

INFORMATION BULLETIN

Hand Therapy Providers

May 25, 2011

Report Review and Call Centre

#2011 – 27

REPORT REVIEW

A report review was performed to identify any issues that have occurred due to the retirement of the ERCS program. We appreciate the work that has been done to make this transition. A few minor issues have been identified with some providers. This bulletin provides clarification on the new format as well as some general reporting feedback. If you want specific feedback on your reports, contact the Quality Assurance Supervisor.

What is missing?

- Make sure that the index code is in the bottom left hand corner of each page. This information helps us to reunite any documents that get separated in the faxing process. You can find the index codes on the fax cover sheet. For example, the index code for a Progress Report is BSRPR.
- Make sure that you use all the headings as indicated in the Reporting Guidelines. The Reporting Guidelines can be found in the Reference Manual. The most frequently missed headings are Functional Abilities Related to Job Demands and Barriers to RTW.
- Please remember to change Estimated/Actual discharge date to either “Estimated discharge date” or “Actual discharge date” depending on the type of report. Although the Estimated discharge date is an estimate, try to be as accurate as possible. Case Managers prefer to not see changes in the estimated discharge date especially if it for a later date. When there is a significant change in the discharge date, the reason should be evident in the report and should be communicated to the Case Manager ahead of time.
- Although not stated in the guidelines, please indicate in the report title whether the report is for a Consultation, Treatment or Treatment with RTW.

What is not required?

- You do not need to put any reasons for “duplicate claim reason”. This was an ERCS software requirement.
- The report content does not need to be in a table. The table format in the guidelines was used to indicate what content and headings are required for the different sections of the report. The table itself is not part of the requirements. Only the headings and content are required.
- GRTW plans should not include the Provider’s payee number as these plans may be shared with physician or employer.

Report Content

The quality in the reports varies considerably across the network. The best reports give a clear snapshot of how the worker is progressing and any potential roadblocks to recovery. With the focus on early return to work, Case Managers and Nurse Advisors are particularly interested in the worker's ability to perform the various aspects of the job throughout the course of recovery. Being more specific about the work tasks and the worker's function, will allow the Case Management team to better manage the RTW process. The following are some of the more common issues.

- Avoid the use of abbreviations that may not be understood by all Case Managers or Nurse Advisors.
- All intake reports should include a brief history
- Recommendations for further treatment should also include the rationale for the recommendations
- Case Managers and Nurse Advisors appreciate reports that easily identify improvements from the last report.

There is some confusion about what to put in the WorkSafeBC specific headings. The following may help to clarify.

Functional Abilities related to Job Demands

This is the area where you comment on the worker's ability to do the job. With a recent injury or surgery, it may not make sense to specifically relate the job duties to the worker's current function. However at this time, you can still report the job duties. The progress and discharge reports should compare the job duties to the worker's function.

Barriers to RTW and Outstanding Barriers

In this section, we are looking for the issues that are preventing the worker from meeting the duties or that may prolong recovery. Most reports commented on barriers related to the injury itself. We are also looking for issues not related to the injury such as labour relations issues, nature of job, psychosocial issues, fear of re injury, or availability of job or modified duties. Some of the barriers may not be evident on the first visit and others may change or resolve as time goes on.

Some examples from hand reports of non injury related barriers are

- Worker is unsure if he will return to his pre injury work
- Poor pain control
- No job to return to

Status of RTW Plan

This section can be used to update the Case Manager on any return to work information. This can either be information on the status of the plan you are monitoring or any other information you may have related to the job. It is more about what is happening around return to work planning than the workers ability to do the job. For example: worker continues on a light duties program at work, worker has been laid off, worker reports the family physician is not recommending return to work.

CALL CENTRE

For confidentiality reasons, providers who call the WorkSafeBC Call Centre to get information on claim status will now be asked to provide the worker's name, PHN number, referring physician and your payee number before any claim information will be released.

If you have any questions or concerns please feel free to contact us.



Save the Date - June 10, 2011. See you all at the 7th Annual Health Care Professional Conference. Visit www.healthprofessionalconference.com for details.