the workplace environment (Galvin, 1995).

Management must stimulate supervisors and expect supervisors to foster disability management outcomes (Shrey & Lacerte, 1995). Attitudinal barriers and lack of information about the capabilities of workers with physical disabilities is one of the biggest obstacles in implementing a return-to-work program (Fitzpatrick & King, 2001). Attitudinal barriers result in discriminatory practices in the workplace. Additionally, misconceptions about the injured worker’s ability to work
or a perceived notion that because of the work injury the worker is unwilling to work or no longer interested in working (Galvan, 1995).

According to King (2003), the employers all or nothing view of employability results in disincentives to work. Organizations that do no buy into disability management will pay more in health care costs and lose more productivity (Shrey & Lacete, 1995).

Because of their lack of familiarity with the physical demands of an injured employee's job, physicians are reluctant to provide medical guidelines to patients regarding the resumption of occupational work duties. Additionally, when restrictions are given they are ambiguous or unrealistic and have no bearing on the physical requirements of the worker's job (Akabas et al., 1992).

Disability management programs are new and have few established methodologies. Additionally, it is very difficult to affect the length of illness or injury without being able to affect the medical treatment (Robinson, 2003). Additionally, it many employers fail to track absences related to workers' compensation benefits, short-term and long-term disability, disability and the
Family and Medical Leave Act [FMLA] (Robinson, 2003). According to Robinson (2003), employers lose 2.8 million workdays per year due to employee injury and illness.

Implementation of an Effective Return-to Work Program

Implementation of an effective-return-to work program means that the employer must understand that the workplace disability is an environmental phenomenon, as opposed to a medical condition, Akabas et al., (1992). Implementation of a return-to-work program means using coordinated, cost-conscious, quality rehabilitation and medical services that reflects an organizations commitment to continued employment of those workers experiencing functional limitations (Akabas et al., 1992).

According to Akabas et al., (1992) the United States is being hit hard with global competition making it mandatory that employers achieve a highly productive work force. Competition can lead to a search for immediate cost reductions without attention to long-term consequences. In a Darwinian game of survival of the fittest, management is very often tempted to eliminate any worker who is not pulling his or her weight. However,
we have come to realize that the quality and commitment of its labor force is America's greatest secret weapon in the global competitive struggle.

Peters and Waterman, in their book, In Search of Excellence, reported that truly good companies, measured by criteria that included increases in sales volume, percentage of profits, and share of market, were usually those companies that demonstrated concern for employees was the fundamental basis in their corporate culture. A demanding, unsupportive workplace was unlikely to realize the potential of their workforce, creating a hidden but costly drain of the productivity (Peters & Waterman, 1982). If employers are to remain competitive they must become innovative in their approach to managing workplace disability.

Developing Accommodating Work Environments

If an employer is to implement a successful return-to-work program they need to revise their thinking and eliminate from their mind set that in order for an injured employee to return-to-work he or she must be 100% (Gardner, 1991). Costigan (personal communication, April 3, 2002) believes that return-to-work isn't about getting
the person 100% well. If an employee is recovering from a back strain he or she may not be able to do any heavy lifting, but he or she may be fully able to perform other aspects of their job.

One key element in the development of a corporate disability management program is to formulate corporate policy, procedure and protocol, as they relate to the successful implementation of prevention, rehabilitation, and treatment programs (Koch, 1988). It is important to identify the steps required by joint labor-management team to promote early intervention activities aimed at examining both acute and chronic illness and injury among employees (Shrey & Bruyere, 1991).

A formalized return-to-work program requires a functional alliance between human resources, employees, top management, middle management, supervisors, labor unions and medical providers (Shrey & Bruyere, 1991). Without the support of joint-labor management teams assisting in the coordination of information and services, implementation of return-to-work and retention plans for disabled employees will not occur (Shrey & Bruyere, 1991).
It is desirable to obtain support from joint-labor management collaboration in the development and implementation of return-to-work policies and procedures because labor relations issues can play a vital role in the resolution or obstruction of successful return to work and work retention outcomes (Shrey & Bruyere, 1991).

Effective return-to-work programs emphasize safety and productivity. They require objective worker evaluations, classification of the physical requirements of the job, medical surveillance and follow-up, and graduated progression to an acceptable permanent placement option (Mooney, Matheson, & Jarvis, 1990).

Accommodating an injured employee requires a multidisciplinary approach, involving a union representative, along with a medication service provider, a work worker's compensation representative, a placement coordinator, a private rehabilitation specialist, and an employee assistance (EAP) representative. Using a multidisciplinary approach results in reductions in lost work time, indemnity costs, and costs associated with the use of private rehabilitation vendors. Additionally, a multidisciplinary approach fosters greater labor-management involvement in the development and
implementation of return-to-work interventions (McDonald, 1990).

Tate, Munrowd, Kasim, Habeck, Adams, and Shephard (1987) advises that accommodation involves increasing the support and involvement in unions in such practices. There needs to be explicit language included in union contracts that outlines the various steps for implementing return-to-work for injured workers; educational programs to promote awareness among coworkers, with respect to the nature and needs of disabled or injured workers; establishing a committee of first-line supervisors, union representatives, and placement coordinators to generate creative strategies designed to place disabled employees; development of a job analysis bank so that workers can be selectively placed in jobs in which the physical demands are consistent with their physical capabilities and work restrictions and labor-management work-site accommodations so that on-site disability management programs could be effective in promoting return to work and worker retention.

Research conducted by Fefer (1994) revealed that a return-to-work program is an effective strategy that
allows for effective communication with employees, line managers, human resources, medical personnel and stresses the importance of the program and their role if the program is to be successful. Joint-labor management support is essential if a return-to-work program is to be successful. Failure to obtain the support and input of labor can be a costly error and result in increased costs (Habeck, 1999).

Managerial Support

Research determined that employers need a quick reference guide to assist in the management of work injuries. Employers need to develop effective return-to-work programs to ensure gainful employment without aggravating any preexisting disability or physical limitations (Fefer, 1994).

An effective return-to-work program must have the support of top management and a philosophy that emphasizes the fact that it is a program that is of benefit to its employees (Fefer, 1994). According to Habeck (1999) a good return-to-work program reinforces the belief that an injured worker is still a valued member of the workplace and is making a valued
contribution. A good return-to-work program emphasizes the involvement of top management in the medical care of the industrially injured worker and is involved in developing a solid medical base to ensure that a worker is properly placed (Victor, 1989). Galvin (1995) warns that if an employer is not actively involved in the treatment of their employees they will become lost in the maze. Successful return-to-work programs will utilize the resources of employees, supervisors, and managers who have been effectively trained in implementation of return-to-work programs and actively utilize them as facilitators to actively assist with training and educational efforts within the organization (Yates 2003). Additionally, they will be able to use them to assist in reviewing accident history, developing job descriptions, recommending job modifications, and identifying meaningful alternate job assignments (Yates, 2003). This strategy helps to reinforce and develop a sense of ownership and responsibility for the outcome of the program (Galvin, 1995).

While most companies believe in the cost effectiveness of return-to-work programs there is no system to formulate corporate policy, procedure, and
protocol, as they relate to successful implementation of a return-to-work program (Koch, 1988). It is important to identify the steps of a return-to-work program in conjunction with a joint-labor-management team to promote the retention of industrially injured employees (Koch, 1988).

When there is a program in place it is not adhered to because top management has failed to obtain the support of line managers and supervisors (Koch, 1988). Return-to-work programs often fail because there has been no collaboration between labor and top management. When there is no policy or procedural manual for managers to refer to they have a tendency to make up their own policies and procedures based on their personal feelings towards the injured employee and whether or not they believe the injury was legitimate or the employee was truly hurt (Koch, 1988).

Attitudes, policies and procedures are crucial to the success of an effective return-to-work program. Once the relationship between the employee and the work environment is understood, forces that impede or have an adverse impact on worker health, safety, attendance, and
productivity can be reduced or eliminated (Shrey & Bruyere, 1991).

Koch (1988) clearly states that employers require assistance in developing corporate policies and procedures to assist in returning injured employees to the workplace. If workplace supervisors and managers are not properly educated they will often sabotage return-to-work efforts (Berkowitz & Hall, 1991). Organizations must develop a mindset that workers' compensation costs can be controlled and is not an intractable cost of doing business (Berkowitz, 1991).

Workers' compensation is a manageable expense and establishment of a return-to-work program is a cost effective strategy that can effectively decrease malingering and/or ensure the proper placement of employees with work restrictions or residual disabilities. Return-to-work programs allow the injured employee to return to the workplace, restores his or her wage-earning capacity and promotes a renewed sense of self-worth. It reduces production downtime and improves overall production efficiency (Rosenthal, 1999).

Victor (1989) identified modified employment as the most effective strategy for promotion of early return to
work. It permits a gradual return to full duty and avoids prolonged disability while the worker is recovering from his/her injury. Victor states that disability promotes prolonged periods of disability, with all its negative consequences.

Impact of Aging Work Force

Demographic changes in the labor force will threaten profitability; employers need to maintain a pool of healthy and productive employees with the skill and expertise needed by the employer to maintain their competitive edge versus seeking new hires and having to invest time and economic resources into training a new employee (Roberts 2003).

The likelihood of obtaining new employment follow a work injury and residual disability is marginal, given labor market dynamics, economic disincentives, and attitudes. The key to reducing workers’ compensation costs is the establishment of return-to-work programs and maintaining the relationship between the injured employee and the employer (Roberts, 2003).

While most companies believe in the cost effectiveness of return-to-work programs there is no
system to formulate corporate policy, procedure, and protocol, as they relate to successful implementation of a return-to-work program (Koch, 1988). It is important to identify the steps of a return-to-work program in conjunction with a joint-labor-management team to promote the retention of industrially injured employees (Koch, 1988).

To a large extent, both personal and economic costs of injury and disability in industry can be traced to the relationships between labor and management. Researchers in disability management and industrial rehabilitation suggest that both employers and workers benefit when the occupational bond is strengthened. In other words, when management takes an active part in protecting the employability of the worker, and the worker responds positively to an employer's actions and/or interventions. Occupational bonding involves the establishment of a mutually beneficial relationship between workers and employers. The relationship between the employer and employee must be nurtured, edified, and maintained during the injured worker's recovery period. There must be mutual trust and understanding between the parties and that trust and understanding must be
sustained to ensure successful return-to-work (Shrey, 1990).

Perceptual Issues Impacting Disability Management

Vahratian (1988) identified the following factors that contributed to rising workers' compensation costs; failure to establish and maintain personal contact with the injured employee, failure to make the employee feel respected and valued, failure to develop the injured employee's trust and development of a negative attitude on the part of the employer following a workplace injury.

According to Shrey (1990) the bond between injured workers and employers is weakened or even destroyed at a time when it requires strengthening and occur as a result of adversarial worker-employer relationships. Both parties develop feelings of mutual distrust, and any and all existing bonds between workers and employers are severely and hopelessly severed.

Generally speaking, worker injury and disability has been viewed as a medical problem, requiring medical treatment and intervention including but not limited to impairment evaluations and treatments (Shrey, 1990). There is a great deal of literature relating to
iatrogenic disability which indicate that medical and rehabilitation interventions may actually compound disability and prolong disability versus resolving them. For example, unnecessary surgery, prolonged therapeutic modalities, overextended treatment by psychologist, doctors, allied health professionals, and rehabilitation specialist (Scheer, 1990).

Additionally, according to Scheer (1990), extensive litigation and the accompanying stress of the injury and the prolonged time off work and away from the work place is a major issue. Scheer reports that labor and management in many industries remain relatively uninvolved with injured workers. At the point of the initial work disruption, the employer-employee relationship does not necessarily turn bad; they merely cease to exist. When the disruption is prolonged, relationship sours and occupational bonding is non-existent. Employer responsibility for the injured worker is relinquished to outside third parties and once that occupational bond is severed, reconciliation of an employer-employee relationship is difficult to achieve.

Because of the work injury and time off work the employee is thrown into a state of reorganization, which
is either adaptive and integrative or maladaptive and unhealthy (Scheer, 1990). When injured employees are adversely impacted by people, activities, and circumstances within the work environment, they typically respond by avoiding negative experiences associated with the work site. Employee dissatisfaction, conflicts between coworkers and supervisors, employee work performance problems, chronic absenteeism, and deceptive or exaggerated worker compensation claims are often the result of negative labor relations (Habeck, 1999).

Employee response to inadequate labor-management relations often conflict with employer goals of decreasing loss work time and improving productivity. Additionally, an embittered supervisor may actively block a disabled employee who is viewed as antagonistic from returning to work, at the employer’s expense (Shrey, 1990).

A significant factor contributing to increased time off work and increased medical costs is negative attitudes manifested in both employer policies and collective bargaining agreements. Poor relationships between employees and managers negatively impact resolution of a workplace injury (Shrey, 1990).
Habeck (1999), reported findings that suggested that employees felt that the employer had no knowledge of the level and quality of medical care provided nor did employers express an interest in the care received. Consequently, they sought care on their own and very often the care received was inappropriate or went on indefinitely.

Based on a review of the literature it is extremely important for injured workers to continue to perceive themselves as valued employees- that they remain connected to the workplace (Fitzpatrick & King 2001). When employees are injured, management’s communication efforts can have a significant impact on the future course of the claim (Resources for Rehabilitation, 1991). Many employees have a very limited knowledge if any of workers’ compensation functions. For example, they may not posses the knowledge that their medical care is fully paid for (Galvin, 1999). If a supervisor fails to call an employee who is laid-up at home to explain the system and express concern, the employee may linger anxiously on the couch, falling victim to the trial lawyer ads on daytime television. Once the employee becomes represented by an attorney, he or she is more apt to remain off work longer.
and drive up the cost is his or her work claim. It is vitally important to set return-to-work goals immediately after the onset of disability in order to ensure a successful return-to-work outcome. Immediate response to a worker’s rehabilitation needs prevents the worker from feeling powerless or not responsible for their recovery (Kramer & Briffault, 1991). According to Galvin (1995) delaying rehabilitation jeopardizes its effectiveness. Galvin concluded that when disability intervention, management and rehabilitation services are delayed or nonexistent, an employee’s condition becomes increasingly severe; the worker begins to accept the “sick role,” and disability benefits become an attractive alternative to return to work.

**Disability Management Practices**

Typically most disability management practices on the part of employers are primarily reactive, more often than not, employers engage in disability management practices that are reactive versus proactive (Makin, 1985). They tend to utilize rehabilitation practices primarily to reduce the accelerating costs impact of work-limiting impairment among employees with industrial
injuries. Employers focus on cost-containment and return-to-work activities in the workers’ compensation arena. Services include but are not limited to medical case management, vocational rehabilitation evaluation and assessment, personal adjustment and vocational counseling they are clearly reactive strategies (Shrey, 1995).

According to Hursh employers need to utilize proactive strategies as opposed to reactive strategies in order to improve employee retention and reduce the cost of industrial injuries. Hursh (1995) cites emerging medical conditions (e.g. repetitive trauma injuries), and changing employee demographics (aging workers and increasing crosscultural participation) as factors that are going to force employers to employ proactive rehabilitation strategies versus reactive strategies.

Typically, according to Hursh (1995) the cost of doing business in past years involved paying many people to stay at home and collect workers’ compensation benefits, short-term, long-term, and retirement disability benefits. As stated by Hursh the cost of public and private-paid disability benefits have escalated, businesses have come to realize that to compete and grow they must develop better strategies for
keeping their employees on the job. Hursh states that organizations must begin to develop and integrate health and disability management programs with an eye toward health promotion, disease prevention, and reducing disability-related lost time. Business must face the fact that there is not a person to waste when it comes to managing their human resources.

Baril (2003) states that before a return-to-work program can be implemented the socio-demographic characteristics of workers, characteristics of injuries and characteristics of the employer must be carefully studied.

Management of Medical Services

Employers also need to be able to track medical services provided to their industrially injured employees. An effective return-to-work program derives its effectiveness from the collection and review of employee medical data (Galvin, 1995). Control of medical costs involves maintaining direct contact with the medical provider in order to obtain information regarding the injury, diagnosis, anticipated medical treatment and anticipated duration of medical treatment. Additionally,
employers must work with the injured worker and the medical provider in order to set goals regarding the nature, extent and duration of medical treatment (Victor, 1989).

Employers must be actively involved in monitoring the progress of medical treatment (Victor, 1989). The process is initiated when employment begins and includes; occupational health examination/exposure and medical data for all periods of medical disability. Additionally, the program includes strict enforcement of procedures that regulate medical treatment, return to work and job placement (Galvin, 1995). The program should utilize a physician or medical gatekeeper to oversee medical referrals, treatment protocols, disability assessments, work restrictions and medical release to return to work (Thomason, Burton, Douglas, & Hyatt, 1998).

Galvin (1995) stated that some physicians view workers’ compensation as an area in which no one is looking over their shoulder, either in terms of fees charged or in terms of the quality of medical services provided. Shrey (1990) is of the opinion that a proactive return-to-work strategy is important in reducing medical cost and workers’ compensation expenses. Baril (2003)
advises that an effective return-to-work program improves communication between the company, the injured employee and the treating physician.

Job Descriptions and Essential Job Functions

Sullivan (2000) warns that employers need to develop written job descriptions for all existing jobs as well as alternate jobs and the essential functions of the job need to be clearly delineated.

Participation of Injured Employees

Yates (2003) emphasizes the importance of involving employees in the development and implementation of an early return-to-work program in order to encourage a feeling of ownership and maximizing the programs opportunity for success. Research reported by Yates indicated that it is absolutely vital to include the employee and management in the process of developing a return-to-work program. When both parties are actively involved they are more apt to participate and support return to work efforts on their own behalf and on behalf of their co-workers.
Successful return-to-work programs will utilize the resources of employees, supervisors, and managers who have been effectively trained in implementation of return-to-work programs and actively utilize them as facilitators to actively assist with training and educational efforts within the organization. Additionally, they will be able to use them to assist in reviewing accident history, developing job descriptions, recommending job modifications, and identifying meaningful alternate job assignments (Yates, 2003). This strategy helps to reinforce and develop a sense of ownership and responsibility for the outcome of the program (Galvin, 1995).

Impact of Aging Work Force

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The likelihood of obtaining new employment following a work injury and residual disability is marginal, given labor market dynamics, economic disincentives, and attitudes. The key to reducing workers' compensation costs is the establishment of return-to-work programs and maintaining the relationship between the injured employee and the employer (Roberts, 2003).

While most companies believe in the cost effectiveness of return-to-work programs there is no system to formulate corporate policy, procedure, and protocol, as they relate to successful implementation of a return-to-work program. It is important to identify the steps of a return-to-work program in conjunction with a joint-labor-management team to promote the retention of industrially injured employees (Koch, 1988).

Implementation of Return-to Work Programs

In order to implement a successful return-to-work program the organization must have the support of top management and management must be made accountable for the success of the program. Additionally, top management must be aware of the fact that their front-line managers and supervisors are major players in this process and
will have a major impact on implementation of a return-to-work program and will need to be provided with training and support services (Galvin, 1995).

Shrey (1995) stated that employers must be willing to provide incentives to their top management personnel to facilitate return-to-work for industrially injured employees.

Employers must receive education to assist in identifying the major components of a return-to-work program, what constitutes good disability policies and practices and they must be provided assistance in developing standard procedures for the implementation of a return-to-work program (Galvin, 1995).

Most employers lack the sophistication to develop human resource policies that facilitate return-to-work. In order to control workers' compensation costs the employer must improve not only employee safety but establish methods to improve communication with the injured employee specify return-to-work accommodations and improve behavioral approaches to disability management (Galvin, 1995).

Employers need to develop a workplace prevention and remediation strategy that emphasizes disability
prevention or, lacking that, to intervene early following the onset of disability, using coordinated and cost consciousness medical services, collaboration between labor and management and the injured worker (Rosenthal & Olsheski, 1999).

Summary

The major goal of this handbook was to assist employers in improving the competitive edge of their company in a global economy. The goal was also to achieve a healthier, more productive work force by reducing the occurrence and impact of disability on the work environment. It is evident from the literature that employers need to implement a program that would afford them the opportunity to reduce medical and disability cost. It is also evident that employers need a mechanism in place to reduce work place disruption caused by the onset of a workplace disability among their employees. It is also evident that disability management is needed in order to reduce the personal cost of disability to injured employees and to enhance morale by valuing the injured worker who has sustained a workplace injury.
CHAPTER THREE

METHODOLOGY

Introduction

Chapter Three documents the steps used in developing the project. Specifically, research methods used in this project. The library used was the California State University, at San Bernardino and a private collection of magazine articles, industry articles, internet resources, employers who have implemented disability management programs or are in the process of implementing a program, discussions with disability management experts with 20 plus years of experience and who posses masters degrees in rehabilitation, and books on disability management.

The combination of these resources was sufficient to create a handbook on disability management, focusing mainly on development of disability management strategies, policies and procedures.

Chapter three details the steps used in developing this project. Specifically, the population served was discussed. Next to be presented was the development process of this handbook, including resources used and content validation was presented including handbook
structure and content validation. The chapter concludes with a summary.

Population Served

The population served was employers who have had employees off work as a result of a work injury and workers who have sustained a work related injury resulting in time off work. Informal interviews of injured employees, several employers and disability management specialist provided some insight on the topics to be included in the handbook.

The handbook was designed as a positive resource tool to assist human resource managers and other key corporate professionals and union representatives interested in manpower management and planning and benefits coordination with practical information aimed at assisting them in developing decision-making criteria and strategies for implementing a disability management program. The handbook may serve as a valuable resource tool geared towards the establishment of a disability management program aimed at workplace prevention and remediation strategies that strive to prevent disability from happening, or in the alternative, to intervene early
following the onset of disability, using coordinated, cost-effective services that reflect an organizational commitment to those workers exhibiting functional limitations. One of the major purposes of the handbook was successful job maintenance, or reducing the amount of time away from the workplace, for individuals with a disability. It is hoped that the handbook will serve as a tool to workplace efficiency and hopefully improve profitability. It is hoped that the handbook will serve to present a much more organized, focused and directive approach to workplace injury management.

Key goals of the handbook involves; reducing the personal costs of disability to employees, reducing the cost of medical care and disability, reducing the time away from the workplace and workplace disruption caused by the onset of disability among employees, promoting company morale, complying with state and federal legislation, improving the company’s competitive edge in a global economy, promoting a healthier, more productive workforce by decreasing the occurrence and impact of disability on their workforce.

The handbook is significant in that it ensures a responsive workplace and it sends a message that clearly
states that the worker is valued and his or her optimum return to work is an ongoing commitment of the employer.

Handbook Development

The next section of the project provides an overview of the handbook development process. Specifically, the resources employed in the handbook development process and the handbook design are reviewed.

Handbook Resources and Content Validation

Two methods of validation were applied to this handbook. First, the final outline, objectives and handbook structure were compared to handbooks currently in existence. The content of this handbook was extracted from Disability Management: A Complete System to Reduce Costs, Increase Productivity, Meet Employee Needs, and Ensure Legal Compliance by, Akabas, 1992.

Additionally, the Return-To-Work A Disability Management Program from the State of Georgia was utilized to help develop this handbook.

Discussion with a panel of disability management experts with masters degrees and twenty plus years experience in the field of rehabilitation and disability management.
Handbook Design

This handbook was developed for employers to be used for injuries covered by Worker’s Compensation. However, the handbook would also be applicable to non workplace injuries and illnesses. The purpose was to provide standard procedures for the implementation of disability management and to facilitate the timely return to work of employees who have been injured or become ill on the job.

The disability management approach outlined in the handbook is a soup-to-nuts approach for achieving cost-containment and successful readjustment to work for employees who are faced by the onset of a work disability or worsening disability.

The goal of the handbook was to serve as a proactive strategy aimed at controlling the effects of disability and absenteeism in the work place, with the goal of the safe return of employees to transitional, or regular employment by remaining active and return to their normal routine as soon as possible, avoiding isolation and the mind-set of disability.

The handbook may serve as a written policy statement that reinforces a company’s commitment to disability management and helps make the expectation of early return
to work an integrated part of the company culture. It may help to show that the company values its employees. The handbook serves to provide written documentation that is readily available and information that is helpful in communicating with employees, health care professionals and insurance carriers. Having the information in writing ensures that everyone has the same information and helps ensure consistent application of the disability management program.

Summary

Work is a major component of our lives. Work supplies us not only with the our primary of financial support but it also supplies us with our sense of status and achievement, provides a basis for most of our social interactions, and serves as an organizing them for our daily lives. For the injured employee, the loss of work is a major cause of emotional and physical meltdown. To sustain a work injury and to be disabled as a result of it places the injured worker outside of the mainstream of society. He or she is no longer involved in an approved activity.
The American work ethic is alive and well in American society and throughout the world. According to Robinson (2002) approximately two-thirds of workers with disabilities are unemployed. To take a phase from Dickens, we are faced with the best of times but also the worst of times due to the fact that our economy is faced with some very difficult problems, included but not limited to global competition, an aging work force, increased medical costs, increased stress in every aspect of our lives, increased workers’ compensation cost and litigation and the high cost of work place disability. It stands to reason that it would be cost effective for an employer to implement a disability management program.
CHAPTER FOUR
CONCLUSIONS AND RECOMMENDATIONS

Introduction

Included in Chapter Four was a presentation of the conclusions gleamed as a result of completing the project. Further, the recommendations extracted from the project are presented. Lastly, the Chapter concludes with a summary

Conclusions

The conclusions extracted from the project follows.

1. It is the goal of this project to assist the employer in minimizing loss time from occupational injuries in the workplace.

2. The company must ensure that the disability management strategy reflects and is consistent with the company's values and corporate culture. The corporate policy will be instrumental in determine the effectiveness of the program, the quality of care provided to injured employees, cost containment, cost-effectiveness, and promoting positive employee relations. It is essential that
corporate policy develop a policy to identity and promote a safe and productive workplace culture.

3. In order to disability management to be successful top management and employees must be involved in establishment disability management polices. Management and employees must be actively involved is disability management is to succeed.

4. To institute disability management policies and procedures immediately following a work injury.

5. To maintain and promote lines of communication. Communication must be open and ongoing. Communication must be multilevel and multidirectional, flowing between the injured worker, employer, health care providers, union representatives and all concerned parties.

6. It is essential that the program have an evaluation component to determine whether or not the program is achieving its goals and objectives.

7. The program must have a mechanism in place in order to analyze both successes and failures.
8. Development of a disability management program is evolutionary. Setting all the components in place at one time is unrealistic. The program should grow and take shape over time, always remaining responsive to the needs of the employer, changes in the organizations environment and the community, and, most of all, the needs of the injured worker who has sustained a disability.

9. The program must allow for flexibility and have the ability to continually adapt to changing employer and employee needs.

10. Monitoring and evaluation provides a mechanism for ensuring program continuity and assist in determining whether or not the needs of the participants are being met, helps to keep everyone informed about program operations, demonstrates the degree to which program needs are being met, suggests alternative methods of modifying the program to fit organizational and labor force changes as needed, and provide feedback to program personnel about the performance of the participants.
11. The program must have a medical surveillance component. It is important to determine the worker's level of satisfaction with his or her medical care. It is important for the treating doctor to have knowledge regarding the nature and extent of an injured employee's job duties and the physical requirements of that job in order to establish medical restrictions to return-to-work.

Recommendations

The recommendations resulting from the project follows.

1. It is extremely important that employers develop a disability management program in order to reduce workers' compensation and medical costs.

2. A handbook is a resource that provides a clear policy that is communicated throughout the workplace, and reinforces the company's policies and procedures. It leaves no doubt in anyone's mind concerning the intent of management.
3. It offers a guide to behavior and offers the basis for understanding the consequences that will occur from any given action.

4. It reflects the organization’s philosophy and values.

5. The components of a disability management program should maximize the participation of all interested parities.

6. Establishment of a disability program should stress individual as well as organizational objectives. The objectives should be both humane and emphasis cost cost-containment.

7. Disability management should emphasis early intervention, specify the structure of the program and assign responsibility for the disability management function.

8. Disability management requires strong medical providers and medical surveillance.

9. There should be a mechanism in place to evaluate the effectiveness of disability management services.
Summary

Chapter Five reviewed the conclusions extracted from the project. Lastly, the recommendations derived from the project were presented.
APPENDIX

COMPONENTS OF A DISABILITY MANAGEMENT PROGRAM
Components of a Disability Management Program
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Goal of Disability Management</td>
<td>72</td>
</tr>
<tr>
<td>B</td>
<td>Policy Statement</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Mission or Policy Statement</td>
<td>75</td>
</tr>
<tr>
<td>C</td>
<td>Needs Assessment and Baseline Data</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>Characteristics of the Work Force</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>History of Disability</td>
<td>77</td>
</tr>
<tr>
<td></td>
<td>Experience of People in the System</td>
<td>78</td>
</tr>
<tr>
<td>D</td>
<td>Ensuring Continuity of Disability Management</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Program Monitoring</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Staff Training</td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>Early Identification and Intervention</td>
<td>83</td>
</tr>
<tr>
<td></td>
<td>Information Dissemination and Networking</td>
<td>85</td>
</tr>
<tr>
<td>E</td>
<td>Procedure</td>
<td>85</td>
</tr>
<tr>
<td>F</td>
<td>Employer Responsibilities</td>
<td>86</td>
</tr>
<tr>
<td>G</td>
<td>Employee Responsibilities</td>
<td>87</td>
</tr>
<tr>
<td>H</td>
<td>Change of Attitude</td>
<td>88</td>
</tr>
</tbody>
</table>
Components of a Disability Management Program

Section A

Goal of Disability Management

Disability management is an innovative program that has been established to assist employees with work injuries to return to full time work status. It is designed to benefit injured employees and save money for the organization.

The goal of disability management is the safe and expeditious return of injured employees to modified or transitional employment and eventually full time work duty. Medical research has demonstrated that injured employees recover faster if they remain active and return to their regular activities as quickly as possible, preventing isolation and the mindset of disability. Disability management is designed to help injured employees to maintain their earning, health insurance, and other employee benefits that may be impacted when a worker is away from the workplace for an extended period of time. Disability management helps to maintain workplace friendships, job security and retirement plans.

The major components of the program involves an attitudinal change among all levels of management to establish a belief system and mindset that employees with temporary or permanent restrictions can remain productive members of the workplace.

To create a process for timely reporting work injuries, which initiates the disability management process and affords employees the opportunity to receive quality medical care and lost time benefits.

To assign a worker’s compensation coordinator to the injured employee and to work with management providing expert assistance aimed at guaranteeing that the injured employee knows whom to contact and to get his or her questions timely answered.
To encourage ongoing communication between the injured employee, his or her supervisor, management, human resources to help ensure and encourage a good working relationship and reduce problems that can develop as a result of extended absence.

To provide transitional, alternate or modified work duties that have been approved by the treating physician.

To ensure compliance with state and federal regulations in accordance with reasonable accommodation under the Americans with Disabilities Act and to ensure that experienced and valued employees are not terminated as a result of the work injury.

Control of direct cost, which includes costs of workers’ compensation, medical expenses, sick leave, special injury leave, family leave, and disability retirement.

Control of indirect cost include: lower production when the injured worker is at home, replacement and overtime costs, training costs for new employees, the cost of losing a valuable employee, additional supervisory time, customer dissatisfaction, co-worker frustration, and decreased moral.

Section B

Policy Statement

Serves as an explicit position that is taken by the employer that applies equally and systematically to each and every employee and is available to all employees. It sets in place the structure from which all other action is derived. Policy serves as a mechanism that organizes the workplace by pulling together a unified document around the goal of meeting the needs of workers who have sustained a work injury. A policy statement is a means of evaluating tasks that are available at the workplace that may be appropriate for workers with a variety of physical limitations. Policy also provides an avenue for hooking up workers with available task and serves as a means
of supervising and monitoring performance to ensure that transitional employment duties are medically appropriate. Policy also serves to establish guidelines for when a worker is able to move on to his or her regular job duties. It serves to establish how long someone may be involved in transitional employment. Policy serves as a mechanism for establishing a plan for the future and provides a base for longer-range plans that need to be developed.

Policy must be established at the start of a disability management program. It informs the organization and all of its actors as to what is expected. It provides a guide to behavior and offers the basis for understanding the consequences that will occur as a result of any given action. A good policy statement begins with a sense of philosophy and values. It incorporates objectives and provides concrete guideposts against which outcomes can be measured. A good policy statement incorporates both individual and organizational objectives. Individual and organizational objectives are mandatory if policy is to serve as a guide for action. It ends with a particular set of ingredients and implementation procedures. A good policy statement recognizes that development of a disability management program is evolutionary. A policy statement should be both flexible (able to respond to diverse situations) and dynamic (able to quickly respond to changes in the system).

A good disability policy statement will also allow for and incorporate the development of a disability or transitional work team. Disability management requires action. A policy statement should indicate what those actions will be, in essence, how will the organization be altered to implement the policy. The kind of provisions needed include but are not limited to:

- Designating the amount of time allowed to elapse prior to contact with a newly injured worker
- Specifying the conditions under which job accommodations will be made
• Agreeing on the length of time an employee’s job will be guaranteed for his or her return
• Identifying the incentives and disincentives to be applied to gain cooperation from supervisors and injured employees
• Establishing relationships with treating doctors and other community providers
• Developing data sets that will allow the program to function as well as monitor and evaluate its activities
• Analyzing factors that precipitate disability and developing proactive strategies, example ergonomic interventions
• Providing a mechanism for dispute resolution
• Developing administrative procedures and systems
• Establishing formal lines of communication among the different departments
• Coordinating activities within a single department or with other departments
• Reviewing cases that pose problems for the system or that the system is having problems resolving
• Provides a mechanism for mobilizing resources
• Provides a mechanism for reexamining policy and program procedures
• Sets up a reporting and evaluation mechanism

Mission or Policy Statement

(Company Name) is committed to providing a safe environment for our employees. Our primary goal is prevention of work injuries and illness.

Our disability management program provides the injured employee with the opportunity to return to regular work duty. If it is determined that the injured employee is unable to return to work as a result of physical restrictions, the program provides opportunities to perform his or her regular job with modifications or, when
available, to perform his or her regular job with modifications or, when available, to perform alternate temporary work that is consistent with the employee's physical capabilities.

This could be something as simple as implementation of a flexible schedule which allows the worker to attend medical/therapy appointments or assignment to a special project that provide duties suited to reduced physical capacities.

Only work that is productive and meaningful to the employee and business needs will be considered. As an active participant in the disability management program, employees' must be an active participant in the decision-making process related to the disability management program. Employee and employer needs are best met when medically appropriate job tasks are provided to serve as a transition to regular job duties. Injured workers who are participating in the program are expected to provide feedback in order to improve the programs effectiveness and to ensure ongoing development of the program and compliance of managers, supervisors and co-workers.

Section C

Needs Assessment and Baseline Data

Prior to implementing a disability management program the organization should prepare a detailed report on existing conditions and services is essential. This step helps to set priorities and identifies areas that require more information prior to making decisions about what policies and procedures should be in place. A needs assessment helps to establish the best possible fit between probable needs of employees with work injuries and the goals of the organization. It also serves as a mechanism for preventing the duplication of services. A needs assessment should look at the:

- Characteristics of the work force
- History of disability in the work environment
Experience of people in the organization
- Early identification and intervention

Characteristics of the Work Force

Work force characteristics involve looking at the age, gender, marital status, level of educational attainment, work history, jobs held within the company, and ethnicity. This information is needed in order to identify the potential services that may be needed and also to help predict the types of injuries and disabilities that are occurring in the work environment. This information can also serve as a means of implementing appropriate preventive strategies.

History of Disability

This information is valuable because it provides valuable information on the various aspects of disability at a specific worksite. This information allows an employer to look at what types of injuries are occurring and if they are occurring at a greater rate than others. It also allows for comparison of workers with similar types of injuries and average length of time off work. Tracking the history of disability also affords the employer the opportunity to review the treatment practices of doctors. It also allows the employer to examine the types of work performed by workers who sustain a work injury and the departments in which they occur. Tracking the history of disabilities in the workplace allows employers to make predications as to whether or not certain injuries are occurring at a greater rate than expected. It provides invaluable information regarding the proportion of workers with permanent, chronic, or worsening disabilities. It also provides the opportunity for the employer to determine if there is a particular segment of their work force that is more impacted by work injuries and how the different segments respond to work injuries. It affords employers the opportunity to see how different groups respond to work injuries. For example, examining the impact of a work injury on an older worker versus a younger worker or the impact of a work injury on a married worker versus a single worker. Looking at
the history of disability also affords the employer the opportunity to determine the average length of disability.

One of the primary means of examining the cost effectiveness of a disability management program for the employer is the degree to which the program helps to curtail costs or at the very least to show a favorable cost-benefit ratio. In order to determine the cost effectiveness and hopefully the success of the program in meeting this goal, detailed cost information must be maintained. Historical data enables the employer to determine if there exist patterns or trends in the occurrence of disability at their site. This allows them to develop prevention strategies and to respond more quickly to work injuries and the need for transitional or modified employment.

Experience of People in the System

It is extremely important for the employer to identify individuals within the organization who have been or are currently involved with the problems of individuals with work injuries. Having this information can provide information about how the system operates and what types of assistance are needed. This information offers valuable insights into how to modify or adapt existing services and effectively implement new program components.

In summary, assessing needs and collecting baseline data helps the employer to determine what is currently being done to assist workers, identifies what needs to be done, provides hard data regarding patterns of disabilities over time, provides data regarding the current status of workers with disabilities and how to best implement a disability management program at the work site.

Section D

Ensuring Continuity of Disability Management

Once a disability management program has been implemented it is imperative that the organization sustain its commitment to the program. To do so, the program must
be embedded in the organizational structure so that it can weather company changes, economic ups and downs, power struggles, and other internal and external forces. Ensuring program continuity requires four basic components:

- Program Monitoring
- Staff training
- Early Intervention and Prevention
- Information dissemination and networking

**Program Monitoring**

Program monitoring and evaluation is an extremely important component of a disability management program. Monitoring and evaluation assesses how well the needs of participants are being meet, helps to keep everyone informed about program operations, demonstrates the degree to which program goals are being met, offers suggestions on how the program can be modified to fit organization and work force changes best, and provides feedback to program personnel regarding the quality of their performance. Monitoring and evaluation require data collection, data analysis, and review and interpretation of results of analysis to ensure understanding of program operation or determine if corrective actions are required. The type of data collected is dependent on the organization.

In order to monitor the effectiveness of their disability management program, the employer must develop a list of questions. Categories to consider include the following:

- Questions to monitor the effectiveness of services provided to participants.
- Are referrals promptly acted on?
- What is the time between onset of the injury and intervention?
- Are workers referred to the program accepting the benefit?
- Are workers in need of assistance being referred?
- What are the characteristics of participants?
• Are nonwork problems being properly identified through the intake process?
• What types of problems are workers experiencing as a consequence of disability?
• Are community resources being properly and promptly identified?
• Are the resources being utilized effective?
• Are conflicts and problems resolved in a timely and effective manner?
• Are the work accommodations offered adequate to ensure successful return to work or maintenance of work roles?
• What are the problems of readjustment to work that the program did not or could not address?
• How accessible are program personnel easily accessible and do they provide sufficient assistance?
• Questions to monitor program operations.
• Are referrals made in a timely manner?
• Is confidentiality being properly maintained?
• Does the transitional work team or coordinating committee obtain sufficient information from department heads or supervisors that allow for smooth functioning?
• Do all department personnel and management personnel receive the same information regarding the program?
• Is the information provided to department personnel adequate and appropriately communicated?
• Does program activity impact other department functions?
• Are community resources being adequately developed and maintained?
• Who is not accepting program assistance, not returning to work, staying off work for prolonged time periods, or performing poorly, and why?
• Questions to evaluate program policy and goals.
• Has the type of and distribution disability experienced by workers increased, decreased or changed since program implementation, that is, has prevention been accepted as a mind set and tool in the prevention of work injuries?
• Have the characteristics of workers most frequently affected by disability changed since implementation of the program?
• Has the number of lost days decreased?
• Has the number of workers who remain on the job following program intervention increased?
• Have morale and job satisfaction among workers with injuries and their co-workers and supervisors improved?
• Have medical costs decreased?
• Has the amount, or at the least the rate of increase, of workers compensation benefits decreased?
• Has the cos of benefits and number of claims under workers compensation decreased in amount or rate of increase?

Staff Training

Introduction of a disability program not only involves an assessment of the experience of people in the organization in terms of managing workplace injuries but it also involves an assessment of the training needs of top management, supervisors, co-workers, human resources and any other individual who is involved in the program. For example, staff may need to be trained in early identification and referral procedures. They may need to be trained in how to analyze jobs for their suitability for providing transitional or modified employment and how to assess the workers for transitional work activities. Managers may need assistance in reviewing and understanding medical restrictions.

Disability management does not operate in a vacuum. For example, the manner in which a supervisor and/or co-workers absorb the workload of a person who is out on
disability and their acceptance of them following their return-to-work is influenced by the information available to them regarding the disability and accompanying medical restrictions. Managers, supervisors and co-workers may need assistance in developing strategies for coping with the injured employee upon his or her return-to-work.

When a disability management program is implemented all staff directly involved in the disability management program will require a thorough orientation that describes the entire program and not just the part for which the individual or department is responsible for managing. It is imperative that everyone has a clear understanding of their role and how he or she fits into the scheme of the program. If everyone has a clear understanding of their role they will be more inclined to behave productively.

It is important that top management receive training regarding the program and to evidence commitment to the concept of disability management. Top management will require training so that the organization’s leadership has a clear understanding of the program’s objectives, procedures, and personnel. Management and supervisors must demonstrate a sensitivity to the problems faced by the injured employee and assisted in developing strategies to help them overcome them are fundamental to successful return-to-work.

Training also involves helping the organization to develop appropriate forms for recording information, constructing assessment instruments, analyzing the medical treatment, development of cost-benefit data analysis, tracking levels of productivity, tracking medical referrals, time off work, determining how data will be used, collected and stored and analyzing the success of the program. Training is not a one-shot deal but is an ongoing process. Training is an ongoing process and requires continual feedback and updating. Training can occur in-house or it may require the assistance of an outside consultant.

Staff training is fundamental to establishing disability management in the organization. Through training, the tasks and concepts of disability management
become part of the organization’s daily operations and not something that is unusual or out of the ordinary or external to the organization. Training strengthens the skills and provides the necessary support to perform disability management functions and redefines jobs so that disability management becomes an automatic part of them.

There are many aspects of training to take into consideration:

- What jobs are redefined and, therefore, require training for?
- Who needs training?
- Who does the training?
- What is the content of the training?
- Who should participate in training?
- When and where does the training occur?
- How long should the training be?
- How can resistance to training be handled?
- How is the impact of training to be evaluated?

**Early Identification and Intervention**

Early identification of workers with disabilities is a key component of a disability management program. It allows for early intervention to help determine whether or not the injured employee is receiving appropriate medical care. It can also help to determine how the treatment process can be enhanced. Early identification allows for an employers transitional work team to intervene early and prevent small problems from becoming big problems. It is important to keep in mind that an employee with a work injury is not just concerned with his or her physical recovery. The worker may be experiencing financial problems, personal or family issues, and problems returning to work. Identify the issues early on helps to reduce their impact. Finally, intervening early provides valuable information on how the worker perceives his or herself and the work injury. Early intervention assures the worker that the employer wants them at the worksite. Early intervention fuels the motivation to return-to-work by reinforcing the value of the worker to the workplace and reinforces the belief that ability and not
disability determines the worker’s employment future. Early intervention affords employers to resolve problems before they become insurmountable and therefore, facilitates return-to-work.

Early identification also involves coordination or assignment of responsibility. Prevention of disability is everyone’s responsibility but the policy statement should specify the structure and assign responsibility for the disability management function. It is often recommended that employers develop a transitional work team.

Additionally, intervention involves assigning incentives and disincentives. To accomplish disability management objectives, it is imperative to discourage certain negative behaviors (for example, staying home longer than necessary for recreational reasons) and encourage positive behaviors on the part of key organizational players such as supervisors and/or co-workers (for example, welcoming back an injured employee with a disability).

In order to get the cooperation of supervisors or department managers it may be necessary to use his or her own performance appraisal to encourage a supervisor to maintain communication with employees out due to work injuries. Charging benefits back to a supervisor and the department he supervises is a powerful motivator that can be used to obtain their cooperation. Additionally, not allowing a supervisor to recruit replacement labor on a temporary basis is also a powerful tool that can be utilized. If a supervisor is prevented from filling a job when an employee is out on disability, the supervisor has an incentive to identify accommodations. The organization may need to give consideration to accommodating employees with disabilities as one of the criteria on which a supervisor is evaluated. When merit raises are attached to positive evaluations, the drive toward accommodation is greatly enhanced.

Additional features that can be built into a performance appraisal include evaluation of a unit’s reduction in accident time and other lost-time activities. Safety reviews and holding supervisors accountable for training to help promote prevention is
an excellent means of supporting disability management. Preventive activities and early intervention can have a powerful impact on a unit’s budget.

Information Dissemination and Networking

In order for a disability management program to be successful employees need to know that the program exist and they need to be kept informed. Additionally, people and outside organizations that are involved in assisting injured workers need to be advised of the program. Keeping employees informed about the program allows it to become an accepted and expected part of the workplace.

Section E

Procedure

An employee who is injured on the job must immediately report the injury to his or her supervisor. The supervisor is to report the injury telephonically by calling our toll free 800 number that is operational 24 hours per day/7 days per week. Timely reporting of work place injuries is the key to a successful disability management program. Delays in reporting can create difficulties for both the employer and the injured employee. Failure to timely report a work injury results in delay of benefits, creating undo financial strain on injured workers. Additionally, failure to timely report work injuries results in delays in the provision of medical treatment. Furthermore, failure to timely report work injuries prevents the process from working and increases the cost of the claim. Additionally, if work injuries are not timely reported we might be assessed with a penalty for delay of medical treatment and payment of benefits. Being there is the key to reducing the potential for an injury to develop into a full-blown disability. Furthermore, the longer the delays in working with the injured employee the greater the likelihood that he or she will not return to his or her job. This is a loss for both the employee and the organization.
• Name and address of the injured employee
• Name, address and telephone number of supervisor
• Social security number of injured employee
• Age and sex of the injured worker
• Date and time of accident
• Description of the injury (how, where, when)
• Nature and type of injury (cut, scrape, fall, burn)
• Part of body injured (foot, knee, hand)
• Hourly/weekly/monthly wage
• Name and address of physician, hospital, urgent care
• Has the injured employee returned to work?
• Describe the work place and conditions that may have contributed to the injury and safety devices present
• Describe and list recommendations that may correct the condition(s) and/or prevent future injuries of this type

Section F

Employer Responsibilities

• Assign responsibility for the program
• Right roles and responsibilities and communicate it to all employees
• Provide a safe work environment
• Develop written return-to-work policies and procedures
• Educate all employees about the program
• Train employees on proper reporting of incidents and incident investigation
• Promptly report job related injuries to the insurance carrier
• Completion of first report of injury
• Provide information to employees about the workers’ compensation system and benefits
• Maintain communication with the injured employee during his or her time away from the work environment
• Monitor progress of the injured worker until he or she returns to the work place
• Make every effort to develop and provide meaningful return to work opportunities
• Communicate with the treating doctor and insurance carrier to promote recovery and return-to-work
• Develop functional job descriptions and identify physical requirements that clearly identify physical requirements of the job
• Establishment of a health care provider network
• Evaluate program objectives quarterly
• Write a return-to-work plan in co-operation with the injured worker and monitor the plan
• Establishment of a dispute resolution process in the event that a dispute develops between the company and the injured worker

Section G

Employee Responsibilities
• Know and follow safety policies and procedures
• Report work injury immediately
• Work injury is to be reported to immediate supervisor
• If medical attention is necessary, inform your doctor that modified employment is available to accommodate your physical abilities
• Provide your doctor the Return to Work Information Packet that was provided to you my your supervisor
• Immediately notify your supervisor if your work status changes
• When released by your doctor to return to light or regular duty, report on the next regular shift; and follow up with your doctor’s orders and restrictions at home and work
• Work in conjunction with the company’s management team to develop a return-to-work team
• Fully participate in your medical treatment plan
• Immediately report any difficulties encountered with medical treatment
• Advise human resources or your disability coordinator immediately if your supervisor and or co-workers are not compliant with restrictions

Section H

Change of Attitude

For the disability management program to be most effective, typical attitudes towards return-to-work must be re-adjusted. Every member of the management team will demonstrate an attitude that is committed to the growth, development, and protection of employees and recognize that they are the organizations most valuable assets. Attitude involves the creation of a safe and healthy workplace and a climate that fosters and empowers worker participation. This change in attitude is geared towards improving morale and, therefore, improving productivity. Attitude is a reflection of the organization’s policy statement and an understanding that the work force and management are in a partnership arrangement.

Unproductive Vs Valuable

We must stop seeing injured workers as people with limitations as being of no valuable to the work place and start seeing them as being valuable to the organization. By designing assignments that enhance the employee’s capabilities and provide value to both the employee and the work place, coming back to work should be viewed as a
bonus and not a burden. The only acceptable attitude is one that recognizes that employee’s are the organization’s most valuable asset.

Out of Control Vs Taking Control

One of beliefs that can negatively impact the program is the belief that Workers’ Compensation and disability in the work place is such a huge problem that there is nothing that can be done by anyone to curtail the cost or improve the outcome. It can be controlled and it will be controlled. Taking control means looking at the medical diagnosis and the expected return-to-work date set by the physician or the expected recovery date. If the date is greater than three months or ambiguous restrictions are given, arrangements should be made to meet with the treating physician and the injured employee.

Must be 100 percent Vs Return-to-Work

The belief that an injured/ill employee must be 100 percent and fully recovered prior to return-to-work not only delays the Return-to-work process but also delays the recovery process. The focus is on the functional capacity of the injured employee and not the diagnosis or the disability.

Stay at Home Vs Work as therapy

The belief that the injured worker will get better by remaining at home must be replaced with the attitude and knowledge that a work activity and exercise are an essential part of the recovery process and is therapeutic.

Expensive Vs Inexpensive

The mindset that bringing injured employees back is expensive must be replaced with the knowledge that not brining them back is more expensive.

Claimant Vs Vital Employee

There is a problem with the injured employee being identified by his or her workers’ compensation claim and claim status versus his her name and history of being a valuable employee. The employee who files a workers’ compensation claim is
no different than the employee who is off on maternity leave or a medical leave for a non-industrial medical problem or the employee who uses educational or dental benefits. Seeing injured employees as “claimants” carries negative connotations and depersonalizes them and results in the organization treating them differently. When the injured employee is seen as a “claimant” the concern is that they will be treated different and they are seen as having no value to the organization.

Section I

Maintaining Contact with Injured Employees

Maintaining contact with injured employees is an extremely important part of the return-to-work program. Maintaining contact with the injured employee from the onset of the injury and throughout the recovery process is extremely important. Failure to maintain contact with the injured employee leads to anger and disenchantment with the organization. The injured employee does not like being ignored or his value and the sacrifices he or she has made to the organization discounted.

Maintaining contact between the organization and the injured employee helps to maintain the relationship between the employer and the employee. Breakdowns in communication are a significant reason for otherwise minor medical impairments turning into full blown and complicated disabling conditions. It is also one of the primary reason injured employees seek legal assistance.

It is mandatory that all contact and communication convey respect for the employee. The goal is to convey their loss and their continued value to the work place.

Contact and communication is not aimed at spying on the employee or investigating the claim.

Importance of Communication

- Reduces litigation
- Workers return to work sooner
- Workers are less likely to become disabled
- Reduces costs
- It’s the right thing to do

Four Steps to Maintaining Contact

Step 1: Communicate with concern and support. This is communicated at time of injury by co-workers, supervisors and human resources. This can be accomplished with a telephone call or a card with a hand written note. The date completed and by who should be noted. Examples of what could be said include but are not limited to the following examples:

"We’ll miss you"
"We look forward to your return"
"We’ll be calling you about the return to work process and your claim"
"Please contact us about any problems or concerns"

Step 2: Affirm you are there to help. Informing the employee that you will keep him or her apprised of everything that is happening in the workplace and let them know that you are available to actively assist them in their recovery process. This can be accomplished via telephone contact, personal contact at home or at the workplace. Date completed and by who is to be noted. Examples of what could be said include but are not limited to the following examples:

- "You are valued"
- "Call us with any questions at any time"
- "We will be in contact with more information"
- Step 3: Provide detailed information about medical, claims, and the transitional employment process and program.
- Discuss loss-time, medical bills and other issues of concern to the injured worker
- Forms and assist with completion
- Explain benefits
Identify key contacts and provide contact numbers

Possible Transitional Employment, job site modification, modified employment or reasonable accommodation

Step 4: Maintain Contact: Make weekly short phone calls or contacts to learn as much as possible about the injured employee’s needs. Contact is to be sincere and aimed at addressing the worker’s concerns and issues. Contact is not aimed at investigation or trying to trick the injured worker.

Arrange for off-work employee to visit his/her department, suggest that the visit take place in conjunction with a scheduled medical appointment. Additionally, it is recommended that co-workers be encouraged to visit and maintain contact with the injured co-worker in order to remind the injured employee that he is a member of a team and he or she is missed. Contact should be geared towards fostering good will. Encourage co-workers to maintain not only in person contact but also via telephone contact, cards and letters providing information about what is taking place at the work site.

The goal of early contact is to show concern and support for the injured employee and to reaffirm that he or she is still a valued employee and has not been forgotten. Keep in mind, that expressions of concern and support can be counterproductive if they are perceived as dishonest. In a situation where an injured employee did not get along with his or her supervisor or a certain co-worker, it may be better to have follow-up contact be established by another individual who has a more positive relationship with the worker.

Section J

Transitional Employment

Transitional employment is the process through which injured employees are brought back to work as quickly as possible in temporary assignments. These
assignments are designed to assist them in remaining productive and to actually enhance and speed up their medical recovery. Transitional employment is a creative and dynamic process involving input from the employee, his/her supervisor and other involved parties. Its goal is to create the best possible return-to work opportunity for the employee/employer.

Transitional employment is specific with a start and end time. It involves a review process and there is a defined time period for the assignment.

Transitional employment is tailored to meet employee’s physical abilities; intended to maximize recovery, resulting in increased productivity.

Transitional employment is flexible; it may change daily or weekly depending of the employee’s medical progress and organizational need.

Transitional employment involves a coordinating team that revolves around input from the injured employee, his/her supervisor, human resources, risk management and the medical provider and ancillary health care providers.

Transitional employment involves a clearly delineated plan for each employee with clearly defined responsibilities and expectations.

The goal of transitional employment is to increase productivity and potential for employee recovery.

Establish Maximum Time Limit

Failure to establish a time limit for transitional employment can potentially create a right to “permanent” transitional employment. It is recommended that the a transitional employment plan be developed and evaluated throughout the injured employees medical treatment but it is essential that the plan be evaluated prior to the worker reaching a medical and stationary status or at the very latest at the time medical and stationary medical status is reached. It is mandatory that all plans that extend beyond a 90-day period be evaluated.
Do No Harm

Transitional employment is intended to ensure rapid return to temporary work, but only when such work is medically appropriate. Transitional employment should not cause undo physical or emotional stress to the worker. Medical restrictions are to be adhered to.

Maintain Medical Confidentiality

All information is to be discussed on a “need to know” basis only. The only thing the transitional work team needs to know is the employee’s capabilities.

Maintaining confidentially between the injured worker and the transitional work team is essential and is fundamental to developing a trusting exchange. Workers will not participate in the program if they perceive that their trust is violated. A guiding principle for employers is that any information that should be shared, even with employee consent is based on the principle of need to know basis.

Effective disability management should have explicit policies and procedures for determining what information may or may not be shared and how it is to be utilized without jeopardizing the employee’s trust and without violating the worker’s right to privacy.

Provide Meaningful Work

Step 1: Focus on the individual. Each person is unique. Determine what skills, hobbies, experiences or abilities the injured worker may posses that might be creatively and productively used by the organization.

Do not ask an injured employee what he can’t do; ask an injured worker what he or she can do. The injured worker’s unique background or interest can provide valuable information to the transitional work team regarding the best direction to proceed. Allow the employee to participate in the brainstorming process, because they can be a rich resource for creative ideas.
Step 2: Think beyond the unit or department. If it is impractical for the injured worker to return to his or her department, consider a temporary assignment somewhere else in the organization. Keep a list of supervisors who have special projects that need to be completed or who have staffing needs that are in keeping with the injured employee’s needs and abilities. Allow the return-to-work process to serve as a bonus program by creating a temporary help agency utilizing the services of injured employees.

Step 3: In every organization there are value added components to products or services. Value added refers to those unexpected bonuses that customers derive from using the products or services provided by the organization. Work with the injured worker to determine how he or she might impact or enhance those services.

Step 4: If it is determined that an injured worker is unable to perform transitional work activities, the organization should give consideration to using this time to develop new skills that the employee will eventually need, enhance and update/or update old skills, or retrain and develop the injured for the next step on the employee’s career ladder of skill development. This can occur by utilizing workshops, on the-the-job training, or through classroom training. The organization benefits when employees possess a variety of skills. The more skills a worker possesses, the greater the options for the employer when an injury occurs.

Step 5: Look into the possibility of the injured employee serving as a mentor or assign the task of training other employees with less experience and skills. Also consider the injured worker in the capacity of orienting new employees Keep in mind that an injured worker’s knowledge may be of greater value than his or her ability to lift or bend or stoop.

Step 6: Think out of the box and get into the practice of concentrating on the goal and being flexible about the methods to achieve it. Too often we lose sight of the goal because of the fact that we are too wrapped up in the process. When something has never been tried or done before, it should not be viewed as a criticism but a
benchmark. The key is to avoid looking at the injured worker as an added burden, or a piece of a puzzle that doesn’t fit. The key is to look at the injured worker as a hand the organization would not be able to exist without.

Step 7: If unable to identify meaningful transitional work activities don’t hesitate to discuss your injured worker with another supervisor/manger in order to get ideas. Additionally, a resource that you may utilize to assist in the development of transitional employment is the Job Accommodation Network (JAN), which is an organization that publishes information on accommodations in the workplace. JAN is a computerized database developed both to provide information about the types of accommodations that employers have made and JAN offers an assessment on how well they have worked. JAN is available to advise any individual needing information or accommodation and they may be contacted at 1-800-526-7234. Calls are answered twenty-four hours per day and responses are quick and extensive.

Forms

Benefits

Possible transitional or modified employment or reasonable accommodation.

Step 4: Maintain contact of a supportive nature: This can be done by co-workers, supervisors, risk management and others during the entire recovery and return-to-work process. This step is employed when significant loss-time appears likely. Steps to be employed include but are not limited to:

- Make weekly short phone calls or contacts to learn as much as possible about injured employee’s needs
- Arrange for an off-work employee to visit his/her department, perhaps in conjunction
- with a schedule medical appointment
- Keep employee informed about changes or news that is occurring within the workplace
Maintain Continuity/Keep It simple

Maintain every effort to keep the employee doing as much of his/her regular work duty as possible.

Maintain every effort to keep the employee is his/her unit or department whenever possible.

When Simple Doesn’t Work Be Creative

Don’t be afraid to try something new and different simply because it hasn’t been tried before. Feel free to use your imagination.

Integrate the transitional work plan with medical treatment or therapy.

Assign the employee projects that will enhance his or her knowledge or skills

Assign the injured worker the task of assisting the employee who will be temporarily replacing him or her.

Have the employee work an alternating schedule (for example, Monday, Wednesday, Friday).

Interview the injured employee and attempt to ascertain what skills he or she may possess that has not been tapped into.

Assign the employee to those aspects of his or her job that can be physically performed for a portion of the day and other task the remainder of the work shift.

Be open to exploring other alternatives when one plan doesn’t work.

Involve the employee and his or her manager to ensure the development of suitable tasks, which will enhance creative-decision-making, and promotes trust.

Be consistent and treat all employees fairly.
Who Is Responsible For Transitional Employment

The transitional work team will consist of the following members:

- Injured employee
- His/Her manager
- Human Resources

As needed members:

- Physician
- Physical or occupational therapist
- Legal resources
- Community resources
- Ergonomic specialist
- Rehabilitation Supplier
- Job analyst
- Rehabilitation Counselor
- Occupational health nurse

The transitional work team is an evolving dynamic team, meeting on a regularly scheduled basis. This group is responsible for gathering knowledge from an multitude of resources and pooling their individual talents, experience and skills into developing a suitable return to work plan. All members are equally responsible and no one member is solely responsible for the success or failure of the transitional return-to-work plan. They are to be medically informed and share appropriate information to ensure that everyone is on the same page. Each member of the team is to remember that one person simply doesn’t have access to all the resources and good ideas that a team may possess. Additionally, by working together and pooling resources and talents, no one person is overwhelmed by the responsibility of the transitional work program.
**Transitional Work Plan**

- Employee Name:
- Department/Unit:
- Title Of Regular Job Duty:
- Supervisor:
- Reviewing Manager:
- Human Resources Representative:
- Physical Capabilities/Restrictions:
- Date Restrictions Began:
- Anticipated Length Of Restrictions:
- Next Review Date:
- Action/Comments:

**Plan Specifications**

- Start Date:
- End Date:
- Describe job and/or specific tasks to be performed:
- Describe hours/day and days/week, including progression schedule:
- Special Considerations:

This Transitional Employment Plan as been reviewed and discussed with me to clarify any questions or concerns I may have. I have been provided with a copy of this plan and understand my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.

- Employee Signature
- Date
I have reviewed and discussed this Transitional Employment plan with the employee. In addition I have provided a copy of the plan to the employee.

Supervising or Reviewing Manager Signature

Date

Other Transitional Team Members in Attendance:

Physicians Signature:

Section K

Modified Employment

Returning employees to work is the major goal of disability management. If it is determined that an injured employee is going to have permanent physical restrictions every effort is to be made to identify and provide modified employment. Consequently, the worksite, must be prepared to provide jobs for returning workers with limited physical functioning. Two classes of alternatives are to be explored.

Physical Changes to the worksite. This involves changing the physical location of the individual’s work, it may involve providing access to the worksite and re-design of workstation. Changing of the workstation may involve fitting the environment to the task that needs to be accomplished. For example, modification of a work station for an employee with carpal tunnel syndrome.

Changed Work. While some workers will benefit from physical modifications of the work site, others my need a change in job tasks, or the manner in which tasks are completed. For example, a nurse’s aide who has sustained a lower back injury. She is unable to lift patients but is able to perform the other aspects of her job. Modification may involve spacing out her days off to allow for sufficient rest, reducing patient workload, incorporating unit secretary functions into her job task, or providing helpers to assist with lifting activities.
REFERENCES


