Occupational Health Management™

A monthly advisory for occupational health programs

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INSIDE

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Get results that impress by taking on a bigger role in workers' compensation

Occ health managers should focus on business component

A newly hired occupational health nurse knew intuitively what she was saving her company, but lacked quantifiable numbers. To come up with hard data to show her worth, the nurse turned to her workers' compensation carrier.

"We put together a report for the nurse that illustrated the frequency and individual and aggregate costs of the company's claims," says **Christine R. Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, senior risk control specialist at PMA Cos.' Mount Laurel, NJ, office. "It was clear that lost time and injury claims, with the resulting loss of productivity, had been costing the company a considerable amount of money." The insurer was able to show that since the nurse came on board, the company had seen a 91% decrease in the frequency of claims.

Getting employees back to work more quickly, reducing the frequency of claims, and identifying high-risk areas: To get eye-catching results for any of these areas, you need a solid grasp of the workers' compensation process.

"As the economy continues to change, organizations are looking more and more at the bottom line," says Zichello. "You can actually save money for the company by becoming actively involved in the workers' comp process." **(See related story, p. 39, on what you need to know.)**

As insurance companies focus more on disability management and the

EXECUTIVE SUMMARY

To improve your company's bottom line, you must have a clear understanding of the workers' compensation process. In one case, a workers' compensation insurer was able to demonstrate a 91% decrease in claims after an occupational health nurse was hired. You'll need to:
Understand the different types of workers' compensation programs.
Use your workers' compensation carrier or third party administrator to obtain information on specific and aggregate claims data.

medical aspect of workers' compensation, you need to diversify yourself, says **Denise Zoe Gillen-Algire,** RN, BSN, MBA, COHN-S/CM, FAAOHN, president of the Workers' Compensation Association of New Mexico and practice leader for Integrated Health and Productivity Management at Risk Navigation Group, both in Albuquerque, NM.

"If you are not involved in this realm of the business, you need to be," says Gillen-Algire. "Understand not just the clinical component, but also the business component and the employer's perspective."

Track claims by your company's top injury codes by frequency, and also top injuries by severity in terms of total claims dollars incurred. "The focus should be not only on the frequency and severity, but also on the potential for high dollar claims," says Gillen-Algire.

You might find, for example, that you usually have more back claims in a particular department or shift. "You can turn that information back into your prevention efforts," says Gillen-Algire.

If you discover a high-risk area, perform an assessment of what the employees do and how hazards can be eliminated. "Go for the low-hanging fruit," says Gillen-Algire. For instance, slip-resistant mats can be added to a kitchen area to prevent fall injuries.

To increase involvement in case management of workers' compensation claims, Zichello advises obtaining certifications in case management from The American Board of Occupational Health Nurses or the American Nurses

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- For more information on obtaining certification in case management from the American Board of Occupational Health Nurses, go to www.abohn.org. Under "Certification," click on "Case Management."

- For more information on certification in case management offered by the American Nurses Credentialing Center, go to www.nursecredentialing.org. Under "Certification," click on "Choose Your Specialty." Under "Specialties," select Case Management Nurse."

Credentialing Center. **(See resource box for more information, p. 38.)** Armed with these skills, you'll be able to verify medical reasons for employee absences, follow up after absences from work, and assist employees with chronic illnesses. "Case management assists in the safe and timely return to work and results in cost savings," says Zichello.

New opportunities await

Your workers' compensation carrier can be your ally when it comes to coming up with hard data to show your worth. **(See story on how to demonstrate cost savings, p. 40.)**

Being well-versed in workers' compensation also could open up new job opportunities. Early in her career, Zichello was an in-house occupational health nurse for an insurance company. This led to her current position in the risk control department with an insurance carrier.

"We were writing a lot of health care accounts, and I saw the connection," says Zichello. "As a registered nurse, I know health care and realized that I could make an impact on the bottom line by combining by nursing knowledge and addressing safety issues." ■

3 things you must know about workers' comp

"People think of insurance as somebody gets hurt, they submit a claim, they get paid, and that's the end of it, but there are all different types of programs," says **Christine R. Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, senior risk control specialist at PMA Cos.' Mount Laurel, NJ, branch office. Here is what you need to know:

• What type of policy has your organization purchased?

Your company might be on a guaranteed cost plan, a retrospective rating plan, or a large deductible plan. **(See box on p. 40 with definitions of each type of plan.)** Also, you need to know how funds are allocated for premiums. Is there a chargeback for losses to the department?

"With a high deductible program, it's your company's money that is paying for the workers' compensation bill up to a set amount for a given accident, as opposed to guaranteed cost programs where the money comes from the insurer," says Zichello.

• What is involved in the overall worker's compensation process?

To learn more, here are recommendations from **Moniaree Parker Jones**, RN, MSN, COHN-S, CCM, a Birmingham, AL-based legal nurse consultant. Jones is also a former senior occupational health nurse in the Alabama/Mississippi regional office of State Farm Insurance Co. and worked as the sole occupational health nurse at Georgia Gulf Corp., a chemical plant in Plaquemine, LA.

— Attend training given by the National Institute for Occupational Safety and Health. (For more information, go to niosh-erc.org. Click on "Search all courses by topic" and then select Workers' Compensation and submit.)

— Attend local occupational health meetings and the national conference held by the American Association of Occupational Health Nurses. (For more information, go to www.aaohn.org. Under "Continuing Education" heading, click on "Symposium & Expo.")

— Contact your state workers' compensation office.

• What data is available from your insurer?

Denise Zoe Gillen-Algire, RN, BSN, MBA, COHN-S/CM, FAAOHN, president of the Workers' Compensation Association of New Mexico, says, "If you have never worked for an insurance company, you are not aware of all the data they have available."

Use your workers' compensation carrier or third party administrator to obtain information on specific and aggregate claims data, such as lost time claims, claims by area and/or department, specific cause of injuries, as well as totals incurred for medical and indemnity, in aggregate as well as by claim.

Many workers' compensation carriers or third party administrators provide a web portal to their clients. At that portal, you can run numerous reports regarding your claims data and access detailed notes on a given case from the insurance side. Using this information, you can work collaboratively with the adjuster. For example, if you notice that an employee stated that light duty was not available, you can go to the supervisor to confirm if it is, in fact, available, and inform the adjuster on how the company can accommodate the employee.

"This puts you all on the same page," says Gillen-Algire. "You may be aware of additional information to help manage that loss." ■

Which of these 3 plans is your company on?

Here are definitions of three types of workers' compensation insurance policies, according to **Christine R. Zichello**, RN, COHN-S, CSHM, ARM, FAAOHN, senior risk control specialist at PMA Cos.' Mount Laurel, NJ, branch office:

• Guaranteed or fixed cost plans. As the name implies, these "guarantee" a "fixed" premium that the organization will pay for a policy regardless of the frequency or severity of losses that occur during the policy period. The guaranteed cost premium for most large organizations is based on standard industry rates, subject to state approval, that are adjusted upward or downward based on an organization's past loss experience.

"This practice is known as experience rating and carriers use it to determine an organization's 'experience modification factor,'" says Zichello. "Ultimately, the main advantage to these plans is the fixed premium. An organization knows exactly how much its insurance will cost."

• Incurred loss and paid loss retrospective programs.

In retrospectively rated insurance programs, the premium is determined at the conclusion of the policy period based on the actual incurred loss experience for the year. With incurred loss programs, the retrospective premium is adjusted annually until all claims are paid and closed, and the ultimate program cost to an organization can be limited on a specific maximum basis.

"While paid loss programs also determine the premium retrospectively until all claims are paid and closed, they also offer installment plan payment options to reduce an organization's initial cash outlay," says Zichello.

• Large deductible programs.

Under these programs, organizations identify loss exposures, retain them and formulate a plan to pay for and handle those retained losses. "In other words, organizations maintain their risks as opposed to transferring them to an insurance carrier," says Zichello.

Organizations may purchase excess insurance from a carrier in order to transfer the risk of the high-severity portion of their losses. For example, an organization might have a high deductible up to $500,000. Should one claim exceed that cost, the amount over $500,000 would be paid to the excess insurance carrier.

"When an organization has a large deductible plan, it generally obtains certain services that an insurance company would normally provide as part of the insurance program, such as risk control and claims administration," says Zichello. ■

Prove that thousands of dollars were saved

'Dollars talk,' especially in today's economy

Getting more involved in workers' comp is your "chance to show cost savings to upper management," says **Moniaree Parker Jones**, RN, MSN, COHN-S, CCM, formerly a senior occupational health nurse in the Alabama/Mississippi regional office of State Farm Insurance Co.

"The occupational health nurse, after all, is probably the one person most familiar with the worker's health. This fact alone makes all the difference in worker care," says Jones. "He or she is also the best resource for objective case management."

Although you save the company money every day — sometimes significant amounts — you might fail to "put it on paper and show it to the right people," says Jones. "This one area of documentation could save jobs, possibly even the occupational health nurse's job. It is time nurses become better at documenting what they do. Otherwise it may go unnoticed or someone else will take the credit."

Worker becomes pain-free

Jones recalls a case involving a man who had sliced off the tip of his finger in an on-the-job accident. "He had seen the company orthopedist and reached Maximum Medical Improvement, as far as his employer and orthopedist were concerned," says Jones. "The problem was, he could hardly turn the pages of a book without pain. I decided to have this man see a plastic surgeon for a second opinion."

The plastic surgeon felt that exposed nerve endings were causing the man's pain, which would require a skin graft over the tip of the injured finger. The surgery was performed, and the man's finger became pain-free.

"This allowed him to return to his previous job and live a life not of modified duty or one with

constant pain," says Jones. "This one case management action saved the company the loss of a good employee, as well as multiple payments for lost work time wages from the inability to do his trained job. The company did not have to spend thousands of dollars training another individual."

Most of the time, your skills are not known to management, says Jones. "Many employers really don't have an adequate understanding of what we truly are capable of doing for the company," she says. "Dollars talk, and even more so in today's economy."

To demonstrate cost savings, Jones recommends:

• Track the number of employees coming to you for care.

If employees would have required a physician visit without occupational health services, compute this cost savings, says Jones.

• Act as the case manager for injured workers.

"Ensure that the company provides cost-effective occupational case management for the employee," says Jones.

She recommends negotiating prices for care such as functional capacity evaluations, durable medical equipment, and therapy. Compare these prices to regular rates, and take credit for the cost savings, Jones advises.

• Work with the physician and employer to get the employee back to work or modified duty.

Calculate the number of lost time days saved, as a result of your understanding the medical condition and jobs available for modification purposes. "We know that prompt referrals also save on return to work time," says Jones.

• Show "before and after" results for programs.

Jones once created a report showing the decrease in heat stroke or heat exhaustion cases due to offering employees fruit, energy electrolyte drinks, or popsicles during the summer. "The reduction showed the program should continue and was of benefit," she says.

• Confidentially inform management of critical issues.

Employees often feel comfortable speaking to the occupational health nurse or physician because they know the information is confidential, says Jones, and this dialogue sometimes can result in cost savings.

"I remember an anonymous employee reporting that marijuana was being smoked on the night shift on the top deck of a chemical plant," she says. "This valuable information led to drug screening at night and the avoidance of a potential nightmare."

Include information like this in your reports to management. "Just because a report is not expected does not mean you cannot create a memo to the right people summarizing the month or year's events regarding the department," says Jones. ■

Use these tips to speak language of business'

Be a translator between the two worlds'

As an occupational health professional, you need to bridge communication gaps between two very different worlds: medicine and business.

Always remember you are working in a business environment, says **Robert R. Orford**, MD, CM, MS, MPH, president of the American College of Occupational and Environmental Medicine (ACOEM) and a consultant with the Division of Preventive, Occupational, and Aerospace Medicine at Mayo Clinic in Scottsdale, AZ.

"You need to understand how management functions and how your programs will impact the bottom line of the company, in a much more direct way than you would in the hospital setting," says Orford.

Just as medical jargon is often poorly understood by non-clinicians, management and finance fields have their own terminology. You need to be conversant in both, sources say. For example, in a given day, you might need to communicate with an injured worker's treating physician, a

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During interactions with executives, you'll need to be comfortable using clinical and business terminology. To improve communication:

• Make senior executives aware of accident, disability, and absenteeism rates.

• Connect rates of chronic diseases to wellness programs.

• Back up statistics by citing respected organizations.

worker's manager about what type of work they can do, and your CEO who is making decisions about health care plans for the company. To hold your own in all these conversations, you need to be a "translator between the two worlds" of business and medicine, says Orford. "If you are engaged in one-to-one interactions with executives, you better have some skills in the business field," he says. "Otherwise they probably will not understand you very well, and vice versa."

To improve the way you communicate with business leaders, do the following:

Get to know the CEO, human resources director, and finance director.

Make these individuals aware of the basic statistics of the company's occupational health and safety performance, says Orford. These include the accident rate, short term and long term disability rate, and absenteeism rate.

"Present your views on how the company's performance in these areas can be improved," says Orford. "Also, ask for their ideas on this." (For more information on this topic, see the following stories in Occupational Health Management: "Program gets ill, injured patients back to work," January 2009, p. 7; "Safety reward program results in 'huge ROI,'" October 2008, p. 108; "Key to safety: Creating the right work culture," July 2008, p. 78; and "Make safety changes with employee's input," November 2007, p. 124.)

Be familiar with health statistics on your employed population.

When talking about wellness programs, be well-versed in rates of chronic diseases such as asthma and diabetes, Orford says. To generate this data for your employee population, Orford recommends using ACOEM's Health and Productivity Management Toolkit. (Toolkits are $189 for non-members, and $139 for ACOEM members. To access this resource, go to hpm.acoem.org. Click on "HPM Toolkit." Annual subscriptions to the HPM)

Cite respected organizations to back up what you are saying.

You might have only one shot at presenting your point to upper management, says Peggy Branan, RN, an occupational health nurse with Jefferson (LA) Parish Government. "If you provide a credible source to back up what you are presenting, it will add more weight to your position," she says.

For example, when talking about heart health-related issues, use statistics "as cited by the American Heart Association," for diabetic-related issues, "as cited by the American Diabetes Association," and for cancer-related issues, "as cited by the American Cancer Society."

Explain unfamiliar terms.

You might need to define occupational health terms such as "presenteeism" or "case management." "If you are using medical terminology or explaining concepts which are unfamiliar to them, you should explain these," says Orford. "But in my experience, there is no reason to oversimplify. Executives are intelligent and quick learners."

Use information or data from your organization rather than providing numbers from a general population.

Cathy Baase, MD, global director of health services at The Dow Chemical Co. in Midland, MI, says, "For example, instead of saying that tobacco costs the U.S. economy billions of dollars per year, it is better to provide a per-employee cost, and then a company-specific projected cost." ■

SOURCES

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Musculoskeletal injuries can return to work faster

Get on the same page with employee's physician

When a worker is injured, develop a partnership with the patient's treating physician and the employee "right from the beginning, even before the person goes out of work," says **Diane DeGaetano**, RN, BSN, COHN-S, COHC, president of the Georgia Association of

EXECUTIVE SUMMARY

Work in close partnership with an employee and his or her physician when a musculoskeletal injury occurs. To facilitate an earlier return to work:

- Share a detailed description of the job's required functions, or have the physician observe the job firsthand.
- Identify jobs that are low stress on an employee's upper extremities.
- Communicate with all injured workers frequently, and offer modified work schedules.

Occupational Health Nurses in Atlanta.

Here are five ways to create this partnership:

- Complete a detailed current essential job function form.

"This is critical," says DeGaetano, "because then the employer and the physician are both on the same page as to what they are trying to get the employee back to."

The form documents exactly what an employee does during the day in terms of physical, mental, and environmental requirements. [Sample return to work and essential job function forms are included with the online version of this month's Occupational Health Management. For assistance, contact customer service at customerservice@ahcmedia.com or (800) 688-2421.] For example, in response to a physician's question regarding how much grasping is required in the job, the employee might answer: "I have to continuously grasp and squeeze with both hands." In reality, the employee might have a production job in which grasping is required continuously with the right hand but only occasionally with the left hand.

"By providing a very accurate description of the employee's job functions, the physician can accurately decide work modifications for the employee," says DeGaetano. "The physician is prevented from documenting that employee can't come back to work because both hands have to be used continuously."

If the doctor has a misconception about what an employee is required to do at work, "a much longer recovery period could result," says DeGaetano.

On a recent case, a doctor was given a list of required functions and checked off that the employee could not do every single one of them. However, "using the essential job function form, he agreed that the job tasks documented were tasks the employee could do while recovering from a musculoskeletal disorder," says DeGaetano.

In a case like this, DeGaetano says to invite the physician to come to the workplace and observe the job firsthand. 'If that's not possible, videotape some of the upper extremity jobs so the doctor can actually look at them," she says.

- In your modified duty or return to work policy, identify some jobs that are low stress on upper extremities.

Most musculoskeletal injuries involve upper extremities, and modified duty jobs for these injuries are "hard to come by," says DeGaetano. She recommends having employees use their recovery time to complete training, which may require watching videos.

- Put everything in writing.

When documenting the employee's work modifications, DeGaetano says, "I don't recommend you do anything by phone. It should be completed by fax or e-mail, so that you have that paper trail."

- Offer a modified schedule to ease the employee back into work.

An employee could work four hours a day for the first week back on the job, six hours the second week, and full time the third week. If the job can't offer that flexibility, it may have to be modified so the employee can do it, but DeGaetano advises avoiding the term "light duty." "It is not very descriptive and denotes that you're not pulling your weight and can't do the whole job, whereas 'modified' means right now you are only doing what you can," she says.

- Tell the employee that they may have some discomfort upon returning to work.

Make phone calls on a regular basis and explain that your job is to facilitate their return to work. "Communicate to the injured employee the importance of healthy workers to the com-

SOURCE

For more information on return to work after a musculoskeletal injury, contact:

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pany. It will go a long way," says DeGaetano. "Employees are much less likely to retain an attorney and turn the case into a legal battle." ■

Journal Review

Setting exercise goals pays off for employees

Getting employees to be more physically active is often more challenging than it sounds, but impressive results are possible, according to a recent study of 1,442 workers at 16 work sites of a large home improvement retailer.[1]

Workers participating in the 12-week program set personal and team goals every week and received incentives for achievements, with activity levels tracked using pedometers. After six weeks, 51% of participants logged at least five 30-minute moderate exercise sessions or three 20-minute vigorous exercise sessions weekly, compared with only 25% of the control group.

The steady and sustained progress that participants had in increasing their activity to meet, and even exceed, their goals "was better than we anticipated," says **Rod Dishman**, PhD, the study's lead author and a professor of exercise science at the Department of Kinesiology at The University of Georgia in Athens.

During the last six weeks of the study, participating employees had over 300 weekly minutes of self-reported moderate-to-vigorous activity and 9,000 daily pedometer steps. "Considering that only about 30% of the participants were meeting Healthy People 2010 standards at the beginning, the increase to 50% who met them by the midpoint of the study was very positive," says Dishman.

Dishman credits the employees' progress, which was sustained through the end of the 12-week study, with the "social incentives" given to the participants. The employees were divided into teams with an average of nine participants, and each had a captain who was responsible for motivating the team and setting goals. Posters that compared the progress of each team were hung in break rooms. "Management endorsement and support is key to the success of any workplace intervention," Dishman says.

SOURCE

For more information on increasing physical activity of employees, contact:

• **Rod K. Dishman**, PhD, Department of Kinesiology, The University of Georgia, Athens. Phone: (706) 542-9840. Fax: (706) 542-3148. E-mail: rdishman@uga.edu.

Reference

1. Dishman RK, DeJoy DM, Wilson MG, et al. Move to improve: a randomized workplace trial to increase physical activity. *Am J Prev Med* 2009; 36:133-141. ■

Henshaw and Howard: Reform of OSHA is likely

Former OSHA, NIOSH heads predict change

Major reform of the Occupational Safety and Health Administration (OSHA) might be delayed by the ailing economy, but it is inevitable as the agency needs to adapt to the workplace realities of the 21st century, according to the former heads of OSHA and the National Institute for Occupational Safety and Health (NIOSH).

That is likely to mean tougher penalties and new standards, but also collaboration and flexibility, said **John Henshaw**, CIH, former assistant secretary of labor, and **John Howard**, MD, JD, LLM, former director of NIOSH, in a webcast by the American Society of Safety Engineers. Henshaw left OSHA in 2005 and now has his own consulting firm. Howard served as a temporary senior adviser to Julie L. Gerberding, MD, former director of the Centers for Disease Control and Prevention in Atlanta, who declined to reappoint him to his post last year.

Henshaw and Howard agreed that OSHA is likely to change significantly during an Obama administration, though probably not within the first two years while stabilizing the economy takes priority. "The new OSHA needs to be reworked completely from stem to stern, and it needs to ... [address] our current issues and our current work force," Henshaw said. Some possible changes

predicted by Henshaw and Howard:

- tougher penalties for employers who violate safety standards;
- a revision of the permissible exposure limits for chemical exposures;
- a change in the balance between cooperative programs and enforcement;
- a new approach that requires employers to perform risk reduction but focuses less on standard setting;
- greater involvement of employees in safety and health programs;
- a possible reduction in the OSHA resources devoted to voluntary programs;
- restoring the requirement to report musculoskeletal disorders on the OSHA 300 log.

Henshaw and Howard noted that today's workers are more diverse and older, more likely to be independent contractors, and less likely to stay with a single employer over their lifetimes. That situation is far different from the employment scene in 1970, when the Occupational Safety and Health (OSH) Act was passed.

Over the years, several bills have been introduced to reform OSHA. As a U.S. senator, Barack Obama had co-sponsored the "Protecting America's Workers Act," which would raise the penalties for all OSHA citations and would provide for possible criminal penalties for willful violations that result in "serious bodily injury" to employees. The maximum penalty would be $250,000 and 10 years for a willful violation resulting in employee death.

The bill, sponsored by Sen. Edward Kennedy (D-MA), also would extend OSHA coverage to public employees and would provide greater whistle-blower protections to employees. Henshaw said, "I encourage some of the reform legislation, as it pertains to criminal sanctions and increased penalties. The companies that are not performing should be hit with the proverbial two-by-four to get them to change."

But he added, "OSHA's objective is not to cite and penalize. Its overall objective has to be to create change, which means a safer workplace [that's] in compliance."

Rethinking the role of OSHA

A new direction for OSHA ultimately will require a new statute, contends Henshaw. "We're tinkering with a process or a statute that is out of date. While the tinkering may be useful long-term, it's not going to serve us well," he said.

OSHA also has been hampered by legislative actions, administrative review panel rulings and court decisions. It can take 10 years for OSHA to promulgate a new standard. There must a mechanism for responding to new hazards that doesn't require lengthy standard-setting, Henshaw said. "I do not believe, because of the dynamic nature of our workplaces today, that we can expect any agency to write enough standards to cover all the risks that workers are subjected to," he said. "Our best way to deal with that is coming up with some generic processes or systems that will ensure continuous improvement, continuous risk reduction beyond a specific standard."

Henshaw suggested that might be a standard that requires employers to have an injury and illness program and identifies risks and works to eliminate them. A standard of that type exists in California, where Howard once headed Cal-OSHA, the state's worker safety and health program. He suggests a "hybrid" approach that includes some standard-setting but also relies on employers to assess and address risks.

Neither Henshaw nor Howard expect to see another comprehensive ergonomics standard similar to the one struck down by Congress in 2001. But Howard asserted that OSHA will need to address musculoskeletal disorders (MSDs), which are the leading workplace injury. Action might include increased education and assistance to employers, requirements for risk reduction, or increased use of the "general-duty clause" to provide a workplace free of serious hazards.

Howard said, "OSHA will become irrelevant if it can't handle this most prevalent of recordable injuries." ■

Worker health doesn't stop at the office door

NIOSH promotes integrated WorkLife approach

One employee comes into your office with back strain due to patient lifting. Another is identified by the wellness program as having uncontrolled high blood pressure. Those two issues might seem completely unrelated. However, with its WorkLife Initiative, the National Institute for Occupational Safety and Health (NIOSH) is urging employers to integrate workplace safety with personal health promotion.

"Our fundamental message is if you are concerned about workforce health and well-being, think about work as a place to intervene," says **Greg Wagner**, MD, senior advisor for NIOSH and an adjunct professor of environmental health at the Harvard University School of Public Health. Wagner is leading the NIOSH WorkLife Initiative.

Employers are increasingly interested in promoting employee health as a way to reduce medical costs. Smoking cessation and fitness programs are commonplace. Yet those efforts will have limited success if they are not part of a broader emphasis on health and safety, says **Michael Silverstein**, MD, MPH, clinical professor of environmental and occupational health sciences at the University of Washington School of Public Health in Seattle and founder of French Loop Associates, a safety and health consulting firm in Olympia. Silverstein served on a workgroup that developed a set of NIOSH recommendations, Essential Elements of Effective Workplace Programs and Policies for Improving Worker Health and Wellbeing (www.cdc.gov/niosh/worklife/essentials.html).

Consider a workplace where workers are exposed to hazardous chemicals or to smoke, says Silverstein. The employer comes in and says he or she is introducing a smoker cessation program and wants everyone to participate. "Unless efforts are made to address the kinds of exposures and hazards people face on the job, they may not feel very inclined to participate in an off-the-job risk," Silverstein says. "If we're going to be successful with public health at the workplace, we have to address both the workplace hazards and the hazards that exist when someone is off work."

There are many natural links between workplace health and personal health, says Wagner. For example, employees who drive at work and adopt work-related safety measures will maintain enhanced safety on the roads outside of work. The Veterans Health Administration is launching a pilot program at 10 facilities that provides integrated services for employee health and well-being, he says.

Meanwhile, employers must address the aging of the work force, says Silverstein. For example, aging may lead to changes in vision, increased prevalence of arthritis, and greater risk of back injury. "We've got to think about designing workplaces that are age-friendly," he says.

NIOSH suggests programs that are tailored to the workplace, incorporate employee participation, and include assessment of effectiveness. An employee health and wellness program should be developed in the context of a "culture of safety" that encourages worker input, NIOSH says. Basic health screening is quite cost-effective, including screening for colon cancer, high blood pressure, and high cholesterol, notes Silverstein.

"There's a big gap between what's needed and what employers are actually doing," he says." It's a failure of vision and understanding rather than a failure of will and desire. A lot of employers just don't understand how effective these programs can be for relatively little cost, or how great the cost will be if they ignore it." ■

Good news for hand and wrist pain

According to research presented at the 2009 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS), there are new alternatives other than surgery for hand and wrist pain.

"Outside of the brain, the hand is the most versatile part of the body," stated **A. Lee Osterman**, MD and professor of orthopedic and hand surgery at Thomas Jefferson University Hospital in Philadelphia. "When the 27 bones, cartilage, joints, tendons, and nerves in the hand do not work as they should, deformity, motion loss, and disability become a painful reality for many people."

According to the latest numbers available, in 2006:

• More than 3 million people visited their physicians due to wrist pain, and more than 7 million visited them for hand and finger pain.

Common hand and finger problems can include arthritis in the base of the thumb, Dupuytren's Disease (a thickening of tissues causing the fingers to curl toward the palm) and nerve pain, explains Osterman. But new treatments have aided a hand surgeon's ability to combat these problems and get patients back to full function. Those treatments include arthroscopy, collagenase injections, nerve wraps, desensitization techniques, therapeutic techniques and neuroleptic medications, both oral and injectable. Examples include Vitamin C and Botulinum injections.

• Arthritis of the base of the thumb and finger is the second most common joint in the hand to develop arthritis. It is more common in women over 40. Past injuries to the joint, such as a fracture or sprain, increase likelihood of arthritis.

Previous treatment options included: surgical and non-surgical care, splinting and/or pain medication.

Scott P. Steinmann, MD, professor of orthopaedics at Mayo Clinic in Rochester, MN, said, "Arthroscopic treatment is a viable, newer option for people with thumb and finger arthritis." His recent study in the Journal of Hand Surgery showed that 94% of patients undergoing arthroscopic debridement procedures were partially or completely satisfied.

• Dupuytren's Disease often starts with lumps in the palm. Firm cords begin to develop underneath the skin and stretch from the palm to the finger. Gradually, the cords cause the fingers to bend into the palm. Dupuytren's contracture is more common in men over age 40. Previous treatment included observation and surgery.

According to a recent study by **Lawrence C. Hurst,** MD, professor and chairman in the Department of Orthopaedics, State University of New York at Stony Brook School of Medicine, "injection therapy, such as Clostridial collagenase [a substance intended to reduce the collagen buildup in the palm and disrupt the contracted cord] has now shown promising results for patients with Dupuytren's contracture."

• Nerves in the hand can be damaged by pressure, stretching, or cutting. Injury to the nerves can stop the transmission of signals to and from the brain and be painful when touched. Abnormal muscle function and injury can produce hand pain such complex regional pain syndrome (CRPS 1), or formally known as reflex sympathetic dystrophy (RSD). Previous treatments included surgery and therapy.

L. Andrew Koman, MD, professor and chair of the Department of Orthopaedic Surgery at Wake Forest University School of Medicine in Winston-Salem, NC, and president of the American Society for Surgery of the Hand (ASSH), is successfully using another type of injection therapy, Botulinum toxins on patients with nerve pain. The results of this type of less invasive procedure are very favorable. Additionally, Koman said, "nerve pain may be diminished by environmental changes and newer biological materials."

Osterman concluded that "injuries, arthritis and aging affect hand mobility and these newer alternatives offer a bright outlook for patients." ■

It's final: OSHA can issue citations per employee

The Occupational Safety and Health Administration (OSHA) has issued a final rule clarifying that the agency can cite on a per-employee basis if an employer fails to provide personal protective equipment (PPE) or training.

Any fine could be multiplied by the number of employees who should have received the PPE or training. In practice, the rule is reserved for egregious cases. ■

CNE Objectives / Instructions

The CNE objectives for *Occupational Health Management* are to help nurses and other occupational health professionals to:

- Develop employee wellness and prevention programs to improve employee health and productivity.
- Identify employee health trends and issues.
- Comply with OSHA and other federal regulations regarding employee health and safety.

Nurses and other professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material.

After completing this semester's activity, you must complete the evaluation form provided in the June issue and return it in the reply envelope provided in order to receive a letter of credit. When your evaluation is received, a letter of credit will be mailed to you. ■

COMING IN FUTURE MONTHS

- ■ Liability risks of an expanded case management role
- ■ When surveillance of employees is and isn't appropriate
- ■ Make yourself indispensible by diversifying your role
- ■ How to confront the hidden costs of depression

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CE *questions*

13. For which of the below plans is the company's money paying for the workers' compensation bill up to a set amount for a given accident, as opposed to the insurer's?
    A guaranteed cost plan.
    B. A retrospective rating plan.
    C. A large deductible plan.
    D. Any of the above.

14. Which is recommended to demonstrate cost savings?
    A. You should track the number of employees who would have required a physician visit without occupational health services.
    B. You should avoid negotiating prices for functional capacity evaluations.
    C. You should not attempt to take credit for lost time saved for facilitating an employee's return to work.
    D. You should avoid showing "before and after" results unless you can prove that an occupational health intervention was the sole cause of the savings.

15. Which is recommended to improve communication with business leaders?
    A. Don't use medical terminology when discussing wellness programs.
    B. Never use anecdotal information to support a business argument.
    C. Assume that key executives are already familiar with accident and disability rates at your workplace.
    D. Link wellness programs with statistics on chronic disease rates in your workforce.

16. Which is recommended involving an employee's return to work after a musculoskeletal injury?
    A. Base decisions about return to work solely on the employee's own description.
    B. Identify jobs in advance that are low stress on upper extremities.
    C. Avoid the use of modified schedules when returning to work.
    D. Tell employees they should be pain-free when they return to work.

Answers: 13. C; 14. A; 15. D; 16. B.