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| Heads of Workers’ Compensation Authorities  CERTIFICATION OF CAPACITY:  A NATIONAL APPROACH  PROTOTYPE DATA SET |

The following document outlines the question data set for the current iteration of the national certificate of capacity prototype (as at January 2019). Attachment A provides a conceptualised paper-based version of this data set.

Please note comments include some high level considerations for digital requirements – which although are out of scope for this program of work, may support/address future implementation.

| Ref | Item | Comments |
| --- | --- | --- |
| **1** | **Patient details** | A digital solution could **auto populate** all these fields |
| 1.1 | First name |  |
| 1.2 | Last name |  |
| 1.3 | Address | The below can be rolled into this section |
|  | Suburb |  |
|  | State |  |
|  | Postcode |  |
| 1.4 | Date of birth |  |
| 1.5 | Occupation / job title |  |
| 1.6 | Employer’s name |  |
| 1.7 | Claim number (if known) |  |
| **2** | **Diagnosis** |  |
| 2.1 | Examination date | A digital solution could auto populate this field |
| 2.2 | In this a new injury or condition? | A list could capture this information |
| 2.3 | Diagnosis of work-related injury/illness | **ICD 10** codes could be applied in a digital solution |
| 2.4 | Injury/illness is consistent with worker’s description of cause | Recommend ‘Yes’ or ‘Unclear’ – (omit “No” in response to liability concerns) |
| **3** | **Capacity assessment** | (To be completed only if capacity impacted) |
| 3.1 | Physical function | Use of ‘can’ and ‘with modifications’ and ordering of this – to support focus on capacity versus incapacity |
| 3.1.1 | Sit | Functions (i.e. 3.1.1-3.1.10 and 3.2.1-3.2.3) for further exploration |
| 3.1.2 | Stand / Walk |  |
| 3.1.3 | Bend |  |
| 3.1.4 | Squat |  |
| 3.1.5 | Kneel |  |
| 3.1.6 | Drive |  |
| 3.1.7 | Reach above shoulder |  |
| 3.1.8 | Use injured arm/hand |  |
| 3.1.9 | Lift |  |
| 3.1.10 | Neck movement |  |
| 3.2 | Mental health function | A digital solution could support a suite of useful tools including: **Patient Health Questionnaire 9 for depression diagnosis, GAD & item for anxiety, PSTD civilian checklist, Alcohol use Disorders Identification Test** |
| 3.2.1 | Attention/concentration | A digital solution could provide a list of options for ease of selection |
| 3.2.2 | Memory | A digital solution could provide a list of options for ease of selection |
| 3.2.3 | Judgement | A digital solution could provide a list of options for ease of selection |
| 3.3 | Additional comments (e.g. effects of medication, cognitive function, environmental factors or other considerations that may affect work capacity | Free text |
| **4** | **Certification** | A digital solution could provide a list to **select from** |
| 4.1 | [The patient has] capacity for pre-injury employment [from] |  |
| 4.2 | [The patient has] capacity for pre-injury employment [from / to] |  |
| 4.2.1 | Comments (including gradual return to work requirements) | **ESA job capacity** **assessment codes** may be useful |
| 4.1 | [The patient has] no capacity for employment [from / to] |  |
| 4.1.1 | Estimated timeframe to return to work | A digital solution could provide a list to select from (days to weeks to months) |
| 4.1.2 | Factors delaying recovery | A digital solution could provide a list of options for ease of selection – such as comorbidities, work environment, lifestyle factors, presence of sleep disturbance, suitability of work |
| **5** | **Treatment plan** |  |
| 5.1 | Treatment/medication type and duration | A digital solution could auto populate this field using **MIMS** codes for pharmaceuticals |
| 5.1.1 | Treatment type | A digital solution could provide a list of options for ease of selection |
| 5.1.2 | Treatment purpose | A digital solution could provide a list of options for ease of selection |
| 5.1.3 | Frequency and/or duration of treatment | A digital solution could provide a list of options for ease of selection |
| 5.2 | Referral to another health care provider | A digital solution could provide a list of provider types to select from |
| 5.2.1 | Referral type | A digital solution could provide a list of referral types |
| 5.2.2 | Service requested | A digital solution could provide a list of standard services such as **G-codes** |
| 5.2.3 | Frequency and/or duration of referral | A digital solution could provide a range of options |
| **6** | **Certifier declaration** |  |
|  | [certification statement] |  |
| 6.1 | Provider details (or practice stamp) | A digital solution could auto populate this field |
| 6.2 | Signature of certifier | A digital solution could auto populate this field |
| 6.3 | Provider number | A digital solution could auto populate this field |
| 6.4 | Provider details (or practice stamp) | A digital solution could auto populate this field |
| 6.5 | Date issued | A digital solution could auto populate this field |
| NSW supplementary section | |  |
| **7** | **Patient declaration and consent** |  |
| 7.1 | [employment declaration statement] | No / Yes (free text for details) |
| 7.1 | [privacy notice and consent] | Signature box / date |
| WA and Tasmania supplementary section | |  |
| **7** | **Patient consent** |  |
| 7.1 | [privacy notice and consent] | Signature box / date |
| Victoria supplementary section | |  |
| **7** | **Patient declaration** |  |
| 7.1 | [employment declaration statement] | No / Yes (free text for details) + signature box / date |