Lost Time Impact Study

WorkRx ® Mentoring

The Lost time Impact Study defines the corporate strategies used to prevent and control work disruption. The intent is to define the best return-to-work practices that build, maintain and protect the productivity and well-being of an employer's workforce

We invite you use this tool as a means of defining key lost time patterns and the associated policies and practices that may be generating such patterns.

We would be please to assist you in this analysis. Please contact

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1. Company Name: _____

2. Location: _____   Number of Subsidiaries: _____

3. Subsidiaries: _____
   _____

4. Type of Industry: _____   SIC Code: _____

5. Our company is: publicly held _____   privately-owned _____   (check one)

6. We are a: for-profit? _____   Non-profit? _____   (check one) company

7. Our work force is organized: Yes _____   No _____   If yes, how many unions are involved? _____
   Who is (are) the primary union(s)? _____

8. The total number of employees in our work force is _____.   FT _____%. PT _____%. Temp _____%.
   Average annual turnover _____%.   Average number of new hires per year _____.

9. The distribution of employees across our work force: % Corporate Headquarters ___   % Other Locations _____

10. Our work force gender distribution is: Male _____%   Female _____%

11. The age distribution in our work force is:

	< 30 yrs.	_____%	31 - 40 yrs.	_____%
	41 - 50 yrs.	_____%	51 - 60 yrs.	_____%
	61 - 65 yrs.	_____%	65+ yrs.	_____%

12. Our seniority distribution:

	< 5 yrs.	_____%	6 - 15 yrs.	_____%
	16 - 25 yrs.	_____%	25+ yrs.	_____%

13. Our work force skill characteristics are:

Professional _____%	Managers _____%	Clerical _____%
Craft _____%	Semi-skilled _____%	Unskilled _____%

SECTION B   COMPANY HEALTH & BENEFIT PLANS

1. Our company's worker's compensation coverage is:
   ❑ Insured   ❑ Self-Insured   ❑ Retro   ❑ State Fund
   If insured, who is the carrier? _____
   If self-insured, is the plan self-administered? ❑ Yes   ❑ No   If not, who is the TPA? _____

2. Our company's short-term disability coverage is:
   ❑ Insured   ❑ Self-Insured   ❑ Salary Continuation   ❑ State Disability   ❑ a voluntary benefit
   If insured, who is the carrier? _____
   If self-insured, is the plan self-administered? ❑ Yes   ❑ No   TPA/ASO? _____

3. Our company's long-term disability coverage is ❑ Insured   ❑ Self-Insured   ❑ a voluntary benefit
   If insured, who is the carrier? _____
   If self-insured, is the plan self-administered? ❑ Yes   ❑ No   If not, who is the TPA? _____

4. What is your company's current health-care coverage? ❑ Insured   ❑ Self-Insured   ❑ a voluntary benefit
   We have an occupational health clinic on site? ❑ Yes   ❑ No   ❑ Not Sure
   If insured, who is the carrier? _____   How long? _____
   If self-insured, is the plan self-administered? ❑ Yes   ❑ No   TPA/ASO? _____
   5. Are there or have there been active efforts to integrate these insurance products?
   ❑ Yes if yes, is it successful? ❑ Yes ❑ No   ❑ No, but considering   ❑ Not interested
   ❑ STD - LTD - WC   ❑ STD - LTD   ❑ WC - Group Health   ❑ All

SECTION C   WORK DISRUPTION PROFILES

1. Our annual work disruption patterns are:

	Don't Track	2008	2009	2010
# of Lost Work Days (total)	❑	_____	_____	_____
# of Lost Work Days - WC	❑	_____	_____	_____
# of Lost Work Days - STD/A&S	❑	_____	_____	_____
# of Lost Work Day claims (total)	❑	_____	_____	_____
# of Lost Work Day claims - WC	❑	_____	_____	_____
# of Lost Work Day claims - STD/A&S/FMLA	❑	_____	_____	_____
# of New Long Term Disability Claims	❑	_____	_____	_____

2. Our annual costs of work disruption are:

	Don't Track	2008	2009	2010
Worker's Compensation Lost Time	❏	_____	_____	_____
Medical Costs of Work Injuries	❏	_____	_____	_____
A&S - Short Term Disability - Salary Cont.	❏	_____	_____	_____
Long Term Disability	❏	_____	_____	_____
Group Health Insurance	❏	_____	_____	_____
Total disability costs to % of payroll	❏	_____	_____	_____

3. Our most common work-related injuries/illnesses leading to lost time are: (please rank, if possible)

Back strains/sprains	_____	Knee injuries	_____	Stress-related	_____
Carpal tunnel syndrome	_____	Chemical exposures	_____	Hand injuries	_____
Fractures	_____	Cuts & lacerations	_____	Shoulder injuries	_____
Malingering	_____	Chronic pain	_____	Other	_____

4. Our most common non-work-related conditions leading to lost time are: (please rank, if possible)

Non-orthopedic surgery	_____	Chronic fatigue	_____	Fractures	_____
Pregnancy	_____	Cardiac-related conditions	_____	Malingering	_____
Back strains/sprains	_____	Stroke/neurological	_____	Depression/anxiety	_____
Chronic pain	_____	Cancer	_____	Other	_____

SECTION D — RETURN-TO-WORK POLICIES AND PROGRAMS

	Yes	No	Not Sure
1. We have formal return-to-work policies	❏	❏	❏
2. We have a formal return-to-work program	❏	❏	❏
3. We use assistive technology to prevent lost time or protect employability?	❏	❏	❏
4. Our return-to-work program covesr all forms of lost time? If no, just work related, STD, LTD, EAP, FMLA?	❏	❏	❏
5. Our RTW program, is it for all employees?	❏	❏	❏
6. We use the following RTW strategies?			
a. Early intervention case management	❏	❏	❏
b. Job bank for light duty placement	❏	❏	❏
c. RTW planning function on site	❏	❏	❏
d. On-site physical therapy/work conditioning	❏	❏	❏
e. Off-site work conditioning programs	❏	❏	❏
f. Supervisor training related to disability management	❏	❏	❏
g. Transitional work center	❏	❏	❏
h. Transitional work placement	❏	❏	❏
i. Time limits for light duty assignments	❏	❏	❏
j. Vocational rehabilitation counseling	❏	❏	❏
k. Out-placement services	❏	❏	❏
l. Lost time tracking system	❏	❏	❏
m. RTW wage or economic incentives	❏	❏	❏
n. Specialized work-site modification service	❏	❏	❏
o. Assistive Technology	❏	❏	❏
p. Absence Management Strategies	❏	❏	❏
q. Work/Life Management Programs	❏	❏	❏
r. Disability Data Warehouse	❏	❏	❏
7. Are you satisfied with its RTW program?	❏	❏	❏
8. We have formal methods of determining an employee's readiness to come back to work	❏	❏	❏
9. We use a medical case management service?	❏	❏	❏
a. For all employees	❏	❏	❏
b. Just for worker's compensation	❏	❏	❏
c. Behavioral health/stress related cases	❏	❏	❏
10. We apply special strategies to hire and employ individuals with impairments	❏	❏	❏

11. We offer the following special RTW or stay at work strategies:

_____

_____

1. We offer formal risk reductions programs related to:

	Yes	No	Not Sure
a. Smoking cessation	❏	❏	❏
b. Fitness, exercise & nutrition	❏	❏	❏
c. Driver safety & seat belts	❏	❏	❏
d. Substance abuse	❏	❏	❏
e. Literacy development	❏	❏	❏
f. Employee assistance programs	❏	❏	❏
g. Stress management programs	❏	❏	❏
h. Managed Care - Worker's Compensation	❏	❏	❏
i. Managed Care - Group Health	❏	❏	❏

2. We have a formal ergonomics program related to:

	Yes	No	Not Sure
a. Initial employee placement	❏	❏	❏
b. Symptom management/resolution	❏	❏	❏
c. Return-to-work planning	❏	❏	❏
d. Work-site accommodations - ADA	❏	❏	❏
e. Job change or transfer activities	❏	❏	❏
f. Assistive Technology	❏	❏	❏

3. Our biggest needs regarding work and disability, health and productivity are?

- ❏ No problems
- ❏ Reducing lost time
- ❏ Reducing disability costs
- ❏ Preventing malingering
- ❏ Integrating disability insurance programs
- ❏ Building injury prevention programs
- ❏ Enhancing safety programs
- ❏ Working with physicians more effectively
- ❏ Receiving better service from health or disability vendors
- ❏ Tracking lost time
- ❏ Defining the cost of disability
- ❏ Using case management services
- ❏ Developing better RTW options
- ❏ Linking with rehab providers
- ❏ Applying early intervention
- ❏ Developing formal RTW policies
- ❏ Preparing supervisors to prevent disability
- ❏ Dealing with employees who seem to be unmotivated to return to work
- ❏ Other _____

Please provide any additional comments or observations regarding your return-to-work practices

_____
_____
_____
_____
_____
_____