

Allina Health A Design for Work Disability Prevention

Impairment Without Disability
October 4-5, 2018

- ☐ **Largest Health System in Minnesota**
 - 65 Allina Health clinics
 - 49 rehabilitation locations
 - 23 hospital-based clinics
 - 12 hospitals
 - 15 retail pharmacies
 - 2 ambulatory care centers
 - Revenue \$3.9 Billion
- ☐ Appx 27,536 employees
- ☐ Appx 1,775 staffed beds

Learning Objectives:

- Describe how a health care organization designed its return to work program for effective management of employee injuries and illnesses
- Discuss the management of employee injuries and the promotion of return to work concepts in a culturally diverse organization
- Explain effective communication strategies that engage employees and management in return to work planning
- Describe the benefits of individualized case management and the availability of onsite clinics

Allina Health Employee Occupational Health and Integrated Disability Case Management Team

- ☐ **Mission Statement:**

Provide services to advance a safe, healthy and productive work environment; promote and protect employee health; and strive to restore employee health following injury/illness.
- ☐ **Team Members:**
 - ❖ 3 Medical Providers
 - ❖ 5 Disability Case Managers
 - ❖ 1 Nurse Case Manager
 - ❖ 11 Occupational Health RNs
 - ❖ 2 Behavioral Case Managers
 - ❖ 1 Vocational Placement Specialist

The Allina Mission

We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

Roles & Responsibilities

- Medical Provider
- Disability Case Manager
- Nurse Case Manager
- Vocational Placement Specialist
- Occupational Health Nurse
- Behavioral Case Manager

Medical Director Roles & Responsibilities

- Collaboration with Employee Occupational Health Staff on evaluation/formation of and yearly review of internal Allina protocols (vaccinations, TB, Blood Borne Pathogen, OSHA standards (Respiratory protection, Hearing Conservation, Hazmat, etc.) and in managing the care of employees
- Enhance the health of workers through preventive medicine, clinical care, disability management, research and education
- Responsible for Workers' Compensation Comprehensive Injury care
 - same day access
 - diagnosis and treat workplace illness and injury (physical and emotional fitness)
 - early return-to-work
 - immediate communication with Report of Workability
 - coordination/medical management of specialist referrals
 - review of job requirements and assistance with identifying temporary transitional work
- Agent for case managing the return-to-work program according to established protocol
- Review of job accommodation requests and discuss with Occupational Health Nurses
- Knowledge of rehab methods; health education techniques; sanitation; workers' compensation laws; local, state and federal regulatory requirements; systems for maintaining medical records
- General knowledge of worksite operations and toxic properties of materials used by employees and potential hazards and stressors of work processes
- Provide a unique bridge between the clinical/scientific medical community and the business-based employer community
- Maintain connection to infrastructure: senior management, benefits and HR, legal, workers' compensation government regulatory agencies, labor and unions and hospital/public health organizations
- Assist with the development and implementation of Employee Occupational Health policies and procedures

Vocational Placement Specialist Roles & Responsibilities:

- Promotes Early Intervention
- Resume Creation
- Career Management & Development Training
- Return-To-Work Planning
- Internal Job Search Navigation
- Internal Employee Advocacy
- Employee & Employer Accountability

Disability Case Manager Roles & Responsibilities:

- Disability Case Manager is a well trained professional with education and experience in vocational rehabilitation/ occupational health and / or behavioral health. The Disability Case Manager is knowledgeable about the health condition, physical capabilities and how they fit with various job tasks and how the job tasks accommodate the condition
- Communicates work capabilities and restrictions to supervisor so suitable temporary modifications to current position or alternative assignment during the recovery and rehabilitation time can be made. Assists with timely access to appropriate medical specialists and treatment including medical tests
- Facilitates timely communication to claim staff to assist with questions regarding benefits or concerns regarding leave of absence.
- Coordinates disability case management team meetings as needed to monitor progress and assist with return to work process.

Occupational Health Nurse Roles & Responsibilities:

- Completes initial intake of injury/illness
- Medial Triage
- Completes First Report of Injury for claim staff
- Case manages and assists with return to work process for:
 - all cases with restrictions and employee can do the essential functions of the job
 - cases with no restrictions but employee is still treating
- Turns case over to the Disability Case Manager:
 - The employee will be in the Transitional Work Budget for longer than 3 days
 - Any authorized lost time exceeding 3 days (unless hospitalized)
 - When injury is complicated and closer management needed (QRC)
 - At 90 days if still on restrictions and not progressing

Nurse Case Manager Roles & Responsibilities:

- Provides support to Disability Case Managers regarding medical documentation to support the need for the Leave
- Works with Managers and Disability Case Managers so reasonable accommodation occurs for those employees with permanent restrictions within ADA guidelines and internal policy
- Negotiates appropriate level and intensity of care and disability duration with providers through use of medical and disability duration guidelines, adhering to quality assurance standards
- Assesses adequacy and appropriateness of treatment and evaluates need for alternative treatment
- Provides high quality customer service by demonstrating diplomacy, compassion and professional competency
- Assists employee-client in making informed choices, maintain client's privacy and confidentiality, promotes client safety and advocacy, and adheres to ethical, legal, accreditation and regulatory standards
- Reviews Leave of Absence data to assist in analysis for strategies related to reducing lost work days
- Participates in Metric creation for accuracy of Leave processing

Behavioral Case Manager Roles & Responsibilities:

- Master's prepared mental health professionals
- Have familiarity with common mental health disorders and treatment modalities
- Assist with managing all leave of absences where diagnosis is cognitive, mental health or addiction
- Manage leave duration according to MDA guidelines
- Make additional referrals for care as appropriate (e.g. employee being followed by PMD and no therapy services in place)
- Assist with coordinating return to work if restrictions/accommodations needed
- Provided education to managers and Human Resources regarding appropriateness of restrictions and possible accommodations

Uniqueness of Our Program:

- ❑ Self Insured for Workers Compensation claims
- ❑ Pay practice for disability wage loss replacement
 - first 90 days with 10 day elimination period
- ❑ LTD insurance with 90 day elimination period
- ❑ Transitional Work Budget for occupational injuries/illnesses
- ❑ Union Advocacy
- ❑ Walk in clinic
- ❑ Internal Placement Program – direct cost savings
- ❑ Coordination of both occupational and non- occupational leaves by same team
- ❑ Tangible Benefits:
 - Retention of valued employees
 - Reduction of lost work days
 - Lower rate of litigation
- ❑ Shared drive
 - Sample of light duty job descriptions
 - Physical demands information

Budget Incentive TWB (continued):

- The following are EXAMPLES of EXCEPTIONS to the above timeframes that could be considered on a case by case basis and approved by the Disability Case Manager and the Human Resources Director. Any exceptions would be considered "non precedent-setting" decisions and would be based on facts related to medical necessity. **Exceptions will not exceed two months in duration.** For example,
 - When an employee is involved in an active, structured work hardening plan or program with a specific return to work date outlined by the health care provider, the EOHS Disability Specialist and all other involved parties can agree to extend the transitional work time
 - When an employee is released to return to work with restrictions after surgery. Even if the employee has used up the TWP limit during conservative treatment prior to surgery, transitional work can be re-initiated after surgery to allow the employee to work harden back to their date of injury job.

Other Components:

- ❑ 1:1 meetings with managers, as needed
- ❑ Department visits from Employee Occupational Health to discuss trends and discuss action plans
- ❑ Health Screening Process for all new employees
- ❑ Fitness for Duty Process
 - Medical
 - Cognitive
 - Self harm
 - Medication
- ❑ Reasonable Suspicion Drug Testing
- ❑ Job Descriptions with physical demands outlined
- ❑ Coordination of FMLA LOA with Work Comp LOA
- ❑ Priority Placement for current employees
 - Returning from Medical Leave and previous job filled
 - No longer able to meet the essential functions of their current job due to medical restrictions

Central Scheduling

- ✓ If unable to accommodate in department, employee is referred to Central Scheduling
- ✓ Central Scheduling is based in staffing office
- ✓ Staffing Office Patient Flow Supervisor assigns employee to transitional work:
 - Health Unit Coordinator
 - Circulate throughout the hospital, help where needed
- ✓ Employees referred to Central Scheduling must be:
 - Self starter
 - Motivated to stay busy
 - Not in Performance Improvements
- ✓ Employee behavior and issues are still the responsibility of the unit manager
- ✓ Not every EE will be suitable to circulate the hospital or be placed in a project

Budget Incentive TWB:

- The purpose of the Transitional Work Budget (TWB) is to allow work-injured employees to continue working with restrictions in the event that their departments are unable to accommodate them safely
- An employee can work under the TWB when:
 - The employee has an accepted workers compensation claim. Employees that have filed claims that are "pending" a decision by Third Party Administrator are also eligible
 - The work-injured employee is working in his or her own department "out of the count". If the employee's regular department has projects or if they schedule the employee as an "extra" in the department, the department can float the employee's work hours to the TWB
 - The work-injured employee is performing temporary or transitional work in another department as assigned by the Disability Case Manager
- Placements under the TWB are always temporary and are limited to timeframes based on facts related to medical necessity OR to a maximum of four months in duration during the work-injured employee's initial recovery period
- If/when a work injured employee is given "permanent" or "indefinite" restrictions by their health care provider (which do not allow them to return to their date of injury job with or without accommodation) the employee is eligible for another period of transitional work (subject to the same timeframes as above) while actively participating in job search. The purpose of this transitional work is to provide the employee with experience or skills that will enhance their successful placement in an alternative permanent job

Case Scenarios:

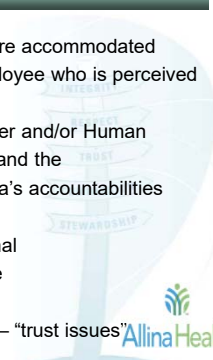
- Non-occupational RTW case
 - 46 year old 0.6 FTE Hospital RN
 - Employee begins a continuous LOA on 6/6/18 due to L5-S1 micro-discectomy procedure
 - **Medical Treatment:**
 - Employee released by MD for light duty work effective 7/9/18 x 6 weeks
 - DCM notifies manager regarding restrictions and possible light duty work – manager is unable to accommodate RN on the unit/floor (standard requirement is 32 lb. lift/carry, 44 lb. push/pull for all hospital direct patient care roles) – no light duty work available on the unit
 - DCM contacts Paranesthesia Manager regarding possible light duty work for RN – such as pre-op phone calls. Manager does have a need - work available for RN w/in light duty restrictions
 - RN ends up returning to light/modified duty work on 7/18/18 at her regular 0.6 FTE
 - RN's restrictions lifted on 8/20/18 at which time RN will resume her regular hospital RN duties

Case Scenarios:

- Litigated claim
 - Parking/Valet driver 55 year old Somali
 - **Incident:** employee was walking quickly up South Parking Ramp stairwell. While walking up, his foot missed a step and he lurched forward, catching himself before he fell
 - **Medical treatment:**
 - Initially put to full duty but chose to go to his own doctor who disabled him from all work.
 - Seen by specialist #1 who provided him with option of surgery. Chose to do steroid injection that employee reported provided minimal relief.
 - Redirected back to specialist #1 who recommended employee work light duty with a 10lb restriction and consider surgery as an option (microdiscectomy)
 - Employee contacted DCM stating he is "sick" and cannot stand or sit. He needed "help". Claimed he does not want surgery but said therapy is not helping either. Requested to see a different doctor. Appointment set up with EOH Provider.

Challenges & Mitigations

- The myth that only work injuries are accommodated
- A reluctance to work with an employee who is perceived as a problem
- Need for education for the manager and/or Human Resources - to help them understand the accommodation process and Allina's accountabilities under the ADA
- Lack of a TWB for non-occupational injuries/illnesses/leave of absence
- Diversity/Cultural barriers
- Manager and employee relations – "trust issues"




Litigated claim - continued

- March 2016 Employee returned to work walking with a cane and noticeable limp.
- Worked less than 2 days; went to ED and back to his PMD and disabled until May. Employee rated pain 8-9 on Likert scale, grimacing, guarding and bracing and shortness of breath
- May 2016 Employee finally saw EOH Provider; released to 4 hour shifts light duty. Returned to work but unable to drive to work. Cab arranged. Requested a second opinion with another specialist
- Retained an attorney, leading to a change in QRC.
- RTW and referred to PNBC for rehab.
- Second opinion with specialist #2; recommended employee does not have surgery.
- Time on light duty was continuing with little to no progress in increase of hours. DCM scheduled meeting (with who?). Discussion ensued about vocational options due to light duty timeframe ending.
- Vocational testing initiated by the QRC to check math and reading skills, interest and transferrable skills
- Employee continued to work light duty and subsequently attended a IME that resulted in a job offer that he declined.
- Case ended up settling full final and complete.


Areas of Improvement:

- ✓ More formal interactive discussions
- ✓ More proactive approach
- ✓ All job descriptions with physical demands
- ✓ Accident Investigation Manager Training
- ✓ Hardwire a Culture of Safety system wide
- ✓ Metrics for non-occupational cases
- ✓ Increase Provider visibility in departments
- ✓ Transitional worksites



What's Worked Well

- ✓ Partnership with treating medical provider, manager and HR
 - Physician philosophy of returning employees back to work
 - Manager "buy-in" and interactive discussion
 - HR partnership in accommodation process
- ✓ Accommodation process on all cases
- ✓ Budget incentive – Transitional Work Budget (TWB)
- ✓ Workers' Compensation Packet
- ✓ Central Scheduling
- ✓ Internal Placement Program
- ✓ Employee & Employer Accountability



Questions or Comments?

