

# ISCRR news

October 2020

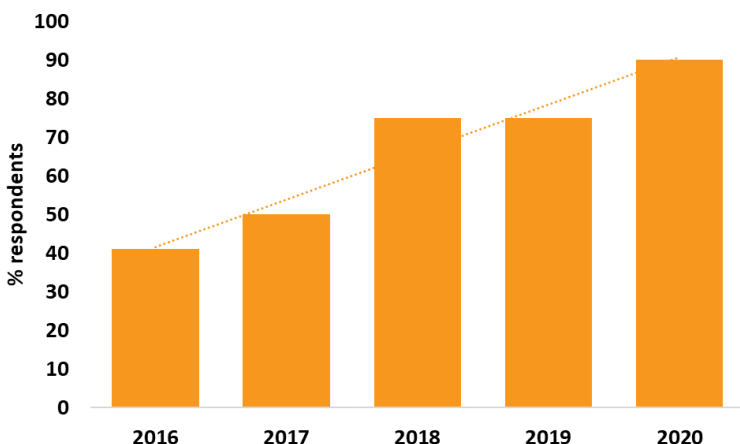
The ISCRR team want to keep you up to date with some of the great research and translation activities happening with our partners. These newsletters will be circulated every two months.

## Annual Partner Satisfaction Survey

Since 2016, ISCRR has invited key contacts from WorkSafe to complete an Annual Partner Satisfaction Survey which provides valuable data on their satisfaction with ISCRR research and working in partnership with the Institute. This year's survey was completed by 21 respondents from WorkSafe, a large increase from 11 respondents for the 2018/19 survey. The survey was voluntary and anonymous, with the recipient list compiled through recommendations from ISCRR and the key research contacts at WorkSafe.

We're delighted to announce that over the past five years overall satisfaction with using ISCRR research has increased steadily to 90% in 2020.

This survey provides useful insights into the areas where ISCRR has improved over the previous financial year and highlighted some focus areas for the future, including raising greater awareness of ISCRR research, enhancing our portfolio management and implementing strategies to ensure that ISCRR's research outputs can be better used in practice.



Percentage of respondents who reported they were satisfied or extremely satisfied with the experience of using ISCRR research

## Research stories

### Handling patients is risky business

Acquiring an injury whilst moving someone who has injured themselves sounds like a storyline in a French farce. Unfortunately, this is all too often the case for care workers who need to regularly move patients. Interventions to address this issue are often focussed on the individual worker, rather than examining the possible problems throughout the whole system.

Hazardous manual handling is the biggest cause of injuries in Victorian workplaces

WorkSafe Victoria commissioned ISCRR to work with external researchers to develop a 'systems thinking' accident analysis approach, known as the Patient Handling Injuries Review of Systems (PHIRES) project. Under the leadership of Associate Professor Sharon Newnam (Monash University), PHIRES was developed through a co-design process with the Monash University Accident Research Centre (MUARC), University of the Sunshine Coast and ten Health Services in Victoria. The goal of PHIRES was to provide health services in Victoria with a standardised process for reviewing and revising risk controls following the report of an injury to staff in a hospital setting.

### The PHIRES Process

- Step 1:** Case study
- Step 2:** Identify relevant stakeholders
- Step 3:** Review of risk controls through consultation
- Step 4:** Visual representation of review using Accimap
- Step 5:** Revision of risk controls (internal)
- Step 6:** Revision of risk controls (external)

Manual Handling Coordinators were asked to complete a minimum of five PHIRES reviews per health service during the six-month implementation of the Toolkit. The average time to complete reviews using PHIRES was 2.5 hours. Consistent with the pilot stage of the PHIRES project, the Manual Handling Coordinators stated that the creation of Accimaps (Step 4) increased their workload substantially. This finding confirmed the need for software support to assist in the PHIRES reviews.

The feedback from the final stage of the PHIRES project has been extremely positive and insights from the data have already been used to inform activities within WorkSafe, such as inspector training and guidance material. As a result, WorkSafe have recently announced funding to support an extension of this project. This new project will develop the software needed to support the sustainable implementation of the PHIRES Toolkit across the healthcare and social assistance sector.

## Rise in Medicinal Cannabis requests

It's estimated as many as **100,000** Australians self-medicate with cannabis they've acquired illegally

Since the Victorian Government legalised medicinal cannabis for patients in exceptional circumstances in 2016, WorkSafe agents have received an increasing number of requests to fund medicinal cannabis for the treatment of pain, mental illness and nausea. These requests have been managed in line with the Non-Established, New or Emerging Treatments and Services (NeNETS) policy which requires Level I or II National Health and Medical Research Council (NHMRC) evidence to support the use of a treatment that has not yet been assessed by the relevant federal regulatory body.

WorkSafe commissioned ISCRR to conduct a Snapshot Evidence Review to identify any new Level I/II evidence that medicinal cannabis is safe and effective, in particular for the treatment of chronic non-cancer pain, mental health problems, and nausea.

### Medicinal cannabis

- May be effective for reducing general chronic and nociceptive pain
- May be effective for reducing symptoms of social anxiety disorder (low certainty evidence)
- May be effective for reducing chemotherapy-induced nausea and vomiting
- Unlikely to have any therapeutic benefit for depression and bipolar disorder and could worsen symptoms in both indications

ISCRR identified 17 systematic reviews published between November 2016 to March 2020. Unfortunately, much of the evidence was of low quality and there was a lack of long-term impact studies. There

was also great variability in formulations, dosage and routes of administration, making it challenging to draw firm and consistent conclusions about efficacy.

Although positive anecdotal evidence may be emerging for medicinal cannabis, more long-term studies are needed to make firm decisions with respect to WorkSafe claims. From the available evidence ISCRR concluded that the safety and efficacy of medicinal cannabis is limited, particularly as a first-line treatment for chronic pain, mental ill health, and nausea and vomiting.

### Overworked and overwhelmed: Combating healthcare worker fatigue

*"My colleagues are working overtime, covered head to toe (in protective equipment), which leaves us dehydrated, hot and covered in pressure sores from where it rubs into our face."*

- Abbey Fistrovic (Clinical Nurse Specialist at The Royal Melbourne Hospital Emergency Department)<sup>1</sup>

Fatigue has long been an issue for workers in the Health Care and Social Assistance (HCSA) industry, and the COVID-19 pandemic has added extra pressure to many settings. WorkSafe commissioned ISCRR to undertake a Rapid Evidence Review of the prevalence and impact of fatigue, the current guidelines, potential interventions and prevention strategies to address fatigue in the HCSA industry.

Physical fatigue is an outcome resulting from work-related factors such as long shifts, or personal factors like a lack of sleep. Mental and emotional fatigue are symptoms that have been characterised in several syndromes, including burnout, compassion fatigue, secondary traumatic stress, vicarious trauma and post-traumatic stress disorder.

Across all sectors of healthcare, physical, mental and emotional fatigue were associated with musculoskeletal injury, sickness absenteeism/presenteeism, poor physical/mental health, job dissatisfaction, increased drug/alcohol use, staff turnover and intention to leave or change profession.

Most concerning is how physical fatigue affects the performance and accuracy of

healthcare workers, with sometimes catastrophic consequences. For nurses and emergency medical workers this included medication errors, while visual fatigue in radiologists led to false positives/false negatives and incorrect or delayed treatment for patients.

About 1/3 of Australian nurses/midwives work >40 hours/week, with up to 8% working >50 hours/week

More than half of doctors work long hours, with up to 10% working an average of 78 hours/week

ISCRR's review found that the best strategy to combat fatigue and burnout in HCSA workers is to implement a multimodal upstream approach, with a strong emphasis on organisational preventive strategies. This includes appropriate modification of work schedules, provision of sufficient opportunities for rest between shifts, scheduled breaks during long work hours and adequate rest areas and facilities in the workplace.

This work will allow WorkSafe to be one of the first workplace regulators to adopt a more comprehensive approach to their guidance on fatigue risk management that incorporates physical, mental and emotional fatigue as separate and inter-related hazards.

For more information on ISCRR research please visit the

**ISCRR Research Clearinghouse.**

Enquiries and topic requests for future newsletters can be forwarded to:

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 **ISCRR** Institute for Safety, Compensation and Recovery Research  
A joint initiative of WorkSafe Victoria and Monash University

1. <https://twitter.com/QandA/status/1288761250936000513>