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Change for the Ohio Nurse Practitioner Treating Worker's Compensation Patients: A Needs Analysis

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Change for the Ohio Nurse Practitioner Treating Worker's Compensation Patients: A Needs
Analysis

by

Jessica Huff, MSN, RN, FNP-BC

Doctor of Nursing Practice Final Scholarly Project

In Partial Fulfillment of the Requirements for the Degree

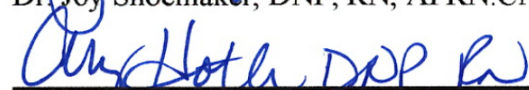
Doctor of Nursing Practice

Otterbein University
2022

DNP Final Scholarly Project Team:



Dr. Joy Shoemaker, DNP, RN, APRN.CNP, FNP-C, Associate Professor of Nursing



Dr. Amy Hotler, DNP, RN, LSN, Clinical Leader Faculty

Executive Summary

Autonomous nurse practitioners are an effective and useful member of the healthcare team, particularly when given a less restrictive scope of practice at the state level. The autonomous nurse practitioner can help improve patient outcomes/needs as a decision-making health care team member.

Ohio nurse practitioners treating worker's compensation patients are limited in treating the injured worker not because of the nurse practitioner scope of practice, but because of the bureaucratic paperwork worker's compensation requires of its patients/providers. The purpose of the project was to conduct a needs analysis regarding a legislative change proposal for the practice authority of nurse practitioners treating the Ohio worker's compensation patient.

This quantitative study was completed by conducting chart reviews of worker's compensation patients evaluated by the nurse practitioner evaluating any disparities between work restrictions recommended by the nurse practitioner versus the physician. The target population for this study included nurse practitioners treating Ohio worker's compensation patients in the Occupational Medicine setting. Patient chart reviews were conducted, reviewing the work restriction instructions given by the nurse practitioner and included only initial injury evaluation patients that had a required Medco-14 form. The charts were randomly selected from the past schedules of the two practicing occupational nurse practitioners in a rural Ohio county. Of the 70 random charts reviewed, 100% had no discrepancies between the nurse practitioner work recommendations and that of the physician.

Allowing nurse practitioners to sign Medco-14 forms will increase patient access to care, which in turn results in better patient outcomes.

Introduction

Nurse practitioners (NP) in the occupational medicine setting treat a variety of conditions, including work-related injuries. In Ohio, the work-related injuries fall under treatment guidelines of the Ohio worker's compensation (WC) program. While NPs provide all relevant care to the injured worker, NPs are unable to complete all required WC paperwork under current WC law. The Medco-14 form- the WC return to work form- requires the physician to sign the paperwork even though the NP completed the assessment at every WC patient visit (Ohio Bureau of Worker's Compensation, 2020a). A copy of the Medco-14 form can be found in Appendix D.

In 2016, a practice change was made in Ohio to allow NPs to sign the Medco-14 form for the first 6 weeks of patient care (Ohio Laws and Administrative Rules, 2019). While this seems good in theory, the reality is the office staff for worker's compensation are not taking the time to review whether the NP is in the allotted time frame to sign the Medco-14 form. All Medco-14 forms are returned requesting a physician signature. Due to current laws, NPs are restricted in the care they can provide WC patients, limiting patient access to care and ultimately negatively affecting patient outcomes.

Problem Statement

Ohio NPs treating WC patients are limited in treating the injured worker not because of the NP scope of practice, but because of the bureaucratic paperwork WC requires of its patients/providers. This leads to the following PICO(T) question: In patient's seeking Worker's Compensation care, how would allowing nurse practitioner's signing Medco-14 forms compared to the way in which chiropractors and physicians sign them, affect patient work restrictions

during Worker's Compensation visits? This topic is appropriate for the Doctor of Nursing Practice (DNP) degree because analyzation is needed for a legislative change proposal in the state of Ohio for nurse practitioner practice authority. This topic involves a high-level incorporation of all eight of the DNP Essentials for Advanced Practice Nursing (American Association of Colleges of Nursing, 2021).

Literature Review

A search was conducted to find applicable research studies related to the PICO(T) question. Because this is not a commonly studied topic, each resulting research article examines a different aspect as related to the PICO(T) question. Nine studies were reviewed and utilized for this study. In each of the nine studies, results were consistently in favor of autonomous NPs yielding positive outcomes regarding patient care. Each study answered a unique aspect of the PICO(T) question, but all the studies were favorable to NPs. In the Aerts et al. (2020) study the results concluded that interprofessional collaboration, along with the integration of an autonomous decision-making practice nurse, increases better response to patient needs. According to Kilgour et al. (2015), the healthcare provider can make a positive difference in the recovery of an injured worker in WC cases. Liu et al. (2020) validated that patient outcomes were similar between NPs and medical doctors. The study completed by Moldestad et al. (2019) found that patients preferred NPs due to the holistic care approach, and both NPs and physicians were viable primary care providers. The Patel et al. (2019) study concluded that less restrictive state-level scope of practice policy for NPs improves access to primary care. Along with the findings from the Patel et. al. (2019) study, Moore et al. (2020) found little background was provided when developing policy proposals and state policy makers needed more competency

regarding proposed practice change legislations. Wang-Romjue (2018) concluded NPs can provide quality care and services similar to physicians, but NP services are dependent on practice autonomy regulated by state policy. Zwilling & Fiandt (2020) found that NPs are not being utilized to the fullest potential regardless of practice authority in the state, negatively impacting patients and access to healthcare.

The literature shows that providing NPs with more autonomy can increase patient access to primary care. The care by NPs has similar patient outcomes as compared to physicians. Autonomous NPs are an effective and useful member of the healthcare team, particularly when given a less restrictive scope of practice at the state level. The literature reinforces that autonomous NPs will not hinder patient outcomes and will reduce healthcare costs. The autonomous NP can help improve patient outcomes/needs as a decision-making health care team member. Less restrictive scope of practice states for NPs have shown no more adverse patient outcomes than physicians; studies have also shown high patient satisfaction scores with NP provided care (Patel et al., 2019).

The literature supports the need for further studies that evaluate autonomous NPs and WC patient outcomes as related to the PICO(T) question.

Significance of Problem

NPs can treat patients, order testing, write prescriptions- including narcotics, and recommend referrals and follow-ups for WC patients without difficulty or restrictions. However, the NP is unable to provide the WC patient with the required return to work paperwork. The same WC paperwork can be completed by a chiropractor- a provider with less practice authority in the state of Ohio than an NP. For example, there is no prescriptive authority for chiropractors

in Ohio (Ohio State Chiropractic Board, 2020) versus an NP with full prescribing privileges in Ohio.

NPs are filling a need in settings such as occupational medicine and urgent care centers where WC patients are typically treated. According to the Ohio Bureau of Worker's Compensation website, there are 9,282 NPs registered to provide care to WC patients in Ohio (Ohio Bureau of Worker's Compensation, 2020b). Because of current Ohio law, these 9,282 NPs can provide full spectrum patient care to injured workers but are unable to sign the required WC paperwork the patient needs to return to work. The paperwork therefore limits the ability of NPs to provide care to WC patients unless a physician is available to sign the Medco-14 form.

Project Implementation and Measures

Theoretical Framework

Nola Pender's Health Promotion Model (HPM) is a theory designed for preventive health behavior (Pender, 1996). Pender's HPM evaluates the unique individuality of a person combined with behavior specific trends and variables to predict an outcome. The purpose of this theory is for the nurse to understand the major determinants of health behaviors and to use behavioral counseling to promote a healthy lifestyle and improve health outcomes (Nursing Theory, 2016).

Pender's HPM evaluates the unique individuality of a person combined with behavior specific trends and variables to predict an outcome. The scope of this middle range theory is predictive, as it uses the background information of a patient to predict how to change behavior for improved outcomes. Pender (1996) used health promoting behavior and positive health outcomes by adapting interventions relevant to the person's background and variables. Pender also described practical interest as the way people understand themselves and their surroundings.

Pender uses interest in her HPM through collecting information about the person, community, and environment to obtain insight on the unique individual in order to design specific interventions for positive change.

Pender's HPM is very applicable to the Occupational Medicine setting. The HPM aligns with occupational medicine because the theory is designed to promote behavior changes and positive health outcomes by adapting interventions relevant to the person's background and variables (Butts & Rich, 2018). The goal of care in occupational medicine is prevention and positive health outcomes. The theory is ideal in working to make a change in an occupational setting for improved health outcomes. The workplace is such a large part of a working person's environment and "the HPM is an attempt to depict the multidimensional nature of persons interacting with their environment as they pursue health" (Pender, 1996, p. 53). Work restrictions protect the injured worker from further injuring themselves in their work environment. In relation to the PICO(t) question, a necessary change to improve health outcomes in the occupational medicine setting is improving patient access to care. Allowing NPs to sign the Medco-14 form will improve patient access to care, ultimately improving patient outcomes, as evidenced in the literature.

Project Objectives

The purpose of the project was to conduct a needs analysis regarding a legislative change proposal for the practice authority of NPs treating the Ohio WC patient. In practice, NPs seemingly make similar work restriction guidelines on the Medco-14 as compared to the physicians who must sign the Medco-14 form. If there is no disparity among work restrictions set by the providers, why not allow the NP to sign the form? The project was aimed at gathering

enough data to make an informed decision as to the need of a practice change regarding the NP signing the Medco-14 form. The objectives of the project helped to identify the extent of the problem and overall need for a WC related practice authority change for NPs in Ohio regarding the Medco-14 form. Objectives included:

1. Conduct a review using the Ohio WC provider directory to establish the number of NPs eligible to provide care for WC patients.
2. Complete a chart review of 70 random initial work injury evaluation patients using a rural Ohio county Occupational Medicine Clinic's electronic medical record (EMR) system reviewing Medco-14 forms and chart note comments regarding work restrictions for patients evaluated by the NP.
3. Present project findings with recommendations for practice to a nursing organization dedicated to promoting Advanced Practice Nursing, including change through the legislative process.

Method

The project was a quantitative study. A retrospective chart review of previously seen patients by the NP in the occupational medicine clinic was completed evaluating differences in work restrictions proposed by the NP as compared to the physician. The review provided information as to whether work restriction outcomes differ between NPs and physicians.

Target Population and Sample

The target population for the study was NPs treating Ohio WC patients in the Occupational Medicine setting. The patient chart reviews were randomly selected from the past schedule of the practicing occupational medicine NP in a rural Ohio county. Seventy initial or

new work-injury encounter patient charts were randomly selected from the electronic medical record for review. The initial or new visits were chosen for review as the most limiting work restrictions are typically provided during the initial or new work injury evaluation office visit. A visit labeled “initial” is defined as a patient who has not been evaluated/treated anywhere else for the current injury/condition. A visit labeled as “new” is defined as a patient who had treatment somewhere- such as an urgent care or emergency department but is presenting to the occupational medicine clinic for further treatment and paperwork completion. Inclusion criteria for the study states the NP must be the treating provider for the Ohio WC patient in an occupational medicine or urgent care setting. The patient chart to be reviewed must include an Ohio WC case that included the required Medco-14 form.

Collaboration was initiated with an organization in Ohio seeking to improve the profession of Advanced Practice Nursing through legislative change. Project and objectives were discussed, as well as a collaboration to get the legislation changed in Ohio regarding the NP Medco-14 form practice issue. The collaborating organization is currently drafting a legislative change proposal modify the current Ohio NP Medco-14 restriction.

Instruments

For this project, one tool was utilized for analysis. The tool was the Electronic Medical Record (EMR) system- Agility, used in the occupational medicine clinic in which the chart review was conducted. The information gathered from the EMR was quantitative data, and the findings interpreted and applied to the PICO(T) question (Moran, Burson & Conrad, 2020). The EMR provided access to all Medco-14 forms in the patient charts, as well as the documentation of the NP to any discrepancies on proposed work restrictions as compared to the physician.

Data Collection

The data collected for this project consisted of two parts: eligible NPs in Ohio to treat WC patients and a chart review of the Medco-14 forms completed by the NP and reviewed by the physician. The collected data was reviewed and utilized to make an informed decision regarding the need for a practice change in Ohio regarding WC care.

To collect information regarding the number of NPs eligible to treat WC patients, a search and review was conducted. The provider eligibility information is available on the Ohio WC website for the public to view (Ohio Bureau of Worker's Compensation, 2020b).

The patient work restriction information was completed by conducting a chart review in the Agility EMR system. Because the study included a review of human subjects, approval was granted from the Otterbein Internal Review Board (IRB) for the protection of the human subjects (Appendix A). Seventy random initial/new work injury evaluation patients were selected for review of the Medco-14 information. Each chart included the required Medco-14 work restrictions, as well as the plan of care comments, reviewed to evaluate any discrepancy between what the NP suggested for work restrictions as compared to the physician.

Data Analyzation

Descriptive statistics were used for the data analyzation of this project. First, the chart reviews were conducted. The measured data is the number of unchanged charts completed by the NP versus the total number of charts reviewed. Of the 70 charts reviewed in this study, 100% of the charts reviewed had no differences between the NP and physician work restriction recommendations (Appendix E).

Timeline

The timeline for the project spanned the course of an 8-month time period (Appendix B). First, the project proposal was submitted for Internal Review Board (IRB) approval in September. Approval was received September 15, 2021.

Once IRB approval was received, a search and review was conducted using the Ohio WC provider directory. This established the number of NPs in Ohio eligible to provide care for WC patients. This was completed in October 2021.

Chart reviews from the hospital EMR system were conducted and completed in December 2021. Data analysis of the chart review information was completed by January 2022. Project findings were disseminated to the collaborating professional nursing organization in January 2022. The final scholarly project report presentation in April 2022 to the Otterbein Faculty and community members will complete the project timeline.

Budget

The budget (Appendix C) for the project was for the time of the project implementor. The estimated needed time of the project implementor was approximately 100 hours in the review process, with additional time invested in the analyzation and distribution of results- estimated conservatively to be around 20 hours. The total estimated 120 hours would constitute a budget of \$6000 based on the hourly pay rate of the nurse practitioner. This time was donated for the project by the project implementor.

The EMR and computer system incurred no additional cost for the project as the institution absorbs the cost. The operational costs such as electric, internet usage, and heating/cooling were also absorbed by the institution. There were no other office supplies or materials necessary for the completion of this project. Travel included one trip to the clinic to use

the EMR system to collect the data. The travel time is included in the overall project time. In all, a total budget of \$6000 was the projected cost of the project. The budgeted number was based on the direct and indirect cost of the project (Moran, Burson & Conrad, 2020).

Deviations

The timeline proposal compared to actual time of completion deviated slightly. The project was completed a little faster than anticipated. IRB approval was received earlier than expected, which resulted in earlier completion of the other objectives. The collaborating professional organization requested the project findings be completed by January in order to submit draft legislation for review by Ohio Lawmakers. The requested timeline gave priority to completing the project earlier than anticipated so the results could be used for a legislative change proposal.

For the budget, 120 hours was expected to be needed to complete the chart review and analyzation of data. Actual time was 60 hours, cutting the planned budget in half from \$6000 to \$3000. The budget deviation was due to the ability to review the charts faster than anticipated for the needed data.

Limitations

Limitations for the needs analysis included the number of charts to review. A larger study would be able to review more charts resulting in a higher number comparison of NP work recommendations versus physicians.

Another limitation is no comparison of the NP restrictions as compared to a chiropractor for the study. Ideally, a larger scope study would compare chiropractor work restrictions to that of the NP and physician.

Lastly, the study did not examine whether the NP collaborated medically with the physician on the patient. The study solely examined whether the work restrictions recommended by the NP for the Medco-14 were changed by the physician. A further study for future consideration could be completed examining whether a NP would be appropriate as a provider of record for WC patients.

Facilitators

Because all of the documentation for WC patients is electronic, the chart review collecting patient data was completed without difficulty. The EMR allowed accurate data collection from the NP patient charts that were reviewed. In addition, all the WC provider data is online, providing up to date information on the numbers of providers eligible to provide WC care.

Outcome Evaluation

In 2019, there were 84,000 allowed claims in the state of Ohio filed under Ohio Worker's Compensation (Ohio Bureau of Workers' Compensation, 2020a). There are 9,282 Advanced Practice Nurses approved to provide care in the Ohio Worker's Compensation program (Ohio Bureau of Workers' Compensation, 2020b). In the rural county of Ohio in which the study was completed, there are 18 nurse practitioners approved to provide treatment to Worker's Compensation patients (Ohio Bureau of Workers' Compensation, 2020b). There are 56 total physicians in the studied rural Ohio county who are approved to care for Worker's Compensation patients; this number includes specialty physicians such as Orthopedic Surgery, Urology, Ophthalmology and ENT to name a few (Ohio Bureau of Workers' Compensation, 2020b). There are 9 Chiropractor's approved to provide care to Worker's Compensation patients

in the rural Ohio county of the study (Ohio Bureau of Workers' Compensation, 2020b). With a population of almost 39,000 people and over 50% of the population in the work force, 83 providers servicing the county for Worker's Compensation is not many (United States Census Bureau, 2020). Of these 83 providers, not all will accept new patients and not all will see initial work-related injuries. This means the actual number of eligible providers for Worker's Compensation patients in the Ohio rural county is much smaller than the 83 providers listed. Based on the results of the study, it is established that NPs are a necessary and needed part of the healthcare team, particularly when given a less restrictive scope of practice at the state level. In a rural area, patient access to care is restricted due to the limited number of available providers. Bureaucratic restrictions limits access to care even more, ultimately negatively impacting patient outcomes.

A chart review of 70 random patients evaluated for their initial work injury was conducted by the project implementor using the rural Ohio county's Occupational Medicine Clinic's EMR system. The review included reviewing Medco-14 forms and chart note comments regarding work restrictions for patients evaluated by the NP. Of the 70 charts reviewed in the study, 100% of the charts reviewed had no differences between the NP and physician work restriction recommendations. The data reflects similar patient outcomes in care from NPs as compared to care from physicians. Autonomous NPs are an effective and useful member of the healthcare team, particularly when given a less restrictive scope of practice at the state level.

The results of the study were presented to the professional nursing organization for review, along with recommendations for practice. Based on the results of this study, there is a need for legislative change allowing NPs to sign the Medco-14. The submission to the

professional organization allows the organization to have the necessary needs analysis completed in order to submit a proposal for a practice authority legislative change regarding the Medco-14 restrictions to the Ohio legislators.

Conclusion

The goal of the project was to complete a needs analysis assessment. The success of the project was based on whether enough data could be collected to make an informed decision on the need for a legislative practice change regarding NPs and the Medco-14. Based on the results of the study, it can be concluded there is no clinical significance in allowing NPs to sign Medco-14 forms for Ohio WC patients. The results of the study have been given to a professional organization for review, with a recommendation to propose a legislative change allowing NPs to sign the Medco-14 form. Lobbying for a practice change can begin by the professional organization for NPs to be able to sign the Medco-14 form independently using the data from this needs analysis project.

Summary

The bureaucratic paperwork WC requires of its patients/providers limit the ability of the Ohio NP to properly care for the injured worker. Conducting a chart review of 70 random patients from within the occupational health clinic showed no difference in NP work restriction recommendations as compared to the physician recommendations. Based on current Ohio NP practice authority, NPs being unable to sign the Medco-14 is outdated and limits patient access to care. The Medco-14 practice restriction especially limits those injured workers living in rural areas. The results of the needs analysis project demonstrate a need for a legislative change proposal to allow for NPs to sign the Medco-14 form independently. Updating current practice

standards is important because the current practice standards should match the practice authority in the given state. A legislative change allowing NPs to sign Medco-14 forms independently would allow for better access to care, as well as allow the Ohio NP to fully practice within their scope of care.

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Appendix A**INSTITUTIONAL REVIEW BOARD**

- ☒ **Original Review**
- ☐ **Continuing Review**
- ☐ **Amendment**

Dear Dr. Shoemaker,

With regard to the employment of human subjects in the proposed research:

HS # 21/22-03

Shoemaker, Huff & Hotler: Change for the Ohio Nurse Practitioner Treating Worker's ...

THE INSTITUTIONAL REVIEW BOARD HAS TAKEN THE FOLLOWING ACTION:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Disapproved |
| <input type="checkbox"/> Approved with Stipulations* | <input type="checkbox"/> Waiver of Written Consent Granted |
| <input type="checkbox"/> Limited/Exempt/Expedited Review | <input type="checkbox"/> Deferred |

***Once stipulations stated by the IRB have been met by the investigator, then the protocol is APPROVED.**

1. As Principal Investigator, you are responsible for ensuring all individuals assisting in the conduct of the study are informed of their obligations for following the IRB-approved protocol.
2. It is the responsibility of the Principal Investigator to retain a copy of each signed consent form for at least four (4) years beyond the termination of the subject's participation in the proposed activity. Should the Principal Investigator leave the university, signed consent forms are to be transferred to the IRB for the required retention period.
3. If this was a limited, exempt, or expedited review, there is no need for continuing review unless the investigator makes changes to the proposed research.
4. If this application was approved via full IRB committee review, the approval period is one (1) year, after which time continuing review will be required.
5. You are reminded you must promptly report any problems to the IRB and no procedural changes may be made without prior review and approval. You are also reminded the identity of the research participants must be kept confidential.

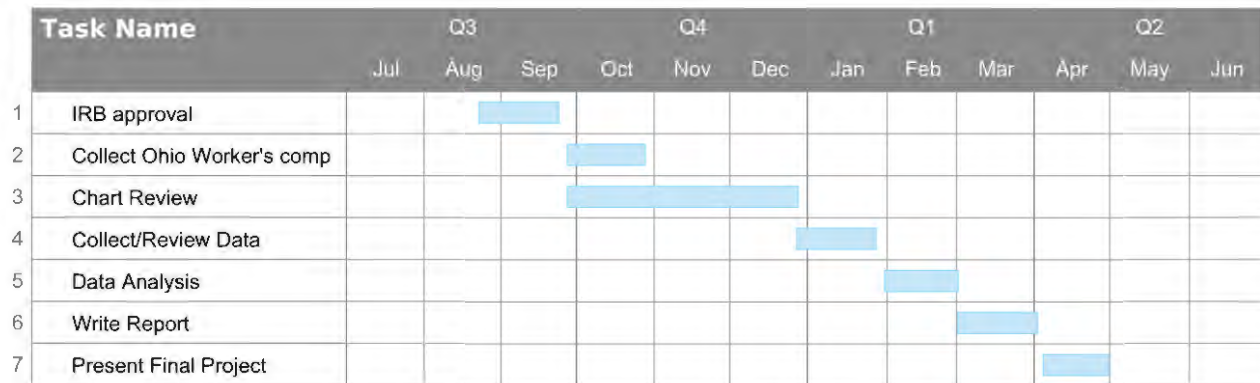
Signed: Noam Shpancer

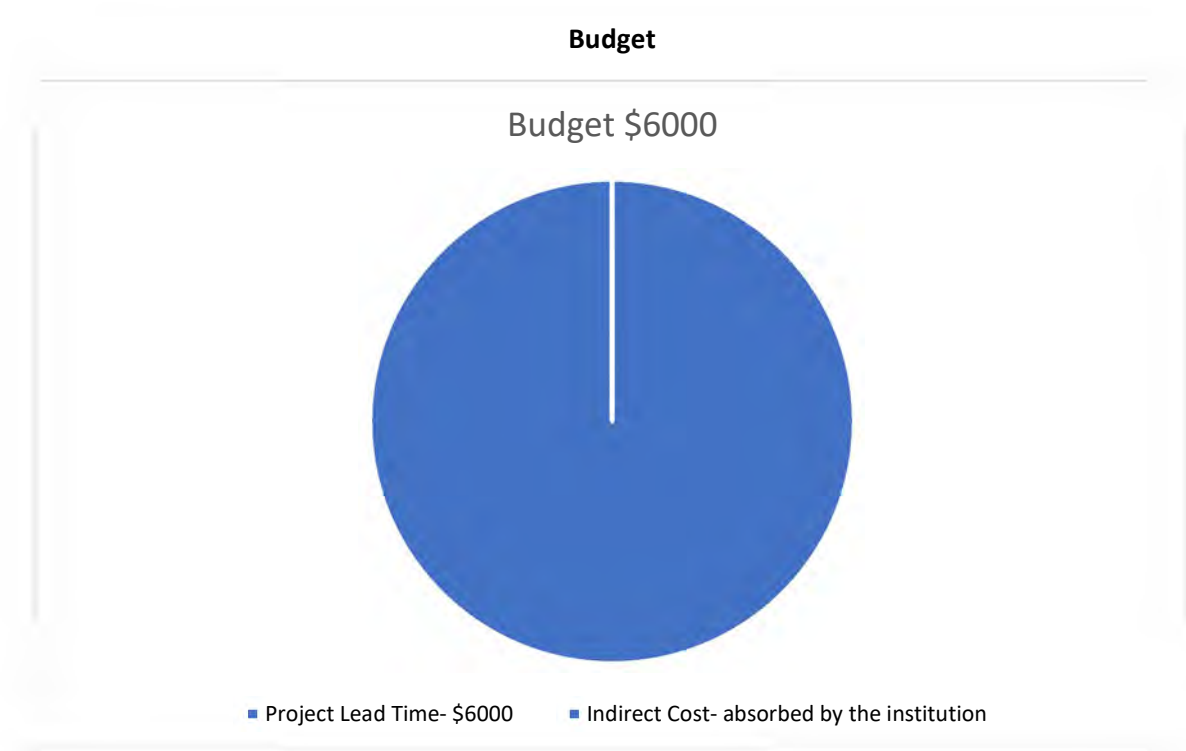
Date: 9-15-21

IRB Chairperson

Appendix B

Timeline



Appendix C

Appendix D



**Bureau of Workers'
Compensation**

**Instructions for Completing the
Physician's Report of Work Ability**

This form provides important information about the injured worker's ability to work.

- The treating physician must submit this form each time he/she sees the injured worker unless the injured worker has been awarded permanent and total disability, has returned to work without restrictions within seven days of the injury, or is being treated after the treating physician has released him/her to his/her former position without restrictions.
- Please complete this form and provide a copy to the injured worker during his/her office visit. Fax a copy to the appropriate managed care organization (MCO) or to the injured worker's employer if self-insured.
- This form or an equivalent physician-generated document may support a request for temporary total compensation. The equivalent document must contain, at a minimum, the data elements required on this form. If you have submitted previously equivalent data elements that remain the same, indicate the name of the report that reflects the injured worker's current condition, e.g., May 15, 2015, office note.
- You may attach additional medical documentation such as diagnostic test results and a treatment plan to this form.
- Failure to provide complete detailed information may delay or suspend compensation payments to the injured worker.

Instructions

MEDCO-14 submission section: You must select only one of the three choices by selecting the appropriate box. If you previously completed a MEDCO-14 and there are changes, you must indicate the changes in the appropriate section on the form, and select the yes box in that section. For all other sections, you would make no entry, and select the no box.

Employment/occupation section: Please indicate if you have reviewed a description of the injured worker's job held on the date of the injury. Please indicate all sources providing you a description of the injured worker's job. If you do not have a copy of the injured worker's job description, BWC or the MCO can help secure one.

Work status/Injured worker's capabilities section: Please complete this section as accurately and thoroughly as possible, as BWC will use this information to understand the injured worker's work status and help facilitate his/her appropriate and safe return to work either to his/her job held on the date of injury or an alternative job if he/she cannot return to the job held on the date of injury.

3A: Please indicate if the injured worker has any physical or health restrictions **related only to the allowed conditions in the claim**. If there are restrictions, please indicate if the restrictions are permanent or temporary. If there are no related restrictions you should check the release to work box. The date of the exam will be the release to work date.

3B: If there are restrictions **related only to the allowed conditions in the claim**, indicate whether or not the injured worker can return to **the full duties** of his/her job held on the date of injury. If you determine the injured worker cannot return to the full duties of his/her job held on the date of the injury, you must include the date for which you indicate the injured worker could not fully perform the duties of his/her job held on the date of the injury. You must also indicate an estimated date when you believe the injured worker should be able to fully perform the duties of the job held on the date of injury. **It is imperative that you follow all 3B instructions. This will facilitate appropriate processing of the injured worker's claim. Updates to dates in 3B requires 4A to be completed.**

3C: Although an injured worker may not be able to fully return to the job held on the date of injury, understanding the injured worker's capabilities will assist in identifying appropriate and safe work that an injured worker may be able to perform. If an injured worker may return to available and appropriate work with restrictions accommodated, please indicate the possible return to work date. Further, to facilitate BWC's efforts to safely return an injured worker to appropriate work, indicate which of the activities listed in this section, the injured worker can perform. The following definitions apply to the section on Lifting/carrying, Pushing/pulling and Activity with the percentages reflected as they relate to an eight-hour workday:

- Never – 0 percent;
- Occasionally – 1 percent to 33 percent, four to six repetitions per hour;
- Frequently – 34 percent to 66 percent, six to 12 repetitions per hour;
- Continuously – 67 percent to 100 percent, greater than 12 repetitions per hour.

Please note that if the "yes" box is checked in response to the question of whether the injured worker has functional restrictions based only on allowed psychological conditions the MEDCO-16 should be referenced as needed.

We encourage you, in the space provided, to provide any additional information you believe would benefit the injured worker's safety and care relative to any return to work considerations.



**Bureau of Workers'
Compensation**

**Instructions for Completing the
Physician's Report of Work Ability**

Instructions continued

4A: Disability period information section: It is critical that if you answered **No** to **3B** or made changes to dates in **3B** this section is fully completed: Please furnish the narrative description of the diagnosis(es), site/location and International Classification of Diseases code for only allowed conditions being treated. You must indicate by checking the appropriate box whether the allowed condition is preventing the injured worker from returning to the job held on the date of injury.

4B: In this area you should list all other relevant conditions that impact treatment of the allowed conditions in the claim.

Clinical findings section: Provide medical rationale for the delay in the injured worker's recovery and the barriers to return to work.

Maximum medical improvement (MMI) section: Provide the MMI date or explain why the injured worker has not reached MMI. Provide the proposed treatment plan, including estimated duration.

Vocational rehabilitation section: If the injured worker is not a candidate for vocational rehabilitation, explain and recommend actions to help the injured worker return to employment.

Treating physician's signature section: Sign and date this form. Your signature indicates you have answered the questions as truthfully and completely as possible.

For more information or assistance

Please contact your local BWC customer service office, or call 1-800-644-6292. You can obtain BWC forms at www.bwc.ohio.gov, at all BWC customer service offices, or by calling 1-800-644-6292 and listening to the options to reach a BWC customer service representative.


**Bureau of Workers'
Compensation**
Physician's Report of Work Ability

Injured worker name				Claim number																																																																																																																											
Date of injury		Date of last appointment/examination		Date of this appointment/examination		Date of next appointment/examination																																																																																																																									
MEDCO-14 submission (Select one of the options below.)																																																																																																																															
1	<input type="checkbox"/> I have never completed a MEDCO-14. Proceed to section 2. <input type="checkbox"/> I have previously completed a MEDCO-14, and all of the information remains the same. Proceed to and complete section 8. <input type="checkbox"/> I have previously completed a MEDCO-14, and I am providing updates appropriately checking Yes or No on each section.																																																																																																																														
Employment/Occupation (Complete this section and proceed to section 3.)						(Updates Yes <input type="checkbox"/> No <input type="checkbox"/>)																																																																																																																									
2	Have you reviewed the description of the injured worker's job held on the date of injury (former position of employment)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes - please indicate who (select all sources) provided the job description <input type="checkbox"/> Injured worker <input type="checkbox"/> Employer <input type="checkbox"/> MCO <input type="checkbox"/> BWC																																																																																																																														
Work status/Injured worker's capabilities						(Updates Yes <input type="checkbox"/> No <input type="checkbox"/>)																																																																																																																									
3A	Does the injured worker have any physical or health restrictions related to allowed conditions in the claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are the restrictions: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary Proceed to section 3B. If no, please check the box to indicate the injured worker is released to work as of the date of this exam. <input type="checkbox"/> Proceed to section 8.																																																																																																																														
3B	If there are restrictions, can the injured worker return to the full duties of his/her job held on the date of injury (former position of employment)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please check the box to indicate that the injured worker is released to work as of the date of this exam. <input type="checkbox"/> Proceed to section 8. If no, please indicate when the injured worker could not do the job held on the date of injury for this period of restricted duty. Date: ____/____/____. Please estimate when the injured worker should be able to return to the job held on the date of injury for this period of restricted duty. Date: ____/____/____. Proceed to section 3C.																																																																																																																														
Please indicate which of the activities listed below the injured worker can perform (even if the response to 3B is No.) If the injured worker is not released to the former position of employment but may return to available and appropriate work with restrictions, please indicate the possible return to work date: ____/____/____. The injured worker can perform simple grasping with: <input type="checkbox"/> Left hand <input type="checkbox"/> Right hand <input type="checkbox"/> Both The injured worker can perform repetitive wrist motion with: <input type="checkbox"/> Left hand <input type="checkbox"/> Right hand <input type="checkbox"/> Both The injured worker's dominant hand is: <input type="checkbox"/> Left <input type="checkbox"/> Right The injured worker can perform repetitive actions to operate foot controls or motor vehicles with: <input type="checkbox"/> Left foot <input type="checkbox"/> Right foot <input type="checkbox"/> Both If the injured worker is taking prescribed medications for the allowed conditions in this claim, can the injured worker safely: *Operate heavy machinery: <input type="checkbox"/> Yes <input type="checkbox"/> No *Drive: <input type="checkbox"/> Yes <input type="checkbox"/> No *Perform other critical job tasks as defined by any source listed above in section 2: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																															
Please indicate the following: N = Never, O = Occasionally, F = Frequently, C = Continuously																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th style="width: 15%;">Activity</th> <th style="width: 5%;">N</th> <th style="width: 5%;">O</th> <th style="width: 5%;">F</th> <th style="width: 5%;">C</th> <th style="width: 15%;">Activity</th> <th style="width: 5%;">N</th> <th style="width: 5%;">O</th> <th style="width: 5%;">F</th> <th style="width: 5%;">C</th> <th style="width: 15%;">Lifting/carrying</th> <th style="width: 5%;">N</th> <th style="width: 5%;">O</th> <th style="width: 5%;">F</th> <th style="width: 5%;">C</th> <th style="width: 15%;">Pushing/pulling</th> <th style="width: 5%;">N</th> <th style="width: 5%;">O</th> <th style="width: 5%;">F</th> <th style="width: 5%;">C</th> </tr> </thead> <tbody> <tr> <td>Bend</td> <td></td><td></td><td></td><td></td> <td>Reach above shoulder</td> <td></td><td></td><td></td><td></td> <td>0 - 10 lbs.</td> <td></td><td></td><td></td><td></td> <td>0 to 25 lbs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>Squat/kneel</td> <td></td><td></td><td></td><td></td> <td>Type/keyboards</td> <td></td><td></td><td></td><td></td> <td>11 - 20 lbs.</td> <td></td><td></td><td></td><td></td> <td>26 to 40 lbs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>Twist/turn</td> <td></td><td></td><td></td><td></td> <td>Work with cold substances</td> <td></td><td></td><td></td><td></td> <td>21 - 40 lbs.</td> <td></td><td></td><td></td><td></td> <td>41 to 60 lbs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td> <td>Work with hot substances</td> <td></td><td></td><td></td><td></td> <td>41 - 60 lbs.</td> <td></td><td></td><td></td><td></td> <td>61 to 100 lbs.</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>3C Climb</td> <td></td><td></td><td></td><td></td> <td></td> <td></td><td></td><td></td><td></td> <td>61 - 100 lbs.</td> <td></td><td></td><td></td><td></td> <td>100 + lbs.</td> <td></td><td></td><td></td><td></td> </tr> </tbody> </table>								Activity	N	O	F	C	Activity	N	O	F	C	Lifting/carrying	N	O	F	C	Pushing/pulling	N	O	F	C	Bend					Reach above shoulder					0 - 10 lbs.					0 to 25 lbs.					Squat/kneel					Type/keyboards					11 - 20 lbs.					26 to 40 lbs.					Twist/turn					Work with cold substances					21 - 40 lbs.					41 to 60 lbs.										Work with hot substances					41 - 60 lbs.					61 to 100 lbs.					3C Climb										61 - 100 lbs.					100 + lbs.				
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How many total hours can the injured worker work: ____ per week ____ per day? In an eight-hour workday, how many total hours can the injured worker: Sit: ____ hours <input type="checkbox"/> Continuously <input type="checkbox"/> With break Walk: ____ hours <input type="checkbox"/> Continuously <input type="checkbox"/> With break Stand: ____ hours <input type="checkbox"/> Continuously <input type="checkbox"/> With break Does the injured worker have any functional restrictions based only on allowed psychological conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe in space provided below. Note: If Yes is indicated please reference the MEDCO-16 as needed. Additionally, in this space, please provide any additional information addressing the injured worker's capabilities and/or job accommodations which may not be addressed above. _____ _____ _____ _____ _____																																																																																																																															

Injured worker name		Claim number	Date of injury			
Disability information (If 3B above is "NO" or dates updated - all 4A fields, including site/location if applicable must be completed)			(Updates Yes <input type="checkbox"/> No <input 6"="" type="checkbox/>)</td> </tr> <tr> <td rowspan="/> 4A	Complete the chart below and furnish the narrative description of the diagnosis(es), site/location, if applicable, and International Classification of Diseases (ICD) code(s) for the condition(s) being treated due to the work-related injury/disease. Please indicate if the condition is preventing the injured worker from returning to job duties he/she held on the date of injury.		
Narrative description of the work-related allowed condition	Site/location if applicable	ICD code				
		Is the condition preventing full duty release to the job injured worker held on the date of injury?				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
		Yes <input type="checkbox"/> No <input type="checkbox"/>				
4B	List all other relevant conditions that impact treatment of the conditions listed above (e.g., co-morbidities or not yet allowed conditions).					
Clinical findings: You can reference office notes in lieu of writing clinical findings below.			(Updates Yes <input type="checkbox"/> No <input 3"="" type="checkbox/>)</td> </tr> <tr> <td>5</td> <td colspan="/> The injured worker is progressing: <input type="checkbox"/> As expected <input type="checkbox"/> Better than expected <input type="checkbox"/> Slower than expected Provide your clinical and objective findings supporting your medical opinion outlined on this form. List barriers to return to work and reason, for the injured worker's delay in recovery.			
Maximum medical improvement (MMI)						
6	MMI is a treatment plateau (static or well-stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability, in spite of continuing medical or rehabilitative procedures. Has the work-related injury(s) or occupational disease reached MMI based on the definition above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give MMI date: ____/____/____. If no, please provide the proposed treatment plan, including estimated duration of each treatment (attach additional sheet if necessary).					
Note: An injured worker may need supportive treatment to maintain his or her level of function after reaching MMI. Thus, periodic medical treatment may still be requested and provided.						
Vocational rehabilitation			(Updates Yes <input type="checkbox"/> No <input 3"="" type="checkbox/>)</td> </tr> <tr> <td>7</td> <td colspan="/> Vocational rehabilitation is an individualized and voluntary program for an eligible injured worker who needs assistance in safely returning to work or in retaining employment. This program can be tailored around an injured worker's restrictions and may provide job seeking skills or necessary retraining. Is the injured worker a candidate for vocational rehabilitation services focusing on return to work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain why and provide your recommendations to help the injured worker return to employment.			
Treating physician signature - mandatory						
8	I certify the information on this form is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may be punished, under appropriate criminal provisions, by a fine or imprisonment or both.					
	Treating physician's name (please print legibly)		Address, city, state, nine-digit ZIP code			
	Treating physician's signature					
	BWC provider (Peach) number	Date	Telephone number			
			Fax number			

Appendix E**Chart Review Data**

Patient Initials	Visit Type (New, FROI)	Change to Medco 14 by physician from what NP suggested
JR	FROI	NO
DH	NEW	NO
DS	FROI	NO
RB	NEW	NO
DM	NEW	NO
BC	NEW	NO
RH	NEW	NO
PS	NEW	NO
WD	NEW	NO
RC	NEW	NO
MW	NEW	NO
GH	FROI	NO
JR	FROI	NO
LW	NEW	NO
DG	NEW	NO
AS	NEW	NO
WM	NEW	NO
LM	NEW	NO
EC	NEW	NO
JW	NEW	NO
TW	NEW	NO
RR	NEW	NO
RM	NEW	NO
WP	NEW	NO
JI	NEW	NO
CM	NEW	NO
RP	NEW	NO
AM	NEW	NO
RC	NEW	NO
SS	NEW	NO
PP	NEW	NO
DP	NEW	NO
KK	NEW	NO
HD	NEW	NO
HD	NEW	NO
DP	NEW	NO
TP	NEW	NO

KC	NEW	NO
MN	NEW	NO
JW	NEW	NO
NT	NEW	NO
HE	NEW	NO
NW	NEW	NO
MS	NEW	NO
RC	NEW	NO
CK	NEW	NO
MW	NEW	NO
HD	NEW	NO
EK	NEW	NO
ST	NEW	NO
JG	NEW	NO
TB	NEW	NO
ME	FROI	NO
RH	FROI	NO
RH	NEW	NO
VL	NEW	NO
WM	NEW	NO
KO	NEW	NO
TF	NEW	NO
TP	NEW	NO
ST	NEW	NO
BS	NEW	NO
RM	NEW	NO
JP	NEW	NO
DT	FROI	NO
JP	NEW	NO
LM	FROI	NO
WW	NEW	NO
TW	NEW	NO
RK	NEW	NO
SS	NEW	NO