

INNOVATIVE DISABILITY MANAGEMENT:
MANAGING RESOURCE DEPLETION THROUGH TEAM DIVERSITY AND COLLABORATION

Ann-Marie Kehoe 1-250-980-5110 ann-marie.kehoe@interiorhealth.ca

Darlene Doricic 1-250-851-7379 darlene.doricic@interiorhealth.ca

Disability Management Specialists, Workplace Health & Safety, Interior Health
30, 1851 Kirschner Road Kelowna, BC Canada V1Y 4N7

This presentation will offer tools and strategies to effectively reduce sick leave durations; standardize best practices and empower managers to collaborate on workplace medical accommodation.

Identifying Resources to Assist in the Development and Promotion of Disability Management Programs for Employers (Theoretical or Conceptual)

This session will focus on strategies to move disability management in a large public sector organization from an occupational health model to a disability case management model, with a goal of effectively improving processes and outcomes.

During the past decade, the Disability Management field has seen an explosion of information, resources, services and providers all attempting to grasp control of the ever growing demand for workplace medical accommodation and employee health and wellness. Employers, in an admirable effort to support their employees and manage these complex issues, turned to occupational health nurses and external providers for assistance. This has resulted in employers becoming increasingly disconnected from managing employee sick leave and attendance issues, thus removing an important aspect of workplace disability management: the employee/manager relationship.

In recent years, organizational restructuring has occurred globally, forcing many industries and organizations to do more with less. In response to reductions in staff, and no additional financial supports, the challenge becomes using all resources to their maximum capability. Interior Health (health authority in British Columbia, Canada) observed inconsistencies in disability management practices, aging employee demographics, increased sick-time and high disability insurance costs while also experiencing a restructure leading to reduced disability management staff. This made it imperative for the organization to rethink their disability management strategies to increase effectiveness. These strategies are not only applicable in Interior Health, but also globally.

With a focus on re-engaging the manager in their employee's well being, we implemented initiatives to educate managers on key issues, such as: functional abilities, limitations and restrictions; separating employee performance issues from disability issues, understanding how to use resources, and maintaining frequent and respectful communication with sick or disabled employees which included best practices of early contact and offering a return to work program (van Lierop & Nijhuis, 2006; Harder, McHugh, Wagner & Harder 2006). The education was provided in a variety of formats with a spotlight on being virtual and accessible. Recognizing how busy managers are in a healthcare organization, the education was designed to be quick and convenient, centred on the adult learning theory of "learning by doing" (Schank, Barman & Macpherson, 1999). It was also important to highlight tools the manager could implement immediately with confidence that were directly related to their day-to-day duties, such as: step-

by-step guidelines, case studies and frequently asked questions. The delivery of these resources would range from a casual monthly emailed "Disability Management Tip of the Month", to webinars or recorded presentations available on the employer's internal website. Increasing manager participation leads to timely return-to-works, the elimination of redundancy, encourages early job attachment and increases staff access to disability management programs.

The benefits of implementing these tools and strategies include: the standardization of processes, collaboration of efforts, an overall decrease in sick leave usage and return to work turnaround times, and reduced incident of re-injury during return to work programs. By using a team with diverse backgrounds in medical adjudication, functional assessments and case management, Interior Health has seen an increase in successful outcomes by focusing on specialized disability management skills in complicated cases (Shrey, Hursh, Gallina, Slinn, & White 2006). In turn, it is anticipated that these strategies will decrease an employer's liability related to Human Rights violations and the number of union grievances related to disability management including sick time and return to work. From a fiscal point of view, Interior Health has been able to manage non-occupational disabilities in a large organization (19,000 employees spread over 216,000km²) with the equivalent of 7 full time disability management staff.

At the end of the session participants will have access to information such as algorithms, forms, and manager education sessions as a stepping-stone to creating an effective and solutions-based disability management program.

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