

## PSRI Continuous Improvement Model for School Risk Management

### E. Injury Management

#### 1. Communication with injured worker

Question/ Issue	1 Stagnant	2 Striving	3 Stretching	4 Sustaining
Has the district established clear procedures to keep the injured employee aware of their rights and responsibilities?	The insurance carrier, TPA or in-house claims department calls injured employee to discuss treatment process and mails employee required notices.	In addition to the prior process, the supervisor contacts the employee to ask how they are doing. If the relationship is not good, the next level supervisor or Risk Management calls employee.	For lost time injuries, Risk management staff contacts employee to explain pay and medical benefits as well as questioning employee as to what if anything they need. Answers any question the employee or family may have. Mails postcard with website address and important phone numbers for carrier and Risk management department.	Clear written procedures, sample correspondence for supervisors. Managers get involved to insure employee has all info they need. Follow up satisfaction survey is sent to employee to include feedback on medical treatment, TPA service, supervisory handling of process.

2. PPO Program

Question/ Issue	1 Stagnant	2 Striving	3 Stretching	4 Sustaining
Does the claims handler have an established list of eligible providers who understand the Workers Compensation program and occupational medicine?	A network of providers willing to accept state fee schedule (or negotiated fees) has been created. These networks comply with all required Workers Comp accreditations and Medical Director oversight.	Sub networks are established within the broader networks. These providers are the ones advertised to employees as being approved WC providers. The providers complete required work status forms at each appointment and provide a copy to employee as well as carrier or TPA. In addition, all schools and locations are provided lists of these approved providers that are appropriate for most primary care visits after an injury, so employee may visit a provider directly rather than the ER.	Networks and programs are established for physical therapy and Rx. Often networks for MRI's or other expensive tests may be created. Providers offer extended hours. Providers are trained on and comply with writing restrictions only as physical restrictions and not work or job restrictions. For ex: a limitation of "can not handle duties of maintenance worker" is not acceptable. The restriction would need to be written as "no lifting of over 10 lbs" or "No reaching overhead". This allows the employer to design light duty programs around physical restrictions.	Providers understand expectation of aggressive treatment such as comparable to sports medicine. They practice evidence-based medicine.

3. Strong relationships with Medical providers

<b>Question/ Issue</b>	<b>1 Stagnant</b>	<b>2 Striving</b>	<b>3 Stretching</b>	<b>4 Sustaining</b>
Does the employer/carrier have a strong relationship with its providers?	Providers accept phone calls from adjusters and nurses to discuss treatment.	Providers follow requirements to complete employee status/physical restriction forms after each appointment. A copy is provided to the employee and one is faxed to the employer/carrier. Providers attend annual meeting with employer carrier to discuss procedures.	Providers understand employers' philosophy on their light duty/return to work program and is not swayed by comments from employee. Provider calls employer if provider has concerns about employee comments.	Providers conduct in-service programs for employer/carrier. Providers are able to defend MMI restrictions and are not swayed to change them if asked by employee (job may be affected).

4. Nurse Triage

<b>Question/ Issue</b>	<b>1 Stagnant</b>	<b>2 Striving</b>	<b>3 Stretching</b>	<b>4 Sustaining</b>
Does the claims handler have a Nurse review/triage program established?	Providers have a nurse available if adjuster has questions about a claim and treatment	A list of Primary physicians is provided to all work locations with instructions for employees to visit one of the listed providers rather than the ER for all non-life threatening injuries	Claims Handler has a nurse who reviews every ER visit for appropriate care visits and trains location if visits are not life threatening	Employees know to go to on-site clinic or calls nurse after an accident, for direction on what provider to see.

5. Case Management

<b>Question/ Issue</b>	<b>1 Stagnant</b>	<b>2 Striving</b>	<b>3 Stretching</b>	<b>4 Sustaining</b>
Does the claims handler have an established program for medical management on certain claims?	Claims handler has a nurse or physician available if medical questions on a claim arise	Claims handler has on site nurse available to review claims if questionable facts arise or if treatment becomes complicated	Program has been established that details when a review is required based on length or severity of claim, lost time duration, subjective only findings	Employer has a process in place to review files to ensure case management is used as established in the program

6. Early Return-to-Work Program

<b>Question/ Issue</b>	<b>1 Stagnant</b>	<b>2 Striving</b>	<b>3 Stretching</b>	<b>4 Sustaining</b>
<p>Has the District established a clear, comprehensive policy to return injured employees to progressively more substantive work within physician-established work restrictions?</p>	<p>Injured workers are allowed to remain off work if the treating physician has issued work restrictions which interfere with regular job duties.</p>	<p>Some effort is made to accommodate physician work restrictions, but each case is viewed independently with no central coordination and no pre-loss planning.</p>	<p>Various departments have embraced a return-to-work philosophy and regularly bring injured employees back to work within physician restrictions.</p>	<p>The Board has established policies and procedures, a central coordinator has been named and trained, and all supervisors are actively engaged in the process of reviewing physician restrictions and finding productive work for injured employees within restrictions.</p>

7. Early RTW Coordinator

<b>Question/ Issue</b>	<b>1 Stagnant</b>	<b>2 Striving</b>	<b>3 Stretching</b>	<b>4 Sustaining</b>
Has there been an investment in a full or partial position dedicated to helping coordinate a District-wide return-to-work effort?	The central coordinator of workers' compensation claims is not trained, nor empowered, to work with supervisors to creatively and aggressively bring injured employees back to work under reasonable work restrictions.			The Coordinator has established themselves as the District focal point for administration of the workers' compensation process, acts as liaison with treating physicians, and encourages supervisors to be creative in finding work for injured employees within restrictions.

8. Early RTW Transitional Procedures and Job Bank

<b>Question/ Issue</b>	<b>1 Stagnant</b>	<b>2 Striving</b>	<b>3 Stretching</b>	<b>4 Sustaining</b>
Has there been significant pre-loss planning to engage supervisors, treating physicians, and a central coordinator in a concerted effort to reduce lost work days through the establishment of clear, step-by-step return-to-work procedures?	There has been little pre-planning for transitioning workers from the original injury through maximum medical improvement, accommodating progressively-lessening physician work restrictions as the employee heals.			Supervisors have been trained and empowered to find transitional duty for injured employees – first through job modification in the original department, but if not feasible, through reassignment to a second department using a pre-established light duty job bank.