Session No. 781

How to Avoid 10 Common Pitfalls in Injury Management

Peter P. Greaney, M.D.
Chief Executive Officer
WorkCare, Inc.
Anaheim, CA

Introduction

Workplace health & safety hazards can be costly to employers and employees. Whether it's a failure to protect your workers against carbon monoxide, the silent killer, or a sleep-deprived employee getting into a fatal car accident on the drive to work, every job comes with potential hazards. The good news is that most of these health & safety hazards are largely preventable if the right precautions are taken.

Presented by an experienced board-certified occupational health physician, this presentation will provide insight into the top 10 most avoidable workplace health & safety hazards and what employers can do to prevent them.

Learning Outcomes:

1. Today's Workforce
2. The Cost of Doing Nothing
3. The Top 10 Common Pitfalls of Injury/Illness Management
4. On The Horizon

Today's Workforce

In the past twenty years, the hours worked per year by employees have increased. The number of hours worked per year in Western Europe has decreased. The Centers for Disease Control (CDC) states that U.S. workers report increase rate of employees working very hard, working very fast, not having enough time and not sleeping enough.

Changing World of Work

Organizational changes in restructuring, downsizing, outsourcing and contracting. External changes include economic globalization, deregulation and information technology. Knowledgeable workers will be desired. Older generation workers are staying in the workforce longer and not retiring. New workers entering the workforce lack core competencies that can become a serious human resources issue. Human resources must determine how to meet these challenges.

The Cost of Doing Nothing

Worker compensation costs increase if nothing is done.
What It Will Cost To Do Something
Primary prevention: social change, organizational change, job redesign
Secondary prevention: individual coping
Tertiary prevention: individual treatment, rehabilitation

Ten Common Pitfalls in Managing Workplace Injuries and Illnesses

1. Legacy Culture

The culture of your organization—the legacy—is perhaps the single, most important variable that shapes injury and illness management. We have all seen it – the perky employee with a great attitude, embracing those values important to your organization. Things look promising. Yet the line of influence can have a very real threat on the health of your culture. The line of influence is operated by people like Bob (unofficial leaders in the company), who reinforce the legacy of the company by preaching, "We do things as way." Most of the time they are not managers, but can yield far greater influence on behavior than even your strongest leaders.

We know the importance of culture can drive productivity, work practices and employee satisfaction up, while driving down injury/illness, absenteeism and workers' comp incidents. The impact of culture can work against promoting a culture of shared goals, employee accountability and trust.

Our progress in this area has evolved over time from the old paradigm to a more effective one.

From:

Past Paradigms

- Top-down control
- External enforcement
- Outcome focused
- Failure oriented
- Negative motivation
- Rugged individualism
- Individual fault-finding
- Safety as a Priority
- Workers' Comp Mindset (EE expectations)

To:

More Effective Paradigms

- Bottom-up ownership
- Shared responsibility
- Process (behavior) focus
- Achievement oriented
- Positive motivation
- Interdependent teamwork
- Systems fact-finding
- Safety as a Value
- Manage employee health

2. The “Silo Effect”

Another challenge we face is how we are organized. It is common for an injured employee to interface with each of these departments:

- HR
- EHS
- RTW
- Benefits
- Risk Management

Lack of Integration

Even if companies deploy well intended benefit programs, including wellness, they can be derailed by a lack of integration. A meta-analysis funded by the CDC researched worksite health promotion programs that work. The study showed an association between effective worksite programs and buy-in by senior management of the program. That is, if a company backed health promotion programs with supportive HR policies, these programs were more likely to result in sustainable weight loss or improved worker health.

Examples of supportive cultures and senior leadership team: company not only promotes “getting active” but re-engineers environment to support it.

Though HR, EHS, RTW, benefits, risk management, are all good resources—there is no integration. Staff misses the opportunity to assess and treat employee health from a holistic perspective. The “Silos Effect” prevents cross referrals. A more effective model would be to integrate these resources—facilitating accountability by all.

3. Misalignment of Company Goals

Let’s talk about the Good, the Bad and the Ugly. The Good—we talked about how some companies are looking at benefits and compensation on a holistic basis. That is, departmental goals are tied into a percent of bonuses, which drives performance. The Bad, corporate cutbacks, chasing the nickel because it’s bigger than the dime. A robust training program can be gutted because its perceived to be “fluff” yet the really costs that are shrinking company profits are healthcare and legal. The Ugly, increasing deductibles on healthcare premiums, eliminating prescription drug benefits, etc.

An example of the Bad is when we drive workers' abuse; ignore use of medical benefits, increase part-time workers, eliminate prescription drugs—turn to workers' compensation, or when cutbacks in training lead to sloppy work. Lack of training and understanding about one's job can lead to accidents and absent employees. By integrating and aligning benefits that look at employee's health and safety on a holistic basis, companies will be maximizing the return.

Main Impediments

Policies, Procedures and Practices, when policies and practices trump common sense. Formal or informal policies requiring medical treatment for any alleged occupational incident. Employers have policies and procedures that mandate visits to physicians or that prevent it for any alleged occupational incident—not looked at for medical necessity. A modified duty policy or a return-to-work program does not exist. Risk management's focus/need for metrics runs counter to yours—not aligned.

4. Common Employee Perceptions and Expectations About On-the-Job Injuries

As they say, perception is reality—and when it comes to on the job injuries what your employees expect to happen can drive what happens.

Employee Expectations

Patients/employees may believe that they must be inactive to avoid further damage. Back injury: they expect that they may have serious structural problems. Think may be permanently disabled or need surgery. They may have personal concerns, which may be based on the experiences of friends or relatives, whether medically justified or not.

Employees with soft tissue injuries do not seek disability because they don't know what to expect. Their point of reference may be from friends who have gotten hurt. Sometimes common sense for employees fades away—especially when it's a back injury.

According to the Mayo clinic, seventy percent of the population experience low back pain every year. Of those 90% of sufferers, they recover in six weeks or less. Only about 10 percent go past the six weeks. One way to encourage employees to find treatment for back injury is to think about back problems the way we think about the flu. These types of injuries or illnesses is temporary, treatable and usually not life threatening.

Managing Expectations

Managing patient and employer expectations is part of total care management. Open discussion with the patient to understand what the health condition means. Discuss patient's knowledge, beliefs and expectations about the effects of the condition and functional recovery. Educate the employee on commonly held misconceptions about back pain, and wrist pain and conveying information about causation, prevention and accurate diagnosis.

5. Fraud/Abuse

Diagnosis precedes the injury. Terminology hinders communication especially in worker's compensation.

Example:

Joe: "I hurt my back at work"

Doctor: “Tell me how it happened”
Joe: “It was a week ago on Tuesday, I lifted a 50 pound box. I don’t usually lift anything that heavy.”

Mistake is to accept history without further question:

Doctor: “When did you first feel the pain?”
Joe: “I first felt it when I woke up Sunday morning.”
Doctor: “Then why did you tell me that you hurt your back at work on Tuesday?”
Joe: “My back hurts, and the only place I could have hurt it is at work, cause that’s the only time I do any heavy lifting.”
Patient Misperception: “Musculoskeletal Pain must be an injury, why else would my back hurt?” Especially with back pain, people tend to think the worse.

We have no animal model or basic science to support the concept of the initially painless injury that begins to hurt days, weeks, months or years later.

6. Clinic/Provider Oversight

An injured employee visits the ER or clinic. Lost time in waiting at the clinic, employee is prescribed vicodin, receives two weeks off from work, referral to orthopedic, and/or hospitalized. No other industry gets away with this—the culprit: third party payer!

The clinic is a business. Potential for self-serving, conflicting interests, up-selling needless services (PT). Treating Physician “Expert” at Return-to-Work. “Expert” on RTW, defensiveness, “I am the Doctor, I know what’s best for my patient”

Establish Provider Relationship. Establishing company expectations key success factor. Roll-up your sleeves and go into field. Maintain contact with providers, use clinical resources as necessary to reinforce or intervene

7. Over Empathetic Provider

The physician focuses on social needs and is concerned about non-medical issues, for example: employees’ transportation, prescribes overarching modified duty and bases medical treatment on employee perspective only.

The clinician’s role is to set medically appropriate activity restrictions. Discuss expected healing and recovery times with the employee. The positive role of an early, graduated increase in activity on physical and psychological healing. Facilitate the employee’s return to work by encouraging communication about back-to work-options between the worker and his or her supervisor.

Medically unnecessary disability occurs whenever a person stays away from work because of non-medical issues such as: The perception that a diagnosis alone (without demonstrable functional impairment) justifies work absence. Other problems masquerade as medical issues, e.g., job dissatisfaction, anger, fear, or other psychosocial factors. Poor information flow or inadequate communications. Administrative or procedural delay.

Medically discretionary disability is time away from work at the discretion of a patient or employer that is: Associated with a diagnosable medical condition that may have created some functional impairment but left other functional abilities still intact. Most commonly due to a patient's or employer's decision not to make the extra effort required to find a way for the patient to stay at work during illness or recovery.

8. Medicalization of Work Failures

Employee "medicalizes" work failures. Time away from work costs by individual health risk status is shown in this slide. Employees at high risk for illness days greater than or equal to six per year, fair or poor physical health, use of medication/drugs to relax or alter mood, job dissatisfaction had higher time away from work costs than employees without those individual risks. ABS, STD, WC data not shown.

Researchers have shown an association between health risks and worker injury, illness, and absenteeism. Low exercise, depression, stress, being overweight, smoking, and low seat belt use have all been associated with increased absenteeism.

More high-risk individuals (80.6%) had a time away from work occurrence than medium - (72.8%) and low-risk (61.1%) individuals. High-risk individuals had higher time away from work costs than medium- and low-risk individuals. If time away from work costs follow risk reduction, a potential annual savings of $1.7 million could be achieved. Study over 3 years, 6,220 employees surveyed. The purpose of this study was to combine absences, short-term disability, and workers' compensation into a sum of the cost of time away from work and compare it with health risk status and individual health risks of 6220 hourly workers at Steelcase Inc.

- Personal Factors
- Chemical dependency
- Depression
- Emotional distress
- Family
- Work
- Job satisfaction
- Task enjoyment
- Adversarial job relationship
- Job demands
- Supervisor

Medical

- Presence or absence of second injury funds
- Injury-related factors
- Severity of (self-rated) symptoms and/or health status
- Expectations of work capacity
- Delayed presentation
- Recent poor performance appraisal
- Commute changes
- Attendance problems

- Supervisor changes
- Chronic pain symptoms
- Multiple diagnoses
- Diagnosis of low back pain or carpal tunnel syndrome
- Prior negative treatment experiences
- Excessive/inappropriate physical medicine treatment

So here is what it looks like when we pull it all together—that is, the employee's perception of their injury/illness and the reality. If the employee states that can work and this is consistent with the provider—then you got a match. If they really can work, and then say they can't, you have a mismatch. If they say they can't work, but they really can't then you have a mismatch—and a risk. If they say they can't work and really can't—then you as the employer need to support that match.

9. Supervisor Issues

Supervisor Serves as Treating Physician, "The Overachiever." How should I know if you need a doctor? Don't get me involved in that! Take it up with HR! I got bigger issues (my son!). According to my research on Google, I can't talk about medical treatment or recommend a local clinic or I will get sued.

10. Communication

Peer communication yields significant influence. Who are the "unofficial (non-management) leaders?" What is their message? Word of mouth can sabotage your efforts. Utilization of medical resources. Compliance with policy (HIPAA). Lead to perceptions, mistrust of company intent. Poor information at point of incident. Communication obstruction---Tribal Knowledge supervisor knows how to manage incident, but not available. Snail mail. Employee communication may trigger chain of events.

"Work Related Injury?" That depends on what your definition of "Injury" is. Pioneering Communication—provides messaging on day one; sets expectations. Valued as high as the employee guidebook. Health problems can be distressing and may make life difficult, but they are not 'severe' in a medical sense:

- Most of us experience them at times
- Usually there is no serious underlying disease or lasting harm
- Most episodes settle quickly, even if symptoms may recur
- Many people remain at work, or return quite quickly

Common health problems should be manageable: the paradox is that so many end up with long-term disability. There is usually no good medical explanation, but we must not jump to the conclusion that it's malingering. Rather, something has gone badly wrong with the way things have been handled. And the longer people are off work, the less likely they are to get back - ever. So it's crucial to step in and help without delay.

Work is generally good for health and well being – including people with common health problems. Worklessness is generally bad for health and well-being. Work should accommodate

people with health problems. People with common health problems face real obstacles to staying in or getting back to work.

- Diagnosis of low back pain or Health-related obstacles
- Ineffective treatments
- Waiting for tests or specialist appointments
- Unnecessary sick leave
- Unhelpful advice
- Failure to support and encourage return to work

On the Horizon

Adult obesity has risen at a frightening rate in last 20 years. Thirty percent of U.S. adults (age 20+) are obese – more than 60 million people! Child obesity has tripled since 1980. Sixteen percent of children ages 6-19 are overweight – over 9 million kids. The cost of obesity in the US in 2000 was more than $117 billion (U.S. Surgeon General's "Call to Action: to prevent and decrease overweight and obesity). National Health Objective is to reduce the occurrence of obesity among adults to less than 15% by 2010.

Determinants of Accident

Proneness:

- Study of occupational and individual factors of accident proneness
- Method: 1305 male workers with occupational injuries (1999-2000)
- Standardized questionnaire completed by occupational physician
- Data analyzed through logistic regression

Results:

- First item in list (list bullet)
- Second item in list
- Frequent injuries represented 27% of all cases
- Frequent injuries were more common in mechanical maintenance operators
- Mainly caused by handling tools, mechanical repairs or with/by collision with falling objects
- Individual Factors
- Sleep disorders
- Less than 5 years in present job
- Smoking
- Physical inactivity

Promoting Holistic Approach – CDC Initiative

- The Steps to a Healthier US Workforce
- Preventing work-related illness, injury, and disability, and
- Promoting healthy living and lifestyles to reduce and prevent chronic disease.

The Steps to a Healthier US Workforce
Preventing occupational and non-occupational illness, injury, and disability experienced by the U.S. workforce can have a significant impact on the health-related productivity of American business. The initiative creates an opportunity for both the occupational safety and health community and the health promotion community to develop and implement workplace programs collaboratively that prevent workplace illness and injury, promote health, and optimize the health of the U.S. workforce.

Bibliography

The Centers for Disease Control and Prevention website. Retrieved from http://www.cdc.gov/

Mayo Clinic website. Referred from http://www.mayoclinic.com/