

ORP Network News

June 27, 2001

1. First Quarter Outcomes

Recently, you should have received your 1st Quarter KPI Report for 2001 as well as your Pay for Performance for Quarter 4, 2000.

Some issues of note are as follows:

- There has been no significant change in the number of treated clients, the discharge status distributions, the assessment only rate, the time intervals and length of stays, the client satisfaction, or durable RTW comparing Q4 2000 and Q1 2001 reports.
- The minimum expectation for the discharge recommendation 'RTW without limitations' is 50% with an intended target of 70%. The network average has been < 50% for 8 consecutive quarters, with the average over that duration being 44%. This will be an area of focus in the second half of this year.
- The network average for 'admit-discharge' is 38 days (7.6 weeks) and 28 'treatment days' (5.6 weeks). This suggests that the average GRTW length is 2 weeks.
- We are pleased to note that the overall return rate for Client Satisfaction Questionnaires has increased to a new all time high of 71%! For the first time we have, on average as a network, achieved the targetted response rate.
- Congratulations to the Squamish ORP who have achieved a durable RTW rate of 70% or higher for 4 consecutive quarters:
- Congratulations to the following programs which met or exceeded **both** client satisfaction targets (8.50 client satisfaction rate and 70% response rate):
 - CBI-Coquitlam
 - Chilliwack ORP
 - Columbia Rehab-Calgary
 - Drake Medox
 - Kelowna General Hospital
 - NEORC
 - VORC (Orion)
 - Work Able-Courtenay

Thank you to all the clinics who have contributed to the Network achieving its Client Satisfaction target response rate, keep up the good work!

2. PROGRAM CASELOADS/STAFFING

We have recently received feedback from several injured workers that programs are overcrowded. 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).

3. REFERRALS FROM HAND PROGRAMS

There have been several incidents recently where clients who have been referred to the ORP from Hand Programs were then not admitted to the ORP with recommendations that the client return to hand therapy. In all cases, the ORP opinion was that the client was too functionally limited to participate in the program and still required significant 1:1 PT treatment to decrease swelling and/or increase ROM. In most cases there was not adequate communication between the Hand and ORP providers and there was a lack of understanding of the each of the program's guidelines.

Hand Program clients are eligible for up to 20 treatment visits, within a time frame as determined by their Hand Therapist. Once the client's acute hand involvement has resolved within the Hand Program and a referral is made to an ORP, the client is not eligible to return to the Hand Program. The client may be seen by the Hand Therapist for a limited number of follow up visits (included within the 20 visit limit) while attending ORP.

At the time the Hand Program makes the recommendation for ORP, the Hand Program does not know to which OR program the client will be referred. To facilitate communication, the Hand Therapist often gives the client a note to take to the receiving ORP with the expectation that the program will contact the Hand Therapist.

The following guidelines for management of clients transferred from a Hand Program to an ORP are suggested:

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 that the ORP provider contact the Hand Therapist in the progress/discharge report that is completed at the time the client is referred to ORP.
3. Clients who are functionally limited due to their hand injuries, but are in need of the components of ORP such as cardio fitness, general conditioning exercises, and education, 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, for review and discussion of treatment options.

4. INFORMATION BULLETINS

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

- Guidelines regarding Graduated Return to Work plans during the current Nursing Job Action. (#2001-05)
- ECRS Export Process (2001-06)
- External Rehabilitation Clinic Services (ERCS) Version 3.1 (2001-07(A))
- Installing ERCS on a Network (2001-08)

- Revision to ERCS Export Process (2001-09)

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 (604-231-8895) or Janet Brydon (604-231-8841)

5. ERCS UPDATE

The ERCS update has now been completed. One of the key changes with the ERCS update is that once an invoice is printed the information is "locked" in the ERCS reports and can not be changed or edited. The only information that can be edited following printing of the invoice is the narrative information in the body of the report.

As a result of this change, it is critical that for clients who are discharged close to the end of the month, that the discharge report be completed and the invoice printed prior to completing the export.

Finally, a reminder that it is a contractual obligation that, as per ORP Standard 6.00, all programs must submit the encrypted injured worker data file in a timely way on a monthly basis. Failure to comply with this contractual obligation may result in discontinuation of contracted ORP services.

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.