

# Resourcing Management Model

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# Staffing

- ISLHD has approx 5400FTE/7800 individuals
- Workforce Health and Safety Unit
  - Safety and Well-being Manager: Safety, Health and Well-being
  - Injury and Claims Manager: Injury and Claims Management
- 2.0FTE Workers Compensation Claims Advisors
- 4.5FTE Injury Advisors (Rehab Case Managers)
- Between 80-90 active rehab/RTW cases at a time
- LHD is broken up into 3 hospital groups and a Shared Services area covering District-wide Services



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# Service Areas

- Northern Illawarra Hospital Group (approx 2300FTE)
  - Coledale, Bulli and Wollongong Hospitals
- Southern Illawarra Hospital Group (approx 670FTE)
  - Pt Kembla, Shellharbour and Kiama Hospitals
- Shoalhaven Hospital Group (approx 840FTE)
  - David Berry, Shoalhaven and Milton-Ulladulla Hospitals
- Shared Services (approx 1500FTE)
  - Mental Health, Drug and Alcohol, Ambulatory and Primary Health Care, Oral Health, Corporate Services



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# Workload Management

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- Difficulty in defining what is 'the desired workload'
- Occupational Rehabilitation industry grappled with this
- No simple solution – no 2 cases are the same!
- Accepted 'rule of thumb' across the industry
- Flexibility and supportive staff combined with familiarity with work areas and personnel
- Constant monitoring of injury numbers, active RTW cases, medical status of cases



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# Challenges...

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- Best laid plans.....
- Things can change quickly – ability to respond effectively
- ISLHD re-structure: from a centralised to a decentralised model!
- Lack of direct staff control
- Importance of systems and performance monitoring and ability to work with 'Hub' Workforce Support teams



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# Results

- Monthly average of 90% RTW at pre-injury hours and/or pre-injury duties (within 8 weeks post injury)
- Decentralised model only commenced August 2015...to early to understand the impact...
- Challenge is to maintain and continue with improved performance achieved over last 2 years...in a changed environment



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