Supporting occupational health and wellbeing professionals

Guidance for report writing

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This talk includes:

- Prompt finish
- Top tips to help manage & benchmark
- Why and to whom is this relevant?
- Recap on a 2012 & 2020 SOM survey
- SOM Survey Results 2022

Additional 21 slides included for use not in this presentation

Top Tips:

- Start with good clinic management and self care
  i.e. a **reasonable** workload

- Consider who is setting clinic appointment times and their knowledge of undertaking complex case management

- Appropriate allocation of cases per day – not spilling over in to overtime, additional unpaid time required to produce reports

- If you spend 60 -100% of your day on case management – need to be as efficient as possible in you report writing technique

- SLAs – not just for timeframes or profit but also for **quality**

Top Tips:

- **Triage**
  - To provide adequate time to complete each consultation
  - Based on documents to read beforehand, complexity, number of questions asked
  - Followed time for contemporaneously report writing – not at the end of clinic

- **Relevant to skills and experience**
  - Appropriate time allocation depending on skill and experience
    such as time to ask peers advice, thinking, review, typing, IT skills

- **Facilities available**
  - Software
  - Admin support
  - Ensure templates are appropriate – he/he/they each as a different template,
  - Auto populate certain data: name, questions etc

Switch to Voice Recognition, Grammar check software and Word talk back

Who is this about

- YOU – the practitioner giving out your good advice about good working practices
- The employee you are helping
- The client who is paying for your expertise
- Planners – Commissioners of services
- The employer providing a cost-effective efficient service

Why is this relevant

- Practitioners are under increasing time pressure resulting in stress for some to achieve their workload
- Customers require prompt **quality** reports to assist their management of employees
- Employer needs to cover costs/make profit
  ? **overselling/underdelivering**
- Commissioners of services to plan schedules

YET…

Disparity between time provided for consultation & the report writing time required and time available

2012 Lesage et al Study

A French cross-sectional survey of 1670 occupational physicians published in 2012 refers to a link between increased caseload and a feeling of unfinished work.

Conclusions:

- The health status of occupational physicians is important for both the individual physicians and for the occupational health system
- Occupational physicians are unwell, and we probably need to change the way we currently cope with burnout
- Burnout is not only a stress-induced syndrome, resulting from high workloads, but a low self-esteem-induced syndrome

Ref: Lesage, Francois-Xavier & Berjot, Sophie & Altintas, Emin & Paty, Benjamin. (2013). Burnout Among Occupational Physicians: A Threat to Occupational Health Systems?-A Nationwide Crosssectional Survey. The Annals of occupational hygiene. 57.

SOM Survey May 2020

140 respondents

- OH practitioners are often having to work out of hours causing stress, affecting their work-life balance and feeling undervalued and exhausted
- Reoccurring theme throughout the survey was a high caseload
- Inadequate time to undertake OH consultations, lack of flexibility for managing more complex cases and insufficient time to undertake related administrative tasks such as report writing
- Although more than half (54%) were given dedicated time for admin work, many found it inadequate

SOM Survey May 2020

- The complexity of the underlying medical conditions e.g. significant mental health issues or a combination of health conditions
- Commercial factors such as a contractual arrangement with the client.
- Legal or procedural aspects e.g. ongoing litigation or dispute between the employer and employee
- Number of management questions
- Amount of paperwork that needs reviewing before the consultation

SOM Survey May 2020

Conclusions:

"We think optimisation of the number of cases and duration of appointment per session is likely to:

• improve the quality of occupational health consultations, management reports and overall service delivery,

• enhance job satisfaction amongst OH professionals, improve their wellbeing and worklife balance, and reduce staff turnover,

• increase patients and clients satisfaction."

SOM Survey March 2022

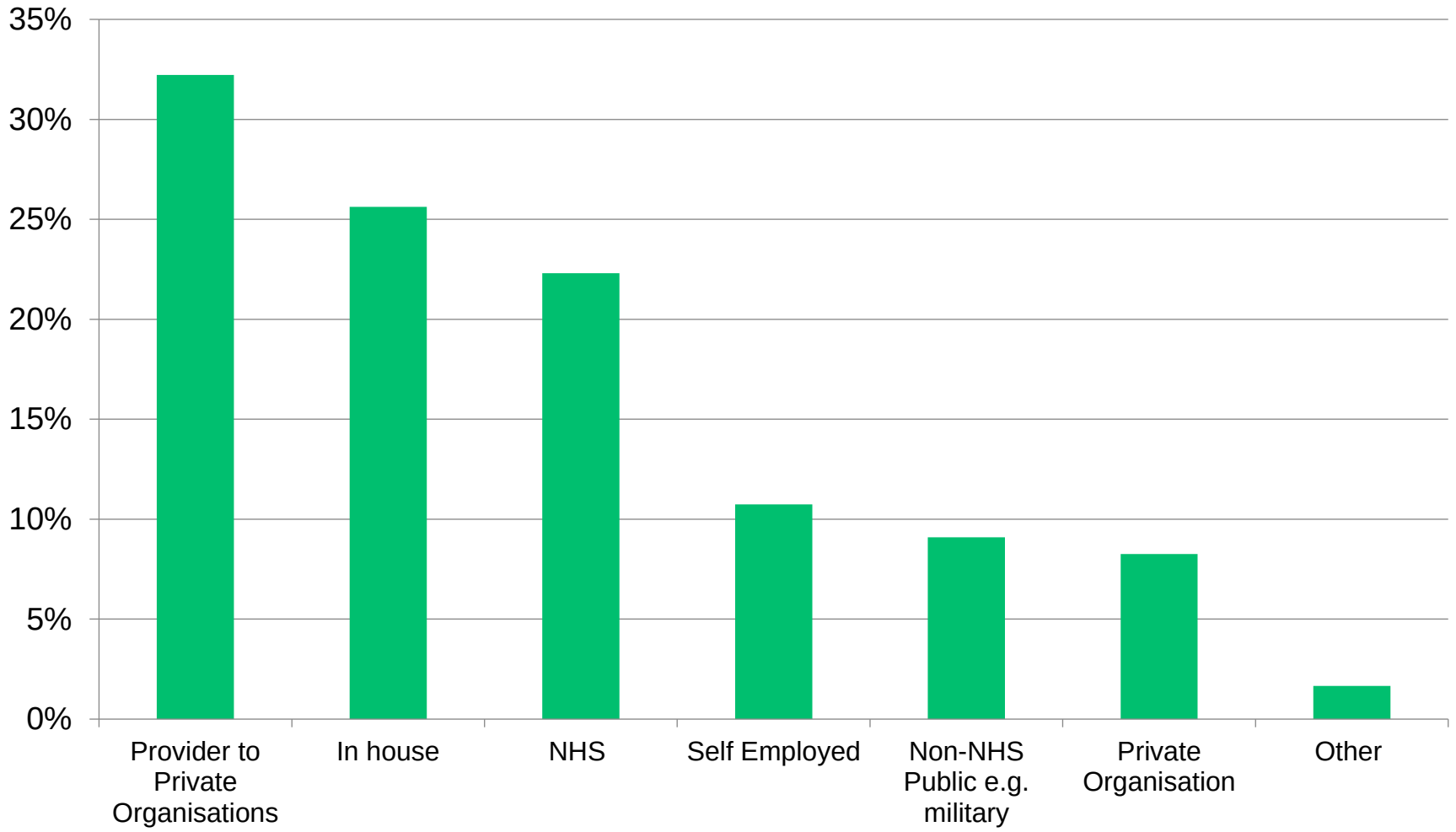
121 Respondents

81% were OHA/nurses (with additional training)
6% were OHA/nurses (with no additional training)
7% were OHPs
6% Manager/other

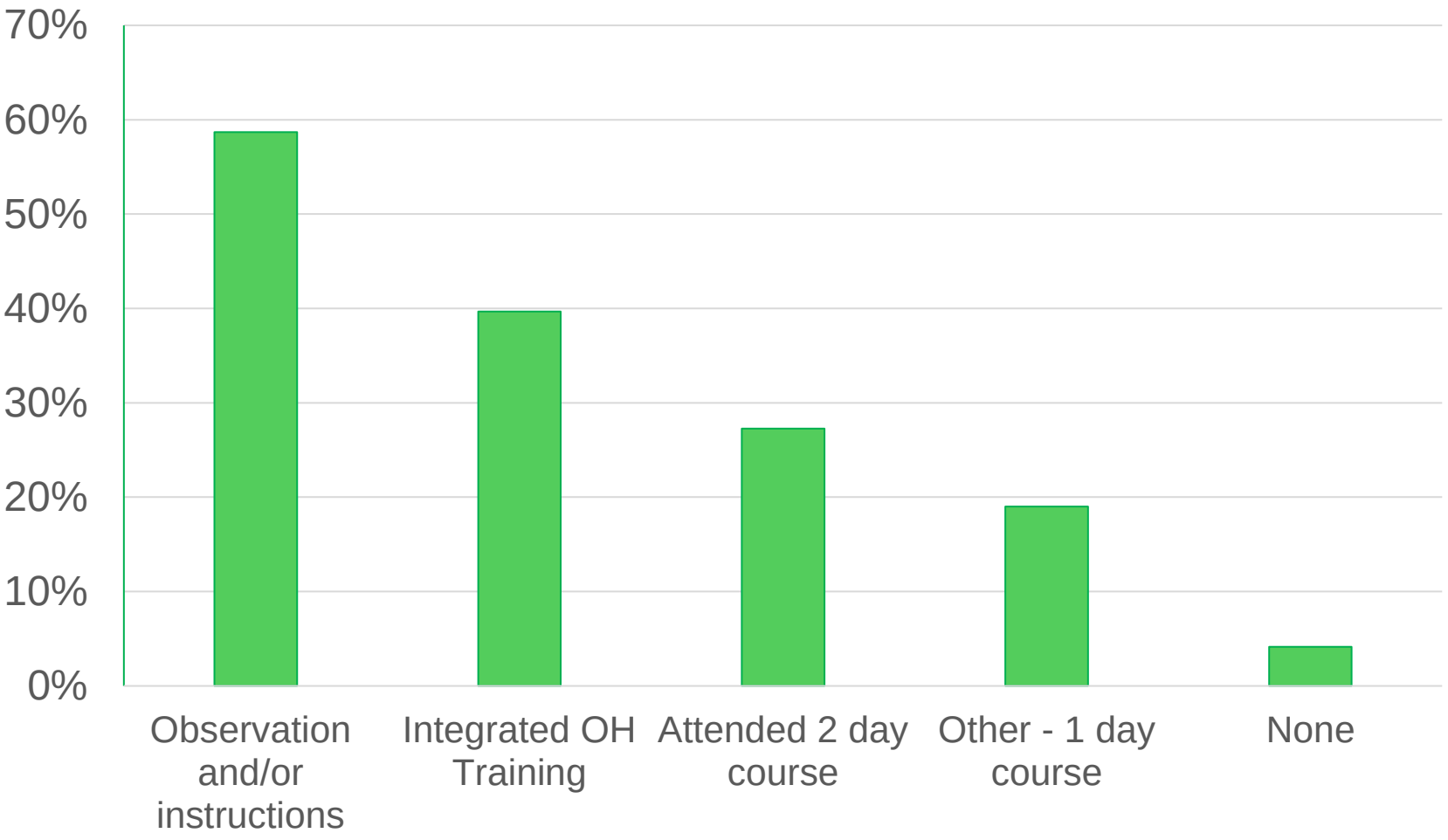
Mean time allocation to case management 63%

Range 25% - 100%

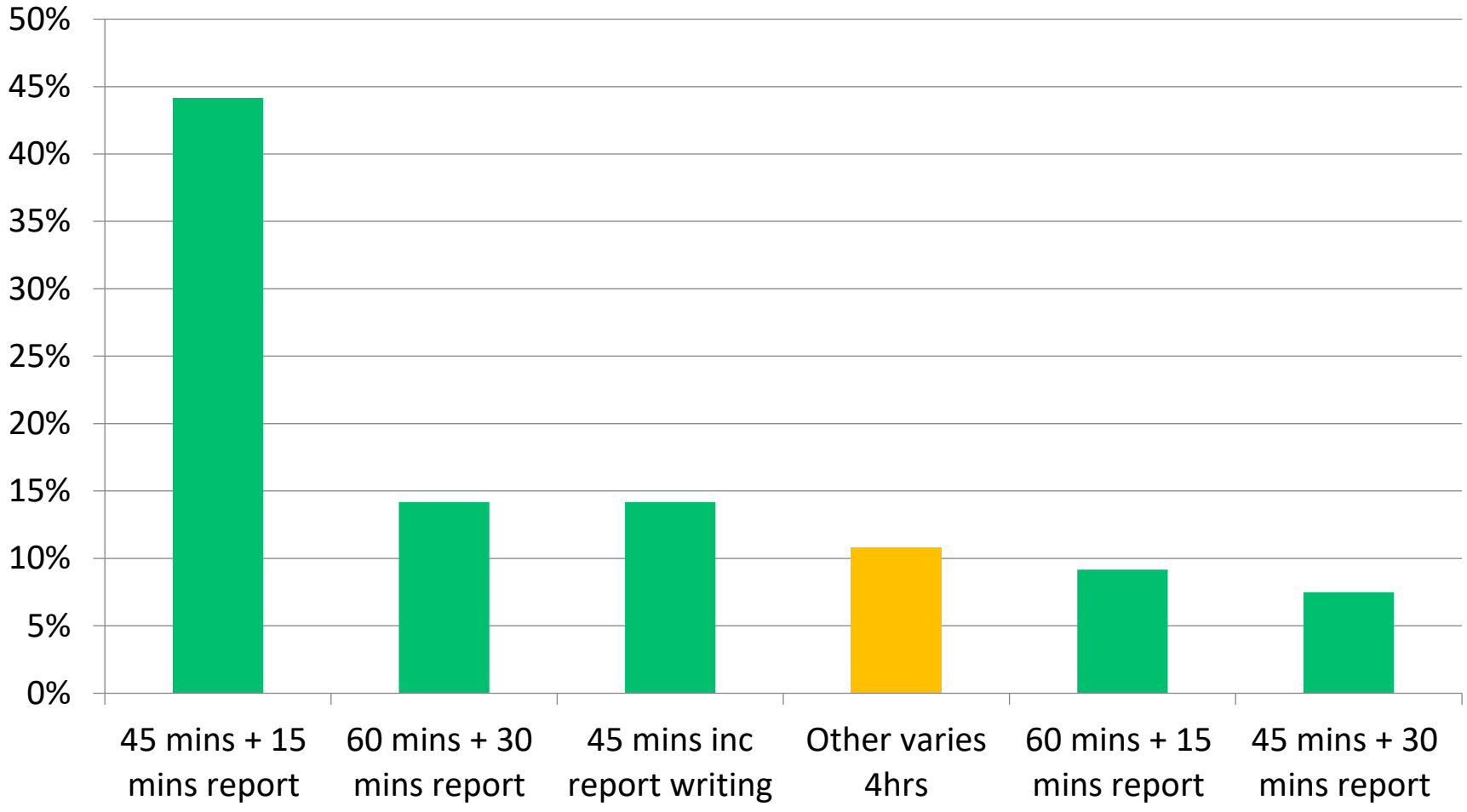
Which of the following best describes you or your organisation?



What type of training have you received in report writing?



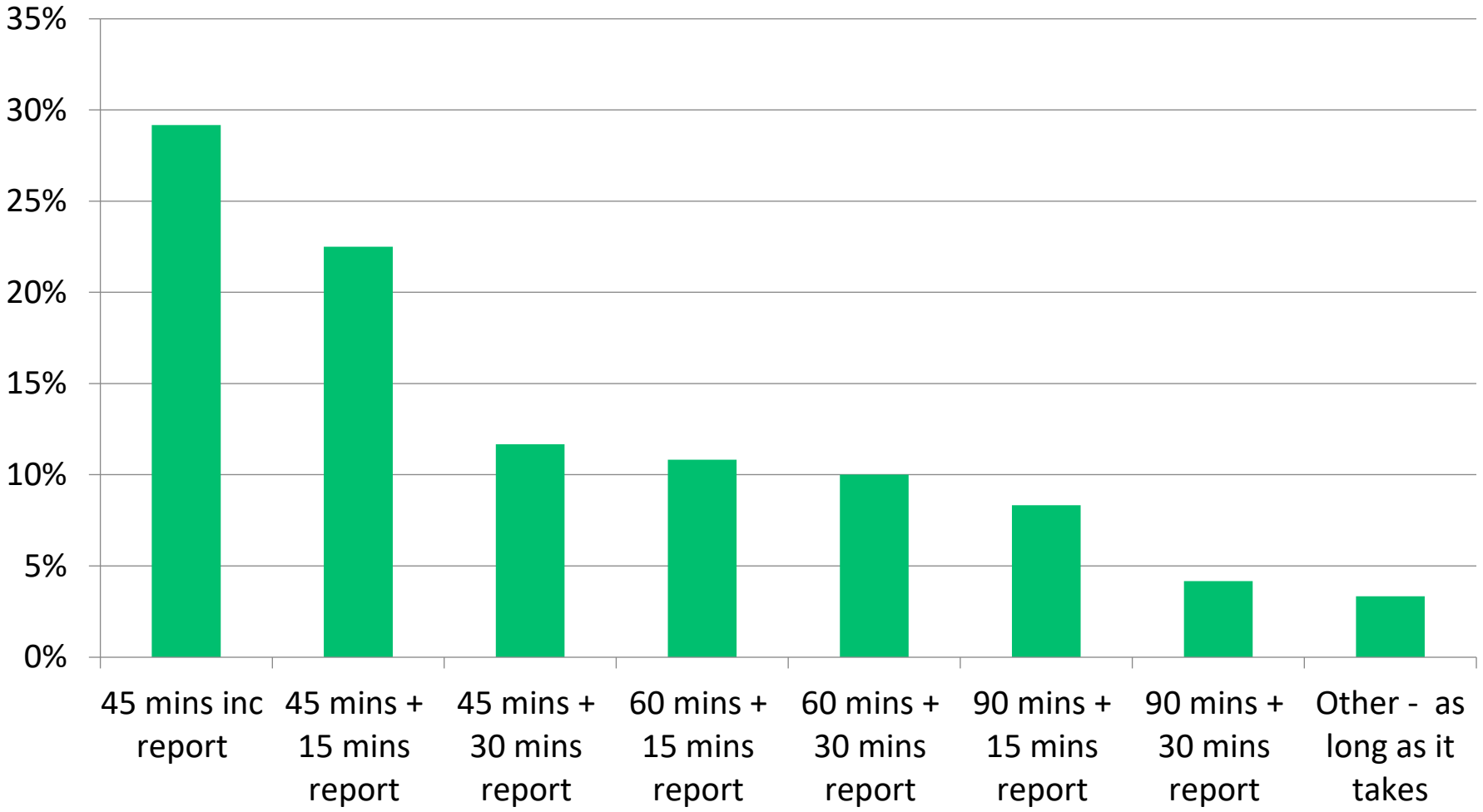
How long do you get to undertake a standard case management referral?



How long do you get to undertake a standard case management referral?

- No specified time limit
- We allow 4 hours per file. Longer if needed
- However long it takes
- 40 mins
- 90 mins for consultation and report
- 60 mins for appt then as long as needed to do report.
- I am self-employed. I allow a full hour for the assessment and my report takes as long as it takes
- Varies depending on the organisation I am working in

How long do you get to undertake a complex case management referral?



How long do you get to undertake a complex case management referral?

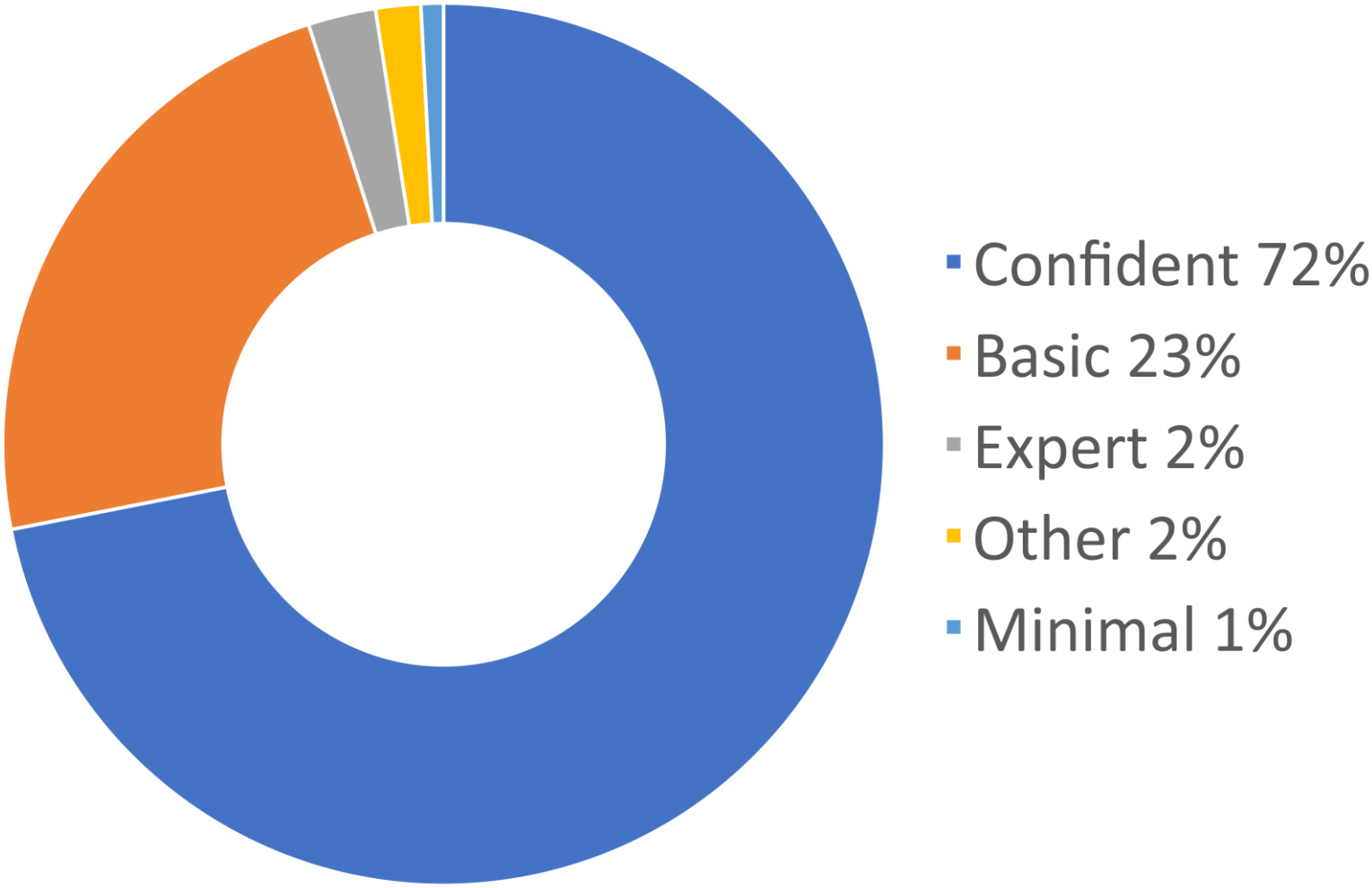
- I don't get adequate time to write reports, particularly complex cases where referrals to GP required or resourcing information. I worry about the content, what can and should be disclosed to managers, HR processes and oh reports in that process. Legal issues concern me too. We have a template our manager insists we use to write reports and copy into questions asked. They don’t always fit so report takes longer to write

- As long as it takes - I allow myself 2 hours, it can take less or more

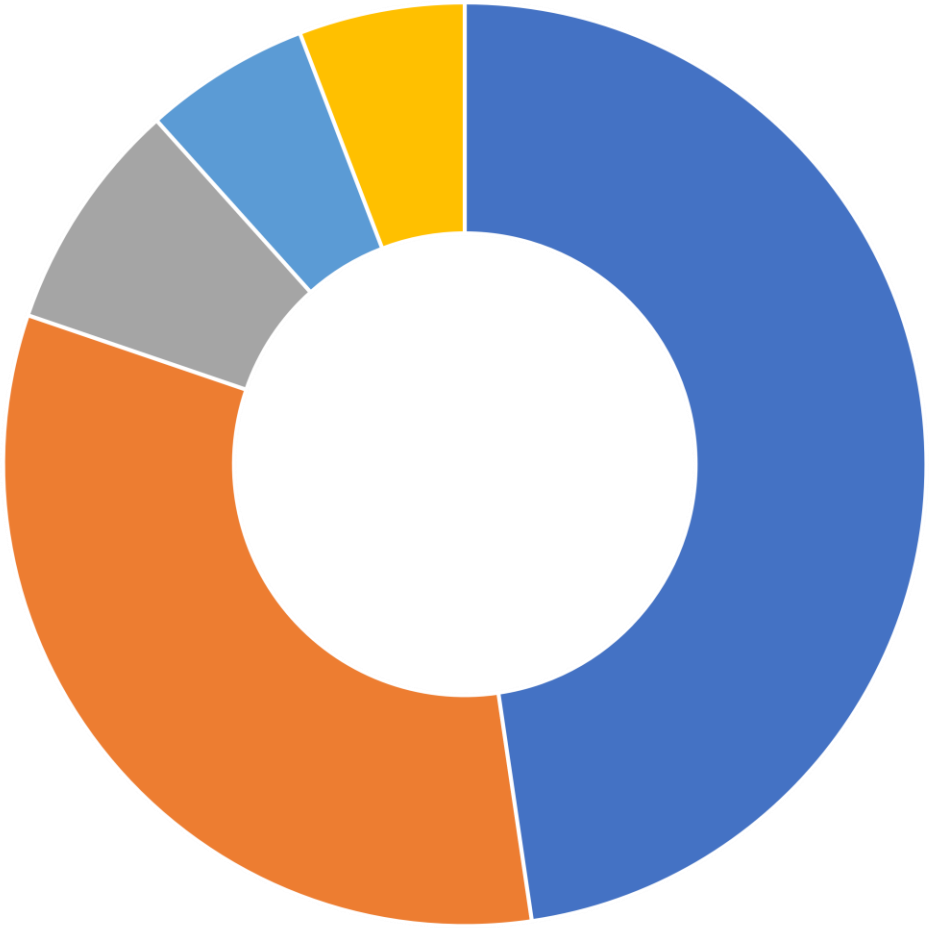
- It depends on who you are working for. Big providers want volume and speed, independents go for time and quality. I try to avoid big providers as providing quality more satisfying

- I have worked in OH for over 30 years and I find complex case management the most rewarding part of my role

Describe your IT skills?



Describe your thoughts regarding case management and your role?

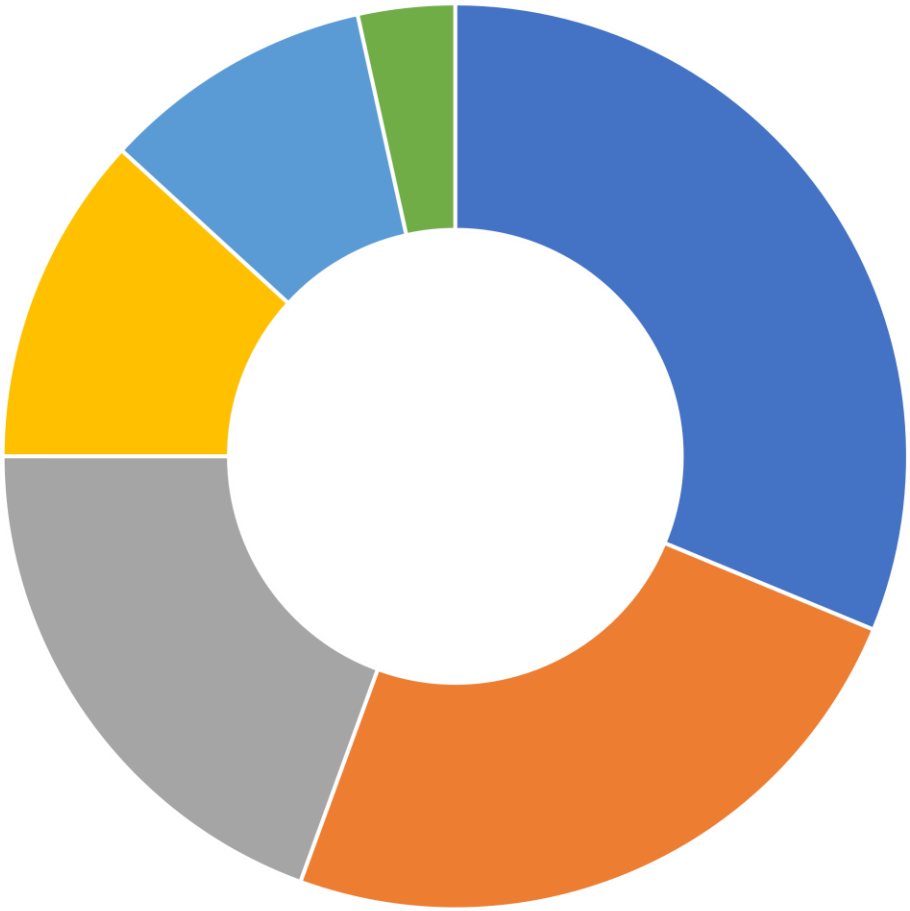


Describe your thoughts regarding case management and your role?

- Finding the ever increasing volume of mental health referrals draining. Getting more complex cases multiple social and health problems
- No guidance from a senior as Senior Nurse has left her post. **Frustrating as I have no one to discuss my reports with.**
- It can also be stressful due to workload
- In my opinion my reports can be too long. I continually strive to be more concise. I'm not sure this will make a significant difference to timings for a complex case.
- It depends on contract as to resources available to support progression
- I am a qualified SCHPN but choose to do screening as I really don't like the Case Management referral element of the OHA role. I think my experience has caused me to feel this way, my initial Manager was very unsupportive with complex cases and I think report writing guidance is poor on the whole. I attended one with a reputable OH company and that was poor too. **I think more time during OH training should be spent on the report writing as is the thing that is essential for accuracy, value, and defines the role.**

- **I love it. It is the core part of my business revenue and I designed my business to be like this. I receive direct feedback. All my work comes from being referred by HR who have already used me.**

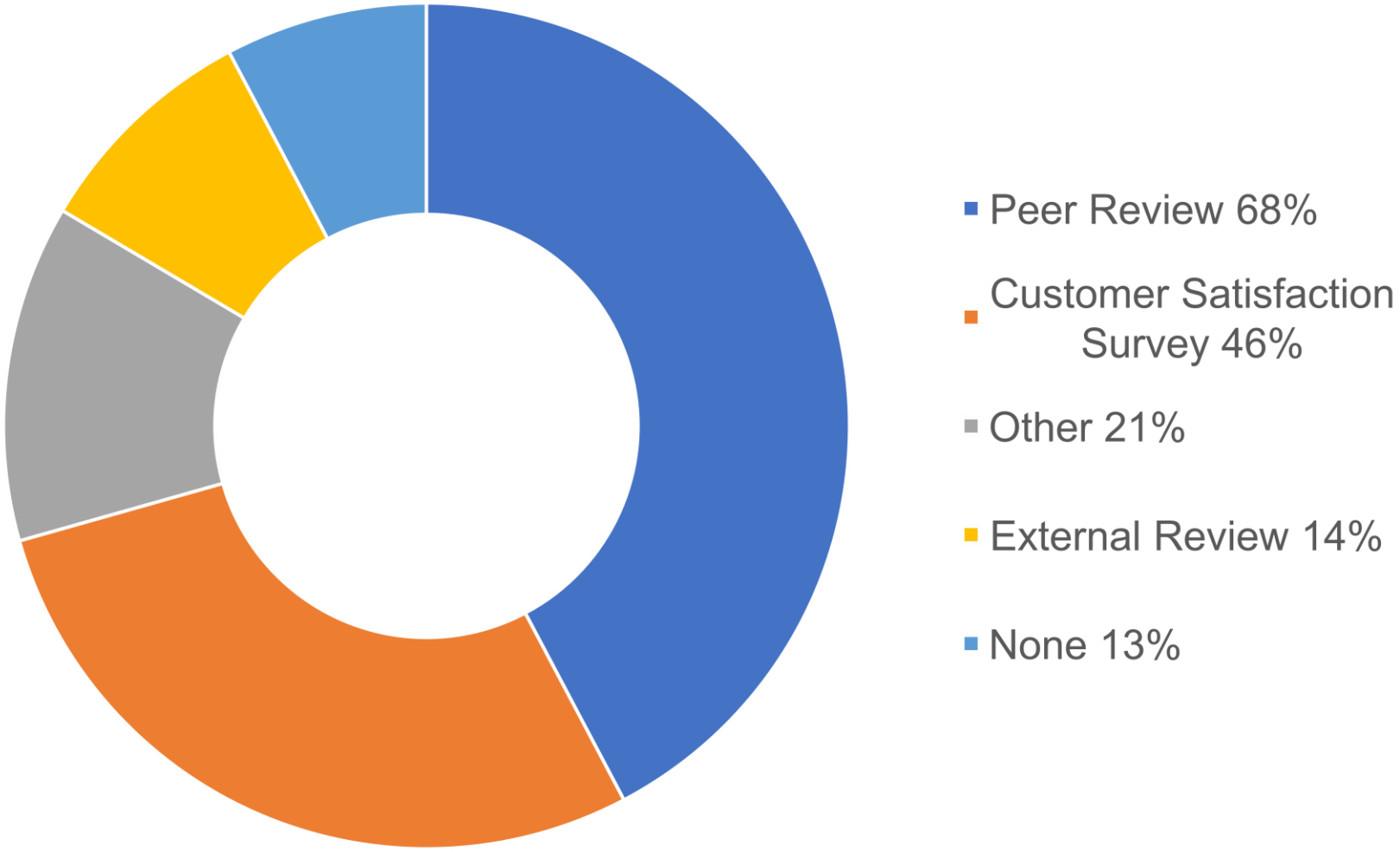
What assistance do you have to support you to undertake your case management?



What assistance do you have to support you to undertake your case management?

- Templates are rubbish. All you need is Clinical information (past) Present situation
- I have dyslexia so find our software system has too much going on with the page with all the boxes so usually type my report out in a word document and copy this across into the relevant boxes - no additional time is provided within my time allocation to support this
- Templates with in word as Transferred to software system, lengthy process
- I don't need any assistance and wouldn't want it
- I have a template which outlines the format. Content is constructed new for every assessment. My business USP is high quality, individual and business focused reports.

What type of quality control is in place?



What type of quality control is in place?

- AUDIT
- "Audits are rubbish, people can't agree except with their own reports, ****** is also rubbish and makes everything worse. Dragon Individual Professional is fabulous.“
- Self audit, continuous review / reflection if get informal queries about my report content
- But hopefully just about to start peer review
- As a lone practitioner I use examples during my Supervision with identifying info redacted.

Issues

- Clinician clinic time available e.g. once a week clinic - pack in as many appointments as possible and squeeze in extra with no report writing time available - spills over to the next day
- No or poor triage – each referral considered the same – no consideration for complexity or skills
- Wrong personnel can set the clinic times and targets who may lack awareness of stressors undertaking a many or complex consultations or the value to the client of an excellent report
- Lack of research, benchmarking tools
- Little reference within SEQOHS accreditation to report quality

  Does refer to audit, peer review of records and customer satisfaction surveys and SLAs
- Remember a SLA need not refer to time delivery and can refer to quality only
- Better to wait for a good report than a fast report that is not good quality

Conclusions

Back to the starting goal:

- OH Practitioners want job satisfaction, need a work life balance, with good self care and wellbeing
- OH Providers need to provide adequate resources – time, training, audit and peer support and reduce staff turnover
- Employees wants time from the expert to assist them return to work or other
- OH Client needs your professional opinion and expertise with a quality report addressing their questions
- Commissioners need education of the value of quality over quantity

Do not overpromise to underdeliver

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Supporting occupational health and wellbeing professionals

What a good report looks like

- Precise
- Accurate e.g. the employee informed me ‘ …‘. Assume honesty
- Contain relevant facts – AND your expert opinion
- Simple language - Unambiguous - Clear - No factual or grammar errors or duplication
- Reader orientated
- Enable good decision making
- Well organised and structured
- Proper format - signed, designation, pin number
- Presentation - formal - do not use first names

Time management

An average report is 1200 - 1500 words = 2- 3 pages

Experiment 1 I typed a couple of sentences – I could type fast at 42 word per minutes but that included a lot of typos

- It took me a further 30 seconds to correct my typos = 28 words per minute

Experiment 2 I typed more carefully to try to avoid typos = 38 words per minute

- 1200/38 = 31 minutes continuous typing
- 1500/38= 40 minutes

Experiment 3 I used Dragon voice recognition

- Normal talking speed = 92 words per minute
- 1200/92 = 13 minutes
- 1500/92 = 16 minutes

Content

- Date when seen
- Where - place or telephone consultation
- By whom - name and designation
- Why were they referred
- State the purpose of the report ‘This report is prepared for advisory purposes only and is not legally binding on any party.’

Focus is to enable manager to take action and progression of the case
Quality over quantity = spell check, grammar check, tense and gender

Ability
Function
Prognosis
Often self-reported symptoms - states that/reports that/informs me that
e.g. Mr Jones reports that/ informs me that

Content

- Define any conditions
- When they were diagnosed
- By whom were they diagnosed
- Include disabilities or functional impairment that impact ability to undertake job role
- What treatment do they take – does this impact on their role, night work, driving
- What follow up is expected
- Impact on work
- Likely return to work date
- Don’t forget – state whether fit or not fit

Content

What is happening
Is the treatment effective
Recovery: http://www.workingfit.co.uk/

What can the employee do to help themselves
Self-care
Identify any obstacles preventing early return to work e.g.avoidance of workplace or manager
Enquire about travel to and form work when planning phased RTW plan

What can the employer do
EAP
Physio referral
Workplace stress risk assessment
Facilitate reasonable adjustments

Information not relevant

- Repetition of what HR has already told you – however you may wish to copy this into your report so your report becomes a stand alone document
- Your expressed sympathy
- Stick to your remit or suggest further referral
- Avoid anything without an evidence base
- Avoid making judgments – such as manager who is a bully
- Avoid perpetuating erroneous health beliefs such as pain causes damage
- Unnecessary detail…

Remember……
There are 3 sides to every story

1. Employee
2. Employer/manager
3. The truth

Equality Act 2010

Applies:

1. Physical or mental condition
2. Long term condition which has or is likely to extend beyond 12 months
3. Which (in the absence of medication or treatment) would have a substantial (more than minor or trivial) impact on day to day activities

Includes conditions with remissions or intermittent symptoms e.g. migraine

In order to be protected by the Act, a person must have an impairment that meets the Act's definition of disability, or be able to establish that any less favourable treatment or harassment is because of another person's disability **or because of a perceived disability.**

It may not always be possible, nor is it necessary, to categorise a condition as either a physical or a mental impairment.

Equality Act 2010

Impairment Mental

Originally the legislation required workers with a mental illness to prove they had a “clinically well-recognised‟ condition.

This is no longer necessary. It will still be useful if a particular condition can be identified, but it should be enough just to prove substantial adverse effects on day-to-day activities.

It will not be enough to show the tribunal a series of medical certificates with such loose terms as “stress” or “anxiety”. Even “depression” written on a medical note may not mean it was a formal diagnosis. A more specific medical report will be necessary.

Equality Act 2010

Impairment Physical

Given the controversies regarding diagnosis of an actual physical condition, it may be useful to rely on the principle established by the Court of Appeal in McNicol v Balfour Beatty Rail Maintenance Ltd.

It argued that the focus of the statutory definition was on the fact and effects of loss of function and not on the precise cause or diagnosis of the applicant's condition.

This case establishes that an impairment can simply be the sum of its effects and it does not matter if the underlying illness cannot be identified or even if it is caused by psychological factors rather than any organic physical cause.

However, it may be easier to prove the genuineness and severity of the effects if a doctor concretely diagnoses a form of RSI.

Equality Act 2010

Showing disability under The Equality Act 2010 - it says you must not be discriminated against because of the disability

Provide advice on medical condition and any risks to health and safety as a consequence of that condition

Adjustments do not need to be supported under the Equality Act 2010

Have knowledge of Company practice for phased retuned to work programmes - ? Fully funded, uses of holiday entitlement or not supported i.e not paid

Is someone else available to cover work load or does it put the employee under more pressure with expected same output in less hours?

Adjustments

Adjustments

- Reduced hours
- Different hours
- Reduced tasks – do not state light duties - specify
- Modifications to environment
- Training
- Additional managerial support e.g. Weekly meetings

State hours and time frame e.g. half contracted hours for 2 weeks, ¾ hours for 2 weeks, returning to contractual hours commencing week 4 of returning to work

4 weeks usually sufficient
Lass than 4 hours a day usually not helpful
If employed for 20 hours or less per week and otherwise well before this sickness episode – return to full hours

Fitness to attend capability/disciplinary meetings

- If an employee is capable of understanding the case against them and replying to the charges, either in person or by instructing a representative, they are fit to attend HR meetings
- If not, they are unfit – this is very rare
- Most employees will find proceedings distressing
- Prolonging any meetings usually causes more anxiety
- It is usually best to proceed with these meetings than to delay

Dismissal

- Prior to terminating an employment contract on ill health grounds, an employer must be able to **demonstrate that all reasonable measures** have been considered for rehabilitation or redeployment - **without undue hardship to the business.**
- This should be decided with **serious and genuine consideration**.
- However, if an employee is unable to fulfil basic obligations associated with their employment for the **foreseeable future**, the employer is no longer legally required to make accommodations.
- “In my opinion, it would not be reasonable for their employer to facilitate the sort of adjustments required for suitable rehabilitation as ……”

Dismissal

- Please note:
- The duty to make accommodations requires the employer to make every reasonable effort short of undue hardship to accommodate reasonable adjustments where the condition is covered under the Equality Act 2010.
- In my opinion, Mr Jones' condition is likely to be covered under this Act as he has several diagnosed medical conditions that are resulting in substantial impairment of daily activities and these conditions are likely to persist for more than one year, albeit if his symptoms become manageable or resolved following any therapy.
- Ultimately, the decision as to whether or not a condition is covered under the Equality Act 2010 can only be determined in an employment tribunal, if required.

Time management

- Appointment times - SOM consensus Guidelines May 2020

  Primarily based on OHP appointments
- Standard initial consultation 45 – 60 minutes
- Complex case initial consultation 60 – 90 minutes
- Referral with more than 8 questions – extra 5 minutes per question
- Follow up 30 minutes

- They (OHPs) then received 15-20 minutes dictation time
- OHA’s and nurse are usually required to upload their own reports

Time management

- Set out terms/times at onset
- They get time to summarise and you need to answer particular questions
- If you get a talker – do not interrupt – or else they may be likely to reinforce what they just said with different words
- However, chronically embittered employees are very likely to want to recount their experiences of injustice in detail- focus on coping not the event(s) - keep the boundaries
- Be aware of the embittered employee and do not collude with them

Using templates:

Rarely look professional

I have seen many poor looking reports with X… or incorrect pronouns

Tesco invented the “stack them high – sell them cheap” motto

Do not undervalue the professionalism sought in seeking an Occupational Health report.

Time management

A good report will include:

- The content approx. 30 minutes
- Thinking and research time = 10 minutes
- Review and correction time = 7 minutes

- Cohort/Eopas/Apollo/Orchid admin - appt outcome = 5 minutes

- Without software - Insert Name, DoB, Job role, Address, Date, = 7 minutes
- Tick boxes, time to retype questions from a PDF in to into document = 10 minutes

- Complex conditions with additional research = 15 minutes extra

- Typed with software 31+10 + 7 + 5 = 53 minutes
- Dragon with software 15 + 10 + 7 + 5 = 37 minutes
- Typed with no software 31 + 10 + 7 +7 +10 = 65 minutes
- Dragon with no software 15 + 10 + 7 + 7 +10 = 49 minutes

Consent

Questions to ask…

- Does the employee understand the purpose , content and outcome of the report
- To whom is the report being sent to – is it accessible to future managers / HR managers – worth a mention
- Obtain agreement about disclosing sensitive confidential material
- Written consent is preferrable – otherwise obtain consent with email trail
- Respect the employee's right to withhold consent – inform them that decision can still be made in the absence of a report and an employer is not liable to implement adjustments in the absence of knowledge about any conditions
- If viewing the report prior to release – you should only change factual inaccuracies

Consent

- **Informed consent:**

Provided before any action – requires education and understanding of the purpose of the intervention followed by consent it self.

- **Implied consent:**

The assumption that a person has given permission for an action, which is inferred from his or her actions, rather than expressly or explicitly provided.

Please note: consent **cannot** be inferred from inaction (eg failure to move away from a camera).

fom
Faculty of Occupational Medicine

Ethics Guidance for Occupational Health 2018
HWDU Publications
The Health and Work Development Unit (HWDU) publications – Asthma, dermatitis, upper limb disorders

Record Keeping

“Data Protection:
You are advised to store this document in a private and secure location whilst the employee remains in employment with you and for six years after the employee leaves your employment, and/or **in accordance with your policy.** Thereafter you are advised to destroy the document. You are obliged to inform me if there are any factual inaccuracies in this report, for which I shall provide an amended report with the required corrections.”

Please note, this report is advisory in nature. It is a management decision to determine the operational feasibility of the advice, adjustments, and/or recommendations provided.”

If sending by email – always password protect

Do not use same portal to send password

SOM resources

In early 2021 the SOM worked with Public Health England on a series of COVID-19 Work, worklessness and wellbeing factsheets - developed to support employers, local authorities and regional governments, and health and social care workers to maintain and improve good health and work outcomes in their communities during the pandemic and its aftermath:

1. Supporting businesses to build back better: The benefits of age diversity
2. Supporting your approach to workplace diversity and inclusion
3. Creating better quality work and workplaces
4. Managing stress, burnout and fatigue in health and social care
5. Supporting workplace mental health and wellbeing in COVID-19 and beyond
6. Developing a COVID-19 secure mental health and wellbeing strategy
7. Managing change – restructuring, redundancy, and homeworking