

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

ASIEQ Forum


The importance of employers in minimising the impact of injuries at work
13th February, 2013

Venerina Johnston PhD
B Pty (Hons) Grad Cert OHS
Grad Dip Work Disability Prevention
v.johnston@uq.edu.au

How important are employers?

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

Figure 53: People who were the most help to RTW
Q28. Thinking of all the people who helped you to get back to work, who helped you the MOST?




Category	Australia (%)	NZ (%)
Doctor	20%	12%
Myself	22%	15%
Physiotherapist	19%	27%
Someone from work	16%	12%
Rehab provider	7%	1%
Insurer	8%	2%
Family/friends	4%	6%
Meth health professional	25%	35%
No one helped	5%	4%
Case Manager*	9%	0%

Australia & New Zealand Return to Work Monitor 2011/12
<http://www.campbellresearch.com.au/>

Average Cost of time lost claims

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

- 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

Duration of time lost claims

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

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
Total time lost claims	52,177	100

Q-COMP Supporting QLD 11/12 Statistics report www.qcomp.com.au

1. Rehabilitation is more effective if located in workplace

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

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



Rehab in the workplace

THE UNIVERSITY OF QUEENSLAND AUSTRALIA

- 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 ~21months 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

Venerina v.johnston@uq.edu.au

