



Referrals

Pre & Post Hospitalisation

July 2016

HCB NEWSLETTER

IN FUTURE ISSUES

When to make a referral

by Karen Gamble

If you have the luxury of time and adequate information you can make solid plans for how to cope with an employee going into hospital. Of course, to plan properly you will need to know:

- ▲ When and where the procedure will take place?
- ▲ How long they will be in hospital?
- ▲ What is the expected length of the recovery period?
- ▲ What rehabilitation services; i.e., physiotherapy will be required?
- ▲ When will the employee be able to drive?
- ▲ The sort of temporary or permanent 'reasonable adjustments' you need to provide?
- ▲ When will the employee be back to full fitness?

You probably will know when the procedure is to take place but the rest of the information may well be a lot more subjective.

For example, do you know the impact of a tonsillectomy on a 45-year-old man?

Or what the impact of a hysterectomy on a pre-menopausal woman could be?

How should you deal with an employee who has had a reversible colostomy?

Were you aware that individuals who have had a 'coronary event' are very prone to depression after that event?

Did you know that there are 13 reasons given on the NHS website to allow you to decide if you are fit to drive after having an anesthetic?

Early intervention is the key.

Understand what is going to happen, understand what has happened and plan for the short, medium and longer term.



Frequent short-term absences

Our paper on how to cope with employees that have multiple sickness absences of 1-3 days' duration will be published in August 2016

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Fit notes

What should you do when an employee's GP indicates a long-term absence issue? Our paper about Fit Notes will be published in September 2016

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Early Intervention

by Philip Ashwell

The successful management of sickness absence in the workplace can contribute significantly to overall business productivity.

Long-term sickness absence is not good for anyone - it costs individuals in terms of income, self-esteem and the personal wellbeing that regular work can provide. It hurts employers because they not only have to pay out directly for staff cover, but they are also hit by productivity losses. And it costs the state because of increased benefit payments, treatment costs and falling social engagement levels.

It has been estimated that making an early intervention could reduce sickness absence by as much as 40% and yet, until recently, employers, employees and even GPs were usually in the dark as to what support was available and how best to implement it.



There are five key trigger points, events or issues that should alert a Line Manager and/or HR that a referral to one of HCB's Employee Health Management Team should be considered: -

1. A stay in hospital, whether planned or unplanned.
2. Frequent short term absences.
3. A Fit Note from the employee's GP suggesting potentially longer term absence.
4. Performance related issues, especially signs of stress.
5. Accident or injury.

Mental illness, including stress and anxiety, is the most common and costly cause of sickness absence, amounting to £1.17bn, a quarter of the total cost of long-term sickness absence. If not addressed quickly, mental health conditions can dramatically worsen and cause long periods of absence from work



FOR MORE INFORMATION,

Whatever your workplace health & rehabilitation requirements, HCB can help and advise you on the best course of action.

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Case study

by Karen Gamble

A synopsis showing how one of our nurse case managers supported an employee pre and post operatively.

Referral information

A 49 year old employee (female) was referred as she was to have a total knee replacement, Her duties as a Customer Relations Manager. included driving more than 18,000 miles per annum and the mental ability to resolve complaints.

Positive outcome

The outcome in this case was a significant cost saving for the employer and a much quicker return to work for the employee. Of course not all cases are as clear cut as this. The greater the complexity or the more unexpected the hospitalisation is the more a Nurse Case Manager can support, intervene when appropriate, challenge and most importantly provide objective and realistic timelines.

Sickness absence is not just a matter of ill-health. It is affected by a combination of the health condition, social circumstances, personal and work/organisational factors, this is known as the biopsychosocial model (BSP) of sickness absence management. The longer

the absence the more critical the use of the BSP model, a speciality of HCB.

Early intervention is key. The sooner action is taken; the better the chances are of an employee making a full and speedy return to work.

Working in a well-managed workplace is a treatment for people recovering from sickness absence and an early return to work improves both mental and physical recovery. Simple adjustments can enable workers to return to work safely before their symptoms completely disappear. Workers can normally return before they are 100% fit.

Event	Action
Employee advises that her GP has recommended a total knee replacement operation which will involve a 6 months' absence from work. Line Manager contacts HR who recommends referral to HCB	Nurse Case Manager (NCM) contacts GP. Explains that employee is 49 not 79 (he had previously only dealt with elderly patients for this procedure). GP changes recommendation to 5 weeks' absence from the workplace but can work at home after one week
10 sessions of physiotherapy recommended at the local hospital.	NCM arranges for physiotherapy to be provided in the work place saving at least 10 days off work.
Employee unable to drive for 6 weeks so can't commute to office and can't visit clients.	NCM recommends employer pays for taxis to facilitate presence in the office when required. Employer also issues lap top computer to enable working from home Clients contacted and arrangements made for Skype telephone meetings.
Generic drugs, anti-inflammatory and pain killers prescribed which cause confusion and prevent clear thinking.	NCM talks to GP and alternatives are prescribed.
Cost (no intervention)	Cost (with intervention)
Salary: £42,000	Salary: £42,000
Sick pay entitlement: 6 months (3 months full pay + 3 months 1/2 pay)	5 Weeks full pay: £2,020 Physiotherapy 10 sessions £600 Taxis £250 Nurse Case Management £325
TOTAL £15,750	TOTAL £3,195