Employers and employees have 50,000 reasons to celebrate The COHE at The Everett Clinic’s 10th birthday

Why should employers and employees celebrate The COHE at The Everett Clinic’s 10th birthday? Because of the difference the COHE has made in the lives of the 50,000+ workers who received treatment from its providers.

In 2007, The Everett Clinic and the Department Labor and Industries partnered to develop the Center for Occupational Health & Education (COHE) at The Everett Clinic. The goal was to reduce worker disability through the use of occupational best practices.

Why occupational best practices matter

When a worker experiences a long-term claim, complications such as deconditioning, depression, weight gain, or social isolation begin to set in. This can lead to long term disability. In fact, research shows that if a worker is off work for two months (and on time loss), they have a 30 percent chance of going back to work at the same job. But, at six-months, a worker only has a 50/50 chance at going back to work at any job. After that, the chance of a worker going back to work at all greatly diminishes. That’s why the use of occupational best practices, especially getting a worker back to work as soon as medically possible, is critical.

How our efforts paid off

- Studies show that injured workers who received care by a TEC COHE provider had about 4% less time loss than workers who received care by non-COHE providers in Snohomish County.
- An L&I study showed that TEC surgeons had the lowest time loss days when compared to other surgeons in the study.
- TEC surgical patients’ average time loss days were less than half of the state median (42%).

The Everett Clinic focuses on quality improvement

The Everett Clinic is the only COHE provider to participate in all three L&I “best practice” programs;

- Ortho-Neuro pilot project (since 2005)
- COHE (2007)
- Surgical Best Practice Program (since 2014)
Training and Outreach

Not only has TEC’s COHE team trained hundreds of providers in workers’ comp best practices at the time of hire, but we also take our training on the road in annual departmental road shows. The Everett Clinic, along with Kaiser Permanente (Group Health), recently co-hosted an annual Business and Labor Conference on February 23rd titled, “Keeping a Productive Workplace – Injury and Disability Prevention Toolbox.” Business and labor attendees learned how to get injured workers back to work, the importance of ergonomics in the workplace, and L&I programs that incentivize employers for hiring injured workers.

We are both grateful and proud of our partnerships with L&I and Washington’s business community to improve the care of Washington’s working population. We are excited about what the next ten years will bring!

*Another Major milestone: Washington State Department of Labor and Industries Stay at Work Program has helped more than 20,000 workers*

From L&I news release 11/29/16:

**Tumwater** – A Department of Labor & Industries (L&I) program that helps support light-duty jobs after workplace injuries has reached two major milestones. The Stay at Work Program has now helped more than 20,000 injured workers and provided more than $50 million to reimburse businesses that take part.

The program pays employers for part of the costs associated with offering light-duty jobs to injured workers. It helps defray some of the expenses so businesses can allow eligible employees to keep working during their recovery and stay connected to their workplace.

"This return-to-work incentive is changing the workers' compensation system, and more importantly, changing workers' lives and improving the bottom line for employers," said Vickie Kennedy, L&I’s assistant director of Insurance Services.

To date, more than 4,500 employers have used the program to offer light-duty jobs to help thousands of workers return to work as part of their recovery from a workplace injury or illness.
Supporting Recovery

Mao Pen, an industrial seamstress at Seattle Tarp, is one example of those helped by the Stay at Work Program. Pen broke her left elbow and forearm last June when she fell backwards while helping coworkers stretch a large tarp. "It was a horrible break," said Chris Perlatti, president of Seattle Tarp, where Pen has worked for 20 years.

After having surgery and staying home for three months, Pen wanted to come back to work. "And we wanted her back," said Perlatti. "She's a valuable employee and a sweet individual. She's part of our work family."

Perlatti said the answers came when L&I's occupational nurse Deirdre Staudt started talking to his staff about how light duty could help both Pen and Seattle Tarp.

Through the Stay at Work Program, Seattle Tarp could get reimbursed for half of Pen's light-duty wages (up to 66 days and $10,000), along with costs for training, equipment, tools, and any clothing needed for the light-duty work.

"This is a phenomenal program," said Perlatti. "I wish we had known about it before one of our workers got injured."

Changing Workers' Compensation

"Instead of writing a check to the worker to replace some of their wages while they stay at home to recover, we're reimbursing employers to help workers return to work as soon as medically possible," said Kennedy, adding that the workplace connection offers financial, social and psychological support that a worker needs to improve recovery times.

Return-to-work initiatives like the Stay at Work Program, efforts to ensure quality medical care, and other improvements in the workers' compensation system are helping an estimated 560 injured workers each year avoid possible long-term disability.
Together, these efforts have saved $700 million in estimated wage replacement, disability and medical costs to Washington employers, workers, and the workers’ compensation system. More importantly, these efforts are helping injured workers heal and return to productive lives.

L&I encourages employers to establish return-to-work programs at their worksites. Employers can start by creating light-duty job descriptions and using the Stay at Work incentives to offset costs associated with workplace injuries.

There's more information online about the Stay at Work Program (Lni.wa.gov/StayAtWork).

_Carpal Tunnel Syndrome_

Carpal tunnel syndrome, CTS, is a condition which may result from occupational activities but also many other non-work related health issues. It is caused by the pinching or irritation of the median nerve in a tunnel created by the wrist (or carpal) bones and the ligament which forms the floor of the tunnel. Situations/conditions that can make the tunnel tighter (local wrist or tendon inflammation, increased tunnel fat or fluid, prior wrist fracture, genetic factors, etc.) or the nerve more vulnerable to injury (such as from some medical conditions) or activities that cause irritation of the nerve (such as high force with high repetition and awkward posture or regular strong vibrations) can cause or contribute to this condition.

Typically, the worker complains of numbness, tingling or burning pain in the distribution of the median nerve which supplies only part of the hand and fingers. It may be present on only one side or both. Individuals often awaken at night or in the early morning and shake their hands to relieve these symptoms. In some cases, people develop weakness of the muscles supplied by this nerve resulting in dropping things.

Since other conditions can mimic CTS, it is important to seek medical care and confirm the condition by electrodiagnostic tests sometimes called NCV (nerve conduction study) or EMG (electromyography). This is required by L&I prior to approval for surgery. Electrodiagnostic tests are performed in an
outpatient visit by a specialty trained physiatrist or neurologist and entails sending electrical impulses across the wrist and into the hand to determine if the signal is slower than normal values or in comparison to at least one of the other two nerves of the hand and fingers. These other nerves, the ulnar and radial nerves, do not pass through the carpal tunnel and should be normal in travel speed and response size. If multiple nerves are abnormal, then a different problem called a neuropathy, rather than CTS may be the problem.

Very mild carpal tunnel syndrome can be managed with wrist splints, anti-inflammatory medications or sometimes with ergonomic changes. If symptoms persist and testing confirms CTS, then surgery can be effective. The surgeon usually cuts the ligament which forms the floor of the tunnel, relieving the pressure on the nerve. The exception to surgery is if the worker is pregnant. Carpal tunnel syndrome can often be related to fluid and volume changes during pregnancy and symptoms may resolve after delivery.

If you or your employees have symptoms of carpal tunnel syndrome, and think this might be work related, consult a clinician who is knowledgeable in workers comp best practices and current medical treatment guidelines, such as a provider in a COHE (http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/OHS/).

You can schedule an appointment in the COHE at The Everett Clinic’s Occupational Medicine Department at 425-339-5489. If clinically indicated, we can refer you to our Hand Surgery Department, where all of our hand surgeons participate in both of L&I’s surgical best practice pilots.
Urgent Walk-In Clinic Care or Emergency Room?

Severe pain? Don’t delay, call 911
If you are experiencing potentially life or limb threatening medical conditions such as chest pain, severe shortness of breath, severe abdominal pain or headache call 911.

Here When You Need Us
When you need prompt medical attention for non-life-threatening conditions, walk-in clinics are usually adequate for convenient, cost-effective, un-scheduled care. However, not all walk-in clinics are the same; not all have X-ray or access to full lab facilities. But Walk-In Clinic appointments are billed as office visits, not as emergency room or urgent care center visits and the wait are usually much shorter than the ER.

The Everett Clinic Walk-Ins are available in Edmonds, Everett, Harbour Pointe (Mukilteo), Lake Stevens, Marysville, Mill Creek, Shoreline, Silver Lake, Smokey Point, Snohomish, Stanwood and Thomas Lake. Our Walk-In Clinics are open seven days a week and weekday evenings, with select locations (Harbour Pointe, Lake Stevens, Mill Creek, Shoreline and Smokey Point) offering extended weekend hours as well.

The Everett Clinic Walk-In Clinics’ wait times are posted and may be viewed on line at http://www.everettclinic.com/medical-departments/walk-clinic-urgent-care. All of The Everett Clinic Walk-in Clinics have laboratory and imaging services available onsite. Our team also has access to your electronic medical record and can share information with your primary care provider and any needed specialists. All Walk-in clinic providers are COHE trained, can initiate the claims processes and are familiar with occupational best practices. We are here for all your urgent care needs.

We want your feedback!

Did you find this newsletter helpful and informative? We welcome your suggestions. Please feel free to submit any comments or suggestions for future newsletter topics to: Marti Bradley, COHE Program Director at mbradley@everettclinic.com.

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