



## “Ask Dr. J”



*The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at [www.webility.md](http://www.webility.md).*

*Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to [www.dmec.org](http://www.dmec.org).*

*The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at [www.webility.md](http://www.webility.md).*

### September 2005 – Weekly / Monthly Disability Reviews

Dear Dr. J:

We are adopting a disability prevention approach, and the team is looking to me for ideas where to start so we'll see some good progress right away. Any suggestions?

Connie in Columbus

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Dear Connie:

I'm so glad to hear you're broadening your focus. You're wise to look for ways to show the team that their work is making a difference right away.

Disability prevention is a “be prepared” business. To be effective, you must have a response system in place ready to kick into gear at the moment that injury or illness strikes. The most important lost workdays to prevent are the ones near the beginning of the episode. If you wait to act until the disability episode (and mind-set) has become established, it's a lot like closing the barn door after the horse is stolen.

A powerful way to find opportunities to improve your preparedness to prevent disability is to conduct post-disability prevention reviews. These are similar to the incident investigations that you have been conducting after workplace accidents to find out where your prevention program failed.

Although many people think that the purpose of an incident investigation is to document what happened for purposes of safety program accountability and workers' compensation claim management, the incident investigation actually has another very important purpose. Finding the root and contributing causes of the incident shows you where your prevention system failed – and shows you where you need to shore up your prevention system in order to avert additional future injuries due to similar circumstances.

Similarly, the disability prevention review can be invaluable in showing you precisely where your weak spots are, and pointing out what you need to do to avoid or shorten future episodes of disability in your organization.

I suggest that you and your colleagues start sitting down together every week or month to review every new case of an employee who has been out of work for more than a few days due to either non-occupational or work-related medical conditions or both.

In both the incident investigation and the disability prevention review, you must take a careful look at the specific circumstances. Look at the situation and the sequence of events from multiple people's points of view. If you analyze it in detail, you will be using today's experience to improve what happens tomorrow.

For each case, ask yourselves whether any of the lost workdays (and money) were avoidable, and whether there is any aspect of the situation that could have been managed more appropriately. Get the supervisor's and the employee's view of the situation firsthand whenever possible.

- Was any of the time lost from work medically unnecessary or discretionary?
- If so, what caused it?
- How might it have been prevented?
- Was the employee managed appropriately?
- What would have been the best way for this situation to have unfolded?
- Where exactly did the actual situation not match the ideal?
- What can we do better next time?

In order to answer these questions, look for the root cause (not just the superficial reason) for the employee's work absence. At bottom, could those disability days have been avoided? Look for something you could have done differently. Was that time off due to:

- An environmental problem that needed to be fixed promptly, like a task that needed modification or a workstation that needed adjustment?
- A misunderstanding on the doctor's part that could have been fixed by your sending a job description and some background information?
- Slow information transfer or bad communication that might not have happened if you'd made a phone call or had a face-to-face meeting?
- Lack of commitment of the employee to their work, or low motivation due to poor job fit, weak performance, work team conflict, or a troubled family life that might have been handled better if you had addressed it earlier or had additional resources available?
- An inappropriately-designed task or job, a labor relations issue, a hostile work environment, weak supervision, or a workgroup culture that is not promoting peak or high performance?

Because of the scope of the questions you need to answer and the diverse areas in which the solutions may lie, the team around the table should consist of more than workers' compensation

or disability benefits people. Here's the ideal team composition: (a) return-to-work coordinator, if any, (b) safety, (c) disability benefits, (d) workers' comp, (e) medical/nursing, (f) human resources, (g) operations, (h) insurance claims administrator, (i) risk management, (j) labor relations, (k) EAP administrator.

Once people get wind of how exciting it is to be on a team that's really making things happen, you'll have to sell tickets!

The most important thing you can do to assure the success of this process is to take an up-beat and positive "can do" leadership approach. Pay attention especially to the tone you set for the disability prevention review meeting. If attendees feel like they need to justify what happened or are worried that you intend to place blame, neither the team nor the company will get much value out of it. Being willing to be straight about where you're goofing up now is an absolute prerequisite for success. The point of this exercise is that finding weak spots can be seen as finding treasures – opportunities to improve. Make sure to keep communicating the idea that we have to forgive ourselves for how we're doing things today, and that we're wonderful because we have a commitment to doing better. This is necessary to keep morale and energy high enough for the long slog through the quality improvement process.

Don't let yourselves get overwhelmed. It is tempting, but unwise, to tackle the impossible big problems at the beginning. Pick your battles and save your ammunition. The point is to prevail and steadily continue to make a difference, not to collect more evidence about how dysfunctional "those people" in your organization are. Anything that is an improvement counts. You get to choose which items to work on first. Sometimes, picking a small but concrete thing first creates a solid little win that boosts morale. Other times, a change that looked small turns out to be bigger than you imagined.

By the way, when someone says a dysfunctional process or provision is unfortunate but well-established and is widely regarded as unchangeable, I'm prone to say: "the fact that we've been stupid in the past does not obligate us to be stupid in the future".

Oh, Connie, talking to you about this is making my fingers itch. I hope you and your team get a thrill out of what happens once you're better prepared to prevent disability.

Smiling,  
Dr. J

*Webility Corporation • 95 Woodridge Road • Wayland, MA 01778*

[www.webility.md](http://www.webility.md) • 508-358-5218 • [mail@webility.md](mailto:mail@webility.md)