

Appendix 3

Case Study Internal Vocational Rehabilitation

Nurses Return to Work in Hospitals Project

An Australian Nursing Federation (Victorian Branch) Project

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Abbreviations

ANF (VB) – Australian Nursing Federation (Victorian Branch)

HR – Human Resources

OHS – Occupational Health and Safety

ORP – Occupational Rehabilitation Provider

RTW – Return to Work

Purpose

It was recommended in Report Six *Examine Feasibility of a Catalogue of Return to Work and Employment Opportunities to Support Return to Work Planning*, of the Nurses Return to Work in Hospitals Project, to:

- Develop and apply Internal Vocational Rehabilitation.

From discussions held and through the undertaking of the Gap Analysis three of the Pilot Hospitals already apply Internal Vocational Rehabilitation in some form. Two of the Pilot Hospitals had formalised this in their Occupational Rehabilitation Policy, whilst the other Pilot Hospital applied this on a case by case basis.

The Project decided it would be beneficial to understand what the hospitals' policies were and how they were applied. From an Internal Vocational Rehabilitation approach would then be developed.

1. Background

It is widely acknowledged that we are in the midst of a global nursing shortage (ANF (FB), 2006; ICN, 2007; Yassi et al, 2002). The Department of Human Services (DHS) identified in 2004 that there will be an expected shortfall of just over 11,000 nurses in Victoria by 2011 (DHS, 2004).

It was reported in *Report 3 Experiences of Injured and/or Ill Nurses – Return to Work Data* that for the period 2000 to 2006 (calendar year) there had been 7,691 workplace injuries and/or illnesses to nurses in Victoria (ANF (VB), 2007c). The report further highlighted the Survey results of Buried But Not Dead 2, which outlined that:

- 67% of 178 respondents were unable to return to their pre-injury/pre-illness duties.
- 54% of 181 respondents advised they will have to change their career/profession as a result of their injury and/or illness (ANF (VB), 2007c).¹

As a consequence nursing skills and knowledge are lost from the profession, when for both human and economic interests the focus should be on how these nurses can be assisted to remain in the profession.

Attention therefore needs to shift to focusing on how injured nurses can be retained in the profession.

¹ Buried But Not Dead 2 is a survey of injured and/or ill nurses in Victoria's experience of workers compensation and return to work.

1.2 Employer Services

There are currently two services to assist employers with the return to work of their injured/ill workers:

1. Original Employer Services (OES); and
2. New Employer Services (NES).

1.2.1 Original Employer Services

OES is defined as occupational rehabilitation services that are designed to assist injured workers return to work with their pre-injury employer for a work related injury and/or illness (WorkCover, 2009). OES is generally offered for the first 52 weeks of a claim.

S155A of the *Accident Compensation Act 1985* outlines:

- (2) If, within the period specified in subsection (3), the worker no longer has an incapacity for work or has a current work capacity, the employer must provide the worker-
 - (a) if the worker no longer has an incapacity for work, with employment in a position which is the same as, or equivalent to, the position which the worker held before the injury; or
 - (b) if the worker has a current work capacity, with suitable employment (ACA, 1985).

1.2.2 New Employer Services

New Employer Services are applied where an injured worker is unable to return to their pre-injury role and/or with their pre-injury employer (WorkSafe, 2009). The aim of NES is to support and assist injured workers in returning to work in a new role with a new employer. An injured worker will firstly be referred for a vocational assessment to determine their transferable skills and abilities, and in looking at those skills and abilities undertake a labour market analysis with an occupational rehabilitation provider to identify employment opportunities.

1.3 Identified Gap

In *Report 5 Consultation with Key Organisations who affect the RTW of Injured and/or Ill Nurses* "one Agent considered there were limited referrals for NES, as nurses were seen to

have reasonably good transferable skills in finding alternative employment themselves" (ANF (VB), 2008:9).

In the Project's *Report 4 Experiences of Injured and/or Ill Nurses – Return to Work Focus Groups*, nurses advised that an injured and/or ill nurse "should be assisted to RTW as a nurse, whether in their pre-injury role or in an alternative role, and recognised early in their pre-injury workplace"... "Participants believed that if there was a need for retraining, the injured nurse should be allowed to focus on an area of interest, which could assist in improving quality within their workplace and enable nurses to remain in a nursing role" (ANF (VB), 2007d: 12).

In *Report 4 Experiences of Injured and/or Ill Nurses – Return to Work Focus Groups*, nurses also identified that vocational rehabilitation was seen as the last alternative as nurses want to be assisted to remain in their nursing role and/or remain in the nursing profession. Referral for job seeking assistance (JSA) did not provide them with career counselling and/or assist them in identifying how they could remain in the nursing profession (ANF (VB), 2007d).

From the Nurses Return to Work Project's research and discussion it has been identified that there is a gap in identification where nurses are unable to return to their pre-injury clinical role and identifying how they can be retained within the nursing profession at their pre-injury employer.

There is also a gap between OES and NES rehabilitation services provided to injured nurses (ANF, 2007c; 2007d). Furthermore NES is not for helping injured workers find employment but to determine if they are employable without the need for ongoing assistance. The labour market analysis does not have to identify employment which is within the nursing profession, at the same level of responsibility, status, seniority, duties, pay rate, career prospects, and hours of work. Career counselling is only provided to injured workers at 12 weeks into NES, if it is identified as necessary.

2. Internal Vocational Rehabilitation

The Draft Rehabilitation Model of Care for Injured and/or Ill Nurses promotes RTW. Research indicates a work centred approach to recovery from injury and/or illness is a factor for successful return to work (ANF, 2007b). The primary objective is retaining nurses in their pre-injury nursing role. It is acknowledged however there are circumstances where injured and/or ill nurses will never be able to return to work in their pre-injury role and that this should be identified early.

Internal Vocational Rehabilitation has been identified as an approach which would be implemented when it is identified that an injured and / or ill nurse cannot return to their pre-injury role.

2.1 What do we mean by Internal Vocational Rehabilitation?

Internal vocational rehabilitation is where an employer makes a commitment to supporting and assisting injured workers to remain with their pre-injury employer in a new role.

To be effective, it would require agreement between key stakeholders (medical practitioner, employer and injured and/or ill nurse (with support from their union)) that alternative nursing employment opportunities should be identified. Career counselling would be utilised to identify career opportunities aligned with the medical restrictions. The employer would need to be committed to assisting and supporting training and practical development for this new role. The employer may create a new permanent role, and/or provide the opportunity for a limited period to assist in gaining practical development in a new and/or existing vacant role before advertising the role.

Vocational rehabilitation in this context is not about solely determining if an injured nurse is employable but about assisting injured nurses remain within the nursing profession.

3. Case Study

It was identified from the Gap Analysis that three of the pilot hospitals, Hospital A, D and E, in some form applies Internal Vocational Rehabilitation (IVR). The objective of the case study is to gain an understanding of each of the hospital's processes for IVR through examining workplace policy, and through discussions with RTW Coordinators from each of the hospital sites and with injured nurses who have participated in IVR. From the discussions the Project will develop an approach for the application of IVR.

Each of the hospitals acknowledged they initiate the IVR process.

3.1 Discussion with Pilot Hospitals on IVR

The following questions were asked to RTW Coordinators from Hospitals A, D and E, and outlined are their responses (sic):

3.1.1 What is the IVR process that you apply?

Hospital A's Occupational Rehabilitation Policy outlines that:

Where an employee is unable to safely perform their pre-injury/illness duties on an ongoing basis due to insufficient physical capacity or other relevant factors then the following procedure will apply:

1. The RTW Coordinator will offer the injured employee a choice of 3 rehabilitation providers to undertake an assessment of the employee's transferable skills, physical and psychological capacity to work, career goals and re-training requirements.
2. The RTW Coordinator and HR Consultant will attempt to identify a permanent suitable position within Hospital A. Any position identified as suitable will have to be advertised and the staff member will be required to participate in the selection process. No permanent position can be 'given' to an injured employee and selection is based on merit. No permanent position will be modified or created.
3. Re-training and job seeking assistance will be initiated if required to assist the injured employee to obtain suitable and gainful employment.

Hospital D's Occupational Rehabilitation Policy outlines that:

Where appropriate, if the injured employee is unable to return to work in their original work area, the responsible supervisor/manager shall consult with other managers in their division, HR Manager and RTW Coordinator to source suitable duties elsewhere within the division. If suitable duties cannot be found in the originating division, the HR Manager will refer to the HR Leadership team to determine if anything else is available that is appropriate. Assistance will be sought from an approved Occupational Rehabilitation Provider if required.

In identifying alternative internal roles, Hospital D applies the following:

1. Identify transferable employee skills (physical, intellectual, emotional capability). This is done in consultation with the employee and manager.
2. In consultation with employee and manager discuss possible roles within the organisation that they believe they are suited to and where they would like to be re-deployed to.
3. Discuss with Divisional Director and Manager any potential placements. Taking into consideration skill requirements, nature of the work, the work environment and feasibility of a successful long term placement.
4. Discuss possible placements with employee and manager and identify barriers for a successful placement such as skill shortages, physical capability.
5. Devise a RTW plan in consultation with employee and manager and seek advice from Treating Practitioners (TP).

6. If the temporary placement is cohesive with the employee's capabilities and if the employee wishes, the employee can apply for a vacant position. If successful the employee's contract of employment will be varied for the new role.
7. If the employee is unsuccessful in securing the role based on the merit principle, we will repeat the process, taking into account new skills and current medical status.
8. If no alternative options available, activate NES.

Hospital E does not outline this in their Occupational Rehabilitation policy as a formal process. However at an early stage they identify where an injured worker is unable to RTW in their pre-injury role, they start to work with them to determine where they would like to go and then utilise RTW to tailor this to where they want to go. The RTW Coordinator talks with them about their background and about what they are interested in, in terms of a working role. In determining what they are interested in, the RTW Coordinator then aligns the RTW plan so that they can experience that work environment as part of their RTW. At this stage wouldn't specifically refer for a NES Vocational Assessment, but set this process up through the offering of counselling – which is accessed through the Employee Assistance Program. Hospital E does not create roles for injured workers, but encourages injured workers to apply for internal and external roles that match where they want to go with their career. Hospital E also provides human resources services such as mentoring and assistance with addressing key selection criteria and interview techniques through mock interviews. An example of where they applied IVR process was where an injured worker had identified that they wanted to become a lecturer/educator and whilst they did not have a role, they identified that a university did have a role and negotiated with them to allow the injured worker to gain experience in this role.

3.1.2 What works, what does not work?

Hospital D advised for this to work the following needs to occur:

- ◆ Open communication with all parties;
- ◆ Employee ownership of the process and outcome;
- ◆ Employee's willingness to participate;
- ◆ Employee's willingness to accept change and move on;
- ◆ Supportive and understanding new manager and team;
- ◆ Providing the correct equipment and aids for a successful placement;
- ◆ Treating practitioners whose goal is in line with returning the employee back to work.

Hospital D advised it does not work when:

- ◆ When employee does not own the process;
- ◆ When employee is not willing to participate;
- ◆ When external factors are the key motivator ie childcare, relationship issues, retirement approaching, stage in claim's life;
- ◆ Lack of motivation to make changes;
- ◆ Employee's previous work performance;
- ◆ If the employee has a poor attitude to returning to a new position;
- ◆ Management's willingness to participate; and
- ◆ Treating Practitioners willingness to participate.

Hospital A advised the process works when an injured worker is engaged in the process, and works with the manager and RTW Coordinator. Vocational Assessment's do not work.

Hospital E advised that ignoring this does not work for the injured worker or for the employer – "From a rehabilitative perspective we identify this as a direction and communicate this to the injured worker. Get the injured worker involved, accepting and controlling the process works. If you can get the injured worker to this stage you know it will work." In some cases there might be a need for fine tuning, but once the injured worker has identified the direction of where they want to go with their career. Hospital E then assists and facilitates this.

3.1.3 Do Vocational Assessments assist the process? If not how would you redesign this to be for the benefit of the injured nurse/employer?

Hospital A advised that vocational assessments could be better – "we don't want a labour market analysis we want to be able to identify roles in the workplace." Hospital A believes there is a step needed before vocational assessment, which is career counselling to assist the injured worker with the grief of not being able to return to the pre-injury role, and in identifying where they want to go.

Hospital D advised that vocational assessments assist the process in providing a trigger to move on and as a motivator to progress rehabilitation. Hospital D advised Vocational Assessment needs to:

- ◆ Be personalised and realistic;
- ◆ Be focused on a process and goals with clear timelines for activities and outcomes;
- ◆ Include regular follow up and reviews.

Hospital D advised vocational assessments do not work as an employee's obligation is to attend but not actively participate, there is a lack of follow up, a positive outcome is rare, and it is viewed as a waste of time and money.

Hospital E advises that vocational assessments assist in identifying direction, skills and educational background. The vocational assessment looks at skills and assists in identifying employment opportunities that physically fit, identifies what they have done in the past and recognises skills that are transferable. Hospital E advised that they ask vocational assessment providers to identify nursing roles and associated nursing roles, but they noted that providers have a lack of understanding of the nursing role.

Each hospital identified that vocational assessments do not assist the process as positions that are identified are generally very generic and unrealistic, ie crossing attendant, supermarket checkout assistance. Options should be tailored to the injured workers rather than just a labour market analysis. For instance, it should be about identifying options, transferable skills, and assistance with career planning and identifying employment opportunities. They also advised that there is a lack of communication with the employer, as employers are not involved with vocational assessments as this information goes to the Agent. It may be more appropriate for RTW Coordinators to meet with the provider to ensure that vocational assessment meets the needs of the injured worker and the organisation.

3.1.4 Do you provide career counselling? And if so does this work?

Hospital E is the only one to provide career counselling through their EAP, and advised where this is applied, it works.

3.1.5 At what point in the claim is IVR applied?

Hospitals A and E advised at anytime in the claim IVR can be applied. Hospital D advised they hold a case conference on redesign of role at 39 weeks with key stakeholders to identify the current condition, prognosis, current position description duties, future management of claim and rehabilitation. This provides:

- ◆ A forum for open communication;
- ◆ Treaters and employee with clear rehabilitation goals;
- ◆ The employer with an indication of where they want to go in terms of future employment.

3.1.6 How do you think the workers compensation system could better support employers in applying internal vocational rehabilitation?

Hospital A advised there is a gap between counselling for the emotional aspect of coming to terms with not being able to return to pre-injury role, and the practical aspect, for

example career planning, resume writing, application processes, and interview techniques/strategies.

Hospital A advised Agents need to educate Occupational Rehabilitation Providers on communicating with the RTW Coordinator, in looking at what to achieve from vocational assessment. Occupational Rehabilitation Providers should be looking at redeployment and retraining within an organisation in the first instance.

Vocational assessment should be separated from the labour market analysis this should be a different process. Vocational assessment should be on identifying employment opportunities and "real jobs".

Hospital D advised there needs to be:

- ◆ More stringent requirements to communicate with employer;
- ◆ Training for RTW Coordinators in the area of vocational rehabilitation;
- ◆ Tools and support for effective internal vocational assessments and rehabilitation;
- ◆ Access to vocational assessment report;
- ◆ Relevant information made available;
- ◆ More active participation by all parties.

Hospital E advised Provision of better information regarding vocational assessment – tailoring options to the individual rather than just a labour market analysis. The labour market analysis should be made separate from the vocational assessment. Hospital E advised that the TAC template for vocational assessment and return to work is more user friendly. The vocational assessment should be looking at internal and external employment opportunities. Hospital E advised some organisation may utilise IVR by looking at the claim and claim costs, but they should be looking at from both claim and individual to ensure balance.

3.1.7 What hinders you in applying internal vocational rehabilitation?

Hospital A advised it is usually due to a lack of interest by the injured worker, due to an inability to come to the realisation that they can no longer undertake a clinical nursing role. Furthermore, the poor provision of information regarding the vocational assessment process, outcomes that are not centred on the individual and an inability to access career counselling prior to the vocational assessment are hindrances in applying IVR.

Hospital D advised that they are hindered in applying IVR due to the following barriers:

- ◆ Stigma of WorkCover by the perspective manager ie damaged goods, passing on the problem;
- ◆ Injured workers willingness to accept their condition and move on;
- ◆ Resentment from other staff both current and prospective – maybe perceived as a charity case or receiving preferential treatment;
- ◆ Recruitment process based on the merit principle;
- ◆ The provision of current medical advice;
- ◆ Communication with Treating Practitioners and their unwillingness to be actively involved;
- ◆ Type and severity of injury/illness;
- ◆ Skill set of worker,;
- ◆ Age of worker;
- ◆ 'Victim' mentality of injured worker;
- ◆ Previous unsuccessful placements.

Hospital E advised that initially it was NUM/ANUMs that hindered the application but that was because they were not involved in the process. They are now involved and from their perspective there are no barriers to applying IVR in the workplace.

3.2 Discussion with injured nurses on their experience of IVR

Each of the hospitals was asked to invite injured nurses who had been through the IVR process to participate in the Case Study. Only Hospital E was able to identify 3 injured nurses to participate in the Case Study. The discussions will be outlined below (sic).

3.2.1 How was the process explained and who was involved?

Injured Nurse 1

Having had 3 surgeries to an injured shoulder including reconstructed tendon, was physically and mentally drained, lost career, I questioned what I was going to do. The reconstruction of the tendon had not worked and I had to start thinking about other occupations. The RTW Coordinator was very supportive, and knew at what time I needed support for instance in suggesting career counselling.

I was assisted in identifying alternative employment opportunities, I identified Ward Clerk as I had previously worked as a Ward Clerk. I then got to experience what it was like to work as a ward clerk. At the same time was applying for jobs but couldn't understand why I wasn't getting any interviews. It was then identified that I hadn't been addressing key selection criteria and I have now been shown how to do this. I have also had assistance for interviews through mock interviews. Manager was very supportive. Having that

support makes you feel better inside, because they respect you and recognise still the same person.

Injured Nurse 2

Back in 2006 RTW started at 3 days a week at 4 hours per day. Supportive RTW at time, encouraged to return but nothing was planned, provided chair and desk but with nothing to do, I was shown they didn't care. I was shoved out the back to amuse myself, not allowed near patients. I did try for a week but physically not capable to return to the ward. Second RTW, had to find own chair, had an ergonomic assessment for appropriate equipment, and was given work this time. Change in NUM, which was stabilising, was then able to do more with patients ie risk assessment, which was good as had patient contact and was able to convey care to someone else. I was also given something constructive to do. This can give/create a sense of positivity and self esteem which is crucial to recovery. Third RTW was supportive but not a nurse and NUM not considerate of privacy discussed RTW with me in the corridor. My NUM wanted me to do tasks that weren't meaningful ie printing labels and scraping paint off walls. The ward clerk was supportive. The rest of the staff was very supportive, more so than NUM as I was seen as a burden on her budget – you need support from everyone.

Following spinal fusion, RTW was in another area, previous NUM ignored me. Getting back to work I wanted to push this. I had no say in where I was placed for RTW. I ended up providing assistance to a stomal therapist 2 hours 2 days a week. Again it was not meaningful and I was bored out of brain. I was then given a project, I increased a day and I was confident that I was able to do more. I identified a project management course, and I initiated this myself and asked for approval which I received. I then talked to someone about doing project work to support the course. I self directed this but it was supported by the workplace. The vocational assessment identified nursing education and that is where I want to work. I see injury now as a pivot to redirect career in education. Good that I am with the same employer, but I have driven this. The process has indirectly been explained, I have the skills and have pushed this myself, the hospital identified a lot of transferable skills. The hospital has been good, Agent supportive, RTW Coordinator has been more proactive, and family and GP are very supportive.

Injured Nurse 3

I was filling in as NUM and I had an increase in workload, pressure, budget, rosters and rapid turnaround of patients, I didn't feel I had anyone in the workplace I could talk to. I was then offered a 12 month role to pilot to set up a transit lounge. From this role I was feeling totally exhausted but they made the position permanent and when I had the interview for the role it was horrific and the meltdown started to occur. I didn't want to

put in a claim due to the stigma "shut up, and get on with it". Dr was good, gentle and slow. Supervisor questioned whether it was a good idea to lodge a claim.

I can't speak highly enough of the RTW Coordinator, identified a position at Dementia Day Centre. The people were so caring and it wasn't a clinical role. I maintained the database and organised equipment, initially I was worried about ordering equipment. RTW Coordinator suggested I needed something a bit more and there was another role in Aids and Equipment, I knew I had to take a step but I was reluctant. Everything was explained in full and career counselling was offered.

I was offered a vocational assessment, but wasn't impressed. Consultant advised that employer no longer wanted me, and further that they were used to men in their 40's with back injury. Couldn't grasp that the only role I had ever done was nursing. I was concerned about the report. I was comfortable in my role and was told by the RTW Coordinator there maybe a new full time position.

The RTW Coordinator asked if I would like to go to another psychologist - this was pre the vocational assessment, RTW coordinator timed everything. The first visit I was tired of telling my story, they provided me with strategies to take the next step, indepth understanding of self. I have to tell self to say no.

3.2.2 Was Career Counselling provided to assist with identifying employment opportunities?

Injured Nurse 1

Yes, to cope with loss of career. I went through the grief process. I have to treat as a loss and steer myself towards bigger and better things. It is only my arm that is not working, everything else is. The counselling did help with career direction and empowering to take control. Now I have control of what I want to do, as it is my life and career. The hospital could do more but not sure there are enough tools to support the workplace.

Injured Nurse 2

Yes but I didn't want to do have career counselling. However, it was beneficial and I would recommend having career counselling earlier but feel it was too late in the process for me. Pre-injury I was looking towards education anyway.

Injured Nurse 3

Yes career counselling was provided.

3.2.3 Were you involved with identifying employment opportunities?

Injured Nurse 1

Yes and also received assistance in identifying employment opportunities, very supportive.

Injured Nurse 2

Yes, I drove this.

Injured Nurse 3

No, I didn't identify the role in Aids and Equipment, but it is now becoming permanent and this suits me as I don't want to have anything to do with patients.

3.2.4 What has been the benefit?

Injured Nurse 1

WorkCover sucks regarding wages post 26 weeks. It makes you feel lesser and not worthy of having that money. The system sucks and puts a strain on everything in your life, that is my biggest anger. The benefit has been that I am a better person, I feel good about self, and am in control and can cope with anything. I have achieved a lot and have done things that I never thought I would do. In working as a Ward Clerk I have improved my self esteem, people ask me questions and ask me to do things. There have been a variety of opportunities which have assisted me in finding direction.

Injured Nurse 2

I am now at maximum hours, I am now doing something positive and of worth, and I am in control.

Injured Nurse 3

The benefit has been the knowledge of self, and understanding of self. I realise now people took advantage of my inability to say no.

3.2.5 Identified issues?

Injured Nurse 1

I rushed in the past, now think beforehand because I am sick of hurting. Diversify direction in identifying opportunities, because it might not work.

Injured Nurse 2

People need to be honest and upfront with the process, with everything to do with workers compensation and RTW, and let them know both ways. There needs to be regular communication.

Injured Nurse 3

There have been no issues.

4. Development of Internal Vocational Rehabilitation process

Following the discussions with the RTW Coordinators and injured nurses, it was then decided to develop a sample policy and procedures for Internal Vocational Rehabilitation. The research undertaken for the Case Study was drawn upon to develop this material - refer to Attachments 1 to 4, which include:

- ◆ Sample Internal Vocational Rehabilitation Policy and Process (Attachment 1);
- ◆ Sample Guidance for Occupational Rehabilitation Providers – Internal Vocational Rehabilitation Assessment Report(Attachment 2);
- ◆ Sample Internal Vocational Rehabilitation Assessment Report (Attachment 3);
- ◆ and
- ◆ Sample Internal Vocational Rehabilitation Plan (Attachment 4).

It is envisaged that the Pilot Hospitals who participated in this case study will formalise the developed policy and procedures and continue to apply them as well as provide structure for other hospitals who would like to take this step in the future.

5. Conclusion

From the Case Study the gap has been identified between rehabilitation services, OES and NES in assisting nurses remain in the nursing profession. Internal Vocational Rehabilitation is a proposed service to address this gap. Internal Vocational Rehabilitation has been developed through consultation with Pilot Hospitals and Injured Nurses.

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Attachment 1

Sample Internal Vocational Rehabilitation Policy and Process

Statement of Intent

XXXX is committed to applying Internal Vocational Rehabilitation in the workplace for employees with work related injury and/or illness.

What is Internal Vocational Rehabilitation?

Internal vocational rehabilitation is our commitment to supporting and assisting injured workers to remain with the hospital in a new role where they are unable to return to their pre-injury role.

To be effective, it would require agreement from the injured nurse (with support, if you choose, from a representative of your choice), and your treating practitioner that alternative nursing employment opportunities should be identified.

In participating in Internal Vocational Rehabilitation the nature and frequency of specific physical and psychological demands of any particular role will be aligned with your medical restrictions.

In participating in Internal Vocational Rehabilitation this will not effect your entitlements to receive workers compensation.

The Hospital will not make roles for injured and/or ill workers, but encourages them to apply for internal roles that match where they want to go with their career, it is important to note the merit principle will be applied.

Internal Vocational Rehabilitation Process

Step 1

We recommend counseling for the emotional aspect of coming to terms with not being able to return to your pre-injury role and then career counseling to assist you in identifying alternative nursing employment opportunities.

You can utilise the Employee Assistance Program, or be referred to a counsellor by your treating practitioner.

"It's my career: I'm taking Charge!" a Guide to Nursing Roles and Employment Opportunities in Nursing for Injured and/or Ill Nurses in Victoria, also provides useful and practical information on career counselling and in identifying nursing

roles and employment opportunities. The Guide can be accessed from the ANF (Victorian Branch) on 9275 9333 or via www.nursesRTW.com.au

Step 2

Identifying where you want to go in your career, through career planning which includes undertaking an:

- ◆ Environmental Scan;
- ◆ Self Assessment;
- ◆ Creating your career vision; and
- ◆ Developing your strategic career plan.

Your career counsellor can assist you with this.

The objective of career planning is to ensure that this reflects where you want to go in your career, and how the hospital can assist you in making this happen.

Step 3

Identification of transferable skills and employment history is undertaken through a vocational assessment, which will provide you and the hospital with a synopsis of where you have been in your career.

Step 4

Internal Vocational Rehabilitation Plan which outlines strategies to meet career goals and the supports required to meet these goals.

In consultation with you and your treating practitioner, we can work together in developing a Vocational Plan.

From the vocational assessment, for example, it may have been identified that:

- ◆ You have a number of transferable skills which has highlighted a number of opportunities within the hospital; and/or
- ◆ You require further training.

Step 5

The Internal Vocational Rehabilitation Plan will be incorporated into your return to work plan, which will provide you with “real” work experience in that work environment as part of your return to work plan. The return to work plan will set out realistic timeframes to ensure appropriate experience in that work environment.

Step 6

Injured nurses are encouraged to apply for any vacant positions in that work environment, or any positions within the organisation, and where successful the injured nurses’ contract of employment will be varied for the new role.

The hospital provides Human Resource Services to assist with resume writing, addressing key selection criteria and mock interviews. Contact for assistance.

Step 7

If the injured worker is unsuccessful the process will be repeated.

Note only when all options have been exhausted will the hospital activate New Employer Services.

Step 8

With successful Internal Vocational Rehabilitation, monitoring will continue for a period to ensure return to work is safe.

...., is the Return to Work Coordinator for XXXX, and can be contacted on ... for further information.

Attachment 2

Sample Guidance for Occupational Rehabilitation Providers – Internal Vocational Rehabilitation Assessment Report

Internal vocational rehabilitation is a commitment to supporting and assisting injured workers to remain with the hospital in a new role where the injured worker is unable to return to their pre-injury role.

To be effective, it requires agreement from the injured worker (with support, if they choose, from a representative of their choice), and their treating practitioner that alternative nursing employment opportunities should be identified.

In participating in Internal Vocational Rehabilitation the nature and frequency of specific physical and psychological demands of any particular role will be aligned with the injured worker's medical restrictions.

The Hospital will not make roles for injured and/or ill workers, but encourages injured workers to apply for internal roles that match where they want to go with their career. It is important to note the merit principle will be applied.

An Internal Vocational Rehabilitation Assessment Report is to assist the injured worker and their employer with outlining where they have been in their career, defining their skills and identifying training needs.

The Internal Vocational Rehabilitation Assessment is an indepth assessment of the injured worker's career.

Attachment 3

Sample Internal Vocational Rehabilitation Assessment Report

Worker Details

Worker Name		Assessment Type	
Address	Phone	Claim No.	
Date of Birth	Date of Injury	Injury Type	Interpreter Required
			<input type="checkbox"/> Yes: <input type="checkbox"/> No
Ceased Work Date	Expected Return to Work Date	At Work	
		<input type="checkbox"/> Yes: <input type="checkbox"/> No	

Employer Details

RTW Coordinator		Email	
Address	Telephone	Facsimile	

Occupational Rehabilitation Provider Details

Consultant Name	Provider Name	Address	
Telephone	Facsimile	Email	

Internal Vocational Rehabilitation Assessment Outcomes

Referral Date:	Assessment Date	Report Completed
Outcomes		

Worker's Injury Condition

Diagnosis/Prognosis/Treatment/Medication/Medical Restrictions.

Education and Training history

1. Institution	Course
Completed date:	
2. Institution	Course
Completed date:	
3. Institution	Course
Completed date:	
4. Institution	Course
Completed date:	
5. Institution	Course
Completed date:	

Detail Short Courses:

Worker's Employment History

1. Dates	Position/role	Employer
Duties & Demands:		
2. Dates	Position/role	Employer
Duties & Demands:		
3. Dates	Position/role	Employer
Duties & Demands:		
4. Dates	Position/role	Employer
Duties & Demands:		
5. Dates	Position/role	Employer
Duties & Demands:		
6. Dates	Position/role	Employer
Duties & Demands:		
7. Dates	Position/role	Employer
Duties & Demands:		
8. Dates	Position/role	Employer
Duties & Demands:		
9. Dates	Position/role	Employer
Duties & Demands:		
10. Dates	Position/role	Employer
Duties & Demands:		

Note: Include paid and voluntary work

Transferable Skills/Abilities for work:

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____

Please comment on issues impacting on return to work?

Cognitive:
Financial:
Pain:
Physical:
Psychological:
Social:

Roles identified by client

Role Identified	Transferable Skills	Training Needs	Matches medical restrictions

Note: This should reflect the clients interests and preferences for employment.

Other Comments

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REHABILITATION CONSULTANT:	
SIGNATURE:	

Attachment 4

Sample Internal Vocational Rehabilitation Plan

Goal	Strategies to meet this goal and supports required	Who is responsible?
Review date		Expected completion date:
Goal	Strategies to meet this goal and supports required	Who is responsible?
Review date		Expected completion date:
Goal	Strategies to meet this goal and supports required	Who is responsible?
Review date		Expected completion date:
Goal	Strategies to meet this goal and supports required	Who is responsible?
Review date		Expected completion date:
Goal	Strategies to meet this goal and supports required	Who is responsible?
Review date		Expected completion date:

Note: For each vocational goal describe the strategies to be employed to address expected timeframe for completion.

Agreement for Internal Vocational Rehabilitation Plan

I have reviewed the proposed Internal Vocational Rehabilitation Plan and agree with the Program. I have been given the opportunity to gain advice from my union representative. Please sign where indicated and return this page to **XXX**.

Signed:

(Injured Nurse)

Date:.....

Signed:

(Medical Practitioner)

Date:.....

Signed:

(NUM/ANUM)

Date:.....

Signed:

(RTW Coordinator)

Date:.....

Start date:.....

Review date :.....