

ORP Network News

February 18, 2002

1. Third Quarter Outcomes

Recently, you should have received your revised 3rd Quarter KPI Report for 2001 as well as your Pay for Performance for Quarter 2, 2001.

Some of the highlights are as follows:

- There has been a consistent increase in the number of referrals and treated clients on a quarter to quarter comparison over the last two years. Last quarter was the highest number of treated clients ever at 816, and this quarter was the second highest at 748.
- There were no significant changes in network durable RTW+, discharge statuses, length of stay, assessment only, client satisfaction and response rates.
- Congratulations to Squamish ORP which has achieved a durable RTW+ outcome of > 70% for 6 consecutive quarters!
- Congratulations to the following programs which met or exceeded **both** client satisfaction targets (8.50 client satisfaction rate and 70% response rate):
 - Summit – Langford
 - Work Readiness Program
 - Royal Inland Hospital (2 consecutive quarters)
 - Chilliwack ORP (3 consecutive quarters)
 - NEORC (4 consecutive quarters)

2. PROGRAM STAFFING

In follow up to the Network News, June 2001, please ensure that as per ORP Standard 2.30, “the ratio of injured workers to one physiotherapist and one occupational therapist shall not exceed twelve (12). With the addition of a kinesiologist or equivalent, this ratio shall not exceed fifteen (15).” Each OT/PT team should be dedicated to the program for the full 6 hour program.

3. REFERRAL TO ADMISSION INTERVALS

Thank you to all of the lower mainland providers who responded to our concerns regarding the increasing referral to admission intervals in the lower mainland. During the last few months of 2001, we continued to see the average referral to admission interval rise in the lower mainland. The lower mainland providers responded by increasing program sizes and decreasing waiting time for assessment. The referral to admission interval across the network dropped from more than two weeks in the latter months of 2001 to 6 days on average across the network in January 2002 and to 5 days for the last week of January. Congratulations! We will continue to monitor the referral to admission trends and referral volumes on a weekly basis.

4. CLIENT SATISFACTION QUESTIONNAIRES

As discussed at the ORP Breakout Session at the last Provider Conference, we are still planning to implement an updated Client Satisfaction Questionnaire. The current target for implementation of the new form is the beginning of April. The changes to the form have been implemented to try to reduce the number of questionnaires that do not have the “overall satisfaction” question answered (it is currently the last question on the form). In addition the questions have been modified to capture more relevant information about the client’s experience in the program.

Each program within the Network has a unique payee number (billing number) which is used as an identifier for the Client Satisfaction Questionnaires. On occasion, providers with more than one program at a facility have submitted Satisfaction Questionnaires with the inappropriate payee number (ie. A WCP client completes an ORP questionnaire). Please ensure that the Questionnaires distributed to clients have the payee number specific to the program in which they participated.

5. NEW REFERRAL FORMS

Effective January 28/02, referrals to the programs were made using the updated referral forms. The modifications that were made for ORP were to ask the referral source to clearly indicate the goal of the referral. We have been reviewing the use of the new referral form and there have been some concerns regarding the way the forms are being completed. For example, in some cases, all of the boxes in the “ORP Goal of Treatment” area are being selected. If you receive a referral and the Goal of Treatment is not clear, please make sure that you contact the Case Manager to clarify. Internally we will work at improving the appropriate completion of these updated forms.

Another change that was made that specifically relates to ORP is the general question that asks whether all medical issues/investigations have been resolved. If you receive a referral form and this box has not been checked, please contact the Case Manager to clarify.

6. TREATMENT LENGTH FOR MAXIMIZE FUNCTION REFERRALS

As the purpose of these "Maximize Function" referrals is to increase the client's functional level, careful consideration should be given to the timelines required to achieve this. Clients should be expected to make significant gains (gains that would impact their employability options). If these gains are not being made, then discharge with a home program should be considered as early as possible.

The treatment length for ORP “Maximize Function” clients should not exceed 6 weeks. Case Managers may request “the full 10 weeks”, however the 10 week program is intended to include a Graduated Return to Work. If a Graduated Return to Work is not part of the treatment plan, treatment should not continue beyond 6 weeks.

7. REFERRALS FROM HAND PROGRAMS

The following guidelines for management of clients transferred from a Hand Program to an ORP are suggested: (refer to June 27, 2001 Network News)

1. The ORP should contact the Hand Therapist and Case Manager to discuss treatment goals and barriers, particularly if the ORP team has concerns regarding admission to the ORP.
2. In some situations the Hand Program will want to consult with the ORP, prior to assessment or initiation of the treatment program. The Hand Program will make a request in the progress/discharge report that is completed at the time the client is referred to ORP that the ORP provider contact the Hand Therapist.
3. Clients who are functionally limited due to their hand injuries, but are in need of the components of ORP, particularly the transitional return to work component may benefit from modified program hours in ORP. The regular process for requests of modified treatment should be followed. (Refer to Network News, December 8, 2000)
4. If the client is still deemed inappropriate for ORP, contact Janet Brydon or Duane Endo prior to communication with the Case Manager, to discuss other possible treatment options.

We are currently meeting with the Hand Program Quality Assurance staff to review the transfer process in an attempt to improve this transition. If you have any **specific examples** of concerns which may assist in addressing this issue, please contact Duane Endo (604-231-8895).

8. INFORMATION BULLETINS

Since the last 'Network News' you should have received the following Information Bulletins from the Director of Rehabilitation Services:

- ERCS Export Instructions (#2001-15)
- Occupational Rehabilitation Program Services In Lower Mainland (#2001-14; #2001-13 - this Information Bulletin was sent twice in error)
- Guidelines Regarding Public Holidays (2001-12)

Please ensure that all of your program staff are aware of the information within these bulletins.

Please feel free to contact Duane Endo, Quality Assurance Supervisor (604-231-8895) or Janet Brydon, Program Manager (604-231-8841) should you have any questions or comments.