

USING DIGITAL WORKFLOW WITH DECISION SUPPORT SYSTEM AND CASE MANAGEMENT IN ORDER TO DECREASE SICK LEAVE ABSCENCE

Pål Lindström

Objective:

To reduce delays in the chain of rehabilitation and length of sick leave by using a digital workflow in reporting sick leave and initiating real time case managing.

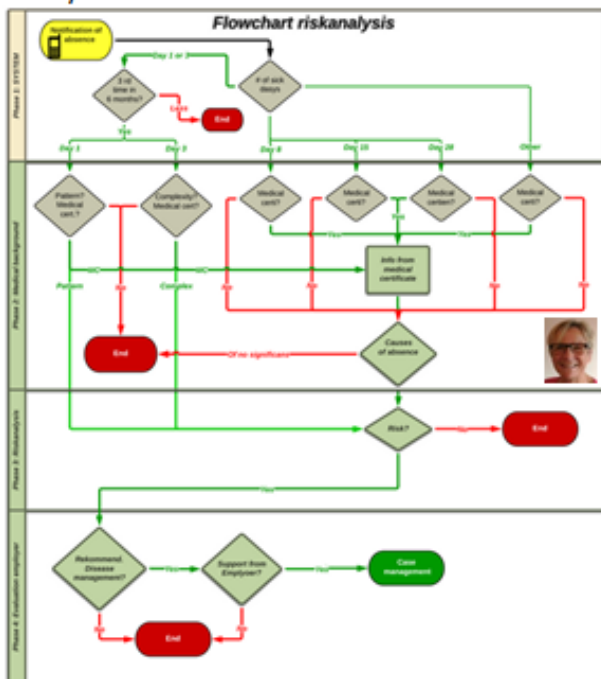
Challenge:

- 82% return to work in 2 weeks without any need of assistance.
- 73% of those not returning in 2 weeks will within a year have a new period. Cost effective rehabilitation occurs within 8 weeks
- *We need to find the 18% as early as possible to initiate an intervention.*

Method:

- Early detection and selection of risk individuals thru a digital workflow led by an occupational nurse.
- Risk individuals was offered case manager who leads and facilitates the process during a defined period.

Early identification of risk individuals



Results:

94% of the employees who reported sick was included in the process

Results: 288 identified as risk profiles

77% absent 3 or more times/ 6 months

Nearly 50% was determined as risk profiles (141).

Poster presentation:

EUMASS

2014-09-11

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Case manage: recommendations of activities



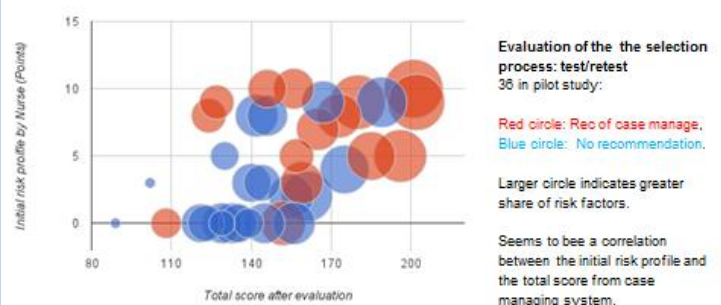
105 case reports to supervisor

Results:
74% recommendation of further case managing (85)

Results: 38% recommendations of external activities (40):

Occupational med 23%	Primary care 34%	Employer 43%
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Initial riskprofile corresponds with outcome measurements



Conclusion:

Digital sick leave notification system is a sensitive and fast way of selecting individual for case managing.

Structured information gathering makes it possible to communicate group analysis, and detect issues in the return to work process.

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EUMASS CONGRESS STOCKHOLM 2014-09-11 MD Pål Lindström Susano Rehab AB

Background: The Swedish National council of Rehabilitation [1] determined that proactive and early-on rehabilitation initiatives reduces the risk of work absence which in turn lowers costs and suffering. Early-on initiatives concerning psychological ailments is reported to successfully improve health and decrease the need for sick leave [2]. There's evidence to support that interventions in the workplace have a positive effect on return-to-work outcome. However, this approach is seldom implemented or not used to its full extent. A challenge with early-on rehabilitation initiatives is to distinguish people in need of health care treatment and not. This is because it's hard to estimate who risk extensive sick leave and who don't return to work without the need of support. Another challenge in the chain of rehabilitation, regardless if its early-on or not, is the numerous participants that need to cooperate and move in the same direction. According to current knowledge of the importance of early-on rehabilitation initiatives and commitment from employer and other participants becomes an important focus on effective management of the rehabilitation. Cost-efficient methods are a realistic possibility with web-based case management and decision support system for dynamic process-oriented care chains. The role of the case manager is to oversee the process and support the employee throughout the chain.

Objective

To reduce delays in the chain of rehabilitation and length of sick leave by using a digital workflow in reporting sick leave and initiating real time case and disease management.

Method of selecting risk individuals:

The individual enters the system at five different starting points (table 1), selected in a process of four levels each with its own endpoints. In the first level the IT system does the selection based on number of sick leaves notifications, and length of sick leave (it is also possible for the employer/nurse to include employees directly (see fig 1). In the next level the occupational nurse identify individuals in relation to cause of absence and/or from information from the medical certificate. At the third level the nurse estimates the degree of risk profile thru a structured questionnaire regarding risk factors, and finally, in the last level, benchmarking the findings with data from the supervisor. If the result shows a risk profile the nurse needs to ensure that the supervisor accept the cost related to the case management process.

Method of managing the cases.

The identified risk individual answered a webb survey, where the questions is generated dynamically according to previous answers, containing a database of 136 questions, regarding physical and psychological workload, physical constraints, psychosocial risk factors, and psychological individual issues. The survey is then interpreted by the decision support system which identifies, yellow, orange, red, blue and black flags and is presented to the case manager, who performs an interview (telephone) with the employee and concludes the findings, and in many cases, lists recommendation of activities in a report/plan for further case managing. This report is communicated to the employer by phone and in writing. The aim of the report is to empower the supervisor in the rehabilitation process; instead of wait and see, become a driving force in the rehabilitation of the employee, where the case manager coaches both the employee and the supervisor.

Discussion:

When using a structured method in risk analyses and decision support system some advantages become obvious related to group analysis. When looking in to the data we could see interesting patterns related to sick leave absences. In contrast to what one might expect.

One observation was pronounced. During the project a lot of energy was invested in informing the participants in new routines, and the importance, to follow all step in the process. The group with great difficulties in handling this turned out to be the supervisors, the one who according to our vision, was the group who benefited most from the system.

Another interesting observation was that employees with frequent short periods of sick leave, tended to show higher risk profile points than those with long sick leave periods. There was also a correlation between lack of motivation, and higher risk profile points in this group. Could this be explained by dissatisfaction? We also suspect that these findings and the unusually high mean average for this employer is related to structural problem rather than medical issues.

Table 1. Starting points:

1. Before sick leave occurs, int the case the super visor report unhealth.
2. The first sick day reported by the employee.
3. Eighth day of sick leave in connection to the medical certificate (physician)
4. 15th sick day when the Swedish Social Insurance Agency (SSIA) takes over responsi bility and company based sick pay discontinues.
5. Day 28 need for coordinated rehabilitation initiatives



Results

The case managing system was evaluated at a large logistics firm, at one of their distribution center located in southern Sweden, with 1 300 employees. 94% of the sick leave notifications was included in the system. During a period av 6 months 288 cases was identified as potential risk profiles. In the first level of selection; system selection. 77% was identified as being absent for the third time in the last 6 months. 17% was selected due to they have been on sick leave for more than seven days. 141 cases was there after identified as riskprofiles, 115 individuals initiated case managing. The loss was explained by numerous factors; difficulties in reaching the individual, related to technical problems, lack of interest in participating. The case managers reported a lack of interest among supervisors which was a substantial part of the loss. 105 reports was communicated to the supervisor, in 9% the employee did not give a full consent to communicate the report, which was presented only with the recommendations from case manager. In 74% of the reports the case manager defined a need of case managing of some sort. In 38% (40) of the cases the case manager made recommendations of further activities listed in table 2. Most common was recommendation to supervisor and/or human resources related to work issues (44%) and to issues which could be dealt with in the process of case managing. The recommendations mostly dealt with handling the case according to the responsibility of the supervisor related to practical and legal issues in the rehabilitation process. In 34% was the recommendation related to activities at Primary Care units, and in 23% in relation to occupational medicine activities. One outcome measurements of the initial survey is a total point, where the mean value is 102 points (spread 66-280p) in reference to our internal database. In this study the employer had a significantly higher mean average of 147 points.

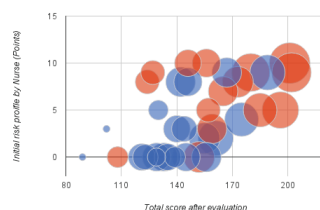


Fig 3. The selectionprocess indicates to be sensitive In order to evaluate the selection process 36 individual was selected in a plotstudy to dinitial riskprofile correlates with total evaluation score

Fig 1. The selection process is lead by an occupational nurse and is initiated by the mobile phone sick leave notification (textmessage/vocal) divided into four steps which each has its own endpoint. The nurse determine the presence of a risk profile through the digital decision support system.

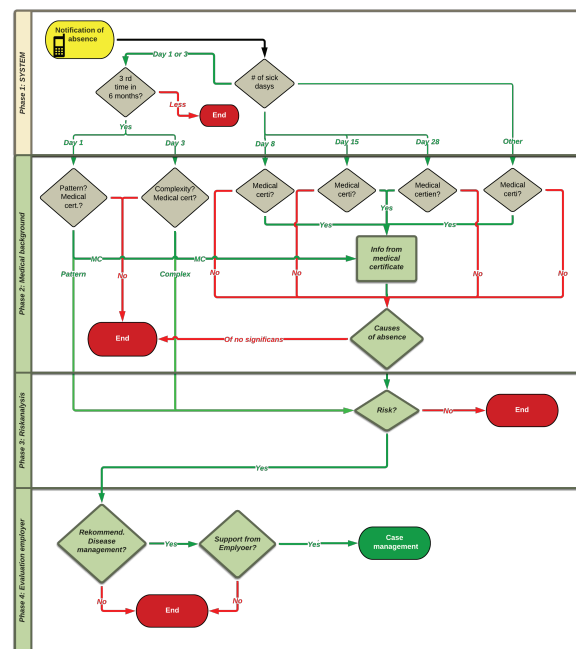


Table 2. Distribution of recommended external activities by; Medical Doctor (MD), Physiotherapist (PT), Psychologist (PS) and human resources (HR), Supervisor (SUP) and career support (CS).

Occupational med			Primary care			Employer	
MD	PT	PS	MD	PT	PS	HR/SUP	CS
8%	6%	9%	14%	11%	9%	39%	5%

Conclusions:

Digital sick leave notifications system is a sensitive and fast way of selecting individual for case manage.

Structured information gathering makes it possible to communicate group analysis, and issues in the return to work process.

Establishing a structured process puts the focus on the weakest link in the chain of rehabilitation.