

ORP Network News

May 21, 2002

1. FOURTH QUARTER OUTCOMES

In late February you should have received your 4th Quarter KPI Report for 2001 as well as your Pay for Performance for Quarter 3, 2001.

Some of the highlights are as follows:

- The number of treated clients in quarter 4 was 720 compared to 748 in quarter 2.
- There were no significant changes in network durable RTW+, discharge status, length of stay, and client satisfaction rates.
- Congratulations to Squamish ORP which has achieved a durable RTW+ outcome of > 70% for 7 consecutive quarters!
- Congratulations to the following programs which met or exceeded **both** client satisfaction targets (8.50 client satisfaction rate and 70% response rate):
 - Back In Motion
 - CBI – Coquitlam
 - IMS
 - Summit - Nanaimo
 - Summit – Langford (2 consecutive quarters)
 - Chilliwack ORP (4 consecutive quarters)

2. NEW PROVIDER IN MAPLE RIDGE

Congratulations to Golden Ears Orthopaedic and Sports Physiotherapist Corp., the successful provider in response to the Request for Proposal for the Coquitlam, Maple Ridge corridor. The name of the Maple Ridge OR program will be Focus on Function, Golden Ears.

Thank you to all of the providers who submitted proposals for consideration.

3. REFERRAL VOLUMES AND REFERRAL TO ADMISSION TRENDS

The referral to admission interval for the network continued to drop throughout the first quarter towards the target of 5 days. This target was achieved on average across the network in the months of March and April. This improvement in referral to admission delays was achieved despite growth in referral volumes from the 4th quarter of 2001 to the first quarter of 2002.

April saw an increase in overall referrals compared to March, however the current trends identify a decrease in referrals in the lower mainland in April, particularly in Vancouver and Surrey as well in Victoria on the island.

The LR Petersen Rehabilitation Centre (LRP) continues to draw referrals from reasonable geography within the lower mainland, as long as the LRP waitlist does not exceed 5 days. The

LRP will be operating with 4½ teams until the end of June 2002. We expect to be running at 4 teams for the remainder of the year depending on referral volumes.

4. CLIENT SATISFACTION QUESTIONNAIRES

You should have received the updated Client Satisfaction Questionnaires to be put in place effective April 1, 2002. In addition you should have received a corrected version of the updated Satisfaction Questionnaire, as an error was noted in the first distribution. Any feedback regarding the new forms would be appreciated. **Please note that the “Date Completed” must be entered in order to ensure that the form is considered a completed response.**

5. NEW REFERRAL FORMS

Further modifications to the referral form have been made to try to improve the clarity of the treatment goal for ORP. This should help to reduce the number of forms being completed with the Goal of Treatment being identified as “RTW” and “Maximize Function”. If both boxes are checked, the treatment goal must be clarified with the Case Manager.

6. USE OF MONITORING

Monitoring treatment is to be used when a client has been discharged from the program and is awaiting planned subsequent intervention. Monitoring should not be used while a client is on a ‘program interrupt’. Refer to the July 23, 2001 Information Bulletin “New Monitoring Fees” for guidelines on the use of monitoring and when monitoring is appropriate.

7. RECOMMENDATIONS FOR MODIFIED EQUIPMENT TO ASSIST WITH RTW

A number of invoices with ORP payee numbers have been received by the Health Care Payment Officers for various appliances such as anti-vibration gloves, modified steering wheels, stools, etc. These appliances have been recommended by ORP programs that have then assisted the Case Manager, by purchasing the appliance and then submitted the invoice to WCB. The ORP contract does not include these kinds of devices and they should not be billed under the ORP payee number. It is best to make the recommendations to the Case Manager, and then have the Case Manager do the purchasing. Any information which you could provide to help the Case Manager regarding the equipment would be appreciated (i.e. supplier, cost, etc).

8. REVISED REPORTING GUIDELINES

We have refined the Reporting Guidelines for ORP to assist you in ensuring that the information you are providing to the Case Managers is useful and complete. Please refer to the Guidelines at the end of this Newsletter.

9. CHANGES IN PERU

The program evaluation and research unit has undergone some changes over the past months and PERU has been renamed the **Finance, Analysis and Evaluation** unit. The same process still exists for submitting information to Finance, Analysis and Evaluation as existed for PERU. Annette McConnell is the analyst responsible for generating the ORP Key Performance Indicator reports and the Pay-for-Performance Scorecard.

10. EXPORT INFORMATION (Standard 6.00)

For the month of April, 75% of ORP providers had submitted their exports by the deadline. Delays in data submission contribute to delays in completion of the KPI reports. Please be reminded that as per the Injured Worker Data Standard #6.00:

Minimum Requirements:

1.5 Programs who fail to submit the data upon request and upon the deadlines specified may be removed from the list of participating programs.

1.6 Clinics must adhere to data security protocol as established by WCB.

11. INFORMATION BULLETINS

Since the last 'Network News' sent in February 2002, you should have received the following Information Bulletins from the Director of Rehabilitation Services:

- Updated Client Satisfaction Questionnaire (#2002-01)
- New Encryption Software (#2002-02)
- Program Management Changes (#2002-03)
- Updated Program Standards (#2002-04)

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.

For long distance calls please call 1-800-661-2112 local 8895 for Duane or local 8841 for Janet.

REPORTING GUIDELINES – May, 2002

ERCS Intake Assessment Report:

Section	Contents
Intake Assessment Report Notes	<p>Program Demographics – The names and professional designations of the assessment team. The dates of assessment.</p> <p>Subjective Findings – Brief summary of client’s subjective reports regarding the current status of the injury. Should include occupation.</p> <p>Objective Findings – Brief summary of findings:</p> <ul style="list-style-type: none">• Physical – significant findings reported. Not necessary to report all findings.• Functional – comparison of critical job demands to current abilities• Vocational – employment status, client’s understanding re availability of RTW, client’s expectations re RTW• Psychosocial, psychological – Client’s presentation re pain behaviour, anxiety, etc. and Psychologist summary if indicated.• Behavioural – poor participation, discrepancies in performance, client issues that may be potential barriers to treatment• Medical findings from physician - refer to Physician report and date of review (as applicable). <p>Barriers to Return to Work – Summary of the findings/conditions which are limiting the return to work. This should address all potential barriers (i.e. vocational, psychosocial, functional, medical restrictions from external physicians, behavioural, etc)</p> <p>Program Goals – Summary of the goals, which have been identified following the assessment.</p> <p>Plan/Recommendations – Brief summary of what the program will include and any needs or preferences of the client. Include summary of treatment length and expected outcome.</p>

ERCS Intermediate Report:

Section	Contents
Intermediate Report Notes	<p>Program Demographics – The names and professional designations of the treatment team members.</p> <p>Updated Barriers to Return to Work –</p> <ul style="list-style-type: none"> • Brief report indicating whether client on track as outlined in initial assessment report. • If the treatment plan is not progressing as initially expected provide summary of the status of the previously identified barriers. • New barriers that have been identified during the treatment program. <p>Plan/Recommendations – Modifications to the original plan, based on progress to date and updated barriers.</p>

Program Interruption Screen in ERCS (to be completed for clients who have a program interruption. Information is included on the Invoice.)

Interruption To Program?	Yes/No
Start Date of Program Interruption	Date the interruption began
Date Treatment Resumed	Date that client returned to treatment or the date that it was determined that client would not be returning to treatment.
Reason for Interruption	<ul style="list-style-type: none"> • Brief Description of the reason for the interruption to treatment. • Include a comment in this section if the client is not returning to treatment. • Disregard the note on the Interruption of Program screen in ERCS that advises that any absence of 10 consecutive treatment days will result in an automatic discharge from the program.

ERCS Discharge Summary Report:

Section	Contents
Program Demographics	Names and professional designation of treatment team
Program Description	<ul style="list-style-type: none"> • Attendance summary • Brief summary of program components (i.e. was a GRTW included in treatment program) • Summary of status of goals that were identified at assessment/interim (physical, functional, psychosocial, medical, vocational, behavioural) if program goals were not achieved. If the client is discharged with the recommendation to RTW without restriction – OK to report that client met all goals identified without re-documenting. • Brief JSV summary (if applicable) • If the client is not being discharged with the recommendation “Fit to Return to Work Without Limitations” this section should contain a clear summary of current functional abilities in comparison to critical physical job demands. The summary of abilities should not be restricted to the limitations, but should clearly report the client’s abilities.
Barriers	<ul style="list-style-type: none"> • If client is not being discharged with the recommendation “Fit to Return to Work Without Limitations”, this section should contain a summary of outstanding barriers to full return to work (physical, functional, vocational, psychosocial, medical, behavioural). • If the client is discharged “Fit to Return to Work Without Limitations”, some potential barriers to successful durable return to work may persist, and should be documented in this section if applicable. • If the client is discharged “Assessment Only” – this section should identify the Barriers to Participation in ORP.
Client Comments	<ul style="list-style-type: none"> • Subjective feedback or reports from client (may come from subjective component of SOAP notes) • Summary of client feedback/concerns re progress in the program, ability to return to work, etc.
Plan/Recommendations All recommendations for clients whose discharge recommendation is not “Fit to Return to Work Without Limitations” should be discussed with the Case Manager prior to discharge from the program.	<ul style="list-style-type: none"> • Statement re discharge recommendations and details regarding any modifications or restrictions if applicable. For example, if the discharge recommendation is for a return to work with limitations, this section of the report should summarize the modifications and the length of time they should be in place. • Comments should not be made regarding “permanence” or the clients having “plateaued” due to the potential impact of this language on the claim. • All recommendations for modifications should be based on objective findings and functional abilities, which should be included in the report. Recommendations should not be based solely on subjective reports. • If the client is not “Fit to Return to Work Without Limitations” at discharge, the report should contain recommendations regarding what the client’s ongoing treatment needs are which would facilitate return to pre-injury employment.