

LCQ14: Treatment and rehabilitation services for employees injured at work

Following is a question by the Hon Leung Yiu-chung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (January 30):

Question:

Under the Employees' Compensation Ordinance (Cap. 282), if injury is caused to an employee by accident arising out of and in the course of his/her employment (injury at work), his/her employer shall pay the medical expenses for the medical treatment in respect of such injury, subject to a ceiling of \$300 per day (where an employee is given medical treatment as an in-patient in a hospital or where an employee is given medical treatment other than as an in-patient in a hospital) or \$370 per day (where an employee is given medical treatment on the same day both as an in-patient in a hospital and other than as an in-patient in a hospital). Some employees have relayed that as the charges for private medical services are generally higher than such ceilings, employees injured at work usually choose to receive public medical services. However, due to the long waiting time for public medical services (especially for specialist outpatient and rehabilitation treatment services), the injured employees may miss the prime time for receiving treatment and cannot return to work as early as possible. In this connection, will the Government inform this Council:

(1) of the number of cases in which employees were temporarily incapacitated by work injuries for three months or longer and, among such cases, the number of those in which the employees were hospitalised for one month or less, in each of the past five years;

(2) of the measures put in place to expedite the recovery of employees injured at work, and the details of such measures; whether it will allocate additional resources to the Labour Department (LD), so that LD's Occupational Health Clinics can provide employees injured at work with medical treatment and occupational health counselling more comprehensively; if so, of the details; if not, the reasons for that;

(3) whether it will (i) subsidise community groups to establish rehabilitation centres for employees injured at work, and (ii) set up a rehabilitation fund for work injuries and occupational diseases to be administered by LD, with a view to enabling employees injured at work and those suffering from occupational diseases to expeditiously receive the medical treatment and rehabilitation services they need; if so, of the details; if not, the reasons for that; and

(4) as the Chief Executive mentioned in last year's Policy Address that the Government was studying the provision of timely treatment and rehabilitation

services for injured employees in need through private medical services, of the progress of the study, as well as the specific direction of the proposed measures and the implementation timetable?

Reply

President,

My reply to the question raised by the Member is as follows:

(1) From 2014 to 2018, the number of compensation claims settled in each year involving temporary incapacity of employees for more than three days as a result of work injuries (including compensation claims reported to the Labour Department (LD) under the Employees' Compensation Ordinance (ECO) in or before the respective settlement year) with a breakdown by the number of working days lost is provided below:

Number of working days lost	Number of settled compensation claims				
	2014	2015	2016	2017	2018
Below 90 days	28 107	27 824	26 686	25 251	25 909
90 days or above	6 746	7 034	7 110	6 840	7 218
Total	34 853	34 858	33 796	32 091	33 127

If the work injury sick leave of an employee does not exceed three days and no permanent incapacity is involved, the employer should make direct payment of compensation to the employee in accordance with ECO. LD does not keep statistics on the number of working days lost for this type of cases. Moreover, LD does not keep statistics on compensation claims with a breakdown by the hospitalisation condition of the employees.

(2) to (4) LD recognises that rehabilitation services are very important to facilitate the recovery and early return to work of employees injured at work.

At present, for employees who sustain work injuries or suffer from occupational diseases prescribed by ECO, hospitals and clinics under the Hospital Authority (HA) provide integrated treatment and rehabilitation services which include, among other things, specialist treatment, physiotherapy and occupational therapy.

The Occupational Health Clinics of LD provide medical treatment and occupational health counselling to employees who have sustained injuries at work or contracted occupational diseases. Besides, subject to the patients' clinical conditions and needs, the occupational health doctors in the clinics will refer the patients to hospitals and clinics under HA for rehabilitation treatment to facilitate their early recovery from the injury. Depending on the patients' rehabilitation progress, the occupational health doctors will also give advice to the patients on resumption of work and provide

recommendations to the employers on relevant work adjustments as necessary to facilitate the patients' gradual return to work.

In addition, the insurance industry has launched the Voluntary Rehabilitation Programme (VRP) since March in 2003 to provide injured employees with an additional channel to receive free rehabilitation services in the private sector through the insurers' arrangements to facilitate their speedy recovery and early return to work under safe circumstances. Under VRP, the participating insurers identify appropriate cases, initiate contacts with the injured employees and invite them to participate in the programme on a voluntary basis. Injured employees can decide on their own whether to accept the insurers' invitation or not and participation in VRP will not affect their rights and benefits under ECO.

The Government understands that injured employees using public medical services, like other members of the public, are facing a relatively long waiting time for certain specialty services, thus preventing them from receiving early treatment and rehabilitation for their injury. Furthermore, the public healthcare system may not be able to provide sufficiently coordinated treatment and rehabilitation services geared towards helping the injured employees to return to work early. In light of this, LD is actively looking into a feasible way forward, with a view to providing timely and coordinated treatment and rehabilitation services to injured employees in need as well as speeding up and enhancing the effectiveness of rehabilitation, thus facilitating their early recovery and return to work.

The scope of LD's study includes the design and operation of a feasible scheme, content of the services, the necessary expenditure and financial arrangements, the legislative work that may be required, etc. Preliminary ideas include pairing an independent case manager with each participating injured employee to follow up on the case, coordinate the communication amongst relevant stakeholders (including medical professionals, injured employees, insurance companies and employers) and assist the injured workers to return to work. Engaging the private sector in the provision of relevant medical and rehabilitation services is also being considered. The purpose is to provide timely and highly-coordinated treatment and rehabilitation services for injured employees. LD will complete the study and come up with recommendations as soon as possible. The views of different stakeholders will be sought in the process.