

REHABILITATION MANAGEMENT SYSTEM AUDIT WORKBOOK

Reviewing rehabilitation
management systems and
compliance under the
*Safety, Rehabilitation and
Compensation Act 1988*
and *Guidelines for Rehabilitation
Authorities 2012*

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Australian Government

Comcare

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DEFINITIONS

Competent personnel	For the purposes of auditing rehabilitation management systems, competent personnel are defined as people with knowledge of the SRC Act and relevant experience. Relevant experience in this case would include audit training and experience.
Consultation	Consultation means appropriately informing employees, inviting and considering their response prior to a decision being made. Employees' opinions should not be assumed. Sufficient action must be taken to secure employees' responses and give the employees' views proper attention. Consultation requires more than a mere exchange of information. Employees must be contributing to the decision-making process, not only in appearance but in fact. ¹
Corporate governance	The process, by which organisations are directed, controlled and held to account. The term encompasses authority, accountability, stewardship, leadership, direction and control exercised in the organisation. It includes the transparency of corporate structures and operations, the implementation of effective risk management and internal control systems and the accountability of management to stakeholders.
Documentation (in reference to element 1)	The documentation used by the senior management team to communicate its commitment to minimising the human and financial cost of injury and providing for fair compensation when an injury occurs. It could take the form of a policy, management arrangements or an employer/worker agreement.
Documented commitment	A statement by the employer of its commitment, intentions and principles in relation to its overall rehabilitation management system performance. It provides a framework for action and for setting rehabilitation management system objectives and targets.
Rehabilitation authority	For the purpose of this document, means: (a) for defence-related claims, the Service Chief or the Military Rehabilitation and Compensation Commission as set out in section 39 of the <i>Military Rehabilitation and Compensation Act 2004</i> ; (b) if the employer is an exempt authority, Comcare; and (c) for all other cases, the person who is principal officer of the employer; and except where the employer is an exempt authority, also includes the employer. ² If there is no such employer, the Commonwealth entity, authority or licensee that most recently employed the employee. ³
Rehabilitation management system	The part of the overall management system which includes organisational structure, planning activities, responsibilities, practices, procedures, processes and resources for developing, implementing, achieving, reviewing and maintaining the rehabilitation policy.
Senior executive	At the level required for the endorsement of the employer's documented commitment to rehabilitation—Chief Executive Officer/Principal Officer and/or senior management team.
Stakeholders	Includes, but is not limited to, employees, managers/supervisors, service providers, rehabilitation providers, case managers, medical practitioner, the claims manager, and Comcare.

1 The definition of 'consultation' has been taken from the Safety, Rehabilitation and Compensation Commission document 'Consultation on Health and Safety'

2 NOTE: Many of the performance requirements measured by this audit tool are shared by the employer and the rehabilitation authority, being the person described above. Some performance measures which refer to the rehabilitation authority may be the responsibility of the employer.

3 NOTE: See paragraph 9 of the rehabilitation guidelines

INTRODUCTION

This workbook has been produced to support the *Rehabilitation management system audit tool* (the audit tool) developed by Comcare for rehabilitation authorities. The audit tool provides the means for assessing and reviewing whether a rehabilitation authority is using the framework of the legislation and *Guidelines for Rehabilitation Authorities 2012* (the Guidelines) to manage the return to work of its injured employees. The audit tool can also be used to assess whether the rehabilitation authority is using the legislation and Guidelines to establish areas for improvement of its rehabilitation management system.

The workbook is intended to assist persons who are either undertaking rehabilitation management system audits or who are subject to such audits under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) using the audit tool. The workbook provides an explanation for each of the audit criteria and examples of evidence that may assist in demonstrating conformance and compliance with the audit criteria.

For further information on the audit process, including auditor qualifications, refer to the audit tool.

RELATED DOCUMENTATION

Rehabilitation management system audit tool

Guidelines for Rehabilitation Authorities 2012

Rehabilitation handbook

ADVICE AND ASSISTANCE

All enquiries about the *Rehabilitation management system audit workbook* should be directed to:

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WORKBOOK LAYOUT

This workbook contains 27 criteria grouped within five elements. These elements are:

1. Commitment and corporate governance
2. Planning
3. Implementation
4. Measurement and evaluation
5. Review and improvement

When conducting an audit, the auditor will be required to make judgements as to whether the criteria have been met. This judgement is informed by evidence which verifies that systems exist and that they are being effectively and appropriately administered. The workbook has been designed to assist auditors to make these judgements.

Each criterion in the workbook is set out as follows:

1. REHABILITATION MANAGEMENT SYSTEM AUDIT ELEMENT

Example: *Element 1: Commitment and corporate governance*

2. REHABILITATION MANAGEMENT SYSTEM AUDIT CRITERION

Example: 1.1: *The rehabilitation authority sets the direction for its rehabilitation management system through a documented commitment by senior executive*

Note: The audit criteria are replicated from the *Rehabilitation management system audit tool* and are the auditable components of the workbook. All other information provided against each criterion assists with understanding the criterion and includes guidance about the evidence that may be assessed to verify performance.

3. RATING

The auditor will provide a rating against each criterion as follows:

Conformance—meets the criterion statement.

Non-conformance—does not meet the criterion statement.

Not able to verify—a system is in place but has not been applied. For example, documented procedures are in place, but there have not been any cases within the audit period to test that those procedures have been applied.

Not applicable—the provisions of the criterion do not apply.

4. COMMENTARY

Commentary may be included to assist with interpreting the criterion.

Example: The rehabilitation authority's senior executive will provide stewardship for its rehabilitation management system through a documented commitment which will benchmark the organisation's objectives, be used to formulate strategic direction and be reviewed to ensure it remains relevant and strives for continuous improvement. It will be supported and endorsed at the executive level and be relevant to the organisation's overall values, vision and business objectives.

5. EXAMPLES OF EVIDENCE

The rehabilitation authority may demonstrate conformance using whatever evidence it considers appropriate to its operations. However, guidance is provided in the workbook for each criterion about the types of evidence that may assist the employer in meeting that criterion.

The types of evidence that are referenced in the workbook include:

- > documentation
- > rehabilitation files
- > interview with relevant personnel
- > workplace observations.

The examples are not suggested as the only or preferred way of meeting the criteria. A rehabilitation authority may have alternative ways of meeting the requirements of the criterion and the examples should not detract from this.

6. EVIDENCE SIGHTED

The auditor will document the evidence sighted against each criterion including the title of each document, its version number, the date and the location of the document.

7. OBSERVATIONS/NON-CONFORMANCES

An 'observation' may be given to criteria rated as 'conformance' where the auditor has identified that there has been a minor deviation from the documented management system or reference criteria. These are recognised as being of lower risk to the organisation.

Where the auditor finds that a criterion has not been met, a non-conformance will be issued. The non-conformance must identify the deficiency of the system against the requirements of the criterion.

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ELEMENT 1: COMMITMENT AND CORPORATE GOVERNANCE

CRITERION 1.1

The rehabilitation authority sets the direction for its rehabilitation management system through a documented commitment by senior executive.

This is a requirement under 1.1.1(i) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities* and the Performance Standards and Measures for licensees.

COMMENTARY

The rehabilitation authority's senior executive will provide stewardship for its rehabilitation management system through a documented commitment which will benchmark the organisation's objectives, be used to formulate strategic direction, ensure legislative compliance and be reviewed to ensure it remains relevant and strives for continuous improvement. It will be supported and endorsed at the executive level and be relevant to the organisation's overall values, vision and business objectives.

EXAMPLES OF EVIDENCE

Documentation may include:

- > an authorised copy of the rehabilitation policy document that is both current and signed by the present CEO or other senior executive
- > a statement of commitment by senior executives which undertakes to reduce the human and financial costs of injuries and indicates how this will be achieved.

CRITERION 1.2

The rehabilitation management system provides for internal and external accountability.

This is a requirement under 1.1.1(ii) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

Senior executives of the rehabilitation authority must define a framework for corporate governance where organisational accountabilities, including rehabilitation and return to work accountabilities, are described.

EXAMPLES OF EVIDENCE

Documentation (internal) may include:

- > job descriptions and/or performance and development plans for all staff involved in the injury management process, including the senior executive staff with overall responsibility for the rehabilitation management system
- > an organisational structure, charts or matrices demonstrating accountabilities
- > mechanism for consultation with employees in relation to the rehabilitation management system
- > rehabilitation management system audit plans and audit outcomes presented to senior executive
- > monitoring of corrective action plans
- > premium or financial costs of managing ill or injured employees devolved to managers/supervisors.

Documentation (external) may also include:

- > contracts or service level agreements (SLAs) with external parties, including
 - approved workplace rehabilitation providers (WRPs)
 - providers of medical, hospital or allied health services
 - auditors
 - legal firms (general, AAT, reconsiderations)
 - computer system/database providers
- > Licensee Improvement Program (LIP) reports
- > key performance indicators
- > external audits
- > Certificates of Compliance with the *Guidelines for Rehabilitation Authorities 2012*.

CRITERION 1.3

The rehabilitation authority identifies, assesses and controls risks to the rehabilitation management system.

This is a requirement under 1.1.1(ii) of the Performance Standards and Measures for licensees and a 'best practice' benchmark for all rehabilitation authorities

COMMENTARY

The rehabilitation authority shall establish, implement and maintain documented procedures for risk identification, risk assessment and control of risks that may adversely affect the effectiveness of the rehabilitation management system.

EXAMPLES OF EVIDENCE

Documentation may include:

- > risk management policy
- > an audit program/review process to monitor the rehabilitation management system
- > procedures which provide for evaluation of, and action in response to, internal and external actuarial reports and other financial reports relating to rehabilitation management
- > guidelines which dictate evaluation and response to changes in staffing levels and/or changes in risk profile as a result of new business areas
- > strategic assessments of how changes in staffing levels or business areas are likely to impact on the rehabilitation management system
- > reports of audits conducted on the performance of approved workplace rehabilitation providers (WRPs)
- > review of high cost claims, tail claims and claims where the rehabilitation authority is not the liable employer
- > procedure for monitoring incident reports, absence data, industrial relations data (grievances, workplace conflict), claims estimates, claim costs, return to work performance, continuance rates and other rehabilitation trends
- > quality assurance process
- > business plans which incorporate risk control mechanisms.

ELEMENT 2: PLANNING

CRITERION 2.1

The rehabilitation authority has a delegation schedule, signed by the principal officer, as per section 41A of the SRC Act.

This is a requirement under Chapter 2 of the *Guidelines for Rehabilitation Authorities 2012*; Performance Standard 2.1.1(i) of the Performance Standards and Measures for Licence; and section 41A of the SRC Act.

COMMENTARY

Section 41A of the SRC Act allows for the principal officer of a rehabilitation authority to delegate to an officer of, or a person employed by the authority, all or any of the powers and functions conferred on a rehabilitation authority under Part III of the SRC Act. These functions and powers cannot be delegated to contracted providers of claims or case management services.

Rehabilitation delegations should be reviewed regularly to ensure that the full functions of the delegations are exercised effectively and are applied to the most appropriate office, person or position for the performance of those functions and powers.

The delegation schedule should consider Chapter 4 Part III of the Guidelines dealing with employee non-compliance; and for licensees, delegations to undertake the reconsideration function. The issue of whether to delegate the power to delegate should also be carefully considered.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the current instrument of delegation for the assignment of the powers and functions of the rehabilitation authority and signed by the principle officer.

File audit may demonstrate:

- > rehabilitation determinations and reconsiderations are signed by persons with appropriate delegation.

CRITERION 2.2

The rehabilitation authority recognises legislative obligations and plans for legislative and regulatory compliance, having regard to any policy advice that Comcare or the Commission may issue.

This is a requirement under 1.1.1(ii) and 2.1.1(i) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

The rehabilitation authority shall establish, implement and maintain procedures for assessing all legal and other requirements that are directly applicable to the rehabilitation function. The organisation shall keep this information up to date. It shall communicate relevant information on legal and other requirements to its employees.

The rehabilitation authority shall also develop business plans, policies and procedural documentation that identify how legislative compliance will be achieved and maintained.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the rehabilitation policy
- > a procedure specifying personnel responsible for monitoring changes to the SRC Act, SRC Regulations and relevant guidelines [including Comcare Jurisdictional Policy Advices (JPAs)], and also documents how the information is disseminated
- > training plans which require key rehabilitation staff to attend relevant legislative training
- > job descriptions which require legislative competence to be maintained
- > evidence of participation in a specialised subscription service that monitors legislative changes (including JPAs) and issues regular updates
- > formal reports to senior management on compliance with legislative obligations
- > business management plans
- > service level agreements (SLAs) with WRPs
- > rehabilitation procedures that reflect the rehabilitation authority's legislative obligations
- > rehabilitation management system policies and procedures which have regard to natural justice principles
- > the rehabilitation authority's plans which have integrated legislative change into operational activities.

Interview with rehabilitation personnel:

- > Is all applicable legislation identified, readily available and included in staff training?
- > When legislation or policy changes, are business plans revised to include implementation of the changes?

CRITERION 2.3

The rehabilitation authority sets objectives and targets and identifies key performance measures for its rehabilitation management system.

This is a requirement under 2.1.1(ii) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

Objectives and targets are key features of an effective rehabilitation management system that provides a shared direction for members of an organisation to strive towards.

The rehabilitation authority shall establish and maintain documented objectives and targets for its rehabilitation function at each relevant level within the organisation. When establishing and reviewing its objectives, the organisation shall consider its legal and other requirements, its risks, its technological options, its operational and business requirements, and the views of interested parties. The objectives and targets shall be consistent with the rehabilitation policy.

The rehabilitation authority's objectives and targets will also be specific, measurable, and influence positive behaviours amongst employees. The key performance indicators (KPIs) need to be identified.

More information on measuring rehabilitation performance can be found in the publication *Measuring rehabilitation performance* at: http://www.comcare.gov.au/Forms_and_Publications/publications/services/fact_sheets/fact_sheets/measuring_rehabilitation_performance

EXAMPLES OF EVIDENCE

Documentation may include:

- > the rehabilitation policy
- > business plans that identify objectives and targets, and the KPIs
- > performance reports identifying outcomes and achievements against planned rehabilitation activities, objectives and KPIs
- > Licensee Improvement Program (LIP) report
- > SLAs with WRPs.

CRITERION 2.4

The rehabilitation authority establishes plans to:

- (i) achieve its objectives and targets
- (ii) promote continuous improvement
- (iii) provide for effective rehabilitation arrangements.

This is a requirement under 1.1.1 (i) and 2.1.1 (iii) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

The rehabilitation authority shall establish and maintain management plans for achieving its objectives and targets. They shall:

- > designate responsibility for achieving objectives and targets at relevant levels of the organisation
- > outline the means and timeframe by which objectives and targets are to be achieved
- > outline the means and timeframe by which system improvements will be implemented
- > outline the means and timeframe by which rehabilitation activities will be undertaken.

Procedures shall be established to ensure that current plans are reviewed, and if necessary amended to address such changes at regular and planned intervals, and whenever there are changes to the activities of the organisation or significant changes in operating conditions.

The rehabilitation authority's rehabilitation management system's plans should also include appropriate documentation, procedures and contractual arrangements to provide for effective rehabilitation.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the rehabilitation policy
- > business plans that identify objectives and targets, and the key performance indicators (KPIs)—these may cascade down from whole of organisation plans to group plans, to team plans and to individual performance plans
- > performance reports identifying outcomes and achievements against planned rehabilitation activities, objectives and KPIs
- > use of CIS Reports
- > corrective action plans

ELEMENT 3: IMPLEMENTATION

CRITERION 3.1

The rehabilitation authority allocates adequate resources to support its rehabilitation management system.

This is a requirement under 3.1.1(i) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

Management shall identify and provide the resources required to implement, maintain, and improve the rehabilitation function. Resources include human resources and specialised skills, technology and financial resources.

More information on resource allocation can be found in the publication *Rehabilitation Resourcing* at www.comcare.gov.au

EXAMPLES OF EVIDENCE

Documentation may include:

- > assessment of resourcing requirements based on the complexity of cases
- > rehabilitation budgets to support rehabilitation management system plans
- > capacity to finance early intervention
- > performance against rehabilitation key performance indicators (KPIs).

Interview with rehabilitation personnel:

- > What indicators would you consider in order to increase resources for the case management function?

Interview with case manager:

- > How many rehabilitation cases do you manage at any given time?
- > Do you consider that you are provided with sufficient resources and support to manage your rehabilitation responsibilities?

IT system evidence:

- > examples of recent IT upgrades to support the rehabilitation management system.

CRITERION 3.2

The rehabilitation authority defines and communicates responsibilities to relevant stakeholders.

This is a requirement under 3.1.1(iii) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and 3.1.1(iii) of the Performance Standards and Measures for licensees.

COMMENTARY

Communication is a key element of successful return to work outcomes and all stakeholders must understand their role and responsibilities in the rehabilitation process.

The rehabilitation authority shall define, document and communicate the areas of accountability and responsibility of all personnel involved in the rehabilitation function. Where service providers are involved, these areas of accountability and responsibility shall also be clarified.

EXAMPLES OF EVIDENCE

Documentation may include:

- > rehabilitation responsibilities and accountability included in position statements (case manager, supervisor, senior managers)
- > rehabilitation procedures manual
- > intranet
- > claims pack (where information about rehabilitation is included that specifies the roles and responsibilities of the various stakeholders in the return to work process)
- > contracts or SLAs with external parties, including:
 - WRPs
 - providers of medical, hospital or allied health services
 - auditors
- > claim costs devolved into individual business units/cost centres and reported
- > monitoring of corrective action plans
- > meeting agenda/minutes
- > supervisor training for managing ill or injured employees.

CRITERION 3.3

The rehabilitation authority communicates relevant information regarding the rehabilitation process to its employees including their rights and obligations.

This is a requirement under 1.1.1 (ii) and 3.1.1 (iv) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

Natural justice requires that employees are properly informed of their rights and responsibilities. Furthermore, for self-insurers, the Conditions of Licence require that licensees provide employees with information about their rights and responsibilities in relation to rehabilitation under the SRC Act at the time of employment.

Senior management shall ensure a transparent approach to the delivery of the rehabilitation management system by communicating relevant information to employees. Employees should have ready access to information on how the rehabilitation authority will assist them to return to work. In particular, employees must be informed of their rights and obligations in the rehabilitation process. Correspondence and enquiries should be responded to in a timely manner.

EXAMPLES OF EVIDENCE

Documentation may include:

- > rehabilitation procedures that outline the responsibilities of managers, senior managers, rehabilitation case managers and rehabilitation providers
- > induction/orientation program
- > claims pack (where information about rehabilitation is included)
- > intranet
- > emails and/or other records of meetings where responsibilities are discussed with relevant employees
- > posters (or similar) displayed in the workplace.

File audit may demonstrate:

- > a notice of rights and obligations accompanying rehabilitation determinations issued to employees
- > record of discussion between the case manager and the employee regarding the employee's rights and responsibilities
- > signature of the employee on the rehabilitation program (or alteration form) to indicate that they understand their SRC Act rights and obligations
- > evidence that correspondence and emails from the injured worker have been responded to in a timely manner.

CRITERION 3.4

The rehabilitation authority identifies training requirements, develops and implements training plans and ensures personnel are competent.

This is a requirement under 2.2.1(iv) and 3.1.1 (iv) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and the Performance Standards and Measures for licensees.

COMMENTARY

The rehabilitation authority, in consultation with employees involved in the return to work process, shall identify training needs in relation to performing work activities competently.

Procedures shall be in place to ensure that injury management competencies are developed and maintained. Personnel shall be assessed as competent to perform tasks on the basis of skills achieved through education, training or experience.

The organisation shall ensure that all personnel have undertaken training appropriate to identified needs. Training shall be carried out by persons with appropriate knowledge, skills, and experience in injury management and training.

EXAMPLES OF EVIDENCE

Documentation may include:

- > training needs analysis of relevant personnel
- > job descriptions detailing required skills/competencies
- > proposed training schedules
- > personal development plans for individuals
- > training matrix
- > training attendance records
- > training program material
- > details of the organisation(s) or individual(s) that provided the training (experience and qualifications)
- > rehabilitation staff CVs
- > supervisor induction/training package.

Interview with case manager:

- > Can you outline the training that you have undertaken in the past 12 months in relation to your role?

CRITERION 3.5

The rehabilitation authority implements an early intervention program, including the early identification and notification of injury.

This is a requirement under Chapter 3 and 4 (Part I) of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Effective rehabilitation involves ensuring that intervention occurs as soon as reasonably practicable after injury. Employers may promote early intervention by establishing a system to ensure early notification of injury or illness, however caused.

Research and experience has shown a clear link between early intervention, the containment of claim costs and successful rehabilitation. Early rehabilitation assistance helps individuals to get back to work faster with fewer complications and avoids the significant costs that can occur when return to work activity is delayed.

Comcare encourages employers to arrange an assessment of an injured employee's need for rehabilitation support as soon as possible after notification of injury. Employers should also develop a return to work plan where such support is required. The assessment of an employee's needs does not need to be delayed until liability has been determined—employers are encouraged to consider return to work intervention for any staff member absent from the workplace, including absence due to non-work related injury or disease.

Not all employees require rehabilitation intervention, but those that do need support to return to work benefit from that intervention occurring early.

EXAMPLES OF EVIDENCE

Documentation may include:

- > procedures for the early identification and notification of injuries
- > early intervention policy and procedures
- > integration of work health and safety (WHS), human resources (HR) and rehabilitation systems
- > use of Customer Information System (CIS) reports (premium-paying agencies)
- > funding allocation.

File audit may demonstrate:

- > rehabilitation assessments and programs are provided to injured employees as soon as practicable after the injury.

CRITERION 3.6

The rehabilitation authority effectively uses the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the *Guidelines for Rehabilitation Authorities 2012*.

This is a requirement under section 36 of the SRC Act and Chapter 4 (Part I) of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

A rehabilitation assessment is an important tool used to understand the impact of an injury on the employee and to identify what actions are needed to assist them to return to work safely.

Information regarding an employee's capacity for work, including specific task restrictions, can be gathered during this process. This information will inform any rehabilitation program and assist in identifying suitable duties for the employee.

Section 36 of the SRC Act stipulates:

- > where requested in writing by the employee, the rehabilitation authority must arrange an assessment of their capability to undertake a rehabilitation program
- > rehabilitation assessments are made by either a legally qualified medical practitioner, a suitability qualified person or a panel comprising such legally qualified medical practitioners or other suitably qualified persons (or both)
- > the rehabilitation authority arranges for rehabilitation examinations in accordance with section 36(3)
- > where an examination is carried out, a written assessment of the employee's capability to undertake a rehabilitation program is provided to the rehabilitation authority, specifying, where appropriate, the kind of program the employee is capable of undertaking
- > the rehabilitation authority promptly submits to the relevant authority any claim by the employee for costs associated with the examination
- > the rehabilitation authority suspends compensation under section 36(4) in accordance with its documented policies and procedures (refer criterion 3.10), where an employee refuses or fails, without reasonable excuse, to undergo an examination.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a procedure detailing when and how a section 36 assessment and examination should be undertaken, including the nature of documentation to be supplied to the assessor and requirements of the assessment and written report (if applicable)
- > WRP operational standards and service delivery standards for early intervention and rehabilitation assessments.

File audit may demonstrate:

- > assessments under section 36 are promptly made following receipt of a written request by an injured employee
- > where a rehabilitation assessment and/or examination is organised under section 36, it is undertaken by a person(s) as defined by section 36(2) and Chapter 4, Part 1
- > claims for costs associated with rehabilitation examinations are submitted to the relevant authority promptly
- > rehabilitation assessment report clearly outlines the employee's capacity for work, the rehabilitation goals and timeframes for achievement, specific duties that can/cannot be performed, barriers to return to work—and where a rehabilitation program is suggested—recommendations regarding the specific rehabilitation program services and anticipated costs
- > the case manager provides a copy of the assessment report to the employee (or GP) and discusses the recommendations regarding the provision of a rehabilitation program
- > adherence to Chapter 4 (Part I) of the *Guidelines for Rehabilitation Authorities 2012*.

Interview with rehabilitation personnel/case manager:

- > Can you explain the process for paying examination expenses incurred by an employee?
- > Do you ever undertake a rehabilitation assessment yourself?

CRITERION 3.7

The rehabilitation authority provides rehabilitation programs in accordance with section 37 of the SRC Act and the *Guidelines for Rehabilitation Authorities 2012* and ensures consultation occurs between all parties in regards to the rehabilitation process.

This is a requirement under section 37 of the SRC Act and Chapter 4 (Part II) of the *Guidelines for Rehabilitation Authorities 2012* and 3.1.1 (vii) of the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012* and 3.1.1 (iii) of the Performance Standards and Measures for licensees.

COMMENTARY

A rehabilitation program is based on the principle that the employer can enable a coordinated return to work. The program is delivered consistent with medical advice and where necessary involves the use of a rehabilitation provider.

Section 37 of the SRC Act stipulates:

- > where a section 37 rehabilitation program is provided by a workplace rehabilitation provider, the provider must be approved by Comcare
- > the rehabilitation authority must have regard to all the elements of section 37(3) when developing the program
- > the rehabilitation authority determines the costs associated with a rehabilitation program and promptly submits them to the relevant authority for payment.

The rehabilitation authority must also comply with the *Guidelines for Rehabilitation Authorities 2012* when providing programs under the SRC Act.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a register or list of preferred WRPs
- > a contract/SLA with WRPs requiring compliance with the operational standards for WRPs
- > a rehabilitation procedure outlining the process for selecting a WRP
- > where applicable, a procedure for internal management of rehabilitation programs.

File audit may demonstrate:

- > documented consideration of the elements of section 37(3)(a)–(h)
- > rehabilitation programs are developed by approved WRPs (except where paragraph 29 of the Guidelines applies)
- > the rehabilitation authority approves and determines costs incurred under section 37
- > all rehabilitation program documentation (including WRP invoices, rehabilitation forms and rehabilitation reports) is forwarded to the relevant authority promptly
- > adherence to Chapter 4 (Part II) of the *Guidelines for Rehabilitation Authorities 2012*
- > consultation with the injured employee, case manager, supervisor and the treating doctor is evident in the development of rehabilitation programs (e.g. file notes, section 36 assessment reports, records of meetings, signing of the rehabilitation program and written correspondence)
- > the rehabilitation program clearly defines the return to work goals to meet the injured employee's specific needs
- > the rehabilitation program delivers activities and services that assist the employee to remain at or return to work, and/or maintain or improve their performance of activities of daily living.

Interview with rehabilitation personnel/case manager:

- > Are you able to explain who you use for the provision of rehabilitation programs under section 37 and the process for selecting a provider?
- > Do you consult with the employee on the choice of provider?

NOTE TO AUDITOR

This criterion is assessing the actual provision of rehabilitation programs, and the process for developing and implementing them. There should be evidence of consultation; evidence of consideration of the factors in section 37(3); evidence that the program has been tailored for the individual's needs; evidence that a WRP was engaged in circumstances that required it and evidence that the INA/medical evidence supported the program.

'Technical' elements about how the program was determined and how the paper work was completed are tested in criterion 3.9.

CRITERION 3.8

The employer takes all reasonable steps to provide employees with suitable employment or to assist employees to find such employment.

This is a requirement under section 40 of the SRC Act and Chapter 3 of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

An employer's willingness, ability and commitment to providing work within an injured employee's capacities are the key to achieving an early and successful return to work. This is a significant, critical responsibility.

Finding duties—or ultimately suitable employment—requires a constructive and creative approach with cooperation from line managers and commitment from senior managers. It increases the opportunity for an injured employee to remain at work or enables the employee to safely return to work sooner than would otherwise be possible. This allows the injured employee to maintain a connection with the workplace and results in better return to work outcomes.

While the case manager may have the role of coordinating the return to work this cannot be achieved without the active support and assistance of senior management and line managers.

EXAMPLES OF EVIDENCE

Documentation may include:

- > policy and procedures for provision of suitable duties and suitable employment
- > policy and procedure for use of work trials, redeployment or retraining options
- > job dictionary/duties manual
- > procedure to manage return to work of ex-employees.

File audit may demonstrate:

- > the rehabilitation authority has taken all reasonable steps to provide suitable employment
- > the return to work hierarchy has been considered
- > vocational assessments/transferable skills analyses have been conducted
- > adherence to Chapter 3 of the *Guidelines for Rehabilitation Authorities 2012*.

Interview with case manager:

- > Can you outline the process for providing suitable employment?
- > Can you provide examples of employees who have been provided with suitable employment?
- > Where suitable employment cannot be found in your agency, what is the process for identifying alternative employment outside your agency?

CRITERION 3.9

The rehabilitation authority makes determinations in accordance with the SRC Act and the *Guidelines for Rehabilitation Authorities 2012*:

- (i) that are in writing and give adequate reasons;
- (ii) that are signed by the delegate;
- (iii) that are not retrospective.

This is a requirement of section 38(1) or 61(1) of the SRC Act.

COMMENTARY

Determinations made under sections 36 and 37 must meet the requirements of the SRC Act to be valid and enforceable.

EXAMPLES OF EVIDENCE

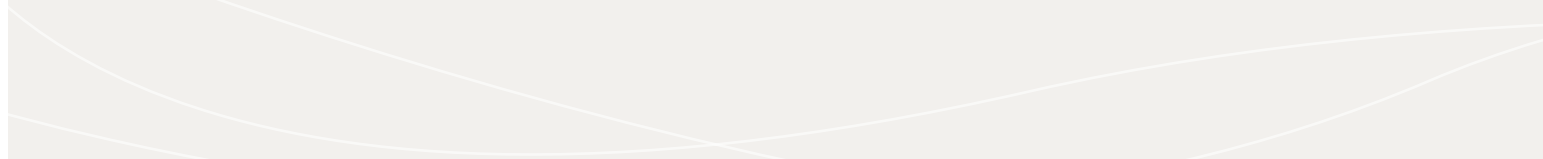
Documentation may include:

- > rehabilitation forms and templates.

File audit may demonstrate:

- > determinations are in writing, set out the terms of the determination, the reasons for the decision and a statement of the right to reconsideration—it should also include a reference to the suspension provisions
- > individuals making determinations have the required delegations
- > a determination is discussed and issued when the rehabilitation program is altered to change the program end date, program services or costs
- > a determination is discussed and issued where the case manager decides that the program shall close prior to the proposed end date
- > rehabilitation program determinations are not signed by the rehabilitation case manager (delegate) after the commencement date of the program.

Interview with case manager:

- > Can you explain the process of documenting a rehabilitation program determination?
- 

CRITERION 3.10

The rehabilitation authority makes determinations in relation to employee non-compliance in accordance with the SRC Act, *Guidelines for Rehabilitation Authorities 2012* and their written policy and procedures.

This is a requirement of sections 36(4) and 37(7) of the SRC Act; and Chapter 4 (Part III) of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Where an employee refuses or fails to attend a rehabilitation assessment or participate in a rehabilitation program, without reasonable excuse, their rights to compensation (not including medical expenses) may be suspended. It is the responsibility of the rehabilitation authority to decide if the employee had a reasonable excuse for that failure, refusal or obstruction. It is important that persons involved in managing the return to work process are not involved in any suspension of entitlements as this may affect their capacity to obtain successful return to work outcomes with the injured employee in the future.

EXAMPLES OF EVIDENCE

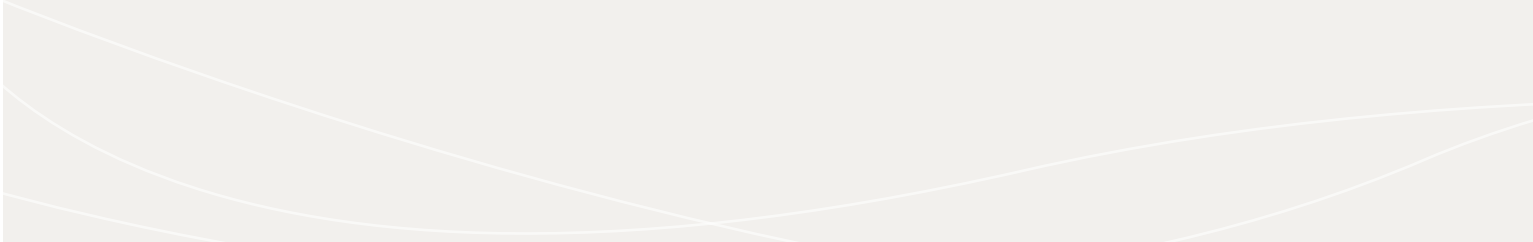
Documentation may include:

- > the procedure for managing non-compliance with rehabilitation should identify who is responsible (e.g. senior manager) and what constitutes a reasonable excuse for the purposes of sections 36(4) and 37(7) of the SRC Act
- > instrument of delegation (where the management of non-compliance is identified)
- > senior manager duty statement including responsibility for the management of non-compliance.

File audit may demonstrate:

- > individuals making determinations have the required delegations
- > employee non-compliance is managed and determinations are made in accordance with the SRC Act and *Guidelines for Rehabilitation Authorities 2012* and the written policy of the rehabilitation authority.

Interview with case manager:

- > Can you explain the process for managing employee non-compliance and suspension?
- 

CRITERION 3.11

The rehabilitation authority complies with the provisions of the SRC Act when managing reconsiderations of determinations or reconsiderations of own motion (criterion applicable to licensees only).

This is a requirement under the SRC Act and Chapter 4 (Part IV) of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Licensees must ensure the following when managing reconsiderations under the SRC Act:

- > reconsiderations are made in accordance with section 62
- > reviewable decisions are notified in writing as per the provisions of section 63.

Federal employers must forward reconsideration requests to Comcare as per the provisions of section 38. They do not have the power to undertake a reconsideration of own motion under section 62. They can, however, vary rehabilitation determinations in accordance with section 33 of the *Acts Interpretation Act*. Such a variation does not, however, constitute a reconsideration under the SRC Act.

Note: It is acceptable for the original decision maker of a licensee to undertake a reconsideration of own motion at any time.

Where the original decision maker decides to undertake a reconsideration of own motion this decision must be carried out under section 62 of the SRC Act. The decision must be notified in writing as per the provisions of section 63.

EXAMPLES OF EVIDENCE

Documentation may include:

- > the arrangements and procedures for the reconsideration and review of decisions, including the location, classification and expertise of the person(s) who has responsibility for these functions, and the relationship of the reviewer to the initial decision maker
- > the arrangements and procedures for the reconsideration and review of decisions on own motion.

File audit may demonstrate:

- > when undertaking reconsiderations, whether on their own motion or on the request of the claimant, the provisions of section 62 have been applied correctly
- > evidence that the rehabilitation authority caused to be served on the claimant a notice in writing as soon as practicable after a reviewable decision has been made under section 63, setting out:
 - the terms of the decision
 - the reasons for the decision
 - appeal rights to the AAT
- > evidence that the documentation considered when making the determination was provided to the employee unless the documentation was already in the employee's possession.
- > adherence to Chapter 4 (Part IV) of the *Guidelines for Rehabilitation Authorities 2012*.

Interview with case manager:

- > Under what circumstances would you consider undertaking a reconsideration of own motion?
- > How do you decide whether to grant an extension of time where a reconsideration request is not received within 30 days?

CRITERION 3.12

The rehabilitation authority maintains the confidentiality of information and applies legislative requirements.

This is a requirement under 3.1.1(vi) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

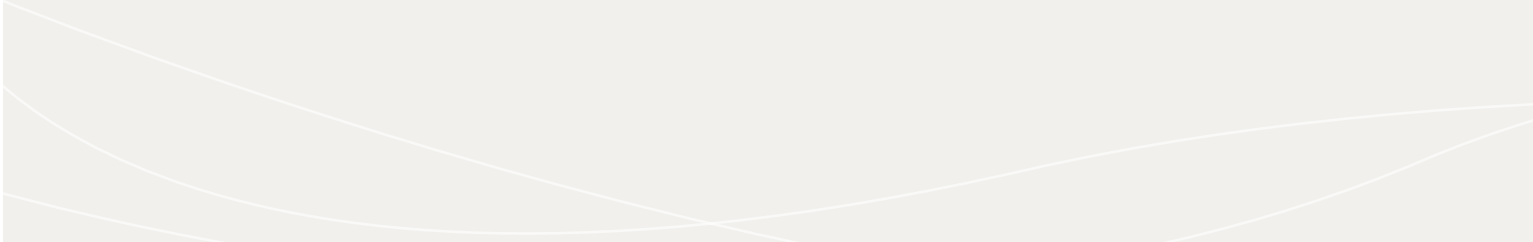
COMMENTARY

Privacy Acts are binding upon all employers in the Comcare Scheme and aim to protect the rights of individuals regarding the way information about them is collected, stored, used and disclosed. These Acts regulate:

- > the way information is requested and collected
- > the type of information an employer can request
- > the way information is stored
- > the uses an employer can make of information held
- > the quality of information an employer uses (for example, whether it is current, accurate and relevant to the purpose for which it was collected)
- > the release of information to others
- > the individual's right of access to their records.

EXAMPLES OF EVIDENCE

Documentation may include:

- > recordkeeping procedures that specify how information about injured employees are kept, the form of the records, the location of the records, who is authorised to access them and how long each record should be kept
 - > if case manager services are provided under contract, a copy of the relevant part of the contract that confirms the contractor's adherence to the relevant Privacy Act
 - > case management files that are maintained in accordance with documented procedures.
- 

File audit may demonstrate:

- > records of other employees are not on the case file
- > information is not requested without the proper authority
- > records are not released to unauthorised personnel without the proper authority.

Workplace observation:

- > physical storage of files.

NOTE TO AUDITOR

Records should be stored in a secure manner to prevent unauthorised access. The presence of information about other employees on a rehabilitation file is a deficiency against this criterion. It does not have to be demonstrated that the information was actually released to the wrong person. The auditor is to apply their judgement as to whether the incidence and/or seriousness of error is sufficient to indicate a systemic issue and a non-conformance rating for this criterion. However, any incidence noted in the file review will require a corrective action to rectify the error.

CRITERION 3.13

The rehabilitation authority maintains the relevant level of reporting, records and/or documentation to support its rehabilitation management system and legislative compliance.

This is a requirement under 3.1.1(v) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Rehabilitation management system documentation shall be legible, dated and readily identifiable and be maintained in an orderly manner for a specified period. It should be current, comprehensive and issued by an authoritative source.

Operational processes and procedures should be defined and appropriately documented and updated as necessary. The degree and quality of the documentation will vary depending on the size and complexity of the rehabilitation authority.

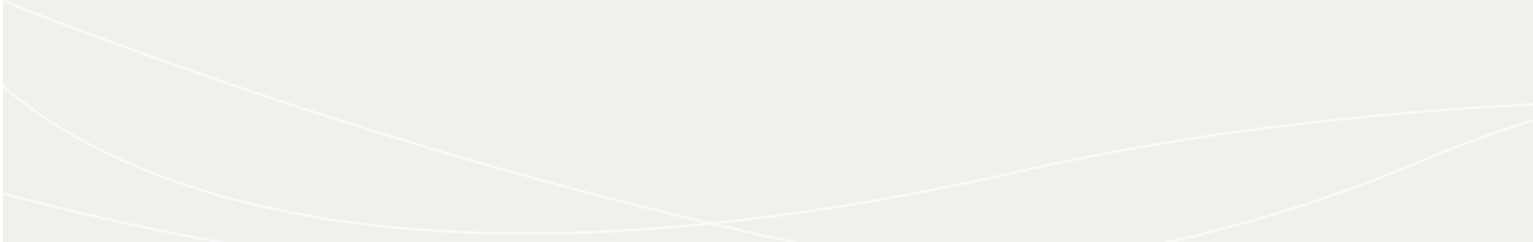
For Federal Employers regard must be given to the *Archives Act 1983*, when assessing compliance under this criterion.

EXAMPLES OF EVIDENCE

Documentation may include:

- > document control procedures
- > document register
- > quality assurance procedures
- > performance reports.

File audit may demonstrate:

- > files are folioed or there is an index sheet recording documents received
 - > where files are maintained electronically, the system provides for document indexing and tracking
 - > where files are maintained electronically, the system provides protection from deletion.
- 

ELEMENT 4: MEASUREMENT AND EVALUATION

CRITERION 4.1

The rehabilitation authority monitors planned objectives and performance measures for core rehabilitation management activities.

This is a requirement under 4.1.1(i) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Monitoring of planned objectives is a key activity which ensures that the rehabilitation authority is performing in accordance with its rehabilitation management system objectives and targets. The results should be analysed and used to determine areas of success and to identify activities requiring corrective action and improvement.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a procedure for rehabilitation management system performance monitoring and measurement
- > periodic rehabilitation management system performance measurement reports
- > periodic rehabilitation activity reports
- > strategic plans which include rehabilitation management system performance objectives and key performance indicators.

CRITERION 4.2

The rehabilitation authority monitors rehabilitation providers' performance in terms of quality of service delivery, costs, progress reports and outcomes.

This is a requirement under Chapter 3 of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

As part of the rehabilitation performance process, rehabilitation authorities are to monitor the performance of those providers engaged to provide rehabilitation services. Rehabilitation authorities are to notify Comcare of any significant failure by the provider to comply with the operational standards.

EXAMPLES OF EVIDENCE

Documentation may include:

- > a procedure for measuring rehabilitation service provider performance
- > use of CIS reports
- > SLAs with WRPs that include KPIs such as quality of service, cost, and return to work outcomes—provider operational standards should be considered
- > periodic reports from rehabilitation service providers against the KPIs
- > regular meetings with providers to discuss, monitor and review service expectation and costs
- > notifications to Comcare about provider performance.

Interview with rehabilitation personnel:

- > How do you monitor rehabilitation service providers' performance, both at an organisational level and a case-by-case level?
- > What do you do if you are not happy with a rehabilitation service provider's performance?

File audit may demonstrate:

- > progress reports from WRPs
- > feedback provided to WRPs
- > case notes where performance is discussed.

NOTE TO AUDITOR

Monthly progress reports on individual cases from WRPs to the case manager are not, by themselves, sufficient evidence that the case manager is monitoring the performance of the WRP.

CRITERION 4.3

The rehabilitation authority conducts an audit program—performed by competent personnel and in accordance with the requirements of the Commission and Comcare—to measure performance of its rehabilitation management system.

This is a requirement under 4.1.1(ii) (ii) and (iv) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities*, and is a requirement of the General Conditions of Licence.

COMMENTARY

Periodic audits of the rehabilitation management system are necessary to determine whether the system has been properly implemented and maintained and whether the rehabilitation authority has met the performance objectives defined within its documented commitment to rehabilitation.

Irrespective of tier level, a licensee is required to conduct an annual audit of its rehabilitation management system. It is expected that all rehabilitation authorities will conduct audits annually.

Audits of the rehabilitation management system must be carried out by competent personnel. ‘Competent personnel’ are defined as people with knowledge of the SRC Act and relevant experience. Relevant experience in this case would include audit training and experience. Furthermore, the auditors must be independent of the area being audited.

Licensees are expected to use the current *Rehabilitation management system audit tool* for internal audits. If an alternative audit tool is used, the licensee must provide this tool, and evidence that the tool meets the requirements of the current audit tool, to Comcare for approval.

EXAMPLES OF EVIDENCE

Documentation may include:

- > an audit procedure encompassing rehabilitation management system audits
- > a documented rehabilitation management system audit program
- > qualifications and experience of personnel conducting audits (CVs)
- > documentation which demonstrates that the auditor is independent of the area being audited
- > if the rehabilitation management system audit tool used by the licensee is different to the current *Rehabilitation management system audit tool*, there is documentation demonstrating the mapping exercise/gap analysis, including identification of additional criteria required.

CRITERION 4.4

Audit outcomes are appropriately documented and actioned. The rehabilitation authority reports to senior executive on its rehabilitation management system performance, including audit outcomes.

This is a requirement under 4.1.1 (iv) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Internal audits are more likely to be effective if the senior executive is actively involved in reviewing the outcomes and if prompt corrective action is taken to rectify the identified deficiencies. Individuals should be assigned responsibility to ensure recommended actions are implemented.

The rehabilitation authority's senior executive needs to be fully engaged in assessing the performance of the rehabilitation management system, and to provide strong direction to rehabilitation management staff in response to regular rehabilitation management performance reports.

EXAMPLES OF EVIDENCE

Documentation may include:

- > audit report procedures encompassing rehabilitation management system audits
- > the most recent rehabilitation management system audit report
- > corrective action plans from recent rehabilitation management system audits
- > minutes of meetings between senior executive and rehabilitation personnel
- > periodic rehabilitation management system performance reports to senior executive
- > memoranda from senior executive to rehabilitation management staff providing comment or direction for action, in response to rehabilitation management system performance reports
- > periodic reports by national workers' compensation/injury manager (or equivalent) to senior executive.

NOTE TO AUDITOR

This criterion has two parts. The first part assesses whether audit outcomes are documented, and a corrective action plan has been developed and implemented. The second part assesses whether senior executive is kept informed of the rehabilitation management system performance. This includes, but is not limited to, presentation of the audit findings and outcomes of corrective actions. A non-conformance for one part will result in a non-conformance overall for this criterion.

CRITERION 4.5

The rehabilitation authority communicates the outcomes and results of rehabilitation management system audits to its employees.

This is a requirement under 4.1.1(vi) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

The process of continuous improvement will be most effective if all employees are aware of the results of both internal and external rehabilitation management system audits, and the corrective actions and improvements arising from these audits. Communicating the results to all employees also provides an opportunity for senior executive to demonstrate its ongoing commitment to continuous improvement.

EXAMPLES OF EVIDENCE

Documentation may include:

- > 'all staff' emails from senior executive/rehabilitation managers to employees
- > copies of presentations used at employee forums that include rehabilitation management system audit results
- > reports of rehabilitation management system audit results on the intranet site or in newsletters
- > schedule/minutes of toolbox talks including results of rehabilitation management system audits
- > minutes of Health and Safety Committee (HSC) meetings.

Interview with case manager:

- > Does the organisation provide you with the outcomes/results of rehabilitation management system audits?

NOTE TO AUDITOR

Where the HSC is the sole method of distributing audit results to employees, it will not be sufficient just to show that the report was sent to the HSC—evidence must be presented that the report was tabled and discussed, and that the minutes of the HSC meeting are available to employees.

CRITERION 4.6

The rehabilitation authority provides the Commission or Comcare with reports or documents as requested.

This is a requirement under 4.1.1 (vii) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

Licensees

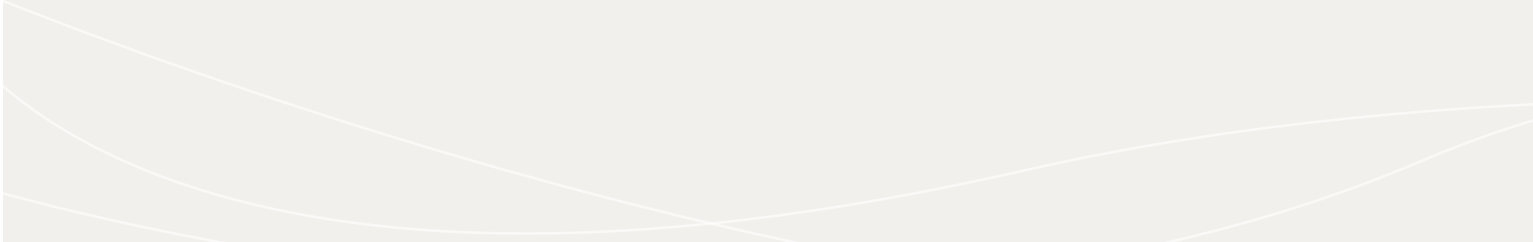
On written request of the Commission, the licensee must give to the Commission, within the timeframe specified in the request, such information relating to the licensee's operations under the SRC Act and WHS Act in the form and at the place specified in the request. Information likely to be requested by the Commission includes information required for the Data Warehouse, the Commission's Annual Report, Commission indicators, the Comparative Performance Monitoring Report and Return to Work Monitor, as well as the Licensee Improvement Program Report.

Federal Government employers

Federal Government employers are required to complete a certification of compliance with the *Guidelines for Rehabilitation Authorities 2012* and, upon request, shall provide Comcare with a copy of that certification and any other relevant documentation.

EXAMPLES OF EVIDENCE

Documentation may include:

- > reports provided to the Commission/Comcare as they relate to rehabilitation
 - > completed Certificates of Compliance with the *Guidelines for Rehabilitation Authorities 2012*.
- 

ELEMENT 5: REVIEW AND IMPROVEMENT

CRITERION 5.1

The rehabilitation authority analyses rehabilitation management system performance outcomes against documented objectives to determine areas requiring improvement and promotes and implements continuous improvement strategies.

This is a requirement under 4.1.1 (i) and (ii) of the Performance Standards and Measures for licensees and the Performance Standards and Measures in Attachment A of the *Guidelines for Rehabilitation Authorities 2012*.

COMMENTARY

The rehabilitation authority should ensure that its rehabilitation management system continues to be effective by undergoing regular review. The rehabilitation authority's senior executive should actively manage this process and be accountable for the results and actions arising from the review.

EXAMPLES OF EVIDENCE

Documentation may include:

- > reports of rehabilitation management system reviews which include recommendations for action
- > implementation of corrective action plans from rehabilitation management system audits
- > evidence of changes made as a result of management reviews
- > internal rehabilitation management system audit reports
- > management reports
- > documented review timeframes
- > policies and procedures with review dates
- > minutes of review meetings
- > improvement in performance measures.

REHABILITATION FILE AUDIT—INDIVIDUAL WORKSHEET

This worksheet can be used, in conjunction with the workbook, to record individual file audit findings. The findings should then be collated and referred back to the relevant criterion in the workbook—this will assist the auditor in reaching a finding.

File number:

Date of injury:

Date of liability:

Date of 1st rehabilitation activity:

Condition:

General comments:

Rehabilitation authority:

Date of audit:

Auditor:

File audit		Comments	Achieved
2.1	Rehabilitation determinations and reconsiderations are signed by persons with appropriate delegation. [List names in comments for cross-reference with delegation schedule]		
3.3	Employees are aware of their rights and obligations.		
	Enquiries from employees are responded to in a timely manner.		
3.5	Rehabilitation assessments and programs are provided to the injured employee as soon as practicable after the injury.		
	Early intervention activities are conducted in accordance with the employer's early intervention policy/procedure.		
3.6	Rehabilitation assessments are effectively used and made in accordance with section 36 and the <i>Guidelines for Rehabilitation Authorities 2012</i> :		
	> the case manager considers arranging an assessment where the employee has, or is likely to have, more than three days of incapacity		
	> assessments clearly outline the injured employee's capacity for work, including specific duties that can/cannot be performed		
	> assessments and/or examinations are made by a suitable person		
	> arrangement of the assessment is made promptly following written request by the employee		
	> the outcome of an assessment is appropriately notified to all relevant parties, as per paragraph 22 of the <i>Guidelines for Rehabilitation Authorities 2012</i>		
	> claims for costs associated with rehabilitation examinations are submitted to the relevant authority promptly		

File audit		Comments	Achieved
3.7	Rehabilitation programs are provided in accordance with section 37 of the SRC Act:		
	> consultation with the injured employee and the treating doctor is evident in the development of any rehabilitation program		
	> a WRP is used in the circumstances outlined in the <i>Guidelines for Rehabilitation Authorities 2012</i>		
	> where the rehabilitation program is delivered without the use of a WRP this is in accordance with paragraph 29 of the <i>Guidelines for Rehabilitation Authorities 2012</i>		
	> rehabilitation programs have regard to section 37(3)(a)–(h)		
	> alterations to rehabilitation programs are considered and implemented appropriately		
	> where the current rehabilitation authority is not the liable employer, the potential views and contributions of the employer are taken into consideration		
3.8	Suitable employment is provided in accordance with the SRC Act—the employer has taken all reasonable steps to provide suitable employment.		
	Return to work hierarchy considered.		
	Where appropriate, vocational assessment/transferable skills analysis, retraining or redeployment considered.		

File audit		Comments	Achieved
3.9	Rehabilitation determinations are made in accordance with the SRC Act, including in relation to non-compliance:		
	> determinations are in writing and set out the terms of the determinations, the reasons for the decision and a statement of the right to reconsideration		
	> section 37 determinations are not signed by the rehabilitation case manager after the commencement date of the program		
	> the rehabilitation program decision (including the decision that a program is not required) is notified to the relevant persons in accordance with the <i>Guidelines for Rehabilitation Authorities 2012</i>		
	> determinations are made when a program is to be closed prior to the end date		
3.10	The suspension provisions have been correctly applied where there is evidence that an employee has refused, or failed without reasonable excuse, to undergo an examination or participate in a program.		
3.11	Rehabilitation reconsiderations and/or reconsiderations of own motion decisions are undertaken in accordance with the SRC Act:		
	> made in accordance with section 62		
	> meet the requirements of section 63		
	> are made independent of the person who made the original decision		
	> evidence used was provided to the employee		
3.12	The confidentiality and privacy of employees are maintained.		
3.13	There is an appropriate audit trail and files are folioed.		
4.2	WRP performance monitored and feedback provided to WRPs (for example, documented in case notes).		

For further information contact

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