

**THE EFFECTS OF A MULTIDISCIPLINARY CASE MANAGEMENT METHOD ON
THE COSTS OF A WORKERS'
COMPENSATION PROGRAM**

by

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ABSTRACT

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This research paper had a defined purpose of investigation of the internal policies and procedures that were used to administer and manage the day-to-day functioning of the workers' compensation program at MidWest Regional Hospital.

The goal of this study was a qualitative and quantitative assessment of the workers' compensation internal policies and procedures program at MRH using an author-designed list of best practices.

As a starting place, a literature review focused on an internal multidisciplinary case management model. Analysis of approximately 100 journal articles, books and original research data from North America and Europe indicated, when properly implemented, that this type of management program may significantly reduce the overall costs of an organization's workers' compensation program. Other specific cost reduction factors were reviewed for compatibility with the multidisciplinary case management model. Information from the literature review suggests there are several functions such as illness and injury trend analysis and hazard abatement, that utilized many of the same resources as an established multidisciplinary case management model and could be efficiently combined to further reduce incidence of accidents and illnesses. It seems likely that lowering the illness and injury incidence would reduce the workers' compensation program costs.

An author-designed checklist of best practices was compiled with data from organizations that have shown a noted reduction in workers' compensation costs. The elements were selected based on the specific change in practices within the organization that resulted in significant cost reduction. These elements were then compiled into a "Best Practices" checklist. The elements of that checklist were compared to the current written policies and procedures directing the staff of the workers' compensation program at MidWest Regional Hospital. The elements listed will be noted as either having a written, current policy and practice or not having a written policy or practice. There is also a comments section after each element for clarification and remarks by the researcher.

The researcher found MidWest Regional Hospital had a favorable foundation for a comprehensive workers' compensation program. Six of 15 elements from the best practices

chart had written policies for direction. Three other elements did not have written policies, but the elemental functions were being performed. Of the remaining six elements on the chart, only one was contradictory to the best practices chart.

Considering the percentage of the best practices chart element functions that were addressed with written policies and procedures and functions that are being performed without written policies and procedures at MRH, the workers' compensation program needs to be reviewed and revised, not completely restructured.

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CHAPTER ONE

Statement of the Problem

Introduction

MidWest Regional Hospital (MRH) is a medical care giving, 400 bed hospital. Most of the physicians who have admission rights in MRH also have a clinic in a nearby building that was built expressly for their offices and practices, MidWest Regional Medical Clinic (MRMC). The services at the hospital and clinic include general health care, specialized nephrologic, cardiac and neurological surgery and follow up care, with integrated, advanced rehabilitation services. The organization, which includes both MRH and MRMC, is actively seeking ways to reduce costs. Cost reductions are identified through a program mandated by senior management. Senior management reviews this program to ensure these cost reductions have no adverse affects on patient care. Management focuses on the long-term effect of equipment or process changes. In some instances, there may be capital expenditures for equipment, additional personnel or training for a new process, but the dollars paid are expected to produce a net cost reduction over the long run that more than make up for the initial investment.

As with all departments at MRH, the Human Resources Department has been directed to reduce costs. The HR Department expends considerable resources on new employee recruitment and retention of current employees, along with many other tasks they have been directed to perform. One of these tasks is the day-to-day administration and management of the workers' compensation program. MRH has a workers' compensation policy with a national carrier to pay an injured worker's indemnity and associated medical costs, along with some administration and management of the MRH workers' compensation program. Even with a contract, there are day-to-day duties derived from worker injuries that are the responsibility of MRH personnel. These

duties include the initial response to the injury with medical care, completion and submission of a preliminary incident report, and reporting the accident to the carrier. With a combined, total workforce of approximately 3000, worker injuries could be a significant cost factor for MRH.

In the year 2002, this hospital and clinic are, as are most other hospitals in this country, actively recruiting many levels of patient care providers. Four full-time HR staff members and two full-time administrative assistants are employed to attract and retain trained qualified staff at MRH and MRMC. The resource dedication of six full-time equivalents (FTEs) shows how important the recruitment function is at MRH. Recruitment can be hindered when these staff members must turn their attention to address emergent issues when a worker is injured. To recruit a replacement worker to cover the injured workers' duties can also require significant time and effort of the staff. A significant opportunity to save recruitment time and effort, therefore costs, is the effective administration and management of the workers' compensation program. Considering the dollar amount of direct and indirect costs incurred in MRH's workers' compensation program for an injured worker, it may be possible that current internal practices used to manage the workers' compensation program by MRH personnel are inefficient and significantly add to the expenses of administering to worker injury-related losses.

Purpose Statement

The purpose of this study is to investigate the extent internal practices used for the management of MRH's workers' compensation program provide an efficient means of administering to employee injuries.

Research Goal

The goal of this study is to assess internal policies and procedures at MRH associated with the workers' compensation program.

Background and Significance

The state of Wisconsin was the first state in the nation to bring forth workers' compensation laws in 1911 (Bird & Germain, 1985). These compensation laws were the basis of Wisconsin's current workers' compensation program. The Department of Workforce Development Worker's Compensation Act of Wisconsin has since been modified and expanded. Now, the workers' compensation system, the Department of Workforce Development Worker's Compensation Act, is the only way a worker with a due course of employment illness or injury can be compensated (Wegner, Krohm, & Vinge, 1996). Even if the worker is found to be negligent, the employer has to pay all reasonable costs (Wegner, Krohm, & Vinge, 1996). Under very specific and rare situations, there may be a reduction of liability costs the employer may have to pay by no more than 15 percent (Wegner, Krohm, & Vinge, 1996). Paying costs for worker injuries can cause significant pressure on profits. On the employer's side, there are set limits on compensable costs. These limits have been set over time and are based on expectations of future events, such as future earnings potential and a reasonable percentage of disability for a permanent disability. The compensation levels and payments are specified throughout the Act. As an example of how specific they are, there is a difference in the compensation of the loss of the great toe at the proximal joint (25 weeks), and the distal joint (12 weeks) (Wegner, Krohm, & Vinge, 1996). This is a lump sum payment the worker will receive, which is the equivalent of 25 weeks of the injured worker's pay. These payments, however, cover only medical expenses and

lost wages. This prevents overly large jury awards, but compensates the worker fairly, thus keeping costs down (Bennett & Meyer, 1991). The Wisconsin Worker's Compensation Act does not have any consideration to compensate an employee for pain and suffering caused by a work-related incident. Payment for pain and suffering must be pursued by the employee in maintaining an action under the jurisdiction of tort law, a wholly separate action, in a different court, with different rules.

Considering all the costs that the employer is required to pay, a critical review of internal policies and procedures is warranted to reduce these costs as much as possible. A multi-disciplinary case management style can use the expertise of the individual team members to monitor their portion of the case. For example, the compensation expert can ensure that the proper level of compensation is paid, the occupational therapist can make sure the worker gets back to work as soon as possible, and monitor the recovery process to ensure the worker is not over- or under-exerting him/herself. The Safety Professional can work with the departments with programs targeted at identified hazards to train and educate the workers how not to get hurt. The efforts of the Safety Professional, the Occupational, and Physical Therapist and the Compensation Expert may be able to greatly reduce workers' compensation costs if they all work together in a coordinated program.

Assumptions

When conducting this research the following assumptions will be made.

- The policies and procedures will be available to research.
- The policies and procedures are being kept up to date with the revision of the governing workers' compensation act.

- The personnel working with these policies and procedures are being trained as the revisions are put into effect.

Limitations

A limitation of this research is that the direction given by the policies and procedures that are to guide the personnel as to the steps of how to handle a situation that arises may not cover all the situations that have or will occur. This may cause variation in case-to-case management.

The data collection instrument used is not standardized, and offers no measure of validity or reliability.

CHAPTER TWO

Literature Review

Introduction

This chapter will discuss the cost advantages some organizations have realized by using an internal, multi-disciplinary approach for workers' compensation case management. An internal, multi-disciplinary approach for workers' compensation case management coordinates the efforts of a team of specialists to ensure the interests of the organization and the employee are maintained throughout the course of the injured worker's return to work. This chapter will be a review of literature, with documentation of proof, and in some cases mathematical proof by showing percentages of costs reduction, of the advantages and disadvantages of an internal, multi-disciplinary approach for workers' compensation case management.

Discussion

In 1991, Bennett and Meyer wrote an article regarding some of the factors that can play a part in workers' compensation cost increases. One of these factors involves a change in the definition of injuries and illnesses that are now compensable under the workers' compensation program. The definitions of covered illnesses and injuries have changed due to increasingly sophisticated medical technology that is able to better determine the cause of an illness or injury, often times proving that the illness or injury is directly caused by a work-related hazard. This technology has added to the list of workers' compensation covered illness and injury-based maladies that are just now being discovered. A very good example of this change to the workers' compensation compensable illness or injury coverage is that of musculoskeletal

disorders. These illnesses can be caused by frequent or repetitive motions over a period of time. Musculoskeletal disorders were not widely known of in the 1950s, but have recently come to the attention of workers. Musculoskeletal disorders must now be covered by the organization's workers' compensation program. Along with musculoskeletal disorders, there have been many new chemicals and processes invented that now present hazards which did not exist when the workers' compensation program was enacted approximately 90 years ago (Wegner, Krohm & Vinge, 1996).

In organizations that have shown a significant reduction in workers' compensation costs, one factor may be a case manager has worked closely with the persons who are responsible for monitoring the organizational job hazards, illnesses, and injury trends (Bennett & Meyer, 1991). The authors claim illness and incident trend analysis can help identify any hazards that may cause illnesses and injuries. By being aware of any hazards that are identified through trend analysis, the case manager can work with the organizational departments that have the authority and resources to abate the identified hazard as best as possible and thus lower the number of injuries. Lowering the number of injuries results in lower workers' compensation premiums, a lower experience modifier, and reduction of hidden costs. Being aware of any new additions to the list of workers' compensation covered illnesses or injuries will alert the multi-disciplinary management team to possible hazards in the organization. Investigation by the team will reveal any needed abatement actions, thereby reducing injuries and subsequently workers' compensation claims.

Another factor mentioned by Bennett and Meyer (1991) was that now attorneys are aggressively seeking to expand their professional services to the injured worker. Some attorneys

claim that they may be able to get the injured worker more money than the worker could get without legal representation for an injury or illness for which the worker has filed a workers' compensation claim. Legal action by the worker through an attorney adds costs to the claim; direct costs in the form of expenses and other resources needed for legal defense and hidden costs in the form of time needed by personnel to be involved in the litigation that could be better used in a more productive endeavor. The costs of the organizations legal experts and other resources require the case manager to effectively coordinate the best possible care for the worker and avoid litigation whenever possible. Keeping the worker informed of his or her rights and responsibilities regarding the illness or injury is critical. Managing the incident investigation correctly is also critical to the organization's ability to make informed decisions regarding the case. The data gained in the investigation may help both the worker and the organization make the best possible decisions regarding the worker's care and recovery activities. With an open style of communication, the worker may not feel the need for litigation. When comparing the worker's and organization's needs together, it may be likely that a course of action that benefits both can be agreed upon and lower the risk of court action as well as overall accident-related costs.

In October 1997, Goldberg wrote that hidden costs can multiply the total of all the claim costs from five to 50 times the direct costs. There can be elements of the loss which may be considered hidden costs. While these costs can possibly be measured in dollars, they are not generally included in the cost data. Medical and indemnity costs are directly noted and measured, although other costs involved with process interruption such as lost production efficiency of the employees as they react to the event while performing job functions, are

generally not considered or included in cost run analysis. One way a worker may react to an injury of another worker may be to slow the pace of the process by consciously or unconsciously being more deliberate in their actions so he/she does not get hurt. There can be a measurable reduction in process quantity and/or quality that will present itself when production data is analyzed. Checking the maintenance records will show the amount of time and materials that were used to repair or replace any resources damaged or destroyed directly in the event, or any costs associated with any procedure or process changes. Not accounting for these expenses causes an under-reporting of the total cost of the event.

Often times the difference between an injury or property damage only incident may only be a matter of chance. Goldberg (1997) wrote that accident and near-hit reporting can significantly reduce injuries. When near-hits are reported, the underlying root cause can be discovered and abatement actions can be initiated, reducing the potential for future injuries and illnesses occurring from that source, possibly reducing worker compensation claims and overall costs. A word of caution must be expressed here regarding over reporting of every little event. The need to expend valuable resources on events that will have little or no return must be fully evaluated. Thus, it would seem to be appropriate to evaluate the event to see if it has the potential for a serious injury, expend the needed resources in the investigation to determine the root cause, and incorporate abatement actions.

DuVal (1992) writes that controlling long term workers' compensation absences could help to keep the organization's process flow interruption minimal by the loss of an experienced worker, thereby possibly lowering workers' compensation costs. These employees cannot be easily replaced because of their job specific knowledge and experience. There may be a

reduction in process efficiency from when a replacement worker is hired until he/she becomes proficient in the job duties. The case manager needs to coordinate accident investigation, medical care, and a return to work program management to ensure the employee's and the organization's interests are both maintained through the worker's return to satisfying, productive work, reducing costs of the claim (DuVal, 1992).

As a result of unstable national economic conditions, most people may have, or know someone who has, experienced the loss of employment. Involuntary personnel reductions through layoffs, downsizing and plant closings can result in increased workers' compensation costs. Employees who are laid off often file claims because they see the system as an income source until they find new jobs (Harrigan, Shirley & Willis, 1991, p. 24). In light of these negative effects associated with downsizing, open communication between the different groups involved in the layoffs can reduce stress and rumor that may exacerbate hard feelings. Sometimes workers have hard feelings if they think a lay-off is going to happen, and may think the company owes them something. The organization may hire an external consulting firm to assist in the downsizing. This external firm's lay-off team may contact the case manager to gain information regarding accident trends. This data may help the layoff team to make decisions regarding timing and methods of personnel reduction that may minimize excessive worker compensation claims. Extended severance pay or incentives to stay as long as possible may decrease a worker's stress level or antagonistic feeling toward the organization. Emotional stress as a result of downsizing can cause a lack of concentration on the job, resulting in injuries and more worker compensation claims. Consequently, an organizational stress management program can help the organization and workers through hard economic times (Harrigan, Shirley and

Willis, 1991). The cost of a workers compensation claim that is related to stress is discussed by Harrigan, Shirley and Willis (1991).

The cost of a pure stress claim averages \$15,000 or almost twice the average cost of a pure physical claim, according to a 1998 report in Workers Compensation Monthly. Where company stress management programs exist, employees should be encouraged to participate in them. If none exists, consideration should be given to putting one in place during the downsizing. The savings achieved by preventing stress-related workers' compensation claims could more than offset the cost of a short-term program. (Harrigan, Shirley, & Willis, 1991, n.p.).

As shown above, a stress claim can be very expensive. An organizational stress management program may help reduce worker compensation costs. Stress from downsizing is still showing up as a factor in worker compensation cases. A decade later, the trend toward higher claims during major layoffs still shows as a factor of workers' compensation costs. Salkever, Shinogle, and Purushothaman (2001) have found that there is a one-third increase in the claims rate during major layoff periods.

With effective multi-disciplinary case management that includes a stress management program, stress claims can be kept to a minimum. The ability to offer a coordinated, multi-disciplinary case management services may be better handled by larger organizations, with greater resources. Larger firms tend to have more available resources to handle programs such as a stress management seminar, or an employee assistance program. Along with an employee assistance program, a formal grievance procedure may very well be in place. Salkever, Shinogle,

and Purushothaman (2001) have found that firms with formal grievance procedures also have increased incidence of injury claims (p. 177). Thus, a multi-disciplinary team may be valuable to ensure that the worker knows his/her rights and responsibilities and that the organization does not just accept and pay the inflated claims. With input from experts in a particular discipline, the organization may be able to reduce costs by not paying for unnecessary services or over-stated times or rates.

There can be any number of physical as well as emotional stressors in a workplace. In some instances, worker compensation departments may or may not get cooperation from all the sources of information necessary to properly manage injured workers' claims. Firms in which the disability management is the responsibility of the same internal office in the firm that manages health benefits (DMANMBEN = 1) have a lower incidence of injury claims (Salkever, Shinogle, & Purushothaman, 2001, p. 173). Another consideration from the same study is that employers with policies of offering alternative jobs to employees unable to return to their previous jobs (JOBCHG) tended to have higher claims rates (Salkever, Shinogle, & Purushothaman, 2001, p. 177). This relates to a situation where the worker will never be able to return to her/his original job duties. This situation is not to be confused with an early return to work program, which brings an employee back to work, possibly with different job duties, as soon as possible, depending on specific capabilities. In an early return-to-work program, the injured worker's job duties change to match the worker's healing progresses until the worker is able to resume the full and complete job duties prior to the occupational illness or injury. Early return-to-work was shown to be very effective in a study in Canada involving nurses having back injuries. "This approach was derived from the theory that early assessment and timely

rehabilitation using modified/alternative work would prevent further disability, restore optimal work capacity, and reduce dependency on compensation benefits” (Yassi et al., 1995, p. 210). This study showed back injures represented 42.5% of the total lost working hours, but accounted for only 12.9% of the number of claims. These percentages are just the information needed for a multi-disciplinary case manager to justify an abatement program. To be able to reduce this single area of claims will have a significant impact on the costs of a workers’ compensation program. The abatement activities resulted in a greater than 50% reduction in number of lost time injuries. The phrase “biggest bang for the buck” may have had something to do with the zeroing in on back injuries. Back injuries, as a historical rule, have been disproportionately expensive when compared to other injuries, both in terms of resources spent for recovery and in the percentage of the total lost time taken for recovery for all injuries. In a study to test the effectiveness of a multi-disciplinary case management team whose goal is to get workers back to work as soon as possible, Matheson and Brophy found that aggressive early intervention with a transitional duties early return to work program can have a positive outcome on the worker’s ability to return to work faster than without such a program. “The return-to-work rate for this sample is presented and is found to be more rapid and more complete than other studies which describe the return to work history of workers who suffer occupational back injury” (Matheson & Brophy, 1998, n.p.). While this study was about back injures only, it could be extrapolated that the use of a coordinated multi-disciplinary team effort could reduce the time needed to return the worker to full employment, hence reducing workers’ compensation costs.

Using a vendor for the management of the workers’ compensation program may not reduce costs. The integration of disability management responsibilities within any organization’s

workers' compensation program may be important, but Salkever, Shinogle, & Purushothaman did not find evidence that when outside contractors integrated disability management with other human resources services, worker compensation claims were reduced (Salkever, Shinogle, & Purushothaman, 2001, p. 181). In a 1995 Canadian study that analyzed how early intervention for back injuries affected worker compensation cost, a remarkable reduction of the number of lost time injuries was shown after the in-house management system for the administration of occupational illnesses and injuries was implemented. One study found a reduction of greater than 50% in the frequency rate of lost-time back injuries, and, by instituting an in-house program, the management reduced the total back injury compensation claims by 90% (Yassi et al., 1995, p. 210). The cost savings of 90% speaks for itself. The coordinated services included initial evaluation of the injured worker and customized care that might include physical therapy, occupational therapy, and any other assessments and services needed for best recovery (Yassi, et al. 1995). As evidenced in the aforementioned study the immediate and ongoing savings to the compensation claims out-weighted all the costs associated with this program for the organization in Yassi's study. According to McGrail, Tsai, & Bernacki (1995), dramatic reductions in costs were shown when an in-house multi-disciplinary medical case management program was implemented.

After the introduction, there was a significant decrease in injuries and illnesses (53/1000 vs 27/1000, $P < .01$) and average lost days per event (10.4 vs 6.6 days, $P < .01$) A significant increase in restricted-duty days (.2 Vs 1.5 days, $P < .01$) and an 18% reduction in medical and indemnity costs

of the institution's workers' compensation expenditures were observed.

(McGrail Jr., Tsai, & Bernacki, 1995, p. 1263)

The McGrail Jr., Tsai, & Bernacki study shows an approximate reduction of 50% in injuries and illnesses and an 18% reduction in medical and indemnity costs. These reductions can be interpreted to show that multi-disciplinary case management of workers' compensation claims can reduce the number of injuries and illnesses, thusly saving enough money to more than cover the costs of the program set up and continued administration.

Part of a multi-disciplinary case management approach to a workers' compensation program is to ensure that all the workers who have occupational illnesses or injuries receive timely and proper medical care. Biddle, Roberts, Rosenman & Welch (1998) found a very small percentage of workers actually filed claims for work-related illnesses and injuries. They state; For example, a study of employees of a Canadian aircraft engines factory reported that only 10% of workers who reported low back pain to an in-house occupational health facility reported lost work time to the worker's compensation bureau (Biddle, Roberts, Rosenman & Welch, 1998, p. 327). One can reasonably assume that to operate at the highest possible efficiency, a worker must be physically and emotionally able to properly execute the assigned process duties within the job description. When injured, the employees should be informed of their rights and responsibilities in the organization's workers' compensation program. Workers should know how to file a workers' compensation claim. It can be summarized that for the organization's process efficiency, a worker should seek the appropriate assistance for the occupational illness or injury before the process efficiency is impaired. The case manager should work in an educational setting to inform the workers of their rights and responsibilities under the workers'

compensation program. The sooner the worker knows of an injury, and subsequently reports it to the workers' compensation system, the quicker the worker can receive care and heal as early as possible. It can be reasoned, the shorter the time a worker is recovering from an injury or illness, the lower the cost. When the initial training on workers' compensation is performed, the organization may notice an increase in claims. With proper management, the increased costs associated could be kept to a minimum, and the process efficiency could possibly improve to more than cover the additional set up and ongoing administration costs of the program.

When the workers know how and what to report as an injury or illness, a realistic view of the organization's hazards can be seen. With realistic injury reporting, the case manager could calculate illness and injury trends. These trends could enable the case manager to identify areas or injury types that are over-represented. This would then allow proper abatement of the identified hazards, therefore reducing injuries and illnesses, thereby lowering overall workers' compensation costs. To efficiently determine the trends needed to make informed decisions, the case manager may choose to utilize a computer program that is designed to provide up-to-date information at the speed of a computer network. There are now several programs that have the power to handle demands for information that gives the case manager accurate information needed to make reasonable decisions regarding the workers' compensation program. The case manager can communicate with the experts on the team to ensure the proper information regarding case management is included in the input databases so that useful, accurate data will be produced from these programs. In a 1991 article, Tweedy stated that there were several drawbacks to these types of programs. These drawbacks may include seemingly simple issues such as who has authority to access the information and where to print sensitive or privacy-

protected information that needs to be addressed during program setup to ensure a smooth introduction, minimal legal problems, and continued use.

The use of an in-house program for workers' compensation management and coordination may not be economically feasible for some small organizations. For these smaller organizations, there are a number of companies that offer a range of workers' compensation services, which range from the simplest administrative support to a complete management package. A simple program may consist of completing and filing the forms required by the state, whereas a complete package would consist of form management, medical care coordination and hazard identification and abatement and injury or illness trend analysis. When confronted with the dizzying array of options, the risk manager should develop a guide of service providers in the workers' compensation field. Once providers are identified and categorized, the services can be evaluated for overall effectiveness (Tweedy & Anderson, 1991, n.p.). The authors also stated the buyer must evaluate the service provider. The provider must have services that match the needs of the organization, and that those services are actually delivered. The authors also suggest integration of disability management responsibilities within the firm was important (Salkever, Shinogle, & Purushothaman, 2001). Common sense dictates that with any purchase of this monetary value, the buyer must exercise due diligence in the selection of a vendor to provide this service. The organization should check the vendor's economic situation, talk to current customers to see if they are satisfied with their contract, and get a written document covering exactly what services will be provided. As with any contracted service, workers' compensation services vendors should be closely monitored by the case manager to insure that the services paid for are accurately and properly performed. The case management

provided by the chosen vendor needs to be based on and reflect the goals of the organization, not the vendor. The organization's goals need to consider not just the short term cost reductions, but long term reduction of worker illness and injury, thereby reducing future claims and costs associated with a workers' compensation program.

The literature review offers insights pertaining to the benefits of using a multidisciplinary team case management structure for a workers' compensation claim. The information presented suggests coordination of the responsibilities of medical care providers, program administration personnel, and the injured worker's activities may be able to dramatically reduce the overall costs of the organization's workers' compensation program. This multidisciplinary team task management can be a daunting endeavor. The multidisciplinary case manager should be a person that is knowledgeable in many fields. This knowledge should include insurance and workers' compensation laws and regulations and components of the organizations processes and the possible medical implications associated with the hazards of those processes. Abatement of any hazards that can be reduced or eliminated is also a very important part of this job. The multidisciplinary case manager must also be able to combine all the different people that are part of the group into a team that works together and communicates openly with each other, while being held accountable to upper management.

As discussed in this literature review, using a program of multidisciplinary case management incorporating all the best practices for workers' compensation claims, may save an organization substantial costs in a workers' compensation program.

CHAPTER THREE

Methodology

Introduction

This chapter will state how the data was collected and a description of the sample. The description of the data collection and analysis methodology is stated. A sample checklist is included.

Sample selection and description

The sample consists of the written policies and procedures that are used by MidWest Regional Hospital to manage the organization's workers' compensation program. These are the rules of the day-to-day operations, or essentially what the employees should do. The employees are defined as caregivers, managers and injured workers.

Instrumentation

The checklist was designed specifically for this study and was based on the components of successful programs discussed in Chapter two. These components were then compiled into a single checklist. Since the instrument is not standardized, it offers no measures of validity or reliability.

Data Collection

Permission was obtained from the administration of MRH to review the organizational policies regarding the workers' compensation program. This will occur during November and December of 2002.

Data analysis

Analysis of the data will be a comparison of the policies and procedures used by MRH to a checklist of best practices. The checklist was developed using data from organizations that have shown a noted reduction in workers' compensation costs. The specific elements were selected based on the change in practices of the organizations discussed in Chapter Two that resulted in a significant cost reduction. These elements were then compiled into a "Best Practices" checklist that will be used to compare the cost saving elements with those in written policy form used at MidWest Regional Hospital. The elements listed will be noted as either having a written, current policy and practice or not having a written policy or practice. There is also a comments section after each element for clarification and remarks by the researcher.

Checklist of best practices for internal management of a workers' compensation program

Practice	Yes	No
Is there a written procedure to follow when a worker requests initial medical care for a work related illness or injury?		
Is there a written procedure to follow for the investigation of the incident causing the illness or injury?		
Is there a written procedure to follow to educate the injured worker of his/her rights and responsibilities regarding the work related illness or injury?		
Is there a written procedure to follow to determine and implement corrective actions of the root cause of the incident?		
Is there a written procedure to follow to determine any need for additional care or therapy is required by the injured worker?		
Is there a written procedure to follow for the additional caregivers to communicate with other caregivers and managers to coordinate and optimize care and therapy for the injured worker?		
Is there a written procedure to follow for the injured worker to be evaluated for an early return work?		
Is there a written procedure to follow for continuing evaluation of healing and job abilities of the injured worker while on a light duty program to return to original job duties?		
Is there a written Employee Assistance Program for worker stress relief and other worker assistance?		
Is there a written procedure to follow if an injured worker hires an attorney and initiates an action against the organization?		
Is there a written procedure to follow to review organizational injuries and to evaluate any trends in the injuries?		
Is there a written procedure to follow regarding the cost determination of the incident to include hidden costs?		
Is there a written procedure to follow for employees to report injuries without the fear of punitive repercussions?		
Is there a written procedure to follow for training workers' compensation program personnel regarding any revisions to the program?		

CHAPTER FOUR

Results

Purpose Statement

The purpose of this study was to investigate the efficiency of the policies and procedures used for the management of MRH's workers' compensation program.

Research Goal

The goal of this study is to assess internal policies and procedures at MRH associated with the workers' compensation program.

Introduction

This chapter presents the best practices chart with the YES or NO columns and the researcher's comments appropriately completed. The individual elements in the chart were selected based on a compilation of changes in practice of the organizations discussed in Chapter Two that resulted in a significant organizational cost reduction. The chart was used to investigate by comparison, the extent that internal published policies or procedures used for the day-to-day management of MRH's workers' compensation program provide an efficient means of administering to injured employees. This comparison of the written policies and/or procedures used at MRH to the best practices chart was performed by an examination of all published policies and procedures from departments in MRH having any responsibility for any part of the workers' compensation program. Checklist of best practices for internal management of a workers' compensation program

Practice	Yes	No	Comments
Is there a written procedure to follow when a worker requests initial medical care for a work related illness or injury?	X		<p>The policy outlines the basic functions regarding the responsibilities of the worker regarding reporting an injury or illness. To whom or where to report is specified. A timeframe of 24 hours to report illness/injuries is stated and injuries that involve blood/body fluid exposure from another person are to be reported immediately.</p> <p>There is no mention or documentation regarding how the employees are trained regarding this illness/injury policy. Non-scientific observation indicates the steps taken to report an illness/injury are not well known by the employees.</p>
Is there a written procedure to follow for the investigation of the incident causing the illness or injury?	X		<p>The first policy has a form that is filled out by the nurse to whom the employee reports the injury. There are no instructions with this form, it is considered to be self-explanatory. This form requests employment information of the worker, details of the incident to include a detailed description of the actions causing the injury, if any PPE was used and if there were any abnormal/unsafe conditions that were causal. This form also requests any corrective actions or how the incident will be prevented in the future. A section of the form is filled in to document the initial treatment received by the injured worker. There is no provision in the policy regarding the protection of the confidential medical information on this form. No documentation is available regarding training the staff for use of this form.</p> <p>The second policy has an attachment that is a form asking much of the same general questions of employees involved, a description of the incident and a line indicating what is requested preventative action, as the first policy. There is a line requesting the at-risk condition/act that caused the incident. The bottom of the form has lines that are to be filled in for the completion of the requested preventative action, date, time, and a comments line. A signature of the person completing the action is required. There is no documentation on training of the individual completing the form in accident investigation or abatement techniques. The injured worker's department manager is forwarded a copy of the report. There is no indication if the manager supplies feedback, or if the manager is involved in the preparation of the report.</p> <p>The Safety department also fills out an incident report, if</p>

			they are notified of the incident. There is no step for the medical personnel that are supplying initial treatment or the injured worker to contact the Safety Department in any of the policies. How the Safety Department is notified of the incident is not clear. Non-scientific observation leads the researcher to believe the Safety Department takes part in the accident investigation only by happenstance if notified by the injured worker or a witness of the incident.
Is there a written procedure to follow to educate the injured worker of his/her rights and responsibilities regarding the work related illness or injury?	X		<p>There is no written step in any of the policies to convey information to the injured worker regarding his/her rights and responsibilities from the workers' compensation program. The organization's employee nurse does send out a pamphlet from the state's workers' compensation bureau, that answers some frequently asked questions. This publication has a number of telephone numbers that an injured worker can obtain answers regarding their specific case. Along with this pamphlet the organization does send a list of frequently asked questions that are answered with an organizationally specific answer. There is some repeat of information between the two.</p> <p>Non-scientific observation leads the researcher to believe this information was not being sent to all injured workers, but it is now being sent to injured workers in an increasingly higher percentage.</p> <p>There is no step in any of the policies to give this information to the employee in a face-to-face meeting, a note is included informing the worker what telephone extension to call to have any issues addressed that can be answered by the organization's nursing staff.</p> <p>There is no documentation of the employee receiving and understanding this information listed in any location. This then does not ensure that the employee knows and understands the rights and responsibilities associated with the organization's workers' compensation program.</p>
Is there a written procedure to follow to determine and implement corrective actions for the root causes of the incident?	X		<p>The Organizational nurse does have a form to fill out requesting documentation of preventative action. The form does have a line for the at risk condition/act. The injured or ill employee is simply asked what caused the illness/accident. There is no formal investigation to uncover the causes of the incident. The organizational nurses have no documentation of formal incident investigation training. Non-scientific observation of incidents involving workers' compensation showed that the organizational nurses did not follow through with an investigation to determine the root</p>

		<p>causes. The nurses did not check to see if the requested preventative actions were implemented. Non-scientific observation of other incidents showed the same pattern of no investigation or follow-up. The form is forwarded to the worker's supervisor without any confidential information protected. There are no instructions to the supervisor as to the action regarding the form. Non-scientific observation leads the researcher to believe this form is filed with no further action of any sort taken in the majority of incidents. The Safety Office does have a policy and form that includes indication of the method of investigation to determine the causes of the incident. These causes are documented after interviews of staff involved and any witnesses, the employee's supervisor, the employee's incident background, and training record. The Safety Office staff have formal training in on-scene investigation, causational analysis and documentation techniques. The form has a section for all abatement actions needed, when completed and by whom. The form is then reviewed by the department manager then forwarded by to the manager of the department of the injured/ill employee.</p>
Is there a written procedure to follow to determine any need for additional care or therapy that is required for the injured worker?	X	<p>The organizational nurse's policy states that the nurse will coordinate the care of the injured worker, even if medical care is sought outside MRH. Non-scientific observation shows contact was not made with the attending physician or the referred specialist, in all cases, even though the specialist was a member of the MRH staff. Follow up with some care providers was non-existent.</p>
Is there a written procedure to follow for the healthcare providers to communicate with other providers in a timely manner and managers to coordinate care and therapy for the injured worker?	X	<p>The care providers had no direct contact with one another. The providers read the injured worker's medical chart for needed information. The researcher believes this is a standard practice throughout the medical community.</p>
Is there a written procedure to follow for the injured worker to be evaluated for and	X	<p>The policy regarding transitional job duties is substantial. It covers physician involvement by supervision of care and the injured worker's current job abilities and duties. It covers the updates on the healing process and where and how much an injured employee should work. The aspect of lost wages</p>

during an early return work?			is covered per the state regulations. The employee's responsibilities are also outlined. No documentation of training the injured worker regarding this policy is evident. Non-scientific observation leads the researcher to believe training is being done via a letter and pamphlet (mentioned above) being sent to the injured worker. A cover letter gives the employee information on how to get any questions answered at the organizational level.
Is there a written Employee Assistance Program for worker stress relief and other worker assistance?	X		The Employee Assistance Program (EAP) is extensive. This organization's program includes stress counseling, weight management, financial assistance, and a formal grievance process, just to name some of the programs available to all employees. Nonscientific observation leads the researcher to believe the program is well run and thorough. Employees express satisfaction with the program. All members of the EAP team hold up-to-date certification for the field of specialization in which they practice.
Is there a written procedure to follow if an injured worker hires an attorney and initiates an action against the organization?		X	There is a mention of retaining an attorney in the state pamphlet. The information is quite brief, mentioning only what fees and costs an attorney can charge the injured worker. There is no reference in any of the organization's policies or procedures regarding the retention of an attorney by an injured worker. Nonscientific observation leads the researcher to believe that this possibility has not been considered. The organization does retain counsel on staff to advise and defend its position in various legal matters. The legal staff states that to the best of their knowledge, there has been no instance of an injured employee retaining an attorney as a result of a workers' compensation case dispute.
Is there a written procedure to follow for loss data and accident and illness trends to be reviewed by top management and appropriate departmental management?		X	The organization is required to maintain the most current version of the OSHA illness/injury recording documentation, which is being completed accurately. The organization does not have a written policy to analyze illnesses/injuries trends to establish abatement actions, or collaborate with departments in an illness/injury reduction analysis program.
Is there a written procedure to follow regarding cost		X	The organization does not have a written policy. The researcher was unable to gain any information regarding this practice within the organization.

determination of the incident to include hidden costs?			
Is there a written procedure to follow for training workers' compensation program personnel regarding any revisions to the program?		X	There is no written organizational policy. The staff are given time to attend and paid reasonable expenses for continuing education seminars and updates in their area of expertise. This information is brought back and shared with others in the department in an informal setting. The staff does appear to have the most current information available, and are incorporating it in the day-to-day administration of the workers' compensation program.
Is there a written policy or procedure to contact an injured worker for medical and morale status updates?		X	This is an area that is very clearly stated in the organizational policies. It is the responsibility of the injured employee to provide the organization's staff with all informational updates. The staff does not contact the worker at all. Even during a ling absence from the job, the organization's staff does not contact the injured worker. Non-scientific observation verifies this practice.
Is there a written policy or procedure to follow to monitor and control the wage-based workers' compensation program costs to minimize the affects on the experience modifier?		X	There is a mention that the worker is to report any partial time worked at his/her normal wage rate, so the lost time lost wages can be covered by the workers' compensation program. During policy review, the researcher suggested this concept and the staff was not aware of the nature of this element. There was no understanding of the cost of the wages paid by the workers' compensation program, or how these costs affect the costs of the workers' compensation program.
Is there a written policy to evaluate the ill/injured worker's job or lifestyle in the determination of physical or occupational therapy?		X	There is no written policy for the care providers to refer to. The standard procedure for the rehabilitation is to address this in both physical and occupational areas. There is no policy or procedure requiring the injured worker to follow all healing instructions both on and off work.

Discussion

The comparison of the author's best practices chart to the written policies in effect at MidWest Regional Hospital indicates thought-provoking data. These are a combination of policies that are from a number of different departments.

The number of YES answers (an indication of a written policy in effect) for MWR is six out of 15 for 40 percent of the total responses. The YES (or written policy) answers indicate that MRH's internal policies or practices address the following areas:

- Initial care for an injured worker
- Accident investigation
- Corrective action for root causes
- Follow up care or therapy for the injured worker
- A formal early return to work program
- A formal worker assistance procedure

The number of NO answers (an indication of no written policy in effect) for MWR is 9 out of 15 for 60 percent of the total responses. The No (or no written policy) answers indicate that MRH's internal policies or practices do not address the following areas:

- A documented education process for the injured worker
- Care provider communication
- There is no policy to refer to if the injured worker retains an attorney
- Trending of accident/illness information
- Accident/illness cost
- Continuing education and training for workers' compensation staff

- Contact by MRH staff with the injured worker for medical and moral updates
- Wage-based cost monitoring function
- Evaluation of the effect of the injury on the employee's lifestyle

None of the above nine elements have a written policy or procedure. However, several of these elements are being completed in an informal manor. These include:

- Injured worker education
- Injury record keeping
- Continuing education for workers' compensation program staff

It should be noted that MWR does have a workers' compensation program. However, with the elements from the Best Practices chart that are covered by a written policy and several of the elements that have no policy but are being completed by MRH staff, the program needs to be revised.

CHAPTER FIVE

Discussion, Conclusions, and Recommendations

Introduction

In this chapter the comparison between the Best Practices Chart and the written policies at MidWest Regional Hospital completed in Chapter Four will be discussed. The conclusions of that discussion will be presented after the comparison. The researcher's recommendations will be listed after the conclusions.

Purpose Statement

The purpose of this study is to investigate the efficiency of the internal practices used for providing care to injured workers and managing MRH's workers' compensation program.

Research Goal

The goal of this study is to assess of the workers' compensation internal policies and procedures program at MRH using an author-designed list of best practices.

Methodology

Analysis of the data will be a comparison of the policies and procedures used by MRH to an author-designed checklist of best practices. Data was compiled from organizations discussed in Chapter Two that have shown a noted reduction in workers' compensation costs. The elements were selected based on the specific change in practices within the organization that resulted in significant cost reduction. These elements were then compiled into a "Best Practices" checklist. The elements of the checklist were compared to the current written policies and procedures directing the staff of the workers' compensation program at MidWest Regional

Hospital. The elements listed will be noted as either having a written, current policy and practice or not having a written policy or practice. There is also a comments section after each element for clarification and remarks by the researcher.

Discussion

MRH has a favorable foundation for a comprehensive workers' compensation program in that several elements of the Best Practices Chart are being completed by MRH staff. The written policy that addresses how an injured worker requests initial medical care for a work-related injury is in place, although non-scientific observation of the procedures to report a work-related injury indicates that such are not well known by the staff. There have been several incidents the researcher has witnessed which lead to this conclusion, such as a number of workers that have had to be informed of the injury reporting protocol immediately after an incident.

MRH has two written policies that address investigation of employee incidents. The organization's Health Department nurses complete a form that asks for the at-risk condition/behavior, requests corrective action and requires follow up to ensure the correction has been completed. The Safety Department also has a procedure to investigate incidents. The Safety Department's procedure includes gathering all the information requested on the Health Department's form, adds photographs of the incident site, interview(s) of any witness(s) and a formal structure for the determination of all root causes of the incident. The Safety Department has an accident investigation kit immediately available to take to the incident scene. Along with a more comprehensive procedure and proper tools, Safety Department personnel have received formal training in accident investigation, while the Health Department's nurses have not. With

this being the case, the Safety Department would probably be best able to investigate incidents based on the training and the tools they have.

When a worker is injured, he or she needs to know the rights and responsibilities afforded them within the workers' compensation program. Even though there is no written policy to address this issue, a certain amount of education is being performed. When a worker reports an injury, he or she receives a pamphlet prepared by the state and a letter of frequently asked question from the Health Department. The pamphlet and letter cover most of the questions and answers an injured employee may ask and how to contact the state or the organization with any unanswered questions. While this may appear to be an efficient way to inform the injured worker of his or her rights and responsibilities, it may lead to a certain amount of confusion for the worker.

Root cause analysis of an incident is important. As mentioned above, MidWest has three procedures to investigate an incident, two from the Health Department, and another completed by the Safety Department. Without the correct identification of all root causes, corrective action may not abate the hazard and the accident/illness rate may not be reduced either. Thus, the accurate identification of the root causes of an incident is key to abatement of the hazard.

Per written policy, the follow up care that arises during the course of healing is to be coordinated by the Health Department nurses. However, through non-scientific observation performed by the researcher, this element is not always completed. Often times, the injured worker does not know enough about the specific treatment he or she is receiving to be aware of required additional services. To ensure that the injured worker returns to a full life both at work and home as soon as possible, proper care must be coordinated. With the caseload that the

Health Department nurses have, upon occasion a worker may not receive the best review. If the worker has been deemed to require little or no intervention, this element may be skipped entirely. Non-scientific observation may indicate that the Health Department nurses may have missed or skipped reviews in the past.

MRH does not have a communication policy or protocol for providers to follow when an injured worker is treated by more than one care professional. As noted in the above element, communication between caregivers is essential to see the patient as an overall person. As a general rule following standard medical practice, caregivers review the patient's chart but do not talk to each other. Non-scientific observation by the researcher shows that this can lead to delays in treatment while needed information is obtained.

The early return-to-work or transitional job duties policy at MRH is comprehensive as it stands. The early return-to-work element is emphasized at MRH with the full support of upper management. It contains direction on medical staff involvement, worker responsibilities and wage issues.

The Employee Assistance Program (EAP) at MRH is extensive in that it not only encourages stress reduction through classes and seminars, but it also offers weight-loss and smoking cessation programs as well. All staff assigned to the EAP hold current certifications in their areas of expertise. EAP promotes its classes in a quarterly informational newsletter sent to all MRH employees. A formal grievance process to resolve manager/worker disputes is administered from the EAP. MRH employees are familiar with the EAP department and programs. The EAP personnel and programs are held in high regard by MRH staff, as evidenced by user satisfaction surveys.

There is no written policy at MRH referring to actions of the administrative, legal or staff within the workers' compensation department if an injured worker were to retain an attorney and file an action in conjunction with a workers' compensation claim against the organization. The explanation for the lack of a policy is that there has never been an occurrence of an injured worker filing suit against MRH. The researcher was unable to gain any other information concerning this issue.

While the organization's Health Department does record accidents and illnesses as required by OSHA, there is no other data gathering regarding accidents or illnesses performed in the organization. No one in the organization reviews the data on the OSHA log for trending purposes. The researcher was not able to find anyone outside Health Department who was aware of the importance and consequences of injury trends.

The cost of incidents that occur at MRH is largely unknown. The worker's compensation carrier record keeping system does show some cost figures that relate to injuries and illnesses. These figures are not widely known and rarely analyzed other than at the end of the year, and then only the higher dollar cases are briefly reviewed. Based on the researcher's experience, the concept of cost analysis was not known at MRH.

The continuing education requirements for the personnel involved in the workers' compensation program vary by department and specialty. Some of the staff hold certifications that have annual education requirement spelled out by the certification. Other staff members do not have a continuing education requirement, but the advancements in that field require periodic education to stay current with the practices in the field. None of the staff have a written requirement from the organization regarding continuing education. Some department managers

state continuing education is implied (e.g., if an individual wishes to remain employed, that person must remain certified) and to remain certified, the staff member must successfully complete all continuing education requirements. Staff members that do not have certification requirements can apply for monies to pay for fees associated with training. MRH does have a policy to reimburse an employee for reasonable expenses based on need and budget. As a general rule the researcher found that staff involved in the aspects of the workers' compensation had access to needed current information, and were applying that knowledge to the program. The organization does have several tuition programs from a annual flat fee to cover expenses up to a specified amount to a forgivable loan based on future employment.

The literature review in Chapter Two suggests that the injured worker will feel more wanted and needed, if during the course of healing, someone from the organization contacts them for a progress report. This feeling of being needed can help speed the injured worker's healing process. MRH does exactly the opposite by requiring the injured worker contact the organization's nurses with updates. This practice does indicate an examination and potential revision of the organization's policy.

The wage-based cost analysis of the workers' compensation plan is not performed at MRH. Previously when the researcher mentioned the concept, no one had ever heard of this tool or considered it as a method of promoting cost control. A brief overview conducted by the researcher to top management on the practical application of wage-based cost analysis lead him to believe that the organization would be investigating this concept for feasibility in the first quarter of the following fiscal year.

There is no policy at MRH to address the healing of a work-related injury while the worker is off duty. While some physical and occupational therapists do this as a course of best practice, there is no policy stating that the employee must adhere to job restrictions or prohibited activities while off duty. It seems likely however, that if a worker has a back injury and is restricted to a five-pound limit for lifting and can only a work portion of a day, that worker should be heavily discouraged from taking part in strenuous physical activities when he or she leaves work.

Recommendations

To better inform the staff at MRH, the Health Department should develop an education program for the workers at MRH on what to report as a work-related illness or injury. This educational program should also include when, how and to whom these illnesses or injuries are to be reported. Proper reporting could lead to accurate data regarding the types, number and locations of accidents and illnesses within the organization. Realistic accident and illness trends may then be derived, thus allowing the staff at MRH to begin a program of abating the hazards which are identified as root causes of illnesses and injuries. The effect of removing the hazards identified as the root causes would most likely reduce incidents and lower overall cost of the workers' compensation program.

When an employee reports an incident to the Health Department, there is currently no protocol for the Health Department to contact the Safety Department. For the best incident investigation, the Safety Department should be informed immediately of any such occurrences. The Health Department should develop a joint policy with Safety to establish a procedure for Health to notify Safety with any injury/illness reported. The two departments would jointly

decide if an investigation is necessary, having Safety Department personnel conduct the investigation.

The education of an injured MRH employee is being performed by the Health Department, although there is no written policy to direct this activity. The recommendation for this element would be to institute a formal procedure, which would standardize this step and ensure that all injured workers receive this information and provide a source of defense if needed in legal proceedings.

The investigation of any incident should be performed by the Safety Department. The Safety Department has the formal skills along with the correct tools to complete the investigation and arrive at all the root causes of the incident. The Health Department and the Safety Department should implement a single joint procedure for the Safety Department to conduct all necessary investigations. Three separate procedures duplicate actions and increases costs, consequently, the two departments should develop one protocol that includes the proper steps to be taken at the incident site and the collection all needed information. It appears that a quick compilation of non-duplicated steps from both procedures would be all that is needed to complete this element.

A continuing, knowledgeable medical evaluation of the worker and the record of treatment is needed to ensure a prompt return to work and life activities for the injured worker. At MRH, there may have been some instances in which an injured worker has not received a complete review. Consequently, the Health Department should review the current assessment procedure and revise it as needed to reflect changes in best practices for continued evaluation of injured workers. This policy should include but not be limited to the assessment of healing

regarding return to work duties as well as changes in therapy and lifestyle needs that will ensure the fastest recovery for the injured worker. The review should be performed for all injured workers to ensure proper worker compensation case management. The key to multidisciplinary case management is experts from each care area would give input on the worker's care when needed. Every case should be reviewed to include a face-to-face appointment with the injured worker if deemed necessary by a care provider, and all involved specialties to ensure every worker receives a proper case review.

As with case review, timely communication between care providers may be facilitated with multidisciplinary case management. The caregivers could discuss each patient in the context of a treatment plan that encompasses all the needed elements for that patient to guarantee that the treatment is correct and received in a timely fashion. Inter-disciplinary communication has a infamous past, this may be the biggest hurdle for the organization to overcome. Top management must see the value of the multidisciplinary case management and then get the buy-in of the provider community for a program to work.

The early return-to-work or transitional job duties program is strong at MRH. The program does indeed have the buy-in of top management. The only recommendation would be for the staff to remain up-to-date on the current laws, regulations and best practices. An annual review of the policy should include these laws and best practices in the revisions. Employee Assistance Program recommendations are the same as the early return to work program. The staff should remain current in best practices and incorporate those practices in the annual policies and procedures review.

The possibility of an injured worker filing a legal action against MRH is viewed by the organization as a highly improbable event. The organization views the time and resources needed to develop a policy would be wasted because of the level of probability. Previously when the researcher asked MRH Legal Department personnel what would occur if a suit were to be filed, he was simply told that the legal department would follow standard best practices for this event.

The only accident/illness recording process being performed is the information filled out on the OSHA required log, which is not a complete listing of all incidents. The data from incidents that is not required to be entered onto the OSHA log could reveal root causes of accidents and illnesses. This lack of data could prevent an effective program of hazard abatement, which would reduce accidents and illnesses. The accident and illness reduction will most likely reduce overall costs of the workers' compensation program. The Health and Safety departments should review the incident information on a periodic basis. This should be performed beginning with an interval of monthly, with the frequency being adjusted as the situation dictates. When the incident information review process has been implemented, trend information will then become apparent. Using this trend information, the multidisciplinary team can correctly identify the root causes of accidents and illnesses, and then implement hazard abatement actions. These trends ought to be reviewed by the top management so they can understand the effects of illnesses and injuries on the cost structure and process efficiency of the organization. Managers of the departments that have been identified as having unacceptable illness or injury trends should be made aware of the problem. The abatement actions should include the experts on the multidisciplinary team, and the first-line workers as well. The first-

line workers will best be able to evaluate the effectiveness of the abatement action and would more likely buy in to the program if they are included in the decision making process.

Cost analysis will clearly bring to light the total value of all the illnesses and injuries that occur at MRH. A simple form should be developed to list the different components of an incident and the approximate cost of those components. Here again, the multidisciplinary team would be able to establish values for all components such as various classes of labor, cost of repairs/parts, medical and administrative costs. Indirect costs such as process efficiency and morale losses could be reasonably estimated by reviewing departmental production/efficiency data prior to the incident to production/efficiency data after the incident. These costs could then be applied to the decision of what resources are dedicated to abate chosen hazards. Here the multidisciplinary team would evaluate the return on investment for those resources. The team could prioritize the hazards that historically cause the highest losses to be looked at for immediate abatement.

To ensure the organization's efficient functioning in this program, personnel need to be up-to-date with the best practices for their specialty. Consequently, the continuing education requirement for staff in the workers' compensation program should be part of the employee's job description. This would then be reviewed annually at the employee's yearly evaluation.

The practice of making the injured worker responsible for updating the nurses regarding their medical condition seems to be the opposite of the best practices listed on the chart. The evidence from Chapter Two seems to indicate that the injured worker heals better if someone calls to get updated information and to just chat. The researcher recommends that the written policy be changed to reflect this practice.

Computer programs are available to analyze data for an organization's workers' compensation costs. This data is specific to each organization, so the results show organizational costs exactly. These programs can very quickly show the costs of various portions of the workers' compensation expenses. With this data, the multidisciplinary team will have more fiscal data to help make decisions regarding what hazards to abate or programs to emphasize or develop.

To ensure the most complete and expedient possible healing, an injured worker should not be allowed to take part in any activities that would not fit within his or her work restrictions at work or while off duty. Re-injury is covered by workers' compensation whether the re-injury is while on duty or not. The organization should include wording in the policy so that it prohibits off-duty activities outside the limits of the workers' compensation restrictions in the employee's rights and responsibilities section.

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