



Safe Work and Return to Work Awards

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Safe Work and Return to Work Awards example entry Category nine – Best rehabilitation and return to work management system

1. Key elements of the rehabilitation and return to work system.

The incidence of injury and increasing lost time and financial impact of worker injury was significantly impacting the delivery of services to the 100,000+ Queenslanders supported by WMQ annually. In 2019 a strategy to reverse this negative trend was embarked upon, involving all elements of the business.

Key elements of the strategy included:

- Focus was placed on Executive and manager engagement in the RTW process by:
 - o Reporting on RTW trends and outcomes at to WHS Advisory Committee quarterly (Chaired by the CEO) quarterly.
 - Conduct of monthly case reviews with service Directors, particularly addressing complex cases and impediments to successful RTW.
 - Integration of injury management programs with other organisational workforce support services such as mental health and Wellness and HR services. This includes complex case reviews with Directors, support providers and workers to overcome barriers to RTW.
- WMQ adopted a *Recover@Work* philosophy to RTW. All reference to process, documentation, roles (the RRTWC was retitled Recover@Work Advisor (R@W)) etc. were changed to reinforce a stay at work approach within a supportive environment. Where possible workers remain at work; are actively supported during recovery by support systems as described below.
- As part of the incident reporting process the requirement that Managers report injury requiring medical treatment or result in Workcover claims to their Director. This ensures senior management visibility of injury and immediately engages them in the RTW process; in particular that SDP or alternative duties are provided the workers.
- To provide workers a convenient and responsive injury reporting process an Injury Hot Line was established. After advising their manager of an injury, workers contact the Hot Line and undergo a clinical assessment. This assessment informs the treatment regime, and a triage report is provided to the Manager and R@W Advisor. Where medical appointments are required, Hot Line staff arrange these on behalf of the worker.

Appointments are made with a network provider or the workers family GP. Experience has shown workers enjoy faster access to treatments and that treating practitioners have better understanding of WMQ employment conditions, roles and capacity for alternative duties. All contributing to better recovery outcomes for injured workers.

- WMQ also operates an Early Intervention Treatment program. Workers are able to access treatments for minor, work and non-work-related injury. Workers can access up to four treatments, paid by WMQ as approved by their manager. This program has proven very successful, particularly in relation to non-work-related injury. Uptake has been strong and has contributed to significantly reduction in absenteeism.

- The need to improve communication between stakeholder in the RTW process was identified and address through measures such as:
 - o Distribution of Triage reports to line Managers, R@W Advisor and worker. All parties receive a clinically prepared initial assessment which establishes initial elements of the treatment regime. This has assisted Managers by providing them confidence treatment information is appropriate and consistent.
 - Active consultation with workers, managers and practitioners in the development and revision of SDP. SPD plans are developed in consultation within 24 hours of receipt of the triage/initial consultation report.
 - Site visits to observe implementation and effectiveness of RTW plan by WHS and Ergonomics Advisors.
 - Reinforcement that alternative duties will be provided as a policy. Managers are required to provide alternative duties, either with the workers business unit or if not practicable, fund host employment in another business unit. Having workers at home due to 'non availability' of alternative work is not acceptable.
- The R@W Advisor maintains regular contact with managers and workers to review recovery progress and address emerging issues. Direct contact occurs weekly and amendments to RTW plans are communicated to all stakeholders for endorsement.
- Reduction in workplace injury is one of five key risks registered on the WMQ Enterprise Risk Register. This drives the requirement for formalised analysis and reporting on injury management outcomes and trends. Quarterly reports are provided to the Executive Leadership Team who advise on required strategic initiatives and actions. A holistic approach is taken to injury support through investing in inhouse capability such as employment of an ergonomist, use of in-house mental health practitioners, establishment of over 100 Mental Health First Aiders, EAP services and Wellness Coordinator.

The success of these initiatives is demonstrated by the results achieved since 2019. From a position where injury impact was increasing in terms of absenteeism, cost and worker impact, we are now enjoying a major reversal of the negative trend and our workers are better cared for when injured.

- Effective RTW of injured workers is 98.5%.
- Stay at work rates across all WIC have increased between 5% an 15%.
- Average Total Incapacity Days – Aged Care - Down from 25.73 days 7.79 days.
- Average Total Incapacity Days – Other Social Assistance Services – Down from 13 days last year to 5 days this year.
- Average First Return to Work – Aged Care - Down from 10.92 days to 10 days.
- Average First Return to Work – Other Social Assistance Services – Down from 9 days to 5 days.
- Average Claims Costs – Aged Care - Down from \$8,762 to \$2,432.
- Average Claims Costs – Other Social Assistance Services – Down from \$7,334 to \$2,032.
- Forecast statutory claims costs for FY 21/22 is down 30% from \$2,874,455, to \$2,013,493; a \$800,000 premium reduction year on year.

These statistics clearly indicate the effectiveness of the initiatives introduced, the benefits to the organisation and importantly to our workers.

2. What initiatives are in place to ensure the workplace has a strong return to work culture?

WMQ strives to embed a positive culture and response to workplace injury. We do not want workers stigmatised by the fact they experience workplace injury. Our approach is to provide support to workers for work related injury, and also for non-work injures that may impact a worker's capacity to perform their role.

Our commitment to supporting injured workers is communicated upfront in our recruitment processes. Workers receive training in our injury support commitment, procedure and entitlement through Inclusion of injury management information at induction ensures workers are aware of our commitment (they receive the commitment statement), entitlement and the process for accessing injury support. Our Recover@Work process is explained the Employee Handbook also.

Since 2019 the Executive has actively supported the implementation of the R@W initiative. Significant investment in injury support capability including the Injury Hot line, employment of a highly skilled R@W Advisor, establishment of the MHFA network and increased use of external EAP services, including for prevention activities are examples. A Wellness Coordinator also has been employed delivering program to assist workers with modern work/life issues impacting health and well-being such as mental health, stress and anxiety management, financial management and dietary and physical health. These services are frequently offered as adjunct support service to formal injury management.

Policy measures such as the Recover@Work, alternative duties are to be provided, reporting of injuries by Managers to Directors, Executive case review meetings and use of injury data to inform decisions has seen increased engagement in injury management across all levels of management. There is evidence by increased understanding of process and heightened appropriation of the importance of communication and collaboration across stakeholders. This has contributed to more effective resolution of claim management issues and enhancing recovery benefits for workers.

A major benefit evidence from the introduction of the Injury Hot Line is the increased engagement with Managers in RWT. Confidence in the triage and consultation reports and communication of these with stakeholders has seen marked increased participation by Managers. Rather than the previous trend of 'outsourcing' RTW to WorkCover, Managers are now engaged and active in case management, positively adding not the worker/management relationship.

WMQ commitment to RTW is also demonstrated by its support of RTW for non-employees also. Since 2019, more than nine workers from other employees have been supported with RTW through participation in the WorkCover 'host employment' program. The program has also seen two workers secure employment WMQ.

3. Provide one detailed example that demonstrates your approach to injury management and how your organisation contributed to successful stay at/return to work outcomes for an injured worker.

Role: Personal Carer

Age: 20

Diagnosis: Back Muscle Sprain

Date of Injury 4 March 2020

Return to work goal 17 hours per week.

Employee was assisting in the transfer of a resident from bed to chair using a hoist. Employee is 198 cms tall and the policy/procedure states the height of the bed to be adjusted to the shortest person. Employee had to bend repetitively and as a result hurt his lower back.

Employee saw GP on the 5.3.20 and RTW plan was signed off for light duties initially until 6.4.20. Everything was going well, and he was managing his light duties and attending physio treatment.

Unfortunately, employee was unable to sustain his RTW and issued with an unfit certificate until 7.7.20.

Concerned about his down grading an IME was undertaken on 31.03.20 with timeframe to full return to work within 3 months. RTW Plan was recommended with appropriate duties. Employee also, attended a second treating specialist and pain specialist to assist with injury.

Employee began his RTW as recommended by his GP. Progress was lengthy with minimal improvement. It therefore was decided between WCQ and the R@W Advisor that an OT services would be utilised.

A functional assessment was conducted, and a proposed plan was discussed and agreed to between all stakeholders before sending to GP for approval. Employee participated in the new RTW plan but unfortunately, employee fractured his elbow in a no work-related accident and was off work from 15.8.20 – 22.09.20.

Employee re-commenced RTW for his back injury on 22.09.20 until 4.11.20. We discussed with employee potential to trail pre-injury duties/hours. Employee's response was positive and trail commenced.

Employee engaged in a graduated RTW Plan without difficulty and received a full clearance certificate 02.12.20.

While the statutory claim was closed, WMQ offered further support if required under the Early Intervention Treatment program, to date this has not been requested by the worker.