Organizational Readiness for Change Assessment: Transitional Job Re-entry Program for Non-work-related Injuries, Chronic Disease, or Illness.

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List of Abbreviations

ACOEM – American College of Occupational and Environmental Medicine

ADA – Americans with Disability Act

ANCC – American Nurses Credentialing Center

ANA – American Nurses Association

APA- American Psychological Association

DO- Doctor of Osteopathic Medicine

EB – East Baltimore

EE- Employee

ER- Employer

EEOC -Equal Employment Opportunity Commission

FML- Family Medical Leave

FMLA – Family Medical Leave Act

HR – Human Resources

JAN- Job Accommodation Network

JHEAP – Johns Hopkins Employee Assistance Program

JHM- Johns Hopkins Medicine

LTD- Long term disability

MMI- Maximum Medical Improvement

NIOSH – National Institute of Occupational Safety and Hazards

NP – Nurse Practitioner

OCRBS- Organization Change Recipients Belief Scale

ODEP – Office of Disability Employment Policy

OH – Occupational Health

OIE – Organizational and Institutional Equity

PA- Physician Assistant

PHI – Personal Health Information

RETAIN- Retaining Employment and Talent After Injury/Illness

RN- Registered Nurse

SAW/RTW – Stay at Work/Return to Work

SOP – Standard Operating Procedures

SSA- Social Security Administration

SSL- Sick and Safe Leave

STD- Short term disability

TEP- Transitional Employment Plan

USDOL- United States Department of Labor

WCCM- Workers Compensation Case Managers

WHO – World Health Organization

Abstract

Introduction: Medical debility can occur at any time during an employee's career, leading to missed days, lost wages, and disengagement from the work environment. The implementation of an evidence-based transitional return to work program with temporary job modifications or role change has the potential to benefit both the employee and the employer.

Methods: Readiness for change was assessed following an educational presentation presenting the Retaining Employment and Talent After Injury/Illness (RETAIN) initiative as a framework for a transitional return to work program for institutional stakeholders. A pre and post intervention assessment of readiness was assessed using the Organization Change Recipients Belief Scale (OCRBS) a valid and reliable tool for the measurement of organizational readiness for change.

Results: Due to the low response rate survey findings were not statistically significant. The pre and post intervention survey data demonstrated principal support as the highest scoring determinant for readiness for change at 94.5% and 73.6%. The discrepancy determinant was the lowest scoring determinant with 82% and 60.5% respectively. Findings for the remaining determinants of organizational change resulted pre and post scoring for valence 86%/62%, appropriateness 85.8%/68.4%, and efficacy 86.2%/66.2%.

Discussion: Assessing an organizations readiness for change provides valuable insight to the potential facilitators and barriers to sustainable change by providing insight from key stakeholders. Additional readiness for change assessments should consider including marketing strategies to improve awareness, participant incentives, and frequent email reminders to increase participation rates.

Keywords: SAW, RETAIN, Occupational Health, OCRBS, transitional return to work, readiness

Organizational Readiness for Change Assessment: Transitional Job Re-entry Program for Non-work-related Injuries, Chronic Disease, or Illness.

Over the course of the last three years there has been a decline in the health care workforce across the United States and across the world resulting in staffing shortages and protracted vacancies (American Hospital Association, 2022). Reasons for this decline varies from aging boomers, to decreasing college enrollment into health care occupations, and the COVID 19 pandemic. Health care institutions are challenged with finding ways to retain valued staff while maintaining a balanced, fiscally responsible budget. To complicate the impact of a declining workforce and staffing shortages, issues surrounding an aging workforce, stress associated with the COVID-19 pandemic, and the demands of balancing personal and work life stressors have contributed to the exacerbation of the decline in the mental and physical health and well-being of current health care staff (Sorenson et al., 2020). According to the U.S. Bureau of Labor and Statistics (2023), health care professionals have the highest rates of absenteeism for chronic health conditions as compared to other occupations nationally. In addition, the counterintuitive culture of presenteeism may also affect health care employees at work, as they continue to present at work with inadequately or unmanaged acute or chronic health conditions that negatively impact productivity (Baptista et.al., 2019).

The goal of employers is to recruit, hire, and retain the most qualified candidates for a strong, proficient, and consistent work force able to sustain high throughput, safety, and effectiveness (Tarro et al, 2020). An institution's workforce is considered the strength of the company with retention of staff necessary for continued relevance and efficient productivity (Ashley et al, 2017). During the employment period, employees will experience physical, mental, and social change at various levels that have the potential to impact work performance. It

is essential for employers to support their staff through these changes to decrease external and internal disability cost, prevent further increases to insurance premiums, decrease financial burden to the employee and retain staff who are dedicated to the institution and their position but are temporarily mentally or physically restricted. An evidence-based transitional job re-entry program for non-work-related injuries or illness provides strategies for employers to support employees through their health transitions and keep them actively engaged within their workplace.

The United States Department of Labor [USDOL] and the Social Security Administration [SSA] developed and implemented RETAIN- Retaining Employment and Talent after Injury/Illness Network, as an evidence-based transitional job re-entry initiative to support both employers and employees mitigating the costs and impact of non-work-related injuries or illness. The initiative is a collaborative partnership between the USDOL, SSA, and lead medical institutions of eight states: California, Connecticut, Washington, Kansas, Kentucky, Minnesota, Ohio, and Vermont and their local government agencies (2023d). Since 2021, the RETAIN initiative has been an active pilot program and is progressively improving the return-to-work process. Currently, Maryland does not have a transitional return to work program and employment disability rates continue to increase annually. A transitional job-re-entry program would benefit major health care organizations and the State of Maryland. This quality improvement initiative will provide an educational intervention to improve stakeholder confidence and readiness for program implementation and sustainable change. Pre and post intervention confidence will be assessed using the Organization Change Recipients Belief Scale (OCRBS).

Background

One fifth of the Maryland workforce, 1,055, 353 adults, have a documented permanent or temporary disability requiring temporary or permanent work accommodation(s) or work restriction(s) (Maryland Department of Labor, 2023). A disability is defined as a physical or mental impairment that substantially limits one or more major life activities (ADA National Network, 2023). ADA Title II requires employers to make reasonable modifications for qualified individuals with disabilities to avoid discrimination (www.ada.gov). For qualified individuals with disability, accommodation needs are typically determined at the time of hiring with modifications to environment or responsibilities discussed through an interactive process with ADA or Organizational and Institutional Equity (OIE). An employee who suffers a non-work-related injury or illness post-employment that temporarily or permanently leaves the individual with a disability and unable to perform expected work duties, poses significant limitations to the employer and the employee. The job re-entry for the employee may require changes in job responsibilities, reduced time, and consideration of accommodations/restriction while recovering from the injury or illness. The ADA requires that when possible, the organization should make reasonable accommodations for the employee to return to work within their limited capacity (ADA National Network, 2023). When the organization is unable to provide the necessary accommodations or the employee is unable to return to work under a limited or restrictive capacity, they are at increased risk of developing work deconditioning, decreased or lost wages, and prolonged recovery from their illness.

The current return to work process for the employee returning to work is initiated through Occupational Health (OH). The initial contact for return to work following non-work-related injury or illness is the sole responsibility of the employee. They may contact their respective OH

clinic via email or phone call based on work location. Once contacted by the employee, OH will schedule an appointment with the individual to present either remotely or in-person their return-to-work request. The return-to-work request requires a current signed Authorization for Disclosure Consent, a note from the employees medical provider stating the return-to-work (RTW) date, the capacity in which they will return to work (full duty or restrictive duty) and if the employee return will require restrictive duty; the provider note must clearly list and define the return-to-work restrictions. The medical provider note must be signed by a medical provider i.e., NP, PA, DO or MD. The OH department has a return to duty form which is provided via email or in-person to the employee seeking an RTW. In most RTW scenarios, the form is utilized, and a succinct delineation of physical ability measurements are provided to correlate with their current job duties by OH, HR and/or ADA. During the OH visit, the employee is evaluated for their ability and/or stability to return to duty and if restrictions are submitted, employees are returned to duty with an accompanying email to HR, ADA and their supervisor listing the individuals RTW needs.

Restrictions are then further reviewed with the manager, HR and ADA/OIE through the interactive process and an acceptance or declination is determined based on the employee's job responsibilities and the organizations ability to effectively meet restrictive duty requests. If the accommodations/restrictions can be met the employee may return to work with specified restrictions for the specified time frame. Modifications to accommodations to include full-duty eligibility must be accompanied by documentation from their provider to replace previously submitted documentation. If the restrictions or accommodations cannot be met and therefore declined, the employee will remain off - duty until a follow-up appointment can be made for re-evaluation to determine full-duty eligibility.

Employees who experience a temporary change to their health with restrictions that cannot be accommodated under their current role, results in the employee remaining off-duty until they are cleared by their provider and able to return to work at their full capacity without restrictions or accommodations or restrictive request is resubmitted with modifications to restrictions by the provider. The duration of off-duty time is case dependent and can range from days to an indefinite timeframe and further provider communication regarding their restrictions is facilitated by the employee. During this time, the employee will use their FMLA, STD, and or LTD benefits (Rumrill et al., 2022). A permanent disability can result in loss of employment as a result of an inability to accommodate restrictions that require a change to the essential functions of the job (JAN, 2023b). The institution currently does not have a transitional return to work program for non-work-related medical disability or for employees who have suffered a decline in their ability as a result of a health condition. A transitional return to work program will provide employees with an opportunity for meaningful work while recovering from their injury or illness, alternative job positions for employees who have moderate to permanent disability and retain employees within the institutions work force (Ashley et al, 2017).

Problem Statement

A transitional return to work program for non-work-related injuries, is a new process to the institution that will require significant general capacity restructuring which includes financial funding, staff training and meticulous integration of partnerships with state employment agencies (USDOL, 2021 and Wandersman et al., 2008). A component of the development of this process comparable to the Department of Labor RETAIN program Phase I entails the evaluation of the organization to implement a program (USDOL, 2023). The Phase one of the RETAIN framework involves the planning, integration implementation, of a pilot program. Stakeholder

engagement, confidence, and readiness for implementation will impact program success (Scaccia et al., 2015). This process improvement project will provide an education intervention regarding the consideration of developing a transitional return to work program for non-work-related injury based on the RETAIN program followed by a confidence assessment and change readiness evaluation for key stakeholders in the institution who are fundamental to the successful implementation of this program. The OCRBS is a valid and reliable tool for the measurement of organizational readiness for change to assess stakeholder confidence and the perceived facilitators and barriers to the implementation of a sustainable transitional return to work program.

GAP Analysis

The Occupational Health Department consists of eight clinics; six are in Maryland, one in the District of Columbia and one in St. Petersburg, Florida (Johns Hopkins Medicine, 2023). A SWOT analysis was conducted to assess organizational strengths and weaknesses related to past and current practices in the Occupational Health Department across all sites related to the return-to-work (RTW) process for employees post an injury or illness with referrals to OH. Occupational Health is the confirmed gateway for return to duty processes; however, a preliminary deficit has been identified in association with the limited utilization of Occupational Health nurses in the facilitation of communications with the physicians of employees following non-work-related injury or illness due to time constraints and caseloads. During the RTW process, employment job descriptions are not consistently provided to the employees authorized medical provider. This lack of information regarding job duties and responsibilities can result in ambiguity for the provider when listing restrictions for return-to-work authorizations for the employee. Conversely, when provided, the job description may require further discussion with a

OH registered nurse or case manager to clarify job duties and expectations. Oftentimes, the OH registered nurse or nurse case manager are not readily available for interaction with the employee's provider. When discrepancies and miscommunications occur in the RTW process, the employee typically facilitates communication between OH and their provider to resolve discrepancies, collect additional information, or provide clarification of orders. An OH RN can, and in some cases will assist the employee in this communication process; however, due to the volume of RTW cases and the limited staffing numbers for registered nurse case managers in OH, the case management needed for complex cases is not readily available. The intake volume for RTW cases averages 628 per month for all OH offices, and 390 cases at the EB location exceeding current capacity of OH nursing staff to meet employee needs. Considering the intake volume of employees returning to duty at OH locations and current workload standards, there is a need for scheduling matrix analysis and reallocation of staff to allow for consistent management of RTW cases.

Currently, there is one Occupational Health nurse case manager at the East Baltimore campus and their current role is utilized to assist with fitness for duty referrals, exposure compliance, vaccination compliance, and liaison with JHEAP for OH. There are two part-time disability case managers who are utilized for work-related injuries based transitional job placement in the organization and two Workman's Compensation Case Managers (WCCM) who manage work-related injuries for the hospital and the university. The university has a senior transitional work program for their faculty staff; however, currently a transitional work program is not in place for other staff. In addition, the state of Maryland does not have a transitional return -to-work program.

Strengths of the organization: the organization has been ranked as the number one medical institution in the state of Maryland for 31 years consecutively, according to the *U.S. News & World Report*'s annual rankings and has continuously ranked as one of the top five medical institutions in the nation. The organization has an enduring commitment to quality and safety recognized by the Leapfrog group in 2020 receiving A's and B's for Hospital Safety Grades. It was recognized as a top workplace in the United States by YouGov's 2019 U.S. workforce (Johns Hopkins Medicine, 2018). The organization has achieved ANCC Magnet distinction with a commitment to quality outcomes four times consecutively since 2003 (Johns Hopkins Medicine, 2018). These accomplishments and accolades attest to the organizations continued dedication to providing high quality care, ensuring employee satisfaction, fostering nursing excellence and a healthy work environment. Executive leadership in the Occupational Health department are focused and committed to the harmonization of departmental processes and staffing for the OH clinics which is in alignment with Initiative 2023, Hopkins Work as One. The standardized harmonization of all Occupational Health processes would provide employees multiple locations to facilitate the return-to-work process. Further review identified internal strengths to include the presence and accessibility of robust institutional resources and the ease of consistent communications and partnership between the OH, HSE, JHEAP, ADA, OIE, legal counsel, HR, talent acquisition and executive leadership. The aim of this evidence-based quality initiative is to provide an educational intervention presenting the Retaining Employment and Talent After Injury/Illness (RETAIN) program for institutional stakeholders with specific aims to improve stakeholder confidence and readiness for program implementation and sustainable change.

Review of the Literature

The review of the literature was performed using the CINAHL and PubMed databases. The CINAHL database initial keywords were “health at work”, “interventions”, and “best strategies”. The inclusion criteria included systematic reviews from full text peer reviewed articles, published between 2018 -2022, from evidence-based practice and academic journals. A total of 101 journal works remain. Cost benefit analysis was added as a subject and the listing reduced to 60. Additional inclusion subjects were added i.e., health promotion, occupational health, quality improvements, occupational stress, job satisfaction, occupational health services, program implementation, support psychosocial, professional burnout and 58 selections remained; however, in review only three were suitable for inclusion in this project.

An additional search was created in CINAHL using the subject term “stay at work”. Inclusion criteria included articles from 2018-2023 full text, limited to full text academic journals in English only resulted in 1, 657 journal articles. The articles included the rehabilitation processes for the aging workers, the RETAIN Kentucky, return to work/stay at work program, and varying interventions detailed to specific conditions to maintain employees at work with health conditions of back pain, cancer, aging, substance abuse and diabetes. Thirty-three of the articles provided information for job re-entry and 29 of those articles included Occupational Health interventions. The term transitional work program yielded four results. The benefits of a multidisciplinary team were discussed in 27 articles and the effects of employees not being able to stay at work with the subject of personnel turnover were in 34 journals. CINAHL search for “Retain at work” included 1545 results, search was narrowed with job reentry which reduced the results to twenty. The search results included job-re-entry for employees with cancer, Retain

Kentucky along with systematic review of interventions to retain chronically ill employees and literature on boundaries returning to work.

The PubMed database resource search subject included “stay at work” and “occupational”, which yielded 574 results. An article identified as matching my exact citation was listed above the list. The literature had substantial support for work environments where the supervisor supported by occupational physicians and provides the employee with the essentials to stay at work (van Hees et al, 2022). Additional exclusion criteria were added to include full text and free full text, associated data, randomized control trials, clinical trial, review and systematic review and publication within the last five years. This decreased the total number of results count to seventeen. The remaining publications listed primarily pertained to systematic reviews of the literature; reported interventions that were speculative without evidence-based results demonstrating the effectiveness of the intervention.

The subject of Return-to-work case management yielded a remarkable result of 174, 039 results. After excluding publications created >5 years ago continued with 94,878 results. Despite a plethora of evidence supporting the need for workplace interventions, the literature focused on interventions for specific health conditions affecting the workplace environment such as stress, chronic back pain, obesity, and mental health. The term health evaluation with maintaining an employee at work was intensely studied for interventions based on preventing workplace injury. It appeared the climate of workplace interventions were focused on concerns of the sitting work force and ergonomic desk, as health care workers particularly in nursing, these article suggestions were irrelevant. A total of 20 articles were reviewed qualitatively and represented the workplace interventions that were relative to Occupational Health and maintaining the employee at work.

Occupational Health

Occupational Health is described by the World Health Organization as a specialty of public health whose purpose is to ensure the maintenance of physical, mental, and social well-being of all workers within their occupation (WHO 2023a). According to the ACOEM, the specialization of Occupational Health began within the United States in the early 1900s with noted progression to laws and regulations such as workers compensation and health safety standards to prevent or manage risk in the workplace that are likely to cause work-related health problems. Focused on the relationship between work and health, Occupational Health aimed to promote and maintain the physical, mental, and social well-being of organizational employees. After federal scrutiny from the unsafe conditions resulting in industrial catastrophes such as the 1929 Cleveland Clinic Fire and the 1968 Farmington Mine Disaster, the OSH Act of 1970 was enacted as the first federal regulator of the health and safety of American workers overseen by the Unites States Department of Labor (Hamilton, 2021). Occupational Health encompasses multiple facets of the work environment e.g., immunizations, employment physicals, accommodations, ergonomics, work injury management and work hazard safety.

Health Care Work Force

The health care work force comprises 14% of the Unites States workforce. Health care workers are diverse individuals and includes multiple facets of the labor force from ancillary services to licensed professional medical care providers, and administrative staff. According to the Center for Health Workforce Studies (2023), 38% of the health care workforce work in the hospital setting, 27% are in provider offices, 17% are in nursing and residential care facilities, 9% are in ambulatory settings and the remaining 8% are in home health care settings. The

institution that will be utilized for this improvement project, has over 30,000 employees within the organization, with over 10,000 employees at the East Baltimore Campus alone.

Job Accommodations

The Job Accommodation Network (JAN) defines a job accommodation as an adjustment to a job or work environment which may include workspace modifications, schedule adjustments and job duties for a person with a disability (USDOL, 2023). An employer's obligation to fulfill an accommodation request can be subjected to declination if it is determined to cause the employer to suffer an "undue hardship". Undue hardship can be the result of financial cost and limited resources of the institution, the amount of the employees to fulfill accommodation gap, or due to the impact of the request to daily operations (EEOC, 2002). Job restructuring is redistributing marginal job functions or altering ".... when and/or how a function, essential or marginal is performed" as a result of a disability; however, essential functions are obligatory duties for a job position.(EEOC, 2002). Marginal functions can be removed or modified as a part of an accommodation and not affect the completion of the essential functions of a job. In the context of this project, transitional job-reentry, or placement as a result of temporary disability would be considered beneficial for a disability that would require the essential functions of a job to be modified under the EEOC description.

Minnesota RETAIN

Minnesota Retain is a collaborative initiative study between Mayo Clinic, Minnesota Department of Employment and Economic Development, Department of Health, and the Social Security Administration. Minnesota RETAIN study is designed as a research project to ascertain the outcomes of a employees who are provided early interventional support within the RTW process. Promoting active collaborations between employees and organizations to improve stay

at work and return to work outcomes for both employees and the employer. The program provides debilitated individuals with transitional work opportunities, training and rehabilitative services that subsequently result in a successful return to work. The four-year program was funded through a USDOL program grant (Kehren, 2021). In 2021, the RETAIN program began Phase I with 150 disabled employees recruited and enrolled in the program across eight states, their respective leading medical institutions, and state employment agencies:

- California Development Department with Concentra for Sacramento and San Diego
- Connecticut Department of Labor with U Conn Health for Workers Experiencing a musculoskeletal disability.
- Kansas Department of Commerce with Ascension via Christi -Workers Experiencing a musculoskeletal disability.
- Kentucky Department of Workplace Development with University of Louisville and the University of Kentucky
- Minnesota Department of Employment and Economic Development and Mayo Clinic
- Ohio Department of Job and Family Services and Mercy Health
- Vermont Department Labor; Division of Workers Compensation- One Care and Dartmouth
- Washington Employment Security Department of Chi Franciscan.

The Phase I segment (2019-2021) concluded with the development of program processes, and protocols in collaboration with the state and local employment agencies of the eight participating states (USDOL, 2023b). Phase II of the Minnesota RETAIN began November 2023. Goals of the program are to increase participant enrollment to over 3200 and to gather

additional evidence and quantitative results. Noted consistencies amongst participant organizations were collaborations with state and local employment sectors, preemptive interventions, essential staff for the delivery of services, and appropriate provider training (USDOL, 2023b).

The Minnesota RETAIN study program consists of six RTW case managers and research coordinators contributed by Mayo Clinic. The Minnesota Work Force Development provided three career coordinators and one RETAIN grant coordinator. Other noted components of the program are the provisions of individualized career coaching for employees who are unable to be accommodated in their current job offered by Minnesota Workforce Development (USDOL, 2023b).

Mayo Clinic has a robust return to work program for non-work-related disability for their employees. The Work Connect Program has been effective for their institution for over thirteen years and services their 75,000 employees across five states (Mayo Clinic, 2023). The Work Connect Program is a disability management program that oversees disability leave management and facilitates the return-to-work process for employees with restrictions including accommodations (Mayo Clinic, 2023). The staff is comprised of ten disability compliance advisors with vocational rehabilitation counseling training under the medical guidance of a claims clinician. The employees engage in the return-to-work process through the institutions Work Connect Program website and if required are entered into the occupational injury temporary alternative duty/light duty program. The disability compliance advisor assists the employee with returning to their current position or returning to work in a temporary alternative position available in their self-feeding database of open temporary positions of their 16 hospitals and 53 multispecialty clinics (Mayo Clinic Health System, 2024).

Nationwide RTW Processes

Within the United States there are thirteen states with active partial return to work programs (Ashley et al, 2017). The state of Georgia has a Model Return to Work Program developed by their state board of Workers Compensation (GSBWC, 2013). The model is comprehensive and provides an algorithm for work related illness or injury and non-occupational injury or illness (See Appendix B). Within their program there is a transitional employment team which includes the employee, the employer representative (HR), safety representative, claims specialist benefits administrator, rehabilitation supplier, and additional resources that may be required (GSBWC, 2013). The Transitional employment plan (TEP) details the transitional duties and the step-by-step plan during the transitional period (See Appendix C). The TEP is continuously revised until the employee has returned to full duty (GSBWC, 2013).

Other noted processes relevant to development of a transitional return-to-work program within other states include Arkansas' Rehabilitation Services initiative that incorporates the use of vocational counseling and vocational assessments to support RTW, North Carolina and Massachusetts offer trial RTW periods to determine if the employee is able to return to work in a different capacity or new position with limited capacity to deter the possibility of losing disability benefits (Ashley et.al., 2017).

Transitional Work

Throughout the literature the term transitional work or transitional employment is identified as an effective response to a temporary or permanent disability as an ideal strategy for disability cost reduction to the employee and the employer (Ashley et al, 2023). The return to work can be temporarily limited due to a prolonged recovery or permanently limited as a result of a new illness or disability. The aforementioned health transitions may require a change to the

work environment or job responsibilities requiring additional training and support. The United States Department of Labor endorses the premise that a transitional return to work program can be beneficial to the EE and the ER (Ashley, et al., 2017). The literature suggests that transitional work or temporary work plans should be beneficial to both the employee and employer. Successful transitional or temporary work programs require collaborative efforts from the employee, employment supervisors, human resources, union representatives and Occupational Health (Strasser, 2004). According to Strasser, the core components of a transitional work program include management support, collaboration, succinct policies and processes, thorough job analysis and job descriptions along with fluidity for improvement (2004).

Maryland

Maryland is ranked as one of the wealthiest states in the United States with an average income of $87, 063 (United States Census Bureau, 2023). Maryland has one of the lowest unemployment rates in the country at 1.2% compared to the national average of 3.2% as of October 2023 (U.S. Bureau of Labor Statistics, 2023). The Sick and Safe Leave (SSL) Act of 2018 enacted by the State, provides paid leave away from work for care of an employee's mental or physical illness or injury, for preventative medical care and or maternity leave for employees that work more than 12 hours a week (Maryland.gov, 2018). The SSL Act provides substantial benefit to those employees who have not accrued paid leave or opted for additional benefits to cover time away from work.

Maryland Division of Workforce Development and Adult Learning mission statement is to accept job seekers, trainers, and education for career advancement or placement. As a state, Maryland's motto is to lead the charge in keeping Marylanders employed. In 2023, the state of Maryland EARN- Employment Advancement Right Now program received 3.7-million-dollars

in additional grant funding to expand the EARN program and an additional four million dollars for the dislocated and returning worker program for Marylanders that have returned to their local communities' post incarceration. A comparative review of RETAIN program participants and the State of Maryland's managed return to work program (MRTW) revealed substantial similarities with transitional RTW management; however, its utilization is limited for workers compensation cases for the state (State of Maryland, 2015).

Return to Work Case Management

The return-to-work case manager is an integral component of the Transitional Return to Work Program (Ashley et al, 2017). The role of the return-to-work case manager includes the health care provider's medical evaluation restriction review and dissemination, mentoring the employee through their return to work and/or adjustment into their temporary position, review of accommodations, referral support to each individual employee to other available external resources, and communication with the supervisor of the employee (Ashley et al, 2017). Mayo and MN Retain programs have developed, The Health Care Provider Course to teach medical providers best practices in supporting their patients return to work. The Preventing Needless Work Disability: The Healthcare Provider Role Online Course, educates providers on the prevention of iatrogenic disability. Iatrogenic disability is defined as the disability caused by the actions of the medical provider (Wolfe, 2004). In the context of RETAIN, the course outlines the providers role in guiding the employee back to work pre and post an impending disability and ensuring that medical limitations align with their job description (Breher & Cowl, 2023).

Absenteeism and Presenteeism

According to current literature and extant research, absenteeism and presenteeism is commonly linked to declining poor health in the workplace because of unmanaged health conditions, limited access to health care, and poor health maintenance of declining health conditions and lost productivity (Baptista et.al., 2019). Other literature supports that workplace interventions decreasing absenteeism are beneficial to decreasing workplace cost. According to Asay et al. (2016) institutions of employment incur 58% of their staff health care cost associated with chronic disease. Chronic conditions result on average $286 per employee per year in institutions with greater than 1000 employees (Asay et al., 2016). The resulting recommendations of their research on reducing absenteeism cost are workplace wellness programs.

Tarro et al (2020) conducted a systematic review and meta-analysis of randomized controlled trials to determine the effectiveness of workplace interventions in reducing workplace absenteeism. Findings suggested that employees who were at risk for high risk extended absence related to a chronic disease would benefit from targeted interventions to reduce absenteeism and demonstrated a marked decrease in absenteeism by a standard deviation of 17.36 +/- 28.25 days in the in the intervention group when compared to their control group (31.13=/- 55.47 days), p +0.03. The most effective interventions were structured counseling sessions with occupational health practitioners (Tarro et.al. 2020)

The benefits of workplace interventions to decrease sick time were reported in subsequent studies throughout the extant literature. The Office of Disability and Employment Policy of the United States Department of Labor began an initiative titled (SAW/RTW) Stay at Work and Return to Work for companies or institutions to develop processes to maintain

employees at work battling chronic health conditions (2023). The U.S. Department of Labor (2023) speculates that employees would continue to stay on the workforce if they received preventative and supportive care. Multiple evidence-based strategies were submitted with supportive data of their effectiveness or ability of a SAW based program to be effective. As depression is the number one reason for absenteeism internationally, many of the evidence-based strategies developed are based on specific health conditions e.g., mental health, these strategies can be used for any health affliction that may affect an employee work ability (Petrie et al., 2018 & van Hees et al, 2022). Van Hees et. al. (2022) conducted a study using a mixed method design that incorporated qualitative concept mapping of SAW concepts with multivariate data analysis to explore perceptions of stay at work interventions amongst employees with mental health problems. Study findings suggested that direct focus on improving employer to employee relations, professional support, and the needs of the employee by incorporating supervisors was fundamental to successfully implementing SAW(van Hees et al., 2022a).

Stay At Work Initiative (SAW)

The Stay at Work Models and Strategies Evaluation Design Options Report provides five options that could be effective in maintaining employees at work (See Appendix D). Option D of the report suggests educating providers about the benefits of employees staying at work while continuing to manage their illness. In addition to providing education to employers regarding the substantial benefit of maintaining employees at work, the occupational health providers would also guide the employee in managing their health at work through evidence-based best practice measures. The key to this practice is the involvement of the occupational health team in

facilitating the medical management of chronic illness for employees. The intervention is designed to reach an employee preemptively.

Van Hees et al, 2022, expounds on the development of SAW interventions for supervisor guidelines to distinctively provide support to employees with a chronic mental health condition by maintaining the employee at work, providing occupational health support, and allowing the employee to maintain autonomy in their health care decision making. Within these guidelines, Occupational health is utilized to provide counseling services for employees, to provide guidance for resource allocation and maintain communication between the employee, human resources, and supervisors.

Barriers to Support.

Bosma et al (2021) conducted a qualitative focus group study interviewing occupational health physicians to identify barriers to staying at work and develop solutions to facilitate managing employees at work. Findings identified limited support from organizational representatives and lack of utilization of the occupational health provider as significant barriers to stay at work interventions. One of the key takeaways within the article, identified the occupational physician as essential to the process of maintaining the employee at work. Study findings also indicated that organizational attitudes towards employees with chronic conditions, employee reluctance to disclose their chronic condition, supervisors not referring employees to Occupational Health providers for evaluation, and the unawareness of support services available, all negatively affected absences, productivity, and cost (Bosma et al., 2021). In 2012, de' Vries et.al. conducted a systematic review to identify factors that promote stay at work interventions and barriers to those interventions from the perspective of organizational stakeholder, Occupational health physicians, and the employees. The findings indicated that the employees

concern with work relationship was a primary barrier as employees believed supervisors had negative judgments about the employee's work ability which delayed their return to work. Although the context of the absence is not work performance affiliated, these noted barriers compose a strong argument that employees with chronic health conditions are more likely to remain at work with support services (de' Vries et.al., 2012).

Theoretical Framework

This quality improvement initiative utilized the Stay-at-Work/Return-to-Work (SAW/RTW) model and RETAIN program as a framework for the development of an evidence-based educational intervention presented to institutional key stakeholders who are instrumental in the authorization, development, and implementation of a transitional return to work program. In 2013 the Office of Disability Employment Policy (ODEP), a division under the United States Department of Labor began research to determine evidence-based practices for employees with work, non-work-related injuries or with chronic illnesses at work. Multiple reports were developed within the SAW/RTW initiative (U.S. Department of Labor 2023). The four reports are as follows: The Synthesis of SAW/RTW Programs, Models, Efforts and Definitions, The Synthesis of Evidence about SAW/RTW and Related Programs, Early Intervention Pathway Map and Population Profiles, and the Evaluation Design Report (U.S. Department of Labor 2020). The program was designed to support workers compensation-based injuries or illnesses; however, it is also relevant and transferrable to other employees experiencing chronic health problems.

SAW pathways provide workplace strategies that are cost effective, prevent absenteeism, and provide support to employees while at work and require a multifaceted approach. The SAW/RTW model provides five strategy options that can be implemented to maintain employees at work (See Appendix A). Multiple strategies are outlined in the SAW/RTW models; however, the early intervention pathways are considered suitable as a framework for this program process improvement project. Each option outlines plausible evidence-based interventions to maintain employees at work who experience illness or injury. Option D evaluation design option make recommendations by incorporating and evaluating the best practices of occupational medicine. Option D evaluation option also promotes preemptive intervention guided by OH prior to the medical absence, which would be optimally suited when there is a noted change in the employee condition or there is a risk of a work disability. Option D suggests that noted health care changes that are or could be a barrier to work could be guided by the occupational medicine provider in corroboration with the employee health care professional. SAW/RTW design Option B-2 request the in-person detailed information session with an employee about their health conditions, their work options to support their condition and resources available is beneficial to maintaining employees at work. Both Option D and Option B-2 framework aligns with the project proposal concepts and substantiate the benefit of utilizing the SAW/RTW framework.

The retaining of employment and talent after injury/illness initiative (RETAIN) as endorsed by the Department of Labor guided the implementation of SAW/RTW strategies to determine best practice for employees returning to work with a disability. RETAIN programs focus on early intervention and care coordination. The program is divided into two Phases and is anticipated to remain in productivity for 6.5 years. Phase II of the RETAIN initiative is in active

status and will complete within the next 5 years within the states of Kansas, Kentucky, Minnesota, Ohio, and Vermont.

Goals and Outcomes

The goal of this evidence-based quality initiative was to provide an educational intervention presenting the Retaining Employment and Talent After Injury/Illness (RETAIN) program for institutional stakeholders with specific aims to improve stakeholder readiness for program implementation and sustainable change. The goal of the RETAIN RTW program would be to expand the current transitional return to work program to all employees reducing off-duty time for employees who are at risk of lost time and lost wages due to medical illness and/or non-work-related injury that have temporary or permanently required work restrictions based on their current job duties.

Objectives to support goal attainment were as follows:

1. Provide education to key stakeholders on the transitional return to return-to-work program as defined by the USDOL and as utilized within the institution for displaced workers as a result of a workplace injury.
2. Provide education to key stakeholders on the benefits of implementing a transitional return to work program for non-work-related injuries as it relates to reduce missed days, work deconditioning, increase employee retention and decrease STD disability usage by reviewing current practices of the institution, RETAIN participants, and other comparable institutions.

Setting Facilitators and Barriers

The setting facilitators for the implementation of the educational intervention was the organizations strong commitment to research and evidence-based standards throughout the institution and their Magnet status. As one of the 4th largest health care employers in the state of Maryland, the organization has a renowned commitment to employee satisfaction and positive workplace environment. The organizations strategic plan, Innovation 2023 has outlined a five-year strategy to foster a workplace culture of trust , empowerment and to support healthy practices for improved well-being of their employees (Johns Hopkins Medicine, 2023c). The successful implementation and expected outcomes of this process improvement project will help facilitate and support the five-year strategy.

Since 2022, Occupational Health is redesigning and harmonizing their processes as the department embarks on centralizing their services, the implementation of this process may be tabled. With the staffing shortages across the nation, measures to retain staff and prevent absenteeism is essential. As employees recover from temporary illness and injury, their limitations to perform their job responsibilities may result in an extended absence causing vacancies in departments and has resulted in early retirements or resignations, stakeholders would be supportive of an alternative evidence-based process to support a transitional job reentry.

The setting barriers for this proposed project are multifaceted. As the institution strategizes to implement this program it will require allocation of additional resources to support the program implementation. An organizational culture shift will need to occur in the management processes of employees with restrictive duties. Restructuring of transitional return

to work processes, policies, and procedures, as well as the infrastructure to support implementation of the program will need to be developed. Stakeholder training and support will be required to prepare stakeholders for the implementation of the RETAIN RTW program to improve their confidence in the program and identify potential barriers to successful implementation.

Methods

This evidence-based quality improvement initiative began with a SWOT analysis and needs assessment that identified a gap in clinical practice supporting the need for a quality improvement initiative to address identified opportunities in practice. Further planning for this process development project was guided by a thorough literature review that provided current evidence-based best practice standards to support the proposed problem statement and PICOT question. This quality improvement initiative provided an educational intervention to institutional stakeholders with specific aims to improve stakeholder confidence and readiness for program implementation and sustainable change.

Project Design

This was an educational interventional single cohort design that utilized evidence-based best practice standards to evaluate the readiness of the organization and key stakeholders on the implementation of a transitional return to work program. The educational intervention was implemented as an asynchronous learning opportunity to the key stakeholders via email. A detailed email regarding the purpose of the survey, the educational opportunity, along with instructions was sent to each stakeholder. Accessing the survey implied consent. Key stakeholders consisted of department or organizational representatives both formal and informal

who are contributory in the development of the program. Recipients of the email had the option to take the survey or opt out. Recipients who chose to participate in the survey were also be instructed to complete the educational presentation. If a recipient decided to opt of completing the survey, they were provided instructions with which to review the educational PowerPoint presentation. After the initial survey and asynchronous education, the confidence and readiness for change survey was redistributed to re-assess the effect of the educational offering on confidence and readiness for change of the stakeholders in implementing the program.

Project Site and Population

The proposed project site for implementation of this project was the Maryland Occupational Health sites of the institution. The Occupational Health sites of Maryland manage the health needs of the organizations 10, 248 health care workers (JHM 2023). The Occupational Health Department corroborates closely with HEIC, HSE, ADA, OIE and is governed under Human Resources.

The population of interest for this educational intervention were the current Occupational Health leadership both formal and informal whose scope of professional responsibility and, expertise is grounded in employment, program implementation, and human resource management, and who are instrumental in the successful implementation of the proposed transitional RTW program from the organization's Maryland campuses. This included Occupational health managers and directors, occupational health operations manager, occupational program manager, information technologist, and case management coordinators.

Inclusion criteria: Stakeholders of the institutions who are responsible for the approval and successful implementation of a transitional return to work program. Stakeholders may

include ADA, Occupational Health clinical staff, managers, and directors, Occupational Health project manager, disability management and Occupational Health executive leadership.

Exclusion criteria: Individuals who do not have the scope of service and accountability to make organizational decisions . Individuals who are not subject matter experts in employment and/ or human resource management. Individuals not employed or affiliated with the organization.

Measurement Instrument

Pre and post intervention confidence levels were assessed using the Organizational Change Recipients Beliefs Scale (OCRBS). The OCRBS is a 24-item Likert-style measurement tool developed to assess an individual's degree of "buy- in" and confidence related to organizational change. (See Appendix D), (Armenakis, et al, 2007). According to the Department of Health and Human Services, the OCRBS can be used at three stages of organizational change: at readiness, adoption, and institutionalization (Nebraska Department of Health and Human Services, 2017). The validity of the OCRBS as a quantitative measurement survey tool to reliably assess confidence and organizational readiness to change was confirmed by the American Psychological Association (APA) (Armenakis et al, 2007). According to Armenakis et al (2007), the receptiveness of an organization is measured by five principles of change: discrepancy, appropriateness, efficacy, and principal support (Appendix E). Each item is represented by weighted questions within the survey (Appendix F). The validity of the OCRBS was measured as an effective tool using a confirmatory factor analysis, that resulted in the Kappa content validity convergent at $p<.05$ (.86) , exploratory factor analysis, and criterion related validity required by the APA (Armenakis, A. et al, 2007).

The OCRBS instrument was used to develop a Qualtrics survey for distribution under the licensing of the institution. The survey invitations were sent through the institution's secure internet portal to each participants institutional email address.

Data Collection Procedure

The implementation of this evidence-based educational intervention commenced with organizational support following UA IRB approval. Stakeholders meeting inclusion criteria who are chosen according to their respective roles or department to be determined by their utility in the RTW process development. The diverse participants included ADA, Occupational Health clinic managers and directors, Occupational Health project manager, executives, labor relations, disability management and Occupational Health executive leadership involved in the decision-making process for the institution.

Each key stake holder was sent an email invitation using the organizations secure HIPPA compliant internet portal to attend the educational session. The invitation informed individuals of the education to be provided and expected objectives of the educational intervention and survey. Acceptance of the invitation implied consent for participation in the recorded educational in-service. The response collection of the surveys was collected through the Qualtrics system and access to the link for response collection remained open for one-two weeks to allow adequate time for completion for participants. The redistribution of the survey for post assessment followed the same protocol. Data was stored in an external third-party vendor and is SSAE-16 SOC III certified and retrievable. Data accessibility is available to the survey developer and retrievable through the institution ID and single sign on to access Qualtrics. Responses were analyzed using the Qualtrics platform to evaluate the confidence of the stakeholders pre and post educational intervention by using through the Stats IQ of the Qualtrics system.

Data Analysis

Data analysis began immediately following the collection of the surveys 72 hours pre and post assessment distribution. Data analysis from the educational session were used to determine stakeholder confidence, departmental beliefs about the impending change and enthusiasm to implement the change. Data collected from the post survey was be analyzed using Likert scale analysis via the Qualtrics platform a secure data management platform which uses Akamai's Cloud Security Suite to protect their servers along with a firewall system (Qualtrics, 2023). Data was protected by using the JHU Safe Desktop platform, which is stored and managed within the organization's secure encrypted network; however, the project will not use PHI.

Results

The pre and post intervention assessment was performed for a comparative analysis of participants on the benefits of education in process development and readiness for change implementation. The pre-interventional survey with presentation was disbursed through e-mail in April 2024 to 47 stakeholders within the Occupational Health department. The survey was disseminated via the institutions Outlook e-mail account. A total of n=9 consented to completion of the survey to total a response rate of 19.1%. The post-interventional survey was disseminated in May 2024, continued with the same 47 requested participants. A total of n=4 participants consented to the survey which resulted in a response rate of 8.5%. None of the participants opposed consenting to the survey confirming that none of the participants were redirected to the educational intervention presentation only.

The OCRBS survey questionnaire utilized a five-point Likert scale to evaluate the participants readiness for change. Each of the 24 questions correlated with a readiness determinant and was weighted based on the response. The survey consisted of four questions for

valence, five questions for efficacy, four questions for discrepancy, five questions for appropriateness and six questions for principal support. The responses were weighted as strongly agree-5, somewhat agree-4, neither disagree or agree-3, somewhat disagree-2 or strongly disagree-1. At both pre and post intervention, principal support scored the highest at 94.5% and 73.6%. The discrepancy determinant was the lowest scoring determinant with resulted with 82% and 60.5% respectively. The remaining determinants resulted pre and post at valence 86%/62%, appropriateness 85.8%/68.4%, and efficacy 86.2%/66.2%.

Interpretation / Discussion

The assurance of institutional readiness for change is significant to project planning and sustainable change. Organizational Readiness is described as an institutions preparedness to implement a new project or program. The motivation of the stakeholders of an institution to engage during the phases of project planning is essential to successful implementation. The OCRBS can be used at three stages of organizational change: at readiness, adoption, and institutionalization (Nebraska Department of Health and Human Services, 2017).There are variables to consider in review of the results of the data analysis. Online surveys of less than 500 participants average response rates are 44%, the pre and post intervention response rates of 19% and 4% results were not abysmal; however, areas for future consideration to obtain more participation could include reminder phone calls, reminder emails, and anticipatory announcements prior to distribution (Wu, Zhao and Fils-Aime, 2022). In consideration of anonymity for the participants, it is not reliable to deduce that the same participants pre intervention are the same participants post intervention for an accurate assessment of the pre intervention effectiveness. The allowance of anonymity allowed for non-confirmatory variable

validation that the respondents pre and post were the same participant, therefore, the post participants may not have watched the PowerPoint presentation prior to participation.

Principal support rated the highest among the readiness effectiveness change scale both pre at 94% in agreement and post intervention at 73% at agreement signifying the belief that the key individuals (leadership) that can influence change will provide the support needed for implementation . The least scoring change belief to determine readiness was identified in discrepancy. Discrepancy is defined as a need to change from the current state to a future state with a decline from 82% in agreement for change pre intervention and 60% in agreement for change post intervention. The overall analysis of readiness for change displays that 99% of participants exuded readiness for program implementation pre and post intervention; however, due to the low response rata, this data is not considered statiscally significant.

Cost Benefit Analysis

The benefit to implementing a transitional return to work program is tremendous. In 2020, the employers nationwide spent 575 billion dollars and 1.5 million lost days utilizing sick time, workers compensation, and other disability leaves (Mayer, 2020). The cost associated with implementing this project is undetermined at this time; however, the reduction in lost days would provide a cost savings to the organization by decreasing STD premiums, premature retirements and defer state disability claims. The United States Department of Labor and the Social Security Administration have available grants and funding to support start-up costs for SAW/RTW program initiatives. Additional state and local grants opportunities are available through Maryland Department of Labor EARN program with a probable collaboration with the RETAIN program initiative for job training and placement can be introduced. At this time, there are no foreseeable expenditures related to this project educational intervention; however,

implementation has the potential to reduce vacant positions, substantial reduction in STD and LTD premiums, use of supplemental staffing and/or overtime in response to the absent employee.

Timeline

The educational intervention began upon approval by the University of Alabama and project site executive leadership. The date of approval of the proposed DNP process improvement project was April 2024. Once IRB approval was received, the DNP student as the primary investigator simultaneously initiated invitations to the stakeholders instrumental in implementing a transitional return to work program at the institution. The educational invitation was disseminated in April 2024 and then again May 2024. Data collection and analysis began in May 2024. Data collected was analyzed with the assistance of the Qualtrics system, Excel Workbook applications and Chart Expo application.

Ethical Considerations/Protection of Human Subjects

The University of Alabama (UA) Institutional Review Board (IRB) approval was obtained prior to initiating the project. No patient identifiers were be collected or reported in this DNP process improvement project. All participants acceptance of the invitation confirmed participation and agreement of information sharing. There were no human subject data collected. All data was stored and analyzed in a HIPPA complaint cloud server such as the institutions Cloud Safe Desktop (JHICTR n.d.)which are encrypted, password protected with dual authentication. Additionally, all standards will be carefully adhered to.

Conclusion

A structured and comprehensive transitional return to work program is beneficial to the institution. A transitional return to work program would provide an alternative for the employee managing a physical or mental debility while maintaining their employment. Despite the many benefits of implementing a successful program, it is essential for the implementors to have a well-defined understanding and exhibit readiness during the preliminary planning and developmental phases. A preemptive preparation strategy of evaluating the influential stakeholders readiness; ensures understanding, limits barriers, provides educational guidance and will strengthen team cohesiveness.

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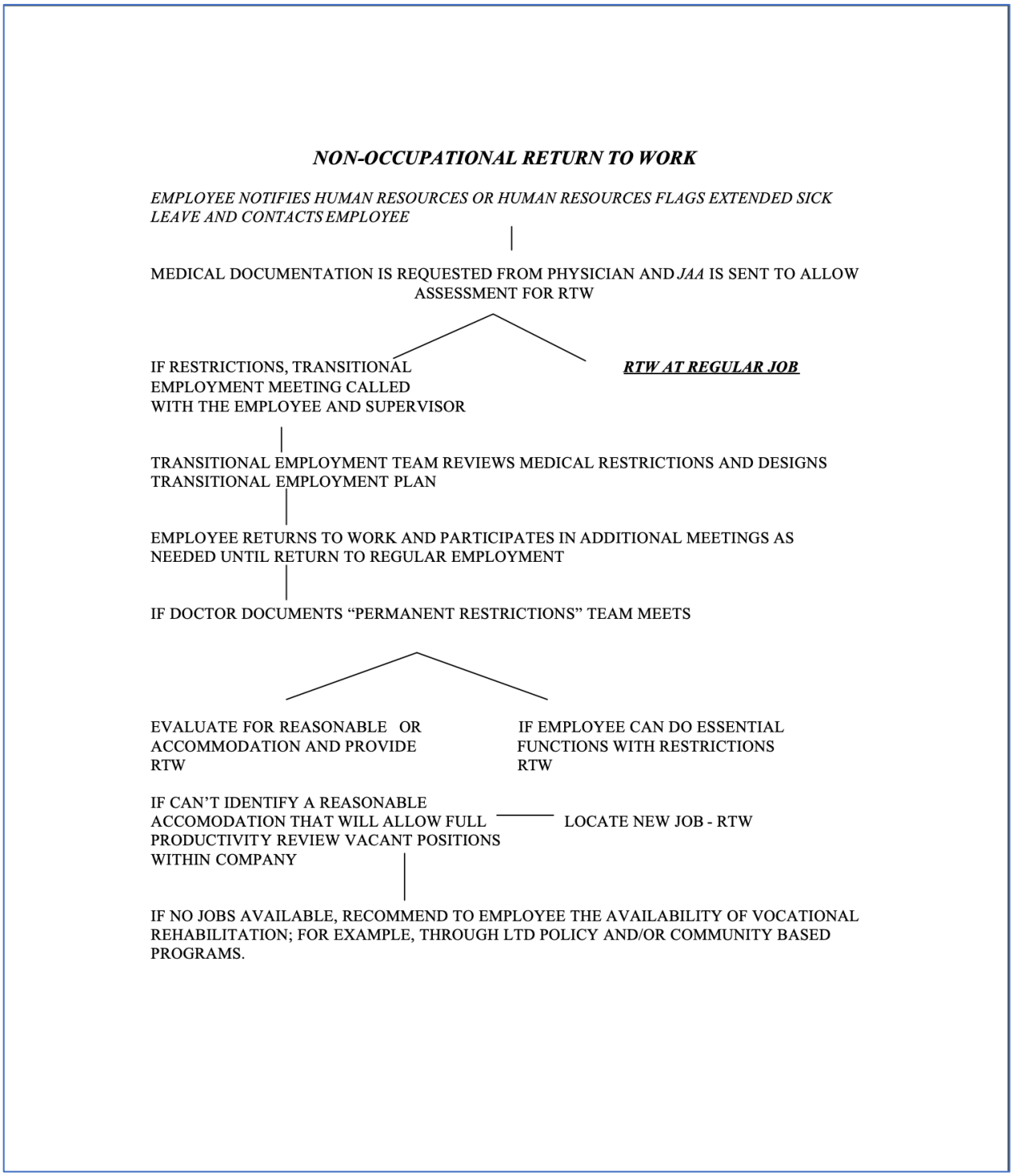
Appendix A

United States Department of Labor: Stay-at-Work/Return-to-Work (SAW/RTW) Models and Strategies Evaluation Design Options Report Executive Summary: (https://www.dol.gov/sites/dolgov/files/ODEP/research/saw-rtw/SAW-RTWEvaluationDesignOptions_FINAL.pdf).

Exhibit 8-1. Summary of Evaluation Design Options

Evaluation Design Option	Research Question	Target Population & Partnerships	SAW/RTW Strategy To Be Studied	Contribution to Evidence Base
A. Longitudinal study of individual workers	• Which workers will leave the labor force after an illness or injury? • Which of them will eventually apply for SSDI?	***Target population***: workers who have experienced an injury or illness that threatens their ability to work ***Partnerships***: Data sharing agreements	Patterns of program participation after illness or injury	The study would provide valuable information to policymakers to help them target SAW/RTW services to those workers who may be most likely to benefit.
B. Test an Informational Intervention for workers	How does advice about working, and information about employer policies and resources affect employment outcomes for workers who have recently experienced an injury or the onset of an illness?	***Target population***: Workers at risk of applying for federal disability benefits ***Partnerships***: Employers, state or federal agencies or insurance providers to identify sample of workers	Information, advice and resources to workers about working with a disability	This option would produce evidence about the effect of providing targeted information on the employment outcomes of workers who have recently experienced an injury or the onset or worsening of an illness.
C. Examine employer SAW/RTW practices and test an intervention that informs employers about best practices	• What practices, if any, do employers use to retain workers with impairments? • Does providing employers with information about SAW/RTW best practices improve employer practices?	***Target population***: Employers ***Partnerships***: Employer organizations, federal-state partnerships	Information to employers on strategies and resources to retain workers with impairments	This option would generate knowledge of the existing practices and knowledge of employers. The option would also produce evidence about the effect of providing information on employer practice and potentially, on employment and disability outcomes of workers.
D. Inform medical professionals about best practices to facilitate SAW/RTW.	• Would changes to medical practice promote individuals staying at work or returning to work? • Does an informational nudge induce changes to medical practice?	***Target population***: Medical professionals ***Partnerships***: Licensing agencies for medical professionals	Information to medical professionals on best practices to promote work	This option would identify what occupational medicine experts consider to be best medical practices for promoting work. The option would also produce evidence on effects of informing medical professionals about those practices on provider behavior and patients' employment outcomes.
E. Evaluate the effects of partial payments in temporary disability insurance programs.	What effect do partial payments in TDI, and TDI in general, have on work, benefits, and program costs?	***Target population***: Individual workers ***Organizations & Agencies***: Private or state TDI insurer ***Partnerships***: Private or state TDI insurer	Partial temporary disability benefits or insurance program with partial payments for those who return to work at a lower number of hours or wages	This option would produce evidence about the effects of offering workers partial temporary disability payments on work, benefits, and program costs.

Appendix B
George State Board of Workers Compensation
Model Return to Work Program



Appendix C
Georgia Transitional Employment Plan Form
https://sbwc.georgia.gov/sites/sbwc.georgia.gov/files/related_files/site_page/ModelReturnToWorkProgram.pdf

Transitional Employment Plan

Employee Name	Department
Job Title	Supervisor Reviewing Manager

Physical Capacities/Restrictions	
Date Restrictions Began	Next Review Date

Plan Specifications	
Start Date	End Date
Describe job and/or specific tasks:	
Describe hours/day and days/week, including progression schedule:	
Special considerations:	

This Transitional Employment Plan has been reviewed and discussed with me to clarify any questions I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.	
Employee Signature	Date

I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of the plan to the employee.	
Supervisor or Reviewing Manager Signature: Other Transitional Team Members in Attendance: Physician's Signature:	Date

Appendix D
OCRBS Questionnaire
https://dhhs.ne.gov/MCAH/CI-OCRBSreport-May%202017.pdf

Assess Your Readiness for Organizational Change

Check the box that best fits your beliefs, opinions, and Perceptions.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1. This change will benefit me.	○	○	○	○	○
2. Most of my respected peers embrace the proposed organizational change.	○	○	○	○	○
3. I believe the proposed organizational change will have a favorable effect on our operations.	○	○	○	○	○
4. I have the capability to implement the change that is initiated.	○	○	○	○	○
5. We need to change the way we do some things in this organization.	○	○	○	○	○
6. With this change in my job, I will experience more self-fulfillment.	○	○	○	○	○
7. The top leaders in this organization are "walking the talk".	○	○	○	○	○
8. The change in our operations will improve the performance of our organization.	○	○	○	○	○
9. I can implement this change in my job.	○	○	○	○	○
10. We need to improve the way we operate in this organization.	○	○	○	○	○
11. The top leaders in our organization support this change.	○	○	○	○	○
12. The change that we are implementing is correct for our situation.	○	○	○	○	○
13. I am capable of successfully performing my job duties with the proposed organizational change.	○	○	○	○	○
14. We need to improve our effectiveness by changing our operations.	○	○	○	○	○
15. The change in my job assignments will increase my feelings of accomplishment.	○	○	○	○	○
16. The majority of my respected peers are dedicated to making this change work.	○	○	○	○	○
17. When I think about this change, I realize it is appropriate for our organization.	○	○	○	○	○
18. I believe we can successfully implement this change.	○	○	○	○	○
19. A change is needed to improve our operations.	○	○	○	○	○
20. My immediate manager is in favor of this change.	○	○	○	○	○
21. This organizational change will prove to be best for our situation.	○	○	○	○	○
22. We have the capability to successfully implement this change.	○	○	○	○	○
23. We need to improve our performance by implementing an organizational change.	○	○	○	○	○
24. My immediate manager encourages me to support the change.	○	○	○	○	○

For more information contact: MCAH Feedback@nebraska.gov

What is the "change" this questionnaire asks about?

The focus of change is moving to a leaner organization with new leadership, while sustaining commitment to helping Nebraskans lead better lives and fulfill program requirements.

Please note that the readiness assessment does not require that you know now what exactly the changes will be.

You are being asked how you feel now about change toward a leaner organization more focused on business principles, under new leadership, while still working toward specific program and funder requirements.

Thank you for completing this assessment.

Appendix E
Five Factors Influencing Readiness
https://dhhs.ne.gov/MCAH/CI-OCRBSreport-May%202017.pdf

Table 1: Five Factors Influencing Readiness	
Discrepancy: *Need for Change*	Defined as the extent to which one feels that there are or are not legitimate reasons and needs for the prospective change.
Efficacy: *Confidence in Ability to Change*	Defined as the extent to which one feels that s/he has the skills and is able to execute the tasks and activities associated with the implementation of the prospective change.
Principal Support: *Commitment of Formal and Opinion Leaders*	Defined as the extent to which one feels that the organization's leadership and management are committed to and support implementation of the prospective change.
Valence: *Beneficial to individual and organization*	Defined as the extent to which one believes that s/he will or will not benefit from the implementation of the prospective change.
Appropriateness: *Appropriate action to address needs or gaps, eliminate discrepancy*	The extent to which one believes that the organization will or will not benefit from the implementation of the prospective change.

Source: Social Determinants of Health (SDOH) Learning Network, Infant Mortality CoIIN. (March 2017) Assessing Readiness for Change: A Workbook. Page 8.

Appendix F
Content Adequacy Questionnaire Items
https://journals.sagepub.com/doi/epdf/10.1177/0021886307303654

Content Adequacy Questionnaire Items

1. This change will benefit me (V)	____
2. Most of my respected peers embrace the proposed organizational change (PS)	____
3. I believe the proposed organizational change will have a favorable effect on our operations (A)	____
4. I have the capability to implement the change that is initiated (E)	____
5. We need to change the way we do some things in this organization (D)	____
6. With this change in my job, I will experience more self-fulfillment (V)	____
7. The top leaders in this organization are "walking the talk" (PS)	____
8. The change in our operations will improve the performance of our organization (A)	____
9. I can implement this change in my job (E)	____
10. We need to improve the way we operate in this organization (D)	____
11. I will earn higher pay from my job after this change (V)	____
12. The top leaders support this change (PS)	____
13. The change that we are implementing is correct for our situation (A)	____
14. I am capable of successfully performing my job duties with the proposed organizational change (E)	____
15. We need to improve our effectiveness by changing our operations (D)	____
16. The change in my job assignments will increase my feelings of accomplishment (V)	____
17. The majority of my respected peers are dedicated to making this change work (PS)	____
18. When I think about this change, I realize it is appropriate for our organization (A)	____
19. I believe we can successfully implement this change (E)	____
20. A change is needed to improve our operations (D)	____
21. My fringe benefits will remain the same after this change (V)[a]	____
22. My immediate manager is in favor of this change (PS)	____
23. This organizational change will prove to be best for our situation (A)	____
24. We have the capability to successfully implement this change (E)	____
25. We need to improve our performance by implementing an organizational change (D)[a]	____
26. My immediate manager encourages me to support the change (PS)	____

NOTE: D = discrepancy; A = appropriateness; E = efficacy; PS = principal support; V = valence.
a. This item did not survive the development process.

Appendix G

Complete and print.

Medical Status Report for Mayo Clinic Employees

Instructions to Provider: Complete the information below as it relates to the individual's ability to return to work. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. §1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b). Print and sign this document, then provide a copy to the employee for submission. This form can be scanned into the electronic medical record if requested by completing health care provider.

Instructions to Employee: Promptly submit a copy of this document utilizing the Employee Incident Reporting and Medical Leave Requests tile in the timekeeping system and available at https://ohs-prod-portalui.mayo.edu/RcsHome. Select **Work Restrictions** under the **Send new general inquiry related to** section on the **My Communications** tile. Complete the Send New Inquiry form and use the "Choose Files" button to attach the completed and signed Medical Status Report.

Employee Information

Employee Name *(First, Middle, Last)*	Birth Date *(mm-dd-yyyy)*	Employee ID

Injury or Illness Information

Is this a work-related injury? ☐ Yes ☐ No ☐ Unknown	Injury or Illness Onset Date (as specific as possible)	ICD-10 Code
Diagnosis Related to Injury, Illness, or Surgery		
Treatment Plan		
Next Appointment Date *(mm-dd-yyyy)*:	**Surgery or Procedure Date** *(mm-dd-yyyy)*:	

Return to Work Plan Complete all information as appropriate.

☐ Unable to return to work from *(mm-dd-yyyy)*: through *(mm-dd-yyyy)*:

☐ Able to return to work with the restrictions listed below from *(mm-dd-yyyy)*: through *(mm-dd-yyyy)*:

☐ Able to return to work without restrictions on *(mm-dd-yyyy)*:

Number of work hours per day: Number of days per week: Other (eg, schedule limitation):

Restrictions Check only those items that apply. Add additional restrictions in the blank cells.

Frequency key (based on an 8-hour shift per day)
Rarely: less than 30 min/day Occasionally: 30 min – 2.5 hours/day Frequently: 2.5 – 5.5 hours/day Continuously: 5.5 or more hours/day

	Unable to Perform	Rarely (< 5%)	Occasionally (6–33%)	Frequently (34–66%)	Continuously (67–99%)		L	R	Unable to Perform	Rarely (< 5%)	Occasionally (6–33%)	Frequently (34–66%)	Continuously (67–99%)
Stand, walk	☐	☐	☐	☐	☐	Lift, carry	☐	☐	☐	lbs	lbs	lbs	lbs
Twist, turn	☐	☐	☐	☐	☐	Push, pull	☐	☐	☐	lbs	lbs	lbs	lbs
Bend, stoop	☐	☐	☐	☐	☐	Reach above shoulder	☐	☐	☐	☐	☐	☐	☐
Squat, kneel, crawl	☐	☐	☐	☐	☐	Repetitive grasp or pinch	☐	☐	☐	☐	☐	☐	☐
Climb	☐	☐	☐	☐	☐	Keyboard operation	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐

Additional Restrictions

☐ Sedentary work or activities only	☐ Keep wound clean and dry	☐ No working in patient care environment or room
☐ Able to alternate sitting, standing, walking as needed	☐ No work with latex products	☐ No contact with patients
☐ No operating power equipment	☐ No assaultive or physical control situations	☐
☐ No working at heights	☐ No complex- or safety-sensitive decision-making	☐
☐ No driving work vehicles	☐ No hands-on patient care	☐

Estimated time to return to work unrestricted: ☐ 2 weeks or less ☐ 3–8 weeks ☐ More than 8 weeks ☐ Unknown

Additional Comments

Provider Information

Medical Facility		Phone	Fax
Provider Signature ▶	Date *(mm-dd-yyyy)*	Provider Printed Name *(First, Middle, Last)*	

MC2338-02rev0723

Appendix H
Timeline Table

12/22/23	Proposal complete and approved
02/2024	UA IRB submission Poster Presentation
04/2024	UA IRB Approval and Pre-Intervention approval
05/2024	Implementation- Post Educational Assessment
06/2024- 07/2024	Write DNP Proposal Part II, update table of contents, additional figures, and data with updates i.e., final results, interpretation, and discussion. Review significance and final proposal with OH and all necessary parties.

Ongoing

Continued review and development of project with the institution.