BACK TO WORK

Disability management and return-to-work strategies in Canada

COLLABORATIVE SEEKS TO DISSEMINATE BEST PRACTICES

A new group dedicated to improving workplace health, preventing unnecessary disability and bettering disability management is to be formally launched next July at a conference in British Columbia.

The Disability Prevention and Management Collaborative, an initiative of the Canadian Institute for the Relief of Pain and Disability (CIRPD), will officially get off the ground at the CIRPD's international conference entitled "Business Health, Employee Health: Creation, Retention, Renewal — Connecting Research to Training and Practice," being held July 7-9, 2006 in Vancouver. "We're using the conference as the launching pad," says CIRPD executive director Marc White, one of the driving forces behind the Collaborative.

The idea for the Collaborative grew out of a project sponsored by the CIRPD (formerly the Physical Medicine Research Foundation), the aim of which is reflected in the project title: "Enhancing Stakeholders' Knowledge and Skills in Disability Prevention, Detection and Management." The initiative culminated in a report of the same name, which concluded that the primary obstacle to improving disability management is the significant gap between current practices among all parties — employers, workers, labour, health care professionals and policy makers — and the knowledge derived from current research.

To that end, the report made a number of recommendations. One of them suggested the creation of a "national centre of excellence or recognized clearinghouse that would develop and collect existing evidence-based tools and resources that facilitate the application of research knowledge to current practices."

Web portal a key initiative

The Collaborative builds on this recommendation. Now made up of 70 stakeholders from across Canada, the Collaborative's purpose is "to facilitate the use of evidence-informed best practices across stakeholders to improve workplace health, enhance workplace productivity, reduce absenteeism, increase work satisfaction, prevent unnecessary disability and improve disability management." It aims to do this, says White, through a number of key activities. "The biggest one," he adds, "is the web portal."

The Collaborative intends to build a website that will collect, review and disseminate tools and resources to encourage best practices in disability prevention and management. It will also provide links to other knowledge providers (both national and international) to "create a national clearinghouse of evidence-based/informed resources."

The website will "provide a rational and easy way to access material that is on existing websites," White says. Moreover, a scientific review committee will assess the information to ensure it fulfils the Collaborative's mandate to disseminate evidence-informed best practices. As White remarks, "what we have heard from stakeholders is that there is a lot of information out there, but not a lot of knowledge."

Other proposed activities of the Collaborative include the following:

- the national conference next July in Vancouver — and the initial call for papers just went out this month (see box on page 2);
- a bi-monthly electronic news bulletin that links stakeholders to recent research and resources; and
- an industry-based research program, which is being carried out in partnership with the Canadian Institutes for Health Research (see box on page 2).

Collaborative reaches out

White is clear that the Collaborative is *not* trying to reinvent the wheel in the field of disability management and pre-

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7 LEGAL EASE
Another appeal court weighs in on the compensability of workplace stress that stems from a run-in with a supervisor.

CALL FOR PAPERS

Seeking abstracts on disability prevention

In anticipation of its conference "Business Health, Employee Health: Creation, Retention and Renewal — Connecting Research to Training and Practice," being held next July in Vancouver, the CIRPD has issued a call for papers. It is looking for abstracts relevant to disability and disease management, early intervention and return to work, health and productivity, case studies, industry/research partnerships and more.

Abstracts are due March 1, 2006. For information, visit www.cirpd.org/dtf/conf2006/callforpapers.html.

RESEARCH

Funding students to study industry programs

The CIRPD, in conjunction with the Canadian Institutes for Health Research (CIHR), is launching a program that will fund up to eight masters' students and two doctoral students a year to allow them to evaluate the efficacy of real-life disability prevention programs in the workplace.

As White explains, many workplaces and industry sectors believe they have developed innovative ways of preventing and managing disability, but these innovations have not been scientifically or rigorously evaluated. This program is designed to link workplaces with academic researchers to determine if the innovations are, indeed, responsible for improving business and employee health.

CIHR has committed a maximum of $94,000 a year for three years, and matching funding is required from interested industries. The initial focus of the awards is on the forestry, transportation, construction, warehousing and health care sectors. The official announcement for this award program is expected in December. For information, e-mail marc.white@cirpd.org.

vention. "We're not trying to duplicate the work of other stakeholder groups, such as the Institute for Work and Health or the Roundtable on Return to Function/Return to Work in Ontario," White says. "We are looking at ways of partnering with these groups to come up with something that works and fulfils the needs of all stakeholders."

Indeed, White has already approached a number of groups. These include the IWH, the Roundtable, the National Institute of Disability Management and Research and the Canadian Association of Disability Management Co-ordinators, among others.

Although the Collaborative will not be formally launched until next summer, memberships are already being offered. At this point, becoming a member is free, although in time a minimal subscription fee will apply.

For more information on the Collaborative, the proposed website, the conference or membership, visit www.cirpd.org or contact Marc White at marc.white@cirpd.org, (604) 684-4148 or 1-800-872-3105. •

ONTARIO WSIB SEEKS FEEDBACK ON EIGHT RTW DRAFT POLICIES

New and revamped return-to-work policies from Ontario's Workplace Safety and Insurance Board (WSIB) are now available for comment.

On October 27, the Board launched a consultation process that asks for feedback on eight draft policies. The first five replace existing policies and the last three are new policies. The policies include:

- key concepts and definitions in return to work;
- the workplace parties' key return-to-work activities;
- the role of the WSIB in return to work;
- resolving disputes regarding the suitability of offered work;
- enforcing the workplace parties' co-operation obligations;
- human rights legislation and accommodation in the return-to-work and labour market re-entry process;
- the concurrent operation of the employer's duty to co-operate in return to work and duty to re-employ injured workers; and
- labour market re-entry assessments.

"The WSIB is especially interested in views regarding clarity, the suggested approach we have taken, and the usefulness in supporting the return-to-work efforts of the workplace parties," says the Board's chief corporate services officer John Slinger in a letter to stakeholders.

Support for key concepts

The Board had originally hoped to have new draft policies ready for stakeholder feedback at the end of last year. However, that date was put on hold when the Board decided to first get the buy-in of employer and worker representatives with respect to key concepts, roles and responsibilities in RTW.

"We wanted to make sure there was enough broad-based external stakeholder support for the concepts that will underlie the new RTW policies before developing the policies themselves," Frances Share, the director of the WSIB's Return to Work/Labour Market Re-entry Program Branch, told *Back To Work* last June (see *Back To Work*, June 2005).

The deadline for commenting on any or all of the draft policies is January 26, 2006. The consultation package is available at www.wsib.on.ca/wsib/wsibsite.nsf/publicprint/ESRTWconsult. For more information, contact Helene Guilmet DeSimone, manager of the Benefits and Revenue Policy Branch, at helene_guilmet-desimone@wsib.on.ca. •

ERGONOMICS PANEL DELAYS COMMENTING ON REGULATION

Ergonomists at the Ontario Workplace Safety and Insurance Board should focus on the prevention of musculoskeletal injuries (MSIs) in addition to their current return-to-work activities. This is one of the recommendations included in the report of the Ergonomics Advisory Panel, which was submitted to the Ontario Minister of Labour on October 7.

The bi-partite employer/labour Panel, which was established in February 2005 as part of the Ministry's plan to reduce workplace injuries by 20 per cent by 2007, included over 15 recommendations in its report. However, it was silent on the issue of recommending (or not) an ergonomics regulation. Because the labour and employer representatives could not reach a consensus on the merits or scope of such a regulation, a supplement to the report released this month will be delivered to the Minister of Labour by mid-January 2006 to specifically address the issue.

The Panel also recommended:

- increasing education and training programs to expand the number of qualified ergonomists in Ontario;
- making MSI information and outreach activities available to health care practitioners, in part through the Ontario Medical Association;
- developing an on-line inventory of qualified ergonomics consultation services and training to assist workplaces;
- focusing on MSI reduction among the poor performers already being targeted through the Ministry's "high-risk" and "last chance" enforcement initiatives;
- developing a Ministry of Labour operational policy on MSI prevention using a risk-based approach for evaluating workplaces; and
- developing a process to ensure inspectors' orders related to MSI prevention are clearly identified in the Ministry's database for tracking purposes.

"A proactive approach and early intervention strategies are integral to the reduction and elimination of the incidence of work-related musculoskeletal disorders," the Panel said in its overview. "Ergonomics should also be a key consideration in the return-to-work process."

The Ontario government is currently reviewing the report. The report is available at www.labour.gov.on.ca/english/hs/ergonomics. •

ACOEM DOESN'T BACK MANDATORY FLU SHOTS IN HEALTH CARE

Mandatory flu shots for health care workers is not justified, says the American College of Occupational and Environment Medicine (ACOEM) in a position statement released in September. Called "Influenza Control Programs for Healthcare Workers," the statement applies to seasonal influenza only, not to flu pandemics.

Ample reasons exist for employers to sponsor influenza vaccination programs for their employees and to pursue strategies to maximize participation, the ACOEM says. However, it concludes that mandatory flu shots are not justified for several reasons: the vaccine itself is variably effective, vaccination does not preclude the need for other controls, and a coercive program has the potential to harm the employee-employer relationship. In addition, the College says that, given the ubiquitous nature of influenza in the community, patients will continue to be exposed to influenza through family members and friends regardless of the vaccination status of their health care workers.

"Vaccination is only one prong of a multi-faceted approach to infection control," says Dr. William Buchta, chair of the ACOEM's Medical Center Occupational Health Section and author of the paper. "Health care workers must also appropriately use hand-washing and personal protective equipment, and they should consider self-removal from work when experiencing symptoms of a communicable illness."

While the ACOEM does endorse a multi-faceted flu control program in all health care facilities and strongly encourages health care organizations to facilitate participation by providing flu vaccines and/or prophylactic medication at no expense to employees, the College discourages generalized policies requiring mandatory compliance with employee vaccination or prophylactic medication programs. It notes that such policies have already been successfully challenged in Canada.

The position paper, approved by the ACOEM's board of directors in July, is available at www.acoem.org/guidelines/article.asp?ID=86. •

EMPLOYERS ARE INTEGRATING DM PRACTICES: SURVEY

A majority of employers are taking a consolidated approach to dealing with sick days, short-term disability and workers' compensation claims, according to survey results released October 17 by the benefits consulting firm Morneau Sobeco.

A survey of 208 Canadian employers, 88 with 1,000-plus employees, showed that 50 per cent are already integrating their absence and disability management practices, while another 24 per cent are in the process of doing so. The final 26 per cent maintain separate strategies or departments for dealing with each type of absence.

To purchase complete survey results, e-mail info@morneausobeco.com. •

TRACKING DISABILITY ABSENCE TO IMPROVE DECISION-MAKING

Surveys show that organizations are limited in their ability to track disability absence. Yet this information is key to successfully evaluating and improving disability management programs. **By Rochelle Morandini, Hewitt Associates**

Hewitt Associates' 2005 *Disability Absence Index Survey* pinpointed a fundamental problem in the disability management process: limited systems are in place to track and measure disability absence (see *Back To Work*, August 2005). Without information as to how often workers are away and why, it is difficult for organizations to implement effective disability management and wellness programs.

Survey respondents indicated several main reasons why they were struggling to track absence data:

- lack of centralization of employee absence data (e.g., workers' compensation, sick leave, long-term disability (LTD), employee assistance program and prevention data);
- information being gathered in pieces, but not used strategically;
- a need for investment in technology, people resources and re-engineering processes and methodology for information collection and application; and
- the confidentiality of personal health information (particularly in the absence of medical staff or a third-party provider, in which case organizations are unable to note the types of disability that have an impact on their workforces).

Most employers are aware that disability absence is on the rise, and they understand the impact absenteeism has on the organization's bottom line. So why don't they invest in measures to track and treat this problem?

It's a proverbial chicken-and-egg situation. As the survey respondents stated, senior leaders are often unwilling to invest funds in the resources necessary to accurately track and measure disability absence because they're not sure there is a problem. However, the only way to demonstrate that there is a problem is to accurately determine absence numbers.

> [F]aced with a lack of direct funding to buy or build appropriate systems, disability management staff are "making do" with what they have. And if that is tracking case-by-case using spreadsheets, then at least that is a start!

Pre-LTD the weak point

Data from studies such as the *Disability Absence Index Survey*, with its findings as to average duration, frequency, causes and cost of disability absence, may be enough to persuade senior leadership to invest in tracking systems. Assuming that's the case, what is the best way to track absence?

The area in which many organizations are particularly weak is tracking and measuring absence and direct costs associated with non-occupational illnesses and injuries in the pre-LTD phase, prior to an individual going on long-term disability. Over half of survey participants were unable to provide accurate cost figures for these absences.

This lack of accurate information is particularly prevalent in those organizations that self-manage salary continuation programs. Sixty-five percent of participants who were able to provide pre-LTD data had some form of salary continuation plan for their non-unionized employees. There is often no history or evidence of an employee's absence because his or her normal salary continues to be paid, even though the person is off work.

Unless the individual's manager is required (and, more importantly, held accountable) to notify human resources or payroll immediately, or at least within a couple of days, of the absence occurring, those responsible for the overall disability management program (such as the human resources department) are left in the dark. It is only later in the absence that a formal tracking process begins, either because HR hears of the absence or the manager believes the absence is longer term and notifies someone. Accurately measuring – and costing – the true impact of disability absence is thus a challenge when many short-term (one- to five-day) absences are not tracked at all.

The quality and availability of data improves with respect to long-term disability absences, likely due to the presence of a third-party administrator/insurer that keeps track of the key numbers. As well, human resources personnel are often involved in ensuring that employees receive their appropriate LTD application packages and, therefore, often have better records of the number of people applying for LTD.

Given the fact that the non-occupational pre-LTD data is especially thin, this may be where organizations should

Rochelle Morandini is Hewitt's national practice leader for organizational health. You can contact her at rochelle.morandini @hewitt.com.

focus their tracking efforts and resources. When asked to specify the sources they currently access for information on frequency, duration or type of disability/condition, the survey responses were as shown in the charts below. Respondents reported separately for their unionized and non-unionized workers. More than one answer was possible.

One of the surprising findings from these responses (for both unionized and non-unionized employees) was the large number of organizations opting to design their own tracking systems (often using spreadsheets) as opposed to using a software vendor or their packaged HRIS (human resources information system). Equally unexpected was the large number of respondents that still rely on paper sources for information.

This suggests that HRIS and payroll systems, while providing the ease of technology, may not offer the ideal solution for tracking pre- LTD disability absence information. Administrators need to be able to customize the information to suit their organization and their benefit and disability management programs. It also suggests that, faced with a lack of direct funding to buy or build appropriate systems, disability management staff are "making do" with what they have. And if that is tracking case-by-case using spreadsheets, then at least that is a start!

Another question asked in the *Disability Absence Index Survey* was how easy it would be to produce five years' worth of disability absence information. Employers responded that it would be far more challenging to provide this data for non-unionized employees than for unionized: 25 per cent of respondents said it would be very difficult or impossible to come up with this information for unionized employees, while 46 per cent said this would be the case for non-unionized employees.

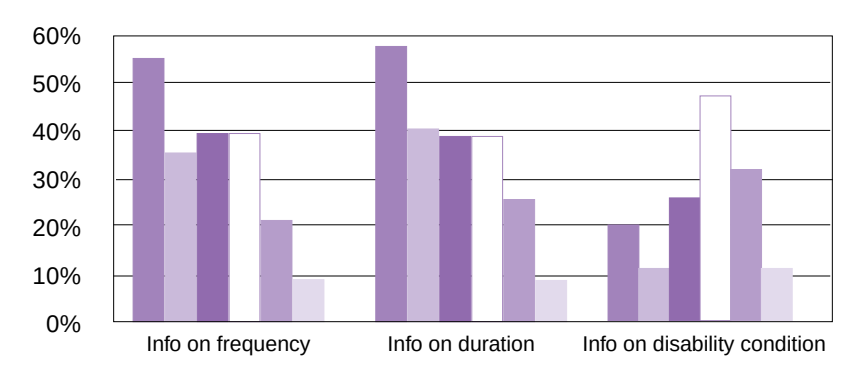
When asked to explain, the primary reason was the lack of resources. But for some, the reason was also due to the fact that the company had moved to some new data source, and it was simply too much work to transfer data from the old source (e.g., transferring paper records to a new HRIS).

Is the do-it-yourself method of tracking disability absence really the best solution? While the charts at left show that outsourcing data management is not currently widely used, it may be the wave of the future for organizations of sufficient size and with adequate funding. As organizations outsource more human resources functions generally, monitoring disability absence may be added to the provider's duties.

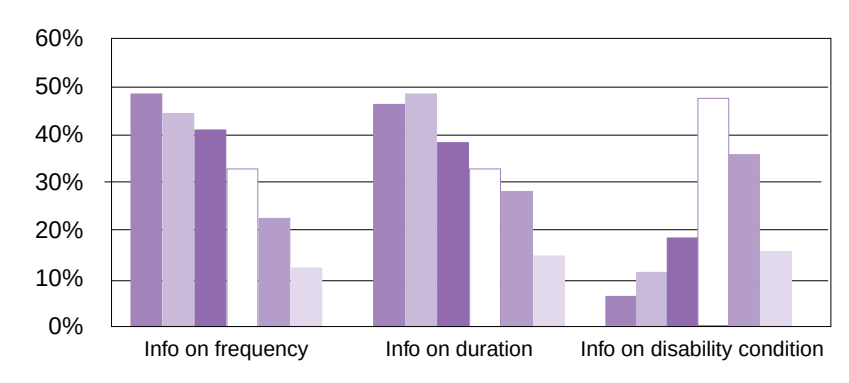
This makes sense, especially in cases where the provider is handling multiple human resources tasks, including payroll, interfacing with insurers and other third parties, and consolidating data — even old records — in one database. It is likely also going to be more cost effective to outsource the adminis-

SURVEY RESULTS

Sources of pre-LTD disability absence information: non-unionized employees



Sources of pre-LTD disability absence information: unionized employees



HRIS | Payroll system | Spreadsheets (internal) | Paper records | Insurance company records | Outsourcing partner

tration and tracking of this data than it will be to design, build and continuously upgrade these types of systems.

Steps for tracking absence

In order to be able to design, implement and evaluate disability management programs and wellness initiatives, your organization needs to capture, consolidate and use data to make strategic decisions. The following steps are key to that process for both occupational and non-occupational disabilities. The types of information to collect for each category of disability are shown in the box at right.

With respect to occupational absences, begin by tracking the absences. Then benchmark data against that of past years. Co-ordinate with workers' compensation agencies to access detailed statistics and comparative data. If your organization has multiple locations, you may have to contact several provincial agencies.

If different departments within your organization are managing different components of disability absence — for example, workers' compensation is being handled by the health and safety department while pre-LTD and LTD are being handled by the benefits administration group — clearly assign a "data" owner for both non-occupational and occupational disability absence. Ideally, this is the same person, where feasible. As well, try to collect data in similar formats (even if that only means using similar spreadsheets) in order to facilitate the merging of data for an overall "big picture" perspective and the ability to demonstrate a company-wide business case and future results.

With respect to non-occupational disability, both pre-LTD and LTD, again begin by tracking the information and benchmarking data against that of past years (and against that of other organizations, if available). Combine internal data with that available from external parties (i.e., insurers with respect to LTD claims). It's also important to gather some information around the organization's return-to-work policy.

The trick to gathering effective data is ensuring that those on the front line report all absences — and, of course, report return-to-work dates as well.

These frontline individuals need to be held accountable for this process. There should be quick and easy methods for them to follow to facilitate compliance.

As well, if you have several people managing disability files, they need to provide information and outcomes from each file into a central system for macro reporting. There needs to be a central person who gathers this and related information and compiles it into standard formats and reports that are designed specifically to respond to the organization's strategic objective of better managing disability issues.

Using the collected data

Once data is collected, tracked and measured, you can do the following:

- Identify "hot spot" areas.
- Use information to present a business case to management and gain support. If you have limited data, use this information with tools such as the *Disability Absence Index Survey* to draft estimated figures for your business case.
- Align and/or develop disability management program and wellness initiatives.
- Train managers and others who have responsibility for day-to-day disability management activities.
- Communicate with employees around disability management program and wellness initiatives.
- Track costs (direct and indirect) of the disability management program and wellness initiatives along with the usual data.
- Measure the return on investment (ROI) of programs and initiatives at year-end when disability absence data is collected and benchmarked.
- Refine programs and initiatives, if necessary. •

DATA TRACKING

Types of information to collect by category

OCCUPATIONAL DISABILITIES

- Number of workers' compensation lost-time accidents per 100 employees
- Duration (in days) of lost time due to workplace accidents
- Workers' compensation cost per employee
- Top injury categories
- Indirect costs

NON-OCCUPATIONAL: PRE-LTD

- Number of days off per employee per year
- Frequency of absences (i.e., the number of absence incidents per year)
- Duration (in days) of each pre-LTD disability absence
- Cost of pre-LTD disability absence
- Top disability conditions per type of leave
- Indirect costs

NON-OCCUPATIONAL: LTD

- Percentage of employee population applying for LTD
- Percentage of LTD claims denied
- Cost of LTD per employee
- Top disability conditions per type of leave
- Indirect costs

RETURN TO WORK

- Number of employees participating in return-to-work arrangements
- Number of days or hours worked within a return-to-work arrangement
- Number of occupational injuries/illnesses
- Number of non-occupational injuries/illnesses

RUN-IN WITH SUPERVISOR NOT A "TRAUMATIC" EVENT

The test for assessing whether or not an event is "traumatic" for the purposes of determining the compensability of work-related stress is an objective one, the New Brunswick Court of Appeal has confirmed. **By Cindy Moser**

Another appeal court has weighed in on the issue of compensating workplace stress that stems from a run-in with a supervisor. In this case, the New Brunswick Court of Appeal ruled that a worker's "resistant depression" was not compensable because the confrontation with her boss that exacerbated her condition could not, objectively speaking, be considered a "traumatic event."

D.W., an employee of Via Rail Canada for 15 years, worked in the firm's call centre in Moncton. Shortly after moving into the premises under renovation, D.W. and other employees complained of high noise levels and poor lighting conditions. When their complaints to their supervisor went unanswered, D.W. went over his head and approached upper management about the poor working conditions.

D.W.'s supervisor was angry about this move. He called D.W. into his office and, in the judge's words, "castigated her in a manner best described as a bombastic rant, punctuated by yelling." D.W. felt threatened and intimidated, and she did not return to work.

She was subsequently diagnosed as suffering from a "major" and "resistant" depression, which, according to D.W.'s psychiatrist, "got worse … after the incident at work." Indeed, the psychiatrist wrote that, "if this particular event had not occurred, it is unlikely that she would have suffered from such a severe depression, which has caused a significant decline in her level of functioning."

After exhausting benefits under the employer's disability plan and the federal Employment Insurance regime, D.W. filed a stress-related claim with the Workplace Health, Safety & Compensation Commission. The Commission rejected the claim, as did the Workplace Health, Safety & Compensation Appeals Tribunal.

Both argued that D.W. had not suffered a compensable accident since the *Workplace Health, Safety & Compensation Act* specifically excludes mental stress from its definition of "accident" *unless* the stress is "an acute reaction to a traumatic event." In this case, they said, the run-in with the boss was not a traumatic event.

> "It is one thing to wrongly discipline employees and quite another to do so in a manner that infringes their sense of dignity and personal worth. But are such confrontations outside the range of human experience in the workplace? [We] think not."

"Traumatic" determined objectively

The appeal court agreed. The test for assessing whether or not an event is traumatic is an objective one, it said. That is, it's not the employee's perception of the event that is the deciding factor. It's whether or not "a reasonable person" would regard the event as traumatic; that is, unusual, unexpected and out of the ordinary.

If something other than an objective test was used, then "the most innocuous of management decisions could support a claim for psychological injury," the appeal court said. "It would not be difficult for the skilled advocate to turn a case of 'chronic' or 'gradual onset' stress into a claim of psychological injury by focusing on a single incident; the one that broke the camel's back, so to speak."

In this case, the appeal court said a reasonable person would not likely view the non-violent confrontation between D.W. and her boss as one that could plausibly lead to a psychological injury that prevented her from continuing in her job. "[We] accept that confrontations in which the employee is the recipient of a verbal rant are unacceptable," the appeal court said. "It is one thing to wrongly discipline employees and quite another to do so in a manner that infringes their sense of dignity and personal worth. But are such confrontations outside the range of human experience in the workplace? [We] think not."

The appeal court distinguished the circumstances in D.W.'s case with those in *Children's Aid Society of Cape Breton-Victoria v. Nova Scotia (Workers' Compensation Appeals Tribunal),* in which benefits were awarded by the Nova Scotia Court of Appeal following an argument with a supervisor (see *Back to Work*, May 2005). In that case, the meeting with the boss was personal, violent and aggressive, and there was "a real and imminent threat that the meeting was about to become physically violent." That was not the case here, the N.B. appeal court said.

Source: *W. (D.) v. New Brunswick (Workplace Health, Safety & Compensation Commission),* New Brunswick Court of Appeal, July 21, 2005. •

Job bank still offering free services

DMConnection — Canada's only on-line job bank dedicated to the field of disability management — is still allowing employers to post job vacancies and contracts at no charge. The fee-free period will continue as the site's organizers solicit feedback on DMConnection's ease of use and effectiveness. Improvements to the site based on this feedback are to be incorporated by year-end.

DMConnection, launched last May, is also seeking articles on disability management, return to work and rehabilitation for potential publication in the "library" area of the website. For information, contact Nancy Lee at nancy@dmconnection.com or (215) 415-0492, or visit www.dmconnection.com.

Millard Health announces return-to-work session

The next in Millard Health's series of disability management symposiums is set to take place on December 7, 2005 in Edmonton. This session is entitled "Power Tools … for Your Injury Prevention & Management Toolbox." It features a presentation by Dr. Hamilton Hall, founder of CBI Health, on the fall and rise of early and safe return-to-work programs. It also includes break-out sessions on physical demands analyses, functional capacity evaluations and disability management principles. For more information, call (780) 498-7451, e-mail millardmail@millardhealth.com or visit www.millardhealth.com.

WSIB website offers info tailored to doctors

Ontario's Workplace Safety and Insurance Board has launched a new web page built specifically for physicians. The page reflects the information doctors said they want most during focus-testing. To access the information, go to www.wsib.on.ca/wsib/wsibsite.nsf/public/Physicians.

The WSIB has also introduced its latest Program of Care — this one addressing three upper extremity injuries: rotator cuff, lateral epicondylitis and carpal tunnel sydrome. The program sets out a process by which participating health care professionals assess and treat each of the three injuries. For more information, visit www.wsib.on.ca/wsib/wsibsite.nsf/public/pocuei.

White paper available on call centre absenteeism

A white paper on best practices related to key factors affecting absenteeism in the call centre sector is now available. The white paper summarizes three conference sessions that ran last spring and were sponsored by the Disability Management Employers Coalition and Liberty Mutual.

The paper presents best practices related to hiring, training, work scheduling, morale-building, physical stresses, employee communications and return-to-work programs. They include:

- Hire and prepare the right employee for the call centre representative role.
- Allow for flexible, creative scheduling to accommodate changing service needs, including seasonality.
- Use non-monetary recognition to reward exemplary performance, motivate employees and increase morale.
- Support the unique physical needs of the call centre representative's role.
- Communicate regularly with employees about absence, disability and benefits.
- Leverage internal and external resources for improved return-to-work outcomes.

To request a free copy of the white paper, which contains case study examples, visit www.libertymutual.com/omapps/ContentServer?pagename=gpc/Page/gpHome&cid=1057677620151.

EAP provider offers two research reports

Two reports from the WarrenShepell Research Group — one looking at workplace mental health and the other at women in the workplace, both from an EAP (employee assistance program) perspective — are available on-line. The reports include EAP trends and workplace advice. To download, go to www.warrenshepell.com/research/latest.asp. •

BACK TO WORK

EXPERT ADVISORS

Henry Harder
Chair, Disability Management Program,
University of Northern British Columbia

Gene Shematek
President, GMS & Associates, Calgary

Wolfgang Zimmermann
Executive Director, National Institute
of Disability Management & Research

EDITORIAL STAFF

Editor: Cindy Moser
c.moser@sympatico.ca • (705) 745-1709
544 Murray St., Peterborough, ON K9H 2V1

Associate Editor: Frances Makdessian
frances.makdessian@rogers.com • (905) 509-4847

Associate Editor: Mark Rogers
mrogers2@cogeco.ca • (705) 740-0766

Publisher: Peter Boxer
pboxer@ohscanada.com • (416) 510-5102

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