Evidence-Based Care for Law Enforcement:
The Fairfax County Police Department Injury Care and Prevention Program

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Conflict of Interest Statement
I have no actual or potential conflict of interest in relation to this program and/or presentation
Population: 1.1 million

Fairfax County Police Department (FCPD)
Employees:
Sworn: 1,500+
Civilian: 300+

Employee salaries, wages, etc., account for nearly 85% of an agency’s budget

Workers’ compensation costs are the second-highest factor severely affecting the budget
The Challenges:

1. Provide early access to a medical health care provider and entry into the treatment process
2. Reduce overall medical costs
3. Reduce lost work time for injured employees
4. Provide oversight (case management) for injured employees
5. Advocate for injured employees among all providers

Over the period of 2015 to 2021, health spending is projected to grow at an average rate of 6.2% annually. Through 2021, physician and clinical spending is projected to grow 6.2% per year due to the aging population, obesity-related health conditions, and expanded coverage under reform. For 2015 to 2021, hospital spending growth is expected to average 6.2% per year.


These are critical numbers for law enforcement managers who are looking to fund training, equipment and supplies, and physician and rehabilitation costs.
The International Association of Chiefs of Police and the Bureau of Justice Assistance study reflects musculoskeletal injuries in the workplace.

The most common injury type resulting in loss of work time: sprains/strains/soft-tissue tears - 46.9% frequency

The next most common injury type: contusions – 14.6% frequency

**Occupational Safety and Health Administration (OSHA):**

- 40% of total injuries and illnesses are strains and tears, and an additional 29% are musculoskeletal disorders
- Median lost time for specific disorders include carpal tunnel syndrome (27 days); tendonitis (14 days); musculoskeletal disorders (11 days); sprains, strains, and tears (10 days); and soreness or back pain (8 days)
20 recorded concussions, better knowledge, and reporting will increase the numbers over time.

- Work-related musculoskeletal disorders in the United States account for more than 6,000,000 injuries (34% of lost workdays)
- Employers spend as much as $20 billion a year on musculoskeletal work-related injuries and five times that for indirect costs (hiring, training replacements)

Occupational health has brought medical providers to the workplace. Fairfax County brought the provider on-site – a National Athletic Trainers’ Association (NATA) Athletic Trainer – certified and licensed to practice. Athletic trainers have been recognized as health care providers by the American Medical Association since the 1980s. Athletic trainers are not personal trainers, nor are they strength and fitness trainers.

In a study to determine the efficacy of an internal employee health program with early, in-house access to physical medicine and rehabilitation provided by athletic trainers, the researchers reported a decrease in lost work days by more than 50%. Additionally the odds of returning to work within three weeks more than doubled.

“Athletic Trainers (ATs) are health care professionals who collaborate with physicians. The services provided by ATs comprise prevention, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions. ATs work under the direction of physicians, as prescribed by state licensure statutes”  

NATA

The AT is the recognized expert in concussion assessment and management by the American Academy of Neurology

A 2009 NATA survey of companies that kept return on investment (ROI) data reported a 100% positive ROI on having an athletic trainer on-site; more than 90% of respondents indicated employee days away from work decreased by 25% or more at their company

- Almost half of the companies had emergency room costs reduced by 50+%
- More than 50 companies had emergency room costs reduced by 50+%
- More than 50% reported a decrease for costs with workplace injuries

www.nata.org/newsrelease/athletic-trainers-provide-high-return-on-investment-today/E28099-workplace, Nov. 4, 2014
**Fairfax County Police Department Injury Care and Prevention Program**

**Hard-Cost Reduction - Academy**

- Reduced overall medical costs by 49.5%; reduced musculoskeletal by 86.3%
- Recruits received immediate clinical assessment of conditions, bypassed the emergency room and, when necessary, directed to the approved physician provider
- All rehabilitation was conducted at the Academy
- Recruits instead of recycle were able to fully complete the training

**Hard-Cost Reduction - Department**

- 22.05% for overall medical costs
- 21.2% for musculoskeletal medical costs
- Soft-cost examples are reflected in reductions of environmental illness, safety awareness leading to reduction in head and body injury in training, overtraining leading to EMS calls, changes in OC spray scenario for safety, and additional guidance
**Not reflected in the previous numbers are costs for back staffing**

Officer “hands on,” blow to great toenail, hematoma, sees ER physician. No fix, next two days off work. AT that evening drains hematoma, great pain relief and immediate full function. Employee goes to work next two days – no time lost

- Cost savings to agency
  - Would require “back staffing” (another employee does overtime 11.5 hours)
  - Time-and-a-half pay for 23 hours
  - Average patrol salary: $30 per hour
  - Overtime hourly: $45; *savings to agency: $1,035*

**Actual Case (more than one has happened)**

Officer suffers complete tear of Achilles tendon in training. Receives evaluation from AT (no ER visit) = savings $200+. Sent directly to surgeon within two hours

Post-surgery care by AT

- Officer returned to full duty in four months, two months earlier than projected by physician
- Lost days work saved: 32 days @ 11.5 hours = 368 hours
- Back-staffing pay: $45 per hour X 368 hours = *$16,560 savings to agency*
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**Athletic Model**
- Medical Supervisor (Team Physician)
- Athletic Director (Admin)
- Athletic Trainer
- Coaches/Athletes

**Public Safety Model**
- Medical Supervisor (Medical Director)
- Supervisor – Command Level (Admin)
- Athletic Trainer
- Supervisors
  - Sworn and Civilian Employees
  - Recruits

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**PROFESSIONAL RELATIONSHIPS**

- COMMANDER, ADMIN SUPPORT DIRECTOR, FCCIA
- FCPD OFFICE OF THE MEDICAL DIRECTOR
- SAFETY OFFICER
- THIRD PARTY ADMINISTRATOR
- INCIDENT SUPPORT
- WORKERS’ COMPENSATION PANEL OF PHYSICIANS
- TREATING PHYSICIANS
- PUBLIC SAFETY OCCUPATIONAL HEALTH SERVICES
- INJURED EMPLOYEE

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Partners Supporting Program Development

County Partners
- County Attorney
- Risk Management
- Human Resources (new job category)
- Third Party Administrator
- WC Panel of Physicians

Department Partners
- Administration Support
- Financial Resources
- Academy Director
- Office of the Medical Director
- Commanders
- Employees

“Officers not back on duty within 90 days of an injury (restricted duty or full duty) have only a 20% chance of returning to duty”

Mathis and Schreuder, “Worker’s Compensation Costs”
The Beginning

Contracted position: 10 – 20 – 40 hours per week full-time employee
Clinic established at Academy
AT visited all work sites and shifts
AT collaborates with all physicians on WC Panel of Physicians
AT collaborates with Department Office of the Medical Director
AT collaborates with Risk Management and Third-Party Administrator
Designed protocols for care and policies and procedures

Team approach inclusive of physicians, athletic trainer, patient, supervisor

Early intervention

Expectation of recovery

Function-oriented treatment
**Athletic Trainer Tasks**

1. Provide clinical assessment, immediate care; appointment or walk-in; work or nonwork

2. Referral to the appropriate workers’ compensation physician, private physician, or health care provider

3. Develop a medical care plan with the physician and/or health care provider

4. Monitor the progress of the officer (case management)

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**Athletic Trainer Tasks (Continued)**

5. Administer physical performance tests to advise physicians on duty status

6. Administer the FCPD and FCCJA Concussion Management Program

7. Assist Safety Matrix for specialty unit (K-9, SWAT, etc.) training

8. Collaborate with medical, academy staff, and/or supervisors for recruit/officer duty status

9. 24/7 access by cell or e-mail
**Resource Needs**

- Salary
- Annual expendable supplies
- Biannual equipment maintenance/certification
- Software
- Office equipment and supplies

**Capital Outlay**

- Seized asset funds
- Donation from local hospital - money
- Donations from physician office, physical therapy clinic - furniture
- Donation from county risk management - money

Cost savings to department cover salary, annual budget
Outcomes

- Improves employee morale
- Reduced overall department medical costs
  - $1 spent per $8 return
- Reduced back-staffing costs
- A healthy employee is a better employee
- Employee has unfettered access to medical health care provider
- Significant benefit to employees – no copay for nonwork

Barriers Overcome

- Acceptance by outside therapists
- Acceptance by employees, supervisors
- Managing logistics of injury paperwork, department restricted-duty requirements
For More Information

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