

## Work-Return Coordinators Possess Diverse Skills

Return-to-work (RTW) coordinators use a complex set of skills to satisfy all parties in the process of returning an injured or ill employee safely to the workplace, according to a new study.

Until now, little research has been done to document characteristics considered essential to success in the performance of this critical function.

Researchers at Liberty Mutual, a leading workers' compensation insurance carrier, and the Université de Sherbrooke in Québec, Canada, conducted a literature review and subsequent focus group sessions to identify specific activities of RTW coordinators. Their research supports the establishment of professional competencies against which RTW coordinators' performance can be measured.

Glenn Pransky, M.D., a study co-author, occupational medicine physician and director of the Center for Disability Research at Liberty Mutual, said two clear findings have emerged:

1. Individual coordinators are one of the most important factors in the success of RTW programs.
2. The best coordinators share a common set of skills and personalities that blend strong negotiation, organizational, communication, problem-solving and interpersonal abilities with a positive attitude.

These findings are discussed in *A Literature Review Describing the Role of Return-to-Work Coordinators in Trial Programs and Interventions Designed to Prevent Workplace Disability*.<sup>1</sup> The study also is cited on a new Liberty Mutual website featuring best practices for returning disabled individuals to work.<sup>2</sup>

### Literature Search

The literature search was primarily intended to identify case studies in which an onsite RTW coordinator intervenes in an effort to reduce work absences associated with physical ailments. All but two studies



**Returning an injured employee to work in a timely, safe fashion requires both knowledge and finesse.**

focused on musculoskeletal conditions or work injuries. Twenty-nine specific RTW coordinator activities were identified, along with variations in training and the settings in which RTW coordinators function. For example, while their educational backgrounds varied widely, RTW coordinators were generally found to be people-oriented and adept at negotiation and communication.

Six preliminary competency domains were identified: 1) ergonomic and workplace assessment; 2) clinical interviewing; 3) social problem solving; 4) workplace mediation; 5) knowledge of business and legal aspects; and 6) knowledge of medical conditions.

The authors reached the following conclusions:

- Principal activities of RTW coordination involve workplace assessment, planning for transitional duty, and facilitating communication and agreement among stakeholders.
- Successful RTW coordination may depend more on competencies in ergonomic job accommodation, communication and conflict resolution than on medical training.

## Worried Workers Seek Solace in Snacks

One-in-10 U.S. workers reported increased snacking during the day in response to concerns about the economy, and 43 percent said they have gained weight, according to a recent CareerBuilder survey of 4,400 workers. A quarter of the respondents reported they have gained more than 10 pounds and 12 percent said they have gained more than 20 pounds while in their present positions. Women were more likely (48 percent) than men (39 percent) to say they have gained weight at their current jobs.

“Weight gain in the office is common and is a result of a variety of issues including today’s economic stress and poor eating habits,” said Rosemary Haefner, vice president of human resources for CareerBuilder.com. “Making little adjustments to your routine, such as bringing your lunch to work, getting up from your desk during the day and walking instead of driving or taking public transportation will help curb some of your financial worries, while making you healthier.”



## Strategies Target Alarming Rise in Overweight/Obesity Rates

In response to alarming statistics, the U.S. Centers for Disease Control and Prevention introduced the Common Community Measures for Obesity Prevention Project to identify and recommend a set of strategies that can be used at the local level to plan and monitor environmental and policy changes for obesity prevention.

A newly released report describes the process used to identify 24 recommended strategies for obesity prevention and a suggested measurement for each strategy that can be used to track progress over time. The strategies are divided into six categories: 1) promote the availability of affordable healthy food and beverages; 2) support healthy food and beverage choices; 3) encourage breastfeeding; 4) encourage physical activity or limit sedentary activity among children and youth; 5) create safe communities that support physical activity, and 6) encourage communities to organize for change.

Recent data indicate an estimated 33 percent of U.S. adults are overweight and 34 percent are obese. Being either obese or overweight increases the risk for many chronic diseases, including heart disease, diabetes, certain cancers and stroke.

**Source:** Recommended Community Strategies and Measurements to Prevent Obesity in the United States; *Morbidity and Mortality Weekly Report*, 58(RR07), 1-26, July 24, 2009; [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr).

**Recommended Resource:** *Lean Works!* website sponsored by the Centers for Disease Control and Prevention features interactive tools and evidence-based resources for worksite obesity prevention and control programs, including an obesity cost calculator for employers; [www.cdc.gov/leanworks](http://www.cdc.gov/leanworks).

## Resource Directory

**2009 Drug Trend Report;** workers' compensation pharmacy costs increased 5.4 percent in 2008, compared to 3.3 percent in 2007 based on 8 million transactions; [www.pmsionline.com](http://www.pmsionline.com).

**America's Most Productive Companies;** comprehensive study of employee productivity covers nearly 14 million people in 175 industries and 1,600 companies; produced by Profiles International; visit [www.AmericasMostProductive.com](http://www.AmericasMostProductive.com).

**Leadership and Medicine;** in this new book, the former CEO of Cleveland Clinic discusses how health care reform will drastically change provider management; Floyd D. Loop, M.D.; Fire Starter Publishing, 2009.

**The effect of worksite physical activity intervention on physical capacity, health and productivity:** a one-year randomized controlled trial; M Pedersen, et al.; *J Occup Environ Med.*, 51(7):759-70, 2009.

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## Focus Group Findings

The literature search was followed with a focus group project. Disability Management Employer Coalition (DMEC) members who are RTW coordinators working in the United States, Canada and Australia were asked about essential RTW activities and individual core competencies defined as knowledge, skills, attitudes and behaviors.<sup>3</sup> (The DMEC is a non-profit association focused on the development of integrated absence and disability management programs.)

Eight focus group sessions were conducted with 75 experienced RTW coordinators who collectively identified 904 individual competencies for their role. These were subsequently reduced to 234 unique items and sorted into eight groups: administration, individual personal attributes, information gathering, communication, professional credibility, evaluation, problem-solving and conflict management.

A subset of 100 items was incorporated into a web-based survey directed toward a broad range of RTW coordinators from the three countries. In response, 83 items were rated four or five on a scale of importance (very important or essential) by more than half of the 148 survey respondents.

“There were no differences in mean ratings by country, employer, profession or type of clients,” Dr. Pransky said. “The highest-rated items reflect general personal characteristics, or specific skills related to coordinating those involved with the RTW process.”

Confirming the literature search, study participants felt that while a medical background could be helpful, they did not consider it to be essential to be effective in the coordinator role.

“These findings can be applied to improve the selection, training and development of RTW coordinators,” Dr. Pransky said. “Certain key competencies may be inherent personality attributes, but others may be best developed through mentorship and evaluated by direct observation.”

## References

1. A Literature Review Describing the Role of Return-to-Work Coordinators in Trial Programs and Interventions Designed to Prevent Workplace Disability; W Shaw, Q Hong, G Pransky, P Loisel; *J Occ Rehab*; Vol. 18, No. 1, March 2008.
2. [www.libertymutualgroup.com/DIAM](http://www.libertymutualgroup.com/DIAM)
3. Effective Return-to-Work Coordinators: What Are Their Key Competencies? *@Work*, a publication of the Disability Management Employer Coalition; Vol. 1, No. 1, February 2009; [www.dmec.org](http://www.dmec.org).

## Website Features Best Practices in Workforce Absence Management

In 2008, disability, illness and injury cost employers at least \$95 billion, according to federal government sources.

“Disabled individuals can suddenly find themselves without their regular income, and employers face the loss of a skilled and trusted employee,” said Kevin Krzeminski, senior vice president and director of sales at Liberty Mutual Group Benefits. In response, Liberty Mutual has developed a website “to underscore the key role group disability insurance plays in protecting both individuals and employers.”



The website ([www.libertymutualgroup.com/DIAM](http://www.libertymutualgroup.com/DIAM)) features a link to a white paper on *Absence Management: Best Practices in Metrics and Reporting*, which describes 10 specific tasks for employers:

1. Assess the scope of absence in your environment.
2. Identify metrics to sell the business case for absence management to senior executives, e.g., cost of sick pay, workers' compensation and disability as a percentage of payroll.
3. Partner internally to identify and capture critical information.
4. Create benchmarks for absence management, which may include injury incidence logs and days away and restricted time (DART) rates.
5. Make absence management sustainable—the focus is on total health and productivity management.
6. Partner with third party administrators (TPAs) to obtain reports that meet your needs.
7. Tap into TPA expertise in benefits administration and intervention analysis.
8. Use data to fine-tune programs.
9. Balance incentives with disincentives.
10. Adopt, analyze, assess, adapt – repeat. Stakeholders who are attentive to the need for consistent, accurate data see better long-term results.

## Airborne Disease

The California Occupational Safety and Health Administration Standards Board has adopted the nation's first standard designed to protect workers from airborne and droplet-transmitted diseases; [www.dir.ca.gov](http://www.dir.ca.gov).

## Card Check Dropped

Democrats in the U.S. Senate reportedly have agreed to drop a card-check provision contained in the proposed Employee Free Choice Act. The provision would make it easier for employees to form labor unions by allowing a majority of employees to unionize by signing card-check petitions, *HR Hero* reported.

## Disability Ruling

An employee who sustains a work-related injury and is unable to perform essential functions of his job may not qualify for coverage under the Americans with Disabilities Act because he is no longer a qualified individual as defined by the statute, according to a recent U.S. District Court ruling in *Ferriera v. Illinois Department of Transportation* (No. 07-3141, C.D. Ill. 03/23/09).

## Firearm Rights in the Workplace

New legislation in Arizona expanding the rights of gun owners and concealed weapon permit holders to bring firearms onto employer property will go into effect Sept. 30. The "Parking Lot Law" has direct implications for companies that relied on their statutory right to declare their workplaces (including parking lots) gun-free zones, attorneys said.

## Worker Protection

Rep. Lynn Woolsey, D-Calif., has introduced the Protecting America's Workers Act of 2009, HR 2067, which would expand Occupational Safety and Health Act coverage to include local, state and federal government workers. It would also expand whistleblower protections and increase penalties for certain workplace health and safety violations.

## Ask the Attorney: Multi-State Drug Testing Policies

**Q:** Does our multi-state company need to have state-specific written drug test policies or can we get by with a single policy that mirrors Department of Transportation regulations?

**A:** Multi-state employers can no longer rely on a single corporate workplace drug test policy. There are at least 21 states (and one city, Boulder, Colo.) that require or justify a separate policy.

Recent court decisions in Connecticut, Minnesota, Oklahoma and Vermont, among others, make it increasingly clear that multi-state employers must know and follow



local rules. This means that "mirroring" DOT may be the biggest mistake an employer can make.

Your company has to follow the rules that apply to the test being performed, be it DOT-regulated or conducted in a state with its own set of rules. The following are some examples of rules in applicable jurisdictions:

- 23 states require either a split sample or retest;
- 23 states require that tests be conducted per federal DOT or DHHS;
- 21 states specifically define what a "specimen" is;
- 19 states require written notice of a positive test by certified mail;
- 18 states have specific alcohol positive levels;
- 12 states require that notice/policy be posted;
- 12 states limit random testing to safety-sensitive jobs only;
- eight states require initial or annual training/education;
- seven states limit discipline for the first positive.

These are just a few of the many state-by-state differences that any multi-state employer must take into account. Failure to follow these rules and expectations could result in significant losses if challenged.

**Source:** Bill Judge, J.D.  
[www.CenterforDrugTestInformation.com](http://www.CenterforDrugTestInformation.com)