OCCUPATIONAL HEALTH BEST PRACTICES
WORKING TOGETHER TO KEEP PEOPLE WORKING

Washington State Department of Labor & Industries

Readiness Assessment Index for Occupational Health Best Practices

Measuring the Organization and Delivery of Care for Injured Workers

Instructions and Methods: The Industrial Insurance Chiropractic Advisory Committee (IICAC) adapted this Readiness Assessment Index (RAI) to assess readiness and capacity to assist smaller practices to incorporate occupational health best strategies into routine workflows.[1,2] Industrial Insurance Medical Advisory Committee endorsed the 2020 update to include opioid prescribing best practices. This self-guided quality improvement assessment identifies existing strengths as well as opportunities to enhance providers' capacity to provide high quality, efficient care for injured workers. Incorporation of these building blocks also helps to reduce the 'hassle' of dealing with workers' compensation and provides the kind of customer service employers seek when one of their employees is hurt on the job. This assessment, along with IICAC's other occupational health best practice resources can be found online.
practice

Readiness Assessment Index (RAI) Content:

This RAI is organized into six Building Blocks consistent with models that have been successfully employed across primary care and specialty settings to improve outcomes for diabetic care, pain management, behavioral health, cardiovascular care, among others. L&I adopted this model for its best practices initiatives (e.g., COHE's, surgical best practices, collaborative care). IICAC has tailored this similarly to fill gaps for smaller general practice settings, (that see the majority of injured workers in WA) but may not have the resources and infrastructures of larger practice settings. Each building block offers opportunities for your practice to become a "Go To" resource for care of injured workers.

- Building Block 1: Leadership & Consensus – 2 Objectives/Measures
- Building Block 2: Standardize Practice Workflows - 12 Objectives/Measures
- Building Block 3: Routine Practice Performance Measures – 3 Objectives/Measures
- Building Block 4: Planned Patient Centered Visits – 3 Objectives/Measures
- Building Block 5: Caring for Urgent and/or Complex Injuries – 3 Objectives/Measures
- Building Block 6: Measuring Success and Quality with Occupational Health Conditions (OHC) – 3 Objectives/Measures

Rating the Measures for Preparedness:

- ☐ **Not Prepared** – Select when there is no understanding of or familiarity with the measure, no recognition within existing policies/processes, or no performance expectations.
- ☐ **Moderately Prepared** – Select when there is some understanding/appreciation of the relevance of the topic for quality care, but no explicit incorporation into staff training and clinic workflows.
- ☐ **Highly Prepared** – Select when the measure is recognized as important and can be readily incorporated into existing clinic policies, workflows, staff training, and staff competency/performance assessments.
- ☐ **Actively Performing** – Select when already embedded in existing policies, workflows, job descriptions, staff training, clinic workflows, and performance evaluations.

Survey Instructions:

1. Select ☑ one level from *Not Prepared, Moderately Prepared, Highly Prepared* or *Actively Performing*, for each objective/measure (check one).
2. In the last column, indicate how important you think the objective/measure would be for your clinic to work on in order to become a go-to resource for injured workers and their employers. Rate as a *low, medium* or *high* priority (check one).
3. Check if the practice will assign an Action Plan. Designate (now or later) the 3 W's in far-right column for selected objectives:
   - WHO – who in the practice takes lead to advance this objective/measure, who in the practice will assist on this task
   - WHAT – what aspect of objective/measure is to be advanced, and to what goal (level of preparedness to actively performing)
   - WHEN – when is this task to be completed, including intermediate milestones

Discussion of next steps:

- Team commitment to improve processes
- Identify specific measures that are opportunities to make improvements based on priority, preparedness, ease of implementation/improvement, and timing of opportunity
- Enhance training and education around best practice content, implementation, and continuous improvement
- Run a test – Select a recently released occupational health best practice, practice resource or job aid and develop an implementation plan with the goal of achieving the ACTIVELY PERFORMING status on that new tool. Evaluate performance at staff meetings monthly while observing factors of staff performance and effects on patient/claim outcomes
- Translate experience with additional resources and tools to broaden clinic's capacity to address recognized best practices for delivering high quality care for injured workers
- Based on your successes, become an advocate for 'readiness', a resource to your peers, and a leader in your community of healthcare toward the best possible care and outcomes for injured workers

[1] **Adapted from**: Polello JM, Hansen DT, Keeney BJ, Conrad DA, Weeks DL. Poster: *Development of an Inventory to Assess Primary Care Practice Readiness for Diabetes Care Coordination*. Academy Health Symposium, Seattle, WA June 2011. **Validated in**: Weeks DL, Polello JM, Hansen DT, Keeney BJ, Conrad DA. *Measuring Primary Care Organizational Capacity for Diabetes Care Coordination: Development of the Diabetes Care Coordination Readiness Assessment*. *J of General Internal Medicine / Springer* July 30, 2013.

[2] McColl MA, Short S, Godwin M, et al. Models for integrating rehabilitation and primary care: A scoping study. Arch Phys Med Rehabil 2009;90:1523-31.

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
Building Block 1 Leadership & Consensus Practice-wide consensus to assure injured workers: • Are empowered to engage in their own recovery • Receive evidence-based care that is effective for functional improvement and return to work • Care is coordinated with their workplace and other needed support resources • Key implementation considerations: Provider and non-provider leadership; Stewards managing change; Continuing transformation; Recognition for high adoption					
1.1 Leadership Prioritizes & Emphasizes Occupational Health as a Core Practice Focus	No strategic focus exists on occupational health in written practice policies, staff training or practice performance metrics ☐	Practice infrastructure considers occupational health best practices in practice policies, practice workflows, staff training and employee/provider performance assessment ☐	The practice infrastructure and management includes emphasis and priorities around occupational health best practices in their policies, workflows, staff training and performance assessment ☐	Practice has a mature infrastructure and management plan around occupational health best practices, including practice workflows, staff training and competencies, and performance assessment ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High ❍ **Assign Action Plan:** Who: What: When:
1.2 Establish Practice Culture Facilitating Patient Engagement, Activity, Early Return-To-Function Including RTW Leadership focus on best practice strategies for recovery, functional goal setting and progress tracking, addressing psychosocial barriers in addition to core practice interventions	No written workflows exist to reinforce recovery expectations and return to work goals ☐	Workflows developed for: • Communicating and reinforcing recovery expectations and return to work goals • Mitigation steps for provider when factors are present that influence recovery ☐	Workflows developed for: • Communicating and reinforcing recovery expectations and return to work goals • Mitigation steps for provider when factors are present that influence recovery. • Staff training regarding communication of recovery expectations ☐	Workflows and training sequences are in place for: • Communicating and reinforcing recovery expectations and return to work goals • Mitigation steps for provider when factors are present that influence recovery • Staff training regarding communication of recovery expectations and staying active ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High ❍ **Assign Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
Building Block 2 Standardize Practice Workflows Implement written policies, patient agreements, and office workflows: • That assure accurate and timely communication with employers, adjudicators and others upon whom successful recovery relies • Routinely capture metrics to assure occupational best practices are maintained • To facilitate care that is documented, safe, effective and evidence-based					
2.1 **Initial Report of Accident** Written workflows determine correct form for State Fund - *Report of Accident* (ROA) or Self Insured - *Physician Initial Report* (PIR) is accurately completed and submitted within 2 business days. Interpreter Services	ROA/PIR completion is the responsibility of the attending provider and is usually done within the legally mandated 5 business days ☐	Practice workflows • Assure completion and submission of ROA/PIR within 2 business days • Language preference is accommodated ☐	Practice workflows • Assure completion and submission of ROA/PIR within 2 business days • Routinely check accuracy & quality prior to submission ☐	Practice workflows • Assure completion and submission of ROA/PIR within 2 business days • Routinely check accuracy and quality prior to submission • Responds to feedback scorecards, as appropriate • Includes ongoing staff training and performance assessments ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.2 **Coordination of Care** Written policies/workflows for communication & coordination of care across multiple providers.	Care coordination: • Is discretionary based on individual provider practices and preferences • Referrals are recommended to the patient who is expected to schedule them themselves ☐	Consistency across the practice in care for injured workers is encouraged including • Standardized workflows utilized across practice • Routine communication and coordination with other care givers • Support staff have defined roles in assuring coordinated care ☐	Consistency across the practice in care for injured workers is expected including • Standardized workflows utilized across practice • Written referrals are used for PT, specialty consultation, etc. • Care goals, progress and roles are proactively shared with other care givers • Support staff are trained in their roles in assuring coordinated care ☐	Consistency across the practice in care for injured workers is expected including • Standardized workflows utilized across practice • Written referrals are used for PT, specialty consultation, etc. • Care goals, progress and roles are proactively shared with other care givers • Support staff are trained in their roles in assuring coordinated care • Tickler system to follow up with other providers of progress of care (phone, written request, etc.) ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
2.3 **Patient Documentation Quality and Retrievability** Charting follows required minimum standards (POMR, SOAP) and is retrievable and transferable to authorized recipients Documentation Resource	Patient records are paper based. • Health record information is processed and transferred manually ☐	Electronic recording of patient data is limited to billing & scheduling. • Health record information is processed and transferred manually • Data may be retrieved by diagnostic codes in relation to billing and scheduling ☐	Electronic Health Records are utilized routinely in the practice. • Health record information can be processed and transferred electronically and securely • Data system identifiers capture occupational health conditions • Occupational cases data are regularly monitored for outcomes and quality of care ☐	Electronic Health Records are utilized routinely in the practice and all information transfer is done electronically. • Health record information is processed and transferred electronically and securely • Data system identifiers capture occupational health conditions • Occupational cases data are regularly monitored for outcomes and quality of care (e.g., functional improvement/RTW, satisfaction and cost) ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.4 **Tracking Functional Improvement & RTW** Functional limitation due to injury (including work status) documented at intake and at functional improvement progress assessed at regular intervals Documenting Functional Improvement Resource	Functional outcomes are not considered by AP or staff ☐	• Importance of functional progress is appreciated by AP and office staff • Functional status documented in chart at baseline ☐	• Importance of functional progress is appreciated by AP and office staff • Functional status documented in chart at baseline • Functional Outcomes Assessments (FOA) are tracked, correlated and verified in chart ☐	• Importance of functional progress is appreciated by office staff • Functional status documented in chart at baseline • FOA are tracked, correlated and verified in chart • FOA are Built into and tracked within the EHR ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.5 **Staff Training** Care team is trained on best practices in work injury care and RTW. Includes continuous improvement of knowledge and skills; optimize workflow management to address injured worker care.	Orientation to internal office practices, procedures and policies is provided to all staff ☐	Staff training: • Regularly includes/addresses information on quality care for patients with work-related conditions. ☐	Staff training: • Regularly includes/addresses information on quality care for patients with work-related conditions • Occupation health best practices information is available and retrievable by all staff ☐	Staff training: • Regularly includes/addresses information on quality care for patients with work-related conditions • Occupation health best practices information is regularly accessed by all staff ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
2.6 **Employer Contact** Work flow exists for employer of injury (or representative) to be contacted by the Attending Provider (AP) on the initial visit with any time loss or work accommodation prescription (light duty).	Employer contact is left up to individual discretion of provider ☐	Procedures and workflows encourage: • Telephone contact with employer of injury (or representative) by AP when patient can't return to job-of-injury unrestricted ☐	Procedures and workflows assure: • Rapid telephone contact with employer of injury (or representative) by AP when patient cannot return to job-of-injury unrestricted, ideally with patient present • Employer conversation includes recovery expectations, RTW goals, review of RTW options. Conversation summary is entered into chart ☐	Procedures and workflows assure: • Rapid telephone contact with employer of injury (or representative) by AP when patient cannot return to job-of-injury unrestricted, ideally with patient present • Employer conversation includes recovery expectations, RTW goals, review of RTW options • Conversation summary is entered into chart • Employer contact information is retrievable for practice performance purposes ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.7 **Optimize Your Practice to Work with Employers** The practice has a process to integrate current occupational health tools and job aids to work with employers: Employer Contact Resource Employer Notification Letter Attending Providers Resource Center Return to Work Assistance Assistance With Self-Insured Employers	No formal policies or resources are in place for working with injured workers employers. ☐	Workflows are developed to consider occupational health tools and job aids to work with employers: **Employer Contact Resource for AP's Office** **Notice to Employer of Injured Worker Assessment & Treatment** **Attending Providers Resource Center** **Return to Work Assistance for Employers** **Information and Assistance with Self-Insured Employers** ☐	Workflows are in place and all staff have access and are trained to utilize occupational health tools and job aids to work with employers: **Employer Contact Resource for AP's Office** **Notice to Employer of Injured Worker Assessment & Treatment** **Attending Providers Resource Center** **Return to Work Assistance for Employers** **Information and Assistance with Self-Insured Employers** ☐	Procedures and training for timely integration of practice tools and job-aids are in place and includes: • Ongoing staff training • Performance assessments **Employer Contact Resource for AP's Office** **Notice to Employer of Injured Worker Assessment & Treatment** **Attending Providers Resource Center** **Return to Work Assistance for Employers** **Information and Assistance with Self-Insured Employers** ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.8 **Activity Prescription Form (APF)** Work flows exist for timely and accurate completion and communication of the APFs on the initial and subsequent visits with any change in work status. Activity Prescription Form (APF)	Staff are aware of APFs but specific workflows office policies are **NOT** in place to assure: • Timely, accurate completion and submission to L&I and the employer when job restrictions are needed ☐	Procedures and workflows developed for APFs to assure: • Timely, accurate completion and submission to L&I and the employer when job restrictions are needed initially • Whenever work status changes ☐	Procedures and workflows for APF are in place to assure: • Timely, accurate completion and submission to L&I and the employer when job restrictions are needed initially • Whenever work status changes • APF is reviewed with patient (talking points on back of APF) ☐	Procedures and workflows for APF are in place to assure: • Timely, accurate completion and submission to L&I and the employer when job restrictions are needed initially • Whenever work status changes • APF is reviewed with patient (talking points on back of APF) • APF is completed and faxed to L&I and employer same day ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
2.9 **Optimize Your Practice to Work with Other Providers** Work flows exist for timely and accurate communication with other providers involved in the care of the patient AP Referral Form PT/OT Referral Form Documentation Best Practices Resource	Staff may be aware of provider referral and care coordination job aids but use is left to provider discretion ☐	Provider referral practice aids are available and use is encouraged. ☐ **Attending Provider (AP) Referral Form** ☐ **PT/OT Referral Form** ☐ **Documentation Best Practices for Washington State Workers' Compensation** ☐	Provider referral forms are routinely incorporated into workflows: • Forms are available in treatment rooms • Copies provided to patient, other provider, and claim(s) staff • Practice communicates with specialist, hospital or therapy staff and referring practices prior to transitions to insure needed resources are in place and follow-up plans are clear ☐ **Attending Provider (AP) Referral Form** ☐ **PT/OT Referral Form** ☐ **Documentation Best Practices for Washington State Workers' Compensation** ☐	Provider referral forms are incorporated into workflows and electronic health record (EHR): • Forms are available in treatment rooms and/or EHR • Copies provided to patient, other provider, and claim(s) staff • Practice communicates with specialist, hospital or therapy staff and referring practices prior to transitions to insure needed resources are in place and follow-up plans are clear ☐ **Attending Provider (AP) Referral Form** ☐ **PT/OT Referral Form** ☐ **Documentation Best Practices for Washington State Workers' Compensation** ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.10 **Concurrent Care** Only one provider at a time may be AP and is responsible to oversee all care, manage return to work, and communication with the employer, other providers and claim managers. Concurrent treatment by more than one provider (qualified to be an AP) requires claim manager authorization AP Referral Form Documentation Best Practices Resource WAC 296-20-071	Concurrent care is addressed on a case by case basis at the attending provider's discretion ☐	Providers are aware of WAC 296-20-071 requirements (name and contact information of concurrent care providers, their role, duration of concurrent care): • Authorization is requested from claim manager ☐	Providers are aware of WAC 296-20-071 requirements: • Name and contact information of concurrent care providers, their role, duration of concurrent care is documented in the chart • Authorization is requested from claim manager ☐	When concurrent care is needed, all clinic providers routinely: • Contact the concurrent care provider to agree to roles in the case • Complete and submit an AP Referral Form which includes all needed concurrent care information • Request authorization for concurrent care from the claim manager ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
2.11 **Transition of Care into Practice** Processes exist to obtain continuity of care and documentation when a patient new to the practice has previously been seen elsewhere for their work-related condition. (e.g., self-referral, referral from emergency physician, specialist, following consultation/referral or PT/OT care).	Previous care for the work-related condition is learned from the patient during intake. • Patient is solely responsible for timely communications about transitions back to the previous or concurrent provider ☐	The practice proactively obtains information about previous treatment for the transferring injured worker: • A records request is signed by the patient and submitted to providers previously treating the patient ☐	The practice proactively obtains information about previous treatment for the transferring injured worker: • The workers previous provider is contacted to determine if care is to be transferred or concurrent and assure proper documentation (transfer of care, AP referral form) is completed • L&I is contacted to obtain online access (Claim and Account Center) to determine claim status, accepted condition(s) and clinical documentation specifically addresses any differences and rationale/justification for differences ☐	• Electronic health information systems are in place to identify and receive real time information about patient access to the health care system and related transitions of care (see column to the left) • Practice team receives timely transfer of patient information and integrates this knowledge into a full and continuous plan of care (in partnership with the patient & family or caregiver) ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
2.12 **Patient/Family Involvement** Care plans (including RTW) are developed collaboratively with patients and families at appropriate literacy levels and preferred languages. Interpreter Services L&I Forms search	Care plans reported-out: • Verbally to patient • Include care decisions • Address normal recovery expectations ☐	Care plans reported-out: • As a printed document for patient • Includes care decisions • Assures ample opportunity for clarification with patient • Address normal recovery expectations ☐	Care plans reported-out: • As a printed document for patient • Includes care decisions • Assures ample opportunity for clarification with patient and family members as appropriate • Emphasizes normal recovery expectations, progress milestones, and return to work • Emphasizes patient role in their own recovery, including Activity Diary as appropriate ☐	Care plans reported-out: • As a printed document for patient • Includes care decisions • Assures ample opportunity for clarification with patient and family members as appropriate • Emphasizes normal recovery expectations, progress milestones, and return to work • Emphasizes patient role in their own recovery, including Activity Diary as appropriate • Assures regular employer communication as appropriate for work accommodations ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
2.13 **Opioid Prescribing Forms and Tools** Processes and workflows exist for facilitating best practice opioid prescribing. The forms, tools and agreements below will assist in a smooth patient visit and proper administrative processes in place for AP compliance. **Forms** **Screening tools** **Patient Education** **Functional Tracking** **Treatment agreement**	Staff are aware of opioid request forms and tools but there is no standardized workflow ☐	Procedures and workflows are developed for: **Acute** ☐ **Checking PMP in accordance with DOH opioid prescribing requirements** ☐ **Tracking function and pain** ☐ **Education on risk/benefit of opioid use and safe storage/disposal** **Subacute/Chronic** ☐ **Checking PMP in accordance with DOH opioid prescribing requirements** ☐ **Tracking function and pain at each prescription** ☐ **Screening for risk of substance use disorder and contraindications** ☐ **Ordering urine drug test** ☐ **Education on risk/benefit of opioids and safe storage/disposal, including use of Opioid Treatment Agreement** ☐ **Completing Subacute/Chronic forms as needed** ☐	Procedures and workflows are implemented for: **Acute** ☐ **Checking PMP in accordance with DOH opioid prescribing requirements** ☐ **Tracking function and pain** ☐ **Education on risk/benefit of opioid use and safe storage/disposal** **Subacute/Chronic** ☐ **Checking PMP in accordance with DOH opioid prescribing requirements** ☐ **Tracking function and pain at each prescription** ☐ **Screening for risk of substance use disorder and contraindications** ☐ **Ordering urine drug test** ☐ **Education on risk/benefit of opioids and safe storage/disposal, including use of Opioid Treatment Agreement** ☐ **Completing Subacute/Chronic forms as needed** Function and pain status are tracked in EHR. Results of UDTs are available in EHR F/U plan is based on risk category and documented in EHR ☐	Procedures and workflows are routine for: **Acute** ☐ **Checking PMP in accordance with DOH opioid prescribing requirements** ☐ **Tracking function and pain** ☐ **Education on risk/benefit of opioid use and safe storage/disposal** **Subacute/Chronic** ☐ **Checking PMP in accordance with DOH opioid prescribing requirements** ☐ **Tracking function and pain at each prescription** ☐ **Screening for risk of substance use disorder and contraindications** ☐ **Ordering urine drug test** ☐ **Education on risk/benefit of opioid and safe storage/disposal, including use of Opioid Treatment Agreement** ☐ **Completing Subacute/Chronic forms as needed** Function and pain status are tracked in EHR Results of screenings, UDTs and PMP checks are available in EHR before patient visit F/Us are prompted by EHR or other automated system at appropriate time intervals ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
Building Block 3 **Routine Practice Performance Measurement** Implement individual and practice-wide performance metrics that include: • Patient functional recovery (FOA) • Vocational connection maintained (employer contact, APF, Job description/modifications) • Work comp tools implemented (timely ROA, APF, RTW) • Opioid Prescribing Metrics					
3.1 **Functional Recovery** Functional Outcomes Assessments are integral in tracking progress of musculoskeletal WC injuries	No effort is in place to verify that functional outcomes are tracked in WC patients ☐	• Effort is made to verify functional outcomes are performed • Qualitative review of work comp charts is performed to determine if outcome tracking is used when appropriate ☐	• Effort is made to verify functional outcomes are performed • Quantitative review of work comp charts is performed to determine if outcome tracking is used when appropriate • Actually performed, verify and tracked on all WC cases ☐	• Effort is made to verify functional outcomes are performed • Quantitative review of work comp charts is done to see if outcome tracking is used when appropriate • Actually performed, verify and tracked on all WC cases • Process is reviewed at staff meeting to determine quality improvements ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
3.2 **Vocation Connection maintained** • RTW options identified (including job descriptions and accommodations) • Employer contacted • APF properly completed	• No procedures to determine or address RTW ☐	• RTW options documented in chart including: Job Description, restrictions and job modifications ☐	• RTW options documented in chart including: Job Description, restrictions and job modifications • Employer communication documented in chart including: current APT, phone correspondence, email, introduction letter/referral ☐	• RTW options documented in chart including: Job Description, restrictions and job modifications • Employer communication documented in chart including: current APF, phone correspondence, email, introduction letter/referral • Process is reviewed periodically ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
3.3 **Work Comp Tools** Work comp tools implemented (timely ROA, APF, and RTW). Work comp forms and tools are utilized to aid in speedy claim movement.	Some work comp tools are considered in practice procedures or workflows ☐	• Work comp tools are utilized in all work comp cases • Work flows are in place to assure Work Comp tools are completed correctly ☐	• Work comp tools are utilized in all work comp cases • Work flows are in place to assure Work Comp tools are completed correctly • Office/AP tracks RTW availability with patient progress ☐	• Work comp tools are utilized in all work comp cases • Work flows are in place to assure Work Comp tools are completed correctly • Provider tracks RTW availability • Tool usage in WC cases are captured and discussed at staff meetings ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
3.4 **Opioid Prescribing Metrics** Tracking and feedback for provider performance toward safe prescribing practices per Opioid Prescribing Guidelines. Opioid Prescribing report Dose Calculator Tapering Guidelines	Providers are aware of opioid prescribing metrics but are not using their data ☐	Providers are aware of opioid prescribing metrics and have a plan to evaluate current practice to improve their opioid prescribing metrics ☐	Providers are tracking performance with opioid prescribing metrics and working toward compliance in one or more metrics based on their specialty and patient population, including: ☐ First opioid prescription length ☐ Rate of transition to chronic opioid therapy from subacute ☐ Chronic opioid therapy dosing adherence Reporting gathered metrics to individual providers ☐	Providers have met opioid prescribing metric thresholds and monitor regularly across multiple metrics including: ☐ First opioid prescription length ☐ Rate of transition to chronic opioid therapy from subacute ☐ Chronic opioid therapy dosing adherence Reliable reporting on metrics is generated consistently ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
Building Block 4 **Planned Patient Centered Visits** Practice care that addresses: • Evidence-based best practices and options discussed and agreed to • Patient support needs being identified and addressed (psychosocial determinates influencing recovery) • Coordination with all care team members Workflow support reduces potential claim "friction" • Rapid submission of report of accident (ROA) and activity prescription (APF) documentation • Day 1 communication with employer if time off work and/or workplace accommodation is needed • Assurance that work-related condition is accurately documented					
4.1 **Incorporation of Available Best-Practice Resources** Evidence-based care resources designed to assure the most effective outcomes are central to patient centered care. Processes to integrate current occupational health best practice resources into workflows allows treating providers ready access to current information for care planning and decision making with patients. Occupational Health Best Practice Resources	AP(s) and staff are aware of the best practice conservative care resources and L&I guidelines: Occupational Health Best Practice Resources Medical Treatment Guidelines COHE best practices ☐	Best-practice resources and guidelines; • Are readily accessible by staff and providers • Incorporated into clinical decision-making ☐	Best-practice resources and guidelines; • Are readily accessible by providers at point of care • Incorporated into clinical decision-making ☐	Best-practice resources and guidelines; • Are readily accessible by providers at point of care and there is standardized language for EHR available. • Are periodically reviewed at staff trainings and considered in performance assessment • Incorporated into clinical decision-making including shared decision-making with patients: ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
4.2 **Incorporation of Opioid Prescribing Best-Practices** Evidence-based prescribing resources designed to assure safe and effective treatment are central to patient centered care. Processes to integrate current best practice prescribing resources into workflows allows treating providers ready access to current information for care planning and decision making with patients. LNI Best-practice guidelines on Opioid Prescribing	AP(s) and staff are aware of the guidelines but they are followed on a case by case basis. ☐	Best-practice resources; • Are readily accessible by staff and providers • Incorporated into clinical decision-making • Resources and referrals for non-opioid and/or non-pharmacologic pain control are available Providers and/or delegates are registered to access PMP. Validated screening tools and UDTs are accessible by staff and providers(e.g. CAGE-AID, SOAP-R) ☐	Best-practice resources; • Are readily accessible by staff and providers • Incorporated into clinical decision-making • Resources and referral relationships for non-opioid and/or non-pharmacologic pain control are well established PMP is checked in accordance with DOH opioid prescribing requirements. Policies are developed to guide providers on handling aberrations in PMP/UDT or co-prescribing. Validated screening tools and UDTs are done per guideline ☐	Best-practice resources; • Are readily accessible by providers at point of care • Incorporated into clinical decision-making • Resources and referrals are shared across EHR or other record sharing system PMP is integrated in EHR or a system for reminders and documentation is in place. Policies are implemented and standardized for handling aberrations in PMP/UDT or co-prescribing. Validated screening tools and UDTs are prompted in EHR per guideline ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
4.3 **Establish Workflows and Care Management For Non-clinical Needs** An injury can impact a patient's life overall. In addition to the pathophysiological condition psychosocial barriers (e.g., impacts on travel, coping with obligations, anxiety over impacts of injury) Psychosocial Determinants Influencing Recovery (PDIR) Resource	Providers and staff are aware and respectful of patients' needs and obligations but attention to them is case by case and up to treating provider's discretion ☐	Initial intake routinely incorporates: • Psychosocial history addresses impact work injury has on their impacting their life and work routines ☐	Initial intake routinely incorporates: • Psychosocial history addresses impact work injury has on their impacting their life and work routines • An informal discussion with the worker about coping with any identified concerns ☐	Initial intake routinely incorporates: • Psychosocial history addresses impact work injury has on their impacting their life and work routines • Systematic screening for psychosocial barriers to recovery (e.g. as delineated in the PDIR resource) • Specific care focus to assure identified psychosocial barriers are addressed by the provider or concurrent care is obtained ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
4.4 **Workflows to Reduce System Friction** Office procedures assure all needed clinical information is submitted quickly and accurately to reduce delays and assist with optimal adjudication decisions Documentation Best Practices Resource Employer Notification Letter Interpreter Services	Office workflows for workers compensation patients are the same or similar to patients with other types of coverage (general health, personal injury) ☐	Office workflows include: • Assure Report of Accident is accurately completed and submitted with the legally required 5 working days • Preferred Language is accommodated and part of the preparation for visits ☐	Office workflows include: • Written referrals for PT, specialty consultation, etc. • Submission of an accurately completed Activity Prescription Form whenever work restrictions are necessary ☐	Office workflows include: • Submission of Report of Accident online or by fax within two business days • Complete documentation regarding the work-relatedness of the condition • Submission of an accurately completed Activity Prescription Form whenever work restrictions are necessary and whenever work status changes • Day 1 employer notification of worker care and phone contact to determine accommodation options if work restrictions are needed ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
Building Block 5 **Caring for Urgent and/or Complex Injuries** Resources and workflows implemented to address workers at high chronicity/disability risk as well as those in need of specialty or urgent referral					
5.1 **Assessment of Barriers to Recovery and Return to Work (RTW)** The practice employs tools and processes for timely assessment of barriers to recovery or impediments to return to job of injury consistent with occupational health best practices. Psychosocial Determinants Influencing Recovery (PDIR) Resource Return to Work Desk Reference	Identification of barriers to recovery, return to work and disability risk are left up to provider discretion ☐	Workflows incorporate discrete steps to: • Identify if functional improvement stalls • Encourages use of disability and functional outcomes scales such FRQ, WHODAS 2.0, Oswestry, StartBack ☐	Workflows incorporate discrete steps to: • Train staff on PDIR • Identify if functional improvement goals are not achieved at two week intervals • Routinely use functional outcomes scales at baseline and periodic intervals (e.g., Oswestry, StartBack.) ☐	Workflows and trainings for assessing barriers to recovery and RTW are in place and part of practice culture. Workflows incorporate discrete steps to: • Train staff on PDIR • Identify if functional improvement goals are not achieved at two week intervals • Administer FRQ if RTW does not occur within two weeks of care • Implement strategies to address psychosocial and workplace barriers that delaying functional recovery and RTW ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
5.2 **Consultations** AP seeks consultations should the Injured Worker fall short in their recovery expectations or RTW goals.	Determination of how and when consultations are needed are left up to attending provider discretion on a case by case basis ☐	Procedures have been developed to encourage obtaining a consultation: • When worker falls short of functional improvement goals or return to work ☐	Workflows are in place for obtaining consultation and/or assistance: • With vocational recovery specialist (e.g., ERTW) when RTW barriers are identified. • With occupational health resource (e.g., chiropractic consultant, occ med specialist) when worker falls short of expected functional improvement goals • Clinical expert for diagnostic or clinical uncertainty ☐	Workflows, including referral and communication best practices (see 2.9) are in place for obtaining consultation and/or assistance: • With vocational recovery specialist (e.g., ERTW) when RTW barriers are identified • With occupational health resource (e.g., chiropractic consultant, occ med specialist) when worker falls short of expected functional improvement goals • Clinical expert for diagnostic or clinical uncertainty ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
5.3 **Urgent and Emergency Care Needs** Apparently straightforward Injuries may sometimes develop complications	No emergency or urgent care protocols are in place ☐	Minimal emergent care processes are in place including: • Emergency contact list for front office staff ☐	Usual emergent care processes are in place including: • After hours phone message 911 instruction • After hours contact for call back • Emergency contact list for front office staff ☐	Usual and occupational emergent care processes are in place including: • After hours phone message 911 instruction • After hours contact for call back • Emergency contact list for front office staff • Proactive referral relationships developed with occupational medicine, urgent care resources ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:

Objective/Measure	Not Prepared	Moderately Prepared	Highly Prepared	Actively Performing	Priority / Action Plan
Building Block 6 **Measuring Success and Quality with Occupational Health Conditions (OHC)** • Regular analysis of performance metrics. • Implementation of formal processes to implement needed improvements.					
6.1 **Quality Improvement (QI) Processes** Staff is measured on performance and quality improvement to determine how well the care team is implementing best practices in injury care and RTW.	Quality of occupational health care is assumed to be addressed by following basic requirements of the work comp system. ☐	Elected staff members engage in improving processes of occupational care by: • Discussion at staff meetings when needed • Encouraging improvement goals to practice team ☐	The practice has QI processes in place that specifically include occupational health care best practices including: • Regular staff meetings discuss care for injured workers under active care • Identify opportunities to make improvements ☐	QI processes for occupational health care include: • Regular staff meetings discuss care for injured workers under active care • Reporting on outcome metrics for injured workers (e.g., time until RTW, speed and completeness of ROA & APF submission rates • Identify opportunities to make improvements ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
6.2 **Quality Improvement Activities** Staff training, annual quality improvement activities, utilizing performance metrics in the practice to inform quality improvement activities	Occupational health quality improvement initiatives are at the discretion of individual providers and staff. ☐	Practice owners identify and address occupational health deficits through: • Staff orientation on occupational health workflows • Encourage practice member participation implementing improvements ☐	Practice owners identify and address occupational health deficits through: • Ongoing staff training in QI processes • Formal/informal QI activities for practice improvement ideas with occupational health care • Specific individuals assigned to specific activities with expectations to share/report progress ☐	In addition to QI practice at left: • The practice utilizes occupational health performance metrics to inform QI efforts • Implements improvements designed to address measured deficiencies • Identifies individuals to study outcomes to make appropriate adjustments and report/share results at staff meetings ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When:
6.3 **Quality Improvement Feedback From Patients** Optimal implantation of QI efforts incorporates ongoing collection of meaningful process and outcome information	Patient feedback occurs externally through: • Surveys issued by a health plan • Quality vendors ☐	Patient feedback is actively sought be practice through: • Informal patient feedback by individual providers or staff • Reception area suggestion box ☐	Patient feedback is systematically obtained by: • Periodic survey on satisfaction with various dimensions of their care experience • Staff review and utilization of information to inform improvements ☐	Patient feedback is systematically obtained by: • Periodic survey on satisfaction with various dimensions (including process, staff service & provider competence) of their care experience • Establish an advisory process to obtain direct participation of patients and family members in quality improvement opportunities • Staff review and utilization of information to inform improvements ☐	**Priority rating:** ❍ Low ❍ Medium ❍ High **Action Plan:** Who: What: When: