



The Sooner, the Better: Return-to-Work as a Health Outcome

Chairperson:

Karen Huyck, MD PhD MPH FACOEM
Occupational Medicine Physician

Monday, March 25th, 2024
8:55-9:50am

Why work matters

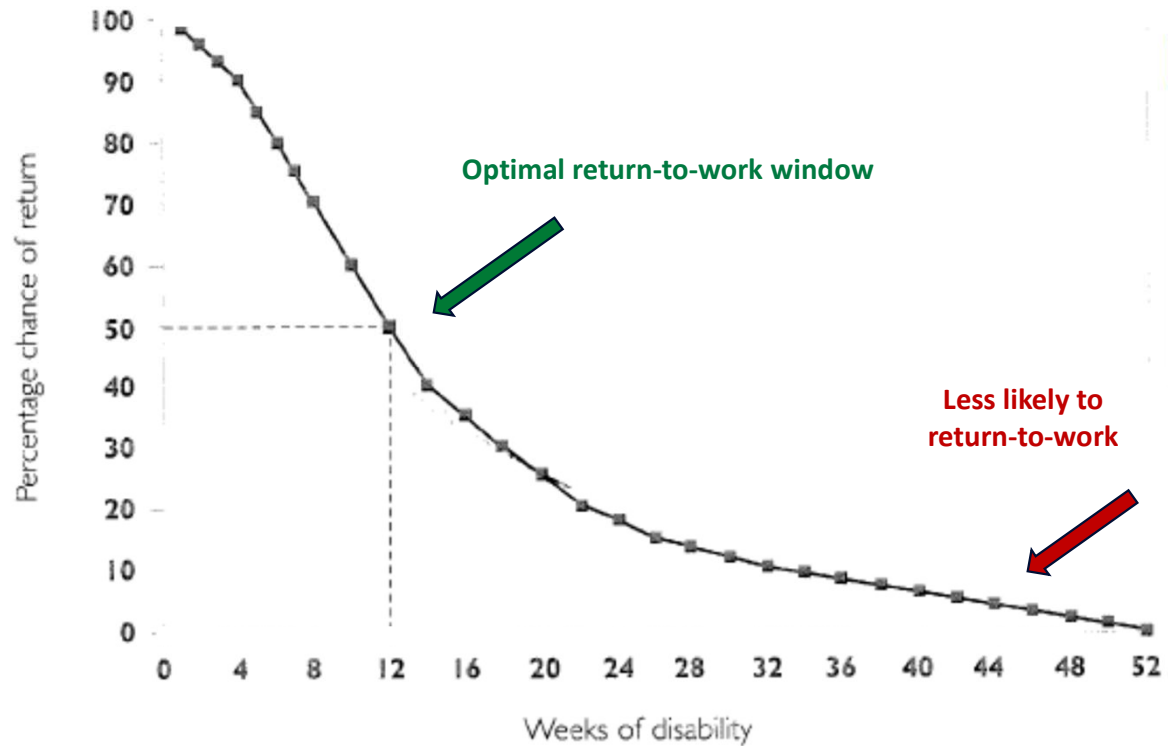
The longer someone is out of work, the less likely they are to return

Unemployment independently increases risk for adverse health outcomes

Appropriate employment can improve many social contributors to health

Interactions between clinicians and clients positively affect work outcomes

Workers often get help late or are not connected to employment services at all.



WORK IS A HEALTH OUTCOME!

- Guilford Group, Ltd 1995
- Soklaridis S, et al. "Can you go back to work?": Family physicians' experiences with assessing patients' functional ability to return to work. Can Fam Physician. 2011(2):202-9.

Expert tips for supporting return to work

Mr. Employee has mechanical knee symptoms of catching and giving way not responsive to physical therapy and limiting his ability to do his job. He is scheduled for meniscectomy.

Fortunately, he works at a company where Donna Ferreira runs on-site employee health services.



2024

**Work Related Injuries
Workshop**

Occupational Health Nurse Role

Strategies for facilitating successful return to work

Donna Ferreira, MS ANP COHN-S/CM FAAOHN

Case Management: On Site Occupational Health Nurse

- Nursing process in case management:
Assessment, Planning, Implementation, and Evaluation (APIE)
- Assess the whole picture:
Employee needs, company needs, public safety, medical data from specialists & primary care
- Employee functional job description
- Consider the concerns and perspective of the key constituents:
The employee, the company and its policies, the supervisor, Safety Department, the insurer, and the treating providers

References:

Heaton, K. Editors, (2022) *Fundamentals of Occupational and Environmental Health Nursing 5th edition*, AAOHN Pensacola, FL 32514

Mullahy, C. M. (2017). The Case Manager's Handbook 6th edition, 2017 Jones & Bartlett Learning

Case Management: On Site Occupational Health Nurse

Opportunities for Early Intervention of the Work-Related Injury Case

1. Before the employee goes out on leave, when possible:
 - a. Discuss with supervisor about anticipated duration of leave and return to work with restrictions, etc.
 - b. Conversation and education for the employee about expectations, leave duration, and mutual goals for a smooth and successful return to work
2. While the employee is out on leave
 - a. Communicate with the employee, 3rd party insurer, safety, supervisor
3. The return to work
4. Follow up to medical end point



Case Management: On Site Occupational Health Nurse

Sample Scripts

1. Before the employee goes out on leave, when possible:

“How are you feeling about your upcoming surgery?”

“Do you have any worries or concerns I can help you with?”

“Usually this type of surgery involves about ___ time away from work, getting some physical therapy to get strength back, and heading back to work with these considerations (list).”

“I’d like to reach out to you every few weeks to see how you are doing.”

“Hello Ms. Safety, we anticipate Mr. Employee to go out of work on (date) for surgery for the work related injury. We’ll keep you posted on his return date.” *Important for OSHA record keeping.*

“Hi, Mr. Supervisor, we’ll be in touch when Mr. Employee is out of work and to plan his successful transition back to work. He may need a light duty assignment for the first week or two back.”

2. While the employee is out on leave

3. The return to work

4. Follow up to medical end point

Case Management: On Site Occupational Health Nurse

Sample Scripts

1. Before the employee goes out on leave, where possible

2. **While the employee is out on leave**

“Hi Mr. Employee, just checking in, how did your surgery go, how are you feeling? Do you have any questions? We are cheering for you.”

“Hello Insurance Co, keep us up to date on the work-related case and return to work plans, we have an on-site Health Center where he can ice, get OTC meds, etc.”

“Hi Mr. Supervisor and Ms. Safety, just an update on Mr. Employee who is doing well, on target for an estimated return on (date) and may need restricted work for a week.”

3. The return to work

4. Follow up to medical end point

Case Management: On Site Occupational Health Nurse

Sample Scripts

1. Before the employee goes out on leave, where possible
2. While the employee is out on leave
3. **The return to work**

“Welcome Mr. Employee. Awesome to have you back to work. We are here for you if you have any questions, need ice or some Tylenol.”

“Mr. Supervisor, these are Mr. Employee’s restrictions, we’ll see him back in the Health Center in 4 days to evaluate.”

“Ms. Safety, Mr. Employee returned to restricted duty on (date). He’ll be seen in the onsite Health Center in 4 days, and we’ll update you then.

“Hi Insurance Co, Mr. Employee has returned to work on (date).”

4. Follow up to medical end point

Case Management: On Site Occupational Health Nurse

Sample Scripts

1. Before the employee goes out on leave, where possible
2. While the employee is out on leave
3. The return to work
4. **Follow up to medical end point**

“You’ve done great back at work. Looks like your treating physician has cleared you for full duty! How are you feeling? Do you have any questions or concerns? We are here for you in the future if you need us.”

“Mr. Supervisor and Ms. Safety, Mr. Employee is cleared for full duty as of (date). Contact us with any questions.”

Expert tips for supporting return to work

Employee Golden has an upper extremity overuse injury limiting their ability to do their job.

Unfortunately, they do not work at the company where Donna Ferreira runs on-site employee health services.

Fortunately, they have been assigned Catherine Reno as their Medical Case Manager.



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Medical Case Manager Role

Strategies for facilitating successful return to work

Catherine L. Reno, RN BSN MBA CCM

Establish Trusting Relationship

- **Initial phone call** to discuss injury, current medical status, appointments, and issues surrounding work injury
- Complete **home visit** to assess living environment and barriers to return to work; include Significant Other if possible
- Contact employee at least **weekly** to assess progress with plan of care and response to treatment
- Keep **scheduled visits** if at all possible

Develop Plan of Care

During first meeting

- Employee's interpretation of injury, severity, impact on return to work
- Assess employee's satisfaction with treating provider; determine if provider is an appropriate choice for injury
- Provide education regarding the injury; pathophysiology; consequences of injury typical plan of care according to State or Official Disability Guidelines (ODG)
- Provide education regarding work disability; ability to work versus work disability
- Establish boundaries – communication, text, e-mails
- Identify potential barriers to return to work

Develop Plan of Care (continued)

- Inform of Case Manager role, communication with all parties with every direct contact
- Inform employee that Case Manager will address plan of care with treating providers including recommendations for diagnostic testing, therapies, surgery, and return to work
- Inform employee that Case Manager will discuss return-to-work status and plan to address with treating provider in preparation for medical visit to avoid perception of hidden agendas

Case Manager Interventions

1. Initiate contact with insurer to determine expectations of Case Manager referral

- Obtain details of injury; issues of concern; establish Case Manager boundaries
- Confirm treatment provided to date; treating providers
- Confirm employer contact; on-site visit; direct contact
- Optimal means of communication

Case Manager Interventions

2. Initiate contact with employer upon referral to explain role with RTW plan

- Set up on-site visit to obtain job analysis and review job demands with employer
- Establish ability to provide alternative employment options that will meet employee medical restrictions
- Assist employer with identification of alternative employment options and put into writing
- Update employer after every face-to-face contact with employee including clinical status, progress towards return to work, and/or return-to-work status

Case Manager Interventions

3. Initiate contact with medical providers

- Contact medical office to confirm scheduled visits, obtain last office note if not provided; confirm ability of Case Manager to attend office visits ; obtain fax number
- Contact rehabilitation provider to confirm plan of care; compliance; progress to date; confirm ability of Case Manager to attend rehab visits for team meetings
- Provide Job Analysis to all treating providers; discuss availability of modified duty, actual physical demands of job

Plan of Care Progression

- Discuss plan of care with treating medical provider with employee in attendance to confirm time frames, expectations, and goals for recovery and return to work during every visit
- Obtain work capacity for every on-site medical visit
- Conduct on-site visit with rehabilitation provider and employee to evaluate plan of care; return to work expectations, consistency with injury expectations; need for work conditioning or hardening

Identify Barriers to Return to Work

- Family dynamics supportive of continued Out of Work status
- Concurrent insurance plans reducing negative impact of reduced income
- Indemnity payments higher than weekly wage
- Poor interpersonal relationships at work
- Fear of re-injury

Ensuring Successful Return to Work

- Instill confidence with employee that plan of care and return to work are safe
- Identify employee fears and methods to overcome
- Ensure employer buys into the return-to-work plan
- If possible, a transitional return to work works very well
- Assess progress with return to work

SUCCESS!!!



Expert tips for supporting return to work

Our next employee fell at work with multiple injuries. Their employer, various treating providers, and claims adjuster give them different information that is hard to synthesize.

Unfortunately, they do not work at the company with on-site employee health services, and they were not assigned a Medical Case Manager.

Fortunately, they hired Erin Gallivan to help them navigate their situation.



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Workers' Comp Attorney Role

Strategies for facilitating successful return to work

Erin Gallivan, Esq.

Attorney role in return to work

- Talk to client about work as soon as possible and regularly
- Talk about Vocational Rehabilitation as an opportunity
 - Vocational Rehabilitation counselor as an expert
 - Can support client and interface with employer to help return to job safely
 - If can't return to job, chance to explore new possibilities
- Encourage volunteer work if out of work

Attorney role in return to work

- Ask adjuster to assign Vocational Rehabilitation counselor as early as possible
 - VR in Vermont: VR5, screening, entitlement, RTWP, choose VR counselor
 - When not at MMI, ask provider: Assuming best case prognosis, would claimant be able to return to job
 - Involvement of VR counselor keeps return to work at top of mind even if not ready to assess entitlement
 - Developing RTWP takes a long time, so good to start as soon as possible, even if not ready for entitlement
 - VR contact with medical providers lets them know client wants to return to work

Attorney role in return to work


- Be deliberate about choosing or changing VR counselor
- Be proactive in addressing fears/worries about RTW
 - Articulate common emotional issues
 - Explore client's feelings
 - If appropriate talk about mental health counseling
 - Address fear of re-injury
 - Articulate and normalize
 - Practical advice about returning to work
 - Consider other psychological barriers/issues

Attorney role in return to work

- Client resistance
 - When the above isn't working or client is resistant, focus on practical impact on case
 - My job is to explain how things work and the consequences of different paths
 - VR is a valuable benefit, don't want to lose it
 - Need to demonstrate explored all options, tried everything, gave best effort
 - You may think you can't do it, but only way to have evidence of that is to try
 - Permanent Total Disability: need to exhaust VR

Expert tips for supporting return to work

Through these best practice strategies, our employee who fell at work and sustained multiple injuries is working with Nancy Segreve for vocational rehabilitation counseling...





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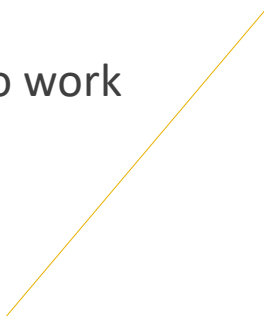
Vocational Rehabilitation Role

Strategies for facilitating successful return to work

Nancy Segreve MA CRC CCM

VOCATIONAL REHABILITATION

KEEPING EXPECTATIONS ON TRACK

- Rehabilitation counselors help individuals with disabilities achieve their personal, social, psychological, **career**, and independent living goals. Rehabilitation counselors are the bridge between the individual and self-sufficiency, helping their clients live fully integrated lives.
 - Work as a health outcome – transitioning back to work
- 

IT'S NOT *JUST* THE WORK INJURY

- ADJUSTMENT TO DISABILITY
- A job change is a major life stressor
 - Even when it is a proactive career decision
- Be mindful of the impact on physical, emotional & psychosocial wellbeing
 - Validate losses
- *Anger, frustration, pain, functional impairments, decreased confidence, self-esteem, loss of control, worry and ambivalence about next steps*
- FOCUS ON ABILITY
- Counseling techniques to develop a positive relationship to identify and embrace strengths

MANAGING EXPECTATIONS

Vocational rehabilitation counseling focuses on resolving ambivalence to change and promoting consumer self-determination through decision-making, goal setting, and achievement.

- Clearly explain your role and the requirements of the system
 - Workers' Compensation VR regulations are different in each state
- Meet the injured worker “where they are”
 - What are your concerns, expectations and goals, how can I best help you return to work?
- Vocational counselor as a facilitator not the decisionmaker
 - Ways to move forward – Reframing – Can this be turned into a positive experience?

THE PROCESS

GATHER WELL RESEARCHED, OBJECTIVE
INFORMATION TO FACILITATE INFORMED DECISIONS

Harness Strengths

- Assess
- Conduct Research
- Establish RTW Goals
- Explain & Coach RTW Strategies

Accommodate Restrictions

- Transferable Skills, Aptitudes, Interests
- Occupational & Labor Market Research
- Clear, measurable actions & timeframe
- Job search strategies, application process, resume, elevator speech, mock interviews, individual considerations
- Compensatory Strategies & Ergonomic Techniques

RESOURCES

CareerOneStop: Career, training, and job search website from the U.S. Department of Labor serving job seekers, businesses, students, and career advisors with a variety of free online tools, information and resources. www.CareerOneStop.org

American Job Centers (AJCs) provide free help to job seekers for a variety of career and employment-related needs. Nearly 2,300 AJCs, funded by the U.S. Department of Labor's Employment and Training Administration, are located throughout the United States.

JAN: The Job Accommodation Network is a free service providing information designed to help employers and individuals determine effective accommodations and comply with the ADA. Search online or contact JAN directly for more specific help. <https://askjan.org>



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Provider Role

Strategies for facilitating successful return to work

Karen Huyck, MD, PhD, MPH, FACOEM

Clinician role in return to work

1. Talk about work
2. Focus on function
3. Document safe work capacity
4. Address patient concerns
5. Communicate with the return-to-work team

How to Talk about Work

- *Know what your patient does for work and any limitations doing it*
- *Listen to a person's goals*
- *Start work planning early*
- *Help navigate the steps*
- *Help relight the candle of engagement with life*
- *Use a team approach*
- *Assess risk factors for delayed recovery*

Focus on Function

ALWAYS ASSESS FUNCTION WITH ANY INTERVENTION.
IF FUNCTION ISN'T IMPROVING, CHANGE YOUR TREATMENT

Documenting work capacity

Is there a medical contraindication to work?

- Yes:
 - Required health care appointment(s)
 - Required confinement at home or hospital
 - Work or commute is will worsen medical condition
 - Work or commute threatens patient's or others' safety
- No:
 - Assess work capacity
 - Assess barriers to return to work
 - Communicate work capacity
 - Document what patients CAN do, NOT what they CAN'T
 - Employer decides whether to accommodate restrictions

Work capacity is a **prescription** but it is **dynamic** – reassess!

HEALTH PROFESSIONAL TO COMPLETE

Initial visit Follow-up visit Date of injury 07/20/2005 Time _____

Worker's statement of the incident _____

Worker's complaints _____

Diagnosis/Prognosis Fracture - compression **Gallon of milk = ~9 lbs**
Heavy bag of groceries = ~15 lbs

Treatment plan _____

In your opinion is this injury and disability as a result of injury described above? Yes No Unclear

EMPLOYEE WORK CAPABILITY

Continue Working Full Duty Can return to work: Yes Date _____ No
 With Modification. If so, for what duration? _____

Employee can	No Restrictions	Frequently	Occasionally	Unable to	
bend		2/3	1/3		
kneel					
squat					
climb					
stand					
walk					
sit					
reach					
drive					
do fine motor					
No repetitive motions		Wrist	Elbow	Shoulder	Ankle
	Right				
	Left				

Employee can lift/carry maximally _____ lbs.

Employee can lift/carry frequently _____ lbs.

Employee can work a maximum of # __ hours/day, # __ days/wk.

What special accommodations are required? _____

Other _____

Has employee reached maximum medical improvement?

Yes No

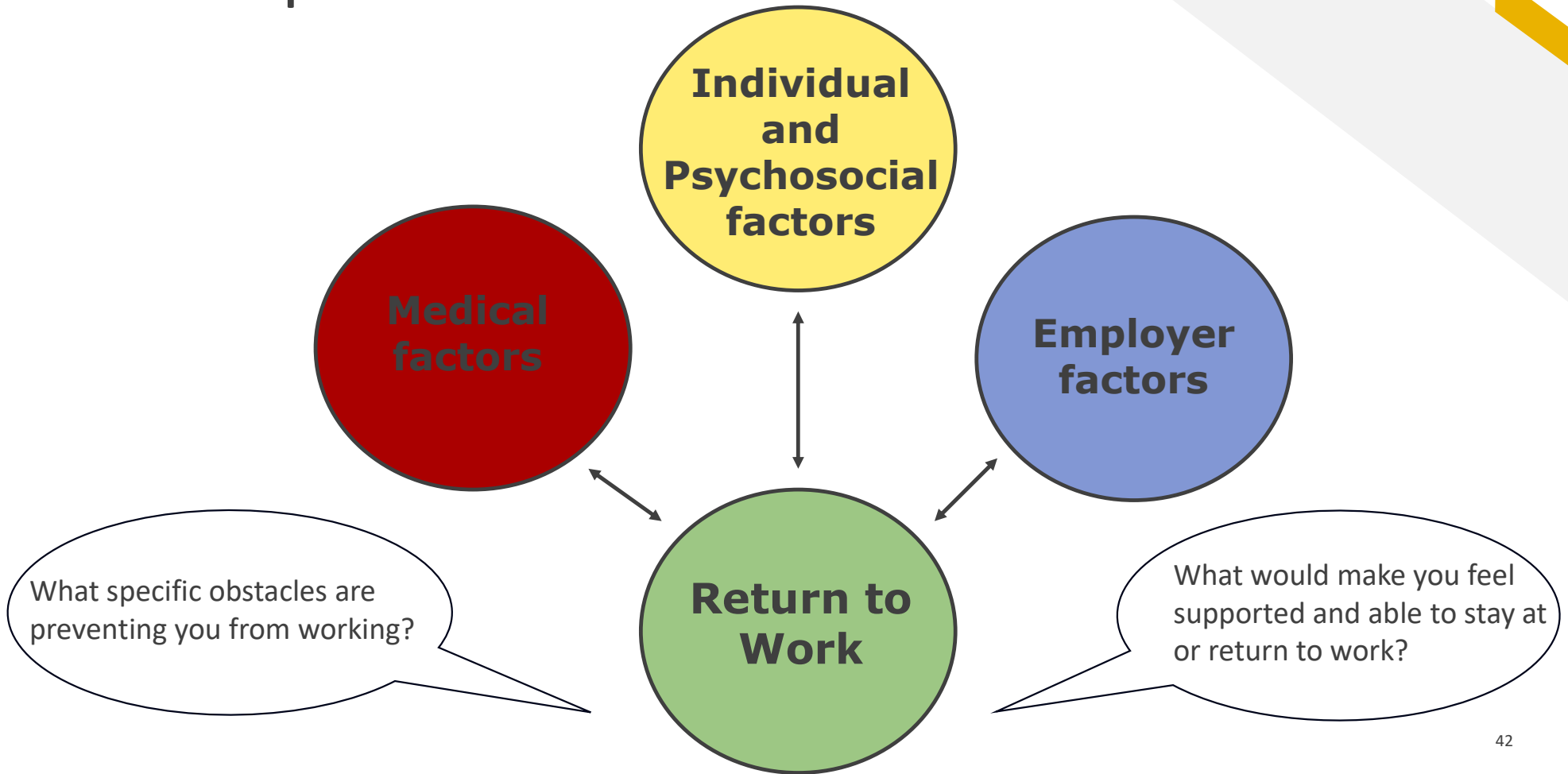
Has injury caused permanent impairment?

Yes No Undetermined

ALL MEDICAL NOTES MUST BE ATTACHED TO BILL

I certify that the narrative descriptions of the principal and secondary diagnosis and the major procedures performed are accurate and complete to the best of my knowledge.

Address patient concerns



WORK IS A HEALTH OUTCOME!

- Appropriate work supports mental and physical health
- Talk about work
- Functional recovery is possible
- We all play a role in integrating work and health

Avoid iatrogenic work disability

Support work ability

Don't write a prescription for unemployment!



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QUESTIONS?