Cmdr 3.11.2020

COVID-19 Guidelines: Work Reassignment Request using the Activity Prescription Tool (ARx)

The goal is to offer transitional work rather than time away. The employer determines the availability of transitional work.

NOTE: Contact Carrie Davino MD via cortext (503) 754-9012 or staff message if you need assistance with the ARx.

- 1. Patient submits initial request
- 2. Clinician determines risk to the member based on their chronic condition:
 - a. Qualifying chronic conditions include but are not limited to:
 - i. Immunosuppressive conditions
 - 1. Immunosuppression e.g. cancer chemotherapy, transplant medications, DMARDS, biologics, corticosteroids
 - 2. Congenital or acquired immunodeficiencies
 - ii. Severe underlying lung disease (i.e., cystic fibrosis)
 - iii. Regarding pregnancy (Based on CDC guidance updated 3.10.2020): Adherence to recommended infection prevention and control practices is an important part of protecting all Health Care Providers (HCP) in health care settings. Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.
 - b. If the member *meets* the criteria use the Activity Prescription (ARx) WORK tab
 - i. Use *.covid19activityrx* dot phrase in the "Other Needs / Restrictions" free text box.
 - Please consider temporary transitional work to be reevaluated in 30 days. Patient may engage in non-public facing work that reduces their risk of exposure to COVID 19 (For health care professionals, may include non-patient-facing back office or other administrative work environment.)
 - ii. If the member *does not meet* the criteria for a chronic condition above, please do not administer an ARx. Clinicians should direct patients to kp.org for current information on COVID-19. Suggest behavioral health or EAP/PAR services if indicated.



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NOTE: Already printed on the ARx Work note: If modified activity is not accommodated by the employer, then the member is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

- Step 1: Locate the tab labeled Activity Prescription tool (ARx) at the top of the HealthConnect menu bar (labeled **Activity Rx/Forms**)
- Step 2: NOTE: If Activity Rx is NOT part of your default browser add it by clicking the "drop down arrow" located at the top of the menu bar to the right. Select "Activity Rx/Forms"
- Step 3: Navigate to the top of the ARx form and ensure your name appears as the **Authorizing Provider** in the right hand side. If your scope of practice prohibits authorizing activity prescriptions, you must verify that the appropriate provider's name shows here. If not, use the search function to select the name of the "Authorizing Provider."
- Step 4: Navigate to the Visit Verification section
 - Select "No" to the question "worker's comp visit?"
 - Complete the **Onset of Medical Condition/Injury** section. Type in the date or use the calendar function and select the date that the work modification will take place
 - For "Next Appointment" select "NO"
- Step 5: Navigate to the **Work** Tab
- Step 6: Within the Work tab template, skip directly to "**Other Needs**" and pull in dot phrase: *.covid19activityrx*
- Step 7: Navigate to "**Modified Rx**" and select today's date through 1- month.
- Step 8: Select "Go to Preview, Print and Sign"
- Step 9: Print form and give copy to patient and you are done!

NOTE: Contact Carrie Davino MD via cortext (503) 754-9012 or staff message if you need assistance with the ARx.





ARX and the WORK Tab Guidelines for Work Reassignment Request .covid19activityrx

March 12, 2020



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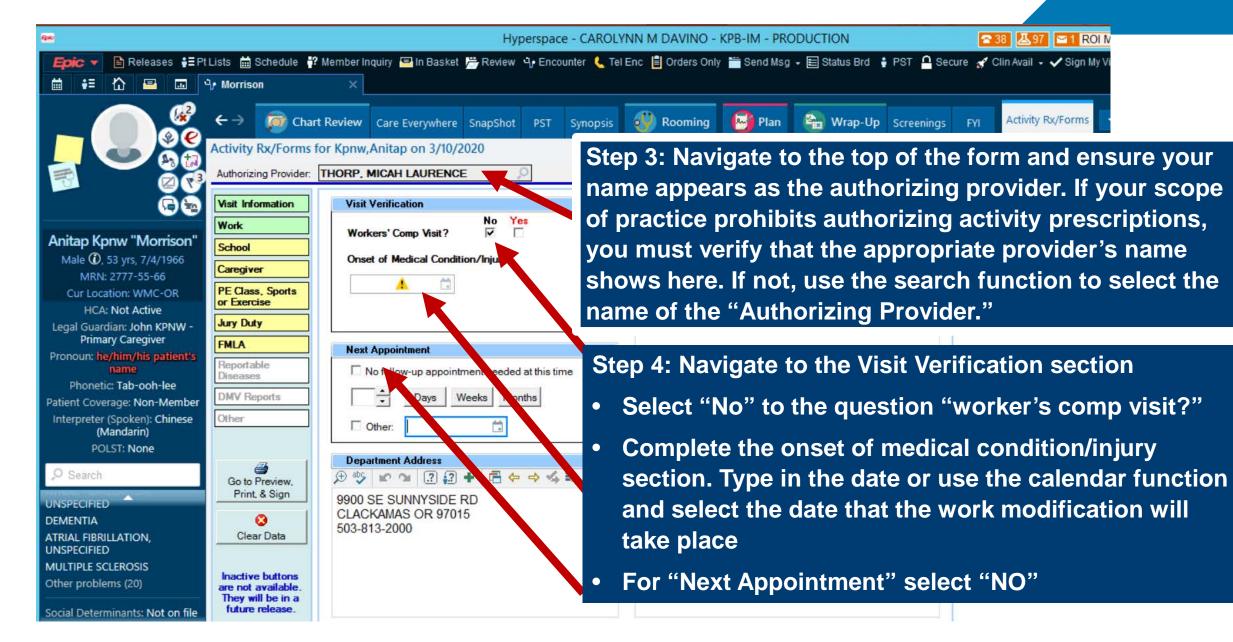
9 Steps



If Activity Rx is NOT part of your default browser add it by clicking the "drop down arrow" located at the top of the menu bar to the right. Select "Activity Rx/Forms"

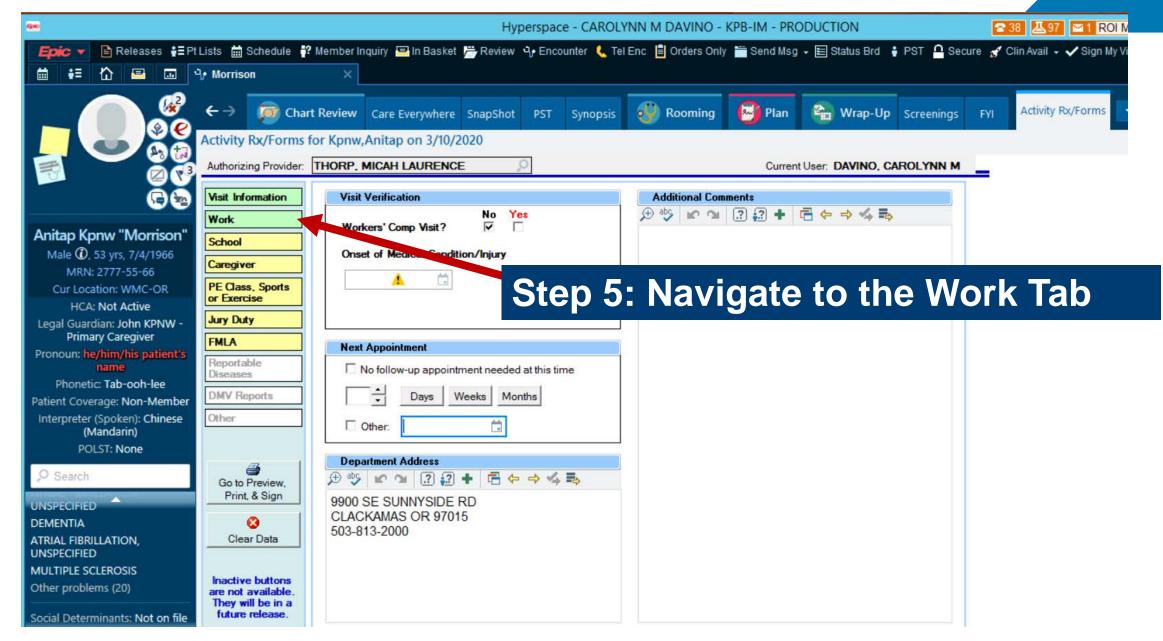


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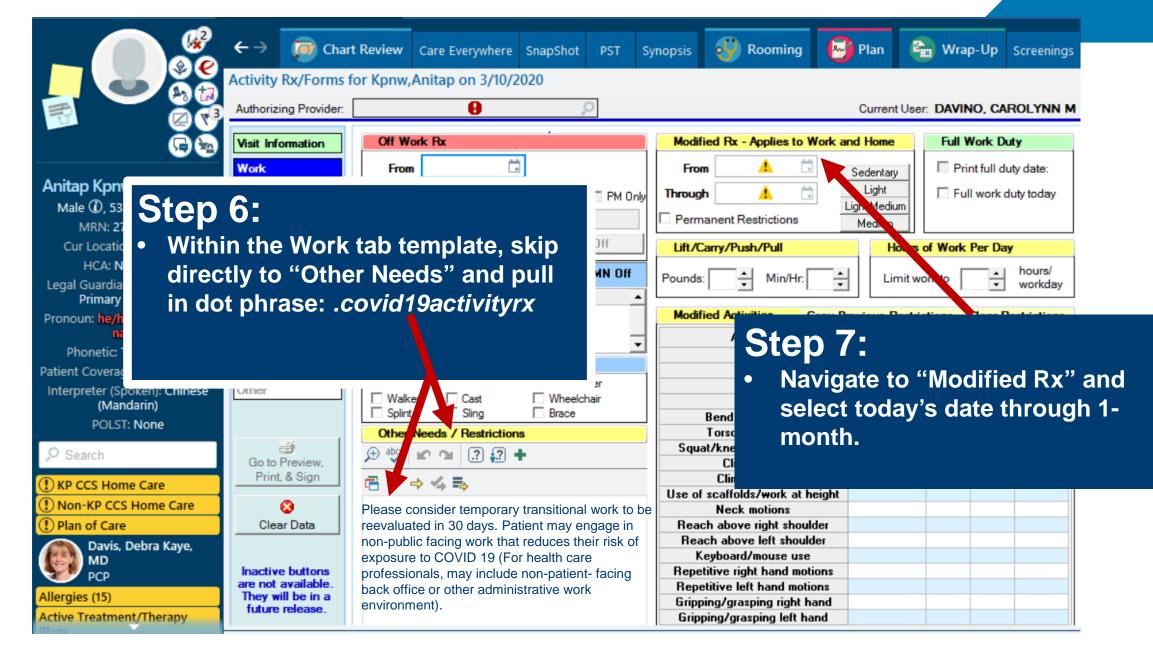


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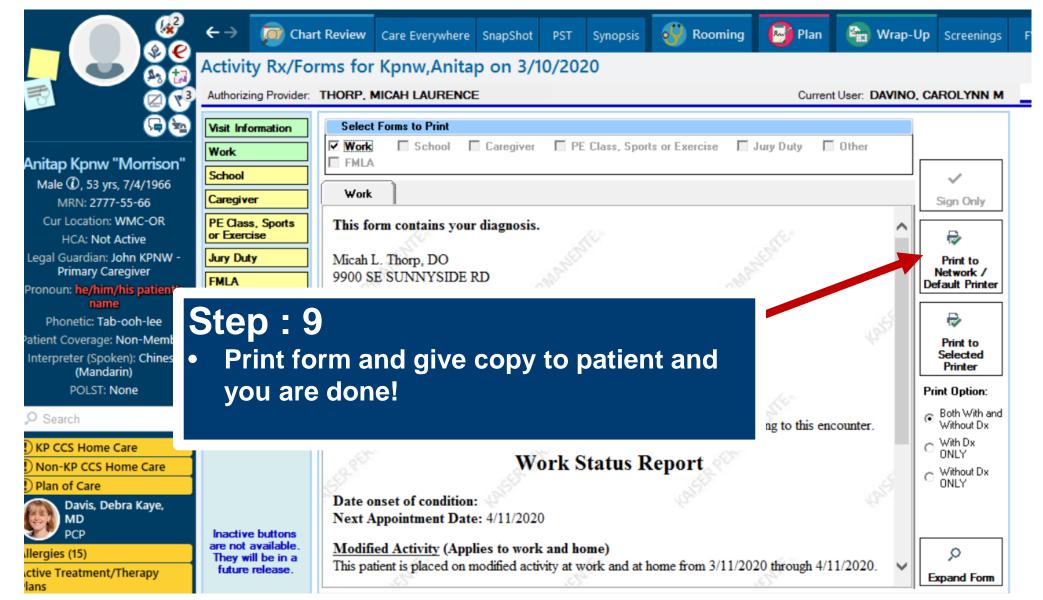


	← → 👘 Chart	Review Care Everywhere SnapShot PST Sy	nopsis 🚱 Rooming 🚱 Plan				
Activity Rx/Forms for Kpnw, Anitap on 3/10/2020							
	Authorizing Provider:	THORP, MICAH LAURENCE	Current User:				
G 🔁	Visit Information	Off Work Rx	Modified Rx - Applies to Work and Home				
	Work	From	From 3/11/2020				
w "Morrison"							
	School	Through 🔅 M Only 🗖 PM Only	Through 4/11/2020				
yrs, 7/4/1966	Caregiver	Reason	Permanent Restrictions Medium				
77-55-66	DE Class Casts	Disability Duration Guide MMN Off					
n: WMC-OR	PE Class, Sports or Exercise	Disability Duration Guide MMN Off	Lift/Carry/Push/Pull Hours of				
ot Active	Less Data	Enc Dx - Select max of 4 F/U MMN Off	Pounds: Min/Hr Limitwork				
n: John KPNW -	Jury Duty						
Caregiver	FMLA	(None on File)	Step 8:				
im/his patient's	Reportable						
	Diseases	•	• Select "Go to Preview, Print and Sign"				
Tab-ooh-lee	DMV Reports	Mobility Needs					
je: Non-Member		Cane Crutch(es) Cameron					
ooken): Chinese Idarin)	Other	Walker Cast Wheelchair	Drive	_			
		Splint Sting Brace	Bend at the waist				
i: None		Other aceds / Restrictions	Torso/spine twist				
	<i>i</i>	🕀 🕸 🔽 📬 💽 🕄 🕂	Squat/kneel, knee bending				
	Go to Preview, Print, & Sign		Climb stairs				
ne Care			Climb ladders Use of scaffolds/work at height				
Home Care	8	Please consider temporary transitional work to be	Neck motions				
	Clear Data	reevaluated in 30 days. Patient may engage in	Reach above right shoulder				
Debra Kaye,		non-public facing work that reduces their risk of	Reach above left shoulder				
		exposure to COVID 19 (For health care	Kauboard/mouse use				
		professionals, may include non-patient- facing					
		back office or other administrative work					

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environment).





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Activity Rx/Forms for Kpnw, Anitap on 3/10/2020

Authorizing Provider: THORP, MICAH LAURENCE

	Visit Information	Select Forms to Print		
Comple	Work	✓ Work School Caregiver PE Class, Sports or Exercise Jury Duty Other FMLA		
Sample	School		~	
	Caregiver	Work	Sign Only	
Patient	PE Class, Sports or Exercise	Work Status Report		
	Jury Duty	Date onset of condition: 3/11/2020	Print to	
Letter:	FMLA	Next Appointment Date: No follow-up appointment needed at this time	Network / Default Printer	
	Reportable Diseases DMV Reports Other	<u>Modified Activity</u> (Applies to work and home) This patient is placed on modified activity at work and at home from 3/11/2020 through 4/11/2020. If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.	Print to Selected Printer Print Option:	
	Inactive buttons are not available. They will be in a future release.	Other needs and/or restrictions: Please consider temporary transitional work to be reevaluated in 30 days. Patient may engage in non-public facing work that reduces their risk of exposure to COVID 19 (For health care professionals, may include non-patient- facing back office or other administrative work environment). This form has been authorized by Micah L. Thorp, DO This form contains your private health information that you may choose to release to another	Without Dx With Dx ONLY Without Dx ONLY	
PERMANENTE MEDICINE.			Expand Form	
			<u>B</u> 8	
Northwest Permanente			Corporation O	

Current User: DAVINO, CAROLYNN M

Thank you. For any questions regarding use of the Activity Prescription Tool please contact Carrie Davino-Ramaya, MD, Medical Director of the Specialized Medical Ability Resource Team.

Carrie Davino-Ramaya, MD Medical Director, SMARTeam Permanente Medicine Doctor's Bag: 503-754-9012 carrie.m.davino@kp.org

