



ISCRR

Institute for Safety, Compensation and Recovery Research

2011-2012
ANNUAL REPORT

RESEARCH WITH IMPACT



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Introduction

The Institute for Safety, Compensation and Recovery Research (ISCRR) is a joint initiative between WorkSafe Victoria (WorkSafe), the Transport Accident Commission (TAC) and Monash University. It was established in 2009 to facilitate research and best practice in injury prevention, rehabilitation and compensation practice. Funding and support is provided by the three partner organisations.

ISCRR has developed a collaborative research model. This relies on extensive and ongoing consultation and engagement with all stakeholders involved at every stage of a research endeavour: from setting the research agenda, through facilitating and conducting excellent research to translating the research findings into best practice in WorkSafe and TAC operations.

Our Mission

To create a centre of excellence conducting research aligned with compensation scheme issues and objectives, and to facilitate the translation of research evidence into policy and practice that will lead to fewer and less severe occupational injuries, diseases and improved health, vocational and social outcomes.

Our Goals

Have high impact on compensation scheme performance

Set, deliver and translate a research agenda that will positively impact on WorkSafe and TAC scheme operations and performance, in both the short and long term.

Create a model of excellence for industry-led research

Create a best practice model for multidisciplinary, industry-driven research based on strong stakeholder engagement and supported by a broad funding base.

Be acknowledged leaders in compensation scheme research

Maximise the value of research undertaken by driving local and overseas partnerships and leading the national research effort in our areas of focus.



“The 2011/12 Annual Report represents a year of significant achievement for ISCRR as it moved from a development phase into a period of consolidation and stabilisation”.

Chris Latham
Interim Chairman

The 2011/12 Annual Report represents a year of significant achievement for ISCRR as it moved from a development phase into a period of consolidation and stabilisation.

Our Research Strategy to 2015 was officially launched by the Minister for the TAC and WorkSafe, the Hon. Gordon Rich-Phillips in August 2011. The strategy was developed in consultation with our three partner organisations and provides a clear, long-term vision of key directions and how we will measure our success. The strategy and the forecasting methods used to develop it have been used as a model by a number of universities.

This year has seen a focus on building ISCRR's substantial research programs, with the number of active projects almost doubling from the previous year. There has also been significant emphasis on translating research and measuring its impact on our compensation scheme partners.

Demonstrating the benefits of ISCRR's research, including measuring impact and return on investment, is critical to our success. Last year, a Board sub-committee was established to work out how this could be done.

The committee developed an Impact Assessment Framework and methodology by which the framework will be applied to a series of case studies using a combination of qualitative data, cost-benefit analysis and actuarial forecasts. Our first set of results will be available by late 2012.

The early signs of research impact on our partners' operations are encouraging. Some examples include the following:

- The findings of a project looking at the current best practice in the diagnosis and compensation of noise-induced hearing loss directly influenced policy.
- Our evidence service has provided results that have informed decisions about clinical treatment.
- An evaluation of the WorkHealth program — a major Victorian initiative to improve the health, wellbeing and productivity of the Victorian workforce — is providing WorkSafe and WorkHealth with insights into the impact of workplace health promotion on absenteeism, presenteeism and claims rates.

There are other examples of research impact detailed throughout this report.

In late 2011, the TAC Board of Directors agreed that ISCRR would have responsibility for the management of TAC's funding for new neurotrauma research contracts and committed an additional \$20 million over three years to neurotrauma research. This was an exciting milestone for ISCRR and a vote of confidence in ISCRR's collaborative research model.

Our research model was also endorsed by an independent review conducted by experts, Dr Ben Amick of the Institute for Work & Health, Canada, and Professor Ian Cameron, University of Sydney, in October 2011. They found that ISCRR 'had built considerable trust with the partners'.

The organisation has come a long way in its three years of operation. It is building an international reputation with world leading organisations, such as the Institute for Work & Health in Canada, the Vrije University in Amsterdam and the Liberty Mutual Research Institute in the US, who are collaborating with us.

I congratulate ISCRR's CEO, Professor Niki Ellis, and her team for their innovation and steadfast efforts that have resulted in the organisation achieving the vision of its founders to undertake research that has impact.

I extend my appreciation to all Board members for their contributions throughout the year. Thank you to outgoing Chairman James MacKenzie and Board members Doug Kearsley and Greg Tweedly for their years of service. I also welcome new Board members Andrew Way, CEO, Alfred Health; Geoff Brookes, Managing Director, GBS Ventures; and Julie Caldecott, Board Member, TAC. I am certain your knowledge and experience in health research, business and compensation will prove invaluable.

I look forward to ISCRR continuing to produce high-quality and thorough academic research that translates into actions and positive impacts in real life settings, and contributes to the international knowledge pool in the new field of compensation health research.

Chris Latham
Interim Chairman

Chief Executive Officer's report



“The active support from the leaders of WorkSafe, the TAC and Monash University has been essential in achieving new ways of working to deliver relevant research that has impact”.

Professor Niki Ellis
CEO

ISCRR's innovative business model achieved a maturity in our third year of operation. Our five-year research strategy was developed through extensive consultation with our partners and their stakeholders and a structured foresight initiative. This year, we were happy to meet requests from several universities for advice on the methods we used to create the strategy. Central to ISCRR's collaborative business model, research questions are developed through ongoing dialogue between policy makers and researchers. Consequently, our research is neither contract led nor investigator led, but rather a hybrid. This has the advantage of avoiding the risk of research questions in response to immediate policy needs that are too short-term and research questions generated by academics that do not lead to improvements in policy and practice.

In late 2011, our research processes were reviewed by experts Dr Ben Amick of the Institute for Work & Health, Canada, and Professor Ian Cameron from the University of Sydney. The review considered that ISCRR had established sound processes and was making good progress but made some useful recommendations for improvement, including that we needed to find a way to enhance the engagement with our industry partners beyond senior management teams.

On this basis, ISCRR has implemented a programmatic approach to research governance based around six research programs: Occupational Health and Safety; Return to Work and Recovery; Health and Disability Services Delivery; Compensation Systems; Research Translation; and Neurotrauma.

Theme-specific Program Advisory Groups (PAGs) are being established to provide opportunities for key researchers to have direct contact with senior policy makers in WorkSafe and the TAC for the purposes of developing research questions and translating research findings. The Occupational Health and Safety PAG was established as a prototype and has been operational since December 2011. The model has proved successful, and the membership of PAGs for our other research programs has been identified, with the first meetings planned for early in the 2012/13 financial year.

Twenty-nine projects were in the activity stage as at 30 June 2012. Twenty-eight projects had delivered significant outputs, including 38 research reports. Having made significant progress on establishing innovative methods of commissioning research, and with outputs coming down the line, our attention turned to translation. This year, we enhanced our project management system to ensure that we track adoption and assessment of impact of all our research. Thirty of our research projects have demonstrated evidence of adoption within one of our two industry partner organisations. Our research is described in detail in this report.

We had a vote of confidence in our innovative collaborative research model, when the TAC Board officially charged us with the responsibility for managing their neurotrauma research program. ISCRR, in collaboration with key neurotrauma stakeholders, subsequently developed the Neurotrauma Research Strategy 2011–2015 utilising consultations undertaken by the National Trauma Research Institute. The strategy aims to guide neurotrauma research within Victoria to realise improvements in the independence of, and other outcomes for, TAC clients with traumatic brain injury or spinal cord injury. Its focus is on new models of life-time care and support, disability management and rehabilitation.

Our Neurotrauma, Return to Work and Recovery, and Health and Disability Services Delivery research programs are relevant to the development of innovative services for the disability sector more broadly.

This realisation caused ISCRR to enhance its efforts to contribute to improving the national coordination of research in this field. We invited the other leading centres of excellence in research in our field to form the Compensation Health Research Network. The foundation members are the Rehabilitation Studies Unit at the University of Sydney, the Centre of National Research on Disability and Rehabilitation Medicine at the University of Queensland and the Centre for Health Policy, Programs and Economics at the University of Melbourne, as well as ISCRR.

Our academic network is a virtual institute comprising 72 researchers drawn from Monash University, other Victorian and Australian universities and universities in Canada, Boston and Amsterdam. Their anecdotal feedback indicates they are starting to understand the value-add ISCRR offers, arising from our close relationships with our industry partners and the resources we have available for translation and communication of research. This year, our academic network published 24 journal articles.

ISCRR and the New Zealand-based Accident Compensation Corporation jointly held the inaugural Australasian Compensation Health Research Forum in October 2011. This was a resounding success, with great speakers, very topical presentations and a keen audience made up of policy makers and researchers. A consensus statement on how best to facilitate research that is relevant and actionable in compensation health policy environments emerged from discussions held at, and subsequent to, the forum.

The heart of ISCRR is the partnership between WorkSafe, the TAC and Monash University. As well as providing funds, the active support from the leaders of these organisations has been essential in achieving new ways of working to deliver relevant research that has impact.

Professor Niki Ellis
CEO

The year in brief

In 2011/12, ISCRR moved from a period of rapid organisational growth into a period of consolidation and stabilisation. This period is characterised by an increased focus on translation of research outputs to maximise positive impacts for our industry partners.

2011

August

The Minister for the TAC, Hon. Gordon Rich-Phillips, launches ISCRR's five-year research strategy.

September

ISCRR has a total of 23 projects underway or completed with a further four projects in development.

October

ISCRR coordinates the inaugural Australasian Compensation Health Research Forum. An Independent Expert Review finds that ISCRR has built considerable trust with its partners and that research translation is a key differentiating feature.

November

The TAC charges ISCRR with the management of its neurotrauma research program. Six workshops with key neurotrauma stakeholders are undertaken by the National Trauma Research Institute.

December

ISCRR has a total of 50 projects underway or completed and 38 in development.

2012

January

Eight new research projects are funded through the \$400,000 ISCRR 2012 Development Grant program.

February

ISCRR facilitates the formation of the Compensation Health Research Network with academic partners in Queensland, New South Wales and Victoria.

March

ISCRR announces new programmatic research approach and establishes six research programs. An Impact Assessment Framework to measure the impact of projects is developed by the Return on Investment Group.

April

The TAC Board approves the ISCRR/TAC neurotrauma research strategy to 2015.

May

ISCRR finalises a consensus statement with industry stakeholders that identifies key factors influencing the use of academic research evidence in personal injury compensation.

The Hon. Gordon Rich-Phillips, announces \$20 million in new funding for neurotrauma research to be managed by ISCRR.

June

ISCRR has a total of 99 research projects in its programs.

Performance against indicators July 2011 – June 2012

Goal	KPI	Outcome(s)
High impact on scheme performance	TAC/WorkSafe satisfaction	An independent review conducted by experts, Dr Ben Amick of IWH, Canada, and Professor Ian Cameron, University of Sydney, in October 2011 found that 'ISCRR has built considerable trust with the partners'. ISCRR invited to manage TAC's Neurotrauma Research Strategy.
	Delivery of projects in accordance with project plans and on time	In 2011/12, 100% of projects were delivered to plan and on time. Some reports circulated late due to partner review iterations.
	Projects deliver value or have impact	91% of current or completed projects had objectives which are explicitly linked or aligned with WorkSafe/TAC KPIs. Developed an Impact Assessment Framework that is being used to assess in detail the return on investment for nine projects and guide routine tracking of adoption and impact for all others. 30 projects are showing evidence of adoption, that is, the results of the project are being used in policy development and organisational decision making.
Excellence in industry-led research	Monash University satisfaction	An independent review conducted by experts, Dr Ben Amick of IWH, Canada, and Professor Ian Cameron, University of Sydney, found that "ISCRR has built considerable trust with the partners".
	Active engagement with industry stakeholders	Good engagement achieved with maximum attendance at the first Australian Compensation Health Research Forum, which is a significant milestone toward national collaboration in compensation health research. Approximately 250 attendees at ISCRR stakeholder seminars and members of the Think Tank, an online database of engaged stakeholders, grew by over 300% to include more than 2000 members. Four projects had sought stakeholder engagement in the research design: <ul style="list-style-type: none"> • wet work exposure • RTW Systematic Literature Review • social, community, individual impacts of compensable injury • ageing workforce Regular face-to-face briefings with key union representatives, employer organisations and the Australian Medical Association.

Goal	KPI	Outcome(s)
	One competitive grant submitted	<p>In June 2012, ISCRR was awarded one ARC grant valued at \$310,173. ISCRR sought expressions of interest from researchers who wanted WorkSafe or the TAC as industry funding partners for submissions to the ARC Linkage Grants program. Thirteen expressions of interest were received, and eight projects were chosen for development.</p> <p>Two were submitted to the ARC, and one was successful.</p> <p>Five others have been given Stage 1 funding for 12 months pending their submission to future ARC grant rounds.</p>
Leaders in compensation scheme research	Five academic collaborations nationally and internationally	<p>Undertook collaborative research with:</p> <ul style="list-style-type: none"> • Nine faculties/centres at Monash University. • Seven other Australian universities <ul style="list-style-type: none"> - Centre for Ergonomics and Human Factors, LaTrobe University - University of Melbourne School of Public Health and Preventative Medicine, University of Melbourne - University of Queensland - University of Sydney - Central Queensland University - George Institute, New South Wales • Five international research organisations <ul style="list-style-type: none"> - Institute for Work & Health, Toronto, Canada - Vrije University, Amsterdam - Liberty Mutual Research Institute For Safety, USA - University of British Columbia - Cardiff University, Wales
	Three collaborations with compensation organisations in other jurisdictions	<p>Four collaborations with compensation authorities in the following jurisdictions:</p> <ul style="list-style-type: none"> • Motor Accidents Authority, New South Wales • Motor Accident Insurance Commission, Queensland • Q Comp, Queensland • Comcare, Federal Government
Recognised leadership role in compensation research	Five speaking invitations	In 2011/2012, ISCRR staff received 14 speaking invitations.

Research

In 2011/12, ISCRR moved from a period of rapid organisational growth into a period of consolidation and stabilisation. This period is characterised by an increased focus on translation of research outputs to maximise positive impacts for our industry partners. ISCRR changed its research governance approach to facilitate translation. ISCRR's research program was also expanded to encompass brain and spinal cord injury research through a new agreement with the TAC to manage their \$24 million Neurotrauma Program to 2015.

ISCRR has grown rapidly since being established in 2009. The organisation developed a project management framework that aimed to keep track of the growing number of projects conducted. In late 2011, our research processes were reviewed. Two important outputs of the review were recommendations to enhance our engagement beyond senior management teams in our industry partners, and to reconsider the project governance approach to create a more efficient and effective process.

In response to this, ISCRR has implemented a new research governance approach based around research programs (rather than projects). Six research programs were defined that align with the business operations of the TAC and WorkSafe and the expertise within ISCRR's research network. These are:

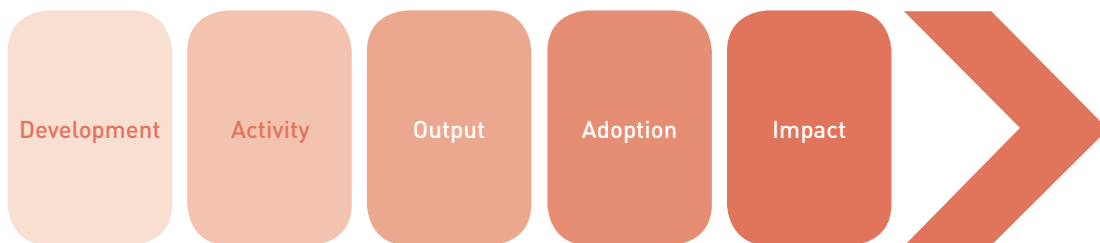
**Occupational Health and Safety;
Return to Work and Recovery;
Health and Disability Services Delivery;
Compensation Systems;
Research Translation; and
Neurotrauma.**

This shift to a programmatic approach allows for partner and stakeholder dialogue based around the benefits and outputs of a program of complementary research activities, rather than individual research projects. It also allows ISCRR to manage an increasing project workload more efficiently by focusing strategic discussions at the level of the research program.

A feature of the new programmatic approach is the establishment of content-specific Program Advisory Groups (PAGs). The PAGs bring policy makers and researchers together to develop a research agenda that is relevant and actionable and of international quality. The primary function of the PAGs is to develop the research within each program, including clarification of relevant research questions and methodology.

Return on Investment

During the year, ISCRR began a major initiative to measure the return on investment in research, in terms of the impact of the research on WorkSafe and the TAC. The first step in this process was to develop an Impact Assessment Framework, illustrated in Figure One below.



Impact Assessment Framework

Figure One

The framework describes the five stages of the research 'cycle' from program and project development through to production of output, adoption of output and its impact.

Development

The project is in the planning stages and has not yet been approved to proceed.

Activity

The project has been approved to proceed and is underway.

Output

The project has produced at least one substantial output (report, presentation, publication).

Adoption

The project findings have been used by WorkSafe, the TAC or one of their stakeholders, or has informed the development of another research project.

Impact

The project has had a demonstrable impact on one of WorkSafe or the TAC's Key Performance Indicators.

ISCRR's internal and external reporting has been aligned with this framework, as summarised in the section below.

The second stage in the Return on Investment (ROI) project is evaluating the qualitative and quantitative (including financial) impact of a selection of ISCRR projects. This is being managed by a sub-committee of the ISCRR Board. Nine research projects have been selected to be case studies on the basis that aspects have been adopted by one of ISCRR's industry partners. The quantitative assessment will include actual financial ROI as well as potential ROI in cases where WorkSafe and/or the TAC have verified a reasonable expectation of impact as a result of the research. The final ROI report is due in late 2012.

ISCRR's focus on ROI is consistent with Monash University's goal of having impact in industry and the community. It is also consistent with a growing trend in academia to assess the ROI in research. ISCRR's approach to this ROI project will in itself be an important contribution to research both within Monash University and more broadly in the academic research community.

Summary of key achievements

The ISCRR research program has been very active during the year. ISCRR had a total of 99 research projects in its research program as at 30 June 2012. Of these, 29 projects were in the activity stage and twenty-eight delivered significant outputs, including 38 research reports.

Notably, 26 of the research projects demonstrated evidence of adoption within one of the two industry partner organisations, ie the results are being translated for use in policy development and organisational decision making. Some examples: the results of the noise induced hearing loss project have been used to inform the guidelines on compensable hearing loss at WorkSafe; the evaluation of WorkSafe's WorkHealth program has been used extensively in communications, marketing and stakeholder engagement, program reporting and planning, and product development; and the clinical evidence review program has informed a number of important TAC and WorkSafe policy decisions.

The ISCRR research network now includes 72 researchers who were engaged on a full-time or part-time basis during the reporting period.

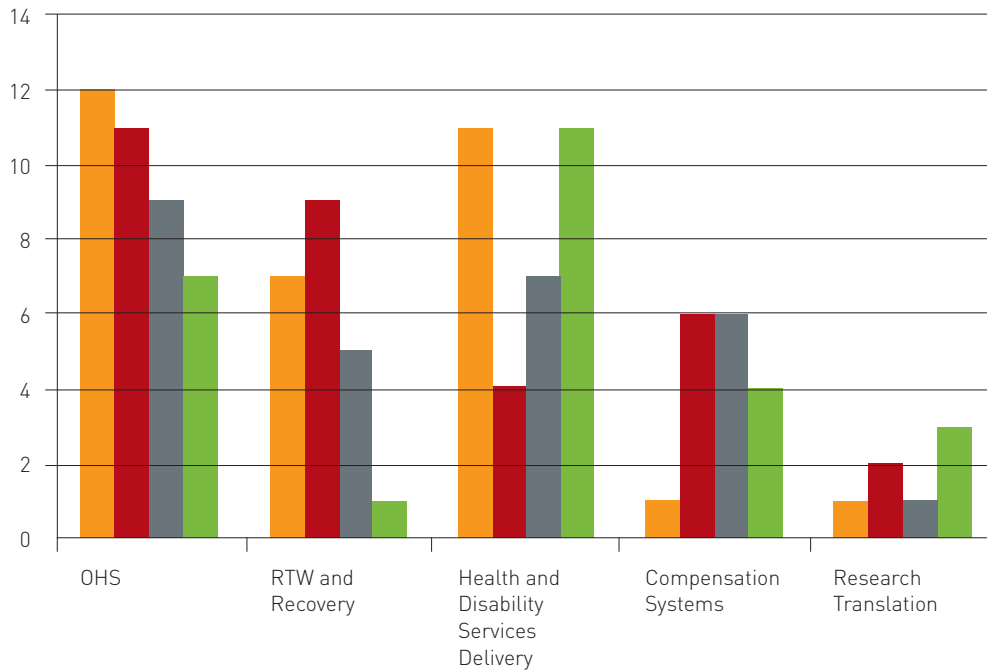
The planning and development of the research programs have been a major focus in 2012. The Occupational Health and Safety research program, which was used to pioneer the programmatic research approach at ISCRR, is well established, with the results of seven projects from the program already being used to influence policy and decision making in ISCRR's partner organisations.

Similarly, the Compensation Systems research program is well advanced, with four projects showing evidence of adoption. Notably, an evaluation of the major components of the TAC 2015 Recovery and Independence initiatives, the cornerstone of the TAC's long-term strategic plan — has made significant progress. ISCRR is working with the Monash Injury Research Institute to deliver this five-year project.

ISCRR's internationally unique Compensation Research Database (CRD), which incorporates datasets from both the TAC and WorkSafe, is proving popular among researchers, with the number of data increasing. A review of the CRD found that it was providing significant value to WorkSafe and the TAC, and the academic outputs were of a high quality.

The innovative Evidence Review program is also attracting much interest, not only from WorkSafe and the TAC but also from other organisations that recognise the benefit of the fast turn-around time of the rapid review method that ISCRR has developed. Ten evidence reviews were completed during the reporting period compared to seven in the previous year.

Table 1: Summary of research programs: stage of projects as at 30/06/2012



1. The Evidence Review Program and Evidence Service Program are managed within the Research Translation research program, however, the projects from these programs are represented in the relevant research program.
2. The Neurotrauma research program commenced towards the end of the reporting program, hence projects are in the Development phase only.

KEY

- Development
- Activity
- Output
- Adoption

Neurotrauma research

The TAC allocated \$20 million of new neurotrauma research funding to ISCRR in late 2011, and as such ISCRR began incorporating the management of a neurotrauma research program into its organisational operations. This is a substantial activity for the institute and sees it taking a leading role nationally in brain and spinal cord research. The transition of the TAC's neurotrauma research activities to ISCRR began early in 2012. With the approval in April by the TAC Board of the ISCRR/TAC Neurotrauma Research Strategy to 2015, this activity increased, as did ISCRR's proactive management and leadership in neurotrauma research in Victoria.

Quad Bike Safety Devices

Quad bikes were the leading cause of death on Australian farms in 2011, accounting for around one-third of fatalities.



Chief investigator: Dr Scott Wordley, Department of Mechanical and Aerospace Engineering, Monash University

This evidence review assessed existing research on the effectiveness of a crush protection device called the 'Quad Bar'.

The findings: The review identified serious issues with the research methods used to evaluate the effectiveness of crush protection devices. It also identified some evidence that indicated that the Quad Bar did demonstrate potential to reduce injuries and fatalities, particularly those arising from low speed lateral roll and back flip events.

The impact: There was widespread interest in the review and it significantly contributed to informed public debate on this important issue.

The Employer and Workplace Relations Minister, Bill Shorten, recently announced that the Government would move to force quad bike manufacturers to install safety bars if they do not voluntarily make them a standard feature.

Research Program

Occupational Health and Safety research program

The Occupational Health and Safety (OHS) research program plays a key role in delivering an evidence base to assist in achieving WorkSafe's strategic objectives. Through a mix of enforcement, compliance, encouragement and promotion, WorkSafe aims to ensure that OHS continues to be embraced as a core element of operating a successful business in Victoria. The overall goal is to continue to ensure that Victorian workplaces are the safest in Australia and for Victorian employers to have the lowest cost workers compensation insurance. Specifically, WorkSafe seeks to reduce the rate of claims for work-related injury and illness to 8.35 claims per 1000 workers from the current rate of 10.34 claims per 1000 workers.

The ISCRR Research Strategy to 2015 outlined a number of priorities for WorkSafe OHS research. These included:

- establishing lead indicators of OHS performance
- assessing the efficiency and effectiveness of workplace prevention initiatives for the OHS regulator.

There were 31 projects in total in the OHS research program as at 30 June 2012. Eleven projects were in the activity stage with nine projects delivering significant outputs. Seven projects from the program are showing evidence of adoption, i.e. the results from the project are being used in policy development and organisational decision making. A further twelve projects were in development as at 30 June 2012.

OHS research program highlights

- Establishing lead indicators of OHS performance has a central relevance to the WorkSafe 2017 strategy. In 2012, ISCRR funded Professor Helen DeCieri (Monash University), working collaboratively with the Institute for Work & Health Canada, to commence an ISCRR flagship program of work to establish valid and reliable lead indicators that could be used to underpin prevention in Victorian workplaces. In the first instance, the evidence for existing tools will be evaluated, with a revised tool to be piloted by the end of 2012.
- An evidence review looking at the effectiveness of a crush protection device fitted to Quad bikes attracted wide interest and contributed to informed public debate on this issue.
- The findings of the Noise Induced Hearing Loss project have been used by WorkSafe to inform the development of evidence-based Australian Society of Otolaryngology Head and Neck Surgery guidelines for compensable hearing loss.
- An evaluation of the WorkHealth program — a major Victorian initiative to improve the health, wellbeing and productivity of the Victorian workforce — is providing WorkSafe and WorkHealth program managers with insights on how best to optimise participation in workplace health promotion programs. Ultimately, the evaluation will demonstrate the short, medium and long-term impact of the WorkHealth program on workers and workplaces. The information derived from the evaluation has been used in communications and marketing, in program reporting and planning, and in product development and stakeholder engagement.
- A project investigating the relationship between stress and aspects of the work environment such as space, light, noise, temperature and psychological health could not determine any direct link between the two. This information has assisted WorkSafe to prioritise its prevention/ intervention approaches appropriately.

OHS research outputs

Research reports

- Tractor Rollover Fatalities Australia 2000–2010. September 2011.
- WorkHealth Process Evaluation (Project 4). October 2011.
- Workplace Stress Evaluation Tools: A Snapshot Review. November 2011.
- Workplace Environment Stress: The Impact of the Physical Work Environment on Psychological Health. A Snapshot Review. December 2011.
- Quad Bike Safety Devices. A Snapshot Review. December 2011.
- Enhancement of reporting on the WorkHealth Check Dataset (400,000). January 2012.
- Developing a Public Health Policy Response to Occupational Contact Dermatitis. February 2012.
- Prevention of Work-Related Musculoskeletal Disorders: Development of a Toolkit for Workplace Users. June, 2012.
- Evaluation of WorkSafe Victoria's Performance Management Program: Interim Report Update. July 2012.

Published journal articles

- Jones C, Routley V, Trytell G, Ibrahim JE, Ozanne-Smith J. A descriptive analysis of work-related fatal injury in older workers in Australia, 2000–2009. *International Journal of Injury Control and Safety*. 2012.
- Keegel TG, Nixon RL, LaMontagne AD. Exposure to wet work in working Australians. *Contact Dermatitis*. 2012; 66(2): 87–94. Epub 29 September 2011.
- Kennedy B, Ibrahim JE, Bugeja L, Ozanne-Smith J. The prevalence of work-related deaths associated with alcohol and drugs in Victoria, Australia 2001–2006. *Injury Prevention*. 2011.
- Lyons G, Keegel TG, Palmer A, Cahill J, Nixon R. Occupational dermatitis in hairdressers: do they claim workers' compensation? *Contact Dermatitis*. 2012.

Conferences outputs

- Ehsani JP, McNeilly B, Ibrahim J, Ozanne-Smith J. Work-related fatal injury among young persons in Australia, July 2000 to June 2007. Poster. APHA 139th Annual Meeting and Exposition. 29 October to 2 November 2011. Washington, DC.
- Keegel T, Benke K, Nixon R, LaMontagne T, Sim M. Wet work in Australian workplaces. Presented at Stakeholder Seminar, Monash Conference Centre. November 2011. Melbourne, Australia.
- Sim M. Research and evaluation of the WorkHealth program. Presented at the Health Leaders Forum. March 2012. Melbourne, Australia.
- Sim M, Gwini S, Roberts M, Kelsall H. The WorkHealth program: cardiovascular disease and diabetes risk factors in 400,000 Victorian workers. Oral presentation given in a free paper session at the RACP conference. May 2012. Brisbane, Australia.
- Wordley S. Quad bike safety devices: a snapshot review. Presentation at ISCR Relationship Managers Committee. 20 April 2012. Melbourne, Australia.

OHS research reports submitted

<p>Quad bike roll over protection devices (Evidence Review)</p>	<p>Aim: To assess the effectiveness of the 'quad bar', a crush protection device that can be fitted to quad bikes to help protect riders from roll-over injuries and fatalities.</p> <p>Findings: The review questioned the validity of previous studies, particularly simulation methods used and the nature of incidents tested. However, it also found that limited experimental and simulation results indicated that the quad bar device did demonstrate the potential to reduce injuries and fatalities.</p> <p>Adoption/impact: There was widespread interest in the review and it significantly contributed to informed public debate on this issue.</p>	<p>Duration July 2011 – February 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Scott Wordley, Department of Mechanical and Aerospace Engineering, Monash University</p>
<p>Workplace environment and stress (Evidence Review)</p>	<p>Aim: To investigate the relationship between aspects of the physical work environment, such as space, light, noise, temperature, and the mental health of employees.</p> <p>Findings: No evidence base was found that showed a direct link between the physical work environment and psychological health.</p> <p>Adoption/impact: The review has assisted WorkSafe to appropriately prioritise its prevention/intervention approaches.</p>	<p>Duration October 2011 – December 2011</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Tracey Shea, Research Fellow, Faculty of Business and Economics, Monash University</p>
<p>Workplace stress assessment tool evaluation (Evidence Review)</p>	<p>Aim: To investigate whether a workplace stress evaluation tool known as the Stress Satisfaction Offset Score (SSOS) was suitable for inspectors to obtain a quick and valid initial indication of the presence of stress in a workplace.</p> <p>Findings: The review found that the SSOS has not been validated to an acceptable level for use as a workplace stress evaluation tool.</p> <p>Adoption/impact: The review has assisted WorkSafe to determine policy and procedures.</p>	<p>Duration September 2011 – October 2011</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Tracey Shea and Professor Helen De Cieri, Australian Centre for Research in Employment and Work, Monash University</p>
<p>Work-related fatalities: tractor roll overs</p>	<p>Aim: To confirm the effectiveness of regulating the installation of roll-over protection structures on tractors in 1998 and to identify trends in other types of tractor fatalities.</p> <p>Findings: The regulation of the roll-over protection structure for tractors has been effective in reducing tractor fatalities, although the improvement in fitment rates occurred largely before the enactment of the regulation. During the same period (1985–2010), fatalities where a victim was run over by a tractor had increased.</p> <p>Expected adoption/impact: Investigate a number of interventions to prevent run-over fatalities and increase voluntary participation prior to the introduction of mandatory regulation.</p>	<p>Duration October 2009 – September 2011</p> <p>Sponsor WorkSafe</p> <p>Chief investigator/s Dr Christopher Jones and Professor Joan Ozanne-Smith, Department of Forensic Medicine, Monash University</p>

<p>Prevention of work-related musculoskeletal disorders: development of a toolkit for workplace users (Development Grant)</p>	<p>Aim: To develop a more effective procedure for workplace management of musculoskeletal disorder risk, including formulation of a risk management 'toolkit' for workplace users.</p> <p>Findings: In addition to the effects of manual handling hazards, psychosocial hazard levels were a significant predictor of discomfort/pain level. In some organisations, higher levels of psychosocial hazards also increase the probability of taking time off work, independent of discomfort/pain levels.</p> <p>Expected adoption/impact: A toolkit will be developed to ensure effective and sustainable risk management of musculoskeletal disorders.</p>	<p>Duration February 2011 – June 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Dr Jodi Oakman, Centre for Ergonomics and Human Factors, La Trobe University.</p>
<p>Developing a public health policy response to wet work exposure (Development Grant)</p>	<p>Aim: To obtain information about the extent and characteristics of exposure to wet work, as well as the diagnosed occupational contact dermatitis and successful workers compensation claims among Victorian workers.</p> <p>Findings: The wet work project has presented information from a range of complementary datasets, providing information for action for the prevention of occupationally-related dermatitis.</p> <p>Expected adoption/impact: Utilise information from the project to develop a public health response to occupationally-related dermatitis and develop targeted policies and education packages to guide intervention on exposure to wet work.</p>	<p>Duration February 2011 – June 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Dr Tessa Keegel, Monash University Centre for Occupational and Environmental Health.</p>

Active OHS research projects

<p>Evaluation of the WorkHealth program</p>	<p>Aim: To evaluate the effectiveness of the WorkHealth program, which provides quick, confidential health assessments in the workplace.</p> <p>Findings: The collection of physical and biomedical data in the WorkHealth program gives more accurate information compared to simple self-reporting. Some groups have a lower likelihood of participating in WorkHealth checks.</p> <p>Expected adoption/impact: Tailored promotion of WorkHealth checks to groups identified as less likely to participate in the program. The final evaluation report is due in August 2012.</p>	<p>Duration August 2010 – August 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Professor Malcolm Sim, Monash University School of Public Health and Preventive Medicine</p>
<p>Evaluation of the Employer Performance Management Program</p>	<p>Aim: To achieve greater insight into factors affecting the management of occupational health, safety and injury in large organisations and as a result improve performance.</p> <p>Expected adoption/impact: Tailored promotion of WorkHealth checks to groups identified as less likely to participate in the program. The final evaluation report is due in August 2012.</p>	<p>Duration July 2009 – December 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Chief investigator: Professor Lesley Day, Monash University Accident Research Centre</p>
<p>Trends and risk factors in work-related disorders in Victoria (PhD project)</p>	<p>Aim: To develop analytical approaches to workers compensation data related to ill-health.</p> <p>Expected adoption/impact: The project will develop methods of integrating the data with other relevant data sources, develop predictive models for future claims experience and identify a better model for the surveillance of occupational disorders.</p>	<p>Duration 30 May 2011 – 30 May 2014</p> <p>Sponsor WorkSafe</p> <p>Chief investigator PhD candidate – Aleksandra Natora; supervisor – Professor Malcolm Sim, Monash University School of Public Health and Preventive Medicine</p>
<p>Injury prevention in an ageing workforce (Development Grant)</p>	<p>Aim: To build on prior epidemiologic and qualitative scoping studies, complementing our understanding of the impact of ageing on occupational health and safety by adding a worker perspective to the research.</p> <p>Expected adoption/impact: The project will provide information to assist in developing strategies to reduce injury in an ageing workforce.</p>	<p>Duration February 2012 – 31 December 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator/s Professor Joan Ozanne-Smith, Department of Forensic Medicine, Monash University.</p>
<p>A framework for measuring OHS vulnerability (Development Grant)</p>	<p>Aim: To develop a measure of OHS vulnerability among labour market participants that moves beyond demographic worker characteristics toward factors that are more fundamental in creating increased risk of injury or illness.</p> <p>Expected adoption/impact: The development of this measure will allow future studies to distinguish between different dimensions of vulnerability and assess the likely impact of actions designed to prevent work injuries and illnesses among workers in Victoria.</p>	<p>Duration February 2012 – January 2013</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator/s Dr Peter Smith, Department of Epidemiology and Preventive Medicine, Monash University</p>

<p>Development of lead indicators for OHS performance</p>	<p>Aim: To evaluate the evidence for the use of existing tools as possible lead indicators in Victoria, with the plan to pilot a tool by the end of 2012.</p> <p>Expected adoption/impact: This project will contribute to the establishment of valid and reliable lead indicators that could be used to underpin injury prevention in Victorian workplaces.</p>	<p>Duration February 2012 – November 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Professor Helen DeCieri, in partnership with Dr Benjamin C Amick III, Institute for Work & Health, Ontario</p>
<p>Managing workplace safety risks: a supply chain perspective (Evidence Review)</p>	<p>Aim: To identify existing supply chain management models and concepts and review those models that include supply chain safety improvements and those that don't.</p> <p>Expected adoption/impact: The project will identify how supply chain management models can be applied to improve supply chain safety and the future research necessary in this area.</p>	<p>Duration January 2012 – July 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Professor Amrik Sohal, Department of Management, Monash University</p>
<p>A review of OHS certification systems (Evidence Review)</p>	<p>Aim: To provide evidence on the influence of OHS management systems (certified and non-certified) on health and safety performance and/or other measures of business performance including profitability, absenteeism and product quality assurance.</p> <p>Expected adoption/impact: This project will provide information to improve OHS management systems that are a mainstay of OHS</p>	<p>Duration June 2012 – October 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Lesley Day, Monash Injury Research Institute</p>
<p>Firefighter health outcomes and legislative implications (Evidence Review)</p>	<p>Aim: To assess whether, according to the research evidence, there is a basis for amending the current list of proclaimed diseases in Victoria to also include cancers identified in the Commonwealth legislation, <i>Safety, Rehabilitation and Compensation Amendment (Fair Protection for Firefighters Act 2011)</i>.</p>	<p>Duration June 2012 – July 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Professor Malcolm Sim, Monash Centre for Occupational and Environmental Health</p>

Research Program

Return to Work and Recovery research program

Return to work (RTW) is a corporate key performance indicator for both WorkSafe and the TAC. The primary aim of the RTW and Recovery research program is to facilitate earlier and more effective return to work for injured workers and TAC clients by providing high-quality and relevant research evidence to support the policy and operational activities of WorkSafe and the TAC.

There were 19 projects in total in the Return to Work and Recovery research program as at 30 June 2012.

Nine projects were in the activity stage with five projects delivering significant outputs. One of the projects from the program is showing evidence of adoption, i.e. the results from the project are being used in policy development and organisational decision making. A further seven projects were in development as at 30 June 2012.

RTW and Recovery research program highlights

ISCRR established an academic collaboration with the Institute for Work Health (IWH) in Toronto, Canada, a world leader in return to work research. The two organisations commenced a systematic review to update the Seven Principles of successful RTW, a globally recognised action tool devised by the IWH. This flagship program will provide the very latest evidence on effective workplace interventions.

- Significant work was undertaken on a randomised controlled trial examining the effectiveness of a self-management intervention for RTW of workers with chronic musculoskeletal conditions. This research project will provide evidence for the health and cost benefits of a new approach to the management of chronic musculoskeletal disorders.
- One Evidence Review was completed for the RTW program, and a further two are currently under way. Subject areas include the effects of mediation, recovery pathways and motivational interviewing by non-clinicians. These Evidence Reviews, which provide high-quality research within a short timeframe, aim to inform decision-making of the RTW division within WorkSafe.
- A ground-breaking study on the role of general practitioners in RTW was initiated. The available international data shows that General Practitioners play a pivotal role in RTW, however, there are few available studies on the specific role of healthcare practitioners and in particular General Practitioners (GPs) in facilitating RTW.
- An innovative data linkage project linked the Victorian Orthopaedic Trauma Outcomes Registry (VOTOR) and TAC claims data through ISCRR's Compensation Research Database. This project will provide vital information about the pattern of recovery of TAC clients and the relationship between service usage and patient-reported outcomes. It will also identify sub-groups of TAC clients at risk of poor outcomes.

RTW and Recovery research outputs

Research reports

- Information Interventions for Recovery Following Vehicle-Related Trauma to Persons of Working Age: A Systematic Review of the Literature. July 2011.
- VOTOR Analysis Report. December 2011.
- VOTOR Client Outcomes Report. March 2012.
- Exploring Patient Perceptions of Barriers and Facilitators of Recovery Following Trauma. April 2012.
- Evaluation of RTW Coordinator Training, Interim Report. May 2012.
- The Impact of Mediation on Workplace Relationship Conflict and Return to Work Outcomes. July 2012.
- Exploring Patient Perceptions of Barriers and Facilitators of Recovery Following Trauma. April 2012.
- Ellis N, MacKenzie A, McLeod R, Battersby M. Disempowerment of workers in vocational rehabilitation: would self management help? *Journal of Health, Safety and Environment*. October 2011;27(3).
- Gabbe BJ, Harrison JE, Lyons RA, Jolley D. Modelling long term disability following injury: a comparison of three approaches for handling multiple injuries. *PLoS One*. 2011;6(9):e25862.
- Gabbe BJ, Lyons RA, Sutherland AM, Hart MJ, Cameron PA. Level of agreement between patient and proxy responses to the EQ-5D health questionnaire at 12 months after injury. *Journal of Trauma* 2012 Volume 72 4) 1102-1105
- Gabbe BJ, De Steiger R, Esser M, Bucknill A, Russ M, Cameron PA. Predictors of mortality following severe pelvic ring fractures: Results of a population based study. *Injury*. October 2011;42(10):985–91. Epub 5 July 2011.

Journal articles

- Andrew NE, Gabbe BJ, Wolfe R, Cameron PA. Trends in sport and active recreation injuries resulting in major trauma or deaths in adults in Victoria, Australia. Accepted: *Injury*.
- Andrew NE, Wolfe R, Cameron PA, Richardson MD, Page R, Bucknill A, Gabbe BJ. The impact of sport and active recreation injuries on physical activity levels at 12 months post injury. Posters. 2011. Accepted: *Scandinavian Journal of Medicine and Science in Sports*.
- Andrew NE, Wolfe R, Cameron PA, Richardson MD, Page R, Bucknill A, Gabbe BJ. Return to pre injury health status and function 12 months after hospitalisation for sport and active recreation related orthopaedic injury. 2012. Accepted (pending minor revisions): *Injury Prevention*.
- Balogh ZJ, Reumann MK, Gruen RL, Mayer-Kuckuk P, Schuetz MA, Harris IA, Gabbe BJ, Bhandari M. Recent advances and future directions in the management of trauma patients with musculoskeletal injuries. 2012. In press: *Lancet*.
- Blum ML, Esser M, Richardson MD, Paul E, Rosenfeldt FL. Negative pressure wound therapy reduces deep infection rates in open tibial fractures. *Journal of Orthopaedic Trauma*. April 2012. Epub ahead of print.
- Clay F, Collie A, McClure RJ. Information interventions for recovery following vehicle related trauma to persons of working age: a systematic review of the literature. *J Rehabil Med*. 2012;44(7):521–533.
- Gosling CM, Gabbe BJ, Hart MJ, Sutherland AM, Cameron PA. The reliability of patient recall of hospital readmission following orthopaedic trauma. *Australasian Epidemiologist*. 2011 18(93);15–19.
- Gosling CM, Gabbe BJ, Williamson OD, Sutherland AM, Cameron PA. Validity of outcome measures used to assess one and six month outcomes in orthopaedic trauma patients. *Injury*. December 2011;42(12):1443–8.
- Kimmel LA, Holland AE, Edwards ER, Cameron PA, de Steiger R, Page R, Gabbe BJ. Discharge destination following lower limb trauma: development of a prediction model to assist decision making. Epub 2011. *PubMed* 2012. Accepted: *Injury*.
- Shi Hao Liu D, Sofiadellis F, Ashton M, MacGill K, Webb A. Early soft tissue coverage and negative pressure wound therapy optimises patient outcomes in lower limb trauma. *Injury*. June 2012;43(6):772–8.
- Williamson OD, Gabbe BJ, Forbes A, Wolfe R, Sutherland AM, Cameron PA. Comparing the responsiveness of functional outcome assessment instruments for trauma registries. *Journal of Trauma*. July 2011;71(1):63–8.
- Williamson OD, Gabbe BJ, Sutherland AM, Hart MJ on behalf of the VOTOR group. Does recall of pre-injury disability change over time? 2012. Accepted (pending minor revisions): *Injury Prevention*.

- Williamson OD, Gabbe BJ, Sutherland AM, Wolfe R, Forbes AB, Cameron PA. Responsiveness of measures of physical function and health related quality of life in orthopaedic trauma. 2011. Accepted: Journal of Trauma.

Conferences outputs

- Andrew NE, Wolfe R, Cameron PA, Gabbe BJ. The long term impact of hospitalised orthopaedic sport and active recreation injuries on health related quality of life and physical activity levels. Australian Sports Medicine Conference. October 2011. Fremantle, Australia.
- Clay F, Collie A, McClure R. Information based interventions for injury recovery: a systematic review of the literature. Oral presentation. 7th Canadian Association of Research on Work and Health Conference. June 2012. Vancouver, Canada.
- Ellis N. Futures in WHS: implications for physios in work related practice. Australian Physiotherapy Association Conference. October 2011. Brisbane, Australia.
- Ellis N, Mackenzie A, McLeod R and Battersby M. Disempowerment of workers in vocational rehabilitation: would self-management help? RACP Future Directions in Health Congress 2012. Theme: Disease and Injury Prevention. May 2012. Brisbane, Queensland.
- Gosling C, Edwards E, Richardson MA. Twelve month outcomes following femoral shaft fractures. Trauma Melbourne 2011. November 2011. Melbourne, Australia.
- Gosling CM, Richardson M, Brown G, Hau R, Pirpiris M, Edwards ER. Patient outcomes following traumatic fracture of femoral shaft. Does surgical approach influence outcomes? Poster. 1st AO Trauma Asia Pacific Scientific Congress and TK Experts' Symposium. May 2012. Hong Kong.
- Gosling C, Pirpiris M, Brown G, Hau R, Edwards ER, Richardson M. The use of ICD 10 coding to identify traumatic distal femoral fractures from large registry datasets. Oral presentation. 1st AO Trauma Asia Pacific Scientific Congress and TK Experts' Symposium. May 2012. Hong Kong.
- Hart MJ, Gosling C, Sutherland AM, Cameron PA, Gabbe BJ. Victorian Orthopaedic Trauma Outcomes Registry (VOTOR): How an orthopaedic registry impacts on care delivery. Trauma Melbourne 2011. November 2011. Melbourne, Australia.
- Kimmel L, Holland A, Edwards ER, Cameron PA, de Steiger R, Page R, Gabbe BJ. Discharge destination following lower limb fracture: development of a prediction model to assist with decision making. Trauma Melbourne 2011. November 2011. Melbourne, Australia.
- Strong J, Johnston V, Gargett S, Ellis N, Battersby M, Sheppard D, Jull G. Self-management for work-disabled individuals with chronic musculoskeletal disorders. CONROD Annual Scientific Meeting. June 2012. Brisbane, Queensland.

RTW and Recovery research reports submitted

<p>Patient perceptions of recovery following trauma (Development Grant)</p>	<p>Aim: To identify the facilitators and barriers to recovery for trauma survivors, exploring both individual and societal impacts of trauma.</p> <p>Findings: Strong social support networks are considered highly important for patient recovery. Communication was at the heart of both positive and negative experiences with health service providers and the TAC.</p> <p>Adoption/impact: The narratives provided an unparalleled insight into the issues faced by injured participants as they attempt to recover and valuable information for informing recommendations for trauma care in Victoria.</p>	<p>Duration February 2011 – March 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Associate Professor Belinda Gabbe, Department of Epidemiology and Preventive Medicine, Monash University</p>
<p>Information-based interventions for injury recovery (Evidence Review)</p>	<p>Aim: To review the academic literature investigating information and education-based interventions for promoting recovery from traumatic injury (vehicle and non-vehicle).</p> <p>Findings: Strong evidence was found for the effectiveness of interventions involving regulatory or legislative reform. Interventions specifically focusing on early de-briefing to prevent the onset of post-traumatic stress may be harmful. The review identified a lack of published information in a number of areas.</p>	<p>Duration April 2011 – July 2011</p> <p>Sponsor Motor Accidents Authority, New South Wales</p> <p>Chief investigator Dr Fiona Clay, ISCRR</p>
<p>Mediation interventions and return to work</p>	<p>Aim: To consider how the relational (rather than the directive) aspects of a mediation process carried out by an independent third party may help resolve conflict and assist claimants in returning to work.</p> <p>Findings: The relational components of facilitative and transformative mediation models can help resolve the subjective and emotional aspects of interpersonal conflict, especially when it is part of an organisation's integrated conflict management system and delivered by skilled independent practitioners. There is currently little evidence on the impact of mediation in the Australian context on return to work outcomes.</p>	<p>Duration December 2011 – May 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Donna McKenzie, ISCRR</p>
<p>Victorian Orthopaedic Trauma Outcomes Registry</p>	<p>Aim: To link the Victorian Orthopaedic Trauma Outcomes Registry (VOTOR) and TAC claims data through ISCRR's Compensation Research Database (CRD) to evaluate the effectiveness of combining the two databases in predicting TAC client outcomes following injury.</p> <p>Findings: The research findings indicate that prediction of outcomes at 12 months is much improved using VOTOR data due to the inclusion of additional demographic variables and detailed injury data. The linkage of TAC and VOTOR data provided reliable characterisation of patients likely to achieve good and poor outcomes.</p>	<p>Duration March 2011 – June 2013</p> <p>Sponsor TAC</p> <p>Chief investigator Associate Professor Belinda Gabbe, Department of Epidemiology and Preventive Medicine, Monash University</p>

Active RTW and Recovery research projects

<p>Self-management intervention for return to work (Partnership Grant)</p>	<p>Aim: To explore whether adding self-management training to vocational rehabilitation has an impact on several factors including work readiness, self-efficacy and pain.</p> <p>Expected adoption/impact: The project will provide evidence for the health and cost benefits of a new approach to the management of chronic musculoskeletal disorders.</p>	<p>Duration April 2011 to May 2013</p> <p>Funding Partners Australian Research Council, WorkSafe, Motor Accident Insurance Commission, Q-Com Other contributors: ipar, Konekt, The Recovre Group, Nabenet Integrated Health Services</p> <p>Chief investigator Professor Niki Ellis, ISCRR, in partnership with The University of Queensland, Monash University, Flinders University</p>
<p>Return to work and motivational interviewing (Evidence Review)</p>	<p>Aim: To identify links between the use of motivational interviewing techniques and behaviour change in recipients.</p> <p>Expected adoption/impact: The findings will assist WorkSafe to make an informed decision about the development and/or incorporation of motivational interviewing tools/techniques in training and support materials for both employers and agent staff.</p>	<p>Duration February 2012 – August 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Kathryn Page, PeopleSape</p>
<p>Workplace-based and system-based RTW interventions: a systematic review</p>	<p>Aim: To update the Seven Principles of Successful RTW, a globally recognised action tool devised by the IWH in 2004.</p> <p>Expected adoption/impact: This flagship program will provide the very latest evidence on effective workplace interventions.</p>	<p>Duration 1 Aug 2011 – 31 Dec 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Dr Alex Collie, ISCRR in partnership with the Institute for Work & Health, Toronto, Canada</p>
<p>Evaluation for the WorkSafe RTW coordinator training program</p>	<p>Aim: To analyse the existing WorkSafe RTW coordinator training program.</p> <p>Expected adoption/impact: Findings are expected to identify program improvement actions and inform the planning of the implementation of recommendations and a possible further research project.</p>	<p>Duration February 2012 – August 2012</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr. Richard Cooney, Department of Management, Monash University</p>

<p>The RTW experience for women with children (Development Grant)</p>	<p>Aim: To provide concrete data about the barriers that women with children face in the RTW experience.</p> <p>Expected adoption/impact: Existing data shows that women with children have longer periods out of work following injury. The information from this project will assist in providing options for programs and responses that can support women with children and service providers in the RTW experience.</p>	<p>Duration March 2012 – March 2013</p> <p>Sponsor WorkSafe /TAC</p> <p>Chief investigator Associate Professor JaneMaree Maher, School of Political and Social Inquiry, Monash University</p>
<p>The supervisor's role in RTW after mental health or musculoskeletal disorders (Development Grant)</p>	<p>Aim: To identify the needs of supervisors who are required to facilitate the return to work of employees with a mental disorder or musculoskeletal injury.</p> <p>Expected adoption/impact: The specific knowledge, skills and behaviours necessary for supervisors to assist workers return to work sustainably, after a compensable injury or illness, have not been identified in the Australian setting. The results will provide the first evidence base for the development of a training program specific to the Australian culture and compensation environment.</p>	<p>Duration April 2012 – April 2013</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Venerina Johnston, University of Queensland, in partnership with Monash University and Liberty Mutual Research Institute for Safety</p>
<p>Individual, workplace and system influences on RTW in an ageing workforce (Partnership Grant)</p>	<p>Aim: To identify the extent to which differences in absence from work are due to differences in injury severity, health problems associated with older age, or factors in the return to work process.</p> <p>Expected adoption/impact: This project will provide pivotal information concerning the relationships between age, workplace accommodations and disability duration in Victoria.</p>	<p>Duration Stage 1, June 2012 – June 2013</p> <p>Sponsor WorkSafe</p> <p>Chief investigator Dr Peter Smith, Department of Epidemiology and Preventive Medicine, Monash University, in partnership with the University of Melbourne and the Institute for Work & Health, Canada</p>
<p>The role of general practitioners in return to work</p>	<p>Aim: To explore divergence and overlap between the injured workers and general practitioners' expectations of each other in facilitating return to work; barriers and enablers to injured workers' experience in accessing services; and barriers and enablers that general practitioners experience in managing the recovery trajectory.</p> <p>Expected adoption/impact: As a first point-of-call in the primary health system, general practitioners have an important role to play in facilitating the return to work process. This study proposes to gather the baseline evidence to begin the process of change in the paradigm in Australia from a negative (what injured workers cannot do) to a positive (what injured workers can do).</p>	<p>Duration Stage 1, May 2012 – May 2013</p> <p>Sponsor WorkSafe /TAC</p> <p>Chief investigator Professor Danielle Mazza, Department of General Practice, Monash University</p>

Research Program

Health and Disability Services Delivery research program

The Health and Disability Services Delivery research program aims to develop efficient and effective models of care that lead to improved client outcomes and provider and client satisfaction, and so contribute to scheme viability. This program may also lead directly to a reduction in service delivery costs and liabilities and a reduction in the duration of claims at both WorkSafe and the TAC.

There were 27 projects in total in the Health and Disability Services Delivery research program as at 30 June 2012. Four projects were in the activity stage with seven projects delivering significant outputs. Eleven projects from the program are showing evidence of adoption, i.e. the results from the project are being used in policy development and organisational decision making. A further eleven projects were in development as 30 June 2012.

Health and Disability Services Delivery research program highlights

- The National Trauma Research Institute continued to provide an Evidence Service, which conducts reviews of the existing evidence evaluating the effectiveness of clinical treatments. Reviews on implantable therapies and art therapy were undertaken this year. Both reviews provided scientific evidence which WorkSafe and the TAC have used to make policy decisions in regard to these therapies.
- An evaluation of the nine reviews conducted as part of the Evidence Service over the past three years found the quality of the reviews was high and that the reviews provided significant value to WorkSafe, the TAC and the wider clinical community. The independent evidence provided by the reviews has been used to inform policy and clinical practice. Of the nine reviews undertaken at the time of the evaluation, four projects influenced policy by either leading to change or maintenance of the status quo, and a further two projects provided information for policy development.
- Understanding factors that hinder a client's recovery from traumatic injury is a priority in the TAC Strategy 2015, and the management of chronic pain has been identified as an area for improvement. ISCRR brokered a successful Australian Research Council linkage grant for Associate Professor Nellie Georgiou-Karistianis of Monash University valued at \$310,173 to investigate the impact of compensation status and experience in chronic pain and functional impairment following traumatic injury.
- A 2011 Development Grant funded the establishment of the largest prospective cohort study of the functional and health-related quality-of-life outcomes for those with severe pelvic ring fractures. The project found there were significant differences in the way this condition is managed in two major centres in Melbourne, with associated variation in cost, but no difference in health outcome.
- Developing models of lifetime care is the first priority in ISCRR's Neurotrauma Research Strategy, and this is now the primary focus of the Health and Disability Services Delivery research program. A Development Grant was awarded to Libby Callaway of Monash University to evaluate the quality-of-life outcomes for traumatic brain injury patients living in shared supported accommodation, which will provide the basis for a larger initiative on new models of accommodation and assistive technology.
- An Evidence Review conducted by medical sociologist Associate Professor Renata Kokanovic, Faculty of Arts, Monash University, investigated the use of peoples' experiences of health and illness on the internet, and how these can help with health care decision making and recovery. Subsequently, a proposal was submitted for a National Disability Research and Development Grant to develop an online resource for people with disability and their service providers.

Health and Disability Services Deliver research outputs

Policy briefs

- Implantable Pain Therapies: Neurostimulation. December 2011.
- Art Therapy. March 2012.

Research reports

- How information about other people's personal experiences on the Internet can help with healthcare decision-making and recovery: A Literature Review. April 2011.
- Psychosocial interventions for chronic pain: a rapid review. July 2011.
- Persistent pain following transport and related work trauma in Victoria VSTORM/VOTOR-CRD Linkage Progress. December 2011.
- Classification, management and outcomes of severe pelvic ring fractures. June 2012.

Conference outputs

- Jennings P. Persistent pain following transport and work related trauma in Victoria. ACHRF 2011 Conference. Melbourne, Australia.
- Jennings P. Persistent pain following transport and work related trauma in Victoria. ISCRF Five Year Research Strategy Launch. Melbourne, Australia.

Health and Disability Services Delivery research reports submitted

<p>Psychosocial interventions for chronic pain (Evidence Review)</p>	<p>Aim: To explore the development and treatment of chronic pain in patients who have experienced motor vehicle accidents or work place injuries.</p> <p>Findings: Currently, a range of treatments exist for the management of chronic pain. These include cognitive behaviour therapy, graded exposure activity, acceptance and commitment therapy and mindfulness, motivational interviewing, workplace interventions and multidisciplinary interventions. Overall, there is an emerging evidence base supporting the use of these interventions. In addition, early interventions show promise in terms of reducing and preventing chronic pain problems.</p>	<p>Duration April 2011 – August 2011</p> <p>Sponsor N/A</p> <p>Chief investigator Dr Damon Mitchell and Associate Professor Meaghan O'Donnell, Australian Centre for Posttraumatic Mental Health, University of Melbourne</p>
<p>Classification management and outcome of severe pelvic ring fractures (Development Grant)</p>	<p>Aim: To compare treatment approaches for the early management of severe pelvic ring fractures and investigate the relationship between how the fracture is managed and the impact on long-term outcome.</p> <p>Findings: The development of a pelvic ring fracture classification system based on current imaging practices is needed to support current clinical practice. There was clear variation in practice at the major trauma service hospitals, highlighting the lack of evidence-based care in severe pelvic ring fractures. The mortality and disability experienced by patients is high, justifying ongoing monitoring.</p> <p>Expected adoption/impact: This study describes the variation in treatment practices and the impact on outcomes which are important for guiding future policy.</p>	<p>Duration February 2011 – June 2012</p> <p>Sponsor TAC</p> <p>Chief investigator Associate Professor Belinda Gabbe, Department of Epidemiology and Preventive Medicine, Monash University</p>
<p>The impact of online experiences of health and illness (Evidence Review)</p>	<p>Aim: To explore how the telling and sharing of stories with others about health and illness experiences on the Internet might assist in recovery and making informed health decisions.</p> <p>Findings: Other people's stories of health and illness online can have a positive impact on the health of those accessing and engaging with them. Potential negative aspects of illness may be ameliorated by well-presented stories or those endorsed/recommended by reputable organisations or health care professionals.</p>	<p>Duration May 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Associate Professor Renata Kokanovic, Program Leader, Health and Illness Research Program, Monash University</p>

Active Health and Disability Services Delivery research projects

<p>Evidence service</p>	<p>Aim: To produce rigorous, impartial clinical Evidence Reviews to ensure that WorkSafe and TAC policy development and claims management is informed by clinical and scientific evidence.</p> <p>Findings: Two reviews on implantable therapies and art therapy were completed within the reporting period in addition to a further seven completed previously as part of the program.</p> <p>Adoption/impact: All reviews which have provided scientific evidence have been used by WorkSafe and TAC to inform policy and clinical practice.</p>	<p>Duration Ongoing</p> <p>Sponsor WorkSafe and TAC</p> <p>Chief investigator Professor Russell Gruen, National Trauma Research Institute, Alfred Health</p>
<p>Quality-of-life outcomes for people with severe traumatic brain injury living in shared supported accommodation (Development Grant)</p>	<p>Aim: To evaluate the health, activity, participation and quality-of-life outcomes of a group of people with traumatic brain injury receiving compensation through the TAC or WorkSafe and who are living in shared supported accommodation funded by the schemes.</p> <p>Expected adoption/impact: The project will provide recommendations for service planning and implementation to improve the health and social outcomes, and subsequent cost of care, of TAC and WorkSafe claimants residing in shared supported accommodation.</p>	<p>Duration July 2012 – May 2013</p> <p>Sponsor TAC</p> <p>Chief investigator Libby Callaway, Department of Occupational Therapy, Monash University</p>
<p>Chronic pain and functional impairment following traumatic injury (Australian Research Council Partnership Grant)</p>	<p>Aim: To enhance understanding of the impact of the psychosocial factors and the compensation process on recovery from traumatic injury.</p> <p>Expected adoption/impact: The project will generate new resources (screening and referral guidelines; educational materials) to improve decision making consistency, client experience and recovery from road trauma.</p>	<p>Duration June 2012 – June 2015</p> <p>Sponsor TAC</p> <p>Chief investigator Associate Professor Nellie Georgiou-Karistianis, School of Psychology and Psychiatry, Monash University</p>
<p>Persistent pain following transport and related work trauma in Victoria (Early Career Fellowship)</p>	<p>Aim: To identify the factors associated with the likelihood of trauma victims suffering persistent pain.</p> <p>Expected Adoption/impact: The findings will assist educators, clinicians and policy makers to focus efforts on those early predictors of persistent pain which can potentially be modified.</p>	<p>Duration 1 July 2011 - 31 August 2012</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Dr Paul Jennings, Department of Epidemiology & Preventive Medicine, Monash University</p>

Research Program

Compensation Systems research program

Both WorkSafe and the TAC aim to provide effective rehabilitation of their clients via their compensation and claims management systems. Compensation schemes are complex systems that can have a substantial impact on an injured person's recovery. There is relatively little academic research in Australia that aims to identify the aspects of those systems that facilitate recovery. A major focus of the Compensation Systems research program is to provide evidence to facilitate the enhancement of the claims management operations of the TAC and WorkSafe, thereby contributing to a positive experience and outcomes for those receiving compensation.

There were 11 projects in total in the Compensation Systems research program as at 30 June 2012. Six projects were in the activity stage with five projects delivering significant outputs. Four projects from the program are showing evidence of adoption, i.e. the results from the project are being used in policy development and organisational decision making. One further project was in development as at 30 June 2012.

Compensation Systems research program highlights

- An evaluation of the major components of the TAC 2015 Recovery and Independence initiatives, the cornerstone of TAC's long-term strategic plan, has been under way since 2010. In 2011/12, ISCRR evaluated a Client Conversational Tool, a risk prediction tool used to identify clients at risk of receiving benefits six months post injury, as part of this project. The evaluation led to a revised tool, currently being implemented, and recommendations for its use. This will improve the accuracy of identifying at-risk clients, and may lead to improved outcomes for both the TAC and its clients.
- The Outcomes of Compensable Injury in Victoria research project developed a risk segmentation tool that has impacted the claims management practices of the TAC. The tool is now used very early in the claims process to identify clients at risk of delayed return-to-work. This allows the TAC to prioritise claims management activities toward clients with high risk.
- Work has commenced on a ground-breaking study that will examine the interaction between the compensation and medical systems. Claims data will be linked with Pharmaceutical Benefits Scheme and Medicare data to determine the effect of pre-existing chronic disease on injury outcomes, predictors of health service use post-injury and risk factors for incidence of injury/disease.
- An ARC Linkage Grant project which aims to determine the individual, community and societal impacts of compensable injury in Australia began. The project, which is being conducted in multiple stages, has completed a number of qualitative focus groups and interviews with compensation system personnel, health providers, employers, union representatives and injured persons. This project will identify the 'ripple effect' of compensable injury, including its impact on carers, work colleagues and societal institutions such as healthcare and compensation systems.
- A study identifying the facilitators and barriers to recovery for trauma survivors was completed. This is the largest qualitative study of trauma survivors undertaken to date and provides a wealth of information about the participants' experiences with the trauma system, and their care and recovery. The narratives provided an unparalleled insight into the issues faced by injured participants as they attempt to recover and also regarding their interactions with compensation authorities in Victoria.

Compensation Systems research outputs

Research reports

- Best Practice in Case and Claims Management: Opportunities for the TAC. November 2011.
- Perception and Attitudes of Staff in the Community Support Division of the TAC Toward Current Work Practice and those under the New TAC 2015 Independence Initiative, November 2011.
- Perception and Attitudes of Staff in the Benefit Delivery Division of the TAC Toward Current Work Practice and Those Under the New TAC 2015 Recovery Model: Pre-Implementation Survey Findings. November 2011.
- Recovery Phase 2: Early Identification of Claimants at Risk for Delayed Return to Work. November 2011.
- Evaluation of the Client Conversational Tool Within the Recovery Branch of the Transport Accident Commission. March 2012.
- The Role of the Early Support Coordinator Within the Independence Branch of the Transport Accident Commission. March 2012.
- Perception and Attitudes of Staff in the Recovery Division of the TAC Toward Current Work Practice Under the New TAC 2015 Recovery Model: Phase 2 Transition Survey Findings. March 2012.

Conference outputs

- Fitzharris M. Evaluation of the TAC recovery and independence claims management initiatives. Accident Compensation Seminar. November 2011. Brisbane, Australia.
- Vogel AP, Barker S, Young A, Ruseckaite R, Collie A. Comparison of return to work outcome measures following transport injury. 9th National OHS Regulatory Research Colloquium. Australian National University. July 2011. Canberra, Australia.

Compensation Systems research reports submitted

<p>Evaluation of the TAC 2015 Recovery and Independence initiatives</p>	<p>Aim: To undertake an independent evaluation of the TAC claims management model that has been implemented in stages since 2010. The Client Conversational Tool (CCT), which operates as a risk screening tool upon acceptance of a client's claim following injury in a road crash, was evaluated during 2011/12.</p> <p>Findings: Overall, the CCT performed reasonably well, despite a range of issues with its implementation.</p> <p>Adoption/impact: A revised version of the CCT was developed, with specific recommendations for using it effectively.</p>	<p>Duration January 2011 – June 2015</p> <p>Sponsor TAC</p> <p>Chief investigator Dr Alex Collie, ISCRR, in partnership with Monash Injury Research Institute</p>
<p>Models and lead indicators for client satisfaction (stages 1 and 2)</p>	<p>Aim: To review the TAC's bi-monthly client satisfaction survey.</p> <p>Findings: The study provided insight into current business and academic approaches to the measurement of client satisfaction.</p> <p>Adoption/impact: Results have been used to inform the development of the TAC client survey.</p>	<p>Duration 27 May 2011 – ongoing</p> <p>Sponsor TAC</p> <p>Chief investigator Dr Yelena Tsarenko, Department of Marketing, Faculty of Business and Economics, Monash University</p>
<p>Outcomes of compensable injury in Victoria – a longitudinal approach</p>	<p>Aim: To generate knowledge of the factors that predict outcomes of compensable injury and identify those who may be at greater risk of a delayed return to work.</p> <p>Adoption/impact: The findings to date have led to changes in managing those deemed as high risk, with priority now given to contacting clients at an earlier stage in the assessment of their claim.</p>	<p>Duration 1 July 2011 – 30 June 2014</p> <p>Sponsor WorkSafe/TAC</p> <p>Chief investigator Dr Janneke Berecki-Gisolf, Monash Injury Research Institute</p>

Active Compensation Systems research projects

<p>Health effects of compensation systems study</p>	<p>Aim: To identify practices and policies within the compensation process associated with poor health outcomes.</p> <p>Expected adoption/impact: The project will make recommendations about modifications to those practices and policies that have the potential to strike a balance between reducing 'negative' health impacts and maintaining cost-effective and efficient operation of the schemes.</p>	<p>Duration May 2011 – April 2013</p> <p>Sponsor WorkSafe /TAC</p> <p>Chief investigator Professor David Studdert, University of Melbourne, in partnership with ISCRR</p>
<p>Regulation of injury compensation systems (PhD project)</p>	<p>Aim: To explore the impact of different regulatory approaches on claimant outcomes and injury compensation scheme outcomes, both within Australia and internationally.</p> <p>Expected adoption/impact: By articulating some of the major alternative regulatory approaches to injury compensation, knowledge of the importance and impact of system design elements will be developed.</p>	<p>Duration 18 August 2011 – 17 August 2014</p> <p>Sponsor WorkSafe /TAC</p> <p>Chief investigator PhD candidate Conan Brownbill; supervisor – Professor Graeme Hodge, Faculty of Law, Monash University; assistant supervisor – Dr Alex Collie, ISCRR</p>
<p>The experience of injured workers and TAC clients in Victorian compensation systems (PhD project)</p>	<p>Aim: To examine the interaction and experiences of clients and health care providers in the Victorian compensation system.</p> <p>Expected adoption/impact: This project will explore the attitudes, expectations and behaviours of clients and health care providers toward each other and the compensation system. It will also identify factors that may lead to slow recovery following compensable injury.</p>	<p>Duration 1 July 2011 – 30 June 2014</p> <p>Sponsor WorkSafe /TAC</p> <p>Chief investigator PhD candidate Beth Kilgour; supervisor – Dr Alex Collie, ISCRR; assistant supervisor – Dr Agnieszka Kosny, Department of Epidemiology and Preventive Medicine, Monash University</p>
<p>Individual, community and societal impacts of compensable injury</p>	<p>Aim: To develop a conceptual model of the individual, societal and community impacts of compensable injury and to validate a measurement model.</p> <p>Expected adoption/impact: Incorporating this new knowledge will assist in ensuring future activities of compensation schemes are informed by a greater understanding of their role and impact in society.</p>	<p>Duration 1 July 2011 – 30 June 2014</p> <p>Funding Partners WorkSafe, TAC, Comcare</p> <p>Chief investigator Dr Alex Collie, ISCRR, in partnership with Monash Injury Research Institute</p>

Research Program

Research Translation research program

Less than 15% of research in any sector is ever used. A review of TAC treatment policies by ISCRR showed that less than 3 percent cite research evidence. The TAC and WorkSafe have invested \$25 million into research by establishing ISCRR. Obtaining value from this investment depends on ensuring that research questions are relevant and that optimal research translation effort ensures the research is disseminated, well-understood and adopted into policy and practice.

The Research Translation research program aims to develop evidence that will assist in obtaining maximum value from the research ISCRR is delivering. Research to Action, or the translation of research findings into practice and policy, is one of the three key pillars of ISCRR's Strategic Plan. ISCRR has developed a Research to Action model that guides how it facilitates and streamlines the interaction between policy makers and researchers throughout the research and policy cycles. The model was based on information from a literature review on barriers and enablers to the use of evidence and a review of models for research translation and exchange.

There were six projects in total in the Research Translation research program as at 30 June 2012. Two projects were in the activity stage with one project delivering significant outputs. Three projects from the program are showing evidence of adoption, i.e. the results from the project are being used in policy development and organisational decision making. One further project was in development as at 30 June 2012.

Research Translation research program highlights

- Two research initiatives which aimed to improve research translation and impact were completed. Both studies provided a baseline against which the impact of ISCRR's efforts in research translation can be evaluated.
 - A content analysis of TAC treatment payment policies was completed, and the findings were used to inform the development of guidelines for treatment payment policy development in WorkSafe and the TAC.
 - A series of qualitative interviews with TAC and WorkSafe senior managers, managers and staff were completed to gain a deep understanding of their use of, and views about, using academic research evidence to inform policy and project development in their workplace.
- A study commenced to evaluate the ISCRR Research to Action model. The aim is to measure the effect of the model on research up-take by WorkSafe and the TAC, as well as identify the attitudes towards the use of research evidence in both organisations.
- ISCRR held a forum for compensation policy makers, practitioners and researchers to develop an Australian and New Zealand consensus statement on the use of research evidence in compensation policy and practice. The statement emerged from discussions held at, and subsequent to, the 1st Australasian Compensation Health Research Forum in October 2011. The forum concluded that evidence-informed policy and practice can improve the wellbeing of injured persons and maintain the financial viability of compensation schemes.

Research Translation research outputs

Research reports

- The Futures of Safety, Compensation and Recovery: A Brief Report on the Futures Research Initiative. July 2011.

Conference outputs

- Ellis N, Fawkes S, Barker S. Determining futures in occupational health and safety and injury compensation. AMSRS National Conference. September 2011. Sydney, Australia.
- Zardo P, Ellis N. Use of evidence in OHS practice: an interactive workshop. Safety in Action Conference. Safety Institute of Australia, Melbourne Convention Centre. 2011. Melbourne, Australia.
- Zardo P, Ellis N. Use of evidence in OHS practice. Invited presentation. Safety in Action Conference, Safety Institute of Australia, Brisbane Convention and Exhibition Centre. 2011. Brisbane, Australia.
- Zardo P, Collie A. Use of evidence in public health policy: a TAC policy content analysis. Emerging Health Policy Research Conference, Menzies Centre for Health Policy, Sydney University. 2011. Sydney, Australia.
- Zardo P, Collie A. Use of evidence in public health policy: a TAC policy content analysis. Invited poster presentation. Australian Compensation Health Research Forum. 2011. Melbourne, Australia.
- Zardo P, Collie A. Use of evidence in public health policy: a TAC policy content analysis. 41st Annual Public Health Association of Australia Conference. Brisbane Convention and Exhibition Centre. 2011. Brisbane, Australia.
- Zardo P, Collie A. Use of evidence in public health policy: a TAC policy content analysis. Invited poster presentation. Australian Compensation Health Research Forum. 2011. Melbourne, Australia.
- Zardo P, Collie A. Use of evidence in public health policy: a TAC policy content analysis. Invited presentation. Safe Work Australia policy and research teams. 2011. Canberra, Australia.
- Zardo P, Collie A. Use of evidence in public health policy: a TAC policy content analysis. 2nd PHAA and AEA Student Research Conference, Deakin University. 2011. Melbourne, Australia.

Research Translation research projects

The use of evidence in health policy development (PhD project)	Aim: To examine the use of research evidence in policy development and decision-making by WorkSafe and the TAC using a mixed method examination that details the real life processes and impacts of policy development.	Duration January 2010 – December 2013 Sponsor WorkSafe and TAC Chief investigator PhD candidate: Pauline Zardo; supervisor: Dr Alex Collie, ISCRR
Research to Action: implementation and evaluation of the RTA model	Aim: To measure the effect of ISCRR’s Research to Action model on research uptake by WorkSafe and the TAC as well as identify the attitudes towards the use of research evidence in both organisations.	Duration June 2012 – December 2013 Sponsor WorkSafe/TAC Chief investigator Dr Alex Collie, ISCRR

Evaluation of the TAC 2015 Recovery and Independence Initiatives

The focus of TAC 2015 is to make a difference in three areas: client outcomes; client experience and scheme viability.



Chief investigator: Dr Alex Collie, ISCRR, in partnership with Monash Injury Research Institute

ISCRR, in partnership with the Monash Injury Research Institute, evaluated a Client Conversational Tool, a risk prediction tool used to identify clients at risk of receiving benefits six months post injury. Its purpose is to assist in 'segmentation' of the clients and as a result implement early interventions if required. The evaluation is part of a broader evaluation of the major components of the TAC 2015 Recovery and Independence Initiatives.

The findings: It was found that there was a number of ways the Client Conversational Tool could be revised to enhance its implementation.

The impact: The evaluation led to the development of a revised tool with recommendations for its use. This will improve the accuracy of identifying at-risk clients, and lead to the provision of more appropriate services for this client group.

Research Program

Neurotrauma research program

In late 2011, the TAC Board of Directors agreed that ISCRR would have responsibility for the management of TAC's neurotrauma research. An additional \$20 million over three years was committed and during the latter half of 2011, arrangements were put in place for ISCRR to manage neurotrauma research from 2011 to 2015.

The TAC transferred the management of the contracts of two new neurotrauma centres, the Spinal Research Institute at Austin Health and the Centre for Traumatic Brain Injury Research at National Trauma Research Institute (NTRI)/Monash University, to ISCRR in early 2012. These centres aim to identify and disseminate the latest advances in neurotrauma clinical practice, patient care and policy to the community as well as increase research capacity.

ISCRR has been working with the NTRI to establish the Victorian Neurotrauma Advisory Council which will assist ISCRR and the TAC in the ongoing development of the Neurotrauma research program.

There were five projects in total in the Neurotrauma research program as at 30 June 2012.

Neurotrauma program highlights

- The Neurotrauma Research Strategy 2011–2015, developed by ISCRR in collaboration with key neurotrauma stakeholders, and calling on consultations undertaken by the National Trauma Research Institute was approved by the TAC Board in April 2012. The strategy aims to guide neurotrauma research within Victoria to realise improvements in the independence of, and other outcomes, for TAC clients with traumatic brain injury (TBI) or spinal cord injury (SCI). Its focus is on new models of lifetime care and support, disability management and rehabilitation.
- New neurotrauma funding of \$20 million and the Neurotrauma Research Strategy was officially announced by the Hon. Gordon Rich-Phillips, the Minister responsible for the TAC in May 2012. A research funding agreement formally giving ISCRR responsibility for neurotrauma research and funding was signed by the TAC in June 2012.
- For the first time, ISCRR's Development Grant program allocated funding of \$200,000 to neurotrauma research and four Development Grants were subsequently awarded.

Future Neurotrauma research projects

<p>Multimodal MRI imaging in severe TBI patients (Development Grants)</p>	<p>Aim: To improve outcomes in TBI patients.</p> <p>Adoption/impact: In two pilot studies, multi-modality MRI brain imaging will be used to: investigate patient brain structure after craniectomy and improve neurosurgery techniques, and enable early prognostic algorithms to assist early decision making after severe TBI.</p>	<p>Duration 1 July 2012 – 30 June 2012</p> <p>Sponsor TAC</p> <p>Chief investigator Professor Jamie Cooper, Department of Epidemiology and Preventive Medicine, Monash University</p>
<p>Understanding how hypothermia impairs coagulation in patients with severe traumatic brain injury (Development Grant)</p>	<p>Aim: To investigate the effect of hypothermia on the three main elements of the coagulation system.</p> <p>Adoption/impact: This information will enable corrective blood product replacement or modification of target temperatures in these patients maximising benefit/risk ratios of this potentially valuable therapy and improving long-term patient outcomes.</p>	<p>Duration 1 August 2012 – 31 July 2012</p> <p>Sponsor TAC</p> <p>Chief investigator Professor Jamie Cooper, Department of Epidemiology and Preventive Medicine, Monash University</p>
<p>Development of an integrated, distributed clinical research database for spinal cord injury (Development Grant)</p>	<p>Aim: To develop the existing spinal cord injury register into a robust collaborative, web-based resource which will provide the necessary flexibility to facilitate a range of future research questions and programs.</p>	<p>Duration 1 June 2012 – 30 May 2013</p> <p>Sponsor TAC</p> <p>Chief investigator Dr David Berlowitz, Institute for Breathing and Sleep</p>

Neurotrauma research projects

<p>Longitudinal head injury outcomes study</p>	<p>Aim: To document long-term outcomes in a large cohort of patients with moderate to severe TBI up to 20 years after injury, and identify the factors most strongly predictive of outcome at various time-points.</p> <p>Adoption/impact: This project has been supported by TAC since 1996 and has improved functional outcomes and quality of life while reducing costs. Final outcomes will be delivered in 2014.</p>	<p>Duration 1 January 2012 (under TAC management since 1996) – 31 December 2014</p> <p>Sponsor TAC</p> <p>Chief investigator Professor Jennie Ponsford, Director of the Monash-Epworth Rehabilitation Research Centre, Epworth Hospital, Monash University</p>
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Compensation Research Database

The Compensation Research Database (CRD) is an internationally unique research database that incorporates datasets from both the TAC and WorkSafe. The CRD provides a platform for linking data to other datasets that enable large-scale epidemiological descriptive studies. It provides information dating back to the mid-1980s and incorporates data from more than two million personal injury compensation claims. These datasets are an important platform on which much of ISCRR's research into workplace and transport injuries is based.

A major milestone for the CRD during the year was the end of its three year funding period at 30 June 2012. In the lead-up to this milestone, the database was reviewed by ISCRR's three partners. The review concluded that:

- the project was of significant value to WorkSafe and the TAC;
- the scientific publications and other outputs of the project were of a high quality; and
- volume and data access by researchers is increasing.

Academic respondents interviewed as part of the review were very enthusiastic about the CRD and its value for research in compensation health. The review found that greater engagement with functional divisions at WorkSafe and the TAC was required and that improving the strategic relevance of questions to be answered by the CRD should be a future focus. In summary, the project is well aligned with ISCRR's mission and goals.

A number of technical enhancements have been undertaken during 2011/12 to improve the accessibility and ease of data extraction of the CRD. These include moving the database to a Structured Query Language server, and establishing new procedures for accessing and extracting data. The CRD is also now listed with Research Data Australia, the national portal of the Australian National Data Service (ANDS).

There were seven requests for data from the CRD during the reporting period with the following notable research activities undertaken using CRD data. These included the following:

- An initiative linking Victorian Orthopaedic Trauma Outcomes Registry (VOTOR) and Victorian State Trauma Registry (VSTR) was completed under the guidance of Associate Professor Belinda Gabbe from Monash University.
- A cross-jurisdictional repeat claims project comparing repeat workers compensation claims in Ontario, Canada with those in Victoria, Australia.

- An analysis of TAC common law claims as part of an ongoing collaboration with the Amsterdam Interdisciplinary Centre of Health and Law, Vrije University.
- A project aiming to identify patterns of health service use following severe Traumatic Brain Injury using statistical trajectory modelling.
- A project in collaboration with Monash Department of General Practice examining the medical certification behaviour of general practitioners over the period 1996 to 2011.
- A series of analyses examining predictors of sustained RTW and work disability recurrences in injured workers.
- An analysis of drivers of health service utilisation amongst TAC clients with musculoskeletal disorders.

Compensation Research Database research outputs

Journal articles

- Berecki-Gisolf, J., Clay, F. J., Collie, A., & McClure, R. (2012). The Impact of aging on work disability and return to work: Insights from workers' compensation claim records. *Journal of Occupational and Environmental Medicine*, 54(3), 318-327
- Berecki-Gisolf, J., Clay, F. J., Collie, A., & McClure, R. (2012). Predictors of sustained return to work after work-related injury or disease: Insights from workers' compensation claims records. *Journal of Occupational Rehabilitation*, 22(3), 283-291. [Epub 6 December 2011]
- Prang, K.-H., Ruseckaite, R., & Collie, A. (2012). Healthcare and disability service utilization in the 5-year period following transport-related traumatic brain injury. *Brain Injury*, 1-10. [Epub 27 June 2012]
- Ruseckaite, R., Gabbe, B., Vogel, A. P., & Collie, A. (2012). Health care utilisation following hospitalisation for transport-related injury. *Injury*, 43(9), 1600-1605. [Epub 11 March 2011]

Conference outputs

- Berecki-Gisolf, J., Clay, F., Collie, A., & McClure, R. (2011, 12-13 December). Ageing and return to work after injury or disease: Insights from workcover claims records. Paper presented at the Older Workers and Workability Conference, Melbourne, Australia.

- Berecki-Gisolf, J., Clay, F., Collie, A., & McClure, R. (2011, 20-22 November). Predictors of sustained return to work after work-related injury or disease: Insights from workcover claims records. Paper presented at the Accident Compensation Seminar, Institute of Actuaries in Australia, Brisbane, Australia.
- Berecki-Gisolf, J., Clay, F., Collie, A., & McClure, R. (2011, 13-14 October). The impact of ageing on work disability and return to work: Insights from workers' compensation claim records. Poster presented at the Australasian Compensation Health Research Forum, Melbourne, Australia.
- Collie, A. (2011, 23 November). Sub-acute health service utilisation following compensable injury. Paper presented at the Centre of National Research on Disability and Rehabilitation Medicine (CONROD), Herston, Australia.
- Etches, J., Mustard, C., Ruseckaite, R., & Collie, A. (2012, 1-2 June). Repeat workers' compensation claims. A prospective analysis in Ontario, Canada and Victoria, Australia. Paper presented at the Canadian Association for Research on Work and Health, Vancouver, Canada.
- Etches, J., Mustard, C., Ruseckaite, R., & Collie, A. (2012, 30 March). Repeat workers' compensation claims. A prospective analysis in Ontario, Canada and Victoria, Australia. Paper presented at the Research Action Alliance on the Consequences of Work Injury (RAACWI), Ontario, Canada.
- Etches, J., Mustard, C., Ruseckaite, R., & Collie, A. (2012, 15 March). Repeat workers' compensation claims. A prospective analysis in Ontario, Canada and Victoria, Australia. Paper presented at the Institute of Work and Health, Toronto, Canada.
- Etches, J., Mustard, C., Ruseckaite, R., & Collie, A. (2011, 14-15 November). Repeat workers' compensation claims. A prospective analysis in Ontario, Canada and Victoria, Australia. Paper presented at the Workers' Compensation Research Group Meeting, Massachusetts, USA.
- Prang, K.-H., Ruseckaite, R., & Collie, A. (2012, 21-25 March). Healthcare and disability service utilisation following transport-related traumatic brain injury. Paper presented at the Ninth World Congress on Brain Injury, Edinburgh, Scotland.
- Prang, K.-H., Ruseckaite, R., & Collie, A. (2011, 5-7 December). Healthcare and disability service utilisation in the 5-year period following transport-related traumatic brain injury. Paper presented at the 7th Health Services and Policy Research, Adelaide, Australia.
- Ruseckaite, R., Clay, F., & Collie, A. (2012, 31 May-2 June). Repeat workers' compensation claims: Who is at risk? Analysis of WorkSafe Victoria, Australia, compensation claims. Poster presented at the Canadian Association for Research on Work and Health, Vancouver, Canada.
- Ruseckaite, R., & Collie, A. (2011, 12-13 December). The impact of aging on work-related injury and disease. Paper presented at the Older Workers and Workability Conference, Melbourne, Australia.
- Ruseckaite, R., Gabbe, B., Vogel, A. P., & Collie, A. (2011, 5-7 December). Healthcare utilisation following hospitalisation for transport-related injury. Poster presented at the 7th Health Services and Policy Research, Adelaide, Australia.
- Ruseckaite, R., & Collie, A. (2011, 20-22 November). Repeat workers' compensation claims: Risk factors, costs and work disability. Paper presented at the Accident Compensation Seminar, Institute of Actuaries in Australia, Brisbane, Australia.
- Ruseckaite, R., & Collie, A. (2011, 13-14 October). Repeat workers' compensation claims: Risk factors, costs and work disability. Poster presented at the Australasian Compensation Health Research Forum, Melbourne, Australia.
- Ruseckaite, R., Gabbe, B., Vogel, A. P., & Collie, A. (2011, 19-21 September). Healthcare utilisation following hospitalisation for transport-related injury. Paper presented at the Meeting of the Australasian Epidemiological Association (AEA), Perth, Australia.
- Ruseckaite, R., & Collie, A. (2011, 6-9 September). Repeat workers' compensation claims: Risk factors, costs and work disability. Paper presented at the Meeting of the Scientific Committee on Epidemiology in Occupational Health (EPICOH) Oxford, England.

Evidence Review program

ISCRR's successful Evidence Review program began in November 2010. Policy makers and others within government organisations do not often have access to published research literature or, necessarily, the training required to interpret such information. Evidence reviews involve experts in the field of interest systematically collecting, summarising and analysing the existing evidence on a specified topic.

Often ISCRR's partner organisations require research in a timeframe that is too brief for a conventional systematic review. To address this issue, ISCRR developed the concept and method of rapid evidence reviews. These are a modified version of a systematic literature review and are generally completed in three months. The reviews search available peer-reviewed literature as well as other sources of information such as interviews or items on the Internet. The program is proving very popular with industry partners because of its ability to provide relevant and useful information in a short time frame.

As part of the Evidence Review program, ISCRR commissioned the National Trauma Research Institute to provide an ongoing Evidence Service; the purpose of which is to review the existing evidence evaluating the effectiveness of various clinical treatments. The Evidence Service has been operating since March 2008. In 2011/12, ISCRR undertook an evaluation of the nine reviews conducted as part of the Evidence Service over the past three years. The evaluation found that the reviews were of a high quality and that the findings provided significant value to WorkSafe, the TAC and the wider clinical community. Of the nine reviews undertaken at the time of the evaluation, four projects influenced policy by either leading to change or maintenance of the status quo, and a further two projects provided information for policy development.

Ten evidence reviews were completed during 2011/12 compared to seven in 2010/2011. A further six reviews were under way during the reporting period. For details of individual evidence reviews, see the research program reports commencing on page 17.

Capacity building

Partnership Grants

In 2011, ISCRR called for expressions of interest from researchers seeking WorkSafe or TAC support for their application for Australian Research Council (ARC) Linkage Project funding and National Health and Medical Research Council (NHMRC) Partnership Grants.

Eight expressions of interest from a total of 13 received during 2011/12 were selected for further development into full applications for submission to the ARC Linkage and NHMRC Partnership Grants.

Progress to date:

- Two applications were submitted to ARC Linkage grants. One of these applications was successful: Chronic pain and functional impairment following traumatic injury: An investigation into the impact of compensation status and experience; Chief investigators: Dr Melita Giummarra and Associate Professor Nellie Georgiou-Karistianis, Monash School Psychology and Psychiatry. TAC is the industry partner.
- Six applications are being developed for submission later in 2012. Seed funding was approved for some projects so the first stage could commence.

Development Grants

ISCRR's Development Grants provide researchers with the opportunity to investigate issues they have identified which will deliver tangible benefits to WorkSafe Victoria or the TAC in the short-term. The objective is to support smaller-scale projects conducted over a 12-month period, and they may provide evidence for more extensive research projects in the future.

The studies funded through 2011 Development Grants were completed. These were:

- Client perceptions of recovery following traumatic injury: Associate Professor Belinda Gabbe, Department of Epidemiology and Preventive Medicine, Monash University. (See page 34 for findings and impact.)
- Classification, management and outcome of severe pelvic ring fracture: Associate Professor Belinda Gabbe, Department of Epidemiology and Preventive Medicine, Monash University. (See page 31 for findings and impact.)
- Developing a public health policy response to wet work exposure: Dr Tessa Keegel, Centre for Occupational and Environmental, Monash University. (See page 18 for findings and impact.)
- Prevention of work-related musculoskeletal disorders: development of a toolkit for workplace users: Dr Jodi Oakman et al, Centre for Ergonomics and Human Factors, La Trobe University. (See page 18 for findings and impact.)

The 2012 Development Grant program allocated a total of \$200,000 to research into safety, compensation and recovery, with a further \$200,000 being made available to researchers working in neurotrauma research. Eight research projects were subsequently funded, four in safety, compensation and recovery and four in neurotrauma.

Early Career Fellowships and PhD scholarships

Another ISCRR initiative which aims to build the capacity of researchers in the compensation health field is the offering of Early Career Fellowships and PhD scholarships. Two Early Career Fellowships and two PhD scholarships commenced in 2011/2012.

Early Career Fellowships

- Outcomes of compensated injury in Victoria: a longitudinal approach. Project leader: Dr Janneke Berecki-Gisolf, Monash Injury Research Institute.
- The role of general practitioners in return to work after injury. Dr Agnieszka Kosny, Department of Epidemiology and Preventive Medicine, Monash University.

PhD scholarships

- Regulation of injury compensation systems (Monash Faculty of Law). Project leaders and primary supervisors: Professor Graeme Hodge, Monash University, and Dr Alex Collie, ISCRR. Candidate: Conan Brownbill.
- An analysis of the experiences and outcomes of clients in compensable systems in Victoria. Project leaders and primary supervisors: Dr Agnieszka Kosny, Monash University, and Dr Alex Collie, ISCRR. Candidate: Elizabeth Kilgour.

Other research outputs

Journal articles

- Clay FJ, Fitzharris M, Kerr E, McClure RJ, Watson WL. The association of social functioning, social relationships and the receipt of compensation with time to return to work following unintentional injuries to Victorian workers. *J Occup Rehabil*. 26 Jan 2012. Epub ahead of print.
- Collie A, Britt H, Henderson J, Ying-Pan H. Coverage of work-related injury and disease in Australian general practice. *International Journal of Social Security and Workers' Compensation* [accepted November 2011].

Conference outputs

- Collie A. Comparative research objectives: what matters to regulators? Canadian Association for Research on Work and Health (CARWH). 2 June 2012. Vancouver, Canada.
- Clay FJ. Factors associated with the duration of time lost from work following acute orthopaedic trauma. 2nd AEA-PHAA Postgraduate Student Conference. December 2011. Melbourne, Australia.
- Clay FJ. Identifying workers who change their recovery expectations following non-life threatening acute orthopaedic trauma. 2nd AEA-PHAA Postgraduate Student Conference. December 2011. Melbourne, Australia.
- Clay FJ. Information based interventions for injury recovery: a systematic review. 11th Accident Compensation Seminar. November 2011. Brisbane, Australia.
- Clay FJ. Social functioning and compensation as determinants of time lost from work following unintentional injuries to Victorian workers. 1st Australasian Compensation Health Research Forum. October 2011. Melbourne, Australia.
- Collie A. What should compensation systems know about researchers? Invited presentation. 1st Australasian Compensation Health Research Forum. 14 October 2011. Melbourne, Australia.
- Collie A and the ACHR Forum Organising Committee. Use of evidence in injury compensation systems: a consensus statement from Australia and New Zealand. Invited plenary presentation. Institute for Work & Health. 6 June 2012. Toronto, Canada.
- Collie A, Britt H, Henderson J, Ying-Pan H. Coverage of work-related injury and disease by workers' compensation in primary care. Canadian Association for Research on Work and Health (CARWH). 1 June 2012. Vancouver, Canada.
- Ellis N. Future frontiers: address to the Pulp and Paper

Industry WHS Conference. 17 November 2011. Melbourne, Australia.

- Ellis N. Futures in WHS: implications for physios in work-related practice. APA Conference. 28 October 2011. Brisbane, Australia.
- Ellis N. Managing stress in the workplace: a practice in transition. Bupa Health and Wellness Breakfast Seminar. 19 April 2012. Melbourne, Australia. 2 May 2012. Sydney, Australia.
- Ellis N. New frontiers: futures for OHS keynote address. Queensland Safety Conference. 4 October 2011. Brisbane, Australia.
- Ellis N. New frontiers: futures for OHS keynote address. Comcare National Conference. 14 September 2011. Melbourne, Australia.
- Ellis N. New frontiers: futures for WHS keynote address. 10th National Conference on Injury Prevention and Safety Promotion. 4 November 2011. Brisbane, Australia.

Other outputs

- Collie A. The rocky road to a national disability insurance scheme. *The Conversation* (www.theconversation.edu.au). 19 August 2011.
- Crichton K. Back to the future: does the past hold the answers to work health and safety that is fit for the 21st century? *National Safety Magazine*. 12th edn. Based on a presentation by Professor Niki Ellis on the findings of the Future Initiatives at the Queensland Safety Conference. August 2011.
- Ellis N. Application of futures studies methods to setting a research strategy. ISCR case study. Faculty of Health Sciences, University of Queensland. 19 August 2011 Ellis N. Discussion about OHS: its future, the need for research, the challenge of emerging psycho-social hazards and the importance of corporate social responsibility. Presenter: Kevin Jones. *SafetyAtWorkBlog*. 6 September 2011.
- Ellis N. Lessons for the National Disability Scheme. *The Conversation* (www.theconversation.edu.au). 30 April 2012.
- Ellis N. United we stand: are we harmonising the right OHS law? *The Conversation* (www.theconversation.edu.au). 12 January 2012.

Body weight supported treadmill training

Body weight supported treadmill training aims to improve walking in patients with a spinal cord injury through repeated practice with a harness holding the patient over a treadmill.



Chief investigator: Professor Russell Gruen, National Trauma Research Institute, Alfred Health

This evidence review analysed existing evidence comparing the use of 'body weight supported treadmill training' to other locomotive training approaches including physiotherapy, robotics using a machine to move the patient's legs, and electrical stimulation to trigger movements in leg muscles.

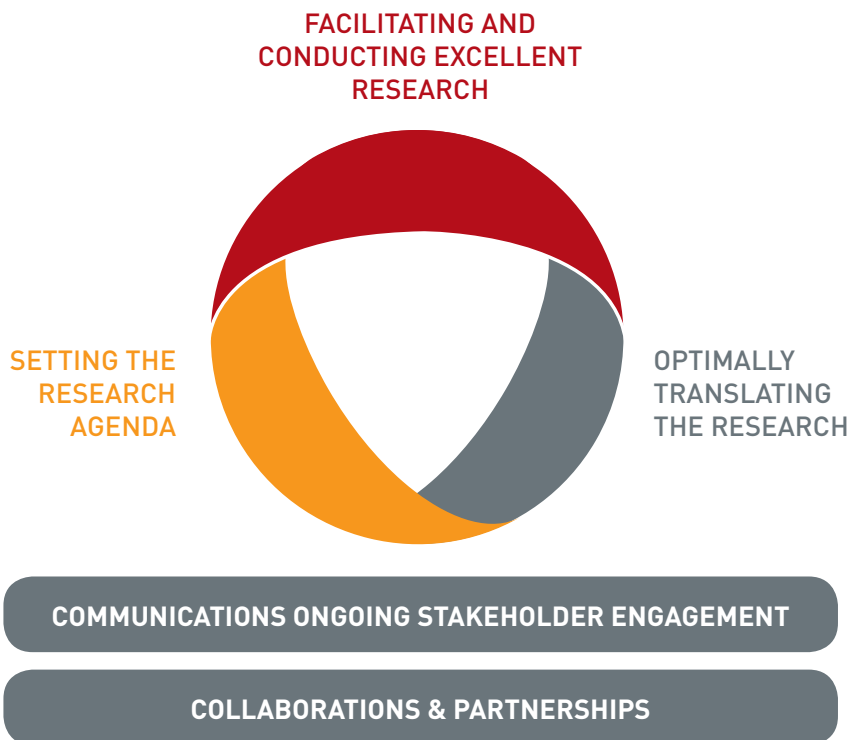
The findings: The evidence review found that locomotive training was beneficial but that there was insufficient evidence to conclude whether body weight supported treadmill training is more, less, or equally effective as other locomotive training approaches in terms of mobility, function and safety.

The impact: The research provided scientific evidence which the TAC has used to make policy and funding decisions in relation to locomotor training techniques.

The study was part of an ongoing project called the Evidence Service that conducts rigorous, impartial clinical evidence reviews to ensure that WorkSafe and TAC policy development and claims management is informed by clinical and scientific evidence.

Partnerships and stakeholder engagement

ISCRR's mission is to undertake research that will have a positive impact in a three-to-five-year period on personal injury schemes and their clients. Evidence on research translation shows that collaboration between end-users and researchers on the determination of research questions is a critical success factor. In addition to facilitating the conduct of research, ISCRR allocates resources to setting the research agenda and to the provision of support for translation activities. ISCRR recognises that as well as seeking to influence policy in its research translation, we need to influence practice. Accordingly, ISCRR aims to build relationships with a broad range of stakeholders and involve them in our research as appropriate.



Partnerships and collaborations

ISCRR has built an extensive research network that now comprises around 72 researchers from universities in Victoria, New South Wales, Queensland, New Zealand, Amsterdam, the Netherlands and Toronto, Canada.

ISCRR's innovative approach to research is gaining a national and international reputation. Throughout the reporting period, ISCRR has engaged in collaborative projects with the Institute for Work & Health in Canada, the Wrije University in Amsterdam and the Accident Compensation Corporation in New Zealand. It has had significant engagement with the Centre of Disability Research at the Liberty Mutual Research Institute for Safety, and with the University of British Columbia and Cardiff University. It has also built promising relationships with the Rick Hansen Institute and the Ontario Neurotrauma Foundation.

Similarly at a national level, ISCRR undertook collaborative projects with the Motor Accidents Authority in New South Wales, the Motor Accidents Insurance Commission and Q Comp in Queensland and the Australian Government's Comcare.

ISCRR took the lead in a partnership with the Accident Compensation Commission in New Zealand to host the first Australasian Compensation Health Research Forum in October 2011. The forum saw researchers and policy makers from Australia and New Zealand come together to discuss the most important issues in compensation systems and compensation health research.

In late 2011, ISCRR also took the lead in establishing the Compensation Health Research Network, a partnership between ISCRR, the University of Melbourne, the Rehabilitation Studies Unit at the University of Sydney and the Centre for National Research on Disability.

The Australasian Compensation Health Research Forum and the formation of the Compensation Health Research Network have together helped to establish compensation health research as a new discipline and achieved significant steps toward national collaboration in this arena.

Communications and stakeholder engagement

ISCRR's collaborative research model is supported by a community of engaged stakeholders collectively known as our Think Tank. The Think Tank comprises policy makers; members of the Australian and international research community; union representatives; legal, rehabilitation and health care service providers; and health and disability advocates. During 2011/12, the Think Tank grew by over 300% to include more than 2000 members.

ISCRR engages stakeholders through face-to-face events, targeted media articles, eUpdate (the monthly electronic newsletter sent to the Think Tank database which has grown by more than 300% over the reporting period) and via social media. A collaborative Information Management platform to facilitate online interaction with stakeholders was trialled during 2011/12. This requires further refinement to improve access through the development of a seamless login facility.

Demand for places at the inaugural Australasian Compensation Health Research Forum, held in October 2011 in partnership with the New Zealand Accident and Compensation Corporation, exceeded planned targets. Registration was closed at 118 registrants from New South Wales, Queensland, Tasmania, South Australia, Western Australia and New Zealand. Summaries of presentations were uploaded to the ISCRR website throughout the conference, and Twitter was used to good effect to keep those unable to attend in touch with key points made by the speakers. The conference received positive feedback from participants and the broader compensation industry, leading to the Motor Accident Authority of New South Wales becoming a partner in subsequent conferences.

The following three Guest Expert Seminars were conducted by ISCRR during 2011/2012

- Dr Peter Smith, Monash University: The ageing workforce and its implications for occupational health and safety prevention programs and work-injury compensation systems. A Canadian perspective.
- Professor Angela Colantonio, University of Toronto: Work-related traumatic brain injury.
- The recipients of a 2011 Development Grant presented their research findings. (See page 46 for information about Development Grant projects.)

In addition, stakeholder engagement included meetings with researchers to discuss the implementation of the five-year research strategy, meetings between policy makers and researchers to present research findings and informative presentations by Professor Arno Akkermans, VU University Amsterdam, and Professor Jos Verbeek, Finnish Institute of Occupational Health.

ISCRR significantly increased its media activity with both general and industry media during 2011/12. There were 12 media articles relating to ISCRR from July to December 2011, increasing by over 400% to 52 from January to June 2012. Media and publications included Wikipedia, 3AW, The Conversation, The Australian Weekend Professional, Leader newspaper, Royal Auto (RACV), Monash News/Memo, Safety at Work blog, Australian Ageing Agenda, Thomson Reuters Occupational Health News and others.

Similarly, ISCRR substantially increased its engagement through social media during the reporting period, with its Twitter followers growing from around ten on 1 July 2011 to 234 on 30 June 2012. ISCRR sent 392 industry-related tweets during the period. Tweet Reach, a Twitter analysis website, estimated that the most recent 50 ISCRR tweets reached 13,976 accounts when factoring in re-tweets. Social media analytics scored ISCRR at 36 out of 100 for influence, which is significant for the relatively modest number of followers.

Governance

ISCRR's collaborative research model relies on extensive and ongoing consultation and engagement. As such, ISCRR has built a research governance structure that is based on dialogue between policy makers, their stakeholders and researchers at every stage of a research endeavour – from setting the research agenda, through facilitating and conducting excellent research, to translating the research findings into best practice in WorkSafe and TAC operations.

A feature of the research governance structure is the establishment of content-specific Program Advisory Groups (PAGs). The primary function of the PAGs is to develop the research within each program, including clarification of relevant research questions and methodology. The PAGs will bring policy makers and researchers together to develop a research agenda that is relevant and actionable, and of international quality. The PAGs are chaired by an ISCRR appointed Program Lead and supported by a Program Manager based at ISCRR. As at 30 June 2012, the Occupational Health and Safety PAG had been established, and the membership of the other PAGs had been identified with first meetings imminent in the new financial year.

Together with Research Management and Translation staff, PAGs are responsible for the development and translation of thematically based projects under the oversight of ISCRR's Chief Research Officer. Projects are then presented for approval (or for referral to the ISCRR Board) at the Relationship Management Committee.

The Relationship Management Committee provides support to ISCRR's development and direction by:

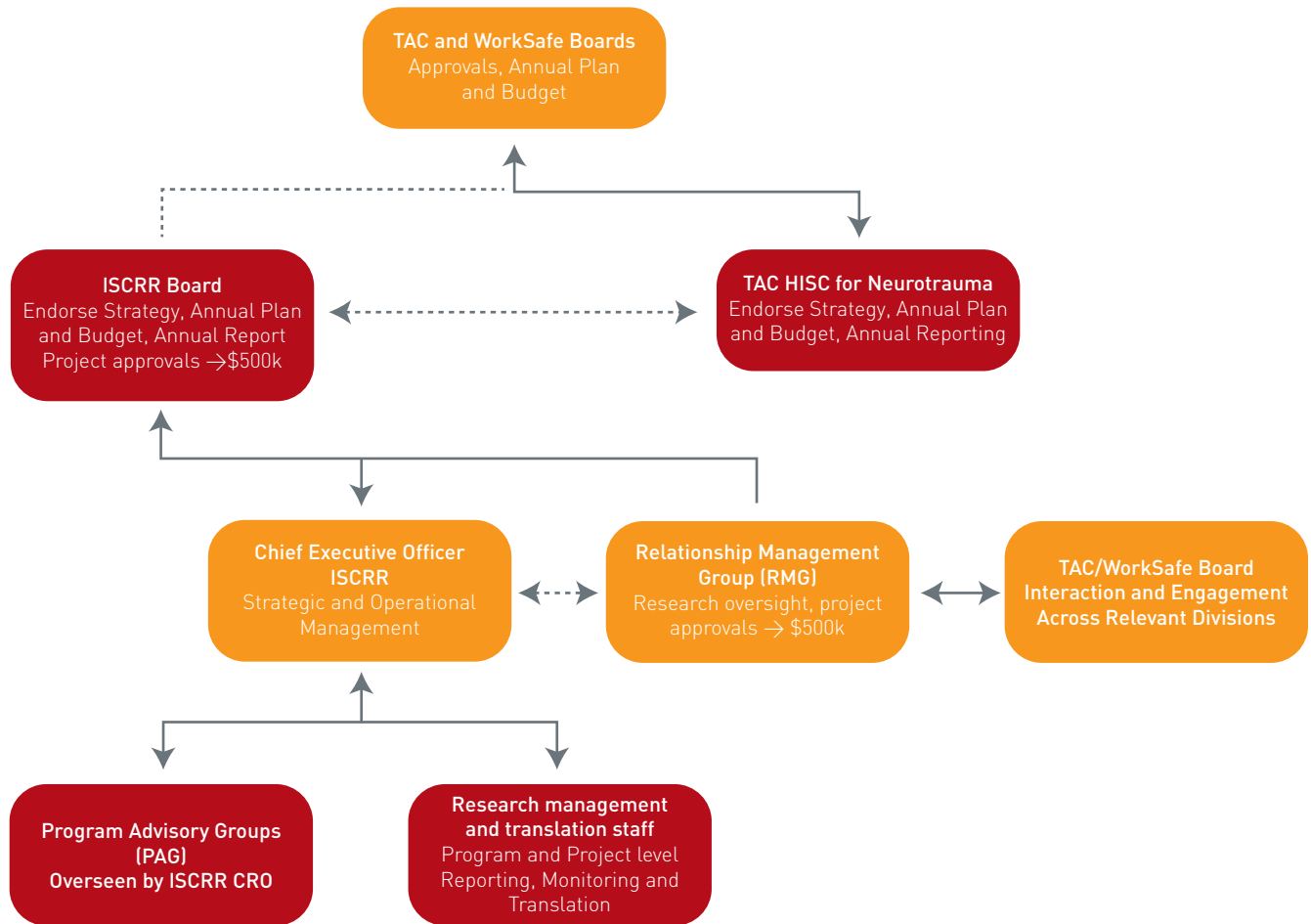
- providing advice to assist the ISCRR CEO and ISCRR Board in developing research programs that are aligned with TAC and WorkSafe priorities;
- monitoring the progress of ISCRR's research program against its Strategic Research Plan;
- facilitating interaction and coordination of the research program teams with WorkSafe and TAC staff and existing business initiatives;
- participating in ISCRR activities, including reviewing ISCRR-supported research and relevant meetings and seminars; and
- utilising advice from various bodies including the TAC's Health Issues Committee for Neurotrauma Program related matters.

Members of the Relationship Management Committee during the 2011/12 year were:

- Glenn Ockerby, Executive Director Corporate Strategy, Business and Performance Management, WorkSafe
- Beven Yee, Manger Strategic Evaluations Corporate Strategy and Planning, WorkSafe
- David Gifford, Acting Head Strategic Intelligence and Planning, TAC
- David Atwood, Senior Manager Claims Research Business Risk and Intelligence, TAC
- Sarah Newton, Director Strategic Alliances, Monash University
- Professor Niki Ellis, ISCRR Chief Executive Officer
- Dr Alex Collie, ISCRR Chief Research Officer.

The monthly Relationship Management Committee meetings continue to provide an effective platform for the management and review of ISCRR's work program as well as identifying opportunities for ISCRR to engage in wider industry debates. The Relationship Management Committee met 12 times during 2011/12.

Overarching Governance Process



Board of Directors

ISCRR's governance model is overseen by a Board of Directors comprised of representatives from each of the partner organisations and one independent director. ISCRR is run as a centre within Monash University.

Board members

Mr Chris Latham

Appointed Director November 2010
Interim Chairperson
Former Partner, PriceWaterhouseCoopers
Meetings attended in 2011/12: 4/4

Greg Tweedly

Appointed Director April 2010
CEO, WorkSafe Victoria
Meetings attended in 2011/12: 3/4

Janet Dore

Appointed Director April 2010
CEO, Transport Accident Commission
Meetings attended in 2011/12: 3/4

Doug Kearsley

Appointed Director March 2009
Strategic Advisor to Transport Accident
Commission and WorkSafe Victoria
Meetings attended in 2011/12: 3/3

Andrew Way

Appointed Director August 2011
CEO, Alfred Health
Meetings attended in 2011/12: 2/3

Geoff Brookes

Appointed Director September 2011
Managing Director, GBS Ventures
Meetings attended in 2011/12: 0/3

Edwina Cornish

Appointed Director April 2009
Senior Deputy Vice-Chancellor, Monash University
Meetings attended in 2011: 4/4

Julie Caldecott

Appointed Director April 2012
Board Member, Transport Accident Commission
Meetings attended in 2011/12: 1/1

James Mackenzie

Appointed Director May 2009
Resigned October 2011
Board Member, WorkSafe Victoria
Meetings attended in 2011/12: 1/1



ISCRR Board 2011 - 2012

From Left: Doug Kearsley, Professor Niki Ellis (ISCRR CEO),
Edwina Cornish, Chris Latham (Acting Chairman), Andrew Way,
Greg Tweedly. (Not pictured: Geoff Brookes and James MacKenzie)

2012 Financial Statements

For purpose of Directors' Reporting Policy

Statement of Income and Expenditure

For the Financial Year Ended 30 June 2012

	Core Funding	External Funding	2012 Total Core and External Funding	2011 Total Core Funding
	\$'000	\$'000	\$'000	\$'000
Revenue				
Funding Revenue	5,771	959	6,730	4,717
Other Revenue	399	-	399	347
Interest Income	49	7	56	57
	6,219	966	7,185	5,121
Expenditure				
Research Projects (Note 2)	4,380	861	5,241	2,708
Research Support (Note 3)	652	-	652	1,252
Corporate Support (Note 3)	1,358	-	1,358	1,047
	6,390	861	7,251	5,007
Unspent funds (deficit) for the year	(171)	105	(66)	114
Brought forward unspent funds	980	63	1,043	929
Accumulated unspent funds carry forward	809	167	977	1,043

The above statement of income and expenses should be read in conjunction with the accompanying notes to the financial statements.

Statement of Assets and Liabilities

As at 30 June 2012

	2012	2011
	\$'000	\$'000
Assets		
Cash and cash equivalents	1,087	1,138
Accrued interest	20	12
	1,107	1,150
Liabilities		
Accruals	130	107
	130	107
Net Assets	977	1,043
Represented by:		
Accumulated funds brought forward	1,043	929
(Deficit) / Unspent funds for the year	(66)	114
Accumulated funds carry forward	977	1,043

The above statement of assets and liabilities should be read in conjunction with the accompanying notes to the financial statements.

Notes to the financial statements

The Institute for Safety Compensation and Recovery Research ("ISCRR") was established in April 2009 under the Research Institute Collaboration Agreement (the "Agreement") between the Transport Accident Commission "TAC", the Victorian WorkCover Authority "WorkSafe" and Monash University "Monash" for the purpose of acting as a centre of excellence to facilitate research and best practice in the areas of injury prevention, rehabilitation and compensation practice and to improve outcomes in those areas. ISCRR is an unincorporated entity not established for the purpose of making a profit. The management structure of ISCRR consists of the Board, the Chief Executive Officer and the Committees.

Operationally, ISCRR is part of Monash and is located within the Office of the Senior Deputy Vice-Chancellor and Deputy Vice-Chancellor Research. Monash provides the ancillary assistance and resources towards the conduct of ISCRR activities and is responsible for the accounting function. There is no separate bank account for ISCRR as all monies are paid to and administered by Monash. All employees of ISCRR are employed by Monash and salary and on costs are recharged to ISCRR.

1. Summary of Significant Accounting Policies

ISCRR is not required to apply any specific Australian Accounting Standards and therefore the financial statements have been prepared solely for the purpose of compliance with the Agreement between TAC, WorkSafe and Monash and are based on the accounting policies listed below:

(a) Revenue recognition

Funding revenue is recognised when calls are made on funding agencies in accordance with respective funding agreements in the operating statement to correspond to the period to which the research project and operating expenditure are allocated.

Core funding revenue relates to the contribution as set out in the agreement between TAC, WorkSafe and Monash.

External funding revenue relates to contribution other than in relation to the above mentioned agreement.

(b) Interest income

Interest income is recognised on an accrual basis and is earned on funds in the ISCRR cost centre accounts held in bank accounts maintained by Monash. These funds are invested in accordance with Monash's approved treasury policy and interest earned is returned to ISCRR as revenue for use in ISCRR activities.

(c) Recognition and allocation of expenditure

Funding for research projects is recognised as expenditure when funding is transferred to project funds in accordance with the approved Project Plans. The balance of project funds is held and managed by Project Leaders for payment of research costs and expenses until the completion of the projects. All other expenditure is recognised on an accrual basis.

Staff salaries and on costs including operating costs not directly attributable to research projects but incurred in undertaking research initiatives or in providing project management and oversight of ISCRR research projects are allocated to Research expenditure. All other costs are allocated to Research Support or Corporate Support expenditure.

(d) Employee benefits

No provision is made for benefits accruing to employees in respect of annual leave, long service leave and superannuation as these benefits have been included in the salary and on costs recharged to ISCRR.

(e) Monash ancillary assistance and resources

Total expenditure in the operating statement includes the cost of ancillary assistance and resources directly attributable to the conduct of ISCRR activities which has been provided by Monash as set out in the agreement between TAC, WorkSafe and Monash. The value of such ancillary assistance and resources provided is recognised as contribution by Monash as revenue to ISCRR. In addition, Monash also provides research infrastructure support for ISCRR projects conducted by Monash organisational units. Infrastructure support includes the cost of space, utilities, purchasing/leasing and maintenance of any permanent infrastructure available to the research team. The value of infrastructure support provided by Monash is not recognised in these financial statements.

(f) Cash and cash equivalents

Cash and cash equivalents are monies held by Monash for the purpose of ISCRR.

(g) Revenue receivables

Revenue receivables are measured at amortised cost and reflect monies that the entity is entitled to, which remain outstanding at reporting date.

(h) Accumulated funds

Accumulated fund represents the accumulated unspent funds of revenue less deduction for expenditure incurred to reporting date.

(i) Rounding

The amounts in the financial statement are rounded off to the nearest thousand dollars unless otherwise indicated.

2. Expenditure: Research Projects

	Core Funding	External Funding	2012 Total Core and External Funding	2011 Total Core & External Funding
	\$'000	\$'000	\$'000	\$'000
Compensation Research Database	319	-	319	50
Evidence Service	184	-	184	174
Employment Performance Management Program	94	-	94	199
Noise Induced Hearing Loss	-	-	-	72
Work Related Fatalities	185	-	185	432
TAC Client Outcome Study	-	-	-	60
Victoria Orthopaedic Trauma Outcomes Phase 1	-	-	-	148
TAC 2015 Claims Model Evaluation - Phase 1	-	-	-	74
WorkSafe - Evaluation of Work Health initiative	-	461	461	511
Think Tank - Stakeholder Dialogue	-	-	-	90
Research to Action	-	-	-	24
Return on prevention	-	-	-	6
TAC 2015 Claims Model Evaluation - Phase 2	305	-	305	157
WorkSafe History project	-	-	-	31
Rapid Reviews	-	-	-	14
Health Effects of Compensation Systems	205	-	205	111
Victoria Orthopaedic Trauma Outcomes Phase 2	405	-	405	116
ARC Linkage - Return to Work Self Management Intervention	-	38	38	166
Program 1				
Occupational Health & Safety (OHS) Program	12	-	12	-
Research Development	129	-	129	-
OHS leading indicators tool	170	-	170	-

Program 2

Workplace based and system based Return to Work Interventions	97	-	97	-
Cohorts study	108	-	108	-
Evaluation of RTW coordinator training	25	-	25	-
RTW Partnership grant	120	-	120	-

Program 3

Research Development	32	-	32	-
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Program 4

Compensation System Program	1	-	1	-
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Program 5

Evidence Reviews 2011-2012	160	-	160	-
Research To Action model evaluation	37	-	37	-
Setting the research agenda	41	-	41	-

ARC Linkage - Determining the individual, community and societal impacts of compensable injury in Australia	215	129	344	-
PhD Scholarships	83	-	83	83
Early Career Fellowships	65	-	65	51
Development Grants	148	-	148	139
Capacity building initiatives	129	-	129	-
Neurotrauma Activities	-	233	233	-
Salary and related	1,015	-	1,015	-
Travel, conference related & other expenses	95	-	95	-
	4,380	861	5,241	2,708

3. Expenditure other than Research Projects

	Total Core Funding	Total External Funding	2012 Total Core and External Funding	2011 Total Core & External Funding
	\$'000	\$'000	\$'000	\$'000
Research Support				
Stakeholder engagement consultant	137	-	137	82
Communication strategy	91	-	91	101
Information management strategy	30	-	30	228
Salary and related	377	-	377	804
Travel & conference related	17	-	17	37
	652	-	652	1,252
Corporate Support				
Salary and related (including Director's fees)	529	-	529	461
Finance and administrative services	197	-	197	171
Travel and conference related	32	-	32	8
Other operating expenses	34	-	34	60
	792	-	792	700
Ancillary assistance and resources				
Rental and related	183	-	183	127
Computers & equipment related	68	-	68	64
Internet, networks and related infrastructure	81	-	81	38
Monash Central support	224	-	224	56
Other operating	10	-	10	62
	566	-	566	347

4. Undrawn Funds – Core Funding

In addition to the unspent funds, undrawn funds available to ISCRR for drawdown from the collaboration parties' commitments to 30 June 2012 are reconciled in the table below.

	2012	2011
	\$'000	\$'000
Funding commitments to 30 June	17,927	11,360
LESS:		
Funding received for commitments payable to 30 June	13,334	7,562
Total undrawn funds as at 30 June	4,593	3,798

5. Comparative figures

Certain prior year comparatives have been reclassified to conform to changes in the current year's presentation, in order to better reflect the operations and the budget. This includes the reclassification of \$329k of corporate support expenses into research support and \$273K of research support into research projects for the year ended 30 June 2011.

6. Going Concern note

Whilst this is the penultimate year of the Research Institute Collaborative Agreement, it should be noted that a second agreement for a TAC based Neurotrauma Research program has already been agreed and contracted to run from 1 July 2012 until 30 June 2015. This \$24.7m agreement is underway and will operate under the terms and conditions of the original RICA. It is also important to understand that a major component of the RICA review includes recommendations on the conditions under which a renewed agreement would operate.

Statement by Chairman and Chief Executive Officer

We certify that the financial statements of the Institute for Safety Compensation and Recovery Research ("ISCRR") have been prepared in accordance with the Directors' reporting requirements and the accounting policies set out in the notes to the financial statements.

We further state that, in our opinion, the information set out in the statement of income and expenditure, statement of assets and liabilities, and the notes to the financial statements, present fairly the financial transactions for the year ended 30 June 2012 and the financial position of ISCRR as at that date.

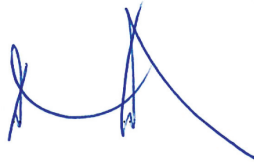
We are of the opinion to believe that ISCRR will be able to pay its debts as and when they become due and payable

We are not aware of any circumstances which would render any information included in the financial statements misleading or inaccurate.

Dated at Melbourne
24th August 2012



Chris Latham
Chairman



Professor Niki Ellis
Chief Executive Officer



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Independent Auditor's Report to the Board of the Institute for Safety, Compensation and Recovery Research "ISCRR" (the Institute)

We have audited the accompanying financial statements, being a special purpose financial statement, of the Institute for Safety, Compensation and Recovery Research "ISCRR" (the Institute) which comprises the Statement of Assets and Liabilities as at 30 June 2012 and the Operating Statement for the year then ended, notes to the financial statements comprising a summary of significant accounting policies and the Board's declaration as set out on pages 1 to 8. In addition, we have audited ISCRR's compliance with the specific reporting requirements of the Board of ISCRR.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the basis of preparation described in Note 1 and for compliance with the specific reporting requirements of the Board. Management's responsibility also includes such internal control as management determines is necessary to enable compliance with the specific reporting requirements of the Board and the preparation of the financial statements that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on ISCRR's compliance with the specific reporting requirements of the Board and the financial statements based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether ISCRR has complied with the specific reporting requirements of the Board and the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements and ISCRR's compliance with the specific reporting requirements of the Board. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements and non-compliance with the specific reporting requirements of the Board, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements and ISCRR's compliance with the specific reporting requirements of the Board in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management as well as evaluating the overall presentation of the financial statements.

Deloitte

Inherent Limitations

Because of the inherent limitations of any compliance procedure, it is possible that fraud, error, or non-compliance with the specific requirements of the Board may occur and not be detected. An audit is not designed to detect all weaknesses in ISCRR's compliance with the specific requirements of the Board as an audit is not performed continuously throughout the period and the tests are performed on a sample basis.

Any projection of the evaluation of compliance with the specific requirements of the Board to future periods is subject to the risk that the procedures, may become inadequate because of changes in conditions, or that the degree of compliance with them may deteriorate.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, in all material respects:

- The financial statements present fairly, the financial position of the Institute as at 30 June 2012 and of its financial performance for the year then ended 30 June 2012, in accordance with the accounting policies described in Note 1 to the financial statements;
- ISCRR's activities and expenses to which each of the TAC Funding, WorkSafe Funding and the additional Funding (the "Funding") were applied are in accordance with the ISCRR Funding principles as per the Research Institute Collaboration Agreement (the Agreement) ;
- The balance of Funding not used during the financial year ended 30 June 2012 are reconciled and held in Monash bank accounts; and
- The expenditure on ISCRR activities and projects are in accordance with the approved financial delegations as defined in the Agreement.

Basis of Accounting and Restriction on Distribution and Use

Without modifying our opinion, we draw attention to Note 1 to the financial statement, which describes the basis of accounting. The financial statements have been prepared to assist the Institute for Safety, Compensation and Recovery Research in complying with the reporting requirements of the Board. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for the Board and the Participants of the ISCRR and should not be distributed to or used by parties other than the Board and the Participants of the ISCRR.



DELOITTE TOUCHE TOHMATSU



Isabelle Lefevre
Partner
Chartered Accountants

Melbourne, 24th August 2012



A joint initiative of



TRANSPORT
ACCIDENT
COMMISSION



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Monza Recycled is Certified Carbon Neutral by The Carbon Reduction Institute (CRI) in accordance with the global Greenhouse Gas Protocol and ISO 14040 framework. The Lifecycle Analysis (LCA) for Monza Recycled is cradle to Grave including Scopes 1, 2 and 3. It has 55% recycled content.



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