

Helping you get the measure of workplace rehabilitation

Self-assessment of workplace rehabilitation A checklist for employers

About the self-assessment of workplace rehabilitation >>

The workplace rehabilitation environment >>

Checklist for individual worker's file >>

Get the measure >> References >>

About the self-assessment of workplace rehabilitation



General information

The objective of workplace rehabilitation is to manage employees' recovery from injury in such a way that they can return quickly and safely to their pre-injury employment wherever possible. The workplace rehabilitation process for injured employees should be managed in a way that is inclusive, respectful and considerate of individual needs. For many injured workers, workplace rehabilitation will consist of medical and allied health treatment with a short period of suitable duties as part of a graduated return to work. Serious or complex injuries will require more comprehensive management and employers should work closely with their workers' compensation insurer and the treating medical practitioner in these cases.

The use of the self-assessment checklist is voluntary. The self-assessment checklist was developed to provide a framework for those employers who wish to assess their workplace rehabilitation systems for the purpose of continuous improvement. As workplace rehabilitation has a crucial role in reducing the cost of workplace injury, it is important for employers to identify where to focus their efforts in improving workplace rehabilitation processes and procedures to achieve continuous improvements in outcomes.

The self-assessment checklist is intended to assist employers to assess their performance over several key categories related to the provision of workplace rehabilitation. The categories include legislative obligations as set out in the *Workers' Compensation and Rehabilitation Act 2003* and the *Workers' Compensation and Rehabilitation Regulation 2003* (Queensland). Best practice indicators developed from various sources in the rehabilitation literature (see References at the end of this document) are also included.

Who will benefit from using the self-assessment checklist?

- Q-COMP developed the self-assessment checklist to assist employers, rehabilitation and return to work coordinators and injury management advisors to assess their performance on key categories of workplace rehabilitation. It includes legislative and regulatory requirements and commonly accepted principles of good practice.
- The self-assessment checklist should not be considered exhaustive and employers should consider adding additional indicators to customise the self-assessment checklist for their particular circumstances.
- Use of the self-assessment checklist in developing a continuous improvement program for workplace rehabilitation is voluntary.



About the self-assessment of workplace rehabilitation

How to use the self-assessment checklist

- By using the self-assessment checklist, employers should be able to assess their workplace rehabilitation systems on a range of categories and elements separated into workplace rehabilitation system specific issues and issues relating to the management of rehabilitation at the individual worker level.
- Administration of the self-assessment checklist should preferably be carried out by an individual with an understanding of the principles of workplace rehabilitation and some practical experience in the field.
- The self-assessment checklist should be used by the employer as an internal review tool and should be retained by the employer. It is not required that the completed self-assessment checklist be returned to Q-COMP.
- The self-assessment checklist is designed to provide employers with a knowledge of basic principles of good practice and to assist them to gain a snapshot of how their system and processes are working in practice.
- It is intended that the self-assessment checklist will highlight areas of performance/compliance and non-performance/non-compliance.
- The self-assessment checklist is divided into two sections:
- » Section One The workplace rehabilitation environment; and
- » Section Two Checklist for individual worker's file.
- Section One is designed to assess the environment for workplace rehabilitation while Section Two is designed to be used in assessing individual workers' rehabilitation files.
- The assessor should first work through all the workplace rehabilitation categories in Section One, progressively examining each element and indicating evidence

of compliance by ticking the box or non-compliance by leaving the box blank. An assessment of provided may be indicated if one or more items of evidence are present.

- Following completion of Section One, the assessor should select a random sample of workplace rehabilitation files to assess the management of each individual workers' rehabilitation using the self-assessment checklist in Section Two.
- Smaller employers with a limited claims history may choose to assess all rehabilitation files.
- Larger employers should ensure that the population from which the sample is to be randomly selected represents a relevant population that will provide a meaningful sample to test for compliance with the categories and elements set out in the self-assessment checklist.
- Assessors will be able to see at glance which elements show evidence of compliance or non-compliance. Partial compliance or other comments can also be indicated in the Comments/action required column.
- A space is provided after each category to record more extensive notes or comments.
- Following completion of the self-assessment checklist, a performance summary report and an improvement action plan should be developed.
- The performance summary report and the improvement action plan should identify opportunities for improvement in performance. The performance summary report should also identify successful strategies and achievements in workplace rehabilitation.
- The improvement action plan should detail issues for improvement, the proposed actions to be taken, the timeframes for action and responsibilities for action. Actions should be implemented within a reasonable time after completing the self-assessment checklist.

Section one The workplace rehabilitation environment



Category one Return to work culture

Commitment of staff at all levels is crucial if workplace rehabilitation is to be effective. The intent of this category is to assess if there is management and worker commitment for workplace rehabilitation.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Workplace rehabilitation policy is dated, current, signed by CEO or other responsible officer and has a review date	CEO or officer signature, date and review date		
Clearly documented workplace rehabilitation procedures	Published and displayed at workplace		
Staff responsible for accident reporting also report to the rehabilitation and return to work coordinator	Case notes Notification forms Other evidence		
Policy and procedures are part of induction	Included in induction material, programs		
Awareness of all workers of workplace rehabilitation	Policy statement of commitment displayed at the workplace Policy discussed at work group meetings		
Evidence of ongoing education related to workplace rehabilitation	Minutes of staff meetings Posters Newsletters Memos		
Trained rehabilitation and return to work coordinator nominated	Name of rehabilitation and return to work coordinator shown on: policy noticeboards Nominated rehabilitation and return to work coordinator has sufficient seniority and relevant skills to successfully undertake the role		
Nominated rehabilitation and return to work coordinator is allocated sufficient time for performance of the role	Position description includes duties of the rehabilitation and return to work coordinator Key performance indicators for the role include workplace rehabilitation		
Identification of a person or organisation that can provide advice on workplace rehabilitation	Documents showing: • contact details for persons or organisations • employee assistance program documentation		



Category one Return to work culture

Key elements	Evidence of verification - one or more may be used	Tick if provided	Comments/action required
Business performance in relation to workplace rehabilitation is measured	Rehabilitation performance reported in management reports and statistics		
Line manager and senior management responsibility for workplace rehabilitation is reflected in position description	Position description		
Workplace rehabilitation policy and procedures are reviewed at regular intervals or at intervals required by legislation	Records of reviews Revised policy or procedure documents reflect outcomes of the review		
Workers or their representatives involved in development and review of the workplace rehabilitation system	Consultative arrangements documented in minutes, correspondence, etc.		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category one under the workplace rehabilitation environment

Section one The workplace rehabilitation environment



Category two Confidentiality

Trust and cooperation are integral to successful workplace rehabilitation. It is important that information gathered during workplace rehabilitation is used only for the purpose for which it was intended. Employers and rehabilitation and return to work coordinators would normally only seek information related to capacity for work or level of function.

The intent of this category is to assess whether information obtained during the workplace rehabilitation process is at all times treated with confidentiality and sensitivity by all parties.

Information collected during workplace rehabilitation should not be used to disadvantage the injured worker. For example, medical information collected during workplace rehabilitation is subject to privacy principles and anti-discrimination legislation and should only be used for the purpose for which it was collected.

The injured worker's authority is not required for release of information to the insurer or to Q-COMP. However, an authority must be obtained by the rehabilitation and return to work coordinator to obtain or release information to any other person related to the worker's current workplace injury.

Key elements	Evidence of verification - one or more may be used	Tick if provided	Comments/action required
There is a clear policy governing privacy in respect to return to work and rehabilitation	Privacy policy included in workplace rehabilitation policy and procedures		
Appropriate safekeeping implemented for all files	Rehabilitation file kept secure and separate from human resource file		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category two under the workplace rehabilitation environment

Section one The workplace rehabilitation environment



Category three Evaluation of workplace rehabilitation

The intent of this category is to assess whether workplace rehabilitation is effective. The evaluation assesses the success rate of individual programs, costs and durations, problems or issues of concern, positive outcomes and injured workers' satisfaction.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Database of all claims is maintained showing costs, duration, injury type, outcomes	Database of all claims showing costs, duration, injury type, outcomes		
System of workplace rehabilitation is reviewed/audited/self- assessed regularly and the results documented	Reports noting performance on a range of indicators such as cost, duration, return to work status, services provided, regular reports to senior management		
Reviewers/assessors are independent of the area being audited/ assessed	Assessment reports demonstrate appropriate selection of assessors/reviewers		
Deficiencies are highlighted in review/assessment and are addressed and monitored for improvement	Action/improvement plan on file Plan implemented and monitored as shown in reports to management		
System for processing issues/complaints raised by injured workers in relation to rehabilitation in place	Issues/complaints system (e.g. Australian Standard 4269)		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category three under the workplace rehabilitation environment



This section can be copied and used as a self-assessment checklist for multiple workers' files

Employer	Date of assessment	
Name of assessor	Name of worker	
Claim number	Date of injury	

Nature of injury



Category one Return to work culture

Commitment of staff at all levels is crucial if workplace rehabilitation is to be effective. The intent of this category is to assess if there is a culture of commitment for workers undertaking workplace rehabilitation.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Rehabilitation does not disadvantage the injured worker	Injured worker was not dismissed due to injury		
Workers are able to nominate a person to support and assist with workplace rehabilitation matters	Case notes show worker was made aware of this		
In the event of a dispute, the worker is made aware of the grievance mechanism/process	Documented evidence on rehabilitation file that injured worker was made aware of procedures at time of dispute		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category one under checklist for individual worker's file

Notes:			

Category two Confidentiality

Trust and cooperation are integral to successful workplace rehabilitation. It is important that information gathered during workplace rehabilitation is only used for the purpose for which it was intended. Employers and rehabilitation and return to work coordinators would normally only seek information related to capacity for work or level of function.

The intent of this category is to assess whether information obtained during the workplace rehabilitation process is at all times treated with confidentiality and sensitivity by all parties.

Information collected during workplace rehabilitation should not be used to disadvantage the injured worker. For example, medical information collected during workplace rehabilitation is subject to privacy principles and anti-discrimination legislation and should only be used for the purpose for which it was collected.

The injured worker's authority is not required for release of information to the insurer or Q-COMP. However, an authority must be obtained by the rehabilitation and return to work coordinator to obtain or release information to any other person related to the worker's current workplace injury.

Key elements	Evidence of verification - one or more may be used	Tick if provided	Comments/action required
Rehabilitation and return to work coordinator obtained injured worker authority to liaise with treating doctor	Copy of signed authority on injured worker's file Authority sent to treating doctor		
Rehabilitation and return to work coordinator obtained injured worker authority to liaise with treating allied health and other providers	Copy of signed authority on injured worker's file Authority sent to provider		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category two under checklist for individual worker's file



Category three Planning

This category assesses whether basic planning for workplace rehabilitation and return to work strategies is being provided at the workplace.

A rehabilitation and return to work plan is required for workers undertaking rehabilitation. Where this occurs, the employer and rehabilitation and return to work coordinator should liaise with the insurer. The insurer's case manager will work with the injured worker, employer and rehabilitation and return to work coordinator to develop a comprehensive rehabilitation and return to work plan.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Evidence of planning for all workers undertaking rehabilitation	Suitable duties plan on file Case notes on injured worker's file		
Plan has a goal and strategies for achieving the goal	Suitable duties plan on file		
Planning identifies actions and responsibilities	Suitable duties plan shows actions and person responsible		
Plan developed in consultation with treating doctor	Treating doctor signature on plan (if required) Consultation documented in case notes		
Plan developed in consultation with injured worker	Injured worker signature on plan Consultation documented in case notes		
For complex or serious injuries, the insurer case manager is consulted	Case notes Copy of suitable duties plan forwarded to insurer case manager		
Regular and appropriate contact is maintained with injured worker	Case notes		
Plan is reviewed regularly	Case notes File reviews Case conference notes		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category three under checklist for individual worker's file



Category four The return to work process

The National Occupational Health and Safety Commission (NOHSC 1995) describes workplace rehabilitation as a managed process involving early intervention with appropriate, adequate and timely services based on assessed needs, which is aimed at maintaining injured or ill employees in, or returning them to, suitable employment. The intent of this category is to ensure that intervention is timely and appropriate and that adequate documentation of the rehabilitation process is maintained.

4a Early intervention

Early contact and intervention is vital in promoting and maintaining a positive relationship between the injured worker and the workplace. It also assists in promoting workplace rehabilitation.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Early contact with worker following injury to show support and advise of entitlements and procedures for rehabilitation	Case notes Other documentation		
Assistance to injured worker to complete application for compensation, if required	Case notes		
Early and proactive contact with treating doctor to assess the potential of the injured worker to return to work	Case notes Fax Emails Correspondence Report from doctor		
Management and staff made aware of their responsibilities and procedures at time of injury	Case notes Copies of memos Emails		
Initial assessment by rehabilitation provider considered when: Estimated loss of function > 4 weeks Serious injury Aggravation or injury during suitable duties Complications with injury No suitable duties available No progress towards return to work Note: may require insurer approval in some circumstances	Case notes Letter of referral Reports from provider/s		



Category four The return to work process

4a Early intervention continued

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Injured worker aware of the role of the insurer case manager at time of lodging claim	Induction material Case notes Emails Correspondence		
Contact with insurer case manager as appropriate to update case manager on progress and discuss any difficulties, concerns or suggestions	Case notes Fax Emails Reports		
Provide insurer with copies of any reports or progress reports from providers to avoid duplication and keep insurer informed	Case notes Fax Emails Correspondence Reports		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category 4a under checklist for individual worker's file

Category four The return to work process

4b Case notes

Case notes are a legislative requirement in relation to rehabilitation. Section 107 of the *Workers' Compensation and Rehabilitation Regulation 2003* states accurate and objective case notes must be kept for each worker undertaking rehabilitation. Case notes must contain details of:

- a) all communications between the worker, the rehabilitation and return to work coordinator and other relevant parties and
- b) actions and decisions and
- c) reasons for actions and decisions.

Case notes facilitate the rehabilitation of injured workers by maintaining a record of communications, actions and decisions. Case notes can also be useful if an injured worker decides to pursue common law action at a later date. Case notes can be an excellent source of information regarding how the employer (through the actions of the rehabilitation and return to work coordinator) and the injured worker met their obligations regarding rehabilitation.

The intent of this category is to assess whether case notes for workplace rehabilitation are kept to a standard as outlined in the *Workers' Compensation and Rehabilitation Regulation 2003.*

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Case notes are kept	Case notes on rehabilitation file		
Are signed and dated	All entries signed; if electronic to be printed out, all entries initialled and each completed page signed		
Contain actions and decisions	Clearly stated in case notes		
Contain reasons for actions and decisions	Clearly stated in case notes		
Are objective and provide a chronological, accurate account of all communications with relevant parties	Contain observed facts and relevant information		
	Add up the total number of ticks, enter in the box	,	

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category 4b under checklist for individual worker's file

Category four The return to work process

4c Suitable duties

The intent of this category is to assess whether suitable duties are provided in consultation with all parties and provide a medically approved, safe and graduated return to work.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
Where practicable, suitable duties are offered to all injured workers with medical certification for partial incapacity	Suitable duties plan Case notes Correspondence		
Suitable duties take into account worker's medical condition and nature of their incapacity	As shown on suitable duties plan Case notes or other documentation		
Suitable duties plans developed in consultation with treating medical practitioner	Signature on suitable duties plan if required Record of case conference Case notes		
Suitable duties plans developed in consultation with injured worker	Signature on suitable duties plan Record of case conference Case notes		
Where suitable duties are unfamiliar to injured worker, appropriate training and induction in the role and relevant safety procedures and supervision are provided	Case notes Injured worker signs acknowledgement of receiving relevant training and induction		
Suitable duties are goal focused with tasks and restrictions considered in development	Suitable duties plan shows goal, tasks, and restrictions		
Suitable duties are time limited and have a review date	Suitable duties plan has a review date		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category 4c under checklist for individual worker's file



Category four The return to work process

4d Engaging rehabilitation service providers

The intent of this category is to assess whether employers are ensuring rehabilitation service providers are able to meet some basic standards of service provision. By developing a service agreement that sets out the terms and expectations under which those services are to be provided, employers will be able to assess whether these terms and expectations have been met.

Key elements	Evidence of verification – one or more may be used	Tick if provided	Comments/action required
The role of rehabilitation providers is clear to all parties	Request for services or referral clearly sets out what services are required, expected costs and the timeframes for delivery		
Rehabilitation service providers are evaluated against the request/referral	Costs compared to estimates Progress reports/communication from providers are: • timely • easily understood		
Treatment providers contacted (with injured worker permission) to obtain updates on worker's treatment and condition	Case notes Fax Emails		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category 4d under checklist for individual worker's file



Category five Rehabilitation strategies for long term or seriously injured workers

This category assesses whether appropriate assistance has been provided to seriously injured workers who are unable to return to work with their original employer.

The National Occupational Health and Safety Commission (NOHSC 1995) states that when it is apparent that placement with the pre-injury employer is not possible, an alternative employer should be sought. The workers' compensation insurer will be able to assist the employer in this situation. It should be recognised that placement or relocation away from colleagues and familiar work practices may add to the difficulties associated with returning to work. Referral to an appropriately qualified rehabilitation provider to provide placement assistance including vocational assessment, counselling and development of job seeking skills will assist with placement of these workers.

Key elements	Evidence of verification - one or more may be used	Tick if provided	Comments/action required
Redeployment considered when appropriate	Offer of redeployment on injured worker file		
Referral to rehabilitation providers for vocational assessment, and job seeking skills training when appropriate (requires insurer approval for payment of costs)	Referral on file Case notes Relevant documentation		
Retraining including host employer work trial and brief vocationally oriented training courses offered with realistic job prospects (requires insurer approval for payment of costs)	Offer on file		

Add up the total number of ticks, enter in the box, then <u>click here</u> to enter your score in category five under checklist for individual worker's file



Category six Evaluation of workplace rehabilitation

The intent of this category is to assess whether workplace rehabilitation programs continue to remain effective. The evaluation assesses the success rate of individual programs, costs and durations, problems or issues of concern, positive outcomes, and injured worker's satisfaction.

Key elements	Evidence of verification - one or more may be used	Tick if provided	Comments/action required
Injured worker feedback in relation to workplace rehabilitation is sought during rehabilitation and following case closure	Case notes/correspondence indicating evaluation sought from injured worker (may be telephone survey or other form of survey) Evaluation by injured worker on file Evaluations are collated and summarised		
Return to work status noted on individual worker file	Case notes or file summary		
Rehabilitation of individual workers evaluated to highlight positive outcomes and any concerns	Case notes, file reviews File summary Report Results collated and summarised to inform systems management		

Add up the total number of ticks, enter in the box then <u>click here</u> to enter your score in category six under checklist for individual worker's file

The workplace rehabilitation environment

Category one



Category two

to next category

Category three



Checklist for

individual worker's file

Category one

to next category

Category two



<u>to next category</u>

Category three

to next category

Category four

A + B + C + D

back to category 4 to next category

Category five

to next category

Category six



Helping you get the measure of workplace rehabilitation

The self-assessment checklist was developed to provide a framework for employers wishing to assess their workplace rehabilitation systems. It is recommended that you use the overall score from the self-assessment checklist as a benchmark against which to compare future self-assessments. The higher the score, the better. But remember – be as objective as you can with your scoring to get the most out of the self-assessment process. The self-assessment checklist will help you to identify strengths and weaknesses in your workplace rehabilitation processes. It is an opportunity to identify areas where improvement can be made.

The self-assessment checklist should not be considered exhaustive and employers should consider adding additional indicators to customise the self-assessment checklist for their particular circumstances.

Workplace rehabilitation is a dynamic field and it is important to keep up to date with relevant changes in legislation that relate to the requirements for employers to provide rehabilitation. You should ensure that those responsible for coordinating rehabilitation in the workplace maintain regular contact with the workers' compensation insurer's case manager.

To find out more about getting assistance to improve workplace rehabilitation processes at your organisation, visit the employers section on the Q-COMP website (www.qcomp.com.au) or call Q-COMP on 1300 361 235 and ask to speak with a Senior Rehabilitation Advisor regarding any workplace rehabilitation enquiries you may have.

References

Accident and Compensation Commission New Zealand 2000, *The Self Management Programme for Accredited Employers*, Partnership Programme, New Zealand.

Comcare 1996, Return to Work: A Guide to Workers' Compensation Case Management, Canberra.

Rieve, Julia A, RN 2001, Best Practice in Case Management, The Case Manager, vol. January/February, pp. 36-37.

National Occupational Health and Safety Commission 1995, *Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease*, Canberra.

Tasmanian Workers' Compensation Authority 2002, Injury Map. Injury Management Assessment Program, Tasmania.

Workcover New South Wales 2001, Self Insurers Injury Management Self Audit Tool, New South Wales.

Case Management Society of America 2002, Standards of Practice for Case Management, Arkansas.