

newslink

K E E P I N G S O U T H A U S T R A L I A W O R K I N G

Working improves quality of life



In this issue

- Prof Sir Mansel Aylward on the effects of long-term worklessness
- Award-winning injured workers David Goold and Ross Trussell
- Congenital amputee John Robinson's inspiring story
- Managing difficult behaviour at work
- Rehabilitation strategies for chronic pain sufferers

From the CEO



Welcome to the last issue of *Newslink* for 2010.

Based on your feedback from our *Newslink* survey earlier this year, we have refreshed the design and created sections for employers (page 12), rehabilitation and return to work coordinators (page 14) and health and rehabilitation providers (page 20).

Newslink is the 'link' between the parties involved in keeping injured workers at work, where appropriate, or returning them to work. By improving *Newslink* we aim to make it easier for you to keep up to date. In this issue we reflect on research that shows the better outcomes achieved when injured workers remain at work (if possible) or return to work more quickly.

As always, we welcome your feedback on each edition, please email us so we can continue to deliver the information you want at newslink@workcover.com

As we move toward the festive season we must remember that the risk of injury in the workplace tends to increase as the year draws to a close. Please keep focused on safety in the workplace during this time.

Of course if an injury does occur, the State's Workers Rehabilitation and Compensation Scheme does not go on holiday, and WorkCover's claims agent Employers Mutual will be open during the Christmas break.

We hope you have a safe and enjoyable holiday season.

Rob Thomson
Chief Executive Officer

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Working improves quality of life

“Long-term worklessness is one of the greatest risks known to public health,” said Professor Sir Mansel Aylward CB at a recent WorkCover conference. “The health risk is equivalent to smoking 10 packs of cigarettes per day.”

Prof Aylward is the Director of the Centre for Psychosocial and Disability Research at Cardiff University in Wales and the Chair of Public Health Wales (United Kingdom).

“Long-term incapacity is not inevitable for injured workers with manageable health problems, if they are given the right support,” he argued in his keynote session, ‘Tackling barriers to recovery and return to work: Securing behavioural and cultural change’. Delivering his presentation via a live satellite video link at WorkCover’s conference ‘Working today for a healthy tomorrow’ held on 15 September 2010, he made the following key points:

- Barriers to recovery and return to work (for injured workers) are primarily personal, psychological and social, rather than health-related ‘medical’ problems and actual symptoms.
- Work is the most effective means to improving and maintaining the well-being of individuals, their families and their communities.
- The objective for people working within workers compensation and rehabilitation programs is to tackle people’s obstacles to recovering and returning to work, by helping to change the way they think and what they believe.

“Almost anytime you tell anyone anything, you are attempting to change the way their brain works,” Prof Aylward said.

“How people think and feel about their health problems determines how they deal with them.”

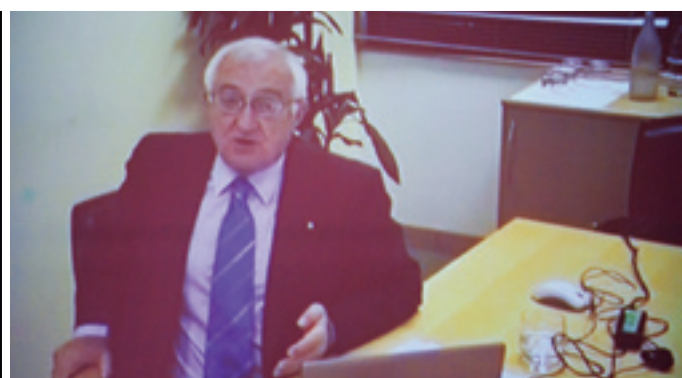
He reported that, in the UK, “most people are off work with mild and treatable conditions that many people in work may also have.” These conditions include depression, anxiety or stress-related mental health problems, musculoskeletal conditions and cardio-respiratory conditions.

Prof Aylward argued that it was important for injured workers to return to work as quickly as possible in order to avoid a range of negative outcomes including loss of income, diminishing self-respect, ill-health and psychosocial scars.

“The risk of suicide in young men who are out of work for more than six months is 40 times greater than for those who are employed, while the suicide rate in general is increased by six times in longer term worklessness.”

Prof Aylward argued that long-term unemployment causes ill health, while ‘good’ work (characterised by job security, job satisfaction and a high level of supportive social relationships at work) is good for the health and wellbeing of individuals and the wider community.

“Many people wrongly think that you must be off work to recover fully from an illness and that health conditions and disabilities are inevitably barriers to employment,” he said. “The challenge is to uproot these convictions.”



➡ For more information on Prof Sir Mansel Aylward’s presentation go to www.workcover.com/conference

Prof Sir Mansel Aylward (right) discusses the impact of long-term worklessness with MC Derrick McManus (left) via live satellite link at WorkCover’s annual conference.

Inspiring workers, joint winners at recent awards

WorkCover's Recovery and Return to Work awards, which took place in September this year, aim to inspire and motivate others to achieve outstanding results in return to work. Here are the stories of the two joint winners of the injured workers category.

The winners

Worker achievement award

David Goold and Ross Trussell

Employer excellence award (small to medium)

Happy Valley Community Children's Centre

Employer excellence award (large)

Maxima Group Inc

Employer excellence award (self-insured)

United Water

Health and rehabilitation achievement award (individual)

Kevin Wilhelm (Australian Workplace Injury Consultants)

Kristy Montagnese (Insite Injury Management Group)

Health and rehabilitation achievement award (organisation)

Insite Injury Management Group

Rehabilitation and return to work coordinator excellence award

Juliette Ninnes (Taylors Wines)

Case and injury management excellence award

Tracy Hayes (Southern Cross Care (SA & NT) Inc)



Recovery and
Return to Work
Awards
2010

To read more about these inspirational stories and all the amazing stories of this year's finalists, please visit www.workcover.com/awards



I enjoy my job, I wanted to get back to work as quickly as I could. I wanted to show my wife and kids that I was going to be OK.

David Goold

David is a manufacturing supervisor with Alltech Refrigeration Services. While doing some machine maintenance on a pallet machine in Queensland for his South Australia based employer, the power was switched on and David's leg was dragged into the trolley loader nearly costing him his life.

Suffering horrific injuries, he was trapped for two hours before he was found by a co-worker.

His thigh was severely lacerated from hip to hamstring just missing his femoral artery. He was transported by ambulance for an additional two hours to hospital where he was operated on to repair the leg, resulting in 200 internal stitches and 100 staples outside.

The wound became infected, resulting in more operations, and he's also had multiple skin grafts. His other leg was also injured, requiring arthroscopic surgery. "It's his bravery, can-do attitude and hard work that resulted in him

returning to work in an amazingly short time [four months]," says his Employers Mutual case manager David Pickering.

"I enjoy my job," says David Goold. "I wanted to get back to work as quickly as I could. I wanted to show my wife and kids that I was going to be OK."

"My return to work was met with nerves by my family. But once they realised I was following my occupational therapist's guidelines, they realised it was the best thing for me. I wasn't sure how I would react being around the machines that nearly cost me my life, but my workplace has been really supportive, and helped me get my confidence back."

David has now been back at work 12 months and is "pretty much able to do what I was doing prior to the accident. The biggest challenge is getting my legs working again. And putting up with all the pain."

David still faces ongoing operations, but is hopeful that this will "get my legs back to full strength in future."

Ross Trussell

Ross, a boilermaker at Manuele Engineers in Clovelly Park, was using a crane to place a 15-metre long, thick beam weighing 1300kg in a safe position, when it fell, crushing both his ankles. A well-intentioned 'rescue' saw four of his toes broken also, when the beam landed on him again. "While the accident robbed me of freedom," says Ross, "it also gave me the desire and fortitude to get well again and return to my job."

His first week out of hospital, Ross was so motivated to get back to work that he was on the phone asking if there was work he could do at home, "shuffling paperwork even – after all, I'm getting paid, why not work for it? Unfortunately they declined my request!" Within four months, however, he was back at work on modified duties.

"My rehabilitation consultant Kabi Mani (Effective Australia), health providers and employer – I needed them all. My recovery has been progressive, because of the individual support, as well as the team effort from all of them," he says.

"Ross was in a wheelchair [initially], which affected his family/personal life and activities of daily living," says Kabi. "But he was motivated to break all the barriers, and return to his pre-injury employer."

According to his employer, his drive and commitment to returning to work after his accident has been nothing short of inspirational. "I've learnt to be more patient and positive – to never look back," says Ross. "And I've learnt that if you want something, go get it. The result? I'm back at work."



While the accident robbed me of freedom, it also gave me the desire and fortitude to get well again and return to my job.

Return to work rates surveyed nationally

South Australia's return to work (RTW) rate in 2010 was 80% (a decrease of 2% compared with 2008-09) according to a survey conducted for Heads of Workers Compensation Authorities.

The Australian and NZ Return to Work Monitor 2010 surveyed 2,689 injured workers who have had 10 days or more compensation paid across all Australian and New Zealand workers compensation jurisdictions, including 401 workers from South Australia. The 2010 RTW rate nationally was reported as stabilising at 85% compared with a decline over the previous four years (2008-09: 83%).

The picture in SA

South Australia was identified in the June 2010 report as consolidating the results of the previous year, although still remaining below the national average.

We unfortunately had the highest proportion of workers currently receiving compensation, at 35%, compared to the national average of 23% indicating that there is still much work to be done. However, injured workers in South Australia reported that they had the highest level of access to a return to work plan (69%) as compared with the national average of 56%. South Australian workers also had a higher than average participation in developing a return to work plan.

Advantage SA South Australian of the Year – Health Category

Dr Robert Padbury has been named as South Australian of the Year – Health Category 2010. Dr Padbury is Director, Division of Surgical & Specialty Services at Flinders Medical Centre, and Southern Area Clinical Director, Surgery within Adelaide Health Service.

Dr Padbury set up the South Australian Liver Transplant Unit at Flinders, and is also a senior lecturer at Flinders University. He is Chairman of the South Australian Surgical Taskforce, a member of the SA Clinical Senate and Director of the South Australian Centre for Health Care Improvement.

Dr Padbury was recognised for his outstanding achievements as a hepatobiliary surgeon and for improving the quality of healthcare in SA.

The award was announced at a Civic Reception at the Adelaide Town Hall on 11 November.

WorkCover is proud to be a sponsor of the 2010 South Australian of the Year Awards – 'Health' Category which recognises and awards the work of individuals, departments and businesses that have enhanced the quality of life and wellbeing of South Australians by making a significant contribution towards South Australian health practice or policy.



Dr Robert Padbury, South Australian of the Year – Health Category

Six ways that employers can help workers stay at or return to work



Staying home until completely recovered is often not the best thing for your injured worker to do – returning to work with the doctor's consent is an important part of recovery for many people. Here are some ways to help workers get back to work.

1 No blame. Avoid blaming anyone for the injury – instead look at how to prevent future injuries and stay focused on helping the worker to recover and return to work.

2 Explore what your worker can do. Even with medical restrictions, many employees are able to undertake some duties. This may involve working in a different area of the business, or working part time. Employers have an obligation to provide suitable employment and your case manager and rehabilitation and return to work coordinator (if you have one) can help with this.

3 Keep in touch. Staying in touch with an injured worker helps reduce psychological barriers to staying at or returning to work. Keep them up to date on what's happening at work, invite them to social events or meetings, and reassure them that the workplace supports them.

4 Enlist the support of work mates. Positive contact from workmates, whether it's footy tips or sharing news from work helps injured workers remain engaged in the workplace.

5 Prepare for your worker's return to duties. Let staff know that your injured worker is returning and foster a supportive environment. If modified duties or reduced hours have been recommended, explain this to staff. You may also have to make changes to the workplace to ensure your worker is safe and comfortable.

6 Check on their progress. Touch base regularly so that you can fix problems if they arise. Ensure their supervisor keeps you and the rehabilitation and return to work coordinator (if you have one) informed of progress.

For more information see *Employers guide: Helping injured workers return to work*, available from www.workcover.com

“Staying in touch with an injured worker helps reduce psychological barriers to returning to work”



Work safely as Christmas nears

In the busy lead up to Christmas, SafeWork SA is urging South Australians to make safety a priority in the workplace. "Our experience is that this time of year coincides with a heightened risk of harm at work," said SafeWork SA Executive Director, Michele Patterson. "Rushing to meet deadlines is a common cause. Sacrificing safety for the sake of saving time is a shortcut to trouble. A split-second lapse of judgement can result in a workplace death or serious injury, and the consequences can last a lifetime."

Employers Mutual agreement extended

WorkCover's claims management agreement with Employers Mutual has been extended until 31 December 2012. This means Employers Mutual will continue to be the sole provider of claims management services to the State's injured workers and their employers.

"In making its decision the Board took into account the fact that Employers Mutual has substantively met its performance requirements," said Rob Thomson, CEO WorkCoverSA.

"At the current time the Scheme is experiencing significant change in the areas of work capacity reviews, medical panels and redemptions, coupled with the introduction of a completely new IT system. The WorkCover Board felt an extension was the most efficient way of maintaining service delivery and achieving the best position for the Scheme during this period of change."

WorkCover announces financial results

WorkCover announced a profit of \$77m for the full financial year in 2009-10 with the Scheme recording an unfunded liability of \$982m at 30 June. The Scheme is now 61.5% funded, an improvement of 5% when compared with 56.7% at the same time last year. Rob Thomson, CEO WorkCoverSA said this is an improvement on the previous year when the corresponding figures

were a loss of \$75m and an unfunded liability of \$1.059bn. "I'm pleased to see WorkCover's financial results moving in the right direction, ending the year with a profit," he said.

➔ For more information, see WorkCover's 2009-10 Annual Report available at www.workcover.com.

New Head Office for SafeWork SA

Most Adelaide-based SafeWork SA business services previously located at Keswick (1 Richmond Road), Netley Industrial Park and 100 Waymouth Street are now operating from one new central Head Office location. The new physical address will be: Building A World Park, (Level 4) 33 Richmond Road, Keswick.

Only the SafeWork SA Library and Bookshop are remaining in the CBD at 100 Waymouth Street, Adelaide.

All phone, fax and email details remain the same, so please continue to make contact with individual SafeWork SA staff as you always have. General contact details also remain unchanged:

Help Centre 1300 365 255

Fax (08) 8204 9200

Email help@safework.sa.gov.au

Postal GPO Box 465, Adelaide SA 5001

DX 715, Adelaide

www.safework.sa.gov.au



WorkCover helps PARAQUAD SA provide accessible housing

Suffering a life-changing injury can be isolating, especially for those from regional areas. After treatment in metropolitan facilities, it can be hard to find suitable accommodation close to home, family and friends.

WorkCover is proud to be playing a role in addressing this situation by providing \$25,000 to PARAQUAD SA's Corriedale Park Project to assist with the building of five wheelchair accessible houses for people with a spinal cord injury who live in the State's South East. The houses, which are colourful, fun and energy efficient, were officially opened in Mt Gambier on 6 October 2010 by the SA Governor Kevin Scarce.

"Until now, these patients have stayed in hospital while they waited for suitable accommodation. This can be costly and also causes additional emotional strain on patients and their families," said PARAQUAD SA Manager Accommodation and Property Services Heather Hales.

New WorkCover Board members

Joanne Denley, Noelene Buddle and David White have been newly appointed to the WorkCover Board. They replace outgoing Board members Tom Phillips, Barbara Rajkowska and Terri Scheer.

Ms Denley is the Director of Human Resources and Risk Management at Bridgestone Australia.

Ms Buddle is a member of the Board of the South Australian Museum.

Mr White is the Chief Executive of Prescott Securities Limited.

Turning obstacles into opportunities

As a congenital amputee who stands 3'9" tall, John Robinson has grown used to dealing with people's first impressions. Yet he continues to inspire.

John, who was a speaker at the recent 2010 annual WorkCover conference, was born without the lower extensions of his arms and the upper part of his legs. He said he doesn't know why and it doesn't really matter. "I can't change what happened," he said. "I *can* change how people perceive me."

John described a situation early in his life where a girl suggested he 'get off his knees' so the line they were waiting in could move faster.

He realised that to 'get off his knees' he would have to work hard, get well-educated and make money. He wanted to put money into the economy, not draw it out.

However after graduating from university it took four years and hundreds of job applications before anyone would employ him.

He rewarded the employer who gave him his first opportunity by becoming the 'top new business salesperson' at the end of his first year.

"Today I'm the General Manager of Media Sales for a video production company," he said. "I'm employed because I do what I do – I earn revenue for my employer."

John's ability to turn an incident like being told to 'get off his knees' into a learning opportunity – together with his talent, strong will and problem-solving abilities – have helped him to achieve the high degree of independence that enables him to live life on his own terms.

John has also made a powerful movie about his life and philosophy. *Get off your knees – the John Robinson story* shows a slice of 'ordinary life', which is actually extraordinary when one witnesses the determination required for John to do what others take for granted, from driving a car to playing a round of golf.

His inspirational story teaches those of us with and without disabilities that, with the aid of a strong education and a few caring individuals, we can achieve that which may initially seem impossible.

"I'm challenging you – instead of looking at the things that bother you as obstacles, think of them as opportunities," he said.



“Suffering produces endurance; endurance produces character; character produces hope and hope never disappoints. Without hope, I’d be sitting on my couch collecting benefits. I challenge every one of you to have hope – that’s what gets us through our daily challenges.”

John Robinson speaking at the WorkCover annual conference

New employer payment system explored

WorkCoverSA CEO Rob Thomson is meeting with employer associations, unions and individual employers to explore the introduction of a new employer payment system to replace the Bonus Penalty Scheme.

Throughout October and November, Mr Thomson has hosted workshops with employers across a number of industry sectors, as well as representatives of the self-insured sector, insurance companies and brokers. He will be having discussions with unions in December.

The workshops are exploring a premium payment system – ‘premium’ being like insurance, as opposed to a ‘levy’ or tax. It is also recognised that premiums should reflect an employer’s size, and take into account the fact that small employers are less likely to have claims – thus any new system is likely to have some sort of size rating as well, with an ‘experience rating’ for medium and large employers only.

A premium payment system would also have protections built in, to protect against volatility in premium through claims experience from year to year.

A separate model is being considered called ‘retro-paid loss’ for employers paying more than \$500,000 in levy.

Warning on workplace heat stress



Photo courtesy of Queensland Health

SafeWork SA is urging workplaces to ensure appropriate measures are in place to avoid heat stress this summer.

“Employers are legally obliged to provide a safe working environment, and managing such an obvious and foreseeable hazard as hot weather is a necessary part of that duty of care,” said SafeWork SA Executive Director, Michele Patterson.

“Temperatures in workplaces such as industrial sheds can sometimes exceed 50 degrees, and the risk is especially present in open air or outdoor workplaces such as construction sites, storage yards, outdoor utility installations, tarmacs, roads and farms,” she said.

“Continuing to work through the symptoms of heat stress can lead to serious illness and, in extreme cases, death.”

The symptoms include: headaches, fatigue, dizziness or fainting, increased sweating, mood changes such as irritability or confusion, and possibly an upset stomach or vomiting.

“Working in a hot environment can also impair workers’ concentration and that’s when harmful incidents are more likely to occur,” said Ms Patterson.

Strategies to avoid workplace heat stress are available on the SafeWork SA website at www.safework.sa.gov.au (OHS > Safeguards > Heat Stress) or by calling the Help Centre on 1300 365 255.



Changes to RISE – WorkCover’s re-employment incentive scheme

Changes to WorkCover’s Re-employment Incentive Scheme for Employers (RISE), came into place on 1 September 2010.

What is RISE?

RISE supports employers to provide a job to injured workers who cannot return to their previous employer. Sometimes a worker’s injury makes it hard for them to do their old job but they are capable of doing a different job.

By providing a job to an injured worker, the employer may be eligible for a significant financial incentive and support through RISE. Returning injured workers to the workplace is good for everyone.

What has changed?

- The wage subsidy which was previously a staggered percentage with a retention bonus has been replaced by a flat 40% of gross wages for up to the first 52 weeks of employment.
- A post employment support service, delivered by workplace rehabilitation providers, has been introduced, to ensure the transition into the new job is smooth for the worker and employer.
- Forms have been simplified.

Payments to cover costs such as minor workplace modifications, training and equipment remain a part of RISE.

The changes will not impact on employers with existing RISE agreements.

How does RISE work?

If an employer has a job vacancy, they should forward it to WorkCover’s RISE Coordinator who will then advertise the job to injured workers via workplace rehabilitation providers and case managers at Employers Mutual.

The workplace rehabilitation provider and/or case manager will ensure the injured worker has their doctor’s approval to undertake the job before they apply for the vacancy.

More information about employer benefits and eligibility and how RISE works can be found at **www.workcover.com**. If you have any queries or become aware of a job vacancy that may be eligible for RISE, please contact the RISE Coordinator on **13 18 55** or email: **rise-support@workcover.com**.

Coordinators' corner



Difficult behaviour can have a dramatic impact on a workplace, especially on effective team interaction, productivity and general morale.

Managing difficult behaviour at work

Michael Craig, psychologist and mediator, has been running workshops for rehabilitation and return to work coordinators on communication skills. Here, he explores dealing with difficult behaviour in the workplace.

The role of rehabilitation and return to work coordinator can be demanding and a broad range of skills and experience are required for people to be both confident and competent when performing the relevant tasks.

All of us can demonstrate difficult behaviour at times, but we have a choice as to how we behave – depending on our emotional control, personality and the work situations we find ourselves in.

Common traits in difficult people include a lack of accountability for personal behaviour, accommodating and aggressive responses, a demonstrated tendency to engage in blaming behaviour, and poor communication skills.

Reasonable people are more likely to demonstrate behaviours such as listening well, empathy and problem-solving; showing tolerance and goodwill to others; and adopting a broader view of the best interests of people and an organisation as a whole.

The impact of difficult behaviour

Difficult behaviour can have a dramatic impact on a workplace, especially on effective team interaction, productivity and general morale.

Work injuries can often lead to an increased incidence of difficult behaviour, but the management of injuries is considerably more complex when the difficult behaviour exists prior to the work injury.

People generally struggle to manage when confronted by difficult behaviour and may either react aggressively and escalate the situation, or avoid the behaviour altogether. However, both these approaches are likely to be counter-productive and will not lead to constructive outcomes. Often difficult behaviour is repeated, escalates the situation, and is then mirrored and reinforced by others until mediation, or a more drastic solution is implemented.

Rather than just observe or respond to difficult behaviour, it is important that coordinators use communication and conflict resolution skills to understand the rationale behind the behaviour. Once the behaviour is understood, strategies to resolve the issue can then be discussed in a way that satisfies everyone.

Tips on handling difficult behaviour and workplace injury

1 Avoiding a difficult situation will likely only aggravate rather than resolve the problem, so conduct a conversation with the person displaying the difficult behaviour directly, sooner rather than later. Show due respect, in a manner consistent with good policy and practice.

2 Take time to prepare for the conversation and identify the purpose and projected outcome, as well as the issues to be addressed. Also identify the impact the behaviour is having on other people and the organisation as a whole.

3 Attend relevant workshops and read articles that expand your communication skills and knowledge. Practise these skills as much as possible so they become automatic and natural.

4 Put in place a practical conflict resolution process that is accepted and followed by all staff.

5 Ensure injured workers feel comfortable and are encouraged to raise issues that may be impacting on them and their return to work.

6 Have an agreement in place with injured workers regarding mutual expectations, appropriate behaviour, communication and a process to resolve differences quickly and easily.

Becoming a fly on the wall

Dr Denise Keenan, Psychologist, COGNITION, runs workshops in return to work culture change for coordinators. Here, she offers some advice on influencing change.



Have you ever wondered how others would see your organisation if they had the opportunity to observe what goes on, or to hear the unspoken thoughts of the people within it? If they were a fly on the wall?

When we apply the fly on the wall test in this way, what we are really doing is trying to get a handle on what is known as 'organisational culture'. Organisational culture is a formal term that can be simply described as 'the way we do things around here'.

TIP: Consider how well your organisational culture would stand up to scrutiny regarding rehabilitation and return to work.

Would a fly on the wall say that your organisational culture was supportive of safety, rehabilitation and helping injured workers to return to their jobs?

The recent series of workshops entitled, 'Return to work culture change: Creating values and beliefs' helped rehabilitation and return to work coordinators consider this question.

Coordinators were encouraged to consider the features of a positive rehabilitation and return to work culture. Discussion focused on considering the needs and interests of each party in the process, and also where some of these needs may be in conflict.

In addition, coordinators also had the opportunity to reflect on how well their organisations met the features they considered desirable in a rehabilitation and return to work culture.

TIP: Go to the online forum for rehabilitation and return to work coordinators for slides from the workshops which feature simple, effective exercises coordinators can use to generate discussion in their own workplaces: <http://rtwcoordinators.workcover.com>

The workshops also highlighted how important it is for coordinators to bring people along with them in creating a positive return to work culture. Coordinators discussed ways to interest and inspire their work colleagues to support positive change.

TIP: Consider what practical things you can do right now to help change behaviour in your workplace.

In all likelihood as you become a fly on the wall, you will see some things your organisation is doing well and that you will want to build on and some things the organisation needs to address. These things, good and bad, will provide you with material to use as a basis to explore values and beliefs about how things should happen when someone is injured at work and also when they are ready to return.

Knowing what your organisation gets right and wrong is also the foundation from which you can begin to work towards change.



Meet the coordinator

Name: Ron Harvey
Job: Compliance and Training Coordinator
Company: Dennis Transport
Size: 75 employees
Region: Lower Eyre Peninsula
Years in role: 12 months at Dennis Transport in Port Lincoln;
4 years with the Toll Group in Mackay, Queensland

Ron Harvey is Compliance and Training Coordinator at Dennis Transport, Port Lincoln. Ron is also his company's rehabilitation and return to work coordinator

What is the biggest challenge in your role as coordinator?

To maintain an unbiased professional approach that both represents the needs of the injured worker and endeavours to meet the business's needs also. This is particularly hard in smaller business sites and in particular in regional communities.

What do you enjoy most about the role?

Seeing positive outcomes for both the injured worker and the business, and working with both to help them understand that a progressive approach to rehabilitation and return to work is going to benefit both parties.

Do you have a particular return to work success story you can share?

My greatest success has been in bringing about change in the rehabilitation and return to work culture on the sites I have been involved with. This has resulted in earlier return to work in most cases and it also often prevents minor injuries from becoming claims.

How do you promote your role in the organisation?

I have informal discussions with management and team leaders on the principles of rehabilitation and return to work. General awareness training sessions are run annually with employees and these sessions include OHSW and rehabilitation and return to work.

What do you do when you need help?

Discuss issues with other people working in rehabilitation and return to work – case managers, rehab consultants, WorkCover's rehabilitation and return to work support team and other coordinators. I also review training notes and notes that I've taken at seminars and information sessions.

What are the common mistakes that coordinators can make?

Becoming complacent with minor injuries and assuming they will be OK tomorrow. Encouraging workers with minor injuries to keep working on normal duties without putting a suitable employment plan in place, which can result in a more serious injury.

What tips do you have for someone who is new to the coordinator's role?

Establish a relationship with a medical practice that has experience in managing work injuries and understands the principles of rehabilitation and return to work. Have all injuries that prevent a worker from undertaking their full range of duties without limitations examined by a medical practitioner. Early intervention is critical as it enables appropriate medical treatment of the injury and a suitable duties plan to be implemented.

What advice would you give to other coordinators?

Support the injured worker at medical examinations whenever possible to ensure all people involved in managing the injury have an understanding of the range of duties that are undertaken on the site. Make every effort to work with the employer to make suitable employment available to try and prevent a lost time injury in the first instance and to facilitate an early return to work. There are always tasks in the workplace that the site never seems to have time to do or would like to do if only they had the resources. You often find that these tasks are ideal as suitable duties for an injured worker. Maintain regular contact with case managers, rehabilitation providers and injured worker to discuss the case.

Don't be afraid to ask questions if you don't understand something or things don't seem to be going as expected. Support and assist where possible with your site's OHSW culture. I believe there is a direct link between the site's OHSW culture and injury rates.



How to help injured workers recover while still at work

- Demonstrate a commitment to health and safety.
- Be accommodating in modifying work duties and addressing worker concerns.
- Ensure co-workers are not disadvantaged by an injured worker's return to work.
- Ensure supervisors are trained and included in return-to-work planning.
- Have early and considerate contact with the injured worker.
- Have a rehabilitation and return to work coordinator to assist the injured worker.
- Have clear lines of communication with health providers, with the worker's consent.

The benefits of staying at work

There are a number of practical strategies an employer can take to support injured workers as they recover from common work-related injuries – while minimising time away from work, according to clinical psychologist and advisor to WorkCover, Radek Stratil.



Radek Stratil presenting his findings at the WorkCover Annual Conference

Mr Stratil was explaining the strategies at WorkCover's recent conference, 'Working today for a healthy tomorrow'. He said that when a worker is injured, the prognosis is often quite positive, with most people continuing to work after an injury. Just because a worker is in some pain does not mean they cannot work, he said. Often, despite the pain, they are capable of performing medically approved tasks in the workplace, leading to a sense of fulfilment and worth.

For many people, staying at work assists recovery and for those who have to have some time off, returning to work when able also assists recovery. The loss of connection to work is bad for health outcomes.

Helping prevent long-term disability

Mr Stratil also presented findings from a current study on psychosocial risk assessment and intervention designed to help prevent long-term disability. "There are stages to an injury and windows of opportunity for preventing a longer-term disability," said Mr Stratil. Weeks two to eight are the most vital for intervention.

When an injured worker is in the acute to subacute stages of their injury, it is important to establish rapport, by listening to the worker and including them in planning and reviews. The problem must also be clearly defined before trying to apply a solution. It needs to be established what the worker thinks the cause of the pain is, what their perception of work issues are, what accommodation they require and whether a supervisor or system intervention is required. The injured worker's psychologist also needs to communicate with rehabilitation providers as early as possible, working out specific duties for the worker and short-term accommodation.

Factors that can hinder recovery

It's important to be aware also that there are certain factors which can hinder the recovery of a person who is suffering a pain-related workplace injury. Some of these include depression, anxiety, catastrophising, fear and negativity about the pain, and taking a passive role in recovery.

There can also be a fear of job demands and, if the workplace has a low return to work expectation and lacks support and communication, these too will be obstacles in keeping the injured worker at work. In the wider context, if there is a focus on the return to work process and delays rather than a focus on the injured worker, this too will be a hindrance.

“For many people, staying at work assists recovery and for those who have to have some time off, returning to work when able also assists recovery. The loss of connection to work is bad for health outcomes.”

Reviewing return to work plans

Medical practitioners should take the time to carefully review return to work plans.

Rehabilitation programs and rehabilitation and return to work plans are developed to assist injured workers. These documents may describe the work capacity of an injured worker, as well as detailing the objectives, obligations, time frames and responsibilities of the worker, employer and workplace rehabilitation consultant. They enable the medical practitioner to participate in a collaborative approach to the worker's recovery and workplace rehabilitation.

It is important that medical practitioners review these documents to make sure they correctly enhance the worker's recovery and don't inadvertently impose inappropriate obligations and responsibilities. This is particularly important because they are legal documents, and a worker's failure to comply with them can potentially jeopardise their entitlements to benefits. Time taken to review these plans may be charged. See WorkCover's *Medical fee schedule and guidelines*, Schedule 1B for the service item codes.

Better outcomes for a working future

The survey findings from a trial program designed to reduce the rate of long-term disability are encouraging.

The Better Outcomes Research Project pilot, which was conducted by WorkCover's Health Provider Services and was completed in August, aimed to support treating medical practitioners who have had limited exposure to the workers compensation system by sharing strategies for the treatment and management of workers' compensation claims. A number of medical practitioner consultants were engaged as advisors to speak with the treating medical practitioners on a peer-to-peer basis.

A survey was carried out to determine medical practitioners' views of the trial.

The response has been positive, with most medical practitioner's stating that the medical advisor's call was helpful. It helped to provide clearer information on a worker's ability to perform work tasks, and increased the practitioner's knowledge of dealing with work-injured patients – in particular, with completing WorkCover medical certificates, approaching workplace issues, and increasing the worker's certified capacity.

Evaluation of the project is ongoing, and will focus on improvements in communication from treating doctors as well as improvements in return to work outcomes over a 12-month period. Once the evaluation is completed, it will be determined whether or not the peer-to-peer program will continue.

Mental health first aid training

A series of mental health first aid courses for workplace rehabilitation consultants and rehabilitation and return to work coordinators is being conducted.

While safety and first aid training are a priority in the workplace, mental health first aid is now also being considered. The training aims to enhance workplace early intervention and return to work management for people with mental health issues.

Participants reported that the course enabled them to better recognise when someone was experiencing a mental health problem and to offer appropriate support. The training also connects participants with appropriate resources and services.

The training highlighted that mental health problems are manageable and better outcomes are possible. See www.workcover.com for details.

Call for permanent impairment assessors

WorkCover is again seeking applications from medical practitioners to become an accredited permanent impairment assessor.

Applicants meeting the eligibility criteria must undertake, at their cost, training in the WorkCoverSA *Guidelines for the evaluation of permanent impairment*. This training includes a compulsory assessment introductory module as well as one or more additional modules depending on the body systems (eg, spine, skin etc) for which they wish to be accredited. Applicants may apply for recognised prior learning status for body system modules if they have undertaken a WorkCover-recognised permanent impairment course in the proceeding 12 months. To be accredited all applicants will need to successfully complete competency-based assessments for the body system for which they have applied.

✉ To register your interest or to obtain further information including eligibility criteria, email pia@workcover.com.



2010 allied health fee schedules and guidelines in effect

The 2010 allied health fee schedules and guidelines were gazetted in September with effect from 1 October.

Some common changes that have been made across the schedules following the 2010 allied health fee schedule review include: a new consultation item for the writing of a treating standard or comprehensive report; selected notes from the guidelines have been moved to the fee section for better clarity; some like services have been aligned; account and invoicing standards have been amended to meet quality and audit purposes.

CDs containing the schedules were posted to providers listed on WorkCover's database. To download, go to www.workcover.com/site/treat_home/the_workcover_system/fee_schedules

Have your say

A survey to gauge health providers' views on the content and usability of fee schedules and guidelines was sent out with the CDs. The survey takes just a few minutes – please complete it as we value your feedback and it will help shape the development of next year's fee schedules.

Graduate Certificate/Diploma in Musculoskeletal Medicine

This is a multidisciplinary course for health professionals wishing to become more competent in diagnosing, treating and rehabilitating patients presenting with dysfunction of the musculoskeletal system.

A coordinated biopsychosocial approach to managing a range of injuries, trauma and diseases.

For health practitioners who hold an approved degree or equivalent qualification in a health-related area.

Elements of this course are also run as stand-alone continuing professional development workshops.

The dates of the intensives in 2011: **Upper limb:** 4-5 March **Lower limb:** 24-25 June **Back:** 24-28 October.

For more information please contact the Course Coordinator at donald.bramwell@flinders.edu.au



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Rehabilitation strategies for chronic pain sufferers

Thanks to new technology, the experience of pain in chronic pain sufferers can now be observed. This article summarises and contains some insights and constructive strategies that Coralie Wales presented for dealing with chronic pain at WorkCover's recent annual conference.

Chronic pain has a huge impact on society, causing return to work rates to deteriorate and resulting in a significant loss of labour force participation.

Ms Wales, Chronic Pain Consultant for Chronic Pain Australia, NSW, explained that chronic pain is a response to a threat. The body systems work together to manage this threat – the nervous system sends a 'danger message', the immune system combats pathogens and is on guard, and the endocrine system responds to an emergency. These interdependent processes act together to cope with the injury and comprise a supersystem. When this supersystem is impaired a person's health and well-being suffer.

Chronic pain is invisible but technology now allows us to look inside a person's brain and see the experience of pain through the use of a Functional MRI (fMRI). With this technology, chronic pain can no longer be brushed aside, disbelieved or considered weak of mind – it has reinforced the legitimacy of chronic pain.

Factors in chronic pain

Ms Wales discussed the way context makes a difference to chronic pain. Just as research has shown that when babies are separated from their mothers their stress hormones increase, there are factors which impact a person's experience with chronic pain. Such factors include home and work life, the compensation system, doctors, rehabilitation professionals and case managers. Ms Wales stressed that professionals need to be careful of stigmatising thoughts to ensure that patients know their pain is being understood and believed.

Simply being believed is a major issue for patients and unreliable studies which suggest there is malingering in chronic pain sufferers do not help this cause. Ms Wales presented findings which show that the data on malingering is not reliable, is not consistent, conclusions cannot be drawn and the method for detecting malingering is unreliable.

People who live with chronic pain experience distress, fear, anger, frustration and isolation. They also have to cope with not being believed, with being 'psychologised' and stigmatised and unfortunately becoming suicidal is a real issue.

For Australian rehabilitation professionals, the biomedical and business models being used can hinder treatment of chronic pain sufferers. The injury must be deemed either physical or psychological when in reality it is both and affects the whole body.

Simply being believed is a major issue for patients and unreliable studies which suggest there is malingering in chronic pain sufferers do not help this cause.

A diagnosis is required but this is not possible for many chronic pain sufferers who have medically unexplained pain. Business models discourage 'social rehabilitation', plus people in pain are not given the necessary time and treatments for adequate rehabilitation. Rehabilitation is built on humanistic aims but is overtaken by economic drivers which push for early return to work if there are no medical markers to explain it.

Chronic pain is exacerbated by stressful environments such as inflexible workplaces, argumentative insurance practices and lengthy liability

determinations that are linked to biomedical explanations for the pain. Also damaging is implying personal blame and failing to involve the worker in the return to work to plan – involving them is critical.

Supporting a person with chronic pain

Importantly, there are approaches that professionals can take to help a person suffering chronic pain. These include:

- taking the time to listen and engage empathetically
- becoming educated about the neurobiological aspects of pain in plain language
- taking action early without prejudice
- avoiding arguments and repeat assessments
- accepting that the pain is what the patient says it is

- not asking questions straight away about what treatments the patient has already tried
- reassuring the patient that you understand and will do whatever is necessary to help in recovery.

Supporting people at home as well as at work is also vital, as someone who cannot function at home will not be able to function at work. And while people tend to be reluctant to do so, intensive management early in the claim to deal with the pain and its related issues can avoid a costly and lengthy claim in to the future.



What is ... pain?

Pain is a sensory response to an external stimulant. Pain helps to warn us of possible or potential damage to tissues, such as when the water from the tap is hot enough to burn our skin. The normal reaction in this situation is to move the hand away. This pain is referred to as acute pain, and in most cases it disappears as tissues heal.

However, in some situations the pain can persist for months or years – even when there is no longer any tissue damage. When this occurs it is referred to as chronic pain. Chronic pain is one of the most frequent reasons people seek medical help. It can also cause emotional suffering, distress, loss of work, social and recreational lifestyle, and sometimes depression.

Many people continue to function with chronic pain by using various coping strategies. In the past 20 years, new and successful programs using coordinated care by medical, psychology, physical and rehabilitation professionals have been developed to help people to better cope with chronic pain and many are able to return to their life activities even when pain persists.

There are many unhelpful prejudices about pain, such as labelling people with pain as weak or assuming they are making it up. Evidence shows that most people do not deliberately 'make up' pain symptoms, rather they are distressed, confused by them and often just want the pain to resolve. While complete resolution of chronic pain may be difficult, much can be done to give hope and help people cope better and return quality to their lives.





Friday 10 December

New SA First Aid Code of Practice comes into effect. More info call SafeWork SA Help Centre 1300 365 255 or visit www.safework.sa.gov.au.

December

Communication and conflict resolution Network session for rehabilitation and return to work coordinators with Michael Craig. Various dates and venues. More info: Coordinators will be notified by email.

February to April

Managing psychological injuries at work - Network session for rehabilitation and return to work coordinators with Radek Stratil. Various dates and venues. More info: Coordinators will be notified by email.

March to May

Mental health first aid courses for workplace rehabilitation consultants and rehabilitation and return to work coordinators. To register visit www.workcover.com. For details call Doula Theodosi on (08) 8233 2204.

May to July

What managers and workers really think / the dynamics within the workplace - Network session for rehabilitation and return to work coordinators with Margaret Swincer. Various dates and venues. More info: Coordinators will be notified by email.

Free information support services are available for: TTY (deaf or have hearing/speech impairments) call (08) 8233 2574. Languages other than English call the Interpreting and Translating Centre (08) 8226 1990 and ask for an interpreter to call WorkCoverSA on 13 18 55. Braille, audio, or e-text call 13 18 55.

The information in this publication is compiled by WorkCover Corporation of South Australia. The data and facts referred to are correct at the time of publishing and provided as general information only. It is not intended that any opinion as to the meaning of legislation referred to is to be relied upon by readers who should seek independent advice as to any specific issues relevant to you, your workplace or organisation.

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