The telephone - a useful early intervention tool in the management of work related injuries.

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1. Introduction

As part of an early intervention strategy, a telephone based physiotherapy triage assessment method was piloted in an attempt to provide a timely response to reported musculoskeletal injuries (MSIs) across a number of health sites within SA Health.

2. Practice innovation

SA Health is the largest government organisation in South Australia, employing over 38,000 people across a great number of locations. Body stressing injuries are the leading cause of high workers compensation costs within South Australian public health sector. There is a growing body of evidence that early intervention is critical in the successful management of work-related injuries, retention at work and early return to work (Macdonald & Oakman, 2009). The provision of high quality early intervention strategies in a complex organisation such as this can be expensive and logistically challenging. Telephone coaching has been successfully used for the management of MSIs (Iles, Taylor, Davidson & O’Halloran, 2011), but to our knowledge, it has not been widely applied in the occupational setting. The presentation aims to explain the implementation of telephone based triage service and outlines critical outcomes.

3. Sources of information

A trial of telephone triage was proposed to assist with retention or early return to work of workers reporting MSIs. The 6 month trial was delivered by WorkFit Services (WFS), SA Health. The referrals included workers with MSIs from incidents including body stressing, slips/trips/falls, hitting or being hit and vehicle accidents.

The intervention consisted of a telephone call from a member of the WFS team on roster to the injured worker who notified a musculoskeletal injury via the injury management notification hotline. The intention was to provide injury management advice prior to the lodgement of a workers compensation claim. During the assessment, a history of how the injury occurred, site and severity of symptoms and the presence of red flags were established. Workers were referred for further medical intervention where appropriate. Assessment of suitable duties was made and communicated to the relevant stakeholders, including the manager, rehabilitation coordinator and medical practitioner.
4. Findings

The analysis of data at the end of the first 6 month period showed a 28% reduction in the number of musculoskeletal claims and 19% reduction in the total cost of musculoskeletal injuries during the evaluation period compared with the same period in the previous year. There was also a significant reduction in average days lost to date between the workers who made workers compensation claims for body stressing injury who were triaged compared with those who were not triaged. The cost – benefit analysis indicates the Return on Investment (ROI) was 3:1. ROI is likely to be underestimated due to the additional savings from reduction in backfill costs for absent workers.

5. Discussion

Musculoskeletal injury physiotherapy telephone triage pilot was able to deliver an effective and equitable early intervention program for the management of work related injuries overcoming geographic challenges in service delivery across a number of sites whilst achieving a significant cost saving in workers compensation claims. Several factors were identified as limiting the ability to impact outcomes and these will be discussed during the presentation. Updated results will become available and will also be presented.

Telephone based assessment methodology may also appropriate for use in other types of interventions such as pre-employment screening and non-work related injury assessment, particularly in circumstances where geographical location poses challenges for a face to face interaction.

References:
