Dr Margaret Macky

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PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Making Dependable Decisions - ACC Breakfast Session

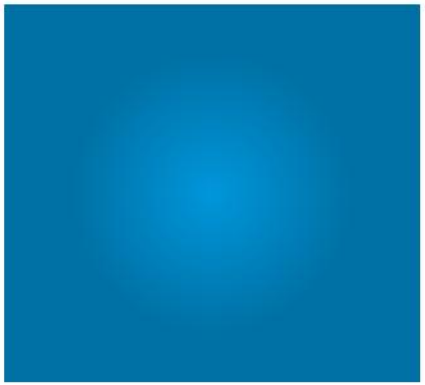
Friday, 21 June 2013 | Start 7:00am | Duration: 60mins | Baytrust

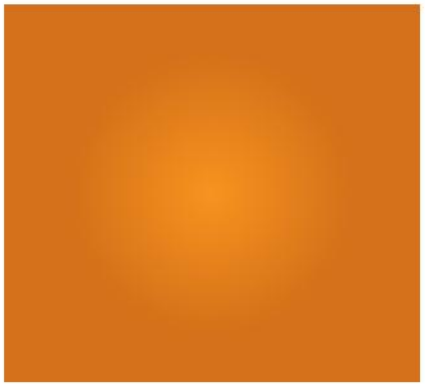
Good Decisions– managing the risk of future disability

Using ACC resources to help patients after injury










Margaret Macky 2013

Meet Barry

Barry (56) has been your patient for 17 years. You know him well; seeing him fairly regularly (for NIDDM and hypertension) and as GP for his family

Eight weeks ago, Barry was moving some sheets of GIB board on site when the wind caught the sheet he was carrying and wrenched his right arm up and backwards. Turned out he sustained a complete subscapularis tear. He had surgery as an urgent case within ten days.

The surgeon saw Barry last week (at 5 weeks post op) . He advises “take it easy , build up slowly and don’t overload load or strain the shoulder for at least 8 further weeks”. Barry has come to see you to get some pain relief and to get a further work certificate.

Wait a second

What you do next will have a huge effect on Barry's future.

Did you know the chances of Barry ever returning to work decrease with every week he's not at work?

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20 days off work

70% chance of Barry ever returning to work

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45 days off work

50% chance of Barry ever returning to work

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20 days off work

70% chance of Barry returning to work

45 days off work

50% chance of Barry returning to work

70 days off work

35% chance of Barry ever returning to work

Wait a second

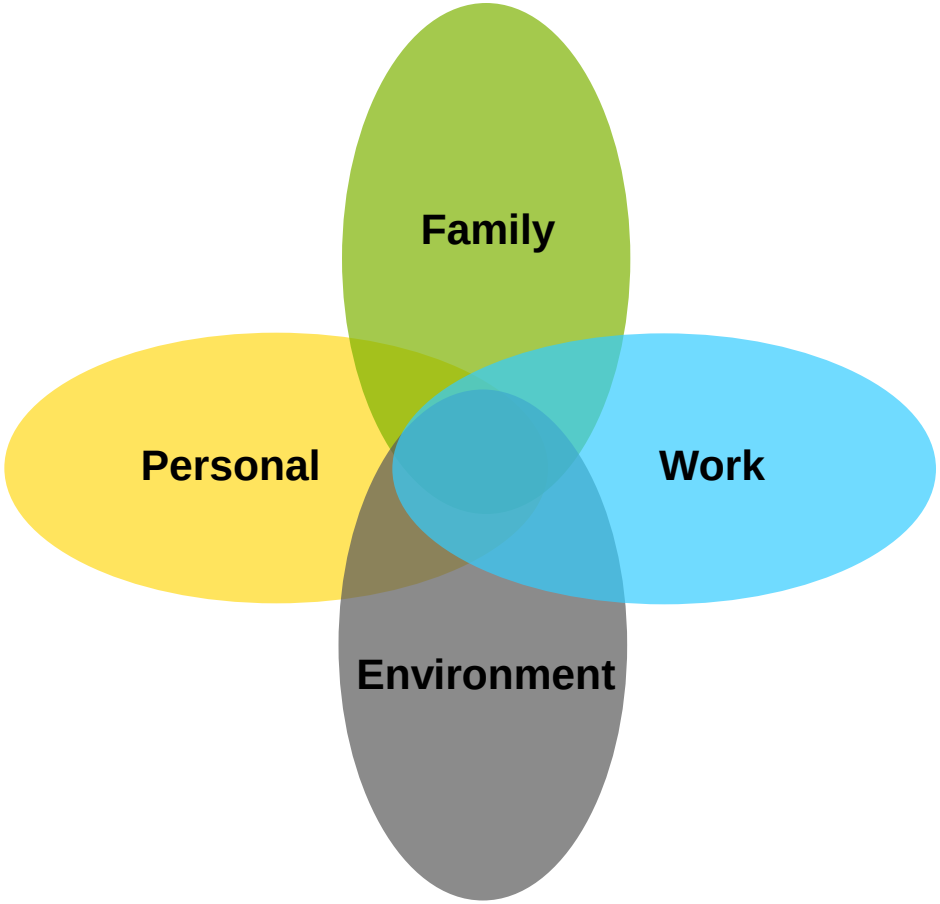
What you do next will have a huge effect on Barry's future.

In the rehabilitation literature, the research says that getting someone back to work as quickly as possible has a significant effect on their life.

As you know, it's not just the patient's injury that impacts on their readiness to get back to work – there are many other factors from the different domains of their life to consider.

The patient and their context

When thinking about a patient's context there are some key domains to look at. There are many models out there, but for the purpose of this module we'll define them as personal, environment, family/whanau, and work.



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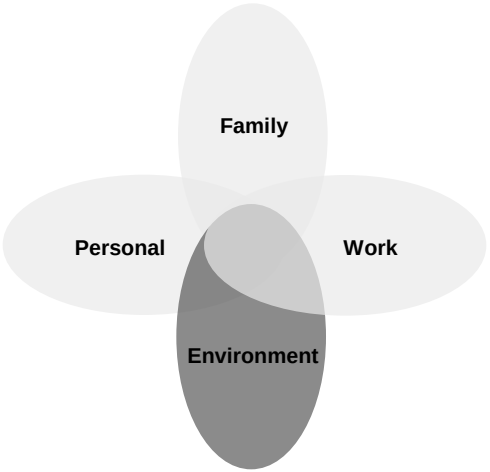
Environmental factors are sometimes called "black flags" or societal factors and include people, systems and processes which impact on the individual's experience of their injury or illness.

For example:

- Financial difficulties
- Concurrent legal issues
- Mistakes or delays in treatment or claim processing

It's important to be aware of these factors so they can be navigated around. Usually this means active, explicit and consistent communication between parties and higher support for return to work. It may require a support person or case conference.



The patient and their context

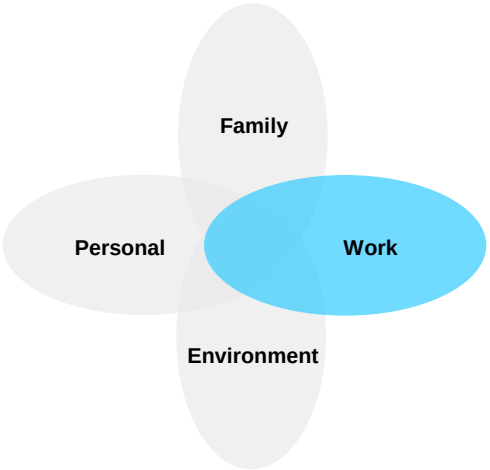
When thinking about a patient's context there are some key domains to look at. There are many models out there, but for the purpose of this module we'll define them as personal, environment, family/whanau, and work.

Workplace factors are sometimes called "blue flags" and include things about the work, work interpersonal factors and employment context which impact on the person's experience of being off work with their injury or illness. These are known to be very potent influencers of health outcome and job retention.

For example:

- Unsupportive supervisor
- Employer has no processes for managing return to work
- Worker's sense of low autonomy in work

These flags alert us to the need for clear communication from the GP about safe level and type of activity during recovery and very active links with the workplace during recovery and return to work.: usually an OT or Occ physio alongside the patient and liaising with you and the employer.



The patient

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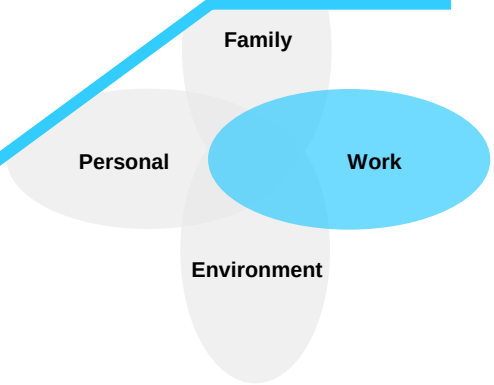
The work domain also includes understanding your patient's normal experience at work such as the type and duration of tasks they do, the environment, any difficult or dangerous work, their relationship with supervisors, how they get on with workmates, whether they feel there's a future for them in this workplace, and whether they have any control over pacing or content of work.

Flags include for example:

- Monotonous, repetitive work
- Tasks perceived as dangerous with low support from management
- Work in cold, outdoors or dirty environment

These issues pose a risk for de-railing RTW and suggest OT or Occ physio assistance to ensure appropriate accommodation is adhered to. Your clear recommendations of what tasks or environment to avoid during the recovery process will be vital.



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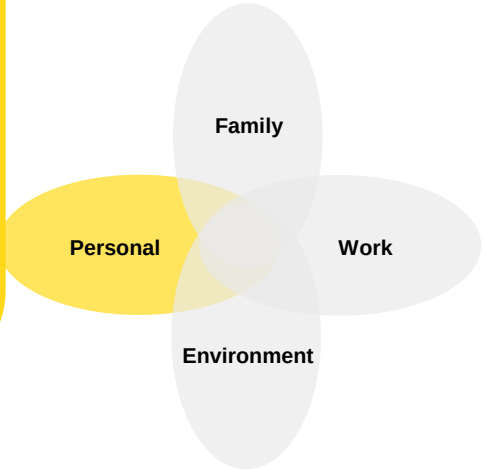
Risk factors in the personal domain are often called "yellow flags" and describe the person's illness perception and thought behaviour and effect on level of distress, disability and recovery.

For example:

- Catastrophising: focusing on the worst possible outcome
- Negative expectation of recovery
- Low self efficacy: the opposite of resilience

These flags alerts us to the need for good communication and active support of the physical recovery process; pro-active pain management with techniques such as CBT; usually signals the need for an OT or Occ physio in the workplace to prevent derailing of a RTW plan



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Click on each part of the diagram

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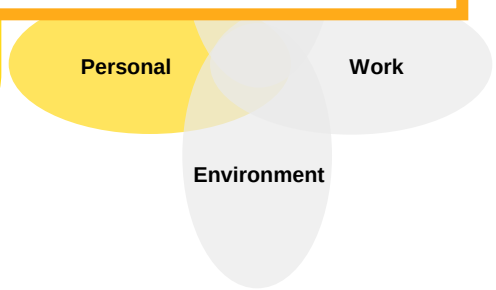
Background psychological conditions are often called "orange" flags and affect the patient's ability to cope, adapt and be resilient through the challenges of an illness or injury.

For example:.

- Mood or anxiety disorder
- PTSD
- Substance abuse disorder

These flags signal a major hurdle for your patient as they recovery from injury. Again good communication, more active support and return to work involvement by an OT or Occ physio may be required. Psychiatric services or drug and alcohol services may be needed at the same time and coordination and communication are essential.



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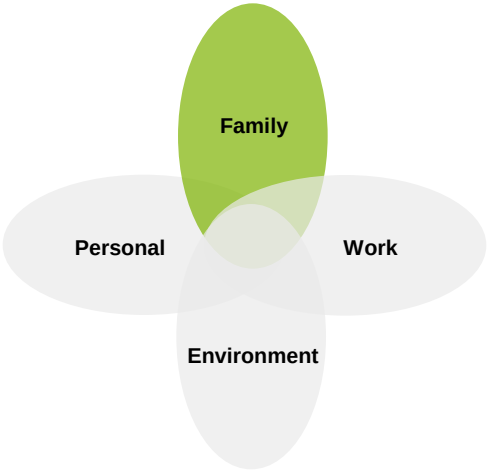
The home/whanau domain includes the patient's social environment, family dynamics and family-specific stressors. Often these are included in the "black" flags. These flags have a powerful effect on the patient's interpretation of their illness experience, may affect pain levels and coping strategies.

For example:.

- Family illness or financial distress
- Dysfunctional family dynamics
- Influential family member holding very negative injury beliefs

These features signal a need for excellent communication; clear translation of medical issues; consistent messaging about recovery and follow up. Because of the risk of de-railing a RTW plan, early consideration of an OT/Occ physio supervision of return to work should be considered.



Back to Barry

Now let’s find out more about Barry and his context – the things that will influence his recovery and return to work.

We’ll look at the domains of his life and see if any there are any **flags** that you'll need to be aware of.

Back to Barry

Some information about Barry's environment domain

- Barry lives in Whakatane and has good access to health providers.
- Although they own their own home, Barry and his wife still have a reasonably large mortgage
- Barry was caught out with building down turn years ago when he had his own business. He lost his savings and had to restart as a permanent casual employee.
- Barry's ACC claim is straight forward but he hasn't done a tax return for a couple of years so the payments are taking a while to sort out.

Back to Barry

Now let's find out more about Barry and his context – the things that will influence his recovery and return to work.

Some information about Barry's work domain

- Barry works for a medium-sized construction company and the current site is 30 mins drive from his home. He's a permanent casual which suits him. The other builders who are mostly in their 20s and Barry feels respected by them for his experience
- But Barry's boss is not a builder and seems to always underestimate the time a job is going to take. He puts a lot of pressure on all the guys. Barry thinks he plays one off against the others and he has no confidence that the boss will make things easy for him when it comes time to restart work

Back to Barry

Now let's find out more about Barry and his context – the things that will influence his recovery and return to work.

- Barry's work involves use of hand tools, power tools (with vibration, percussion and weight), lifting, manual handling with frequent use of upper limbs in elevation/abduction. He uses all types of right and left hand grip.
- He needs to be able to crouch, climb, use ladders, manage scaffolding, uneven surfaces, heights, dusty and wet areas.
- Barry's usual working day is 10 hours (5-6 days/week). He commutes to work but otherwise doesn't need to drive at work. He works in a small team.
- He occasionally comes into contact with cement and glues but more often wood dusts or fibreboard. He does a small amount of welding.

Back to Barry

Now let's find out more about Barry and his context – the things that will influence his recovery and return to work.

Some information about Barry's personal domain

- Barry would describe himself as a "regular kiwi bloke" and accepts he's not fond of change. The loss of his business and his son's illness have left him feeling vulnerable and not so confident about the future
- He's a bit of "worrier" – has dealt with a lot in his life and finds himself ruminating on the future especially when in pain.
- Despite the positive messages from the surgeon, Barry fears his shoulder will not get back to full strength. He confesses to feeling bleak about things: sometimes he thinks he is just not up to it.

Back to Barry

Now let's find out more about Barry and his context – the things that will influence his recovery and return to work.

Some information about Barry's family domain

- Barry has good support from his wife Jan and has good relationships with his three children – two sons aged 27 and 16, and a daughter who is 20- who all live locally
- His youngest son's diagnosis of Leukaemia last year hit them like a bombshell. Both Barry and Jan took a lot of time off work to look after him and get him to treatment. Sure that put more of a financial strain on them but they needed to be there.
- Barry relaxes best by getting the boat out. He has a couple of good friends he goes fishing with but all that is on hold at the moment

Understanding where Barry's at, and what to do next

So now you'll have a good sense of who Barry is and his wider context. Now it's about consolidating the information and highlighting what his risks might be.

Work flags

- Barry might encounter resistance from his boss
- Barry as a "casual" employee might be at a disadvantage
- Appropriate accommodations might not be easy to arrange

Home/Family flags

- Barry has good family support but their emotional resources are stretched dealing with his son's illness
- Barry is disconnected from his usual relaxation avenues

Personal (psychosocial) flags

- Barry has mild "catastrophising" and some negative health beliefs and reduced optimism

Environmental flags

- financial strain
- delays in weekly compensation /tax return hurdles

Let’s look at what Barry might need

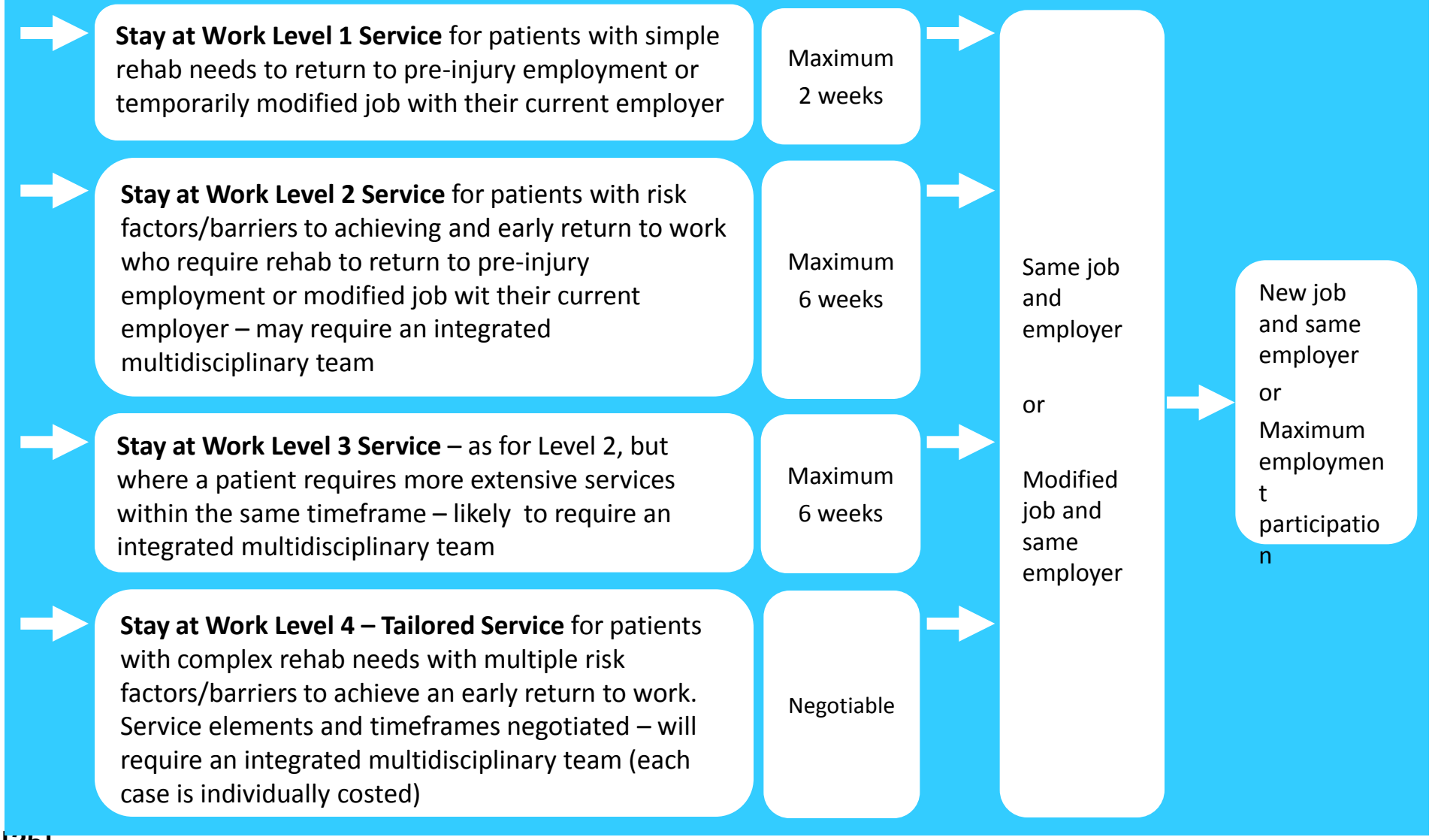
So we want to help Barry get his shoulder right but also retain his job by getting back to work safely and quickly.

It’s about more than just a medical certificate. Understanding a bit about “flags” and Barry’s unique situation will allow you to consider the resources he needs to successfully get through this.

- **Stay at Work**
  - OT/physio
  - Goes into the workplace: uses the restrictions YOU put on the certificate to work out a safe level of engagement with work
  - Plans a graduated resumption of tasks

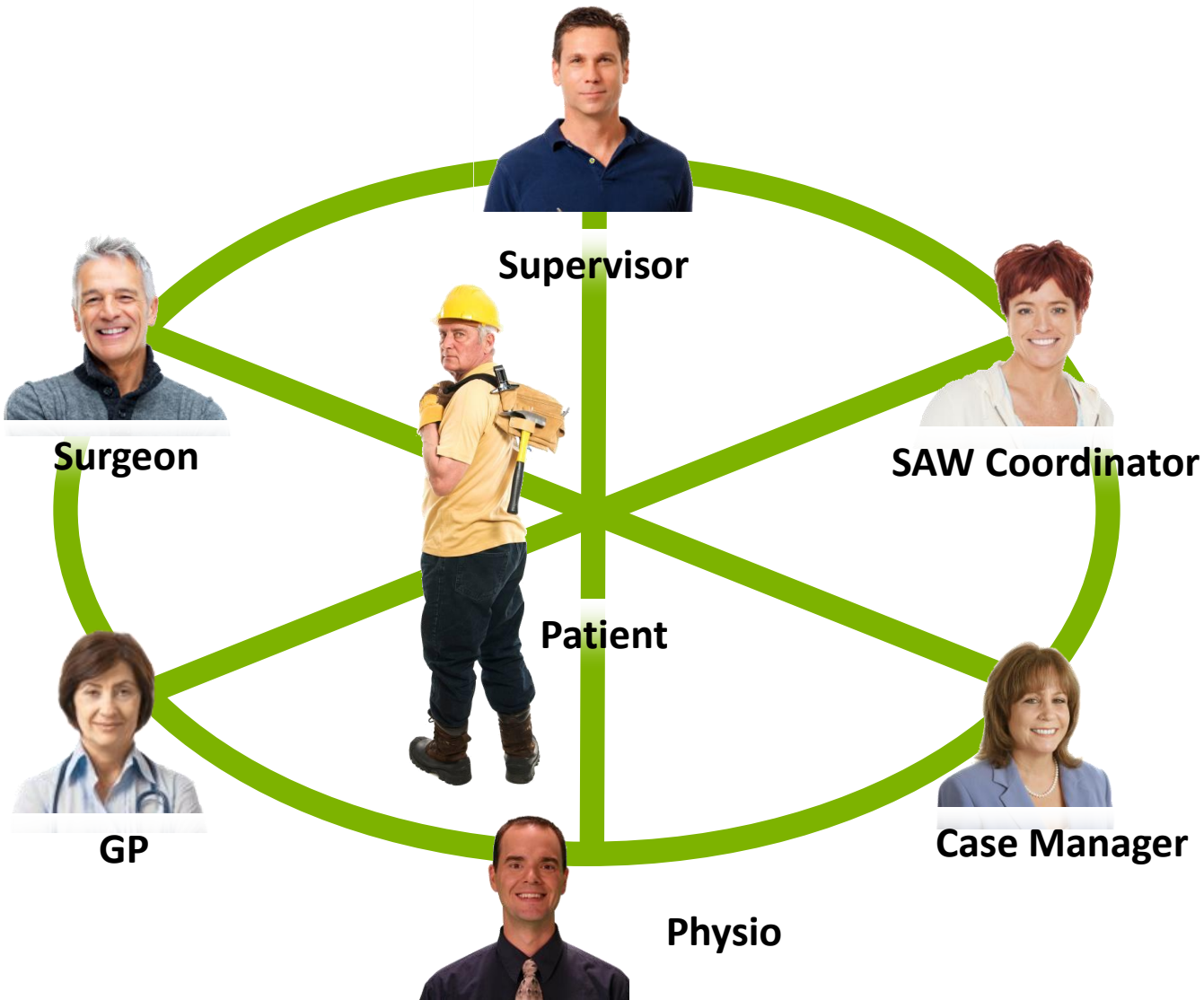
Certifying Fitness for Work

When an injured worker requires vocational rehab, there are some options:



- **Clinical Review of Fitness for work**
  - Doctor with occ medicine experience
  - Sees your patient, assesses fitness for work
  - CALLs GP/surgeon/case manager /physio
  - Sets the scene for rehabilitation and

team approach



What happened further down the track?

Here's the team that contributed to Barry's successful return to work.


Barry's GP


The big man himself


Barry's surgeon


Barry's physiotherapist


Barry's SAW OT


Barry's employer

You, in your GP role, have a huge influence on your patient

You can make a positive impact by:

- Choosing language that is positive, encouraging and recovery focused
- Explicitly identifying the hurdles (both injury /rehabilitation needs and “flags”)
- Being aware of tools and resources you and your patient can access via ACC
- Prioritising communication

What resources will be right for Barry?

Someone like Barry will need extra support to get back to work successfully:

You'll keep up with Barry's pain levels as he mobilises the shoulder and be on the alert for any escalation of the important psychosocial flags

But you've also identified that the work place poses special challenges so Stay at Work Services would be appropriate to safeguard his RTW and it's likely that Barry will need extended guidance of a physiotherapist as he goes back to some work activities

Clinical concepts behind determining fitness for work

Your main task is to consider what is SAFE for your patient to do NOW.

When it comes down to it, there are four key areas to think about.

Clinical concepts behind determining fitness for work

Your main task is to consider what is SAFE for your patient to do NOW.
When it comes down to it, it may help you to think about these key areas.

What actual activities can my patient undertake?

- What cognitive tasks?
- Use concentration; undertake analysis or calculation; problem solve
- Which physical actions ?
- Climb; walk; sit; use arms; use hands; use pinch grip?
- What about interpersonal activities?
- Work with the public; handle questions; talk to groups?

Clinical concepts behind determining fitness for work

Your main task is to consider what is SAFE for your patient to do NOW.
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What should my patient avoid doing in order to protect the injury recovery?

- What cognitive tasks should he/she avoid? e.g. avoid sustained concentration tasks
- Which physical actions should he/she avoid? e.g. avoid walking or standing; climbing; working at heights
- What interpersonal activities should he/she avoid? e.g. avoid being under pressure to respond to clients or public

Clinical concepts behind determining fitness for work

Your main task is to consider what is SAFE for your patient to do NOW.

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How long can my patient safely undertake the safe activities?

- For the combined tasks you have selected as safe for work, consider how long the patient could expect to undertake these is a day or week

- Consider how medication or pain levels might affect stamina ?

- Consider whether tolerance would build up safely ?

Clinical concepts behind determining fitness for work

Your main task is to consider what is SAFE for your patient to do NOW.

When it comes down to it, it may help you to think about these key areas

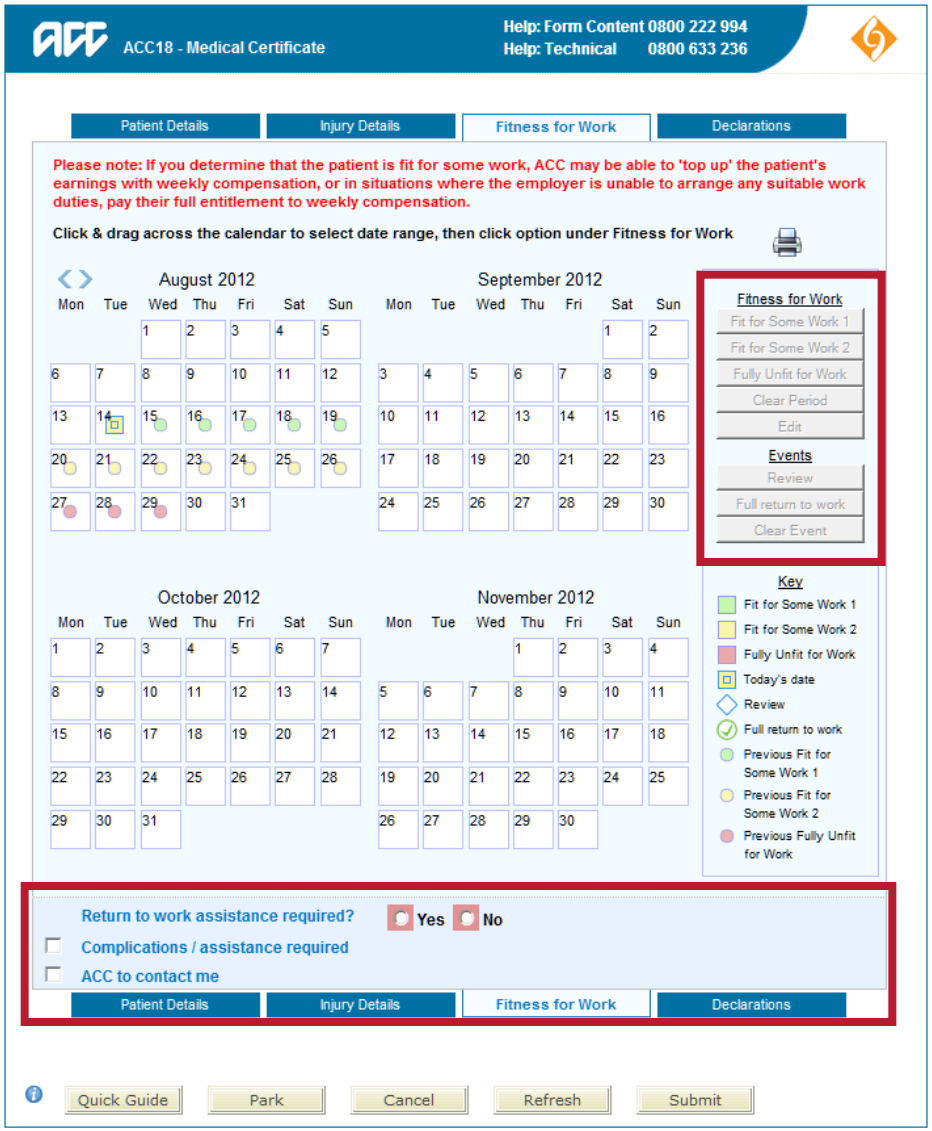
With this injury, what tasks or activities pose a risk to the patient or others?

- Can this patient drive vocationally as part of their work (consider attention, pressure of time, passenger risk etc)
- Can the patient get onto/off sites safely
- Could reaction slowness or inability to respond to alarms create risks in a workplace?

Completing the eACC18

Some key changes have been made to the eACC18 form to reflect the shift from thinking about ‘sick notes’ to thinking about ‘fit notes.

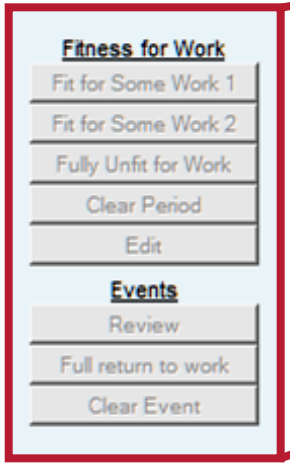
Click on the highlighted areas of the form to see more detail

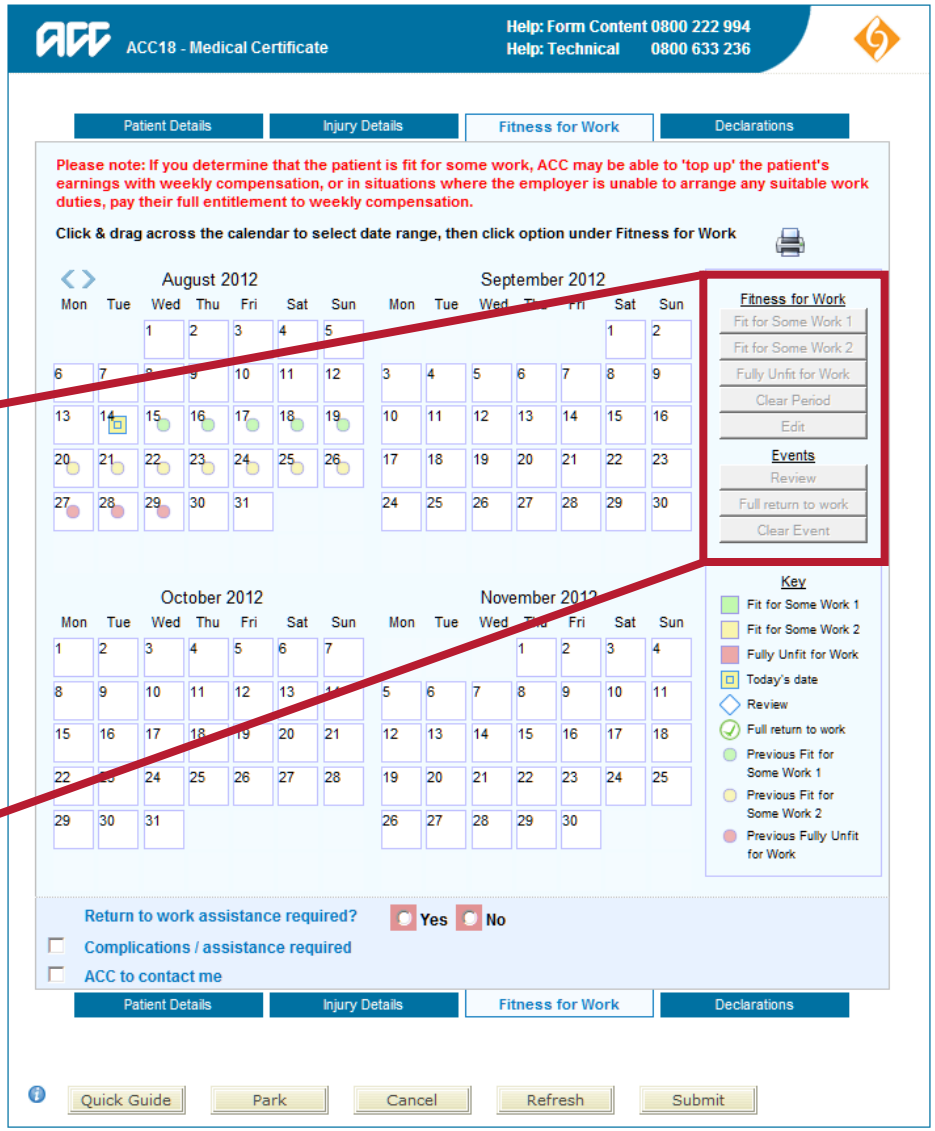


Completing the eACC18

The old work capacity section has been renamed **Fitness for Work** and the boxes reordered so Fully Unfit for Work is after Fit for Some Work 1 and 2.

These boxes were previously named 1st Restriction and 2nd Restriction.





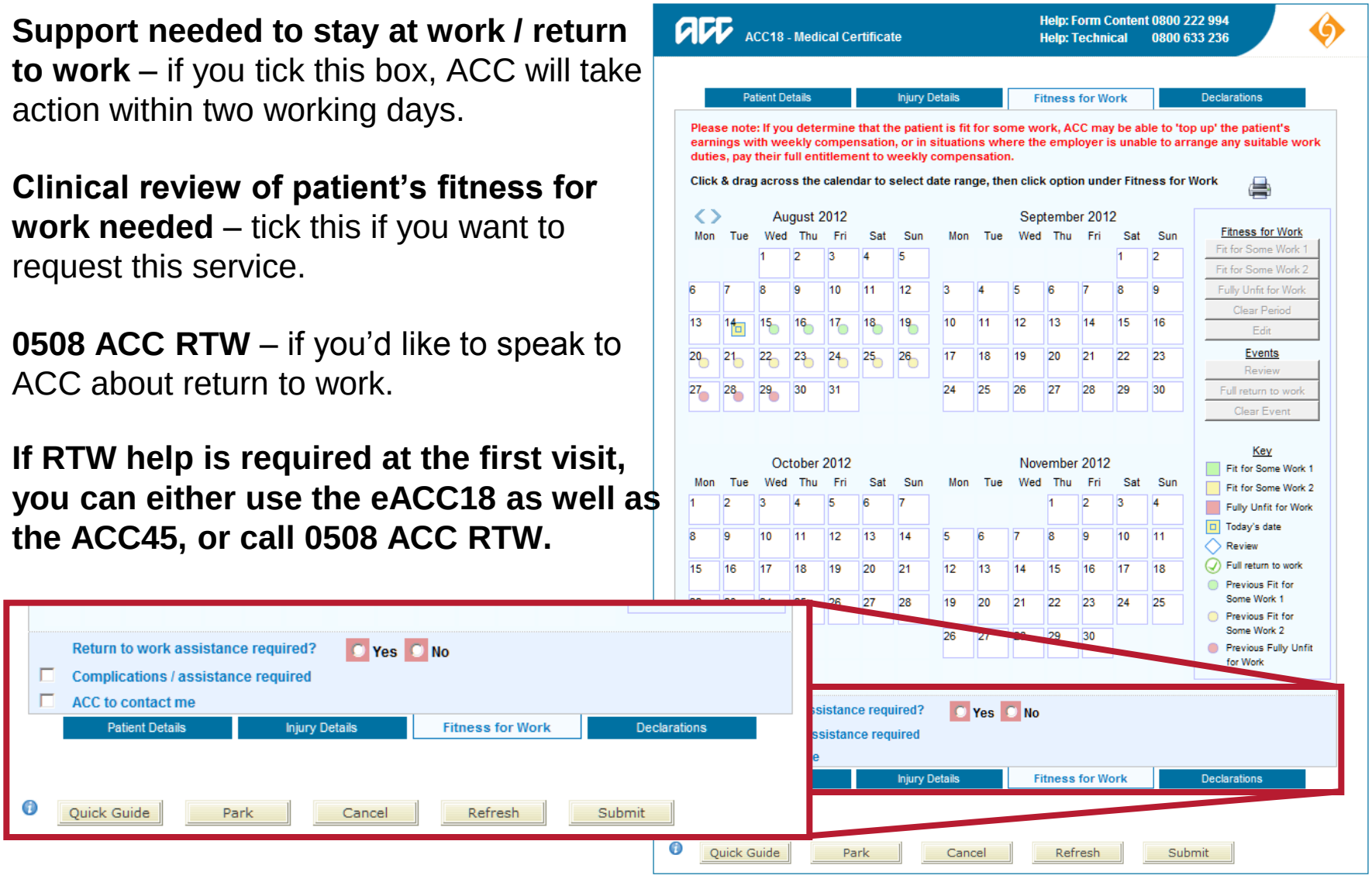
Completing the eACC18

Support needed to stay at work / return to work – if you tick this box, ACC will take action within two working days.

Clinical review of patient's fitness for work needed – tick this if you want to request this service.

0508 ACC RTW – if you'd like to speak to ACC about return to work.

If RTW help is required at the first visit, you can either use the eACC18 as well as the ACC45, or call 0508 ACC RTW.



What happened with Barry's eACC18

What happened

- An enabling certificate for Fit for Selected Work over the next four weeks was completed
- The certificate specified no active loading or sustained grip for his right arm or hand
- The Return to work assistance required? Box was ticked
- An appointment was made for follow up in four weeks

What this means

- Barry's employer knows what's going on
- Barry's ACC case manager quickly arranged SAW services which include coordination of physio rehab
- Barry feels he won't be put in an unsafe situation
- Barry stands a good chance of keeping his job

Nasty infected dermatitis

- Hospital cleaner including theatre
- Low skills
- English as second language
- Poor relationship with boss
- Permanent casual (often > 12 hours)
- Responsibilities for grandchildren

Fractured clavicle 3 weeks

- Kindergarten worker
- Hates job environment: Boss
- Elite runner. Father (trainer) wants her to have surgical repair
- Wants to take up further studies

Moderate depression 6 months off work: Recovering ~ 60%. Still has symptoms, disturbed sleep,

- Nurse mental health acute
- Driving
- Recently divorced, shared care 2x small children