OCCUPATIONAL HEALTH **BEST PRACTICES**
Working together to keep people working

Surgical Best Practices Pilot Updates

December 2016

Surgical Best Practices Pilot Sites:

COHE Community of E. Washington
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SHSC: Lisa Archer
In partnership with:
Northwest Orthopaedic & Sports Medicine (Proliance), Tri Cities

The Everett Clinic Orthopedics
Pilot Medical Director: Dr. Brent Thiel
SHSC: Robert Minegishi

Proliance Orthopedic Associates
Pilot Medical Director: Dr. Fred Huang
SHSC: Lorraine Sandoval

What are the 4 best practices (BP) being piloted?

BP1 Timely and appropriate transition to surgical care.

BP2 Setting/Documenting release to work (RTW) plans and goals.

BP3 Integrated post-op intervention on RTW goals, if needed.

BP4 Timely transfer after surgical care concludes.

Some Facts and Figures Between 12/14/14 and 10/31/16

Surgeons participating in pilot	**40**
Worker claims reviewed	**3,042**
• Claims with SHSC Services	**1,512**
• Case notes created	**2,220**
• Approx. # of surgeries	**920**

*35 surgeons currently participating. This is 12% of the surgeons enrolled in the Ortho/Neuro Surgeon Quality Project

Win-Win-Win: Coordinated Care Works!

How timely interventions and follow-up services kept a worker connected to his job and reduced his time off work

When a machinist injured his right knee at work, he went to The Everett Clinic (TEC) for treatment. Here's how occupational best practices helped him get the services he needed:

- **Centers of Occupational Health and Education (COHE):**
  - Doctors completed his report-of-accident (ROA) and sent it to L&I.
  - A Health Services Coordinator (HSC) spoke to both the worker and employer about the claim and return-to-work options. The employer was hesitant to pursue RTW because surgery was being considered.
- **Orthopedic and Neurologic Surgery Quality Project (ONSQP):**
  - An Orthopedic Surgeon saw the worker just 3 days after the ROA was completed and recommended arthroscopic surgery.
  - Once the Claim Manager authorized surgery, it was scheduled on a priority basis.
  - An Activity Prescription Form (APF) with worker's abilities and restrictions was completed post-operatively.

At 5 weeks' post-op the worker returned to work in a modified, lighter duty job. The employer has applied for Stay at Work reimbursement incentives.

- **Surgical Best Practices Pilot (SBPP):**
  - The COHE HSC contacted the Pilot SHSC to facilitate transfer to the surgeon and follow-up coordination services on the claim.
  - At 2.5 weeks' after right knee surgery, SHSC contacted the employer, explained the post-op restrictions, again explained modified/light duty and faxed them a blank job description form. The SHSC also made a referral to L&I's Early Return to Work (ERTW) Staff.
- **L&I's Early Return to Work Staff and SHSC helped the employer:**
  - At 3.5 weeks' post-op, the employer returned a completed job description. The SHSC gave the job description to the surgeon, who approved it within 2 days of receipt in the clinic.
  - At 4 weeks' post-op the employer completed a job offer letter.
  - **At 5 weeks' post-op the worker returned to work in a modified, lighter duty job.**
- At 9 weeks' post-op the patient has been working in a modified/lighter capacity for one month.
  - The employer has applied for Stay at Work reimbursement.
  - Care was transferred from the surgeon to Occupational Medicine.

Washington State Department of Labor & Industries
Workers' Compensation Services

Find us on the Web: **http://www.lni.wa.gov/ClaimsIns/Providers/Reforms/SurgicalPilot**

Why are Estimated Release to Work Discussions so important?

When you're treating an injured worker needing surgery, think of return to work as part of the natural progression of treatment:

Surgery / Rehab / Return to Work

It's about sending the right message early, "My doctor says it's o.k. to think about returning to work."

Surgical Best Practice # 2 Setting/ Documenting release to work (RTW) plans and goals, is about the surgeon discussing plans for a release to some type of work as early as possible. It's about sending the right message early, "My doctor says it's o.k. to think about returning to work."

To make this possible, the SHSC obtains job descriptions from the employer for the job of injury and any potential light duty. This gives the surgeon the right tools to begin this conversation early.

A release to work doesn't always coincide with a return to work. When a worker has healed enough to return to some type of work (light duty or restricted hours) their employer may not be able to accommodate them. But a release to work is still a very important step. It sets in motion important vocational services by early return to work specialists at L&I or private vocational rehabilitation counselors (when assigned by the claim manager). In most cases these services lead to an eventual return to work.

Whether there's light duty right now or not, the goal is for the worker to return to work someday.

Whether there's light work right now or not, the goal is for the worker to return to work someday. A release to light work tells the worker that they are one step closer to recovery and an eventual return to some type of work.

SHSC Annual Meeting in September 2016

The meeting focused on caseload size and asking why case conferences (BP3) are so hard to identify and track.

After nearly 2 years we know a lot more about coordinating care for injured workers who need surgical care.

- Not all injured workers referred to surgeons need surgery. For those who do:
  - Staying in contact with the employer helps save jobs and often results in an earlier return to some level of work.
  - Most of the time everything goes as expected and recovery time from any given procedure is predictable.

Mike Murphy, L&I; Lisa Archer, COHE Community of E. Washington; Robert Minegishi, The Everett Clinic Orthopedics and Lorraine Sandoval, Proliance Orthopedics Associates

We think SHSCs can help when workers aren't progressing as expected. That's why we are testing Best Practice #3 Integrated post-op intervention when RTW goals aren't met. We encourage surgeons to involve their SHSC when:

- There is a complication or delay and treatment plans are adjusted.
- Assistance is needed to set up peer consultations and/or discussions with care team members (PT/OT, etc.)
- Recovery time is on track, but:
  - There's no light duty available with the employer
  - There's no employer
  - Restrictions may be permanent; return to job of injury isn't likely

Did you know:

In October 2016, we surveyed L&I claims managers, return to work staff, vocational rehabilitation specialists and occupational nurse consultants. **90%** of those responding found SHSC Case notes useful in helping them to take the next action on a claim (Extremely useful - 20%; Moderately useful - 29%, Somewhat useful – 41%).