

Nurse Intervention

Purpose

- Nurses play a vital role in case management by participating in the early, medical management of cases.
- The primary focus of the nurses' activities will be to encourage recovery and the return to work through direct intervention with the claimants, treating physicians and employing agencies.

Basic Tasks of the Nurse

- Establish a supportive relationship with the injured worker either telephonically or through face-to-face contact.
- Secure sufficient information about the condition and medical treatment plan to recommend and coordinate appropriate medical services which will expedite recovery.
- Assist the treating physician and the claimant in securing medical services and treatments for the work-related condition in a timely manner.
- Monitor the claimant's medical condition and treatment provided.
- Assist the claimant in completing forms and securing information about medical services available.
- Assist the claimant and treating physician in obtaining medical authorizations.
- Encourage the claimant to cooperate with medical treatment and other efforts to prepare for return to work.

Types of Nurse Intervention

- Limited: consists of telephone interaction only (COP Nurses).
- Moderate: combines both phone calls and face-to-face interaction (Field Nurses).
- Intensive: is reserved for catastrophic cases where medical recovery is expected to extend over long or indefinite periods of time (Field Nurses).

Phases of Nurse Intervention

- Identification: The staff nurse or Claims Examiner (CE) identifies cases for intervention according to standard criteria. Communication is initiated with all parties (claimants, treating physicians, and agencies).
- Monitoring: The nurse reviews the physician's overall treatment plan and identifies areas needing CE attention.
- Assessment: The nurse determines whether return to work is possible and whether return to work plans are available and feasible.
- Discharge Planning: The nurse assesses the outcome of the intervention and follows up on the case if necessary.

Criteria for Case Selection

- Traumatic Injury Cases: Although the ideal time for nurse intervention is from the date of injury through 120 days, the CE may refer cases for nurse intervention regardless of the time elapsed since the injury if:
 - The medical evidence does not state a return to work date;
 - The return to work date is unrealistic;
 - The return to work date is extended without clear medical reasoning;
 - The claimant is partially disabled but the file does not contain work restrictions;
 - The CE requires additional information about continuing services such as home nursing, house modifications and extensive surgery or physical therapy.

Criteria for Case Selection

- Occupational Illness Cases: These cases ordinarily require more than 90 days to adjudicate, thus placing them outside the optimum time frame for nurse intervention. Therefore they **will not routinely** be referred for continuing nurse intervention, though they may be referred for advice and assistance with particular issues
 - Referral for vocational rehabilitation services will likely be more appropriate in most occupational illness cases.

Sources of Cases

- Claims Examiner Referrals
 - CEs are tasked with identifying cases that meet the criteria. CEs also refer cases where there is an indication of disability provided on the CA-1.
- Automated Reports
 - Staff nurses may identify cases that meet the criteria using automated reports of CA-7 payments or other reports containing similar information.
- Other Sources
 - In some instances, employing agencies, rehabilitation specialists, district medical advisors and others can identify cases which may benefit from the nurse services.

Nurse Selection Requirements

- Must be a registered nurse (RN)
- Applicants must show two years' case management work, e.g., workers' compensation, occupational/community health, utilization review, rehabilitation nursing.
- Applicant must clearly show a minimum of two years' general medical surgical work.

Intervention Program Parameters

- Time
 - 120 days from the date of referral.
- Money
 - Hourly professional and administrative rate that varies regionally.

COP Nurse Intervention

- OWCP has placed strategic emphasis on prompt adjudication and payment of benefits, early intervention in new injuries, active disability management and prompt, appropriate return to the workplace.
- Early intervention depends on the prompt submission of claim forms (CA-1s) by the agency.

COP Nurse Intervention

- Cases are eligible for COP Nurse Assignment once 7 days have elapsed from work stoppage as indicated on the CA-1.
- The COP Nurse will have limited access to iFECS in order to provide intervention services, which should include a 3 point contact to 1) the injured worker, 2) the employing agency, and 3) the treating physician.

COP Nurse Intervention

- Nurse intervention during the COP period will be solely telephonic in nature and limited to 7 days; however, an extension may be granted for an additional 7 days if a RTW is imminent.
- COP Nurse information will be available in AQS. Both the COP Nurse assignment and closure information will be visible.

COP Nurse Intervention

- Although the intervention will not be extensive during the COP period, the nurses' medical knowledge and experience will permit them to identify cases that will require more extensive nurse intervention due to the severity of the injuries, contemplated surgical intervention, or other such issues. They will also be able to discuss the workers' medical concerns and offer advice.
- If the COP Nurse case is ultimately closed with no return to work, only a partial return to work, or some other pending issue, the CE will review the case for possible assignment of a Field Nurse.

COP Nurse Intervention

- In order to ensure that only cases in which the injured worker has not returned to work are assigned to COP Nurses, the employing agency should report RTW information to our District Offices as soon as possible.
- This can be done in one of two ways – the electronic CA-3 or via phone.
- If a return to work is reported to our Office by the 7th day of work stoppage, a COP Nurse should not be assigned. Also, if a COP Nurse has been assigned, but has not yet taken any action on the case, reporting a return to work date even after the 7th day will close the COP Nurse case for any action.

COP Nurse Intervention

- Refer to FECA Bulletin 10-04 (issued September 10, 2010) on the DFEC website for a detailed discussion of the revised disability management process for COP Nurses.

Initial Evaluation of Claimant

- Personal Information
 - Family dynamics and home situation (detailing only those factors which relate to claimant's return to work)
- Job History
 - Description of the injury
- Medical History
 - Current medical status
 - History of previous injuries
 - Non-Injury related medical conditions
 - Current Medications
 - Physician(s) contacts and conclusions
- Nursing Care Plan
 - Potential problems
 - Recommendations
 - Planned services for the next 30 days.

Intervention Process

- During the first 30 days
 - The nurse determines whether the physician has formulated a treatment plan and whether the claimant's physical condition is improving.
 - Once a plan is formulated, the nurse monitors the physical progress of the claimant and obtains a return to work date from the physician, when appropriate.

Intervention Process

- Contact with the Employing Agency.
 - The nurse performs a job site walk through to determine the extent (if any) the job may be modified to accommodate work restrictions.
 - The nurse works with the employing agency to ensure that the physical demands of the job are in keeping with any restrictions imposed by the physician.
 - To ensure that there are no significant barriers to the return to work, and verify that the return to work occurs on or near the expected date, the nurse convenes a return to work meeting with the injured worker and supervisor to review work restrictions.

Intervention Process

- If the return to work date is not within 120 days from the beginning of the intervention, there is no significant improvement in the condition of the claimant, or the physician does not produce a plan, the nurse ends the intervention and refers the case to the CE.

Intervention Process

- If the claimant does not return to work on or near the return to work date, or remains at work less than 60 days, the nurse will evaluate the underlying reasons and take appropriate action.
 - If the reason is a job adjustment problem (difficulty with the employing agency) the nurse will refer the case to the CE.
 - If medical problems prevent or cut short the return to work, the nurse will contact the physician for new restrictions, close the intervention and refer the case to the CE.
 - If non-cooperation is the reason, the nurse will provide reasoned justification for his or her opinion and refer the case to the CE.

Intervention Process

- Conferencing
 - The Claims Examiner may decide that a conference call involving the injured worker, employing agency, nurse, CE and Senior CE will help clarify return to work issues.

Extensions of Service

- The nurse intervention will usually last 120 days or less. In catastrophic cases, or in cases where the time and/or dollar limits are exceeded by small amounts and it is clear that the claimant will return to work within a short period of time, the intervention may extend beyond this limit if the CE authorizes extensions of time or money.

Extension of Service

- Extensions may also be necessary or desirable in other cases, with the approval of the claims examiner:
 - to ensure that initial return to work is successful;
 - to help the claimant reach a higher level of physical capacity, resulting if possible in return to full time regular duty;
 - if work-related surgery is necessary; or
 - if the injury is catastrophic.

Claimant Responsibilities

- To participate in the nurse intervention program or risk reduction in compensation benefits.
- To communicate with the nurse.
- To coordinate communication between the nurse and the treating physician.
- To provide a medical release allowing the nurse access to medical information relating to the on-the-job injury.

Agency Responsibilities

- To allow access to the work site.
- To provide accommodation and modification when restrictions are presented.
- To communicate with the nurse in all phases of the intervention. (During the process and after there has been a return to work.)

Additional Information

- If you would like more information on the nurse intervention program you should
 - contact your Regional Staff nurse; or
 - Patricia Wood at OWCP Headquarters