

DISABILITY MANAGEMENT: TRANSFERRING RESEARCH TO PRACTICE IN CANADIAN ORGANIZATIONS

Descriptive Abstract: This presentation would examine the recent research and guidance documents prepared by Canadian, US and International organizations to determine what knowledge has been transferred to practice and which issues remain as barriers to implementing a solid return to work strategy in Canadian organizations.

Topic Track: A Global Perspective: Successful Partnerships in Disability Management -- Applied: Empirical or Institutional Studies

Extended Abstract:

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Presenter:

Nancy J. Gowan, BHSc (OT), OT Reg(Ont), CDMP
President, Gowan Consulting
29854 Talbot Line, Wallacetown, Ontario Canada N0L 2M0
(519)762-0796
gowanhealth@gowanhealth.com
fax (519)762-0229

What is the key to return to work? The Canadian Medical Association (CMA) set out guidelines for physicians to support early and safe return to work in 1999. The Institute for Work and Health (IWH) performed a systematic review of the research evidence on return to work in 2004. The American College of Occupational and Environmental Medicine (ACOEM) prepared a document on "Preventing needless disability by helping people stay employed." in 2005. In 2001, the International Labour Organization (ILO) adopted the Standards for Disability Management set out by the National Institute for Disability Management and Research. In 2007 the Ontario Medical Association (OMA) has set out to revise their supporting safe return to work document.

All of these documents focus on the importance of the work place connection. Gowan Health has recently embarked upon an online survey for employers throughout Canada to determine what strategies are working with respect to return to work and disability management and what barriers continue to exist.

Here are some keys to ensure that a return to work program and processes connect with this evidence:

1. A written return-to-work policy which includes early and safe offers of accommodation. The policy should outline the company's philosophy on and dedication to returning employees to productive employment. Having a policy and program that offers accommodation early in the process will prevent needless disability by having employees back in a productive role early.

2. Job descriptions. The purpose of detailed job descriptions is to give the employer, employee and health professionals an idea whether the employee is able to safely return-to-work with his or her medical restrictions. Looking only at the physical demands can impede return to work processes for those with behavioural and cognitive needs. Ensure that your descriptions include the physical demands, behavioural/cognitive demands and the skill sets required. This will assist the return to work coordinator in ensuring a match with the job in

all areas.

3. Early contact with the employee. Many employers will leave the contact to their carrier, the workers compensation team or the benefits department. There should be an early contact from the supervisor and the return to work coordinator to ensure that the employee knows the return to work program components and the employee's responsibilities in that process. This is an opportunity to keep that "occupational bond" that Don Shrey has written much about: the ability to feel connected with the workplace and remain in the worker roles.

4. Communication between the health care community and the workplace. Early and functional based communication between the health care providers and the workplace will allow for appropriate return to work planning and accommodation. The support of the health care stakeholders in return to work is crucial to the sustainability of the program.

5. Set up a return-to-work team. A return-to-work coordinator should oversee the program, but they should be supported by all members of the return-to-work team, which may include the treating physician, the supervisor, the injured employee, the union representative, the human resources contact, and the safety person. It takes a team to be successful in return to work processes. The Return to Work Coordinator should ensure that all stakeholders understand their roles in the process.

6. Train the supervisors and employees. The research demonstrates that educated supervisors and a strong health and safety culture will assist the supervisor to understand the importance of return to work. Educate everyone on Health and Safety but also on the return to work program and policies.

7. Promote an empathetic attitude. Before an injury, an employee typically has personal and professional relationships at work that give them a sense of self-worth and identity. When they are injured, these relationships and feelings of self worth begin to erode. It's a downward spiral that often causes employees to lose their drive to return-to-work. Employers must counter these negative "psychosocial" factors by showing compassion and concern for the worker's well-being. Regular contact and honest and good faith offers of return to work in an early and safe way can demonstrate this empathy. The employee is the center of this process so make sure that all decisions and return to work plans are made WITH the employee not FOR the employee.

8. Offer transitional duty. The employer should offer transitional duty that will return the worker to productive work as soon as he or she is medically released to perform such work. Generally, three types of transitional duty may be offered: light duty involves a less demanding job; modified duty involves the same job but scaled down to meet the employee's medical restrictions; and work hardening involves part-time work that is gradually brought up to full-time. Make sure that

the employee and his health care team know that transitional work and accommodation is available.

9. Offer Ergonomic Worksite visits. As the employee returns to work having an ergonomic worksite visit will assist the employee in prevention of re-injury and offer suggestions to ensure success of return to work. An ergonomic worksite visit involves observation, education and support at the worksite by a trained professional. Identification of ergonomic changes can help to ensure that not only that employee but also any other employees who perform the work have a safe work environment, preventing future injuries.

10. Evaluate the results of the program. Once an employee completes the return-to-work program, the employer should sit down with the employee and the manager to determine how the program worked, paying particular attention to areas for improvement. Having a solid tracking program in the process will allow the employer to continuously improve the program.

11. Identify Complex Cases Early. These principles will work for 80% of the employee population but there will always be the 20% that will require additional supports and management. A strong case management process will allow the return to work coordinator to identify the complex case early and implement the resources within the first 30 days. Follow the complex case management guidelines for these situations and have a team in place to assist.

This presentation would examine the recent research and guidance documents prepared by Canadian and US organizations to determine what knowledge has been transferred to practice and which issues remain as barriers to implementing a solid return to work strategy in Canadian organizations. The presentation would examine the intrinsic system barriers within our country that continue to impede the implementation of a disability management program and how organizations have set out to address these barriers. It will involve in depth results of surveying of organizations in Canada to document the best practices that have been implemented.

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