

# ORP Network News

## April 17, 2001

### 1. Fourth Quarter Outcomes

Recently, you should have received your 4<sup>th</sup> Quarter KPI Report as well as your Pay for Performance for Quarter 3, 2000.

Some key issues that we have noted are as follows:

- The referral volume and number of treated clients has remained fairly consistent over the last 2 quarters.
- The average injury to admission interval has decreased in Q4 from Q3 by nearly 3 weeks (19 days). This should help WCB with one of our primary goals of reducing the duration of short term disability claims.
- The network average for assessment only has risen to 18% after a Q3, 7 quarter low of 16%
- The network average for durable RTW+ (clients working, plus those not working for reasons unrelated to the compensable injury) is at a 6 quarter low of 56%.

Congratulations to the following providers who have achieved a durable RTW rate of 70% or higher for 2 consecutive quarters:

CBI Prince George  
Richmond ORP  
Squamish ORP

- We are pleased to note that the overall return rate for Client Satisfaction Questionnaires has increased to an all time high of 68% ! In addition, an all-time high of 15/28 providers (54%) had a response rate that met or exceeded the 70% target.

Congratulations to the following programs which met or exceeded **both** targets (8.50 client satisfaction and 70% response rate):

Columbia Rehab Vancouver  
NEORC - Dawson Creek  
Squamish ORP  
Vancouver Occupational Rehab  
Work Ability Centre

Honourable mention also to Summit Langford and WorkAble Terrace. Both programs exceeded the client satisfaction target and had a response rate of 69%.

Special congratulations to Summit Nanaimo. This program has now exceeded the 70% target response rate for five consecutive quarters!

Thanks to all the clinics who are making a concerted effort to ensure that the client satisfaction is representative of the majority of clients attending the program.

### 2. PROGRAM HOURS

Just a reminder that as per ORP Standard 4.20, the requirement is that “The program will run a minimum of 6 hours per day, 5 days per week, **exclusive of lunch hours.**” In other words, the client's lunch hour should not be considered part of the 6 hour treatment day.

We have also recently had feedback regarding Graduated Return to Work Plans and how they are used as part of the treatment program. The concern that has been raised is with the scheduling of the GRTW's. There is a perception by case managers that providers are allowing the clients to 'take a step backwards' by reducing the hours of participation at the start of the GRTW plan. As a reminder, as per ORP Standard 4.20, "The program will run a minimum of 6 hours per day..". This includes GRTW's. For example, if a client is initiating a GRTW at 4 hours per day, it is expected that they will attend the clinic for 2 hours per day so that the total treatment time is 6 hours.

### 3. **DURATION**

The focus of the claims offices and case managers is to reduce the overall duration of claims. In other words, every day of treatment (at the clinic or worksite) contributes to the duration of a claim and should be critically reviewed by all providers to ensure that it is **necessary** to ensure the successful outcome of the injured worker. All programs should be working to minimize the 'Length of Stay' to help impact the overall duration of claims.

### 4. **INFORMATION BULLETINS**

Information Bulletins from the WCB will be sent to providers on occasion to communicate important information. Recently you should have received the following Information Bulletins from the Director of Rehabilitation Services:

- Distribution of Client Satisfaction Surveys and Distribution of Company Material (#2001-01)
- Guidelines for Pre-Authorized Travel and Incidental Expenses (#2001-02)
- Guidelines Regarding Public Holidays (#2001-03)
- Possible Disruption to Treatment Programs due to HEU job action (#2001-04)

Please ensure that all of your program staff are aware of the information within the bulletins. If you have any questions or comments regarding any of these bulletins, please contact either Duane Endo (604-231-8895) or Janet Brydon (604-231-8841)

### 5. **REQUISITIONS BY ORP PROGRAM PHYSICIANS FOR MRI'S and CT's**

In order to expedite the process, please ensure that the ORP program physicians indicate on the requisitions that the clients are in ORP when they are writing requisitions for CT scans and MRI's. If the requisition does not indicate ORP, the requisition will first be sent the SDL medical advisor for approval, and this will slow down the process.

### 6. **ERCS UPDATE**

In the near future you will be receiving information regarding updates to the ERCS software. It is expected that the new software will be in place in time for the export of April's information.

### 7. **CONTRACT UPDATE**

Within the last month you should have received a letter regarding extension of the current ORP Contract. If you did not receive this letter, or if you have any questions or comments please contact Janet Brydon, Program Manager.

### 8. **MAXIMIZE FUNCTION REMINDER**

We have begun to review the information regarding the number of clients being referred as 'Maximize function'. We are able to monitor this by reviewing the number of clients whose

predicted outcome at assessment is 'Not Fit to Return To Work'. Based on preliminary information, this number is much smaller than we had initially anticipated. For 2000, the data suggests that only 3-5% of the clients assessed are referred for 'Maximize Function'. This is one of the issues we will be considering during this year's contract review. If the number of 'Maximize Function' referrals is not significant, then it is unlikely that we will make any changes to separate them for the purpose of outcome review.

Please ensure that the information that is entered into ERCS accurately identifies these 'Maximize Function' referrals. The procedure to record these referrals is as follows:

- When it has been confirmed by the Case Manager, either prior to, or immediately following the Intake Assessment, that the client is not expected to return to pre-injury work, but would benefit from treatment in the ORP in order to 'Maximize Function', the program **must** enter 'Not Fit to Return To Work' for the 'Predicted Discharge Status' when completing the ERCS Intake Assessment report. The program should also include a comment in the Treatment Plan section of the report stating that the goal of the program has been clarified or discussed with the Case Manager. **This only applies in situations when the decision has already been made to refer to Vocational Rehabilitation.** In some instances, the decision to refer to Vocational Rehabilitation may be dependent on the outcome of ORP and the goal of ORP is to return the injured worker to the pre-injury employment. The "Original Estimated Discharge Status" in these situations should be "Fit to Return to Work with Limitations" or "Fit to Return to Work without Limitations".

**Note: This does not apply to non-job attached workers who are expected to be fit to return to work following participation in the program.**

## 9. LENGTH OF STAY

Based on the network averages in the Q4 KPI report, ORP clients are completing the 'clinical' portion of the treatment program in 28 days (~ 5.5 weeks) and are being discharge from the program in 39 days (~ 8 weeks). This would indicate that clients are participating in GRTWs for approximately 2.5 weeks following completion of the clinical component of the program.

As 'Length of Stay' information has a direct impact on WCB's initiative to reduce the duration of short term disability claims it is important that this information be captured accurately.

The 'Length of Stay' information comes from the information that is entered in the ERCS Discharge Report and invoice. 'Admit-Discharge' information comes from the discharge date entered in the discharge report which should be either the date that the client's involvement with the program, including GRTW, is complete or 10 weeks, whichever comes first.

The information for the 'Treatment Days' comes from the ERCS invoice. This represents the days that the client actually attends the clinic for treatment. Although clients are still considered to be in treatment during monitored GRTW's, the 'Treatment Days' reported in the KPI report represent the 'attendance' days at the clinic. The number of days which the client attends the clinic should be entered in the 'Days Charged' field of the invoice.

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.