



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

WORKER'S COMPENSATION

Effective Date: December 11, 2015

Policy #: SF-07

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I. PURPOSE:

- A. To identify responsibilities in the event of a work related injury that results in Worker's Compensation benefits.
- B. To establish a process for employees injured at work to return to work in a limited capacity.

II. POLICY:

- A. It is the intent of Montana State Hospital (MSH) to work with injured employees, their health care provider through Montana State Fund to maintain an Early Return to Work (ERTW) program to allow injured employees to return to work in a transitional capacity where activities are temporarily limited according to medical necessity.

III. DEFINITIONS:

- A. Early Return To Work (ERTW) - A program that involves the employer, the injured employee, the employee's health-care provider (through Montana State Fund) by working together to identify transitional assignments that allow an injured employee to return to work in a capacity that does not interfere with physical restrictions (as identified by their health-care provider).
- B. Transitional Assignment - A temporary work assignment that includes duties that do not interfere with an injured employee's physical restrictions (as identified by their health-care provider). A Transitional Assignment is provided with the intent of providing work while the injured employee transitions to their time of injury position.
- C. Time of Injury Job Analysis (TOIJA) - An assessment of an employee's regular duties to provide a physician with an accurate description of the physical demands of the employee's regular job so the physician can provide medical approval or disapproval for an employee to perform that job whenever needed or requested.
- D. Modified Job Analysis (MJA) - An assessment of modified duties to provide a physician with an accurate description of the physical demands of a modified position so the physician can provide medical approval or disapproval for an employee to perform that job whenever needed or requested.

IV. RESPONSIBILITIES:

- A. Safety Officer - Work with injured employees, supervisors, and Montana State Fund to ensure prompt claims reporting and managing from time of injury to time of closure of the claim.

- B. Employees - Report injuries to their immediate supervisor at the time of the injury. To make regular contact (at least monthly) with their supervisor and the Safety Officer when they are away from work as the result of a work related injury. To provide a Medical Status Form statement to their supervisor and the Safety Officer after each work related physician visit. MSH's Medical Status Form (Attachment A) must be completed by the employee's physician at each doctor appointment. Employees must turn in the Medical Status Form and update their supervisor and/or the Safety Officer after every doctor visit/appointment.

- C. Supervisors - Report all injuries to the Safety Officer. Work with the Safety Officer and Montana State Fund to identify transitional duties for an employee returning to Early Return To Work (ERTW) status. Coordinate with the Safety Officer to ensure the injured employee is:
 - 1. Making regular contact (at least monthly) with the Supervisor and Safety Officer.
 - 2. Providing medical documentation (Medical Status Form) after each physician visit to the Safety Officer.

- D. Human Resources – Human resources will be notified of any ERTW status of an injured employee before returning to work with an employment transaction form signed by the employee and the supervisor. An employment transaction form will provide an estimate of the duration of the ERTW assignment. The employee and supervisor will provide an employment transaction form to HR when there is a change in status from ERTW to the time of injury position.

V. PROCEDURE:

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- A. Injured employees must complete an Incident Report anytime they are injured. The employee must give the completed Incident Report to their immediate supervisor at the time of the injury whenever possible. **The supervisor must be given the Incident Report before the end of the employee's shift if feasible, but not longer than 6 days following the injury. The supervisor will forward the Incident Report to the Safety Officer as soon as possible.**

- B. Employees must notify their immediate supervisor and the Safety Officer if they miss work as the result of an injury that occurs at work.

- C. Employees must notify their supervisor and the Safety Officer within 24 hours if they seek medical attention as the result of an injury that occurs at work. Employees must obtain a Medical Status Form from their health care provider anytime they see a physician as the result of an injury that occurs at work. The employee must provide the completed Medical Status Form to the Safety Officer before they will be approved to return to work. The employee will not be allowed to work if a Medical Status Form is not provided to the Safety Officer.
- D. The Safety Officer must complete a "First Report of Injury" for all employees who miss work or seek medical attention as the result of an injury that occurs at work. The First Report of Injury must be submitted to Montana State Fund within six (6) days after notification is received by the Safety Officer.

EARLY RETURN TO WORK (ERTW)

- A. The Safety Officer will coordinate with the injured employee's supervisor to identify transitional assignments that may be available in the work area. MSH cannot insure that ERTW work assignments are available at any given time. Determination of availability and appropriate work assignments are assigned on a case by case basis. The ERTW Officer for the Department of Administration may determine availability and appropriate work assignments in other State of Montana government operations in lieu of the ability of MSH to provide Transitional Assignments.
- B. The Safety Officer will work with Montana State Fund to develop a Modified Job Analysis (MJA) for the transitional assignment if needed or requested by State Fund, which conforms to the doctor's restrictions.
- C. The injured employee's health care provider must review the Modified Job Analysis (MJA) (when needed or requested) to ensure the duties are within the injured employee's physical abilities. The health care provider should sign MSH's Medical Status Form indicating if the employee is physically able to perform the duties identified in the MJA. The employee must submit Medical Status Form to their supervisor immediately after their medical appointment. A copy must be sent to the Safety Officer within 24 hours for placement in the injured employee's worker's compensation folder.
- D. If the employee is released to work a transitional assignment, the supervisor must focus on modifying the employee's existing job when possible. At all times the supervisor must ensure the duties of the transitional assignment fall within the employee's physical limitations as written by the injured employee's treating physician.
- E. After every Medical Status Form is received by the Safety Officer the transitional assignment will be reviewed to determine how the employee is progressing and to

decide if adjustments need to be made in the transitional assignment, or if the transitional assignment is to be discontinued. The employee is to contact the Safety Officer immediately if the employee is having difficulty with the transitional assignment.

- F. Prior to the completion of the 90-day transitional assignment, the Safety Officer will meet with the employee to get the employee's assessment of how the assignment is going and review Medical Status Reports for progress.
 - G. Transitional assignments may be extended up to 180 days if the injured employee continues to show improvement with every Medical Status Form received from their healthcare provider. **Upon receiving each Medical Status Form a review will be completed with the Workers Compensation Claims Adjuster to determine whether transitional duty is still appropriate. The Claims Adjuster will consult with the Health Care Provider when needed to make this determination. If the employee does not show improvement during the initial 90-day transitional assignment, the assignment will be discontinued.**
 - H. Employees working in a transitional assignment must be aware of and must not exceed physical limitations identified by their health care provider. Exceeding physical limitations may result in disciplinary action.
 - I. Employees working in a transitional assignment are required to utilize relevant leave time for any time missed during an ERTW Transitional Assignment. In addition, employees must abide by all policies and procedures related to missed work.
 - J. Transitional assignments may be on any shift or in any work area.
 - K. Employees working in a transitional assignment are not eligible for overtime assignments.
- VI. REFERENCES:** DPHHS Worker's Compensation Policy; MSH Policy #SF-04, "Incident Response and Reporting."
- VII. COLLABORATED WITH:** Hospital Administrator, Director of Nursing, Director of Quality Improvement & Public Relations, and Director of Human Resources.
- VIII. RESCISSIONS:** #SF-07, *Worker's Compensation* dated May 14, 2015; #SF-07, *Worker's Compensation* dated December 9, 2011; # SF-07, *Worker's Compensation* dated May 18, 2010; # SF-07, *Worker's Compensation* dated May 12, 2003; # SF-07, *Worker's Compensation* dated May 12, 2003.
- IX. DISTRIBUTION:** All hospital policy manuals

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- X. **ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.

- XI. **FOLLOW-UP RESPONSIBILITY:** Safety Officer and the injured employee's Supervisor.

- XII. **ATTACHMENTS:**
 - A. Medical Status Form

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
David Gregory Date
Safety Officer

MEDICAL STATUS FORM

Employer Contact Information (Optional) **Montana State Hospital**
 P.O. Box 300, Warm Springs MT 59756
 406-693-7207 FAX 693-7257
 ATTN: Safety Officer

Employee Info	Employee's Name (Last, First) _____	Date of Birth (mm/dd/yyyy) _____	Provider Timestamp _____
	Claim Number _____	Date of Injury (mm/dd/yyyy) _____	Provider Contact Information _____

Released for Work?	<input type="checkbox"/> Employee Released to Full Duty	Date _____	To _____
	<input type="checkbox"/> Employee Released to Modified Duty (See Work Abilities)	Date _____	To _____
	<input type="checkbox"/> Employee May Work Limited Hours: _____ hours per day	Date _____	To _____
	<input type="checkbox"/> Employee May Work Part-time: _____	Date _____	To _____
	<input type="checkbox"/> Employee Not Released to Work	Date _____	To _____
	<input type="checkbox"/> Capacity Duration (estimate days):	<input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 30+ <input type="checkbox"/> permanent	

Modified Work Abilities	Blank Space = Not Restricted (NR)	Continuous	Frequent	Occasional	Never	
	Hand/Wrist <input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>				
	Grasping <input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>				
	Pushing/Pulling <input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>				
	Fine Manipulation <input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>				
	Reaching <input type="checkbox"/> L, <input type="checkbox"/> R, <input type="checkbox"/> B	<input type="checkbox"/>				
	Bending	<input type="checkbox"/>				
	Climbing	<input type="checkbox"/>				
	Lifting 01-10 lbs.	<input type="checkbox"/>				
	Lifting 11-20 lbs.	<input type="checkbox"/>				
	Lifting 21-25 lbs.	<input type="checkbox"/>				
	Lifting 26-50 lbs.	<input type="checkbox"/>				
	Lifting 51-70 lbs.	<input type="checkbox"/>				

Number of Hours Employee May: Sit _____ Stand _____ Walk _____

List Other Restrictions:

Signatures	Employee Signature _____	Date _____
	Provider Signature _____	Date _____

Copy of Medical Status Form to employee Date of Next Visit _____

Treatment Plan	Employee Progress:	<input type="checkbox"/> As expected/better than expected <input type="checkbox"/> Slower than expected	<input type="checkbox"/> Treatment Concluded by provider: _____ <input type="checkbox"/> Max. Medical Improvement (MMI): _____
	Current Rehab:	<input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Home Exercise <input type="checkbox"/> Other: _____	Care Transferred to: _____
	Surgery:	<input type="checkbox"/> Not Indicated <input type="checkbox"/> Possible <input type="checkbox"/> Planned	Consultation needed with: _____
	Comments:		Study Pending: _____
			Medications: _____
		Opioids prescribed for: <input type="checkbox"/> Acute Pain <input type="checkbox"/> Chronic Pain	
		Diagnosis: _____	