Transitional Work: Best Practices

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Overview

The following summary of 'Best Practices in Transitional Work' is a brief synopsis of literature on the topic and my informal survey of approximately 80 other corporate medical directors of other Fortune 500 companies (e.g. Sunoco, DuPont, Exxon-Mobil, Dow Chemical, etc.). In addition, it reflects my recall of discussions and programs with numerous medical, safety, and disability management personnel from both my experience as Chief Medical Officer with integrated disability management responsibilities for a Fortune 500 company for 11 years and my private practice experience in providing occupational injury/illness care and disability management consultation to over 1,000 companies in southeast Michigan/northwest Ohio for 12 years. As such, I think it is an accurate summary of best practices in transitional work. I have divided this summary into Overview, Issues, Program Elements (Characteristics), and Conclusion.

Issues

There are many issues confronting the company that desires to institute a successful transitional work program and this discussion will focus on those most relevant but is certainly not exhaustive. These issues include name and concept, executive management and front-line support, employee/patient support, medical (both and outside health care providers support), safety concerns, and roles of different participants in the process. I will address these sequentially as follows:

1. **Name and concept, i.e. this is TRANSITIONAL WORK with a goal of return to full work duties and not permanent 'light duty'** – This is the single most important issue since the title of the program should drive it's understanding and practice. Transitional work has also been referred to as 'light duty' and 'restricted work'. While transitional work often involves restrictions for the injured employee or the work might not be as a physically demanding, these are only consequences of the main emphasis of the program, which is to more quickly, rehabilitate an injured employee back to his/her normal work. The focus of providing transitional work with this end goal in mind provides benefits both for the employee (all studies show that transitional work employees recover normal function quicker than those have to be off work until completely recovered) and the company (savings in disability pay, OT pay, health care cost pay, improved safety record, etc.). **The terms 'light duty' and 'restricted work' both convey the impression that the work is not valued with related impressions on participants and front-line management. In contrast, Transitional Work also conveys the concepts that: 1. The work is valued, 2. It is transitioning the employee back to**

<u>Transitional Work</u> should be used in all communications that describe the program.

2. **Front-line management concerns** – Front-line management (and others) often have concerns about temporarily placing injured workers for one or more of three reasons:
First, the injured worker will end up with permanent restricted work leading to the creation of a 'walking wounded brigade' (in fact, this has been the experience of many companies who have incorporated rigorous medical management in prior programs),
Second, safety concerns of fear of further injury to the already injured worker or co-workers, and/or
Third, lack of incentive to place a worker in transitional work, e.g. it's easier to call in a non-injured worker to work overtime.

The 'walking wounded brigade' concern is addressed by clearly denoting that the program is only for those expected to have temporary restrictions and limiting the duration of the program for any injured work to at most 6 months. The safety concern is addressing by making any and all restrictions based upon both objective findings of the injured worker and an objective knowledge of job requirements to ensure a successful match between worker and job. This sometimes necessitates a FCE (Functional Capacity Evaluation) of the employee and/or JSA (Job Site Analysis) of the proposed job. In addition, any restrictions, job requirements, and other safety concerns should be addressed in a conversation involving medical, safety and management with human resource involvement as necessary. The incentive issue is addressed by clear communication, an objective employee-job match, and most importantly, financial incentive to place employees in need of transitional work. In one Fortune 500 company, when a link was created between safety record and performance based pay/bonus, 'Days away from work' went down by 20% in the first year of implementation. This experience is the rule and not the exception.

3. **Employee issues** - these issues are also primarily three: First, safety concerns similar to those of front-line management, Second, concern that program will impair recovery, and Third, the 'entitlement' mentality, i.e. 'I was hurt at work and the company owes me time off until I am completely healed'. Safety concerns are addressed in the same manner as they were for front-line management. Concern that placement will impair recovery are addressed in the same fashion as safety concerns plus explaining to the employee that ***transitional work has actually been demonstrated to expedite and quicken the return to normal function and full recovery.*** The entitlement mentality is

4. **Outside health care provider (HCP) issues** – usually these are based upon ignorance of the program but occasionally can involve the some of the same issues that employee and front line management might have. To the extent that the issues are similar to those discussed above, they should be addressed in the same fashion including the redirecting of care to cooperative providers when one is faced with a recalcitrant HCP. However, HCPs usually will cooperate with the program once it has been explained to them. This involves not only calling the HCP but in many cases having educational forums such as facility tours, on-site demonstration of the transitional program, etc.

Program Elements: Elements of a successful, transitional work program can then be summarized as follows:

1. **Executive Management Support** – without the commitment of Executive Management, a transitional work program will fail. This has to start with the Board of Directors through the executive management team to upper management to middle management to direct floor supervision showing the commitment is there to improve performance in transitional work as reflected in Days Away From Work, workers compensation costs, etc.
2. **Communication** – It is essential that all parties (front-line management, outside HCP, medical department, safety, and human resources) involved in an employee's transitional work effectively communicate with one another the employee's restrictions, diagnosis if needed (and HIPAA compliant where applicable), treatment plan, expected to Return to Full Duty date, etc. This communication includes the employee, his/her outside HCP if applicable, and union representative as needed. A written form listing restrictions/abilities with copies can be given to involved parties, including the worker at the time of each medical assessment; these written forms should be followed up by verbal communication as needed, e.g. especially at the start of a program and in complicated cases. If feasible, consideration should be given to an electronic from that can automatically notify involved parties once completed; the employee should be given a hard copy for his/her personal safe-keeping. Regularly scheduled meetings between those involved in placement (e.g. safety, medical, HR, etc.) basis should be done on a regular basis (e.g. weekly) to review the case management plans of all workers in the transitional program. Often it is appropriate to have the employee's front-line manger involved.
3. **Job Site Analysis (JSA)** – a noted above, often a job site analysis will be needed to determine if the worker can safely do the job within his/her restrictions. Such an evaluation should be done by a trained professional and include essential job functions of the job as well as those that are included but not essential. Further the job description should be housed in a 'job data bank' for future reference at the

4. **Physical or Functional Capacity Evaluation (PCE or FCE)** – this is an objective assessment of the worker's ability to perform various activities. It must include a good physical examination by an experienced occupational healthcare practitioner and occasionally will include sophisticated testing involving computerized equipment with trained personnel. The purpose is to objectively quantify a worker's functions (and restrictions if needed) so that the worker may be safely placed at work.

5. **Monitoring and Aggressive Medical Management** – the injured worked should be regular monitored in performance of job tasks and physical recovery by routine scheduled visits in the medical department until he/she attains full recovery. Restrictions should be progressively lifted as the worker recovers to both encourage the worker's progress and to reinforce the concept of transitional work to full duty and recovery. Any changes in restrictions need to effectively communicated (see 2 above).

6. **Duration** – as noted above, a transitional work program should not last more than 3 months, at most 6 months. After this period of time, the restrictions and accommodation have a reasonable and substantial likelihood of becoming permanent. ***Permanent restrictions and job placement are not part of the transitional work program and should be addressed separately.***

Conclusion: The success of a transitional work plan is only limited by the flexibility and creativity of those involved in developing transitional work options for the injured worker. It may be defined as any temporary combination of tasks, functions, or jobs that a worker with restrictions can perform safely, for pay, and without the risk of injury to self or other workers. Continual monitoring of the worker's progress is performed by the worksite transitional work team on a periodic basis with regular evaluations of objective progress by the HCP. It is a progressive, individualized, and time-limited process, focused on returning the worker with restrictions to safe and productive employment. It allows the worker with a temporary impairment to gradually transition back to his/her normal job both facilitating recovery and restoring health as part as therapy. It is both an essential part of the treatment of the injured worker while minimizing OSHA/MSHA/FRA days way from work and associated corporate costs in overtime, workers compensation, disability payments, and lost productivity.