

**TUBA CITY REGIONAL HEALTH CARE CORPORATION (TCRHCC)**  
**TUBA CITY, ARIZONA**  
**Hospital-wide Policy**

<b>SUBJECT: RETURN TO WORK POLICY</b>	
REVISION DATE: 20 February 2020	SUPERSEDES DATE: None

**I.     Purpose:**

To seek productive work activities for employees who are temporarily unable to perform all, or portions, of their regular work assignments or duties due to work or non-work related injury or illness, to return the employee to his or her regular work assignments and duties as quickly as possible.

**A.     Scope:**

This policy applies to all direct-hire employees who (1) are temporarily unable to perform their regular work assignments and duties due to a work or non-work related injury or illness that is expected to last 90 consecutive days or less and (2) can perform other assignments and duties as may be permitted by TCRHCC under this policy during the period in question.

Employees who are within the scope of this policy are eligible for temporary transitional duty assignments, as defined herein.

This policy does not supersede or replace the Tuba City Regional Health Care Corporation's (TCRHCC) Family and Medical Leave (FML) policy and Work-Related Injury/Workers' Compensation policy. If, for example, an employee is eligible for or is on FML, the FML policy will apply. If an employee suffers an on-the-job injury that is covered by workers' compensation insurance, the Work-Related Injury/Workers' Compensation Policy will apply.

This policy does not apply to employees with disabilities (as that term is defined in law) who are entitled to reasonable accommodations under the Navajo Preference in Employment Act. Employees with disabilities are urged to meet with the Chief Human Resources Officer to discuss accommodations.

**B.     Definition**

**Transitional duty assignments** are used to accelerate a covered employee's return to work by addressing workplace circumstances that might otherwise inhibit the employee's prompt return to work due to the employee's injury or illness.

The availability and nature of transitional duty assignments will vary based on the facts and circumstances of each case, including without limitation the employee's medical restrictions, the employee's qualifications to perform transitional duty assignments, the availability of such work, and TCRHCC's determination that such assignment serves the interests of TCRHCC. Based on these considerations,

TCRHCC may grant or deny transitional duty assignments in its sole and exclusive discretion.

If granted, transitional duty assignments may include, without limitation, the following:

1. Job restructuring to eliminate, distribute and/or exchange nonessential functions of the covered employee's job;
2. Assignment to other available jobs for which the employee qualifies;
3. Modified work schedules; and
4. Physical barrier removal or change.

The following are examples of TCRHCC actions that are not required but may be permitted under certain circumstances:

1. Eliminating, distributing or exchanging essential functions of the covered employee's job;
2. Retraining the covered employee to perform different tasks;
3. Creating a new position to create a vacancy; and
4. Allowing the covered employee to work from home.

Transitional duty assignments that might be contrary to the interests of TCRHCC or which place an undue burden on TCRHCC or other employees are not required or permitted under any circumstances.

## **C. Applicability**

### **1. Duration of Assignment**

Transitional duty assignments are temporary. The duration of any such assignment will depend on the facts and circumstances of the case, including proven medical necessity and TCRHCC's interests. In any event, the assignment may not last longer than 90 consecutive calendar days. TCRHCC may permit multiple consecutive 90-day assignments if proven to be medically necessary and if TCRHCC determines that such assignment serves the interests of TCRHCC.

The transitional duty assignment will conclude when the period described above is exhausted, when the employee is given a medical release to resume his or her regular work assignment and/or duties, when the employee refuses or demonstrates an inability to meet the transitional duty assignment requirements, upon a medical determination that the employee has reached maximum medical improvement but will never be able to resume the duties outlined in his or her job description, or upon other circumstances deemed to be in the best interest of TCRHCC.

TCRHCC may revoke or revise an employee's transitional duty assignment at any time for any reason. The modification or conclusion of a transitional duty assignment is not an adverse action.

## **2. Daily Application**

An employee's transitional duty assignment is effective 24 hours per day. Employees who disregard their medical restrictions and/or the transitional duty assignment, whether they are at work or not, are subject to having the assignment revoked and are subject to disciplinary action up to and including termination of employment.

### **D. Responsibilities**

The following responsibilities apply to various levels within TCRHCC:

1. **Senior management** will strive to ensure the policy's enforcement at all levels at TCRHCC and will promote and support this policy and the Return to Work Program as a whole.
2. **Supervisors** will strive to support the employee's return to work by identifying appropriate transitional duty assignments if any, and helping the employee not exceed his or her medical restrictions. Supervisors will also stay in regular contact with absent employees and communicate TCRHCC's attendance expectations. Supervisors are also responsible for reporting any problems with implementing this policy, violations of this policy by the covered employee, or similar matters, to the Employee Health Nurse and/or the Chief Human Resources Officer.
3. **Covered employees** will notify their supervisors on time when their condition might require a transitional duty assignment. They will take responsibility for closely following their physician's medical restrictions and treatment plan and actively participating in TCRHCC's Return to Work Program, which includes following all the guidelines of this policy and completing and submitting all documents required by this policy. Covered employees will also help supervisors identify potential transitional duties. While supervisors are responsible for maintaining communication with the covered employee, the employee also has the obligation to maintain contact with his or her supervisor and the Employee Health Nurse.
4. **Employee Health Nurse** will understand employee injuries and illnesses to the extent necessary to implement this policy. The Employee Health Nurse will also understand the nuances of this policy, related policies, and all associated forms. He or she will provide program leadership by facilitating communication between employees, managers, and medical providers. The Employee Health Nurse will assist supervisors and the Chief Human Resources Officer to implement this policy.

## **II. Procedure**

### **A. Work Schedule**

TCRHCC will strive to maintain the covered employee's regular pre-condition work

schedule. However, depending on the facts and circumstances of each case, including without limitation the employee's medical restrictions and the interests of TCRHCC, a modified work schedule might be necessary.

## **B. Payment of Wages**

If a covered employee's illness or injury is covered by workers' compensation laws and policies, those laws and policies will apply to issues about payment of wages.

An employee on a transitional duty assignment that is not covered by workers' compensation laws and policies will receive his or her regular rate of pay.

An employee on a transitional duty assignment and who is also receiving Short Term Disability (STD) (if permitted by the STD policy) may receive a combination of pay from TCRHCC and STD benefits. The employee and the TCRHCC Human Resources Department will work out this combination on a case-by-case basis.

An employee on a transitional duty assignment is entitled to the same benefits (including leave) that he or she would receive if he or she was not on a transitional duty assignment.

## **C. Communication Expectations**

If due to injury or illness, an employee is unable to work in any capacity, including transitional duties, and TCRHCC grants approved leave for the employee, the employee must stay in regular communication, at least one time per week, with the Employee Health Nurse and the employee's direct supervisor. The employee must provide the Employee Health Nurse and the direct supervisor with an update regarding the employee's return-to-work status. The employee's failure to do so may result in a reduction in available benefits and discipline up to and including termination. Other policies, such as the FML policy, might apply.

If an employee fails to return to work on the day and at the time he or she was scheduled to return to work, such failure to return to work will be deemed to be employee's voluntary resignation from employment with no further action or notice required by TCRHCC.

## **D. Medical Appointments**

Employees are encouraged to schedule medical appointments to occur while the employee is off duty. Employees may use the time off for medical appointments if they have it available and if they coordinate the absence in advance with their supervisor. Non-emergency medical appointments *not* scheduled in advance may be cause for denial of time off.

The employee's physician must complete the TCRHCC Fitness for Duty Form attached to this Policy for each visit to evaluate the impairment. It is the employee's responsibility to inform TCRHCC of his or her medical status after each doctor visit. This applies to both work-related and non-work-related injuries and illnesses that interfere with assigned duties.

## **E. Employee Procedures**

In the event an injury or illness is work-related, the employee shall report to the nearest Emergency Department immediately for treatment. The employee shall report the injury or illness to his or her supervisor immediately, or no later than the end of the shift on which the injury occurs. The employee shall also complete a WebCident form on the TCRHCC Intranet.

Regardless of whether an injury or illness is work-related, the employee shall take the following steps to participate in the Return to Work Program.

1. The employee shall obtain from the Employee Health Nurse an Authorization for Use or Disclosure of Health Information Form. The employee shall complete, sign, and return the form to the Employee Health Nurse.
2. The employee shall make arrangements for his or her medical provider to complete a Fitness For Work Duty Form on TCRHCC's form attached to this Policy and submit that form to the Employee Health Nurse.
3. Once the medical provider has returned the Fitness for Work Duty Form, the Employee Health Nurse, in consultation with the employee's supervisor, will review the Form to determine whether transitional duty assignments are appropriate and available.
4. If the Employee Health Nurse determines that transitional duty assignments are appropriate and available, the Employee Health Nurse and the employee's supervisor will meet with the employee to discuss an appropriate assignment.
5. Once an appropriate assignment is agreed upon, the employee will enter into a Return to Work Agreement on the form attached to this Policy describing the transitional duty assignment.
6. TCRHCC may require that the employee obtain updated and/or additional Fitness for Work Duty Forms from the employee's medical provider at any time.
7. TCRHCC may modify or revoke the transitional duty assignment at any time or for any reason, including for reasons provided by the medical provider, which will not be deemed an adverse action.
8. When the employee on a transitional duty assignment reaches maximum medical improvement, he or she will be returned to his or her normal assignment.
9. If an employee reaches maximum medical improvement but cannot resume his or her normal assignment and duties, TCRHCC may assign the employee to a new position if one is available or terminate the employee's employment for cause.

## **F. Refusal to Participate**

**Participation in TCRHCC's Return to Work Program and compliance with this policy is mandatory for all employees who are temporarily unable to perform their regular work assignments and duties due to a work or non-work related injury or illness that is expected to last 90 consecutive days or less but can perform such other assignments and duties as may be permitted by TCRHCC under this policy during the period in question.** Employees who are unable or unwilling to participate in the Program and/or comply with this policy are subject to discipline up to and including termination of employment. Additionally, the employee may be charged with other forms of leave, including unpaid leave and FML, if applicable.

## **G. Verification Requirements:**

If after the final review of medical verification by the EHN and Chief Medical Officer, TCRHCC may require a third opinion from a health care provider approved jointly by TCRHCC and the employee.

**VI. Distribution:**

- A. TCRHCC Intranet Site for Hospital-wide Policies;
- B. E-mail to All Department Heads and TCRHCC Staff; and
- C. Legal Counsel.

## **ACKNOWLEDGMENT OF RECEIPT OF RETURN TO WORK POLICY**

I am aware of and have read Tuba City Regional Health Care Corporation's Return to Work Policy, and I understand the requirements and expectations of me as an employee.

If I (1) am temporarily unable to perform my regular work assignments and duties due to a work or non-work related injury or illness that is expected to last 90 consecutive days or less and (2) can perform such other assignments and duties as may be permitted by TCRHCC under this Return to Work Policy, I understand that my compliance with this policy is mandatory. My inability or unwillingness to participate in the Program and/or comply with this policy may subject me to discipline up to and including termination of employment. Additionally, I may be charged with other forms of leave, including unpaid leave and Family and Medical Leave, if applicable.

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***RTW ---- Letter to Supervisor***

***Greetings,***

I have received information indicating that \_\_\_\_\_ (“Employee”), who is an employee in your department, may be eligible for Participation in TCRHCC's Return to Work (“RTW”) Program. Please assist TCRHCC in implementing the RTW Program for this employee by taking the following steps.

1. Review TCRHCC RTW Policy.
2. Ensure that Employee has reviewed the RTW Policy and signed the Acknowledgment of Receipt of Return to Work Policy Form, attached to this letter.
3. Review Employee’s Fitness For Work Duty Form, completed by Medical Provider.
4. Meet with the Employee Health Nurse to determine whether transitional duty assignments are appropriate and available.
5. If you and the Employee Health Nurse determine that transitional duty assignments are appropriate and available, complete an RTW Eligibility Determination Letter on the Form attached to this letter and provide it to Employee, with copies sent to HR.
6. Meet with the Employee Health Nurse and Employee to discuss an appropriate transitional duty assignment.
7. Once an appropriate assignment is agreed upon, enter into an RTW Agreement on the attached form. You and Employee must both sign the RTW Agreement.
8. Return the RTW Agreement to the Employee Health Nurse and HR.
9. Copies of all documents must be kept with HR as well as scanned and attached to the Employee Health electronic medical record.

The RTW Agreement needs to be completed before the RTW date and may need to be updated, in TCRHCC’s sole discretion, subsequently after each provider update. Completion of the RTW Form will facilitate documentation and communication between the Supervisor and Employee as well as update the Employee Health Nurse and HR on progress.

Please let me know if you have any questions or concerns regarding these forms or processes. This process is necessary to ensure proper documentation of communications and understanding between Supervisors and Employees regarding transitional duty assignments and the RTW Program.

Sincerely,

Employee Health Nurse



## TUBA CITY REGIONAL HEALTH CARE CORPORATION

**HUMAN RESOURCES**  
167 North Main Street, P.O. Box 600  
Tuba City, Arizona 86045-0600  
(928) 283-2432

### **Return to Work Agreement** (Update as required)

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Modified Duty Period to \_\_\_\_\_ (not to exceed 90 days)

Medically Appropriate Modified Duty Period Extension to \_\_\_\_\_

The Employee's job functions/duties before the injury/illness are outlined in the attached Job Description, which is incorporated herein by reference

Upon review of the Employee's medical provider's Fitness for Work Duty Form, the employee's transitional duty assignment shall be as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of next anticipated evaluation of RTW Agreement: \_\_\_\_\_

Date employee returned to regular job assignment/duties without restrictions: \_\_\_\_\_



## TUBA CITY REGIONAL HEALTH CARE CORPORATION

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**HUMAN RESOURCES**  
**167 North Main Street, P.O. Box 600**  
**Tuba City, Arizona 86045-0600**  
**(928) 283-2432**

[Date]

[Employee's Name]  
[Employee's Address]

Dear [Name]:

This letter pertains to your involvement in Tuba City Regional Health Care Corporation's Return to Work Program. Upon review of the information that you and/or your medical care provider submitted, TCRHCC made the following determination:

- ☐ You are not eligible to participate in the program because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- ☐ You are eligible to participate in the Program. The Employee Health Nurse will schedule a meeting with you to discuss your participation in more detail.

Sincerely,

[Supervisor's Name]  
[Supervisor's Job Title]  
[Supervisor's Department]

cc: Human Resources Director  
Employee File



## TUBA CITY REGIONAL HEALTH CARE CORPORATION

**HUMAN RESOURCES**  
**167 North Main Street, P.O. Box 600**  
**Tuba City, Arizona 86045-0600**  
**(928) 283-2432**

Dear Medical Provider;

RE: Patient – **[EMPLOYEE NAME]**

We understand that the above-referenced employee of Tuba City Regional Health Care Corporation (TCRHCC) is under your care for an illness or injury.

TCRHCC provides certain ill or injured employees with opportunities to return to work with temporary transitional duty assignments to help the employee transition to his or her regular work assignments.

Temporary transitional duty assignments might include the following:

- Job restructuring to eliminate, distribute and/or exchange nonessential functions of the covered employee's job;
- Assignment to other available jobs for which the employee qualifies;
- Modified work schedules; and
- Physical barrier removal or change.

Thus, TCRHCC is asking you to complete the attached Fitness for Work Duty Form and give us your professional opinion on the following:

- (1) identification of any restriction or limitations on the employee's ability to perform his or her regular work assignments and duties, and
- (2) a written release for the employee to return to work to perform assignments and duties consistent with the specified restrictions.

A copy of the employee's Job Description is attached to assist you in this matter.

Please complete the attached Work Status Report and return it to:

Employee Health Nurse  
Tuba City Regional Health Care Corporation

Tuba City, Arizona \_\_\_\_\_

Tuba City Regional Health Care Corporation's objective is for the employee to return to full-duty employment, so we ask you to keep this in mind when completing the Fitness for Work Duty Form.

Should you have any questions or need to request and review additional information, please contact me at 928-283-1437. Thank you for your understanding and cooperation.

Sincerely,

Julie A, Eisenhauer BSN, RN, CCM  
Employee Health Nurse  
Ph# 928-283-1437  
[Julie.eisenhauer@tchealth.org](mailto:Julie.eisenhauer@tchealth.org)

**SUBJECT: RETURN TO WORK POLICY**

SIGNATURE PAGE

\_\_\_\_\_  
Chief Human Resources Officer

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief Ancillary Services Officer

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief Information Officer

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief Community Health Services Officer

\_\_\_\_\_  
DATE

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Chief Financial Officer

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DATE

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Chief Nursing Officer

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Chief Medical Officer

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DATE

\_\_\_\_\_  
Chief Quality Officer

\_\_\_\_\_  
DATE

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Chief of Support Services

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief Operating Officer

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
DATE

\_\_\_\_\_  
President, TCRHCC Board of Directors

\_\_\_\_\_  
DATE