

On Site Health Care versus a Comprehensive Early Intervention Program

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There are a variety of health providers that work on site in industry. They usually are on site treating injured workers and performance is measured against return to work improvements as compared with health care in the community. This represents the first prototype of intervention (after the “company doctor”). There can be better communication between management, WCB, the doctor and the employee. More modified duty RTW is likely as the health providers have a better understanding of the job tasks. An improvement we have seen with programs that include training and ergonomic assessment is that we provide a process for change.

On site treatment of injuries is still a reactive process, trying to improve performance within the existing paradigm. In some ways, this is an easier intervention for leadership and the workforce to understand. It requires no real culture change. One of the weaknesses of this model is that we are still ignoring the sources of injury. After the initial benefit of quicker recovery, there is no method to reduce the rate of injury. Employees understand their jobs best. It is frustrating to work at a job that is making you sore and a sore employee soon becomes complacent. It is just easier to wait until you are hurt again. There is no harvest of value from preventing injuries in the first place.

We are suggesting that an ergonomic process with leadership that is committed to providing responsiveness will engage employees in the idea of injury prevention. They need to know that, yes, injuries will be managed efficiently, and that if the source of the injury is identified, that reasonable solutions to protect them will be considered. Having an ergonomic program, bolstered by relevant training that supports personal responsibility for safety as well as a health care provider to manage and treat soreness provides a method for employees to have an active role in safety and some control over their work.