

RTW Co-ordination:  
What, When, Where, How & by Whom  
Findings from the  
Intervention Mapping Project

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Carlo Ammendolia DC, PhD

February 23, 2010

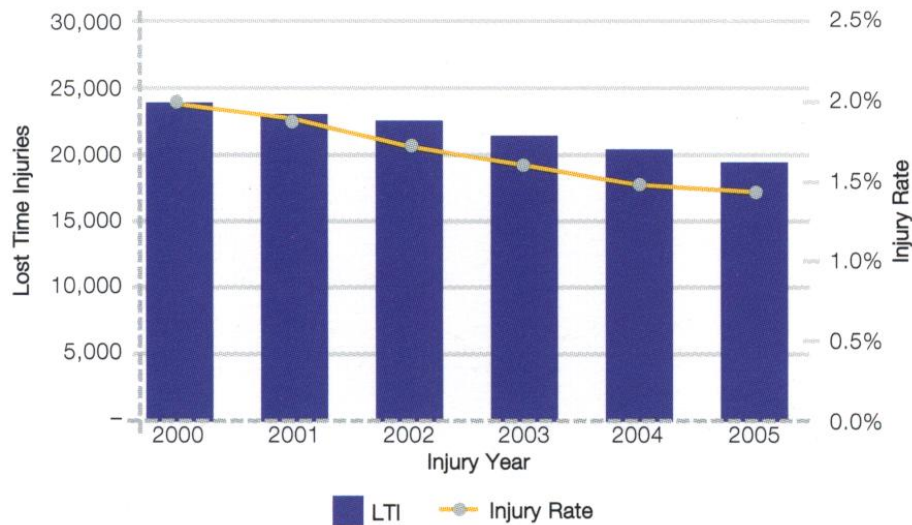
# Objectives

- To learn about the background of the intervention mapping (IM) project
- To learn about the IM methodology
- To learn about feedback from stakeholders
- To learn about important elements for successful RTW coordination
- To learn about the RTW program

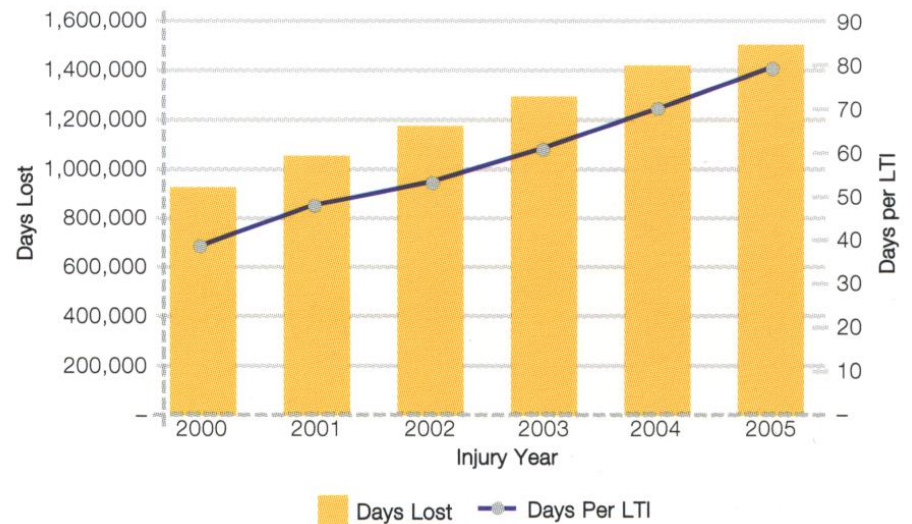
# Trends in Lost Time Claims

## THE 2005 SERVICE SECTOR PERFORMANCE RECORD

### LOST TIME INJURIES



### DAYS LOST IN INJURY YEAR



# RTW Coordination

## The Evidence

- Reduce long-term disability
- Reduce costs

[Franche 2005]

# RTW Coordination

## “The What”

Coordinated and active participation of important stakeholders in RTW with a focus at the workplace

Coordination done by one or more persons  
e.g. RTW coordinator

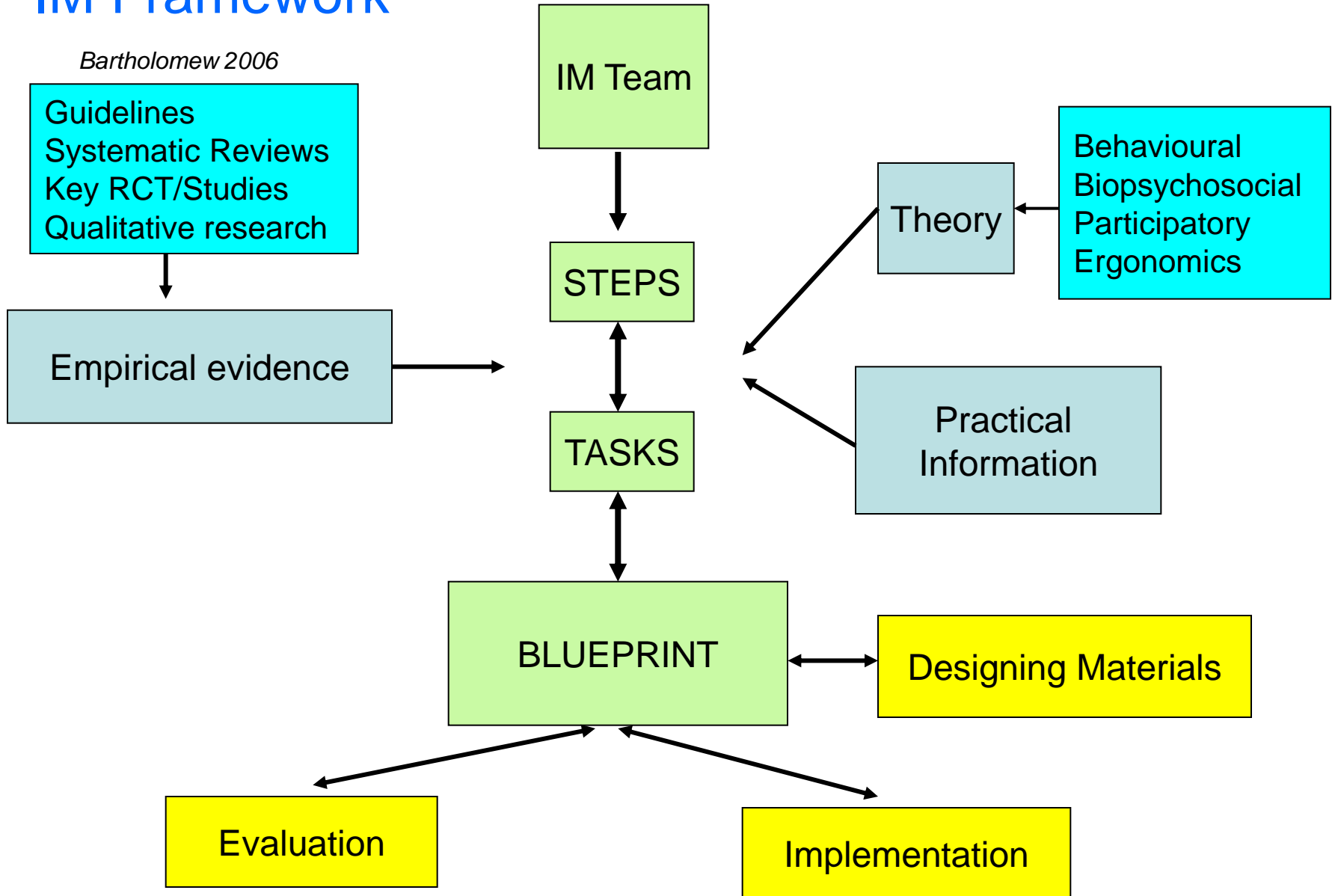
# Intervention Mapping Project

## Intervention Mapping

- “Systematic method for developing and designing an intervention or program”
- Commonly used to develop community health promotion interventions/ programs
- Used as a framework/guide or road map for planning and executing complex programs/interventions

# IM Framework

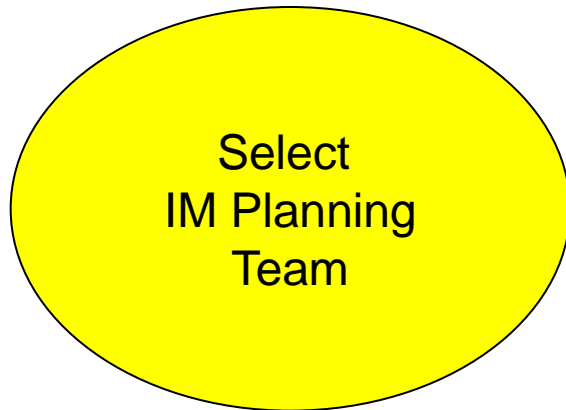
*Bartholomew 2006*



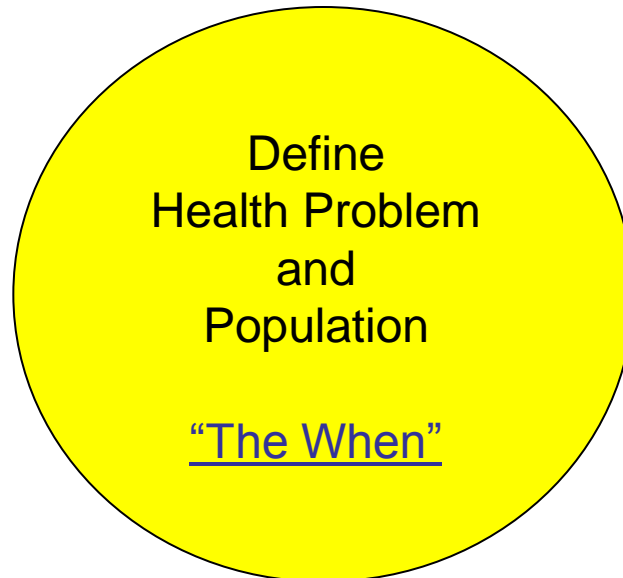
# Intervention Mapping



## Task 1



## Task 2

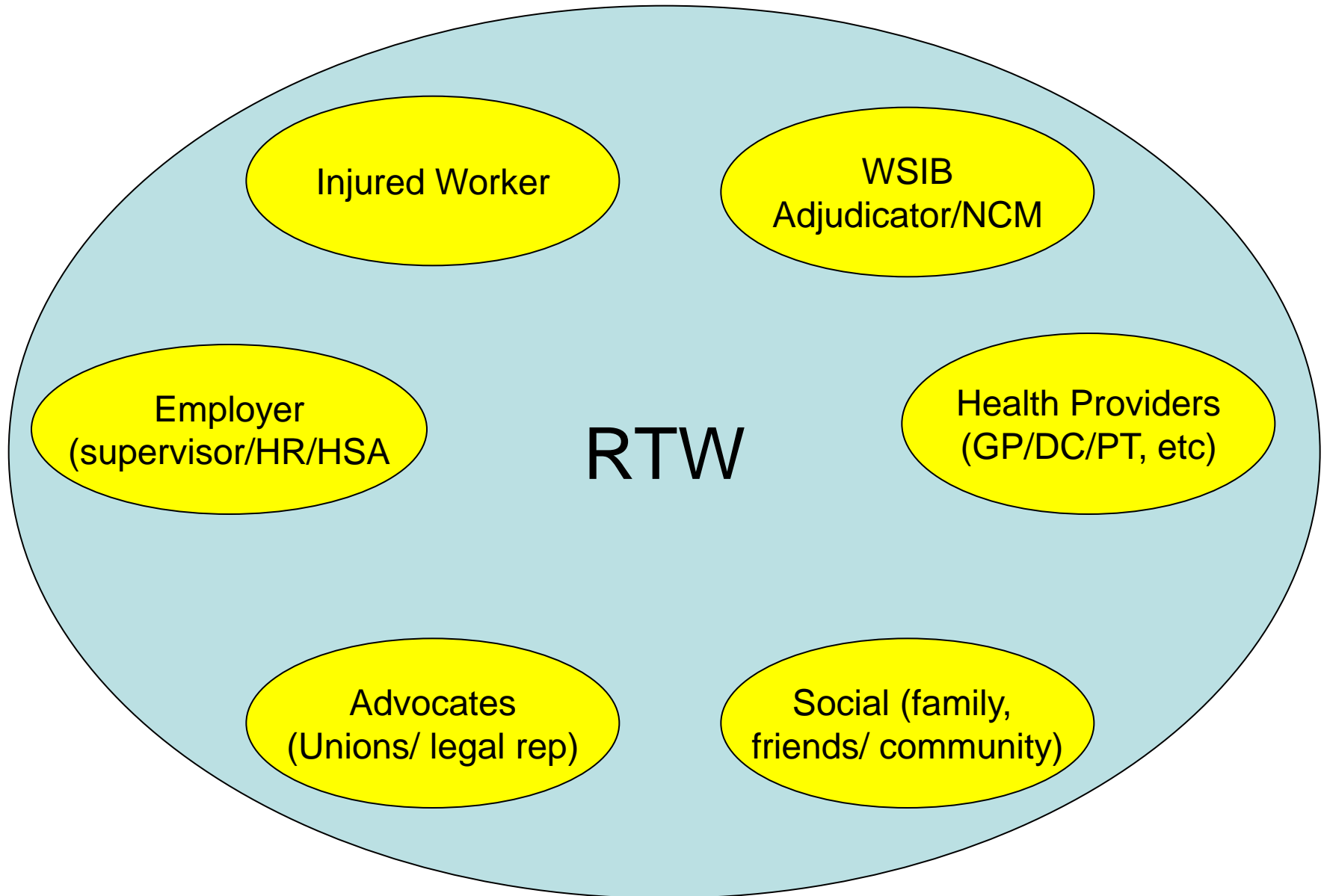


## Task 3

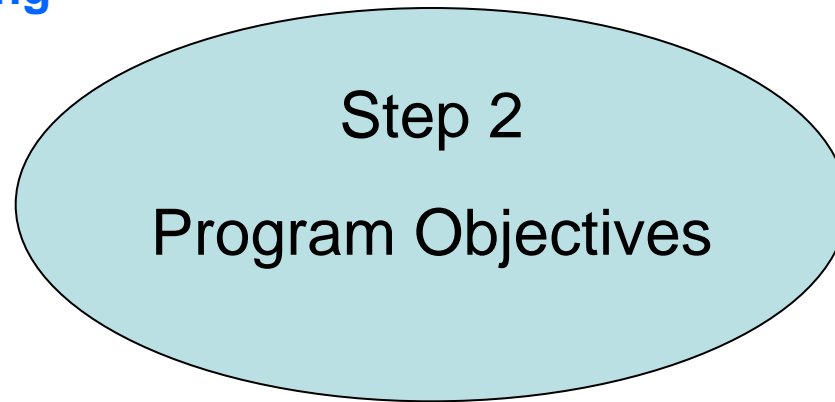




# Important Stakeholders in RTW



## Intervention Mapping



For each Stakeholder  
Using Consensus Process for each Task

Task 1



Task 2



Task 3



Who and what needs to change?

# Step 2. Performance Objectives

Example: Injured Worker

Task 1) List performance objectives → Core processes

Q. *What does the injured worker need to do to RTW?*

A1. *“focus on function not on pain”*

Task 2) List determinants in achieving objectives → Core processes

Q. *What are the modifiable individual (behaviour, knowledge, skills/abilities (self-efficacy) and environment factors in achieving the objective*

A1. *attitude/beliefs about increased activity and pain- “fear or re-injury”*

Task 3) List change/learned objectives → Core processes

Q. *What needs to change/learned (among the determinants) to achieve the objectives*

A1. *positive attitude about increasing activity despite pain- harm vs. hurt pain*

# Step 2. Performance Objectives

- Develop matrices for each stakeholder

IM Step 2. **Matrix for injured worker:** What does the injured worker need to do to RTW?

<b>Performance Objectives (injured worker)</b>	<b>Attitudes/ Beliefs</b>	<b>Knowledge</b>	<b>Skills/self-efficacy</b>	<b>Expected outcomes</b>
1) Dealing with the pain				
* Keeps active despite pain	Not fearful of re injury	Understands difference between hurt and harm pain	Express confidence About avoiding Passive coping	Demonstrates activity despite pain (avoidance of pain behaviours)
* Minimizes sitting or lying down	Positive attitude that avoiding sitting and lying will speed recovery			Avoids excessive sitting/lying down
* Uses analgesics to control pain	Belief that meds can help with pain while RTW	Learns coping/pacing strategies to control symptoms	Feels confident about takings meds appropriately	Takes meds/ Performs stretches/exercise to reduce pain
* Focus on function rather pain	Belief that the pain will subside. Has positive expectation	Understands the natural history of condition	Feels confident about use proper Body mechanics	

\* van Tulder et al. Eur Spine J 2006; 15 Suppl 1:S64-S81

# Step 2. Matrices

- Health care providers
- Workplace parties
- Advocates
- WSIB adjudicators /NCM
- Social network

## Intervention Mapping

Step 3

Translate into  
Practical strategies

For each Stakeholder  
Using Core Processes

Task 1

Task 2

Task 3

List  
Change/learn objectives  
From matrices

List  
Theoretical methods  
Possible Interventions

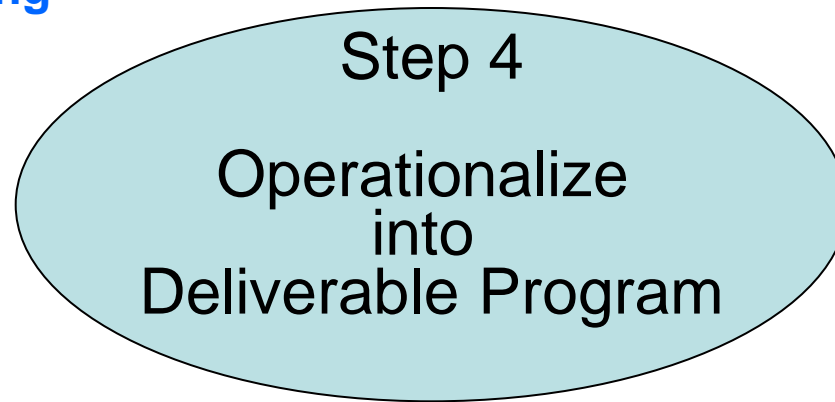
List  
Specific practical  
strategies

### IM Step 3. Intervention methods and strategies for the Injured Worker

Learn and change objectives	Intervention/Methods	Strategy
<b>Injured worker</b>		
Attitudes and beliefs about fear of re-injury	Provide reassurance, support and education. Address negative /false attitudes about LBP. Education about harm vs. hurt. Use educational material. Can RTW with pain	During initial meeting RTWC provides information and discusses hurt vs, harm. Recommends graded activity with or without pain. Given Patient Back booklet. Instruct self-talk/ imagery.
Positive attitude about focusing on function rather than pain. Positive belief about maintaining normal activity	Provide reassurance, support and education. Address negative /false attitudes about LBP. Education about harm vs. hurt. Use educational material. Advice to resume normal activity	During initial meeting RTWC educates on maintaining function even with pain. Provide education-Back booklet. Provide positive attitude/support about ability to RTW and resume normal function. Positive reinforcement.
Skills and self-efficacy about avoiding passive coping	Provide reassurance, support and education. Address negative /false attitudes about LBP Instruction on avoiding passive coping.	During meeting RTWC addresses passive coping activities. Attempt to engage in more active role such as exercise, return to hobbies and other active activities. Graded activity.

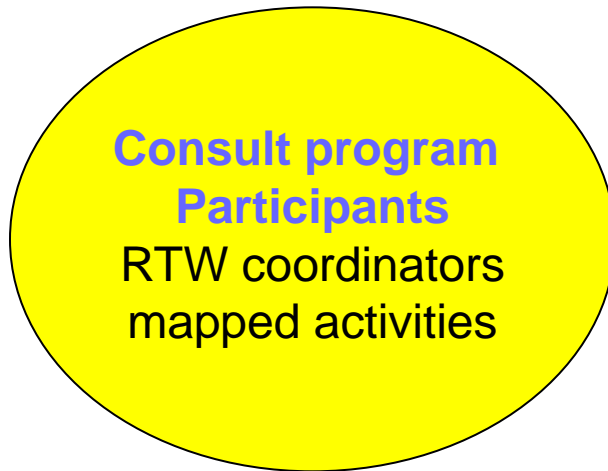


## Intervention Mapping

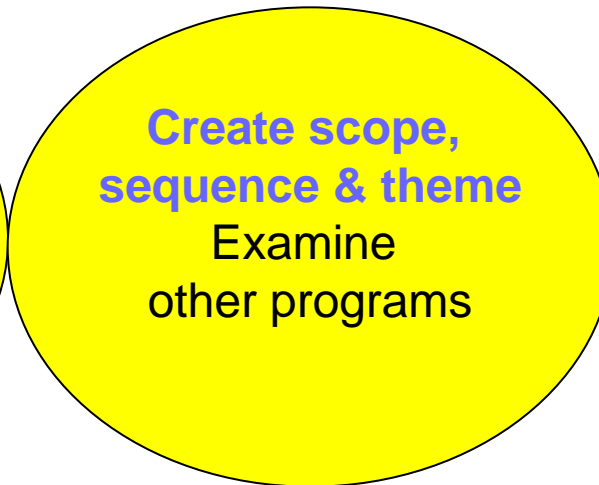


## Using Core Processes for each Task

### Task 1



### Task 2



### Task 3



Feedback from Stakeholders

## Intervention Mapping

### Step 5

Plan for adoption & Implementation

For each Stakeholder  
Using Core Processes for each Task

#### Task 1

List  
performance objectives

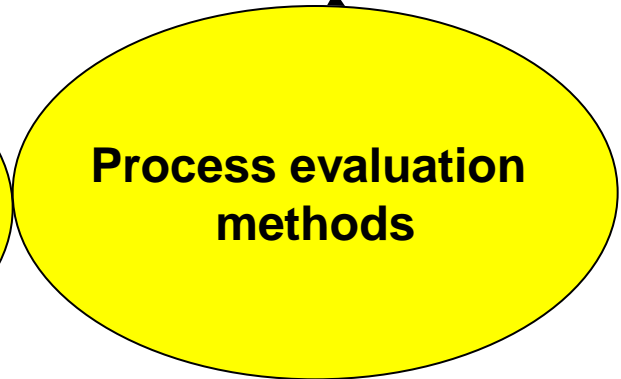
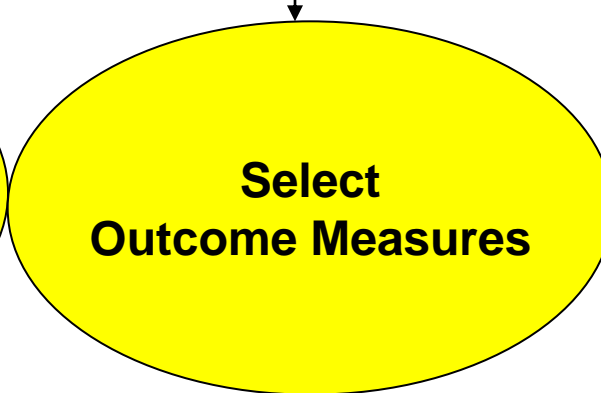
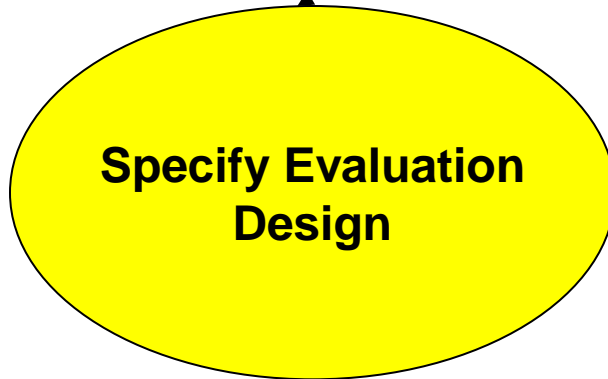
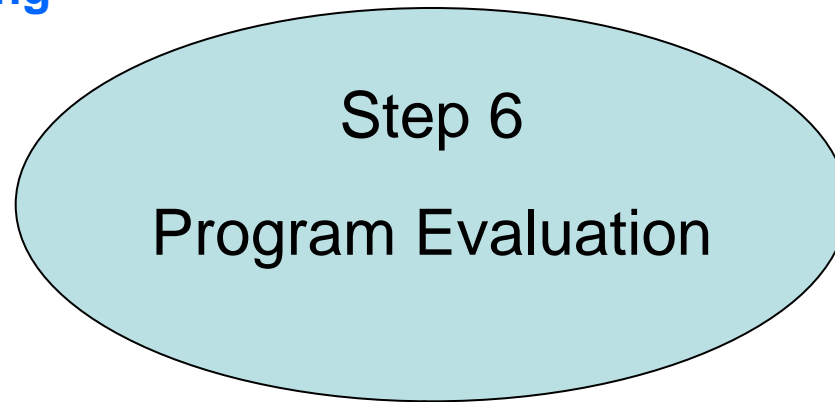
#### Task 2

List  
determinants to achieve  
objectives

#### Task 3

List  
Who/ what needs to  
change/learned to  
achieve objectives

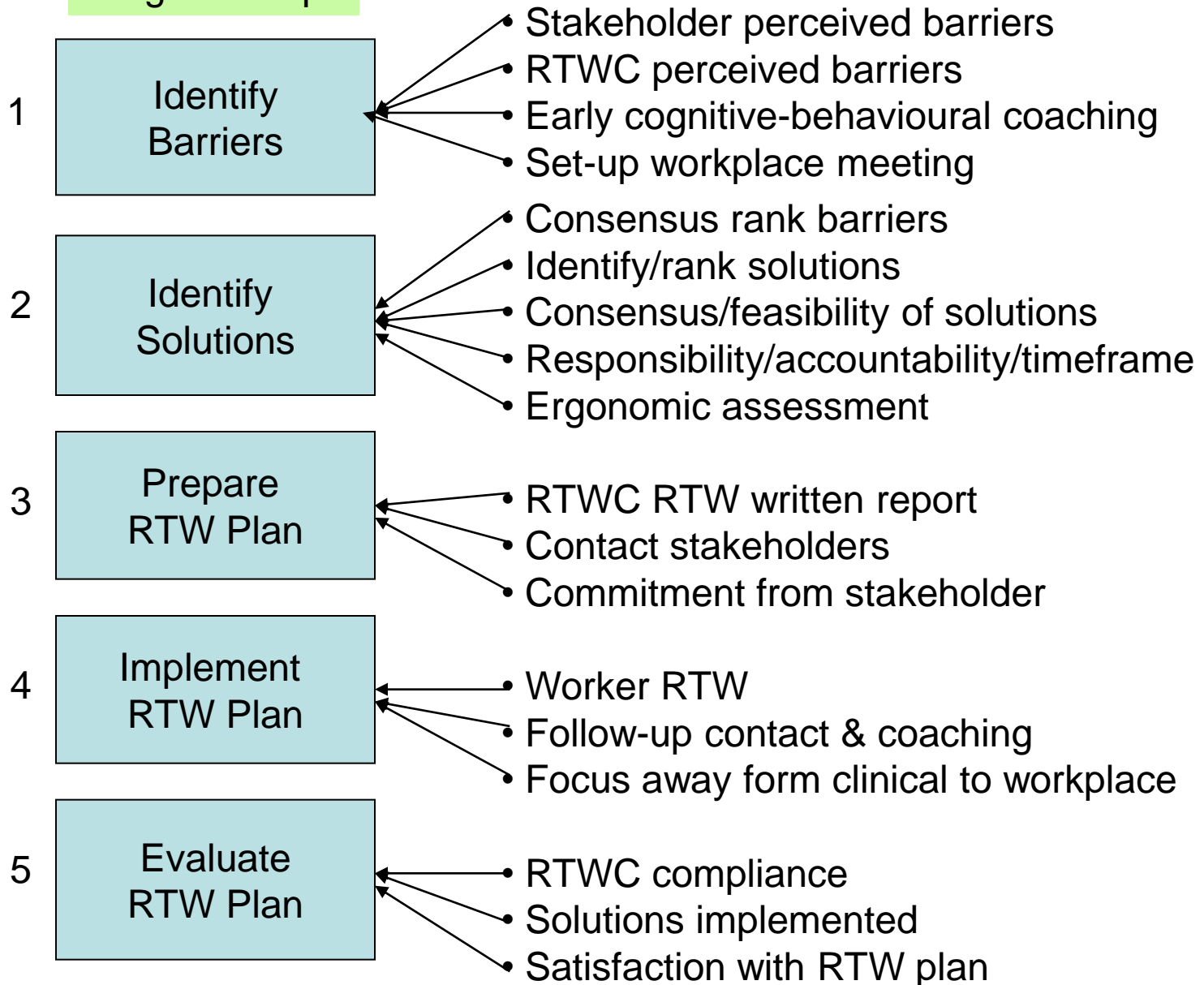
## Intervention Mapping



# "The How" Draft Workplace Intervention

## Tasks

### Program Steps



# Focus Groups

- Injured Workers
- Physicians
- Small Employers
- Large Employers
- Unions/worker reps
- Other healthcare providers
- RTWc
- WSIB adjudicators/NCM
- HSAs

## Goals

- Feedback on draft RTW Program- how can we make it successful, what are the key elements?
- What are the main psycho-social barriers to RTW?

# Communication

Injured Worker Quote: “It would be nice [to have a RTW coordinator] because probably nobody here has been injured like this before, so you really don’t know where to go, what to do, so nobody is helping you where to phone, what to do, you’re kind of lost in limbo. One person tells you one little thing [then another] and then you are back left in limbo again”

# Communication

L. Employer Quote: “... contact the health care provider, the family doctor, good luck. This is a critical step... So a lot of work needs to go into hopefully [to] decide how this is going to work because I haven’t got a clue how to deal with family doctors, and this [is a main] part of the RTW complications.”

# Relationships

L. employer Quote: “sometimes issues depend on how that employee was getting along and not getting along with their supervisor and co-workers”.

S. Employer Quote: “That’s called respect between the worker and the employer. The employer has respect for the employee; you’re not going to ask a man to kill himself. The employee understand that he’s got to give you a days’ work because everybody’s got to make some money”



# Accommodation

Union Quote: *“The union is the signatory of the collective agreement. They own that collective agreement. A worker cannot go in and cut a deal within the working conditions or any parameters of that collective agreement without the consent of the union. So there are some very stringent.... human right issues but also labour relations issues.”*

# Accommodations

- HSAs Quote: “[need to provide] meaningful work and that does not disadvantage the other employees and also there is an understanding of the problems and try to minimize resentment from other employees”

# Shared Decision Making

WSIB rep Quote: “ the plan should be done in the presence of all parties who formulate it...(at the workplace)...so if they [RTW coordinators] are going to help the parties develop a RTW plan, do it in [the injured worker’s] presence and have them leave the meeting with it in hand [is] far better.”

“The Where”

# Tailoring

WSIB rep Quote: *“not every employer can offer a return to suitable work in the same circumstances that existed on the date of the accident. And often the return to work [is to] lighter work even though there is no such thing as light work, the lighter work is on a different shift or at a different location or at a different rate of pay and those are all lifestyle issues”*

# Continuity

RTWc Quote: *“Follow-up sessions should be done depending on the situation.*

*Everyone is different and I do not think it should be a set time when we do follow-up. I would leave contact information for the client to contact me.”*

# RTW Coordinators

## “By Whom”

RTW Coordinators are the key to success of RTW programs

## Competencies

Assessment skills

Communication skills

Interpersonal relationship skills

Mediation/conflict resolution/problem solving skills

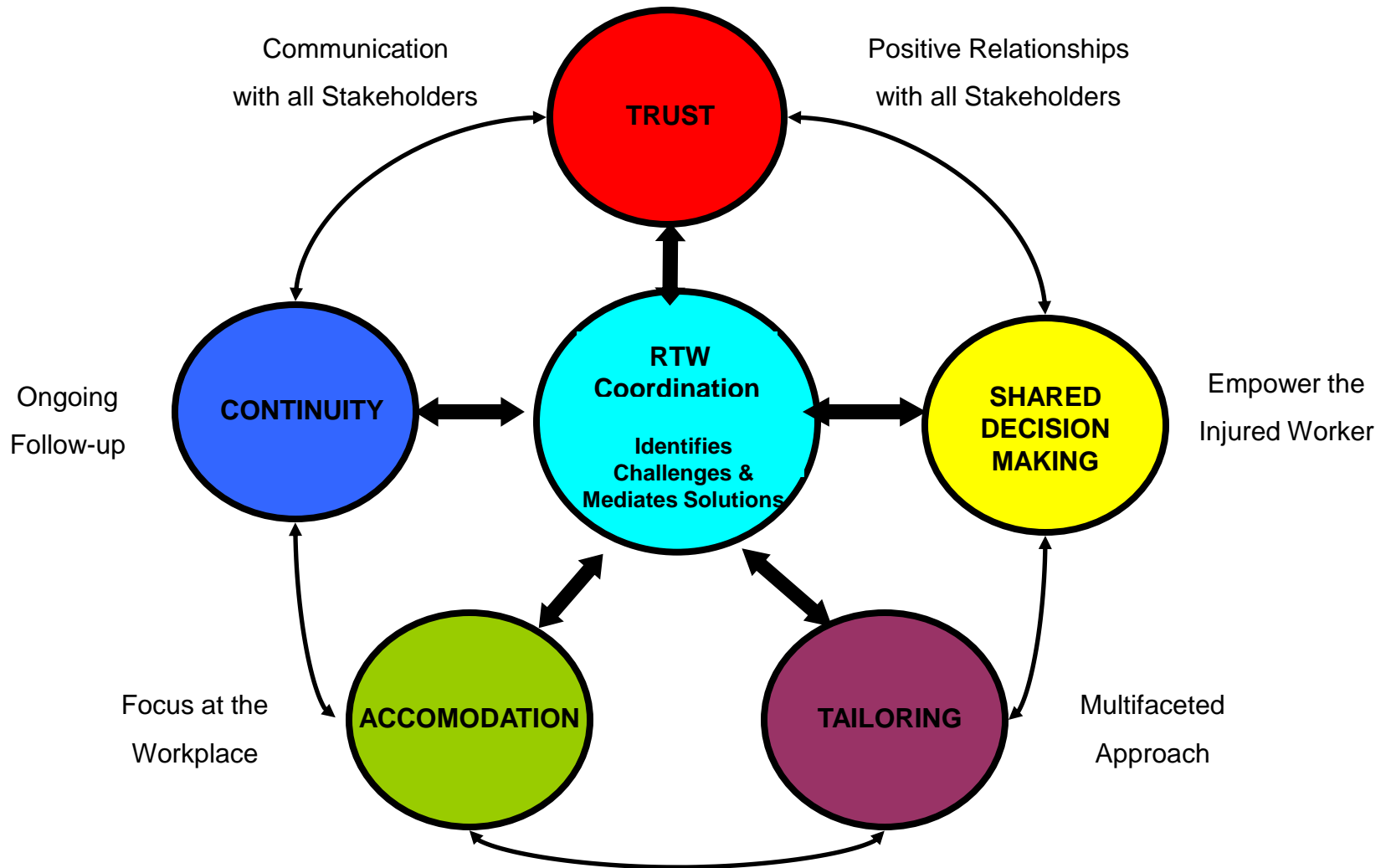
Trusting and credible

Medical background ?

(nurses/PT/OT/Kin/Occupational Physicians)

[Gardner 2010, Pransky 2007, Shaw 2009]

# THE FIVE ELEMENTS FOR COORDINATING RTW



# RTW Program

“The How”



## RTW Step 1. Identifying Barriers- Injured Worker

TIME	STEPS	ACTIONS OF RTW COORDINATOR
Weeks 0 -4	<b>Step 1. Identifying barriers to RTW</b>	<b>a) Interview the client/injured worker:</b> <ul style="list-style-type: none"><li>• obtain pertinent client information, history of injury, occupational information, employment history, past claims, health information and employer information.</li><li>• build therapeutic rapport, explain RTW coordination, assess therapeutic needs (physical and psychosocial), assess relationship with employer and perception of job demands, and discuss barriers and facilitators to RTW.</li><li>• provide education and reassurance and provide educational material</li><li>• obtain names of contact individuals at workplace, supervisor and decision maker</li><li>• obtain consent to contact employer/Union rep (client may be asked to contact Union rep)</li></ul>

# RTW Step 1. Identifying Barriers- Injured Worker

## RTW Barriers perceived by Worker

What are the things (barriers/obstacles/problems) that keep you from returning to work?

(Probes-pain? physical factors? Work demands? Relationships at work? stress work/home? Family?

What are the MOST important things (barriers/obstacles/problem) that keeps you from returning to work? (Rank most to least important)

Barriers	Rank
1.	
2.	
3.	
4.	
5.	
6.	
7.	

## RTW Step 1. Identifying Barriers- Injured Worker

<b>Barriers perceived by RTWC</b>	<b>yes</b>	<b>no</b>	<b>?</b>	<b>Notes</b>
<b><u>Psychosocial</u></b>				
Fear of re-injury				
Catastrophizing				
Depressed mood				
Negative expectation				
Activity avoidance				
Pain focused				
Lack of social network Family/friends/co-workers				
Other				

## RTW Step 1. Identifying Barriers- WSIB

<b>TIME</b>	<b>STEPS</b>	<b>ACTIONS OF RTW COORDINATOR</b>
Weeks 0 -4	Step 1. Identifying barriers to RTW	<b>b) Contact with WSIB (phone):</b> <ul style="list-style-type: none"><li>• establish working relationship and collaboration.</li><li>• obtain authorization for worksite assessment/RTWC</li><li>• discuss barriers to RTW</li><li>• document /rank barriers</li><li>• suggest teleconference with client</li></ul>

## RTW Step 1. Identifying Barriers- Health care Providers

TIME	STEPS	ACTIONS OF RTW COORDINATOR
Weeks 0 -4	Step 1. Identifying barriers to RTW	<p>e) Contact health care providers (phone/fax)</p> <ul style="list-style-type: none"><li>• develop collaboration /relationship</li><li>• request FAF if necessary</li><li>• Discuss barriers to RTW</li><li>• Document/rank barriers</li></ul> <ul style="list-style-type: none"><li>• Physician's tool kit</li></ul>

## RTW Step 1. Identifying Barriers- Employer

TIME	STEPS	ACTIONS OF RTW COORDINATOR
Weeks 0 -4	Step 1. Identifying barriers to RTW	<p data-bbox="639 325 1354 372"><b>d) Contact the employer (phone):</b></p> <ul data-bbox="639 386 1837 1001" style="list-style-type: none"><li data-bbox="639 386 1837 594">• contact appropriate decision maker at worksite (occupational health and safety person, human resources representative or disability manager) and explain RTW coordination.</li><li data-bbox="639 615 1837 715">• discuss pre-injury job performance and willingness to engage in work accommodation</li><li data-bbox="639 729 1837 772">• discuss barriers and facilitators to RTW.</li><li data-bbox="639 786 1837 879">• contact if necessary supervisor, HSA and union rep. Discuss barriers and facilitators to RTW</li><li data-bbox="639 901 1837 1001">• request meeting at workplace with client, decision maker, supervisor, and Union rep. Confirm meeting date and time.</li></ul>

## RTW Step 1. Identifying Barriers- Employer

Barriers perceived - RTWC	yes	no	?	Notes
<b><u>Workplace</u></b>				
Work satisfaction				
High physical load				
Low job control				
Low supervisor/co-workers support				
Lack of communication with workplace/supervisor				
Unsafe work/ergonomic design/equipment				
High stress/pace/demand				
Other issues				

## RTW Step 2. Identifying Solutions

TIME	STEPS	ACTIONS OF RTW COORDINATOR
0-4 weeks	Step 2. Identifying solutions for RTW	<p>a) Meeting at workplace:</p> <ul style="list-style-type: none"><li>• mediate the meeting with the client, workplace decision maker, supervisor, union rep and client legal rep (if applicable).</li><li>• list all barriers obtained in Step 1 and group similar barriers together.</li><li>• Ask each member to prioritize the barriers and obtain group consensus on high to low priority barriers.</li><li>• ask each member to list all possible solutions for each prioritized barrier and obtain consensus on high to low priority solutions</li></ul>



## RTW Step 2. Identifying Solutions

TIME	STEPS	ACTIONS OF RTW COORDINATOR
0-4 weeks	Step 2. Identifying solutions for RTW	a) <b>Meeting at workplace:</b> <ul style="list-style-type: none"><li>● consensus on priority and feasible solutions</li><li>● discuss who will be responsible and accountable for implementing RTW solutions (shared responsibility)</li><li>● negotiate a RTW plan and RTW date</li><li>● document agreed solutions and negotiated RTW plan</li></ul>

## RTW Step 2. Identifying Solutions

TIME	STEPS	ACTIONS OF RTW COORDINATOR
0-4 weeks	Step 2. Identifying solutions for RTW	<p data-bbox="788 287 1818 394"><b>b) Tour worksite with client/supervisor/decision maker:</b></p> <ul data-bbox="788 415 1734 901" style="list-style-type: none"><li data-bbox="788 415 1112 462">● assess safety</li><li data-bbox="788 476 1300 524">● assess work demands</li><li data-bbox="788 538 1599 652">● review/assess agreed modifications (solutions) and their implementation</li><li data-bbox="788 666 1734 714">● ensure client feels empowered by process</li><li data-bbox="788 728 1543 832">● provide reassurance and positive reinforcement</li><li data-bbox="788 846 1644 901">● document additional agreed solutions</li></ul>

## RTW Step 3. Prepare RTW Plan

<b>Time</b>	<b>Steps</b>	<b>ACTIONS OF RTW COORDINATOR</b>
0-4 weeks	Step 3. Preparation for implementation of RTW plan	a) Write worksite report <ul style="list-style-type: none"><li>● list goals and objectives of RTW plan</li><li>● outline identified solutions</li><li>● identify who will be responsible for implementing solutions</li><li>● set time-table for implementation and RTW</li><li>● include educational material</li><li>● obtain commitment from client and employer</li></ul>

## RTW Step 3. Prepare RTW Plan

<b>Time</b>	<b>Steps</b>	<b>ACTIONS OF RTW COORDINATOR</b>
0-4 weeks	Step 3. Preparation for implementation of RTW plan	<p>a) <b>Write worksite report</b></p> <ul style="list-style-type: none"><li>• provide psychosocial support (coaching) using cognitive behavioural approach where needed</li></ul> <p>b) <b>Contact HCP</b></p> <ul style="list-style-type: none"><li>• Contact health care providers (fax/phone):</li><li>• send copy of RTW report</li><li>• obtain support for RTW plan</li></ul>

## RTW Step 3. Prepare RTW Plan

Time	Steps	ACTIONS OF RTW COORDINATOR
0-4 weeks	Step 3. Preparation for implementation of RTW plan	<p>a) <b>Contact WSIB (fax/phone):</b></p> <ul style="list-style-type: none"><li>● send copy of RTW report</li><li>● obtain authorization to proceed with RTW plan</li><li>● document authorization from WSIB</li></ul>

## RTW Step 4. Implementation of Plan

TIME	STEPS	ACTIONS OF RTW COORDINATOR
0-4 weeks	Step 4. Implementing RTW solutions	<p>a) <b>Client returns to work:</b></p> <ul style="list-style-type: none"><li>• client returns to work on specified time frame and duties</li><li>• provide reassurance, positive reinforcement and educate on self-management skills</li></ul> <p>b) <b>Follow-up contact and coaching:</b></p> <ul style="list-style-type: none"><li>• reinforce the RTW plan with all stakeholders.</li><li>• use cognitive behavioural approach to deal with potential psychosocial challenges</li><li>• adjust of RTW plan to accommodate new information or overcome new barriers to RTW</li></ul>

## RTW Step 4. Implementation of Plan

<b>TIME</b>	<b>STEPS</b>	<b>ACTIONS OF RTW COORDINATOR</b>
0-4 weeks	Step 4. Implementing RTW solutions	<ul style="list-style-type: none"><li>• Focus from attending clinical interventions to attending work:</li><li>• Document solutions implemented:</li></ul>

## RTW Step 5. Evaluation

TIME	STEPS	ACTIONS OF RTW COORDINATOR
Weeks 4-8	Step 5. Evaluation of RTW plan (post-intervention)	<p>a) <b>Compliance to the intervention:</b></p> <ul style="list-style-type: none"><li>• RTWC complete compliance questionnaire</li></ul> <p>b) <b>Document solutions implemented:</b></p> <ul style="list-style-type: none"><li>• administer implementation questionnaire to client, employer and RTWC on solutions implemented</li><li>• document whether solutions were implemented fully, partially or not at all</li></ul>



## RTW Step 5. Evaluation

TIME	STEPS	ACTIONS OF RTW COORDINATOR
Weeks 4-8	Step 5. Evaluation of RTW plan (post-intervention)	<p data-bbox="807 329 1657 379"><b>c) Feedback on RTW plan/intervention:</b></p> <ul data-bbox="807 394 1673 629" style="list-style-type: none"><li data-bbox="807 394 1673 629">● administer satisfaction questionnaire to client, employer, HCPs and WSIB (satisfaction with process and perceived effectiveness of RTW plan)</li></ul> <p data-bbox="807 711 1721 761"><b>d) Write progress report to all stakeholders</b></p>

# Next Steps

- The RTW Planner
- Evaluation
- Adaptation
  - RTW program for claimants off work due to motor vehicle collisions?

# Acknowledgements

## IM Team Members

- Dr. Sophie Sokaridis
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- Karen Maclellan
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- Dr. Simon Carette
- RTWC-Rehab  
Solution UHN

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# More Information?

- Email:
- Dr. Carlo Ammendolia
- [cammendolia@iwh.on.ca](mailto:cammendolia@iwh.on.ca)



Thank you.