



QUALITY ASSURANCE AND PROFESSIONAL PRACTICE GUIDELINES FOR VOCATIONAL REHABILITATION PROVIDERS

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INTRODUCTION

The **Quality Assurance Standards** provide critical indicators for achievement of excellence in vocational rehabilitation practice, and have been developed with the intention they be used by approved vocational rehabilitation providers as part of their operations and considered a benchmark against which to evaluate their practice and performance. They cover areas of: service provision; recognition of the injured workers' rights and responsibilities; data submission to WorkCover WA; internal Quality Assurance Standards; business and financial management; and, human resources management. At time of review for re-accreditation Approved Vocational Rehabilitation Providers are required to demonstrate how and to what extent they meet the Quality Assurance Standards.

The **Professional Practice Guidelines** provide guidance to rehabilitation providers to assist them in developing procedures that underpin the Quality Assurance Standards. Rehabilitation providers should note the professional practice guidelines have been developed to assist organisations in ensuring quality services and are not required to be reported on as part of the Quality Assurance Standards Audit. The professional practice guidelines relating to each of the six Quality Assurance Standards have been revised in line with the injury management requirements.

These professional practice guidelines provide direction as to how the Quality Assurance Standards could be achieved.

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QUALITY ASSURANCE STANDARDS

STANDARD ONE: SERVICE PROVISION

Providers must be able to demonstrate established procedures and ability to provide the range of services from referral to case closure, in line with WorkCover WA's injury management code of practice and workers' compensation legislation.

STANDARD TWO: RECOGNITION OF INJURED WORKERS' RIGHTS AND RESPONSIBILITIES

Providers must recognise injured workers' rights of access, choice and confidentiality required by the Western Australian workers' compensation system. Further, providers should recognise the importance of an injured worker's responsibility to participate actively throughout the vocational rehabilitation process. Providers should facilitate the exercise of that responsibility, through the provision of information and by actively involving the injured worker in the development and achievement of rehabilitation objectives.

STANDARD THREE: DATA SUBMISSION TO WORKCOVER WA

The provider will have procedures and systems to collect data, which meet the reporting requirements of WorkCover WA.

STANDARD FOUR: INTERNAL QUALITY ASSURANCE STANDARDS

Providers must have a process of planning, monitoring, evaluating and improving vocational rehabilitation practices to provide quality service delivery.

STANDARD FIVE: BUSINESS AND FINANCIAL MANAGEMENT

Providers' financial affairs should be managed in accordance with accepted financial practices and legal compliance, to ensure maintenance of appropriate services to clients.

STANDARD SIX: HUMAN RESOURCES MANAGEMENT

Providers will employ suitable staff and contracted personnel to ensure appropriate service provision.

PROFESSIONAL PRACTICE GUIDELINES

**PRACTICE GUIDELINE ONE:
SERVICE PROVISION**

(Principles of Service Provision, Case Management and Return-to-Work Management)

1.1 Principles of Service Delivery

- 1.1.1 Where factors are identified that may interfere with an employer's ability to develop a return to work program for an injured worker, the assistance of an approved vocational rehabilitation provider may be sought.
- 1.1.2 Principles of service delivery shall be consistent with requirements of the *Workers' Compensation and Injury Management Act 1981* and the injury management code of practice.
- 1.1.3 The goal of vocational rehabilitation is a return to work, in suitable, durable and gainful employment. Return to work means the worker holding or returning to the position held by the worker immediately before the injury occurred, if it is reasonably practical for the employer who employed the worker at the time the injury occurred to provide that position to the worker. If the position is not available, or if the worker does not have the capacity to work in that position, return to work means the worker taking a position for which they are qualified and the worker is capable of performing, whether with the employer who employed the worker at the time the injury occurred, or another employer.
- 1.1.4 Successful and durable return to work is defined as the maintenance of an injured worker at their optimum level of functioning in the workplace for a period of at least 12 weeks, or if confirmed by all parties prior to that time, following completion of the return to work programme.
- 1.1.5 Providers should ensure continuity of service provision to injured workers. Appropriate procedures should exist to ensure injured workers have access to the breadth of services required to effectively achieve rehabilitation goals within agreed time-frames.
- 1.1.6 Procedures should ensure contracted services, when required, are consistent with the vocational rehabilitation plan and adequate controls exist for quality assurance.
- 1.1.7 Case activity is important to continuing approval. Where a provider has not received referrals, or had case activity, for a continuous period of three months or more, approval may be revoked or suspended.

1.2 Case Management

- 1.2.1 Providers should ensure a co-ordinated and multi-disciplinary approach to case management.
- 1.2.2 Case and caseload management systems will focus on: prompt intervention once referral is agreed to by key parties and received; consultation with those parties; utilisation of appropriate professional input; and, ensuring services are focused on a timely and cost-effective return to work.
- 1.2.3 Providers should have documented evidence of policy and procedures, prior to acceptance of a referral, to confirm the referring party (whether medical practitioner/ employer/or insurer on behalf of employer) has consulted and sought agreement for the referral from the other key parties, and, to confirm the injured worker has exercised the right of choice of provider.
- 1.2.4 Providers should have documented policy and procedures for: timely acknowledgement, acceptance and recording of referrals and subsequent allocation to staff; implementation and maintenance of contact with the worker, employer, treating medical practitioner (or insurer where this has been formally seconded), union where applicable, WorkCover WA and other relevant parties; should be evident.
- 1.2.5 The rehabilitation assessment will include services necessary to identify barriers to return to work and provide sufficient information for development of the Service Delivery Plan. The Case Manager must use professional judgement in selecting the most appropriate activities and evaluation methods to complete the assessment, and make recommendations on the need for vocational rehabilitation services.
- 1.2.6 Service Delivery Plans based on consultation with the key parties; detailing the proposed rehabilitation goal, prescribed services that will be provided, costs, timelines and duration; and with timely return to appropriate employment identified as the expected goal; must be evident. Such plans will be based on appropriate assessments, documented on the case file, with responsibility for the management of each service clearly identified; and with evidence that the worker has participated in the development and agrees with the content of the plan and the key parties are in agreement.
- 1.2.7 The provider should endeavour to have the appointed case manager responsible for a case from referral through to case closure. Procedures for written referral to contracted services, or to another provider for ongoing management if necessary, should be in place.

- 1.2.8 The co-ordinating provider remains responsible for the outcome of a case and the quality, worth and cost of any external services co-ordinated as part of the rehabilitation plan.
- 1.2.9 The Case Manager is responsible for counselling injured workers regarding realistic expectations of the vocational rehabilitation process.
- 1.2.10 Documentation, that the provider has kept the injured worker, treating medical practitioner and employer involved and informed, is required. This will include all aspects of assessment, for agreement to proceed to a Service Delivery Plan, and to obtain agreement to the content of the proposed programme. Documentation and formal reports of progress, reviews and case closure must be present on file.
- 1.2.11 The rehabilitation programme must be consistent with the medical practitioner's advice regarding the medical condition of the worker and any recommended medical restrictions. Evidence must exist on file that the Case Manager has endeavoured to gain written agreement for the return to work programme.
- 1.2.12 Regular and timely reviews should be evident which clearly demonstrate current medical, psychological, physical, social and vocational factors have been considered in the development, evaluation and achievement of rehabilitation objectives, or when planning of further action is required.
- 1.2.13 The provider should maintain documentation on file that demonstrates the following:
- a review of progress to date, in achieving outcomes and to outline proposed actions for any modifications that have occurred. Can be illustrated by phone contact or meeting with parties.
 - if after review, a modification to the Service Delivery Plan is required, that there has been a change of circumstance, either in relation to medical restrictions or employment status.
 - the injured worker, treating medical practitioner, employer and other relevant parties have been involved in the process of developing and approving the plan modification.
- 1.2.14 Should a minor amendment be required to a Service Delivery Plan, such as a minor additional expenditure or time extension which does not alter the content of the Service Delivery Plan, evidence should be on file that the approved insurer has been notified of additional costs, prior to exceeding the original estimated costs.

- 1.2.15 Clear and concise file notes of case activity should be maintained, reflecting dates, content, conclusions and actions, resulting from all phone calls, interviews, review meetings or other contacts.
- 1.2.16 Documented evidence of contact with an injured worker should exist, prior to case closure, indicating case closure has been discussed and agreed, with all parties informed of the outcome. When not agreed to by the injured worker, communication with the treating medical practitioner and employer should be evident, and the matter referred to the Injury Management Review Unit.
- 1.2.17 The case manager should ensure prompt case closure when either: the proposed rehabilitation goal has been achieved, and the agreed monitoring period reached; or, when such goals are no longer reasonably attainable. Evidence on file should demonstrate: that providers have informed the worker, employer, and medical practitioner of action taken and follow-up required; or, the period of approximately six weeks for job search activities has been completed.
- 1.2.18 Professional staff should be aware and sensitive to issues or constraints relating to industrial and personnel matters in the workplace.
- 1.2.19 An approved and appropriate return to work plan, whether to graduated, modified or alternative duties, should exist on each worker's case file indicating appropriate participation by the injured worker, employer, and medical practitioner prior to a workplace programme commencing.
- 1.2.20 Providers should have the capacity to arrange for relevant workplace modifications and supply of aids and appliances.
- 1.2.21 Providers should demonstrate structured procedures for reviewing and monitoring Service Delivery Plans. These procedures should involve worksite meetings with the injured worker and relevant employer representatives, with union involvement when applicable.

1.3 Return-To-Work Management

- 1.3.1 The potential to return to pre-injury employment, modified duties or alternative work with the original employer should be considered fully prior to exploring other vocational options.
- 1.3.2 Return to the original employer in same job/different job is given priority. If this is not possible, appropriate assistance should be given to identify suitable vocational options and assist with placement into secure alternative employment.
- 1.3.3 The following hierarchy of goals should be followed:
 - i. Same Job/ Same Employer
 - ii. Modified Job/ Same Employer
 - iii. New Job/ Same Employer
 - iv. Similar Job/ New Employer
 - v. Modified Job/ New Employer
 - vi. New Job/ New Employer.
- 1.3.4 Providers should continue to assist injured workers who cannot return to pre-injury employment. This will ensure injured workers are provided with ongoing support, assistance and guidance, when negotiating this most difficult phase of rehabilitation. This may include re-training, job seeking and maintenance skills.
- 1.3.5 When developing new vocational goals, appropriate, individualised vocational assessment should be undertaken by suitably qualified and trained staff, with the results documented on the injured worker's file.
- 1.3.6 Documented evidence is required to indicate that, prior to vocational training and education being considered, all other return-to-work options utilising the injured worker's existing skill base, have been pursued and found to be unlikely to achieve desired outcomes.
- 1.3.7 Where training and education is considered, it must be linked to vocational outcomes.
- 1.3.8 There is documented evidence that following vocational assessment, training and education (if required), preparation for job seeking and reasonable supported job search has occurred. (Job search is limited to a period of approximately six weeks unless key parties agree to an extension of time for these activities.)
- 1.3.9 Where employment is located, assessment of suitability to the injured worker's physical and functional abilities should occur, prior to the 12-week monitoring period for durability commencing. (There may be some circumstances where this is not required and medical agreement to such circumstances should be documented on file.)

1.4 Progress Reports To Key Parties

- 1.4.1 Information provided in progress reports should include that, which in the professional judgement of the author, is deemed appropriate and relevant to the progress and outcome of the rehabilitation programme, activity since the last report, current status and proposed actions. Where there is no progress to report, a brief note faxed to this effect will suffice.
- 1.4.2 Frequency of reporting will depend on the circumstances of the programme, however the maximum period between reports should be six weeks.
- 1.4.3 Costing for progress reports should range between a minimum of 10 and a maximum of 60 minutes.

**PRACTICE GUIDELINE TWO:
RECOGNITION OF INJURED WORKERS' RIGHTS AND RESPONSIBILITIES**

- 2.1 Documented evidence must exist that advice has been provided to injured workers on: their rights and responsibilities in regard to rehabilitation under the legislation; the need for the active participation of the injured worker throughout the vocational rehabilitation process; the right to choice of provider; and, additional sources of information on the workers' compensation system.
- 2.2 Provider initiatives to facilitate the injured worker's participation in the rehabilitation process should be evident in case file notes and there should be documented evidence that the worker has been given the opportunity to receive copies of assessment and progress reports ⁷(where the provider deems the release of a report is not appropriate this can be noted on the file).
- 2.3 There is documented evidence indicating the injured worker's participation in the planning process and agreement to participate in vocational rehabilitation.
- 2.4 Each file must contain a written consent from the injured worker to obtain and release information relevant to their disability and rehabilitation (other than to WorkCover WA).
- 2.5 Each file must contain written confirmation that employers and injured workers have been notified at the commencement of a vocational rehabilitation programme of the availability of invoices, upon request.
- 2.6 Procedures and practices adopted by providers should ensure confidentiality of information collected on injured workers.

⁷ Reports authored by professionals external to the provider, should not be released without the author's written consent.

**PRACTICE GUIDELINE THREE:
DATA SUBMISSION TO WORKCOVER WA**

- 3.1 Providers should demonstrate the existence of an appropriate information system ensuring that the required rehabilitation data and staffing information is collected for manual/electronic submission to WorkCover WA, which is accurate and within the required time-frames.
- 3.2 The provider is required to have adequate storage and confidentiality mechanisms to protect information.
- 3.3 Providers must agree to cooperate and participate in evaluation and research undertaken by, or on behalf of, WorkCover WA.
- 3.4 There should be evidence of the provider's participation in self-regulation that is based on performance data reports.

**PRACTICE GUIDELINE FOUR:
INTERNAL QUALITY ASSURANCE STANDARDS**

- 4.1 Providers must have documented procedures for monitoring of internal quality assurance standards and procedures.
- 4.2 Providers must have complaints-handling procedures including recording and reporting.
- 4.3 Systems and procedures should exist to monitor and review performance with focus on return-to-work outcomes, cost and duration of programmes.
- 4.4 Providers should have an implemented mechanism to evaluate client-satisfaction of programme delivery. This should be administered at case closure.

**PRACTICE GUIDELINE FIVE:
BUSINESS AND FINANCIAL MANAGEMENT**

- 5.1 When charging for services, providers must demonstrate adherence to the scheduled fee for vocational rehabilitation services.
- 5.2 Appropriate record-keeping and handling/storage of case records, tracking and billing of services should be evident.
- 5.3 Appropriate administrative structures should exist for the efficient and effective operations of the provider, including staffing and staff-reporting arrangements, delegations, approvals, etc.
- 5.4 Professional indemnity; public liability; and, where applicable, workers' compensation insurance; must be maintained by the provider.
- 5.5 Providers will be asked to submit an auditor's/accountant's report indicating a satisfactory financial position and compliance with appropriate business laws.

Employer-Based Provider Only

- 5.6 Employer-based services are required to have documented rehabilitation policy and procedures, developed with employee/union involvement and participation in the process where appropriate.
- 5.7 The policy and procedures document should indicate management support for the delivery of services and provision of information to employees.

PRACTICE GUIDELINE SIX: HUMAN RESOURCES MANAGEMENT

- 6.1 Persons involved in direct service delivery must demonstrate appropriate professional qualifications, experience and eligibility for membership or affiliation, with relevant professional bodies.
- 6.2 Providers must have policy and procedures for staff recruitment, training, supervision and performance appraisal.
- 6.3 Providers must have a procedure to regularly advise WorkCover WA of changes in staffing.
- 6.4 Entry level graduates or professionals new to vocational rehabilitation, should be provided with a structured, appropriate professional supervision programme for a minimum period of two years, which confirms acquisition of Competency Standards as outlined in the document, *Competency Standards for Vocational Rehabilitation Practitioners (2000)*.
- 6.5 A system should exist to provide staff with the opportunity to develop and/or enhance their professional knowledge and experience.⁸ This includes gaining expertise in the operations of the *Workers' Compensation and Injury Management Act 1981*.
- 6.6 Providers should implement and maintain high ethical standards and adhere to professional codes of conduct. Providers, or their staff, who are subject to a prohibition order from their relevant professional body must not continue to practise.
- 6.7 Providers, or their staff, subject to any special restrictions, resulting from disciplinary action, must work within those restrictions, and WorkCover WA must be informed of such restrictions.
- 6.8 Providers should have procedures for ensuring that the complexity of cases handled must reflect the level and experience of particular staff members.

Agency Providers Only

- 6.9 Agency providers must have two principal professionals employed full-time, who have relevant qualifications and five-years', full-time experience in vocational rehabilitation, to maintain accreditation status.

⁸ Can be provided through in-house training, attendance at lectures, courses, seminars and conferences or access to professional journals and the Internet and details of such activities provided to WorkCover WA annually.

- 6.10 When the appointment of a new principal professional is required, the resume and detailed documentation of work history and experience of the proposed incumbent must be forwarded to WorkCover WA for consideration.

Employer-Based Providers Only

- 6.11 Within the organisational structure, there are identifiable financial and human resources dedicated to the provision of vocational rehabilitation by suitably qualified professionals.
- 6.12 Employer-based agencies must engage external accredited vocational rehabilitation providers, as appropriate, to ensure ongoing vocational rehabilitation services are provided to injured workers whenever necessary, e.g. for specific assessments or when no suitable duties are available and external placement assistance is required.