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Injury & Disability Schemes Seminar



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Return to Work Coordinators: Two pathways to improve return to work outcomes in a workplace intervention

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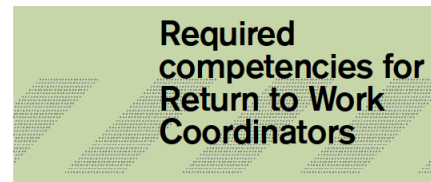
Return to Work Coordinators

- Globally
 - RTW Coordinators manage injured workers through RTW process
 - Workplace assessment, RTW planning, communicating with injured worker and other stakeholders
 - Can be based in workplace, hospital, government agency, or independent consultant
 - Research suggests Coordinators improve RTW outcomes, but rarely tested as independent intervention (i.e., generally part of larger interventions) (Franche et al 2005)
 - Exception: Tan et al (2016), RCT of Coordinators, improved outcomes
- Coordinators believe both managerial and interpersonal skills necessary for success in the role (Gardner et al 2010, Bohatko-Naismith et al 2015, Pransky et al 2010, Shaw et al 2008)



RTW Coordinators in Victoria

- Required (WorkSafe Victoria 2013)
 - At all times if remuneration > \$2 million
 - Only for period of employer's RTW obligations if < \$2million
- Employer based
- Selected for RTW competency and seniority within organisation
- Must assist employer with RTW obligations, including planning of RTW
 - Planning should start with employer's receipt of Certificate of Capacity or claim for weekly payments, or notified their Agent has received these
- WorkSafe Victoria offers two-day training
 - Non-mandatory
 - One-quarter do not attend (27%) (Cooney & Mwila 2013)



Competency:
A knowledge of the employers' return to work obligations under Victorian workers compensation legislation, including the employers' obligations to provide the worker with pre-injury or suitable employment for the duration of the employer obligation period to the extent that it is reasonable to do so

Section 1: Employer obligations

1. **Plan a worker's return to work** See Section 5, pages 9-15.
2. **Consult about a worker's return to work** See Section 6, page 16.
3. **Provide pre-injury or suitable employment** See Section 5, pages 9-15.
4. **Appoint a Return to Work Coordinator**
An employer's obligation to have a Return to Work Coordinator depends on their reliable remuneration:
 - An employer with a reliable remuneration of **\$2 million or more*** must have a Return to Work Coordinator appointed at all times.
 - An employer with a reliable remuneration of **less than \$2 million*** must appoint a Return to Work Coordinator for the duration of the employer's return to work obligations to an injured worker.**Seniority**
A Return to Work Coordinator is required to have a sufficient level of seniority to assist the employer meet its return to work obligations under the legislation. The required level of seniority will depend upon the employer's particular circumstances.
Seniority is a term often used to describe an individual's position within a workplace or their length of service in a workplace. For Return to Work Coordinators, seniority means that they are empowered to speak on behalf of, and make return to work related decisions for the employer.
The employer should ensure that the Return to Work Coordinator has sufficient seniority to assist the employer to do the following:
 - plan the return to work and make return to work related decisions to progress an injured worker's return to work
 - identify and propose suitable or pre-injury employment
 - consult with the parties involved in the return to work, being the injured worker, the injured worker's treating health practitioner (subject to the consent of the worker) and occupational rehabilitation provider (where involved)

*The \$2 million refers to all workplaces in the previous reporting period. This amount is indexed annually for the current financial year per WorkSafe Victoria's policy. For more information, visit www.worksafe.vic.gov.au or call the WorkSafe Victoria Service on 1300 551 144 or Freecall 1800 138 020.



Question

- Do Coordinators' interpersonal and functional activities improve RTW outcomes?
- Do their effects vary over time?
- Are they observed over and above other workplace factors?



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METHODS



Injured worker survey

- $n = 632$ injured Victorian workers
 - Compensated for ≥ 2 weeks of time-loss
 - Responded to both baseline and follow-up survey
 - Upper-body MSK (80%) or mental health condition (20%)
- Two post-injury interviews:
 - Baseline (~4 months)
 - Collected Jun 2014 – Jul 2015
 - Follow-up (~10 months)
 - Collected Jan 2015 – Feb 2016



Analysis

- Outcome: sustained RTW
 - Back at work > 1 month
- Main exposures: Coordinator activities
 - Stressfulness of interaction with a Coordinator
 - Good, poor, and no interactions
 - RTW plans
- Logistic regression
 - Odds ratio with 95% confidence interval
 - >1 = better odds, <1 = lower odds, ~1 = same odds / can't differentiate statistically
- Model variable selection:
 - ≥ 10% impact on crude association between Coordinator activity and RTW outcome
- Adjusted for demographics, injury type, supervisor reaction to injury and social support
 - Selected based on >10% impact on crude associations between either Coordinator activity
 - Tested: Demographics, injury type, supervisor & co-worker response to injury & social support, sense of community, physical and mental workplace demands, job autonomy, recovery expectations, RTW status at baseline (for follow-up analysis)
 - Included: Demographics, injury type, supervisor injury response & social support, RTW at baseline (for follow-up analysis)



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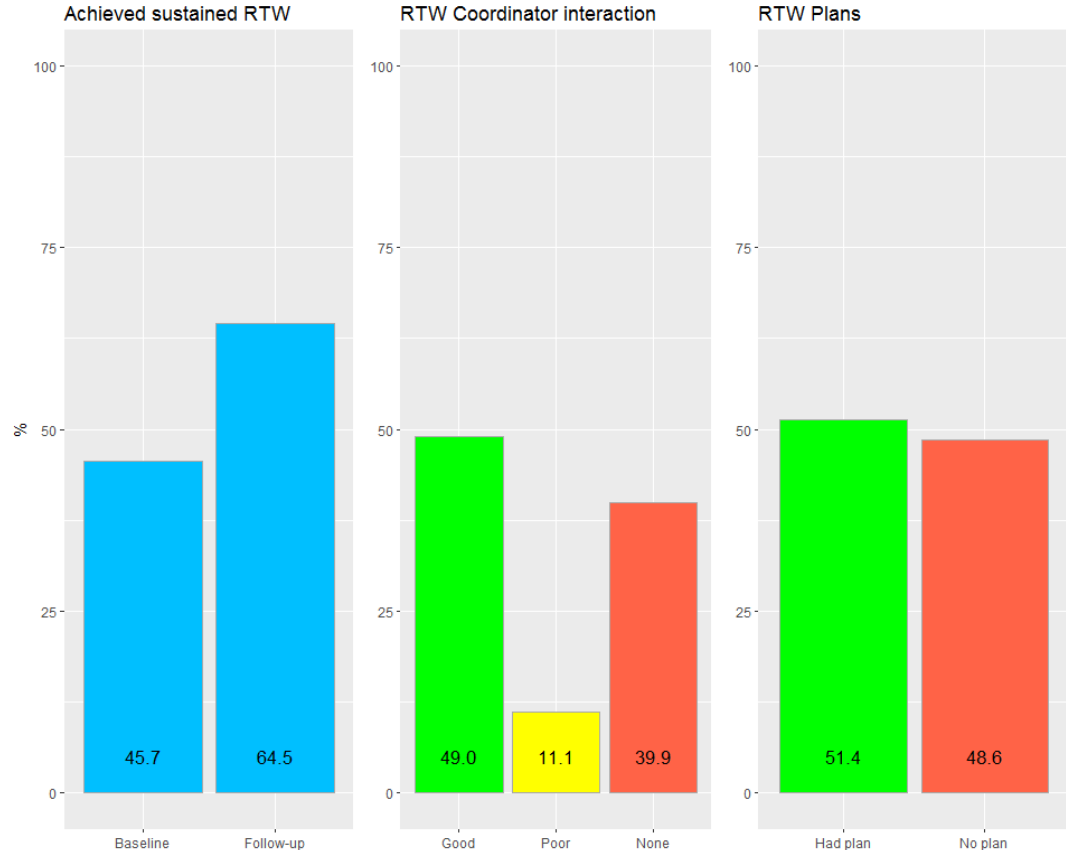


RESULTS



Sample characteristics

- RTW increased over time
- Poor interaction: 1/6th
- No interaction: 2/5th
 - Majority of these said they had no Coordinator (28% of sample)
- Half did not have RTW plan

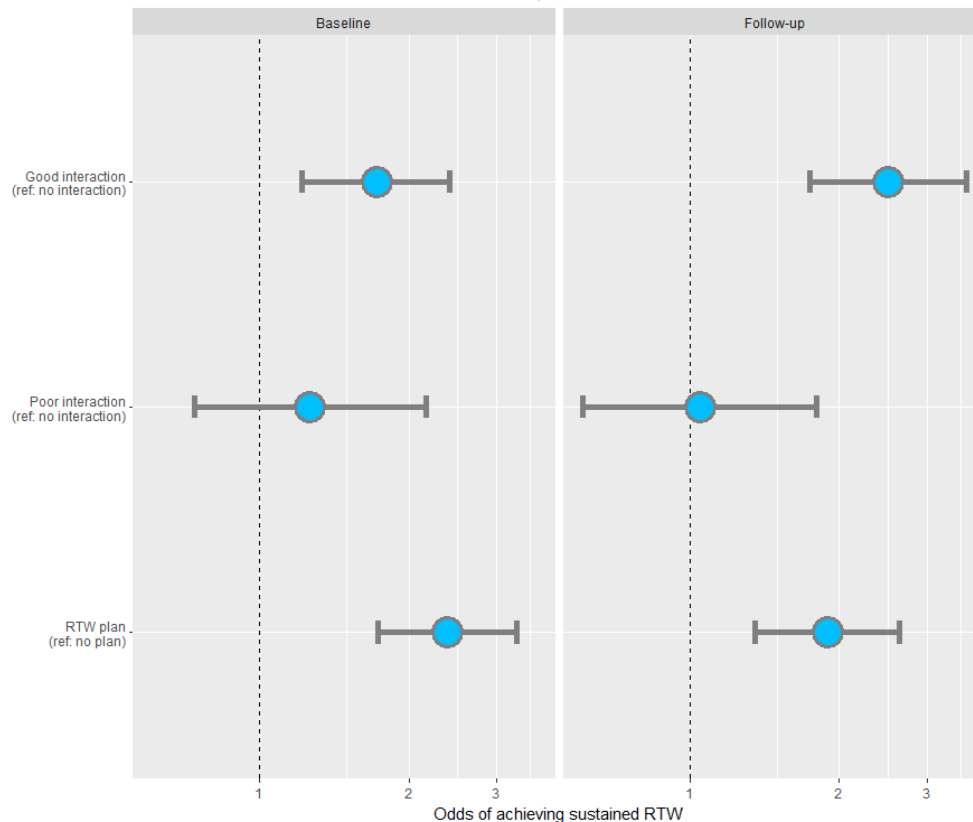




Coordinators & RTW

- Without adjustment, both good interactions and plans predictive of RTW
- Poor interactions no better than no interaction
- But when adjusting for other factors...

Association between RTW Coordinator activity and RTW outcomes



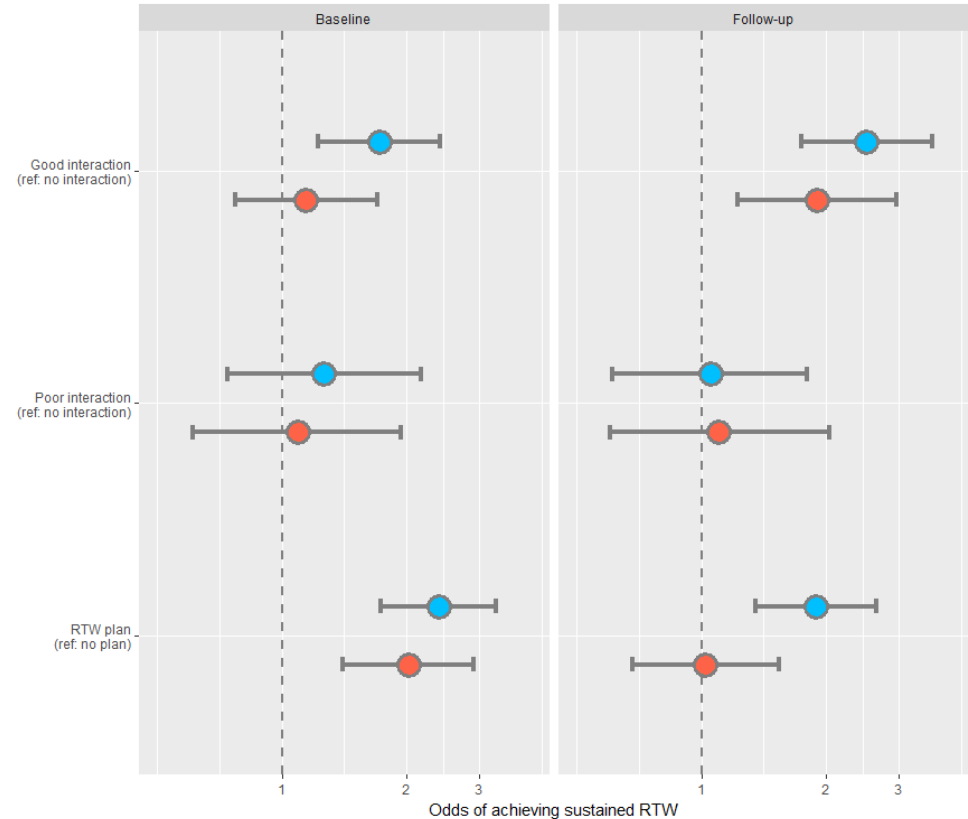


Coordinators & RTW

- Adjusted (red), only one activity predictive:
 - Only plans significant at baseline
 - Only good interactions at follow-up

- Blue = crude, red = adjusted

Association between RTW Coordinator activity and RTW outcomes





DISCUSSION & CONCLUSIONS



Interpretation

- Coordinators effective in achieving RTW
 - Dependence on performance of activities
- Result of two types of claims
 - Short-duration and long-duration
 - Injury factors important in period shortly after injury, psychosocial factors important in long-term (Krause et al 2001)
- RTW plans significant for RTW <4 months
 - May address functional needs, catalyst for claimants who were probably doing fine
- Good interactions significant for RTW >4 months <10 months
 - May mitigate or prevent psychosocial factors from becoming an issue
 - Could provide support that long-duration claims need to RTW



Implications

- Activities of workplace-based Coordinators improve RTW outcomes
- Findings could be used to inform targeted RTW Coordinator interventions based on likely trajectory
 - Reiterates existing research suggesting psychosocial factors become more important over life of claim



Implications

- Revise Coordinator training
 - Include interpersonal skills training
 - Australian Coordinators say current training too focused on legislative requirements, would like counselling training (Bohatko-Naismith 2016)
 - But, interpersonal skills may be generally immutable
- Revise Coordinator selection criteria
 - Currently based on competence in RTW and seniority within organisation
 - Consider personality traits
- High degree of non-compliance
 - Half did not have RTW plan
 - 2/5 had not been in contact with Coordinator
 - 1/4 said they did not have a Coordinator!
 - Both required



Strengths & limitations

- Strengths
 - Some prospective outcomes
 - Stable RTW outcome (>1 month)
- Limitations
 - Survey, subject to bias
 - Not exhaustive list of Coordinator activities
 - E.g., contact with other stakeholders
 - Survey starts somewhat late in process
 - May not generalise
 - Coordinators were workplace-based, criteria of two weeks time off work for eligibility, only upper-body MSK and mental health conditions

Peer-reviewed version:

Lane, T. J., Lilley, R., Hogg-Johnson, S., LaMontagne, A. D., Sim, M. R., & Smith, P. M. (2017). A prospective cohort study of the impact of return-to-work Coordinators in getting injured workers back on the job. *J Occup Rehabil*, 1-9.

Free online link:

<https://tinyurl.com/RTWC-Study-TLane>

Study information

- Funding:
 - Australian Research Council Linkage Grant (LP130100091)
- Ethics approval:
 - Monash University Human Research Ethics Committee on 19 November 2013



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