Prevention Strategies

- **Primary prevention** avoid occurrence of injury or disease
- **Secondary prevention** diagnose and treat extant injury or disease in early stages before it causes significant morbidity
- **Tertiary prevention** reduce negative impact of extant injury or disease by restoring function and reducing related complications
- **Quaternary Prevention** mitigate or avoid results of unnecessary or excessive interventions in the health system

Prevention: Commitment from Leadership and Health Providers

- Communicate the need and expectation of the consistent enforcement of policies and procedures
- Schedule monthly meetings

Prevention: Effective Policies and Procedures

- Create clear processes
- Ensure that all P&P address key components
- P&P must be communicated

Prevention: Ongoing Analysis of Data

- Measure and publish comparative data
  - Gemba walks
  - Lean daily management
- Perform in depth analysis of problem areas

Prevention: Interventions Targeted at High-Risk Issues

- Use data and risk assessment to create and sustain targeted initiatives
- Implement interventions that can be measured to provide proof of a return on investment
  - Money
  - Worker satisfaction
  - Number of injuries
  - Lost work days
### Control: Access to Timely Evidence Based Care
- Send workers to experienced occupational medicine provider
- Data collected, tracked, communicated and incorporated into the plan of care

### Control: Disciplined Oversight of the Medical Process
- What occurs and what is said during the first hours and days after an injury sets the tone for recovery
- Evidence Based Medicine (EBM) must be consistently applied
- EBM requires continuing education
  - OCC

### Control: Disciplined Process of the Claims Process
- Constant communication between employer, claims adjuster and medical team
- Document facts, employee statements and witness statements
- Identify risk factors unrelated to the incident
- Measure and document adjuster and attorney data
Prevention and Control Strategies for Successful Work-Related Injury Programs
The most successful work-related injury programs have a comprehensive approach that includes both prevention strategies and control strategies. To build or sustain a successful program, leaders must be able to objectively assess compliance with these strategies and to know how to improve performance — because failure to create or sustain all of them can put your program at risk. Success is based not on the mere knowledge of what to do, but rather the discipline to carry out strategies.

This approach from BarnesCare outlines proven prevention and control strategies, along with appropriate tactics for achieving those strategies. BarnesCare’s goal is to provide you with information that will increase your ability to control costs and, ultimately, positively impact your medical and financial outcomes.

The current economic climate has created new challenges for all organizations. We believe this information will help your company today — and position it for future success.

These strategies and tactics have been compiled by three BarnesCare experts:

Kim Gladstone, RN, MA, vice president, BJC Corporate Health Services, has experience in various workers’ compensation roles and is an expert at aligning corporate stakeholders and resources. With a steady focus on measurable goals, Kim is a champion of several BJC employee injury and illness prevention initiatives including ergonomics, infection control and occupational medicine; she is also an advocate of Lean Six Sigma process improvement practices.

Scott C. Jones, DO, MPH, FAOCOPM, has been providing occupational health care in the St. Louis area for nearly 20 years. He serves as medical director of BJC Corporate Health Services and owns Doctors-on-Call Physician Case Management Services, LLC. He is a recognized leader in health and productivity management specializing in real-time, work-related injury and illness prevention and practices.

Patrick Venditti, MHA, has 28 years of experience working with Fortune 500 companies to reduce their workers’ compensation exposures and costs. As director of BJC Corporate Health Services, he oversees the self-insured, self-administered Workers’ Compensation Administration Program for BJC HealthCare employees.
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Annual Workers’ Compensation Costs

Utilizing the strategies and tactics outlined in this brochure helped BJC HealthCare significantly reduce the frequency and cost of injuries to workers on the job. In 2009, BJC received the prestigious Theodore Roosevelt Workers’ Compensation and Disability Award by Risk & Insurance Magazine for its efforts to maintain the health and productivity of employees.

Average Cost for BJC HealthCare
$0.51 per $100 payroll

$6.5M

Average Cost for the Health Care Industry
$1.31 per $100 payroll

$16.7M

Source: Milliman Actuarial Consultants Inc.
**Tactic One**

*Communicate the need and expectation of consistent enforcement of policies and procedures (P&P)* and reinforce the message with ongoing feedback about the costs of non-compliance. Key stakeholders for this communication include senior leadership, human resources, risk management, environmental health and safety, benefits, legal, operations and union representation. When key stakeholders are engaged early, you benefit from their perspective and they are more likely to support a P&P that they helped create.

When buy-in for consistent application of P&P is clearly agreed upon in advance, there is better chance of compliance. Try walking through scenarios that can lead to inconsistency. For instance, ask, “Should all employees, those with seniority and excellent records as well as new employees with disciplinary action, be subject to the same P&P for restricted duty?” Once agreement has been reached, document and communicate the commitment. Don’t be afraid to caution them about making exceptions once real situations arise. Reiterate that consistent application of P&P will lead to better outcomes and failure will prevent success.

**Tactic Two**

*Schedule monthly meetings* with your medical providers, employee supervisors, adjusters and safety representatives to:

- Review the investigation
- Identify how the injury could have been avoided and what will be done about it
- Analyze compliance with P&P
- Review medical reports for open cases and the recovery plan for each

These meetings may be long and intense at first. As parties gain an understanding of their respective roles and incorporate their training into daily practice, the focus of the meetings will move from case management to program management. Sustaining these monthly meetings is key to sustaining success of your program.

Many organizations make the mistake of discontinuing meetings once the case load has decreased. Meetings must continue regardless of case load. Discussions should cover prevention strategies, close calls, risk assessment and any other concerns from members of the team. A successful program addresses issues before injury occurs, and regular meetings provide a forum for issues to be addressed.
Effective Policies and Procedures

Tactic One

Create clear processes for work related injuries, illnesses and exposures. Start by emulating the processes of successful programs. Identify key stakeholders such as human resources, safety, risk management, supervisors and union. Obtain input from them to help get approval, make the process fit your organization’s culture and gain support for the final product. Understanding how P & P are developed and approved in your organization is key to creating the foundation for a successful program. Embrace the process.

Tactic Two

Ensure that all P & P address key components such as timely reporting, medical care, FMLA, transitional duty, safety requirements, drug free workplace and alcohol and drug testing. Policies must be written to allow for consistent application — applying equally to the president of the company as well as the front line worker. Include the consequences that will occur if the P & P requirements are not met. Make sure that P & P align with organizational goals and establish champions to support and defend the key components. This takes considerable pre-work but pays off with quicker implementation and sustainable success.

Tactic Three

Once developed, P & P must be communicated and the message reinforced on a regular basis. Start by delivering the materials and messages to leadership. Management meetings provide a forum for introduction and question-and-answer. Key messages from policies and procedures can then be delivered at new employee orientation and ongoing supervisor and employee training. Whenever possible, incorporate key messages into other training, such as safety and human resources. Just like commercials, the message has a better chance of sticking if it is repeated frequently.

P & P may seem like a tedious necessity, but a successful program addresses issues before injuries occur. Taking the time and effort to produce effective policies and procedures supports consistent decision making in the heat of an emotional or stressful situation and sets the stage for enforcing accountability for all parties involved.

The key to success is having a methodology with which to sustain the process.

— Scott Jones

AOCOPM, 2012 Mid-Year Meeting, St Petersburg, Florida
Ongoing Analysis of Data

Tactic One
If you really want to understand your issues and get the attention of leadership, **measure and publish comparative data.** This isn’t easy, but it is worth the effort. First, either obtain or create a way to measure outcomes for both frequency (number of claims) and severity (lost time days or incurred costs) by month. Set expectations for collecting or receiving this information prior to the policy year. Make it a requirement of the insurance company or third party administrator. The more detailed you can get (by site, by department), the better.

Develop a simple and standard format to publish the data and be disciplined about reporting it routinely. The outcomes can be compared in many ways: against past experience, against other similar departments or organizations. To compare apples to apples, develop a rate by dividing the number by payroll or full-time equivalents (FTEs) before comparing.

Tactic Two
**Perform an in-depth analysis of problem areas.** Don’t try this alone. The analysis will be most effective if you create an interdisciplinary effort to identify and address high-risk issues unique to the organization. Just the process of pulling together key people in your organization to analyze the data and causes will increase awareness and gain buy-in from the people who can help solve the problems. Start with the big picture, then illustrate areas with higher frequency or severity, then brainstorm causes. Using proven methods like Root Cause Analysis will increase the likelihood of reaching the correct conclusion.

Data is not often exciting but it doesn’t have to be scary either. When you take the time and effort to define what data matters and then are disciplined about reporting the outcomes, you are much more likely to identify and achieve the right goals.

Data gives you information. Use that information to gain insight to do the right thing.

– Patrick Venditti
Interventions Targeted at High-Risk Issues

Tactic One
If you really want to make an impact, use both data and a risk assessment to create and sustain targeted initiatives. Start with data from loss runs, employee satisfaction surveys or create your own survey to identify key high-risk issues. Use the data to point you in the direction of who else to include in the conversation. Once you have identified the key people, engage them in a risk assessment to confirm that the data is pointing to the right area. A risk assessment can be as simple as a walk-through of each area by a team focused on finding unsafe conditions or by asking employees to help point out areas that need to be improved. Having key people involved in the risk assessment will also build buy-in. Buy-in is key to gaining their commitment to ongoing analysis of the intervention’s outcome and ultimately to their ownership of it. The moral of the story is: If the intervention is critical to your organization, then it needs to become a permanent practice.

For example, at BJC hospitals, it does not take long to see that moving patients up in bed or from the bed to a chair puts considerable stress on nurses’ backs. The data uncovered the problem but the observation clearly illustrated the need and resulted in an intervention targeted at minimizing manual lifting of patients. As technology improves, the intervention continues to adapt to provide the safest alternatives to manual lifting of patients.

Tactic Two
Implement interventions that can be measured to provide proof of a return on investment (ROI). Do not minimize the impact of ROI. Secure the help of your finance experts to establish this measurement. If they help create it, they will support it. Even if there is support for starting an intervention, sustaining it will come from ongoing measurement of its financial return. If there is no financial return to be had, there may be a case to be made with other measures such as employee satisfaction. However, a financial ROI is your best tool for gaining support for the intervention and the strongest argument for sustainability. Often the ROI on an intervention that prevents injuries requires the calculation of money that is not being spent on injuries. Start with the baseline number of injuries in the targeted area and the average cost of those injuries. As the frequency of injuries decreases, multiply the decrease by the average cost to establish the amount saved. If your organization is large, start with a pilot in an area with supportive supervisors. Then communicate successful ROI to gain ongoing support and sustainable commitment to this strategy throughout the rest of the company.

The numbers should guide your effort. Focusing on high-risk issues provides the opportunity to measure ROI, which leaders respond to. Once they see the numbers, they will be more willing to support a prevention and control approach.

– Kim Gladstone
CONTROL STRATEGY 1

Access to Timely Evidence-Based Care

Tactic One

When employees are evaluated by an experienced occupational medicine provider soon after an injury or exposure, the foundation can be set for a good outcome. Basing treatment and expectations on evidence-based medicine creates a predictable path for all parties involved and greatly improves the trust level. The employee is assured that the facts of the case drive the next steps of the process to a predictable (and usually) favorable outcome. At the same time, the employer and claims adjuster receive information that justifies the current findings and planned next steps. Decisions are made based on facts, research and objective findings. This transparent and evidence-based approach leaves little room for the myriad of factors that can negatively impact the outcome.

It is imperative that employers communicate key information to medical providers. A good rule of thumb for what needs to be communicated is anything that could impact the outcome. This includes such issues as:

- If the employer has restricted duty available
- If the employee just returned from overseas
- If the employee was recently laid off
- If the incident was (or was not) witnessed
- For motor vehicle accidents, if the employee was wearing a seat belt

The list is varied but it is worth the effort to educate supervisors on how important it is to share key information with the medical provider. Otherwise, the medical provider only has the employee’s perspective on the situation. If the employee is scared or in pain, he or she may not clearly communicate all the pertinent information. The best way to make this happen is to establish a direct communication line with the medical provider. Don’t be afraid to call your occupational medicine provider. They should be available to you by phone 24/7.

Tactic Two

Starting with the report of an injury, data should be collected, tracked, communicated and incorporated into the plan of care. By basing decisions on evidence-based medicine, the ambiguity disappears and everyone can unite in a common anticipated outcome. Deviation from the expected outcome can be addressed quickly and out-of-control claims can be avoided. Without evidence-based medicine driving the plan, you can only hope for positive outcomes. With evidence-based medicine driving the plan, you can predict positive outcomes.

This strategy is similar to medical treatment of athletes. If we consider the employee an ‘industrial athlete,’ it’s understood that quick access to the right care minimizes pain, recovery time and lost work.

– Scott Jones

AOCOPM, 2012 Mid-Year Meeting, St Petersburg, Florida
Disciplined Oversight of the Medical Process

Tactic One
Management begins at the point of discovery. What occurs and what is said during the first hours and days after an injury sets the tone for recovery. The first key points include medical findings, work status, medications and recommended medical follow-up. Work status should be communicated as restrictions for both home and work if the employee is not returned to full duty. Make sure this information is obtained, communicated, documented and, most importantly, appropriate. Not every medical provider is an occupational medicine specialist, so they may not understand the importance of these points. It is important to establish 24/7 access to medical services that will provide appropriate evaluation, care and communication.

Tactic Two
Evidence-based medicine (EBM) must be consistently applied. Here are three examples that demonstrate why objective findings are more useful than subjective findings:
1) A pain chart completed by the patient at each visit provides better information than documentation by a medical provider describing observations. Is the patient's pain perception consistent with the injury? Is their pain improving or becoming worse?
2) Range of motion of an extremity or back is also measurable and can be compared to expected outcomes to help assess progress.

Tactic Three
3) Official Disability Guidelines (ODG) and The Medical Disability Advisor by Presley Reed provide data from hundreds of thousands of cases to establish norms and compare recovery time per diagnosis. Each of these evidence-based approaches provides the patient, provider and employer with transparent, meaningful indicators of the situation and creates predictable next steps toward an expected positive outcome.

Doing things the way we’ve always done them will result in the same outcomes. Using an evidence-based approach to treatment means that more people will get better more quickly because different approaches were measured and different outcomes were compared to determine the best outcome.

– Scott Jones

EBM requires continuing education. Much of medicine is based on a medical provider's training or personal experience. EBM is not new, but it is beginning to achieve recognition in the medical community. EBM benefits all parties involved, including patients, providers, adjusters, case managers, attorneys and judges, because it provides a transparent measure to manage expectations and assess progress. It is imperative for all parties to become educated and, because the evidence will continue to evolve, the parties must also continue to learn how to utilize EBM to promote an appropriate course for healing.
Disciplined Oversight of the Claims Process

Tactic One

**Constant communication between employer, claims adjuster and medical team** is critical in controlling complicated cases. Technology offers many ways to communicate, but the most effective form of communication for controlling workers’ compensation claims is a routine, face-to-face meeting involving all the key players and formalized with agendas, minutes and action items.

There are several advantages to monthly meetings. At first, meetings will be used to “clean up” existing cases. During these discussions, the employer, adjuster and medical provider will learn more about each other’s roles in an effort to gain trust and build rapport. As cases are resolved, they will learn even more from discussing the consequences of their past actions. Learning about the impact of their actions down the road naturally changes how they manage current cases. Many employers make the mistake of ending the monthly meeting when old cases are resolved. This often results in a boomerang effect and the group will quickly recognize the need to reinstate the meetings and clean up cases that have spun out of control. Lesson learned: stay disciplined and review current cases to address issues before they adversely affect the case. Shorten the meeting. Use it to discuss how policies can support control. Hold the meeting via conference call. But don’t stop meeting!

Tactic Two

Nothing can replace a timely, objective investigation. **Documentation of facts, employee statements and witness statements** completed close to the time of the incident provide invaluable information for the life of the case. Having claims staff trained in in-
vestigation skills promotes factual information and eliminates emotional or subjective wording that is not helpful. Statements from the employee and witnesses in quotes provide needed perspective and can keep the case from growing beyond the scope of the original occurrence.

**Tactic Three**

**Identifying risk factors unrelated to the incident** is critical to avoiding unnecessary complications. Risk factors can include psycho-social, economic, physical and financial issues. This is a sophisticated approach to claims control and is not practiced routinely by third party claims adjusters. Making it a priority to understand the whole person and the issues they face allows the appropriate support system (e.g. HR, EAP) to address the issues. This will minimize the transference of these issues into the workers’ compensation claim and provide the employee with the support they need.

**Tactic Four**

Objective analysis of both the adjuster’s and attorney’s performance is a little known practice that promotes desired outcomes. This is another sophisticated approach that takes thought, time and effort but yields greater control. To get started, **make regular observations about the adjuster and attorney** – for example, how long it takes them to respond to your requests, why they reserved/or settled a claim at a certain amount – and communicate your observation to them. Once they realize you care about their performance enough to call their attention to it, they will respond immediately with better performance. Over time, you can formalize your observations into measurable expectations and hold both the adjuster and attorney accountable. High performers will welcome this approach because it highlights their professionalism and expertise.

The opportunity to exert control over the process starts at the time of the injury but it continues through the life of the claim. At every step, a standard, consistent and objective approach promotes optimum control and outcomes.

— Patrick Venditti