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Consensus Based Disability Management Audit™ (CBDMA™)

# *HISTORICAL OVERVIEW*

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## **Introduction**

Accidents and illnesses in the workplace have the potential to significantly decrease an organization's success, through interruptions to production, increasing insurance costs, absenteeism, increasing overtime and training costs, and decreasing staff morale. Accidents and illnesses in the workplace also have the potential to decrease the ability of workers to maintain employment. Disability management is a proven technique that minimizes the human and economic impact of worker injuries and illnesses for workers, employers, and society.

## **Introduction to the CBDMA™**

Disability management practices are as varied as the organizations that implement disability management programs. Organizations wishing to maximize their return on investment in the practice of disability management now have a tool at their disposal to help them measure their disability management program performance.

The Consensus Based Disability Management Audit™ (CBDMA™) is a highly regarded and well-researched tool that can be used by organizations as:

- An evaluation tool, to determine current disability management program performance
- A monitoring tool, when administered at regular intervals, to reveal relative increases or decreases in effectiveness for each audit area measured
- A corrective tool, to establish where program deficiencies are, highlighting remedial actions required
- A program promotion tool, maintaining disability management concepts in worker consciousness, and demonstrating management's commitment to workplace disability management practices
- A disability management premium pricing rate setting tool, providing incentives for employers, which encourages adoption of optimum disability management practices designed to reduce costs and disability claims duration as well as lower incidences of long-term disability
- A conformity assessment tool, to determine if an organization qualifies for International Disability Management Standards Council™ (IDMSC™) certification.

The framework of the CBDMA™ was developed based on a global review of best practices in disability management. The key elements identified as crucial when running effective disability management programs are embodied in the CBDMA™. Through the use of this innovative tool, combined with the services of Certified Return to Work Coordinators™ and Certified Disability Management Professionals™, employers are encouraged and empowered to implement optimum disability management practices at their workplace.

When developing a disability management program, it is important to understand the factors and forces that impact on these important goals. These influential factors and forces are "elements" in the disability management audit process. Recent research in disability management reflects that these "elements" include key interventions, strategies, policies and procedures that have been demonstrated at successful workplaces. Workplace disability management "elements" have resulted in favourable outcomes for workers and employers as they have successfully reduced unnecessary lost time and costs due to disability, and they have accommodated injured and ill workers whose work capacities are compromised.

### **Widely Accepted in a Diverse Range of Organizations**

A distinctive and key aspect of the CBDMA™ is the consensus-based process and level of collaboration used during its development. With initial funding for core development provided by Labour Canada, a broad and diverse group of government, business and labour organizations contributed to the creation of this important tool. Initial testing was completed in collaboration with Abitibi-Consolidated, Canadian Forest Products, Weyerhaeuser Company, the Industrial, Wood and Allied Workers of Canada (IWA), the Communications, Energy and Paperworkers Union of Canada (CEP) and the Pulp, Paper and Woodworkers of Canada (PPWC). Additional testing has involved partnerships with organizations such as Weyerhaeuser Company, the Workers Compensation Board of British Columbia and Correctional Service of Canada, with its participating unions including the Public Service Alliance of Canada (PSAC), the Union of Solicitor General Employees (USGE), the Union of Canadian Correctional Officers (UCCO), and the Professional Institute of the Public Service of Canada (PIPS).

The non-partisan, collaborative, consensus-based approach used to construct and refine the CBDMA™ makes it uniquely suitable and accepted for use by insurance, business, and labour and government organizations.

The CBDMA™ allows employers to measure their disability management program performance, providing them with the information they need to ensure workers with disabilities are reintegrated into the workplace in a manner that provides optimum results for all key stakeholders in the disability management process.

### **The CBDMA™ Development Process Leads to a Tool With Integrity**

The CBDMA™ has undergone an extensive and rigorous development process. The original framework for the CBDMA™ was developed based on a global review of best practices in disability management, which revealed key elements that are essential when administering successful disability management programs. These elements build on an independently verified and validated process, which defined occupational skills, competencies and abilities for disability management program development and implementation. Both have seen exhaustive scientific, reliable and evidence-based validation at a national and international level.

As noted by the International Labour Organization (ILO) in a multi-country study on job retention and return to work strategies for workers with disabilities, interdisciplinary disability management teams, facilitated by qualified disability management professionals and practitioners help promote ideal, integrated disability management systems. The need for external disability management standards was identified as an important next step in the evolution of best practices in disability management.

## **Audit Process**

The CBDMA™ gathers and organizes information from three major categories:

- 1) Disability Management Policy and Workplace Resources
- 2) Disability Prevention
- 3) Early Intervention and Timely Return to Work Process

The CBDMA™ reviews and evaluates specific "elements" within each of these major categories.

### **I. Disability Management Policy and Workplace Resources**

#### Elements:

- Joint Worker-Management Support and Empowerment
- Responsibility, Accountability and Authority
- Workplace Culture and Policy Development
- Information and Communication Management
- Benefit Design and Influences
- Knowledge and Skills of the Disability Management Practitioner

### **II. Disability Prevention**

#### Elements:

- Accident Prevention and Safety Programs
- Occupational Ergonomics
- Health Promotion and Wellness
- Injury, Disability, and Lost-time Patterns
- Disability Cost Benefit Data

### **III. Early Intervention and Timely Return to Work Process**

#### Elements:

- Early Intervention and Worker Communication Protocol
- Case Management Procedures
- Return to Work Coordination
- Transitional Work Options
- Workplace Accommodations

## **Organization of the CBDMA™**

The CBDMA™ includes questions to assist in gathering and organizing key information in sixteen (16) elements. It has been determined, through prior research, that each of these elements is very important with respect to an effective and efficient disability management program.

### **Element 1. Joint Worker-Management Support and Empowerment**

The foundation of workplace disability management is joint worker-management support and empowerment. Worker and management representatives are key contributors in the disability management process when they participate cooperatively as decision-makers, planners and coordinators of interventions and services.

### **Element 2. Responsibility, Accountability and Authority**

The strength and effectiveness of a workplace disability management program often depends upon the extent to which responsibility, authority and accountability are vested in the disability management practitioner or designated workplace representative and others who are involved in return to work activities.

### **Element 3. Workplace Culture and Policy Development**

Effective workplace disability management programs require consistency between the intentions of employers and the expectations of workers. Successful disability management programs require effective cohesion between the defined roles, responsibilities and expected outcomes for all parties in the disability management process.

### **Element 4. Information and Communication Management**

Workplace disability management programs require consistent and accurate internal communications among workers, managers/supervisors and worker representatives. External communications enhance the relationship between the workplace and treating physicians, claims managers, rehabilitation service providers and workers compensation administrators.

### **Element 5. Benefit Design and Influences**

Benefit design often has a significant influence over the involvement, participation and commitment of both employers and workers, particularly, the allocation of benefit costs. The structure of the benefit program can, in some instances, influence the effectiveness of the disability management program.

### **Element 6. Knowledge and Skills of the Disability Management Practitioner**

Workplace-based disability management practitioners are responsible for implementing disability management and work return processes for injured/disabled workers. Individuals at workplaces who take on this role facilitate the reintegration of workers who have become injured or ill, on or off the job. A critical component of the function is promoting the values of return to work/disability management and human rights within the organization. They must balance their responsibilities

toward both the worker and the workplace. They may act as an advocate challenging barriers to return to work, act to protect the employability of the worker, maintain the cost effectiveness of the program, help ensure that there is no discrimination in the workplace, all while maintaining a cooperative working relationship with workers and management. These multiple roles and functions require knowledge and skills in important areas such as early intervention, case management, return to work planning, workplace accommodations, and other disability management functions.

### **Element 7. Accident Prevention and Safety Programs**

Critical to the success of a workplace disability management program are the structure, design and effectiveness of its accident prevention and safety programs. Safety policy and procedures must be top priority for both workers and management. In progressive organizations, there is a close relationship between all parties in the execution and administration of safety initiatives. Formal safety departments and/or joint committees on safety are responsible for administering the safety program and investigation of accidents and injuries. There is also close monitoring of all potential risk hazards in the workplace.

### **Element 8. Occupational Ergonomics**

The overall objective of occupational ergonomics is to fit the task and equipment to the physical and mental capabilities of individuals in order to enhance their effectiveness in the workplace. Ensuring maximum long-term health and safety of workers by preventing and/or controlling occupational injuries and illnesses is an important and prominent goal of ergonomics. It also plays a key role in returning to work the injured or ill worker who has limitations.

### **Element 9. Health Promotion and Wellness**

Research evidence suggests that those workplaces that demonstrate a caring attitude for the health and wellness of their workers are likely to have greater success in positively impacting the socio-economic cost of disability. Workplaces with optimal health promotion and wellness programs are ones that have actively determined the needs and interests of workers and have involved them in the development of these programs. Effective programs are characterized as having leadership, commitment and results-oriented strategies for motivating all parties to participate. These workplaces also equip their workers with ongoing support to maintain healthy lifestyles.

### **Element 10. Injury, Disability and Lost-time Patterns**

Most workplaces maintain statistical information on the incidence and magnitude of lost time and medical only injuries and illnesses. Quality data is needed to design a customized disability management system that is responsive to types of injuries and illnesses among workers within various age groups and employed within different work categories. Many workplaces, by the nature of their business, tend to have high risk jobs and, subsequently, experience greater numbers of accidents and injuries (e.g. construction, manufacturing, mining, etc.). However, the extent to which they can control such patterns is based initially, on their ability to quickly access relevant data and make accurate interpretations that lead to appropriate solutions.

### **Element 11. Disability Cost Benefit Data**

The total cost of injury and illness to a workplace can be elusive as it has been shown that the hidden costs of disability such as recruitment, orientation, lost productivity, administrative costs, etc., add significantly to the direct disability related costs such as medical and wage replacement costs. Effective collection and analysis of disability cost data is pivotal to not only maximizing the effectiveness of disability management programs, but in the evaluation and continuous improvement of disability management programs. It is also essential to gather disability management cost data to ensure that benefit programs are optimized to achieve both the social and economic objectives of the program.

### **Element 12. Early Intervention and Worker Communication Protocol**

Return to work success for injured or disabled workers is based, to a significant extent, on early intervention. An immediate response to the rehabilitation needs prevents the person from feeling powerless and reinforces their responsibility for recovery. Worker participation is critical to the return to work process and begins with the initial injury that is expected to result in work restrictions or lost time. Worker participation should be with the focus on the physical, psychosocial, economic, occupational and family needs of the worker with a disability. Worker participation should be supportive, ensuring access to information related to medical treatment, accommodations and resources to facilitate the return to work process. Effective early intervention and supportive worker participation requires the workplace representative to maintain direct, continuous contact with the injured/disabled worker, monitoring medical treatments, outcomes and all objectives of the return to work plan. Effective worker mentoring, when done in a caring fashion, gives assurance that both workers and management value the injured/disabled worker as a contributing member of the work group.

### **Element 13. Case Management Procedures**

Case management services are necessary to facilitate the development and implementation of disability management strategies and return to work plans for workers with disabilities. The case manager serves as a central disability management team member by functioning as a liaison between employers, worker representatives, workers with disabilities, community healthcare providers and others. Some workplaces have a disability management practitioner who assumes case management responsibilities. A contractual case manager can be an effective alternative support system for maximizing the effectiveness of the return to work process.

### **Element 14. Return to Work Coordination**

Effective return to work programs require a high level of internal coordination and communication, as well as the coordination of activities among external medical services, rehabilitation providers and others. Return to work coordination requires an understanding of both the worker with a disability and the work environment. Among optimal disability management programs, the steps from an impairment occurring to return to work are clearly delineated and understood by workers and employers. Supervisors/managers of workers with disabilities should play an active role in the return to work coordination process.



## **Element 15. Transitional Work Options**

The success of the transitional work program is only limited by the flexibility and creativity of those involved in developing transitional work options for the worker with a disability. Transitional work is viewed as any combination of meaningful and productive tasks, functions or jobs that a worker who has functional restrictions can perform safely, for pay, and without the risk of injury to self or other workers. Transitional work options include designated jobs or job tasks that are modified, over time, to accommodate the worker during the recovery process. This process begins with objective worker evaluations (physical and mental capacities or abilities) and an analysis of job tasks (demands of work). The transitional work plan delineates periodic modifications in the worker's job task assignments, as the worker's capacity to work is increased. Through transitional work, the worker is accommodated and provided an opportunity to gradually "transition" back to work. The worker continues to earn a pay cheque; lost time is reduced or eliminated.

## **Element 16. Workplace Accommodations**

Workplace accommodations include modifications or adjustments to the job, jobsite, or the way that a job is performed to allow a worker with an injury or disability to perform work tasks safely and with increased independence. Managers, worker representatives and workers have been implementing job modifications and accommodations informally for many years. Increasingly, workplace accommodations are being recognized as an effective tool in the overall disability management planning. Optimal workplaces use a structured approach to anticipate, identify, implement and evaluate job accommodations in the workplace. By accommodating a worker's injury or disability, unnecessary lost time is often reduced or eliminated. The outcome of the workplace accommodation process is the identification of realistic, attainable options for resolving questionable or unknown disability and work performance problems. Such options may include jobsite redesign, reasonable accommodations, rehabilitation engineering, ergonomic job restructuring, or a temporary assignment to a modified job.

## **CBDMA™ Format**

The CBDMA™ includes a systematic process for gathering and organizing information, performing an analysis of employer strengths and deficits, and developing disability management program goals and objectives. Data is collected with three distinct question types, i.e. consensus questions, evidence questions, and survey or interview questions, and using a number of tools to assist in the data-gathering process.

## **CONSENSUS**

Consensus questions are collaborative and subjective in nature, and are delivered during a meeting of equal numbers of management and worker representatives. These questions are intended to get at the perceptions of the participants to better understand the views and perspectives at the workplace. There are 84 consensus questions in this audit, which come from each of the elements. These represent the questions for which data would be hard to find, such as employee beliefs or opinions.

The consensus questions are answered as a group. The auditor will convene the managers and workers to discuss their perspectives with respect to these questions.

Participants are expected to reach some agreement on how to respond to each of these questions. This happens with the help of the auditor acting as facilitator.

## **EVIDENCE**

Evidence questions are answered by the auditors only and provide a more objective approach to the analysis. They are intended to provide verification of the perspectives that good disability management practices and procedures have been implemented at the workplace. Auditors will use the questions to guide their fact-finding objectives. Evidence of good practice will be evaluated from workplace policy and procedures documents, case files, and other pertinent documentation. There are 85 evidence questions in the audit.

## **SURVEY/INTERVIEW**

Auditors will use survey/interview questions to gather data on a sample of workers and managers. They are intended to better understand the percentage of workers and managers that share a particular perception or view. There are 11 survey/interview questions in the audit.

The audit questions provided in this document have been coded to identify the type of question being asked. This document shows the complete audit tool and is to be used as a reference guide only. Recording forms have been included in Appendix A to facilitate the capture and recording of data.

|                  |       |
|------------------|-------|
| CONSENSUS        | (C)   |
| EVIDENCE         | (E)   |
| SURVEY/INTERVIEW | (S/I) |

## **Ratings and Levels of Performance**

Exemplary disability management programs are generally characterized as having many elements that yield optimal results. However, workplaces typically have some elements that are very strong and others that need to be developed or strengthened. Therefore, each element that is evaluated in the CBDMA™ is assessed in relation to the ideal or ultimate possibility. Benchmarking research in disability management has been helpful in offering descriptive indicators of optimal performance. The CBDMA™ provides the auditor with a descriptive reference guide to classify each of the elements according to five levels.

Each question in the audit will be uniformly evaluated using these five levels as a guide. For each question, the definitions have been provided to differentiate between the five levels. The levels, as defined for this tool, are shown below.

**Level 4:** The element has been fully developed and well implemented at the workplace; it is extremely effective in achieving its desired results; and very little is required to improve upon or enhance the effectiveness of the element.

**Level 3:** The element has been developed and implemented at the workplace; it is effective in achieving its desired results; and it can be further improved upon through enhancement or modification.

**Level 2:** The element has been less than fully developed; it is achieving some of its desired results; and significant improvements can be made to further develop and implement this element at the workplace.

**Level 1:** The element is in the preliminary stages of development or has been implemented with minimal effectiveness in achieving its desired results and major modifications or enhancements are required to obtain satisfactory results.

**Level 0:** The element does not exist at the workplace.

### **Audit Data Collected**

The audit will begin with the collection of various numerical data as a basis for industry benchmarking to be used in conjunction with the audit data collected. The data identified as important for evaluation are:

- Number of Employees
- FTE (full time equivalents)
- LTD Premiums
- Portion Paid by the Employer
- Number of Closed Cases
- Number of Open Cases
- Number of Cases Returned to Work
- STD Premiums
- Total Operational Budget
- Total Revenues
- Total Payroll Cost
- Total WCB Reported Hours
- Units of Production
- WCB Premiums
- Number of Surveys to be Created

The collection of this data will provide the ability to create reports based on the requirements of the particular user audience.