

RETAIN

Retaining Employment
and Talent After
Injury/Illness Network



For Your Insight: Research and Practice From the Field

June 10, 2020

Have a tip or resource to share? [Email us!](#)

RETAIN TA has revised the schedule for the For Your Insight (FYI) research update. As of June 2020, you will receive FYI once a month. We will continue to highlight relevant research and summarize key takeaways that may benefit program implementation for RETAIN states. Each summary includes a link to an article, resource, or formal abstract.

Best Practices in Developing Reasonable Accommodations in the Workplace: Findings Based on the Research Literature

MacDonald and colleagues (2008) reviewed the literature on accommodations from the perspective of employees, the workplace, and company leadership. The authors recommend strategies that rehabilitation professionals can use when working with each audience to overcome barriers related to providing accommodations. The strategies for working with the employee include (1) assessing work skill ability and functional limitations due to disability to identify accommodations that improve both job performance and satisfaction; (2) developing an accommodation plan for the employee to monitor the effectiveness of the accommodation over time; (3) providing information about the ADA to help the employee prepare to make an accommodations request; and (4) helping the employee understand what information to give the supervisor about their disability during in the accommodation process. Strategies that rehabilitation professionals can use for the workplace include (1) emphasizing how providing accommodations can contribute to the business; (2) seeking out employers who have experience hiring individuals with disabilities; and (3) developing lasting relationships with employers and providing consultation regarding the benefits of retaining workers with disabilities. Strategies for working with company leadership include 1) facilitating communication with company leadership to build trust and understanding on how positive relationships between workers with disabilities, coworkers, and supervisors improves accommodations, and; (2) highlighting how accommodations can establish an organizational culture that embraces inclusion and diversity. The authors conclude that the strategies highlighted in this review can make rehabilitation professionals more effective in facilitating the accommodation process.

Abstract available: [MacDonald-Wilson, K. L., Fabian, E. S., & Dong, S. \(2008\). Best practices in developing reasonable accommodations in the workplace: Findings based on the research literature. *The Rehabilitation Professional*, 16\(4\), 221–232.](#)

Tags: Accommodations, workplace, employees, best practices

Guidance on Preparing Workplaces for COVID-19

This resource from the Occupational Safety and Health Administration provides guidance on making the workplace safe as employees start returning to work amid the COVID-19 pandemic. The resource offers five steps organizations can take to keep their employees safe. The first step is developing an infectious disease preparedness and response plan. These plans should account for the level of risk associated with the worksite and site-specific job tasks and assessing potential sources of COVID-19 (e.g., the general public, customers, co-workers) to which employees may be exposed. Disease preparedness and response plans also should account for employee risk factors such as chronic and medical conditions. Step two calls for organizations to implement basic infection prevention measures. These measures include promoting hygiene and infection control practices such as hand washing, covering coughs and sneezes, staying home if sick, establishing flexible worksites and hours, discouraging employees from using coworkers' office items, and conducting routine cleaning of the workspace. The third step is to develop procedures to identify and isolate employees who are sick. Isolation procedures may include encouraging employees to self-monitor for signs of COVID-19, developing a reporting and isolation process for employees experiencing symptoms of COVID-19, taking steps to limit the spread of respiratory droplets, and developing ways to protect employees who are in close contact with someone who is sick. The fourth step involves developing workplace flexibilities and protections and communicating these options to employees. This may involve encouraging sick employees to stay home, ensuring sick leave policies are flexible, developing flexible policies allowing employees to stay home when caring for a family member who is sick and working with insurance companies and local health agencies to provide employees with information about medical care in case of a COVID-19 outbreak. Step five involves implementing workplace controls based on a framework to help control workplace hazards. Such controls include (1) engineering controls that may include installing air filters and sneeze guards and increasing ventilation; and (2) administrative controls that may include procedures designed to reduce employee numbers in the workplace, virtual communication plans, strategies to discontinue nonessential travel, emergency communication procedures, resources that promote personal hygiene, and efforts to ensure that proper personal protective equipment is available.

Report available: [Occupational Safety and Health Administration. \(2020\). *Guidance on preparing workplaces for COVID-19*. Washington, DC: Author.](#)

Tags: Workplace safety, employers, return to work after illness

Telehealth Implementation Playbook

This resource from the American Medical Association provides 12 steps that health care providers can use to integrate telemedicine into their practice. There is a checklist of goals for each step with examples of how these actions may look in practice. The first six steps discussed are essential to the planning phase of a telehealth program and include (1) identifying a need to help ground the initiative around a true organizational need, lay the groundwork for program evaluation, and make the

initiative more concrete for potential financiers; (2) forming a team that incorporates an array of perspectives to help anticipate barriers, getting buy-in, dividing the work, and minimizing disruptions to the workflow; (3) defining success to help set realistic expectations, identify the right vendors, unifying the team behind a common goal, and helping to bring consistency to tracking metrics; (4) evaluating the vendors who are right for the initiative to provide extra resources and support; (5) making the case to get the organization or practice on board to gain input, secure funding, and obtain sponsors; and (6) establishing strong contracts with vendors to align expectations, including agreed upon terms of accountability and legal protections.

The next six steps focus on how to implement a telehealth initiative and include (7) designing the workflow so that each team member understands her or his role to help manage patient expectations and experience, ensuring that the program is used for medical purposes, and maintaining relationships with patients; (8) preparing the care team to understand key responsibilities and procedures and communicating the benefits of telehealth to patients; (9) partnering with patients to remind them about appointments, building confidence in the technology, and troubleshooting technology issues; (10) celebrating the telehealth initiative and how telehealth will promote convenient treatment for patients and increase access to care; (11) using data to evaluate success and determine the impact on patient outcomes, identifying how to revise to program to perform more efficiently, and justifying continued funding; and (12) starting small and scaling the program to support patient continuity and increase access to care.

Resource available: [American Medical Association. \(2020\). *Telehealth implementation playbook*. Chicago, IL: Author](#)

Tags: Telehealth, health care providers, implementation

Current Conceptual Models of Return to Work

Knauf and Shultz (2016) review five theoretical models that have historically informed the understanding of return to work (RTW) and assess how each model has evolved over time. The models include (1) *biomedical forensic models*—the most prevalent RTW framework used by researchers and professionals focuses on disease processes and early intervention; (2) *psychosocial models*—these models focus on mechanisms such as beliefs, expectations, perceptions, self-efficacy, and coping; (3) *ecological/case management and economic models*—these models focus primarily on stakeholder perspectives to examine interactions among workplaces, insurance sources, and health care providers; (4) *ergonomic models*—these models examine the physical, cognitive, and workplace factors related to disability; and (5) *biopsychosocial models*—models that blend aspects from the psychosocial and biomedical frameworks. The authors note that although each of these models has its individual strengths, no single model represents a unifying framework for RTW. The authors also examine three RTW models in development. The Institute of Medicine (IOM), the World Health Organization (WHO), and an RTW researcher, Faucett, have proposed models that blend the most relevant components of each framework. For example, the proposed IOM framework includes a process that examines the interactions between environmental and societal needs and personal limitations. However, the IOM model needs further clinical research to determine if it is effective for RTW research. The WHO's proposed model—the International Classification Functioning, Disability, and Health Model—emphasizes health and function rather than disability. Although the International Classification Functioning, Disability, and Health Model has a range of applications, it is difficult to operationalize for RTW research. Faucett has proposed a comprehensive RTW model for musculoskeletal disorders that blends psychosocial factors with the ecological system to examine work barriers, worker perceptions, worker recovery, and injury outcomes. More research of Faucett's model is needed to see if the model is effective. The authors conclude that the need for a model that considers

multiple factors related to RTW continues to exist and that researchers should prioritize the study of RTW models with multidisciplinary or interdisciplinary components.

Abstract available: [Knauf, M. T., & Schultz, I. Z. \(2016\). Current conceptual models of return to work. In I. Schultz & R. Gatchel \(Eds.\), Handbook of Return to Work \(Handbooks in Health, Work, and Disability Series, Vol. I\), \(pp. 27–51\). Boston, MA: Springer.](#)

Tags: RTW, conceptual models, transdisciplinary models

This document was prepared for the U.S. Department of Labor (DOL) Office of Disability Employment Policy and Retaining Employment and Talent After Injury/Illness Network (RETAIN) state grantees, by the American Institutes for Research under DOL Contract Number 1605DC-18-F-00429. The views expressed are those of the authors and should not be attributed to DOL, nor does mention of trade names, commercial products, or organizations imply endorsement of same by the U.S. Government.