



PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

ACC Partnership Programme

AUDIT GUIDELINES

INJURY MANAGEMENT PRACTICES

GUIDELINES TO UNDERSTANDING THE AUDIT STANDARDS
FOR THE INJURY MANAGEMENT SECTION OF THE
ACC PARTNERSHIP PROGRAMME

These guidelines are **not** a separate level of verification; rather they provide an additional level of explanation around the audit requirements and should be read together with the audit standards. These guidelines provide a number of suggestions about how employers may meet the requirements of the audit standards; however, they are **not** definitive and there may be other options for meeting the audit requirements depending on the individual accredited employer and their management structure.

Guidelines to what?

These guidelines will help employers understand ACC's requirements of the audit standards for the injury management section of the ACC Partnership Programme. The guidelines provide further clarification and information for employers who are seeking to understand ACC's audit standards and how these generic standards might be applied in specific workplaces.

They may also be useful to other people who are interested in workplace injury management under ACC's safety discount programmes such as auditors, health and safety consultants, and third party administrators (TPAs).

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🔗 How can the guidelines help?

The ACC audit standards are generic standards so that there is a benchmark that can be applied to all participating employers. Because of this, the standards are open to some interpretation when applied to specific workplaces.

These guidelines will help you to understand what ACC is looking for in each requirement so that you can interpret what that means in reference to your own workplace.

Important Note

Under the Accredited Employer Programme Accreditation Agreement, responsibility for all injury management ultimately rests with contracted accredited employers. While a number of employers may choose to use the services of a TPA to assist them in the delivery of injury management services, TPAs are filling this role on behalf of the accredited employer. The level of involvement of TPAs will vary according to individual subcontracting arrangements with each accredited employer. Who actually undertakes each step, and the type and frequency of communication, will be determined between each accredited employer and TPA.

‣ Critical elements

There are 10 critical elements in the injury management portion of the audit standards. These follow on from critical elements one to nine in the safety management practices section. Each critical element has varying numbers of primary, secondary and tertiary verifications that need to be met. These critical elements cover essential sections in managing workplace injuries under the programme, and provide a framework for building successful and sustainable injury management practices.

The ten critical elements are:

10. Cover decisions
11. Entitlements
12. File management
13. Administration and reporting
14. Disputes management
15. Development of rehabilitation policies, procedures and responsibilities
16. Assessment, planning and implementation of rehabilitation
17. Rehabilitation outcomes, return to work and follow-up procedures
18. Focus group interviews
19. Case studies

‣ Levels of achievement

The ACC audit standards refer to three levels that an employer can achieve within the programme. These levels are:

Primary – the basic level of achievement required for programme entry

Secondary – further consolidation of good health and safety practices in the workplace

Tertiary – a well-established, continuous improvement framework

The tertiary level can only be achieved when an employer has a clear history of established systems and processes which function actively in the workplace. As a guide, most of the requirements should have been functioning over no less than a 12-month period.

‣ What do they look like?

The numbering used in these guidelines refers directly to the numbering of the critical elements and the verifications in the audit standards for the Partnership Programme. Guideline information has been separated under primary, secondary or tertiary headings

for each of the critical elements, so numbering may not always be sequential. Where it may appear that some requirements from the audit standards are missing, they have been addressed further on in the same critical element, under either the secondary or tertiary subheading.

🔗 What if I have more questions?

You are welcome to contact one of the ACC Partnership Programme Advisors on (04) 918 7061 or your account manager if you need any further information.

❖❖❖ CRITICAL ELEMENT 10

Cover Decisions

OBJECTIVE:

The employer will demonstrate a procedure for making workplace injury cover decisions that complies with the legislation and includes review rights.

❖ Introduction

Employers are required to have processes and procedures* in place to make robust cover decisions according to the Injury Prevention, Rehabilitation, and Compensation Act 2001 (The Act*). Access to appropriately qualified and experienced staff with the expertise to make workplace injury cover decisions will ensure that the statutory rights and entitlements of injured employees are protected and provided for. This will enable employers to be assured that they are managing their responsibilities in accordance with The Act*, the New Zealand Gazetted Framework (The Framework*) and the ACC Partnership Programme audit standards.

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❖ Primary Requirements

10.1.1

The employer needs to have a documented procedure that details how they (or the subcontracted third party administrator (TPA)) lodge work injury claims. This procedure may refer to the steps involved in claim lodgement such as:

- the form that claims can be lodged on
- the mandatory information required on an Injury Claim Form (ACC45) to be able to lodge a claim (for example, the injured person's name, date of birth, description of accident, injury diagnosis)

- the electronic lodgement of ACC45s (where applicable) and how these are processed
- the time frames for an employee to lodge a claim
- how a claim is registered
- responsibility for claim lodgement (for example, the accredited employer or a TPA)
- the computer system or method of lodgement that is used
- time frames for each part of the procedure
- who does what in the process (for example, the person or position responsible for each step of the process)

For employers using a TPA, the procedure should also detail how an ACC45 received directly by the employer will be forwarded to the TPA for lodgement. Time frames for forwarding ACC45s to the TPA should also be included.

Note: The date of claims lodgement is the date a completed ACC45 is received by the accredited employer (or has been received by ACC). The date of lodgement refers to the beginning of the period for the purposes of determining cover. Because there are strict time frames for making cover decisions, it is important that an accurate record of the date an ACC45 is received is maintained and can be demonstrated if required.

As an accredited employer is often aware of an injury well before an ACC45 is received, the date of injury notification* is the date the employer (or TPA) first becomes aware of an injury to an employee. For example, this may be through receipt of incident or injury reports or verbal notification from the employee.

10.2.1

The employer needs to have a process to determine whether a claim meets the criteria to be accepted as a work-related personal injury (in accordance with Sections 28 and/or 30 of The Act*). This may be in the form of a checklist (or similar) that considers factors such as:

- was the injury suffered while the person was at any place for the purpose of employment?
- was the injury suffered during a meal break or rest at the employee's place of employment?
- was the injury suffered while travelling to, from or between places of employment?
- the activities the person was engaged in at the time of the injury

Where an accredited employer uses a TPA to assist in making cover decisions, the process should verify how feedback from the employer (such as injury reports or verbal feedback from the manager) is considered in the final decision-making process.

It is important that the process also refers to the time frames for making cover decisions on work injury claims (refer to Sections 56 and 57 of The Act*). If a cover decision is not made within the legislative time frames, a decision is deemed to be accepted.

Note: The ACC scheme is a no-fault scheme, which means a work injury claim cannot be declined solely on the basis of an employee:

- not reporting the injury to the employer
- acting in contravention of any Act, regulations or workplace instructions
- skylarking, or acting illegally or negligently

10.2.2

Some situations may require the collection of additional information in order to determine if an injury is work-related (such as when an employer and employee disagree that an injury happened at work). Example or standard letters are required for use in situations when additional information is required. For example:

- a request for further information from the line manager or supervisor
- a request for further information from the injured person
- information from the injured person about any non-work activities that may affect injury status
- a statutory declaration
- a request for further information from the treating doctor

The use of standard letters provides easy reference and ensures consistency in the way in which employees are advised of decisions or the way in which further information is sought.

Note: Actual examples are required for verification in renewal audits.

10.2.3

A documented procedure is required in order to confirm the way in which disputes are managed if an injured employee and their employer disagree about whether an injury is work-related or not. This procedure would be used when a disagreement between the circumstances of an injury are identified **prior** to a formal decision being made and should include the collection of more information from the line manager, employee and/or treatment provider. On receipt of all of the relevant information, the case manager should consider factors such as:

- have all the answers, arguments and other information provided by the employer and employee been considered?
- does the medical evidence help establish injury causation?
- have all relevant matters been taken into account?
- have all the merits of the case been considered?
- are there witness statements?

- is the employer disputing the claim solely on the basis that the employee did not report the injury? Refer to page 5 for more information

The final cover decision should be based on whether it is more likely than not, that a work-related personal injury has been sustained. Documentation should be maintained on file to confirm the way in which the final decision was made.

10.3.1

The employer needs to provide evidence that cover decisions confirming the acceptance or declinature of a claim are issued to an injured person in writing, that review rights have been included and that legislative time frames are met. Cover decision letters may include (for example):

- the claim number
- the injured employee's name
- whether the claim has been accepted or declined for cover
- the injury that has been accepted or declined for cover
- reasons for claim declinature (where applicable)
- review rights
- information on entitlements
- attached information about the Code of ACC Claimants' Rights (The Code*)

Note: It is essential that the cover decision letter clearly identifies and names the accredited employer as the decision-maker, even where the letter may be issued by a TPA on the employer's behalf.

10.4.1

The employer needs to demonstrate that only people with knowledge of the current ACC legislation are able to make the final decision on workplace injury cover decisions. While feedback from line managers or supervisors will be considered in the decision-making process, cover must be accepted or declined by someone who has knowledge of the ACC legislation. Whoever undertakes this role must have at least 12 months' experience in making workplace injury cover decisions and in the managing of claims.

Verification that the person making cover decisions has the appropriate level of experience can be obtained by viewing curricula vitae or lists specifying the experience and qualifications of the individual.

Note: While ACC may provide additional support and training from time to time, this training is to enhance or refresh current knowledge and experience of people who already have the requisite background knowledge and expertise.

10.5.1

Confirmation is required that information is available to all employees so they are aware that they work for an accredited employer and understand the process for lodging a work injury claim. This can be verified by the availability of training notes, agendas, attendee lists or brochures.

10.5.2

Employees need to be provided with something that identifies them as working for an accredited employer. This identification will be used by the injured employee when seeking medical treatment for a work injury, and may be in the form of identification cards which include the employer's contact details or letters of introduction to the treating practitioner.

(Employee identification cards for accredited employers are available free of charge from ACC by ordering through www.acc.co.nz.)

10.5.3

The employer needs to provide evidence that information on claims lodgement is provided annually to all employees. This can be verified by information brochures, letters to all staff or Intranet information, and should be dated to confirm the annual provision of information.

Note: The Agreement* requires that accredited employers provide information on claims lodgement to all employees within one month of commencement in the Partnership Programme, and within five days of a new employee starting work for an accredited employer, and annually to all employees thereafter. This is in addition to the information that is provided to individual employees when claims are lodged.

10.5.4

The employer needs to provide evidence that information on the claims lodgement process is accessible to all employees. This can be demonstrated through the use of brochures, publications, posters in the workplace, an Intranet site, etc. If an Intranet site is used, it is important that other forms of communication are also provided where all employees do not have ready access to a computer.

10.6.1

The employer needs to have a documented process detailing how to transfer claims that are not their responsibility (such as claims that belong to another accredited employer or to ACC).

The process to transfer an ACC45 that has been received incorrectly may include:

- verifying if the ACC45 is for a work-related employee claim; and, if not,

- the method for transferring the ACC45 directly to the relevant accredited employer or ACC
- time frames and responsibilities for transfer

The process to transfer a claim where the employer has already provided case or claims management may include:

- verbal contact with the ACC Insurance Liaison Manager to confirm that ACC will accept the claim
- contact with the employee to advise them of the transfer, the reasons for transfer, where the claim is being transferred to and ACC's contact details
- written notification to the ACC Insurance Liaison Manager, any providers and other parties involved in the claim
- a full file summary that is completed prior to transfer (and includes review of the accuracy of all payments) and is signed off by a senior person within the company

10.6.2

The employer needs to demonstrate understanding of how claims will be transferred to either ACC or another accredited employer. The ACC Workplace Incentive Programme* (WIP) team will provide information on how accredited employers are required to transfer claims to ACC (available on Informe and the ACC website www.acc.co.nz). Verification of this requirement may be through viewing copies of ACC's directives or other similar information.

Note: Refer to critical element 12.6 for a process to transfer claims to ACC at the end of the claims management period.

🔗 Secondary Requirements

10.3.2

The employer needs to provide evidence that employees are contacted to discuss unfavourable cover decisions prior to written notification of the decision being sent. This contact can either be in person or over the telephone. Evidence can be in the form of running sheets, file notes, the letter declining the claim (which refers to the previous conversation with the employee) or similar.

The aim of this contact between the case manager and the employee is to ensure the employee clearly understands why the claim does not meet the requirements for cover under The Act* and to discuss any other support that may be available. Providing this contact may minimise an application for review due to any employee misunderstanding or lack of information.

❖❖❖ CRITICAL ELEMENT 11

Entitlements

OBJECTIVE:

The employer has developed a process for ensuring entitlements are assessed in an accurate and timely manner and claimants are notified of decisions in compliance with the legislation.

❖ Introduction

An injured person may be eligible for a range of social, vocational and medical entitlements as a result of a work-related injury. When cover for a work-related personal injury has been established, employers are required to provide entitlements to their injured employees at a level that is at least equivalent to that specified in The Act*.

Some employers may elect to provide more than the statutory entitlement to their injured employees (for example, medical surcharges, 100% weekly compensation payments); however, this is at the discretion of the individual accredited employer. In situations where an employer chooses to pay more than the statutory entitlement, the injured employee must be advised of this the first time a payment is made and each time the level of payment changes. It is not sufficient for this information to be provided annually to all employees.

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Primary Requirements

11.1.1

To ensure that all injured employees are aware of entitlements and the Code of ACC Claimants' Rights (The Code*) following a work-related injury, the employer needs to have a notification procedure in place. This may include:

- fact sheets (or similar) being sent with all cover decision letters
- sources of information available throughout the workplace (for example, posters and brochures)
- entitlement information included in a written form at induction of new employees

The employer should also consider any special needs that may be specific to the workplace (for example, information available in different languages and/or forms).

11.1.2

The employer needs to demonstrate that information on entitlements is accessible to all employees. This can be demonstrated through the use of brochures, publications, posters in the workplace, an Intranet site, etc. If an Intranet site is used, it is important that other forms of communication are also provided where all employees do not have ready access to a computer.

11.1.3

The employer needs to demonstrate that each employee is informed about entitlements that may be applicable when a work injury is accepted for cover. This can be verified by file notes or running sheets (or similar) which confirm that information brochures or fact sheets have been sent with all cover decision letters.

11.2.1

The employer needs to have a process to assess an injured employee's eligibility to entitlements following a work-related injury. One way of doing this is to use a needs assessment sheet that considers the range of entitlements available. The process to assess entitlements should consider:

- all entitlements that may be relevant including compensation, treatment, needs at home and at work
- the criteria that need to be met in order to be eligible for each entitlement
- reference to The Act*
- the time frames involved for making entitlement decisions
- who has the delegation to accept or decline requests for entitlements

11.2.2

The employer needs to have example or standard letters available to accept or decline requests for entitlements. Standard forms should also be available for injured employees

to enable them to provide the correct information when claiming for entitlements (for example, home help claim forms, transport claim forms).

The development of standard letters not only allows for easy reference but also ensures consistency in the way in which employees are advised of decisions.

11.2.3

The employer needs to demonstrate that all entitlement decisions are confirmed in writing to the injured employee. Entitlement decision letters should include:

- the claim number
- the injured employee's name
- the entitlement that has been accepted or declined
- if an entitlement is declined, the reasons for this (which should be clear to the employee)
- review rights, even when the application for entitlement has been accepted

Note: Actual examples of these letters are required for verification in renewal audits.

11.3.1

The Partnership Programme requires open, consultative rehabilitation management. Employers are required to gather and analyse a wide range of information when managing work-related injury claims. This may include personal information about the injured person, personal information about their family, health-related information, injury details and earnings information. Ensuring that an injured employee understands and consents to the collection and release of information relating to a claim is part of good rehabilitation practice in order to protect both the employer and employee.

The employer's effective management of this information is an essential component of the rehabilitation process and employers are required to comply with the Privacy Act 1993 and the Health Information Privacy Code 1994.

A current consent form should be present on every active file where there is a need to collect or release information about the injured employee. This can be verified by provision of written information about consent forms when additional information is required. This information should include:

- the reason for collecting information
- the intended recipients of the information
- the claimant's right to respond to any information supplied
- privacy principles (for example, how the information will be stored, who will have access to the information)
- a contact person for any concerns or questions

Note: Good practice rehabilitation promotes discussion with the injured employee each time before any information is collected or released so that the injured employee is fully informed of what information is being sought or released. This may be verified by running sheets (or similar) to confirm discussions.

11.3.2

The employer is required to have standard consent forms available which include:

- the injured employee's name and claim number
- contact details of the injured employee
- purpose of collecting the information
- a statement authorising the collection and release of information relevant to the claim
- claimant declaration that the information provided is correct
- claimant signature
- date on which the consent is signed
- reference to the Privacy Act 1993 and the Health Information Privacy Code 1994

A consent form will generally be valid to coincide with the duration of a rehabilitation plan. ACC considers 12 months to be the longest reasonable time for a consent form to remain current. If the consent form has no end date on it, a new consent form is required at least every 12 months.

Note: The consent included on an ACC45 (Injury Claim Form), which has been completed as part of a medical consultation, is not sufficient if further information needs to be collected or released by the accredited employer. Confirmation of informed consent by the accredited employer provides the assurance that both employer and employee rights are protected.

11.4.1

The employer is required to have a documented procedure or computer system detailing how weekly compensation entitlements are calculated that is consistent with The Act*. This procedure should consider:

- how to determine eligibility
- exchange of earnings details between the accredited employer's payroll and the third party administrator (TPA) (where applicable)
- how to calculate entitlement
- how to establish the periods for which compensation is payable
- the information needed to verify incapacity
- how to include payments made from any secondary employment
- reference to relevant sections of The Act*

11.4.2

The employer needs to provide evidence that calculation sheets are maintained on all files where an employee has entitlement to weekly compensation or abated weekly compensation. The calculation sheet on the file should be a copy, with the original sent to the injured employee (this can be confirmed by the running sheet). Information on the calculation sheet should include:

- the earnings figures used to calculate entitlement
- the amount being paid
- the period of entitlement being paid
- review rights
- responsibilities of the injured employee

11.4.3

When the employer elects to pay injured employees more than the legislative entitlement to weekly compensation (or abated weekly compensation), the employer must advise the injured employee of:

- the 80% weekly compensation entitlement (the statutory entitlement)
- the abatement entitlement under The Act*
- the amount the employer has elected to pay (which is at least equivalent to the 80% figure)
- the fact that only the statutory level of entitlement will be paid by ACC if the claim is returned to ACC for ongoing management

Note: This information must be provided to the injured person the first time weekly compensation is paid and each time the level of entitlement changes. It is not sufficient for this information to be provided annually to all employees.

11.4.4

Applying indexation increases (made by Orders in Council) involves an annual adjustment of weekly compensation entitlements based on changes to the Labour Cost Index representing average changes in wages. It is recommended that this responsibility is designated to a specific individual (such as the Technical Claims Manager or Team Leader) to ensure it is not overlooked. Employers are required to have a procedure to apply these increases, which should include:

- what claims are eligible for the adjustment
- where and when the information regarding adjustments can be found (for example, Informe)
- the process for advising injured employees of any increase

11.4.5

When an employee returns to work in a reduced capacity (and/or continues to receive taxable income from a secondary source), weekly compensation and abated calculations need to be made. Employers are required to have a procedure or computer system detailing how to calculate abatement that should include:

- what abatement is
- when it should be applied
- how it is calculated
- what information needs to be collected
- reference to relevant sections of The Act*
- the process for advising the injured employee

Copies of abatement calculations need to be maintained on file, with the original being forwarded to the injured employee (this can be confirmed by the running sheet).

✚ Secondary Requirements

11.2.4

The employer needs to provide evidence that employees are contacted to discuss unfavourable entitlement decisions prior to written notification of the decision being sent. This contact can either be in person or over the telephone. Evidence can be in the form of running sheets, file notes, the letter declining the entitlement (which refers to the previous conversation with the employee) or similar.

The aim of this contact between the case manager and the employee is to ensure that the employee clearly understands why the entitlement has been declined and to discuss any other support that may be available. Providing this contact may minimise an application for review due to any employee misunderstanding or lack of information.

❖❖❖ CRITICAL ELEMENT 12

File Management

OBJECTIVE:

Policies and procedures are in place to ensure that all files are managed and administered in a way that complies with the legislation. (Templates or samples will only be accepted for new accredited employer applications or situations where there have been no claims.)

❖ Introduction

The management of injuries in the workplace provides opportunities for the full advantages of supported early return to work to be realised, such as early contact, early assessment of needs and early access to appropriate entitlements and support.

It is internationally recognised** that injury management is most effective when resources are targeted appropriately. A claims assessment involves the case manager using professional judgement to determine both the relative risk that an injured person will not return to work without rehabilitation support and the degree and focus of rehabilitation support required for a return to work or independence to occur. A claims assessment recognises that injury severity may not be the main reason a claim exceeds its expected duration and/or cost. Rather, psychosocial risk factors* may have the biggest influence on how long it takes for an injured person to return to work or independence.

Claims assessment is not a one-off task; in many cases it will be an ongoing process throughout the life of the claim. For example, the initial needs assessment, the face-to-face consultative rehabilitation planning process and the ongoing regular review of progress all provide opportunities to assess the time frames and likelihood of a successful return to full pre-injury independence. Understanding the importance of ongoing claims assessment, and having the necessary background knowledge and skills, will enable the case manager and the employer to anticipate any barriers to progress and to address them accordingly.

Face-to-face management is essential in managing the rehabilitation of high-risk claimants or those with complex needs. However, it is equally important to monitor low-risk claims in this way, to ensure that any potential risks are identified and managed appropriately if they occur.

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🔗 Primary Requirements

12.1.1

The employer needs to have a procedure detailing the information to be included on a claim file. For example, files must contain:

- an ACC45 (Injury Claim Form)
- cover decision letter

Ongoing claims may include (where relevant):

- an application for entitlement
- signed consent form
- medical certificates (for any incapacity greater than seven days)
- treatment provider reports and invoices
- rehabilitation plans
- running sheets and case notes
- closure forms

The procedure should confirm that the employer will manage and administer information on work-related claim files in accordance with The Act* for example, a statement confirming that information on file will be held securely, will be maintained confidentially, and will only relate to the injured employee and not include details of any other person).

For employers using a third party administrator (TPA), the complete file (with all of the original documentation) may be held at the premises of the TPA. It is important that any other claim information (such as copies of workplace assessment reports) kept in the workplace (with the occupational health nurse, for example) is maintained according to the above procedures.

Note: All files remain the property of ACC and should therefore be readily accessible, complete and able to be transferred to ACC at any time (refer to Clause 9.12 of The Agreement* for more information).

12.1.2

Employers need to provide actual claim files to demonstrate that claim files are administered in a way that meets the requirements of critical element 12 and comply with The Act*.

12.1.3

The development of standard letters and forms not only allows for easy reference but also ensures consistency in the way in which employees are advised of decisions. The range of standard letters and forms may include:

- cover decision letters
- consent forms
- transport forms
- entitlement applications
- entitlement fact sheets
- Code of ACC Claimants' Rights (The Code*) information

Note: Actual examples of these letters and forms are required for verification in renewal audits.

12.2.1

The Health Information Privacy Code 1994 sets out 12 Health Information Privacy Rules that cover the collection, handling and release of personal health information by health agencies. This code applies to all agencies providing health or disability services and to ACC and accredited employers within their responsibilities concerning the management of injuries.

The employer needs to have a procedure that refers to the Privacy Act 1993 and the Health Information Privacy Code 1994 in relation to the collection, storage and release of personal information. This may be in the form of a statement that confirms:

- how injury-related information is collected (for example, all requests for information are accompanied by an employee consent form)
- maintaining information in a locked or secure area
- ensuring that only people with the appropriate authority have access to files
- ensuring that files only contain information relating to the injured employee

12.2.2

The Code* must be complied with at all times. Right 7 of The Code* states that claimants have a right to have their privacy respected. One way this can be demonstrated is by the way in which information is stored and managed.

The area where claims are stored must be securely maintained and accessed only by designated people. A list of people with authority to access injury-related information should be available.

For employers using TPAs, the auditor will need to verify that any other claims-related information (such as copies of medical reports) held in the workplace by the employer is collected and stored securely and accessed only by designated people.

12.2.3

The information an employer has access to as an accredited employer may differ from that which they would have access to if they were a standard employer, and managers and supervisors who have access to employee information should not necessarily have access to injury information. Therefore, only the people designated in critical element 12.2.2 are able to access injury-related information and this injury-related information must be maintained separately from employment-related information.

The Code* and The Agreement* require that accredited employers undertake their obligations without regard to any other employer or work-performance issues which may relate to an injured employee. Decisions regarding work injury claims are required to be based on legislative standards, and should not be influenced by an injured employee's work history or relationship with their employer. For example, if the employer is aware that an injured person is undergoing disciplinary action, this should not affect the entitlements or quality of support provided.

The Health Information Privacy Code 1994 and The Framework* require that health information obtained in connection with one purpose cannot be used for any other purpose. Consequently, the audit standards specifically require that the injury claim file and the personnel file information be maintained separately. Information relating to separate injuries for the same individual should also be maintained separately.

12.2.4

While work injury claims are managed by the accredited employer, the claims are still ultimately the property of ACC and are being managed on behalf of ACC. Therefore, there should always be one file for each entitlement claim, complete to the current date, and readily accessible to ACC if there was a need to uplift a file at any time (with reasonable notice).

Note: Even when some file information (for example, the rehabilitation plan) is held separately from the main file (which may be held by the TPA), the main file should always have copies of all documents so that it remains complete. A complete file will include (for example) the medical certificate, the cover decision letter, entitlement decision letters, a running sheet with all contacts made, consent form, signed rehabilitation plan and any notes and email updates.

Note: For new accredited employers, a statement in a procedural manual (or similar) will verify this. Actual files are required for verification in renewal audits.

12.2.5

The employer is required to confirm that closed claims which do not need to be transferred to ACC are securely stored and are accessible to ACC if required. This may be verified through a procedure which details the way in which the closed files will be stored and how they can be accessed.

Note: An employer is required to retain injury claim information for 10 years from the latest action following a workplace injury, according to the signed Agreement*, unless The Agreement* with ACC is terminated, in which case all files (open and closed) must be returned to ACC.

12.3.1

The aim of this requirement is for employers to receive early notification of an injury so that there can be an assessment of needs, clear setting of expectations and appropriate management of any support that may be required. These things have a direct impact on successful outcomes. Studies** have shown that the earlier an injured person is contacted following an injury, and the sooner appropriate rehabilitation is provided, the more likely it is that the injured person will make an early and safe return to work.

An employer needs to have a procedure confirming that the injured employee will be contacted within five working days of injury notification where there is likely to be a need for rehabilitation. The procedure to determine whether any support is required should consider:

- how initial contact with the injured employee is made (for example, in person or by telephone)
- who (the role) is responsible for contacting the injured employee and discussing possible needs
- information to be covered with the employee on initial contact (prompts, checklists may be used)
- entitlements that may be applicable

To enable the advantages of early intervention to be realised, initial contact and assessment of support should occur within five working days. Contact should be made irrespective of whether the injury has been accepted for cover. Because many entitlements are only applicable if a claim is accepted for cover, the limited early rehabilitation support and the need to wait for claim acceptance for some forms of support should be discussed and clarified with the injured employee from the earliest contact.

Note: Actual examples demonstrating contact within the five working-day time frame are required in renewal audits.

Note: This early contact requirement does not apply to injuries that are likely to be medical-fees-only claims* although best practice would suggest that employers with a small number of injuries should consider undertaking initial contact and an informal needs assessment on all reported injuries.

In this context **medical-fees-only*** claims are defined as injuries which only require initial medical support and/or less than six provider treatments (for example, physiotherapy) and are unlikely to require further entitlement.

Injury notification* refers to the first time an employer (or TPA) is made aware of an injury and may be through receipt of an ACC45, advice from the employee about an injury, or other methods of early workplace reporting.

Need for rehabilitation* is determined when a person is unable to undertake normal hours and normal tasks without some sort of support. Rehabilitation support may be needed even if the person remains at work. For example, a person experiencing early forearm muscle discomfort associated with work may require review of work deadlines, modification of some tasks and a worksite assessment to enable them to remain at work.

12.4.1

A running sheet provides a “quick reference” to anyone who is reviewing the claim and may provide confirmation or evidence of many of the audit requirements. The running sheet briefly details what has been occurring on the claim and may include:

- contact details of the injured person
- injury description
- a brief summary of contact with the injured employee and any other stakeholders (for example, telephone conversations, decisions issued, case conferences)
- the dates of each contact or action

Evidence is required that running sheets are maintained on files that are more than medical-fees-only claims.* This can be verified by viewing a number of actual files. In situations where electronic running sheets are maintained, copies of running sheets should be printed out and included on files at key intervals (for example, before meetings, prior to audit, at claim closure).

12.5.1

A closure form acts as a quick reference summary of the claim and can be used as a record of the claim outcome. An employer needs to demonstrate that closure forms (or similar) are completed on claims when more than medical-fees-only claims* have been paid. The form (or similar) may include:

- claimant name
- injury diagnosis
- cost and duration of claim
- work status of the injured employee at claim closure

This verification is not applicable for new accredited employer applications or situations where no work injuries have occurred.

12.6.1

All claims forwarded by an employer to ACC for ongoing management need to include a completed ACC413 (Transfer Summary) which includes details of the rehabilitation provided and a brief history of the claim. It is a requirement that the ACC413 is signed off by a senior person within the employer.

12.6.2

It is essential that an accredited employer notifies an injured employee, ACC and any other relevant party prior to a claim being transferred. The employer is required to have a transfer process which includes:

- the reasons for file transfer
- when the transfer will occur
- when compensation or entitlement payments from the employer will be transferred to ACC
- contact details of the person making the transfer
- contact details of ACC
- confirmation of notification
- the parties to be notified of the transfer

12.6.3

All claims being transferred by an accredited employer to ACC should be reviewed and signed off by the employer in order to confirm the accuracy of payments and rehabilitation. This can be verified by a checklist (or similar) completed by the employer and signed off by a senior person within the company who verifies the correctness of the information.

Note: Because the employer is ultimately responsible for future liabilities and the quality of information on the file, it is not appropriate for the final sign-off of the ACC413 to be completed by a third party.

12.6.4

The employer needs to demonstrate that the procedure for transferring claims to ACC is consistent with ACC Operational Directives (refer to Informe). This can be verified by a statement (or similar) which confirms use of the ACC guidelines.

🔗 Secondary Requirements

12.3.2

The aim of this requirement is for employers to receive early notification of an injury so that there can be an assessment of needs, clear setting of expectations and appropriate management of whatever support may be needed. These things have a direct impact on successful outcomes. Studies** have shown that the earlier an injured person is contacted following an injury, and the sooner appropriate rehabilitation is provided, the more likely it is that the injured person will make an early and safe return to work.

An employer needs to have a procedure confirming that the injured employee will be contacted within two working days of injury notification where there is likely to be a need for rehabilitation. The procedure to determine whether any support is required should consider:

- how initial contact with the injured employee is made (for example, in person or by telephone)
- who (the role) is responsible for contacting the injured employee and discussing possible needs
- information to be covered with the employee in initial contact (prompts, checklists may be used)
- entitlements that may be applicable

To enable the advantages of early intervention to be realised, initial contact and assessment of support should occur within two working days. Contact should be made irrespective of whether the injury has been accepted for cover. Because many entitlements are only applicable if a claim is accepted for cover, the limited early rehabilitation support and the need to wait for claim acceptance for some forms of support should be discussed and clarified with the injured employee from the earliest contact.

Note: Actual files demonstrating contact within the two working-day time frame are required for verification in renewal audits.

❖❖❖ CRITICAL ELEMENT 13

Administration and Reporting

OBJECTIVE:

The employer has a computer reporting system that holds appropriate data and allows timely and accurate reporting to ACC as required by the accredited employer agreement (The Agreement*).

❖ Introduction

ACC is required to maintain injury-related data for New Zealand in order to understand the injury profiles and to target effective injury prevention and injury management initiatives. This includes all work injuries, non-work injuries, motor vehicle injuries and injuries that occur to non-earners. Employers who are accredited under the Partnership Programme are responsible for recording their own workplace injury data, which then needs to be transferred to ACC each month to ensure that ACC maintains a complete national injury profile.

These guidelines are **not** a separate level of verification; rather they provide an additional level of explanation around the audit requirements and should be read together with the audit standards. These guidelines provide a number of suggestions about how employers may meet the requirements of the audit standards; however, they are **not** definitive and there may be other options for meeting the audit requirements depending on the individual accredited employer and their management structure.

❖ Primary Requirements

13.1.1

The employer is responsible for supplying data to ACC each month on all work injury claims that have occurred, consistent with the Partnership Programme technical specification. To enable an employer to meet this requirement, a program (computer reporting system) is required with a backup facility to ensure that a full copy of injury management records will exist if the employer's computer system fails. This can be verified by provision of information about how the computer systems are backed up to preserve information and how often this occurs.

13.1.2

It is important that an employer has technical support to assist with their program or system, should any problems occur. The employer needs to demonstrate the support available for the ongoing maintenance of the data system being used. This can be verified by a statement (or similar) verifying the support available.

13.1.3

The employer is required to have a user guide or manual that includes (at least):

- details of the data specification required by ACC
- the entry format
- reporting time frames
- contact details for people managing data internally or externally

13.1.4

The position within the company responsible for managing and submitting the monthly data to ACC must be defined (either through job descriptions, procedural documents or similar). An alternative contact point within the company is also required for managing and submitting the data when the nominated person is away or on leave. Both individuals must have the ability to maintain, update and transfer the data.

Note: Even when these functions are undertaken entirely by a third party administrator (TPA), the employer retains overall responsibility for the timely and accurate provision of data to ACC.

13.2.1

Data needs to be transferred to ACC in a specified format that captures all the information of an injury according to ACC's technical specification. The employer is required to have a computer program formatted to the ACC data specification and business rules.

13.2.2

The employer needs to provide evidence of the timely submission of data. This will generally be in the form of an email from ACC to the accredited employer confirming the receipt of timely data. ACC requires the data relating to the month ended to be transferred electronically within five working days of the new month beginning. This can be verified by confirmation from ACC of successful data submission. In situations where the employer has difficulty in submitting data, there should be discussion with the WIP team.*

Note: This requirement is not applicable for employers on initial entry.

13.4.1

The employer needs to provide evidence that all computer files or programs used to maintain injury information are secure and that only designated people have access to information. This may be confirmed by procedure, guideline information or a statement. The employer should also maintain a list of people with access to injury claim data.

13.4.2

The employer needs to confirm that computer system security is consistent with the Privacy Act 1993 and the Health Information Privacy Code 1994 relating to the storage of personal information. Verification may include sighting of specific statements or signed declarations to this effect.

13.4.3

The employer needs to confirm that there is a current digital certificate held by either the employer or the TPA (on behalf of the employer) in order to enable the secure electronic transfer of accredited employer data to ACC. This can be verified by written confirmation of the individual that the digital certificate is issued to and the period for which it is valid.

Note: This requirement must be confirmed within one month of program entry to allow employers to transfer data by the fifth working day of the month.

13.5.1

A process is required to identify triggers which, in combination, may suggest fraudulent activity associated with a work-related injury claim. Triggers may include:

- repeated difficulty contacting the injured person
- significant claims history
- other conditions that may impact on recovery
- inappropriate emphasis on entitlement or blame for an injury
- use of a number of different treatment providers
- physical characteristics (for example, an individual dressing in a way that may indicate they are working)

This may also include identification of treatment provider behaviour suggestive of possible fraudulent behaviour (for example, provider invoices being submitted to both the accredited employer and ACC for payment).

13.5.2

The employer needs to provide evidence that an investigation or fraud-related event will not impact on an injured employee's rehabilitation. This may be confirmed by a statement or evidence that verifies that:

- all rehabilitation will continue according to an agreed rehabilitation plan during an investigation
- the person carrying out the fraud investigation is not the person responsible for managing the claim

Any fraud investigations must be carried out under the advice of ACC.

13.5.3

The employer needs to confirm that they will contact ACC promptly for expert advice regarding any concerns about work injury fraud. This may be verified by actual examples or a statement that includes:

- the type of situations in which ACC would be contacted
- responsibility for this function
- the person within ACC who would be contacted
- the information that may need to be passed on
- the time frames involved

13.6.1

The employer is required to advise the WIP team* of any work-related claims that are fatal, serious, sensitive, prolonged or complex in nature* as soon as possible. This provides ACC with an opportunity to manage risk where possible, and to provide any technical assistance to the accredited employer where necessary. In some cases this may involve discussing the possible transfer of the claim to ACC for ongoing management.

The employer is also required to advise ACC of any changes in their injury management operations or key personnel prior to the change occurring (for example, if an employer is thinking about a change of TPA, or if key health and safety people change roles or leave the company). The employer needs a liaison and notification process to inform ACC if any of the above situations occur. This can be verified by standard letters or a process (or similar) that includes:

- situations when ACC should be notified
- responsibility for liaison with the WIP team*
- the notification process
- time frames involved

13.6.2

The employer needs to have examples or standard notification letters available for use in liaison with ACC for any work-related injury claims that are fatal, serious, sensitive, prolonged or complex in nature* or in situations when the employer's injury management operation or injury management personnel change.

13.6.3

The employer needs to provide evidence that there is a single point of contact (either internally or externally) to liaise with ACC in regard to the notification of the particular claim types listed. This can be verified by a statement with specific reference to this person or position.

⌘ Tertiary Requirements

13.3.1

Good practice injury management includes the appropriate planning of resources for the whole of the rehabilitation process including future liabilities where necessary. Consequently, financial case estimates are required for all entitlement claims from the early stages of the claim and can be revised from time to time in light of any significant new information. Case estimates should be based on (at least):

- injury type and severity
- occupational type
- age of the injured employee

The employer needs to provide actual examples on work injury files. Process documents are only acceptable for new Partnership Programme applicants or in situations where no work injuries requiring more than initial treatment costs have been managed to date.

Note: Employers should estimate the potential total cost of claims in order to set aside financial provisions for the life of the claim or to the limits of their selected liability periods. This ensures that employers are aware of their outstanding claim obligations before claims are handed back to ACC for ongoing management.

❖❖❖ CRITICAL ELEMENT 14

Disputes Management

OBJECTIVE:

The employer will demonstrate procedures to manage disputes arising out of any aspect of injury management which comply with the legislation and the requirements of the accredited employer agreement.

❖ Introduction

Conformance to the disputes management requirement confirms an employer's ability to anticipate and manage any disputes arising from injury management decisions. In addition, good practice injury management encourages employers to develop processes to deal with any complaints or concerns in the early stages. Even when a formal application for review has been received and is managed according to the required time frames, employers should still explore any informal options for resolution with the injured employee.

In a number of situations, injured employees may request a formal review of an injury management decision because they do not understand the decision, or because the decision does not seem reasonable to them. However, the likelihood of formal reviews will be reduced by discussing the reason for a declined decision with an injured employee, increasing their level of understanding and providing an opportunity for two-way communication. Disputes management processes are required to cover formal reviews and any concerns that may arise between an injured employee and their accredited employer.

These guidelines are **not** a separate level of verification; rather they provide an additional level of explanation around the audit requirements and should be read together with the audit standards. These guidelines provide a number of suggestions about how employers may meet the requirements of the audit standards; however, they are **not** definitive and there may be other options for meeting the audit requirements depending on the individual accredited employer and their management structure.

Primary Requirements

14.1.1

The employer needs to have a documented procedure detailing how any disputes or concerns from injury management decisions and services will be managed. The procedure may include:

- how employees can raise concerns or disputes
- how review applications are managed
- the process and time frames to carry out an administrative review
- key steps in preparation for review (for example, referring the matter to review, arranging file copies to relevant parties)
- liaison with Dispute Resolution Services Ltd (DRSL) – subcontracted provider to ACC
- procedure for a review hearing
- payment of costs following a review hearing
- reference to the relevant sections of the ACC legislation

Note: The Code* is part of the complaints process, and accredited employers are required to include this in their disputes management procedure. The Code* explains the rights injured people have and defines ACC's (and accredited employer's) service obligations to injured employees, and each injured employee should receive information about The Code* with cover decisions.

14.1.2

In accordance with Section 63 of The Act*, all injured people must be told about their review rights. Employers are required to have example or standard letters and forms available for use in the disputes management process. These may include:

- a letter to be forwarded to the injured employee acknowledging an application for review
- a letter to DRSL advising of dispute or review application
- a letter to other interested parties with documents relevant to the file
- an administrative review sheet
- a letter to DRSL with relevant documents

14.1.3

The employer needs to provide actual examples of letters and/or forms used in the disputes management process.

Note: Templates are only accepted for new accredited employer applications or situations where no reviews have occurred. Actual examples of the letters and forms are required for verification in renewal audits.

14.2.1

The employer is required to appoint a person (either internally or externally) who is responsible for managing any disputes arising out of the management of work-related injuries. The name and contact details of the disputes manager must be known and accessible to all employees (irrespective of their geographic location). In order to provide a new opportunity to review the decision made, it is essential that the disputes manager is not the original decision-maker.

14.3.1

The employer needs to provide evidence that information on the disputes management process is available to all employees. This information should include the disputes management process and the name and contact details of the disputes manager.

This can be verified by viewing information provided to employees at induction, staff brochures, an Intranet site and training information (or similar).

Note: Accredited employers are required to provide this information in writing to all employees as part of annual programme renewal.

⌘ Tertiary Requirements

14.1.4

It is good practice and cost-effective for an employer's disputes management procedure to include opportunities for informal resolution of disputes between the injured employee and the accredited employer, prior to a formal disputes hearing. The employer needs to have a procedure which details how informal resolutions will be managed. This may include the employer making contact with the injured employee to:

- discuss the decision with the injured employee and the rationale behind the decision
- discuss the section of the ACC legislation that the decision relates to
- confirm the injured employee's understanding of the decision
- ensure that all relevant information has been considered in the decision-making process
- provide opportunities for mediation or discussion with union and/or other support people, such as external services like DRSL mediation

If the employer's decision is changed or the injured employee chooses to withdraw an application for review, written confirmation of this change is required. However, if the employee wishes to proceed with a review hearing, the employer must ensure that all relevant information is forwarded to DRSL within the required time frames.

Note: There are strict time frames for an accredited employer to submit review applications from injured employees to DRSL (refer to The Agreement* for more information). The processing of a formal review application needs to occur at the same time as any informal resolution options that may be implemented.

14.4.1

To ensure that there is feedback into continuous improvement, an evaluation process is required which considers disputes management outcomes. This evaluation process may include considering:

- the types of decision that have been reviewed
- whether the same types of decision are being reviewed
- whether any of the employer's decisions have been overturned
- reviewing the cover and entitlement decision-making process in light of review information
- measures to maintain individual confidentiality

An outcome of this evaluation may be that areas of process improvements are identified. For example, if entitlement decisions are reviewed and overturned, case management staff may require additional training on accurate assessment of entitlements. This evaluation provides the accredited employer with an opportunity to assess the decision and notification processes.

Note: Care must be taken to protect the privacy of individuals when reviewing dispute outcomes, particularly when review numbers are low. Because of the sensitivity in reviewing personal information, it may not always be appropriate to evaluate review outcomes more widely than between the case manager and the designated disputes manager.

14.4.2

The employer needs to provide evidence of evaluation of the disputes management process. It is important that this evaluation:

- is specific to the individual accredited employer
- looks for improvements in communications (even when an accredited employer's decisions have been upheld)
- looks at decision-making processes when a decision has been overturned

This can be verified by minutes of meetings, copies of agendas, etc. This requirement is not applicable for new accredited employer applications or situations where no work injuries or reviews have occurred.

❖❖❖ CRITICAL ELEMENT 15

Development of Rehabilitation Policies, Procedures and Responsibilities

OBJECTIVE:

The employer has documented policies and procedures that promote a supportive workplace environment, so that workplace-based rehabilitation following an injury becomes the usual course of action wherever possible.

❖ Introduction

Good practice rehabilitation** promotes the establishment of rehabilitation policies, procedures and responsibilities in consultation with key people in the workplace. By developing a workplace culture where early return to work following injury is accepted as the usual course of action, where employers have positive working relationships with employees and where there is open consultation, safe and sustainable return to work for injured employees is more likely to be achieved.

It is essential that rehabilitation is managed by a person with the appropriate level of training and rehabilitation experience, including a detailed working knowledge of The Act* and its specific requirements and recognition of when further technical or legislative support is required. Understanding or experience in the medical model of rehabilitation management on its own is not sufficient to meet the requirements of the audit standards: the case manager's rehabilitation experience must be specific to The Act*. While employers and other on-site staff should be involved in the rehabilitation process, the actual management of injured employees must be undertaken by an appropriately qualified and trained case manager.

These guidelines are **not** a separate level of verification; rather they provide an additional level of explanation around the audit requirements and should be read together with the audit standards. These guidelines provide a number of suggestions about how employers may meet the requirements of the audit standards; however, they are **not** definitive and there may be other options for meeting the audit requirements depending on the individual accredited employer and their management structure.

Primary Requirements

15.1.1

The employer needs to have a rehabilitation policy (in either hard copy or electronic form) that identifies the rehabilitation commitment of the employer. The policy must be developed in consultation with, or endorsed by, union and other nominated employee representatives.

15.1.2

The employer needs to confirm that information on the rehabilitation policy, procedures and responsibilities is available to employees at induction and is widely accessible to all employees through staff handbooks and on Intranet sites (or similar).

15.1.3

The employer needs to provide evidence that the rehabilitation policy includes the opportunity for injured employees to have support from a representative of their choosing throughout the rehabilitation process. Often this will be the union or other nominated employee representative.

15.2.1

The employer needs to provide evidence that the person responsible for the overall management of workplace rehabilitation is appropriately qualified and experienced. Case managers are required to:

- have 24 months' workplace rehabilitation experience; or
- have a tertiary qualification in rehabilitation (or equivalent) and 12 months' workplace rehabilitation experience; or
- be working under the direct close supervision of someone who meets the above requirements.

In some instances where the case manager does not have the required experience or qualifications, the employer may still meet the requirements when the case manager is under the direct close supervision of somebody who does meet the requirements (for example, a team leader working for a third party administrator (TPA) who provides detailed quality review of the work undertaken by a less experienced case manager). Another example may be a human resources manager experienced and qualified in rehabilitation, who provides close supervision and quality review of the on-site case manager.

Note: While ACC may provide additional support and training from time to time, this training is to enhance or refresh current knowledge and experience of people who already have the requisite background knowledge and expertise. Understanding or experience in the medical model of rehabilitation management on its own is not sufficient to meet these requirements.

15.2.2

In the event that the usual case manager is away or on leave, the employer must have access to another case manager so that continuous case management services can be provided. This person may be located within the workplace or through a TPA, and must be someone who is able to meet the requirements of 15.2.1.

Note: Cover for leave and absence must also be considered for an employer who undertakes aspects of the injury management process internally (for example, undertaking needs assessments, weekly face-to-face monitoring of rehabilitation).

15.3.1

The employer needs to have a procedure to manage the recovery of an injured employee or following the early identification of a gradual process injury. This procedure should consider:

- responsibilities of the employer
- responsibilities of the injured employee
- medical information or certification that may be required
- the process for identifying safe alternative duties
- support that will be provided within the workplace
- responsibilities for coordinating the process
- monitoring and support responsibilities

15.3.2

The employer needs to ensure that a senior manager is specifically responsible for the overall resourcing of workplace rehabilitation. This may include the coordination of rehabilitation management staff or the management of financial resources or both, and can be verified by viewing job descriptions or a statement to this effect (or similar).

15.3.3

There must be at least one manager at each worksite responsible for managing the rehabilitation of injured employees. The responsibilities of this manager should include:

- a detailed understanding of the company's rehabilitation policy, procedures and support
- ensuring that resources are made available for managing return to work
- advising and supporting other management staff involved in rehabilitation

They may also include:

- monitoring of the injured employee
- involvement in identifying alternative duties
- involvement in developing return to work plans
- contact and liaison with the TPA (where applicable)

This can be verified by viewing job descriptions or a statement to this effect (or similar).

15.3.4

The responsibility for union and other nominated employee representatives to provide support in the rehabilitation process needs to be documented. The responsibilities may include:

- contributing to the development of policies to support rehabilitation
- being involved in return to work and rehabilitation planning at the request of an injured employee
- identifying alternative duties
- monitoring and support of return to work

15.3.5

The rehabilitation procedure must be developed and implemented in consultation with union and other nominated employee representatives. This can be verified by minutes of meetings, joint signing of policy documents or email messages (or similar).

Note: Where union and other nominated employees are not directly involved in the implementation of these policies or procedures, employers should provide ongoing opportunities for involvement. Opportunities for ongoing involvement can be verified by meeting notes, letters or emails to the relevant parties.

15.4.1

The employer is required to confirm that information is available for line managers and union and other nominated employee representatives actively involved in supporting rehabilitation management. This information should include the return to work process and the roles and responsibilities of management and representatives.

15.4.2

The employer needs to provide evidence of rehabilitation-related training for managers and union and other nominated employee representatives who are actively involved in supporting safe and early return to work. This training should include information on maintaining injured employees safety in the workplace and/or for supporting the safe and early return to work of injured employees. Training should be delivered within 12 months of the employer's entry into the Partnership Programme and can be verified by handouts, training agendas or attendance sheets (or similar).

15.5.1

The employer needs to demonstrate how both injured employees and management are informed of their responsibilities, early return to work expectations and the support available in the rehabilitation process. This may be verified by fact sheets included with cover decision letters, file notes, checklists, etc.

Note: Requirement 15.5.1 is specific to individual injured employees. Requirements 15.5.2 and 15.5.3 relate to all employees in the workplace.

15.5.2

The employer needs to provide evidence that all employees are informed and understand the process and their responsibilities for rehabilitation (see Clause 4.2.4 of The Agreement*). Information is required to be provided to all employees at least annually and can be verified through process documents, letters provided to employees or training programmes, for example.

15.5.3

The employer needs to demonstrate that information on the rehabilitation process is readily available to all employees in the workplace. This can be verified by employee notifications, publications, posters or an Intranet site (or similar). If an Intranet site is used, it is important that other forms of communication are also provided where all employees do not have ready access to a computer.

15.8.1

The rehabilitation policy needs to confirm the employer's commitment to provide rehabilitation opportunities to employees who have sustained non-work injuries. This does not mean that an employer is responsible for the cost of an employee's non-work injury, but rather that rehabilitation opportunities are offered to employees who sustain non-work injuries. This may include access to preferred providers, supporting return to work plans or access to alternative duties.

⌘ Secondary Requirements

15.3.6

The employer needs to provide evidence that rehabilitation and return to work processes have been implemented throughout the workplace. This may be verified through training documents, rehabilitation plans, agendas or case conference notes, for example.

15.6.1

An overall process is required to monitor, evaluate and review rehabilitation planning and outcomes to look for opportunities for process improvement. The focus of this requirement is to consider the whole rehabilitation process and whether current policies and practices meet the workplace needs. The types of things that may be reviewed include:

- time frames for establishing rehabilitation plans
- the process and responsibilities for monitoring rehabilitation
- communication channels with TPAs, level of involvement and frequency of review

- whether planned outcomes are being met and why this is or isn't occurring
- whether successful rehabilitation outcomes were influenced by the services and support available from providers
- the implementation and further review of any improvements required (for example, moving from plans being established at six weeks to plans being established at 14 days, or training for line managers and union representatives to be able to provide better support for rehabilitation)

This can be verified by minutes of meetings between the employer and injury management personnel to review rehabilitation trends and issues (or similar).

Note: This requirement refers to an overall rehabilitation review process. (The requirement to review individual rehabilitation plans is referred to in critical element 16.5.)

Note: Evidence of implementation of this process is required for verification in renewal audits.

15.6.2

The process needs to include the roles or individuals designated to take part in the overall rehabilitation review. For example, the process may include:

- the health and safety manager
- representatives from line management
- treatment providers
- union representatives
- recently injured employees

The frequency of review, either by time (for example, six-monthly, annually) or by volume (for example, after every tenth or twentieth rehabilitation plan) should also be included.

15.8.2

The employer needs to provide evidence that they have been involved in supporting the rehabilitation or return to work of employees who have sustained non-work injuries. This can be verified by rehabilitation plans or case conference notes (or similar).

Note: This requirement is only applicable where employees have sustained non-work injuries and have required rehabilitation support from the employer.

‡ Tertiary Requirements

15.4.3

In order for line managers and nominated employee representatives to be effectively involved in the rehabilitation process, the employer needs to provide evidence that they have received rehabilitation training or specific information at least in the previous two years. This can be verified by training agendas or attendance registers (or similar).

15.7.1

The employer needs to provide evidence that they have considered their individual workplace needs in the selection of treatment and rehabilitation providers. Some questions the employer may consider are:

- is access to medical treatment required 24 hours a day?
- are preferred treatment providers required at a general practitioner level or only at a specialist level?
- what particular medical specialists might be needed in relation to our workplace injuries (for example, a musculoskeletal specialist to assess occupational overuse injuries)?
- which providers are close to the workplace or easily accessible to employees?
- what are the costs involved?
- are providers willing to visit the worksite to review work tasks and support available in the workplace?

In situations where the employer does not have a list of preferred providers, the reasons for this decision should be documented. For example, local providers or ACC contracted providers may be able to meet the identified workplace needs. However, employers should establish preferred providers at a specialist level.

15.7.2

The employer needs to provide actual lists (or similar) of providers considered appropriate for their particular workplace and employees.

Note: It is not sufficient for an employer to use a generic list of preferred treatment providers from a TPA or from ACC InForme. To meet this requirement, evidence of consideration of specific workplace needs aligned to the expertise of the providers must be demonstrated.

15.7.3

The aim of monitoring provider performance is to ensure that the quality of service from providers reflects good practice. Employers are required to have a process which details the way in which preferred providers are monitored. This may include key performance

expectations, service level agreements, or measurement against the selection criteria established in 15.7.1. Measures for monitoring may include:

- employee satisfaction
- cost, content and timeliness of reports
- timeliness of appointments
- effectiveness and appropriateness of treatments

Note: Employers are required to monitor the performance of their preferred providers against their specific workplace requirements. They should not rely on general monitoring undertaken by a TPA or ACC.

15.7.4

The employer needs to provide evidence that the performance of their preferred providers has been monitored in the previous 12 months. This can be verified by actual review documentation, minutes of meetings and assessment of performance against selection criteria (or similar).

15.9.1

An absentee management programme involves a structured, agreed programme in the workplace to minimise the human and economic impact of all employee absences. Many of the principles and processes that are the basis for effective injury management will also be relevant to the management of other forms of unscheduled leave such as long-term illness and bereavement. Working towards more comprehensive, effective total absentee management will benefit all employees and the workplace as a whole.

This requirement has been included to encourage employers to consider widening their current rehabilitation management partnership approach to include other forms of workplace absence. To meet this requirement, an employer is required to confirm that they will consider implementing an absentee management programme for the workplace. This can be verified by a statement in a business plan or a rehabilitation policy (or similar).

❖❖❖ CRITICAL ELEMENT 16

Assessment, Planning and Implementation of Rehabilitation

OBJECTIVE:

The employer has active procedures in place for ensuring that timely and complete rehabilitation is provided in an open, consultative manner, and in line with agreed policies (process documents accepted for new accredited employer applications).

❖ Introduction

Rehabilitation plans should be developed in an open, consultative environment involving the employer, case manager, injured employee and union or other support person (on request of the injured employee). Part of the development of a rehabilitation plan should include discussion of an injured person's responsibilities and the need for their active participation in the rehabilitation process. These responsibilities and those of others involved in the rehabilitation process should be included in the individual rehabilitation plan. In addition, the agreed rehabilitation plan should include:

- the identification of an agreed "SMART" goal that is specific to the individual injured employee and tailored to their needs
- steps towards reaching the goal
- time frames for monitoring
- costs
- responsibilities

Accredited employers are required to provide entitlements to their injured employees at a level that is at least equivalent to that specified in The Act*. This includes the rights of injured employees to have a reviewable rehabilitation plan.

Good practice rehabilitation** promotes the development of rehabilitation plans in face-to-face meetings with all relevant parties. These meetings provide an opportunity for people with knowledge of the workplace and the injured employee to agree on a rehabilitation path to achieve independence for the injured person. These meetings also encourage informed decision-making and joint accountability for outcomes.

Face-to-face consultation allows for the assessment of any non-verbal communication, which may indicate the way a person is coping, managing or cooperating with their rehabilitation, which may not be picked up over the phone or at a distance. This model of rehabilitation enhances the partnership philosophy that is the foundation of the Partnership Programme.

These guidelines are **not** a separate level of verification; rather they provide an additional level of explanation around the audit requirements and should be read together with the audit standards. These guidelines provide a number of suggestions about how employers may meet the requirements of the audit standards; however, they are **not** definitive and there may be other options for meeting the audit requirements depending on the individual accredited employer and their management structure.

🔗 Primary Requirements

16.1.1

Good practice rehabilitation** includes the early and ongoing assessment of the rehabilitation needs of an injured employee. The sooner injured employees have access to appropriate rehabilitation, the more likely it is that they will make an early and safe return to work, or be able to remain in the workplace with the appropriate support.

To ensure early access to rehabilitation, the employer needs to have a procedure to carry out rehabilitation assessments. This can be verified by needs assessments (both initial and ongoing) and/or rehabilitation plans where evidence of needs have been incorporated.

16.2.1

The employer needs to have a procedure that provides guidelines on referring to rehabilitation providers. These guidelines should confirm:

- how needs are assessed
- how referrals are made
- time frames for referrals to occur

16.2.2

The employer needs to provide evidence of consideration of social rehabilitation needs (such as home help, childcare, provision of equipment in the home). This can be verified by completed needs assessments, file notes, referrals, case conference notes or individual rehabilitation plans.

16.2.3

The employer needs to provide evidence of consideration of vocational rehabilitation needs (such as alternative duties, workplace assessments or provision of equipment in the workplace). This can be verified by completed needs assessments, file notes, referrals, case conference notes or individual rehabilitation plans.

16.3.1

A process is required in order to confirm how referrals are made. This may involve the case manager reviewing a completed needs assessment and considering:

- whether a need has been identified
- whether the need is a result of the injury which the person has cover for
- the most appropriate provider for referral
- expectations of the provider (for example, workplace assessment, fitness for work assessment)

Note: The Code* promotes the involvement of injured employees in the selection of treatment providers. It is also recommended that a copy of any referral letters be provided to the injured employee.

16.3.2

The employer needs to provide examples or actual referral letters and forms that have been used to make referrals.

Note: This requirement is not applicable on initial entry.

16.4.1

The employer needs to have policies and processes to ensure that rehabilitation plans are developed within a maximum of six weeks of injury notification for any employee who is unable to continue in their usual work duties or undertake their normal work hours (or on any claim that is more than medical-fees-only*). The rehabilitation plan needs to include goals, actions to be taken, responsibility for actions, time frames and costs. The procedure should also consider:

- situations when rehabilitation plans are required
- the content of rehabilitation plans (for example, responsibilities, signatures, monitoring requirements)
- time frames for developing the plan
- the parties involved in the development of a rehabilitation plan
- medical, social and vocational information that needs to be considered (for example, from the treatment provider, employer, injured employee)

- the responsibilities of those involved
- the identification of a “SMART” goal

The rationale for developing a rehabilitation plan should also be considered in the procedure to ensure that employees are aware of when and why rehabilitation plans are developed.

Note: It is considered cost-effective and good practice** to develop a formal, reviewable rehabilitation plan as soon as possible following a cover decision being made or additional information being collected (even though the primary level audit requirement allows six weeks).

16.4.2

The development of rehabilitation plans needs to include the consultation and involvement of the case manager, injured employee, line manager and (on the request of the injured employee) union representative or other support person. Other key influences that may be involved in an injured employee’s rehabilitation can include the employee’s general practitioner, company doctor, occupational therapist or other medical professional, and any other party relevant to the person’s recovery.

Note: Rehabilitation plans should:

- meet legislative requirements (including review rights)
- be established as soon as possible
- include input from the injured person and other relevant providers and supporters
- be kept up to date
- include (at least) the agreed goal, actions to be taken, responsibilities for actions, expected time frames and costs

16.5.1

Rehabilitation plans need to be monitored throughout the rehabilitation process in order to identify and address any potential barriers at an early stage and to ensure that the most appropriate support is provided to achieve the agreed goal. The responsibilities, and the frequency for monitoring progress, should be discussed and agreed at the consultative planning meetings and should be documented as part of the rehabilitation plan.

Note: Good practice rehabilitation promotes the weekly monitoring of injured employees for the duration of rehabilitation.

Secondary Requirements

16.4.3

In order to realise the advantages of early intervention, active rehabilitation management should begin as soon as possible after an initial needs assessment, irrespective of whether the injury has been accepted for cover or not. The employer needs to have a process to develop an initial rehabilitation plan or action plan* with injured employees within 14 days of injury notification. This process should include consultation with the injured employee, and will incorporate information from relevant providers (for example, the general practitioner or physiotherapist) as it becomes available.

Where a rehabilitation need has been identified, the ideal is for an agreed, reviewable rehabilitation plan to be discussed, developed and implemented as soon as possible. However, there are some instances when this is not possible, usually because there is insufficient information to establish a plan or where a cover decision has not yet been made.

In such situations, an action plan may be written as a **temporary** plan of what a case manager, employer and injured person need to do to support rehabilitation. The action plan should be developed with the injured person (even if a cover decision has not been made) while additional information is being collected, and may include (for example):

- the employer arranging for a workstation assessment
- agreement that the employee will come into work each day for normal hours, but will only undertake the identified transitional duties
- the injured employee attending physiotherapy each day for two weeks, paid for by the employer
- arranging an appointment with the occupational specialist that will be paid for by the employer

Accredited employers have the discretion to implement rehabilitation support for employees at any time. However, entitlements under The Act* will only be applicable if the claim is accepted for cover. The early discretionary rehabilitation support available through the employer, and the need to wait for claim acceptance for entitlements under The Act*, should be discussed and clarified with the injured employee from the earliest contact.

Note: Actual examples are required for renewal audits.

16.4.5

Good practice rehabilitation promotes the development of rehabilitation plans in face-to-face interviews with the case manager, line manager, injured employee, union representative or other support person (at the request of an injured employee) and any other party relevant to the injured person's rehabilitation.

Face-to-face rehabilitation provides an opportunity for the injured employee to have a support person involved, promotes opportunities for consultation and negotiation, and reduces the chances of misunderstandings or miscommunications. In addition, it allows the case manager a greater opportunity to use their professional judgement in assessing the injured employee's progress through non-verbal communication.

At secondary and tertiary levels, rehabilitation plans are also required to be monitored in face-to-face interviews. Where the designated case manager is unavailable on site to coordinate rehabilitation planning, the face-to-face requirement may be met by a management representative with training and experience in workplace-based rehabilitation management to facilitate the meeting. Telephone or distance consultation on its own will not meet this requirement.

Note: Actual examples are required for renewal audits.

16.5.2

Weekly face-to-face monitoring of injured employees is the baseline requirement for accredited employers operating at a secondary or tertiary level. Accredited employers may be able to meet the weekly face-to-face monitoring requirement through one or more of the following:

- an on-site case manager
- a designated manager on each site who is experienced in supporting return to work
- the third party administrator case manager
- an occupational health nurse, occupational therapist, practice nurse or physiotherapist (or similar health professional) contracted to review progress and report back to the case manager
- a union representative or other support person nominated by the injured person who is experienced in supporting return to work
- a general practitioner who is managing the health of the injured person

While face-to-face monitoring is considered good practice**, ACC recognises that there will be instances when the accredited employer makes an occasional considered decision that other forms of contact may be necessary for short periods, in some cases. For example, an accredited employer, after assessing the type of injury involved and the individual person concerned and ensuring that there are no barriers to a successful rehabilitation outcome, may choose to maintain phone contact only for one or perhaps even two of the weekly progress reviews. Such cases should always be the exception rather than the rule, and decisions must not be made solely on the basis of distance or inconvenience. In the exceptional case when an employer has made a considered decision not to undertake weekly face-to-face monitoring with an injured employee, records must be maintained on the claim file to demonstrate the rationale to support this.

Weekly face-to-face monitoring can be verified by file notes, rehabilitation plans, case conference notes or similar information.

🔗 Tertiary Requirements

16.4.4

In order to realise the advantages of early intervention, active rehabilitation management should begin as soon as possible after an initial needs assessment, irrespective of whether the injury has been accepted for cover or not. The employer needs to have a process to develop an initial rehabilitation plan or action plan* with injured employees within seven days of injury notification. This process should include consultation with the injured employee, and will incorporate information from relevant providers (for example, the general practitioner or physiotherapist) as it becomes available.

Note: Where a rehabilitation need has been identified, the ideal is for an agreed, reviewable rehabilitation plan to be discussed, developed and implemented as soon as possible. However, there are some instances when this is not possible, usually because there is insufficient information to establish a plan or where a cover decision has not yet been made.

In such situations, an action plan may be written as a **temporary** plan of what a case manager, employer and injured person need to do to support rehabilitation. The action plan should be developed with the injured person (even if a cover decision has not been made) while additional information is being collected, and may include (for example):

- the employer arranging for a workstation assessment
- agreement that the employee will come into work each day for normal hours, but will only undertake the identified transitional duties
- the injured employee attending physiotherapy each day for two weeks, paid for by the employer
- arranging an appointment with the occupational specialist that will be paid for by the employer

Accredited employers have the discretion to implement rehabilitation support for employees at any time. However, entitlements under The Act* will only be applicable if the claim is accepted for cover. The early discretionary rehabilitation support available through the employer, and the need to wait for claim acceptance for entitlements under The Act*, should be discussed and clarified with the injured employee from the earliest contact.

Note: Actual examples are required for renewal audits.

❖❖❖ CRITICAL ELEMENT 17

Rehabilitation Outcomes, Return to Work and Follow-Up Procedures

OBJECTIVE:

The employer has consultative processes that support safe, early and sustainable return to work of injured employees or maintenance at work where early intervention support is identified (process documents accepted for new accredited employer applications).

❖ Introduction

Accredited employers are required to provide rehabilitation support in order to enable injured employees to remain at work safely, to return to work early and/or to achieve maximum independence. Regular monitoring and review of injured employees, and injury management generally, is required in order to determine that goals are being met and to encourage continuous improvement.

A rehabilitation plan is required to be developed with an injured person if they are unable to undertake their usual job tasks or usual hours of work or if they require rehabilitation support. For example, an employee who remains in the workplace undertaking normal duties may still require assistance (such as ongoing treatment, worksite reviews), and a rehabilitation plan needs to be developed, monitored and reviewed to achieve an early and safe return to work or independence.

❖ Primary Requirements

17.1.1

The provision of alternative duties often enables an injured employee to return to work in some capacity until they are fit to return to their pre-injury occupation. The process of identifying alternative duties is required to occur through a process of consultation, generally with the injured employee, their union or other nominated employee representative, the case manager and the employer. Guidelines on the consultative identification of alternative duties may consider:

- the employee’s abilities, skills, experience and current capabilities (given their injury restrictions)
- how to determine safe and sustainable alternative duties through consultation
- analysis of the tasks and capabilities required
- reaching agreement and recording the decision

Note: While a number of employers have lists of alternative duties, a process or guideline document is still required to support the identification of appropriate alternative duties. While a list of potential alternative duties provides a good basis for discussion, it should not be seen as providing the only suitable options. Duties for individual injured employees should be identified on a case-by-case basis.

17.1.2

The employer needs to provide examples of completed rehabilitation plans in order to confirm that alternative duties have been identified and agreed to between the parties involved.

Note: This requirement is not applicable for employers on initial entry.

17.2.1

The employer needs to have a process that details vocational rehabilitation options in order to consider when an injured employee is unable to return to their pre-injury employment. This process may consider:

- relevant legislative requirements
- comprehensive medical and vocational assessment(s)
- determination of vocational rehabilitation goals
- training support
- cost-effectiveness
- the time frames involved
- other assessments that may be required
- implementation and support needs
- vocational independence as described under The Act*

17.3.1

The employer needs to have a process to carry out eight-weekly consultative reviews of rehabilitation plans that have continued beyond the agreed completion date. This review may involve a peer (or other qualified and experienced person), an employer, a medical

advisor or even the injured person reviewing a claim and the rehabilitation plan, and determining why the original rehabilitation goal was not met, what worked well during rehabilitation and what can be done differently to enable a realigned goal to be achieved. From this review, the rehabilitation goal and plan should be updated.

Note: These review requirements are for rehabilitation plans where an outcome has not been achieved. This differs from the requirement of 16.5.1 and 16.5.2, where current rehabilitation plans are required to be reviewed regularly (at a primary level) or weekly (at a secondary level).

Note: Actual examples are required for verification in renewal audits.

17.3.2

The employer needs to have a process that details the options that may be considered during the course of rehabilitation for non-progressive rehabilitation claims. This may involve a peer (or other qualified and experienced person), an employer or a medical advisor reviewing a claim in its entirety and providing a new perspective on what could be considered as future rehabilitation options to achieve an agreed goal of a rehabilitation plan. This review enables a broader range of potential rehabilitation management strategies to be considered where the desired outcome has not been met, and may include options such as vocational independence, surgery or some other option.

The injured person may or may not need to be present at these broader reviews and would not usually take part in them. However, any ideas or decisions arising from such reviews should then be discussed with the injured person and incorporated into the rehabilitation plan.

17.4.1

Most opportunities for improving hazard management will be identified during the course of an investigation soon after an injury occurs. However, there may be occasions when information and feedback relating to hazards, controls and/or their effectiveness is identified during rehabilitation.

The employer needs to provide evidence that any new information relating to hazards identified during rehabilitation is fed back into the hazard management process. For example, the development of a gradual-onset occupational overuse injury may not have led to an injury investigation. However, during rehabilitation management, work organisation and tight deadlines are identified as contributing to the development of the injury. This new information needs to be fed back into hazard management as an identified hazard, and controls can then be considered and implemented.

‡ Secondary Requirements

17.1.3

The employer needs to provide evidence that rehabilitation outcomes have been achieved through the identification and completion of alternative duties. This can be verified by case conference notes, completed rehabilitation plans, medical reports, case closure reports, etc.

‡ Tertiary Requirements

17.3.3

The employer needs to have a process to carry out four-weekly consultative reviews of rehabilitation plans that have continued beyond the agreed completion date. This review may involve a peer (or other qualified and experienced person), an employer, a medical advisor or even the injured person reviewing a claim and the rehabilitation plan, and determining why the original rehabilitation goal was not met, what worked well during rehabilitation and what can be done differently to enable a realigned goal to be achieved. From this review, the rehabilitation goal and plan should be updated.

Note: Actual examples are required for verification in renewal audits.

Definitions

Please note: Some definitions in this document may differ from similar words and phrases used in different contexts.

action plan

An action plan is used as a **temporary plan** of what the case manager, the workplace and the injured employee need to do when a rehabilitation need has been identified but when a formal rehabilitation can not be established. This would usually be because a cover decision has not yet been made or because additional information is needed. An action plan is not a reviewable entitlement and should only be used until a reviewable rehabilitation plan can be discussed, agreed and implemented.

case manager

For the purposes of this document, the case manager is an appropriately qualified and experienced person (refer to critical elements 10.4 and 15.2) with knowledge of The Act* who has designated responsibility to coordinate the rehabilitation of injured employees. The case manager may be employed by the accredited employer or externally with a third party administrator and may be based in the workplace or off-site.

face-to-face

At a secondary level, face-to-face contact is required between the case manager (or another sufficiently trained and qualified person) and the injured person. The face-to-face contact is required in the development of rehabilitation plans and in the weekly monitoring which occurs.

fatal, serious, sensitive, prolonged or complex in nature

A fatal claim is one which the injured person has died (either immediately or subsequently) as a direct result of injuries for which they have cover under The Act*.

A claim that is serious, prolonged or complex in nature refers to any claim for which entitlements are likely to be payable for more than 12 months, or one that involves tetraplegia, paraplegia, incomplete spinal cord injury or brain injury where full recovery is not anticipated, or any injury or combination of injuries that render it unlikely that a return to work will be achieved.

A sensitive claim is one which involves factors of a sensitive personal nature relating to the claimant or the circumstances giving rise to the claim.

informal resolution

A process by which the case manager (or other suitably qualified and trained person) meets with the injured employee to see if the issue in question can be resolved through explanation and discussion without the need to proceed through the more formal review process.

injured employee

A person who has suffered personal injury and has an accepted claim under the Injury Prevention, Rehabilitation, and Compensation Act 2001.

injury notification

Injury notification refers to the date the employer (or TPA*) **first** becomes aware of an injury to an employee. This may be through verbal notification from the injured employee, review of incident reports or receipt of an ACC45 or an ACC18.

medical-fees-only claims

Medical-fees-only claims are defined in the context of the Partnership Programme as injuries which only require initial medical support and/or less than six provider treatments (for example, physiotherapy treatments) **and** where no time off work or rehabilitation support is required.

procedure

A process or series of steps that is clearly documented in either hard copy text format, electronic text format, or a series of hard copy or electronic flow charts, diagrams or picture-form representations or similar, or any combination of these.

process

A series of steps which may or may not be documented to verify who does what, when and how in order to achieve a desired result or outcome.

psychosocial risk factors

Psychosocial risk factors (or yellow flags) are factors associated with long-term disability, which may prevent or delay a person returning to work following an injury. Refer to the *New Zealand Acute Low Back Pain Guide* for more information.

rehabilitation

A process of active change and support to help a person with an accepted injury regain their health, independence and ability to participate in their usual activities, as far as practicable. It includes social rehabilitation (support in everyday living activities), vocational rehabilitation (assistance to return to work) and treatment for the effects of an injury.

rehabilitation plan

A rehabilitation plan is the key management and planning document for case management. It collects information, sets goals and establishes plans of action for treatment and social and vocational rehabilitation. It is a reviewable legislative entitlement, and should be developed in consultation with the injured person, their support person (where requested), the employer, the case manager and the treatment provider. It is required to be signed by those who develop the plan.

risk assessment

A risk assessment is an assessment of a workplace injury that involves an appropriately qualified and/or experienced person who determines the relative risk of a particular claim and the likelihood that the claimant will return to pre-injury work or independence. It will include consideration of the degree and focus of rehabilitation support required for an outcome to be achieved.

social rehabilitation

Social rehabilitation assists an injured person to restore their independence to the maximum extent possible. Social rehabilitation includes:

- home help, childcare and attendant care
- aids and appliances
- training for independence
- purchase and modification of vehicles
- modifications to residential premises
- education support

The Act

For the purposes of this document, The Act refers to the legislation contained in the Injury Prevention, Rehabilitation, and Compensation Act 2001.

The Agreement

For the purposes of this document, The Agreement refers to the Accredited Employer Programme Accreditation Agreement.

The Code

For the purposes of this document, The Code refers to The Code of ACC Claimants' Rights under the Injury Prevention, Rehabilitation, and Compensation Act 2001.

The Framework

For the purposes of this document, The Framework refers to the New Zealand Gazetted Framework for the Accredited Employers Programme April 2000.

TPA or third party administrator

For the purposes of this document, third party administrator refers to any third party subcontracted by an accredited employer to assist them to meet their injury management performance obligations. Ultimate responsibility and the contractual relationship remain between ACC and the contracted accredited employer.

transitional duties

For the purposes of this document, transitional duties refers to the undertaking of duties by an injured employee that are different in either the type or the hours from those the

person would undertake if they were not injured. Transitional duties may also be referred to as light, modified or alternative duties.

union and other nominated employee representative

For the purposes of this document:

- (a) Where there are union members present on a site, under the ACC Partnership Programme it is mandatory for union representatives to be provided with ongoing opportunities to be actively involved in workplace health and safety management. Union representatives can also be involved in individual rehabilitation plans, at the request of the injured employee.
- (b) The term “other nominated employee representative” can refer to any non-union employee elected or endorsed by employees to represent employee interests. A non-union representative should not be a person selected by management to undertake this role unless employees also endorse the person in the role.

An injured person is able to have a support person directly involved in their rehabilitation. The support person may be a colleague, friend, union representative, family member or anyone else chosen by the injured person to provide support.

vocational rehabilitation

Vocational rehabilitation is the support provided to an employee to enable them to keep working or return to work, and to undertake duties that are appropriate given the injury and skills. Vocational rehabilitation may include:

- transitional, alternative or modified duties
- worksite assessments
- return to work programmes
- aids and appliances
- modifications to equipment or worksites

WIP team

The ACC Workplace Incentive Programme team responsible for managing the Partnership Programme for accredited employers.

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