

# The Stay at Work Service

## Clarification and Guidelines

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## Introduction

The following material has been developed to supplement the initial training undertaken for the Stay at Work Service.

It addresses process issues that have naturally arisen as the service has rolled out, and will help ensure all staff and providers involved in the service operate according to a common understanding of the nature and purpose of the service and its operating procedures.

Ensuring we are all on the same page with this information will improve our service delivery and make a significant contribution to driving great outcomes for clients.

## What is Stay at Work?

The purpose of the Stay at Work service is: *“To support and enable an injured worker to recover safely whilst working to the fullest possible extent.”*

It is an active service which adopts, as its core philosophy, the research-based view that injured workers (and other stakeholders, including family, whanau and employers) benefit clinically, socially and financially from rehabilitating at work and it provides the systems and processes required to realise those benefits.

Stay at Work (SAW) achieves these benefits by providing a client centred, flexible and responsive service which:

- recognises the differing needs of clients by offering a three stage service tailored to meet their needs
- enables early identification and removal of barriers that would prevent an early, safe return to work, and
- gives providers the flexibility to determine how and when to provide services to meet each client’s individual needs
- may involve ongoing and simultaneous assessment, evaluation, and service – including a standalone Workplace Assessment (WPA) as required, for clients requiring assessment without service and
- focuses on the engagement of all stakeholders, i.e. client, whanau, employer, provider, general practitioners, and others to ensure a coordinated approach to identifying and resolving barriers to staying at, or returning to, work.

## Overview of key processes

### Referral to vocational provider ACC098

ACC's goal is for a client to be able to remain at work while recovering or to return to work earlier than the date certified by the client's GP because the SAW provider is able to make arrangements to support recovery at work.

The ACC098 referral provides information and sets out ACC's expectation of when it is expected a client will have a full clearance for normal duties.

The expected full return to work date (usually based on MDA, unless based on the full RTW date given in the current medical certificate) should always be entered onto an ACC098; it ensures that everyone is supporting the client toward the same outcome.

When making a referral always consider the geographical location of the provider and client and select the provider closest to the client. This will help minimise the time spent travelling and reduce travel related costs.

A current Medical Certificate should always be attached to the ACC098 with relevant medical information.

If providers receive referrals with inadequate information the SAW contract supports the provider in returning the referral to ACC and requesting further details before accepting the referral.

### Stay at Work Service Design

There are three stages within the SAW service, each of which reflects a different level of complexity and specifies the required levels of support from vocational providers:

- Stage 1 – Early Return to Work
- Stage 2 – Graduated Return to Work
- Stage 3 – Continued Interventions.

Clients can enter the service at Stage 1 or Stage 2.

#### Stage 1 – SAW 01

Stage 1 is designed for low complexity claims, and is specified to provide a maximum of three hours service in one week.

Clients referred to Stage 1 are usually managed in Short Term Claims Centres (STCC) by Case Coordinators.

Clients are supported at STCC because they are initially screened as low complexity. Many of these claims are simple musculoskeletal injuries, and the client can recover safely at work, provided the necessary adjustments are made to the workplace.

Although these claims are low complexity, potential obstacles and risks that provide barriers to staying at/returning to work have been identified that may result in a delay in recovery or RTW – with consequent wellbeing costs to the client and increased Scheme costs to ACC. If identified barriers are significant it is likely that the claim will be transferred to the branch for case management.

This is a group of clients identified by screening, triage managers and claims coordinators who in the past would probably not have been referred to GRTW service; it is an additional early intervention.

Face to face meeting(s) will probably improve the likelihood that an employer will support a safe, early return to work. Stage 1 provides the time for a vendor to coordinate parties that need to be involved in a successful early RTW for a client.

The provider is expected to meet with an employer and client, identify any obstacles and broker solutions so that recovery at work can commence as soon as is safe and practicable.

The provider helps negotiate a simple RTW plan, and if necessary, has this cleared by the client's GP.

Ongoing support from the provider is not likely to be needed.

Stage 1 referrals may be made by a Case Manager at a branch for clients who have general complexities, though not necessarily complex workplace issues.

For example, a Case Manager may refer a client who they know cannot realistically commence work in any capacity for a few weeks due to pending surgery. To initiate service, discuss the arrangements at the workplace and put in place a plan that will commence in a few weeks following surgery. In this way, we can facilitate an early return to work as soon as possible after the surgery is completed.

## **What is a successful outcome for Stage 1?**

**Outcome one:** In most cases a successful outcome will be when a provider negotiates and puts in place a plan to support recovery at work, often on adjusted duties, and this can commence quickly with the expectation of achieving full clearance within the current MDA/expected RTW date.

**Outcome two:** A second successful outcome is that a provider identifies additional risks and issues whilst providing Stage 1 service, which cannot be resolved within the timeframe of Stage 1. These issues have a potential impact on the expected return to work date.

Early identification of risk factors (such as safety issues, psychosocial risks and employer issues) enables ACC to better manage the client's injury and initiate the appropriate rehabilitation. This will often result in a client's claim being transferred to a branch for case management as the complexity of the case has increased.

**Outcome three:** A third successful outcome is for high complexity clients that cannot realistically commence work in any capacity for a few weeks. Stage 1 can be used to initiate service, to discuss the arrangements at the workplace and put in place a plan that will commence in a few weeks.

## **Stage 1 Completion Reports**

Should be concise and to the point, providing clear advice and direction to ACC. They are written from the perspective that takes into consideration that ACC service staff probably have not met the client, employer or other key stakeholders face to face.

The provider should:

- Advise whether the expected RTW date is realistic and achievable
- If not, summarise why not and what is the expected RTW date
- Outline any complexities identified from the provider's engagement with the client that may need to be addressed.

When requesting a transition to Stage 2, provide a brief rationale for the request, advising why ongoing support by a provider is necessary to support the client's RTW. (See also Transitioning to the next stage of Stay at Work).

The Stage 1 Completion Report is not a WPA in another format, clinical notes or a detailed return to work plan (RTW).

## **Transitioning to the next stage of Stay at Work**

The provider may believe the client requires further service, in which case a request may be made for a transition from SAW1 to SAW2 through a transition request.

The provider should indicate this in the transition request section of the Completion Report, which should include:

- Concise details of the issues/barriers identified
- Proposed actions to address them
- Specific goals and timeframes

Providers who request that ACC approves an ongoing programme that extends out the RTW date beyond MDA timeframes need to give a clear rationale for this.

ACC may not approve the ongoing support requested if it is beyond MDA timeframes and there is no rationale to support the need for this.

ACC will evaluate this request to decide if additional service is required by a provider.

Before approving a transition, ACC should re-consider the overall complexity of the claim and ensure it is being managed at the appropriate place i.e. STCC or Branch. Also consider why ongoing support from the provider is necessary - for

example, to ensure safety, as opposed to support or checking in by a Case Manager or Case Coordinator.

The decision to transition to the next stage of SAW is at ACC's discretion.

### **Note**

ACC service staff must be satisfied that additional SAW provider support will add value to achieving a client's expected return to work, and whether it is a reasonable cost that ACC should bear.

When weighing up whether additional service represents good value, we need to determine whether:

- paying a provider for service contributes to a successful and durable return to work, and
- this will result in fewer days on loss of income compensation, and therefore a reduction in Scheme cost.

## **Stage 2 – SAW 02**

Stage 2 will usually apply to high complexity claims being managed at the branch. It specifies that providers can deliver one to ten hours of service over a period of one to six weeks.

It may, however, also be used by Case Coordinators in STCC for low complexity clients if a Stage 1 has been completed, ACC has approved a transition to Stage 2 and the expected RTW date will be achieved by the completion of the Stage 2 service.

Clients may transition from Stage 1; activities of Stage 1 also form part of the assessment of Stage 2.

A flexible service allowing the vendor to determine how and when to provide services to meet each client's individual needs to support safe recovery at work.

Stage 2 referrals are for **up to** a maximum of 10 hours service for **up to** six weeks. ACC service staff are encouraged to make referrals allowing up to 10 hours. Providers are expected to provide the minimum intervention required to achieve a result. The hours used will be monitored and we will Address providers who consistently take the maximum time.

Clients being managed in the branch are likely to require a more in-depth level of assessment and documented planning to support their return to work. Stage 2 supports this, Stage 1 doesn't.

Within one week of referral into Stage 2, the provider will send in a progress report to ACC that describes what is happening and what is being done to help the client get back to work quickly and safely.

Service may involve a graduated approach to returning to work, and monitoring progress towards a full return to pre-injury duties and hours of work.

### **Stage 2 may be put 'on hold'.**

Stage 2 can be used to initiate service, to discuss arrangements at the workplace and to put in place a plan that will commence in a few weeks.

This could be for a high complexity client who cannot realistically commence work in any capacity for a few weeks, such as a client with surgery pending. Or 'a pause' may be required to allow for previously unknown surgery or client illness.

### **Stage 2 can only be put on hold with Case Manager approval.**

Using Stage 2 in these cases would often be preferable to using Stage 1 as it provides a greater degree of flexibility for how the service is provided.

*For example: Initially four hours of service is provided over two weeks, a three week 'hold' is required, service restarts with a further six hours over four weeks, with the agreement of the case manager. Total hours are 10 with six weeks of actual service.*

When putting Stage 2 on hold, always ensure that the planned Stage 2 service supports the expected RTW date.

If Stage 2 is placed 'on hold' the Purchase Order date will need to be extended to reflect the updated date, the end date of service should coordinate with the expected RTW date.

When extending the Purchase Order date, a comment must be entered to reflect the hours and weeks of expected Stage 2 service delivery.

*For example: Stage 2 service is provided from 31/08 to 13/09, with three hours of service delivered; it is put on hold with Case Manager approval from 14/09 to 27/09; Stage 2 service is resumed from 28/09 to 25/10, and seven hours of service are delivered.*

## **Duration of Stage 2**

Stage 2 can be provided for fewer than 10 hours or fewer than six weeks. (As with any stage of SAW the hours/duration delivered by a provider may be less than the maximum level depending on client needs). If staff believe a client should be back at work sooner they should discuss their view with the provider. Also, if the client is motivated and barriers have been dealt with, then the provider does not need to keep delivering interventions.

## **Stage 3 – SAW 03**

Stage 3 is for the small proportion of clients who require more extensive support and intervention to enable their return to work. Clients are always managed by the branch. Stage 3 is specified to deliver one to ten hours of service for a further one to six weeks' service.

Clients are not able to enter Stage 3 without having been through Stage 2 and must have ACC approval to transition to Stage 3.

Stage 3 may sometimes be repeated, as the high complexity of a client's injury requires additional provider intervention.

**Stage 3 may only be repeated with Team Manager sign off.**

There needs to be a clear rationale outlining why ongoing provider support is needed. This should be based on the identified issues/barriers and the actions needed to be put in place by a provider to support the client's RTW.

## **Workplace Assessment – SAW 04**

Up to four hours of service are specified for a SAW Workplace Assessment (WPA).

ACC no longer requires a separate WPA as a pre-requisite or the first step of the SAW service.

Nor is it an ACC audit requirement for a WPA to be completed and placed on file.

The WPA is for a client who does not need a SAW service; but a formal report is required to obtain a detailed assessment of the work environment and the functional requirements of a client's current employment.

For the purpose of a decision under Section 103 of the AC Act, (determining if a client could engage in their pre-injury job) an ACC188 "Job details – Employee" ACC188 form, referring to the relevant Work Type Duties Sheet for the client's occupation (as used for an IOA), is sufficient and better value.

A WPA may be appropriate if further information is needed for a client in SAW, which is in addition to standard reporting and special requests.

A WPA should not be used to determine the level of return to work service or equipment that a client may need in the future.

## **Further information is available**

### **ACC For Providers website**

Generic SAW information

<http://www.acc.co.nz/for-providers/stay-at-work-service/index.htm>

Information targeted for employers

[http://www.acc.co.nz/for-business/small-medium-and-large-business/employee-injuries/PRD\\_CTRB105815](http://www.acc.co.nz/for-business/small-medium-and-large-business/employee-injuries/PRD_CTRB105815)

Return to work steps - small to medium business - Effective management of your injured employees back into your workplace is good business practice.

<http://www.acc.co.nz/for-business/small-medium-and-large-business/employee-injuries/return-to-work-programmes/BUS00173>

**American College of Occupational & Environmental Medicine**

<http://www.ocoem.org/>

Article titled 'Preventing Needless Work Disability by Helping People Stay Employed' published Sept 2006

<http://www.acoem.org/guidelines.aspx?id=566>

### **The Stay at Work service schedule**

**For ACC service staff**

<http://acctoday/processes/manage-claim/low-complexity/coordinate-stage-1-stay-at-work-service-for-low-complexity-claim/index.htm>

## Frequently Asked Questions

### ***For Stay at Work Stage 1, how much face-to-face contact should the provider have?***

Clients are referred to Stage 1 because they have the potential to safely recover at work, as long as any necessary adjustments are arranged, and agreed to; or potential risks and/or issues have been identified which may be barriers to a successful RTW.

The best results are likely to be achieved by a provider meeting with the employer and client where concerns, issues and obstacles can be worked through.

There may be exceptions to a provider meeting with an employer where:

- A provider has an existing relationship with an employer in arranging early RTW, and can negotiate what is required over the telephone, *and achieve an earlier RTW*
- The provider makes initial contact with the employer by phone, and the employer agrees to support early RTW without needing to work through issues face-to-face
- Geographical location would be a barrier to meeting with the employer. e.g. forestry or rural road worker.

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### ***Should the provider always make contact with the GP and primary treatment provider?***

In most cases, yes, if they have made arrangements for an early return to work.

Co-ordination between treatment providers, the employer and client is important to ensure that a team approach is used to support the client's return to work.

There may be occasions where clarification is not required and therefore the GP or treating physiotherapist, for example, may not need to be contacted.

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### ***Does ACC need to have a Workplace Assessment on file for a decision under Section 103?***

No.

For the purpose of a Section 103 of the AC Act, (determining if a client could engage in their pre-injury job) an ACC188 'Job details – Employee' ACC188 form, referring to the relevant Work Type Duties Sheet for the client's occupation (as used for an IOA), is sufficient and better value. The employer should also supply a job description.

The ACC188 can be completed by the employer or a provider as part of Stage 1 or Stage 2.

For clients who are self employed, an ACC188 form, referring to the relevant Work Type Duties Sheet for the client's occupation completed by a provider, is a viable option.

If a client is not receiving a SAW Stage 1 or Stage 2 service then a WPA SAW 4 maybe appropriate.

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***Which SAW service should I use for a client who is returning to work and needs equipment ordering and maybe some monitoring? Do providers always need to provide the monitoring after equipment has been issued?***

If the client is being managed by a case coordinator they would be referred to Stage 1 for the assessment of equipment, ordering and necessary monitoring. If follow up monitoring is advised and Stage 1 has ended, the provider should advise ACC if a follow up call by ACC is sufficient or provide a brief rationale for professional input being needed. (A transition request would need to be submitted).

For a client being managed by a Case Manager, a referral to Stage 2 would be appropriate. By using Stage 2, there is provider flexibility to complete the necessary equipment assessment and provide any monitoring that requires professional input. Providers should be providing the minimum intervention to achieve a result. ACC service staff should be encouraged to raise any concerns with the provider in the first instance, and escalate as appropriate.

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***The Employer is happy to have Adrian in his workplace doing alternative duties. But isn't happy to pay a wage because the alternative duties aren't a usual part of the business. Is it appropriate to refer Adrian to EMP or SAW?***

EMP would not be appropriate as John can return to his workplace and he does not need any additional skills training to do the alternative duties.

SAW 2 would be appropriate. Before agreeing to John receiving loss of income compensation and doing unpaid alternative duties, ensure all other alternatives have been explored by the Case Manager and provider.

Whilst it is recommended that clients remain actively engaged in their workplace, having employees doing alternative duties and not being paid by an employer is an option that can be open to abuse. Therefore consideration should always be given to the duration and the actual value the unpaid alternative duties are adding in helping a client in their return to work.

***Terry was injured 3 years ago and has been working for 20 hours a week in his pre-injury job.***

***I would like to explore if Terry has the capability to work more hours and if he does make sure he is provided with the support he may need to increase his hours.***

***Would a referral to (SAW04) be the right option?***

No, the best choice in this case is Stage 2. By directly referring to Stage 2 only one service is needed as it gives the provider the flexibility to:

- Complete a workplace visit
- Identify any issues/barriers, propose solutions and work through the issues
- Develop and put in place a suitable plan
- Provide the appropriate monitoring
- Provide any additional information or actions that are specifically requested by the case manager.

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***John is undertaking vocational rehab and will be in an unpaid work trial for four weeks.***

***To ensure he isn't putting his injury at risk an OT needs to assess John's workplace and monitor the work trial.***

***Can I use a Workplace Assessment (SAW 4) for this?***

No. John is not eligible for any SAW service as he is not participating in paid employment or returning to his pre-injury role.

For clients participating in obtain employment vocational rehabilitation (work trials, voluntary work) these need to be monitored under a Work Ready Programme, ensuring the provider referred to has access to an OT, PT or suitably qualified Nurse.

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***Four months ago Jane successfully returned to work but two weeks ago she re-aggravated her shoulder injury.***

***Her injury is complex and she's going to need the support of Stay at Work Service to RTW, but we used Stage 2 four months ago.***

***What SAW service can I now refer to?***

Jane may be re-referred to Stage 2.

NB: If Jane had a new injury at work, this would be a separate claim; therefore she would begin the SAW service again for the new injury.

***A provider has identified through SAW02 that Ian is not going to be able to RTW for at least 4 weeks and there are no alternative duties available. The provider has recommended referral to EMP which I am supportive of.***

***I understand that for me to refer Ian to EMP I need to have a Workplace Assessment completed, So I will be referring Ian for a SAW04, is this right?***

No, a further referral for a SAW04 WPA is not required. The SAW02 Completion Report would meet the criteria of being a WPA.

However if EMP is advised following Stage 1 then a SAW04 would be needed. It would be expected that the hours used for SAW04 would be low. If it is identified that EMP is an appropriate service and the client hasn't received any SAW service to date then a SAW04 would be needed prior to referring to EMP.

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***Can a client go back to work early, before the medical certificate expires? Is that legal?***

There is no legal requirement that a client must stay off work for the duration of the medical certificate. However, the client or the employer may insist that the medical certificate is changed to reflect the new full return to work date or to 'fit for selected duties' before the client returns to work.

As a part of the SAW service the provider would be expected to liaise with the GP or specialist to get an updated medical certificate if the client or employer requires it. The provider should also ensure that any work activities are safe for the client using their clinical judgement.

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***Does the GP have to see the client in person to change the medical certificate?***

Not necessarily.

Regulations require that a doctor must see a client to issue a medical certificate. However, if the physical examination was recent, a doctor may choose to re-write the medical certificate based on the original examination (combined with the additional information received from a provider about the workplace) without requiring another visit. This is up to the doctor to decide and some may require the client to come in.

***As part of the Stay at Work service, the provider asked a couple of additional questions of a GP.  
The GP answered the questions and also sent a bill to the provider.  
Who pays this invoice?***

The GP invoice is not payable under Cost of Treatment regulations because it did not involve a consultation with the client.

No one should pay – the provider should forward the invoice to the relevant ACC Branch or STCC. They will decide the best approach to deal with the invoice.

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***Who should a provider send Stay at Work progress/completion reports to?***

The only party a provider must send a report to is ACC.

However if the provider feels that it would be useful for the ACC report to be sent to another party (e.g. given to a client to take to a specialist appointment, GP or employer) then they have the flexibility to do that.

At all times the provider would need to ensure that they follow their own privacy best practice with regards to releasing information to third parties.

Please note that information provided to other parties by a provider should preferably be targeted to that audience. The ACC forms may or may not provide the information needed by an employer, GP.

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