The Employee Has Returned to Work! Now the Work Begins

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Control

• Return to *own* job area

• Different job, *same* department

• Different job, *different* department
Work related disability vs. non-work related
Disability Accommodation

The Agency is **required** to provide reasonable accommodation to known physical or mental limitations of a qualified employee or applicant, **unless** the agency can demonstrate that **to do so would impose undue hardship on program operation.** 29 CFR 1614.203 (c) (1)

Disability:

- Impairment which substantially limits one or more of the person’s major life activities. **29 CFR**
- Because of employment injury, incapacity occurred to earn the wage earned at the time of injury.
RTW Process is.....A

• Team approach.....and you’re an important part of the team!!

• Assess employees’ work areas for health and safety hazards. Set up ergonomic evaluation of job area

• Fit job to employee, not employee to job

• Monitor employees’ integration back into the work force.
Rehab Nurse Services

- Triggered by submission of CA-7 by employee for compensation

- Nurse will help return the employee to work. Will determine if limited duty
Vocational Rehabilitation

• An employee with extended disability may be considered for rehabilitation services if requested by the attending physician, the employee, agency personnel or OWCP.
Types of Forms

- Job capabilities form
- Case management form
- Release of medical documentation form
- E-forms
Communication Tips

- You **MAY** send faxes direct to physicians office
- You **MAY** fax directly to DOL
- DOL’s performance measures state that they will return all phone calls to caller within 3 working days
- Develop a **tracking sheet** for your cases and enter all actions required of you
Why There Are Issues With the RTW Process......
Psychology of the Injured Worker

- “Sickbed”
- Pain perception
- Changes in mood, attitude, and personality
- Fear of re-injury
Preparation for the Returning Employee

• Are the limitations permanent (may need to request a FCE)

• Never ask employees what they CAN’T do - Ask what they CAN do

• Assess for special needs such as adaptive equipment or handicap parking
Planning for the Returning Employee

- Consider gradual return to duty to begin with (half days, every other day, etc.)
- Arrange for orientation
- Educate co-workers (consider sensitivity training)
- Enforce to supervisor and co-workers the need to follow the employee’s restrictions
Implementing the Plan

- Maintain communication with employee and supervisor
- Be supportive, not enabling - empower the employee
- Enforce to employee not to exceed limitations
Planning (cont’d)

- Offer EAP, OT, PT as necessary

- If rehab nurse or counselor involved, arrange work-site visit
Key Points

- Communicate
- Focus on the positives
- Be accommodating
Myths & Facts About Communications With the Treating MD
Communications with MD’s

- MDs are too busy to talk or do not like communicating with the employing agency
- MDs do not like treating injured workers
- MDs do not especially like to treat Federal workers
- MDs do not write good reports
- MDs keep injured employees off too long on TTD
Communications (cont’d)

• MDs do not know all types of jobs

• MDs listening only to the injured worker and the employee does not let the MD know about limited duty

• MDs do not know how to get in contact with the agency
Communications (cont’d)

• MDs confuse the FECA with your state’s workers’ compensation program

• MDs think FECA is a disability retirement system
Tips:

• Pick your battles wisely

• Send photographs and/or video tapes of the job site

• Suggest having necessary testing done at your facility to expedite care and treatment
Written Communications with MD

- Use short, concise letters
- Include simple easy instructions
- Do not send a pile of forms
- Do not use terminology only understandable to those who deal with FECA
Written Communications (cont’d)

• Include the name and number of the contact person at your agency

• Indicate your willingness to assist with billing, referrals, and authorization for treatment and suggest testing and/or therapy be done at your agency

• Always inform of your willingness to provide limited duty
Verbal Communications with MD

• Be pleasant and maintain your composure

• Ask for clarification on unclear issues

• Do not challenge the diagnosis or plan of care

• Enforce your goal of assisting the provider and employee towards recovery
Supervisor Involvement

- Supervisors need to be kept in the loop
- Supervisors play a major role in the success of a returning employee
- Need to adhere to restrictions
- Need to monitor the employee and not allow them to “overdo”
Employee

• Must take responsibilities for their own actions
• Keep ALL required appointments (PT, OT..etc)
• Follow Directives
• Report any change in their condition or problems they are having integrating back into the workforce
The BEST Programs...

- Successful communication techniques will determine the effectiveness and timeliness in the return to work of your employee.
Case Study #2
Questions