

COP Nurse Survey

1. Introduction

Thank you for taking the time to complete this survey regarding your experiences with OWCP.

The goal of the survey is to provide feedback to OWCP on the effectiveness of recently implemented operational enhancements as well as to provide a baseline for future changes. All responses will be kept anonymous and confidential. Your honest feedback is important to our future success and genuinely appreciated.

This survey will take approximately 5-10 minutes to complete.

2. CA-3

1. Within the last six months, have the number of referrals to you where the injured worker has already returned-to-work decreased?

☐ Yes

☐ No

☐ Don't Know

2. Within the last six months, has the total number of cases you received decreased?

☐ Yes

☐ No

☐ Don't Know

3. COP Portal and Report

3. Has the reinstitution of the Web Portal allowed you to receive assignments from the Staff Nurses faster?

☐ Yes

☐ No

☐ Don't Know

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4. Has the reinstitution of the Web Portal allowed you to complete your required calls/contacts earlier in the COP period?

☐ Yes

☐ No

☐ Don't Know

5. How has the reinstitution of the Web Portal impacted your ability to report?

(Please check all that apply)

☐ Made the submission easier

☐ Made the submission process faster

☐ Allows me to be more timely with report submission

☐ No Impact

☐ Other (please specify)

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6. Do you think the new COP report format allows you to report the most important information to the Claims Examiner better than the previous format?

☐ Yes

☐ No

☐ Don't Know

If NO, please provide additional feedback on how the report format could be improved in the comment box below):

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7. How effective do you think the COP reports are in communicating the following information?

	Extremely Effective	Somewhat Effective	Somewhat Ineffective	Extremely Ineffective	Don't Know/Not Applicable
Whether or not the employee has returned to work	jn	jn	jn	jn	jn
Estimated return to work dates	jn	jn	jn	jn	jn
Obtaining medical information for more rapid adjudication	jn	jn	jn	jn	jn
Problems the employee is having with treatment, return to work or psycho-social issues that may need to be dealt with	jn	jn	jn	jn	jn
Problems the employing agency may be having with obtaining needed medical information in order to facilitate return to work	jn	jn	jn	jn	jn
Communicating the barriers to return to work	jn	jn	jn	jn	jn
Suggesting interventions to assist with recovery and return to work	jn	jn	jn	jn	jn

Additional Comments

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4. COP Nurses

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8. To what degree do you think the COP Nurse program is successful in accomplishing the following goals?

	Extremely Successful	Somewhat Successful	Somewhat Unsuccessful	Extremely Unsuccessful	Don't Know/Not Applicable
Gathering information on whether or not the employee has returned to work	jn	jn	jn	jn	jn
Gathering information so the case can be adjudicated quickly	jn	jn	jn	jn	jn
Gathering information so a recovery and return to work plan can be put together	jn	jn	jn	jn	jn
Facilitating information from the physician on physical restrictions	jn	jn	jn	jn	jn
Assisting with obtaining needed medical treatment	jn	jn	jn	jn	jn
Assisting with obtaining needed medical treatment authorizations and assisting with billing problems	jn	jn	jn	jn	jn

Additional Comments

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9. OPTIONAL: Are there any suggestions you have to improve the effectiveness of the COP Nurse program?

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5. Field Nurses

10. On what percentage of new claims, after your initial COP phone calls, can you determine the need or lack of need for a Field Nurse intervention?

jn None – additional information is required

jn 1 - 25%

jn 26 - 50%

jn 51 - 75%

jn 76 - 100%

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11. How often are you assigned as the Field Nurse on a case where you were the COP Nurse?

- ☐ Never
- ☐ Less than 10% of the time
- ☐ 10% but less than 25% of the time
- ☐ 25% but less than 50% of the time
- ☐ 50% of the time or more

6. Staff Nurse Role

12. How is your performance as a COP Nurse evaluated by OWCP?
(Please check all that apply)

- ☐ Staff Nurses monitor process-related measures (timeliness of reports, etc) on my cases and use that to evaluate my performance
- ☐ OWCP surveys Claims Examiners and/or Employing Agencies to determine their level of satisfaction with my services
- ☐ Staff Nurses use return to work or lost production day statistics to monitor COP Nurse results
- ☐ Staff nurses use return to work or lost production day statistics but take into consideration the severity of injury and evaluate catastrophic case management separately
- ☐ I do not know how my performance as a COP Nurse is evaluated
- ☐ Other (please itemize any additional evaluation criteria in the comments box below)

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13. Would it be helpful to you in managing your cases if you had more specific, outcome-oriented performance goals?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If YES, what types of outcome goals would be most meaningful/helpful?

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14. Overall, how helpful is the Staff Nurse in providing direction on the COP cases that are referred to you?

☐ Extremely
Helpful

☐ Somewhat
Helpful

☐ Not Very Helpful

☐ Not At All Helpful

☐ Don't Know/Not
Applicable

7. Information Sharing

15. What information are you allowed to share with the employing agencies without a specific written authorization from the employee?
(Please choose the description that is the most accurate):

☐ Any material in the claim file

☐ All nurse and rehabilitation counselor reports

☐ Only information that does not contain medical evidence

☐ All information necessary to assist in the return-to-work effort, including psychiatric tolerance limitations (but not full psychiatric reports)

☐ All information necessary to assist in the return to work effort

☐ I cannot give them any specific written material, but can discuss return to work with the agency

☐ No information without a specific signed authorization from the employee

☐ I am not sure

8. Demographics

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16. For which DFEC District Office do you work?

- ☐ Boston
- ☐ Chicago
- ☐ Cleveland
- ☐ Dallas
- ☐ Denver
- ☐ Jacksonville
- ☐ Kansas City
- ☐ New York
- ☐ Philadelphia
- ☐ San Francisco
- ☐ Seattle
- ☐ Washington, D.C.

17. In total, how long have you worked for DFEC?

- ☐ Less than a year
- ☐ 1 to 3 years
- ☐ 3 to 5 years
- ☐ 5 to 10 years
- ☐ More than 10 years