



## **DRAFT Report**

# **Ontario Summit to Prevent Work Disability**

**May 12 and 13, 2010**

***Hart House - University of Toronto  
Toronto, Ontario***

[www.60summits.org/ON](http://www.60summits.org/ON)

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## Executive Summary

On May 12 and 13, 2010, The Ontario Summit to Prevent Work Disability was held in Toronto. One-hundred forty-two participants gathered for the by-invitation event, representing numerous stakeholder groups in Ontario with an interest in reducing the disruptive impact of medical conditions on work attendance and employability for the affected employees, their employers, and Ontario society as a whole. The Summit was held in association with The 60 Summits Project, which is promoting new ideas about how to prevent needless work disability and help keep people employed throughout North America and around the globe. Ontario's was the 20<sup>th</sup> Summit to date. It was outstanding for both its size and the caliber of attendees, as well as their expressed commitment to a long term effort – to evolutionary, not revolutionary change.

The Summit was kicked off by several speakers encouraging participants to make a significant difference in this important area, including the Ontario Minister of Labour. As with all 60 Summits events, activities were grounded in the sixteen recommendations made in a landmark report entitled “Preventing Needless Work Disability by Helping People Stay Employed.” Among those in attendance were three of its co-authors, the 60 Summit Project's founder and two Canadian physicians. The central output of the Summit was a set of action plans for how to implement each of those sixteen recommendations. The plans were formulated collaboratively by small multi-stakeholder workgroups during the Summit. The planning process challenged them to think both creatively and practically about how to effectively address underlying causes of work disability. Participants also laid out the specific next steps necessary to start making progress in the real world after the summit concluded. Additionally, participants made personal commitments to themselves for the specific actions and changes they were going to make in their own organizations, community and/or province.

The post-Summit evaluations confirmed that participants found the event stimulating and useful. The vast majority expressed a desire to stay in touch, and the majority signed up to join the Action Group that will take the ideas of the Summit and start turning them into a reality in Ontario. Interested parties are encouraged to join the Action Group whether or not they were able to attend the Summit.

The Summit was planned and produced by a diverse group of committed volunteer experts from different kinds of organizations across Ontario along with staff from the 60 Summits Project. The Summit was supported by a number of organizations through financial sponsorships, in kind donations, and letters of endorsement including a personal message from the Premier of Ontario.

The materials below and in the accompanying Appendices provide a more detailed report of the proceedings and results of the Summit.

## Introduction

This report documents the preparations, event proceedings, and detailed outcomes of The Ontario Summit to Prevent Work Disability held in conjunction with the 60 Summits Project on May 12-13, 2010 in Toronto, Ontario. Consistent with the purpose and vision of The Ontario Summit Leadership Committee, a multi-stakeholder committee that planned and produced the Summit, this document should be shared with everyone who attended the event as well as others who are interested to learn what happened here.

This document is also intended to serve as a resource for those who intend to continue the multi-stakeholder grassroots initiative whose first step was the Ontario Summit to Prevent Work Disability. They can use the lists of people who participated to find kindred spirits with whom to collaborate. They can begin with the lists of preliminary ideas and plans developed during the Summit, and then consolidate, analyze, prioritize them, and turn them into action in the real world.

## Acknowledgements

Members of the Ontario's Summit Leadership Committee: The membership of this all-volunteer committee is itself an example of the multi-stakeholder approach to the overall effort. The committee consisted of twelve professionals representing eleven different organizations. Representatives from employers, labour, occupational health, safety, mental health and wellness providers, insurance, disability management, rehabilitation, government, academia and research worked together to plan and produce this event. There would have been no Summit without the leadership, dedication and firm resolve of this steering committee. A list of committee members appears in Appendix A.

Sponsors: Without the generous support of our sponsors, the Ontario Summit to Prevent Work Disability would not have been possible. A list of sponsors appears in Appendix C.

The Facilitators: Most of the leadership team members served as workgroup facilitators, and others were recruited from various settings. In all, sixteen facilitators provided leadership for the workgroups and helped them to focus and remain on task during their deliberations. The facilitators were responsible for making sure that all viewpoints were shared in the group, that the workgroup action plans were representative of the group, and that the workgroup report was created and delivered. The names of facilitators appear within the Summit Workgroup Reports found in Appendix G.

60 Summits Project staff: We appreciate the support of Diana Cline, David Siktberg, Anita Nyyssonen, and Jennifer Christian, MD of the 60 Summits Project who assisted us throughout the planning process as well during the Summit event.

## Key Definitions

**Work Disability:** It is important to note that we use the term “disability” or “work disability” to mean time either away from work, or working at less than full productive capacity, that is attributed to a medical condition. Work disability is not tied to impairment, even though many people refer to having an impairment as “having a disability.” But, many people with substantial impairments work full time and full duty. To avoid confusion, we try to remember to use the phrase “work disability” to differentiate it from the word “disability”. **A key precept of the new work disability prevention model is that *needless work disability (preventable absence or withdrawal from work) is disruptive, potentially harmful, and costly both to the employee and the employer.***

**The Stay-At-Work and Return-To-Work (SAW/RTW) process** occurs whenever an employed person becomes injured, ill, or has had a change in their ability to function. The SAW/RTW process consists of a sequence of questions, actions and decisions made separately by one, two or many parties that, taken as a whole, determine whether, when and how that injured or ill person stays at or returns to work. Thus, the SAW/RTW process is an outcome generating process. However, it often becomes derailed because the focus is diverted to certifying, corroborating, justifying, evaluating, or determining the extent of the work disability rather than preventing it.

**ACOEM Guidelines:** The American College of Occupational & Environmental Medicine has issued a variety of guidelines, guidance documents, reports, policies, and position statements over time.

- The most well-known of its guidelines are the *Occupational Medicine Practice Guidelines* for diagnosis and treatment of occupational conditions, published in 2002. This several hundred page document is available for purchase from ACOEM. The evidence-based Practice Guidelines were adopted as the presumptively correct standard of care by the California workers' compensation system. **The ACOEM treatment guidelines – which make specific recommendations for medical care in individual cases of injured or ill individuals – WERE NOT the focus of the Ontario Summit to Prevent Work Disability.**
- **Another ACOEM document entitled “*Preventing Needless Work Disability by Helping People Stay Employed*” WAS the focus of the Ontario Summit to Prevent Work Disability.** Adopted by ACOEM in May 2006, it is 27 pages long, and is free on ACOEM's website ([www.acoem.org](http://www.acoem.org)) under Policies and Position Statements. It can also be found at [www.60Summits.org](http://www.60Summits.org). Although initially classified as a guideline, it has been reclassified as a guidance document. **The report is addressed to all the participants in the SAW/RTW process and makes 4 general and 16 specific recommendations for how to improve the way it functions** – in order to improve service to workers and their supervisors, and to improve outcomes of injury-, illness- or aging-related

employment predicaments. The recommendations from the report are shown below in Table 1:

<b>Table 1</b> <b>Recommendations made in the ACOEM paper on</b> <b>Preventing Needless Work Disability by Helping People Stay Employed</b>	
<b>I. ADOPT A DISABILITY PREVENTION MODEL</b>	<ol style="list-style-type: none"> <li>1. Increase Awareness of How Rarely Disability is Medically Required</li> <li>2. <i>[Instill a Sense of Urgency. *]</i> Urgency is Required Because Prolonged Time Away from Work is Harmful</li> </ol>
<b>II. ADDRESS BEHAVIORAL AND CIRCUMSTANTIAL REALITIES THAT CREATE OR PROLONG WORK DISABILITY</b>	<ol style="list-style-type: none"> <li>3. Acknowledge and Deal with Normal Human Reactions</li> <li>4. Investigate and Address Social and Workplace Realities</li> <li>5. Find a Way to Effectively Address Psychiatric Conditions</li> <li>6. Reduce Distortion of the Medical Treatment Process by Hidden Financial Agendas</li> </ol>
<b>III. ACKNOWLEDGE THE POWERFUL CONTRIBUTION THAT MOTIVATION MAKES TO OUTCOMES, AND MAKE CHANGES TO IMPROVE INCENTIVE ALIGNMENT</b>	<ol style="list-style-type: none"> <li>7. Pay <i>[or Otherwise Reward*]</i> Physicians for Disability Prevention Work to Increase Their Professional Commitment to It</li> <li>8. Support Appropriate Patient Advocacy by Getting Treating Physicians Out of a Loyalties Bind</li> <li>9. Increase “Real-Time” Availability of On-the-job Recovery, Transitional Work Programs, and Permanent Job Modifications</li> <li>10. Be Rigorous, Yet Fair in Order to Reduce Minor Abuses and Cynicism</li> <li>11. Devise Better Strategies to Deal with Bad-Faith Behavior</li> </ol>
<b>IV. INVEST IN SYSTEM AND INFRASTRUCTURE IMPROVEMENTS</b>	<ol style="list-style-type: none"> <li>12. Educate Physicians on “Why” and “How” to Play a Role in Preventing Disability</li> <li>13. Disseminate Medical Evidence Regarding Recovery Benefits of Staying at Work and Being Active</li> <li>14. Simplify/Standardize Information Exchange Methods between Employers/Payers and Medical Offices</li> <li>15. Improve/Standardize Methods and Tools that Provide Data for SAW-RTW Decision-Making</li> <li>16. Increase the Study of and Knowledge about SAW/RTW</li> </ol>

*\* - Text added by The 60 Summits Project in order to communicate more clearly the intent of the original authors of the paper.*

## Background and History

The American College of Occupational & Environmental Medicine (ACOEM) adopted a report entitled “Preventing Needless Work Disability by Helping People Stay Employed” in May 2006. Dr. Jennifer Christian had led the committee of 21 Canadian and U.S. physicians that developed it. She founded The 60 Summits Project shortly thereafter which is convening multi-stakeholder Summit-type workshops across North America, aiming for 60 events in 10 Canadian provinces and 50 U.S. states.

### ***The purpose of The 60 Summits Project:***

The 60 Summits Project is a grassroots initiative that is creating a multi-stakeholder community of like-minded people who intend to:

- Prevent needless work disability by helping people stay employed;
- Upgrade the performance of workers' compensation and disability benefits systems by employing a multi-stakeholder collaborative approach to:
  - mitigate the impact of illness, injury or impairment on each individual's ability to function at work, and
  - promote the economic vitality and productivity of workers, employers, and local economies;
- Inform people about the new work disability prevention paradigm and the American College of Occupational & Environmental Medicine's recommendations for improving the stay at work and return to work process;
- Inspire and convince people to take action to make those improvements and cooperate under the new paradigm;
- Lead by example and support each other in actually doing these things ourselves;
- Within the 60 Summits community, enable buyers and sellers of products and services that effectively prevent needless work disability to find each other so that they thrive and prosper;
- Grow that community until people across North America are employing this new multi-stakeholder, collaborative, and problem-solving approach, and it eventually becomes the norm everywhere.

## Ontario In Action

In the fall of 2008, Lynn Gibbons, Michel Schofield, Gabor Lantos and Nancy Gowan began a conversation with Dr. Jennifer Christian to explore the possibility of a Summit for Ontario. They agreed to hold a feasibility meeting in order to determine the appetite for such an effort. Together, they created an invitation list. On December 4, 2008, 46 people attended the feasibility session. A remarkable feature of that meeting was the number of people who commented it was a pleasure to meet so many new people in other stakeholder groups who shared the same philosophy. The stated purpose of the meeting was to determine whether the time was right to hold a Summit in Ontario, and if so, whether anyone would step up to help

plan it. The answer to the first question was a resounding yes with many specific reasons offered:

- What we've been doing hasn't worked, so why not?
- The economic conditions will sell it from a business perspective – financial rewards will be apparent.
- System change is already underway in WSIB and insurance companies that makes it seem like they're ready for change.
- Legislation (AODA) will provide incentives to employers to adopt the work disability prevention paradigm.
- Now that we recognize we're not doing secondary prevention, let's put it in.
- Providing people with the knowledge they need to play their roles will make a difference and improve outcomes.
- OMA's guide on RTW for doctors is nearly done, so the timing will be good.
- There are several things happening that make the timing auspicious.
- We're a province with a shortage of docs and it's a good time to think about how to make practice more rewarding/satisfying for them.
- Good opportunity for unions to demonstrate helping employees retain their jobs.
- Imminent retirement of baby boomers makes this topic timely.
- The "entitled" millennial generation will require us to think differently – so this is timely.

The group then was reminded that planning a Summit would be a lot of work, so the results it would produce must be worth their effort. They were then asked to mentally stand out in the future two years and envision what was now occurring because a hugely successful Summit had made it possible. What they saw in that future was:

- Decline in disability rates.
- People are playing new roles in doctors' offices and at employers handling SAW/RTW.
- We will see more secondary prevention, rather than just primary & tertiary.
- New training programs for physicians and leaders have occurred on a regular basis.
- Physicians are routinely being asked better questions (standardized).
- All stakeholders see this as a win-win.
- Workplace culture has shifted in a positive way around the province.
- Employers have jumped on the "certification" bandwagon.
- Over the past two years insurance premiums have gone down, which has improved economic development in the province.
- The big players are in this together – WSIB, insurers, large employer coalitions, OMA, unions, labor, government.
- A spirit of collaboration and cooperation that has never been seen before is benefitting individuals & society.
- New helpful legislation has been passed, and unhelpful laws have been undone.
- A reduction in stigma related to disability has occurred – people with different levels of ability are in the workplace all the time.

By the end of the meeting, 17 people representing 16 different organizations had signed up to serve in various roles on the planning committee. Twelve of them became the leadership steering committee for the entire Summit planning process.

Nancy Gowan and Ann Morgan stepped up to co-chair the Ontario Summit planning team. Neither of them had led a multi-stakeholder group or planned a conference of this size before. The first planning committee meeting was held in early January 2009. Monthly in-person meetings were held at members' various work locations for the first half of 2009 and then the team settled into in-person meetings hosted by Manulife. The team also increased the frequency of the meetings to twice a month with conference calls scheduled in between the onsite meetings. This created touch points on a semi-weekly basis for the duration of the Summit planning cycle.

A list of the steering committee members representing eleven different organizations is included in Appendix A. This group consisted of professionals from a variety of stakeholder groups including employers, labour, occupational health, safety, mental health and wellness providers, insurance, disability management and rehabilitation. The planning team was provided with a manual created by the 60 Summits Project which covers the planning process step by step. Discussions were conducted for the first several months of planning meetings to determine the best manner to proceed with the Summit. The group developed a purpose statement early in the process so as to clarify goals and guide progress. This statement is included in Appendix B.

Among the Ontario group's first decisions were to hold an Ontario Summit in the spring of 2010 and officially partner with the 60 Summits Project to plan and produce the event. In addition, the 60 Summits Project was also engaged to provide financial and administrative support services, to assist with the mechanics of invitations, communications, and website, provide marketing support and prepare a commemorative report of the Summit. The planning group focused on securing the venue, designing the agenda for the event, finding sponsors and selecting speakers, developing the guest list, communicating with potential speakers, sponsors, facilitators, and participants, and coordinating catering and all other logistics for the Summit days.

The planning team rigorously carried out its responsibilities. Every meeting started with a reading of ACOEM's 16 recommendations for improving the SAW-RTW process as a way to energize and remind them why they were planning a Summit. The regularly scheduled two-hour meetings followed an agenda with minutes taken and circulated afterwards. Sub-committee chairs provided updates at each meeting covering their accountabilities. The meeting structure allowed them to easily cover the material they needed to address during their scheduled meeting time and to accomplish the tasks at hand. 60 Summits staff conducted knowledge transfer sessions at key milestones, shared samples and templates of documents used in prior Summits, reviewed and made improvement suggestions for all Ontario specific documents and generally provided coaching and advice throughout the entire planning process.

The planning of the event took approximately 18 months. All planning decisions were made as a team. For example, the planning team agreed that it was critical to include Ontario speakers who could lend credibility to the effort and point out the relevance of the new work disability prevention model for this province.

A significant key to the success of the Ontario planning team was the focused and disciplined approach used to raise funds for the Summit. The team was very clear in their fundraising goals from the very beginning. Funds were being raised not just to hold a day and a half Summit to prevent work disability, but also to provide initial support for formation of an Action Group with an ambitious agenda and worthwhile projects. Fourteen sponsors contributed a total of \$40,000 to help underwrite the cost of the event.

Significant in-kind donations by many organizations also made the planning process possible. Time and resources of the planning team members, meeting space, conference calling and conference materials were donated by generous companies that view improving the stay at work and return to work process (SAW/RTW) as in their strategic interest. (See Appendix C for a list of sponsors.)

The guest list was very carefully developed to involve as many stakeholder groups as possible and to promote balance among the workgroups. A substantial effort by all planning team members resulted in representation from healthcare providers, employers, labour, insurance, disability management and rehabilitation companies, governmental agencies and associations. (See Appendix D for the distribution of participants by stakeholder group, and Appendix E for a list of participants). A survey was emailed to registrants asking them to describe their special areas of expertise and to rank order the ACOEM recommendations they wanted to focus on in their workgroup during the Summit. The planning committee used the survey results to set up the workgroups ahead of time, considering areas of expertise, preferences, and achieving a good balance among stakeholder groups.

A truly remarkable Summit event was held at Hart House on the University of Toronto campus on the evening of May 12 and all day May 13, 2010. There were a total of 142 participants – the largest attendance yet among all of the 20 Summits held to date. At day's end, there were still 130 in the room. This retention rate is the highest yet, and reflected the visible commitment to listening, learning and to engagement among the group.

Hart House is a stately and beautiful Gothic revival building built in 1919, but the physical environment created challenges for the participants. Parking, accessibility, acoustics, uncomfortable chairs, crowding, and the inability to darken the main room during the slide presentations were some of the issues that participants identified. Unfortunately, creature comforts diminished the experience for many people.

## Summit Participants

The 142 participants at the Ontario Summit represented a cross section of stakeholder groups. The planning committee began making their guest list with this question: “Who do we need to have in the room to create a milestone of an event that will make a difference in preventing needless work disability in Ontario?” The invitation list was carefully crafted to maximize participation by people of good will with excellent reputation and influence, known for their willingness to listen and engage in open dialog during the Summit but also for an action-orientation and likelihood of contributing to the success of future activities. The committee wanted to assure a balance of perspectives from employers (large and small, public and private), unions, clinicians, insurers, claims payers, government, policy makers, research, academia and others involved as intermediaries in the SAW/RTW process.

Those chosen were invited via personalized emails in a multi-step campaign to maximize the likelihood that people accepted the invitation. Follow-up calls were made by committee members to promote early registration and encourage participation. Appendix E contains a list of all Summit participants.

The invitation informed prospective participants that the Summit would use the ACOEM work disability prevention report with its 16 recommendations as the framework for discussion during the Summit. It also emphasized that the different stakeholders would sit side by side to jointly create a better stay-at-work and return-to-work process to benefit both employees and employers in Ontario. They were also informed that the expected outcomes of the Summit were new relationships, an action agenda, and a consortium or coalition that would plan to transform that action agenda into improved human and financial outcomes for both employees and employers.

## Summit Facilitators

Specially trained facilitators sat with each of the fourteen workgroups to help guide them through their deliberations during the Summit. The facilitators provided leadership for the workgroups and helped them to focus and remain on task in deliberating their assigned ACOEM recommendations. The role of the facilitator in a 60 Summits event is different from traditional professional facilitators’ roles. In order to be effective, a 60 Summits facilitator must be familiar with and have some experience with the content of the ACOEM recommendation upon which the group is deliberating. In addition, the facilitator is asked to create a welcoming, respectful and high quality environment for discussion. Also, the facilitator manages logistics, keeps the group discussion focused on the issues, makes sure that all participants’ viewpoints are heard, that the groups produce their reports on time, complete their personal commitment forms, evaluation, attendance and the follow-up action group sign-up sheets.

Most of the steering committee members served as facilitators, supplemented with additional volunteers recruited from members' organizations. Prior to the Summit, Dr. Christian and Diana Cline provided several hours of training for all facilitators via teleconference to cover the specifics needed for the Summit day.

## **Format of The Event**

The Ontario Summit was held in a day and a half meeting format. It began with an evening reception on May 12 to allow participants to get to know the other members of the workgroups. The program that night consisted of opening remarks by the Summit co-chairs, then a series of Ontario speakers, and then concluded with a brief orientation to the 60 Summits Project and a preview of the following day's workshop. (See Appendix F for the agenda.) On behalf of the Ontario Network of Injured Worker's Groups, Peter Page encouraged the Summit participants to focus on meeting the reasonable needs of people when their lives and livelihoods have been disrupted by injury. Dr. Ian Arnold presented an overview of the Mental Health Commission of Canada's responsibilities, purposes and capabilities. Dr. David Brown, one of the authors of the AOCEM report, affirmed the applicability of the new work disability prevention paradigm for Ontario. He also briefly described the evolutionary impact that adopting this perspective has had within the Canadian Imperial Bank of Commerce. Dr. Jennifer Christian briefly reviewed the history of the 60 Summits Project and the Ontario group, and then previewed the agenda for the next day. Participants were also advised to prepare to do their part the next day by reading the recommendations that had been assigned to their workgroups. Participants were all given a resource binder with key documents such as the ACOEM report, presentations, workgroup definitions, attendee list, and blank work forms.

The Summit workshop day on May 13 was opened by Co-chairs, Ann Morgan and Nancy Gowan. (See Appendix F for the meeting agenda.) Sponsors, planning committee members and facilitators were acknowledged and thanked for their efforts to make the day possible. Peter Fonseca, Minister of Labour, congratulated the participants on their commitments to helping injured workers get back into the workforce. He then presented a personal message from the Premier of Ontario, Dalton McGuinty, to the Summit co-chairs and read it aloud to the audience. (See Appendix J for the Premier's letter along with letters of endorsement received from seven other organizations.) Bill Wilkerson, Co-founder of the Global Business and Economic Roundtable on Addiction and Mental Health as well as special mental health advisor to the RCMP, provided insights on the opportunity to make good things happen for Ontario.

Dr. Christian then established the framework for the day's deliberations. She reiterated the objectives for the Summit, and declared the intention that this event would become a historic milestone for Ontario, the beginning of an on-going process rather than a one-day event. She predicted that out of the Summit would emerge a group of inspired and energized people who will gradually transform Ontario into a province that really does prevent needless work disability by actively helping people stay employed.

In her general session keynote address, Dr. Christian began by reciting the history of the ACOEM work disability prevention report, the birth of the 60 Summits Project, and the relationship between the Ontario planning group and the 60 Summits Project. She described the intended outcomes of the Summit as a whole as well as for each participant. She highlighted the harm done today by the poor functioning of the stay-at-work and return-to-work (SAW/RTW) process that determines the outcome of health-related employment disruptions. She laid out in simple language the key concepts of the new work disability prevention paradigm, and briefly reviewed the rationale for each of the 16 recommendations made in the ACOEM report.

Following her keynote, the first of two workshop sessions began. Dr. Christian briefly oriented the participants to the plan for the day, and described the multi-stakeholder workgroup sessions. Each workgroup was assigned one or two of the ACOEM recommendations. The workgroups' task was to decide whether their recommendation(s) should be adopted in Ontario and become the standard way of doing things. If so, the group was asked to come up with a strategy for implementing the recommendation and a concrete plan for how they would accomplish it. The purpose of the exercise is to give the groups a "practice swing" at moving from a general statement to figuring out what will be required to actually get it done.

To prepare the participants for their workgroup deliberations, Dr. Christian asked them to emphasize listening rather than telling. The unique opportunity available in this multi-stakeholder event is to hear other people share their perspectives and begin to see why they see it the way they do. Since most of the participants already had extensive familiarity with the subject and were in fact experts, Dr. Christian reminded them to "listen for the new part" and not listen simply to confirm what they already know. Dr. Christian also reminded participants that making recommendations about what "somebody else oughta do" is "illegal" in a Summit – because it will not produce the desired results. In order for change to happen, individuals need to take responsibility for what they can do themselves, and begin collaborating and communicating across sectors, and start by taking small steps. A show of hands indicated that roughly half of the participants had read the ACOEM report, the other half was reminded to read the recommendations they had been assigned before proceeding. In closing, Dr. Christian asked if the group was willing to play the game as described in order to achieve the promised outcomes, and they agreed.

The participants were arranged into fourteen multi-stakeholder workgroups, each situated around the room at round tables. Each group was provided with one or two trained facilitators to assist in the process. Each group had been assigned one or two of the 16 specific recommendations from the ACOEM report. They were given paper forms with a discussion guide consisting of a few questions to answer, and a suggested format for their reports.

After the first round of deliberations, the workgroups reported their findings and described their first action plans to the larger group. Many of the first draft plans were vague and some were frankly off point. Each group got straight feedback from Dr. Christian with the aim of delivering the promised outcome: that they would leave the Summit with a set of concrete ideas and

plans for positive change. They were encouraged to stay tightly focused on the actual issue they had been assigned, to address the sequence of steps that would be involved in implementing the recommendation, and to answer “who, what, where, when, and why” in order to make the plans specific. They were reminded of the need to establish timelines and identify who would be accountable for what.

The difficulty the groups experienced was typical of all Summits to date. In fact, it's proven impossible to stop the groups who have never worked together before from spending at least a few moments sharing stories, philosophizing, and even pontificating about what is wrong or what “somebody oughta do.” Also, although the groups are told that their charge is to figure out what they want to accomplish, to list the steps that must be followed in order for them to get it done, and to identify the specific thing that will get the process started, many groups need direct feedback about what is missing in their first attempt in order to move beyond general statements and generalizations. Thus, over time the format of the Summit has been modified to include a second round of deliberation allowing improvements to the first attempt. Most groups make remarkable progress between the two versions. The entire exercise is designed to help the participants build muscle for moving beyond platitudes to making real plans.

Prior to breaking for lunch, Steve Mahoney, Chair of the Workforce Safety & Insurance Board, briefly addressed the assemblage. Departing from his prepared remarks, he congratulated the Summit participants on their commitment to making a difference. He emphasized the WSIB's commitment to preventing workplace injuries and their consequences. In particular, he mentioned how the occurrence of every workplace death is a tragedy and serves to strengthen his own resolve to get all parties working together to make workplaces safer.

After a very brief lunch the workgroups reconvened to deliberate on how build on and improve their first round plans, and then prepare to present them to the entire assemblage again.

As the last general session began, Dr. Christian invited all participants to join the Work Fitness and Disability Roundtable. It is a free list-serv, a multi-stakeholder email discussion group on preventing needless work disability. The Roundtable is moderated by Dr. Christian. There are currently about 1200 members, mostly in English speaking countries but also from around the world. To enroll, go to [www.webility.md](http://www.webility.md).

Then the workgroups presented their final reports. As has been the case with prior Summits, the reports second time round were enormously better -- much more to the point and specific than the first time round. Appendix G contains these final workgroup reports.

Following the presentation of these revised workgroup reports, a multi-stakeholder panel commented on the day's events and what they had heard in the action plans. The panel members were: Al Bieksa, from labour, Myra Leftkowitz, from the employer community, Irene Klatt, from insurance, Deborah Hellyer from occupational physicians and Rick Marlin from

return to work service providers. They were asked to take five minutes each to respond to two questions:

1. What do the people in my stakeholder group – the ones of good will who want to do the right thing – need in order to thrive and prosper under this new model?
2. What can my stakeholder group contribute to the success of implementing the ACOEM recommendations and action plans?

Dr. Christian clarified the purpose of question #1. It will be hard to persuade people to adopt a new paradigm if it causes economic harm to them -- even people who really want to do the right thing. So if we really want the new paradigm to become the standard way of doing things, we want those who do so to thrive and prosper in their businesses.

From the perspective of organized labour, Al Bieksha said that he is very excited to be part of this collaboration. In his view, Ontario's strategies have been to legislate RTW and most employers, providers and organizations representing workers will agree that legislative initiatives haven't worked and that resources and money have been wasted. Changing the workplace culture is something that labour can agree on and is right there in the ACOEM SAW-RTW guidance document. Also, putting the doctor in the middle is the wrong thing to do; the decision is rightfully between the employer and the employee. The whole goal is to bring the worker back to work to recover on the job and that's what the ACOEM guidance document says. This means identifying the barriers in the workplace to returning to work, not just continuing to medically treat which isn't the answer. Speaking as an employer, Myra Lefkowitz reminded everyone that there is no such thing as "an employer" – there are many varieties of employers: good and bad ones, well informed and naïve ones, etc. The vast bulk of Ontario employers run small businesses, and they need education and support in order to manage these issues. Speaking on behalf of insurers, Irene Klatt described how the companies are coming together to try to identify best practices in this arena and to facilitate their adoption. Speaking as an occupational physician, Deborah Hellyer pointed out the absence of family physicians from the Summit, and pointed out the critical need to educate them and to find a way to pay them for the extra work involved in facilitating SAW/RTW. On behalf of all providers of return to work services, Rick Marlin pointed out the key role they can play in facilitating communications among all involved parties.

After the panel session, Dr. Christian summarized themes that were evident throughout the day and discussed the next phase of the process. She emphasized the fact that the workgroups' plans should be viewed as the product of a brainstorming session rather than a finished product because they were working under tremendous time pressure during the Summit. The exercise was designed to give everyone experience at working in a multi-stakeholder environment and in moving from good ideas to concrete action plans.

In addition to making their group plans, each participant was asked to make private promises to themselves on a Personal Commitment Form. (Evidence shows that people are more likely to follow through on things they commit to and write down rather than just think about.) The forms serve as a reminder so they can get started on implementing their own plans. These

forms were collected and tabulated after the Summit, then scanned and emailed back to participants. All identifying details have been removed from the tabulated list of these personal commitments that appears in Appendix H.

As the event drew to a close, Nancy Gowan explained the next steps for the 60 Summits Project of Ontario. The steering committee planned to meet on May 26 to debrief about the planning process and the Summit itself. Nancy announced the dates for the first two Action Group meetings and invited all to attend: Tuesday, June 15, from 1 to 4 pm and Monday, June 28, from 9 am to noon. The draft of Ontario's final report, workgroup reports, anonymized personal commitments, evaluation and sign-up results will be available at the meetings.

## Participant Reactions

During the general sessions of the Summit event, the room was silent and participants were intently listening to the presentations despite the physical discomfort and difficulties with acoustics. There was very high level of engagement and active listening at each table during the workgroup deliberations. Group spirit, friendly competition, and the beginnings of cross-group collaboration appeared as the spokesperson for each group presented its report. As a group, the participants reported by way of their evaluations that they were very satisfied with their experience at the Ontario Summit to Prevent Work Disability and want to remain engaged with one another and with the overall initiative.

Evaluation forms were provided to each participant and completed before leaving the meeting. A total of 85 evaluations were collected (response rate of 60%) and tabulated. (See Appendix I for a detailed summary of the evaluations).

Among the participants who returned evaluations:

- 96% reported that the information presented at the Summit was very interesting to them.
- 87% said that having met the other participants will help them in the future.
- 73% said that this new angle or approach has made them think differently about some important issues.
- 76% said they left with a list of practical steps they can take to improve their participation in the SAW/ RTW process.
- 80% predicted that the workshop will really bear fruit in the future.
- 87% reported that the workshop was a good use of their time and effort.

A sign-up sheet was available to each workgroup. Participants were offered several choices and asked to indicate the level of future involvement they preferred. More than half (54%) said they wanted to be part of the Action Group, and 65% asked to stay on the local mailing list.

## Summit Results: Personal Commitments & Action Plans

Overall, the most important – and least visible – outcome of the Ontario Summit to Prevent Work Disability was the multi-stakeholder collaborative experience itself. Being together in that environment created a group of 142 people from multiple stakeholder groups who now:

- Have a shared vision of how the stay-at-work and return-to-work process should function;
- Have had the experience of sitting side-by-side making plans for how to make that vision into a reality; and
- Are in a better position to improve Ontario's workers' compensation and disability benefits systems as a result.

In addition to the experience itself, many people made new relationships or deepened existing ones during the Summit. In particular, the deeper understanding and insights produced by interactions with other participants in different sectors of society are of great value.

The positive feelings evoked by this outstanding multi-stakeholder experience are the fuel that will drive the formation and success of the action group afterwards. For most of the participants, this was their first experience sitting side by side with people in other disciplines and sectors of society working on an issue that touches all of them – the stay-at-work and return-to-work process that is common to workers' compensation and all disability benefit programs. For virtually every participant, this was the first time they had ever considered the question of what "first class" might look like in these systems. It may also have been their first experience focusing on what needs to be put in place in order to make sure things go "the right way" most of the time – instead of focusing on what is wrong and how to "fix" it.

### Workgroups' Action Plans

Each workgroup thought the individual ACOEM recommendations they had been assigned were worthwhile and should become common practice in Ontario, although a few groups felt some of the sub-recommendations should be reworded. All of the groups developed action plans to begin implementing their assigned recommendation(s). The details of their plans, derived from their written documentation and verbal reports, appear in Appendix G.

Common features among the many plans became apparent while the workgroups gave their reports during the Summit. Many of the plans are designed to solve similar problems or tackle similar topics. Successful implementation of many of the plans will also require similar types of behaviors.

The examples listed under each of the major topic areas below have been taken straight from the workgroup reports.

## Major Topic Areas

The major themes and topic areas that surfaced during the Ontario Summit are summarized below.

1. Improve communications, and develop / use new tools to facilitate written and oral communication among stakeholders.
  - a. Checklists, tools and toolkits need to be found or developed to facilitate direct communication, information giving, gathering and sharing.
  - b. Communication is mandatory to get the word out on the ACOEM report and its recommendations, from formal presentations and message campaigns to garden variety conversations with our co-workers, supervisors, managers, CEOs, associations we belong to, etc.
  - c. Use electronic means to improve the timeliness and access to communication across the board by all stakeholders.
  - d. Spread the word on tools, methods, solutions and philosophies that already exist (the results of hardworking study teams, papers or other successful organizations or entities) and are compatible with the ACOEM SAW-RTW recommendations -- but aren't yet being used consistently across the board.
2. Increase standardization and consistency. Get the facts, establish benchmarks/standards and use data to guide improvement efforts.
3. Educate, train and develop skills among all stakeholders. It's one thing to educate and train; it's another to make sure that people actually have adopted and integrated the skills into their daily practice.
4. Continue multi-stakeholder collaboration:
  - a. for system development and improvement
  - b. to discuss, develop or find solutions that cross multi-stakeholder lines
  - c. commit to staying in action in Ontario

## Personal Commitments

Most of the participants made personal commitments, on a special form designed for the purpose, to take some sort of action to improve the SAW/RTW process in their own organizations and to participate in a small group or province-wide project. The list of commitments in Appendix H reveals the group's solid engagement in the process and an intention to carry through with actions.

## Next Steps

Now that the Summit is over, the next steps are to:

1. Harness the good will and energy for positive change produced by the Summit;
2. Build on the understandings and relationships developed during the Summit;
3. Get the Action Group off the ground;
4. Consolidate, categorize, and analyze the opportunities for action identified during the Summit, then choose which ones to address and in which order.

The experience of the Ontario Summit to Prevent Work Disability encompasses the mutually-respectful relationships among people of good will in different professions and sectors of society, as well as the commitments they made to themselves and the plans for action that the workgroups made during the Summit. All of this must now be transferred to the real world. In order for the predictions made during the feasibility session in December 2008 to come true within two years, it is now time to start making things actually happen in Ontario.

The 60 Summits Project of Ontario intended their event to be a new beginning for Ontario, a start in the process of getting the word out on the new work disability prevention paradigm throughout the province and to all stakeholders. The paradigm shift begins at the Summit by getting as many of the right people as possible in the room to do more than just **talk about** ACOEM's recommendations, but to **plan to** actually implement them and to make specific plans for **how** to do that, by **when**, and with **whom**. The Summit starts the process by asking participants to identify what is possible through communication and collaboration across sectors, to make plans for spreading the word and for actually making changes to how they conduct their everyday practices and businesses.

An on-going structure for fulfillment of this vision is required to support follow-up action. Something must preserve the momentum built during the Summit so that the proposed activities actually take place and bear fruit. Something must keep new relationships alive. People are more likely to succeed if they are supported in some fashion. Small groups who want work together will benefit from a framework within which to collaborate. The key functions of the structure for fulfillment established by the follow-up action group will be to:

- Continue to propagate the new way of thinking inspired by the work disability prevention and its implications for workers' compensation and disability benefits programs across the province.
- Support one another in fulfilling the personal commitments made during the Summit.
- Carry out, initially, a selected few of the ideas for group activities and projects developed during the Summit. Over time increase the number of ideas implemented.

So, the next challenge for Ontario is to grow a dynamic and action-oriented follow-up group. Since more than half of the participants expressed an interest in follow-up activities, it is hoped that many of them will actually become active with the 60 Summits Project of Ontario. The first

follow-up meeting is scheduled for June 15, 2010. In the interim, the Summit planning group's webpage and their link to the 60 Summits website can be used to continue to share information.

The first step will be for the Action Group to get organized, to develop a strong sense of shared purpose, a game plan, and to take on their first projects. This report, along with other materials provided by the 60 Summits Project, can serve as a resource for the leadership and members to get started.

The simplest and best initial project is to find opportunities to continue to propagate the new paradigm among people in Ontario. The group can start spreading the word about the new work disability paradigm and the problem-solving team approach to the stay-at-work and return-to-work process among their colleagues at work. They can offer to make formal presentations at work or for their own professional societies and trade associations. There are many meetings and presentations to be made – and thousands of people who will be exposed to these new ideas.

A few months hence, when the group has developed a team spirit and sense of accomplishment based on spreading the word, this report can still serve as a resource. The action group can use the lists of preliminary ideas and plans developed during the Summit as a source of raw material for their next projects. Remembering that the workgroup outcomes were developed under intense time pressure, the process should be to consolidate, analyze, and categorize the ideas, and then choose and prioritize the ones to take on. It is best to select projects that appeal to people and inspire them, rather than ones that are “high priority” but do not generate enthusiasm. Also, it is better to pick projects for which the group has the required skills.

In addition to their work inside this collaborative effort, interested individuals can use this report's list of people who participated in the Summit to find kindred spirits with whom to collaborate on projects, either independently or under other organizational umbrellas.

The Ontario group's website ([www.60Summits.org/on/](http://www.60Summits.org/on/)) can also be used to share information. In addition to Ontario-specific issues, the general 60 Summits website ([www.60Summits.org](http://www.60Summits.org)) provides a central clearinghouse for all the other state and provincial groups participating in the 60 Summits Project.