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## Expediting return to work full duty with successful onsite medical management

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### Abstract

Emory Healthcare with Emory University in Atlanta, Georgia is the largest employer in DeKalb County. Contract onsite physical therapy and ergonomic services were added in 2001. Emory employees with work related injuries were discharged after five onsite physical therapy visits on average versus the national average of fourteen outpatient visits. The estimated cost savings was \$887,574 in 2006. In 2008, Emory's Occupational Injury Management Department separated from the Employee Health Department to handle injured employees. Two orthopedic physical therapists specializing in ergonomics were hired full time. The injured employee fills out an online incident report and is seen by the medical staff within 1 to 48 hours. The employee is evaluated in physical therapy, treated and instructed in proper body mechanics. An ergonomic evaluation is performed if an employee has symptoms due to the work postures or the physical demands of the job. Physical therapy statistics of discharged patients were recorded for three years to evaluate the work status on discharge, the departments where injuries occurred, and types of injuries. The information was utilized to target the common injuries and develop a plan to reduce and prevent further injuries. Over 300 Emory employees were discharged annually from onsite physical therapy. The statistics consistently revealed 90% to 93% of the employees returned to work full duty. Only 35% of the employees required referral to an outside physician. The primary departments where injuries occurred were in Nursing, Facilities Management, and the Food and Nutrition Departments. Injury prevention programs were designed based on the ergonomic evaluations. The Safe Patient Handling Program was initiated in 2006. Overhead and mobile lifts were utilized. With continual nursing education and administrative support, there has been a 12.5% cumulative reduction in lifting injuries in 2014. In 2005, WC cases cost \$3500 but currently are \$1400. Emory's comprehensive approach expedites successful return to full duty work and reduces the cost of work related injuries.

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## **1. Evolution of the occupational injury management team**

Returning an injured worker to full duty work is challenging. In October 2012, according to the U.S. Department of Labor, healthcare workers experienced musculoskeletal disorders at a rate that exceeds workers in construction, mining and manufacturing. The injuries are mostly associated with repositioning patients in bed. The injury incidence rate per 10,000 employees is over 600 full time workers in healthcare versus just under 200 workers in construction. [1]

In March 2015, Emory Healthcare along with Emory University in Atlanta, Georgia continues to be the largest employer in DeKalb County with 39,075 employees. Currently, Emory Healthcare has five hospitals and multiple clinics in the metropolitan area. Our employee base increased from 20,000 employees to 29,500 employees in 10 years. Originally in 2000, the Employee Health Department handled all work related injuries. The Employee Health Department experienced difficulties tracking employees with work related musculoskeletal injuries. In 2001, contract onsite physical therapy and ergonomic services were added on a trial basis to expedite treating musculoskeletal injuries. The Emory Employee Health Department provided the physical therapy space in three locations in close proximity to the Employee Health locations.

Between 2000 to 2008, it was determined that when an employee was treated onsite for physical therapy, they were generally seen for 45 minutes to 60 minutes with minimal travel time to and from their work location. However, when an employee was seen at an outpatient physical therapy center off site, the time away from work could be two hours or more. Monthly statistics were recorded and compared to the national average number of physical therapy treatments required till discharge from care. Emory employees treated onsite were discharged on average after five onsite physical therapy visits versus the national average of fourteen visits at an outpatient physical therapy clinic. [2]

Originally, the Employee Health Department had two divisions in the office, one area handled work related injuries and one area performed new hire and employee annual physicals. The worker compensation staff had nurse practitioners and two case managers. In 2008, Emory's Occupational Injury Management Department separated from underneath the Employee Health Department umbrella to solely handle Emory Healthcare's work related injuries. Two physical therapists that specialized in orthopaedics and ergonomics were hired as full time employees. Today the Emory Occupational Injury Management Department consists of one medical director, seven nurse practitioners, four case managers, two physical therapists, a safe patient handling coordinator, a blood borne pathogen coordinator and three administrative assistants. The keys to success are expediting treatment of the employee, close communication with the Occupational Injury Management Medical Team and ergonomic intervention.

## **2. Expediting treatment for a work related injury**

In general when an employee is injured on the job, getting them into a physician or Occupational Medicine Clinic can take several hours to a week. Prior to the formation of Emory's Occupational Injury Management Department, when an Emory employee was injured, the employee would fill out an incident report paper form. This would be filled out directly in the department or faxed in from the location. In 2008, in an effort to expedite the reporting and treatment of work related injuries, a STARS online reporting form was created and implemented. At Emory Healthcare, an injured employee fills out an online incident report and is set up with an appointment to see a nurse practitioner in one hour to 48 hours. If physical therapy is indicated, the employee is scheduled within one hour from being seen in the clinic to 48 hours. The nurse practitioners will coordinate the return to work status with the supervisors. The employee will be returned to work with a light duty or a full duty release as the situation presents. If there is no light duty available within the department, the injured worker will have to go out on medical leave until a full duty release is granted. The employee will come in for regular follow-ups within two days to every two weeks as symptoms indicate with the treatment plan. If the employee continues to have symptoms that do not fully resolve with the current treatment, the employee may see the medical director or they will choose a panel physician of their choice. The employee is then transferred to the care of a nurse case manager who will coordinate every aspect of their case. This will include scheduling physician appointments, arranging special tests and assisting with workers' compensation pay if they are out of work. Though the nurse case manager tries to get the employee into the

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