



# Injury Management Program

Tasmania



**Don't go it alone**



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# Injury Management Policy

## Statement of commitment and objectives

Guild Insurance Limited (Guild) is committed to the appropriate and effective injury management of the injured worker.

The primary objective will always be to return a worker to pre-injury health and employment in a timely and safe manner following a workplace injury. Ideally this will be achieved at the workers own workplace however if this is not achievable Guild will support rehabilitation in another, appropriate environment.

Guild will implement procedures to support our Injury Management Program which will promote the health benefits of work and support the Clinical Framework for the Delivery of Health Services.

Guild is committed to developing, implementing and maintaining and reviewing an Injury Management Program. This program is developed to ensure that it provides comprehensive quality injury management to the following:

- > Injured workers
- > Employers
- > Medical Practitioners
- > RTW Coordinators

## Statement of roles and responsibilities

For the program to be effective the following parties may be involved in the injury management process.

- > Injury Management Coordinator
- > Employer
- > Workplace Rehabilitation Provider
- > Injured Worker
- > Primary Treating Medical Practitioner
- > Allied Health Providers
- > RTW Coordinator

The definition of each party's contribution to an effective RTW is outlined within the IMP glossary

## Policy to be appropriate to the nature and scale of the organisation

The Injury Management Program (IMP) will be circulated to all Guild Workers Compensation policy holders. Because of the adoption of the IMP, injured workers can expect:

- > A return to work process is commenced as soon as practicable and that return to work is a normal expectation.
- > The provision of suitable duties (wherever possible), as part of the RTW process. Such duties should be specified in a RTW and injury management plan.

- > That participation in the IMP will not, of itself endanger job security.
- > A forum where consultation with relevant stakeholders can ensure the effective operation of the IMP.

## Consistent with relevant injury management legislation

Guild is committed to developing, implementing and maintaining and reviewing an Injury Management Program that supports the relevant injury management legislation.

## Policy to be reviewed regularly

Guild is committed to continuous improvement. The IMP will be reviewed annually, and any alterations will be made to ensure its effectiveness and its compliance with current legislation.

# Management of Employer Injury Management Programs

## Policy

- > Guild will assist and support any of its policy holders who wish to develop their own IMP.
- > Guild will ensure that any employer IMP is consistent with its own IMP.
- > Guild has procedures to coordinate and manage the process, and which define roles and responsibilities, communication, education, information management, monitoring and reviewing, and non-compliance issues.

## Assist employers to develop IMP

Where any employer policy holder wishes to implement their own IMP, Guild will meet with the employer to discuss the requirements of the *Workers Rehabilitation and Compensation Act 1988* regarding the proposed IMP and will give the employer a copy of its own IMP. Guild will explain to the employer that they must produce a draft IMP that contains all the matters addressed in Guild's IMP, and that always they must operate within their IMP. Guild will then assist the employer to develop their IMP.

## Ensure employers operate within the IMP

Having checked to see that the employers IMP is consistent with its own IMP, Guild expects that all employers will operate within their IMP. To ensure this happens Guild will liaise with the employers IMC (if appointed) or employer representative to regularly monitor compliance and will require the employers IMC to monitor the operation of the IMP; reporting any breaches or non-compliance to it.

At time intervals chosen by it, but at least once every six months, Guild will audit the employers for compliance with their IMP. All employers will be informed of the requirements at the time of renewal of the policy and at the time of approval of the draft IMP or its subsequent amendment. As set out in paragraph 2.5 all employers are required by Guild to review their IMP annually and to report to Guild on the outcome of the review.

Information requested by Guild from the employer in this process shall be in the form of emails, letters and/or faxes.

## Manage the assessment and approval of IMP

Guild will assess the employers draft IMP for compliance against the requirements of the Program. If the draft program requires alternations, Guild will identify these in writing to the employer and will support the employer to achieve the changes.

Guild will approve the employers IMP when it is satisfied that the draft employer IMP satisfies the guidelines for an IMP and is consistent with its own IMP. Guild will notify the employer in writing when it has approved the IMP.

Where the IMP is amended by the employer, on review or otherwise, the amendments will be communicated in writing by the employer to Guild who will indicate to the employer that the amendment is in accordance with the guidelines.

It will be the responsibility of the employer to submit the draft IMP to be approved by Guild. This also applies to post approval amendments to the program. Guild will inform the employer in writing when approving the program that this is their responsibility.

## Ensure employers educate and promote IMP

Employers will be encouraged to educate and promote the IMP. Guild will monitor this via:

- > A request for evidence of education or promotion of the employer's IMP in the workplace.
- > Assessing the effectiveness of the implementation of the IMP instigated by the employer when rating the policy for renewal.
- > Assisting employers with information and strategies for the dissemination amongst their employees and addressing such issues as distant or dispersed workforces, disability and language issues, effective communication, and feedback processes.
- > If Guild becomes aware that there may be non-conformance with the employer IMP it will immediately raise the issue with the employer in writing requesting the employer discuss the matter with them or respond in writing. Guild may report this non-conformance to the WorkCover Board.

## Ensure employers regularly review and maintain IMP

Guild will require the employer to review its IMP annually and will require the employer to report to it that it has reviewed the program and specify the outcome of the review. This requirement will be communicated in writing to the employer at the time of approval of their IMP.



# Information Management

## Ensuring full disclosure of and access to information

Guild will make available to all stakeholders all information regarding their IMP. This will include information regarding the parties involved, rights and responsibilities, Injury Management and general Workers Compensation claims procedures. Documents will list all available services such as the Worksafe Tasmania helpline and Worker Assist contact details. Guild has information packs which includes this information which will be distributed to all employers in hard copy and will also be available upon request. Injured workers will also be provided with this information upon lodgement of the claim either electronically via our website or by hard copy if requested.

Guild will provide when necessary information in languages other than English and will also provide interpreters as requested.

Guild will ensure that confidentiality is maintained. Guild will maintain a document control system that identifies to whom confidential information will be made available, and guidelines for this process.

Those parties who may be involved include;

- > Guild Insurance
- > The insured employer
- > Injury Management Coordinator
- > Occupational Rehabilitation Provider
- > Primary Treating Medical Practitioner
- > Independent Medical Examiner
- > Any investigation firm acting with authority to represent Guild Insurance
- > Law firms acting on behalf of and with authority given by Guild Insurance
- > Any person authorised by the worker to assist them with the claims process

Guild will complete the necessary checks to ensure we have obtained all relevant authority to exchange information. This includes confirmation of authority within both the claim form, the medical authority provided on all current workers compensation certificates and any other relevant confidentiality release forms.

Clear guidelines will apply to managing requests for authorization and all parties able to access and change information. All requests to access information must be made in writing to Guild directly and changes to information will also be confirmed in writing to all relevant stakeholders.

Guild will work in conjunction with and adhere to the national privacy legislation, being that of the Privacy Act 1988. All staff dealing with workers compensation matters are proficient in interpreting the Act and are required to undertake refresher training on a regular basis.

## Ensure accurate and consistent information

Information will be reviewed half yearly to ensure it is accurate and reflects any updates to relevant legislation such as travel rates or any changes to the legislation. This will be undertaken by Guild's Workers Compensation representative and will be signed off by the National Workers Compensation Claims Manager. This will also be included and checked as part of the internal Audit Process. A reminder is set that these actions are to be undertaken at the end of March & September each year. Annual reviews will also be undertaken on all programs and a document control list will ensure that each document check is carried out and will keep a record of the date to ensure all information is consistent and current.

# Communication Management

## Communication

Guild Insurance is committed to promoting honest and open communication between all parties involved. All policy holders will be advised of our commitment at the time of commencement of a policy and at renewal. Guilds key claims contact will be the Tasmanian Case Manager who will manage day to day contact for claims stakeholders.

Our aim is to promote the benefits arising from early reporting of injuries and how it helps in gathering information and the effective management of the injured worker. It also assists Guild Insurance to more effectively assist in the workers recovery towards a positive outcome.

A communication chart will be supplied which clearly outline how communication will be managed by Guild. The document will identify the main goals outlining it is essential for the information to flow freely between all parties involved in the claims process.

Communication in plain English will be in both oral and written forms where appropriate for both ease of access, convenience and clarity to ensure that information is easily understood.

Where appropriate, interpreting services will be made available to ensure the stakeholder is able to fully understand any claims related communication.

## Communication with key parties

Guild Insurance has devised a flow chart which will clearly and easily identify all points of contact and clarify timeliness to be adhered to by all parties. This flow chart will be distributed as part of Guild's information pack regarding the implementation of the injury management program. It will be provided on renewal and again at the time of claim lodgement.

**FLOW CHART PROCESS:** Obligations and points of contact which will be provided in a document upon lodgement of a claim.

### Injured worker:

- > Has 6 months from the date of injury to lodge a claim on their employer however notification should be as soon as practicable to the employer as unnecessary delay by a worker in lodging a claim could trigger the claim dispute process.
- > Guild Case Manager will contact the injured worker within 3 business days upon receipt of a notification of injury.

### Employer:

- > Must contact Guild within 3 days, verbally or in writing to notify of an injured workers claim.
- > Once in receipt of a Workers Compensation Claim Form, the employer must notify Guild as soon as practical and return the form within 5 working days.

### Insurer:

- > Once advised by the employer of a pending claim, the appropriate claim form must be sent via post on the same day.
- > When the fully completed claim form has been received, the claim is to be lodged and allocated a claim number within 24 hours of receipt.
- > Guild must appoint an IMC within 2 working days of lodgement of the claim and registration if incapacity is likely to be more than 5 days.
- > Guild must advise the employer verbally of the appointment of the IMC as soon as one has been appointed (if unable to make verbal contact written advice must be issued). Guild will also verbally contact the worker regarding the appointment of the IMC. These discussions will be followed up in writing confirming the reasons for referral, details such as IMC name, role and contact details of the IMC referral.

### IMC:

- > To establish contact with the injured worker, employer and treating practitioner (if no WRP involved) all within 2 working days.
- > Appoint WRP within 3 working days if necessary.
- > Contact Guild within 5 working days to confirm initial contact has been made with all parties.
- > Report to Guild on a fortnightly basis with updated information on the progress of the injury management process.

### WRP:

- > Where appointment of a WRP is required the IW is to be provided a choice of provider. If the worker has no preference Guild may nominate one.
- > Guild or the WRP should ensure that the worker is notified verbally of the appointment details, WRP role, contact details and the appropriate person to notify should a dispute or issue arise.
- > An IMC will be appointed in accordance with legislative requirements. Currently the *Workers Rehabilitation and Compensation Act 1988* (the Act) requires an IMC to be appointed if there is or likely to be more than 5 working days of incapacity.
- > Report to the WRP within 5 working days that contact with relevant parties has been made.
- > Notify the Primary Treating Medical Practitioner of their involvement in writing with 5 working days.
- > Report to WRP on a fortnightly basis with updated information on the progress of the claim – (short written report is sufficient).

# Communication Management

## Points of contact for all parties during claims process

### Injured worker:

- > RTW, Treatment, and Rehabilitation enquires to be directed to Guild's Case Manager as first point of contact who can then raise with the external IMC or WRP if applicable.
- > All administration queries such as travel, treatment or medical reimbursements can be made directly to Guild's Case Manager.
- > Any issues/problems/concerns relating to dealings with the IMC, WRP can be directed to Guild's Case Manager.

### Employer:

- > RTW, Treatment, and Rehabilitation enquires to be directed to Guild's Case Manager as first point of contact who can then raise with the external IMC or WRP if applicable.
- > All administration queries such as wage reimbursement/ queries, excess payments, legal/investigation matters are to be directed to Guild's Case Manager.
- > Any issues/problems/concerns relating to dealings with the IMC, WRP can be directed to Guild's Case Manager.

All communication with stakeholders will be file noted in the claims system used by Guild as evidence for audit purposes and for transparency of activity on the claim. Records will be kept of the claim file and IMCs and WRPs will be asked to keep a record of any formal communication that occurs between stakeholders and fortnightly reports from each will be noted for audit purposes.

Guild will utilise an internal audit document and program of Quality Assurance that will clearly assess the appropriateness of the communication with all parties throughout the life of the claim. This audit process will review any written documentation (including documented evidence of verbal communications for;

- > Grammatical correctness
- > Clarity
- > "Readability"
- > In plain English
- > Non-threatening language

File selection for audit purposes will be identified in the audit process document. The audit outcome will be kept and utilised for improvement in claims management practices. Any issue that requires addressing will be identified and actioned.

Examples:

- > **Initial Claim advice** from employer's representative may be verbal advice. This must be done within 3 days of receiving a claim from the worker. This will allow claim forms to be

provided in a timely manner. Any verbal communication will be documented on the claim system as will any provisions of forms to the employer.

- > **Claims form issued to employer:** Claim form to be issued with covering letter (written document) on the same day the claim was notified to Guild.
- > **Acceptance/disputation of claim:** The employer and the worker will be contacted verbally about the decision and this will be confirmed in writing.
- > **Initial Contact: Employer & Worker:** As claim status has been communicated via written communication - at this point insurer is to verbally contact both parties to advise claim status and discuss process and obligations. This is to be documented on the claims system.
- > **Primary Treating Medical Practitioner:** written correspondence for initial contact by the IMC - any conversations would be documented on the claims system.

All requests for medical reports, investigations and legal representation will be requested in writing.

As part of an annual review, Guild Insurance is reviewing documentation that is currently used to communicate information to all parties; to ensure they are informative and easy to understand. Guild will ensure that all obligations under the Act are clearly defined including any penalties that may be enforced; however Guild will ensure all communication is conveyed in a non-threatening manner.

Guild is to utilise the escalation process as detailed below to address a workers queries or concerns. This flowchart indicates to the worker which person will be the initial point of contact and the process that the complaint will take if it cannot be resolved at an early stage. Time frames for issue resolution are in line with Guild's internal dispute resolution policy and all communication during this process is to be recorded centrally and on the claims system and if unable to be resolved in of itself or it is not resolved in a timely manner will be escalated if necessary.





# Communication Managment

All matters of concern will be responded to in writing, addressing the nature of the concerns raised and any proposed steps that can be taken to address and resolve the matter.

Please note this resolution process is only to extend to non-tribunal matters.

## Interpretation service

If interpreting services will need to be made available, Guild will organize an external provider to assist and ensure all aspects of the injured workers claim and injury management are fully explained.

# Role of the Injury Management Coordinator (IMC)

The IMC will be responsible for coordination of the injury management process. Guild insurance has one trained IMC on staff; however, it is our practice to outsource the role to selected appropriately trained persons when required due to either location or complexity. These persons will be pre-identified by their experience, effectiveness and efficiency.

## Roles and Responsibilities of the IMC

The role and responsibilities of the IMC will be (as set out in the Act) as follows:

1. An injury management co-ordinator is responsible for co-ordinating and overseeing the injury management in respect of the worker assigned to the co-ordinator under section 143B(2) or (3).
2. An injury management co-ordinator, so far as is reasonably practicable, is to ensure that:
  - a. Contact is made with the worker, the employer and the workers Primary Treating Medical Practitioner, as soon as practicable after the worker is assigned to the co-ordinator under section 143B(2) or (3); and
  - b. Injury Management Plans (where incapacity is greater than 28 days) and return to work plans (if the incapacity is likely to exceed 5 days) in relation to the worker are developed, reviewed, modified, and implemented, as agreed with the worker or determined by the Tribunal; and
  - c. The work capacity of the worker is regularly reviewed and options for the works retraining or redeployment are investigated and arranged; and
  - d. Arrangements made for the rehabilitation of the worker so that the worker returns to work as soon as is possible and appropriate; and
  - e. If required, workplace rehabilitation providers appointed; and
  - f. The following persons are involved in the management of the works injury and return to work:
    - i. The worker, the workers employer and the employers insurer;
    - ii. The Primary Treating Medical Practitioner and other Primary Treating Medical Practitioners; and
  - g. The following persons are, if necessary or desirable, involved in the injury management of the workers injury:
    - i. Workplace rehabilitation providers;
    - ii. The return to work coordinator;
    - iii. Supervisors and line managers;
    - iv. Allied health professionals; and
  - h. Medical information is collated; and

- i. Relevant documentation is maintained; and
- j. Attempts are made to resolve disputes in relation to injury management in respect of the worker, including, if the co-ordinator thinks fit, by arranging or providing informal mediation; and
- k. Information on injury management is provided to the worker and the workers employer; and
- l. Any other duties that are prescribed in the Act.

In addition, the Guild appointed IMC will provide written information to the RTWC (if appointed) outlining the RTWC's role and responsibilities in relation to the injury management process.

Where incapacity exceeds a continuous period of 6 months, the IMC is to ensure that an injured workers capacity for work is assessed including consideration of modifying the IM Plan, and possible retraining and redeployment options. An assessment should be conducted at 6 monthly intervals until the claim is finalised. Where medical evidence indicates that a return to the injured workers pre-injury job is highly improbable, the IMC is to ensure that measures are taken to review, consider and implement appropriate retraining and redeployment options.

## Skill and knowledge of IMC's

Any IMC's appointed will have, and be able to produce, a current Statement of Attainment from a Registered Training Organisation for completion of the prescribed course of training for an IMC.

Guild expects that their IMC have extensive experience in:

- > Injury management (including the understanding and use of correct medical terminology).
- > Effective communication skills.
- > Exceptionally clear and concise report writing.
- > Dispute resolution and mediation skills.

Based on current employer numbers and size, claims history and resources, Guild Insurance will continue to use WRP's who have a qualification and registration as an IMC.

## Ensure the Identification and Provision of Training Requirements

Guild expects and ensures that all IMC's appointed to have completed the approved a course of training that reflects the knowledge and skills identified as being required to perform the role of the IMC, as required by WorkCover Tasmania. Guild will ensure all appointed IMC's meet the minimum requirements for accreditation and competency set by WorkCover Tasmania.

# Role of the Injury Management Coordinator (IMC)

## Manage the appointment process

An IMC will be appointed in accordance with legislative requirements. Currently the *Workers Rehabilitation and Compensation Act 1988* (the Act) requires an IMC to be appointed if there is or likely to be more than 5 working days of incapacity.

Guild will support its employer clients who wish to appoint their own IMC. In addition to information supplied to them as a new client, any such employer will be informed of that right at the time of claim lodgement, with Guild providing information to the employer to enable them to understand their role and responsibilities. Guild would monitor the effectiveness of any employer IMC and will discuss with the employer any non-compliance. Where the employer IMP is non-compliant Guild will appoint its IMC to liaise with and work with the employer IMC to resolve the non-compliance, and will amend the injury management plan to reflect the agreed outcomes.

Subject to these procedures, the appointed IMC will always be acting on behalf of and with the express authority of Guild Insurance and or/employer and subject to any conditions imposed by the IMC Appointment Form. Guild reserves the right to vary the appointment at any time and to modify or withdraw such AUTHORITY. The appointed IMC is obliged to carry out the roles and responsibilities set out in 5.1 (unless otherwise agreed) and to report to Guild Insurance any issues affecting the proper injury management of the worker. The IMC is accountable always for their actions.

## External IMC Monitoring

The appointed IMC will perform to a standard set by Guild. In performing the roles and responsibilities set out in 5.1 the IMC will always act ethically, promptly, professionally, and responsively. Where Guild decides that these standards are not being met it will request in writing, that the IMC address any non-compliance issues. If non-compliance continues then according to the terms of the Appointment Form, Guild reserves the right to terminate the Appointment.

Guild has a comprehensive list of requirements and expectations which relates to skills and knowledge for their IMC. The expectations adhere to Section 143C which has been revised under the Act to include the role of the IMC.

IMC's will be expected to liaise effectively with all stakeholders, including: Injured Workers, Employers, Insurers, PTMP's, Medical Specialists, WRP, Allied health professionals.

IMC's will also work within all legislated timeframes set out under the Act.

# Role of the Workplace Rehabilitation Provider

## Role, Responsibilities and Duties of a WRP

The role of the WRP is as follows: –

To provide a quality return to work regime for the injured worker including, but not limited to the following: –

- > Coordination with the IMC and insurer on the development of Injury Management Plans and Return to Work plans.
- > Monitor RTW and RTW plans in conjunction with the worker, the employer, the workers doctor, and the IMC.
- > Visit the workers workplace to select suitable duties for the Plan in conjunction with the worker and the employer.
- > Visit/contact the workers Primary Treating Medical Practitioner with the worker to discuss capacity for work and the restrictions applicable to that capacity, as well as to establish communication lines and possible suitable duties.
- > Liaise regularly with the injured worker and if necessary with their family.
- > Liaise regularly with the worker's supervisor or workplace nominated contact, the employer and the rehabilitation coordinator.
- > Meet or discuss regularly with the workers Primary Treating Medical Practitioner to discuss duties, capacity and progress. This should happen at a minim as each certificate expires and the worker revisits the doctor.
- > Report at regular intervals to the IMC and Guild on progress with the Plan.
- > Maintain regular communication with all parties.
- > Monitoring of the Return to Work or Injury Management Plan and amendment of the Plan where necessary as a result of change in capacity, availability of duties, change in circumstances, or change of direction.
- > Assess progress; and
- > Where necessary make recommendations to the IMC concerning on-going services which would assist to maintain progress.

These objectives will be part of the service level agreement that will be expected of WRPs operating on behalf of Guild Insurance.

## Skills and Knowledge of a WRP

Guild will keep a register of WRPs that it uses regularly and whom it has checked for accreditation and qualifications. Guild or its IMC or any employer IMC, will not use a WRP unless that WRP has current accreditation with the WorkCover board. As some services provided by a WRP are deemed specialised, the WRP will need to provide qualifications to support that specialisation (i.e. functional capacity evaluation or vocational assessment).

## Selection and Referral Process

Guild may appoint a WRP where it considers it appropriate and necessary. Where the IMC considers that a Workplace Rehabilitation Provider should be appointed it will liaise with Guild and they will mutually agree on a suitable appointee. Guild will utilise the Boards guidelines for the referral to WRPS when this is developed. The injured worker will be consulted in the appointment of the WRP to clarify and explain the reasoning for the referral. Where rehabilitation is indicated by the medical evidence as appropriate the IMC or Insurer will nominate a preferred WRP and the injured worker is informed that they have the right to object to the preferred choice and nominate an alternative WRP. This will be reviewed when and if the WorkCover Board issues guidelines pursuant to Section 143 O of the *Workers Rehabilitation and Compensation Act*.

## Referral Process

Guild will notify all stakeholders, Injured Worker, PTMP, Employer of the referral to an external WRP. Guild expects each WRP to perform to the standard required by it to discharge its function efficiently, effectively and responsibly. These standards will include:

- > Initiate contact with Employer & Injured Worker within 3 working days (verbally).
- > Report to IMC within 5 working days that contact with relevant parties has been made.
- > Notify Treating Practitioner of their involvement in writing within 5 working days.
- > Report to IMC with updates on a fortnightly basis – short written report is sufficient.

## Managing and Monitoring External Service Providers

Where Guild uses another type of external service provider the following procedures apply: –

- > The external service provider will be used to assist in the management of the workers injury based on necessity and reasonableness.
- > The IMC or WRP will notify Guild of the need to consider an external service provider and the reasons why. This will be discussed with the employer; worker and workers doctor, and together with Guild agree the type and length of such service. The final decision rests with Guild.
- > Guild may itself decide to use such a provider and will notify that to the IMC and will discuss that with the worker, their doctor and the employer.

# Role of the Workplace Rehabilitation Provider

- > External service providers are responsible to Guild for a professional, timely and effective provision of service. Guild will use that standard to measure their performance. It will discuss performance with the provider where it considers it necessary.

The WRP will be expected to possess many of the same attributes expected of the IMC with regards to communicating effectively, using correct terminology and having the ability to mediate effectively between stakeholders. Guild will audit performance by obtaining feedback from the IMC and/or the worker.

Where the IMC or Guild is aware of non-performance issues or issues of concern to the worker it will immediately address those issues with the WRP. Where this is not satisfactorily resolved Guild, or the IMC will terminate the services of the WRP, and provide the worker the option of another WRP.



# Mechanisms to Facilitate Early Reporting & Intervention of Injuries/Claims

## 7.1 Early Reporting

### Mechanisms of Recording and Reporting Injuries

Guild Insurance will advise all policy holders that they are required to record and report a work place injury. Guild provide various methods available to employers to report injuries.

This injury must be reported to Guild via email, fax, phone or online portal within 3 working days of the employer becoming aware of the injury and intention to make a claim. Guild Insurance's preference of submission of the notification is through the online portal available on the Guild Insurance website, to allow quick and accurate lodgement. This information plus the consequences of non-compliance which are outlined in Section 36(1AA) are included in relevant documentation and reiterated during the training and education. If employers fail to comply with Section 36(1AA) then written notification will be sent again outlining their obligation under the Act and their failure to comply and that Guild Insurance is not liable to indemnify the employer for payments made for the relevant period. Guild will decide based on the claim if this will be enforced.

Guild provide access for employers to notify claims online via a portal and upload claim documents immediately after being notified of an injury. This allows early reporting of injuries and potential claims and allows Guild to commence management of the claim and communication within 24 hours of being notified.

### Information to provide online

- > Insured/Employer name
- > Policy and Account number
- > The reporter's personal contact details
- > The date that the injury occurred on
- > The address where the injury occurred
- > A detailed description of the incident that caused the injury
- > Details of the injured worker including contact details, DOB, residential address
- > Details of any medical attention received by the worker e.g. Name of Hospital or Doctor that the injured worker attended
- > Any documentation e.g. Medical certificate, Incident form, claim form etc

Once the portal is complete the notifier will receive a unique claim number via email. Guild's Case Manager will be assigned to manage your claim and they will contact the notifier within 3 working days regarding the next steps.

### Providing Training to Employers

Throughout the course of the relationship between the employer and the insurer, Guild regularly advises employers to encourage their employees to be aware that early reporting is in their best interests as it is critical to minimising the injured workers rehabilitation and associated claims costs and reducing the time off work.

Guild Insurance is aware of our obligations to provide all employers/policy holders with information regarding the Injury Management Programme (IMP), as well as all changes to Legislation. In addition to providing our insured employers with a hard copy information kit, we utilise our unique face to face review system to assist us in clarifying any issues that may require it.

Guild's Regional and Business Manager undertake face to face reviews with most of policy holders prior to renewal each year. It is our intention to make the IMP part of the review process in which we can advise employers of the importance of the changes to process and legislation and their need to have made themselves familiar with their new obligations under the Act. If the Employer has a query and it cannot be answered at the time it will be passed on to the Workers Compensation Case Manager who will contact the employer to discuss. An employer will be asked if they have been through the documentation, both at the time of review and as part of the signed declaration questions they answer upon each renewal.

As well as updating policy holders on renewal and at claim time, depending on the importance of an issue, email updates to employers may become a business practice also.

### Early Reporting of Claims

Guild supports and encourages our policyholders to report injuries in the workplace early to assist with the facilitation of a safe, durable and timely return to work. Employers are educated and advised in writing of their obligation to notify Guild within 3 working days of the receipt of the claim. Should this not occur Guild may not be liable for weekly payments in line with Section 81 of the *Workers Rehabilitation and Compensation Act 1988*.

### Corrective Action for Late Submissions

In the event of non-compliance, Guild will notify the policy holder, and again remind them of their obligations and detailing why early notification is important. Guild will seek their written response outlining the reason for their non-compliance. If required, legislation allows Guild to notify WorkCover Tasmania then we will use this correspondence to advise the employer of our need to report the matter.

Guild currently has internal guidelines that ensure all claim forms are fully completed and accurate (see claim procedure manual) to assist with the early intervention strategies that are put in place following early reporting of injuries.

# Mechanisms to Facilitate Early Reporting & Intervention of Injuries/Claims

## 7.2 Early Intervention

### Once notified of a claim Guild will:

- > Advise the employer of the necessity to provide the completed Claim Form and completed Employers Report to Guild within 5 working days.
- > Immediately investigate the need for rehabilitation for return to work and injury management plan.
- > Inform the worker and employer of the appointment of the IMC/rehabilitation services.

Where appropriate and if necessary Guild Insurance will endeavour to send a representative to visit the policyholder to obtain or assist in the completion of any required documents relating to the claim lodgement of an injured worker.

If disputing the claim, Guild will ensure that the worker is served with a notice specifying why the expense is unreasonable or unnecessary, notify in writing the service provider that liability is disputed and why, and refer the matter to the Tribunal.

### Development of intervention strategies

Guild take an open and collaborative approach in supporting employers in implementing RTW strategies and interventions on claims. Consultation will occur with all relevant stakeholders including the Employer, Injured Worker and Primary Treating Medical Practitioner. (PTMP) This will occur during the time of obtaining the necessary claim documentation for a claim ie completed claim form and medical certification. If medical investigations are required these will be reviewed and determined in conjunction with IMC and/or rehabilitation services if applicable.

### Manage key contact points with key parties.

Once Guild is notified by an employer of an injury Guild will:

- > Ensure the employer has provided the prescribed notice to the injured worker advising them they may claim Workers Compensation in relation to the injury, and if necessary will request a copy.
- > Discuss the steps to facilitate early and appropriate medical care.
- > Discuss the provision of without prejudice rehabilitation services following injury.

### Administer Provisional Payments

Where the employer is not liable to pay compensation or has not accepted liability to pay compensation, or has been determined by the Tribunal not to be liable to pay compensation, for the workers injury and where Guild receives a claim for payment for an expense under Division 2 of part VI of the Workers Rehabilitation and Compensation Amendment Act 2009 and the amount of the expense when combined with the amounts already paid in relation to expenses for the workers injury is not more than \$5,000 Guild will either pay the expense or dispute it.

# Medical Management

## Primary Treating Medical Practitioner (PTMP)

Guild acknowledges that the Primary Treating Medical Practitioners play a crucial role in the recovery, successful medical rehabilitation and effective and sustained return to work of an injured worker. A Primary Medical Practitioner is the practitioner chosen by an injured worker to participate in the injury management process. An injured worker has the right to choose his or her Primary Treating Medical Practitioner.

In this role medical practitioners have many responsibilities. These may include:

- > Diagnosis, ongoing care and treatment of the injured worker
- > Referral and coordination of appropriate specialist services – e.g. medical and allied health
- > Completion of Workers Compensation medical certificates
- > Determination of appropriate work restrictions and the selection of suitable duties
- > Participation in the development of Injury Management and RTW Plans
- > Provision of medical reports when requested

All medical information which is to be released to the injured worker will be attended to by the Primary Treating Medical Practitioner upon written authorisation from Guild. A record will be kept up to date in the claims system which will track dates and reports relating to this information.

Guild will monitor the timeliness of medical appointments, referrals to specialists and treatment provision etc through review of current certification via Workers Compensation medical certificates. This will allow tracking of the periods of certification but also ensure ability to plan progress reviews of an injured worker. Medical certificates should only provide for a total incapacity of a maximum of 28 days. If longer periods are deemed necessary by the practitioner, they must provide reasons to support such certification and provide an appropriate review date. This information will be file noted on the claims system and further information requested if required.

If a worker decides to change their Primary Treating Medical Practitioner during the claim, they need to advise their employer and Guild Insurance of the new doctor as soon as possible. The worker may be required to provide authority to release medical records relating to their injury to the new primary treating medical practitioner. It is an expectation of any appointed IMC that monitoring of medical appointments will occur and any concerns communicated to Guild and all relevant stakeholders.

Effective communication with treating practitioners is vital to achieve productive rehabilitation of an injured worker. Guild utilises a “3 point contact” system on all its claims (see claims procedure manual). This process ensures contact with the Primary Treating Medical Practitioner within 3 days of receipt

of the claim and initial certificate. It is to be noted that although contact with the Primary Treating Medical Practitioner is always a priority, contact with other treating practitioners is also pursued i.e. physiotherapist, psychologist etc. If contact is not successful, the reason is documented in the file.

Contact discussions will include the following and are comprehensively documented on file via a file note in the claims system:

- > Confirmation of certification;
- > Referrals for diagnostic investigation or specialist referrals;
- > Diagnosis and prognosis – treatment plans;
- > Rehabilitation planning.

Any assessments or treatments, provided by treating practitioners and/or specialist practitioners can be useful and important information. Reports will be requested by Guild or the IMC on an as needs basis as this information and feedback may be essential in the ongoing rehabilitation of the injured worker and to assist future planning and/or decision making. Guild will:

- > Endeavour to obtain all medical reports requested from practitioners within 14 working days unless otherwise agreed upon;
- > Rely upon these reports for medical evidence in conjunction with use for devising the best course of action regarding RTW and rehabilitation needs;
- > Independent Medical Review reports must also be provided to the injured workers Primary Treating Medical Practitioner within 7 days of receipt;
- > Ensure IMC's and WRP's work under the expectation that they will provide a written update post any medical appointment that may change the direction or strategy of a claim. All reports are required for collating information to assist with the ongoing medical management to assist with all required rehabilitation.

It is an expectation of any appointed IMC that this contact and communication will occur with any medical practitioner or specialist practitioner as appropriate.

## Independent Medical Reviews

File reviews at Guild are undertaken monthly. This review will include consultation with the injured worker, PTMP, IMC and/or ORP (if appointed) and employer.

Consideration is given to:

- > Nature of the injury;
- > Complexity of the injury – diagnosis/prognosis;
- > Progress of rehabilitation – certification;
- > Evidence of ongoing incapacity and cause of incapacity;

# Medical Management

- > Treatment program and proposed treatment;
- > Ancillary treatment and its effectiveness.

Should there be concerns or a need for clarification or a need for an expert opinion regarding any or all of this, Guild may decide to refer the injured worker for an Independent Medical Review (IMR). Guild will follow Workcover Tasmania Guidelines for Independent Examinations and reference to sections 90A, 90B and 90C of the *Workers Rehabilitation and Compensation Act 1988* (The Act). Guild will forward the information sheet regarding IMR's developed by Workcover Tasmania to all injured workers upon referral.

Should this occur Guild will do the following prior to arranging the review:

- > Consult with the employer and seek their agreement on this course of action;
- > Discuss the reasons for the IMR with the Primary Treating Medical Practitioner (including a meeting if appropriate);
- > Advise the injured worker in writing the reasons for the IMR;
- > Ensure that the IMR has the expertise in the area relevant to the injured workers injury/ies;
- > No injured worker will be required to submit to an IMR more than once every three months, other than in the case of multiple injuries or the injury requires the consideration of medical practitioners who are specialists in different fields or aspects of the injury.

Guild Insurance is to ensure the independent medical practitioner is aware of their role and responsibilities and also ensure that are provided or advised where to access the Board's Guidelines for Independent Medical Reviews on referral to them.

Following the IMR consultation, the specialist must provide a confidential report to Guild. Guild will, within 7 days from receipt of the above report, provide the report to the workers Primary Treating Medical Practitioner and the IMC. Guild recognises that the Act requires that:

"The report must be provided to the worker by the Primary Treating Medical Practitioner unless that practitioner believes to do so would threaten the workers life or health."

Where the worker refuses to submit to an IMR; or obstructs an IMR; or refuses to submit to, or undertake any treatment recommended, then Guild or the IMC will attempt to resolve the workers concerns through face to face meeting and if that cannot be resolved then Guild may refer the matter to the Tribunal.

Guild will monitor its use of IMRs through the review of feedback from injured workers, employers and the Primary Treating Medical Practitioner and claims outcomes. Review of IMR's will also be part of Guilds Internal Quality Assurance program which review samples of open files monthly.

The criteria for review will measure the following:

- > Frequency of IMR;
- > Did Guild discuss with PTMP reasons for the review;
- > Did Guild inform the worker in writing why it was intended to have the review conducted;
- > Did the worker submit to the IMR;
- > If not, was the matter resolved by the IMC;
- > Was the matter referred to the Tribunal;
- > Did Guild forward the IMR report to the PTMP and IMC within 7 days of receipt of the report.

# Return to Work

## 9.1 Coordination of Injury Management

To provide a successful and efficient injury management process Guild will foster and encourage effective communication between all relevant parties. This may include but is not limited to the following:

- > Worker
- > IMC
- > Employer/supervisor
- > Primary Treating Medical Practitioner
- > Allied Health Practitioner
- > IMC
- > WRP
- > RTWC

### a) IMC appointed

When Guild has appointed an IMC (within the first 5 days of full or partial incapacity) then it would be expected that most of the coordination of the injured workers rehabilitation will be provided by the IMC. Guild however will expect regular updates and discussions (fortnightly) regarding the injury management process, details of which have been identified in the IMC role and IMC agreement. Although the IMC will manage most of the subsequent IM process Guild will initiate contact and communication with the worker, employer and Primary Treating Medical Practitioner at claim lodgement.

### b) Workplace based IMC or RTWC or WRP

To maintain effective communication and coordination Guild engages in regular meetings/discussions with relevant parties involved in the IM process of the injured worker. This meeting may be face to face or teleconferenced. Parties involved may include but not limited to:

- > Employer
- > WRP (if appointed)
- > Workplace based IMC and/or RTWC
- > Primary Treating Medical Practitioner (if appropriate)
- > Other treating practitioners (if appropriate)

## Managing IM and RTW Plans

Guild will provide templates of RTW and IM plans to relevant parties involved in the Injury Management of the injured workers. In addition, letter templates for email/fax to facilitate agreement will also be provided. It is an expectation that the development of these plans will always include the following:

- > Worker
- > Employer

- > IMC
- > WRP (if appointed)
- > Workplace based IMC and/or RTWC
- > Primary Treating Medical Practitioner
- > Other treating practitioner (if appropriate)

### c) Ensure the development and implementation of Plans

- > Guild utilise and develop a combined Return to Work and Injury Management Plan in the one document to streamline the efficient communication of return to work and injury management.
- > A RTW/IM plan will be developed where a worker is partially or totally incapacitated for 5 or more days. The plans are to be prepared prior to the expiry of 14 days after the worker becomes totally or partially incapacitated for work for more than 5 working days incapacity and then every 28 days thereafter.
- > Where an injured worker has returned to pre-injury role prior to 14 days, then an IMP and RTW plan is not required.

### d) IMC appointed

Guild Insurance expects the timely and appropriate completion of RTW and IM plans by the appointed IMC. Guild will closely monitor this to ensure completed in the specified timeframes.

Any concerns regarding their management will be communicated immediately to the IMC with an expectation of immediate action. It will be relevant for RTW plans to be written in line with reviews which in most cases will be 28 days in duration unless the Primary Treating Medical Practitioner advises in writing as to why the 28 days has been lengthened.

## Manage Consultation between key parties

Guild will consult with relevant stakeholders as part of the 30-day review process, where contact is expected monthly. Guild expects open and transparent communication from the below stakeholders to assist in facilitating the RTW process. This reinforces Guild's support of the health benefits of Good Work and RTW principles of the Clinical Framework for the Delivery of Health Services. These parties include:

- > Injured Worker
- > Employer
- > PTMP
- > WRP
- > IMC
- > Treatment providers



# Return to Work

## Ensure the assessment of RTW options is thorough and ensure identification and modification of suitable and meaningful alternative duties where practicable

Guild will request at the time of claim; all its employers complete a generic list of alternative duties available in their workplace. This process will be assisted using the Board list and a template supplied to the employers to facilitate this step.

This list will be reviewed by the relevant party (IMC, WRP and RTWC) coordinating the RTW process of an injured worker. Once reviewed, these duties will be discussed and considered with the employer and the worker to confirm they are suitable and meaningful and to prepare and plan for the next medical review. It will be appropriate for the party coordinating the RTW to review the duties on site (if possible) to confirm their suitability, safety and any other possibilities. This discussion will include the worker, IMC/WRP/RTWC and employer if appropriate. If deemed suitable or with appropriate modifications this step will facilitate an early and safe RTW.

## Ensure the RTW Hierarchy is applied

Following comprehensive discussions and an onsite visit if it appears there are not suitable duties at that stage, then it may be appropriate to consider alternatives elsewhere. However, there is an expectation that any party facilitating the rehabilitation of the injured worker will be expected to understand the RTW hierarchy and make every effort to apply it wherever and whenever possible. Should the employer fail to participate in or facilitate this process Guild has a procedure to manage this (refer this matter to the IMC and if not resolved to the Tribunal). Guild is committed to ensuring that the RTW Hierarchy is applied to each situation deemed necessary. Any deviation from this will need to be discussed with Guild before action.

It is an expectation that all RTW will be carried out in accordance with the RTW hierarchy as follows:

- i. Same organisation – same or modified job;
- ii. Same organisation – new job;
- iii. New organisation – similar job;
- iv. New organisation – new job.

In conjunction with:

- v. Pre-Injury hours;
- vi. Graduated return to pre-injury hours;
- vii. Reduced hours relative to pre-injury hours.

The IMC is responsible for ensuring that this hierarchy is applied to all injured employees.

## Ensure workplace visits are undertaken when necessary

### e) IMC appointed

Guild will have an expectation of workplace visits by the IMC on an agreed basis. This will be dependent on the complexity, stage and circumstances of the injury and injury management process. The visits will be agreed to at the initial appointment of the IMC and then discussed at the regular meetings.

### f) Workplace based IMC or RTWC or WRP

Guild will have an expectation of workplace visits by the WRP on an agreed basis. This will be dependent on the complexity, stage and circumstances of the injury and injury management process. The visits will be agreed to at the initial appointment of the WRP and then discussed as the regular meetings. Workplace based IMC or RTWC will be undertaking regular workplace reviews of the injured workers and progress will be communicated to Guild on a regular basis.

## Recognise limitations during RTW

Guild, when managing RTW and IM Plans will ensure that the duties provided by the employer are within the restrictions outlined on the Primary Treating Medical Practitioner's certification. Plans must be realistic, achievable, tailored.

## Ensure regular review and modification of plans

Guild will expect from all parties involved in the rehabilitation of injured workers that not only will there be regular workplace visits but contact with employer and worker will occur in the interim periods. Any concerns and issues will be identified and managed early. It is also expected that contact will be made with the employer and the worker prior to any subsequent medical reviews as this provides an opportunity to discuss progress and plan the next stage of the rehabilitation. It is an expectation that the PTMP will complete the workers compensation medical certificate for no longer than 14 days (unless reasons for doing otherwise are included). RTW plans and IM plans will be reviewed in line with the periods of certification.

Where incapacity exceeds a continuous period of 6 months, the IMC is to ensure that an injured workers capacity for work is assessed including consideration of modifying the IM Plan, and possible retraining and redeployment options. Assessment should be conducted at 6 monthly intervals until the claim is finalised. Where medical evidence indicates that a return to the injured workers pre-injury job is highly improbable, the IMC is to ensure that measures are taken to review, assess, consider and implement appropriate retraining and redeployment options.

# Return to Work

## Regularly assess outcomes for all parties involved

Guild will be regularly assessing outcomes for all parties involved in the following ways:

- > Regular meetings/discussions with key parties involved in RTW including IMC/ORP/employer;
- > Circulating a questionnaire at 8 weeks to injured workers who remain unable to return to their full duties at that stage;
- > Circulating a questionnaire to injured workers when rehabilitation of their injury is no longer occurring.

## Reflect and promote the Health Benefits of Good Work

Guild supports the Health Benefits of Good Work by ensuring all claims related activities are designed to support an injured workers recovery and return to health and work.

## Activities to support the principles of the Clinical Framework for the Delivery of Health Services

All Guild's claims related activities as outlined in this program support the below principles.

1. Measure and demonstrate the effectiveness of treatment.
2. Adopt a biopsychosocial approach.
3. Empower the injured person to manage their injury.
4. Implement goals focused on optimising function, participation and return to work.
5. Base the treatment on the best available research evidence.

**[www.worksafe.vic.gov.au/resources/clinical-framework-delivery-health-services](http://www.worksafe.vic.gov.au/resources/clinical-framework-delivery-health-services)**

## Application of evidence based guidelines.

Guild utilises evidence based guidelines, such as MD Guidelines to measure and monitor RTW progress of claims. This allows appropriate interventions to be supported when claims are exceeding expected RTW timeframes. This will be monitored by the Guild Case Manager in the coordination of the RTW stakeholders for injured workers. Guild has an internal QA Framework that will also assist in identifying and addressing claims that have exceeded expected RTW and recovery timeframes. Additional review protocols are put in place to monitor progress of these high-risk claims.

# Management of Alternative Duties

## Alternative Duties

Guild commits to supporting the provision of suitable, alternative duties taking into consideration:

- > The nature of the incapacity and the workers pre-injury employment;
- > The workers age, education, skills and work experience;
- > The workers place of residence;
- > Any suitable duties for which the worker has received rehabilitation training;
- > Duties not of a token nature and involve useful work having regard to the employers' business;
- > Duties that are not demeaning in nature.

On acceptance or renewal of a workers' compensation insurance policy Guild will provide to all employers a copy of the Boards "alternative duties list" but also a Guild template to assist them in the identification of alternative duties in their workplace. The obligation to provide alternative duties (wherever reasonable or practicable to do so) will be outlined in the employer information documents as will the consequence of non-compliance.

Employers must note the Note also the obligation of section 143M(4) of the Act:

(4) An employer who is of the opinion that it is unreasonable or impracticable to give an injured worker suitable alternative duties to perform, must, as soon as practicable, provide the worker with reasons in writing for the employer's opinion.

Where an employer is unwilling and/or indicates it is unable to provide an injured worker with suitable and meaningful alternative duties, Guild or its representative will endeavour to resolve this issue in a collaborative manner through conversations or face to face meetings where applicable. If agreement is unable to be made, Guild will review and provide opportunity for the employer to respond in writing. However if unsuccessful Guild will refer this matter to the Board.

## Retraining and Redeployment

Guild commits to supporting injured workers where a return to pre-injury employment is deemed NOT to be the RTW goal in accordance to the RTW hierarchy. Retraining and redeployment options will be considered in consultation with all stakeholders, the injured worker, employer, PTMP, IMC, WRP.

As a smaller specialised Insurer, our client base is quite small, limited to specialised industries, such as Pharmacy, Child Care, Vets and other allied health providers. This provides unique opportunities to identify and facilitate retraining and redeployment for applicable cases.

# Management of Psychological Claims

Guild recognises the significant impact psychological injuries have on workers, employers, insurers and the scheme in general. Optimum claims management practice is characterised by the following principles:

- > greater focus on the injured worker as part of a case management approach to handling claims;
- > engaging with the injured worker as an active contributor and collaborator in RTW planning;
- > supporting employers;
- > proactive claims management;
- > sophisticated use of data supported by sound governance arrangements; and
- > active provider management framework.

The following procedures will be put in place to ensure the proper management of psychological claims:

Guild will ensure that senior manager and staff are appropriately trained to identify and manage psychological claims, including post-traumatic stress disorder and the biopsychosocial approach. Guild will make it compulsory for all Workers Compensation Claims staff to attend approved courses.

By utilising Guild's current claims management system, psychological claims will be appropriately coded and flagged. Psychological claims are triaged by the Primary Case Manager on a regular basis with the aim of implementing a biopsychosocial approach to understand the Injured Worker, identify barriers to desired outcomes and put in place the appropriate support, including treatment and rehabilitation, which are tailored to the Injured Worker and consider the nature of the injury.

By implementing a systematic process of regular reviews by senior claims managers and injury managers, Guild will ensure that procedures are in place to minimise the risk of secondary psychological injuries and provide early support for the injured worker when they happen. This will include but will not be limited to analytics or screening tools to assess which physical illness or injury claims are likely to escalate into secondary psychological claims. This will be achieved by reviewing claims processes to minimise delays, stress and uncertainty for the Injured worker, and managing some high-risk physical injuries as potential psychological injuries from the start.

At the start of the claim, key stakeholders are identified, and their roles explained:

- > There is collaboration between all stakeholders with clearly defined areas of responsibility.
- > The claims manager provides end-to-end case management and acts as a continuous single point of contact for the injured worker, the employer, the treating practitioner and other service providers throughout the claims process.

- > Injured workers and employers are provided with clear information about the claim determination process and injury management support.
- > The injured worker is informed by their regular GP about how to access treatment and community services outside the workers' compensation system.
- > The employer is provided with strategies to address any interpersonal issues and facilitate RTW, and advised of the benefits of doing so during this period.

Guild will ensure that, in all appropriate claims, an injury management co-ordinator (IMC) is appointed as soon as practical after becoming aware of the claim or incapacity of 5 days. All IMC's will be required to hold the appropriate skills, experience and qualifications in respect of the management of psychological injuries.

Guild will ensure that, in all appropriate claims, the appropriate providers are appointed as soon as practical after becoming aware of the claim. This will be done in collaboration with the injured worker and the injured worker's treating medical doctor.

Guild have put in place a system of regular file reviews with activities generated every 30 days, which monitors and records stakeholder contact as part of Guild's KPI's. In conjunction with rehabilitation and treatment experts, Guild will develop a protocol for communicating with the stakeholders that identifies critical timing points and style of contact, includes follow-up communication with the injured worker face-to-face or by telephone, focusing on milestones and turning points, and if necessary, enables the claims manager to communicate with the injured worker through a family member, union representative or other support person if preferred by the worker or in the event they are unable to participate effectively or without support.

By establishing early contact with treatment providers and setting out clear lines of communication, Guild will ensure that injured workers have timely access to appropriate and necessary treatment.

Liability will be dealt with in terms of current legislation. If Guild needs to dispute liability, a worker will be informed both by telephone and in writing. In cases where liability is in dispute, communication with the injured worker is positive and supportive and all stakeholders are provided with clear information about the claim determination process. The following measures will be put in place:

- > expedited dispute resolution processes are in place for psychological injury claims;
- > there is continued engagement with the Injured worker and the employer during the dispute resolution process, and
- > the employer is encouraged to continue to pursue opportunities for RTW.

# Management of Psychological Claims

Guild's claims management process is outcome-focused and as such the claim and injury management/rehabilitation strategy will be established early and regularly reviewed. By way of early and regular claims reviews, claims that could benefit from mediation and other dispute resolution options, will be identified, and such methods will be introduced. Guild utilise the Taking Action: A Best Practice Framework for the Management of Psychological Claims in the Australian Worker's Compensation Sector. Guild will embark on a journey of continuous improvement and review of our claims management model to ensure the best outcomes are sought for psychological injuries.

**[www.safeworkaustralia.gov.au/doc/taking-action-best-practice-framework-management-psychological-claims-australian-workers](http://www.safeworkaustralia.gov.au/doc/taking-action-best-practice-framework-management-psychological-claims-australian-workers)**

In cases where liability is disputed, such decisions will be communicated to all stakeholders with the necessary empathy and support. Verbal and written notification of these decision will be made in accordance with its licence conditions advising the decision was reviewed, reasons for the decision and people consulted and information about the dispute pathway.



# Management of Complex Claims

A complex claim can be defined as one or a combination of the following:

- > claim where the worker has sustained a physical and a psychological injury which results in total incapacity for work exceeding 6 weeks.
- > has a significant injury which required complex surgery, e.g. Spinal Surgery?
- > has co-morbidities or other significant health, biopsychosocial and return to work barriers.
- > where a dispute has arisen around liability and the dispute affects ongoing injury management.

By utilising Guild's current claims management system, complex claims will be flagged and triaged for additional oversight. This will put in motion a process where complex claims are triaged by the Case Manager with the aim of implementing a biopsychosocial approach to understand the complexities of the claim, identify barriers to desired outcomes and put in place the appropriate support, including treatment and rehabilitation, which are tailored to each individual claim.

At the start of the claim, key stake holders are identified, and their roles explained through the Injury Management Plan:

- > There is collaboration between all stakeholders with clearly defined areas of responsibility.
- > The claims manager provides end-to-end case management and acts as a continuous single point of contact for the injured worker, the employer, the treating practitioner and other service providers throughout the claims process.
- > Injured workers and employers are provided with clear information about the claim determination process.
- > The injured worker is informed by their regular GP about how to access treatment and community services outside the workers' compensation system.
- > The employer is provided with strategies to address any interpersonal issues and facilitate RTW, and advised of the benefits of doing so during this period.

Guild will ensure that, in all appropriate claims, an injury management co-ordinator is appointed as soon as practical after becoming aware of the claim where incapacity is likely to be more than 5 days. All injury management co-ordinator will be required to hold the appropriate skills, experience and qualifications in respect of the management of psychological injuries.

Guild's expectation for is for regular and ongoing communication as required, but aiming for at least every 30 days between the Case Manager and all relevant stakeholders. In conjunction with rehabilitation and treatment experts, Guild will develop a protocol for communicating with the stakeholders that identifies critical timing points and style of contact,

includes follow-up communication with the injured worker face-to-face or by telephone, focusing on milestones and turning points, and if necessary, enables the claims manager to communicate with the injured worker through a family member, union representative or other support person if preferred by the worker or in the event they are unable to participate effectively or without support.

Guild's current claim management system have in place a system of regular file reviews and activities set for every 30 days to generates regular actions for case managers and injury managers to review all claims meeting the criteria for a complex claim. Additionally, reports are monitored by the National Claims Manager to highlight and review complex claims to ensure that a sound strategy is on file and regular actions are being undertaken to drive a positive claim outcome for all parties.

# Roles & Responsibilities

The following roles and responsibilities are provided in this Injury Management program (IMP) as an indication of the expectation of the Insurer during the injury management process.

## Employee/Injured Worker

- > Report injury as soon as practicable via accident and incident report form
- > Notify the employer of their choice of Primary Treating Medical Practitioner (PTMP)
- > Provide appropriate medical certificates for Workers Compensation
- > Complete a Workers Compensation claim form as soon as possible after the date of the injury or within 6 months
- > Attend medical appointments with PTMP and other medical practitioners as required
- > Wherever possible attend medical appointments outside working hours
- > Forward all accounts for treatment to their employers within 7 days
- > Participate in treatment or indicate why unable to do so
- > Participate in the selection of suitable duties
- > To participate and comply in Return to Work Plan (RTWP) and Injury Management Plan (IMP)
- > Provide feedback to Injury Management Coordinator (IMC)/ Workplace Rehabilitation Provider (WRP)/Return to Work Coordinator (RTWC) on progress during rehabilitation process
- > Immediately report issues, regarding the injury management process to either employer, the IMC and/or RTWC
- > Cooperate with injury management process
- > Work safely and within the medical restrictions during rehabilitation process
- > Notify the Insurer within 3 working days of the receipt of a claim
- > Forward completed claim form to the insurer within 5 working days
- > Ensure all documentation and certification is correct
- > If the employee is incapacitated, pay the worker weekly payments in accordance with the Workers Rehabilitation and Compensation Amendment Act 2009 (the Act)
- > Together with the Insurer, within 84 days of receipt of the claim, decide whether to accept the claim or to dispute it.
- > Give the employee, within 28 days of claim receipt, written notice of status of claim
- > Provide support and assistance to all relevant parties
- > If the employer has more than 100 employees appoint an RTWC
- > If an employer employs more than 50 people, within 60 days of acceptance or renewal, a list of suitable alternative duties within the workplace
- > Work together with the IMC/WRP/RTWC to develop and implement a RTWP and IMP
- > Provide suitable alternative duties
- > Maintain the employees job open from the first day of incapacity for a period of 12 months
- > Unless it is highly likely that they are unable to return to that job or the work no longer exists
- > Inform worker where in accordance with the Act their job will not be kept open
- > Maintain a safe workplace
- > Provide policies and procedures as required by law
- > Ensure the employee is not discriminated against on the basis of the injury

## Employer

- > Educate all employees on the IMP
- > Receive all notices of injury reported on the accident and injury report system
- > Report to the Insurer within 3 working days, any injury reported to the employer, that is likely to lead to an incapacity
- > Provide the requisite prescribed notice to the employee on receipt of notice of injury
- > Provide Workers Compensation claim form to employee
- > Receive the claim and complete the Employers Report

## Primary Treating Medical Practitioner (PTMP)

- > Complete Workers Compensation certificate correctly
- > Diagnose the nature of the injury
- > Provide primary medical care in relation to the injury
- > Coordinate medical treatment in relation to the injury including referrals to specialists and coordinating the delivery of any specialist medical care
- > Monitor, review and advise on the workers condition and treatment
- > Advise on the suitability of, and specify restrictions on the work that the worker may be expected to perform
- > Take part in the development of RTWP and IMP

# Roles & Responsibilities

- > Participate in the injury management process
- > Provide reports as requested
- > Support worker

## Injury Management Coordinator (IMC)

- > An injury management co-ordinator is responsible for coordinating and overseeing the injury management in respect of the worker assigned to the coordinator under section 143B (2) or (3) of the Act
- > An injury management coordinator, so far as is reasonably practicable, is to ensure that –
- > Contact is made with the worker, the employer and the worker's Primary Treating Medical Practitioner, as soon as practicable after the worker is assigned to the co-ordinator under section 143B(2) or (3) of the Act
- > Injury management plans and return to work plans in relation to the worker are developed reviewed, modified, and implemented, as agreed with the worker or determined by the Tribunal.
- > The work capacity of the worker is regularly reviewed and options for the worker's retraining or redeployment are investigated and arranged
- > Arrangements are made for the rehabilitation of the worker so that the worker returns to work as soon as is possible and appropriate
- > If required, workplace rehabilitation providers are appointed
- > The following persons are involved in the management of the worker's injury and return to work:
  - i. The worker, the worker's employer and the employer's insurer;
  - ii. The Primary Treating Medical Practitioner and other Primary Treating Medical Practitioners;
- > The following persons are, if necessary or desirable, involved in the injury management of the worker's injury:
  - iii. Workplace rehabilitation providers
  - iv. The return to work coordinator
  - v. Supervisors and line managers
  - vi. Allied health professionals
- > Medical information is collated
- > Relevant documentation is maintained
- > Attempts are made to resolve disputes in relation to injury management in respect of the worker, including, if the coordinator thinks fit, by arranging or providing informal mediation;

- > Information on injury management is provided to the worker and the worker's employer; and
- > Any other duties that are prescribed for the purposes of the Act.

## Workplace Rehabilitation Provider (WRP)

- > Coordination with the IMC and insurer on the development of Injury Management Plans and Return to Work plans
- > Monitor RTW and RTW plans in conjunction with the worker, the employer, the workers doctor, and the IMC
- > Visit the workers workplace to select suitable duties for the Plan in conjunction with the worker and the employer
- > Visit/contact the workers Primary Treating Medical Practitioner with the worker to discuss capacity for work and the restrictions applicable to that capacity, as well as to establish communication lines and possible suitable duties
- > Liaise regularly with the injured worker and if necessary with their family
- > Liaise regularly with the worker's supervisor or workplace nominated contact, the employer and the rehabilitation coordinator
- > Meet or discuss regularly with the workers Primary Treating Medical Practitioner to discuss duties, capacity and progress. This should happen at a minimum as each certificate expires and the worker revisits the doctor
- > Report at regular intervals to the IMC and Guild on progress with the Plan
- > Maintain regular communication with all parties
- > Monitoring of the Return to Work or Injury Management Plan and amendment of the Plan where necessary as a result of change in capacity, availability of duties, change in circumstances, or change of direction
- > Assess progress and where necessary make recommendations to the IMC concerning on-going services which would assist to maintain progress

## Return To Work Coordinator (RTWC)

- > Assist with return to work planning and the implementation of the workers approved return to work plan or approved injury management plan
- > Monitor the workers progress towards returning to work
- > Assist the worker to perform the workers designated work duties in a safe and appropriate manner
- > Provide the worker with reassurance and encouragement in respect of the treatment of the workers injury and the workers return to work

# Roles & Responsibilities

- > Encourage and foster a good relationship and effective communication between the employee and the Department
- > Assisting in the identification of suitable alternative duties including consideration of alternative job placement or redeployment
- > Communicate with key parties by meeting regularly to provide updates and discuss progress of the injured employee
- > Provide information and explain the injury management process to the injured employee

## Glossary of Terms

**IMP** – Injury Management Program

**IMC** – Injury Management Coordinator

**WRP** – Workplace Rehabilitation coordinator

**RTWC** – Return to Work coordinator

**PTMP** – Primary Treating Medical Practitioner

**IMR** – Independent Medical Review

**RTW** – Return to Work

**RTW Plan** – Return to Work Plan

**IM Plan** – Injury Management Plan

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