



## Employer Survey Winner

Health Management Solutions (HMS) strives for excellence in customer service. HMS wants both you and your employees to have the best service available. You can help HMS by simply evaluating our customer service and medical management departments. Every quarter, we mail out Customer Satisfaction Surveys to random employers and from those who respond; we draw a survey to receive a \$50.00 gift certificate to the restaurant of your choice. Congratulations to **McGovney Ready Mix Inc.**, the winner of our Customer Satisfaction Survey gift certificate this quarter. You may also enter the drawing by completing a Customer Satisfaction Survey online by visiting our web site at [www.hmssolutions.com](http://www.hmssolutions.com).

If you would like to receive this newsletter in an email format please email Michael Pulsfort at [MichaelP@HMSSolutions.com](mailto:MichaelP@HMSSolutions.com)

SUMMER/FALL 2011

# HEALTH MANAGEMENT SOLUTIONS Quarterly

### IN THIS ISSUE:

1 Onsite Transitional Work Therapy	2 Onsite Transitional Work Therapy (cont.)	3 Incident Analysis — Preventing Injury Reoccurrence	4 Employer Survey Winner: McGovney Ready Mix, Inc.
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## What is Onsite Transitional Work Therapy?

**Employer: “I’ve not heard of transitional work therapy... where did this come from?”**

**HMS:** Transitional work therapy has been an Ohio BWC approved service for many years, but unfortunately not accessed by employers over the last few years. It had been “tied” to the Ohio BWC Transitional Work Grant Program, which ended in 2006. However, the transitional work therapy onsite service still exists and can benefit our customers in a great way.

**Employer: “What is transitional work therapy?”**

**HMS:** Transitional work therapy is an onsite service that is approved through a C9 by the employee’s physician. It is performed by either an occupational or physical therapist at the worksite and uses only “real-work” activities to increase employee endurance, flexibility and strength over a time-limited period (eight weeks or less). The therapist works with the employee up to six hours a week while they perform elements of their job and focus on ergonomics, body mechanics, pacing, job analysis, stretching and task progression.

**Employer: “Hmmm... What is the actual difference between clinic therapy and transitional work therapy?”**

**HMS:** Transitional work therapy is actually a compliment to the work done in the clinic. If an employee had surgery and/or the injury is acute, clinic



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# Incident Analysis — Preventing Injury Reoccurrence!

occupational or physical therapy services are key to promote body strength, function and mobility. At this stage, the injured employee is either not ready to return to work or may return to work but not progress in their restrictions. The therapist may use modalities (i.e. ultrasound, e-stim, etc), hands-on techniques and/or specific exercises using clinic equipment (i.e. theraband, balance boards, weights, treadmill, etc) to gain therapeutic goals.

Transitional work on-site therapy is the next key step at which point the injured employee has made key clinic gains and is ready to begin progressing on the job (medically stable to progress). Instead of using clinic tools, the transitional work therapist uses meaningful and productive work activities as the therapeutic media. The transitional work therapist does not bring clinic tools/equipment to the worksite nor is the employee pulled away from their job tasks to complete therapy.

**Employer: “This sounds interesting. How does this benefit my company and my employee?”**

**HMS:** Excellent question! We know from research that the longer the employee is away from work, the more difficult it is to get them back. This increases your indemnity costs and has a negative effect on your employee and employee/employer relationship. The employee loses their attachment to your worksite.

Through transitional work, the employee is brought safely back to work much earlier or they stay at work without incurring lost time. The relationship between the employer and employee is maintained. Transitional work is time-limited and closely monitored by the therapist, HMS case manager, worksite supervisor, you and the physician to ensure that the employee is progressing safely. This keeps the employee defining themselves as a meaningful contributor to the worksite and also significantly reduces employer costs!

We recently had one of the City of Toledo’s Firefighters, Mako Goolsby, participate in transitional work.

Goolsby stated *“The greatest strengths I have acquired and developed by taking part in Transitional Work with [my therapist] are: confidence, pain management, balance and coordination, safe ergonomics and physical strength. I am uncertain how successful I would be after being off 12 months, and going straight into Re-entry! It has been done, I’m sure, but most likely not as safe or feeling as prepared to return to work while preventing re-injury.”*

Through transitional work, Goolsby had the opportunity to experience hands-on tasks and learn safe, effective ways to complete Firefighter tasks. These new, safe ideas could not be duplicated in the office or clinical setting. Hence, it has been of utmost value to actually perform tasks and roles in the actual ‘job’ setting at the training academy, such as raising ladders, loading and unloading hose, searches, hydrant work, engine operations, mock emergency scene operations, participating on ride-alongs, station life activities, etc.

**Employer: “This is sounding pretty good. However, give me an example of how much this type of therapy could potentially save me.”**

**HMS:** The Ohio Bureau of Workers’ Compensation premiums increase on average of \$4 of premium for every \$1 paid in claims cost; this includes medical and indemnity payments. This trend was revealed in studies conducted on larger State Fund employers and has been found to be consistent when performing long term claim impact studies on an individual claim/risk basis.

These studies are not official, but from an actuarial perspective the logic is sound. This means that an employer with \$25,000 worth of claims cost could expect to pay additional premium of around \$100,000, on average over the next several years. In addition, if an employer is participating in the BWC’s group rating program; the employer could see their group rating discount lower or could even be removed from group rating become a penalty rated employer.

These numbers are not reflecting the claim reserves due in part to the variations in reserves causing fluctuations in the overall cost of the claim over the 10 to 12 year life of the employer’s claim history, but these figures do reflect actual dollars paid out by the BWC as compared to the premium charged to the employer.

**Employer: “When is transitional work the appropriate service?”**

**HMS:** Transitional work is appropriate when:

- Employee has a job to return to
- Employee is medically stable to progress
- Physician has identified restrictions
- Employer is open to offering modified tasks (tasks may be identified through transitional work)

Keep in mind that lost-time or complicated claims may also benefit from Vocational Rehabilitation Services. For medical only claims, the Remain at Work Service may be used. The key is for all stakeholders to be proactive in discussing each case.

**Employer: “I really like how this sounds, but how much work will this be for me and my supervisors?”**

**HMS:** Another great question! The onsite transitional work therapist working with the stakeholders does the majority of the work to provide a seamless transition for the employee back to work. The benefit for the employer and supervisor is that they get face to face and ongoing communication on the process. It also bridges any communication gaps. In our experience, employers, supervisors and employees have been pleasantly surprised on how easy the transitional work process was.

Our current economic environment over the last few years has had an effect on workplace safety. In some cases, employees responsible for safety have lost their positions and/or funds previously available for training, etc have been cut. In some cases, employee morale is affected and stress levels rise.

What does this mean? It means increase in more serious injuries at the workplace, which ultimately cost the company more money. Here are some 2009 statistics from BLS (Bureau of Labor Statistics) - [www.bls.gov](http://www.bls.gov):

- 3.6 nonfatal work injury rate per 100 equivalent full-time workers in private industry (3.3 million cases)
- Slightly more than one-half of the 3.3 million private industry were of a more serious nature that involved days away from work, job transfer or restriction (DART cases – 1.8 cases per 100 workers)
- Total recordable case injury and illness rate was highest among mid-size private industry companies (50-249 workers) and lowest among small companies (less than 11 workers)
- 12.1 fatal work injury rate for employees age 65 years and older in 2009 (US Census Bureau reports, by 2030, 19.7% of the population will be 65 years or older)
- Top four fatal incidents (1992-2009) include highway, homicides, falls, struck by object
- 4551 fatal work injuries in 2009 (93% men and 7% women)

## How do employers prevent these statistics?

An employer’s disability management process must have the foundation of a solid safety and health program. This foundation helps maintain a healthy and productive workforce and significantly lowers risk by preventing injuries and illnesses. OSHA states four major areas for voluntary safety and health management guidelines - *1910 OSHA General Industry Regulations*:

1. **Management commitment and employee involvement** - management views safety and health as a fundamental value and employees are demonstrate commitment for themselves and co-workers
2. **Worksite analysis** – ongoing identification of worksite risks/hazards so that they can be prevented (i.e. job task analyses, inspections, etc)
3. **Hazard prevention and controls** – controls are put in place to eliminate or reduce risk (engineering, workstation design and work practices)
4. **Safety and health training** – provision of training on specific work practices, new work processes and accident/near miss scenarios

The employer’s incident analysis process includes all four of these components. The purpose of incident analysis is to determine true root cause to prevent a similar occurrence.

A good incident analysis process includes:

## 1. Analyze all types of incidents

Include injuries, illnesses, near misses and property damage. Keep in mind that incidents that are not injuries are a great opportunities to prevent future and potentially more serious injuries and illnesses.

## 2. Gather as much data as possible as soon as possible

Taking pictures of the event, obtaining work orders, witness statements and any other pertinent information is critical when evaluating the incident. By gathering data quickly, it saves time and frustration from trying to obtain it later.

## 3. Apply short-term action(s)

This may include setting up barricades, shutting the machine/equipment down, lockout tagout, etc. The short-term action is not necessarily going to be the long-term corrective action, but it may prevent further adverse events.

## 4. Form a team of subject matter experts to support the analysis

The team ideally includes the affected employee, supervisor/team leader, co-workers, witnesses, safety representative and/or maintenance as appropriate. The employee knows their job the best and can be extremely helpful in identifying ways to prevent future incidents – they can be part of the solution.

## 5. Apply appropriate root cause analysis tools with the team

Based on the complexity of the program, you may apply any of the following: Round table discussion; Five Why’s; Fishbone, etc. Use the knowledge and experience of your team to contribute possible causes of the incident. Avoid using “operator error” or “lack of training” as true root causes.

## 6. Identify corrective action(s) to prevent incident reoccurrence

List actions to prevent the incident from happening again. This may include engineering the hazard out (changing tools, ergonomics, modification of equipment, etc); setting different administrative controls (shorten duration of time, work rotation, etc); or PPE (last option!). If training is a step in the solution, ensure that all affect and new employees are also trained and documented. If the employee needs counseling, ensure that this also documented.

## 7. Confirm that the corrective action(s) were effective

Validate that the actions took actually corrected the problem. Monitor long term effects and implement further action(s) as necessary.

## 8. Address similar processes and/or personnel

Review other work areas and tasks to ensure that similar corrective actions are applied.

## 9. Recognize the team’s efforts

Recognizing the team’s efforts in participating in the analysis will help raise overall safety conscious behavior and a willingness to participate in future analyses.

Doing an effective incident analysis process will also help you identify trends and identify areas to target your resources. The goal is to maintain a safe and healthy workforce!