

# The Injury/Illness Management Audit

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**Peter Greaney, M.D., identified two valuable lessons he has learned in his career as an occupational consultant: First, there are a lot of trivial injuries, and secondly, injured employees who return to work always do better physically and mentally than those who don't.**

While we work to prevent injuries, they do occur," said Greaney, who is the CEO of WorkCare Inc. in Anaheim, Calif. "How we deal with these injuries determine the outcome."

Greaney presented the session "The Injury/Illness Management Audit" at the American Industrial Hygiene Conference and Expo (AIHce) in Toronto, where he discussed the following components of injury and illness management:

**Injury Reporting** – Greaney stressed that one of the keys to managing workplace injuries is to make sure they are reported immediately. "You need to know and deal with it on the first day that it occurs," he said.

**First Aid Availability** – Some employers, Greaney said, don't maintain basic first aid supplies because of legal concerns. But having such supplies can save a lot of grief and money in the long run, not to mention providing injured employees with immediate assistance. One solution, he suggested, is to install medical supply vending machines and give tokens to employees who need to access the first aid.

**Employee Transport** – Establish a written policy that outlines a means of transport if an employee incurs a minor injury on the job, as well as who should accompany the injured worker. "At least for the first visit, I definitely recommend someone from the employer's side accompany [the employee]," Greaney said. Having a supervisor on board ensures the employee gets the help he or she needs, may prevent an unnecessary emergency room visit, ensures the employee will not be mistakenly billed for the visit and provides another source of information for the physician. The supervisor shouldn't necessarily follow the employee into the exam room, however. Instead, tell reception to put a note in the chart that the employee's representative is in the waiting area and would like to speak to the physician after the exam but before treatment recommendations.

**Choosing a Physician** – Consider the clinic's hours, security, location, credentials, customer service, quality of care, the facility's aesthetics, the clinic's working relationship and more. "I would recommend you take every opportunity to get in front of your provider and have a relationship with them," he said.

**Return-to-Work** – According to Greaney, physicians shouldn't be the ones to decide when an employee should return to work following an injury. Instead, doctors should outline activity restrictions that supervisors review and follow when easing the worker back into job duties. Greaney added that when employees are ordered to take a few weeks off for an injury, that time often stretches into several additional weeks. Helping employees return to work as soon as reasonably possible is best for both the employees and the company.

**Employee Awareness** – Be sure to train managers in the policies, post your practices, hold refresher sessions and more. "Communicate your plan so there is no unmet expectations when they have trivial injuries or illnesses," Greaney said.

**Managing Expectations** – Part of total care management is to have an open discussion with the patient to understand what the health condition means and to discuss the patient's knowledge and beliefs about the situation, Greaney said. This also means addressing commonly held misconceptions about back and wrist pain, which are common but not always linked to the work environment. "A good physician will spend some time on education [to discuss the injury]," Greaney said.

**Incident Review Team** – Determine which members from which departments (human resources, the EHS team, etc.) should make up this team, and who should attend meetings.

### **Pitfalls**

Greaney also outlined some of the common injury and illness management challenges and pitfalls:

**Supervisors who try to serve as physicians.** For example, a supervisor may simply tell an employee to avoid the work activities that cause pain, which may cause the employee to lose confidence in the situation and not report events to the supervisor. This means "less opportunity to instill preventative practices," Greaney said. "If you're not hearing about them, they're not getting proper care."

**The diagnosis precedes the injury.** This refers to employees alleging they are injured on the job when really the injury took place at an earlier time off the clock. "Fraud and abuse doesn't happen all that often, [though] insurance companies might want you to think otherwise," Greaney said. "But certainly, symptom magnification does occur."

**Visiting the emergency room for minor injuries.** Greaney explained that the ER doesn't want to see the same patient return and be put back into the system (which indicates the ER did provide adequate treatment), so generally the ER may give patients more medication or treatment than was really necessary. In addition, employees who visit the ER for minor injuries may be neglected in favor of cases that are true emergencies.

**Clinics are businesses.** Greaney warns that there is the likelihood of up-selling if clinic personnel are not monitored closely and if there is not an accountability process. Maintain communication and accountability to avoid this situation.

**Physicians who are so-called "experts" at the return-to-work process.** According to Greaney, these physicians often do not understand the relationship between work and health and have no idea of the physical requirements of most jobs. Some physicians may say, for example, that the employee should have 10 weeks off work for a minor injury, in part because they are worried about being sued for malpractice. "Talk to physician about it prior so there are expectations," he said, and to avoid the perception that a diagnosis alone justifies work absence. The clinician's role instead should be to set medically appropriate activity restrictions and discuss healing times so the employee can gradually and safely return to work as soon as possible.

**Physicians who focus on social needs.** A doctor should not prescribe time away from work because the patient needs to take care of personal or social needs and instead must focus on the injury and treatment.

**When job satisfaction complicates return-to-work.** Greaney pointed out that employees who don't like their jobs tend to report more injuries than employees who do like their jobs. Non-physical factors, such as depression or general job dissatisfaction, may impact reporting.

Greaney also outlined five qualities to look for in a good physician who will treat workplace injuries. Such physicians do not treat body parts that were not involved in the injury; do not determine OSHA recordables; do not determine compensability; understand importance of return-to-work; and offer communication as part of a service.

"You do have to go through a selection process for physicians that can meet your needs," Greaney explained. "If you have a good, positive relationship, it will be good for you."

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