



Working Together

Successful Strategies for Return to Work



INSTITUTE FOR WORK & HEALTH
INSTITUT DE RECHERCHE SUR
LE TRAVAIL ET LA SANTÉ



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Occupational Therapists



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Summary of Working Together Principles

Early contact	{	PRINCIPLE ONE: <i>The employer makes an early and considerate contact with the injured/ill worker.</i>
Planning for the worker's return	{	PRINCIPLE TWO: <i>Someone has the responsibility to coordinate RTW.</i>
		PRINCIPLE THREE: <i>The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.</i>
		PRINCIPLE FOUR: <i>RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.</i>
Implementing a successful RTW program	{	PRINCIPLE FIVE: <i>Supervisors are trained in work disability prevention and included in RTW planning.</i>
		PRINCIPLE SIX: <i>With the worker's consent, employers and health care providers communicate with each other about workplace demands, as needed.</i>
Creating a RTW-friendly workplace	{	PRINCIPLE SEVEN: <i>The workplace has a strong commitment to health and safety which is demonstrated by the behaviours of the workplace parties.</i>

Working Together: Successful Strategies for Return to Work

Introduction

This guide, *Working Together*, was created to provide a basis for dialogue between occupational therapists and employers. *Working Together* will assist you in developing more successful return to work programs in collaboration with occupational therapists and other workplace parties and support you in improving your return to work (RTW) success rates. You may work your way through the principles in preparation for bringing a worker back to work safely or may identify sections that you can use to improve your existing RTW program.

What workplace-based return to work (RTW) interventions are effective and under what conditions?

A comprehensive research literature review completed by the Institute for Work & Health (Franché et al. 2005 & MacEachen et al. 2006), addressed this question. Overall, the literature review found that workplace-based return-to-work interventions have a positive impact on duration and costs of work disability. Out of this research and other research the Seven ‘Principles’ of Successful Return to Work, were developed. The seven principles are based on what is known to date and may change as new research evidence becomes available. Tailoring and implementing these evidence-based strategies for successful return to work into your workplace takes collaboration. You need to assess, plan, implement, monitor, educate appropriate workplace parties, and create the confidence in this complex process in order to maximize your RTW outcomes.

Who created *Working Together*

Working Together was created by the occupational therapist educationally influential (OT EI) network, a network of occupational therapists with work practice experience, that have been identified by their peers as the informal networkers, teachers, mentors in workplace occupational therapy. The OT EI network was developed by the Institute for Work & Health (IWH) in partnership with the Ontario Society of Occupational Therapists (OSOT) and the College of Occupational Therapists of Ontario (COTO). *Working Together* is a tool that transfers the research evidence into practice principles that you can incorporate at your workplace. The tool is organized into four stages related to the various elements of successful return to work.

Four Stages:

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Early contact

PRINCIPLE ONE: *The employer makes an early and considerate contact with the injured/ill worker.*

Employer Questions: What should we do first? Should we contact the worker? Who should contact the worker? When should we contact the worker? What should be the focus of the conversation?

Research Evidence: We know that employers who have a process in place to make an early and considerate contact with injured/ill workers are more successful in RTW.

These processes are characterized by or include:

- contact by immediate supervisor (ideally) with an injured/ill worker
- contact “within the first week or two” should be seen as only a guideline only, as the actual timing will depend on the worker’s specific situation
- conversation conveys concern for the worker’s health and well-being and should not involve issues such as injury causation, blame or employer financial concerns

In general early contact is most successful when it builds on a workplace environment characterized by a shared sense of goodwill and confidence.

Occupational Therapists:

Partner with

- supervisor or human resource professional to determine appropriate timing and conversation focus based on injury and rehabilitation expectations
- workplace parties to provide supervisory training on RTW care and approach

Planning for the worker's return

PRINCIPLE TWO: *Someone has the responsibility to coordinate RTW.*

Employer Questions: What can I do to get my workers back to work early and safely? Does someone need to manage or coordinate this process? Who should it be? What are the responsibilities of this person?

Research Evidence: We know organizations that have identified a key person (internal or external) to coordinate RTW are more likely to be successful in RTW.

This coordination involves:

- providing individualized planning and coordination adapted to the worker's initial and on-going needs,
- ensuring that the necessary communication does not break down at any point
- ensuring the worker and other players involved understand what to expect and what is expected of them

RTW players include workers, co-workers, supervisors, managers, healthcare providers, disability managers and insurers, unions or worker representative.

Occupational Therapists:

Co-ordinate

- the process of communication between all relevant parties both inside and outside the workplace
- and manage sensitive, confidential information
- and facilitate appropriate referrals to other healthcare providers or expertise

Assess

- barriers to and facilitators of successful RTW outcomes for workers and for the organization

Partner /collaborate with you and the worker to

- synthesize information from other providers relevant to establishing a feasible RTW plan
- consider all aspects of RTW (physical, social/attitudes, productivity, workload changes in department, safety, re-injury, psychological) when planning for RTW of a worker
- ensure communication breakdowns are avoided by facilitating communication with stakeholders at all stages of the process

Planning for the worker's return (cont'd)

PRINCIPLE THREE: *The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.*

Employer Questions: Would modifying their job assist them in returning to work early and safely? How do we determine appropriate modifications? What kinds of modifications are possible? If not what can they still do? What do I do if the injured worker does not feel the modified duties are appropriate? What can I ask the employee to do?

Research Evidence: We know based on research evidence that employers who make an offer of modified work or accommodations, that are suitable to the worker's abilities, are more successful in realizing early and safe RTW for employees.

An early and safe modified work offer can be achieved by:

- avoiding an awkward fit of the worker with the work environment
- ensuring that the modified work can be performed by the returning worker
- ensuring where possible that the worker is returned to his/her own work area where the environment, people and practices are familiar
- including ergonomic assessment to aid in creation of appropriate physical modifications in complex situations

Occupational Therapists:

Assess

- the job through the worksite evaluation of the physical, cognitive, mental, behavioural and emotional demands of work
- the work environment (social supports, workplace supports)
- the worker's abilities and resources for returning to work
- initial job matching of worker to work demands

Provide

- recommendations for modifications to tasks and duties
- timely support through regular communication with you and the worker to assist in the process of monitoring and adjusting work demands as worker's ability changes

Partner/collaborate with you and the worker to

- identify the workplace and worker facilitators to return to work
- identify barriers of return to work and strategies to proactively manage and address them
- identify potential modifications or accommodations
- create a progressive plan for return to work
- support and encourage full worker participation in all aspects of the evaluation, planning and monitoring of the RTW processes and transitions
- implement and establish monitoring strategies for RTW processes

Educate your workplace parties on the importance of modified work and their role in providing emotional and social support during RTW transitions.

Planning for the worker's return (cont'd)

PRINCIPLE FOUR: *RTW planners ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.*

Employer Questions: How will this modified work plan affect other workers and their work responsibilities? How will returning this worker to work affect productivity? Are there additional safety issues we may need to consider? How do I give co-workers enough information to support the injured worker but not breach confidentiality? How do I assist co-workers in understanding their tasks within the return to work process?

Research Evidence: We know that RTW is more successful when the RTW plan meets the needs of the injured worker while minimizing disadvantage to co-workers.

RTW planners should anticipate and plan for the potential pitfalls and barriers to cooperation identified by supervisors and co-workers including:

- how others may be disadvantaged by RTW plan,
- how the social factors (new relationships and work routines, productivity expectations) as well as the physical or job demands for both worker and co-workers may be altered as the RTW plan is implemented

Occupational therapists:

Partner/collaborate with you to

- identify tasks and duties that can be shifted and balanced between workers,
- identify potential safety issues for returning worker and co-workers in RTW plans and offer proactive strategies to prevent or mitigate problems.

Educate workplace parties about

- the evidence supporting the use of assistive technology,
- shifting work responsibilities in the RTW plan and in preventing injuries of other workers,
- co-worker responsibilities under human rights act,
- the impacts (positive and negative) of each RTW modification option and ways to minimize negative impact on all involved

Implementing a successful RTW

PRINCIPLE FIVE: *Supervisors are trained in work disability prevention and included in RTW planning.*

Employer Questions: What can we do to ease and maximize their reintegration into the work force? Who in our company needs to understand the RTW process? Who needs to be involved in ongoing planning, monitoring, evaluation and adjustment of the RTW plan? How do we know when to change the modified plan?

Research Evidence: Organizations that train their supervisors in work disability prevention and include them in RTW planning are more successful in RTW.

Training supervisors is important to the success of RTW because of their close proximity to the worker and their ability to manage the immediate RTW environment. Training supervisors in safety and ergonomics, as well as how to be positive and empathic in early communication with the worker, and how to arrange accommodations, follow up and problem solve regularly contributes to successful RTW.

Occupational Therapists:

Educate

- supervisors and other workplace parties (i.e. labour representatives, co-workers, family etc.) in return to work process, disability and injury prevention, ergonomics, job modification, the need for effective communication and support
- supervisors about RTW care processes and planning so they can make informed worker accommodation recommendations as well as follow up and problem solve regularly through the RTW process

Partner with supervisors to

- assist supervisors throughout the process in using their insight of the job and the workplace to create appropriate and workable job modifications, and maintain a sense of control over work productivity and human resource planning in the workplace
- facilitate the participation of the worker in the RTW plan and develop strategies for self-monitoring, enacting social supports and creating an environment of respect in RTW care and programs
- monitor the RTW process for a particular worker
- adjust the RTW plan as the worker's abilities change

Implementing a successful RTW (cont'd)

PRINCIPLE SIX: *With the worker's consent, employers and health care providers communicate with each other about workplace demands, as needed.*

Employer Questions: How do we interface with the healthcare providers involved? How do we clarify worker accommodation needs? How do we facilitate the exchange of information?

Research Evidence: Opportunities for successful RTW are more likely to occur when employers and health care providers, with the worker's consent, communicate with each other about workplace demands as needed.

Ideally the worker should participate in the communication between the healthcare provider and the workplace.

Communication, depending on the complexity of the case, may involve:

- a paper-based information exchange (e.g. information on job demands and/or work accommodation options sent to the family doctor by the employer),
- a telephone conversation about work and job demands (initiated by either party),
- a workplace visit by a health care provider to view the work activities and converse directly with the supervisor or employer,
- other rehabilitation and occupational health professionals acting as a 'bridge' between the workplace and healthcare system when family physicians do not have time to consult with the workplace

Occupational Therapists:

- Educate other health care providers informally about the RTW process
- Manage logistics of contacting physicians and other treatment providers
- Partner with all parties to develop a shared understanding of the work demands and performance expectations

Creating a RTW-friendly workplace

PRINCIPLE SEVEN: *The workplace has a strong commitment to health and safety which is demonstrated by the behaviours of the workplace parties.*

Employer Questions: How do we demonstrate we are committed to health and safety and bringing our workers back to work? How do we incorporate our organization's cultural values into our health and safety programs? How can we get our workers more involved in, and committed to, health and safety? How do we provide some workplace control to the workers without impacting on the nature of the work? What can we do to prevent our workers from re-injury/re-lapse once they return to work?

Research Evidence: We know that workplaces that have a strong commitment to health and safety, demonstrated by the behaviours of the workplace, have more success in RTW.

Those behaviours include:

- top management actively invests company resources and people's time to promote safety and co-coordinated RTW,
- labour actively supports safety policies and return to work programming (for example, demonstrated by inclusion of RTW job placement practices in policies/procedures and/or the collective agreement),
- commitment to safety issues is the accepted norm across the organization.

Occupational Therapists:

Partner with you

- to review, develop and refine workplace policies and practices that support safe and timely return to work
- to identify barriers and opportunities to improve or create a workplace culture respectful of health & safety and supportive of RTW

Educate all workplace parties

- on the research and clinical evidence to support RTW policies and practices in the workplace
- on the role of and need for social supports in return to work programs
- on the impact of health problems (depression, stress, pain) on workplace productivity and potential solutions
- on the value of tailoring the RTW approach to meet the needs of an individual worker
- about the complexity of RTW and the need to spend time on RTW planning, implementation and follow up

Develop

- strategies to implement an effective social support system
- a participatory ergonomics framework for the organization

If as an employer I can only do some of what is suggested here what should I choose to do?

Answer: Choose the following three **principles** first and then develop the rest over time.

1. Make early and considerate contact with the injured/ill worker (see PRINCIPLE ONE)
2. With the consent of the worker, make contact with the healthcare provider about job demands,(see PRINCIPLE SIX)
3. Make a work accommodation offer (see PRINCIPLE THREE)

Background Information

Origin of the OT EI network:

- The OT EI network was developed out of a partnership between Institute for Work & Health, Ontario Society of Occupational Therapists and the College of Occupational Therapists of Ontario. The purpose of the network is to facilitate the movement of research evidence into practice and to allow practice expertise to inform research. While the College of Occupational Therapists did not directly participate in the development of the tool it continues to support the network and will be active as needed.

The research:

- General summary of systematic review: http://www.iwh.on.ca/sr/wd_rtw_interventions.php
- Systematic review citations:
 - Franche R-L, Cullen K, Clarke J, Irvin E, Sinclair S, Frank J. et al. Workplace-based return-to-work interventions: A systematic review of the quantitative literature. J Occup Rehabil. 2005. Vol. 15, no. 4, p. 607-631.
 - MacEachen E, Clarke J, Franche R-L, Irvin E. The process of return to work after injury: findings of a systematic review of qualitative studies. Scandinavian Journal of Work, Environmental & Health 2006; 32(4): 257-269

For more information about:

- EI networks - www.iwh.on.ca/kte/networks_clinical.php
- Institute for Work & Health (IWH) – www.iwh.on.ca
- Ontario Society of Occupational Therapists (OSOT) – www.osot.on.ca
- College of Occupational Therapists of Ontario (COTO) – www.coto.org

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