

F6.5 Enhancing Partnership with Patients and Community

10:45 Room 421

Breaking Down **Work Silos** between Hospital and
Community Medical Social Collaboration for
Management of Work Related Low Back Pain

Law SW₁, Chau WW₂, Ko SY₂, Fay Siu ₃

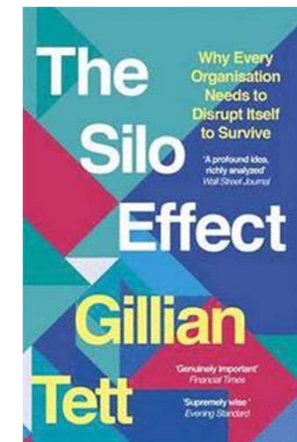
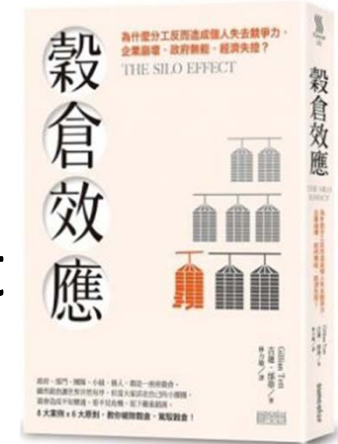
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The SILO EFFECT

- impediment to communication because it isolates individual processes .
- The silo effect can produce multiple interpretation of the same requirement .
- break down the walls that are erected by the
“ Silo effect ” → Process improvement



Hospital



Community

Association for the Rights of Industrial Accident Victims

工業傷亡權益會(簡稱工傷權益會)是一個由工傷者、職業病患者及職業意外死者家屬組成的非牟利團體。



Bio Medical



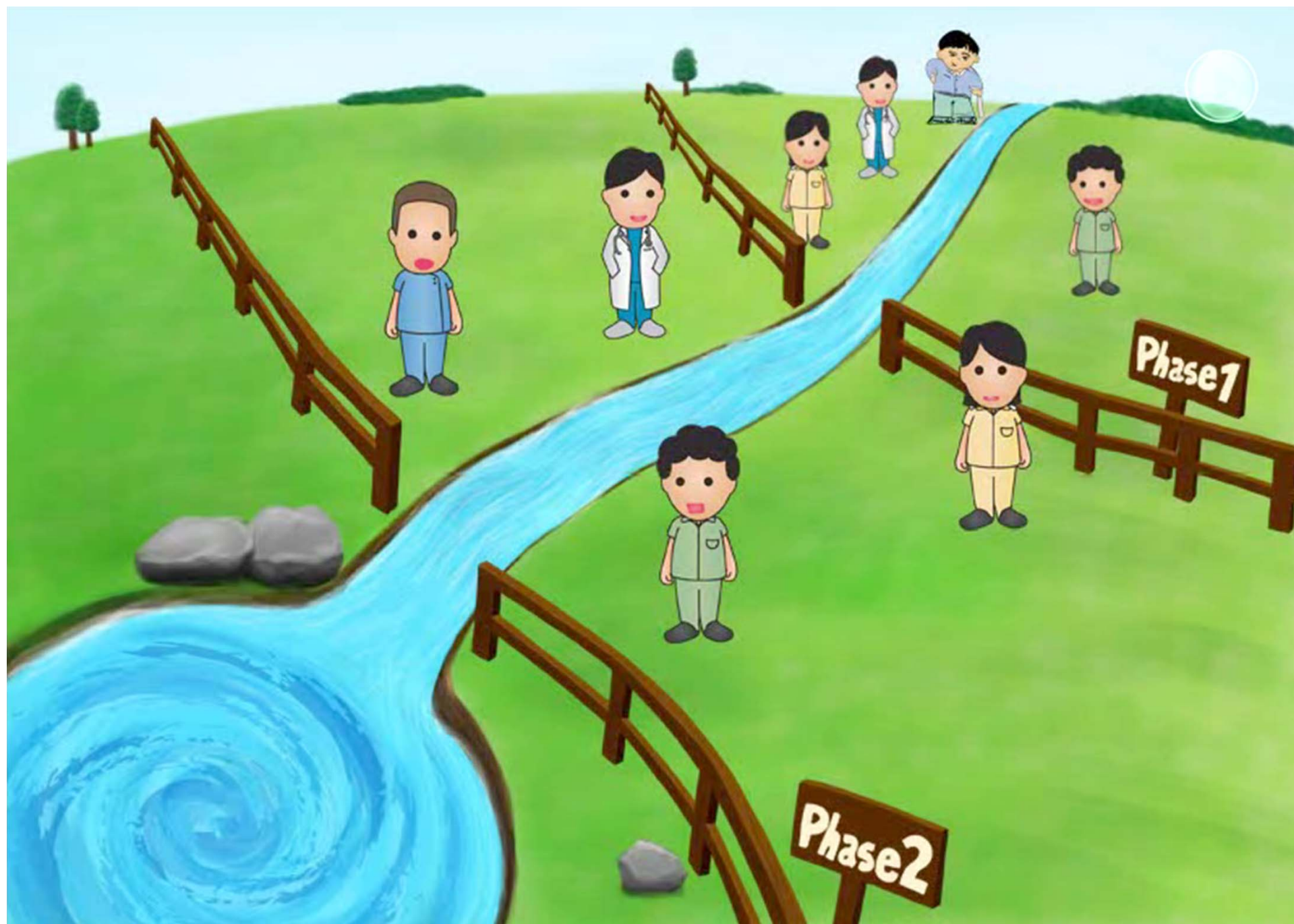
Medical

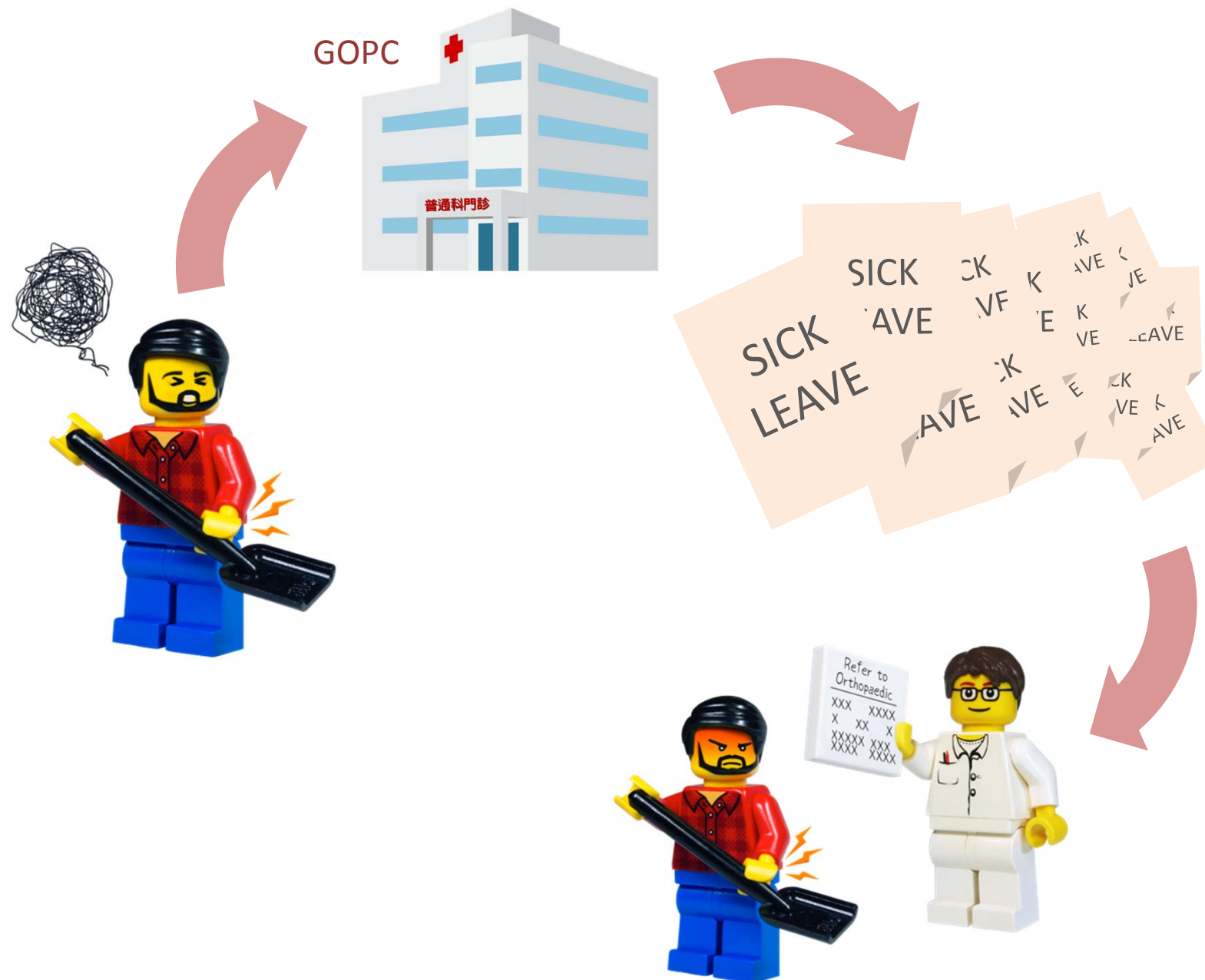
Compensation

Return to
work

Family







Occupational Rehabilitation in Hong Kong: Current Status and Future Needs

H. K. H. Kwok · G. P. Y. Szeto · A. S. K. Cheng ·
H. Siu · C. C. H. Chan

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Abstract Introduction:

ment of occupational reh
terms of the science as well
Besides, it also reviews t
sation Ordinance for work
could influence the succe
pline. *Methods:* Five exp
tion providers, including 1
3 occupational therapists
reviewed the past and cur
rehabilitation in Hong Ko
factors, which could in
Results: Since the enactm

sation Ordinance in the 1950s, there have been progressive
improvements in the field of occupational rehabilitation in
Hong Kong. Services in the early years were mostly based on
the biomedical model, where doctors and patients tended to
focus on clinical symptoms and physical pathology when
making clinical decisions. Since then, remarkable academic

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HK – contributed a lot to the science of practice in Work Rehabilitation

- obvious deficiencies in development and provision of such service in the field .

- Work rehabilitation : Heavy relied on Public system .

in the public hospital system in Hong Kong is considered a
facilitator to the future development of occupational reha-
bilitation in Hong Kong.

Keywords Rehabilitation · Occupational therapy ·
Occupational medicine · Workers' compensation

Employer :lost production time and increased compensation premiums .

Employee :pain and disability →depression, loss of self-esteem, decreased QOL.

Society ; Loss of productivity

the current system does not provide a favourable environ-
ment for comprehensive occupational rehabilitation ser-
vices, due to constraints in the labour and healthcare
legislation. In previous decades various sectors in Hong
Kong have tried to tackle this problem through enactment
of legislation and policies, research initiatives in the dis-
cipline, medical services developments, and the collabo-
ration of the stakeholders (including the government,

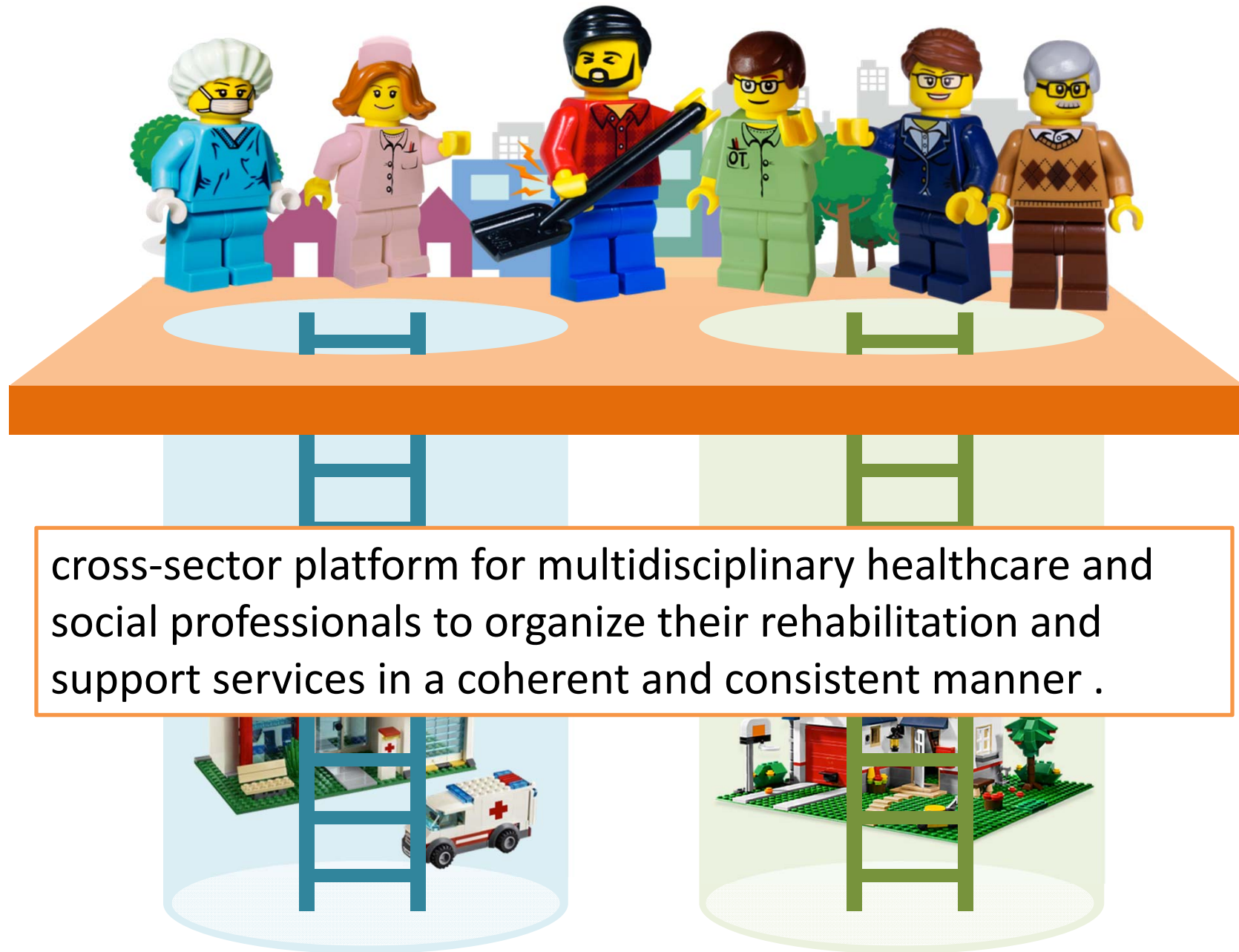


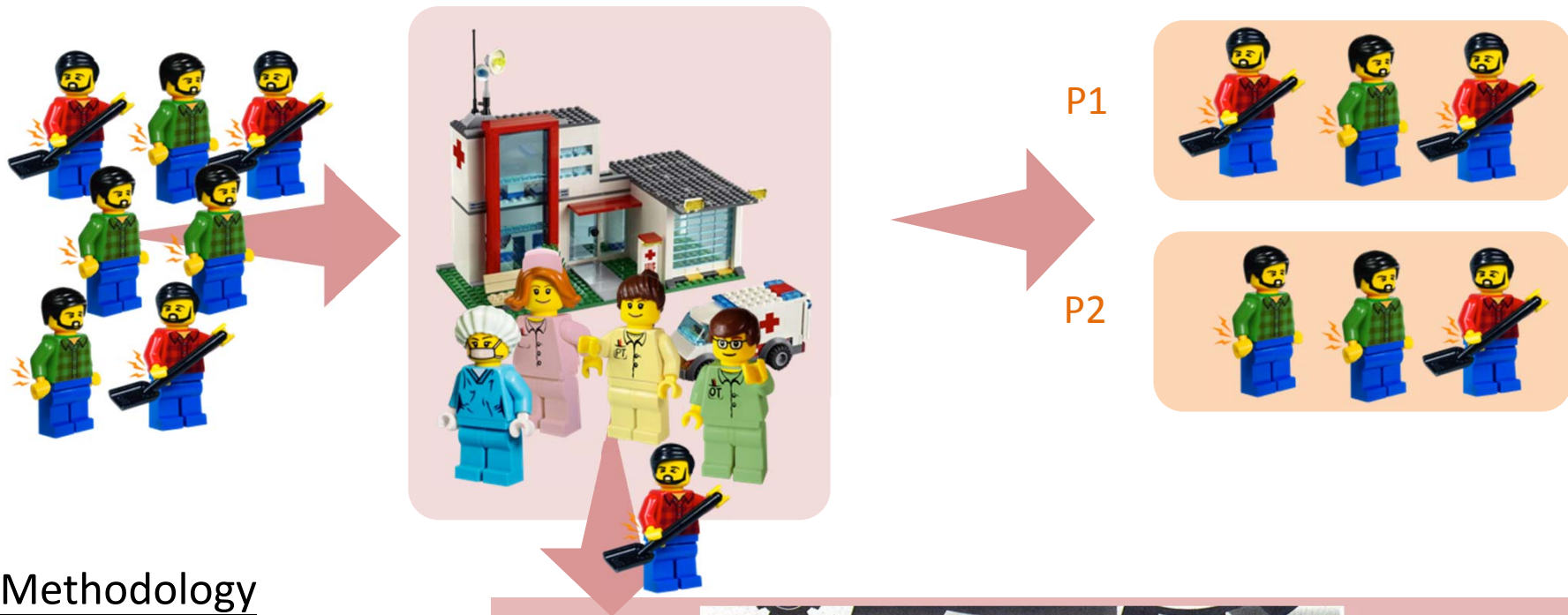
1yr



2yr







Methodology

80 patients with work related low back pain on sick leave recruited (2015-2017) from the SOPC waiting list which enrolled into the MSC programme was reviewed prospectively.



Result:

74.6% received
psychological support
and

60.3% of them
consultation on legal
issue respectively



工傷組服務

工傷期間常會遇到工傷處理、個人壓力、家庭經濟等各種問題。工傷組服務包括：工傷支援熱線、工傷及疏忽講座、聚會、復康及康樂活動等；協助工友處理工傷期間的問題，取得應有保障；學習處理壓力、生活轉變及復工事宜。



42.9% of them were offered employment counseling and job re-training courses for patient reintegration into society.

Outcome

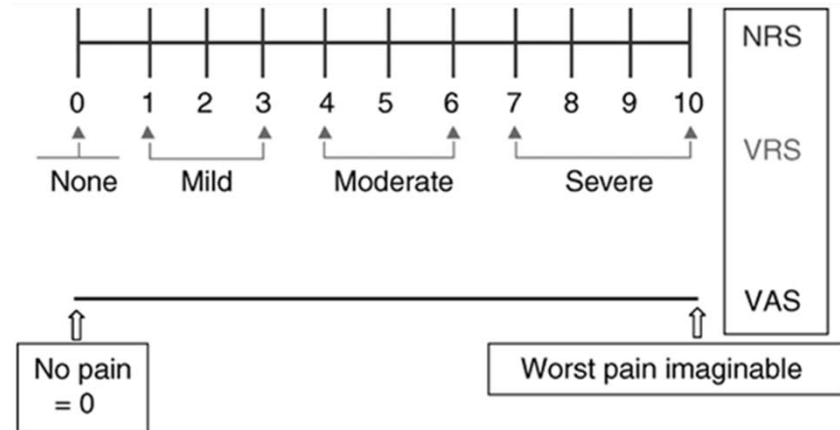
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2.



3.



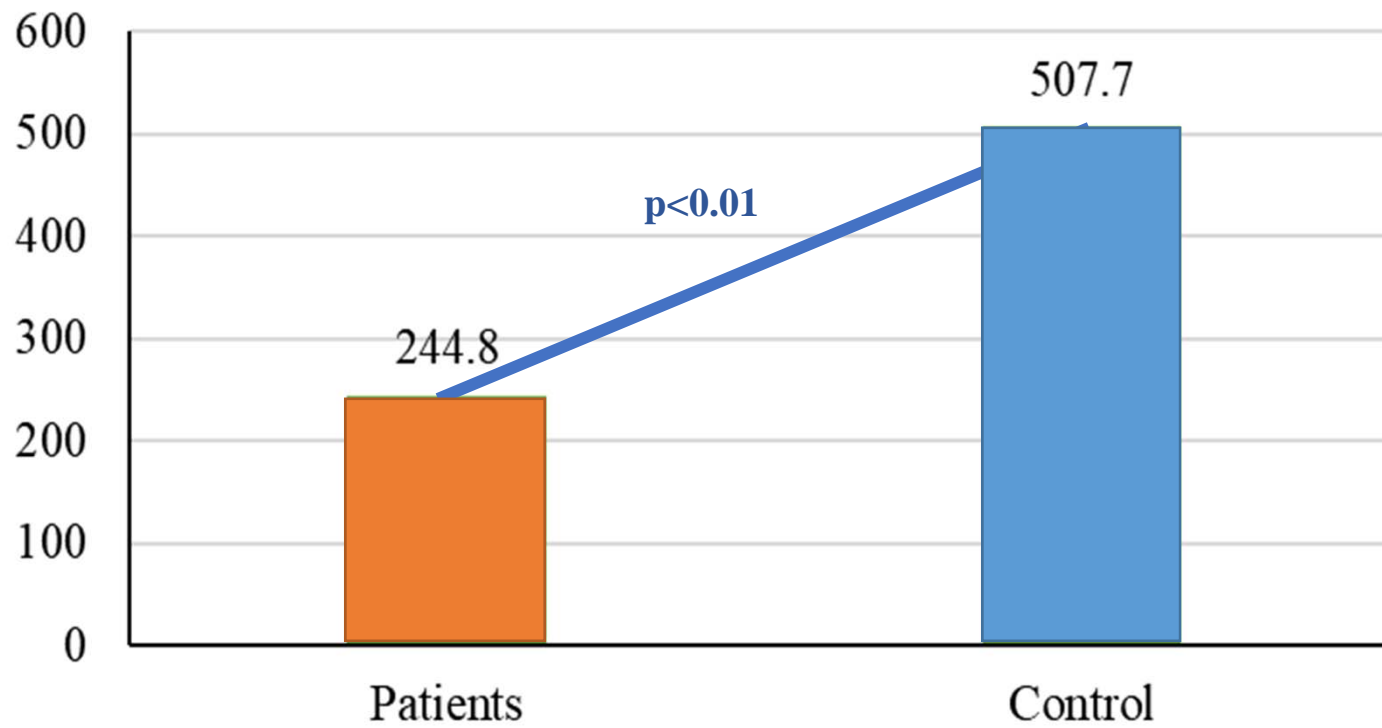
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Roland Morris Disability Questionnaire

1.

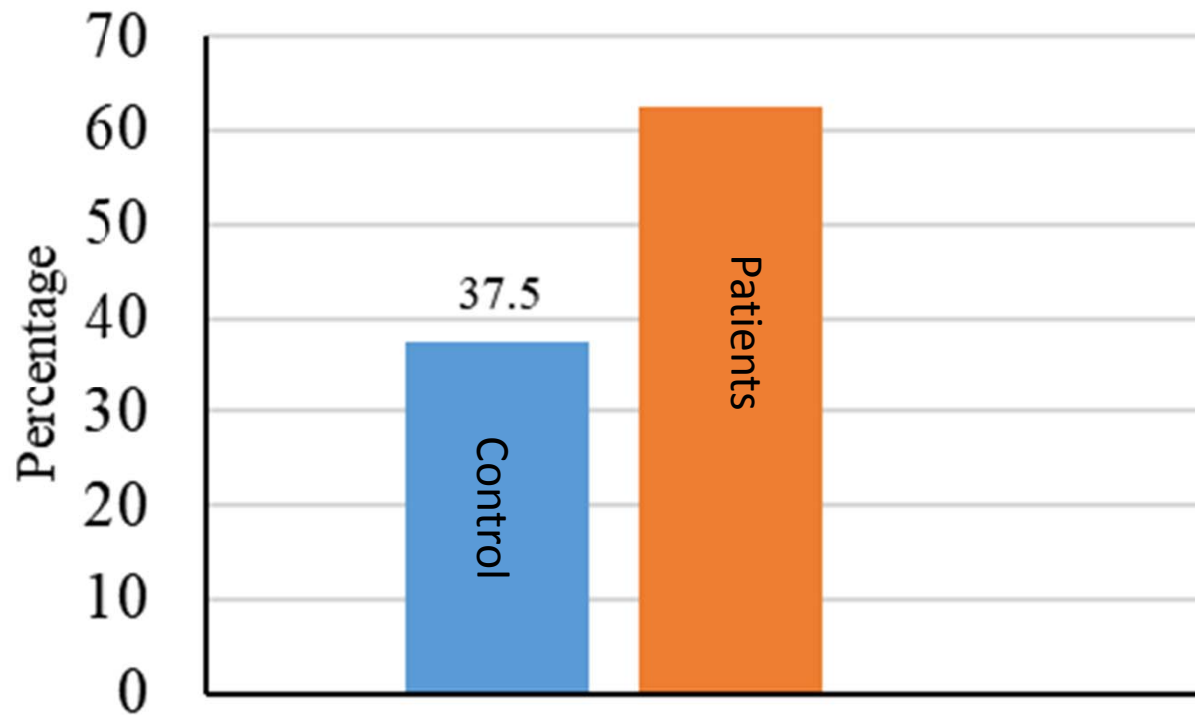


Total number of sick leave days

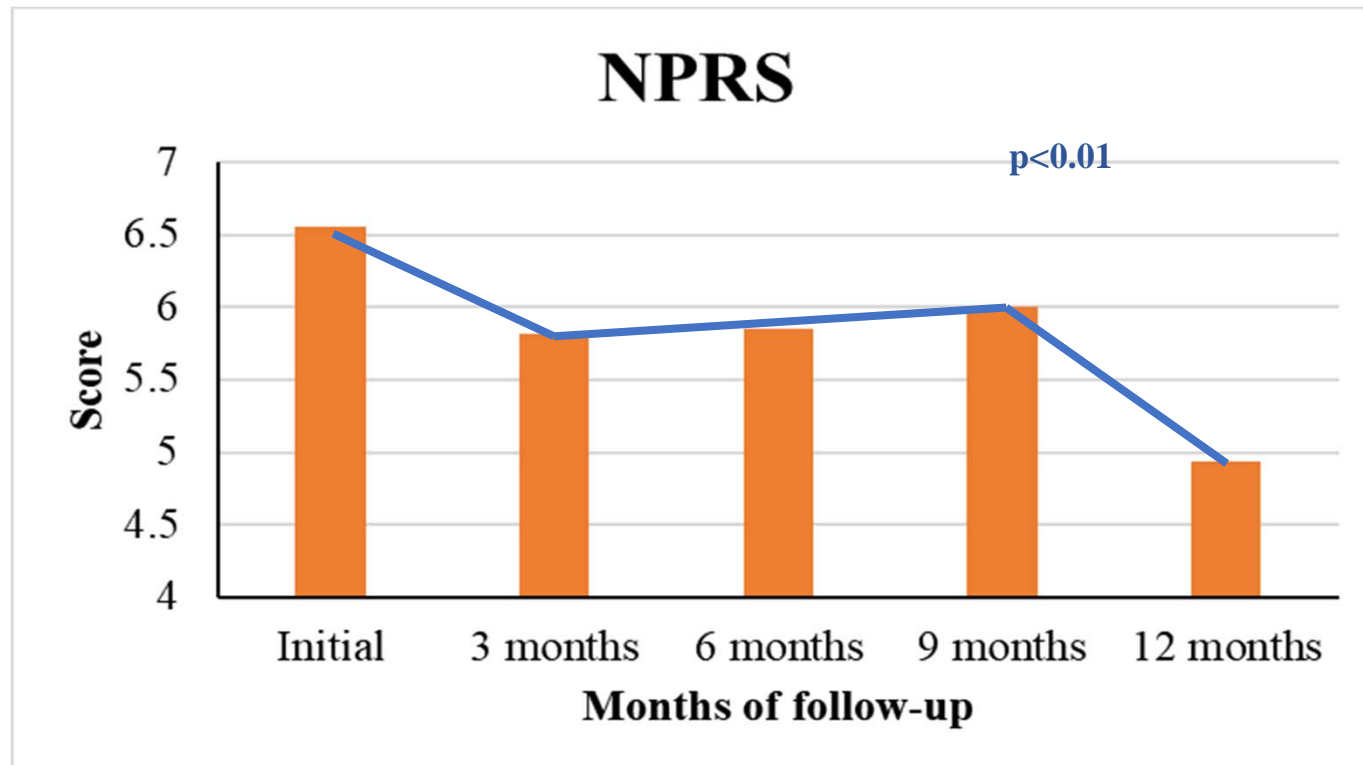
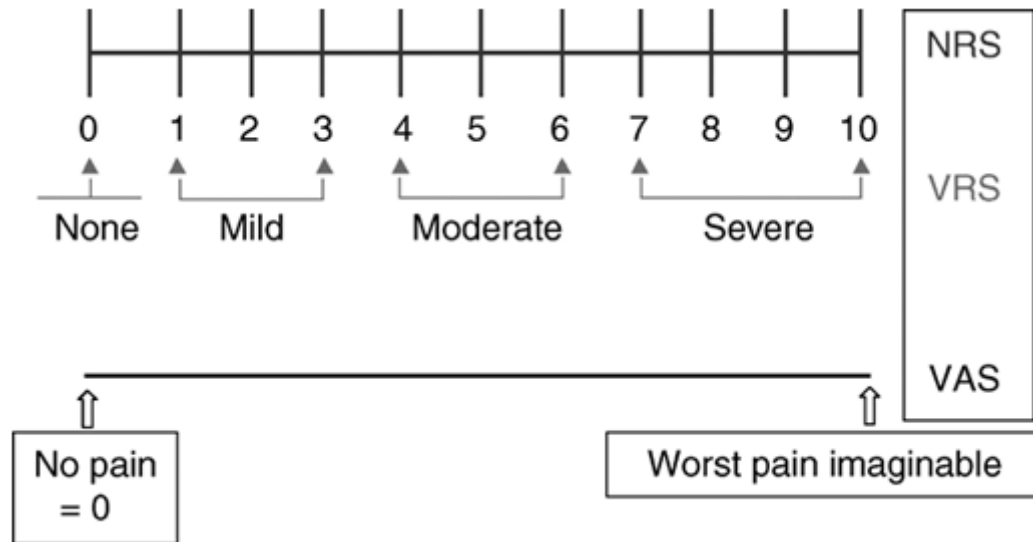




2.



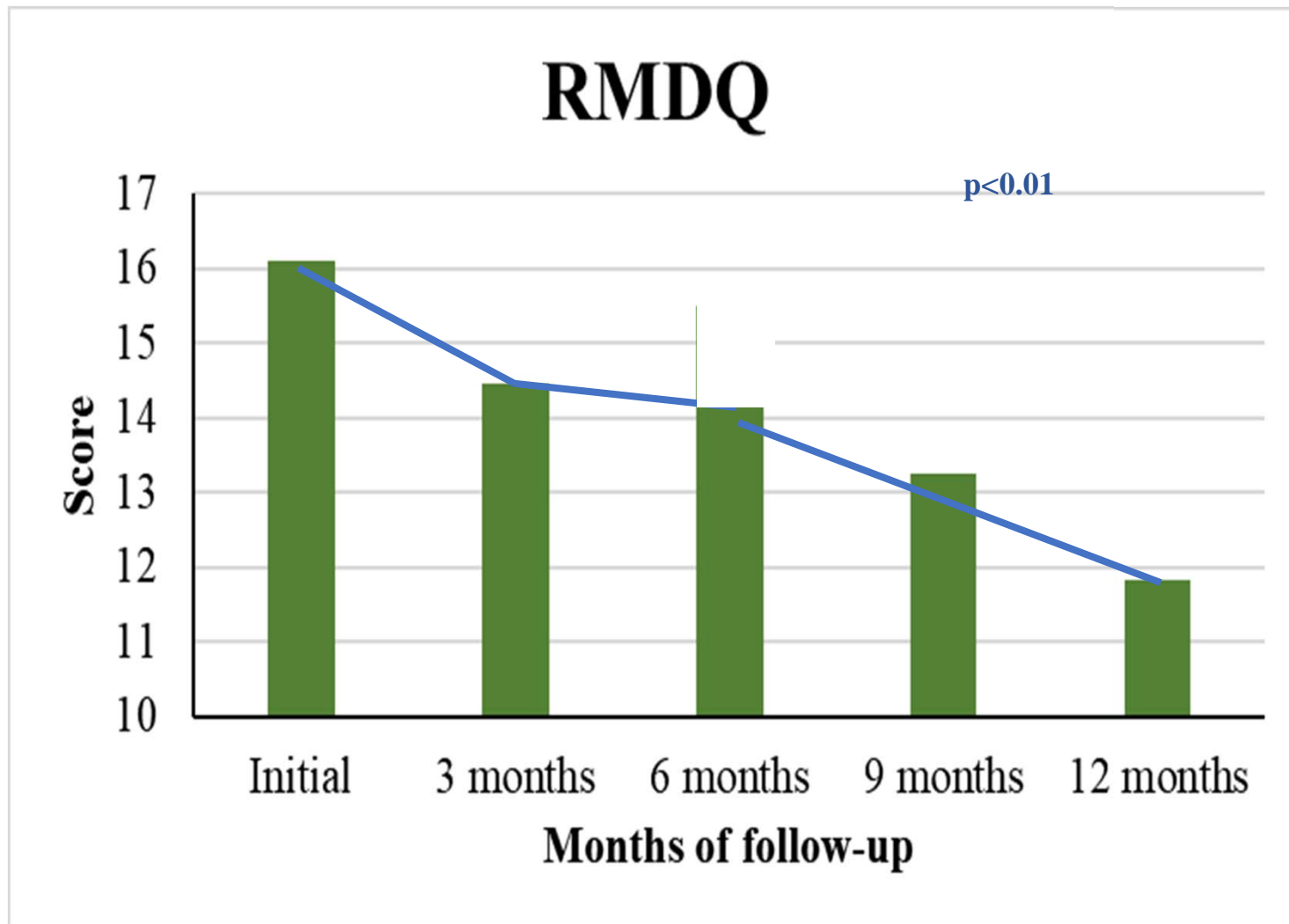
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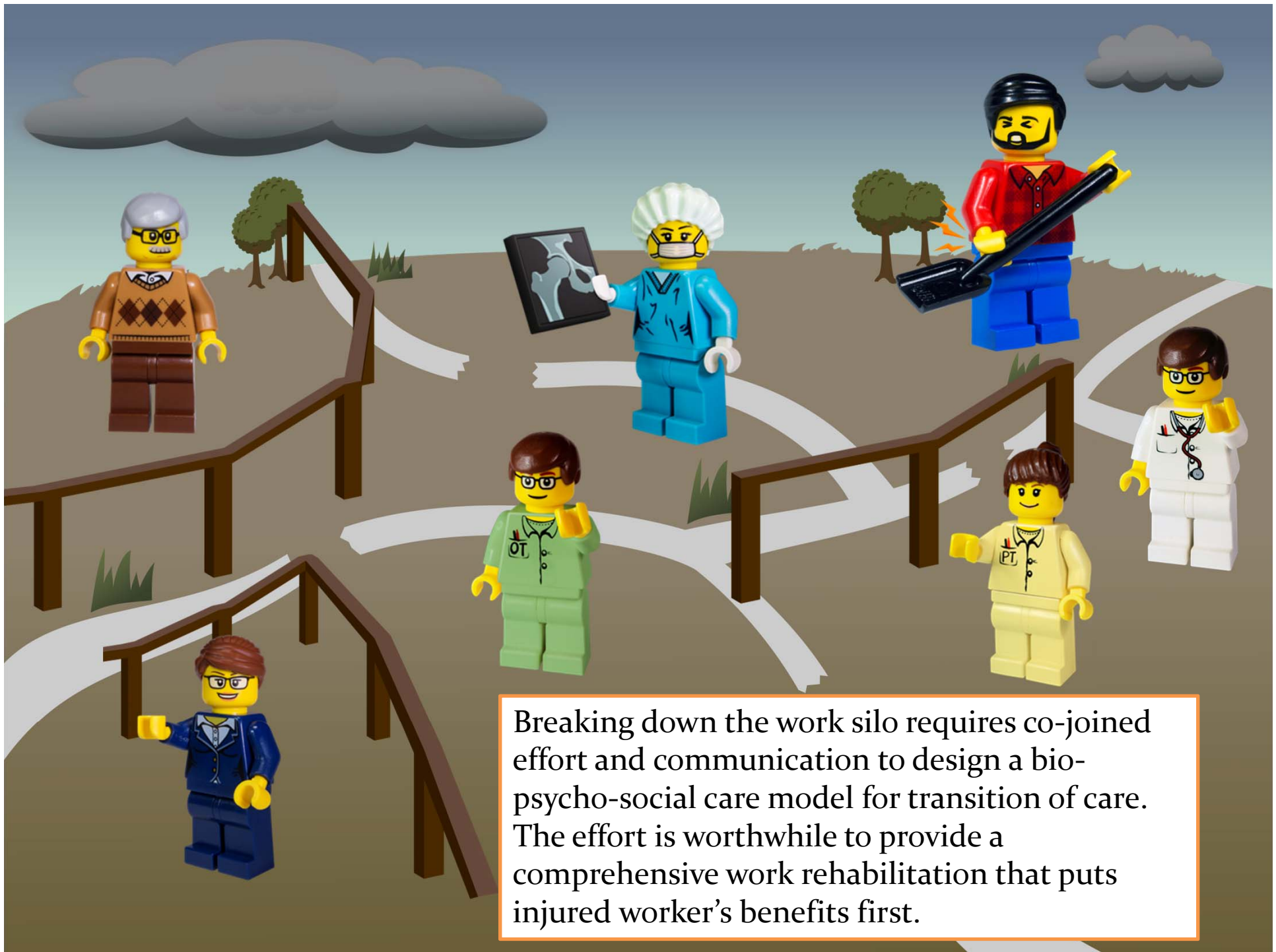


Roland Morris Disability Questionnaire mean score

decreased from 16.09 to 11.82 (p value <0.01).

4.





Breaking down the work silo requires co-joined effort and communication to design a bio-psycho-social care model for transition of care. The effort is worthwhile to provide a comprehensive work rehabilitation that puts injured worker's benefits first.



MSC model in work rehabilitation is feasible, this will be a potential solution to bridge the service gap of hospital-based service.

WIZARD

中國日報 CHINA DAILY HONG KONG EDITION

Work injury: Who's got your back?

There are nearly 6,000 on-the-job injuries every year in HK. Those who suffer the most may face years of waiting for rehabilitation.
Ming Yeung reports.

Hong Kong's unenviable record for workplace safety is long overdue for a complete overhaul. On the job fatalities in Hong Kong (5.3 deaths per 10,000 workers) are triple those of Australia (1.7/10,000 workers) and double those of Singapore (2.1/10,000 workers) on an annual basis. Of equal concern is Hong Kong's lack of facilities to treat the more than 55,000-60,000 work-related injuries occurring every year.

Local studies reveal that the Hong Kong public healthcare system doesn't even focus on work rehabilitation as part of its treatment approach. With 10 percent of work-related injuries requiring at least three months of rehabilitation, the five-to-six thousand workers needing help are forced to wait in long queues, until the golden period for rehabilitation (within six months of the injury) has passed, by the time they receive attention. Since there's no workers compensation fund, employees sidelined by injury face the additional hardship of having no income.

K.K. Law had no idea what he was in for, after he was hurt in December 2014. It was his fifth day working on a new job at a local hotel. He and three fellow workers were moving some shelves. Law tumbled down some stairs and sprained his back.

He was ready to shake it off until a sharp pain in his back warned him, this was serious. He couldn't walk.

The Employees' Compensation Ordinance requires that employers pay any injured employee four-fifths of his monthly earnings at the time of the injury. Law had five days on the job. Not much time. He got HK\$3,000. He couldn't go to a private doctor with that and getting an MRI (Magnetic Resonance Imaging) scan in private hospitals was way out of reach.

Doctors told him he had a slipped disc and put him in the queue for therapy – a queue, stretching out for 180 weeks. Waiting time of two years to see an orthopaedic specialist for non-surgical cases are common in Hong Kong.

"The pain is perpetual but there is no way out," he sighs. "The first few months I could barely walk. Every 10 steps I had to stop for a break. My finances ran out and I was in despair. The 30-year-old results."

A glimmer of hope
The first ray of hope shone, when Law was invited to join the Multidisciplinary Orthopaedics Rehabilitation Empowerment (MORE) program, under Dr Law Shueung-wai, of the

Department of Orthopaedics and Traumatology at the Chinese University of Hong Kong.

The MORE program, inaugurated in 2011, promises early diagnosis, prompt case management, and timely rehabilitation for injured workers, functional restoration and early return-to-work.

In other advanced economies, Dr Law acknowledges, patients suffering from work injuries are given specialized treatments to speed up recovery and get them back to work.

Not only do workers in Hong Kong have to repeatedly visit hospitals to get medical certification, Dr Law notes, those stuck in endless queues, are likely to develop secondary disabilities.

They get a little stir crazy from their disability and inactivity. They get depressed, start losing self-respect and may even commit suicide, says Professor Paul Yip Siu-fai of the Department of Social Work and Social Administration at the University of Hong Kong.

Yip's department worked with the Employees' Compensation Insurance Residual Scheme Bureau on a survey to try to figure out why the local system for helping injured workers is so lamentably bad. Labour Department statistics show that in 2013, for every 1,000 workers, there were 14.2 claims related to on-the-job injuries. That puts us, about

in the middle when compared to other countries and regions based on International Labour Organization statistics.

Yip's research shows that after preliminary diagnoses, workers are left to deal with pretty serious pain with passive treatment, like taking rest and getting physiotherapy.

Dr Law adds his own perspective, noting lack of coordination and communication among referring doctors and other healthcare professionals all the way up the chain. In most cases, there are no case managers to care for injured workers and watch them progress toward returning to work. Dr Law says that the system extends the recovery process substantially, and cause unnecessary misunderstanding between workers and their employers.

The climate of distrust creates avenues for recovery against employers and lawyers to take advantage of a worker's vulnerability, encouraging litigation against employers. Litigation however adds considerable cost to the system, and the injured workers often realize little gain for themselves.

A case manager to handle all necessary procedures. The MORE program after having receiving

back pain from his second injury. He recovered within three months. The first time he was hurt, it required more than a year going through the same routine channels that bedevil most injured workers.

"The biggest barrier is that Hong Kong contributes a lot to science and theories of work rehabilitation, but there is no comprehensive system to deliver on the theories," Dr Law points out.

The MORE program aims to fill that void, with orthopaedics specialists at its core, liaising with specialists from other disciplines, including physiotherapists and occupational therapists. In their joint consultations, rehabilitation plans are devised for each patient.

Dr Law and his team have helped more than 200 injured workers since the program started nearly five years ago. The results have been positive. Among the 183 MORE patients who have been discharged, 64 percent have returned to work. That's more than double the success rate (31 percent) of those who receive only standard care.

Public-private interface
The success of MORE, Dr Law concedes, owes in large measure to the public-private interface. Some patients are able to use private medical services paid for by their insurance companies.

This fact limits more widespread application of the public-private interface because most injured workers prefer to go to their health services. Dr Law notes that part of the issue results from a widely held misconception that private doctors incline to act in the interests of employers above those of injured workers.

Professor Yip points to a fact that all stakeholders in the current system fail to pay to the right compensation-focused culture, which contributes to slow recovery and a poor return-to-work record.

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The MORE program promises early diagnosis, prompt case management, and timely rehabilitation for injured workers. EDMOND TANG / CHINA DAILY



Dr Law Shueung-wai (left) notes those stuck in endless queues in public hospitals are likely to develop secondary disabilities. EDMOND TANG / CHINA DAILY

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Law Shueung-wai, doctor of the Department of Orthopaedics and Traumatology at the Chinese University of Hong Kong

public hospitals.

Yip believes the government's policy of equal care for all patients, regardless of whatever caused their affliction falls to account for the loss of productivity and the economic cost to the city and to workers who are not treated in a timely manner.

"By separating queues of injured workers from ordinary patients, not only can it speed up the treatment for injured workers, the queues for ordinary patients would be shorter too," Yip says. "Just like civil servants can attend special clinics, I believe injured workers should be given the same too."

Additionally, Yip urges employers to assign light duties to injured workers still in recovery. In view of the rapidly aging working force, Yip foresees a growing number of work injuries, demanding a more aggressive approach to prevention and treating workplace disabilities. Although there has been systematic effort to promote on the job safety by various bodies, including the Occupational Safety and Health Council, Yip's research reveals a continuing lack of awareness of workplace safety, especially among migrant workers.

Efforts to promote a safer work place often are undermined by subcontractors, who show little regard for workers' safety. Dr Law believes the best solution is to establish an occupational rehabilitation center where injured workers receive holistic care. Hong Kong's close neighbor Guangdong province opened a rehabilitation center for injured workers last year. Dr Law hopes that the SAR catches up fast, for the sake of workers, and for the city's economy.

Dr Law says the MORE program should be rolled out city-wide, though it will continue to be limited by an absence of manpower and resources at the moment.

However, Tang says, the

Labour Department has no authority to adjudicate disputes. If there is a dispute, it has to be handled by the courts. In any case, if an employer fails to meet his statutory obligation to pay compensation to an injured employee, the employer will not even be penalized, Tang adds. That's incentive for employers to deny their responsibilities, Tang adds.

With the help of Association for the Rights of Industrial Accident Victims, Chui awaits legal aid to pursue a claim against his old employer. In the meantime, he is unable to go back to work and sits unemployed and idle at home. His self-confidence is pretty much gone. He feels like he's failed his family. He used to be the breadwinner.

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就業培訓

工友受傷或患上職業病以後往往不能返回原來的工作崗位，「再展才能」職業康復者在職培訓服務及「早期職業傷病者再培訓課程」，協助職業傷病者轉行，重投工作。培訓服務包括：就業工作坊及專業培訓課程，如保安班、校工班、工作配對等等。

