



Fire &
Rescue NSW

Early Rehabilitation Models



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Manager, Injury Management



Early Intervention or Rehabilitation

Early - in or during the first part of a period of time, a course of action, a series of events.

Intervention - interposition or interference of one state in the affairs of another.

Rehabilitation - to restore to a condition of good health, ability to work, or the like.

What impacts on RTW

- Depression – (McWilliams, Goodwin and Cox; 2004, Carroll, Cassidy and Cote; 2004, Rahimi, Vazini, Alhani & Anoosheh, 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 & collaborative 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 with their RTWP;

- Someone from work (31%)
- Rehab Provider (17%)
- Employer (14%)
- Main Supervisor at Work (12%)
- Return to Work Advisor (9%)
- Doctor (7%)
- Insurer (4%)

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 research



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

Health Benefits of Work

- In 2011 The Consensus Statement on the Health Benefits of Work was launched by AFOEM and RACP .
- This statement aims to improve the welfare of individuals, families and communities by promoting the 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.

Systematic Early Rehabilitation - Physical

- All workers are classified as high or low risk using the Orebro.
- Our EIM is then implemented which ensures regular independent monitoring of the claim.
- High risk claims are referred for internal psychological support, are offered 6 sessions of psychological treatment to assist their recovery and receive more intensive assistance and more frequent review .

Systematic Early Rehabilitation - Psychological

- 30% of psychological claims are made for alleged bullying and harassment. A majority of the remainder 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 currently reviewing all management based on NHMRC guidelines for assessment and treatment.
- Buchbinder et al (2001) showed how a simple book can assist in changing community perceptions on management of Lower Back Pain.
- FRNSW in collaboration with Employers Mutual and Phoenix have developed a 'PTSD Book' for our firefighters.
- This tells the injured worker what to expect from their treating providers, what they can do, what their family can do and what they can expect from FRNSW.

Return to work management

- Suitable duties lists for
 - station based duties
 - support roles
 - community based duties.
- Specific duties to assist with gradual desensitisation required for PTSD is currently under development.
- 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

- 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.

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.

Behavioural Insights

- Allianz and DEC implemented a change in correspondence following Behavioural Insights Principles.
- This project focussed on the first 13 weeks. FRNSW will be gradually implementing in line with EIM, which is the life of the claim.
- Initial correspondence and IMPs or Work Health Plans are close to implementation.
- The first part will be for medically discharged firefighters.

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.

Fire & Rescue NSW

- Currently 99.2% of claims are exempt from 2012 & 2015 changes.
- Firefighters have top up to their normal wage for the duration of their employment due to award provisions.
- We have SSS or D&D scheme available for a vast majority of firefighters.

Fire & Rescue NSW

- 85% of workers RTW within 3 months, with 67% on PID.
- Of claims received in 2011, 20 remain open.
- Lower duration of claim at 26, 52 and 78 weeks compared to Scheme and EML average (ex NSWPF).
- Rates of medical discharge caused by compensable injuries reduced by 25% compared to last year.

Questions

