

July 2011

**Red Flags/Green Lights:
A multiple stakeholder evaluation
of the uses of a Return-to-Work Problems Guide**

FINAL REPORT TO THE WSIB RESEARCH ADVISORY COUNCIL



**Institute
for Work &
Health**

Research Excellence
Advancing Employee
Health

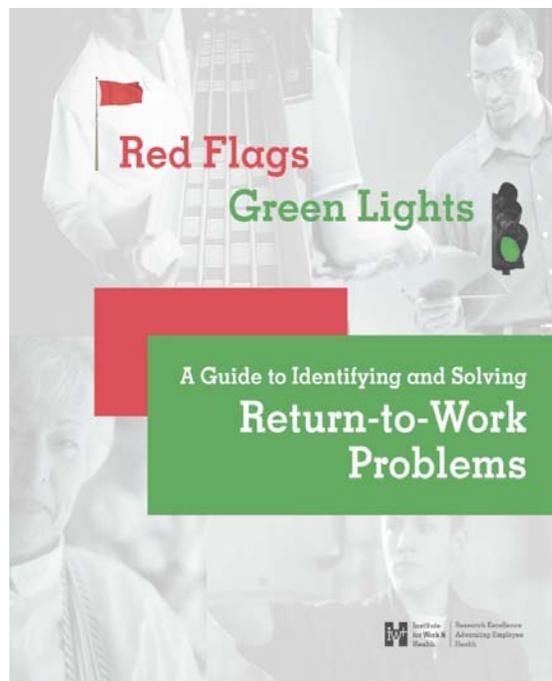
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Red Flags/Green Lights:

A multiple stakeholder evaluation of the uses of a Return-to-Work Problems Guide

Final report to the WSIB Research Advisory Council



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Institute for Work & Health, 21 July 2011

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Abstract

Objective: Return-to-work is a complex process and dependent on the coordination of different stakeholders. In May 2009, we developed “Red Flags/Green Lights: A Guide to Identifying and Solving Return-to-Work Problems” to help decision-makers to identify and manage RTW problems. The purpose of this project was to evaluate the implementation process of this Guide among different kinds of RTW stakeholders.

Methods: A utilization evaluation approach was used. 24 RTW decision-makers from the 8 partner organizations participated in the study. Two-hour workshops and follow up interviews 3 and 6 months later were conducted with 2 workplaces, 2 health care clinics, 1 union, 2 injured worker representative groups, and 1 workers’ compensation board.

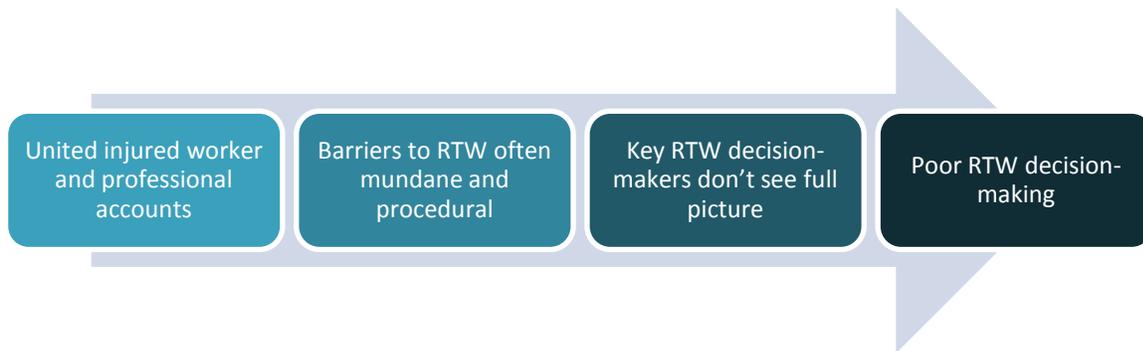
Results: The Guide was useful to a range of different RTW decision-makers, but in different ways. The ‘Work’ and ‘Health’ sections of the Guide were most helpful. All partners used the Guide as a resource, and most as a problem-solving tool to increase communication and reduce formal conflicts. Information needed but not in the Guide was legal and policy detail, workers’ exercising their rights, and employer business concerns. A party deriving least use from the Guide was workplaces, mostly because they encountered RTW as a business rather than a communication problem.

Conclusions: This utilization evaluation showed how different RTW partners encounter RTW problems in different ways. A clear function of the Guide is its use as a communication opener.

Introduction

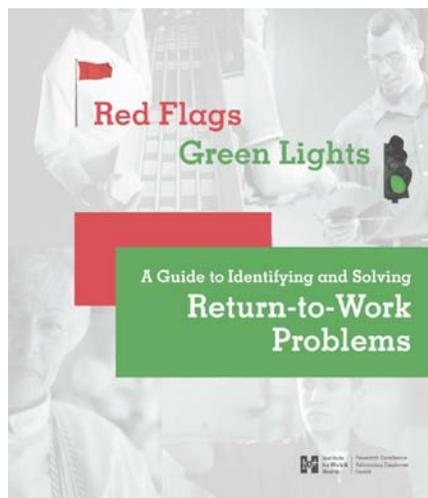
Return-to-work (RTW) is a complex process and dependent on the coordination of different stakeholders [1-2]. RTW processes can break down due to poor communication among different parties and system ‘blind’ spots that leave workers unsupported (see Figure 1: Complex Claims Study”).

Figure 1: Complex Claims Study



In May 2009, we developed a Guide to help decision-makers to identify RTW problems and manage them before they escalate. The Guide, called “Red Flags/Green Lights: A Guide to Identifying and Solving Return-to-Work Problems”, is a hands-on product developed from a study of why workers do not return to work as expected [3-4].

Figure 2: Cover page for “Red Flags/Green Lights: A Guide to Identifying and Solving Return-to-Work Problems”



The Guide is organized into four context sections where the “red flag” might occur and guidance could be helpful: Work, Vocational rehabilitation, Health, and Claim. The “*Work*” section illustrates workplace-based problems that can delay return to work (RTW). For instance, even when an appropriate offer of modified work is in place, RTW might be thwarted by the worker’s difficulty commuting to the workplace while injured. In these situations, workplace decision-makers might ask questions about the worker’s ability to travel, and consider providing alternative transportation options. The “*Vocational Rehabilitation*” section details process problems with vocational retraining programs¹ that may affect the worker’s ability to successfully re-integrate into the labour market. For instance, a worker’s ongoing health problems might prevent academic success during retraining. In these cases, decision-makers might consider delaying the training program until more healing has occurred, revising the rehabilitation timeline, or revisiting the refraining goals. The “*Health*” section draws out health or medical management issues that may hinder the worker’s recovery or engagement in RTW. For instance, a worker might have suffered a physical injury, and then developed mental health problems such as depression. In this situation, special accommodations and referrals could be considered. Finally, the Guide has a “*Claim*” section that details claim process and communication issues that can complicate or prolong RTW. For instance, a late filing of an injury claim by an employer might contribute to a decision of non-entitlement to compensation benefits for the worker. In this situation, the compensation decision-maker might ask questions to understand the circumstances of the delayed claim. Throughout the Guide, examples are provided of actual RTW cases and how they might have been better managed. (See Appendix A for illustrative Selected Guide Pages).

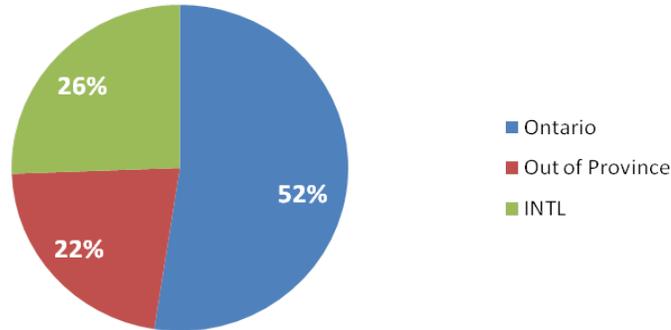
The Guide has been available from the Institute for Work & Health website since May 2009 (available free of charge at <http://www.iwh.on.ca/rtw-problems-Guide>). It has had over 2700 downloads to date, and has attracted national and international attention. Half of all downloads have been from Ontario, with the remaining downloads distributed almost equally

¹ Vocational retraining is often provided by workers’ compensation to restore the earnings capacity of workers who, due to injury severity, cannot return to their former occupation.

between out of province and international downloads, as depicted in Figure 3. Of the international downloads, most are from Australia, the United States, and the United Kingdom.

Figure 3: Distribution of downloads of Guide from Institute for Work & Health website May 2009 to February 2011

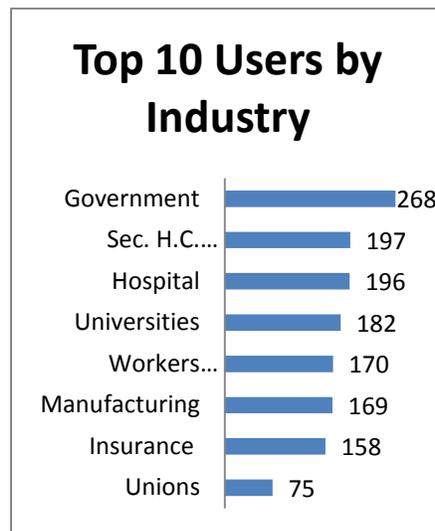
Geography of Known Users*



* 14% of all users are unknown

Most downloads were from the public sector, as shown in Table 1. The top five downloads were from government, secondary health care service providers (such as disability management firms), hospitals, universities and workers' compensation.

Table 1: Top 10 users by industry of downloads of Guide from Institute for Work & Health website May 2009 to February 2011



Although the Guide has been a popular website download, we do not know if it is actually useful to different parties or how it is used. It is important to evaluate products and to not simply assume they are useful to, or used in the same way by, different actors. Different stakeholders may respond in their own way to RTW problems and advice.

The purpose of this project was to evaluate the implementation process of this Guide among different kinds of RTW stakeholders. Questions guiding the evaluation process were:

- What are the RTW concerns of different kinds of organisations?
- Was the Guide useful to the organisation? If so, how? What sections are most helpful? If not, why not?
- What RTW help was needed but not in the Guide?

The answers to these questions will help to increase the effectiveness of the Guide by tracking its practical implementation among different kinds of users. The results will offer stakeholders practical examples of how the Guide supported stakeholders with decision-making about RTW. The study will also add to knowledge about the kinds of decision-making needs of different players in the RTW process.

Method

The implementation of the Guide was examined using a utilization evaluation approach. A *utilization evaluation* examines how different users actually use a product in their day-to-day decision-making [5]. Utilization-focused evaluation is a form of process evaluation [6]: the systemic documentation of key aspects of program performance that assess whether the program is operating as intended. Utilization-focused evaluations are described by Quinn-Patton (2008) as:

“Begin[ing] with the premise that evaluations should be judged by their utility and actual use....Use concerns how real people in the real world apply evaluation findings and experience the evaluation process. Therefore the focus in utilization-focused evaluation is on intended use by intended users” (p. 27).

This approach provided a real-life view of how the various RTW decision makers engaged with the Guide by systematically examining their actual utilization of the Guide.

Study design and recruitment

During the development of the Guide in 2008, we conducted workshops across Ontario that included representation from key players in the RTW process: employers, varied health care practitioners, workers and unions, and WSIB. One focus of these workshops was the identification of target audiences for this Guide. We asked these RTW experts, “What stakeholders would be interested in and benefit from using this RTW Problems Guide?”

The workshop participants identified the following range of 5 key stakeholders: workplaces, health care providers, unions, injured worker representatives, and workers’ compensation boards. We recruited 8 partners among these 5 types of stakeholders to ‘test drive’ the Guide with their organization. These were:

1.	Workplace A	Home health care business. Multiple sites, large private sector provider.
2.	Workplace B	Large multi-site full-service provider of laboratory services.
3.	Healthcare A	Multi-disciplinary clinic with physicians, a nurse, technicians, and occupational hygienist and an occupational therapist.
4.	Healthcare B	Offers diagnosis and treatment of occupational health problems. Is actively engaged in workplace prevention activities.
5.	Union	Represents over 100,000 workers across sectors and regions.
6.	Worker representative A	Funded by Legal Aid Ontario and specialize in RTW problems. Offer free of charge services to injured workers.
7.	Worker representative B	Custer of worker representatives: <ul style="list-style-type: none"> • Injured worker group that assists approximately 250 workers with a range of RTW situations. • State-funded group that provides free services to injured workers and their survivors in workplace insurance matters.
8.	Workers’ compensation	Canadian workers’ compensation board staff who engage directly

	board	with workplaces about RTW.
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Workshops to introduce the Guide to Partner Organizations: Study partners agreed to invite RTW decision-makers within their organizations to participate in this evaluation study. A two-hour workshop was set up with these and other interested parties at each organization to explain and disseminate the Guide, describe the study process, obtain informed consent from the three decision-makers to participate in the study, and to explain ethical considerations of confidentiality and anonymity.

Interviews about Guide use: The researchers contacted the selected RTW decision-makers by telephone twice over the six month period following the workshop. During these interviews, the participants were asked about what kinds of RTW problems they face and how they manage these situations. They were asked to give specific examples, and about the various interactions and proceedings that emerged in light of these situations. They were asked when they consulted the Guide, and ways that the Guide was useful or not useful. They were also asked about different ways they used the Guide. For instance, are stakeholders using the Guide themselves or passing it on to other people involved with the RTW situation? Are stakeholders using the Guide for specific work-related health problems or for all health-related absences? Participants were also asked to comment on the layout of the Guide. To observe ethical considerations, these participants were asked to discuss generic aspects of RTW situations and to omit details that might identify particular workers or other people involved with the situation.

Sample

A total of 24 RTW decision-makers from the 8 partner organizations agreed to participate in the study (See Table 2: Study sample).

Workshops were conducted with each of the 8 partners. Seven were conducted at organization’s work site; one was conducted by teleconference. Three partners included more than the identified RTW decision makers in the workshop.

RTW decision-makers at 6 of the partner organizations went through a 2 phased interview process (at 3 months and 6 months) while 2 organizations (healthcare practitioner and worker compensation board) participated in only one interview 3 months following the workshop. Delays with external ethic boards and difficulty getting hold of participants account for the two organizations with only one post-workshop interview.

Although 24 RTW decision-makers agreed to participate, 4 dropped out of the study at various stages. Despite several contact attempts by email and telephone, we were unable to contact 2 from the point of the first set of interviews, and one participant from the second interview point. A fourth participant had left her organization by the time of the second round of interviews and so could not be contacted. In all, 36 interviews were conducted.

Table 2: Study sample

User Group	Signed consent	Interview 1	Interview 2	Dropout	Total Interviews
Workplace A	3	1	1	2	2
Workplace B	3	3	2	1	5
Healthcare A	3	3	0		3
Healthcare B	3	3	3		6
Union	4	3	2	1	5
Worker representative A	3	3	3		6
Worker representative B	3	3	3		6
Workers' compensation board	2	2	0		2
TOTAL	24	21	14	4	36

Data Collection and Management

Interviews were conducted by telephone and at a time that was convenient to participants. They lasted from 10 to 30 minutes. The shorter interviews were with participants who were

having less active contact with RTW at the time. The interviews were audio-recorded, and field notes were written after each interview to capture additional observations.

The staging of the interviews at 3 and 6 month intervals was expected to shed light on developing and emerging RTW situations. However, we found that RTW progresses very slowly and there was little 'new' to discuss about the particular RTW situations during the second round of interviews. Therefore the interview focus shifted to revisiting issues raised during the first round of interviews. This led to a deeper and more contextualized understanding of the issues at each organization.

Data Analysis

Based on the audio-tapes of the interviews, detailed notes were taken for each key category of question:

- General observations about the organization role and context
- What RTW problems they face and how they manage them
- How is the Guide useful/how do they use it
- Guide improvements/limits to usefulness

Graphic depictions were created to sort data and to compare and contrast the RTW needs and Guide usage of each partner. The analysis considered common and organization-specific needs, and what aspects of the Guide were useful and not useful to the study participants.

Findings

RTW needs and challenges

In the area of Work

Five partners were concerned about structural and social interactional tensions that arise when trying to set up modified work for the injured worker. Structural problems occur when union hierarchies prevent some accommodation possibilities and premium cost pressures lead employers to put more effort into workers' compensation injuries than non-work-related injuries. Social interactional problems can lead to workplace miscommunications which create wrong expectations about a worker's RWT abilities. Also, modified work can create tensions among the injured worker and co-workers, who may bully the injured worker when he or she gets lighter duties or requests help with work.

One workplace partner discussed the difficulties of staff planning when an injured workers' condition is not stable. For instance, a worker might be back at work following an injury but their performance might be unreliable due work absence on 'pain' days, and in these cases it is difficult to plan adequate levels of staffing. As well, some workers cannot return to their former work, especially in the case of repetitive injuries.

Partners who were treated or represented workers each raised the issue of inappropriate modified work driven by employer's concerns about premium costs. Problems included workers returning to work too early, poorly planned modified work, and authoritarian approaches to RTW that do not adequately consider workers' needs. These were augmented by one workplace partner who said that workers' compensation premiums made it unaffordable to allow workers time off following an injury.

Healthcare,
union, workers'
comp, workplace

Workplace

Healthcare,
worker
representatives,
union

In the area of Health

Access to consistent diagnoses of the worker' health problem and adequate related documentation was a problem raised by 5 partners. They faced challenges when there was scant or conflicting medical information about the workers abilities, and when the physician assessments of one party were trumped by those ordered by another party.

Healthcare,
workplace,
worker reps

Health problems also occurred when workers received health care at a late stage of their injury. This happened when workers were referred to specialist treatment only after their health had deteriorated, or when workers didn't report their injury immediately. One workplace partner described work organization difficulties when workers had to take time off for health appointments following a work injury.

Union,
workplace

Four partners mentioned RTW problems related to pain and medication. Workers might refuse RTW arrangements because of pain and impairment, or they might not be able to get to work because of drowsiness due to pain medication use.

Healthcare,
worker rep

In the area of Claims

Worker representatives noted that workers' compensation staff were not always up to date about new policies and did not always make the right enquiries about the worker' situation. These challenges were compounded by a 'functional ability' form that does not allow for sufficient detail for proper RTW planning.

Worker reps

Three partners were concerned that workers' compensation staff exercised inappropriate decision discretion. On some cases, workers could be deemed fit to RTW when they were not ready and the focus seemed to be on fast rather than appropriate RTW.

Healthcare,
workplace,
worker rep

Two partners faced particular problems with non-work-related injuries and interaction with private insurers. A union had the experience of negotiating an insurance settlement, only to have the time-consuming process re-started due to staff changes at the insurance firm. A workplace faced difficulty arranging return to work when the worker was in a lawsuit against the workplace. This is because during the lawsuit, RTW could indicate recovery which could weaken the worker's case against the firm.

Union,
workplace

In the area of Vocational Rehabilitation

Two partners discussed problems with workers' compensation re-training for injured workers. A worker rep partner described workers as sent for retraining before sufficiently recovered from their injury. Healthcare providers suggested that workers were directed to retraining for physically inappropriate jobs that they would not be able to do.

Healthcare,
worker rep

Summary

There was much overlap between the different kinds of organizations about the kinds of RTW problems faced. What varied was the emphasis (See Table 3). For instance, while workplaces described injured workers as hard to accommodate, other partners saw workplaces as not always sincerely committing to RTW. A workplace noted that doctors catered excessively to the needs of workers during RTW, whereas a union described workers' health needs as overridden by assessments conducted by physicians catering to the financial interests of insurance companies. Various parties were dissatisfied with the workers' compensation claims process, but for different reasons. A workplace saw compensation case managers as swayed by exaggerated worker claims, while injured worker representatives and healthcare providers described workers' compensation as focused on quick and poorly informed RTW. Only the healthcare providers and injured worker reps had any views on vocational retraining, both noting conflicts between retraining and the workers health needs.

It is not surprising that partners varied in their RTW concerns. They encountered problems from different starting points, were responsible for different aspects of the worker's re-integration, and worked in collaboration with different kinds of stakeholders. The same work injury might pose a different kind of problem to each kind of RTW player.

At the same time, it was possible to discern clusters of concerns among the partners. A *worker cluster* emphasized the health and work related RTW needs and challenges of workers. These were healthcare providers, worker representatives, and the union. A *business cluster* emphasized challenges of fitting the returning workers into workplace organization. These were workplaces and workers' compensation.

The next section details the partner's use of the Guide: their commonalities and varied needs.

Table 3: RTW needs and challenges

Topic	Healthcare	Workplaces	Worker representatives	Union	Workers' compensation
Work	Modified work not always suitable. Can be prompted by employer cost-saving approach, stymied by union hierarchies, co-worker challenges.	Workers can exaggerate, be hard to accommodate and can encounter co-worker disruptions	Workers RTW too early, prompted by employer cost-saving approach. Modified work can be physically unsuitable and deteriorate as work demands increase.	Modified work not always suitable. Can be stymied by union hierarchies, workplace miscommunications, and co-worker challenges. Employers exert more effort with RTW when injury is work-related.	Workplace miscommunications and anxious workers can pose RTW challenges.
Health	Family doctors don't ask proper questions or provide proper documentation. Also workers avoid their ailment.	Problems assessing worker needs because of poor and conflicting health documentation and doctors catering excessively to worker needs. Also RTW problems when workers drowsy with meds or need health appointments	Workers often do not have family doctors	Doctor assessment overridden by privately funded employer assessments	Problems assessing worker needs because of poor health documentation. Also RTW problems when workers drowsy with meds.
Claims	Workers wrongly declared by workers' comp to be physically fit.	Workers comp case managers and lawsuit lawyers have too much influence	Workers' comp seem more focused on fast than appropriate RTW. They can be out of date about policies and not conduct proper enquiries. The functional ability form is inadequate.	Difficult to negotiate RTW amidst insurer staff changes	none
Vocational rehabilitation	Workers directed to train for jobs they cannot do	None	Workers sent to retraining program before physically able	none	None

Red Flags/Green Lights Guide Usage

Favourite sections

Of the four domains in the Guide, the 8 partners were mostly concerned with RTW Guide suggestions in the domains of Work and Health.

In the area of Work: Several partners felt the Guide was a good tool for identifying problems and helping to brainstorm possible solutions for accommodating the worker in the workplace. It contains ideas that can work for both the worker and the employer. It helps health care providers to consider workplace accommodation issues. It acknowledges that the employer can fall short of providing what he claims, or provide embarrassing modified work.

In the area of Health: A workplace partner mentioned that most people managing RTW are doing it from a “business perspective” and lack healthcare expertise, so the Guide offers useful ideas. The health section is helpful because it identifies areas where extra information might be needed. The Guide can might family physicians to ask better diagnostic questions so as not to miss key points at the beginning of the process, and might prompt them to provide better documentation about the worker’s health.

Workers’
compensation,
worker reps,
healthcare

Workplace,
healthcare

The partners especially appreciated the following sections of the Guide:

Work context

- **Difficulty travelling to work** (Worker rep, healthcare, workers’ compensation)
- **Lack of accommodation** (Worker rep, healthcare)
- **Embarassing modified work** (Healthcare, workers’ compensation)
- **work section in general** (Healthcare, workers’ compensation)

Health context

- **Depression and other mental health problems** (Healthcare)
- **Complicated health situations** (Workers’ compensation)

Ways that the Guide is used

A resource: Several partners said they didn't use the Guide actively, but liked having it as a resource. The partners mentioned sharing the Guide with their own partners and managers and that the Guide could be a good syllabus component for people new to the field and a good resource for front-line health workers, workers' compensation. One partner used the Guide as an information source for a pilot study; another shared it with employers. Another gave a copy of the Guide to all union stewards, is using it in a stewardship course, and has created an 'add on' to the Guide for their own organization.

Problem solving tool: The Guide was described as allowing stewards to solve some problems on their own without requiring intervention from health and safety specialist. Users depicted the Guide as not intimidating and not requiring prior technical knowledge. Some saw the Guide as allowing for more efficient use of time and empowering workers to deal with issues on their own and within realistic parameters. The Guide was described as alerting users to know what obstacles to look for and how to deal with them, and as helping users to focus on a problem.

Appeals: The worker representatives saw the Guide as useful for naming problems that can be cited in appeals of a WSIB entitlement decisions, and brought to the attention of adjudicators.

Increase communication: The Guide helped to increase communication among parties and was used as a brainstorming tool. One partner discussed Guide suggestions to help with a "communications stalemate"; another used it in a positive manner to discuss red flags and how to open up green lights, thereby avoiding appeals and long, costly claims. Partners said the Guide gives users a good idea of how other people see problems, is timeless, reminds people in the system about their roots, and helps them to be less cynical.

Worker representatives, workplaces, clinics, healthcare, union, workers' compensation

Union, worker rep, healthcare, workers' compensation

Worker reps

Union, workers' compensation, worker reps, healthcare

Confirmation: For some, the Guide is confirmatory. Some users were already skilled at managing RTW problems, and liked that the Guide confirmed their approach.

Credibility: RTW decision-makers described the Guide suggestions as readily taken up because they are neutral, reasonable, in writing, and from a credible source. Also the problems are very relevant because they correlate with their clients.

Healthcare,
union

Worker reps,
healthcare

Particular uses of the Guide

While the partners had common reasons for using the Guide, they also had particular uses for the Guide related to their own role in the RTW process (See Table 4).

The *union reps* had many responsibilities, of which return to work was only one part. Although unions will generally have a health and safety expert available for consultation, this person is not on the floor in the workplace working alongside workers. With the sanction and encouragement of the union, the Guide empowered union stewards to manage some return to work problems as they occurred.

The *worker representatives* tended to engage with RTW problems at a late stage, after the situation had deteriorated to the point that the worker was facing loss of job or income and felt the need to seek representation. In these cases, worker reps tried to resolve RTW problems by mediation; failing that, they launched formal appeals of decisions. The worker reps saw the Guide as a tool that lay out the problems for all parties to see. This helped to open up discussions about worker problems during RTW, therefore increasing the possibility of resolution before the stage of having to launch a formal appeal. Once a formal appeal was launched, the Guide served as an argument resource by providing evidence of common RTW problems and misjudgments that might relate to the situation at hand.

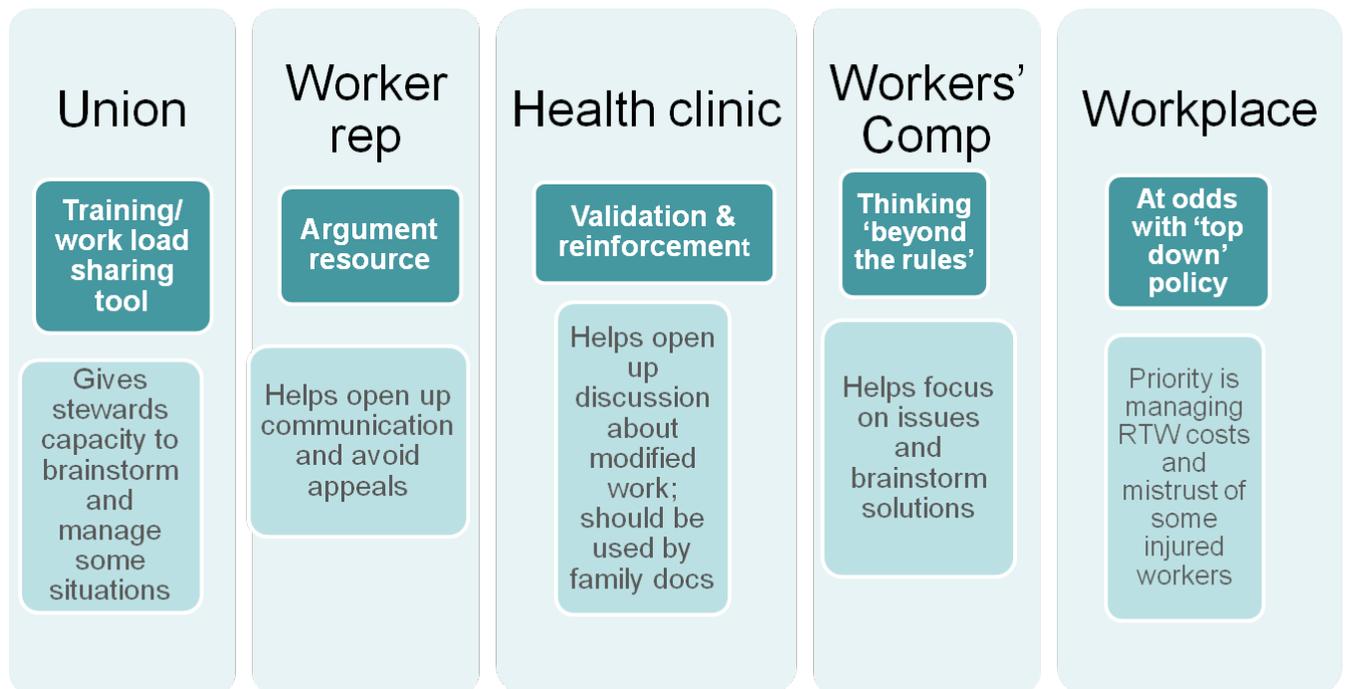
A *health clinic* had much experience with managing RTW, including liaison between the worker, health care, and the workplace. For this partner, the Guide provided validation and reinforcement. It helped to know that their communication and other challenges were not

unique. They used the Guide as a resource to help open up discussion about modified work, and were considering how RTW might improve if other people involved, such as family doctors, were referred to the Guide.

The *workers' compensation* partner described how the Guide supported them to think about issues, such as communication and social interaction that were 'beyond the rules' of policies and law. In doing so it helped them to focus on those issues and to brainstorm solutions.

The *workplaces* struggled a little with the Guide, either because their main RTW challenges were related to non-workplace health (e.g. car accident injuries) or their key issues were not covered in the Guide (e.g. mistrust of workers' claims). Their own policies did not necessarily contract what was in the Guide, but focused on business issues not covered in the Guide, such as managing premium costs.

Table 4: Particular usage of the Guide



Selected quotes

“[The guide would be good for] healthcare professionals that have anything to do with RTW without necessarily being a RTW coordinator or a specialist...I know that... the physician might not look in detail [at the Guide] but certainly will take a look and it might be very helpful for options and what can be done and confirm what the problem is.”
(Health care)

“It keeps it fresh in my mind only because I have been doing this for so long. If I was new say coming out of university and had never managed a case load before this is a great tool...”
(Worker rep)

“It gives you a good idea of how other people see problems.”
(Health care)

“People get *really, really* overwhelmed... because it can get really complicated.... Reading through the red [flags], green lights, that in itself has given [union stewards] the power to deal with some stuff and if they are really tight then they will call [me]. But that has given them the capabilities in terms of brainstorming..... They have it [the guide] in their lockers. I was away and people were able to answer calls. Helping them brainstorm and move forward has been supportive for them because they can do the work now.”

(Union)

“It is fair; it is in writing from a credible source and is a result of some thought and reflection.... It is not some worker advocate talking... This is a neutral source analysis of a complex area”
(worker rep)

“It is something I can put in my briefcase and carry around. I like the way you separated it into 4 groups. You can flip through and quickly find what you need. ... The set up in *really* optimal”

(Workers' compensation)

Additional RTW problems information sought by partners

Mistrust among workplace parties: The Guide does not provide advice about how to handle workers who do not want to cooperate with RTW and are trying to take advantage of the system. The Guide does not give advice on how to manage when the employer wants to get rid of the injured worker who is not fully productive, and does this using subtle means that are difficult to contest. It also does not show how to get the reluctant employer to a roundtable to discuss a RTW situation.

Workplace,
worker rep,
health care

Politics of claim entitlement: The Guide does not help to explain the decision-making of workers' compensation case managers, which does not always seem to be fair to employers.

Workplace

Follow own workplace RTW guidelines: Workplaces need to follow their firm's own policies for RTW.

Workplace

Litigation and non-work health: The Guide doesn't offer help with complex non-work related RTW problems. For instance, how do workplaces manage RTW when there is litigation involved and worker RTW is at cross-purposes with their legal case and the proof of disability?

Workplace

Worker ability to exercise rights: Although the Guide provides information to workers, they can lack the confidence and are not always in a position to suggest solutions to their employers or to workers' compensation decision-makers because they fear this might put their situation at risk. Also it does not address how injured workers are at a disadvantage on the job market and not able to compete with younger able-bodied workers.

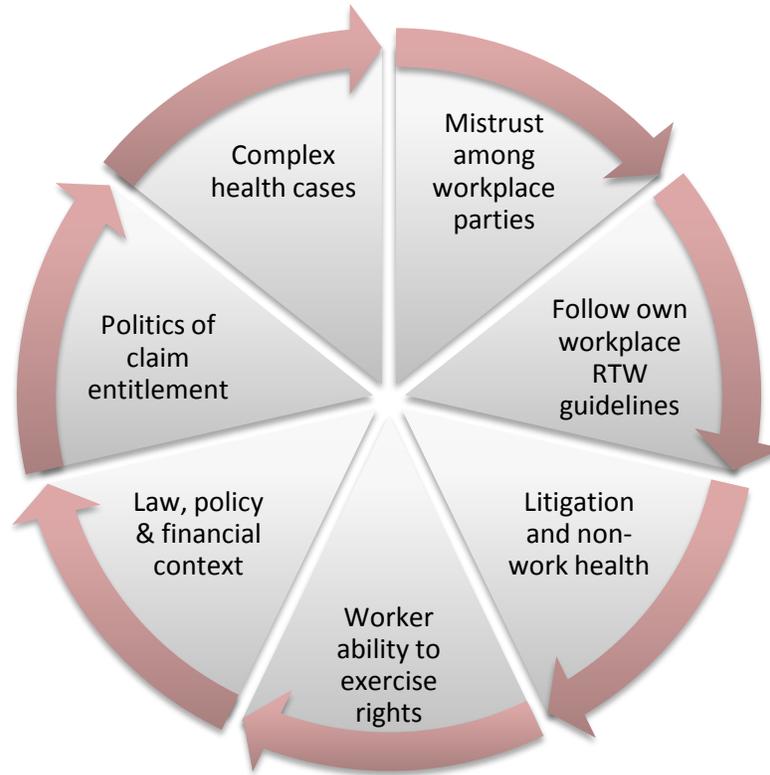
Worker reps

Law, policy and financial aspect: The Guide does not provide specific advice on law and policy and information on financial aspects of RTW such as premiums and experience-rating. The Guide does not give advice about how to accommodate someone from one union in another union.

Workplace,
healthcare,
workers'
compensation
, worker reps
compensation
, healthcare

Complex health cases: It would be good to have more information on musculoskeletal disorders, depression and mental health.

Figure 4: Additional RTW information sought



Guide layout

Good parts

Partners appreciated the tabs, pull out cards, and space for notes. They liked the spiral binding, in part because it stays flat when you are talking on the telephone. “It is a great at-your-hands tool”.

They said that the format of the Guide with separate sections makes the information accessible, and the index also helps with finding information. The language was described as succinct, and the problems and suggestions as clearly identified. “The examples are fantastic.” It is nice to have a solution presented for every problem.

Suggestions for improvement

The content of the Guide might be difficult for users who are not familiar with RTW, and the Guide needs to be explained to people so they know how to use it. The Guide is not very accessible to injured workers who won't always have the resources to download the Guide and print it out.

The Guide and pull out cards could be smaller. The Guide would be easier to read if it were laid out as a process chart, or if it had a checklist approach on how to assess a RTW situation.

Study Limitations

The findings need to be interpreted in light of the final sample. Two of the partners (workplace A, workers' compensation) provided relatively little input relative to the others due to late recruitment and participant drop out. A better understanding of their RTW problems and needs might have been achieved with more data collection.

With follow up interviews at 3 and 6 months, the study was designed to allow for discussion of ongoing RTW problems over time with each of the partners. However, not all partners had active RTW situations during the study, and those that did had little change to report at the time of the second interviews. Therefore the direction of the second interviews took a turn to focus on follow up and details of issues mentioned during the first interview.

The author of the Guide led the study and conducted some of the initial workshops with partners. This might have prompted Partners to feel obliged to say only positive things about the Guide. We worked to avoid this situation by having all follow up interviews conducted by the study coordinator. Ultimately the partners described both positive and negative aspects of the Guide.

This study is a utilization evaluation, and has provided some detail on the nature of RTW problems among different organizations that play a role in RTW and the usefulness of the Guide

to them. As such, it provides a glimpse of the real life use of a tool. The information gathered provides direction for future tool development and dissemination.

Conclusions

This utilization evaluation of the Guide showed that it was useful to a range of different RTW decision-makers, but in different ways. Some partners focused on business needs, others on workers' needs. Overall, the partners found the 'Work' and 'Health' sections of the Guide to be most helpful, because this is where their RTW challenges were mostly located. All of the partners used the Guide as a resource, mostly by passing it on to employers and front line workers. They described the Guide as a good and easy-to-use problem-solving tool that helped to increase communication and therefore reduce formal conflicts. The Guide was considered to be a credible and neutral source and was used in appeals of RTW claim decisions.

The Guide didn't contain all of the partners' needed information on RTW problems, such as legal and policy detail, problems with workers' exercising their rights, and employer business concerns. The Guide was derived from a single study and was designed to offer 'common sense' ideas about RTW problems that could be applicable across jurisdictions. Its scope was therefore limited. However, a clear function of the Guide according to the users in this study was its use as a communication opener.

One party that derived least use from the Guide was workplaces. The Guide is oriented to opening up understanding of workers' needs rather than to facilitating business needs. Theoretically, RTW benefits both parties but the 'how' and the 'when' of RTW draw out different concerns among the business rather than the worker-oriented partners.

How This Research Contributes To Occupational Health and Safety

This evaluation of the guide, “Red Flags/Green Lights: A Guide to Identifying and Solving Return-to-Work Problems” provides insight into the shared and different RTW problems needs of the various actors and organisations who need to coordinate or interact during the RTW process. We found that all partners appreciated having this Guide, either because it confirmed their own experience or because it was a resource they could use and share with people at the front line of work and health situations, such as union stewards, family doctors, and employers. The strong feedback about how the Guide opened up lines of communication indicates that lack of adequate social exchange occurs during RTW problems. As well, the workplace concern for a more business-oriented focus on RTW shows that communication needs are layered with potential conflicts between business and worker needs.

This study shows that the Guide provides support to different RTW actors in different ways, revealing how each have different needs and concerns when playing their role in RTW. In this way, unions were trying to solve problems on the shop floor, worker reps were trying to avoid formal appeals, health clinics were trying to coordinate with workplaces about modified work, workers’ compensation was trying to think beyond policy when brainstorming RTW solutions, and workplaces were balancing the workers’ needs with the business costs and schedules.

Much of the RTW literature reviews RTW needs from the point of view of a single organisation, such as the workplace, or from the angle of a single actor, such as the health care provider or the supervisor. This analysis of the diversity of RTW partners’ needs and use of the Guide reveals a relatively unexplored area of RTW research. In terms of occupational health and safety practice, this study shows that the Guide might be useful to family doctors and front line supervisors in workplaces.

Recommendations for Further Work

This study showed that RTW partners would like more specific information about jurisdiction-specific policies and resources. This might be developed as an add-on to the guide in different locations. Users of the Guide would also like more information about how to manage RTW in the context of complex health needs, such as musculoskeletal conditions and mental health problems. The Guide might be updated to include research and examples from other studies of these topics, and work shopped again with RTW experts to identify practical and implementable solutions.

Acknowledgment

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Appendix A

WORK CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
RTW too early	<ul style="list-style-type: none"> 🚩 Immediate RTW 🚩 RTW with unclear injury 🚩 Work absences after RTW 	<ul style="list-style-type: none"> 🟢 Later RTW 🟢 Functional abilities assessment 🟢 RTW planning 🟢 Flexible RTW plan
Difficulty travelling to work	<ul style="list-style-type: none"> 🚩 Injury impedes driving 🚩 Transportation difficulty 🚩 Long-distance RTW 	<ul style="list-style-type: none"> 🟢 Considering worker's ability to travel 🟢 Providing transportation options
Physically unsuitable work tasks	<ul style="list-style-type: none"> 🚩 Worker cannot perform job tasks 🚩 Worker requests co-worker assistance 	<ul style="list-style-type: none"> 🟢 Discussing accommodation details 🟢 Workplace assessment 🟢 Ongoing monitoring 🟢 Job re-orientation
Hazardous RTW	<ul style="list-style-type: none"> 🚩 Fear of RTW 🚩 Worsening health since RTW 	<ul style="list-style-type: none"> 🟢 Health and safety review 🟢 Addressing hazards 🟢 Alternative work 🟢 Job re-orientation
Lack of accommodation	<ul style="list-style-type: none"> 🚩 Conflicting views of work accommodation 🚩 Increased medication use since RTW 🚩 Work absence after injury 	<ul style="list-style-type: none"> 🟢 Appropriate workplace accommodations 🟢 Written accommodation plan 🟢 Dispute resolution support
Embarrassing modified work	<ul style="list-style-type: none"> 🚩 Make-work modified work 🚩 Co-worker harassment 	<ul style="list-style-type: none"> 🟢 Collaboration with injured worker 🟢 Productive modified work 🟢 Educating workplace parties about RTW

VOCATIONAL REHABILITATION CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
Vocational rehabilitation before adequate recovery	<ul style="list-style-type: none"> 🚩 Absences for medical treatment 🚩 Medication use during training 	<ul style="list-style-type: none"> 🟢 Delaying training 🟢 Revising rehabilitation timeline 🟢 Contingency planning 🟢 Understanding options
Fast-paced education	<ul style="list-style-type: none"> 🚩 Failing courses 🚩 Worsening health since vocational training 	<ul style="list-style-type: none"> 🟢 Graduated training 🟢 Modified training 🟢 Evaluation of upgrading
Unrealistic training	<ul style="list-style-type: none"> 🚩 Inadequate training 🚩 Program mismatch 🚩 Feeling forced into choice 	<ul style="list-style-type: none"> 🟢 Worker-oriented vocational training 🟢 Longer training courses 🟢 Greater choice 🟢 Alternative job training 🟢 Revisiting training goals 🟢 Understanding options 🟢 Collaborative decision-making
Physically inappropriate vocational training	<ul style="list-style-type: none"> 🚩 Lack of physical accommodations 🚩 Inflexible learning environment 🚩 Difficulties travelling to school or class 	<ul style="list-style-type: none"> 🟢 Ergonomic accommodations 🟢 Alternative learning environments 🟢 Re-evaluating vocational training 🟢 Travel accommodations
Problems obtaining work	<ul style="list-style-type: none"> 🚩 Difficulty finding a job 🚩 Jobs are available but the worker is not hired 	<ul style="list-style-type: none"> 🟢 Work placements 🟢 Job search support 🟢 Employer incentives 🟢 Accident employer work options
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HEALTH CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
Complicated health situations	<ul style="list-style-type: none"> 🚩 Walk-in clinic assessment 🚩 “Invisible” injuries 🚩 Difficulties assessing if the injury is related to work 🚩 Conflicting diagnoses 🚩 Non-work health problems 🚩 Incomplete or delayed reporting 	<ul style="list-style-type: none"> 🟢 Support from occupational health practitioner 🟢 Considering the whole person 🟢 Collaboration 🟢 Multidisciplinary assessment 🟢 Investigating the cause of injury
Medication use problems	<ul style="list-style-type: none"> 🚩 Reactions to medication 🚩 Medication side effects 🚩 Changes in medication use 🚩 Multiple prescriptions 	<ul style="list-style-type: none"> 🟢 Multidisciplinary treatment 🟢 Reassessment 🟢 Observing changes in medication
Worsening health or re-injury	<ul style="list-style-type: none"> 🚩 New symptoms 🚩 Lack of progress in RTW or vocational rehabilitation 🚩 Relying on medications for RTW or vocational rehabilitation 🚩 Incomplete communication 	<ul style="list-style-type: none"> 🟢 Listening to workers 🟢 Monitoring worker health 🟢 Collaboration 🟢 Work trial 🟢 Work adjustment 🟢 Health examination
Depression and other mental health problems	<ul style="list-style-type: none"> 🚩 Fatigue 🚩 Mental distress 🚩 Problems at home 	<ul style="list-style-type: none"> 🟢 Acknowledging difficulties 🟢 Referrals 🟢 Providing information 🟢 Peer support

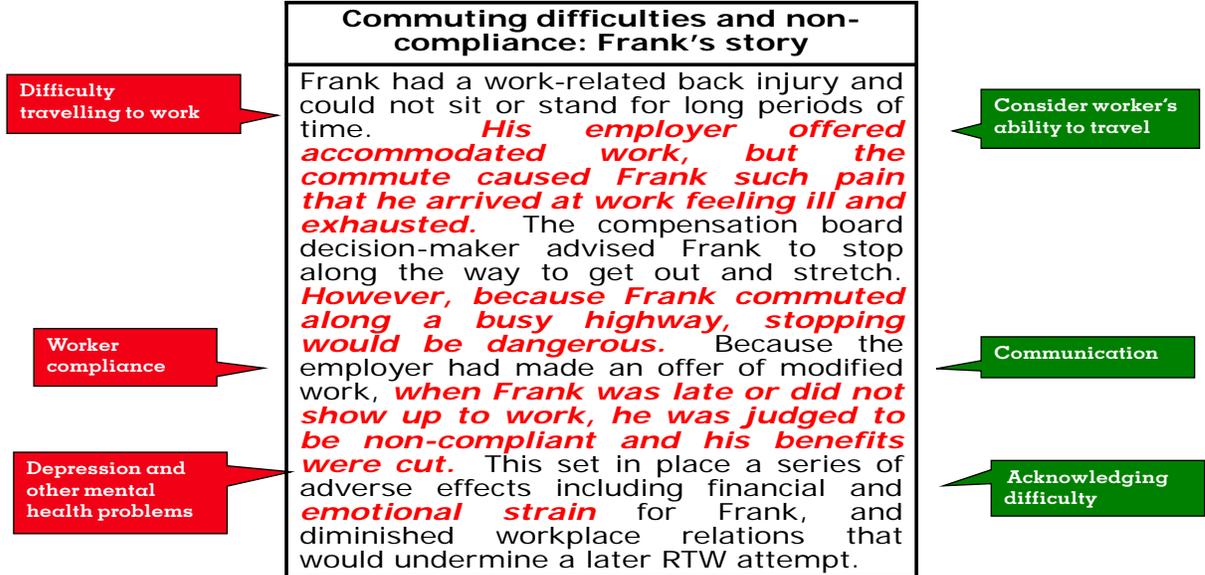
CLAIM CONTEXT: RED FLAGS/GREEN LIGHTS

	Red Flags	Green Lights
Poor communication	<ul style="list-style-type: none"> 🚩 Indirect contact 🚩 Decisions without collaboration 	<ul style="list-style-type: none"> 🟢 Consultation 🟢 Face-to-face contact 🟢 Including the right people 🟢 Providing system knowledge
Decision-maker conflicts	<ul style="list-style-type: none"> 🚩 Conflicting views of RTW readiness 🚩 Conflicting views of accommodation 	<ul style="list-style-type: none"> 🟢 Claim coordination 🟢 Representation 🟢 Workplace visit
Delayed reporting	<ul style="list-style-type: none"> 🚩 Late reporting of injury 🚩 Late filing of health-care reports or worker appeals 🚩 Medical delays 	<ul style="list-style-type: none"> 🟢 Talking to the worker 🟢 Timely follow-up 🟢 Providing accessible information 🟢 Providing system knowledge
Delayed decision-making	<ul style="list-style-type: none"> 🚩 Decision-making conflicts 🚩 Long waits for decisions 	<ul style="list-style-type: none"> 🟢 Regular communication 🟢 Seeking information quickly 🟢 'Benefit of the doubt' decision-making 🟢 Worker representation 🟢 Ombudsman 🟢 Financial resources
Worker compliance	<ul style="list-style-type: none"> 🚩 Decision-maker conflicts 🚩 Unresolved health concerns 	<ul style="list-style-type: none"> 🟢 Communication 🟢 Mediation 🟢 Worker representation
Worker emotional reactions	<ul style="list-style-type: none"> 🚩 Angry worker 🚩 Workplace conflicts 🚩 Complaints about RTW 	<ul style="list-style-type: none"> 🟢 Investigating complaint 🟢 Workplace involvement 🟢 Timely intervention 🟢 Providing system knowledge 🟢 Regular, thoughtful communication with worker

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Vignettes throughout



An unhelpful employer and adverse medication effects: Janet's story

Janet broke her ankle while working. *Because recovery took a long time, her employer questioned the pace of her recovery,* and asked if she was following her doctor's orders to stay off her leg. The employer and compensation decision-maker wanted Janet to begin modified work. *But with her broken ankle Janet wasn't able to drive, and there was no public transport in her area.* Janet also told her compensation decision-maker that the *modified job did not allow her to keep her ankle elevated as required. Janet's compensation decision-maker said she was being non-compliant, which meant her benefits would be cut.* Janet sent a photograph of the proposed modified job to her compensation decision-maker to show the physical circumstances. This helped him to understand that the modified work was unsuitable. *Janet was ultimately able to "prove" her case but only after experiencing anxiety, anger and feeling harassed by her compensation decision-maker and employer.* A medical specialist discovered that Janet was having an adverse reaction to her medication and had been *getting sicker over time.* Unfortunately this insight took some time because *Janet lived a four-hour drive from any specialists.* Once her medication changed, Janet began to recover and was able to return to work.

“RTW too early”: intro paragraph

In certain instances, workers are required to RTW too early, before they are well enough to manage modified work. A worker might feel obliged to return too early for fear of damaging working relationships or losing income, employment or compensation benefits. Such workers may need to rely on co-workers to keep up with their jobs, and this can lead to strained and uncomfortable workplace relationships. Workers might also use or overuse medications in order to keep up. Such medication use can contribute to cognitive impairment, making the work dangerous to the worker and to others. All these can contribute to delayed RTW, poor recovery or re-injury.

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“RTW too early”: Red Flags

Immediate RTW

Is the worker expected to return immediately after injury?

Although next-day RTW is not unusual for a worker with a minor or simple injury, a quick RTW can be too early for complicated injuries (e.g. that involve an inconclusive diagnosis or additional surgery). However, if a worker does not return, he or she may be viewed as non-compliant and could lose or face a reduction in compensation benefits.

RTW with unclear injury

Is the worker expected to return before physicians have arrived at a full understanding of the impairment?

In some cases, workers experience pain and health problems beyond the usual symptoms. In these situations, the insurer might prompt the worker to RTW before the injury is fully understood, which can contribute to delayed healing or re-injury.

Work absences after RTW

Is the worker taking time off after returning to work?

Work absences after an initial RTW might signal pain or worsening injury. They might also indicate that the worker could benefit from additional recovery time or treatment.

RTW too early: Green Lights



Later RTW

If there is concern about the safety of RTW because the extent of worker's injury is unclear or functional abilities are difficult to identify, delaying RTW to give time to heal or further assess the injury could prevent failed RTW.



Functional abilities assessment

A worker who shows visible signs of not recovering might benefit from a functional abilities assessment. This assessment might lead to a new RTW plan that accommodates the worker's need for additional healing time, graduated return or permanent accommodation.



RTW planning

Injured workers should be provided with information that details the RTW process. Additionally, there should be a written RTW plan agreed on by all participants, such as the worker, union, employer, health-care provider, compensation board decision-maker. The plan should be regularly revisited and adjusted as needed to ensure suitability. Face-to-face meetings with decision-makers may facilitate this process. Ideally, the RTW plan refers to the timing of RTW, and identifies all barriers to RTW including those not directly related to the injury.



Flexible RTW plan

The RTW plan should be individually tailored to the worker, the injury and the worker's circumstances. For instance, the plan could accommodate time allotted for treatment during the work day rather than after work hours.

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