

Vocational Rehabilitation Service- An Interfacing Model between Hospital and Community Partner

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Introduction

From December 2006,

OT Department of United Christian Hospital (UCH)
started collaborating with the community partner

Hong Kong Workers' Health Center

(HKWHC, 香港工人健康中心)

Reason for the collaboration

According to the yearly statistics review:

**Average post injury period was 45 weeks,
62.4% of cases were referred after post injury > 6 months**

Inappropriate timings for referrals

According to “A Retrospective Study on the Work Rehabilitation Outcome Evaluation in a Local Acute Hospital” presented in APOTC 2007:
Factors correlating to the successful RTW of the local WR cases:

Post-injury period ($p < 0.005$)

IOD Status($p < 0.005$)

Diagnosis ($p < 0.001$)

Educational level ($p < 0.005$)

Previous occupation ($p < 0.005$)

PDC level of previous job ($p < 0.005$)

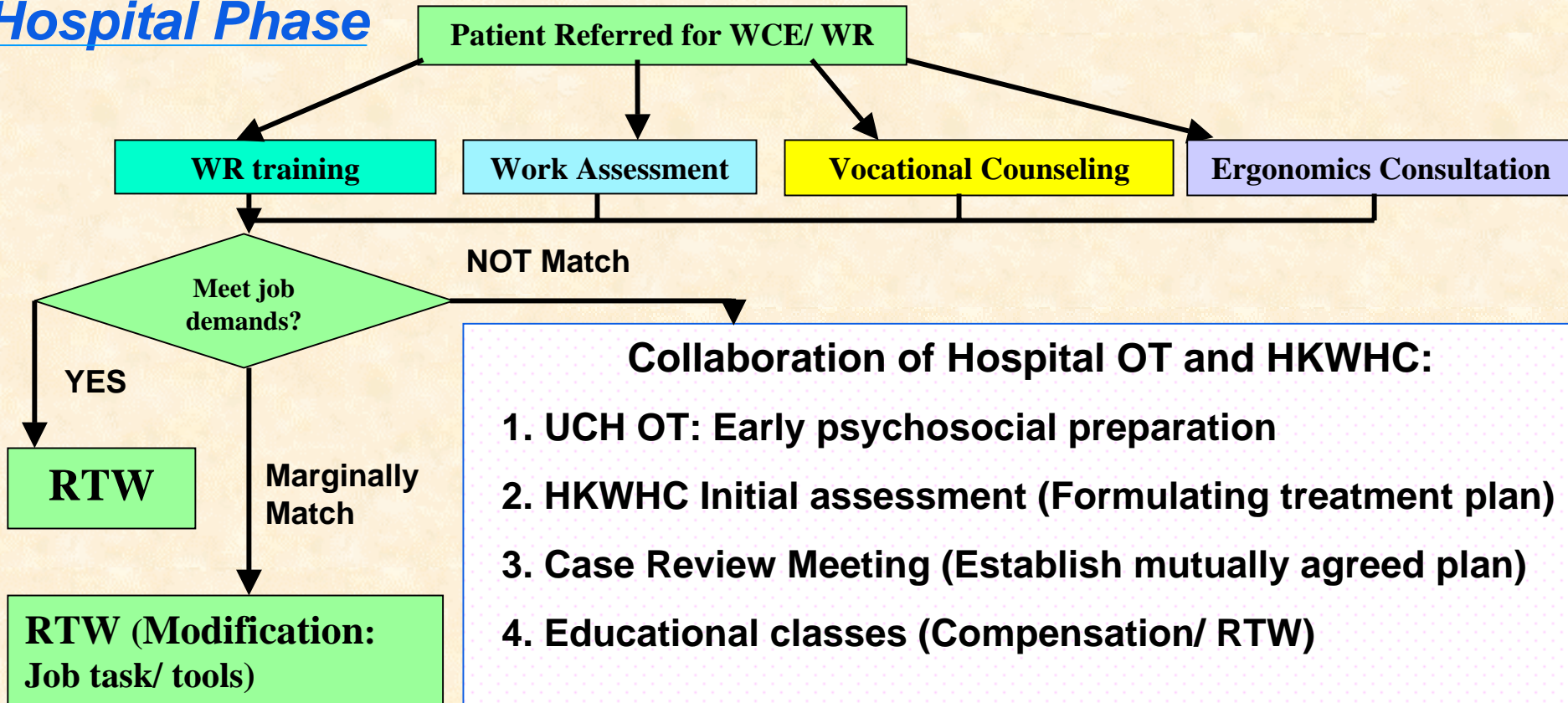
To facilitate:

- **Interface between hospital and community phases of VRS**
 - **Early community intervention & engagement**
- **Better service continuity, quality and effectiveness, *successful RTW rate.***

**Collaboration of Hospital
OT and HKWHC**

Methods of Collaboration

Hospital Phase



Community Phase

Patient Retraining & Resettlement Program
Transitional work
Volunteer work

Examples of WR training



Transportation work in warehouse



Out-door training



Work simulation



Actual work task training



Carrying and climbing stair training: logistic/ transportation worker



Push/ pull sled (Graded weight)



Shoveling



Use of Cleansing trolley

Examples of Work Assessment



ARCON dynamic lifting test/ static lifting test

Shoveling



Collecting Laundry Bag

Climbing up ladder

Use of Cleansing trolley

Wood Work

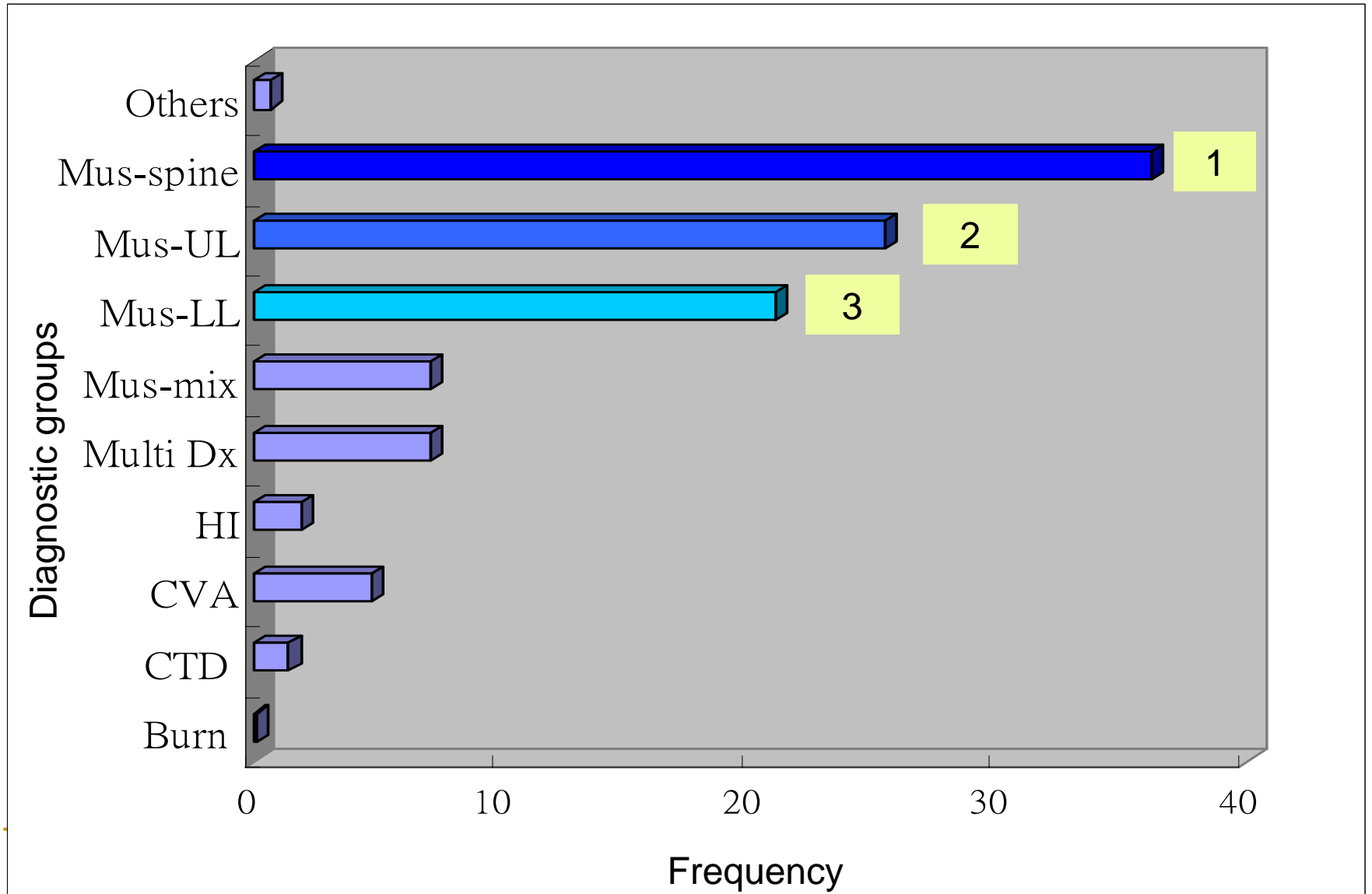
Methods of review

- The clients attended the project from December 2006 to October 2007 were reviewed retrospectively.
 - Their demographic characteristics, problematic areas and programs received were retrieved for analysis with the use of descriptive statistics.
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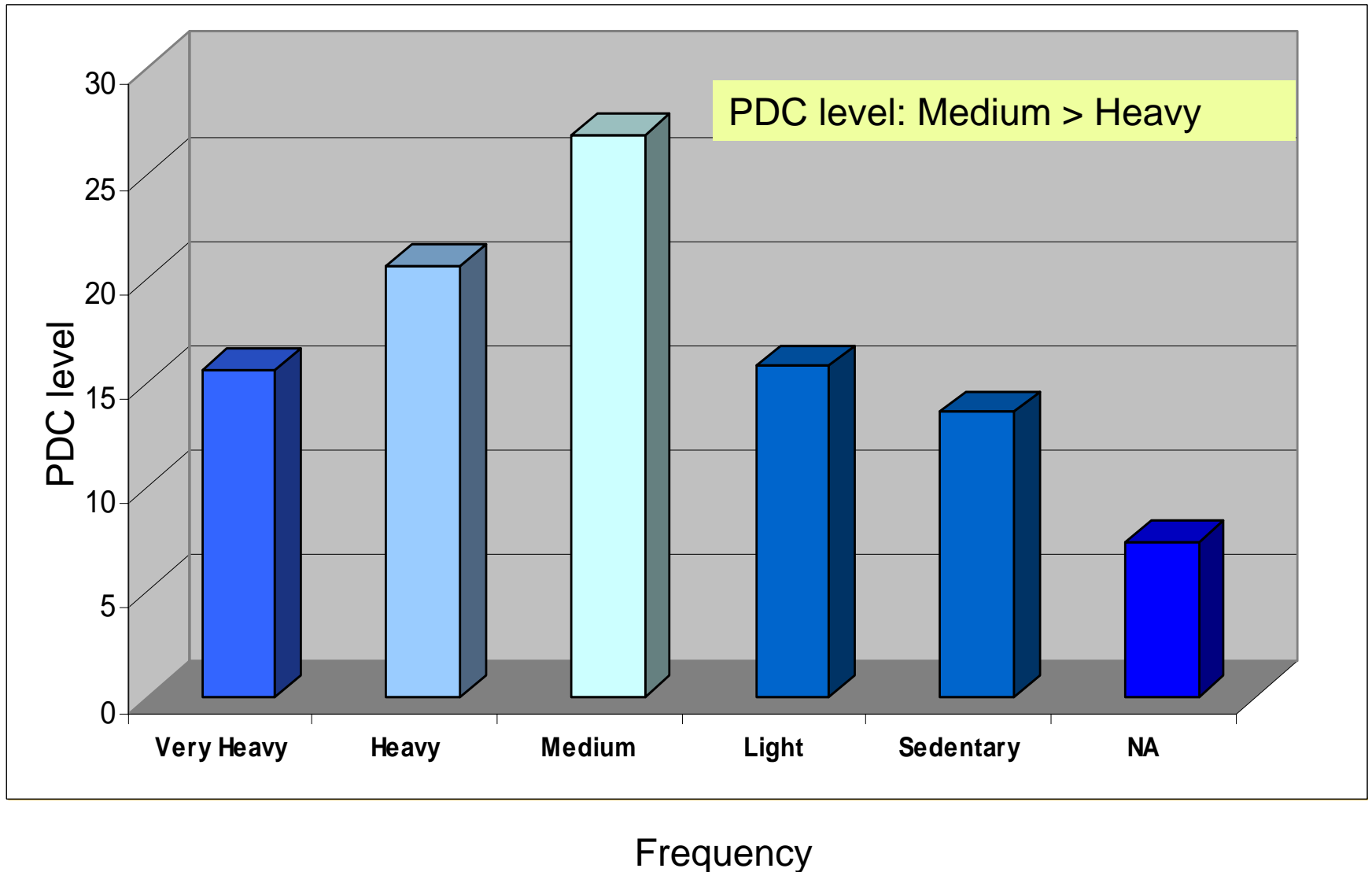
Summary of Outcomes

Total no.	66
Sex	Male : 46 (70%) Female : 20 (30%)
Age Range	24-58 y.o. (Mean : 45.18 y.o.)
Post injury period	Average post injury period was 45 weeks, 62.4% of cases were referred after post injury > 6 months
Major Problems of the cases	<ul style="list-style-type: none">■ Most of them were not able return to their original jobs■ 34% of them suffered from chronic pain■ 18% got psychosocial problem in return to work
Outcome after join the HKWHC collaboration	<ul style="list-style-type: none">■ 56% joined vocational resettlement program (to prepare change jobs)■ 22% of them joined the Transitional Work Program (volunteer work) while pending for their further adjustment and acceptance of disability■ The rest was found to be indicated for further psychosocial intervention and regular follow up.

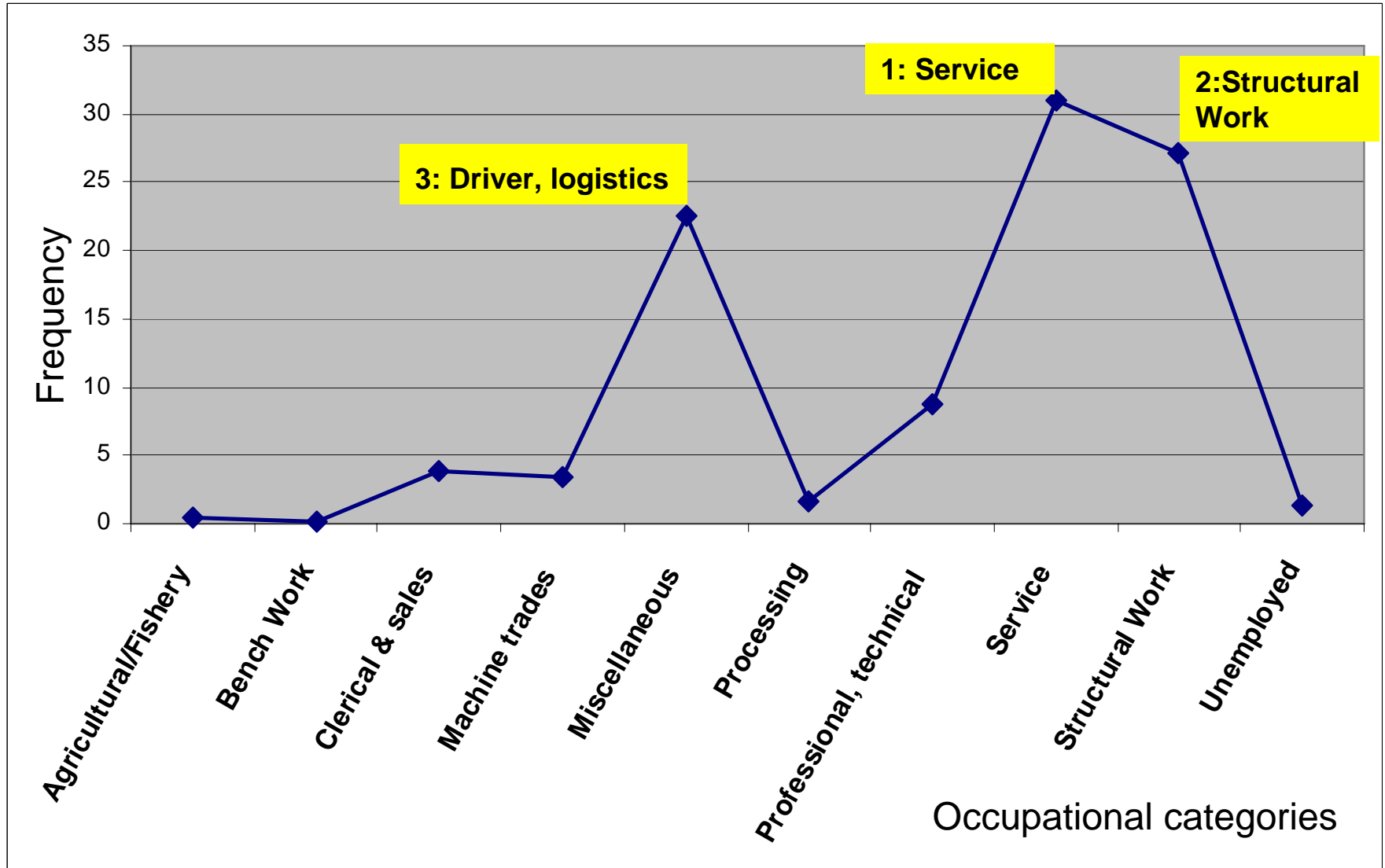
Diagnostic groups



Physical Demand Level of Clients



Occupational Categories of Clients



Conclusion

Prolonged post injury period,

Job nature.....

(heavy PDC level/ work in structural work)

Diagnosis (spinal injury)



Affect clients from RTW after work injury* (refer to appendix)

Collaboration with the HKWHC for Early Community Intervention & engagement to enhance better *service continuity, quality and effectiveness, ultimately successful RTW rate.*

After implementation of the program for a year, it is expected that more clients could be referred from OT Department of UCH to HKWHC under this collaboration for more effective intervention.

End

Thank You!

Appendix

Negative Factors	Literatures Reviews
Post injury period > 30 weeks	<p>Rehabilitation/ disability management program available within 30 days from injury have Significant Positive effect to the RTW rate (Crook J., et al., 2002)</p> <p>The Most Important principle of disability management is “Early Intervention” (Galvia, 1985)</p>
Higher PDC level Structural Work category	Presence of Modified Jobs enhance RTW (Lemstra. M., et al., 2004)
Back Injury Cases	Multiple physical disabilities, activity limitation, pain reduces the RTW rate (Wand et al., 2004)