

Work Related Medical Case Management

Employer's Perspective

HSSE Conference Launch

July 13th 2018

AMCHAM
TRINIDAD & TOBAGO
THE PATHWAY TO THE AMERICAS



Outline



1. Purpose
2. Key Stakeholders in Medical Case Management
3. Context and importance of medical case management
4. Legal Requirements
5. Challenges
6. Opportunities

Purpose



1- To share some insight into the context, legal duties and challenges Employers face with regards to work related injuries and illnesses medical case management



2- To start discussions with the TTMA and AMCHAM member companies and how we can address some of these challenges

Stakeholders in Injury/Illness Case Management

Primary

Injured Employee



Employee's Family



Employer –
*Manager/
Supervisor/
HSE/HR*

Medical Practitioner



Medical Institution

Secondary



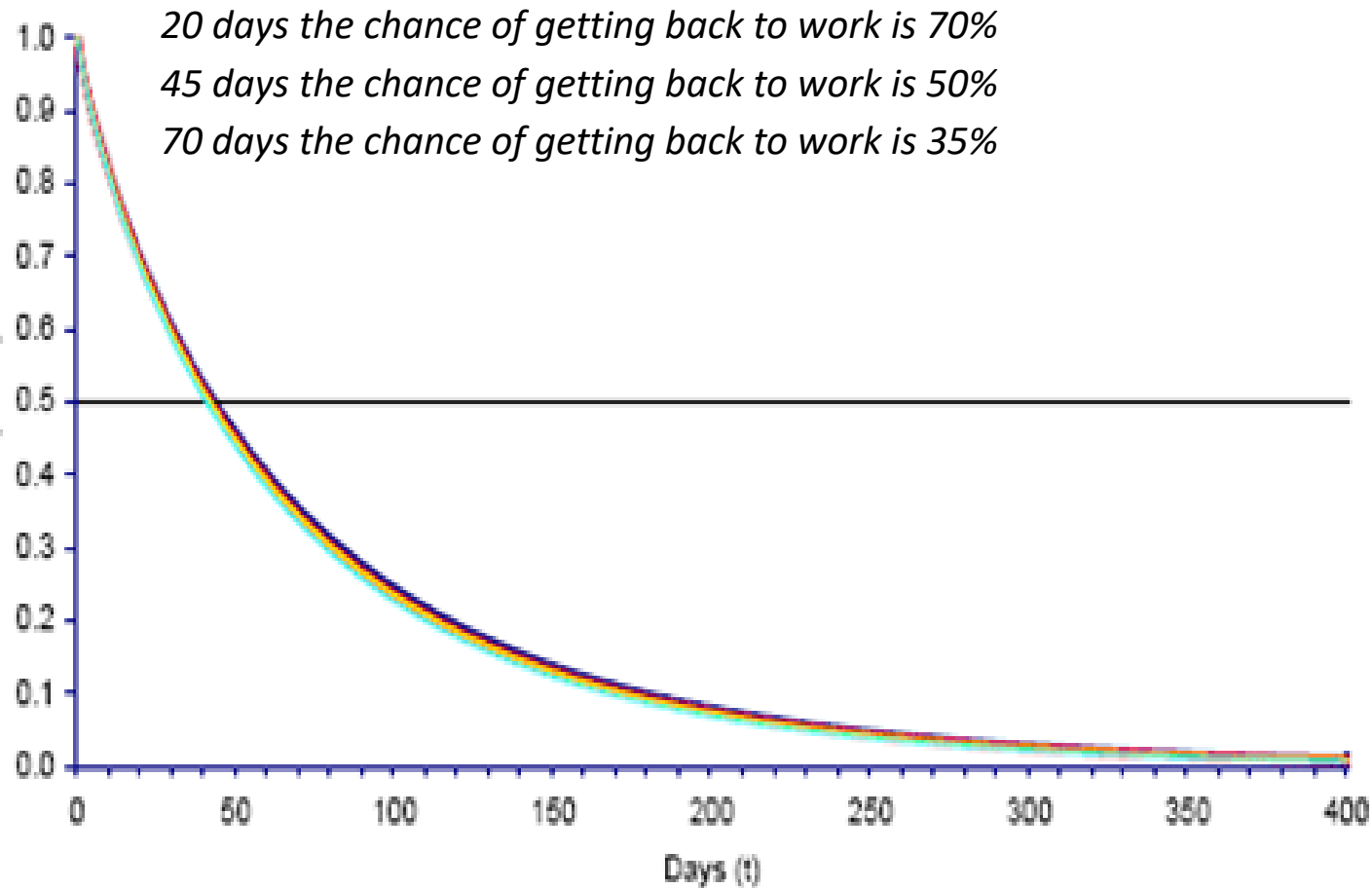
Insurers



OSHA

Context

Context for Case Management



- **Values/Priority of organizations** – *Value for life, workers go home intact*
- **Impact on the family of the injured person**
- **Long term ability to work**
- **Expedient return to work case management is important**

Context for Medical Case Management *cont'd*

- **Key Performance Indicators** (Lagging Indicators)
 - Measure of how **often** companies are having injuries and how **severe** those injuries are
 - Rates are calculated from **recordable injuries** which are defined as anything that is medical treatment and above
 - *Recordable Injury Frequency Rate*
 - *Recordable Injury Severity Rate*
 - Injury statistics are publicly communicated and used for benchmarking against similar industries
- **Pre-Qualification for contractors** (*Clients review lagging indicators as an assessment of how safe contractors are (or are not)*)

Legal Requirements

Legal Requirements – TT OSHA

- Trinidad and Tobago Occupational Safety and Health Act 2004 as Amended 2006 (*largely based on UK HSE 1974 Health and Safety at work act (HASAWA)*)
- Requirements for **(duty holders)**
 - Employers
 - Employees
 - Medical Practitioners etc

“Medical practitioner” means a person registered under the Medical Board Act;



Legal Requirements for Employers

46A. (1) Where an accident causes injury to a person at a workplace whereby the person is unable to

- perform his usual work or requires medical attention, and such occurrence does not cause death or critical injury leading to disability, the employer shall give notice in the prescribed form within four days of the occurrence, to the Chief Inspector, containing information and particulars of the accident
- Critical injuries/Fatalities – “Forthwith by telephone, facsimile, e-mail or other direct means”.

Legal Requirements for Medical Practitioners

PART VIII Notification and investigation of Accidents and Occupational Diseases

48. (1) Where a medical practitioner who, having attended to a patient, forms the opinion that the patient is suffering from an occupational disease contracted in any industrial establishment or in the course of his employment, he shall within forty-eight hours of having formed that opinion send to the Chief Medical Officer a notice stating the disease from which the medical practitioner is of the opinion that the patient is suffering and the industrial establishment in which the patient is and was last employed.

.....(7) Every medical practitioner who contravenes subsection (1) commits an offence and is liable, on summary conviction, to a fine of five thousand dollars, and to imprisonment for three months if it is proven that he ought reasonably to have formed the opinion that the patient was suffering from an occupational disease contracted in an industrial establishment or in the course of his employment.

Challenges

Injury/Illness Classification (Legal Definitions)



Reportable

- **Medical Attention** – No definition
- **Critical Injury**
 - (a) places life in jeopardy; (Undefined)
 - (b) produces unconsciousness;
 - (c) results in substantial loss of blood;
 - (d) involves the fracture of a leg or arm, but not a finger or toe;
 - (e) involves the amputation of a leg, arm, hand or foot, but not a finger or toe;
 - (f) consists of burns to a major portion of the body; or
 - (g) causes the loss of sight in an eye;
- **Occupational Diseases**



- First Aid

Reportable

- **Medical Aid** (*does not include diagnostics/testing*)
- **Restricted work, or transfer to another job.**
- **Days away from work**
- **Significant aggravation of pre-existing injuries/illness**
- Any work-related diagnosed case of cancer, chronic irreversible diseases, Loss of consciousness, fractured or cracked bones or teeth, and punctured eardrums.
- *Special Cases - needlesticks and sharps injuries; medical removal; hearing loss; and tuberculosis*

Injury/Illness Classification (Legal Definitions)



- **Over 3 day incapacitation**
(recorded but not reportable)

Reportable

- **Specified Injuries** to workers
- Injuries to workers which result in their incapacitation for **more than 7 days**

Defines Work Related (not broad like USOSHA)

•RIDDOR – Regulation 4 and 7



Canada's OHS Act

- **Minor Injury**

Reportable

- **Disabling injury;**
- **Loss of consciousness;**
- Where there is need for **emergency procedures** such as **rescue or revival**

•15.1 - [PART XV - Hazardous Occurrence Investigation, Recording and Reporting](#)

•15.1 - [Interpretation](#)

Province Regulation

*Section 1 of **Ontario Regulation 834** under the OHS Act defines “Critical Injury” as an injury of a serious nature that,*

- (a) places life in jeopardy,
- (b) produces unconsciousness,
- (c) results in substantial loss of blood,
- (d) involves the fracture of a leg or arm but not a finger or toe,
- (e) involves the amputation of a leg, arm, hand or foot but not a finger or toe,
- (f) consists of burns to a major portion of the body, or
- (g) causes the loss of sight in an eye.

Challenges

- **“As is” state (non critical or emergency care)**
 - Worker seeks medical attention as of a result of an injury/illness. Doctor treats with the worker in some cases without context of injury causal factors (exposure, agent etc); sick leave is given without a view of whether worker can return to work on a restricted basis
- **Case example**

Challenges cont'd

Outpatient/Post Initial Care Challenges

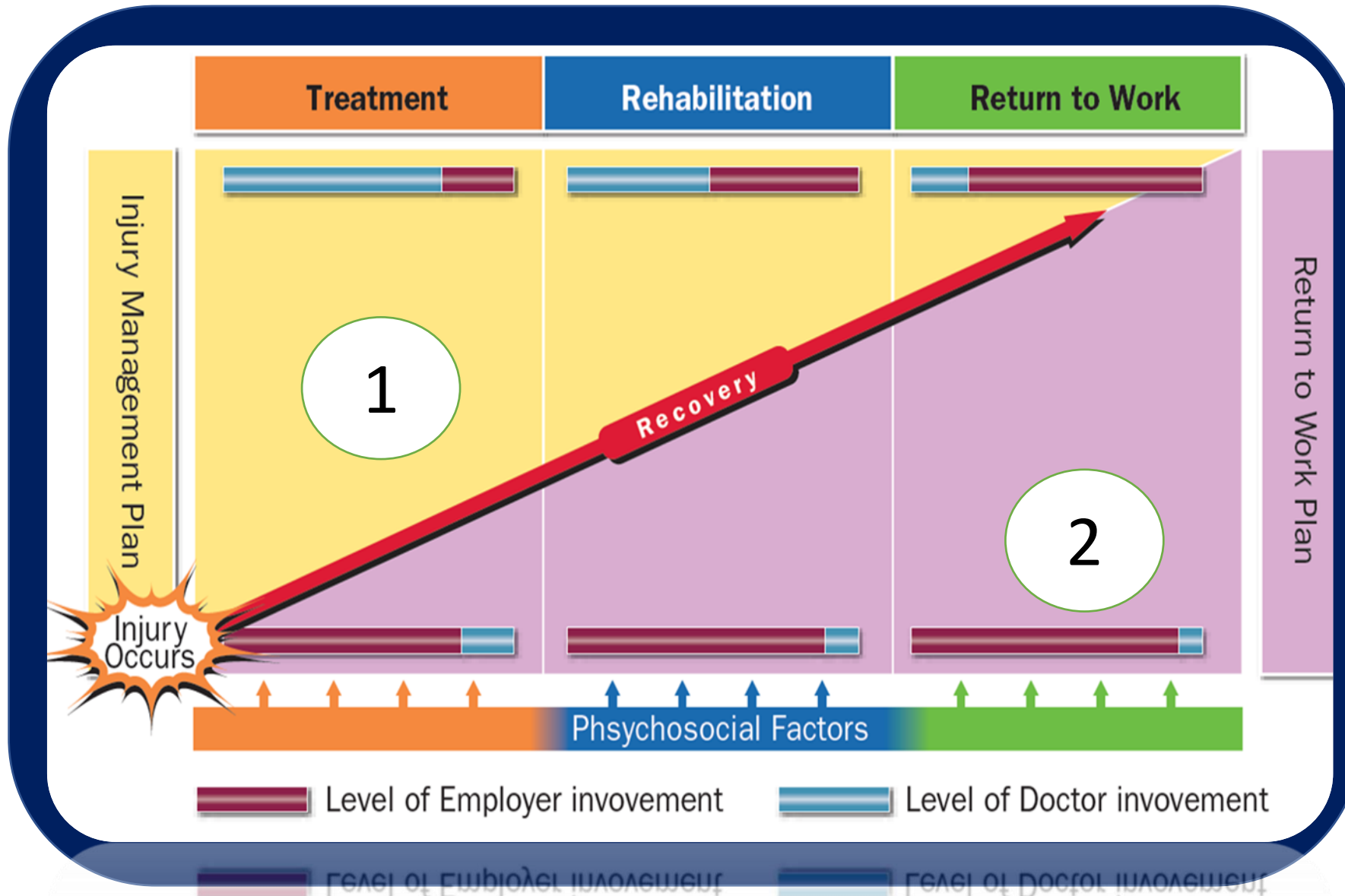
- Consistency of follow up - No single doctor for follow up/case management
- Appointments for specialists care can take weeks; Medical Reports can take months to obtain
- Injury leave continually being extended
- Transient workers (short term labor) can get lost for months or years in unstructured management – Injuries may worsen – Psychosomatic issues may ensue
- Emerging Issues - Mental Health; PTSD etc – how to manage ?

Challenges under OSHA

- OSH Investigation – Formal Requests for Injury leave certificate; Fit for work certificate, medical report
- OSH Definitions and clarity
 - Eg Critical Injuries and life in jeopardy – *whose interpretation?*

Opportunities

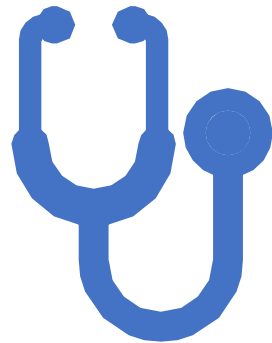
Return to Work Factors and Success



- The severity of injury
- The level of employer involvement
- The level of doctor involvement

Graph Source Work Safe Tasmania Information sheet
 Number: IS-014
 Return to work and injury management plans
https://worksafe.tas.gov.au/__data/assets/pdf_file/0020/301808/IM_Infosheet_IS-014T.pdf

Establishing
partnerships –
*The employer –
physician
partnership*



Working together to improve the conditions under which an employee can resume a **safe transition** back to full job duties by:

1. informing physicians whether transitional work is available
2. informing physicians about specific workplace conditions and job demands (JD and work activities assessment)
3. letting physicians know what support is available to their patients with regards to restricted duties

Ideal State and Opportunities

Worker is injured or has a work related illness (non emergency care) 

Worker seeks medical attention from Physician

Physician seeks context both from worker and employer (nature of exposure/injury as well as the job description of worker)

Return to Work transition assessed against three categories:

- 1) Fit to work (FTW)
- 2) Fit with restrictions (FWR)
- 3) Unfit (reviewed in shorter periods) to get to FTW



What are the Challenges and Perspectives of Doctors?



How do we get to a space where the medical practitioner can connect with the employer ?



Is there a possibility of transitional Return to Work through the public sector medical case management ?

Consultation and Discussion