

# Chesapeake Region Safety Council: Injury Management and Optimal Outcomes

April 15<sup>th</sup>, 2021

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# Meeting Goals

- **Review the injury management lifecycle**
- **Safety/Supervisor and medical roles in injury management**
- **Utilization of virtual resources and blended models for injury support and management**
- **Review several common industrial injuries from the medical perspective**

# About Tang & Company: Culture and History

Caring for **people**.  
Keeping them **safe**.

# We believe **people** come first.

We believe that **every worker across America** should be safe at work so that they can go home to their families everyday.

# Premier Occupational Healthcare Service Provider

## Excellence in Healthcare Delivery

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Sine Qua Non –  
“Absolutely necessary”

Compassionate care when it matters most

## Unparalleled Expertise & Experience

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Over 40 years of Occupational Health experience

Currently work with 17 of the Fortune 200 companies

Board-certified physicians in Occupational Medicine, Internal Medicine, Emergency Medicine, Orthopedics, Radiology and Clinical Faculty at UCLA

Physicians licensed in all 50 states

## Innovative Solutions

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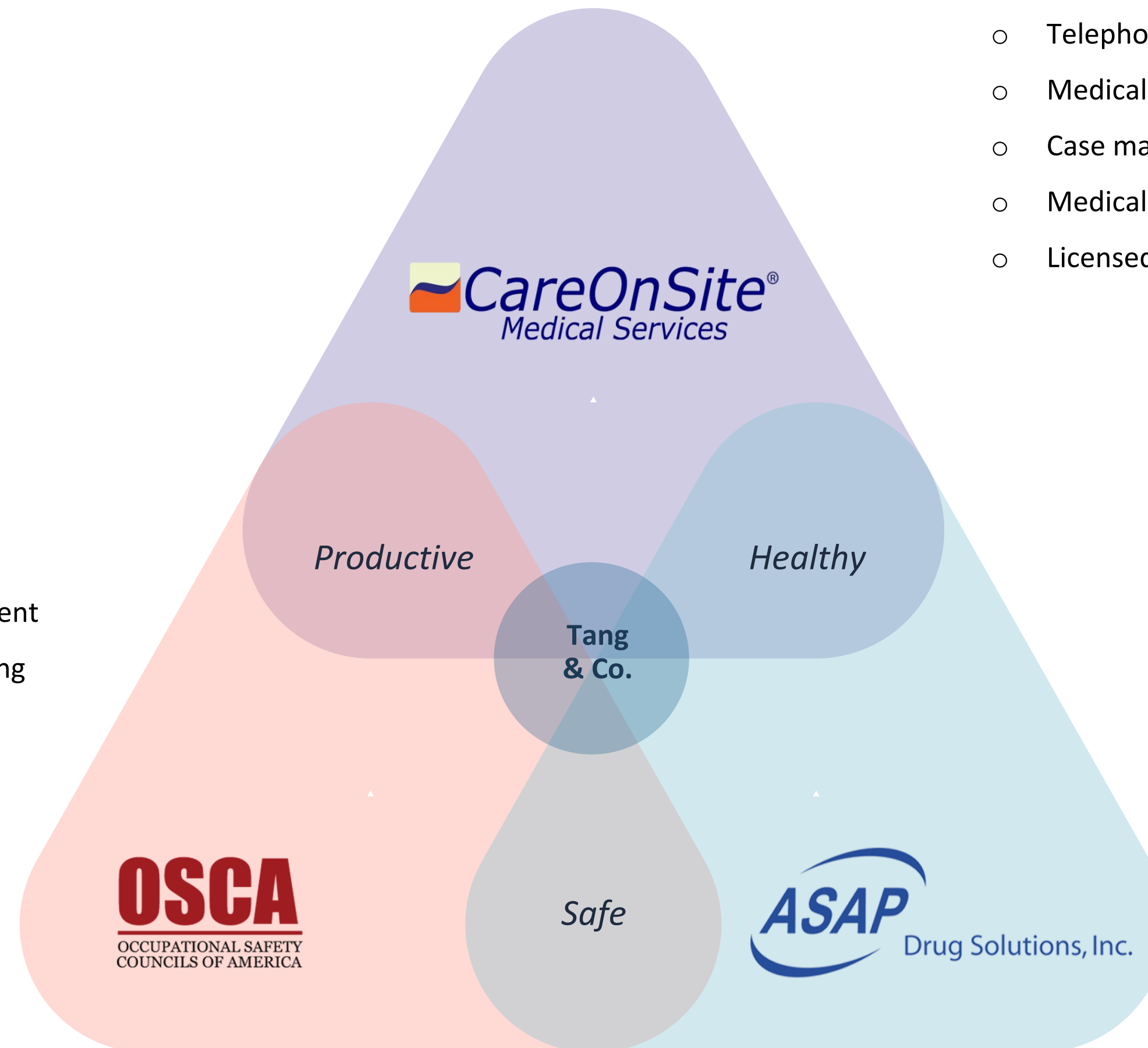
Work within clients’ resources to deliver optimal patient care

## Detail-Oriented

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Every case counts, each employee matters

- Custom CBT development
- Computer based training
- Online or in lab
- Instructor led classes
- Data management



- 24-Hour injury care
- Telemedicine
- Telephonic nurse triage
- Medical onsite staffing
- Case management
- Medical compliance testing
- Licensed in all 50 states

- Drug & alcohol testing
- D.O.T. Policy administration
- Company policy administration
- Record keeping
- Roster management
- Hair & oral fluid testing
- In-house MRO

# Injury Management Lifecycle

# Injury Management Lifecycle and Opportunities

## Site Level (high control)

Prevention



Injury Event



Injury is reported to appropriate individual in the company



Onsite injury management

## Off-Site and the Claims World (low control)

Injury is transferred offsite to an occupational medicine clinic



Injury Managed At Occupational Medicine Clinic

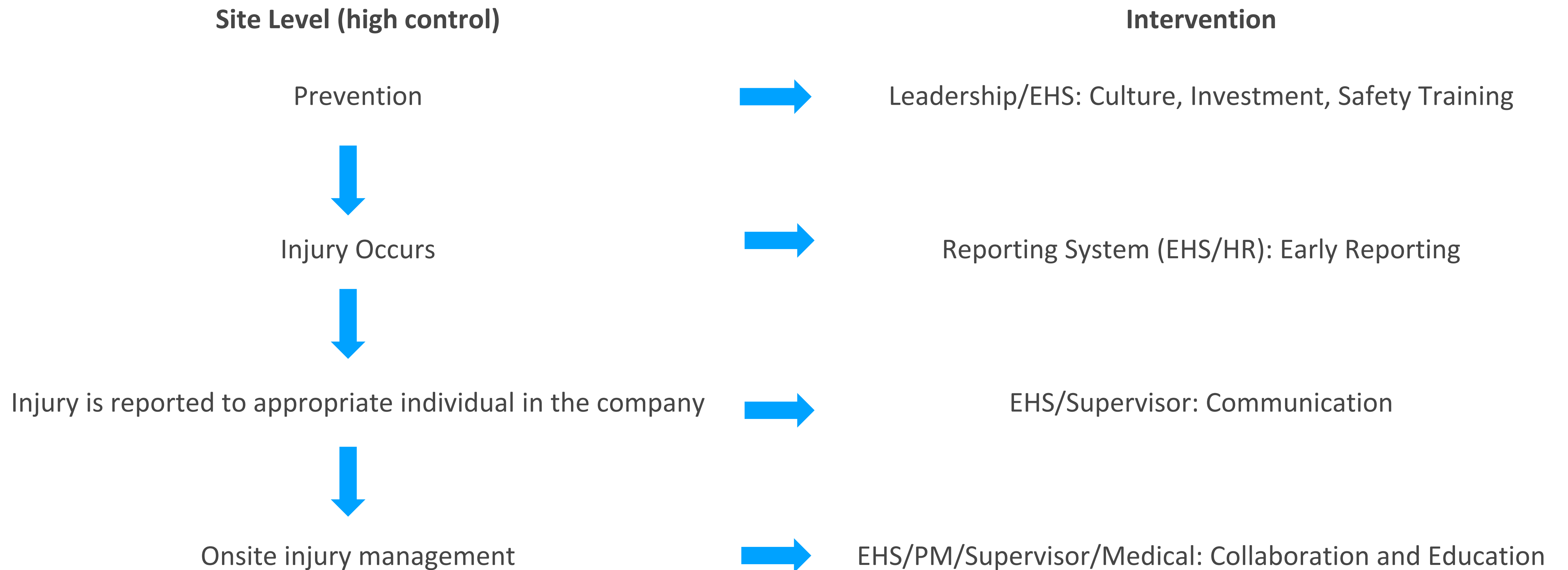


Injury is referred to a specialist for severity reasons or lack of engagement/experience by the occupational medicine clinic





# Injury Management Lifecycle and Opportunities



# Roles

# Role of EHS

- Genuinely Care
- Connect with the injured worker
- Objective and Open Analysis
- Advocate for the injured employee
- Interface with the supervisor/project manager
- Follow-up with the employee
- Manage through completion



- What is one, if not the single the greatest predictor, of a “good” outcome after an injury?

# Role of Medical Provider

- Experienced in occupational medicine
- Ability to understand the culture of your organization
- Organizational Alignment of objectives
  - Patient Care
  - Company Metrics
- Ability to understand the nuances of each situation and open to discussion with your team
- Ability to understand company specific risks (e.g. chemical exposure, certain types of recurring work injuries)
- Ability to customize solutions



# Delivery of Care, Models, & Outcomes


# Delivery of Care



On-Site  
Clinical Care



Virtual  
Clinics



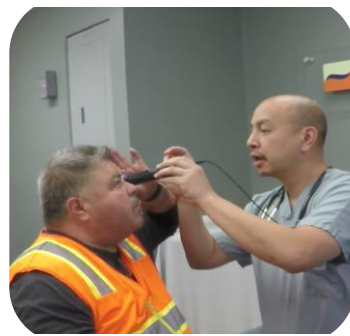
Network of  
Occupational Health  
Clinics

# ROI

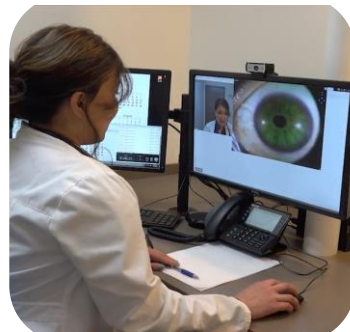
1. Decreased reported workplace injuries/request for clinic referral
2. Decreased Worker's compensation claims/Referrals to outside clinics for treatment
3. Decreased TRIR
4. Decreased DAFW
5. Decreased WC spend year-over-year through decreased 3<sup>rd</sup> party clinic and emergency department use



## Medical Director Oversight



### Onsite Staffing



### Telemedicine



### Telephonic Nurse Triage



### Mobile Care

## Benefits of an Optimized Medical Model

- Remove the liability of making treatment decisions on company EHS/supervisors
- Add layer of medical support to help the employee understand what is happening and provide reassurance from medical professional/secondary source
- Worker access to physician-backed care without leaving the work site
- Ability to follow-up on-site and monitor daily/regularly

## Results of an Optimized Medical Model

- Decreased outside referrals
- Optimized company metrics: Recordability and WC Costs



# Telemedicine

Innovative and connected



# Connecting the injured employee instantly to a healthcare provider, 24/7, via State-of-the-art software.

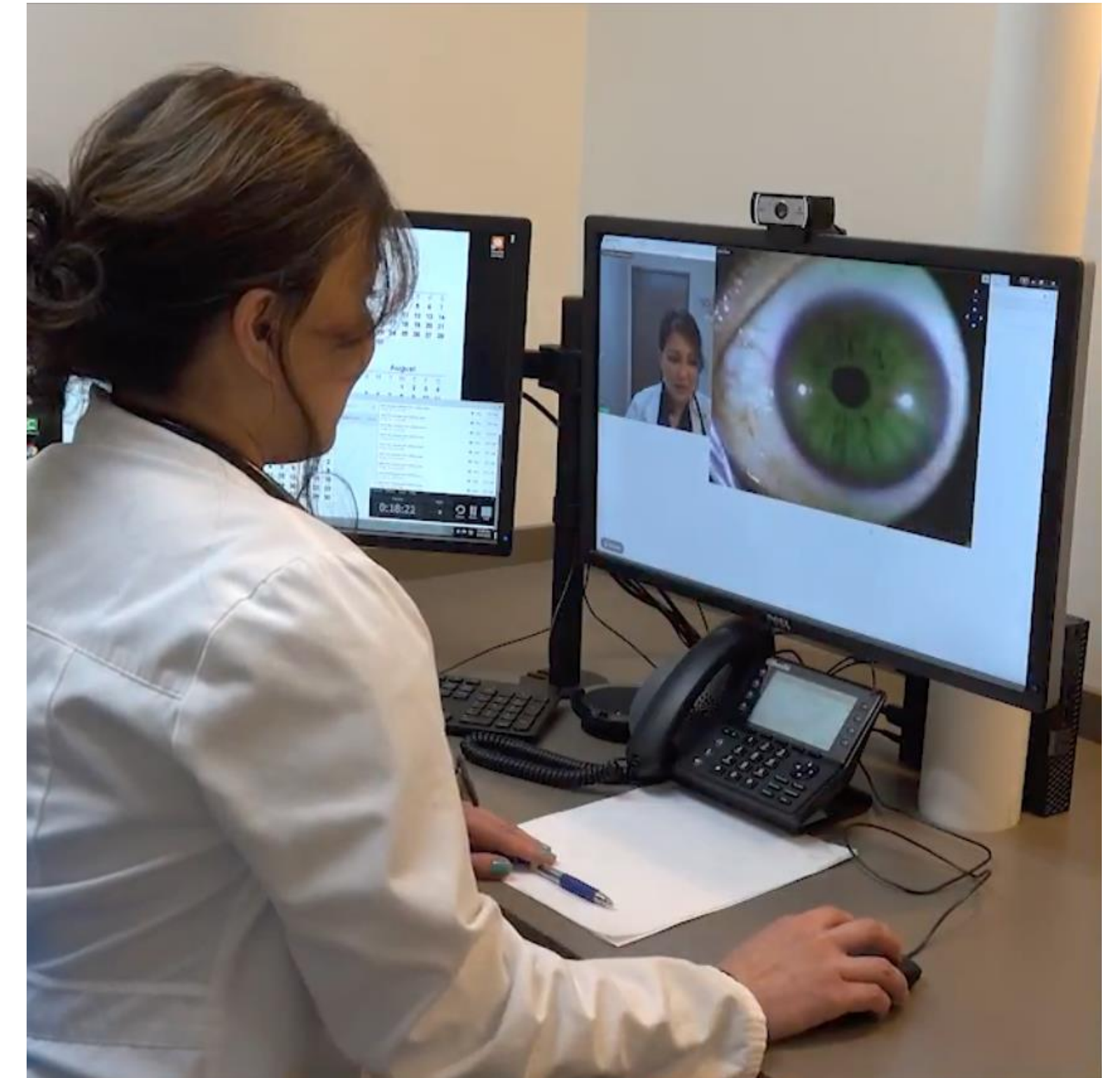
Proprietary software

HIPAA-compliant

Safe/Secure

Visit not recorded

Simple, web-based



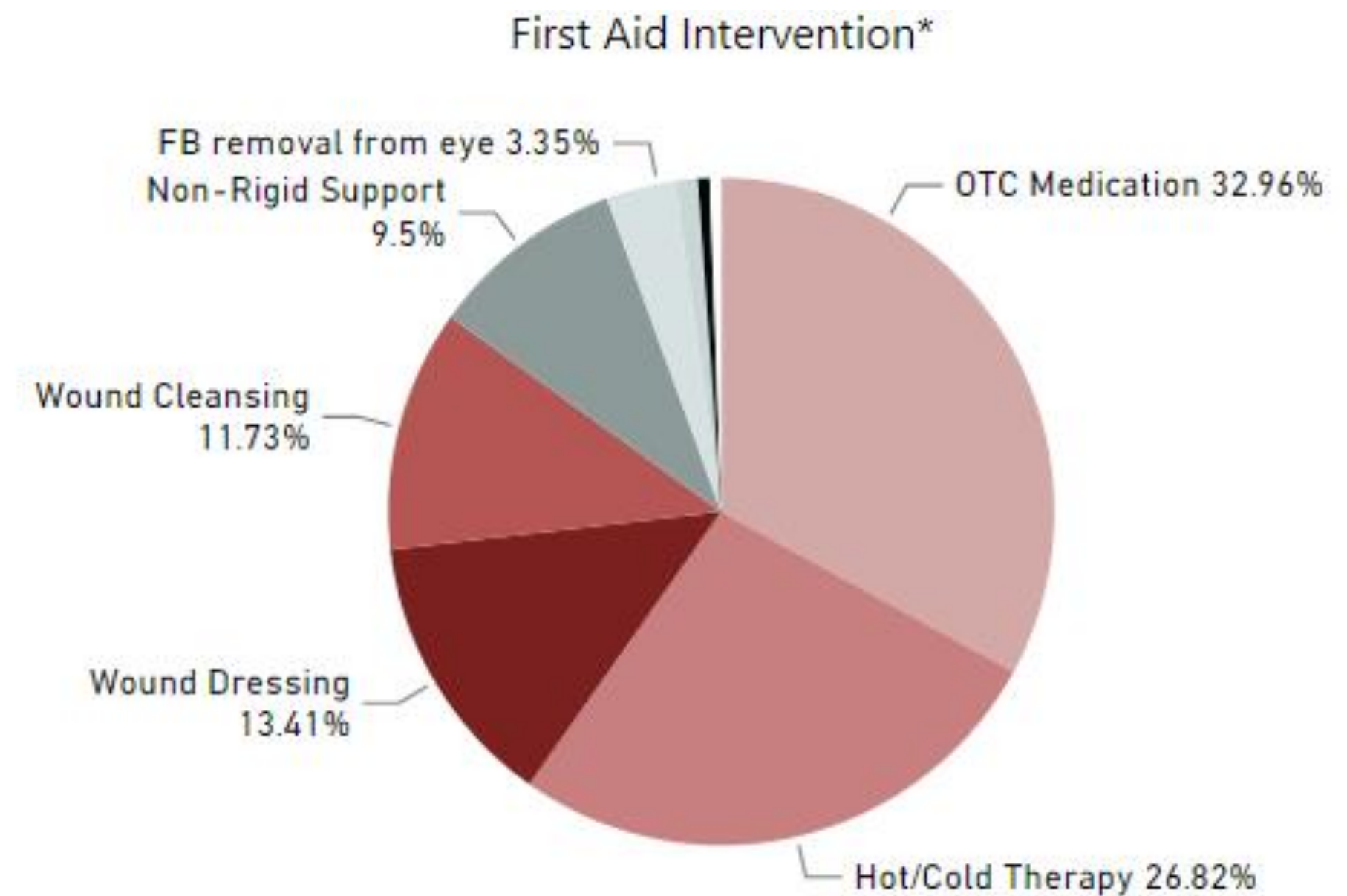
State-of-the-art instruments for examining eyes, ears, nose, throat, skin, heart, lungs, musculoskeletal system.



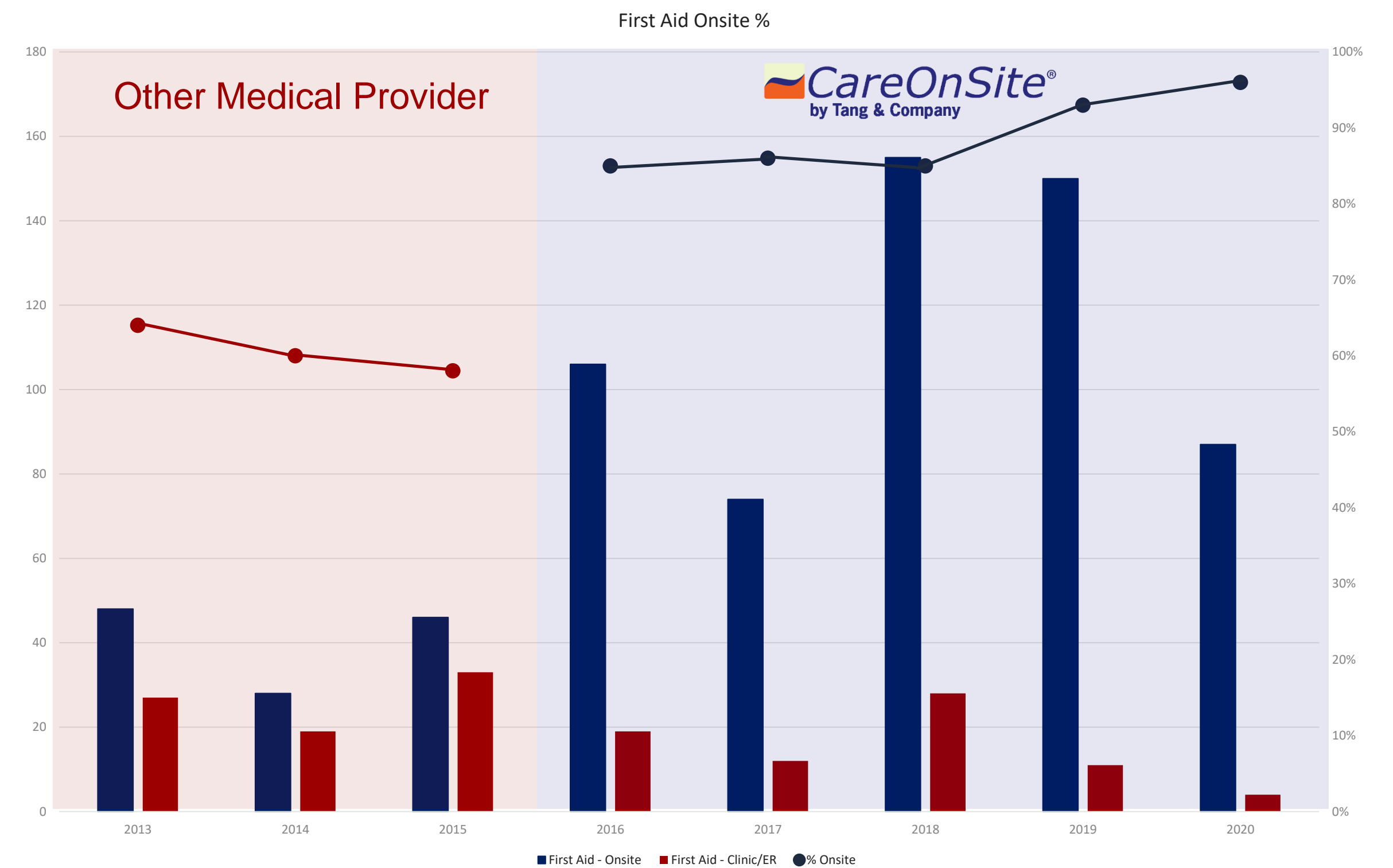
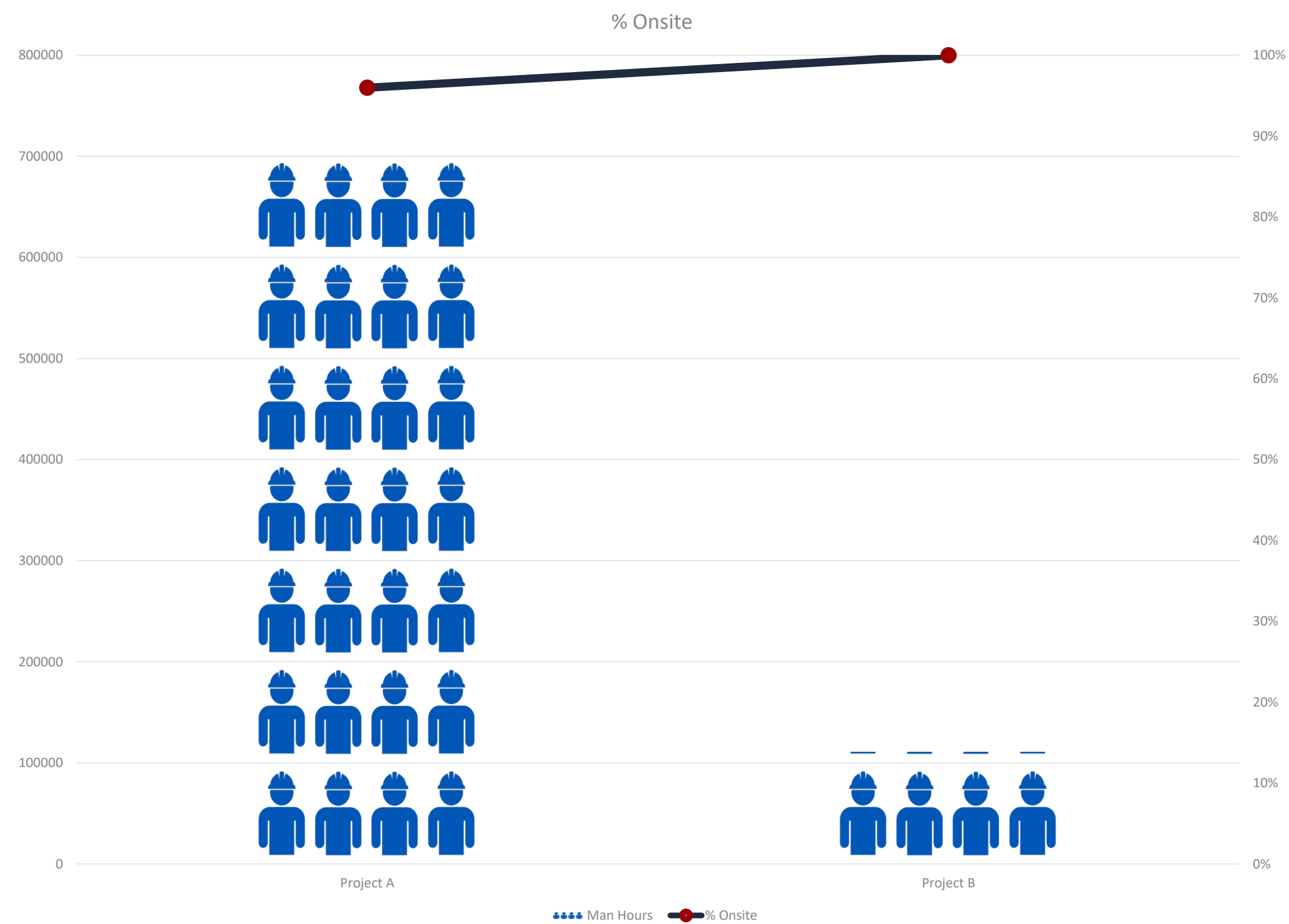
# Case Study – Professional Sports Stadium Construction

CareOnSite was contracted as the sole occupational healthcare provider for a large professional sports stadium construction project, employing over 3,000 workers, representing over 21 million man-hours worked.

- Only 49 recordables in over 21 million man-hours worked
- **TRIR of 0.48**
- First aid – 98%, Medical treatment – 1.92%
- Workers' Comp direct spend costs savings: **\$10 million**



# Case Study – Nationwide Industrial Construction and Fabrication



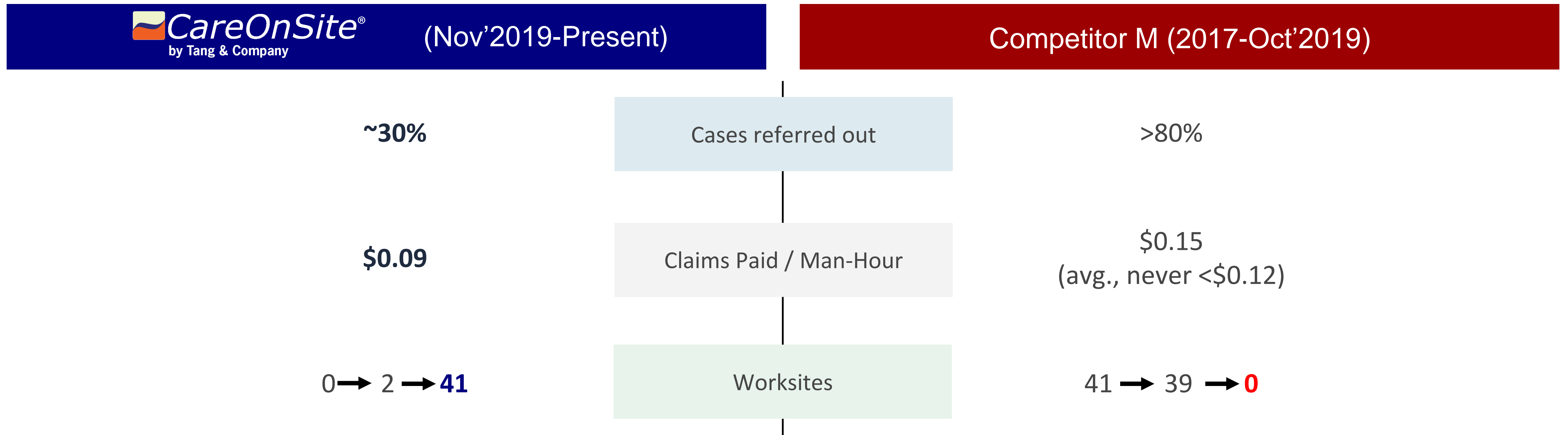
Across 2 projects, CareOnSite helped keep 96% (707,734 man-hours) and 100% (110,906 man-hours) of first aid incidents on-site

- Comparison:
- 1) Improve % of incidents kept on-site
  - 2) Increase usage of first aid (higher is better; would otherwise be recordable)

# The Medical Director Oversight Difference

## Our services are all backed by medical oversight

Utilizing telephonic nurse triage with collaboration between EHS and Medical results in **better health outcomes**, **lower claims costs**, and **lower insurance reserves**. Below is data from a company with 15,000 employees and locations across the US who changed telephonic nurse service providers at the end of 2019.



# Case Study – Construction

A large California-based commercial construction company, partnered with CareOnSite in 2017. With their previous occupational healthcare provider, **too many injured workers were being referred offsite for treatment**. In addition to taking on increased liability, the client would lose case control and visibility on how to best help their employee. As a result, lost time, workers' compensation costs, and recordable injuries were very high.

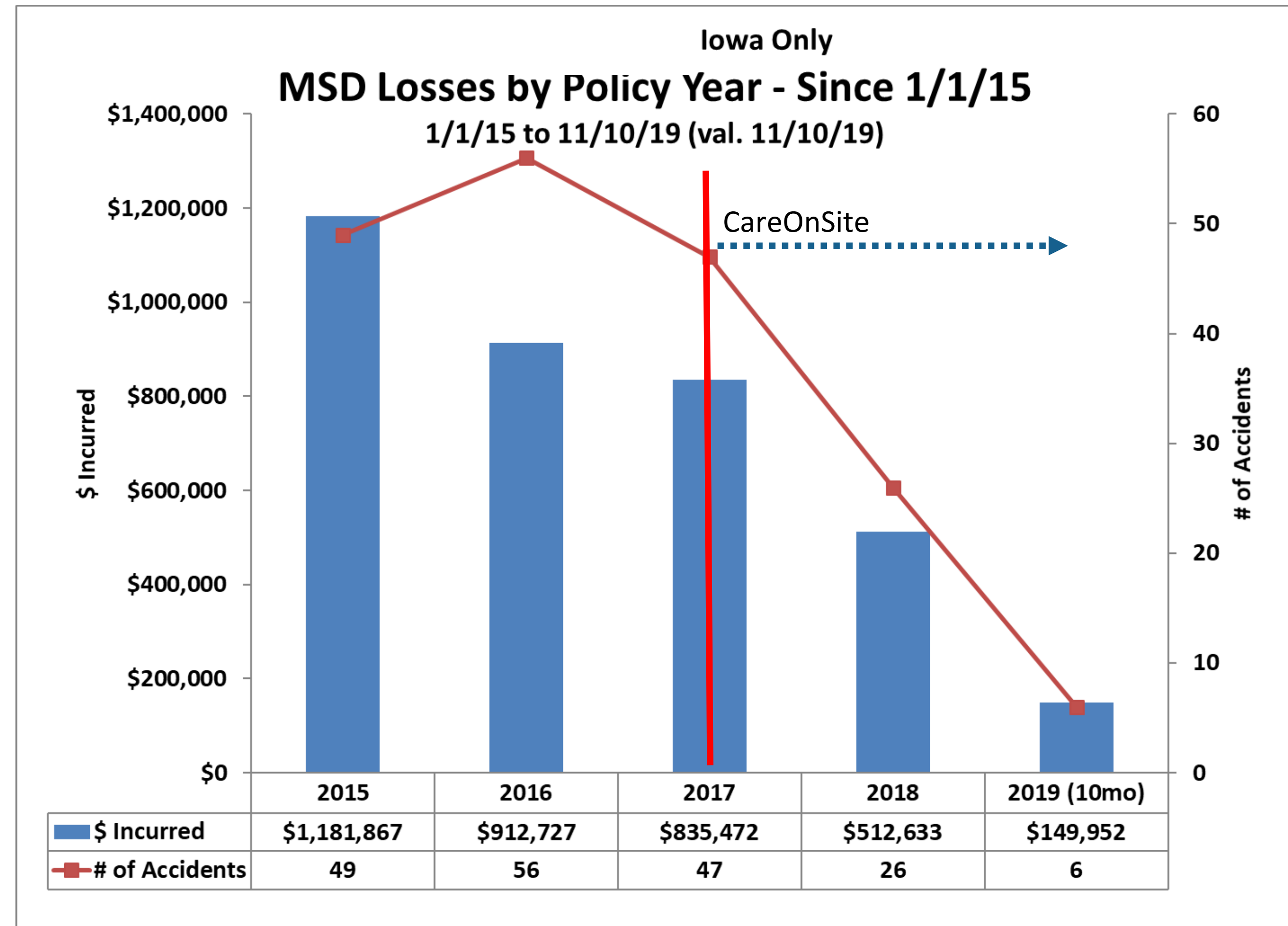
CareOnSite provided on-site medics for the client where possible and regional roaming medics in Los Angeles and San Francisco. Medics were equipped with telemedicine units to access providers to ensure appropriate care and prevent unnecessary treatment. High quality first-aid injury care and intensive case management was provided 24/7/365 for any injury. When imaging or procedures were required, COS providers communicated and coordinated care with clinic partners.

As a result of switching to CareOnSite, our client reported:

- **>85%** of injuries treated on-site
- Reduced TRIR from **2.35** to **0.75**
- Lowered workers' comp direct spend by **\$1.3 million / year**
- Cut insurance premiums by **35%**

# WC Accidents from Musculoskeletal Causes

- Majority of claims identified as musculoskeletal in nature
- High cost of MSD cases
- Intervention: Athletic Trainer





# The Essentials: Back to the Basics

# Case #1: Sprain, Strain, Contusion

**Mechanism of Injury: Object falls on foot**

**What is the treatment plan?**

**Pitfalls to manage?**

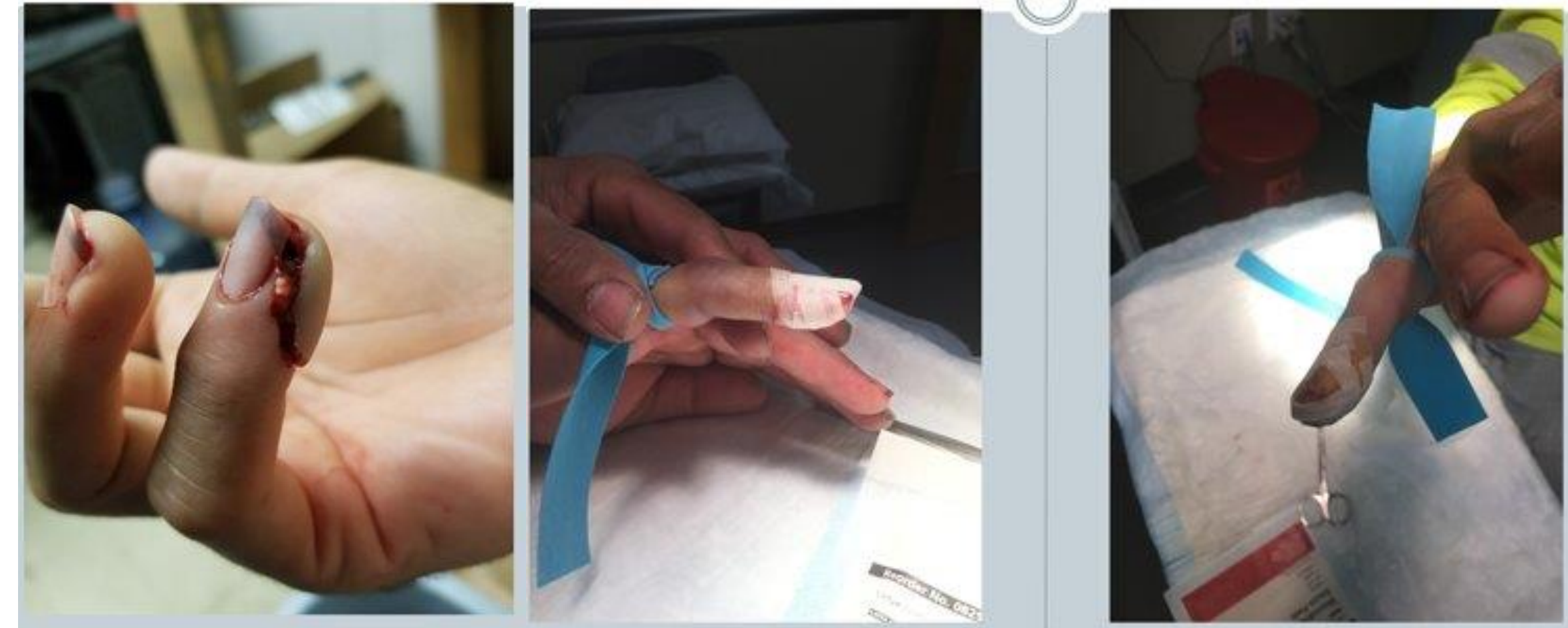
**Key Points: Collaboration, Proactive Care, and Treating people like family**



- Genuinely Care
- Connect with the injured worker
- Objective and Open Analysis
- Advocate for the injured employee
- Interface with the supervisor/project manager
- Follow-up with the employee
- Manage through completion

# Case 2: Lacerations

- Mechanism: Pinch injury that resulted in a laceration
- Understanding care forward to optimize outcomes
  - Wound Tension
  - Nutrition
  - Repeated Trauma/Cleanliness
  - Skin Moisture
  - Age
  - Chronic conditions
  - Medications
- Key Point: Partner with the right medical group who will collaborate to optimize follow-up care



- Experienced in occupational medicine
- Ability to understand the culture of your organization
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- Ability to customize solutions

# Case 3: Supratentorial

- Mechanism: Hit left shin with hammer and wanted evaluation 6 weeks after incident
- Symptoms: pain
- X-ray and CT scan normal
- Employee sought care at clinic and was ultimately given Physical therapy – which he did not attend as he was working for another employer
- In TX, one can push to have claim closed if they do not attend scheduled visits/PT
- Key Point: Understand WC regulations



# Thank you. Questions?

Please feel free to contact me with any questions.

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