

## **Safety and Health Investment Projects FINAL REPORT REQUIREMENTS**

The purpose of the final report of your SHIP project is to:

1. Evaluate and document the achievements, challenges, and shortcomings of the project for the constructive benefit of others interested in learning from SHIP projects; and
2. Provide the Division of Occupational Safety and Health with information that shows:
  - a. The outcomes specified in the project application were met; and
  - b. The grant was used for the purpose(s) for which it was approved and in accordance with relevant WAC rules and any special conditions or requirements; and
  - c. The outputs of the project have been disseminated as specified in the application.

The report format has four sections:

1. Cover Sheet
2. Narrative Report (part I)
3. Financial Information (part II)
4. Attachments (part III)

Please provide complete and detailed information in the final report. If you have questions, please call your SHIP grant manager.

**REMINDER!!:** All products produced, whether by the grantee or a subcontractor to the grantee, as a result of a SHIP grant are in the public domain and can not be copyrighted, patented, claimed as trade secrets, or otherwise restricted in any way.

# SAFETY AND HEALTH INVESTMENT PROJECTS FINAL REPORT

Task Assessment Video Aids to Promote Appropriate Early Return to Work in Specific  
Construction Trades  
2013RA00228  
2013-2015

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Washington State Building Trades Council/Northwest Association for Occupational &  
Environmental Medicine

26 January 2016

Dr Robin Griffiths



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Washington State Building Trades Council is solely responsible for the content of and views expressed in this report and related materials unless they have been formally endorsed by the Washington State Department of Labor and Industries.

# PART I

## *Narrative Report*

**Abstract:**

Present a short overview of the nature and scope of the project and major findings (less than half a page).

There is a perception that a lack of understanding of job task demands on the part of treatment providers is delaying return to work certification for injured construction workers. With oversight from a multidisciplinary Steering Group, five 5 minute videos on work demands and potential accommodations were developed using volunteers from appropriate apprentice schools. Trades chosen were electricians, plumbers, sheet metal workers, iron workers and general laborers. A web site was developed hosted by Washington State Building Trades Council, and the videos were embedded in a Moodle Learning Management System. The Washington State Medical Association granted CME accreditation via the Northwest Association of Occupational & Environmental Medicine, who also provided publicity for the program. The CME activity was free to registrants but accreditation by WSMA required an additional fee.

Promotion through the LNI Preferred Providers Network was limited but participation across the State and elsewhere was strong. As at January 2016, 4,000 participants had taken part; however, few applied for WSMA accredited CME.

**Purpose of Project:**

The purpose of the project was to inform treatment providers about healthy work in the construction industry for injured workers on a graduated return to work program.

**Statement and Evidence of the Results:**

The intended result was to raise the level of awareness amongst treatment providers in Washington State about the effect of work-related musculoskeletal injuries on activities at work, so that the Activity Prescription Form could be completed more accurately and more informed advice given to injured construction workers. It was not considered possible to evaluate the effect on the APF completion, as LNI had started a number of return to work initiatives during the study period, and it was hoped to conduct focus groups with participants.

## Measures to Judge Success:

Google Analytics were used to capture data on utilization:

- 3,963 users were engaged in 4,248 sessions, with
- 6,756 page views (93% were new users).
- The median viewing time was one minute
- 420 participants engaged with materials for more than one minute and 70 for more than 10 minutes.
- 99% of participants used a laptop or desktop, 1% using a mobile device to access materials. Most (86%) participants used Google Chrome; information on how users linked to the site is not available.
- 36.5% of users were based in the USA, of which 2% were recorded as being located in Washington State.
- Of the data collected 42% came from users whose city of residence was not recorded but likely in the USA, 36.5% could be directly attributed to individuals in Washington State, due to who was marketing the information.

It is expected that a higher proportion of WA users would have been participants had LNI provided publicity for the program to the Preferred Providers Network as promised, but this did not occur, for unknown reasons. The lack of participation of LNI from the PPN and Ortho-Neuro Pilot groups was a significant barrier to the effectiveness of the project; support for online learning is not universal across LNI, and an entity strategy on education and training that included online learning might provide quite different outcomes.

13 participants completed the program, but none of these volunteered to be part of a Focus Group, and these were not convened. No participant applied for online CME credits. This appears to be similar to findings from other online CME programs in that uptake remains low for programs requiring extended engagement and purchase of CME credit, and that other forms of CME (face to face or free online CME) are preferred.

The CME activity was accredited by the Washington State Medical Association through a joint application with NAOEM; the CME activity has received a further one year of accreditation based on positive responses from NAOEM members to the pilot project. It was thought to be worthwhile and a way of changing perceptions on how best to access CME material, but this is an iterative process, and will take time to change treatment providers reluctance to engage in online education.

Attitudinal and behavioral change takes time and my experience with online education outside the US is that students only gain an understanding of the benefits of online learning once they have had the benefit of taking risks with pilot projects such as this. What was apparent was the engagement with treatment provider groups with whom I met on the importance of learning about task demands and job modification for injured construction workers. This engagement was important in our application for renewal of our CME accreditation and a renewed request to LNI to promote this learning tool to its COHE and PPN members, and the Ortho-Neuro group.

### **Relevant Processes and Lessons Learned:**

1. Wide consultation with employers and treatment providers across WA confirmed the literature evidence that lack of expertise and knowledge of the work and workplace is a significant barrier to promoting graduated early return to work for injured workers.
2. My expertise and experience as a medical school distance educator and occupational physician with an interest in return to work helped to draw together the various professions involved
3. We learned the importance of being highly consultative, and as Project Manager, I met with all involved health professional groups to ascertain knowledge gaps and perceived learning needs; this helped with profiling the program. It also helped me to understand occupational health practice in Washington and its specific needs; I would like to continue to be involved in other ways of promoting return to work in Washington State.
4. The Department of Labor & Industries is unique in the USA in its approach to promoting best practice amongst occupational health providers through COHEs, the Preferred Provider Network, research at SHARP, and provider education.
5. Cooperation with Washington State Building Trades Council was vital in terms of industry knowledge and obtaining access to the apprentice schools for videography; a clearer definition of roles and relationships, and channels for communication when staff changed would have enable the project to have been given strong advocacy amongst the industry as well as amongst the treatment provider community.
6. The LNI SHIP team were incredibly supportive and patient, and helped WSBTC with provision of information required for reporting
7. We were surprised that treatment providers were not sufficiently motivated to pay the \$25 for accredited CME points through WSMA; when we discussed this with the CME Director at the UW Department of Occupational & Environmental Health Sciences, they had a similar disinterest in online CME.
8. My impression is that treatment providers accessed the platform, either out of curiosity or when they were searching for online resources on promoting graduated return to work for injured construction workers; this would explain the high hit rate from outside WA, and the low rate of CME applications. It would suggest that making this more easily available as a “just in time” resource for treatment providers would achieve the treatment providers’ and funder’s goals of promoting more informed RTW advice but not meeting a less intense need for CME points
9. We were disappointed in the lack of feedback from users; registrants wanted to access online materials as easily and quickly as possible, but did not want to take part in evaluation.
10. The development of online CME resources stimulated significant interest from those groups with whom we consulted. NAOEM in particular were very active in promoting and publicizing the program, and personal responses from members were very positive; it also helped spark interest in NAOEM members about what their CME needs were.

**Product Dissemination:**

Outline of how the products of the project have been shared or made transferrable.

The videos are available open source under the Collective Commons provisions, and can be downloaded directly from the Learning Management System. It is hoped that this material will be used widely for apprentice schools, primary care organisations and professional organisations. The expertise and experience of the pilot staff could inform other industry organizations contemplating similar educational offerings.

**Feedback:**

Provide feedback from participants, trainees, individuals who have used your products/processes, as well as any reports from an independent evaluator on the project.

A number of postgraduate students, all registered health professionals, evaluated the videos and website as part of beta testing. The feedback was unanimously positive in that the materials were relevant, interesting and dynamic, and the information provided comprehensive and accurate.

**Project's Promotion of Prevention:**

Explain how the results or outcomes of this project promote the prevention of workplace injuries, illnesses, and fatalities?

Return to Work is a secondary prevention activity that reduces the consequences of workplace injury rather than preventing accidents. LNI report that treatment providers do not certificate injured workers back into work with accommodations in terms of working hours or work times frequently enough or early enough. By providing information to treatment providers on those aspects of construction job roles that could cause reinjury or aggravation of symptoms, the videos promote effective, timely and appropriate advice on graduated return to work programs following workplace injury.

Research evidence indicates that an improved understanding of potential work accommodations promotes earlier return to work advice, more appropriate recommendations about suitable modified or limited duties, and work that is potentially injurious. The videos demonstrated the task demands and likely work environments that may be unsuitable or unsafe for injured workers with functional limitations. Treatment providers using the videos improved their understanding of the nature of work in the five included trades, and were better informed about realistic recommendations that would support early, graduated return to work programs.

**Uses:**

1. Treatment provider organisations can encourage their staff who have responsibilities for recommending graduated return to work to participate in training on work demands and modifications
2. Training organisations can use these videos to demonstrate to apprentices who are more at risk of workplace injury that there are appropriate return to work accommodations that are consistent with worker health and safety in a graduated return to work program
3. Employer groups can use videos to promote graduated return to work in experienced workers
4. LNI can use this to educate its RTW coordinators on work accommodation opportunities, and promoting the use of the videos in educational programs across the Preferred Provider Network and COHEs.

Is there potential for the product of the project to be used in other industries or with different target audiences? The concept is one that has now been tested, and the videos may be of use to apprentice schools, employer groups and others in the construction industry, and as a strategic approach to aligning provider understanding to patient needs for injured workers in other industries.

**Organization Profile:**

For awarded organizations, to include partners and collaborators, provide a brief description of each organization. Mission, vision, and purpose for each of the organizations who applied (this includes partners and collaborators) for the grant.

## Additional Information

<p><b>Project Type</b></p> <p><input type="checkbox"/> Best Practice</p> <p><input type="checkbox"/> Technical Innovation</p> <p><input type="checkbox"/> Training and Education Development</p> <p><input type="checkbox"/> Event</p> <p><input type="checkbox"/> Intervention</p> <p><input type="checkbox"/> Research</p> <p>X Return to Work</p> <p><input type="checkbox"/> Other (Explain):</p>	<p><b>Industry Classification</b> (check industry(s) this project reached directly )</p> <p><input type="checkbox"/> 11 Agriculture, Forestry, Fishing and Hunting</p> <p><input type="checkbox"/> 21 Mining</p> <p><input type="checkbox"/> 22 Utilities</p> <p>x 23 Construction</p> <p><input type="checkbox"/> 31-33 Manufacturing</p> <p><input type="checkbox"/> 42 Wholesale Trade</p> <p><input type="checkbox"/> 44-45 Retail Trade</p> <p><input type="checkbox"/> 48-49 Transportation and Warehousing</p> <p><input type="checkbox"/> 51 Information</p> <p><input type="checkbox"/> 52 Finance and Insurance</p> <p><input type="checkbox"/> 53 Real Estate and Rental and Leasing</p> <p><input type="checkbox"/> 54 Professional, Scientific, and Technical Services</p> <p><input type="checkbox"/> 55 Management of Companies and Enterprises</p> <p><input type="checkbox"/> 56 Administrative and Support and Waste Management and Remediation Services</p> <p><input type="checkbox"/> 61 Educational Services</p> <p>x 62 Health Care and Social Assistance</p> <p><input type="checkbox"/> 71 Arts, Entertainment, and Recreation</p> <p><input type="checkbox"/> 72 Accommodation and Food Services</p> <p><input type="checkbox"/> 81 Other Services (except Public Administration)</p> <p><input type="checkbox"/> 92 Public Administration</p>														
<p><b>Target Audience:</b> Treatment Providers</p>															
<p><b>Languages:</b> English</p>															
<p><b>Please provide the following information - -</b> (information may not apply to all projects)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 2px;"># classes/events:</td> <td style="width: 60%;"></td> </tr> <tr> <td style="padding: 2px;"># hours trained</td> <td></td> </tr> <tr> <td style="padding: 2px;"># students under 18</td> <td></td> </tr> <tr> <td style="padding: 2px;"># workers</td> <td></td> </tr> <tr> <td style="padding: 2px;"># companies represented</td> <td></td> </tr> <tr> <td style="padding: 2px;"># reached (if awareness activities)</td> <td></td> </tr> <tr> <td style="padding: 2px;"><b>Total reached</b></td> <td></td> </tr> </table>	# classes/events:		# hours trained		# students under 18		# workers		# companies represented		# reached (if awareness activities)		<b>Total reached</b>		<p><b>List, by number above, industries that project products could potentially be applied to.</b></p> <p>23</p>
# classes/events:															
# hours trained															
# students under 18															
# workers															
# companies represented															
# reached (if awareness activities)															
<b>Total reached</b>															
<p><b>Have there been requests for project products from external sources?</b> There have been a number of users from outside Washington State</p> <p><i>If Yes, please indicate sources of requests:</i></p>	<p><b>Potential impact (in number of persons or companies) after life of project?</b></p>														

## PART II

### *Financial Information Budget Summary*

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**Project Title:** Task Assessment Video Aids to Promote Appropriate Early Return to Work in Specific Construction Trades

**Project #:** 2013RA00228

**Report Date:** 26 January 2016

**Contact Person:** Robin Griffiths

**Contact #:** +64-21-620148

**Start Date:** 1 July 2013

**Completion Date:** December 2015

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<b>1.</b>	<b>Total original budget for the project</b>	\$ <u>\$151,750.10</u>
<b>2.</b>	<b>Total original SHIP Grant Award</b>	\$ <u>\$151,750.10</u>
<b>3.</b>	<b>Total of SHIP Funds Used</b>	\$ <u>125832.63</u>
<b>4.</b>	<b>Budget Modifications (funds returned)</b>	\$ <u>25918.67</u>
<b>5.</b>	<b>Total In-kind contributions</b>	\$ <u>0000</u>
<b>6.</b>	<b>Total Expenditures (lines 3+4+5)</b>	\$ <u>125832.63</u>

#### Instructions:

- Complete the Supplemental Schedule (Budget) form first (on the next page).
- The final report must include all expenditures from date of completion of interim report through termination date of grant.
- Indicate period covered by report by specifying the inclusive dates.
- Report and itemize all expenditures during specified reporting period per the attached supplemental schedule.
- Forms must be signed by authorized person (see last page).
- Forward one copy of the report to **Grant Manager Name, SHIP Grant Manager at PO Box 44612, Olympia, WA 98504-4612**

**PART II (Continued)**  
**Financial Information**  
**Supplemental Schedules (Budget)**

Project Title:	Task Assessment Video Aids to Promote Appropriate Early Return to Work in Specific Construction Trades		
Project #:	2013RA00228	Report Date:	26 January 2016
Contact Person:	Robin Griffiths	Contact #:	+64-21-620148
Start Date:	1 July 2013		

**ITEMIZED BUDGET:** How were SHIP award funds used to achieve the purpose of your project?

	Budgeted for Project	Amount Paid Out	Difference
<b>A. PERSONNEL</b>	31,568.00	32,144.59	-576.59
Explanation for Difference and other relevant information: Steering group membership			

	Budgeted for Project	Amount Paid Out	Difference
<b>B. SUBCONTRACTOR</b>	102,887.00	31,506.50 Instructovision 27,226.60 Otago 23,521.16 WSBTC 6751.16 Catalyst 507.50 Jack Straw	+20,125.24
Explanation for Difference and other relevant information: Videographer and voiceover			

	Budgeted for Project	Amount Paid Out	Difference
<b>C. TRAVEL</b>	4,063.00	4,091.90	-28.90
Explanation for Difference and other relevant information:			

	Budgeted for Project	Amount Paid Out	Difference
<b>D. SUPPLIES</b>	1000	1030.40	-30.40
Explanation for Difference and other relevant information: CME accreditation with WSMA			

	Budgeted for Project	Amount Paid Out	Difference
<b>E. PUBLICATIONS</b>	510.00	590.53	-80.53
Explanation for Difference and other relevant information: Website editing			

	Budgeted for Project	Amount Paid Out	Difference
<b>F. OTHER</b>	0		0
Explanation for Difference and other relevant information:			

	Budgeted for Project	Amount Paid Out	Difference
<b>TOTAL DIRECT COSTS</b>	151,750.10	125832.63	25918.67
<b>TOTAL INDIRECT COSTS</b>	0	0	0
<b>TOTAL SHIP BUDGET</b>	151,750.10	125832.63	25918.67

	Budgeted for Project	Amount Paid Out	Difference
<b>G. IN-KIND</b>	00	0	0
Explanation for Difference and other relevant information:			

I hereby certify that the expenditures listed on this report were made with my approval:

26 January 2016



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Date

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Signature of Project Manager

PART III  
***Attachments:***

Provide resources such as written material, training packages, or video/ audio tapes, curriculum information, etc. produced under the grant.

Also include copies of publications, news releases, curriculum, posters, brochures, etc.

**The above information should also be provided on a CD or DVD for inclusion in the file.**

- DVD: must be in an MP4 format  
Other video files must be provided in uncompressed source files.
- Publications:  
PDF of publication should be provided. SHIP also needs the original publishing documents (design documents), .eps, and .psd (if any illustrations/graphics are used)

**REMINDER!!:** All products produced, whether by the grantee or a subcontractor to the grantee, as a result of a SHIP grant are in the public domain and can not be copyrighted, patented, claimed as trade secrets, or otherwise restricted in any way.