The Cornerstones of Disability Management Programs

By Dianne E. G. Dyck

In Canada, Disability Management Programs (DMPs) are present in 57% of organizations[1], and either function internally or externally. Fifty-one per cent (51%) of Canadian corporate DMPs have formal policies in place.[2] The question that now looms is: *Do these DMPs incorporate the ten cornerstones of disability management programming?*

The purpose of this article is to explore this question, to provide OHNs with a tool/guideline with which to review DMPs, and to discover if corporate DMPs are designed to be successful at achieving a safe and timely return-to-work (RTW) outcomes by ill/injured employees or not. By exploring and answering this question, the results can then be used by Occupational Health Nurses (OHNs) to better position organizations to enhance their DMPs so that they achieve the desired program outcomes.

Disability Management Program Cornerstones

The term "cornerstone" is defined as "something of basic importance"[3]; it is the foundation – the basis on which a concept is built. Without the presence of that component, the DMP cannot exist or function.

In the field of Disability Management (DM), there are ten cornerstones that form a successful DMP. They are:

1. Early intervention;
2. Disability claim management;
3. Disability case management;
4. Return-to-work (RTW) planning;
5. RTW placement;
6. Confidentiality;
7. Documentation;
8. Program evaluation and continuous improvement;
9. Ethical disability management practice; and
10. Legal compliance.

1. Early Intervention

Early intervention is defined as:

---

[1] Towers-Watson (2012). Pathway to Health & Productivity: Stay@Work Report 2011-2012, p. 12. Available online at: file:///C:/Users/Dianne/Downloads/Towers-Watson-Staying-at-Work-Report%20(4).pdf.

[2] Conference Board of Canada (2013). *Disability Management: Opportunities for Employer Action.* Ottawa: ON: Author. Available online at: http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Group%20benefits%20products%20and%20services/The%20Conversation/Disability/DisabilityManagement_SUNLIFE_EN.pdf

[3] Merriam-Webster's Learner's Dictionary (2016). "Cornerstone" Definition, available on line at: http://www.merriam-webster.com/dictionary/cornerstone.

"an employer-initiated response aimed at keeping the ill/injured employee connected with the workplace; and potentially, preventing the medical absence in the first place."[4]

---

[4] Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc., p.17.

The intent of early intervention is to facilitate appropriate and timely treatment and rehabilitation, as well as a safe and timely return to work. It also includes employer-initiated actions taken to assist employees who are experiencing diminished functional or vocational capacities, so that they can stay at work. Getting the right care at the right time is often challenging for the ill/injured employee. By receiving timely support and guidance from the employer, it is reported that 67% of ill/injured employees could avoid a work absence.[5] Although the use of Stay-at-Work programs are relatively new in Canada, they enable the ill/injured employee to be at work while they are dealing with a physical or psychological illness/injury.

Early intervention in the workplace tends to occur following the onset of employee illness/injury. Based on the 2013 Conference Board of Canada study, in 73% of the instances, the first point of employee contact to report a work absence, is with the supervisor.[6] Having a formalized system for initiating early intervention is critical; it initiates both disability claim management and disability case management, and ultimately, RTW planning and placement.

Early intervention is critical to achieving a positive RTW experience. It can:

- help the employee to receive appropriate and timely care;
- help with the physical, social, psychological, vocational, and financial implications of illness/injury;
- increase the likelihood of successful rehabilitation;
- facilitate the process of coping and adjustment for the employee, family, and work group;
- build social credibility for the returning employee with the supervisor and workgroup;
- promote a safe, timely and successful RTW experience; and
- be cost-effective for the employee, family, and employer.

For example, evidence indicates that employees who experience depressive symptoms in the first six months of a work-related medical absence, are likely to experience ongoing poor psychological health.[7] However, through the use of early intervention and the provision of disability claim management, disability case management, and RTW support, organizations are able to shorten the employee's absence duration,[8,9,10] and to mitigate the potential human and business losses associated with the disability, as well as the costs.[11]

---

[5]   Conference Board of Canada (2013). *Disability Management: Opportunities for Employer Action*. Ottawa: ON: Author, p. 25. Available online at: http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Group%20benefits%20products%20and%20services/The%20Conversation/Disability/DisabilityManagement_SUNLIFE_EN.pdf

[6]   Conference Board of Canada (2013). *Disability Management: Opportunities for Employer Action*. Ottawa: ON: Author, p. 22. Available online at: http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Group%20benefits%20products%20and%20services/The%20Conversation/Disability/DisabilityManagement_SUNLIFE_EN.pdf

[7]   Institute for Work & Health (2016). "Depressive symptoms common in first 12 months after work injury", *At Work*, Issue 83, p.1 & 8.

[8]   Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", Institute for Work & Health, Toronto at p. 2, available online at: http://www.iwh.on.ca/seven-principles-for-rtw.

[9]   Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", Institute for Work & Health, Toronto at p. 2, available online at: http://www.iwh.on.ca/seven-principles-for-rtw.

[10] Institute for Work & Health (2016). "Depressive symptoms common in first 12 months after work injury", *At Work*, Issue 83, p.1.

[11] Reed, P. (2002), "Recent Ruling on ADA and the Value of Interventions", *Employee Benefits Journal*, 27:2, p. 3.

2. Disability Claim Management

Disability claim management is the service provided to administer income loss claims through employee benefit insurance plans such as short-term disability, workers' compensation, and long-term disability. This activity includes:

- the determination of claimant eligibility to receive a benefit according to the definition of eligibility contained in the plan contract;
- the facilitation of income loss replacement; and
- the processing of the claim towards a resolution or termination.

Personnel undertaking disability claim management are termed disability claim analysts, or disability claim administrators.

The disability claim management steps involve:

- *Determining claimant eligibility for income replacement benefits* – is the claimant's illness/injury work-related or not-work-related? Does the claimant meet the criteria for disability insurance coverage based on employment status? Is the illness/injury compensable or was it due to an exclusion element like participation in a riot, war or illegal activity?

- *Gathering the information required to support a claim for income replacement* - The type of information required to support the employee's claim for income replacement varies with the disability benefit desired. For example, each Workers' Compensation Board requires at a minimum, the submission of a Worker Report of Accident, the Employer Report and a Physician's First Report, to establish a claim. As for non-work-related claims, the required information varies, but generally involves medical validation of the illness/injury and a statement of the employee's fitness-to-work status.

- *Processing claim forms* – depending on the nature of the claim, the claim processing also varies. For example, Workers' Compensation Boards state a timeframe within which a claim has to be submitted, as well as a description of the necessary claim forms. As for non-work-related claims, the information required generally involves the completion of a report of absence of some sort. As the claim progresses, more information is needed to continue to support income replacement. The claim processing also includes how the various disability insurance plans, although mutually exclusive, can and do interface.

- *Claim adjudication* - is the process of determining whether a claim is eligible under the terms of the benefit contract or plan for benefit coverage. It involves the:
  - receipt and review of the claim;
  - establishment of the claimant's status and eligibility for benefit coverage;
  - review of the eligibility requirements according to the contract/plan, and/or the collective agreement;
  - consideration of the issue of any limitations or exclusions that may apply, consideration of the existence of any pre-existing conditions;
  - consideration of the existence of specialized clauses that would preclude the claimant from benefit coverage (*e.g.,* risky activities, or sports);
  - determination of eligibility, acceptance or rejection of the claim; and

- ○ ensuring that the claimant complies with the recommended treatment plans, and to accept reasonable work accommodation. Failure to do so can result in termination of claim benefits.

- *Claim evaluation* – is the process of monitoring the claim from onset to closure, in terms of the days lost and the lost-productivity costs.

Timely and competent claim adjudication is "key" to getting the ill/injured employee access to case management and return-to-work support. That in turn, mitigates the related losses and costs for the employer. For example, it has been shown that the use of technology to streamline claim intake and the related communications between all the workplace parties, does save money. The Massachusetts State Workers' Compensation instituted electronic filing of claims and case management in 2010. They offer online claim submission by workers, which links into its case management system and claim administration function, as well as with data input from the private insurance companies and private attorneys. The Massachusetts State Workers' Compensation has determined that this approach has streamlined the claim administration and case management processes, making them more accurate, efficient, timely and cost-efficient. Each year as a result of this new online approach, $2-$3 million, is saved.[12]

Claim management also includes providing the employee with the required claim submission forms and information, the details on the employee's role, information on the work accommodation available and the RTW program, and the effect of the absence on employee benefits. For the employee to responsibly and effectively manage an illness/injury situation, the disability claim administrator should ensure that the appropriate information, resources and supports are made available in a timely manner.

3. Disability Case Management

Disability case management is a collaborative process for assessing, planning, implementing, coordinating, monitoring, and evaluating the options and services available to meet an individual's health needs through communication and accessible resources to promote quality, cost-effective outcomes.[13] Disability case management promotes:

- safe and timely return-to-work efforts;
- early identification of disability claims for services and coordination of services, such as early intervention;
- maintaining contact with disabled employees;
- developing and monitoring modified/alternate work opportunities; and
- coordinating issues with the insurer and arranging for vocational rehabilitation when required.

Disability case management is intended to assist ill/injured employees to reach the highest level of medical improvement possible and to facilitate a RTW outcome in the most cost-effective

---

[12] Massachusetts State Workers' Compensation (2016). Communication with a Massachusetts State Workers' Compensation representative, March.

[13] Case Management Society of America (CMSA) (1995), *Standards of Practice for Case Management.* Little Rock, AR: Author.

manner. The disability case manager is the navigator, or lynchpin, of the process.[14] According to Busse (2012), focusing on competent disability case management can greatly improve the organization's DMP outcomes. "Successful case management requires skills in communication, diplomacy and relationship-building, as well as in planning, coordinating and evaluating a rehabilitation plan."[15] This points to the need for the disability case management to attain formalized DMP education, as well as to have the opportunity to apply the learned skills and knowledge.

Additionally, for the disability case manager to competently practice, the organization needs to ensure that the role of the disability case manager is clearly defined, along with the expected level of practice. This can be achieved through the development of a Disability Case Management Practice Standard,[16,17] thereby positioning the disability case manager to clearly understand the role, responsibilities and processes; to promptly reach out to the ill/injured employee; to demonstrate politeness, respect, and confidence; and to remove identified recovery and return-to-work (RTW) barriers.

4. Return-to-Work Planning

Return-to-work (RTW) planning is viewed as a "socially fragile process",[18] in which the returning employee, supervisor, and co-workers face the challenge of developing new work relationships and duties. If the RTW placement disadvantages the supervisor/co-workers, resentment results. This outcome, in turn, can sabotage the RTW efforts. Hence, the RTW plans must anticipate and avoid negatively impacting supervisors and co-workers.

A graduated RTW plan is designed to achieve the following objectives:

1. To ensure fair and consistent treatment for all employee returning to work;
2. To promote shared responsibility for effective graduated RTW plans and placement among the ill/injured employee, supervisor, union, and Disability Case Manager;
3. To coordinate the graduated RTW plans with the disability claim management and case management services for the ill/injured employee;
4. To respect the rights and relationships present in the workplace;
5. To engage all parties in assisting the ill/injured employee to successfully return to work; and
6. To mitigate medical absence costs associated with disability claims.

Many individuals can facilitate the graduated RTW process — the employee, supervisor, disability case manager, union, RTW coordinator, *etc*. However, regardless of who is involved, a successful graduated RTW outcome depends on a cooperative and collaborative approach between the

---

[14]   Busse, J. (2012), "Case management potential area for return-to-work improvement", *At Work*, Issue 68, p. 4.

[15]   Busse, J. (2012), "Case management potential area for return-to-work improvement", *At Work*, Issue 68, p. 4.

[16]   Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc.

[17]   COHNA-ACIIST (2012). Disability Management Standard. Available online at: http://www.cohna-aciist.ca/assets/cohna%202012%20-%20disability%20management%20standard%20-%20electronic%20version.pdf
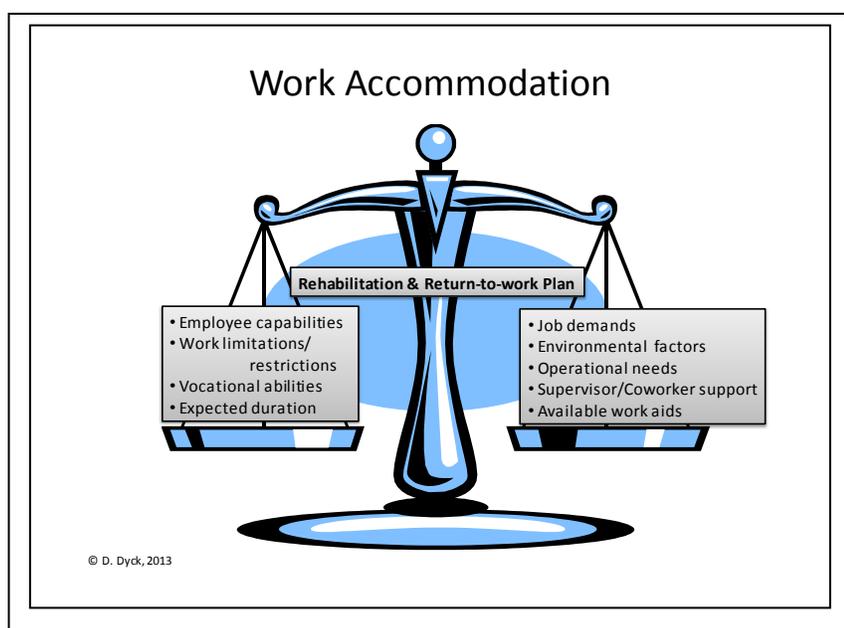
[18]   Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", *Institute for Work & Health*, Toronto. p. 3, available online at: http://www.iwh.on.ca/seven-principles-for-rtw .

employee, direct supervisor, union representative, management, and co-workers. Getting back to work has been shown to result in a significant improvement in the employee's health – physically and psychologically,[19] as well as with their quality of life and socioeconomic status.[20]

5. RTW Placement

Graduated RTW and work accommodation are viewed as a "core element of disability management, leading to favourable outcomes".[21] . Ideally, employees should return to their own job — a position they know, and in which they can benefit from co-worker support.[22] However, work accommodation has to be mutually beneficial; that is, it must meet the employee's capabilities as well as the organization's business needs (Figure 1).

Figure 1: Work Accommodation: Rehabilitation and Return-to-work Plan[23]

In addition to this requirement, consideration should be given to a potential need for an ergonomic assessment to ensure a functional person-job fit.[24]

---

[19]   Mustard, C. (2012). "Getting back on the horse: Return to work has beneficial effect on health", *At Work*, Issue 68, p. 5.

[20]   Canadian Medical Association (2010). *The Physician's Role in Helping Patients to Return to Work*. Ottawa: ON: Author.

[21]   Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", *Institute for Work & Health*, Toronto. p. 3, available online at: http://www.iwh.on.ca/seven-principles-for-rtw .

[22]   Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", *Institute for Work & Health*, Toronto. p. 3, available online at: http://www.iwh.on.ca/seven-principles-for-rtw .

[23]   Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed*. Markham, ON: LexisNexis Canada Inc. p. 183. Reprinted with permission by LexisNexis Canada Inc.

[24]   Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", *Institute for Work & Health*, Toronto. p. 3, available online at: http://www.iwh.on.ca/seven-principles-for-rtw .

A graduated RTW plan is based on a number of principles.[25] Some examples are as follows:

1. *A safe and timely return to work is in the best interest of the ill/injured employee and the organization*. The employee benefits from having meaningful employment, gradual work conditioning, and the social supports associated with being at work, when deemed appropriate. The organization is able to mitigate the costs associated with lost production, hiring, and training replacement workers, and rescheduling of other employees. Supporting the recovering employee to return to productive work minimizes the direct and indirect costs associated with disability.

2. *Early intervention is critical to achieving a positive RTW experience.*

3. *A positive approach to disability is advantageous*. This means focusing on the person's capabilities and the contributions that he/she can make to the workplace. By bringing ill/injured employees back into the workplace, the organization and unions can demonstrate the belief that each employee, regardless of disability, has abilities that can be valuable. This approach can enhance the employee morale in general.

4. *Graduated RTW plans should include meaningful, goal-oriented work that matches the employee's capabilities*. Work accommodations consider the type of work to be performed and the hours to be worked. Supervisors should be educated in the principles of disability management and involved in the RTW planning, implementation, monitoring, and evaluation.

5. *Graduated RTW initiatives must be built on trust, mutual respect, good communications, and positive labour relations.*

6. *Graduated RTW initiatives must be documented and formalized.*

7. *Employees should be compensated in accordance with the value of the work performed.*

8. *For a graduated RTW placement to successfully function, the issues surrounding the topic of crossing union jurisdictional lines must be addressed and resolved*.

9. *A graduated RTW plan must recognize the employee's diminished work capability and not compromise the employee's recovery or safety*.

10. *A graduated RTW plan must benefit all the involved parties* — the employee, employer, supervisor, and co-workers.

11. *A graduated RTW plan must ensure that the general workplace safety is not compromised*.

12. *The graduated RTW plan is not a disciplinary tool*. Performance issues are to be resolved through the appropriate administrative processes and collective agreements.

13. *A graduated RTW plan may include a return to*:
    - the employee's own job with reduced hours;
    - a portion of the employee's own job duties with full-time or part-time hours;
    - a different job within the employee's department on a full-time or part-time basis;
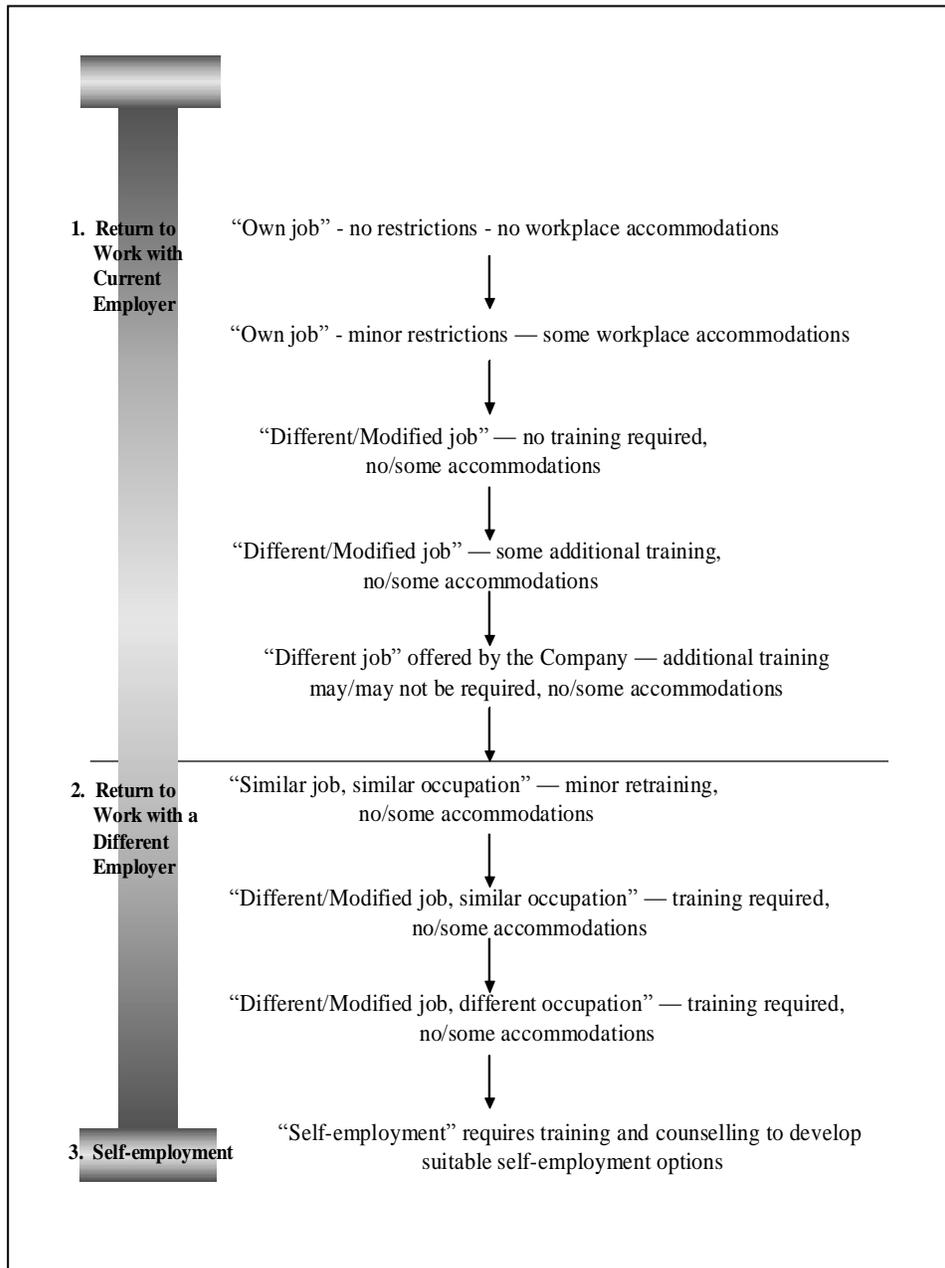   - an unrelated job in another department on a full-time or part-time basis; and/or

---

[25] Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc. pp.181-183. Reprinted with permission by LexisNexis Canada Inc.

- a new job outside of the organization on a full-time or part-time basis.

To graphically depict these RTW principles, a Hierarchy of Return-to-Work Options is provided (Figure 2).

Figure 2: Hierarchy of Return-to-Work Options [26]

1. Return to Work with Current Employer	"Own job" - no restrictions - no workplace accommodations
	"Own job" - minor restrictions — some workplace accommodations
	"Different/Modified job" — no training required, no/some accommodations
	"Different/Modified job" — some additional training, no/some accommodations
	"Different job" offered by the Company — additional training may/may not be required, no/some accommodations
2. Return to Work with a Different Employer	"Similar job, similar occupation" — minor retraining, no/some accommodations
	"Different/Modified job, similar occupation" — training required, no/some accommodations
	"Different/Modified job, different occupation" — training required, no/some accommodations
3. Self-employment	"Self-employment" requires training and counselling to develop suitable self-employment options

---

[26] Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc. p. 184. Reprinted with permission by LexisNexis Canada Inc.

6. Confidentiality

Confidentiality is the maintenance of trust and the avoidance of invasion of privacy through accurate reporting and authorized communication. In relation to managing employee personal health information, all the individuals within the organization who collect, maintain, handle and use personal health information, are legally required to protect the confidentiality of that information. It is through the maintenance of confidentiality that the organization can demonstrate that it recognizes the individual's right to privacy in relation to their personal health information.

The principles governing confidentiality are:

- personal health information is only used on a "need-to-know" basis;
- personal health information should be relevant to the purposes for which it is to be used;
- personal health information is restricted to the organization staff who sign a pledge of confidentiality[27] and who are subject to a recognized professional code of ethics;
- upon request, an employee has the right to access all information regarding his/her health;
- personal health information is protected by reasonable security safeguards;
- documented personal and health information is the property of the organization entrusted to occupational health staff for safeguarding and protection; and
- compliance with this standard is the responsibility of the Disability Case Manager.

Personal health information is collected using various methods, including interviewing, written documentation (*i.e.,* insurance claims, workers' compensation board forms, *etc.*) and electronic data processing, all of which are subject to privacy protection.[28] This employee personal health information relates to medical assessments, employee assistance program treatment reports, illness/injury reports, personal and family history, and consultant reports.

7. Documentation

File documentation supports a well-managed disability claim and disability case, based on a well-thought-out process approach, *i.e.,* the problems are identified, actions implemented, results evaluated, and the costs and consequences considered. Documentation is crucial for effective disability claim management, disability case management, and RTW planning and placement. It serves to provide:

- a profile of the disability claim status and the disability claim management, disability case management, RTW planning and placement services provided;
- a means of communication among members of the disability management team contributing to claim management, case management, and RTW planning and placement;
- a basis for planning and for continuity of claim management, case management, and RTW planning and placement for each disability situation;

---

[27] Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc., p. 361-362.

[28] Privacy legislation: *Freedom of Information and Protection of Privacy Act* (FOIPA) R.S.O. 1990, c. F.31; *Personal Information Protection and Electronic Documents Act* (PIPEDA) S.C. 2000, c. 5; or *Personal Information Protection Acts* (PIPA) S.A. 2003, c. P-6.5 (Alberta); and S.B.C. 2003, c. 63 (British Columbia).

- a basis for review, study and evaluation of the claim, the claim management, case management, RTW planning and placement, and claim outcome;
- some protection for the medical and legal interests of both the employee and the organization; and
- an audit trail of activities completed which can serve as a "due diligence" tool if required.

Documentation of the entire process is critical. The disability claim administrator and disability case manager must document the details in the event that the claim management, case management and/or work accommodation fail. This is a critical step because it demonstrates the organization's due diligence in accommodating the employee back into the workplace.

Data collection and analysis also provides reports demonstrating compliance with Canadian duty to accommodate legislation, and supports the legal concept of due diligence.

8. Program Evaluation and Continuous Improvement

Program evaluation, which identifies the gaps between the current state and the desired state of a program, indicates whether the program goals/objectives are met or not, and enables program improvements. For a DMP to successfully operate and evolve, an understanding of its current state is critical, as is the recognition of the "ideal state" for a DMP.

Inherent to program evaluation is the establishment of a program that has an infrastructure which includes the elements of program structure, program processes, and program outcomes (Figure 3).

Figure 3: Disability Management Program: Elements [29]

---
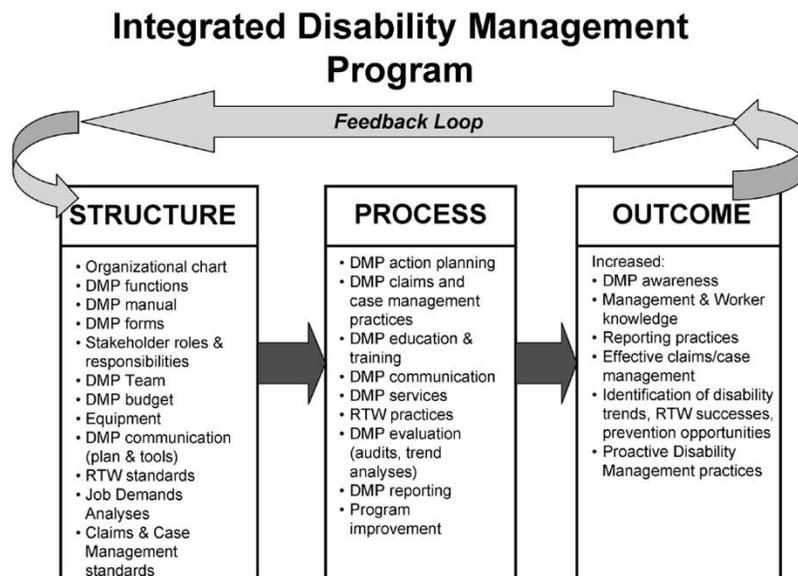
[29]   Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc. p. 220. Reprinted with permission by LexisNexis Canada Inc.

The DMP structure includes the makeup of the disability management team, its position within the organization, its functions, the qualifications and career paths of the DMP practitioners, the DMP Manual that houses the DMP standards, the DMP forms and other tools, the DMP communication plan, and the DMP communication tools (*e.g.,* webpage, brochures, promotional items, posters, newsletter articles, *etc.*).

The DMP processes involve illness/ injury reporting; claim management; case management; DMP education and training; DMP communication and marketing; DMP services and activities; DMP data management; DMP reporting; audits; satisfaction surveys; trend analyses; and other analyses of the DMP outcomes.

The DMP outcomes include the DMP performance measures. In this model, the Disability Management Program structure contributes to the processes, and both result in the nature and quality of the achieved DMP outcomes.

The inter-relationship is evident. In addition to these DMP elements, the system must include a feedback mechanism for continuous improvement of the individual components — the program structure, program process, and program outcome.

The value obtained from conducting an evaluation of a DMP is that it:

- Creates greater stakeholder awareness of the DMP, its goals, elements, functions, and outcomes.
- Identifies opportunities for DMP improvement(s).[30]
- Provides direction for enhancement of the DMP's policy, standards, procedures, and elements.
- Increases stakeholder appreciation that "upstream" organization practices and behaviours (*leading indicators*) can positively impact "downstream" outcomes (*lagging indicators*), which are typically noted by the DMP.
- Promotes greater focus on inducing long-term behavioural and organizational culture change.[31]
- Can be used as a performance measurement for organizational incentive programs.
- Provides "real" data for organizational marketing initiatives; for enhancing the organization's image as a responsible player in occupational health & safety; for leveraging system/program improvements; and for worker training programs.
- Demonstrates corporate due diligence in terms of managing employee disabilities.

Ideally, when developing a DMP, the organization establishes the desired performance measures. However, this is rarely achieved for a number of reasons.[32] Instead, DMPs are generally implemented with little forethought of what success would look like.

Once a DMP is established, the next step is to measure its actual performance by comparing the results against established DMP standards. For example, NIDMAR has established DMP

---

[30] Towers Watson (2011), *Pathway to Health and Productivity, 2011-2012 Staying@Work Survey Report*, at p. 34, available online at: http://www.towerswatson.com/assets/pdf/6031/Towers-Watson-Staying-at-Work-Report.pdf.

[31] Towers Watson (2011), *Pathway to Health and Productivity, 2011-2012 Staying@Work Survey Report*, at p. 34, available online at: http://www.towerswatson.com/assets/pdf/6031/Towers-Watson-Staying-at-Work-Report.pdf.

[32] Harder, H. & Scott, L. (2005). *Comprehensive Disability Management.* Toronto, ON: Elsevier, Churchill Livingstone.

standards; as well, there are industry disability management best practices that can be used as practice guidelines.[33, 34, 35] The effectiveness of the DMP can also be demonstrated in terms of the achievement of its stated goals, objectives, and targets.

Analyzing the data provides a measure of the DMP's cost-effectiveness, which in turn directly impacts the organization's bottom line.

9. Ethical Disability Management Practice

Ethics is defined as the science of morals, a system of principles and rules of conduct,[36] the study of standards of right and wrong, or having to do with human character, conduct, moral duty and obligations to the community.[37] It is the moral reasoning that humans possess. In short, ethical practice is:

> *Doing the right thing, at the right time, for the right person, in the right way and knowing why it is the right thing, at the right time, for the right person, in the right way.*"[38]

Disability management impacts corporate business plans and costs; individual/family well-being, vocational aspirations, and finances; work culture; and employee morale. As can be imaged, disability management is based on relationships and trust, and as such, ethical considerations must be addressed.

Disability management practitioners need to uphold ethical practices when dealing with the stakeholders involved in a disability situation. Hence, practicing in accordance with disability claim management, disability case management and RTW practice standards is critical to the success of the DMP. As well, being able to manage and resolve the related goal conflicts at the individual and management level, is vital. A highly recommended approach to resolving goal conflicts includes the following steps:

1. identify and understand the underlying issues;
2. hold a case conference with the key players;
3. identify and address the issues as a group;
4. recognize that "competing agendas" exist. Unless there is objective medical rationale supporting a particular agenda, it cannot influence the RTW planning;
5. seek feasible solutions to rectify the situation, and using the disability management principles, select a suitable approach;

---

[33] Dyck, D. (2013). *Disability Management: Theory, Strategy and Industry Practice, 5th ed.* Markham, ON: LexisNexis Canada Inc., Chapter 31.

[34] COHNA-ACIIST (2012). Disability Management Standard. Available online at: http://www.cohna-aciist.ca/assets/cohna%202012%20-%20disability%20management%20standard%20-%20electronic%20version.pdf

[35] Canadian Medical Association (2010). *The Physician's Role in Helping Patients to Return to Work*. Ottawa: ON: Author.

[36] B. Kirkpatrick, ed. (1989). *The Cassell Concise English Dictionary*. London, England: Cassell Publishers Ltd., *s.v.* "ethic".

[37] B. Kirkpatrick, ed. (1989). *The Cassell Concise English Dictionary*. London, England: Cassell Publishers Ltd., *s.v.* "ethic".

[38] Dyck, D. (2004-2016). Disability Management presentation on the Ethical Aspects of Disability Management Programming to the University of Fredericton.

6. implement the plan;
7. monitor the RTW plan;
8. evaluate the outcomes; and
9. communicate the outcomes to the interested parties.

In disability claim management, disability case management, and RTW planning and placement, evaluation and the weighing of the ethics of a disability situation must be done in an unemotional manner so that the decision-making is rational and based on facts rather than on the emotional issues attached to the decision.

10. Legal Compliance

Disability management is a management response to Canadian legislation which upholds that:

- disabled employees cannot be discriminated against on the basis of a physical or psychological disability (Canadian human rights legislation);
- employers must provide work accommodation for workers recovering from an illness/injury (Workers' Compensation Acts, Canada Labour Code, Canadian human rights legislation);
- employees must be accommodated up to the point of undue hardship (Canadian human rights legislation); and
- employee personal health information must be respected and kept secure and confidential (Workers' Compensation Acts, privacy legislation).

As well, the disability management practices and processes are impacted by a variety of pieces of legislation. This legislation tends to vary from province to province, and from provincial to federal jurisdiction. The most important thing to note is that stakeholders involved in disability management *must* be:

- aware of the current legislation in their locale;
- aware that specific acts and regulations are constantly changing and that they should obtain legal counsel to ensure they have the most current and up-to-date case law information when setting up programs or when dealing with specific human rights cases; and
- aware that ignorance of the law is never a valid excuse.

The Role of the Occupational Health Nurse

Occupational Health Nurses (OHNs) provide value to an organization by assisting with its operational efficiency, loss control, injury/illness management, and disability management. The scope of Occupational Health Nursing can positively impact the organization, union, employees, workplace environment and the community at large.

In terms of the organization's DMP, OHNs can promote the use of the ten identified cornerstones of a DMP by:

- Educating senior management on the importance of the DMP cornerstones to the organization's business and human resources strategies;

- Educating the other stakeholders on the value of the DMP cornerstones;
- Evaluating the impact of the DMP and the use of the ten cornerstones;
- Reporting to all stakeholders on the performance of the DMP as a result of the implementation of the ten cornerstones;
- Partnering with management and the related stakeholders to continually improve the DMP.

Conclusion

Disability Management Programs serve as an employer support for ill/injured employees, or for those employees experiencing diminished work capacity. The OHN is in an excellent position to provide stewardship and governance in DM programming. By focusing on the value of the ten cornerstones of a DMP, the OHN can provide technical expertise as well as exhibit competence in DM programming.

References

Busse, J. (2012). "Case management potential area for return-to-work improvement", *At Work*, Issue 68, p. 4.

Case Management Society of America (CMSA), *Standards of Practice for Case Management* (Little Rock, AR: CMSA, 1995).

COHNA-ACIIST (2012). Disability Management Standard. Available online at: http://www.cohna-aciist.ca/assets/cohna%202012%20-%20disability%20management%20standard%20-%20electronic%20version.pdf

Conference Board of Canada (2013). *Disability Management: Opportunities for Employer Action*. Ottawa: ON: Author. Available online at: http://www.sunlife.ca/static/canada/Sponsor/About%20Group%20Benefits/Group%20benefits%20products%20and%20services/The%20Conversation/Disability/DisabilityManagement_SUNLIFE_EN.pdf

Dyck, D. (2013) *Disability Management, Theory, Strategy & Industry Practice, 5th Ed.* Markham, ON: LexisNexis Canada Inc.

Dyck, D. (2004-2016). Disability Management presentation on the Ethical Aspects of Disability Management Programming to the University of Fredericton.

Freedom of Information and Protection of Privacy Act (FOIPA) R.S.O. 1990, c. F.31

Harder, H. & Scott, L. (2005). *Comprehensive Disability Management.* Toronto, ON: Elsevier, Churchill Livingstone.

Institute for Work & Health (2016). "Depressive symptoms common in first 12 months after work injury", *At Work*, Issue 83, p.1 & 8.

Institute for Work & Health (2007), "Seven 'Principles' for Successful Return to Work", Institute for Work & Health, Toronto, p. 2, available online at: http://www.iwh.on.ca/seven-principles-for-rtw.

Kirkpatrick, B., ed. (1989), *The Cassell Concise English Dictionary.* London, England: Cassell Publishers Ltd. *s.v.* "ethic".

Massachusetts State Workers' Compensation (2016). Communication with a Massachusetts State Workers' Compensation representative, March.

Merriam-Webster's Learner's Dictionary (2016). "Cornerstone" definition, available on line at: http://www.merriam-webster.com/dictionary/cornerstone.

Mustard, C. (2012). "Getting back on the horse: Return to work has beneficial effect on health", *At Work*, Issue 68, p. 5.

Personal Information Protection Act (PIPA) S.A. 2003, c. P-6.5 (Alberta).

Personal Information Protection Act (PIPA) S.B.C. 2003, c. 63 (British Columbia).

Personal Information Protection and Electronic Documents Act (PIPEDA) S.C. 2000, c. 5.

Reed, P. (2002), "Recent Ruling on ADA and the Value of Interventions", *Employee Benefits Journal*, 27:2, p. 3.

Towers-Watson (2012). *Pathway to Health & Productivity: Stay@Work Report 2011-2012*, p. 12. Available online at: file:///C:/Users/Dianne/Downloads/Towers-Watson-Staying-at-Work-Report%20(4).pdf.

Author

Dianne Dyck is a Certified Occupational Health Nurse and Occupational Health & Safety Specialist who has worked for private and public-funded agencies to develop Occupational Health, Occupational Health & Safety, Disability Management, and Workplace Wellness programs. As an educator, Dianne has developed a number of courses in the fields of Disability Management, Occupational Health and Safety, Human Resources (Integrated Workplace Health Management. Her current publications are *Disability Management: Theory, Strategy and Industry Practice 5th ed.*, *Occupational Health & Safety: Theory, Strategy and Industry Practice 3rd ed.*, and *A Practical Guide to Psychological Health & Safety in the Workplace.* Dianne also teaches at the University of Fredericton.