



Work injury management :

Reducing Work Disability

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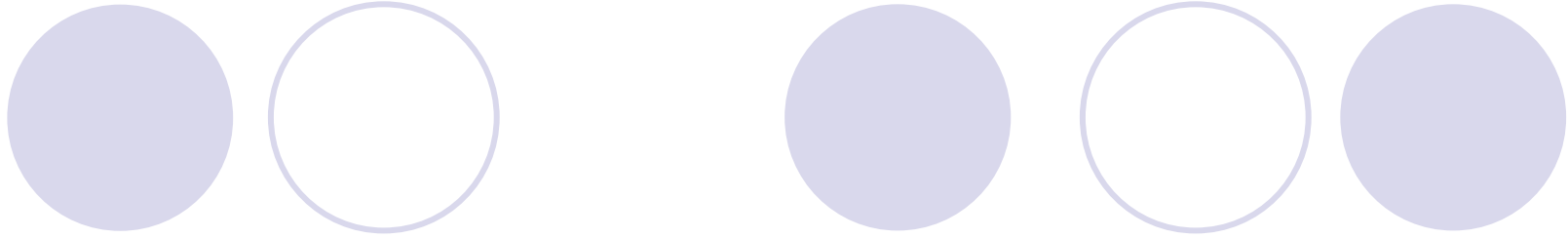
Case stories

- A workman in a government clinic
- A worker in a children entertainment centre
- A construction site supervisor



Phase specific models

- 3 phases model (Acute < 30 days, subacute 30-90 days, chronic >90days)
- 8 phase model (2 predisability phase, short term < 1week, timely intervention 1-7 wks, long-term disability 7-12 weeks, late rehabilitation 3-6 months, chronic disability 6-18 months, permanent disability >18 months)
- Progression determined by chronicity of pain and disability and the related risks

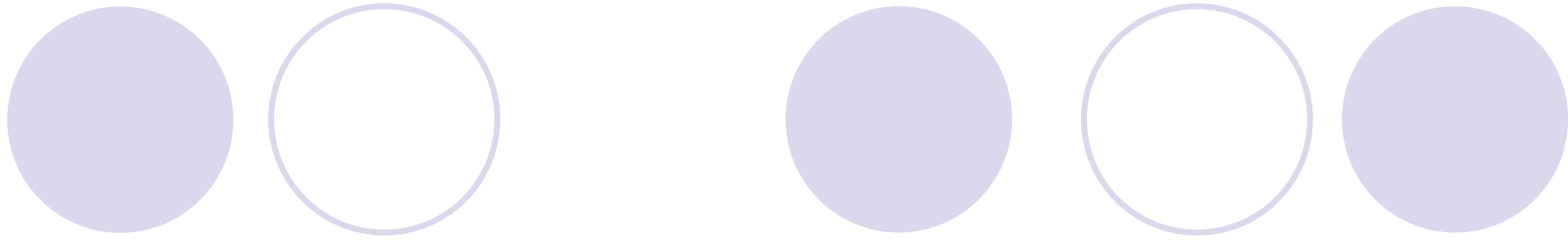


- Risk factors:
 - Occupational & non-occupational social environment
 - Compensation system
 - Social security system
 - Health care system
 - Individual
 - Legal, political, economic context

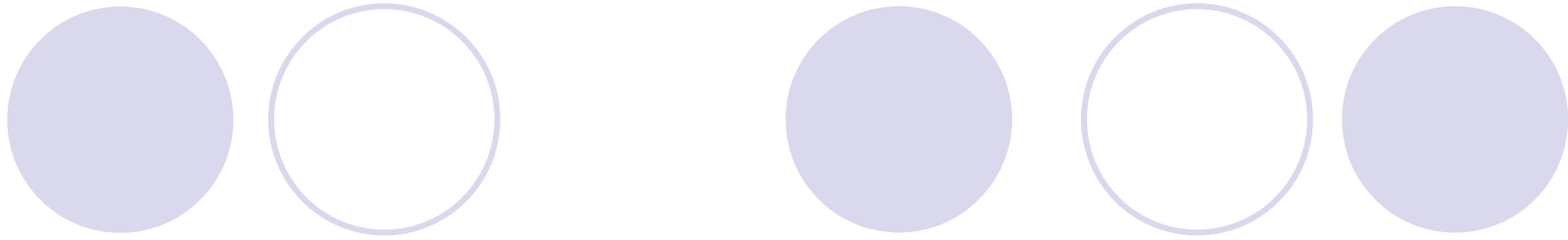


Readiness for Change model

- Motivational & Behavioural model
- 5 motivational stages
 - Precontemplation
 - Contemplation
 - Preparation for action
 - Action
 - Maintenance



- **Mediating dimensions**
 - Decisional balance – self weighing of pros and cons
 - Self efficacy – confidence in engaging in RTW & the activities maintaining RTW
 - Change process - Experiential and behavioural
- **Factors interacting with the mediating dimensions**
 - Health care provider
 - Workplace
 - Insurer & economic considerations



- **The Phase Model of Occupational Disability**
 - Takes into account the temporal and developmental nature of the process
 - Develop phase specific risk factors and intervention measures
 - Reflects average experience
- **The Readiness for RTW Model**
 - Account for individual variation in the optimal timing of interventions based on readiness
 - Does not address the interactions of the injured employee on other parties
 - Type & severity of injury not considered in the model



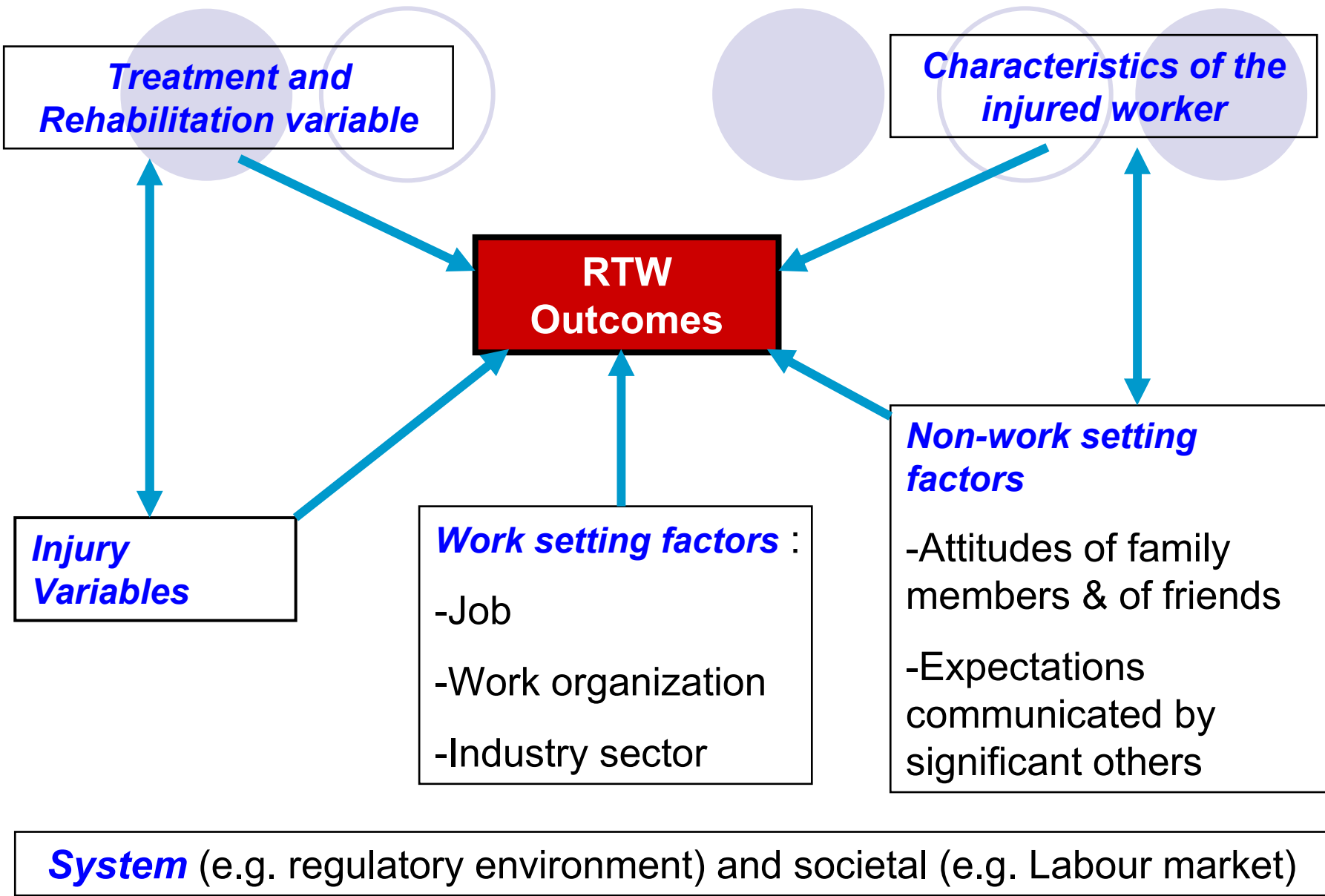
Returning to work

Phases of disability

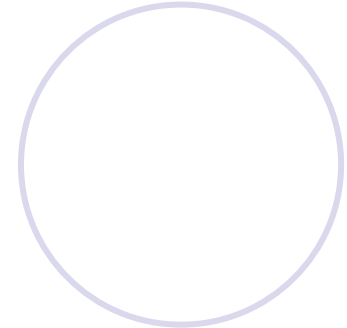
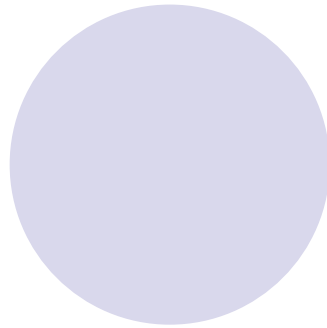
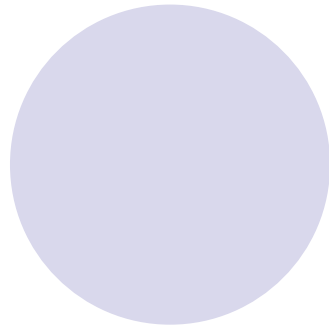
	Length of disability	Probability of returning
Acute	0 – 4 weeks	80-100%
Subacute	4 -12 weeks	60 – 80%
Persistent	> 12 weeks	< 60%

Disability is defined as reduction in the individual's capacity to perform usual activities

Applies to: returning to work, perceived disability



Predictors of improved outcomes in chronic occupational disability





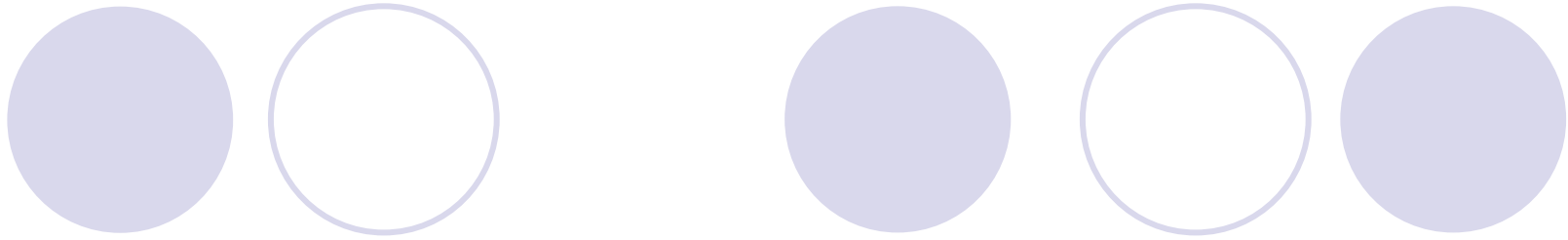
WORKPLACE

- *Disability management practices*
- Active safety leadership
- In-house organised RTW programs
- People oriented culture
- Safety education of employees
- Incentives to participate in disability management
- Early contact of employer representatives with the worker after injury
- Ongoing monitoring of the disability cases
- Top management commitment on safety and disability management
- Work accommodation offers

WORKPLACE

A decorative graphic consisting of five circles. The first circle is solid light purple and partially overlaps the letter 'O' in 'WORKPLACE'. The second circle is a light purple outline and overlaps the letter 'P'. The third, fourth, and fifth circles are solid light purple and are spaced out to the right of the text.

- *Work accommodation*
- A pivotal step in disability management
- Gradual reinsertion in previous tasks, with modified task, or both
- Important especially for those with poorer physical and psychological health
- Benefits – decrease anxiety, incidence of injury
- Offering meaningless and devaluing modified work is not to be recommended
- Better to be in a similar setting , with same or similar co-workers, and which provides a sense of accomplishment



- Work accommodation:
 - Modified or alternate duties
 - Graded work exposures
 - Work trials
 - Workstation redesign
 - Activity restriction
 - Reduced hours
 - Etc



WORKPLACE

- *Job Characteristics*
- more prolonged work disability if
 - Higher physical &/or psychological demands
 - Certain positions/actions, repetitiveness, fixed positions
 - Low worker control over the job (especially work / rest schedule,
 - Long working hours
 - Monotonous work
 - High job stress or job strain

WORKPLACE



- *Supervisor and co-worker response*
- Non-confrontational and non-judgmental approach is important
- social support from co-workers may be important – both positive and negative aspects
- Feeling of legitimacy – how the employee feels that others believe the authenticity of their injury and of their symptoms (especially for those invisible injuries/illnesses)



WORKPLACE

- *Organisational Factors*
- Ergonomics
- Supervisor support
- Disability management practices
 - Preventive training, early intervention, communication, coordination
- Workplace culture
 - general interpersonal and value-focussed atmosphere
- Larger firm size
 - More opportunity for finding alternate work

HEALTHCARE PROVIDER

- Roles – assessment, treatment, judging level of disability and returning to work issues
- Communication with patient
- Communication with workplace – specific recommendation on ergonomic or job change issues
- Knowledge and skills in chronic pain management
- Insufficient/delay assessment or treatment lead to poor return to work

THE WORKER

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- ***Physical Factors predictive of longer work disability***
 - Functional impairment, poor general health, more intense pain
- ***Psychological Factors predictive of longer work disability***
 - General psychological distress, poor expectations recovery/able to RTW, poor self efficacy, anxiety, depression, fear avoidance, catastrophising

THE INSURER

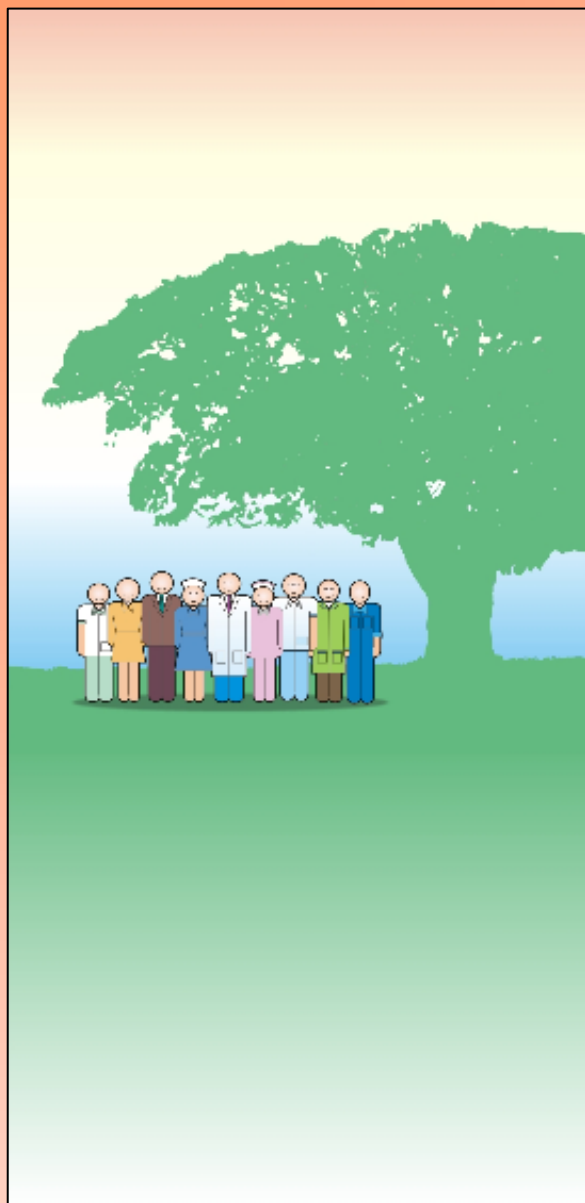


- Controversies +
- Insurance benefits not to be viewed independently, should also consider
 - Job security
 - Ratio of income replacement to previous earnings
 - Amount of regular income
 - Number of dependents
 - Financial pressure to return to work
- Process of claims
 - Delay in compensation (especially those prolonged delays) has been shown to increase chance of prolonged work disability – induce a ‘denial status’, triggering more intensive claim process



SUMMARY

- **Clinical intervention**
 - Manage functional disability, pain, coexisting medical conditions, psychological distress
- **Workplace intervention**
 - Multi-level and gradual approach
- **Healthcare system**
 - Training for healthcare providers – competency and readiness
 - Expedient access to necessary diagnostic tests and treatments - to avoid prolonged deconditioning
- **Insurance factors**
 - More expedient processing of claims



Kowloon East Cluster Occupational Medicine Care Service

九龍東醫院聯網
職業醫療關懷服務



九龍東醫院聯網
KOWLOON EAST CLUSTER

OMCS in KEC



- A clinical service to prevent and manage disability at work
- Missions:
 - To care for the carers
 - To provide appropriate clinical care & support to staffs who have work related injuries and/or occupational diseases
 - To promote occupational health & safety

Scope of services of KEC OMCS

1. **Manage work related illnesses/injuries:**

- To emphasize on **early detection, assessment and intervention**; and **follow up and support** staffs as they return to work
- To enhance treatment and rehabilitation (liaise with tx team)

2. **Case management**

- care manager to liaise the clinical management, rehabilitation and return to work process of injured staffs
- management of staffs who have prolonged or complex illnesses and injuries (as indicated)

Scope of services of KEC OMCS

- 3. Coordinating medical intervention and rehabilitation**
- 4. Psychological support/interventions**
- 5. Steering “Returning To Work” program**
 - For those who are not able to return to work >28 days post injury (voluntary)
- 6. Promote occupational health and safety**

Case finding and referral system

Source	Indications
KEC (HA) staff self referral	<ul style="list-style-type: none"> • Staff who has difficulty in coping with work after a recent work related injury
Referral from clinical services * (Doctors, PT, OT, CP)	<ul style="list-style-type: none"> • Staff who has injury on duty with sick leave for more than 3 days • Staff who has or is suspected to have occupational diseases • Staff who has difficulty in coping with work due to acute or chronic illness/injuries
Referral from supervisors *	<ul style="list-style-type: none"> • For occupational medicine assessment and recommendation on duty modification related to “light duty” prescriptions
Case finding	<ul style="list-style-type: none"> • OMCS care manager, as a member of KEC OSH care team, will contact staffs with IOD SL over 3 days Then at regular intervals

* Staff agreement is needed



Process of Returning to Work

- Clinical assessment at OM clinic
- Case management by OMCS nurse
- Multidisciplinary conference (OMCS team, PT, OT, staff, managers, HR, treatment team)
- Work out agreeable RTW plan
 - Time, intensity, work content, precautions, period of review, location
- Concurrent treatment and rehabilitation
- [Managing the team/environment]