



SUNCORP RISK SERVICES

# RETURN TO WORK PROJECT

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ON BEHALF OF



The NSW Self Insurance Corporation (SICorp) was created through the enactment of the NSW Self Insurance Corporation Act 2004. This Act established SICorp to operate one or more Government managed fund schemes and to enter into agreements or arrangements with other persons to provide services (as agents or otherwise) in relation to the operation of any of the Government's managed fund schemes.

SICorp's main role is the administration of the Treasury Managed Fund (TMF), which covers the assets and liability risk of participating Government agencies (other than CTP insurance). SICorp also manages the operation of the Home Warranty Insurance Fund and is the only insurer in NSW providing Home Warranty insurance for building work under the Home Building Act 1989. SICorp's goal is to implement strategies and policies for the administration of the TMF and Home Warranty Insurance Fund to minimise the cost of exposures and operational costs.

Suncorp Risk Services works with clients across the public sector in NSW providing strategic level risk management consulting services on behalf of SICorp. Suncorp Risk Services' focus is on addressing issues of a strategic nature that may impact SICorp and/or individual agencies. In doing so, they provide consultancy and research services in the application of enterprise wide risk management and occupational health and safety and injury management.

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## ACKNOWLEDGEMENTS

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Suncorp Risk Services wishes to acknowledge contributions made during the implementation of this project.

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<i>Claims Service Providers</i>	Allianz Insurance, Employers Mutual Limited and QBE Insurance

## ACRONYMS

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IM	Injury management
KPI	Key performance indicator
NTD	Nominated treating doctor
PIEF	Personal Injury Education Foundation
RTWC	Return to work coordinator
SICorp	NSW Self Insurance Corporation
SLA	Service level agreement
TMF	Treasury Managed Fund
WHS	Work health and safety

## GLOSSARY/DEFINITIONS

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Case management	There are many definitions of case management. In this document we refer to case management as a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost effective outcomes <sup>1</sup> (see Appendix 7. References)
Case manager	A person performing case management
Injury case management	This is the term used in the Commission of Audit Report recommendations to describe injury management
Injury case manager	This is the term used in the Commission of Audit report recommendations to describe the person performing injury management and in an agency this is the return to work coordinator
Injury management	The process that comprises activities and procedures undertaken or established for the purpose of achieving a timely, safe and durable return to work for workers following an injury <sup>2</sup> .
Return to work coordinator	An employee nominated by an employer (or a contractor engaged for the role) whose principal purpose is to assist injured workers remain at or to return to work in a safe and durable manner. The return to work coordinator ensures the policy and procedures in an employer's return to work program are followed <sup>3</sup>

# CONTENTS

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	Page
<b>Executive Summary</b>	6
Project findings	8
Recommendations	9
<b>Introduction</b>	11
Section 1: <b>The injury case management function that is to be performed within agencies and how this differs and complements the functions performed by the claims service provider</b>	14
Section 2: <b>The appropriate qualifications that agency staff employed in the injury case management function are required to hold</b>	30
Section 3: <b>The optimal number of injury case managers that should be employed by agencies by applying relevant benchmarks and caseloads</b>	43
<b>Appendix</b>	
1. What makes the difference in return to work?	52
2. Agency Case Studies – Return to work models	59
3. Examples of range of caseloads identified in large agencies during surveys and focus groups	69
4. Agency Case Studies – Caseload management models	70
5. Summary of Consultation Information	75
6. WorkCover NSW Guidelines for workplace return to work – Obligations (Employer and Insurer)	81
7. References	83

## EXECUTIVE SUMMARY

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Interventions involving a RTWC result in shorter durations of disability for injured workers and lower costs for employers<sup>4</sup>. The workplace based aspect of RTW coordination is considered to be the most important component in achieving successful outcomes<sup>5</sup>.

The main driver for this review of the RTWC's role in relation to TMF claims service providers, their qualifications and workload was the NSW Commission of Audit Report, 4 May 2012. The Commission recommended that WorkCover and SICorp should jointly prepare instructions clarifying the following:

1. The injury case management function that is to be performed within agencies and how this complements and differs from the function performed by the TMF Claims Agents;
2. The appropriate qualifications that agency injury case managers are required to hold; and
3. The optimal number of injury case managers that should be employed by agencies by applying relevant benchmarks.

In this project the term return to work coordinator (RTWC) refers to any employee who performs the agency function of facilitating services to assist injured workers to return to work, as defined by WorkCover NSW.

A literature review of Australian and international research was undertaken and TMF agencies were consulted via surveys, focus groups and interviews to gather information on each aspect of the project. The three TMF claims service providers were interviewed, and professional organisations and other state government jurisdictions consulted on current practices. To confirm the findings gathered from the consultation process, four agencies that are performing consistently better than the TMF average on the Workers Compensation - RTW Monitoring Report were interviewed and case studies were documented.

The literature review established that the RTWC, as the central facilitator of services to assist injured workers to return to work, was found to be crucial to achieving positive RTW outcomes. The literature emphasised that the ability of the RTWC to communicate, cooperate, educate and support all stakeholders through the RTW process was a key determinant in their success. TMF agencies and claims service providers have complementary functions that are defined and documented by SICorp and WorkCover. Due to the range in size and expertise of TMF agencies there is a need for agencies and claims service providers to work together to customise the detail of their roles and expectations. In some relationships there was duplication of effort due to

inadequate communication and collaboration. Increased communication and collaboration between agencies and their claims service providers to further define and regularly review the detail of their roles was noted in higher performing agencies. The Business Profile was identified as an important tool for fostering communication and collaboration as well as documenting the responsibilities agreed by each party.

RTWCs in NSW are required to complete a WorkCover approved 2-day Introduction to Return to Work Coordination course. While this course provides a necessary foundation, further training and mentoring support is required to achieve optimal RTW outcomes. The qualifications and skills of RTWCs working in the TMF vary greatly and the current professional development opportunities available to them are few in number and focus primarily on increasing technical knowledge and skills. As mentioned earlier, the ability to communicate, cooperate, educate and support stakeholders is of paramount importance. This report outlines an array of required competencies for RTWCs. Both the literature review and agencies identified that having these skills was more important than holding qualifications. The personal or inherent traits of the RTWC dictate the attitudes and behaviours in which they perform their role, the experience of the injured worker and ultimately the RTW outcome. It is important that these capabilities be considered in the recruitment of RTWCs as many of the personal attributes are reasonably fixed in adults. The complex nature of the role and the many stakeholders involved require RTWCs to possess and maintain high level skills. The ideal approach for the training and development of these higher level RTW competencies is through a combination of structured training, the use of case studies, networking, mentorship, and supervised experience.

Little research has been conducted on RTWC caseloads however related research on caseloads and case management for health professionals provided insights into benchmarks for setting RTWC caseloads. The literature review and consultation did not reveal an optimal number of practitioners and caseloads that could be applied broadly. A range of factors that impact caseloads was identified. A systematic approach that considers this range of factors rather than a prescribed caseload number should be the focus when determining caseloads.

## Project findings

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These findings form the basis of this report.

<i>Project scope</i>	<i>Findings</i>
<p><i>The injury case management function that is to be performed within agencies and how this complements and differs from the function performed by the TMF Claim Service Providers</i></p>	<ul style="list-style-type: none"> <li>■ The RTWC role is crucial to achieving positive RTW outcomes and benefits from an increased focus on communication and cooperation, education and support</li> <li>■ There are defined functions for the agency and claims service provider that are complementary in the injury management process</li> <li>■ Collaboration and communication between agencies and their claim service providers are essential for successfully performing their complementary functions. Duplication of effort was found in medium and large agencies</li> </ul>
<p><i>The appropriate qualifications that agency staff employed in injury case management function are required to hold</i></p>	<ul style="list-style-type: none"> <li>■ WorkCover NSW requires, as a minimum, all staff performing the RTW function within an organisation to complete a WorkCover approved 2-day Introduction to Return to Work Coordination course</li> <li>■ The qualifications and skills of RTWCs vary greatly</li> <li>■ There are knowledge, skills and attitudes critical to achieving successful RTW outcomes</li> <li>■ Current professional development opportunities for RTWCs are few in number and focus primarily on technical knowledge and skills</li> </ul>
<p><i>The optimal number of injury case managers that should be employed by agencies by applying relevant benchmarks and case loads</i></p>	<ul style="list-style-type: none"> <li>■ There is neither an optimal number of RTWCs nor a benchmark caseload number</li> <li>■ A range of factors need to be considered when determining caseloads</li> </ul>



## Recommendations

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There are 4 recommendations.

### ***It is recommended that SICorp:***

<b>1</b>	<p data-bbox="315 459 2007 523"><b>Strengthen the claims service provider role in the management and use of the Business Profile as part of the NSW Treasury Managed Fund Workers Compensation Claims Manager Service Level Agreement with Agencies</b></p> <ul data-bbox="315 568 2051 756" style="list-style-type: none"><li data-bbox="315 568 2051 660">■ Review of the client relationship activities, agreed service level/targets and measures in the Service Level Agreement to strengthen the role of the claims service provider to drive the collaborative process, implementation and continuous monitoring of the Business Profile</li><li data-bbox="315 683 2051 756">■ Develop standards that will guide the development and use of the Business Profile to improve clarity of operations at the interface between agencies and claims service providers</li></ul>
<b>2</b>	<p data-bbox="315 807 1995 871"><b>Establish a capability based recruitment package for the role of the RTWC aligned to the NSW Public Service Commission Recruitment and Selection Guide</b></p> <ul data-bbox="315 916 2051 1203" style="list-style-type: none"><li data-bbox="315 916 2051 1027">■ The package would establish a range of recruitment strategies based on the NSW Public Service Commission Recruitment and Selection Guide to assist agencies to select candidates with the required capabilities that are best suited to the RTWC role. Agencies would select the strategies that match recruitment needs.</li><li data-bbox="315 1050 2051 1203">■ The package would include:<ul data-bbox="416 1114 1778 1203" style="list-style-type: none"><li data-bbox="416 1114 1778 1155">□ Role description incorporating focus capabilities and other capabilities to be developed over a reasonable time</li><li data-bbox="416 1171 792 1203">□ Capability assessment tools</li></ul></li></ul>

*Recommendations (cont.)*

**3 Create a capability building model to develop the knowledge, skills and abilities necessary for TMF agency RTWCs**

- The model would aim to develop the capabilities of RTWCs within the TMF. Considerations for the model are:
  - A mentoring program to promote the professional development and career pathways of RTWCs within the TMF
  - Wider networking opportunities for RTWCs to promote and support greater shared experiences and expertise across the TMF
  - Learning modules in the broad competency areas identified (knowledge, skills, attitudes and behaviours)

**4 Develop a principles based guide for allocating optimal caseloads, including a strategic planning process and operational tool**

- The principles based guide would provide a systematic process which includes strategic and operational planning processes to assist with resource and caseload allocations.
- A strategic planning process would consider:
  - The organisational profile
  - Internal systems and expectations of the RTW program
  - Capability of the injury management function
- The operational tool would be an objective measure of case activity and time to tailor resource allocation to each individual claim.

## INTRODUCTION

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*“The workplace-based component of RTW coordination programs may be the most important component in achieving successful outcomes. Many of these coordination efforts have involved an individual in the role of RTW coordinator”<sup>6</sup>.*

*“For workplace-based rehabilitation to be effective, coordination of the process is essential due to the number of stakeholders involved. In most states of Australia the coordination of this process is facilitated by a workplace RTW coordinator”<sup>7</sup>.*

SICorp requested Suncorp Risk Services to conduct a review of the function, qualifications and optimal number of return to work coordinators (RTWCs) within TMF agencies with a view to improving return to work outcomes and reducing costs to workers compensation.

The main driver for the review was the NSW Commission of Audit Report, 4 May 2012, Recommendation 123 (page 82 in NSW Government Response to Final Report). The Commission recommended that WorkCover and SICorp should jointly prepare instructions to all agencies, to be issued either as a Treasurer’s Direction or Premier’s Memorandum, clarifying the following:

4. The injury case management function that is to be performed within agencies and how this complements and differs from the function performed by the TMF Claims Agents;
5. The appropriate qualifications that agency injury case managers are required to hold; and
6. The optimal number of injury case managers that should be employed by agencies by applying relevant benchmarks.

### ***Project team***

The project team included Suncorp Risk Services, SICorp and WorkCover NSW. SICorp and WorkCover NSW were involved throughout each stage of the project and provided feedback and assistance at regular intervals to discuss progress and findings and plan next steps.

### **Project objectives**

- ❑ To conduct a literature review on the function and influence of RTWCs in obtaining improved RTW outcomes; best practice ratios of RTWCs and active claims; and best practice core skills / competencies of RTWCs within the agreed timeframe
- ❑ To investigate current ratios of return to work coordinators and active claims and core skills / competencies of RTWCs across TMF agencies (Coalition and some MIDAS) within the agreed timeframe
- ❑ To investigate the Personal Injury Education Foundation modules and the opportunity for a TMF education package based on the information obtained during this investigation within the agreed timeframe
- ❑ To identify the components of the injury management process that are performed within agencies and how these differ and complement the function performed by the TMF Claims Managers

Though this report will focus on the function, qualifications and optimal number of RTWCs it is important to note that RTWCs do not operate in isolation. The success of RTWCs in achieving optimal outcomes is strongly influenced by a number of factors in the environment in which they operate.

A successful return to work program is one that operates within an organisational culture that supports RTW, is integrated with health safety and wellbeing, and empowers injured workers. These factors enhance the RTWC's ability to achieve optimal return to work outcomes. For further information refer to *Appendix 1: What makes a difference in return to work.*

A literature review of Australian and international research was undertaken using the State Library of NSW online databases. The School of Health Sciences, Faculty of Health and Medicine at University of Newcastle also provided research articles. TMF agencies were consulted via surveys (71 respondents), focus groups (12 large agencies, 1 medium agency) and interviews (3 large agencies) to gather information on each aspect of the project. The three TMF claims service providers were interviewed to obtain information about their role in the injury management process and how it differs and complements the agency role. Professional organisations and other state government jurisdictions were consulted on current practices. To confirm the findings gathered from the consultation process, four agencies that are performing consistently better than the TMF average on the Workers Compensation - RTW Monitoring Report were identified. Interviews were conducted with these agencies and were documented as case studies (3 large, 1 medium) to support the findings of this project.

### *Project review process (Seven stages from May 2013 to March 2014)*

Stage 1: May - Jul	Conduct a literature review on the function and influence of RTWCs in obtaining improved RTW outcomes; best practice ratios; qualifications, core skills, competencies and experience of RTWCs
Stage 2: Aug- Sept	Survey TMF agencies to investigate current caseload ratios and qualifications, core skills, competencies and experience of RTWCs
Stage 3: Sept - Dec	Consult with agencies on current caseload ratios and qualifications, core skills, competencies and experience of RTWCs and the components of the return to work process that are performed within agencies and how these differ and complement the function of the claims services provider
Stage 4: Nov - Dec	Consult with claims service providers on the components of the injury management process that are performed within agencies and how these differ and complement the function of the claims services provider
Stage 5: Dec	Review the findings to identify themes and directions in reference to project key areas
Stage 6: Jan - Feb	Identify and interview agencies performing above the TMF average and develop case studies to test findings
Stage 7: Feb - Mar	Final project report and recommendations

### *The project report*

The project report covers three sections related to the three components of Recommendation 123 in the NSW Commissions of Audit Report. Within the project report each key finding is summarised in the Executive Summary and is examined in detail with a final discussion and conclusion to form the basis for recommendation/s made in response.

Appendices and references are provided as supporting information and research.

Section 1:

## THE INJURY MANAGEMENT FUNCTION THAT IS TO BE PERFORMED WITHIN AGENCIES AND HOW THIS COMPLEMENTS AND DIFFERS FROM THE FUNCTION PERFORMED BY THE CLAIMS SERVICE PROVIDERS

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*The RTWC role is crucial to achieving positive RTW outcomes and benefits from an increased focus on communication and cooperation, education and support.*

The injury management function performed in agencies is primarily carried out by RTWCs. Some large agencies employ staff to perform the administrative aspects of the role however in smaller agencies RTWCs perform all of the injury management functions of the agency.

### *Return to Work Coordinator*

In this project the term return to work coordinator (RTWC) relates to any employee who performs the function of facilitating services to assist injured workers to return to work, as defined by WorkCover NSW. A number of job titles were identified during the consultation with TMF agencies and the literature review including injury management coordinator, injury management officer, injury management advisor, senior case manager as well as human resource or administrative officer. The term RTWC has been selected as it is defined by WorkCover NSW and is a legislative requirement for category one employers. That is, employers whose basic tariff premium exceeds \$50 000 annually as well as self insurers, and employers who are insured by a specialised insurer and employ more than 20 workers. This definition applies to almost all TMF agencies.

### *Definition*

*“A return to work coordinator is an employee nominated by an employer (or a contractor engaged for the role) whose principal purpose is to assist injured workers remain at or to return to work in a safe and durable manner. The return to work coordinator ensures the policy and procedures in an employer’s return to work program are followed”<sup>3</sup>.*

### *The role of the RTWC*

The RTWC role is pivotal to facilitate early intervention in the injury management function performed within an agency. The presence of a RTWC in the workplace has emerged as a significant factor in facilitating positive RTW outcomes<sup>7</sup>. Interventions involving a RTWC result in shorter durations of disability for injured workers and lower costs for employers<sup>8910</sup>. The workplace based aspect of RTW coordination is considered to be the most important component in achieving successful outcomes<sup>6</sup> and agencies involved in the consultation verified that when workers remain in close contact with the workplace via their managers and the RTWC they achieve better outcomes.

#### *WorkCover NSW Guidelines for workplace return to work programs, 2010 list the duties of the RTWC to be:*

- developing and implementing the return to work program, educating the workforce, keeping injury and return to work statistics and developing policies to improve systems
- providing information on the return to work process and associated workers compensation benefits to injured workers
- obtaining or sighting the injured worker's consent before obtaining or releasing information about the worker's return to work
- determining the injured worker's needs by discussion with the worker, the nominated treating doctor and other treatment practitioners
- working with the insurer as they develop an injury management plan for the injured worker
- identifying suitable duties and assisting the injured worker to return to work as soon as possible
- preparing a return to work plan in consultation with key parties that documents suitable duties and work restrictions
- referring to an approved workplace rehabilitation provider as needed
- being the focal point for all contact relating to the injured worker. Most contact will be with the worker, their supervisor, nominated treating doctor, insurer, rehabilitation provider and union
- coordinating and monitoring progress in treatment, rehabilitation provider services and return to work plans
- assisting in the redeployment of injured workers (either internally or externally) into suitable employment when an injured worker cannot return to pre-injury duties
- collecting information on locally based resources in the community, including bilingual resources, and making this information available to injured workers where necessary
- maintaining and managing confidential case notes and records in line with relevant legislation and guidelines.

The role does not include decision making about claim liability or treatment as this is the insurer's responsibility<sup>11</sup>.

Consultation with TMF agencies found that RTW program development is not the responsibility of the RTWC in every case. In large agencies the responsible manager of the RTW function is more likely to develop the RTW program, keep injury and RTW statistics and develop policies to improve systems.

The literature review confirmed that the RTWC’s role comprises the duties listed above by WorkCover NSW however it emphasised that in order to achieve the most effective RTW outcomes the role of the RTWC should also focus on communication and cooperation, education and support.

<i>Focus</i>	<i>Evidence</i>	<i>Possible strategies</i>
<i>Communication &amp; Cooperation</i>	<p>Promote effective communication and collaboration between the various stakeholders<sup>7</sup>. Stakeholders include the injured worker, manager / supervisor, nominated treating doctor, other treating professionals, union representative, claims manager.</p> <p>Develop and maintain interpersonal relationships and communication throughout this complex social process, and problem solve in a positive and effective manner that involves all key stakeholders<sup>12</sup>.</p> <p>Establish common agreed goals between the injured worker, health providers, supervisors and management<sup>1314</sup>.</p> <p>RTWC must think and act as a negotiator to balance various relationships with varied needs meeting the needs of individuals and the requirements of an organisation<sup>15</sup>.</p> <p>Learning to demonstrate critical empathy or relating to clients with understanding while restraining personal emotion helps the RTWC to manage the caseload and achieve return to work outcomes<sup>15</sup>.</p>	<ul style="list-style-type: none"> <li>■ use of case conferences;</li> <li>■ streamlining of written communications (from the employer and claims provider) to the worker and treating doctor to prevent duplication and present a unified view;</li> <li>■ communicating with local doctors and workplace managers about the employer’s RTW program and support for injured workers;</li> <li>■ maintaining confidentiality; ethical practices;</li> <li>■ being organised and responding in a timely manner; and</li> <li>■ increasing the level of personalisation used to engage with the injured worker with revised communications expressing greater concern and empathy.</li> </ul>



<i>Focus (cont.)</i>	<i>Evidence (cont.)</i>	<i>Possible strategies (cont.)</i>
<i>Education</i>	Implement education about the RTW process at an organisational level, so that supervisors, colleagues and other stakeholders understand what to expect and what is expected of them <sup>910</sup> .	<ul style="list-style-type: none"> <li>■ a targeted communication strategy to the organisation with information packages, posters, marketing;</li> <li>■ providing information to managers and supervisors as needed about their role in the process.</li> </ul>
<i>Support</i>	Provide positive encounters, increased self understanding and a supportive environment for injured workers <sup>16</sup> .	<ul style="list-style-type: none"> <li>■ demonstrating care and support for the injured worker;</li> <li>■ providing information to injured workers on benefits and the return to work process;</li> <li>■ empowering workers to take control of their recovery and return to work; and</li> <li>■ coaching supervisors and co-workers on how to support the injured worker without putting others at risk.</li> </ul>

RTWCs were positioned within organisational structures in a variety of ways. Some RTWCs were located within an agency’s human resource division while others worked in large multidisciplinary WHS teams. Organisational approaches varied from well-resourced and highly supported RTW programs to modest programs with the RTWC staffed on a part time basis or as part of a dual role position. Adequate resourcing of the RTWCs was considered important, particularly in large, complex or multisite organisations<sup>9</sup>.

The scope, complexity, expertise, experience and number of stakeholders involved in return to work presents challenges for communication and coordination. Stakeholders and the way in which they interact with each other can support or undermine successful return to work<sup>17</sup>.

Many agencies recognised the need to staff the RTWC role commensurate with the level of accountability and capability required in order to coordinate the process and work with all stakeholders. This includes injured workers, managers, nominated treating doctors (NTD) and the TMF claims service provider.

The RTWC plays the key coordinating role for RTW in the agency and therefore requires a strong working relationship with the claims service provider. Agencies and claims service providers need to be clear about their roles within the injury management function to ensure the efficient and effective operation of the injury management and RTW service.

***There are defined functions for the agency and claims service provider that are complementary in the injury management process***

WorkCover Guidelines for workplace return to work programs clearly establish the scope of the employer (agency) and role of the insurer (claims service provider) in the injury management process.

- The claims service provider has the responsibility to develop and implement, for each worker, an injury management plan in response to an accepted workers compensation claim.
- An agency has the responsibility to develop and coordinate a return to work plan for each injured worker.

Within the guidelines set by WorkCover NSW, both the claims service provider and agency have individual and different obligations that they are required to meet.

The claims service provider initially focuses on determining the liability of the claim, and then focuses on the treatment and management of the injury and providing payments to the injured worker in accordance with associated benefits and medical expenses.

The agency is required to provide the initial notification of the workplace injury to the claims service provider. It is to advise the nominated treating doctor and the claims service provider of the worker's usual job duties and source and coordinate within the agency, suitable duties to support the return to work process.

Specific obligations as outlined by the regulator are detailed in *Appendix 6: WorkCover NSW Guidelines for workplace return to work – Obligations (Employer & Insurer)*.

SICorp manages the Treasury Managed Fund (TMF), which covers the assets and liability risk of participating Government agencies in a government managed fund scheme. A multi-provider model across three workers compensation portfolios is employed with each portfolio having a nominated claims service provider.

Within the Statement of Cover, SICorp has established the fundamental roles and responsibilities of the agency and claims service provider.

The agency role is to perform risk management tasks to identify, mitigate and manage risks to injury within the workplace. The agency is responsible to:

- promptly notify claims and potential claims to claims service provider
- provide the claims service provider, within agreed and statutory time frames, with all claims information necessary to effectively manage claims such as changes impacting a claim, timely information on return to work and change of work status
- deliver a timely, safe and durable return to work for injured workers
- conduct regular proactive claims reviews
- provide feedback on the performance of legal and medical providers and recommend changes to the panel of legal providers; and
- ensure that Agency staff are aware of statutory requirements and their responsibilities under service level agreements.

The claims service provider role is to match current and future injury management and claims handling needs of TMF agencies; assist in injury prevention; work towards improved communication and leverage expertise across TMF agencies to promote knowledge transfer. The claims service provider is responsible to:

- arrange and monitor the performance of third-party service providers including rehabilitators, medical providers, assessors and legal providers
- manage claims and maintain appropriate records
- develop a comprehensive program for the management of workplace injuries.

To institute the broad roles and responsibilities noted in the Statement of Cover document, SICorp enters into a Claims Management Agreement with the claims service providers. This includes the NSW Treasury Managed Fund Workers Compensation Claims Manager Service Level Agreement with Agencies and Service Specification for Claims Management Services to the NSW Self Insurance Corporation. These outline specific requirements of the provider and functions of the agency.

*Claims Service Provider Service Level Agreement – Overview of requirements and complementing SLA functions*

<i>Claims service provider requirement</i>	<i>Agency requirement (complementary)</i>
<ul style="list-style-type: none"> <li>Workplace injuries reported to be recorded accurately on the claims service provider claims system in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Report and provide required claims information of all workplace injuries within 48 hours of notification to the agency to the claims service provider</li> </ul>
<ul style="list-style-type: none"> <li>Review all open claims within 8 weeks duration (no claims to run 12 weeks without a review)</li> </ul>	N/A
<ul style="list-style-type: none"> <li>Decide provisional liability and communicate the decision to relevant stakeholders within 7 calendar days of the initial notification</li> </ul>	<ul style="list-style-type: none"> <li>Report and provide required claims information of all workplace injuries within 48 hours of notification to the agency to the claims service provider, including relevant contact details</li> </ul>
<ul style="list-style-type: none"> <li>Decide liability on claims including recurrences and timely communication of decision to agency</li> </ul>	<ul style="list-style-type: none"> <li>Provide relevant contact details.</li> </ul>
<ul style="list-style-type: none"> <li>Contact agency to agree claims review frequency, review dates and specific claims to be discussed in reviews. Distribute claims review summaries 5 working days before the claims review.</li> </ul>	<ul style="list-style-type: none"> <li>Agree to schedule and participate in meetings. Provide a list of claims for review to the claims service provider 15 working days before the claims review meeting.</li> </ul>

<i>Claims service provider requirement (cont.)</i>	<i>Agency requirement (cont.)</i>
<ul style="list-style-type: none"> <li>■ Establish and maintain Business Profiles for each agency within its portfolio</li> </ul>	<ul style="list-style-type: none"> <li>■ Inform the claims manager of changes to the Profile as and when required.</li> </ul>
N/A	<ul style="list-style-type: none"> <li>■ Give early notification of workplace injuries to claims service provider.</li> </ul>
N/A	<ul style="list-style-type: none"> <li>■ Lodge wage reimbursement requests in a timely manner</li> </ul>

NSW TMF Workers Compensation Claims Manager Service Level Agreement requires the initial establishment and annual review of the Business Profile between the agency and claims service provider.

The Business Profile documents the roles and responsibilities for:

- contacts and escalation points
- minimum frequency of contact
- preferred providers
- claims review schedules
- notification and reporting, and
- other elements of the claims service or process agreed between the parties

Structured focus groups with agency practitioners and interviews with claims service providers identified that there are complementary functions that are critical to the RTW process. The case studies demonstrate a strong focus on working in partnership. They outline the agency relationship with the claims service provider and how they see their actions complement the functions performed by the claims service provider. These are outlined in more detail in *Appendix 2 Agency Case Studies – Return to work models*.

*Case Studies (Refer Appendix 2: Agency Case Studies – Return to work models)*

*Agency case study 1* notes that the best relationship with the claims service provider is a result of active management and a partnership approach. The claims service provider helps with RTW outcomes by providing the correct information to workers, sending letters to ensure compliance and taking the enforcement role when needed. This allows the agency to take the support role as the employer representative and to maintain a good relationship with the injured worker. Whilst agency staff are not doing the role of the claims service provider they do perform a coaching and supervisory role.

*Agency case study 2* prefers the claims service provider to focus on technical and legislative obligations and the agency to focus on the RTW. The claims service provider and agency have to work together to avoid overlap. Duplication is regulated using the SLA and Business Profile. The agency uses a very prescriptive Business Profile to set clear expectations that articulate a formal structure to uphold. The relationship between the agency and claims service provider is about each party achieving its own obligations.

*Agency case study 3* uses well defined, clear expectations established and administered in the Business Profile. The Business Profile is reviewed annually and there is a focus on good communication to resolve issues. The agency takes the lead on case management and the role of the claims service provider is to administer their claims obligations. The agency felt it is more effective taking the lead in case management because the agency generally has more qualified, experienced and senior staff.

*Agency case study 4* ensures a close working relationship with its claims service provider using clear lines of communication and documented responsibilities. The agency noted inexperienced claims managers due to high turnover creates some inconsistency in technical and timely advice when resolving issues. As a result of claims service provider staff turnover the agency has developed an escalation process within the Business Profile and focuses on regular communication to maintain a cooperative working relationship.

Within the consultation interviews with each claims service provider a number of functions performed by agencies were identified by the provider as important for the timely and effective completion of their obligations and to support good RTW outcomes.

*Injury management functions performed within agencies identified as important to complement the claims service provider:*

- Providing workers with information about workers compensation and return to work procedures
- Making early contact with the injured workers NTD to discuss work capacity, suitable duties and providing that advice back to the claims service provider
- Providing information to the claims service provider on tasks completed as part of pre-injury duties and availability of suitable duties to assist with negotiating upgrades from NTDs
- Ensuring the accuracy of weekly benefit payments in accordance with wages
- Advice given to the injured worker on rehabilitation provider choice
- Providing the injured worker with information about their weekly benefits and entitlements and how they may change over time.

*To support these functions it was commented by the claims service provider that agencies should have or establish:*

- Clear policies, procedures and programs that promote a culture within the organisation for workers following an injury that full recovery is the main focus.
- Active engagement with managers to ensure that RTW is monitored and any concerns raised are managed at a workplace level (issues that occur within the agency can impact the injury management plan outcome and the claims service provider has no influence or control).
- Clear key performance indicators (KPIs) and expectation of outcomes for the RTWC role and monitor adherence through the agency's management structure.

The RTWC does not operate in isolation and their achievement of return to work outcomes is influenced by the workplace culture and the return to work program. Features of return to work programs were identified during consultation with agencies and in the literature review and are documented in *Appendix 1 What makes the difference in return to work?*

***Collaboration and communication between agencies and their claim service providers are essential for successfully performing their complementary functions. Duplication of effort was found in medium and large agencies.***

*Working well together*

Agencies identified that there are times when the agency and claims service provider need to work together on actions to gain an impact in the RTW process; for example a joint visit to the NTD. *Crossover points* or *critical touch points* were described when overlap was needed for improved RTW outcomes. For some agencies it was important to document these in the Business Profile or in a set of agreed standards between the parties. This enabled better understanding of agency needs and clear communication on how best to work together.

Functions were identified that are enhanced by working together outside the required obligations. For example the injury management plan is an important tool to influence the injured worker if it is a quality document that is tailored and not simply a standard template. Some agencies reported that the claims service provider consults with them in the development of the injury management plan to discuss and include employer insights where relevant and to inform the RTW plan.

Claims service providers have supported early intervention strategies above their obligations to benefit RTW outcomes for psychological claims. This requires agreed cross over points which are supported by collaboration in training, procedures and scheduled communication between the agency and claims service provider. With the support of the claim service provider the agency reported earlier return to work outcomes and the claims service provider reduced medical expenses related to psychological claims.

Claims service providers give additional support to smaller agencies that do not have the expertise for the return to work process due to low claims numbers. Providers often mentor small and medium agencies in the development of the RTW plan, driving the discussion and contact with the NTD and providing guidance on types of suitable duties. This is not part of the Service Level Agreement but is done in the spirit of goodwill to support the delivery of the TMF claims service function. Claims service providers support these agencies through the RTW process when needed.

*Duplication of effort*

During consultation no small agency respondents reported duplication of effort. A third of medium agency and almost half of large agency respondents reported some form of duplication of effort.



Reasons for this included:

- Skill level and experience of personnel on both sides
- New staff
- Similarities between the injury management plan and return to work plan
- Inconsistency of information to stakeholders

A consistent approach by large agencies is to oversee the functions performed by the claims service provider using internal resources. A minority of large agencies reported that they employed staff with specific duties to work with the claims service provider. This might make up 20% to 50% of the staff member's duties. These agencies believed that staff turnover and lack of experience in the claims service provider staff meant that they needed their own staff member to work closely with the claims service provider. Agencies mostly saw their role in coaching and mentoring the claims service provider staff but commented that a more supervisory role could be taken, for example, to ensure actions from claims reviews were completed or to assist with decision making.

Agencies in the focus groups acknowledged that they have no control over the core skills and turnover of claims service provider staff and so the focus needed to be on the systems, collaboration and regular communication to support the relationship. Any systems need to consider the handover at the interface between the agency and claims service provider roles and the induction of new staff to ensure consistency and continuity in the management of each claim.

During consultation with the claims service providers, two providers indicated that a barrier to undertaking their role effectively was when agencies become preoccupied with determining the liability of a claim. Whilst it was agreed that information regarding the claim is required to be collated and reported by the agency as part of their obligation, in some cases agencies were spending additional time and RTW resources in disputing liability and investigating aspects of the claim rather than focusing on early intervention and planning suitable conditions for a return to work by the injured worker.

Another claims service provider acknowledged that at times the agency was consulted on decisions around claim liability and this was seen as part of the process. The provider referred to the Business Profile which establishes clear responsibilities and timeframes for all stakeholders in the claims management process. The Business Profile detailed every operational task to be completed and mutual obligations for each task to manage the relationship between each stakeholder. It maintains that the responsibility to determine and advise liability sits solely with the claims service provider.

The concept of ownership of the workers compensation process emerged during the consultation process. The claims service provider stated ownership over the 'claim' which can be derived from its function to determine the liability and actions as a result in the management of the injury. The agency stated ownership over the 'case' and saw itself as leading the overall management of the process.

#### *Communication and collaboration*

Establishing and maintaining the Business Profile is a requirement under the Claims Service Provider Service Level Agreement. The claims service provider is required to establish, maintain and review the Business Profile annually. The agency is required to inform the claims manager of changes to the Profile when required. A number of agencies reported that they led the discussion on extra requirements or changes that need to be made to the Business Profile over and above the annual update process.

There was agreement during consultation that without regular communication and an ongoing focus and review of the documented roles and responsibilities, in addition to the annual review process, that this could lead to poor role focus, new staff not understanding their role, duplication of effort and inefficiency.

The case study agencies reported that regular and open discussion about emerging issues, including those issues related to roles and responsibilities were essential to ensure effective and efficient implementation by both parties.

Some agencies reported using an extra level of detail to document business rules for roles and responsibilities. Examples are as follows:

- At the request of one agency, a model of engagement, more detailed than the SLAs and Business Profile, was developed with the claims service provider. The model set out expectations at each stage of the case management process for both the agency and the claims service provider. Staff were trained jointly in the model and it assisted with induction training of new staff.
- One agency used the broad areas of processing, relationship and case management to map the functions of the agency and the claims service provider. Specific actions to be undertaken by both parties and any agreed overlap were documented for each area; for example early contact with the injured worker had responsibilities mapped out for who does what and when.
- Another agency reported that the Business Profile was good to develop collaboratively but there was also a need to map out additional agency needs as a service standard with the claims service provider.

- Another agency stated that the Business Profile needs to detail every operational task to be completed and the mutual obligation for each task. It is a partnership idea. This enables a clear escalation process if either party does not follow the business rules in the Profile.
- In consultation with its claims service provider, another agency reviewed its written communications to injured workers with the aim to achieve consistency and provide correspondence in plain English which increases understanding.
- The Behavioural Insights RTW trial led by the NSW Department of Premier and Cabinet and in collaboration with an agency and claims service provider has examined communications sent to injured workers. Opportunities where communications could be simplified and clarified were identified with the new communications embraced positively by staff from both organisations.

## *Section discussion*

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The scope, complexity, expertise, experience and the number of stakeholders involved in return to work pose challenges for communication and coordination. Stakeholders and the way in which they interact with each other can support or undermine the possibility of return to work<sup>17</sup>. The RTWC is pivotal as the coordinating role for RTW. In that role it is important that RTWCs have a focus on communication and cooperation, education and support to achieve optimal RTW outcomes.

Good communication is essential for defining and for performing stakeholder roles in the process. For agencies and claims service providers there are defined and complementary roles. These roles are established in the WorkCover NSW Guidelines for return to work programs and the NSW Treasury Managed Fund Workers Compensation, Statement of Cover and Claims Manager Service Level Agreement. Despite these established and acknowledged documents there was duplication of effort reported during the consultation process by both agencies and claims service providers.

The better performing agencies in the case studies and their claims service providers were found to work well together. The duplication of effort reported in agencies resulted in an inefficient use of resources.

Positions on ownership raised during consultation have the potential to set up tension between the agency and claims service provider. One of the reasons for the different views on ownership may be around the term case management. There are many definitions of case management. WorkCover NSW defines case management from the perspective of the claims agent as *'a coordinated and managed approach that integrates all aspects of claims injury management, including treatment, rehabilitation, retraining, liability determination, factual investigation, estimation and employment management*

*practices for the purpose of achieving optimum results regarding a timely, safe and durable return to work for injured workers*'. The WorkCover NSW Case Management Principles document states that the "case manager", and in the TMF context this means the claims service provider, is accountable for the entire case and is the primary contact. The consultation found this to be the view of TMF claims service providers.

In the TMF, most large and medium sized agencies have highly qualified and experienced RTW staff that perform case management, under its more general definition. The National Standards of Practice for Case Management defines case management as 'a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost effective outcomes'. The literature review supported the view of the RTWC being the central point of coordination of services to facilitate the return to work for the worker. In smaller agencies, however, the claims service provider is required to drive the injury management and RTW process and coach the agency staff in RTW.

One large agency that was working well with the claims service provider described case management as a continuum. Each agency and claims service provider has separate roles and responsibilities along the continuum with crossover points along the way.

In light of these differing views and the differences in practice between large and small sized agencies, it is important to clearly define the roles and responsibilities so that each party can achieve its purpose efficiently and effectively. There is a need for agencies and claims service providers to work together to customise the detail. Focus group discussions with agencies and claims providers confirmed the importance of the SLA and the Business Profile to clarify these roles and expectations.

Survey results and focus groups with agencies and claims service providers identified collaboration and regular communication between the agency and the claims service provider is important. This is vital to ensure consistency and clarity when contacting injured workers, providing information and ensuring a timely response to enable early return to work outcomes.

The case study agencies stressed the importance of the relationship and a partnership approach with the claims service provider. Collaboration and regular communication helped to clarify roles and responsibilities and ensured regular monitoring to review, raise issues and see where improvements can be made.

Agencies demonstrating good RTW outcomes were communicating and collaborating effectively with their claims service provider. They were working well together to be clear about their functions in the injury management and RTW process and to document roles and responsibilities. This meant that both parties are focused on meeting agreed standards through ongoing training, induction of new staff, regular monitoring, review and improvement.

The SLA was seen as the guiding document supported by the Business Profile. The SLA details the obligations of each party and includes measurements for these activities. The Business Profile documents the relationship between the agency and claims service provider. Some agencies developed additional standards or rules which align to the SLA and Business Profile to document more detailed and specific responsibilities and crossover points. Claims service providers are responsible for establishing the Business profile and reviewing it annually. Agencies are responsible for informing claims service providers of any changes for the Business Profile.

### *Section conclusion*

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The injury management and return to work processes function best when there is a systematic process for communication, collaboration and agreement on roles and expectations by the agency and claims service provider. Collaboration and communication is important to ensure complementary processes and to avoid duplication of effort. The Business Profile is the Treasury Managed Fund tool for fostering communication and collaboration as well as documenting the roles and responsibilities agreed by the agency and claims service provider.

### *Recommendation*

- 1. Strengthen the claims service provider role in the management and use of the Business Profile as part of the NSW Treasury Managed Fund Workers Compensation Claims Manager Service Level Agreement with Agencies*
  - *Review of the client relationship activities, agreed service level/targets and measures in the Service Level Agreement to strengthen the role of the claims service provider to drive the collaborative process, implementation and continuous monitoring of the Business Profile.*
  - *Develop standards that will guide the development and use of the Business Profile to improve clarity of operations at the interface between agencies and claims service providers.*

Section 2:

## THE APPROPRIATE QUALIFICATIONS THAT AGENCY STAFF EMPLOYED IN INJURY MANAGEMENT ARE REQUIRED TO HOLD

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*WorkCover NSW requires, as a minimum, all staff performing the RTW function within an organisation to complete a WorkCover approved 2-day Introduction to Return to Work Coordination course*

Jurisdiction for workers compensation in NSW is controlled by WorkCover NSW. The WorkCover NSW *Guidelines for workplace return to work programs* outline the skills and responsibilities of RTWCs and the requirements for training. Every Category 1 employer is required to designate a RTWC, who has attended WorkCover approved training. The coordinator is to be someone employed by the employer, or someone engaged specifically for that purpose. These personnel should be assisted to carry out their functions through a formal system of advice and training.

WorkCover NSW (2010) requires all RTWCs to hold:

1. a certificate of attendance at the WorkCover approved 2-day course Introduction to Return to Work Coordination; or
2. a certificate of attendance at a WorkCover approved two-day training course for rehabilitation coordinators conducted prior to February 1995; or
3. a letter from the WorkCover Provider Services Branch agreeing to exempt the return to work coordinator from the requirement to participate in WorkCover approved training.

The 2-day Introduction to Return to Work Coordination course aims to develop basic skills in the management of workplace injuries.

*WorkCover NSW 2-day Introduction to Return to Work Coordination course learning outcomes:*

- Knowledge of the main components of the Workplace Injury Management and Worker's Compensation Scheme
- Ability to identify the key components of a return-to-work program
- Explain the role of the return-to-work coordinator
- Be familiar with the role of the insurer in injury management
- Identify key issues in working with doctors, rehabilitation and treatment providers
- Provide basic information regarding worker entitlements
- Develop a return to work plan
- Identify appropriate dispute prevention and resolution strategies
- Learn where to access more information about injury management

The 2-day course is designed to give an introduction to the role of the return to work coordinator. The course has no prerequisites and is focused on the knowledge and skills required in the technical application of the RTW process. The course is delivered face to face in a classroom environment by an approved WorkCover NSW trainer.

Agency consultation confirmed that all RTWCs are employed with this baseline qualification as a minimum however medium and large sized agencies look to employ staff with higher qualifications or experience to match the level of responsibility required to coordinate RTW in those agencies. These responsibilities required higher level knowledge and skills to manage complex claims and case loads and work with the range of stakeholders in the RTW process.

### *The qualifications and skills of RTWCs vary greatly*

Studies in Australia and internationally identified that RTWCs may have wide and varied backgrounds with many being from allied health professions and others coming from human resource professions or administration roles. Bohatko-Naismith et al (2012)<sup>7</sup> reviewed the role and training of RTWCs in Australia and in this study all RTWCs worked for the organisation as employees and had completed the 2-day mandatory training. Many of their participants however indicated that they would benefit from ongoing professional development and that this was not generally available.

There was a wide variety of approaches for structuring RTW functions in agencies. These ranged from highly resourced multidisciplinary teams with structured RTW systems to individual RTWC roles in part-time or dual role positions. The level of RTWC skill and competency was varied. To suit claims complexity, caseloads and the level of delegated authority required for the position responsibilities, medium and large sized agencies employed personnel who were more likely to hold higher qualifications, such as allied health or human resource degrees or who were experienced in the role. Not all experienced staff held tertiary qualifications. For example, staff may have come from administrative positions and learnt the RTWC role while on the job. In smaller organisations employees had the minimum 2-day qualification, were performing the RTWC function whilst maintaining other duties primary to their role.

The level of authority of the RTWC differed across agencies dependent upon the agency size, management structure and relevant experience, employment grade and qualifications. Agencies expressed the need for the level of the RTWC to be commensurate with the level of responsibility and skill of the position, needing to liaise with a range of professional and managerial staff including treating doctors, executive, managers and supervisors. Franche et al (2005)<sup>4</sup> determined that the RTWC needs to have a sufficient level of authority to successfully facilitate the RTW function.

In the case studies (*Appendix 2: Agency Case Studies – Return to work models*) agencies recruited RTWCs with a mix of qualifications, experience, skills and backgrounds. One agency recruited allied health professionals from different disciplines to bring a balance of expertise to the team. One agency did not seek out allied health professionals for its RTWCs. It recruited RTWCs from HR and workers compensation backgrounds rather than requiring a treatment (allied health) background. The other two agencies had a range of backgrounds for its RTWCs including allied health, administration, HR, nursing and insurance. Consistently all agencies considered the person's understanding of the role demands, their capabilities to implement the role, knowledge of the organisational structure and workplace environment as key factors when recruiting for the role.



*There are knowledge, skills and attitudes critical to achieving successful RTW outcomes*

Despite the accepted importance of the role of the RTWC in the national context, little research has been undertaken to clearly determine the background required for the RTWC role and whether current training is meeting the needs of the RTW Coordinator<sup>7</sup>.

WorkCover NSW outlines the skills required by RTWCs as<sup>3</sup>:

- Ability to develop and review a return to work program consistent with workplace requirements and the insurer's injury management program
- Ability to implement policy and procedures of the return to work program and coordinate training of staff
- Excellent written and verbal communication skills, including negotiation and listening skills
- Conflict resolution skills
- Ability to develop and implement return to work plans for individual workers
- Ability to identify suitable duties
- Ability to implement and explain the Workplace Injury Management and Workers Compensation Act 1998, the Workers Compensation Act
- Decision making skills
- Ability to effectively disseminate information to all relevant parties
- Case and caseload management skills
- Organisational and time management skills
- Ability to assess personal strengths and weaknesses and identify when professional provider services are required

Gardner et al (2010)<sup>5</sup> completed a study to identify the required competencies of the RTWC role across four broad areas of knowledge, skills, attitudes and behaviours. These are explained in more detail as follows:

<i>Individual traits, qualities</i>	Positive or can do attitude, avoiding cynicism, being confident or assertive, flexibility, and maturity, or experience in the field
<i>Conflict resolution skills</i>	Able to remain neutral or non-judgemental and to negotiate and mediate effectively
<i>Problem solving skills</i>	Creative problem solving skills, being open minded to input from others, a realistic solution oriented perspective rather than focusing on perfect results, and objectivity
<i>Return to work focus and attitude</i>	Ability to maintain the focus on RTW without distraction by medical or other issues
<i>Organisational, administrative skills</i>	Accurate and timely documentation, strong organisational, administrative, and effective time management skills
<i>Communication skills</i>	Ability to effectively communicate with workers, employers, and physicians, being able to tailor communication to each person, setting or situation, ability to keep communications positive, and good active listening skills
<i>Knowledge base</i>	Ergonomics, workers compensation laws, musculoskeletal disorders, and organisational culture
<i>Assessment skills</i>	Assessing job demands and work processes, to identify specific RTW barriers and to evaluate how medical or mental health disorders affect job performance
<i>Return to work facilitation skills</i>	Ability to establish credibility in the workplace, being persuasive to get buy in from all stakeholders, being able to engage all stakeholder to participate in the RTW process, and coordinating medical care in an expeditious manner
<i>Interpersonal relationship skills</i>	Ability to see things through others' perspectives, and the ability to establish rapport with blue collar workers

This study clarified the important role of the RTWC and identified general categories and specific competencies that RTWCs require to achieve success. Specific qualifications were cited as less important than having the knowledge, skills and attitudes critical to achieving successful results.

In a study by James et al (2011)<sup>9</sup> medical knowledge was not considered essential to the RTWC role by the participants, despite this being identified as a core competency in the literature review. In the complex RTW process, research has placed a greater emphasis on the attitudes and behaviours that people bring to the RTWC role and correlates personal traits with successful RTW outcomes.

The personal or 'inherent' traits of the RTWC dictate the attitudes and behaviours in which they perform their role, the experience of the injured worker and ultimately the RTW outcome. Pransky et al (2010)<sup>18</sup> established that these 'inherent' traits are less amenable to modification and included perseverance, teamwork, insight, appropriate assertiveness, resilience, self-awareness, open-mindedness, and patience. Listening, communication, and organisation skills may also be traits that are relatively fixed in adults and this supports the concept to interview or test for these traits during the recruitment of RTWCs to ensure agencies employ people that best align to these competencies. These findings have implications for the training and selection of RTWCs.

To support the required capabilities for the NSW public sector workforce, the NSW Public Service Commission has developed the NSW Public Sector Capability Framework. The capabilities described in the framework are the knowledge, skills and abilities that public sector employees must demonstrate to perform their roles effectively. The Framework provides a key resource for the recruitment and training of RTWCs. Sixteen capabilities are described across four core groups and include the personal attributes required of staff. Personal attributes are described as resilience and courage, acting with integrity, managing self and valuing diversity. These support the inherent qualities identified for RTWCs and are useful for recruitment.

Other capabilities described in the Capability Framework relate to professional skills such as communication, customer service, working collaboratively, influencing and negotiating, problem solving, accountabilities and planning and prioritising. These are the same skills that have been identified in the literature review and consultation as essential for an effective RTWC. These skills can be developed and enhanced through professional development programs.

***Current professional development opportunities for RTWCs are few in number and focus primarily on technical knowledge and skills***

*WorkCover NSW*

WorkCover NSW offers an advanced return to work coordination one day workshop. The workshop is available to experienced RTWCs who have completed the minimum certification requirement of the 2-day introduction course. The course content is mainly concerned with the technical aspects and skills of the RTW process and supports RTWCs in further development in strategic case management and managing complex claim issues in the workers compensation environment.

*Personal Injury Education Foundation*

The Personal Injury Education Foundation (PIEF) provides nationally recognised training and certification programs focused on the needs of those working in the personal injury management industry. The Certificate IV in Personal Injury Management (Return to Work) is an online course designed to provide the knowledge and skills to equip participants to return injured workers back to the workplace following an injury or illness and administer and manage workplace-based injury management programs. The program is designed for RTWCs, supervisors, team leaders, managers and service providers who have responsibility for assisting injured workers with a safe and early return to work. The course content focuses on building knowledge and skills in the technical aspects of the return to work process combined with an overview of the principles of workers compensation.

***Certificate IV Personal Injury Management (Return to Work)***

<i>Module 1</i>	Overview of the accident compensation industry	<i>Module 4</i>	Workplace relations and injury management
<i>Module 2</i>	Managing the return to work process	<i>Module 5</i>	Implementing and evaluating injury management programs
<i>Module 3</i>	Disability and diversity frameworks	<i>Module 6</i>	Promoting a return to work culture

There has been some take up by TMF agencies of the Certificate IV course however the cost of the course does deter widespread use. One Department is looking to make the qualification a requirement for its RTWCs. Most agencies have not used the qualification as preferred or desirable in selection criteria when recruiting for RTW staff.

The Diploma of Personal Injury Management is designed as a professional certification pathway for current or aspiring team leaders in personal injury management. Program participants may come from a RTW or claims management background and have completed the Certificate IV program stream in RTW or Claims Management. It is tailored to the role of the claims service provider (insurer). The qualification enables participants to develop the key skills required to manage and to provide leadership to personal injury teams. It is also designed to develop specialist skills and knowledge on more complex or long term personal injury claims.

PIEF are licensed to use learning resources from the Canadian based *National Institute of Disability Management and Research (NIDMAR)*. A range of modules from NIDMAR that focus on soft skill development are available for adaptation by PIEF. The modules could support training in capabilities and skills for delivery of RTW functions within TMF agencies.

*Modules available that will enhance current training offerings have been identified as:*

- |   |  |
|---|--|
| ■ Communication and interviewing skills | ■ Professional conduct                           |
| ■ Interviewing and helping skills       | ■ Management and organisational skills for RTWCs |
| ■ Introduction to conflict resolution   | ■ Managing change                                |
| ■ Problem-solving with groups           | ■ Marketing and education in return to work      |

PIEF certification programs are delivered via an online learning platform with a facilitator. Online learning would be enhanced for participants by finding a suitable mentor within their workplace. A team leader or manager who can provide a practical approach to the theory of the course content would increase the successful completion of these certification programs.

### *Learning styles*

Adult learning practices identify preferred learning styles. To learn new skills, training programs need to include a range of experiences across visual, auditory and kinaesthetic learning approaches. Using one approach such as e learning, or face to face classroom style programs is not effective by itself. Classroom style teaching and testing can effectively improve and evaluate knowledge related competencies but is not as effective in skills development.

This was supported during the consultation with agencies that identified that online learning is not enough on its own, but needs to fit within the business to make it relevant for example through mentoring and coaching programs. A program that includes a range of learning experiences such as online training delivery, face to face workshops, case studies, networking opportunities, follow-up mentoring and supervised experience is more likely to be effective for new skills to be acquired.

## Section discussion

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There is only one mandatory training program for RTWCs, the WorkCover NSW 2-day course *Introduction to Return to Work Coordination*. All RTWCs have this qualification. The training is completed once with no refresher training required and focuses on the knowledge and skills required in the technical application of the return to work process. It does not address the capabilities and attitudes critical to the successful delivery of RTW services. Often it was the only targeted RTWC training that was completed by RTWCs as there is no professional pathway for RTWCs. This highlights the need to provide a better approach to improving the skills of RTWCs.

A range of capabilities was identified as critical to the RTWC role. Timely and successful RTW is not only the result of technical knowledge of the workers compensation process, but also contingent upon personal attributes, capabilities and skills. These were identified from the literature review and consultation with agencies and are summarised in the table *Summary of identified competencies for the RTWC role*. Both the literature review and agencies identified that having these skills was more important than holding qualifications. Some larger agencies employ degree qualified health professionals as RTWCs to ensure that they have the necessary authority to influence workers, managers and medical professionals. The specific skills around assessment, goal setting and problem solving found in health professional training are also be of benefit to the RTWC role. Agencies clarified that if recruiting for a RTWC they would select a person with no qualification, who had the personal attributes and behaviours required, over a degree qualified health professional who did not demonstrate the necessary skills.

The range in ability and qualifications of RTWCs across the TMF agencies provides an opportunity for increasing the skills of RTWCs through networking and mentoring. These can be a cost effective method for professional development.

*Summary of identified competencies for the RTWC role*

<i>Knowledge (Technical)</i>	<i>Attitudes (Soft Skills)</i>
<ul style="list-style-type: none"> <li>■ Workers Compensation laws relevant to their jurisdiction</li> <li>■ Organisational structure and culture</li> <li>■ Workplace policies and procedures</li> <li>■ Importance of early intervention and use of suitable duties</li> <li>■ Functional requirements of tasks and possible implications of injuries</li> </ul>	<ul style="list-style-type: none"> <li>■ Tenacity in dealing with the many and varied stakeholders</li> <li>■ Neutral or non-judgemental</li> <li>■ Proactive, can-do attitude</li> <li>■ Appropriate assertiveness</li> <li>■ Open-mindedness, self awareness and insight</li> </ul>
<i>Skills (Technical)</i>	<i>Behaviours (Soft Skills)</i>
<ul style="list-style-type: none"> <li>■ Organisational skills</li> <li>■ Case management skills</li> <li>■ Ability to produce accurate and timely documentation</li> <li>■ Time management</li> <li>■ Conflict resolution skills to negotiate and mediate effectively</li> <li>■ Assessment skills; ability to assess job demands and work processes</li> <li>■ Listening and questioning techniques</li> <li>■ Ability to work in a team and independently</li> </ul>	<ul style="list-style-type: none"> <li>■ Openly and empathetically communicate with injured workers</li> <li>■ Follow through with actions to build trust (generating goodwill)</li> <li>■ Problem solving skills</li> <li>■ Ability to identify road blocks and escalation points</li> <li>■ Resilience and perseverance</li> <li>■ Empowerment of injured workers</li> <li>■ Patience</li> </ul>



There are inherent or personal traits that are important for the RTWC role which should be considered in the recruitment for RTWCs. The NSW Public Service Commission (PSC) Public Sector Capability Framework describes the personal attributes that are necessary for an effective public service and these apply to the RTWC role. The Capability Framework and the PSC Recruitment and Selection Guide are important policy documents that should be used in the recruitment of RTWCs.

The Capability Framework describes the knowledge, skills and abilities that public sector employees need to have to perform their role effectively. These reflect many of the capabilities that were identified as important for RTWCs in the literature review and consultation. The framework is an important document for the development of any RTWC training programs. Any training programs need to use a range of approaches including networking and mentoring, online training, face to face workshops, case studies and supervised experience.

Training programs are offered by the Personal Injury Education Foundation (PIEF). As online programs they provide flexibility and ease of access. Some RTWCs and agencies are undertaking the Certificate IV Personal Injury (RTW). This program is enhanced if combined with other learning opportunities such as mentoring and networking. PIEF also has the license to use and adapt a set of modules from the National Institute of Disability Management and Research (NIDMAR) which aim to develop soft skills of RTWCs.

### *Section conclusion*

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There is one mandatory qualification for RTWCs regulated by WorkCover NSW. There is value in an introductory course to ensure all RTWCs have the foundation technical knowledge and skills for return to work. This training alone is not sufficient to up-skill the RTWC to the level required to achieve optimal return to work outcomes. There needs to be additional training for continuous improvement.

Specific qualifications are less important than having the knowledge, skills and abilities critical to achieving successful RTW results. It is important that these capabilities be considered in the recruitment of RTWCs as many of the personal attributes are reasonably fixed in adults. The NSW Public Service Commission (PSC) Public Sector Capability Framework and Recruitment and Selection Guide are important policy documents in the recruitment and capability building of RTWCs.

Mandatory qualifications and learning opportunities for RTWCs are limited. The complex nature of the role and the many stakeholders involved require RTWCs to possess and maintain high level skills. The ideal approach for the training and development of these high level RTW competencies is through a combination of structured training, the use of case studies, networking, mentorship and supervised experience.

## *Recommendations*

### *2. Establish a capability based recruitment package for the role of the RTWC aligned to the NSW Public Service Commission Recruitment and Selection Guide.*

*The package would establish a range of recruitment strategies based on the NSW Public Service Commission Recruitment and Selection Guide to assist agencies to select candidates with the required capabilities that are best suited to the RTWC role. Agencies would select the strategies that match their recruitment needs.*

*The package would include:*

- *Role description incorporating focus capabilities and other capabilities to be developed over a reasonable time*
- *Capability assessment tools*

### *3. Create a capability building model to develop the knowledge, skills and abilities necessary for TMF agency RTWCs.*

*The model would aim to develop the capabilities of RTWCs within the TMF. Considerations for the model are:*

- *A mentoring program to promote the professional development and career pathways of RTWCs within the TMF*
- *Wider networking opportunities for RTWCs to promote and support greater shared experiences and expertise across the TMF*
- *Learning modules in the broad competency areas identified (knowledge, skills, attitudes and behaviours).*

Section 3:

## THE OPTIMAL NUMBER OF INJURY CASE MANAGERS THAT SHOULD BE EMPLOYED BY AGENCIES BY APPLYING RELEVANT BENCHMARKS AND CASELOADS

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*There is neither an optimal number of RTWCs nor a benchmark caseload number.*

Little research has been conducted on RTWCs and caseloads however related research on caseloads and case management for health professionals can provide insights into benchmarks for setting RTWC caseloads. The literature review and consultation did not reveal an optimal number of practitioners and caseloads that could be applied broadly. Basing caseloads on numbers alone was found to be problematic. In a study of health visiting services it was found that it was not feasible to give a simple answer to the complex question "what is the right size for a health visiting caseload?" The case was made to vary caseload sizes according to the local situation<sup>19</sup>.

### *Current agency caseloads*

The literature review supported the need to vary caseloads to suit the situation. This was reflected in the consultation with TMF agencies which found varying caseloads for RTWCs.

Caseload ratios were collated from surveys of small, medium and large agencies. It is noted that the terms open claims and active claims were used interchangeably during the consultation. Open claims refer to all workers' compensation claims which are not closed and includes claims that have minimal activity as well as complex claims; active claims are a subset of open workers' compensation claims that have activity or RTW focus that require intervention. It is indicated below whether the caseload numbers are referring to open or active claims.

### *Small agencies caseloads*

Small agencies were defined as under 200 FTE workers. Consultation with 10 small agencies was undertaken. Small agencies have 1 to 2 RTWCs managing 0 to 5 open claims at any time. RTWCs were mostly employed in a workplace or facility for coverage of local claims. All agencies reported that the RTW function is not the sole responsibility of the RTWC. Small agencies reported caseload variations were subject to the competing priorities of their other project or task areas.

### Medium agency caseloads

Medium agencies were defined as having between 200 & 5000 FTE workers. Consultation with 32 medium agencies was undertaken. Medium agencies had between 1 and 9 RTWCs managing 5 to 700 open claims at any time. Most agencies surveyed employed their RTWCs on a centralised state-wide coverage basis with the remaining agencies having them either regionally or workplace based. Sixty nine per cent of agencies employed RTWCs in dual roles. Competing priorities from other project areas at different times resulted in variations or reduction in caseloads.

Medium agencies' average active claims per RTWC were surveyed as 36 with a maximum caseload reported as 50. These same agencies reported an optimal active claims ratio would be approximately 1:30.

Most medium agencies reported that caseloads are subject to variation based on front and tail end claim numbers, the number of RTWCs available in respect to current open claims and the complexity of the claim resulting in additional time or resource allocation.

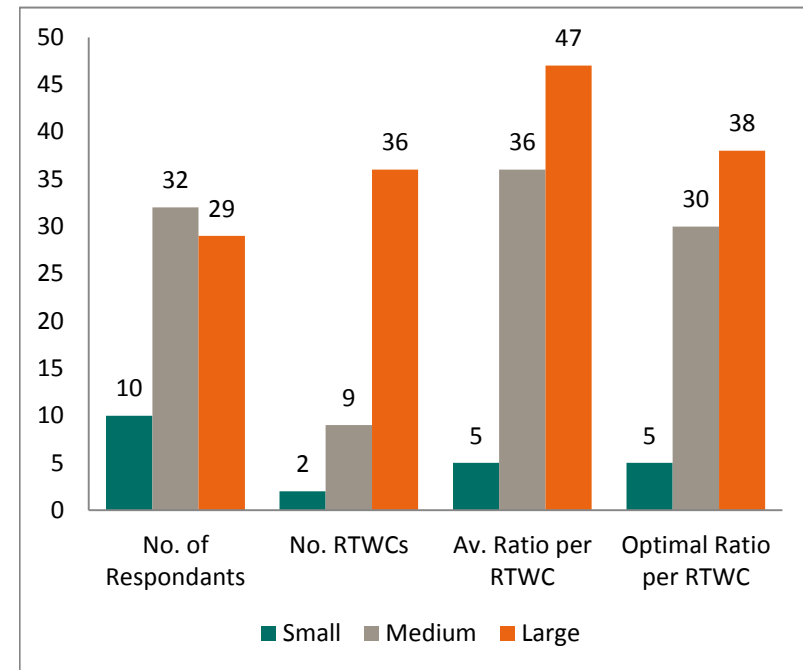
### Large agency caseloads

Large agencies were defined as having more than 5000 FTE workers. Consultation with 29 large agency representatives was undertaken during this phase of the project investigation.

Large agencies had between 1 and 36 RTWCs managing 20 to 950 open claims at any time. Similar to medium agencies most employed their RTWCs on centralised state-wide coverage with the remaining agencies having them either regionally or workplace based. Forty per cent of agencies employ RTWCs in dual roles but place more emphasis on the role of RTWC.

Large agencies' average active claims per RTWC were surveyed as 47 with a maximum caseload reported as 80. These same agencies reported that an optimal active claims ratio would be 1:38. Most agencies reported that caseloads were subject to variation based on the complexity of the claims, psychological factors and the geographical location of the workers.

### Summary of current RTWC case loads in agencies



During consultation, agencies did report the desire to reduce current caseloads to enable more time to be spent on early intervention with the worker to improve RTW rates and reduce workers' compensation costs. Examples of the range of caseloads used by agencies are in *Appendix 3: Examples of range of caseloads identified in large agencies during surveys and focus groups*.

### ***A range of factors need to be used when determining caseloads***

The literature review on case managers and health professionals did not reveal a proven defined approach to determine optimum caseloads. Varying ratios were evident however there was some consistency found in the factors that were used to determine caseloads. Consultation with TMF agencies and professional bodies confirmed these common factors that contribute to the effective allocation of caseloads.

#### *Literature review*

Related research on caseloads for case managers and other health professionals identified a number of variables used for setting caseloads. Factors affecting caseload weight varied among settings and disciplines. It was evident that weight was specific to practice settings and programs however commonalities affecting workloads did exist. Caseload analysis was described as a process of examining the types and number of cases, the complexity of the problems of each case, the age groups served, the number of new referrals received, and the number of emergency situations requiring attention<sup>20</sup>.

Commonalities affecting workloads were found in a study on caseloads for community based paediatric rehabilitation therapists<sup>21</sup>. These included travel time, caseload maturity, frequency and length of visits, client complexity and manageability. Within the same literature, social factors and client health were included in a resource allocation model. Caseload maturity was identified as a factor in many descriptions of workload.

Basing caseload on numbers alone was shown to be problematic in a study on nurse-patient ratios in the primary care setting. Caseload size was often estimated without reference to demographic or epidemiological profiles or health impact with the allocation of unmanageable workloads and caseloads. Using factors such as demographics, case complexity and social care were methods of caseload analysis that contributed to workforce planning and development<sup>22</sup>.

### *Consultation with professional bodies*

Executive members of the Australian Rehabilitation Providers Association were consulted on recommended ratios for its rehabilitation provider members. There were no guidelines on caseloads across the jurisdictions however as a generalisation a full caseload was cited as 30 cases; this would be adjusted for example according to individual rehabilitation provider standards, the skill set of individual providers, time management skills and the productivity and quality of RTW outcomes.

Another view of caseload management was to take a strategic perspective to assist with workforce planning and resourcing; for example considering the risk profile of the organisation, the workforce profile, the internal systems and the skills of RTW staff. This approach would better enable agencies to predict realistic caseloads.

### *Agency consultation findings*

Agencies identified a range of considerations when determining caseloads of RTWCs. During the focus groups all agencies discussed applying some type of system to manage caseloads with many similar factors considered. Consistently, the complexity of the claim, expertise of the RTWC, multiple roles, focus on early intervention, geography and use of resources and support services were seen as the main considerations agencies made when determining caseloads.

Agencies reported that the type of claim was considered when allocating caseloads to agency staff, for example the RTWC is allocated cases with a RTW focus whereas a workers compensation officer or more junior RTWC would be allocated medical only claims or claims involving simple RTW.

Some agencies employed allied health professionals as RTWCs who were allocated the more complex cases; with less experienced RTWCs allocated more straightforward RTW cases.

### *A strategic planning process would consider:*

<i>Organisational profile</i>	Geography, industry, business risks
<i>Industry profile</i>	External risks, industry trends
<i>Incident data</i>	Experience, injury types, claims history, lead indicators
<i>Agency systems</i>	Culture, RTW program, engagement of managers
<i>RTW staff</i>	FTE, experience and skills

### *Complexity of the claim*

Claim complexity was considered by a number of medium and large agencies due to the additional time required to manage the case and the risk of extended periods of lost time if not managed well. Claim complexity was then matched to the level of expertise of the RTWC. Structured models were described to assess the complexity of a claim. Some agencies used a triage system to assess the injury level, for example set up via a call centre with scripted questions, asked over the telephone by the RTWC or conducted in a face to face interview.

#### *Factors used to determine the complexity of a claim included:*

- the nature of the injury, treatment and restrictions
- psychosocial factors such as motivation of the injured worker
- psychological injury or impact to a claim
- geographical location of the injured worker
- IR and performance management issues

This approach enabled agencies to determine a risk rating and allocate cases to appropriate staff, for example a high ratio of low risk claims managed by lower grade/less experienced staff.

The Orebro Musculoskeletal Pain Questionnaire or a streamlined version of the questionnaire was used by some agencies as the triage model for musculoskeletal injury. The assessment is completed by the injured worker and predicts risks of long-term disability and failure to return to work. This early risk rating assisted the agency to allocate caseloads and deploy resources to support the injured worker based on need.

For psychological injury claims some agencies used a similar questioning technique for the triage process to provide a starting point to explore issues related to the claim.

Agencies using a triage approach as part of an early intervention model reported that they incurred higher initial costs but found cost savings throughout the life of a claim as return to work was more successful and long term claims less likely.

### *Expertise of the RTWC*

The qualifications, experience and core skills of the RTWC impact on the success of RTW. These were discussed during the consultation process and how they are considered in caseload allocation. In medium to large agencies, expertise and experience was taken into account when determining caseloads. Agencies aimed to recruit more highly qualified and experienced staff to manage complex and high risk cases.

#### **Agency Caseloads** (Refer Appendix 2: Agency Case Studies – Return to work models)

##### *Agency 1:*

Caseload is 1:33. Injury Management Officers have state-wide coverage. Sixty to seventy per cent of cases are managed via email and telephone. Managers provide local support. A range of factors are considered at the triage stage by the WHS manager in collaboration with Injury Management Officers to categorise cases as a low, medium or high demand level. Medium and high demand cases are allocated to Injury Management Officers. Injury Management Officers have other duties.

##### *Agency 2:*

Caseload for intensive interventions is 1:30 and medium level intervention is 1:45. Senior Case Managers have state-wide coverage. They also undertake project work. A questionnaire is used to assist and understand the dynamics of each case. Focus is on the supervisor managing RTW.

##### *Agency 3:*

Caseload is 1:80-110 open claims with a subset of 1:25 complex active claims. Caseload is driven by claim numbers in each region. The IM manager monitors workloads and takes on more complex cases as needed. Each Injury Management Coordinator is allocated a full range of cases for balance.

##### *Agency 4:*

Caseload is 1:20-25. Caseloads are impacted by significant distances across the agency. The agency has a claim classification scale based on geography and complexity. Managers manage their injured workers and the RTWC manages the RTW process.



### *Balancing caseloads*

Literature on case loads for health professionals identified the need to balance caseloads on a sliding scale of complexity. It was identified that high caseloads led to worse outcomes and greater burn out of providers due to extensive client contact, caseload responsibilities and positive or negative case outcomes<sup>15</sup>. This can move the RTWC's focus away from return to work outcomes to a more compliance and processing approach. The Behavioural Insights RTW trial led by the NSW Department of Premier and Cabinet generally found that staff with high caseloads (i.e. 80 cases or more) had less capacity to focus on engaging the injured worker and achieving outcomes and instead focussed more on meeting the required compliance and individual performance benchmarks.

High caseloads were linked to decreased job satisfaction across the case manager and allied health literature. More equitable caseloads contributed to lower levels of burnout and better retention of staff. Reports exploring these issues over the past eight years identified workload and workplace stress as key concerns to address in recruitment and retention strategies.

Caseload balance has the potential to promote learning where a team and mentoring approach is used to up skill staff on more complex cases. Some TMF agencies reported making a conscious effort to balance the load of their RTWCs from simple to complex cases to enable more frequent success on less complex cases. Case studies are documented in *Appendix 2: Agency Case Studies – Return to work models*.

### *Use of resources and support services*

Consultation with TMF agencies found that medium and large agencies employed administrative staff, technical advisors and workers compensation officers allowing RTWCs to focus their time on the RTW plan and the injured worker. This model meant that the RTWC can focus on return to work rather than on managing workers compensation claims administration. In a number of agencies support staff managed the more straight forward return to work and medical only cases. When agencies introduce these support functions, the RTWC is able to focus on managing the more complex cases and/or having a higher caseload. Supporting factors in some agencies such as a high level of involvement of workplace managers, administrative support as well as skilled RTWCs enabled the implementation of higher caseloads.

### *Activity scale (time based) management of open claims*

An objective measure for time based allocation was reported by some TMF agencies for determining caseloads. One agency developed the process due to the challenges in the resource management of case loads for RTWCs. The agency took the approach of allocating on the basis of available time each RTWC works in a week at a formula of one hour per claim per week.

Another agency found that inconsistency in workloads across rehabilitation staff was influenced by the rate of referrals, the ability to finalise cases, capability of each staff member and the relationship with the claims service provider. The agency developed an objective measure to establish and monitor the workload of rehabilitation staff and improve efficiencies by predicting resourcing requirements. Case management criteria and the time allocation were determined in consultation with staff as the basis for the model. The criteria is based on the type of injury, stage of injury and hours required to complete tasks associated with the claim.

Involving RTWCs in the development of caseload allocations can also assist with improved job satisfaction. One study found that having consistent caseload guidelines assisted case managers through improved planning and more certainty<sup>15</sup>. It can assist in up skilling less experienced RTWCs in caseload management. TMF agencies using the time based caseload allocation models, reported that it gave more certainty about managing caseloads in what can be a demanding role. The resource management models are documented in *Appendix 4: Agency Case Studies – Caseload management models*.

## *Section discussion*

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The literature review did not identify optimal numbers of injury case managers or a defined and proven approach for determining caseloads. Caseloads varied across organisations and were modified to address each agency's specific context. There was no simple answer to what is the right caseload size for RTWCs.

What did emerge from the literature review and the consultation was that there is a range of factors that impact on caseload and that need to be considered to ensure the needs of the agency are met. The factors included the number and complexity of claims, the focus for the return to work program, executive and manager commitment and support, the expertise of RTWCs, considerations of caseload balance, multiple roles of the RTWC, geography, resources and support services.

To ensure these factors inform caseloads they are best considered as part of a planned approach. A variety of planning approaches emerged during consultation. They included structured resource management models, team collaboration, triage models, and allocations based on geography. For most agencies, planning is a combination of working with the resources available and matching it in the best way possible to meet the needs and numbers of cases. The range of caseloads across the public sector reflects the varying factors at play for each agency.

A planning process that could be adapted by agencies to suit the environment may better assist in planning caseloads, both in day to day operations as well as in longer term strategic planning.

### *Section conclusion*

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A systematic approach that considers a range of factors rather than a caseload number should be the focus when determining caseloads. This will position agencies to more efficiently and effectively resource the injury case management functions.

#### *Recommendation:*

*4. Develop a principles based guide for allocating optimal caseloads, including a strategic planning process and operational tool.*

*The principles based guide would provide a systematic process which includes strategic and operational planning processes to assist with resource and caseload allocations.*

*A strategic planning process would consider:*

- *The organisational profile*
- *Internal systems and expectations of the RTW program*
- *Capability of the injury management function*

*The operational tool would be an objective measure of case activity and time required to tailor resource allocation to each individual claim.*

## APPENDIX 1: WHAT MAKES THE DIFFERENCE IN RETURN TO WORK?

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RTWCs do not operate in isolation and their achievement of return to work outcomes is influenced by a number of factors in the environment in which they operate. A well structured return to work program that is integrated with health safety and wellbeing, and an organisational culture that supports RTW and empowers injured workers will enhance injured workers' recovery and return to the workplace. During consultation and the literature review the following was established as making a difference in return to work.

### *Principles for successful return to work programs*

Principles for successful return to work programs were identified during the literature review and during the consultation process.

### *CBDMA*

The Canadian National Institute of Disability Management and Research (NIDMAR) developed the Consensus Based Disability Management Audit (CBDMA™) to assess the capability of a workplace to manage injury and disability issues. The audit provides clear standards to be achieved by workplaces to gain optimum RTW outcomes.

There are 3 elements to the audit:

1. Disability management policy and workplace resources; focusing on worker and management support and empowerment, accountability and authority, workplace culture and policy development, communication management and knowledge and skills of RTWCs
2. Disability prevention; focusing on safety, ergonomics, health promotion and wellness and use of data
3. Early intervention and timely return to work process; focusing on early intervention, communication protocols, case management procedures, return to work coordination, transitional work options and workplace accommodations

*Institute for Work & Health, Toronto, Canada*

The Institute for Work & Health, Toronto, Canada developed seven principles for successful return to work from a systematic review of the literature<sup>10</sup>. The review focused on three outcomes: duration of work disability; costs of work disability; and quality of life of workers.

The established principles are:

1. The workplace has a strong commitment to health and safety which is demonstrated by the behaviours of the workplace parties
2. The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities
3. RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors
4. Supervisors are trained in work disability prevention and included in RTW planning
5. The employer makes early and considerate contact with injured/ill workers
6. Someone has the responsibility to coordinate RTW
7. Employers and health care providers communicate with each other about the workplace demands as needed, and with the worker's consent.

### *TMF agency consultation*

During the project consultation TMF agencies identified the components of return to work programs that made a difference included:

- Clear policy and processes and setting clear expectations for all stakeholders
- Agency accountability measures, such as key performance indicators (KPIs) for RTWCs, based on driving behaviours to achieve optimal RTW outcomes
- Resourcing the RTW program to ensure that the level of staffing makes RTW part of core business and is properly funded
- RTW expertise, engagement, support, training and capacity to undertake their role
- Training for managers in RTW and workers compensation to promote the importance of their role in RTW
- Education for doctors in their role as NTD
- Implementation of health and wellbeing programs to engage workers and reinforce the message that workers are responsible for their own health
- A positive workplace safety and RTW culture
- Develop better relationships with other departments within an agency i.e. HR and establish a whole of agency approach
- Regular communication and a collaborative partnership approach with the claims service provider

The importance of exploring whole of public sector approaches to build connections across government and open wider opportunities for suitable duties, redeployment and retraining of injured workers was identified by agencies as something that would result in improved RTW outcomes.

### *Workplace culture for return to work*

Workplace culture can be described as what most people believe is important. RTW programs operate more effectively if the organisation believes in return to work. A workplace culture for RTW is influenced by the communication, information and role models provided by the organisation<sup>23</sup>. Support in the workplace, particularly from supervisors and co-workers, is crucial in the return to work process<sup>24 13</sup>.

During the consultation process TMF agencies were asked what makes a difference when returning injured workers to work. A range of factors focusing on workplace culture and the importance of attitudes, values and behaviours of all stakeholders in the RTW process were identified.

<i>Factors that make a difference in RTW - attitudes, values and behaviours</i>	<i>Relationships that need to be fostered and supported</i>
<ul style="list-style-type: none"><li>■ Senior executive are committed to RTW, see it as part of core business and ensure it is appropriately resourced</li><li>■ Workplace managers and supervisors are equipped with the knowledge, understanding and commitment to support injured workers to RTW</li><li>■ RTWCs are given sufficient authority to influence and negotiate with the various stakeholders</li><li>■ The organisation has an expectation of recovery and return to work</li><li>■ Staff are motivated and engaged in the RTW process</li></ul>	<ul style="list-style-type: none"><li>■ Workplace manager and injured worker</li><li>■ RTWC and workplace manager</li><li>■ RTWC and HR for performance issues and underlying issues management</li><li>■ RTWC and nominated treating doctor (NTD)</li></ul>

Strategies to promote a workplace culture for RTW need to drive behavioural change as well as provide support for change. The Better Practice in Return to Work Guide, Q-comp, Queensland<sup>25</sup> refers to RTW culture as developing quality business processes and practices to support managing return to work in the workplace. This can include developing workplace rehabilitation policy and procedures, educating workers about early reporting of injuries and allocating responsibility for managing return to work.

Examples of strategies that emerged from the consultation include delivering RTW programs that:

- communicate the expectation of recovery and returning to full pre injury duties
- develop accountabilities for all levels of management, for example offering suitable duties and manager response times to make contact with injured workers
- train and educate all stakeholders, and
- include stakeholders in the decision making process for RTW, especially the injured worker

### *Support for the whole person and empowerment of injured workers to influence their RTW*

During the literature review consideration of the whole person in return to work and empowerment of workers in the process emerged as significant. Workplace psychosocial support in aiding the recovery of injured workers and tailoring RTW programs to suit the life circumstances of an individual facilitated successful RTW<sup>9</sup>.

There has been a shift from medically determined models for RTW to a focus on socio demographic, individual and environmental factors for increased RTW rates<sup>16</sup>. Successful RTW processes are comprised of a number of positive encounters, increased self understanding and support from surroundings for injured workers. Positive encounters were described as a prerequisite for learning and positive change to happen<sup>16</sup>.

Rehabilitation programs that help participants realise their own influence on the RTW process, as an agent rather than a pawn in the process made a difference for successful RTW. This is supported in the research on behavioral insights where mutual obligations, goal setting and a focus on outcomes are important to changing people's behaviour<sup>26</sup>. RTWCs with the ability to link their actions to the overall outcome sought (returning the worker to employment), break tasks into manageable pieces and empower the worker to take ownership of their recovery tended to achieve better results.

Social exchange theory suggests that there is a type of reciprocity that exists between employers and employees. If workers feel they are being fairly treated they are likely to respond by increasing their commitment to the organisation. Lack of support has the opposite effect and may lessen the motivation of workers to persist during times of physical or emotional hardship. Key supervisory behaviors identified were fairness and the inclusion of the worker in the decision making process about work and accommodations<sup>27</sup>.



This is supported by the work of G. Waddell and M. Aylward, Models of sickness and disability applied to common health problems. Barriers to recovery and return to work were found to be primarily personal, psychological and social rather than health-related “medical” problems. Bio-psycho-social factors can aggravate and perpetuate disability and can act as barriers to recovery and return to work. Rather than aiming for control of a health condition, successful outcomes depend on a learning process towards self management, confidence building and independence. Workplace culture and management support are important in this model<sup>28</sup>.

*RTW programs are more effective if they are integrated with health, safety and wellbeing in the organisation*

Traditionally, workplace health and safety programs have been implemented separately. Health and safety programs have focused on safety and reducing worker exposures to work environmental risk factors and workplace health promotion programs have focused on lifestyle factors. A growing body of science has supported the effectiveness of combining these efforts through workplace interventions that integrate health and safety mitigation with health promotion programs. This is reflected in the Total Worker Health™ Program run by the US National Institute for Occupational Safety and Health (NIOSH)<sup>29</sup>. Practices and policies that take into account the work environment, both physical and organisational, while also addressing personal health risks and behaviours of individuals have been found to be more effective in preventing worker injury and illness while advancing worker health and well-being.

*Components of the RTW program include:*

- |   |   |
|---|---|
| ■ organisational culture                              | ■ a safe working environment  |
| ■ human centred approaches                            | ■ engagement of management  |
| ■ an educative total worker approach based on respect | ■ the need for both healthy organisations and healthy individuals for the best outcomes |
| ■ active worker participation and input               |   |

With an ageing workforce there are increasingly more people with disabilities, restrictions or at higher risk of injury in the workforce. Poor health can interfere with people's ability to work and to return to work after injury. The literature review found that there is benefit in organisations integrating RTW programs with health, safety and wellbeing strategies to assist workers to stay healthy and productive at work and to recover after an injury<sup>30</sup>.

A comprehensive program that includes, safety, wellbeing, early intervention, case management, transitional work, ergonomics, support from upper management and training at all levels of the organisation assists in addressing the needs of an ageing workforce. TMF agencies reported that health and well being programs that aim to encourage workers to take responsibility for their own health can assist with promoting a RTW philosophy when workers get injured. TMF agencies recognised the benefits of integrating RTW with health, safety and well being programs and many are now adopting an integrated approach in the planning and implementation of strategies. The broader the application across the organisation the greater the success and lower the costs<sup>31</sup>.

*Caseload management is a core skill for RTWCs which can improve efficiency and effectiveness in the delivery of services and outcomes*

Effective caseload management requires the productive and efficient use of time and resources to maximise successful client outcomes. Skills in caseload management enable RTWCs to balance their cases and prioritise where to focus attention for the best outcomes. Three skills are highlighted as key components of caseload management - organisational skills, priority setting and coordination<sup>20</sup>.

1. Organisational skills provide the conceptual framework for caseload management. Building organisational skills started with providing structures used for work include keeping an updated appointment calendar, using a filing system, keeping work surfaces uncluttered, attending to phone and email messages daily, completing each day's work and planning.
2. Priority setting has three components, understanding of the philosophy of the agency, planning each day, each week, and each month of work, rescheduling extra tasks.
3. Coordination is needed for caseload management to enable better working together such as through case conferences, regularly scheduled communication with other disciplines, and timely feedback to other health care providers. Time needs to be allocated for coordination.

The research also identified the value of a tool for caseload management. A manual or computer tracking system was found to be desirable when timely contacts are needed for caseloads. During consultation with agencies it was recognised that when used as part of a holistic case management process, electronic case management software packages with tracking tools can support the RTWC in the delivery of their caseloads. A number of agencies are reviewing electronic case management tools for their agencies.

## APPENDIX 2: AGENCY CASE STUDIES - RETURN TO WORK MODELS

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Four agencies were identified as performing consistency better than the TMF average on the Workers Compensation - RTW Monitoring Report. The report uses a continuous average duration measure for set claims management periods.

The agencies agreed to be interviewed on four areas:

- RTWC skills
- features of the RTW program
- caseloads, and
- working with their TMF claims service provider

## AGENCY CASE STUDY 1: *State-wide structure, experienced staff and manager support*

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<i>RTWC title:</i>	<ul style="list-style-type: none"><li>■ Injury Management Officers (IMOs)</li><li>■ Title reflects the focus on managing injuries and illnesses in the workplace; the role is not just a coordination role; the IMOs drive RTW outcomes and work on the cases that need critical analysis, problem solving, influencing and negotiation.</li></ul>
<i>Qualifications &amp; background</i>	<ul style="list-style-type: none"><li>■ IMOs come from a range of backgrounds including allied health professional, HR and administration backgrounds. The key factor for recruitment is seeking people who understand the role and the business and have the skills that reflect high level injury management values and behaviours.</li><li>■ A feature of the program that makes a difference is the long term experience of the RTW staff. They know the business and can tailor the approach to overcome barriers. A lot of thinking goes into how to achieve RTW outcomes and there is a lot of collaboration on the team.</li><li>■ Grade level: Clerk Grade 8</li></ul>
<i>Case load</i>	<ul style="list-style-type: none"><li>■ 1:33 plus additional WHS duties and non-work related RTW.</li></ul>
<i>Factors for allocating case load</i>	<ul style="list-style-type: none"><li>■ A range of factors is considered at the triage stage by the WHS manager and in collaboration with the IMOs before categorising cases as a low, medium or high demand level. The 80/20 rule is used to determine which cases are the 20% that need the extra intervention from the IMO.</li><li>■ Medium and high demand level cases are allocated to the IMOs.</li><li>■ Workers compensation claims officers coordinate the low demand level cases (medical only or simple RTW) with a case load of 1.2:170.</li><li>■ IMOs have state wide coverage and rarely visit the workplace. 60-70% of cases are managed via email and telephone. Meetings with injured workers happen when there are risks identified that would benefit from a face to face meeting</li></ul>

### *Support for RTW*

- The workplace manager is expected to manage the RTW. Training, coaching and support are provided for managers by the IMOs.
- If a claim is declined it is still seen as a fitness for work matter with assistance by the IMOs with the RTW; the Job in Jeopardy Program may be used and regions may fund special equipment to assist with the RTW.

### *Working with claims service providers*

- Often claims providers are compliance focused and are not always proactive in managing claims. An observation of claims managers is their lack of experience. There are better outcomes if the staff is stable and giving the opportunity to develop the relationship and expectations. This is the case with the current claims provider.
- The agency doesn't do the work of the claims provider but is playing a supervisory role to ensure everything that needs to be done on a claim is done. The agency is supervising to a high standard whereas this should be the insurer's role but the agency needs to do this. The agency's WC officer spends about 20% of his/her time doing this
- The best relationships with the claims manager are a result of active management; a partnership approach rather than adversarial approach is best. A coaching approach works well.
- The agency does not rely heavily on the Business Profile. The SLA is the overarching document used however there is regular communication and scheduled meetings (6 weekly) with the claims provider to talk about how to improve what each is doing. Roles and responsibilities are clear which means it is simple to allocate roles. The IM plan adds no value to the process
- The claims provider helps with RTW outcomes by providing the correct information to workers, sending letters to ensure compliance and taking the enforcement role when needed. This allows the agency staff to take the support role as the employer representative and maintain a good relationship. The insurer manages the WC process and the IMOs manage the incapacity which is what they're employed to do.
- When liability is being determined, the agency provides information on contentious claims such as pre existing conditions or employment processes. The agency's WC officer organises this information in consultation with the IMOs and manager. The insurer needs this background information to make an informed decision on the claim.

## AGENCY CASE STUDY 2: *State-wide structure, multiple roles, experienced staff and manager support*

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<i>RTWC title:</i>	<ul style="list-style-type: none"> <li>■ Senior Case Managers (SCMs) and Health &amp; Wellbeing Coordinators (HWCs).</li> <li>■ The title RTWC is not used because the role of a senior case manager is broader than RTW coordination alone.</li> </ul>
<i>Qualifications &amp; background</i>	<ul style="list-style-type: none"> <li>■ SCMs &amp; HWCs are deliberately recruited to provide a diverse coverage; mostly allied health professional backgrounds but also technical, administration and payroll.</li> <li>■ The range of staff provides opportunity for robust case management across the team with scope for varied approaches. Claims can be allocated to SCMs &amp; HWCs with the appropriate expertise and skills.</li> <li>■ Professional development and training is done 70% on the job, 20% learning from others and 10% external training.</li> <li>■ Grade level: Clerk 8 for SCMs &amp; HCMs.</li> </ul>
<i>Case load</i>	<ul style="list-style-type: none"> <li>■ The caseload for intensive interventions (red level) cases is 1:30 and for medium level interventions (amber cases) is 1:45</li> </ul>
<i>Factors for allocating case load</i>	<ul style="list-style-type: none"> <li>■ The agency has a centralised model for state wide coverage by the senior case managers. Geographic location is not considered as a key component for internal case management allocation. There is a necessity to complete case management remotely, however for intensive cases strategic face to face is used to build rapport and obtain outcomes.</li> <li>■ An internally developed triage model is conducted at the outset of every claim and is based on a range of factors, and includes a detailed questionnaire to assist in understanding the dynamics and flags for each case. The claims rating scale is red (intensive intervention), amber (medium level intervention) or green (low level intervention). The triage process considers a range of factors including pain management; financial, emotional, performance related aspects; and relationships. The questionnaire is used as part of 3 point contact which the manager administers and helps to build rapport.</li> <li>■ The diverse range of staff means that the agency can allocate cases according to expertise and can rotate claims around the team to assist staff with the load; this gives agility to the caseloads.</li> </ul>

*Factors for allocating case load (cont.)*

- A rehabilitation provider is normally only engaged for one off assessments e.g. vocational assessment or when external job seeking pathways are required. The agency's SCMs & HCMs continue to be involved in case management and the rehabilitation provider's engagement.
- All SCMs & HWCs have caseload requirements, however also specialise in subject matter expertise, for example education and well being, fit for work, managing sick leave, health monitoring, payroll/administration, legal matters.

*Support for RTW*

- Line management hold responsibility for supervising the injured worker. The SCMs & HWCs do not take on the supervisor's role but work with line managers to support them in their role.
- Goal setting is extremely important for case managers both for themselves to proactively drive cases, and for the injured worker who is expected to set goals for their recovery. SCMs & HWCs avoid the "white knight" approach of "we are going to fix you".
- The agency is attempting to reduce the confusing use of legal language and terminology contained within Workers Compensation correspondence so that processes are easier to understand for injured workers
- Internal team KPIs drive an intensive process with timeframes and actions, and allow for effective monitoring and reporting.
- The Agency has invested time into reviewing evidence based research on injury types and recovery rates to better understand injuries and enable the benchmarking against the actuality of the case. This enables the staff to be more informed in discussion with stakeholders and in goal setting and influencing outcomes.
- Constant contact and regular case conferences happen with as many stakeholders as possible

*Working with claims service providers*

- The agency sees its role as managing the RTW outcome. The agency sees claims provider's role as ensuring compliance with legislation; providing independence (for example on liability decisions) so the agency is seen as separate from the decisions and can support the worker; and in document control for example finding past injury records.
- The agency prefers it if the claims provider focuses on technical legislation and the agency focuses on best practice interventions and RTW. The agency finds that the claims provider's experience is often weak in areas of effective case conferencing and liaison with injured workers and NTDs. It is preferable that the agency and claims provider work together so that there is consistency. Inconsistent

*Working with  
claims service  
providers (cont.)*

information and conflicting advice can hinder RTW outcomes.

- The claims provider and agency have to work together to avoid overlap. Duplication can be regulated in the SLA and Business Profile. It is about each party achieving their own obligations. To assist with this it is best to be very prescriptive in the Business Profile to make expectations clear; this articulates a formal structure for all parties.
- The agency feels that the WorkCover guidelines for claims service providers are written for small to medium businesses where there is no case management expertise and the insurer needs to manage all aspects of the claim. The RTWC in large public sector agencies should have the internal capabilities to manage the matters, thus not be reliant upon claims providers for RTW purposes.
- When liability is being determined the agency has to manage this by providing information to the claims provider to assist with liability, however the claims provider's role is to link back to legislation. Helping to get liability right means working together. The decision making process by the claims provider can be costly if the agency does not work with them because the provider is more often risk adverse.



### AGENCY CASE STUDY 3: *Regional model, experienced staff, range of cases per caseload and manager support*

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<i>RTWC title:</i>	<ul style="list-style-type: none"> <li>■ Injury Management Coordinators</li> <li>■ The title reflects the focus on their full role which includes fitness to continue. The agency has taken the idea of “welfare” out of the RTW staff role. It is expected that Injury Management Coordinators drive RTW outcomes. The focus is on the injured worker taking ownership of their recovery; “what can you do now and what do you need to achieve it?” versus “what can I get for you?”</li> </ul>
<i>Qualifications &amp; background</i>	<ul style="list-style-type: none"> <li>■ The Injury Management Coordinators are experienced and come from a range of backgrounds including HR and workers compensation.</li> <li>■ Grade level: Clerk 7/8.</li> </ul>
<i>Case load</i>	<ul style="list-style-type: none"> <li>■ The caseload is 1:80-110 open claims (maintenance only, medical only, simple and complex claims); a subset is active complex claims with a ratio of 1:25 (plus or minus 5-10).</li> </ul>
<i>Factors for allocating case load</i>	<ul style="list-style-type: none"> <li>■ The agency has a regional model so caseload is driven by current claims in each region. The manager monitors workloads and takes on more complex cases as needed.</li> <li>■ The agency has made a conscious decision to allocate the full range of cases to each RTWC to ensure a balanced load and to enable more frequent success on the less complex cases.</li> </ul>
<i>Support for RTW</i>	<ul style="list-style-type: none"> <li>■ The agency stresses the importance of clear expectations which are communicated to all stakeholders in the RTW process in particular injured workers and managers.</li> <li>■ Managers take responsibility for RTW at each worksite. The focus for RTWCs is to work with managers to guide them through the process rather than face to face contact with injured workers.</li> <li>■ IM Coordinators make regional visits to talk to managers to guide them through the process rather than visits to injured workers.</li> </ul>

*Working with  
claims service  
providers*

- The agency uses a pragmatic approach with a clear process to follow for both parties to ensure expectations are clear. These are clearly documented in the Business Profile which is reviewed annually. If there are issues then it is best to have a face to face meeting rather than trying to resolve it via email.
- The claims provider administers and the agency runs and manages the cases. It is good if claims provider team is stable which the case is currently. The agency believes that it is more effective to be in charge of a case rather than the claims provider as agency staff are more qualified. The claims provider staff are less experienced.
- The agency does not see its role to supervise the claims provider. The agency and claims provider have 3 monthly claims reviews with an action report and follow up at the next claims review. This becomes the quarterly monitoring of actions. The claims provider has outstanding actions completed.
- Claims providers send a copy of any communications sent out to the agency so everyone knows what is happening and there is consistency.

## AGENCY CASE STUDY 4: *Regional model, experienced staff and manager support*

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<i>RTWC title:</i>	<ul style="list-style-type: none"> <li>■ Return to work coordinator (RTWC)</li> </ul>
<i>Qualifications &amp; background</i>	<ul style="list-style-type: none"> <li>■ RTW staff are experienced and have been mostly with the agency for a number of years. They come from a range of backgrounds including nursing/health, insurance background, administration, public sector services and HR payroll. A team approach enables sharing ideas and strategy.</li> <li>■ The agency does not recruit for particular qualifications; they recruit for personal attributes, RTW skills, resilience and organisation experience. RTW staff need to be able to have the difficult conversations and skills for supporting staff to RTW. Agency uses a behavioural interviewing approach for recruitment, for example “show me how you would manage this scenario?”.</li> <li>■ Training for RTW staff ranges from training offered by the claims provider rehabilitation provider, law firms and networking amongst staff. Some staff are doing TAFE or Masters level study.</li> <li>■ Grade level: health service manager level 1, salary range of \$64000 - \$86000.</li> </ul>
<i>Case load</i>	<ul style="list-style-type: none"> <li>■ 1:20-25 (plus or minus 5) depending on geography and complexity.</li> </ul>
<i>Factors for allocating case load</i>	<ul style="list-style-type: none"> <li>■ Caseloads are allocated by region and limited by significant distances across the agency.</li> <li>■ The agency has a claims classification scale (a 1-6 rating is based on geography and complexity). The focus is on the activities required for each case rather than on numbers alone.</li> <li>■ RTW coordinators look at the rating scale to determine their time needs to manage the case.</li> </ul>
<i>Support for RTW</i>	<ul style="list-style-type: none"> <li>■ Roles are delineated. Managers manage the people and the RTWC manages the RTW process. They manage suitable duties, support for treatment, RTW plans and case conferencing.</li> </ul>

*Support for RTW  
(cont.)*

- The RTWCs provide training to managers to support them. The RTWC visits on site to meet with the injured worker and manager.
- Managers are involved in claims reviews with the RTW staff which ensures manager accountability for their staff as well as increases efficiency because decisions can be made about the RTW during the review. Monthly reports inform managers about how their unit is performing.
- KPIs for RTWCs are set and recorded electronically.
- Where psychological injury claims are reasonably excused the agency provides assistance to restore the worker to work.

*Working with  
claims service  
providers*

- The agency has a good relationship with the claims provider. Documented SLAs are developed to ensure clear lines of communication between the claims provider and the agency. Where issues arise, the resolution is discussed and specific protocols can be developed, for example contact with stakeholders are agreed and documented.
- The claims provider has a partnership approach which works well. Expectations are clear on who does what; communication is clear well and there is a close relationship.
- Often the claims provider staff are inexperienced with a large staff turnover and the agency has found that inexperienced or newly appointed staff from the claims provider want to tell the agency how to do their job.
- The agency believes that there are not sufficient technical and injury management advisors from the claims provider to provide timely advice and resolution of issues.
- To assist with liability decisions, agencies understand the business and can source information to inform claims, allowing the claims provider to make informed decisions. The agency has created an escalation process and if there is disagreement in liability then managers from the claims manager and the agency teleconference to negotiate an outcome. It is accepted that the agency won't always get the outcome that they prefer.

## APPENDIX 3: EXAMPLES OF RANGE OF CASELOADS IDENTIFIED IN LARGE AGENCIES DURING SURVEYS AND FOCUS GROUPS

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- Case load is 1:40 with engagement of a rehabilitation provider when there is a spike in claims.
- 3 staff that manage 18-30 claims each plus additional WHS duties and non-work related RTW.
- 2.5 RTWC for 90-130 with the comment that this is not an effective caseload.
- 1:40 is very busy; 1:30 is more effective because it allows for more early intervention; workers Compensation managers may have 1:200 but it is more administration orientated.
- Case load is 1:60-70 in country areas and 1:30-40 in inner city areas. This reflects staff profile, location and distances. The agency's regional structure across NSW has meant that the ratio is based on regional allocations rather than the range of factors. RTWCs undertake project work in addition to RTW case management at times of lower caseloads.
- 1:30-40 based on regional allocations rather than strategic considerations. Project work is allocated for down time.
- Case load is 1:45. A triage approach is used. Administration only claims are allocated to the workers compensation officer. The RTWC is only working with cases that require intervention. KPIs are used to drive outcomes.
- Based on the RTWC working 100% on RTW, a rule of thumb has been developed of 1 hour per week per case; this means 1:35-40 dependant upon hours working in that week; additional factors to consider are geography and complexity.
- Case load is 1:70 with 50 directly managed by the RTWC. This includes travel and face to face work and 20 cases managed by rehabilitation providers with RTWC oversight. A workers compensation officer is responsible for administration of claims with a ratio of 1:100.
- Nine RTWCS and one early intervention consultant at a higher level. The group is split into two teams - an 'early intervention' group who has a caseload of less than 35 and a 'long term' group who have a caseload of 40-45 of which there would be approximately 10 cases at any given time that are on permanent restrictions requiring one Rehabilitation & Return to Work Plan for the year and not much more activity.

## APPENDIX 4: AGENCY CASE STUDIES – CASELOAD MANAGEMENT MODELS

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<b>Agency:</b>	<i>HealthShare NSW</i>
<i>Caseload Management Model</i>	<i>Workflow Predictor (rehabilitation time/activity calculation)</i>
<b>Contact:</b>	<i>David Peters</i>
<b>Background &amp; Context</b>	<ul style="list-style-type: none"> <li>■ Initially developed during employment at Northern/Central Coast LHD, the web based application is used to integrate existing Claims Management Software to calculate rehabilitation time of Rehabilitation Case Managers (RTWCs).</li> <li>■ The development of a resource management process came out of the identified need for an objective measure to determine suitable case loads of rehabilitation staff. Inconsistency in workloads across rehabilitation staff was seen influenced by the ability to close cases, the rate of referrals, capacity of each staff member and their relationship with insurer.</li> <li>■ An objective measure was required to not only monitor the workload and slow of rehabilitation staff but to improve efficiencies and predict resourcing requirements.</li> </ul>
<b>Process</b>	<ul style="list-style-type: none"> <li>■ Whilst David had previously invented a web based system that can integrate with claims management software to calculate time used on case management, it was important to determine the criteria that would make up this objective measure of time allocated/used.</li> <li>■ In consultation with the Injury Management Business Partners, case management criteria were determined and time allocated. This was then formulated using the web based system and integrated with the case management software. The consultation looked at the type of injury, stage of injury and hours required to complete each tasks associated with that claim.</li> </ul>

*Workflow predictor model criteria*

<i>Activity</i>	<i>Time (hours)</i>
<input type="checkbox"/> Referred to Rehab within the last 2 weeks	2.0
<input type="checkbox"/> Unfit < 4 weeks	2.0
<input type="checkbox"/> Unfit > 4 weeks	0.5
<input type="checkbox"/> Suitable Duties < 4 weeks	1.5
<input type="checkbox"/> Suitable Duties > 4 weeks	1.0
<input type="checkbox"/> For Redeployment-working < 2 weeks	2.5
<input type="checkbox"/> For Redeployment-working > 2 weeks	1.0
<input type="checkbox"/> Monitoring	0.1
<input type="checkbox"/> Monitoring and review date is passed	0.5
<input type="checkbox"/> No Suitable Duties available < 1 week	1.5
<input type="checkbox"/> No Suitable Duties available > 1 week	0.5
<input type="checkbox"/> On leave while working SD	0.1
<input type="checkbox"/> For Redeployment-not working < 2 weeks	1.0
<input type="checkbox"/> For Redeployment-not working > 2 weeks	0.4
<input type="checkbox"/> Psychological Injury	0.5

*Workflow predictor model  
criteria (cont.)*

- As IM BPs enter activity into the claims management system (Risk Mate) it automated the workflow predictor to calculate each individual IM BPs workload. Multiple activities can be applied to a case dependant upon the individual case requirements (triage).
- Reports can be run from this system to provide real time reporting to the Manager to assist in the performance management and monitoring of IM BP resilience.
- Case load hours are benchmarked at 32 hours per week as a time activity based calculation. The 5 hours of free time per week is seen as necessary for team meetings, travel and other business related requirements.
- The workflow predictor is also used as a lead indicator (proactive) to monitor case load spikes and build business cases for increase in resources.
- Spike in rehabilitation hours above the 32 hour benchmark is managed by firstly identifying by real time reporting of workflow predictor; consult with IM BP, understanding reasons for spike above 32; look at internal resources to allocate new claims; monitor priorities; communicate possible delays.



<b>Case Study Agency:</b>	<i>Illawarra Shoalhaven Local Health District</i>
<b>Caseload Management Model</b>	<i>Time base caseload allocation (1hour per claim per available hours per week of RTWC)</i>
<b>Contact:</b>	<i>Brendan Delaney</i>
<b>Background &amp; Context</b>	<ul style="list-style-type: none"> <li>■ From experience, consistent challenges in resource management of case loads for return to work coordinators (RTWC) are seen across all jurisdictions.</li> <li>■ Analysis of the RTW process end to end gave no real conclusion on opportunities to streamline the process or consistent approach to optimal case load and resourcing requirements.</li> </ul>
<b>Team structure</b>	<ul style="list-style-type: none"> <li>■ Rehabilitation Case Managers 3.4 FTE</li> <li>■ Workers Compensation Officers 1.8 FTE</li> <li>■ WHS Officers 4.0 FTE</li> <li>■ Manual Handling Advisors 1.6 FTE</li> </ul>
<b>Caseload management criteria</b>	<ul style="list-style-type: none"> <li>■ Case loads are allocated on available time each Rehabilitation Case Manager (RTWC) works in a week at a formula of one (1) hour per claim per week.</li> <li>■ Rehabilitation case managers are portfolio aligned and manage claims within that portfolio of the LHD.</li> <li>■ Triage of claims is undertaken to flag potential issues and managed with heightened monitoring and manager support as required.</li> <li>■ Spikes in claims numbers are monitored on the lifespan of the claim to determine if additional support or resources are used for any new claims, i.e. new claims allocated to a Rehabilitation Service Provider.</li> </ul>

*Caseload management  
criteria (cont.)*

- Some increases in case loads maybe acceptable in short term periods based on the lifespan of other claims drawing to a close.
- Two (2) streams are used to monitor case load allocations based on the 1 hour per claim per week resourcing model;
  - Rehabilitation Case Manager resilience
  - Claim performance and milestone completion
- Rehabilitation Case Managers working part time on 8 hours a week generally do not manage case loads higher than 10.
- Rehabilitation Case Managers working full time will have increase monitoring by manager on claim performance and resilience when case load exceeds 30.
- Workers Compensation Officers and Administration Support Staff may assist Rehabilitation Case Managers with administrative tasks to allow focus of 1 hour per week per case on the RTW program.
- The introduction of a claims management software program 'Injury Connect' aims to fine tune the administration aspect of the RTW process, provide clear flags and indicators of required or lapsed tasks and reduce the time spent on administrative tasks by the Rehabilitation Case Managers that could be managed by other staff.
- The model is a reactive process that applies the formula and monitoring to current / known case loads.

## APPENDIX 5: CONSULTATION INFORMATION

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### *Survey Questions*

#### *Return to Work – Communities of Practice Survey*

1	What is your role in the organisation?
2	In your experience what makes the biggest difference in getting people back to work?
3	What is the size of the organisation you work for?
4	What is the main industry type/s?
5	What are the job title/s and grade of personnel performing the RTWC duties in your agency?
6	Is the RTWC role part of a shared service or an operational role?
7	Where does the RTW role report to?
8	What is the geographic coverage for the RTWC role?
9	How many staff is working in the RTWC role?
10	On average how many open claims are spread between the various staff working in the RTWC role?
11	Are there variations in caseload ratios?
	If yes, what factors are taken into account when determining caseloads for RTW staff in your organisation?

*Return to Work – Communities of Practice Survey (cont.)*

12	From your experience what do you think is the optimal number of open claims to manage for a RTWC?
13	Do RTWCs in your organisation get support to assist them in their role?
	If yes, what type of support is provided?
14	Do RTWCs in your agency undertake other duties in addition to the RTWC role?
15	What are the required / preferred qualifications for those performing the RTWC role in your agency/department?
16	What are the core skills, competencies and experiences that you look for when recruiting for RTWC roles?
17	Is there particular training that you use to up-skill your RTWCs?
	How effective is it?
18	Is there overlap in what the TMF claims manager does and what your department/ agency does?
	If yes what is this overlap?
	How does the overlap facilitate the RTW process?
19	Has your agency/department changed the RTW/IM service delivery in light of re-alignments occurring in the NSW public sector?
	If so, have resources increased or decreased/what evidence was used to inform the decision to change the service delivery/is it resulting in better RTW outcomes?
20	If you had the resources or could change anything to your current arrangements to improve RTW outcomes what would you do?

*Return to Work – PSRCN Survey*

1	What is the size of the organisation you work for?
2	What is the main industry type/s?
3	Where is the RTWC based/ where does it report to?
4	What is the geographic coverage for the RTWC role?
5	On average how many open claims do you/RTWCs manage at any one time?
6	From your experience what is the optimal number of open claims to manage for RTWC?
7	What factors should be considered when determining case-loads?
8	Do RTWCs in your organisation get support to assist them in their role?
	If yes, what type of support is provided?
9	Do RTWCs in your agency undertake other duties in addition to the RTWC role?
10	Additional comments

*Return to Work - Focus Group Questions/Discussion*

1	What makes the biggest difference in getting people back to work?
2	What would you change or fund if given the opportunity to improve your RTW outcomes?
3	What is the best relationship to support RTW?
4	The role and influence of staff managing RTW
5	Are there other roles within your agency that play a critical role in RTW (and are not called RTWCs)?
6	What position is making a difference in returning injured workers to work in your agency?
7	Is the RTWC critical to the RTW process in your agency?
8	Do agencies call them RTWCs or another title?
9	Are there other roles that play an equally important function?
10	Investigate current qualifications, core skills/ competencies and experience of staff managing RTW.
11	What qualifications do you look for when staffing your RTW department?
12	What core skills/ competencies and experiences do you look for when staffing your RTW department?
13	Do you use particular training programs?
14	Are you looking for training programs to use? What would you want those training programs to cover?

*Return to Work - Focus Group Questions/Discussion (cont.)*

15	Do you see a need for manager training, as they play a pivotal role in RTW?
16	Investigate current case load ratios of staff managing RTW and active claims.
17	What is an active claim?
18	How do you determine the caseloads for staff managing RTW? What factors impact on this?
19	What are your current caseload ratios? Is it different for different roles?
20	Investigate components of the return to work process that are performed within agencies and how these differ and complement the function performed by the TMF Claims Managers and whether there is overlap in tasks.
21	Is having overlap a good thing in some cases?
22	Is overlap addressed in your SLAs with your claims manager?
23	Do you use SLAs or the generic SLA provided by SICorp?
24	Would other guidelines would be useful?
25	Would it be easier to have one plan that everyone works from (IM and RTW plan)?
26	Do agencies use a cohort management model to assist in determining case load sizes?

*Return to Work – Scope of the RTWC Survey (Agency & Claim Service Providers) based on WorkCover NSW Guidelines for workplace return to work programs*

1	I am from a TMF Agency (Employer)
2	I am a Claims Service Provider (Allianz/EML/QBE)
3	Briefly explain in your opinion how any duplication of tasks indicated above impacts the return to work process?
	Components of agency role (WorkCover NSW Guidelines for workplace return to work programs)
	Components of insurer role (WorkCover NSW Guidelines for workplace return to work programs)
4	Briefly outline the tasks performed by agencies in the return to work process that best complement the function of the claims service provider in getting an injured worker back to work?
5	Briefly outline the tasks performed by claims service providers in the return to work process that best complement the function of the agency in getting an injured worker back to work?



## APPENDIX 6: WORKCOVER NSW GUIDELINES FOR WORKPLACE RETURN TO WORK - OBLIGATIONS

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### *Claims Service Provider*

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- Make agencies aware of their legislative obligations in relation to the injury management plan
- Within 3 days of injury notification, contact the agency, worker and NTD and develop an injury management plan within agreed timeframes in consultation with these stakeholders
- Within 7 days notify the agency (or worker) of injury, begin provisional payments of weekly benefits and medical expenses or give advice these payments will not be made (determine liability)
- Provide the injured worker, agency and NTD with information on the injury management plan initially and as the plan progresses.
- Inform the worker of their responsibilities to reasonably comply with their injury management plan to prevent suspension of entitlements to weekly benefits
- Provide procedures for an injured worker to change their NTD
- Consult with the injured worker, employer and NTD when referring to a workplace rehabilitation provider, advising the injured worker they can choose a provider and the procedure to follow.
- Ensure vocational retraining and/or assistance to obtain new employment is arranged for an injured worker as soon as it is identified that return to pre-injury duties and provision of suitable duties is no longer possible.
- Ensure accuracy of payment of weekly benefits in accordance with wage as advised by the agency and legislative requirements
- Advise the injured worker about how their weekly benefits and entitlements may change over time

## Agency

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- Ensure health, safety & well being at work for all workers
- Develop, implement, review and display a return to work program in consultation with workers and relevant unions
- Appoint a trained RTWC with appropriate authority and resources to negotiate and implement the return to work process, policies and procedures
- Select and nominate approved workplace rehabilitation providers in consultation with workers and relevant unions
- Maintain a register of injuries
- Notify the insurer of workplace injuries within 48 hours and Workcover NSW of serious incidents
- Keep records of and provide wages information to the claims service provider within 7 days of request
- Provide workers with information about workers compensation and RTW procedures, including choice of doctor, rehabilitation provider and how to change providers
- Advise the NTD and claims service provider on usual job duties and availability of suitable duties
- Make suitable duties available to injured workers who are certified fit for suitable duties
- Comply with medical restrictions resulting from the work injury as obtained from the NTD
- Notify the insurer if unable to provide suitable employment for partially incapacitated worker and enquire impact on premium
- Provide a worker and send to claims service provider a workers compensation claim form within 7 days
- Participate and cooperate in the establishment of an injury management plan and give effect to that plan at the workplace
- Comply with obligations imposed in the injury management plan written by the claims service provider
- Cooperate with the claims service provider in engaging assistance from a rehabilitation provider if the worker faces barriers in returning to work
- Cooperate with the claims service provider in providing retraining or different job opportunities to an injured worker who is unable to return to their pre-injury job
- Respect the privacy and confidentiality of medical examinations by facilitating separate discussions between the worker, NTD and agency.

## APPENDIX 7: REFERENCES

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