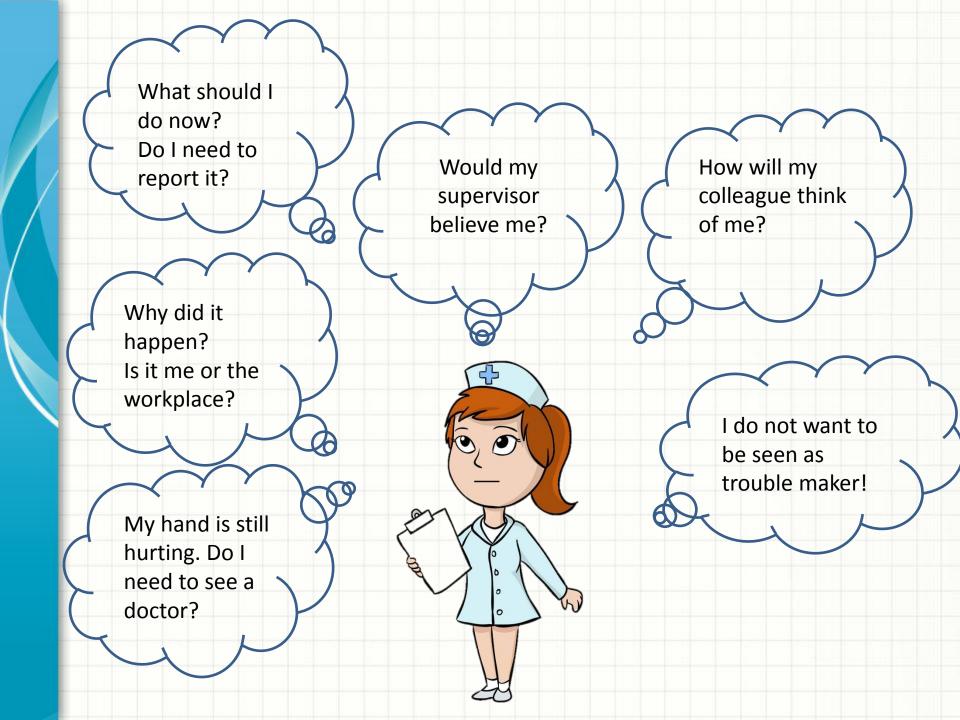


Dr. Marcus Wong
Director
Occupational Health Centre
Hong Kong East Cluster



What goes through the mind of the injured nurse and her supervisor?





Report, investigation, manpower, boss... **Troubles!** 

Need to do investigation and prevention but how?

safe?



Is she hurt badly? How long is she going to be off work?

What are the challenges they face in return-to-work?

16 weeks to see orthopedics, 20 weeks to see physio!!!

Dr. A told me not to go to work. Dr. B said I could try. Who to follow?

I am still feeling weak.
Perhaps I should wait till...

I feel so bad!

No one
understands
what I am
going through!

I am scared of getting injured again. Is my work safe?

My lawyer asks me to continue sick leave for more compensation

Dr wrote me "light duty" but my boss said NO

What would other workers think?

What can I do in helping her returning to work?

Is she "fit" to resume her duty? Can someone tell me?

What duty can she do or not do? How long is it going to last?



Doctor wrote her a "light duty". How is it arranged?

# Establishment of Occupational Health Service in Hong Kong East Cluster

2007 2011





IOD Rehabilitation service

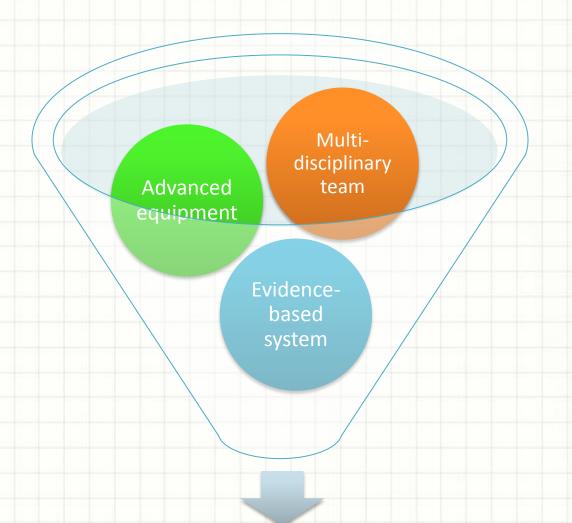






Comprehensive occupational health service

# A New Model For Injured Worker



A one-stop integrated return-to-work model

# Multidisciplinary Team



# **Equipment For Assessment**



**Ultra-sound Scanning Machine** 



**Body Composition Scale** 



**BTE Primus RS** 



BTE EvalTech

# **Equipment For Treatment**



Acupuncture



Whirlpool



**Shock Wave** 



**Laser Therapy** 



Hot Magner (magnetic + heat therapy)



Neck and Pelvic traction



Therapeutic Ultrasound

# **Equipment For Physical Training**



**Upper Limb Ergometer** 



Lower Limb Ergometer



Huber



Whole Body Vibration Machine



**Pilates Reformer** 

# **Equipment For Work Rehabilitation**



Jacobs Ladder



**Biometrics** 



Workcube



Work Sample (VCWS 9)



Work Well System (VSWS 19)

### Evidence- based operational system

- Standardized reporting system
- Early contact of injured worker
- Timely access to treatment
- Individual case management
- Tailored rehabilitation & return-to-work plan
- Modified duty arrangement
- Workplace assessment & intervention

### Reporting System

• Staff reports to supervisor after injury

• Supervisor reports to hospital via Advanced Incidents **Response System** within 14 days

• OHC case manager captures the incident in the AIRS and takes action

Advance Incidents Reporting System 3.0

- HKEC / HKWC / KCC / KEC / KWC / NTEC / NTWC / HAHO colleagues, please report All





### Contact of Worker

 Designated person contacts the injured worker once the report is received

 Invitation to OHC if needed



#### **Access To Treatment**

- Medical appointment can be arranged within 2 days
- Treatments start right after consultation if needed



### Tailored Rehabilitation

 Based on the worker's impairment and residue function

- Job specific
- Both medical and occupational rehabilitation



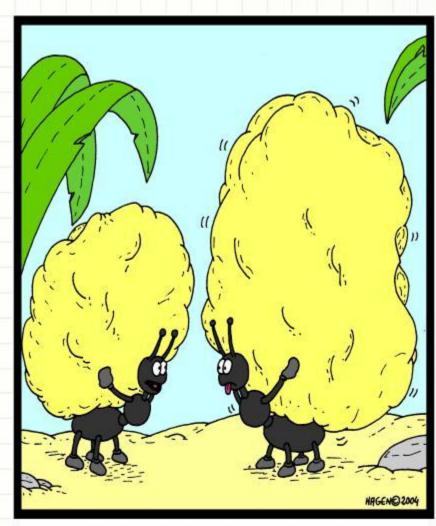
# Case Management and Return-To-Work Plan

- Highly Individualized
- Case conference to align RTW plan
- Presence of RTW coordinator
  - Psychological support
  - Communication with other parties
  - Negotiation with supervisor and assistant in making RTW arrangement



### **Modified Work**

- Temporary arrangement
- Consider working hours, shift, pace, task, environment
- Specific advice on the restriction, limitation and capacity of the worker in RTW



I hurt my back last week, so I've been put on "Ligtht Duty" for a couple of weeks...

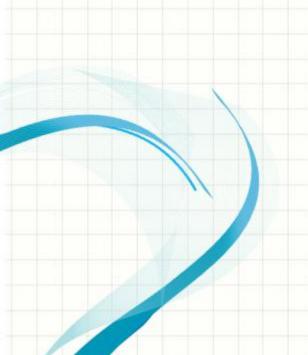
# Workplace Assessment and Intervention

- To eliminate or control the hazard in the workplace
- Ensure health & safety of injured worker and coworkers at work
- Provide solution for employer



# Outcome

*Nov 11 – Oct 13* 



# Characteristic of injury

99% Musculoskeletal

(needle stick injury excluded)

Head & Neck 8%
Trunk & Back 27.8%
Upper limb 40%
Lower limb 23.5
Fracture 7.5%

### Return-to-work

Overall 98.5% with 1.5 % ill-health retirement

Time to return-to-work

	1 Month	3 Month	6 Month
Any work	92.5%	97.6%	98.1%
Full work	55.2%	77.8%	91%



### **Patient Satisfaction**

#### Overall services

- Good or above 99%
- Excellent 70%

#### Areas most appreciated

- Psychosocial support
- Professional guidance on rehabilitation
- Personal health advice

# Today's Overview

Workers and supervisors have negative perception on injury-onduty

Multiple barriers exist in the return-to-work process

 A one-stop integrated return-towork model is adopted in HKEC

 High return-to-work rate, sick leave reduction, highly satisfied staff are observed with this model



Q&A