Sample Report Set

Company Nurse powered by Lintelio provides excellent triage services, care instructions, and/or medical referrals to your injured employees for their workers' comp injuries. As a result of these services, reports are generated to document the injuries after they have been reported.

Samples of the following reports are provided:

- **Report of Injury:** Captures a high-level overview of the injury details along with workers" compensation insurance information and employee, employer, and medical referral information.
- **Provider Alert:** Faxed or emailed to the treatment facility prior to the arrival of the injured employee and contains the triage details. It includes a **Work Status and Treatment Plan** form which can be returned to the employer to alert them of any work restrictions or if follow-up is required.
- **Incident Summary Report:** Provides a statistical account of injuries during a specified time period for a client or group.
- **Admin Portal Overview:** Learn more about what you can see and access in our Admin Portal.

Report of Injury

Minutes after the injury is reported to Company Nurse powered by Lintelio, a Report of Injury is sent to all the stakeholders such as Risk Managers, the TPA, Supervisors, etc. (i.e. those assigned by the organization to receive these reports). It is also immediately accessible via the Admin Portal.

Benefits:

- Prompt notification to all stakeholders ensures a proactive approach, rather than reactive, when managing the injury process.

- This comprehensive injury report saves the workers" comp team time in searching for information regarding the employee and the injury.

COMPANYNURSE Powered by Intelio

Report of Injury

Confidential

INCIDENT ID #	I2601359	Time: 09/01/2023 11:32 AM CDT	Jones, Angela

To: Nicole's Custom Made Meals LLC
Primary Contact : Nicole Edwards
Phone : 602-476-3813
Email Address : nedwards@companynurse.com
Alternate Contact : Tiffany Tiemeyer - ttiemeyer@companynurse.com 5555555555
Employer Address : Nicole's Custom Made Meals LLC 17435 N 7th St
Schaumburg, IL 60193
Re: Angela Jones

TEST
99999 Group
999999

Dear Employer:

Please find attached an injury report for an incident which occurred on 09/01/2023 8:00 AM CDT
The following information was provided to Company Nurse 0 day(s) later on 09/01/2023 11:32 AM CDT

Your employee was TRIAGED by a nurse and WILL SEEK OR HAS SOUGHT TREATMENT.

Treatment Provider:

TEST-Z

Care Spot - Test Facility
401 E Bell Rd #18
Schaumburg, IL 60193
Phone: 999-999-9999 Fax:

A Provider Alert has been sent to the above Treatment Provider with the Employer's Name & Address, Employee's Name & Address, Details of the Injury, and a Work Status Report that the medical provider may complete and return to your designated recipient.

Claims/Medical Billing Information:

(if a Treatment Provider is populated above, we have forwarded this information to that Provider.)

Smith Insurance
9512 Claims St Suite 1526
Phoenix, AZ 85001
Phone: 555-555-5550 Fax: 555-555-5551

Self-Care / First Aid advice provided by Company Nurse does not constitute authorization for modified duty. This injury report is being forwarded as a service to your organization; you may want to further investigate the incident.

COMPANYNURSE Powered by Lintelio

Report of Injury

Confidential

INCIDENT ID # I2601359 | Time: 09/01/2023 11:32 AM CDT | Jones, Angela

Employer Corporate Location

Nicole's Custom Made Meals LLC
17435 N 7th St
Schaumburg, IL 60193
Phone : 602-476-3813

Employer Worksite Location

Nicole's Custom Made Meals LLC
17435 N 7th St
Schaumburg, IL, 60193
Location #:
Policy #: 25425245

Employee Information

Last	First	Middle Initial	SSN	Date Of Birth	Gender	Marital Status
Jones	Angela		275-41-7201	08/24/1978	F	Married

Home Address	City	State	Zip
123 Main Street	Hanover Park	IL	60193

Home Phone	Work Phone	Mobile Phone	Email Address	Occupation
480-341-8137	760-247-7206	480-341-8137	ajones@gmail.com	Bakery Clerk

Hire Date	Caller	Supervisor Name	Supervisor Phone
11/01/2020	Angela Jones	John Lynch	760-247-7206

Language

Employee Speaks	Language Service Used
English	Translator Provided

Interpreter ID #

Date, Time, and Place of Incident/Report

Date/Time (local) of Incident	Day of Week	Date/Time (local) Reported	Date/Time (local) Reported to Supervisor	Injury Work Department
09/01/2023 8:00 AM CDT	Friday	09/01/2023 11:32 AM CDT	09/01/2023 8:30 AM CDT	Bakery Isle

Injury Location
17435 N 7th St Schaumburg, IL 60193
Report Taken By: Nicole E, Nicole E

Witnesses #1	Witness #2	Witness #3
Tom Jones	(Co-Worker)	

Injury and Treatment

Nature of Incident / body part	Body Part Side	Telemed Choice: N/A	☐ Report Only NO TRIAGE
LowerBackArea(Trunk)	Both	Reason Declined:	☒ Care Advice Given

Reason Alternate Chosen

Treatment Facility and Location Information
Care Spot - Test Facility - 401 E Bell Rd #18, Schaumburg, IL 60193

RN Triage

Medical Guideline	Severity Level	☐ Patient Understands ☐ Patient Compliant
BACK PAIN FROM LIFTING OR TWISTING	Referred within 24 hours	☐ Supervisor Wrap-Up

Patient Response driving Medical Guideline
New shooting pain (travels from injury site down an extremity). This is different from pain that extends into adjacent areas.;

Patient Override	Nurse Override

Patient Reason

INCIDENT ID #	I2601359	Time: 09/01/2023 11:32 AM CDT	Jones, Angela

1. How did the accident happen? (Please state all details)
Anglea was moving some boxes of fondant when she felt a sharp pain in her mid-back.

2. Please describe your medical complaint.
Pain to the middle of the back.

3. Please specify machine, tool, substance or object most closely connected with this accident.
Boxes of fondant

4. What was the employee doing when accident occurred? (i.e. loading truck, walking down stairs, etc)
Moving boxes

5. Medical History:

COMPANYNURSE Powered by Intelio

Report of Injury

Confidential

INCIDENT ID #	I2601359	Time: 09/01/2023 11:32 AM CDT	Jones, Angela

6. Assessment Questions:
Location (shoulder blade, waistline)? : Lower mid back
Pain Level? : 8 out of 10
Range of Motion (bending, twisting)? : Hurts to bend but can twist. Bening makes pain go down both legs.
Radiating pain? : None
Numbness or tingling? If yes, provide details. : None
Any weakness in extremities? : None
Any self-care attempted? : Not yet

7. Essential Notes:

8. Employer Directive/Questions:
* ASK: What is your team member file number?:12546
* Have you sought medical treatment yet?:No
Were Safeguards or Safety Equipment Provided?: Yes
Employee ID#: 123456
Was this incident related to the following? If multiple are applicable, select most severe. If none are applicable, leave blank.: none_of_the_above
Do you have a job with any other employer?: 1
Employee's hours worked per week: 40
Other Personal Protective Equipment being used (ex. Oven gloves, fryer apron/gloves/ mask?): Back Brace

Care Advice
See medical provider within 24 hours.
If needed, take OTC pain reliever around the clock per label instructions without skipping doses unless sleeping.
Use topical pain reliever like Biofreeze per label instructions. If using ice or heat, apply after. Do not apply if there is broken skin.
INFO: When you check in at the facility let them know you are being seen for a workplace injury. Have your photo ID available in case needed. If they have not received the fax, you can call back with your incident number to request it to be resent.

Provider Injury Alert

When an injured employee is referred for treatment, a Provider Injury Alert is immediately sent to the designated medical facility.

Benefits:

- Gives a summary of the incident in advance so the provider is prepared to receive the injured employee.

- Provides carrier information to the medical facility, thus alleviating the employee and supervisor of this responsibility.

- Improves RTW Program outcomes by helping the treating physician(s) understand the employee's work requirements and determine what modified duty assignments may be available for the employee upon returning to work.

Call Confirmation # CN2547056 Time: 09/01/2023 11:32 AM CDT Medical Professional Nicole E, Nicole E

TO

Care Spot - Test Facility TEST-Z
401 E Bell Rd #18, Phoenix, AZ 85022
Phone: (999) 999-9999 Fax:

Employee/Patient Information 123456

Jones, Angela
17435 N 7th St Building 59 Apt 1077
Phoenix, AZ 85022

Home Phone: 602-476-3813

Employer Information TEST, 99999

Nicoles Custom Made Meals LLC
17435 N 7th St
Phoenix, AZ 85022

Nicole Edwards Phone: 602-476-3813

Workers' Compensation Insurance Carrier (For All Medical Bills)

Smith Insurance
9512 Claims St Suite 1526, Phoenix, AZ 85001
Phone: 555-555-5550 Fax: 555-555-5551 Policy #: 25425245

Dear Medical Provider:

Please note that the above mentioned injured employee will be coming to your facility seeking treatment for a reported workplace injury.

Special Handling Instructions:

This should print on the PA.
NONE

Date/Time (local) of Incident	Day of Week	Date/Time - Reported Local Time	Work Department
02/17/2023 07:00 AM	Friday	02/17/2023 07:18 AM	Classoom

Injury Location
17435 N 7th St Phoenix, AZ 85022

Nature of Incident	Body Part
Strain or Tear	LowerBackArea(Trunk)

Guidelines

BACK PAIN FROM LIFTING OR TWISTING

Care Advice

See medical provider within 24 hours.
Take OTC Pain reliever as needed. Recommend taking around the clock, per label instructions. A single dose or skipping doses will not work as well.
MUSCLES: May use a cloth covered heat pack for 15-20 minutes per hour.
When you check in at the facility let them know you are being seen for a workplace injury. Have your photo ID available in case needed. If facility has not received the fax, you can call back with your incident number to request it to be resent.

After initial treatment, fax/email details and work status report to: nicole.edwards@gmail.com

Please note that workers' compensation benefits are governed by state statute. Although we do our best to ensure that these injuries are in fact work related, no guarantee is made that these are legitimate claims under workers' compensation laws.

Call Confirmation # CN2547056 Time: 09/01/2023 11:32 AM CDT Medical Professional Nicole E, Nicole E

Triage Notes

1. Please describe your medical complaint.
   Pain, tightness, and pull to lower back.

2. How did the accident happen? (Please state all details)
   The employee stated that she was picking up a box of supplies from her desk. When she lifted she felt a pull in her lower back.

3. Please specify machine, tool, substance or object most closely connected with this accident.
   The box of supplies.

4. What was the employee doing when accident occurred? (i.e. loading truck, walking down stairs, etc)
   She was picking up a box of supplies from her desk.

5. Medical History Notes:
   No previous injuries or surgeries to area. No blood thinners or bleeding disorders. Not diabetic or immunocompromised. Not pregnant.

6. Essential Nursing Notes:

   Location (shoulder blade, waistline)? : Lower back
   Pain Level? : 6 out of 10
   Range of Motion (bending, twisting)? : Not able to bend down to touch toes and straighten without increase in pain.
   Radiating pain? : Pain goes down the left leg
   Numbness or tingling? If yes, provide details. : No
   Any weakness in extremities? : No
   Any self-care attempted? : Yes, heating pad for 10 mins
   02/17/2023 8:02 AM MST System Administrator NE Transferred to the nurse.
   02/17/2023 8:05 AM MST System Administrator NE Is able to twist side to side without an increase in pain. Advised employee to be seen in the next 24 hrs.

After initial treatment, fax/email details and work status report to: nicole.edwards@gmail.com

Please note that workers' compensation benefits are governed by state statute. Although we do our best to ensure that these injuries are in fact work related, no guarantee is made that these are legitimate claims under workers' compensation laws.

Call Confirmation # CN2547056 Time: 09/01/2023 11:32 AM CDT

Dear Medical Provider: Please legibly complete this form in its entirety and FAX to nicole.edwards@gmail.com within 24 hours of treatment being rendered. Immediate attention to this will expedite the receipt of the proper authorization and billing payments to your office. Reporting requirements vary by state and must still be completed to formally file a claim. Your cooperation is appreciated.

Employer: Nicoles Custom Made Meals LLC

Provider Information

Care Spot - Test Facility TEST-Z
401 E Bell Rd #18, Phoenix, AZ 85022
Phone: (999) 999-9999 Fax:

Employee Information

Angela Jones DOB: 10/08/1980 123456
17435 N 7th St Building 59 Apt 1077 Phoenix, AZ 85022
Phone: 602-476-3813

Date, Time, and Place of Incident/Report

Date/Time of Incident	Day of week	Date/Time - Reported Local Time	Incident Location
02/17/2023 07:00 AM	Friday	02/17/2023 07:18 AM	Classoom

Subjective Complaints

Findings Upon Physical Exam

Diagnosis

X-Ray Results

Treatment Recommendations

Medications Prescribed

Work Status

Released to Return to Work on _____ Light Duty _____ Reg. Duty _____

Work Restrictions

Follow-Up Appointment _____

Signature Title Date

Incident Summary Report

Employers can choose to receive incident summary reports on a weekly, monthly, or quarterly basis. These reports summarize the incidents that have occurred during a specific time frame at a certain location. Depending on the structure of the organization, these reports can be divided also by regions, districts, divisions, locations, etc.

Benefits:

- A snap-shot of what is happening within the organization during the chosen time frame.

- The organization's management can evaluate and compare the number of injuries, as well as the type of injury and location of occurrence. This facilitates future planning, projections, and implementation of additional safety measures.

The Injury Summary Report is a great tool for Risk Managers to manage results of the Company Nurse powered by Lintelio Program. A Company Nurse powered by Lintelio Client Manager will use the Injury Summary Report to work with clients to maximize results.

Page 13 contains an example incident summary report of combined locations.

Company Name

Sample Location

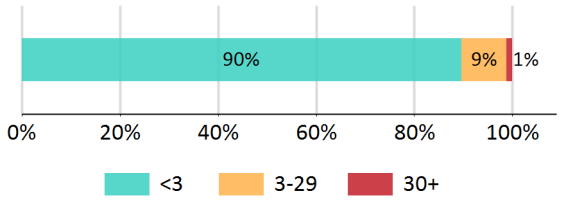
Last Name	Injury Timestamp	Incident ID	Updates	Action	Nature of Injury	Treatment Facility
SSN (last 4)	Report Submitted	Lag Day(s)	Severity Level		Body Part	Injury Department
Occupation	Report Updated					
Sample Location						
Doe	2024-01-22 21:50:00	I0000001	1 Update(s)	Triaged: True	Pain to her left knee.	
XXXX	2024-01-23 00:28:01	0.00 Days(s)	Self Care	Treated: False	Knee	Parking Lot
Registered Nurse	2024-01-23 00:28:01					
Smith	2024-11-26 01:30:00	I0000002	1 Update(s)	Triaged: True	Itching in the right arm.	
XXXX	2024-11-26 10:07:40	0.35 Days(s)	Self Care	Treated: False	Arm	Resident Room
CNA	2024-11-26 10:07:40					
Jones	2024-05-10 17:30:00	I0000003	1 Update(s)	Triaged: True	Broken skin to her right forearm.	
	2024-05-10 20:26:57	0.11 Days(s)	Self Care	Treated: False		Break Room
Registered Nurse	2024-05-10 20:26:57					
Johnson	2024-09-23 18:45:00	I0000004	1 Update(s)	Triaged: True	scratch	
XXXX	2024-09-23 20:04:14	0.03 Days(s)	Self Care	Treated: False	Face Soft Tissues	Residence Bedroom
CNA	2024-09-23 20:04:14					
Williams	2024-02-01 06:00:00	I0000005	1 Update(s)	Triaged: False	Pain in her lower back.	Physicians Immediate Care - Niles
	2024-02-06 14:54:14	5.00 Days(s)	Non Emergent	Treated: True	Back Lower	Patients Room
Nurse	2024-02-06 14:54:14					
Davis	2024-02-07 08:30:00	I0000006	1 Update(s)	Triaged: True	Sctraches and burning sensation to the left hand.	
XXXX	2024-02-07 11:31:22	0.00 Days(s)	Self Care	Treated: False	Hand	Patient Room
CNA	2024-02-07 11:31:22					

Totals for Sample Location (Company Name)

Company Name > Sample Location

Reported Incidents	671
Total Updates	864
Updates per Incident	1.29

Average Lag Days for New Incidents		3.39
Lag Days < 3 Days	601	89.6%
Lag Days 3 - 29 Days	62	9.2%
Lag Day 30+ Days	8	1.2%



Total Incidents		671
Total Treated	368	54.8%
Total Not Treated	303	45.2%

Total Treated		368
Triaged to Treatment	271	73.6%
Treated w/out Triage	97	26.4%

Total Treated		368
Treated to ER	77	20.9%
Treated to Non-ER	291	79.1%
Treated to Telemed	0	0.0%

Total to ER		77
Triaged to ER	27	35.1%
To ER w/out Triage	50	64.9%

Total Incidents		671
Total Triaged	509	75.9%
Total Not Triaged	162	24.1%

Total Triaged		509
Triaged to ER	27	5.3%
Triaged to Non-ER	244	47.9%
Triaged to Telemed	0	0.0%
Triaged to Self Care	238	46.8%

Totals for Sample Location (Company Name)

Company Name > Sample Location

Reported Incidents	671
Total Updates	864
Updates per Incident	1.29

Average Lag Days for New Incidents	3.39	
Lag Days < 3 Days	601	89.6%
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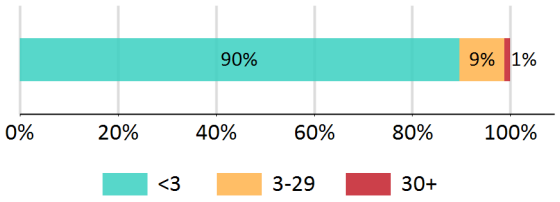


This number is okay. If you look at the breakout, below, it shows 90% of the incidents were reported in less than 3 days. A small percentage was reported after 30 days, skewing the overall average of 3.39 days. **2 days or under is generally a good goal for average lag**

Total Incidents		671
Total Treated	368	54.8%
Total Not Treated	303	45.2%

Total Treated		368
Triaged to Treatment	271	73.6%
Treated w/out Triage	97	26.4%

Total Treated		368
Treated to ER	77	20.9%
Treated to Non-ER	291	79.1%
Treated to Telemed	0	0.0%

Total to ER		77
Triaged to ER	27	35.1%
To ER w/out Triage	50	64.9%

Total number to ER is looking very good. But, it should still be noted that 64.9% of the visits to the ER happened without being triaged there, so it is likely that at least some would have been referred to a different level of care.

Total Incidents		671
Total Triaged	509	75.9%
Total Not Triaged	162	24.1%

Total Triaged		509
Triaged to ER	27	5.3%
Triaged to Non-ER	244	47.9%
Triaged to Telemed	0	0.0%
Triaged to Self Care	238	46.8%

When able to triage, Company Nurse powered by Lintelio has referred only 5.3% of injuries to the ER, with the remainder going to less expensive clinics or Self Care. The goal is to keep the Triaged to ER percentage under 10% and maintain the Triaged to Self Care percentage at 30% or higher.

Ideally, Company Nurse powered by Lintelio would triage every injury to the appropriate level of care. **Less than 20% is a good goal.**

Workers' Compensation Admin Portal Overview

As a Company Nurse powered by Lintelio Client, you have access to our Admin Portal at admin.lintelio.com. This is a secure and easy method for receiving the most up-to-date information.

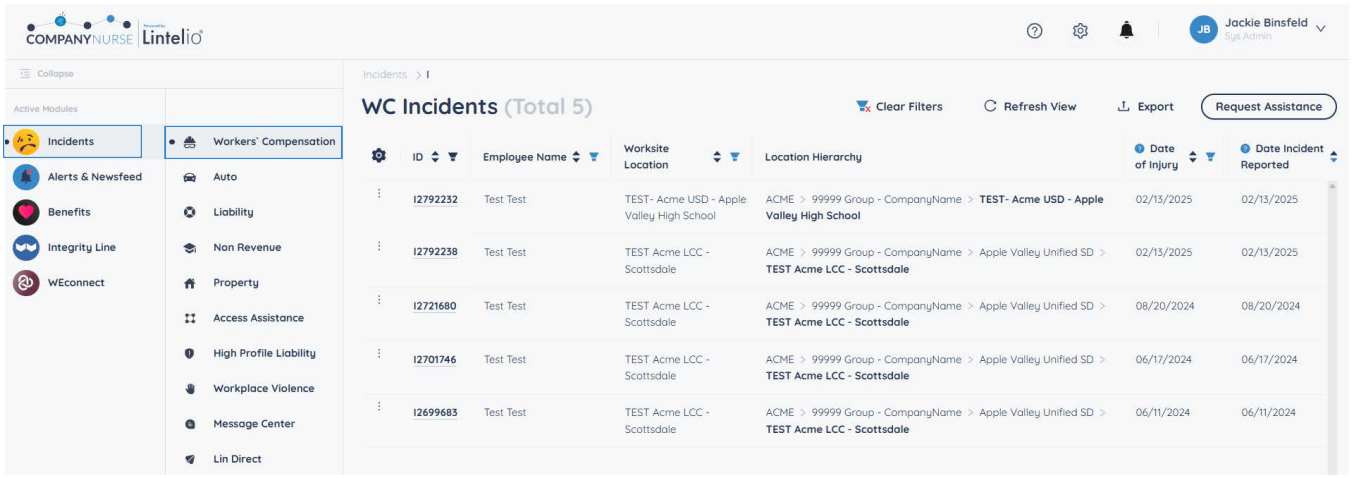
We've provided an overview of the Admin Portal, below. Please click here to view the full tutorial video, titled "Admin Portal Overview".

1. Access Poster(s), Sticker(s), and Wallet Card(s)

Go to **Hierarchy View>Select Download Icon** to the right of the location name to access your poster(s), sticker(s), and wallet card(s). Share these materials with your employees so they can report workplace injuries to the Company Nurse powered by Lintelio Contact Center.

2. Access and Export Data

To access **Incident Reports**, simply select **Incidents>Workers' Compensation** from the left-hand panel. In **WC Incidents**, you can filter incidents by name, level of care, dates, and more to find the information and reports you need. To export this data, simply select **Export**. To download a PDF of an individual incident, click the **Incident ID Number>Distributions>Download Icon**. Under the incident number, you can also see the details of the reports, including who received the reports.



3. Get Assistance

If you have questions about your incidents or data, please let your Company Nurse powered by Lintelio Client Team know via email or by clicking the **Request Assistance** button in the **WC Incidents** page. For technical support, reach out to **help@lintelio.com**.

4. Learn More

To learn more about all the services offered by Company Nurse powered by Lintelio, please explore the modules on the left-hand panel or email your Client Success Manager.