DISABILITY MANAGEMENT GUIDELINES FOR CANADIAN OCCUPATIONAL HEALTH NURSES

March 17, 2004
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INTRODUCTION

Disability Management programs are of value for Canadian employers and workers. They are an integral part of most occupational health services in Canada and of many occupational health nurses’ practices.

This document is intended to serve as a framework and a guideline for occupational health nurses (OHNs) to develop and evaluate disability management programs for their companies. It also provides information on the roles and responsibilities of OHN’s and other stakeholders in the disability management process. Importantly it illustrates how the unique skills of OHNs contribute to the effectiveness of a well-designed disability management program.

The document has been divided into five areas.

1. Definitions
2. Components of a Disability Management Program
3. Role of the Occupational Health Nurse
4. Roles of Team Members and Allied Professionals
5. Suggested resources
DEFINITIONS

Disability Management: “a systematic goal oriented process of actively minimizing the impact of an impairment on the individual’s capacity to participate competitively in the work environment and maximizing the health of employees to prevent disability or further deterioration when a disability exists” (Dyck, 2000, p.7). A disability management program aims to prevent and manage absences that result from illness, injuries and/or personal issues. The OHN uses a variety of strategies to support program goals including prevention, wellness, and early intervention programs delivered in a consistent and equitable manner.

Case Management: “a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services available to meet an individual’s health needs through communication and available resources to promote quality cost effective outcomes” (Case Management Society of America, 1995, p.8). This process is expanded in a workplace to include not only health outcomes, but also to support workplace rehabilitation and safe return to work outcomes.

Claims Management: “the service provided in administering income loss claims through employee benefit plans such as short-term disability, Worker’ Compensation and long-term disability “ (Dyck, 2000, p.108). This process attends to the management of claim application forms, income replacement and benefit entitlements, and the processes used for adjudication.

COMPONENTS OF A DISABILITY MANAGEMENT PROGRAM

A disability management program is designed to support the needs of the employer and the employee when the employee has a permanent or temporary disability. The employee is supported during their recovery phase and with modified work programs until an optimal level of health is achieved and maintained. The employer is able to retain the valuable expertise of their employees, thereby reducing recruitment and retraining costs. A disability management program can ensure a company is compliant with human rights, workers’ compensation, and privacy legislation. It can also support a company’s financial integrity by controlling insurance plan costs.
Key components of a disability management program that the OHN needs to consider to ensure program success include:

1. **Commitment**
   - Obtain commitment from senior executives to line managers
   - Commitment should be verbal, written, and financial
   - Written commitment should recognize the value of the employee to the employer
   - Obtain commitment and participation from all stakeholders including union and employee representatives and employees

2. **Program Infrastructure**
   - Develop a written policy statement, program goals and objectives, and responsibilities for key players
   - Establish case management and return to work processes and guidelines
   - Develop a record management system with confidentiality guidelines
   - Develop a system to track the costs/benefits of the program and to analyze trends
   - Develop a management reporting mechanism
   - Market the program and educate all stakeholders

3. **Case Management and Return to Work Process**

   The Ontario Case Management Association (OCMA ) (2000) outlines six guiding principles of quality Case Management:

   1. Case management focuses on the client.
   2. Case management advocates for the rights of individual clients.
   3. Case management has at its core an effective client relationship.
   4. Case management is collaborative and built on effective communications.
   5. Case management involves all types of resources to meet the client’s goals.
   6. Case management is purposeful and actions are evidence based.
The functions of case management outlined by the OCMA include:

1. **Engagement** – a process that permeates all functions and seeks to establish and maintain a relationship with the client. Engagement begins with the relationship with the client, then lays down the foundation for mutual trust and respect and for future interactions. The process of engagement seeks to understand the client as an individual – a person with unique needs, circumstances, values, and preferences.

2. **Assessment** – Assessment is a dynamic and ongoing collaborative process that actively involves the client and others to secure information in a timely manner and to identify the client’s values, functional and cognitive capacity, strengths, abilities, preference resources, supports and needs. Information generated by the assessment process serves as the foundation for service/resource planning. Eligibility determination is often a key component of assessment.

3. **Accessing Information** – Understanding the client’s information needs, then providing information or supporting the client in his or her efforts to acquire the information, are important processes. They facilitate informed client decision-making and advance a client’s right to self-determination.

4. **Linking** – Case management is often the coordinating link between the client and the complex health and social services environment. Understanding the community environment and facilitating a client’s access to appropriate community resources are important functions in enabling a client to secure needed resources.

5. **Service/Resource Planning** – is a dynamic and collaborative process that involves both the client and formal/informal service providers. The plan itself is a road map for future activities and interactions. The plan is designed to achieve the client’s short-term and long-term goals and to articulate the type, amount, timing, and duration of formal and informal services/resources. It also specifies when the goals and activities are to be reassessed and evaluated.

6. **Service/Resource Implementation** – is the process in which all parties involved in the service/resource plan work together to carry out the mutually agreed upon activities. It requires effective and ongoing communication among all those who are involved. It also requires coordinating and monitoring systems to ensure that the activities are being carried out as planned.
7. **Reassessment and Evaluation** – ensure the currency and appropriateness of the client’s service/resource plan. They are on-going processes carried out by the client and the providers to determine: a) if the client’s goals are current, b) if there is effective and efficient movement towards these goals, and c) if the client and providers are satisfied with the process and outcomes of the plan of care. Reassessment recognizes that client’s needs can change over time.

8. **Disengagement** – a collaborative process that prepares the client for the end of a case management relationship.

As part of a disability management program case management and the return to work process may include:

- Early identification of cases
- Collecting and assessing employee information regarding medical, work and personal situation
- Identifying barriers for return to work
- Formulating and intervention or action plan that identifies internal and community resources and required referrals (e.g., Employee Assistance Program, functional capacity evaluations, independent medical examinations), and establishes timelines for communicating with the employee, receiving updates from health care providers, and initiating a timely return to work plan
- Confirming fitness to work and developing a written goal-focused return-to-work plan with input from the employee, supervisor and health care practitioners.
- Monitoring the employee’s progress until successful return to regular duties or optimum performance in an alternate role or with permanent restrictions
- Recording all communications and retaining all correspondence in a confidential employee health file
- Ongoing case evaluation

4. **Program Evaluation:**

- Evaluate employee and supervisor satisfaction, case management process, and program outcomes
- Analyze trends and calculate cost/benefit ratios
- Prepare reports for employer as required
- Evaluate program data for continuous improvement and preventative initiatives
ROLE OF THE OCCUPATIONAL HEALTH NURSE IN DISABILITY MANAGEMENT

The Occupational Health Nurse and Nursing Practice Standards

Across Canada, nursing practice standards and codes of ethics form the foundation for all nursing practice. Providing disability case management services to clients requires knowledge of and application of nursing practice standards.

Nursing practice standards consistently attend to the competencies and measurement criteria upon which the public, clients, employers, colleagues, and nurses can measure the practice of registered nurses. Standards ensure nurses are accountable and responsible for their practice. In particular, standards stress the importance of ethical practice, accountability, evaluation of practice and continual improvement. Emphasis is further placed on a systematic and evidence-based approach to clinical decision-making.

Occupational health nurses follow nursing practice standards and codes of ethics established by three levels of professional nursing associations. Professional nursing associations exist at the national and provincial levels, and where applicable within a specialty practice. For example, the Canadian Nurses’ Association (CNA) at the national level and provincial bodies like the Alberta Association of Registered Nurses (AARN), Ordre des Infirmières et infirmiers du Québec (OIIQ) and Registered Nurses’ Association of Ontario (RNAO), all have nursing practice standards and codes of ethics. Registered nurses must practice in accordance with the nursing practice standards of the provincial governing body where they are registered and working. Specialty practice associations throughout Canada, such as the Canadian Occupational Health Nurses Association/Association Canadienne des Infirmieres et Infirmiers en Sante du Travail (COHNA/ACIIST) Alberta Occupational Health Nurses’ Association (AOHNA), Ontario Occupational Health Nurses’ Association (OOHNA) and Association des infirmières et infirmiers en santé du travail du Québec (AIISTQ) also have advanced standards applicable for the specialty. These specialty practice standards reflect the advanced scope and framework required for the practice of occupational health nursing.

It is recommended that OHNs who deliver disability management programs review all relevant provincial and national documents that may be applicable to their professional nursing practice.
Occupational Health Nursing Competencies

Competencies for occupational health nurses have been defined by CNA for their certification exam [COHN(C)]. The five categories of competency for OHN’s are:

1. Provision of Occupational Health, Safety and Environment Services
2. Assessment of the Work Environment, Hazard Control and Surveillance
3. Employee Health Assessment, Surveillance and Intervention in the Workplace
4. Assessment and Care of Injuries and Illnesses in the Workplace
5. Health, Safety and Environmental Education/Promotion in the Workplace

The occupational health nurse as a key player in the disability management process requires the following skills:

- Ability to maintain the confidentiality of employee health information
- Ability to plan, organize, and work collaboratively with other stakeholders such as management, unions and other health care professionals
- Excellent communications skills (written, verbal, and listening)
- Knowledge of rehabilitation and community health resources
- Well developed health assessment, nursing assessment, and evaluation skills
- Ability to interpret diagnostic and health information, assess physical and mental limitations in relation to job demands and determine fitness to work
- Ability to act as an advocate for optimum resolution, benefiting the employer and employee
- Awareness of and adherence to professional nursing code of ethics and standards
- Analytical and problem-solving skills
- Desire for continuous professional improvement
- Ability to link the program goals to the business processes
ROLE OF TEAM MEMBERS AND OTHER ALLIED PROFESSIONALS

In addition to the employee, the supervisor, and the occupational health nurse, many other health care professionals and workplace representatives can be involved in the disability management program.

The following chart outlines recommended roles and responsibilities for various team members.

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Role</th>
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<tbody>
<tr>
<td>Employee</td>
<td>o Manages his/her personal health</td>
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<td></td>
<td>o Participates in the program</td>
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<td>o Cooperates with treatment and recovery and return to work initiatives</td>
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<td></td>
<td>o Keeps all team members informed</td>
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<td></td>
<td>o Notifies the OHN and supervisor if having difficulty with work tasks</td>
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<td>Front line supervisor</td>
<td>o Supports the employee in the return to work process.</td>
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<td></td>
<td>o Provides modified work opportunities for employees with temporary and permanent medical restrictions.</td>
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<td></td>
<td>o Supervises work performance and advises the OHN if employee is having difficulty.</td>
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<td></td>
<td>o Encourages coworker participation/acceptance</td>
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<tr>
<td>Occupational Health Nurse</td>
<td>o Applies early intervention strategies</td>
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<td></td>
<td>o Facilitates release of appropriate information on restrictions and limitations</td>
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<td></td>
<td>o Coordinates communication between all stakeholders.</td>
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<td></td>
<td>o Identifies and resolves barriers to return to work.</td>
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<td></td>
<td>o Continuously monitors return to work process and revises plan as required.</td>
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<td></td>
<td>o Maintains documentation of the plan and any ongoing discussions.</td>
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<td></td>
<td>o Analyzes trends in the program.</td>
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<td></td>
<td>o Ensures confidentiality of health information.</td>
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<td></td>
<td>o Demonstrates leadership for preventative activities.</td>
</tr>
<tr>
<td>Team Member</td>
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</tbody>
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| Occupational Physician      | o At the request of the OHN reviews complex disability cases to assess and give recommendations for optimal treatment and rehabilitation alternatives  
                                   o May contact employee’s treating practitioners to suggest/discuss treatment options as required  
                                   o Clarifies fitness to work status of employees in situations where safety factors or work issues are barriers to return to work |
| Treating Physician          | o Provides objective medical and functional restrictions and limitations and other related information to the OHN  
                                   o With appropriate releases can give nature of the disability or diagnosis, plans and prognosis  
                                   o May provide input on return to work plan |
| Human Resources             | o Provides labor expertise and knowledge of collective agreements.  
                                   o Can assist with identifying suitable alternate work placements.  
                                   o Ensures compliance with Human Rights Legislation (duty to accommodate).  
                                   o Assists with conflict resolution. |
| Union                       | o Brings knowledge of collective agreement and protects the right of employee.  
                                   o Supports the employee and the disability management program. |
| Resources/Allied Professionals | Role is dependent upon the contract with the employer: e.g. could perform adjudication only  
                                   o May provide added resources, i.e. vocational rehabilitation as necessary. |
| Independent Medical Evaluator (not connected to the employee, the employer or the insurer.) | o Provides an unbiased specialist opinion and recommends a treatment plan to facilitate case resolution. |
| Insurance Company           | o Role is dependent upon the contract with the employer: e.g. could perform adjudication only  
                                   o May provide added resources, i.e. vocational rehabilitation as necessary. |
| Nursing Colleagues          | o Provide advice and added expertise/perspective at the request of the OHN.  
                                   o Provide educational and networking opportunities. |
| Legislative Bodies          | o Protect the rights of the individual through the establishment of laws and other programs.  
                                   o Provide information and education to employee and |
<table>
<thead>
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<th>Resources/Allied Professionals</th>
<th>Role</th>
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<tr>
<td>employer.</td>
<td></td>
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<tr>
<td>Workers’ Compensation</td>
<td>o Provides compensation for workplace related injury/illness</td>
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<td></td>
<td>o Adjudicates work-related claims.</td>
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<td></td>
<td>o Monitors rehabilitation and recovery process.</td>
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<td>o Provides resources.</td>
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<td>o Oversees the return to work plan.</td>
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<td>o Promotes prevention and the reduction of workplace injuries/illnesses.</td>
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<td>o May provide restrictions &amp; limitations to the OHN to assist with return to work planning.</td>
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<td></td>
<td>o Can provide work hardening treatments specific to the job requirements.</td>
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<td></td>
<td>o Perform ergonomic assessments, functional capacity evaluations.</td>
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**Disclaimer:** The author does not intend this document to be all-inclusive, therefore a list of suggested resources are referenced below.
RESOURCES FOR OCCUPATIONAL HEALTH NURSES

- *The Medical Disability Adviser* by Presley Reed
- WCB Medical Disability Guidelines
- *Fitness for Work: the medical aspects* by Cox, Edwards and McCallum
- *The Comprehensive Guide to Work Injury Management* by Isernhagen
- *The Case Manager’s Handbook* by Mullahy
- *Principles and Practices of Disability Management in Industry* by Shrey
- *Diagnostic and statistical Manual of Mental Disorders, DSM-IV* by the American Psychiatric Association
- *Official Disability guidelines* by the Work-Loss Data Institute
- *Disability Management in the Workplace; a guide to establishing a joint workplace program* by NIDMAR
- *Disability Claims Management* by Ann Leckie
- *Occupational Health Nursing: Concepts and Practice* by Bonnie Rogers
- *Guide de l’employeur concernant le traitement des périodes d’absences pour invalidité* by Ministère de la Santé et des Services sociaux, Gouvernement du Québec
REFERENCES:


