

MHCC Working Safe Launch

Sleeping Giants: The Impact of Complex Claims

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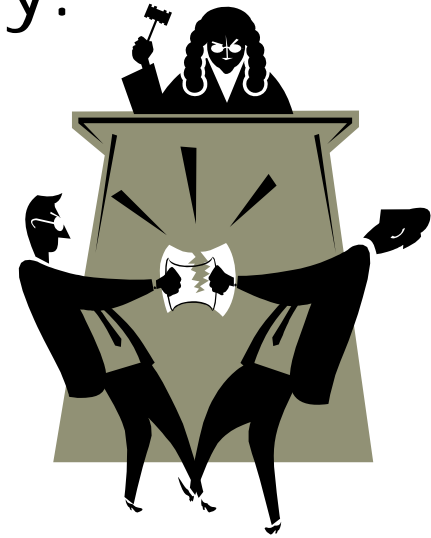
Making the most of our abilities



LIVING • WORKING • CONNECTING • LEARNING

Fundamental Responsibilities: Duty of Care:

- To our clients / people we support
- To our staff
- Concurrent sources of responsibility:
Disability Service Standards, OHS
legislation. Common law



Why focus on complex claims?

- “Complex” claims = 15% of claims but 70% of cost
- At HWNS, 3 yr period: 6% of claims = 75% of cost
- Indirect costs: time spent
- Every \$1 spent on WC premium is a \$1 that is NOT available for providing services
- We owe it to the people we support to manage claims
- We owe it to the community & government who provide funds to maximise those funds

Why manage claims effectively?

- Because we care about our staff and their well-being
- Significant impact on people's lives and livelihood
- Reputational risk and impact on recruitment
- Impact on our organisational effectiveness – capacity to achieve strategic objectives

What is a “complex” claim?

- All claims have the potential to become complex
- Some are inherently complex
- Some become complex

Tip: *Assume all claims are complex and manage that way – then be pleasantly surprised!*

Types of Complexity

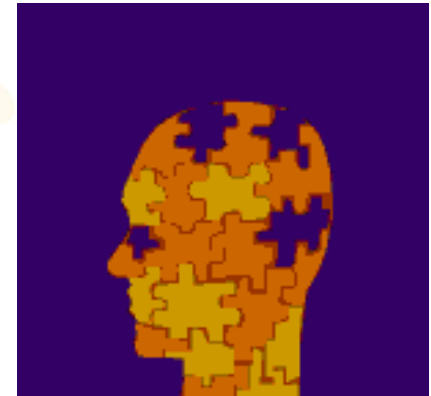
- Injury-related
- **Psychological injuries**
- Contributing factors: ageing, disability
- Causative complexity
- Liability complexity
- Legal complexity
- Difficult doctors
- Number of parties involved
- Attitudes and environmental factors
- Deemed workers



Tip: *These may occur concurrently*

Psychological Injuries

- Primary or secondary
- May be difficult to diagnose
- Difficult to treat
- Take a long time
- Social stigma
- What is the cause? Event or culture?
- Residual propensity
- Disproportionate cost to incidence



Causative Complexity

- Employment was **a** contributing factor
- Not the ONLY factor
- Not insignificant
- External factors
- “Stress” and managing performance
- Bullying & harassment
- Client aggression / violence
- Reasonably excuse – pending investigation
- External issues



Legal Complexity

- S11A – Psychological injury wholly or predominantly caused by **reasonable** action taken or proposed to be taken by the employer with respect to transfer, demotion, performance appraisal, discipline, retrenchment ...
- NA to physical injury
- Common Law claims



Multiple parties

- Doctors (sometimes difficult) and focus on physical / psychs
- Non-compliant injured worker
- RTW Co-ordinator
- Rehab provider
- Many parties – difficulty in getting together
- Conflicting IME/IMC reports
- Insurer



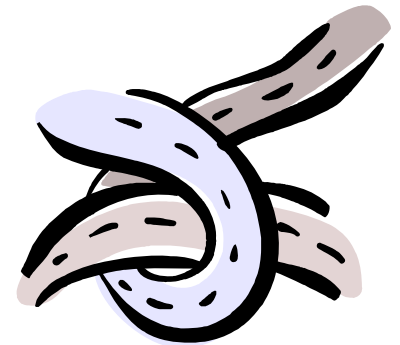
Attitude & Environment

- Manager and peer attitudes & relationships
- Perceptions of suitable duties
- IW attitude: “blame” & motivation
- Organisational culture and morale
- What’s happening in the IW’s life outside of work?

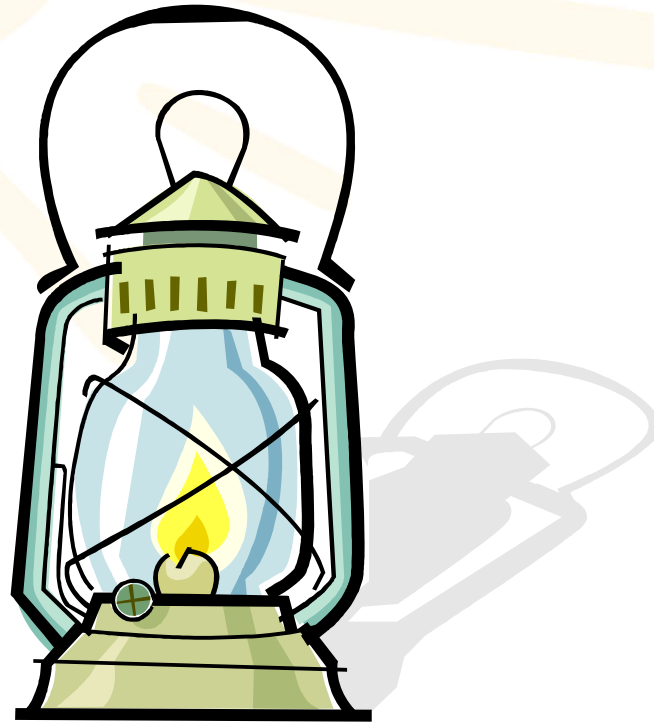


A complex environment ...

- Workers' Compensation is an intersection of legal, industrial, HR and environmental zones which are often conflicting
- No-one size fits all
- Each case must be considered individually

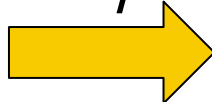


Some guiding principles



Some guiding principles:

- Be prepared for complexity
- **Care** about the injured person – not tokenistic: communication, support
- Early diagnosis and intervention of appropriate professional support – rehab provider

Tip: *My benchmark – any injury that is muscular-skeletal or has possible psychological impact  rehab provider is involved*

Responsive Strategies

- Comprehensive RTW planning – goals need to be clear, incremental, achievable, IW engaged in process
- Affirm successes
- Thorough investigation and documentation of all injuries (contributes to ongoing prevention)
- Engagement of frontline manager


Responsive Strategies

- Effective partnering with all stakeholders – requires:
 - Identification of who the key partners may be (IW, employer, supervisor, rehab provider, NTD, insurer, possibly family)
 - Clarify respective roles and expectations and how they inter-relate
 - Timeliness, tone and style of communication

Responsive Strategies

- A “person-centred” approach: what important **for** the individual, what’s important **to** them
- Criticality of effective case conferencing – may need to be multi-level
- Vital role of the supervisor and/or manager – often overlooked

Preventative Strategies

- Training of frontline managers
- Training of RTW staff
- Ongoing, multi-level risk management:
The more we focus on the preventative aspects of safety and the well-being of our staff, the less likely we are to have complex claims
- Pre-employment screening 
awareness of pre-existing condition or propensity

Outcomes

Same role:

- Fully fit, PIDs
- Permanent modification to PIDs

New role:

- Fully fit, new position
- Permanent modifications, new position

RTW – same employer is not possible



Termination

(Another level of complexity – cost & control)

Failed RTW

- Can be a result of:
 - Lack of effectiveness or appropriateness of RTW plan
 - Lack of preparation and readiness of IW
 - Lack of willingness of IW
 - Lack of support / understanding by supervisor in the workplace
 - Inappropriateness of suitable duties

Checklist 1

- Effective risk management program: client risk profiles; environmental assessments
 - Values-based recruitment & ongoing expectations
 - Know your staff and your clients
 - Clear policies & procedures: Critical incident Management, Bullying & Harassment
 - Effective support & supervision programs to enable early intervention
 - Anticipate training needs: consider Mental Health First Aid as “mandatory”
 - Effective communication, reporting and monitoring systems
 - Employee Assistance Program – for individuals and trauma management / grievance management
 - Leadership training for first line supervisors
- Clarity around roles and OHS obligations (looking after yourself)



Checklist 2

- Pre-employment medicals for benchmarking & identification
- Thorough investigation of cause of injuries – learn from that
- Support & reassure the IW
- Prompt medical review – may be supported by employer
- Identify rehab provider involvement & other key partners
- Maintain contact and communication with all partners
- Read the signs of possible complication – especially psychological
- Think outside the square when it comes to suitable duties
- Train all relevant staff
- Monitor the culture and environment of your workplace
- Well being programs may improve morale
- All staff need to understand key HR principles around managing performance etc



Resources

- MHCC – great new resources
- NDS – Disability Safe Project
- Comcare
- Safe Work Australia
- Workcover NSW
- Peer networks



Questions



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Thank You

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