

Rehabilitation Management System Corrective Action Plan 2019 - 2020

An external audit of the Rehabilitation Management System, Australian National University (ANU), was conducted on the 25 - 27 November 2019. The following corrective action plan addresses follow up actions to be implemented in response to observations identified in the audit report dated 20 December 2019. There were no non-conformance findings and two observations identified as part of the audit conducted.

Observations

Observation	Corrective action	Date to be Completed	Current Status	Evidence
Criterion 3.6. The rehabilitation authority effectively uses the provisions of section 36 to conduct rehabilitation assessments in accordance with the SRC Act and the Guidelines.				
The auditors noted one instance (file 0000004) where no evidence was sighted to suggest that the initial needs assessment had been provided to the employee and their medical examiner.	Report to be distributed to claimant and medical practitioner ((file 0000004).	20/12/2019	Completed	Attachment A
	ANU Rehabilitation Manual, template letters and flow charts to be reviewed to ensure this requirement is detailed at each point of the process where all relevant stakeholders receive a copy of the section 36.	10/01/2020	Completed	
	Rehabilitation Case Management information session to be conducted to review requirements, processes and work flows to ensure this criterion is met.	13/01/2020	Completed	Attachment B
	Task tracker function in Figtree to be considered by RCMs as a reminder system for report distribution.	Ongoing	Completed	
	Internal audit program to target compliance with the requirements through spot file checks (e.g. Individual case file audits). Audit findings to be documented.	Ongoing	Completed	
	Contracted external auditors are to be provided with this corrective action plan to ensure that particular auditing review occurs for this criterion.	14/01/2020	Completed	

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Observation	Corrective action	Date to be Completed	Current Status	Evidence
Criterion 3.9. The rehabilitation authority makes determinations in accordance with the SRC Act and the Guidelines: (i) that are in writing and give adequate reasons (i) that are signed by the delegate (ii) that are not retrospective.				
There was an inconsistent application of the 'rehabilitation start date' throughout the audit files. There were two instances where the start date was not stated on the s37 form, which made it difficult to determine whether the rehabilitation program started before the rehabilitation form was signed. Through an examination of the file notes, it was able to be ascertained in these cases that the rehabilitation program started after the forms were signed except for one instance (file number 0000004) where the rehabilitation program was signed off after commencement date.	ANU Rehabilitation Manual, template letters and flow charts to be reviewed to ensure this requirement is detailed at each point of the process when Rehabilitation Case Managers are making determinations.	10/01/2020	Completed	
	Rehabilitation Case Management information session to be conducted to review requirements, processes and work flows to ensure this criterion is met.	13/01/2020	Completed	Attachment B
	Internal audit program to target compliance with the requirements through spot file checks (e.g. Individual case file audits). Audit findings to be documented.	Ongoing	Completed	
	Contracted external auditors are to be provided with this corrective action plan to ensure that particular auditing review occurs for this criterion.	14/01/2020	Completed	

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General Comments

Criterion	Comment	Corrective action	Date to be Completed	Current Status	Evidence
3.5.	ANU Early Intervention Assistance (EIA) Funding Pack (noted as being undated)	Version control to be added to the EIA Funding Pack.	20/12/2019	Completed	Attachment C
3.13.	It was noted throughout the file audit that there were inconsistent naming conventions used for key pieces of documentation, such as the S36 and S37 forms.	ANU Rehabilitation Manual to be reviewed to ensure naming convention requirements are comprehensively detailed.	10/01/2020	Completed	
		Rehabilitation Case Management information session to be conducted to review naming convention requirements.	13/01/2020	Completed	
		Internal audit program to target compliance with naming conventions through spot file checks (e.g. Individual case file audits). Audit findings to be documented.	Ongoing	Completed	
		Contracted external auditors are to be provided with this corrective action plan to ensure that particular auditing review occurs for naming convention.	14/01/2020	Completed	

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