



Deutsche Gesetzliche
Unfallversicherung



4th International Forum on Disability Management

Abstracts/Vortragsskizzen

bcc – Berlin Congress Centre, September 22-24, 2008

Breaking Down Barriers **Together**



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Tuesday | Plenary Session

Services in and for enterprises – Insurers and service providers

ADVANTAGE: DIVERSITY!

Rouben Halajian, Metro Group, Düsseldorf, Germany

The METRO Group is one of the world's largest retailing companies. And our sense of responsibility towards our customers, employees and equity providers strongly influences the way we act and the way we think. Every member of society deserves the same opportunities, the same respect, and the same courtesy. This is an integral part of the Metro philosophy. Our employees play a key role in helping us reach our goals. They are the vital link between the METRO Group and our customers. This is why we strive to reflect the diversity of our customers in the makeup of our staff. We view this diversity as a competitive advantage! Whether they are disabled or not, everyone at Metro is fully integrated and right in the middle! of the action. They are all important to our business success. As an Equal Opportunity Employer, the METRO Group offers all employees and applicants identical chances regardless of their sex, age, race, ethnic background, sexual identity, possible disabilities, religion or beliefs.

People don't outsource themselves: Key issues in preserving jobs

Stefan, Ritler, IVSK, Switzerland

The postwar generation is heading for retirement. Most baby boomers are now well into their fifties, and the low birth rate of the century just past is insufficient to meet the manpower demands of the current labour market. The intergenerational contract is under threat. Today's workers have ever higher expectations not only for their retirement but also for the years leading up to it.

The economy, labour market and social security systems are out of sync. The burden of dealing with this situation falls disproportionately to ageing and less healthy workers. Society expects employees to extend their working life. But that means people must be willing and able to work. Chronic work-related stress even at a young age can seriously impact health in later stages of life (see Gognalons-Nicolet et al. 2004). Here is where the employers come in. So-called corporate social responsibility (CSR) has a critical role to play both in assuring access of individuals to the labour market and in the sustainable economic success of a company. Based on these considerations, corporate personnel policy should embrace the concept of age diversity. This approach promotes stability, security, and the health and welfare of employees. It is also an investment in human capital. "Maintaining a high level of productivity in later working years depends on organisational policies that

are conducive to the health of employees” (Höpflinger 2007).

Social security is essential in a changing labour market. But we must let go of our expectations that government will fulfill all our needs (Vollkaskomentalität). Government social security policy is no more than a set of regulations. The greater the benefits, the greater the incentives for workers and employers to take advantage of the system. The continuing volatility of the employment market and the present demographic trends highlight the importance of individual responsibility.

California Workers' Compensation Disability Management Reforms

Christine Baker, *California Workers' Compensation, USA*

This presentation will discuss recent reforms involving the California workers' compensation disability management system.

Christine Baker is the executive officer of the Commission on Health and Safety and Workers' Compensation (CHSWC), a labor-management body that has the responsibility of monitoring the health and safety and workers' compensations systems in California.

Christine will provide a brief overview of the California workers' compensation system and then will describe the situation before reforms. Preliminary results will be presented, as well as a brief discussion of ongoing measurements and ongoing challenges.

Achievement and challenge of vocational rehabilitation services for enterprises in Korea

Sang Yong Kim, *Deputy Director of Workers' Compensation Division, Ministry of Labour (Supervising Organization of COMWEL), Republic of Korea*

As COMWEL (Korea Workers' Compensation and Welfare Service) has implemented multilateral rehabilitation services based on 5 years' Rehabilitation Development Plan of Industrial Accident Compensation Insurance ('01~'05) and Mid-term Rehabilitation Development Plan of Industrial Accident Compensation Insurance('06~'08),

- ▶ and vocational training costs supporting program for injured workers and return-to-work supporting program for employers have recently been transformed to legal benefits from July 2008 through a revision of industrial accident compensation insurance act,
- ▶ a rate of return-to-work has risen from 40.2 percent (2003) to 54.2 percent (2008.6) and beneficiaries of rehabilitation services have been increasing on and on.

But because an infrastructure of rehabilitation services for employers is still in poor situation compared with varied rehabilitation programs of injured workers, it has been acknowledged that employers are as important clients as injured workers for better return-to-work policy.

Though among return-to-work supporting programs for employers, an aid for maintaining employment of injured workers has been increasing from 2004 to present, other programs such as an aid for job-adaptation vocational training and rehabilitation physical training, which was introduced in Sept. 2006, have achieved poor results and demanded for developmental strategies.

Solution

- ▶ For the expansion of multilateral aids for employer, especially aids for job-adaptation vocational training and rehabilitation physical training will be renovated in a way for providing differential services between large and small-medium companies.
- ▶ An aid for maintaining employment of injured workers also will be divided into

an aid for employment-facilitating and employment-maintaining aid

- ▶ Moreover, it is studied that employment-maintaining aid for injured workers under medical care will be made by way of providing substitutional workers to employers of the injured workers.
- ▶ In addition, a workplace-renovation aid for employers is studied for alleviating employers' burden in injured workers' job adjustment.
- ▶ Rehabilitation counselors' return-to-work planning in collaboration with original employers are needed to be more elaborated mirroring diversified job situations.
- ▶ Setting-up a model-case of injured workers reemployment is explored for better public relations especially in large scale of enterprises.

A systems approach to placement: a holistic technique

Madan M. Kundu, Ph.D., Chair and Professor, FNRC, CRC, NCC, LRC
Alo Dutta, Ph.D., CRC, MPA Department of Rehabilitation and Disability Studies, Southern Universit, Baton Rouge, USA

To enhance job placement of people with disabilities (PWD), the search for new theories, models, and techniques continues. The Systems Approach to Placement (SAP) model builds on the human-environmental-organizational-cultural dynamism of job placement for PWD. The model incorporates 8 sub-systems to describe the process of placement: Client, Health, Education, Family, Social, Employer, Placement Personnel, and Funding. This presentation will describe a systems theory as applied to the placement of PWD and gives credence to two diagnostic and therapeutic instruments:

A. SAP:

Self-Assessment for Students and Counselors (SAP: SASC)

B. SAP:

Intake Assessment and Outcome Evaluation (SAP: IAOE)

The inter-rater reliabilities of the instruments range from 0.88 to 0.93. The SAP: SASC allows rehabilitation students and practicing professionals to assess their skills, knowledge and competencies; and offers guidance for further education and training. The SAP: IAOE has the capability to allow service providers to assess holistic needs of the consumers at the beginning of the rehabilitation process, develop a realistic rehabilitation plan, guide the service delivery process, and evaluate the outcome. If followed appropriately, SAP: IAOE minimizes the probability of making errors in the rehabilitation plan development and service delivery; and maximizes the probability of long-term employment outcome. The SAP and its reliable model instruments can be used by PT, OT, Rehabilitation Counselors, Case Managers, and Job Placement Specialists, as a way of providing quality services and obtaining quality outcomes for PWD.

Note: This presentation addresses the Article 27 of the UN Convention on the Rights of People with Disabilities.

An article has been published on SAP and received Research Award of the Job Placement Division of National Rehabilitation Association, USA. Another article is in a process of publication.

This research is supported by the Rehabilitation Research Institute for Under-represented Populations (RRIUP) at Southern University and funded by the National Institute on Disability and Rehabilitation Research (NIDRR), U. S. Department of Education, USA.

Workplace Disability Management and Work Injury Rehabilitation Policy in Mainland China

Tang Dan, Xu Yanwen, Luo Xiaoyuan,
Guangdong Provincial Work Injury Rehabilitation Center, Guangzhou, China

Workplace Disability Management is rather a new concept in mainland China, particularly in the field of work injury rehabilitation. The result of prolonged absence from the workplace leading to lower income levels and productivity for workers with injuries and higher claim costs for their employers is calling the governmental attention to this situation in the recent years. A series of correlative regulations and clauses of work injury rehabilitation have been issued to secure the rights of receiving medical rehabilitation and occupational rehabilitation services for those workers suffering from work related injuries and eventually return to work safely. The present paper aims to describe the work injury rehabilitation policy in mainland China and share some experiences we obtained in a trial workplace disability management model operated in the Guangdong Provincial Work Injury Rehabilitation Center in the past two years. The collaboration and intervention among Government, Hospital, employer and workers with injures is the core impact for workplace disability management which should be further enhanced in the future particularly in work injury rehabilitation policy.

Disabled women and the Congo: Another war within a war

Huguette Tshifunda, Journalist & Community Worker, *Radio /TV PUISSANCE, Kinshasa, DRC Cong*

Introduction

Disabled Women in the Democratic Republic of Congo tend to be multiply discriminated and to experience multiple poverty, despite the progressive constitution and efforts of affirmative action. The purpose of this paper is to present the struggle of inclusion in regard to employment for disabled people in the Democratic Republic of Congo, thus to suggest some strategies for facilitating inclusive practices.

Background

The Democratic Republic of Congo (DRC) is a vast country expanded upon a territory of appreciatively 2,345.000 km² with immense economic resources. It shares borders with 9 countries in the central region of Africa and has a history of great hospitality.

Since 1995, the DRC has been subjected to political and economical instability. On the one hand armed groups are fighting the government, and on the other hand people are rising against themselves trying to survive hunger and starvation. In both cases, many people have lost their lives, whilst others through torture, physical abuse, injuries, accidents, rape, mining, etc... became physically and mentally disabled.

Hence, in 2001 Oxfam's observation about the consequences of the continuous militias war against the government, especially the needs among the broken and wounded people, Oxfam describes the DRC to be "a forgotten emergency" on the sight of the international community, thus the "Africa's first world war". In spite of all its mineral wealth, the DRC counted among the poorest countries

on the planet, being ranked 167 out of 177 countries.

Fact

In the DRC, thus in some other African countries affected by war and poverty, about 80 to 90 per cent of disabled people are unemployed due to social and cultural discrimination. The majority of disabled people are considered as unproductive and useless, they are unwillingly excluded from the national workforce for being wrongly accused to be under curse, yet bearing its consequences. They are therefore not considered as potential members of the workforce in the community and are paying the price in every area including in the workplace.

This being the case of all disabled people, one would suggest that when it comes to women, the situation become even worse. Women in Congo account for more than half of the country's population – some 52 per cent – and make a considerable contribution to the country's economy. Unfortunately, their activities are limited to substance farming, they receive no welfare coverage and are not entitled to bank credit. Those among them who managed to enter the labour market through education are still facing discrimination in regards to the recruitment and promotion process and doesn't received decent wages as they are mainly conceived as rebels housewives.

To emphasise this African women disability issue, we can assume that in Congo, to be a women with a disability is to have a double curse. One has to look at the assumption which asserts that in most of developed countries the official unemployment rate for persons with disabilities of working age is at least twice that for those who have no disability. The African situation for women is worse and needs a special attention. They have currently nobody to advocate for their cause, thus abandoned to their own fate. They are largely unaware

of their rights and generally do not appear before courts for fear of repudiation, divorce or sorcery.

Recommendations

These are some strategies to consider in order facilitating inclusive practices in employment for disabled.

- ▶ International Pressure upon the Congolese government as a 2002 Anti-personnel Landmine treaty signatory for more effort to assist the victims of the antipersonnel landmine and facilitate their social and economical reintegration
- ▶ Fair cooperation between government bodies, unions and employers for a more inclusive employment policy.
- ▶ Implementation of the Insurance policy in Congo to secure employers and encourage them in recruiting people with disabilities.
- ▶ Financial support to the few existing NGOs specialised into training and helping disabled people to return to work by promoting professional training courses and management for young adult with disabilities, to assure their social integration in the active societies
- ▶ Mass media education and Motivational campaign on disability focussing on community awareness about disabled, their families, their communities and addressing the difficulties they are facing and about simple measures of self care and rehabilitation.
- ▶ Rehabilitation of the Health system: need of adequate medical centres in rural regions for early identification of disability (There are only 2056 doctors in the DRC for a population of nearly 62 millions in which women and children are the most affected by physical disability).

The most important criteria for successful reintegration

Dr. iur. Willi Morger, Member of Business Management, Swiss National Accident Insurance Fund (Suva), Switzerland

At the beginning the results will be presented of the New Case Management program of Suva, Switzerland's most important accident insurer: The high satisfaction among accident victims and the remarkable cut of costs of more than one third.

As a result of the conference of the European Forum of Accident Insurers in Lucerne in June 2007 about "the European Ways Back to Work" the five basic principles for a successful "back-to-work-strategy" will be presented:

- ▶ Principle of confidence
- ▶ Principle of speedy action
- ▶ Principle of subtle organization of the rehabilitation process
- ▶ Principle of a multi-disciplinary approach
- ▶ And Principle of proactive investment.

The original role of an insurer was to pay out monetary benefits. Compensation based on past events. Rehabilitation points the way into the future. Rehabilitation is the ultimate contribution that personal insurers can offer.

Strategic Partnerships between Rehabilitation Representatives and Employers on the Realization of an Operational Integration Management System

Gert Nachtigal – *alternating Chairman of the Management Board of Bundesarbeitsgemeinschaft für Rehabilitation e.V.* –
[Federal Rehabilitation Council]

The whole of the working world and the relevant social security systems are currently being confronted with major challenges on account of the ongoing tense situation on

the labour market, the current indications of a lack of specialists in a number of economic sectors and also changed working conditions, advancing technological developments and not least demographic developments. Fewer young workers will be available in the future and the importance of qualifications and experience of older employees will therefore tend to increase for the firms concerned.

Companies will make even more efforts than in the past to maintain the health of their older employees as a major resource for their competitiveness and productivity and will (have to) encounter work-related illnesses and ailments on a preventative level more than has been the case in the past. At the same time, the relevant political and legal specifications will realign the responsibility for the health of employees more in the direction of companies both by means of obligations and also by means of appropriate incentives and assistance (as stated for example in Section 84, para. 3 of the German Social Security Code (SGB) IX) with simultaneous support and assistance being given for the intended networking of all the actors concerned.

Special support and assistance are required in the aforesaid process by small and medium-sized firms which do not have the necessary know-how or (personnel) resources and other internal prerequisites in order to be able to create and establish properly functioning structures for preventing a segregation of the earnings capability of endangered employees on an operational level. In this process, the rehabilitation sponsors should be effectively and competently of assistance in their partnership and also with regard to the selection of an external (and industry-wide) range of services for advising and servicing the requirements of the aforesaid companies and in the execution of their internal integration management system. Over and above a mere obligation of the employer within the meaning of Section 84 of the Ninth Social Security Code,

specific offers for an early intervention on an operational level are therefore required, thereby necessitating attention being actively given to the requirements of correspondingly small and medium-sized firms. The model project commissioned by the Federal Ministry of Labour and Social Affairs (BMAS) for the implementation of an internal integration management system will assist in benefiting from the experience gained in other projects for the establishment and factual structuring of such an offer. Quality standards will also be developed from the aforesaid which are designed to enable companies to find a recognized and reliable service provider if they are unable to execute an internal integration management system themselves in an individual case. The exploitation of experience on the one hand and also the development of quality standards and also possibly being audited by service companies for an internal integration management system on the other is one of the tasks which the rehabilitation representative has to assume himself in order to play a decisive role in a strategic partnership with the operations concerned. In this connection, the Federal Rehabilitation Council has in the past not least made a major contribution with regard to the joint recommendations based on the Ninth Social Security Code agreed on its level. It will additionally make a positive contribution in the future to coming closer to achieving the objectives for an internal integration management system in small and medium sized companies as well.

Disability Management in small trade businesses – the model of the district craft trades associations in the state of Schleswig-Holstein together with the IKK Nord

Ulrich Mietschke,
IKK Nord, Schleswig, Germany

The implementation of the legal requirements concerning the integration management has to be executed in small businesses without unacceptable expense and has to be action-oriented.

Specialized trade personnel exposed to exceptional physical stress needs qualification measures if necessary, to be able to stay in the small business, because usually there are no “gently jobs” available. The advisors (CDMP) have to be able to apply the findings gained from large companies to small businesses and find pragmatical solutions.

The district craft trades associations in the state of Schleswig-Holstein and the IKK Nord have founded an “association for the promotion of the operative integration in the trade e.V.”

The association has implemented a project that is scheduled to run for 3 years. The goal is to show the need for operative integration measures in the trades, to support businesses in this and to offer suitable and short qualification measures with the help of the educational institutions of the district craft trades associations.

Reinforcing prevention and OSH-management system which facilitates-reintegration

Dr. Sameera Al-Tuwaijri, Director,
Safe Work, ILO, Switzerland

ILO estimates that over 2.3 million people are killed by work-related accidents and diseases and further 337 million injured every year. Many of injured workers have permanent disability and have difficulties in their daily life and in returning to work. There is a need to reinforce prevention programmes in all countries to avoid such situations. The protection of safety and health of workers has been a core element of the ILO since its establishment. Recent ILO Promotional Framework for Occupational Safety and Health Convention (No.187) adopted in 2006 calls for the strengthening of national OSH systems and programmes. The Convention also calls for the close link between the prevention and insurance schemes for which Germany provides a good model. So far 6 countries ratified committing to place OSH high at the national agenda and many more countries are in the process of ratification. In spite of all the efforts for prevention, accidents are still occurring and many workers are disabled as a result. Disabled persons, either by work-related accidents and diseases or from other causes, should be integrated into work as much as possible. In this process due consideration should be given to safety and health. There is a need for establishing a good OSH management system at each enterprise to ensure safety of all workers including disabled persons. As a key step, risk assessment has to be carried out taking into account the disability of relevant workers with a view to taking necessary preventive measures. Active participation of workers for prevention should be promoted as underlined in the ILO Guidelines on OSH-management systems (ILO-OSH2001).

In this connection, proper OSH training of all and creation of preventative safety and health culture are critical.

“We should employ our passions in the service of life, not spend life in the service of our passions.”, Richard Steele

“Can you really handle it?”

Maria-Elisabeth Hagel,
48132 Münster, Germany

As a result of a severe accident I got to know what it implies to lose suddenly my own habitual life. This rather dramatic turn changed everything in the life of a human being. The working condition and the employment opportunities are as similarly modified as relationship to the partner and also to the members of these families. In this extremely difficult situation required every employee the help of a professional Disability Manager for a successful pooling of the interests. Traditionally produced stereotypical statements could not help to clarify this great social dilemma situation. It's important giving the handicapped employee the feeling that also other human beings are belief in his/her own abilities. This connive action can lock the certainly of the handicapped employee and in fact could it be possible to respect the first principles of the social welfare economy. The introduction of a return to work process prevents a loss of welfare. The maxim *Nehmen laedere* (= do not damage or hurt anyone) will become increasingly important in the future as every national economy needs to prevent a decline into a rent-seeking-society. All parties concerned therewith are going to accept that radically different situations needed new nameless solutions. Let us advance this thinking and starting to implement it.

Tuesday | B1: Production

Professional life of a Disability Manager at Ford of Europe: Insights into strategic work and daily business

Petra Zink, Disability Manager, Manufacturing Ford of Europe, Ford Werke GmbH, Disability Management, Cologne, Germany

Traditional & old fashioned health management systems have to be completely re-designed, because nothing is less productive than making more efficient what is waste at all.

Employability & improvement of employee attendance in a highly competitive & rapidly changing business environment is one of the biggest challenges in the upcoming future. The most efficient tool to deal with it is to implement an integral & sustainable cross-functional team approach concept. Thereby employees with medical problems and down-sizing of physical or mental performance will be re-integrated into value adding jobs. The break through mindset initiating a paradigm shift is to point out abilities instead of medical restrictions with associated negative perspective. To be successful it is mandatory to have an early prevention system focusing on employees' abilities matched with workplace requirements.

Developing an approach to accommodation and integration in a high technology industry

Nancy Gowan, Gowan Health Consultants, Health and Disability Management, Wallace-town, Canada

Global high technology companies must compete for talented and skilled employees. With an average growth need of 1500 employees per year globally, the challenge was set to meet the skill base need and ensure retention of talented and skilled employees.

This lecture will outline the process and models used to develop a comprehensive accommodation program for a global high technology company. The company of 7000 employees has been able to recruit and retain individuals with varying abilities and disabilities through creative and collaborative efforts in the organization. This lecture will share the innovative strategies and models used to ensure an inclusive workplace.

As well the organization has developed a competitive and recognized approach to wellness, health and safety and work life balance.

This program will focus on how any organization can use the comprehensive models and practices to develop a leading edge approach to all of these areas to ensure a competitive advantage in the marketplace.

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Reha/Case Management Support out of the specialist clinic Enzensberg in the return-to-work management of medium sized engineering companies

Dr. med. Gisela Riedl, Fachärztin für Arbeitsmedizin u. CDMP, Dipl.so.z.päd./ Soz.arb. Joachim Maier (CDMP), Dipl. Sozialwirtin Kathrin Schlechter, Fachklinik Enzensberg, Bereich Reha/Case Management Support, Hopfen am See, Germany

Results of the latest own study with a survey of the regional engineering industry:

Companies have an increasing need in return-to-work (rtw) programmes because of socio-demographic trends and increasing competitive pressure.

At present companies are creating programmes and structures for the rtw-management.

Companies are interested in the cooperation with experienced external providers of suitable services.

Based on a project with the AUDI AG in linking medical a vocational rehabilitation the specialist clinic Enzensberg has wide-ranging experience in supporting the reha-management of (insurance) companies in case of complicated disease or injury course.

This work falls within the competence of the department “Reha/Case Management Support” with the incorporated “Driving Ability Center Allgäu” and experience in rtw-programmes in the clinic.

The clinic supports interested companies with service offers (seminars and elaboration of programmes) in establishing rtw-management, in evaluating the functional capacity of workers (including IWS = Isernhagen

Work Systems), cooperating with company doctors concerning the work space of affected workers, getting information to social legislation and (financial) supporting offers for the company.

Disability Metrics – The importance of measuring and monitoring

Tony Middlebrook, Executive Director, NSW Claims, Employers Mutual Ltd., Sydney, Australia

Liz Scott, PhD, Principal, Organizational Solutions Inc, Burlington, Ontario, Canada

Thesis:

This session will cover the topic of the importance and value of standardized disability management metrics. It will examine the current metrics that exist in the disability management field and their usefulness as tools to evaluate the program and benchmark the program against others. Metrics will reviewed from the perspective of quantitative and qualitative. The quantitative aspects will focus on the financial and data aspects of measurement and the qualitative will focus on the core programme elements of an effective disability management program. Real life examples including data and case studies will be used to demonstrate the applicability of these tools.

Solutions:

This topic is very relevant to the field of disability management. Companies allocate significant portions of operational expenses to hiring, training, and retaining human resources, which are required to achieve business objectives.

Companies spend billions on illness and injury each year. It is clear that companies need to carefully address how disability management efforts are linked to the bottom line and with creating and implementing a healthy and productive workplace.

Disability management is intended to achieve certain objectives, the accurate measurement of these outcomes is essential to ensure the achievement of business objectives.

Disability-Management at Daimler AG – part of the health management at the Mercedes-Benz plant in Mannheim

**Dr. med. Markus Hofmann, Leiter
Werksärztlicher Dienst Mannheim,
Wolfgang Koob, Disability Management,
Daimler AG, Mercedes-Benz Werk
Mannheim, Germany**

The engine plant in Mannheim employs a sizeable number of people with severe disabilities or restricted performance profiles.

This is why the Disability Management program was launched in Mannheim at the beginning of 2006. The aim is to integrate people with illnesses and health-related restrictions into the workplace and to secure them adequately paid positions that match their abilities. This helps stabilize the work-related processes and the health of the employees.

Managing the severely disabled, their workplaces and how they are integrated are the three core tasks for Disability Management. Crucial to its success are close working relationships with the company medical service, the managers, the Human Resource department (HR), the committee representing disabled workers, the works council and external partners.

In 2007, ergonomic modifications and organizational changes to workplaces and working environments ensured a total of 92 employees with disabilities or special needs could remain in their regular area. In addition, around 60 percent of employees who were off sick for longer than six weeks were able to return to work after just one consul-

tation, as the necessary modifications to their workplaces were identified in an early stage.

Operational aftercare, an effective internal re-entry management for chronically ill collaborators in the automobile industry under specific examination of cost-benefit aspects.

**Corinna Welser, Prof. Dr. Hans, Steiner,
Universität Karlsruhe, Institut für Sport und
Sportwissenschaft, Germany**

In relation to the demographical development and as consequently to the rise of chronically ill work force in companies a special program for workplace health promotion was developed and implemented. This program aims to reduce the number of days of inability to work, aims to increase the overall state of health, the working ability and the physical work capacity.

A number of 157 chronically ill workforce was given the opportunity to participate on a 12 weeks program. Within the scope of this study the days of inability to work and hence the cost-benefit analysis, indices about overall state of health, work ability and health variables as endurance, power or movement were evaluated. Based on this information the intervention effect was analyzed.

Early intervention and benchmarking to achieve Disability Management best practices

**Presley Reed, MD, FACOEM, FAADEP,
Reed Group, Ltd., Westminster, Colorado, USA**

Primary Message:

As early as 1994, Presley Reed, MD, wrote “The longer a medically disabled employee stays out of work, the less likely he or she

is to return” (“Easing the Pain of Medical Leave,” Wall Street Journal, 11-NOV-1994). Dr. Reed will discuss the history and the current best practices in applying evidence-based disability duration guidelines and data to influence return to work outcomes.

Key Points:

Dr. Reed will describe goals associated with the use of duration guidelines. “Our primary goal is to help people. By presenting common standards that can be shared by doctors, patients and employers, we have redefined absence and disability management. Everyone is treated with respect.”

“Reed Group believes that productive endeavor is essential to an individual’s well being. In turn, we believe that healthy, timely return to work is as important to the employee as it is to the payer and to the employer.”

Dr. Reed will outline the effective use of evidence based disability guidelines, such as The Medical Disability Advisor, as a communications tool.

Dr. Reed will instruct program participants regarding the timing and benefits of returning injured or ill employees to work following a period of recovery and how this must be carefully considered and informed by the treating physician, in cooperation with the insurance carrier and the individual’s employer.

Finally the discussion will turn to best practices in using disability guidelines and as a framework for discussions between treating physicians and interested parties.

Final Advice:

Return to work is an important measure of overall healthcare quality in the working age population. Dr. Reed will elaborate on strategies that help all people by assisting the interested parties with return to work efforts (employee, physician, payer, employer) at the right time.

Tuesday | B2: Service for small and medium-sized enterprises

Gatekeeper Centers in the Netherlands: Self-regulation by employers vs. role of the state and service providers

**Drs. Pim Piek (senior researcher/consultant),
Drs. Wouter van Ginkel (director, Employers'
Forum on Health Management),
TNO – Quality of Life, TNO – Work and
Employment, Hoofddorp, The Netherlands**

In the Netherlands the so called Gatekeeper Act regulates that the employer has to continue paying the salary of the employee during the first two years of sickness absence or (temporary) disability. During this two years the employer and the employee must cooperate in the return-to-work process of the employee. For both the employer and the employee incentives were created by means of legal measures to 'enforce' the cooperation of both parties. If there are no possibilities for the employee to return to work at his own employer, they are obliged to help find a place to work with another employer. Service providers are entitled to support this return-to-(other) work process.

As a result of this act the call upon the disability benefit system dropped enormously. However, return-to-work is not always successful, especially for the real severe cases, when no suitable work seems to be available. In these cases it is experienced that calling in professional service providers was of no use and just a waste of money and time.

After two years of working on return-to-work without success, the situation can change dramatically. The employee can be fired with little or less chance finding other

work and even without rights in the disability benefit system.

Of course, the situation as described was very unsatisfactory. Many employers also were very unsatisfied about the effectiveness of professional service providers and disappointed in the support and information by the state institutions. In several regions in the Netherlands employers started working together in exchanging people that were not able to return to their own work. They established so called gatekeeper centers that succeed where the professional service providers failed: finding new suitable jobs within a regional network of colleague-employers. Though still in an experimental stage and further developing, the gatekeeper centers are successful and employers (networks) in other regions are willing to copy this successful approach.

The gatekeeper centers are a very interesting form of self regulation, especially (but certainly not exclusively) for small and medium enterprises. Moreover, on a longer term it is not just of interest for return-to-work of (disabled) workers but it also has great possibilities to enhance proactive mobility on the labour market.

The Dutch government is enthusiastic about the gatekeeper centers and the initiative of the employers. They are far from expected to regulate this private evolvement, but they decided to stimulate the establishment of about 28 centers over the Netherlands. The Minister asked the Dutch Employers Forum on Health Management to provide services with financial support to help new regional gatekeeper networks to get started. The goal is to establish a fully self-supporting network of gatekeeper centers.

In an open space session after the presentation we will discuss the possibilities, possible barriers and hopefully similar initiatives with the participants of the conference.

Occupational Health (www.gesunde-arbeit.net) – Service points throughout Germany to improve employability in small companies

Harald Kaiser, iqpr, München, Germany

The Project

The purpose of the current research project is to promote, ensure and improve the ability to work, especially for small and medium-sized enterprises.

As an approach to the project „Gesunde Arbeit“ the installation of six network centres (Segeberg, Dresden, Cologne, Munich, Münster, Nuremberg) is considered across the entire federal republic.

These centres constitute the above mentioned point of contact for mainly small and medium-sized enterprises for all issues relating to the topic „Arbeit und Gesundheit“ (“Work and Health”). Upon enquiries pertaining to problems, these centres offer direct help by giving advice or by consulting a suitable partner in order to help resolve the problem. This also includes all activities from the field of Disability Management, Return to work and also auditioning of return to work coordination.

The cooperation partners of all health services are the basis of a service network that is set up and expanded and that operates in a quick and customer-oriented way while assuring quality. The network centre therefore acts in most cases as a pilot for enterprises.

In order for such a centre to operate well, the active cooperation and acceptance by all social insurance agencies, social partners, associations and many more institutions

and intermediaries is essential. Already existing cooperations which practical experience has proven to be good should not be changed; the service is primarily aimed at enterprises that have not been involved so far, that wish to get support and that are aware of their social responsibility – and not simply because a law requires them to do so.

It is important for long-term success to make sure at an early stage that these networks and services are implemented sustainably. The sustained funding of these centres and the maintenance of the networks are tasks to be performed in all regions. With the help of a systemic approach a need-oriented cooperation between many partners – including the legally responsible institutions – has to be ensured with the goal of supporting SMEs.

The dialogue between agencies of prevention and rehabilitation, network centres of “Gesunde Arbeit”, and experts in the networks and enterprises plays a decisive role. **Need-oriented, solution-oriented and customer-oriented** – entrepreneurs determine the need for and key aspects of services.

Among other things, this will yield implementation models by **network centres of „Gesunde Arbeit“**, catalogues of benefits of the network centres and networks, **cost-benefit**-argumentations for social insurance agencies, benefit providers and enterprises, **quality standards** for network centres and service providers as well as regional financing models.

“Gesunde Arbeit” will make an important contribution to a sustained improvement of employability with regard to the practical field of operation. The project activities in the term from October 1, 2007 to September 31, 2009 are financed by funds of the equalisation levy and the Initiative Neue Qualität der Arbeit (inqa).

On the homepage www.gesunde-arbeit.net you will find further information about the approach to the project, about the regions and the regions’ offers.

Work integration management – BGM’s offer of service for small and medium-sized enterprises

Evelyn Jürs, Berufsgenossenschaft Metall Nord Süd, Bezirksverwaltung Hamburg, Germany

The introduction of section 84 (2) of the German Code of Social Law [Sozialgesetzbuch] (SGB) Book IX signifies a great challenge for small and medium sized enterprises.

BGM advises on the work integration management and supports its member companies specifically during the implementation. In this, its disability managers are ideal contact persons for the enterprises. With their special knowledge and skills they answer the question of the measures necessary for keeping the employment at an early stage. As coordinator, BGM institutes all necessary measures for the medical and professional rehabilitation and coordinates these closely with all parties involved in the process. For the motor vehicle industry, among other things a network consisting of employees of BGM, IKK Nord and the Deutsche Rentenversicherung (German Pension Fund) were founded. The goal is the initiation and support of company health promotion and management processes for main topics of the motor vehicle industry in Schleswig-Holstein for operations of up to 20 employees.

The Irish Workplace Safety Code and Disability Management

Frank Cunneen, Irish Workplace Safety Initiative (WSI), Dublin 2, Ireland

Firstly, it is unique in having been developed, managed and funded totally by the Irish Social Partners – employers and employees. The member organisations are: The Irish Business and Employers Confederation (IBEC) the main (general) employers organisation, the Construction Industry Federation (CIF) the building industry employers, the Irish Congress of Trade Unions (ICTU) and the Insurance Industry Federation (IIF) representing the insurance industry.

The Code is also endorsed and supported by these Government Departments and Agencies: Department of Enterprise, Trade and Employment (DETE), the Health & Safety Authority of Ireland (HSA), the Irish Training Authority (FAS) and the Personal Injuries Assessment Board (PIAB) – the State organisation concerned with injury compensation.

Secondly, It is unique that it includes in an integrated way, all aspects and stages in Occupational Injury from

- ▶ **Prevention** of accidents if at all possible.
- ▶ **Intervention** as soon as possible to help the injured person towards recovery.
- ▶ **Retention** of the injured worker in the workplace.

Risk assessment recommendations and a detailed guide on helping the injured worker back to the workplace are also a feature of the Code. Details from www.wsi.ie.

Tuesday | B3: Disability Management in the service sector

In-company integration at Deutsche Bahn AG – qualified support right from the start

Nicola Stein-Gresitza (Dipl. Oec.),
*Deutsche Bahn AG, DB JobService GmbH,
Soziale Grundsätze/Eingliederungs-
management, Berlin, Germany*

Situation

The involvement of independent integration managers at an early stage improves the integration of staff in the company.

Solution

Certified disability managers support the integration of staff with a changed level of performance in the many establishments of Deutsche Bahn. They are based all over Germany under uniform management and support the regional establishments of the Group.

If a new employment opportunity for an employee has to be found for reasons of health, the integration manager will assist him/her from the very start. He/she will coordinate the integration team consisting of executive manager, HR specialist, representation of interests, and company medical officer and will include further partners, as and when required.

In-company Integration Management is the first phase of a multi-stage integration procedure. If it is not possible to create an employment opportunity in the employee's present organisation, the next step will be to seek employment on a group-wide basis.

The changing role of Employment Guidance Services for People with Disabilities

Donal McAnaney, Richard Wynne,
Work Research Centre, Dublin, Ireland
Rob Anderson, *European Foundation
for the Improvement Living and Working
Conditions, Dublin, Ireland*

The number of people on long-term disability benefits in Europe is rising and this group is particularly at risk of social exclusion. Although many of these people would like to return to work, very few actually do so.

Though there are many contributory factors to this situation, a major set of causes relates to the nature of the services available to both the individual and the employer. In practice, these services can be ill-focused, too generic, not integrated and focused mostly on the individual with few services available for the employer.

A recent study of employment guidance services in 16 EU countries points to many new examples of the integration of services, a refocusing on the specific needs of the individual and the provision of services for employers. These innovations point to the future in terms of strengthening the links between stakeholders, fine-tuning the responsiveness of services and improving the success of return to work programmes.

Intra-Network – A way of help for Return-to-work and reintegration

Dipl. Soz. Päd. Karin Engel,
R+V Versicherung, Leiterin der Sozial-Beratung, Wiesbaden, Germany

A “case study” of an insurance company-R+V Versicherung Germany – Internal and external assistant networks will be presented and discussed. Support, contact structure and competent aid for employees and management during the return-to-work process will be visualised. Furthermore, we will show on our internal intranet pages the potential technical support of our social welfare network.

Blind people can do anything, but not in my company. Employer attitudes towards employing blind and vision impaired people

Chris Inglis, Divisional Manager, *Royal New Zealand Foundation of the Blind, Auckland, New Zealand*

International research on employer attitudes toward employing disabled people has failed to examine in depth why some disability types are less favoured as employees. However, some generic disability research has indicated that blind and vision impaired people are in the less favoured groups of people employers are willing to hire. Research has not addressed why this is the case.

This paper describes the methodology, and results of a study undertaken firstly, to see whether (in New Zealand) blind and vision impaired people were less favoured in comparison with other disability groups as potential employees and secondly, to determine employer attitudes and perceptions towards employing blind people and how

or why these attitudes influence employers in overlooking the blind and vision impaired when employing staff.

One hundred and two employers (from sample of 200) participated in a telephone survey and of those, six were interviewed again in an in-depth face-to-face interview. First, employers were surveyed utilising the Employer Hiring Practices and Perceptions Survey (EHPPS, Gilbride, Stensrud, Ehlers, Evans & Peterson, 2000) to measure which disability groups were perceived to be more employable than others. Second, the Attitudes Towards Blind Persons scale (ATBP) was used to measure attitudes towards blind people in employment (a modified instrument combining aspects of the Attitudes Towards Disabled and Attitudes to Blindness scales (cited in Antonak and Livneh, 1998)).

The results of the research were congruent with earlier findings (Gilbride et al., 2000) showing that, of all disability groups, blindness and persons with moderate or severe intellectual handicap were perceived as hardest to employ. Secondly, and surprisingly, the attitudes of employers towards blind and vision impaired people were generally positive. This paradoxical result of “blind people are great workers and can do nearly anything but not this job at my work place” is discussed in this paper.

The research also found employers had three main concerns regarding employing blind people; safety on the job, productivity concerns and the costs associated with work place adaptations. The study highlighted particular jobs which employers felt blind people could not undertake. These included machinery operators and labourers. This is in contrast to many other possible occupations, especially clerical and professional occupations.

When variables (age, gender, education level or whether individuals had previous contact with people with disabilities) were considered as possible influences on attitudes or hiring decisions, there was little that

could be linked to attitudes. This is different from previous studies which identified that, of all the variables, previous contact with people with disabilities directly influences attitudes positively.

The paper concludes by considering the study's implications concerning the personal attitudes of employers, barriers to employing blind and vision impaired people and how potential hiring practices (employers' potential behaviour) can be changed to match employers' apparent positive attitudes towards blind and vision impaired people. Several recommendations are made, including work experience programmes, the need for education programmes in schools, media campaigns and cultivating positive media relationships, workplace training and education, employer mentoring programmes, the development of appropriate government policies and strategies.

Antonak, R. F., & Livneh, H. (1988). The measurement of attitudes towards people with disabilities: Methods, psychometrics and scales. Springfield, IL: Thomas. Gilbride, D.D., Stensrud, R., Ehlers, C., Evans, E. & Peterson, C. (2000). Employers' attitudes toward hiring persons with disabilities and vocational rehabilitation services *Journal of Rehabilitation*, 66 (4), 17-23.

Disability Management in Swiss companies

Dr. Thomas Geisen, Hochschule für Soziale Arbeit der Fachhochschule Nordwestschweiz, Institut Integration und Partizipation, Olten, Switzerland

Companies can reduce the rate of absenteeism amongst staff and improve the quota of re-integration significantly by implementing Disability Management. Adopting a top-down structure and commitment by company management are core issues for

its successful implementation. Economic factors such as profitability and productivity as well as an organisation's corporate culture are seen as important reasons for companies to introduce Disability Management. The implementation of Disability Management is not formulaic and company-specific solutions are preferable. It is necessary for different company stakeholders to participate in order for to achieve the successful development, implementation and execution of Disability Management. In Swiss companies, employees are rarely involved in such processes at any stage which is an indication that there is much room to improve the way in which Disability Management is dealt with.

Supervisory qualities during employees' long term sick leave. A Norwegian case-study in 19 companies

Senior Research Scientist, Randi W Aas, Lecturer Kjersti L Ellingsen, Associated Prof. Preben Lindøe, Prof. Anders Moller, International Research Institute of Stavanger, IRIS, Dep. Work, Health and Welfare, Stavanger, Norway

Introduction

Supervisors have core positions to facilitate a safe and effective return to work. Earlier studies have revealed that the risk for long term sickness absence increases with low social support from supervisors and poor management quality. The aim of this study was to explore valued leadership qualities in the process of returning to work after long term sick leave. Methods: The study was designed as a qualitative case-study with interviews with subordinates (n = 30) on long term sick leave (>8 weeks) and their supervisors (n = 29). The informants were selected to constitute a heterogeneous sample. The transcripts were analysed by the content analysis method.

Results

We revealed 345 leadership quality descriptions, which depicted 78 distinct leadership qualities and according to similarity, seven leadership types. The five most frequent mentioned valued leadership qualities were “ability to make contact”, “being considerate”, “to understand”, “being empathic” and “being appreciative”. The Protector, The Problem Solver and The Contact Maker were the three most frequent mentioned leadership types. The subordinates reported The Protector most often (86/68 %), while the supervisors The Problem Solver (47/95 %). The results might have impact on how companies provide their follow-up for long term sick listed employees.

Improving Workplace Injury Outcomes – A Cooperative Project between Fraser Health and WorkSafe BC

Angela Andrews, Fraser Health Authority, Simon Avenue Health Services, Abbotsford, BC, Canada, **Kathleen Fleming**, WorkSafe BC, Canada

Enhancing work-related incident education and advocacy services for employees, implementation of early intervention strategies, and development of a coordinated inter-organizational claims management system will reduce injury recovery time and improve return to work outcomes.

Fraser Health (FH) has a business goal to reduce short-term-disability (STD) duration by 3 days to align with Provincial averages. WorkSafeBC has made reduction of STD duration a core strategic business objective for 2007.

The goal of this project was to improve injury outcomes within a select area of FH by the end of 2007. Outcomes included: reducing injury recovery time through enhanced services for the worker; decreasing staffing pressures and costs by implement-

ing light duties and modified work; reducing claim costs and complexity by developing a coordinated claims management system; and improving worker education and advocacy.

Using the LEAN Six Sigma methodology, root cause analyses were performed to explore barriers and drivers of injury duration. This project was divided into two phases. Phase I analyzed the timeliness to submit the Employers’ Report of Injury or Occupational Disease Form 7 (F7) and Phase II analyzed the time for an injury claim to develop from the F7 submission to full return to work (RTW) of the injured employee.

In Phase I, baseline information was gathered to assess the timeliness of FH to submit complete F7s. Baseline analysis confirmed that FH submitted complete F7s within 72 hours of notification, 10% of the time. Barriers impacting the timely and complete F7 submissions included:

- ▶ Timely notification of the injury/illness by the employee and manager
- ▶ Completeness of incident forms by the employee and manager
- ▶ Access to information (payroll) to complete the F7 in a timely manner
- ▶ Workload and process efficiency issues

Once the root causes to the above barriers were confirmed, several quick wins were implemented. Both organizations collaborated to agree upon the minimum requirements for complete F7 submissions. Improved access to payroll information was also provided to payroll information and more recently an employee incident reporting call center was implemented to assist employees and managers provide information in real time. Upon follow-up one year later, we confirmed that FH submits complete F7s within 3 days 56% of the time.

In Phase II, baseline information was gathered regarding the average duration of the RTW cycle. The primary factors considered were injury duration (measured from F7 submission to RTW), total claims submit-

ted and claim type. Data was analyzed using the FH Workplace Health Indicator Tracking and Evaluation (WHITE) system for all claims from October 2004 to May 2006. Four-thousand records were filtered to provide 1,346 claims to study.

Inter-organizational mapping of the return to work process from a communication perspective identified four main improvement themes: communication; business processes; education; culture.

Communication

Mapping RTW processes enabled the team to recognize various communication gaps between the organizations. Similar to Phase I, limited knowledge of the other organization's processes existed at the operational level, which provided an opportunity for enhanced information exchange. Quick wins included:

- ▶ How and when to identify priority claims
- ▶ Availability and sharing of job demands analysis
- ▶ Availability of light duties
- ▶ Knowledge of various barriers that existed when planning a GRTW and gathering RTW limitations

Regular information exchange sessions were also scheduled to provide supplementary opportunities for focused learning between the organizations.

Business Processes

Baseline file audits were conducted in 2005 on a random sample of workplace injury claim files to identify priority improvement opportunities. Various milestones were measured including: time to receive injured worker limitations (average 27 working days), time to start GRTW once the limitations were received (average 13 working days), and RTW success and durability (40% of GRTW's had extensions).

To address the improvement priorities, the team developed a light duties checklist, modified the existing processes between

on-site physiotherapists and the Disability Management teams, and implemented an earlier transition of claims files to the Disability Management Consultants (DMC). An employee information document and rehabilitation recommendation form was also implemented after collecting focus group feedback from employees, union representatives and managers.

Education and Culture

Healthcare is recognized as having higher than average STD duration when compared to other industry sectors. One of the initial measurements in this project compared FH injury duration to the Official Disability Guidelines (ODG). This measurement demonstrated that FH employees required 31 or more days away from regular work for a lumbar strain 45% of the time, which is 21% greater than ODG. Upon project closure, FH was able to improve average injury duration for all MSI claims by approximately 6 days, which closely aligned with the ODG average.

DISCUSSION

This project resulted in significant benefit to both organizations. Information has been gathered from all stakeholders to gain insight and perspective into various processes and protocols. It has become apparent that improving workplace injury outcomes requires a multi-factored approach with commitment from both the insurance body and employer. Solutions are complex and require changes to communication, business processes, education and culture.

By using the LEAN Six Sigma methodology, we have achieved the following results:

- ▶ Created an environment of collaboration between two large public organizations
- ▶ Enhanced core processes by improving alignment between the organizations and designing new processes and services, as necessary

- ▶ Reduced average FH STD days paid per claim by approximately 10 days
- ▶ Realized a net estimated benefit for FH of approximately \$1.3 million within one year of project commencement. Additional financial benefits are expected to accrue at a rate of \$325,000 per quarter.

We have learned that analyzing claims data from a results-oriented RTW perspective leads you in the right direction. However, it is by listening to stakeholders, engaging process workers, and systematically working through improvement priorities that achieve the results. Furthermore, these results can be sustained by establishing a control plan that includes responsibilities regarding process ownership, ongoing measurement and persistent follow-up.

Obtaining and sustaining result through effective disability management

Tony Middlebrook, *Employers Mutual Ltd., Australia,*
Liz R. Scott PhD, *Organizational Solutions Inc., Burlington, Ontario, Canada*

Disability Management programs need to be designed to achieve sustainable results. The current research in the field provides guidance that contributes to the theoretical development of programs. This session will examine how to translate that theory into knowledge. Using experience gained through years of participation in the field the speakers will relay the proven practical techniques that make disability management programs a success in actual workplaces. Specific practical case studies will be used to demonstrate how disability management can produce successful results.

Companies want to know what works and that it has been proven to reduce the human and financial results on a sustainable basis in workplaces like there own. Companies spend billions on illness and injury each year. It is clear that companies need to carefully address how disability management efforts are implement in a cost effective manner and help sustain a healthy and productive workplace.

Developing Disability Management for employees experiencing occupational stress in an Australian public service organisation

Christine Randall, Professor Nicholas Buys, Professor Elizabeth Kendall, Griffith University, School of Human Services, Research Centre for Clinical & Community Practice Innovation, Meadowbrook, Logan, QLD, Australia

Employers have used occupational rehabilitation with variable success in reducing the costs of injury. Disability management is internationally accepted as an effective model of rehabilitation. However, there is a lack of evidence about its implementation in Australian organisations. To promote disability management in a sustainable way, changes must be negotiated and accepted by consensus among members of that organisation. In line with this principle, Participatory Action Research (PAR) is used to facilitate the organisation to develop its own solutions, actively involving members of the organisation in the development and implementation of an occupational rehabilitation system.

This presentation outlines the process of developing an effective disability management system for people experiencing occupational stress in a large Australian public service organisation using the PAR approach. The results of this implementation process are outlined, including the role of PAR in facilitating this change.

Employee Integration Management (BEM) at the University Hospital of Cologne

Irmgard Henseler-Plum, Universitätsklinik Köln, Geschäftsbereich Personal und Recht, Betriebliches Eingliederungsmanagement BEM, Germany

A permanent group concerned with implementation of the BEM system at the University Hospital of Cologne was established in late 2005. The Integration Team is composed of representatives from the Human Resources Department and works councils, the disabled employees' representative, the equal opportunity officer, corporate social counsellors and the members of the corporate medical service.

The Board of Directors allocated a budget for the implementation of BEM.

A special coordination office was set up in 2007. The coordinator (a nurse with a degree in social work) earned certification as a disability manager (CDMP). The Integration Team continues to support the work of the coordinator and team meetings are held at regular intervals.

In response to strong demand, the BEM staff at the University Hospital of Cologne was strengthened through the addition of a half-time position effective 15 October 2007.

The University Hospital of Cologne has 6,757 employees (as of 2007). BEM measures were carried out for 179 employees in 2007. According to current plans, all employees of the University Hospital of Cologne will be supported by the BEM system. 544 employees are eligible for BEM support. Implementation of the BEM system at the University Hospital of Cologne is expected to result in a reduction of this number.

BEM represents an additional corporate benefit which will enhance job satisfaction among employees of the University Hospital of Cologne.

The goal of the BEM system at the University Hospital of Cologne is prevention for everyone. Our motto is “BEM – responsibility for our employees”.

Disability Management Practices in the Ontario Long-Term Care Sector

Mustard CA (1,2), Steenstra I (1), Smith P (1,2), Amick B (1,3), Kalcevic C (1).

(1) Institute for Work & Health, (2) Dalla Lana School of Public Health, University of Toronto, (3) School of Public Health, University of Texas, Houston, Canada

Disability management practices that support early and safe return-to-work involve the adoption of formal policies and procedures within workplaces to ensure the quality of disability management outcomes. In the province of Ontario, there are approximately 60,000 health care workers in 700 licensed facilities providing long-term residential care to approximately 75,000 elderly residents. Workers in this sector are exposed to high biomechanical demands arising from care-giving tasks. The annual rate of compensation claims in this sector is in the range of 9.0 per 100 full-time equivalent workers. Approximately one half of these claims result in lost-work days. Over the period 2000-2006, many long-term care facilities have disability management practices that encourage modified work arrangements. In this presentation, we describe variation in disability management practices in the institutional long-term care sector in the Canadian province of Ontario, reporting information from a representative sample of 32 facilities for the two consecutive years 2005 and 2006. A total of 28,747 days of disability attributed to work-related conditions were experienced by 3,271 full-time equivalent

staff in 2005 (28,034 days in 2006). Average total disability days were 992 per 100 full-time equivalent staff in 2005 and 889 per 100 full-time equivalent staff in 2006. Disability compensation expenditures, measured as wage replacement benefits received by disabled workers, were estimated to be \$72,332 per 100 full-time equivalent staff in 2005 and \$64,619 per 100 full-time equivalent staff in 2006. On average, approximately 60% of all disability days were managed by modified duty arrangements and the proportion of total disability days managed by modified duty arrangements for each facility was moderately correlated between the two observation years. Across facilities, there was some evidence that modified duty was associated with a lower burden of disability. In both 2005 and 2006, the mean compensation claim rate for each facility was correlated with disability compensation expenditures per 100 full-time equivalent staff. In this sample, there was no evidence that modified duty arrangements were associated with lower disability compensation expenditures.

School to Work Transition in South Australia – an early intervention approach

Craig Harrison, Barkuma Incorporated, Adelaide, Australia

In Australia, people with disabilities have lower participation rates in education, training and employment. School leavers with disabilities are at increased risk of being unemployed and developing on-going attachment to the Welfare system.

The lack of educational and training opportunities is directly related to poor employment outcomes and lower quality of life for people with disabilities. Communities also are disadvantaged as a result of the reduced capacity for people with a disability to contribute to the economic and social life of their communities.

A Case Management approach to the coordination of transition pathways, clarity around the roles of service providers within these pathways and collaborative approaches to transition planning and delivery are critical elements for the successful transition of school leavers.

A coordinated Disability Transition Program has been established across the South Australian capital city, Adelaide, that provides:

- ▶ individualised case management and support for students and their parents provided by coordinators who are experienced in disability and labour market issues and processes;
- ▶ access to employment preparation training and career guidance, particularly confidence-building and motivational aspects;
- ▶ access to industry-specific vocational training and structured work placements with individualised support as required; and
- ▶ linkage to Disability Employment Agencies or Business Service agencies to provide job seeking assistance and ongoing employment support.

Coordination of the initiative rests with a specialist disability employment agency. This approach has ensured a focus upon achieving employment outcomes remains central to the initiative rather than upon the processes of the individual stakeholders.

Motivation to rehabilitate public service employees – crucial for the success of Disability Management

Regina Knöpfel, Verw.-Betriebswirtin (VWA), Knöpfel Life Consulting AG, Uitikon Waldegg, Switzerland

There are different cases which can lead to a short-, mid- or long-term employment drop out for health reasons. In the public service, the situation is often exacerbated

by both comfortable financial provisions in case of illness and lacking adequate occupational alternatives.

Depending upon disease pattern or consequences of an accident, remaining physical or mental resources are usually soon clarified. However, decisive for a successful vocational reintegration is also the level of motivation of the person concerned allowing for his or her overall situation.

On the basis of prediction factors you will be shown how to judge a person's overall state of motivation applying straightforward tools and instruments.

Moreover, you will be introduced to operational guidance geared towards public service Disability Management.

A Risk Management Strategy for Improved Management of Psychological Injury

Susan M Yates, BAppSci (OT) Grad Cert RM (Monash), Senior Consultant OHS& Injury Management, Suncorp Risk Services, Sydney, NSW, Australia

As a result of escalating claim numbers and costs for psychological injuries claims within the NSW Public Sector the NSW Treasury Managed Fund gave approval to Suncorp Risk Services to undertake further research into the causes and remedies for stress claims. The TMF Stress Strategy: A Risk Management Strategy for Improved Management of Psychological Injury is the result of extensive research, review and piloting of initiatives to improve:

- ▶ the identification and proactive management of organisational drivers to psychological injuries, and the
- ▶ claim management and post incident management or return to work of psychological injury claimants.

Information underpinning the Strategy included:

- ▶ The analysis of 100 claims to identify key causal factors of psychological injury claims.
- ▶ Review of employer managed return to work processes to identify internal and external barriers to return to work.
- ▶ Development of a survey tool to assist agencies to evaluate the effectiveness of their rehabilitation programs for employees with psychological injury.
- ▶ Piloting of a Psychological Injury Mediation Model for claims where workplace conflict is an identified contributing factor.

The Strategy recommendations culminated in the release of “Leading Well” to promote a response to psychological injury which focuses on the effective management of human resources issues.

The Leading Well Psychological Injury Strategy was developed jointly with the Public Sector OHS & IM branch of WorkCover NSW and is sponsored by the Department of Premier and Cabinet.

The aim of Leading Well is to provide guidance to public sector agencies to make improvements in leadership performance and promote:

- ▶ proactive management of the organisational factors that can give rise to psychological injuries;
- ▶ post-incident counselling;
- ▶ claims management; and
- ▶ return to work.

The Leading Well strategy is supported by an Action Plan that outlines strategic and operational activities to be undertaken by stakeholders.

Prevention Continuum in Ontario

Bill Blackborow, President, CEO, Municipal Health & Safety Association of Ontario, Mississauga ONT, Canada

Amongst the 3 pillars of the prevention system in Ontario are the Workplace Safety and Insurance Board (WSIB), the Ministry of Labour and the Health and Safety Association.

As a contributing prevention system partner in the WSIB’s Road to Zero: Prevention Strategy for Workplace Health and Safety in Ontario – 2008-2012 the Municipal Health and Safety Association (MHSA) is incorporated as a Designated Safe Workplace Association, operating under and funded through the Prevention Division of the WSIB. Our offices are located throughout Ontario, and our mandate is to provide services and training programs to Schedule 1 and 2 municipal and allied government agencies employers and their more than 250,000 employees, including First Nations Lands, Conservation Authorities, Housing Authorities, Police, Fire and Paramedics in the province of Ontario.

As the prevention continuum continues to evolve in Ontario, MHSA has aligned itself in initial stages, including but not limited to:

Primary Prevention Activities:

A process whereby it has been identified that an employer wants to ensure they have a healthy and safe workplace. The HSA is the primary contact during this phase of the continuum, as it is related to their primary area of expertise – primary prevention.

Workplace Development Activities:

The employer, management, employees and labour (if appropriate), need to establish the following in order to ensure their health and safety workplace environment:

- ▶ Engagement strategy
- ▶ Education
- ▶ Compliance
- ▶ Creating a safety climate/culture
- ▶ Inspection
- ▶ Hazard removal
- ▶ Joint Occupational Health and Safety Committee
- ▶ RTW Committee

The HSA is the primary contact during this phase of the continuum, as it is related to their primary area of expertise – primary prevention. However, during this phase they will act as the knowledge broker to ensure the employer receives all tools necessary to develop the appropriate programs.

Continuing along the Prevention Continuum:

Responding to Injury Activities:

The employer will conduct an accident/incident investigation, as per the training received from the HSA. During this phase of the continuum, WSIB staff are the primary contact as it relates to post accident and claims management activities – secondary prevention.

Return to Work Activities:

During this phase, the employer will be able to demonstrate their commitment to their employees' health and wellness as it is an important intersect between the prevention principles and practice, disability prevention and then return to work. The WSIB is the primary contact during this phase as the injured worker is moving through the claims management process.

Evaluation of a Disability Management Pilot Project at the Canton Lucerne Department of Human Resources

Prof. Dr. Jürgen StremLOW, Lucerne School of Social Work, Lucerne, Switzerland

As one of the first cantonal (state) governments, Zurich started to implement Disability Management a few years ago. More recently the Canton Lucerne Department of Human Resources has initiated a pilot project to assess the usefulness of Disability Management (DM) in a state government. The project started in 2007 and is continuing through

the end of 2008. Nine cantonal departments with approximately 2000 employees are taking part in the Lucerne pilot project.

One of the core goals of the Disability Management pilot project in Lucerne is the timely identification of employees with (health) problems in order to triage these employees to external Disability Management specialists.

The Centre for Social Management and Social Policies at the Lucerne University of Applied Sciences is currently conducting an evaluation study of the Lucerne pilot project. In this presentation the preliminary results of the evaluation will be briefly summarized.

Research Questions

The first phase of the evaluation of the pilot project was designed as both an outcome, as well as a process evaluation. The following research questions guide the study:

- a) Does the DM intervention increase the relevant health, work, and social characteristics of the employees who received treatment?
- b) How do employees and employers rate the DM intervention provided by the external DM specialists?
- c) Are the procedures and institutional structures conducive to the successful implementation of the pilot project?

Method

Qualitative methods were used to generate the data necessary to answer the above research questions. Between November 2007 and March 2008 25 qualitative interviews were conducted with:

- ▶ 3 external case managers who conducted the DM consultations
- ▶ 6 employees who received the DM intervention
- ▶ 7 department directors of the cantonal departments involved in the study
- ▶ 9 human resources officers of the cantonal departments involved in the study

The interview questions that each group were asked were nearly identical. For this reason, we were able to triangulate the results.

Results

The following is a partial presentation of the preliminary results:

a) **Results regarding the health, work, and social characteristics of the employees:**

With very few exceptions, employees, their supervisors, department directors and human resources officers reported a significant improvement of the work, health and social integration of those employees, who had received DM consultations during the pilot project.

b) **Interventions by case managers:**

We tried to categorize the findings with regard to the specific interventions that were employed by the case managers: psychosocial consulting, developing new employment perspectives, problems related to social insurance issues, etc.). Employees who received DM consultations were particularly favorable with regard to the psycho-social support they received.

c) **Procedures**

The supervisors of employees who received CM consulting reported that the external CM intervention is helpful. They especially welcomed the external consulting of employees in challenging situations. Some answers indicated that certain procedures still need improving.

Next Steps

For the second phase of the evaluation, standardized questionnaire will be used to assess the impact of the DM pilot project. The sample of research participants for the second phase will remain the same as was the case during the first phase of the evaluation and the final report will be submitted by the end of 2008.

In addition, the research team of the Lucerne University of Applied Sciences is currently developing a more comprehensive study to conduct comparative research on the effects of the different organizational forms of Disability Management in local and state governments.

Law on the regulation concerning military servicemen staying in service after accidents on deployment

Dr. Michael Saalfeld, Ministerialrat,

Personnel, Social Services and Central Affairs Directorate, Federal Ministry of Defense, Germany

Bundeswehr missions abroad or those of other Federal Ministries (e.g. the German Federal Agency for Technical Relief) entail particular dangers to the personnel. Therefore, the lawgivers have – for the last time in 2004 – considerably improved the treatment and care of severe impairments to health suffered during such missions. Nevertheless, the persons concerned in many cases do not wish to retire from work completely, however, their chances on the job market would be limited because of their health impairments.

This can be remedied by the Law Concerning Servicemen Staying in Service after Accidents on Deployment. In accordance with this law, military personnel who are injured during special missions abroad and have completed a phase of medical rehabilitation and, if necessary, a phase of professional qualification are entitled to stay in service as career soldiers or civil servants or employees of the Federal Government if their earning capacity is reduced by at least 50% due to the accident and they have successfully passed a probationary period of six months. There is a similar entitlement for civil servants and employees.

Tuesday | B5: Disability Management and Cancer

Beyond the Disease: The Health, Productivity & Employability of Cancer Survivors, a Quality of Work Life Study

Kristin Tugman, Unum, Portland, USA

This presentation illustrates the impact of treatment and survivorship on the health, productivity and employability of the cancer survivor. The program focuses on the work outcomes of individuals with either breast, prostate or colorectal cancer. Focus was to determine the key clinical, financial, vocational and emotional milestones from cancer diagnosis through a resumption of work. Determine the internal and external factors that influence lost time during cancer treatment and a successful resumption of work following cancer treatment. Demonstrate the effective application of a disease/disability management product and services that promote the health, productivity and employability of the cancer survivor. Expected Outcomes: Improve the understanding by clinical and vocational specialists, disability benefit specialists, healthcare providers and employers of the cancer survivors':

1. employment options,
2. family dynamics,
3. work motivation and
4. work disruptions due to the cancer treatment.

Profile the high risk factors leading to excessive lost time, reduced employment opportunities and the cost of cancer care for survivors. Illustrate a program model that enhances productivity and employment strategies in connection with a supportive benefit design, claims, disability/disease management process and a measurable return on investment.

The data analysis included the following – All Unum US LTD and STD cancer claims (2001-2005) (est. 17,000 STD claims-8,000 LTD claims) in the target groups were analyzed in relation to return to work (RTW) success (dependent variable) cross tabulated with a menu of independent variables (e.g. claim duration/cost, age, gender, etc.) and tested for statistical significance. A logistic regression analysis was completed to determine the relative influence a particular variable had on return to work outcomes.

Outcomes indicated Cancer claims incidence is growing, cancer survivorship is increasing Cancer survivorship has well defined costs that may be mitigated. Timely return to productivity may be one of the most critical strategies. There are clear patterns of factors leading to RTW success. The “constellation of RTW predictors” can be incorporated into a series of applied services and products that would appear to protect the productivity and mitigate the impact of the disease of the cancer survivor. Chemo brain and cancer related fatigue were defined to be key productivity barriers Development of corporate strategies to accommodate key productivity barriers are illustrated along with benefit products or employee benefit packages can mitigate the reported economic gap experienced by the growing number of cancer survivors. Prepare disability management professionals and human resource managers to support safe and timely RTW for individuals going through or following cancer treatment in collaboration with disease management partners and healthcare providers.

Back to work after cancer – the German situation

Professor Monika Reuss-Borst,
*Clinic of Rheumatology and Oncology,
Bad Kissingen, Germany*

Tumor diseases occur with an increasing frequency and may affect persons at all age groups. Due to dramatic progresses in early diagnosis of the disease and remarkable advances in cancer treatment strategies during the last decades an increasing percentage of tumor patients will survive cancer or at least live longer with the disease.

The German health care/social security systems provide several programs of varying degrees of complexity that meet patients' abilities and needs after cancer disease.

This oral presentation will inform about these programs and give answers to the following questions:

- ▶ How many German cancer survivors will return to work after disease?
- ▶ What programs do exist that facilitate the reintegration into the work process?
- ▶ What is the role of in- and outpatient rehabilitation programs after cancer disease?
- ▶ What are the rehabilitation needs in patients with cancer?
- ▶ Are there specific vocational rehabilitation programs for cancer patients?
- ▶ What other specific programs do exist to support cancer survivors in their efforts to return to work?

Tuesday | B6: Role and offers of the Social Security Institutions relating to DM – Using Germany as a model

German Social Security and Disability Management

*Erika Huxhold, Ministry of Labour and
Social Affairs, Berlin, Germany*

In Germany the welfare state principle is one of the defining elements of the constitutional order, next to the rule of law, federalism and the democratic system. Social security is the major expression of such welfare state principle. Social security aims at covering risks such as sickness, long-term care, unemployment, work accidents and old age and at minimising negative social impacts deriving therefrom. The “five pillars” of social security are pension insurance, health insurance, unemployment insurance, work accident insurance and long-term care insurance. The individual branches of social security are not state-run entities, but self-administered institutions that organise – under state supervision – the self-help of the solidary “risk-community” of the persons covered by social security.

Disability Management has been transformed into German statutory law as the obligation of employers to offer employees that have been absent from work for a certain period of time a Betriebliches Eingliederungsmanagement (“re-integration management”). One of the major challenges regarding the successful implementation of such re-integration management consists of organising a cooperative process between the different branches of social security to identify the support that can be offered to the employees in each individual case.

Disability Management in small trade businesses – the approach of the IKK Nord as an example for the statutory health insurances

*Ralf Hermes, Innungskrankenkasse (IKK) Nord,
Kiel, Germany*

The implementation of the legal requirements concerning the integration management has to be executed in small businesses without unacceptable expense and has to be action-oriented.

Specialized trade personnel exposed to exceptional physical stress needs qualification measures if necessary, to be able to stay in the small business, because usually there are no “gently jobs” available. The advisors (CDMP) have to be able to apply the findings gained from large companies to small businesses and find pragmatic solutions.

The IKK Nord as carrier of the rehabilitation has decided to grant the trades comprehensive advise and support. The team of the IKK health and social counselling service has been further qualified and certified as Disability Managers.

The district craft trades associations in the state of Schleswig-Holstein and the IKK Nord have founded an “association for the promotion of the operative integration in the trade e.V.”

The association has implemented a project that is scheduled to run for 3 years. The goal is to show the need for operative integration measures in the trades, to support businesses in this and to offer suitable and

short qualification measures with the help of the educational institutions of the district craft trades associations.

The consultation in the trade businesses is conducted by the IKK health and social counselling service, which has been certified as disability Managers CDMP.

Since in only few trade businesses all employees are insured at the IKK Nord it is necessary to cooperate with other statutory health insurances and with other carriers of rehabilitation.

Innovative Rhineland-Palatinate German Pension Insurance Cooperation Models in Connection with the Implementation of Vocational Integration Measures

Dr. Barbara Kulick, *Deutsche Rentenversicherung Rheinland-Pfalz, Speyer, Germany*

In accordance with section 84, paragraph 2 SGB IX (volume IX of the German social security code) in the version from 1 May 2004, all employers have an obligation to maintain vocational integration measures.

The vocational integration measures have validity for employees who are incapable of working through sickness for an uninterrupted period exceeding 6 weeks or who are repeatedly unable to work through sickness. Its objective is the overcoming of the incapacity to work as soon as possible, prevent a repeated incapacity to work through sickness and retain the job.

Vocational integration measures include all of the measures which are suitable for the securing of the employee's capacity to work at an early stage and with a lasting effect in the case of health impairments or disabilities.

A successful integration measure when integrating employees who suffer from a health impairment also necessitates a knowledge of the various rehabilitation possibilities (e.g. inpatient or outpatient medical rehabilitation, job retention benefits, the bearing of the costs for technical vocational occupation aids, etc.) and access to the benefits. It is normally the case that the employer does not have such knowledge or he does not have it to a satisfactory extent. This is why the employer and employee can obtain advice from the joint service centres of the rehabilitation agencies.

In the scope of a model project, the Rhineland-Palatinate German Pension Insurance cooperates with the AOK Rhineland-Palatinate health insurance company with the participation of two rehabilitation clinics owned by the Rhineland-Palatinate German Pension Insurance German Pension Insurance (Drei Burgen Clinic in Bad Münster am Stein, Mittelrhein Clinic in Bad Salzig), in order to support the implementation of vocational integration measures in small and medium-sized companies in the Rhineland-Palatinate.

As soon as an employer or the responsible AOK employee contacts the joint service centre of the Rhineland-Palatinate German Pension Insurance, this assumes responsibility for the coordination and controls the procedure from that moment in time. If a medical expertise is required in order to determine the rehabilitation requirement, this is prepared by physicians from the participating rehabilitation facilities if the company concerned should not have its own occupational medicine department. If a rehabilitation necessity should be determined, a demand will be made that the employee makes a rehabilitation application without delay.

In addition to the joint initiative with the AOK Rhineland-Palatinate, vocational integration measures are also offered to selected large, medium and small companies in other regions in the Rhineland-Palatinate.

The Rhineland-Palatinate German Pension Insurance already initiated an additional model project with DAIMLER AG (Wörth plant) in 2004.

A close cooperation between a large company, benefit agencies, and selected rehabilitation facilities hereby resulted in the testing of a new approach, with the assistance of which a required rehabilitation could be comprehensively implemented in relation to the working environment in such a way that a smooth reintegration in the company is possible and can be carefully prepared in individual cases.

The target group of this model project is persons undergoing rehabilitation due to musculoskeletal diseases, alcohol and medication addiction and psychosomatic diseases.

On the basis of the approaches described here, the Rhineland-Palatinate German Pension Insurance is in contact with other large, medium-sized and small companies within the federal state and offers them a contractual cooperation agreement. Additional social insurance agencies will be included, depending on the local situation.

Disability Management from the Integration Office as an Aid for the Maintaining of Jobs for the Severely Disabled

Helga Seel, Bundesarbeitsgemeinschaft der Integrationsämter und Hauptfürsorgestellen (BIH)/Landschaftsverband Rheinland, Cologne, Germany

Information deficits, a fear of a high level of work and bureaucratic burdens and a lack of problem awareness are the inhibitions which prevent many employers from implementing Vocational Integration Measures.

On the other hand, there is also a reality that companies should realise at an early stage: in view of the lack of employees and the demographic development in the companies, the taking of the health problems which

the employees have into account is increasing in relevance as far as the existence of the companies is concerned.

Vocational Integration Management is important for all companies. Each company should hereby find its own way of implementation which will have to be organised in a large company differently to a small to medium-sized company.

The integration offices actively advertise the Vocational Integration Management and assist with the development of quality standards.

The integration offices offer the companies support with the introduction, implementation and permanent anchoring of Vocational Integration Management. This is in the form of Vocational Integration Management information, written action recommendations on Vocational Integration Management, seminars for the office-holders in accordance with SGB IX (volume IX of the German social security code), the naming of contact persons, etc..

The following has validity for the companies in this respect: as much self-reliance as possible, as much obtaining of external know-how as is necessary.

The important thing is that the question as to the type and form of the support will derive from the interests of the company and that the cooperation of external players will be aimed at the companies implementing Vocational Integration Management as independently as possible.

When possible, the responsibility should not be shifted to external players but be anchored within the company.

The company must make the decision as to whether an external service is to be taken avail of and the extent to which this will be carried out. It can make sense and be necessary – but a “must” for companies in the sense of stipulated quality standards should not result however.