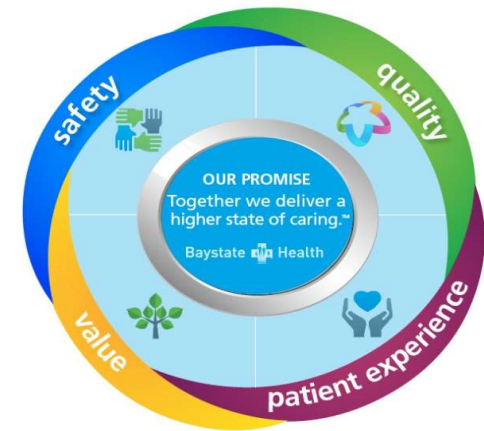


The New Transitional Duty Program



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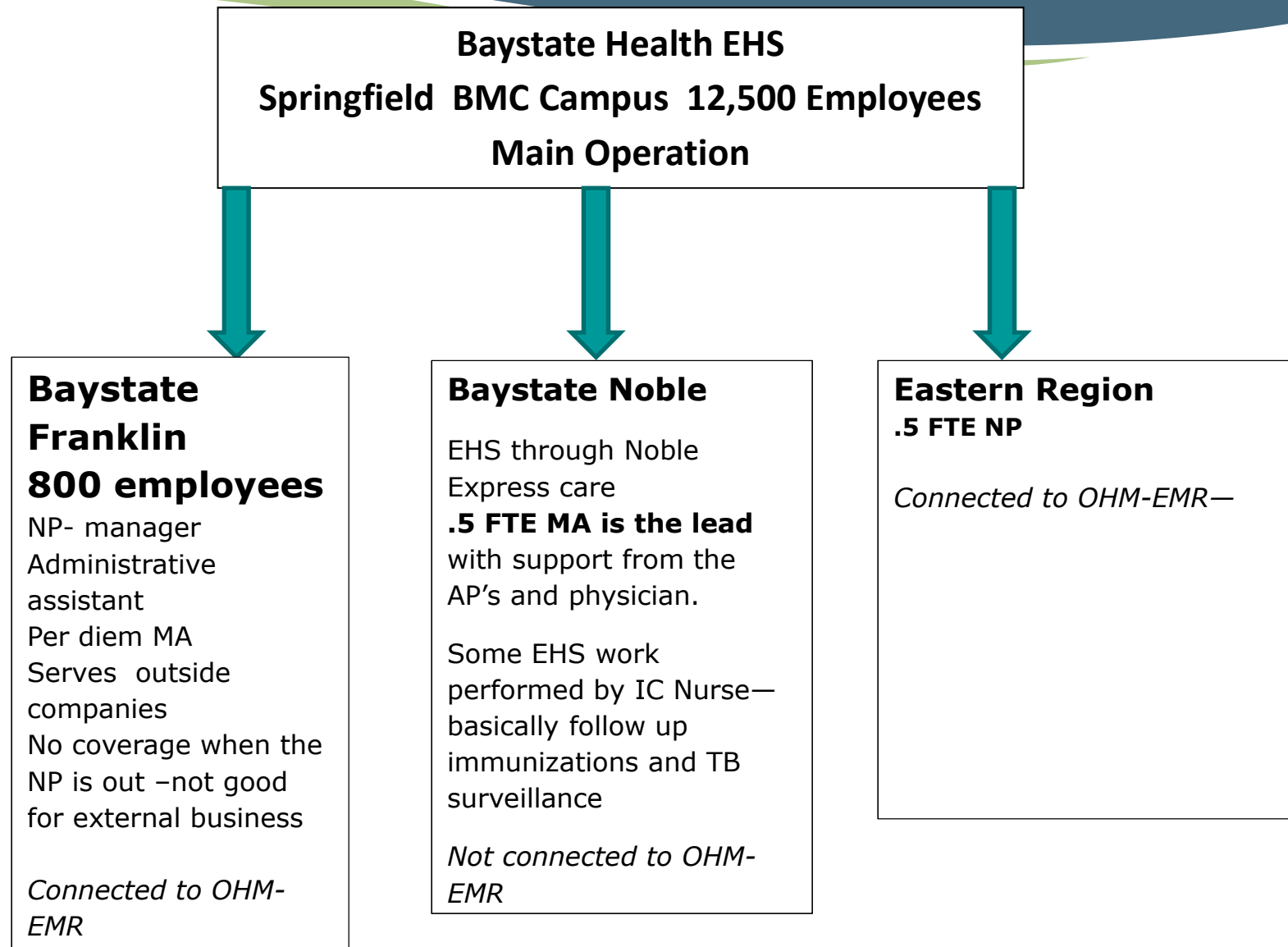
Goals of Today's Meeting

- ❖ Define best practices for transitional duty program
- ❖ Overview of funding for transitional duty
- ❖ Establish a new position: Return to work Coordinator
- ❖ Beyond a transitional duty program
 - What are we doing to prevent injuries

Baystate Health

- ❖ Where are we located?
- ❖ How many employees?
- ❖ We are self insured(funded through Captive) with a third party partner- SISCO
- ❖ Where does EHS fit in?
- ❖ Our motto
 - “A healthy and happy employee takes better care of our patients”

How EHS is spread through the System





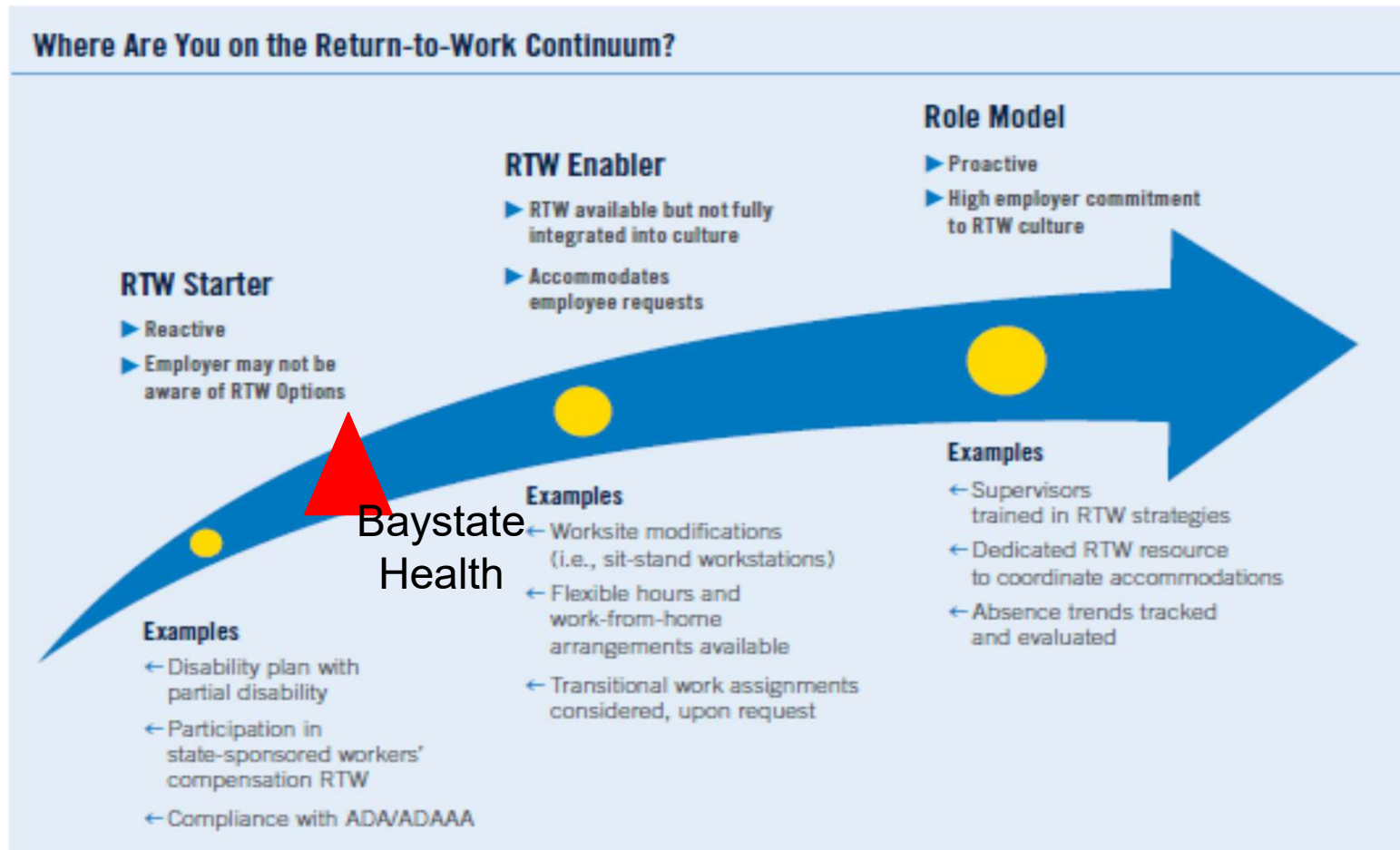
Rosa's Story



Introduction

- ❖ The rising costs and treatment of injured workers remains a challenge. This is similar to what is occurring throughout the country.
- ❖ The added problem for the healthcare industry is the ongoing restructuring to accommodate reduced payments received for patient care (bundled payment system).
- ❖ As a self-insured entity Baystate Health can control the costs associated with returning an injured worker back to the workplace. MA state law allows a preferred provider program and a modified duty program.

Where is Baystate on the RTW Continuum?



Costs of Absence

Direct Impacts

- ❖ Lost time
- ❖ Medical
- ❖ Employee Health Services costs
- ❖ Replacement staff and overtime (time and cost of acquisition)

Indirect Impacts

- ❖ Effect on Morale
- ❖ Decrease in staff or trained staff impacting our patient's experience

Workers Compensation Lost Time Costs for Cases Not Modified

| Paid Claims Time Period | # of Lost Time Claims (Not Modified Duty) | Average Lost Time Claim Expense | Average Lost Time Days Lost |
|--|--|--|--|
| 1/1/15 – 12/31/15 | 107 | \$6,878 | 83 |

Workers Compensation Lost Time Costs for Cases Modified

| Paid Claims Time Period | # of Lost Time Claims (with Modified Duty) | Average Lost Time Claim Expense | Average Lost Time Days Lost |
|--|---|--|--|
| 1/1/15 – 12/31/15 | 99 | \$1,144 | 41 |

Transitional Duty Program – Estimated ROI (Lost time only)

| Insurance Line | # of Lost Time Cases Not Modified CY 2015 | Total Cost Lost Time Days (Annual) | Average Decrease in Lost Time due to Transitional Duty | Potential Savings for Lost Time Transitional Duty |
|----------------|---|------------------------------------|--|---|
| WC | 107 | \$735,937.13 | 20% | \$147,187 |

Reduction in medical, litigation, administrative, STD, leave durations and modified duty costs will likely result as well.

The Benefits of A Modified Duty Program In A Hospital Setting – A Comparison Study

Philip Adamo
From the Department of Occupational Health
Berkshire Medical Journal



Overview of a Transitional Duty Program

- ❖ The goal of a stay at work/ transitional duty program is to help individuals with an injury or condition remain productive and at work, while effectively managing any physical or psychological limitations associated with their condition or illness.
- ❖ A successful program requires a committed and coordinated partnership between Baystate Health, the treatment team at EHS, our vendor partners and the affected employee.
- ❖ The transitional duty program is time limited to 12 weeks with some extension on a case by case basis.
- ❖ Beta testing of the program
- ❖ Other Success stories

Benefits of a Transitional Duty Program

- ❖ Reduced exposure to and duration of lost time claims. STD and Absence programs will also benefit.
- ❖ Reduction of labor costs to perform duties covered by workers placed in transitional roles
- ❖ Improved productivity and morale
- ❖ Opportunity for our injured team members to do meaningful work in an inclusive environment
- ❖ Opportunities for early intervention
- ❖ Improved employee retention
- ❖ Enhanced culture of safety
- ❖ Supports a positive experience/ outcome for our employees



Potential Savings Achieved through

- ❖ Reduction in absence costs
- ❖ Decline in medical claim costs
- ❖ Reduced exposure to litigation costs
- ❖ Earlier identification of fraudulent cases
- ❖ Increased awareness of injury prevention and safety protocols
- ❖ Improved employee morale, which may contribute to decreased turnover and translate into enhanced patient experiences.
- ❖ Decrease onboarding expenses when injured works do not return to a job



Workers Comp Cost Center Paid through Captive

- ❖ Wage cost of transitional duty placement (the managers cost center is no longer charged for the transitional duty of the injured team member)
- ❖ Funding for the RTW coordinator, training and other program expenses



Where are we now.....

- ❖ We created a RTW coordinator position
 - ❖ Nursing degree preferred but not a deal breaker
- ❖ The position reports to the program director of EHS and ultimately to Senior Medical Director
- ❖ We posted the position for the RTW coordinator
- ❖ We have interviewed candidates-made three offers
- ❖ Challenges
 - ❖ Grant program
 - ❖ Salary ???

More than transitional duty...

- ❖ Preventing the injury is key
- ❖ Every health care system where I have worked improved with managing the injured workers case however, the safety side was weak.
- ❖ At Baystate I lead a team to process improvement by educating senior leaders on the “number of team members we injure each month in 4 key areas.
- ❖ I call the communication...“the little people slide”
- ❖ The message...we need to take a deep dive and find a way to not hurt our team members

**Total Number of Patient Movement OSHA vs Non-OSHA
Injuries by Month in 2014, 2015, 2016, and 2017**

| | 2014 | 2015 | 2016 | 2017 | |
|---------------------|----------|----------|----------|---------|---|
| January | 0 vs 15 | 7 vs 1 | 5 vs 16 | 3 vs 7 |  |
| February | 0 vs 10 | 1 vs 12 | 9 vs 7 | 6 vs 4 |  |
| March | 0 vs 13 | 0 vs 11 | 10 vs 10 | | |
| April | 6 vs 8 | 0 vs 11 | 4 vs 11 | | |
| May | 0 vs 11 | 1 vs 11 | 6 vs 7 | | |
| June | 0 vs 5 | 0 vs 8 | 6 vs 7 | | |
| July | 0 vs 7 | 1 vs 5 | 3 vs 6 | | |
| August | 1 vs 10 | 0 vs 8 | 6 vs 7 | | |
| September | 0 vs 10 | 1 vs 7 | 1 vs 5 | | |
| October | 0 vs 7 | 0 vs 14 | 7 vs 6 | | |
| November | 0 vs 9 | 3 vs 4 | 2 vs 6 | | |
| December | 0 vs 9 | 2 vs 6 | 5 vs 5 | | |
| <i>Yearly Total</i> | 7 vs 114 | 16 vs 98 | 64 vs 93 | 9 vs 11 | |


OSHA Healthcare Priorities

- ❖ US Department of Labor June 25, 2015
- ❖ Investigators' focus in Healthcare inspections
 - Musculoskeletal/patient movement injuries
 - Bloodborne pathogens(sharps injuries)
 - Workplace violence
 - Slips trips and falls
- Tuberculosiscompliance with annual testing

More meetings!!!!

- ❖ Local subcommittees with System level communication(Executive Safety Committee)
 - Sharps injuries has been implemented August 2016
 - Patient movement injuries, Workplace violence and Slips. Trips and falls are being set up currently

- ❖ Put in the members of the committee



Thank You
Questions?

