NURSE CASE MANAGEMENT OF WORKERS' COMPENSATION INJURIES: A STRATEGY TOWARD CORPORATE COST CONTAINMENT

A THESIS

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To the Dean for Graduate Studies and Research:

I am submitting herewith a thesis written by Ellen Marie Arnott, entitled "Nurse Case Management of Workers' Compensation Injuries: A Strategy Toward Corporate Cost Containment." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Health Education.

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Dedication

To John, my partner for life, who never misses an opportunity to provide encouragement, support and love.

To John and Michelle, two special blessings from the Lord who have been a joy to be near and who now as adults have my never ending love and respect.

To Tom and Marie Simon, my parents, who nourished me with love, discipline, principles and faith.

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This post hoc comparative study investigated whether there would be a significant difference in the total Workers' Compensation medical costs and the number of litigated workers' compensation cases as a result of the implementation of a pilot Nurse Coordinated Action and Response to Employees (CARE) Program. The Wilcoxen matched-pairs signed rank test was used for nonparametric analysis of the pertinent data released by Company X for the purpose of this research. Analysis of the data revealed no significant difference at the .05 level in the prepilot benefit analysis. However, Company X management was pleased with the amount and the quality of the benefits of the Nurse CARE Program and, as a result of this study, will continue to fund the program for two additional years.

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CHAPTER 1

INTRODUCTION

Employers in the state of Texas have been concerned for over a decade with the high cost of Workers' Compensation claims. One specific company (identified herein as Company X) was burdened by excessive costs. In 1988, with an employee population of approximately 2,800, Company X reported 175 Workers' Compensation injuries. The average cost for each injury calculated was $14,000. Company X felt that continuation of this average cost trend was not acceptable for the future.

Company X commissioned this researcher in October 1989, to develop a pilot program which would address cost containment strategies in order to decrease the current high cost trend and to provide recommendations for quality medical care providers. This pilot case management program monitored Workers' Compensation injuries from December 1989 through November 1990. The data monitored for the pilot included the number of injuries, the number of litigated cases, and the average costs for both medical expenses and compensation benefits costs. Henderson (1987) expressed that a competent case management program

that tracks Workers' Compensation cases leads to early identification of risk area, assurance of appropriate as well as quality care, safe and timely returns to work, and cost containment.

During the past few years, many attempts have been made to decrease the rate of the escalating Workers' Compensation costs, such as changes in insurance programs, selecting preferred providers, using first aid contracts with specific physician groups or hospitals, and looking into state programs. While some of these have been shown to impact corporate cost for a period of time, none provided long-term success for Company X. The pilot nurse case management program, called "Nurse CARE Program," was a possible solution to the problem.

Statement of the Problem

This post hoc study evaluated the cost effectiveness of a pilot case management program for monitoring Workers' Compensation injuries for Company X in the Dallas Fort Worth area. The program monitored the number of Workers' Compensation injuries, the number of litigated cases, and the average cost patterns. The period of evaluation was the year prior to program implementation (December 1988

through November 1989) compared with the first year of the program implementation (December 1989 through November 1990).

Purpose of the Study

The purpose of this study was to determine whether there would be a difference in the total annual medical costs of Workers' Compensation injuries and the number of litigated cases during the first year's implementation of a pilot case management program for monitoring Workers' Compensation claims, which was developed specifically for this research, in comparison to those for the year immediately preceding the program's implementation.

Hypotheses

The following null hypotheses were tested at the .05 level of significance:

1. There is no significant difference in the total annual medical costs of Workers' Compensation injury cases when comparing those for the year prior to the program implementation to those during the first year of implementation of a pilot Nurse CARE Program at Company X.

2. There is no significant difference in the number of litigated Workers' Compensation injury cases when comparing those for the year prior to the program implementation to those during the first year of implementation of a pilot Nurse CARE Program at Company X.

Definition of Terms

For the purpose of this study, the following terms were defined:

1. Case Management. Individualized administration and organization of health care services for injuries that occur on the job, with emphasis on quality medical care and communication with employee, medical provider, management, and the insurance carrier to aid in a safe and timely return to work.

2. Company X. A multi-site, international service company in the Dallas Fort Worth area, with an employee population of approximately 2,800 at 82 sites.

3. Cost Containment. Holding or reducing costs in relationship to company sales.

4. Litigated Cases. Workers' Compensation cases that are represented by a lawyer.

5. Lost Work Time. The amount of time, in days, during which the worker is unable to work due to the work-related injury. This does not include the day the injury occurred.

6. Medical Provider. Physician, clinic, or other who provides medical services.

7. Nurse Coordinated Action and Response to Employees (CARE) Program. A pilot case management Workers' Compensation monitoring program developed by this researcher.

8. Occupational Health Nurse (OHN). A nurse who manages employee health services in a company or industrial setting.

9. Postpilot. The year during implementation of the Nurse CARE Program.

10. Prepilot. One year prior to the implementation of the Nurse CARE Program.

11. Third Party Administrator (TPA). Insurance company which administered benefits for Workers' Compensation cases for Company X.

12. Total Annual Workers' Compensation. Legislation that provides compensation or pays a proportion of their

salary to employees who have suffered a job-related injury or illness (Faherty, 1991).

Limitations

For the purpose of this study, the following limitations applied:

1. There was no control for accuracy or completeness of data collected from employee records, management records, and insurance records.

2. The findings could be generalized only to 82 sites in the Dallas Fort Worth area in the state of Texas for an international service company.

3. Those Spanish-speaking employees who did not speak English were not receiving the full benefit of the program due to the communication difficulty.

Delimitations

For the purpose of this study, the following delimitations applied:

1. Data for this study were collected from company records only for the year prior to and during the first year of implementation of the Nurse CARE Program.

2. This study was conducted only at Company X using data collected only from the following business units in the Dallas Fort Worth area: (a) full service hotels, (b) partial service hotels, (c) business food services, and (d) education food services.

Assumption

For the purpose of this study, it was assumed that the data obtained from Company X's Corporate Claims Department and the data recorded on the employees' insurance and Workers' Compensation forms were reliable.

Background and Significance

One area of corporate America's health care spending that has received more attention in the past few years is Workers' Compensation. The State of Texas Industrial Accident Board (IAB) received reports of over 400,000 lost-time accidents in 1987 (Barth, Victor, & Eccleston, 1989). Workers' Compensation costs rose 123% since 1985, while employment grew by only 11% over the same period. Injured workers in Texas received benefits lower than those in 46 other states (Thompson, 1990). The likelihood of entering the court system rose to 81% (Barth et al.,

1989). Texas cases, disputed or undisputed, frequently were resolved with lump-sum settlements. These settlements were preferred by the third party administrator (TPA) insurance group in order to put a limited value on their liability for each case.

Company X management expressed concerns about the increasing Workers' Compensation costs in Texas in comparison to those for the other states in the nation. "Improving the quality and efficiency of Workers' Compensation administration is an increasingly important theme in legislative debates across the country" (Barth, et al., 1989, p. 1). In 1989, during the development stage of the Nurse CARE pilot program, the Texas Workers' Compensation Law was basically the same law that went into effect in 1917, with only a few changes (C. T. Krier, Personal Communication, December 22, 1989). In fall, 1989, and spring, 1990, Texas Legislators went through special sessions of discussion in an effort to review these laws; but only nominal changes in the law were implemented before the end of the pilot year. These changes did not have an impact on the state law until January 1, 1991. The change that did occur in 1990 included the replacement of the old Industrial Accident

Board (IAB) with the Texas Workers' Compensation Commission as the "Clearinghouse and mediator for Workers' Compensation claims" (Ashcraft & Allessandra, 1990, p. 51). This name change did not affect data during the period of the pilot program.

Workers' Compensation injuries are a concern to Company X as well as many companies in the state of Texas. This pilot program was an effort to assist Company X with case management through the injured employees' recovery. Health education during the recovery and rehabilitation stage is an essential component which contributes toward the employees' safe return-to-work and an effort to reduce future risk of injury.

CHAPTER II

REVIEW OF LITERATURE

To provide background and support for this study, research and other literature pertaining to Workers' Compensation and case management, from 1979 to 1991, was reviewed. The literature search encompassed both business and professional periodicals. The content of this review includes the history of Workers' Compensation and Workers' Compensation case management. Case management is a cost-containment strategy, and case management and the occupational health nurse.

History of Workers' Compensation

According to Howard and Davies (1985), the first Workers' Compensation legislation was developed in Germany in 1884 to protect workers who suffered job related injuries. In 1908, a similar act was passed to protect federal workers in the United States. The first state law was enacted in Wisconsin in 1911; and, by 1935, 46 states provided some protection to workers. Today, all 50 states have some form of Workers' Compensation laws (Howard & Davies, 1985).

Although Workers' Compensation laws differ in administration from state to state, they are generally similar, and they all provide assistance to workers whose injuries arise out of and in the course of employment. However, there are many uncertain areas in the laws, and the rapid rise of Workers' Compensation costs in the early 1980's motivated employers to seek better ways to control these costs (Fielding, 1984). In the Texas Workers' Compensation Laws, major problems, due to the ambiguity, leave the laws open to individual interpretations.

Workers' Compensation laws are designed to provide a quick and fair method for compensating an employee who suffers an occupational injury. An occupational injury is any condition, major or minor, which results from an accident at work or from exposure involving a single incident in the work environment (M. L. Brown, 1981). The Workers' Compensation system establishes certain benefits for injuries that occur in the course of employment. It is a key element in delivering benefits to injured workers.

The present system, according to Morrison and Retzer, (1989), can be characterized as a no-fault delivery system because an employee is automatically entitled to Workers'

Compensation benefits for any work-related injury or illness. The trade off, however, is that the employee relinquishes the right to sue the company for any incident.

Care must be given that a disincentive is not created so that Workers' Compensation benefits become a substitute for unemployment insurance. Certain aspects of the Texas system warrant attention. Some of these were included in portions which were eliminated by the Texas legislature during the 1989 special session for Workers' Compensation reform (Morrison & Retzer, 1989). According to Barth et al. (1989), these unique features include the following:

Escalating medical costs. Medical costs in Texas were higher and climbed more rapidly than in any other state. The growth of medical costs surpassed the growth of indemnity benefits in the state.

Unusual benefits. Texas is an unusual benefit state: sometimes unusually low, other times unusually high, depending on the feature of the system.

> Among the features contributing to these unusual benefits are as follows: (a) the weekly maximum for total disability benefits is the sixth lowest in the nation; (b) the limited duration of total disability

> benefits is the shortest limit of only five states with such limits; (c) 28-day retroactive period for receiving benefits; and (d) the 7-day waiting period. Although the waiting period equals that in 21 other states, the retroactive period is equaled or exceeded in only 3. (p. 18)

The Texas system provided unusually high benefits in two ways. First, the unusual method of computing a worker's average weekly wage gave the majority of workers a 15% premium in their weekly benefits because taxes were not deducted. Also, these workers received 77% of their income without tax deductions, which was the highest in the nation. Second, Texas grants permanent partial disability benefits far more liberally than do most states. Fully one third of workers with lost-time claims receive these benefits, ranking Texas fourth in the nation.

Intrastate benefit inequities Juries' attitudes vary in different parts of the state. Thus, workers can expect different outcomes in identical cases, depending upon the county where their claims might be tried. These differences influence the amount and the duration of

benefits and the decisions about compensability. They are reflected in both verdicts and settlements.

Skepticism about lost wage-earning capacity. Most employers had little faith in the way the system estimated lost wage-earning capacity. The employers believed that juries are influenced by sympathy and rather than systematic evidence. This tendency breeds litigation and enhanced geographic inequities in benefits.

Rehabilitation. Vocational rehabilitation is rarely used in Texas, although the IAB introduced a new referral program in 1988.

Coverage. Coverage under the Workers' Compensation Law is voluntary in Texas. This is unusual today. Although remedies are available, they rarely are pursued. This effectively denies a remedy to injured workers employed by smaller employers who do not elect coverage.

Trial "de novo". Texas is relatively unique in its trial de novo system, which provides a new trial on both law and fact before a jury case in which the award of the IAB is inadmissible. Many attorneys have indicated that jury trials provide custom tailored justice superior to what an administrative adjudication could provide. Yet several costs must be weighed against the benefits: First,

trial de novo undermines the authority of the IAB. Second, it deprives workers whose temporary disability benefits have been terminated prematurely of a timely adjudication, thus forcing lump sum settlements. Third, because juries are influenced more heavily by subjective factors and local values, trials exacerbate geographic benefit inequities.

The role of the Industrial Accident Board (IAB). The existence of trial de novo undermines the adjudication role of the IAB. As long as trial de novo continues, the board will continue to be more of a mediator and administrator than an adjudicator because the parties are free to disregard its findings.

Prehearing conferences. The central dispute resolution function of the IAB, medication, is discharged at a prehearing conference. One respondent's description of this conference as "rough justice" best captured its tone. Prehearings are obtained easily, provide a focal point for settlement, and last only 15 to 20 minutes. However, since a prehearing can not produce a binding adjudication, the parties invest little in preparation and discovery. One suspects that prehearings succeed in cases that are settled easily, but that more difficult cases

require better preparation and discovery before settlement can occur. This takes place in the court system.

Termination of temporary disability benefits. Neither worker representatives nor insurers are satisfied with the process for terminating these benefits. Worker representatives have indicated that workers have no forum for a timely binding adjudication of disputes about termination other than the court system. Insurers have reported difficulty in finding physicians in some parts of the state who have been willing to take a position that the worker could return to work.

Attorney involvement. Workers frequently seek representation by attorneys very soon after being injured. Attorneys represent workers in approximately 90% of cases with prehearing conferences, and workers often seek counsel within two to four weeks after injury has occurred.

Attorney fees. Attorneys in Texas typically receive 25% of the amount recovered, one of the highest fee rates in the country.

Rapid resolution. Cases in Texas are resolved rapidly. This is regarded as a positive outcome for many Texas workers; however, some may be having their cases

resolved prior to maximum medical improvement. If so, it may be especially difficult to assess accurately whether the settlement agreement is appropriate.

Frequent lump sums. Almost all disputed cases are resolved by lump-sum settlement agreements. All parties in the system have incentives to resolve cases this way.

Impact of the economic downturn. The economic fluctuations experienced in Texas have had substantial effects on the Workers' Compensation system. Rising claim rates and significant lengthening of the duration of disability suggest a heavier reliance on Workers' Compensation for income maintenance in a weaker labor market. Large increases in benefit payments for lost wage-earning capacity also may reflect diminished labor market opportunities.

Caveats for change. Many respondents to surveys conducted by Workers' Compensation Research Institute advocated a strong administrative system in place of a court-based system. However, respondents also expressed reservations about simply transferring existing IAB members and staff to a very different system. The same concern could apply to the lawyers and insurance staffs. A smooth transition would depend both on the presence of

people who are knowledgeable and well-trained in the new approach and on organizational structures that are flexible and well-adapted.

Financial Impact on Workers' Compensation

A major issue for corporate America is cost-containment, especially in relation to Workers' Compensation. In 1989, Workers' Compensation was a no-fault system. This means that it did not matter who caused the accident. Negligence did not need to be proved, nor could it be used as a defense. "In 1985, the most recent year for which statistics are available, employers paid $21 billion in compensation claims" (Solomon, 1990, p. 100). Over the past decade, total benefits per employee nearly tripled. During 1989, the Texas State Board of Insurance approved a 22% increase in Workers' Compensation insurance rates. The estimated cost to Texas employers was "at least an additional $600 million in a year" (Kunde, 1990, p. 1). This increase came on top of a 148% increase over the period from 1984 to 1989 and made Texas Workers' Compensation costs the fifth highest in the nation. Even with the soaring rates, Texas employers still lost $580 million in 1988. To

compound this situation, occupational injuries also have had a severe financial impact on corporations throughout the 1980's (Kunde, 1990). As the system evolved over the years, employers have been sued over a wide range of legal inequities which actually undermine the basis of the Workers' Compensation system. The increase in legal representation has made the cost burden to employers unbearable. A continuation of this trend in the 1990's could be catastrophic for many companies unless management of Workers' Compensation cases is improved. A 1986 study by the National Safety Council (1988) indicated that the cost of disabling injuries in the workplace in 1986 reached $34.8 billion. Uninsured costs, including the money value of time lost by workers and the cost of time to investigate on-the-job accidents, reached $16.4 billion. Since the early 1970's, Workers' Compensation has been a debated issue in state legislatures across the nation. In fall, 1989, Texas legislators went into a special session to discuss the issues of Workers' Compensation legislation reform. In December 1989, a special legislative reform session passed a compromise statute to become effective January 1, 1991. The new Texas Law has made significant changes in the way the

Workers' Compensation will operate (C. T. Krier, Personnel Communications, December 22, 1989).

First among the changes, the Texas Workers' Compensation Commission (TWCC) replaced the Industrial Accident Board (IAB) on April 1, 1990. Instead of the three full-time member IAB, the Commission consists of six part-time members: three who represent employers and three who represent workers. In addition, the new provisions have the potential to reduce rates by giving Workers' Compensation underwriters more flexibility and for the first time certain Texas employers will be able to provide Workers' Compensation coverage through a program of self-insurance. In 1993, this provision will allow some employers to administer and pay compensation claims directly to their injured employees, instead of paying premiums to an insurance carrier who administers and pays them on behalf of the employer. The bill is not perfect, and the continuing debate over the legality of the new law has resulted in large numbers of employers leaving the Workers' Compensation system (Bond, Standefer, Kilgman, Yelkin, & Ireland, 1989).

Case Management

Business and industry continue to use standard cost-containment methods. For a long time, Workers' Compensation costs were simply tolerated and considered part of the cost of doing business (O'Hara, 1991). There is a growing interest in programs that provide early intervention with the injured workers as a strategy to contain Workers' Compensation costs by reducing disability and medical costs (Greenwood et al., 1990,). Early intervention allays the injured workers' fears, anxieties and misconceptions (Blum, 1989). Early efforts on behalf of the injured worker improve morale and the company's image and contribute to the well-being of the worker. According to Nicewonger (cited in O'Hara, 1991), managed care has moved into the forefront.

One promising solution in reducing the financial impact of Workers' Compensation is the implementation of an occupational health nurse (OHN) case management program. According to Amoroso, Howell, and Krieger (1990), case management and benefit administration by OHN's resulted in a $225,000 savings to one company. One of the primary purposes of case management is to encourage prompt treatment and quality care. The injured worker is

pulled in different directions by the employer, the insurance carrier, and the medical community. The case manager can pull all the components together (O'Hara, 1991).

Case management has many interpretations. Wenzel (1988) stated that case management is the assessment of a problem and selection of an action plan prior to contact with the treatment provider. Developing a case management system requires that all the key players develop a common perception of what case management is, what goals it should achieve, and how it should be managed. A common goal is to bring a team together to manage all aspects of the program for cost containment. Those who see the need and mobilize support in the organization to manage benefits, rather than just to administer them, will be effective. Wenzel (1988) described the following three distinct components necessary to direct a case management program:

1. Manage the integration of services. Ensure that the client receives appropriate as well as quality care and that services are integrated with the needs of the employee as well as the employer.

2. Manage the problem. This requires planning, reviewing, facilitating all services, and analyzing reports with recommendations for policy development, communication, training, and program development.

3. Contract management. This requires knowledge of how to select case management providers, understanding of performance requirements, and the development and monitoring of key information systems. (pp. 38-39)

K.C. Brown (1989) defined case management as the process of organizing and mobilizing health services and resources to offer quality, cost-effective care for the individual's specific health condition. The activities include studying the individual's health condition, locating appropriate treatment resources, coordinating treatment, administering benefits, and documenting actions taken.

The OHN can play a significant role in controlling health care costs. Injured employees frequently consult attorneys soon after their injury even when there are no litigable issues (Steinberg, 1986). Confusion from lack of or poor communication often develops into litigation. OHN's are in positions to accomplish cost containment

through case management because of their unique interpersonal skills and familiarity with the workers. Prompt communication can reduce the employee's fear of abandonment and clarify the benefits that are available to the worker (Wold, 1990). By analyzing a company's data, the OHN can reveal the prevalence of adverse conditions and costs. From this, the OHN can explore the potential for controlling costs through the case management strategy. An internal case management program promotes more effective involvement of the OHN staff in directing employee health care (K. C. Brown, 1989).

Medical care providers or consultants, who are familiar with the philosophy of occupational health, are better able to parallel the employer's and worker's needs through the case management program. M. L. Brown (1981) suggested that the person's private physician frequently has little or no understanding of the person's job, and most workers are not good at explaining the energy demands of their work. With this in mind, the physician may issue a light duty return-to-work slip as a precautionary measure. Sometimes the worker can do more than the limitations of such a measure permit, and sometimes the limitations are so lax as to lead to a point of relapse.

If the physician is not familiar with occupational health management, the prescribed treatment may be generally passive, and the employee may transfer the responsibility for the injury inappropriately to the employer and the medical community. Consequently, there are barriers to returning to work that are more than just physical (Trampash, 1988). By working closely with the worker and medical providers, the OHN can reduce the worker's risk of further injury, through health education and communication. This effort by the OHN can contribute to the worker's optimal productivity and can help to effect cost-containment.

Case Management as a Cost-Containment Strategy

Case-managed monitoring of health care utilization patterns and health care costs and reviewing claims can be cost effective. Some companies conduct utilization reviews of health care providers, including physicians, clinics, and hospitals. A study that was completed for the Chrysler Corporation (cited in Chenoweth, 1988) indicated that the company wasted an estimated $1 million on inappropriate hospital admissions alone. Reviewers estimated that two thirds of hospitalizations and 85% of total hospital days were unnecessary. Closer monitoring

may have prevented a large percentage of unnecessary hospital charges (Chenoweth, 1988).

Kreider (cited in O'Hara, 1991) stated that case management is designed to help injured workers through the treatment systems and get them back to work as quickly as possible. According to Griffin (cited in O'Hara, 1991), case management of injured workers also cuts lost time by 50 to 75%. As medical director of Northwest Occupational Health Associates in Portland, Oregon, Griffin found that a 50% reduction in lost work time represents a 20% savings for Oregon employers: "This is a very cost-effective thing to do" (cited in O'Hara, 1991, p. 7).

Medical costs for Workers' Compensation claims historically have been difficult to control because mechanisms commonly used by group health plans to control medical costs have not been adapted for use in Workers' Compensation. The Workers' Compensation Research Institute reported that medical costs are increasing at a faster rate for Workers' Compensation than for non-Workers' Compensation programs (cited in Gibson & Rogers, 1990). An injured employee covered under a Workers' Compensation claim typically is not required to pay any personal medical expenses (Kenkel, 1989). Workers who are

low wage earners sometimes decline co-payments of personal medical benefits. When a work-related injury occurs, it becomes an opportunity to get medical expenses paid. Kenkel (1989) indicated that utilization of health services in Workers' Compensation cases appears to be unnecessarily high. Almost 30% of hospital admissions in Workers' Compensation cases may be medically unnecessary, and as much as 30% of lost work time is believed to be medically unjustified (Kenkel, 1989). Also, employers must take care not to create a disincentive so that the Workers' Compensation benefits become a substitute for unemployment insurance. A well-developed and well-managed case management program that communicates with and involves the injured employee in personal care and rehabilitation through health education offers an opportunity to contain costs. With implementation of a case management program, Workers' Compensation payers have reduced medical losses.

Case Management and the Occupational Health Nurse

Burton and Wilkinson (1988) found that significant savings have been demonstrated by the implementation of nurse-managed short-term disability programs.

Productivity, employee benefit costs, and employee morale all can be improved through better management of workplace absences and health education program for workers.

Disability or Workers' Compensation case management and health education programs are situations in which OHN's can function knowledgeably and thereby contribute to the overall cost effectiveness of the program, success of the company, and recovery of the employee (Yeater, 1987). As professionals, OHN's have the necessary skills to educate, manage, or coordinate a Workers' Compensation case management program effectively. Most nurses approach key aspects of client care in an organized, systematic way. Knowledge of anatomy and physiology, assessment skills, communication, interviewing skills, and a true concern for the health of the workforce strengthen their ability to communicate with all levels of management, health care providers, and the workforce. OHN's must be careful to maintain their perceived image as professionals who are concerned with the cause of disease and injury rather than with fault finding (Stanevich & Stanevich, 1989).

A competent case management program for tracking Workers' Compensation cases assists in the development of

broad-based policies and programs to comply with occupational safety and health regulations in combination with the company needs and the regulatory area. Ossler (1987) stated that screening, health education programs, and other interventions within the scope of nursing practice have significant impact on absenteeism, health care utilization, Workers' Compensation costs, and productivity.

"The R.N. case manager removes guesswork from the rehabilitation process by closely examining appropriateness of treatment and avoiding pathways that lead to lengthy expensive treatments" (Blum & Mauch, 1990, p. 68). According to Schuler (1981), the Occupational Safety and Health Administration (OSHA) encourages employers to institute and maintain programs that provide policies, procedures, and activities toward a safe workplace. These can include health education and prevention programs which protect employees from recognized occupational and health hazards. To improve the occupational health of an organization's workforce, the sources of harmful conditions must be identified. Employers are expected to identify chemical, physical, biological, and ergonomic hazards in the workplace and to

comply with record-keeping guidelines (De Benedetto, 1989).

The basic requirement for case management records is that they should contain at least the minimum amount of information necessary to prove that adequate observation and or intervention took place. Maximum documentation of a worker's condition is valuable since client records frequently are used as a primary source for nonmedical decision making (Rabinow, 1988). These records can be helpful in the development of programs that lead to early identification of risk areas, training toward prevention, and decreased risk of Workers' Compensation costs. OHN's need to document the information on the Workers' Compensation cases in order to communicate the effectiveness of the case management program. This is only a beginning step to affirming the value of case management as a cost-containment strategy.

Summary

This review of literature on case managed worker's compensation injuries presents an overview of Workers' Compensation and the cost containment effects of case management. Historically, Workers' Compensation began in

Germany in 1884. Throughout the 1980's, it had come to represent a major financial cost to companies and employees alike. Case management can reduce the impact and financial cost to employers through health education and communication. Case management is a process of organizing, implementing, and managing health services and health education resources for cost-effective care and for the prompt, safe return of workers to preinjury productivity levels. OHN's can play a significant role in managing the cost effectiveness of the program due to their knowledge, skills, and concern for the worker. Case management as a strategy for cost containment of Workers' Compensation injuries appears to be a promising solution for companies and employees.

CHAPTER III

METHODOLOGY

This chapter presents the methodology of the post hoc comparative study. In the paragraphs that follow, the population is described and the procedures which were used to confirm the sample are discussed. The instruments outlined and statistical techniques used to analyze the data that was collected for this retrospective study is explained.

Population and Sample

The target population for this study was an international service company (Company X) located in the Dallas Fort Worth area. The employee population consisted of approximately 2,800 people located in 82 sites within a 100 mile radius of Dallas Fort Worth metroplex. The cost data of the postpilot program for Workers' Compensation injuries from December 1989 through November 1990 were reviewed and compared with the cost data of the prepilot program for Workers' Compensation injuries from December 1988 through November 1989. In addition, the numbers of litigated cases were compared. The cost data that were

obtained from Company X's Corporate Claims Department included all medical costs associated with the sample Workers' Compensation claims. This researcher was careful to extract only the data from the sample population. The population sample included four business units (i.e, hotels, small hotels, business food services, education food services) consisting of 82 sites with approximately 2,800 employees. Only four business units were used in the sample in order to maintain consistency for the time periods before and after the implementation of the pilot Case management Program. Sites that opened after December 1988 and sites that were closed during the study were not included in the measured sample.

Instrumentation

Permission was requested and obtained (see Appendix A) to use data retrieved from Company X's Corporate Claims Department. Information necessary for the analysis was extracted from the data provided (see Appendix B). The data were entered into the computer and analyzed for statistical significance.

Procedures

In August 1989, a telephone conference was held with the Corporate Manager of Occupational Health for Company X. As a result a proposal (see Appendix A) was presented to develop a program to manage Workers' Compensation cases. The focus of the proposed program was on quality care for the injured worker and cost containment for the Company. The program was the first of its kind for Company X. The primary objective of the project was to develop, implement, and administer a nurse-managed Workers' Compensation case management program. This program used a three-phased approach.

Phase 1 consisted of an initial survey of the strengths and needs of Company X. The objective was to identify, to evaluate, and to document the current situation facing the company. Key action items included management interviews, analysis of the current Texas Workers' Compensation Law, review of Company X policies and procedures for on-site injuries, evaluation of position descriptions and availability of modified or light duty work, establishment of a working relationship with company personnel and the insurance carrier, review of current cases and reports, and recommendation of local Health Care

Providers close to sites. The first six weeks of the Nurse CARE program involved visits to the different locations and meetings with the managers and supervisors of Company X in the Dallas Fort Worth area.

On October 16, 1989, the first phase of the project started with the development of the Nurse CARE Management Program. During this phase, district managers, general managers, and human resource directors were interviewed to survey the situation, including the strengths and needs of the current Workers' Compensation situation. The management who were interviewed provided insight into key problem areas. The interview tool that was used was developed by this researcher (see Appendix C).

Interviews revealed that sites had pro-active safety programs with reinforcement and incentives. However, the safety committees were frustrated because of the continued losses in Workers' Compensation cases. Management voiced concerns that they saw the insurance carrier as a major source of delay and high cost with low credibility. There was also a high degree of ambiguity regarding what management could do once the insurance carrier was involved. Managers perceived that the insurance adjusters were alienating the employee and discouraging employer

involvement or contact with the employee once an injury occurred (see Appendix D).

This researcher had only a basic understanding of Workers' Compensation Law in Texas at the beginning of this project. A complete review and analysis of the current law was undertaken. Interviews were conducted with key people from the Workers' Compensation Research Institute. Unique aspects of the Texas Law were isolated and documented (see Appendix E).

Following a review of Company X policy and procedures for on-the-job injuries, this researcher was encouraged. The company already had outlined an excellent program called the TLC program (see Appendix F). This program was consistent with the general philosophy of the Nurse CARE Program. It included general guidelines for management to follow if an employee was injured. One concern this researcher had was that many supervisors and their employees were not aware of the proposed program. A decision was made for the Nurse CARE procedures to complement the current policy and minimize duplication or extra time-consuming procedures.

The Nurse CARE Program procedures were outlined during Phase I as a benefit, with the intention to assist

employees who had suffered work-related injuries. The employees were assisted by referrals to quality medical care and by offering guidance and assistance to both the employee and the employees' manager or supervisor throughout the recovery process.

Highlights of Phase II included interviews with physicians (see Appendix G) and collection of recommendations from preferred health care providers for the injuries that occurred at work. Other accomplishments during Phase II included completion of Nurse CARE Program procedures (see Appendix H), development of Nurse CARE Program forms (see Appendix I), and recommended guidelines for medical treatment. The CARE Nurse assisted with the identification of quality physicians and clinics near the worksite, questions or concerns about medical treatment and recovery progress, health education, and information. Interpretation of the Texas Workers' Compensation Laws, insurance administrator communication, return-to-work evaluations, and identification of modified or light work assignments were also provided by the CARE Nurse.

An important element in the beginning of the pilot program was to create visibility at each worksite. Presentations were scheduled to introduce the Nurse CARE

Program. Posters, forms, and paycheck inserts (see Appendix I) were distributed during each visit. A presentation was given to introduce the objectives and the procedures of the program. Reporting procedures were discussed, approved, and written for each individual business unit (see Appendix I).

A plan for returning employees to modified or light work positions was identified to provide return-to-work opportunities to employees and to coordinate the return with the employees, their physicians, the insurance carrier, and the supervisors (see Appendix J).

After the initial introduction of the program, a record-keeping system was developed specifically for the needs of the pilot using Dbase software as the base of the new system (see Appendix K). This system was upgraded throughout the period of the pilot program in order to meet the growing needs of the profile data. Once the system was in place, Phase III, the implementation phase, started.

Once Phase III was underway, this researcher realized the need to identify light work positions for injured workers to enable them to return to the worksite prior to a complete release by their physicians. Once the modified positions were developed, form letters were created: one

letter to the injured employees to introduce the nurse and explain the goal of the program and another letter to the employees' physicians to introduce the program and to outline the light work position descriptions available for them.

The initial contacts with the employees and their supervisors were to be conducted within 24 to 48 hours after notification from the employer. During the first contacts, information regarding the disposition of the employees was clarified, and the case profiles were opened officially (see Appendix B). The information was documented in the nurse's notes, according to the Nurse CARE Program procedures; and an action plan was developed for the employees' recovery and safe return to the worksite.

A monthly report was generated providing current activity of the cases for the individual business units and for the Corporate Occupational Health Manager. These reports included the number of cases opened in the current month, the number of cases returned to work (RTW), the number of cases released to RTW with no return, the number of cases not RTW, and the number of cases closed. A narrative report was included with concerns and challenges

for the continuation of the Nurse CARE Program (see Appendix J). For the purpose of this study the data were available from Company X after the postpilot.

Data Collection

Permission was secured from Rachel Ebert, the Corporate Occupational Health manager of Company X, to collect data from company records. The data were reviewed from the reports and compensation cost records released by Company X from one year prior to the implementation of the pilot Nurse CARE Program (December 1988 through November 1989). Pertinent information was collected, such as the number of litigated cases and the total annual medical costs to the company. These data were the baseline data. A table was developed in the form of a worksheet, and the data were documented.

Data from the first year of implementation of the pilot Nurse CARE Program, from December 1989 through November 1990, also were retrieved from the Corporate Claims Department reports. The number of litigated cases and the total annual medical cost were compared with the baseline data after the data were entered into a computer for statistical analysis.

Treatment of Data

The hypotheses were tested at the .05 level of significance. Nonparametric analysis of the data was completed using the Wilcoxen matched-pairs signed rank test. This method was used to determine whether the prepilot program and the postpilot program data differed from each other to a significant degree.

CHAPTER IV

ANALYSIS OF THE DATA

This chapter presents an analysis of the data provided to this researcher by the Company X's Corporate Claims Department. In order to use the statistical data, the researcher agreed not to use the company name. The analysis of the findings is organized in relationship to the hypotheses tested for the study.

Description of the Sample

The sample population consisted of four business units which included 82 sites and approximately 2,800 employees.

As indicated in Table 1, the number of new cases opened increased significantly over the twelve month period. Beginning with 10 cases per month, the monthly totals jumped quickly to 35 in April, and again to 40 and 47 in the months of August and October, respectively. Return-to-work (RTW) cases followed a similar pattern and appear to stay at approximately 50% of new cases opened.

Table 1

New Nurse CARE Cases Per Month (December 1989 to November 1990).

	DEC	JAN	FEB	MAR	APR	MAY	6 MO. Total
Cases Opened	10	10	24	22	35	25	126
Cases RTW	6	6	10	14	23	13	72
Cases RTW w/ no RTW	0	1	8	3	2	2	16
Cases not RTW	4	3	6	5	10	10	38
Cases Closed	2	3	5	5	6	11	32
	JUN	JUL	AUG	SEP	OCT	NOV	12 MO. Total
Cases Opened	18	27	40	19	47	32	309
Cases RTW	8	10	22	9	24	18	163
Cases RTW w/ no RTW	4	11	3	5	4	4	47
Cases not RTW	6	6	15	5	19	10	99
Cases Closed	19	8	16	12	29	21	116

Of the nine business units followed during the study, only four were used for the sample populations. These four units had consistent populations prepilot and

postpilot, while the other five units were inconsistent in the amount of time either prepilot or postpilot Nurse CARE program.

Table 2 represents the statistics for the four business units used for the sample population. The sample business unit statistics indicate that the total medical costs decreased for three of the four business units while the total number of litigated cases decreased for all business units. Company X management believes, based on these numbers, that the pilot program was successful. A copy of the documents for actual data retrieved is found in Appendix B.

Table 2

Sample Business Unit Statistics

Business unit	Medical Prepilot	Population Factor	+ 20% Inflation	Medical Postpilot	w/ Population Factor
Business Food Services	368,041	602	733.64	316,204	525.26
Education Food Services	89,607	145	741.58	17,316	119.42
Small Hotels	108,219	597	217.58	119,933	143.92
Large Hotels	446,379	1482	301.20	247,988	167.33
Mean	253,061.5	706.5	498.50	175,360.25	238.98

Business Unit	Actual # Litigated Prepilot	W/ Population Factor	Actual # Litigated Postpilot	W/ Population Factor
Business Food Services	32	0.053	16	0.027
Education Food Services	11	0.076	2	0.014
Small Hotels	7	0.0117	5	0.008
Large Hotels	20	0.013	8	0.0136
Mean	17.5	0.038425	7.75	0.0136

Analysis of the Data

The total medical cost were collected for each of four business units of Company X. The total population of each individual business unit was used to factor into the cost data through division. The results were multiplied by an inflation factor of 20% to determine prepilot medical costs. This 20% inflation factor was a conservative estimate. Company X estimated the medical cost inflation factor of 25% as indicated in a letter in Appendix O, and "costs of treating an injured worker in Texas have been running 30% higher than the national average (Gapen, 1990, p. 46).

The total annual medical costs of Workers' Compensation injury cases for four business units for one year prepilot and one year postpilot Nurse CARE Program at Company X were reviewed. The Wilcoxen matched-pairs signed rank test was used for nonparametric analysis of the data to evaluate for the .05 level of significance. No significant difference was found between the prepilot and postpilot costs. Table 3 summarizes the results of the test.

The number of litigated Workers' Compensation injury cases for four business units for one year prepilot and one year postpilot Nurse CARE Program at Company X were reviewed. The Wilcoxen matched-pairs signed rank test was used for nonparametric analysis of the data to evaluate for the .05 level of significance. No significant difference was found. Table 4 summarizes the results of the test.

Table 3

Wilcoxen Test Results on Medical Costs in Dallas

	PrePilot	PostPilot	PrePost	p
MEAN	498.5	238.9024	260.0	
SD	278.222	194.8514	256.10	
Sample Size	4	4	4	
Variance	77407.35	36806.984	-	
Maximum	741.580	525.260	621.27	
Minimum	217.525	119.420	16.63	
Z Max	0.86	1.48	1.41	
Z Min	-1.12	-0.73	-0.95	
p				0.1250

Table 4

Wilcoxen Test Results on Number of Litigated Cases

	PrePilot	PostPilot	PrePost	p
MEAN	0.03842	0.0136	0.0250	
SD	0.03154	0.0096	0.0267	
Sample Size	4	4	4	
Variance	0.00099	9.2773	-	
Maximum	0.0759	0.0266	0.0621	
Minimum	0.0117	0.0054	0.0034	
p				0.1250

Summary

The sample was described in terms of total medical costs and total litigated cases. The statistical analysis of the data were presented in narrative and tabulated forms.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents a summary of the study, discussion of the findings and conclusions, and recommendations for further study. Findings from this study are a result of the analysis of data after the implementation of a pilot Nurse CARE Program, a strategy toward cost containment.

Summary

The purpose of this post hoc comparative study was to determine whether there was a significant difference in the total Workers' Compensation medical costs and the number of Workers' Compensation litigated cases as a result before and after the implementation of a pilot Nurse Coordinated Action and Response to Employees (CARE) Program. The pilot program monitored work-related injuries, reviewing pertinent data one year prepilot and one year postpilot Nurse CARE Program. The program was a possible solution to contain the high Workers' Compensation costs from previous years.

The sample population was an international service company (Company X) located in the Dallas Fort Worth area, consisting of approximately 2,800 employees located in 82 worksites. A total of nine business units were monitored during the postpilot year. However, for the purpose of this research, data from only four business units could be used. The business units that were not used had inconsistencies during the prepilot or the postpilot years and, therefore, were eliminated. The remaining four business units consisted of the 82 sites and the approximate population of 2800 employees. Permission was obtained to use pertinent data from one year prepilot and one year postpilot Nurse CARE Program that was retrieved from the Corporate Claims Department at the end of the postpilot year. Nonparametric analysis of the data using the Wilcoxen matched-pairs signed rank test was conducted to determine if the prepilot and postpilot differed significantly.

Discussion

No significant difference was found between the total annual medical costs of Workers' Compensation injury cases for the year prior to the implementation of the Nurse CARE

program (prepilot) and those for the year of the implementation of the Nurse CARE Program (postpilot) at Company X. No significant difference was found in the number of litigated Workers' Compensation injury cases one year prior to the implementation of the Nurse CARE Program and the year of implementation of the Nurse CARE Program (postpilot) at Company X.

Results, although not significant, were meaningful to the management of Company X. Tangible and intangible benefits were identified before the end of the postpilot year. There were several changes in the pilot program recognized by this researcher that could impact future programs.

The development of this pilot program began with the intent to assist injured employees through health education and communication. The data provided by the company included the code for each business unit, the total dollars spent on medical claims, the total number of claims, the total indemnity costs and the total number of litigated cases for the prepilot year from December 1988 through November 1989. During the prepilot year, there was limited control for reliability of the actual cost data provided by Company X. Although accuracy of data

during the postpilot year was encouraged by this researcher, the accuracy of the data was the same as for the prepilot year. The data provided by Company X was assumed to be accurate; however, further studies will be improved with the development of an efficient and consistent means of documenting and collecting the data for each case.

A key lesson learned in conducting corporate research is to gain senior management concurrence to a standard and consistent level of statistical reporting. Early in the study, corporate management provided data at irregular periods with long delays between reports. Subsequently, these reports are now received at a regular interval. The sample size was disappointing for the final evaluation. During the prepilot year, statistics originally were provided for all business units. Some of these units opened during the 12-month period. The data for these new business units did not include 12 months of data. Additionally, three business units closed or were sold during the postpilot year, which eliminated the use of their statistical data from the total units. Using a larger sample for the statistical evaluation, and

projecting the study over a longer period of time may improve results.

One year was only a beginning in the process of educating management and supervisors in the procedures of the program. Throughout the postpilot year, many cases were received months after the respective injuries were sustained. This delay contributed to a reduced benefit of timely contact and follow-up by the nurse. Turnover of supervisors promoted into the research sites who were not aware of the program also contributed to a decrease in the effectiveness of the pilot program. For future studies, it is important to reinforce the procedures and the goals of the program with regular communication through site visits or department communication literature. New supervisors will be more aware of the program and the importance of the CARE Nurse involvement, especially in the area of injury prevention, health education, and medical follow up, which ultimately will reduce total case cost to the company. Health education, prevention programs, and program procedures take more than a year to internalize the actual benefit.

Because the Texas Workers' Compensation Law has been going through changes, replication of the study will need

a minimum of one full year of implementation with the new law before development of prepilot statistics. This will allow management, insurance administrators, and the CARE Nurse a better knowledge base of the new Workers' Compensation system.

The Nurse CARE Program monitored 358 Workers' Compensation injury cases, which included 39 old cases prior to 1988 (not included in the statistics), with a gross savings of $155,473. The number of litigated cases was reduced by over 50% from 70 to 31. Support from managers increased as they became more educated about the program throughout the postpilot year. The program progressed and the relationship with the insurance carrier also improved during the communication process.

One of the goals of Company X was to increase the number of employees returned to the worksite, and to close cases that had lingered more than a year. These two objectives were accomplished, as indicated in a letter (see Appendix N) and communicated with the year-end report. In addition to these tangible benefits, the intangible benefits as viewed by the employees, managers, the insurance carrier, physicians, and other care providers were identified also (see Appendix O).

Collection of accurate data is an important component in research design. This study was limited in control for accuracy and completeness of the data collected and provided by Company X. The limited sample of only four business units may not have been a large enough sample to accurately evaluate a significant statistical difference using the Wilcoxen matched-pairs signed rank test of factoring in both employee population and inflation. Future studies should measure the total medical costs and total number of employees using a t-Test for proportion to test for the significant statistical difference, also using a larger sample.

Research continues with this Nurse Coordinated Action and Response to Employees (CARE) Program. A two-year extension of the program was approved by the management of Company X, who believes in the value of this pilot study.

Conclusions

The analysis of the findings led to the following conclusions regarding the null hypotheses.

Hypothesis 1. There is no significant statistical difference in total annual medical costs of Workers' Compensation injury cases for one year prior to and during

the first year of implementation of a pilot Nurse CARE Program at Company X. NOT REJECTED.

Hypothesis 2. There is no significant statistical difference in the number of litigated Workers' Compensation injury cases one year prior to and during the first year of implementation of a pilot Nurse CARE Program at Company X. NOT REJECTED.

Recommendations

The findings of the study provided support for the following recommendations:

1. Repeat the study measuring the number of days injured employees are not at work both before and after the implementation of the pilot program.

2. Concentrate on a specific group that is known to be consistent in both prepilot and postpilot program factors using a larger sample for statistics.

3. Replicate the study with a longer program time frame in order to measure the effect of the program over time.

4. Replicate the study after at least one full year of changes in the new Texas Workers' Compensation system.

5. Evaluate worksite safety and management style for prepilot and postpilot program.

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APPENDICES

Appendix A

Project Proposal and Letters of Permission

Arnott & Associates Inc.

August 31, 1989

Ms. Rachel Ebert
Corporation
Risk Management Group
Drive
Department
Washington, D.C.

Dear Rachel:

It was a pleasure speaking with you this week and learning of your plans to better manage overall workers compensation claims process. Our conversations this week have given us a clearer insight into the challenges you face and sufficient information to develop this proposal.

This proposal describes our understanding of the situation and the critical objectives facing you. It also defines our proposed approach and investment considerations in undertaking a comprehensive workers compensation Case Management program for those employees located in the Dallas/Fort Worth area.

Arnott & Associates shares your concern for the health and safety of employees. As a firm whose main focus is assisting clients with developing and implementing Occupational Health Programs, we understand that the early and safe return to work of the injured employee can be valuable in speeding the recovery process, both physically and psychologically. We also agree that a well managed program can significantly control overall losses for the the corporation.

I. OUR UNDERSTANDING OF THE SITUATION

The Corporation has a tradition of providing a high level of quality service to its guests and paying attention to the details of effective corporate management. It is also known to be very concerned for their employees. Given this history and the current high cost associated with workers compensation claims, the Corporation now desires to develop a high quality, employee-focused Case Management model in major cities.

The Corporation has made good progress in this area. Thus far, has compiled job analysis information for most employee positions. It has also established light duty positions for employees returing to work. Other employee wellness efforts have produced an ergonomic evaluation program of positions, as well as a nutrition based wellness program. also employs nurses for its employees in many larger hotels.

Key Program Objectives

As you have described it, has five objectives:

* Increase the number of safe and speedy returns-to-work.
* Implement a system that helps reduce the high cost of worker compensation claims.
* Identify and use the more knowledgeable local healthcare providers.
* Use a consistent, documented approach.
* Ensure that the program is responsive to the needs of local management and employees.

II. OUR APPROACH

The primary objective of this project is to develop, implement and administer a workers compensation Case Management program. We recommend a phased approach which is discussed briefly below. Key phases are:

Phase I: Survey Strengths and Needs of DFW Area

Phase II: Develop DFW Model Program

Phase III: Administer Case Management

A. PHASE I - SURVEY STRENGTHS AND NEEDS OF DFW AREA

In this initial phase, our objective is to clearly identify, evaluate and document the current situation facing the 15 hotels in the DFW area. Key action items could include:

* Conducting selected management interviews
* Inventorying employee needs.
* Reviewing current cases, medical reports, accident reports and EI reports.
* Reviewing health related policies and procedures.
* Evaluating position descriptions and light duty availability at each site.
* Reviewing current accident control programs.

Phase I Deliverables. The following five items would result from this phase.

1. Recommended health care porviders for the DFW area.
2. Identified accident control risk areas.
3. Recommended prevention programs.
4. Indentified internal and external resources to support case management.
5. An established working relationship as a liaison with Risk Management, Personnel, Benefits, Local Management, Employees and the Insurance carrier.

II. OUR APPROACH (CONTINUED)

B. PHASE II - DEVELOP DFW MODEL PROGRAM

The objective of phase II is to develop and recommend to management a set of case management policies and procedures. Based upon Phase I needs, and experience with other firms, a model case management architecture will be developed and reviewed with management.

Phase II Deliverables Six deliverables will result from this phase.

1. A Model Action-step Process Flow Chart.
2. Software Tool for Employee Contact Documentation.
3. Reporting Procedures and Assignments.
4. Communication Procedures to Management and Employees.
5. Return-to-work Evaluation Forms.
6. Biweekly Activity Report

C. PHASE III - ADMINISTER CASE MANAGEMENT

The objective of this phase is to implement the model program and to administer it on a daily basis. Employees and health providers will be contacted in accordance with the newly developed procedures. Throughout the early weeks and months of the program, procedural changes will be implemented on an as needed basis, and/or at the request of management.

Phase III Deliverables. Throughout phase III, the following will occur.

1. Enhanced employee safety
2. Increased rate of return of employees on workers compensation.
3. Periodic status reports of current cases and disposition.
4. Evaluation of programs needs and changes.
5. Support for 150 annual worker compensation cases.

III. INVESTMENT CONSIDERATIONS

We are prepared to start this engagement on or about September 18,1989. Based on this start date, we estimate completion of Phase I and II around November 1, 1989. Phase III, the daily case management activities, will begin immediately following your approval of the Phase I and II deliverables.

Professional fees for Phase I and II are estimated to be Phase III fees will require an investment of monthly.

These fees permit:

* Servicing employees in approximately 15 locations in the Dallas/Fort Worth area.
* Program review, development and implementation.
* Use of Case Management Contact Software.
* Periodic status reports.
* Travel to all sites, care providers and case visits.

Key Assumptions. These fees are based on your suggestion that we utilize office space at a central location, and that provide full-time clerical support, access to an IBM compatible computer and a telephone. If you desire, we would be pleased to provide these support services and bill actual cost on a monthly basis.

* * * * *

We sincerely appreciate the opportunity to assist you and The Corporation in this important project. You can be assured that our primary objective will be the success of your DFW case management program.

Should you have any question regarding this proposal, please contact Ms. Ellen Arnott at (817)

Very truly yours,

Ellen Arnott

Arnott & Associates Inc.

Accepted By

10/11/89

Date

DATE: December 3, 1990

TO: Ellen Arnott, R.N.

FROM: Rachel Ebert RE

SUBJECT: Masters Thesis

I discussed the matter of using the name in your thesis with , Vice President, Casualty Claims. He has stated that it is alright to use Marriott but you should be careful about using dollar amounts or revealing financial data.

I think this can be managed by using percentages. Such as, the medical portion of indemnity claims has been reduced 20% from the previous two years.

Hope this will be helpful. I am anxious to see your thesis and look forward to reviewing it.

RE/mkc

Appendix B

Documents Reporting Cost of Medical Claims and Number of Litigated Cases

CORPORATION INTEROFFICE MEMO

DATE: December 12, 1989

TO:

FROM:

COPIES: Ellen Arnott

SUBJECT: Dallas/Fort Worth Baseline Data

Attached is the baseline data that we will use to measure the effectiveness of the pilot Nurse Care Manager project in Dallas/Fort Worth. If you have any suggestions of alternative methods or areas please let me know.

Incidently, I have also individually broken the figures down for F&SM, Hotels, and

Attachment

RE/jk

6 Month Savings

Indemnity - 22%

DOI	Indemnity Claims	Medical Paid	Average Cost
12/1/88 - 5/31/89	78	$170,707	$2,189
6/1/89 - 11/30/89	74	$221,531	$2,994
12/1/89 - 5/31/90*	68	$152,967	$2,078

Litigated - 50%

DOI	Litigated Claims	Medical Paid	Average Cost
12/1/88 - 5/31/89	38 } 75	$125,367	$3,299
6/1/89 - 11/30/89	37 }	$160,021	$4,325
12/1/89 - 5/31/90*	33 -	$ 72,305	$2,191

* Nurse C.A.R.E. Manager

All dollar figures are valued for 8 months analysis. There is no development factor used for these numbers to project ultimate losses.

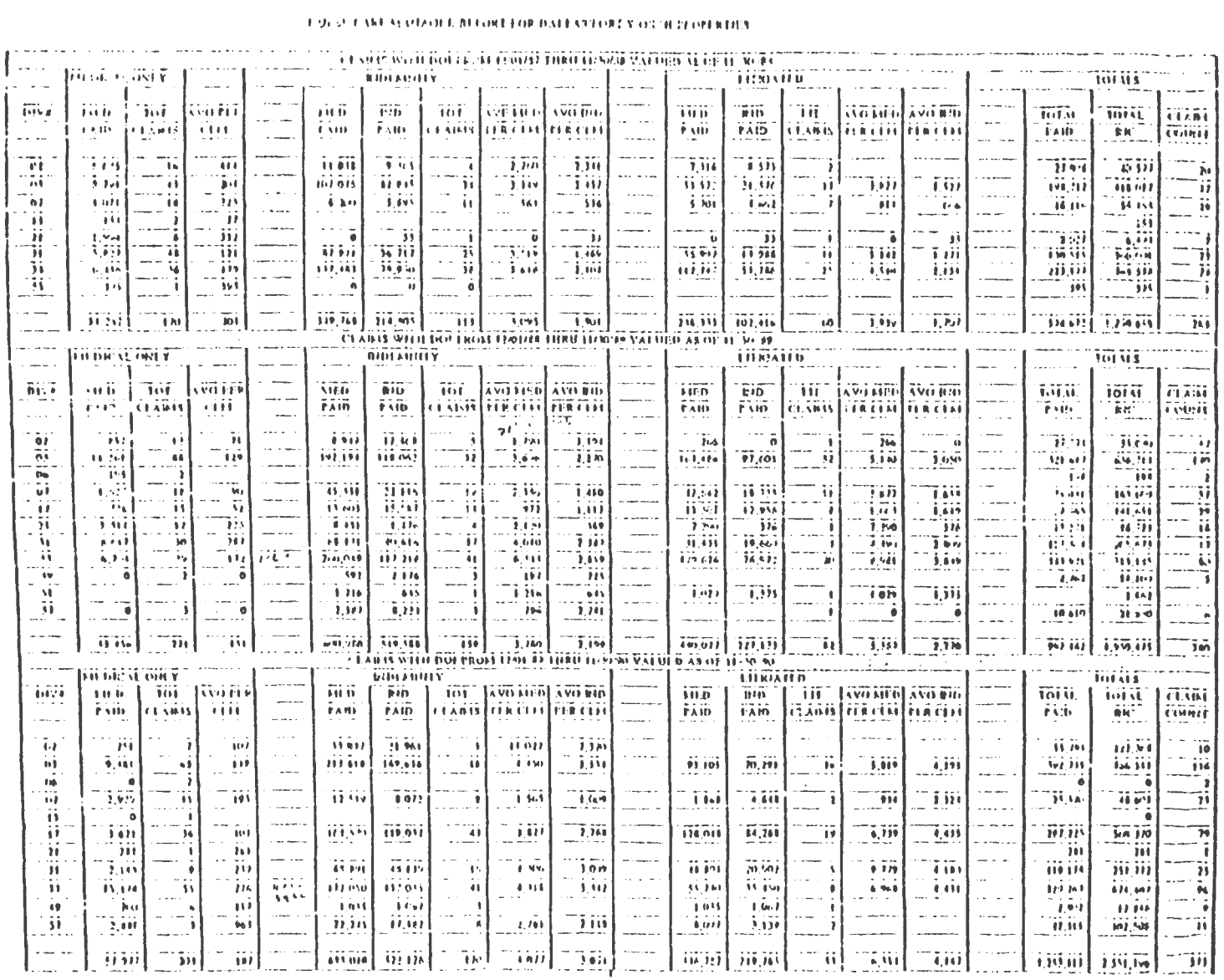
1988 - TOTALS (10/31/89)

	Dallas (#1760)	Fort Worth (#640)
M O (1)	$ 31 K (#81) [$383]	$ 6.5 K (#16) [$406]
M I (2)	337 K (#40)	183. K (#14)
Total Medical	368 K	190 K
Indemnity	300 K	93 K
Litigated	7	7
Days Lost	1941	377
Total Paid	668 K	282 K
Total Incurred	894 K	380 K
Claim Count	121	30
Medical Cost Per Claim	3 K	6 K
Total Incurred Per Claim	7.4K	12.6K

1989 (10/31/89)

M O	$ 15 K (#78) [$192]	$ 4.6 K (#24) [$192]
M I	221 K (#56)	49. K (#17)
Total Medical	236 K	53.6K
Indemnity	147 K	44. K
Litigated	2	3
Days Lost	2097	408
Total Paid	382 K	98 K
Total Incurred	693 K	251 K
Claim Count	134	41
Medical Cost Per Claim	1.8 K	1.3K
Total Incurred Per Claim	5.2 K	6.1K

(1) Medical Only
(2) Medical from Indemnity



Appendix C

Worksite Survey Form and Survey

Name _____ Title_____

Location_____
_____

Problems: _____
_____
_____
_____

= of Accidents
1988 _____ 1989 _____ Monthly _____ Average_____

Major Workers Compensation Injuries (Types)

1.
2.
3.

Workers Compensation Injures - Location or Job Position.

1.
2.
3.
4.
5.

Current Costs 1988 _____ 1989_____ Monthly Average _____

Identified Accident Risk Areas

1.
2.
3.

Corrective Action Taken

1.
2.
3.

Recommended Preventive Programs

1.
2.
3.

Number of Employees Trained in Emergency Response _____

Names

Current Certification

1. [] CPR [] First Aid
2.
3.
4.

Type of Supplies in Facility:

Written Emergency Procedures

Injury Log

Current Medical Provider:

Name _____
Address_____
_____
_____
Phone #_____

Fee Schedule:

Rapport:

Has he/she walked through t facility?

Medical Reports:

Knowledge of Modified Duty:

EAP?

[]

Modified Duty Available:

--Positions

1.
2.
3.
4.
5.

Maximum length of time for modified duty _____

Employee Needs:

Is employee informed of benefits and Workers Compensation disposition at the time of injury?

If "yes", what information is given?

How is employee transported to medical provider?

_____

_____

_____

Is transportation arranged if an employee needs therapy or another medical care appointment during the work day?

Health hazards at the site:

Hearing conservation:

Respiratory risk prevention

Pre-employment testing:

Pre-employee health history:

DOT:

Who completes first report of injury?

Who maintains OSHA log?

Who maintains injury log?

-- Payroll/ Workers Compensation benefits procedures.

SITE INTERVIEWS

During the site interviews with Hotels, , and Inns, key problems, risk areas and comments were cited. What follows are pertinent findings and conclusions of these interviews.

PROBLEMS:

1. "Service and communication from Company is Poor."

2. Length of time for to request a second opinion is "too long: 60 days".

3. "Old workers' compensation cases costing the most dollars."

4. "Cost projections for charger-backs seem high."

5. "Management and employees find the ergonomic test to be difficult and embarrassing for women applicants to perform."

6. "Little to no explanation of the workers' compensation system and benefits."

7. "Elevation of sprinkler system head is a potential hazard."

8. Concerns were expressed regarding fears of sending employees to a physician, indicating an accident and the non-medical judgement call of incident versus accident.

RISK AREAS:

Kitchen and housekeeping areas are high accident areas, however due to proactive safety programs, these risk areas have been reduced.

No site has more than a total of 20 accidents thus far this year. Old or outstanding cases may need Case Management assistance for resolution. For example there are 31 outstanding cases:

* Hotels: 12 cases
* 18 cases
* : 1 case

OTHER OBSERVATIONS:

1. All sites - Hotels, and have modified duty available for returning employees after work related injuries.

2. Most sites do not explain workers' compensation benefits to their employees at the time of injury.

3. needs assistance in identifying more modified duty jobs.

4. Most sites have at least two people trained in CPR and First Aid.

Arlington

. is General Manager. Feels very positive about the program, and in conversation with other GM's, it's a boost for operations personnel.

Las Colinas

is General Manager. Has had no interaction with Ellen, due to fact his property has 169 accident-free days.

Addison

is General Manager. Feels much less hassled in dealing with & Co. Would like to see First Aid program in effect. is glad Ellen is actively involved with employees and the medical "link" needs. Nothing detrimental he could think of.

LBJ/Josey Lane

is General Manager. Certainly glad Ellen is on board. Glad there is a reference point for accidents and injuries. Nothing detrimental to say....so early in the program.

Bedford

is General Manager. Has not required much of Ellen's time. Favorable toward the program.

Stemmons

is General Manager. Welcomes Ellen's help! Ellen helped her find a reputable clinic, and closed a very expensive worker's comp case for Nancy.

Richardson

is General Manager. No input at this time.

Plano

is General Manager. Great that Ellen is so accessible and has the medical knowledge GM's can rely on.

QUESTIONNAIRE RESULTS

1. Has the nurse's advice on health care provider selection resulted in quality care and lower costs?

Very Much Agree				Disagree
1 (6)	2 (8)	3 (3)	4 (2)	5

Comments:

2. Has the program assisted you in communicating with physician's, Crawford, and associates after an associate injury occurs?

Very Much Agree				Disagree
1 (10)	2 (6)	3 (1)	4	5 (1)

Comments:

3. Has feedback from the N.C.M. aided in your loss prevention efforts?

Very Much Agree				Disagree
1 (8)	2 (5)	3 (4)	4 (1)	5

Comments:

4. Do you believe that overall costs and lost time are less since the Nurse C.A.R.E. Program began?

Very Much Agree				Disagree
1 (6)	2 (6)	3 (5)	4 (1)	5 (1)

Comments:

5. Is less time spent with injuries by supervisors/managers than before the program?

Very Much Agree				Disagree
1 (6)	2 (1)	3 (5)	4 (2)	5 (4)

Comments:

6. Have your injured associates expressed a positive experience with the Nurse C.A.R.E. staff?

Very Much Agree				Disagree
1 (6)	2 (5)	3 (4)	4 (1)	5 (1)

Comments:

7. Do you believe that the program is meeting its overall objectives?

Very Much Agree				Disagree
1 (10)	2 (4)	3 (4)	4	5 (1)

Comments: 19 questionnaires were returned out of 30 that were sent.

( ) = Total responses per rating

Appendix D

Perception of Insurance Carrier by Worksite Managers

APPENDIX

GENERAL MANAGEMENT COMMENTS REGARDING CRAWFORD

During management interviews, a number of critical comments were expressed regarding the current Insurance Administrator, Insurance. These comments are presented as they will help shape our new procedures.

COMMENTS

" I don't follow up once it is given to -- I think they are suppose to follow the case at that point."

" They don't actively pursue cases unless we push. I have to always call to ask them to check on cases and determine the current situation."

"I feel like I am bothering them when I call and they never follow up. Very poor assistance."

"I was told by that I can't get a 2nd opinion for the company for 60 days, even though the employee has not returned and has no medical restriction at this time. Told we can't legally have the 2nd opinion."

" doesn't return calls. The employees keep doctor shopping and I can't do anything about it. Problem case at Stemmons, ."

"Real problems, total lack of follow-up. Bills are not paid, no follow up, no files -- even the persons loss is questionable. Lack of timely tracking of the case."

...GENERAL MANAGEMENT COMMENTS.

"[redacted] never calls back. I've left many messages and I have a problem case out since April. I feel they do no follow up."

"I fell it is a big problem getting to respond. They never return calls. It is hard to get them to respond to questions. Its hard to get them to close out old cases. I have one out since March with a hand injury."

(New General Manager) "[redacted] doesn't return calls or follow up with problem cases. Problem cases - [redacted] and [redacted]."

Had audit done of [redacted]. "They couldn't even find our files."

The following comments are regarding the TPA.

"Reports are not accurate, things take too long or are never done. Their employee turnover is so high you never know who to talk to and files are lost."

"They don't help us at all. When managers know things are 'fishy' and ask for an investigation of the claim, they ignore concerns."

"They could do more and stay on top of things better."

"Six open claims, switched reps - five reps this year, too much turnover."

"Useless. Working against us and its employees. Awful."

"Not enough follow through. Rate them 2 on a scale of 1 to 10."

"Very unresponsive on status of claims. Medical bills sent in on claims are ignored."

"Too much work load possibly. Don't protect our interest."

"Lousy. Don't respond to requests and don't do what they say they are going to do. They lose information."

"Clerks don't respond and don't return calls."

"On a scale of 1 to 10, rate a 3. No good at all."

Appendix E

Workers' Compensation Law Summary

APPENDIX .

UNIQUE ASPECTS OF THE TEXAS WORKERS' COMPENSATION PROGRAM

The authors of the Workers' Compensation Institute noted certain aspects of the Texas system that warrant attention. By pointing them out, we make no judgements, expressed of implied, about them. However, these unique aspects of the Texas system will very much shape the CARE program for in the DFW area. Hopefully, some portions may be completely eliminated by the Texas Legislature during 1989 special session.

1. Escalating Medical Costs. Medical costs in Texas are higher and rising more rapidly than other states. The growth of medical costs has far outpaced the growth of indemnity benefits in the state.

2. Unusual Benefits. Texas often is called a low benefit state. We find, however, that Texas is an unusual benefit state: sometimes unusually low, other times unusually high, depending on the feature of the system. Among the features contributing to Texas' reputation for low benefits are:

- the weekly maximum for total disability benefits (sixth lowest in the nation),
- the limited duration of total disability benefits (the shortest limit of only five states with such limits),
- the twenty-eight-day retroactive period for receiving benefits and the seven-day waiting period. Although the waiting period equals that in twenty-one other states, the retroactive period is equaled or exceeded in only three.

The Texas system provides large numbers of workers with unusually high benefits in two ways:

- the peculiar method of computing a worker's "average weekly wage" gives the majority of workers a 15 percent premium in their weekly benefits. Of their actual preinjury income, these workers receive 77 percent, the highest in the nation.
- Texas grants permanent partial disability benefits far more liberally than do most states. Fully one-third of workers with lost-time claims receive these benefits, ranking Texas fourth in the nation.

3. Intrastate Benefit Inequities. Juries' attitudes vary in diverse parts of the state. Thus, workers can expect different outcomes in identical cases, depending upon the county where their claim might be tried. These differences regard the amount and duration of benefits and decisions about compensability. They are reflected in both verdicts and settlements, since the latter anticipate the former.

4. Skepticism About Lost Wage-earning Capacity. Most employers indicate little faith in the way the system estimates lost wage-earning capacity. They indicated that the tendency not to rely on systematic evidence, combined with juries' limited understanding of the technical jury instructions, invite the parties to appeal to sympathy and prejudice, and the juries to be influenced by these appeals. This may breed litigation and enhance geographic inequities in benefits.

5. Rehabilitation. Vocational rehabilitation is used rarely in Texas, although the IAB recently has introduced a new referral program.

6. Coverage. Coverage under the workers' compensation law is voluntary in Texas. This is unusual today. Although remedies are available, they rarely are pursued. This effectively denies a remedy to injured workers employed by smaller employers who do not elect coverage.

7. The Role of the IAB. The existence of trial de novo undermines the adjudication role of the IAB. As long as trial de novo continues, the board will continue to be more of a mediator and administrator than an adjudicator, since the parties are free to disregard its findings.

8. Prehearing Conferences - "Rough Justice". The central dispute resolution function of the IAB - mediation - is discharged at a prehearing conference. One respondent's description of this conference as "rough justice' best captured its tone. Prehearings are obtained easily, provide a focal point for settlement, and last only fifteen to twenty minutes. However, since a prehearing cannot produce a binding adjudication, the parties invest little in preparation and discovery. One suspects that prehearings succeed in cases that are settled easily, but that more difficult cases require better preparation and discovery before settlement can occur. This take place in the court system.

9. Termination Temporary Disability Benefits. Neither worker representatives nor insurers are satisfied with the process for terminating these benefits. Worker representatives indicated that workers have no forum for a timely binding adjudication of disputes about termination, other than the court system. Insurers reported difficulty in finding physicians in some parts of the state who were willing to take a position that the worker could return to work.

10. Trial "de novo". Texas is relatively unique in its trial de novo system -- a new trial on both law and fact before a jury where the award of the IAB is inadmissible. Many respondents, especially attorneys, indicated that jury trials provide custom-tailored justice superior to what an administrative adjudication could provide. Yet several costs must be weighed against the benefits. First, trial de novo undermines the authority of the IAB. Second, it deprives workers whose temporary disability benefits have been terminated prematurely of a timely adjudication, thus forcing lump-sum settlements. Third, because juries are influenced more heavily by subjective factors and local values, trials exacerbate geographic benefit inequities.

11. Attorney Involvement. Workers seek representation by attorneys frequently and very early. Attorneys represent workers in approximately 90 percent of cases with prehearing conferences, and workers often seek counsel within two to four weeks after injury has occurred.

12. Attorney Fees. Attorneys typically receive 25 percent of the amount recovered, one of the highest in the country.

13. Rapid Resolution. Cases in Texas resolve relatively rapidly. This often is regarded as a positive outcome. For many Texas workers, this may be the case, but some may be having their cases resolved prior to maximum medical improvement. If so, it may be especially difficult to assess accurately whether the settlement agreement is appropriate.

14. Frequent Lump Sums. Almost all disputed cases are resolved by lump-sum settlement agreements. All parties in the system have incentives to resolve cases this way.

15. Impact of the Economic Downturn. The economic fluctuations experienced in Texas have had substantial effects on the workers' compensation system. Rising claim rates and significant lengthening of the duration of disability suggest a heavier reliance on workers' compensation for income maintenance in a weaker labor market. Large increases in benefit payments for lost wage-earning capacity also may reflect diminished labor market opportunities.

16. Caveats for Change. Many respondents to Institute surveys advocated a strong administrative system in place of a court-based system. However, respondents also expressed reservations about simply transferring existing IAB members and staff to a very different system. The sam concern could apply to the lawyers and insurance staffs. A smooth transition would depend on the presence of people who are knowledgeable and well trained in the new approach and of organizational structures that are flexible and well adapted.

APPENDIX

WORKERS' COMPENSATION IN TEXAS

Research Sources

The information presented here comes from a variety of sources, however the primary source is from The Workers Compensation Research Institute' research efforts of 1987
Other sources include:

* Texas State Board of Insurance data.

* Industrial Accident Board (IAB).

The Agency and the Courts

The Texas workers' compensation system dates from 1913. The IAB administers the system, ensuring prompt first payment, encouraging the resolution of disputes, and approving settlements. Although the board issues awards in disputed cases, the parties usually appeal the award to the courts.

Jury trials are completely de novo, since IAB awards are not admissable. This means that the civil courts hold the responsibility for final and binding adjudication of disputes. Although a relatively small percentage of all disputes go to a jury trial, the availability of this remedy leads the parties and the IAB to look to what the jury might decide when the shape settlements, prehearing recommendations, and board awards. As a consequence, the option of jury trial strongly influences the strategies and outcomes of all cases, not jut those that enter the court system.

The key IAB participants in the administration of the system and dispute resolution process are the board, the executive director, and the prehearing examiners. The board has three members, each appointed by the governor for a six-year term. One member represents the employers, another represents labor, and the chair must be an attorney. Typically, board members do not have significant workers' compensation experience prior to appointment.

Revenues for the IAB's activities come from assessments on premiums. The assessments for fiscal year 1987 totaled $7.4 million; total agency revenue for operations totaled $7.9 million.

Dispute Resolution

Voluntary payments by insurers resolve 61 percent of claims. Of those cases involving a request for a prehearing conference, 86 percent are resolved within the IAB process, and 14 percent are resolved within the court system.

The system relies heavily on informal dispute resolution -- especially lump-sum settlements reached either voluntarily or as a result of prehearing conferences. workers usually receive a prehearing about thirty days after requesting one. Prehearings last approximately fifteen minutes and often represent the first oral contact between the attorney and insurer.

If no settlement is reached, the prehearing examiner issues an award recommendation. The board reviews the file and approves or modifies the prehearing recommendation, issuing a board award. typically, the board award affirms the prehearing recommendation; however, only 5 percent of these board awards are accepted by the parties.

The parties appeal almost all board awards into the court system. Two-thirds of cases entering the court system settle prior to trial. Another 30 percent are dismissed or withdrawn prior to trial. Thus, jury trials resolve only 5 percent of these cases. Lump-sum settlements resolve almost all disputed cases.

Benefits

Workers in Texas can receive nine different types of benefits: the six common types(medical, temporary total disability, permanent total disability, temporary partial disability, permanent partial disability, and death) and benefits for disfigurement, exemplary damages in death cases where the employer was grossly negligent, and rehabilitation services through the Texas Rehabilitation commission or private providers.

Workers received more than $1.6 billion in 1984, covering both medical (42 percent) and indemnity (58 percent) benefits. Virtually all are paid directly by insurers. A minute amount, averaging just $200,000 per year, is paid indirectly by insurers through the second injury fund.

The average worker with a lost-time claim received $12,067 (38 percent for medical expenses and 62 percent in indemnity benefits.) the average payment nearly tripled during the ten-year period ending in 1984. And the average medical payment grew twice as rapidly as the average indemnity payment. In 1984, the average temporary total disability claimant received $5,855, and the average loss of wage-earning capacity or permanent partial disability claimant received $20,605.

Utilization

The IAB received reports of over 400,000 lost-time accidents in 1987. The reported accident rate (accidents per one hundred workers) has fallen by 19 percent over the decade, from 7.9 to 6.4 per one hundred workers. Among the factors that may explain this decline are safer workplaces, the growth of safer service industries and the decline of more hazardous manufacturing industries, the decline in the number of employer electing coverage, and possible underreporting of injuries to the IAB as the economy deteriorated in more recent years.

Despite the reported decline in accident rates, workers' compensation claim rates rose by 17 percent. Actual claims have risen by 27 percent form 1980 to 1986; employment grew by on 11 percent over the same period.

Litigiousness

Many respondents interviewed by the Institute described the Texas system as litigious. Certainly, the system regularly involves attorneys in the resolution of cases. In nearly 90 percent of cases going to prehearing conferences, workers are represented by attorneys. And the attorneys are often retained very early in the cases. In back injury cases with permanent partial disability, half of the attorneys are retained in the first month following the injury. However, the attorney's role typically is confined to negotiation. The system relies very heavily on informal dispute resolution -- lump-sum settlements resolve 97 percent of disputed cases -- and formal adjudicatio is relatively rare.

Agency Workload

The data clearly indicate the large volume of matters with which the IAB deals. In fiscal 1987, fourteen examiners conducted over 40,000 prehearing conferences, the members issued nearly 13,000 awards, and the agency approved over 60,000 settlement agreements.

The agency has increased the number of prehearing examiners twice since 1985 to keep pace with the growing number of claims and prehearings. This has kept the workload of prehearing examiners relatively stable at nearly 3,000 prehearings per year through 1987. The addition of four new examiners in 1988 should reduce the workload.

Costs

In 1987, the agency spent $7.5 million to discharge its workers' compensation responsibilities, averaging out to slightly more than fifty dollars per indemnity claim. This figure understates the true public costs of the system, since it excludes the costs of operating the court system. They are difficult to isolate but should be attributed as appropriate to workers' compensation cases.

In 1984, total benefit costs surpassed $1.6 billion dollars, $250 for every worker in the state, injured or not. Medical costs grew much faster than indemnity costs.

Appendix F

Company TLC Program

THE TENDER LOVING CARE (TLC) PROGRAM FOR INJURED EMPLOYEES

PURPOSE

It is the intent of the TLC (Tender Loving Care) Program to demonstrate care for our injured employees, to provide (if necessary) Workers' Compensation benefits in the best manner possible, and to make every attempt to avoid legal involvement in the handling of our injured employees' claims.

PROCEDURE

To ensure that injured employees receive full benefits under state Workers' Compensation statutes without having to seek legal counsel, the following must be adhered to:

1. A written *Employer's First Report of Injury* must be sent to the claims administrator's office within 24 hours for all employee injuries. See *Employer's First Report of Injury* as outlined earlier in this section.

2. The claims administrator will conduct a thorough investigation before providing indemnity payments to injured employees. Certain facts surrounding a case may limit our financial obligations. Immediately notifying the claims administrator is of paramount importance for proper claims management.

3. If the employee will have a long-term disability, he/she should be contacted by the Human Resource department and advised of the following:

   a. The initial waiting period for indemnity benefits.
   b. His or her leave options.
   c. The fact that authorized medical bills will be paid.
   d. When to expect the first disability payment and the amount of the check.
   e. When an employee is away from work because of an on-the-job injury, automatic payroll deductions for Marriott benefit programs cease. Employees wishing continuous Health and Welfare, Disability and Life Insurance Coverage for themselves and their families must make the arrangements to continue to pay monthly premiums in advance.

      Injured employees should be notified of this option in writing using the TLC Letter To Employees sample letter exhibited later in this section. This letter is also available in the Human Resources office. A copy of the letter should be filed in the employee's personnel folder.

NOTE: Employees away from work for more than 90 days must be placed on authorized Leave of Absence in order to retain coverage in the Marriott Benefit Program.

ACCIDENT MANAGEMENT AND REPORTING
EMPLOYEE ACCIDENTS

TLC CONTINUED

4. All in-house treated (first aid) injury reports will be filed in the Human Resource office.

FOLLOW THE GOLDEN RULE: *TREAT OTHERS AS YOU WOULD LIKE OTHERS TO TREAT YOU.*

When an employee is ill or injured, some suggestions are to:

- Care for the employee and discuss how he or she is feeling.
- Send flowers or a card.
- Visit the employee each week until the employee returns to work.
- Encourage the employee to return to work in a modified position or full duty position when able.
- Correct the cause(s) of the injury.

Use the form provided by the Human Resource office to confirm in writing your weekly contact with the injured employee. Weekly contact is the best way to monitor the employee's recovery and also to answer any questions the employee may have regarding his benefits, treatment, or return to work.

The involvement demonstrated by the employee's department manager and first line supervisor will make the TLC program effective.

Appendix G

Physician and Clinic Interview

Sample Form

CARE PROGRAM INTERVIEW GUIDE

Facility Name _____ Date _____

Address _____

_____ Telephone Number_____

_____

Contact Person _____

I. FACILITY

A. Distance from Company Location

Hotel	Courtyard	Residence Inn
[ ] 0-5 Miles	[ ] 0-5 Miles	[ ] 0-5 Miles
[ ] 5-10 Miles	[ ] 5-10 Miles	[ ] 5-10 Miles
[ ] 10-15 Miles	[ ] 10-15 Miles	[ ] 10-15 Miles
[ ] Over 20	[ ] Over 20	[ ] Over 20

B. Physician Availability/Hours of Service

[ ] 24-hours at site
[ ] 8 AM - 5PM, including lunch hour
[ ] 8 AM - 5PM, excluding lunch hour
[ ] 8 AM - 10PM
[ ] Other

C. Physician Availability/Telephone Consultations

[ ] 24 hours
[ ] Other hours _____
[ ] Alternative arrangements when physician is not available.

D. Services

[ ] X-Rays [ ] Audiometric Testing
[ ] Vision Testing [ ] Spirometry Testing
[ ] Other Tests_____

[ ] Lab Analysis [ ] Physical Therapy
[ ] Drug Testing [ ] Prescribed Medication
[ ] Dispensed Prescription Medication
[ ] Other _____

E. Medical Exams and Evaluations Include:

[ ] Pre-Employment
[ ] Fit for Duty - Return to Work
    ( ) Regular ( ) Modified Duty

[ ] Second Opinion
    ( ) Workers Compensation
    ( ) Disability

[ ] Department of Transportation
[ ] Work Evaluations
[ ] Health Screening
[ ] Evaluate Availability of Light Duty to Facilitate Safe,Speedy Return to Work
[ ] Other _____

II. STAFF

A. Physicians #____

[ ] Board Certified/Occupational Medicine

[ ] Board Certified/Other
    ( ) Specify Field _____

    ( ) Other Specialty Not Certified
    _____

B. Other Health Practitioners: #_____

[ ] Dentist _____
[ ] Occupational Health Nurse _____
[ ] Registered Nurse _____
[ ] Physical Therapist _____

[ ] Other _____
_____

C. Physicians Will Be Available For Consultations at Work Site: [ ] Yes [ ] No

D. Personnel Administering Tests are Certified/ Trained by Approved Courses:

[ ] Audiometry [ ] Spirometry
[ ] Other _____
_____

E. Personnel are Experienced and Knowledgeable in State and Federal Regulations.
Workers Compensation and OSHA

[ ] Yes [ ] No

F. Education/Training Available

[ ] CPR ( ) Certified Course?
[ ] First Aid ( ) Certified Course?
[ ] Back Program [ ] Work Hardening
[ ] Certified Course
[ ] Other _____
_____
_____

G. A Member Of Staff Will Serve As A Witness or Give A Deposition If Requested To Do So.
[ ] Yes [ ] No

III. OTHER SERVICES

A. General Information

[ ] Prompt, personalized service
[ ] Treatment wait
( ) 10 Minutes
( ) 20 Minutes
( ) 30 Minutes

[ ] Immediate treatment for emergencies.
[ ] Phone availability to establish need for first aid or visit.

[ ] Specialist referrals to be arranged in conjuction with case manager.

[ ] Same day notification of status to CARE manager.
( ) Diagnosis ( ) Prognosis
( ) Treatment ( ) Follow-up
( ) Return to work status

[ ] Up-to-date and well-equipped facility.

[ ] Written report and copy of first report sent to case manager and insurance provider within five (5) days of employee visit.

III. SERVICES (CONT'D)

A. General Information

[ ] Work restrictions not granted for unwarranted conditions.

[ ] Treatment is not extended beyond that which is needed.

[ ] Referral policy is in place.

[ ] Costs of treatment follows standardized billing procedures.

[ ] Assistane is available for complying with state and federal regulations.

[ ] Maintenance of equipment is according to state and federal guidelines.

B. Fees and Expenses

[ ] Attached are scheduled fees for all physicians and medical personnel.

[ ] Attached are all standard expenses for services offered.

[ ] Corporate discount is applicable to Marriott and is as follows:

_____

_____

_____

[ ] Fee schedule is applicable through _____

[ ] Fees for hospital emergency treatment during hours the physician is not available are discounted.

I attest that all of the above are a true and accurate description of our facility and services.

Signed,

_____ _____

Principle or Officer Date

_____

Title

MEDICAL SERVICE PROVIDER PROFILE

NAME OF CLINIC _____ TELEPHONE _____

ADDRESS _____

SPECIALTY (include clinic literature) _____

PHYSICIAN AMA BOARD CERTIFICATION (name specialty) _____

PROFESSIONAL AND EDUCATION BACKGROUND (attach copy of State License to Practice and curriculum vitae for each M.D.) _____

PHYSICIAN AVAILABILITY/HOURS OF SERVICE _____

CONTACT PERSON: (telephone prior to sending injured employee) _____

ALTERNATIVE ARRANGEMENTS IF COVERAGE NOT 24 HOURS _____

NOTIFICATION AND FOLLOW UP OF CASES REFERRED TO OTHER PROVIDERS	____ YES	____ NO
PROMPT SERVICE	____ YES	____ NO
PHYSICIAN ON CALL FOR CATASTROPHIC CASE MANAGEMENT	____ YES	____ NO
IMMEDIATE NOTIFICATION OF INJURY STATUS TO	____ YES	____ NO
WRITTEN REPORTS WITHIN 24 HOURS	____ YES	____ NO
KNOWLEDGE OF MODIFIED DUTY PROGRAM	____ YES	____ NO
KNOWLEDGE OF POSITION DESCRIPTIONS/JOB ANALYSIS	____ YES	____ NO
CLINIC VISITED	____ YES	____ NO
PHYSICIAN INTERVIEWED	____ YES	____ NO
PHYSICIAN HOSPITAL PRIVILEGES/STAFF	____ YES	____ NO
NAME OF HOSPITAL _____		
CASE DOCUMENTATION CLEAR AND CONCISE	____ YES	____ NO
OBJECTIVE FINDINGS DOCUMENTED (measure accurately with tools, R.O.M. strength testing, endurance)	____ YES	____ NO
CLINIC QUALITY ASSURANCE PROGRAM	____ YES	____ NO

SERVICES AVAILABLE (for additional space use reverse side)

_____ BUSINESS UNIT

_____ DATE

Send copy to claims administrator and Corporate Manager Occupational Health Services, Corporation Dept.

Appendix H

Nurse CARE Program Procedures

Nurse C A R E (Coordinated Action and Response to Employees) Management

PROCEDURES

- Collect demographic data on associates to assess particular conditions and needs
- Cultivate working relationship with local acute care physicians and clinics for referral (use Provider Profile)
- Propose the C A R E program procedures and advantages to managers/supervisors for their cooperation and support (handouts)
- Discuss individual property/business requirements and the means to accommodate them
- Schedule associate awareness meetings to explain the nurse C.A.R.E. program (Posters, Handouts, Payroll stuffers)
- Establish working partnership with claims administration for case management (handouts)
- Design a record keeping system for monthly and annual updates
- Organize administration of case management
  - Establish early reporting procedures with properties/SBUs (keystone of program)
  - Arrange with properties the use of Medical Treatment and Release of Information Forms
  - Plan telephone procedure with injured associate for initial history and follow-up
  - Aggressively review utilization of medical services
  - Identify modified duty opportunities
  - Arrange return to work
  - Coordinate case with supervisor/human resources and claims adjuster
  - Continue to monitor case when attorney involved and notify attorney that medical case management is established
  - Utilize job analysis and modified duty assignments for medical providers
  - Refer for IME if not responding to treatment (discuss with Claims) (See referral forms)
  - Suggest alternative care givers and community resources if associate not pleased with care and recovery

Nurse C A R E (Coordinated Action and Response to Employees) Management

PURPOSE

Coordination of timely, appropriate, quality, occupational illness/injury care and follow-up to ensure early return to work and to minimize workers' compensation losses.

OBJECTIVES

- Identify quality health care providers
- Prompt intervention with injured/ill associates and follow-up to control disability
- Coordinate services with treating providers
- Organize interaction with claims department for mutually beneficial case management
- Facilitate early return to work
- Act as educated health resource for associates and managers
- Advocate for excellent treatment and care for associates
- Respond to local management needs
- Provide consistent documentation and record keeping
- Contain health care costs

Nurse C A R E (Coordinated Action and Response to Employees) Management

ASSOCIATE CONTACT

Facts to Remember

- Act as associate advocate for quality, appropriate, timely care
  - Take care of your associates and they will take care of your customers
  - Treat associates honestly--the true villain is rare
- Medical problems are central but not the total picture--take into account the economic, emotional, social, psychological, vocational problems involved
- Problem cases are 20% of cases and 80% of costs
- Communication difficulties--associates are often foreign born, do not speak English, and lack formal education, therefore they feel helpless, out of control and powerless
- Contacts must be consistent, showing genuine concern, not overly aggressive, accusatory, righteous or sporadic
- Workers out of work for 6 months--50% never return to work and after a year only 5% return
- Early identification and intervention are cornerstone of program
- Indicators of potential problems
  - Obesity
  - Tobacco use
  - Alcohol use
  - Financial factors
  - Family/social support systems
  - Personal crisis e.g. divorce
  - Prior absenteeism
  - Expected duration of disability more than 2 months
  - Litigation pending
  - Over 45 years old
  - Multiple diagnosis
  - 2 weeks or more hospitalization
  - Inconsistent or nonorganic findings

Nurse C A R E Management

INITIAL CONTACT

- Contact the injured associate's manager/supervisor to acknowledge case receipt and to clarify information, as needed
- Contact the injured associate within one business day after receipt of the "First Report of Injury" (See associate contact form)
- Be empathetic, positive and assuring to the associate
- If unable to contact associate by phone within two business days, forward a letter to the associate advising that the C.A.R.E. nurse be called
- Contact the medical provider. Use the "Medical Treatment Form" to capture and document provider information. Communicate availability of modified work
- Send the Medical Treatment Form to the attending physician with instructions regarding its completion and its return to the Nurse CARE Manager
- Communicate with associate's supervisor as to return to work status/ recovery
- Communicate information on claims regarding associate's return to work, failure to return to work or lost time due to relapse
- Document all information and conversations regarding the associates injury, treatment, condition or prognosis

Nurse C A R E Management

INITIAL INTERVIEW

- Develop a C A R E profile upon receipt of the first report of injury and maintain notes of contact for each injured associate

Personal
- Associate name
- Address
- Phone number
- Social Security number
- Age
- Married
- Weight
- Height
- Smoker
- Other factors

Work
- Position
- Supervisor
- SBU

Injury
- Date of Injury
- Date Reported
- Symptoms
- Primary Diagnosis
- Secondary Diagnosis
- Prognosis
- Treatment
- Diagnostic tests
- Treating physician
- Address
- Phone
- Other physicians
- Body part
- Cause
- Agent
- Date of lost time
- Number of lost days
- Modified duty days
- Work status
- Functional status

Medical factors--satisfaction with treatment
- What are problems?
- Pain on a scale of 1-10
- Attitude toward health care provider
- How responding?
- What works well and what does not?

INITIAL INTERVIEW

Plan

Develop an action plan (realistic, time limited, agreed upon)

- Case management plan
- Associate's goals

Return to work planning

- Same job
- Modified duty in same department
- Same SBU - different jobs
- Alternative resources

Next action

Send letter if unable to contact associate

SUBSEQUENT INTERVIEWS

- Contact associate regularly--bi-weekly or weekly is ideal
- Update information obtained on initial interview (symptoms, diagnosis, treatment, work status)
- Maintain four point contact (associate, provider, supervisor, claims)
- Continue to develop action plan to include goal setting with associate
- Monitor associate until returned to work and experiencing no symptoms
- Document all contacts

REASONS FOR REFERRAL FOR INDEPENDENT MEDICAL EXAMINATION (IME)

- Severe symptoms
- Surgery or hospitalization recommendation
- Questionable treatment/diagnosis
- Inappropriate work status for diagnosis and symptoms
- Unusual length of treatment for diagnosis

CARE NURSE INTERVIEW

1. Identify yourself as the CARE Nurse calling.

"This is a program to help employees when they have reported an injury on the job."

2. How are you feeling?

Where is your pain?

3. Are you seeing a doctor?

Who?

Telephone Number?

What is your treatment?

Are you doing any treatment at home?

Are you taking any medications? Y___. N___.

What kind?

4. When is your next appt?

5. What did the doctor say?

8. Are you receiving physical therapy? How often?

Is it helping?

9. Where are you going for physical therapy?

10. Do you know how the Worker's Compensation system works?

Yes___. No___. If no, explain to employee:

"Workers Compensation takes about 3 weeks before the insurance company sends payments after processing the reports. The first 7 days of an injury are not compensated."

11. Do you feel you can work a modified duty position so you can get your regular paycheck?

How do you rate the attitude of your supervisor this past month?

Positive___. Negative___. Explain_____.

Other, Explain:_____.

12. Has the insurance company called you?

13. Do you have any questions or problems that we can help you with?

Medical Rx:

Compensation:

Worksite/Supervisor:

Other:

14. If you have any problems or questions, we can help you. You can call us at 214-518-1900 during the hours of 9-5.

Revised 2/19/91

1st Day	On site to verify out or at work
1st Day	With employee to check how they are doing. Sometimes this takes more than two more calls to get a new number -- first number is not correct or line busy or message - no answer conversations can be as much as 30-50 minutes depending on employee. Problems: ◆ no phone (I write employee a letter which is rarely responded to.) ◆ Spanish speaking ◆ wont talk to me - refers me to attorney
1st Day	With TPA to verify receipt E-1 - 4 different adjusters in Dallas - 1 adjuster in Ft. Worth
1st Day	With Treating Physician ◆ Sometimes this takes three to seven message attempts. Often they do not return the call. In some cases we are put on hold for as long as 45 minutes. Persistence helps. Follow up if person is not RTW
Once a Week	◆ Employee ◆ TPA - to advise RTW or est RTW for conversation with doctor. Often TPA calls with other questions.
Once a Week	◆ Work site - Regarding release for modified duty or RTW, modified duty position description, settlement date and amount when known.
Once a Week	◆ Other health care providers - TRC - Physical therapy - IME doctors - other doctors - rehab facilities ◆ Lawyers ◆ Texas WCC
As Needed	◆ Lawyers
As Needed	◆ Texas WCC

Nurse C A R E Management

ASSOCIATE PROCEDURES
FOR
WORK RELATED INJURIES

REPORT ALL INJURIES TO YOUR SUPERVISOR IMMEDIATELY

1. For MINOR injuries, report to your supervisor for First Aid treatment.

   - Your supervisor will complete an injury report and ask you to sign the "Medical Treatment Information Release Form."
   - You will also receive a "Medical Treatment Form" for the health care provider to complete.
   - Give the form to the clinic or nurse, and have them return it to your supervisor.

2. For SERIOUS injuries, your supervisor will arrange transportation for medical treatment.

   - Your supervisor will complete an injury report and ask you to sign the "Medical Treatment Information Release Form"
   - You will also receive a "Medical Treatment Form" for your Physician to complete
   - Give the form to the clinic or physician, and have them return it to your supervisor

Your C A R E Nurse will call you to discuss your condition and to offer guidance and assistance throughout your recovery.

* For assistance call your C A R E Nurse

****

SYSTEMA PARA LOS EMPLEADOS

Para Accidentes del trabajo

REPORTA IMEDIATAMENTE CUALQUIER ACCIDENTE

1. Para accidentes **MENORES,** reporta al Supervisor para ajuda inmediata.
   - Su supervisor completara un reporte y tambien te preguntara gue firmes una forma medica.
   - Tu recibira una forma medica para la persona que te atendio la firme.
   - Entrega las formas a la clinica o enfermera para que ellos se lo devuelvan al supervisor.

2. Para accidentes **SEIOS,** tu superviosr arreglara la transportation medica.
   - Su supervisor completara un reporte y tambien te preguntara que firmes una forma medica.
   - Tu recibira una forma medica para que tu doctor la firme.
   - Entrega las formas a la clinica o doctor para que se lo devuelvan al supervisor.

Su enfermera te llamara y discutira tu condicion y te ofrecera ajuda y asistencia en tu recuperamiento.

- Para asistencia de enfermera, llamen:

Nurse C A R E Management

MANAGER AND SUPERVISOR PROCEDURES
for an
Associate Injury
MMS

1. Arrange First Aid or accompanied transportation for the injured associate to a preferred physician or clinic for treatment. (See "Identification Guidelines for Medical Treatment").

2. Provide the associate with the "Treatment of Injury Form" for the physician to complete, attach the associate's job analysis or job description and have the associate sign the "Medical Treatment Information Release Form."

3. Follow the steps outlined in the Corporate Loss Prevention Policy Manual concerning investigations, reporting procedures, Tender Loving Care, and Modified Duty.

4. Telephone the injury to MMS Loss Control and they will notify the C A R E manager and the claims administrator.

5. Call the Nurse C A R E Manager for:

   - All serious injuries or hospitalizations
   - Associate's failure to return-to-work when scheduled
   - A change in the associate's condition affecting return to work
   - Associate lost time due to relapse
   - Any questionable medical or return to work recommendations
   - Advice on the initial handling of the case or treatment of the injury if you have concerns or questions

6. Refer associate medical questions to the Nurse C A R E Manager.

7. Provide temporary modified work for associate in order for associates to return to work.

*** For assistance call your C A R E nurse!**

Nurse C A R E Management

MANAGER AND SUPERVISOR PROCEDURES
for an
Associate Injury

1. Arrange first aid or accompanied transportation for the injured associate to a preferred physician or clinic for treatment. (See "Identification Guidelines for Medical Treatment").

2. Provide the associate with the "Treatment of Injury Form" for the physician to complete, attach the associate's job description and have the associate sign for the medical treatment information release.

3. Follow the steps outlined in the Corporate Loss Prevention Policy manual concerning investigations, reporting procedure, Tender Loving Care, and modified duty.

4. Complete the "First Report of Injury" form and Fax or send to the claims administrator and the Nurse C A R E Manager within 24 hours of the incident. Note if the associate does not speak English.

5. Call the Nurse C A R E Manager for:

   - All serious injuries or hospitalizations
   - Associate's failure to return-to-work when scheduled
   - Associate's return to work
   - A change in the associate's condition affecting return to work
   - Associate's return to work
   - A change in the associate's condition affecting return to work
   - Associate lost time due to relapse
   - Any questionable medical or return to work recommendations
   - Advice on the initial handling of the case or treatment of the injury if you have concerns or questions

6. Refer associate medical questions to the Nurse C A R E Manager.

7. Provide temporary modified work for associate in order for associates to return to work.

Nurse C A R E Management

IDENTIFICATION GUIDELINES FOR MEDICAL TREATMENT

FIRST AID IS INDICATED FOR:

- Minor cuts less than 1 inch long, shallow and not in an area that bends
- Minor scrapes limited to superficial layer of skin
- Minor strains
- Minor bumps and bruises
- Minor burns without blisters

MEDICAL CARE IS INDICATED FOR:

- Deep puncture wounds
- Persistent bleeding
- Large or deep cuts
- Injuries occurring with great force
- Severe pain for longer than 24 hours without previous treatment
- Soft tissue injuries to the:
  - Back
  - Neck
  - Shoulder
  - Ribs
  - Hip
  - Knee
- Immobility due to the injury
- Fractures or suspected fractures
- Head injuries
- Rape or assault injuries
- Burns, second degree or deeper (broken skin or charred tissue)
- Burns covering a large area
- Chemical reactions from inhalation or skin irritation

Nurse C A R E Management

MEDICAL PROVIDER PROCEDURES

1. Provide quality First Aid treatment if only First Aid is indicated.

2. If medical treatment is indicated, provide quality, medically necessary evaluations and treatments for work related injuries for Marriott employees.

3. Complete the provided "Medical Treatment Form" and return it to the employee's supervisor.

4. Provide a verbal report of medical diagnosis, treatment, prognosis and estimated return-to-work date to the Nurse C A R E Manager within 24 hours of the injured employee's visit.

5. Provide a "Release to Modified Duty Work" in cases where the employee is unable to return to regular duty but is safe to perform a modified duty job.

6. Provide physician follow-up for any referral physician specialists and close contact to assure appropriate services are rendered.

7. Communicate with the Nurse C.A.R.E. Manager to coordinate medical management functions leading toward case resolution.

* For assistance call the C A R E Nurse

****

Nurse C A R E Management

CLAIMS ADMINISTRATOR PROCEDURES

1. Contact the Nurse C A R E Manager upon receipt of the "First Report of Injury."
2. Authorize payment as outlined in the Marriott Parameter file.
3. Provide answers to questions regarding medical expense claims.
4. Work closely with the Nurse C A R E Manager for timely case closure.
5. Open communication with Nurse C A R E Manager.
6. Referrals to rehabilitation must first be reviewed and agreed upon with the Nurse C A R E Manager.

* For assistance call your C A R E Manager

****

Nurse C A R E Management

REPORTING

- Complete a case closure report for each case closed
- Generate a separate monthly program status report of all active cases for each SBU
  - Hotels-33
  - C -31
  - R -57
  - F -58
  - H -59, 49,
    - T -04
  - Management Services
    - Business Food-03
    - Healthcare-06
    - Education-07
    - Conference Centers-13
    - Facilities Management-17
- Generate a monthly summary report showing number of cases for each SBU, number of cases opened, number of cases returned-to-work (RTW), new cases RTW, new cases not RTW, cases released RTW but not returned, cases closed, number of open cases, number of cases managed.
- Forward all monthly reports including a summary of activities to Corporate Manager Occupational Health Services

EMPLOYEE PROCEDURES

for

Work Related Injuries

REPORT ALL INJURIES TO YOUR SUPERVISOR IMMEDIATELY

1. For **MINOR** injuries, report to your supervisor for First Aid treatment.
   - Your supervisor will complete an injury report and ask you to sign the "Medical Treatment Information Release Form".
   - You will also receive a Medical Treatment form for the First Aid provider to complete.
   - Give the form to the clinic or nurse, and have them return it to your supervisor.

2. For **SERIOUS** injuries, your supervisor will arrange transportation for medical treatment.
   - Your supervisor will complete an injury report and ask you to sign for medical treatment information release.
   - You will also receive a Medical Treatment form for your Physician to complete.
   - Give the form to the clinic or physician, and have them return it to your supervisor.

Your CARE nurse will call you to discuss your condition and to offer guidance and assistance throughout your recovery.

For assistance call your CARE nurse at:

214-

Nurse C.A.R.E. Management

ASSOCIATE BENEFIT

Introducing a new program developed to ensure that associates receive timely, high quality and appropriate medical care for injuries that occur on the job.

C A R E means Coordinated Action and Response to Employees.

BENEFITS OF THE NURSE C A R E PROGRAM

- Assurance of quality medical care
- Personal contact with your C A R E Nurse
- Nurse communication available through your recovery

If the quality of your medical treatment is a concern, your C.A.R.E. Nurse will assist you with obtaining an appointment with an expert physician who will provide high quality medical care for treatment of injuries that occur on the job.

If you receive an injury at work, your C A R E Nurse will call you to discuss:

- The nature and extent of your injury
- What treatment you are receiving
- How your recovery is progressing
- Assisting in the evaluation of appropriate medical care.

* For assistance call your C A R E Nurse

****

BENIFICIOS DEL EMPLEADO

EL PROGRAMA C.A.R.E.

Introduciendo un programa nuevo que asegurara los empleados alta calidad y ayuda medica apropriada para acidentes en el trabajo.

CARE es Coordinated Action and Response to Employees.

BENIFICIOS DE PROGRAMA CARE

* Asegura de calidad de ayuda medica
* Contacto personal con tu enfermera
* Communicacion con la enfermera en tu recuperamiento

Si la calidad de su tratamiento medica es importante, su enfermera te ayudara a conseguir una cita con un doctor que te dara alta calidad de ayuda y trantamiento para acidentes en el trabajo.

Si te golpeas en el trabajo su CARE ENFERMERA TE LLAMARA PARA PREGUNTAR:

* Que clase de acidente
* Que clase de tratamiento estas recibiendo
* El proceso de su recuperamiento
* Habra evaluacion en tu asistencia medica

PARA ASISTENCIA LLAMA TA CARE ENFERMERA

Appendix I

Nurse CARE Program Forms

CARE NURSE INTERVIEW

1. Identify yourself as the CARE Nurse calling.

"This is a program to help employees when they have reported an injury on the job."

2. How are you feeling?

Where is your pain?

3. Are you seeing a doctor?

Who?

Telephone Number?

What is your treatment?

Are you doing any treatment at home?

Are you taking any medications? Y___. N___.

What kind?

4. When is your next appt?

5. What did the doctor say?

6. Are you receiving physical therapy? How often?

Is it helping?

9. Where are you going for physical therapy?

10. Do you know how the Worker's Compensation system works?

Yes___. No___. If no, explain to employee:

"Workers Compensation takes about 3 weeks before the insurance company sends payments after processing the reports. The first 7 days of an injury are not compensated."

11. Do you feel you can work a modified duty position so you can get your regular paycheck?

How do you rate the attitude of your supervisor this past month?

Positive___. Negative___. Explain_____.

Other, Explain:_____.

12. Has the insurance company called you?

13. Do you have any questions or problems that we can help you with?

Medical Rx:

Compensation:

Worksite/Supervisor:

Other:

14. If you have any problems or questions, we can help you. You can call us at during the hours of 9-5.

Revised 2/19/91

NEW CASE CHECKLIST

1. Contact Supervisor/GM/HRD._____
2. Contact Employee._____
3. Contact Treating Physician._____
4. NurseCARE letter sent._____
5. TRC letter sent._____
6. S/W TPA/Corporate Claims_____
7. Modified duty letter sent to physician._____

Name of Employee: _____

Site: _____

Follow-Up Log for Lost Time Cases Form A

This log should be used when an employee cannot immediately return to work after an occupational illness or injury.

Action Steps for Employee Contact	Date Incident	3rd day post-injury	1 week post-injury	2 weeks or more post-injury/illness
	Date/Time	Date/Time	Date/Time	Date/Time
A. Submit Employer's First Report of Injury/Illness immediately.	_____	_____		
B. Contact on all Lost Time cases and on all serious cases.	_____	_____	_____	_____
C. Discuss benefits: (WC)	_____		_____	
D. Send Job Description to physician on employee s job tasks.	_____		_____	
E. Ask about satisfaction with medical care and encourage quality care providers.		_____	_____	_____
F. Next medical exam scheduled for:_____ Transportation needed:				
Yes ___ No ___	_____	_____	_____	_____
G. Tell employee they are missed by company and fellow employees.		_____	_____	_____
H. Ash about any special needs or problems.			_____	_____
I. Call employee and physician.	_____	_____	_____	_____
J. Discuss case with coordinator regarding modified duty available, return to work date status.	_____	_____	_____	_____
K. Assess need for rehab recommendation and advise coordinator.				
Personal visit recommended? Site/Home			_____	_____
L. Contact when there is a significant change in the employee s medical status, i.e., return to work, modified work or medical condition. Advise Coordinator.				
M. If the injured/ill employee has not returned to work after the 2 week penod, continue to monitor progress using the format in the last column.				

Stagger the time of day and day of week you call the employee so your contact don't appear to be routine, automatic tasks, but a sincere, spontaneous concern.

[illegible]

TIME OUT _____ AM/PM
TIME IN _____ AM/PM

TREATMENT OF INJURY FORM

AUTHORIZATION
OF TREATMENT _____ Date: _____ Location: _____

TO BE COMPLETED BY PHYSICIAN

Employee _____ SSA No _____ Date _____

Address _____ City: _____ Zip: _____ Phone: (____) _____

PATIENT'S STATEMENT OF WHAT OCCURRED: (1st Report Only) _____

DIAGNOSIS _____

DATE OF INJURY _____ DATE OF FIRST TREATMENT: _____

TREATMENT _____

VITAL SIGNS _____

MEDICATIONS (Names, Dosages, Contra-Indications) _____

PRE-EXISTING MEDICAL PROBLEMS/MEDICATIONS _____

Please review the attached job description before completing the following section

MAY RETURN TO WORK: Full Duty ☐ Restricted Duty ☐ No Work ☐ Estimated time off _____

RESTRICTIONS

LIFTING/CARRYING
- ☐ Light (10 - 25 lbs)
- ☐ Moderate (25 - 50 lbs)
- ☐ Heavy (50 + lbs)

BENDING/STOOPING
- ☐ Light (0 - 6 times/hr)
- ☐ Moderate (6 - 10 times/hr)
- ☐ Heavy (10 + times/hr)

PUSHING/PULLING
- ☐ Light (10 - 25 lbs)
- ☐ Moderate (25 - 50 lbs)
- ☐ Heavy (50 + lbs)

CLIMBING
- ☐ No Vertical Ladders
- ☐ No Stairs
- ☐ No Ramps

NO WORK INVOLVING
- Hand R L
- Arm R L
- Leg R L

- ☐ WEAR SPLINT
- ☐ SITTING JOB ONLY
- ☐ NO OVERHEAD WORK
- ☐ NOT TO OPERATE MOVING MACHINERY
- ☐ NOT TO GET ON/OFF MOVING EQUIPMENT

CLARIFICATION OF RESTRICTIONS: _____

DURATION OF RESTRICTIONS: _____ NEXT APPOINTMENT: Date _____

THERAPY APPOINTMENT(S): Date _____ Time: _____

DATE OF DISCHARGE FROM CARE _____

PHYSICIAN'S NAME (PRINT): _____

ADDRESS _____ M.D.

CITY, STATE, ZIP _____ PHONE _____ PHYSICIAN'S SIGNATURE: _____

I hereby authorize release of any and all Medical Information pertaining to the injury described above

Employee's Signature _____ Date _____

Address _____

City _____ State _____ Zip _____ Phone ( ) _____

MEDICAL TREATMENT INFORMATION RELEASE FORM

IN THE EVENT THAT I HAVE A WORK RELATED INJURY. I AUTHORIZE ANY/ALL MEDICAL INFORMATION RELATED TO THE INJURY TO BE RELEASED TO THE MARRIOTT NURSE CARE MANAGER.

_____

Employee Signature

_____

Title

_____

Date

_____

Supervisor's Name

MEDICAL TREATMENT INFORMATION RELEASE FORM

I HAVE REPORTED TO MY SUPERVISOR THAT I HAVE HAD A WORK RELATED INJURY. I AUTHORIZE ANY/ALL MEDICAL INFORMATION RELATED TO THE INJURY BE RELEASED TO THE MARRIOTT NURSE CARE MANAGER.

_____
Employee Signature

_____
Title

_____
Date

_____
Supervisor's Name

* * * * *

STANDARD FORM

EMPLOYER'S FIRST REPORT OF INJURY OR ILLNESS

A. Send ORIGINAL to: INDUSTRIAL ACCIDENT BOARD, 200 East Riverside Drive — First Floor, Austin, Texas 78704 if employee is absent from work more than one day.

B. Upon termination of incapacity to employee or if incapacity extends beyond sixty-day period, make supplemental report.

C. Penalty of $500.00 may be assessed for failure to comply with these instructions (Sec. 7, Article 8307, V.A.T.S. amended September 1, 1983).

Copy to insurance carrier: (Name and Address)

State's Number	Board Number:
	File:
	Carrier:
For:	Employer:

Carrier's File No. _____ OSHA File No. _____

(The spaces above are not to be completed by the Employer)

EMPLOYER

1. Name of Employer _____ Telephone # _____
2. Office address: No. and St. _____ City or Town _____ State _____ Zip Code _____
3. Insured by _____ Policy No. _____
4. Give nature of business (or article manufactured) _____

TIME and PLACE

5. (a) Location of plant or place where accident occurred, No. and Street _____ City _____
   Did accident occur on employer's premises? ☐ Yes ☐ No (County _____ State _____ Zip Code _____
   Department where injured _____ Department regularly employed in _____
   (b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill? _____
   (c) Was employee hired, or if a Texas resident, recruited in Texas? ☐ Yes ☐ No
   (d) If injury occurred out of Texas, on what date was employee transferred out of State? _____
6. Date of Injury _____ 19____ Day of Week _____ Hour of Day _____ A.M. _____ P.M.
7. First day unable to labor _____ 19____ A.M. _____ P.M. 8. Was injured paid in full for this day? _____
9. When did you or foreman first know of injury? _____ 10. Name of foreman _____

INJURED PERSON

Full First Name — Middle Initial — Last Name

11. Name of Injured _____ Social Security No. _____
12. Address: No. and St. _____ City or Town _____ State _____ Zip Code _____
13. Telephone No. _____ Telephone No. Friend or Relative _____ Speak English ☐ Yes ☐ No
14. (a) Age _____ (b) Sex _____ (c) Marital Status _____ (d) Minor Children _____
15. (a) Occupation when injured _____ (b) Was this his or her regular occupation? _____
    (c) Under what classification code is employee's payroll reported to insurance carrier? _____
16. (a) How long employed by you _____ (b) Piece or time worker? _____ (c) Wages per hour $ _____
17. (a) No. hours per day _____ (b) Wages per day $ _____ (c) No. days worked per week _____ (d) Average weekly earnings $ _____
    (e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated market value per day, week or month: _____
18. Was injured employee officer, director, partner, or owner? _____

CAUSE of INJURY

19. Machine, tool or thing causing injury _____ 20. Kind of power (hand, foot, electrical, steam, etc.) _____ 21. Part of machine on which accident occurred _____
22. (a) Name the safety appliance or regulation provided _____ (b) Was it in use at time? _____
23. Was accident caused by injured's failure to use or observe safety appliance or regulation? _____
24. Describe fully how accident occurred, and state what employee was doing when injured _____

25. Names and addresses of witnesses _____

NATURE of INJURY

26. Describe the injury or illness in detail and indicate the part of body affected _____
27. Probable length of disability _____ 28. Has injured returned to work? _____
    If so, date and hour _____ At what wage $ _____
29. At what occupation? _____
30. (a) Name and address of physician (if known) _____
    (b) Name and address of hospital (if known) _____

FATAL CASES

31. Has injured died? _____ If so, give date of death _____

Date of this report _____ Firm Name _____

Signed by _____ Official Title _____

I.A.B. Form E-1 (Rev. 8-1).

CARE NURSE INTERVIEW FOR EMPLOYERS

Employee Name:_____.

Address:_____.

Phone:_____.

1. Has this employee returned to work?

   If so, was there lost time? From_____to_____.

   Is this employee full-time? Y___. N___.

   How many days a week was he/she scheduled?

   How many hours a week?

2. Do you know what physician your employee is seeing?

   Name of physician:

   Phone number:

   Address:

2. Check E-1 for all information, if something is missing, ask for it. Example: SS#, address, etc...

   Verify current address and phone number of employee.

   If you have not recieved an E-1, ask for it.

3. Does the employee speak English. Y___. N____. What language?

4. Is the employee a good worker? Y___. N___.

On probation?

On Warning?

Other Comments:

How do you rate the attitude of the employee over the past month?

Positive___. Negative___. Explain_____.

Other, Explain_____.

Daily Report

Date: _____

	Number
Calls out to Employee	
Calls out to Care Providers	
Calls out to Adjuster	
Calls out to Worksite	
Calls Incoming	
Cases Worked	
Cases Closed	
Incidents Received	
Stat Problems	
Rehab Letters Sent	
Nurse CARE Letters Sent	
Modified Duty Letters Sent	
Other Correspondence Sent	
New Cases Opened	

Name	Date Received	Date First Contacted	Contact Attempts

TELEPHONE LOG

Date:_____

Hotel:

Courtyard:

BFS:

Facilities:

Residence Inn:

Host:

Education:

Conference:

Other:

Appendix J

Modified Work Program

MODIFIED DUTY PROGRAM

The list below cites examples of modified work available for various injuries. We are very anxious to quickly return Marriott associates to work and full paychecks.

Low Back Strain	Arm Injury	Leg Injury
Polish Silver	Host/Hostess	Polish silver
Cashier	Cashier	Cashier
Room service operator	Room service operator	Room service operator
Roll silver	File	Roll silver
Fill salt & pepper	Vacuum	Fill salt & pepper
PBX operators	PBX operators	PBX operators
Concierge desk	Assist in gift shop	Assist in gift shop
Lobby guest hospitality	Lobby guest hospitality	Log in valet
Dispatch at bellstand	Assist valet delivery	Dispatch at bellstand
Deliver and pick up	Assist lost and found	Fold rugs, bathmats
Irons, hairdryers	Assist with office tools	and laundry bags
Clean fire bars	Dust	Fold
Dust	Name tags & signs	Name tags & signs
Name tags & signs	Rooms punch	Answer phones
Fold laundry bags,	Paint	Paint
towels, light linens		

Both half-day and full-day shifts are available, as are frequent rest periods during the shifts. If any special aids or modifications are necessary, we will make the appropriate accommodations.

MODIFIED WORK FORM

DATE:_____

PATIENT'S NAME:_____

CONTACT:_____

PHONE NUMBER:_____ EXTENSION:_____

Please check one of the Roman numerals below:

I. _____ Unable to do any work for _____ day(s).

II. _____ Can return to modified duty for _____ hours per day, as of _____(date) with the following instructions:

_____ No lifting, bending or stooping.

_____ No prolonged standing or walking.

_____ Limited use of (left / right) hand.

_____ Limited use of (left / right) leg.

_____ Other:_____

_____

III. _____ Can return to regular work on _____(date).

DIAGNOSIS:_____

_____

COMMENTS:_____

_____

_____

DOCTOR'S NAME (PRINT):_____

SIGNATURE:_____ DATE:_____

Appendix K

CASE Profiles and Reports

Injury Date : 08/09/89 Part Injured : head
Cause : slip/fall
RTW : / / Estimated RTW : / / Release to RTW : . .
This person is on modified duty
Diagnosis : Acute Lumbar Sprain
This person is not in rehab
Insurance Claim Number :
Adjuster : Phone :
The number of lost days is
Current Status : Settled for $10,000 & 2 yrs med
Next Activity : F/U with TPA re: closure by 10/30/91
This person is NOT at work
Date Opened : 03/08/90
This case is still open
Treatment :
This person was NOT hospitalized
Surgery was NOT performed
Physician 1
Dr.

,

Physician 2
Dr.

,

F (

Other Care Provider 1

,

Other Care Provider 2

,

TPA
Company
Rd. Ste. 107
, TX
75247-

This person is NOT receiving compensation
Last Contact Date : / /
Attorney

,

Name SS number

Address

( ) -

SITE : UNIT

SUPERVISOR

SEX : F DOB / /
OCCUPATION : HIRE DATE : / /
This person does speak english

Status Report

Ellen Arnott

Page : 3
Report Date : 11/02/90
Time : 4:48 pm

Number of Profiles : 54

Name Contact Phone	Activity Status/ID Last Contact Results Next To-Do Activity	Do By
Jaimes, J Joe G - -	> Leg 9/28/90 > Released to RTW 9/25/90 > F/U with TPA for closure	> 11/25/90
J , Edna John M 817-	> Right knee/6/18/90 > Restricted from work again. > Call physician & TPA	> 11/12/90
K J Marja W 214-	> Fracture R,Ankle 3/1/90 > Est RTW 7/23/90 > Call MD and employee	> 11/16/90
L Ruben) Beth L 214-	> Injured Back 02/06/90 > Released to RTW-no job available > Call Liason, TPA and supervisor	> 11/08/90
Lewis, R Jay B 214-	> head, back 7/24/90 > Rel Mod duty 7/25/90 went to another MD > Call Physician	> 11/13/90
Lopez, M Mike 214-	> Injured back 04/06/90 > RTW release 7/13/90- Prehearing 10/18/90 > F/U with TPA, re: IME results	> 11/16/90
M , S Joe 214-	> Injured side 3/20/90 > Disc Herniation L5-S1- requested IME > Call TPA re: IME	> 11/07/90
Martin, G Jon R - -	> unknown 8/03/90 > Case controverted. > Call TPA	> 11/14/90
M Ramon Joe G - -	> elbow 9/07/90 > Full release on DOI > F/U with TPA	> 11/18/90
M , D David P 214-	> Back 9/17/90 > RTW NLT > F/U with TPA	> 11/26/90

ACTIVITY FOR NEW NURSE CARE CASES PER MONTH

	DEC	JAN	FEB	MAR	APR	MAY	SIX-MONTH TOTAL
Cases opened	10	10	24	22	35	25	126
Cases RTW	6	6	10	14	23	13	72
Cases Released to RTW, settled, or controverted	0	1	8	3	2	2	16
Cases not RTW	4	3	6	5	10	10	38
Cases Closed	2	3	5	5	6	11	32

	JUNE	JULY	AUG	SEPT	OCT	NOV	TOTAL
Cases opened	18	27	40	19	47	32	309
Cases RTW	8	10	22	9	24	18	163
Cases Released to RTW, settled, or controverted	4	11	3	5	4	4	47
Cases not RTW	6	6	15	5	19	10	99
Cases Closed	19	8	16	12	29	21	116

During December 202 cases were monitored in the following business units.

UNIT	NUMBER OF CASES
Hotels	53
FSM/Business Food Services	52
FSM Facilities	39
C	34
FSM Education	10
Residence Inn	7
FSM Conference	4
Host International	3
TOTAL	202

On the following page the Nurse CARE Program statistics are summarized.

Weekly Report

Date: _____

	Number
Calls out to Employee	
Calls out to Care Providers	
Calls out to Adjuster	
Calls out to Worksite	
Calls Incoming	
Cases Worked	
Cases Closed	
Incidents Received	
Stat Problems	
Rehab Letters Sent	
Nurse CARE Letters Sent	
Modified Duty Letters Sent	
Other Correspondence Sent	
New Cases Opened	

Name	Date Received	Date First Contacted	Contact Attempts

Appendix L

Sample Form Letters

July 9, 1990

Arlington, TX 76011

Dear

We, at Corporation, are concerned about your on-the-job injury and some of the problems it may have caused you. We are concerned about your well-being and we want to provide you with the best services available to help you safely return to work as quickly as you are able.

A Nurse CARE Program has been designed to assist you by offering guidance and assistance to you throughout your recovery.

Your CARE nurse is available to offer you help and answer you questions regarding your injury that occurred at work, medical questions, or other concerns you may have.

Please call Ellen Arnott at (214) in order for her to assist you.

Sincerely,

Ellen Arnott

Ellen M. Arnott, R.N.
Nurse CARE Manager
Marriott Corporation

Date

Dear Health Care Provider:

: Corporation is committed to assisting its employees with quality and timely medical care for work-related injuries or illness. As a result, the hotels and resort properties in the Dallas-Fort Worth area are interested in locating and selecting a small group of highly qualified medical providers to be a member of our CARE Program.

Our collaborative Action and Response to Employees (CARE) Program has several goals:

Quality care for all of our employees.
Timely response for treatment.
Coordinated provider, carrier and company efforts.
Efficient care management.
Safe and speedy return of employees to work.

If your organization is interested in being considered as a key provider in the Dallas/Fort Worth area, we would like to schedule a personal interview and tour of your facility. During our interview, we will be interested in discussing your capabilities in terms of the following:

Proximity to : locations.
Hours of service.
Availability of physicians.
Type of Medical services provided.
Staff credentials and experience.
Special qualifications.
Cost of services.

I look forward to hearing from you.

Sincerely,

Ellen M. Arnott, R.N.
Marriott CARE Program

corporation

Suite 400
Irving, TX 75038

July 9, 1990

Arlington, TX 76011

estimada

Ha sido usted referido a la Commission De Rehabilitacion de Texas departe de su patron/a, que continua con fe y muchos esfuersos de mantenerlo como un empleado valuable de la compania. Lo han referido a nuestro programa para que coordinemos servicios con usted, su doctor, su aseguranza, y ostras personas interesadas que lo guiaran con seguridad a que usted regrese a su trabajo. Es de mucha importancia de que su patron/a este bien informado sobre su pogreso si esque usted espera regresar a su trabajo cundo lo despida su doctor.

Como el Programa Resgresar al Trabajo para Trabajadores Injuriados, de la Commission de Rehabilitacion de Texas, es una agencia del estado, no hay ningunos cargos por nuestros servicios. Una respuesta de parte de usted sera necesaria al reciber usted esta carta para poder hacer una cita y esplicarle todos nuestros servicios. Por favor llame al ext 237 durante las horas de 8:00 de la manana y 5:00 de la tarde de Lunes a Viernes.

Sinceramente,

Ellen Arnott

Ellen M. Arnott
Nurse CARE Program
Marriott Corporation

EMA:dpd

date

Dear

. Corporation, as your employer, is concerned about your on-the-job injury and some of the problems it may have caused you. We are concerned about your well-being and want to provide you with best services available to help you safely return to work as quickly as you are able. We have asked the Texas Rehabilitation Commission to help us both in accomplishing this.

The TRC's Return to Work Program is a new program designed to help the injured worker return to work. The program consists of a team of counselors who will work closely with you and your medical care provider so that your return to work occurs as soon as you are able. The TRC will also coordinate these efforts with our Workers' Compensation Insurance Company and your department here at

We are referring your name to the TRC so they may extend the above offer to you. A representative of the TRC will be contacting you soon to discuss your case and explain benefits available to you. If you have any questions, you are welcome to call on me at (214) , extension #237.

Sincerely,

Ellen M. Arnott, R. N.
Nurse CARE Program
Corporation

Dr

Dear

The Corporation is concerned with maintaining a healthy, productive workforce within a safe working environment. We have a Nurse CARE Program that is designed to offer guidance and assist employees who have had a work related injury. We offer modified duty in order for the employee to receive his regular paycheck in safe and modified work assignments. We appreciate the help and care you are giving , our employee.

We have a suggested modified duty program:

8:00 am	Arrive at work.
8:00 to 8:15	Break from drive to work
8:15 to 8:30	Sit in chair and fold valet/ice bags
8:30 to 8:35	Break
8:35 to 8:45	Walk around lobby and check ashtrays
8:45 to 8:50	Break
8:50 to 9:00	Sit in chair and fold valet or ice bags or fill salt and pepper shakers

Program repeats hourly

11:00 to 11:30	Lunch
11:30 TO 4:30	Repeats as above

This modified position does not require bending, twisting or lifting of over 5 pounds. If these tasks are not within our employee's abilities, please advise us the duties he is able to safely perform. Thank you for your cooperation.

Sincerely,

Ellen Arnott, R.N.
Nurse CARE Manager

Appendix M

Consent Form and Memo

TEXAS WOMAN'S UNIVERSITY
DENTON DALLAS HOUSTON
DEPARTMENT OF HEALTH STUDIES
College of Health Sciences, P.O. Box 22808 Denton, Texas 76204 817/898-2860

April 23, 1991

[Name and address of
"Company DFW" withheld
to protect anonymity.]

Dear Rachel;

Thank you for talking with me about the study I will be conducting to complete my masters degree in Health Studies at Texas Woman's University. I appreciate your interest.

I have enclosed a copy of my prospectus. As we discussed, the name of the company will not be used in the research publication. However, the statistics from to claims records for the periods of one year during the pilot study will be necessary.

I hope that after reviewing the enclosed information you will accept participation in this study. If this is the case, please sign at the bottom of this letter to indicate your approval. Thank you for your time and support.

Sincerely,

Ellen M. Arnott

Ellen M. Arnott B.S.N., R.N., C.O.H.N.

The signature on the following line indicates a commitment of the company to participate in the study Nurse Case Management of Workers' Compensation Injuries: A Strategy toward Corporate Cost Containment. The study will be conducted by Ellen M. Arnott and data collected will be reported in the Masters thesis. The identity of the company will be protected.

Authorizing Signature: _____

Position: _____

Date: _____

Appendix N

Contract Renewal for Continuation of the Pilot Nurse CARE Program

Corporation
International Headquarters

March 4, 1991

Ms. Ellen Arnott, R.N.
206 Inverness Drive
Roanoke, TX 76262

Dear Ellen:

This letter will serve as an addendum to the original contract that I signed October 11, 1989.

Under Roman Numeral III Investment Considerations, professional fees will be increased from $ each month to $ as of February 1, 1991.

The excellent results for the pilot case management project in Dallas/Fort Worth are especially appreciated. In order to have such outstanding results you ahve show extreme patience, ability, and perserverence. Thank you for a job well done.

Please sign below and return this letter, if you are in agreement.

Sincerely,

Rachel Ebert, Corporate Manager
Occupational Health Services

RE/ljc

CORPORATION **INTEROFFICE MEMO**

DATE: September 5, 1990

TO:

FROM: Rachel Ebert RE

COPIES: Ellen Arnott, R.N.

SUBJECT: Six Month Report Pilot Project Nurse C.A.R.E. Manager Dallas/Fort Worth

The six month figures were valued at eight months as you will see from the attached report. The figures are not developed to project ultimate losses nor has 25% per year medical inflation been taken into account. Still a savings of 22% for paid medical indemnity and 50% for paid medical in litigated cases has been realized.

This is phenomenal for a program that is only six months old. As you are well aware, there have been some start up problems particularly with prompt reporting, modified duty not being available, and employees not returning to work when released.

The reserves and indemnity figures have not corresponded to the dramatic decrease in medical costs. According to the experts these numbers will not follow the decline for about two years.

In the meantime, what resources do you suggest to continue to fund the Dallas/Fort Worth program and to extend this program to the state of Texas as well as other areas of the country?

RE/mkc

Attachments

September 10, 1991

Ms. Ellen Arnott, R.N.
206 Inverness Drive
Roanoke, TX 78205

Dear Ms. Arnott:

This will confirm your appointment as nurse C.A.R.E. (Coordinated Action and Response to Employees) for Corporation's Dallas/Fort Worth operating units. As nurse C.A.R.E. manager, your role will be to coordinate the occupational health care management for all injured/ill associates in Dallas/Fort Worth. This will include:

1. Contacting all injured/ill associates on the day of their injury/illness or as soon as you are notified of the injury/illness to establish your role as the associate's advocate for quality, timely, appropriate care for a speedy return to work and full salary.

2. Contacting the injured/ill associate's supervisor/manager on the day of injury/illness or as soon as notified to establish your role as C A R E manager and your mission for quality care and to return the associate to work in a timely manner.

3. Interfacing with . & Company and/or claims adjuster for cooperative health care management.

4. Contacting and monitoring the health care provider on lost time cases to assure timely, quality and appropriate care, and coordination of early return to work or modified duty.

5. Creating a physician/clinic provider panel for initial injury/illness treatment within easy access of each property or facility.

6. Interface with managers/supervisors on properties and work sites to explain the C A R E process for information, cooperation and to establish a working relationship.

7. Establish effective communication with Company.

8. Accurate and complete records will be kept for every contact made.

9. Quantify monthly status reports of current cases and disposition.

10. Ongoing evaluation of program needs and changes.

As compensation to you for your role as nurse C A R E manager we will pay you at the rate of per month.

We understand that you carry malpractice insurance. You agree to have your insurance carrier provide us with a certificate of insurance indicating the coverage and limits involved for approval by our insurance manager. You will also direct your insurance carrier to provide us with thirty (30) day notice any cancellation or material change of coverage with respect to such coverage.

As further consideration to your agreement to act as nurse C A R E manager, we hereby agree to indemnify and hold you harmless as to any loss, costs, claim expense or other liability arising from any acts or omissions, except to the extent that the foregoing may have arisen from your direct treatment of a particular patient in which case your malpractice coverage would be primary.

It is also understood that as nurse C.A.R.E. manager you will not be an employee of but rather will remain as an independent contractor.

By signing this agreement, you certify that you are licensed and in good standing to practice nursing in the state of Texas.

The term of this appointment will commence on October 1, 1991 and either party may terminate this agreement--with or without cause for any reason--upon thirty (30) days written notice to the other.

We appreciate your willingness to act as nurse C A R E manager for Dallas/Fort Worth. Please indicate your acceptance of the terms of this agreement by signing below and returning one copy to me.

Very truly yours,

HOTELS, INC.

By: _____

Corporate Manager, Occupational Health Services

Accepted:

_____

Appendix O

Intangible Benefits

Intangible benefits of the Nurse CARE Program from the viewpoint of the following:

Employee:

1. Assisting them, giving support and basic worker's compensation information.
2. Providing access to quality medical care providers.
3. Interpreting information from their physicians.
4. Assisting them when they are not receiving their compensation.
5. Counseling, protecting, educating, communicating.

Manager:

1. Working toward employee's safe and timely return to work.
2. Providing a resource for Medical Management and medical referrals through professional networking, acting as a support person.
3. Working toward decreased lost time and decreased litigated cases.
4. Acting as a liaison with Medical Care provider and TPA.
5. Working toward case settlement and closure.
6. Monitoring, educating, and communicating with the injured employee.
7. Acting as a catalyst to help the TPA focus energies on Marriott needs, a sentinel.

TPA:

1. Providing a resource for medical information.
2. Being conscious of efficiency, needs and oversights.
3. Furnishing timely verbal reports from physicians and reports of release to work.
4. Acting as a liaison with physicians, managers, employees and other care providers.
5. Creating a cooperative effort for return to work.
6. Providing a resource for information and follow-up.
7. Acting as a communicator and sentinel.

Physicians and other providers:

1. Being a knowledgeable employee advocate.
2. Following needs of the worker (patient).
3. Providing information regarding work environment and modified duty positions.
4. Acting as a company representative and sentinel.

The Benefits of the Program are:

1. A strong knowledgeable employee advocate and counselor.
2. An aid to managers with communications, medical interpretations, and TPA liaisons.
3. A single knowledgeable point of contact for Marriott Corporation.

Nurse C.A.R.E. Management (Coordinated Action and Response to Employees) Program

Pilot Dallas/Fort Worth - First Six Months

Purpose - Coordinate appropriate, quality, injury care and follow up to ensure early return to work and to minimize workers' compensation losses. Workers' compensation losses in Dallas/Fort Worth for 1990 are projected to be 3.8 million dollars.

Benefits

- Tangibles

  - Medical indemnity savings - 22%
  - Litigated medical descreased - 50%
  - 211 employees assisted - cases resolved - 67%
    104 cases returned to work - 49%
    38 cases released for work but not returned - 18%
    69 cases remain out on disability - 33%
  - Lost time for employees returned to work - 1.7 days

- Intangibles

  - Injured employee advocate and counselor
  - Referrals for quality, appropriate, prompt care
  - Knowledgeable, communicative, support, assistance and information
  - Professional liaison for employee, supervisor, TPA, and physician
  - Educated resource for medical management
  - Sentinel for physicians and TPA
  - Reduced time spent by managers
  - Employees feel valued and have peace of mind

- Projected

  - Litigated cases down
  - Medical cost decrease continued
  - Lost work days/indemnity decline
  - Medical only cost decrease
  - Total savings around $250,000 (ultimate costs) the first year
  - Return on investment 3:1

Recommendations

- Continue pilot for 1991 in Dallas/Fort Worth
- Fund pilot from SBUs
- Expand program to other areas of the country e.g. Los Angeles, Orange County and State of Texas