DISABILITY MANAGEMENT IN HEALTH CARE SETTINGS – ADVANCED TOPICS WITH PEOPLE WHO’VE BEEN THERE

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Panelists:
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Advanced Topics with People Who’ve Been There
DISABILITY MANAGEMENT

What?
• Promotion of stay at work, or early return to work (RTW) to lessen the impact of disability.

Why?
• Reduces disability duration and costs
• Benefits the worker and employer
• Meet the employer’s legal obligation
Complete functional assessment form and compare to JTA

Modified duties are discussed with employee – offer is made of an early return to work

RTW schedule is developed

Schedule and duties are adjusted to meet needs

Frequent monitoring as the employee transitions back to full duties
May include:

- **Gradual** – reduced hours of work
- **Modified** – alternate duties
- **Transitional** – concurrent with a treatment program (physiotherapy)
- **Accommodation** – a request for a permanent change in job or job tasks as a result of a work restriction to the pre-accident job
I. Workplace has a strong people-oriented culture
II. Supervisors are trained in safe work and ergonomic practices
III. Responsibility lies with a respected RTW co-ordinator
IV. Employer makes early, caring, and ongoing contact with injured workers
KEY PRINCIPLES

V. Communication between employers and care providers (with worker’s consent)

VI. Offer of suitable work accommodation

VII. The RTW plan supports the worker without disadvantaging co-workers and supervisors.

VIII. Correct the unsafe hazard or behaviour.
• CMA policy recognizes that absence from work, is detrimental to a person’s mental, physical, and social well-being. Work is good for you!

• Research recognizes that one of the most important factors in preventing chronicity is good social support in the workplace. (Melloh et al, 2013)

• Well co-ordinated communication is HUGE!
FACTS AND FINDINGS

• Experience from CMs: All parties need to work together for a successful return to work. That may include:
  • Worker
  • Employer/RTW Co-ordinator/Disability Manager
  • Doctor
  • Physiotherapist
  • Occupational Therapist
  • Case Manager
What are your challenges in trying to manage these types of claims?

Any suggestions for resolving them?
While doing his nightly rounds, a care worker noticed a resident trying to crawl out of bed. He rang the call bell for assistance but needed to act as the resident’s legs were tangled in the railing and he feared she’d hurt herself. While he tried to get her untangled she resisted and pulled on his arm, injuring his shoulder.
As a supervisor, I’m unsure of my role, and who I need to talk to when there is a disability manager and WorkSafeNB involved.
We offered alternate duties but worker got an off work note.

We started alternate duties, but the doctor stopped it “for medical reasons”.
I suspect it’s not the injury that is preventing return to work, but that something else is going on.
The doctor’s note says no heavy lifting, but is the worker able to transfer patients if I provide…lifts, ability to ask others for help, etc.?
The modified RTW has been going on for weeks with no end in sight. We are understaffed and can’t accommodate this arrangement forever.
Co-workers are pressuring her to perform beyond her abilities and she has a hard time saying no when there is a need.
REMEMBER…

• Stay in touch with genuine care and concern for their well-being.

• Ensure workers know the policies and expectations when they are off work

• Ensure workers and their care providers are aware of alternate duties available

• Address the barriers. Be flexible and open to exploring alternatives.

• Seek out additional resources (OT services, WorkSafeNB, Employee Assistance Programs)
Thank you!

Questions
New Brunswick Nursing Home Association
Managing Disability Claims
## Claim Volume by Type

<table>
<thead>
<tr>
<th>Category</th>
<th>2014 vs 2013</th>
<th>2014 vs 2012</th>
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</thead>
<tbody>
<tr>
<td>Lost time claims</td>
<td>13% decrease</td>
<td>28% decrease</td>
</tr>
<tr>
<td>No lost time claims</td>
<td>19% decrease</td>
<td>10% increase</td>
</tr>
<tr>
<td>Overall change</td>
<td>15% decrease</td>
<td>18% decrease</td>
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### Year Over Year Q2 Claims by Type

<table>
<thead>
<tr>
<th>Year</th>
<th>LT</th>
<th>NLT</th>
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<tbody>
<tr>
<td>2009</td>
<td>196</td>
<td>64</td>
</tr>
<tr>
<td>2010</td>
<td>142</td>
<td>39</td>
</tr>
<tr>
<td>2011</td>
<td>174</td>
<td>62</td>
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<tr>
<td>2012</td>
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<td>58</td>
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<td>142</td>
<td>79</td>
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<tr>
<td>2014</td>
<td>123</td>
<td>64</td>
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</tbody>
</table>
### Claim Cost by Type

2014 costs (vs 2012) are 1% below what was projected for 2016 in our original business proposal – **we are currently 2 years ahead of schedule**

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</thead>
<tbody>
<tr>
<td>Lost time claims</td>
<td>22.5% increase</td>
<td>37.4% decrease</td>
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</tr>
<tr>
<td>No lost time claims</td>
<td>34.5% increase</td>
<td>120% increase</td>
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<td></td>
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<tr>
<td>Overall change</td>
<td>22% increase</td>
<td>33.8% decrease</td>
<td>19% decrease</td>
<td>Exceeding expectations by 14.8%</td>
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**Year over Year Q2 Claim Costs**

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<tr>
<th></th>
<th>2009</th>
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<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>LT</td>
<td>$579,921</td>
<td>$370,504</td>
<td>$643,330</td>
<td>$637,561</td>
<td>$325,332</td>
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<td>NLT</td>
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<td>$20,109</td>
<td>$14,909</td>
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Paid Days vs Average Duration

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<tr>
<th>Category</th>
<th>2014 vs 2013</th>
<th>2014 vs 2012</th>
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</thead>
<tbody>
<tr>
<td>Paid Days</td>
<td>28% increase</td>
<td>22.5% decrease</td>
</tr>
<tr>
<td>Average Duration</td>
<td>48% increase</td>
<td>44% decrease</td>
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