

GIO WORKERS COMPENSATION INJURY MANAGEMENT PROGRAM TASMANIA

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In WA, ACT, TAS and NT, Workers Compensation Insurance is issued
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INJURY MANAGEMENT PROGRAM

AAI Limited trading as GIO is committed to achieving safe, early and durable return to work outcomes for our injured workers and our employers.

GIO has long since identified that the long-term absence from work is harmful to physical and mental wellbeing. Returning to work after an injury or illness can be challenging, however returning safely and quickly to work has strong benefits for the individual, their family, their employer and the sustainability of an Injury Management Scheme.

Within this Injury Management Program (IMP) GIO supports and promotes the health benefits of returning to work following an injury or illness, in a supported, planned, safe and timely manner and we promote recovery whilst remaining at work when possible.

The success of our program is dependent upon fostering commitment and active participation from all parties to ensure we can provide prompt treatment of injuries and the necessary medical and occupational rehabilitation management as early as possible to support a positive return to work outcome.

The GIO Injury Management Program has been developed to support our employers through the injury management process and allow them to utilise this program within their workplaces in the absence of developing their own program.

The GIO Injury Management Program has been developed to support the principles of the Clinical Framework for the Delivery of Health Services.

This Injury Management Program has been developed in accordance with WorkCover Tasmania and the Legislative requirements and reinforces the principles of the WorkCover Tasmania Injury Management Program – Version 3 (effective: 1st September 2019) and apply regardless of when the injury occurred.

1. Injury Management Policy

1.1 Injury Management Program commitment and objectives

GIO understands it takes a team effort to achieve a timely return to work after an injury. All parties have an important role to play, and our Injury Management Program is focused on coordinating and collaborating with injured workers, employers and healthcare providers and all other stakeholders involved in the claims management program, to achieve optimal outcomes following a workplace injury.

Injury management is a coordinated and managed process consisting of activities and procedures intended to facilitate recovery and restore an injured worker to pre-injury work capacity. Early intervention practices and appropriate support being provided to both workers and employers, underpin this program.

GIO's Injury Management Program promotes and monitors:

- Acute and ongoing medical treatment, rehabilitation and care;
- Managed return to work which is aligned to the return to work hierarchy;
- Management of the workers compensation claim relating to recovery from an injury and return to work; and
- Employment management practices relating to recovery from an injury and return to work.

The aim of effective injury management is a timely, safe and durable return to work for workers who suffer a work-related injury or illness.

The key to effective injury management involves:

- having systems in place so that everyone in the workplace agrees, understands and knows what to do in the event of an injury
- early reporting of injuries - workplace injuries must be reported to GIO within 3 working days
- timely provision of treatment and assistance for return to work
- the injured worker, the employer, GIO, the injury management co-ordinator and treatment providers working in an effective and coordinated way.

Work is generally good for an injured person's health and wellbeing - long term absence from work, work disability and unemployment have a negative impact on health and wellbeing (Clinical Framework for the Delivery of Health Services). GIO's claims model is supported by a suite of processes and methodologies that can be adapted to meet continuous improvement goals.

The model operates under the following imperatives:

- Improving return to work, health and social outcomes,
- Reducing liabilities and
- Improving efficiencies.

1.2 Statement of roles and responsibilities of all parties

The GIO Injury Management Program promotes the collaboration between all parties to achieve a timely, safe and supported return to work for injured workers, and outlines the roles and responsibilities each stakeholder is accountable for.

The key stakeholders that may be involved in the management of a workplace injury are:

Stakeholder	Key Responsibilities
Employer	<ul style="list-style-type: none"> • Must have an injury management program for each workplace. • Employers developing their own programs must have these approved by GIO. • Promotion of injury management programs. • Appoint a return to work coordinator when an employer has greater than 100 employees. • Provide support to injured workers following a workplace injury, including the availability of suitable alternate duties. • Notify GIO as soon as possible once made aware of an injury/illness that will require medical treatment and/or time away from work. • Provide injured workers with notice of right to make a claim within 14 days of an injury. • Notify GIO within 3 days of receiving a claim for compensation. (Provide claim to GIO within 5 days) • Consult with primary treating medical practitioners to plan for suitable alternate duties. • Commence payment of weekly compensation and medical expenses. • Hold an injured workers position open for 12 months following an injury/illness.
Employee/Injured Worker	<ul style="list-style-type: none"> • Provide advice to the employer as soon as possible that an injury/illness has taken place. • Participate fully in their rehabilitation, including return to work and seeking medical and associated support to assist with their recovery. • Stay in touch with their workplace. • Work with the primary treating medical practitioner and any other stakeholder to identified suitable duties. • Provide the employer with a completed claim for compensation and workers compensation medical certificates to be eligible to claim expenses. • Provide the employer with ongoing workers compensation medical certificates to cover periods of partial or total incapacity and medical treatment. • Make any claim within 6 months from the date of the injury.
Primary Treating Medical Practitioner	<ul style="list-style-type: none"> • provide primary medical care to the injured worker. • diagnose the nature of the injury or illness. • refer the injured worker to specialist care, or provide the injury management coordinator with information for them to coordinate care. • provide workers compensation medical certificates. • inform the employer about any specific work restrictions applying to the injured worker. • monitor, review and advise on the worker's condition, progress, work capacity and treatment. • take part in developing return to work plans and injury management plans. • Consider the clinical framework principles for the delivery of health services.
Allied Health & Specialist Intervention	<p><u>Allied health professionals:</u></p> <ul style="list-style-type: none"> • are drawn into the injured worker's treatment and return to work by the injury management coordinator, typically upon your advice. • provide appropriate treatment to the injured worker. They may liaise with you to discuss treatment as necessary. • report to you regularly, particularly for cases where there is no progress. <p><u>Specialists:</u></p> <ul style="list-style-type: none"> • guide primary treating medical practitioners and the injured worker toward the best course of medical management.

	<ul style="list-style-type: none"> • can offer input into diagnostic tests, the diagnosis treatment (including surgery, medication and allied health care recommendations), physical and non-physical delays to recovery, and the prognosis. The specialist should provide the primary treating medical practitioner with this information in writing as soon as possible after their consultation with the injured worker. • must not make referrals (including allied health and medical) without consulting the primary treating medical practitioner first. • end their involvement once the injured worker no longer needs their services for recovery and return to work.
Claims Advisor	<ul style="list-style-type: none"> • early and ongoing proactive communication with key parties. • Clear advice around legislative and injury management process, entitlements and timelines. • determining liability. • ensuring the worker is appropriately compensated for wages lost due to the injury. This includes the approval and payment of reasonable and necessary medical expenses. • engaging external parties (such as workplace rehabilitation providers) where their help is required to achieve the best claim outcome. • Regular reviews and monitor of the overall claim.
Injury Management Coordinator	<ul style="list-style-type: none"> • appointment when incapacity is greater than 5 working days. • appointed by the insurer or the employer. • coordinating the injury management process. • monitoring and overseeing the return to work and injury management planning. • coordinating return to work activities in collaboration with the claims advisor, primary treating medical practitioner, allied health, specialist, employers, rehabilitation providers and importantly the injured workers to achieve positive claims outcomes. • receive independent medical examination reports within 7 days.
Return to Work Specialist	<ul style="list-style-type: none"> • support in the development of return to work and injury management plans and identifying suitable alternative duties. • engage with injured workers, employers and medical professionals to provide support throughout the return-to- work and injury management planning of a claim. • facilitate collaboration between key stakeholders to achieve successful return to work outcomes. • attend medical case conferencing. • Take action to monitor the return to work and injury management planning is considered in alignment with the return to work hierarchy. • support in early intervention for redeployment and retraining activities to support injured workers.
Return to Work Coordinator	<ul style="list-style-type: none"> • must be appointed if an employer employs over 100 employees. • appointed where an injured worker is incapacitated for more than 5 working days. • be familiar with all areas of the workplace, including management and staff; • have undertaken appropriate and relevant training as determined by the WorkCover Board; • have sufficient knowledge to actively participate in the injury management process; and; • have sufficient authority to 'sign off' return to work and injury management plans as required. • ensure that all alternate duties are suitable and meaningful. • monitoring the injured worker's progress; • assisting the injured worker in carrying out their designated duties in a safe and appropriate manner; • providing the injured worker with moral support; and • encouraging and fostering a good relationship and effective communication between the injured worker and employer.
Workplace Rehabilitation Provider	<ul style="list-style-type: none"> • qualified in an allied health field or with an appropriate level of experience. • workplace Rehabilitation Provider from those accredited by

	<p>WorkCover.</p> <ul style="list-style-type: none"> • engaged to manage the occupational rehabilitation of an injured worker; including, but not limited to, the use of physical rehabilitation services and occupational rehabilitation services. • are independent service providers and are available to receive referrals from GIO on a case-by-case basis. • appointed by the insurer or the employer. • appointed in consultation with the injured worker.
Independent Medical Examiner	<ul style="list-style-type: none"> • to review a workers' injury. • expertise regarding the injury. • provide an opinion around diagnosis of an injury, independent of the claim and medical management. • provide opinion on medical management, causation and duration for an injury. • provide an opinion around the return to work and injury management planning. • reports to be forwarded to the primary treating medical practitioner within 7 days. • primary treating medical practitioner is responsible for providing the report to the injured worker. • reports must not be provided to the injured worker directly. • reports must be used for the purpose they were obtained.

1.3 Policy to be appropriate to nature & scale of the organisation

GIO'S Injury Management Program is appropriate in nature and scale to its present operation.

The structure of GIO's Workers Compensation business allows for the specific needs within this Injury Management Program to be fully implemented. GIO is committed to ensure appropriate levels of Injury Management support is available. GIO can leverage scale from the significant resources available throughout our organisation on both a local and national level.

1.4 Consistent with relevant injury management legislation

GIO's Injury Management Program is developed to promote the health benefits of a timely, supported, safe and durable return to work and have been developed in accordance with the provisions of the Workers Rehabilitation and Compensation Act as amended. GIO have prepared this Injury Management Program in accordance with the guidelines as set by WorkCover Tasmanian Guidelines for developing an Injury Management Program – Version 3 (effective: 1st September 2019) and is to apply to all injury management activities regardless of when the injury occurred. GIO are committed to implementing best practice injury management strategies to ensure optimal claims outcomes.

1.5 Policy to be reviewed regularly

GIO's Injury Management Program is formally reviewed annually, taking into consideration changes in legislation, our business model and stakeholder needs.

Should changes to the program be required in the interim, GIO's Injury Management Standards (IMS) Team comprising Team Leader (TL), Technical Advisor (TA) and Injury Management Co-ordinator (IMC) will coordinate these changes and, once approved by WorkCover, will make the revised program available to GIO employees and external parties as required.

2. Policy for the Management of Employer's Injury Management Program

2.1 Assist employers to develop Injury Management Programs

At the inception of a worker's compensation policy in which an employer has greater than 100 employees, GIO will arrange an onboarding meeting to outline the requirement of the Injury Management Program with the employer.

Insurers are required to develop an approved Injury Management Program and make this available to each insured employer to adopt. A copy of the GIO Injury Management Program may be downloaded from our website by GIO policy holders.

Where an employer chooses to develop their own Injury Management Program, GIO will assess and approve these programs, consistent with the insurer's own Injury Management Program. The GIO Injury Management Support Team (IMS) will meet with the employer's key personnel to discuss the employer's injury management requirements in the context of the WorkCover Tasmanian Guidelines for developing an Injury Management Program – Version 3 (effective: 1st September 2019) and is to apply to all injury management activities regardless of when the injury occurred. The IMS Team will assess the employer's capacity and commitment to comply with these guidelines.

The GIO IMS Team will provide support to assist the employer to understand their responsibilities and obligations in establishing and implementing an Injury Management Program.

Supporting documents include, Employer Injury Management Program application kit, including the latest Injury Management Program Guidelines and a sample Injury Management Program. In conjunction with the employer, the IMS Team will identify appropriate Injury Management resources which include the Injury Management Co-ordinator and/or Return to Work Co-ordinator (RTWC), as well as identify relevant training requirements and clarify roles, responsibilities and contact details of key staff.

GIO provides its employers with as much support as required to ensure that their injury management system is effective in achieving safe and durable return to work, health and social outcomes.

This is supported by:

- The provision of GIO's Injury Management Program is to be utilised for the development their own Injury Management Program where the employer chooses not adopt GIO's Injury Management Program
- A dedicated Claims Advisor to whom all queries can be directed
- A dedicated Technical Advisor and Injury Management Co-ordinator to whom queries can be directed
- Providing employers with regular updates of industry information and publications
- Regular employer training sessions throughout the year

2.2 Ensuring employers operate within Injury Management Programs

The GIO IMS Team will meet with the employer's key personnel to discuss the employer's injury management requirements in the context of the WorkCover Tasmanian Guidelines for developing an Injury Management Program – Version 3 (effective: 1st September 2019) and is to apply to all injury management activities regardless of when the injury occurred.

GIO will monitor the employer's implementation and ongoing management of the Injury Management Program through its daily claims management processes. Ensuring any areas of the plan that are not being managed are addressed. The Injury Management Program activities feed into the claims management compliance activities set for our claims management processes. Early intervention and return to work processes are discussed with the employer on each claim and within quarterly review meeting with insured employers. Employers are required to submit their programs to GIO on an annual basis to ensure consistency with the GIO Injury Management Program.

GIO will keep record of employers with their own Injury Management Program through our Injury Management Program register which is updated in line with advice an employer will be implementing their own Injury Management Program.

2.3 Manage the assessment and approval of Injury Management Programs

Considerations for employers seeking to develop their own Injury Management Program:

- The employer's Injury Management Program must be consistent with GIO's Injury Management Program
- Appointment of an Injury Management Co-ordinator with appropriate skills and expertise to achieve accreditation as an Injury Management Co-ordinator.
- Sufficiently skilled staff to attend to the early contact and mobilisation of the most effective injury management strategies on notification of a claim
- Availability of skilled staff to undertake case conferencing at critical review points to ensure identification of high risk claims and internal protocols are followed.
- Implementation of practices to ensure cost effective service delivery standards are maintained
- Adequate reporting mechanisms for key performance indicators
- Establishment of a review process to ensure soundly based decisions on all files, particularly in respect to discontinuation of weekly benefits.
- Protocols and practices in place to ensure minimisation of disputes
- Quality Assurance and Quality Control procedures established to ensure adherence

Submitting Injury Management Programs to GIO

Any GIO client wishing to develop their own Injury Management Program will be asked to submit their proposed Program to GIO's IMS Team for approval. The employer's submission must include:

- descriptive outline of the organisation including an overview of the organisation's corporate structure;
- organisation chart identifying where the Injury Management Program functions are located within the organisation's structure;
- explanation of how the Injury Management Program contributes to the organisation's objectives and core business activities;
- electronic copy of the Injury Management Program Policies and Procedures Manual. The Manual should include response information and data set out in a manner logically consistent with the WorkCover Tasmanian Guidelines for developing an Injury Management Program - Version 3 (effective: 1st September 2019) and should identify and address all guideline requirements;
- description of how the employer will educate their workforce and promote their Injury Management Program.

The IMS Team will assess the employer's Injury Management Program against the Guidelines. Approval will be given where the employer's Injury Management Program satisfies the requirements and complies with all relevant criteria identified in the Guidelines. Where requirements are not adequately addressed, the IMS Team will consult with the employer to assist in their effort to comply with the Guidelines.

Programs may be submitted to:

Injury Management Standards Team - GIO
GPO Box 1136, Hobart Tas 7001

24 Ensure employers educate & promote Injury Management Programs

Employers will be required to both promote and comply with their Injury Management Programs. Failure to do so will represent a breach of the legislation and of the terms and conditions of the policy of insurance. GIO will require employers to show how they will promote their Injury Management Program in their workplace and education of their employees about their Injury Management Program. Such promotion and education should include details of numbers of training sessions and confirmation of employee attendance. Records of attendance, dates of Injury Management Program delivery and samples of training/ educational materials will be required as part of the employer's report on the review of the operation of the Injury Management Program after the annual review.

Employers may rely on multiple sources of evidence to confirm their compliance with their Injury Management Program. This evidence includes (but is not limited to):

- posters and other promotional material
- policies and procedures
- HR functions
- training programs
- training program attendance records
- participation in surveys sent by GIO to the employer
- participation in worksite visits from GIO staff to view how the Injury Management Program is being promoted, understood and utilised by a business

Any non-compliance issues that cannot be resolved will be reported to the WorkCover Tasmania Board.

25 Ensuring employers regularly review & maintain Injury Management Programs

A register of approved Injury Management Programs will be maintained by GIO and the programs will be reviewed in conjunction with the employer at least annually (or earlier if warranted by scheme changes).

GIO's Injury Management Program is formally reviewed every twelve months, taking into consideration changes in legislation, our business model and stakeholder needs.

Should changes to the program be required in the interim, GIO's Injury Management Standards (IMS) Team comprising Team Leader (TL), Technical Advisor (TA) and Injury Management Co-ordinator will coordinate these changes and, once approved by WorkCover, will make the program available to staff and external parties as required.

GIO will engage with our insured employers, following any changes to ensure their Injury Management Programs are in line with those within the GIO Injury Management Program.

3. Information Management

The Commonwealth Privacy Law and the Australian Privacy Principles apply to the information collected and used for the purposes of handling the worker's claim for compensation.

Only personal information required to manage a worker's claim is collected. GIO will only use or disclose information about an injured worker or employer for the purpose that this information was collected or where a lawful exemption applies.

One of the keys to successful injury management is communication and information sharing with relevant parties. The Act compels parties to share medical information that has been obtained in relation to a claim. GIO recognises the importance of this and our claims procedures ensure that the spirit of this information sharing concept, as well as the legislative requirements, are adhered to.

3.1 Ensure full disclosure of and access to accurate and consistent information, including the provision of information, including the provision of information in other languages

The worker's consent to the collection, use and disclosure of personal and health information is obtained when they sign the Workers Compensation Claim Form and/or the Workers Compensation Medical Certificate.

The key parties to a claim (the injured worker and employer) can request access to information in relation to the claim and update personal information at any time. That request will generally be made to their allocated Claims Advisor, who will confirm identity, and in the case of changing personal information the Claims Advisor will update records as required. Requests for access to personal information are assessed by the Claims Advisor in conjunction with the Team Leader or Technical Officer.

Factors to consider include the principals of injury management and the provisions of the Privacy Act 1988

Dissemination of information

GIO distributes to all policy holders a summary of any legislative changes as and when they occur, in accordance with license conditions.

With each WorkCover Tasmania website. This information is provided within our initial communication documentation on all claims, which outlines benefits, rights, roles and responsibilities of all parties. GIO also provides employers with "A Guide to Injury Management" brochure or the link to the WorkCover Tasmania website which provides the brochure.

GIO provide employers with access to detailed client management information within our website which includes:

- GIO Injury Management Program
- A Guide to Workers Rehabilitation and Compensation in Tasmania (Workcover)
- A Guide to Injury Management (Workcover)
- Comprehensive benefits structure
- Recovery at Work Return to Work and Recovery Management Plan guide
- Injury notification and claims lodgment information

This information is available through accessing the following link:

<https://www.gio.com.au/business-insurance/workers-compensation/claims-tas.html>

Information available in other languages when necessary

GIO recognises the multicultural nature of our society, which may result in a stakeholder having trouble understanding this Injury Management Program - or indeed any other information that we provide. We therefore invite any such stakeholder to contact us to arrange for the provision of any relevant information to be provided in an alternative language. GIO will organise interpreter services where required.

3.2 Ensure accurate and consistent information

GIO's document control register records and monitors all relevant documents including but not limited to:

- Injury Management Program
- Workers Compensation Claims Manual
- Information for Workers & Employers flyer
- All WorkCover documents issued
- Standard letters and forms
- All other case management documents

Responsibility for reviewing and updating this Register on at least an annual basis rests with the Tasmanian Technical Specialist.

4. Communication Management

Communication is the most important tool that can be used when managing a workplace injury.

GIO's Injury Management Program recognises that open communication lines should be developed and maintained by all parties throughout the life of the claim, including the worker, the employer, the primary treating medical practitioner, all other treatment providers, rehabilitation specialists and any other party critical to ensuring a positive claim outcome.

GIO understands that delays suffered by workers in the management of their claim can lead to negative consequences that hinder or prevent return to work outcomes.

Therefore, our quality assurance program focuses on regular contact points and especially the timeliness and manner of communication between parties. Periodic training to reinforce the critical importance of these timelines is undertaken, along with employee call monitoring and call coaching, which is undertaken by the Leader within the claims team to ensure we are providing timely, consistent and effective communication to our parties.

Our aim is to seamlessly integrate claims and injury management practices into a holistic case management approach ensuring prompt and thorough communication, in non-threatening plain English.

The quality assurance program reviews the correct application of oral and written communication, whilst a suite of 'standard letters' and 'standard forms' are provided to the Claims Advisor to also assist in this regard. Our standard letters and forms are reviewed annually to ensure that our communication is easy to interpret, informative and in line with our customer communication strategy.

4.1 Communication

Promoting open and honest communication

GIO's core values promotes open and honest communications with our customers. The GIO claims team gather extensive information during the claims management process which is well documented within our claims management system, to ensure accurate and consistent communication management.

Ensure the timelines of communication

GIO recognises that early contact facilitates a timely return to work. If time lost as a result of an injury is greater than 5 business days, or if there is a lack of definitive medical information, GIO will commence contact with the employer, injured worker and primary treating medical practitioner, where appropriate, within three business days of a claim being received.

Ensure the correct application of both oral and written communication

GIO understands the workers compensation and injury management process can be complex, however it does not need to be.

Our correspondence and communications are simple and easy to understand. Keeping our communications streamlined and providing necessary and effective communication throughout the claim. To keep communication easy to decipher, we include brochures and links websites which include additional information to support our customers understand the workers compensation and injury management process.

Ensure communication is clear and in "plain" English

GIO Workers Compensation Claims have implemented a biopsychosocial approach within our communication management processes, keeping our written communication clear, supportive and open to ongoing contact between our claims team and stakeholders. Our correspondence places focus on the injured workers recovery at work or supported return to work planning within our claims management communication.

Ensure communication is non-threatening

GIO's communication management approach is to keep communication open and honest with all parties. We welcome parties to communicate with us around any concerns they may have and try to avoid the use of technical or legalised communication when possible.

Ensure interpreting services are made available when necessary

GIO recognises the multicultural nature of our society, which may result in a stakeholder having trouble understanding this Injury Management Program - or indeed any other information that we provide. We therefore we invite any such stakeholder to contact us to arrange for the provision of any relevant information to be provided in an alternative language. GIO will organise interpreter services where required.

4.2 Communication with key parties

Manage contact points and formal channels of communication between all parties

GIO promotes easy communication methods between all parties through utilising email, telephone and SMS communications. Preferred contact methods are discussed with our key parties to ensure ease of collaboration and communication. Contact information is provided within all written and emailed communication. Our website also provides details on how to reach out for assistance and support.

Ensure that employee obligations are described and communicated effectively

Through initial and regular ongoing telephone calls, letters and emails with our customers we guide them on the obligations of each key party involved within the claim. This information is communicated effectively through both verbal and written advice.

Ensure that roles, activities and/or services that are to be delivered by external providers are clearly identified and communicated to key parties

Our conversations with all key parties identifies any supporting roles or services that maybe required, such as:

- appointment of a Workplace Rehabilitation Provider
- scheduling a case conference with parties
- mediation
- workplace counselling

If these additional support services are required, GIO will have a discussion with all parties to explain the roles and responsibilities involved with that appointment. GIO documents all communications within our claims management system, in addition to providing written confirmation of any additional parties becoming involved in a claim.

5. Role of the Injury Management Co-Ordinator

5.1 Manage the role, responsibilities and duties of an Injury Management Co-ordinator including quantity requirements and Injury Management Co-ordinator activities that are overseen rather than performed

GIO is committed to the role of Injury Management Coordinator (IMC) as defined in the Act. GIO's team structure includes the role of the Injury Management Coordinator.

Injury Management Coordinators ensure the injury management process runs smoothly by overseeing, co-ordinating and planning the injury management requirements to support workers and employers achieve positive outcomes.

The IMC is responsible for the coordination and oversight of the injury management process. Specific responsibilities include:

- appointment when incapacity is greater than 5 working days
- appointed by the insurer or the employer
- coordinating the injury management process
- monitoring and overseeing the return to work and injury management planning
- coordinating return to work activities in collaboration with the claims advisors, primary treating medical practitioner, allied health, specialist, employers, rehabilitation providers and importantly the injured workers to achieve positive claims outcomes
- receive independent medical examination reports within 7 days
- mediating disputes in relation to rehabilitation and return to work (including informal mediation as appropriate)
- investigating retraining and redeployment options with an IMC review required every 6 months on all claims where incapacity is ongoing
- oversight of the Return to Works Specialist in the delivery of rehabilitation in non-complex cases to ensure early and appropriate return to work
- suggestions around the appointment of workplace rehabilitation providers and ensure the skills of the rehabilitation provided are suitably matched to the workers injury
- will conduct a review of claims with ongoing incapacity (both partial and total) at a minimum every 26 weeks throughout the duration of the claim.

The IMC, being focused on managing the injury management process, will recruit resources to undertake components of that process as required in each individual case. Resources include but are not limited to, the GIO Claims Advisors, Return to Work Specialist, employer staff (and RTW Co-coordinator if available), medical and other allied health treatment providers, accredited workplace rehabilitation providers, experts in job seeking and redeployment, and training service providers.

5.2 Manage the skills and knowledge requirements

GIO has embedded the role of IMC within the Tasmania Claims Team. Appointed IMC's must have undertaken the appropriate approved training to perform the role of IMC.

Appointed IMC's must have one the of the below qualifications:

- Certificate IV in Personal Injury Management (FN42120)
- Diploma of Personal Injury and Disability Insurance Management (FNS51920)

5.3 Ensure the identification and provision of training requirements

The Injury Management Co-ordinator is trained in accordance with the WorkCover Tasmania Board approved course training requirements and are registered with WorkCover Tasmania.

5.4 Manage the appointment process

GIO Injury Management Co-ordinator appointment is made following the receipt of a worker's compensation claim in which there is an ongoing incapacity greater than 5 days.

The appointment of the Injury Management Co-ordinator is determined by the Claims Advisor and where necessary in collaboration with the Technical Advisor.

5.5 Manage and monitor the Injury Management Co-ordinator role or activities that are to be delivered by an external Injury Management Co-ordinator including but not limited to clearly identifying and communicating the roles or activities that are to be delivered

GIO utilises the experience and expertise of their inhouse Injury Management Co-ordinator's, and we do not outsource this program to external providers to perform this role. Should GIO consider outsourcing the Injury Management Co-ordinator role at any future time, GIO will submit provisions for the outsourcing of this role to the board for prior approval.

6. Workplace Rehabilitation Provider Role

6.1 Manage the role, responsibilities & duties of the Workplace Rehabilitation Provider

In more complex cases, it may be appropriate to appoint a Workplace Rehabilitation Provider to provide additional support to injured workers and manage the delivery of appropriate rehabilitation. Injured workers have the right to participate in the choice of Workplace Rehabilitation Provider from those accredited by WorkCover. Services provided by a Workplace Rehabilitation Provider include:

- initial workplace rehabilitation assessment.
- assessment of the functional capacity of an injured worker.
- workplace assessment.
- job analysis.
- advice concerning job modifications.
- rehabilitation counselling.
- vocational assessment.
- advice or assistance in relation to job seeking.
- advice or assistance in arranging vocational re-education or retraining.
- any other relevant and reasonable rehabilitation services.
- preparation of Recovery at Work & Return to Work Plans & Recovery Management Plans; in consultation with the injured worker and employer, ensure that all alternate duties are suitable and meaningful.
- convene a case conference if the worker has failed to return to work or to upgrade in accordance with medically evidenced based recovery timeframes.

GIO claims advisors will determine which services are required by the Workplace Rehabilitation Provider and will confirm such services within the “Rehabilitation Provider Appointment” letter issued upon each appointment and recorded within the GIO claims management system.

Workplace rehabilitation providers do not need to be accredited to provide the following services:

- advice or assistance in relation to job seeking
- advice or assistance in arranging vocational re-education or retraining

6.2 Manage skill & knowledge requirements

A Workplace Rehabilitation Provider is a person qualified in an allied health field or with relevant experience, engaged to manage the occupational rehabilitation of an injured worker, including, but not limited to, the use of physical rehabilitation services and occupational rehabilitation services. Workplace Rehabilitation Providers are independent service providers and are available to receive referrals from GIO on a case-by-case basis. GIO has established a panel of Workplace Rehabilitation Provider who meet the standards of GIO’s Service Level Agreement. GIO reserves the right to also appoint providers that are not on the Panel, however they must nevertheless conform to the standards of GIO’s Service Level Agreement.

Only those Workplace Rehabilitation Providers accredited by the WorkCover Board will be appointed to the GIO Rehabilitation Panel or on an individual basis.

6.3 Manage the selection process for external service providers

GIO’s Partnership Performance Team will monitor Workplace Rehabilitation Providers for the necessary qualifications to perform the role. Professional tertiary qualifications in a health-related field, which has an integral involvement in Vocational Rehabilitation.

Examples of such fields are Occupational Therapy, Physiotherapy, Audiology, Medicine, Psychology, Nursing, Social Work and Rehabilitation Counselling; and proven experience for a minimum of two (2) years’ full time, or equivalent, in managing the Vocational Rehabilitation process. Such a process must focus on the integration of, and liaison with, all parties involved in treating, rehabilitating and returning the worker to optimum health and employment status. Eligibility for membership of his/her professional association.

6.4 Manage the referral process of an injured worker to Workplace Rehabilitation Provider

The appointment of a Workplace Rehabilitation Provider will be co-ordinated by the Claims Advisor in consultation with the Injury Management Co-ordinator, employer representative and the injured worker. Every effort is made to match the knowledge of the workplace and the specific rehabilitation skills and experience of the Workplace Rehabilitation Provider to the needs of each individual injured worker. This matching process takes into consideration the medical information and comments from the primary treating medical practitioner, the RTW barriers and views of the injured worker.

The Workplace Rehabilitation Provider appointment process involves the specific rehabilitation services required for the injured worker to be listed on the referral form and relevant information to be supplied by the Injury Management Co-ordinator or Claims Advisor to the Workplace Rehabilitation Provider.

The injured worker has the right to be consulted about the appointment of their Workplace Rehabilitation Provider can request a change of Workplace Rehabilitation Provider, subsequently, if difficulties arise between the worker and their Workplace Rehabilitation Provider. Should any such dispute arise, the Injury Management Co-ordinator will endeavor to facilitate a resolution of the issues raised.

Workplace rehabilitation services will be made available to injured workers so long as there continues to be potential for the worker to achieve a return to work in any reasonable capacity. Once the worker reaches a stage where either an optimum return to work outcome has been achieved or return to work is no longer a realistic outcome, cessation of services will be considered, in consultation with all parties.

Change of provider

Should a reported dispute from an injured worker involve a request to change their rehabilitation provider, the injured worker may be asked to provide a statement in writing to GIO describing the basis of their dissatisfaction. If a rehabilitation plan is in place, all attempts to resolve/mediate the issue will be undertaken prior to agreeing to the request.

Consideration should be given to changing the consultant working on the file to another working within the same organisation prior to referring elsewhere, thus ensuring continuity of service and minimising additional assessment costs.

6.5 Management of external service providers

GIO have a Rehabilitation Provider Panel which Tasmania Workplace Rehabilitation Providers are included. The GIO Partner Performance Team will undertake strategic monitoring of Workplace Rehabilitation Provider performance, both on and off panel providers.

GIO's Injury Management Co-ordinators will also work alongside the GIO Partner Performance Team to ensure oversight and coordination of the injury management process. This includes supervision of the performance of Workplace Rehabilitation Provider and dealing with any service delivery issues. This monitoring includes objective performance data including outcome costs, return to work rates and duration of rehabilitation involvement.

Feedback from key parties will also form part of the appraisal process. Workplace Rehabilitation Provider's will additionally be reviewed to ensure adequate arrangements are in place to provide continuity of service to an injured worker when their consultant is unavailable for any reason. The performance of Workplace Rehabilitation Provider will be measured against the criteria stated in the GIO Workplace Rehabilitation Provider Panel Service Level Agreement. Workplace Rehabilitation Provider's will also be monitored against accreditation criteria as established by the Board.

7. Role of the Return to Work Co-ordinator (RTWC - Self-Insurers Only)

The Injury Management Program guidelines, request self-insurers to define the role of the return to work co-ordinator as used within their organisation. For the GIO Workers Compensation Injury Management Program, being the insurer, these criteria will not be defined.

8. Mechanism to facilitate early reporting and intervention of injuries/claims

8.1 Early Reporting

Implement a variety of mechanisms to facilitate early reporting

Employers can notify GIO of an injury, a claim or contemplated claim by:

Telephone: 13 10 10

Facsimile: (03) 6215 6340 or 1300 725 847

Email: wcclaimstas@gio.com.au

GIO Workers Compensation website: www.gio.com.au/business-insurance/workers-compensation/claims-tas

Detailed information regarding reporting requirements for injuries and claims is provided to new clients within our onboarding client information pack which is provided at the initial meet and greet with the client or provided within our welcome email to the client.

Details promoting early notification and reporting requirements are also detailed at our website.

Managing timeframes for early reporting

GIO's Injury Management Program includes strategies to facilitate early intervention by requiring employers and insurers are notified of injuries in accordance with the legislation and GIO's policy conditions. Employers are to encourage workers to report all work-related injuries and symptoms (either verbally or in writing) as soon as practicable. An employer is to keep an accurate management system to record work related injuries and when these have been reported to the insurer.

An employer is to notify GIO of:

- all injuries resulting in, or likely to result in, lost time from work (within 3 working days);
- a claim or contemplated claim against them;
- receiving a claim form (within 3 working days).

Upon receipt of an injury notification or claim, GIO will analyse the incoming information and where required contact parties within 3 working days to discuss obligations, offer support and assistance and commence early intervention strategies consisting of but not limited to:

- promoting the health benefits of return to work and recovery at work practices
- assisting to identify suitable alternative duties
- necessary alternative job placements
- redeployment requirements
- implementation of return to work or recovery at work planning
- medical treatment approval
- case conferencing to facilitate communication between all parties
- counselling and mediation services
- rehabilitation support

Manage employer training and educational requirements

GIO offers its 'Strategic Workers Compensation Management' training course to all policy holders. A segment of this training program is directed at educating employers about the benefits of early notification and the penalties that apply to late notification.

Administer any early reporting incentive scheme

In accordance with section 36 of the Act, should an employer fail to notify GIO within 3 working days after receiving a claim form, GIO may be able to decline to indemnify weekly payments payable until the employer notifies GIO. GIO will discuss non-compliance issues with employers and may issue formal notice of non-compliance.

Employers who fail to meet the required reporting time frames frequently will be penalised, which is an incentive to motivate employer compliance with early notification. GIO will also provide notice to WorkCover Tasmania to advise of ongoing noncompliance issues with employers.

Manage corrective action for late submissions

GIO's Claims Advisors will monitor employer compliance with early reporting requirements. Employers that consistently fail to appropriately notify GIO, will be offered training to rectify the deficiency. Employers will be required to comply with their Injury Management Programs. Failure to do so will represent a breach of the legislation and policy conditions. Any non-compliance issues which cannot be resolved will be reported to the WorkCover Tasmania Board by GIO.

8.2 Early intervention

Analysis of incoming data

GIO claims management system is designed to capture reporting data which is analysed to determine areas for improvement. GIO Claims Advisors are trained to identify any late reporting issues and implement and follow the early report incentive processes

Development and implementation of intervention strategies

Ongoing issues with employers failing to provide injury and claims notifications in a timely manner will be exposed to indemnity penalties as outline in section 36 of the ACT. Coaching and counselling will be provided by the GIO claims team to those employers with ongoing delays with notification.

Manage key contact points with key parties

GIO's claims management system has been designed to support early and ongoing contact points with key parties. If time lost as a result of an injury is greater than 5 business days, or if there is a lack of definitive medical information, GIO will commence contact with the employer, injured worker, and primary treating medical practitioner, where appropriate, within three business days of a claim being received.

These contacts are recorded as detailed notations within our claims management system.

Should GIO receive a claim with no ongoing incapacity greater than 5 days, and there is no ongoing medical management noted or any circumstances that would suggest contact will assist with claims management, worker contact maybe limited to the issuing of our "Claims Liability" correspondence (issued within 28 days), and no contact will be required with the Primary Treating Medical Practitioner in such instances.

Administer provisional payments

There is an obligation on employers to pay medical and rehabilitation expenses up to \$5,000 as well as weekly wages during the period when liability is being determined. This has ensured that workers are provided with treatment and return to work assistance at the earliest possible time to facilitate a safe and sustainable return to work.

Regardless of whether a notification/claim is under investigation, if liability has not been determined GIO will:

- Continue injury management discussions with all parties and continue to support injury management activity in the interim and
- Conduct any investigations (e.g., medical review or factual investigation)

By adopting this position, we can demonstrate a pro-active approach to the overall injury management process and aid all key parties.

9. Medical Management

9.1 Primary Treating Medical Practitioners (PTMP)

Monitor the timeliness of appointments for the injured worker, medical consultants & treatment

Consultation with the primary treating medical practitioner (PTMP) is key to the success of implementing a timely, supportive, and durable return to or recovery at work plan for an injured worker, whilst also ensuring GIO can provide an injured worker with the appropriate medical treatment to support a timely recovery. During the initial 3-point contact stage of a claim, and throughout the duration of the claim, GIO Claims Advisors will assess each workers compensation medical certificate for a diagnosis, capacity advice and the suggest medical treatment plan proposed by the primary treating medical practitioner. GIO Claims Advisors will arrange timely approval for any reasonable and necessary treatment, and any further medical investigations that maybe required. Should additional medical information need to be discussed with the primary treating medical practitioner, GIO will contact the medical practitioner by phone, contact the practitioner's rooms to schedule a case conference at an appropriate time, or request a written medical report to assist in supporting an injured worker through the injury management process.

Manage the provisions of information including but not limited to:

a. Facilitating notification of a change to the injured workers primary treating medial practitioner

Should the injured worker wish to change their Primary Treating Medical Practitioner they will need to advise the employer as soon as practicable.

The injured worker must also authorise the previous Primary Treating Medical Practitioner to release to the newly chosen medical practitioner records related to the worker's workplace injury, that are held by the previous Primary Treating Medical Practitioner. Advice of these requirements is included in the WorkCover Tasmania booklets that are sent out to the injured worker and the employer in the initial stages of the claim. When becoming aware of this change GIO will issue the injured worker with the WorkCover Tasmania issued "Release of Medical Records Consent Form" and will inform all parties of the change.

b. Subsequent authorisation to release relevant medical records

GIO will ensure all medical records are managed in accordance with the provisions of the National Privacy Principles. GIO will ensure only relevant medical information is collected, and any such information will only be released to appropriate and relevant parties to assist with the management of a worker's compensation claim.

Manage contact points between involved parties – with the medical practitioner

After receipt of a claim, GIO will initiate contact with the Primary Treating Medical Practitioner (if practicable) and consult with all relevant parties to ensure that the worker receives the necessary assistance to recover and return to work. Primary Treating Medical Practitioner contact will be reviewed at each ongoing strategic review point for the duration of a claim.

Ensure systems are in place for the management of medical certificates

The onus of responsibility rests with the injured worker to ensure that a prescribed medical certificate is lodged upon the employer to validate a claim for compensation, and ongoing medical certification must be provided by the injured worker, to the employer as soon as possible to continue the claim for compensation. Section 34(1) to the Workers Rehabilitation and Compensation Act outlines the requirements relating to the provisions of claims to be in the prescribed form.

Medical certificates that are provided to GIO are assessed by Claims Advisors and are recorded within the workers compensation file, noting diagnosis, date and incapacity type.

Claims Advisors will monitor certificates for any gaps in certification and should this be discovered the employer is contacted to discuss any impact this may have to an injured workers entitlement to weekly compensation. Injured workers will also be contact should any gap in certification impact their entitlements.

Medical certificates that are not fully completed by Primary Treating Medical Practitioner are returned to the medical practitioner for completion and return to GIO and the employer.

Ensure systems are in place for the management of medical reports

The worker's consent to the collection, use and disclosure of personal and health information is obtained when they sign the Workers Compensation Claim Form and/or the Workers Compensation Medical Certificate.

If the treatment appropriateness provided within any medical report is questionable, discussions will take place with the provider and / or Primary Treating Medical Practitioner, The Commonwealth privacy law and the Australian Privacy Principles apply to the information collected and used for the purposes of handling the worker's claim for compensation, this includes the information provide within medical reports.

Only personal information required to manage a worker's claim is collected. GIO will only use or disclose information about an injured worker or employer for the purpose that this information was collected or where a lawful exemption applies.

The Act compels parties to share medical information that has been obtained in relation to a claim. GIO recognises the importance of this, and our claims procedures ensure that the spirit of this information sharing concept, as well as the legislative requirements, are adhered to.

9.2 Independent Medical Reviews

Manage the process for seeking and undertaking reviews

Utilisation of independent medical examinations is an important tool in the management of claims, to assist with liability determination, assessing entitlements under the Act (permanent impairment for example), and assessing capacity of the worker to participate in the return to work process. The decision to seek such a review is made by the Claims Advisor in consultation with the Injury Management Co-ordinator and Technical Advisor on a case-by-case basis.

Manage consultation requirements – with the PTMP

Claims Advisors will observe the following procedural requirements when arranging independent medical reviews:

- contact the worker's primary treating medical practitioner to discuss reasons why the review is being conducted, if contact is unable to be made over the phone, written correspondence will be provided to the primary treating medical practitioner outlining the reasons for the review, along with a request for the primary treating medical practitioner to contact the Claims Advisor to discuss further as required.
- inform the injured worker of the reasons for the examination in writing
- ensure the review is at a reasonable time and place to support the workers attendance. Consideration needs to be given to the location of the examination vs the injured workers capacity to attend the location.
- reasonable notice must be provided to all parties
- ensure an injured worker has not been requested to submit to more than one independent medical review within a 3-month period, unless the worker has suffered multiple injuries which required examination by a different medical specialist.

Manage the provisions of information including but not limited to:

a. Notifying the injured workers of the reason for seeking the review

Discussions will be had with the injured worker to clearly explain the reasons why they are being asked to attend for an independent medical review.

Claims Advisors will also provide workers with reasons in writing, which clearly outline the intentions for the independent medical review.

b. Provide the worker with access to any information published by the Board in respect to independent medical examinations

When providing an injured worker with notice in writing outlining the reasons for the medical examination, GIO will provide workers with a link to the WorkCover Tasmania website to access any information that may have been published by the Board regarding independent medical reviews.

c. Providing copies of the review report to the Injury Management Co-ordinator the Primary Treating Medical Practitioner

A copy of the independent medical review report must not be provided directly to the injured worker. Upon receipt of the report GIO will forward a copy to the Primary Treating Medical Practitioner in accordance with section 90B(3) of the workers rehabilitation and compensation act. This report will be provided to the Primary Treating Medical Practitioner within 7 days of receipt by GIO.

Claims Advisors will also ensure the GIO Injury Management Co-ordinator has reviewed the report. The Claims Advisor will arrange to place a review activity within the claim file for the Injury Management Co-ordinator to review the report. Once the Injury Management Co-ordinator has conducted the review a notation will be made within the claim file.

Manage contact points between involved parties

It is important all parties understand the details around the booking of an independent medical review. Written correspondence will be issued to both the injured worker and primary treating medical practitioner outlining the reasons for the review, what to expect during the review and the location and time for the review. Claims Advisors will be the contact point for any concerns relating to the review. Claims Advisors will also ensure employers are aware of the review and release injured workers for any work-related commitments to attend the review. Employers will be advised either in writing or on the telephone.

Should an independent medical review outline suggested treatment options for the injured worker, GIO will provide the report to the primary treating medical practitioner and request the report and any recommendations be discussed with the injured worker in the first instance and invite the medical practitioner to contact GIO following this to discuss ongoing medical case management and return to work / recovery at work options for the injured worker.

Monitoring the use of independent medical reviews

Claims Advisors will arrange a collaborative case conference the injury management advisor and/or the technical advisor to discuss the reasons and requirements for an independent medical review. During such review consideration will be given to the reasons the review would assist with claims / medical management, the appropriate specialist has been requested and the injured worker has not been required to submit to such an examination during the past 3 months.

Ensure the independent medical practitioner is aware of their role and responsibility and have been provided with a copy of, or access to the Board's Guidelines for examinations

GIO will ensure examiners rooms and scheduling agents are provided with the Board's guidelines and any future changes to such guidelines.

When writing to independent medical practitioners with our request for an injured worker to be reviewed, reference will be made to the requirement for the guidelines to be considered and complied by the independent medical practitioner. GIO will also request independent medical practitioners refer to their compliance with the guides when providing their written opinions with when conducting independent medical reviews and confirmation of this is provided within their review report.

GIO understands the importance of ensuring briefings to independent medical practitioners are comprehensive and all necessary medical opinions and medical investigations reports are provided prior to the review. GIO will facilitate any discussions with between the primary treating medical practitioner and the independent medical examiner as required, upon request from either practitioner.

10. Return to Work

GIO is committed to achieving safe, early, and durable return to work, health & social outcomes for injured workers through GIO's claims management model, which integrates both claims and injury management.

GIO's continued success is built on the partnership approach GIO establishes with employers and the relationships with other key parties including the injured worker, primary treating medical practitioner and allied health providers when managing individual claims for workers.

GIO's experience has shown that the practice of endorsing a common goal with the worker and setting the expectation for, and understanding of, the milestones to be reached throughout the worker's recovery, greatly enhances the prospect of the worker's maintenance at work or early return to work.

10.1 Coordinate those involved in the injury management process including but not limited to the following:

Injury Management Co-ordinators

GIO will appoint an Injury Management Co-ordinator to oversee the injury management of a claim in which an incapacity is ongoing and exceeding 5 days. GIO will monitor Injury Management Co-ordinator involvement and appointment through recording actions with the claims management system. All key parties will be advised of the appointment and the role of the Injury Management Co-ordinator within the initial liability correspondence or correspondence appointing external providers to assist with the claim. All parties will be provided reference to obtain further information on the role of the Injury Management Co-ordinator.

Workplace Rehabilitation Provider

The appointment of a Workplace Rehabilitation Provider will be coordinated by the Injury Management Co-ordinator in consultation with the relevant Claims Advisor, employer contacts and the injured worker. Every effort is made to match the knowledge of the workplace and the specific rehabilitation skills and experience of the Workplace Rehabilitation Provider to the needs of each individual injured worker. This matching process takes into consideration the medical information and comments from the primary treating medical practitioner, the return to work barriers identified and views of the injured worker.

The Workplace Rehabilitation Provider appointment process involves the specific rehabilitation services required for the injured worker to be listed on the referral form and relevant information to be supplied by the Injury Management Co-ordinator or Claims Advisor, to the Workplace Rehabilitation Provider.

Return to Work Co-ordinators

The claims advisor & injury management co-ordinator are to ensure that information is provided to the return to work co-ordinators outlining the return to work co-ordinators role and responsibilities in relation to the injury management process.

The Return to Work Co-ordinators should:

- be familiar with all areas of the workplace, including management and staff.
- have undertaken appropriate and relevant training as determined by the WorkCover Board.
- have sufficient knowledge to actively participate in the injury management process; and
- have sufficient authority to 'sign off' a Recovery at Work & Return to Work Plans as required.

The Return to Work Co-ordinator is responsible for:

- assisting with the recovery and return to work planning and implementation of Recovery at Work & Return to Work Plans and Recovery Management Plans.
- in consultation with the injured worker and employer, ensure that all alternate duties are suitable and meaningful.
- monitoring the injured worker's progress.
- assisting the injured worker in carrying out his or her designated duties in a safe and appropriate manner.
- providing the injured worker with moral support; and
- encouraging and fostering a good relationship and effective communication between the injured worker and employer.

Return to Work Specialist

GIO have implemented the role of a Return to Work Specialist to support our early intervention and Recovery at Work and Return to Work strategy. GIO's Return to Work Specialist will have a key focus on improving return to work outcomes through:

- Conduct initial and independent reviews on target new and existing claims
- Conduct contact engagement with employers, claimants, and doctors on target new and existing claims
- Conduct and facilitate treating doctor discussion and initial engagement about return to work and capacity review
- Develop and execute on Return to Work Plan deliverables
- Perform mobile case management early intervention activities as outlined within our claims management process (face to face, onsite and in doctor rooms)
- Coordinate and facilitate on-site Collaborative Case Conferences with key stakeholders, (i.e.: injured workers, employers, treating health practitioners)
- Coordinate and facilitate doctor to doctor Case Conference
- Facilitate and participate in Collaborative Case Conferences with claims staff, peers, and internal subject matter experts
- Identify, deploy, and initiate appropriate support services required by the claimant to achieve return to work goal (within delegation)
- Complete ongoing claimant biopsychosocial profiling to ensure response to needs are timely and effective
- Support and facilitate early access to treatment and services where indicated

10.2 Managing recovery at work and return to work plans

GIO personal injury claims have long since identified that the long-term absence from work is harmful to physical and mental wellbeing.

Injured workers do not have to be fully recovered or have completed their medical treatment before they can return to work. With effective support and planning from employers, along with effective medical management and support from medical treaters, injured workers can continue to recover from their injury whilst at work.

Recovery at work and returning to work after an injury or illness can be challenging, however returning safely and quickly to work has strong benefits for injured workers, their families, their employer, and the sustainability of a personal injury scheme.

Return to work and Injury Management Plans are used to effectively monitor and plan for return to work and medical management of the claim.

Documenting time frames within which return to work and injury management plans will be prepared

Return to Work Plans

Return to Work plans are focused on supporting workers to remain at work on suitable alternative duties whilst recovering from an injury and to return to work following a period of total incapacity. Return to Work plans will be implemented to support injured workers where total or partial incapacity exceeds 5 business days and is ongoing.

Implementation of Return to Work plans:

- Return to Work Plans are required to support a worker if incapacity (either partial or total incapacity) exceeds 5 business days and is ongoing.
- Plans will be agreed to, prepared, and implemented within 10 business days from the date of the consultation with the primary treating medical practitioner, as indicated on the medical certificate.
- If workers delay providing the medical certificate to employers following a consultation with the primary treating medical practitioner, employers will need to note any delays and ensure plans are in place within 10 business days of the employer receiving the medical certificate.
- Ongoing/continuing medical certification in which partial or total incapacity is noted will require employers or appointed rehabilitation providers to update and implement Return to Work plans within 10 business days from the date of each consultation with the primary treating medical practitioner.
- Plans are to be aligned to the information provided within the medical certificate. Dates of incapacity, restrictions and medical treatment noted within the plans are to align with those recommended by the primary treating medical practitioner, as noted within the medical certificate.
- Legislation requires injured workers and employers to consent to plans either in writing or verbally. (If verbally agreed this needs to be noted within the plan.)
- Copies of plans are to be sent to GIO within 5 business days of the implementation of initial and each additional plan.

Injury Management Plans

Injury management planning will have a primary focus on providing and supporting injured workers with medical management, activities of daily living support and vocational management. Injury management planning is implemented to ensure that workers are supported to receive timely and appropriate medical management and support, where complex and multiple medical treatment recommendations are made by the primary treating medical practitioner and medical specialists.

Complexities with a recovery will often develop over a period of time. No injury and recovery timeframe takes the same path. For this reason, injury management planning maybe identified at any stage throughout the life of the claim, however, will be required if an injury worker remains totally incapacitated after 26 weeks from the initial date of total incapacity.

Implementation of Injury Management Plans:

- if an injury worker remains totally incapacitated after 26 weeks from the initial date of total incapacity and no return to work has been achieved.
- significant traumatic injuries.
- significant psychological incidents where a return to pre-injury employments is not likely.
- claims that require extensive medical treatment and support, such as multiple diagnosis and several areas of the body, including secondary diagnosis such as psychological conditions.
- permanent or significant impairment is likely.
- significant surgical intervention has been determined and any return to work will be greater than 26 weeks.
- Ongoing/continuing medical certification in which total incapacity is noted will require employers or appointed rehabilitation providers to update and implement injury management plans within 10 business days from the date of each consultation with the primary treating medical practitioner.
- Plans are to be aligned to the information provided within the medical certificate. Dates of incapacity, restrictions and medical treatment noted within the plans are to align with those recommended by the primary treating medical practitioner, as noted within the medical certificate.
- Legislation requires injured workers and employers to consent to plans either in writing or verbally. (If verbally agreed this needs to be noted within the plan.)

Ensure the development and implementation of plans

GIO provides employers with notice of the requirement to develop and implement plans upon receipt of an injury notification or a claim for compensation, and provides guidance upon receipt of each medical certificate that is provided. GIO's claims management system along with the injury management co-ordinator, claims advisor and return to work specialist monitor the implementation and development of plans.

Manage consultation requirements between parties

The Claims Advisor in conjunction with the Injury Management Co-ordinator and Return to Work Specialist will ensure effective and consistent communication is managed and well documented with all key parties, in line with our strategic claims management process, and as significant claims and injury management information is provided.

Ensure the assessment of return to work options are completed thoroughly

GIO's Claims and Injury Management Model has a key focus on the prompt and effective treatment and management of injuries to support early return to work.

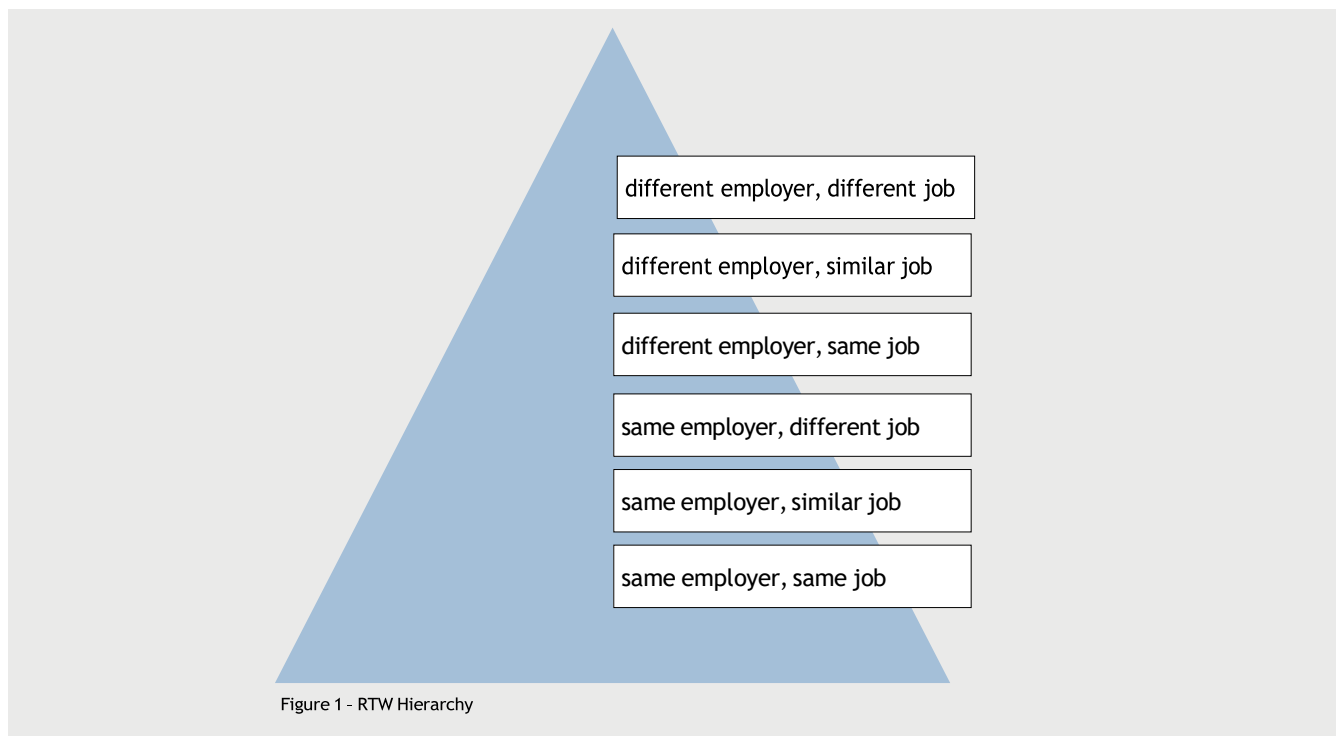
This focus is supported by:

- the roles of the claims advisor, IMC, RTWS & TA
- screening, triage, and early contact with key parties to prepare and assess suitable duty options
- mandatory key activities focused solely on recovery at work and return to work options and the timeframes for employers to develop and implement a Recovery at Work and Return to Work Plans as early as possible
- collaborating and partnering with the Primary Treating Medical Practitioner to support an early return to work
- appropriate service provision
- consideration of the return to work hierarchy
- a focus on improving health & social outcomes

Ensure the return to work hierarchy is applied

GIO understands the significance a workplace injury can have within a worker's life. The initial consideration for supporting a durable return to work for an injured worker is to assist in returning them to their pre-injury role with their current employer. In some instances, barriers are identified that will prevent this. GIO's collaborative Claims & Injury Management model incorporates collaboration between key parties and GIO's supporting claims teams to identify these needs timely and implement a strategy to support the return to work hierarchy approach.

The below figure provides guidance as to the return to work hierarchy:



Ensure workplace visits are undertaken when necessary

GIO may arrange workplace visits by claims advisors, workplace rehabilitation provider, a return to work specialist, injury management co-ordinator and primary treating medical practitioners to aid in the progress of a return to work outcome for an injured worker.

With ongoing collaboration with all parties in the return to work planning, any barriers that can be overcome through a workplace visit will be arranged. GIO will regularly visit with employers and engage with their workplaces for site visits to gain an understanding of duties required within the workplace and understand workplace practices which assists with recovery at work and return to work planning.

Ensure the identification of suitable and meaningful duties where practicable

Recovery at Work and Return to Work Plans should be developed and tailored to suit the needs of the individual and assist in promoting optimal return to work outcomes. Key to the success of the plan is to offer injured workers 'suitable' and meaningful duties that are appropriate given the worker's injury and capacity for work. Preparing plans in consultation with, or recommendations of the Primary Treating Medical Practitioner, Worker and Employer. GIO's Injury Management Co-ordinator, Return to Work Specialist and/or an accredited Workplace Rehabilitation Provider can assist employers to develop appropriate Recovery at Work & Return to Work Plans as required. Claims advisors will request employers prepare a list of suitable duties within initial contact with employers and will also discuss with the worker their opinion on duties they feel they could perform during the recovery process, to assist with the planning of meaningful and suitable duties.

Recognise limitations during return to work

Communication and regular consultation with all key parties will assist in identifying any limitations during the implementation of Recovery at Work & Return to Work Plans. GIO encourage ongoing collaboration between Workers, Employers, and any supporting return to work specialist roles to ensure limitations within a plan are identified timely.

All activities within plans must support the principles of the clinical framework for the delivery of health services. Plans must identify optimal return to work outcomes based on evidence-based guidelines and progress must be monitored against target outcomes.

Plans are monitored by GIO Claims Advisors, Injury Management Co-ordinators or Return to Work Specialist to assess effectiveness and quality and to ensure plans are in line with current medical capacity.

Ensure the regular review, monitor and modification of plans when necessary

Plans are recorded within GIO's claims management system and should provide the progress achieved towards the agreed outcomes, which will be outlined within our ongoing claims review processes throughout the life of the claim. When matters exceed evidence-based guidelines GIO will work closely with Primary Treating Medical Practitioners and medical treaters to identify barriers that are impacting on recovery timeframes.

Regularly assess outcomes for all parties involved.

GIO's claims management model has been established to support all parties achieve a positive claims outcome in a timely manner. Our claims profiling and strategic claims management model are outcome focused which assists with ongoing assessment of all parties involved in the recovery at work and return to work program.

10.3 Reflect and promote the health benefits for work

GIO claims team and Suncorp on a national level have undertaken significant work over many years to promote the health benefits of work to all key parties involved within a claim. GIO's Claims Advisors, Injury Management Advisors, Return to Work Specialists will all promote and discuss the benefits within initial discussions with all parties, along with issuing Employers, Workers and Primary Treating Medical Practitioners the WorkCover "Health Benefits of Work" document within our initial correspondence to parties. These benefits are also promoted within GIO Training programs, Claims Review Meetings and Case Conferencing.

10.4 Ensure all activities support the principles of the Clinic Framework for the Delivery of Health Services

Plans and associated activities are prepared with consideration given to the Clinic Framework for the Delivery of Health Services 5 driving principles:

Principle One
Measure and demonstrate the effectiveness of treatment
Principle Two
Adopt a biopsychosocial approach
Principle Three
Empower the injured person to manage their injury
Principle Four
Implement goals focused on optimising function, participation and return to work
Principle Five
Base treatment on best available research evidence

10.5 Application of evidence-based guidelines

Identify optimal return to work outcomes based on evidence-based outcomes

GIO recognise all injury recovery timeframes and proposed medical treatment plans can vary based on individual needs, therefore variations to evidence based guidelines can be determined through collaboration and guidance with the Primary Treating Medical Practitioners.

Monitor progress against target outcomes

GIO's claims management model supports ongoing monitoring and setting target outcomes through our ongoing strategic review program. Claims Advisors in collaboration with Injury Management Co-ordinator's and Return to Work Specialists will review barriers and implement strategies in line with our claims management practices.

Take appropriate action where cases exceed evidence-based guidelines

GIO will continue ongoing regular contact with key parties to monitor progress and review and reassess strategies as appropriate. Where claims exceed evidence-based guidelines, clarification is sought from the Primary Treating Medical Practitioner and medical treaters. The use of an Independent Medical Examiner can also be considered to assist with further clarification.

11. Management of Alternative Duties

11.1 Alternative Duties

Ensure that where an injured worker is certified as having work capacity that alternative duties are considered.

GIO will engage with employers to promote the Health Benefits of Return to Work and Recovery at work options being providing to support an injury worker, in the initial stage of a claim or notification being received.

Within these initial conversations with employers and within employer education sessions GIO outline the importance of employers being prepared with a list of suitable options for injured workers in the very early stages, and to be able to provide the Primary Treating Medical Practitioner with suitable options at the injured workers initial consultation.

Ensure alternate duties are both suitable and meaningful

GIO will engage with employers around the availability of suitable and meaningful duties available within the workplace.

Ensure employers provide notification of alternative duties that are available (facilitated by a list of general duties to be supplied by the Board)

Employers with more than 100 employees at the workplace are required to provide GIO with a list of suitable duties within 60 days of policy inception or renewal.

If employers are unable to provide the list of suitable duties to an injured worker and their primary treating medical practitioner at the initial review then action should be taken to provide this as soon as possible to facilitate a timely, safe and durable return to work. GIO can assist employers with identified suitable alternative duties within the workplace and the workplace rehabilitation provider can also support employers in this regard.

Ensure matters relating to employers unwilling and/or unable to provide alternative duties are handled in accordance with internal policies and procedures. Where such matters are unable to be resolved through internal processes, they are to be referred to the Board.

GIO will engage with employers around the availability of suitable and meaningful duties available within the workplace. Should an employer fail to respond to requests from GIO to provide a list of suitable alternative duties, GIO will act to notify the Board of the employer's failure to comply and will also provide the employer with notification this matter has been reported.

11.2 Retraining and Redeployment

Ensure the early identification of injured workers who require retraining and/or redeployment

GIO anticipates that the early intervention activities in the injury management process will result in most workers returning to their pre-injury employer. However, for those cases where return to pre-injury duties is not possible, GIO will actively pursue vocational rehabilitation, using the GIO network of preferred rehabilitation providers, including redeployment service providers.

The focus of injury management in these cases is to identify the need for vocational rehabilitation as quickly as possible – to promote positive re-direction for the injured worker and productive resolution for the employer. This may mean identification of permanent alternate duties with the same employer or employment with a new employer. Either of these outcomes may require retraining. While vocational retraining is identified as the 'last option' in the return to work hierarchy, the tendency to delay implementation of vocational rehabilitation to the point where the injured worker has lost the 'work routine' and possibly self-esteem, is counterproductive for all parties. Therefore, due consideration will be given to each stage of the hierarchy in a timely manner.

GIO will encourage pro-active service provision from providers; including the utilisation of specialised job clubs, work trials with a host employer and encouraging employers to take on a new employee who has previously had a worker's compensation claim.

GIO also attempts to persuade pre-injury employers to maintain provision of at least partial suitable duties concurrent to job seeking activity.

GIO's procedures and service agreements with our panel providers strengthen this philosophy further by encouraging placement to be achieved in a timely manner.

Establish and maintain arrangements and/or incentives for retraining, skill enhancement and redeployment opportunities of injured workers that have some work capacity. In the case of licensed Insurers this may including but is not limited to enabling workers with work capacity to be placed within employers to which the insurer insures.

As well as providing expert assistance, GIO encourages workers to be undertaking job-seeking activities that are self-directed. Injured workers will be advised that the following steps are considered necessary to demonstrate that they are actively job seeking:

- register with appropriate employment agencies and actively pursue employment opportunities (if they charge a fee, reimbursement will be considered by GIO);
- keep searching the positions vacant column in the newspapers and on the internet and apply for jobs where work is appropriate to their abilities and circumstances;
- approach employers who may have suitable jobs;
- be flexible in seeking and accepting employment that is within their abilities and circumstances;
- keep a list of all jobs applied for;
- include in the list the date of each job-seeking contact made (including the mechanism of contact), what type of job it is, the full company name, address and telephone number, the name of the person contacted and what the outcome was; and
- send in a copy of the list to their Workplace Rehabilitation Provider each fortnight along with copies of job applications, advertisements for jobs applied for and copies of written responses from employers.

Work trial's may also be arranged to support an injured worker. A work trial is a short period of work experience with a host employer as part of an occupational rehabilitation program. It is an initiative aimed at helping injured workers maintain or regain full employment. Work trials are only used when the employer responsible for the injury is unable to provide suitable duties. A work trial must be arranged and monitored by an accredited Rehabilitation Provider. The maximum period for a work trial should be 12 weeks. It is hoped that in most cases this will lead to a sustainable employment outcome.

12. Management of Psychological Claims Primary and Secondary

The GIO claims team have extensive experience in the management of workers compensation claims. Our Technical Advisors has 26 years' experience in various positions within the workers compensation industry with extensive experience managing injury and psychological complex claims with a Diploma in Workers Compensation Management. Our Claims Leader has over 13 years' experience in claims management with a Diploma of Personal Injury and Disability Management and is an accredited Injury Management Co-ordinator, and our Return to Work Specialist has over 8 years industry experience, along with a Diploma in Personal Injury and Disability Management. The GIO claims team have a wealth of experience within the team to ensure psychological claims and secondary psychological conditions, or the potential for the development of a psychological condition is identified timely and actioned and managed appropriately in line with our claims management process.

The claims team are well versed on the benefits of the biopsychosocial approach to claims management, with this philosophy well incorporated into our claims management practices, training and tip sheets. Suncorp as a company promote the early identification and support for those vulnerable customers with compliance based annual vulnerability training for employees.

12.1 Ensure that senior managers and claims staff are appropriately trained in the identification and management of psychological claims including PTSD and the biopsychosocial approach.

GIO have undertaken a significant program of work to incorporate the biopsychosocial approach to claims management. Senior managers, supporting specialists and Claims Advisors have taken part in our biopsychosocial program of work, which develops team awareness around the importance of providing all key parties with access to information and to support and assist them in making the right choice throughout the claims process. We continue to monitor our claims management program to streamline and simplify processes to guide key parties with their claims management responsibilities, whilst placing the injured worker at the center of our claims management strategies and the decision-making process.

Collaborating with key parties and providing clear, open, and honest and supporting information about the workers compensation and recovery management process. Where possible we aim to use non-legalised dialogue within our communicating.

GIO have removed language and processes that continue to reinforce the injury sustained and place our focus on the recovery and support of an injured worker.

The return to work planning process and associated plans have been revised with a focus on recovery at work. We recommend an injured worker provides suggestions around suitable duties they feel they have capacity to conduct, and ensure they are consulted when planning a recovery at work or return to work following an injury. We have also modified our Recovery at Work and Return to Work Plans to reference an injured workers personal goal setting to assist with their recovery outside of the workplace, which ensures a holistic approach.

Injury management planning for significant and complex matters formerly known as "Injury Management Plans" have been revised with a focus on medical management, personal goal setting and supporting options for rehabilitation and are now titled "Recovery Management Plans" which will document:

- Workers support person
- Communication preferences
- Treatment planning, monitoring and medical management goal setting
- Barriers to achieving medical management goals
- Logistics in workers accessing the required treatment
- Medical case conferencing timeline
- Details of specialist reviews and recommendations
- Capacity reviews for activities of daily living
- Long term goals of retraining or redeployment assistance to return to the workforce
- All key parties involved in the Recovery Management process and their accountabilities.

The Claims Leader, Technical Advisor and Return to Work Specialist have all achieved Diploma level qualifications in Injury and Disability Management and Workers Compensation Claims Management which supports the team in the early identification of possible PTSD claims and early intervention to support workers with a PTSD diagnosis.

12.2 Ensure the early identification of and management of psychological claims including PTSD.

Early identification of psychological claims including PTSD is at the forefront of our psychological claims management model. It is often that an employer will become aware of the potential for a psychological claim many weeks or months before a notification or claim is made with GIO.

GIO encourage employers to engage with our claims team for support and assistance as early as possible for guidance on how to manage a potential psychological claim, and to support employers to take the necessary steps to support their workers.

GIO offer regular employer training sessions to promote and support early intervention and a collaborative approach between employers and GIO, to assist workers early.

Initial claims and notifications received within the claims team are triaged by the Technical Advisor and / or the Leader / Injury Management Co-ordinator and each claim is assessed for any psychological component.

Early contact with key parties ensures any psychological barriers are identified and Claims Advisors or the Injury Management Co-ordinator will confirm an appropriate mental health plan has been developed for the injured worker. Discussions are held around the most appropriate strategy for each claim, and desired outcomes and management strategies are implemented with key parties, within the first 3 business days. Consideration will be given to workplace mediation & counselling support where appropriate.

12.3 Ensure the early identification of psychological claims secondary to injury claims.

Communication is the key to early identification of a secondary psychological condition. Ongoing collaboration between the worker, PTMP, employer, Claims Advisor and any appointed rehabilitation provider will assist in early identification. Secondary psychological conditions are associated with a previous physical injury and can negatively impact the recovery time for the physical injury significantly. Early identification, support and ongoing collaboration with the worker, employer and PTMP to ensure an appropriate medical treatment plan is in place. GIO ensure appropriate medical treatment is accessible in a timely manner to support the injured worker, which will assist in minimising or preventing the impact of secondary psychological conditions.

12.4 Identify key parties in the management of the workers injury including the claims and injury management process. E.g., workers, employers, primary treating medical practitioners, Injury Management Co-ordinator/Workplace Rehabilitation Provider.

GIO will commence contact with the employer, injured worker and primary treating medical practitioner, where appropriate, within three business days of a claim being received to discuss the necessary strategy to support an injured worker during the recovery process. During these initial conversations key parties are determined, their role within the injury management process is discussed and written confirmation is provided within the following correspondence:

Initial claim confirmation correspondence

Workers and employers will receive an initial claims confirmation letter issued within 28 days of the receipt of the claim, which will outline the next steps in the claim process, initial liability decision and will include details of the following key parties:

- Claims Advisor
- Injury Management Co-ordinator
- Rehabilitation Provider (as required)

Recovery at Work & Return to Work Plans, Recovery Management Plans

Plans will outline the key parties involved in the injury management process:

- Workplace support person
- GIO Claims Advisor
- Injury Management Co-ordinator
- Primary treating medical practitioner
- Rehabilitation provider (as required)

Primary Treating Medical Practitioner Introduction Correspondence

Primary Treating Medical Practitioners are a critical part of the claims management process and effective communication, and engagement will assist with return to work and recovery at work planning. Upon receiving confirmation of the PTMP, and should an incapacity be ongoing, GIO will issue an introductory letter providing confirmation of GIO's involvement and outlining contact details for key parties involved in the injury management process:

- GIO claims advisor
- Injury management co-ordinator and the return to work specialist
- Workplace support person
- Rehabilitation provider (if appointment has been made)

Within this communication, GIO request the PTMP to contact GIO to assist with supporting the worker with the recovery at work / return to work process and to advise of the proposed treatment plan.

12.5 Ensure the early appointment of (no later than the frame required by s143B of the Act) of an Injury Management Co-ordinator with management skills, experience and / or qualifications in respect to the management of psychological injuries.

A suitably qualified Injury Management Co-ordinator is appointed to each claim where there is an ongoing incapacity greater than 5 days. This appointment is confirmed within liability confirmation correspondence on each claim

12.6 Ensure the early appointment of appropriate providers who have the appropriate skills, experience and/or qualifications in respect to the management of psychological injuries.

To ensure the best possible outcome is achieved for an injured worker, GIO will consider the appointment of providers to support the worker throughout the injury management process.

These appointments are discussed and considered within the initial contacts with key parties.

GIO have a panel of providers, documenting each providers skills, qualification, and success with supporting injured workers with psychological injuries.

12.7 Ensure early and ongoing regular contact with key parties to identify barriers to return to work and discuss and develop action plans.

Initial contacts are made with workers and employers within 3 business days of receiving a claim where there continues to be an ongoing medically certified incapacity greater than 5 days.

Within these initial discussions GIO discuss with both parties:

- The individual circumstances of each claim considering the nature of the psychological injury
- Medical treatment plan and recommended support and treatment options required
- Identify the barriers to recovery at work / return to work
- Discuss and agree on support services and treatment options to assist the worker
- Provide advice and agree on strategies with both the employer and worker to resolve and address any barriers for a recovery at work / return to work
- Discuss any additional injury management supportive roles such as the Injury Management Co-ordinator and Rehabilitation Provider appointments.
- Outline the core objective of the claims process is to provide support for a recovery at work or a timely return to work which is supported by the employer and engaged in by the worker with the appropriate support and planning
- Provide advice to both parties regarding obligations and entitlements as defined under the Workers Rehabilitation and Compensation Act, including weekly compensation entitlements, treatment expenses and recovery at work & return to work expectations and obligations and any liability concerns, clearly noting timeframes for actions and resolution.

The Primary Treating Medical Practitioner will be provided with advice on the proposed strategies and actions to overcome any barriers within the injury management process, through communication with the Claims Advisor, appointed rehabilitation provider, Injury Management Co-ordinator or through the employer

Claims Advisors will outline the barriers and strategies within the claims file and will take appropriate actions to resolve these matters timely. Activities to resolve barriers and implement strategies will be monitored by the Claims Advisor in line with our claims management system.

12.8 Ensure timely access to treatment

Ensuring early access to treatment will be monitored in line with our medical management process as outlined in section 8 of this Injury Management Program.

12.9 Ensure systems are in place to facilitate a timely decision regarding liability and that the worker is informed and updated in respect to progress at regular intervals

GIO have an open and honest approach with key parties around potential liability concerns. We ensure that our communication is clear and consistent and key parties are well informed of the associated timeframes around the dispute process. This is confirmed in writing and any associated discussions are well documented within our claims management system.

GIO ensure key parties are provided with regular updates around liability investigations in line with our ongoing strategic review schedule and communication management plan.

12.10 Ensure systems are in place to identify claims where mediation or other dispute resolution mechanisms (other than the tribunal) may be utilised.

GIO's Injury Management Program is primarily focused on assisting workers and employers with timely recovery at work and return to work strategies. Within initial communications with key parties, barriers to desired outcomes are identified and appropriate support is provided to facilitate a resolution. Mediation or workplace counselling services are a primary consideration when support mental health claims. GIO will facilitate the timely appointment of an appropriately skilled and qualified mediator or councillor to provide support.

Additional dispute resolution avenues are outlined within this Injury Management Program at section 4 - Dispute resolution.

12.11 Ensure procedures are in place to comprehensively communicate adverse decisions, the reason for adverse decisions and provide information in respect to appropriate dispute resolution mechanisms.

GIO have a well-documented dispute resolutions process as outlined within section 4 of this program. In addition, when dealing with mental health claims and when delivering adverse decisions, consideration needs to be given to the worker's current capacity and ability to manage communication around adverse decisions. Collaboration with the Primary Treating Medical Practitioners is considered, along with arranging a case conference with the Primary Treating Medical Practitioner or a support person to assist when providing adverse claims decisions.

13. Management of Complex Claims

13.1 Define a complex claim

Complex claims are defined as claims identified as:

- significant traumatic injuries
- significant psychological incidents
- injuries that do not follow the expected recovery pathway
- require extensive support and a permanent or significant impairment is likely.

13.2 Ensure the early identification of complex and potentially complex claims.

Complex claims are identified through our many injury management and claims management processes:

- Communication management - Section 4 of the Injury Management Program
- Medical management - Section 8 of the Injury Management Program

Through our regular communication with key parties and our claim profiling and claims management processes, complex claims and the potential for the development of a complex claim are identified timely.

13.3 Identify key parties in the management of the workers injury management process e.g. Workers, Employers, PTMP, Injury Management Co-ordinator/ Workplace Rehabilitation Provider

Key stakeholders within the injury management process are outlined in section 12.4 of our Injury Management Program.

In addition to the parties noted within section 12.4, when managing complex claims with complex medical conditions or multiple injuries that require treatment from several medical specialties, it is important that information is shared across all involved in the complex medical management of the worker. Information sharing amongst medical specialist ensures the most appropriate medical treatment plan is provided to the worker. Collaboration between medical treaters is maintained and managed generally through the primary treating medical practitioner, however in significant injury cases where a worker is hospitalised, medical treatment planning is conducted through the hospital, often involving several medical specialists. In this instance it is important information is shared and recorded across all medical treaters. It is important to engage early in this process and arrange a case conference with the relevant medical specialist, the worker and their family or support person, the Injury Management Co-ordinator, Rehabilitation Provider (as required) and, if beneficial, the employer. For complex claims it is often the case that any recovery at work or return to work considerations are delayed significantly or abandoned entirely in the initial stages of injury management and the focus is entirely around medical management.

The implementation of an Injury Management Plan will be required. An Injury Management Plan will be prepared for matters identified as complex and for which medical treatment management is the key focus for the future rather than any recovery at work or return to work.

Injury Management Plans will provide the following information:

- Worker's preferred communication method, preferred contact / support person
- Claims Advisor
- Injury Management Co-ordinator
- Rehabilitation provider appointment
- Workplace contact
- Primary treating medical practitioner
- Care facility and care facility contact details
- Specialist medical treaters and recommendations
- Medical case management plan which includes
- Specified diagnosis, treatment requirements and any necessary approvals or access required to obtain the required treatment.
- Defined timelines and plans for progress with treatment.
- Considerations around the workers function and mobility and activities of daily living support that maybe required, along with consideration for the inclusion and support for family members.
- Transportation considerations
- Short term goals (achievable goals for the next 4 weeks incorporating treatment and the worker's own personal goals)
- Long term goals (Return to Work Considerations)

13.4 Ensure the early appointment (no later than the timeframe requires under 143B of the Act) of an Injury Management Co-ordinator and / or a workplace rehabilitation provider with the appropriate skills, experience and / or qualifications in respect to the nature of the worker's injury.

An Injury Management Co-ordinator will be appointed to all significant claims within 3 days and discussed with key parties within 3 days of a claim being received. Written confirmation will be provided within 28 days.

Complex claims will require a collaborative claims review between the Claims Advisor, Injury Management Co-ordinator and Technical Advisor in the initial stages of the claims at which time an appropriate Workplace Rehabilitation Provider with the appropriate skills will be considered. Should a Workplace Rehabilitation Provider be appointed instructions will be provided for Injury Management Plans to be prepared within the appropriate timeframes as outlined within 10.2 - Managing recovery at work and return to work plans, within this Injury Management Program.

13.5 Ensure regular contact with identified key parties.

Regular communication with key parties will be made in accordance with our Communication Management Criteria as outlined within Section 4 of this Injury Management Program.

13.6 Ensure systems are in place to regular monitor and review complex claims.

Complex claims will be reviewed regularly in line with our claims profiling and strategic review management and claims management procedures. The Injury Management Co-ordinator will also conduct ongoing vocational reviews every 6 months.

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A document prepared by:
AAI Limited trading as GIO
ABN: 48 005 297 807

GIO INJURY MANAGEMENT PROGRAM
Version 11. July 2023
Commercial Version for Tasmanian Customers of GIO Workers Compensation (GIO)

APPENDICES

CLAIM PROFILE/RISK PROFILING FOR CLAIMS MANAGEMENT

All open claims must have a current Risk Profile Noted and is identified with a traffic light system: Red/Intervene, Amber/Manage and Green/Monitor. The Risk Profile is recorded in the Case Management Review Screen in ClaimCenter.

Pathway	Definition
<p>Green / Monitor Claim is progressing as expected and is considered on track.</p>	<ul style="list-style-type: none"> • Claim is on track • No psychosocial factors presenting (i.e., motivation, relationship issues, liability issues) • Claimant is recovering in line with the expected prognosis timeframes (i.e.: MD guidelines, Treating doctor timeframes etc.) • Treatment is appropriate to assist with recovery and RTW PID's • Stakeholder expectations are aligned regarding RTW (i.e., NTD, Claimant, Employer, other) • Employer is supportive of RTW and an appropriate RTW plan is in place • Claimant is back at work on PID's or suitable duties (pre-injury hours) or there is an appropriate date when the return to PID's will occur
<p>Amber / Manage Claim presents with barriers and potential barriers requirement active management as appropriate by the Claims Advisor and relevant Specialists to ensure the claim remains on track.</p>	<ul style="list-style-type: none"> • Claim has the potential to go off track • Active management is required with specialist support (via CCR or a Specialist Intervention) • Claimant may be unfit or performing suitable duties at work • RTW process requires active management • RTW PID timeframe unclear • Treatment active and on track, continues to be monitored • There is a need to align stakeholder expectations regarding RTW or recovery (Claimant, Employer, Doctor, other)
<p>Red / Intervene Claim presents with significant barriers and psychosocial factors requiring immediate intervention and close monitoring by the Claims Advisor and relevant Specialists.</p>	<ul style="list-style-type: none"> • Claim has or will go off track • Immediate intervention required (via CCR) to address risk factors • Relationship, motivational or trust issues presenting • 1 or more stakeholders expectations misaligned • Combination of psychosocial factors present • Treatment plan unclear, not progressing the functional recovery or not appropriate for the injury • Recovery / RTW timeframe unrealistic or not aligned to expected recovery trajectory

STATUTORY CLAIMS – WORKERS COMPENSATION

July
Launch

Claims management - Hints and Tips

Recommended frequencies for
Strategic Reviews:

Claims less than 6 months

Recommended Frequency and Scheduling Approach

Intervene	Manage	Monitor
Unless the information at hand suggests otherwise refer to the guidelines below:		
Ongoing Strategic Review - schedule 2 to 4 weeks into the future	Ongoing Strategic Review - schedule 4-6 weeks into the future	Ongoing Strategic Review - schedule 4-8 weeks into the future

Claims that exceed 6 months

Recommended Frequency and Scheduling Approach -
Resolution

Red/Intervene	Amber/Manage	Green/Monitor
Unless the information at hand suggest otherwise refer to the guidelines below:		
Ongoing Strategic Review - schedule as required and no later than 6 weeks into the future	Ongoing Strategic Review - schedule as required and no later than 13 weeks into the future	Ongoing Strategic Review - schedule as required and no later than 26 weeks into the future

Recommended frequencies for CCR's:

Recommended Frequency and Scheduling Approach

Intervene	Manage	Monitor
Unless the information at hand suggests otherwise refer to the guidelines below		
In line with your Strategic Review date or as agreed by all parties	Consider CCR or Specialist Intervention every 4 to 8 weeks	Consider CCR or Specialist Intervention if you need advice or an advisor recommends one

Mandatory re-profiling guidelines:

Mandatory re-profiling:

- Downgrade in capacity sustained beyond two days (i.e., Claimant goes from FFSD to Unfit)
- Legal representation engaged
- Change in employment status (i.e., Claimant is terminated / resigns / redundant, or employer withdraws suitable duties)
- Psychological Injury (primary or secondary) claim received
- Change of RTW Goal (i.e., Claimant unable to return to their pre-injury duties)

Mandatory re-profiling exclusions exist for NSW on
Legal representation engaged

Claims excluded from profiling:

- Notification only
- Entry only
- Death
- Industrial Deafness

PROCEDURES FOR KEY INJURY MANAGEMENT ACTIVITIES

Each step of the following procedures describes who is responsible for each activity at any given point in GIO’s Claims Advisor Centric Model.

Timeframe	Responsibility	Action requiring completion
Within 3 working days of notification of injury to employer	Employer (ER)	ER reports injury to GIO via one of 4 reporting mechanisms: <ul style="list-style-type: none"> • email: wcclaimstas@gio.com.au • Phone 131010 • Fax 03 6223 4174 • Mail - GPO Box 1136, Hobart, TAS, 7001
Within 14 days of notification of injury to employer	Employer (ER)	If a claim has not yet been made by the injured worker, ensure employer has given the worker notice of their right to make a claim.
Within 3 working days of employer receiving claim form	Employer (ER)	If not already attended to, ER notifies GIO of receipt of the claim by one of the methods listed above. (Note this is a requirement of the Act and an extended weekly payment excess will apply for failure to comply.)
Within 48 hours of GIO receiving claim form or notification	GIO Data Entry Operator (DEO)	DEO inputs report of injury into GIO’s computer system and a copy of the completed claim form is forwarded to WorkCover.
Within 3 working days of GIO receiving claim form	GIO Claims Advisor (CA) in conjunction with IMC	(a) TL triages all claims and refers high risk claims to Initial CCR (b) makes initial contacts as per compliance and early contact internal protocols to obtain relevant information (notably workers compensation medical certification) and commence development of the CM plan (c) if incapacity exceeds 5 days, assign IMC (d) if return to pre-injury duties (PID) is not evident within 5 working days, as identified in the initial contacts, the Claims Advisor and/or IMC is to assist the employer to identify suitable duties and develop a Recovery at Work & Return to Work Plans, unless the employer’s RTWC has the capacity to manage the return to work themselves (e) Consideration is given to employer’s unwillingness or inability to provide alternative duties and strategies developed to overcome this barrier to return to work (f) Consideration is given to the need for requesting a formal medical report from the treating doctor (g) Consideration is given to the need for an independent medical examination and any arrangements are made in compliance with our procedural requirements (h) immediate referral for workplace rehabilitation is considered if the injury is serious and / or there are significant barriers to return to work (i) Payment of weekly benefits and reasonably necessary medical expenses is commenced.
Within 28 working days or earlier, of GIO receiving claim form	Claims Advisor (CA)	(a) Liability is determined in accordance with information obtained from 3-point contact process and other relevant sources. (b) WorkCover booklets are sent to the injured worker (see Appendix 3) (c) Consider results and recommendations of service provider assessments and medical opinions, and status reviews with relevant parties. This includes considering treatment plan, prognosis towards full duties and objectively verifiable medical reasons for total incapacity and / or delay with Recovery at Work & Return to Work Plans Evidence that all treatment requests have been approved within compliance timeframes and evidence of appropriate advice to the worker and provider of the treatment decision. (d) Is treatment reasonably necessary? Is there evidence that treatment is not reasonably necessary and hasn’t been acted upon? Is there support for the current treatment? (e) Consideration is given to employer’s unwillingness or inability to provide alternative duties and strategies developed to overcome this barrier to return to work (f) Development of a Recovery at Work & Return to Work Plans in conjunction with the RTWC/WRP/IMC and issue it to all parties. If Recovery at Work & Return to Work Plans previously developed it is reviewed to ensure it is still appropriate and develops a subsequent plan if there is a change in status or goal since the initial plan and/or if the actions are no longer appropriate to achieve the RTW goal. Issues copies to all parties

Time frame	Responsibility	Action requiring completion
		<ul style="list-style-type: none"> (g) Consideration is given to the need for requesting a formal medical report from the treating doctor (h) Consideration is given to the need for an independent medical examination and arrangements are made in compliance with our procedural requirements (i) IMC undertakes reviews of injury management processes throughout the claim. (j) Have appropriate barriers been identified? It is the responsibility of the CA to identify current barriers and to develop appropriate strategies to achieve a desired outcome (k) It is the responsibility of the CA to determine and document the Current Strategic Milestone. Options are listed below, and a current goal must remain on the claim until finalisation. <ul style="list-style-type: none"> 1. Strategic Goal - Partial Return to Work 2. Strategic Goal - Partial Upgrade 3. Strategic Goal - Full Return to Work/Cease Weekly Benefit 4. Strategic Goal - Reduce/Cease Medical 5. Strategic Goal - Declinature 6. Strategic Goal - Settlement 7. Strategic Goal - Finalisation 8. Strategic Goal - Recovery
Ongoing reviews at required intervals through the life of the claim	Claims Advisor	<ul style="list-style-type: none"> (a) Collaborative Claim Review will occur with Claims Advisor, IMC, and TA (b) During the life of the claim, where there are key cycle trigger points that will impact on the defined strategic goals and outcome, the Claims Advisor is required to contact the worker and employer, goals are reviewed to ensure they are still relevant for the defined outcome (c) On all claims where the injured worker is still receiving medical treatment and/or weekly benefits or has not achieved PID's, it may be necessary that the Claims Advisor again contacts the primary treating medical practitioner (d) Treatment provider contact is also required to confirm compliance with the treatment regime and whether any benefit is being gained. (e) ensure that a referral is made for workplace rehabilitation unless the RTW goal is expected to be achieved or there is a justifiable reason why provider intervention is unlikely to be required (f) consideration is given to the need for requesting a formal medical report from the treating doctor (g) consideration is given to the need for an independent medical examination (IME). (IMEs must be conducted in compliance with our procedural requirements) (h) consider results and recommendations of service provider assessments and medical opinions, and status reviews with relevant parties. This includes considering treatment plan, prognosis towards full duties and objectively verifiable medical reasons for total incapacity and / or delay with Recovery at Work & Return to Work Plans (i) evidence that all treatment requests have been approved within compliance timeframes and evidence of appropriate advice to the worker and provider of the treatment decision (j) Is treatment reasonably necessary? Is there evidence that treatment is not reasonably necessary and hasn't been acted upon? Is there support for the current treatment? (k) consideration is given to employer's unwillingness or inability to provide alternative duties. Where an employer remains non-compliant, consideration will be given to reporting the matter to the WorkCover Board (l) ongoing review of medical certification for injury management purposes and ensuring compliance with legislative requirements of the Act (m) consider referring for an appropriate medical RTW opinion if RTW plan not progressing / injured worker totally unfit without justifiable medical evidence / conflicting medical opinion (n) consider referral for Workplace Assessment and/or WRP if RTW plan not progressing or initial assessments have not identified solutions to barriers

Time frame	Responsibility	Action requiring completion
		<p>(o) if RTW plan is not progressing within normative recovery timeframes and a provider is already involved confirm that the provider has undertaken a case conference, an on-site RTW planning meeting with relevant parties and / or a visit to the Primary Treating Medical Practitioner with injured worker and possibly the ER, if appropriate and willing</p> <p>(p) if medical assessment indicates permanent barriers to RTW on pre-injury duties, confirm with provider that appropriate interventions and assessments have been undertaken e.g. , a functional assessment and/ or vocational assessment to identify alternative position with pre- injury employer.</p> <p>(q) Have IM activities from the Previous Review Period and/or CCR been completed? Have appropriate barriers been identified? It is the responsibility of the CA to identify current barriers and to develop appropriate strategies.</p> <p>(r) It is the responsibility of the CA to determine and document the Current Strategic Goal. Options are listed below, and a current goal must remain on the claim until finalisation.</p> <ol style="list-style-type: none"> 1. Strategic Goal - Partial Return to Work 2. Strategic Goal - Partial Upgrade 3. Strategic Goal - Full Return to Work/Cease Weekly Benefit 4. Strategic Goal - Reduce/Cease Medical 5. Strategic Goal - Declinature 6. Strategic Goal - Settlement 7. Strategic Goal - Finalisation 8. Strategic Goal - Recovery <p>(s) All recurrences will be subject to the above procedures, as will any low risk claims that escalate</p> <p>(t) CCRs will be conducted on claims over 50 weeks as required, as well as on large loss claims (>\$400K) and claims with incurred amount between \$200K and \$400K, reviewed quarterly.</p>

GIO WORKERS COMPENSATION TASMANIA

INJURY MANAGEMENT PLAN

This plan supports

Contact preference

Your GIO claim reference number

Commencement date and plan number

Recovering from injury or illness can be challenging. Your commitment and opinions matter and it is important for us to understand what you need to assist with your recovery.

Setting some goals is a great way for us to understand how we can support you with your recovery.

What assistance do I need to support my recovery (worker to advise)

Example: consider activities of daily living, treatment requirements, transportation needs.

What can I do to help my recovery (worker to advise)

Example: swimming 30mins, walking the dog, physiotherapy sessions.

Share this information with your employer and doctor as soon as possible, as they are your support network.

Workplace Support Network (employer to complete)

Employer

Workplace Support Person

Contact Number

Site Location you will be returning to

Limitations whilst recovering will be

There can be many benefits to a person's health and wellbeing if they are able to stay connected to their workplace during their recovery or return to work. Please arrange a suitable communication plan to support recovery.

Primary Treating Medical Practitioner & Medical Treatment Plan

Practitioner

Address

State

Postcode

Contact

Email



Current diagnosis

Consultation date

Next scheduled review

Medical Treatment Plan

(Primary Treating Medical Practitioner to complete/advise)

Professional	Specialist	Scheduled Review Date

Please provide details of any medical procedures required

Procedure	Provider	Scheduled Date

Please provide details of required treatment needs, benefit, and recommended duration:

Treatment	Sessions	Duration	Benefit

Additional assistance needs:

Requirements	Arrangements

Please provide your signature below to verify your commitment to the plan.

Worker

Signature

Date

Workplace Support Person/Return to Work Co-Ordinator

Date

Signature

Date

Nominated Treating Medical Practitioner (if required)

Date

Signature

Date

GIO Insurance Support

GIO Workers Compensation Insurance appreciate the claims process can look complex. It doesn't need to be, and we are here to support all participants within this plan.

Please contact on

who will help coordinate the recovery and answer any questions you have.

GIO have also appointed an Injury Management Co-ordinator to oversee your recovery

can be contacted on

additional details around the Injury Management Co-ordinator role can be located at www.worksafe.tas.gov.au

Rehabilitation Provider Support

To assist and support you with your recovery from

will also provide additional support with your recovery through attending medical appointments, coordinating any future and communicating your progress between participants.

Phone Email

Dispute Resolution

The injury management co-ordinator, so far as is reasonably practicable, will ensure that attempts are made to resolve disputes in relation to injury management in respect of the worker, including, if the co-ordinator thinks fit, by arranging or providing informal mediation.

If a claim is pending GIO will continue to support the development and implementation of an injury management plan until a liability decision has been made. At that time a decision regarding future injury management plan implementation will occur via discussions with the employer, worker and where applicable, the workplace rehabilitation provider. In some cases, GIO will continue to provide without prejudice rehabilitation assistance to a worker, even when a reasonably arguable case is in place.

Recovery Management Plan Requirements

Recovery Management planning will focus on medical management and worker support requirements with consideration for a return to work, retraining and redeployment as capacity increases. Recovery Management Plans are implemented within 21 days of an injury being deemed to meet the requirements of a complex recovery.

Recovery Management Plans are to be revised every 12 weeks or in line with any amendments to the medical treatment plan, care needs or capacity change as indicated within the medical certification.

Recovery Management Plans are to be sent to GIO within 21 days of the implementation of each plan.

Who we are

Insurance issued by AAI Limited ABN 48 005 297 807 trading as GIO.

ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

Stakeholder	Key Responsibilities
Employer	<ul style="list-style-type: none"> • Must have an injury management program for each workplace. • Employers developing their own programs must have these approved by GIO. • Promotion of injury management programs. • Appoint a return to work coordinator when an employer has greater than 100 employees. • Provide support to injured workers following a workplace injury, including the availability of suitable alternate duties. • Notify GIO as soon as possible once made aware of an injury/illness that will require medical treatment and/or time away from work. • Provide injured workers with notice of right to make a claim within 14 days of an injury. • Notify GIO within 3 days of receiving a claim for compensation. (Provide claim to GIO within 5 days) • Consult with primary treating medical practitioners to plan for suitable alternate duties. • Commence payment of weekly compensation and medical expenses. • Hold an injured workers position open for 12 months following an injury/illness.
Employee/Injured Worker	<ul style="list-style-type: none"> • Provide advice to the employer as soon as possible that an injury/illness has taken place. • Participate fully in their rehabilitation, including return to work and seeking medical and associated support to assist with their recovery. • Stay in touch with their workplace. • Work with the primary treating medical practitioner and any other stakeholder to identified suitable duties. • Provide the employer with a completed claim for compensation and workers compensation medical certificates to be eligible to claim expenses. • Provide the employer with ongoing workers compensation medical certificates to cover periods of partial or total incapacity and medical treatment. • Make any claim within 6 months from the date of the injury.
Primary Treating Medical Practitioner	<ul style="list-style-type: none"> • Provide advice to the employer as soon as possible that an injury/illness has taken place. • Participate fully in their rehabilitation, including return to work and seeking medical and associated support to assist with their recovery. • Stay in touch with their workplace. • Work with the primary treating medical practitioner and any other stakeholder to identified suitable duties. • Provide the employer with a completed claim for compensation and workers compensation medical certificates to be eligible to claim expenses. • Provide the employer with ongoing workers compensation medical certificates to cover periods of partial or total incapacity and medical treatment. • Make any claim within 6 months from the date of the injury.
Allied Health & Specialist Intervention	<p><u>Allied health professionals:</u></p> <ul style="list-style-type: none"> • are drawn into the injured worker’s treatment and return to work by the injury management coordinator, typically upon your advice. • provide appropriate treatment to the injured worker. They may liaise with you to discuss treatment as necessary • report to you regularly, particularly for cases where there is no progress. <p><u>Specialists:</u></p> <ul style="list-style-type: none"> • guide primary treating medical practitioners and the injured worker toward the best course of medical management. • can offer input into diagnostic tests, the diagnosis treatment (including surgery, medication and allied health care recommendations), physical and non-physical delays

	<p>to recovery, and the prognosis. The specialist should provide the primary treating medical practitioner with this information in writing as soon as possible after their consultation with the injured worker.</p> <ul style="list-style-type: none"> • must not make referrals (including allied health and medical) without consulting the primary treating medical practitioner first. • end their involvement once the injured worker no longer needs their services for recovery and return to work.
Claims Advisor	<ul style="list-style-type: none"> • early and ongoing proactive communication with key parties. • Clear advice around legislative and injury management process, entitlements and timelines. • determining liability. • ensuring the worker is appropriately compensated for wages lost due to the injury. This includes the approval and payment of reasonable and necessary medical expenses. • engaging external parties (such as workplace rehabilitation providers) where their help is required to achieve the best claim outcome. • Regular reviews and monitor of the overall claim.
Injury Management Coordinator	<ul style="list-style-type: none"> • appointment when incapacity is greater than 5 working days. • appointed by the insurer or the employer. • coordinating the injury management process. • monitoring and overseeing the return to work and injury management planning. • coordinating return to work activities in collaboration with the claims advisor, primary treating medical practitioner, allied health, specialist, employers, rehabilitation providers and importantly the injured workers to achieve positive claims outcomes. • receive independent medical examination reports within 7 days.
Return to Work Specialist	<ul style="list-style-type: none"> • support in the development of return to work and injury management plans and identifying suitable alternative duties. • engage with injured workers, employers and medical professionals to provide support throughout the return to work and injury management planning of a claim. • facilitate collaboration between key stakeholders to achieve successful return to work outcomes. • attend medical case conferencing. • Take action to monitor the return to work and injury management planning is considered in alignment with the return to work hierarchy. • support in early intervention for redeployment and retraining activities to support injured workers.
Return to Work Coordinator	<ul style="list-style-type: none"> • must be appointed if an employer employs over 100 employees • appointed where an injured worker is incapacitated for more than 5 working days. • be familiar with all areas of the workplace, including management and staff; • have undertaken appropriate and relevant training as determined by the WorkCover Board; • have sufficient knowledge to actively participate in the injury management process; and • have sufficient authority to 'sign off' a return to work and injury management plans as required. • ensure that all alternate duties are suitable and meaningful. • monitoring the injured worker's progress; • assisting the injured worker in carry out their designated duties in a safe and appropriate manner; • providing the injured worker with moral support; and • encouraging and fostering a good relationship and effective communication between the injured worker and employer.

Workplace Rehabilitation Provider	<ul style="list-style-type: none"> • qualified in an allied health field or with an appropriate level of experience. • workplace Rehabilitation Provider from those accredited by WorkCover. • engaged to manage the occupational rehabilitation of an injured worker, including, but not limited to, the use of physical rehabilitation services and occupational rehabilitation services. • are independent service providers and are available to receive referrals from GIO on a case-by-case basis. • appointed by the insurer or the employer. • appointed in consultation with the injured worker.
Independent Medical Examiner	<ul style="list-style-type: none"> • to review a worker’s injury. • expertise regarding the injury. • provide an opinion around diagnosis of an injury. • independent of the claim and medical management. • provide opinion on medical management, causation and duration for an injury. • provide an opinion around the return to work and injury management planning. • reports to be forwarded to the primary treating medical practitioner within 7 days. • primary treating medical practitioner is responsible for providing the report to the injured worker. • reports must not be provided to the injured worker directly. • reports must be used for the purpose they were obtained.

