

REPORT

FINAL REPORT

Return to Work in the Health Care Sector: Promising Practices and Success Stories

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EXECUTIVE SUMMARY

As the federal office dedicated to improving employment outcomes for people with disabilities, the Office of Disability and Employment Policy (ODEP) seeks to promote successful return-to-work (RTW) strategies that will increase incomes for recovering workers, lower personnel costs for employers, and reduce public assistance costs for taxpayers. To promote this goal, ODEP engaged Mathematica Policy Research and its subcontractor, Economic Systems Inc. (EconSys), to identify promising practices and success stories related to RTW efforts and outcomes in the health care industry.

The health care industry is of particular interest to ODEP because of the wide variety of positions it fills and the disproportionate number of health care workers who lose work time due to injury or illness. This high incidence of lost work time may stem from the many hazards these workers face when treating patients, including exposure to substances that may cause illness or infection. In the face of challenges such as increasing operating costs, the need to operate 24 hours a day, and a shortage of nurses, the cost of disability and lost work time can be staggering for a hospital.

We conducted a literature review to identify reports and research articles on promising RTW practices in the health care sector and interviewed 11 RTW experts. Many of the interviewees were managers of their organizations' RTW programs, which were often part of larger disability services or risk prevention programs. In general, the health care organizations we studied run similar RTW programs and follow similar RTW protocols, regardless of whether the injury or illness is work related. All of them implement phased re-entry by creating transitional work positions tailored to the physical limitations of the recovering employee. The programs usually focus on keeping the employees in the organization; only a few look to place their employees outside of the organization.

Although the rate of injury or illness among health care workers is comparatively high, they have several advantages over other occupational groups: ready access to medical professionals, an ability to begin treatment quickly after employees become sick or injured, and a wide range of transitional work positions. The organizations we studied have taken advantage of all these factors in creating successful RTW programs.

Although the promising practices described in this report are limited to the health care sector, the main principles of these programs can be applied on a wider scale. Some promising practices that all organizations may use include the following:

- Train and continually communicate with managers and supervisors regarding the RTW program and transitional work opportunities.
- Communicate the importance of RTW to physicians, and create transitional work plans for physicians to approve.
- Hire vocational rehabilitation and/or occupational therapists to manage cases or to be a part of the RTW team.
- Use outside sources if transitional or full-time work cannot be found within the organization.

- Provide information on the cost savings of the program to get buy-in from supervisors.
- Fund transitional work positions in a way that motivates managers to bring back their own employees.

I. INTRODUCTION

As the federal office focused on improving employment outcomes for people with disabilities, the Office of Disability and Employment Policy (ODEP) in the U.S. Department of Labor (DOL) has a strong interest in workers who experience the onset of a disability. As part of its mission, ODEP is interested in promoting successful return to work (RTW) strategies that will result in higher incomes for recovering workers, lower personnel costs for employers, and lower public assistance costs for taxpayers. To promote this goal, ODEP engaged Mathematica Policy Research and its subcontractor, Economic Systems Inc. (EconSys), to identify promising practices and success stories related to RTW efforts and outcomes within the health care industry. The health care industry is of particular interest because of the wide variety of positions it fills and the high incidence rate of lost-time injuries or illnesses for nurses and other health care professionals.

To carry out the study, we analyzed published reports and research, and conducted interviews with disability management providers, health care industry representatives, and other subject matter experts. This report presents our findings from these activities. We begin in this chapter with background information on the relevance of the health care industry to job-related disability and RTW efforts and a description of our study methods. In Chapter II, we provide an overview of the RTW processes used in the organizations where we conducted interviews, and in Chapter III we present our findings related to staffing, transitional work, information sharing, and other promising practices. We conclude in Chapter IV with a summary of our findings.

A. Background

A disproportionate number of workers in health care organizations lose work time due to injury or illness. In 2012, 242 out of every 10,000 employees in health care support occupations lost work time because of occupational injury or illness (U.S. Bureau of Labor Statistics 2014)—more than double the incidence rate for all occupations (112 out of 10,000). Incidence rates were higher for only three other occupational groups: protective services (329 out of 10,000), transportation and material moving (278 out of 10,000), and building and grounds cleaning and maintenance (262 out of 10,000). The high incidence of lost work time among health care employees may stem from the many hazards they face when handling and providing treatment to patients, including exposure to substances that may cause illness or infection. The five leading causes of injury among hospital workers, accounting for 99 percent of cases, include: (1) overexertion and bodily reaction (such as back injuries and sprains) from patient handling; (2) slips, trips, and falls; (3) contact with objects; (4) patient violence; and (5) exposure to substances (Occupational Safety and Health Administration 2013).

The health care industry faces challenges today that include increasing operating costs, the need to operate 24 hours a day, and low staffing levels of nurses (Stanton 2004). Furthermore, decreasing patient volumes due to factors such as shifts in patient care to outpatient settings, high costs that are driving a decline in elective procedures, and Medicare policies that have boosted financial incentives for hospitals to streamline their management of chronic diseases (Advisory Board Company 2014) have been reducing revenues and making it more difficult for hospitals to provide services and maintain staffing levels (Evans 2014). The Mayo Clinic, for example,

reported it expected a revenue decline of 20 to 40 percent in 2013, which caused it to scale back its programs and economize in other areas (Boss 2013).

Given these challenges, the cost of disability and lost work time can be staggering for a hospital. Employees who stay home due to injury or illness are paid at least part of their salaries, while someone else must take on their work. In a study of over 1,500 hospitals, Tugman (2012) estimated that a hospital with 5,000 employees might have up to 62 employees out of work every day, more than one-third of them nurses.

B. Methods

We gathered information for this report in two steps. We first conducted a literature review through which we identified several reports and articles on best RTW practices in the health care sector. The literature review also provided information on a handful of organizations that excel in RTW in the public and private health care sectors. We used this information to create a preliminary list of three individuals to interview. We identified two interviewees on this list through a Disability Management Employer Coalition (DMEC) report on best practices in RTW (DMEC 2011). We identified a third interviewee through our work with ODEP's RTW Community of Practice, which was established by Mathematica and EconSys in early 2014. We chose these three interviewees for their RTW expertise as well as their potential to identify additional representatives of organizations with promising RTW programs.

In the second step of the information-gathering process, we conducted the interviews. Table I.1 shows the list of interviews we ultimately conducted. Many of the interviewees were managers of their organizations' RTW programs, which were often part of larger disability services or risk prevention programs. Other interviewees were experts in the field of disability management or other relevant topics. Nevertheless, the promising practices we describe here are typically not supported by strong statistical evidence and, therefore, have not been validated outside of the information gathered during the interview process.

Table I.1. Individuals interviewed for this report

Interviewee	Employer	Title
Kim Brown	Lockton Companies	Vice President, Senior Claims Consultant
Suzann Bylund	Ascension Health	Senior Director, Associate Risk Management Programs
Jennifer Christian	Webility Corporation	President
Linda Croushore	University of Pittsburgh Medical Center	Director, Disability Services
David Dubovich	Allina Health	Disability Case Manager, Employee Health Services
Joe Lacey	Expedito	President
Dick Mieskowski	Spectrum Health	Compliance Consultant, Integrated Disability Management
Christine Moranda	Ohio Health	Manager, Disability Services
Michael Moses	Kaiser Permanente Northwest	Disability Case Manager
Jane Ryan	Mayo Clinic	Manager, Return to Work, Recovery and Claims Services
Kristin Tugman	Unum	Assistant Vice President, Health and Productivity

Note: The individuals interviewed for this report did not review the report contents, and the report does not necessarily reflect their views or imply their endorsement.

II. PROMISING PRACTICES

RTW programs are created to help bring employees back to work quickly and safely after an injury or illness. Most of the organizations at which we conducted interviews follow similar RTW protocols, regardless of whether the injury or illness is work-related. Interviewees believed their organizations must focus on bringing employees back safely to ensure injuries and illnesses do not recur. At the same time, hospitals must take into account patient safety; recovering employees should not be returned to positions where their reduced functional capacity might put patients at risk of further injury or delayed recovery. A standard RTW process, according to our interviewees, begins with early intervention. Protocols are in place to ensure the injured or ill employee sees an occupational health physician as soon as possible. The physician can prescribe treatments and refer the employee to a specialist as needed.

The next step in the RTW process is to determine when the recovering employee is able to return to work. Recovering employees typically cannot return to 100 percent functionality on their jobs when they initially return to work; in many cases, a phased reentry period is warranted. All of the RTW programs in the organizations where we conducted interviews implement phased reentry by creating transitional work positions tailored to the physical limitations of the recovering employee. Transitional work helps the recovering employee remain at work among friends and colleagues instead of at home—a practice that leads to more successful RTW outcomes (Bose 2009). Some RTW programs also provide résumé and placement assistance to recovering employees who cannot return to the jobs they previously held. The programs usually focus on keeping the employees within the organization; only a few look to place their employees outside of the organization.

In the remainder of this chapter, we describe the promising practices utilized by the organizations at which we conducted interviews, drawing information mainly from those interviews. In instances where we identified promising practices in the literature, we provide relevant citations. The practices we discuss fall into three major areas, defined by the following questions:

- **Staffing.** What types of RTW positions are available within these organizations, and what are the qualifications and duties of RTW staff?
- **Transitional work.** How are transitional work positions created and funded, and how do employers work with employees who cannot go back to their previous positions?
- **Information sharing.** What methods are effective in helping doctors, employees, and managers understand the benefits of RTW programs? What tools help staff members identify transitional work opportunities and work restrictions?

A. Staffing

We asked most interviewees to provide an overview of their RTW programs and staffing. Staffing is extremely important to a successful RTW program. The correct mixture of RTW staff enables an organization to work with its employees to return them to work safely and efficiently. Typically, human resources or other, similar departments oversee the RTW programs. Most of the interviewees worked on RTW programs that are self-insured and self-administered, which

allows the organizations to provide more direct oversight and to reduce costs by not having third-party administrators handle payments and other components of the process, such as leave or disability insurance claims and benefits. The organizations that are not self-administered usually span several states. In these cases, interviewees indicated that state workers' compensation rules and regulations make self-administration impractical.

The RTW staffing mixture varies greatly across organizations based on their needs and size. Some organizations only hire case workers that work closely with occupational health staff in each hospital. Some organizations employ nurse case managers to help with the more difficult medical cases when needed. Below we describe how organizations use specialized staff to help employees return to work following injury or illness.

1. Physicians and nurses

Physicians and nurses play a pivotal role in the RTW process. They work closely with the recovering employee and have a good understanding of the employee's physical abilities and medical needs as he or she prepares to return to work. Physicians identify work restrictions and must sign off on allowing an employee to return to work. Successful features of RTW programs in the health care sector with respect to the role of physicians and nurses include the following:

- **Enhanced access to physicians and nurses.** Simply put, health care organizations have better access to physicians and nurses than most other types of organizations. The ability to readily interact with physicians and nurses can help recovering employees return to work. Having built-in relationships with physicians and nurses contributes to the RTW program's success.
- **Employees are seen by physicians almost immediately after incurring an injury or illness.** Many interviewees noted that their occupational health providers see employees almost immediately after injury or illness occurs. This is often standard protocol and represents an improvement over other types of organizations whose employees might have to wait several days to be seen by their personal doctor or a doctor of their employer's choosing. If the injury or illness is occupational, the decision on which doctor is seen is based on the employer's policies for on-the-job cases, which may be guided by state law. Following diagnosis, occupational health staff can help the recovering employee see specialists as needed. They also can clear the employee to return to work when the injury or illness is not very serious. Interviewees believed this quick process saves their organizations money by reducing lost work time.
- **Training opportunities for physicians and nurses.** Having physicians and nurses working within the health care organization provides more opportunities for training them on the importance of the RTW program. Such training, one interviewee stated, requires multiple communications and needs to be emphasized by the organization to be effective, because physicians typically are more focused on treating the employees' symptoms than on returning the employee to work. The physicians' and nurses' access to RTW program staff enhances their familiarity with the RTW process and their knowledge of available transitional work opportunities.

Although health care organizations have a number of physicians available in-house to treat injured or ill employees, laws in many states still allow employees to choose their own physicians. Interviewees who worked with outside physicians mentioned in particular two practices they found conducive to RTW:

- **Provide employees with documentation to bring to their first doctor visits.** Such documentation may include work restriction sheets, to be filled out if the employee can return to work with restrictions, and pamphlets on the RTW program and the importance of RTW.
- **Build relationships with doctors outside the organization through constant contact.** Most RTW program staff are experienced and have been performing RTW activities for their organization for many years. Building relationships with physicians outside the organization from the beginning is an effective way to ensure that physicians are committed to helping employees return to work when medically appropriate.

Some interviewees noted that relying on physicians to identify physical limitations and transitional work plans is not always constructive. Physicians cannot always spend the time needed to create these plans and can be difficult to communicate with because they are busy tending to patients and continuing their education. In some cases, a physician might be too close to the recovering employee, who might be a nurse or physician they work with every day, and give him or her the benefit of the doubt with regard to functional ability. One organization, for example, has created internal policies to help ease the RTW process for physicians. A vocational case manager works with the recovering employee to create a full transitional work plan based on the physician's diagnosis, including information on the work restrictions that will be in place and a full description of all the tasks the employee is expected to perform. Once the plan is complete, the employee submits the form to his or her physician for approval. This process saves the physicians time, and also helps in promoting the occupational aspect of the healing process. Interviewees believed this practice assists physicians in making informed decisions about work restrictions and physical limitations by allowing them to react to something rather than having to create plans on their own.

2. Vocational rehabilitation counselors

Health care organizations often employ vocational rehabilitation (VR) counselors to help recovering workers find transitional and permanent work. Some organizations hire VR counselors to be case managers for all injured or ill employees. One interviewee's organization hired only certified VR counselors with master's degrees to provide case management services because they have the following qualifications:

- A background in counseling, which helps them communicate effectively with employees when assisting them with the transitional work process.
- A good understanding of the nuances of disability and experience in dealing with both medical and psychological RTW issues.
- Knowledge of how to perform job analyses, which is an advantage when creating transitional work plans.

- The ability to understand and interpret job descriptions to identify essential elements and how they may need to be modified.

Interviewees from other organizations indicated they hire VR counselors to help injured employees who cannot return to their original positions find other jobs within the hospital.

Interviewees stressed the importance of retaining experienced employees if at all possible. Helping recovering employees identify alternative jobs offers them the opportunity to find positions of interest within their current work restrictions. The VR counselor may provide assistance with résumé writing, internal job searches, interviewing skills, and other vocational tools. Typically, a recovering employee can begin to learn a new position and obtain additional training as a transitional worker even if no positions are available at the time. The employee can then be hired in that position once it becomes available.

Only one interviewee stated that her organization also provides assistance to employees looking for work outside of the organization. In some states, such as Minnesota, a state-approved qualified rehabilitation consultant must be assigned to employees who have been out of work for a certain period of time or cannot go back to their original positions, to help them look outside their organizations for employment.

3. Occupational health counselors

According to some interviewees, organizations can hire occupational health counselors to manage cases and aid recovering employees both before and after they return to work. In addition to providing services similar to those provided by VR counselors, occupational health counselors help employees rebuild strength after injury or illness, relearn skills, and increase activity to the point where they can return to work. They also help them learn to use accommodations when necessary.

B. Transitional work programs

A transitional work program is designed to expedite RTW by temporarily assigning responsibilities based on restrictions set by a physician. These programs, which facilitate phased reentry by employees who experienced injury or illness, are proven to reduce the duration of work disabilities and their associated costs (Franche et al. 2005). All representatives of the health care organizations at which we conducted interviews indicated their organizations have transitional work programs and policies in place for their employees. Transitional work programs can work across occupational groups to return employees to transitional positions outside of the employee's current field when a position is not readily available within their original occupational group. Each organization runs a similar program, with subtle differences that are intended to make the program more effective for that organization. In this section, we describe the structure of transitional work programs and the promising RTW practices implemented by those programs.

1. Involvement of hospital staff

Interviewees stressed the importance of continual education and safety for all staff involved in the RTW process, including the RTW program team, physicians, nurses, managers, and the

employees who experienced injury or illness. With continual education, the program can be run efficiently and employees may spend less time out of work.

All interviewees believed a key factor in a successful RTW program is the continual training and education of program and other staff. Outside of the RTW program staff, all employees, supervisors, physicians, and safety personnel must be informed about the program. Some organizations provide relevant information during orientation for new employees, including what to do if you are injured at work, your rights as an employee, whom to report the injury to, and what role managers play when an injury occurs. RTW program staff also provide paperwork that needs to be completed at the time of injury or illness. Most hospitals have an employee intranet on which RTW programs place all their forms and documents, along with information on company policy and answers to frequently asked questions. This provides employees and managers with a “one-stop shop” where they can obtain whatever information they need on the RTW program.

Another way to limit the costs of the RTW program is to ensure adequate precautionary measures are taken to reduce the number of injuries that occur. RTW program staff at the organizations interviewed regularly meet with safety personnel to identify injury trends and create plans to prevent the injuries that occur most often. Some organizations also have managers and safety personnel meet after an injury occurs to “walk through” the incident and determine how to prevent the same injury from happening again.

2. Payment of employees

One way in which transitional programs vary across organizations is in the source of funding for employees in transitional positions. According to interviewees, an employee is typically paid through funds directed by his or her manager. When an employee is in the transitional work program, funding for the position can vary, however. Below are four examples of how organizations fund transitional positions:

- **The manager’s unit always pays the salary of the recovering worker.** Some interviewees believed this is the most effective way to encourage managers to bring employees back to their own units following injury or illness. Some managers are not supportive of phased reentry because additional resources are required to cover certain essential functions that the recovering employee cannot yet conduct. Requiring managers to pay recovering employees’ salaries even if they are engaged in transitional work in another organizational unit provides incentive for the managers to create a transitional work position within the employee’s original unit.
- **Human resources pays the salary of the recovering worker out of a separate funding stream.** Many RTW programs fund transitional work through a funding source that is separate from the manager’s unit. The separate funds, typically managed by the RTW program, are used to pay for the worker’s salary while he or she is still in transitional work. Payment reverts to the original source once the employee returns to the original full-time position. In situations where the employee is transitioned into a new full-time position under a new organizational unit, the new unit provides the funding for the position.

- **Salary payment determinations are made on an individual basis.** One interviewee noted that her organization makes payment determinations based on interviews with supervisors. If a supervisor can bring the employee back with sufficient capacity to do his or her job adequately, the supervisor's department will continue to pay the employee's salary. If the employee will return on a transitional basis, but the supervisor, through interviews with the RTW manager, determines his or her work contribution will not be sufficiently significant, the RTW program will pay the salary.
- **Separate funding mechanisms are used for work-related versus other injuries or illnesses.** One organization pays employees with work-related injuries through a centralized fund managed by the RTW program, but managers are responsible for paying employees with nonoccupational injury or illness through their own funding stream.

According to the interviewees, programs that require managers to pay the recovering employees' salaries out of their own units' budgets often have better RTW outcomes than those who do not.

Finally, one large organization uses a blended approach. When a hospital within the organization's system first incorporates a RTW program into its policies and practices, it uses a centralized fund to pay for transitional workers. Once the RTW program is established, transitional workers are paid from funds in their original organizational unit, regardless of where the employee is placed; if a transitional position results in a permanent transfer to a different unit, the new unit is responsible for funding the permanent position. This places more accountability on the managers and supervisors to identify transitional work within their units.

3. Identification of transitional work positions

Transitional work opportunities in the health care sector can be provided for recovering employees in two ways. The first is to create a transitional work position within the employee's current unit—a process that is similar across all interviewees' organizations. The case manager works with the employee and his or her supervisor to determine the requirements of the transitional position and review the work restrictions imposed by the employee's physician. The supervisor then tries to create a position tailored to the recovering employee's abilities. For instance, a nurse with a back injury may not be able to lift patients, but the nurse can perform lighter nursing duties, file paperwork, and answer phone calls within the unit. In some cases, the employee can only work shorter shifts while recovering. The unit supervisor and the employee agree upon the terms of the transitional work, and the case manager supervises the employee's recovery path.

If a transitional work opportunity cannot be identified or created within the unit, the case manager works with the employee to find one outside of it. According to interviewees, different organizations handle the process of identifying and assigning transitional work positions differently. Some of the effective practices mentioned include the following:

- **Use the central staffing office to identify and organize transitional work positions.** Many tasks that need to be completed in a hospital on a daily basis may suit transitional work needs. Many research and other special projects can also benefit from additional staff. One hospital identifies and tracks these positions through a central staffing office.

Recovering employees who have been released by their physicians to transitional work report to the central staffing office during normal hours. The central office identifies and assigns work that the employee can safely perform within the boundaries of their RTW plan. In some cases, a position may only be available for a few days; in others, it may run throughout the entire period of the employee's transitional work program. The philosophy driving this process is that employees who can perform work duties should not be at home. Finding work for them in some area keeps them active and speeds up recovery time.

- **Train supervisors, managers, and others in hiring positions to identify and report potential transitional work positions before they post the jobs.** Many short-term jobs can be filled by experienced employees who are currently unable to work at their original positions. The hospital saves money by using existing employees in these unfilled positions instead of hiring new ones.
- **Create a system to track employees who experienced injury or illness and open positions.** As transitional positions are reported, they are tracked in the system. Most systems provide information on the types of experience needed for particular jobs, the tasks and duties involved, and any physical requirements. Case managers can review both lists to easily assign injured employees to these positions.
- **Create and maintain positions specifically for transitional work opportunities.** Hospitals require a variety of tasks be completed in order to operate effectively and efficiently. Some organizations create or maintain positions to carry out some of these tasks strictly as transitional work duties. RTW program staff can utilize these readily available positions to place employees quickly once they are cleared to work on a transitional basis. Some such positions currently in use include answering medical-related phone calls at the help desk, greeting patients and visitors, performing data entry, and working on ongoing projects throughout the hospital, such as data collection for reports.

Two issues limit the type of employees who can be placed in different departmental groups within organizations. The first is the desire of the typical RTW coordinator to utilize as much of the recovering worker's skill set as possible. Since hospitals have many positions and special jobs available, a nurse, for example, is unlikely to be placed in a nonclinical job unless no other options exist. The second issue involved in moving employees among departments is the unionization of some job types. A few interviewees mentioned that placing a union worker in a nonunion position is easy, but doing the reverse is not. This limits a case manager's ability to search for transitional positions within some groups.

4. Time restrictions for transitional work

All interviewees noted that their organizations place a time limit on the transitional work period. The theory behind this decision is that having an open-ended transitional work period may lead to stagnant work behaviors and reduce employees' motivation to return to their original position. Placing a time limit on the transitional work period helps employees understand that these are not permanent positions for them and that they should be working toward a larger goal—that is, ultimately, returning to full-time work in their original positions. The time limit for transitional work periods varies from one organization to the next. Most interviewees indicated their organizations initially provide 90 days, but all organizations allow extensions to the program when needed.

5. Making a transition to a new position

In some cases, employees who experience injury or illness cannot return to their original positions. When this occurs, RTW programs can help the employees look for other long-term positions. Interviewees at many of the organizations described a similar process. Employees meet with RTW program staff to assess their interests and current skills and identify any new skills they will need to acquire to qualify for the positions they are interested in. Some organizations provide training, vocational rehabilitation, and certifications when needed. Once employees acquire the necessary qualifications, RTW program staff can begin to match them with the jobs they are seeking within the organization, bringing them in on a temporary basis first to ensure they can perform all of the tasks required for the job. The hiring process can be difficult if no open positions are available, but, most of the time, the employees are able to find full-time employment within their organizations.

When it is apparent that employees cannot return to work within their own organizations, some organizations help them find employment externally. Some outside services provide work for nurses, for instance, who have been injured on the job. The skills of nurses with clinical experience are often in great demand. One RTW service provider places such nurses in entry-level telework positions, performing such tasks as calling religious organizations to discuss defibrillators for a company doing a research study or aiding another company researching the use of medical equipment. Hospitals can use such RTW service providers to improve the chances of finding employment for injured nurses and transitioning them off workers' compensation or disability insurance benefits. Other services, not necessarily focused on the health care sector, are also available to help reemploy workers who experience injury or illness.

C. Creating useful tools to aid staff

Another promising practice for the health care sector involves the creation of tools to help deliver useful information to different audiences. This section describes a few such information tools that were mentioned by interviewees.

Some organizations create custom tools to help physicians and case managers review physical limitations caused by injuries and link those limitations to work restrictions for particular positions. Such tools allow case managers to assess injuries quickly and work with supervisors to create safe transitional positions, taking into account specific tasks that workers with those particular injuries can and cannot perform. The case managers we interviewed said such tools allow them to more efficiently manage cases without needing to consult with a physician or nurse for every injury.

One tool created for physicians of a large health care organization is linked to employees' electronic medical records. When an injured or ill employee meets with a physician, information recorded using this tool can indicate how long he or she may be off work and provide the physician with a better idea of the physical limitations and work restrictions (such as restrictions on lifting, activity time, and so forth) associated with the injury or illness. The tool has been well-received among physicians as well as human resources staff; it gives the latter a more accurate idea of how long employees may be out of work and when they should be able to get back to certain levels of duty.

One organization uses a RTW toolkit as part of its information distribution process. The toolkit provides an overview of financial information about the program. It also provides information on the purpose of the program, components that make it successful, and the benefits of the program for both the recovering employee and management. This information is followed by a discussion of program policies and procedures, including the roles and responsibilities of the people involved. These individuals include the RTW program administrator, the recovering worker, the manager and supervisor, and human resources personnel. Finally, the toolkit provides a number of documents for the employee to sign, which serve as a contract between the employee and the RTW program. These documents include an acceptance of a modified duty position, an outline of work restrictions, an authorization form allowing the physician to treat the patient (which also indicates where treatment reports should be sent), and an application for extension of the RTW program, if needed.

D. Other promising practices

We identified some effective practices that could not be categorized into the above sections of the report. They include the following:

- **Exclude transitional work employees from manager productivity measures.** The performance of managers in the health care field is typically measured in terms of the productivity of their staff, with unit goals typically set for numbers of patients seen and activities carried out. One health care organization at which we conducted an interview does not count its transitional work employees toward productivity for managers. This means a manager can bring a recovering employee back to work without worrying about how his or her productivity is measured during the transitional period.
- **Address managers' fears regarding RTW.** One issue managers have in returning clinical professionals to work is the perception that health care workers must be 100 percent healthy before they come back. Managers may worry about the safety of patients and what could happen in an emergency. One interviewee's organization addresses these fears by constantly speaking with managers to improve their training, engaging them in the RTW process, understanding and incorporating their needs into the transitional work program, and making sure they understand the program and how to create modified position tracks. Another organization has created a modified position track for recovering nurses that starts with them working in ambulatory services, which always needs additional help with answering phones and completing paperwork. As employees progress through recovery from their injuries, they are moved to ambulatory surgery, where they are more active. Once those employees reach a certain level of functional capability, they can be returned to their original position. The level of functional capability is determined by a physician in consult with a RTW case manager.
- **Track the cost savings from RTW.** Another promising practice is to track the cost savings resulting from the RTW program (DMEC 2011). One interviewee's organization tracks its savings in three separate areas: transitional work (where the savings emerge from the difference between working and staying at home), workers' compensation assessment fees, and savings from using in-house occupational therapists instead of outside therapists to provide rehabilitation services. This interviewee estimated the RTW program saved the organization over \$2.5 million in 2013 alone (operating revenue for the hospital system was

almost \$2.5 billion). The interviewee was able to present the financial savings to hospital administrators, emphasizing the value of RTW and its role in the organization's culture.

III. SUCCESS STORIES

Most of the success stories we uncovered in the interview process revolve around challenging cases, typically involving the RTW staff's assistance in finding new employment within the organization for workers who experienced injury or illness and were not able to return to their original positions. We summarize seven such success stories below.¹

Success story 1. A clinical nurse associate sustained an injury to the neck and shoulder from patient handling. The claim was a complex injury that could easily have resulted in lost work time if not for the efforts of the RTW administrator. Through an aggressive transitional duty program, the health care provider was successful in finding ways to keep the associate working. When the nurse was unable to return to her pre-injury occupation, the staff placed her in a position in the quality department that was made available following receipt of grant money. The employee is currently working as a nurse in a sedentary position, which allows the organization to retain her experience and knowledge.

Success story 2. A radiology technician sustained injuries that rendered her unable to return to her pre-injury occupation. Arrangements were made for her to volunteer in a department where she could obtain relevant experience for a position in which she had expressed interest while still receiving disability payments for her injury. The employee successfully obtained the required certification for the position within a very short time, which allowed for successful job placement. This could not have been accomplished without the aid of a creative RTW administrator and the motivation of the injured employee.

Success story 3. An oncology nurse who worked day to day on patient care sustained a back injury, followed by two failed back surgeries. The nurse, who refused to have a third operation, wanted to keep working, but the nature of her injury imposed restrictions that prevented her from ever being able to return to her former position. The nurse worked with her organization to identify areas in which she lacked the skills she would need to work at a physician's practice within her organization and received relevant computer training. Upon completing the training, she took a temporary position at the physician's practice where, after a short period, she was hired full time. This outcome allowed the nurse to continue to work and make use of her vast knowledge in the nursing field. From the organization's perspective, it was able to fill a position of need while continuing to pay the nurse and utilizing the skills and knowledge she had built over many years of working for them.

Success story 4. One organization worked with a nurse in an advanced position who was injured on the job and out of work for a couple of years as a result. The nurse was identified by the organization as a good candidate for a position that involved calling religious institutions about their access to and training on defibrillators, and was asked to try the job. While remaining on workers' compensation, the nurse received the equipment and training she needed to excel in the position. She tripled productivity in a week, and the company is currently looking to hire her

¹ Additional RTW success stories in the nursing field can be found in the Job Accommodation Network's Occupation and Industry Series (Job Accommodation Network 2013) and in books by Donna Maheady (2006, 2012) and Leslie Neal-Boylan (2013).

full time or contract her out to a similar position. Once hired, the nurse would be taken off workers' compensation, which would result in additional savings to the organization.

Success story 5. In another organization, a nurse sustained an injury and could not return to bedside nursing. The organization directed the nurse to transitional work that would help build her skill set and prepare her for a permanent position. She was open to working in a clinic setting but wanted to continue to use her skills and work directly with patients. The organization aligned her with a transitional position in a clinic it owned in her hometown. The RTW coordinator called the clinic and set up a transitional position, at her regular wage level, that was paid out of their hospital central fund. This arrangement provided the nurse with experience in a clinic setting as well as time to decide if this was work she could take on full time. After the transitional program was completed, she was able to take a permanent job at the clinic and is now a supervisor.

Success story 6. An employee developed a chronic medical condition and was no longer able to work on-site. The organization did not have a work-from-home policy and managers were generally hesitant to allow staff to work from home. The RTW staff worked with management to create specific guidelines that would allow the employee to work from home. The organization's information services department provided the equipment necessary to ensure the employee would be able to complete all of his job functions. After a year and a half the employee continues to perform his job successfully while having the flexible work schedule needed to maintain his health.

Success story 7. A Registered Nurse Manager with more than 20 years of experience developed multiple impairments as a result of a genetic brain disorder. She began experiencing difficulties with cognition and visual field, and auditory and visual hyper-stimulation. To assist the employee in retaining her job as a computer programmer supporting the organization's clinical applications, she underwent extensive in-depth cognitive assessments. These assessments provided the RTW coordinators with the information needed to identify suitable accommodations, including: a speech recognition software package; reconfiguration of her office site to decrease visual and auditory stimulation; syntax to enlarge computer font to a readable size; and a flexible work schedule. Following the provision of these accommodations, the employee remains an integral part of the computer management team at that organization.

IV. CONCLUSION

In general, the health care organizations we studied for this report operate similar RTW programs. Many of the differences across programs stem either from state regulations that require specific actions or from differences in how the individual organizations are managed. Although the rate of injury or illness is comparatively high in relation to other occupational groups, what separates health care organizations from other types of organizations is their access to medical professionals, their ability to begin treatment quickly after employees experience injury or illness, and the wide range of transitional work positions they can offer. The organizations we studied have taken advantage of these factors in creating successful RTW programs.

Having access to medical professionals is a great advantage for the health care sector. Employees who experience injury or illness can quickly see physicians within their hospitals. The employees then have the choice to continue seeing the same physician or another physician in the organization or, if necessary, go outside the organization. Even if they choose to go outside the organization, their first meeting with an in-house physician provides the RTW program staff with important information about their medical condition. This initial meeting ensures that the RTW intervention begins on the date of onset instead of after a long delay. Interviewees believed that beginning the RTW process as soon as possible typically leads to more successful results. RTW case managers also use their access to physicians to create safer and more effective modified work positions and provide better assistance to recovering employees.

Health care organizations can build strong transitional work programs because of the many positions available in the hospital setting. Interviewees believed the abundance of special projects and specific hospital needs allow RTW program staff to more quickly identify positions for recovering workers to fill. The wide range of activities for these positions also means they can accommodate relatively severe injuries.

While the promising practices described in this report are limited to the health care sector, the main principles of these programs can be applied on a wider scale. Some practices that all organizations may utilize include the following:

- Train and continually communicate with managers and supervisors regarding the RTW program and transitional work opportunities.
- Communicate the importance of RTW to physicians and create transitional work plans for physicians to approve.
- Hire vocational rehabilitation and/or occupational therapists to manage cases or be a part of the RTW team.
- Use outside sources if transitional or full-time work cannot be found within the organization.
- Provide information on the cost savings of the program to get buy-in from supervisors.
- Fund transitional work positions in a way that gives managers incentive to bring back their own employees.

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APPENDIX
INTERVIEW GUIDE

RTW Models

What are the characteristics of a successful RTW model? Who should be involved in the process and what are their defined roles?

Describe your RTW program: Who is involved? How does the process work for an employee that has been injured? Is RTW centrally managed or managed separately at each facility you operate? How many employees do you have? Do they work full-time on RTW or do they have other responsibilities outside of their RTW functions?

If you have familiarity with both private RTW models and the FECA model, what do you consider the main differences among the two? What are the advantages and disadvantages to each model?

RTW in Health Care Organizations

What barriers to RTW exist within health care organizations that other organizations might not face? What advantages do health care organizations have over other organizations?

Do you have sufficient access to physicians or nurses when you have general medical questions?

What mechanisms do you have in place to create modified or transitional work positions? How do you manage such positions for the wide variety of jobs within your organization? How do you work with physicians to identify and overcome any physical restrictions an employee may have?

Do you have positions created specifically for RTW? What types of positions are they? What tasks are typically involved?

Are there different jobs within the organization for which RTW is more difficult? If so, what programs and policies have you implemented in order to overcome those barriers?

Do you look to place employees in jobs outside of your organization when you cannot find employment within the organization? If so, what tools do you use and what support is provided to the employee?

Have you used centralized funding sources in order to help pay the salaries of employees for a particular amount of time while they are in transitional work?

What outcome measures have you implemented to track the success and failures of your policies and practices? What factors do you focus on changing (for example, days lost due to injury, money saved by the company, etc.)?

The Role of Physicians

Do common physician practices fully take into consideration the best interest of the injured worker with regards to RTW?

How could current physician practices be modified to better enhance RTW? What are some of the barriers to doing so?

What injuries are the most difficult for physicians to assess?

How do you manage the expectations of the employer vs. the needs of the patient? Do physicians speak with employment coordinators on a regular basis? What information are they allowed share with employment coordinators?

What information do physicians need from employers regarding their RTW programs? What are the most effective tools for providing this information?

These questions may be asked to non-physicians:

How do you navigate the laws and regulations regarding patient confidentiality when trying to communicate the importance of RTW to physicians?

When employees meet with their physicians, do you provide them with information on the program to provide to the physicians? Have you created special forms for the physician to fill out to aid in your ability to create transitional or modified work positions? If so, can you provide those documents to us or describe the information collected?

Do you provide training to job coordinators on how to speak to physicians? What specific messages do you use to help physicians understand the importance of your program?

Do you encourage coordinators to build relationships with physicians in the local area also when they are not treating an injured employee?

Do you consult with physicians on difficult cases to gain understanding of injuries and expected timelines of returns? How else do you incorporate physicians into the RTW process?

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