



Memorandum from the Office of the Inspector General

March 28, 2018

Megan T. Flynn, LP 3A-C

**REQUEST FOR FINAL ACTION – EVALUATION 2017-15510 – MANAGEMENT OF
EMPLOYEE MEDICAL WORK RESTRICTIONS AND ACCOMMODATIONS**

Attached is the subject final report for your review and final action. Your written comments, which addressed your management decision and actions planned or taken, have been incorporated into the report. Please notify us when final action is complete. In accordance with the Inspector General Act of 1978, as amended, the Office of the Inspector General is required to report to Congress semiannually regarding evaluations that remain unresolved after 6 months from the date of report issuance.

If you have any questions or wish to discuss our findings, please contact J. Lauren Pionke, Senior Auditor, at (865) 633-7381 or E. David Willis, Director, Evaluations, at (865) 633-7376. We appreciate the courtesy and cooperation received from your staff during the evaluation.

David P. Wheeler
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ET 3C-K

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Attachment
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OIG File No. 2017-15510



Office of the Inspector General

Evaluation Report

To the Vice President,
Human Resources

MANAGEMENT OF EMPLOYEE WORK RESTRICTIONS AND ACCOMMODATIONS

Evaluation Team
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Evaluation 2017-15510
March 28, 2018

ABBREVIATIONS

ARB	Accommodations Review Board
DDL	Duty Disposition Letter
EH	Employee Health
HR	Human Resources
HRBP	Human Resources Business Partner
MCM	Medical Case Management
RTW	Return to Work
SPP	Standard Programs and Processes
TVA	Tennessee Valley Authority

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MEMORANDUM DATED MARCH 26, 2018, FROM MEGAN T. FLYNN TO
DAVID P. WHEELER



Evaluation 2017-15510 – Management of Employee Medical Work Restrictions and Accommodations

EXECUTIVE SUMMARY

Why the OIG Did This Evaluation

Effective July 13, 2016, the Tennessee Valley Authority's (TVA) Employee Health departmentⁱ implemented TVA Standard Programs and Processes (SPP) 11.520, Medical Case Management. According to the SPP, the purpose of medical case management (MCM) is to assure the health status of each employee is suitable to work safely as a condition of TVA employment and to determine an employee's ability to work safely and efficiently perform job tasks and functions. If an employee's ability to perform job tasks or ability to work safely is potentially impacted, the SPP provides for a medical case manager to evaluate the circumstances and employee's condition. The medical case manager then makes a determination whether to place medical restrictions on the employee.

Due to (1) concerns identified during Evaluation 2016-15445, Chief Human Resources Office's Organizational Effectiveness, and (2) the importance of the safety of TVA employees, we initiated an evaluation to determine if TVA is effectively managing employee medical work restrictions and accommodations. The scope of the evaluation included all open TVA employee medical work restrictions as of October 23, 2017.

What the OIG Found

We determined there were gaps in the management of employee medical work restrictions and accommodations which resulted in the process being ineffective. Specifically, we determined (1) the MCM process was not consistently followed, including (a) restrictions and accommodations were not managed in accordance with the MCM process, (b) time limits of work assignment forms and follow-ups were not consistently met, and (c) the monthly constraint review process was not consistently performed; and (2) some line managers were unaware of the restrictions placed on their employees. We also identified other areas for improvement related to Medgateⁱⁱ system limitations and training.

What the OIG Recommends

We recommend the Vice President, Human Resources, (1) reinforce the need for employee medical work restrictions to be managed in accordance with the SPP, (2) determine if the time limit for completing work assignment forms is reasonable for those line managers working different shifts or in remote/field locations, (3) notify line managers of all current medical work

ⁱ Employee Health is a department within TVA's Human Resources business unit.

ⁱⁱ Medgate is the software TVA uses to track (1) safety incidents and (2) medical work restrictions and accommodations.



Evaluation 2017-15510 – Management of Employee Medical Work Restrictions and Accommodations

EXECUTIVE SUMMARY

restrictions and emphasize the importance of notifying line managers of all employee medical work restrictions in the future, (4) address Medgate system limitations, and (5) address training gaps identified for temporary and permanent line managers. Our detailed recommendations are listed in the body of this report.

TVA Management's Comments

In response to our draft report, TVA management generally agreed with our recommendations and provided planned and completed actions to address the recommendations. After consideration, management decided to maintain the time limit for completing work assignment forms. See the Appendix for management's complete response.

BACKGROUND

Effective July 13, 2016, the Tennessee Valley Authority's (TVA) Employee Health (EH) department¹ implemented TVA Standard Programs and Processes (SPP), 11.520, Medical Case Management.² According to the SPP, the purpose of medical case management (MCM) is to assure the health status of each employee is suitable to work safely as a condition of TVA employment and to determine an employee's ability to work safely and efficiently perform job tasks and functions. According to TVA, prior to implementation of the MCM process, there was a lack of oversight of medical restrictions and accommodations and no case management of nonwork-related illnesses and injuries. The MCM process was developed to improve workforce availability and safety by allowing TVA's licensed medical professionals to manage employee medical absences for work- and nonwork-related incidents.

According to the SPP, if an employee's ability to perform job tasks or ability to work safely is potentially impacted, or the employee has been absent due to a medical issue, injury, or illness for 40 or more continuous work hours (48 for 12-hour shift work), a medical case manager³ evaluates the circumstances and employee's condition to determine if medical restrictions⁴ need to be placed on the employee. If the determination is made that medical restrictions are needed, (1) a Duty Disposition Letter⁵ (DDL) is issued to line management, the employee, and the Human Resources Business Partner (HRBP);⁶ (2) MCM is initiated; and (3) employee's leave would continue until (a) a transitional/temporary work assignment⁷ is placed, (b) approximately 180 days have lapsed and the restrictions are considered permanent, or (c) the employee can perform the job tasks and essential job functions and the restrictions have been removed.

Temporary Restrictions – If the restrictions are placed as temporary and management determines there is transitional/temporary work the employee can perform, line management and the employee complete the work assignment form. Based on the duration of the transitional/temporary work assignment, progressing levels of approval and notification are required. To track the notifications, the Return to Work (RTW) coordinator performs a 60-, 90-, and 180-day check.⁸ If

¹ EH is a department within TVA's Human Resources (HR) business unit.

² EH informed us they are updating the SPP to improve the process.

³ A medical case manager is a licensed medical professional who (1) evaluates and monitors medical issues, injuries, or illnesses; (2) reviews and/or assigns restrictions to employees; and (3) follows up on progress to facilitate the healthy return to work. Staff assigned to MCM includes senior physician, nurse practitioners, registered nurses, licensed practical nurses, and medical technicians.

⁴ A restriction is defined as a limitation that restricts someone's physical actions or mental behavior.

⁵ A DDL is a document used to provide written notification of nonapprovals and work restrictions placed after a work- or nonwork-related injury or illness.

⁶ We were informed by EH employees that the HRBP has been replaced in this step by EH's RTW coordinators.

⁷ Transitional/temporary work allows an employee with temporary restrictions to work in a modified, alternative or reduced hours capacity for a defined period of time (not exceeding 180 days) while recuperating from an illness or injury.

⁸ The 60-, 90-, and 180-day checks are not included in the current SPP. However, we were informed by EH employees that this is currently part of the process.

temporary restrictions are still in place after 180 days, the restrictions are considered permanent and an Accommodations Review Board (ARB)⁹ is convened to determine if (1) employee restrictions can be permanently accommodated, (2) the employee can be reassigned, or (3) separation proceedings need to be initiated.

Permanent Restrictions – If the restrictions are placed as permanent and the employee cannot safely perform the job tasks and essential functions of the job, the accommodation review process is conducted where management and HRBP¹⁰ (along with assistance from the accommodation manager, Office of General Counsel, and Labor Relations as needed) work to identify appropriate accommodations. If no permanent accommodations can be provided, the ARB will be convened to determine the next course of action. Permanent restrictions are to be followed up by the case manager at least annually. Case management continues until the restrictions are removed or employment is terminated.

The SPP also includes a monthly constraint¹¹ review process which consists of monthly reports provided by the medical case manager which identifies individual employees' restrictions. According to the SPP, line management and the HRBP should review the monthly report to (1) ensure knowledge of all restrictions, (2) validate compliance with restrictions and completion and accuracy of transitional work assignments, (3) identify restrictions that have passed the 180-day trigger and temporary restrictions that have become permanent due to a change in condition, and (4) verify the accommodation review process has been performed for all permanent restrictions.

Due to (1) concerns identified during Evaluation 2016-15445, Chief Human Resources Office's Organizational Effectiveness, and (2) the importance of the safety of TVA employees, we initiated an evaluation of TVA's management of employee medical work restrictions and accommodations.

OBJECTIVE, SCOPE, AND METHODOLOGY

The objective of our review was to determine if TVA is effectively managing employee medical work restrictions and accommodations. Our scope included all open TVA employee medical work restrictions in Medgate¹² as of October 23, 2017. To achieve our objective, we:

- Reviewed TVA-SPP-11.520, Medical Case Management, effective July 13, 2016, and other relevant documentation to gain an understanding of the process.

⁹ The ARB is comprised of line management, HR senior manager (or above), Labor Relations director (if applicable), accommodation manager, Office of General Counsel representative, Workers' Compensation manager (if applicable).

¹⁰ According to TVA, HRBPs have been removed from the initial accommodation process.

¹¹ The SPP refers to restrictions as constraints.

¹² Medgate is the software TVA uses to track (1) safety incidents and (2) medical work restrictions and accommodations.

- Interviewed EH employees to gain an understanding of the Medgate system and the MCM process.
- Interviewed 133 of 424 line managers of employees in safety-sensitive positions within Nuclear, Power Operations, and Transmission to determine the completeness of data within Medgate and to determine their role and understanding of the MCM process once medical restrictions are placed.
 - Nuclear – We statistically selected 51 of 250 line managers of employees in safety-sensitive positions using discovery acceptance sampling with a 95 percent confidence level.
 - Power Operations – We statistically selected 45 of 132 line managers of employees in safety-sensitive positions using discovery acceptance sampling with a 95 percent confidence level.
 - Transmission – We selected all 42 line managers of employees in safety-sensitive positions. At the time of our interviews, we determined 1 line manager no longer worked for TVA, and 4 other line managers oversaw contractors, which were outside the scope. As a result, we only interviewed 37 of the 42.
- Interviewed all 11 case managers and 4 of 14 HR generalists from Nuclear, Power Operations, and Transmission to understand their role in the MCM process.
- Reviewed documentation for a statistically selected sample of 60 employees from a population of 291 employees with open restrictions in Medgate as of October 23, 2017, using rate of occurrence sampling with a 90 percent confidence level to determine if the restrictions were being effectively managed in accordance with the MCM process.

This evaluation was performed in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

FINDINGS

We determined there were gaps in the management of employee medical work restrictions and accommodations which resulted in the process being ineffective. Specifically, we determined (1) the MCM process was not consistently followed, including (a) restrictions and accommodations were not managed in accordance with the MCM process, (b) time limits of work assignment forms and follow-ups were not consistently met, and (c) the monthly constraint review process was not consistently performed; and (2) some line managers were unaware of the restrictions placed on their employees. We also identified other areas for improvement related to Medgate system limitations and training.

THE MCM PROCESS WAS NOT CONSISTENTLY FOLLOWED

We reviewed documentation associated with a statistically selected sample of 60 employees out of 291 with open restrictions as of October 23, 2017. The 60 employees had a total of 120 restrictions reflected in Medgate. Our review indicated that in 37 of the employees' cases, restrictions and accommodations were not managed in accordance with the MCM process. Based on the sample results, we are 90 percent confident the actual number of cases that were not managed in accordance with the process is between 150 and 207. Additionally, we identified (1) time limits for work assignment forms and follow-ups were not consistently met, and (2) the monthly constraint review process was not consistently performed.

Restrictions and Accommodations Were Not Managed in Accordance With the MCM Process

Of the 120 restrictions represented in our sample, 44 were placed prior to the implementation of TVA-SPP-11.520, and 76 were placed after the SPP was implemented. We identified instances where restrictions placed both prior to and after the SPP implementation were not managed in accordance with the MCM process.

Restrictions Placed Prior to MCM Implementation Were Not Managed in Accordance With the MCM Process

We reviewed a total of 44 restrictions (permanent and temporary) placed prior to the implementation of the MCM process. Although these restrictions were placed prior to the process, according to TVA, all open restrictions in Medgate should go through the MCM process. We identified (1) permanent restrictions that have not been through any part of the case management process and (2) temporary restrictions that should have transitioned to permanent restrictions or been closed and have not been through any part of the case management process at the time of our review.

- *Permanent Restrictions* – Thirty-two of the restrictions placed prior to MCM were listed as permanent. We determined 19 of these restrictions had no case management. Specifically, the restrictions had not been through an annual review since the implementation of the MCM process and there was no case management documentation available for the restrictions. According to the SPP, the case manager should follow up with the employee regarding permanent restrictions at least annually.
- *Temporary Restrictions* – Twelve of the restrictions placed prior to MCM were listed as temporary. According to the SPP, after approximately 180 days have lapsed, restrictions are considered permanent. However, as of October 23, 2017, the 12 temporary restrictions had been in place between 493 days and 2,969 days. The SPP also requires the case manager to follow up with the employee regarding temporary restrictions at least quarterly. However, 5 of the 12 temporary restrictions had no documentation indicating the case had been managed.

Restrictions Placed After MCM Implementation Were Not Managed in Accordance With the MCM Process

We reviewed a total of 76 restrictions placed after implementation of the MCM process and identified instances where one or more steps of the process were not completed for both permanent and temporary restrictions.

- *Permanent Restrictions* – We reviewed 14 permanent restrictions placed since the implementation of MCM and determined 6 restrictions were not managed in accordance with the MCM process.
 - Two of the restrictions had no DDL. According to the SPP and EH, the medical case manager provides the DDL to line management, the RTW coordinator, and the employee to initiate the MCM process. Because a DDL was not issued, the MCM process was not initiated; therefore, it was unclear if the line manager was notified of the employee's work restrictions, which creates a risk of unsafe work conditions.
 - Six of the restrictions did not have a work assignment form completed. Therefore, there was no documentation of a discussion and agreement between management and the employee about the restrictions.
- *Temporary Restrictions* – We reviewed 62 temporary restrictions placed since the implementation of MCM and determined 27 restrictions were not managed in accordance with the MCM process.
 - Sixteen of the restrictions did not have a work assignment form completed.
 - Nineteen of the restrictions did not have a 60-day check conducted when applicable.
 - Fourteen of the restrictions did not have a 90-day check conducted when applicable, so the second line and HR managers were not notified as required by the work assignment form.
 - Seven of the restrictions did not have a 180-day check conducted when applicable, so the line vice president and the HR senior manager were not notified, and the ARB was not convened as required by the work assignment form. In addition, according to the SPP, after approximately 180 days have lapsed, the restrictions should be considered permanent.
 - Five of the restrictions had been removed or should have been removed previously but were still active in Medgate at the time our sample was pulled. These restrictions were closed during our review.

Time Limits of Work Assignment Forms and Follow-Ups Not Consistently Met

EH requires the work assignment form be completed and returned to EH by line managers within 72 hours of issuance of the DDL. Once the work assignment form has been completed, follow-up checks are performed by the RTW coordinator at the 60-, 90-, and 180-day mark. We determined the work assignment forms were not always completed and returned to EH in a timely manner.

According to four line managers in Operations departments who work different shifts, there are times when they do not have an opportunity to handle certain

aspects of the case management process, such as meeting with the employee to discuss accommodations and sign the work assignment form. Also, one Transmission line manager indicated they sometimes have a difficult time tracking down employees in the field to sign and complete the work assignment forms.

While the timeliness of the work assignment forms is important in order to ensure that restrictions and accommodations have been discussed and agreed upon between the employee and line manager, a determination should be made as to whether or not the current time limits are reasonable for line managers and employees working different shifts or in remote/field locations.

Monthly Constraint Review Process Not Consistently Performed

As mentioned previously, the monthly constraint review process consists of monthly reports provided by the medical case manager identifying individual employee's restrictions. According to TVA-SPP-11.520, line managers and the HRBP should review the monthly reports to (1) ensure knowledge of all restrictions (2) validate compliance with restrictions and completion and accuracy of transitional work assignments, (3) identify restrictions that have passed the 180-day trigger and temporary restrictions that have become permanent due to a change in condition, and (4) verify the accommodation review process has been performed for all permanent restrictions. During our interviews with case managers, HRBPs, and line managers, we determined that this process was not consistently performed. Although all 11 case managers indicated they receive the monthly report from Medgate, 2 of the case managers indicated they are not including line management, and 6 indicated they are not including the HRBP in the process. Eighteen of 81 line managers (22.2 percent) interviewed¹³ indicated they had received and reviewed the monthly report.

Failing to perform the monthly constraint review process creates gaps in knowledge and follow-up on restrictions, which could result in employees working in unsafe conditions.

SOME LINE MANAGERS UNAWARE OF EMPLOYEE WORK RESTRICTIONS

Through our interviews with the 133 line managers over safety-sensitive positions in Nuclear, Power Operations, and Transmission, we identified 23 instances where line managers were unaware of direct-report employees' work restrictions. We determined management could be unaware of restrictions as a result of supervisory turnover, a lack of regular follow up on restrictions, and restrictions being handled at a higher level. Additionally, in Power Operations, a concern was identified by a line manager related to working with employees on overtime shifts who are not his direct reports. The line manager indicated he may be unaware of employee work restrictions. Three line managers mentioned having previously kept a book in the office that contained all restrictions for employees in Operations. However, they indicated this process had stopped.

¹³ The remaining 52 of the 133 line managers interviewed provided responses that indicated they had not been through the MCM process or dealt with restrictions that were greater than 30 days old.

One of the managers indicated the process is now communicated by word of mouth and they rely on the employees to tell them if they cannot safely perform a task assigned to them.

The lack of knowledge of restrictions in these instances creates a safety risk that employees could be assigned and perform tasks that they cannot safely perform because of their medical conditions.

OTHER AREAS FOR IMPROVEMENT

During our evaluation, we identified other areas for improvement related to (1) Medgate limitations and (2) a need for additional line manager training.

Medgate System Limitations

We identified limitations in Medgate that could be contributing to some of the issues identified above. These limitations include the system's inability to automatically include the RTW coordinator on DDLs and system notifications.

Although Medgate auto-populates the employee's line manager for distribution of the DDL, the system is not set up to automatically include the RTW coordinator on the e-mail. The case manager must manually add the e-mail address of the RTW coordinator to each DDL e-mail. For 5 of the 16 temporary restrictions identified above that did not have a work assignment form, the RTW coordinator did not receive the DDL and therefore was not notified to start the case management process.

In addition, we determined there were no automated system notifications within Medgate to notify the RTW coordinators when the 72-hour and 60-, 90-, and 180-day checks are due. Specifically, one RTW coordinator indicated they are responsible for keeping up with the time frame for each restriction and communicating the information manually.

Training

Based on our interviews with line managers and case managers, we determined there were training gaps for line management regarding the MCM process because of the following concerns:

- Line managers may be unaware of the restriction process until attending the first-line supervisor training, which may not take place immediately upon assuming the role.
- Temporary line managers may be unaware of the work restriction process.
- Line managers who have not had employees with medical restrictions may need training to refamiliarize themselves with the process.

RECOMMENDATIONS

We recommend the Vice President, HR:

1. Reinforce the need for employee medical work restrictions to be managed in accordance with the SPP, including the monthly constraint review process.
2. Determine if the 72-hour time limit for completing work assignment forms is reasonable for those line managers working different shifts or in remote/field locations.
3. Notify line managers of all current medical work restrictions and emphasize the importance of notifying line managers of all employee medical work restrictions in the future.
4. Address Medgate system limitations by auto-populating the RTW coordinator on DDLs and developing automated system notifications when follow-ups are due.
5. Address training gaps identified for temporary and permanent line managers to reinforce the MCM process and expectations for restriction management.

TVA Management's Comments – In response to our draft report, TVA management generally agreed with our recommendations and provided planned and completed actions to address the recommendations. To implement our recommendations, management plans to (1) update the governing SPP by June 30, 2018, reinforce related program expectations, and deliver a monthly restriction report to the plant manager, safety consultant, and supervisor of each employee with restrictions; (2) improve consistent adherence to the process; (3) work with Information Technology to address Medgate system limitations; and (4) reinforce expectations for line managers through enhanced training modules and communication. In addition, management considered the 72-hour time limit for completing work assignment forms and decided to maintain the current limit. See the Appendix for management's complete response.

Auditor's Response – While the details of the business case and the request for proposal were not provided, it appears TVA management is taking steps to address the Medgate system limitations we identified. Accordingly, we concur with TVA management's planned and completed actions.

March 26, 2018

David P. Wheeler, ET 3C-K

RESPONSE TO REQUEST FOR COMMENTS - DRAFT EVALUATION 2017-15510 -
MANAGEMENT OF EMPLOYEE MEDICAL WORK RESTRICTIONS AND
ACCOMMODATIONS

This is in response to the recommendations provided in your February 21, 2018, draft evaluation of management of employee medical work restrictions and accommodations within TVA's Human Resources business unit. Managements comments address supporting facts and recommendations.

Background (page 1)

Suggested Edit: While the audit was conducted on TVA Standard Programs and Processes (SPP) 11.520, Medical Case Management, an updated version of the SPP was concurrently under review. Throughout the report, enhancements to the process that are reflected in the revised SPP (e.g., footnote 7 on page 1) are referenced. Therefore, such should be acknowledged in the background section of the evaluation report.

Recommendations (page 8)

Reinforce the need for employee medical work restrictions to be managed in accordance with SPP, including the monthly constraint review process.

Response: HR leadership agrees employee medical work restrictions need to be managed in accordance with SPP which includes monthly constraint review.

While the program has not achieved full functional maturity, it is on a positive trajectory.

Additionally, HR leadership believes enhancements to the program will be recognized following the updated SPP's implementation as well as the need to reinforce related program expectations. The anticipated publication date of the revised SPP is June 30, 2018. Also beginning next month, April 2018, monthly restriction reports are to be delivered to the plant manger, safety consultant and supervisor of each employee with a current restriction(s). This approach will ensure the appropriate individuals are aware of employees' restrictions(s).

Determine if the 72-hour time limit for completing work assignment forms is reasonable for those line managers working different shifts or in remote/field locations.

Response: After consideration, HR leadership has decided to maintain the 72 hour time limited for completing work assignment forms due to data indicating that additional time - even as much as 14 business days - does not increase the response rate to the Duty Disposition Letters. The 72-hour time limit for completing work assignment forms is a deadline the Employee Health team established because it allows management to engage with employees to ensure safety and health of the individual. It also ensures compliance with the regulatory requirement of responding to a Duty Disposition Letter within 10 business days as defined by the Equal Employment Opportunity Commission policy procedures for accommodations for individuals with disabilities.

David P. Wheeler
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Notify line managers of all current medical work restrictions and emphasize the importance of notifying line managers of all employee medical work restrictions in the future.

Response: HR leadership agrees with the recommendation and we have begun to develop plans to improve consistent adherence to our process which includes a monthly constraint review.

Address Medgate system limitations by auto-populating the RTW coordinator on DDLs and developing automated system notifications when follow-ups are due.

Response: HR leadership agrees the Medgate system has limitations and we are actively engaged with our partners in IT on how to navigate these limitations as well as enhance functionality. A business case to address such limitations has been developed and a request for proposal has been submitted. We anticipate a decision on next steps will be determined in July.

Address training gaps identified for temporary and permanent line managers to reinforce the MCM process and expectations for restriction management.

Response: During the implementation of the updated SPP, HR leadership plans to reinforce expectations for restriction management for line managers through enhanced training modules and communications to improve leader ownership and accountability.

If you have any questions, please feel free to contact me at 423-751-2281.



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