



# Injury Management Coordinator Forum

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# What we will cover today

- Health Benefits of Work
- Share results from survey
- RTW & IM plans
- Monitoring progress
- Questions



# Consequences of Being Off Work

Being out of work for extended periods of time is bad for a person's health



- Health Risk = smoking 10 packs of cigarettes per day
- Suicide in young men > 6 months out of work increased x 40
- Suicide rate in general increased x 6 in longer-term worklessness
- Health risk and life expectancy greater than many “killer diseases”
- Greater risk than most dangerous jobs

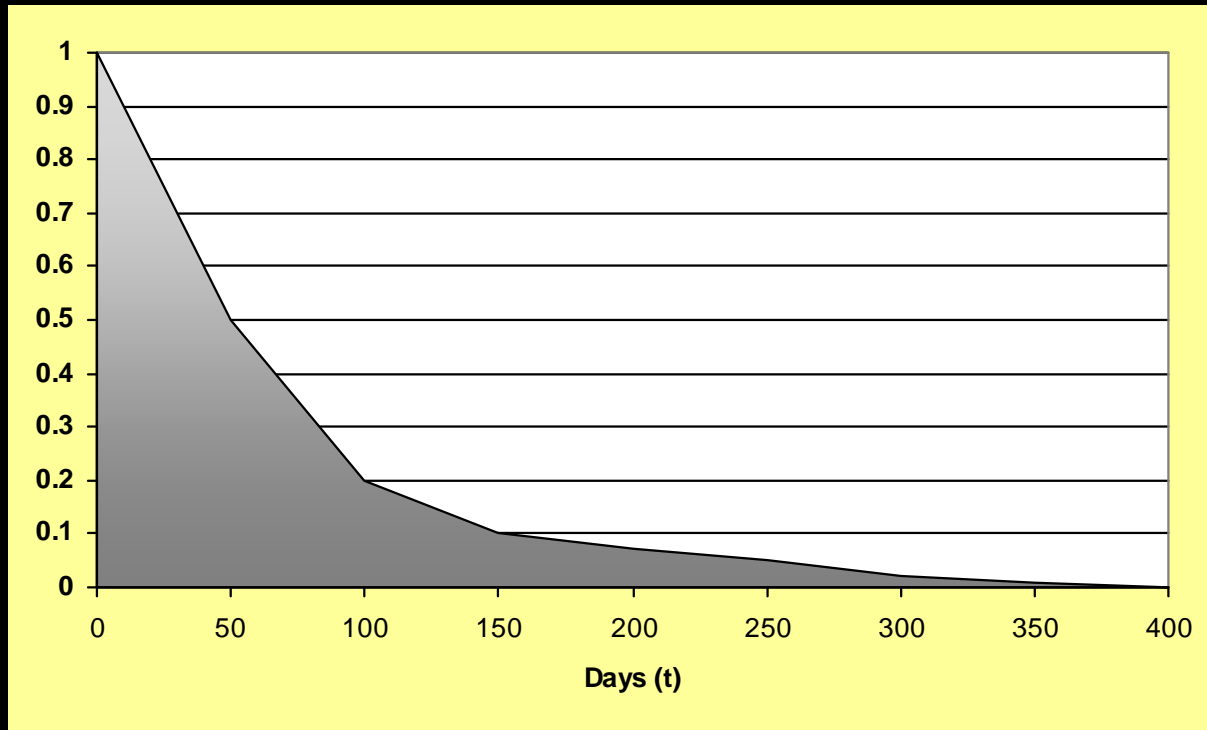
# Benefits of Work

- Earlier this year the Australasian Faculty of Occupational and Environmental Medicine released its *Australian and New Zealand Consensus Statement on the Health Benefits of Work*.
- Some of the Consensus Statement's fundamental principles are:
  - work is generally good for health and wellbeing
  - long-term work absence have a negative impact on health and wellbeing
  - attempting to return to work after injury or illness face a complex situation
  - good outcomes are more likely when people understand the health benefits of work, and are empowered to take responsibility for their own situation



WorkCover has signed up as a supporter of the Consensus Statement and its recommendations

# Consequences of Being Off Work



*Figure 1. Likelihood of return to work after various length of time off work*

The longer someone spends away from work, the less likely they will ever return

# Psychological and Social Impacts on the Worker

Psychosocial impacts of work absence



- Depression
- Erosion of skills
- Decreased income and social status
- Loss of social support networks
- Decreased confidence
- Decreased sense of self-efficacy

# IMC Survey

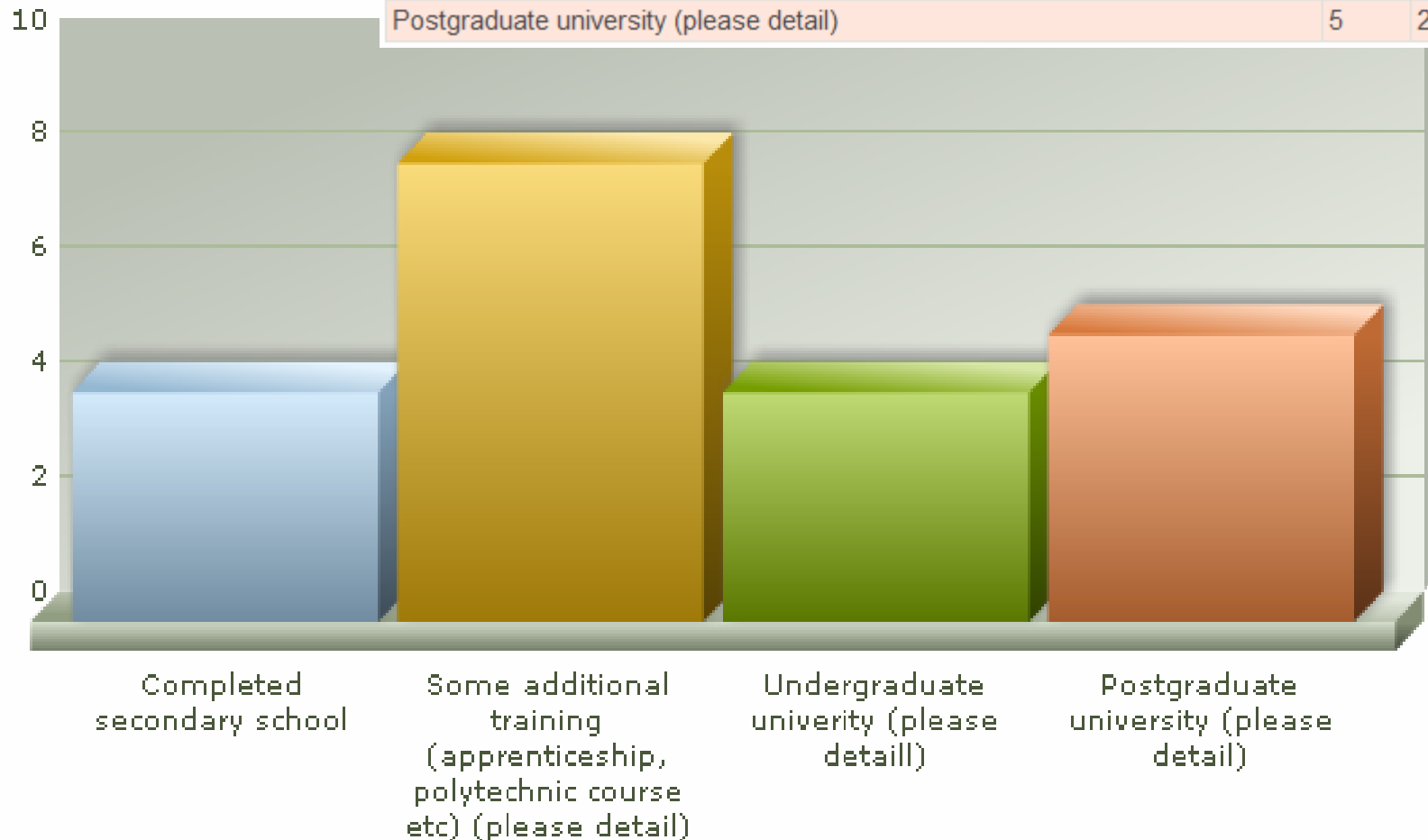
- Survey aimed to assist WorkCover to gain an understanding of:
  - how the role of the IMC has been introduced
  - the effectiveness of IMC training
  - whether IMC legislative functions align with what is actually done
  - the challenges faced by IMCs
  - how the role has influenced return to work outcomes for injured workers
- A total of 18 responses were received



# IMC Survey

Q: What is your highest level of education? Please select one only (Checkboxes)

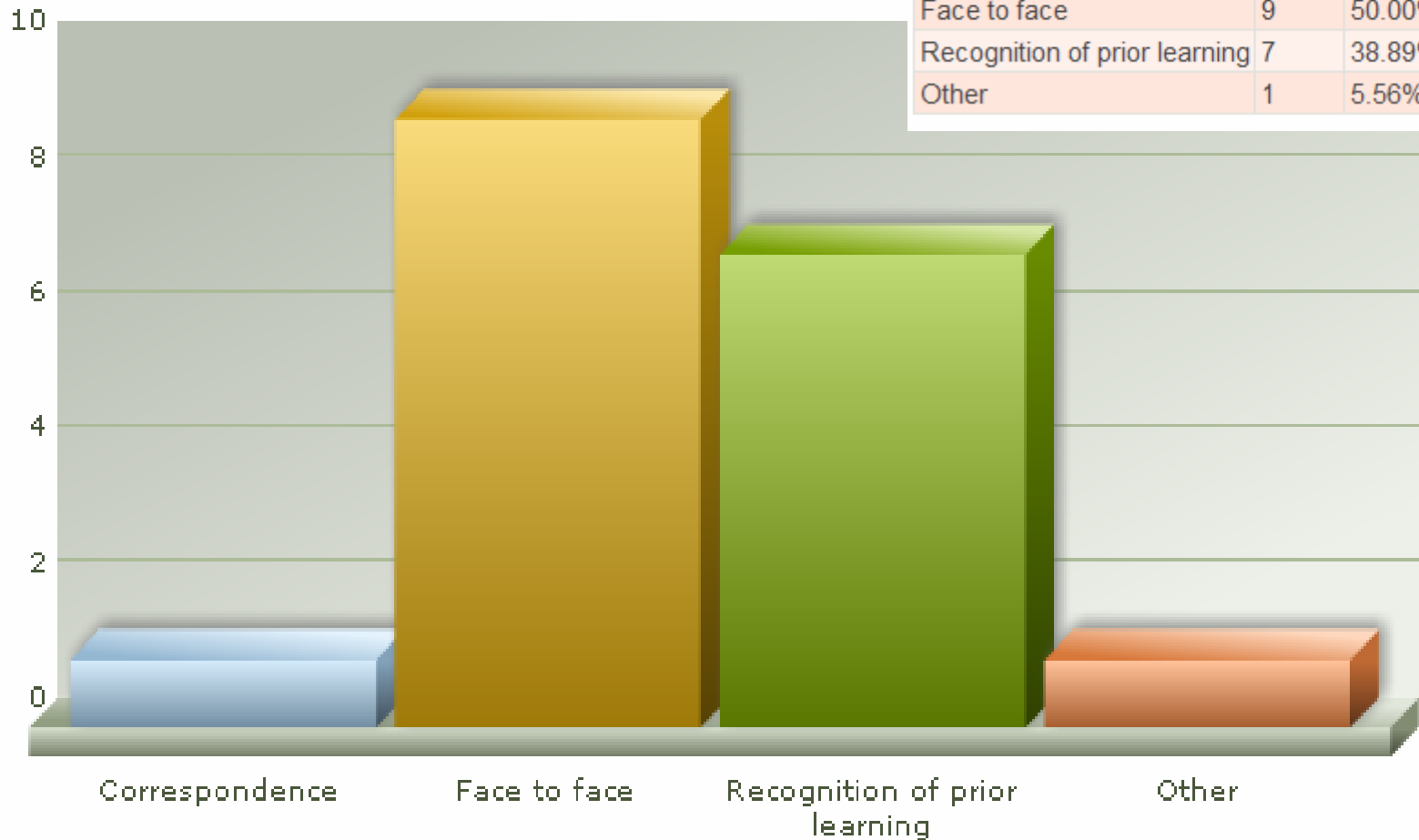
Response	Count	%
Completed secondary school	4	19.05%
Some additional training (apprenticeship, polytechnic course etc) (please detail)	8	38.10%
Undergraduate university (please detail)	4	19.05%
Postgraduate university (please detail)	5	23.81%



# IMC Survey

Q: Mode of training undertaken (Radio choices)

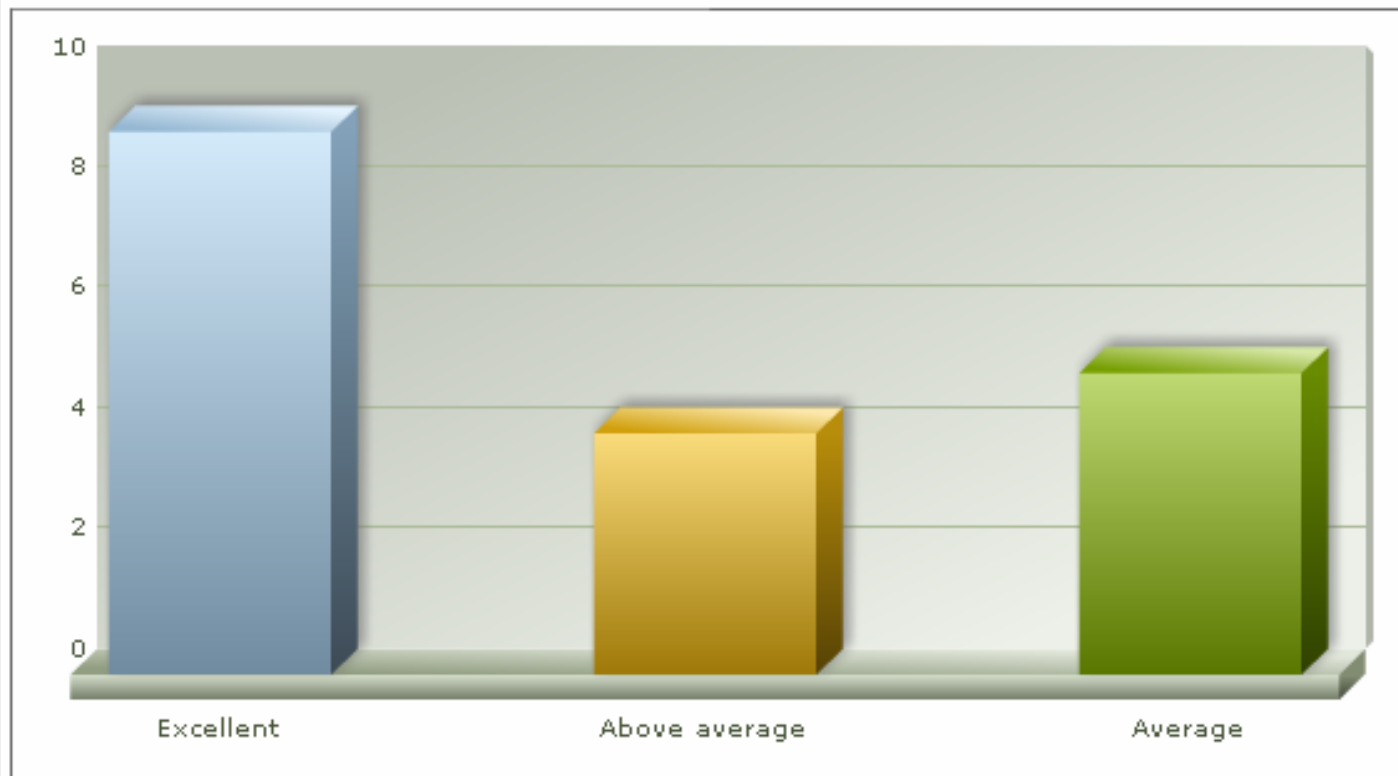
Response	Count	%
Correspondence	1	5.56%
Face to face	9	50.00%
Recognition of prior learning	7	38.89%
Other	1	5.56%



# IMC Survey

Q: How would you describe the standard of training provided? (Select list)

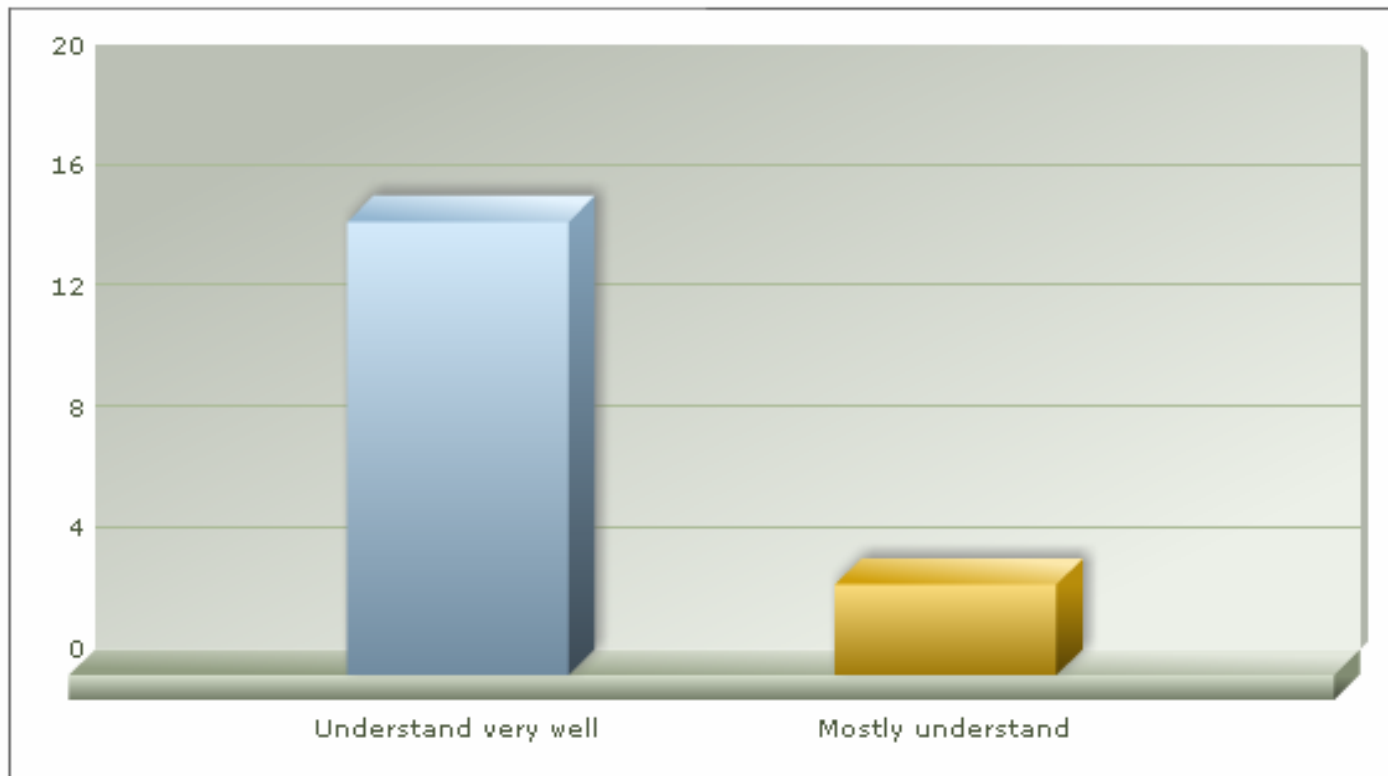
Response	Count	%
Excellent	9	50.00%
Above average	4	22.22%
Average	5	27.78%



# IMC Survey

**Q: After completing the training, how well do you understand your IMC role and responsibilities? (Select list)**

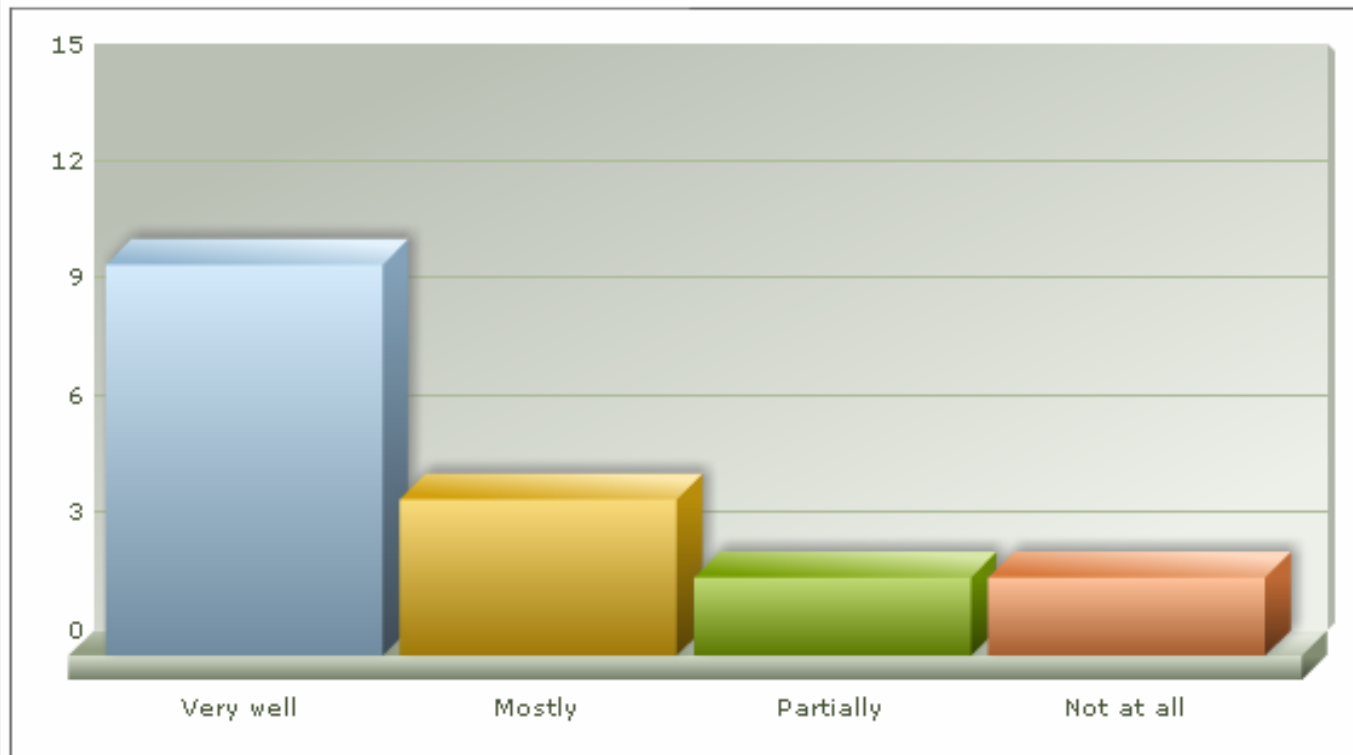
Response	Count	%
Understand very well	15	83.33%
Mostly understand	3	16.67%



# IMC Survey

Q: How well did training prepare you for undertaking the IMC role? (Select list)

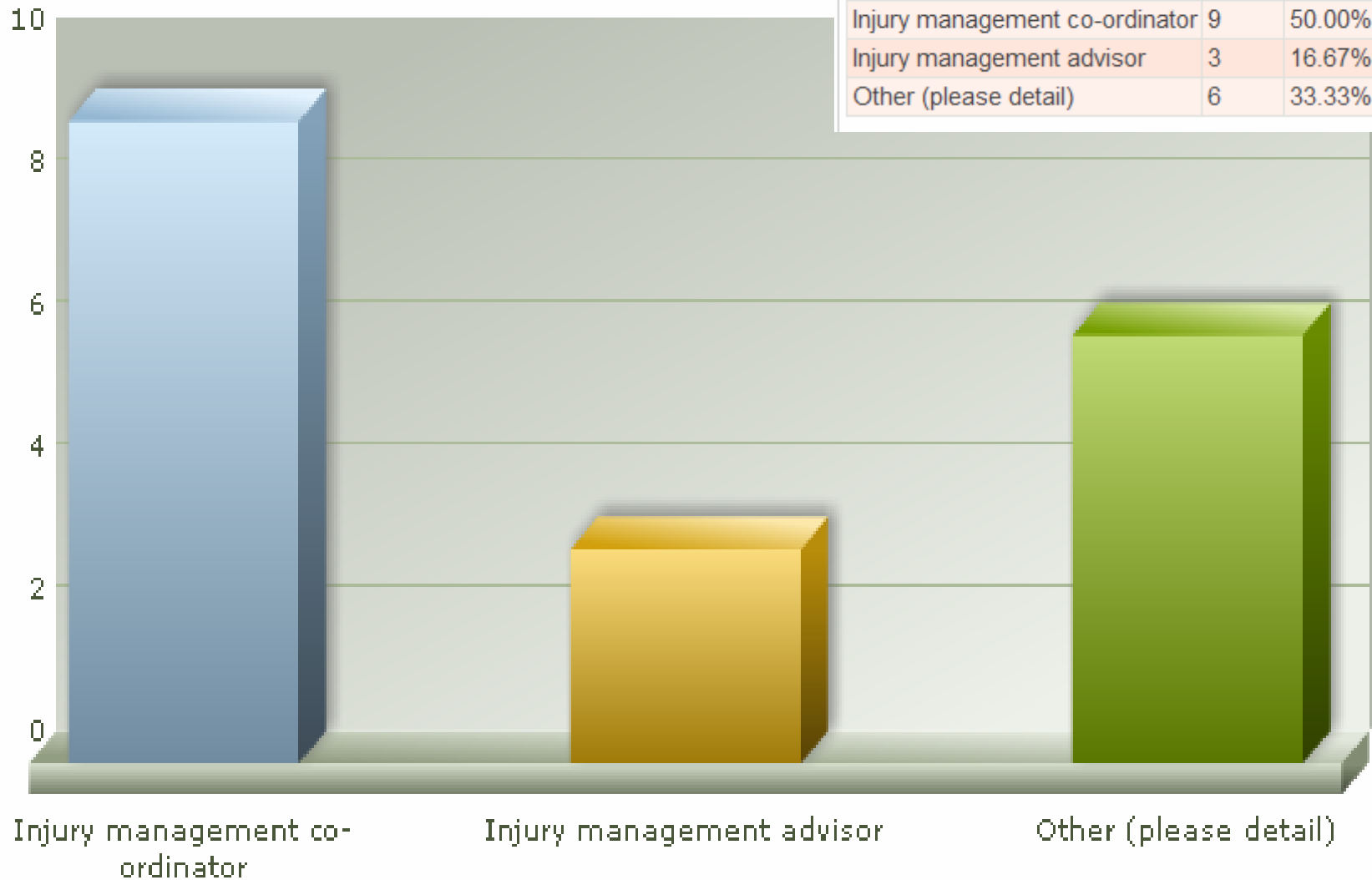
Response	Count	%
Very well	10	55.56%
Mostly	4	22.22%
Partially	2	11.11%
Not at all	2	11.11%



# IMC Survey

Q: What is your job title? (Radio choices)

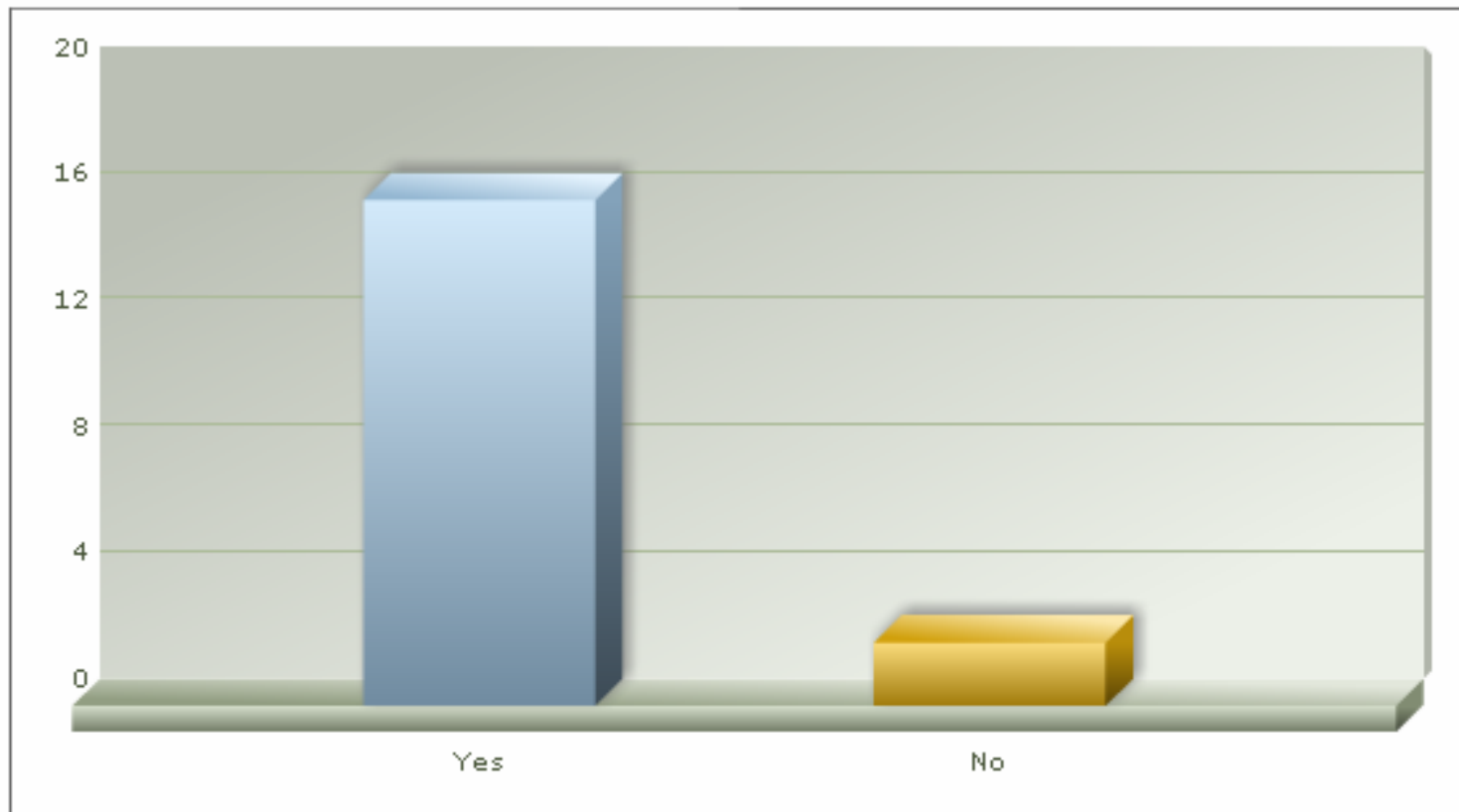
Response	Count	%
Injury management co-ordinator	9	50.00%
Injury management advisor	3	16.67%
Other (please detail)	6	33.33%



# IMC Survey

Q: Do you undertake more than one role? (Radio choices)

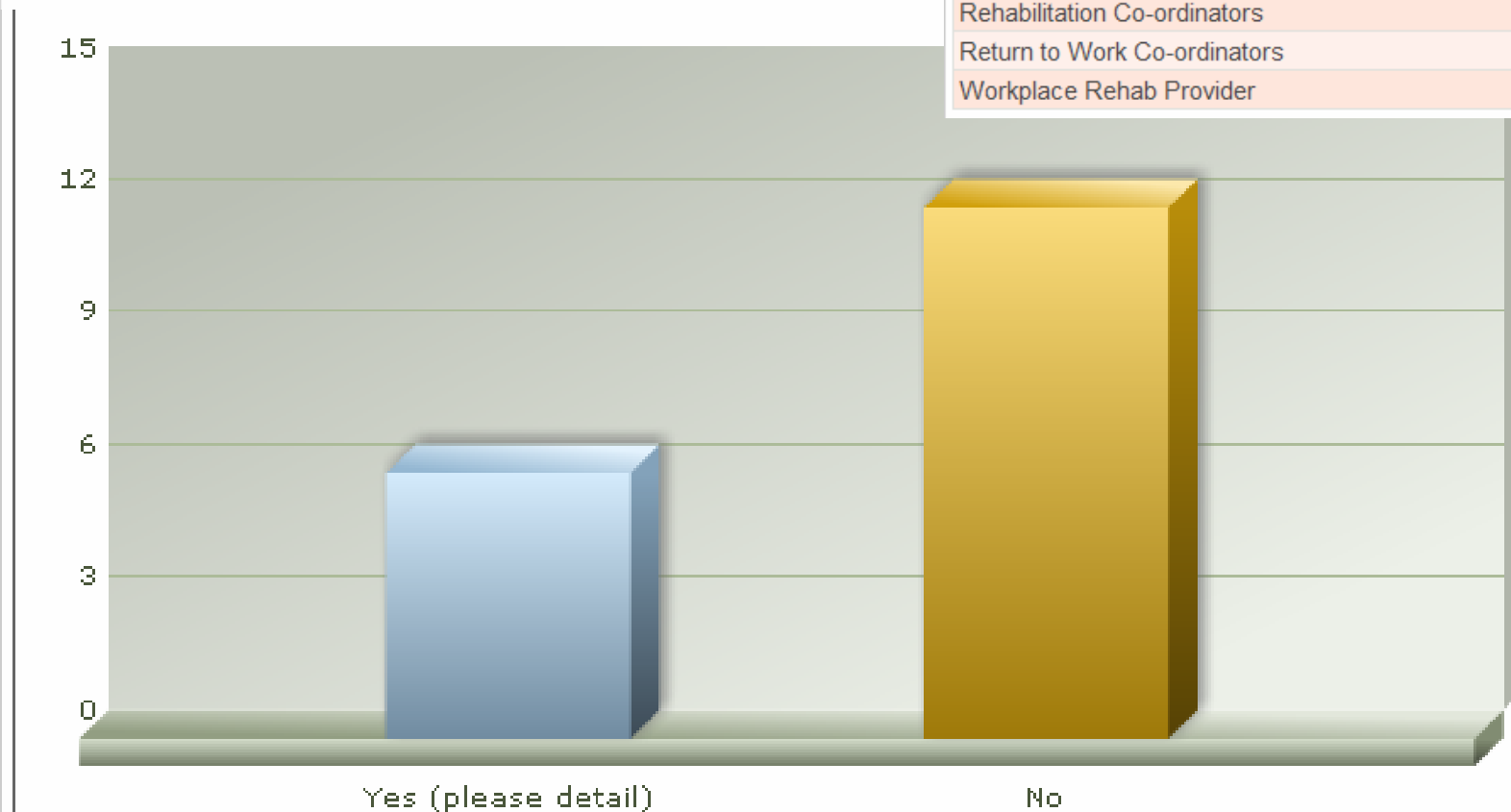
Response	Count	%
Yes	16	88.89%
No	2	11.11%



# IMC Survey

Q: Do you have anyone reporting directly to you in your role as IMC?

Response	Count	%
Yes (please detail)	6	33.33%
No	12	66.67%



## User Entered Text Responses

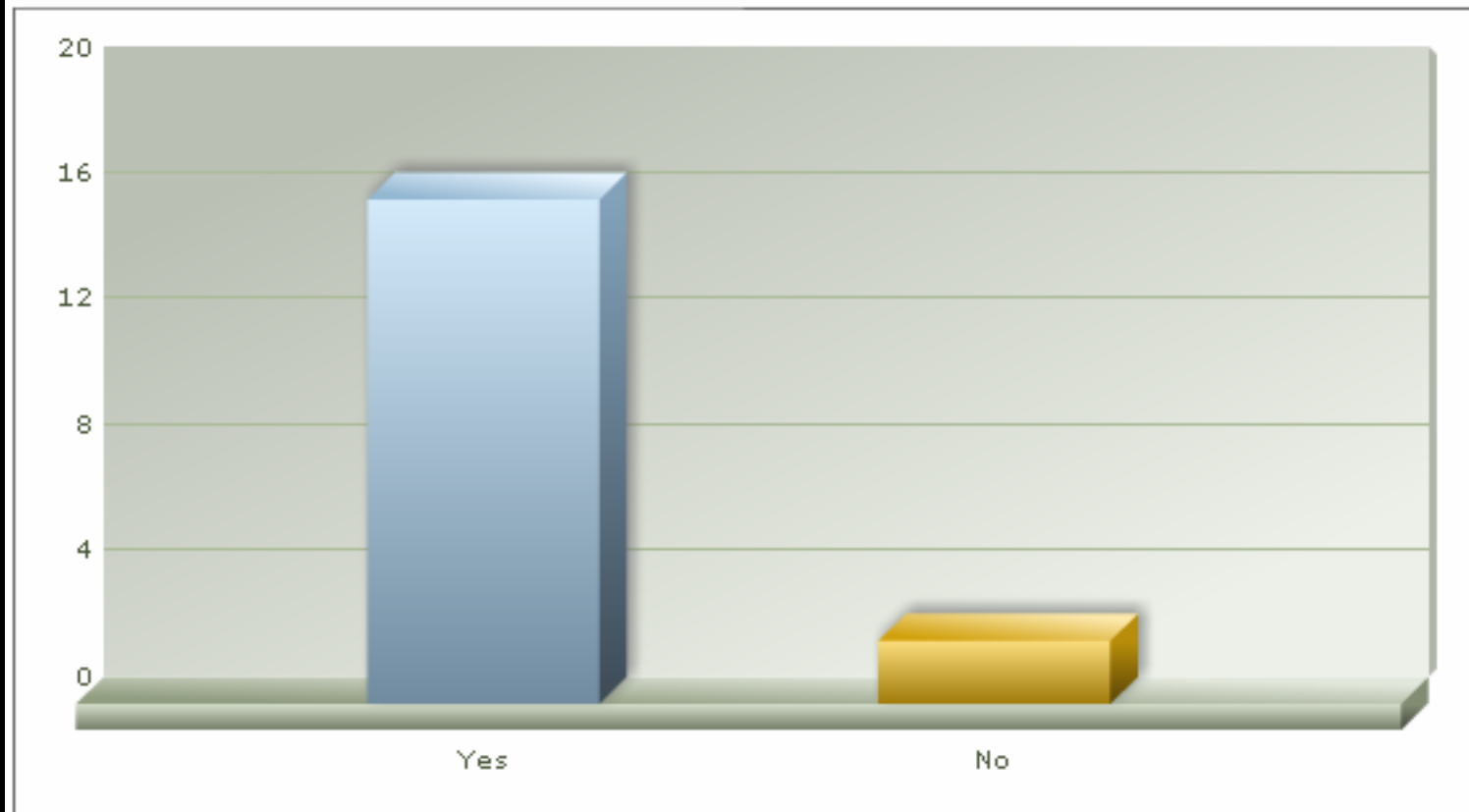
Response	Count
2 Injury Managers and 1 Injurt Prevention Coordinator	1
Health & Injury Management Specialist (IMC)	1
Other coordintors	1
Rehabilitation Co-ordinators	1
Return to Work Co-ordinators	1
Workplace Rehab Provider	1



# IMC Survey

Q: Are you adequately supported to effectively undertake your role? (Yes/No)

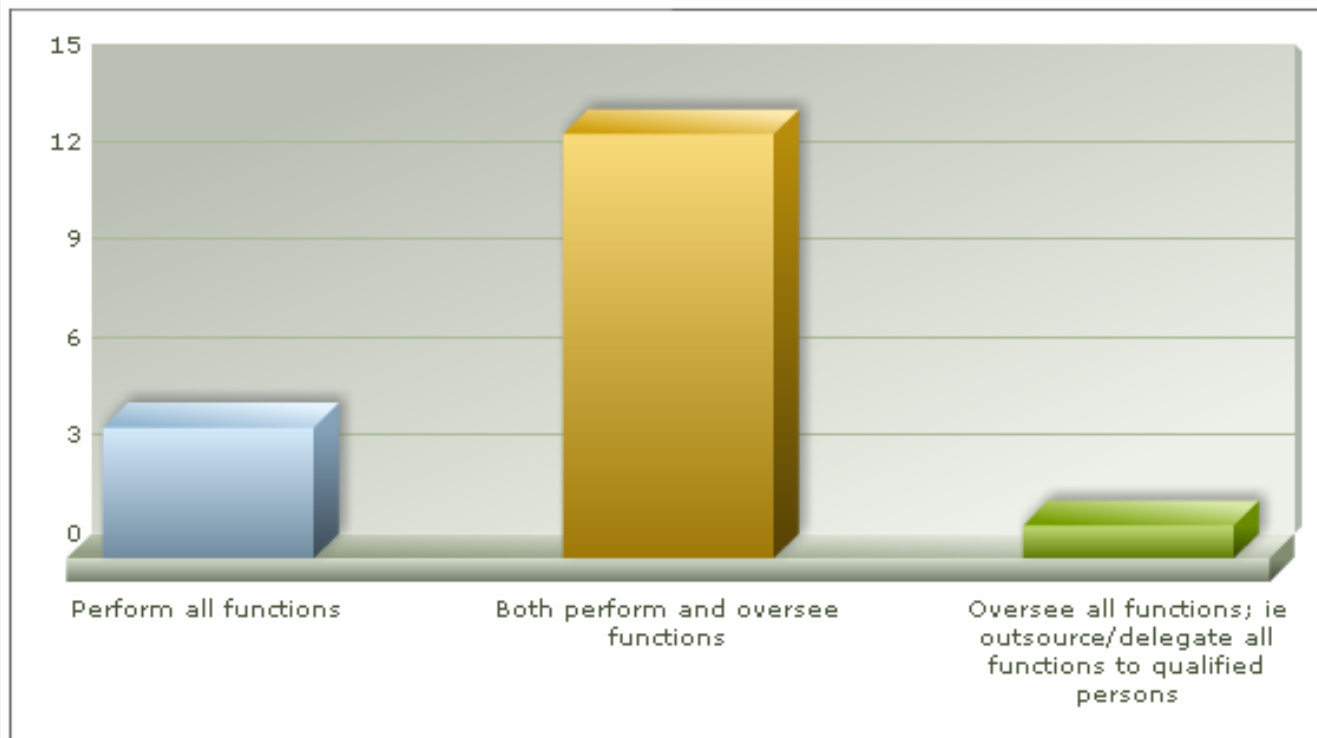
Response	Count	%
Yes	16	88.89%
No	2	11.11%



# IMC Survey

Q: As an IMC, you have the ability to perform and/or oversee your functions. Which do you do? (Select list)

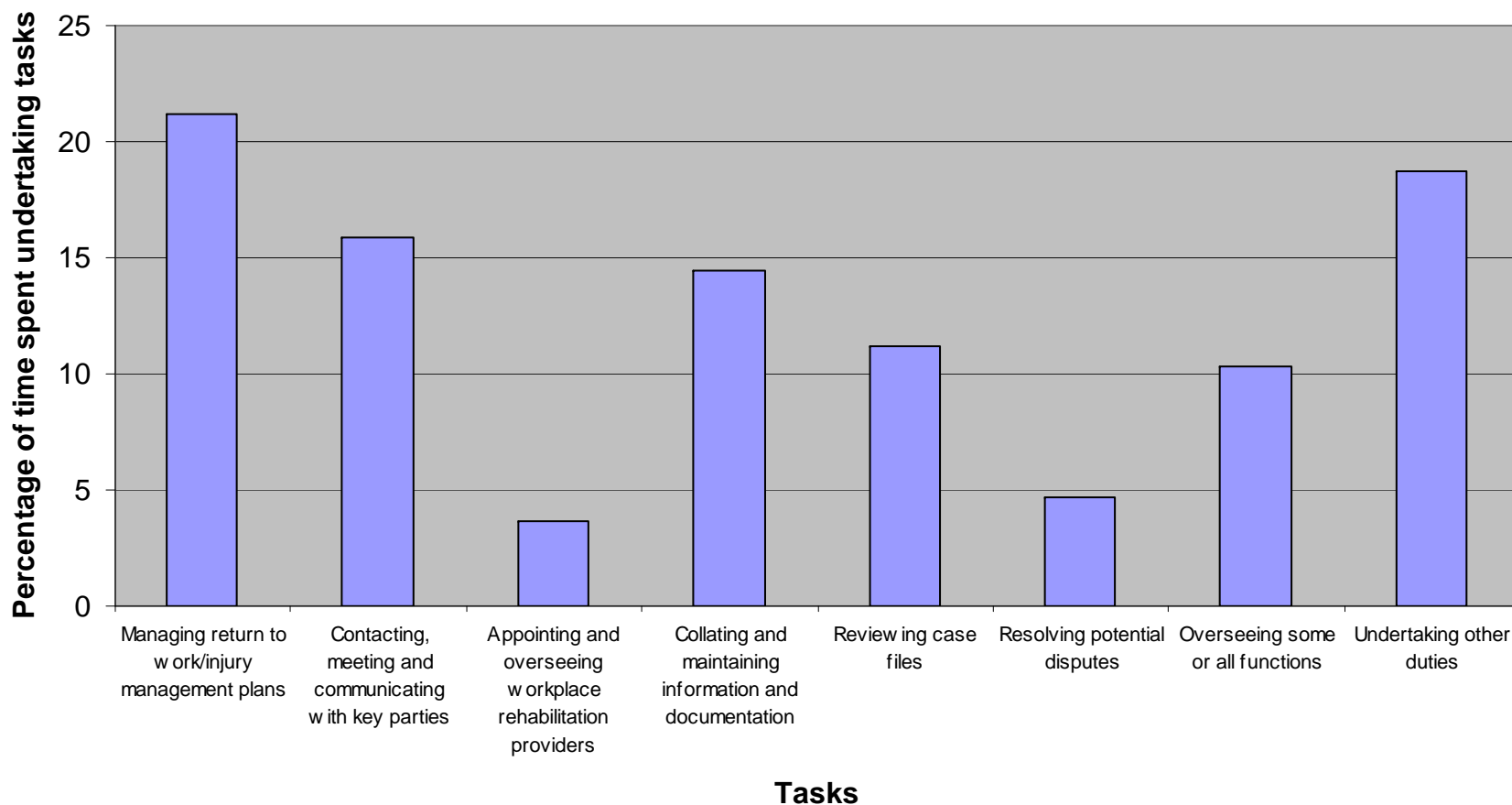
Response	Count	%
Perform all functions	4	22.22%
Both perform and oversee functions	13	72.22%
Oversee all functions; ie outsource/delegate all functions to qualified persons	1	5.56%



# IMC Survey

Task	Count	%
Managing return to work/injury management plans	16	21.18
Contacting, meeting and communicating with key parties	14	15.88
Appointing and overseeing workplace rehabilitation providers	8	3.65
Collating and maintaining information and documentation	15	14.41
Reviewing case files	15	11.18
Resolving potential disputes	9	4.71
Overseeing some or all functions	10	10.29
Undertaking other duties	11	18.71

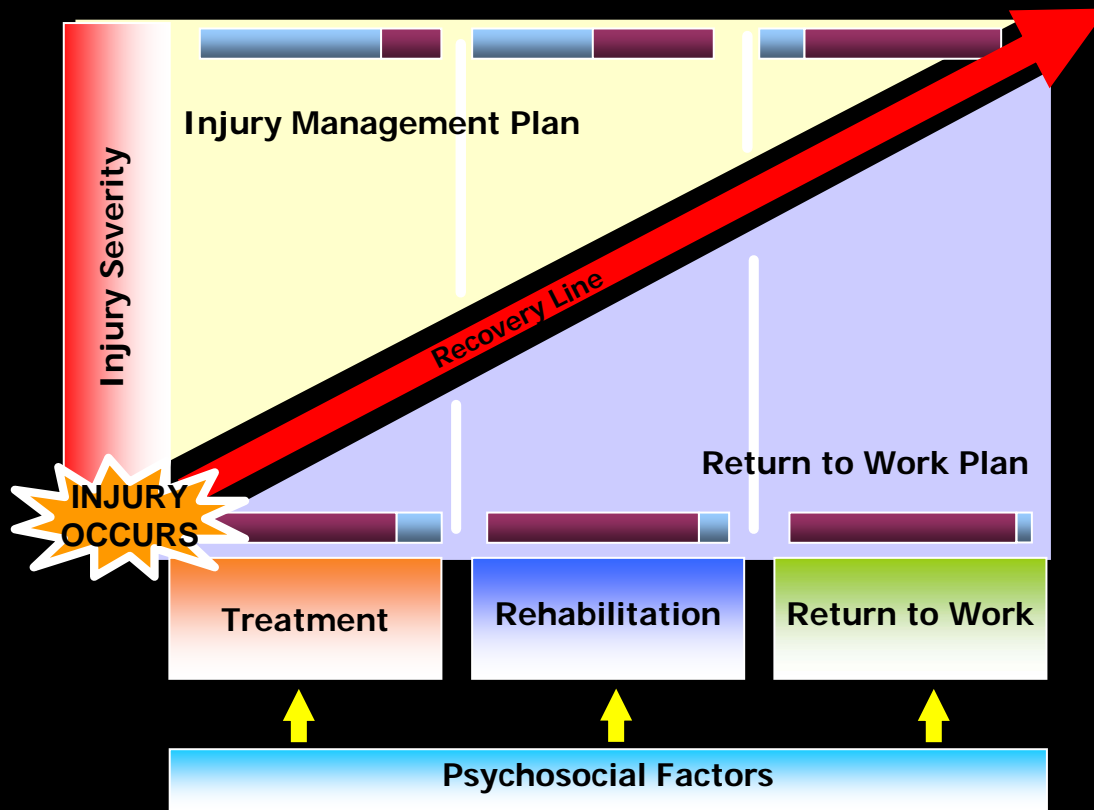
## Q. Which of these tasks do you perform?



# RTW Plans & IM Plans

- Survey suggests that the majority of time is spent managing plans
- Last forum feedback was sought on RTW Plans and IM Plans discussion paper which aimed to establish an agreed understanding of how plans are to be applied
- Feedback received was minimal

# RTW Plans & IM Plans



## IM Plan - Moderate to high severity

- Treatment - large  
Rehabilitation - moderate  
Return to work - small
- Employer involvement initially small but increases with time
- Doctor involvement initially large but decreases with time

## RTW Plan - Low severity

- Treatment - small  
Rehabilitation - moderate  
Return to work - large
- Employer involvement large and increases with time
- Doctor involvement small and decreases with time

# RTW Plans & IM Plans

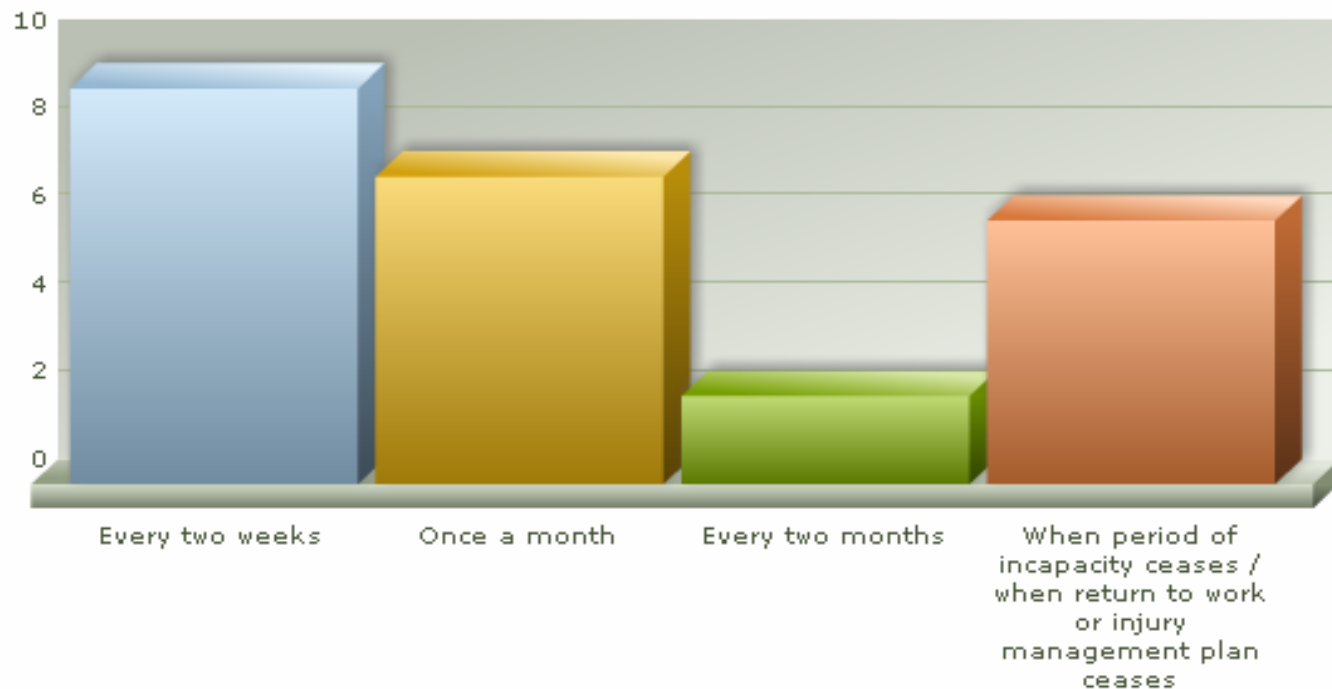
- Currently developing a RTW Plan and IM Plan guideline based on discussion paper
- The issue of signing plans will be addressed in this guideline

.....while legislation requires injured workers and employers to consent to plans, this consent may be written or verbal (provided that verbal consent is noted in the injured worker's RTW Plan or IM Plan)

# IMC Survey

Q: How frequently do you review case files? (Checkboxes)

Response	Count	%
Every two weeks	9	37.50%
Once a month	7	29.17%
Every two months	2	8.33%
When period of incapacity ceases / when return to work or injury management plan ceases	6	25.00%



# New Project - Building Work Capacity

## Need identified

- Clayton report -  
*'WorkCover to investigate appropriate arrangements for providing support for injured workers who have some work capacity, including appropriate, targeted skill enhancement, training and retraining, as well as the introduction of an alternate employer incentive scheme'*
- This need was also identified in the Return to Work and Injury Management Model and was underpinned in legislation
  - *Section 143F Work Capacity of injured workers to be regularly reviewed*

## Project Goal

- To identify a range of initiatives that will assist injured workers to return to work where they are unable to return to their pre-injury duties

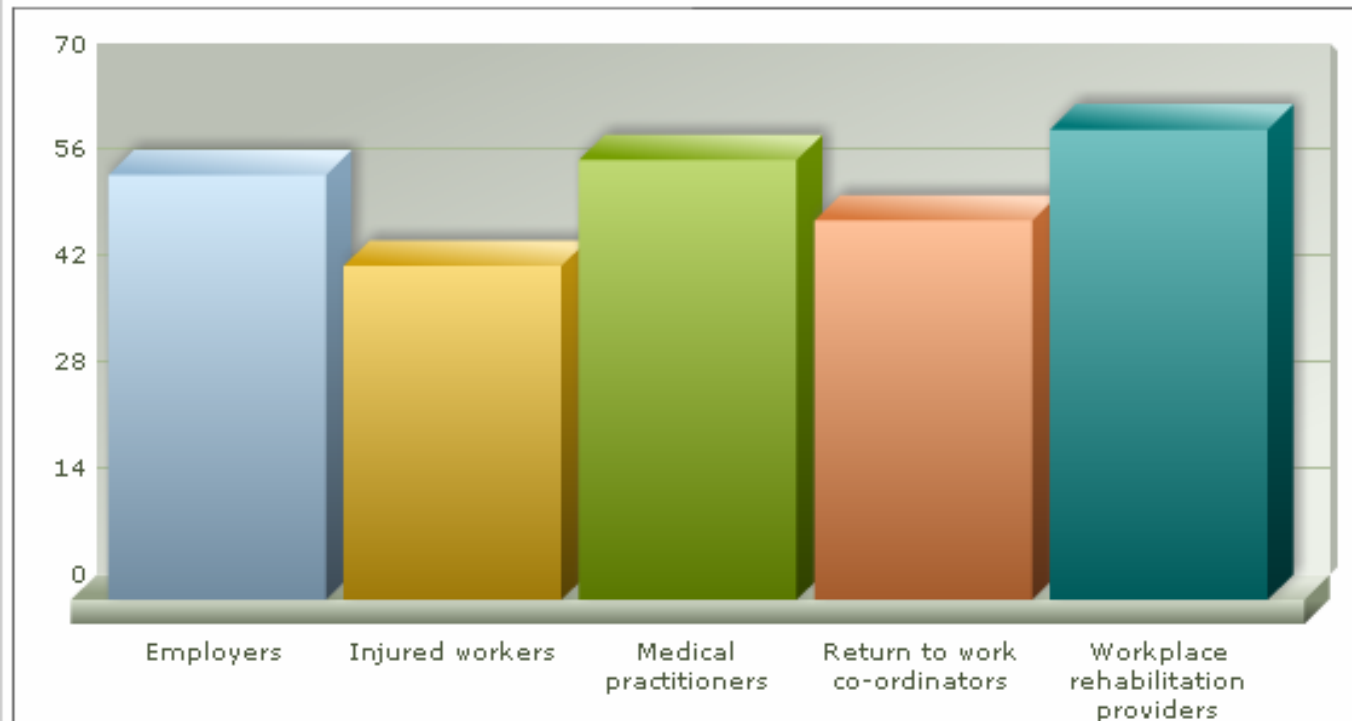




# IMC Survey

Q: How much do you deal with the following people? Please rank in order, 5 being the most, 1 being the least (Ranking)

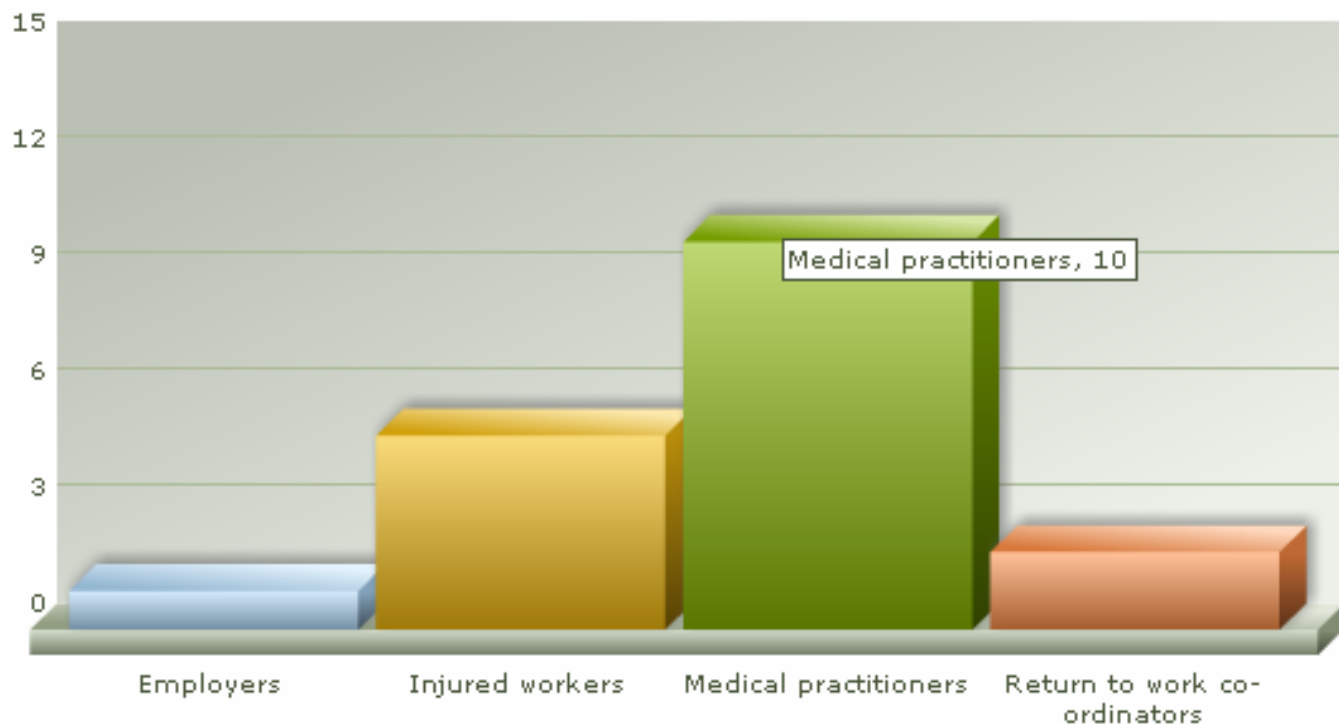
Response	Weight	%
Employers	56	20.74%
Injured workers	44	16.30%
Medical practitioners	58	21.48%
Return to work co-ordinators	50	18.52%
Workplace rehabilitation providers	62	22.96%



# IMC Survey

Q: Who do you find the most challenging to work with? (Select list)

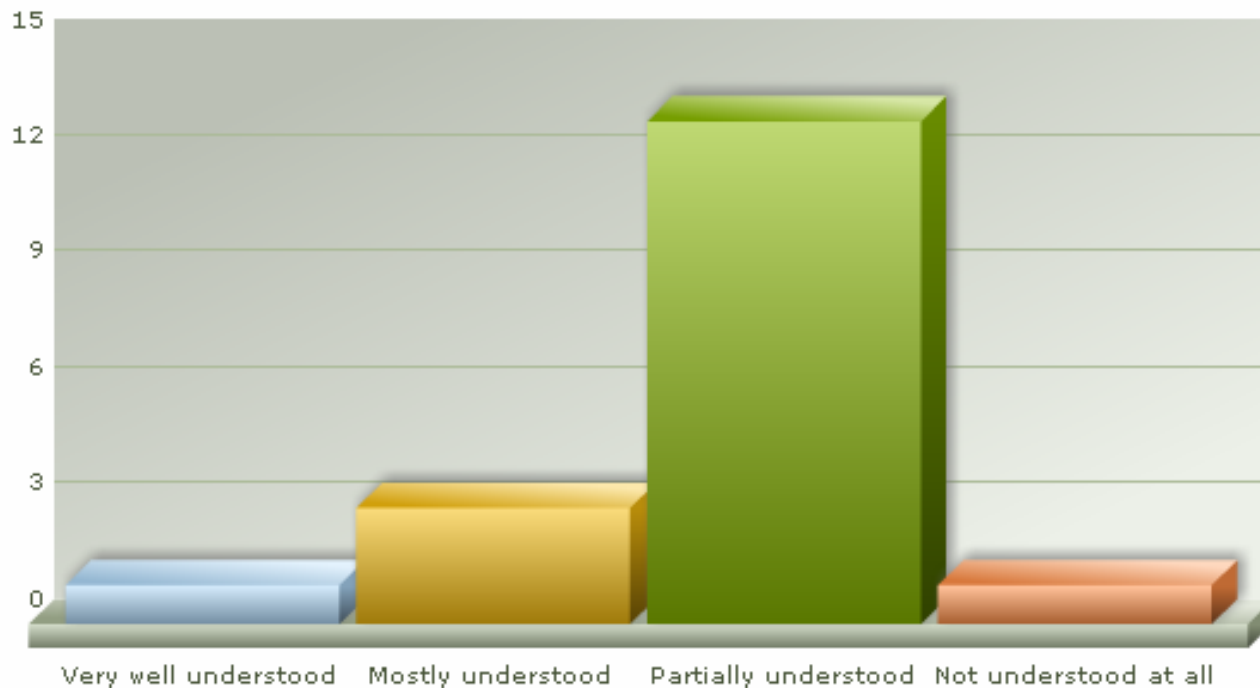
Response	Count	%
Employers	1	5.56%
Injured workers	5	27.78%
Medical practitioners	10	55.56%
Return to work co-ordinators	2	11.11%



# IMC Survey

Q: How well is your role of IMC understood by medical practitioners? (Select list)

Response	Count	%
Very well understood	1	5.56%
Mostly understood	3	16.67%
Partially understood	13	72.22%
Not understood at all	1	5.56%



# Medical Practitioner Activities

## New Medical Certificate Guidelines

- All accredited medical practitioners received a copy of the new guideline last month
- Where medical practitioners are not completing certificates correctly you are encouraged to write to them and refer to the appropriate section of the guidelines

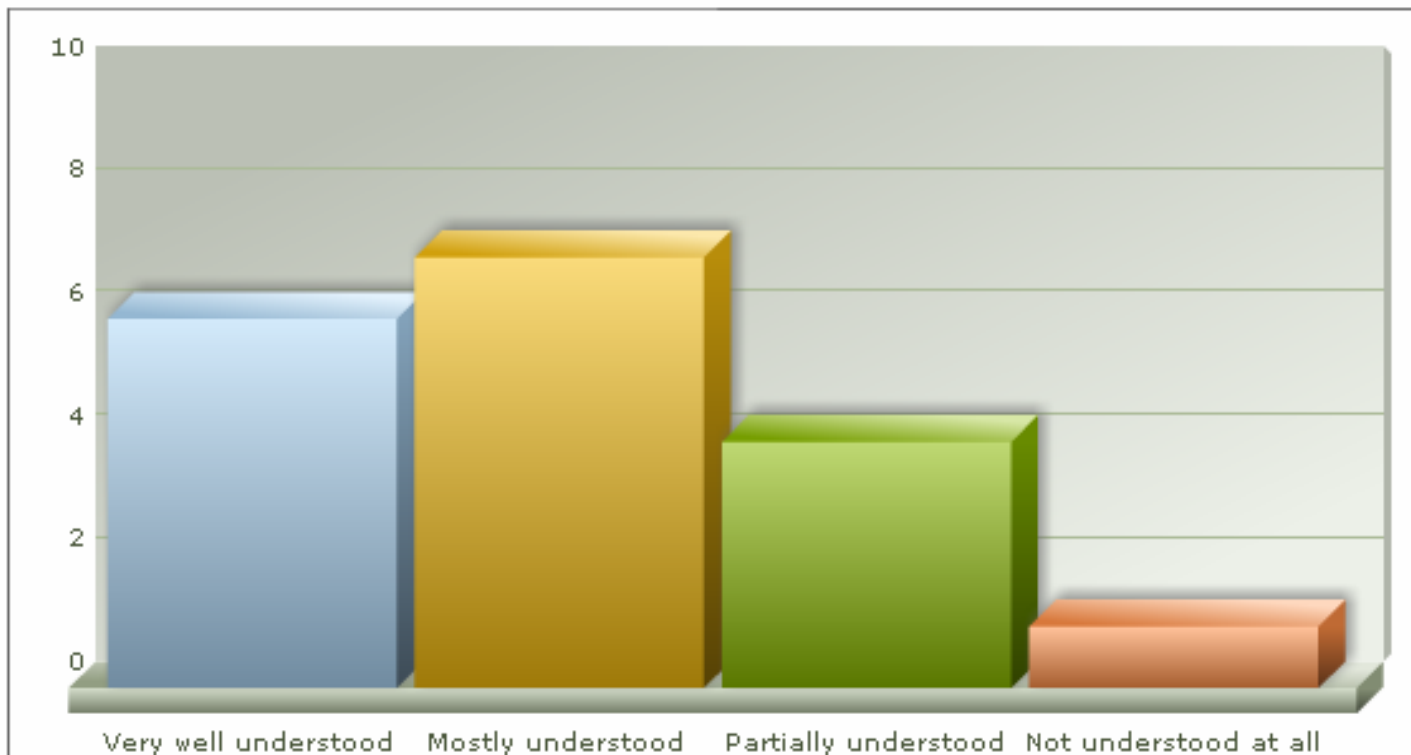
## Development of a medical practitioner handbook

- This handbook will set out WorkCover's expectations when managing workers compensation cases
- Will have a "how to" flavour to assist medical practitioners by answering many of those difficult workers compensation questions
- Feedback on proposed content can be provided via WorkCover's website

# IMC Survey

Q: How well is your role of IMC understood by employers? (Select list)

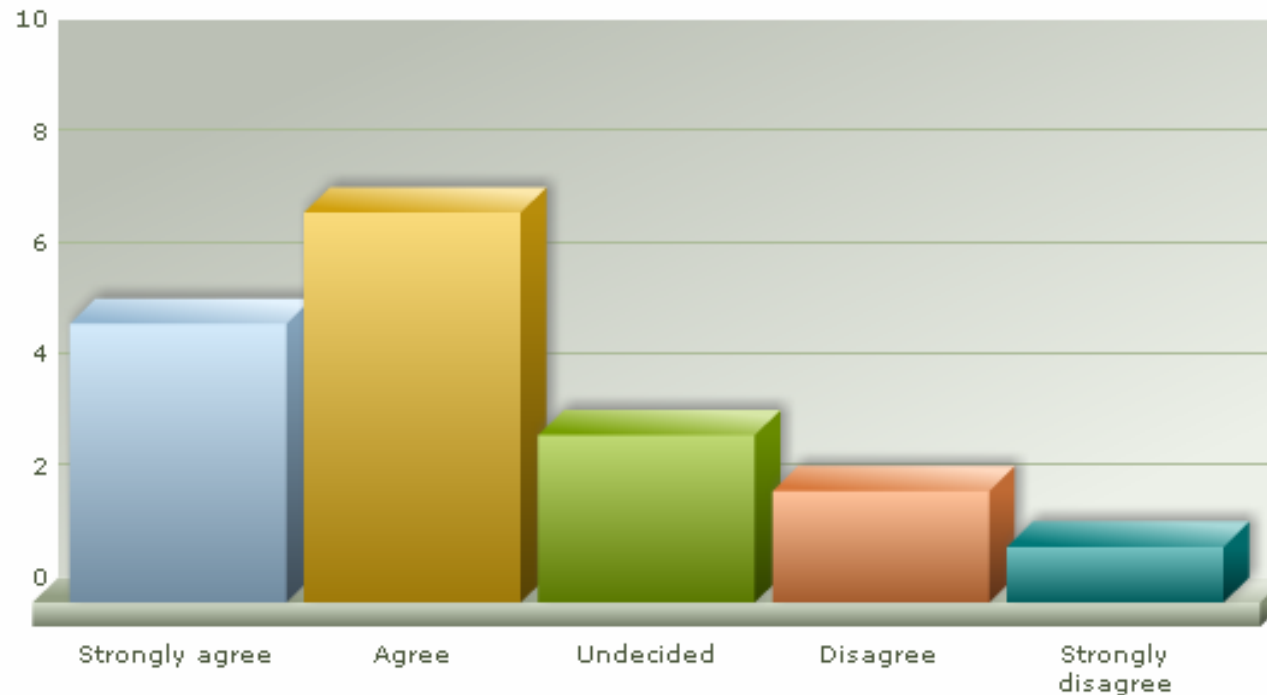
Response	Count	%
Very well understood	6	33.33%
Mostly understood	7	38.89%
Partially understood	4	22.22%
Not understood at all	1	5.56%



# IMC Survey

Q: Would you agree that others recognise your role as the central point of contact for overseeing the entire injury management process? (Select list)

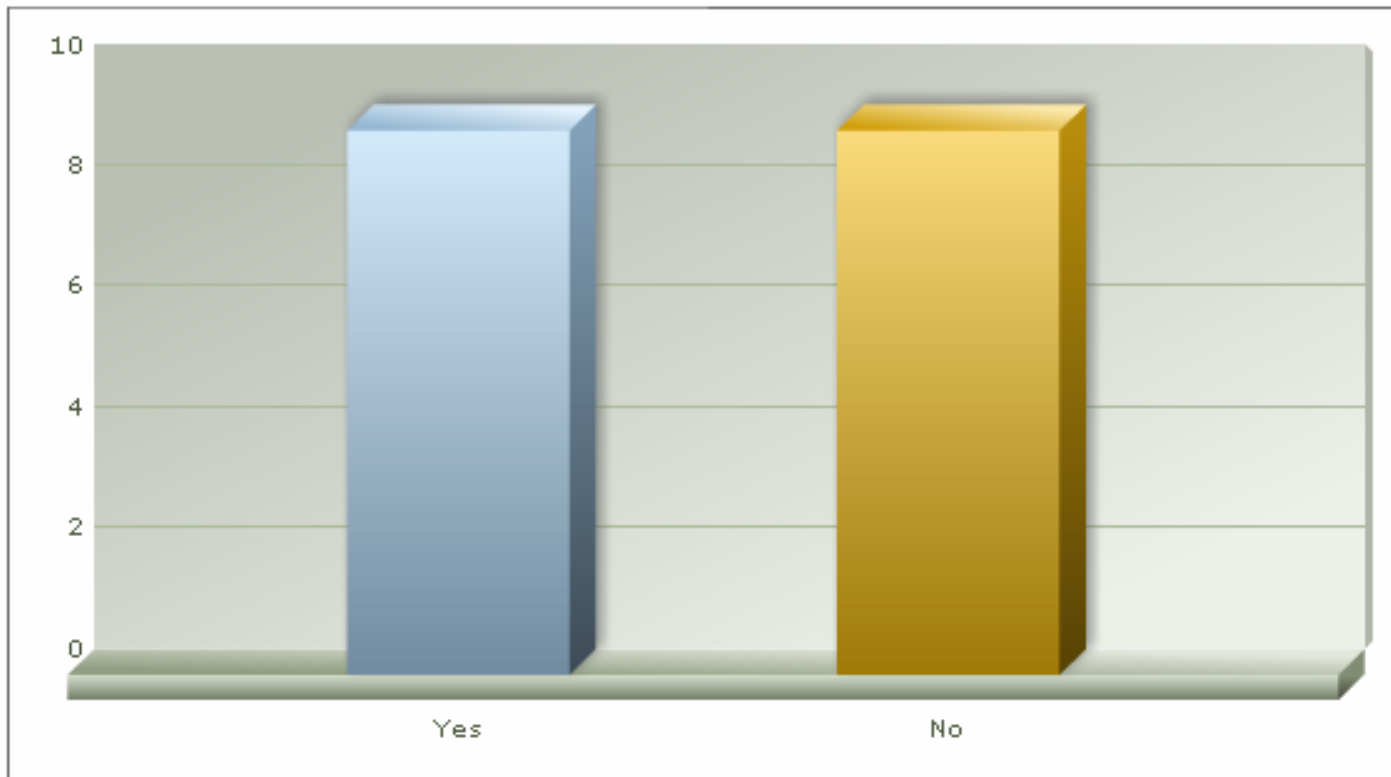
Response	Count	%
Strongly agree	5	27.78%
Agree	7	38.89%
Undecided	3	16.67%
Disagree	2	11.11%
Strongly disagree	1	5.56%



# IMC Survey

**Q: Do you believe the introduction of the role of IMC has helped improve return to work outcomes for injured workers? (Yes/No)**

Response	Count	%
Yes	9	50.00%
No	9	50.00%



# Has the Role Improved RTW Outcomes?

The jury is still out

Reasons for.....

- Insurers more proactive
- Beneficial to have a single person injury from start to finish
- More accountability on all parties
- Improved communication
- Early intervention to all injuries
- Increased confidence between injured worker and
- Consistent RTW processes





# Has the Role Improved RTW Outcomes?

Reasons against.....

- Overly complicated sound RTW processes
- Just added an extra layer of work within the same processes
- Within self insured industry very little change to way operate
- Has caused confusion amongst parties
- Case managers and rehabilitation provider continue to drive process
- Role should be independent of employer and insurer
- Roles should be incorporated into all case management roles
- Role has not been in place long enough to see results

# So how are we travelling?

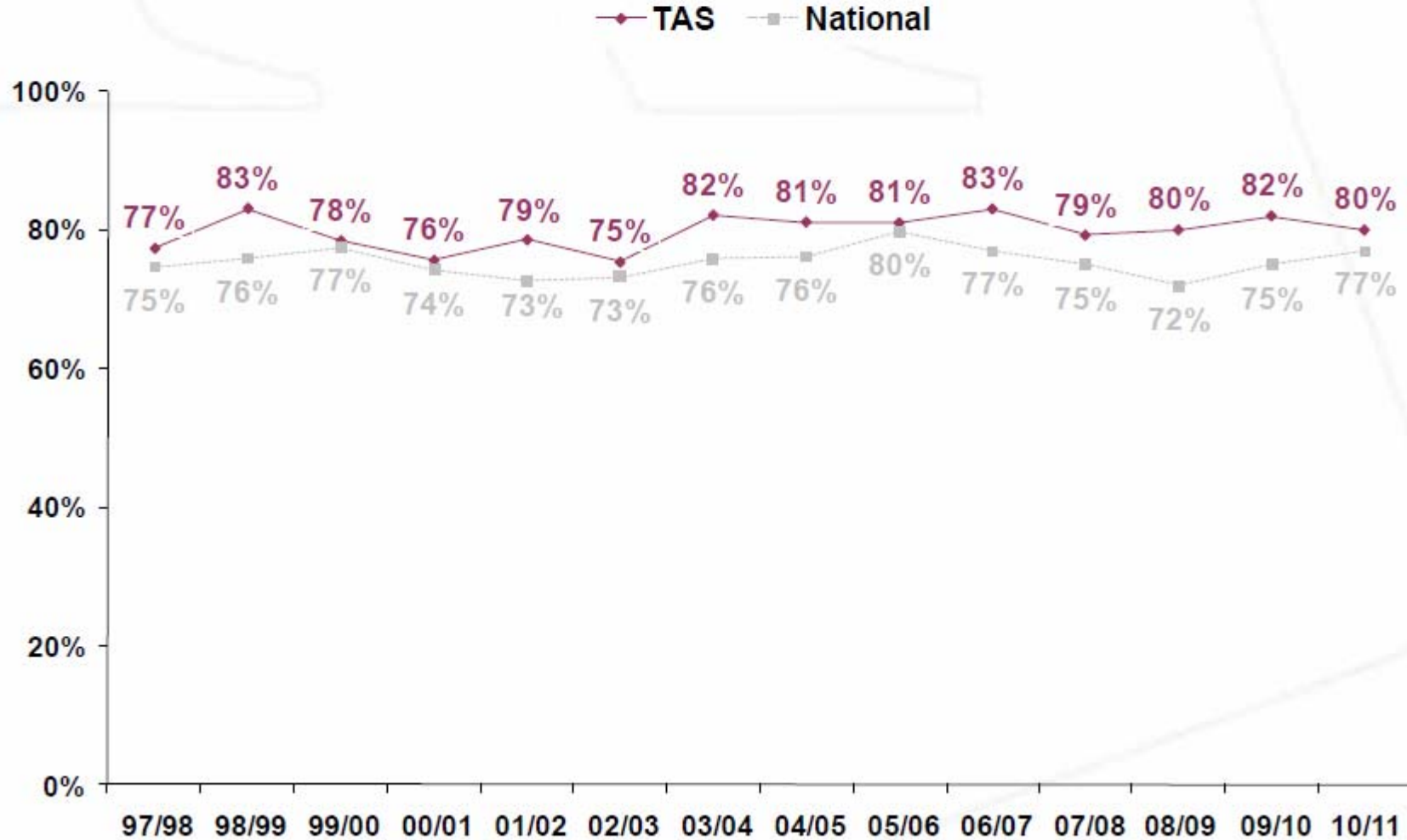
## RTW Monitor

The RTW Monitor is a national survey of injured workers who have had ten days or more compensation

Interviews are conducted seven to nine months after a claim has been lodged

## Figure 2: Durable RTW rate

Q8. Are you currently working in a paid job?



		RTW Monitor Tasmania 2010-11	RTW Monitor Tasmania 2009-10	RTW Monitor TSS and TSI November 2010		Average Prior to 1 July 2010 Legislation Changes
		LI	LI	TSS	SI	Scheme Level
<b>RTW Plan</b>						
	Development of a RTW plan	66%	66%	67%	95%	76%
	Involvement in the development of RTW plan	83%	81%	90%	79%	83%
	Helpfulness of the RTW plan	78%	78%	87%	84%	83%
	Assistance given to follow the RTW plan	60%	65%	78%	79%	74%
<b>Who Helped to Follow RTW Plan</b>						
	Main supervisor	11%	11%	24%	21%	19%
	Rehab provider	15%	24%	36%	21%	27%
	Workplace rehab coord/Case Manager/Injury management coordinator	9%	8%	10%	0%	6%
	Employer	13%	17%	12%	11%	13%
	Someone else	14%	10%	25%	32%	22%
	Doctor	5%	11%	16%	16%	14%
	Insurer	7%	7%	3%	0%	3%
<b>Rating of Help to RTW</b>						
<b>Most Assistance Given</b>						
	Doctor	24%	24%	24%	35%	28%
	Myself	15%	14%	14%	5%	11%
	Someone from work	15%	13%	12%	10%	12%
	Rehab provider	12%	13%	23%	5%	14%
	Physiotherapist	11%	15%	10%	15%	13%
	No one	7%	6%	5%	5%	5%
	Insurer	4%	6%	1%	0%	2%
	Other health professional	not listed	1%	0%	0%	0%
	Injury management coordinator	not listed	not listed	2%	5%	4%
<b>Least Assistance Given</b>						

Questions?





Thank you for your participation

Brad Parker - Assistant Director

