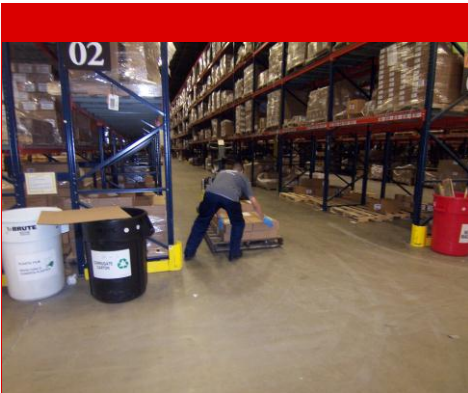




JOB READY SERVICES

YOUR STAMP OF APPROVAL FOR WORKPLACE FITNESS

September 2013 Issue



Our Services:

- Functional Capacity Evaluations
- Work Conditioning
- Job Analyses
- Fit for Duty Testing
- Employment Testing

WHAT ARE YOU WAITING FOR?

Time is of the essence in reducing lost time numbers and worker's comp costs. So, what's the hurry? The facts about claim cost in North Carolina should be a wake-up call for all employers that they have to find ways to put injured workers back in the workplace as soon as possible.

- The average direct claim cost in North Carolina was \$42,000 on claims from 2003 to 2008 (now closer to \$55K)
- Indirect cost was close to \$200,000 (now more like \$300K)
- Indirect costs are related to lost time
- Average lost time if a worker is out more than 7 days in North Carolina is 25 weeks
- Probability of returning an injured worker back to the job decreases by as much as 50% as early as 6 weeks post injury
- According to the OSHA data, a \$10 an hour employee could be costing you \$45-55/hour sitting at home

Let me see... \$10/hour at work, \$45/hr sitting at home...seems to me to be a "duh" moment in my way of thinking.

Reducing your worker's comp costs and work-related disabilities is more a factor of having injured employees staying at work (SAW) or having a successful return to work (RTW) as soon as medically stable. When is a condition medically stable? When the treating physician indicates the employee is no longer confined to home, travel is not restricted and the condition will not be worsened with change in activity level within guidelines provided or under supervision.

A robust RTW program can be the answer to getting an injured employee back into the workplace with cost savings results. Use of a Transitional Alternative Duty (TAD) program will benefit employees and the bottom line. So what will a SAW/RTW program look like if the employer is willing to change their attitude?

"We don't have any modified-duty jobs." Pick and choose those tasks the employee can do within restrictions and where in the company help is needed. It becomes a positive benefit for the injured worker and the department receiving help.

"We can't take the risk the employee's condition gets worse by coming back early"

Early RTW has been found to reduce work disability and the benefits will far outweigh the risk of re-injury. Use of a functional Fit for Duty test will identify the employee's safe work capacity.

"I need everyone to be 100%. A cost related to absenteeism already exists with or without a TAD program and you will benefit from that person's ability to provide some productivity rather than none plus save the indirect costs.

"The budget does not allow for 'extra' employees." You are paying an injured worker more to stay at home than working so consider creating a TAD cost center to provide productivity without perceived increase in cost by departments. Cost savings will become evident with time and familiarity with TAD practices.

"Modified duty is bad for morale." There is no favoritism because the TAD program should be offered to everyone with a work-related disability. Change in culture takes time but will change with management support and commitment.

"I don't have time to find things for someone to do." Realizing the cost savings potential, designate someone to be the TAD coordinator to streamline the process.

"I cannot have everyone on permanent light-duty assignments." Consider placing a time limitation on the TAD program such as 30 or 60 days and then re-evaluate the situation. Your TAD policy must be clear that the program ends once the restrictions are deemed permanent.

"The program costs too much." A comprehensive look at the indirect costs, such as payment of overtime or hiring of additional temporary staff, the morale of the workers who pick up additional duties for the absent employee, insurance costs for the payment of disability benefits, etc, will quickly reveal the savings in instituting a SAW/RTW program.

"The union will never agree to this." Even the union will see the benefit when presented in a positive light as being good for the worker.

So, what ARE you waiting for?

-submitted by Debra Lord, PT, President of Job Ready Services

IS A RETURN TO WORK TEST IN ORDER FOR YOUR INJURED WORKER?

Ask these questions:

1. Are you or the physician **uncertain as to the worker's functional abilities** and whether they match the physical demands of the job safely?
 2. Is the worker released to RTW, but you are still unsure about his/her ability to **safely do the job**?
 3. Did the worker RTW, but is now complaining of problems or says they are **not able to do all parts of the job**?
 4. Would **work conditioning** be a consideration in assisting them to work up to the physical demand level of their job and prevent re-injury?
- Don't assume that a release to RTW from the physician will ensure success.**

Don't wait until MMI to assess functional abilities in the form of an FCE – a RTW test and/or work conditioning are much better tools to ensure a successful and safe RTW for the injured worker.

SEPTEMBER LUNCH & LEARN

When: Friday, September 27, 2013, 12:00pm – 1:00pm

For more information, visit our

website: <http://www.jobreadyservices.net/index.php/contact/lunch-and-learn-registration/>

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We have Spanish-speaking staff for daily work conditioning visits. Save money on interpreters!