



Early Rehabilitation Models



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Manager, Injury Management



What impacts on RTW

- Depression – (McWilliams, Goodwin and Cox; 2004, Carroll, Cassidy and Cote; 2004, Rahimi, Vazini, Alhani & Anosheh, 2015, Pincus, Burton, Vogel & Field , 1976).
- Anxiety/ Fear avoidance behaviour – (McWilliams, Goodwin and Cox; 2004, Cornelius et al 2015).
- Stress – (Norton & Asmundson; 2004).
- Expectations of recovery – (Schultz et al; 2004, Johansson, Ohrvik & Soderlund, 2015)).
- Perception of health change – (Schultz et al; 2004).

What impacts on RTW

- Perceived psychological demands at work – (Leroyer et al; 2006).
- Confidence in management (Hoivik et al; 2007).
- Perceived their employer resourced WH&S & development of RTWP (Baril et al 2003).
- Perceived high job demands – (Van den Heuvel et al; 2005).

What impacts on RTW

- Receiving quick reimbursements for treatment does not improve outcomes (Busse et al 2015).
- Time limiting workers compensation benefits does not affect treatment outcomes however lifelong benefits do affect RTW rates (Jamison et al 1988).
- Litigation (Jamison et al, 1988, Suter, 2002).
- Being on workers compensation (McEachen et al, 2010, Murgatroyd et al, 2015 & Elbers et al, 2015).
- A systematic supportive approach to RTW from the employer (Lee et al 2015).

What impacts on RTW

In the RTW Monitor report, injured workers reported the following people helped the most;

- Doctor (20%)
- Physiotherapist (19%)
- Someone from work (16%)
- Myself (12%)
- Insurer (8%)
- But – where workers rated ‘someone from work’ highest, they had the most durable RTW outcomes.

What impacts on RTW

In the RTW Monitor report, injured workers reported the following people helped the least;

- No-one (45%)
- Someone from work (29%)
- Insurer (15%)

What impacts on RTW

Summary

- The role of the employer is critical to ensure
 - A systematic early rehabilitation approach.
 - Identification and management of Psycho-social issues.
 - Return to Work Management and appropriate contact/support.
 - WH&S is resourced and perceived to be well managed.
 - Appropriate management by the insurer.

Other relevant research for FRNSW

- Health Benefits of Work Consensus Statement – AFOEM, RACP.
- NHMRC guidelines for management of Post Traumatic Stress Disorder & Expert Guidelines for Emergency Services.
- Behavioural Insights
- Buchbinder, Jolley & Wyatt (2001) – Community Education.

Health Benefits of Work

- This underpins everything we do at FRNSW and provides an evidence basis for our return to work and vocational rehabilitation programmes.
- This has been endorsed by the Commissioner, and is communicated through our intranet and other correspondence.
- The HBOW message is also present in this years Health & Safety Calendar.
- We will be developing a brochure for our injured employees in relation to this.

Systematic Early Rehabilitation - Physical

- All workers are classified as high or low risk using the Orebro.
- The focus is on identification of support need rather than liability.
- FRNSW staff have been given delegation for initial treatment and investigations.
- High risk claims are referred for
 - Internal psychological support,
 - Proactively offered 6 sessions of psychological treatment,
 - Receive earlier independent medical and treatment review,
 - Internal medical review,
 - Notification for Well Being Support,
 - Focussed training for that station.

Systematic Early Rehabilitation - Psychological

- Previously, 70% of psychological claims were for PTSD.
- Research indicated the true rate of PTSD was 25%, which may explain why a majority never recovered and were discharged.
- We developed and implemented an assessment procedure to confirm diagnosis and rehabilitation plans.
- This focussed on resolution of issues rather than litigation and preceded the EIM systematic reviews.

Systematic Early Rehabilitation - PTSD

- FRNSW in collaboration with Employers Mutual and Phoenix have developed a 'PTSD Book' for our firefighters as per Buchbinder et al (2001) .
- Diagnosis is now reviewed by Clinical Psychologists supported by MMPI-2, PAI and other clinical assessment tools.
- Following assessment a case conference is conducted to ensure all treating professionals agree on the diagnosis.
- RTW support includes
 - Functional assessments
 - Specific suitable duties allowing desensitisation.
 - Resilience Box Intervention
- Compliance by treating practitioners managed through independent framework.

Return to work management – Physical

- Suitable duties lists for
 - station based duties
 - support roles
 - community based duties.
- KPIs have been developed for each Command focussing on RTW measures to allow local and executive comparison.
- All Return to Work plans end with referral to health promotion initiatives.

Return to work management - Command

- Managers and Supervisors have main management role.
- All have received psychological/psycho-social training developed and presented by Blackdog.
- SANE Mindful employer programme available for all staff to assist in identification and management of workers with psychological injuries.
- Research now underway into 'Resilience at Work' Package.
- Some Commands are moving to Mental Health First Aid training for all Commanders.

WH&S Management

- All incident forms are recorded on claims system and RTW follow up preventative actions at week 10.
- KPIs now in place to compare Commands and Commissioner has noted expectation of 100% of incidents resulting in claims need preventative actions.
- IM and Safety Teams now meeting with Health and Safety Representatives to provide information and receive feedback.

Working with the insurer

- The insurer is rarely noted to be of assistance by injured workers that have a durable return to work.
- As such, collaborative approach is focussed on ensuring early support and assistance led by FRNSW.
- EIM/NCMM ensures consistent approach between agencies.
- Joint communication starting in Behavioural Insights.

Questions

