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Spitzenverband

Guidelines on rehabilitation:

Rehabilitation Management in the German Social Accident Insurance – key-elements –

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Published by: Deutsche Gesetzliche Unfallversicherung (DGUV)
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Internet: www.dguv.de
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– May 2011 –

Cover illustration: Fotolia (photos 1 and 4), ukb (photos 2 and 3)

Design: Deutsche Gesetzliche Unfallversicherung (DGUV)

Printed by: Medienhaus Plump, Rheinbreitbach

ISBN: 978-3-88383-878-6
(online: 978-3-88383-879-3)

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Preliminary remarks

9 Social Accident Insurance Institutions (UV institutions) in the German industrial sector insure around 3,3 million employers and over 60 million employees covering the risk of personal damages in work or commuting accidents and occupational diseases. Together with the 27 UV institutions in the public sector, which also insure children in kindergarten, school or universities, all UV institutions are members of a federal association, the German Social Accident Insurance (DGUV) in Berlin. The DGUV (www.dguv.de) provides a platform i.e. for mutual guidelines among the UV institutions and contracts with service-providers based on legal and structural principles. According to the Social Code Nr. 7 the UV institutions are liable for health and safety at work, for medical treatment, including rehabilitation and inclusion at work and in society, and compensation comprising pensions. The German UV institutions, run by social partners as non-for-profit organisations and financed only by employers´ contributions, are mainly focussed on reintegration of insured persons back to the previous work-place (return to work). The following recommendations of the DGUV dated on 25 February 2008 have been consented for ensuring an equal treatment among the UV institutions, because rehabilitation management is not only very successful, but also very cost-intensive. Global experiences prove that 20 per cent of all cases causes about 80 per cent of all costs of payers of rehabilitation.

1. Starting Situation

The basis of successful rehabilitation by the UV institutions is medical treatment after accidents under the transition control of about 3000 qualified physicians in Germany called Durchgangsärzte (“D-Ärzte”), who are contracted by the regional sections of DGUV and paid by the UV institutions. Every physician in Germany is obliged to manage a transfer of patients to a D-Arzt after a work accident causing a sick-leave.

The practice involving these medical experts makes sure that an injury type procedure and the different rehabilitative treatment methods (e.g., continuing inpatient treatment or extended outpatient physiotherapy) are provided in a team with particular requirements on qualification of the professionals providing the medical services under the D-Arzt controlled therapy. This “one-stop-shop” principle ensure that medical treatment of acute conditions and the different phases of medical rehabilitation are provided to insured persons with competence and sustainability.

This system has stood the test of decades. However, recent experience has identified areas of potential improvement of the quality of the result of rehabilitation and the overall costs of rehabilitation. Rehabilitation management, organised by the UV institutions and covering also non-medical indicators into account, is one step to more quality in medical treatment and identifying the needs of persons with disabilities, which both increases the outcomes and proves the importance of rehabilitation..

The term rehabilitation management lacks a reliable definition. So its interpretation allows the UV institutions scope of action which can take account of specific aspects of different disabilities and work-places. It should be understood, however, that all activities under rehabilitation management generating effects which are noted by stakeholders should be based on approaches coordinated between the UV institutions to guarantee an equal treatment for their insured persons. The purpose of the key-elements discussed below is to bring about a coordinated approach. This will not restrict the UV institutions in organising their rehabilitation management process according to the different requirements of their members or insured persons.

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2. Targets

In mostly severe cases, but also in mild cases with additional co-factors, rehabilitation management aims to eliminate or to improve the health damage the insured person suffered from an occupational or a commuting accident by way of providing all appropriate means to reduce the consequences of such accidents and to manage an early and sustainable occupational reintegration as well as an independent and self-determined life for people with disabilities. To achieve these goals the UV institutions set standards which include essential elements as::

- individual and professional consultation and support by skilled rehabilitation managers employed by the UV institutions,
- control of medical treatment in co-operation with the insured person and his/her relatives, the attending physician and therapist and the rehabilitation manager,
- planning of comprehensive rehabilitation (medical, vocational and social) and early occupational reintegration,
- quality assurance of medical rehabilitation.

Adequate account of active self-determination and co-determination by the person undergoing rehabilitation is taken by individual management and involving the insured person in the rehabilitation process. At the same time, high quality of treatment is ensured by close coordination and cooperation among service-providers and competent medical centres, holistic treatment and early intervention help cut costs.

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3. Selection of cases

Persons injured in accidents will be taken care of under the rehabilitation management from the time the UV institutions receives the compulsory accident report from an employer or a physician. The severity of the injury or a mild injury in combination with other bio-psycho-social circumstances requires active control in order to obtain the targets (2).

As a rule, any accident registered in a DGUV specific catalogue of medical diagnosis is a severe accident:

- extended and deep injuries of the skin and the soft tissue mantle, amputation injuries, muscle compression syndromes, damage due to heat or chemicals, injuries of major vessels,
- injuries of the major sensory pathways, including spinal cord injuries with neurological symptoms,
- open or covered cerebrospinal injuries (second-degree cerebrospinal trauma or higher),
- injuries of the thorax with involvement of inner organ,
- abdominal injuries with involvement of organ, including kidneys and urinary tract, requiring surgical operation,
- injuries of major joints requiring reconstructive attendance (except isolated injury of the ankle joint ligament and isolated rupture of the anterior cruciate ligament of the knee and uncomplicated anterior shoulder instability),
- serious hand injuries,
- complex bone fractures, in particular, multiple open or dislocated fractures,

In addition to the above injuries, those cases should be included into the rehabilitation management if based on the injuries in combination with the professional situation or the individual situation of the injured additional problems are to be expected. Other cases for rehabilitation management may occur in the course of the process if situations are encountered which are highly likely to cause substantially longer periods of incapacity for work. This also applies to recurrent diseases.

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4. Individual needs

Under the rehabilitation management, the rehabilitation plan for comprehensive and early rehabilitation is defined together with the insured person, the physician and the rehabilitation manager. The rehabilitation manager prepares this team event by timely and thorough acquisition of information to ensure that all relevant information is available. In preparation of the rehabilitation plan and the team discussion, the rehabilitation manager, at first, analyses the expected optimum process of the rehabilitation and plans the potential time of occupational reintegration, in addition to the type and timing of medical treatment. The rehabilitation manager addresses the following questions:

- Is the diagnosis reliable?
- How long will the period of incapacity to work probably last?
- What types of treatment are indicated, how often and how long for a particular injury?
- Should a job ability test be performed?
- Can the insured person be expected to return to his/her former occupation?
- What is the individual background of the insured person?
- What other assistive aids and services does the insured person need?

For answering these questions and for planning the rehabilitation process the UV institutions provide, among others, the following resources:

- computer-assisted monitoring of medical treatment,
- guidelines with treatments by specialised physicians,
- a brochure of the VBG (www.vbg.de) on therapy standards,
- a brochure by the regional sections of DGUV on steering the therapy with information on the type of injury, diagnosis and treatment
- UV specific information concerning the control of rehabilitation management
- consultation with the treating physician (D-Arzt).

Other major elements of preparing the rehabilitation plan include the definition of the job profile and the remaining occupational abilities of the insured person. Quick availability and detailed information concerning the work-place are the basis on which the duration of the incapacity to work can be assessed and the job-related treatment and therapy can be evaluated. The information is needed by the rehabilitation manager for his/her planning and will be communicated to the physician and the therapist in the team meeting. In addition, the close dialogue with the insured person and his/her relatives is another major element in the rehabilitation manager's preparation of the rehabilitation plan as these are opportunities for obtaining information on the insured person and his/her environment and manage it in the light of how they affect treatment and the process of rehabilitation.

5. Planning

Typically, the rehabilitation manager actively controls the entire rehabilitation process. The rehabilitation management starts with an early contact with the injured person within one month after the accident. A rehabilitation plan is developed in a dialogue between the rehabilitation manager, the injured person and the physician. The plan comprises all phases of the rehabilitation and all required activities, with timing data, as precisely as possible. The rehabilitation plan is implemented consistently and, in dialogue with the rehabilitation manager, the injured person and the physician , extended beyond the original deadline if needed.

The job profile is another important basis for the design of the rehabilitation process. In addition to providing information on the concrete situation at the workplace, the job profile also documents the treatment progress of the rehabilitation in comparison with the capability profile and controls the rehabilitation measures accordingly. This procedure adds validity to the statement as regards the occupational reintegration of the injured person.

Applied to schools and students, the rehabilitation management should provide early advice on vocational and career planning. Therefore, the insured persons and their relatives should be informed of the consequences of the accident prior to a vocational training or an occupation.

Photos: ukb

6. Holistic approach

Constant cooperation and control is maintained over the implementation of the rehabilitation plan and corrections made as and when needed. This requires contact with and feedback from the service providers as regards the progress achieved and problems encountered as well as possible areas of conflict requiring action. If conditions change, the rehabilitation plan, including the agreed goals should be reconsidered and defined again by all stakeholders involved.

The rehabilitation management is based on a holistic understanding that is not restricted to any part of the rehabilitation process. Effective rehabilitation is guided by comprehensive rehabilitation progress under the aspect of integrated medical and occupational rehabilitation. If the priority target of the UV institution, reintegration in the previous job, cannot realistically be achieved, appropriate steps for other ways of reintegration in the working life should be taken.

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7. Job ability test

The job ability test is a successful tool for reintegration injured persons into the working life. Where suitable, the test should be included in the rehabilitation plan. If possible the ability test should be performed close to the injured person's community and under realistic workplace conditions. If suitable, the test can also be performed on in-patients or in a competence centre. The initiative for performing a job ability test can come from the rehabilitation manager or the physician involved in the rehabilitation plan. All activities in preparation for and during the measures of strengthening the muscular system should be included in the rehabilitation plan in time. The basis for this rehabilitation activity is formed by the already established job profile of the person undergoing rehabilitation.

The rehabilitation manager informs the employer, comprehensively and if possible in person, before the beginning of the test and, on the request of the disabled employee, also involves the works council. The implementation of the test requires close and trustful cooperation among all stakeholders. The timing and content of the test are planned together with the person under rehabilitation, the physician, the employer and the works council. The workplace environment and the conditions of the way-back to the workplace should be considered.

The duration of the test should be planned. At the end of the test, the continuous work capacity experienced during a full work shift should be reached. To gauge the progress of abilities, the daily working time, the performance profile and the progress controls should be established together with the physician. Those involved can be informed of the details of the test together with the rehabilitation plan or on other occasion. To ensure availability of the short term benefits, the reliable statutory health insurer should be informed of the intended activities in writing before the test begins. The involvement of the rehabilitating person and his/her willingness to return to gainful employment should be examined critically during the test process. If the rehabilitating person's behaviour jeopardises the agreed goal of the test, a meeting of the rehabilitation team to discuss the further approach should be called without delay and the employer and the works council should be involved if necessary.

If the proposed duration of the test is insufficient for ensuring the target of occupational reintegration, the possibility of extending the test should be discussed with a competent medical partner and a decision made. The rehabilitation plan should be amended accordingly. All stakeholders including the liable health insurer have to be informed of the extension of the test. If the test is stopped, a decision concerning the continuation of the period of incapacity to work should be made in consultation with a competent medical partner.

8. Remuneration

The responsible UV are assisted in the rehabilitation management by the physicians involved in the medical treatment. The involvement of the physician in the rehabilitation planning activities of the accident insurance institutions requires a scale of remuneration. Until a final charge factor in the contract between the DGUV and the Association of Physicians contracted with the statutory health insurers (www.kbv.de) it is recommended that the physicians (D-Ärzte) are paid a lump sum amount equal to 1.5 times the fee for the first pension report as compensation for their efforts. At present this amount is 100.70 Euro.

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9. Controlling

In the interest of optimising all activities and improving the cost effectiveness of rehabilitation, the overall development of all rehabilitation cases, events and cost factors are analysed and assessed by the DGUV in co-operation with each UV institutions. The tools required will be developed and agreed in the near future. Each UV institution is free to monitor cases internally to evaluate the status and development as well as define necessary adaptations of rehabilitation management described in this recommendations.

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10. Form

To ensure the external acceptance of rehabilitation management among all stakeholders, forms are used like the rehabilitation plan form and the job profile form.

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Position paper of the German Social Accident Insurance regarding services ensuring participation in working life

Closing date: 26/05/2010
(draft of the English version 17. November 2010)

The UV institutions actively provides all medical and non-medical services for rehabilitation, including services ensuring participation in the working life and life of the community as well as supplementary one-stop-shop services. It focuses on the insured individuals with the objective of supporting their self-determination within the meaning of the Social Code Nr. 9 (Rehabilitation) and is guided by the UN Convention on The Rights of Persons with Disabilities (CRPD).

After a work accident or an occupational disease, or also if an occupational disease is imminent, the UV institution protects the current employment relationships by all means at its disposal. For this, the UV institutions primarily provide and pay services of medical rehabilitation and, if this is insufficient for realising return to work, services ensuring participation in working life in the sense of inclusion (CRPD).

In a parallel process, assistance is provided on a as-needed basis to ensure that individuals can cope with the requirements of daily life and take part in the life of the community as well as live a life as independent as possible. Likewise, the UV institutions provides supplementary services for obtaining and securing the success of medical rehabilitation and for participation.

Together with the insured person the individual's employer and others involved in the rehabilitation process, activities are undertaken to ensure the patient's quick and sustainable return to his/her previous or another job. By all we know, the time element is of high impor-

tance because the opportunities for taking part in working life are the better the shorter the absence from the labour market is.

The individual is in the focus of attention

Services designed to ensure participation of the affected individual are geared, as far as possible, to personal conditions. Information and consultation services are tailored to the needs of the addressee. The procedure at the end of which a decision as to what services are provided is made is traceable and transparent.

Legitimate concerns and needs of the insured persons should be met unless they jeopardise the success of rehabilitation. Any activity can only be successful if the individual cooperates actively and is motivated. Interests, aptitudes and capabilities of the insured persons should be considered more under the motto of „supporting and asking strengthen motivation".

Every insured person can expect to receive at least socially equivalent qualification in the framework of his or her occupational reintegration. The skills and capabilities so far obtained in working life will be taken into account and encouraged as far as possible. The full range of all actions permitted by law is applied in the interest of the insured person. Great attention is attached to qualification also in respect of education as a factor of compensation and developing ability.

Meshing of medical rehabilitation with services designed to improve participation in working life

Accident insurance is the link that closely interrelates medical rehabilitation and services to ensure the participation of insured persons in working life. Wherever return to the previous job seems realistic, medical rehabilitation also takes into account the concrete demands at workplace level. When it is found that the nature and severity the health damage suffered due to the insured event of job make it unlikely that the previous job can be

resumed, the concrete aspects of how the insured person can participate will be planned and timed together with him/her. The rehabilitation plan should take the present and future occupational situation into account from the beginning of the rehabilitation process. Especially if therapy takes a long time, measures for maintaining or encouraging occupational capabilities should be planned early to avoid waiting times at interfaces.

Medical rehabilitation should be designed for an individual activity and participation.

If an occupational disease must be expected, education and training courses are provided for secondary individual prevention *to prevent giving up the work which causes work-related diseases*. Strategies of how the working capacity can be secured on a sustainable basis are developed together with the insured individual.

Basically, retaining the previous job takes precedence over any other service for ensuring participation in working life. In cooperation with the insured person, the employer is involved in the reintegration process early in order to manage the employability for the former work-place. If possible, the occupational physician and the stakeholders representing the workforce are also involved. The UV institution supports the employers in the disability management efforts. Employers and employees alike take advantage of the traditionally close networking among UV institutions with their members (employers).

The need for participation in the rehabilitation process is defined on the basis of the International Classification of Functioning, Disease and Health (ICF). The holistic bio-psycho-social approach to the health impairment with its consequences for the individual's situation in life enables the development of tailor-made solutions for overcoming the disorders of vocational and/or social participation. Any need for participation not related to the consequences of accident or occupational disease is included and coordinated with other service providers in the framework of the rehabilitation plan.

Integration

The target is the quick and sustainable reintegration into vocational life; financial disadvantages should be avoided. Periods of disability and times of unemployment should be as short as possible because the opportunities for reintegration are becoming distinctly worse after six months. Therefore, quick vocational integration is a priority issue unless it can be foreseen that this does not result in sustainable reintegration.

Ranking of participation services

Return to the previous job takes top priority. In coordination with the insured individual and the employer, everything will be done to make the return to work successful (e.g., conversion of the workplace, provision of personal assistance or assistive technology). The competence of prevention in the optimum design of workplaces is used in this process. School, university or vocational training once begun is continued and completed if possible.

Second priority is assigned to maintaining the employment by relocating the insured individual to another workplace within the same enterprise. In coordination with the employer and the insured person, the UV institution provides all required services to enable him/her to fill another job. This can include vocational adaptation and further education modules in relation to a concrete job or retraining close to the enterprises.

If the return to the previous job is not possible, the services ensuring participation in the working life should focus on the speedy and sustainable as well as cost-effective integration (e.g., in a job equipped for the disabled) in the general labour market. If necessary, partial or full qualification should be considered. The individuals status should be maintained as far as possible.

To define the reintegration opportunities on an individual basis, the UV institution uses accepted tools, e.g., profiling and assessment. The possibilities of a personal

budget or partial support for higher qualification help meet wishes of the insured individuals for self-determined solutions.

Qualification

Further qualification is provided workplace related – as far as possible – and related to a really existing job for a worker or trainee. Higher qualification is possible if otherwise no sustainable reintegration can be obtained. Further education as continuing education or retraining should in the first case be aligned to the conditions of the regional labour market. In case of occupational mobility, the labour market outside the region can also be considered.

If the disability requires particular assistance, continuing education is provided on an outpatient or inpatient basis by a vocational training centre or a similar institution with required specialised services. These institutions are also involved if this is appropriate for other reasons (e.g. the situation of the individual's family). Reference to the age of an individual and the related opportunities in the labour market alone is not a reason for denying qualification measures.

Job placement efforts

The vocational decline after a work accident or an occupational disease should also be avoided in efforts to place the insured individual in another job. The UV institution supports efforts at job placement by concrete actions. Referral to a really available job is possible.

The claim to job placement ends only if the individual does not accept any concrete adequate job offer. In judging the adequacy of an offered job, the place, time, nature and pay for the job are important. The individual circumstances of the insured person should also be taken into consideration. Young, single insured persons can be expected to move more readily than insured persons with a family, working spouse and/or children at school.

In its job placement efforts, the UV institution makes use of the following strategies in particular:

- ongoing advise and management by rehabilitation managers (www.disabiliy-manager.de),
- the contact with employers, in particular, with member companies,
- the job service for unemployed by “DGUV job”.

Sustainability

The long-term success of the services to ensure participation and inclusion in working life is ensured by follow-up care and support. There can be a need for further services at any time if the vocational participation is again jeopardised due to the consequences of the accident or occupational disease.

Quality assurance

Considering the higher demands made on proving the quality and efficiency also of the services for ensuring participation in working life, a strategy for continuous quality assurance needs to be developed. This strategy should comprise methods of continuous quality control and aspects of the quality of processes and results. The quality established is critical to the decision concerning the type of and the way in which the services will be provided.

In the process of strategy development, quality criteria must be defined and tools for gauging the quality of processes and results developed which can be applied as standards and at reasonable cost on the basis of available data, in particular. As flanking support for a quality assurance reform, the involvement of service providers should be placed on a contractual basis to ensure that the required quality level is maintained and improved continuously.