Appendix 1

Delphi Round 1: Copilot AI Content Analysis

1. We will privilege human views over those of the Copilot AI throughout the process.
2. All abbreviations in the responses were defined.
3. Used Copilot, Deep Thinking Mode, on 10 December 2025.
4. Prompt was drafted and tested

Initial Prompt

We are a group of academics completing an e-Delphi study. The study seeks expert opinion on how best to help workers transition from being actively engaged in a workers compensation claim to life after the claim.

The purpose of the research project is to reach consensus on-

(1) the nature of the resources.

(2) the content of the resources.

(3) who should be responsible for maintaining the resources.

(4) the modes of delivery of the content.

(5) when should workers be made aware of it.

We are using an inductive content analysis approach to analysing data from open ended questions.

The open ended questions and responses have been provided to you in the attached document- "Qualitative Data Delphi JW.pdf". The questions asked are in bold text. P1 refers to participant 1, P2 participant 2, etc. IW1 refers to injured worker 1, but the injured workers should not be separated for the analysis

Can you please provide us with themes for each of the 5 items listed above. This should be in a manner that could be published as an academic work. Can you provide quotes as examples for each theme.

Can you present this in a table format.

5. We looked at merging ‘nature’ and ‘content’ due to similar results for each of these constructs. However, the AI, rightly, still considered them separately because they were joined by an ‘and’.
6. Asked Google Gemini to review the initial prompt. Suggested -
    a. Keeping ‘nature’ and ‘content’ separate (as above - ENACTED).
    b. Mapping the specific questionnaire questions to the analysis output for the 5 points above. We did not do this, because of ‘bleeding’ of participant data between the specific questionnaires, consistent with the recommendations of Braun et al 2021 (https://doi.org/10.1080/13645579.2020.1805550) (NOT ENACTED).
    c. Instruct the AI to specifically code the data before summarizing it (ENACTED).
    d. Be more specific asking for theme definitions and descriptions (ENACTED).

Refined Prompt

We are a group of academics completing an e-Delphi study. The study seeks expert opinion on how best to help workers transition from being actively engaged in a workers compensation claim to life after the claim.

The purpose of the research project is to reach consensus on-

(1) the nature of the resources.

(2) the content of the resources.

(3) who should be responsible for maintaining the resources.

(4) the modes of delivery of the content.

(5) when should workers be made aware of it.

We are using an inductive content analysis approach to analysing data from open ended questions. Please code the data first, before summarising it.

The open ended questions and responses have been provided to you in the attached document- “Qualitative Data Delphi JW.pdf”. The questions asked are in bold text, but you do not need to refine the analysis for the questions above to specific bold headings in the file, as there may be relevant responses across the data set. P1 refers to participant 1, P2 participant 2, etc. IW1 refers to injured worker 1, but the injured workers should not be separated for the analysis

Can you please provide us with themes for each of the 5 items listed above. This should be in a manner that could be published as an academic work. We would like this to include theme definitions and theme descriptions. Can you provide quotes as examples for each theme as well.

Can you present this in a table format.

Primary output is provided below.

7. Post-hoc, we had the AI provide a quote bank to assist checking of the content theme generation (see below).
8. While we did not want to use counting (Hannah et al 2011 (DOI: 10.1177/1056492610375988)) to decide upon the ‘strength of a code or theme’ we did also output a coding frequency table and coverage heatmap. This was again done to assist checking the theme generation (see below).

Output

E-Delphi Content Analysis: Transition from Workers' Compensation to Life After the Claim

Dataset: Qualitative Data Delphi JW.pdf

Method: Inductive content analysis (open coding → constant comparison → axial clustering → thematic synthesis).

A. Open Coding (initial codebook)

Code (short label)	Working definition	Illustrative quote(s)
Structured exit & handover	Formal closure process with a discharge pack, booked GP follow-up, and brief post-closure coaching.	"Structured 'exit and handover' pack… pre-booked GP review… brief check-ins over twelve weeks with a coach." — P2
Primary-care transition pathways	Guidance to move from insurer-funded care to Medicare/private (CDM/EPC, MH Care Plans).	"Resources… how to access Medicare… Enhanced Primary Care Plan… Mental Health Care Plan… issued at their final medical appointment." — P5
Self-management & flare-up plans	Practical skills and plans (exercise, pacing, PNE, sleep/stress) to prevent relapse and manage flares.	"Appropriate self-management strategies… extension of their gym program… education regarding future flare ups." — P15; "Pain neuroscience education… wellness advice." — P12
Psychological scaffolding	Psych-literate care (CBT/ACT), peer support, graduated RTW for psychological injuries.	"Counselling support… psychologists who specifically understand the workers' compensation system." — P20
Vocational transition/redeployment	Support for job search, retraining, Workforce Australia/JobAccess, realistic pathways to new roles.	"Provide information… job seeking… transition back into the workforce." — P17; "Real vocational rehab." — P38
Financial/legal literacy	Neutral advice on settlements, Centrelink/tax, budgeting; clarity on PI assessments and entitlements.	"Financial advisors… Centrelink… disability insurance… career transitions." — P13; "Plain-language guide to PI… may not be able to claim further compensation." — P42
Re-aggravation & reopening	Clear steps/flowcharts and contacts for claim reopening or new claims if condition worsens.	"Process for reopening a claim… so workers feel empowered." — P6; "Regulatory contacts such as WorkCover WA." — P37
Rights/privacy & disclosure	Practical guidance on workplace rights, privacy, reasonable adjustments, and disclosure scripts.	"Since 01 July 2024… they do not have to say 'I've had workers comp claim'…

		phrase it in a positive light." — P25
Single source of truth (portal)	Regulator-hosted, neutral portal consolidating accurate information and FAQs.	"Published on the regulator website… Insurers/self-insurers can forward the link." — P4; "Website/webpage specific to claim exits." — P11
Accessibility & equity	Multi-format delivery (print/audio/braille/video), culturally responsive, plain language.	"Online, paper, sound and braille." — P10; "Tailoring for diversity… neurodivergence & sensory impairments." — P46
Timed booster check-ins	Scheduled follow-ups (e.g., 3–6–12 months) to reinforce transition and problem-solve barriers.	"Claim follow up check ins at 3, 6 and 12 months… via insurer." — P1; "Psychological barrier… tapered approach." — P12
Early/staged awareness of settlement	Brief orientation early; detailed discussion later (≈9–12 months) or when triggers occur.	"As soon as they lodge a claim… detailed at 12 months." — P11; "Most relevant at 9 to 12 months." — P21

Table A1. Initial open codebook derived from the Delphi dataset.

B. Axial Coding (category clustering)

Category Theme	Clustered codes (summary)
Nature of resources	Structured exit & handover; regulator portal; personalised clinical/self-management scaffolds; accessibility/equity
Content of resources	Discharge summary, FAQs, care transition steps, pain/psychosocial education, rights/privacy, financial/legal literacy, re-aggravation maps, vocational pathways
Responsibility (maintenance)	Regulator stewardship; insurers coordinate/fund & distribute; clinicians maintain handover artifacts; independent advisory networks; collaborative model
Modes of delivery	Multimodal (portal/app, email/SMS, print, video), clinician exit consultations + leave-behinds, timed boosters, accessible formats
Timing (awareness)	Early orientation + staged depth; case-dependent triggers; avoid premature

	settlement; serious-injury exception; early awareness at claim start

Table B1. Axial code clusters aligned to the five analytic items.

(1) Nature of the resources

Category Theme	Definition	Description	Exemplar quotes
Structured transition & closure	A formal exit process that hands over care, books GP follow-up, and offers brief, tapered coaching.	Reduces the "care cliff" at claim closure; builds continuity, self-efficacy, and relapse prevention.	"Structured 'exit and handover' pack… pre-booked GP review… brief check-ins over twelve weeks with a coach." — P2
Regulator-anchored portal (source of truth)	A neutral, canonical web hub that consolidates accurate post-claim guidance.	Ensures consistency, reduces bias, and simplifies navigation for workers and providers.	"Published on the regulator website… Insurers/self-insurers can forward the link." — P4; "Website/webpage specific to claim exits." — P11
Personalised clinical & self-management scaffolds	Tailored discharge summaries, HEPs, flare-up plans, and psychosocial skills.	Moves beyond generic advice to sustained capacity and practical day-to-day management.	"Personalised Health Summary & Discharge Plan… long-term management… signs of re-aggravation." — P20; "Appropriate self-management strategies… extension of their gym program." — P15
Accessibility & equity by design	Multi-format, plain-language resources suitable for diverse literacy, culture, and disability needs.	Improves reach for regional/remote workers and lowers barriers at transition.	"Online, paper, sound and braille." — P10; "Tailoring for diversity… neurodivergence & sensory impairments." — P46

Table (1)1. Themes for (1) Nature of the resources.

(2) Content of the resources

Category Theme	Definition	Description	Exemplar quotes
Exit pack essentials & FAQs	A concise, tailored pack addressing common questions and next steps.	Discharge summary, medications, red flags, re-aggravation protocol, and dispute/relocation guidance.	"Answers to injured worker FAQ's: What happens if I hurt myself again?… Can I re-open my claim?" — P11
Care transition to Medicare/private	Step-by-step guidance to engage EPC/CDM and MH Care Plans.	Clarifies how to secure affordable, ongoing care after insurer funding ends.	"Accessing Medicare services… Enhanced Primary Care Plan… Mental Health Care Plan… issued at final medical appointment." — P5
Persistent pain & psychosocial education	Evidence-based self-management for pain and mental health.	PNE, pacing, sleep/stress strategies, CBT/ACT skills; normalize post-closure reactions.	"Pain neuroscience education… wellness advice (diet, sleep, exercise)." — P12; "Activity pacing… central sensitisation… mental health support." — P22
Workplace rights, privacy & disclosure	Practical scripts and legal context for disclosure and adjustments.	Reduces stigma and equips workers for job transitions.	"Since 01 July 2024… they do not have to say 'I've had workers comp claim'… phrase it in a positive light." — P25
Financial/legal literacy & PI	Neutral guidance on settlements, budgeting, Centrelink/tax, and PI consequences.	Sets realistic expectations and avoids adverse financial decisions.	"Financial advisors… Centrelink… disability insurance… career transitions." — P13; "PI… may not be able to claim further compensation for the same injury." — P42
Re-aggravation pathways	Clear flowcharts and contacts for worsening symptoms or new incidents.	Empowers safe action rather than risky self-management.	"Information… process for reopening a claim… so workers feel empowered." — P6; "Regulatory contacts such as WorkCover WA." — P37

Vocational pathways & redeployment	Concrete steps to secure suitable alternative work or retraining.	Links to Workforce Australia, VR providers, and job search supports.	“Provide information… job seeking… transition back into the workforce.” — P17; “Real vocational rehab (find work / do courses…).” — P38

Table (2)1. Themes for (2) Content of the resources.

(3) Who should be responsible for maintaining the resources

Category Theme	Definition	Description	Exemplar quotes
Regulator stewardship (WorkCover WA)	Regulator authors, standardises, and updates canonical content and registries.	Ensures neutrality, quality, and currency; provides the single source of truth.	“WorkCover WA… mandate, standardise content… maintain centralised registries.” — P20; “WorkCover WA.” — P11/P16
Insurers coordinate/fund & distribute	Insurers ensure provision and fund approved sessions/resources at closure.	Administrative orchestration with plain-language closure letters linking the portal.	“Insurance companies… check-ins via insurer.” — P1; “Email… available on insurers’ websites.” — P39
Clinicians maintain handover artifacts	Treating GPs/physios/psychologists produce personalised summaries/plans.	Clinically anchored transition materials enhance continuity of care.	“GPs… ‘transition of care’… letter to regular GP… recommendations.” — P5; “Psychological GRTW plan.” — P20
Independent advisory networks	Neutral advisors (financial/legal/vocational) maintain specialist guidance.	Protects against conflicts of interest; focuses on long-term outcomes.	“Settlement Support Advisor… independent… financial counselling… vocational retraining.” — P20; “Where to get

			financial advice." — P29
Collaborative/partnership model	Shared accountability across stakeholders, centred on the worker.	Formalises roles and coordination to avoid gaps at closure.	"Partnership model… multistakeholders, led by insurers with representation from all parties." — P40

Table (3)1. Themes for (3) Who should be responsible for maintaining the resources.

(4) Modes of delivery of the content

Category Theme	Definition	Description	Exemplar quotes
Multimodal, inclusive delivery	A blend of portal/app, email/SMS, video, PDFs, and printed booklets.	Meets varied preferences and access needs; improves recall and reach.	"Pamphlets / booklet; website/webpage; email and/or SMS links." — P11; "Printed for older; e-books, website, apps for younger." — P9
Regulator-hosted portal as primary channel	Central web hub as the canonical distribution point.	Insurers/lawyers attach links in settlement/closure documents.	"Published on the regulator website… Insurers/self-insurers forward the link." — P4; "Information sheet… attached to settlement documents." — P13
Clinician exit consult + leave-behind	In-person/telehealth closure conversations with concise written materials.	Enhances understanding, confidence, and continuity.	"In-person discussion with the GP… factsheet via email or mail." — P5; "Face to face / Telehealth… backed up with online/hard copy." — P32
Timed booster check-ins	Scheduled touchpoints post-closure (e.g., 3–6–12 months).	Reinforces self-management and addresses emergent barriers early.	"Periodic check-ins… tapered down… psychological barrier wouldn't be… significant." — P12; "3, 6 and 12 months via insurer." — P1

Accessible formats by design	Audio, braille, large print, plain language, culturally tailored.	Avoids exclusion and improves comprehension for all cohorts.	"Online, paper, sound and braille." — P10; "Multiple… accommodating various forms." — P46

Table (4)1. Themes for (4) Modes of delivery of the content.

(5) When workers should be made aware of it

Category Theme	Definition	Description	Exemplar quotes
Early orientation + staged depth	Brief overview at lodgement/acceptance; revisit with detail at ≈9–12 months if claim remains open.	Balances early clarity with readiness; aligns with common recovery trajectories.	"As soon as they lodge a claim… detailed more thoroughly at 12 months." — P11; "Most relevant at 9 to 12 months." — P21
Case-dependent triggers	Initiate detailed settlement education when RTW is unlikely, disputes arise, or progress plateaus.	Minimises derailing recovery and focuses support when truly needed.	"Optimal time… a) RTW unlikely… b) worker wants to exit… c) liability in dispute…" — P4; "When established they cannot return to pre-injury role…" — P15
Avoid premature settlement	Guard against early settlement (<6 months) leading to incomplete care and poorer outcomes.	Ensures adequate treatment and realistic expectations before closure.	"Anything < 6 months would feel rushed… incomplete care… persisting symptoms." — P22
Serious-injury exception & early awareness	Provide comprehensive information earlier for severe injuries; give concise awareness early to all.	Tailors timing by severity while maintaining general early clarity.	"For seriously injured workers… as soon as possible." — P39; "From the start of claim or within first 3 months." — P1

Table (5)1. Themes for (5) When workers should be made aware of it.

D. Integrated Cross-Walk (overview table)

Item	Higher-order content themes (summary)	Representative quotes
Nature	Structured transition & closure; regulator portal; personalised clinical/self-management scaffolds; accessibility & equity	"Exit and handover pack… GP review… check-ins." — P2; "Published on the regulator website." — P4
Content	Exit pack & FAQs; care transition steps; pain/psychosocial education; rights/privacy; financial/legal literacy & PI; re-aggravation maps; vocational pathways	"FAQ's… re-open my claim?" — P11; "EPC/MH Care Plan guidance." — P5
Responsibility	Regulator maintains; insurers coordinate/fund & distribute; clinicians maintain handover artifacts; independent advisory networks; collaborative model	"WorkCover WA… mandate and maintain." — P20; "GPs… transition of care." — P5
Delivery	Multimodal; regulator portal; clinician exit consults + leave-behinds; timed boosters; accessible formats	"Pamphlets, website, email/SMS links." — P11; "Face to face/Telehealth." — P32
Timing	Early orientation + staged depth (≈9–12 months); case triggers; avoid premature settlement; serious-injury exception	"Detailed at 12 months." — P11; "<6 months feels rushed." — P22

Table D1. Cross-walk of items, content themes, and exemplar quotes.

Note: All quotations and findings are grounded in the uploaded dataset "Qualitative Data Delphi JW.pdf". Participant identifiers (P1–P50, IW) are retained verbatim.

Quote Bank by Content Theme

(1) Nature → Structured transition & closure

Participant	Verbatim quote (from dataset)
P2	In WA, injured workers should leave the scheme with a structured 'exit and handover' pack… pre-booked GP review… brief check-ins over twelve weeks with a coach.
P12	If there was a more tapered down approach to finishing up the claim that included periodic check-ins, re-assessment and adjustment of the ongoing management plan this psychological barrier wouldn't be half as significant. (DB- this is structured)
P1	Claim follow up check ins at 3, 6 and 12 months… via insurer to track health outcomes and actual employment post claim finalisation. (DB- this is structured)
P20	A final appointment should be required to explain what claim closure means, provide a health summary for their future GP, and clarify the process for any future aggravations.
P35	Some provision to address potential relapse. For example, a return to physiotherapy, a return to psychotherapy, and/or return to reduced working hours or duties as appropriate.

(1) Nature → Regulator-anchored portal (source of truth)

Participant	Verbatim quote (from dataset)
P4	It should be published on the regulator website. Insurers/self-insurers can forward the link to the injured worker.
P11	Website/webpage specific to claim exits… options for both injured worker-facing and provider-facing information.
P41	A portal / website that people can be directed to and ideally have a phone centre people can ask additional information.
P50	There is already a lot of Information for workers on work cover site. This could be the one source of truth

(1) Nature → Personalised clinical & self-management scaffolds

Participant	Verbatim quote (from dataset)
P20	Personalised Health Summary & Discharge Plan… long-term management… signs of re-aggravation.
P15	Appropriate self-management strategies… extension of their gym program once exiting the system… education regarding future flare ups…
P27	Reports from health & medical practitioners outlining their discharge of services; and recommendations… self-management of symptoms moving forward.
P22	Education regarding: Chronic pain management… benefits of exercise and healthy lifestyle… Provide education to patient about the chronic disease management plan…
P23	Resources regarding the importance of ongoing self management strategies… flare up plans longer term and appropriate pain levels for self management… When to seek further review.

(1) Nature → Accessibility & equity by design

Participant	Verbatim quote (from dataset)
P10	Online, paper, sound and braille. (DB-accessibility)
P46	Significant consideration to any resources needs to be given to appropriate tailoring for diversity including but not limited to language, cultural awareness/accommodations, neurodivergence & comprehension capability including sensory impairments or reading/writing limitations. (DB- accessibility)
P9	For older population groups—printed material… For younger population groups—e-books, website, apps. (DB- accessibility)
P40	The resources need to be in different languages and forms to suit different cultural and linguistic backgrounds… (DB-accessibility)

(2) Content → Exit pack essentials & FAQs

Participant	Verbatim quote (from dataset)
P11	Answers to injured worker FAQ's: 1. What happens if I hurt myself again? 2. Can I re-open my claim? When and how? 3. What healthcare or vocational support can I access outside of the workers compensation system? 4. I disagree with the decision to finalise my claim. How do I dispute this? 5. What happens if I move interstate or overseas?
P20	"Life After Your Claim" Information Guide: Rights & Responsibilities… Re-aggravation Protocol… Workplace Rights…
P44	Education perhaps presented in a simplified flow chart or short video may help in preparing workers early for their eventual exit from the system and help with their transition.
P37	Resources for self-management of any ongoing symptoms… key insurance contacts… regulatory contacts such as WorkCover WA.

(2) Content → Care transition to Medicare/private

Participant	Verbatim quote (from dataset)
P5	Resources and information on how to access Medicare services and privately billed services… Enhanced Primary Care Plan… Mental Health Care Plan… issued at their final medical appointment.
P49	Information on transition from insurance funded treatment to public/privately funded treatment on an ongoing basis, and legal liabilities on continuing treatment with medicare funding.
P16	Links to websites with information/support for people living with chronic pain… Exercise Right resources… ESSA directory of EP's for ongoing support

(2) Content → Persistent pain & psychosocial education

Participant	Verbatim quote (from dataset)

P12	Educational content around healthy pain management strategies, as well as pain neuroscience education… wellness advice surrounding diet, sleep, exercise…
P22	Activity pacing principles/Avoiding boom-bust… strength training having a protective effect… education on central sensitisation…
P10	Explaining the common psychological reactions when a claim ends such as loss, fear, anxiety.
P48	Screening questionnaires for mental health issues including—depression and post traumatic stress… Links to managing persistent pain resources

(2) Content → Workplace rights, privacy & disclosure

Participant	Verbatim quote (from dataset)
P25	Information that since 01 July 2024… they do not have to say 'I've had workers comp claim' to any future employer. They can phrase it in a positive light… (DB- right)
P50	Links to a simplified explanation of the new legislation and privacy. (DB- right)
P9	What their rights are, who the stakeholder's are involved in their claim—what their roles are, what is expected from them…(DB- right)

(2) Content → Financial/legal literacy & PI

Participant	Verbatim quote (from dataset)
P13	Financial advisors—if they receive a lump sum… advice about Centrelink benefits or disability insurance… career transition or skills program…
P21	Information regarding timing of settlement payment, tax and centrelink implications. (DB- Finance)
P42	A plain-language guide to Permanent Impairment (PI)… they may not be able to claim any further compensation for the same injury.
P29	Simple statements about what the settlement is for and where workers can go

	to get financial advice… sometimes workers run out of money…

(2) Content → Re-aggravation pathways

Participant	Verbatim quote (from dataset)
P6	Written resources explaining what occurs if workers have an aggravation/exacerbation of their injury and process for reopening a claim if needed.
P37	Workers don't often know the process of re-engaging a claim if they feel they have a reoccurrence… regulatory contacts such as WorkCover WA.
P43	Information as to when/ how reopening a claim should be completed…

(2) Content → Vocational pathways & redeployment

Participant	Verbatim quote (from dataset)
P17	Provide information on support options… job seeking… financial supports… transition back into the workforce.
P38	Vocational rehabilitation (real vocational rehab, not the stuff they get access to during the claims process)—help them find work / do courses / update resume / interview training etc.
P32	Clear information about payment of wages shortfall—how long this lasts; what to do if they start to struggle again…
P39	An allowance made for a transition program with the assistance of a vocational rehabilitation provider…

(3) Responsibility → Regulator stewardship (WorkCover WA)

Participant	Verbatim quote (from dataset)
P20	WorkCover WA… must be the ultimate architect… Develop standardised content… Maintain centralised registries.
P11	WorkCover WA.
P16	Workcover WA
P50	This could be the one source of truth

(3) Responsibility → Insurers coordinate/fund & distribute

Participant	Verbatim quote (from dataset)
P1	Claim follow up check ins at 3, 6 and 12 months re: Via insurer…
P39	Email to the injured worker following closure of the claim and also available on insurers websites
P25	Insurers—they are on every claim.

(3) Responsibility → Clinicians maintain handover artifacts

Participant	Verbatim quote (from dataset)
P5	GPs should be responsible for "transition of care"… letter… recommendations for treatments to be implemented outside of the Workers Compensation scheme.
P36	Physiotherapists should be guiding the worker… provide relevant timely information…
P27	Resource sheet—tailored to worker (from relevant practitioner/s).
P20	A Formal Closure Consultation… explain what claim closure means… provide a health summary…

(3) Responsibility → Independent advisory networks

Participant	Verbatim quote (from dataset)
P20	Settlement Support Advisor—independent of the legal and insurance teams… Mandatory financial counselling… vocational retraining.
P29	For financial advice go here… For psychological support go there…
P34	Legal advice on the implications of their claim…

(3) Responsibility → Collaborative/partnership model

Participant	Verbatim quote (from dataset)

P40	Partnership model—multistakeholders, led by insurers with representation from all parties, including employees and employers
P27	All parties
P31	All parties should be responsible for this, from the employer to the governing body
P37	The best approach would be multidisciplinary…

(4) Delivery → Multimodal, inclusive delivery

Participant	Verbatim quote (from dataset)
P11	Pamphlets / booklet; website/webpage; email and/or sms links (opt in by injured worker)
P9	Ideally a variety. For older population groups—printed material… For younger population groups—e-books, website, apps.
P32	Multi-modal. Face to face / in person… backed up with online document resource, video resources and hard copy…
P37	A combination of face to face and online resources such as pdf documents, videos and webpages…
IW2	Diverse as people are diverse. Email, phone call to tailor information, mail. (DB- Inclusive)

(4) Delivery → Regulator-hosted portal as primary channel

Participant	Verbatim quote (from dataset)
P4	It should be published on the regulator website. Insurers/self-insurers can forward the link…
P41	It would be nice to have something to give to workers physically / links to portal.
P13	Information sheet from WorkCover WA… attached to settlement documents.
P29	Online, housed on Website, possibly distribute with other materials at exit (settlement).

(4) Delivery → Clinician exit consult + leave-behind

Participant	Verbatim quote (from dataset)

P5	An in-person discussion with the GP… resources may also be provided in a factsheet format via email or mail…
P18	Combination of information leaflets/emails and conversations with Rehab/Case managers/Treatment providers…
P35	Perhaps an exit meeting could be appropriate.
P36	Summary emails may provide some good recall for some patients…

(4) Delivery → Timed booster check-ins

Participant	Verbatim quote (from dataset)
P12	Periodic check-ins… tapered away slowly… having it there for that initial transitional period back to work would be incredibly helpful.
P1	Claim follow up check ins at 3, 6 and 12 months… via insurer…
P22	Insurer to fund a service/allied health provider for a few face-to-face sessions to assist with the above.

(4) Delivery → Accessible formats by design

Participant	Verbatim quote (from dataset)
P10	Online, paper, sound and braille
P46	Multiple, as outlined in prior comments, print, online, accommodating in various forms.

(5) Timing → Early orientation + staged depth

Participant	Verbatim quote (from dataset)
P11	Injured workers should be given a brief overview… as soon as they lodge a claim… detailed more thoroughly at 12 months…
P21	Some understanding at the beginning… most relevant at 9 to 12 months.
P32	A brief overview at initial interview… then revisited again at about the 12 month mark…

(5) Timing → Case-dependent triggers

Participant	Verbatim quote (from dataset)
P4	The optimal time… a) RTW unlikely, b) worker wants to exit, c) claim liability is in dispute…
P15	When it has been established that they cannot return to their pre-injury role… (DB-yes)
P26	Typically speaking I find these conversations begin to occur where there are signs that perhaps a return to work outcome is unlikely…
P37	If the worker appeared to be struggling with the workers compensation system… if medical information seems to indicate the a return to work is not likely…

(5) Timing → Avoid premature settlement

Participant	Verbatim quote (from dataset)
P22	Anything < 6 months would feel rushed… incomplete care… persisting symptoms… risk of re-injury.
P36	If this information was delivered by a Legal Representative this may influence the return to work outcome at most stages…

(5) Timing → Serious-injury exception & early awareness

Participant	Verbatim quote (from dataset)
P39	For seriously injured workers then this should be as soon as possible after the date of injury.
P1	From the start of claim or within first 3-months
P48	As soon as a claim is lodged, people need to be able to access this information…
P2	A worker should be made aware of all aspects of the workers compensation scheme within the first 3 months of their recovery.

Appendix compiled from verbatim responses in “Qualitative Data Delphi JW.pdf”; participant identifiers retained (P1–P50, IW). Ellipses (…) denote minor elisions for brevity without altering meaning.

Coding Frequency Table (participants endorsing each theme)

Theme	# Participants endorsing	Participant IDs
Structured transition & closure	26	P1, P2, P4, P5, P6, P10, P11, P12, P14, P15, P16, P17, P18, P20, P24, P26, P29, P30, P32, P35, P37, P39, P40, P42, P44, P46
Regulator-anchored portal (source of truth)	29	P2, P4, P6, P7, P9, P10, P11, P13, P16, P17, P19, P20, P21, P24, P25, P26, P27, P28, P29, P31, P34, P37, P39, P40, P41, P42, P46, P48, P50
Personalised clinical & self-management scaffolds	25	P2, P5, P6, P9, P10, P11, P12, P13, P15, P19, P20, P22, P23, P24, P26, P27, P32, P36, P37, P41, P43, P44, P45, P46, P50
Accessibility & equity by design	16	P2, P6, P10, P20, P22, P25, P26, P29, P30, P32, P34, P40, P42, P46, IW1, IW3
Exit pack essentials & FAQs	16	P1, P2, P4, P6, P11, P15, P16, P18, P20, P28, P34, P39, P40, P43, P45, P50
Care transition to Medicare/private	17	P2, P4, P5, P9, P10, P15, P16, P17, P20, P21, P22, P27, P29, P36, P46, P49, P50
Persistent pain & psychosocial education	41	P1, P2, P3, P4, P5, P6, P9, P10, P12, P14, P15, P16, P17, P18, P19, P20, P21, P22, P23, P24, P25, P26, P27, P28, P29, P32, P33, P34, P36, P37, P38, P39, P40, P42, P43, P46, P47, P48, P50, IW2, IW3
Workplace rights, privacy & disclosure	29	P2, P4, P9, P10, P11, P14, P17, P18, P20, P22, P25, P26, P28, P29, P30, P31, P32, P36, P37, P38, P40, P41, P42, P44, P47, P48, P50, IW2, IW3
Financial/legal literacy & PI	36	P1, P2, P4, P5, P6, P7, P10, P11, P13, P15, P16, P17, P20, P21, P22, P25, P26, P27, P28, P29, P30, P32, P33, P34, P35, P36, P37, P38, P41, P42, P44, P46, P48, P50, IW2, IW3

Re-aggravation pathways	23	P2, P6, P10, P11, P13, P15, P16, P17, P18, P20, P23, P26, P27, P28, P29, P32, P37, P41, P42, P43, P45, P46, P50
Vocational pathways & redeployment	19	P1, P2, P4, P8, P9, P11, P13, P15, P17, P18, P20, P30, P32, P36, P38, P39, P40, P41, P46
Regulator stewardship (WorkCover WA)	17	P2, P4, P10, P11, P13, P16, P17, P20, P24, P26, P27, P29, P34, P37, P40, P42, P46
Insurers coordinate/fund & distribute	34	P1, P2, P3, P4, P7, P9, P10, P12, P13, P14, P15, P17, P18, P20, P21, P22, P23, P25, P26, P28, P29, P32, P36, P37, P38, P39, P40, P43, P44, P46, P47, P48, P49, IW3
Clinicians maintain handover artifacts	25	P2, P5, P6, P7, P9, P10, P13, P14, P15, P17, P19, P20, P22, P25, P27, P29, P30, P33, P35, P36, P37, P43, P46, P50, IW3
Independent advisory networks	1	P20
Collaborative/partnership model	8	P10, P26, P27, P31, P36, P37, P40, P42
Multimodal, inclusive delivery	44	P1, P2, P3, P4, P5, P7, P9, P11, P12, P15, P16, P17, P18, P20, P21, P22, P23, P24, P25, P26, P28, P29, P30, P31, P32, P33, P34, P35, P36, P37, P39, P40, P41, P42, P43, P44, P46, P47, P48, P49, P50, IW1, IW2, IW3
Regulator-hosted portal as primary channel	7	P2, P4, P17, P20, P27, P41, P48
Clinician exit consult + leave-behind	5	P5, P33, P35, P36, P46
Timed booster check-ins	5	P1, P2, P12, P20, P46
Accessible formats by design	2	P10, P40
Early orientation + staged depth	12	P1, P10, P11, P21, P23, P28, P36, P38, P39, P48, P49, IW3
Case-dependent triggers	2	P15, P37
Avoid premature settlement	1	P22
Serious-injury exception & early awareness	4	P2, P38, P39, P48

Note: Endorsement identified via keyword anchors; human validation recommended for confirmatory coding.

Coverage Heatmap (Count-based)

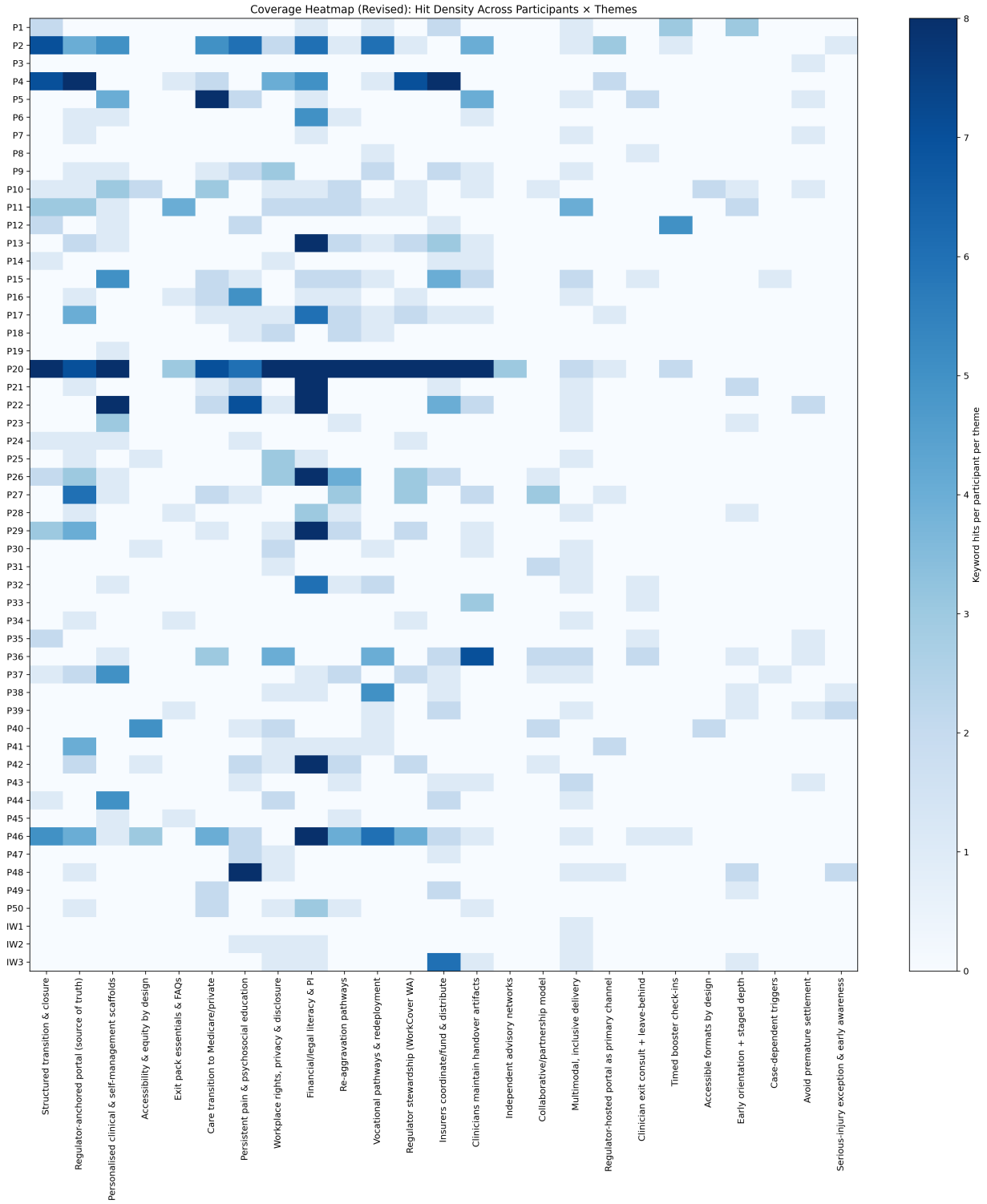

Figure C2. Hit-density heatmap across participants × themes (vmin=0; vmax set to 95th percentile of non-zero counts).