

COORDINATING AN EFFECTIVE RETURN TO WORK PROGRAM:
"A PARTNERSHIP IN COMMUNICATION"

By

Colby J. Falk

A Research Paper

Submitted in Partial Fulfillment of the

Requirements for the

Master of Science Degree in

Risk Control

Approved: 3 Semester Credits

A handwritten signature in black ink, appearing to read "Elbert Sorrell", is written over a horizontal line.

Dr. Elbert Sorrell

The Graduate College

University of Wisconsin-Stout

December, 2004

The Graduate College
University of Wisconsin Stout
Menomonie, WI 54751

ABSTRACT

Falk,	Colby	J.
(Last Name)	(First Name)	(Middle Initial)
Coordinating an Effective Return to Work Program: A Partnership in Communication		
(Title)		
Risk Control	Dr. Elbert Sorrell, Ed. D.	December 2004
(Graduate Program)	(Research Advisor)	(Month/Year)
		54
		(# of Pages)
American Psychological Association, 5 th edition		
(Name of Style Manual Used in this Study)		

Each year employers in the United States spend billions of dollars on lost work time due to employees not returning to the job after a work related injury. Despite efforts to implement programs to expedite a return to work, costs continue to increase due to lost work time. Employers, employees, and insurance companies share these costs and would benefit from an effective return to work program. This study involves working with an employer to develop a formal approach on how to effectively implement and administer a return to work program. The perspective of this study will be from a relationship between a risk control consultant from a worker's compensation insurance company and an employer that is being insured.

The risk control consultant will coordinate with the employer and establish a service plan with roles, responsibilities and a timeline for implementing the return to work program. The service plan will be a mutual agreement that will serve as the foundation for the coordination of the return to work program and the partnership in communication throughout this process.

The goals of this study were to implement a formal written program that supports the early reporting of injuries to expedite the return to work of injured employees, determine the impact of the formal written return to work program by using lost time and disability day frequency rates to establish a baseline and measure results, and to establish a process for creating temporary alternative duty jobs with specific job descriptions and physical requirements. The conclusions demonstrate that by implementing and effectively managing a formal written return to work program, medical and indemnity costs can be reduced.

TABLE OF CONTENTS

	Page
ABSTRACT.....	ii
CHAPTER I: INTRODUCTION.....	1
Goals of the Study.....	4
Background and Significance	4
Assumptions of the Study	5
CHAPTER II: LITERATURE REVIEW	9
CHAPTER III: METHODOLOGY	26
Introduction.....	26
Subject Selection and Description	26
Instrumentation	26
Data Collection Procedures.....	28
Data Analysis	29
CHAPTER IV: RESULTS.....	30
Summary	30
Presentation of Collected Data.....	30
Discussion	32
CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS.....	34
Introduction.....	34
Conclusions.....	34
Recommendations.....	36
Areas of Further Research	36

References.....	37
Appendix A: Service Plan Information.....	40
Appendix B: Formal Written Return to Work Program	41
Mission Statement.....	41
Policy	41
Program Commitments	42
Program Administrator Responsibilities.....	42
Employee Responsibilities.....	43
Medical Provider Responsibilities	43
Top Management Commitments.....	44
Procedures.....	44
Appendix C: Return to Work Program Administrator Agreement Form	48
Appendix D: Employee Responsibilities Form	49
Appendix E: Sample Medical Provider Letter.....	50
Appendix F: Sample Release to Return to Work Letter	51
Appendix G: Functional Capacities Evaluation Form - A.....	52
Appendix H: Functional Capacities Evaluation Form - B	53
Appendix I: Temporary Alternate Duty Job Description Template	54

CHAPTER I: INTRODUCTION

Each year employers in the United States spend billions of dollars in worker's compensation costs due to injured employees not returning to work after a work related injury (US Department of Labor, 2004). Despite efforts to implement programs that facilitate a return to work, the problem with increasing costs due to lost work time exists. The primary goal of a return to work program is to provide an injured worker with prompt medical attention and for that person to return to work. Employers, employees and insurance companies would benefit from a successful return to work program. In order to achieve success from a return to work program policies and procedures must be written, organized and involve coordination, responsibility and accountability. The key factors involved in this process are the employers, employees, medical providers, and the insurance company claims and risk control departments.

Efforts regarding return to work are usually initiated by the claims department from the insurance company providing worker's compensation coverage. However, the design and implementation is eventually coordinated by the risk control department. These efforts are most often not communicated between the two departments with a consistent message to the employer. The claims department approach is reactive and usually involves a return to work program philosophy to reduce costs and close claims. The risk control approach is proactive with an attempt to implement programs, policies and procedures that will reduce the potential risk of injuries and illness. However, with the topic of return to work, risk control departments will not usually make this a priority until there is a noticeable problem from the analysis of loss trends involving indemnity costs.

Due to a limited exposure to the actual physical environment and working conditions at the employer location, representatives from the claims department can only have a certain degree of impact on the development of a return to work program. The claims department provides the employer with literature regarding return to work that eventually becomes a return to work program philosophy. The problem with this approach is that the return to work program has little structure in terms of policies, procedures, or accountability (Liberty Mutual 2002). In some cases the return to work program information is given to a contact responsible for the administration of claims that in some cases has no accountability to the overall worker's compensation costs. The positive impact that claims does initiate during this process are the selection of preferred medical providers and providing return to work program guidelines which is a good start.

The risk control department usually works with a contact person at the employer that has fiscal responsibility for losses. This contact is usually a Corporate Safety Manager, Risk Manager, Chief Financial Officer, Chief Executive Officer, President and/or all of the above. One of the primary risk control objectives is to determine the needs of an organization and how to provide resources that will help reduce the overall worker's compensation costs. These goals are discussed with the employer contact person and a commitment is obtained. The final step of this process is to complete a detailed written service plan with objectives, goals, target dates and responsibilities to obtain desired results.

Return to work programs are often times one of the objectives of a service plan, however, when it comes to actually coordinating the return to work of an injured worker the primary contact with the insurance company involves the claims department. The

risk control department has the ability to work with the management and establish a formal written program, but it is the claims department that will actually be involved in the administration of the program.

Through the creation of a formal written return to work program, communication protocols between the medical provider, employer, employee, and insurance company will be established. If successful the formal written return to work program will decrease claims costs, improve opportunities for workers to remain productive, reduce the frequency of litigation and vocational rehabilitation costs (Liberty Mutual 2002). In addition, a successful return to work program will support the early reporting of injuries, provide prompt medical attention to injured employees, require the employer develop a database of temporary alternative duty jobs and maintain the focus of a same day return to work for the injured employee when released by the medical provider.

Purpose of the Study

To create a formal written return to work program that will establish the foundation necessary to support the early reporting of injuries, directing prompt medical attention, and expediting the return to suitable gainful employment for employees injured at work.

Goals of the Study

1. To implement a formal written program that supports the early reporting of injuries and expedites the return to work of injured employees.
2. To determine the impact of the formal written return to work program by using lost time and disability day frequency rates to establish a baseline and measure results.
3. To establish a process for creating temporary alternative duty jobs with specific job descriptions and physical requirements.

Background and Significance

Worker's compensation costs are traditionally one of the major expenditures incurred by employers in the United States (Powers and Arnstein, 1995). These costs are driven by medical and indemnity costs that occur when an employee is injured at work. Employers are required by law to establish safety programs to identify potential hazards and take the necessary precautions to reduce these hazards and the potential of employee injuries. Regardless of how well a safety program is designed and managed, employee accidents continue to occur and in some cases involve injuries that require medical attention and the loss of work time (Hughes, 1996). From data gathered by the United

States Bureau of Labor Statistics, it was estimated that 1.4 million injuries and illnesses occurred in the year 2002 (US Department of Labor, 2004). According to data gathered by NCCI during 2002, the average cost of a claim involving lost work time amounted to \$16,100 (Mealy, 2004). These are just the direct costs that are shared by the employer and insurance company. There are also indirect costs that include loss of productivity, absenteeism, diminished employee morale, retraining and confusion which are incurred only by the employer (Liberty Mutual, 2000). Estimates have been made the one forth to one half of the net profit made by employers in the United States is spent on Worker's Compensation, Healthcare and Disability Costs (Barge and Carlson, 1992). Increased indemnity and medical costs are problems that can occur when return to work is not properly managed. To help manage and control these costs, some employers have implemented policies and procedures to establish a formal structured return to work program.

Assumptions of the Study

The success of this study depends on the partnership in communication between the return to work administrator, the insurance company claims department, the medical provider, and the injured worker. The insurance company risk control consultant will orchestrate the information regarding the development of the return to work program policies and procedures to the employer. The risk control consultant will also establish baselines, goals and communicate the results of the return to work program.

The first assumption is that everyone will follow the policies and procedures set forth to coordinate the communication process. Another assumption is that if all these components are fulfilled that the lost time frequency rate and disability day frequency

rates will decrease. It is also assumed that there will be claims that could result in lost work time or lost work days. If there are claims that involve medical costs, it will be assumed that the claim could have resulted in lost work time or lost work days if the procedures had not been followed to mitigate this.

Time is a limitation of this study. There will only be a few months of data to work with from the time of the program inception, thus it may be difficult to get an accurate measure of the overall impact of the return to work program. The long term results of this study will involve a cultural change that will gradually take place over years of following the program policies and procedures. The intention of the program is to provide a tool for the employer to use to establish the parameters to integrate the return to work program into the management system of this organization and eventually have this become a part of the organizational culture. With long term changes like this time and consistency are needed to measure the true results.

Definition of Terms

Disability Day Frequency Rate: A formula used by Liberty Mutual taking the number of lost days, divided by the payroll times one million dollars.

Functional Capacities Evaluation: A medical test to measure physical abilities after an injury. Designed to document existing impairment, prove consistency, and create realistic objective treatment goals and return to work recommendations.

Lag Time: The number of days between the date of an accident/injury and the date the incident is reported to the insurance company claims department.

Lost Time Frequency Rate: A formula used by Liberty Mutual taking the number of lost time cases, divided by the payroll times one million dollars.

Maximum Medical Improvement (MMI): Also referred to in the State of Hawaii Worker's Compensation System as "medical stabilization" and is defined by Rule 12-10-1. "Medical stabilization" means that no further improvement in the injured employee's work-related condition can reasonably be expected from curative health care or the passage of time. Medical stabilization is also deemed to have occurred when the injured employee refuses to undergo further diagnostic tests or treatment that the health care provider believes will greatly aid in the employee's recovery.

Program Administrator: The person that will be assigned the overall responsibility for coordinating and managing the formal return to work program from the employer perspective.

Preferred Medical Provider: A Medical Provider located within a close proximity to the employer. These “preferred providers” have been screened to meet a minimum set of requirements which are established to ensure that Workers Compensation Laws are properly understood and that return to work efforts are maximized.

Suitable Gainful Employment: Returning an employee to work that is within the constraints of their physical abilities providing the same or similar financial compensation.

Temporary Alternative Duty: Transitional or temporary employment for injured workers that have been released to return to work with physical restrictions that will not allow them to return to work at their previous position. This may also be referred to as: light duty; restricted duty; or modified duty.

Risk Control: Intended to reduce the frequency, severity or unpredictability of accidental losses.

Standard Industrial Classification (SIC) Code: a category within the Standard Industrial Classification System administered by the Statistical Policy Division of the U.S. Office of Management and Budget. This system was established to classify all industries in the US economy. A two-digit code designates each major industry group, which is coupled with a second two-digit code representing subcategories. In 1997, the SIC was replaced by the North American Industrial Classification System (NAICS)

Work Hardening: Modifying the work schedule gradually increasing hours and duties to build up the physical tolerance of an injured worker.

CHAPTER II: LITERATURE REVIEW

The creation of a formal written return to work program establishes the foundation to promote, support and enforce the focus of early reporting of injuries, getting prompt medical attention, and returning employees to work. If the employee can not be returned to the same job or a different job at full duty status, the focus of the program will be temporary alternative duty. This is also essential for creating a culture that supports safety program efforts and communicates a message that the employer cares and wants to provide the best medical treatment if an injury does occur, but returning to work is the ultimate goal.

According to the statistics from the National Council on Compensation Insurance (NCCI), indemnity and medical costs have continued to rise since 1995 (Mealy, 2004). As a direct correlation to this, many employers in the United States have significant worker's compensation costs due to claims that involve lost time or lost work days. In some cases, accidents that involve lost work time would allow injured workers to return to work on the same day, or the day after the injury, but due to the lack of an effective coordinated return to work programs there is lost work time that contributes to the increased medical and indemnity costs (Wallace, 1992). Whether this is the case with most injured workers, or if this only happens a small percentage of the time, over the long run this is an example of why the medical and indemnity costs continue to increase. Establishing an effective return to work program is one of the best ways for employers to manage lost work days and reduce overall workers compensation costs (Capozzi, 2001).

A formal written return to work program establishes policies, procedures, accountability and a formal system for an injured employee to return to suitable gainful

employment as soon as they are medically able. This can be accomplished in a number of different ways, however, the focus should remain on returning the injured employee to work and concentrating on what they can do, opposed to what they are restricted from doing (Powers and Arnstein, 1995). For the majority of adults employed in the United States time spent at work makes up substantial part of their lives. If we take a twenty-four hour period and break it down, we sleep and work approximately eight hours each and we have the remaining eight hours to do everything else. Using this rationale, work takes up approximately one-third of our lives. Just based on the time commitment alone minimizing any disruption in the work process would make good sense. In a study performed by the Center of Social Policy and Practices in the Workplace at Columbia University, it was found that results contradicted the common belief that people away from work due to a disability did not to return to work. The evidence showed that the majority of disabled workers wanted to return to work for both financial security and their sense of well being (Akabas and Gates, 1991). Using this rationale, having a formal return to work program should make employees feel like their employer cares about them by providing a good place to work and that the employees matter to the organization. Other benefits of having a formal written return to work program include the minimization of invitational fraud, co-malingering, and employee and physician directed process delays (Chandler, 1996). A formal, or structured written return to work program should send a message to those looking to potentially take advantage of the worker's compensation system that the employer will not tolerate this type of behavior. A formal return to work program can also provide reinforcement to a safety program and enhance the organizational culture that is focused on a safe yet productive workplace.

It has been observed that Fireman's Fund, AIG, Liberty Mutual, UniCARE and Superior Pacific, all insurance companies that specialize in worker's compensation have developed templates suggesting basic parameters for developing a return to work program. These basics include the development of written policies and procedures, establishing a program administrator, the identification and analysis of a variety of job tasks by departments, establishing preferred medical providers, educating supervisors, employees and medical providers about the program, and evaluating the program on a regular basis (Hutcheson, 2004). The return to work information is often initiated with employers by both the claims and risk control departments and it has been observed that there is little to no communication between these departments.

The purpose of the claims department is to process claims when an accident occurs. This is a reactive process to something that has already occurred with a goal of trying to minimize the total incurred costs of the claim that can affect both the employer and the insurance company. The purpose of the risk control department is proactive and involves obtaining management commitment from the employer to implement programs, policies and procedures aimed at reducing the factors that can lead to accidents and total incurred costs.

When discussing the total incurred costs of claims it is important to look at the two basic types of costs which are direct and indirect. The total incurred costs involve the paid medical and indemnity costs, plus the reserves that are estimated by the insurance companies for medical and indemnity throughout the duration of the claim. Both the employer and the insurance company are affected by these direct costs. The other costs involved with a claim are indirect. These are the costs that are almost completely incurred by the employer and can be significant when added up (Liberty Mutual, 2000). These costs

can include damage to tools and equipment, loss of productivity, absenteeism; diminished employee morale; retraining and confusion which are incurred only by the employer (Liberty Mutual, 2000). To help reduce claims costs the claims and risk control departments need to develop a uniform approach to assist the employer to develop a formal written return to work program. The risk control department can provide the resources and get management commitments from the employer to establish the written policies and procedures. The claims department will work with the employer through the onset of accidents and make sure the communication process established by the return to work program is being followed.

By establishing a formal written return to work program with policies, procedures and communication protocols the injured employee, the employer, and the insurance company can all benefit. This is a good example of a “win-win” situation. The employee is able to continue to work, maintaining the stability of life, earning money, and feeling a sense of contribution to the company and society (Wright, 1980). The employer gets a productive employee back performing work that contributes to the production and profitability of the company as well as reducing the worker’s compensation costs. The insurance company reduces claims processing costs and ongoing indemnity costs. The success of the return to work program is measured by the reduction in lost work time and money along with maintaining healthy and productive workers (Liberty Mutual, 2002).

In order for a return to work program to be successful the employer, employee, medical provider, and insurance company need to actively communicate and understand their roles and responsibilities. A formal return to work program has the best chance of succeeding by having active participation and communication from all parties involved in

the process (Hutcheson, 2004). When a worker is injured, the employer must contact the insurance company claims department to begin the process. According to recent studies, worker's compensation claims reported within seven days can cost roughly 50 percent less than claims reported after thirty days (Brannen, 2004). Further research indicated that the primary reason for increased costs due to late reporting involve increased medical and indemnity costs involving lost work time and disability days (Brannen, 2004). Once the claim has been initiated by the insurance company, the medical provider, the injured employee, and the employer will be contacted by the claims department to determine the extent of the injury and what positions are available pending physical restrictions prescribed by the medical provider. It is the medical provider's role to determine the employee's physical restrictions, the probable work capacity, and estimate the time frame for the limited, modified, or temporary alternate duty (Powers and Arnstein, 1995). It is important for the employer and the insurance company claims department to contact the injured worker and communicate with them. This brings the injured worker actively into the loop and lets them know that the intent is to get the best medical treatment for them, but retain a focus of returning them to work as quickly as possible. The communication loop between the employer, the medical provider, the injured employee and the insurance company claims department must continue until a return to work has been maximized and completed (Chandler, 1996).

The employer needs to play an active role for a return to work to be successful. One of the most important factors for success is designating someone to administer the program. This individual must be a key management member with the authority and knowledge to effectively manage the program and all the components. In turn, the return to work program

administrator will coordinate information with the medical providers, the injured worker, and the insurance company's claims department.

Another key component for the smooth functioning of a return to work program is for the employer to develop a list of temporary alternative duty jobs complete with descriptions and physical requirements. Not having temporary alternative duty jobs available for the injured employees to return to work can increase lost work time by 250% (Zolkos, 1998). By having these job descriptions readily available, they can then be utilized by the medical providers to match up with the functional capacities, or physical restrictions. The temporary alternate duty job descriptions can be created by having the program coordinator communicate with supervisors and management within the organization to discuss jobs and tasks that are currently being performed as well as some things that would be optimal to achieve if there was only a little more time, or if they could get another worker. When someone is injured, it is important to have a job description that involves tasks that will fit within the physical capabilities of the injured worker (Chandler, 1996). If there are only certain aspects of the job that require the full physical capabilities of the employee, then the temporary alternative job description should be written to exclude those duties. This is easy to accomplish, but having specific written job descriptions ready and available for the medical provider and claims department to close the claim could be the difference in having lost work time or not (Woolsey, 2004). Having a list, or database of temporary alternate duty job descriptions may also involve the creation of completely new positions that may be found in other departments within an organization, or perhaps for another employer. In a recent example of return to work success an employer had a worker return to work at a non profit organization where this person's transferable skills were used

to help train and mentor others and still complying with the light duty restrictions given by the medical provider (Langdon 2004). Some basic fundamentals used in the Vocational Rehabilitation discipline might also be used to assist with defining a return to work hierarchy. The following are some vocational rehabilitation fundamentals (Rubin, S. & Roessler, R., 1995) that could be used as some basic guidelines for the return to work process:

1. Return to same job, same employer;
2. Return to same job modified, same employer;
3. Return to different job, same employer;
4. Return to same job, different employer;
5. Return to same job modified, different employer;
6. Return to different job, different employer;

An important part of a successful program is to maintain the focus of temporary alternative duty until the injured employee has been deemed able to return to their previous position at full capacity by the medical provider. Without this focus the potential exists for some workers to remain in modified duty position for longer than necessary (Hefre, 1993). This can be true if employer has an informal return to work program that is not supported by written policies and procedures. One reason why informal or unstructured return to work programs tend to fail in the long run is a result of not having time limitations on light-duty jobs (Hefre, 1993). This supports the importance of having a formal written program with clear and concise policies, procedures, responsibilities and temporary alternative duty positions with time limits.

A structured return to work program contains many of the same disciplines found in the field of vocational rehabilitation which was developed to help people that were

injured to obtain proper medical treatment and return to a productive lifestyle (Wright, 1980). Job Analysis is an important tool used in vocational rehabilitation that could be applied when considering temporary alternative duty positions. Job analysis considers the physical and psychological aspects of a job and compares them with the workers capabilities (Matkin, 1985). The analysis of jobs should be incorporated into the creation of temporary alternate duty job descriptions from feedback by supervisors, the return to work program administrator and the employees.

It is important for the return to work policy to specify a transitional time and define temporary alternative duty. When implemented correctly, temporary alternative duty positions could be utilized as a form of work hardening allowing the injured worker to recover and rehabilitate while working. This process occurs over a specified amount of time and provides the strengthening necessary to return workers to their regular position in a matter of weeks, or months (Wallace, 1992).

Expediting the return to work of an injured employee will decrease the benefits paid to that employee and may reduce medical and indemnity payments made under the workers compensation policy. In addition, the experience modification may also improve. Other benefits of a return to work program include a reduced vocational rehabilitation, less chance for permanent disability, and less potential of re-injury when returning to normal job duties (Hefre, 1993). A return to work program can also help reduce some of the indirect costs of an injury by allowing the employer to retain skilled employees. It also helps foster a cooperative relationship between management and workers resulting in less system abuse, less litigation, and improved employee morale (Chandler, 1996). An important thing to keep in mind is that the employer has ultimate

control over what they decide to incorporate into their return to work program and what policies end up getting implemented. It is always a good practice for employers to consult legal counsel to ensure that all legal and jurisdictional requirements have been addressed before implementing any programs (Liberty Mutual, 2001).

A formal written return to work program could also provide reinforcement for a written safety program. By providing a safe and healthy workplace does not mean that injuries will not occur. A formal return to work program is initiated when a work related injury occurs providing the worker with some guidelines and expectations (Hughes, 1996). This process entails having the injured worker contact their supervisor immediately, getting prompt medical attention if needed, and maintaining the focus of returning to work. If an injured employee is temporarily unable to perform all the tasks of the original job, efforts will be made to provide temporary alternative work that meets the injured employee's physical capabilities. The formal written return to work program will provide the process and guidelines to be followed for employees injured on the job.

The support and participation of management for all employees is also essential for the success of the formal written return to work program. It is important to develop written policies and procedures and incorporate them into the bylaws of the organization (Liberty Mutual, 2001). The intent of a return to work policy is to expedite the return to work of injured employees. This policy should cover employees that have sustained injuries that prevent them from returning to their regular job. The policy should include language regarding employees returning to work as soon as medically advisable following an injury. It is also important to appoint a program administrator to closely monitor all aspects of the return to work process (Liberty Mutual 2001).

The initial step in the return to work process is for the injured employee to seek immediate medical attention if needed, then the employer will attempt to create opportunities for them to return to safe, productive work as soon as medically possible (Powers and Arnstein, 1995). The employee should be required to present a functional capacities evaluation form and a letter to the treating physician to obtain information regarding the employee's physical condition and any recommendations applicable to the injured worker's physical restrictions. Injured employees who are not physically capable of returning to their regular responsibilities, may report for work activities compatible with their physical restrictions until such a time they will return to their full-time, or regular-duty responsibilities (Liberty Mutual 2001). A list of temporary alternative jobs should be created with the department name, job description, work activities, physical restrictions, and any other pertinent information and might be useful for the treating physician to approve the release of the injured worker to perform this job. It is also helpful for the supervisors and the return to work program administrator to have this information available instead of having to create positions which can further delay the return to work process (Chandler, 1996). It is the responsibility of management and the injured employees to monitor compliance of specific physical limitations. A return to work commitment statement should be created that contains language about treating injured employees with respect and dignity, returning all employees with work related injuries to gainful, safe employment within their physical temporary restrictions without delay. It should also discuss providing a safe and healthy work environment, supporting the return to work policy and explaining procedures to employees to assure that roles and responsibilities, supporting any work hardening efforts including a list of temporary

alternate duty tasks, and assuring that injured employees receive the best medical treatment available and that they return to gainful, safe employment within their physical capacities as quickly as possible (Liberty Mutual 2001).

The program administrator will be coordinating the return to work activities, accompanying the injured employees to the medical provider facility, calling employees if they lose any work time, and monitoring the progress of injured employees throughout the return to work process. They must also maintain regular contact with the injured employee while they are off the job and communicate with the insurance carrier when cases appear complex or may result in lengthy lost time. Finally, the return to work administrator must assist the medical provider in temporary job reassignment, helping to determine the appropriate temporary alternate duty position and supporting employees once they return to work (Liberty Mutual 2001).

The injured employee also has responsibilities that include immediately reporting the time, place, and nature of the work-related injury to their supervisor. The report must be made before the end of workday, so the program administrator can send the first report of injury to the insurance provider. The injured employee must also provide the physician and employer with the medical status report and keep the return to work program administrator informed of their progress. They must possess a flexible attitude toward job reassignment, and understand that the return to work program is a condition of employment. To provide additional support for the injured worker, top management commitment from the employer is also very important to the success of the return to work program (Liberty Mutual, 2001).

The medical provider responsibilities include treating the injured employee and providing information on medical status. They must develop a rehabilitation plan and submit a copy to the return to work program administrator with a rehabilitation assessment. The medical provider must also submit regular reports on the status of the rehabilitation process and the action to be taken, communicate regularly with the return to work administrator and injured employee on the progress of the case, and recommend modified duty with in restrictions and assist in job modifications.

When notified of a work-related injury, the supervisor should complete a "First Report of Injury" and if feasible, will review the employee's responsibilities with them. After the supervisor completes and submits the "First Report of Injury" to the program administrator, the insurance company claims department will be provided with this information (Liberty Mutual, 2001).

The return to work program administrator should contact the employee and the medical provider to advise them of the company's return to work program and ensure that the medical provider completes the functional capacities evaluation. The employee will report back to the program administrator with the completed functional capacities evaluation form after every visit to the medical provider. The program administrator will forward a copy of this form to the supervisor and to the insurance company claims department.

The supervisor should review the functional capacities form and determine whether temporary alternated duty work is available within the restrictions outlined by the medical provider. Accommodations such as flexible hours, reduced lifting, or use of a stool to eliminate standing, are options that will be considered.

Temporary alternate duty is defined as any work within the employee's functional capacities, as defined by the provider in the most recent evaluation. All temporary alternate duty positions must be approved by the program administrator and the insurance company claims department. Availability is subject to the business needs of the company at that time.

If the employee does not return the functional capacities evaluation, the program administrator will notify the supervisor and the insurance company claims department. The claims contact will contact the medical provider for the necessary information and communicate it to the program administrator. The program administrator will manage communications between outside services and internal departments.

The supervisor identifies potential job tasks for the employee and completes a "Temporary Alternate Duty Job Description" for the position. This job description is submitted to the program administrator for company approval. If approved, the program administrator will submit the job description to the medical provider with a copy to the insurance company claims contact for review. If the program administrator does not approve temporary alternate duty job description, the supervisor will be notified of the reason for rejection and will revise the recommendations. The supervisor will meet with the employee before beginning work and review the restrictions specified by the medical provider. The supervisor will emphasize the need for the employee to perform the job duties within prescribed limitations.

The supervisor will monitor the employee's participation in the return to work program and track hours worked along with other time records. The supervisor will report any problems with employee' participation to the program administrator who will mediate

the issues with the employee and the insurance company claims department and will facilitate any modifications.

The employee will provide the program administrator with written notice of the medical provider's recommendations for new restrictions and/or changes to the previously approved modified job. The program administrator will communicate recommendations for modifications to the supervisor. The employee's temporary alternate duty status will end when the employee is released to pre-injury job status, the worker's compensation claim is closed, the employee accepts another position, or they have reached maximal medical improvement (Liberty Mutual, 2001).

Any changes to the temporary alternate duty job must be approved by the program administrator, who will use the insurance company resources to mediate changes with the medical provider if there are unresolved issues. The human resource department will also be involved with any situations that involve placing the employee on disability leave.

The supervisor and program administrator will frequently communicate with the injured employee who is not at work to coordinate benefits and exchange necessary information. The program administrator will coordinate with the injured worker, medical provider, and rehabilitation consultants if assigned to coordinate the effective return to work of the employee, to identify work-related restrictions, obtain release to work statements and monitor the claim process.

Returning employees to temporary alternate duty work will involve modifications to the former job to meet the physical restrictions of the employee, or finding a different position for the employee for up to 90 days.

In situations where appropriate temporary alternate work is not available at the employer location, the injured employee may be assigned to perform work with a local charity or non-profit organization. In the event of such an assignment, it is intended that the employment relationship with the employer will continue and that the duties performed by the employee will be deemed to have been performed for the benefit of the employer. The employee will be paid directly by the organization while performing work at a charitable or non-profit organization. If the weekly wage is less than employee's average weekly wage, the employee will be eligible for the appropriate temporary partial disability benefits from the worker's compensation insurance carrier (Langdon, 2004).

The formal return to work program information and procedures involve the organization providing a copy of the formal written return to work program to all employees who have been ill or injured due to a job related function and are unable to return to full duty. The program allows for the employee's job to be modified temporarily, or to perform an alternative duty position, when available. The formal written return to work program should include templates for the functional capacities evaluation, a letter to the employee physician, and a job offer for temporary alternate duty work (Liberty Mutual, 2001).

The goals of a return to work program need to go from being a good idea or a philosophy to a well written formal, streamlined program. Lost time stops when the injured employee returns to work at a "regular pre-injury status", or if they refuse appropriate work that is consistent with the formal written return to work policies and procedures established by the employer (Liberty Mutual 2001). Other advantages of having a formal written return to work program include reduced worker's compensation

and disability costs, a reduction in the incidence of litigation, improved compliance with the Americans with Disabilities Act (ADA), reduced vocational rehabilitation costs, and the promotion of a good corporate safety culture (Hall-Hellen, 1998).

The success of a return to work program can be measured by using frequency rates involving calculations that take in consideration lost work time and either hours worked, or amount of payroll. The Bureau of Labor Statistics (BLS) and the Occupational Safety and Health Administration (OSHA) use formulas with a calculation multiplier of 200,000 (NIOSH, 2004). This calculation is based on 100 employees working 40 hours per week for 50 weeks per year. This is an arbitrary number created to estimate frequency and severity rates (Brown, 2001). Frequency rate is typically a measure of lost work days and lost work time in relation to the number of hours worked. The BLS or OSHA method of measuring accident data is the most commonly used (Eckhardt, 1998).

In the insurance industry payroll information needs to be provided to calculate insurance premiums. To establish a baseline of data for comparison, Liberty Mutual uses frequency rate calculations based on actual payroll, loss information and 1,000,000 dollars as the multiplier (Jennings, 2004). Information from Liberty Mutual customers throughout the United States is kept in a database so comparisons can be made based on Standard Industrial Classification (SIC) codes. The SIC codes represent a category within the Standard Industrial Classification System administered by the Statistical Policy Division of the U.S. Office of Management and Budget. This system was established to classify all industries in the United States Economy. A two-digit code designates each major industry group, which is coupled with a second two-digit code representing

subcategories. In 1997, the SIC was replaced by the North American Industrial Classification System (NAICS) (Small Business Notes, 2004). In the insurance industry the term “SIC codes” is still used when referring to the classification of employers in these categories. Regardless of which method is used for calculating lost time and disability day frequency rates, to compare “apples to apples” it is important to remain consistent and make sure the data that is being used in the calculation is accurate so accurate comparisons can be made (Jennings, 2004).

The benefits of a formal written return to work program are numerous, but in order to be successful must involve good communication from all parties involved. This includes a strong management commitment and clearly stated objectives and guidelines that are followed consistently. The creation of temporary alternate duty jobs must be identified and available. The return to work program administrator must be identified to ensure that communication is taking place from all the parties involved in this process. According to data gathered from Liberty Mutual (2002), the total costs involving claims with a formal return to work program in place were \$7,217 opposed to \$17,944 for claims without a formal program. With a coordinated and effective “partnership in communication”, the formal return to work process has good chance of reducing claims costs through minimizing time lost from work.

CHAPTER III: METHODOLOGY

Introduction

Prior to providing any information regarding the return to work program to this employer a discussion was held about establishing goals, objectives, and accountability with a timeline and responsibilities for everyone involved. A service plan was created with the goals of implementing a formal written return to work program that supports the early reporting of injuries, measuring the results by using lost time and lost day frequency rates, and creating a list of temporary alternative duty jobs with specific job descriptions and physical requirements.

Subject Selection and Description

Human subjects were not involved in this study. The organization selected for this study was a Liberty Mutual customer that had high lost time frequency and lost work day frequency rates with no return to work program.

Instrumentation

The process began with providing management with a template containing formal written return to work program guidelines derived from the Liberty Mutual "Workforce Fitness" disability management program. The employer was instructed to use this information as a reference to individualize formal return to work program with written policies and procedures. The standard Liberty Mutual disclaimer was applied "The information provided is advisory only. We assume no responsibility for management or control of customer safety activities, or for the implementation of recommended corrective measures. This is based on information supplied by the customer and

observations of conditions and practices at the time of the visit. We have not tried to identify all hazards. We do not warrant that requirements of any federal, state, or local law, regulation or ordinance have or have not been met”.

The first step was for the employer to develop a written policy statement declaring their support of a policy that encourages the early return to work for injured employees. The program was designed to provide injured employees with temporary alternate work during a period of medical recovery where the injured worker is unable to perform the job duties prior to the work related injury. There is a component of the program that determines the eligibility of the injured worker be contingent on an accepted worker's compensation claim, or a disability that involves treatment from a medical provider. A return to work program administrator was established to coordinate the participation from the injured worker, medical provider, and insurance company claims department. The return to work program administrator will be the lead person that will have overall responsibilities for coordinating all the resources necessary for the program to function properly.

The procedures entail the employee notifying their immediate supervisor and the return to work program administrator of the work-related injury as soon as it occurs. One aspect of the program that was incorporated into the service plan was to encourage the early reporting of injuries to the insurance provider. The goal was to have eighty percent (80%) of all injuries reported within one to three days to get everyone involved in the process as quickly as possible. At this point, the supervisor will complete a "First Report of Injury" and if feasible will review the employee's responsibilities with the injured worker. The return to work program administrator will review and submit the "First

Report of Injury" to the insurance company claims department informing them that an injury has occurred.

The next step involves the program administrator contacting the employee and the medical provider to advise them of the company's return to work program administrator to inquire about the completion of a functional capacities evaluation and release to return to work. The employee will report back to the program administrator with a completed release to return to work form after the visit to the medical provider. The program administrator will forward a copy of the functional capacities evaluation form with any physical restrictions to the supervisor and to the insurance provider's claims contact.

The return to work program administrator and the injured employee's supervisor will meet to review the release to return to work information and discuss the temporary alternate job description and the importance of the employee working within the restrictions prescribed by the medical provider. The employees capabilities will be considered at this time and the temporary alternate duty will begin until a point that the worker can return to a full time position.

Data Collection Procedures

The formal return to work program was monitored to ensure that once a claim was reported that everyone involved in the process was following the agreed to policies and procedures. A baseline for lost time frequency rates and disability day frequency rates was established from calculations derived from the previous year worker's compensation losses and payroll information. The same calculations will be applied throughout the course of this study to determine any changes in these frequency rates. The policy period of the employer is from February 14, 2004 through February 13, 2005. The

payroll information and loss information is updated on a monthly basis and kept in a secured database that requires a password and identification code to enter. The data is updated on a monthly basis through feeds from the claims administration information system. The loss information involving lost work days and indemnity costs are the indicators needed along with the payroll information to derive the disability day frequency rate and the lost time frequency rate. The information will be updated on the service plan and reported to the program administrator on a quarterly basis to provide feedback on the results of the return to work program efforts.

Data Analysis

The data was collected by taking loss information from the Liberty Mutual Information Warehouse Environment (IWE), an electronic database of all claims separated by policy numbers. The database was accessed using a secure password and identification and a claims detail report was selected to obtain the necessary information to gather and analyze the data. The information necessary to compute the desired results involved getting current payroll information and claims that involved indemnity costs. This information was further assessed to determine which claims involved lost time and lost days. The calculation used by Liberty Mutual for lost time frequency rate is the number of lost time cases divided by the payroll times one million dollars. The calculation used by Liberty Mutual for the disability day (lost work day) frequency rate is the number of lost work days divided by the payroll times one million dollars.

CHAPTER IV: RESULTS

Summary

The purpose of this study was to assist an employer with creating a formal written return to work program that will support the early reporting of injuries, directing of prompt medical attention for employees injured on the job and returning them to work as quickly as possible. This was accomplished by establishing a service plan with roles, responsibilities and a timeline for implementing these objectives. The service plan was designed to obtain a commitment for this partnering process. The service plan components used in this study can be found in Appendix A. The results of implementing the return to work program were measured by establishing benchmarks prior to implementing the formal written return to program by using disability day frequency rates and lost time frequency rates and monitoring these rates on a quarterly basis. The benchmarks were established by using loss information and payroll calculations from the previous policy period. The ongoing frequency rate measurements were updated on a quarterly basis.

Presentation of Collected Data

The first goal of this study was to implement a formal written program that supports the early reporting of injuries and expedites the return to work of injured employees. The formal written return to work program contains a mission statement, policy, commitments and procedures. The return to work program was implemented in March, 2004. This includes the responsibilities for employees, management, the program administrator, the medical provider and the insurance carrier. The details regarding the

return to work program are contained in Appendix B. The forms and templates to support the return to work program include a management policy form, return to work program administrator agreement, employee responsibilities, medical provider responsibilities, release to return to work letter and two functional capacities evaluation forms. This information can be found in appendices C, D, E, F, G, and H.

The second goal of this study was to determine the impact of the formal written return to work program by using lost time and disability day frequency rates to establish a baseline and measure results. This data was updated in the service plan and can be seen in Appendix A. This information shows the baseline and quarterly results as determined using the payroll calculations for disability days and lost time frequency rates. The lost time frequency was calculated by using the Liberty Mutual formula of taking the number of lost time cases divided by the payroll times one million dollars. The disability day frequency rate was calculated by taking the number of lost work days divided by payroll times one million dollars.

The other data element that was measured in the service plan was the time it takes to report an injury to the insurance company and the average lag time in number of days. These numbers show the percent of claims reported to the insurance company within three days and the average lag time between the date the injury to when it was reported to the insurance company. The goals were to have 80% of claims reported to the insurance company within 3 days. The current numbers show 67% of claims are being reported within 3 days and the average lag time was 4.8 days. This data can also be found in the service plan that is located in Appendix A.

The third and final goal was to establish a process for creating temporary alternate duty positions. This process involved discussions between the program administrator, the risk control consultant and the department supervisors. Each supervisor was asked to create a list of jobs, or tasks that were currently not being accomplished. The next step was to look at the existing positions and determine if there were any tasks that involved minimal physical exertion that could be borrowed to add to the temporary alternate duty job database. This process was communicated to be an ongoing process for the supervisors and program administrator to continue working on. If any new ideas for temporary alternate duty jobs, or task were discovered they were to be documented and shared between the supervisors and program coordinator and used if needed. The temporary alternate duty job descriptions include a job title, the department or division where the job is housed, the hours available, a summary of the job, the physical demands, and any comments by the supervisor, program coordinator, or treating physician. A sample of the temporary alternate duty job form can be found in Appendix I.

As the temporary alternate duty jobs are created, the program administrator will discuss the detail of the positions with the supervisors, complete the job description form and add the job title, department and brief description to a general reference sheet to be used as directory to the temporary alternate duty jobs. This can be used as a reference when necessary to expedite the return to work process.

Discussion

By establishing a formal written return to work program the early reporting of injuries has improved, enhancing prompt medical attention and returning employees to work. Since the inception of the formal written return to work program, if an employee

can not be returned to the same job or a different job at full duty status, temporary alternative duty positions are assigned until they could return to full duty status. The worker's compensation costs due to claims that involve lost time or lost work days has decreased since the inception of the written return to work program. The service plan goals of implementing a formal return to work program established by the employer were to reduce the disability day frequency rate by 20% and the lost day frequency rate by 10%. Both of these goals have been exceeded. The current disability day frequency rate has been reduced by an amazing 93% and the lost time frequency rate is showing an 18% reduction.

CHAPTER V: CONCLUSIONS AND RECOMMENDATIONS

Introduction

The primary goals of this study were to implement a formal written program that supports the early reporting of injuries, expediting the return to work of an injured employee, measuring the results by using lost time and lost day frequency rates, and to assist the employer with creating temporary alternative duty jobs with specific job descriptions and physical requirements. Based on the results it would suggest that the formal return to work program efforts are having a positive impact on the disability day frequency rates and lost time frequency rates. Similar measurements are used with other Liberty Mutual customers and provide results that can be equated into financial savings from reduced medical and indemnity costs.

Conclusions

- A formal written return to work program was established. This supports a management commitment and employee involvement to working with the insurance company resources and the medical providers to reduce lost work time and disability days. It also indicates that by establishing a formal written return to work program the communication process between supervisors, employees, medical providers and the insurance company has improved.
- Injuries reported to the insurance carrier within 3 days improved from 21% to 67%. This supports that by obtaining a management and employee commitment to the early reporting of injuries, improvements can be made.

- The median lag time also improved from 7 days to 4.8 days with a high of 3.3 days during the second quarter of the data collection process. This provides additional support that management and employee commitment to the early reporting of injuries can lead to improved efficiency.
- The lost time frequency rate improved from .88 to .72. An improvement of 18% on the lost time frequency rate has been measured since the inception of the formal return to work program. The average lost time frequency rate for other Liberty Mutual Customers in the same Standard Industrial Classification (SIC) code is .87 demonstrating an above average performance of lost time results.
- The disability day frequency rate improved from 30.06 to 2.17. This shows a 93% improvement since the inception of the formal written return to work program. The average disability day frequency rate for Liberty Mutual Customers based in the same Standard Industrial Classification (SIC) code is 46.74, demonstrating an above average, or excellent performance regarding minimizing lost work days.
- A database of temporary alternate duty jobs was developed to further enhance the job placement process of the injured worker back to suitable gainful employment. If the return to work program elements continue to be followed the disability days and lost work time frequency rates should continue to decrease as well as the overall worker's compensation costs for this organization.

Recommendations

- Continue following the established policies and procedures of the formal written return to work program to continue improving the disability day and lost time frequency rates.
- Retain open communication between the program administrator, injured employee, the medical provider, supervisors and the insurance company claims department to continue expediting the return to work process.
- Continue the creation of temporary alternate duty positions to further enhance the potential success of the return to work program.

Areas of Further Research

- “Integrated Disability Management” and “return to work” seem to be topics that could not only benefit worker’s compensation costs, but those from a short term disability and long term disability insurance benefit program.
- More time and attention could be spent on educating employers how the benefits of establishing and effectively managing a formal return to work program could save large sums of money.
- Utilizing software technology and streamlining data between worker’s compensation and STD and LTD benefits.
- Return-to-work programs are not exclusive to the United States. Research indicates that efforts were also taking place in Australia and Canada. Sharing “best practices” regarding return to work programs around the world would be nice to see.

References

- Akabas, S. and Gates, L., *Disability Management: Labor Management Initiatives in Early Intervention*, The Workplace Center, Columbia University School of Social Work, March 1991, pages 27, 40.
- Barge B. and Carlson J. (1992), *The Executives Guide to Controlling Healthcare and Disability Costs*.
- Brannen, J. (2004), When Time is Money. *Business Finance*, June 2004, p. 16.
- Chandler D. (1996), *Structured Return-to-Work*. HealthSouth Occupational Health Services, 1996.
- Capozzi, M. (2001), Early Return-to-Work Saves Firms Money, *Risk and Insurance*. Retrieved November 30, 2004 from: <http://www.findarticles.com>.
- Hall-Hellen J. (1998), *Safety Training Workshop: Return to Work*. Liberty Mutual Group, 1998.
- Hefre P. (1993), *Evaluating the Practicality of Return-to-Work Programs: Increasing Costs and Legislative Changes Make Disability-Related Problems Too Costly to Ignore*. Crawford and Company, August 1993.
- Hutcheson P. (2004), *Improving Workforce Health and Productivity with Effective Return to Work Programs*. Liberty Directions, Spring 2004
- Hughes J. (1996) *Medical Management of Worker's Compensation and Disability Costs*. Meeting Presentation to the San Francisco Business Community, October 2, 1996.
- Jennings, D. (2004), Personal Interview: *Calculating Frequency Rates Using Payroll Information*, December 5, 2004.

- Langdon, J. (2004) *Community Shares in Return to Work Benefits*, Significant Value Story, Liberty Mutual Group, October 2004.
- Liberty Mutual Group (2000), *The Cost of Occupational Accidents*, Loss Prevention Reference Note, LP 5044, February 2000.
- Liberty Mutual Group (2001), *Putting Your Plan to Work: Roles and Responsibilities*, Workforce Fitness, 2001.
- Liberty Mutual Group (2002), *Managed Return To Work*, Safety Training Workshop Materials, 2002.
- Matkin, R. (1985), *Insurance Rehabilitation*. Austin, Texas: Pro-Ed, 1985.
- Mealy, D. (2004), *State of the Line: Worker's Compensation Results*. 2004 Issues Report. Retrieved November 20, 2004 from the National Council on Compensation Insurance Website: <http://www.ncci.com>.
- National Institute for Occupational Safety and Health (2004), *Survey of Occupational Injuries and Illnesses*, Worker Health Chartbook 2004, Appendix B, NIOSH Publication No. 2004-146. Retrieved December 10, 2004 from the NIOSH Website: <http://www.cdc.gov/niosh>.
- Powers K. and Arnstein C. (1995), *Getting Them Back*. Occupational Safety and Health, February 1995, pages 42-45.
- Rubin, S. & Roessler, R. (1995), *Foundations of the Vocational Rehabilitation Process*. Austin, TX: PRO-ED.
- Small Business Glossary (2004), Definition of Standard Industrial Classification (SIC) Code, Retrieved December 16, 2004 from the Small Business Notes Website: www.smallbusinessnotes.com.

United States Department of Labor (2004). *Bureau of Labor Statistics News*, USDO 04-460, March 25, 2004

Wallace J. (1992), *Welcome Injured Workers Back to Work*. Safety and Health, October 1992, pages 42-46.

Woolsey S. (2004), Personal Interview: *State of Hawaii Worker's Compensation Laws*. December 3, 2004

Wright, G.N. (1980), *Total Rehabilitation*. Boston: Little, Brown and Company, 1980.

Zolkos, R. (1998, April 6), *Return-to-Work Underutilized*, Business Insurance. Retrieved November 22, 2004 from: <http://www.findarticles.com>.

Appendix A: Service Plan Information

Risk Control Service Plan for 2004 Year

OBJECTIVE #1	To reduce the Lost Time Frequency Rate for WC accidents by 10% from 0.88 per \$1 million payroll to 0.80 by February 2005.						
OBJECTIVE #2	To reduce Disability Day Rate by 20% from 30.68 days per \$1million of payroll to 24.54 by February 2005.						
PROJECTED SAVINGS: Based on loss data from 12 months ending 1/31/04 <i>NOTE: Projected savings are based on achieving final outcome goals and are not necessarily cumulative.</i>	- If the lost time frequency rate is reduced by 10%, 1 lost time claim would be eliminated and save \$3,667 in direct WC costs. Assuming a 5% profit margin the potential savings translates into a revenue equivalent of \$73,340. (Direct WC savings based on 10% reduction of 3 lost time claims x \$3,667 average L.T. claim cost.) - If the disability day rate is reduced by 20%, 21 disability days would be eliminated and savings could equal \$2,205 in direct WC costs. Assuming a 5% profit margin the potential savings translates into a revenue equivalent of \$44,100. (Direct WC savings based on 20% of 105 TTD x average of \$105/day.)						
MEASURE:	Liberty IWE Claim Summary, Claim Detail Reports, Account Graph						
LOSS PERIOD: Baseline is valued as of 1/31/04 2004 Policy Year (Effective: 2/14)	Current Baseline	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Goal	
Lost Time Frequency Rate	0.88	0.88	0.53	.72		.80	
Disability Day Frequency Rate	30.68	19.58	5.25	2.17		24.54	
RETURN TO WORK PROGRAM	LIBERTY	EMPLOYER		DATE	STATUS		
Identify temporary alternate duty jobs in each department.	Risk Control	Safety Manager, Supervisors		October, 2004	Completed		
Develop written temporary alternate duty job descriptions.	Risk Control	Safety Manager, CEO		July, 2004	In progress		
Establish a written return to work program with policy and procedures.	Risk Control	Safety Manager , CEO		March, 2004	Completed		
OBJECTIVE #3	Increase the injury reporting efficiency to best practices standard of 80% of all cases reported to the insurance company within 3 days of occurrence. Currently only 21% of all claims are reported within 3 days. Also, drop the median lag time from the current level of 7 days to the "best practice" of 3 days.						
PROJECTED SAVINGS:	Studies show claims reported greater than 7 days from the date of occurrence incur 14% more cost and 19% longer duration. Best practices standard is to have 80% of all claims reported within 3 days.						
MEASURE:	Liberty Mutual IWE Claim Summary Reports						
LOSS PERIODS: Baseline 1/31/04 Rolling 12 month periods	Current Baseline 1/04	1 st Qtr 5/04	2 nd Qtr 8/04	3 rd Qtr 11/04	4 th Qtr 2/05	Mid-Point Goal	
1. Within 3 Days 2/14/04 to 2/13/05	21%	38%	71 %	67%		80%	
2. Median Lag Time 2/14/04 to 2/13/05	7 Days	5 Days	3.3 Days	4.8 Days		3 Days	
ACTIVITY	LIBERTY	EMPLOYER		DATE	STATUS		
Refresher training to all employees on injury reporting procedures.	Risk Control and Claims	Branch Managers, H.R. Manager		March, 2004	Completed		
Implement a 24 hour reporting policy.	Risk Control and Claims	Sr. Management, Human Resources		June, 2004	Completed		
Evaluate promptness of administrative procedures for prompt claim reporting.	Risk Control and Claims	H.R. Manager, Safety Manager		July, 2004	Completed		

Appendix B: Formal Written Return to Work Program

Mission Statement

This organization is committed to providing a safe and healthy workplace for all employees. However, if an injury does occur, the ultimate goal is to seek prompt medical attention and return the injured employee back to work. If an injured employee is temporarily unable to perform all the tasks of the original job, efforts will be made to provide alternative productive work that meets the injured employee's capabilities.

Policy

The policy of this organization will be that employees will return to work as soon as medically able following an injury. A return to work program administrator will be appointed and will closely monitor the medical status of the employee throughout the process. The employee is required to present a functional capacities evaluation form and a letter to the treating physician to obtain information regarding the employee's physical condition and any recommendations applicable to the injured worker's physical restrictions. Employees who are not physically capable of returning to their full-time responsibilities, may report for work activities compatible with their physical restrictions until such a time, as they will return to their full-time responsibilities. A database of temporary alternative jobs will be created with the department name, job description, work activities, physical restrictions, and any other pertinent information that might be useful for the treating physician to approve the release of the injured worker to perform this job. It is also helpful for the supervisors and return to work program administrator to have this information available instead of having to create positions which can further

delay the return to work process. It is the responsibility of management and the injured employees to monitor compliance of specific physical limitations.

Program Commitments

- Treating injured employees with respect and dignity.
- Returning all employees with work related injuries to gainful, safe employment within their physical temporary restrictions without delay.
- Provide a safe and healthy work environment.
- Support of the return to work policy and explaining procedures to employees to assure that roles and responsibilities are clearly defined.
- Early intervention and a flexible attitude toward job reassignment.
- Support any work hardening, or modifications that could be included with temporary alternate duty job tasks.
- Assures that injured employees receive the best medical treatment available and that they return to gainful, safe employment within their physical capacities as quickly as possible.

Program Administrator Responsibilities

- Coordinate return to work activities at the facility.
- Accompany employees to the health care facility.
- Call employees if they lose three or more days.
- Monitor the progress of injured employees after the third lost day of work.
- Maintain regular contact with the injured employee while they are off the job.
- Call insurance carrier when cases appear complex or may result in lengthy lost time.

- Liaison between the employer, employee, medical provider and insurance carrier.
- Participates in discussions with the employee when there are special restrictions.
- Assists medical physician in temporary job reassignment.
- Assists in determining the appropriate position from the light duty job bank when an injured employee job reassignment is necessary. Contacts the return to work program administrator to discuss the restrictions and assist in setting up the position.
- Supports and reinforces employees once they return to work.

Employee Responsibilities

- Immediately reports the time, place, and nature of the work-related injury to the acting supervisor. The report must be made before the end of workday.
- Provides physician and employer with the medical status report.
- Keep the safety department informed of progress.
- Must possess a flexible attitude toward job reassignment.
- Understand that the return to work program is a condition of employment.

Medical Provider Responsibilities

- Treat the injured employee and provides information on medical status.
- Develop a rehabilitation plan and submits a copy to the safety department.
- Make a rehabilitation assessment.
- Submit reports on the status of the rehabilitation process and the actions to be taken.
- Communicate regularly with the return to work program administrator, injured employee and the insurance carrier on the progress of the case.

- May recommend temporary alternate duty with in restrictions and assist in job modifications.

Top Management Commitments

- That employees and management agree to work together to support the return to work program.
- Peer group support for the injured employee who returns to work.

Procedures

- 1) When notified of a work-related injury, the supervisor will complete the "First Report of Injury" and if feasible, will review the employee's responsibilities with them. The supervisor completes and submits the "First Report of Injury" to the program administrator who notifies the insurance company claims department that an injury has occurred.
- 2) The return to work program administrator contacts the employee and the medical provider to advise them of the company's return-to-work program and asks the provider to complete a functional capacities evaluation. The employee will report back to the program administrator with a completed "Functional Capacities Evaluation" form after every healthcare provider visit. The program administrator will forward a copy of this form to the supervisor and to the Insurance company claims department.
- 3) The supervisor reviews the functional capacities form and determines whether modified work is available within the restrictions outlined by the health care provider. Accommodations such as flexible hours, reduced lifting, or use of a stool to eliminate standing, are options that will be considered.

- 4) Temporary alternate duty is defined as any work within the employee's functional capacities, as defined by the provider in the most recent evaluation. All temporary alternate duty positions must be approved by the program administrator and/or the insurance company claims department and availability is subject to the business needs of the company at that time.
- 5) If the employee does not return the functional capacities evaluation, the program administrator will notify the supervisor and the insurance company claims department. The claims contact will contact the healthcare provider for the necessary information and communicate it to the program administrator. The program administrator will manage communications between outside services and internal departments.
- 6) The supervisor identifies potential job tasks for the employee and completes a "Temporary Alternate Duty Job Description" for the position. This job description is submitted to the program administrator for company approval. If approved, the program administrator will submit the job description to the medical provider with a copy to the insurance company claims contact for review. If the program administrator does not approve temporary alternate duty job description, the supervisor will be notified of the reason for rejection and will revise the recommendations.
- 7) The supervisor will meet with the employee before beginning work and review the restrictions specified by the medical provider. The supervisor will emphasize the need for the employee to perform the job duties within prescribed limitations.
- 8) The employee's temporary alternate duty status will end when the employee is: released to pre-injury job status, the worker's compensation claim is closed, the employee has accepted an alternate position or has reached maximal medical improvement.

- 9) The supervisor will monitor the employee's participation in the return to work program and track hours worked along with other time records. The supervisor will report any problems with employee' participation to the program administrator who will mediate the issues with the employee and the insurance company claims department and will facilitate any modifications.
- 10) The employee will provide the program administrator with written notice of the medical provider's recommendations for new restrictions and/or changes to the previously approved temporary alternate job. The program administrator will communicate recommendations for modifications to the supervisor.
- 11) Any changes to the temporary alternate duty job must be approved by the program administrator, who will use the insurance company resources to mediate changes with the medical provider if there are unresolved issues. The human resource department will also be involved with any situations that involve placing the employee on disability leave.

The supervisor and program administrator will frequently communicate with the injured employee who is not at work to coordinate benefits and exchange necessary information. The program administrator will coordinate with the injured worker, medical specialist, and assigned rehabilitation consultants to coordinate the effective return to work of the employee, to identify work-related restrictions, obtain release to work statements and monitor the claim process.

Returning Employees to Temporary Alternate Duty work will involve modifications to the former job to meet the physical restrictions of the employee, or finding a different position for the employee for up to 90 days.

In situations where appropriate temporary alternate work is not available at the employer location, the injured employee may be assigned to perform work with a local charity or non-profit organization. In the event of such an assignment it is intended that the employment relationship with the employer will continue and that the duties performed by the employee will be deemed to have been performed for the benefit of Company Name. Employee will be paid directly by the organization while performing work at a charitable or non-profit organization. If the weekly wage is less than employee's average weekly wage, the employee will be eligible for the appropriate temporary partial disability benefits from the worker's compensation insurance carrier. The formal return to work program information and procedures involve the organization providing a copy of the formal written return to work program to all employees who have been ill or injured due to a job related function and are unable to return to full duty. The program allows for the employee's job to be modified temporarily, or to perform an alternative duty position, when available.

Employee Signature

Date

Return to Work Program Administrator

President or Top Management Official

Appendix C: Return to Work Program Administrator Agreement Form

As we appoint our new return to work program administrator, the position will involve some key responsibilities and functions vital to the success and coordination of the program.

The return to work administrator agrees to perform the following functions:

- Assist supervisors and employees understand their roles in the return to work program.
- Coordinate with supervisors to create temporary alternate duty positions to assist in returning worker with functional capacities or limitations.
- Monitor the recovery process by assigning target dates, progress evaluations, reassessing temporary alternate work and coordination with medical providers and the insurance company to achieve maximum medical improvement.
- Coordinate communication and efforts of supervisors, the injured employee, medical provider and insurance company claims representative to identify permanent positions and potential restrictions

Signature of Top Management Official

Date

Signature of RTW Program Administrator

Date

Appendix D: Employee Responsibilities Form

1. Report all accidents or incidents to your Supervisor or Return to Work Program Administrator immediately, no matter how slight you may think the injury or illness may be. Waiting to report an incident/accident on your next work shift is not an acceptable practice.
2. Your Supervisor or Program Administrator will provide you with the necessary return to work program information if your injury requires medical attention and may prevent you from returning to your pre-injury job.
3. Give the return to work information to the medical provider on the first visit. If your provider indicates loss of work time, inform your provider that light or modified duty may be available and ask him or her to complete the Functional Capacities Evaluation form.
4. Deliver the completed Functional Capacities Evaluation form to your Supervisor or Program Administrator. Mail it promptly if you are unable to deliver it in person. You are expected to provide updates each time you visit your medical provider.
5. You must report to your next scheduled shift once your medical provider releases you to work and you are notified by the company that appropriate work is available.

I have read the company policy regarding workplace injuries or illness or it has been read or explained to me in language that I understand. I understand my responsibilities related to reporting and Return to Work procedures and have been given an opportunity to ask questions and receive answers in areas of concern. I will carry out my responsibilities according to company policy and acknowledge that I have been given a copy of this document.

Employee Signature

Date

Appendix E: Sample Medical Provider Letter

Date: _____

Medical Provider's Name: _____

Address: _____

Dear *(Name)*: _____

Our employee _____ has been on modified duty that meets the limitations you specified since _____. We would like to increase work duties in an effort to return *(him/her)* to pre-injury job status if *(his/her)* condition permits. Please indicate any changes in work capabilities and the date when these changes will next be reviewed. Thank you for your help.

The restrictions currently in place are:

Lifting Limit:	_____	Increase to:	_____
Standing Limit:	_____	Increase to:	_____
Other:	_____		
Review Date:	_____		
Anticipated Release to full duty:	_____		
Pre-Injury Job Title:	_____		

(Job Description attached)

(Health Care Provider's Signature)

(Date)

Appendix F: Sample Release to Return to Work Letter

Date:

Employee Name:

Home Address:

RE: Return to Work Release

Date of Injury:

Dear *(Employee Name)*:

Your Healthcare Provider has released you for temporary modified work and has approved the job of _____.

A "Functional Capacities Evaluation" form signed by your Medical Provider is attached to help you understand the physical demands of the job.

Please report to _____ on (Date:) _____
(Name:) _____ will be your supervisor
until you return to your pre-injury job status. Your work hours will be _____
for a total of _____ hours per week.

(Indicate if the worker is released to work limited hours with increments For example, he/she is released to work 5 hours the first week, 6 hours the second week, 8 hours the third week, etc.)

Your wage will be _____. While on limited duty, we will coordinate your worker's compensation benefits with your wages for the hours that you work. The temporary alternate duty job is available to you until _____.

Nothing in this letter will alter your status as an employee at will.

Sincerely,

Name and Title:

Appendix G: Functional Capacities Evaluation Form - A

Employee Name: _____ Date: _____

Employer: _____ Date of Injury: _____

The above worker may return to:

Regular work on: _____
Date: _____Or
Modified work on: _____
Date: _____Or
Is not released, anticipated release date: _____**If Modified work**, please complete entire form.Is worker capable of full time? ☐ Yes ☐ No

If unable to work full time, specify hours per day: _____

Please indicate which level of modified work the worker is capable of performing:

- ☐ **Sedentary work:** Lifting 10 pounds maximum. Includes occasionally lifting and/or carrying small objects. Involves sitting; a certain amount of walking and standing is often necessary to carry out job duties. Jobs are sedentary if walking, standing is required only occasionally. All other sedentary criteria are met.
- ☐ **Light work:** Lifting 20 pounds maximum with frequent lifting and/or carrying objects weighing up to 10 pounds; or requires walking or standing to a significant degree; or requires sitting most of the time but entails pushing and pulling arm and/or leg controls.
- ☐ **Light/medium work:** Lifting 30 pounds maximum with frequent lifting and/or carrying objects weighing up to 15-20 pounds; or requires walking or standing to a significant degree; or requires sitting most of the time but entails pushing arm and/or leg controls.
- ☐ **Medium work:** Lifting 50 pounds maximum with frequent lifting and carrying.
- ☐ **Heavy work:** Lifting 100 pounds maximum with frequent lifting and carrying objects weighing up to 50 pounds.

Other specific restrictions: (i.e. climbing, kneeling, bending, stooping, repetitive motion, reaching, grasping, overhead work, twisting, dry environment, etc.)

These restrictions are:

☐ Permanent ☐ Temporary, expected to last _____ weeks.

Next appointment date: _____

Health Care Provider's Signature_____
Examiner's Name

Appendix H: Functional Capacities Evaluation Form - B

Employee Name:			
Employer Name:		Current Job Description:	
Evaluator:		Employer Contact:	
Job Title:	Temporary/Regular (Circle One)	Date of Injury:	Date:

Specific Task Requirements (includes surface, distance to carry or walk, etc.)

Physical Requirements - Please check box for each of the tasks the worker will perform.

Body Movements	Total Hours In 8-Hr Day				Physical		Total Hours In 8-hr Day				
	0-1	1-3	3-6	6-8			0-1	1-3	3-6	6-8	
Bend At Waist					Lift	1-10 lbs					
Twist Upper Body						11-19 lbs					
Kneel						20-49 lbs					
Walk -Uneven Surface						50+ lbs					
Climb						1-10 lbs					
Reach Above Shoulder					Carry	11-19 lbs					
Repetitive Use of Hands						20-49 lbs					
a) squeezing						50+ lbs					
b) keyboarding						1-10 lbs					
Operate Foot Controls						11-19 lbs					
Endurance					Push	20-49 lbs					On Wheels
Sit						50+ lbs					
Stand						1-10 lbs					
Walk						11-19 lbs					
						20-49 lbs					
					Pull	50+ lbs					
						1-10 lbs					
						11-19 lbs					
						20-49 lbs					
						50+ lbs					

Environment - Specify if job is performed indoors or outdoors, include any existing temperature extremes.

Hazards - Include noise, light, fumes, dust, floor surface, etc.

Equipment/Tools - Hand or machine driven.

Products/Materials - Completed product and raw materials.

Restrictions: _____

Employee may work with the above restrictions _____ hours per day on (Date) _____

Medical Provider's Signature: _____

Appendix I: Temporary Alternate Duty Job Description Template

Temporary Alternate Duty Job Description	
Employee Name: _____	
<i>This is a description of a Temporary Alternated Duty Job available to this employee during the recovery process.</i>	
Job Title: Administrative Assistant	
Department: Maintenance Services	
Hours Available: 8 hours per day	
Job Summary	
Assists in a variety of tasks including data entry, inventory, conducting surveys, and monitoring work processes. Work will include documentation, completing job safety analysis, safety observations, compiling materials, updating manuals, and assisting supervisors in other special projects as assigned. Project assignment will vary and depend on the skills of the employee.	
Physical Demands	
Standing: Varies by assignment. Can alternate with sitting as desired for most projects. Sitting: At work area, or desk. Walking: Less than 10% of shift if walking is a restriction could be up to 80% in combination with standing. Lift/Carry: 1 to 10 pounds, paperwork, occasionally. Push Pull: Minimal requirement. Bending: Non-repetitive to and from seated position if restricted. Physician should note any specific restrictions. Twisting: None required. Climbing: None required if this is a restriction. Arm/Hand: Some of the tasks can be designated for one arm, or hand. Physician should note and specific restrictions. Comments: Self paced activities. Employer willing to work with any restrictions.	
Treating Physician Complete Section Below	
<i>I have reviewed the physical demands and release the worker to perform these temporary work assignments:</i> ☐ Yes ☐ No If yes, hours per day: _____	
The estimated date for return to regular work is: _____	
Comments: _____	
Physician's Name: _____	
Physician's Signature: _____	Date: _____

Graduate Council Schedule for Spring 2005

Name: Janice Coker

Please check the times that you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00 – 10:00		x		x	x
9:30 – 10:30		x			x
10:00 – 11:00	x	x			
10:30 – 11:30		x			
11:00 – 12:00		x	x		
1:00 – 2:00			x	x	
1:30 – 2:30	x		x	x	x
2:00 – 3:00	x				x
2:30 – 3:30					x
3:00 – 4:00			x		x
3:30 – 4:30		x			

*Shaded areas not available for meetings