The focus on helping individuals with mid-career disabilities stay in or return to the workforce is emerging in the economic and health sectors of the public policy arena. This focus comes from the drive to retain good employees in the workforce, which benefits state governments, employees and employers.

The state of Washington has taken a step in the disability employment policy arena to expand return-to-work policies. Through the creation of their Surgical Best Practices Pilot Program, an expansion of the Orthopedic and Neurological Surgeon Quality Project, the Washington State Department of Labor & Industries (L&I) tested four approaches to getting people back to work after injury and post-surgical care. These approaches are in addition to six best practices identified during the Orthopedic and Neurological Surgeon Quality Project.

On Oct. 1, 2014, Washington implemented the pilot program at three clinics with hopes of bridging the gaps between displaced and injured employees, employers and surgical care professionals. The goal is to gather data from enough injured workers to make up a significant sample size to measure effectiveness.

The four best practices implemented in the pilot program were: (1) timely and appropriate transition to surgical care; (2) setting and documenting return-to-work plans and goals; (3) post-operative intervention when return-to-work goals are not met; and (4) the timely transition back to a non-surgical provider, if needed, after surgical care concludes.

The first best practice was implemented to prevent administrative delays during the transition to surgical care. This practice arose out of the need to better coordinate surgical procedures and move injured employees through the process more quickly.

The second best practice arose out of the need to bridge the gap in communication between the employee and their surgeon about when the employee can realistically return to work. Washington acknowledged there was a critical role missing and created Surgical Health Service Coordinator (SHSC) positions to connect the injured employee to their surgeon, employer and/or vocational counselor, and to identify and document return-to-work goals for the injured employee.

“We placed a Surgical Health Service Coordinator at each of the three pilot clinics where they have access to the surgeons’ electronic medical records. And we gave them access to L&I’s electronic claim records so they could take a lot of the administrative burden off the surgeons,” said Carole Horrell, specialty best practices manager for the L&I Occupational Health Services Program.

The third best practice was derived from the need to follow up on post-operative care and to check on the progress toward previously set return-to-work goals. This part of the process is supported through face to face meetings between the employee’s surgical care team and the SHSC.

The fourth and final best practice explored in this pilot was focused on transitioning the employee to a
non-surgical provider after the surgical period of care is complete.

“There are a lot of success stories here, and data-wise we have seen a lot of success in the process measures,” Horrell said. “We have proven that we can deliver the services and we can support the Surgical Health Service Coordinators, who then support both the surgeons and the injured workers.”

Stay-at-work and return-to-work policies and outcomes are vital to retaining quality employees and to creating and maintaining a strong workforce. As states continue to have a vested interest in creating inclusive workforces, innovative new approaches for return-to-work and stay-at-work policies are sure to follow.

You can learn more about Washington’s Surgical Best Practices Pilot Program here [2], or by contacting Carole Horrell at caroline.horrell@Lni.wa.gov [3] or at 360-902-5080.

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