



Municipal Health & Safety Association

DISABILITY PREVENTION/ RETURN TO WORK PROJECT UPDATES

ESAO CONFERENCE MAY 29, 2008

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Project Objectives

- Achieve an understanding among the Health and Safety Associations (HSAs) and WSIB of the roles and functions of the HSAs with regard to Disability Prevention/Return to Work (DP/RTW)
- Assist the HSAs in developing a sustainable program model for offering DP/RTW programs and services to their clients. A “Sustainable program model” will define what DP/RTW programs and services HSAs will offer their clients, how DP/RTW concepts will be integrated into the core and generic services and programs of the HSAs and how DP/RTW programs and service will be financially sustainable

Project Objectives

- Develop content for and pilot an HSA educational program addressing DP/RTW
- Assist HSAs in developing the capacity to provide DP/RTW programs and services to their clients including development of staff knowledge and expertise
- Ensure that the HSAs DP/RTW programs and services are aligned with each other and with the strategic goals and approach of the WSIB

Project Principles

- The dignity and safety of the worker must be preserved
- Workplace relationships and culture necessary for good DP/RTW are the same as those needed for good primary prevention
- There must be a commitment to grounding our approach in good evidence
- The project must address the needs of both workers and employers

Project Principles

- Results of the project must be pragmatic and useful to both workers and employers
- HSAs have a unique opportunity and are uniquely situated to play a role in DP/RTW
- The project must support the principle of continuous improvement by providing HSAs with new tools to integrate into their current tool boxes



Project Steering Committee

Municipal Health and Safety Association – Project Sponsor

Centre of Research Expertise in Improved Disability Outcomes

Education Safety and Association of Ontario

Electrical and Utilities Association of Ontario

Farm Safety Association

Institute for Work and Health

Industrial Accident Prevention Association

Ministry of Labour

Occupational Disability Response Team – Ontario Federation of Labour

Occupational Health Clinics for Ontario Workers

Ontario Forestry Safe Workplace Association

Ontario Safety Association for Community and Healthcare

Transportation Health and Safety Association of Ontario

Workplace Safety and Insurance Board

Research

Qualitative &
quantitative
research

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Research
finding #1

- **RTW is multi-dimensional:** No single approach will resolve all issues. For RTW programs to be successful a multidimensional approach is required.

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Research
finding #2

- **Workplace factors influence RTW outcomes:** Return to work happens in the workplace. RTW strategies must be adapted to deal with the unique characteristics of the workplace including culture, size, presence or absence of RTW and prevention programs, presence or absence of a union etc.

Research

Qualitative &
quantitative
research

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Research
finding #3

- **Health Care and RTW are closely interrelated:** Lengthy periods of time between injury and treatment delay return to work. Integrated RTW and health care strategies facilitate an early return to work. A well planned RTW is therapeutic, contributing to recovery.

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Research
finding #4

- **Prevention and RTW are linked:** Workplaces that actively link occupational health and safety and disability management programs with their business and human resource strategies achieve better RTW outcomes for their employees.

7 Principles of Successful RTW

Supported by evidence-based research, RTW studies and stakeholder consultations, there are 7 Principles that emerged as having the greatest affect on RTW outcomes. The study examined three outcomes: duration of work disability, costs of work disability, and quality of life for workers.

The study concluded that there was strong evidence to support that workplace based return to work interventions had a positive impact to both duration and costs of disability.

From the " Seven Principles of Successful Return to Work" on the IWH website at www.iwh.on.ca.

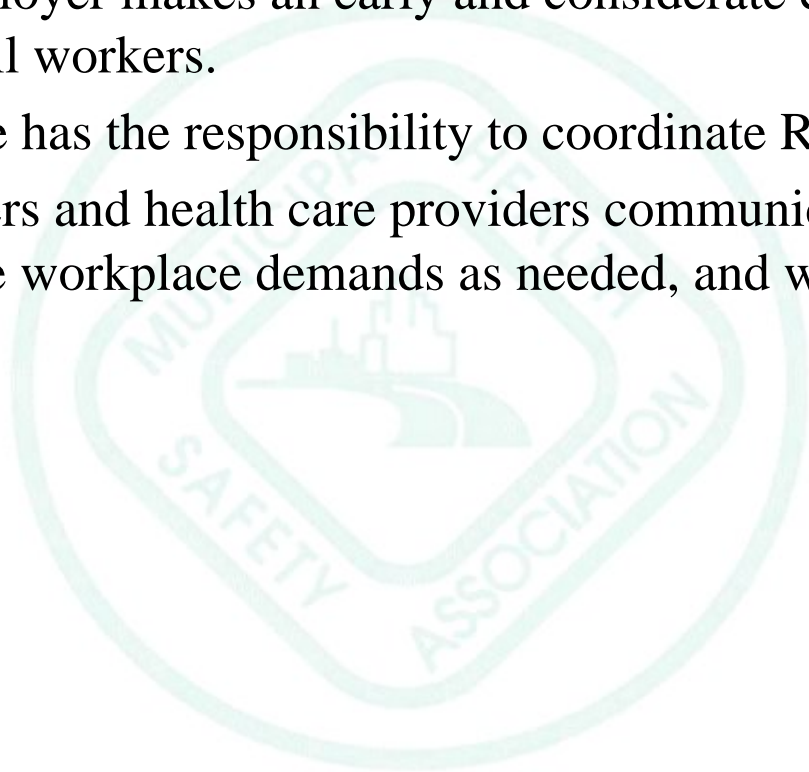
7 Principles of Successful RTW

1. The workplace has a strong commitment to health and safety which is demonstrated by the behaviours of the workplace parties
2. The employer makes an offer of modified work (also known as work accommodation) to the injured/ill workers so they can return early and safely to work activities suitable to their abilities
3. RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors
4. Supervisors are trained in work disability prevention and included in RTW planning



7 Principles of Successful RTW

5. The employer makes an early and considerate contact with injured/ill workers.
6. Someone has the responsibility to coordinate RTW.
7. Employers and health care providers communicate with each other about the workplace demands as needed, and with the worker's consent.



Claims Persistency

- Persistent cases refers to those workers who have not been able to successfully return to the workforce despite RTW and LMR efforts.
- Persistent cases have both human and financial costs.

Claims Persistency: Human Costs

- There is a lack of awareness about what happens emotionally/personally to injured or ill workers if they stay off work for extended periods of time (addictions, marriage failures, mental health issues etc.) The longer a person is off work, the more the identity of being “a disabled person” takes hold, and the greater the risk of permanent loss of work.
- Not only does the occurrence of a “permanent impairment” create negative impacts to a worker’s life, the experience of becoming “unemployable” can be devastating.

Claims Persistency: Human Costs

- Workers who do not return to gainful employment:
 - lose their sense of contribution to society,
 - are at an increased risk for developing secondary psychological diagnoses and
 - are prevented from engaging in the rewarding experience of progressively working for promotion and increased pay

Benefits of RTW Programs: Worker

- Encourages earlier participation in rehabilitation activities
- Improves overall recovery and successful reintegration into the workforce
- Reduces the duration of a worker's disability and can help avoid complications that might occur without early intervention and rehabilitation

Benefits of RTW Programs: Worker

- Prevents/reduces some of the negative effects of long term occupational injury, such as unnecessary financial burdens, family stress, depression etc.
- Helps recovering workers to be productive and independent, allowing them to maintain their dignity and self worth
- Reduces the sense of alienation that some injured workers feel by promoting a continuing exchange of information among the recovering worker, supervisor, union (where applicable) and co-workers

Benefits of RTW Programs - Employers

- Helps employers meeting legislative requirements and social obligations
- Maintains quality of service through a stable workforce
- Enhancing the quality of an organizations overall health and safety program
- Improving employee morale
- Reduces the costs associated with lost time and absenteeism

Claims Persistency: Financial Costs

Persistent cases drive system costs

- The average cost of a lost time claim has increased from \$11,006 in 1998 to \$17,846 in 2005
- The proportion of persistent cases, although small, consumes about 80 per cent of system costs

Future benefit liabilities have grown significantly to account for persistency

- Benefits liability grew by \$840 million in 2005.
- The fastest growing liability was loss of earnings: the growth in inventory accounted for \$550 million

Persistent cases also account for some of the growth in health care costs

- WSIB's annual rate of increase in health care spending has averaged 10.4% over the last 7 years. Currently, health care costs account for approximately 25% of the total cost of a new lost time claim.

6/6/2008 • Health care costs are expected to continue to increase.

Claims Persistency

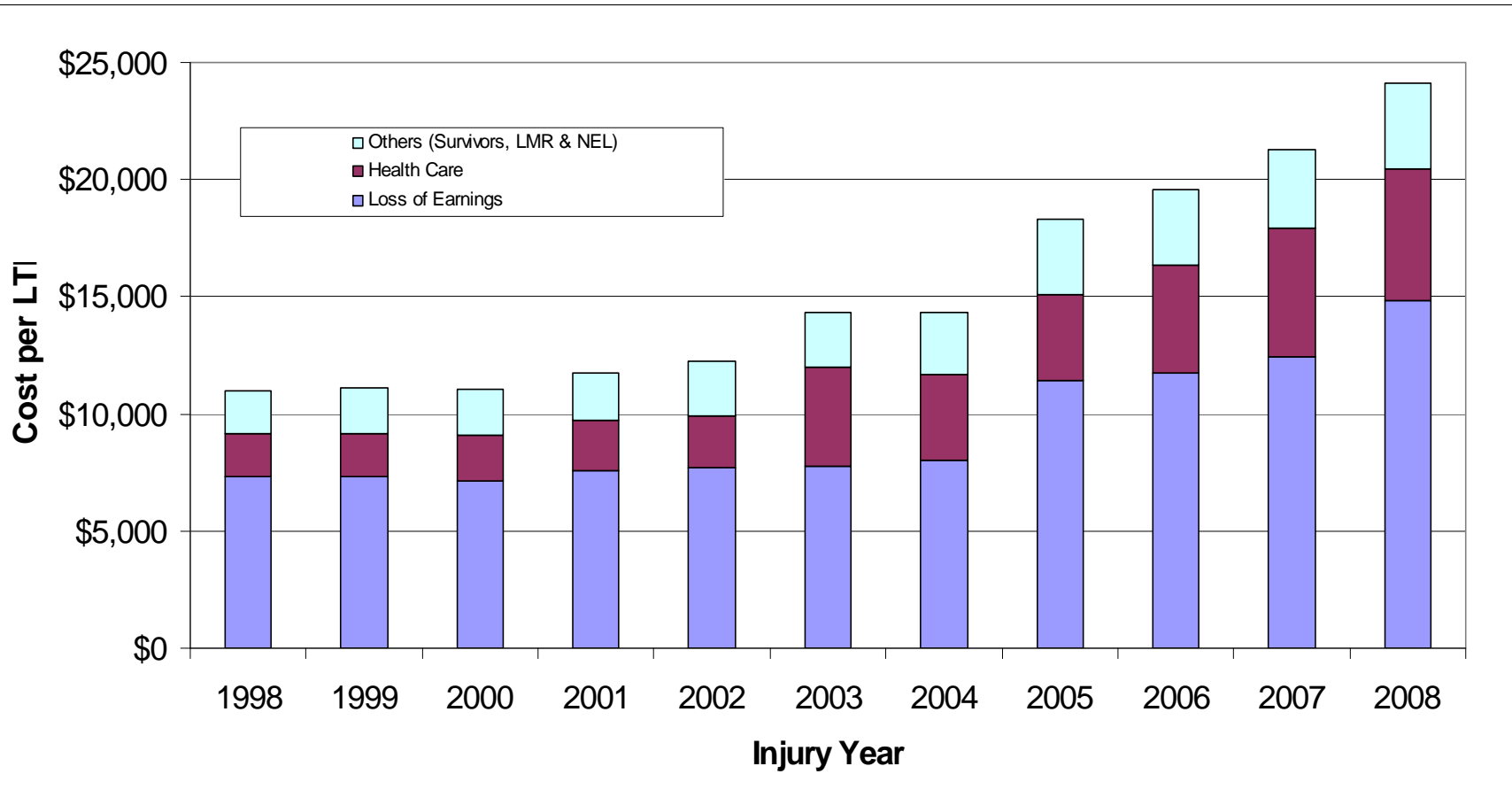
Direct Costs

- Medical costs
- Compensation
- Insurance

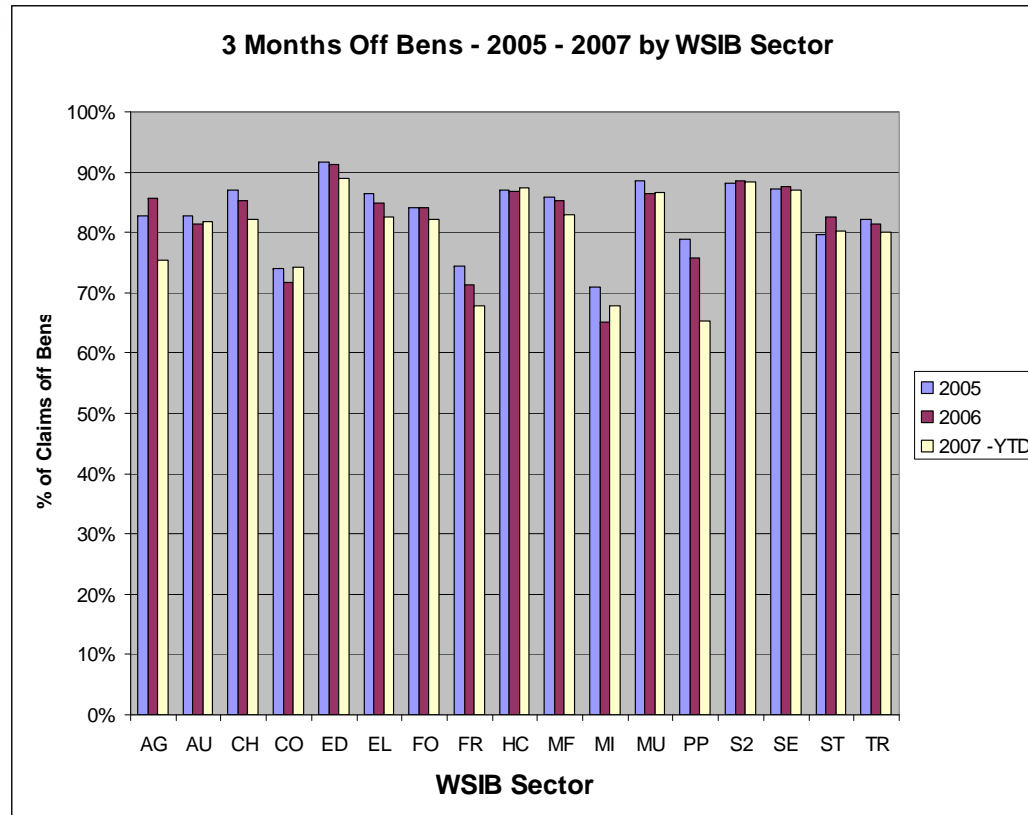
Indirect Costs

- Time spent investigating accidents
- Re-training staff
- Overtime costs for replacement workers
- Reduced service

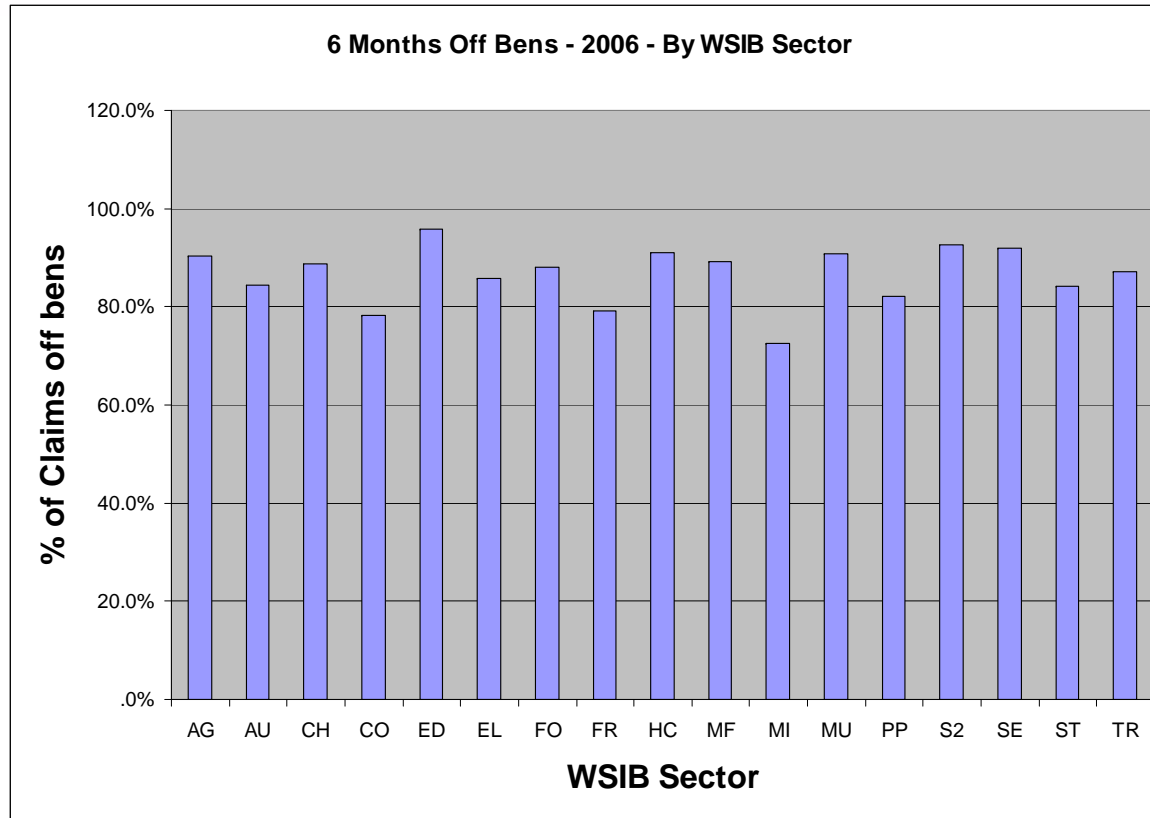
Claim Severity: Costs per LTI by benefits



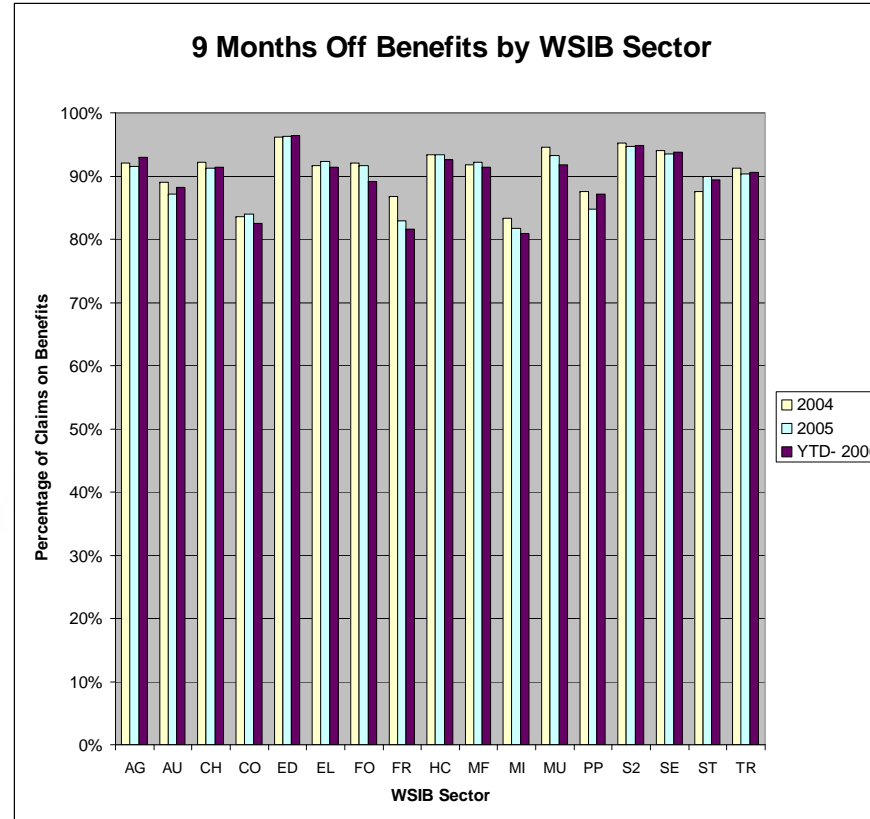
Sector Specific Persistency Data



Sector Specific Persistency Data



Sector Specific Persistency Data



HSA Roles in DP/RTW

- Connect employers to available expert resources at WSIB (staff and tools) to achieve effective practice where the programs fall outside the HSAs area of expertise
- Complimentary to the current HSA role in prevention of workplace injury and illness, will promote and deliver, via awareness and education the business case of integrating disability prevention, including RTW programs into a clients health and safety program
- Encourage workplaces through education, awareness and promotions to achieve self-sufficiency in disability prevention/ RTW compliance

Project Goals

Short Term Goals

- Consult with HSAs on their roles and functions regarding DP/RTW programs, identify current state of program offerings, staff knowledge and expertise
- Produce a framework document setting out strategic concept of HSAs contribution to DP/RTW, HSAs roles and responsibilities, principles for a sustainable program model, staff development needs
- Identify HSAs needs in order to offer DP/RTW programs
- Define the desired content of HSAs DP/RTW program pilot
- Develop curriculum materials for HSAs DP/RTW program pilot

Project Goals

Long Term Goals

- Pilot DP/RTW program
- Analyse pilot results, make recommendations for future HSAs programs
- Facilitate training of HSAs staff in DP/RTW content
- Assist other HSAs with development of their programs and plans to bridge gaps

RTW Program Resources

Forms used in RTW

- Form 7
- Functional abilities form (FAF)
- Physical demands information form
- Case management plan
- Suitable job offer letter
- Letter to treating health professional
- Case management contact log
- Case management plan closure and evaluation



RTW Program Resources

RTW information resources

- RTW program development guide (medium employers)
- Sample RTW policies and procedure templates
- RTW self assessment guide-available electronically or PDF

WSIB Workshops:

- Frontline supervisors and RTW
 - Building the business case for RTW
 - Building your RTW program
 - Case Management
 - General RTW overview
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- NIDMAR-National Institute for Disability Management and Research
 - www.nidmar.ca
 - WSIB – www.wsib.on.ca
 - Job Accommodation Network: JAN represents the most comprehensive resource for job accommodations available [Job Accommodation Network Homepage](#)

Medical Management Resources

- **Community clinics:** can help workers with work-related soft tissue injuries (sprains, strains and most back injuries) reach full recovery. These clinics will accept referrals from treating health professionals, that meet the following criteria: 1) soft tissue injury; 2) must be within 29-70 calendar days post accident or recurrence; 3) worker entitled to benefits under WSIB insurance plan
- **Regional Evaluation Centres (REC's):** independent, hospital based facilities approved by the WSIB to provide soft tissue injury patient with quick access to independent, clinical assessments performed by a specialty and a physiotherapist. Providing diagnosis, treatment plan and prognosis are part of Multidisciplinary Health Care Assessment (MDHCA). Referrals must be made within 1yr of date of accident or recurrence.
- **WSIB Drug Benefit Program:** pays the costs of medication prescribed by treating health care professionals for work related injuries or illnesses

Medical Management Resources

- **Programs of Care (POC):** detail best practice and set out improved ways of dealing with the WSIB for certain work worker injuries. POC's are: 1) acute low back injuries; 2) mild traumatic brain injuries; 3) noise induced hearing loss 4) occupational asthma 5); occupational contact dermatitis; 6) upper extremity injuries
- **Specialty Clinics:** available to injured workers to assist them with specific recovery difficulties. Each has specific referral criteria, yet they share some general criteria: 1) need clarification of a diagnosis; 2) prognosis, level of impairment or appropriate treatment is unclear; 3) injured worker has not returned to work after normal healing times; 4) divergent medical opinions exist. **Clinics include:** shoulder and elbow; hand; neurology; gloves and gauntlet; amputee; pain management; burns; psychological trauma; orthopedics and orthotics; occupational disease; hand and upper extremity; lower extremity

Questions

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THANK YOU!

