

A COLLABORATIVE EARLY INTERVENTION MODEL SUPPORTING RETURN TO WORK FOR HEALTHCARE WORKERS

RELATED CONFERENCE TOPIC:

Sub-theme #2: **Rehabilitation and Management of Work Disability**

Category: **Health care for injured workers**

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ABSTRACT

Workplace injuries can result in substantial financial losses to employers through disability insurance premiums, worker's compensation premiums and worker replacement costs. The integration of workplace injury prevention programs, supportive recovery resources, and early, safe, return to work (RTW) for injured workers are essential components of workplace disability management practices. This quasi experimental study investigated if an ideal model existed which would assist healthcare employers in managing acute workplace musculoskeletal injuries. Two similar models, both focusing on the provision of early access to physiotherapy services and collaboration with the employer in the delivery of early, safe, RTW services were compared. Model 1, PEARS Plus, was designed as an off-site alternative to its established predecessor PEARS (model 2), and delivered through community physiotherapy services. Model 2 was delivered on-site by the employer. Both models were compared to the regular services offered through WorkSafeBC also known as Stream 1 Physiotherapy.

RTW outcomes associated with duration, costs and durability for each of the three treatment groups were compared. Means for short term duration (STD) and costs were analyzed using Analysis of Variance (ANOVAs) and durability was measured using the Chi-Square test of associations. It was hypothesized that the PEARS Plus model would perform better than the PEARS model and the PEARS model would perform better than the non-intervention group (Stream 1 Physiotherapy). There were a total of 289 participants who met the study criteria and chose to participate. Of those participants, 244 claims had STD duration and STD claims cost. All participants were employees of Fraser Health Authority and actively working within the hospital or

community delivering healthcare services. All data was collected over a one year period and was given an additional 6 months to mature prior to analyzing.

It was demonstrated that the duration of a PEARS Plus claim was statistically lower, $M = 40.84$ when compared to PEARS, $M = 67.60$ and Stream 1 Physiotherapy, $M = 74.29$. There was statistical differences in claims costs for PEARS Plus, $M = \$ 4081$ when compared to PEARS, $M = \$8223$ and Stream 1 Physiotherapy, $M = \$8307$. Both outcomes support the hypotheses that duration and claims costs would be lower in PEARS Plus when compared to the other two treatment groups. There were insufficient claims to reliably assess durability.

This study investigated if an off-site model (PEARS Plus), which was closely connected to the workplace and WorkSafeBC (the insurer), would be a viable option when compared against its on-site predecessor, PEARS and Stream 1 Physiotherapy services. This research demonstrated that the integration of a model that provides access to supportive resources such as physiotherapy in conjunction with modified work or transitional duties programs that are collaboratively established with the workplace, the treatment provider and the insurer have shown to be effective in facilitating return to work for temporarily and permanently disabled workers. As such the PEARS Plus model demonstrated that it was an effective and sustainable alternative to delivering early intervention services and in the end performed statistically better than its predecessor.

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