

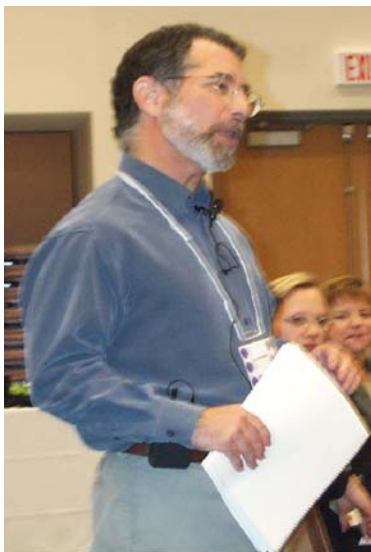
# Conference Summary and Action Plans



## Background:

Last February, a research team at McMaster University organized a meeting with a group of people from diverse backgrounds to learn about a unique, participatory conference experience called "Future Search". This approach had potential for addressing current and future challenges with conducting, using, and interpreting functional assessments. The research team had just finished a two-year study documenting how performance-based functional assessments are conducted and used by employers and the Workplace Safety and Insurance Board (WSIB) in Southern Ontario by following 70 injured workers. As part of a research dissemination initiative, we believed that through the Future Search process a more effective and evidence-based approach to functional assessments could be created to assist all stakeholder groups including injured workers.

**The Future Search model** has been used around the world to enable diverse groups establish common ground for change and create a desired future together. Future Search differs from traditional lecture style conferences by having stakeholder groups representing the 'whole system' participating fully and equally in working sessions. This effort relies on the knowledge, expertise and experience of those who have a stake in the functional assessment process, and ultimately have the power to change the system. By using various groupings (whole conference, mixed and homogeneous groups) within an open, respectful environment, interaction bridges traditional lines of communication and power structures. There is a commitment to action rather than a focus on conflicts and problems. Self-management and personal responsibility for actions is encouraged and supported.



Ray Gordesky & Lilian Hanson, our facilitators

Since that February meeting, a planning group met several times with a Future Search facilitator, and worked hard to ensure the success of a conference. **The conference Design Team** involved representation from injured workers, health care, assessment providers, labour, employers, and the Workplace Safety Insurance Board, as well as members of the Research Study Team. We sincerely believed that with everyone's input, this conference would have a very positive and lasting impact on the future of Functional Assessments in the Province of Ontario. After activities designed to have participants explore the present context through reflections of the past and global perspectives, participants would express a range of potential actions for a better future. Activities would culminate in commitment to action groups that would continue work after the conference to make the better future become a reality. Members of the research team would provide on-going support to these groups to facilitate successful completion of each group's objectives.

On September 25-28, 2002, the conference became a reality. For two and a half days, eighty-seven people came together to explore the whole experience and meaning of functional assessment through this interactive process.

**"Functional Assessment: A Time for Consensus, A Time for Change"** set out to:

- Develop a common understanding of the issues related to functional assessment (FA) practices.
- Develop an awareness of evidence that relates to FA issues.
- Develop strategies for promoting an evidence-based FA process that promotes excellence and accountability.



Sharon Ciraolo

A recorder on site transcribed participants' comments and documented writings from flipcharts. The following summary is a synthesis of these recordings.

## Day1

### Analyzing the Past

Following opening remarks, and introductions, participants created a 25-foot Timeline of their collective history posted on the walls. Spanning the period from the 1980's to the 2000's, milestones and significant events related to individual participants, the world and functional assessments in Ontario were documented to help us appreciate and honour a shared picture of our history and values. This proved to be a fascinating experience with comments extending from music and fashion to the political pressures and celebrities of the day. To understand the meaning, trends were analyzed in small groups to explore areas of common values, perceptions and experiences.



Reflecting on milestones from the 80's to the 2000's

In the unrest of the 1980's, people were questioning the world as they had known it (e.g., the use of the medical model as the sole assessment of function that triggered the development of performance-based FAs). The 1990's brought scarcity of resources and accountability; technology became a key part of our lives. As individuals, working in constantly changing organizations "mass marketing fills a need of wanting easy, fast and cost effective solutions amidst chaos and information overload". Our values and priorities are being re-evaluated as traditional beliefs are undermined, rules change and roles shaken. In the 2000's, we are harnessing technology, starting to question again and move toward creating a new future built on partnerships within a more global, humanistic perspective (e.g., this future search initiative).





**Current Trends**

The following table outlines the key trends identified by all participants.

Assessment Trends In Ontario	Personal & Global World Trends
<b>1980's</b>	
<ul style="list-style-type: none"> <li>➤ Infancy stage of performing FAs; no clear definition of FAs, and few knew about them.</li> <li>➤ Attempts made to standardize</li> <li>➤ Movement towards community clinic based rather than hospital based provision; development of Regional Evaluation Centres</li> <li>➤ More resources; longer time frame for FAs, case conferencing</li> <li>➤ Worker is 100% better before return to work (no modified duties)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Interest rates high, deficits</li> <li>➤ Free trade introduced</li> <li>➤ Political/government (Kennedy Jr., Trudeau era), unrest</li> <li>➤ War/nuclear threats, worry about future</li> <li>➤ Questioning Medical Model &amp; expanding boundaries of science (Space Shuttle)</li> <li>➤ A lot of personal firsts (graduation, job, marriage)</li> </ul>
<b>1990's</b>	
<ul style="list-style-type: none"> <li>➤ Increased technology &amp; developed many standardized methods that focussed on objective findings</li> <li>➤ Use of Physical Demands Analysis, consistency of effort</li> <li>➤ Bill 99 introduced more providers, competition and money became a deciding factor</li> <li>➤ Concept of early intervention, and evidence-based practice</li> <li>➤ WCB changed to WSIB; signalled shift to insurance from compensation &amp; reorganization; loss of Voc rehab &amp; creation of nurse case manager</li> <li>➤ Return to work responsibilities shift to employers</li> </ul>	<ul style="list-style-type: none"> <li>➤ Political upheaval – Russia, Iraq, Berlin Wall</li> <li>➤ Scarcity of resources (oil)</li> <li>➤ Accountability</li> <li>➤ Reductionist perspective</li> <li>➤ Downsizing, stressful workplaces</li> <li>➤ Increased pace of life</li> <li>➤ Cutbacks to healthcare</li> <li>➤ Globalization of the economy, free trade more active</li> <li>➤ Increased use of technology (computers/internet), more access to information, overload</li> </ul>
<b>2000's</b>	
<ul style="list-style-type: none"> <li>➤ Critical of FAs; no longer the final bullet but an information tool</li> <li>➤ Emphasis on evidence-based practice</li> <li>➤ More use of clinical reasoning vs. reliance on technology</li> <li>➤ Need for open communication, collaboration</li> <li>➤ Sense of mistrust of the injured worker remains</li> <li>➤ Increased use of FAs to answer questions re: return to work and disability claims; purpose to assist worker vs. close claim</li> <li>➤ Inappropriate use of FAs</li> <li>➤ Practice not caught up with trends</li> <li>➤ Recognize complexity of RTW process and the psychological &amp; personal impact of the injury; need for whole person approach</li> <li>➤ Code of ethics</li> <li>➤ Heavy marketing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Consumerism, informed decision-making, advocacy</li> <li>➤ Moving towards a more humanistic perspective</li> <li>➤ Aging population and work force with focus on work/life balance</li> <li>➤ Temporary, part-time white collar work; transient</li> <li>➤ Instability in stock market and foreign governments</li> <li>➤ Terrorism, 9/11</li> <li>➤ Computers everywhere, Y2K</li> <li>➤ Global village</li> <li>➤ Sense of shared responsibility, personal accountability</li> <li>➤ Increased privatization</li> </ul>

## Analyzing the Present

Current trends impacting us and Functional Assessments in Ontario were examined through the creation of a Mindmap comprised of individual contributions. This is an approach to building a shared understanding. It helped to guide later discussion, to facilitate collaboration and also helped us to focus on the important elements.



## Day 2

### **Stakeholder Perspectives on Current Trends**

The day began by participants reaffirming comfort with the Mindmap and sharing their reflections and observations. Some important comments:

- It was noted that although various stakeholders were present, the same issues were dominant. This was of interest because it was thought some stakeholders would predominate, but it was not so - all had the same concerns even with the different perspectives on the FA process.
- It was expressed that now is a great time of opportunity for change given the amount of new trends - the time is ripe for change.

Up until this point, we had worked in mixed groups - this had been particularly valuable, since it gave us all a chance to meet and talk with others whom we would not have been likely to meet otherwise. Now, however, we moved back into our stakeholder groups and began to talk more seriously about the things we are doing now and the things we would like to be able to do - all in the light of the mapping of trends upon which we had all agreed. And there it was, as large as life, for everyone to see throughout the small group discussions.

<b>Stakeholder Group</b>	<b>What We Are Doing &amp; Current Issues</b>	<b>What We Need/Want to Do</b>
WSIB	<ul style="list-style-type: none"> <li>➤ Created division on prevention</li> <li>➤ Restructured claims processing with a whole team approach (using nurse case managers)</li> <li>➤ Health &amp; Safety campaign</li> <li>➤ Asking industry re: best practices &amp; how to provide best services</li> </ul>	<ul style="list-style-type: none"> <li>➤ Earlier intervention &amp; service</li> <li>➤ Bring in all stakeholders for solutions</li> <li>➤ Competency – re: time-lines, FA study and selecting FA providers on these issues</li> <li>➤ Raise more awareness (education) in schools about health and safety</li> <li>➤ A more standardized process so reporting is clearer, more timely and as a result used more effectively</li> <li>➤ Educate health care providers toward a more holistic approach to the person. Also education of when to initiate FA and what/ when to do ahead of time rather than when need arises for clarity of process.</li> </ul>
Workers, Reps & Advocates	<ul style="list-style-type: none"> <li>➤ Education of workers and the community</li> <li>➤ Empowerment, continuing the work of advocating, legal action.</li> <li>➤ Lobbying for ergonomic regulations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pro-active actions &amp; prevention, primary &amp; secondary</li> <li>➤ Whole person approach.</li> <li>➤ Worker having input opportunities</li> <li>➤ The injured worker as the main focus with a role in the process</li> <li>➤ Time limits for resolution of claim, with standards</li> </ul>



Stakeholder Group	What We Are Doing & Current Issues	What We Need/Want to Do
Employers	<ul style="list-style-type: none"> <li>➤ Wellness programs to assist with stress, workload &amp; whole person</li> <li>➤ Education so staff &amp; employer more aware of the process; attempt to recognize the issues and self-educate</li> <li>➤ Job safety analysis</li> </ul>	<ul style="list-style-type: none"> <li>➤ Look at the whole person; recognize the physical, psychological, cognitive issues</li> <li>➤ Standardization of the process is crucial as a way of understanding the common groundwork</li> <li>➤ In prevention be more specific and clear with communication to assist process</li> <li>➤ With education of own employees need to follow up to see what works best and increase</li> </ul>
Other Payers	<ul style="list-style-type: none"> <li>➤ Remaining somewhat isolated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Approach use of FAs in a broader, more flexible manner</li> </ul>
Labour	<ul style="list-style-type: none"> <li>➤ It is crucial to keep the focus on returning the worker to their job.</li> <li>➤ Educating ourselves re: FAs</li> <li>➤ Putting RTW committees in place &amp; using FAs as a tool to get the worker back to work</li> <li>➤ Support development of standards to generate a more effective FA process as a mechanism for success</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ensure that we have a holistic approach identified in the standards</li> <li>➤ Be able to understand in a layman's perspective</li> <li>➤ Need a more realistic method rather than a laboratory approach</li> <li>➤ Need more control over the process to better aid workers</li> </ul>
Providers	<ul style="list-style-type: none"> <li>➤ Length of time the RTW process takes results in psychological issues</li> <li>➤ Job descriptions are insufficient</li> <li>➤ Ask referral source for more information &amp; identify other contextual issues that affect FA</li> <li>➤ Give a good sound opinion</li> <li>➤ Identify limits of an FA report – it is just a tool</li> <li>➤ Dialogue with worker at intake to identify issues at the beginning</li> </ul>	<ul style="list-style-type: none"> <li>➤ Work as a team with labour and injured worker groups to provide access needed to the job site for an accurate assessment</li> <li>➤ Identify re-injury possibilities</li> <li>➤ More resources for interpreters for workers with English as a second language</li> <li>➤ Assist worksite so that recommendations are used for RTW</li> <li>➤ Put in place or update PDAs/JDAs</li> </ul>
Health Care	<ul style="list-style-type: none"> <li>➤ Validity - length, duration and purpose are key factors</li> <li>➤ Reliability of assessment</li> </ul>	<ul style="list-style-type: none"> <li>➤ Need education on broad aspects of the use, purpose and duration of the FA</li> </ul>
Research & Educators	<ul style="list-style-type: none"> <li>➤ Important to focus on context - what is the worker doing and where the worker is going</li> <li>➤ Predict a clash between the whole package and the cost</li> <li>➤ Increased competency</li> <li>➤ Seeing the whole person</li> </ul>	<ul style="list-style-type: none"> <li>➤ Define the role of technology; when to rely on it &amp; when to not</li> <li>➤ Clarify issues to assist decision-making</li> <li>➤ More concrete guidelines for return to work</li> <li>➤ Need to relate research plan to issues raised by other stakeholders</li> </ul>

### **Summary Comments/Concerns:**

- It was stressed that more complex cases need a professional to assist the decision-making but may lack understanding about the process. FA users understand the process, but may lack medical knowledge or understanding of how FAs are to be used. Many sources may need to provide decision-making information for complex cases.
- It was noted the same key concerns/trends are coming out - but what are we going to do about them? The same concerns but different perspectives are evident from all stakeholders. The need for open dialogue should be addressed.
- It was stated that overall everybody here today thinks we need to use FAs for the better of everyone.
- It was emphasized that we should not lose sight that the FA is one tool, one piece of the puzzle and overall we need to determine how to ensure the worker continues to be employable in a cost effective way.



## Stakeholder Perspectives On Functional Assessment (FA) Practices



Susan Strong

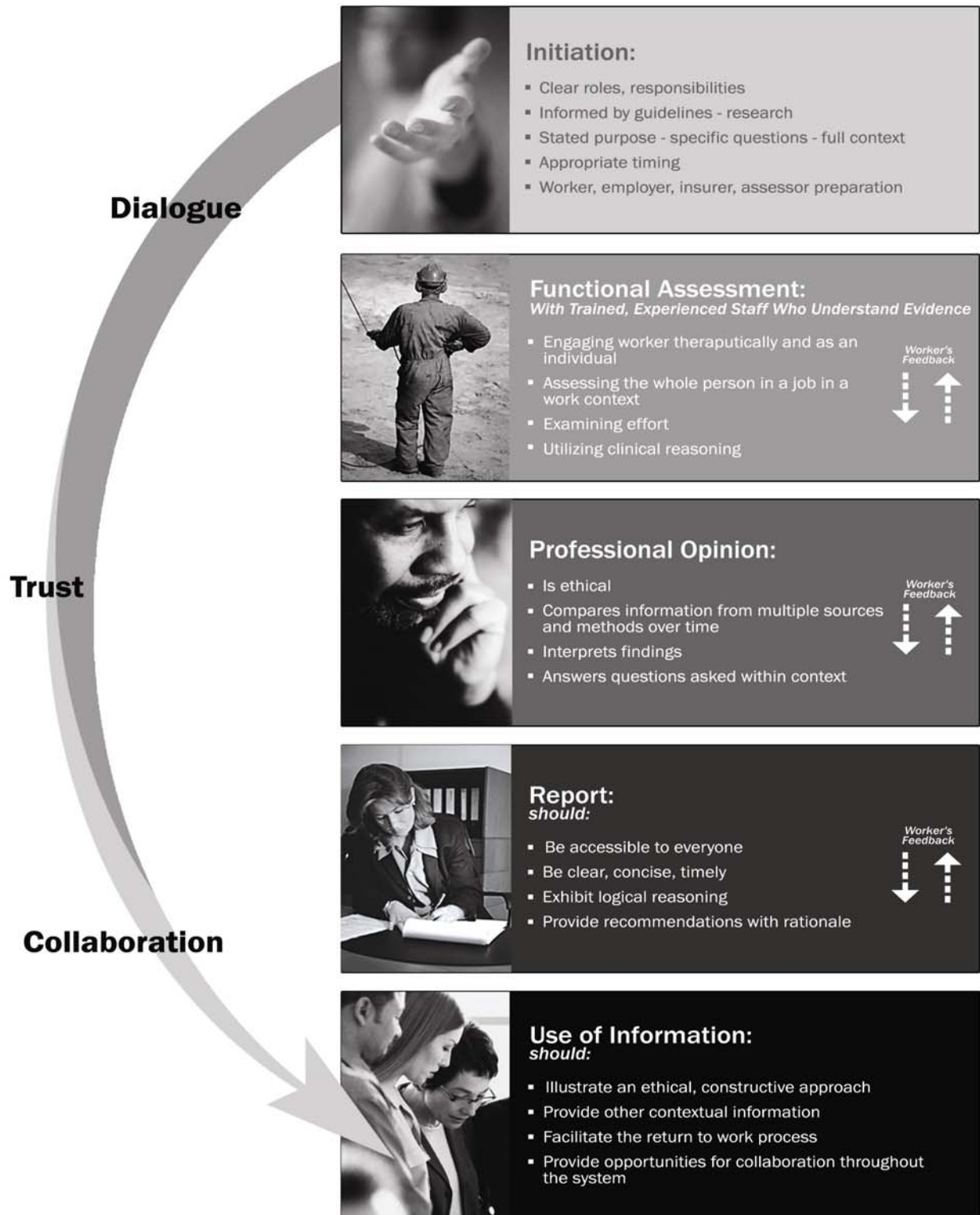
Susan Strong gave a brief description of a two-year study that documented how functional assessments are conducted and used by employer and WSIB systems in Southern Ontario within a group of workers with soft tissue injuries. As described in the study's Executive Summaries circulated prior to the conference, a combination of qualitative and quantitative strategies were used in this study, which employed multiple methods to generate an in-depth understanding of practice patterns and the underlying factors that influence the usefulness of FAs.

The study generated the following:

- **Practice profiles of assessors and FA providers**
- Similarities and differences in approach are described in **5 Dimensions of FA Approach** that can be used for self-evaluation by assessors and offer substance for discussion between referral source and provider when selecting service providers. The information could provide the basis for future development of a tool.
- **Workers and FA user's perspectives** about FA usefulness
- Documentation of the **sequence of events post-FA, the role of the FA, FA users' practices and subsequent outcomes** for the worker
- **The McMaster Model: Towards an Optimal Process** describes key elements before, during and after the FA, which influence the successful use of the FA.

The work to date has been very complex and is only an initial step towards what needs to be done. The findings were offered to participants as a stimulant for reflection, further dialogue, and future study.

# The McMaster Model: Towards An Optimal Process





Five individuals introduced each section of the *McMaster Model* from their own perspective sharing comments, questions, and reflections for later discussion in small groups.



**Erin McKenna**



**Susan James**



**Doug Richardson**



**Gloria Taylor-Boyce**



**Nancy Gowan**



## Owning The Present

In groupings of like stakeholders, participants discussed, and then reported to the larger group, things that they are proud to have done and things that they are sorry about. The purpose was to learn how we feel about our current situation, and to accept, without blame, how we feel about our contribution to the current situation concerning Functional Assessment in Ontario.



Stakeholders reflect on their 'prouds' and 'sorries'

The following table outlines what each stakeholder group was most proud and sorry about:

Stakeholder Group	Proudest Prouds	Sorriest Sorries
WSIB	<ul style="list-style-type: none"> <li>☺ Improved image</li> <li>☺ Service delivery teams with outreach &amp; team approach</li> <li>☺ Acknowledgement of the individual</li> </ul>	<ul style="list-style-type: none"> <li>☹ Lack of education for fully understanding the capacity for FAs</li> <li>☹ Not enough time spent with clients &amp; poor communication</li> <li>☹ Not acknowledging the individual</li> </ul>
Other Payers	<ul style="list-style-type: none"> <li>☺ Attempting to make timely referrals</li> <li>☺ Use results productively for RTW process</li> </ul>	<ul style="list-style-type: none"> <li>☹ Industry is using FAs for termination only</li> <li>☹ The wrong questions asked/not precise questions</li> <li>☹ Timing off</li> <li>☹ Do not educate claimant why/how we are doing FAE</li> </ul>
Workers, Reps & Advocates	<ul style="list-style-type: none"> <li>☺ Standing up for what we believe in re FA process even when it was done incorrectly</li> <li>☺ We can make FAs understandable to injured workers</li> <li>☺ We continue to remind professionals what injured workers expect</li> </ul>	<ul style="list-style-type: none"> <li>☹ Cannot help more workers due to resources</li> <li>☹ We are not accessible to more injured workers</li> <li>☹ We do not have enough resources to help all injured workers</li> <li>☹ We don't have specific standards</li> <li>☹ Not part of an integrated system</li> </ul>
Employers	<ul style="list-style-type: none"> <li>☺ Financial support of Return to Work programs</li> <li>☺ Senior management to embrace pro-active Disability Management (+proud)</li> </ul>	<ul style="list-style-type: none"> <li>☹ Lack of communication with employees, providers and managers</li> <li>☹ Sharing of information (+sorry)</li> <li>☹ Use of FA to determine benefit entitlement</li> <li>☹ Selection of providers not based on best practice</li> <li>☹ FA not done at the appropriate time</li> </ul>
Labour	<ul style="list-style-type: none"> <li>☺ Cooperates with pro-active employers</li> <li>☺ Involvement in RTW (joint) process and use of FAE's within that</li> <li>☺ Cooperative approach with pro-active employers</li> </ul>	<ul style="list-style-type: none"> <li>☹ Have not lobbied enough for standards</li> <li>☹ Remain somewhat isolated</li> <li>☹ Haven't committed enough time for education</li> </ul>

Stakeholder Group	Proudest Prouds	Sorriest Sorries
Providers	<ul style="list-style-type: none"> <li>☺ Giving a professional opinion for getting people back to work safely</li> <li>☺ Questioning validity</li> <li>☺ Develop process for specific time frames (delivery)</li> <li>☺ Caring attitude (+proud)</li> <li>☺ Neutrality</li> <li>☺ Ongoing process to educate (end users and clients)</li> </ul>	<ul style="list-style-type: none"> <li>☹ Lack of follow up with workers after they leave the clinic doors</li> <li>☹ Results are being used negatively</li> <li>☹ Do not have more interaction with other disciplines</li> <li>☹ Unable to release report and discuss results with client</li> <li>☹ Not easy to understand report</li> <li>☹ Standards of practice aren't consistent (+sorry)</li> </ul>
Health Care	<ul style="list-style-type: none"> <li>☺ Insisting on scientific evidence for FAs</li> <li>☺ Providing satisfied and good professional opinion</li> <li>☺ Holistic recognition of complexity</li> </ul>	<ul style="list-style-type: none"> <li>☹ Have not taken more initiative to develop evidence-based practice</li> <li>☹ Consistent incorporation of education pre-assessment</li> <li>☹ Delivers value</li> </ul>
Research & Educators	<ul style="list-style-type: none"> <li>☺ Research into FAs includes corporate &amp; stakeholder groups</li> <li>☺ New directions - EBP and WSIB changes</li> <li>☺ Collaborative planning that is happening</li> <li>☺ Research is on the corporate radar</li> </ul>	<ul style="list-style-type: none"> <li>☹ Work in isolation of each other and stakeholders</li> <li>☹ This "community" had not been formed earlier</li> <li>☹ Not involving clients up until now</li> <li>☹ Not educated others better about changes</li> <li>☹ Not advocated for inclusion in planning</li> </ul>

## Reflection on Present Practices

Further discussion indicated that language tends to exclude and speaks to problems in the system - stereotypes do exist and need to be dealt with.

The centre of the FA is the injured worker without whom the process would not exist. Stakeholders were encouraged to keep the focus on the person served.

## Focus on the Future

### Ideal Future Scenarios

The day culminated by small mixed participant groups being asked to imagine and then present the kind of future they would want to work toward for the future of Functional Assessment in Ontario. Included in this creative dreaming were ideas for which participants felt passion and responsibility.



Dramatization of an ideal future for functional assessments



## **Our Ideal Future**

Participants recorded themes and images from the skits they had just observed that energized or excited them. In pairs, followed by sets of pairs, emerging themes or priorities for functional assessment were recorded and posted on the "common ground" wall.

## **Day 3**

### **Large Group Common Ground and Reality Dialogue**

In one large group, participants explored the meaning of themes posted on the "common ground" wall. Similar thoughts were grouped together as the meaning became clear from varying perspectives. The group was asked to seek consensus as to how the themes fit or did not fit the group's overall vision.



Seeking consensus

The following are the topics discussed and consensus decisions:

#### **Education**

- Consensus: participants agreed to include education of all stakeholders for inclusion in the overall vision

#### **Whole Person Approach**

- Consensus: participants agreed to include the whole person approach within the whole process for inclusion in the overall vision

#### **Collaborative Effort**

- Consensus: collaborative effort is to be included in the overall vision

#### **Standardized Assessment Protocol**

- Consensus: include standardization in the overall vision, but just within the context of the FA process – assessor competencies is considered a separate issue



#### Research/Evidence-Based Practice (EBP)

- Consensus: it was agreed (by most show of hands) that research/EBP is a separate issue from standards and there would be more to gain from including research/EBP as a separate issue within the overall vision

#### Financial Resources

- Consensus: overall it was agreed that financial needs are evident in all pieces of the big FA picture although everyone's FA world may not include all aspects. Therefore, it was agreed not to have financial resources as part of the common vision, but that each stakeholder would consider it within their own realm.

#### Prevention/Unnecessary Use of FA

- Consensus: it was agreed prevention of injuries/re-injuries is part of the process e.g., certain events can trigger certain events, etc. Therefore prevention would be included in the overall vision. It was felt prevention of unnecessary FAs could be a separate research issue looked at in future.

#### Early/Timely Intervention

- Consensus: it was agreed to use "timely" rather than "early" when referring to intervention. It was also agreed that timely intervention intersects standardization of process and prevention, so therefore it can be considered within those categories

#### Assessor Competencies

- Consensus: keep assessor competency as a separate issue within the overall vision, but understand that it is a part of the standardized process

#### Legislative Changes

- Consensus: inherently as other things are tackled, legislation would aid down the road, but is not a direct part of the vision at this point.

In summary, our **Overall Vision Themes:** Collaborative Approach, Whole Person, Education, Assessor Competency, Prevention, Standardization, and EBP/Research

#### **Overall Comments:**

- A flow diagram was offered to help clarify the discussion. It was noted, however, that the injured worker is not the only entry point to the FA process. A suggestion was made that perhaps the flow diagram could be re-worked to show all starting points of the FA process.
- A no-fault system should be the outcome for the future.
- All steps are important to the end result of the total person/total environment and this conference is beneficial to the end result because of the collaboration of the people here looking at the system as a whole



Gloria Taylor-Boyce



Fergal O'Hagan

## **Moving Toward Our Vision: Vision Statements**

Participants were asked to join a group that was now focused upon a particular future direction, theme, and priority. The task was to write a statement that most fully expresses the aspirations of those in the group related to the group's theme. The following is the result:

### **Research / Evidence-Based Principles (EBP)**

We support the application of evidence-based principles in the delivery of FA's.

We support the application of evidence-based principles (EBP) in the FA process relative to: initiation, assessment, professional opinion, report, and use of information.

We therefore will develop a FA research agenda to investigate issues of: safety, prevention, effectiveness, prognosis, testing, lived experience, cost effectiveness, etc.

### **Systematic Process** (changed title from Standardized Process)

We believe all parties throughout the McMaster FA Process Model should handle FAs systematically, consistently and with clarity of expectations. We will develop guidelines that articulate criteria for decision-making at each step of the McMaster Process Model.

### **Prevention**

We have a collective responsibility to eliminate all injuries and disease. We believe that FA's are one method that may be used to provide useful information to enable an individual's ability to function competitively and safely.

## **Collaborative Approach**

Collectively we have an equal responsibility to ensure that all defined stakeholders such as: injured persons, health care providers, advocates, employers, 3<sup>rd</sup> party insurers, and assessors are focused on achieving the central goal which is optimal functional recovery of the injured person.

## **Education**

To assist/develop ongoing consistent evidence based education to all stakeholders involved in the FA process.

## **Whole Person**

All stakeholders involved in the FA process will respect, appreciate, value and consider the physical psychological, emotional, cultural, developmental, socio-economic and spiritual complexity of the person in order to optimize function in the home, work and leisure environments, and in so doing, all in our society will benefit.

## **Assessor Competency**

The future all FAs will be performed by assessors who meet defined competency criteria to ensure these skills exist and to ensure a high standard of service and care.

## **Action Plan Reports**

After hearing the vision statements, participants were sent back to their theme groups for group action planning. Each group discussed their goals and outlined potential actions to achieve those goals. A convenor was selected to coordinate the group meeting again. On an action sheet, groups recorded membership, the convenor, next meeting date/time, a brief description of the theme area, initial plans for action with target dates and accountabilities. These Action Plan Reports are attached to this report.



Each group discussed their goals and outlined potential actions to achieve those goals.



Planning for action

### **Overall Follow-up Plan:**

Susan Strong and SueBaptiste advised participants that the McMaster FA Research Team's vision is to support the subgroups by providing infra structure, (e.g., providing places to meet, research materials) and coordination of group activities as needed. They will also be circulating a compilation of the day's action plans and also offered to visit with groups as a resource. The overall plan is to get back together again 6 months from now to learn of each other's accomplishments and assist each other with our plans. Participants were asked to note in their calendars **Wednesday, April 9, 2003**, as the tentative date for a one full day follow-up session held at McMaster University's Institute for Applied Health Sciences. March 26, 2003, is the back up date.

The conference will be evaluated by asking attendees to complete a questionnaire in the next few weeks by e-mail, fax or mail. Proceedings of today will be put together in a meaningful way to ratify the conference and will be sent out to everyone who attended. It is expected to be more of a process proceedings rather than an executive summary. The outcomes of themes/concerns should be evident. In addition, perhaps a newsletter will be initiated to keep everyone updated, etc. Sub-committee groups were encouraged to contact/meet with other sub-groups as deemed necessary.

The Future Search process will continue to be examined as a method of research dissemination. In about eight months, at a time convenient for you, you will be asked to participate in a repeat of the same 20-minute survey most of you participated in just before the conference by rating statements about the use of research and functional assessment practices.

### **Closing Comments & Reflections:**

- An injured worker stated he now feels better; feels that the whole system is working for the injured worker and he truly appreciates this and thanked everyone.
- By virtue of the fact that all stakeholders are present it looks that everyone does care and that is what everyone is looking for - best outcomes for injured workers as well as other injured people - there is commitment and speaks volumes to the necessity to push for better and better outcomes.
- A provider spoke that they now feel inspired to provide fair, humane assessments to return injured workers to their work/life.
- It was noted that a new kind of community was created here and it is hoped it continues to build. Expressed hope that everyone takes on the challenge as everyone returns to their work site: to reach out to talk with others perhaps who they have met here, to keep the lines of communication open. Thanked everyone for sharing.



## The Conference Team

### Design Team:

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### Research Team:

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Sue Baptiste  
Judy Clarke  
Marcos Costa  
Maureen Dobbins  
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### Recorder:

Sharon Ciralo

### Funders:



### Supporters:



## Conference Participants

**Agnes M. Agnelli**, *Executive Director*, Reability Occupational Therapy Inc.  
**Al Bieksa**, *Training Coordinator*, OFL/WCB Training Project, Ontario Federation of Labour  
**Annemarie Fei**, *Physiotherapist*, Orthocare Physiotherapy & Rehabilitation (LaSalle)  
**Ann-Marie Zwolak**, *Manager*, Workplace Safety & Insurance Board (WSIB)  
**Bonnie M. Greenwood**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
**Brenda Mallat**, *Ergonomist*, Occupational Clinics for Ontario Workers  
**Brent M. McDevitt**, *Occupational Therapist*, Ontario March of Dimes  
**Brian R. Harris**, *Physiotherapist*, Body Mechanics Physiotherapy  
**Carol M. Massey**, *Nurse Case Manager*, The Maritime Life Assurance Co.  
**Catherine J. Fenech**, *Worker Representative*  
**Catherine Painvin**, *Director, Clinical Services Branch*, Workplace Safety & Insurance Board (WSIB)  
**Cathy French**, *Programs Consultant, Income Security Programs*, Human Resources Development Canada  
**Christie L. Brenchley**, *Executive Director*, Ontario Society of Occupational Therapists (OSOT)  
**Claire Mallet**, *CNO & Director, Professional Practice*, Workplace Safety & Insurance Board (WSIB)  
**Colin J. Argyle**, *Project Coordinator*, OFL/WCB Training Project  
**Constanza Duran**, *Community Legal Worker*, Injured Workers Consultants  
**Craig T. Axler**, *Ergonomist*, Workplace Safety Insurance Board (WSIB)  
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**David F. Ure**, *Occupational Therapist*, Southwestern Rehabilitation Assessments  
**Dee J. Ferguson**, *Claims Adjudicator*, Workplace Safety & Insurance Board (WSIB)  
**Diane Padgett**, *Health Services Manager*, J. M. Schneider Inc.  
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**Dr. Arthur M. Porte**, *Physician*, Hamilton Hospital Assessment Centre  
**Dr. Ed Gibson**, *Medical Director*, The Hamilton Hospitals Assessment Centre  
**Dr. Gary Liss**, *Medical Consultant*, Ontario Ministry of Labour  
**Dr. Judy Trotter**, *Physiatrist*, The Hamilton Hospitals' Assessment Centre  
**Dr. Ted Crowther**, *Physician*, The Hamilton Hospitals' Assessment Centre  
**Erin McKenna**, *Director, Serious Injury Program*, Workplace Safety & Insurance Board (WSIB)  
**Fergal O'Hagan**, *Kinesiologist*, Alliance Rehabilitation Centres of Ontario (ARCO)  
**Gabriele M. L. Wright**, *Occupational Therapist*  
**Gloria M. Taylor-Boyce**, *Occupational Health & Safety Specialist*, Workers Health and Safety Centre  
**Gloria Schmuck**, *Manager (Link With Work) & Representative* (Ontario Physiotherapy Association), Ontario Physiotherapy Association  
**Gregory E. Johnson**, *Claims Adjudicator*, Workplace Safety & Insurance Board (WSIB)  
**Janet Reid**, *Claims Adjudicator*, Workplace Safety & Insurance Board (WSIB)  
**Jill Balfour**, *Manager, Best Practices Branch Prevention*, Workplace Safety & Insurance Board (WSIB)  
**Jill Bewer**, *Disability Management/Safety Specialist*, The TDL Group Ltd. (Tim Horton's)  
**Jill McLeod**, *Director*, Office of the Employer Advisor  
**JoAnne Piccinin**, *Professional Practice Leader, Physiotherapist*, Workplace Safety & Insurance Board (WSIB)  
**John Moore**, *Vice-Chair*, Workplace Safety Insurance Appeals Tribunal (WSIAT)  
**Jon Renwick**, *Systems Administrator*, Worker Representative & Harp Security  
**Joyceanne J. Melatti**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
**Judy Clarke**, *Research Associate*, Institute for Work & Health  
**Judy Kondrat**, *Community Legal Worker*, Industrial Accident Victims Group of Ontario (IAVGO)  
**Julie Capone**, *Claims Adjudicator*, Workplace Safety & Insurance Board (WSIB)  
**Julie E. Simard**, *Senior Occupational Health Administrator, Occupational Health Division*, Imperial Oil  
**Karen A. Raybould**, *Senior Ergonomist*, City of Toronto  
**Karen Zwolak**, *Claims Adjudicator*, Workplace Safety & Insurance Board (WSIB), Hamilton  
**Katharine I. Green**, *Co-Chair*, Injured Workers Group of Brantford  
**Kathy Smith**, *President*, Hamilton & District Injured Workers Group  
**Kenneth G. Stewart**, *Compensation and Benefits Consultant*, NRC Canada Ltd.  
**Kimberley Giavedoni**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
**Leah Lewis**, *Occupational Health Nurse*, Canada Post

**Leasa McLeod**, *Ergonomic Rehabilitation Consultant*, St. Joseph's Healthcare  
**Linda Simpson**, *Board Member*, Canadian Association of Rehab Professionals (CARP)  
**Lori Varty**, *Attendance Manager*, Bell Canada  
**Lorraine Stead**, *Physiotherapist*, The Spine & Joint Physiotherapy Centre  
**Lynn Porplycia**, *Disability Management Coordinator*, The Durham District School Board  
**Marcos Costa**, *Research Coordinator*, Work Function Unit, School of Rehabilitation Science, McMaster University  
**Margaret A. Murray**, *Kinesiologist*, Hamilton Hospitals' Assessment Centre  
**Margo Jory**, *Accident Benefits Claims Adjuster*, Co-operators  
**Mari Evans**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
**Maria de Eyre**, *Manager, Disability Management*, Dufferin-Peel Catholic District School Board  
**Mariane T. Mallia**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
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**Maureen Lachance**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
**Mervis White**, *National Representative*, C.U.P.E.  
**Michael M. Scratch**, *Secretary and WSIB Representative*, London Professional Fire Fighters Association  
**Michele Simmonds-Belanger**, *Occupational Therapist*, Hamilton Hospitals' Assessment Centre  
**Mike Docouto**, *Compensation Representative*, CAW, Local 707  
**Nancy J. Gowan**, *President*, Gowan Health Consultants  
**Nancy Shier**, *Nurse Case Manager*, Workplace Safety & Insurance Board (WSIB)  
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**Shirley A. Clement**, *Worker Adviser*, Office of the Worker Adviser  
**Stéphanie Houle**, *Case Manager*, Bell Canada, Disability Management Group - Montreal  
**Sue Baptiste**, *Assistant Dean, OT Programme*, School of Rehabilitation Science, McMaster University  
**Susan A. Domanski**, *Human Resources Specialist, O.T.*, Toyota Motor Manufacturing Canada Inc.  
**Susan James**, *Deputy Registrar*, College of Occupational Therapists of Ontario  
**Susan P. Fuciarelli**, *Operations Manager*, Workplace Safety & Insurance Board (WSIB)  
**Susan Strong**, *Assistant Clinical Professor*, School of Rehabilitation Science, McMaster University  
**Trevor Hawksby**, *Director, Continuing Ed. Standards Program*, Ontario Kinesiology Association (OKA)  
**Wally Devoe**, *National Representative*, Canadian Union of Public Employees (C.U.P.E.)  
**Zoe C. Robinson**, *Corporate Advocate & Staff Representative*, UFCW, Local 1000 A

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# **Group Action Plans:**

- **Research / EBP**
- **Systematic Process**
- **Prevention**
- **Collaborative Approach**
- **Education**
- **Whole Person**
- **Assessor Competency**



**Action Group:** Research / EBP

**Convenor:** Sue Baptiste

**Members:**

Al Bieksa (through email)	Arthur Porte (perhaps)	Bonnie Greenwood
Brent McDevitt	Greg Johnson	Jon Renwick
Kim Giavedoni	Leah Lewis	Leasa McLeod
Margaret Murray	Mari Evans	Martha Bauer
Sue Baptiste	Ted Crowther	

**Researcher Team Member:** Sue Baptiste

**Brief Focus Description:** Refer to vision statement

**Date of Next Meeting:** Wed., Oct 6, 7:30 p.m., at Mac

**Planned Action Steps, Target Dates and Accountabilities:**

1. To meet before end of October
2. To identify additional members:
  - Providers
  - Other payers
  - Advocates/injured workers
  - Adjudicators

**Resources needed:** e-mail

**Action Group:** Systematic Process

**Convenor:** Dianne Padgett

**Members:**

Ann-Marie Zwolak	Brian Harris	Carol Massey
Diane Padgett	Gabriele Wright	Judy Clarke
Karen Zwolack	Pat Lane	Stéphanie Houle
Susan Domanski	Susan James	Susan Strong
Wally Devoe	Tashlyn Chase	Pat Lane
Leasa McLeod	Susan Strong	

**Research Team Member:** Susan Strong

**Brief Focus Description:** We believe FAs should be handled systematically, consistently, and with clarity of expectations by all parties throughout the FA McMaster Process Model. We will develop guidelines that articulate criteria for decision making at each step of the McMaster Process.

**Date of Next Meeting:** Wed., Oct., 23, 9:00-11:00, IAHS 308

**Planned Action Steps, Target Dates and Accountabilities:**

1. Review McMaster Model (Susan to circulate report 4.9 Model & Conclusions)
2. Examine each step in FA Process re:
  - (a) What are the decisions made at each step and what information is needed?
  - (b) What are the basic essential expectations to be supported at each step? (building on McMaster Model)
  - (c) Who is responsible to deliver and initiate the basic expectations?
  - (d) Identify strategies for engaging key players (regulatory/policy).
  - (e) Liaise with Education Group.
  - (f) Have a draft ready for circulation and ratification at April 9th meeting.

**Resources Needed:**

Initiation:

- WSIB Chief Nursing Officer
- Auto Insurer (Margo)
- Dr. (Trotter)
- Worker Advocate & Legal (Shirley)

Report:

- Jill Trites

**Functional Assessment: A Time For Consensus, A Time For Change**

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**Action Group:** Prevention

**Convenor:** Susan Fuciarelli & Doug Richardson

**Members:**

Brenda Mallat	Doug Richardson	Gloria Taylor-Boyce
Greg Johnson	Jill Balfour	Joyceanne Melatti
Judy Clarke	Julie Capone	Lori Varty
Marianne Frkovic	MaryAnn Kaczmarek	Maureen LaChance
Nancy Shier	Richard Morrison	Rosemary Ciccarelli
Susan Fuciarelli		

**Research Team Member:** Judy Clarke

**Brief Focus Description:** We are going to look at uses of FA both NON/OC and how they address the prevention issue in relation to recurrence and new injury.

**Date of Next Meeting:** Nov. 7, 10:00 a.m. by teleconference

**Planned Action Steps, Target Dates and Accountabilities:**

1. Report back to our stakeholder groups
2. Collect existing FAs to review present triggers for prevention messaging
3. Identify and make recommendations to Standardization and Research groups
4. Develop a tool to assist in this process
5. Link with other groups to see how we could assist their process, to promote secondary prevention (reduce recurrent and prevent new injuries)
6. Have materials sent to make this work

**Long Term:**

- Use the flowchart process to assist us with identifying the areas during the process that we could impact in future.

**Resources Needed:** designate members' need to link up with other group members

**Functional Assessment: A Time For Consensus, A Time For Change**

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**Action Group:** Collaborative Approach

**Convenor:** Judy Trotter

**Members:**

Annemarie Fei	Craig Axler	David Di Gregorio
Janet Reid	Judy Trotter	Marcos Costa
Maria de Eyre	Marianne Mallia	Michael Scratch
Zoe Robinson		

**Research Team Member:** Marcos Costa

**Brief Focus Description:** To promote collaboration among all stakeholders.

**Date of Next Meeting:** Nov. 28, 2002, Work Function Unit, at 1 p.m.

**Planned Action Steps, Target Dates and Accountabilities:**

1<sup>st</sup> Steps:

1. Go to professional organizations, associations, etc. to make them aware of need to collaborate re: FA process
2. Bring feedback to next meeting
3. I.D. current roadblocks to collaboration and opportunities for improvement

Longer Term Goal:

- Provide literature (newsletter, flyer etc) Stressing need for collaborative effort and value of working together

**Resources needed:** *none listed*

**Functional Assessment: A Time For Consensus, A Time For Change**

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**Action Group:** Education

**Convenor:** Nancy Gowan

**Members:**

Bertram Franklin	Cathy French	Chris McDonald
Collin Argyle	Constanza Duran	Dec Ferguson
Elizabeth Fox	Esther Hadida	Kim Mendonca
Margo Jory	Nancy Gowan	Patricia Coates
Susan Strong		

**Research Team Member:** Susan Strong

**Brief Focus Description:** To assist/develop ongoing consistent evidence based education to all stakeholders involved in the FA process. Through a variety of delivery methods/tools we will increase awareness and understanding of FAs.

**Date of Next Meeting:** Nov. 1, 10:00 a.m.

**Planned Action Steps, Target Dates and Accountabilities:**

1. Identify your stakeholder group
2. Outline who the stakeholder group is, how to access the stakeholder group, what means of communication may be best for the stakeholder group.
3. Identify the learning needs of the stakeholder group
4. Meeting November 1, 2002 at 10:00 am at IAHS - specific room number to be confirmed
5. At the meeting we will review each members stakeholder group information, identify ways to clearly define the educational needs of the stakeholder group
6. Set learning objectives for each of the stakeholder groups
7. Develop a communication piece for all the stakeholder groups regarding the Future Search Conference and the outcomes to be recognized as a result of the conference.

**Resources Needed:**

- Meeting place
- Team members from all stakeholder groups
- Liaising with every other group

**Functional Assessment: A Time For Consensus, A Time For Change**

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**Action Group:** Whole Person

**Convenor:** Fergal O'Hagan (until Dec 31/02)

**Members:**

Ed Gibson	Erin McKenna	Fergal O'Hagan
Gloria Schmuck	Jill McLeod	JoAnne Piccinin
Jon Renwick	Judy Kondrat	Karen Raybould
Lorraine Stead	Lynn Porplycia	Marcos Costa
Mary Rosset	Mervis White	Shirley Clement

**Research Team Member:** Marcos Costa

**Brief Focus Description:** by Dec 31, a) produce a values statement, and b) compile examples of holistic practice. Create a document for dissemination to stakeholders and FA providers and influence whole person approach to FA practice.

**Date of Next Meeting:** Nov 7 at 3:00 p.m. by teleconference (Convenor: Jill McLeod, OEA)

**Planned Action Steps, Target Dates and Accountabilities:**

1. Email to all: a) positive stories, and b) examples of where FA was not useful, with constructive suggestions
2. Circulate sample values statement by email
3. Review next steps after Dec 31

**Resources Needed:**

- Nov. 7: board room, teleconference facilities
- Later: meeting space in Oakville (mid-point of travel)

**Action Group:** Assessor Competency

**Convenor:** David Ure

**Members:**

Brent McDevitt	Christine Brenchley	David Ure
Linda Simpson	Margaret Murray	Martha Bauer
Mike Docouto	Shiranie Dissanayake	Sue Baptiste
Trevor Hawksby		

**Research Team Member:** Sue Baptiste

**Brief Focus Description:** Our vision is that in the future all FAs will be performed by assessors who meet defined competency criteria to ensure these skills exist and to ensure a high standard of service and care.

**Date of Next Meeting:**

**Planned Action Steps, Target Dates and Accountabilities:**

1. To review McMaster Model and summary of conference and establish competency identifiers, by Dec 31/02.
2. Preliminary scan of environment to establish the requirements for training/standards of practice (DACs, Tools, review court decisions regarding competency), by March 3/03
3. Suggested base competency criteria and send internally to working groups from the conference and then to stakeholders for comment - by June 3/03 (or by next meeting of working groups in spring 2003)
4. Develop suggested base-competency criteria and send to internal working groups from conference for feedback (time-line: June/03).

**Long Term Goals:**

- Test guidelines in community and get feedback
- Develop a training outline

**Resources needed:** none listed

**Functional Assessment: A Time For Consensus, A Time For Change**

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