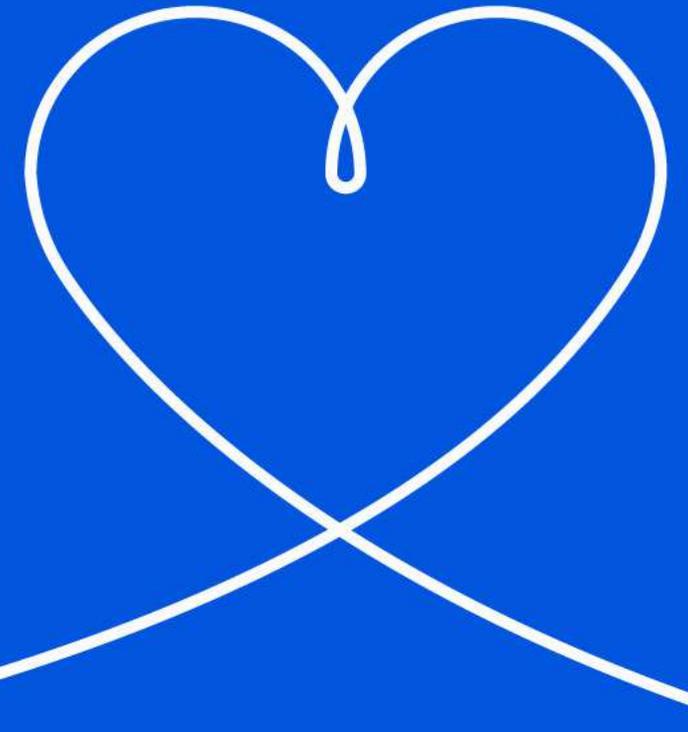




Measuring Outcomes of Workplace Trauma Response

The Critical Incident Outcomes Measure-CIOM



PRESENTER

**LOU
SERVIZIO**

MS/MBA



Executive Director

**Founder and CEO of Disease Management
Strategy Group, Inc. (WELLCAST ROI™)**

**Currently Executive Director, Chestnut Global Partners do Brasil
(EAP), a subsidiary of Morneau Shepell**

25 years' experience in the field of healthcare informatics, consulting, and
financial advisory services.

MS/MBA from MIT's Sloan School of Management

Certified Medical Practice Executive

Certified Financial Advisor

Critical Incident Response (CIR) in EAP settings

“Today CIR is likely the most visible and appreciated EAP offering in the eyes of organizational leadership. EAP providers who fail to deliver highly responsive CIR are at risk of losing contracts.”

(Pompe, 2017)

“You guys (EAPs) are talking to the wrong people. You’re talking to HR and Procurement, when you need to be in front of the Risk Management team. Our organization could not operate without your CISD support!”

•(SVP, Fortune 500 company, EASNA Institute, Chicago, 2015)

Why should EAPs be concerned about measuring CIR outcomes?

Empirical research methods that address the effectiveness of EAP response to CIR events in the workplace were lacking.

What is the Critical Incident Outcome Measure (CIOM)?

The CIOM is an evidence-based tool that builds on the earlier success of the Workplace Outcome Suite (WOS), developed by Chestnut Global Partners in 2010.

The CIOM tool is:

- scientifically validated and tested
- focused on workplace (not clinical) outcomes
- free with the signing of a license agreement (included)
- easy to administer

Why measure CIR effectiveness?

- Movement in the CIR field over the last 5-10 years; towards a more resilient model of intervention
- Data mining study (University of Maryland) – dispels major concern that CIR events create potential to lead to PTSD
- Employers/consultants increasingly requesting data on effectiveness of CIR interventions
- EAP field trying to move towards evidence based practice

“CIR is generally valued and appreciated but next to nothing is empirically known about actual workplace impact. The research that exists is mainly case studies and reviews of archival records. The time has come to build on our WOS success as a field and credibly demonstrate and quantify the positive workplace effects of CIR conducted by EAPs.”

(Sharar, 2017)

What is measured in the CIOM?

Presenteeism

Evaluates is the level of employee distraction at work due to their reaction to a critical incident

Emotional distress

Focuses on the level of distress that an employee may be experiencing after a critical incident

Resiliency

Measures the ability of the employee to bounce back from adversity after a critical incident

Return to work

Addresses the employees' ability to return to normal work tasks after a critical incident

Basic psychometrics of CIOM

Distributional sensitivity

All items cover the entire range of the scale and are not focused on only one area

Structural validity

Confirmatory Factor Analysis (CFA) support structural validity of the scale, clusters are directed at intended factors

Reliability

Scales have good alpha coefficients and their total scale exhibits acceptable levels of reliability

Critical incident outcome measure – Questionnaire #1

GENERAL INSTRUCTIONS

Below are a series of statements that refer to aspects of a recent critical incident or distressing event that occurred at work. Your Employee Assistance provider addressed this incident or event with your on-site service. Please read each item carefully and answer as accurately as you can.

INSTRUCTIONS FOR VERSION 1

The following statements reflect what you may feel on the job or at home. Please indicate the degree to which you agree with each statement at this moment in time. Please use the 1-5 response keys to the right of this form.

		STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
EMOTIONAL DISTRESS	1. I feel sad or anxious most of the time.	①	②	③	④	⑤
PRESENTEEISM	2. The incident keeps me from concentrating on work.	①	②	③	④	⑤
RESILIENCY	3. I believe I can grow in positive ways by dealing with difficult situations.	①	②	③	④	⑤
RETURN TO WORK	4. There shouldn't be any problem with me doing my regular work.	①	②	③	④	⑤

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Critical incident outcome measure – Questionnaire #2

GENERAL INSTRUCTIONS

Now after the completion of your session with your Employee Assistance Provider, we are asking you to fill out this second form.

INSTRUCTIONS FOR VERSION 2

These statements may seem familiar to the earlier ones you filled out today. But now we are asking you as best as possible to *think about the 30 days before the incident occurred and how you felt and were functioning*. Again, please use the 1-5 response keys to the right of this form.

		STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
EMOTIONAL DISTRESS	1. I felt sad or anxious most of the time.	①	②	③	④	⑤
PRESENTEEISM	2. I have had trouble concentrating at work.	①	②	③	④	⑤
RESILIENCY	3. I believe I can grow in positive ways by dealing with difficult situations.	①	②	③	④	⑤
RETURN TO WORK	4. I feel that I can perform my work without any problems	①	②	③	④	⑤

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Critical incident outcome questionnaire #3

GENERAL INSTRUCTIONS

About a month ago, there was an incident at your workplace. Employee Assistance providers came in and provided a supportive session that you attended. We would like to check back in with you to see how you are doing at this point in time.

INSTRUCTIONS FOR QUESTIONNAIRE 3

The following statements are similar yet slightly different than the ones you responded to a month ago post-session with the Employee Assistance providers. Would you please answer as honestly as possible how you are doing in general by responding to these questions using the 1-5 scale at the right of this form.

		STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
EMOTIONAL DISTRESS	1. I feel sad or anxious most of the time.	①	②	③	④	⑤
PRESENTEEISM	2. The incident keeps me from concentrating on work.	①	②	③	④	⑤
RESILIENCY	3. I believe I can grow in positive ways by dealing with difficult situations.	①	②	③	④	⑤
RETURN TO WORK	4. There shouldn't be any problem with me doing my regular work.	①	②	③	④	⑤

Survey questionnaire flow

Questionnaire #1	Administered at the beginning of the session to gather baseline information
Questionnaire #2	Administered at the end of the session
Questionnaire #3	Administered via email 30 days after the session for a longitudinal measure

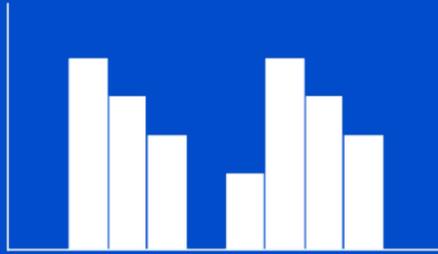
Learning lessons

- Market response to “Perception of leadership” question - customers did not want this question included
- The tool was consequently adjusted to remove the question

Perception of leadership					
5. On a scale from 1-5, with 1 being adequate and 5 being superior, how would you rate the effectiveness of your leadership's reaction to the incident?	①	②	③	④	⑤

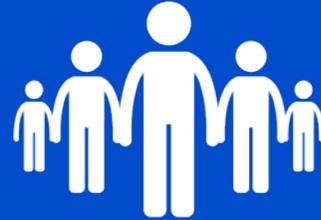
- Needed to establish internal alignment between Operations and Customer Service Managers (CSMs)
- CSMs needed to vet the program with their clients before implementation could begin

Pilot project



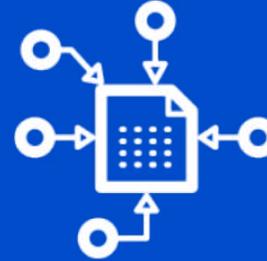
2016

- DRAFT Measurement Tool – Spring/Summer 2016
- Process of IRB Approval & Details of Initial Testing – Fall 2016



2017

- BETA Test Process – Winter/Spring 2017
- Adjustments to Critical Outcome Measurement Tool – Summer 2017
- Publish Validation Paper – Summer/Fall 2017



2018

- Collected internal customer and Account Management feedback around implementation
- Created implementation plan



2019

- Program implementation began

Recent and upcoming publications

EAP Works: Global Results from 24,363 Counseling Cases with Pre-Post Data on the Workplace Outcome Suite® (WOS) Mark Attridge, PhD, MA; David Sharar, Ph.D; Gregory DeLapp, MHS, CEAP; Barbara Veder, MSW, RSW. International Journal of Health & Productivity - Special Edition • December 2018 • Volume 10, Number 2 http://www.ihpm.org/pdf/IJHP_V10N2_2018.pdf

Risk Management Approach to Analyzing Outcomes from EAP Counseling: Part 1 of Series with WOS Global Data *

ROI for EAP Counseling from Absenteeism and Presenteeism Work Outcomes: Part 2 of Series with WOS Global Data *

Lessons Learned from EAPs Using the Workplace Outcome Suite for Counseling: Part 3 of Series with WOS Global Data) *

* Mark Attridge, PhD, MA, Dave Sharar, PhD, Barb Veder, MA, and Ivan Steenstra, PhD
To be published in upcoming editions of EASNA Research Notes

Workplace Well-being: A Summary of the 2018 Workplace Outcome Suite Annual Report – to be released mid-May 2019 <https://join.lifeworks.com/workplace-well-being-summary/>

Get involved

For further information, or to join the CIOM initiative, please contact

Ivan Steenstra at

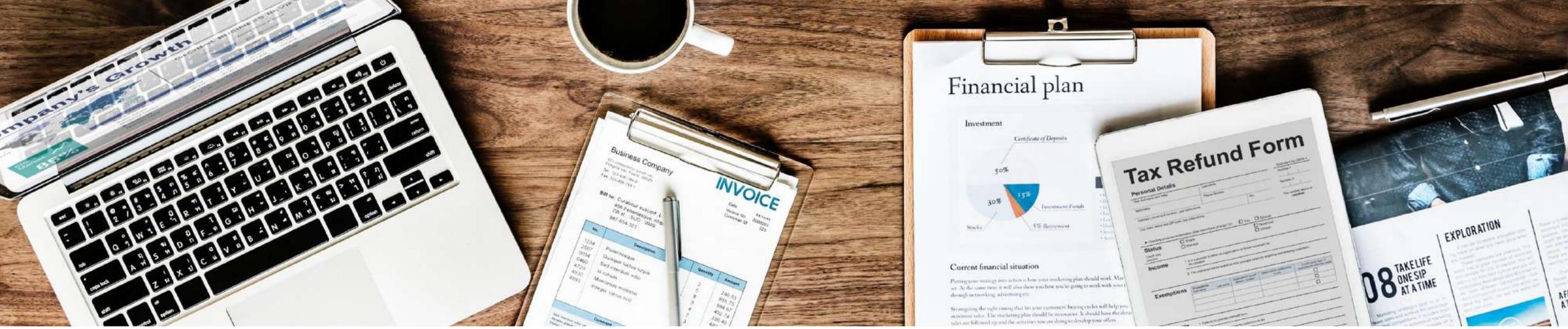
isteenstra@morneaushepell.com



De-Mystifying CIR ROI Calculations: How to Calculate the ROI of your Critical Incident Response Program



Disease Management
Strategy Group



WHY IS **ROI ANALYSES** IMPORTANT?



ROI METRICS



The **benefit/cost ratio** is the sum of the cost savings (benefit) from a CIR divided by the investment in the CIR.

$$\text{ROI} = 3:1$$



The **Net Present Value (NPV)** is the sum of the cost savings (in today's dollars) minus the investment cost in the CIR over a period of time.

Expressed in units of currency (U\$/ EUR/R\$)



The **internal rate of return (IRR)** is a rate of return used in capital budgeting to measure and compare the profitability of investments.

The IRR is expressed as a percent.



WHY SHOW **ROI**

CALCULATIONS TO CLIENTS AND PROSPECTS?

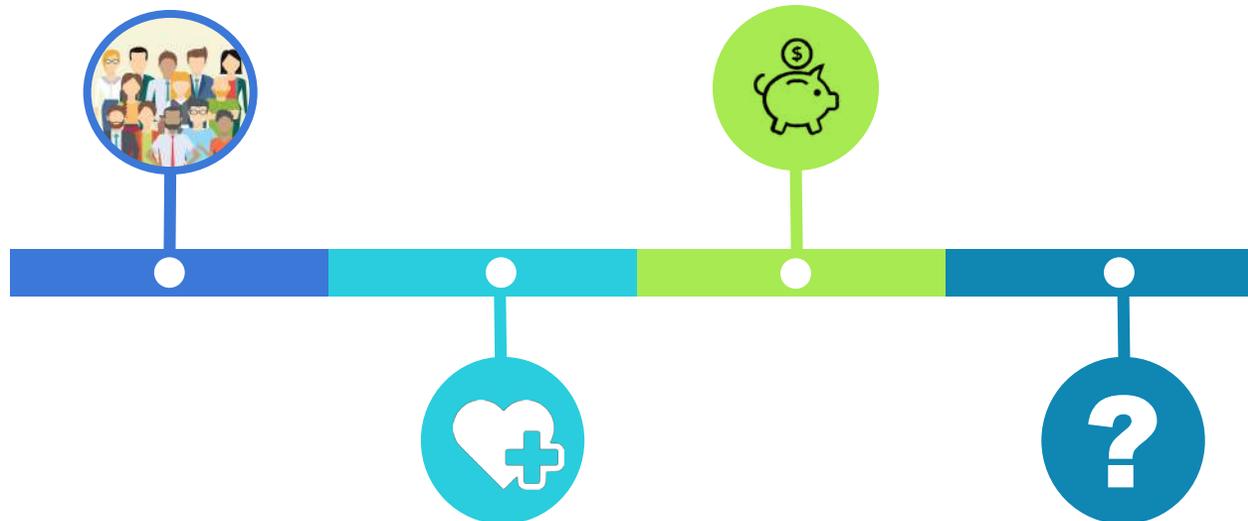
Demonstrate the ROI you are delivering to clients on your CIR program, given the cost, utilization rate, and actual or estimated effectiveness rates.

Justify your Prices and Utilization rates (show that the investment in an CIR program results in a good/great ROI for your client).

Educate clients and prospects on the value of CIR programs by identifying and quantifying the types of savings generated by the CIR program (economic/productivity, medical/premium, and for employees in reduced costs).

WHAT IS THE LOGIC FLOW OF AN CIR ROI CALCULATION?

Are the cost savings from the employees impacted by a critical incident sufficient to offset the cost of the program, considering the program effectiveness in reducing costs associated with behavioral health issues resulting from a critical incident?



WHAT TYPES OF
COSTS ARE
IMPACTED
BY A **CRITICAL**
INCIDENT?

REDUCE DIFFERENT COSTS



**PRODUCTIVITY
LOSSES**

From absenteeism
and presenteeism



**TURNOVER
COSTS**

Replacement,
training and
relocation costs



MEDICAL/DISABILITY

Accidents, medical costs,
insurance premiums
and/or disability claims

EMPLOYEE SAVINGS

Employee out of pocket
expenses paid to
providers



SHOULD YOU INCLUDE OR NOT INCLUDE MEDICAL COSTS OR INSURANCE PREMIUMS IN THE ROI CALCULATION?

Employers in countries with good national healthcare system where employees are treated in public health system:

NO

Public Health System:

YES

Employers that are self insured:

YES

Employers with health care plan:

just consider effect on insurance premiums

MEASURING THE ECONOMIC COSTS OF EMPLOYEE DISTRESS & POOR HEALTH



ECONOMIC COSTS ARE NOT EASY TO QUANTIFY

Productivity losses – vary by each job function, industry, and geographic region.

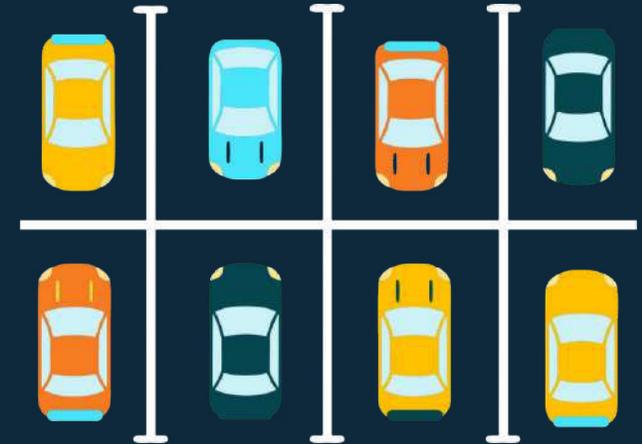
SALARY IS NOT THE SAME AS PRODUCTIVITY LOSS!



LABOR/SALARY



CAPITAL EQUIPMENT
TECHNOLOGY
WORK TEAMS
WORK CULTURE
EFFICIENCIES



OUTPUT

WHAT DOES A **PRODUCTIVITY LOSS DATA BASE** LOOK LIKE ?

SOUTH AFRICA

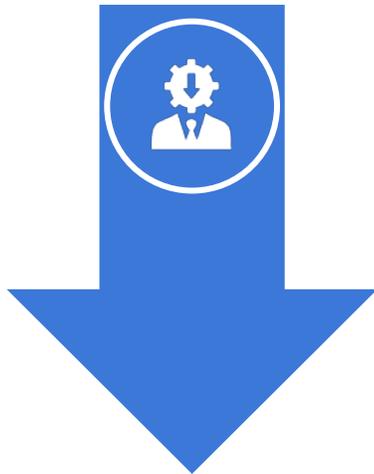
	Output per employee per			Earnings rate per		
	Hour	Day	Year	Hour	Day	Year
Agriculture, forestry and fishing	108,8	870	226.250	57,6	460,5	119.721
Mining and quarrying	358,9	2.871	746.572	135,2	1.081,5	281.200
Manufacturing	228,7	1.829	475.635	107,8	862,5	224.250
Electricity, gas and water supply	1.215,8	9.727	2.528.928	266,4	2.131,2	554.107
Construction	134,3	1.075	279.440	93,1	745,0	193.704
Wholesale, retail and motor trade; hotels and restaurants	146,5	1.172	304.714	83,8	670,3	174.283
Transport, storage and communication	435,0	3.480	904.710	148,5	1.187,9	308.843
Financial intermediation, insurance, real estate and business services	188,1	1.505	391.348	142,1	1.136,4	295.470
Community, social and personal services	185,2	1.481	385.121	149,0	1.191,6	309.819



SALARY IS NOT A GOOD INDICATOR OF PRODUCTIVITY LOSS!
NOTICE THE DIFFERENCE BETWEEN INDUSTRIES



THE IMPORTANCE OF **PRODUCTIVITY LOSSES**



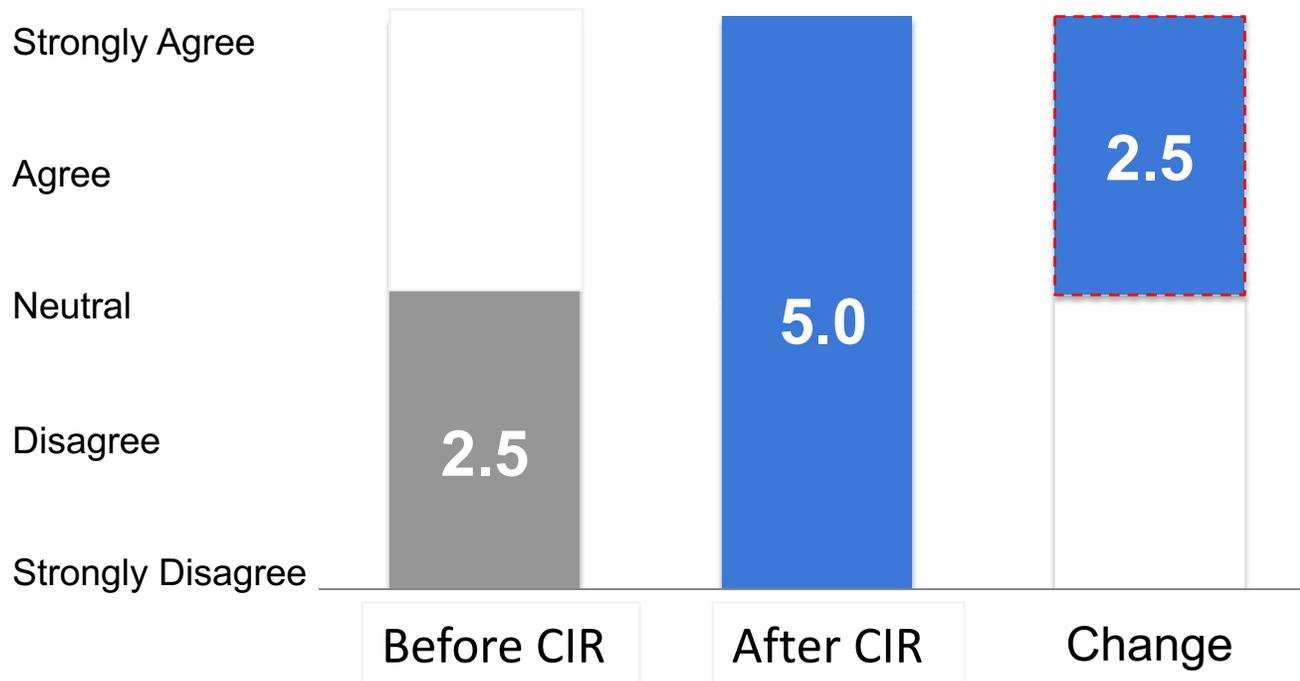
REDUCTIONS in
**PRODUCTIVITY
LOSSES**

due to absenteeism
and presenteeism



Largest contributors
to **ROI**

CIOM SAMPLE RESULTS RETURN TO WORK



50%
Reduction
In Absenteeism
After CIR

**HIGHER SCORE
IS BETTER
OUTCOME**

Item: There shouldn't be any problem doing my regular work.

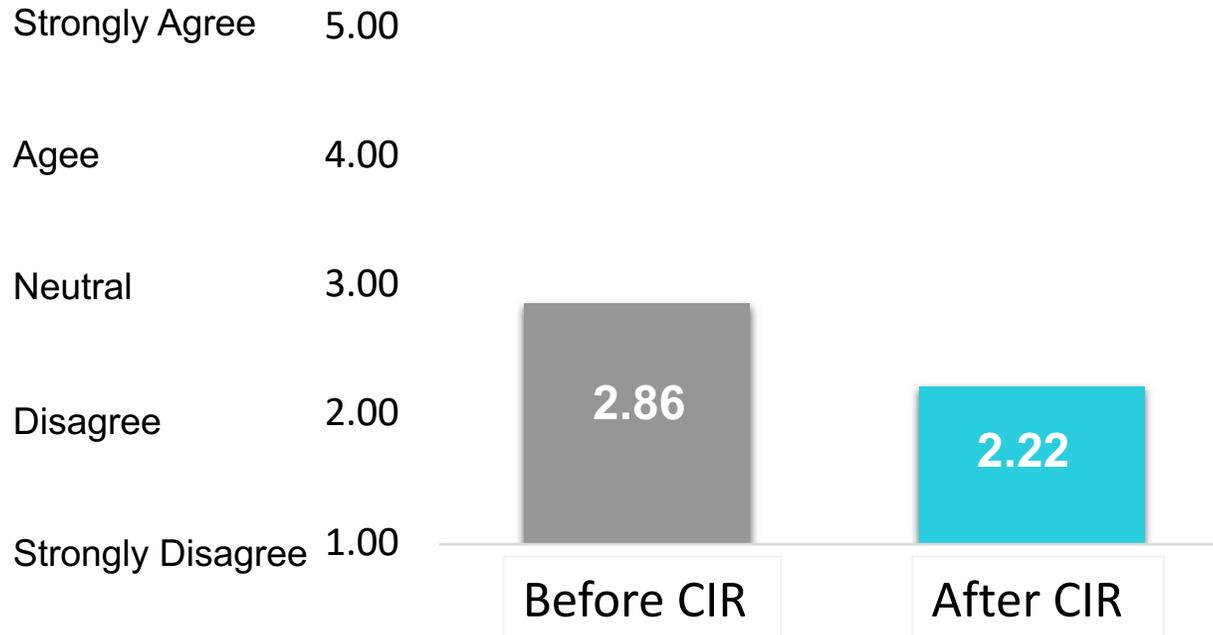
CIOM SAMPLE RESULTS PRESENTEEISM

22%

Reduction in
Presenteeism
After CIR

**LOWER SCORE
IS BETTER
OUTCOME**

Item: The incident keeps
me from concentrating
on my work



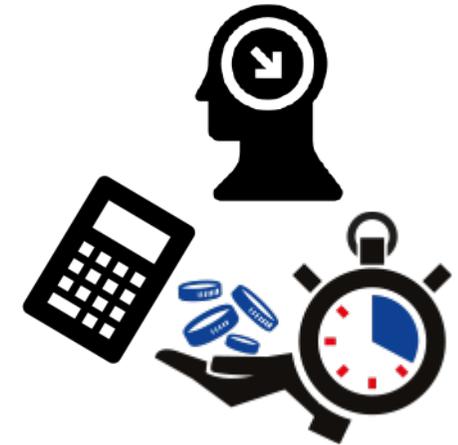
HOW ARE **PRODUCTIVITY LOSSES** UTILIZED TO CALCULATE **COSTS** ?

Example 1 - **ABSENTEEISM**

Assume that an employee who has been impacted by a critical incident does not get any treatment and then misses 1 day from work each month over the course of three months.

Assume daily productivity value is \$400:

Cost of lost work productivity due to absenteeism =
\$400 per day X 3 days = \$1,200 total loss per employee.



HOW ARE **PRODUCTIVITY LOSSES** UTILIZED TO CALCULATE **COSTS** ?

Example 2 - PRESENTEEISM

Assume a person who was impacted by a critical incident is distracted 20% of the work day for three months (90 working days).

Assume the daily productivity value is \$400:

Cost of lost work productivity due to presenteeism =

\$400 per day X 20% = \$80 productivity loss x 90 work days = \$7,200 total loss per employee

Note: Presenteeism loss is 80% of total for combined Absenteeism and Presenteeism
 $\$1,200 + \$7,200 = \$8,400$ total per employee per issue episode



WHAT VARIABLES ARE CONSIDERED IN ROI CALCULATIONS?

- ✓ Number of employees impacted by a critical incident or the expected prevalence rate of critical incidents
- ✓ The investment/cost of the CIR program
- ✓ Pre CI costs and the effectiveness rates of CIR counseling in reducing these same costs:
 - Productivity losses from absenteeism and presenteeism
 - Employee turnover
 - Accidents
 - Medical treatment costs or insurance premiums
 - Out of pocket provider costs for employees
- ✓ CIR program user dropout rate
- ✓ Opportunity cost of money for investing in alternative investments (discount rate)
- ✓



WHAT DO EMPLOYEES GAIN FINANCIALLY FROM A CIR PROGRAM?

HOW DOES CIR PROGRAM USE PROVIDE COST SAVINGS FOR THE EMPLOYEE?



- Without a CIR Program, employees would have to pay for visits to providers out of their own pockets.
- With the CIR Program, the employer pays for a (limited but usually sufficient) number of visits. This results in savings in out of pocket expenses for the employee;
- The key variables utilized to calculate these savings include:
 - Prevalence rate of issues,
 - Average weighted cost of visiting providers
 - Utilization rate, and
 - CIR success rate in resolving their issues;
- The value of these savings are not really part of the ROI to the employer but is of value to the employees.
- The value of these savings should be announced to employees periodically to gain support of the Program.