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# Engaging with Relevant Workplace Parties

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# Faculty/Presenter Disclosure

- **Faculty:** Sol Sax, MD, FRCPC FCBOM
- **Relationships with financial sponsors:**
  - **Grants/Research Support:** N/A
  - **Speakers Bureau/Honoraria:** ORAC, Shaftesbury, TTC
  - **Consulting Fees:** GSK, Bora Pharma, ThermoFisher Pharma, CloudMD, General Electric Vernova, GE HealthCare Terrapure Environmental
  - **Patents:** N/A
  - **Other:** N/A

# Disclosure of Financial Support

- **This program has received financial support from the Workplace Safety and Insurance Board (WSIB) in the form of an educational grant.**
- **This program has received in-kind support from – N/A**
- **Potential for conflict(s) of interest:**
  - None

# Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



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# Learning Objectives

By the end of this session, participants will be able to:

1. Describe WHY health care practitioners (HCPs) should engage with workplace parties
2. Explain WHEN HCPs should engage with workplace parties
3. Describe HOW HCPs might engage with workplace parties

# Agenda

- Roles in Occupational Medicine
- Ethics and The Law – WHO and HOW
- Privacy – HOW
- Getting it right - CONSENT and COMMUNICATION
- Stakeholders - WHO
- Disability or Occupational Injury Management --- WHY



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# Case study

Your 46-year-old male patient comes to see you in follow-up after 4 weeks with acute low back pain (LBP).

When he first saw you 1 week into his acute episode, you assessed that he had a low back sprain/strain and prescribed gentle, graded activity, NSAID's prn (non-steroidal anti-inflammatory drugs as needed), some stretches and heat. He tells you he is much better, but still a bit sore, and feels he needs another 4 weeks off work, and then he'll be fine to return to his job as a maintenance mechanic.

He gives you an Attending Physician's Report form to complete. What do you do?

PHONE: 705-743-2121 FAX: 705-876-5132



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## OCCUPATIONAL HEALTH, SAFETY & WELLNESS ATTENDING PRACTITIONER REPORT

### EMPLOYEE INFORMATION AND CONSENT (to be completed in full by employee ONLY)

NAME (Last, First): \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_ STATUS:  FT  PT  TEMP  
MANAGER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_ FIRST DAY ABSENT: \_\_\_\_\_

I hereby authorize the practitioner, by completing and signing this form, to fill out and release all sections of this form to my employer's Occupational Health, Safety & Wellness Department (OHSW) for the purposes of validating and managing my medical leave of absence, as it relates to my fitness for work. I understand that OHSW will keep my medical information confidential and it will be used to facilitate my return to work. I consent to allow OHSW to release the status of my absence, the duration, and my ability to return to work (including any restrictions) to only those individuals necessary to facilitate my medical leave, return to work, and/or accommodation.

By signing below, I acknowledge my understanding of the information above and I agree to provide my consent accordingly.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PRACTITIONER'S REPORT (to be completed in full by MD, NP or Physiotherapist ONLY)

Please complete this form to assist us in determining your patient's eligibility for sick leave due to total disability.

Please note that if your patient is not able to perform the regular duties of their job, we may be able to provide suitable modified work. Please complete all applicable sections and return this form promptly to ensure continuation of wages and/or benefits for your patient.

**If this is a workplace injury or illness, STOP! Do not use this form. Complete a WSIB Form 8.**

1. Nature of illness/injury (no diagnosis required), e.g. neurological, orthopedic, respiratory, mental health:

\_\_\_\_\_

- Communicable disease potentially reportable to Public Health       Surgical Matter: OHIP Covered     YES     NO  
 Hospitalized or fully bedridden from \_\_\_\_\_ to \_\_\_\_\_       Recurrent condition

2. First date of injury/illness: \_\_\_\_\_ Date of first visit for current health issue: \_\_\_\_\_

3. Is the patient participating in an active treatment plan?     YES     NO

4. If the patient is participating in an active treatment plan (e.g. medication/physiotherapy/counseling, etc.) please provide details

**Please note: If your patient is a Registered Nurse, hired by PRHC prior to January 1, 2006, you do not need to complete question #4.**

\_\_\_\_\_

5. Is the patient presently under the care of a physician/other specialist?     YES     NO    If no, has a referral occurred?     YES     NO     N/A

6. Unable to perform job duties as of this date: \_\_\_\_\_ Expected return to regular duties: \_\_\_\_\_





**FUNCTIONAL ABILITIES (to be completed by qualified MD, NP, or Physiotherapist)**

Was a formal assessment, testing, or measurement done to determine functional abilities?  YES  NO

**PHYSICAL ABILITIES** Physical limitations  N/A

- |                                     |  |  |                                       |
|-------------------------------------|--|--|---------------------------------------|
| Lifting floor to waist              | <input type="checkbox"/> 5-10kg                  | <input type="checkbox"/> up to 5kg     | <input type="checkbox"/> other: _____ |
| Lifting waist to shoulder           | <input type="checkbox"/> 5-10kg                  | <input type="checkbox"/> up to 5kg     | <input type="checkbox"/> other: _____ |
| Lifting at or above shoulder        | <input type="checkbox"/> 5-10kg                  | <input type="checkbox"/> up to 5kg     | <input type="checkbox"/> other: _____ |
| Reaching                            | <input type="checkbox"/> no over shoulder        | <input type="checkbox"/> no overhead   | <input type="checkbox"/> other: _____ |
| Sitting/standing/walking            | <input type="checkbox"/> up to 60 min.           | <input type="checkbox"/> up to 30 min. | <input type="checkbox"/> other: _____ |
| Pushing/pulling                     | <input type="checkbox"/> occasional              |  | <input type="checkbox"/> other: _____ |
| Bending/crouching/kneeling/climbing | <input type="checkbox"/> occasional              |  | <input type="checkbox"/> other: _____ |
| Hand function                       | <input type="checkbox"/> avoid gripping/pinching |  | <input type="checkbox"/> other: _____ |

**COGNITIVE ABILITIES** Cognitive limitations  N/A

- Concentration  attention  memory  communication
- Judgment (explain) \_\_\_\_\_
- Ability to use motorized vehicle, machinery and/or equipment
- Medication side effects: \_\_\_\_\_
- Other: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practitioner's Stamp

Practitioner's Full Name: \_\_\_\_\_

Professional Designation/Specialty: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employees are responsible for the cost of the form being completed at the time of service and must submit the invoice to OHSW within one month of the service for reimbursement. A maximum of \$40 will be paid to the employee. Please provide the employee with a receipt if they have paid the fee.



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# Roles Served by Occupational HCPs

- Workplace Health Risk Assessment, Risk Management, Risk Communication
- Disability Management
- Occupational Disease Prevention and Surveillance
- Fitness to Work Evaluation
- Health Promotion
- First Aid and Crisis Management
- Policy Development



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# Ethics Considerations

- **Respect the Confidentiality of Medical Information**
- Fair/Objective/Independent
  - Carefully weigh all opinions
- Are you acting as the Patient Advocate?
  - Try to behave as a **Health** Advocate
- Recognize your limitations and the *information imbalance* that exists
- Recognize the special skills of others

# Privacy Legislation Ontario

- Informed Consent – Implied versus Expressed
- [Personal Health Information Protection Act](#) (PHIPA) – Ontario
- [Personal Information Protection and Electronic Documents Act](#) (PIPEDA)
- College of Physicians and Surgeons of Ontario (CPSO) Policy
  - Mandatory Reporting Circumstances
- For consent to be considered valid, it must be an "informed" consent. **The obligation to obtain informed consent must always rest with the HCP**
- Understand the Mandatory reporting requirements of your College
  - (Drivers, Pilots, Railway, Maritime, etc.)



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# Disability Management

An active process of minimizing the impact of an impairment resulting from injury, illness, or disease on the individual's capacity to participate competitively in the working environment

- It is Proactive
- It is a Process that enables Labour and Management to assume joint responsibility as decision makers
- It promotes Prevention, Active Rehabilitation, and **Safe and Timely return to work**

(Adapted from Shrey and Lacerte - Principles and Practices of Disability Management in Industry – March 1, 1995)



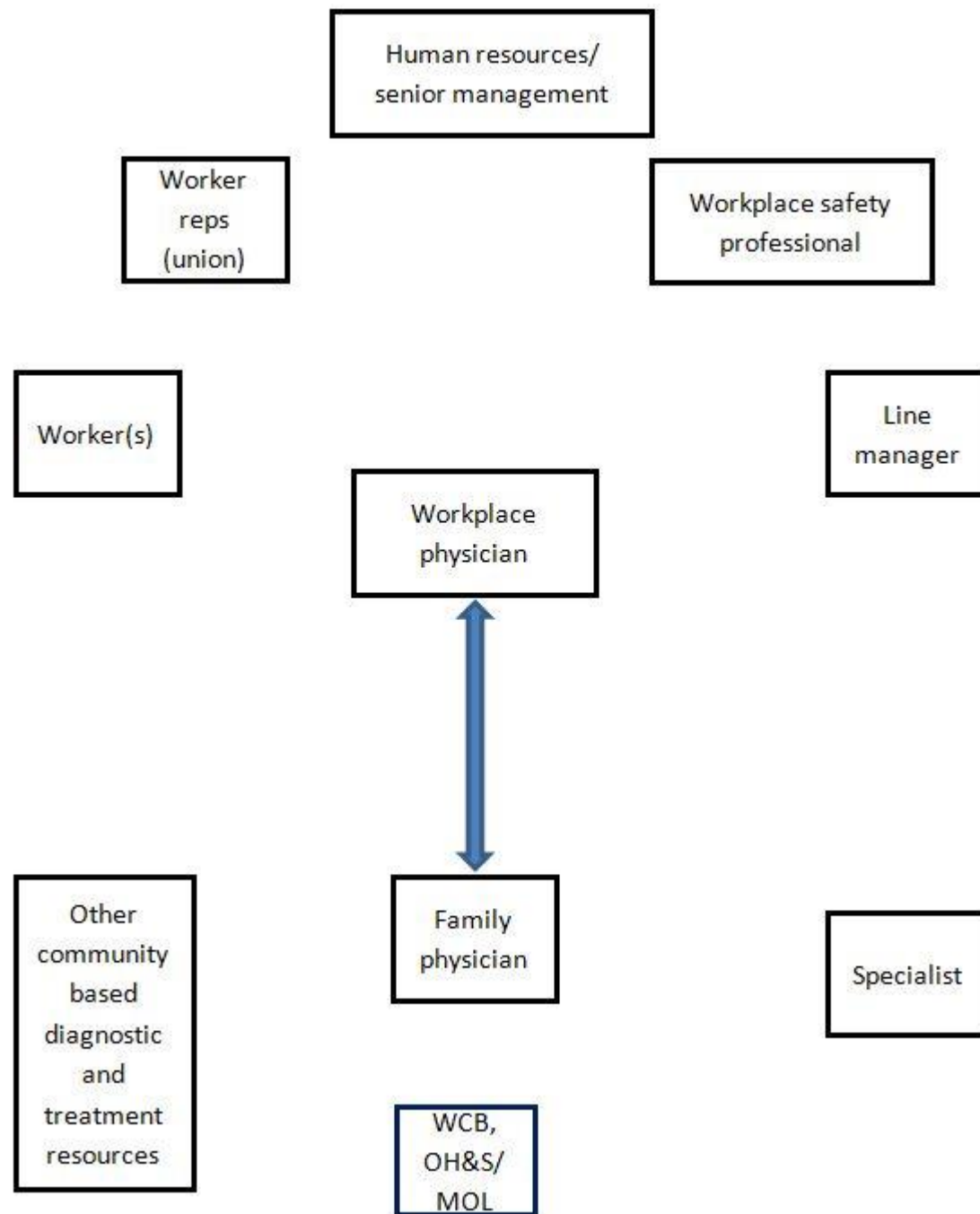
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# Who are the Key Stakeholders?

- You are the family physician reviewing a factory housekeeping employee who claims to have acquired occupational asthma due to exposure to chlorine bleach cleaning agents.
- In the next 60 seconds, list all the possible stakeholders you might want to communicate with or receive communications from as you work your way through the claim.

# Disability Management - Who?









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# Disability Management - How?

Guiding principles are that:

- Team efforts are focused on a safe, timely and sustainable return to work
- The disability case management model is behavioural, not primarily medically-based
- The Disability Case Management Specialist, Occupational Health Nurse and Corporate Advisor are **health** advocates not employee or employer advocates
- Successful outcomes are predicated on early intervention to establish the proper course of action, and,
- Supervisors/managers and employees are key team members whose relationship is critical to successful interventions



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# Attending Practitioner Report (APR)

## Key Considerations:

- Is the consent block signed?
- What are you entitled to release?
- Answer all questions accurately, objectively, comprehensively and LEGIBLY
- Avoid editorial comments “you have no right to this information”
- Review the report with the patient

OCCUPATIONAL HEALTH, SAFETY & WELLNESS  
**ATTENDING PRACTITIONER REPORT**



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 \_\_\_\_\_  
 Communicable disease potentially reportable to Public Health  Surgical Matter: OHIP Covered  YES  NO  
 Hospitalized or fully bedridden from \_\_\_\_\_ to \_\_\_\_\_  Recurrent condition
- First date of injury/illness: \_\_\_\_\_ Date of first visit for current health issue: \_\_\_\_\_
- Is the patient participating in an active treatment plan?  YES  NO
- If the patient is participating in an active treatment plan (e.g. medication/physiotherapy/counseling, etc.) please provide details  
 Please note: if your patient is a Registered Nurse, hired by PRHC prior to January 1, 2006, you do not need to complete question #4.  
 \_\_\_\_\_
- Is the patient presently under the care of a physician/other specialist?  YES  NO If no, has a referral occurred?  YES  NO  N/A
- Unable to perform job duties as of this date: \_\_\_\_\_ Expected return to regular duties: \_\_\_\_\_

**FUNCTIONAL ABILITIES (to be completed by qualified MD, NP, or Physiotherapist)**

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Lifting floor to waist	<input type="checkbox"/> 5-10kg	<input type="checkbox"/> up to 5kg	<input type="checkbox"/> other: _____
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Pushing/pulling	<input type="checkbox"/> occasional		<input type="checkbox"/> other: _____
Bending/crouching/kneeling/climbing	<input type="checkbox"/> occasional		<input type="checkbox"/> other: _____
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**COGNITIVE ABILITIES** Cognitive limitations  N/A

Concentration  attention  memory  communication

Judgment (explain) \_\_\_\_\_

Ability to use motorized vehicle, machinery and/or equipment

Medication side effects: \_\_\_\_\_

Other: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Practitioner's Stamp

Practitioner's Full Name: \_\_\_\_\_  
 Professional Designation/Specialty: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# Disability Management - Supplementary

Re: Your Patient

To: Dr. Doctor,

Thank you for your support towards Ms. XYZ's well-being and safety at work. I am the disability case specialist from CAMH's Health, Safety, and Wellness department assisting management to find suitable accommodation.

**Attached please find Ms. XYZ's medical release consent.**

Ms. XYZ is currently a case worker on the Child and Youth unit at CAMH. To identify how CAMH may aid Ms. XYZ, we need **objective medical evidence** that would support Ms. XYZ's request. CAMH is sincerely committed to the health and wellness of its employees and makes every reasonable effort to offer safe and meaningful work to those who require medical accommodations.



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# Disability Management - How?

- Written Communications
  - APR
  - Supplementary Letter
  - Request for reports
- Verbal Communications
  - Outgoing
  - Incoming – "Doc-to-Doc" call



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# WSIB Reportability

Reports re: Health care

37 (1) Every health care practitioner who provides health care to a worker claiming benefits under the insurance plan or who is consulted with respect to his or her health care shall promptly give the Board such information relating to the worker **as the Board may require.**



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# Snarky or Inappropriate Notes

- The “Bossectomy” note
  - The “I’m going to tell you exactly where to place this person” note
  - The “I know so much more than you do” note
  - The “I’m a genius and you’re an idiot” note
  - The “Totally opposite to the Science” note
- 
- Remember—your note may end up in a legal proceeding; you don’t want to look stupid or unprofessional.



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# Take Home Messages

- Understand your legal obligations
- Advocate for your patient's health
- Understand the key stakeholders
- Communicate professionally, accurately, timely, objectively, legibly
- Stay in your lane
  - Stick to fitness to do the job - Restrictions or Limitations
  - Do not opine on accommodation unless asked



# Questions?



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