

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 ctext (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.
 1. 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.

Cmdr 3.11.2020

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

9 Steps

Step 1:
Find the Activity Prescription tool (ARx) tab at the top of the HealthConnect menu bar (labeled Activity Rx/Forms)

Step 2:
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”

The screenshot shows the Epic HealthConnect interface for patient Anitap Kpnw "Morrison". The top menu bar includes tabs like Chart Review, Care Everywhere, SnapShot, PST, Synopsis, Rooming, Plan, Wrap-Up, Screenings, FYI, and Activity Rx/Forms. The Activity Rx/Forms tab is highlighted with a red arrow. Another red arrow points to the drop-down arrow next to it. The patient information panel on the left shows details for Anitap Kpnw "Morrison", including MRN: 2777-55-66, Cur Location: WMC-OR, HCA: Not Active, Legal Guardian: John KPNW - Primary Caregiver, Pronoun: he/him/his patient's name, Phonetic: Tab-oooh-lee, Patient Coverage: Non-Member, Interpreter (Spoken): Chinese (Mandarin), and POLST: None. The main content area shows a list of recent visits.

Hyperspace - CAROLYNN M DAVINO - KPB-IM - PRODUCTION

38 97 1 ROI M

Epic Releases Pt Lists Schedule Member Inquiry In Basket Review Encounter Tel Enc Orders Only Send Msg Status Brd PST Secure Clin Avail Sign My V

Morrison

Chart Review Care Everywhere SnapShot PST Synopsis Rooming Plan Wrap-Up Screenings FYI Activity Rx/Forms

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

Authorizing Provider: THORP, MICAH LAURENCE

Visit Information

Work

School

Caregiver

PE Class, Sports or Exercise

Jury Duty

FMLA

Reportable Diseases

DMV Reports

Other

Go to Preview, Print, & Sign

Clear Data

Inactive buttons are not available. They will be in a future release.

Visit Verification

Workers' Comp Visit? No ☒ Yes ☐

Onset of Medical Condition/Injury

Next Appointment

☐ No follow-up appointment needed at this time

Days Weeks Months

☐ Other:

Department Address

9900 SE SUNNYSIDE RD
CLACKAMAS OR 97015
503-813-2000

Step 3: Navigate to the top of the form and ensure your name appears as the authorizing provider. 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"

Hyperspace - CAROLYNN M DAVINO - KPB-IM - PRODUCTION

38 97 1 ROI M

Epic Releases Pt Lists Schedule Member Inquiry In Basket Review Encounter Tel Enc Orders Only Send Msg Status Brd PST Secure Clin Avail Sign My V

Morrison

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

Authorizing Provider: THORP, MICAH LAURENCE Current User: DAVINO, CAROLYNN M

Visit Information

Work

School

Caregiver

PE Class, Sports or Exercise

Jury Duty

FMLA

Reportable Diseases

DMV Reports

Other

Go to Preview, Print, & Sign

Clear Data

Inactive buttons are not available. They will be in a future release.

Visit Verification

Workers' Comp Visit? No Yes

Onset of Medical Condition/Injury

Next Appointment

No follow-up appointment needed at this time

Days Weeks Months

Other:

Department Address

9900 SE SUNNYSIDE RD
CLACKAMAS OR 97015
503-813-2000

Additional Comments

Step 5: Navigate to the Work Tab

ANITAP KPNW "MORRISON"
Male, 53 yrs, 7/4/1966
MRN: 2777-55-66
Cur Location: WMC-OR
HCA: Not Active
Legal Guardian: John KPNW - Primary Caregiver
Pronoun: he/him/his patient's name
Phonetic: Tab-oo-lee
Patient Coverage: Non-Member
Interpreter (Spoken): Chinese (Mandarin)
POLST: None

UNSPECIFIED
DEMENTIA
ATRIAL FIBRILLATION, UNSPECIFIED
MULTIPLE SCLEROSIS
Other problems (20)
Social Determinants: Not on file

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

Authorizing Provider: !

Current User: DAVINO, CAROLYNN M

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.

Modified Rx - Applies to Work and Home

From ! Through !

☐ Permanent Restrictions

Lift/Carry/Push/Pull

Pounds: 0 Min/Hr: 0

Hours of Work Per Day

Limit work to 0 hours/workday

Other Needs / 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).

Modified Activities

Use of scaffolds/work at height	Neck motions	Reach above right shoulder	Reach above left shoulder	Keyboard/mouse use	Repetitive right hand motions	Repetitive left hand motions	Gripping/grasping right hand	Gripping/grasping left hand

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

Authorizing Provider: THORP, MICAH LAURENCE

Current User:

Visit Information

Work

School

Caregiver

PE Class, Sports or Exercise

Jury Duty

FMLA

Reportable Diseases

DMV Reports

Other

Go to Preview, Print, & Sign

Clear Data

Off Work Rx

From

Through ☐ AM Only ☐ PM Only

Reason

[Disability Duration Guide](#)

Enc Dx - Select max of 4 F/U Dx? ☐ MMN Off ☐

(None on File)

Mobility Needs

☐ Cane ☐ Crutch(es) ☐ Can/walker

☐ Walker ☐ Cast ☐ Wheelchair

☐ Splint ☐ Stump ☐ Brace

Other Needs / Restrictions

Modified Rx - Applies to Work and Home

From 3/11/2020 **32 Day(s)**

Through 4/11/2020

☐ Permanent Restrictions

Sedentary

Light

Light-Medium

Medium

Lift/Carry/Push/Pull

Pounds: Min/Hr:

Hours of

Limit work

Drive	
Bend at the waist	
Torso/spine twist	
Squat/kneel, knee bending	
Climb stairs	
Climb ladders	
Use of scaffolds/work at height	
Neck motions	
Reach above right shoulder	
Reach above left shoulder	
Keyboard/mouse use	

Step 8:

- Select “Go to Preview, Print and Sign”

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).

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

Authorizing Provider: THORP, MICAH LAURENCE Current User: DAVINO, CAROLYNN M

Visit Information

Work

School

Caregiver

PE Class, Sports or Exercise

Jury Duty

FMLA

Select Forms to Print

☒ Work ☐ School ☐ Caregiver ☐ PE Class, Sports or Exercise ☐ Jury Duty ☐ Other

☐ FMLA

Work

This form contains your diagnosis.

Micah L. Thorp, DO
9900 SE SUNNYSIDE RD

Print Options:

☒ Both With and Without Dx
☐ With Dx ONLY
☐ Without Dx ONLY

Print to Network / Default Printer

Print to Selected Printer

Expand Form

Work Status Report

Date onset of condition:
Next Appointment Date: 4/11/2020

Modified Activity (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.

Inactive buttons are not available. They will be in a future release.

Step : 9

- Print form and give copy to patient and you are done!

Sample Patient Letter:

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

Authorizing Provider: THORP, MICAH LAURENCE Current User: DAVINO, CAROLYNN M

Visit Information

Work

School

Caregiver

PE Class, Sports or Exercise

Jury Duty

FMLA

Reportable Diseases

DMV Reports

Other

Inactive buttons are not available. They will be in a future release.

Select Forms to Print

☒ Work ☐ School ☐ Caregiver ☐ PE Class, Sports or Exercise ☐ Jury Duty ☐ Other

☐ FMLA

Work

Work Status Report

Date onset of condition: 3/11/2020
Next Appointment Date: No follow-up appointment needed at this time

Modified Activity (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.

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

Sign Only

Print to Network / Default Printer

Print to Selected Printer

Print Option:

☒ Both With and Without Dx

☐ With Dx ONLY

☐ Without Dx ONLY

Expand Form

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.

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Permanente Medicine
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