

Community Collaboration for Work Injury Patients

工傷患者 — 與社區組織合作經驗分享

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Is work related injury an issue ?

- Number
- Types
- Consequence
 - To service
 - To clients
- Room for service improvement?



Number of cases registered for employees' compensation



* 二零零三年、二零零四年、二零零五年、二零零六年及二零零七年的數字分別有25宗、15宗、18宗、22宗及17宗僱員因自然原因死亡的個案。二零零七年受傷個案的數字包括了16 239宗涉及不超過三天病假的輕傷個案。

* The figures for 2003, 2004, 2005, 2006 and 2007 include 25, 15, 18, 22 and 17 cases respectively in which the death of the employee was found to be due to natural cause. The figure for non-fatal cases for 2007 includes 16 239 cases involving sick leave of not exceeding three days, i.e. minor cases.



A certain portion – requiring Orthopaedic care

- Acute treatment – including operations
- Out-patient treatment
- Rehabilitation
- Referral to OAB
- Convening the OAB



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Other issues encountered



- Psychosocial stresses
- Disability, future income, return to work issues
- Sick leave certification, prolonged sick leaves
- Application of other social security allowance
- Medical report when needed
- Complaints management – when service not up to their demand
- Others
- **Does it cause stress to clinical service ?**

Epidemiology of work related injury in Hong Kong – sharing from a local hospital - conducted in 2009-2010

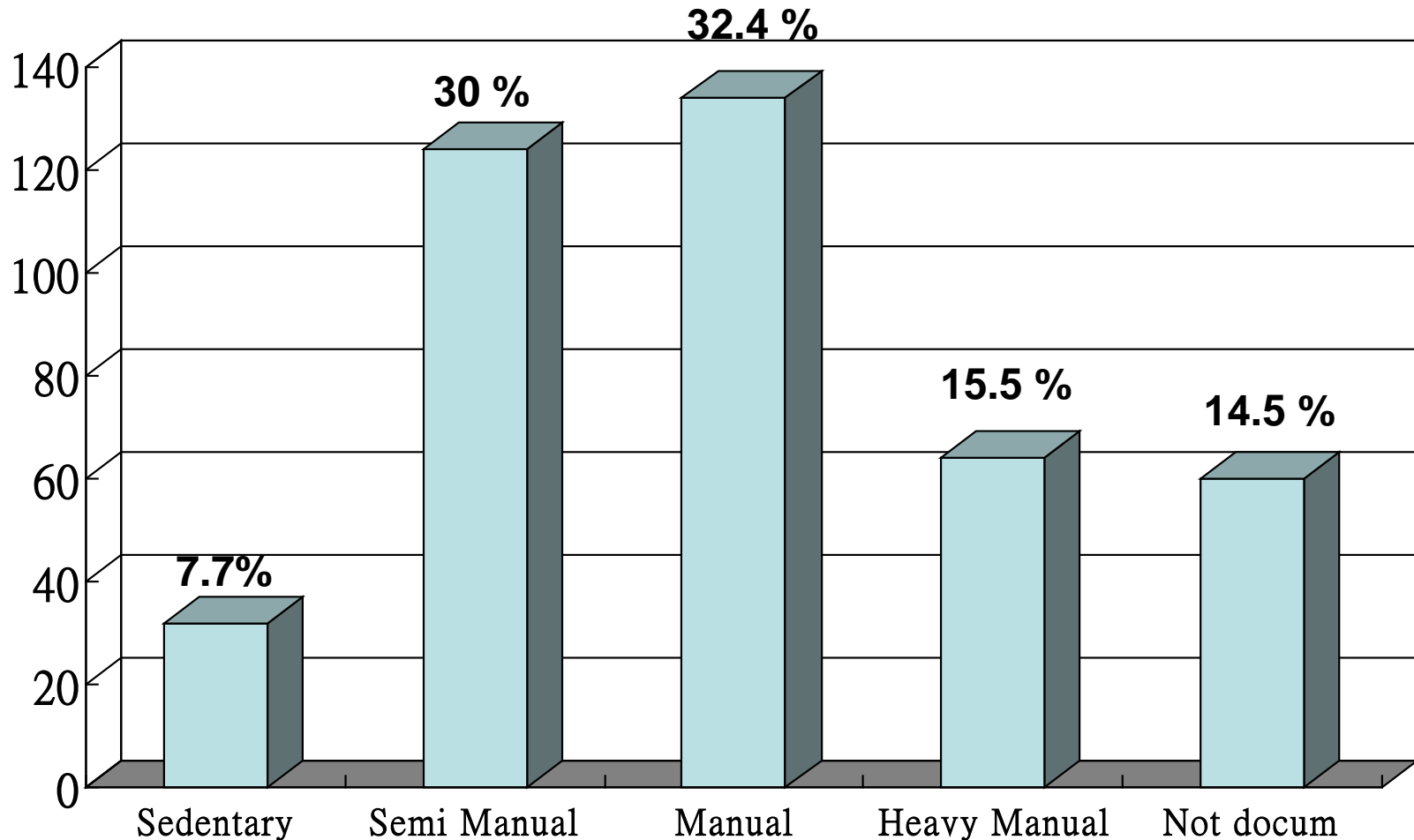
- Retrospective review of Cases undergoing Ordinary Assessment Board in year 2009
- Medical record review & telephone interview
- To know our work load
- Treatment outcome in terms of
 - Duration of sick leaves
 - Degree of loss of earning capacity at OAB assessment
 - Residual problems even after OAB etc

Results

- 2009 – 2010 – number of cases going through OAB – 920, excluding patients managed by Accident & Emergency Department
- 414 cases being reviewed (around 45 %)
 - 302 male (72.9 %)
 - 112 female
- Age - 17 – 73,
 - Average = 43.9, median = 45
 - 60.2 % are above 40 years old

Work types - > 60 % manual or heavier

No. of patients



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High risk occupation

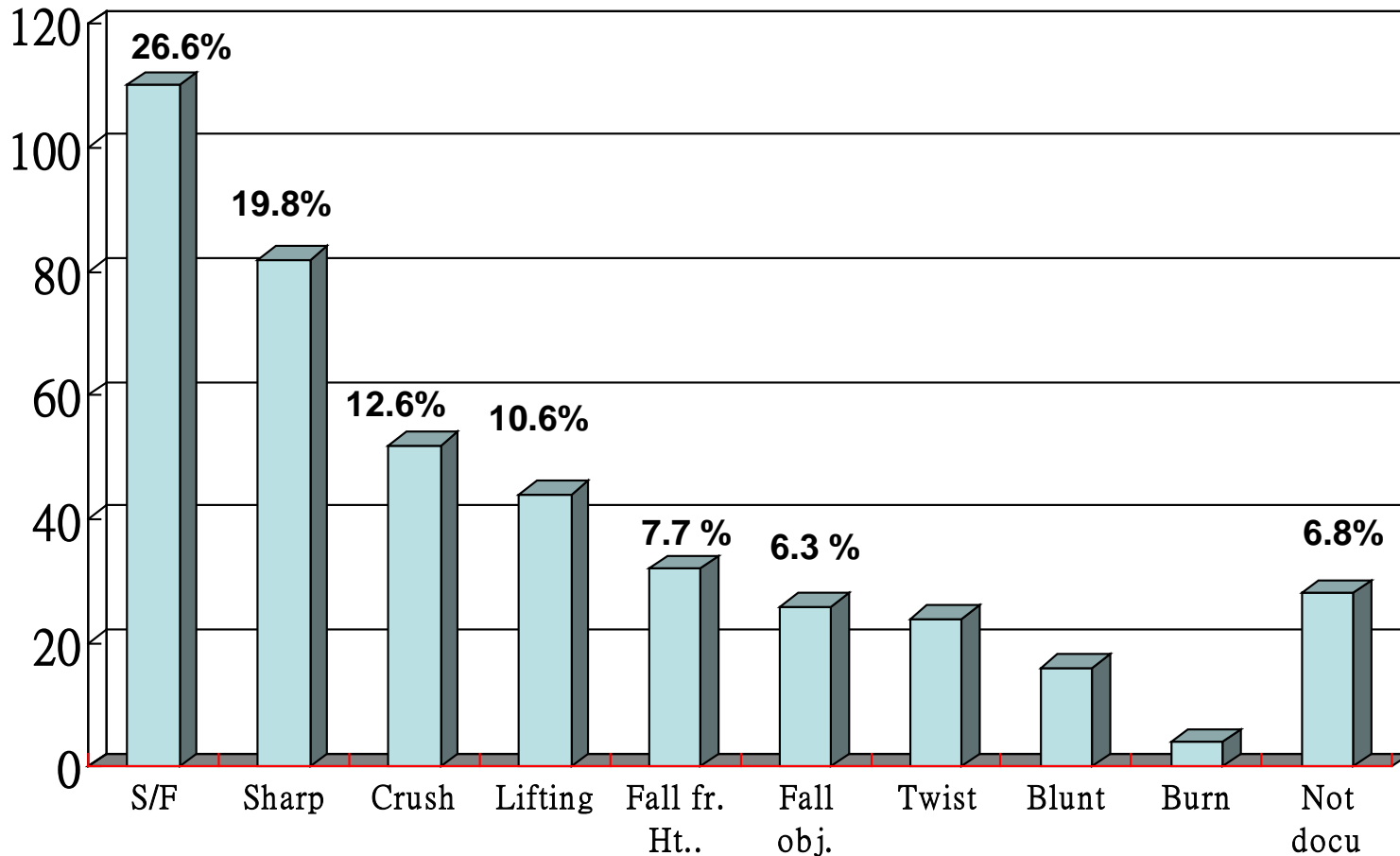
— manual & heavy manual work mainly

Construction site worker	48 11.6 %	Carpenter, Internal decoration worker	22 5.3 %
Portering / transport	36 8.7 %	Shopkeeper	22 5.3 %
Chef / cook	34 8.2 %	Technician / mechanics	18 4.3 %
Security guard	34 8.2 %	Driver	16 3.9 %
Worker in restaurant	30 7.25 %	Printing factory worker	16 3.9 %
Cleansing work	26 6.3 %	Unknown / not documented	60 * 14.5 %

Pattern of injury

46.4 % with significant mode of injury

No. of patients

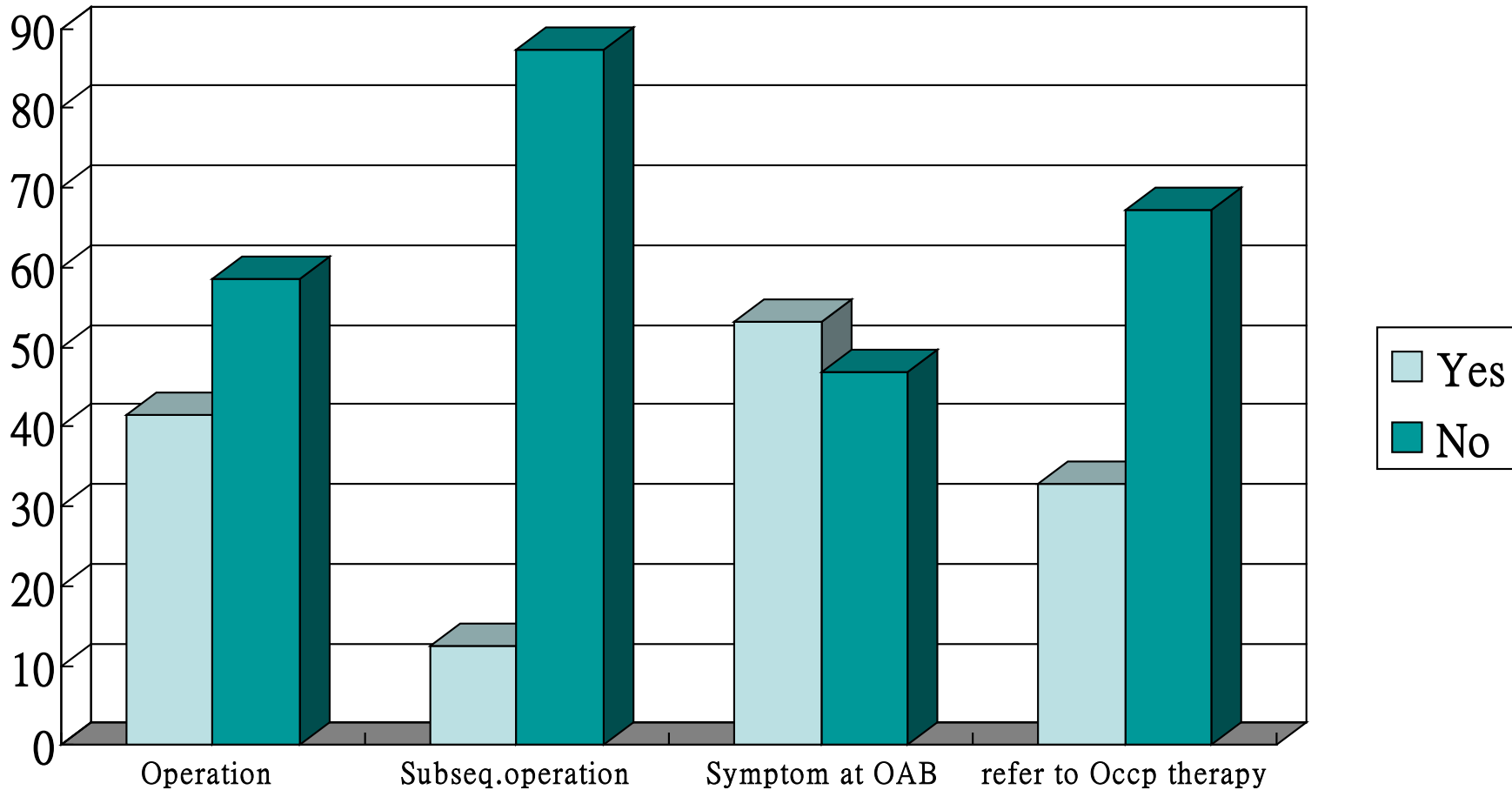


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Treatment & Outcome

40 % required surgery, 50 % still +ve Symptoms at OAB

% of patients

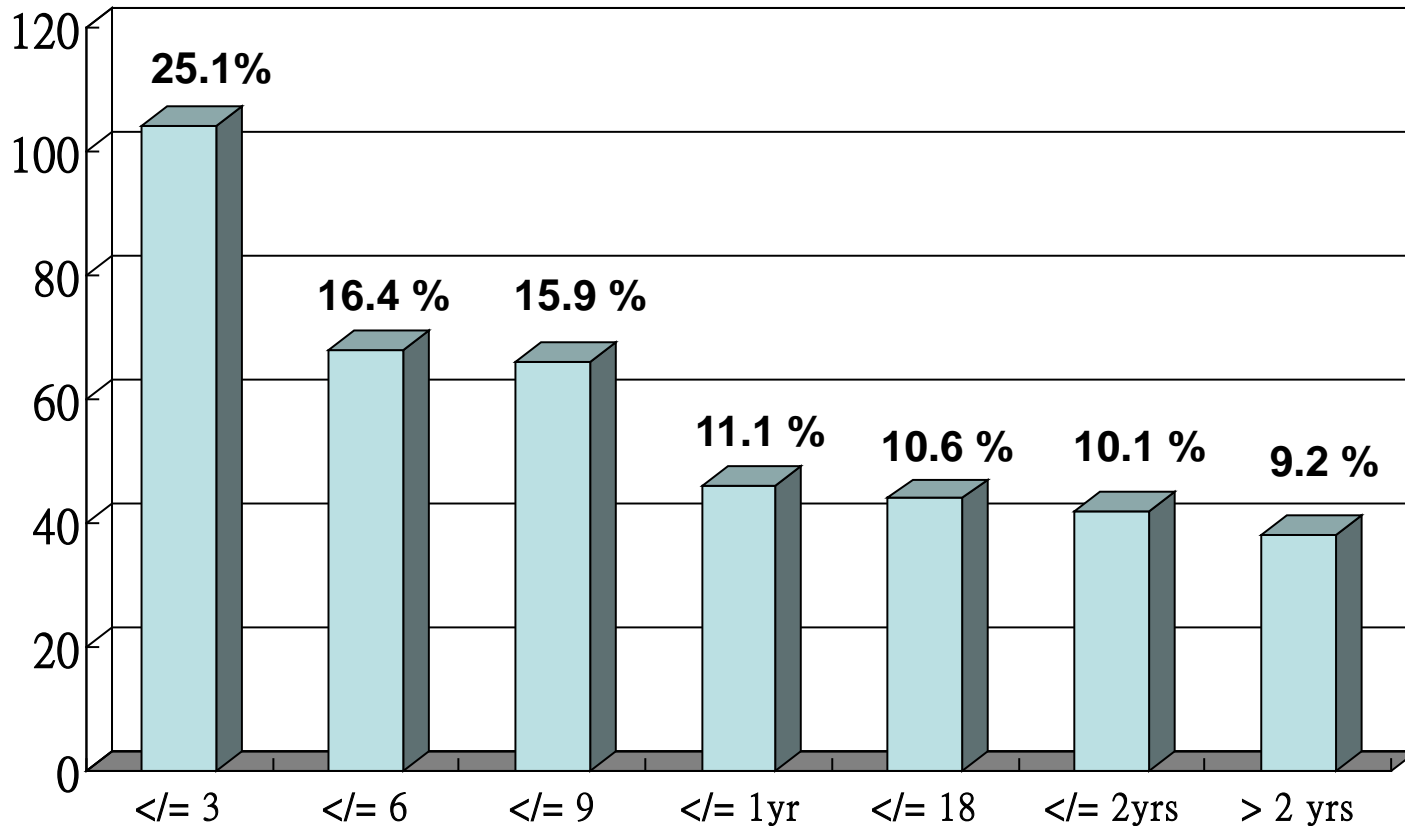


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Follow up duration – 30 % > 1 yr

0 – 46 mths, average = 10.7 mths, median = 7.5 mths

No. of patients



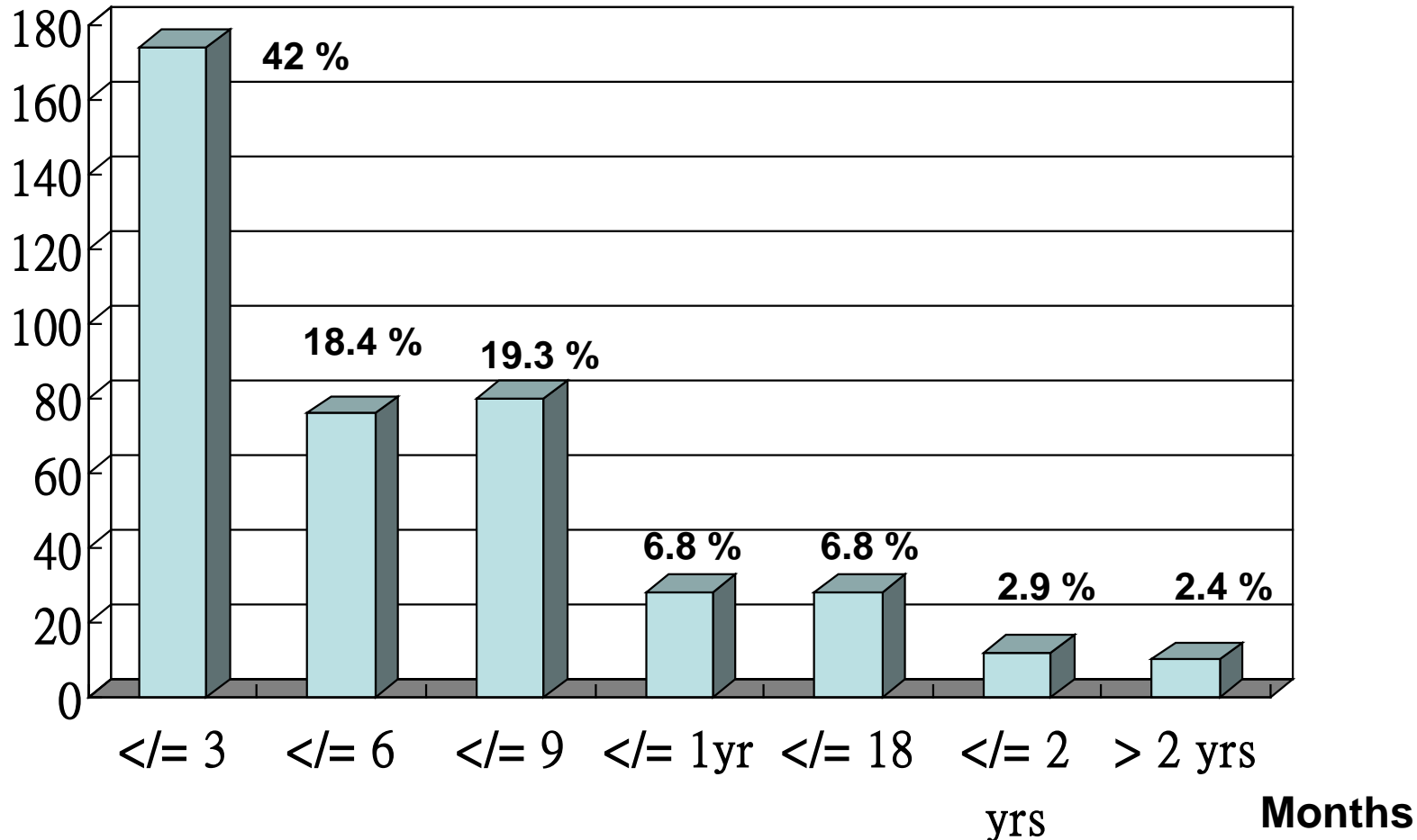
Months

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Sick leave duration

0 – 33 mths, average = 6.4 mths, median = 4.3 mths

No. of patients

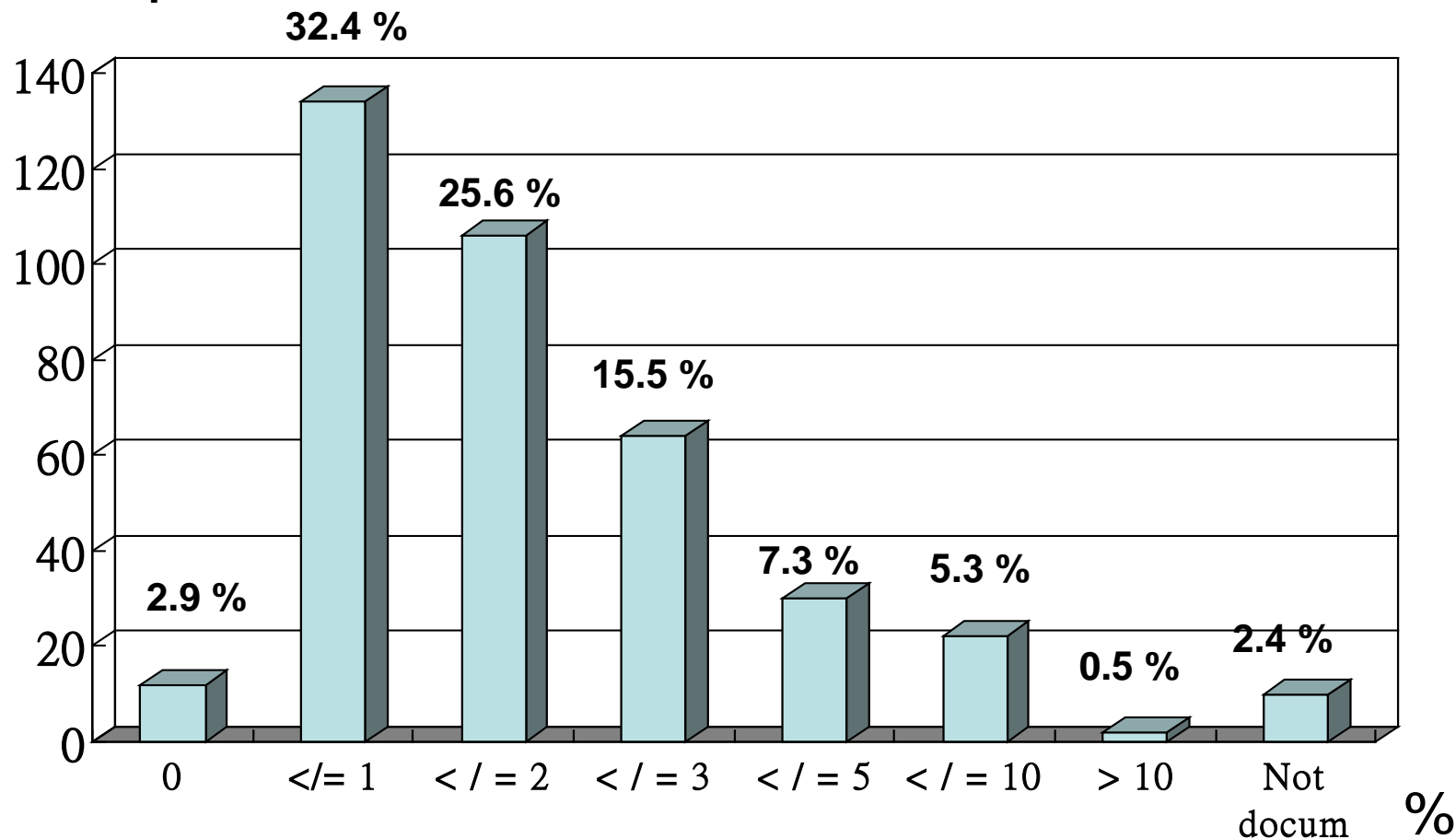


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Loss of earning capacity – at OAB

from 0 – 14 %, average = 2.3 %, median = 2 %

No. of patients



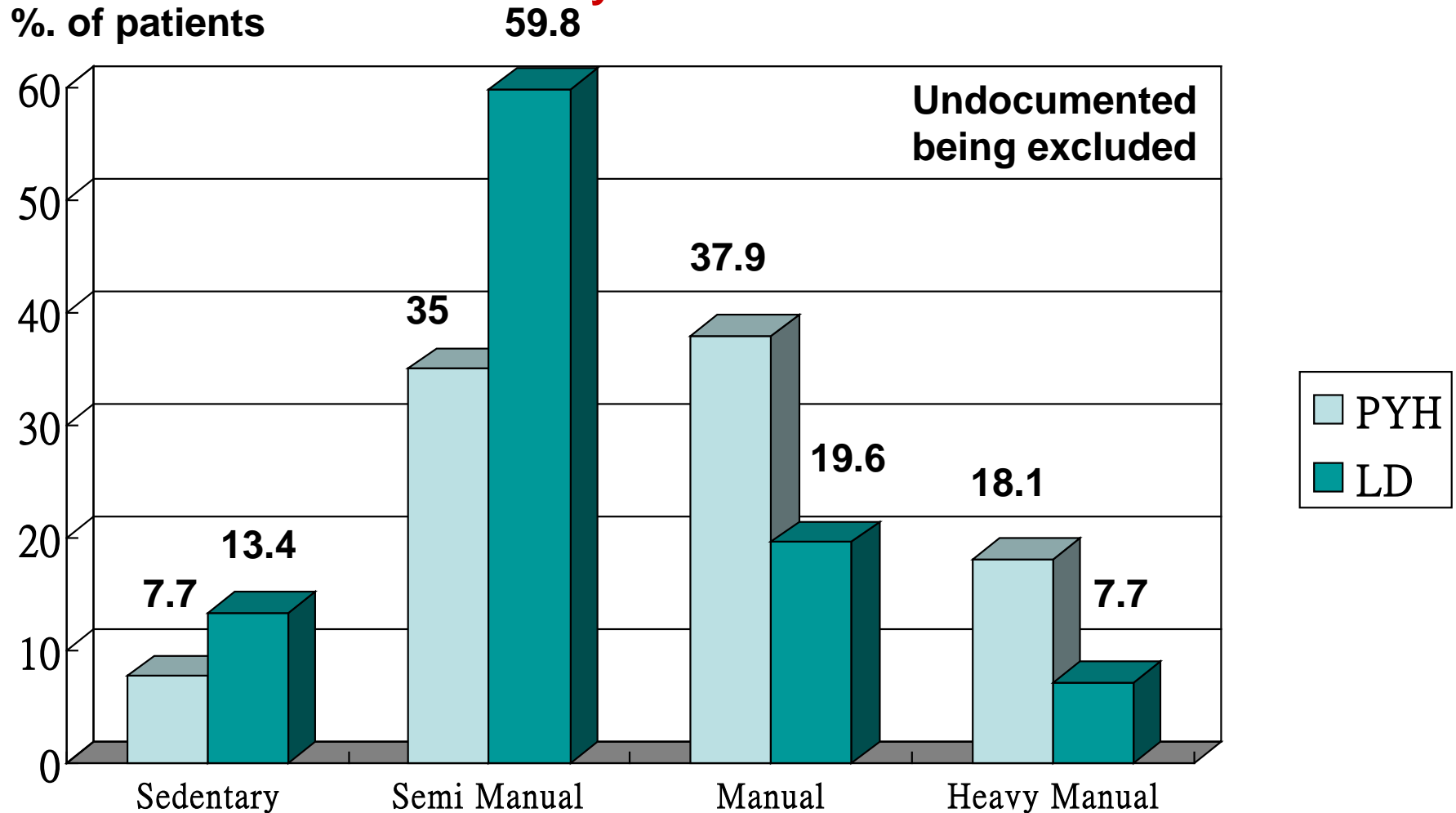
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Other findings at / after OAB

- 45 % are still not returned to work yet at time of OAB
 - Will resume work after OAB
 - Wait till outcome of OAB to decide
 - Looking for longer sick leave
 - Plan to look for new work
 - No actual plan
- 25.6 % - pending an appeal
- 15 % - subsequent legal action

Compared with data from Labour Department in the same year - Work types by %

manual & heavy manual = 56 % Vs 26.8 %

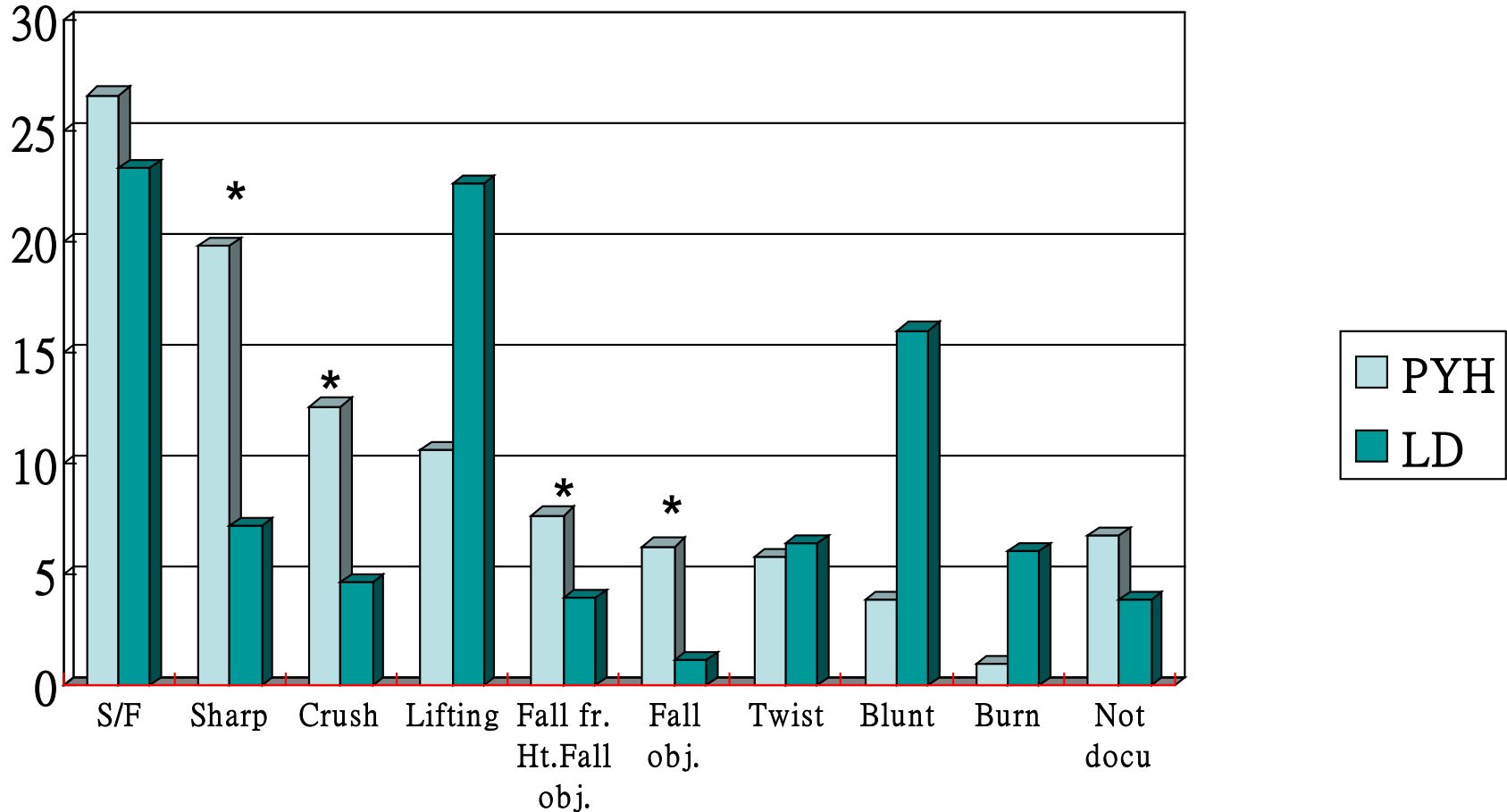


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Pattern of injury by %

more significant injury being managed in hospital
for * groups, 46.4 % Vs 17.1 %

% of patients

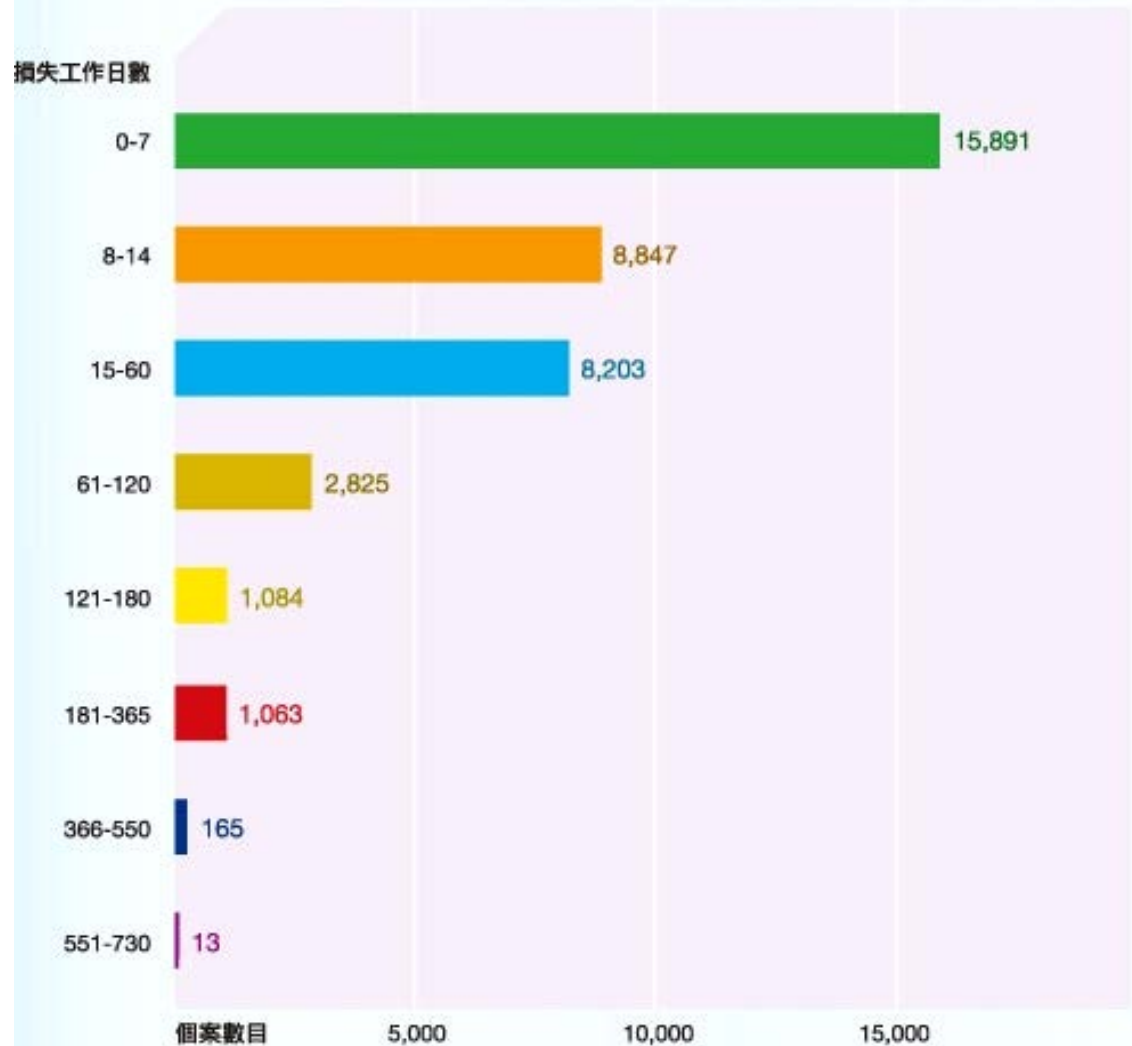


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Median SL

- LD = 10 days
- PYH = 4.3 mths
- More severe injury ?
- Too lenient ?
- Fair quality of care ?
- Long waiting time to clinic ?
- Long waiting time for OAB ?
- Others ?

圖六.五 據二零零八年十二月三十一日所知，在二零零七年呈報並按損失工作日數劃分的僱員補償個案數目*

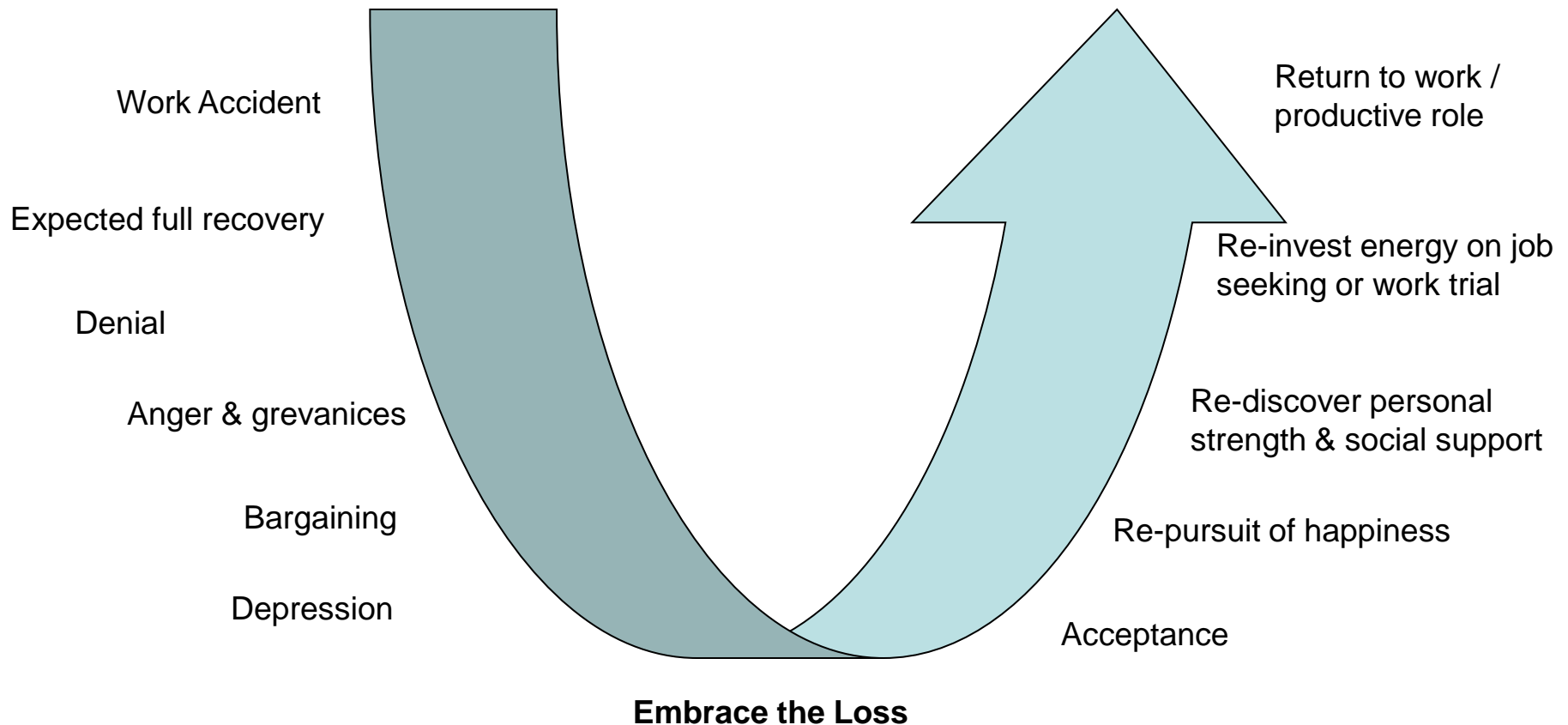


*不包括輕傷個案（即涉及不超過三天病假的受傷個案）。

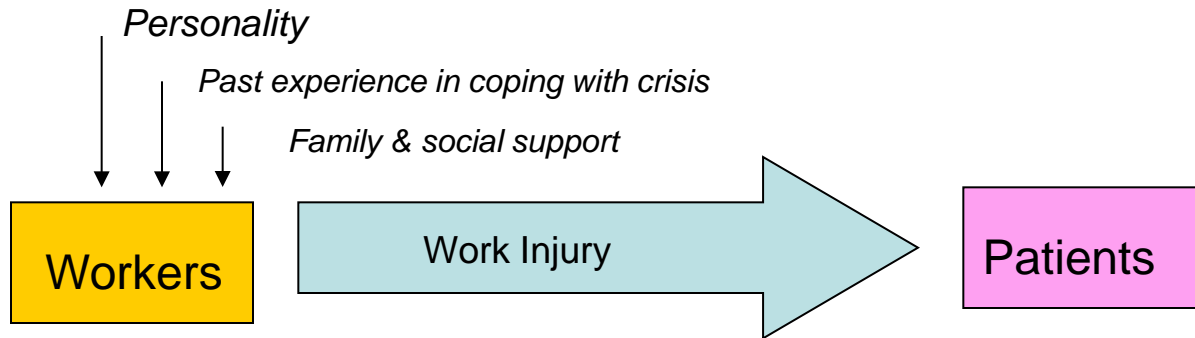
Conclusion

- O&T profession – significant contribution in management of patients with work related injuries
 - Higher proportion of manual work
 - More significant mode of injury
 - Longer sick leave duration
 - Quite a portion – problems not settled even at OAB
- Any room for improvement ?
- Disability management VS clinical management – a new concept to the profession to be explored

Stages of Grief in Work Injury



The Meaning of Work Injury



1. *Physical injury*
2. *Disability & functional limitation*
3. *Financial insecurity \$*
4. *Emotional & psychological trauma and reactions*
5. *Disruption of work identity & self confidence*
6. *Stress in facing uncertainties*
7. *Disruption of career plan and future life plan*
8. *Labor relationship issue*

Orthopaedic care – now more emphasis on Rehabilitation

- Acute treatment – including operations
- Out-patient treatment
- Rehabilitation
- Early referral
- Work hardening
- Pain clinic
- Clinical psychology

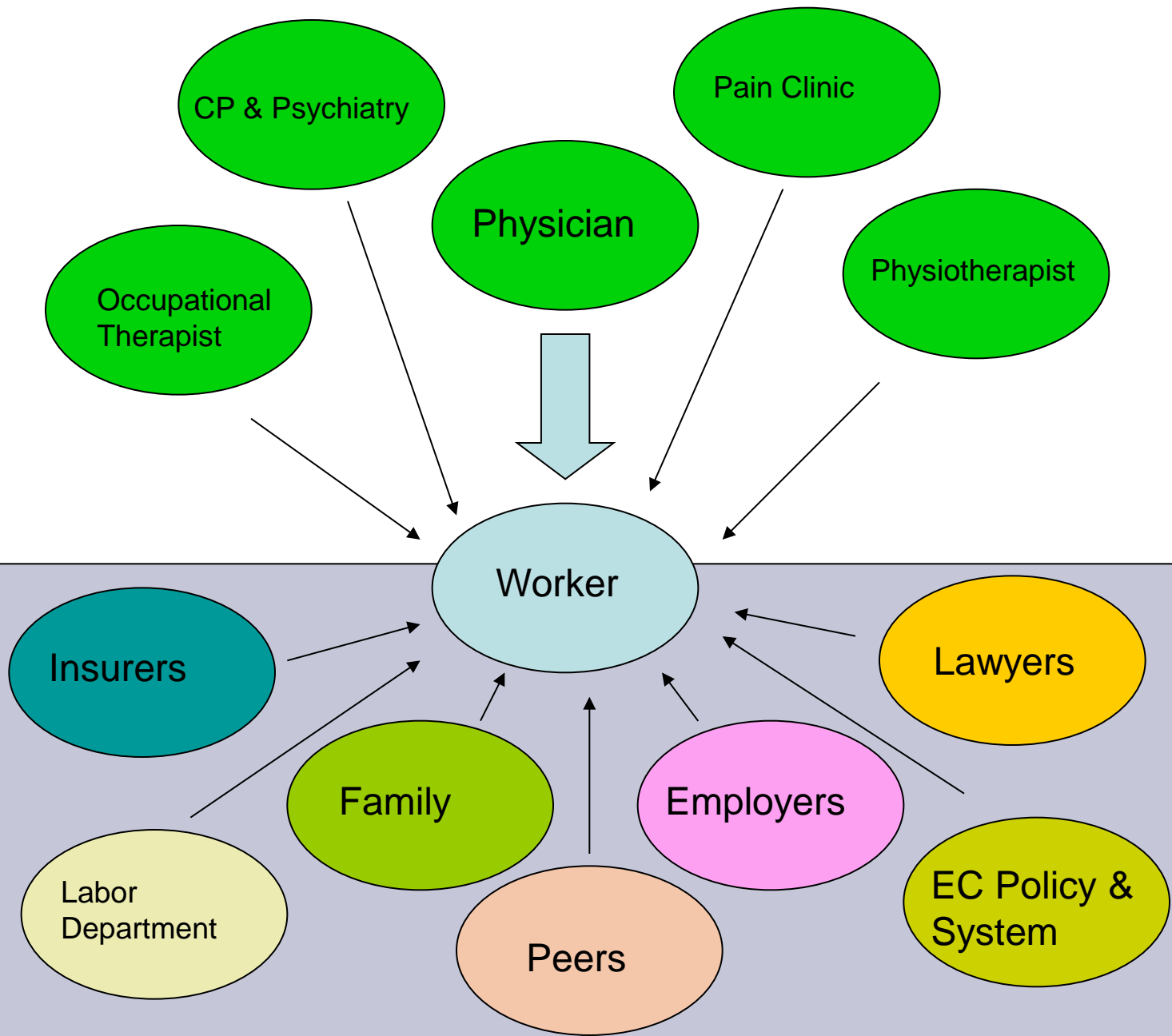


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Some barriers related to recovery

- Injuries and treatment process
- Lack of information related to rehabilitation, return to work and OAB - uncertainty
- Workers' compensation is an entitlement
- Feel lack of job security or become angry over experiencing pain as a result of the injury
- Feel that it is the employer's responsibility to facilitate a successful return to work
- Potential fair communication with employers
- Lack of positive views
- Lack of wider scope or alternate ways
- Others



Stakeholders that Hospitals may not able to manage

- Non-physical conditions of injured workers
- Family Members
- Employer or Supervisor
- Insurance Company
- Lawyer
- Others

Any other ways ?



- Collaboration from community services / NGO outside the hospitals
- Hong Kong Workers' Health Centre – NGO with main focus on service including rehabilitation support to work injury workers
- Member of Community Chest

Previous collaboration – outsourcing

- Education talks in Occupational Therapy Department – introduction about Employees' Compensation Ordinance and Disability Management concept & their service
- Referral of Patients to visit the Centre for Service
- Education Booth during OAB – direct contact to clients waiting for OAB by volunteers from HKWHC
- Findings – low capture rate, intervention may be too late

- **Ways for early & user friendly referrals ?**
- **How about bringing in ?**

Occupational Rehabilitation Consultation Clinic (ORCC)

- Started by 2010
- Allocation of room and consultation quota
- HKWHC staff as registered volunteer to conduct the clinic weekly
- Direct referral by doctors and appointment will be made after clinical consultation
- No need for additional travel to NGO
- Familiar clinical setting – same location
- Fast tract & Free of charge
- By 2012 – additional pathway for direct referral from ward when patients being discharged

Experience sharing

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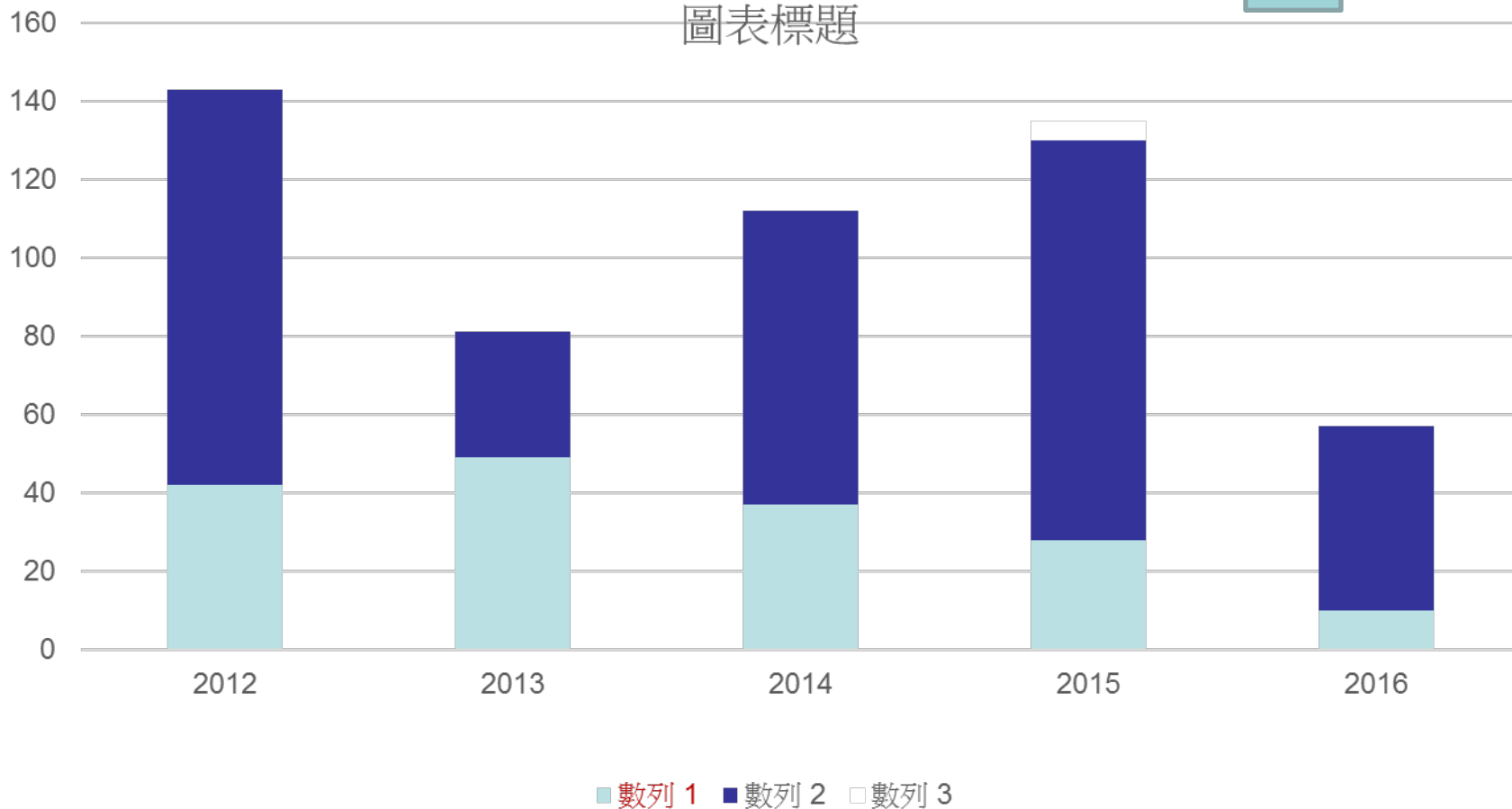
**The result in these years
& room for improvement**

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Annual attendance



圖表標題



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Observations

- A portion of patients captured and benefited from the ORCC service
 - Return to work
 - More positive views
- Fluctuance in referrals
 - Busy clinical work load
 - Community partnership culture not consolidated
 - Change of staff and lack of information about ORCC and disability management

Potentials

- Regular orientation in Department – about the service and disability management
 - Medical staff and nursing team
- Expand source of referrals
 - Direct referrals from Occupational Therapy and Physiotherapy Departments
 - Explore collaboration with Accident and Emergency Department
 - Consider other collaboration models in other HA hospitals

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- A direction to go
- Further collaboration models
- How about expanding to other patient groups
- Thanks to HKWHC, nursing team and medical staff

Thank You

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