



# Indianapolis Fire Department Injury Treatment and Rehabilitation Program

## CULTURE OF COOPERATION CASE STUDY

### The Opportunity

When faced with pressure from rising line of duty injury and illness cost, the department was challenged to reduce workers compensation costs and loss of time due to prolonged recovery periods. The Indianapolis Fire Department (IFD) took a fresh and comprehensive look at how it managed the treatment and recovery of its members.

### The Action

The staff assessed the data of the current program performance, identified solutions, partnered with the collective bargaining unit early on, worked closely with key city staff to gain their support, developed a new treatment protocol with the assistance of the faculty of the University of Indiana – Indianapolis (UINDY), and engaged a third-partner agency to manage the new treatment and rehabilitation process.

### The Outcome

Originally slated as a two-year pilot program, it proved so successful that it was changed to a formal program for managing employee injuries. In the first year, the program saved nearly \$3 million dollars from the previous year, a 64 percent reduction in medical costs, a 44 percent reduction in the average amount of time away from the job and a 60 percent reduction in surgeries. Finally, in a different key metric, the participating employees reported a satisfaction rate of 99 percent.

#### DEPARTMENT INFO

INDIANAPOLIS FIRE DEPARTMENT

POPULATION SERVED: 892,000

TOTAL UNIFORMED PERSONNEL: 1,267

TOTAL CIVILIAN PERSONNEL: 42

STATIONS: 44

ISO CLASS: 2/2Y

GOVERNANCE: STRONG MAYOR - CITY  
COUNCIL

HIGHEST LEVEL OF EMS SERVICE PROVIDED:  
PARAMEDIC/ALS

ANNUAL BUDGET: \$218 MILLION

## Introduction

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When faced with poor medical outcomes for injured employees, the high cost of providing for their care and rehabilitation, and pressure from the city controller's office to reduce those costs, Fire Chief Ernest Malone, CFO knew the department needed to change its practices. Current data showed the department's expenditures to be higher than those of other city departments. For example, in the most recent fiscal year before the change, the program had spent \$5.9 million dollars and treated 210 injuries, with an average of 12.5 lost shift days per injured employee.

IFD takes a holistic view of the health and safety of its members. It has developed a peer support network within the organization, has active chaplains, and has made behavioral health a vital component of the program. As a result, Chief Malone turned to the Division Chief of Health and Safety, Kevan Crawley, and tasked him with evaluating the program outcomes and developing potential solutions. But where does one start when examining a critical program such as the care and rehabilitation of the department's most valuable assets?

Chief Crawley started by collecting, organizing, and analyzing the program data for 2016-2018. It confirmed the staff's initial concerns – costs were steadily increasing, it took a long time to get an employee back to work, and, most importantly, the employees did not trust the program and, as a result, avoided treatment until the medical problem or injury had worsened.

The program was managed by a third-party administrator engaged by the city. In looking at the reasons for the annual rate and type of injuries, Chief Crawley noted they included, but was not limited to, the knee, back, and shoulder. Costs for tests and treatment appeared to be greater than those experienced with other similar treatment and rehab programs. An example of this was an MRI billed at \$1,500 by the program, but that could be obtained for \$500 through alternate providers. Orthopedic injuries were found to constitute close to 70% of all injuries and to be responsible for the highest costs.

## The Opportunity

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Once the data was analyzed and presented to the administration and labor, the potential benefits to both the firefighters and the budget resulted in an internal push from both groups. President Hank Harrison of Local 416 quickly saw the need to make changes, having heard from his members and seeing the data. He became a partner in the effort and was able to use the Local's relationships within the community and the city government. As a result, the union and the Health and Safety Committee worked together to design workable solutions and determine how to best sell the program to all department members.

As the research proceeded, resistance was encountered from within the city government. Some of the ideas developed by the Health and Safety Committee and Labor were considered "outside the box" as they differed from the city's historical approach. Chief Crawley and President Harrison concluded that working relationships with key gatekeepers would be needed for the new approach to be successful. By working through their channels, they successfully developed the support necessary to advance the proposals. Additionally, the Local worked closely with

# INDIANAPOLIS FIRE DEPARTMENT INJURY TREATMENT AND REHABILITATION PROGRAM CULTURE OF COOPERATION CASE STUDY

management to ensure all voices were being considered and that the administration and the department's membership presented a unified front.

The committee, led by Chief Crawley, contacted metro departments such as Metro-Dade in Miami, Nashville, Denver, and Fairfax County in Virginia to learn how they managed their programs. This helped to identify several successful approaches that could be used to create an IFD-specific hybrid. Based on their observations, committee members decided to focus on the department's approach to ortho rehab, which appeared to be the program component where change could have an immediate and significant impact.

UINDY was contacted for subject matter support, which led to identifying examples of tactical physical therapy and learning and the difference between physical therapists and athletic trainers (a key part of the cost analysis). Finally, a cost-benefit study compared the cost of standing up the program to what it was projected to save.

## The Action

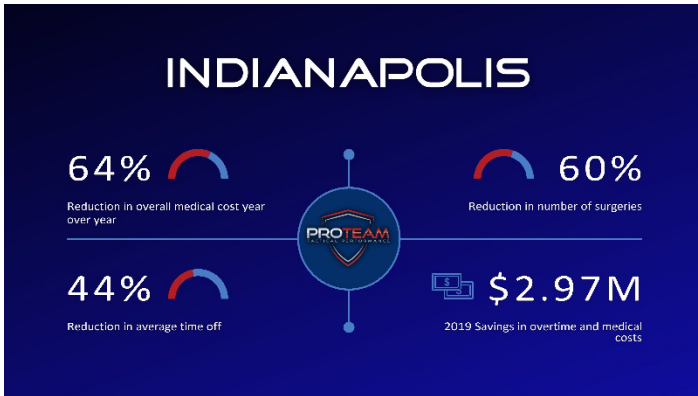
Using the information gathered as a foundation and with support from UINDY staffers, a protocol was developed to guide the new program. It focused partly on non-emergent orthopedic injuries, which would be managed through the program. Originally housed in the headquarters of the department during the pilot period, the program was later relocated into a remodeled former fire station and became the Health and Wellness Center. As the pilot program moved forward, the protocol was refined monthly based on program data and feedback from the patients and the eventual program manager.

An RFQ was developed seeking a new third-party vendor to manage the program. From that process, a contract was established with a local orthopedic group that provides two onsite trainers and a case manager who acts as a gatekeeper for the employees in coordinating their treatment and rehabilitation work. Performance was tracked using a set of key metrics.

### Key Metrics

- Total Number of injuries
- Number of treated patients
  - How many saw a specialist
  - How many needed surgery
- Total treatment costs
- Shift days missed
- Number of rehab sessions

## The Outcome

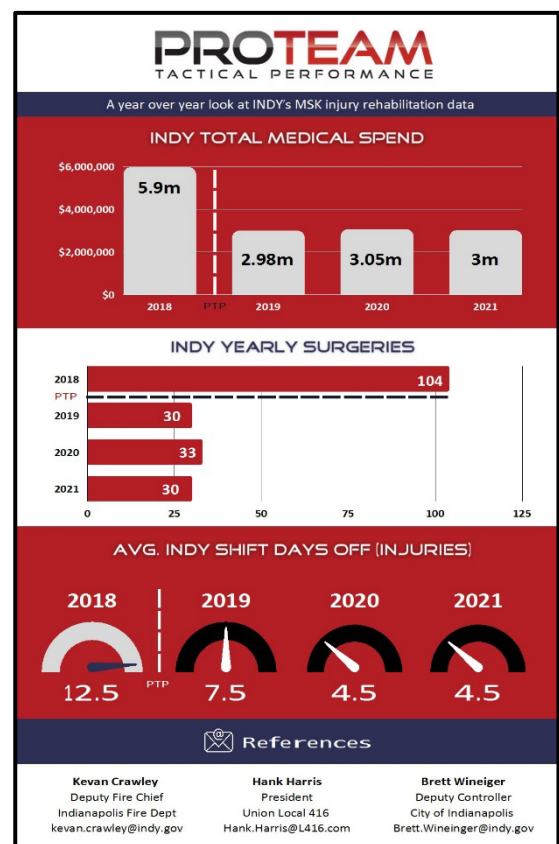


The new initiative was well-received by the employees, with a satisfaction rate of 99 percent. Program costs were \$2.97 million dollars less than the previous year. The number of surgeries decreased from 106 in the previous year to just 30, and the average number of lost shift days dropped from 12.5 to 7.5, or by 60 percent, thus reducing overtime costs. The savings provided an opportunity to move from a reactionary model to one of prevention through the hiring

of additional permanent health and wellness staff and purchasing new equipment. Finally, the data and savings have been consistent since the program’s introduction.

## Tips for Replication

- As with all data analysis, be sure you are researching the correct information.
- Build key partnerships among internal and external stakeholders.
- Have strong labor/management relations, as they are a must.
- Understand how your local government works – specifically, budgeting and human resources.
- Know that there are both formal and informal relationships between the departments.
- Realize you won’t know what you don’t know.
- Be flexible and understand that the initial goals and desired outcomes may need to be modified.
- Find a partner vendor that can be flexible as the program is rolled out.
- Be willing to make tweaks and adjustments on the fly.
- Consider adding performance incentives into the vendor contract, such as reducing the number of days off per injury or similar metrics that would be rewarded with a cash bonus.
- Track performance monthly and adjust as needed.



## About CPSE and Metro

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CPSE and Metro have partnered to develop this series highlighting proven practices of Metro departments accredited by CPSE's Commission on Fire Accreditation International.