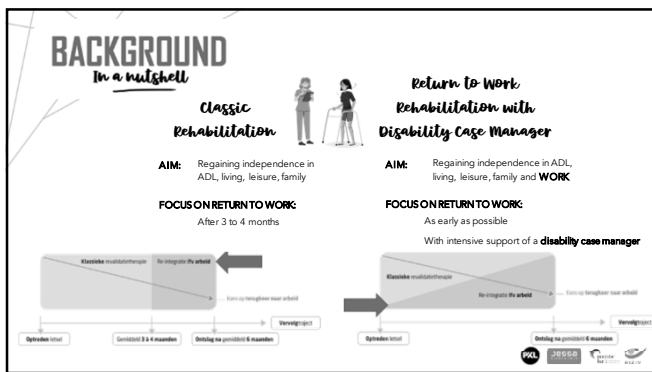
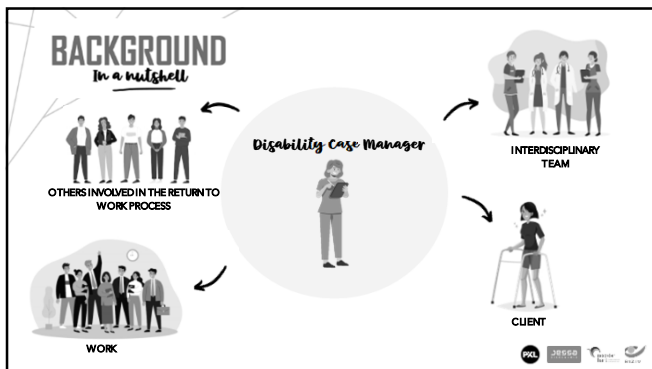


SUCCESVOL TERUGKEREN NAAR WERK DANKZIJ DE DISABILITY CASE MANAGER

ELVI LEMMENS
SHARONA VONCK

11 OKT 2022







AIM

Disability Case Manager

What's the benefit of a DCM on Quantitative study


- 1 Work status
- 2 Health status
- 3 General functioning

AIM

Disability Case Manager

What are the experiences from patients, healthcare professionals and employers? Qualitative study




METHODS






Design: multi-centre longitudinal controlled trial
Participants: patients with acquired brain injury (ABI)

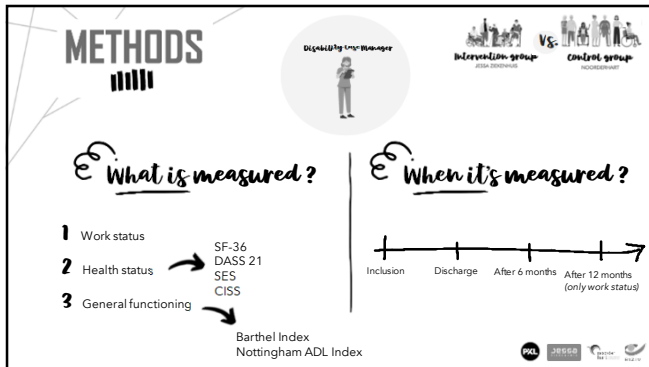
Intervention group
JESSA ZIEKENHUIS

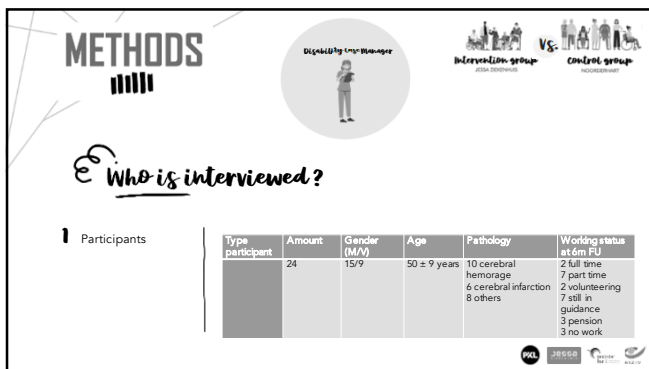
Control group
NOORDERHART

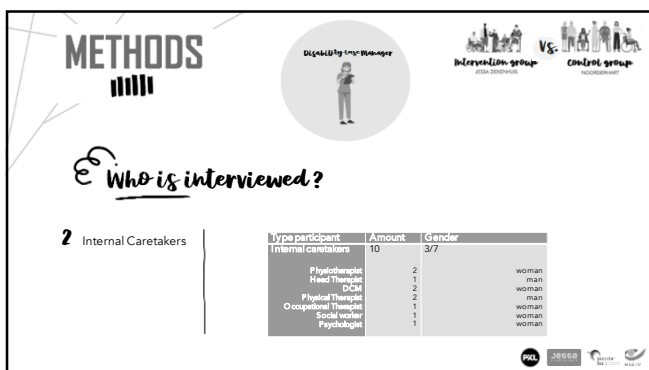
REHABILITATION
n=20

DCM
EARLY FOCUS ON RETURN TO WORK
REHABILITATION
n=60




















METHODS




Who is interviewed?

3 External stakeholders

Type participant	Amount	Gender
External stakeholders	8	3/5
Employer	3	man (2)/woman
Physician in insurance medicine	2	woman
Occupational physician	3	man/woman (2)

METHODS

How?

Sampling

Goal oriented
heterogeneous sample of different stakeholders

Inclusion





Participants: in the longitudinal study
Carotakers: involved in the "Weer-Werk" methodology
External stakeholders: involved in the return to work of the participants

Data collection




Semi-structured interview
Interview guideline: based on a literature study and experience of experts

Data analysis

Thematic analysis based on descriptive phenomenology
Literal transcription
Analyse with N-VIVO 11
Conclusive data-analysis was crossed by an expert group to validate the results

RESULTS





Intervention group n=60 vs. Control group n=20

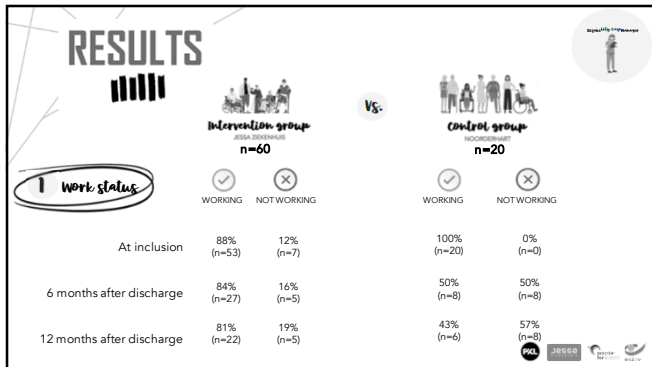
1 Work status

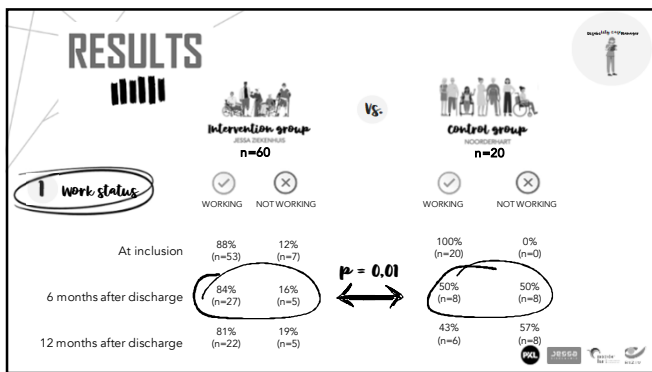
At inclusion

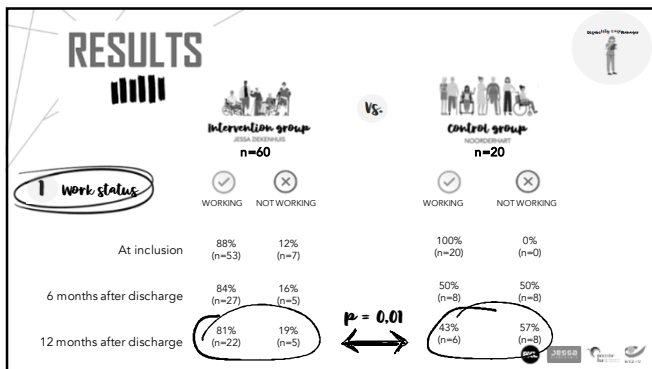
6 months after discharge

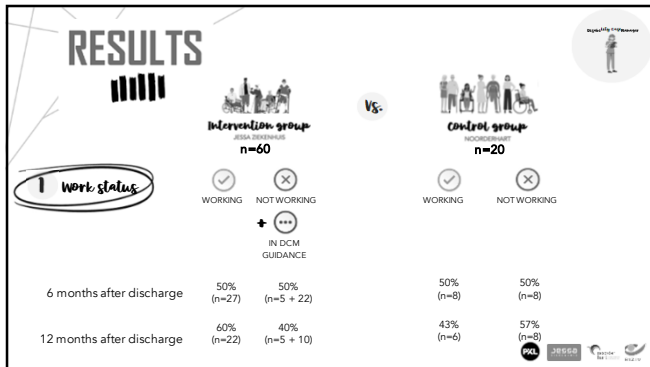
12 months after discharge

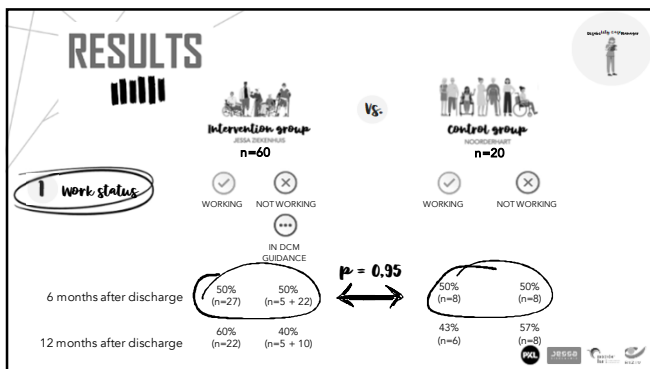





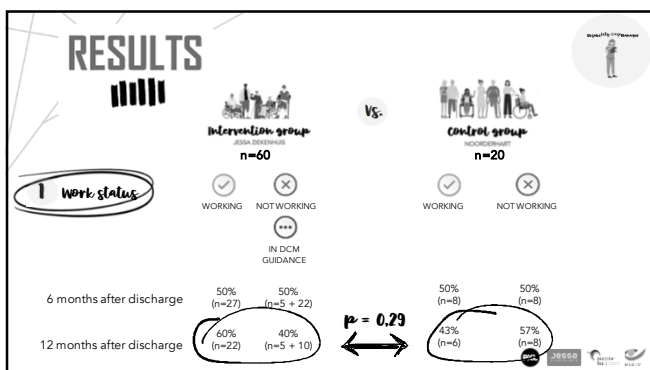


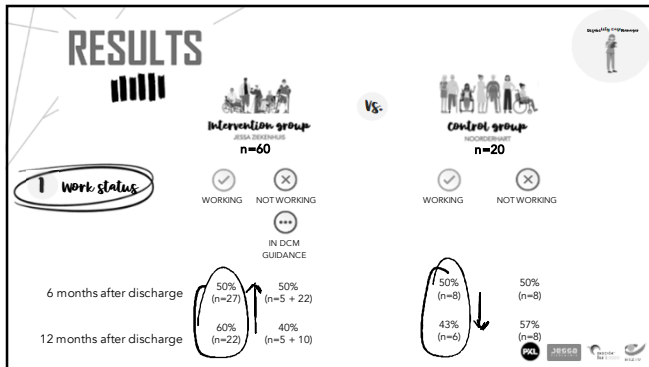


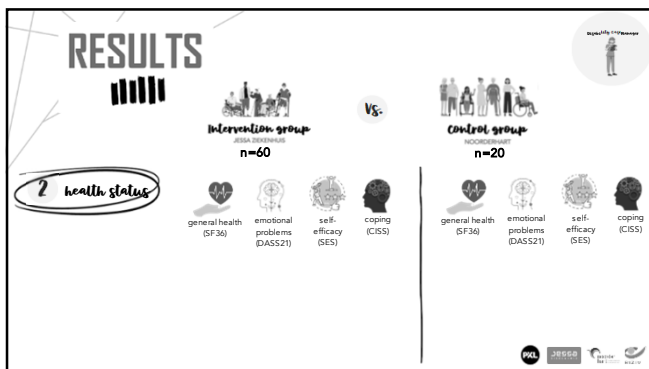


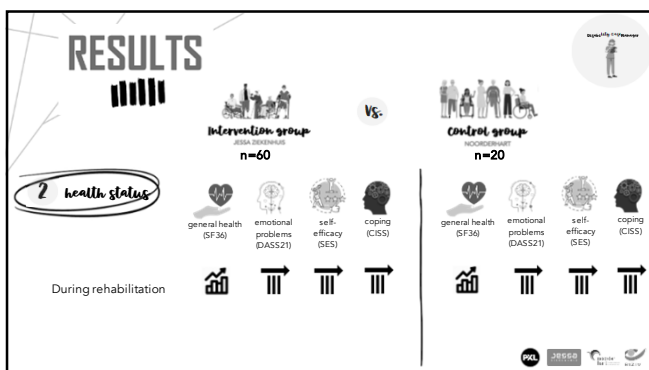


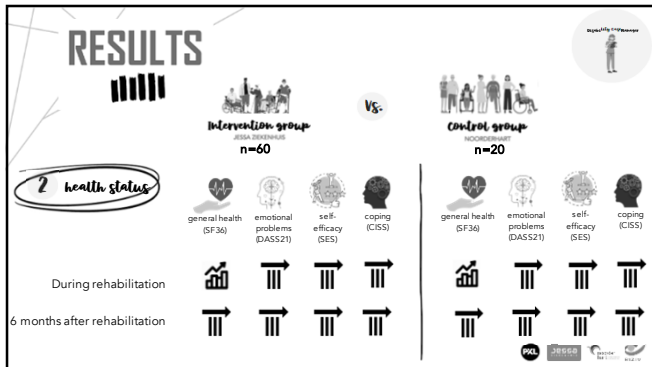


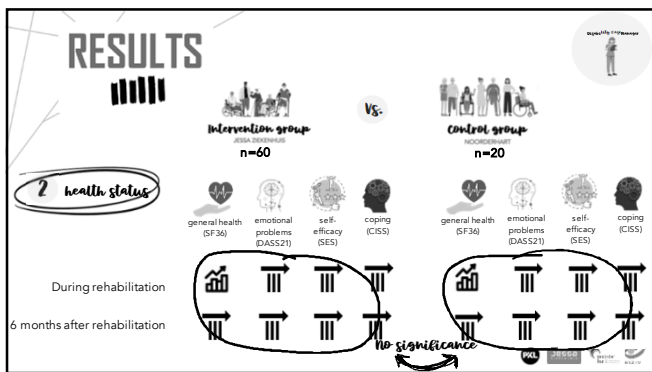


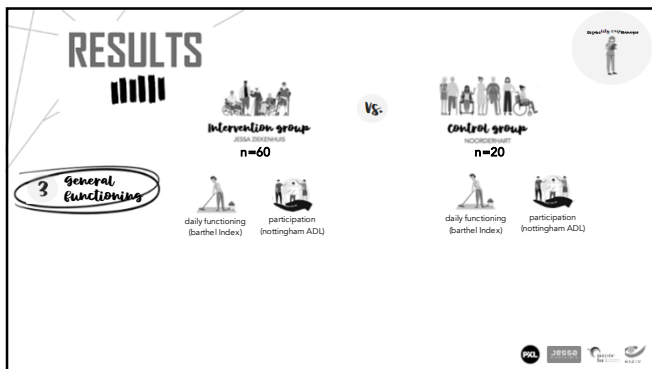


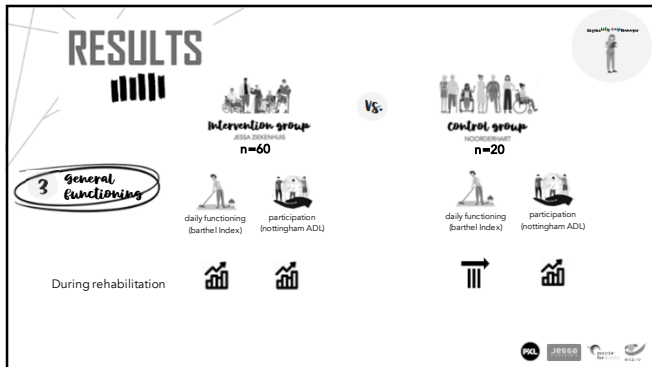


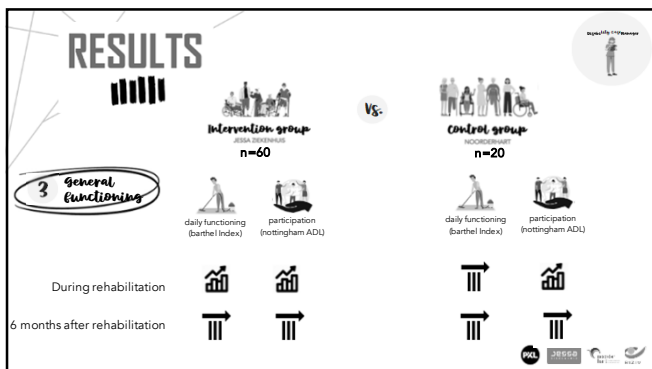


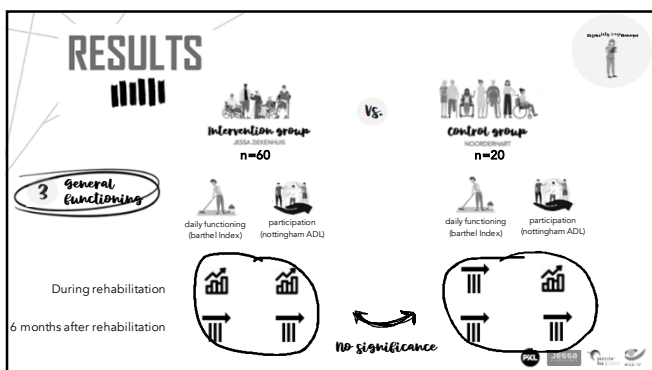












RESULTS

and what about prediction?

Logistic regression

- SUPPORT EMPLOYER**
6 months, $p > 0,001$
12 months, $p > 0,006$
- EMPLOYER CAN OFFER ADAPTED WORK**
6 months, $p > 0,006$
12 months, $p > 0,03$

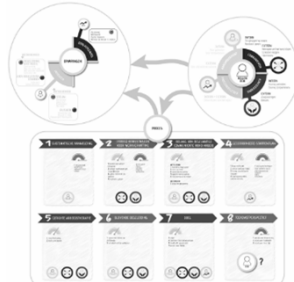




RESULTS

and what about the experiences?

3 aspects

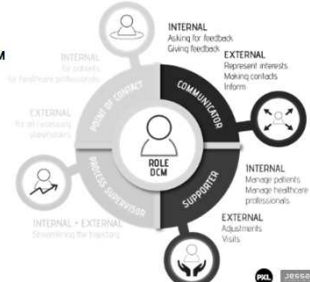

- The different roles of the DCM
- The different elements in the proces to work rehabilitation
- The experiences about DCM and 'Weer-Werk'

RESULTS

and what about the experiences?


1 The different roles of the DCM

RESULTS

And what about the experiences?

1 The different roles of the DCM



Internal: Approachable and central advisory channel for all the questions about return to work.


External: Approachable and central advisory channel for all the questions about return to work.

External: Approachable and central advisory channel for all the questions about return to work.

RESULTS

And what about the experiences?

1 The different roles of the DCM



Internal: Approachable and central advisory channel for all the questions about return to work.


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RESULTS

And what about the experiences?

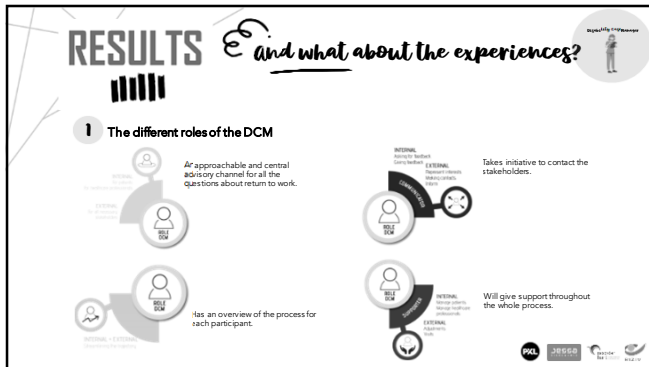
1 The different roles of the DCM

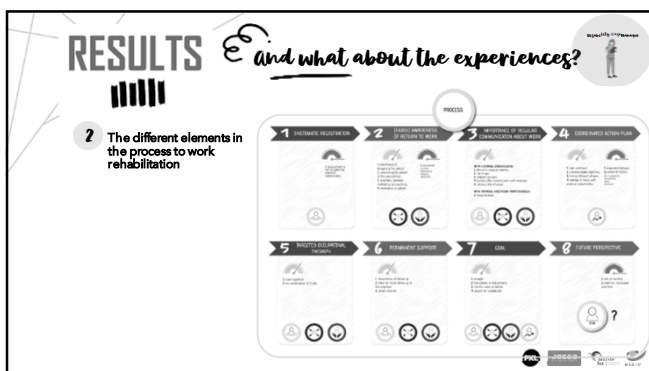


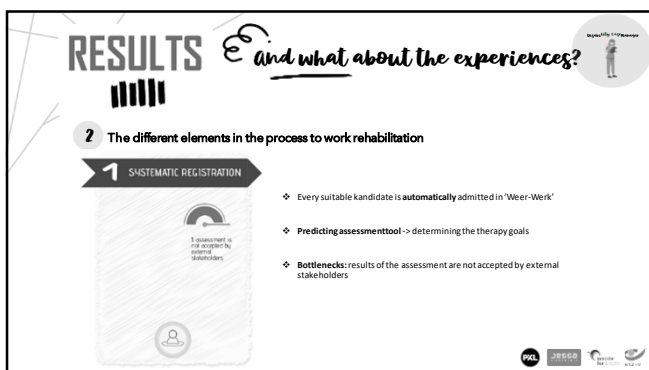
Internal: Approachable and central advisory channel for all the questions about return to work.

External: Approachable and central advisory channel for all the questions about return to work.

External: Approachable and central advisory channel for all the questions about return to work.







RESULTS


And what about the experiences?

2 The different elements in the process to work rehabilitation

2 [EARLY] AWARENESS OF RETURN TO WORK

- 1 importance of tempering the patient
- 2 controlling the policy of the professionals
- 3 creating balance: motivating and pushing
- 4 motivation of patient
- 5 mindshift: external factors, internal factors

- ❖ "Weer-Werk" pays attention to an **early focus on Work**.
- ❖ **Difficulties:** Small difference between motivating, pushing and tempering.
- ❖ **Bottlenecks:** Mindshift is necessary on many levels.



RESULTS


And what about the experiences?

2 The different elements in the process to work rehabilitation

3 IMPORTANCE OF REGULAR COMMUNICATION ABOUT WORK

- WITH EXTERNAL STAKEHOLDERS:
 - 1 difficult to organize meeting
 - 2 risk of gaps
 - 3 different opinions
 - 4 reducing the communication with language
 - 5 not having the interest
- WITH INTERNAL HEALTHCARE PROFESSIONALS:
 - 1 timely feedback

- ❖ Good communication is essential for a positive work reintegration:
 - ❖ Internal: monthly team meetings concerning labour.
 - ❖ External: frequent communication and reporting.
- ❖ **Difficulties:**
 - ❖ Keeping communication continues and sufficient to the expectation of all the stakeholders.
 - ❖ To organise the meetings is not always practical, or causes opposite opinions.



RESULTS


And what about the experiences?

2 The different elements in the process to work rehabilitation

4 COORDINATED ACTION PLAN

- 1 high workload
- 2 unarticulate trajectory
- 3 among different phases
- 4 meeting of tools with external stakeholders
- 5 structured/steered by internal factors: no resources, available with resources

- ❖ An action plan causes coordination.
- ❖ **Difficulties:**
 - ❖ The goals
 - ❖ Overlap with other stakeholders
- ❖ **Bottlenecks:** Delay due to other stakeholders.



RESULTS

And what about the experiences?

2 The different elements in the process to work rehabilitation

5 TARGETED OCCUPATIONAL THERAPY

1. more repetition
2. No combination of 2 jobs

- Staging of the workenvironment to practice during rehabilitation.
- Difficulties:
 - Wish to practice further.
 - More targeted focus of the DCM.

RESULTS

And what about the experiences?

2 The different elements in the process to work rehabilitation

6 PERMANENT SUPPORT

1. boundaries of follow up
2. need for more follow up of the employer
3. drivers license

- Follow up after rehabilitation is important: Who?
- Difficulties: Boundary of follow up.

RESULTS

And what about the experiences?

2 The different elements in the process to work rehabilitation

7 GOAL

1. change
2. boundaries in adjustments
3. not the same as before
4. search for suitable job

- Successful reintegration leads to satisfaction.
- Difficulties: Adaptation to a new situation

RESULTS *And what about the experiences?*

2 The different elements in the process to work rehabilitation

8 FUTURE PERSPECTIVE

- Expand the methodology.
- Bottlenecks:** Need for funding.

1 loss of funding
2 need for manager and time

DCM ?

RESULTS *And what about the experiences?*

3 The experiences about DCM and 'Weer-Werk'

EXPERIENCES

- RECOVERY**
 - 1. RECOVERY
 - 2. SUPPORT AND RECOVERY
 - 3. EXPERIENCED IN SUPPORT
- RECOVERY**
 - 1. RECOVERY
 - 2. SUPPORT
 - 3. PRESSURE
- RECOVERY**
 - 1. RECOVERY
 - 2. SUPPORT
 - 3. PRESSURE

1. RECOVERY
2. SUPPORT AND RECOVERY
3. EXPERIENCED IN SUPPORT

1. RECOVERY
2. SUPPORT
3. PRESSURE

DISCUSSION *And what have we learned?*





1 Work status → positive effect at 6 months AND 12 months after discharge
high satisfaction for the support of the DCM

2 Health status/general functioning → no significant effect: both rehabilitation programs are good

3 Employer → plays a very significant role in the return to work process

DISCUSSION *And what do we recommend?*

- 1 Implement DCM in other rehabilitation centers
- 2 DCM as a **member** of the center and with **therapeutic** background
- 3 **External** DCM for further follow up after dismissal
- 4 Support of the employer and motivation of the participant is decisive

THANK YOU FOR YOUR ATTENTION

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