

# ORP Network News

## October 31, 2001

### 1. PROVIDER CONFERENCE - ORP BREAKOUT SESSION

On September 28, 2001, WCB hosted the annual Provider Conference. Congratulations to the providers who participated in the presentations.

Some of the key issues discussed at the ORP breakout session were:

➤ **ORP Network Trends - See Table at end of Newsletter**

- **Referral to Admission intervals** in the lower mainland have been more than double the target of 5 business days throughout most of the Lower Mainland throughout 2001. WCB is currently looking to the providers in the Lower Mainland to expand their program capacity to reduce these delays if possible. Should the delay in Referral to Admission intervals continue, then WCB will consider an expansion of the ORP Network in the Lower Mainland.
- **Maximize Function Referrals** - On average across the ORP Network, the Maximize Function referrals make up approximately 5% of the overall referrals to the programs. The review of these referrals to date identifies specific providers who have higher than average Maximize Function Referrals. We are interested in continuing to have you collect this data, so that at the time of contract renewal, we will have concrete information upon which to base a recommendation. A revised referral form has been drafted and will be implemented sometime in the 4<sup>th</sup> quarter, which will specifically ask the Case Managers about the goal of the treatment program (ie Maximize Function versus RTW). If you are interested in receiving your specific Maximize Function Referral rate, please call, or e-mail Janet Brydon.

- **Report content** - Based on feedback from Case Managers, Providers are reminded to ensure that the language used in reports is in layman's terms and does not address claims or entitlement issues. New diagnoses regarding non-compensable areas and changing the diagnosis for the area accepted under the claim are examples of report content that are not appropriate.

Please follow the guidelines outlined in the October 2000 Network News for information on report content.

- **Data Export Requirements** - Please ensure that the data entered into the reports is accurate, and that when the information is exported to PERU, that it is encrypted. Each month, the PERU staff are contacted by providers to make numerous corrections to the data which was exported. It is the provider's responsibility to ensure that the data is correct at the time of export. The data should be completed the day prior to export to ensure that it is captured in the export.

- **Family Practitioner Feedback** - Providers are reminded to ensure that any and all plans with regards to return to work and discharge are communicated to the Family Practitioner either verbally or in writing. As always, Family Practitioners should be receiving copies of ERCS reports as well as GRTW plans. Also, please ensure that clients are aware that while they are attending the program, WCB **does not require** them to see their Family Practitioner, however, the client is free to see their Family Practitioner at any time (preferably outside of program hours).

➤ **Receiving Feedback Information from WCB**

The WCB understands the need for the Providers to receive feedback from the customers (injured workers and Case Managers) using their services. Please send to Janet Brydon's attention any suggestions that you have regarding specific feedback information that would help you in the delivery of services to your customers.

**Please do not contact Case Managers directly to collect satisfaction information.**

➤ **Discharge Procedures**

Please remember to advise clients that they may receive a telephone call 3 months following their discharge date from a survey company contracted by the WCB. Please advise the clients that their participation in the survey is totally voluntary, and that WCB appreciates their participation in the survey.

➤ **Incident Reports**

Thanks to Debbie Samsom at Richmond Occupational Rehabilitation Program for providing their example of the Incident Report Form which addresses follow up. The follow up components of the form have been added to the sample at the end of the Newsletter.

➤ **Questions from Providers**

1. Maximize Function Referrals

- What is the impact on Pay-for-Performance for Durable RTW incentive?

*Answer: Currently, all clients who participate in the treatment program are included in the determination of Pay-for-Performance incentives. If the client has moved off of Short Term Disability wage loss payment and in to the Vocational Rehabilitation stream, the client should not negatively impact the statistics for durable return to work. If the client is still receiving wage loss benefits through Short Term Disability this would negatively impact the durable RTW outcome. There will be an updated Referral Form which should be in place before the end of 2001 which will more clearly outline the treatment expectations (ie RTW or Maximize Function).*

2. Program Interrupt

- Should clients attend treatment during 'Interrupt'?

*Answer: As a rule clients should not attend treatment while they have been placed on "Program Interrupt". When "Program Interrupt" is used for medical reasons, it is expected that the clients are unable to participate due to claim-related, or non-claim related issues because it has been determined that they are unsafe to participate pending further investigation. If the clients are appropriate for treatment, the program should be continued and modifications made as needed. In the occasional situations which the Provider believes may be an appropriate exception to this rule, please contact Duane Endo or Janet Brydon.*

3. Discharge Recommendations versus job availability

- What should be the recommendation when a client is fit to return to work with limits, but the employer is not able to accommodate the limitations?

*Answer: The program discharge recommendations should be based on the client's ability to meet critical pre-injury job demands, REGARDLESS of job availability. When making recommendations that the client is fit to return to work with limitations, the provider must consider the critical job demands and the degree of the limitations being recommended. In situations where the limitations limit the majority of the the critical job demands then the recommendation should be "Not Fit".*

4. Is there compensation for clients discharged 'Fit without limits' who still have some overall limitations that may limit them in the future.

*This is a Claim Related question which I forwarded to a Client Service Manager for a response.*

*Answer: The answer is 2 fold, if the worker has a soft tissue injury, at the end of treatment the worker will be considered recovered, therefore there is no Permanent Functional Impairment (PFI) or Vocational Rehabilitation (VR) entitlement from a sprain / strain / ASTD etc. so the answer is no, there would be no further compensation.*

*If however the diagnosis changes from a soft tissue injury to a disc herniation for example, or the worker has surgery in the case of ASTD, or the initial injury was such that a PFI will be likely at the end of treatment, then the worker may have an ongoing pension (depending on the outcome of the PFI assessment), but as the worker was discharged "fit" then there would be no entitlement to VR or loss of earnings consideration as the discharge was fit to return to work without limits.*

5. Concern re: lack of flexibility regarding the management of low level clients or acutely injured clients.

- 'babysitting service' because of the structure of ORP - would be great to have more leeway to design more individualized programs.

*The Program Modification Request Form has been put in place to ensure that Providers have, when necessary,*

*the flexibility to accommodate clients who would benefit from treatment, but can not tolerate the 6 hour treatment day as per Standard 4.20 (1.3). Please refer to the Network News - December 8, 2000 for clarification of this process.*

*Providers are responsible for determining whether the client is appropriate for treatment within the ORP and should only accept clients who may benefit from the intervention. If the modifications to treatment are so extreme that the program no longer resembles an ORP, the Provider should consider whether ORP is the best intervention for the client at this time.*

*For clients who will have a protracted recovery, with or without intervention, the role of ORP, with Case Manager approval, may be to return the client to modified or alternate duties pending recovery to a level where rehabilitation towards or return to pre-injury job is appropriate.*

6. What should Providers do when Case Managers ask them to "hold onto clients"?

*The Providers are responsible for developing a treatment plan and working towards targetted goals. At such time that the client is no longer progressing towards the goals (for any reason that can not be addressed within the ORP), the client should be discharged from treatment with a discharge report clearly outlining the barriers to further recovery. As outlined in Standard 4.70 Discharge Procedure, there should be verbal communication with the Case Manager **prior to discharge** once the program has determined that the client is no longer progressing and that the plan is to discharge the client.*

Thank you to the 26 participants of the ORP Breakout session and particularly to those that sent questions ahead of time. Your input is appreciated. If you have any questions relating to the information discussed, please contact either Duane or Janet.

## 2. SECOND QUARTER OUTCOMES, 2001

Recently, you should have received your 2nd Quarter KPI Report for 2001 as well as your Pay for Performance for Quarter 1, 2001.

Some issues of note are as follows:

- The number of clients treated in the ORP network increased to 816 in Q2 compared to 704 in Q1.
- There has been no significant change in the network discharge status distributions, the assessment only rate, and length of stays.
- The average network injury-admit interval was 155 days compared to 143 days in Q1, and the referral-admit interval was 12 days compared to 8 days for Q1.
- Average client satisfaction rate was 7.98, slightly down from 8.26 in Q1. The return rate for questionnaires was 69%.
- Durable RTW+ for 01Q1 was 64%, the highest rate since 00Q2.
- Congratulations to the following programs which met or exceeded **both** client satisfaction targets (8.50 client satisfaction rate and 70% response rate):
  - CBI-Prince George
  - Chilliwack ORP (2 consecutive quarters)
  - Kelowna General Hospital (2 consecutive quarters)
  - Royal Inland Hospital
  - Squamish ORP
  - Work Ability Centre at George Pearson Centre

With special recognition to NEORC who has achieved this for 3 consecutive quarters!

## 3. PROGRAM CASELOADS/STAFFING

We have received feedback from providers that there is still some confusion around the maximum number of clients per treating team.

**Please note that the maximums outlined in the Standards Manual include clients on Graduated Return to Work plans who may not be attending the facility.**

Please ensure that as per ORP Standard 2.30, the requirement is that “the ratio of injured worker 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).” In other words, each OT/PT team should not have a caseload of more than 15 clients (including those participating in a GRTW). Each OT/PT team should be dedicated to the ORP for at least the entire 6 hour program time.

#### **4. INFORMATION BULLETINS**

Since the last 'Network News' (June 27, 2001) you should have received the following Information Bulletins from the Director of Rehabilitation Services:

- New Monitoring Fees (#2001-10)
- WCB Scan and Index Fax # 1-888-669-9970 (#2001-11)

Please ensure that all of your program staff are aware of the information within these bulletins. If you have any questions or comments regarding any of these bulletins, please contact either Duane Endo or Janet Brydon.

#### **5. CLIENT SATISFACTION QUESTIONNAIRES**

- Please ensure that the Client Satisfaction Questionnaires that you are distributing to clients have the payee number specific to the **PROGRAM** and **FACILITY**.

#### **6. NETWORK NEWS**

We have recently updated our contact list for the distribution of information by Fax to the ORP Network. All ORP providers should have received 4 Network News over the last year, in addition to this one (October 6, 2000; December 8, 2000; April 17, 2001; June 27, 2001). Please ensure that the information in the Network News and the Information Bulletins is communicated to all of the staff in your program. If you have not received any of this information, please let me know ASAP and I will forward it to you.

Please feel free to contact Duane Endo, Quality Assurance Supervisor (604-231-8895; dendo@wcb.bc.ca) or Janet Brydon, Program Manager (604-231-8841; jbrydon1@wcb.bc.ca) should you have any questions or comments.

## NETWORK TRENDS

	00Q1	00Q2	00Q3	00Q4	01Q1	01Q2
# of tx. clients	690	738	716	693	704	818
Injury to admit days	150	162	162	143	143	155
Durable RTW+	66%	64%	64%	56%	58%	64%
Client satisfaction	7.94	8.22	8.15	8.22	8.26	7.98
Response rate	61%	64%	61%	68%	71%	69%
Pay for Performance (per discharge)	\$561	\$447	\$383	\$466	\$515	N/A

<b>Network</b>			
<b>OR Clients whose expected outcome at assessment - Not Fit to Return to Work</b>			
	<b>Not Fit to RTW</b>		<b>Total # of</b>
	<b>at assessment</b>		<b>tx discharges</b>
<b>Quarter</b>	<b>n</b>	<b>%</b>	<b>n</b>
Q2, 2001	58	7%	821
Q1, 2001	38	5%	711
Q4, 2000	31	4%	701
Q3, 2000	29	4%	712

**INCIDENT REPORT**

**TO BE INITIATED BY STAFF MEMBER ON DUTY DURING OCCURRENCE**

**Worker's Name** \_\_\_\_\_ **Claim Number** \_\_\_\_\_

**Program** \_\_\_\_\_

**Main Complaint/Injury** \_\_\_\_\_

Occurrence  During Treatment  Non-treatment Time

**Incident Date (Month/Day/Year)** \_\_\_\_\_ **Time (a.m./p.m.)** \_\_\_\_\_

**Specific Location** \_\_\_\_\_

Name of staff member incident reported to \_\_\_\_\_

Witness(es) Name(s) \_\_\_\_\_ Claim Number (if applicable) \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please describe in detail all events related to the incident and injuries sustained.

Actions Taken: Follow Up  Treatment  Repairs  Modifications

\_\_\_\_\_  
Supervisor/Manager's Signature

\_\_\_\_\_  
Date (Month/Day/Year)