

### Section 5 - Making the Rehabilitation Model of Care Work – Strategies

#### 5.1 Shared Commitment to Rehabilitation

The strategies for shared ownership and commitment to rehabilitation, including legislative obligations, are outlined below:

##### (a) Occupational Rehabilitation Program and Risk Management Program

This strategy aims to encourage commitment to rehabilitation as it is a requirement that every workplace must have an Occupational Rehabilitation Program (ORProg) and Risk Management Program (RMP).

##### What is an Occupational Rehabilitation Program?

An Occupational Rehabilitation Program should outline an employer's policy and practice for the management of injury and/or illness of their employees following workplace injury or illness.

##### What is a Risk Management Program?

A Risk Management Program should assess and meet the need for health and safe work, through requiring the employer to:

1. Demonstrate risk assessment and control actions following injury, with timelines.
2. Investigate all incidents, accidents, injuries or near misses to identify their cause(s) and adopt preventative measures to minimise risk anywhere in the workplace.
3. Provide RMP to the injured/ill nurse and treator to demonstrate that ongoing risk has been identified and minimised.
4. Consult with Health and Safety Representatives.
5. Provide the Risk Management Program with the Rehabilitation Management Plan.

##### Legislative Obligations

The following sections of the Act are applicable:

- S155A, S158 and S159.

Employers have a legislative obligation to develop and maintain an Occupational Rehabilitation Program and a Risk Management Program.

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The Occupational Rehabilitation Program and Risk Management Program should be developed through:

- Consultation with the workplace and worker representatives.
- Commitment from Boards and CEO's.
- The development and implementation of policies and procedures.

The Occupational Rehabilitation Program and Risk Management Program should be:

- Promoted and displayed within the workplace, and annually reviewed.
- Identified in the Business Plan as a core outcome for the organisation.
- Promoted to external stakeholders as a statement of workplace commitment to health and wellbeing of employees.

### **(b) Promoting supportive workplaces**

The strategy aims to assist employers to establish supportive workplaces, in which injured workers feel comfortable and secure.

#### **Education:**

Employers are encouraged to:

- Provide training and information on workers compensation and rehabilitation for managers and supervisors in order to establish and foster a supportive workplace for injured and/or ill workers.
- Educate all employees of the consequence of injury and/or illness as part of induction, with refreshers biennially.

Prevention of anti-discrimination (including perception of discrimination) is promoted by:

- Employer process to avoid discrimination to an injured or ill worker.
- An employer is to promote and encourage the early reporting of workplace injury or illness, and inform employees that they will not be subjected to any discrimination as a result of reporting workplace injury or illness or lodging claims for workers compensation.

## **5.2 Access to Information and Support**

The Model provides strategies to facilitate greater access to information and support as follows:

### **(a) Provision of comprehensive information and training**

This strategy improves access to information by requiring the development and distribution of information packages for injured and/or ill workers.

#### **Developing and distributing information packages to injured and/or ill nurses:**

- Information packages are to be developed and provided following notice of an incident or injury and/or illness, to:
  - (a) Nurses that are likely to have an incapacity for work or require medical treatment;
  - (b) Nurses who lodge a workers compensation claim.
- Information packages can be provided electronically on the intranet for workers to access, where this is applicable.

#### **What should be included in the information package?**

The strategy is to be transparent in the information provided on workers compensation and rehabilitation. Research has identified that the provision of information on RTW at the onset of injury and/or illness is a factor for successful RTW (ANF, 2007a).

The information package should include:

- Workers' Compensation Claim Form;
- Information on what occurs when you have a workplace injury and/or illness;
- Information on process, rights and obligations;
- Information for treaters - explaining process, rights and obligations;
- Commitment to assist with early recovery.

This information should be explained in person to ensure understanding and allow for the opportunity to clarify information, it is also an opportunity to empathise with the injured and/or ill worker regarding their injury or illness.

#### **Information for treaters**

Information should be provided to treaters from an employer on the:

- Rehabilitation and return to work process, role and responsibilities; including development of the Rehabilitation Management Plan;
- Provision of a risk management plan demonstrating prevention or diminishment of ongoing risk to the injured and/or ill nurse.
- Expectations and communication channels.
- Agent, who will contact treaters.

### 5.3 Early Intervention

Research has identified that early intervention is a factor for successful RTW. The strategies aim to promote early intervention and notification of injury and/or illness to ensure that the injured and/or ill nurse is able to receive appropriate support and treatment early. This incorporates the following key strategies:

#### **(a) Requiring early notification of injury (within 48 hours of injury)**

This strategy facilitates early intervention by requiring that the employer is notified of injury or illness as soon as possible.

#### **Encouraging workers' to report injury or illness as soon as possible:**

- An employer should encourage workers to report all incidents or accidents including workplace injury or illness or symptoms, assuring them that they will not be subjected to discrimination as a result of reporting workplace injury or illness or lodging a workers compensation claim.
- A worker is to follow workplace procedures in notifying all incidents or accidents including workplace injury or illness.

#### **Employer obligations on becoming aware of a (potential) workplace injury or illness:**

- An employer is to keep an accurate written record of all notified incidents and workplace injury and illness;
- An employer should notify its agent within 48 hours of awareness of injury or illness.

#### **(b) Encouraging parties to take appropriate action following notification of injury or illness:**

- This strategy facilitates early intervention by encouraging parties to assess and take appropriate action upon notification of injury in accordance with the Occupational Rehabilitation Program which includes identifying:
  - Whether the injury or illness is likely to result in the injured or ill worker being totally or partially incapacitated for work;
  - Whether the injured or ill worker is likely to require ongoing medical treatment;
  - Any risk factors that could lead to the injury becoming a long term injury or illness;

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- Disputation of liability for a claim for workers compensation should not delay the development and implementation of the Rehabilitation Management Plan; and
- Initial contact with the injured worker and their treaters within 5 days of notice of injury.

### **(c) Promoting early lodgement and reporting claims for workers compensation**

#### **Injured workers' to lodge claims as soon as possible:**

- The Act provides that an injured and/or ill worker must notify their employer within 30 days of becoming aware of injury or illness.
- Upon receiving notification of a workplace injury or illness the employer is to advise the injured and/or ill worker of their:
  - Entitlement to lodge a claim for workers compensation; and
  - The obligation to lodge the claims as soon as possible.

### 5.4 Effective communication, consultation, coordination and planning

Research identified that positive and continual communication, and involvement of the injured worker in the development and monitoring of their rehabilitation, are factors for successful RTW (ANF, 2007b). The strategies for promoting effective communication, consultation, coordination and planning are as follows:

#### (a) Encouraging clear, timely and non-threatening communication

This strategy encourages parties to communicate in a manner that is timely, clear, non-threatening and tailored to suit the injured and/or ill nurse.

#### Communication to be verbal where possible:

- Where possible communication should be verbal – face to face or by telephone, should supplement written communication.
- Oral Communication should be clear and non-threatening.
- Interpreting services should be used when necessary.

#### Written Communication

- Written correspondence to an injured and/or ill nurse should be clear, and non-threatening.
- Written information should be made available in other languages where required.

#### Timely Communication:

- From date of injury appropriate communication should be developed with the injured worker and treating practitioners, which are agreed upon.
- Timeframes for communication should be developed.

#### Encouraging continuing contact with the workplace and interaction with work colleagues

An employer is to encourage an injured worker, who is totally incapacitated (off work), to have continued contact with the workplace and work colleagues including:

- By inviting and encouraging the injured worker to participate in workplace social activities (observing any medical restrictions); and
- By providing the injured worker with any workplace communication i.e. staff meeting minutes.

### (b) Promoting full and open disclosure of relevant information

Trust and knowledge are important components of effective communication. This strategy aims to foster trust and increase knowledge by encouraging parties to make full and open disclosure of relevant information wherever possible.

#### Full and open disclosure:

- All parties are striving for transparency in the rehabilitation process, by communicating in an open and honest manner and disclosing all information relevant to the rehabilitation process.

#### Information and consulting the injured nurse:

- Claim determination should be communicated to the injured nurse, and advised of factors that assist in determining liability for a workers compensation claim, and this should be followed up with written correspondence.
- Injured nurses are to be consulted, involved and participate in all aspects of their treatment and rehabilitation including RTW.

#### Disclosure of medical information:

- Pending their written consent/authorisation an injured nurse is to fully disclose information relating to their workplace injury and/or illness to their treating medical practitioners and where applicable an independent medical examiner, specific to the workplace injury and/or illness. This does not relate to disclosure of non-work related injuries and/or illness, and where this is requested nurses are to be advised to seek clarification from their union and/or independent representative.
- Medical practitioners will seek authorisation from the injured nurse to disclose information on the workplace injury and/or illness. The workers compensation claim form contains a medical release, however the AMA advise their members not to disclose information from this authority and require further information before they will disclose consent relating to the workplace injury and/or illness.

### (c) Role of Return to work Coordinator – to facilitate effective return to work coordination

Research has identified deficiencies with RTW Coordinators meeting their responsibilities which included a:

- Lack of understanding of the workers compensation system.

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- Failing to provide information on return to work, and rights and responsibilities to the injured worker.
- Inaccessibility.
- Limited decision making capabilities/power in the workplace.

The objective of this strategy is to provide clarity of the role of RTW Coordinators and to encourage a broadening of the role beyond the legislative obligations.

### Legislative Obligations

**S161** of the Act outlines the role of the RTW Coordinator.

### Return to Work Coordinator Role

The RTW Coordinator is appointed by an employer whose role is to coordinate and facilitate the rehabilitation process for injured and/or ill nurses, and development of a rehabilitation management plan which includes return to work.

### The RTW Coordinator responsibilities

Responsibilities should include:

- Coordinating rehabilitation and return to work.
- Developing and coordinating the rehabilitation management plans (RehabMP), which are individual plans.
- Treating the injured and/or ill nurse with care as an individual.
- Developing and maintaining relationships with the injured and/or ill nurse, their NUM/ANUM, and treating medical practitioners – but should not breach privacy.
- Facilitating open communication with the injured and/or ill nurses, their NUM/ANUM, and treating medical practitioners, and other relevant parties.
- Educating injured and/or ill nurses, their NUM/ANUM, and treating medical practitioners of the rehabilitation process and their roles and responsibilities.
- Arranging regular reviews and modifications of the Rehabilitation Management Plan, including practical review in the work environment to see how injured and/or ill nurses are managing their injury and/or illness and RTW.
- Where appropriate identifying early with the injured and/or ill nurse retraining and employment opportunities within the organisation that are aligned with medical restrictions.
- Addressing issues before they impact on the rehabilitation of the injured and/or ill nurse.

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- Having a comprehensive understanding of the injured nurse's injury and/or illness, its causes and of the work environment.
- Decision making power in the workplace.
- Maintaining documentation.
- Duties outlined in S161 of the Act.

### **Qualifications of RTW Coordinator**

S156 of the Act outlines when an employer must appoint a RTW Coordinator. There are no specific qualifications for RTW Coordinators. However a 2 day training course has been developed by WorkSafe Victoria for RTW Coordinators. This is base level training and provides understanding of employer legislative obligations for RTW.

Employers should promote the appointment of and/or provide training for RTW Coordinators incorporating:

- Comprehensive knowledge of Legislation, including detailed understanding of practical application of workers compensation, rehabilitation and RTW.
- Conflict Resolution Skills – effective management and negotiation skills, to influence assertively in the workplace.
- Counselling skills – particularly understanding importance of empathy.
- Knowledge and understanding of injuries and the impact of injuries.

### **(d) Promoting appropriate rehabilitation planning – Rehabilitation Management Plan**

This strategy is intended to improve the coordination and quality of the rehabilitation process by promoting appropriate rehabilitation planning, through development and application of a:

- A Rehabilitation Management Plan.

### **Rehabilitation Management Plan (RehabMP)**

A Rehabilitation Management Plan is a comprehensive plan for coordinating and managing the treatment, rehabilitation and return to work of an injured and/or ill nurse. A Rehabilitation Management Plan must be:

- Realistic;
- Achievable; and

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- Tailored to the individual's circumstances and needs.

A Rehabilitation Management Plan is to be developed and implemented where:

- An injured and/or ill nurse is likely to be totally or partially incapacitated for work, or is working to medical restrictions.

### Proposed content of Rehabilitation Management Plan

A Rehabilitation Management Plan is to include:

1. Contact details for all parties.
2. Demonstration of consultation with the injured nurse, NUM/ANUM, treating Medical Practitioner in the development of Rehabilitation Management Plan.
3. Signed agreement by the injured nurse, NUM/ANUM, treating Medical Practitioner and RTW Coordinator:
  - To cooperate and comply with the Rehabilitation Management Plan.
4. Outline communication pathways.
5. Assessment of injury/illness.
6. Medical and Allied Health Management.
7. Offer of suitable duties.
8. Identify retraining where applicable.
9. Occupational Rehabilitation Services.
10. Roles and Obligations of all parties.
11. Scheduled dates for review.

Refer to appendix 5 for an example of a Rehabilitation Management Plan.

### Development of Rehabilitation Management Plan

- A Rehabilitation Management Plan should be developed as soon as practicable from the date of injury - the plan should not be developed retrospectively.
- Disputation of liability for a claim for compensation should not delay the development or implementation of the Rehabilitation Management Plan.
- The RTWC is responsible for developing the Rehabilitation Management Plan in consultation with the injured nurse, NUM/ANUM, treating medical practitioners and any other relevant party.

### Implementation of Rehabilitation Management Plan

- The RTWC is to coordinate the implementation of Rehabilitation Management Plan, including providing all parties with a copy of the Plan, and maintaining a complete copy.
- All parties are to comply with the Rehabilitation Management Plan.
- The RTW Coordinator is to ensure that the NUM/ANUM and co-workers are informed and necessary provisions are made in the workplace to support the injured nurse, including strategy to address any impacts on co-workers/workloads, etc.

### Review of Rehabilitation Management Plan

- RTW Coordinator is to arrange for regular review of the Rehabilitation Management Plan and modify where necessary.
- The injured nurse, NUM/ANUM, treating medical practitioners and any other relevant party are to be involved in the review and/or modifications of the Rehabilitation Management Plan.

## **5.5 Timely and appropriate medical management**

The strategies for improving and streamlining medical management are as follows:

### **(a) Recognising the central role of the primary treating medical practitioner**

This strategy clarifies the primary treating medical practitioner's responsibilities:

- This strategy acknowledges that the primary treating medical practitioner plays a vital role in the treatment and rehabilitation process.
- The primary treating medical practitioner usually has continuing contact with the injured nurse and provides important information (e.g., certification of incapacity, work restrictions, diagnosis, and treatment) and can play a key role in the development and maintenance of the Rehabilitation Management Plan.

#### **Who is the primary treating medical practitioner?**

A primary treating medical practitioner is the general practitioner chosen by an injured nurse.

#### **Role of the primary treating medical practitioner:**

The primary treating medical practitioners responsibilities include:

- Providing diagnosis, primary medical care and coordination of medical treatment (including referral to and coordination of specialist care as appropriate);
- Completing workers compensation medical certificates;
- Monitoring, reviewing and advising on the injured nurses condition and treatment;
- Specifying work restrictions and advising on suitability of duties to be offered by the employer; and
- Participating in the development of the Rehabilitation Management Plan.

#### **Specialists to keep primary treating medical practitioner informed:**

Where an injured worker has been referred to a specialist, the specialist should ensure that the primary treating medical practitioner is informed of:

- The results of any diagnostic tests;
- Treatment provided;
- Changes to prescribed medication; and
- The specialist's diagnosis and prognosis.

**Selection of primary treating medical practitioner:**

An injured worker has the right to choose his or her primary treating medical practitioner.

Where an injured worker changes his or her primary treating medical practitioner, the worker is to:

- Advise the insurer and employer of the change; and
- Authorise the previous primary treating medical practitioner to release medical records relating to the work-related injury to the new primary treating medical practitioner.

**(b) Promoting access to appropriate, high quality medical treatment**

This strategy seeks to facilitate timely and appropriate medical management by promoting access to appropriate, high quality medical treatment.

**Treatment:**

Any treatment that is reasonable and necessary for the injured worker's recovery is to:

- Be provided as soon as possible;
- Be provided by the most appropriate service provider; and
- Should not be stalled by the determination of liability.

**Payment of accounts:**

- An injured worker is to take reasonable action to ensure that any account received for medical, rehabilitation and other compensable expenses is forwarded to the employer within seven (7) days.
- An employer is to forward to the Agent any account received to the insurer within seven (7) days and is to ensure that such accounts are paid within twenty eight (28) days of receipt by the employer.

**(c) Reinforcing the medical certificate as an effective communication tool**

The workers compensation medical certificate generally provides the first indication of an injured worker's work capacity and any medical restrictions the worker may have in returning to work. It can therefore assist in planning the injured worker's rehabilitation and return to work.

### **Certification of incapacity**

The initial medical certificate should only provide total incapacity certification for a maximum of 14 days. Ongoing Medical Certificates should be for no longer than 28 days, except where agreed. There should also be provided a review date on the certificate.

If a treating medical practitioner anticipates that an injured worker will not be able to resume pre-injury hours and/or duties for a period of time on return to work, he or she is to note this on the medical certificate.

If at any time it becomes apparent to the treating medical practitioner that an injured worker will never be able to resume pre-injury hours and/or duties, the treating medical practitioner is to note the assessment and supporting reasons and to discuss with the injured/ill nurse, and is to outline this on the medical certificate as soon as possible.

### **(d) Encouraging timely responses to requests for information/reports**

The rehabilitation process can be stalled by delays in responding to requests for medical information and/or reports. To ensure timely response it is necessary to outline at the onset of the workplace injury and/or illness expectations and develop communication channels.

#### **Request for medical report to be specific:**

Where a medical report is required, the request is to be clear, non-generic, and only request information specific to the individual case.

### **(e) Encouraging the use of evidence-based medical treatment guidelines**

This strategy is intended to improve medical management by encouraging the use of evidence-based medical treatment guidelines.

#### **What are evidence-based medical treatment guidelines?**

Treatment guidelines may be used to identify preferred medical treatment for types of injuries and/or illness. Guidelines may be used by medical practitioners to assist with planning treatment, job modification and return to work recommendations (VWA, 2004; 2006).

### (f) Clarifying the use of S112 independent medical examinations

Alternative medical opinions and medical reviews are often sought by the Authority, employer or self insurer when there are concerns about issues such as the diagnosis, proposed treatment, certified level of incapacity, etc. Where multiple opinions/reviews are sought this can result in inconvenience and stress for the injured worker, delays, and increased costs. This strategy addresses these issues by clarifying the process relating to medical examinations.

#### What is an independent medical examination?

An independent medical examination is a review, independent of employer/insurer, undertaken by a medical practitioner other than the injured nurse's primary treating medical practitioner in relation to one or more of the following matters:

- Diagnosis of the worker's injury;
- Medical treatment or proposed medical treatment;
- The medical information for treatment and/or RTW cannot be obtained;
- The degree of the injured worker's incapacity.

A S112 independent medical examination is generally requested by the Authority, employer, or self insurer.

A review generally includes an examination of the injured nurse, any diagnostic test results and medical records relating only to the workplace injury and/or illness which is the subject of the workers compensation claim.

Prior to seeking an independent medical examination, the employer/agent:

- Is to discuss the matters of concern with the injured nurse's treating medical practitioner; and
- Explain the process and objective of the independent medical examination to the injured and/or ill nurse.

S112 of the Act outlines that where an injured and/or ill nurse unreasonably refuses to attend an independent medical examination or unreasonably obstructs the examination, entitlements can be suspended.

**Process for obtaining an independent medical examination:**

Where an independent medical examination is required, the employer/insurer is to:

- Inform the injured nurse verbally and in writing, of the reasons for seeking such a review;
- Provide the rehabilitation and the primary treating medical practitioner with a copy of the review report; and
- Seek feedback from the injured nurse following the review and respond to the injured nurses concerns, if any, about the independent medical examination process.
- Provide adequate notice to the injured and/or ill nurse where they are required to attend an independent medical examination, advising nurses they have a right to seek/receive advice legal and/or from their union representative if they require further clarification regarding independent medical examinations.

**Disclosure of review report to the injured worker:**

The injured and/or ill nurse has rights to receive a copy of the independent medical examination report, except where there is information that would pose a serious threat to the life or health of the worker, which must not be released except in accordance with the Health Records Act.

An employer has no authority to receive this information, which is a breach of privacy under the Privacy Act and the Health Records Act.

**(g) Promoting minimisation and appropriate resolution of disputes about medical management**

Disputes about medical management can lead to:

- Delays in treatment;
- Increases in costs; and
- Additional stress on the injured nurse.

Ultimately, this may have an adverse impact on the injured nurse's recovery. This strategy seeks to address these issues by introducing means to minimise and resolve disputes about medical management.

### **Minimising disputes:**

Employers and any associated service providers are to ensure that all decisions relating to medical management are made fairly and in the best interests of the injured nurse. The injured nurse is to be provided with reasons for any such decision.

All parties are to aim to proactively defuse potential disputation and take reasonable measures to communicate with the other parties to achieve the amicable resolution of conflicts.

### **Resolving disputes:**

Where a dispute arises in relation to a medical management issue, including (but not limited to) the reasonableness of or necessity for an expense incurred by an injured nurse for a medical, rehabilitation or other compensable service, all parties are to be committed to resolving the dispute as expeditiously and cooperatively as possible.

**5.6 Early, sustainable, safe, durable and meaningful return to work – workplace based where possible**

The strategies for facilitating early, sustainable, safe, meaningful and durable return to work are as follows:

**(a) Workplace based coordination of return to work**

This strategy ensures that the worker has workplace based support and assistance in returning to work by requiring that there is a person coordinating the rehabilitation and return to work process at the workplace.

**(b) Promoting Return to Work**

Research indicates a work centred approach to recovery from injury and/or illness is a factor for successful return to work (ANF, 2007b). The strategy aims to ensure return to work in the pre-injury role and with the pre-injury employer.

The primary objective should be to retain nurses in their pre-injury nursing role, there are circumstances where injured and/or ill nurses will never be able to return to work in any capacity. The focus needs to shift to restoration of functional capabilities and restoration of quality of life and again should be identified early.

RTW to pre-injury role may not be possible for some nurses due to the nature of their workplace injury and/or illness and this should be identified early. The medical practitioner, injured and/or ill nurse and employer should be in agreement to identify alternatives.

In the first instance, this involves Internal Vocational Rehabilitation and where this is identified as not feasible External Vocational Rehabilitation. Internal and External Vocational Rehabilitation should include:

- Career Counselling, to assist in identifying career opportunities that are aligned with medical restrictions;
- Appropriate vocational education and re-training, which includes other practical development for this new role.

### Rehabilitation and Return to Work Planning

There are a number of phases that an injured nurse will go through as part of the rehabilitative process following a workplace injury and/or illness. It is limiting to focus on RTW, as RTW is only one component of the rehabilitative process.

Both the employer and injured and/or ill nurse have legislative obligations for RTW, as outlined on p13 & p9. Rehabilitation planning has to include, for both the employer and injured nurse:

- A commitment to recovery and return to work following a workplace injury and/or illness.

This strategy aims to ensure that in rehabilitation and return to work planning that all parties work together through co-operation, collaboration and consultation in achieving determined goals for rehabilitation of the individual injured and/or ill nurse, which can be supported and implemented in the workplace.

The involvement of the individual injured and/or ill nurse is crucial, as they will know best what they can and/or cannot do. Furthermore, involvement in the development of the RTW plan:

- (a) Allows for ownership of injury;
- (b) Diminishes focus on RTW compliance; and
- (c) Allows for the plan to be tailored to the individual's circumstances (ANF, 2007a; 2007b; 2007d).

### **(c) Reinforcing employer obligations with respect to rehabilitation and return to work**

This strategy aims to improve rehabilitation and return to work by through reinforcing employer obligations to keep the injured nurse's job open for 12 months, and provide suitable and meaningful alternative duties.

### **Obligation to keep the injured nurse's job open:**

An employer is to keep an injured nurse's job open for a minimum period of 12 months from the date the worker became incapacitated except where exempted as outlined in S155B.

### Return to Work Duties and Employment Opportunities

Employers are encouraged to develop:

- RTW duties and employment opportunities that support RTW, which encompasses the range of knowledge, skills, experience and expertise which nurses have.

### Obligation to provide suitable duties:

S155A outlines employer obligations to provide suitable employment.

Employers are encouraged to provide sustainable, safe, meaningful and durable RTW duties:

- (a) Sustainable RTW duties - reflecting capabilities:
  - (i) Of the injured and/or ill nurse to undertake duties;
  - (ii) Of the employer to accommodate the duties, which could include redesign of duties.
- (b) Safe RTW duties – assess and diminish the risk of further injury and/or recurrence.
- (c) Meaningful RTW duties – of value to the injured nurse and employer.
- (d) Durable RTW duties – long term focused.

Identification of sustainable, safe, meaningful and durable RTW duties:

- Injured nurses are to be involved in the identification and selection of suitable and meaningful alternative duties.
- The primary treating medical practitioner is to assess whether proposed alternative duties are medically suitable/appropriate and to discuss this assessment with the injured nurse, employer, RTW Coordinator and occupational rehabilitation provider (if one is appointed).
- Duties and hours must comply with medical restrictions and agreed Rehabilitation Management Plan.

### Providing feedback:

An injured and/or ill nurse is to provide regular feedback to the RTW Coordinator on their return to work progress. To ensure this occurs, the injured and/or ill nurse needs to be supported in the workplace and be able to communicate their health situation in the workplace as necessary.

**(d) Requiring regular review of work capacity, including appropriate consideration of retraining and redeployment options**

This strategy ensures that rehabilitation and return to work processes assess and reflect change. Review and modification is necessary to ensure that these processes remain appropriate and that where necessary, retraining, re-education and redeployment options are considered in a timely manner.

**Regular assessment of work capacity:**

Where incapacity exceeds a continuous period of 6 months, there needs to be agreement from the injured and/or ill nurse, their NUM/ANUM, treating medical practitioner/allied health and other stakeholders, that the RTW Coordinator is to ensure that an injured nurse's capacity for work is assessed, including consideration of modifying the Rehabilitation Management Plan, and Internal Vocational Rehabilitation options are assessed at 6 monthly intervals until the claim is closed.

**Assessing the need for retraining and/or redeployment:**

Where considered medical evidence indicates that return to the pre-injury role is unlikely/not recommended, the RTW Coordinator is to ensure that measures are taken to review, assess, consider and implement appropriate vocational re-education, retraining and redeployment options as outlined on p46.

**(e) Encouraging appropriate referral to occupational rehabilitation providers**

This strategy acknowledges that in more complex cases, it may be appropriate to appoint an occupational rehabilitation provider (Occupational Rehabilitation Provider) to provide additional support and manage the delivery of appropriate rehabilitation.

Occupational Rehabilitation Provider can be an effective resource for both injured nurses and employers, particularly where Occupational Rehabilitation Provider is utilised early in the rehabilitation process. The role and expectations of the Occupational Rehabilitation Provider should be agreed for both the injured nurse and employers.

**Choosing an Occupational Rehabilitation Provider:**

S99 of the Act outlines that injured and/or ill nurses are entitled to choose an occupational rehabilitation provider and/or occupational rehabilitation services.

### **Liaison with stakeholders:**

The Occupational Rehabilitation Provider is to liaise with the injured and/or ill nurse, their NUM/ANUM, RTW Coordinator, treating medical practitioner/allied health professionals and other relevant stakeholders where appropriate.

### **Replacing an Occupational Rehabilitation Provider:**

An injured nurse may request the appointment of an alternative Occupational Rehabilitation Provider where there has been a breakdown in the relationship between the worker and the occupational rehabilitation provider.

### **Resolving disputes in relation to the appointment of Occupational Rehabilitation Provider:**

If there is any dispute in relation to the appointment of an occupational rehabilitation provider, the matter may be referred to the Accident Compensation Conciliation Service (ACCS) for resolution.

### **(f) Promoting minimisation and appropriate resolution of disputes about rehabilitation and return to work**

Disputes about rehabilitation and return to work can adversely impact on the employer/nurse relationship, and jeopardise rehabilitation of the injured and/or ill nurse. We would encourage expeditious resolution of disputes regarding rehabilitation and return to work.

### **Minimising disputes:**

We would encourage that all decisions relating to rehabilitation and return to work are made fairly, in a non-discriminatory manner and in the best interests of the injured and/or ill nurse. Any issues for dispute are to be communicated to and by the injured and/or ill nurse in a transparent manner. The primary goal should be to defuse the potential disputation and to achieve amicable resolution of conflicts.

Where there is no resolution an injured and/or ill nurse has the right to have the matter referred for conciliation at the ACCS. This is the dispute resolution process provided for under the Act.

### **5.7 Monitoring for better long-term outcomes**

The strategies to facilitate monitoring for better long-term outcomes are as follows:

#### **(a) Requiring collection of relevant data**

Collection of relevant data is essential to enable monitoring and review of the Rehabilitation Model of Care. This strategy requires the employer to collect relevant data and report on this data to identify preventative measures to minimise risk of injury and/or illness in the workplace.

#### **(b) Introducing review and evaluation mechanisms**

This strategy aims to facilitate continuous improvement and better long-term outcomes by introducing review and evaluation mechanisms.

The employer should review data collected and any other relevant information, including stakeholder feedback (yearly survey of stakeholders), to monitor the outcomes and overall effectiveness of the implementation of the Rehabilitation Model of Care, with a commitment to continual improvement.