# ANNUAL evaluation tool – RETURN TO WORK (RTW) PROGRAM

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| **Company Name:** |  |
| **Date of Evaluation:** |  |
| **Evaluator Name(s):** |  |

This tool supports an annual review of your workplace’s RTW Program. Through scaled assessments, outcome metrics, and targeted reflection prompts, it helps identify strengths, uncover gaps, and highlight opportunities for improvement. Use the results to ensure compliance, strengthen your program’s effectiveness, and foster a culture of safe, timely, and recovery-focused reintegration.

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| **RTW PROGRAM FOUNDATIONS** |
| 1. On a scale from 1 (lowest) - 10 (highest), rate how clearly defined is your RTW Policy?
 | 1 2 3 4 5 6 7 8 9 10 |
| 1. On a scale from 1 (lowest) - 10 (highest), rate how clearly defined are the RTW Responsibilities?
 | 1 2 3 4 5 6 7 8 9 10 |
| 1. On a scale from 1 (lowest) - 10 (highest), rate how accessible is RTW information to workers, supervisors/managers, and first aid attendants?
 | 1 2 3 4 5 6 7 8 9 10 |
| 1. On a scale from 1 (lowest) - 10 (highest), how well does leadership demonstrate support for the RTW program?
 | 1 2 3 4 5 6 7 8 9 10 |
| *<Add other questions as necessary>* |  |
| **Additional Notes & Comments:** |
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| **EMPLOYEE AWARENESS AND PROGRAM KNOWLEDGE** |
| 1. What percentage of new or seasonal supervisors/managers were oriented on their RTW responsibilities this year?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. What percentage of new or seasonal workers were oriented on their RTW responsibilities this year?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. What percentage of new or seasonal first aid attendants were oriented on their RTW responsibilities this year?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. What percentage of all staff – new, existing, and returning – were oriented or reoriented on the RTW Program this year?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. On a scale from 1 (lowest) - 10 (highest), how confident is the RTW Coordinator(s) in facilitating the RTW process? *<omit if not applicable>*
 | 1 2 3 4 5 6 7 8 9 10 |
| 1. On a scale from 1 (lowest) - 10 (highest), how confident are supervisors/managers in understanding their RTW responsibilities?
 | 1 2 3 4 5 6 7 8 9 10 |
| 1. On a scale from 1 (lowest) - 10 (highest), how confident are workers in understanding their RTW rights and responsibilities?
 | 1 2 3 4 5 6 7 8 9 10 |
| *<Add other questions as necessary>* |  |
| **Additional Notes & Comments:** |
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| **PROGRAM IMPLEMENTATION** |
| 1. Number of injuries requiring a RTW plan this year:
 | \_\_\_ |
| 1. Average number of calendar days between date of injury and plan implementation (i.e., first day back to work):
 | \_\_\_ |
| 1. Using the number of injuries requiring a RTW plan (question 1 in this section), what percentage of plans successfully used a written “Temporary Suitable Work Offer” or “Return to Work Plan”?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. Using the number of injuries requiring a RTW plan (question 1 in this section), what percentage of plans received a completed “Functional Abilities Report” from a healthcare provider (i.e., physician or physiotherapist)?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. Using the number of injuries requiring a RTW plan (question 1 in this section), what percentage of plans successfully used a written “Communication Log” to track communication between the injured worker, their supervisor, and the RTW Coordinator?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. Using the number of injuries requiring a RTW plan (question 1 in this section), how many RTW Exit Interviews were completed with recovered workers?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. On a scale from 1 (lowest) - 10 (highest), how effective is communication between the supervisors/the RTW coordinator(s) and injured workers?
 | 1 2 3 4 5 6 7 8 9 10 |
| 1. On a scale from 1 (lowest) - 10 (highest), how well are mental health considerations integrated into the RTW process?
 | 1 2 3 4 5 6 7 8 9 10 |
| *<Add other questions as necessary>* |  |
| **Additional Notes & Comments:** |
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| **PROGRAM OUTCOMES** |
| 1. Total number of workplace injuries reported this year:
 | \_\_\_ |
| 1. Number of “First Aid Only” claims reported this year:
 | \_\_\_ |
| 1. Number of accepted WorkSafeBC claims this year:
 | \_\_\_ |
| 1. Average number of lost workdays per claim:
 | \_\_\_ |
| 1. Number of permanent accommodations implemented this year, if any:
 | \_\_\_ |
| 1. Using the number of workplace injuries (question 1 in this section), what percentage of workers returned to full duties within 30 days?
 | \_\_\_ / \_\_\_ = \_\_\_ % |
| 1. On a scale from 1 (lowest) - 10 (highest), on average how satisfied are workers with their RTW experience?
 | 1 2 3 4 5 6 7 8 9 10 |
| *<Add other questions as necessary>* |  |
| **Additional Notes & Comments:** |
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| **PROGRAM MAINTENANCE AND CONTINUOUS IMPROVEMENT** |
| Was the RTW program reviewed within the last year, including the policy, responsibilities, procedures, and training plans? | Yes / NoDate: \_\_\_\_\_\_\_\_\_\_\_ |
| Have Suitable Work Options been reviewed for departments/jobs that have a high-moderate risk rating?  | Yes / No(If no, describe below) |
| Have any trends, gaps, or barriers been identified?  | Yes / No(If so, describe below) |
| *<Add other questions as necessary>* |  |
| **Additional Notes & Comments:** |
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**REPORT FINDINGS SUMMARY**

Use the space below to document key areas for improvement based on your evaluation findings. For each opportunity, outline specific actions, assign responsibility, and set clear timelines to support follow-through and meaningful program development. Prioritize tasks that will enhance worker support, strengthen compliance, and improve the effectiveness of your RTW program.

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| **OVERALL COMMENTS:** |
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| **AREAS FOR IMPROVEMENT:** |
| **Improvement Action(s):** | **Assigned to:** | **Ideal Completion Date:** | **Actual Completion Date:** |
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