



ISCRR

Institute for Safety, Compensation
and Recovery Research



Research design

Activity

Output

Adoption

IMPACT

Maximise the impact of our research by working with our stakeholders to design research questions, conduct research and translate it into policy and practice.



A joint initiative of



TRANSPORT
ACCIDENT
COMMISSION



MONASH
University

The Institute for Safety, Compensation and Recovery Research (ISCRR) was established in 2009. It is a partnership between WorkSafe Victoria (WorkSafe), the Transport Accident Commission (TAC) and Monash University (Monash) to facilitate research that is relevant to the schemes and their clients, and has impact. The three partner organisations provide funding and support and the partnership is governed through the Research Institute Collaboration Agreement (RICA).



What we do

Our mission

Our mission is to conduct 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 and illnesses and improved health, vocational and social outcomes.

Our goals

Have a 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.

Establish a best practice model for multi-disciplinary, 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.

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“We believe ISCRR is moving towards a best practice research model. Few organisations have managed to achieve this progress in the same amount of time.”

PwC report *‘What value has ISCRR delivered for its partners?’* February 2013

Chairman's report



I'm delighted to have joined ISCRR as Interim Chair on 19 August 2013. I extend a warm and sincere thanks to Chris Latham, who held the role from November 2011 and provided, along with his Board colleagues, excellent stewardship over a significant year for the organisation.

The creation of ISCRR in 2009 represented a bold move on behalf of our funding partners. The mandate was to facilitate research designed with a very practical orientation – shifting the emphasis towards anticipating and solving real-world issues affecting health, work and scheme outcomes within the injury compensation arena in Victoria.

While the vision was certainly clear, ISCRR needed to develop a new research model to achieve it. I'm pleased to report that in just four short years, ISCRR has resolutely delivered value to our partners, while continuing to evolve our organisation and operations to ensure we have the best model in place to continue to improve into the future.

PwC review validated ISCRR's performance

In 2012, PwC was commissioned to undertake an independent evaluation of ISCRR, consistent with the Research Institute Collaboration Agreement (RICA) that auspices ISCRR's operations.

The review was conducted over several months with the full cooperation of the many people within the partnership and I would like to acknowledge the input and effort of all who contributed to the review.

The final report was delivered in February 2013. The review found that ISCRR has developed an innovative research model that is delivering value to its industry partners.

Importantly, the review found that, assessed against best practice, ISCRR is moving towards being an advanced collaborative research organisation characterised by:

- A culture of collaboration and partnerships – to ensure all necessary skills are accessed to undertake research;
- Program and matrix structures – to ensure research is prioritised and ideas are harnessed;
- Research investments that are linked to investor priorities – to ensure relevance of research; and
- Systematic management of innovation and adoption – to ensure value is delivered through the research.

The review also identified areas for improvement, including strengthening our own continuous improvement, broadening our stakeholder engagement and developing a cross-program approach to our work to achieve whole-of-portfolio management. In particular, the review found we need to get better at helping our partners

translate the research into their operations and practice, and in turn, they need to be more active in maximising the benefit of their investment. This finding is consistent with our inaugural Partnership Satisfaction Survey completed in 2012, which found only 42 per cent of those surveyed within our partner organisations were satisfied with the translation of research into actionable outcomes.

Significant work has already been done to implement these recommendations, along with several other aspects of the review that highlighted areas for improvement.

ISCRR has developed an innovative research model that is delivering value to its industry partners.

New funding for the next five years

As a result of the review, I'm delighted to report that WorkSafe and the TAC have agreed to fund ISCRR for another five years.

This is both an excellent endorsement of the value of ISCRR's work to date and a solid platform upon which to build a sustainable model into the future.

The broader context

With the implementation of DisabilityCare Australia, we are at a critical point of change in our society. Never before has disability management been the focus of such active and passionate national conversation. The nexus of all work in this area – whether it is the TAC, WorkSafe

or our international scheme peers – is creating better outcomes for people living with disability, understanding how to support them returning to health and work sooner, or living as independently as possible. It is exciting that ISCRR's maturity as an organisation, which fuses research with tangible impact, coincides with an evolution in the disability management context in Australia.

Acknowledgements

I thank each member of our Board for their contribution during what has been a watershed year for ISCRR. In particular, I'd like to acknowledge Professor Edwina Cornish, who was a founding Board member at ISCRR and who retired from the Board this year. A warm welcome to Denise Cosgrove and Professor Pauline Nestor who joined as directors in November 2012 and April 2013 respectively.

I extend a huge thank you and congratulations to CEO Professor Niki Ellis, whose leadership, tenacity and passion for ISCRR have been instrumental to the organisation's success. I also acknowledge and thank each and every staff member, whose professionalism and dedication during the year has been exemplary.

I look forward to the coming year with great excitement and enthusiasm.

Paul Shannon, Interim Chair



CEO's report



“Providing value to our partners over and above traditional approaches, particularly in the areas of research translation and adoption.”

The past year has heralded a ‘coming of age’ for our organisation; a year in which our ability to achieve our mission and goals has been independently reviewed and affirmed.

The theme of this year’s report is ‘impact’ because it’s a word that is intrinsic to what we do and how we do it. It is our driving motivation – to facilitate research and help our partners use it to positively impact the lives of people affected by work or road trauma and the financial viability of their schemes.

This year, we created a set of practical, meaningful organisational values that guide the way we work with each other internally and with our partners and stakeholders, using the acronym ‘IMPACT’.

Independent review of ISCR’s performance

During the year, PwC completed a review of ISCR’s operations to determine what value our organisation is delivering to WorkSafe, the TAC and Monash University, with a view to helping our partners to make an informed decision about ISCR’s future beyond the initial five-year contract.

The review provided an independent analysis of our work, highlighting areas where we have made significant gains in a short period of time, and attesting to the value our organisation delivers. Key findings of the review included that we are:

- Benchmarking well against a number of best practice criteria;
- Demonstrating positive returns on investment; and
- Providing value to our partners over and above traditional approaches, particularly in the areas of research translation and adoption.

Importantly, the review also concluded that ISCR has been able to bring together a diverse group of partners and respond appropriately to their varying requirements.

Our program-based approach is working

This year, we fully implemented the program-based approach that was introduced with such promise in 2011/12. Research is now divided into four major streams that reflect logical research cohorts and mirror to a large degree the business streams of WorkSafe and the TAC.

Our Program Advisory Groups for each research area bring senior researchers and policymakers together to develop research questions with the end-user in mind, and ensure meaningful collaboration is embedded every step of the way. As this approach matures we are finding that this dialogue is critical to success. Researchers bring a longer-term view and broad and deep knowledge to the table; policymakers bring an understanding of needs and a grounded perspective on feasibility. I thank the Program Advisory Group members, listed on page 23, for their contribution and their forbearance as we have experimented with this approach.

Translation: work in progress

We continue to work to improve our effectiveness at research translation. Internally we have integrated our Research Translation function with our four program streams, and are seeking to further integrate the research translation delivery with our Stakeholder Engagement and Communication activity. We are also working with the TAC and WorkSafe to increase their capacity and capability for research translation.

It's about impact, not just output

A major achievement this year was the development and implementation of a method for measuring impact. This was achieved by meshing together the latest thinking from the academic sector on impact assessment, provided by Monash, and methods used by the actuaries

in WorkSafe and the TAC to assess savings from long-term liabilities. We follow up all research projects qualitatively to obtain information on adoption and impact. In addition, we do detailed qualitative and quantitative analysis on a selection of case studies.

Reflecting broader moves towards quantifying the value and acquittal of research funding, this work has generated substantial interest among the academic community in Australia and overseas, and has led to numerous invitations to present the study findings, including to the inaugural meeting of the NHMRC Research Translation Faculty. Our next challenge is to refine the method so that it can become a part of usual business.

Improving our people management

ISCRR employees are highly regarded and passionate about our mission. One of the most pleasing aspects of the Partner Satisfaction Survey was finding that the capability and commitment of our employees are regarded as a core strength of the organisation, which is testament to the calibre of people we have on our team.

Our inaugural Staff Satisfaction Survey, which had an excellent response rate of 87 per cent, revealed the vast majority of our employees believe in the work that ISCRR does and feel we are an innovative organisation. However the survey also showed that work at ISCRR is fairly intense, and there is scope to improve the efficiency of our processes and role clarity between our teams. The results of the survey are described in more detail on page 17 and 18.

Building capacity for research in this field

Over the years since our establishment, we have worked hard to build and strengthen our relationships with key organisations in Australia and abroad to help us add value to what we do and learn from others. Working in the knowledge sector, these relationships and our reputation as a provider of reliable, relevant and insightful information are crucial.

In addition to our strong collaborations across Australia, we have continued to strengthen our relationships with leading centres of compensation health research internationally.

Recognition of the ISCRR model

During the year, Monash University was awarded the prestigious Ashley Goldsworthy Award for sustained collaboration between business and higher education at the recent Business/Higher Education Round Table (B-HERT) awards. ISCRR was recognised as a joint winner, along with the Monash University Accident Research Centre (MUARC).

The B-HERT Award recognises that we have created a new way to bridge the gap between the academic research world and that of the policymakers and program managers. As a result, research is answering the questions that matter to the schemes, in both the short and long term.

Evolving and refining our approach

Despite our success to date and validation provided by the PwC review, we are not complacent. With our future assured for the next five years under a new agreement with our funding partners (to be negotiated by the end of 2013), ISCRR is primed to capitalise on the work already begun in transforming our organisation towards a more efficient, high performing model.

The B-HERT Award recognises that we have created a new way to bridge the gap between the academic research world and that of the policymakers and program managers.

Over the next year, we will be transitioning to a portfolio research model. This evolution reflects contemporary best practice and was one of the key recommendations of the PwC review. It will ensure research priorities and funding are managed strategically, with an overarching investment or portfolio outlook that will guide decisions at the program level. It will also enable greater collaboration between programs and the linking up of research issues that cut across multiple programs to derive maximum value and impact.

Now that ISCRR's next phase is secured I am standing down as ISCRR's CEO. I take this opportunity to thank the Board for their continued support and stewardship. I also extend a very warm and sincere thank you to the key personnel in our partner organisations, especially our Relationship Managers, Glenn Ockerby, WorkSafe, David Gifford and Clare Amies, TAC, and Sarah Newton, Monash, without whose active help our work would not be possible. Finally, to every employee at ISCRR for their passion, hard work and focus during a very busy year. I congratulate you all on playing such a valuable part in helping to secure ISCRR's future.

Professor Niki Ellis, Chief Executive Officer



Highlights

WHAT WE ACHIEVED IN 2012/13



**RETURN ON INVESTMENT
ESTIMATED BY PwC TO BE
\$3.45 FOR EVERY \$1 INVESTED**

OUR GOAL:

**Have a high impact on
compensation scheme
performance**

- ▷ \$6.7 million worth of research in 2012/13 (up from \$5.2 million in 2011/12)
- ▷ More than 80 researchers in the ISCRR network
- ▷ Return on investment estimated by PwC to be \$3.45 for every \$1 invested
- ▷ Implemented the new Impact Assessment Model across 30 projects with outputs:
 - ▶ 27 showed evidence of adoption
 - ▶ 17 showed evidence of impact
 - ▶ Financial return on investment included:
 - \$1.5 million actuarial release from the Noise Induced Hearing Loss project
 - \$1.8 million cost avoided from the Implantable Pain Therapies evidence review
 - Costs avoided of up to \$6.8 million for the Body Weight Supported Treadmill Training evidence review
 - ▶ Non-financial impacts included:
 - Positive changes in the evidence-based decision-making at WorkSafe and the TAC
 - Established an evidence base for important policy positions at WorkSafe and the TAC
 - Contributed to important workplace safety debate in the community (e.g. quad bike safety devices)

**JOINT WINNER OF
THE B-HERT AWARD**



OUR GOAL:

**Create a model of excellence
for industry-led research**

- ▷ Consolidation of the program-based approach to research
- ▷ Inaugural Partnership Survey and PwC review provided independent validation of ISCRR's model and approach
- ▷ Joint winner along with Monash University and MUARC of the prestigious Ashley Goldsworthy B-HERT Award

**NATIONAL AND OVERSEAS
INTEREST IN OUR MODEL**



OUR GOAL:

**Be acknowledged leaders
in compensation scheme
research**

- ▷ Interest by other state, territory and Federal jurisdictions in the ISCRR model, and in working with ISCRR
- ▷ Invited to speak at 24 Australian and international events
- ▷ Invited to present on ISCRR model by Annual Conference of the Cooperative Research Centres Association and the National Health Medical Research Council

Board

Board members

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.



PAUL SHANNON
Appointed Director 19 August 2013
Chair



DR GEOFF BROOKES
Appointed Director September 2011
Managing Director,
GBS Ventures
Meetings attended in 2012/13: 5/5



PROFESSOR PAULINE NESTOR
Appointed Director April 2013
Pro Vice-Chancellor (Research),
Monash University
Meetings attended in 2012/13: 2/3



DR JULIE CALDECOTT
Appointed Director April 2012
Board Member,
Transport Accident Commission
Meetings attended in 2012/13: 5/5



PROFESSOR EDWINA CORNISH
Appointed Director 2009
Resigned November 2012
Provost and Senior Vice-President,
Monash University
Meetings attended in 2012/13: 2/2



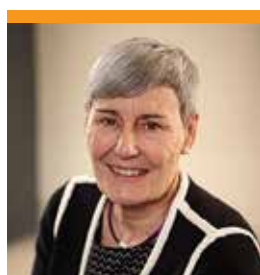
CHRIS LATHAM
Appointed Director November 2010
Resigned August 2013
Interim Chair
Former Partner,
PricewaterhouseCoopers
Meetings attended in 2012/13: 5/5



DENISE COSGROVE
Appointed Director November 2012
CEO,
WorkSafe Victoria
Meetings attended in 2012/13: 4/4



**ASSOCIATE PROFESSOR
ANDREW WAY**
Appointed Director August 2011
CEO,
Alfred Health
Meetings attended in 2012/13: 3/5



JANET DORE
Appointed Director April 2010
CEO,
Transport Accident Commission
Meetings attended in 2012/13: 5/5

Executive profiles



PROFESSOR NIKI ELLIS

CEO
Program Lead, Health and
Disability Services Delivery



**ASSOCIATE PROFESSOR
ALEX COLLIE**

Chief Research Officer
Program Lead, Return to Work and
Recovery/Compensation Systems



VERNA SMITH

Program Lead, Neurotrauma



JOHN APPLETON

(replaced Margaret Miller
in June 2013)
Stakeholder Engagement and
Communications Manager



TONY TENAGLIA

Corporate Services Manager



DR ANNE-MARIE FEYER

Program Lead, Occupational
Health and Safety

Our people

We're proud of our innovative and 'can do' culture. Our staff feel passionately about the difference ISCRR's operations can make to the community – whether it's helping to reduce the incidence and severity of injuries, or finding new approaches to help improve health, vocational and quality of life outcomes for people living with acquired injury or disease.



“ISCRR has a bright future and has developed internationally recognised work that will no doubt form the foundation for future high quality research.”

– Debora Romero

Prof Jennie Ponsford, Monash University,
Prof Malcolm Hopwood, University of Melbourne,
Debora Romero,
Prof Justin Kenardy, University of Queensland

Debora Romero

Neurotrauma Program Manager

“I officially joined ISCRR in January 2012, although I was on part-time secondment from October 2011.

My role at ISCRR mainly involves developing research projects that align with both ISCRR’s Neurotrauma Research Strategy and our funder the TAC, and then managing these projects to ensure they deliver to both the TAC and neurotrauma community.

My typical day can include anything from running working groups/workshops, developing research frameworks, creating funding guidelines to managing our active projects. A lot happens behind the scenes to ensure we are funding good science!

What I enjoy most about my job is making links with local and international experts and knowing that the research we are collaboratively developing will make such a significant difference to the lives of people living with neurotrauma. It really does make all the hard work worth it.

I believe ISCRR is a unique and dynamic institute which takes on the challenge of bringing together researchers, the community and their industry partners to deliver research that can be translated and adopted. During my time here I have seen ISCRR evolve its return on investment framework and firm up its project development processes. Our Program Advisory Groups now help identify critical areas for research and drive the translation of these outcomes.

ISCRR has a bright future and has developed internationally recognised work that will no doubt form the foundation for future high quality research.

One of the most satisfying/proudest achievements at ISCRR has been the development of the Neurotrauma Research Strategy and consequent implementation plan. This has involved working with talented Victorian neurotrauma researchers over the last 18 months to develop collaborative research projects that will impact rehabilitation and disability management for people living with a traumatic brain injury and/or spinal cord injury. Importantly, our Bench to Bedside priority will bring together scientists working on biomedical and technological innovations in the laboratory and clinicians able to use these for the benefit of people with neurotrauma.

This really is an exciting time for us at ISCRR.”

'IMPACT' – our new shared values

This year, our staff created a set of values that guides the way we approach our work and the manner in which we interact with each other and our stakeholders. Built around the overarching theme of IMPACT, the values are:

INNOVATION

- ▷ DARE TO BE DIFFERENT
- ▷ TAKE THE FRESH APPROACH
- ▷ STRIVE FOR CONTINUOUS IMPROVEMENT

MAKING A DIFFERENCE

- ▷ WORK TO IMPROVE LIVES
- ▷ DELIVER RESULTS
- ▷ TAKE PRIDE IN WHAT WE DO

PEOPLE CENTRED

- ▷ SHOW RESPECT AND BRING OUT THE BEST IN EACH OTHER
- ▷ KEEP THE RIGHT BALANCE BETWEEN LIFE AND WORK
- ▷ BE ALWAYS APPROACHABLE

ACHIEVING EXCELLENCE

- ▷ PLAN TO SUCCEED
- ▷ AIM HIGH
- ▷ CELEBRATE SUCCESS

COLLABORATION

- ▷ BUILD STRONG RELATIONSHIPS
- ▷ VALUE OUR PARTNERSHIPS
- ▷ SUPPORT AND RESPECT OTHERS

TALKING STRAIGHT

- ▷ KNOW HOW TO LISTEN
- ▷ DELIVER INDEPENDENT AND HIGH QUALITY RESEARCH
- ▷ KEEP IT REAL AND USE PLAIN LANGUAGE

Staff Satisfaction Survey

During the year, we also conducted our first Staff Satisfaction Survey. This took the form of an externally administered online survey conducted over one week in May 2013.

With an excellent response rate of 87 per cent, we gained some reliable and valid insights into employee engagement and satisfaction.

Our Partner Engagement Survey found the capability and commitment of our people are a core strength of the organisation. Being a relatively small and young organisation (in existence for less than five years) it was a good opportunity for us to take a temperature check on how our staff are feeling and look at ways we can improve how we attract, retain and develop the best people to keep ISCRR performing well.

The top scoring areas tended to reflect a very high level of engagement with ISCRR's purpose and a feeling that the organisation has a strong future in helping to positively impact those affected by work or road trauma through our research and partnerships.

“The three greatest strengths of ISCRR are that it is innovative, progressive and has great people who are competent and passionate.”

- Staff member survey comment

“We need more efficient internal processes and procedures so it’s clear to everyone what and how things are to be done to reduce duplication and workload. We also need an improved ability to communicate the results of research ...”

- Staff member survey comment

Areas for improvement

The survey highlighted some opportunities to improve the way we work and how we support our people.

A clear finding is that there is scope to improve the efficiency of our processes and ensure knowledge is transferred well throughout the organisation. Following a restructure to a matrix organisation in April to facilitate a shift from project to program management, role clarity between teams is a problem.

Finally, as career opportunities in a small organisation like ISCRR are limited, we need to be careful to ensure equity of opportunity and provide support to our staff to plan for their careers beyond ISCRR.

We will be working closely with employees to target the following specific areas that were identified in the survey as negatively impacting staff satisfaction:

- Improve the efficiency of processes
- Improve the clarity of roles between teams
- More support for career development and ensure equity in recruitment to available opportunities

As this was the first time ISCRR has surveyed our staff in a formal way, we now have a solid benchmark against which we can assess our future performance guided by our Staff Health and Wellbeing plan. We will conduct the Staff Satisfaction Survey annually.

Top scoring areas



I BELIEVE IN THE OVERALL PURPOSE OF ISCRR



ISCRR IS INNOVATIVE



THE FUTURE FOR ISCRR IS POSITIVE

Lowest scoring areas



THERE ARE CLEAR POLICIES AND PROCEDURES FOR HOW WORK IS DONE



IT IS CLEAR WHO HAS RESPONSIBILITY FOR WHAT



THERE ARE ENOUGH OPPORTUNITIES FOR MY CAREER TO PROGRESS AT ISCRR



Research – a program-based approach

Research priorities

ISCRR has developed a highly collaborative research model based on the principles of co-design. This means that key participants are brought together to design, scope, research, implement and measure the impact of the research undertaken with a view to ensuring the research is easily translatable into WorkSafe and TAC operations to improve performance.

Our transition to and consolidation of our programmatic approach to four research programs is now complete. The introduction of a new research governance approach based around research programs (rather than projects) was commenced in early 2012. 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 (OHS)
- Return to Work and Recovery (RTW)
- Health and Disability Services Delivery (HDSD)
- Neurotrauma
- Compensation Systems
- Research Translation

This shift to a programmatic approach allows for partner and stakeholder dialogue based around the benefits 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 research program level.

Program Advisory Groups

A feature of the collaborative research model is content-specific Program Advisory Groups (PAGs). The PAGs bring policymakers and researchers together to develop relevant and actionable research questions and clarify research methodology. The primary function of the PAGs is to develop the research within each program, including clarification of relevant research questions and methodology.

There have been substantial modifications to our programs resulting in the six programs becoming four. These have included:

- **Merging of two formerly separate programs** – In recognition of the significant cross-over of research and the policy areas themselves, the Return to Work and Recovery program area was combined with the Compensation Systems program – into a single program Return to Work and System Design. This consolidation has provided greater coordination of the research program and improved the linkage with WorkSafe and the TAC.
- **Consolidated Research Translation across all programs** – Having developed models and methods for translation and impact assessment we are incorporating this work as business as usual across all programs.
- **Creation of two Program Advisory Groups** to drive the delivery of the Neurotrauma Research Strategy. Priority 1 – models of lifetime care of the Neurotrauma Research Strategy sits within the Health and Disability Services Delivery program because of its high focus on the redesign of service delivery and in particular new models of attendant care. Members of this PAG consist of representation from experts in management service redesign, disability management, workforce innovation and a variety of universities including the universities of Monash, Melbourne, La Trobe and Deakin. Priorities 2–4 of the Strategy are driven by the Neurotrauma Research program. This program will investigate interventions that can be delivered in a clinical and rehabilitation setting. The Victorian Neurotrauma Advisory Council (VNAC) consists of research, clinical, disability and policy experts to advise on developments that can be delivered into the health system and the TAC.

“The four program areas have been designed to mirror WorkSafe and the TAC as closely as possible and to align with the various research specialities. The Program Advisory Groups help to improve communication between our industry and research partners to break down the silos and ensure that research priorities are decided in a collaborative and strategic way.”

– Associate Professor Alex Collie, Chief Research Officer, ISCRR

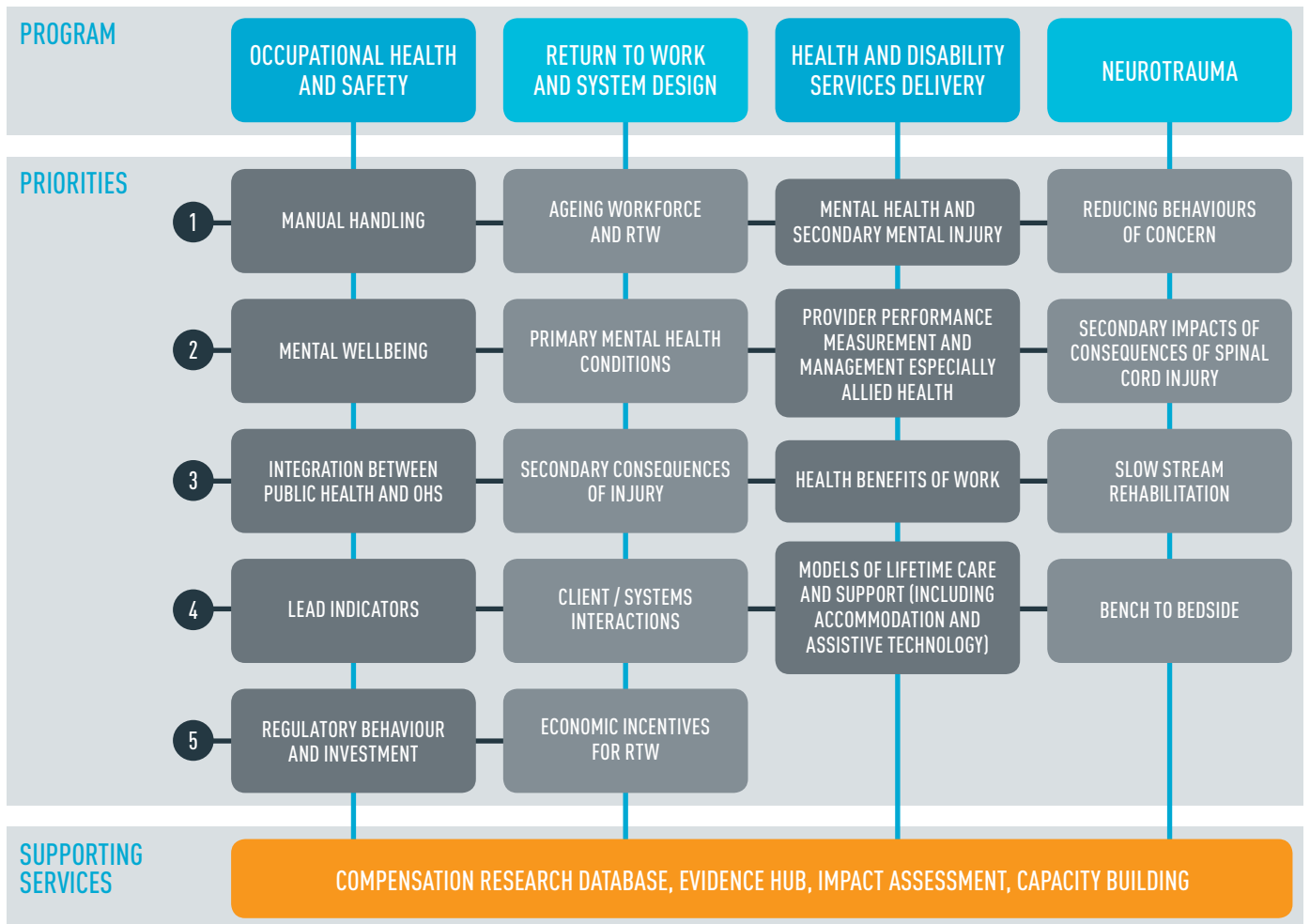
ISCRR is currently working toward increasing collaboration between programs and identifying and linking up research issues that cut across multiple programs. This is being achieved through the consideration of cross-linkages at project planning and approval stages, joint PAG meetings and joint stakeholder advisory forums.

A recent review of our programs for themes that cut across multiple programs identified ageing, mental health, persistent pain, service models, measurement and program evaluations as important.

For example, the broad banner of mental health manifests in the Occupational Health and Safety program as an element of preventing and managing workplace stress and its causes. In the Return to Work and Systems Design program, mental health manifests as an issue to be addressed to enhance recovery and return to work in both for people with primary mental health conditions and those that arise subsequent to physical injury. In the Health and Disability Services Delivery program, mental health manifests as an issue in determining the most appropriate service provision for people with primary or secondary mental health conditions.

During 2013/14, ISCRR will be linking these common themes and currently independent pieces of research together to derive the maximum value and impact.

PROGRAMS AND THEIR ALIGNED PRIORITIES



MEMBERS OF THE PROGRAM ADVISORY GROUPS

OCCUPATIONAL HEALTH AND SAFETY

Dr Anne-Marie Feyer – ISCRR OHS Research Program Lead (Chair)

Maria Batchelor – Psychosocial Hazards Unit Manager, Health & Safety Operations, WorkSafe

Sandy Ashton – Senior Strategy Officer, Prevention Strategy Division, WorkSafe

Megan O’Halloran – Manager, Prevention Strategy & Research, WorkSafe

Jamie Swann – Manager, Research Programs, Social Research, WorkSafe

Pam Anders – Director, WorkHealth

Professor Helen DeCieri – Australian Centre for Research in Employment and Work, Monash University

Professor Malcolm Sim – Director, Monash Centre for Occupational and Environmental Health, Monash University

Associate Professor Lesley Day – Monash Injury Research Institute, Monash University

RETURN TO WORK AND SYSTEM DESIGN

Associate Professor Alex Collie – Chief Research Officer, ISCRR (Chair)

Bruce Crossett – Senior Manager Benefit Delivery, Transport Accident Commission

Simon Bailey, Interim Director, Return to Work Division, WorkSafe

Matthew Hocking – Senior Manager Lump Sum Compensation, Transport Accident Commission

Peter McNally – Director, Dispute Management Division, Legal Services, WorkSafe

Associate Professor Belinda Gabbe – Head, Emergency and Trauma Research Unit, Department of Epidemiology and Preventative Medicine, Monash University

Associate Professor Peter Smith – Senior Research Fellow, Monash Centre for Occupational and Environmental Health, Monash University

HEALTH AND DISABILITY SERVICES DELIVERY

Professor Niki Ellis – Health and Disability Service Delivery Program Lead, ISCRR (Chair)

Clare Amies – Health & Disability Strategy Group, Executive Director

Marion Nagle – Health and Disability Strategy Group, Senior Manager, Service Development and Performance

Barbara Hill – Health & Disability Strategy Group, Senior Manager Major Programs and Partnerships

Fiona Cromarty – Senior Manager, TAC Claims,

Independence Branch, Transport Accident Commission

Professor Grant Russell – School of Primary Health Care, Monash University

Dr George Rivers – Faculty of Business and Economics, Monash University

Dr Jacinta Douglas – School of Allied Health, Latrobe University

Professor Peter Brooks – Faculty of Medicine, Dentistry and Health Science, University of Melbourne

Professor Brendan Crotty – Faculty of Health, Deakin University

Dr Clarissa Martin – ISCRR, Health and Disability Service Delivery Deputy Lead

Gulsun Ali – ISCRR Health and Disability Service Delivery Program Manager

NEUROTRAUMA

Professor Jeffrey Rosenfeld – Director of Neurosurgeon (Chair), The Alfred

Clare Amies – Head Health Services Group, Transport Accident Commission

Dr Andrew Morokoff – Delegate of the Director of Neurosurgery, Royal Melbourne Hospital

Professor Jamie Cooper – Delegate of the Dean of Medicine, Nursing and Health Sciences

Professor John Furness – Delegate of the Dean of Medicine, Dentistry and Health Sciences, University of Melbourne

Professor John Olver – Director of Rehabilitation, Epworth Hospital

Mr Andrew Crow – Manager Rehabilitation and Hospital at Home, Department of Health

Dr Karen Smith – Manager Research and Evaluation, Ambulance Victoria

Associate Professor Doug Brown – Director, Victorian Spinal Cord Service / Spinal Cord Research Institute

Professor Russell Gruen – Director, National Trauma Research Institute

Mr Nick Rushworth – Executive Officer, traumatic brain injury patient representative organisation, Brain Injury Australia

Mr Peter Trethewey – Chief Executive Officer, spinal cord injury patient representative organisation, AQA Vic

Dr Andrew Nunn – Victorian Spinal Cord Service

Professor Niki Ellis – Chief Executive Officer, ISCRR (Chair)

Research programs:

PROJECTS
IN TOTAL IN
THE RESEARCH
PROGRAM

34

PROJECTS
DELIVERED FINAL
REPORTS DURING
2012/13

6

ACTIVE
PROJECTS

16

PROJECTS IN
DEVELOPMENT

8

Occupational Health and Safety

“Evidence-informed policy relies on timely, relevant research. The focus of the Occupational Health and Safety program, guided by the Program Advisory Group, is to build a strategically aligned evidence base to support WorkSafe delivering the targets articulated in the 2017 Strategy.”

- Anne-Marie Feyer, ISCR OHS Program Lead



The Occupational Health and Safety research program plays a key role in delivering the evidence base to support WorkSafe's 2017 Strategy, which aims to reduce claims per million hours worked by 10 to 15 per cent. In 2012, WorkSafe reported a total of 29,261 claims for work-related injury and illness and an injury rate of 10.17 claims per 1000 workers.

WorkSafe's goal is to ensure that Victoria is the safest place to work and offers the lowest cost for employers to insure workers in Australia. WorkSafe's 2017 Strategy contains challenging targets and acknowledges the focus on Occupational Health and Safety as a critical success factor through a mix of enforcement, compliance, encouragement and promotion.

The Occupational Health and Safety research program aims to achieve a balanced approach to investing in high priority research topics – targeting contemporary sources

of harm (such as psychological injury) – while maintaining focus on enduring hazards, such as manual handling.

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.

During the year, the Occupational Health and Safety Program Advisory Group continued to develop a research program which is both strategically aligned to support WorkSafe's 2017 strategy and capable of responding to shifting priorities, new knowledge and emerging issues.

The spirit of partnership underpinning the Program Advisory Group proves to be an enduring strength of the process.

CASE STUDY

Evaluation of the WorkHealth initiative



Chief investigator: Professor Malcolm Sim, School of Public Health and Preventative Medicine, Monash University

“Working collaboratively with ISCRR on the WorkHealth evaluation projects has improved the relevance and impact of the research for WorkSafe, in terms of both our ability to translate the findings directly into program planning, and engagement and communications with stakeholders, the public and workplaces. In working with us to refine the research questions from the outset, effectively engaging with the academic sector, translating and releasing the research, ISCRR has been a key partner.”

- Pam Anders, Director, WorkHealth

About

The WorkHealth program is a WorkSafe health promotion initiative. It aims to reduce the risk and incidence of preventable chronic disease and improve productivity and safety outcomes across the Victorian workforce, by increasing health awareness and supporting healthy lifestyle choices.

Monash University’s School of Public Health and Preventative Medicine and collaborators, through ISCRR, were contracted to conduct research and evaluation of the program between August 2010 and August 2012. This comprised four integrated projects to evaluate the short, medium and longer term impacts of the WorkHealth program.

Key findings of the evaluation

- WorkHealth provided the first opportunity for many workplaces to offer health and wellbeing programs.
- Modelling of outcomes indicates WorkHealth initiatives could be expected to achieve a reduction of up to 15% in absenteeism and 5% in claims.
- 71% of workplace health promotion programs are run through HR and only 12% through OHS. Yet workplaces with OHS committees reported better health behaviours.
- The program appears to have had a ripple effect beyond cardiovascular disease and diabetes risk reduction into other types of workplace health and wellbeing, such as mental health promotion.
- Increased benefits were achieved when there was higher participation in the WorkHealth grants and lifestyle behaviour change programs as well as WorkHealth checks.
- Greater support in terms of workplace culture, leadership, resources and competencies is needed, especially in smaller workplaces.

Impact

The WorkHealth program has helped to place employee health and wellbeing and potential impacts of worker safety and productivity on the agenda of many workplaces across Victoria and helped to extend their focus beyond OHS. As well as supporting widespread engagement in the program, the research provided WorkSafe with evidence to guide the refinement and future focus of the WorkHealth program to fully harness the potential of integrated approaches for the health and safety of workers.

HIGHLIGHTS

Quad bike crush protection devices (CPD) updates to ISCRR snapshot review.

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

In 2011, ISCRR commissioned a review of crush protection devices for quad bikes (*Quad bike safety devices: a snapshot review*). That review investigated the validity of previous studies into the effectiveness of QuadBar™ – a quad bike crush protection device. Results indicated that the QuadBar™ did demonstrate the potential to reduce injuries and fatalities. In 2012, high profile findings were published querying the effectiveness of CPDs. It was considered necessary to reassess the original review findings in light of newly published information. ISCRR was approached to commission this review. The findings and recommendations for the original review were reaffirmed, providing WorkSafe with a robust evidence base to consider the appropriate policy response to a hazard that, in recent years, had become the leading cause of work-related traumatic fatality on Australian farms.

Completion of the first three phases of the development of lead indicators of OHS performance.

**Chief Investigator: Professor Helen DeCieri,
Monash University**

These early project components were concerned with identifying what could be adapted from international experience for use in Victorian workplaces. Following a review of the evidence, an existing tool, the Organization Performance Metric (OPM), developed in Canada, appeared to be a promising candidate and this was confirmed by interviews with 22 Australian experts and stakeholders. To further explore the potential of the tool in the Victorian context, data were then collected as part of a pilot survey with Victorian workplaces to validate the OPM. The pilot indicated that OPM is a reliable and valid tool, but, unsurprisingly, not entirely adaptable to the Victorian setting. A modified OPM version was a significant predictor of total claims (2009-2011).

The next phase of the project moves the focus of the study to 'real world' readiness. This will involve refinement of the content and administration of the tool, identifying important workplace correlates such as customisation for different industries and identifying the best measures of performance.

Through the pilot work a range of industry partners have become engaged and will participate in the next phases of the study, a clear example of the constructive compliance model – *with* industry and not *to* industry. The aim is to have an approach ready to be road-tested with WorkSafe Victoria strategies and initiatives in 2014.

Our significant engagement with stakeholders confirms the importance of the OHS lead indicator. The ISCRR OHS lead indicators research project is directly addressing what's needed for real world application of OHS lead indicators. A key point that has emerged in our work to date is that people from all viewpoints say that we need to have robust conversations about OHS and prevention, and this research will help to start and guide those conversations.

Completion of the first phase of the study of Workplace Mental Health Promotion for the Prevention and Management of Mental Illness

**Chief Investigator: Associate Professor
Tony Lamontagne, University of Melbourne**

This project achieved significant adoption early in its life, through the production of evidence-based guidelines to identify and manage mental health issues in the workplace. The guidelines, developed by Dr Nicola Reavley and colleagues from the University of Melbourne, attracted significant interest within WorkSafe and more broadly. They are based on a model in which health problems at work are addressed whatever their cause, known as the integrated approach. The research team successfully applied for NHMRC Partnership funding with WorkSafe as a major partner to develop, implement and evaluate an integrated job stress and mental health literacy intervention in a workplace setting.

Research programs:

PROJECTS
IN TOTAL IN
THE RESEARCH
PROGRAM

26

PROJECTS
DELIVERED FINAL
REPORTS DURING
2012/13

6

ACTIVE
PROJECTS

24

PROJECTS IN
DEVELOPMENT

2

Return to Work and System Design

Facilitating safe and effective return to work (RTW), promoting injury recovery and ensuring a positive client experience are key desired outcomes for many Australian and international injury compensation systems, including WorkSafe and the TAC.



An image from WorkSafe's recent return to work campaign promoting the health benefits of returning to work.

The health and economic benefits of return to work are now widely recognised. In Australia, there is a growing emphasis on the value of work in maintaining and promoting good health and the economic importance of maintaining a healthy and productive workforce. There is a substantial international research effort in the field seeking to identify barriers and facilitators in return to work and to trial interventions. However, in Australia, there is relatively little quality research in this important field.

Injury compensation systems can exert substantial influence on injury recovery via their engagement with the injured person, healthcare providers, employers and other parties involved in the recovery process. It is now commonly recognised that, in at least a proportion of clients, compensation is associated with both negative health outcomes and poor client experience. Understanding why this is the case and testing alternate approaches is an important objective of this program.

The objective of the RTW and System Design research program is to develop research evidence that leads to earlier and more effective return to safe work, promotes injury recovery and leads to improved client experience for injured workers and TAC clients.

Two formerly separate programs rolled into one

During the year, ISCRR combined activity from two separate programs (Return to Work and Recovery; and Compensation Systems) into a single Return to Work and System Design program. This acknowledges the close linkages between the research undertaken and the desire for a cohesive approach to this work within WorkSafe and the TAC.

CASE STUDY

Exploring patient perceptions of barriers and facilitators of recovery following trauma

Chief Investigator: Associate Professor Belinda Gabbe

“This study provided powerful insights into the experiences of seriously injured patients, giving a real world perspective about what it is like to be treated within the Victorian state trauma system, be a TAC claimant and recover from serious injury. The patients’ experiences provided useful and feasible recommendations for improving service delivery and patient care experiences.”

- Associate Professor Belinda Gabbe,
Chief Investigator

About

The aim of the research was to examine the impact of serious injury on individuals and the factors they perceived to have helped or impeded their recovery. Information on their experiences and interactions with healthcare system and compensation providers was also examined.

The project provided a unique opportunity to compare the experiences of trauma patients in Victoria and the United Kingdom, where the delivery of health, trauma and rehabilitation services differs.

ISCRR partnered with the Department of Epidemiology and Preventative Medicine at Monash University to deliver this project.

Findings

Interviews provided substantial insight into the issues faced by participants and their experiences during recovery, and provided valuable information to inform recommendations for trauma care in Victoria.

The researchers used the findings as a basis for identifying clients at risk of a difficult recovery process (e.g. those without strong social supports or with pre-existing anxiety or depressive disorders) and recommendations for improvements in trauma care delivery and TAC processes. Poor communication was judged as being key to the participants’ negative experiences with the TAC and health services providers. Consequently, many of the recommendations from the research aim to improve the clarity, consistency, transparency and timeliness of the information provided to injured people.

Impact

The project has already had a number of impacts within the TAC. The research has highlighted some opportunities for the TAC to improve client experience and client outcomes, consistent with the goals of the TAC 2015 Strategy.

The project also established a capacity for qualitative research in the team at Monash that undertook the research, and provided an opportunity to build collaborative partnerships with international research experts in the field.



HIGHLIGHTS

The Health Effects of Compensation Systems Study

Chief Investigator: Professor David Studdert, University of Melbourne

This study developed and implemented a questionnaire regarding an injured person's perceptions of the stressfulness of the compensation process. The questionnaire was administered to over 500 injured people in New South Wales, Victoria and South Australia who had been injured seven years previously and received workers' or motor vehicle accident compensation. The study identified specific aspects of the workers' compensation system clients found most stressful. WorkSafe is actively using this information in consideration of scheme design.

Evaluation of TAC's Recovery and Independence claims model

Chief Investigator: Associate Professor Alex Collie in partnership with Monash Injury Research Institute

The project delivered a number of major reports during the year, including a summative evaluation report describing the process and impact evaluation of the models to date, which was presented to

the TAC Board in August 2012. This project:

- Evaluated TAC staff perceptions of the claims model transformation
- Examined and redesigned a risk screening tool for use by claims managers
- Conducted a systematic review of remote interventions for mental health conditions to assist the TAC in preparation for new claims service offerings; and
- Assessed the TAC's performance monitoring and reporting framework for Recovery and Independence.

The project team reports its findings on an ongoing basis directly to the TAC Board.

Completion of four evidence reviews which aimed to inform decision-making in WorkSafe's Return to Work division

The reviews examined:

- Use of motivational interviewing by non-clinicians in non-clinical settings
- Mediation interventions and return to work
- Informing the development of two new Personal Injury Education Foundation (PIEF) Return to Work units
- Return to Work and Recovery.

support independent
environments?
What's working
Improvement
Mission
Needs and price now?



Research programs:

PROJECTS
IN TOTAL IN
THE RESEARCH
PROGRAM

23

PROJECTS
DELIVERED FINAL
REPORTS DURING
2012/13

5

ACTIVE
PROJECTS

20

PROJECTS IN
DEVELOPMENT

3

Health and Disability Services Delivery

The Health and Disability Services Delivery research program aims to develop efficient and effective models of care that lead to improved client outcomes, higher provider and client satisfaction and consequently contribute to the TAC and WorkSafe's scheme viability.

The program takes a strong co-design approach, involving clients, their carers, the disability support industry and health service providers, as well as the policymakers from WorkSafe and TAC in the design, delivery and translation of research.

The program has two areas of focus:

- Developing new models of lifetime care and support to promote independence for TAC clients with traumatic brain injury or spinal cord injury who require long term care. This is one of four priorities in the TAC Neurotrauma Research Strategy. This initiative is known as Smart Independent Living Environments (SmILE)
- Research to provide an evidence base to inform decisions about optimising the role of health services in the claims management process. It is aimed to provide a general research platform which can support collaborative research on the practice of several disciplines including general practice and occupational physiotherapy.

CASE STUDY

Models of supported accommodation for people with traumatic brain injury: a systematic review

Chief Investigator: Ms Libby Callaway, School of Primary Health Care, Monash University



“Our systematic review of the TBI literature identified a limited range of disability-specific supported

accommodation options described internationally. In order to offer flexibility and choice, and the opportunity for transition across housing or adjustment of support as a person’s skills progress or their circumstances change, there needs to be a broader range of individualised and accessible housing and support models available to people with TBI and their families.”

– Libby Callaway, School of Primary Health Care, Monash University, Chief Investigator

About

Many individuals who experience severe traumatic brain injury (TBI) require ongoing support and specialised accommodation, often for their lifetime. Traditionally, the range of supported housing options for this group has been limited to living with family or paid carers, group homes or institutional settings such as residential aged care. This review sought to identify different types of supported accommodation models available.

Findings

The evidence review identified there is a limited range of options for supported accommodation and a lack of detailed information available for people with TBI and their families to plan the type of supported accommodation they will need for lifelong community living. The review highlights the need for further research in the area of housing and support, and contextualised slow stream rehabilitation for people with TBI.

Impact

Currently there is a lack of evidence regarding the most appropriate models of supported accommodation to optimise quality of life outcomes for people with TBI who have lifelong care needs. The findings provide a foundation for future research into models of lifetime care for people with traumatic brain and spinal injuries, which is being conducted within the Neurotrauma Research Strategy.

HIGHLIGHTS

Smart Independent Living Environments (SmILE)

Promoting independence for clients with traumatic brain or spinal cord injury who require long-term care is the cornerstone of the TAC's commitment to ensuring better outcomes for their clients.

The SmILE initiative aims to conduct research that will lead to innovations in accommodation, assistive technology and support services for people living with the severe impacts of brain and spinal injury.

The initiative is based on a user-centric research methodology. Rather than exclusively employing datasets and more traditional methodologies to drive outcomes, researchers work closely with those living with disabilities, their carers and disability support workers, as well as policymakers, to understand real-world needs and generate potential innovations to test in clients' living environments.

The program has a number of elements including:

- Improving accommodation for people with disability and assistive technology
- Research on the disability support workforce
- Living Networks – use of information technology in client-to-client communication for improved health and independence and coordination of care
- Community integration – improving access of people with disability to employment.

Fit for work: general practitioners facilitating injured workers return to work

Chief Investigator: Professor Danielle Mazza, Department of General Practice, Monash University

A multidisciplinary research team investigated the role of general practitioners (GPs) in facilitating return to work, and barriers in this process. A quantitative analysis of data held within ISCR's Compensation Research

Database (CRD) was conducted as well as in-depth interviews with 93 participants including GPs, employers, compensation scheme agents and injured workers. Refer to page 48 (CRD) for further details of the data analysis.

The qualitative responses also provided significant findings for improving RTW outcomes such as improving the certificate of capacity, reducing barriers and enhancing enablers in facilitating RTW.

The research will be valuable for TAC and WorkSafe in developing a provider performance strategy aimed at improving clinical service provision to clients to optimise independence and return to work outcomes.

Provider performance measurement and management – external environment scan

Chief Investigator: Associate Professor Jacinta Douglas, La Trobe University

The ability of clients to access high-quality, effective services is a critical factor in improving WorkSafe and TAC client experience and supporting individuals to achieve meaningful life outcomes.

An environmental scan was commissioned to conduct market scanning and review the available literature to identify and characterise current best practice models in performance management and engagement with providers.

The broader objective of the project is to develop a Provider Measurement and Performance Framework across all key health and disability provider groups to ensure provider performance can be consistently measured and managed.

The strongest theme to emerge from the literature was the theme of stakeholder collaboration. Collaboration through an all-inclusive participatory process and consensus building was seen as crucial throughout the development, implementation and review of a performance management initiative.



Sam Richards, TAC client who lives with a ABI and continues his journey to independence.

Research programs:

PROJECTS
IN TOTAL IN
THE RESEARCH
PROGRAM

12

PROJECTS
DELIVERED FINAL
REPORTS DURING
2012/13

1

ACTIVE
PROJECTS

8

PROJECTS IN
DEVELOPMENT

4

Neurotrauma

Traumatic brain injuries (TBI) and spinal cord injuries (SCI) can have a lifelong impact on the injured person, their family and community. The TAC has been a major contributor to establishing Victoria as the national centre of excellence in neurotrauma research.

The overarching aim of the Neurotrauma research program is to fund research that will positively impact the independence and quality of life for those living with neurotrauma and their families and friends by engaging the TAC, the neurotrauma research community and other stakeholders in developing, conducting and promoting high quality research.

Four major research priority areas have been identified by the TAC/ISCRN neurotrauma research strategy:

- **Models of Lifetime Care:** Developing new models of lifetime care and support to promote independence for TAC clients with neurotrauma; this aspect is managed

within the Health and Disability Services Delivery program. Please refer to page 33 for more information.

- **Improving Rehabilitation and Disability Management:** Improving the management of common complications of neurotrauma represents a major opportunity to reduce the severity and long-term impact of traumatic brain and spinal cord injury.
- **Bench to Bedside:** Creating a seamless interface between biomedical and technological innovations in the laboratory.
- **Capacity Building:** Assisting in the delivery of research in the first three priority areas by building capacity within the neurotrauma community and supporting the use of research evidence by the TAC and its neurotrauma stakeholders.

CASE STUDY



Severe Acquired Brain Injury slow stream rehabilitation research framework

**Chief Investigator: Associate Professor Natasha Lannin, Occupational Therapy,
Alfred Clinical School, Faculty of Health Sciences, La Trobe University**

“This is a unique and exciting opportunity to influence a service from its inception to really deliver better outcomes for both TAC clients and other injured Victorians with severe acquired brain injuries. This service will ensure timely access to specialist rehabilitation services; and the research attached to it will ensure that the model of care is designed for optimising the recovery and independence of both TAC clients and injured Victorians. This committed partnership between the research team and Alfred Health will mean the service can learn, change and adapt to deliver evidence-based services.”

**- Barbara Hill, Senior Manager Major Programs and Partnerships,
Health and Disability Strategy Group**

The incidence of severe acquired brain injury (ABI) is low; however the impact on the person affected and their families, together with the lifetime care costs, is significant.

Pressure for reducing acute inpatient length of stay, resource constraints in rehabilitation and limited options post-discharge mean that options for patients are limited.

This program will address some of the key questions surrounding the care and services for people with severe acquired brain injury in Victoria. The research will be split into two phases, with the first involving a review of the current state and identification of what best practice looks like. The second phase will assess the impact of the new state-wide ABI rehabilitation services to be established at Caulfield Hospital.

The objectives for phase 1 are to:

1. Describe and understand the current model of care for patients with a severe, catastrophic acquired brain injury (ABI) in Victoria.
2. Develop an understanding of the current impact of severe ABI in Victoria, including service usage and costs.
3. Develop an overview of current evidence base for services for people with severe ABI.
4. Establish standards for practice and gather knowledge of the current practice environment in key clinical areas.
5. Conduct a qualitative exploration of issues for patients with severe ABI, including issues impacting recovery and independence.
6. Identify and pilot test a suite of outcome measures for clients and services.

A systematic review has now been completed to address objective 1. The aim of the review was to identify and assess the best available evidence on the organisation and models of health care services for people with severe ABI.

The findings and implications of this review are:

- Patients with moderate to severe ABI experience better outcomes from integrated care models in which acute, rehabilitation and community/ambulatory services are provided by one management team when compared to more fragmented approaches. Care should be provided by multidisciplinary teams.
- There is strong evidence that early supported discharge (ESD) programs benefit stroke patients with mild to moderate severity. However, there were no studies on outcomes for people with moderate to severe TBI.
- The evidence for case management is conflicting; few high quality studies were identified and heterogeneity between studies along with conflicting results means there is insufficient evidence to reach any firm conclusion on this approach. Despite the lack of supporting evidence, case management is consistently recommended in clinical guidelines for TBI.
- The use of integrated care pathways for ABI rehabilitation is not currently supported by the evidence, with the exception of a specific protocol for managing aspects of acute stroke care. However, current guidelines recommend that all patients receive an assessment for their suitability for rehabilitation.
- Quality monitoring interventions may increase the quality of care yet there is a lack of evidence to support any specific quality-monitoring intervention approach.

HIGHLIGHTS

Completion of the Neurotrauma Research Plan

This provides the road map to implementing the Neurotrauma Research Strategy 2011–2015, which was approved by the TAC Board in April 2012. The Plan commits \$20 million against the four research priority areas.

Development of a project to develop research in reducing behaviours of concern following traumatic brain injury

This project will identify the factors underpinning chronic behaviours of concern (for example, aggression, agitation, sexual inappropriateness and lack of initiation) in people with traumatic brain injury, which result in social isolation, relationship breakdown and dislocation from accommodation, and create a significant burden for the person living with TBI, families or other carers. The research will be used as a basis for identification and evaluation of programs which will alleviate these behaviours, enhance client independence and participation and reduce costs.

Development of a research framework to guide the investment of \$2.5 million in Bench to Bedside projects under the Neurotrauma Research Plan

The research framework has enabled a selection process for projects which will deliver research under the following themes:

- Neuroprotection and early intervention
- Interventions with therapeutic effects on end organs
- Improved diagnosis or prognosis through biomarkers
- Post-acute management of TBI and SCI
- Better characterisation of neurotraumatic conditions and clinical care.

Development of a project to complete a randomised controlled trial of a new drug to manage bowel function following SCI

Chief Investigator: Professor John Furness, University of Melbourne

This study aims to trial a drug designed to restore bowel control following SCI, thus significantly reducing attendant care requirements and the eventual need for surgery. Treating the symptoms of bowel incontinence in people with SCI has the potential to greatly improve their quality of life and ability to participate in society.

Strengthening of partnerships with our Canadian collaborators, the Ontario Neurotrauma Foundation and Rick Hansen Institute

In 2012/13 the partnership has focused on delivering joint work in areas of shared interest such as international datasets, best practice implementation and modelling end-to-end processes that could potentially lead to significant changes in the management of secondary complications following neurotrauma. This international experience helps to ensure the TAC is remaining at the forefront of best practice worldwide.

The partnership has led to the development of the International Spinal Cord Society (ISCoS) workshop titled 'International Collaborations: the way of the future' supported by ISCR, the Rick Hansen Institute and the Ontario Neurotrauma Foundation, which will be held at the ISCoS Annual Scientific Conference in October 2013.

Lessons and experiences of those organisations leading international multicentre trials and collaborations in spinal cord research will be shared with the aim to stimulate and engage new partnerships, and identify strategies for success as well as barriers to success.

★ CHOICE BUILDING
MAINTAINING

★ INNOVATIVE ^{AND} RESPONSES QU
↳ Getting solutions WHEN TR
↳ Avoiding bureaucratic

★ DECISION-
↳ Appropriate person ...

TEAM"
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TY and c

Research with impact

Research Translation

Our experience at ISCRR has taught us that research translation begins with getting the research question right. Our Program Advisory Groups help us with the function, as described earlier.

Early in our establishment ISCRR developed an evidence-based model for translation which is implemented through our project management system. Our first Partnership Satisfaction Survey and the PwC review showed us that we needed to continue to develop our processes for research translation. Significant work has been done and more is underway.

These efforts have included:

- Our project plans are a critical tool in this system and in 2012/13 these were reviewed and strengthened with regard to translation. Changes made included: Requiring specification of how research objectives for every project will contribute to achieving WorkSafe and TAC KPIs; more stringent requirements of communication and translation planning; requirement for project contacts and sponsors in WorkSafe and TAC to sign off on project plans
- Formalisation of our processes for the follow-up of all projects with key personnel in WorkSafe and TAC to assess adoption and impact and take further action to reinforce translation
- Agreement to create a research translation position at TAC and discussions with WorkSafe to create a research translation position. These positions are to be jointly appointed with ISCRR.

Planning for translation was taken a step further in our Neurotrauma Program where efforts were made to anticipate expected ROI from research in the planning stage, with mixed success.

ISCRR is a natural experiment in collaborative research. As well as assessing the impact of the research commissioned by ISCRR, we are also committed to evaluating the impact we have as an organisation on changing the utilisation of research by our industry partners, WorkSafe and TAC, and the experience and perspectives as well as attitudes of researchers in our academic partner Monash, to industry-led research.

Last year a baseline study was conducted in two parts: a study of WorkSafe and TAC staff and a study of researchers at Monash.

The baseline survey of WorkSafe and TAC staff is reported on over the page. For researchers the study found they enjoy contact with policymakers and like to see their research being used, but that they perceive significant barriers to their greater participation including skills inconsistent with traditional academic performance indicators and time required for research development which is unfunded.

BASELINE SURVEY

Evaluation of capacity for evidence-informed decision-making in WorkSafe and the TAC

Chief Investigator: PhD candidate Ms Pauline Zardo, supervised by Associate Professor Alex Collie, Dr Charles Livingstone and Prof Russell Gruen

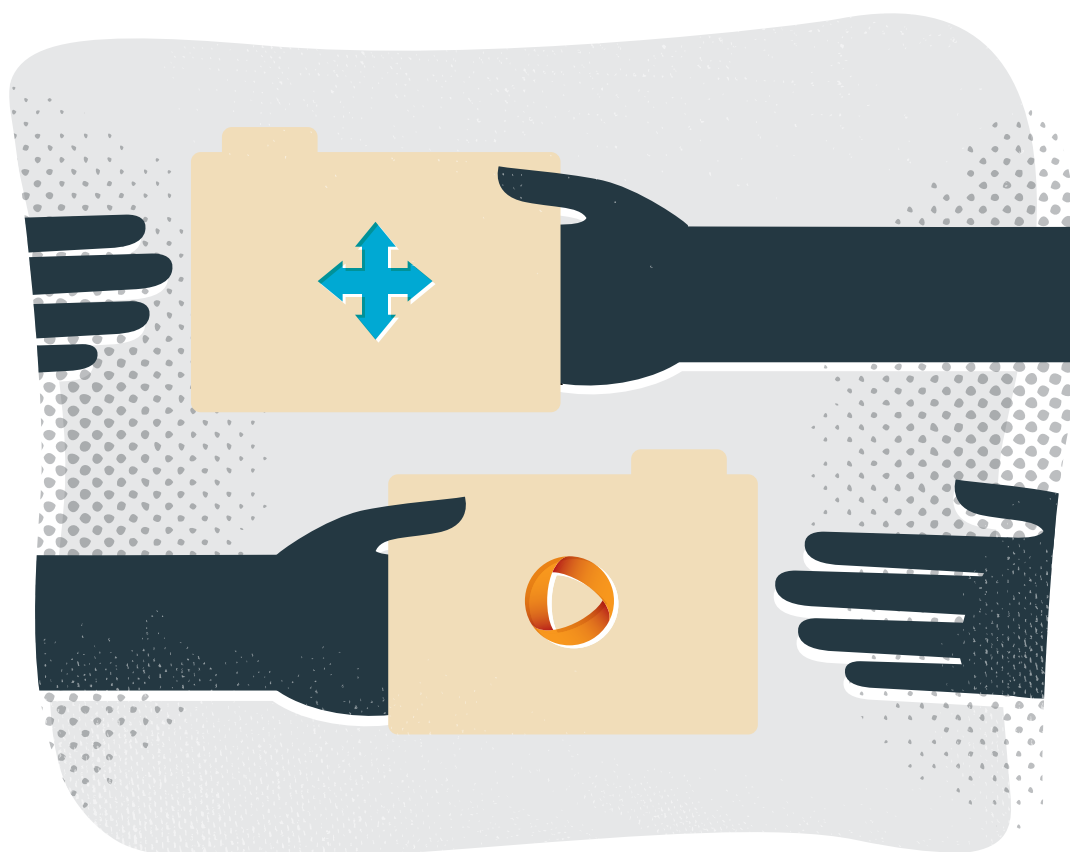


The project examined how research is currently used in WorkSafe and the TAC, and how to support its increased use within the partner organisations.

A survey of more than 400 staff was completed, making this one of the largest studies of research use in public policy in Australia.

Findings

Results from 33 in-depth interviews and 405 completed surveys demonstrate that academic research evidence is not regularly used to inform decision-making. The information types most frequently used include internal data and reports; policy and legislation; and legal information and experience, expertise and advice. Where research was used (145/405), it was mainly to inform conceptual understanding of an issue.



It was also identified that many factors are acting to affect capacity for research use within WorkSafe and the TAC, including:

- Relevance of research to priorities and context
- Resources to support research use
- Communication of research
- Skills for research use
- Access and awareness of research
- Stakeholder feedback and action
- Ministerial input
- Internal prompts for research use

This information has been and will continue to be used to target and tailor the design, implementation and evaluation of interventions, tools and strategies that aim to increase and support use of research evidence within WorkSafe and the TAC's policy and program decision-making processes. In establishing ISCRR, WorkSafe and the TAC have committed to increasing use of research within their organisations.

Impact

This research has already driven and informed the development of new tools, roles and processes to embed research translation into 'business as usual' practices, including:

- Creation of dedicated research translation roles within the partner organisations
- The ISCRR model for 'research to action'
- Translation Plan component of ISCRR's Project Plan Template
- The Research Translation Planning Guide and Research Adoption Capture Guide. The template and guides that have been developed based on this research are central to collection of data that inform ISCRR's assessments of research impact.

IMPACT ASSESSMENT FRAMEWORK

During the year, ISCRR developed an Impact Assessment Framework to guide the assessment of the impact of our research. The framework describes the five stages of the research process and provides a foundation for determining the most effective model of resource allocation within ISCRR and our partners.



Return on Investment (ROI) metric

ISCRR is required to measure its impact. Over a year a group of experts from Monash and actuaries from WorkSafe and TAC along with ISCRR staff developed a way of doing this.

The ROI project developed case studies, using qualitative and quantitative methods to document and describe the impacts of completed research projects for WorkSafe, the TAC and their stakeholders. The project demonstrated ROI of greater than 3:1 for a number of the case studies, and was a major input to the PwC review of ISCRR. The work has generated substantial interest among the academic community and has led to numerous invitations to present the study findings.

In addition to the financial return on investment, the non-financial value of the projects studied was substantial and includes:

- Positive changes in the culture of evidence-based decision-making at both the TAC and WorkSafe
- Increased understanding within the TAC of the impact of claims management processes on TAC clients
- Improvements in research capability among the leading injury research group at Monash
- Establishing a basis for important health policy positions at WorkSafe and the TAC
- Enabling enhanced interactions between rehabilitation coordinators and TAC clients.

ROI PROJECT, OCTOBER 2012

THE ROI PROJECT HAD THREE COMPONENTS:

- 1 Nine detailed case studies of ISCRR research projects to assess in depth the qualitative and quantitative impact of the projects on WorkSafe, the TAC and their stakeholders
- 2 Analysis of information captured in ISCRR's project management system for all projects to:
 - Assess the extent of adoption of ISCRR research among WorkSafe, the TAC and their stakeholders
 - Identify the factors that lead to adoption of ISCRR research
- 3 Content analysis of ISCRR project-level information and the findings of case studies to identify types of impact

WHAT INFLUENCES THE ADOPTION OF ISCRP RESEARCH?

The ROI project identified eight factors that are key to the adoption of ISCRP research within our partner organisations:

- 1 Engagement and interactions around the research
- 2 Alignment with the partner's strategic priorities
- 3 Timeliness of research
- 4 Ease of implementation
- 5 The structure and processes within the partner organisation
- 6 Risk and issue prioritisation
- 7 Whether there is an internal 'champion' for the research
- 8 The credibility of the research method and source

SUMMARY OF ROI FROM NINE CASE STUDIES

| CASE STUDY | INVESTMENT | RETURN |
|--|------------|---|
| Noise Induced Hearing Loss | \$312,000 | <ul style="list-style-type: none"> • \$1.5 million actuarial release • Allowed WorkSafe to focus its strategic response to growing hearing loss costs |
| Quad Bike Safety Devices | \$10,500 | <ul style="list-style-type: none"> • Re-ignited public debate around important workplace safety issue • Contributed to a 'case for change' in safety standards • Contributed to community behavioural change |
| Client Perceptions of Recovery | \$37,700 | <ul style="list-style-type: none"> • Enhanced understanding of TAC role in improving client experience • Provided information for the education of claims officers • Provided opportunity for key researcher to engage with TAC • Contributed to capacity building in research team at Monash |
| Implantable Pain Therapies | \$73,400 | <ul style="list-style-type: none"> • \$1.8 million in costs avoided consisting of \$0.65 million in costs saved over 3 years to June 2012 and \$1.16 million in future costs avoided • Contributed to change in culture towards evidence-based decision-making • Helped WorkSafe to contain a potential cost blowout • Conferred credibility of WorkSafe policy of reviewing IPT requests |
| Body Weight Supported Treadmill Training | \$65,600 | <ul style="list-style-type: none"> • Contributed to a shift towards evidence-based decision-making in TAC • Provided a foundation for an important health services policy position • \$17k to \$342k in current costs avoided, depending on scenario modelled • Potential liability saving of up to \$6.8 million in costs avoided |
| Musculoskeletal Disorders Toolkit | \$71,600 | <p>In one participating organisation, involvement in the research led to:</p> <ul style="list-style-type: none"> • Increased knowledge and skills re work-related MSK disorders • Increased communication on OHS in the workplace • Increased involvement of staff in OHS issues • The introduction of initiatives to enhance skill development |
| Pelvic Ring Fractures | \$36,00 | <ul style="list-style-type: none"> • Improved physical and mental health outcomes for severely injured TAC clients where there was a surgical intervention • Financial impact yet to be determined |

Compensation Research Database

Reliable, comprehensive data underpins any successful research.

Victoria is fortunate to have two well-established monopoly schemes to manage all compensable injuries resulting from work and road trauma. Data from the two schemes have been reviewed, cleaned and organised into the Compensation Research Database (CRD), an internationally unique research database from more than two million personal injury claims and 70 million payments from WorkSafe (1986 onwards) and the TAC (1987 onwards).

Data includes client demographic information, acute and non-acute health service utilisation and health care costs for TAC and WorkSafe clients.

The CRD is a critical research resource upon which much of ISCRR's research is based.

Over the last year the CRD has focused on three major activities:

- Data linkages
- Benchmarking
- Support to the Program Advisory Groups

Data linkages

ISCRR has worked to evolve the CRD by creating links to various external datasets. This work is very important as it will enable sophisticated data enquiries and research questions to be posed, based on relationships between the datasets.

For example, we can more reliably and readily assess the relationship between pre-existing conditions and co-morbidity factors on health and work outcomes for individuals and examine the cost of these aspects to the schemes.

In 2012/13, three significant data linkage projects were commenced or completed:

- 1 Victorian Orthopaedic Trauma Registry data with the TAC's data (completed)
- 2 WorkSafe and TAC data linked to Medicare data (commenced)
- 3 WorkSafe data with Victorian hospital emergency department data (commenced)

"The data linkage project via the Compensation Research Database is of great value to the TAC because it enables us to model the impact of claims management changes on externally collected client outcomes as well as on TAC claim costs. Combining internal and external factors gives us an enhanced ability to understand key scheme drivers including client outcomes."

– David Gifford, Executive Manager, Business Intelligence, TAC

Support to the Program Advisory Groups

This year changes were made to the CRD team to work more closely with the Program Advisory Groups.

An example of analyses linked to the Return to Work and System Design research program completed is summarised below:

THE MEDICAL CERTIFICATION BEHAVIOUR OF GENERAL PRACTITIONERS (GPs) FOLLOWING WORK-RELATED INJURY.

Chief Investigator: Professor Danielle Mazza, Department of General Practice, Monash University

About

This analysis aimed to determine if medical certification behaviour of GPs has changed over the past eight year period, and to identify characteristics of GPs that lead to a greater likelihood of returning injured workers to work with 'alternate duties' as opposed to certifying complete incapacity for work. The study consisted of quantitative and qualitative components. The Compensation Research Database was used to conduct the quantitative data analysis of medical certificates issued by GPs.

Findings

From 2003 to 2010 an increasing number of certificates were issued by GPs, for longer durations of time. Most of these certificates certified capacity as 'unfit' for work. A small proportion of GPs (3.8%) were responsible for nearly a quarter of all injured worker certificates (24.8%). Most GPs (7.0%) wrote fewer than 13 certificates during the study period.

The reasons for the high rates of 'unfit' certificates issued are numerous and include a lack of a common definition of the GP's role in RTW, heavy reliance only on injured workers' feedback on capacity to work and availability of alternative/modified duties, age and social circumstances of the injured worker and their family, lack of communication between GPs, employers and compensation agents, the high administrative burden on GPs from the compensation system and low remuneration for time and effort, compensation and health system barriers such as delayed payments, difficulty in referrals and conflicting medical opinions. Mental health claims (MHC), in particular, were identified as complex and most likely to be certified as unfit for work and for the longest duration of time.

Implications

Encouragingly the role of the GP in facilitating RTW was recognised as critical by all parties. Study participants put forth a number of areas for further GP education and training, specifically, information on how the compensation system works, the health benefits of RTW, pain management and MHC claims assessment and management. It was also found that initiatives to improve rates of RTW should not only focus on GPs, but need to target multiple parties, such as employers and injured workers involved in the RTW process.

Benchmarking and comparative studies

"Through benchmarking WorkSafe learns with and through others to continuously improve our value to the Victorian community. By comparing and discussing what is different, and what is similar, we gain insights from others and better understand how to improve the impact of our work and when to work with and through others for improved outcomes for industry and their workers. Learning through benchmarking provides opportunities to innovate and raise the level of protection in workplaces (from harm) at a price the community can afford."

– Glenn Ockerby, Executive Director Corporate Strategy, Business and Performance Management, WorkSafe

During the year, ISCRR led the establishment of an international compensation scheme benchmarking framework.

Initially, we invited workers' compensation and transport accident scheme regulators in Australia, New Zealand and Canada to attend a two-day workshop. The focus of the workshop was on developing a set of standard principles to govern the benchmarking exercise. From there, our aim was to develop ways to best share, analyse and feed back the data to organisations to help drive improvements. This will continue to be a focus for our CRD team in the coming year.

"Benchmarking is not just about comparing performance. It's about understanding where differences in performance exist and then understanding what is driving those differences. This can be used to identify best practice and improve performance across multiple jurisdictions. In short, we can learn from what works, or doesn't, in other schemes. It's a great example of the power of collaboration – the more schemes and jurisdictions involved, the more valuable the exercise."

– Associate Professor Alex Collie, Chief Research Officer ISCRR

Evidence Review Hub

The Evidence Review Hub was developed in 2011 to address the spectrum of evidence reviews requested from WorkSafe and the TAC, ranging from very brief 'snapshot' reviews through to comprehensive audits of all available research literature.

The Evidence Review Hub works with ISCRR's academic research network to deliver a range of evidence reviews in response to questions or issues raised by WorkSafe and the TAC. ISCRR has adapted well-established academic methods for conducting evidence reviews and now has the capability to produce different evidence review 'products' to ensure we can meet the needs of our partners. The services produced by the Evidence Review Hub include:

Snapshot review

- ▷ An overview of the current evidence on a particular topic
- ▷ Takes up to three months on average to complete
- ▷ Suitable for when information is required expeditiously

Rapid review

- ▷ A thorough assessment and analysis of the current evidence on a particular topic using expedited systematic review processes
- ▷ Reviews completed on average in three to six months

Extensive review

- ▷ A rigorous and detailed assessment and synthesis of current research evidence using academic best practice methods
- ▷ Best suited for when large volumes of evidence exist, there are multiple layers to the review topic and/or critical policy and program decisions will be informed by the evidence
- ▷ Average time to complete is six months to two years

Research brief

- ▷ A plain language summary of the latest peer-reviewed research in compensation health

Impact to date of evidence reviews for WorkSafe and the TAC was demonstrated through ISCRR's ROI project, via both the detailed case studies and the analysis of research adopted by our partners.

Of the 17 projects demonstrating an impact on WorkSafe and the TAC, 11 (65%) were evidence reviews. Of the nine case studies undertaken in the ROI project, three were evidence reviews and all were found to have achieved substantial impact for our partners and value to the broader community. Further detail about the nine case studies is included on page 47.

Highlights

- **Growth in capacity** – ISCRR worked with over 25 researchers during 2012/13 to deliver evidence reviews. Our internal technical expertise in evidence reviewing was strengthened to ensure our ability to deliver on rapid reviews and quality.
- **Neurotrauma focus** – We commenced development and strengthening of routine horizon scanning activities for emerging issues in neurotrauma.

EVIDENCE REVIEWS AS AT 30 JUNE 2013:

14 SNAPSHOT REVIEWS COMPLETED

5 SNAPSHOT, 5 RAPID AND
1 EXTENSIVE REVIEW UNDERWAY

14 SUMMARIES PUBLISHED ON
ISCRR'S WEBSITE DETAILING
THE LATEST ACADEMIC RESEARCH
EVIDENCE RELEVANT TO THE
PROGRAM AREAS AND OUR PARTNERS.

Capacity building

This year ISCRR continued to provide programs to increase capacity and capability in the academic compensation health research sector via three primary avenues: Development Grants, Partnership Grants, and Scholarships and Fellowships.

Development Grant Program – This annual call for investigator-initiated proposals continues to be popular with both our academic network and WorkSafe and the TAC.

ISCRR Development Grants provide researchers with the opportunity to investigate issues they have identified that will deliver tangible benefits to WorkSafe and the TAC in the short term. Development Grants support smaller scale projects conducted over a 12-month period.

They provide opportunities for existing or new researchers to the field to develop a track record and expertise.

12 NEW RESEARCH PROJECTS FUNDED FROM A TOTAL FUNDING POOL OF ALMOST \$530,000, INCLUDING \$340,000 TOWARD NEUROTRAUMA RESEARCH.

Successful research proposals came from a wide range of institutions, including Monash University, La Trobe University, the University of Sydney, Austin Health, the University of Melbourne, Florey Neurosciences Institutes and Murdoch Children's Research Institute.

The successful research projects covered a wide range of important topics:

- The use of tablet computers for people living with quadriplegia
- Seating modification for occupational car drivers with lower back pain
- Achieving successful employment outcomes following traumatic spinal cord injury
- Successful return to work practices in Victoria
- Support needs of children with traumatic brain injury.

Partnership Grants – ISCRR's budget has funds quarantined for contributions by WorkSafe and TAC to competitive Partnership Grants from the Australian Research Council (ARC) and the National Health and Medical Research Council (NHMRC). ISCRR-supported proposals have had a higher than average success rate at attracting ARC and NHMRC funding.

ISCRR also provided stage 1 funding to a number of proposals in order to allow commencement and preliminary work on a number of Partnership Grant proposals.

Scholarships and Fellowships – ISCRR provides support for early career and emerging researchers via PhD and Early Career Fellowships. At present, ISCRR supports eight PhDs and three Early Career Fellowships.

List of 2013 Development Grant Projects

| | |
|--|--|
| Seating modification, back posture and change in lower back pain amongst occupational car drivers with chronic lower back pain. | Associate Professor Terry Haines, Department of Physiotherapy, Faculty of Medicine, Nursing and Health Sciences, Monash University |
| Defining effective safety communication in the workplace: an observational study. | Dr Sharon Newnam, Research Fellow, Monash Injury Research Institute, Monash University |
| Developing a framework for understanding and measuring occupational health and safety vulnerability. | Dr Peter Smith, Senior Research Fellow. Department of Epidemiology and Preventative Medicine, Monash University |
| The preparedness of industry for injury prevention in an ageing workforce – a worker perspective. | Professor Joan Ozanne-Smith, Head, Prevention Research Unit / Director, National Coronial Information System, Victoria Institute of Forensic Medicine / Monash University |
| The implementation of beneficial return to work practices in Victorian organisations: policy and governance considerations. | Dr Richard Cooney, Senior Lecturer, Management, Monash University |
| The cost of co-morbidity to the Transport Accident Commission compensation scheme. | Dr Janneke Berecki-Gisolf, Senior Research Fellow, Monash Injury Research Institute, Monash University |
| Evaluation of quality of life outcomes for TBI patients living in shared supported accommodation. | Ms Libby Callaway, Researcher, Occupational Therapy, Monash University |
| Women's injuries and return to work: the social context. | Associate Professor Jane Maree Maher, Monash School of Political and Social Inquiry, Faculty of Arts |
| The knowledge, skills and behaviours required by supervisors to facilitate a return to work after a mental disorder or musculoskeletal injury. | Dr. Venerina Johnston, Senior Lecturer, School of Physiotherapy, University of Queensland |
| Community integration outcomes: a comparison of people with TBI and non-disabled Australians. | Dr. Di Winkler, CEO, Summer Foundation Ltd., Adjunct appointee, Occupational Therapy Department, Monash University |
| Brain computer interface using tablet computer for quadriplegic patients. | Dr Jingxin Zhang, Senior Lecturer, Electrical and Computer Systems Engineering, Monash University |
| Vehicle modifications for drivers with disabilities: developing the evidence base to support prescription guidelines, improve user safety and enhance participation. | Dr Marilyn Di Stefano, Senior Lecturer, Occupational Therapy, La Trobe University |
| The experience of achieving a successful employment outcome following traumatic spinal cord injury: pathways and processes. | Ms Gilleen Hilton, Senior Occupational Therapist, Victorian Spinal Cord Service, Austin Health |
| Using tele-health to evaluate and develop the communication support skills of the family members and carers of people with traumatic brain injury. | Professor Leanne Togher, Principal Research Fellow and NHMRC Senior Research Fellow, Faculty of Health Sciences, University of Sydney |

List of 2013 Development Grant Projects

| | |
|---|---|
| Assessment of the timing of decompressive surgery in spinal cord injury. | Dr Peter Batchelor, Senior Lecturer, Florey Neurosciences Institutes |
| Assessing nutritional status in patients with spinal cord injury. | Professor Mary Galea, Professor of Clinical Physiotherapy, Physiotherapy Department, University of Melbourne |
| Multimodal MR imaging in severe TBI patients. | Professor Jamie Cooper, ANZIC-RC, Department of Epidemiology and Preventative Medicine, Monash University |
| Understanding how hypothermia impairs coagulation in severe TBI patients. | Professor Jamie Cooper, ANZIC-RC, Department of Epidemiology and Preventative Medicine, Monash University |
| Development of a clinical research database for spinal cord injury. | Dr David Berlowitz, Research Fellow, Institute for Breathing and Sleep |

List of Successful Partnership Grants supported in 2012/13

| | | |
|--|--|-------------------------|
| Understanding individual, workplace and system level influences on return to work in a changing Australian labour market. (ARC Linkage Grant) | Associate Professor Peter Smith | Monash University |
| Determining the individual, community and societal impacts of compensable injury in Australia. (ARC Linkage Grant) | Associate Professor Alex Collie | Monash University |
| Does self-management increase the effectiveness of vocational rehabilitation for chronic compensated disorders? (ARC Linkage Grant) | Professor Niki Ellis | Monash University |
| Development of an integrated mental health literacy and job stress intervention. (NHMRC Partnership Grant) | Associate Professor Anthony LaMontagne | University of Melbourne |
| Chronic pain and functional impairment following traumatic injury: an investigation into the impact of compensation status and experience. (ARC Linkage Grant) | Professor Nellie Georgiou-Karistianis | Monash University |

List of Partnership Grants (Stage 1 funding only)

| | | |
|---|--------------------------|-------------------|
| Prevention of noise-induced hearing loss in young workers – a qualitative and intervention study in at-risk TAFE apprenticeship students. (Stage 1) | Dr Geza Benke | Monash University |
| Investigation of MSD toolkit risk and hazard measures in relation to claim rates and other indicators. (Stage 1) | Dr Jodi Oakman | Monash University |
| Examining the role of GPs in Return to Work: a mixed methods study. (Stage 1) | Professor Danielle Mazza | Monash University |

List of PhD candidates funded by ISCRR in 2012/13

| | | |
|--|---|-------------------|
| The influence of perceived social support in compensable injury. | Candidate: Khic-Houy Prang Supervisors: Dr Sharon Newnam, Dr Janneke Berecki-Gisolf | Monash University |
| Early identification of mental health conditions, the efficacy of remote health interventions and the resultant health service utilisation of TAC clients. | Candidate: Maatje Scheepers Supervisor: Dr Michael Fitzharris | Monash University |
| Regulation of injury compensation systems. | Candidate: Conan Brownbill Supervisors: Professor Graeme Hodge, Mr Eric Windholz and Associate Professor Alex Collie | Monash University |
| An analysis of injured workers' experience of key relationships in the WorkSafe compensation system in Victoria. | Candidate: Elizabeth Kilgour Supervisors: Dr Agnieszka Kosny and Associate Professor Alex Collie | Monash University |
| Evaluating capacity for evidence informed policy development in a health policy environment. | Candidate: Pauline Zardo Supervisors: Associate Professor Alex Collie, Professor Russell Gruen, Dr Charles Livingstone | Monash University |

List of Early Career Fellowships funded by ISCRR in 2012/13

| | | |
|--|---------------------------|-------------------|
| Outcomes of compensated injury in Victoria: a longitudinal approach. | Dr Janneke Berecki-Gisolf | Monash University |
| Examining the role of GPs in RTW – a qualitative analysis of compensation schemes. | Dr Agnieszka Kosny | Monash University |
| Workplace safety culture and safety climate: establishing the WSV research program (OH&S program). | Dr Trang Vu | Monash University |

Communication and stakeholder engagement

Communication and stakeholder engagement is a key part of the successful delivery of research translation. Our value to our partners comes from our ability to effectively engage them and to communicate research in a way that maximises the rate of adoption and impact of our research activity.

Our challenge is to continually improve on this engagement and innovate methods to create new ways of delivering research evidence in a practical and accessible way.

Over the past year, we have gleaned some strong insights into our partners' perceptions of how well we achieve this (via the PwC review and our inaugural Partnership Satisfaction Survey) and what we could do to improve.

Our focus for the year ahead will be to deepen the relationship with our partners and be innovative in presenting complex and dense subject matter in a way that is accessible across our partners as well as helping to drive adoption of findings with partners' stakeholders.

Australasian Compensation Health Research Forum

The 2nd Australasian Compensation Health Research Forum, jointly organised by the Accident Compensation Corporation (ACC) (New Zealand), ISCRR and the Motor Accidents Association (New South Wales), was held in November 2012 and was a resounding success. Hosted by the ACC in Auckland, the event featured stimulating presentations and discussions about compensation scheme management and the issues relevant to the sector.

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. Feedback from

conference participants and the broader compensation industry was very positive. We're very pleased that the Motor Accident Authority of New South Wales has chosen to be a supporter of the 3rd Forum in Sydney in late 2013.

In 2014, the ACHRF will return to Melbourne and is scheduled to align with the 7th International Forum on Disability Management.

Guest Expert Seminars

ISCRR conducted the following Guest Expert Seminars during the year:

- Adjunct Professor Alan Clayton: *'Reconsidering truisms: the case of experience rating'* examined the origins of experience rating and whether the belief in the efficacy of this system is supported by empirical evidence
- Dr Sheilah Hogg-Johnson, Institute for Work & Health in Toronto, Ontario Canada: *'The impact of system level change on workers compensation claims in Ontario, Canada'* and Dr Chris McLeod, University of British Columbia: *'The usefulness of linking compensation and health data'*
- Dr Louise Moody, Coventry University: *'User-centred design supports independent living'*.

Future Directions in Assisted Living and Healthcare workshop

ISCRR and the Faculty of Business and Economics held a 'Future Directions in Assisted Living and Healthcare' workshop in October 2012. The workshop launched the collaborative work on developing new models of lifetime care and support, which is the first priority of ISCRR's Neurotrauma Research Strategy. Based on the principles of co-design, the workshop brought together experts in architecture, design and technology, policymakers and client advocates.



Comparing the performance of international OHS and workers’ compensation systems – international workshop

Together with the Partnership for Work Health and Safety from the University of British Columbia, ISCRRC co-hosted a workshop between Australian, New Zealand and Canadian research and policy experts in the field of OHS and workers’ compensation. The workshop, held over two days in March 2013 in Melbourne, brought together researchers from three academic institutions (Monash University, UBC and the Institute for Work and Health (Toronto, Canada)) and representatives from nine OHS/workers’ compensation agencies from Australia and New Zealand to develop an international research/policy collaboration to conduct comparative studies (i.e. benchmarking) of OHS and workers’ compensation schemes in Australia, New Zealand and Canada. Benchmarking and comparative research among jurisdictions in these countries have the potential to create research evidence that will improve OHS and workers’ compensation system performance.

Stakeholder forums

As part of ISCRRC’s annual planning process, two stakeholder forums were held in May 2013 to discuss challenges and research priorities in the areas of: safety; rehabilitation and compensation; and health and disability.

Media activity

ISCRRC significantly increased its media activity with both general and industry media during 2012/13. There were 120 media articles relating to ISCRRC from 1 July 2012 to 30 June 2013, which is double those of the previous year.

In addition, we increased our social media engagement, with the number of followers on the ISCRRC Twitter account increasing from 234 to 480 over the year to 30 June 2013. ISCRRC sent 530 industry-related tweets during the reporting period.

Think Tank

ISCRRC’s collaborative research model is supported by a community of engaged stakeholders collectively known as our Think Tank. The Think Tank comprises policymakers; members of the Australian and international research community; union representatives; legal, rehabilitation and health care service providers; and health and disability advocates. As at 30 June 2013, the Think Tank had 1925 members on its distribution list.

ISCRRC engages stakeholders through face-to-face events, targeted media articles and eUpdate (the monthly electronic newsletter sent to the Think Tank members).

Partner satisfaction survey

In 2012, Sweeney Research was commissioned to conduct research to measure partner satisfaction with ISCRRC. The research findings were based on an online survey and in-depth interviews with senior representatives from the TAC, WorkSafe and Monash University.

The final report was completed in October 2012 and was used as one of the inputs in the PwC evaluation and review of ISCRRC’s performance. In addition, the partner engagement research provided valuable insight into the strengths and areas for improvement regarding ISCRRC’s way of engaging with its priority stakeholders.

KEY FINDINGS OF PARTNERSHIP SATISFACTION SURVEY:

71%

ARE SATISFIED WITH ISCRR OVERALL

79%

ARE SATISFIED WITH THE 'RELATIONSHIP' WITH ISCRR

88%

ARE SATISFIED WITH STAFF COMPETENCE

“The competence of ISCRR staff is a major strength of the organisation.”

– Partnership satisfaction survey participant

Key findings

Overall, the research revealed that our industry and academic partners are satisfied with ISCRR although there are certainly areas identified for improvement.

The research also revealed some differences in the perceptions of our industry partners, with the TAC (75% satisfied) and WorkSafe (85% satisfied) tending to report more positive views, and our academic partner, Monash (54% satisfied) less so.

This inaugural survey has helped to crystallise the areas in which we are doing well and helped us to target areas for future development.

With this inaugural survey, we now have a benchmark against which we can measure our future performance. The majority of those surveyed reported an improvement in their relationship with ISCRR over the preceding six months, which may in part be attributable to the recent implementation of our program-based model, which has been regarded as a positive move by our partners in promoting more meaningful engagement at key points in the research lifecycle.

The key themes that were borne out when our partners were asked what ISCRR could do to improve the relationship were consistent across our industry partners: more regular and timely contact, streamlined contact, continued development of the PAGs, a better understanding of partners' needs and a focus on translation of research. Monash identified that we should: reduce administration load, improve transparency, have more timely communication and be more visible.

Facilitation between the partners is viewed as a critical role of ISCRR, given that partners have different motivations and come from different backgrounds. The research found that ISCRR was considered to have made significant progress in this area over the last 12 months.

Satisfaction based on the key research phases

Satisfaction was also measured around each of the three key research phases. This revealed that we need to do better at translating the research into actionable outcomes, while our partners also acknowledged that they needed to be better engaged in that activity.

In contrast, our partners viewed the design and actual research phases more positively, although again, there is room for improvement:

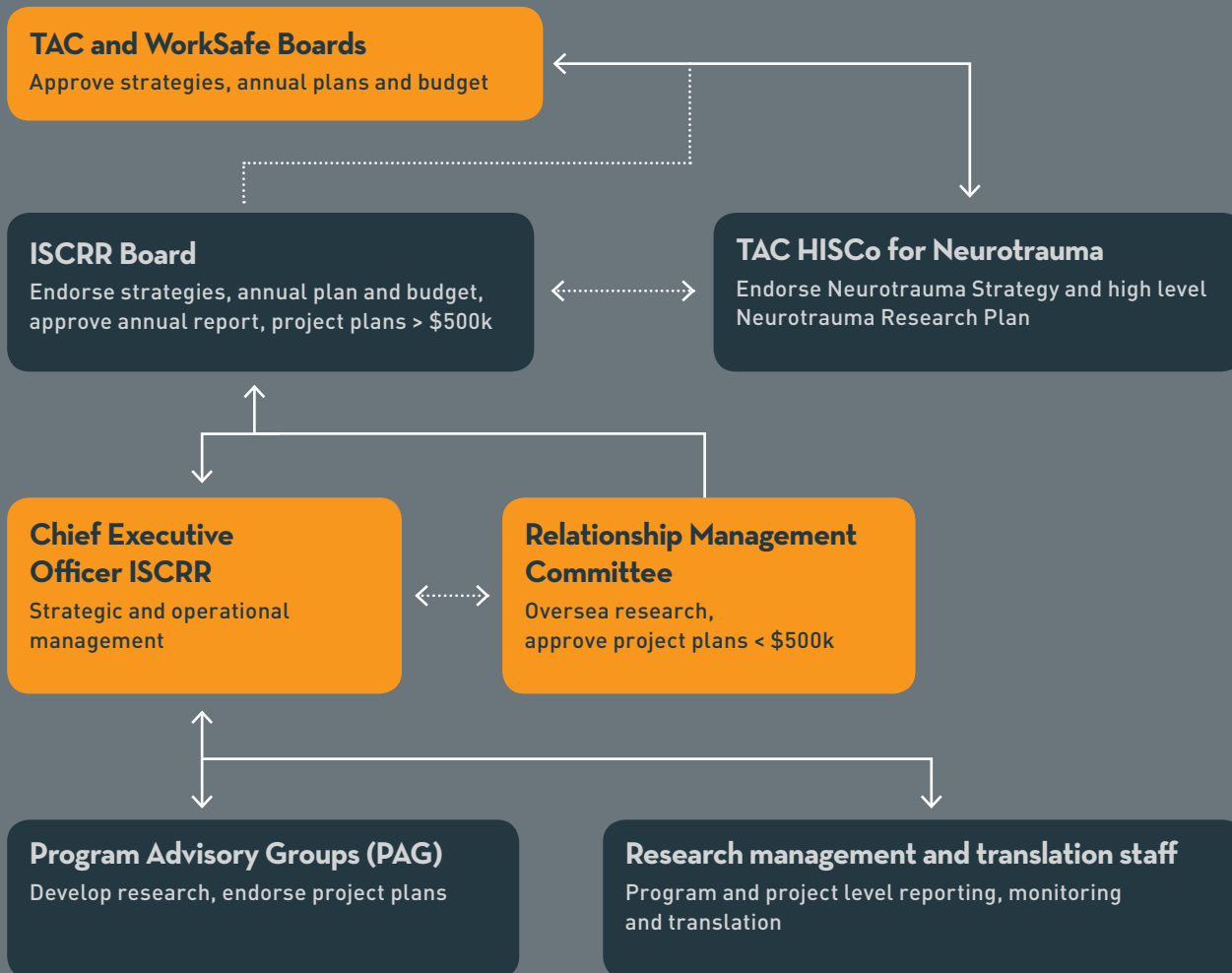
- Identifying key research needs – 67% satisfied
- Conducting and facilitating the research – 79% satisfied
- Translating research into actionable outcomes – 42%

We have already taken a number of steps to address some of the areas identified for improvement based on the research, such as establishing research translation as a key component of work across all programs and establishing a comprehensive process to measure the adoption and impact of research findings within our partner organisations.

Over the coming year, more work will be done in this area as we continue to work on closing the gap between research and practice by finding ways of bridging the often very different cultures and approaches of our partners.

Governance

Overarching governance process



ISCRR's collaborative research model relies on extensive and ongoing consultation and engagement. Consequently, ISCRR has built a research governance structure that is based on dialogue between policymakers, 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.

Program Advisory Groups (PAGs)

A feature of the research governance structure is the establishment of content-specific Program Advisory Groups (PAGs). The PAGs are chaired by an ISCRRT appointed Program Lead and supported by a Program Manager based at ISCRRT.

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

Relationship Management Committee

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

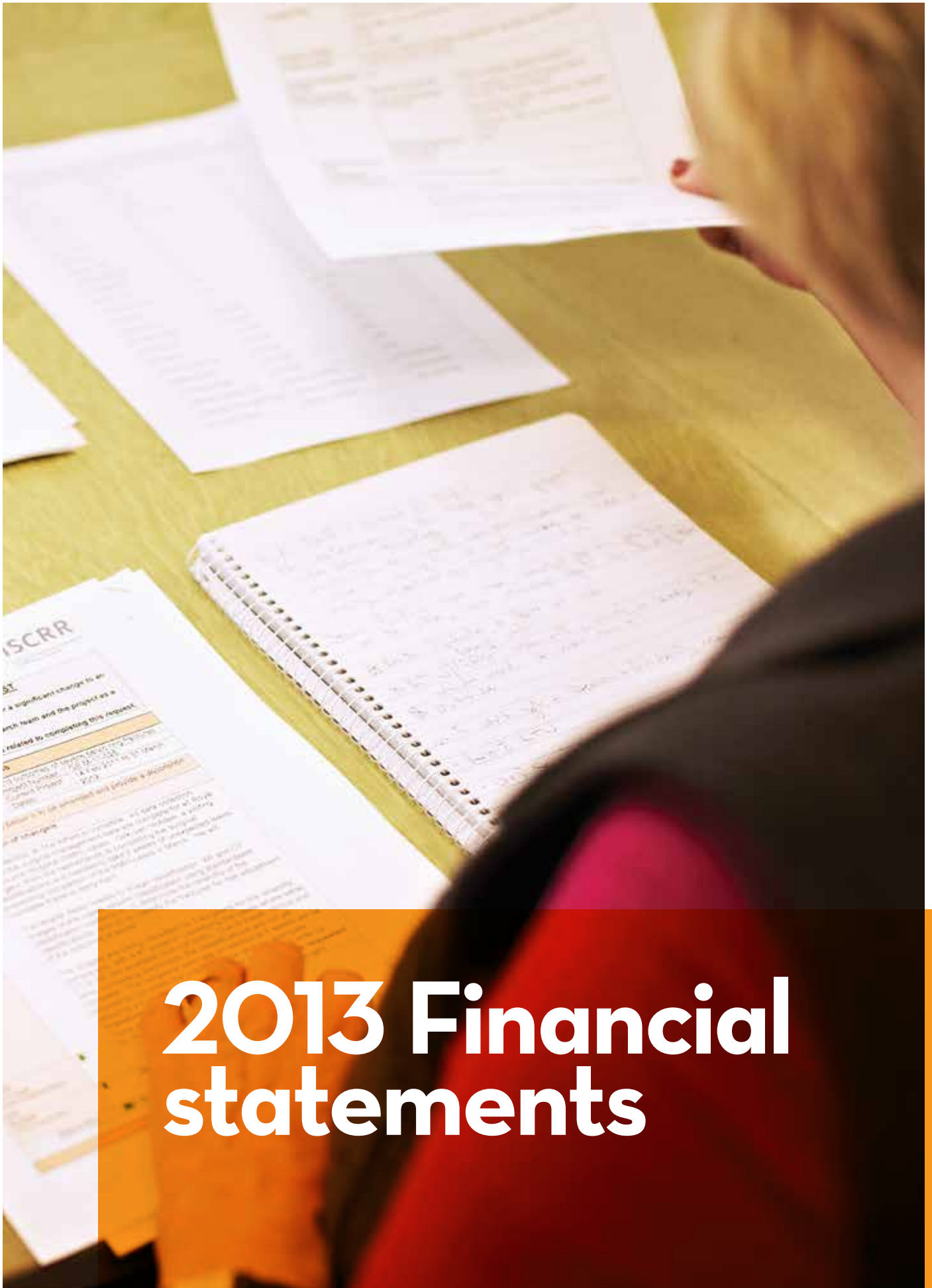
- Providing advice to assist the ISCRRT CEO and ISCRRT Board in developing research programs that are aligned with TAC and WorkSafe priorities
- Monitoring the progress of ISCRRT's research program against its Strategic Research Plan
- Facilitating interaction and coordination of the research program teams with WorkSafe and TAC staff and existing business initiatives
- Participating in ISCRRT activities, including reviewing ISCRRT-supported research and relevant meetings and seminars
- 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 2012/13 year were:

- Professor Niki Ellis, ISCRRT Chief Executive Officer, Chair
- David Gifford, Executive Manager, Business Intelligence, Transport Accident Commission
- Clare Amies, Head, Health Services Group, Transport Accident Commission
- Sarah Newton, Director Strategic Alliances, Monash University
- Associate Professor Alex Collie, ISCRRT Chief Research Officer.

The monthly Relationship Management Committee has been an effective vehicle for improving the alignment of ISCRRT's planning with priorities of WorkSafe and TAC, improvement of processes by which ISCRRT interacts with its partners, troubleshooting and approving research projects.

The Relationship Management Committee met 12 times during 2012/13.



2013 Financial statements

2013 financial statements

For purpose of Directors' Reporting Policy

Statement of income and expenditure

For the financial year ended 30 June 2013

| | CORE FUNDING | EXTERNAL FUNDING | 2013 TOTAL CORE AND EXTERNAL FUNDING | 2012 TOTAL CORE AND EXTERNAL FUNDING |
|--|-----------------|---------------------|---|---|
| | \$'000 | \$'000 | \$'000 | \$'000 |
| REVENUE | | | | |
| Funding revenue | 7116 | 2685 | 9801 | 6730 |
| Other revenue | 400 | 80 | 480 | 399 |
| Interest income | 54 | 20 | 74 | 56 |
| | 7570 | 2785 | 10,355 | 7185 |
| EXPENDITURE | | | | |
| Reasearch projects (note 2) | 4860 | 1869 | 6729 | 5241 |
| Research support (note 3) | 825 | – | 825 | 652 |
| Corporate support (note 3) | 1508 | 144 | 1652 | 1358 |
| | 7193 | 2013 | 9206 | 7251 |
| Unspent funds/(deficit) for the year | 377 | 772 | 1,149 | (66) |
| Brought forward unspent funds | 809 | 167 | 977 | 1043 |
| Accumulated unspent funds carried forward | 1186 | 939 | 2126 | 977 |

▲
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

| | 2013 | 2012 |
|--|-------------|-------------|
| | \$'000 | \$'000 |
| ASSETS | | |
| Cash and cash equivalents | 2381 | 1087 |
| Accrued interest | 22 | 20 |
| | 2403 | 1107 |
| LIABILITIES | | |
| Accruals | 277 | 130 |
| Net assets | 2126 | 977 |
| REPRESENTED BY: | | |
| Accumulated funds brought forward | 977 | 1043 |
| (Deficit) / Unspent funds for the year | 1149 | (66) |
| Accumulated funds carried forward | 2126 | 977 |

▲
The above statement of income and expenses 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 contributions as set out in the agreement between TAC, WorkSafe and Monash.

External funding revenue relates to contribution other than in relation to the abovementioned 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 a 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 represent 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 PROJECT

| | CORE FUNDING | EXTERNAL FUNDING | 2013 TOTAL CORE AND EXTERNAL FUNDING | 2012 TOTAL CORE AND EXTERNAL FUNDING |
|--|-----------------|---------------------|---|---|
| | \$'000 | \$'000 | \$'000 | \$'000 |
| Neurotrauma activities | - | 1568 | 1568 | 233 |
| WorkSafe – evaluation of WorkHealth initiative | - | 225 | 225 | 461 |
| ACC medical assessments | - | 24 | 24 | - |
| ARC Linkage Return to Work self management intervention | - | - | - | 38 |
| PROGRAM 1 | | | | |
| Occupational Health and Safety (OHS) program | 136 | - | 136 | 12 |
| Research development | - | - | - | 129 |
| OHS leading indicators tool | 372 | - | 372 | 170 |
| Employment performance management program | 57 | - | 57 | 94 |
| Work related fatalities | - | - | - | 185 |
| Preparedness for injury prevention | 40 | - | 40 | - |
| Evidence review program | 15 | - | 15 | - |
| Safety climate and culture (Early Career Fellowship) | 49 | - | 49 | - |
| Integrated promotion for the prevention of mental illness in the workplace | 160 | - | 160 | - |
| Prevention of work-related musculoskeletal disorders | 40 | - | 40 | - |
| PROGRAM 2 | | | | |
| Return to Work and Recovery | 57 | - | 57 | - |
| IWH systematic review | 64 | - | 64 | 97 |
| Evaluation of RTW coordinator training | 8 | - | 8 | 25 |
| RTW Partnership Grant | - | - | - | 120 |
| Victoria orthopaedic trauma outcomes Phase 2 | 471 | - | 471 | 405 |
| Women's injuries and return to work | 10 | - | 10 | - |
| Understanding individual, workplace and system level | 120 | - | 120 | - |
| The role of GPs in return to work after injury | 49 | - | 49 | - |



Continues next page

| | CORE FUNDING | EXTERNAL FUNDING | 2013 TOTAL CORE AND EXTERNAL FUNDING | 2012 TOTAL CORE AND EXTERNAL FUNDING |
|--|-----------------|---------------------|---|---|
| | \$'000 | \$'000 | \$'000 | \$'000 |
| PROGRAM 3 | | | | |
| Research development | - | - | - | 32 |
| Health and disability services | 24 | - | 24 | - |
| Strategies to enable physiotherapists | 102 | - | 102 | - |
| PROGRAM 4 | | | | |
| Compensation system program | 59 | - | 59 | 1 |
| TAC 2015 claims model evaluation – Phase 2 | 375 | - | 375 | 305 |
| Health effects of compensation systems | 102 | - | 102 | 205 |
| ARC Linkage - Determining the individual community and societal impacts of compensable injury in Australia | 80 | 52 | 132 | 344 |
| PhD Scholarships | 118 | - | 118 | 83 |
| Early Career Fellowships | 137 | - | 137 | 65 |
| Cohorts study | 72 | - | 72 | 108 |
| Early identification of mental health needs of injured | 57 | - | 57 | - |
| PROGRAM 5 | | | | |
| Evidence reviews 2011/12 | 37 | - | 37 | 160 |
| Research to action model evaluation | 104 | - | 104 | 37 |
| Evidence service | 98 | - | 98 | 184 |
| Translation research program | 1 | - | 1 | - |
| Evidence reviews after 2012 | 307 | - | 307 | - |
| Evaluating capacity for evidence-informed policy | 15 | - | 15 | - |
| CAPACITY BUILDING AND CRD: | | | | |
| Compensation Research Database | 257 | - | 257 | 319 |
| Development Grants | - | - | - | 148 |
| Capacity building initiatives | - | - | - | 129 |
| Setting the research agenda | - | - | - | 42 |
| Translation management | 30 | - | 30 | - |
| Salary and related | 1132 | - | 1132 | 1015 |
| Travel, conference related and other expenses | 105 | - | 105 | 95 |
| TOTAL | 4860 | 1869 | 6729 | 5241 |

3. EXPENDITURE OTHER THAN RESEARCH PROJECTS

| | CORE FUNDING | EXTERNAL FUNDING | 2013 TOTAL CORE AND EXTERNAL FUNDING | 2012 TOTAL CORE AND EXTERNAL FUNDING |
|---|-----------------|---------------------|---|---|
| | \$'000 | \$'000 | \$'000 | \$'000 |
| RESEARCH SUPPORT | | | | |
| Stakeholder engagement consultant | 86 | - | 86 | 137 |
| Communication strategy | 191 | - | 191 | 91 |
| Information management strategy | 120 | - | 120 | 30 |
| Salary and related | 403 | - | 403 | 377 |
| Travel and conference related | 25 | - | 25 | 17 |
| | 825 | - | 825 | 652 |
| CORPORATE SUPPORT | | | | |
| Salary and related (incl. director fees) | 532 | - | 532 | 529 |
| Finance and admin services | 308 | 49 | 357 | 197 |
| Travel and conference related | 25 | 18 | 43 | 32 |
| Other operating expenses | 18 | - | 18 | 34 |
| | 883 | 67 | 950 | 792 |
| ANCILLARY ASSISTANCE AND RESOURCES | | | | |
| Rental and related | 135 | 40 | 175 | 183 |
| Computers and equipment related | 13 | 10 | 23 | 68 |
| Internet, networks and related infrastructure | 24 | 4 | 28 | 81 |
| Monash central support | 442 | 19 | 461 | 224 |
| Other operating | 11 | 4 | 15 | 10 |
| | 625 | 77 | 702 | 566 |

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 2013 are reconciled in the table right.

| | 2013 | 2012 |
|---|---------------|--------|
| | \$'000 | \$'000 |
| Funding commitments to 30 June | 25,477 | 17,927 |
| LESS: | | |
| Funding received for commitments payable to 30 June | 20,450 | 13,334 |
| Total undrawn funds as at 30 June | 5027 | 4593 |

5. UNDRAWN FUNDS – NON CORE FUNDING

In addition to the unspent funds, undrawn Neurotrauma funds available to ISCRR for drawdown to 30 June 2013 are reconciled in the table right.

| | 2013 |
|---|-------------|
| | \$'000 |
| Funding commitments to 30 June | 10,054 |
| LESS: | |
| Funding received for commitments payable to 30 June | 2481 |
| Total undrawn funds as at 30 June | 7573 |

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 policy 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 2013 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.

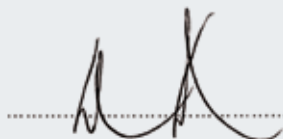
Dated at Melbourne

3rd September 2013



Paul Shannon

Interim 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 2013 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 7. 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 judgement, 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.

Liability limited by a scheme approved under Professional Standards Legislation.

Member of Deloitte Touche Tohmatsu Limited

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.

Auditor's Opinion

In our opinion, in all material respects:

- The financial statements present fairly, the financial position of the Institute as at 30 June 2013 and of its financial performance for the year then ended 30 June 2013, 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 Agreement;
- The balance of Funding not used during the financial year ended 30 June 2013 are reconciled and held in Monash bank accounts; and
- The expenditure on ISCRR activities and projects are in accordance with the approved financial delegations.

Basis of Accounting and Restriction on Distribution and Use

Without modifying our opinion, we draw attention to Note 1 to the financial statements, 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, 3 September 2013

A close-up photograph of a woman with short, light brown hair and black-rimmed glasses. She is smiling broadly, showing her teeth, and looking towards the right. In the background, the profile of another person's face is visible, slightly out of focus. The woman is wearing a black top and a thin gold necklace. The bottom portion of the image is overlaid with a solid orange color.

Research projects

Catalogue of research projects and outputs (current and past)

Occupational Health and Safety projects:

| Title | Chief Researcher | Sponsor |
|---|--|--------------------------------|
| Evaluation of WorkHealth program | Professor Malcolm Sim, Monash University School of Public Health and Preventative Medicine | WorkSafe |
| Trends and risk factors in work-related disorders in Victoria | PhD candidate – Aleksandra Natora; supervisor – Professor Malcolm Sim, Monash University School of Public Health and Preventative Medicine | WorkSafe |
| CPD's update to ISCRR Snapshot Review | Dr Scott Wordley, Monash University | Bruce Gibson, Megan O'Halloran |
| Certification and safety systems | Associate Professor Lesley Day, Monash University | WorkSafe |

| Title | Chief Researcher | Sponsor |
|--|---|------------------|
| Firefighter health outcomes and legislative implications | Professor Malcolm Sim, Monash Centre for Occupational and Environmental Health | WorkSafe |
| A framework for measuring OHS vulnerability | Associate Professor Peter Smith, Department of Epidemiology and Preventative Medicine, Monash University | TAC and WorkSafe |
| Injury prevention in an ageing workforce | Professor Joan Ozanne-Smith, Department of Forensic Medicine, Monash University | TAC and WorkSafe |
| Development of lead indicators for OHS performance (Stages 1-4) | Professor Helen DeCieri, Monash University, in partnership with Dr Benjamin C Amick III, Institute for Work & Health, Ontario | WorkSafe |
| Development of lead indicators for OHS performance (Stages 5-9) | Professor Helen DeCieri, in partnership with Dr Benjamin C Amick III, Institute for Work & Health, Ontario | WorkSafe |
| Investigation of MSD toolkit risk and hazard measures in relation to claim rates and other indicators (Stage 1) | Dr Jodi Oakman, Centre for Ergonomics and Human Factors, La Trobe University | WorkSafe |
| Prevention of work-related musculoskeletal disorders (MSDs): Implementation and evaluation of an MSD risk management toolkit for workplace users | Dr Jodi Oakman, Centre for Ergonomics and Human Factors, La Trobe University | TAC and WorkSafe |
| Development of an integrated mental health literacy and job stress intervention | Associate Professor Tony Lamontagne, University of Melbourne | WorkSafe |
| Integrated workplace mental health promotion for the prevention and management of mental illness in the workplace | Associate Professor Anthony LaMontagne, University of Melbourne | Megan O'Halloran |
| Safety climate and culture | Professor Helen De Cieri, Monash University | WorkSafe |
| Seating modification, back posture and change in lower back pain amongst occupational car drivers with chronic lower back pain | Dr Terry Haines, Monash University | WorkSafe & TAC |
| Defining effective safety communication in the workplace: an observational study | Dr Sharon Newnam, Monash University | WorkSafe & TAC |
| The CRC for alertness, safety and productivity | Professor Shantha Rajaratnam, Monash University | WorkSafe |

Return to Work and System Design research projects:

| Title | Chief Researcher | Sponsor |
|---|---|--------------------------------|
| Victorian Orthopaedic Trauma Outcomes Registry (VOTOR) Phase 1 & 2 | Associate Professor Belinda Gabbe, Department of Epidemiology and Preventative Medicine, Monash University | TAC |
| Evaluation of the TAC Recovery & Independence Initiatives (TAC 2015 evaluation) Phase 1 & 2 | Associate Professor Alex Collie, ISCRR in partnership with the Institute for Work & Health, Ontario, Canada | TAC |
| Regulation of injury compensation systems | Conan Brownbill, PhD candidate, Monash University, Supervisors Professor Graeme Hodge, Monash University and Associate Professor Alex Collie, ISCRR | TAC and WorkSafe |
| Health effects of compensation systems (HECS) | Professor David Studdert, University of Melbourne | TAC and WorkSafe |
| Does return to work facilitate recovery? | Dr Jenny Oxley, Monash University | WorkSafe |
| PIEF annotated bibliographies | Samantha Barker, ISCRR | PIEF |
| Current communication practices, with a focus on standard written letters, within the compensation and related environments | Dr Dianne Sheppard, Monash University | WorkSafe |
| RTW program incentives for injured workers and new employers | Dr Susan Gargett, ISCRR | WorkSafe |
| Does self-management increase the effectiveness of occupational rehabilitation for chronic compensated disorders? | Professor Niki Ellis, ISCRR, in partnership with University of Queensland, Monash University, Flinders University | ARC, WorkSafe, MAIC and Q-COMP |

| Title | Chief Researcher | Sponsor |
|--|---|--------------------------------|
| An analysis of the experiences and outcomes of clients in compensable systems in Victoria | Ms Elizabeth Kilgour, PhD candidate, supervisors – Dr Agnieszka Kosny and Associate Professor Alex Collie, ISCRR | WorkSafe and TAC |
| Determining the individual, community and societal impacts of compensable injury in Australia – ARC | Associate Professor Alex Collie, ISCRR | WorkSafe and TAC, ARC, ComCare |
| Outcomes of compensable injury in Victoria – a longitudinal approach | Dr Janneke Berecki-Gisolf, Monash University | WorkSafe and TAC |
| Workplace-based and system-based RTW interventions: a systematic review | Associate Professor Alex Collie, ISCRR in partnership with the Institute for Work & Health, Ontario, Canada | WorkSafe and TAC |
| Evaluation of the WorkSafe RTW coordinator training program | Dr Richard Cooney, Department of Management, Monash University | WorkSafe |
| Women's injuries and RTW – the social context | Associate Professor JaneMaree Maher, School of Political and Social Inquiry, Monash University | WorkSafe and TAC |
| The knowledge, skills and behaviours required by supervisors to facilitate a RTW after a mental disorder or musculoskeletal injury | Dr Venerina Johnston, University of Queensland, in partnership with Monash University and Liberty Mutual Research Institute for Safety | WorkSafe |
| Social support systems and recovery | Ms Khic-Huoy Prang, PhD candidate, Monash University, supervisor: Dr Sharon Newnam, Monash University | WorkSafe and TAC |
| Understanding individual, workplace and system level influences on return to work in the context of the ageing Victorian labour market (Stage 1) | Dr Peter Smith, Department of Epidemiology and Preventative Medicine, Monash University, in partnership with University of Melbourne and the Institute for Work & Health, Ontario, Canada | WorkSafe |
| Early identification of mental health needs of injured road users | Ms Maatje Scheepers, PhD candidate, supervisor, Dr Michael Fitzharris (primary supervisor), Monash University | TAC |
| The implementation of beneficial return to work practices in Victorian organisations: policy and governance considerations | Dr Richard Cooney, Department of Management, Monash University | WorkSafe |
| The cost of co-morbidity to the Transport Accident Commission compensation scheme | Dr Janneke Berecki-Gisolf, Monash University | TAC |
| Examining the role of GPs in RTW – a qualitative analysis of compensation schemes | Dr Agnieszka Kosny, Monash University | WorkSafe and TAC |

Health and Disability Services Delivery research projects:

| Title | Chief Researcher | Sponsor |
|---|---|--------------------------------------|
| Art therapy | Professor Russell Gruen, National Trauma Research Institute, Alfred Health, Monash University | WorkSafe and TAC |
| Beds for backs | Professor Russell Gruen, National Trauma Research Institute, Alfred Health, Monash University | WorkSafe and TAC |
| Spinal fusion | Professor Russell Gruen, National Trauma Research Institute, Alfred Health, Monash University | WorkSafe and TAC |
| Persistent pain following transport and work injury in Victoria | Dr Paul Jennings, Monash University | WorkSafe and TAC |
| Models of supported accommodation for people with traumatic brain injury: a systematic review of literature | Dr Libby Callaway, Monash University | TAC |
| Assistive technology review | Dr Rachael McDonald, Monash University | Health and Disability Strategy Group |
| Evaluation of quality of life outcomes for TBI patients living in shared supported accommodation | Dr Libby Callaway, Monash University | TAC |
| Chronic pain and functional impairment following traumatic injury: An investigation into the impact of compensation status and experience | Associate Professor Nellie Georgiou-Karistianis, School of Psychology and Psychiatry, Monash University | TAC |
| Provider performance measurement and management – external environment scan | Professor Jacinta Douglas | WorkSafe |
| Experiences of community transitions | Dr Libby Callaway, Department of Occupational Therapy, Monash University | TAC |
| Evaluation of quality of life outcomes RIPL and traditional supported accommodation | Dr Libby Callaway, Department of Occupational Therapy, Monash University | TAC |

| Title | Chief Researcher | Sponsor |
|---|---|---|
| Evaluation of quality of life outcomes for people with severe traumatic brain injury living in the community | Dr Libby Callaway, Department of Occupational Therapy, Monash University | TAC |
| RIPL built and technology design evaluation | Dr Libby Callaway, Department of Occupational Therapy, Monash University | TAC |
| Developing a better coordinated, high quality system of care for people with disabilities | Professor Amrik S. Sohal, Monash University | Health and Disability Strategy Group |
| A design-based approach to the integration of dwelling design strategies and supportive technologies in order to improve accommodation outcomes for SCI and TBI users | Professor Shane Murray, Monash University | |
| Vehicle modifications for drivers with disabilities: developing the evidence base to support prescription guidelines, improve user safety and enhance participation | Dr Marilyn Di Stefano, La Trobe University | WorkSafe & TAC |
| Examining the role of general practitioners in Return to Work: a mixed methods study (Stage 1) | Professor Danielle Mazza, Monash University | Health and Disability Strategy Group and WorkSafe |
| The experience of achieving a successful employment outcome following traumatic spinal cord injury: pathways and processes | Gilleen Hilton, Austin Health | WorkSafe & TAC |
| Using telehealth to evaluate and develop the communication support skills of the family members and carers of people with traumatic brain injury | Associate Professor Leanne Togher, University of Sydney | TAC |
| Community integration outcomes: A comparison of people with TBI and non-disabled Australians | Dr Di Winkler, Summer Foundation | TAC (Neuro) |
| Brain computer interface using tablet computer for quadriplegic patients | Associate Professor Jingxin Zhang, Monash University and Swinburne University | TAC (Neuro) |
| Strategies to enable physiotherapists to promote timely return to work following injury | Professor Jenny Keating, Monash University | Health and Disability Strategy Group |
| Assistive technology horizon scanning | Dr Rachel McDonald, Monash University | HDSG |
| Examining the role of general practitioners in RTW- a qualitative analysis of compensation schemes | Professor Danielle Mazza, Department of General Practice, Monash University | WorkSafe and TAC |
| Evaluating the new certificate of capacity | Dr Bianca Brijnath, Monash University | HDSG |
| Repetitive Transcranial Magnetic Stimulation (RTMS) in treating depression | Professor Russell Gruen, National Trauma Research Institute, Alfred Health | WorkSafe and TAC |

Neurotrauma projects:

| Title | Chief Researcher | Sponsor |
|---|--|---------|
| Evidence review – segmented rehabilitation for ABI | Professor Natasha Lannin, La Trobe University | TAC |
| Longitudinal head injury outcomes study | Professor Jennie Ponsford, Director of the Monash-Epworth Rehabilitation Research Centre, Epworth Hospital, Monash University | TAC |
| An institute and infrastructure for spinal cord injury research | Associate Professor Douglas Brown, Austin Hospital | TAC |
| Harnessing Victoria’s neurotrauma expertise: promoting excellence and realising value | Professor Russell Gruen, Monash University | TAC |
| Multimodal MR Imaging in severe TBI patients | Professor Jamie Cooper, Department of Epidemiology and Preventative Medicine, Monash University | TAC |
| Understanding how hypothermia impairs coagulation in severe TBI patients | Professor Jamie Cooper, Department of Epidemiology and Preventative Medicine, Monash University | TAC |
| Development of a clinical research database for spinal cord injury | David Berlowitz, Institute for Breathing and Sleep | TAC |
| Acquired Brain Injury slow stream rehabilitation – Caulfield (Eval of TAC ABI Unit) | Associate Professor Natasha Lannin, La Trobe University | TAC |
| Assessment of the timing of decompressive surgery in spinal cord injury | Dr Peter Batchelor, Florey Institute of Neuroscience and Mental Health | TAC |
| Assessing nutritional status in patients with spinal cord injury | Professor Mary Galea, University of Melbourne | TAC |

A photograph of two women in a library or study environment. The woman on the left is partially visible, looking towards the right. The woman on the right has long, wavy, light-colored hair and is looking directly at the camera with a slight smile. She is wearing a dark top and a necklace of small, round, light-colored beads. The background shows bookshelves filled with books. A large, semi-transparent orange shape is overlaid on the bottom half of the image, containing the text 'Research outputs'.

Research outputs

List of research outputs 2012/13

SUPPORTING ACTIVITIES

JOURNAL ARTICLES:

Berecki-Gisolf, J, Collie, A & McClure, R 2013, 'Reduction in health service use for whiplash injury after motor vehicle accidents in 2000–2009: results from a defined population', *Journal of Rehabilitation Medicine*, vol. 45.

Elbers, NA, Cuijpers, P, Akkermans, AJ, Collie, A, Ruseckaite, R & Bruinvels, DJ 2013, 'Do claim factors predict health care utilization after transport accidents?', *Accident Analysis and Prevention*, vol. 53 pp. 121–6.

Ruseckaite, R & Collie, A 2013, 'The incidence and impact of recurrent workplace injury and disease', *BMJ Open*, vol. 3, no. 3, viewed 13 September 2013, <<http://dx.doi.org/10.1136/bmjopen-2012-002396>>.

PRESENTATIONS:

Collie, A & Prang, KH 2012, 'Differentiating patterns of health service use following severe traumatic brain injury: an idiographic analysis', oral presentation presented to Safety 2012, the 11th World Conference on Injury Prevention and Safety Promotion, Wellington, New Zealand, 1–4 October.

HEALTH AND DISABILITY DELIVERY SERVICE

RESEARCH REPORTS:

Callaway, L, Winkler, D, Sloan, S, Pattuwage, L, Osborn, W & Pitt, V 2013, 'Models of supported accommodation for people with traumatic brain injury: a systematic review', ISCR research report for WorkSafe Victoria/TAC, May.

Clavisi, O, Dodge, N, Donoghue, E & Wasiak, J 2013, 'Lumbar spinal fusion: evidence review', ISCR research report for WorkSafe Victoria/TAC, May.

Clavisi, O, Donoghue, E, Dodge, N & Wasiak, J 2013, 'rTMS for depression: evidence review', report #0513-002-R11.1, ISCR research report for WorkSafe Victoria/TAC, March.

Donoghue, E & Wasiak, J 2012, 'Beds and mattresses for back pain', ISCR research report for WorkSafe Victoria/TAC, June.

Douglas, JM 2013, 'Provider performance measurement and management: external environment scan', ISCR research report for WorkSafe Victoria/TAC, July.

Gabbe, BJ, Hofstee, D-J, De Steiger, R, Esser, M, Bucknill, A, Esser, M, Russ, M & Cameron, PA 2012, 'Classification, management and outcomes of severe pelvic ring fractures', ISCR research report for WorkSafe Victoria/TAC, July.

McDonald, R, Thomacos, N & Inglis, K 2013, 'Review of current and emerging assistive technologies for the reduction of care attendant hours: cost effectiveness, decision making tools and emerging practices: a snapshot review', ISCR research report for WorkSafe Victoria/TAC, April.

OCCUPATIONAL HEALTH AND SAFETY

PRESENTATIONS:

Joss, N & Wright, C 2012, 'Evaluation of WorkSafe Victoria's WorkHealth program', oral presentation presented to the 2012 Population Health Congress, Adelaide, 9–12 September.

Sim, M, Gwini, S, Roberts, M & Kelsall, H 2012, 'The WorkHealth program: cardiovascular disease and diabetes risk factors in 400 000 Victorian workers', oral presentation presented in a free paper session at the RACP Future Directions in Health Congress, Brisbane, 6–9 May.

Sim, M, Gwini, S, Roberts, M & Kelsall, H 2012, 'The WorkHealth program: cardiovascular disease and diabetes risk factors in 400 000 Victorian workers', oral presentation presented to the 2012 Population Health Congress, Adelaide, 9–12 September.

RESEARCH REPORTS:

Alavi, H & Oxley, J 2013, 'Evidence review summary: influence of OHS certification and non-certified systems', ISCR research report for WorkSafe Victoria/TAC, March.

Braunig, D & Kohstall, T 2013, 'Calculating the international return on prevention for companies: costs and benefits of investments in occupational safety and health', ISCR research report for WorkSafe Victoria/TAC, February.

Gwini, S, Botlero, R, Roberts, M & Sim, M 2012, '500 000 WorkHealth checks statistical report', WorkHealth Research and Evaluation Program, research project 2, August.

Joss, N, Wright, C, Keleher, H & Sim, M 2012, 'Impact evaluation', WorkHealth Research and Evaluation Program, research project 4, September.

Kelsall, H, Botlero, R, Mohebbi, M & Sim, M 2012, WorkHealth check follow-up study project 1, 0812-008-R9B, September.

Page, K & Tchernitskaia, I 2012, 'Use of motivational interviewing by non-clinicians in non-clinical settings', ISCR research report for WorkSafe Victoria/TAC, October.

Peeters, A, Sim, M & Pasupathi, K 2012, 'Modelling the impact of the WorkHealth program', WorkHealth Research and Evaluation Program, research project 3, September.

Sim, M & Glass, D 2012, 'Firefighting and cancer', ISCR research report for WorkSafe Victoria/TAC, August.

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PRESENTATIONS:

Keegel, T & Driscoll, T 2013, 'Innovative uses of workers' compensation data: improving the impact', symposium submission and co-chaired session at the 23rd International Epidemiology in Occupational Health (EPICOH) Conference, Utrecht, The Netherlands, 18-21 June.

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'Evaluation of recovery and independence', presentation to TAC Board, TAC HQ, Geelong.

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Collie, A, Palagyi, A, Amick, B, Irvin, E, Sheppard, D, McKenzie, D, Van Eerd, D, Steenstra, I, Cullen, K, Laberge, M, Jennings, P, Ruscekaite, R, Newnam, S, Hogg-Johnson, S, Shourie, S, Gensby, U, Kristman, V 2013, 'Workplace-based and system-based return to work and work disability management interventions: a systematic review of the literature', ISCRR research report for WorkSafe Victoria/TAC, May.

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OTHERS:

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POSTER PRESENTATIONS:

Alexander, J & Millard, M January 2013, 'Integrating patient studies: coordinating spinal research' poster presented to Australian and New Zealand Spinal Cord Society Annual Scientific Meeting, Melbourne.

PRESENTATIONS:

Alexander, J 2013, 'A model for facilitating participant recruitment in clinical trials in Victoria: the clinical research liaison officer role', NSW Research Showcase hosted by the Spinal Cord Injury Network, Sydney, 16 April.

Bragge, P, Gruen, RL & Piccenna L 2012, 'The NTRI Forum: a behaviour change strategy for improving traumatic brain and spinal cord injury care', paper presented at the National Trauma Research Institute Annual Scientific Conference, Melbourne, 23–24 November.

Bragge, P, Piccenna, L & Gruen, RL 2013, 'Developing a research program to address behaviours of concern following traumatic brain injury', dialogue summary, NTRI Forum, Melbourne.

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COMPENSATION RESEARCH DATABASE RESEARCH OUTPUTS

JOURNAL ARTICLES

Berecki-Gisolf, J, Clay, F, 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):283-91

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Collie, A, Prang, K-H 2012, 'Patterns of healthcare service utilisation following severe traumatic brain injury: An idiographic analysis of injury compensation claims data.' Paper presented at the Safety World Conference; Wellington, New Zealand October.

Collie, A, Ruseckaite, R, Brijnath, B, Kosny, A, Mazza, D 2013, 'Sickness certification of injured workers by general practitioners in Victoria, Australia.' Paper presented at The Royal Australasian College of Physicians Future Directions in Health Congress; Perth, Australia May.

Ruseckaite, R, Collie, A 2012, 'Trends of GP medical certification in Victoria injured workers.' Poster presented at the Safety World Conference; Wellington, New Zealand October.

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