

The Key Steps in Disability Management

Fifty-four percent of Ontario occupational health nurses spend more than 50% of their time on disability management (Institute for Work & Health & Ontario Occupational Health Nurses Association survey, 2002). A survey completed with employers, unions and service providers concluded that there will be an increasing demand for disability managers in the next two - five years (Harder, 2002). Disability management skills will continue to be very marketable for occupational health nurses and provide a clear opportunity to impact the health of workers.

The disability management field has evolved over the past decade and, although there is not an overabundance of research in the area, there are some best practices that exist. The key components in disability management include: senior support; early identification; evaluation of medical, psychosocial and return to work needs; ability management; return to work; and measurement of results.

Senior support

One of the key components of a solid disability management program is to get senior support. The challenge in both human and financial terms is enormous, but the factors involved in managing disability are still poorly understood at an organizational level. There are many reasons why corporations should be interested in disability management including the data that demonstrates disability costs the average Canadian business an estimated 17% of payroll per year (Yardley, 2002). The extrapolation

of this into costs can be quite significant for corporations. It is often helpful to translate this figure into the actual product impact. For example, it would take the production of 7,000 cases of product per week to cover the direct financial costs of disability.

It is also important in a unionized environment to have senior union support for the initiatives. The human costs of disabilities are high and forging these partnerships can ensure the intent of the program is clear from the beginning. Time off work is unhealthy. Work is a major source of physical and psychological well-being and disability management programs focus heavily on ensuring employees have a safe and early return to work.

Occupational health nurses are in a good position to educate and gain senior support for the implementation of disability management. Their role in the workplace provides the opportunity to communicate effectively with all key stakeholders and gain the required support. Once the support is obtained, it is important that this be communicated and built into workplace policies, procedures and practices.

Early Identification

Disability management programs begin with early identification of disabled workers and the potential conditions that can result in worker disability. According to a study summarized in Martin (2001) "on average, employees receiving early intervention returned to work 20% faster than expected, or 2.7 weeks

sooner, than their expected return to work date."

The sooner symptoms are identified the sooner strategies can be implemented to resolve them. Early intervention is proactive and affords the opportunity to identify which claims may need special handling to resolve them early.

Evaluation of medical, psychosocial and return to work needs

Claims should be evaluated from a medical, psychosocial and return to work needs point of view. During the evaluation there are primarily three types of disability groups. The first is short duration claim where the patient has a well-defined acute episode (i.e. flu). These cases will return to work regardless of intervention.

The second group represents patients with acute or progressive diseases or injuries. This population often needs assistance with ensuring the primary interventions are sufficient to progress back to health. They may need assistance in finding their way through the health care maze to a provider that can assist in resolving their medical or psychosocial issues. It is important to keep this group focused on the return to work goal.

The third group are those with terminal or debilitating diseases that may eventually preclude return to work. The primary needs are ensuring they are familiar with the

...continued on page 10

range of services available in the community and providing assistance in identifying residual capacity.

Ability Management

In all three groups, there are some key components to bear in mind. Focus on the functional capacity of the individual, not the cure. If disability represents the functional aspect of an illness, injury or condition then effective management can centre on restoring the patient to function rather than eliminating symptoms. Symptoms such as pain are not disability, they are symptoms. It is unhealthy to stay at home and dwell on the pain. Research demonstrates the longer an employee is off work the less likely they will return to work (NIDMAR, 1999). The goal should be to focus on function while being compassionate but firm. It is important to work collaboratively and empathize with the conflicting feelings of pain versus disability; however, through gradual transition back to work the symptoms will decrease as the tolerance for activity or interaction increases.

Return to Work

Return to work should always be the goal. From the very first interaction with the employee, their physician, their manager, and the union representative (where applicable) it should be clear that any treatment, medication, protocol or intervention is for the purpose of returning the employee to work as soon as possible. Encourage health care providers to establish tentative return to work dates. Discuss appropriate treatment durations. For example, with a musculo back injury, emphasize that a few days bed rest, active physiotherapy, rapid reactivation,

and return to normal activity levels, is the best equation. In this situation, it is also necessary to emphasize that absence of pain is not the return to work trigger. Functional capacity, not absence of pain, should be the benchmark for return to work.

Reasonable job accommodations or transitional jobs are a necessary component of effective return to work. An effective return to work program often includes a phase in which the employee returns for specified periods and specific tasks. The intent should always be return to a regular position - either the pre-disability position - or another suited to the employee's skills, capabilities and knowledge.

Measurement of the results

An effective disability management program needs to have a way to measure its outcomes. Comparison of data from one period to the next is critical to measure the effectiveness of a particular intervention. The goals that are set for the system should be measurable to assist in determining effectiveness. In the end you should be able to say, "what was it before and how are we doing now." In addition to gathering the data, the results should be communicated and used to drive prevention programs.

Occupational health nurses have contributed, and continue to contribute, to the disability management area through facilitating business understanding, determining the nature of disability in the workplace, and ensuring safe and early return to work. The challenge is to ensure OHN's continue to lead the way in this area and to assist all parties involved to embrace the broader view of disability management as

an effective component of taking care of business. No workplace can afford to sit idly by while valuable human resources stay at home.

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