

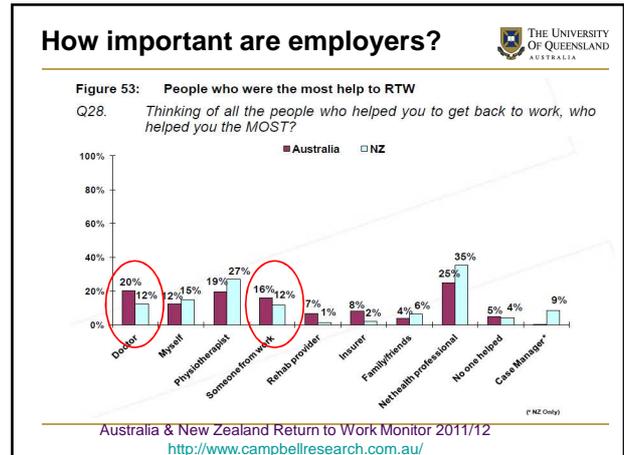


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## ASIEQ Forum

The importance of employers in minimising the impact of injuries at work  
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### Average Cost of time lost claims

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- Mining Industry \$29, 292
- Construction \$18,773
- Financial & Insurance Services \$14,798
- Electricity, Gas, Water & waste \$13,798
- Public Administration \$12,670
- Transport, Postal & Warehousing \$11,226
- Manufacturing \$10,923
- Health Care & Social assistance \$10,710
- Retail Trade \$9,858
- Education & Training \$8572
- **Scheme average \$12,427**



Q-COMP Supporting QLD 11/12 Statistics report [www.qcomp.com.au](http://www.qcomp.com.au)

### Duration of time lost claims

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Workdays lost	11/12	
	No. of claims	% of claims
1 - 5 days	19,918	38.1
6 - 10 days	7,081	13.6
11 - 20 days	6,302	12.1
21 - 40 days	6,324	12.1
41 - 65 days	3,961	7.6
66 - 130 days	4,483	8.6
131 - 260 days	2,751	5.3
> 260 days	1,357	2.6
<b>Total time lost claims</b>	<b>52,177</b>	<b>100</b>

Q-COMP Supporting QLD 11/12 Statistics report [www.qcomp.com.au](http://www.qcomp.com.au)

### 1. Rehabilitation is more effective if located in workplace

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**Strong** evidence that the RTW process and rehabilitation are more effective if closely linked, or located in workplace (Waddell, 2008; Carroll, 2010)



...TO ACHIEVE A SAFE AND STABLE RETURN TO WORK.

(IT'S POSSIBLE!) (IT'S PROFITABLE!) (IT'S PRODUCTIVE!) (IT'S REWARDING!) (IT'S MY LIFE!)

### Rehab in the workplace

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- A randomised controlled trial with Quebec showed that workers who received a structured intervention combining clinical and occupational interventions returned to work 2.4 times faster than usual care
- 175 workers had been absent >4 weeks due to back pain

**Results:**

- A six-year follow-up found a mean saving of CAN\$18 585 per worker. Workers in usual care group generated some very costly cases because of long-term disability (Loisel et al. 1997; Loisel et al. 2002)

### Ingredients of 'occupational intervention'



- Involvement of worker & workplace
- An ergonomic site visit
- Occupational physician as case manager
- Early identification and treatment of worker at risk of prolonged absence
- Replicated in Netherlands with workers 2-6 weeks absence with similar results (*Anema, 2007*)

**Denmark:** Total costs saved in 'coordinated care' workers compared to controls estimated at US\$1,366 per person at 6 months follow-up and US\$10,666 per person at 12 months follow-up (*Bultmann, 2009*)

### Evidence in Australia (Victoria)



**Multi-faceted** intervention for ~21 months for work-related musculoskeletal disorders

- Total average cost of claim reduced by 35 % after the intervention (from \$6019 to \$3913) **and**
- Number of days of compensation reduced by 58% (from 33.5 to 14.1) (*Iles et al, 2012*)

### What was the intervention?



- Early reporting via a 24hr 'Injury hotline'
- Experienced injury managers managed cases (maintained communication channels between treating doctor, insurer and workplace)
- Injured worker supported throughout process - Focus on managing psychosocial factors and avoiding dispute and addressing barriers



### 2. Policies and Procedures & workplace culture



**Strong** evidence that H&S policies and procedures is cost-effective, and may reduce sickness absence by 20-60%



(*Waddell et al 2008*)

### Sickness absence policy



- Rolls Royce in UK, implemented a sickness absence policy in which:
- All staff trained on new policies & procedures with responsibilities of managers/HR/OHS
- Early rehabilitation provided to anyone absent for 4+ weeks, including an action plan and physiotherapy services (both work and non work-related injuries)

#### Results:

- Reduction in staff absence from 2.9% (1999) to 2.4% (2002) of the workforce; a saving of around £11m;
- Employees felt managers were positively interested in their prompt return to work

### Workplace culture



- 1831 workers in US with back pain completed a survey about their satisfaction with their employer's handling of their claim and satisfaction with health care received

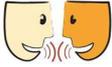
#### Results:

- Workers' more satisfied with their employer's treatment of their claim were **more likely to claim medical expenses only and not claim lost time**
- Workers dissatisfied with their employers' response to their injury were 1.5 times more likely to have negative return to work outcomes (*Butler et al, 2007*)

### 3. Employers and health care providers communicate

**Strong** evidence that contact by a healthcare provider with the workplace significantly reduces work disability duration, and **Moderate** evidence that this contact results in net \$ savings

(Franche et al, 2005; 2007)



### Communication is vital

- 187 Ontario workers with lost-time claims for back, neck or upper extremity occupational musculoskeletal injuries completed a telephone survey 17-43 days post injury

**Results:**

3 activities were associated with a more than twofold chance of earlier return to work compared with a lack of communication:

- Healthcare provider giving a return to work date
- Healthcare provider giving advice for injury prevention/recurrence
- Healthcare provider making contact with the workplace

(Kosny et al. 2006)

### 4. Offers of modified work

**Strong** evidence that temporary provision of modified work reduces duration of sickness absence and increases return to work rates and **moderate** evidence it reduces costs

- Depending on context, workers who are off work for 4-12 weeks have a 10-40% risk of still being off work at one year



(Waddell et al. 2003; 2008; Franche, 2005)

### Chances of RTW diminish the longer a person is off work

Table 5: The importance of return-to-work

Time off work	Probability of RTW within 3 months
3 months	50%
6 months	40%
9 months	33%
1 year	25%
2 years	12%
3 years	6%
4 years	4%

SOURCE: Carabelas, T 'What happens when a dispute is lodged in the Workers' Compensation Tribunal?' Presentation to WorkCover SA Conference, 2007

**The role of the workplace in return to work** Discussion Paper, WorkCover SA, March 2010

### Timing & effectiveness of early intervention for LBP

- 3,867 'patients' were seen at an occupational health service in the US within 3 weeks of work-related low back injury

**Results:**

- If PT on day of injury – mean RTW of 9.8days (1,379)
- If PT 2-7 days post injury – mean RTW 12.3days (2,005)
- If PT >8days post injury – mean RTW 16.8 days (483)

- Workers in the early intervention group had fewer physician visits, fewer restricted workdays, fewer days away from work, and shorter case duration

(Zigenfus et al. 2000)

### 5. Someone has the responsibility to coordinate RTW

**Strong** evidence that successful RTW programs involve someone to coordinate the process to:

- Provide individualized planning and coordination adapted to the worker's initial and on-going needs,
- Ensure communication remains open between all parties
- Ensure the worker and other players understand what to expect and what is expected of them

(Franche et al 2005)

**Competencies required by RTW coordinators**

1. Professional credibility
2. Communication
3. Individual personal attributes
4. Administrative skills
5. Conflict resolution
6. Problem-solving
7. Evaluation skills
8. Information-gathering

*(Pransky et al, 2010)*

**6. Supervisors should be trained in work disability prevention**

The diagram illustrates the interactions between various stakeholders in work disability prevention. At the center is the 'Supervisor'. To the left is a box for 'Health care professionals & Insurers case manager', and to the right is a box for 'Injured worker'. Below the injured worker is a box for 'Co-workers'. Above the supervisor is a box for 'Employer - policy, cost containment, productivity'. The entire system is contained within a larger oval labeled 'Society'. Arrows indicate bidirectional communication between the supervisor and each of the other four boxes.

*(Holmgren & Ivanoff, 2007)*

**Ideal SUPERVISOR**

- Is proactive
- communicates openly
- listens to the individual's concerns
- understands the individual may still be unwell even if RTW
- has an open-door policy
- adapts their approach to the individual
- allows the individual to maintain a certain level of normality
- is quick to respond to the individual
- takes responsibility for the individual's rehabilitation
- acknowledges the impact the individual's illness
- remains positive with the individual

*(Munir, 2012)*

**Ideal supervisor never.....**

- loses patience with the individual
- displays aggressive actions
- questions the individual's every move
- goes against the individual's requests for adjustments
- makes the individual feel like a nuisance

42 item scale available to assist supervisors identify important behaviours (Munir et al, 2012)

**Classic example**

- In a Canadian Health care facility, when workers were off work with back injuries their supervisor phoned to say:  
*'How are you? We're thinking about you. You're a vital part of the team. Your work is important and your job is waiting for you.'*
- Communicating care and concern and the company culture it reflected, cut the number staying off long-term from 7.1% to 1.7%

*(Wood 1987)*

**Supporting supervisors**

- A 4 hr a training program for supervisors in a food processing and clothing company in the US resulted in a reduction in new workers' compensation claims of 47% and active lost-time claims of 18%.
- Long term benefits: reduction of 25% in indemnity costs of new claims in the first six month period followed by a 75% decrease in the next 12 months
- Is this relevant for Australian workplace? What about mental conditions?

*(Shaw, 2006)*

## Research at UQ



"The **knowledge, skills and behaviours** required by **supervisors** to facilitate a RTW after a mental disorder or musculoskeletal injury"

- Funded by ISCRR

2 stages:

- Stage 1 – focus groups with supervisors to find out from them what they think they need
- Stage 2 – survey onsite RTW, Rehab, OHS, HR staff to rate the competencies identified in Stage 1



If you want to be involved in this research or a workplace exercise intervention for office personnel, please contact

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