## Disability Management and Occupational Health Enhancement Program in Hong Kong Hospital Settings

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Abstract: Hospital Authority (HA) is the statutory body to manage all public hospitals in Hong Kong. Occupational Care Medicine Service (OMCS) is an in-house multi-disciplinary team responsible for injury management in HA. Hospital administrative services (AS) provides essential support in hospital daily operation to facilitate the provision of quality healthcare services. An occupational health enhancement program in Tai Po Hospital (TPH) domestic service supporting unit (DSSU) was piloted in 2013 with satisfactory outcome, the keys to success were staff engagement and management support. Riding on the success, the program was rolled out to another 5 AS departments of Alice Ho Miu Ling Nethersole Hospital (AHNH) and TPH in 2015. This paper highlights the indispensable components of disability management and occupational health enhancement program in hospital settings. Objectives: 1) Facilitate workplace to support staff with health affecting work problem, 2) Enhance staff's occupational health. Methodology: Hospital Occupational Safety and Health (OSH) team and AS departments (catering, linen services, and DSSU) of AHNH and TPH worked closely with OMCS. Focus group meetings and worksite visits were conducted with frontline staff engagement. OSH hazards were identified with corresponding OSH improvement measures introduced, e.g., invention of high dusting device to minimize working at height; tailor-made linen cart to minimize back bending at work, etc. Specific MHO trainings were offered to each AS department. A disability management workshop was provided to supervisors in order to enhance their knowledge and skills in return-to-work (RTW) facilitation. Based on injured staff's health condition, OMCS would provide work recommendation, and RTW plan was formulated with engagement of staff and their supervisors. Genuine communication among stakeholders with expectation management paved the way for realistic goals setting and success in our program. Outcome: After implementation of the program, a significant drop of 26% in musculoskeletal disorders related sickness absence day was noted in 2016 as compared to the average of 2013-2015. The improvement was postulated by innovative OSH improvement measures, teamwork, staff engagement and management support. Staff and supervisors' feedback were very encouraging that 90% respondents rated very satisfactory in program evaluation. This program exemplified good work sharing among departments to support staff in need.

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