

Disability Case Managers in the rehabilitation teams: a necessary member for a successful return to work process?

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Background

Returning to work for patients with an acquired brain injury after an intensive rehabilitation period is sometimes an enormous challenge. It is shown that chances of reintegration decrease with 50% after 4 to 6 months, and decrease further to 20% after one year¹. Work has shown to be beneficial on the quality of life and the level of functioning, as persons feel more accepted and integrated in the society. In Jessa Hospital, an early interdisciplinary intervention program (Weer-Werk) is started, which focuses on work-oriented rehabilitation and involves a Disability Case Manager (DCM) to facilitate the patient's return to work on several aspects. The present study aims to assess the benefits of DCM within the Weer-Werk program with regard to work status, health status and general functioning.

Methods

We conducted a quantitative, longitudinal and controlled intervention study on patients, aged between 18-62 years, with neurological conditions and amputations. Patients in the experimental group (Rehabilitation Center Sint-Ursula, Jessa Hospital, Herk-de-Stad) received a rehabilitation therapy according to the Weer-Werk methodology and the involvement of a DCM. Patients in the control group (Revalidation & MS Centre, Overpelt) received the standard rehabilitation therapy. At the start, the end and 6 months after the rehabilitation, participants were asked to complete questionnaires concerning work status, quality of life (Short Form 36), mental functioning (Depression, Anxiety and Stress Scale), functional status (Barthel Index), participation (Nottingham ADL Index), coping (Utrecht Coping List), self-effectivity (Dutch Self-Efficacy Scale) and general satisfaction with the revalidation track.

Results

A total of 80 patients participated in this study. Of these, 60 patients were included in the experimental group and 20 in the control group. For 8 patients, the rehabilitation is still ongoing, and 26 follow up's needs to be done. At this moment, only preliminary results on work status are available. After 6 months, 50 % of the experimental group is returned to its same or alternative work place, compared to 36% in the control group. Further results are expected around July 2020.

Conclusions

The preliminary results show a promising effect of the DCM on work status. However, more in-depth analyses, associated with the health status, will give a better and more specific insight in the added value of the DCM.

