

Injury Management: Beyond Rehabilitation Coordination



By Anne Engleman 1999



There is an ever-increasing focus in Australia on the cost of workers compensation to employer and the community at large. Recent legislation changes in NSW and WA have reflected these concerns and turned the spotlight onto the importance of effective injury management.



What is Injury Management?

Injury Management goes way beyond rehabilitation coordination, to encompass the overall culture of an organisation, and the intertwining of internal and external personnel, experience and influences.



It is a systematic approach that can enable employers to reduce workers compensation costs, meet statutory requirements and create a culture shift towards improved productivity.



For insurers, knowledge and promotion of effective injury management programs can provide a competitive edge for differentiating themselves in the market.



What is an Injury Management Program?

An injury management program consists of six key components:

- An injury reporting system
- A treatment network
- An injury management coordinator
- Return-to-work case management: documentation and communication
- An awareness program: gaining and maintaining commitment
- Benchmarking: quantitative and qualitative



Injury Reporting

The faster injuries are reported, the faster they can be managed. Once an employer is aware of a workplace injury, they can address and minimise the physical, psychological, cultural and financial impact for both the injured worker and the employer.



The main objective of an injury reporting system is to encourage workers and supervisors to report injuries as soon as possible, by whichever mode of communication is easiest – phone, fax, email or in person.

Features of an effective injury reporting system include:

- Simple and user-friendly
- Well communicated
- Immediate reporting – within 24 hours is optimum
- Action upon receipt of a report based on the principle of: “treat first: determine liability very soon after”.

Treatment Networks



While having the power to direct injured workers to a treatment network may be an attractive concept for employers and insurers, Australian workers compensation legislation has left the choice of treating practitioner to the injured worker.

When setting up an injury management treatment network it is essential to ensure that the service provided is the best available, and that staff perceive it as such.

In order to encourage injured worker attendance and co-operation with a treatment network, efforts must be made to present the networks as an option; a **very attractive option** where injured workers will receive treatment by practitioners with state-of-the-art experience and training in workplace injury management.

Attention must be paid to the location of the treatment network clinics, their accessibility, the initial impression gained when entering the waiting room, the manner of the reception staff and the waiting time to see the treatment practitioner.

The treatment practitioners' manner and demeanour should also be noted. Do they rush a conversation? Are they attentive or distracted by phone calls or interruptions regarding other patients? Are they reassuring?

*These little things create big impressions.
They are as critical to the success of a
treatment network as the quality of injury
treatment and management.*

Having the treatment practitioners visit worksites to become familiar with the operations, conditions, culture etc also has a positive impact. Workers often report that they are more willing to attend the treatment networks.

They have seen the treatment practitioners observing their workplaces and believe they understand the conditions better than their own GPs.

The specific types of professionals within treatment networks can vary depending on the organisation's needs. Practitioners may include GPs, occupational health physicians, rehabilitation specialists, physiotherapists, occupational therapists, psychologists, exercise physiologists and rehabilitation counselors. Most networks consist of at least a doctor and a physiotherapist.

In instances where 24 hour, seven-days-a-week service is not available, employers can alert local hospital emergency wards of the potential need for service. This not optimal, because, by their nature, emergency wards operate on an as-needs basis where more severe injuries are given priority.

Until there is a broader development of injury management programs, with the resultant demand for injury-management-focused treatment networks, the current models will have to suffice. It does appear, however, that there are treatment practitioners who are willing to work with employers and can see the potential for business development.

Improved Employer-Doctor Communication

It is recommended that a one-page referral fax (email) form be developed to expedite information exchange between treatment practitioners and employers.

A recent study conducted in Kansas City to evaluate methods of better communication between employers and doctors found that a key element was a 'uniform work-ability report form' – a single page form.

Additionally, it was found that consistently using a group of medical protocols for treating four categories of workplace injuries (shoulder, carpal tunnel, tendonitis and back injury) also improved communication.

The study involved 16 employers with a total of over 24,000 employees. It focused on the timeliness of communications between medical providers and employers, on the premise that, if employers get the information back sooner, they can take action sooner.

The study showed that in 66% of the medical visits tracked; the physician returned the form to the employer within 24 hours of seeing the injured worker. The average time between a physicians visit and return of the form to the employer was 16 hours. Prior to the study, the average was six to eight days!

Injury Management Coordinator

In an effective injury management program the role of the injury management coordinator is far more dynamic and wide reaching than previously attributed to the position of rehabilitation coordinator.

Qualities of an Injury Management Coordinator include:

- Respected at all levels within the organisation
- Ability to take authority to direct/modify/approve activities and funding to optimise injury management and return to work potential
- Some knowledge of injury and workers compensation claim management
- Excellent communication skills: ability to 'follow up & follow through'
- Excellent record keeping and documentation skills
- Pragmatic
- Commercial
- Flexible
- Creative

The optimal situation is to have one dedicated injury management coordinator with one or more **'back-up' coordinators** who are familiar with the injury reporting and treatment network referral process. These 'back-up' coordinators ensure that the organisation's injury management processes are initiated consistently, but do not have the full responsibilities of the dedicated injury management coordinator.

The general responsibilities of the role include:

- Maintenance and review of the injury reporting system
- Treatment network referral and performance monitoring
- Case management – regular communication and thorough documentation
- Data collection for measurement of injury management program effectiveness
- Overview and maintenance of injury management awareness and commitment within the organisation.

Return-to-Work Case Management

Return-to-work case management focuses on the provision of transitional duties within the workplace, to enable injured workers to return to work as soon as practicable. The process of return-to-work case management involves regular communication and thorough documentation. These are aspects of injury management where many employers need to apply more discipline.

Documentation

The following documentation standards are considered essential for effective return-to-work case management:



- Standardised case note format
- Standardised file set up
- Standardised return to work plan

A case note/file audit may assist with maintaining consistency of communication and documentation, and highlight workload bottlenecks. Strict confidentiality protocols must be maintained.

Communication

Regular contact with injured workers, treating practitioners, supervisors and insurers is a must in effective injury management programs. Some successful programs outline specific contact frequencies.



Latest trends in absence management in the US show that a basic, consistent level of communication between supervisors and absent staff generally has a positive impact on maintaining productivity and morale in the workplace.

People like to feel cared for. Care can be demonstrated by something as simple (and inexpensive) as a two minute phone call!

A study conducted by William M Mercer Inc., a human resources consulting group, found that "the greatest problem reported by employers was the uncertainty of how to create a supportive environment for the returning employee. Stigma and fear often dictate an employer's attitude and can lead to an overall uncomfortable environment for the employee upon his or her return to work...Solutions include... written RTW policies that clearly state a company's expectations... open communication between the worker, treating physician and the managed care officer (injury management coordinator) communication must be maintained the entire time the employee is on leave."

Gaining and Maintaining Commitment

Gaining commitment to an injury management program is no different than gaining commitment to any change process within an organisation. All personnel need to be addressed and the information must be presented in a way those impacts on the listeners personally.

Some specific techniques with regard to gaining management commitment to injury management programs include:

- Incorporating injury management program performance indicators into performance agreements, especially for senior executives, managers and supervisors. Performance indicators include improved speed of reporting and improved durability of return to work. This latter measure focuses on long-term outcomes, not just the quick fix of providing transitional duties.
- Allocating workers compensation costs to cost centers with the provision that savings generated by proactive injury management can be applied to the cost centre to obtain equipment, training etc.

The softer benefits of implementing an injury management program are:

- Improving overall staff morale. There are often positive, wide-ranging effects on staff morale and support when staff perceive that an employer is concerned with staff welfare, as evidenced by provision of an active and effective injury management program/treatment network.
- Better management of staff. Supervisors find that injury management programs provide a constructive framework to manage injured staff. This improves a supervisor's outlook on assisting injured staff and achieving productive/durable return to work.

Injury management awareness strategies should be designed to:

- Create the expectation on injury management throughout the organisation
- Consist of an initial and an ongoing awareness process
- Be conducted across all shifts and at all sites to ensure that all staff receive information on the program

The introduction phase of injury management programs may consist of special presentations to staff at various levels. Posters, flyers, memos and set agenda items at regular meetings reinforce the information presented.

Ongoing strategies should include provision of program results and feedback to encourage continued commitment and contribution to the success of the program.

Benchmarking



Measurement of results is another essential injury management program component. Two levels of measurement are required: quantitative as well as qualitative.

Quantitative

Quantitative injury management benchmarking requires simple but consistent system of record keeping. The following are baseline benchmarks for measuring injury management programs:

Delay between:

- date of injury and date of report to employer
- date of report to employer and date of report to insurer
- date of injury and first appointment with treatment network practitioner
- date of injury and return to work on transitional duties
- date of injury and return to work on normal (or permanent alternate) duties
- Durability of return to work at three, six and twelve months post-return-to-work on normal (or permanent alternate) duties

Comparisons of injury frequency and claim frequency from year to year are relevant as measures as is measurement of workers compensation cost reductions – to a point.

There are always indirect (and often difficult to quantify) costs such as training other staff, roster changes, overtime etc.

Further, due to the long-tail nature of workers compensation claims, measurement of injury management program successes in terms of dollars saved can be open to challenge. (ie: it may take years before a claim is finalised and the total (direct) costs can be accurately determined.

A study conducted by the Watson Wyatt Group, in conjunction with the Washington Business Group on Health (WBGH) reported that the most widely used measures of the impact of disability management programs include lost work days, production statistics, customer satisfaction and sales/revenue per employee.

TIME IS MONEY

The key issue with injury management programs is to manage absence from the workplace. When this becomes the focus, cost savings are a natural consequence.

Some US studies quantify the impact of effective injury management:

The Washington Business Group on Health (WBGH) reports that organisations can expect to save US\$3-10 for every dollar invested in RTW strategy.

A 1993 study by the W.E. Upjohn Institute for Employment Research of 220 Michigan employers demonstrated a direct relationship between proactive RTW programs and reduction in lost work days. What emerged was that a 10% increase in resulted in a reduction of 7.3% in lost work days.

"...when employees were seen (by a treatment practitioner) within three days of their injury, American Airlines experienced a 50% savings in each case, compare to the national average." In 1998, according to the National Council on Compensation Insurance (NCCI), average indemnity cost per lost time claim was US \$9,800.

A study by Kemper Insurance analysed 77,945 lost time claims, closed in 1993. It showed that 62.2% of all workplace injury claims were reported to Kemper within 10 days. This was an improvement over the previous two years' figures of 54.2% (1992) and 49.4% (1991). Kemper stated, "this study shows that our ongoing efforts to encourage early reporting are paying off". The study also found that delays in reporting injuries can increase compensation claim costs by almost 50% and add to the potential for litigation.

| Injuries Reported | Ave Cost | % Increase | Litigation Rate |
|-------------------|----------|------------|-----------------|
| < 10 days | \$12,082 | n/a | 22% |
| 11-20 days | \$15,582 | 29% | - |
| 21-30days | \$ 16802 | 39% | - |
| > 30 days | \$17,920 | 48% | 47% |

Qualitative

Qualitative measurement consists of surveys, interviews and/or forums with the various stakeholders in an injury management program: injured workers, supervisors, manager and treatment practitioners. Their opinions and feedback can provide a wealth of information on the cultural impact of an injury management program. The results may confirm management hypotheses, but often they completely surprise!

Whatever the results, they provide invaluable insight to an elusive and difficult issue to address: creating the cultural expectation of injury management within an organisation.

Possibly the most telling indicator of injury management program success is the percentage of staff who would recommend their organisation's injury management program to co-workers.

Successful injury management programs take a big-picture look at the infrastructure and culture required to effectively reduce both the financial and human costs of workplace injuries.

The "Big Picture" generally includes:

- Immediate injury reporting
- Treatment within 24 hours of injury
- Active medical management
- Return to work as soon as practicable
- Consistent, ongoing communication and monitoring of recovery and return to work until productive, durable return to work is achieved
- High-level awareness of the injury management program and protocols within the workplace, from senior management to trainees
- Continuous improvement of the injury management system and outcomes
- Continuous maintenance of injury management program awareness
- Cultural expectation of prompt, proactive injury management

The goal is development of more systematic approaches to reducing time away from work.

This assists employers to reduce costs, meet statutory obligations and improve workplace culture, productivity and profit.

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