



Service Priorities and Programmes Electronic Presentations

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Pilot Fast Track Occupational Medicine (OM) Case Manager Clinic service in HKWC

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Introduction

In view of the constant involvement of the Case Manager in managing colleagues with injury on duty (IOD), and the necessity of shortening the waiting time for medical consultation at the Occupational Medicine Clinic (OMC) after the departure of OMC medical staff, a Fast Track Case Manager Clinic aiming at strengthening and stepping up of the role of the case manager was set up to enhance service provision to the injured colleagues. The service revamp was introduced in 2014 with support from a part-time OM doctor and endorsement from management. The objective is to coordinate an efficient multi-disciplinary management programme with upfront assessment, triage and intervention as appropriate to the condition. The Case Manager (Occupational Therapist) Clinic, 4 sessions a week, was set up on 23 Dec 2014 to conduct: A. Assessment by face to face consultation and identification of potential issues on return to work B. Triage for early medical consultation and treatment by OM doctor at OMC C. Job coaching and workplace assessment D. Initiation of direct referral to Occupational Therapy (OT) to enhance earlier Work Rehabilitation E. Subsequent follow up intervention.

Objectives

This abstract described the process and outcome of this new approach.

Methodology

All records of OMC from 23 December 2014 to 31 December 2015 were analyzed and the parameters and outcomes compared with historical data from the previous year.

Result

418 subjects were collected and all contacted by phone except 124 of needle stick injury. Return to work issues were identified in 138 out of the remaining 294 subjects and early appointments to attend the Case Manager Clinic were arranged with the

following outcome: Medical waiting list was reduced by 41% as 56 subjects were resolved after initial consultation at Case Manager Clinic; 82 (59%) subjects required medical consultation and the waiting time was shortened from 5 months to 1 month subsequently. Total OMC attendance was reduced by 75% compared to 2013. MRI appointment was advanced when deemed necessary. 53 subjects required occupational therapy. 28 were new referrals for work assessment and early appointments were arranged. 46 (33%) subjects required job modifications and job coaching was conducted for 42, representing a twofold increase when compared with historical data, to facilitate return to work after prolonged sickness absence. The successful Return to Work rate was 85% (118/138). Summary: The OM Case Manager Clinic is an effective 'Model' in speeding up the contact time, reduce waiting list for consultations which results in improved efficiency of OM service under the prolonged manpower constraint. Early intervention with case management approach should be promoted to expedite the return to work process, reduce man day loss, and improve the clinical outcome of injured workers.