

#### Service Priorities and Programmes

**Electronic Presentations** 

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# Return-to-work Program for Injury-on-duty Patients in Primary Care Settings - Program Evaluation

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# **Introduction**

Patients with Injury-on-duty (IOD) impact economic workforce and healthcare system. In General Out-patient Clinics (GOPC), they attended regularly to get sick leave certificate every 3-5 days. In 2015, occupational therapists reviewed previous services and designed a tailored Return-To-Work program that suits the mode of service in primary care settings for IOD patients (RTW-IOD) in West Kowloon GOPC. The program then extended to two KWC GOPC OT clinics in mid 2015. The new service model emphasized education and vocational counseling on IOD, MAB ; early job assessment and matching to help patients in setting realistic job plan; active participation of home-based training for building work habit and tolerance.

# **Objectives**

To evaluate the outcome for the new RTW-IOD program and patient's feedback after educational and vocational counseling sessions.

# **Methodology**

Multi-center Pretest-posttest single group design was used. Outcome measures included power grip (for hand injury cases), walking tolerance (for cases with back and lower limbs injury), daily participation duration, rate of returning work before and after the RTW-IOD program. A survey with 10-point Likert scale was designed to collect patients' level of understanding of IOD and MAB; and decision of job plan before and after attending educational and vocational counseling sessions.

# Result

92 IOD patients attended the RTW-IOD program between Jan 2015 and Jan 2016 were all included in the study. Mean age was 42.7 years old (range: 19-68 years old), 52% was female, 75% were with heavy work duty. 19% of them had hand/ finger injury and improved their power grip from 9 to 14 kg (p=0.038); 52% of them suffering from back or lower limb injury improved mean walking tolerance from 27 to 50 minutes

(p<0.0001) after home-based training. 33 patients returned their record of daily participation duration and the mean duration increased from 25 to 67 minutes after prescription of home-based training. 18 patients returned to work/ light duty as at Jan 2016. There were 58 cases completed survey and the mean scores of the levels of understanding IOD and MAB were improved from 3 and 4 to 9 and 8 respectively after the education sessions. After vocational counseling sessions, the percentage of having job plan increased from 30% to 82%. Conclusion: The RTW-IOD program tailored in primary care settings is effective and beneficial to facilitate patients' active participation in work training, preparation for a realistic job plan and returning work. Further extension to other GOPC clinics is recommended.